Care Reporting Submission Overview

Important

- All Healthier SG (HSG) clinics should key in the relevant data, review and submit them through the CMS care report function to receive the relevant Annual Service Fee (ASF).
- If the enrollee completes the tests at a different provider (e.g. SOC, Polyclinic), the enrolled GP can key in the relevant data and still receive the relevant ASF payment if he/she reviews and submits the data through the care report function of the CMS.
- To qualify for ASF payments in 2026, all care components and required data fields in accordance with the respective Care Protocols should be submitted within the ASF assessment period from 1 Jan 2025 to 31 Dec 2025.



Purpose and Guidelines of Care Reporting

- Track clinical outcomes and enable Quality Improvement work [1]
- Facilitate care continuity [2]

WHERE to find

further information

Enable verification for care components completed for processing of ASF and Chronic Enrolment Grant (CEG)

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	For ASF payment	For CEG payment			
WHOSE data should be submitted	All HSG enrollees	All CDMP chronic enrollees			
<u>WHAT</u> data should GPs submit	Date and outcomes of care components performed per Care Protocols found on <u>Primary Care Pages</u> . Scan me!	CDMP condition(s) of the enrollee			
<u>WHEN</u> to submit and how often	Care reports can be submitted throughout the year between 1 Jan 2025 to 31 Dec 2025. It is recommended to submit as soon after the care component has been performed. Note: For Variable Payment, if there is a change in patient's enrolment to another HSG clinic, the payment will be provided to the GP who <u>submits the care report earlier</u> . The care report should be submitted <u>within 3 months</u> after patient changed enrolment or de-enrolled. [3]				
<u>WHEN</u> will clinic be paid	ASF will be paid in May 2026 for work done from 1 Jan 2025 to 31 Dec 2025 (or earlier as otherwise advised)	Within 2 months of assessment dates: 31 Mar, 30 Jun, 30 Sep and 31 Dec			
<u>HOW</u> to submit	Submit via the care report function of your CMS. Care Reports are cumulative for each assessment period. Please do not delete enrollees' past data within the CMS.				

[1] Healthcare professionals can view enrollees' care reports in the National Electronic Health Record (NEHR) under the "Healthier SG" tab. Access to NEHR should be for clinical care purposes and should not be used for administrative purposes.

Primary Care Pages

• MOH Finance Circular Minute No. 1/2024

MOH Finance Circular Minute No. 11/2024

[2] Aggregated data will also be shared through PCN HQ and clusters for quality improvement and regional health management.

• Primary Care Pages

[3] For example: In Jan 2025, GP A completes the Cardiometabolic bundle with enrollee but did not submit the care report. In Feb 2025, this enrollee changed enrolment to GP B. GP B completes the same bundle with enrollee and submits the care report in Apr 2025. GP A submits the care report in May 2025. The ASF payment will be provided to GP B who had submitted the care report earlier than GP A.

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Care Reporting Submission Overview



CEG and ASF Payment Quanta and Criteria

Chronic Enrollee Chronic Enrollee with at least 1 CDMP condition, **Well Enrollee** with any of the conditions under (including those with that is not under the **Payment Component** the Cardiometabolic or Respiratory **Cardiometabolic or Respiratory** non-CDMP conditions) bundle bundle per calendar year for each chronic HSG enrollee with 1 or more **CDMP** condition. Not Applicable **CEG** The CEG is payable on a quarterly basis at \$17.50 per eligible HSG enrollee with at least 1 CDMP condition as of each assessment date. • Annual Health Plan check-in • 2 chronic consults a year (at least 92 days apart) (submit a new Health Plan • Annual Health Plan check-in (submit a new Health Plan entry) per **ASF** entry) per calendar year calendar year Fixed component • Data submission for the required care report data fields (refer to pages Data submission for the required care report data 3-4) fields (refer to pages 3-4) Patient remains enrolled Patient remains enrolled Per eligible screening/vaccination: \$10 **ASF** • Recommended screenings per Screening Test Review Committee (STRC) Category 1 recommendations Variable component • Recommended vaccinations under the National Adult Immunisation Schedule (NAIS) (Preventive) • Recommended COVID-19 vaccinations under the National Vaccination Programme [6, 7] bundle^[8] (for • Cardiometabolic DHL, Pre-DM, Stable IHD, Stable Stroke, CKD) **ASF** \$ 15 or 30 Variable component Not Applicable Not Applicable • Diabetes bundle (DRP and DFS), (Chronic) only applicable to Diabetes bundle^[8] (Asthma, Respiratory COPD) **Chronic Enrolment Grant WORKED EXAMPLE** • Enrolled to ABC Clinic on all 4 assessment dates CDMP conditions submitted Mrs Tan, age 65 (in 2025), is a Singaporean citizen **ASF Fixed Payment (Chronic)** enrolled to ABC Clinic from • Two chronic visits done on e.g. 2 Feb, 5 Sep 1 Jan 2025 to 31 Dec 2025. • Annual check-in: submission of a new Health Plan entry, and the required care report data fields which includes height, weight and smoking status update She has Diabetes, Stable **ASF Variable Payment** Stroke and Asthma. **Screenings:**



 Completed colorectal cancer, breast cancer and cervical cancer screenings (not eligible for cardiovascular risk screening)

• Took her influenza, pneumococcal and COVID-19 vaccines

Cardiometabolic bundle (for Diabetes and Stable Stroke):

 Completed LDL-C x1, Blood Pressure Measurement x2, Serum Creatinine/eGFR x1, Urine ACR/PCR x1, HbA1c x2

Respiratory bundle (for Asthma):

Completed GINA tests x2

Clinic submits all care components as soon as they have been completed. For CY2025, ABC Clinic receives:

[4] GPs are not eligible to receive the \$10 preventive variable payment for cardiovascular risk screening for patients who have already been diagnosed with at least one of the DHL conditions (including pre-diabetes).

[5] Eligibility for variable payment (vaccination) is based on completion of the vaccination course and submission of required care reporting data, in line with the NAIS schedule and MOH recommendations. Except for pneumococcal vaccination, it is \$10 per dose (depending on clinical eligibility). Please refer to your HSG Enrolment Programme Agreement for more

[6] For eligible COVID-19 vaccination, please refer to the email titled "Updated Schedule 3 to the Healthier SG Enrolment Programme Agreement (EPA) for COVID-19 Vaccination Regional Programme" sent on 7 May 2024 by HSG GP Admin (AIC).

[7] For more information, please refer to the email titled "Integration of the National Vaccination Programme (NVP) for COVID-19 Vaccinations as a Regional Programme under Healthier SG from 1 July 2024" sent on 3 May 2024 by GP (AIC).

[8] For components that are done twice, tests should be conducted at least 3 months (92 days) apart to be eligible for payments.

Vaccinations:

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Care reporting data fields to be documented as part of good clinical practice and tied to ASF payments

Delinking of some care reporting fields from ASF payments until further notice (w.e.f Feb 2025)

- MOH has reviewed the ASF data fields and delinked the following fields from payment until further notice.
- → Delinked fields will remain in the care reports as optional fields, aligned with good clinical practice.
- You may refer to the email titled "[Healthier SG] Update on ASF payments" sent on 20 Feb 2025 by GP (AIC) for more information.

No. of sticks smoked/day Visit Mode Total Ch	holesterol Triglycerides HDL-C
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Required data fields to receive ASF Fixed Payment

		Fixed Payment [9]	\$ Well: \$30, CDMP Chronic: \$70
Date of Weigh Waist Circumf	•	Annual Health Plan Check-in (submit a new Health Plan entry per calender year)	
Height	Weight	CDMP Condition(s) ^[10]	Smoking Status
If Weight is not feasible to measure, enter Waist Circumference		Diagnosis Code ^[10]	Date of Chronic Consult ^[10] (2 chronic consults a year)



Required data fields to receive ASF Variable Payment (Preventive)

Variable Payment (Preventive)

S Per eligible screening/vaccination: \$10

DHL Screening [11]			<u>Cancer Screenings</u>		<u>Vaccinations</u>	
Date of Screening	Screening Type	Systolic BP	Date of Screening	Screening Type	Date of Vaccination	SDD Code of Vaccine
LDL-C	HbA1c or Fasting Plasma Glucose (FPG)	Diastolic BP	Follow Up Outcome		(If applicable) Vaccination Exceptional Condition(s)	
Height	Weight	If Weight is not feasible to measure, enter Waist Circumference	(If applicable) Screening Exceptional Condition(s)		(For COVID-19) Vaccination Dose Type ^[7]	(For COVID-19) Vaccination Condition(s)

[9] Fixed payment will be tiered according to duration of enrolment. For example, if total enrolment period is >92 days but ≤183 days, clinic will receive \$15 for each well enrollee and \$35 for each chronic enrollee subjected to fulfilling all criteria to qualify for ASF Fixed payment.

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^[10] Also required for CEG payments [CDMP Condition(s)] and care report submission for chronic enrollees.

^[11] All DHL screening components should be completed within the same screening visit date.

Care reporting data fields to be documented as part of good clinical practice and tied to ASF payments



Required data fields to receive ASF Variable Payment (Chronic)



Cardiometabolic bundle [12]

\$ 30

<u>Lipid Profile</u>	Blood Pressure	Glucose Control	Kidney Assessment
Date of Test Done	Date of Measurement Done	Date of Test Done	Date of Test Done
LDL-C	Systolic/Diastolic BP	HbA1c*	Serum Creatinine Urine ACR or or eGFR Urine PCR

^{*}Fasting Plasma Glucose (FPG) is also allowed for Hypertension, Hyperlipidemia, Stable IHD, Stable Stroke and CKD. FPG or OGTT are also allowed for Pre-DM.



Diabetes bundle



Diabetic Retinal Photography (DRP) Conducted?		Diabetic Foot Screening (DFS) Conducted?		
Date of DRP/ Visit	Results of DRP	Date of DFS/ Visit	DFS Outcome	

Partial diabetes bundle for 2 exceptional scenarios

Scenario 1



DRP cannot be conducted for DM enrollees with complete blindness in both eyes

- In the care report module, submit (i) Diabetes diagnosis,
 (ii) date and results of DRP*
- In the care report field of "DRP conducted", GP should select "NA: no perception of light in both eyes (complete blindness)"

*DRP outcome must not be "Unknown"

Scenario 2



DFS cannot be conducted for DM enrollees with bilateral lower limb amputation above ankle joint

- In the care report module, submit (i) Diabetes diagnosis,
 (ii) date and outcome of DFS*
- In the care report field of "DFS conducted", GP should select "NA: bilateral lower limb amputations above ankle joint"

*DFS outcome must not be "Unknown"

WORKED EXAMPLE ON DRP FOR DM ENROLLEES

EXAMPLES OF DOCUMENTATION FOR APPROPRIATE PAYMENT

Example 1

GP is **able** to obtain DRP or eye assessment results i) Patient is on follow-up at an ophthalmologist

or

ii) Patient was seen once recently at a Specialist Outpatient Clinic (SOC) GP selects DRP conducted as "NA: patient on active follow up with ophthalmologist"

or

GP selects DRP conducted as "Yes"

- 1. Key in SOC visit date as the Date of DRP
- 2.Select the relevant DRP result(s)
- 1. Key in SOC visit date as the Date of DRP
- 2.Select the relevant DRP result(s)
- 3.Indicate "SOC visit" under Others

GP qualifies for ASF Variable Payment -Full/Partial Diabetes bundle

Example 2

GP is **not able** to obtain DRP or eye assessment results

DM enrollees with complete blindness in both eyes, GP selects DRP conducted as "NA: no perception of light in both eyes (complete blindness)"

or

GP selects results of DRP as "Unknown"

GP qualifies for ASF Variable
Payment - Partial Diabetes bundle

GP would not qualify for payment as decisions on further clinical care is not conclusive



[12] Enrollees with multiple CDMP conditions must complete the tests and care report submissions for every CDMP condition they have, in order for the GP to qualify for payment under the Cardiometabolic bundle. Please see eDM "Annex A - Key Changes to Healthier SG Care Protocols 07042025 12pm" sent by GP (AIC) for more details.