The Guide to Healthier SG Care Reporting 2025 Submission

Key Highlights

- To qualify for Annual Service Fee (ASF) payment for Assessment Year 2025, all 2025 care reporting components should be completed and submitted within the ASF assessment period from **1 Jan 2025 to 31 Dec 2025**. To provide buffer for submissions, the final deadline is 28 Feb 2026.
- 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.
- **[New]** Care reporting data **collected and submitted before patient's enrolment to clinic** will be considered for ASF, provided it is within the CY 2025 assessment period. This **does not apply** to the annual Health Plan check-in entry, date of chronic consults, height, weight and waist circumference measurements under Fixed Payment, which should be submitted during patient's enrolment.
- 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 ASF.
- **[New]** From 23 Nov 2025, clinics can use PCDS Self Help Care Report function to view their Care Report submission.

Purpose and Guidelines of Care Reporting

- Track clinical outcomes and enable Quality Improvement work [1]
- Facilitate care continuity [2]
- Enable verification for care components completed for processing of **ASF** and **Chronic Enrolment Grant (CEG)**

	For ASF payment	**For CEG payment**
<u>WHOSE</u> 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.	
<u>WHERE</u> to find further information	• Primary Care Pages	• Primary Care Pages • MOH Finance Circular Minute No. 1/2024 • MOH Finance Circular Minute No. 11/2024

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

Payment Component	Well Enrollee (including those with non-CDMP conditions)	Chronic Enrollee with at least 1 CDMP condition, that is <u>not</u> under the Cardiometabolic or Respiratory bundle	Chronic Enrollee <u>with</u> any of the conditions under the Cardiometabolic or Respiratory bundle
CEG	Not Applicable	**$ 70 per calendar year for each chronic HSG enrollee with 1 or more CDMP condition.** The CEG is payable on a quarterly basis at $17.50 per eligible HSG enrollee with at least 1 CDMP condition as of each assessment date.	
ASF Fixed component	**$ 30** • Annual Health Plan check-in (submit a new Health Plan entry) per calendar year • Data submission for the required care report data fields (refer to pages 3-5) • Patient remains enrolled	**$ 70** • 2 chronic consults a year (at least 92 days apart) • Annual Health Plan check-in (submit a new Health Plan entry) per calendar year • Data submission for the required care report data fields (refer to pages 3-5) • Patient remains enrolled	
ASF Variable component (Preventive)	**$ Per eligible screening/vaccination course: $10** [4, 5] • Recommended screenings per Screening Test Review Committee (STRC) Category 1 recommendations • Recommended vaccinations under the National Adult Immunisation Schedule (NAIS) • Recommended COVID-19 vaccinations under the National Vaccination Programme [6, 7]		
ASF Variable component (Chronic)	Not Applicable	Not Applicable	**$ 30** • Cardiometabolic bundle[8] (for DHL, Pre-DM, Stable IHD, Stable Stroke, CKD) **$ 15 or 30** • Diabetes bundle (DRP and DFS), only applicable to Diabetes **$ 10** • Respiratory bundle[8] (Asthma, COPD)

WORKED EXAMPLE

Mrs Tan, age 65 (in 2025), is a Singaporean citizen enrolled to ABC Clinic from 1 Jan 2025 to 31 Dec 2025.

She has Diabetes, Stable Stroke and Asthma.

Chronic Enrolment Grant — **$ 70**
- **Enrolled to ABC Clinic** on all 4 assessment dates
- CDMP conditions submitted

ASF Fixed Payment (Chronic) — + **$ 70**
- **Two chronic visits done** on e.g. 2 Feb, 5 Sep
- **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

ASF Variable Payment

Screenings: — + **$ 30**
- Completed **colorectal cancer, breast cancer and cervical cancer screenings** (not eligible for cardiovascular risk screening)

Vaccinations: — + **$ 30**
- Took her **influenza, pneumococcal and COVID-19** vaccines

Cardiometabolic bundle (for Diabetes and Stable Stroke): — + **$ 30**
- Completed LDL-C x1, Blood Pressure Measurement x2, Serum Creatinine/eGFR x1, Urine ACR/PCR x1, HbA1c x2

Respiratory bundle (for Asthma): — + **$ 10**
- Completed GINA tests x2

Clinic submits all care components as soon as they have been completed. For CY2025, ABC Clinic receives: — **$ 240**

[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 details.
[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.

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 Cholesterol	Triglycerides	HDL-C

Required data fields to receive ASF Fixed Payment

Fixed Payment [9] — **$ Well: $30, CDMP Chronic: $70**

Date of Weight, Height and Waist Circumference Taken	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) — **$ Per eligible screening/vaccination course: $10**

DHL Screening [11]			**Cancer Screenings**		**Vaccinations**	
Date of Initial Screening	Screening Type (Both “Chronic Disease Screening FPG/HbA1c” and “Cardiovascular Screening: Lipid Panel”)	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)* [7] Vaccination Dose Type	*(For COVID-19)* [7] 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.
[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

$ 30

Lipid Profile	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 or eGFR	Urine ACR or 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.

Number of readings required for selected cardiometabolic conditions

- 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.
- The same care components can fulfil care requirements across multiple Care Protocols. E.g. an enrollee with both DM and HTN only needs 2x BP measurement, not 4x BP measurement in a year, within the same ASF assessment period.

Stable IHD [8,12]

- LDL-C x1
- Blood Pressure Measurement x2
- Kidney Assessment Results x1 *

Stable Stroke [8,12]

- LDL-C x1
- Blood Pressure Measurement x2

Chronic Kidney Disease (CKD) [8,12]

- Blood Pressure Measurement x2
- Kidney Assessment Results x1 *

Diabetes (DM) [8]

- LDL-C x1
- Blood Pressure Measurement x2
- HbA1c x2
- Kidney Assessment Results x1 *

Hypertension (HTN) [8]

- Blood Pressure Measurement x2
- Kidney Assessment Results x1 *

Hyperlipidemia (HLD)

- LDL-C x1

Pre-DM

- LDL-C x1
- Blood Pressure Measurement x1
- HbA1c x1 or FPG x1 or OGTT x1

*Kidney Assessment results should include: Serum Creatinine or eGFR x1 and Urine ACR or Urine PCR x1.

Respiratory bundle

$ 10

Asthma [8]	COPD
Date of GINA Test Done	Date of COPD Assessment Test (CAT) Done
GINA Score (x2)	CAT Score (x1)

[12] If the patient with Stable IHD, Stable Stroke or CKD concurrently has DM OR Pre-DM OR is being screened for DM, please refer to the respective DM, Pre-DM and CVRA screening Care Protocols listed in Primary Care Pages for more information on whether HbA1c or FPG is tied to payments.

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)

Diabetes bundle

$ 30

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

$ 15

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

$ 15

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 → GP selects DRP conducted as “NA: patient on active follow up with ophthalmologist” → 1. Key in SOC visit date as the Date of DRP 2. Select the relevant DRP result(s)

or

- ii) Patient was seen once recently at a Specialist Outpatient Clinic (SOC) → GP selects DRP conducted as “Yes” → 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)” → GP qualifies for ASF Variable Payment - Partial Diabetes bundle ✓

or

- GP selects results of DRP as “Unknown” → GP would not qualify for payment as decisions on further clinical care is not conclusive ✗