Republic of the Philippines
Province of Cagayan
TUGUEGARAO CITY
Phone number: 0953-588-3721 | email address: cmotuguegaraocity@gmail.com

OFFICE OF THE SP SECRETARY
TUGUEGARAO CITY, CAGAYAN
RECEIVED
Date: JAN 28 2026
Time: 3:34 PM
By:

OFFICE OF THE CITY MAYOR

OFFICE OF THE CITY VICE MAYOR
TUGUEGARAO CITY, CAGAYAN
RECEIVED
Date: 01-28-2026
Time: 3:31 PM
By:

28 January 2026

THE HONORABLE MEMBERS
Sangguniang Panlungsod
This City

Thru: HON. ROSAURO RODRIGO G. RESUELLO
Vice Mayor and Presiding Officer

Dear ***Honorable Members of the Sanggunian***:

Herewith is the Memorandum of Agreement between the Tuguegarao City Government, Department of Health- Cagayan Valley Center for Health Development and Tuguegarao City Peoples General Hospital, for your information and appropriate action.

Thank you!

In the name of public service,

MAILA ROSARIO S. TING-QUE
City Mayor

For and by authority of the City Mayor:

JUANITO A. CALUBAQUIB
City Administrator
OIC

Copy furnished:

- *TCPGH*
- *DOH- Cagayan Valley Center for Health Development*

BAGONG PILIPINAS

Republic of the Philippines
PROVINCE OF CAGAYAN
Tuguegarao City

TUGUEGARAO CITY PEOPLE'S GENERAL HOSPITAL

Luna Street, Centro 6, Tuguegarao City
Tel # (078) 844-1337 / 377-3825
E-mail Address: *tuguegaraocityPGH@yahoo.com*

27 January 2026

OFFICE OF THE CITY MAYOR
RECEIVED
Date: JAN 28 2026
Time: 10:00 AM
By: Cara

HON. MAILA ROSARIO S. TING-QUE
City Mayor
Tuguegarao City, Cagayan

Dear Ma'am,

Warm greetings!

Pursuant to the further evaluation and review of the Memorandum of Agreement (MOA) entered into by and between the Department of Health – Cagayan Valley Center for Health Development and the Local Government Unit of Tuguegarao City through the Tuguegarao City People's General Hospital, this Office respectfully informs your good office that the said MOA is now due for renewal.

Based on the thorough review conducted, no issues, discrepancies, or impediments were noted in the implementation of the said agreement. This partnership has been consistently maintained over the years and has significantly contributed to the improvement of health services, particularly for the constituents of Tuguegarao City.

In view thereof, and finding no objection to its continued implementation, this Office fully supports and highly recommends the renewal of the said Memorandum of Agreement.

Thank you very much for your kind consideration.

Very truly yours,

MARCOS M. MALLILLIN, MD, MPH
Chief of Hospital

MARCOS M. MALLILLIN, MD, MHA
Chief of Hospital

FERDINAND M. BENBENEN, MD, DPCP, MHA, FPSMS
DOH, Regional Director

MAILA ROSARIO S. TING-QUE
Mayor

NEIL BRIAN U. AGLUGUB
DOH -CVCHD-Accountant

City Accountant

MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This Memorandum of Agreement is made and entered into by and between the following:

The **DEPARTMENT OF HEALTH – CAGAYAN VALLEY CENTER FOR HEALTH DEVELOPMENT**, with office address at Maharlika Highway, Carig Norte, Tuguegarao City represented by **DR. FERDINAND M. BENBENEN** in his capacity as the Regional Director, herein referred to as the **"FIRST PARTY"**;

-and-

TUGUEGARAO CITY PEOPLES GENERAL HOSPITAL, a hospital operating by the virtue of Local Government Unit of Tuguegarao City with office address at Luna St. Centro 4, Tuguegarao City, Cagayan represented herein **DR. MARCOS M. MALLILLIN,** in his capacity as the Chief of Hospital and herein referred to as the **"SECOND PARTY"**

-and-

The **LOCAL GOVERNMENT UNIT OF TUGUEGARAO CITY**, a local government unit duly created and existing under the laws of the Philippines, with office address at Enrile Aveue, Tuguegarao City, Cagayan represented herein by **Honorable MAILA ROSARIO S. TING-QUE**, in her capacity as Mayor, and hereinafter referred to as the **"THIRD PARTY"**;

WITNESSETH:

WHEREAS, the Department of Health (DOH), as the lead agency in the protection and promotion of the health of the Filipino citizens, particularly the marginalized and the poor/indigent as well as those classified as financially-incapacitated, is tasked to subsidize the medical/hospitalization expenses of the patients in government and select private hospitals/health facilities, clinical laboratories (including mobile clinical laboratories and non-institution based clinical laboratories), primary health care facilities, DOH accredited dental clinics and free standing dialysis clinics, both public and private;

WHEREAS, the FIRST PARTY as the implementing arm of the Department of Health within Region 2, has been providing Medical Assistance to Indigent and Financially Incapacitated Patients through the subsidy of hospitalization expenses for drugs and medicines, medical procedures, confinement, professional fees and other patient care services by partnering with identified health facilities through a Memorandum of Agreement (MOA);

WHEREAS, the SECOND PARTY is a Level I Health Facility catering to the people of Tuguegarao City as its primary catchment area and nearby provinces as secondary catchment areas;

WHEREAS, pursuant to Special Provision No. 6 of Republic Act No 12314 or the General Appropriations Act of 2026 and all its subsequent amendments which shall be specifically

promulgated as the General Appropriations Act of the succeeding year/s, the Department of Health (DOH) was appropriated funds under Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) Program which shall be used for hospitalization and medical assistance to
indigent or financially incapacitated patients, including but not limited to, in-patient services, out-patient services, comprehensive check-ups, emergency services, dental services, ambulatory services, ophthalmology services, drugs and medicines as approved by the Food and Drug Administration (FDA), and professional fees, subject to the guidelines issued by the DOH;

WHEREAS, in accordance with the Special Provision No. 6 of Republic Act No. 12314 or the General Appropriations Act of 2026, the DOH through the Center for Health Developments (CHDs) may also enter into a Memorandum of Agreement (MOA) with clinical laboratories (including mobile clinical laboratories and non-institution based clinical laboratories), primary health care facilities, DOH accredited dental clinics and free standing dialysis clinics, ambulatory surgical clinics and eye centers, both public and private, for health and medical services intended for the indigent and financially-incapacitated patients;

WHEREAS, Department of Health Administrative Order No. 2025-0011: "*Revised Guidelines on the Implementation of the Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) Program*", and its subsequent amendments establishes an effective and efficient system of implementation of the MAIFIP Program, and provide guidelines for the transparent administration and utilization of the MAIFIP Program Funds between the DOH-CHD and its partner hospitals/health facilities;

WHEREAS, BOTH PARTIES voluntarily execute this Memorandum of Agreement and obligate themselves to faithfully comply with all the responsibilities mentioned herein to ensure smooth and orderly implementation of the MAIFIP Program.

NOW THEREFORE, for and in consideration of the foregoing premises, the parties hereto do hereby agree to the following terms and conditions:

1. **RESPONSIBILITIES OF THE FIRST PARTY:**

   a. Coordinate with the Second Party for the effective implementation of the MAIFIP Program and conduct thorough monitoring and evaluation process to guarantee that the Second Party strictly adheres to the guidelines of the MAIFIP Program through verification of necessary documentary requirements, monitoring and ensuring that the claims for reimbursement and/or payment are valid;

   b. Designate a Regional MAIFIP Program Coordinator/s to ensure the strict implementation of the guidelines of the MAIFIP Program and be responsible for the coordination of all related activities and concerns of all parties;

   c. Explain the purpose of this Agreement and aid in information dissemination to all parties who may be involved in carrying out this Agreement;

   d. May provide a Referral or Guarantee Letter to eligible patients which will be tendered to Second Party for availment of services including Professional Fee/s, corresponding to the recommended amount of assistance, in addition to other requirements under DOH AO No. 2025-0011 and all its subsequent amendments;

   e. Pay and settle approved medical assistance owing to the Second Party through the MAIFIP Program Funds, as a result of the medical services rendered to MAIFIP Program beneficiaries assisted, treated and/or confined thereat, provided that all necessary documentary requirements are properly attached and submitted to the First Party. No money or cash or its equivalent shall be given or released directly to MAIFIP Program beneficiaries. Moreover, no reimbursement for out-of-pocket expenses which were already paid by the beneficiaries for their medical needs/services shall be allowed. All payments

MARCOS M. MALILLIN, MD, MHA
Chief of Hospital
FERDINAND M. BENBENEN, MD, DPCP, MHA, FPSMS
DOH, Regional Director
MAILA ROSARIO S. TING-QUE
Mayor
NEIL BRYAN U. AGLUGUB
DOH-CVCHD-Accountant
City Accountant

made to the Second Party shall be subject to the applicable accounting and auditing rules and regulations;

f. Upon Compliance with the Transfer or Release of Funds/Reimbursement Process, the First Party shall transfer funds or reimburse the Second Party the charges for medical services, drugs and medicines, including reader's fees and professional fees (as applicable) provided to eligible beneficiaries in accordance with the service coverage stated in the MAIFIP Program guidelines;

g. Review requests and authorize the release of the MAIFIP Program Funds in accordance with DOH AO No. 2025-0011 and all its subsequent amendments;

h. Regularly conduct monitoring and evaluation of the Second Party;

i. Submit to the Department of Health-Malasakit Program Office (MPO) a Report on the status of the implementation of the MAIFIP Program, as provided in DOH AO No. 2025-0011 and all its subsequent amendments;

j. The CHD Regional Director through the Malasakit Program Unit (MPU) shall determine the private hospitals, local government unit (LGU) hospitals, clinical laboratories (with mobile laboratories), primary health care facilities, DOH accredited dental clinics, free standing dialysis clinics and other public or private health facilities which can provide the necessary medical services to patients, subject to the MAIFIP Program guidelines issued by the MPO.

2. RESPONSIBILITIES OF THE SECOND PARTY:

a. Ensure implementation of this Agreement and compliance to the provisions of the MAIFIP Program guidelines such as but not limited to DOH AO No. 2025-0011, its amendments, and latest issuances;

b. Designate a point person, preferably the Head of the Medical Social Services, who shall be responsible for the overall management, assessment of patients as to eligibility to the program, coordination, registry of patients, program monitoring and the submission of all reportorial requirements including monthly financial reports to the First Party;

c. Ensure that the Second Party's Medical Social Worker (MSW) shall be responsible for the thorough assessment and screening of the eligibility of patients and evaluation for medical assistance by:

   i. Ensuring the completeness and authenticity of documents prior to MAIFIP Program availment;

   ii. Evaluating the patient's eligibility through presentation of complete documents and requirements based on the issued provisions stated in the MAIFIP Program guidelines and all its subsequent amendments;

   iii. Processing medical assistance based on the needs of the eligible patient;

   iv. Ensuring administrative support through coordination with the First Party for the effective implementation of the program.

   v. Ensuring preparation of reportorial duties such as Liquidation and Financial Report for submission to the First Party.

d. Comply with the provision of DOH AO No. 2025-0011 and all its subsequent amendments relative to the assessment of eligible patients, compliance to documentary requirements, and services covered;

e. Facilitate provision of medical assistance and ensure compassionate delivery of quality healthcare services to the MAIFIP Program beneficiary;

f. Ensure availability of drugs and medicines, laboratories, diagnostic procedures and other services needed by eligible patients;

MARCOS M. MALLILLIN, MD, MHA
Chief of Hospital

FERDINAND M. BENBENEN, MD, DPCP, MHA, FPSMS
DOH, Regional Director

MAILA ROSARIO S. TING-QUE
Mayor

NEIL BRIAN U. AGLUGUB
DOH-CVCHD-Accountant

City Accountant

g. Comply with the Order of Charging stipulated in the issued MAIFIP Program guidelines and all its subsequent amendments;

h. Coordinate first with the First Party prior to the availment of medical services of eligible patients to validate the corresponding recommended amount of assistance. Second Party may require a copy of referral or guarantee letter from the First Party whenever applicable.

i. Shall not unjustly refuse without valid grounds the acceptance of referral or Guarantee Letter, coupon, check or voucher issued by the DOH as full or partial payment of the obligation of the qualified beneficiary under the MAIFIP Program.

j. Ensure submission of health facility's billing statements and other relevant supporting documents on a regular basis, in accordance to DOH AO No. 2025-0011 and all its amendments;

k. Ensure that the hospital bill is based on the standard billing cost for the patient availing MAIFIP Program.

l. Ensure the submission of the necessary Documentary Requirements with list of patients served to the First Party within the timeline set by the First Party after the discharge date or availment of needed medical service/s ;

m. Submit the required monthly reports to the First Party reflecting the list of eligible patients served, type of assistance given, diagnosis, total charges and the actual amount granted, indicating therein where the claim has been settled or pending payment every 5th of the succeeding month, in accordance to DOH AO No. 2025-0011 and all its amendments;

n. Perform necessary initial legal/administrative action and then report any complaint/s, suspected abuse, or mishandling of funds to the MPO and/or CHD;

o. The Second Party shall also report issues and concerns that hamper the effective and efficient implementation of the MAIFIP Program;

p. Facilitate the creation of internal policies, if necessary, that will support the implementation of MAIFIP Program or all its latest amendments;

q. Request access to patient charts, as necessary and applicable, for monitoring and evaluation, related to the implementation of the Program.

r. Submit a comprehensive health database containing the details of all patients who utilized the MAIFIP Program services, inclusive of diagnosed illnesses/diseases. This database will become an integral part of the CHD/DOH records;

s. Endorse patients to the referral hospital in coordination with the First Party for patients who require further tests and/or hospitalization services which the Second Party is unable to provide.

3. RESPONSIBILITY OF THE THIRD PARTY:

a. Ensure and monitor the compliance of the **SECOND PARTY** to the program pursuant to the revised implementing guidelines of MAIFIP including reporting and submission of pertinent reports every 5th day of the following month.

4. JOINT RESPONSIBILITY OF FIRST AND SECOND PARTY:

a. The Parties shall designate MAIFIP Program Coordinator/s who shall be responsible for the overall management, coordination, registry of patients, program monitoring, and submission of all reportorial requirements to the CHDs;

b. The Parties shall ensure and fulfill the above-mentioned responsibilities including proper screening of eligible patients and rational use of the MAIFIP Program funds;

MARCOS M. MALLILLIN, MD, MHA
Chief of Hospital

FERDINAND M. BENBENEN, MD, DPCP, MHA, FPSMS
DOH, Regional Director

MAILA ROSARIO S. TING-QUE
Mayor

NEIL BRYAN U. AGLUGUB
DOH CVCHD-Accountant

City Accountant

c. Ensure the protection of patients' personal sensitive information in accordance with the Data Privacy Act of 2012 (DPA) and related issuances of the National Privacy Commission.

5. **TRANSFER OR RELEASE OF FUNDS/REIMBURSEMENT PROCESS. SUBJECT TO ACCOUNTING AND AUDITING RULES AND REGULATIONS, THE FIRST PARTY SHALL:**

a. **Transfer funds** / reimburse total charges to select private hospitals/health facilities, clinical laboratories (including mobile clinical laboratories and non-institution based clinical laboratories), primary health care facilities, DOH accredited dental clinics and free-standing dialysis clinics upon submission of required documents per DOH AO No. 2025-0011 and all its subsequent amendments.

b. The Parties shall take into account the mandatory privilege deductions such as Senior Citizen (SC), Solo Parent, Pregnant Women, and Person with Disability (PWD), and the order of charging in the generation of the final charges and fees for the services provided.

6. **EFFECTIVITY AND DURATION**

This MOA shall take effect upon signing and execution by authorized representatives of the parties, and remain valid until December 31, 2028 subject to availability of funds.

This MOA may be subject to early termination, in writing, by any of the parties.

7. **AMENDMENT, MODIFICATION, ADOPTION OR DELETION**

Any amendment, modification, addition or deletion of any provision of this agreement shall be agreed upon by the parties in writing.

8. **SETTLEMENT OF DISPUTES**

The parties shall exert effort to settle amicably any dispute arising out/or in connection with the agreement or its interpretation.

9. **PENALTY CLAUSE**

This MOA shall be implemented in accordance with the terms and conditions herein stipulated. Failure on the part of **the SECOND PARTY** to comply with any provision of this Agreement shall warrant its revocation and shall give rise to the filing of appropriate administrative, civil and criminal cases against the **the SECOND PARTY.**

10. **SEPARABILITY CLAUSE**

If any provision of this MOA or the application of such provision is declared invalid or not in accordance with the conditions stated in the DOH Administrative Order No. 2025-0011, and all its amendments, the validity of the other provisions of this Agreement shall remain valid and not be affected.

11. **AUTHORITY OF SIGNATORIES**

The Parties, respectively, represent and warrant that all necessary corporate, internal and other approvals for the execution of this MOA have been duly obtained that the signatories herein are duly authorized for the foregoing purpose(s).

MARCOS M. MALLILLIN, MD, MHA
Chief of Hospital

FERDINAND M. BENBENEN, MD, DPCP, MHA, FPSMS
DOH, Regional Director

MAILA ROSARIO S. TING-QUE
Mayor

NEIL BRYAN U. AGLUGUB
DOH CVCHD-Accountant

City Accountant

IN WITNESS WHEREOF the parties have hereunto signed this agreement on the ___ day of _____.

DEPARTMENT OF HEALTH – CAGAYAN VALLEY CENTER FOR HEALTH DEVELOPMENT,
Represented by:

FERDINAND M. BENBENEN, MD, DPCP, MHA, FPSMS
Regional Director

TUGUEGARAO CITY PEOPLES GENERAL HOSPITAL
Represented by

MARCOS M. MALLILLIN, MD, MHA
Chief of Hospital

LOCAL GOVERNMENT UNIT OF TUGUEGARAO CITY
Represented by:

HON. MAILA ROSARIO S. TING-QUE
Mayor

Signed in the presence of:

NEIL BRYAN U. AGLUGUB, CPA
DOH-CVCHD Accountant

_____
City Accountant

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
_____ City) S.S.

BEFORE ME, this _____ day of _____ in _____ City, personally appeared:

COMPLETE NAME	COMPETENT EVIDENCE OF IDENTITY

who are known to me to be the same persons who executed the foregoing instrument, all acknowledging that the same are their free and voluntary act and deed. This document consists of six (6) pages including this page on which this acknowledgment is written and related to the Memorandum of Agreement signed by the parties and their instrumental witnesses on all pages hereof except on the page where this acknowledgement is written.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal on the date and place above written.

Doc No. :____;
Page No.:____;
Book No.:____;
Series of 2026.