

ENHANCED CHAS

Briefing for CHAS GP Clinics

OUTLINE

1. Enhanced CHAS

- What are the enhancements from 1 Nov 2019?
- Applying for CHAS made easier

2. How will the changes impact CHAS clinics?

Impact on clinic operations – from registration to bill settlement

3. CHAS Audit and Compliance

- CHAS audit requirements
- Common audit findings
- Guidelines

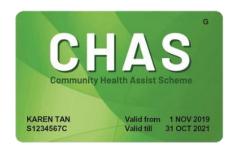


CHAS will be enhanced to strengthen chronic disease care in the community

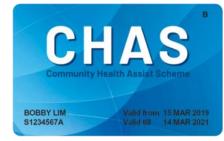
- Since 2012, CHAS has provided Singaporeans with subsidised primary care at participating general practitioners (GPs) and dental clinics near their homes
- CHAS today is available to lower-to-middle income Singaporeans, as well as to our Pioneer Generation
- As our population ages, more Singaporeans will require assistance to manage their chronic conditions
- With chronic disease management increasingly being anchored in the community, CHAS will be enhanced to better support GPs in managing chronic care

QUIZ TIME!

Do you know what are the changes to CHAS that will take place from 1 Nov 2019?









CHAS will be extended to all Singaporeans for chronic conditions, regardless of income

CHAS Orange cardholders can enjoy subsidies for common illnesses Increase in subsidies for complex chronic conditions

(applicable to CHAS blue and orange cardholders)

MG cardholders will be eligible for special benefits under CHAS NEW

Income criteria for CHAS is now updated!

- MOH provides means-tested subsidies to assist with the cost of healthcare services, with higher subsidies extended to the lowerincome group
- CHAS subsidies are accorded to beneficiaries based on their per capita household income (PCHI) or annual value (AV) of their homes (for households with no income)

- Income criteria for CHAS has been raised to allow more Singaporeans to benefit, and ensure that healthcare subsidies remain appropriately targeted
- Existing CHAS cardholders who qualify for a higher CHAS tier should have received their new cards
- Clinic should check MHCP or their respective CMSes to verify patients' latest CHAS card status

NEW



Chronic Simple	Up to \$28 subsidy per visit, capped at \$112 per year
Chronic Complex	Up to \$40 subsidy per visit, capped at \$160 per year
Screen For Life	\$5 (Co-payment collected at screening visit)

CHAS GREEN:

- Patient eligibility criteria:
 - ☐ For households with income, the household monthly income per person is above \$2,000
 - ☐ For households with no income, the Annual Value (AV) of home is above \$21,000
- Do note that CHAS dental subsidies are not applicable for CHAS Green cardholders

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Acute	Up to \$10 per visit
Chronic Simple	Up to \$50 subsidy per visit, capped at \$200 per year
Chronic Complex	Up to \$80 subsidy per visit, capped at \$320 per year
Screen For Life	\$2 (Co-payment collected at screening visit)

CHAS ORANGE:

- Patient eligibility criteria:
 - For households with income, the household monthly income per person is between \$1,201 to \$2,000
 - For households with no income, the Annual Value (AV) of home is between \$13,001 to \$21,000.

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Acute	Up to \$18.50 per visit
Chronic Simple	Up to \$80 subsidy per visit, capped at \$320 per year
Chronic Complex	Up to \$125 subsidy per visit, capped at \$500 per year
Screen For Life	\$2 (Co-payment collected at visit)

CHAS BLUE:

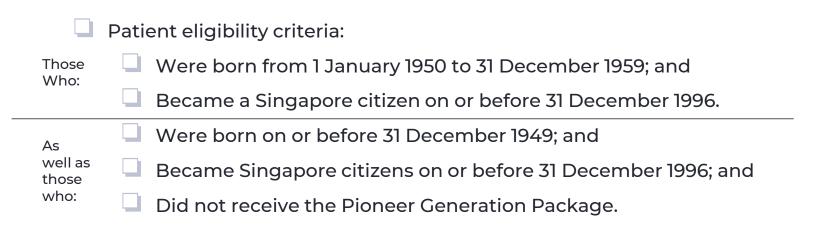
- Patient eligibility criteria:
 - For households with income, the household monthly income per person is \$1,200 and below.
 - For households with no income, the Annual Value (AV) of home is \$13,000 and below.

NEW



Acute	Up to \$23.50 per visit
Chronic Simple	Up to \$85 subsidy per visit, capped at \$340 per year
Chronic Complex	Up to \$130 subsidy per visit, capped at \$520 per year
Screen For Life	\$2 (Co-payment collected at visit)

MERDEKA GENERATION:











consultation,

if required.



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CHAS Criteria		CHAS Green	CHAS	Orange	CHAS	S Blue	Merdeka Generation From 1 Nov	Pioneer Generation
Household mor income per per households with	son (for	Above \$2,000	\$1,201 - \$2,000 \$1,200 and below		All Merdeka Generation receive CHAS benefits.	All Pioneers receive CHAS benefits,		
Annual Value (Annual Value (An	eholds	Above \$21,000	\$13,001	\$13,001 - \$21,000 \$13,000 and below		regardless of income or AV of home	regardless of income or AV of home	
			I			Ī		<u> </u>
CHAS Subsidie	S	From 1 Nov	Current	From 1 Nov	Current	From 1 Nov	From 1 Nov	Current
Common Illnes	ses ¹	Not applicable	Not applicable	Up to \$10 subsidy per visit	Up to \$18.50 s	ubsidy per visit	Up to \$23.50 subsidy per visit	Up to \$28.50 subsidy per visit
Selected	Simple ²	Up to \$28 subsidy per visit, capped at \$112 per year	· ·	bsidy per visit, 200 per year	· ·	osidy per visit, 320 per year	Up to \$85 subsidy per visit, capped at \$340 per year	Up to \$90 subsidy per visit, capped at \$360 per year
Chronic Conditions	Complex ²	Up to \$40 subsidy per visit, capped at \$160 per year	Up to \$75 subsidy per visit, capped at \$300 per year	Up to \$80 subsidy per visit, capped at \$320 per year	Up to \$120 subsidy per visit, capped at \$480 per year	Up to \$125 subsidy per visit, capped at \$500 per year	Up to \$130 subsidy per visit, capped at \$520 per year	Up to \$135 subsidy per visit, capped at \$540 per year
Selected Denta	l Services	Not applicable	Up to \$50 to \$170.50 subsidy per procedure (denture, crown, root canal treatment only) Up to \$11 to \$256.50 subsidy per procedure (dependent on procedure)		Up to \$16 to \$261.50 subsidy per procedure (dependent on procedure)	Up to \$21 to \$266.50 subsidy per procedure (dependent on procedure)		
Recommended Screening und Screen for Life	er	A fixed fee of \$5 for recommended screening test(s) and first post-screening	A fixed fee of \$2 for recommended screening test(s) and first post-screening consultation, if required.		A fixed fee of \$2 for recommended screening test(s) and first post-screening	Free for recommended screening test(s) and first post-screening		

consultation,

if required.

consultation,

if required.

Capped at 24 visits for common illnesses per patient per calendar year, across all CHAS clinics, from 2020 onwards.

Capped at 24 visits for common illnesses per patient per calendar year, across all CHAS clinics, from 2020 onwards.

"Simple" refers to visits for a single chronic condition. "Complex" refers to visits for multiple chronic conditions, or a single chronic condition with complication(s).

This refers to screening for diabetes, high blood pressure, high blood cholesterol, colorectal cancer and cervical cancer. Please check with your doctor if you are eligible. To learn more, please refer to screenforlife.sg.

RECAP

Caps applicable to CHAS claims

Current caps applicable to CHAS claims (applicable to all cards):

- Cap of 1 Acute or 1 Chronic claim per day (per patient; per clinic)
- □ Cap of 4 Acute claims per month (per patient; per clinic); and
- □ Cap of 4 Chronic claims per month (per patient; per clinic).
- Annual subsidy cap for chronic on a calendar year basis also applies.

New: Cap applicable to CHAS Acute claims from 1 Jan 2020

- Cap of 24 Acute claims (per patient; per calendar year)
- On top of the existing cap of up to 4 acute claims per month (per patient; per clinic)

- A patient visited the clinic
 - in the morning and
 - in the evening on the same day,

Can the clinic submit 2 claims?

- No, clinic can only submit 1 CHAS claim per patient, per day.
- Patient and clinic can discuss to agree on which visit should be claimed under CHAS.
- If a claim was submitted for the earlier visit, and patient requested to submit a claim for the later visit. Clinic can cancel the claim for the earlier visit on MHCP and resubmit a claim for the later visit.

- A patient visited clinic for chronic follow up and on the **same visit**, he also consulted GP for an acute condition.

 Can the clinic submit 2 claims for both CHAS acute and chronic?
- No, clinic can only submit 1 CHAS claim per patient, per day.
- If the chronic claim has not reached the chronic cap for the visit, clinic can submit the acute component (e.g. medication) under the chronic claim.
- In that claim, clinic can only claim for the acute component up to the 1) chronic cap applicable to the visit and the 2) acute cap of the respective card types; whichever is lower
- The claim will be deducted from patient's yearly chronic balance.

E.g. CHAS Blue Cardholder Chronic simple visit: \$60 Chronic component to be claimed under CHAS is \$60

The chronic claim has not reached the cap of \$80 under CHAS Chronic simple.

Acute component (e.g. medication): \$20 Max acute component claimable is \$18.50

- A patient makes a 5th acute visit at Clinic A in the same month, can Clinic A claim for that visit under CHAS acute?
- No, there is a cap of 4 acute claims per month; per patient; per clinic.

- If the 5th acute visit was made at Clinic B in the same month, can Clinic B claim for that visit under CHAS acute?
- Yes, if the patient has not made 4 acute claims at Clinic B in the same month.
- How would the above 2 scenarios impact the 24 annual acute limits?
- The cap of 24 acute claims, per patient, per calendar year is shared among all CHAS clinics. Thus, for example, the patient will be left with 19 acute claims for the calendar year, after 4 acute claims have been made by Clinic A and 1 acute claim by Clinic B in the same month.
- The limit will be deducted upon approval of the acute claim.
- We urge clinics to submit timely claims as the order of approval is based on clinics' submission date and time.

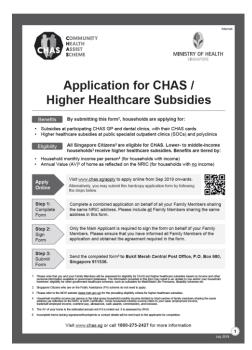
I am a Merdeka Generation (MG) Senior, will I be entitled to the full CHAS chronic balance from 1 Nov 2019 or will my chronic balance be pro-rated?

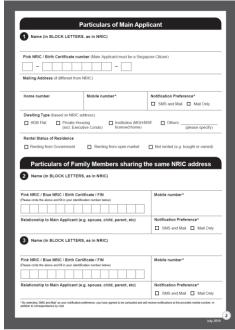
- MG Seniors who are not Blue/Orange CHAS cardholders, will receive the CY2019 chronic balance under the MG tier.
- MG seniors who are Blue/Orange CHAS cardholders and have not utilised their CY2019 chronic balances, will receive a top up to match the CY2019 chronic balance under the MG tier.
- MG seniors who are Blue/Orange CHAS cardholders and have utilised their CY2019 chronic balances, will receive a top up to match the CY2019 chronic balance under the MG tier but subsidies which have been utilised so far will be taken into account

(E.g. MG Senior is a CHAS Blue cardholder and has a balance of \$100 in chronic complex subsidies. On 1 Nov 2019, patient will receive a top of \$40. (MG tier - \$520 / Blue tier - \$480)

Making it easier to apply for CHAS: SIMPLIFIED APPLICATION FORM

- 1 Main Applicant per family to submit the application on behalf of the family.
- Particulars of all family members with the same NRIC address required, but only signature of Main Applicant is required.
- Household members will also be kept informed by text message or hardcopy letter, upon receipt of the CHAS application.





NEW

Making it even easier: Apply for CHAS online now!

- Other than the simplified form, CHAS will now accept e-Applications (from Sep 2019)
- Login only by main applicant (above 21 years old) via SingPass



www.chas.sg/apply

How Will Enhanced CHAS Affect My Clinic's Practice?

- Recognition of Health Assist/CHAS and MG cardholders
- New quick way to check for eligibility and balances/limits
- Updated Subsidised Referral Form
- Changes to MHCP
- Look out for an Enhanced CHAS package from Sep/Oct

Recognising Health Assist and CHAS cards

New-branded CHAS card issued









Continue to accord CHAS subsidies for existing Health Assist cards with active validity period.



We have started to issue Green CHAS cards. Please assist to remind patients that subsidies will only be effective from 1 Nov 2019 and only applicable at CHAS GP clinics.

RECAP

Patient registration

Patient to present their IDs and CHAS/PG/MG cards

In situations where patients are unable to present their CHAS/MG/PG cards, clinics should verify patients' card statuses on MHCP or their respective CMSes

Flash your NRIC/Birth Certificate/Student ID and CHAS/Pioneer Generation/
Merdeka Generation/Public Assistance card during your visit to enjoy CHAS subsidies.





The clinic will issue you an itemised bill. Please clarify with the clinic if you have any queries on the bill.

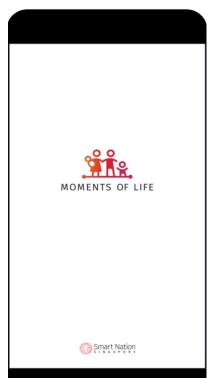
For more information, call 1800-275-2427

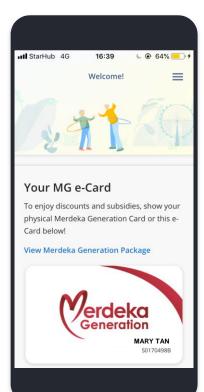
NEW

MG seniors may present their MG e-card via the

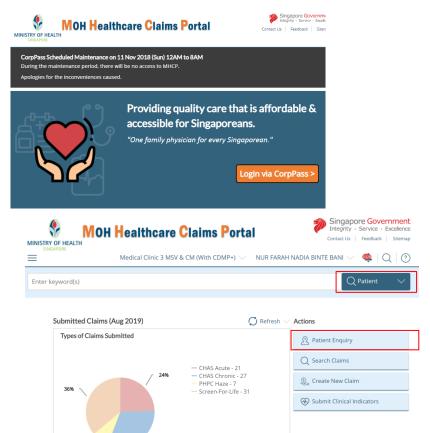
Moments of Life App

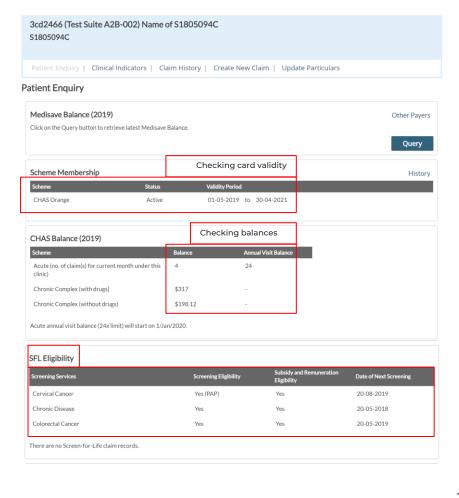
- The Moments of Life (MOL) app has launched a dedicated edition for MG seniors since September 2019
- MG seniors are required to login via
 SingPass to access their MG e-card
- The e-card is an accepted alternative of the physical MG card
- Clinics can verify patients' e-card validity on MHCP or their CMSes as well





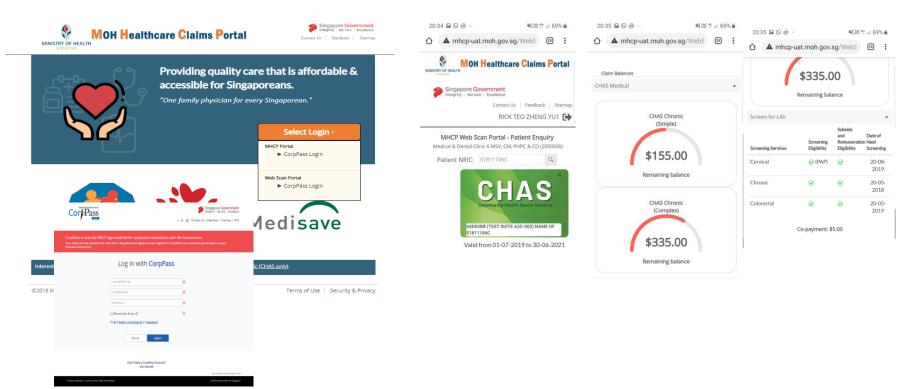
Patient enquiry (MHCP)







Quick check on patient's balances and limits in MHCP



CHAS cardholders enjoy subsidised referrals to public Specialist Outpatient Clinics (SOCs)

Today, CHAS GP and CHAS dental clinics can refer CHAS Blue, CHAS Orange and PG cardholders as subsidised patients to public SOCs.







From 1 November 2019

Merdeka Generation cardholders will be considered subsidised patients at <u>CHAS GP and CHAS Dental clinics</u>, and can enjoy subsidised referrals to public SOCs from CHAS GP and CHAS Dental clinics.



☐ CHAS Green cardholders will be considered subsidised patients at CHAS GP clinics. They can enjoy subsidised referrals to public SOCs from CHAS GP clinics but not from CHAS Dental clinics, as they do not receive CHAS dental subsidies.



Higher healthcare subsidies at Public Healthcare Institutions (PHIs)

Subsidies at Public Specialist Outpatient Clinics (SOCs) and Polyclinics



For Singapore Citizens

Household monthly income per	Annual Value (AV)# of	Subsidy at subsidised SOCs		Subsidy at Polyclinics	Additiona	l subsidies for
person for households with income	home for households with no income	Subsidised services*	Subsidised medications*	Subsidised medications* for adults	-	eneration and a Generation
\$1,200 and below	\$13,000 and below	70%	75%	75%	pioneer	Additional 50% off the remaining bill
\$1,201 to \$2,000	\$13,001 to \$21,000	60%	75%	75%	WLIDAGE OF	
Above \$2,000/ Unassessed	Above \$21,000/ Unassessed	50%	50%	50%	Verdeka Generation Wat the Contract of the Contract of the Con	Additional 25% off the remaining bill

[#] The AV of your home is the estimated annual rent if it is rented out. It is assessed by IRAS.

^{*} Children (18 years or younger) and elderly (65 years or older) patients already receive 75% subsidy for subsidised medications at the polyclinics. Please check with your provider which services and medications are subsidised.

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Revised CHAS Subsidised Referral Forms for GP and Dental clinics

CHAS ASSIST	CHAS Referral Form for Medical Referrals to Subsidised Specialist Outpatient Clinics (SOCs)			
SCHEME	at Public Healthcare Institutions			
PART I: SOC APPOINTMENT DETAILS				
Department Referred To	DETAILS			
Institution				
(if relevant)				
Appointment Date*		Times		
Appointment Location*		Contact No.ª		
PART II: PATIENT'S PARTICU	LARS			
Name		Gender*	Male / Female	
NRIC No.		Contact No.		
PARTIII: DOCTOR'S REPERK Please indicate patient's medical histor relevant investigation results or addition	ry (if any), presenting symptoms/ diagnosis ar	nd management pla	in; and attach any	
Type of Referral	Routine / Fast-track*			
Diagnosis				
What are the reasons for referring to a Specialist?				
What are the treatment or management (including medications) already done at Primary Care for this patient?				
Reasons for Fast-track Referral (where applicable)				
PART IV: DOCTOR'S ACKNOW	VLEDGEMENT			
A. My clinic is a CHAB clinic. B. The patient seen at my clinic holds one (or more) of the following cards: CHAB Blue card Pioneer Generation (PG) card CHAB Bronge card Herotes Generation (NG) card CHAB Green card Phub Chab Chab Chab Chab Chab Chab Chab Cha				
Name & Signature of Practitions	er MCR No.	Date		
Clinio Name				
Clinio HCI Code				
Clinio Address*				
Clinio Contact No.				
Clinio Email*				

Optional fields. Please note that you may be contacted by SOCs for verification in the event that the remaining mandatory fields are not populated.

" Fast-track referrals should only be requested where more urgent review by the specialist is needed. Please remind patients to bring this referral form with their CHAS/PQ/MG/PA card & NRIC for verification during the SCC appointment. Clinics should use the new CHAS referral forms from <u>1 November</u> <u>2019.</u>

Changes to PARTs I and II of referral form

 'Appointment Date' and 'Time' in Part I are now optional fields and 'CHAS card type' under Part II has been removed to reduce administrative burden

PART I: SOC APPOINTMENT	DETAILS		
Department Referred To			
Institution (if relevant)			
Appointment Date#	Ti	ime#	
Appointment Location#	C	Contact No.#	
PART II: PATIENT'S PARTICU	LARS		
Name	Ge	ender#	Male / Female
NRIC No.	Co	ontact No.	

ENHANCED Rev

Revised CHAS Subsidised Referral Forms for GP and Dental clinics



COMMUNITY HEALTH ASSIST SCHEME (CHAS) (MEDICAL)

CHAS Referral Form for Medical Referrals to Subsidised Specialist Outpatient Clinics (SOCs)

Sellelle	at Public H	earthoare institution	ne
PART I: SOC APPOINTMENT	DETAILS		
Department Referred To			
institution (if relevant)			
Appointment Date*		Times	
Appointment Location*		Contact No.*	
PART II: PATIENT'S PARTICU	LARS		
Name		Gender*	Male / Female
NRIC No.		Contact No.	
PART III: DOCTOR'S REFERN Please indicate patient's medical histo- relevant investigation results or addition	ry (if any), presenting symptoms/ diagnos	is and management pla	n; and attach any
Type of Referral	Routine / Fast-track*		
Diagnosis			
What are the reasons for referring to a Specialist?			
What are the treatment or management (including medications) already done at Primary Care for this patient?			
Reasons for Fast-track Referral (where applicable)			
PARTIV: DOCTOR'S ACKNOW	WLEDGEMENT		
A. My clinic is a CHAB clinic. B. The patient seen at my clinic holds one (or more) of the following cards: CHAB Size card Planetr Generation (Fig) card CHAB Green card Public Assistance (FA) card C. Inderstand that with bits subsidised referral, my patient would be assigned to the care of any specialist at the subsidised SOC. D. I understand that my patient would be discharged back to my carelmy clinic by the specialist and/or SOC.			
Name & Signature of Practition Clinio Name	er MCR No.	Date	
Clinio HCI Code			
Clinio Address ^a			
Clinio Contaot No.			
Clinio Email*			

Please remind patients to bring this referral form with their CHAS/PG/MG/PA card & NRIC for verification during their SOC appointment.

Changes to PART III of referral form

 Clinics can indicate whether referral is routine or fast-track to facilitate triage at SOCs and improve continuity of care

PART III: DOCTOR'S REFERRAL

Please indicate patient's medical history (if any), presenting symptoms/ diagnosis and management plan; and attach any relevant investigation results or additional memo if more space is needed.

Routine / Fast-track*

What are the reasons for referring to a Specialist?	
What are the treatment or management (including	
medications) already done at Primary Care for this patient?	

Reasons for Fast-track Referral

Type of Referral
Diagnosis

(where applicable)

- No difference from today, when making a referral, GP will need to provide patient information pertaining to the referral to the SOCs.
- Doctor's memo or relevant documents can be attached with this referral form to be submitted to the SOCs.

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Optional fields. Please note that you may be contacted by SOCs for verification in the event that the remaining mendatory fields are not populated. ** Feat-rack remains should only be requested where more urgent review by the specialist is needed.

ENHANCED Rev

Revised CHAS Subsidised Referral Forms for GP and Dental

clinics



COMMUNITY HEALTH ASSIST SCHEME (CHAS) (MEDICAL)

CHAS Referral Form for Medical Referrals to Subsidised Specialist Outpatient Clinics (SOCs) at Public Healthcare Institutions

	DETAILS		
Department Referred To			
Institution (If relevant)			
Appointment Date*		Times	
Appointment Location*		Contact No.*	
PART II: PATIENT'S PARTICU	LARS		
Name		Gender*	Male / Female
NRIC No.		Contact No.	
PART III: DOCTOR'S REFERR Please indicate patient's medical histo relevant investigation results or addition	ry (if any), presenting symptoms/ diagnosis an	d management pla	n; and attach any
Type of Referral	Routine / Fast-track*		
Diagnosis			
What are the reasons for referring to a Specialist?			
What are the treatment or management (including medications) already done at Primary Care for this patient?			
Reasons for Fast-track Referral (where applicable)			
PART IV: DOCTOR'S ACKNOY	VLEDGEMENT		
CHAS Blue card CHAS Orange card CHAS Green card	ilds one (or more) of the following cards: • Ploneer Generation (PG) card • Merdeka Generation (MG) card • Public Assistance (PA) card dised referral, my patient would be assign		
D. I understand that my patient wo	uio de discharged back to my careimy cii	inc by the specia	ist and/or SOC.
		Date	ist and/or SOC.
D. I understand that my patient wo			ist and/or SOC.
I understand that my patient we Name & Signature of Practition			ist and/or SOC.
D. I understand that my patient wo Name & Signature of Practition Clinio Name			ist and/or SOC.
D. I understand that my patient wo Name & Signature of Practition Clinio Name Clinio HCl Code			ist and/or SOC.
D. I understand that my patient wo Name & Signature of Practition Clinio Name Clinio HCl Code Clinio Address*			ist and/or SOC.

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A. My clinic is a CHAS clinic. B. The patient seen at my clinic holds one (or more) of the following cards:			
Name & Signature of Practition	er MCR No.	Date	
Clinic Name			
Clinic HCI Code			
Clinic Address#			

- * Optional fields. Please note that you may be contacted by SOCs for verification in the event that the remaining mandatory fields are not populated.
- * Fast-track referrals should only be requested where more urgent review by the specialist is needed.

DART IV: DOCTOR'S ACKNOW! EDGEMENT

Clinic Contact No.

Clinic Email#

Please remind patients to bring this referral form with their CHAS/PG/MG/PA card & NRIC for verification during their SOC appointment.

W.e.I. UT NOV 2019 (AIC)

- 'Clinic Address' and 'Clinic Email' are now optional fields to reduce administrative burden
- Added HCI Code field to more accurately identify referring clinic
- Do remind patients to bring the referral forms,
 CHAS/PG/MG cards, and
 NRICs along for their SOC appointments
- Forms sent to SOCs via hard copy (i.e. through patients) should be sealed in an envelope that does not expose its contents
- Forms sent to SOCs via email should be password protected, and the password sent either via SMS or a separate email



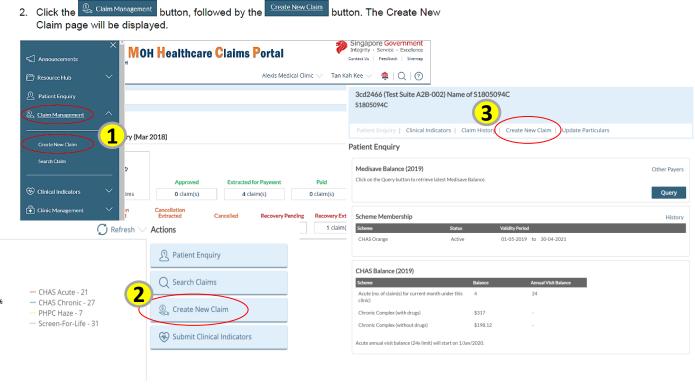
Submitting CHAS claims

Did you know that there is more than one way to create a new CHAS claim?

Submitted Claims (Aug 2019)

Types of Claims Submitted

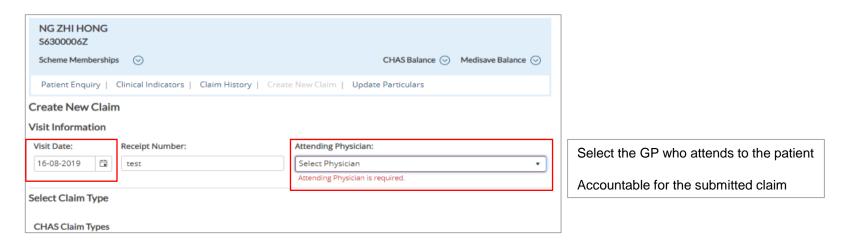
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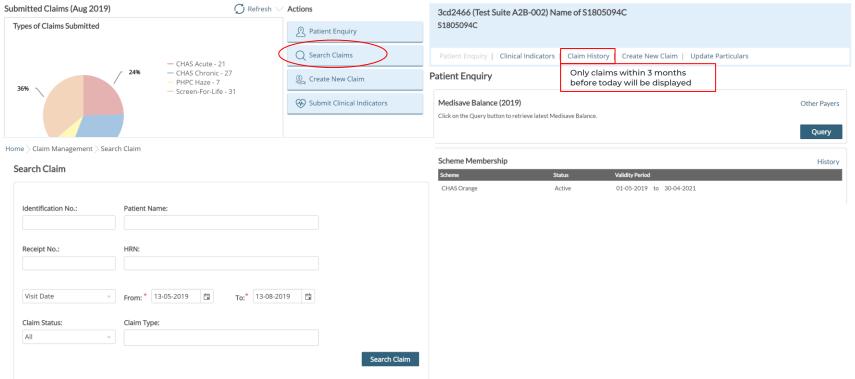
Submitting CHAS claims

Please check and indicate the correct visit date, receipt number on the bill issued to patient and the practitioner that has seen the patient.





Searching for submitted CHAS claims





Billing CHAS patients

CHAS clinics are required to provide itemised bills to all CHAS, Pioneer and Merdeka Generation patients, including those whose charges are covered fully by CHAS subsidies and do not make any out-of-pocket payment.

Clinics should always offer the itemised bills to patients at the point of payment (or medication issuance).

Description	Price (Example)
Consultation	\$20
Medication	\$15
Investigation	\$5
Others (e.g. procedures)	\$0
Total Bill Before Subsidy (including GST, where applicable)	\$40
- CHAS Subsidy	\$18.50
= Amount You Pay	\$21.50

The above shows the minimum level of itemisation required. If your clinic is already providing a more detailed itemised bill, you should keep to your existing bill format – there is no need for you to make any changes.

RECAP

Reconciling payments

Did you know that you can generate an excel report showing which CHAS claims you have been reimbursed for using MHCP?

Subsidy Payment Report (Medical Clinics)

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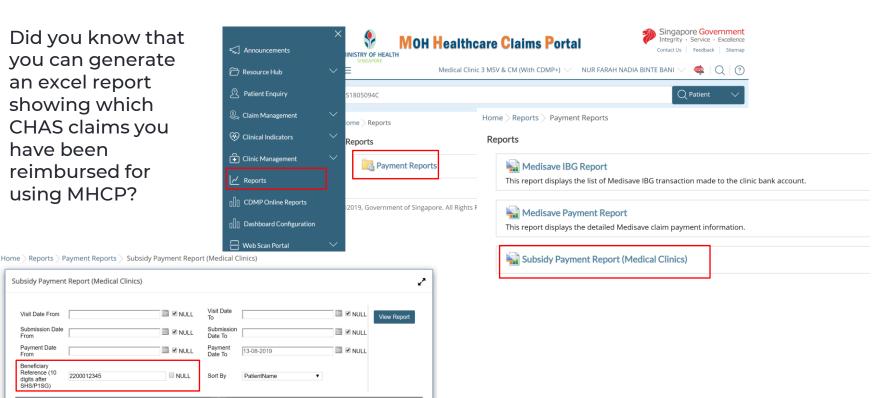
Visit Date From

Payment Date

digits after SHS/P1SG

From Beneficiary Reference (10

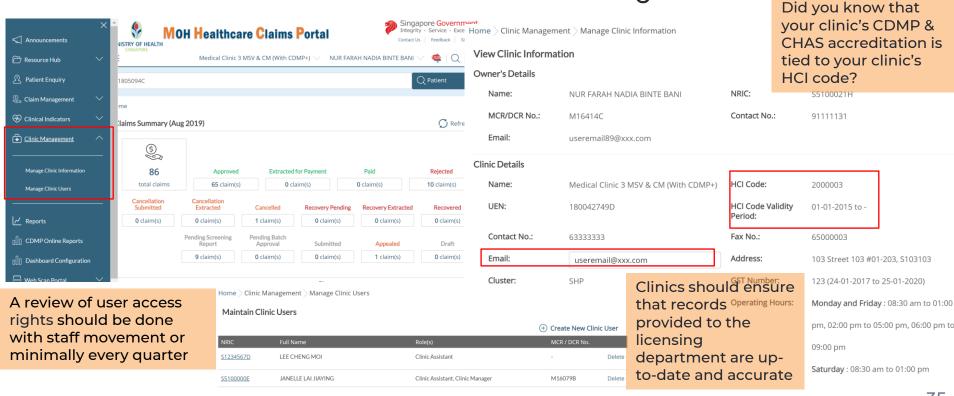
Submission Date



RECAP

Updating clinic's information

Clinic Contact Information, Access Rights, etc.



Is your Clinic Management System (CMS) ready for Enhanced CHAS?

- Assurance Technology Pte Ltd
- Cell Box Pte Ltd
- Concept Technology Pte Ltd
- EZIOM Pte Ltd
- Global Health Byte Pte Ltd
- Gloco Singapore Pte Ltd
- GPConnect
- Healthway Medical Group PteLtd

- Jaree Smithe Pte Ltd
- Magicsoft Asia Systems Pte Ltd
- Medisys Innovation Pte Ltd
- Plato Medical Pte Ltd
- Raffles Medical Group
- SGiMed Pte Ltd
- ToStart Pte Ltd (Previously Welvue Pte Ltd)
- Zanden Pte Ltd

GETTING STARTED ON ENHANCED CHAS - 1 Nov 2019

Collateral Pack for CHAS Clinics

- Combined CHAS/MG/PG Decal
- 2. Revised CHAS Poster
- 3. MG/PG Poster
- 4. CHAS GP Poster
- 5. "Show your card" Notice & Wobblers and A5 Tentcard
- 6. Quick reference guide (mouse pad)
- 7. CHAS Medical Referral Form
- 8. Simplified Application Forms and Business Reply Envelopes
- 9. CHAS brochures

Delivery of the packs will be between September to October 2019. Clinics can return the old collaterals to the courier for disposal. Otherwise, clinics should ensure that the collaterals are disposed of properly by 1 November 2019.

























Updates to Screen for Life (SFL) Are you aware of the enhancements to SFL since 7 May 2019?

Cardiovascular Disease Risk Screening*

	HbA1c can be used as an <u>alternative</u> initial test for diabetes mellitus						
Non-fasting lipid profile can be used as an <u>alternative</u> initial test for lipid disorders							
_	Cardiovascular Disease Risk Screening (Hypertensio	ardiovascular Disease Risk Screening (Hypertension, Diabetes, Lipid Disorders and Obesity)					
	Initial Test	П	Repeat Test (1st Repeat 2nd Repeat)				
	☐ HbA1c + Lipid Profile (☐ Non-fasting ☐ Fasting)	П	☐ Oral Glucose Tolerance Test (OGTT)				
	☐ Fasting Venous Glucose + Lipid Profile	П	☐ Repeat Fasting Venous Glucose				

Cervical Screening Test

- Pap Smear (for woman aged 25 to 29 years old)
- HPV Test (for woman aged 30 to 69 years old)

Initial Test	Repeat Test (1st Repeat 2nd Repeat)					
☐ HPV DNA (for women 30 years and older only)	Repeat HPV DNA (only if initial test was a HPV DNA test)					
Pap Test (for women 25 to 29 years old only)	Repeat Pap Test (only if initial test was a Pap test)					

 $[^]st$ Please refer to MOH Circular 07/2019 on the exclusion criteria in administering these non-fasting cardiovascular risk tests

Important Notes on Administering SFL in Your Clinic

1. SFL Registration Form

- a) To check MHCP or CMS for SFL real-time eligibility
- Note: No expiry date for SFL letter
- Why do I need to check? In the event that patient was already diagnosed with the relevant chronic condition at other providers and considered <u>not</u> eligible after SFL letter was issued).
- b) Section A Fill in Current HCl code and MCR No.



c) For clinics using stickers labels, please include patient's contact details on carbon copies for lab/clinic follow-up purposes

2. Submission of FIT kits





a) Patient's NRIC to be written on the kit for lab processing and for tracing of patient with positive results for immediate follow-up

	R LIFE (SFL) tion Form Health Flooring							
Section A Doctor's Name: Clinic Name: Clinic Address:	MCR no.: HCI Code: Tel. no.:							
Clein's Name: Clein's Name:	Gender: M / F * (dd/mm/)9999) Citizenship: SC / PR * Home/Office: Nobile: Ck the relevant indicators for each test in this section.							
Date of screening: Cardiovascular Disease Risk Screening (Hypertension	(dd/mm/yyyy) Diabetes, Lipid Disorders and Obesity)							
Initial Test ☐ HbA1c + Lipid Profile (☐ Non-fasting ☐ Fasting)	Repeat Test (1st Repeat 2nd Repeat) Oral Glucose Tolerance Test (OGTT)							
Fasting Venous Glucose + Lipid Profile	Repeat Fasting Venous Glucose							
	Height: metres (2 decimal places) Weight: kg (1 decimal places) (dd/mm/)9999)							
Initial Test HFV DNA (for women 30 years and older only)	Repeat Test (1st Repeat 2nd Repeat) Repeat HPV DNA (only if initial test was a HPV DNA test)							
Pap Test (for women 25 to 29 years old only) Specimen Source	Repeat Pap Test (only if initial test was a Pap test)							
Cervical OS Endocervix Lat. vaginal wall	Vault smear Others							
Colorectal Cancer Screening (for clients 50 years old and above) TWO copies of this completed form are to be given to the client for insertion into the envelopes with the FIT kits. Section D: Individual/Family Risk Factors Cardiovascular Diseases Cervical Cancer Colorectal Cancer								
☐ Tobacco use e.g. cigarette smoking ☐ HPV) infect☐ History of gestational diabetes mellitus ☐ Immunoc	Human Papilloma Virus ion Crolin's Disease Gramly history of colorectal cancer Others:							
Section E: Client Consent for Participation I. the undersigned, have read and understood Section F on p Board's Screen for Life (SFL) programme.	$\underline{sge~2}$ of this form and consent to participate in Health Promotion $\underline{Sxplained~by};$							
the purposes mentioned in Section F Para 4 on page 2	Name and Signature of Witness / Date nast screening and follow-up information to HPB's collaborators fo iton's Capy Page 1 of							

CHAS AUDIT AND COMPLIANCE



AUDIT: Let's revisit the requirements

Clinical Documentation

- Clinics should have complete documentation of all findings in clinical notes (e.g. all relevant tests, laboratory reports, results, and readings)
- Clinics should ensure accurate documentation (e.g. clinic should not make retrospective entries or modify clinical notes)
- Clinical notes should include documentation of evidence of establishing diagnosis (e.g. test results, memo from other doctors)



AUDIT: Let's revisit the requirements

Financial and Administrative

- Clinics should ensure accuracy of submitted claim(s) (e.g. submitted claims should match itemised bills and clinical notes)
- ☐ Clinics should issue itemised bills
- Clinics should keep-copies of itemised bills issued to patients

- Clinics should ensure subsidies were accorded accurately to patient(s)
- □ Clinics should ensure only claimable treatment(s) are claimed under CDMP and CHAS (e.g. aligned with CPGs, CDMP guidelines)
- Clinic(s) should ensure charges for CHAS patient(s) are aligned with clinics' standard charges

AUDIT QUIZ TIME!

COMMON NON-COMPLIANCES OBSERVED

 Patient is a regular patient who consults the doctor for both diabetes and hypertension.



- No, the tiering is based on the number of conditions that patient is seeing the doctor for in that particular visit.
- However, in today's visit, the patient is only seeing the doctor for diabetes.
- Can today's visit be claimed under the Chronic complex tier?
- Patient visits the clinic for regular diabetes follow-up and treatment



Can the patient's consultation fees be claimed under CHAS acute?



- No, as the patient has been diagnosed with a CHAS Chronic condition, the visit cannot be claimed under CHAS Acute.
- Consultation fees under CHAS Acute can only be claimed if the visit was not for a CHAS Chronic condition, but a CHAS Acute condition.

AUDIT QUIZ TIME!

Can patients claim CHAS for medication refills collected Overthe-Counter (OTC)?



- CHAS Acute claims for medication refills collected OTC without consultation for acute conditions is not allowed.
- However, CHAS Chronic claims for medication refills collected OTC are allowed as long as the patient's chronic condition is regularly managed by the doctor.

Patient visits with only a strip of diabetes medications (with no labels) and claims that he was diagnosed with diabetes.



No, as there is insufficient evidence to show that the patient was diagnosed with diabetes.

Can CHAS Chronic subsidies be claimed for the visit? Acceptable forms of evidence(s) can include;
 Doctor's Memo, Prescriptions, Medication
 labels, and/or relevant test results.

AUDIT QUIZ TIME!

Can patients claim for package tests under CHAS?



- Yes, only if the package completely comprises of tests relevant to the management of the chronic conditions under CDMP/CHAS.
- Packages that includes screening for non-relevant conditions such as cancer biomarkers screening are not claimable under CHAS.

Is health screening covered under CHAS?



No, all screening tests (including tests to establish diagnosis of a condition) are not claimable under CHAS, except for tests leading to the diagnosis of approved chronic conditions under CDMP and CHAS.



As indicated in earlier circulars

If found with non-compliant CHAS claims through the CHAS audit, your clinic may be asked to undertake any of these follow up actions:

Mandatory online training and test that must be passed within a stipulated deadline;
 Mandatory training session conducted by AIC account manager;
 Mandatory self-review of past claims based on the CHAS guidelines, and any further erroneous claims found will be recovered;
 Withhold all subsidises for period the Government deems necessary for the Participating Licensee to rectify any NC detected;
 If your clinic is found with serious non-compliant claims, the clinic could be

suspended/terminated from CHAS, and not allowed to submit CHAS claims.

Why do I still need to apply for CHAS? Can MOH automatically issue CHAS cards to all Singaporeans since everyone will now qualify for CHAS?

- CHAS cards are still issued on an application-only basis. All Singapore Citizens who apply for CHAS will be accorded a CHAS card based on their means-test status.
- Although all Singaporeans are now eligible for CHAS, households which do not qualify for the Blue and Orange CHAS cards may not wish to receive the Green CHAS card if they do not have chronic conditions under CHAS.
- We also recognise that not all Singaporeans would want or require CHAS subsidies. Therefore, we will only issue cards when eligible people come forward to apply.

Should Merdeka Generation Cardholders still apply for CHAS?

- Merdeka Generation seniors will already enjoy special Merdeka Generation CHAS benefits when visiting CHAS GP and dental clinics, with their MG card.
- MGs will also receive 25% off at public Specialist Outpatient Clinics (SOCs).
- However, there are two reasons why they might still wish to apply for CHAS:
- If the MG Senior applies for CHAS, their household members can also receive CHAS subsidies

When applying for CHAS, their eligibility for higher healthcare subsidies will be assessed at the same time. Lower- to middle-income MG seniors (eligible for Blue or Orange CHAS cards), will enjoy higher subsidies for subsidised services at the public Specialist Outpatient Clinics (SOCs), and subsidised outpatient medications.

The additional 25% off that MG seniors receive will then be applied on top of these higher subsidies.

RESOURCES & WHERE TO SEEK HELP



Clinic(s) can refer to MOH circulars for any updates or changes to the guidelines. Past circulars are available on both MHCP Resource Hub and AIC Primary Care Pages (www.primarycarepages.sg)



Clinic(s) can also refer to the CDMP Handbook for Healthcare Professionals 2018 for the general list of claimable and non-claimable items under CDMP and CHAS Chronic



As part of improving the CHAS clinics' experience with the scheme, the monthly quick tip is a friendly reminder on the 'Dos' and 'Don'ts' of CHAS administration. You may refer to the Quick Tips on Primary Care Pages or MHCP Resource Hub



You may also contact the AIC GP Helpline (6632 1199) or your CHAS account manager for clarifications

Know your CHAS account manager

CDC	GRC/SMC	Account Manager
Central	Sengkang West SMC, Tanjong Pagar GRC	Jason Low 9017 2406
	Ang Mo Kio GRC, Bishan-Toa Payoh GRC	Kiong Xin Hui 9783 1540
	Jalan Besar GRC, Potong Pasir SMC, Radin Mas SMC	Samantha Lim 8428 1295
Northeast	Aljunied GRC, Punggol East SMC, Hougang SMC, Pasir Ris-Punggol GRC	Patrick Zheng 9826 3794
	Tampines GRC	Amanda Low 9788 1867
Southeast	East Coast GRC, Fengshan SMC	Amanda Low 9788 1867
	Marine Parade GRC, Mountbatten SMC, Macpherson SMC	Esther Tee 8869 0712
Northwest	Holland-Bukit Timah GRC, Marsiling-Yew Tee GRC, Nee Soon GRC, Sembawang GRC	Quek Zhi Rui 9011 4026
Southwest	West Coast GRC, Yuhua SMC, Pioneer SMC, Bukit Batok SMC	Jas Lek
	Dulit Pariana CMC Chua Chu Kana CDC Hana Kak Marah CMC	8869 4251
	Bukit Panjang SMC, Chua Chu Kang GRC, Hong Kah North SMC, Jurong GRC	Chee Hui Fen 8388 7314

Onsite training for CHAS, SFL, and PHPC is available for both GP and clinic staff.

Please feel free to contact your account managers to arrange for a training slot, or for any other enquiries.

THANKS!

Be ready for 1 Nov 2019!