

Annex A.4: Health Facilities Standards
As of October 2023



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
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**Self-assessment / Survey Tool for the Outpatient Benefits Package for Specialty
Mental Health Services Provider**

Name of Health Facility (HF): _____

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

Direction:

1. Put a check (✓) under the HF column if the standard is available and (x) if not.
2. For outsourced services, put a (✓) under the HF column and write under the remarks “outsourced:” plus the name of the outsourced service provider. Outsourced services must have a Memorandum of Agreement (MOA) which reflects provisions for payment such as compliance to the No Balance Billing (NBB) Policy.

REQUIREMENT		HF		PHIC		Remarks
		YES	No	YES	NO	
1.	HF License and Accreditation					
1.1	The HF has updated PhilHealth Accreditation					
2.	Mandatory Ancillary Services					
2.1	Clean consultation and examination area					
2.2	An enclosed room that respects the privacy of the patients					
2.3	Handwashing sink with water and soap available (liquid soap preferred) and with materials for drying hands (clean towels OR paper towels)					
2.4	Alcohol hand rub					
2.5	Adult Stethoscope					
2.6	Pediatric Stethoscope					
2.7	Pen light					
2.8	Non-mercury sphygmomanometer with pediatric and adult cuff					
2.9	Non-mercury thermometer					
2.10	Medical weighing scale					

REQUIREMENT		HF		PHIC		REMARKS
		YES	NO	YES	NO	
2.11	<p>Emergency kit (e-kit), emergency cart (e-cart) or emergency cabinet (e-cabinet) with the following:</p> <ul style="list-style-type: none"> a. Epinephrine b. IV hydrocortisone c. Diphenhydramine d. Haloperidol (amp) e. Risperidone OR olanzapine f. IV fluids g. 3cc or 5cc syringes h. Cotton balls i. Micropore tape j. IV line (adult and pediatric) k. IV cannula (gauge 22 and 26) <p>Note: keys to e-cabinet should always be available to authorize personnel</p>					
2.12	O2 tank/source with O2 mask/cannula for pediatric and adult					
3.	Medications					
3.1	Carbamazepine 200 mg tablet					
3.2	Divalproex sodium 500 mg tablet					
3.3	Biperiden HCl 2 mg tablet					
3.4	Chlorpromazine 200 mg tablet					
3.5	Clozapine 100 mg tablet					
3.6	Olanzapine 10 mg tablet					
3.7	Risperidone 2 mg tablet					
3.8	Escitalopram 10 mg tablet					
3.9	Setraline 50 mg tablet					
4.	Human Resources					
4.1	Psychiatrist					
4.1.a	Valid PRC license					
4.1.b	Valid PhilHealth accreditation					
4.1.c	<p>Psychiatrist certified by the Specialty Board of the Philippine Psychiatric Association</p> <p>OR, in areas where there is no board certified psychiatrist, a physician who has completed a residency program in psychiatry or neuropsychiatry in an institution accredited by the Philippine Psychiatric Association</p>					

REQUIREMENT		HF		PHIC		REMARKS
		YES	NO	YES	NO	
4.2	Neurologist					
4.2.a	Valid PRC license					
4.2.b	Valid PhilHealth accreditation					
4.2.c	Neurologist certified by the Specialty Board of the Philippine Neurological Association OR, in areas where there is no board certified neurologist, a physician who has completed a residency program in neurology or neuropsychiatry in institution accredited by the Philippine Neurological Association					
4.3	Psychologist					
4.3.a	Valid PRC License					
4.3.b	Psychologist certified by the Psychological Association of the Philippines who is practicing psychological assessment and/or intervention					
4.4	Mental Health Nurse					
4.4.a	Valid PRC License					
4.4.b	Certification of Completion of Training on Primary healthcare nurse trained on mhGAP, basic mental health and psychosocial support (training package of the mental health program and HEMB)					
4.5	Mental Health Navigator					
4.5.a	Administrative Staff					
4.5.b	With working knowledge on operation /process flow for Mental Health who will be in-charge of record keeping and accomplishment of PhilHealth documents/forms					
5.	Laboratory					
5.1	Complete Blood Count (CBC) w/ platelet					
5.2	Urinalysis					
5.3	Fasting Blood Glucose					
5.4	Lipid Profile					
5.5	Liver Function Test (AST, ALT)					
5.6	Renal Function Tests (BUN, Creatinine)					
5.7	Thyroid Function Tests (TSH, FT4, FT3)					
5.8	Electrolytes (Na, K)					

REQUIREMENT		HF		PHIC		REMARKS
		YES	NO	YES	NO	
5.9	Pregnancy Test					
5.10	ESR					
5.11	Anti-thyroid antibody					
5.12	Lactate Dehydrogenase (LDH)					
5.13	Alkaline phosphatase					
5.14	Serum alcohol					
5.15	Serum carbamazepine					
5.16	Serum lithium					
5.17	Serum valproic acid					
5.18	Urine drug test (Specify): _____					
5.19	HIV screening					
5.20	Test for syphilis					
5.21	Test for hepatitis B and C					
6.	Radiology Diagnostic					
6.1	Neuroimaging study (CT Scan and/or MRI) with or without contrast					
6.2	Chest X-ray (PA or AP)					
6.3	Electroencephalogram					
6.4	Electrocardiogram (ECG)					
7.	Psychotherapy					
7.1	Provisions for psychoeducation, psychosocial support and psychotherapy					
8.	Therapy (Optional)					
8.1	Occupational therapy					
8.2	Speech therapy					
9.	Available Forms/ Recordings					
9.1	Registry forms					
9.2	Assessment form					
9.3	Referral forms					

PhilHealth Survey Team

Surveyor's Name	Designation	Signature

HF Management Team

Names of Management Team	Designation	Signature