



Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

18th Congress
First Regular Session

Office of the Minority Floor Leader

HOUSE RESOLUTION No. 238

**INTRODUCED BY REP. BIENVENIDO "BENNY" M. ABANTE, JR.
AND THE MINORITY BLOC**

**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)**

1 **WHEREAS**, the Philippine Health Insurance Corporation (PhilHealth) is a
2 government corporation created under Republic Act (RA) No. 7875 dated
3 February 14, 1995, as amended by RA No. 9241 dated February 10, 2004 and RA
4 No. 10606 dated July 23, 2013, otherwise known as the "National Health
5 Insurance Act of 2013." Its mandate is to administer the National Health
6 Insurance Program (NHIP), which was created to provide health insurance
7 coverage and ensure affordable, acceptable, available and accessible health care
8 services for all citizens of the Philippines. This social insurance program shall serve
9 as the means for the healthy to help pay for the care of the sick and for those who
10 can afford medical care to subsidize those who cannot;

12 **WHEREAS**, a 3-part investigative report by the Philippine Daily Inquirer exposed
13 the *modus operandi* of WellMed Dialysis & Laboratory Center Corporation
14 (WellMed) of allegedly filing fictitious/fraudulent medical claims before PhilHealth
15 by using deceased patients and legitimate patients who have not claim full weekly
16 treatments, which started as far back as March 2016;

17 **WHEREAS**, these fictitious/fraudulent medical claims were made possible
18 because of PhilHealth's reliance on merely monitoring and reports of health care
19 providers on the status of patients' medical services and PhilHealth employees
20 alleged involvement, resulting in over P154M in losses to PhilHealth since 2013, to
21 the detriment of the Filipino People and those who have been subsidizing the
22 fund;

23
24 **WHEREAS**, what is even more alarming is that this particular form of
25 fictitious/fraudulent medical claims was not in the 2018 Commission on Audit
26 (COA) report on PhilHealth and which COA has yet to address;

27
28 **WHEREAS**, this development on the state of affairs of PhilHealth and the
29 obvious lack of controls, mismanagement and neglect, which even the COA has
30 yet to address calls is disconcerting, not only for PhilHealth as the primary
31 institution that brings acceptable, available and accessible health care services, but
32 as well as the future and the impending implementation of the Universal Health
33 Care Law (Rep. Act No. 11223);

34
35 **NOW, THEREFORE BE IT RESOLVED**, that the House of Representatives
36 direct the House Committee on Health to conduct an investigation and inquiry, in
37 aid of legislation, on the *modus operandi* of (WellMed) of allegedly filing
38 fictitious/fraudulent medical claims, the inaction of PhilHealth employees and
39 their alleged involvement with WellMed, PhilHealth's obvious lack of controls,
40 mismanagement and neglect, the COA's blind eye, in aid of legislation, with the
41 view of instituting real reforms, review of PhilHealth Policies and assessment of its
42 effectiveness in the implementation of the Universal Health Care Law (Rep. Act
43 No. 11223).

44
45 Adopted,

46
47
48
49 **BIENVENIDO "BENNY" M. ABANTE, JR.**

