



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**

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[www.philhealth.gov.ph](http://www.philhealth.gov.ph)



**PHILHEALTH CIRCULAR**  
 No. 2017 - 0020

**TO : ACCREDITED HEALTH CARE INSTITUTIONS, HEALTH CARE INSTITUTION SERVICE BANKS AND ALL OTHERS CONCERNED**

**SUBJECT : IMPLEMENTATION OF AUTO-CREDIT PAYMENT SCHEME (ACPS) TO ALL HEALTH CARE INSTITUTIONS**

**I. RATIONALE**

PhilHealth Circular No. 043 series 2012 entitled “Reimbursement of Hospital Claims through Auto-Credit Payment Scheme (ACPS)” became a pivotal component in shortening the claims processing time thereby improving claims processing efficiency. The ACPS is a mechanism whereby payment of the claims of health care institutions (HCIs) is credited directly through its designated deposit account with the partner bank/s. Although participation in ACPS was offered only to hospitals, and on an optional basis, the remarkable experience gained from this process by both Health Care Institutions (HCIs) and PhilHealth has been encouraging enough for the latter to consider strengthening its application through a wider involvement of HCIs.

**II. OBJECTIVE**

This policy aims to improve claim process efficiency by automating PhilHealth’s payment mechanism with the HCI’s banking service providers. This shall guide HCIs by prescribing standard requirements for HCI autocredit registration, official receipt information, and autocredit payment schedules.

**III. SCOPE**

The expanded ACPS shall cover all claims coming from HCIs. The ACPS shall not apply to member-filed claims.

**IV. DEFINITION OF TERMS**

- A. Auto Credit Payment – is a payment scheme whereby settlement of HCI claim is directly credited to their designated deposit accounts.
- B. Real Time Gross Settlement (RTGS) – is a gross settlement system in which both processing and final settlement of funds transfer instructions can take place continuously (real time). As it is a gross settlement, transfers are settled individually without netting debits against credits. An RTGS system can thus be characterized as a funds transfer system that is able to provide continuous intraday finality for

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individual transfers provided that a sending bank has sufficient covering balances or credit.<sup>1</sup>

**V. GENERAL GUIDELINES**

- A. All HCIs shall be required to open deposit account/s with the local banks authorized to do banking business in the Philippines under the supervision and regulation of the Bangko Sentral ng Pilipinas, for the PhilHealth auto-credit payment facility. The deposit account/s shall be the destination account into which reimbursements will be credited.
- B. HCIs already enrolled under the ACPS with LandBank shall opt to either retain their existing account or open an account with their preferred servicing bank.
- C. For non LandBank accounts the RTGS fee shall be paid by the HCI/LGU HCIs. In no instance shall PhilHealth pay the RTGS or any other transaction fees between banks.
- D. All accredited HCIs shall be required to be ACPS compliant upon effectivity of this circular. Otherwise, payment release shall be put on hold and no checks shall be issued to HCIs for claims payments.
- E. PhilHealth reimbursements shall be credited through ACPS every **Wednesday** of the week or the next working day, in case crediting day falls on a non-working holiday.
- F. HCIs shall issue **individual** Official Receipts (ORs) for **every** PhilHealth reimbursements credited/paid to their deposit account/s. The OR must indicate the following details:

1. Name of HCI (or Name of LGU, as applicable)
2. Bank account name  
For Government/LGU owned HCI, indicate if for HCI charges or Professional fee designated for pooling
3. Bank account number
4. Benefit Disbursement Voucher Number
5. Net amount received
6. Credit date
7. If OR is not printed from Point of Sale, signature in the OR shall be required

It shall ensure that the ORs are received by PhilHealth within fifteen (15) calendar days after the corresponding credit date.

**Sample Illustration for JUNE 2017:**

Crediting Date	Deadline for submission of OR
June 7, 2017 (Wednesday)	June 22, 2017 (Thursday)
June 14, 2017 (Wednesday)	June 29, 2017 (Thursday)
June 21, 2017 (Wednesday)	July 06, 2017 (Thursday)
June 28, 2017 (Wednesday)	July 13, 2017 (Thursday)
July 5, 2017 (Wednesday)	July 20, 2017 (Thursday)

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<sup>1</sup> Source: page 26 of [http://www.bsp.gov.ph/downloads/publications/2003/BSR2003\\_03.pdf](http://www.bsp.gov.ph/downloads/publications/2003/BSR2003_03.pdf)

- G. HCIs that fail to issue and deliver OR on or before the deadline shall not receive reimbursements on the credit date after the fifteenth (15<sup>th</sup>) day.
- H. In case a valid problem arises that prevents or delays payments through the ACPS or with an ACPS account of a HCI, PhilHealth may temporarily revert back to check issuance, but only up to such time that the issue has been resolved. PhilHealth shall duly notify the concerned HCIs in cases of such occurrence.
- I. The reimbursements of HCI claims shall be governed by relevant policies on benefits, monitoring and other pertinent issuances of PhilHealth.
- J. The HCI shall be subjected to the applicable banking rules and regulations of their partner bank.

**VI. SPECIFIC GUIDELINES**

- A. The following are the required deposit account/s that shall be opened and maintained with the partner bank/s:
  - 1. Private HCIs - one (1) deposit account only, exclusively for PhilHealth reimbursements. It shall bear the account name: **'(Name of HCI) for HCI Charges'**
  - 2. Government HCIs - two (2) deposit accounts as trust funds
    - a) **'(Name of HCI) for HCI Charges'**
    - b) **'(Name of HCI) for Professional Fee designated for Pooling'**

Local Government Units (LGU) shall opt to open and maintain one (1) account for the HCI charges and one (1) account for professional fee designated for pooling for all HCIs under the LGU's jurisdiction. Bank accounts shall be treated as trust fund.

- a. **'(Name of LGU) for HCI Charges'**
- b. **'(Name of LGU) for Professional Fee designated for Pooling'**

However, the LGU shall maintain a subsidiary ledger for the account receivables from PhilHealth for each of the HCI.

- B. The HCI shall submit to its respective PhilHealth Regional office (PRO) upon opening of the bank account/s, the following:
  - 1. Duly filled-out and signed Notice of ACPS Compliance – Annex A, B, and C for private, government and LGU owned HCI, respectively.
  - 2. Bank Certification, duly signed by the Branch Manager, from where the deposit account is opened. (sample in Annex D)
- C. HCI shall be emailed by the respective PRO their respective bank information, to which the former shall reply to affirm correctness of details. Auto credit shall only commence upon confirmation of the registered bank account.

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- D. HCIs with existing bank accounts with their preferred partner bank need not open a new deposit account as long as item V.A is fulfilled.
- E. PhilHealth shall issue an Auto - Credit Payment Notice (ACPN) containing the details/breakdown of the paid claims. The HCI and LGU may use the ACPN to reconcile paid claims against their transmitted claims.
- F. The HCI shall be responsible for acquiring a copy of the ACPN from the respective PRO or LHIO.

**VII. SERVICE PROVIDERS FOR ACPS**

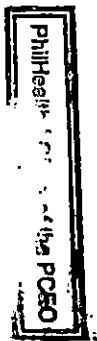
- A. LandBank shall be the primary service provider for ACPS.
- B. In case HCI opts to replace their ACPS servicing bank, they shall notify PhilHealth fifteen (15) days before effectivity of the account. HCI shall submit a Notice of Change of Bank Account for ACPS (Annex E, F, and G for private, government, and LGU- owned HCI, respectively)

**VIII. REPEALING CLAUSE**

This shall amend PhilHealth Circular no. 43 s, 2012 and other related issuances that are inconsistent with this Circular.

**IX. EFFECTIVITY**

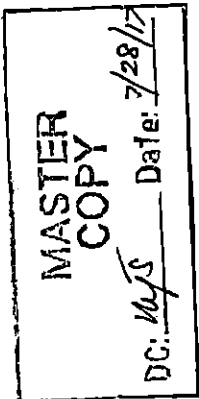
This Circular shall take effect on September 1, 2017 after publication in the Official Gazette and /or any newspaper of general circulation, and a copy shall be forwarded to the National Administrative Register of the University of the Philippines Law Center.



*Celestina Ma. Jude P. de la Serna*  
**DR. CELESTINA MA. JUDE P. DE LA SERNA**  
 Interim / OIC President and CEO

Date Signed: 7/24

**SUBJECT : IMPLEMENTATION OF AUTO-CREDIT PAYMENT SCHEME (ACPS) TO ALL HEALTH CARE INSTITUTIONS**



HCI OFFICIAL LETTERHEAD

(Mailing Address, Email Address, PhilHealth Accreditation Number)

**NOTICE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) COMPLIANCE FOR PRIVATE HCIs**

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Name of the PhilHealth Regional Vice-President)

\_\_\_\_\_  
(PhilHealth Regional Office Address)

Sir/Madame:

In compliance with the PhilHealth Auto-Credit Payment Scheme (ACPS) Policy, we are hereby submitting the following bank account information:

1.	Bank Name	
2.	Branch	
3.	Bank Account Name	
4.	Bank Account Number	
5.	Official HCI Email Address	
6.	Landline Number:	
7.	Mobile Number:	

Further, we certify that the foregoing information are true and correct.

Very truly yours,

\_\_\_\_\_  
(Signature over Printed Name of the Medical Director)

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HCI OFFICIAL LETTERHEAD  
(Mailing Address, Email Address, PhilHealth Accreditation Number)

**NOTICE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) COMPLIANCE FOR GOVERNMENT HCIs**

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Name of the PhilHealth Regional Vice-President)

\_\_\_\_\_  
(PhilHealth Regional Office Address)

Sir/Madame:

In compliance with the PhilHealth Auto-Credit Payment Scheme (ACPS) Policy, we are hereby submitting the following bank account information:

1.	Bank Name	
2.	Branch	
3.	Bank Account Details	
	<u>HCI Charges</u>	
	Bank Account Name Bank Account Number	
	<u>Professional Fee Designated for Pooling</u> Bank Account Name Bank Account Number	
4.	Official HCI Email Address	
5.	Landline Number	
6.	Mobile Number	

Further, we certify that the foregoing information are true and correct.

Very truly yours,

\_\_\_\_\_  
(Signature over Printed Name of Hospital Chief)

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LGU OFFICIAL LETTERHEAD  
(Mailing Address, Email Address)

**NOTICE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) COMPLIANCE FOR  
LGU OWEND HCIs**

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Name of the PhilHealth Regional Vice-President)

\_\_\_\_\_  
(PhilHealth Regional Office Address)

Sir/Madame:

In compliance with the PhilHealth Auto-Credit Payment Scheme (ACPS) Policy, we are hereby submitting the following bank account information:

1.	Bank Name	
2.	Branch	
3.	Bank Account Details	
	<u>HCI Charges</u>	
	Bank Account Name	
	Bank Account Number	
4.	<u>Professional Fee Designated for Pooling</u>	
	Bank Account Name	
	Bank Account Number	
5.	Official HCI Email Address	
6.	Landline Number	
6.	Mobile Number	

Further, we certify that the foregoing information are true and correct.

Very truly yours,

\_\_\_\_\_  
(Signature over Printed Local Chief Executive)

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SAMPLE BANK CERTIFICATE

 **BRANCH OPERATIONS MANUAL**  
Other Branch Processes

BANK CERTIFICATION

\_\_\_\_\_  
Branch Name

**CERTIFICATION**

This is to certify that \_\_\_\_\_ maintains deposit account with us under Savings Account Number 3401-0944-90 with outstanding balance of PESOS: \_\_\_\_\_ amount in words \_\_\_\_\_ (P \_\_\_\_\_) as of (date) \_\_\_\_\_.

This is to certify further that the above account is free from liens and encumbrances.

This information is given in strictest confidence pursuant to Republic Act No. 1405. The Bank or any of its officers is not responsible for any unauthorized disclosure of said information.

This certification is issued upon the written request of the above-mentioned client for whatever legal purpose it may serve.

\_\_\_\_\_  
Authorized Signatory  
Date:

\_\_\_\_\_  
Authorized Signatory

Page : Exhibit 18.7.1  
Date First Prepared : September 2013  
Date Last Revised :

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HCI OFFICIAL LETTERHEAD  
(Mailing Address, Email Address, PhilHealth Accreditation Number)

**NOTICE OF CHANGE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) BANK ACCOUNT FOR PRIVATE HCIs**

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Name of the PhilHealth Regional Vice-President)

\_\_\_\_\_  
(PhilHealth Regional Office Address)

Sir/Madame:

May we respectfully request for updating of our bank account information for PhilHealth Auto-Credit Payment Scheme (ACPS):

1.	Bank Name	
2.	Branch	
3.	Bank Account Name	
4.	Bank Account Number	
5.	Official HCI Email Address	
6.	Landline Number:	
7.	Mobile Number:	

Further, we certify that the foregoing information are true and correct.

Very truly yours,

\_\_\_\_\_  
(Signature over Printed Name of the Medical Director)

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HCI OFFICIAL LETTERHEAD

(Mailing Address, Email Address, PhilHealth Accreditation Number)

**NOTICE OF CHANGE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) BANK ACCOUNT FOR GOVERNMENT HCIs**

\_\_\_\_\_ Date

\_\_\_\_\_ (Name of the PhilHealth Regional Vice-President)

\_\_\_\_\_ (PhilHealth Regional Office Address)

Sir/Madame:

May we respectfully request for updating of our bank account information for PhilHealth Auto-Credit Payment Scheme (ACPS):

1.	Bank Name	
2.	Branch	
3.	Bank Account Details	
	<u>HCI Charges</u>	
	Bank Account Name	
	Bank Account Number	
4.	<u>Professional Fee Designated for Pooling</u>	
	Bank Account Name	
	Bank Account Number	
5.	Official HCI Email Address	
6.	Landline Number	
6.	Mobile Number	

Further, we certify that the foregoing information are true and correct.

Very truly yours,

\_\_\_\_\_  
(Signature over Printed Name of Hospital Chief)

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LGU OFFICIAL LETTERHEAD  
(Mailing Address, Email Address)

**NOTICE OF CHANGE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) BANK  
ACCOUNT FOR LGU OWEND HCIs**

\_\_\_\_\_ Date

\_\_\_\_\_ (Name of the PhilHealth Regional Vice-President)

\_\_\_\_\_ (PhilHealth Regional Office Address)

Sir/Madame:

May we respectfully request for updating of our bank account information for PhilHealth Auto-Credit Payment Scheme (ACPS):

1.	Bank Name	
2.	Branch	
3.	Bank Account Details	
	<u>HCI Charges</u>	
	Bank Account Name	
	Bank Account Number	
3.	<u>Professional Fee Designated for Pooling</u>	
	Bank Account Name	
	Bank Account Number	
4.	Official HCI Email Address	
5.	Landline Number	
6.	Mobile Number	

Further, we certify that the foregoing information are true and correct.

Very truly yours,

\_\_\_\_\_  
(Signature over Printed Local Chief Executive)

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**LGU OFFICIAL LETTERHEAD**  
 (Mailing Address, Email Address)

**NOTICE OF CHANGE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) BANK  
 ACCOUNT FOR LGU OWEND HCIs**

Sir/Madame:

The listed HCIs are under the LGUs jurisdiction, all PhilHealth benefit payment of the listed HCIs shall be credited to the LGUs account.

HCI Name	PhilHealth Accreditation Number	Address

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\*Use separate sheet if necessary

Signed

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(Signature over Printed Local Chief Executive)