



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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**Self- assessment/ Survey Tool for Z Benefit Package Providers
 for Children with Visual Disabilities**

Name of HCI: _____

Date of Survey: _____ Time started: _____ Time ended: _____

Directions for the HCI:

1. Put a check (√) in the box if the service is available or an X if the same is not available in the HCI.
2. For outsourced services, put an X in the "no" box and state in the remarks that the service is outsourced and write the name of the outsourced service provider.

REQUIREMENTS		HCI		PHIC		REMARKS
		Yes	No	Yes	No	
1	Hospital License and Accreditation					
1.1	The HCI has an updated DOH License					
1.2	The HCI has an updated PhilHealth Accreditation					
2	Minimum Service Capability					
2.1	Mandatory Services as stated in PhilHealth Circular _____ OR with formal referral process to a licensed referral facility:					
2.1.2	Low Vision Assessment or Diagnostics					
	i. Visual acuity testing					
	ii. Visual field testing					
	iii. Contrast sensitivity testing					
	iv. Color vision testing					
	v. Retinoscopy/refraction					
	vi. Functional vision assessment					
2.1.3	Provision of optical aids for low vision					
	i. Hand held magnifiers					
	ii. Dome magnifiers					
	iii. Stand magnifiers					
	iv. Hand-held monocular telescopes					
	v. Spectacle magnifiers					
	vi. Specialized process lenses (includes spectacles, contact lenses and/ or telescope)					

Annex “F – Visual Disabilities”

REQUIREMENTS		HCI		PHIC		REMARKS
		Yes	No	Yes	No	
	vii. Frames					
	viii. Electronic devices for low vision					
	ix. Access to mobile applications for low vision					
	x. White canes					
	xi. Ocular prosthesis					
2.1.4	Low Vision Rehabilitation Unit that would provide a rehabilitation plan consisting of, but not limited to:					
	i. Assistive device prescription when required and training					
	ii. Environmental adaptation (e.g. visual and tactile cues)					
	iii. Visual skills training as necessary (e.g. visual training modules)					
	iv. Training on activities of daily living (e.g. kitchen, bathroom, dining and communication)					
	v. Orientation and mobility training					
3	Equipment					
	i. Visual field test					
	ii. Indirect ophthalmoscope (portable)					
	iii. Ophthalmoscope (portable, detached)					
	iv. Retinoscope (portable, detached)					
	v. Tonometer (portable)					
	vi. Slit lamp (portable)					
	vii. Keratometer (portable)					
	viii. Lensometer					
	ix. Pupillary Distance (PD) meter					
	x. Test for depth perception (e.g. stereo fly)					
	xi. Prism bar					
	xii. Loose prisms					
	xiii. Lenses: 20D, 28D and 40D					
	xiv. Visual acuity charts (e.g. LEA screening kit)					
	xv. Contrast sensitivity chart					
	xvi. Color vision chart					
	xvii. Functional vision assessment tools					
4	Human Resources					
4.1	Ophthalmologist or optometrist with Low Vision Training					

Annex “F – Visual Disabilities”

REQUIREMENTS		HCI		PHIC		REMARKS
		Yes	No	Yes	No	
4.2	Trained personnel on low vision rehabilitation					
4.3	Medical social worker					
4.4	Z- Benefit Coordinator					
5	General algorithm of care					
	Presence of policy adopting the general algorithm of care					
6	Z Benefit Program Implementation					
6.1	Full awareness of the PhilHealth Z benefit program including No Balance Billing (NBB) and maximum co- payments					
6.2	Action plan/ commitment of the HCI to abide with the NBB policy					
6.3	Conduct advocacy programs/seminars at least annually					
6.4	Submit report on patient outcomes, and other statistical reports					
6.5	Costing for maximum co-pay					
6.6	Process for the provision of services					

PhilHealth Survey Team

Surveyor's Name	Designation	Signature

HCI Management Team

Names of Management Team	Designation	Signature