



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph



PHILHEALTH-PC 14 S.2015-F__

**Self-assessment tool for the Outpatient Benefit Package
for the Secondary Prevention of Rheumatic Fever/Rheumatic Heart Disease**

Name of HCI: _____
Date of Survey (mm/dd/yyyy) : _____ Time started: _____ Time ended: _____

Directions for the HCI:

1. Put a check (✓) under the HCI column if the standard is available and (✗) if not.
2. For outsourced services, put a (✓) under the HCI 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.
3. For proof of attendance to required course of training, certificates issued only by the Philippine Heart Association or its regional chapter will be accepted.

| REQUIREMENTS | | HCI | PHIC | REMARKS |
|--------------|---|-----|------|---------|
| 1 | HCI License and Accreditation | | | |
| 1.1 | The HCI has an updated Department of Health (DOH) License to Operate (LTO) | | | |
| 1.2 | The HCI has an updated PhilHealth Accreditation | | | |
| 2 | Mandatory Ancillary Services | | | |
| 2.1 | RF/RHD Direct - Observed Injection Clinic | | | |
| a | Clean table surface with two chairs (one for the health care provider and the other for the patient) | | | |
| b | One examination bed to allow IM administration of the injection in a supine position | | | |
| c | A hand wash basin with soap, running water and paper towels | | | |
| d | Alcohol hand rub | | | |
| e | Emergency cart with epinephrine , IV hydrocortisone, IV fluids | | | |
| f | O ₂ tank/ source with O ₂ mask/ cannula | | | |
| 2.2 | Medications | | | |
| a | Benzathine penicillin injection 1.2M units/vial | | | |
| b | Oral phenoxymethylpenicillin (PCN-VK) 250 mg | | | |
| c | Erythromycin capsule 250mg / suspension | | | |
| 3 | Human Resource | | | |
| 3.1 | At least 2 physicians (adult, pedia or family medicine, general practitioner with training) | | | |
| a | Valid PRC license | | | |
| b | Valid PhilHealth accreditation | | | |
| c | Certificate of Completion of Training on the RF/RHD Implementation Guideline issued by the Philippine Heart Association or its regional chapter | | | |

| REQUIREMENTS | | HCI | PHIC | REMARKS |
|--------------|--|-----|------|---------|
| 3.3 | RF/RHD Coordinators | | | |
| a | A registered nurse or midwife in charge of administering the injection | | | |
| | Certificate of Completion of Training on the RF/RHD Implementation Guideline issued by the Philippine Heart Association or its regional chapter | | | |
| b | Administrative Staff | | | |
| | with working knowledge on operation /process flow for RF/RHD who will be in-charge of record keeping and accomplishment of PhilHealth documents/forms | | | |
| | Certificate of Completion of Training on the RF/RHD Implementation Guideline issued by the Philippine Heart Association or its regional chapter | | | |
| 3.4 | Available Forms / Recording | | | |
| a | RF/RHD OPD Assessment Form | | | |
| b | RF/RHD OPD Secondary Prophylaxis Passport Book | | | |
| c | RF/RHD Registry Forms | | | |
| d | RF RHD manual entitled “OPLAN RF RHD: ASAP Awareness-Surveillance-Advocacy-Prevention” (Philippine Heart Association / Philippine Foundation of Prevention and Control of RF/RHD 2017) | | | |

PhilHealth Survey Team

| Surveyors' Names | Designation | Signature |
|------------------|-------------|-----------|
| | | |
| | | |
| | | |

HCI Management Team

| Names of Management Team | Designation | Signature |
|--------------------------|-------------|-----------|
| | | |
| | | |
| | | |

Agreements with HCI / Notes of PhilHealth after Pre-contracting survey

| |
|--|
| |
|--|