



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH-PC 14 S.2015-F04

Self-assessment / Survey Tool for Z benefit Package for ZMORPH Providers

Name of HCI _____

Date of Survey _____

Time started _____

Time ended _____

Direction: Please check appropriate box

Requirements		HCI		PHIC		REMARKS
		YES	NO	YES	NO	
1	Hospital Accreditation					
1.1	The HCI has an updated DOH license					
1.2	The HCI has an updated PhilHealth Accreditation					
	In addition, the contracted HCI shall comply with the following:					
2	Minimum Service Capability					
2.1	Mandatory Ancillary Services as stated in PhilHealth Circular 19 s. 2013 OR with a formal referral process to a referral facility					
2.2	Patient education and family support activities					
a.	Educational materials available for patients and their family/caregiver					
b.	Conduct advocacy programs/ seminars at least annually					
2.3	Availability of rehabilitation services (rehabilitation medicine doctor, physical therapist, occupational therapist)					
3	Technical Standards					
3.1	General Infrastructure					
a.	Dedicated Prosthetic/ Orthotic Work Shop area, minimum 60 sq. meters floor area, containing the following:					
i.	Oven					
ii.	Work table for preparation of the prosthesis					
iii.	Vacuum system with lamination table					
b.	Multi-disciplinary out-patient clinic					
c.	Ventilation/exhaust system					
d.	Adequate power source					
e.	Adequate water supply					
f.	Toilet					
g.	Wash area					
e.	Adequate signages (entrance, exit and smoking prohibition)					
f.	Conference room for MDT meetings					
g.	Store room					
3.2	Equipment/ Supplies					

a.	Supplies					
	i. Plaster of Paris					
	ii. Bandage Rolls					
b.	Personal Protective Equipment (PPE)					
	i. Goggles					
	ii. Industrial Masks					
	iii. Apron					
	iv. Gloves					
c.	Utilities					
	i. Fire extinguisher					
	ii. First aid kit					
d.	Waste segregation system					
e.	Accessibility					
	i. Ramps					
4	Human Resource					
	The HCI shall have a multi-disciplinary/ interdisciplinary team (MDT) with the following:					
a.	Rehabilitation Medicine Doctor					
	i. Diplomate, Philippine Board of Rehabilitation Medicine					
	ii. Underwent training / orientation for prosthetic and orthotic assessment and prescription					
	iii. Valid PRC License					
	iv. Valid PhilHealth Accreditation					
b.	Physical Therapist (at least 1)					
	i. Valid PRC License (PTRP)					
	ii. Underwent training/orientation for prosthetic and orthotic assessment and prescription					
c.	Occupational therapist (at least 1)					
	i. Valid PRC License (OTRP)					
	ii. Underwent training/orientation for prosthetic and orthotic assessment and prescription					
d.	Prosthetist/orthotist (at least 1)					
	Category 1 or 2 prosthetist/orthotist Certified by the International Society of Prosthetics and Orthotics (ISPO) - certified,					
e.	Z Benefit Coordinator (At Least 1)					
	i. With skills in use of Microsoft Office					
	ii. With experience in public relations					
	iii. With organizational skills					
	iv. At least vocational graduate					
5	Z-Benefit Program Implementation					
a.	Process flow for the provision of the services for Z MORPH available					
b.	including no balance billing (NBB) and Fixed Co Payment					

c.	Submits outcomes evaluation, including untoward incidence (e.g. accidents, patient's non-compliance to instructions)					
d.	Patient record indicating status of device provided in terms of: alignment, fit, comfort, function and after care					

Philhealth Survey Team

Surveyor's Name	Designation	Signature

HCI Management Team

Names of Management Team	Designation	Signature