



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph



PHILHEALTH CIRCULAR

No. 043, s-2012

by

TO : ACCREDITED INSTITUTIONAL HEALTH CARE PROVIDERS, PHILHEALTH MEMBERS AND PERSONNEL, AND ALL OTHERS CONCERNED

SUBJECT : REIMBURSEMENT OF HOSPITAL CLAIMS THROUGH AUTO-CREDIT PAYMENT SCHEME (ACPS)

I. RATIONALE

Consistent with the Corporation's goals to ensure excellent service to partner stakeholders and members of the National Health Insurance Program (NHIP), PhilHealth continues to pursue acceptable schemes in the improvement of claims processing systems that would fast track claims payment of all accredited health care providers' claims, for both facility and professional fees.

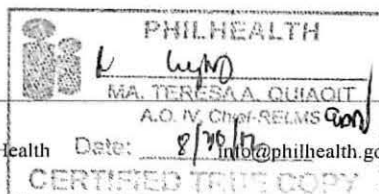
In order to achieve such goals, the Auto-Credit Payment Scheme (ACPS) is hereby instituted to improve claims processing turn-around-time. The ACPS is a payment scheme whereby settlement of providers' claim is directly credited to their designated deposit accounts with Land Bank of the Philippines (Land Bank).

II. COVERAGE

The ACPS applies initially to all hospital claims under Fee-for-Service (FFS), Case Rates (CR), Type Z-Benefit Package, and Global Budget Payment Program (GBPP). Excluded in the scheme are payments for Primary Care Benefits (PCB), Outpatient HIV-AIDS Treatment Package (OHAT), Maternity Care Package (MCP), Animal Bite Treatment Package, Ambulatory Surgical Clinics (ASCs), and Outpatient Malaria Package. Therefore, all excluded packages shall still be paid through checks.

III. GUIDELINES

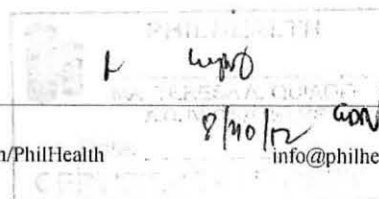
1. The authorized ACPS service provider is Land Bank of the Philippines (Land Bank).
2. Participation of hospitals in the ACPS is optional. However, in order to avail of the auto-credit payment facility, hospitals shall open separate account(s) exclusively for ACPS with any Land Bank Branch of their choice nationwide, for either current or savings accounts. Any existing account with any branches should not be used for ACPS. A list of documentary requirements in the opening of account(s) is presented as Annex A.



3. The following shall be the deposit accounts required in order to utilize said facility:

Hospital Type	Types of Deposit Accounts	Component
A. Private Hospitals that opt not to split claims payment (PhilHealth Circular No. 28, s-2012)	1. Hospital account for hospital charges and professional fees	a. Facility fee component for FFS b. Facility and professional fee component for CR
B. Private Hospitals that opt to split claims payment (PhilHealth Circular No. 28, s-2012)	1. Hospital account for Hospital Charges	a. Facility fee component for FFS b. Facility fee component for CR
	2. Hospital account for Professional Fees	a. Professional fee component for CR b. Professional fee for pooling
C. Government Hospitals	1. Hospital account for Hospital Charges	a. Facility fee component for FFS b. Facility fee component for CR c. Facility fee component for Z-Benefit (if applicable) d. Facility fee for GBPP (if applicable)
	2. Hospital account for Doctors' Professional Fees for Splitting of Payment	a. Professional fee component for CR b. Professional fee component for Z-Benefit (if applicable)
	3. Hospital account for Professional Fee designated for Pooling	a. Pooled professional fee for FFS, CR, GBPP (if applicable)

- The existing policies on ACPS for Professional Fees under PhilHealth Circular No. 009, s-2000 is still in effect for Fee-For-Service (FFS) claims.
- Hospitals shall submit to PhilHealth Regional Office (PRO) the required Hospital Report Form (Annex B and C), stating the branch, account names, and account numbers, duly certified by their Administrator, Chief of Hospital, Medical Director or Head of the institution. Together with the Report Form, a Land Bank Certificate duly signed by the Branch Manager, from where the deposit account is opened, shall also be submitted, without cost to either PhilHealth or the Hospital/Account Holder.
- The bank account(s) required herefore will be used as the destination account into which hospital claims reimbursements shall be credited. Therefore, upon the effectivity of this Circular, no more checks shall be issued in settlement for all reimbursable claims of hospitals, except for those cases identified above (item II. Coverage).
- A Monthly Bank Statement shall be provided by Land Bank to accredited hospitals that opt to open checking accounts. A Passbook shall be provided to accredited hospitals that opt to open savings accounts. Likewise, for verification purposes, the hospital may enroll, for free,



the internet banking service, **"We Access"**, to avail of the viewing and printing facility for their account transactions/balances.

7. The Corporation may disallow withdrawals, stop from making payment or even close deposit accounts, for inconsistencies identified by the Corporation. For this purpose, a waiver shall be submitted as part of bank requirements (Annex D).
8. Consistent with PhilHealth's policy on "Issuance of Official Receipts (ORs) for PhilHealth Reimbursements", in compliance with the National Internal Revenue Code of the Philippines, subject of PhilHealth Circular No. 24, s-2005, IHCPs shall, immediately after the reimbursement and the proceeds are already credited to their bank account, the hospital shall issue a corresponding Official Receipt (OR) and deliver the same to PhilHealth within thirty (30) days (PhilHealth Circular No. 28, s-2012). The basis for issuance of OR is the date when the reimbursed amount was credited into their bank account and it shall indicate the **net amount received**. PhilHealth shall hold in abeyance succeeding reimbursements should hospitals fail to issue and deliver the OR within thirty (30) days, in acknowledgement of the preceding reimbursements.
9. Existing policies under PhilHealth Circular No. 28, 2012 re: Splitting of Payment for Facility and Professional Fee (PF) and Issuance of Official Receipts for PhilHealth Claims and its attached Circulars shall apply.
10. The crediting period shall be every Friday of the week following the cut-off period.

Example:

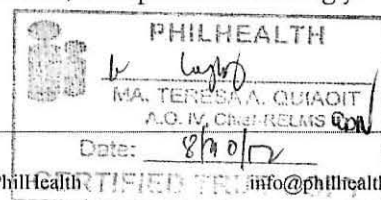
Applicable (Cut-Off) Period	Credit Date
August 1-7, 2012	August 10, 2012
August 8-14, 2012	August 17, 2012
August 15-21, 2012	August 24, 2012
August 22- last day of the month	August 31, 2012

However, if the cut-off period ends on a Friday, the crediting period shall be on Friday following the next cut-off period.

11. A copy of Accounts Payable Vouchers (APVs) containing the details/breakdown of the reimbursed claims shall be released by PhilHealth upon the issuance of OR of the previous reimbursements. The APVs shall be picked-up by the hospital and shall be utilized in their reconciliation process.
12. In the event that the hospital reverted to check payment scheme due to circumstance/s that the Corporation may consider it valid, a written notice shall be executed by the hospital for the purpose.
13. The reimbursements of hospitals' claims shall be governed by relevant policies on benefits, monitoring and other pertinent issuances.

REPEALING CLAUSE

All issuances inconsistent herewith are hereby amended and/or repealed accordingly.



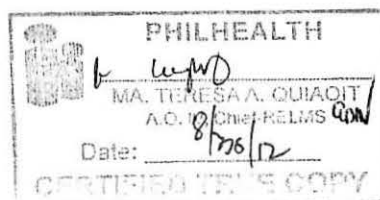
EFFECTIVITY

This Circular shall take effect after its publication in a newspaper of general circulation and shall be deposited thereafter with the National Administrative Register at the University of the Philippines Law Centre.

For the information of all concerned.


DR. EDUARDO P. BANZON
President and CEO

Date Signed: 8/29/2012



Annex A. List of Documentary Requirements for Opening of Deposit Account

A. Corporation

1. Articles of Incorporation
2. Certificate of Registration with Securities and Exchange Commission (SEC)
3. By-Laws
4. List of Stockholders owning at least 2% of the capital stock
5. Beneficial Owners, if any
6. Board Resolution containing the following:
 - Authority to open an account with LANDBANK - _____ Branch
 - Designated officers authorized to deposit, withdraw, endorse or negotiate checks and otherwise deal with the bank deposit and the nature and extent of such authority, which should conform with the By-Laws of said Corporation
 - Certification that the resolution remains effective and subsisting and has not been amended revoked or superseded.

In lieu of the Resolution, a letter of commitment to comply with the above requirement shall be forwarded to Land Bank, however, the bank will hold the amount until its compliance.

7. Updated General Information Sheet (GIS)
8. Secretary's Certificate attesting the incumbent officers and director of the corporation
9. Certification of registration with appropriate government agency
10. Specimen Signature Cards (SSC) containing signature of designated officers authorized to deposit, withdraw, endorse or negotiate checks and otherwise deal with the bank deposit
11. Valid IDs of authorized signatories

B. Partnership

1. Articles of Partnership
2. Certificate of Registration with the SEC
3. Notarized agreement/resolution designating the extent of authority of each partner in dealing with the depository bank

In lieu of the Notarized Agreement/Resolution, a letter of commitment to comply with the above requirement shall be forwarded to LBP, however, the bank will hold the amount until its compliance.

4. SSC and valid IDs of authorized signatories

C. Single Proprietorship

1. Certificate of Registration with the Department of Trade and Industry (DTI)
2. City/Municipal Mayor's Permit
3. SSC and valid IDs of registered owner

D. Government Line Agency

1. Charter and/or law creating the government corporation/office/agency or Executive Order/Department Order creating the government entity
2. Duly notarized Board Resolution/Letter Authority from Head of Agency incorporating the following:
 - Authority to open an account with LANDBANK - _____ Branch
 - Officers authorized to sign and the nature and extent of such authority
 - Certification that the resolution remains effective and subsisting and has not been amended, revoked or superseded.

In lieu of the Resolution, a letter of commitment to comply with the above requirement shall be forwarded to LBP, however, the bank will hold the amount until its compliance.

3. Resolution conforming with the Charter or law creating the government corporation/office/agency or the Executive Order creating the government entity
4. Specimen Signature Cards (SSC) containing signatures of designated officers authorized to deposit, withdraw, endorse or negotiate checks and otherwise deal with the bank deposit
5. Valid IDs of authorized signatories

E. Local Government Unit

1. Duly notarized Resolution issued by the Sanggunian of LGU concerned incorporating the following:
 - Authority to open an account with LANDBANK - _____ Branch
 - Officers authorized to sign and the nature and extent of such authority
 - Certification that the resolution remains effective and subsisting and has not been amended, revoked or superseded.

In lieu of the Resolution, a letter of commitment to comply with the above requirement shall be forwarded to LBP, however, the bank will hold the amount until its compliance.

2. Specimen Signature Cards (SSC) containing signatures of designated officers authorized to deposit, withdraw, endorse or negotiate checks and otherwise deal with the bank deposit
3. Valid IDs of authorized signatories

Annex B. Hospital Report Form (Private)

(Name of the Hospital)

(Complete Address)

(Date)

(Name)

PhilHealth Regional Vice-President

(PhilHealth Regional Office Address)

Sir/Madame:

In compliance with PhilHealth Circular No. _____, s-2012, we submit the following:

1. Bank Branch : _____
2. Bank Accounts : _____
 - For the Hospital : _____
 - For Doctor's PF : _____
3. E-mail Address : _____
4. Mobile Phone No. : _____

Further, we certify that the foregoing information are correct.

Very truly yours,

(Printed Name and Signature of Administrator or
Chief of Hospital or Medical Director)

.....
(To be filled out by authorized PhilHealth personnel only)

Information confirmed by _____ on _____
(Printed Name and Signature of Responsible Staff) (Date)

Information Encoded by _____ on _____
(Printed Name and Signature of Responsible Staff) (Date)

Noted: _____ on _____
(Printed Name and Signature of Unit Head or Immediate Supervisor) (Date)

Annex C. Hospital Report Form (Government)

(Name of Hospital)

(Complete Address)

(Date)

(Name)

PhilHealth Regional Vice-President

(PhilHealth Regional Office Address)

Sir/Madame:

In compliance with PhilHealth Circular No. _____, s-2012, we submit the following:

5. Bank Branch : _____
6. Bank Accounts : _____
 • For the Hospital : _____
 • For PF In Trust For Chief of Hospital : _____
 • For PF (Splitting of Payment) : _____
7. E-mail Address : _____
8. Mobile Phone No. : _____

Further, we certify that the foregoing information are correct.

Very truly yours,

(Printed Name and Signature of Administrator or
Chief of Hospital or Medical Director)

(To be filled out by authorized PhilHealth personnel only)

Information confirmed by _____ on _____
(Printed Name and Signature of Responsible Staff) (Date)

Information Encoded by _____ on _____
(Printed Name and Signature of Responsible Staff) (Date)

Noted: _____ on _____
(Printed Name and Signature of Unit Head or Immediate Supervisor) (Date)

Annex D. Waiver of Rights

LAND BANK OF THE PHILIPPINES _____ BRANCH

WAIVER OF RIGHTS

I/We the undersigned affixed my/our signature to waive my/our rights on the existing banking rules and regulations as depositor of the Land Bank of the Philippines under Savings/Current Accounts. Further authorizing the officers/signatories of the Philippine Health Insurance Corporation as the third party to mediate, make any adjustments, corrections or stoppage/hold of payment on my/our account(s) or closure of account.

I/We further agree to hold the Land Bank of the Philippines and its officers and employees free and harmless from any and all liabilities, claims and demands of whatever kind or nature in connection with or arising from:

1. Any adjustments/corrections to the savings/current accounts;
2. Dishonor any withdrawal under certain circumstances that may affect regular transaction/procedure/regulation of the bank;
3. Hold/Stoppage of payment on my/our accounts;
4. Closure of account without prior notice.

Authorized Signature

Signature Over Printed Name

Signature Over Printed Name

Account Number(s):

Date: _____