

PHILHEALTH CIRCULAR

No. 2025-0028

TO : ACCREDITED HEALTH FACILITIES, HEALTH FACILITIES SERVICE BANKS AND ALL OTHERS CONCERNED

SUBJECT: Implementation of Auto-Credit Payment Scheme (ACPS) To All Health Facilities (HFs) (Revision 1)

I. RATIONALE

The implementation of the Auto-Credit Payment Scheme (ACPS) under PhilHealth Circular No. 0020 series 2017 entitled “Implementation of Auto-Credit Payment Scheme (ACPS) to All Health Care Institutions” 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 Facilities (HFs) is credited directly through its designated deposit account with the partner bank/s. The ACPS has reduced processing time and enhanced administrative efficiency for PhilHealth. Following the Executive Committee’s recommendation to improve claims processing efficiency, the ACPS will now increase the frequency of payments processed through PhilHealth’s internal system. The daily crediting supports the PhilHealth Strategy on RISE Mission: “Isang PhilHealth na Mabilis, Hospitals and Providers are Paid on Time”.

II. OBJECTIVES

This policy aims to improve claims process efficiency by automating PhilHealth’s payment mechanism with the Health Facilities’ banking service providers. This shall guide HFs by prescribing standard requirements for auto credit registration, official receipt information, and auto-credit payment schedules.

III. SCOPE

The expanded ACPS shall cover all claims coming from *accredited HFs*. The ACPS shall not apply to member-filed claims. *A key revision in this policy is the shift from weekly to daily payment processing to improve the payment timelines and the overall effectiveness of the auto credit payment scheme. As to other PhilHealth programs like Konsulta (YAKAP), the PC 2023-0008 and other applicable PhilHealth Circulars, shall be applied.*

IV. DEFINITION OF TERMS

A. Auto Credit Payment – an *internal* payment scheme whereby settlement of HFs claim is directly credited to their designated deposit accounts.

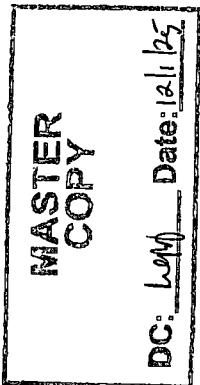
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- B. Authorized Government Depository Bank (AGDB)** – a bank where NGAs/GOCCs/GFIs/GICPs/GCEs and LGUs are allowed by law to deposit Government Funds and maintain depository accounts, or by way of exception, a bank allowed or designated by the Department of Finance and the Monetary Board to hold government deposits subject to prescribed rules and regulations.
- C. Health Care Institution (HCI) Portal** - linkage between PhilHealth and HFs through an online connection by simplifying filing of claims and availment procedures, generation of the PhilHealth Benefit Eligibility Form (PBEF), among other features.
- D. Real Time Gross Settlement (RTGS)** – 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 individual transfers provided that a sending bank has sufficient covering balances or credit.¹

V. POLICY STATEMENTS

A. General Provisions

1. All HFs 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.
2. All HFs are encouraged to open an account with PhilHealth’s maintained Authorized Government Depository Bank (AGDB) as permanent account or pass through account.
3. For HFs who will opt to receive payments to their preferred bank accounts, the Real-Time Gross Settlement (RTGS) fees incurred for interbank transfers will be charged to HFs. In no instance shall PhilHealth pay the RTGS or any other transaction fees between banks.
4. All accredited HFs shall be required to be ACPS-compliant upon effectivity of this Circular. Non-compliant accredited HFs are hereby mandated to proactively coordinate with the PhilHealth Regional Office for necessary guidance and compliance requirements regarding the Auto Credit Payment Scheme.
5. PhilHealth reimbursements shall be processed within the established daily cut-off time, exclusively on working days.



¹http://www.bsp.gov.ph/downloads/publications/2003/BSR2003_03.pdf

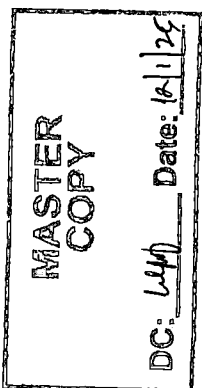
- a. *PhilHealth reimbursements to HFs maintaining accounts with PhilHealth's AGDB account will be processed promptly through local bank branch and without any Real-Time Gross Settlement (RTGS) fees.*
- b. *PhilHealth reimbursements to HFs maintaining accounts other than PhilHealth's AGDB accounts will be processed in accordance with the following sequence - (1) local branch via RTGS transactions then (2) routed to the bank's servicing branch for consolidation and then (3) to Head Office Remittance Section of the AGDB for onward transmission. The cut-off of the bank's servicing branch in receiving the Authority to Debit Account shall not be later than 11:00 AM (Philippine Standard Time).*

However, in cases where the volume of transactions is substantial – defined by the AGDB servicing branch processing RTGS transactions – processing may be deferred to the next banking day. This is to ensure proper validation, compliance, and accuracy of transactions.

6. *HFs must issue an Official Receipt (OR) or Invoice as proof of transaction for payment received.*

PhilHealth has not changed the requirement for an OR/Invoice – only the payment frequency. HFs therefore remain responsible for issuing the required Official Receipt or Invoice in acknowledgement of payment from PhilHealth.

7. *PhilHealth shall issue an Auto - Credit Payment Notice (ACPN) containing the details/breakdown of the paid claims. The HF may use the ACPN to reconcile paid claims against their transmitted claims. During the implementation of the daily crediting, the generation of the ACPN shall be on a weekly basis, summarizing and detailing the daily payments made within the week, if any.*
8. *In case a valid problem arises that prevents or delays payments through the ACPS or with an ACPS account of the HF, PhilHealth may temporarily revert back to check issuance, but only up to such time that the issue has been resolved.*
9. *The reimbursements of HF claims shall be governed by relevant policies on benefits, monitoring and other pertinent issuances of PhilHealth.*
10. *The HF shall be subjected to the applicable banking rules and regulations of their partner bank.*
11. *In case HF opts to replace their ACPS servicing bank, they shall notify PhilHealth fifteen (15) days before effectivity of the account. HF shall submit a Notice of Change of Bank Account for ACPS (Annex E, F, and G for private, government, and LGU- owned HF, respectively)*
12. *The implementation of the daily crediting of payment via Auto Credit Payment Scheme (ACPS) shall be carried out in phases, based on the readiness of PhilHealth Regional Offices (PROs) that have been assessed and confirmed as system-ready. A PhilHealth Advisory shall be issued to inform Health Facilities and all concerned stakeholders of the specific PROs authorized to implement the daily crediting of payments.*



B. Specific Provisions

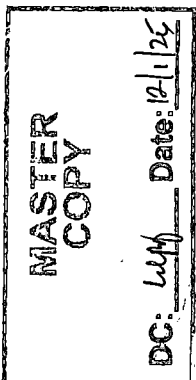
1. The following are the required deposit account/s that shall be opened and maintained with the partner bank/s:
 - a. Private *HF*s – *subject to prevailing policy in maintaining account for HF*s.
 - b. Government *HF*s - two (2) deposit accounts
 - b.1. '(Name of *HF*) for *HF* Charges'
 - b.2. '(Name of *HF*) for Professional Fee designated for Pooling'
 - c. Local Government Units (LGU) shall opt to open and maintain one (1) account for the *HF* charges and one (1) account for professional fee designated for pooling for all *HF*s under the LGU's jurisdiction. Bank accounts shall be *used to deposit/credit PhilHealth proceeds*.
 - c.1. '(Name of LGU) for *HF* Charges'
 - c.2. '(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 *HF*.

2. The *HF* shall submit to its respective PhilHealth Regional Office (PRO) upon opening of the bank account/s, the following:
 - a. Duly filled-out and signed Notice of ACPS Compliance – Annex A, B, and C for private, government and LGU owned *HF*, respectively.
 - b. Bank Certification, duly signed by the Branch Manager, from where the deposit account is opened. (sample in Annex D)
3. *The verified bank account details will be submitted along with other accreditation requirements.*
4. *HF*s with existing bank accounts with their preferred bank need not open a new deposit account as long as item V.A.1 is fulfilled.

*However, for faster bank crediting, HF*s are encouraged to open accounts with the AGDB maintained by PhilHealth. This AGDB account may also serve as a pass-through account, wherein the *HF*s will receive the ACPS credited amount and subsequently initiate the transfer to their preferred bank account.

5. *For government HF*s that are unable to submit Invoices or Official Receipts (ORs), they may instead provide Journal Entry Vouchers (JEVs), supplemented by the corresponding bank statement, as alternative proof of payment. This is acceptable provided that:
 - a. *The JEV*s are duly certified by the government accountant; and
 - b. *The accounting entries clearly reflect the details of the ACPS transactions, including the amount, date credited, and the relevant bank account.*



6. *The HCI Portal is being enhanced to include the encoding of Official Receipts (ORs) and Invoices. Additionally, an alert notification system is being integrated to inform HFs of pending payments that cannot be processed due to the non-submission of required official receipts or invoices. An Advisory will be issued regarding these changes.*
7. *Once the HCI Portal is enhanced to include the encoding functionality, the Health Facilities shall encode the details of the Official Receipt/Invoice, either based on the total amount in the Auto Credit Payment Notice (ACPN) for the week received or viewed in the HCI Portal or the online banking statement of HFs, whichever is convenient. The OR/Invoice must contain the required details or as prescribed by applicable Revenue Regulations:*
 - a. *Name of HF*
 - b. *Net amount received*
 - c. *Particulars (or in settlement of the following)*
 - d. *If OR/Invoice is not printed from Point of Sale, signature in the OR shall be required.*

PROs/LHIOs may provide encoding support to HFs on a case-by-case basis, particularly for those located in the Geographically Isolated and Disadvantaged Areas (GIDAs).

8. *HFs are required to submit the OR/Invoice as acknowledgement of payment within thirty (30) calendar days from the last released date of the applicable payment week. For example, for payments covering May 1-7, HFs must submit the Invoice/OR within 30 calendar days from May 8. Failure to do so will result in the withholding of payment starting on the thirty-first (31st) calendar day. HFs are, however, given the discretion to issue Invoice/OR on a daily basis, whichever is more convenient for them.*

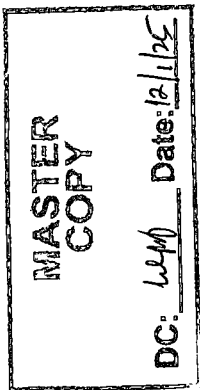
C. This PhilHealth Circular shall be reviewed and enhanced, as necessary.

VI. PENALTY CLAUSE

Any violation of this PhilHealth Circular shall be dealt with and penalized in accordance with pertinent provisions of Republic Act No. 10606 (National Health Insurance Act of 2013) and R.A. No. 11223 (Universal Health Care Act), and their respective Implementing Rules and Regulations, including PhilHealth Rules on Administrative Cases (PROAC).

VII. SEPARABILITY CLAUSE

If any part or provision of this PhilHealth Circular is declared unauthorized or invalid by any Court of Law or competent authority, those provisions not affected by such declaration shall remain valid and effective.

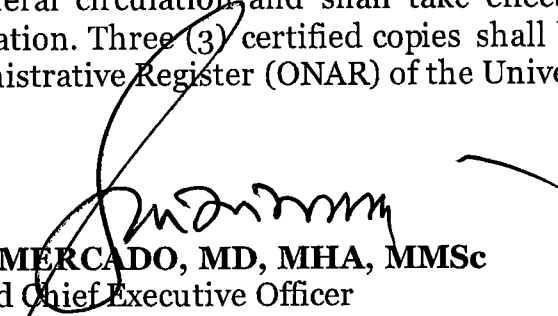


VIII. REPEALING CLAUSE

This shall amend PhilHealth Circular no. 2017-0020 and other related issuances that are inconsistent with this PhilHealth Circular. *Notwithstanding such amendments, the annexes attached to the aforementioned PhilHealth Circular shall remain valid and shall continue to serve as reference.*

IX. DATE OF EFFECTIVITY

This PhilHealth Circular shall be published in the Official Gazette or in any newspaper of general circulation and shall take effect after fifteen (15) days from date of publication. Three (3) certified copies shall be filed with the Office of the National Administrative Register (ONAR) of the University of the Philippines Law Center.


EDWIN M. MERCADO, MD, MHA, MMSc
President and Chief Executive Officer

Date signed: 11/28/2015

MASTER
COPY
DC: 12/10 Date: 12/1/25

**ANNEX A: Notice of Auto-Credit Payment Scheme (ACPS)
Compliance for Private HFs**

HF OFFICIAL LETTERHEAD

(Mailing Address, Email Address, PhilHealth Accreditation Number)

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

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 HF 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)

MASTER COPY
DC: LMH Date: 12/1/20

**ANNEX B: Notice of Auto-Credit Payment Scheme (ACPS)
Compliance for Government HFs**

HF OFFICIAL LETTERHEAD

(Mailing Address, Email Address, PhilHealth Accreditation Number)

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

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

MASTER COPY
 DC: LM Date: 12/1/25

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

Very truly yours,

(Signature over Printed Name of Hospital Chief)

**ANNEX C: Notice of Auto-Credit Payment Scheme (ACPS)
Compliance for LGU-Owned HF's**

LGU OFFICIAL LETTERHEAD
(Mailing Address, Email Address)

**NOTICE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) COMPLIANCE FOR
LGU-OWNED HF's**

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:

MASTER COPY DC: WMP Date: 12/1/24	1.	Bank Name	
	2.	Branch	
	3.	Bank Account Details	
		HF Charges	
	3.	Bank Account Name	
		Bank Account Number	
		Professional Fee Designated for Pooling	
	3.	Bank Account Name	
Bank Account Number			
4.	Official HF 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)

ANNEX D: Bank Certification

Bank's Letterhead
Bank Name
Bank Address
Bank Contact Number

BANK CERTIFICATION

To Whom It May Concern:

This is to certify that _____ maintains deposit account with us with the following details:

Account Name: [Full Name of the Account Holder]
Account Number: [XXXXXXXXXXXXX]
Branch: [Branch Name / Location]

The above-mentioned account is maintained with us in good standing as of the date of this certification and that the above account is free from lien and encumbrances. This information is given in strictest confidentiality pursuant to RA No. 1405.

This certification is issued upon the request of the account holder for whatever legal purpose it may serve.

The Bank or any of its officers is not responsible for any unauthorized disclosure of said information.

Authorized Bank Officer's Name
Position / Designation
Signature]
Bank's Official Seal

MASTER COPY
DC: [Signature] Date: 12/1/25

**ANNEX E: Notice of Change of Auto-Credit Payment Scheme (ACPS)
Bank Account for Private HFs**

HF OFFICIAL LETTERHEAD

(Mailing Address, Email Address, PhilHealth Accreditation Number)

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

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):

MASTER COPY	DC: <i>lmm</i>	1.	Bank Name	
	Date: <i>2/1/25</i>	2.	Branch	
		3.	Bank Account Name	
		4.	Bank Account Number	
		5.	Official HF Email Address	
		6.	Landline Number:	
		7.	Mobile Number:	
		<i>For deactivation (OLD ACCT. NO.)</i>		

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

Very truly yours,

(Signature over Printed Name of the Medical Director)

**ANNEX F: Notice of Change of Auto-Credit Payment Scheme
(ACPS) Bank Account for Government HFs**

HF OFFICIAL LETTERHEAD

(Mailing Address, Email Address, PhilHealth Accreditation Number)

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

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	
	HF Charges	
	Bank Account Name Bank Account Number	
3.	Professional Fee Designated for Pooling	
	Bank Account Name	
	Bank Account Number	
4.	Official HF Email Address	
5.	Landline Number	
6.	Mobile Number	
	<i>For deactivation (OLD ACCT. NO.)</i>	

MASTER COPY
 DC: W/M Date: 10/1/25

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

Very truly yours,

(Signature over Printed Name of Hospital Chief)

**ANNEX G: Notice of Change of Auto-Credit Payment Scheme (ACPS)
Bank Account for LGU-Owned HF's**

LGU OFFICIAL LETTERHEAD
(Mailing Address, Email Address)

**NOTICE OF CHANGE OF AUTO-CREDIT PAYMENT SCHEME (ACPS) BANK
ACCOUNT FOR LGU-OWNED HF's**

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):

MASTER COPY	DC: <u>604</u>	1.	Bank Name	
	Date: <u>12/1/25</u>	2.	Branch	
			Bank Account Details	
			<u>HF Charges</u>	
			Bank Account Name	
			Bank Account Number	
			<u>Professional Fee Designated for Pooling</u>	
			Bank Account Name	
			Bank Account Number	
		4.	Official HF 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)

