Healthier SG
Chronic Tier and Sub-drugs Training

December 2023: 12, 13 Dec
January 2024: 4, 8, 18, 24, 31 Jan
February 2024: 6, 15, 21, 29 Feb
March 2024: 6, 14 Mar

Agenda

1. **Overview of Healthier SG (HSG) Subsidised Drugs**
   - Timeline
   - Background
2. **GP Process Flow**
   - Preparation and procurement and inventory set-up of drugs
     - Sharing by ALPS: Onboarding to ALPS
   - Prescribing, dispensing and billing/claims submission
3. **During Launch**
   - Frequently Asked Questions (FAQs)
   - Reminders & Resources

Key Dates For HSG Subsidised Drugs

1 Dec 2023: Clinics may start to purchase from specific pharmaceutical companies

From 2 Jan 2024: Clinics can purchase ALPS' drugs for bulk delivery to clinics

From 1 Feb 2024: Launch of HSG Chronic Tier

Dec 2023:
Publication of HSG whitelist on Primary Care Pages

Clinics to complete SDD mapping* of drug inventory, including whitelisted drugs

2 Jan 2024: Clinics can start registering ALPS Order Management System (OMS) account (GPs can initiate bulk delivery once OMS account is created)

1 Feb 2024 onwards:
To prescribe drugs procured from ALPS and specific pharmaceutical companies under Special Pricing Agreements (SPA)

Dec 2023 to Feb 2024: Subsidised drugs training to all HSG Clinics

*If you have not attended the SDD standard workshop and/or need help to understand more on how to do the SDD code mapping, please contact nehr.onboarding@synapxe.sg to sign up for the workshop.

Preparation for HSG Subsidised Drugs

Prior to 1 Feb 2024, HSG clinics should **complete the following**:

No.	HSG Sub-drugs Launch Preparation	Est. time for completion
1.	**Onboard HSG-compatible Clinic Management Software (CMS) if not completed yet** • List of HSG-compatible CMSes can be found at https://www.synapxe.sg/partner-us/smartcms/	Immediate action required
2.	**Register an Order Management System (OMS) account with ALPS** • Clinics should comply to ALPS Term of Sales (TOS) • https://oms.alpshealthcare.com.sg/	3 working days
3.	**Direct Debit Authorization (DDA) to be approved and authorized by bank** • Mandatory for clinics who wish to tap on Direct Patient Delivery (DPD) • Submit DDA over OMS and authorized by bank	10 working days (can be done concurrently with item 2)
4.	**Complete SDD mapping of drug inventory on HSG-compatible CMS** • NEHR requirement: Clinics need to ensure mapping of drug names to SDD code is done; MOH/Synapxe will help clinics to centrally map these SDD to the respective drug charge codes and price caps for billing and claims under HSG Chronic Tier • Whitelisted drugs sold by ALPS will be centrally mapped by Synapxe • CMS vendors will provide relevant training and support to the clinics	1 month

Preparation for HSG Subsidised Drugs

Prior to 1 Feb 2024, HSG clinics should **complete the following**:

No.	HSG Sub-drugs Launch Preparation	Est. time for completion

5.	**Attend briefings & trainings organised by AIC**
	• **HSG Chronic Tier & Subsidised Drugs training (all HSG GPs):**
	  • 12, 13 Dec 2023
	  • 4, 8, 18, 24 & 31 Jan 2024
	  • 6, 15, 21 & 29 Feb 2024
	  • 6, 14 Mar 2024
	• **Collaterals on HSG Chronic Tier:** To be sent to all HSG Clinics
		AIC has sent out the email for registration.

Recap: Healthier SG Chronic Tier

- **Provision of subsidised drugs under the HSG Chronic Tier is put in place to encourage your patients to enrol and anchor their care at your clinic, with access to whitelisted drugs at prices more comparable to polyclinics.**
  - CHAS cardholders will enjoy means-tested percentage-based subsidies for whitelisted drugs, with special additional subsidies for PG and MG patients.
  - CHAS enrollees can use the dollar-based subsidies for consultation, investigations, and non-whitelisted drugs.

- **CHAS enrollees may choose between Original CHAS Chronic Tier or HSG Chronic Tier for each visit at their enrolled clinic.**

Envisioned patient's chronic visit journey

1. Patient registers at the clinic counter, clinic staff checks patient's enrolment and CHAS status

2. GP reviews the patient's chronic condition and discuss the medications that will be prescribed

3. GP and patient discuss the choice of subsidy tier that will best benefit the enrollee's care needs

4. Patient collects medications, either at the counter or via Direct Patient Delivery to home, and makes payment

If patient is on fewer chronic drugs and does not exceed Original CHAS Chronic limits → **Discuss to remain on Original CHAS Chronic Tier.**

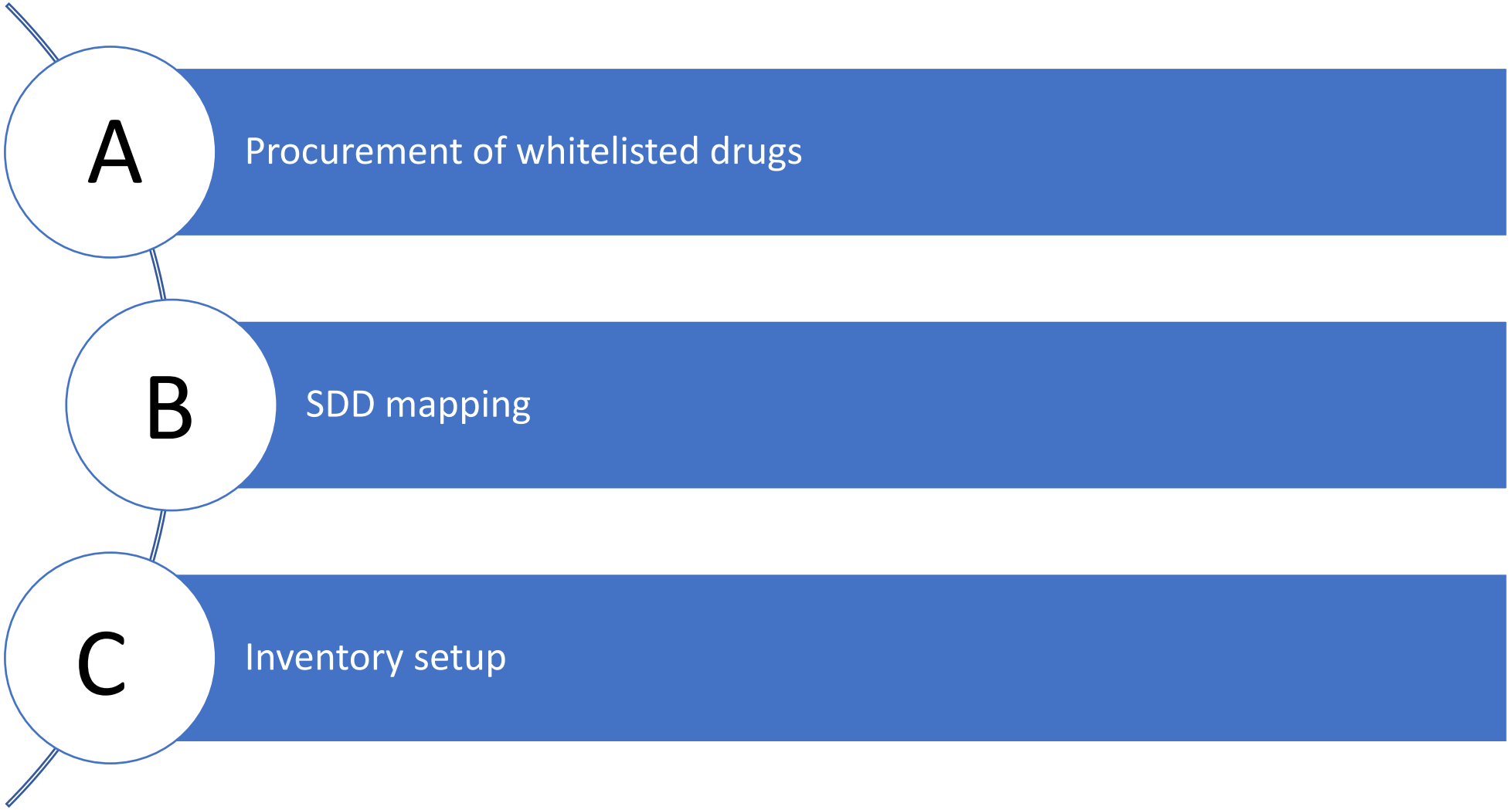
If patient is on multiple whitelisted chronic drugs and exceeded Original CHAS Chronic limits → **Discuss advantages of switching to HSG Chronic Tier**

Note: HSG Chronic Tier is only made available to the HSG clinic's enrollees only. If the enrollees visits a clinic they are not enrolled to for chronic visit, only CHAS Chronic Tier will apply if eligible.

GP Process Flow

1. Preparation and procurement and inventory set-up of drugs
2. Prescribing, dispensing and billing/claims submission

GP preparation for HSG Chronic Tier



(A) Procurement of whitelisted drugs*

Clinics can procure the whitelisted drugs via the following options:

1) ALPS: 184 drugs* through the Bulk Delivery (OMS) from 2 Jan 2024 or Direct Patient Delivery services (HSG-compatible CMS) from 1 Feb 2024.
2) Specified pharmaceutical companies under Special Pricing Agreements: 23 drugs
   - GPs may start purchasing from 1 Dec 2023.
   - Pharmas have been informed to maintain the existing means of distribution to the GPs, similar to the purchase of vaccines under the Subsidised Vaccine List (SVL) for VCDSS.
   - These drugs will not be available for Direct Patient Delivery.
3) Clinic's own private arrangements

***Information and any updates pertaining to** the whitelisted drugs and the list of Pharma companies under MOH's SPA can be found on Primary Care Pages at (for.sg/hsgwhitelist). A Primary Care Pages account needed to access the whitelist. For any queries, you may approach your AIC Account Manager (for.sg/amfinder).

(B) SDD Mapping

- **Recap:** SDD mapping of drug inventory is required for quality data contribution to NEHR.
  - HSG-compatible CMS will also be able to auto-compute whitelisted drugs' price caps if such drugs have been mapped too.

- SDD Mapping is **not required** for all ALPS' whitelisted drugs in HSG-compatible CMS.
  - Synapxe had mapped these whitelisted drugs for GPs, and CMS vendors have ingested the mapped list into the HSG-compatible CMS.

(B) SDD Mapping

- SDD Mapping **is required** for all remaining drugs (whitelisted and non-whitelisted) in your existing drug inventory for NEHR contribution purposes and auto-computation of price caps (for non-ALPS drugs). This needs to be done by clinics.
    - For whitelisted drugs purchased from MOH-specified pharmaceutical companies or other private pharmaceutical companies, these will need to be mapped in CMS for price caps to be auto-populated.
    - If SDD mapping for all remaining drugs is not done, the HSG clinic can still use ALPS' Direct Patient Delivery services. However, price caps will not be auto-populated for unmapped drugs dispensed at counter.
    - This includes any new drug purchased from non-ALPS sources in future, including those from Pharmas under MOH's Special Pricing Agreements.
    - To ensure accuracy of your clinic's NEHR contribution, completeness of mapping is essential.
- Synapxe and AIC have shared a list of available resources GPs can tap on for their SDD mapping such as drug mapping service, workshops, and training videos. Details can be found in the AIC EDM which was sent out on 30 Nov 2023.

Identifying the procurement sources of whitelisted drugs

			HSG Special Pricing Agreements (SPA)			MOH-stipulated selling price caps		
S/N	**HSG Whitelisted drug product**	**Subsidy class**	**Procurement source**	**Packaging size**	**Purchase price[&] to HSG clinics (per HSG SPA procurement source packaging size)** *excl. GST*	**Price caps[&] (per HSG SPA procurement source packaging size)** *excl. GST*	**Price caps per UOM[&] (rounded to 4dp for precision when multiplied by the packaging size dispensed)** *excl. GST*	
1.	Losartan Potassium 100mg Tablet	SDL	ALPS	1 Tablet	$0.18	$0.4000	$0.4000	1 Tablet
2.	Coal Tar 25% Shampoo	SDL	ALPS	200ml	$9.55	$11.5678	$0.0578	1 ml
3.	Formoterol fumarate dihydrate 2.25 mcg/dose + budesonide 80 mcg/dose (Symbicort) Rapihaler (120 doses)	SDL	Pharma ABC	1 Inhaler	$25.80	$35.8200	$35.8200	1 inhaler

[&] *Figures are for illustrative purpose only.*

Procurement source

- Apart from their existing suppliers, HSG GPs have the option to purchase whitelisted drugs from ALPS or specific pharmaceutical companies under HSG SPA. The contact details of the Pharma companies under MOH's SPA can be found on Primary Care Pages at for.sg/hsgwhitelist.

(C) Inventory set up

- To recap, depending on the procurement source of the whitelisted drugs and whether HSG Chronic Tier is used:
  i. They can be prescribed to different types of patients (enrollees and/or non-enrollees)
  ii. Price caps apply differently
    - GPs can choose the brand(s) of drug (either from ALPS/Pharmas, or own private arrangements) to offer under HSG Chronic Tier at price caps;
    - Other privately procured whitelisted drugs do not need to be price-capped when claimed under the Original CHAS Tier

- Clinics can differentiate the whitelisted drugs by labelling their inventory:

1) Whitelisted drug of the same brand by different procurement sources

- Add a suffix behind the drug description indicating the procurement source of drug

> *Insulin Glargine (Lantus) 100 international units/mL Injection, prefilled pen_Pharma under SPA*
> *Insulin Glargine (Lantus) 100 international units/mL Injection, prefilled pen_private arrangements*

2) Whitelisted drug of different brands by different procurement sources

- Include the different brand names
- Add a suffix behind the drug description indicating the procurement source of drug

> *Betamethasone 0.025% cream (Brand A)_ALPS*
> *Betamethasone 0.025% cream (Brand B)_private arrangements*

ALPS

Synergies in Healthcare Supply Chain

Healthier-SG Clinics On-boarding to ALPS

Scope

1. Introduction to ALPS and its role for Healthier SG (HSG)

2. On-boarding of HSG Clinics to ALPS
   a. How do I register with ALPS?
   b. How do I order drugs for delivery to my clinic?
   c. How do I order for Direct Patient Delivery?

ALPS' support to HSG providers

- ALPS is the procurement and supply chain agency of the public healthcare system

- ALPS has been tasked by MOH to provide 2 key services to HSG Clinics:
  1. Delivery of whitelisted drugs to HSG Clinics (for clinics to prescribe and dispense to their HSG enrolled patients).
     - Based on MOH's requirements, clinics can start registering with ALPS Order Management System (OMS) from 2 Jan 2024
     - Following successful registration, clinics can proceed to order from ALPS and to stock up in advance prior to when they can start selling with the start of HSG drug subsidy in Feb 2024.
  2. Direct delivery of clinic's prescribed whitelisted drugs to patients of HSG Clinics
     - Registered clinics may start ordering from Feb 2024

Whitelisted Drugs supplied by ALPS

- ►185* of the drugs can be purchased from ALPS.
- ►The remaining whitelisted drugs will have to be purchased directly from pharmaceutical companies specified by MOH, if HSG GPs wish to tap on MOH's Special Pricing Agreements (SPA).

*Information and any updates pertaining to the whitelisted drugs including drugs provided by ALPS can be found on Primary Care Pages at (for.sg/hsgwhitelist).

On-boarding of HSG Clinics to ALPS Services

For HSG clinics to access either ALPS' services, clinics must:

1. Be a clinic participating in MOH's HSG programme; and

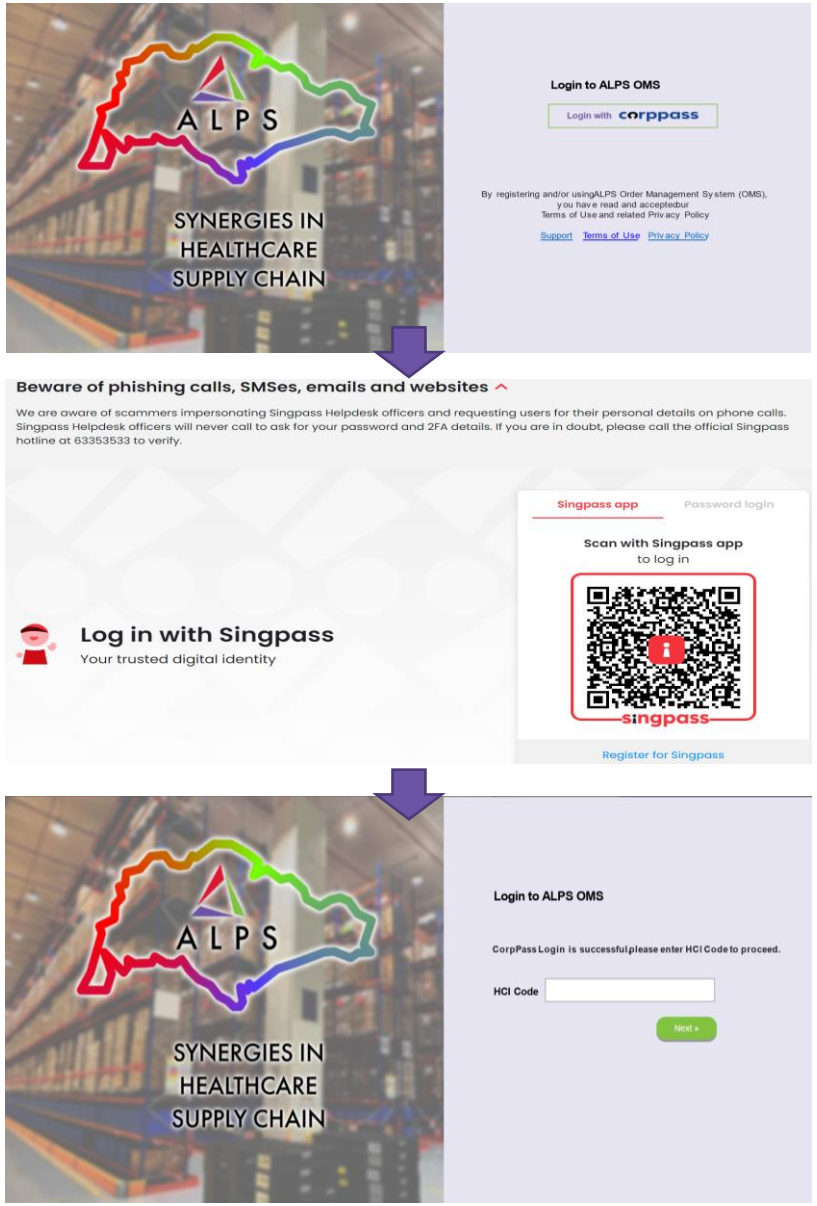
2. Be registered with ALPS through its Order Management System (OMS) portal at https://oms.alpshealthcare.com.sg/

ALPS

Synergies in Healthcare Supply Chain

How do I register with ALPS?

Registration / Login through ALPS OMS Portal



1. Clinics will need CorpPass account and their HCI code to register on ALPS OMS. The same process would apply to new clinics registering or registered clinics logging in:
    1. Clinics to click login with CorpPass and authenticate with their Singpass
    2. After successful authentication, clinics to type in their HCI Code

2. CorpPass account must be for the same UEN which clinics use to sign the HSG LOA with MOH/AIC. For clinics which did not use your UEN to sign the LOA, they should use the UEN that they are using for CorpPass login when doing government related transactions (e.g. MOH issued UEN).

3. During the registering process, clinics are to provide contact details for delivery and billing purposes

4. Clinics address will be auto-populated based on that licensed with MOH. It will be the delivery address for orders made to the clinic.

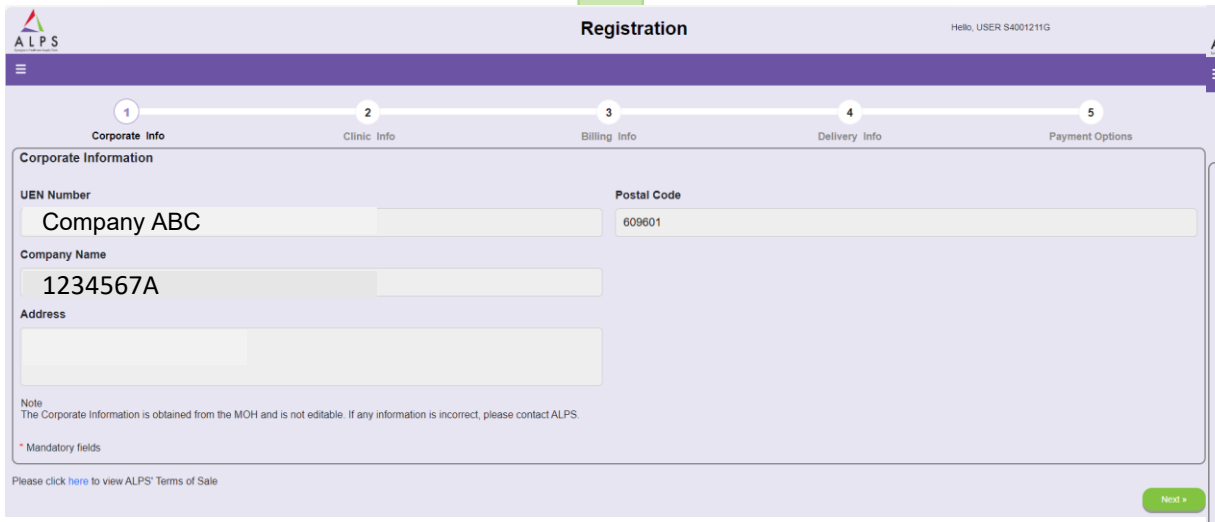
5. Multiple modes of payment are accepted in OMS, e.g. PayNow*, Credit/Debit cards. As part of the registration process, clinics are also able to apply for Direct Debit Authorisation (DDA) as a mode of payment.
    - Clinics that do not apply for DDA at registration can do so later through the OMS

6. Clinics will be asked to accept ALPS' terms of sale as part of the registration process.

Note: DBS PayLah! is no longer available as a payment mode as of 15 May 2026.

OMS Portal – Registration detail 1/4

1



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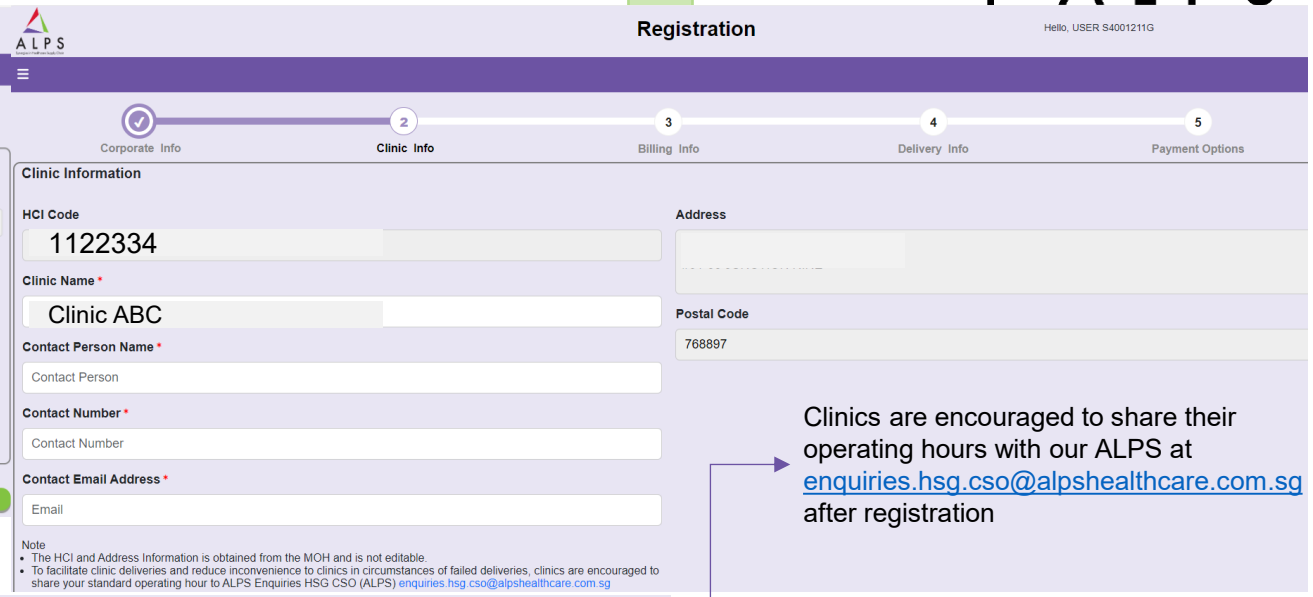
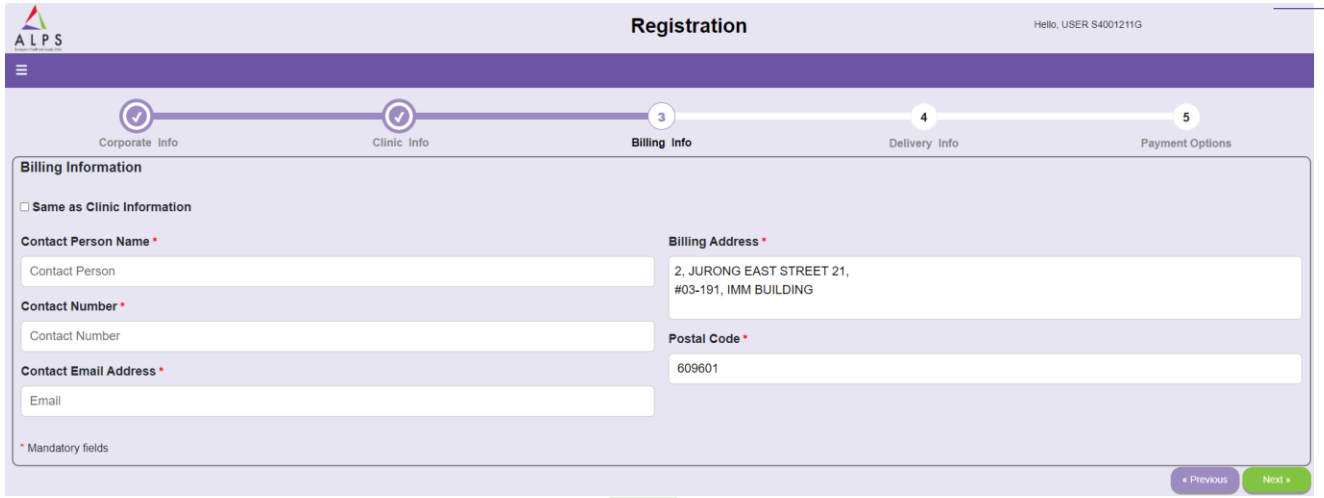


Clinics are encouraged to share their operating hours with our ALPS at enquiries.hsg.cso@alpshealthcare.com.sg after registration

1. Details are corporate (or company's) information drawn from the registered UEN which the clinic use to sign the HSG LOA with MOH/AIC. For clinics which did not use their UEN to sign the LOA, they should use the UEN that they are using for CorpPass login when doing government related transactions (e.g. MOH issued UEN).

2. Details are the clinic's information based on its licensed information obtained from MOH. Edits are not allowed except for contact details.

3. Clinics can choose "Same as Clinic information". Otherwise, clinics are able to provide billing information.



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OMS Portal – Registration detail 2/4

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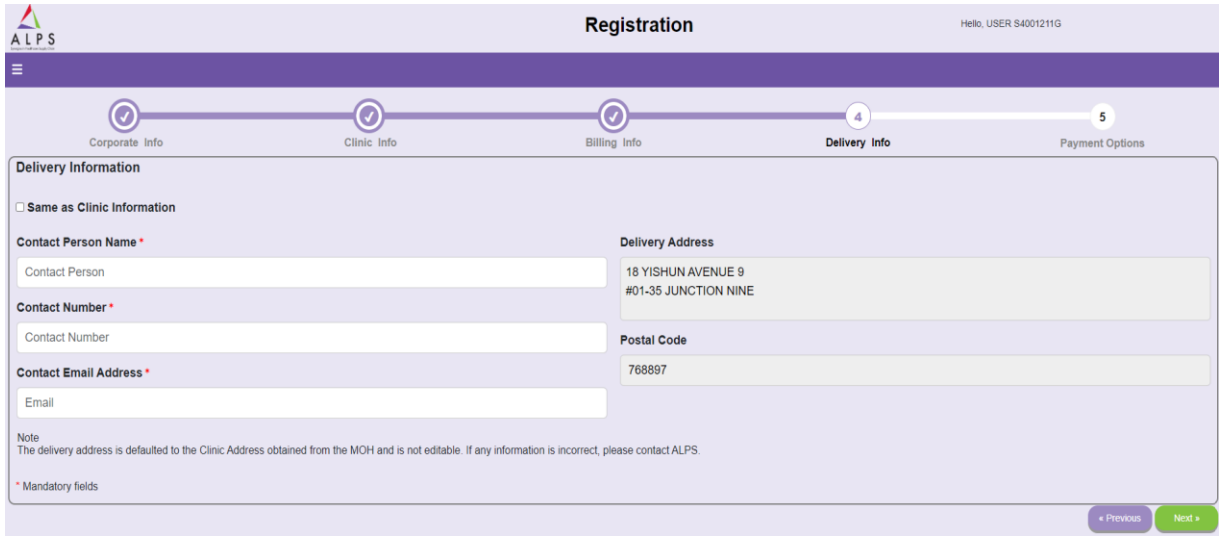

4. For delivery information, please note that delivery address will be based on the licensed clinics obtained from MOH. No edits are allowed. For other information, clinics can choose “Same as Clinic information”.

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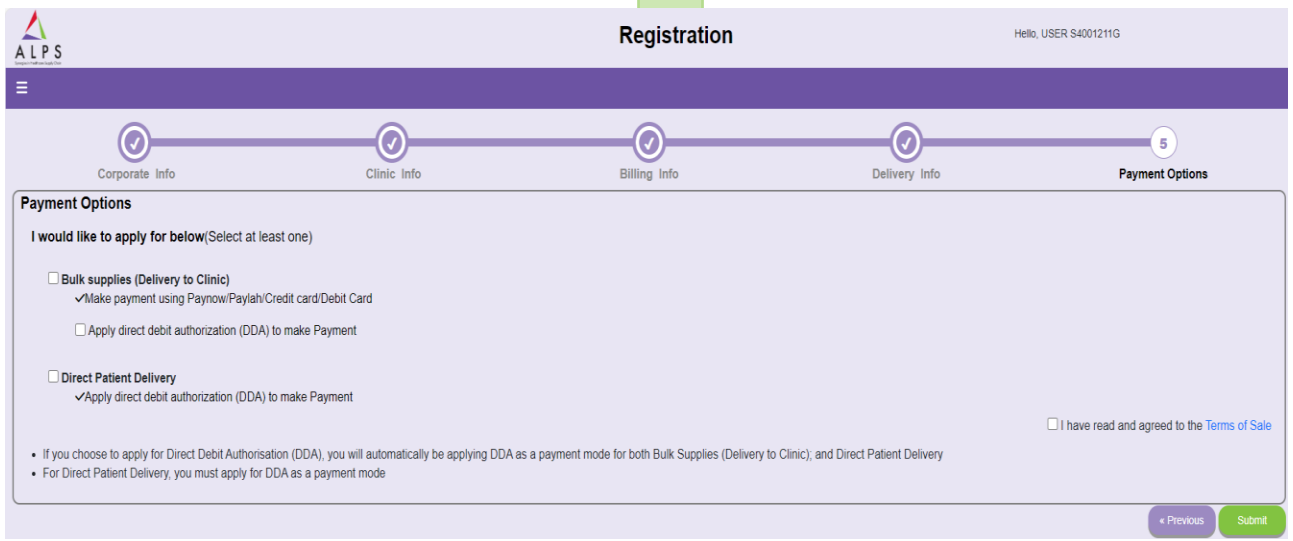
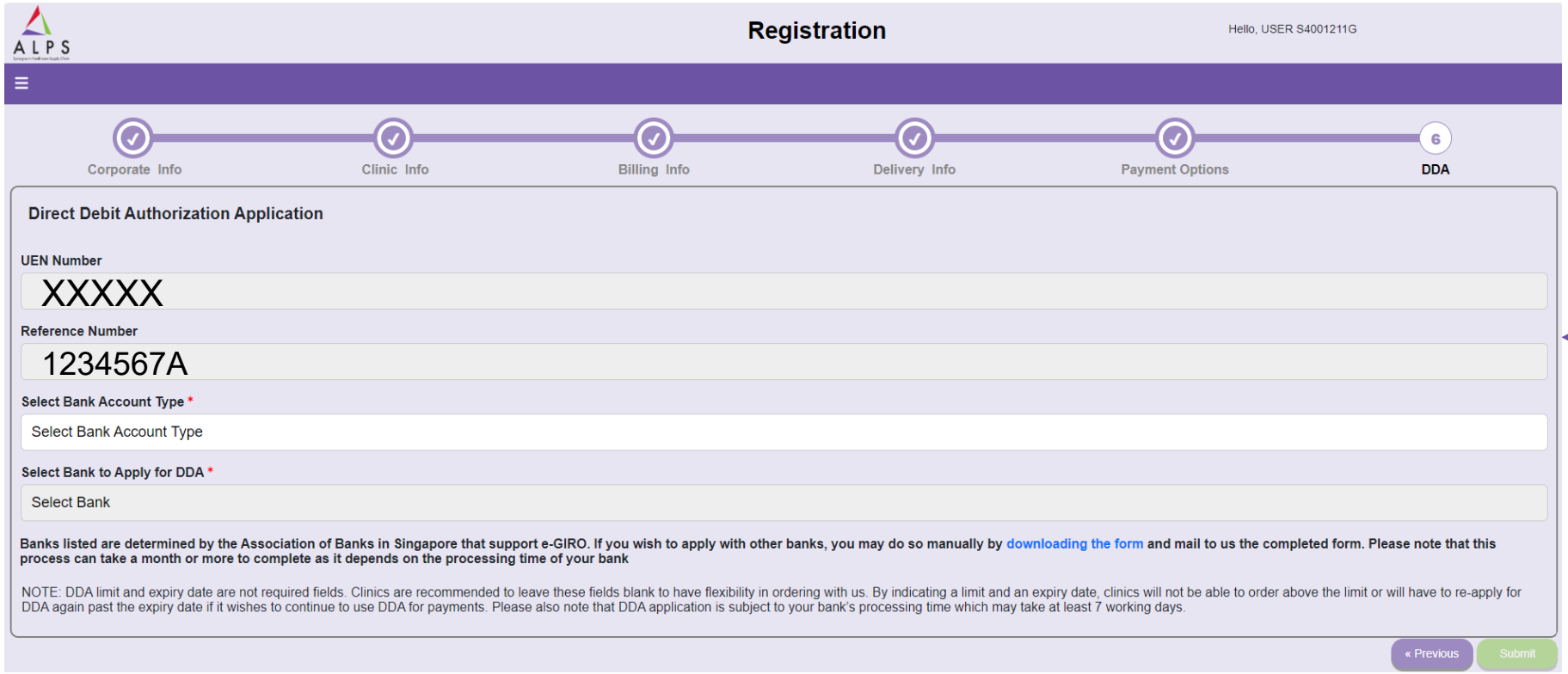


5. If clinic only select bulk supplies, DDA application will be optional. For Direct Patient Delivery, DDA application will be mandatory. If clinic select to apply DDA as payment mode, they will be eligible for both services and bulk supplies, and Direct Patient Delivery will be auto selected.

   Note: Clinics must agree to ALPS Terms of Sale

OMS Portal – Registration detail 3/4



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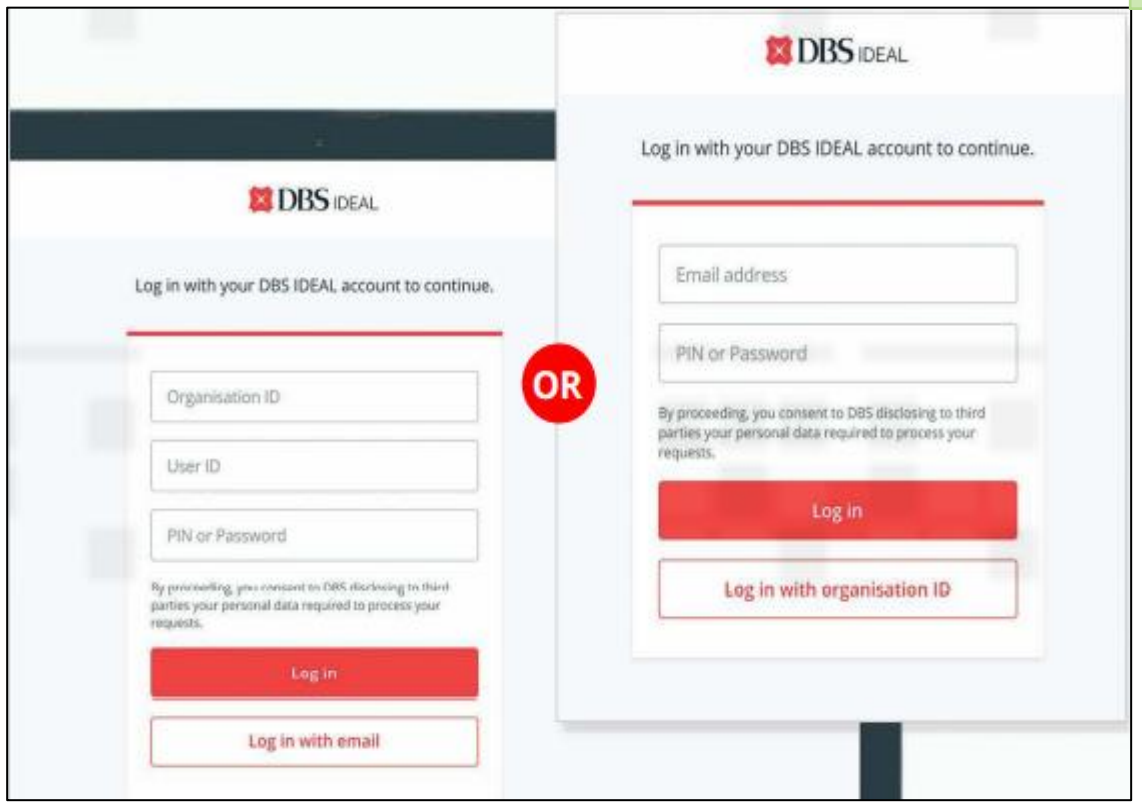
6. For clinics applying for DDA, application screen for clinics to key in additional information. Clinic can choose from banks in the dropdown list (banks are determined by Association of Bank Singapore).

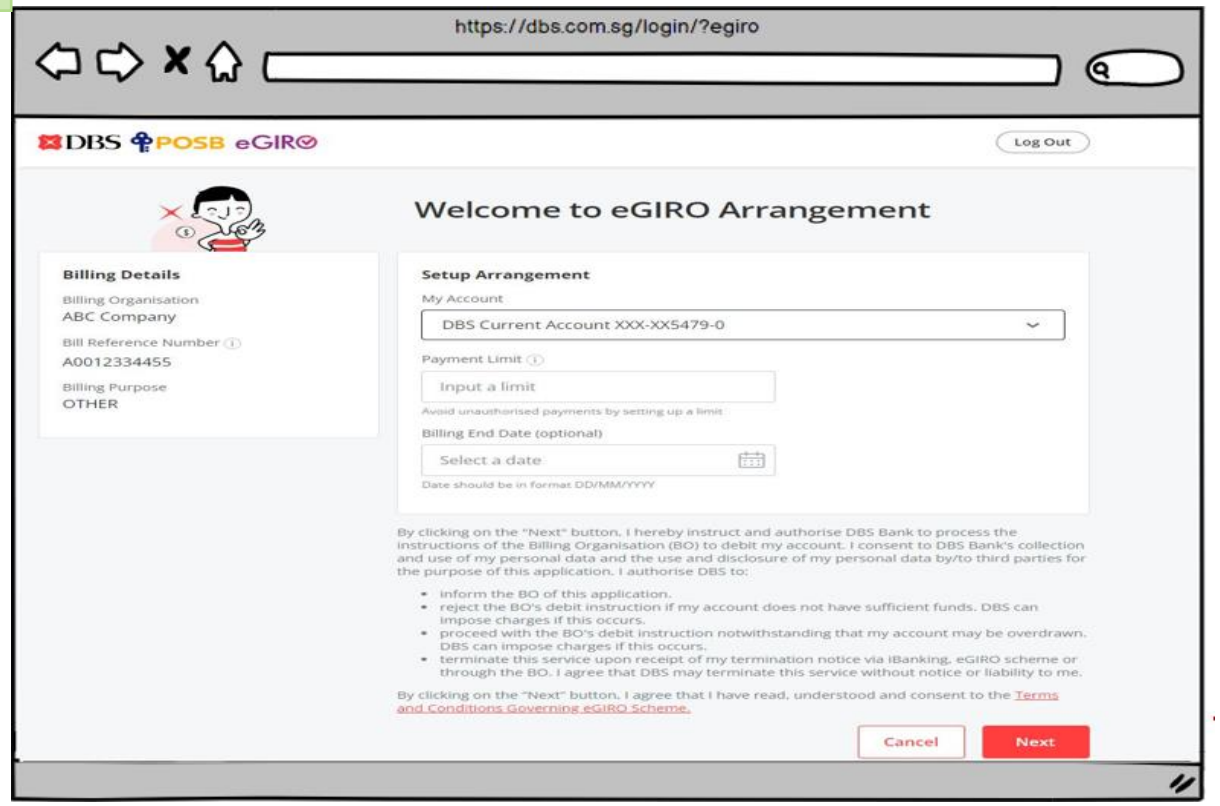
OMS Portal – Registration detail 4/4

7. For clinics applying for DDA, they will be further routed to the relevant bank to complete the process with the bank. Do note that a 2nd corporate approval may be required by the clinic's bank. Clinics should check with their bank how they can provide this corporate approval (e.g. using the banks own site)

Note: Screen shots are only for illustration of a bank's site and can differ from its actual site

7





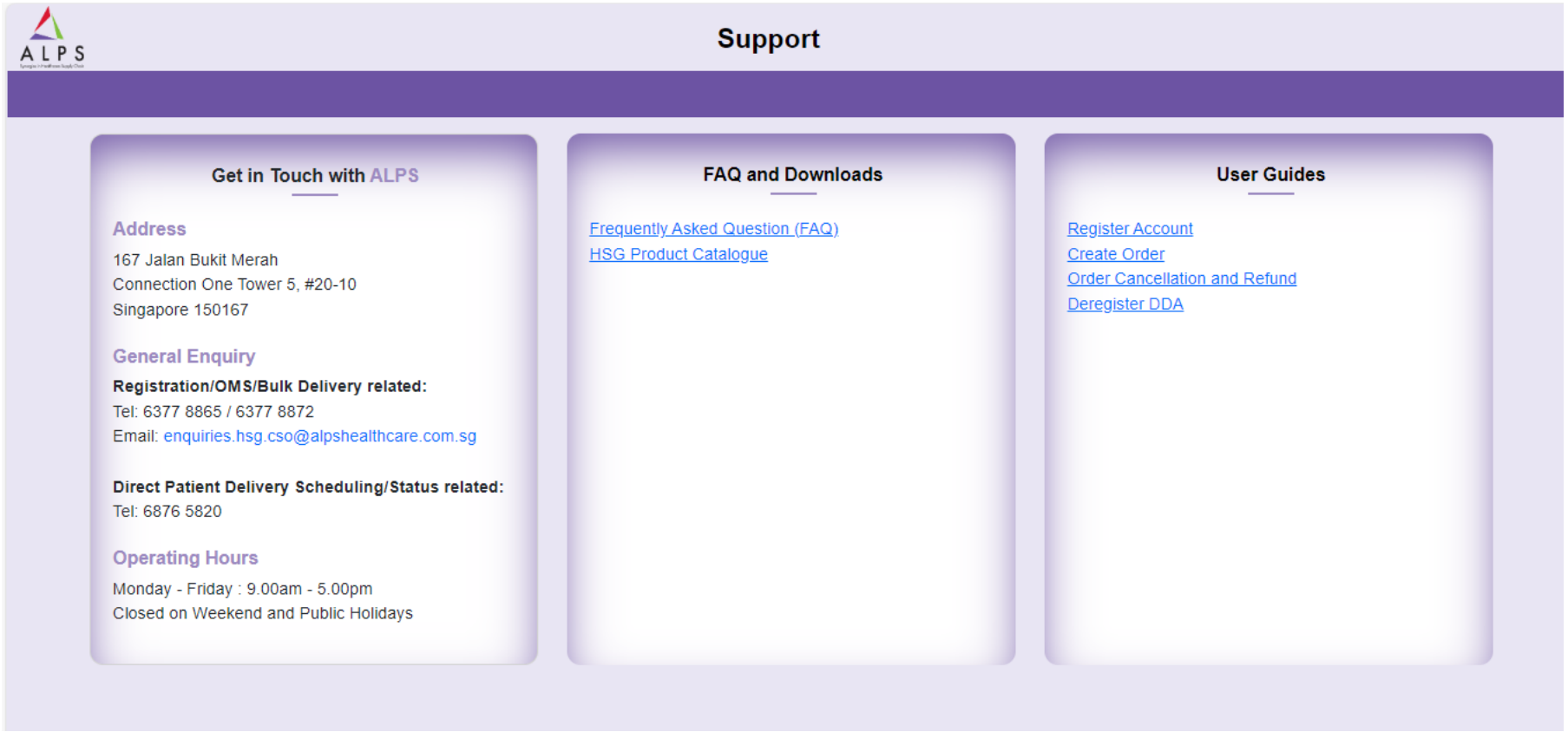
Completion of registration and where to order

- Upon completion of registration, clinics will receive an email confirmation that your account is ready (estimated about 3 working days). Please register early.
  - Clinics who did not choose to apply for DDA and/or Direct Patient Delivery services can apply for DDA later by logging into OMS and apply by going to OMS menu
  - As the signing up process for DDA is subject to the processing timelines of other parties (e.g. banks), **clinics should sign-up early (not less than 7 days) prior to making orders** to avoid delays to deliveries.

Note: After successful registration, for clinics which choose to:

- Order whitelisted drugs fulfilled to their clinics- To do so via ALPS **OMS from 2 Jan 2024** (covered in subsequent section). This is to allow clinics to order in advance prior to MOH's HSG Chronic Tier subsidy roll-out in Feb 2024.
- Order for direct drug delivery services to their patients- To do so via their **HSG-compatible Clinic Management System (CMS) from Feb 2024** in line with MOH's HSG Chronic Tier subsidy roll-out

OMS Portal – Support



ALPS will provide the following Support to Clinics:

1. Clinic may reach out to ALPS Support / Customer Service Team at the general enquiry (please note different contacts for (i) Registration/OMS/Bulk delivery related; and (ii) Direct Patient Delivery Scheduling/Status related queries) for assistance
2. FAQs and HSG Product Catalogue are downloadable materials that clinics can access without the need to log-in to OMS
3. Under “User Guides”, clinics can access the self-help training videos

ALPS

Synergies in Healthcare Supply Chain

How do I order for drugs fulfilment to my clinic using OMS?

Overview

HSG GPs

OMS Order management system

- Login via CorpPass*
- OMS displays drug image, price, expiry dates
- Select drugs and quantities and place order
- Order history available to facilitate re-ordering
- Delivery date can be selected (3 working days after order date or later)
- Delivery address is to the clinics licensed address with MOH
- Invoice will be emailed to clinic

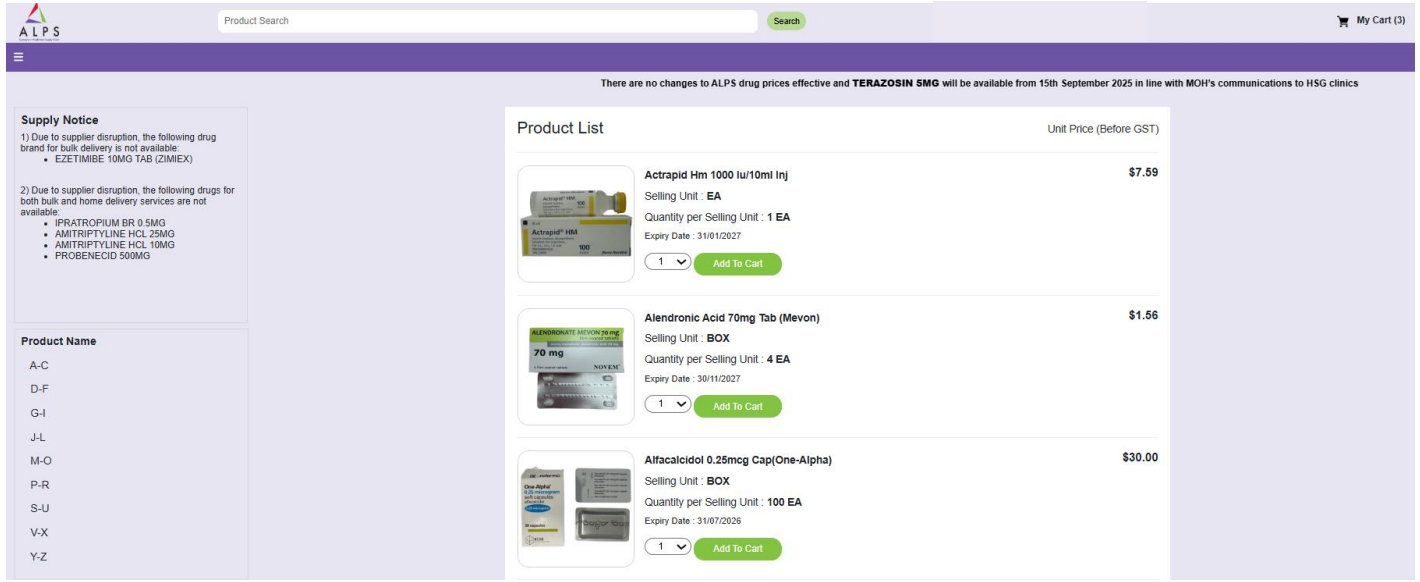
Payment options:
- Credit cards, Debit cards
- PayNow
- 30 days credit terms with DDA

- Clinic receives drugs ordered and checks received items
- Clinic able to track order status through OMS

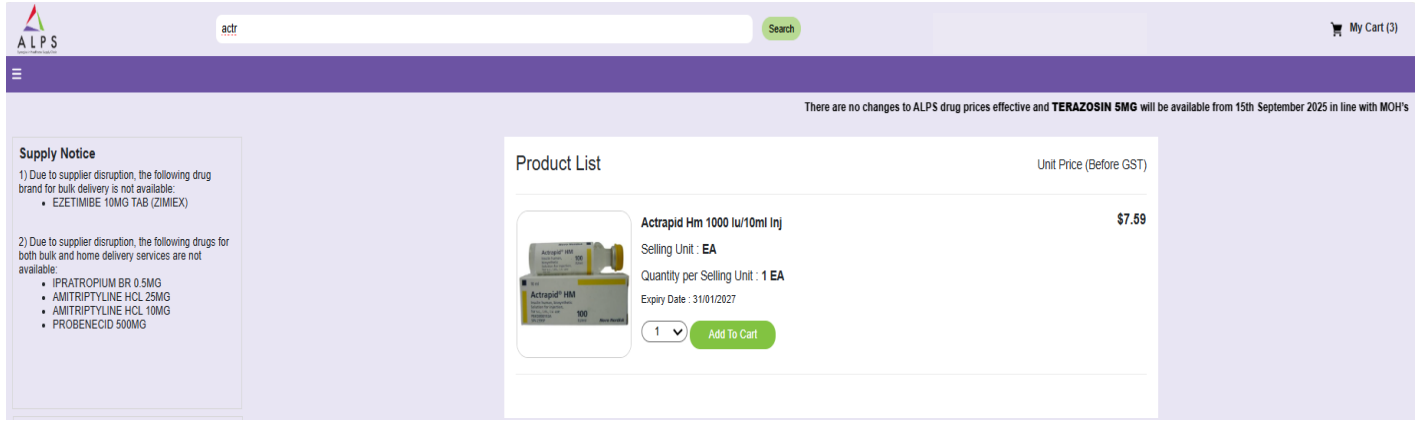
Note: DBS PayLah! is no longer available as a payment mode as of 15 May 2026.

OMS Portal – Product Catalogue

Homepage after login



Product Search



Interface of the product list is simple and similar to e-commerce sites

OMS Portal – Check Out

Shopping Cart

Price (Before GST)

Actrapid Hm 1000 Iu/10ml Inj $60.72

Selling Unit : **EA**

Quantity per Selling Unit : **1 EA**

Exp Date: 01/01/2025

8 x $7.59

Delete

Continue shopping

Subtotal (1 item) $60.72

Delivery charges at a flat rate of $20 applies to order amount valued below $100

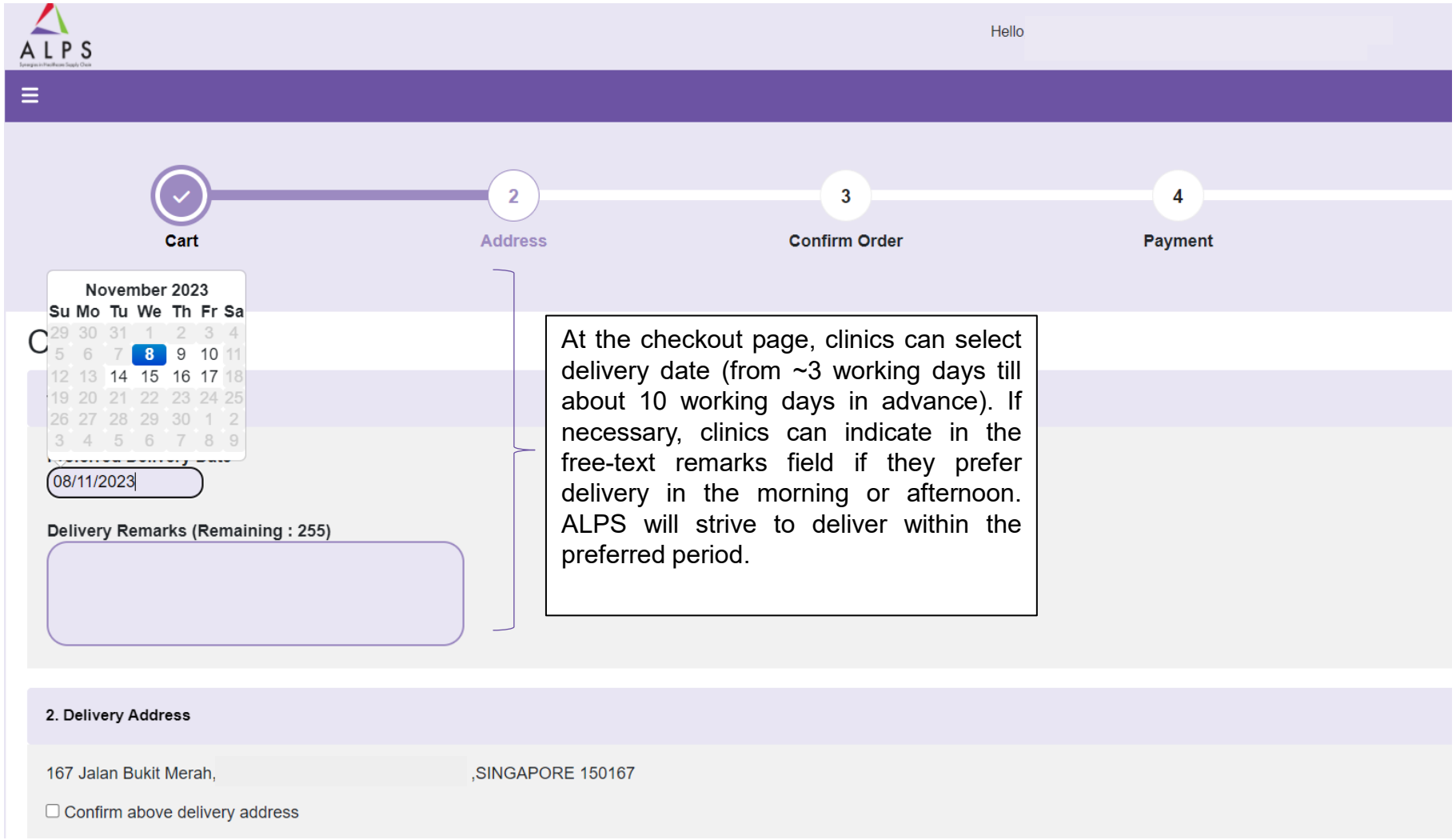
1 Cart — 2 Address — 3 Confirm Order — 4 Payment — 5 Completed

BLK 801 TAMPINES AVE 4 ,520801

☐ Confirm above delivery address

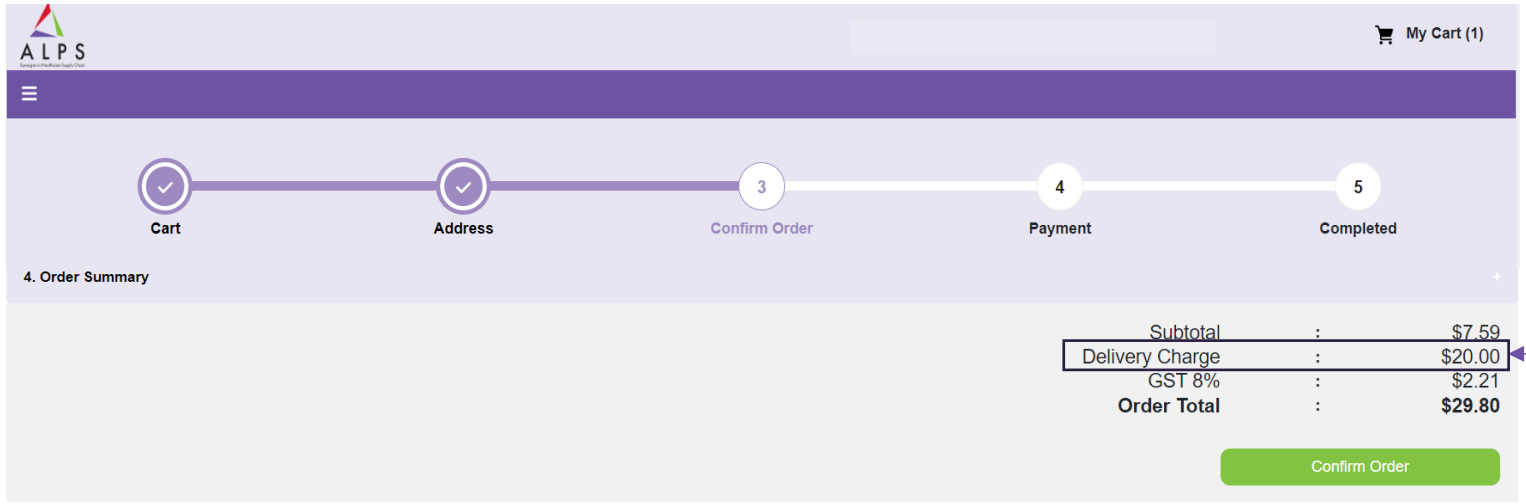
Delivery address will be based on the licensed clinics obtained from MOH. No edits are allowed.

OMS Portal – Check Out



At the checkout page, clinics can select delivery date (from ~3 working days till about 10 working days in advance). If necessary, clinics can indicate in the free-text remarks field if they prefer delivery in the morning or afternoon. ALPS will strive to deliver within the preferred period.

OMS Portal – Payment

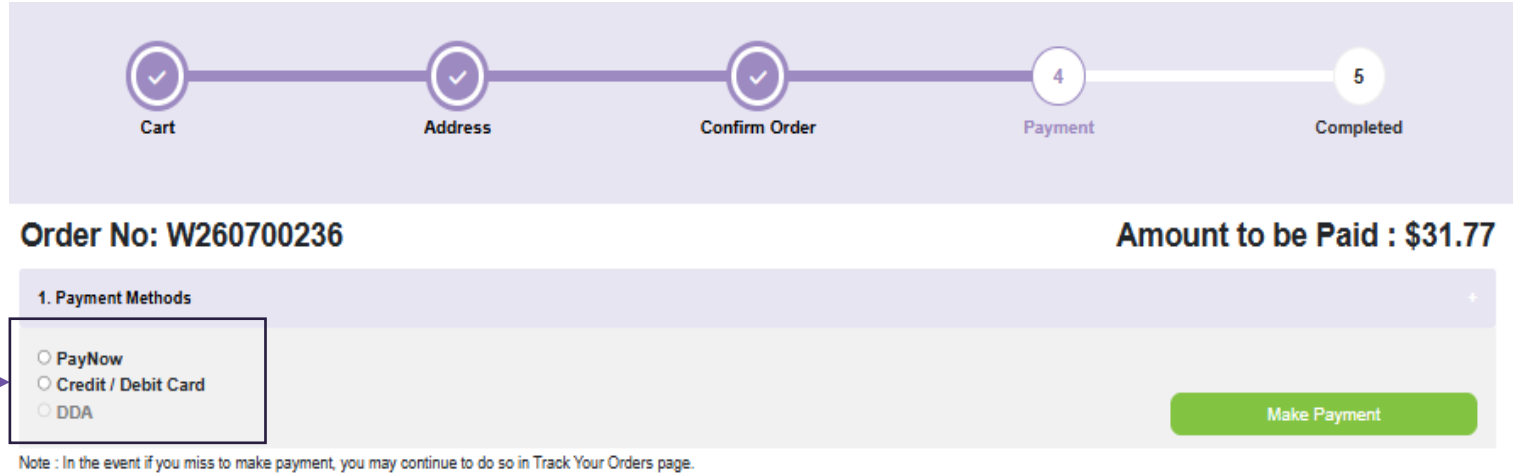


Please note that for orders that total below $100 (before GST). A $20 surcharge will be applied. This will be auto-calculated at checkout.

Clinics can choose the following mode of payment

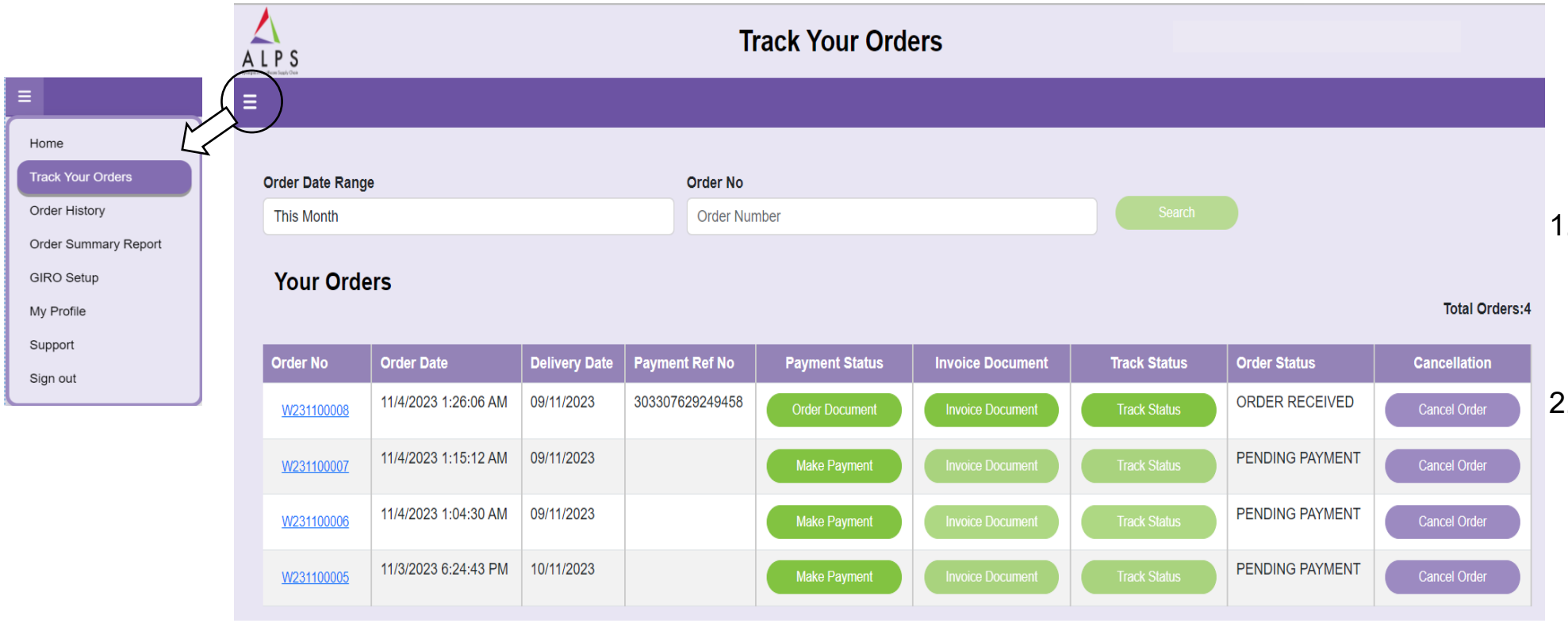
Note for payment modes:

- For DDA registered clinics, you can pay using DDA after it is approved by your bank
- For Paynow mode, clinics will have 24hours to complete full payment (i.e including any corporate authorisation by the clinic's appointed authority with their banks). Orders made will be in "pending payment" status and will only be processed by ALPS upon payment completion. Otherwise, orders will be automatically cancelled.
- For Credit/Debit card modes, immediate payment has to be made upon submission



Note: DBS PayLah! is no longer available as a payment mode as of 15 May 2026.

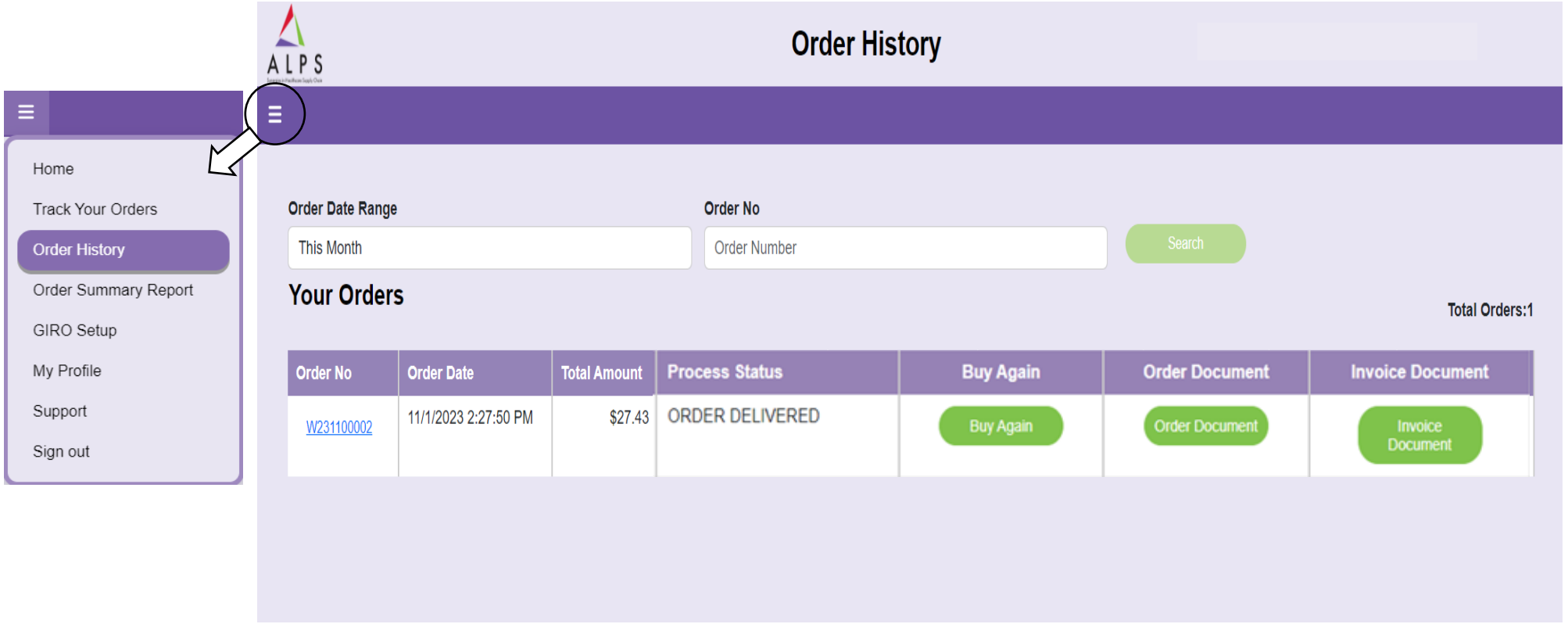
OMS Portal – Track Your Orders



1. For orders clinics made, they can check the order status under “Track Your Orders”

2. Clinics may also download documents related to their orders, for example; invoice

OMS Portal – Order History



1. For completed orders, clinics can go to “Order History” to refer to their past orders.

2. If clinics would like to repeat a purchase, they can easily do so by clicking on “Buy Again”

Key pointers to take away

1. While registration in OMS is required to onboard both ALPS services, orders submitted in OMS is for whitelisted drugs fulfilled to clinics
2. OMS provides a simple ordering interface with drug image, price, expiry dates (think e-commerce platforms)
3. Delivery address is the clinic's licensed address
4. Delivery dates (from ~3 working days till about 10 working days in advance) can be selected when ordering. Clinics can indicate in the free-text remarks field if they prefer delivery in the morning or afternoon. ALPS will strive to deliver within the preferred period.
5. Wide payment options using: Credit cards, Debit cards, PayNow, and DDA
   - ►Note: **$20 (before GST) surcharge applies for orders that total below $100 (before GST) and this will be auto-calculated at checkout**

Note: DBS PayLah! is no longer available as a payment mode as of 15 May 2026.

What to do on the day of delivery

1. When receiving the delivery, clinics should check drugs received against what it had received from the confirmation email:
   i. Information on packages tally with what they have ordered (e.g. drugs and quantity ordered; expiry dates are not shorter than what the order reflected)
   ii. No defects/damages to the packages

2. After checks, clinics to sign-off and accept the delivery. For items with issues, clinics should return them to the delivery personnel on the spot. ALPS will contact the clinic for a redelivery.
   ►Redelivery due to circumstances (i) and (ii) above will be at no additional charges.

3. Should the clinic be unable to receive the delivered items (e.g. clinic closed), there will be a charge of $20 (before GST) for re-deliveries made.

Tracking and Cancellation of OMS Orders

1. Clinics can track their orders statuses by going to “Track Your Orders” in OMS:
   ►“Pending Payment” → “Order Received” → “Order Processed” → “Out for Delivery” → “Order Delivered”

2. Order cancellations can be made via OMS if the status of the order is at “Pending Payment” or “Order Received”
   ►**No cancellations once the status is at “Order Processed”**

3. To amend existing orders, clinics will need to cancel the order (subject to the above statuses) and resubmit as a new order

4. Upon successful cancellation, any payment made will be refunded
   ►To facilitate a refund, ALPS will call/email the clinic to request for details such as corporate bank details and refund will be made in about 2-4 weeks.

Return Request after Delivery is Accepted

- Should there be damaged or defective items found after opening an accepted package, clinics can request for the items to be returned within 7 days of accepting the delivery
  - Clinics will be required to provide further information and/or evidence of the condition to support the return request
  - Once a return is accepted by ALPS, ALPS will arrange the collection and refund

- For queries relating to orders made in OMS, clinic delivery and returns pls contact enquiries.hsg.cso@alpshealthcare.com.sg or 6377 8865 / 6377 8872

Clinics are reminded to keep to Confidentiality Requirements

1. Clinics are reminded that all **information shared on ALPS OMS** (e.g. drugs and prices) **are confidential information**
2. Additionally, MOH has also shared to HSG clinics that **information provided on MOH's drug whitelist** (including prices and prices caps) **are confidential information**
3. Clinics are to ensure the confidentiality of such information and **are not to share it publicly or to non-involved parties including patients/suppliers**.
4. Clinics that breach the Confidentiality requirements can potentially be suspended from access to ALPS systems and services; and depending on the severity, also be suspended or terminated by MOH from the HSG programme.

ALPS

Synergies in Healthcare Supply Chain

Direct Patient Delivery Service

Overview

ALPS
Synergies in Healthcare Supply Chain

HSG GPs

- Prescribe whitelisted drugs in CMS during consult
- Choose to have drugs supplied by ALPS to be delivered to patients' homes
- Enter/select the patients mobile contact number; delivery address; date(D+3 days or later) and time
- Counsels patient on medications

- Clinic collects payment from patient
- CMS will submit order to ALPS for pick, pack and delivery

- Patient or household member receives medication at selected address and time
- Patient will receive SMS reminders the day before and on the day of delivery

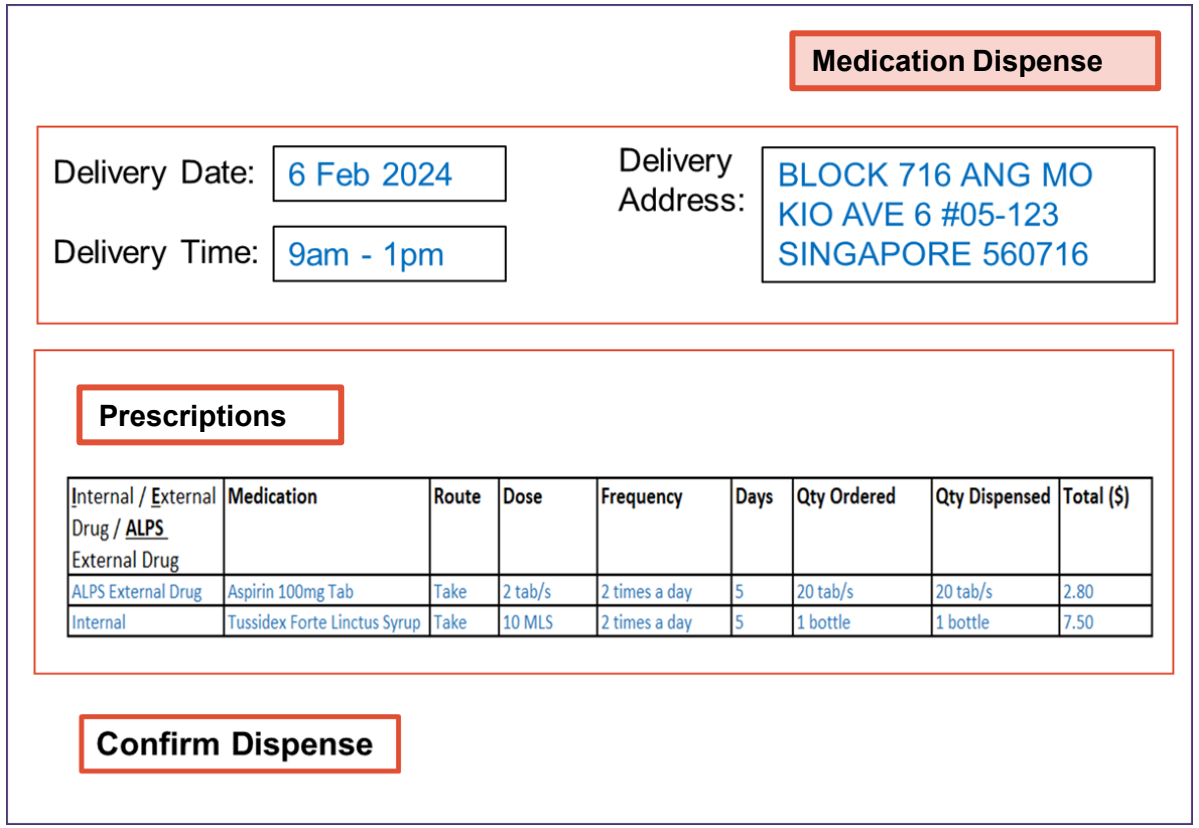
HSG GPs

- Pay via Direct Debit Authorization (DDA) arrangement
- Weekly invoice is emailed to clinic

Invoice contains drug selling prices to clinics, and home delivery fee

Ordering on CMS for Direct Patient Delivery (DPD)

Please note that illustration is just a mock-up example of how an HSG-compatible CMS may display and can differ from what clinics have with their own CMS vendor. Clinics should check with your CMS vendor for any queries



Medication Dispense

Delivery Date: 6 Feb 2024

Delivery Time: 9am - 1pm

Delivery Address: BLOCK 716 ANG MO KIO AVE 6 #05-123 SINGAPORE 560716

Prescriptions

Internal / External Drug / ALPS External Drug	Medication	Route	Dose	Frequency	Days	Qty Ordered	Qty Dispensed	Total ($)
ALPS External Drug	Aspirin 100mg Tab	Take	2 tab/s	2 times a day	5	20 tab/s	20 tab/s	2.80
Internal	Tussidex Forte Linctus Syrup	Take	10 MLS	2 times a day	5	1 bottle	1 bottle	7.50

Confirm Dispense

1. Clinic places orders with ALPS using their HSG-compatible Clinic Management System (CMS) by prescribing from ALPS supplied drugs

2. Clinic confirms details with patient and enters/selects
   i. the patients mobile contact number (if no mobile contact, to indicate the patient's home number);
   ii. delivery address; and
   iii. preferred delivery date and time (3 working days after the patient's visit or later) on the patient's behalf

3. Clinic is to counsel the patient on the drug prescribed, obtain consent and inform their patients that information such as the prescription and the patient's address will be shared to ALPS for the purpose of the Direct Patient Delivery service

Payment for Direct Patient Delivery (DPD)

- Payment - Payment to ALPS will be via DDA. Clinics are advised to complete their DDA application at the point of registration

- ALPS will invoice clinics periodically (e.g. end of each week for all direct patient deliveries for that week) sent via email. This will include a charge of $4 (before GST) for delivery per prescription.

- Returns - No returns are allowed upon successful delivery

Ordering on CMS for Direct Patient Delivery (DPD)

Please note that illustration is just a mock-up example of how a HSG-compatible CMS may display and can differ from what clinics have with their own CMS vendor.

ALPS Tracking Dashboard

1

Patient ID: | Patient Name:

Visit From: 01 Feb 2024 To : 05 Feb 2024 | Status:

Search | Refresh

2

Visit Date	Medication Order No.	Patient ID	Patient Name	Submission Date	Delivery / Cancellation Date	Status	To Cancel?	Delivery Address
01 Feb 2024	Order_10001	S0000001A	Test Patient 001	01 Feb 2024	6-Feb-24	Delivered		BLOCK 716 ANG MO KIO AVE 6 #05-123 SINGAPORE 560716
05 Feb 2024	Order_10100	S0000002Z	Test Patient 003	05 Feb 2024		Submitted	Yes	BLOCK 11 TOA PAYOH LORONG 8 #02-100 SINGAPORE 310011
05 Feb 2024	Order_10120	S0000012Y	Test Patient 003	05 Feb 2024	6-Feb-24	Cancelled		60 PAYA LEBAR ROAD #01-54 SINGAPORE 409051

Save

3

Medication	Route	Dose	Frequency	Days	Qty Dispensed	Total ($)
Aspirin 100mg Tab	Take	2 tab/s	2 times a day	5	20 tab/s	2.80

Clinics can:

1. Check the status of their submitted orders and view details/make cancellation for specific medication orders. Status of orders are:

➢ "Scheduled for Packing" → "Packing in Progress" → "Dispensed in FasXpress" → "Handed Over to Courier" → "Delivered"

<u>For order cancellations:</u>

- Order cancellations can be made if the status of the order is at "Scheduled for Packing"
- **No cancellations** once the status is at **"Packing in Progress"**
- **Clinics shall remain responsible for any changes to the patient's prescriptions.** Clinics hence should **advice their patients on any new prescriptions and returning of previously prescribed drugs the patients received back to the clinic.**

What should my patient expect on the day of Direct Patient Delivery

ALPS
Synergies in Healthcare Supply Chain

1. On the day before the delivery, an SMS will be sent by ALPS to remind them of the delivery the next day. The SMS will include:
   - Delivery Code and a QR code for verifying the delivery to the patient at the address
   - A weblink to ALPS self-help portal for the patient to check the delivery status and to re-schedule the delivery if required

2. On the day of delivery, a 2nd SMS to remind the patient will be sent.
   - Patients who do not have a mobile contact, they will not receive the SMS reminders, hence ALPS will deliver on the scheduled date and time.

3. The patient or the recipient at the delivery address can provide the following to validate the delivery
   - Delivery Code or the QR code included in the delivery reminder sent to the patient's mobile phone.
   - [If unable to provide the Delivery Code or QR code (e.g. no mobile contact)]: Name of patient or Contact number.
     - Recipient may also be asked to validate their address to confirm that it is the right delivery location.

4. From 2nd January 2026, couriers may leave the parcels at the doorstep upon the request of the patient if there is no recipient available at the point of delivery, subject to assessment by ALPS's appointed courier on available locations to place the medications safely, referencing the Singapore Standard Guidelines for the supply and delivery of Medications (SS644: 2025). Patients will be contacted for their consent for the courier to leave the medication parcels at the doorstep. Please note that medication parcels containing cold chain items will be excluded and must be received in person.

5. In the event that the first attempt to the patient fails, ALPS will contact the patient to schedule for a redelivery at no additional redelivery charge. If patient is uncontactable, ALPS will contact and deliver to the clinic instead.

6. In the event patient is contactable and redelivery attempt made to patient's home remains unsuccessful (e.g. no recipient to receive delivery after redelivery schedule was made by the patient or clinic), ALPS will proceed to redeliver to the clinic to avoid further unsuccessful deliveries to avoid further unsuccessful deliveries resulting in further delays in the patient receiving their drugs. For this 2nd redelivery, the redelivery fee of $8 is chargeable.To support the launch of HSG, ALPS has initially waived the $8 (before GST) 2nd re-delivery fee out of good will. With HSG launched successfully and only a very small number of cases requiring a 2nd re-delivery today, ALPS will cease waiving the fee from 1st November 2025.

7. Clinics can contact the patient on how they can best get their medication e.g. to arrange for them to collect the drugs from the clinic.

Key points to note

- HSG Clinics will first need to register an account via OMS and sign-up for Direct Debit Authorization (DDA) (please refer to the earlier section in “How Do I Register with ALPS”) to be eligible for this service
- To place an order for Direct Patient Delivery, HSG clinics will have to prescribe drugs through their HSG-compatible CMS from the whitelist of ALPS supplied drugs to be delivered to the patient’s home.
  - Please contact your CMS vendor if you have issues in using CMS
- When prescribing, clinics shall:
  - Counsel the patient on the drug prescribed, obtain consent and inform their patients that information such as the prescription and the patient’s address will be shared to ALPS and its partners for the purpose of the Direct Patient Delivery service
  - Only order drugs for Direct Patient Delivery if **the patient has sufficient drugs at home** taking into account delivery time and potential delays. As good practice, clinics can consider to check that the patient has drugs for at least 14 days at the point of consultation
  - Otherwise, for the patient’s continuity of care, clinics should dispense the prescribed drugs directly to the patient
  - **Remain responsible for ensuring correct drugs are prescribed** (including right drug, dosage, checking for any allergies or drug interactions)

ALPS

Synergies in Healthcare Supply Chain

Important Reminders

HSG clinics which are using Direct Patient Delivery Services must have their Direct Debit Authorisation approved

1. Clinics **must have your Direct Debit Authorisation (DDA) application approved** before sending a prescription for direct patient delivery via your CMS

2. Clinics can apply for DDA on ALPS Order Management System (OMS) as part of registration, or after registration in the menu option “GIRO setup”

3. After submitting DDA application, please expect ~7 working days for your bank to approve. Upon receiving your bank’s approval, ALPS OMS will send an automatic email to inform you for your approved DDA. Please note that **this email is not the same as the email notification clinics will receive upon successful registration of OMS account**

Email Notifications sent via ALPS system

Samples of the email notifications for (i) DDA application approval; and (ii) successful OMS account registration are appended below for reference. Clinics should see both email notifications.

(i) Email notification on DDA application approval	(ii) Email notification on successful OMS account registration
ALPS Order Management System (OMS) - DDA Registration Approved AO oms-no-reply@alpssupplychain.com.sg To Email is from external source. Do not click on links or open files if unsure of sender. Dear , We have been notified that your Direct Debit Authorisation (DDA) request with your bank has been approved. You are now able to use DDA as a mode of payment when you purchase with us. This is a system generated e-mail message. Please do not reply to this email. 	Welcome to ALPS Ordering Management System (OMS) - Your Account is Ready O oms-no-reply@alpssupplychain.com.sg To This sender oms-no-reply@alpssupplychain.com.sg is from outside your organization. We removed extra line breaks from this message. Email is from external source. Do not click on links or open files if unsure of sender. Dear Congratulations and welcome to ALPS Order Management System (OMS). We are pleased to inform you that your user account has been approved and successfully created. You can now log in to our platform using your Corppass credentials and explore the products we offer. We look forward to your order with us. This is a system generated e-mail message. Please do not reply to this email

Clinics can check their DDA status also on ALPS OMS

- Clinics should check that DDA application has been approved before sending a prescription for direct patient delivery via your CMS
- To check your DDA application status is approved, clinics should log into ALPS Order Management System (OMS) and check as per the following steps:

Step 1: Login ALPS OMS,

Step 2: Under the menu (top left of page), select “GIRO Setup”

Step 3: Check that the DDA application shows “Approved”

- After checking its approved status, clinics **should wait 1 working day from the date of the DDA approval or from the date you have checked** before placing a prescription order for Direct Patient Delivery. This is to allow time for your CMS to recognize that your DDA is approved.

Clinics which does not have their DDA approved will see errors in their Direct Patient Delivery prescription orders

ALPS
Synergies in Healthcare Supply Chain

- Any prescription orders made for Direct Patient Delivery by clinics which does not have an approved DDA will not be sent to ALPS. Such orders should receive an error on your CMS

- To ensure that clinic's prescription orders do not face any issues, **clinics should check on their CMS dashboard/function if their prescription order have errors**. Clinics should approach your CMS vendor for assistance if you have any queries on your CMS features or the status displayed

ALPS

Synergies in Healthcare Supply Chain

END

GP Process Flow

1. Preparation and procurement and inventory set-up of drugs
2. Prescribing, dispensing and billing/claims submission

Steps for HSG clinics to implement during a patient's visit

D — Check patient's enrolment and CHAS status

E — During your consultation, discuss the medications that will be prescribed and hence choice of subsidy tier with your patient

F — Decide mode of drug dispensing
(self-collection at clinic or home delivery)

(D) Check patient's enrolment and CHAS status

- To recap, only **enrollees who are CHAS/PG/MG cardholders may access the new HSG Chronic Tier** at their enrolled clinic.
- Only 1 tier can be used at each visit – enrollees may choose either the (i) Original CHAS Chronic Tier, or (ii) HSG Chronic Tier.

(i) Original CHAS Chronic Tier

Dollar subsidies *(e.g. up to $125 subsidy per visit, capped at $500 per year for CHAS Blue)* **for all bill components**, with current per-visit and annual limits

or

(ii) HSG Chronic Tier

1) Means tested percentage-based subsidies *(e.g. 75% for CHAS Blue)* **for whitelisted medication**

+

2) Dollar subsidies *(e.g. up to $125 per visit, capped at $330 per year for CHAS Blue)* **for other components (i.e. consult, investigations, non-whitelisted drugs, others)**

(Annual limits are adjusted as there are also uncapped subsidies for whitelisted medications)

When one subsidy tier is used at a visit, the annual dollar subsidy balance remaining for the tier which is not used will be pro-rated to account for the different annual limits and drawn down accordingly.

Comparison between Original CHAS Chronic Tier and HSG Chronic Tier

	Subsidy Model	Chronic Disease Tier of Patient under CHAS (as described in Table 4)	Services/ Medications covered	Public Assistance (PA)	CHAS Green	CHAS Orange	CHAS Blue	Merdeka Generation (MG)	Pioneer Generation (PG)
CHAS Chronic Subsidy (i.e. Subsidy for Chronic Conditions)	Original CHAS Chronic Tier	Simple Tier	All services and medications	Full subsidy	Up to $28 per visit, capped at $112 per year	Up to $50 per visit, capped at $200 per year	Up to $80 per visit, capped at $320 per year	Up to $85 per visit, capped at $340 per year	Up to $90 per visit, capped at $360 per year
		Complex Tier	All services and medications	Full subsidy	Up to $40 per visit, capped at $160 per year	Up to $80 per visit, capped at $320 per year	Up to $125 per visit, capped at $500 per year	Up to $130 per visit, capped at $520 per year	Up to $135 per visit, capped at $540 per year
	HSG Chronic Tier	Simple Tier	All services; medications not in the HSG Whitelist	Full subsidy	Up to $28 subsidy per visit, capped at $80 per year	Up to $50 subsidy per visit, capped at $130 per year	Up to $80 subsidy per visit, capped at $210 per year	Up to $85 subsidy per visit, capped at $230 per year	Up to $90 subsidy per visit, capped at $240 per year
		Complex Tier	All services; medications not in the HSG Whitelist	Full subsidy	Up to $40 subsidy per visit, capped at $110 per year	Up to $80 subsidy per visit, capped at $210 per year	Up to $125 subsidy per visit, capped at $330 per year	Up to $130 subsidy per visit, capped at $350 per year	Up to $135 subsidy per visit, capped at $360 per year
		All	HSG-SDL Drugs	Full subsidy	50% subsidy	75% subsidy	75% subsidy	81.25% subsidy	87.5% subsidy

(E) Discuss the medications that will be prescribed with your patient

Consideration 1

- Whitelisted drugs procured from different sources can be prescribed to different patient types
  - Whitelisted drugs purchased from ALPS can only be sold to enrollees [1].
  - Whitelisted drugs purchased directly from Pharmas can be sold to both enrollees [1] and non-enrollees.

[1] *Refers to all enrollees (including SCs/PRs who may not be CHAS/PG/MG cardholders) enrolled to the HSG Clinic*

(E) Discuss the choice of subsidy tier with your patient

Consideration 2: Making claims under HSG Chronic Tier or Original CHAS Chronic Tier for enrollees

Some suggestions* when discussing with your enrollee:

- Enrollee may wish to use Original CHAS Chronic Tier if the enrollee:
  - Has low chronic drug utilisation, where bill size is unlikely to exceed the Original CHAS visit limits; or
  - Prefers specific branded drugs or uses largely non-whitelisted drugs.

- Enrollee may wish to use HSG Chronic Tier if the enrollee:
  - Has high chronic drug utilisation, where bill size exceeds the Original CHAS visit limits; and
  - Whitelisted drugs take up a large proportion of the drug needs and bill size.

** GPs and patients still have the autonomy to choose which Tier they prefer to tap on after proper discussion with each other during consultation*

How the switch between subsidy frameworks per visit would be implemented

- We have requested CMS vendors to provide the option to select which subsidy framework to use at each visit. The subsidy amount to be claimed would be automatically calculated according to the subsidy framework selected.

- Computation of the remaining annual balances under the original/new CHAS subsidy framework will be automatically done backend, according to the subsidy framework selected.

- Illustration shown in next slide

How the switch between subsidy frameworks per visit would be implemented- Using HSG Chronic Tier

#1. Patient (CHAS Blue complex chronic)'s starting balance

HSG Chronic Tier
$-based subsidies: $330
%-subsidies (WL meds): 75%

Original CHAS Tier
$-based subsidies: $500

#2: Visit Charges

Consultation	$30
Investigations	$40
Medications (all whitelisted)	$80
Medications (non-whitelisted)	$30
Total	**$180**

#3: Clinic selects subsidy framework

Subsidy Framework:

HSG Chronic Tier

Original CHAS Tier

#4: Visit Bill after subsidy

Visit Bill after subsidy	
Consultation	$30
Investigations	$40
Medications (whitelisted)	$80
Medications (non-whitelisted)	$30
Total	**$180**
Subsidy (for whitelisted medications)	*($60)*
Subsidy (for C,I,O, non-whitelisted medications)	*($100)*
Patient Co-payment	**$20**

75% x $80 = $60

$100 claim under $-based component of HSG Chronic Tier

#5: Patient's ending CHAS balance

HSG Chronic Tier Balance
$-based subsidies: $230
%-subsidies (WL meds): 75%

Remaining balance
= $330 - $100
= $230

Original CHAS Tier Balance
$-based subsidies: $348.48

Auto-prorated
$230/$330*$500

How the switch between subsidy frameworks per visit would be implemented- Using Original CHAS Chronic Tier

#1. Patient (CHAS Blue complex chronic)'s starting balance

HSG Chronic Tier
$-based subsidies: $330

Original CHAS Tier
$-based subsidies: $500
Per visit limit: $125

#2: Visit Charges

Consultation	$30
Investigations	$40
Medications (all whitelisted)	$30
Medications (non-whitelisted)	$80
Total	**$180**

#3: Clinic selects subsidy framework

Subsidy Framework: HSG Chronic Tier / **Original CHAS Tier**

#4: Visit Bill after subsidy

Visit Bill after subsidy	
Consultation	$30
Investigations	$40
Medications (whitelisted)	$30
Medications (non-whitelisted)	$80
Total	**$180**
CHAS Subsidy	*($125)*
Patient Co-payment	**$55**

→ Per visit limit for CHAS Chronic Tier

#5: Patient's ending CHAS balance

HSG Chronic Tier Balance
$-based subsidies: $247.50
%-subsidies (WL meds): 75%

→ Auto-prorated $375/$500*$330

Original CHAS Tier Balance
$-based subsidies: $375

→ Remaining balance
= $500 - $125
= $375

(E) When should price caps apply to the prescribed drugs?

Consideration 3: To recap, **price caps for whitelisted drugs will apply to enrollees** under 2 conditions:

1. Making claims for them under the HSG Chronic Tier[1]
2. Drugs are procured from ALPS or specific pharmaceutical companies under Special Pricing Agreements *(regardless of subsidies used at the visit)*

S/N	Patient type	Procurement source	Subsidy framework used	Do price caps apply?
1	**HSG enrollee of the clinic**	Any procurement source	HSG Chronic Tier	✓
2		• ALPS • Specified pharmaceutical companies	Original CHAS Chronic Tier/ Unsubsidised visit	✓
3		• Private arrangements	Original CHAS Chronic Tier/ Unsubsidised visit	✗
4	**Non-enrollee of the clinic** *(status quo)*	• Private arrangements • Specified pharmaceutical companies *(ALPS procured drugs cannot be sold to non-enrollees)*	Original CHAS Chronic Tier/ Unsubsidised visit *(HSG Chronic Tier is not accessible to non-enrollees)*	✗

[1] *For whitelisted drugs which are not brand-specific, HSG GPs have the flexibility to decide which brands to offer at price caps under the HSG Chronic Tier.*

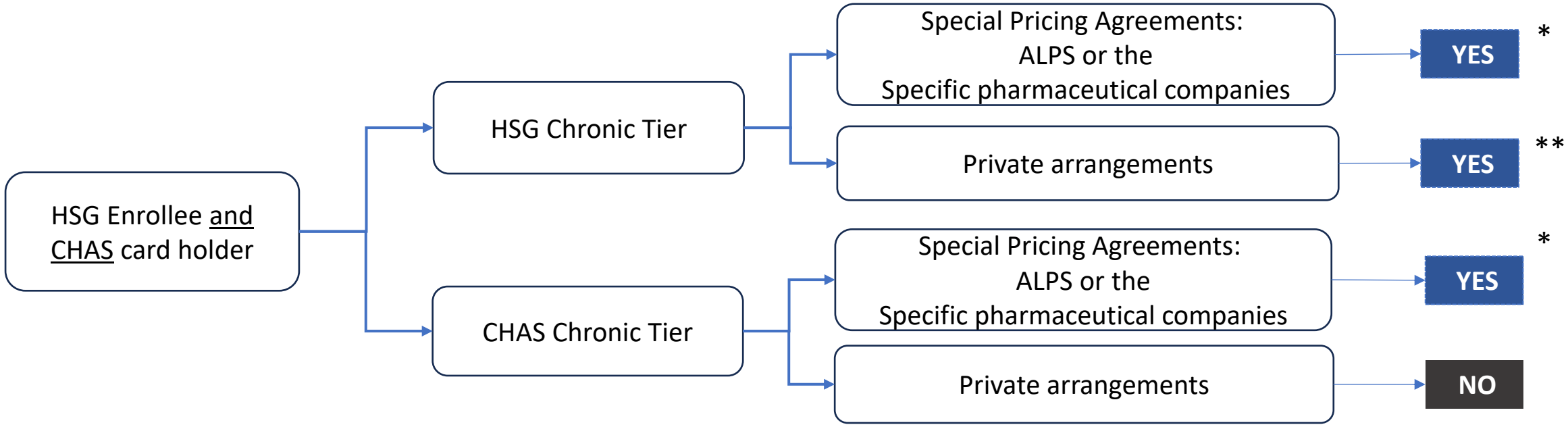
HSG Enrollee and CHAS card holder

1 **Check patient type:**
- HSG Enrolment status
- CHAS card status

2 **Decide the drugs and hence subsidy tier which will be used:**

3 **Prescribe whitelisted drugs (if any) purchased from the following:**

4 **Do price caps apply to the whitelisted drugs?**



- *** When the HSG-compatible CMS generates the bill, it will auto-compute the price caps for whitelisted drugs purchased under Special Pricing Agreements from ALPS and the specific pharmaceutical companies.**
- **** Price cap will be also auto computed by the HSG-compatible CMS when HSG Chronic Tier is selected.**
- **For non-whitelisted drugs: No change from current practice.**
- **Images of whitelisted drugs purchased from ALPS are available on OMS, if GPs need for medication counseling with patients.**

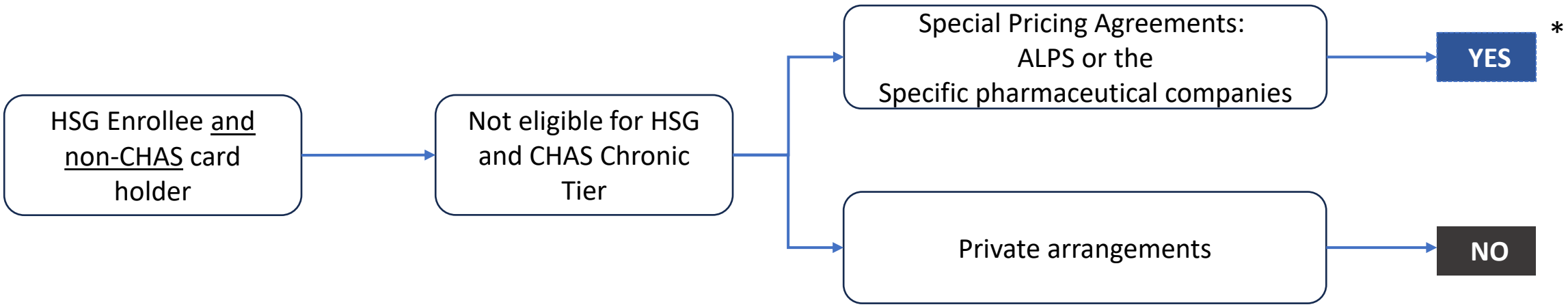
HSG Enrollee and non-CHAS card holder

1 **Check patient type:**
- HSG Enrolment status
- CHAS card status

2 **Decide the drugs and hence subsidy tier which will be used:**

3 **Prescribe whitelisted drugs (if any) purchased from the following:**

4 **Do price caps apply to the whitelisted drugs?**



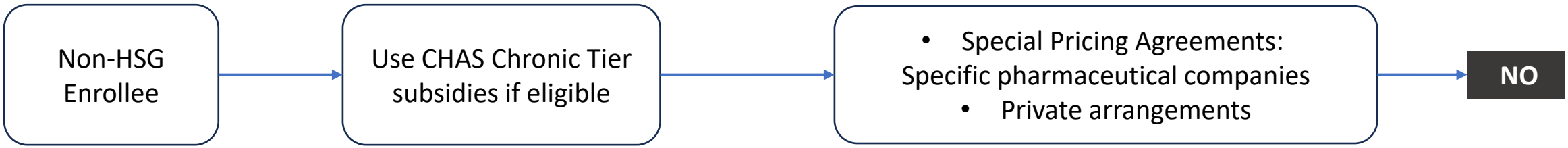
- *** When the HSG-compatible CMS generates the bill, it will auto-compute the price caps for whitelisted drugs under Special Pricing Agreements purchased from ALPS and the specific pharmaceutical companies.**
- **For non-whitelisted drugs: No change from current practice.**
- **Images of whitelisted drugs purchased from ALPS are available on OMS, if GPs need for medication counseling with patients.**

Non-HSG Enrollee (status quo)

1 **Check patient type:**
- HSG Enrolment status
- CHAS card status

2 **Prescribe drugs (if any) purchased from the following:**

3 **Do price caps apply to the whitelisted drugs?**



- **Drugs purchased from ALPS cannot be sold to non-HSG enrollees.**
- **Price cap does not apply to non-HSG enrollees.**
- **For non-whitelisted drugs: No change from current practice.**

Reminder:

1. **Ensure that your HSG enrollees are billed correctly, and accurate subsidy tier is applied.**

2. **Submit relevant data under the care reporting requirement to be eligible for Annual Service Fee (ASF).**

3. **Submit claims via HSG-compatible CMS (strongly encouraged) or MHCP.**

Scenario – High chronic drug needs patient; whitelisted drugs take up a large proportion of the bill

- Lower out-of-pocket payment under HSG Chronic Tier

HSG Chronic Tier (CHAS Blue):

- **75% subsidy** for whitelisted medications
- **Visit limit of $125** for Consult, Non-whitelisted medications, Investigations, and Others

Visit bill		
Consultation		$40
Investigations		$40
Medications	WL drug 1 Pharma under SPA)	$80
	WL drug 2 (ALPS)	$20
	WL drug 3 (private)	$60
	Non-WL drug 4 (private) [1]	$40
	Total pre-subsidy bill	**$280**
	%-based subsidies (whitelisted drugs)	***($120)***
	$-based subsidies (consult, investigation, non-whitelisted medications, others)	***($120)***
	Amount payable after subsidy[2]	**$40**

All Whitelisted drugs are subject to price caps under HSG Chronic Tier

Price caps do not apply

75% x $160

Original CHAS Chronic Tier (CHAS Blue):

- **Visit limit of $125** for Consult, Medications, Investigations, and Others

Visit bill		
Consultation		$40
Investigations		$40
Medications	WL drug 1 (Pharma under SPA)	$80
	WL drug 2 (ALPS)	$20
	WL 3 (private)	$100
	Non-WL drug 4 (private)	$40
	Total pre-subsidy bill	**$320**
	CHAS subsidies	***($125)***
	Amount payable after subsidy[2]	**$195**

Price caps apply for WL drugs procured from ALPS/Pharmas regardless of subsidy framework

Price caps do not apply to WL drugs procured privately under Original CHAS Tier and for non-WL drugs

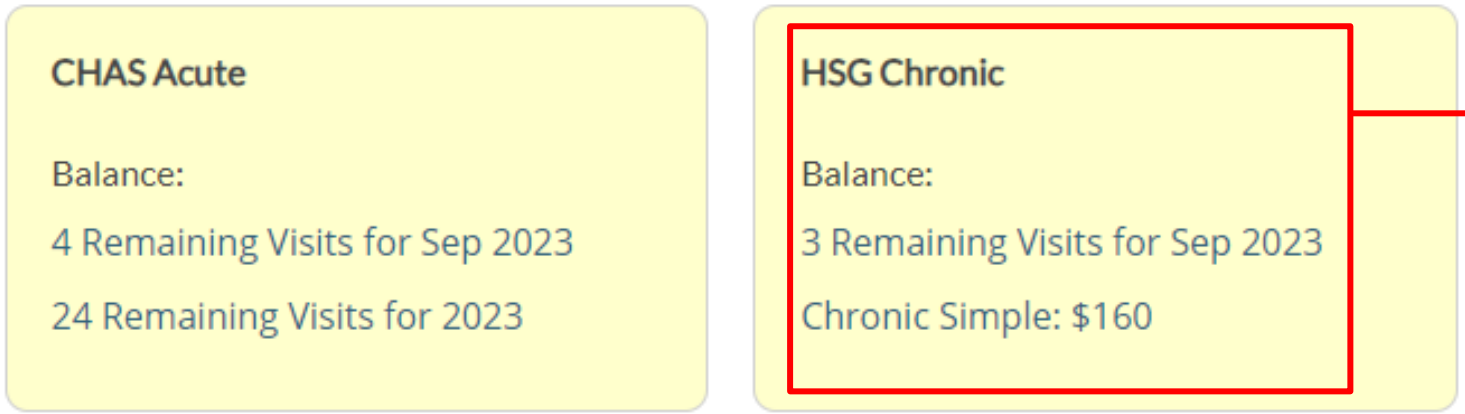
[1] *Assumes that GP chooses to offer privately procured whitelisted drugs at price caps under HSG Chronic Tier.*

[2] *Can be paid using cash or MSV (100%)*

Please note that all figures are for illustration purposes.

Overview on Claims Submission via MHCP

Step 1: Select "HSG Chronic“ as the claim form



Clinics can select one of the subsidy frameworks at the visit:
(i) Original CHAS Tier, or
(ii) HSG Chronic Tier

*Clinics are highly encouraged to utilise their HSG-compatible CMS in making claims. Do approach your CMS vendor for information on the CMS calculator to compare patient’s co-pay and remaining subsidy balance.

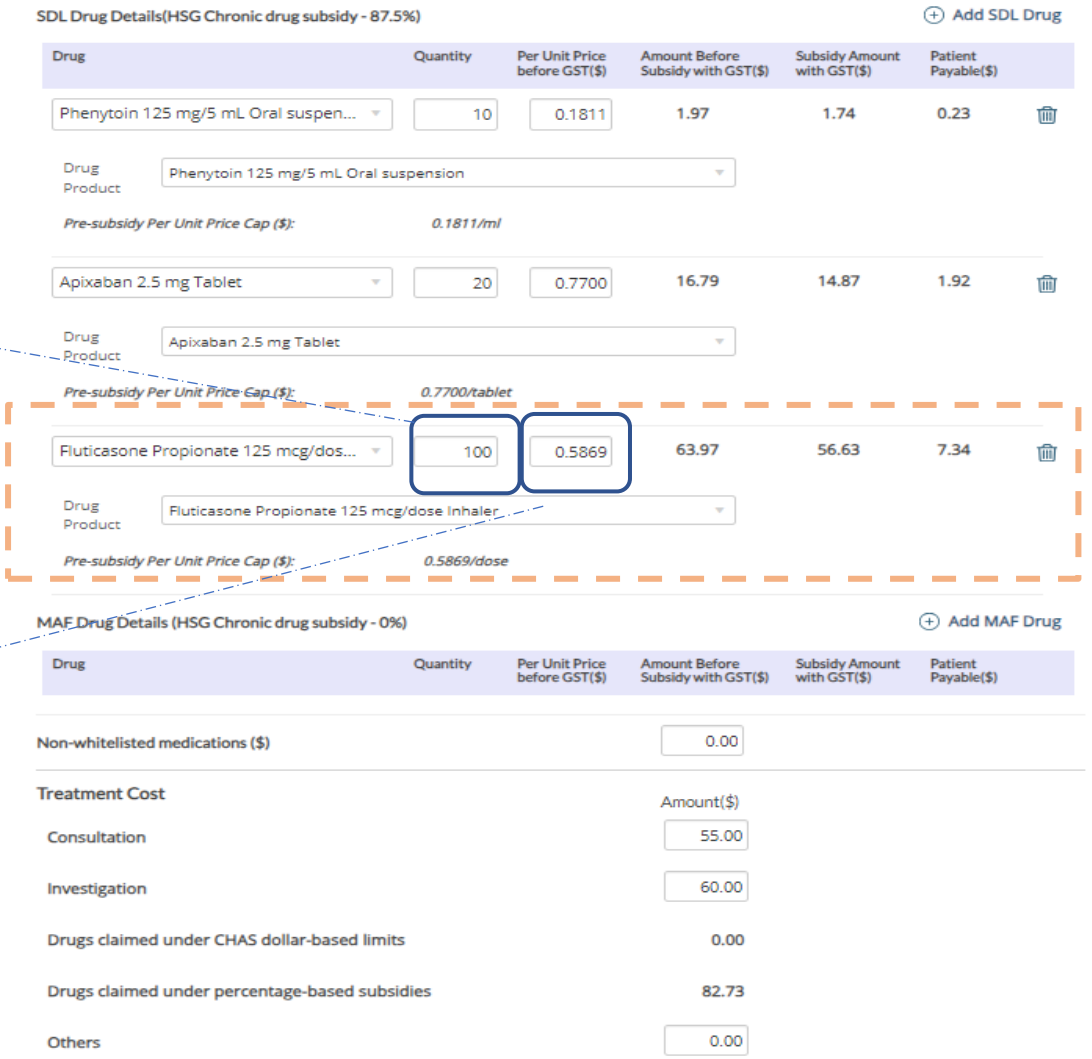
Overview on Claims Submission via MHCP

Step 2: Add SDL drug, select the drug, enter the quantity and per unit price

Note:
- Given that price caps are defined at the lowest unit of measurement – in this case, on a per dose level
- The quantity stated here would correspond to the no. of doses dispensed

e.g., of 2 canisters of an inhaler (containing 50 doses/inhaler) is dispensed, the quantity indicated here will be 100 doses.

Note:
- MOH price caps are based on the lowest unit of measurement (UOM) specific to each drug product, so that the same price caps per UOM can be applied for drug products of various pack sizes.
- Price caps will be displayed as 4 decimal places for accuracy purposes.



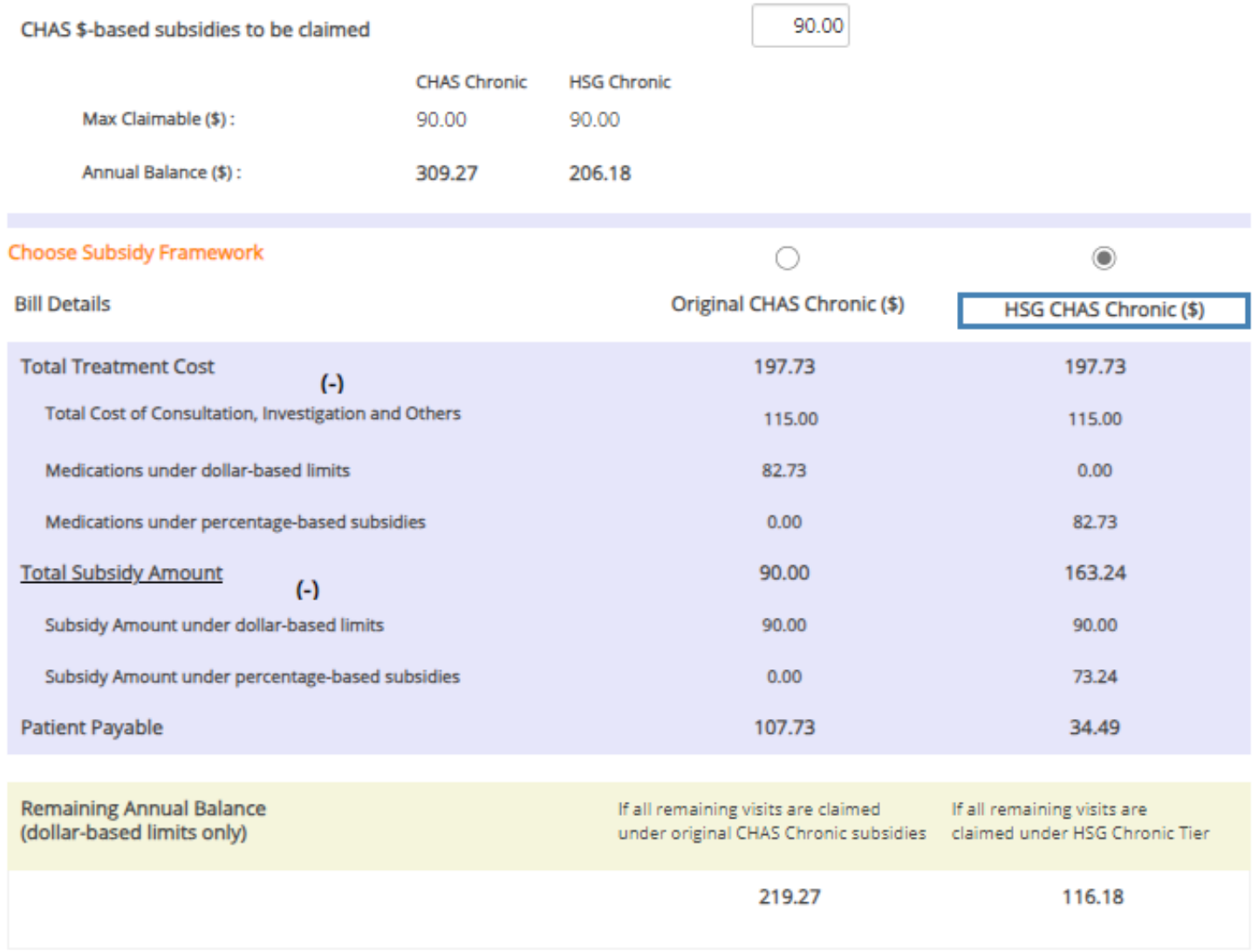
Please note that all numbers/statistics in the screenshots in this slide are for illustration purposes.

Overview on Claims Submission via MHCP

<u>Step 3:</u> Choose the subsidy framework (Original CHAS Chronic or HSG CHAS Chronic*)

- Price to charge enrollees will be at 2 decimal places.

*HSG enrollees have the option to choose either subsidy framework at each visit.



CHAS $-based subsidies to be claimed			90.00
	CHAS Chronic	HSG Chronic	
Max Claimable ($) :	90.00	90.00	
Annual Balance ($) :	309.27	206.18	
Choose Subsidy Framework		○	◉
Bill Details		Original CHAS Chronic ($)	HSG CHAS Chronic ($)
Total Treatment Cost		197.73	197.73
(-) Total Cost of Consultation, Investigation and Others		115.00	115.00
Medications under dollar-based limits		82.73	0.00
Medications under percentage-based subsidies		0.00	82.73
Total Subsidy Amount		90.00	163.24
(-) Subsidy Amount under dollar-based limits		90.00	90.00
Subsidy Amount under percentage-based subsidies		0.00	73.24
Patient Payable		107.73	34.49
Remaining Annual Balance (dollar-based limits only)		If all remaining visits are claimed under original CHAS Chronic subsidies	If all remaining visits are claimed under HSG Chronic Tier
		219.27	116.18

Please note that all numbers/statistics in the screenshots in this slide are for illustration purposes.

Do clinics charge GST for the whitelisted drugs?

- **<u>Non-GST registered</u> clinics are not allowed to charge GST.**
- **<u>GST-registered</u> clinics will have to charge GST for all services and medications.**
  - For whitelisted drugs claimed under HSG Chronic Tier, GST (where applicable) will be absorbed by MOH (similar to SFL, VCDSS).
  - GST amounts for the whitelisted drugs will be reimbursed through the HSG Chronic Tier claims.

Assuming a CHAS Blue enrollee:
75% subsidy for whitelisted drugs, with $125 per-visit limit

Visit bill		
Consultation		$40
Investigations		$40
Medications	Non-whitelisted	$40
	Metformin 250mg Tablet x 90	$20
	Betamethasone 0.025% cream 30g x 8	$60
Total pre-subsidy bill (before GST)		$200
Total pre-subsidy bill (inclusive of 9% GST)		$218
Healthier SG Chronic Tier subsidies (whitelisted drugs)		$60 (75% x $80)
GST absorbed for whitelisted drugs		$7.20 (9% x $80)
Healthier SG Chronic Tier subsidies ($-based, including GST for consultation, investigations, non-whitelisted drugs)		$125*
Total government subsidies		$192.20
Post-subsidy payable		$25.80

All whitelisted drugs will receive subsidies under HSG Chronic Tier

*Other components of the bill (incl GST) adds up to $130.80, which is beyond the $125 per-visit limit for HSG Chronic Tier.

Payments to HSG clinics

1) **HSG Chronic Tier claims* – Paid twice a month via regular CHAS payment cycle.**
   - ✓ First Health Plan consultation ($50 per first health plan submitted)
   - ✓ HSG Chronic Tier claims

2) **Annual Service Fees (ASF) – Disbursed on a yearly basis*.**
   - ✓ Fixed Payment (up to $70 per enrollee per year)
   - ✓ Variable Payment (up to $60 per enrollee per year)

3) **Chronic Enrolment Grant (CEG) – Disbursed on a quarterly basis.**
   - ✓ $17.50 per chronic enrollee per quarter

**Subjected to meeting disbursement criteria.*

Key Milestones Before Full Launch on 1 Feb 2024

Need To Complete The Critical Steps

Starts today!

- *Complete SDD drug mapping for NEHR contribution
- Attend HSG Chronic Tier and Subsidised Drugs Training for GPs and clinic staff
- Attend SDD Standards Workshops by NEHR

From 2 Jan 2024 onwards

Register for OMS account and submit completed DDA form via ALPS' OMS portal

- Ensure Direct Patient Delivery Module is activated in CMS by 1 Feb 2024
- Receive HSG Chronic Tier Collaterals (Jan/Feb 2024)

*This will also ensure that the enhanced drug subsidies and price caps for whitelisted drugs are applied correctly.

Useful Resources

Resource	Link/Contact
Primary Care Pages (Guides, Training video/slides HSG SOP, Whitelisted drugs)	Healthier SG (HSG) (primarycarepages.sg) (under labelled tab "Guidance for Healthier SG Clinics") HSG Chronic Tier & Subsidised Drugs resources: https://for.sg/subdrugs HSG Whitelist: https://for.sg/hsgwhitelist
Synapxe (NEHR Onboarding)	nehr.onboarding@synapxe.sg
Synapxe (SDD Drug Mapping Services)	https://www.form.gov.sg/64db144230e65c00115b9bc1
Synapxe (SDD Drug Mapping Training Video)	
ALPS Order Management System (OMS) & Direct Patient Delivery	https://oms.alpshealthcare.com.sg/ **Registration/OMS/Bulk Delivery related:** Tel: 6377 8865 / 6377 8872 Email: enquiries.hsg.cso@alpshealthcare.com.sg **Direct Patient Delivery Scheduling/Status related:** Tel: 6876 5820
MOH Healthcare Claims Portal (MHCP)	https://mhcp.moh.gov.sg/web/
GP Helpline	Tel: 6632 1199 Email: gp@aic.sg
AIC AM Finder	https://for.sg/amfinder

Thank You!

Approach your AIC Account Manager
for.sg/amfinder

You can also contact
AIC GP Hotline: 6632 1199 or
Email: gp@aic.sg

For Launch
Frequently Asked Questions

1. **When can my clinic administer the HSG Chronic Tier subsidies for whitelisted drugs?**
   - Although purchase of whitelisted drugs can be done from ALPS and the specific pharmaceutical companies under Special Pricing Agreements before 1 Feb 2024, your clinic should offer patients HSG Chronic Tier and make claims only from 1 Feb 2024 onwards.
   - This applies to both dispensing at the clinic (whether it's purchased from MOH Special Pricing Agreements or clinic's own stocks) and dispensing via Direct Patient Delivery (DPD).

2. **When can I order drugs after registration, is it immediate?**
   - Upon completion of registration, clinics will receive an email within about 3 working days at your clinic's email contact indicated during registration to notify that your account is ready. Clinic can then start ordering from ALPS. For clinics which has signed up for Direct Debit Authorisation (DDA) as a mode of payment, you will need to wait for your DDA application to approve (which is subjected to your bank's processes) before you can pay using DDA.

3. **If I purchase the whitelisted drugs from ALPS or the specific pharmaceutical companies under MOH Special Pricing Agreements before the launch of HSG Chronic Tier, can I sell these drugs before the launch?**

   - No, HSG GPs (except those participating in soft launch) can only sell the whitelisted drugs purchased from ALPS or the specific pharmaceutical companies to HSG enrollees from 1 Feb 2024 onwards. See table below for summary:

	When can HSG clinics offer Direct Patient Delivery (DPD)?	**When can HSG clinics submit HSG Chronic Tier Claims?**	**When do price caps apply for whitelisted drugs which are not procured from ALPS but claimed under HSG Chronic Tier?**
HSG Clinics that are involved in Jan 2024 soft launch	8 Jan 2024 onwards	8 Jan 2024 onwards	8 Jan 2024 onwards
All other HSG clinics that are not involved in the Jan 2024 soft launch	1 Feb 2024 onwards	1 Feb 2024 onwards	1 Feb 2024 onwards

Whitelisted Drugs
Frequently Asked Questions

1. **How will price caps apply to different brands of whitelisted drug products?**
   - As with the polyclinic setting, patients will not be able to choose the brand of the whitelisted drugs to qualify for subsidies.
   - **HSG GPs have the choice to decide which brands of the whitelisted drug to offer under HSG Chronic Tier**, but there must be <u>at least</u> one brand of the whitelisted drug available
     - This ensures that enrollees are able to access subsidised whitelisted drugs under the HSG Chronic Tier, similar to polyclinics.
     - The price caps will not apply to HSG GP's branded versions of the whitelisted drug, if the claim is made under the Original CHAS Tier.
   - **Should patients request for a specific brand** of a whitelisted drug that is not offered by the GP at price caps, the patients would not be eligible for HSG Chronic Tier subsidies. Please advise them that would either have to:
     a) Use the Original CHAS Chronic Tier, or
     b) Pay in full without CHAS subsidies in a separate bill from the HSG Chronic Tier.

Whitelisted Drugs
Frequently Asked Questions

2. When and how frequent will the HSG Whitelist be refreshed?

- The HSG Whitelist will be reviewed periodically to ensure its relevance to support management of chronic patients at HSG GPs.
- The HSG Whitelist, along with the drug pricing information, is published on AIC's Primary Care Pages (PCP) at for.sg/hsgwhitelist.
  - HSG GPs will be informed of changes to the HSG Whitelist via a circular and may refer to AIC's PCP for the latest details.
- HSG GPs are reminded to keep the drug pricing information for the HSG whitelisted drugs strictly confidential.

Mapping of whitelisted Drugs
Frequently Asked Questions

1. **I have purchased whitelisted drugs from ALPS. Do I need to do any mapping for these drugs in my CMS?**
   - No, whitelisted drugs carried by ALPS have been mapped centrally by Synapxe backend and the mapped list has also been given to all HSG-compatible CMS vendors to ingest into the CMS.
   - You are only required to select the respective ALPS drugs when creating a new inventory in your CMS and price caps will be auto-populated accordingly.

2. **I want to offer drugs that are procured on my own from non-ALPS sources under HSG Chronic Tier to my HSG enrollees. Do I need to do any mapping for these drugs in my CMS?**
   - You are required to manually map drugs that are not purchased from ALPS accordingly in your CMS.

SDD Mapping
Frequently Asked Questions

1. **What do I need to start mapping the drug names to Singapore Drug Dictionary (SDD) for my clinic's drug inventory?**
   - You will need (1) your clinic's drug inventory list from your CMS and (2) the SDD Ambulatory Care code set. Both lists can be requested from your CMS vendor.
   - The mapping is done by searching for closest SDD term in the SDD code set, based on your clinic drug name.
   - You may also liaise with your CMS vendor if your CMS allows you to perform the mapping directly in your CMS.

2. **Where can I get support to complete the mapping of drug names to Singapore Drug Dictionary (SDD) for my clinic's drug inventory?**
   - The SDD mapping for whitelisted drugs carried by ALPS have been mapped centrally by Synapxe. If these would be carried in your clinic inventory, clinic is to select the ALPS drug item when creating the inventory in the CMS.
   - You can attend the SDD mapping workshop conducted by Synapxe to better understand the clinical standards used in NEHR and the SDD mapping process. To register, please write to nehr.onboarding@synapxe.sg. Alternatively, you may also view the uploaded online information materials, i.e. briefing deck (link), video on SDD mapping (link) and FAQs on clinical standards used in the NEHR (link).

SDD Mapping
Frequently Asked Questions

3. **What should I do after I complete the mapping for my clinic's drug inventory?**
   - You will need to ensure that the completed mapping is updated in your Clinic Management System (CMS) and proceed to liaise with your CMS vendor to book a deployment window to start contributing quality data via National Electronic Health Record (NEHR).
   - You should also ensure that the price caps for the whitelisted drugs that you are intending to prescribe to your enrollees are set up correctly in your inventory.

4. **Do I need to do mapping for the whitelisted drugs that I have purchased from ALPS?**
   - No, whitelisted drugs carried by ALPS have been mapped centrally by Synapxe backend, hence you will only need to select the respective ALPS drugs when creating a new inventory in your CMS.
   - However, you are required to map drugs that are not purchased by ALPS.

5. **Which drugs do I have to complete SDD Mapping for?**
   - SDD Mapping is required for all remaining drugs (whitelisted and non-whitelisted) in your existing drug inventory, for NEHR contribution purposes.
   - This includes any new drug purchased from non-ALPS sources (e.g. Pharmas under MOH Special Pricing Agreements, private pharmaceutical companies). Whitelisted drugs purchased from these sources will need to be mapped for price caps to be auto-populated.

Direct Patient Delivery (DPD)
Frequently Asked Questions

1. **If I am not on HSG-compatible CMS, can my clinic utilise DPD?**
   - No. You must be on HSG-compatible CMS to enjoy the option of the DPD offered by ALPS. PCDS does not support DPD.

2. **What are the charges for delivery and re-delivery for DPD?**
   - ALPS will charge clinics $4 (before GST) for delivery per order/prescription.
   - If delivery is unsuccessful and a re-delivery is required (e.g., nobody is home to receive), ALPS will provide a one-time re-delivery without charge.
   - Upon unsuccessful re-delivery to patient, ALPS will deliver to the clinic. For this 2nd redelivery, the redelivery fee of $8 is chargeable. This redelivery will be made to the clinic (rather than attempting another delivery to the patient) to avoid further unsuccessful deliveries resulting in further delays in the patient receiving their drugs. To support the launch of HSG, ALPS has initially waived the $8 (before GST) 2nd re-delivery fee out of good will. With HSG launched successfully and only a very small number of cases requiring a 2nd re-delivery today, ALPS will cease waiving the fee from 1st November 2025. Clinics can contact the patient on how they can best get their medication, e.g. to arrange for them to collect the drugs from the clinic.

3. **Can patients use CHAS or Medisave for the delivery fee?**
   - No. The delivery charge will not be claimable under CHAS subsidies or MediSave.

4. **Can I order whitelisted drugs from ALPS for my patient using DPD who is not enrolled with my clinic under the HSG programme?**
   - No, DPD service by ALPS is only applicable to your HSG enrollees.
   - Whitelisted drugs from ALPS cannot be prescribed to non-HSG enrollees.

Direct Patient Delivery (DPD)
Frequently Asked Questions

5. Can a HSG clinic order DPD services to be delivered to the clinic instead of the patient?

- DPD service is primarily meant for delivery to the patient's home rather than to a clinic. Clinics that wish to dispense directly should order from ALPS OMS for Clinic Fulfillment (Bulk Delivery to Clinic).
- For a start, ALPS will enable DPD to clinics by allowing their HSG-Compatible CMS to accept the clinic's address as the delivery address. Please provide details (e.g. Name and contact number) of the person at the clinic who will be receiving delivery of the drug. If a mobile number is provided, please note that SMS reminders for the orders will be sent to the registered contact number of the recipient.
- For prescription packages delivered to the clinic, please be reminded that clinics are responsible to ensure the proper handling/storage of the drugs and accurate handover to their patient. There are no returns accepted for drugs delivered via the DPD service.

Bulk Delivery to Clinic
Frequently Asked Questions

1. **I have applied for bulk delivery purchase (delivery to clinic) during the registration of ALPS' Order Management System (OMS) account. Can I withdraw from this service now?**
   - There is no need for you to submit a withdrawal request. You can keep the account open and use it accordingly when needed.

2. **If I am not on HSG-compatible CMS, can my clinic still purchase from ALPS for bulk delivery purchase (delivery to clinic)?**
   - Yes. HSG clinics which has signed up with ALPS can purchase for clinic fulfillment on ALPS Order Management System (OMS).

3. **Can I dispense drugs purchased from ALPS to a patient who is not enrolled with my clinic under the HSG programme?**
   - No. MOH has stipulated that HSG clinics can only dispense drugs ordered from ALPS to a HSG enrolled patient at that clinic.