



**MINISTRY OF HEALTH**  
SINGAPORE

# Transitioning from PHMCA to HCSA

Presented by the Health Regulation Group (HRG)  
Ministry of Health  
Feb 2023

# Agenda

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# Transition plan for licensees from PHMCA to HCSA

- HCSA Phase 3 will be implemented in end 2023 and will involve PHMCA licensees currently holding Nursing Home licences.
- At HCSA Phase 3 implementation in end 2023, PHMCA Nursing Home licences will be mapped to HCSA Nursing Home Service Licences
- These HCSA licences will be issued with the remaining licence tenure from the PHMCA licences that were mapped over to the HCSA licences

## Specified Services

- MOH will identify the SS that licensees will need to hold based on the healthcare services offered in your licensed premises today.
- **MOH will also be reach out to existing Nursing Home licensees to confirm the SS that they intend to provide under their Nursing Home service licence under HCSA.**
- Otherwise, licensee can still submit an application in HALP to seek MOH's approval for the provision of these SSES after HCSA Phase 3 implementation. Details on how to submit an application in HALP will be released at a later date.

### Specified Services under HCSA Nursing Home Service:

**[NEW]** Collaborative Prescribing

**[NEW]** Inpatient Palliative Care

**[NEW]** Blood Transfusion Service

# Mapping of Key Personnel

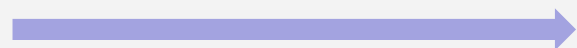
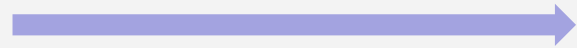
HCSA Nursing Service licence:

## PHMCA

Licensee

CEO

Manager



## HCSA

Licensee

Principal Officer (PO)

Clinical Governance Officer (CGO)

### **Important Note:**

- Licensees can make the necessary changes to the above Key Personnel in eLIS before the transition or in HALP after the transition. However, do note that these are Key Office Holders for both the PHMCA and HCSA licences, and hence MOH approval would be required for changes.
- All other licensing information (e.g. personnel information) will be migrated from eLis to HALP

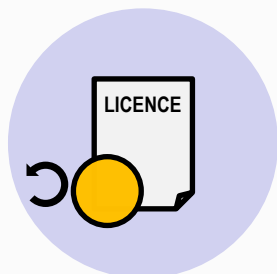
# Transition plan for licensees from PHMCA to HCSA (2023)

## Prior to implementation



### Feb 2023 Consultations

- Health Regulation Group (MOH) will be engaging licensees prior to each phase of HCSA implementation
- Details on these consultation sessions will be made available on [hcsa.sg](https://www.hcsa.sg)



### Renewals for Existing PHMCA Licences

- Existing PHMCA licences should be renewed in eLis 6 months prior to the licence expiry date
- Only PHMCA licences with valid licence tenure will be transitioned to HCSA



### Training sessions

- MOH will also be engaging the licensees to sign up for training sessions to help licensees familiarise themselves with the new system, Healthcare Applications and Licensing Portal (HALP)
- Information will be provided at a later time



### Administrative Blackout Period

- An administrative blackout period will be announced nearer to Phase 3 implementation.
- Licensees may only view their licences in the licensing systems, i.e. eLis or HALP, during this blackout period
- This blackout period is to facilitate the data migration of existing information from eLis into HALP

## After implementation



### Implementation of HCSA Phase 3

- Once HCSA Phase 3 is implemented, Licensees can logon to the new system, Healthcare Applications and Licensing Portal (HALP), to view and manage their HCSA licence(s)



### Assistance from MOH

- Dedicated helpdesk will be setup to assist licensees who may face issues using the new system

More information on the transition will be provided at a later time

# Licensing Matters after transition to HCSA

## Timelines for application, amendment, cessation of licence and others

Licence	Requirements
Application for new licence	<ul style="list-style-type: none"> <li>To be made via MOH licensing portal <b><u>no later than 2 months</u></b> before intended commencement date</li> </ul>
Renewal of existing licence	<ul style="list-style-type: none"> <li>Application to be made <b><u>no later than 2 months</u></b> before expiry of licence</li> <li>Up to 2 months from date of application to issue renewed licence</li> <li>Late renewal fee specified in First Schedule</li> </ul>
Addition of Premises / Conveyances to Licence	<ul style="list-style-type: none"> <li>Application to be made <b><u>no later than 2 months</u></b> before the service is provided at that additional premises / conveyance</li> </ul>
Removal of Premises / Conveyances from Licence	<ul style="list-style-type: none"> <li>Application to be made <b><u>no later than 1 month</u></b> before stopping provision of service at that premises / conveyance</li> </ul>
Any Other Amendment (particulars or information)	<ul style="list-style-type: none"> <li>Application to MOH for change of licensee name, to be made <b><u>no later than 1 month</u></b> prior to doing so</li> <li>For other changes, to notify MOH <b><u>no later than 10 calendar days</u></b> before the change</li> </ul>
Notification of Cessation	<ul style="list-style-type: none"> <li>Notification of intention to cease must be made <b><u>not less than 1 month</u></b> prior to cessation</li> </ul>
Notification of Death of Licensee	<ul style="list-style-type: none"> <li>Director must be notified of the licensee's death <b><u>within 1 month</u></b></li> </ul>
Nominee	<ul style="list-style-type: none"> <li>Licensees who are individuals or sole proprietors are to provide details of a nominee.</li> <li><i>*Nominee to be contacted when licensee is uncontactable</i></li> </ul>
Display of Licence	<ul style="list-style-type: none"> <li>No longer need to display licence (licences will be issued electronically)</li> <li>However, details of licence and licensed healthcare services to be provided to patients upon request</li> </ul>

# Licensing Fees under HCSA

## Fees will be retained or reduced for most PHMCA licence categories

- Through process reviews and streamlining, MOH is able to retain or reduce the HCSA licensing fees for most existing PHMCA licensees
- **Over 90%** of the existing licensees will see **either the same or a reduction in fees** under HCSA.
- There will be no changes to the license fee for nursing homes, i.e. same as the PHMCA license fee.

# Licensing Fees under HCSA

## Transition Fee Support for Licensees who experience a Fee Increase

- **Some licensees will see a fee increase due to the provision of:**
  - **New licensable healthcare services** (e.g. *Emergency Ambulance (EAS) and Medical Transport (MTS)*); or
  - **Specified services** that are newly regulated under HCSA (e.g. *inpatient palliative care*)
  - These services have **additional regulatory standards** and inspecting licensees' compliance to these standards results in additional costs, which translates to additional fees being required
- There will be a **gradual fee increase** for affected licensees:
  - To mitigate the impact of a fee increase on affected licensees, **MOH will gradually increase their fees over three renewal cycles\***.

*Gradual fee increase will not apply to Acute and Community Hospitals, which will pay the full HCSA fee from their next renewal.*

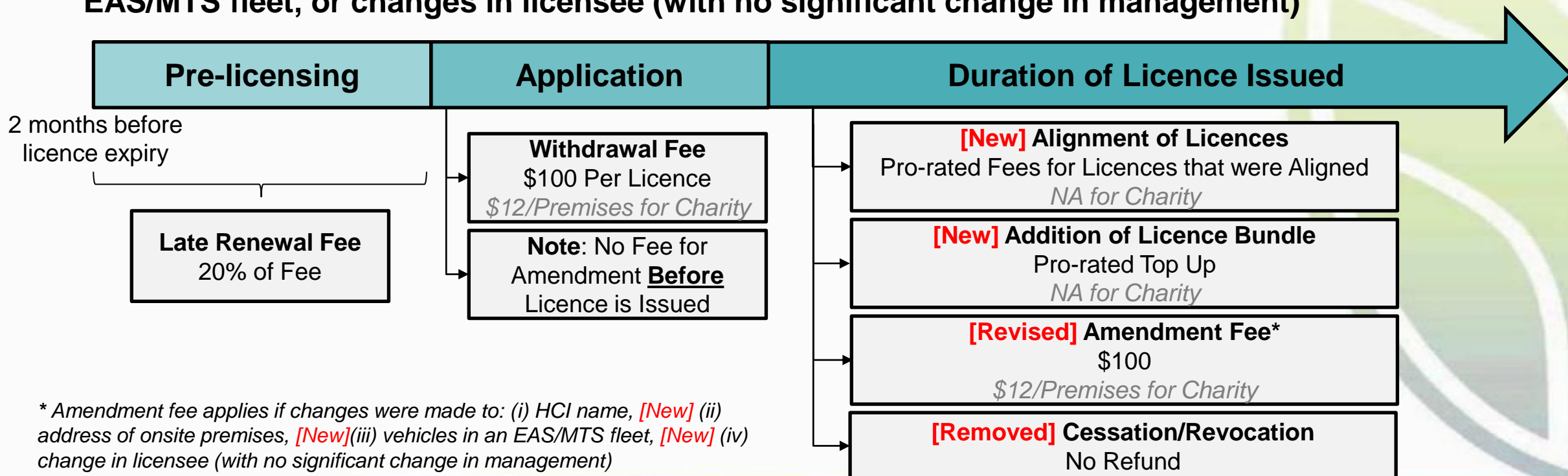


# Licensing Fees under HCSA

## Administrative Fees under HCSA remains largely similar

Admin fees under HCSA remain largely similar, **except**:

- **No refund will be made for revocation or cessation, once the licence has been issued.**
- **Fees may be pro-rated**, if the licensee has chosen to **align the licence tenures** within the same premises or add on new LHSes, SSeS and MOSDs to form a licence bundle.
- **\$100 amendment fee for changes to the address of onsite premises, changes to vehicles in an EAS/MTS fleet, or changes in licensee (with no significant change in management)**



# *Stay connected with us*

*MOH will provide more information along the way*



Visit **HCSA.SG** for  
more information



Write to us at  
**HCSA\_Enquiries@moh.gov.sg**

# The End

# Thank you



## PHMCR Second Schedule

Blood and blood product collection, processing, storage, distribution and transfusion services (including autologous blood transfusion).

Assisted reproduction services, excluding pre-implantation genetic testing services.

The following testing services:

- (a) pre-implantation genetic testing for monogenic or single gene defects;
- (b) pre-implantation genetic testing for chromosomal structural rearrangements.

Neonatal intensive care unit

Nuclear medicine therapy and in vivo nuclear medicine assay services.

Renal dialysis.

Sperm banking.

Radiation oncology.

Tissue banking.

Proton beam therapy.

Organ transplant services, including transplant-related clinical services.