Updated as at 21 Sept 2023

FAQs on Price Transparency Requirements under the HCSA

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Part 1: Issuance of Bill

1.	**Must a bill still be issued to the patient if the bill can be covered entirely by Third Party Administrators (TPAs)?**
•	Yes, a bill must be issued to the patient in all cases, unless the patient declines. • The purpose of a bill serves to inform patients of the services they have consumed, and their corresponding unit costs or charges. • If a patient is able to tap on TPAs and ends up with zero out-of-pocket payment, the licensee should still issue a bill listing the services provided. If the patient declines the bill, a bill does not need to be issued. • If the bill cannot be issued immediately, it is acceptable for licensees to inform the patient of the delay and provide the bill at a later date as soon as possible. • If patients are able to access bill information via their personal TPA platforms (i.e., applications or online statements), licensees can inform patients about this and seek patients' agreement that a physical bill does not need to be issued.
2.	**Can licensees issue online bills (e.g., via HealthHub / Health Buddy), instead of physical bills?**
•	Yes, licensees may issue bills via paperless / online means. • We encourage licensees to make allowances to provide the bill to patients via other means (e.g. letter, self-collection) for patients who may prefer hardcopy bills.
3.	**Must licensees issue bills immediately after a clinical encounter?**
•	Bills need not be made available immediately after the clinical encounter. However, they should be made available to the patient as soon as reasonably practicable.
4.	**What should be included in the bill?**
•	It is highly encouraged that the bill should include the broad categories of services provided to the patient (e.g., consultation fees, facility charges, medications, investigations), financing (e.g., government subsidy, MediShield Life and MediSave and other forms of reimbursement, etc) and the final amount payable by the patient.

Part 2: Display of Charges and Disclosure of Public Scheme Accreditation Status

5.	**During patient's initial clinical encounter (e.g. A&E visit or SOC visit), certain inpatient charges might not be comprehensively displayed. Is this acceptable?**
•	While it might not be possible to display charges comprehensively, patients should be able to access charges for the licensee's services via other means (e.g., placards/ brochures within the premises or information on licensee's online webpages).

6.	**Are Public Healthcare Institutions (PHIs) expected to explicitly inform patients about their public scheme accreditation status?**
•	As the application and active accreditation for MediShield Life and MediSave are mandatory for PHIs, we would accept if PHIs do not explicitly inform the patient about their accreditation status. Instead, PHIs should inform patients that they may tap on MediShield Life and MediSave for treatment, as this will indicate that their accreditation status is active for use.
7.	**Can we put up a notice to inform patients of CHAS / MediShield Life / MediSave / etc accreditation?**
•	Yes, a notice stating accreditation would suffice. If a licensee decides to put up a notice of their CHAS/MediShield Life/MediSave accreditation status, licensees are expected to facilitate patients' claims for these schemes (e.g. by submitting MediShield Life and/or MediSave claims via the relevant portals), where applicable.
•	Licensees whose accreditation is suspended should not put up a notice of their accreditation status, since they would not be able to make claims for their patients during their suspension period.

Part 3: Financial Counselling

<u>Content of financial counselling</u>	
8.	**Can licensees refer their patients to the relevant websites for fee-related information (e.g., MOH fee benchmarks, CPF MediSave and MediShield Life claims calculator to check on estimate claimable coverage) as part of the financial counselling?**
•	There are no restrictions on a licensee referring a patient or a patient's authorised representative to the relevant websites on fees related to the treatment or procedure the patient is receiving. However, for avoidance of doubt, such referrals to websites should not substitute financial counselling.
•	The licensee must still ensure that the patient or the patient's authorised representative is aware of and understands the estimated price or price range, applicable subsidies, as well as the applicable MediShield Life benefits (e.g., deductible, co-insurance, claim limits, etc) and MediSave withdrawal limits for the patient's treatment or procedure.
•	Licensees may share an estimate of MediShield Life payout and MediSave deduction amounts, provided that these estimates are generated by CPFB- or MOH-endorsed sources.
•	The licensee must obtain the patient's or the patient's authorised representative's acknowledgement of receiving the financial counselling in writing (either paper record, or as an electronic record).

9.	**Is there a need to perform a detailed breakdown of the estimated bill e.g. facility charges, consultation fees and/or other relevant fees? Is this applicable to outpatient medical services (e.g., SOCs) too?**
•	The estimated price range counselled to the patient should include facility charges, consultation fees, and/or other relevant fees. A breakdown of these charges during financial counselling on the financial counselling form is not mandatory, but is encouraged. This is applicable to outpatient medical and dental services (e.g., SOCs) too.
10.	**Are Public Healthcare Institution licensees required to provide MOH fee benchmark when performing financial counselling?**
•	As current MOH fee benchmarks are only available for private sector licensees, Public Healthcare Institution licensees are not required to provide this during financial counselling. • Private sector licensees are required to provide the relevant MOH fee benchmarks during financial counselling, if such a benchmark is available and applicable. • For more information on MOH fee benchmarks and historical bill amount information for public and private hospitals, please visit www.moh.gov.sg/billsandfees.
<u>Mode of financial counselling</u>	
11.	**Can licensees conduct the financial counselling for their patients via online platforms?**
•	There is no stipulated requirement on the mode used for the provision of financial counselling. However, the licensee must obtain acknowledgement from the patient that financial counselling has been conducted and keep the acknowledgement as part of the patient's health record.
12.	**Can acknowledgement of financial counselling by patients be performed over other forms (e.g. Email, SMS, Phone, Virtual Conference), instead of written form?**
•	Acknowledgement from patients can be in the form of electronic records as long as the electronic record is accessible and can be used for subsequent reference and audits (e.g., Sign with SingPass, DocuSign, PDF signature, voice recording or acknowledgement via email). • Verbal acknowledgement is acceptable as long as the licensees are able to provide proof that verbal acknowledgement was given by the patient (e.g., phone recording). In addition, the counselling staff should document that acknowledgement was provided verbally and sign off on the financial counselling materials before a copy of this form is sent to the patients (e.g. over email) for their records. • Should no recording of acknowledgement be available, licensees are required to seek acknowledgement separately (e.g. over email).

13. **If patients do not acknowledge financial counselling, what is the appropriate follow-up action?**
• The intent of financial counselling is to keep patients informed of the charges. Acknowledgement from the patient must be obtained to avoid potential disputes. Even if a patient refuses detailed counselling, financial counselling could still be considered completed, as long as the patient is provided with the relevant information and acknowledges receipt of such information. • Patients reserve the right to refuse signing the financial counselling form. Patients can refuse signing the financial counselling form because they assess the financial counselling was not properly done or they were not satisfied with the financial counselling process. In such instances, institutions should redo the financial counselling. However, if patients refuse to sign the financial counselling form because they refuse to pay for treatment, institutions reserve the right to not provide the healthcare service to the patient.
14. **For teleconsultations, how can we get the written acknowledgement from patient/next-of-kin, especially from the elderly who may not be technologically savvy?**
• Like phone financial counselling, verbal acknowledgement is acceptable as long as the licensees are able to provide proof that verbal acknowledgement was given by the patient (e.g., recording of the teleconsultations).
15. **Can financial counselling be provided by clinic staff instead of doctors/ dentists?**
• Yes, financial counselling can be provided by trained clinic staff. Licensees have the flexibility to appoint the suitable personnel to provide the financial counselling for the patient.
<u>When to reperform financial counselling?</u>
16. **For the conduct of financial counselling where there is a change in the licensee's fees for the treatment or procedure that the patient is undergoing, is there a guide to define fee changes or is there a range that we can work within?**
• The intention of financial counselling under the HCSA is for patients to be informed and assured of their treatment and fees. To fulfil financing counselling requirements under the HCSA, licensees are expected to provide an estimated price or price range to allow patients to make informed decisions about their treatment. Licensees should thus factor possible potential price fluctuations (e.g., changes in medication prices) into the estimated price or price range. Where an estimated price range is provided, it should be reasonably narrow. • In the event of a change in the licensee's fees, it is good practice to conduct financial counselling again, especially when the change is significant. Licensees, except nursing homes, have the discretion to consider their practical limitations and decide

what constitutes a "significant" deviation and when is a reasonable time to reperform financial counselling.

- For avoidance of doubt, should a patient be advised to undergo a new procedure, financial counselling must be repeated.

17. **For financial counselling performed previously without a formal documentation, is there a need to re-counsel the patient and obtain a written acknowledgement under HCSA?**

- The requirement for acknowledgement from the patient or the patient's authorised representative will only apply to new patients / treatments occurring after HCSA Phase 2 implementation. As a best practice, licensees are encouraged to re-counsel where there is an opportunity or need to do so (e.g., where there is a change to the patient's treatment regime that would lead to significantly higher fees).

18. **In general, considering practical limitations and patient experience, what is MOH's guiding principles for when financial counselling needs to be repeated?**

- Licensees should refer to the general FC principles outlined in Q16.

- We strongly encourage licensees to repeat financial counselling whenever there is a significant change to fees or line items of the bill discussed in previous financial counselling sessions. Except for nursing home licensees, licensees can exercise discretion in determining what constitutes "significant change" and how often to repeat financial counselling, in view of practical considerations. The following scenarios are for reference:

- **Scenario A: Treatments where the doctor may change the treatment details intraoperatively (e.g. interventional cardiologist might use a longer stent than what patient was financially counselled for and as such the estimated price range could be different):** As it would not be practicable to perform financial counselling to the patient or next-of-kin intraoperatively, licensees would not be penalised for not providing an updated financial counselling in this scenario. Nevertheless, we encourage licensees to provide an updated instance of financial counselling to the patient or next-of-kin after the fact.

- **Scenario B: Treatments which require multiple cycles (e.g., chemotherapy)**: One-time counselling would be acceptable, assuming FC has been conducted in accordance with general FC principles. It should also be made clear that the fees apply to the entire treatment i.e. across all cycles of chemotherapy.

- **Scenario C: Treatments which require additional medications prescribed for patient to deal with the side effects of the treatment, or other immunosuppressant or hormonal therapy drugs to support the treatment:** Additional medications or treatments ordered to support patient treatment or deal with side effects that would cause a significant deviation in the estimated price range would be considered "the fee information that is new to the patient". As such, financial

counselling should be reperformed so that they are aware of the updated fees for the treatment and the MediShield Life and MediSave coverage applicable. • **Scenario D: Treatments which are affected by changes in government policy (e.g. revisions to the scope and extent of government subsidy frameworks, MediShield Life claim limits, MediSave withdrawal limits, etc.):** Financial counselling should be repeated if licensees anticipate that changes in government policy are expected to result in a significant difference to the cost of care previously counselled to the patient.
19. **When patients are informed of referral or appointment to new services and/or treatments over the phone, would we be expected to provide financial counselling?**
• It depends on what is discussed over the phone. If the call is just to make referral or appointment, financial counselling is not required yet. If the treatment is discussed over the phone and the treatment is eligible for financial counselling e.g., MediShield Life claimable medical treatments, the full financial counselling should be done for such new services.
<u>Referencing MediSave and MediShield Life during financial counselling</u>
20. **Is it compulsory to reflect MediShield Life computations in all financial counselling materials?**
• It is not compulsory to compute estimated MediShield Life payouts in all financial counselling materials. Licensees are, however, required to share the applicable MediShield Life benefits (e.g., deductible, co-insurance, claim limits, etc) and MediSave withdrawal limits for the treatment or procedure that the patient is undergoing to the patient or the patient's authorised representative. • Licensees may share an estimate of MediShield Life payout and MediSave deduction amounts, and should ensure that these estimates are reasonably accurate. A calculator for such estimates is currently available on the CPFB website, and within public licensees' systems.
21. **Do licensees providing telehealth services under the remote MOSD need to state their 2M accreditation?**
• Yes. A licensee who is an approved institution must display or otherwise make available at every approved permanent premises the fact that they have 2M accreditation. Licensees have discretion on the form this would take (e.g. stated on licensees' website, brochures, their payment portal etc). • Licensees should reference prevailing guidelines from MOH on financing coverage (including subsidies, MediShield Life and MediSave) of telehealth services as part of financial counselling.

When is financial counselling applicable?
22. **Does financial counselling need to be conducted for patients brought in by the police or prison?**
• Yes. In scenarios where the police or prison service is not paying for the treatment, financial counselling would need to be conducted for patients brought in by the police or prison. Licensee can exercise discretion should there be safety concerns (e.g. providing financial counselling and signing acknowledgment remotely)
23. **Patients or their next-of-kin may be displeased to receive financial counselling when the patient is admitted to the Intensive Care Unit (ICU). Can licensees delay financial counselling in such cases?**
• We intend for patients to be informed of their treatment and fees in a reasonably prompt manner. Licensees are best-equipped to assess when it is best to counsel a patient, taking into account the patient or next-of-kin's physical and emotional state. • **Licensees are reminded to receive acknowledgement of financial counselling done.**
24. **Is financial counselling applicable for drugs, and if yes, is there a need to obtain acknowledgment too?**
• If a particular clinical encounter requires financial counselling (e.g., medical visit that is MSHL claimable), the cost of the drugs which are required as part of the clinical encounter should be discussed during financial counselling. This particular financial counselling episode would need to be acknowledged by patient or the patient's next-of-kin.
25. **Is the financial counselling requirement applicable to medical treatments rendered at patients' homes?**
• If the medical treatments rendered at patients' homes are MSHL-claimable, financial counselling would be required.
26. **Why must we still provide financial counselling when the patient does not want it?**
• The intent of financial counselling is to ensure that all patients are informed and assured of their treatment and fees, to make informed decisions about their treatment, especially if such treatment may be higher in cost. • In cases where the patient refuses financial counselling, financial counselling could still be considered completed, as long as the patient is provided with the relevant information (e.g. via a financial counselling form) and acknowledges receipt of such information.

Financial counselling records

27. **Is Form C still in use?**

- Form B and Form C are financial counselling template forms previously developed by MOH for use by doctors, and Form A for hospitals. The forms have since been revised as follows:

Current	To be replaced by:
Form A – Financial counselling form for hospital admission and day surgery	Medical Institution Fees Financial Counselling Form
Form B – Financial counselling form for doctors not employed by hospital	Doctors Fees Financial Counselling Form
Form C – Declaration form for doctors not employed by hospital if the doctor does not wish to disclose his fees to the hospital	Non-disclosure of Doctors Fees Declaration Form

- While it is not mandatory for providers to use these forms and they are able to design their own forms for the purpose of financial counselling, doctors may wish to share with the acute hospital or ambulatory surgical centre what they have counselled the patient so that they are better able to address queries on total charges from the patients. However, if the doctors do not wish to, they may use the "Non-disclosure of Doctors Fees Declaration Form".
- Nevertheless, we encourage Acute Hospitals or ASC licensees to check if financial counselling has been done by the Outpatient Medical Service licensee upon admission of the patient.

28. **[updated on 21 Sep 2023] What is the retention period for the financial counselling record?**

- A patient's financial counselling record is deemed as part of their Patient Health Records[1].The minimum retention period for Patient Health Records depends on whether:
  - It is an electronic or paper record; and
  - It is an inpatient or outpatient record.
- In general, the minimum retention periods of Patient Health Records are as follows:
  - All computerized/ electronic Patient Health Records: Lifetime + 6 years
  - Paper inpatient records:

[1] "Patient Health Records" means a record containing the personal data and medical information of a patient that is maintained by a Licensee in relation to the provision of a healthcare service licensable under the HCSA to the patient, and includes all clinical encounters and original inpatient and outpatient records generated at the time of admission or outpatient attendance.

• Adults: 15 years from last day of: (i) stay in the facility, or (ii) consultation or treatment (if applicable), whichever is later • Minors: Until the patient is 24 years of age; or 15 years from last day of: (i) stay in the facility, or (ii) consultation or treatment (if applicable), whichever is later • Persons who lack mental capacity: Lifetime + 6 years - Paper outpatient records: 6 years from last day of consultation or treatment, whichever is later (unless High Risk Patients and/or Cases) • Licensees should refer to the Licence Conditions on the Retention Periods of Patient Health Records for the up-to-date requirements relating to the retention period for Patient Health Records.
29. **Do we need to retain recordings of financial counselling performed over phone or through telehealth consults?**
• Not necessary, if there is documentation that patients have acknowledged the financial counselling. • However, if the recording is used to document patients' verbal acknowledgement (i.e. no written acknowledgement is received), it needs to be retained.

Part 4: Implementation Timeline

30. **Financial counselling is new for Outpatient Medical Services (OMS) licensees. Could MOH consider providing a sunrise period for such licensees to firm up our financial counselling processes?**
• We will provide a sunrise period to all Outpatient Medical Services (OMS) licensees. OMS licensees are expected to be compliant to HCSA Regulations by 1 Jan 2024. • The financial counselling requirements applicable to other licensable healthcare services under Phase 2 of the Healthcare Services Act (HCSA) (i.e., Outpatient Dental Service, Ambulatory Surgical Centre Service, Assisted Reproduction Service, Acute Hospital Service and Community Hospital Service) will take effect on 26 Jun 2023 (i.e., implementation date of Phase 2 of the HCSA).