RESOLUTION OF THE MINORITY CALLING ON THE APPROPRIATE HOUSE COMMITTEE TO CONDUCT AN INVESTIGATION ON THE ALLEGATIONS OF FRAUDULENT MEDICAL CLAIMS, MISMANAGEMENT & NEGLIGENCE, GRAFT & CORRUPTION AGAINST PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH), IN AID OF LEGISLATION, FOR PURPOSES OF INSTITUTING REAL REFORMS, REVIEW OF PHILHEALTH POLICIES AND ASSESSMENT OF ITS EFFECTIVENESS IN THE IMPLEMENTATION OF THE UNIVERSAL HEALTH CARE LAW (REP. ACT NO. 11223)

WHEREAS, the Philippine Health Insurance Corporation (PhilHealth) is a government corporation created under Republic Act (RA) No. 7875 dated February 14, 1995, as amended by RA No. 9241 dated February 10, 2004 and RA No. 10606 dated July 23, 2013, otherwise known as the “National Health Insurance Act of 2013.” Its mandate is to administer the National Health Insurance Program (NHIP), which was created to provide health insurance coverage and ensure affordable, acceptable, available and accessible health care services for all citizens of the Philippines. This social insurance program shall serve as the means for the healthy to help pay for the care of the sick and for those who can afford medical care to subsidize those who cannot;
WHEREAS, a 3-part investigative report by the Philippine Daily Inquirer exposed
the *modus operandi* of WellMed Dialysis & Laboratory Center Corporation
(WellMed) of allegedly filing fictitious/fraudulent medical claims before PhilHealth
by using deceased patients and legitimate patients who have not claim full weekly
treatments, which started as far back as March 2016;
WHEREAS, these fictitious/fraudulent medical claims were made possible
because of PhilHealth's reliance on merely monitoring and reports of health care
providers on the status of patients' medical services and PhilHealth employees
alleged involvement, resulting in over P154M in losses to PhilHealth since 2013, to
the detriment of the Filipino People and those who have been subsidizing the
fund;
WHEREAS, what is even more alarming is that this particular form of
fictitious/fraudulent medical claims was not in the 2018 Commission on Audit
(COA) report on PhilHealth and which COA has yet to address;
WHEREAS, this development on the state of affairs of PhilHealth and the
obvious lack of controls, mismanagement and neglect, which even the COA has
yet to address calls is disconcerting, not only for PhilHealth as the primary
institution that brings acceptable, available and accessible health care services, but
as well as the future and the impending implementation of the Universal Health
Care Law (Rep. Act No. 11223);
NOW, THEREFORE BE IT RESOLVED, that the House of Representatives
direct the House Committee on Health to conduct an investigation and inquiry, in
aid of legislation, on the *modus operandi* of (WellMed) of allegedly filing
fictitious/fraudulent medical claims, the inaction of PhilHealth employees and
their alleged involvement with WellMed, PhilHealth's obvious lack of controls,
mismanagement and neglect, the COA's blind eye, in aid of legislation, with the
view of instituting real reforms, review of PhilHealth Policies and assessment of its
effectiveness in the implementation of the Universal Health Care Law (Rep. Act
No. 11223).

Adopted,

BIENVENIDO "BENNY" M. ABANTE, JR.