

## CHAPTER THREE: REGISTRATION AND MEDISAVE USE

### 1. Policy on MediSave Use

1.1. The primary purpose of MediSave is to help Singaporeans afford costly hospitalisation bills. For chronic conditions, early detection and good management help patients avoid subsequent costly hospitalisations. To bring about better health outcomes, MOH has allowed MediSave to cover selected chronic conditions in the outpatient setting.

1.2. From 1 July 2014, the \$30 deductible applicable for each outpatient CDMP bill using MediSave has been removed. Nonetheless, to ensure prudent use of MediSave funds, two safeguards remain in place under the CDMP:

- a) **Co-payment:** A co-payment of 15% will apply on each outpatient CDMP bill; and
- b) **Annual withdrawal limit:** An annual withdrawal limit of \$500 per MediSave account applies<sup>9</sup>. This will be reset on 1 January of each year.

Example:

For a CDMP bill of \$100, the patient pays \$15 out-of-pocket. The remaining \$85 can be claimed from MediSave.

1.3 Only doctors and clinics/medical institutions which are accredited for MediSave use and participating in the CDMP can make MediSave claims for patients. To make claims for Mental Illnesses<sup>10</sup> (i.e. Schizophrenia, Major Depression, Bipolar Disorder and Anxiety), doctors also need to attend training for CDMP-MI and participate in a Shared Care or GP Partnership Programme with a public hospital<sup>11</sup>. Doctors with the qualifications below are exempted from having to attend training for CDMP-MI:

- a) GPs on the existing Mental Health GP Partnership Programme;
- b) Doctors with MMed(FM), GDFM or on the Register of Family Physicians need not attend CDMP Mental Health training if the mental health training modules of these programmes include all the conditions in CDMP Mental Illnesses.
- c) Doctors with Family Medicine (FM) training who had 3 months posting at psychiatric departments at the various Restructured Hospitals from May 2007;
- d) Doctors (Family Physicians, Family Doctors, Medical Officers) who had 6 months posting at psychiatric departments at the various Restructured Hospitals; OR
- e) Holders of the Graduate Diploma in Mental Health.

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<sup>9</sup> The withdrawal limit was raised from \$400 from June 2018.

<sup>10</sup> Dementia will not be considered a mental illness under the CDMP as of 1 Jan 2014, and therefore physicians who wish to manage Dementia under CDMP are not required to participate in the Shared Care Programme.

<sup>11</sup> The Shared Care Programme was meant to provide specialised support (e.g. from psychiatrists and mental health trained nurses, as well as supply of drugs for mental illness) to primary care doctors and ensure that they have sufficient training and confidence in treating patients with mental health conditions.

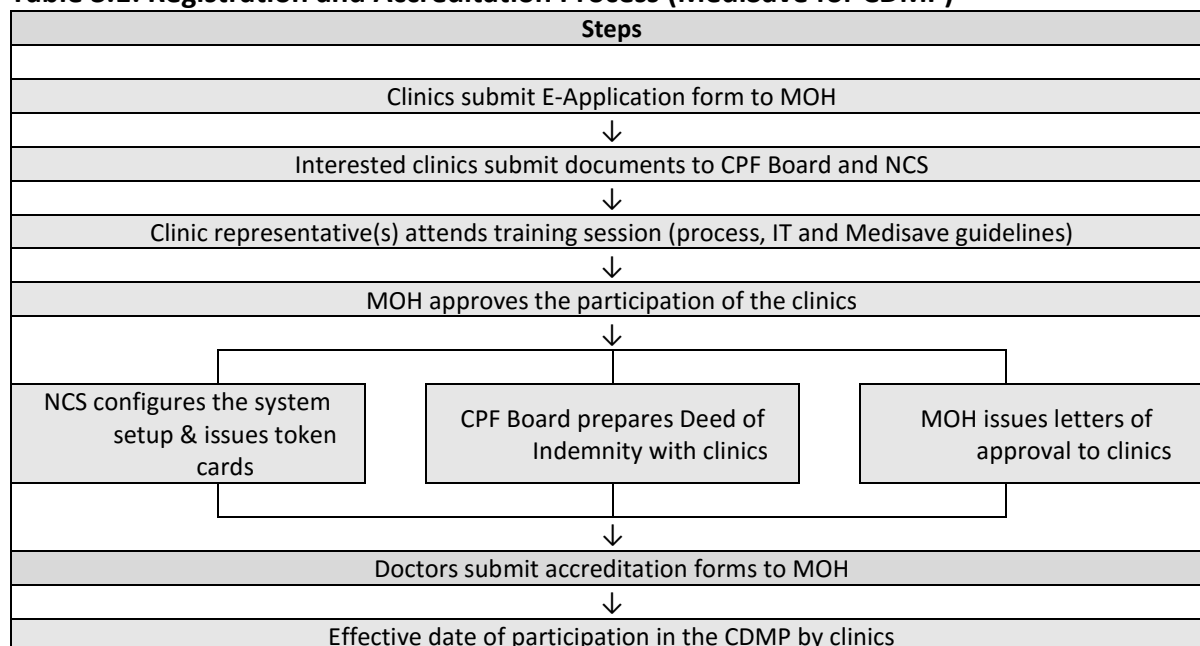
## 2. Registration Process for MediSave for CDMP

### 2.1. Clinics That Wish to Participate in the CDMP

2.1.1. To be in the CDMP, both the clinic/medical institution and its doctor(s) have to register with and be accredited by MOH. Upon accreditation, the doctors can then make MediSave claims for their patients.

2.1.2. An outline of the registration and accreditation process is provided in Table 3.1.

**Table 3.1: Registration and Accreditation Process (MediSave for CDMP)**



### 2.2 Registration of Clinic/Medical Institution with MOH

2.2.1 To join the CDMP, clinics/medical institutions will need to fulfil the following criteria:

- a) Be able to make MediSave claims for patients through the online MediClaim system<sup>12</sup>, the MOH Healthcare Claims Portal (MHCP) system, or other Clinic Management Systems such as ClinicAssist;
- b) Sign a Deed of Indemnity with CPF Board; and
- c) Submit clinical data to MOH.

2.2.2 To make claims for patients through the online MediClaim system, clinics/ medical institutions need to have:

- a) A MediClaim User account;
- b) A Security Token Card (Incurs a non-refundable cost of \$191.20 (inclusive of 7% GST and delivery fee) for two to three years of use. The subsequent token is priced at \$171.20.);

<sup>12</sup> Clinics which are not ready to make claims through MediSave e-service could opt to submit claims via other Clinic Management Systems such as ClinicAssist.

- c) A Personal Computer/Laptop with the following configuration:
  - (i) CPU Pentium III and above,
  - (ii) Memory (RAM) Minimum of 256MB,
  - (iii) Operating System Windows XP,
  - (iv) Browser Internet Explorer 6.0, and
  - (v) Internet connection;
- d) GIRO arrangement with CPF Board for MediSave payments to be credited into the clinic/medical institution's bank account; and
- e) Attended training to process MediSave claims.

2.2.3 To make claims for patients through the online MHCP system, clinics/medical institutions need to have:

- a) A CorpPass account
- b) A Personal Computer/Laptop with the following configuration:
  - (i) 1 gigahertz (GHz) or faster processor,
  - (ii) 4GB RAM or above,
  - (iii) 10GB of free space in HDD,
  - (iv) 1366 x 768 display resolution for optimum viewing,
  - (v) 10 Mbps Internet bandwidth,
  - (vi) Browser Internet Explorer 10.0 or above (Chrome, Firefox and Safari browsers are also supported),
  - (vii) Adobe Acrobat Reader,
  - (viii) Microsoft Excel 2007 and above; and
  - (ix) Internet connection
- c) GIRO arrangement with CPF Board for MediSave payments to be credited into the clinic/medical institution's bank account; and
- d) Attended training to process MediSave claims.

2.2.4 Clinics/medical institutions interested in joining the CDMP will need to submit the following forms to MOH:

- a) E-Application for Clinics to Participate in the MediSave for CDMP (by MOH); and
- b) Direct Authorisation Credit Form (by CPF Board).

The E-Application website can be accessed via:

<https://www.mediclaim.moh.gov.sg/mmae/OverviewApplication.aspx>

2.2.5 Clinic/medical institution staff who will be making MediSave claims are required to attend a free half-day training session on MediSave claims process, MediSave use guidelines and use of the MediClaim system.

2.2.6 Clinics/medical institutions participating in the CDMP will be subjected to:

- a) Clinical quality checks conducted by MOH on patients who make MediSave claims through the clinics/medical institutions;
- b) Professional medical audits conducted by MOH on MediSave claims; and/or

- c) Operational audits conducted by CPF Board on MediSave claims.

### 2.3 Registration of Doctor with MOH

2.3.4 Doctors practising at accredited clinics/medical institutions need to register with MOH to participate in the CDMP before they can make MediSave claims for their patients.

2.3.5 Interested doctors can submit an E-Application to participate in the CDMP. The website is: <https://www.mediclaim.moh.gov.sg/mmae/OverviewApplication.aspx>  
Registration for MediSave accreditation of doctors needs to be renewed every 2 years.

2.3.6 Registered doctors will be audited by MOH and CPF Board on the clinical outcomes and MediSave claims of their patients.

## 3 **Process of Making a MediSave Claim**

A typical process of making a MediSave claim for a patient is described below:

3.1 What to convey to patient or immediate family members who wish to use MediSave:

- a) The treatment components
- b) The cost of treatment
- c) Estimated amount that can be claimed from MediSave, and
- d) Out-of-pocket cash payment that the patient needs to make

3.2 Administrative Procedure

- a) Each MediSave account holder will need to sign a MediSave Authorisation Form or a Medical Claims Authorisation Form to authorise the CPF Board to deduct his/her MediSave funds for the treatment of the patient. The authorisation can be made on a per treatment basis or over a period of time<sup>13</sup>. Authorisations over a period of time will stand until revoked in writing.
- b) Clinic/medical institution staff should witness the identity and the signature by the patient or account holder. Clinic/medical institution staff should also verify relationships declared, where possible.
- c) Clinics/medical institutions are to submit the MediSave claims electronically to CPF Board for processing via the MediClaim System.

3.3 If the patient is deemed to be mentally incapacitated (see definition of mentally incapacitated person below), his donee/deputy or immediate family members would need to authorise the use of the patient's own MediSave. The doctor in charge would need to certify on the relevant part of the form that the patient is mentally incapacitated.

Definition: A mentally capacitated person either:

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<sup>13</sup> Authorisation can be for a period of 3, 6 or 12 months, or for an open-ended length of time subject to revocation in writing.

- a) has a medical report from a psychiatrist declaring that the patient is permanently mentally incapacitated; or
- b) is determined by a doctor, at the material time, to be unable to make a decision for himself. An inability to make a decision is when a patient is unable to:
  - (i) Understand the information relevant to the decision;
  - (ii) Retain that information relevant to the decision;
  - (iii) Use or weigh that information as part of the decision making process;and
  - (iv) Communicate his decision (by any means).

3.4 Payment will be made daily to MediSave-accredited clinics/medical institutions via InterBank Giro (IBG) on the 3<sup>rd</sup> working day after the approval date of the MediSave claims.

Where a clinic/medical institution has made an over-claim or unauthorised deduction from MediSave, it will have to refund the amount deducted to the MediSave account. The clinic/medical institution will have to pay the interest lost by individuals if it is the clinic's/medical institution's error. The interest will be computed at the prevailing CPF interest at the time of the adjustment.

3.5 From June 2018, package claims will be discontinued under CDMP. Package claims made before 1 June 2018 will still be valid up to one year from the first date of visit for the package. Where such package lapses or is cancelled with remaining treatments, clinics/medical institutions should refund the unused MediSave amount to the appropriate payer.

3.6 Clinics submit Medisave claims electronically.

## **4 Audit**

4.1 All MediSave claims for CDMP conditions may be subjected to audit. The CPF Board may carry out regular audits of the participating clinic's/medical institution's records for MediSave claims. There are 2 types of audits for the MediSave claims:

- a) Operational audit: This audit looks at the operational aspect of making MediSave claims such as proper documentation and the completion of Medical Claims Authorisation Form;
- b) Professional audit: This audit looks at treatments and investigations administered for each MediSave claim to determine if it is related to the diagnosis.

4.2 MediSave claims for all CDMP conditions may be subject to audit. Prior notice will be given to identify the cases to be audited. The following documents may be required for the audit:

- a) Hard copies of Claim Forms submitted electronically,
- b) MediSave Authorisation Forms / Medical Claims Authorisation Forms,

- c) Itemised bills/Payment records (detailing consultation charges, individual drug charges, DRP, nursing charges, other services),
- d) Photocopies of identification papers (where necessary),
- e) Case records of the patient for the visits which were claimed (For claims on the complications of the approved chronic diseases, doctors have to document the causal relationship. For packages, please indicate dates of visits which are claimed),
- f) Investigation/Test reports where available e.g. HbA1c results, lipid results,
- g) Prescription records, and
- h) Evidence supporting diagnosis e.g. documentation in case records or laboratory reports.

4.3 Routine clinical data submission will only be required for Diabetes Mellitus/Pre-diabetes, Hypertension, Lipid Disorders, COPD, Asthma, CKD (Nephritis/Nephrosis). Please note that in case the MediSave claim includes treatment for complication(s) due to the chronic disease, the doctor would need to document clearly the causal relationship between the approved chronic condition and the complication(s) which arose from it.

4.4 Clinics/medical institutions or doctors found guilty of wrong claims will be required to refund the amount to the affected MediSave accounts. Each time the doctor is found making wrong claims for his/her patients, he/she will be issued a warning letter. Repeated infringements by a doctor can lead to suspension of the MediSave accreditation of the doctor.