

TIPS FOR SMOOTH ADMINISTRATION OF CHAS

By Agency for Integrated Care

Thank you for your support in administering CHAS! In view of the recent discovery of certain lapses with regard to CHAS claims, we have consolidated common queries from GPs to address any CHAS-related concerns you may have.

COMMON QUERIES FROM GPs



Clinical Evidence

Clinical evidence of diagnosis or management of a disease is necessary for the purposes of making a valid CHAS claim. Assessments and tests required for the establishment of a diagnosis differ from condition to condition.

More details on the essential care components for each chronic condition under CHAS can be found in Chapter 2: The Clinical Guidelines of the CDMP Handbook.

For instance, for Osteoarthritis, the diagnosis can be made clinically based on history and physical examination, with laboratory and radiologic investigations selectively undertaken to exclude inflammatory arthritis, secondary osteoarthritis and non-articular causes of joint pain. The same applies to the management and review of a patient with Osteoarthritis.

For COPD, a pulmonary function test/ spirometry results will establish the diagnosis for the purposes of CDMP/CHAS.



Collection of Medication

For patients who wish to collect repeat chronic medications, the patient must be present at the clinic in order to receive CHAS Chronic subsidies. Further, there should be documented history of chronic disease management for that patient by the GP/ clinic, as good clinical practice requires appropriate review and regular monitoring of patients.

Please note that the above does not apply to acute medications. Patients should consult the doctor if they wish to receive subsidies for these medications.



Appeals For Patients Requiring More Than 4 Visits In A Month

Should you have any patient who will require more than 4 acute visits in a month, such as for the treatment of a wound, please contact your account manager in advance with the following information:

- Patient particulars
- Diagnosis e.g. type and size of wound
- Treatment Plan (including the projected duration and frequency of visits)



TIPS TO AVOID COMMON AUDIT LAPSES

Document required	Lapse	Tip for proper submission
CHAS – Mental Health Conditions	A CHAS claim was submitted for mental health conditions such as Major Depression, even though the clinic is not participating in the shared care programme for CDMP - Mental Illness.	Clinics that wish to submit CHAS claims for mental health conditions should participate in the shared care programme for CDMP-Mental Illness. Please contact your account manager if you would like to do so.
Type of CHAS claim	A CHAS Chronic claim was submitted even though the case notes state that the patient consulted the GP for his/her acute condition on the day of the visit.	CHAS claims should be related to the condition(s) that the patient presented with on the day of the consultation. If a patient only consulted the GP for his/her acute condition, a CHAS Acute claim should be submitted, and vice versa - if a patient only consulted the GP for his/her chronic condition and not an acute condition, a CHAS Chronic claim should be submitted.
	A CHAS Chronic Complex claim was submitted even though the clinic only manages the patient for one chronic condition.	If the GP only manages the patient for 1 chronic condition, a CHAS Chronic Simple claim should be submitted. A CHAS Chronic Complex claim can be submitted only if the GP manages the patient for 1 chronic condition with complications, or 2 or more chronic conditions.
Lab Investigations	A CHAS claim was submitted for lab investigations not related to the chronic condition.	Only investigations related to the chronic condition can be submitted for a CHAS claim.
Doctor's clinical notes for the visit for which a CHAS claim was made.	Patient's name and NRIC were not properly indicated.	Ensure that the patient's name and NRIC are clearly indicated on pages of the case notes for submission.
	Transcribed case notes submitted were not certified as true copy.	GP would need to sign on the transcribed case notes to certify them as true copy.
	Clinical findings were not documented in the case notes.	GPs would need to document any clinical findings in the case notes.
Lab results or other documentation showing supporting evidence for the diagnosis relevant to the CDMP condition(s) for which a CHAS claim was made e.g. HbA1c, Lipid Panel etc.	Amendments on the case notes were made retrospectively.	GPs should keep comprehensive and contemporaneous medical records. Clinical notes added to the original records after an audit finding has been made will not be taken into account for purposes of that audit.
	Evidence was submitted for only one chronic condition even though the CHAS claim made was a complex one for multiple chronic conditions.	Supporting documentation for all chronic conditions submitted e.g. lab results, case notes, chronic indicators etc. should be provided.
Itemised bills of the audited CHAS claims, showing a detailed breakdown of the charges.	Insufficient evidence to support CHAS claims such as claims for patients on diet control (not on medication) for chronic conditions such as Hyperlipidemia and Hypertension.	Previous documentary evidence, which support or led to the diagnosis of the condition, e.g. lab results, case notes for previous consultations and referral letters, should be submitted.
	Insufficient information indicated on the itemised bill e.g. omission of CHAS subsidy.	The itemised bill should consist of the following breakdown, with each medication, investigation or other items individually listed: <ul style="list-style-type: none"> i. Consultation ii. Medication iii. Investigation iv. Others v. CHAS Subsidy

Please contact the Primary Care Engagement team at gp@aic.sg or 6632 1199 if you have other CHAS-related enquiries, or would like to arrange for on-site CHAS training.

