

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

EIGHTEENTH CONGRESS
First Regular Session

HOUSE RESOLUTION NO. 126



Introduced by **HON. LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.**

RESOLUTION

URGING THE HOUSE COMMITTEE ON HEALTH TO CONDUCT AN INQUIRY, IN AID OF LEGISLATION, ON THE RECENT ALLEGATIONS OF FRAUDULENT MEDICAL CLAIMS TO THE PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH), AND THE HOUSE COMMITTEE ON APPROPRIATIONS TO CONDUCT A REVIEW ON THE UTILIZATION OF THE CORPORATION'S FUNDS

WHEREAS, the Philippine Health Insurance Corporation (PhilHealth) is a government-owned and -controlled corporation mandated to provide health insurance coverage for Filipinos and reduce the out-of-pocket expenditures of those availing medical care;

WHEREAS, an investigative report by the Philippine Daily Inquirer¹ claimed that WellMed Dialysis and Laboratory Center Corp. (WellMed) in Novaliches, Quezon City has allegedly been making fraudulent medical claims to PhilHealth on behalf of already deceased patients and patients who did not get their full weekly treatments;

WHEREAS, this information was revealed through former employees of WellMed Edwin Roberto and Liezel Santos

WHEREAS, Mr. Roberto, who worked as assistant manager and facilitated the processing of claim forms, said the filing of questionable claims started in March 2016;

WHEREAS, patients' signatures were forged by WellMed from their medical records and filed for claims of nonexistent dialysis treatments and these patients had no way of discovering that their identities were used for ghost claims as PhilHealth does not send out benefit payment notices;

WHEREAS, PhilHealth covers up to 90 dialysis treatment sessions per year at Php 2,600 each or Php 234,000 per year;

¹ <https://newsinfo.inquirer.net/1127283/philhealth-pays-for-ghost-kidney-treatments>

WHEREAS, PhilHealth's funding comes from the premiums paid by its formal, informal, and overseas members and the national budget which is used to provide coverage to indigent members, persons with disabilities (PWD), and senior citizens, among others;

WHEREAS, PhilHealth confirmed that the agency has been defrauded and at least 28 counts of misrepresentation and falsification were filed against WellMed before the courts²;

WHEREAS, other dialysis treatment clinics, apart from WellMed, as said to be involved in the scam, possibly involving Philhealth Officials and employees³, and has cost PhilHealth over Php 154 billion in bogus claims⁴;

WHEREAS, the passage of Republic Act No. 11223 or the Universal Health Care (UHC) Act expanded PhilHealth's means of funding as the UHC is envisioned to provide a comprehensive healthcare package to all Filipinos, whether paying premiums or not;

WHEREAS, the implementation of the UHC would also aid in the increase of number of covered dialysis sessions and persons who can claim them;

WHEREAS, the allegations point to a misuse of funds from the PhilHealth and could hinder the provision of a better health care for all Filipinos, especially with the implementation of the UHC materializing;

WHEREAS, the aforementioned controversy necessitates the review of the utilization of PhilHealth's funds, its use of the premiums by paying members and the budget allocated to them through the national budget, to assure and inform the public and discover any infractions thereof, should there be any;

NOW, THEREFORE, BE IT RESOLVED by the House of Representatives to urging the House Committee on Health to conduct an inquiry, in aid of legislation, on the recent allegations of fraudulent medical claims to the Philippine Health Insurance Corporation, and the House Committee on Appropriations to conduct a review on the utilization of the corporation's funds.

ADOPTED,



LUIS RAYMUND "LRAY" F. VILLAFUERTE, JR.

² <https://www.philstar.com/headlines/2019/06/07/1924387/philhealth-confirms-paying-ghost-kidney-treatments>

³ Ibid.

⁴ <https://www.philstar.com/headlines/2019/06/17/1927147/nbi-targets-more-clinics-hospitals-philhealth-scam>