



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

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PHILHEALTH-PC 14 S.2015-F04.Revision 1

Self-assessment / Survey Tool for Z Benefit Package for ZMORPH and Expanded ZMORPH Providers

Name of HF: _____

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

Direction:

1. Put a check (✓) in the YES column if the requirement is available. If outsourced, please indicate in the REMARKS column.
2. Put an (X) in the NO column if the same is not available in the HF.
3. Encode in the REMARKS column the reason of non-availability or non-compliance of requirements.

	REQUIREMENTS	HF		PHIC		REMARKS
		YES	NO	YES	NO	
1	Hospital Accreditation					
	A. The HF has an updated DOH license					
	B. The HF has an updated PhilHealth Accreditation					
	In addition, the contracted HF shall comply with the following:					
2	Minimum Service Capability					
	<i>Mandatory Services as stated in PhilHealth Circular 19 s. 2013 and/or PhilHealth Circular 33 s. 2016 OR with a formal referral process to a referral facility.</i>					
	A. Patient education and family support activities					
	B. Educational materials available for patients and their family/caregiver					
	C. Conduct advocacy programs/ seminars at least annually					
	<i>D. Availability of rehabilitation services (rehabilitation medicine doctor, physical therapist and/or occupational therapist)</i>					
	<i>E. Pre-prosthetic/orthotic rehabilitation</i>					
3	Technical Standards					
	A. General Infrastructure					
	1. Dedicated Prosthetic/ Orthotic Work Shop area, minimum 60 sq. meter floor area, containing the following:					
	i. <i>Oven, router, rectification, assessment and casting area</i>					
	ii. Work tables for preparation of the prosthesis and orthosis					
	iii. Vacuum forming station					



REQUIREMENTS	HF		PHIC		REMARKS
	YES	NO	YES	NO	
2. Out-patient clinic for pre & post-prosthetic/orthotic assessment and referrals					
3. Ventilation/exhaust system					
4. Adequate power source					
5. Adequate water supply					
6. Toilet					
7. Wash area					
8. Adequate signage (entrance, exit and smoking prohibition)					
9. Designated area for MDT meetings					
10. Storage area for supplies					
B. Equipment/ Supplies					
1. Prosthetic Orthotic Production					
<i>i. ethylvinyl acetate foam</i>					
<i>ii. velcro webbings</i>					
<i>iii. oscillating saw</i>					
<i>iv. Plaster of Paris powder</i>					
<i>v. Plaster of Paris bandage</i>					
<i>vi. jigsaw</i>					
<i>vii. heatgun</i>					
<i>viii. hand drill</i>					
<i>ix. surform, round, flat and half flat, with or without handle</i>					
<i>x. Bench vise</i>					
<i>xi. anvil</i>					
<i>xii. pipes (1/8" to 2") for positive mold</i>					
<i>xiii. pencil markers</i>					
<i>xiv. carpentry & mechanical tools (pliers, screwdrivers, wrench, hammer, etc)</i>					
<i>xv. scissors for cutting through cement</i>					
<i>xvi. rasps for shaping/ shaving mold</i>					
<i>xvii. sewing machine</i>					
<i>xviii. ballpen hammer & rubber mallet</i>					
<i>xix. pipe cutter for steel</i>					
xx. measuring tools					
a. body calipers					
b. tape measure					
c. goniometer					
d. ruler					
e. water level					
f. plumb line					

REQUIREMENTS	HF		PHIC		REMARKS
	YES	NO	YES	NO	
g. stump gauge					
xxi. rectification tools					
a. plaster mixing bowl					
b. cutter with disposable blades					
c. spatula					
d. basin					
e. whisk					
f. sand box					
g. pail					
2. Personal Protective Equipment (PPE)					
i. Goggles					
ii. Individual masks					
iii. Apron					
iv. Thermal gloves					
3. Utilities					
i. Sink with plaster trap					
ii. Fire extinguisher					
iii. First aid kit					
4. Waste segregation system					
5. Accessibility					
i. Ramps					
ii. Elevators (as needed)					
iii. Hand rails					
6. Physical Therapy area for pre & post prosthetic-orthotic training					
4 Human Resource					
The HF shall have a multi-disciplinary/inter-disciplinary team (MDT) with the following:					
A. Rehabilitation Medicine Doctor					
i. Diplomate, Philippine Board of Rehabilitation Medicine					
ii. Attended an orientation for prosthetic and orthotic assessment, prescription and fitting/ check-out					
iii. Valid PRC license					
iv. Valid PhilHealth accreditation					
B. Physical Therapist					
i. Valid PRC license (PTRP)					
ii. Attended an orientation for prosthetic and orthotic assessment, prescription and fitting/ check-out					
C. Occupational Therapist (OT)					
i. Valid PRC license (OTRP)					

REQUIREMENTS		HF		PHIC		REMARKS
		YES	NO	YES	NO	
	ii. Attended an orientation for prosthetic and orthotic assessment, prescription and fitting/ check-out					
	D. Prosthetist/Orthotist					
	i. Graduate of 4 year Bachelor of Science in Prosthetics and Orthotics Course or its equivalent					
	E. Z Benefit Coordinator					
	i. With skills in spreadsheet, word processor etc. (e.g 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 and expanded ZMORPH are available					
	B. Action Plan for No balance billing and fixed co-payment implementation					
	C. Submission of 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

HF Management Team

Names of Management Team	Designation	Signature