



MINISTRY OF HEALTH
SINGAPORE

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CEOs, CMBs, CFOs, BOMs of Public Hospitals, National Centres, Polyclinics and Community Hospitals

CEOs and BOMs of Private Medical Institutions

Private Medical Institutions and Medical Practitioners accredited under MediSave and MediShield Life Schemes

Master, Academy of Medicine, Singapore (AMS)

Dear colleagues,

REMINDER ON COMMENCEMENT OF ENFORCEMENT AGAINST INAPPROPRIATE MEDISHIELD LIFE CLAIMS AND RECTIFICATION REQUIRED

This circular reminds all Public Healthcare Institutions and MediSave (MSV) and MediShield Life (MSHL) accredited medical institutions and practitioners¹ that MOH will (1) start taking enforcement actions against inappropriate MSHL claims submitted from 1 April 2023 and (2) require claims made for inappropriate treatment to be rectified. This follows from the MOH announcement on the commencement of MSHL claim adjudication in the circular MOH FCM No. 47/2022 issued on 3 October 2022 (see **Annex A**).

BACKGROUND

2. Since October 2022, MOH has started adjudicating MSHL claims to ensure MSHL covers medically necessary treatments in a sustainable manner and at affordable premiums. Claims selected for adjudication could be those that are (i) deviations from prevailing MOH guidelines and requirements² (including MSHL Claim Rules), (ii) outliers detected by system analytics based on historical claim patterns or

¹ Medical practitioners can include dental practitioners, where applicable.

² These refer to prevailing guidelines published by MOH and its appointed agencies, where relevant, including but not limited to MSHL Claim Rules (CRs), Table of Surgical Procedures (TOSP) Booklet, Manual on MSV/MSHL claims, Terms and Conditions for Approval under MSV/MSHL Schemes, MOH Finance Circulars related to MSHL claims, ACE's Guidance and Singapore Medical Council (SMC)'s Ethical Code and Ethical Guidelines (ECEG).



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MOH surveillance audits, and (iii) whistle-blown by patients, medical practitioners and Integrated Shield Plan (IP) Insurers and verified by data analytics to be outlier. The appropriateness of MSHL claims is assessed by independent clinical panels of private and public specialists (Panel) appointed by the MediShield Life Council (MLC).

3. MOH has also started introducing MSHL Claim Rules (CRs) from August 2022, starting with Gastrointestinal (GI) Endoscopy. To date, Cardiology and Ear, Nose and Throat Claims Rules have also been finalised after consultation. The three sets of Claims Rules can be found in the [Health Professionals Portal](#). As new CRs are rolled out in the future, transition periods of about 6 months will be provided to allow sufficient time for medical institutions and practitioners to become familiar with the new CRs. Specifically in the case of the first GI Endoscopy MSHL CRs, as well as the introduction of the Claims Adjudication process in October, a transition period till 1 April 2023 was provided.

4. The types of inappropriate claims found during claims adjudication can fall under one or more of the following categories (*list not exhaustive*):

- a) Inappropriate use of TOSP codes. This includes (i) use of codes that do not accurately describe the procedure performed, (ii) submitting more than one code where a single code adequately describes the procedure and (iii) unwarranted splitting of procedures into separate episodes of surgery or admissions.
- b) Inappropriate treatment or procedure. This includes (i) ordering unnecessary tests, (ii) performing excessive and/or non-indicated procedures (iii) admitting unnecessarily for Day Surgery procedures e.g. gastroscopy in 'well' patients to claim other outpatient services under insurance and (iv) non-compliances with all other MSHL CRs or MOH-issued guidelines.
- c) Treatment or procedure which are excluded from MSHL coverage. This includes procedures conducted for cosmetic or health screening purposes, as well as experimental treatments.

For avoidance of doubt, where a claim consists of both claimable and non-claimable items, the claim will not be considered inappropriate if the charges for the non-claimable items are filed under the non-claimable charge code (ZZ9999). For example, where a hernia surgery was performed together with cosmetic abdominoplasty, the charges for cosmetic abdominoplasty should be filed under ZZ9999 during claim submission. In this regard, prior to admission, the patient should be financially counselled clearly on the procedures that are MSV/MSHL



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claimable (e.g. hernia surgery in the above example), as well as the expected out-of-pocket cost of the entire treatment, including the non-claimable items (e.g. cosmetic abdominoplasty in the above example).

RECTIFICATION REQUIRED FOR INAPPROPRIATE MSHL CLAIM

5. **MOH requires all inappropriate claims submitted to be rectified, except for those mentioned in para 5b during the transition period.** This is to ensure MSHL and MSV payouts will be adjusted and appropriately reflected.

- a) For (i) MSHL excluded treatment, service or item, e.g. screening, cosmetic procedures (ii) non-compliances with **existing claim requirements** (e.g. inappropriate use of Table of Surgical Procedures (TOSP) codes, **or (iii) issued CRs that have passed the transition period:**
 - i. Claim rectification is required.
 - ii. Enforcement actions will be taken against medical practitioners, i.e. non-compliant incident will be counted under the Escalation and Enforcement Framework (EEF) (see **Annex B**).
- b) For claims found to have deviated from the specific sets of **Claims Rules that are still within transition period:**
 - i. Claim rectification is not required during the transition period but medical institutions and practitioners are strongly encouraged to do so.
 - ii. Enforcement actions will not be taken against medical practitioners, i.e. non-compliant incident found during the transition period will not be counted under the EEF.

6. For all cases adjudicated as inappropriate, both the medical institutions and practitioners will be informed by MOH of the Panel's decision and be required to take the following actions:

- a) *(If the entire claim is inappropriate)* Cancel the claim by submitting a Cancellation (CA) claim; or
- b) *(If only a portion of the claim is inappropriate)* Remove the inappropriate TOSP code and / or treatment items from the claim, including their associated charges, by submitting an Amendment (AM) claim;
- c) Depending on the nature of the inappropriate claim:



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- i. Inappropriate use of TOSP codes. The medical institution and practitioner concerned should ensure that their charges for the resubmitted TOSP codes and / or items are reasonable and directly attributable to the appropriate treatment or procedure performed, taking into account MOH's published Fee Benchmarks (where available).
- ii. For all other types of inappropriate claims. All charges associated with the inappropriate claim and/or items should not be recovered from the patient and not shifted to other items in the claim. Such charges should be settled between the medical institution and practitioner concerned, as it would be dependent on their contractual arrangements and commercial considerations. However, should the medical institution be able to demonstrate that **the patient had requested to proceed with the health screening, cosmetic procedure or medically unnecessary hospitalisation despite explicitly being advised that it is not eligible for claim³**, it is up to the institution to decide on how they wish to settle the bill with the patient and the medical practitioner. In such cases, **for avoidance of doubt, the inappropriate claim will still be considered a non-compliant conduct (one count) against the medical practitioner⁴.**

Please refer to **Annex C** for infographics and detailed instructions for rectification of MSHL and MSV claims.

7. The medical institutions and the practitioners would be given 5 working days to discuss the matter:

- a) Thereafter, MOH will also inform the patient of the outcome of the Panel's assessment, including his or her right to appeal and the follow-up actions required of the medical institutions and practitioners, given that there will be changes to the amount of MSHL and MSV payouts for the affected claim.
- b) The medical practitioner may, within 30 working days of receiving the Panel's assessment and upon discussion with and agreement from the

³ Integrated Shield Plan (IP) insurers are also advised to remind their agents and intermediaries not to encourage their policyholders to request for submission of inappropriate claims (e.g. cosmetic procedure, unnecessary inpatient hospitalization) and to take disciplinary actions against such repeated behaviours.

⁴ Medical practitioners are responsible to ensure that the submission of claim is appropriate and in accordance with the Terms and Conditions of Approval under the MediSave and MediShield Life Scheme.





patient, submit new evidence to the Panel for reconsideration. However, if the Panel still concludes that the claim is inappropriate, the medical institutions and practitioners will be required to rectify the inappropriate portion of the claim. Failure to rectify the claim within the timeline stipulated by MOH in the Claim Adjudication Outcome Letter despite reminders may result in escalation of enforcement action.

8. If the patient has an IP policy, the relevant insurer will also be informed of the items that required claim rectification, after medical institutions and practitioners have rectified the claim. Whether the insurer decides to adjust the IP payouts subsequently is contingent on the insurer's own independent assessment, contractual terms with the policyholder and commercial considerations. For queries on the IP payouts for the inappropriate claim, medical institutions and practitioners should advise their patients to check with their insurers directly.

9. Please refer to **Annex D** for the detailed workflow where various stakeholders will be informed of any inappropriate claim.

10. Medical practitioners who wish to find out more about MOH issued guidelines and requirements can access the resources available on the [Health Professionals Portal](#) to learn about the published claim rules, information relating to claim adjudication and anonymised case studies of past claims adjudicated. MOH will also work with the professional bodies to enhance education and outreach to help the medical community better understand MOH claim guidelines and requirements.

ENFORCEMENT AGAINST INAPPROPRIATE CLAIMS FROM 1 APRIL 2023

11. As mentioned in the earlier circular MOH FCM No. 47/2022 disseminated in October 2022, to ensure compliance with prevailing MOH guidelines and requirements, MOH will start taking **enforcement actions against inappropriate claims made after 1 April 2023**.

12. For the first instance of non-compliance, medical practitioners and medical institutions concerned will be informed of the non-compliant conduct and be warned against repeating it. After the first non-compliance has been established, MOH may step up monitoring of the medical practitioner's claims and the practitioner's future cases may be adjudicated again. Generally, if the doctor does not commit another non-compliance within two years of the last non-compliance, the doctor's compliance record will be refreshed to a clean slate.





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13. If the medical practitioners make another inappropriate claim, which could be a different nature of non-compliance or a repeat of the first non-compliance, at the second adjudication, they will be required to undergo mandatory training (which could come with a proficiency test in future) to familiarise themselves with the prevailing and relevant MOH claim guidelines and requirements. The other medical institutions in which the practitioner is credentialed to practise in will also be informed of the non-compliant conduct.

14. **Subsequent offences will be subject to more severe enforcement actions, including suspension (typically six (6) months before the accreditation can be reinstated) or revocation of their Approved Medical Practitioner's status under the MSV/MSHL Scheme.** This means that medical practitioners will no longer be able to submit MSV, MSHL as well as IP claims, as the MSHL/MSV/IP submission system is integrated. Errant medical practitioners may additionally be escalated to the Singapore Medical Council (SMC) or Singapore Dental Council (SDC) for disciplinary actions to be taken. Cases that are potentially fraudulent will also be escalated to Singapore Police Force for investigations.

15. Notwithstanding the above, **MOH reserves the right to escalate any repeat non-compliance to a higher tier, especially where the conduct is egregious and repeated.**

16. Refer to list of frequently asked questions in **Annex E**.

ASSESSMENT ON CLINICAL COMPLEXITY OF PROCEDURES IN RELATION TO PROFESSIONAL FEES CHARGED (*applicable only for private sector*)

17. Since MOH introduced the new surgeon fee benchmarks for the less common surgical procedures on 14 June 2023, the surgeon fee benchmarks now cover all 2,100 non-dental procedures for which MSV and MSHL can be claimed. Anaesthetist fee benchmarks have also been introduced for 500 non-dental procedures. Fee benchmarks are intended to be a guide for routine and typical cases. Medical practitioners should make reference to the fee benchmarks for their respective areas when providing financial counselling to patients and be prepared to provide reasons for charging above the fee benchmarks.

18. MOH will step up monitoring of medical practitioner's professional fees and total bill sizes. Cases which are consistently above the fee benchmarks or have outlier total bill sizes may be picked for review. Similar to the claims adjudication process, MOH will consult relevant experts from the Panel to ascertain if such cases are of exceptional complexity to warrant the higher fees. Medical practitioners who charge excessively without valid justifications will have such instances considered as an



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aggravating factor in determining the enforcement action to be taken against the medical practitioner for submitting inappropriate claim(s). For example, upon the third count of non-compliance, immediate revocation of their Approved Medical Practitioner’s status under the MSV/MSHL Scheme could be considered if the medical practitioner has a history of egregious overcharging behaviour.

CONTACT INFORMATION

19. For further clarifications, please contact:

Subject Matter	Name/ Division
MediShield Life Claim Rules and Claim Adjudication	Claims Office Admin Mailbox (email: Claims_Office_Admin@moh.gov.sg) Ms Tan Beng Hui [For Claim Rules] (email: TAN_Beng_Hui@moh.gov.sg) Ms Penny Mi [For Claim Adjudication] (email: Penny_MI@moh.gov.sg) <i>Claims Management Office</i>
Fee Benchmarks	MOH Fee Benchmarks (email: moh_fee_benchmarks@moh.gov.sg) Ms Melissa Pang (email: Melissa_PANG@moh.gov.sg) <i>Finance Partnerships and Governance</i>

20. Kindly disseminate this reminder to all medical practitioners and relevant staff for information and follow-up.

Yours sincerely,

PROFESSOR KENNETH MAK
DIRECTOR-GENERAL OF HEALTH
MINISTRY OF HEALTH

Transmitted electronically, no signature required

cc: CEO, CPF
Attn: Mr Alvin Ng, Senior Deputy Director, CPF

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Annexes

Title	Document
Annex A: MOH FCM No. 47/2022 Circular on Framework To Ensure Appropriate MediShield Life Claims	
Annex B: Escalation and Enforcement Framework (EEF) – extracted from the Terms and Condition of Approval under the MediSave Scheme and MediShield Life Scheme	
Annex C: Infographics and Instructions for Rectification of MediShield Life Claim	 
Annex D: Detailed workflow of informing stakeholders of inappropriate claims	
Annex E: Frequently Asked Questions	





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