

FREQUENTLY ASKED QUESTIONS

1. Will MediShield Life Claims Rules constrain doctor's clinical practice and professional judgment in providing treatments that the doctor deems fit for his patients?

- MediShield Life Claims Rules ("Claim Rules") were put together by a group of specialists from the public and private sectors and are developed from evidence-based literature, clinical practice and cost-effective guidelines. Hence it should not impact doctor's recommendation and quality of care as they are aligned with prevailing clinical practices and the SMC's Ethical Code and Ethical Guidelines for doctors (ECEG).
- Claims Rules prior to final implementation are also:-
 - Checked against current utilization in the Medisave system to ensure that majority of medically legitimate claim situations are covered
 - Consulted with representative public and private sector peers
- Deviation from claim rules is allowed, but the treating doctor should inform his patient of the deviation and be prepared to provide justification, if queried by payors or regulators.

2. What will happen if a doctor deviates from Claims Rules?

- We expect majority of MediShield Life ("MSHL") claims to be in compliance with the Claims Rules as they are aligned with prevailing clinical practices and the SMC's ECEG. Claims which deviate from the Claim Rules may be selected for adjudication by MOH and reviewed by the MSHL Council's appointed panel of relevant specialists ("Panel") on a case-by-case basis.
- Doctors would be contacted to provide clinical rationale and justifications for providing the treatment, including case notes documenting patient declared history, examination findings and diagnostic tests done. I
- If a claim is assessed by the Panel to be inappropriate, MOH will require the improper MSHL and MediSave ("MSV") monies to be refunded. The refunded monies should not be recovered from patients, unless otherwise specified by MOH*.

*(*e.g., where MSV withdrawal is explicitly allowed, e.g., for screening colonoscopies for persons aged 50 & above)*

3. Which areas of ambiguities or abuse are addressed by Claims Rules?

- In 2020, concerns about legitimate claims for Gastrointestinal ("GI") endoscopies being turned down by an Integrated Shield Plan ("IP") insurer was brought up in media and in Parliament. At that time, there were also complaints that GI endoscopies for health screening were being claimed under MSHL and

IP, despite that they are excluded from coverage. There were also complaints about TOSP code-splitting resulting in claims being overpaid.

- To address these concerns, Claims Rules are being developed to clarify the appropriate treatments that MSHL will pay for, which IP insurers could also take reference from in their independent claim assessment. This way, concerns from doctors and patients about legitimate claims being turned down by insurers would also be mitigated.

4. How will the claims rules impact existing IP policies and payouts to policyholders?

- Claims Rules are developed for MSHL claims. While IP insurers may take reference from the Claim Rules, their decision to accept or reject a claim will be based on their own independent claim assessment, as is also subject to the contractual terms with each insured, and the insurer's commercial considerations.

5. What areas will the claims rules cover?

- We plan to focus on common surgical procedures that may have higher risk ambiguity or abuse, based on doctors' and insurers' feedback, our audit observations, and historical claims data analytics. Procedures which have high-cost impact will also be prioritised.
- As a start, MOH published the GI Claim Rules in August 2022. We will progressively roll out Claims Rules for other areas in the immediate future such as in ENT, Cardiology, Urology etc.

6. How will Claims Rules be implemented and updated?

- Stakeholder consultation will be carried out with the relevant specialists prior to the finalisation and roll out of each set of Claims Rules. Post launch, doctors will be given **a transition period of 6 months** to clarify and be familiar with the rules before they become enforceable.
- After the transition period, inappropriate deviations from Claims Rules may be escalated for enforcement actions to be taken under MOH's Escalation and Enforcement framework, which can lead to suspension and revocation of MSV and MSHL accreditation from MOH. Such revocation prevents a doctor from submitting any MSHL claim and IP claim as the systems are tied together and patients that still want to be treated by such doctors will need to pay their bills out-of-pocket
- Where a claim is flagged for adjudication by the Panel, doctors will be contacted to provide clinical justification for any deviation from the relevant Claim Rules. If a claim is assessed by the Panel to be inappropriate, MOH will require the

improper MSHL and MediSave (“MSV”) monies to be refunded. The refunded monies should not be recovered from patients, unless otherwise specified by MOH*.

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- Each set of Claims Rules will be reviewed every few years to ensure they are up to date with prevailing clinical practices.

7. Can appeals be made against a MSHL decision to reject a claim that had deviated from claims rules?

- Where a MSHL claim is selected for adjudication by the Panel, the treating doctor has 2 opportunities to present clinical evidence and justifications to the Panel.
- First, the Claims Management Office (“CMO”) will contact the doctor to provide justifications and supporting documents for deviating from the Claims Rules.
- Second, if the Panel’s assessment is that the evidence provided by the doctor does not justify the deviation, the doctor will be given 30 working days of receiving the Panel’s assessment to submit new evidence to the Panel for reconsideration.
- Following the Panel’s reconsideration, if the Panel’s decision remains unchanged, the doctor/medical institution will be asked to rectify the inappropriate portion of the claim and refund the respective MSHL and MSV monies.