Care reporting submission

PURPOSE OF CARE REPORTING

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

Please note that PCN Chronic Disease Registry (CDR) has ceased wef 31 Dec 2023. All PCN clinics should have submitted the CDR data for processing of Care Plus Fee payment to PCN HQ by 31 Mar 2024.

GUIDELINES FOR CARE-REPORTING

	For ASF payment	For CEG payment
<u>WHO</u> should submit	All HSG clinics	
<u>WHOSE</u> data should be submitted	All enrolees of the HSG clinic [i.e. CDMP chronic, non-CDMP chronic, and well enrolees]	CDMP chronic enrolees of the clinic
WHAT data should GPs submit	 Date, time and outcomes of care components (e.g. HbA1c) performed in accordance to the Care Protocol (CP) Data fields to be submitted for the respective CPs can be found on Primary Care Pages (PCP). [Scan QR code to access] All fields tied to ASF payment are marked with an asterisk (*) in the Data Submission section of the respective CPs in PCP 	CDMP condition(s) of the enrolee e.g. Hypertension, Diabetes Mellitus
<u>WHEN</u> to submit and how often	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.	
<u>WHEN</u> will clinic be paid	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)	Within 2 months after assessment date of 31 Mar, 30 Jun, 30 Sep and 31 Dec
<u>HOW</u> to submit	Use the care reporting function of your HSG-compatible CMS*. The care reports will be submitted cumulatively for the assessment period. • Do not delete enrolees' past data in the CMS as it may result in incomplete submission	
<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

^Healthcare professionals can view enrolees' care reports in the National Electronic Health Record (NEHR) under the "Healthier SG" tab.

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

*CMS designs may vary; please check with your CMS vendor on the details of the feature.

For GPs who have yet to onboard a HSG-compatible CMS and are using the Primary Care Digital Services (PCDS), care reporting data should be submitted via the PCN minimally every 3 months. Please note that PCDS is an interim solution, and all HSG clinics are required to onboard a HSG-compatible CMS by July 2024.

PAGE 1 CAA 17TH MAY 2024

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

\$70 per calendar year for each chronic enrolee with 1 or more CDMP condition tagged who is enroled to the **HSG GP clinic.**

The CEG is payable on a quarterly basis at \$17.50 per eligible HSG enrolee with at least 1 CDMP condition as of each assessment date.

MOH will also provide a <u>one-time advancement of one</u> <u>quarter's worth of the CEG from 2025 to 2024</u>. Please see MOH Finance Circular Minute No. 11/2024 for more details.

Annual Service Fee (ASF) Fixed component

\$30

- check-in Annual update (including of Health Plan)
- submission Data for weight height, and smoking status
- Patient remains enroled

\$70

- 2 chronic consults a year (including update of Health Plan)
- Data submission for height, weight and smoking status
- Patient remains enroled

Annual Service Fee (ASF) Variable component (preventive)

\$10 per eligible screening/vaccination*

- 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 ^#

Annual Service Fee (ASF) Variable component (chronic)

Not Applicable

Not Applicable

\$30

Basic DHL items^

\$30

• Diabetes bundle (DRP and DFS)^

- Items which may not be directly performed or administered by GP clinic can also be submitted for claims.
- # More details will be shared subsequently.
- * 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).

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:

PAGE 2

• 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:

\$30

\$87.50

\$70

- \$20
- \$30
- \$30

\$267.50

CAA 17TH MAY 2024

Care reporting data fields to be documented as part of good clinical practice and tied to ASF payments as at 9 May 2024

- All the fields tied to ASF payment 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 to 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 the HSG GP to receive a <u>bundle payment</u>, enrolee must complete the full bundle based on his/her DHL condition(s).
- If the enrolee 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.



