


# Care reporting submission

## PURPOSE OF CARE REPORTING

- Track clinical outcomes and enable Quality Improvement work<sup>^</sup>
- Facilitate care continuity<sup>#</sup>
- Enable verification for care components completed for processing of **Annual Service Fee (ASF)** and **Chronic Enrolment Grant (CEG)**

## GUIDELINES FOR CARE REPORTING

	For ASF payment	For CEG payment
<b><u>WHO</u> should submit</b>	All HSG clinics	
<b><u>WHOSE</u> data should be submitted</b>	All enrollees of the HSG clinic [i.e. CDMP chronic, non-CDMP chronic, and well enrollees]	CDMP chronic enrollees of the clinic
<b><u>WHAT</u> data should GPs submit</b>	<ul style="list-style-type: none"><li>• Date, time and outcomes of care components (e.g. HbA1c) performed in accordance with the Care Protocol (CP)</li><li>• Data fields to be submitted for the respective CPs can be found on <u>Primary Care Pages (PCP)</u>. [Scan QR code to access] </li><li>• All fields tied to ASF payment are marked with an asterisk (*) in the Data Submission section of the respective CPs in PCP</li></ul>	CDMP condition(s) of the enrollee e.g. Hypertension, Diabetes Mellitus
	<b>Note: Clinics should not be prospectively submitting any future dates in care reports. Visit/assessment/test(s) dates should only be filled in, and submitted via care reports when visit has actualised.</b>	
<b><u>WHEN</u> to submit and how often</b>	Care reports can be submitted at any time throughout the year. It is recommended to submit as soon as possible after the patient has been reviewed or the care component has been performed.  Note**: For Variable Payments, 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.	
<b><u>WHEN</u> will clinic be paid</b>	<b>ASF will be paid by May 2025 for work done from 1 Jan 2024 to 31 Dec 2024 (for fixed payments), and work done from 1 Jul 2023 to 31 Dec 2024 (for variable payments)</b>	Within 2 months after assessment date of 31 Mar, 30 Jun, 30 Sep and 31 Dec
<b><u>HOW</u> to submit</b>	Use the care reporting function of your HSG-compatible CMS*. The care reports will be submitted cumulatively for the assessment period. <ul style="list-style-type: none"><li>• <b>Do not delete enrollees' past data in the CMS as it may result in incomplete submission.</b></li></ul>	
<b><u>WHERE</u> to find further information</b>	<ul style="list-style-type: none"><li>• Primary Care Pages</li></ul>	<ul style="list-style-type: none"><li>• Primary Care Pages</li><li>• MOH Finance Circular Minute No. 1/2024</li><li>• MOH Finance Circular Minute No. 11/2024</li></ul>

<sup>^</sup> Healthcare professionals can view enrollees’ care reports in the National Electronic Health Record (NEHR) under the “Healthier SG” tab.

<sup>#</sup> Aggregated data will also be shared through PCN HQ and clusters for quality improvement and regional health management.

<sup>\*</sup> CMS designs may vary; please check with your CMS vendor on the details of the feature.

<sup>\*\*</sup> For example: In Jan 2024, GP A completes the Basic DHL Bundle with enrollee but did not submit the care report. In Feb 2024, this enrollee changed enrolment to GP B. GP B completes the same bundle with enrollee and submits the care report in Apr 2024. GP A submits the care report in May 2024. The ASF payment will be provided to GP B who had submitted the care report earlier than GP A.

# CEG and ASF Payment Quanta and Criteria


Payment Component	Well (non-CDMP condition patient)	Chronic (at least 1 CDMP condition, but no DHL)	Chronic (with Diabetes, Hypertension, Lipid Disorders (DHL))
Chronic Enrolment Grant (CEG)	Not Applicable	<b>\$70 per calendar year for each chronic enrollee with 1 or more CDMP condition tagged who is enrolled to the HSG GP clinic.</b> 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. <i>MOH has provided a <u>one-time advancement of one quarter's worth of the CEG from 2025 to 2024</u> to eligible clinics. Please see MOH Finance Circular Minute No. 11/2024 for more details.</i>	
Annual Service Fee (ASF) Fixed component#	<b>\$30</b> <ul style="list-style-type: none"><li>Annual Health Plan check-in (submit a new Health Plan entry) per calendar year</li><li>Data submission for height, weight and smoking status</li><li>Patient remains enrolled</li></ul>	<b>\$70</b> <ul style="list-style-type: none"><li>2 chronic consults a year</li><li>Annual Health Plan check-in (submit a new Health Plan entry) per calendar year</li><li>Data submission for height, weight and smoking status</li><li>Patient remains enrolled</li></ul>	
Annual Service Fee (ASF) Variable component (preventive)#	<b>\$10 per eligible screening/vaccination*</b> <ul style="list-style-type: none"><li>Recommended screenings per Screening Test Review Committee (STRC) Category 1 recommendations^</li><li>Recommended vaccinations under the National Adult Immunisation Schedule (NAIS)^</li><li>Recommended Covid-19 vaccinations under the National Vaccination Programme^**</li></ul>		
Annual Service Fee (ASF) Variable component (chronic)#	Not Applicable	Not Applicable	<b>\$30</b> <ul style="list-style-type: none"><li>Basic DHL Bundle^</li></ul> <b>\$30</b> <ul style="list-style-type: none"><li>Diabetes Bundle (DRP and DFS), only applicable to Diabetes^</li></ul>

^ Care components which may not be directly performed or administered by GP clinic can also be submitted for claims.  
# Refer to Page 3 & 4 for more details on the required fields that needs to be submitted via care reports to qualify for the respective ASF payments.  
\* 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).  
\*\* The ASF assessment period is from 1 July to 31 December 2024. 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).

WORKED EXAMPLE

Mrs Tan, age 65 (in 2024), is a Singaporean citizen enrolled to ABC clinic from 1 Jan 2024 to 31 Dec 2024.

She has diabetes and hypertension.



✓Chronic Enrolment Grant

- Enrolled to ABC Clinic on all 4 assessment dates
- Advance of 1 quarter of CEG payment from 2025 to 2024

✓ASF Fixed Payment (Chronic)

- Two chronic visits done on e.g. 2 Feb, 5 Sep
- Annual check-in: Health Plan, height, weight, and smoking status updated#

✓ASF Variable Payments

Screenings:

- Completes free colorectal cancer, breast cancer and cervical cancer screenings (not eligible for cardiovascular risk screening)

Vaccinations:

- Takes her influenza and pneumococcal vaccines

Basic DHL Bundle (for Diabetes and Hypertension):

- 1 LDL-C test, 2 BP measurements, 1 kidney screening, 2 HbA1c tests completed

Diabetes Bundle:

- 1 diabetic foot screening, 1 eye assessment completed

Clinic submits all care components as soon as they have been completed. For CY2024, ABC Clinic receives:

\$87.50

+

\$70

+

\$30

+

\$20

+

\$30

+

\$30

+


\$267.50

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

- All the fields tied to ASF payments are denoted with asterisk (\*) in the respective Care Procotols on Primary Care Pages and are consolidated below.
- The frequency and appropriateness of the care components should be performed in accordance with the respective Care Protocols.
- Please submit the data as soon as possible after patient has been reviewed or the care component has been performed.
- For HSG GP to receive the full Basic DHL Bundle payment or Diabetes Bundle payment, each enrollee must complete each bundle based on his/her DHL condition(s) and submit the required care reporting fields.
- If the enrollee completes the tests at a different provider and provides the result to the enrolled HSG GP, the enrolled GP can still receive the bundle payment if he/she reviews and submits the data through the care report.

FIXED PAYMENTS				
<div> ASF assessment period: 1 Jan 2024 to 31 Dec 2024</div> <div>For Fixed Payments* Well: \$30, CDMP Chronic: \$70</div>				
Height	Weight	If weight is not feasible to measure, enter waist circumference	Smoking Status	No. of sticks smoked/day
CDMP Condition(s)^		Date of Weight/Height/Waist Circumference Taken	Date of Chronic Consult [2 chronic consults a year]	Visit Mode
Diagnosis Code	Annual Health Plan Check-in (submit a new Health Plan entry)			

^ Also required for CEG payments  
# Enter 0 if enrollee is a never-smoker or ex-smoker  
\* Fixed payments 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 payments.

VARIABLE PAYMENTS (PREVENTIVE)				
<div> ASF assessment period: 1 Jul 2023 to 31 Dec 2024</div> <div>For Variable Payments (Preventive) Per eligible screening/vaccination: \$10</div>				
DHL Screening				
Date of Screening	Screening Type	HDL-C	LDL-C	HbA1c or Fasting Plasma Glucose (FPG)
Total Cholesterol	Triglycerides	Systolic BP	Diastolic BP	



# Criteria to receive ASF Variable Payments (Diabetes Bundle)

VARIABLE PAYMENTS (CHRONIC)



ASF assessment period: 1 Jul 2023 to 31 Dec 2024

Diabetes Bundle  
\$30

Diabetes Bundle

Diabetic Retinopathy (DRP) Conducted?

Diabetic Foot Screening (DFS) Conducted?

Date of DRP/ Visit

Results of DRP

Date of DFS/ Visit

DFS Outcome

1

st criteria

Enrolled GP ensures enrollee with Diabetes completes all recommended care components in the Diabetes Bundle

- To be eligible for the full Diabetes Bundle payment (\$30), GP must conduct both DRP and DFS.

HSG GP should indicate:

- (i) if the DRP/DFS was conducted, or
- (ii) "NA: patient on active follow up with ophthalmologist", or
- (iii) "NA: patient on active follow up with orthopedics, vascular Specialist Outpatient Clinic (SOC) or podiatrist".

- Partial Diabetes Bundle payment (\$15) is given only in exceptional scenarios, where the GP cannot conduct the following test(s):

- (i) DRP due to *blindness in both eyes* or
- (ii) DFS due to *bilateral lower limb amputations*.

For such enrollees, if only one component is conducted, the GP can receive a \$15 payment. This is subjected to the earliest submission by enrolled GP, should enrollee change enrolment to another clinic.

- No payment will be provided** if DRP and DFS outcomes are indicated as **"unknown"**.

2

nd criteria

Enrolled GP submits the enrollee's diabetes diagnosis, test(s) date and test outcomes

- Enrolled GP should submit the enrollee's (i) Diabetes diagnosis, (ii) test(s) date, and (iii) DRP and DFS test outcomes, through the care report.

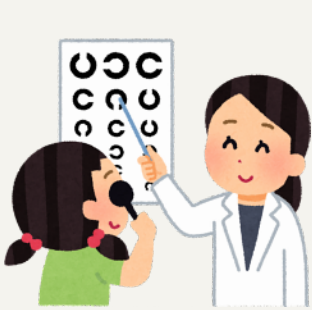
- For scenarios where the GP cannot conduct DRP or DFS due enrollee's condition(s) (i.e. blindness or amputations respectively), GP should submit such clinical indications through the care report.

## WORKED EXAMPLE ON DRP

### EXAMPLES OF DOCUMENTATION FOR APPROPRIATE PAYMENT

EXAMPLE 1

1st Criteria



GP is **able** to obtain DRP or eye assessment results.

- i) Patient is **either** on follow-up at an ophthalmologist **or**
- ii) Patient was seen once recently at a Specialist Outpatient Clinic (SOC).

Select **NA: patient on active follow up with ophthalmologist**.

or

Select DRP done as **Yes**.

2nd Criteria

- 1.Key in SOC visit date as the Date of DRP.
- 2.Select the relevant outcome(s).

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

GP qualifies for the ASF Variable Payment(s) (Diabetes Bundle).

EXAMPLE 2

1st Criteria



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

2nd Criteria

Selects **"unknown"** as the outcome.

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