

REPUBLIKA NG PILIPINAS
PAMAHALAANG LUNGSOD NG MUNTINLUPA
KALAKHANG MAYNILA



Sangguniang Panglungsod

RESOLUTION 02-121

A RESOLUTION AUTHORIZING MAYOR JAIME R. FRESNEDI TO ENTER INTO A SUPPLEMENTAL MEMORANDUM OF AGREEMENT WITH OSPITAL NG MUNTINLUPA FOUNDATION AND ADOPTING THE NEW ADJUSTED RATES ON LABORATORY, ROOM RATES, PROFESSIONAL FEES FOR KALINGANG KALUSUGAN BENEFICIARIES AND MUNTINLUPA EMPLOYEES AND HEALTH CARE BENEFICIARIES.

Sponsored by:

- Hon. Dr. Nicanor L. Echavez*
- Hon. Rufino B. Joaquin*
- Hon. Elmer S. Espeleta*
- Hon. Allan Rey A. Camilon*
- Hon. Victor L. Ulanday*
- Hon. Atty. Patricio L. Boncayao, Jr.*
- Hon. Aldrin L. San Pedro*
- Hon. Atty. Raul R. Corro*
- Hon. Melchor R. Teves*
- Hon. Atty. Icasiano M. Dela Rea*
- Hon. Francis Ian T. Bagatsing*
- Hon. Rene Carl S. Cayetano*
- Hon. Lucio B. Constantino*
- Hon. Mario E. Bulay, Jr.*
- Hon. Mamerto T. Sevilla, Jr.*

WHEREAS, Resolution No. 01-361 authorized Mayor Jaime R. Fresnedi to enter into a Memorandum of Agreement (MOA) with Ospital ng Muntinlupa Foundation for the operation and arrangement of the Ospital ng Muntinlupa;

WHEREAS, Section 15 of the Memorandum of Agreement state among others that the Ospital ng Muntinlupa shall not charge the Kalingang Kalusugan beneficiaries not more than the Philhealth rate;

WHEREAS, there were no uniformities in charges of professional fees by the Ospital ng Muntinlupa;

WHEREAS, on a series of dialogues between the Executive and Legislative Divisions of the City of Muntinlupa and Ospital ng Muntinlupa Foundation, both parties resolved that a new fixed rate mutually agreed upon be adopted for charging Kalingang Kalusugan beneficiaries. These fixed rates are as follows:

1.HOSPITAL RATES

- 1. The hospital rates are classified into:
 - 1.1 Prepaid Rates

These are composed into:



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1.1.1. City Government Rates:

The City Government Rates refers to charges, which will be subsidized by the City of Muntinlupa and composed of:

1.1.1.1. City Employees maximum of Php 50,000 per employees per year.
maximum of Php 25,000 for spouse per year.
Maximum of Php 25,000 for all his or her other dependents per year.

1.1.1.2. Kalingang Kalusugan Project of which members are constituents of the City of Muntinlupa and are provided with the following cards:

1.1.1.2.1 K- Card Diamond Family income Php 7,000 or below
75% subsidized by LGU based on service rates
25% patient share plus the difference in rates if patient chooses an upgraded room.
Maximum of Php 25,000 subsidy per family per year.

1.1.1.2.2. K- Card Gold Family income more than Php 7,000 but less than Php 13,000 per month
50% subsidized by LGU based on service rates
50% patient share plus the difference in rates if patient chooses an upgraded room.
Maximum of Php25,000 subsidy per family per year.

1.1.1.2.3. K Card Silver Family income more than Php13,000 less than Php 21,000 per month
25% subsidized by LGU based on service rates
75% patient share plus the difference in rates if patient chooses an upgraded room.
Maximum of Php 25,000 subsidy per family per year.

1.1.1.2.4. Privileged Card Muntinlupa residents whose family income is more than Php21,000 per month.
10% subsidized by LGU based on privileged rates
90% patient share plus the difference in rates if patient chooses an upgraded room.
Maximum of Php25,000 subsidy per family per year.

1.1.2 Industrial Rates:

Industrial Rates are rates that will be made available to the following:

1.1.2.1 Companies

1.1.2.2 HMOs

1.1.2.3 Overseas workers (both land base and sea based)

1.1.2.4 Walk-in patients who would like to avail of the packages.



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1.2 Private Rates:

These rates will be charged to private patients as well as non- Muntinlupa residents.

2. Room Rates

Room	No.of Beds	Privileged Rates (basis for 10% subsidy)	Silver*	Gold*	Diamond*
Wards		345	250	250	250
Male Medical	7				
Female Medical	6				
Male Surgical	6				
Female Surgical	8				
OB	7				
Pedia	8				
ICU	6	700	600	600	600
PICU	4	700	600	600	600
NICU:Sick Baby Sick Mother CS		700	600	600	600
Well Baby**		700	600	600	600
Semi-Private				350***	
Small Private		650			
Large Private		1000			
Small Suite		1800			
Large Suite		2500			

*K-card holders will be subsidized based on the room rates listed above. If the room is upgraded, subsidy is only up to the subsidy in the service wards; the difference is charged to the patient's account.

**Normal delivery/rooming in NO Charge-however, if mother refuses to room in baby, these charges are applicable. Babies roomed-in for NSD cases will not be charged NICU rates.

***Employees of the City of Muntinlupa government and their dependents will be subsidized in full by the City at the semi-private room only up to a maximum of Php50,000 for the employee, Php25,000 for the spouse and Php25,000 for all his/her dependents per year. If the room is upgraded, all other rates will also be computed based on the room availed by the patient. The difference will be charged to the patients account.

3. X-RAY RATES:

Chest Posterior/Anterior	Privileged	Service Rates
8x10	150.00	140.00
10x12	160.00	145.00



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11x14	170.00	150.00
14x14	180.00	160.00
14x17	190.00	170.00
Chest PAL		
14x14	240.00	220.00
14x17	250.00	230.00

X-Ray/Ultrasound Rates:

Routine	Municipal Employee 25/50/75%	Private and Privileged Rates (10% Subsidy)
Apico	180.00	220.00
Ankle	280.00	300.00
Arm	280.00	300.00
Elbow	280.00	300.00
Femur/Thigh	280.00	350.00
Foot	280.00	300.00
Forearm	280.00	300.00
Hand	280.00	300.00
Humerus	280.00	300.00
Knee	280.00	300.00
Leg	280.00	300.00
Shoulder Apl	180.00	250.00
Wrist	280.00	270.00

Additional View:

Mortise View	180.00	200.00
Oscalsis	180.00	200.00
Calcaneus	180.00	200.00
Clavicle	180.00	200.00
Tangenial View	180.00	200.00
Axia; View	180.00	200.00

SPINE:

Cervical	180.00	360.00
Thoraco-Lumbar	460.00	480.00
Thoracic Cage	250.00	260.00
Lumbo-Scaral	400.00	450.00
Scoliosis Series	700.00	740.00

ABDOMINAL AREA:

Pelvis	260.00	280.00
Abdomen	260.00	320.00
Upright/Supine	260.00	320.00
Plain kub	260.00	320.00



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Routine	Municipal Employees 25/50/75%	Private and Privileged (10% Subsidy)
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SKULL: Additional View

Masteroid Series	360.00	400.00
Paranasal Sinuses	360.00	460.00
Skull	360.00	400.00
Tempora-madibularjoint	360.00	400.00
Zygomatic bone	360.00	400.00

CHEST:

Chest (Adult)		
Chest pal (Adult)		
Chest (child/infant)		

SPECIAL PROCEDURE:

BA enema	1,050.00	1,130.00
Chole-gi	1,250.00	1,300.00
Colonogram	900.00	1,000.00
Cystogram	1,115.00	1,200
Esophagram	650.00	700.00
Hystero-Sal	1,500	1,630.00
Kub-IVP	960.00 (w/o dye)	1,110.00 (w/o dye)
Localization of Foreign Body	650.00	700.00
Operative Cholangiogram		
Oral-Chole	650.00	700.00
Sinugram	900.00	1,000.00
Ugis	1,115.00	1,200.00
Ugis	w/o dye	(w/o dye)

ULTRASOUND PROCEDURES

Routine	Municipal Employee 25/50/75%	Private and Privileged (10% Subsidy)
Aorta	300.00	350.00
Appendix	300.00	360.00
Chest	300.00	360.00
Cranial	650.00	700.00
Gallbladder	300.00	360.00
Ingui nal	300.00	360.00
Liver	300.00	360.00
Pancreas	300.00	360.00
Pelvis	300.00	360.00



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Spleen	300.00	360.00
Thyroid	300.00	360.00
Umbilicus	300.00	360.00
Congenital Abnorma	650.00	700.00
Upper Abdomen	860.00	880.00
Biophysical Profile	700.00	800.00
HBT Package	700.00	800.00
LGBPS	860.00	880.00
Whole Abdomen	1,400.00	1,500.00
Breast	500.00	620.00
Kidneys	450.00	600.00

MALE/FEMALE		
Lower Abdomen	750.00	770.00
TWIN TVS	800.00	850.00
TRANSVAGINAL	700.00	750.00
TRANSRECTAL	700.00	750.00

Laboratory Rates:

Laboratory Test	Privileged*	Service Rates**
		Silver/Gold Diamond
ABO + Rh Typing	150.00	100.00
Acid Fast	130.00	100.00
Actual Platelet Count	150.00	100.00
AIDS Test	180.00	180.00
Albumin	200.00	190.00
Alkaline Phostphatase	220.00	200.00
ASO	300.00	290.00
Total Bilirubin	220.00	200.00
Bleeding Time	50.00	45.00
Blood Typing (ABO)	100.00	70.00
BUN	175.00	130.00
CBC	150.00	120.00
CBC w/ APC	150.00	120.00
Cholesterol	180.00	130.00
Clot Retraction Time	60.00	60.00
Clotting Time	50.00	45.00
CK-MB	410.00	400.00
Creatinine	175.00	130.00
Crossmatching	220.00	200.00
CRP	255.00	200.00
ESR	140.00	120.00
FBS	150.00	100.00
Fecalysis	80.00	50.00



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GGT	250.00	240.00
Gram Stain	110.00	100.00
HbA1c	300.00	290.00
HDL	300.00	290.00
Hb/Hct	120.00	100.00
LDH	400.00	350.00
Malarial Smear	120.00	100.00
Occult Blood	90.00	80.00

Laboratory Test	Privileged	Service Rates**
		Silver/Gold/Diamond
OGIT	600.00	590.00
Paps Smear	150.00	100.00
Peripheral Smear	130.00	100.00
Pregnancy Test	150.00	120.00
RA Factor	165.00	150.00
RBS	150.00	100.00
Rh Typing	100.00	90.00
Serum Amylase	205.00	200.00
SGOT	250.00	200.00
SGPT	250.00	200.00
Total Protein	250.00	200.00
Triglycerides	180.00	150.00
Uric Acid	150.00	100.00
Urinalysis	95.00	60.00
RPR	245.00	200.00
WBC & Different Count	150.00	120.00
Widal Test	200.00	150.00

WHEREAS, there is an urgent need to adopt such fixed rate to resolve once and for all any controversies and conflicts regarding variations of rates and fees;

NOW BE IT RESOLVE AS IT IS HEREBY RESOLVED, by the City Council of Muntinlupa duly assembled authorizing the Honorable Mayor Jaime R. Fresnedi to enter into a supplemental Memorandum of Agreement with the Ospital ng Muntinlupa Foundation and adopting the new adjusted rates on Laboratory, Room Rates, Professional Fees for Kalingang Kalusugan Beneficiaries and Muntinlupa Employees and Healthcare Beneficiaries.

RESOLVED FURTHER, that any previous agreed rates pertaining to Hospital ng Muntinlupa are hereby superceded by this Resolution.

FINALLY RESOLVED, that this Memorandum of Agreement (MOA) entered into by the City Government of Muntinlupa and the Ospital ng Muntinlupa Foundation be placed under the Audit Jurisdiction as prescribed under Section 26 of 1455.



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APPROVED, by the Sangguniang Panlungsod of Muntinlupa, this 27th day of June 2002, on its 37th Regular Session.


CONCURRED:

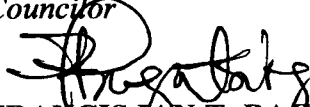
ALDRIN L. SAN PEDRO
Councilor

VICTOR L. ULANDAY
Councilor


DR. NICANOR L. ECHAVEZ
Councilor

ELMER S. ESPELETA
Councilor


ATTY. PATRICIO L. BONCAYAO, JR.
Councilor


FRANCIS IAN T. BAGATSING
Councilor


ALLAN KEY A. CAMILON
Councilor

RENE CARL S. CAYETANO
Councilor


ATTY. RAUL R. CORRO
Councilor

LUCIO B. CONSTANTINO
Councilor


MELCHOR R. TEVES
Councilor


MARIO E. BULAN, JR.
Councilor


ATTY. ICASIANO M. DELA REA
Councilor

MAMERTO T. SEVILLA, JR.
Councilor


RUPINO B. JOAQUIN
Councilor

ABSENT:


BAL NIEFES
Councilor


ARTEMIO A. SIMUNDAC

Sectoral Representative
President
Association of Barangay Captains

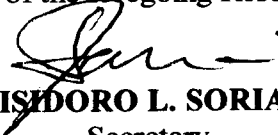


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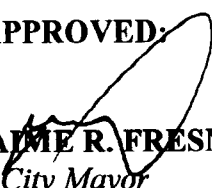
I HEREBY CERTIFY, as to the correctness of the foregoing Resolution.


ATTY. ISIDORO L. SORIANO, JR.
Secretary
SANGGUNIANG PANLUNGSOD

ATTESTED:


ATTY. JO JASON T. ALCARAZ
City Vice Mayor/Presiding Officer

APPROVED:


ATTY. JAIME R. FRESNEDI
City Mayor
Date: 11-07-02


Hope/Nory
6/27/02

