



Republic of the Philippines  
Province of Guimaras

**OFFICE OF THE SANGGUNIANG PANLALAWIGAN**

*EXCERPTS FROM THE MINUTES OF THE REGULAR SESSION OF THE HONORABLE SANGGUNIANG PANLALAWIGAN OF THE PROVINCE OF GUIMARAS HELD AT THE SP SESSION HALL, PROVINCIAL CAPITOL ON JANUARY 13, 2016.*

*PRESENT:*

<i>Hon. Vicente B. de Asis</i>	<i>-</i>	<i>Vice Governor/Presiding Officer</i>
<i>Hon. Cyril C. Beltran</i>	<i>-</i>	<i>SP Member Majority Floor Leader</i>
<i>Hon. David G. Gano</i>	<i>-</i>	<i>SP Member Deputy Majority Floor Leader</i>
<i>Hon. John Edward G. Gando</i>	<i>-</i>	<i>SP Member</i>
<i>Hon. Josefina G. de la Cruz</i>	<i>-</i>	<i>SP Member</i>
<i>Hon. Dan Elby C. Habaña</i>	<i>-</i>	<i>SP Member</i>
<i>Hon. Diosdado G. Gonzaga</i>	<i>-</i>	<i>SP Member</i>
<i>Hon. Roy P. Habaña</i>	<i>-</i>	<i>SP Member</i>
<i>Hon. Rex G. Fernandez</i>	<i>-</i>	<i>SP Member</i>
<i>Hon. Nelly S. Rentoy</i>	<i>-</i>	<i>Ex-Officio Member (PCL Fed. President)</i>
<i>Hon. Fred C. Gamayao</i>	<i>-</i>	<i>Ex-Officio Member (LNB President)</i>

*OFFICIAL BUSINESS:*

*None*

*ABSENT:*

*None*

**RESOLUTION NO. 06**

**RESOLUTION AUTHORIZING GOVERNOR SAMUEL T. GUMARIN, MD, MPH TO SIGN FOR AND IN BEHALF OF THE PROVINCIAL GOVERNMENT OF GUIMARAS THE REVISED PERFORMANCE COMMITMENT OF DR. CATALINO GALLEGOS NAVA PROVINCIAL HOSPITAL (DCGNPH) WITH PHILIPPINE HEALTH INSURANCE CORPORATION (PHILHEALTH)**

*WHEREAS, this Honorable Body had passed Resolution No. 237, Series of 2015 authorizing the Honorable Governor to sign for and in behalf of the Provincial Government of Guimaras the Performance Commitment of DCGNPH with Philhealth;*

*WHEREAS, the Honorable Governor, in his letter dated 11 January 2016, requested for an authority to sign for and in behalf of the Provincial Government of Guimaras the Revised Performance Commitment of DCGNPH with Philhealth;*

*WHEREAS, the Chairperson, Committee on Health had manifested the need to revise the said Performance Commitment, thus this Honorable Body interposes no objection on the request of the Honorable Governor;*

*NOW THEREFORE, on motion of Hon. Josefina G. de la Cruz, Chairperson, Committee on Health, unanimously seconded;*

**THE SANGGUNIANG PANLALAWIGAN IN SESSION DULY ASSEMBLED:**

*RESOLVED, to authorize Gov. Samuel T. Gumarin, MD, MPH to sign the following:*

## PERFORMANCE COMMITMENT

### LETTERHEAD OF HEALTH CARE PROVIDER

\_\_\_\_\_  
Date

#### PHILIPPINE HEALTH INSURANCE CORPORATION

17<sup>th</sup> Floor, City State Centre Bldg.  
Shaw Blvd., Pasig City

**SUBJECT: Performance Commitment for HCI**

Sir Madam:

To guarantee our commitment to the National Health Insurance Program ("NHIP"), we respectfully submit this Performance Commitment.

And for the purposes of this Performance Commitment, we hereby warrant the following representations:

#### A. REPRESENTATION OF ELIGIBILITIES

1. That we are a duly registered/licensed/certified health care facility capable of delivering the services expected from the type of healthcare provider that we are applying for.
2. *That we are a member in good standing of the Philippine Hospital Association. (for hospitals and infirmaries only)*
3.
  - a. For single HCI  
That we are owned by **Local Government Unit** and managed by **Governor Samuel T. Gumarin, MD, MPH** and doing business under the name of **DR. CATALINO GALLEGONAVA PROVINCIAL HOSPITAL** with License/Certificate No. **06-021-15-025-H1-G**.
  - b. For Health Systems/HCI Groups  
That the following facilities, as guaranteed by the heads of facilities listed in the following table, are capable of delivering the services expected from the type of healthcare provider that we are applying for:

Name of Facility	Type of facility (hospital, RHU, HC, Long-term, TB-DOTS, ABTCs, etc)	Hospital Level (if applicable)	License Number Certificate Number (if applicable)	Management (if different from the LGU)

4. That all professional health care providers in our facility *are PhilHealth accredited*, possess proper credentials and given appropriate privileges in accordance with our policies and procedures.

#### B. COMPLIANCE TO PERTINENT LAWS / RULES & REGULATIONS / POLICIES / ADMINISTRATIVE ORDERS AND ISSUANCES

Further, we hereby commit ourselves to the following:

1. That our officers, employees, and other personnel are members in good standing of the NHIP.
2. That, as responsible owner(s) and/or manager(s) of the institution, we shall be jointly and severally liable for all violations committed against the provisions of Rep. Act No. 7875 including its Implementing Rules and Regulations (IRR) and PhilHealth policies issued pursuant thereto.

3. That we shall promptly inform PhilHealth prior to any change in the ownership and/or management of our institution.
4. That any change in ownership and/or management of our institution shall not operate to exempt the previous and/or present owner and/or manager from liabilities for violations of Rep. Act No. 7875, *as amended*, and its IRR.
5. That we shall maintain active membership in the NHIP as an employer not only during the entire validity of our participation in the NHIP as a HealthCare Institution (HCI) but also during the corporate existence of our institution.
6. That we shall abide with all the implementing rules and regulations, memorandum circulars, special orders, *advisories* and other administrative issuances by PhilHealth affecting us.
7. That we shall abide with all administrative orders, circulars and such other policies, rules and regulations issued by the Department of Health and all other related government agencies and instrumentalities governing the operations of HCIs in participating in the NHIP.
8. That we shall adhere to pertinent statutory laws affecting the operations of HCIs including but not limited to the Senior Citizens Act (*R.A. 10645*), the Breastfeeding Act (*R.A. 7600*), the Newborn Screening Act (*R.A. 9288*), the Cheaper Medicines Act (*R.A. 9502*), the Pharmacy Law (*R.A. 5921*), the Magna Carta for Disabled Persons (*R.A. 9442*), and all other laws, rules and regulations that may hereafter be passed by the Congress of the Philippines or any other authorized instrumentalities of the government.
9. That we shall promptly submit reports as may be required by PhilHealth, DOH and all other government agencies and instrumentalities governing the operations of HCIs.
10. *That we shall facilitate distribution of the professional fee component of the PhilHealth payment/reimbursement to the concerned professionals not exceeding thirty (30) calendar days upon receipt of the reimbursement or at a time frame as agreed upon by the HCI and their professionals.*
11. *That being a government-owned health care institution, we shall maintain a trust fund for the PhilHealth reimbursements in compliance to Section 34-A of Republic Act 10606 which provides that "revenues shall be used to defray operating costs other than salaries, to maintain or upgrade equipment, plant or facility, and to maintain or improve the quality of care.*

**C. CONDUCT OF CLINICAL SERVICES, RECORDS, PREPARATION OF CLAIMS AND UNDERTAKINGS OF PARTICIPATION IN THE NHIP**

*1. For single HCI:*

That we are duly capable of delivering the following services for the duration of the validity of this commitment (please check appropriate boxes).

- ☐ *Primary Care Facility*
- ☐ Level 1 hospital services
- ☐ Level 2 hospital services
- ☐ Level 3 hospital services
- ☐ Specialized services
  - ☐ Radiotherapy
  - ☐ Hemodialysis/Peritoneal Dialysis
  - ☐ Others (please specify) \_\_\_\_\_
- ☐ Benefit package and other services
  - ☐ Tuberculosis Directly Observed Treatment System (TB DOTS)
  - ☒ Maternity Care Package
  - ☒ Newborn Care Package
  - ☐ Malaria Package
  - ☒ Primary Care Benefit Package/*Tsekup*
  - ☐ Outpatient HIV/AIDS Package (for DOH identified hospitals only)

- ☐ Animal Bite Package  
☐ Z Benefit Package/s \_\_\_\_\_  
☐ Others (please specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. *For Health Systems/HCI groups*

That we shall deliver the following services for the duration of the validity of this commitment:

Name of Facility	Committed Services (choose from the enumerated services below; e.g. 1, 6a,6b,6c)

3. That we shall provide and charge to the PhilHealth benefit if the client the necessary services including but not limited to drugs, medicines, supplies, devices, and diagnostic and treatment procedures for our PhilHealth clients.
4. That we, being accredited government hospital or infirmary/MCP/IB DOTS/ *Animal Bite package Tsekap provider*, shall provide the necessary drugs, supplies and services with no out-of-pocket expenses on the part of the *qualified PhilHealth member and their dependents admitted or who consulted in the HCI*, as mandated by the PhilHealth's "No Balance Billing" (NBB) Policy.
5. That we shall maintain a high level of service satisfaction among PhilHealth clients including all their qualified dependents/beneficiaries.
6. That we shall be guided by PhilHealth-approved clinical practice guidelines or if not available, other established and accepted standards of practice.
7. That we shall provide a PhilHealth Bulletin Board for the posting of updated information of the NHIP (circulars, memoranda, IEC materials, price reference index, etc.) in conspicuous places accessible to patients, members and dependents of the NHIP within our health facility.
8. That we shall always make available the necessary forms for PhilHealth member-patient's use.
9. That we shall treat PhilHealth member-patient with utmost courtesy and respect, assist them in availing PhilHealth benefits and provide them with accurate information on PhilHealth policies and guidelines.
10. That we shall ensure that PhilHealth member-patient with needs beyond our service capability are referred to appropriate PhilHealth-accredited health facilities.

**D. MANAGEMENT INFORMATION SYSTEM**

1. That we shall maintain a registry of all our PhilHealth members-patients (including newborns) and a database of all claims filed containing actual charges (board, drugs, labs, auxiliary, services and professional fees), actual amount deducted by the facility as PhilHealth reimbursement and actual PhilHealth reimbursement, which shall be made available to PhilHealth or any of its authorized personnel.
2. That we shall maintain and submit to PhilHealth an electronic registry of physicians including their fields of practice, official e-mail and mobile phone numbers.
3. That we shall, if connected with e-claims, electronically encode the *laboratory/diagnostic examinations done*, drugs and supplies used in the care of the patient in our information system which shall be made available for PhilHealth use.

4. That we shall ensure that true and accurate data are encoded in all patients' records.
5. That we shall only file true and legitimate claims recognizing the period of filing the same after the patient's discharge as prescribed in PhilHealth circulars.
6. That we shall submit claims in the format required by PhilHealth for our facility.
7. That we shall regularly submit PhilHealth monitoring reports as required in PhilHealth circulars.
8. That we shall annually submit to PhilHealth a copy of our audited financial statement report, *to include the disposition of PhilHealth reimbursement.*

***E. REGULAR SURVEYS/ADMINISTRATIVE INVESTIGATIONS/DOMICILIARY VISITATIONS ON THE CONDUCT OF OPERATIONS IN THE EXERCISE OF THE PRIVILEGE OF ACCREDITATION***

1. That we shall extend full cooperation with duly recognized authorities of PhilHealth and any other authorized personnel and instrumentalities to provide access to patient records and submit to any orderly assessment conducted by PhilHealth relative to any findings, adverse reports, pattern of utilization and or any acts indicative of any illegal, irregular and or unethical practices in our operations as an accredited HCI of the NHIP that may be prejudicial or tends to undermine the NHIP and make available all pertinent official records and documents including the provision of copies thereof; provided that our rights to private ownership and privacy are respected at all times.
2. That we shall ensure that our officers, employees and personnel extend full cooperation and due courtesy to all PhilHealth officers, employees and staff during the conduct of assessment visitation investigation monitoring of our operations as an accredited HCI of the NHIP.
3. That at any time during the period of our participation in the NHIP, upon request of PhilHealth, we shall voluntarily sign and execute a new "Performance Commitment" to cover the remaining portion of our engagement or to renew our participation with the NHIP as the case may be, as a sign of our good faith and continuous commitment to support the NHIP.
4. That, unless proven to be a palpable mistake or excusable error, we shall take full responsibility for any inaccuracies and/or falsities entered into and/or reflected in our patients' records as well as in any omission, addition, inaccuracies and/or falsities entered into and or reflected in claims submitted to PhilHealth by our institution.
5. That we shall comply with PhilHealth's summons, subpoena, subpoena "duces tecum" and other legal or quality assurance processes and requirements.
6. That we shall recognize the authority of PhilHealth, its Officers and personnel and/or the duly authorized representatives to conduct regular surveys, domiciliary visits, and/or conduct administrative assessments at any reasonable time relative to the exercise of our privilege and conduct of our operations as an accredited HCI of the NHIP.
7. That we shall comply with PhilHealth corrective actions given after monitoring activities within the prescribed period.

***F. MISCELLANEOUS PROVISIONS***

1. That we shall protect the NHIP against abuse, violation and/or over-utilization of its funds and we shall not allow our institution to be a party to any act, scheme, plan, or contract that may directly or indirectly be prejudicial or detrimental to the NHIP.
2. That we shall not directly or indirectly engage in any form of unethical or improper practices as an accredited health care provider such as but not limited to solicitation of patients for purposes of compensability under the NHIP, the purpose and/ or the end consideration of which tends unnecessary financial gain rather than promotion of the NHIP.

3. That we shall immediately report to PhilHealth, its Officers and/or to any of its personnel, any act of illegal, improper and/or unethical practices of HCI of the NHIP that may have come to our knowledge directly or indirectly.
4. That we shall allow PhilHealth to deduct *1 or charge to* our future claims, all reimbursements paid to our institution under the following, *but not limited to:* (a) during the period of its non-accredited status as a result of a gap in validity of our DOH LTO, suspension of accreditation, etc.; (2) downgrading of level, loss of license for certain services; (c) *when NBB eligible PhilHealth members and their dependents were made to pay out-of-pocket for HCI and professional fees, if applicable;* (d) *validated claims of under deduction of PhilHealth benefits.*

Furthermore, recognizing and respecting its indispensable role in the NHIP, we hereby acknowledge the power and authority of PhilHealth to do the following:

1. After due process and in accordance with the pertinent provisions of RA 7875 and its IRR, to suspend, shorten, pre-terminate and/or revoke our privilege of participating in the NHIP including the appurtenant benefits and opportunities at any time during the validity of the commitment for any violation of any provision of this Performance Commitment and of RA 7875 and its IRR.
2. After due process and in accordance with the pertinent provisions of R.A. 7875 and its IRR, to suspend, shorten, pre-terminate and/or revoke our accreditation including the appurtenant benefits and opportunities incident thereto at any time during the term of the commitment due to verified adverse reports/findings of pattern or any other similar incidents which may be indicative of any illegal, irregular or improper and/or unethical conduct of our operations.

We commit to extend our full support in sharing PhilHealth's vision in achieving this noble objective of providing accessible quality health insurance coverage for all Filipinos.


*RESOLVED FURTHER, to send a copy of this resolution to the Honorable Governor, DOGNPH, PhilHealth and all others concerned, for information.*

*APPROVED, January 13, 2016.*


*I hereby certify that the foregoing is a true and accurate copy of the resolution which was duly adopted by the Sangguniang Panlalawigan of the Province of Guimaras during its regular session held on January 13, 2016.*

  
**LORENA MINIERVA-ITUCAS**  
*Secretary to the Sangguniang Panlalawigan*

*Attested*

  
**ATTY. VICENTE B. DE ASIS**  
*Vice Governor  
 Presiding Officer*

*Approved:*

  
**SAMUEL T. GUMARIN, MD, MPH**  
*Governor*

JAN 21 2016