

# TAMANG SAGOT

PhilHealth Circular No. 38-2015

## PhilHealth Subdermal Contraceptive Implant Package

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### 1. What are Subdermal Implants?

Subdermal implants are progestin-only implants that are inserted under the skin of the inner upper arm of women through a preloaded applicator under local anesthesia. These implants release progestin at a controlled rate and thus provide very small doses to achieve the desired contraceptive levels. (The Philippine Clinical Standards Manual on Family Planning 2014 Edition)

They are included in the modern methods recognized by the Department of Health – National Family Planning Program. They are long-acting reversible hormonal contraceptives that inhibit ovulation by suppressing luteinizing hormone surge. The method is effective for three years (DOH AO 2015-0006).

### 2. What is PhilHealth's Subdermal Contraceptive Implant Package?

It is a benefit package which pays for the procedure – insertion of implantable subdermal contraceptive. The package also covers the pre- and post-counseling, drugs and supplies, professional fee and use of the facility. The Package is paid to the facility through case rate of Php 3,000.00 with the following allocation:

- 40% Professional Fee
- 60% Health Care Institution

### 3. Who can provide the Package?

The following accredited facilities are qualified to provide the Package:

- Hospitals
- Primary care facilities (infirmaries/dispensaries)
- Ambulatory surgical clinics (*those providing services for reproductive health*)
- Birthing homes/lying-in clinics

The following accredited health care professionals are qualified to provide the Package:

- Physicians
- Midwives
- *Nurses*

As with other benefits of PhilHealth, this Package requires that both facility and health professionals are accredited by PhilHealth before they could be paid for services rendered. Furthermore, the health care providers must be competent in contraceptive implant techniques and must be trained by DOH-recognized trainers. As such, they need to submit their certificates of training to the nearest PhilHealth Regional Office before they could file their initial claim.

**4. The Department of Health already recognized the nurses as providers of family planning services. How come they are not yet among the qualified providers of this Package?**

*Nurses who are now accredited as providers MCP/NCP, practicing in birthing homes and have training on subdermal implant insertion may also provide Subdermal Contraceptive Implant Package. The policy on accreditation of nurses is defined in PhilHealth Circular 2017-0023. ([www.philhealth.gov.ph/circulars/2017/circ2017-0023.pdf](http://www.philhealth.gov.ph/circulars/2017/circ2017-0023.pdf))*

**5. Can the provider of this Package be private or public?**

*The Package may now be reimbursed in private (since January 1, 2016) and **public (for admission dates starting January 1, 2018)** facilities.*

**6. Can the Package be reimbursed in rural health units that are accredited as PCB 1 providers?**

*No. PhilHealth Circular No. 38-2015 does NOT include rural health units (accredited as PCB providers only) as qualified providers of the Package. However if the HCIs are also accredited as birthing homes, then they may provide the services and be reimbursed for the Package.*

**7. What are the documents needed for filing of claims?**

The Health Care Institution (HCI), where the procedure was done, must submit the following documents within 60 days after the procedure or after discharge (in case of in-patient admission):

1. PhilHealth Benefit Eligibility Form (PBEF) which indicates “YES,” meaning the patient is eligible to avail of the benefits
2. Statement of Account or its equivalent
3. Properly accomplished Claim Form 2

In case the PBEF indicates “NO,” meaning the patient (member or dependent) is not eligible to avail of the benefits, the following documents must be submitted:

1. Documents as enumerated in the PBEF; or photocopy of 4Ps, CCT, MCCT, or the Senior Citizen ID/Valid government ID card if the patient is covered by Senior Citizen Program
2. Properly accomplished Claim Form 2

In cases when the health care institution does not have a Health Care Institution Portal which generates the PBEF, then the following documents must be submitted:

1. Properly accomplished Claim Form 1
2. PhilHealth ID or MDR with validity period or proof of premium contributions;  
or
3. A duly accomplished PMRF with attached photocopy of the Pantawid Pamilyang Pilipino Program (4Ps), CCT, MCCT or, if the patient shall be covered under the Senior Citizen Program – Senior Citizen ID/valid government ID card.
4. Properly accomplished Claim Form 2

It is expected that all Health Care Institutions shall already have an installed HCI Portal. *Also, PhilHealth is already implementing electronic claims system.*

#### **8. What is the No Balance Billing (NBB) Policy?**

No Balance Billing is a PhilHealth policy which provides that no other fees or expenses shall be charged to or paid for by indigent patients above and beyond the package rates (PhilHealth Circular 003, s-2014).

Aside from indigent members, other sectors of PhilHealth's *membership namely Sponsored, Kasambahay, Senior Citizens and Lifetime members (PhilHealth Circular 2017-0017)* are also entitled to the application of the policy.

#### **9. Is the NBB Policy applicable to those who will avail of PhilHealth's Subdermal Contraceptive Implant Package?**

Yes. The NBB shall apply to the following PhilHealth members and their dependents who availed of the Package: Indigent, Sponsored members, Kasambahays, Senior Citizens, and Lifetime members.

#### **10. Senior Citizens and Lifetime members are no longer in their reproductive age. Why are they included in the NBB Policy?**

Some of these members may still have dependents who are females of reproductive age and availing of the health services provided for this Package.

#### **11. What are the other policies that a member and provider should know that might affect the availment of this Package?**

*Since the implementation of the Package in 2016, PhilHealth issued several policies related to membership, accreditation and claims filing which also apply to the availment of this Package. Some of these related policies are:*

- No Balance Billing
  - Strengthening the Implementation of No Balance Billing Policy (Revision 2) (PhilHealth Circular 2017-0017)
- Accreditation
  - Accreditation of Nurses for Maternal and Child Health Services (Revision 1) (PhilHealth Circular 2017-0023)
- Monitoring and Evaluation

- Health Care Provider Assessment System (Revision 1) (PhilHealth Circular 2016-0026)
- Membership and Eligibility
  - Application of Sufficient Regularity of Payment of Premium Contributions to the Required Qualifying Contributions for Eligibility to PhilHealth Claims (PhilHealth Circular 2017-0021)
- Claims Processing and Payment
  - Enhanced Health Care Institution Portal (formerly known as Institutional Health Care Provider Portal (PhilHealth Circular 002-2014)
  - Full Implementation of Electronic Claims System (PhilHealth Circular 2016-0016)
  - Implementation of Electronic Claims System Using Hybrid Approach (PhilHealth Circular 2017-0030)
  - Implementation of Auto-Credit Payment Scheme (ACPS) to All Health Care Institutions (PhilHealth Circular 2017-0020)
  - Submission of Statement of Account (SOA) or its Equivalent for All Case Rates Claims Reimbursement (Revision 1) (PhilHealth Circular 2017-0014)