

USER INFORMATION FOR e-SERVICE CLINICAL DATA SUBMISSION

EXTRACTED FROM CDMP HANDBOOK FOR HEALTHCARE PROFESSIONALS 2011

ABSTRACT

The User Manual in the Chronic Disease Management Programme Handbook describes the steps in the clinical data submission. The e-Service Clinical Data submission requires an Internet-enabled computer. The user needs an user account to log in at the URL page. The Clinical Data submission e-Service allows submission of new reports. It also allows retrieval of submitted reports through the “search” function. The Frequently answered questions (FAQs) that accompanies this reading explains: clinical matters; registration matters; Medisave claims, reimbursement, billing; and data submission, clinical improvement and audit matters.

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I. SYSTEM REQUIREMENTS

In order to use the e-Service Clinical Data Submission, an Internet-enabled computer with the followings is required:

- The minimum recommended hardware configuration is:
 - Pentium III MHz Processor with 256MB RAM.
 - At least 200 MB free hard disk space.
- System Software Requirements
 - Windows XP.
 - Internet Explorer 6.0 and above.
 - Broadband Internet Connection.
- Other Requirements
 - RSA token card.
 - MediClaim user account.

2. GETTING STARTED

User Account

- You will be using your MediClaim system user account to access the e-Service. The MediClaim account is the same one used for the submission of claims.
- If you do not have an account for the claims submission, you will need to approach MOH for the creation of a new account.

Accessing the e-Service

- The web URL to access the MediClaim system is: <https://access.medinet.gov.sg>. Screen 1 shows the login screen. Fill and press login.
- Upon successful login to the MediClaim system, you will be able to see the Clinical Indicators data collection e-Service in the left hand menu as shown on Screen 2. All users

with access to the Chronic Disease Claim Form e-Service will have access to the Clinical Indicators Data Collection e-Service.

- Click on the functions available:
- Submission is used to submit a new report.
- Search is used to retrieve submitted reports.

3. CLINICAL INDICATORS REPORT SUBMISSION

This function is used to submit clinical data on patients who have used their Medisave under the CDMP. A new submission can be made each time there is additional indicator information for the patient either on a per visit basis or consolidated over a few visits. All submissions are distinct and will be used for analysis by MOH on a cumulative basis.

To submit a new set of clinical data for a patient to MOH, click on the “Submission” sub-menu. Screen 3 will appear.

Actions

- Select the Identification Type and enter the Patient NRIC/ FIN.
 - Select the chronic disease applicable to this patient. You can select one or more diseases, as applicable.
- Click on [Next] to proceed to the Clinical Indicator Form.

The Clinical Indicator Form consists of 4 sections:

- Patient Details.
- Known Medical History.
- Clinical and Assessment Indicators.
- Attending Physician Information.

3A. Patient details

This section details the patient’s basic bio-data. If it is your first submission for the patient, only Patient NRIC, Name, Date of Birth, Sex, Race, and Current Smoker is required. See Table 1.

For subsequent submissions, only the Patient NRIC and Name are mandatory.

In the event of differences between two submissions, the data from the latest submission will be considered as the up-to-date information.

3B. Known medical history

- This section details the patient’s medical history.
- If it is your first submission for the patient, please enter all the details.
- For subsequent submissions, you can omit the details if there are no changes.

Table 1. Patient Details to fill in

Data Item	Remarks
1. Patient Name	Patient's name as in NRIC.
1. Patient NRIC/FIN	Will be copied from previous screen.
2. Date of Birth	Patient's date of birth (enter in DDMMYYYY format).
3. Sex	Gender of patient.
4. Race	Ethnic group of patient.
5. Height (m)	Patient's height in metres (e.g. 1.75) and must be between 0.10 and 2.50 (inclusive) or 9.99 if not measurable.
6. Current Smoker	Whether patient is a current smoker.
8. Year Started Smoking	Year that patient started smoking (enter in YYYY format).

- If you are unsure whether you have submitted the information, it is recommended you fill in the details.

Enter the relevant medical conditions for the patient. If a particular condition is selected, then the year of diagnosis is mandatory. You only need to fill in medical conditions that apply to the patient.

Depending on the medical condition indicated, different treatment sections will be available for input (see Table 2).

3C. Clinical indicators and assessment

- This section enables you to enter the indicator measurement and assessment done on the patient over any period.
- Only measurements and assessments not reported previously need to be entered in this section.
- Initially there will be no clinical indicators added to the report.
- Fill in all the clinical indicators and use the [Add Indicators] button to save them. See Table 3 for the range of values to fill in.
- There must not be any unsaved data left in the Clinical Indicators Section before submitting the form.

After saving the data, you can use the delete button to remove any mistakes. By default, the data displayed is sorted by date of visit and indicators. You can also click on the "Indicators" and "Date" headers to sort the data according to your preference.

3D. Attending physician information

- This section details the physician attending to the patient. It is required for each submission.
- If there is more than one physician attending to the patient, the main physician information should be entered here. Table 4 shows the details to be filled in.

3E. Report submission

- Once you have completed the data entry, you can submit the report to MOH by clicking on the [Submit] button.
- If you are not yet ready to submit, you can click on the [Save Draft] button and retrieve the report later from the search function for submission. See Table 5.

4. SEARCHING CLINICAL INDICATOR REPORTS

After you have submitted a report or created a draft, you can retrieve the reports at a later stage using the search function. This function allows you to specify search criteria and retrieve all reports matching the criteria. To access this function, click on the "Search" sub-menu under the "Clinical Indicators" main menu as shown on Screen 2.

At least one of the search criteria must be entered before you can proceed with the search. The search is case insensitive. Table 7 show the criteria for searching and the reports that will be retrieved.

All submissions made by your clinic which matches the criteria will be displayed as shown on Screen 9.

If the number of search results is too large, you can either specify more restrictive search criteria or use the page number to navigate through the results.

Table 2. Fill in treatment details

Medical Condition	Diabetes Treatment	Hypertension Treatment	Lipid Disorder Treatment	Asthma Treatment	COPD Treatment	Depression Treatment	Schizophrenia Treatment	Bipolar Disorder Treatment	Dementia Treatment
Diabetes	Available	Available	Available	X	X	X	X	X	X
Hypertension	X	Available	Available	X	X	X	X	X	X
Lipid Disorders	X	X	Available	X	X	X	X	X	X
Asthma	X	X	X	Available	X	X	X	X	X
COPD	X	X	X	X	Available	X	X	X	X
Major Depression	X	X	X	X	X	Available	X	X	X
Schizophrenia	X	X	X	X	X	X	Available	X	X
Bipolar Disorder	X	X	X	X	X	X	X	Available	X
Dementia	X	X	X	X	X	X	X	X	Available
None of the above	X	X	X	X	X	X	X	X	X

Table 3. The list of Clinical Indicators and Assessments to fill in

Clinical Indicators	Remarks
Glucose - HbA1c (%)	Value must be between 0.1 and 40.0 (inclusive).
Blood Pressure - Diastolic BP	Value (in mmHg) must be between 20 and 200 (inclusive) and must be smaller than Systolic BP reading.
Blood Pressure - Systolic BP	Value (in mmHg) must be between 30 to 300 (inclusive).
Lipids – LDL-C	Value (in mg/dL) must be between 1 and 999 (inclusive). Value (in mmol/L) must be between 0.1 and 30.0 (inclusive). If measurement is attempted but not measurable due to high Triglyceride (TG) value, a reading of 999 (mg/dL) should be entered.
Lifestyle - Weight (kg)	Value (in kg) must be between 1.0 and 300.0 (inclusive) or 999 if not measurable.
Smoking - Cigarettes smoked per day (average)	Value must be between 0 to 1000.
Asthma - ACT Score	Value must be between 5 and 25 (inclusive) for patients who are aged 12 years and above. Value must be between 0 and 27 (inclusive) for patients who are aged between 4 to below 12 years old. Value must not be entered for patients who are aged below 4 years old.
CGI – Severity of Illness	Only for CDMP Mental Health Programme patients. Value must be between 1 and 7 (inclusive).
CGI – Global Improvement	Only for CDMP Mental Health Programme patients. Value must be between 0 and 7 (inclusive).
Assessments/Screening	
DM - Eye Screening	Select and enter date of assessment if done. If assessment is not done during the reporting period, you need not enter anything.
DM - Foot Screening	
DM - Nephropathy Screening	
Stroke - Thromboembolism Risk Assessment	
Inhaler Technique Assessment (Asthma & COPD only)	
Influenza Vaccination Assessment (COPD only)	If the exact date of assessment is not known, please key in the date as 0101 (for DDMM). e.g. for an assessment done in 2006 you can key in 01012006. If the known date is March 2006, you can enter as 01032006
Fasting Lipids Blood Test	
Fasting Glucose Blood Test	
(Only for CDMP Mental Illness Programme – Schizophrenia Patients on Atypical Antipsychotics)	
Consultation for CDMP Mental Health	
(Only for CDMP Mental Illness Programme Patients)	
Assessment of memory	
Assessment of mood and behaviour	
Assessment of functional and social difficulties	
Assessment of rehabilitation needs	
For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments)	

Table 4. Physician Information to be filled in

Data Item	Remarks
1. Doctor Name	Full Name of Doctor.
2. Registration Number	The Doctor's MCR Number.
3. Speciality/Training	Select the appropriate value from the drop down list if applicable.
4. Healthcare Establishment	The Healthcare Establishment which is making the submission. It is tied to the user ID of the person making the submission and is defaulted based on the user's ID establishment.
5. Role	Indicate the role applicable.
6. Name of Primary Physician	Only applicable when "None of the Above" is selected.

Table 5. The buttons at the bottom of screen

Button	Function Description
Submit	Submits the form after completion. Deletes any existing drafts saved previously.
Save Draft	Saves the unfinished form inputs as a draft for completion in the future.
Close	Closes the current form and returns to the main menu.

6. SUMMARY OF MEDISAVE FOR CDMP

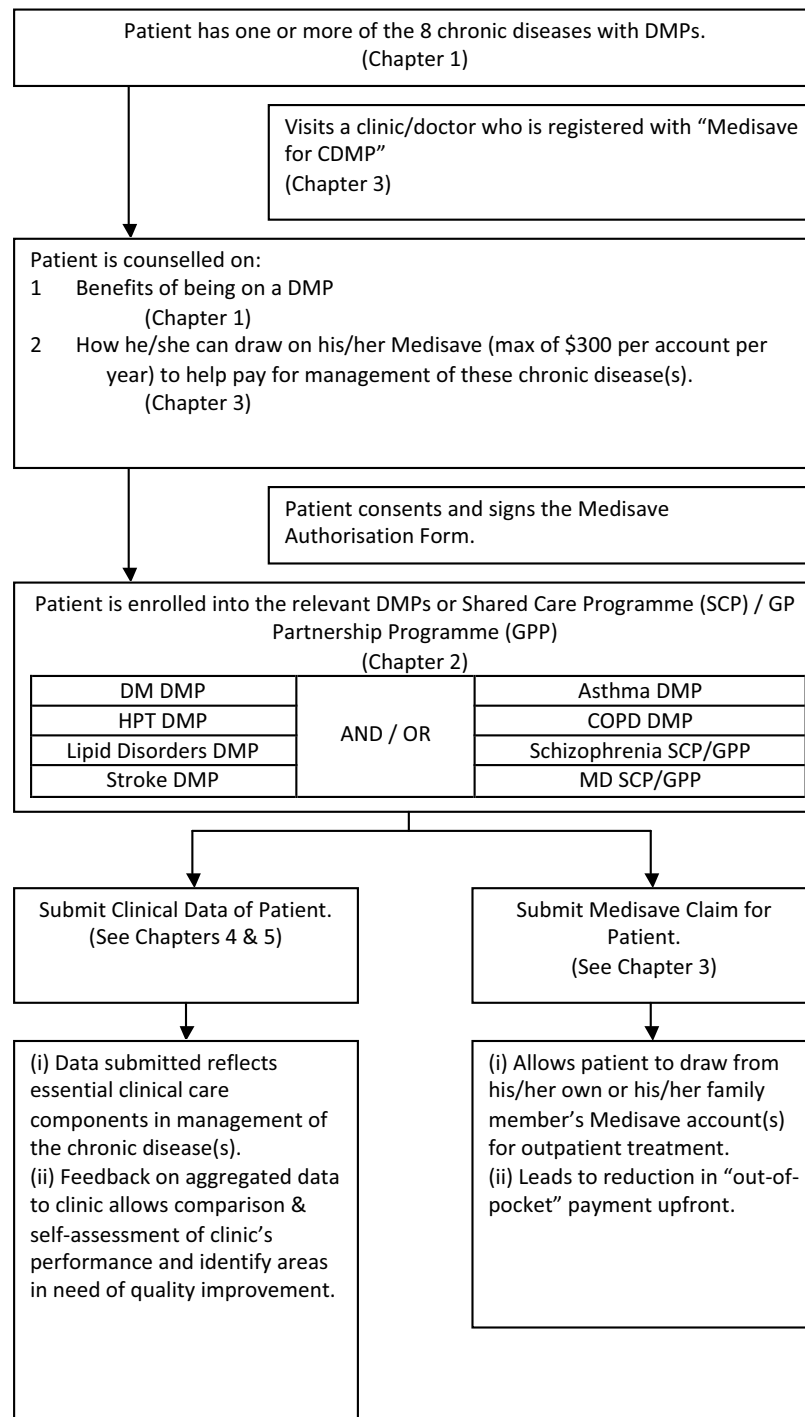


Table 7. Criteria for searching and the reports that will be retrieved

Criteria	Remarks
1. Patient Name	All reports where the patient name matches are retrieved A partial name is allowed, e.g. if Mark is entered, reports for all patients with Mark in their names are retrieved.
2. Patient NRIC/FIN	All reports where the patient NRIC matches are retrieved.
3. From Date	All reports submitted from this date (inclusive) are retrieved.
4. To Date	All reports submitted up to this date (inclusive) are retrieved.
5. Sort By	Specifies the sorting sequence for the results.

Click on the Patient Name hyperlink to view the report submitted.

After retrieving the report, you can also proceed to “Amend” it if there was any mistake in the previous submission, or delete it altogether.

When the [Amend] button is clicked, the selected record will be displayed in editable mode as shown on Screen 10.

Upon entering a valid year, a list of patient NRIC numbers will be generated. The report generated below shows the record of a patient who had a claim submitted but with no submission of any clinical indicator.

Button	Action
Amend	Re-submits all the data in the report
Close	Closes the form

CIDC Clinic Reports

- This function provides standard report(s) for use by clinics. One report is currently available and additional reports may be added in future releases.
- To access this function, click on the CIDC Clinics Reports under the Reports menu button. A page displaying all the available reports and their description will be loaded.

List of NRICs for patients for whom Clinical Indicators have not been submitted. This report enables the clinics to have a listing of all the patients’ NRICs for whom the clinics had made claims in the specified year but no clinical indicator reports were submitted within a fixed period of 12 months from the claim submission date of each patient. This report is built in

to assist doctors and clinics to keep track of the outstanding clinical indicator reports they would require to submit with each claim.

Click on the report title from the list of available reports as shown on Screen 12. A report page with a textbox would appear for the user to key in the year of the requested report, as shown below.

Troubleshooting

Enabling of Pop Ups

Certain screens within the application will be displayed as pop up windows. In order to access the full system functionality, you need to enable pop up windows for the MediClaim website. To enable this feature, follow the steps below:

- Select Tools>Pop-up Blocker> Pop-up Blocker Settings...
- Enter “*.medinet.gov.sg” and “*.moh.gov.sg”, then click [Add] button.

Fallback Procedures

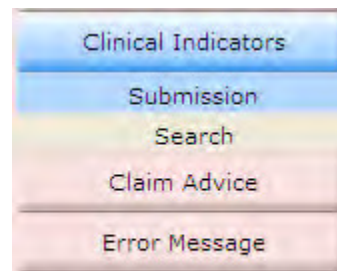
- In the event that the submission cannot be done online immediately, you can keep a record of the information and submit it at a later date.

Contact Information for Queries Related to Clinical Data Collection and Submission

- For online e-service related technical queries, please e-mail to medicclaim@ncs.com.sg, or contact NCS at: 6776 9330 (Mon - Fri, excluding public holidays, 8:30am to 6:00pm).
- For clinical data collection and submission issues related feedback, please email to moh_cds@moh.gov.sg (preferred method), or contact at: 6325 1757 (Mon - Fri, excluding public holidays, 8:30 am to 6:00 pm).

Screen 1 – MediClaim login screen

Screen 2 – Menu



Screen 3 –Submission screen – for new report

→ Clinical Indicators > **Submission**

New Submission:

Patient ID Type:

Patient NRIC/FIN:



(as entered in Medisave card form)

Diseases: ☐ Diabetes ☐ Hypertension ☐ Lipid Disorder
☐ Stroke ☐ Asthma ☐ COPD
☐ Major Depression ☐ Schizophrenia ☐ Bipolar Disorder
☐ Dementia

Condition	Care Components Per Year
Diabetes mellitus	<ul style="list-style-type: none"> Two blood pressure measurements Two bodyweight measurements Two haemoglobin A1c (HbA1c) tests One serum cholesterol level (LDL-C) test One smoking assessment One eye assessment One foot assessment One nephropathy screening test
Hypertension	<ul style="list-style-type: none"> Two blood pressure measurements One bodyweight measurement One smoking assessment
Lipid Disorder	<ul style="list-style-type: none"> One serum cholesterol level (LDL-C) test One smoking assessment
Stroke	<ul style="list-style-type: none"> Two blood pressure measurements One serum cholesterol level (LDL-C) test One smoking assessment One clinical thromboembolism risk assessment
Asthma	<ul style="list-style-type: none"> One inhaler technique assessment One smoking assessment Two Asthma Control Test (ACT) scores
COPD	<ul style="list-style-type: none"> One inhaler technique assessment One smoking assessment One bodyweight measurement One influenza vaccination
The following care components are only for CDMP Mental Health Programme Patients:	
Major Depression	<ul style="list-style-type: none"> One Clinical Global Impression (CGI) Scale for each item (severity, improvement) Two consultations for CDMP Mental Health
Schizophrenia	<ul style="list-style-type: none"> One Clinical Global Impression (CGI) Scale for each item (severity, improvement) Two consultations for CDMP Mental Health One blood test for fasting lipids One blood test for fasting glucose
Bipolar Disorder	<ul style="list-style-type: none"> One Clinical Global Impression (CGI) Scale for each item (severity, improvement) Two consultations for CDMP Mental Health One blood test for fasting lipids One blood test for fasting glucose
Dementia	<ul style="list-style-type: none"> One assessment of memory One assessment of mood and behaviour One assessment of functional and social difficulties (if any) One assessment of rehabilitation Needs Two consultations for CDMP Mental Health For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments)

Screen 4 – Clinical Indicator Form

Patient Details:



Patient Name: * **Patient NRIC/FIN: ***
Date of Birth (DDMMYYYY):  **Sex:** ☒ Male ☐ Female
Race:  **Height (Metres):**
 (use 9.99 if not measurable)
Current Smoker ☐ Yes ☒ No **Year Started Smoking(YYYY)**

* denotes a mandatory field

Known Medical History:

Medical Condition	Diagnosis Year	Medical Condition	Diagnosis Year
<input checked="" type="checkbox"/> Diabetes	<input type="text" value="2007"/> (YYYY)	<input type="checkbox"/> Hypertension	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Retinopathy	<input type="text"/> (YYYY)	<input type="checkbox"/> Lipid Disorder	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Nephropathy	<input type="text"/> (YYYY)	<input type="checkbox"/> Cerebrovascular Accident (CVA)	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Foot Complications	<input type="text"/> (YYYY)	<input type="checkbox"/> Coronary Heart Disease (CHD)	<input type="text"/> (YYYY)
<input checked="" type="checkbox"/> Asthma	<input type="text"/> (YYYY)	<input checked="" type="checkbox"/> COPD	<input type="text"/> (YYYY)
<input checked="" type="checkbox"/> Major Depression	<input type="text" value="2007"/> (YYYY)	<input checked="" type="checkbox"/> Schizophrenia	<input type="text" value="2007"/> (YYYY)
<input type="checkbox"/> Bipolar Disorder	<input type="text"/> (YYYY)	<input type="checkbox"/> Dementia	<input type="text"/> (YYYY)

Clinical Indicators:

Date of Visit (DDMMYYYY):* 
Blood Pressure (Systolic/Diastolic): /
LDL-C:  mg/dL
HbA1c (%):
Weight (kg)
 (use 999 if not measurable)
Smoking Assessment # ☐
Cigarettes smoked per day (average) ##:
ACT Score (Asthma only):

DM - Eye Assessment: ☐
DM - Nephropathy Assessment: ☐
DM - Foot Assessment: ☐
Stroke - Thromboembolism Risk Assessment: ☐
Inhaler Technique Assessment (Asthma & COPD only): ☐
Influenza Vaccination Assessment (COPD only): ☐

The following care components are only for CDMP Mental Health Programme Patients:

CGI - Severity of Illness: 
CGI - Global Improvement: 
Consultation for CDMP Mental Health (Indicate the patient attendance): ☐
For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments): ☐
Assessment of Functional and Social Difficulties (if any): ☐

Fasting Lipids Blood Test ##: ☐
Fasting Glucose Blood Test ##: ☐
Assessment of Memory: ☐
Assessment of Mood and Behaviour: ☐
Assessment of Rehabilitation Needs: ☐

* denotes a mandatory field


For current smokers, smoking cessation advice should be given.
 For non- or ex-smoker, please reinforce the benefits of not smoking cigarettes


Applicable to current smokers only

Only for patients on Schizophrenia and Bipolar Disorder - Atypical Antipsychotics Medication. To check the box if test is done.

Add Indicators [Click to add clinical indicators \(only those performed\)](#)

Attending Physician Information:

Doctor Name: *
Specialty/Training: 
Role: * ☒ Attending Doctor is the patient's regular primary physician
☐ The Clinic is the patient's regular primary provider
☐ None of the Above

Registration Number: *
Healthcare Establishment: 
Date of Submission: 06-Jan-2008

* denotes a mandatory field

Submit


Save Draft

Close

Screen 5– Known Medical History and Treatment Sections

Patient Details:

Patient Name: *
Patient NRIC/FIN: *

Date of Birth (DDMMYYYY): 
Sex: ☒ Male ☐ Female

Race:
Height (Metres):

(use 9.99 if not measurable)

Current Smoker ☒ Yes ☐ No
 1990 Year Started Smoking(YYYY)

* denotes a mandatory field

Known Medical History:

Medical Condition	Diagnosis Year	Medical Condition	Diagnosis Year
<input checked="" type="checkbox"/> Diabetes	<input type="text" value="2007"/> (YYYY)	<input type="checkbox"/> Hypertension	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Retinopathy	<input type="text"/> (YYYY)	<input type="checkbox"/> Lipid Disorder	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Nephropathy	<input type="text"/> (YYYY)	<input type="checkbox"/> Cerebrovascular Accident (CVA)	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Foot Complications	<input type="text"/> (YYYY)	<input type="checkbox"/> Coronary Heart Disease (CHD)	<input type="text"/> (YYYY)
<input type="checkbox"/> Asthma	<input type="text"/> (YYYY)	<input type="checkbox"/> COPD	<input type="text"/> (YYYY)
<input checked="" type="checkbox"/> Major Depression	<input type="text" value="2007"/> (YYYY)	<input checked="" type="checkbox"/> Schizophrenia	<input type="text" value="2007"/> (YYYY)
<input type="checkbox"/> Bipolar Disorder	<input type="text"/> (YYYY)	<input type="checkbox"/> Dementia	<input type="text"/> (YYYY)

Diabetes Treatment:

Treatment	Year Started	Treatment	Year Started
<input type="checkbox"/> Oral Medications	<input type="text"/> (YYYY)	<input type="checkbox"/> Insulin	<input type="text"/> (YYYY)

Hypertension Treatment:

Treatment	Year Started
<input type="checkbox"/> Oral Medications	<input type="text"/> (YYYY)

Lipid Disorder Treatment

Treatment	Year Started
<input type="checkbox"/> Oral Medications	<input type="text"/> (YYYY)

Schizophrenia Treatment (Only for CDMF Mental Health Programme patients):

Treatment	Year Started
<input checked="" type="checkbox"/> Atypical Antipsychotics Prescribed	<input type="text" value="2008"/> (YYYY)

Bipolar Disorder Treatment (Only for CDMF Mental Health Programme patients):

Treatment	Year Started
<input type="checkbox"/> Atypical Antipsychotics Prescribed	<input type="text"/> (YYYY)

Dementia Treatment (Only for CDMF Mental Health Programme patients):

Treatment	Year Started
<input type="checkbox"/> Atypical Antipsychotics Prescribed	<input type="text"/> (YYYY)

Screen 6 – Filling in the Clinical Indicators

Clinical Indicators:

Date of Visit (DDMMYYYY):¹

Blood Pressure (Systolic/Diastolic) /

LDL-C: mg/dL

HbA1c (%):

Weight (kg): (use 999 if not measurable)

Smoking Assessment ² ☐

Cigarettes smoked per day (average) ^{##}

ACT Score (Asthma only)

The following care components are only for CDMP Mental Health Programme Patients:

CGI - Severity of Illness

CGI - Global Improvement

Consultation for CDMP Mental Health (Indicate the patient attendance) ☐

For patients on cognitive enhancers, documentation of objective assessment of memory (MMSE or CMMSE testing or other validated instruments) ☐

Assessment of Functional and Social Difficulties (if any): ☐

DM - Eye Assessment ☐

DM - Nephropathy Assessment ☐

DM - Foot Assessment ☐

Stroke - Thromboembolism Risk Assessment ☐

Inhaler Technique Assessment (Asthma & COPD only) ☐

Influenza Vaccination Assessment (COPD only) ☐

Fasting Lipids Blood Test ^{###} ☐

Fasting Glucose Blood Test ^{###} ☐

Assessment of Memory ☐

Assessment of Mood and Behaviour ☐

Assessment of Rehabilitation Needs ☐

¹ denotes a mandatory field

² For current smokers, smoking cessation advice should be given. For non- or ex-smoker, please reinforce the benefits of not smoking cigarettes

^{##} Applicable to current smokers only

^{###} Only for patients on Schizophrenia and Bipolar Disorder - Atypical Antipsychotics Medication. To check the box if test is done.

Add Indicators Click to add clinical indicators (only those performed)

Date	Indicators	Value
<input type="checkbox"/> 11-May-2007	Systolic BP(mmHg)	150
<input type="checkbox"/> 11-May-2007	Diastolic BP(mmHg)	100
<input type="checkbox"/> 11-May-2007	LDL(mg/dL)	40
<input type="checkbox"/> 11-May-2007	HbA1c(%)	30
<input type="checkbox"/> 11-May-2007	Weight(kg)	90
<input type="checkbox"/> 11-May-2007	Cigarettes smoked per day(Avg)	10
<input type="checkbox"/> 11-May-2007	DM-Eye Assessment	Y
<input type="checkbox"/> 11-May-2007	DM-Nephropathy Assessment	Y
<input type="checkbox"/> 11-May-2007	DM-Foot Assessment	Y
<input type="checkbox"/> 11-May-2007	Stroke-Thromboembolism Risk Assessment	Y

Delete Indicators Click to delete selected clinical indicators


Screen 7 – Search Menu

Clinical Indicators
Submission
Search
Claim Advice


Search:

Patient Name:



Patient NRIC/FIN:

From Date: 

(DDMMYYYY)

To Date: 

(DDMMYYYY)


Sort By:  

Screen 9 – Search results


Search:

Patient Name:



Patient NRIC/FIN:

From Date: 

(DDMMYYYY)

To Date: 

(DDMMYYYY)



Sort By:  

3 records retrieved.

	Patient Name	Patient NRIC/FIN	Submission Date
<input type="checkbox"/>	Jean Pang	F0145580W	12-Dec-2006
<input type="checkbox"/>	Jimmy Fong	F2324663P	12-Dec-2006
<input type="checkbox"/>	Tang Mui Kiong	S1238889F	12-Dec-2006
1			

Screen 10 – Editable page of patient record

Patient Details:

Patient Name: * **Patient NRIC/FIN:** *
Date of Birth (DDMMYYYY):  **Sex:** ☒ Male ☐ Female
Race:  **Height (Metres):**
(use 9.99 if not measurable)
Current Smoker ☐ Yes ☒ No **Year Started Smoking(YYYY)**

* denotes a mandatory field

Known Medical History:

Medical Condition	Diagnosis Year	Medical Condition	Diagnosis Year
<input checked="" type="checkbox"/> Diabetes	<input type="text" value="2007"/> (YYYY)	<input type="checkbox"/> Hypertension	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Retinopathy	<input type="text"/> (YYYY)	<input type="checkbox"/> Lipid Disorder	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Nephropathy	<input type="text"/> (YYYY)	<input type="checkbox"/> Cerebrovascular Accident (CVA)	<input type="text"/> (YYYY)
<input type="checkbox"/> DM Foot Complications	<input type="text"/> (YYYY)	<input type="checkbox"/> Coronary Heart Disease (CHD)	<input type="text"/> (YYYY)
<input checked="" type="checkbox"/> Asthma	<input type="text"/> (YYYY)	<input checked="" type="checkbox"/> COPD	<input type="text"/> (YYYY)
<input checked="" type="checkbox"/> Major Depression	<input type="text" value="2007"/> (YYYY)	<input checked="" type="checkbox"/> Schizophrenia	<input type="text" value="2007"/> (YYYY)
<input type="checkbox"/> Bipolar Disorder	<input type="text"/> (YYYY)	<input type="checkbox"/> Dementia	<input type="text"/> (YYYY)

Diabetes Treatment:

Treatment	Year Started	Treatment	Year Started
<input type="checkbox"/> Oral Medications	<input type="text"/> (YYYY)	<input type="checkbox"/> Insulin	<input type="text"/> (YYYY)

Hypertension Treatment:

Treatment	Year Started
<input type="checkbox"/> Oral Medications	<input type="text"/> (YYYY)

Lipid Disorder Treatment

Treatment	Year Started
<input type="checkbox"/> Oral Medications	<input type="text"/> (YYYY)

Asthma Treatment:

Treatment	Year Started
<input type="checkbox"/> Preventer	<input type="text"/> (YYYY)

Schizophrenia Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
<input checked="" type="checkbox"/> Atypical Antipsychotics Prescribed	<input type="text" value="2008"/> (YYYY)



Bipolar Disorder Treatment (Only for CDMP Mental Health Programme patients):

Treatment	Year Started
<input type="checkbox"/> Atypical Antipsychotics Prescribed	<input type="text"/> (YYYY)

Dementia Treatment (Only for CDMP Mental Health Programme patients):



Treatment	Year Started
<input type="checkbox"/> Atypical Antipsychotics Prescribed	<input type="text"/> (YYYY)

Clinical Indicators:

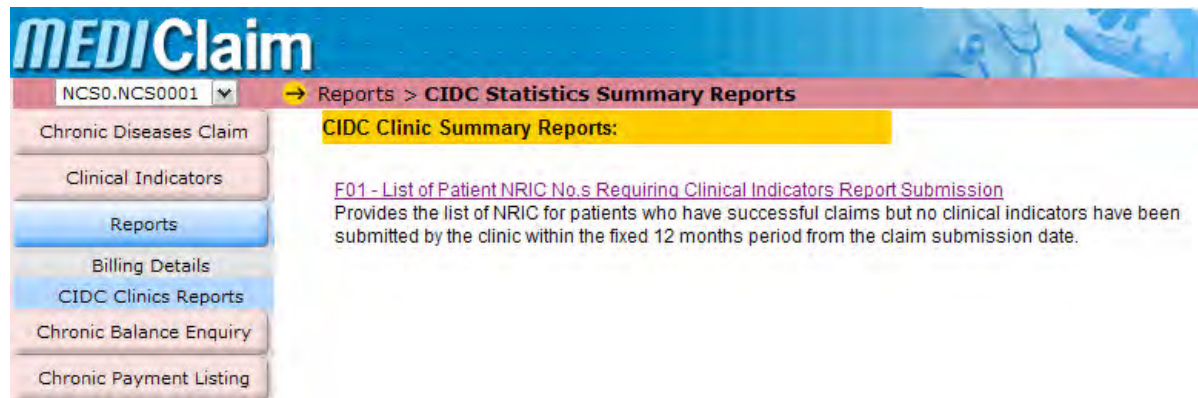
Date of Visit (DDMMYYYY):* 
Blood Pressure (Systolic/Diastolic): /
LDL-C: **mg/dL** 
HbA1c (%):
Weight (kg):
(use 999 if not measurable)
Smoking Assessment # : ☐
Cigarettes smoked per day (average) ## :
ACT Score (Asthma only):

DM - Eye Assessment: ☐
DM - Nephropathy Assessment: ☐
DM - Foot Assessment: ☐
Stroke - Thromboembolism Risk Assessment: ☐
Inhaler Technique Assessment (Asthma & COPD only): ☐
Influenza Vaccination Assessment (COPD only): ☐

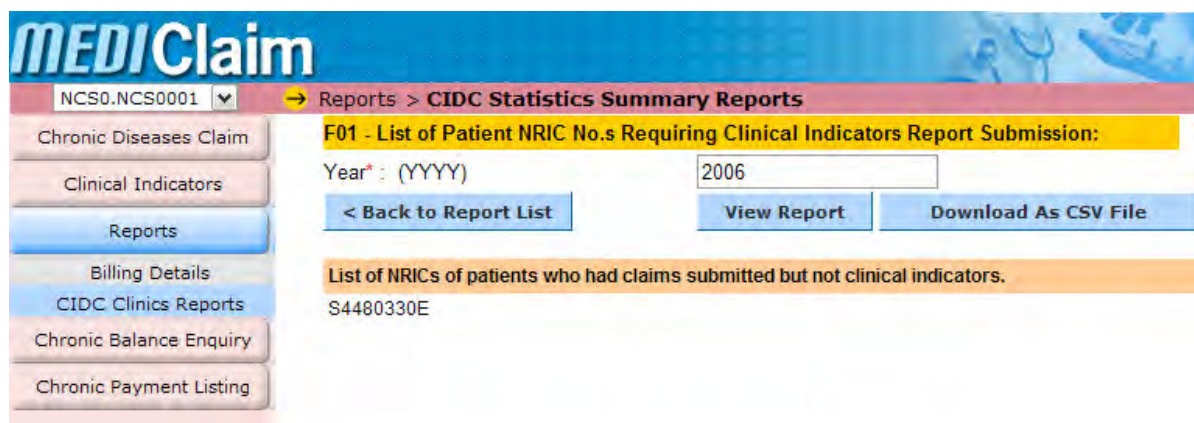
The following care components are only for CDMP Mental Health Programme Patients:

CGI - Severity of Illness:  **Fasting Lipids Blood Test ###:** ☐
CGI - Global Improvement:  **Fasting Glucose Blood Test ###:** ☐

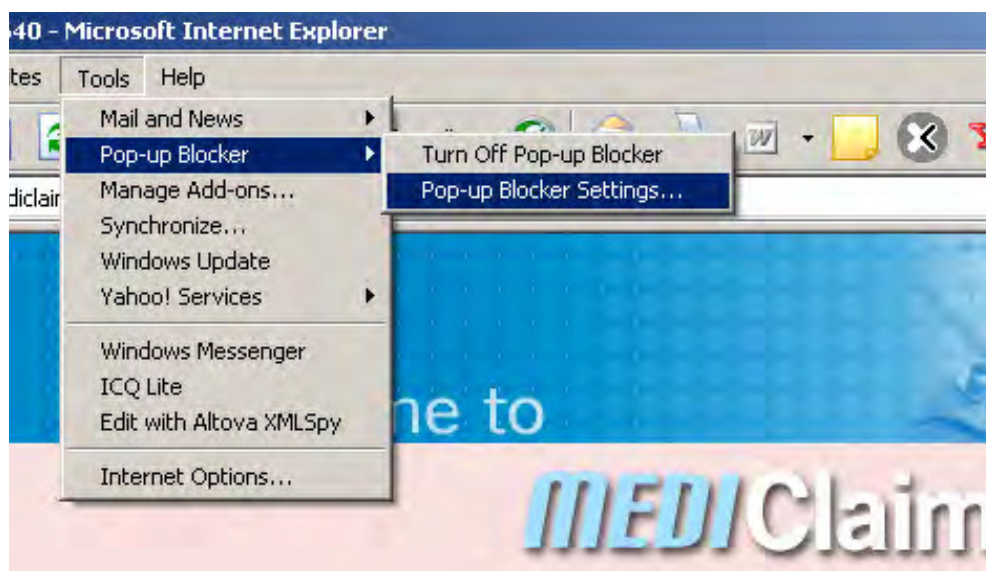
Screen 11 – CDC Reports



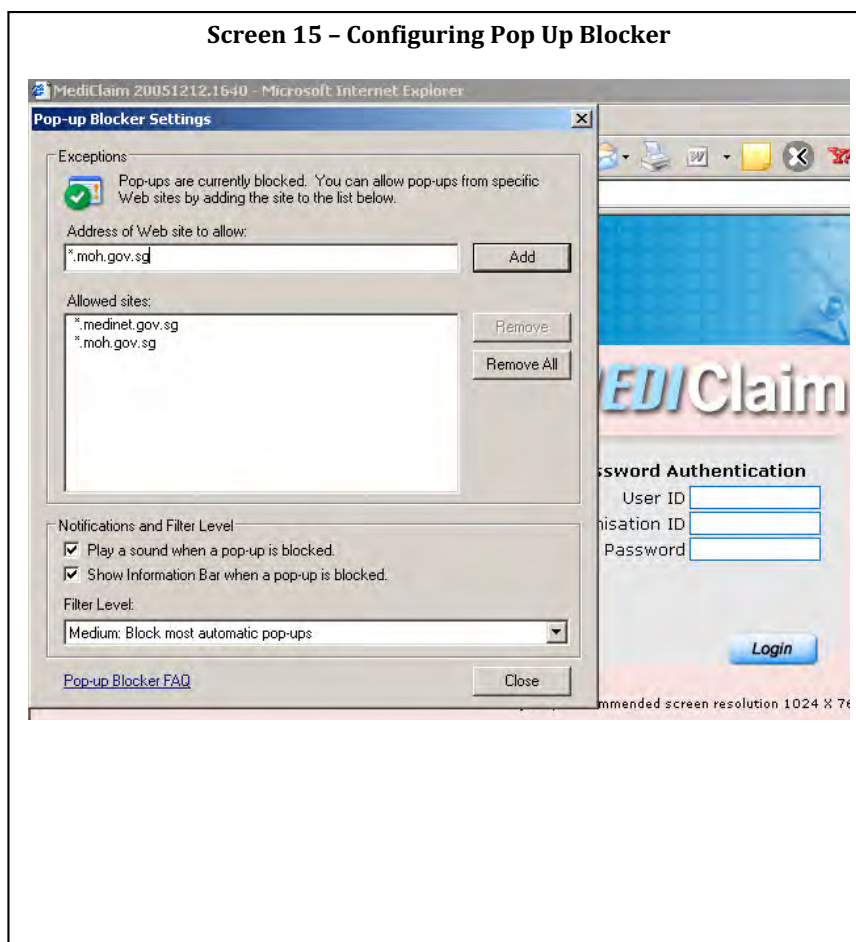
Screen 12 – Viewing a report



Screen 13 – Internet Explorer Menus



Screen 15 – Configuring Pop Up Blocker



5. FREQUENTLY ASKED QUESTIONS

A. CLINICAL MATTERS:

For Doctors who have already registered into the Programme

Q1. Which chronic diseases are currently included under this Programme?

Diabetes Mellitus, Hypertension, Lipid disorders, Stroke, Asthma, COPD, Schizophrenia, Major Depression, dementia and bipolar disorder are currently included under this Programme.

Q2. I have a patient with Diabetes, Hyperlipidaemia and Asthma, which DMPs should I enrol him into?

Enrol him into both Diabetes AND Asthma DMPs. He will then be able to use Medisave to co-pay for the total bill for the treatment prescribed for all 3 conditions. However, the doctor will also need to submit outcome data based on the essential care components of diabetes and asthma. (Please refer to Chapter 3 for details.)

Q3. My patient has DM, however, he also has symptoms and signs of Hypothyroidism. Can I use his Medisave to co-pay the thyroid function test?

No. In this instance, thyroid function test was done to screen for an associated disease and not for monitoring of the primary condition or its complication. Hence, it is suggested that his bill be itemised so that the patient can use cash to pay for the thyroid function test and Medisave to co-pay the rest of the bill which is related to DM care components. (Please refer to Chapter 3)

Q4. Who decides on the stipulated clinical care component?

The clinical care components were drawn from the Clinical Practice Guidelines, with inputs from professional bodies, which include leading specialists in the respective fields and respected primary care physicians. They were also endorsed by the Clinical Advisory Committee.

Q5. What if the patient has symptoms suggestive of both COPD and Asthma? Which DMP should I enrol him into?

For patients whose signs and symptoms are not so distinct between the two conditions, spirometry or/and bronchodilator reversibility testing may be performed to help classify the patient into one of the two diagnoses or to differentiate these conditions from other diseases that may mimic its presentation.

It is important to try to classify the patient into the correct DMP as this will help to determine the management of the patient and also prevent any issues with respect to the Medisave claims.

(Please refer to the Clinical Practice Guidelines for more information on diagnosis and management of Asthma and COPD).

Q6. Can the patient use Medisave to pay for pulmonary rehabilitation?

Yes, if and only if

- a) the patient has been diagnosed to have COPD, AND
- b) It is clinically deemed to be beneficial for the patient.

B. REGISTRATION MATTERS

For Doctors & Clinics which wish to be registered into the Programme:

Q1. What are the requirements to be on the Programme?

Clinics that wish to participate in the Programme must agree to:

- a) Participate in a shared care or GP partnership programme with a Restructured Hospital.
- b) Provide treatment to chronic disease patients through evidence-based DMPs. These DMPs will include MOH-recommended key treatment components.
- c) Treat patient medical information with confidentiality.
- d) Submit to MOH, with the informed consent of patient, data on patient care delivery on an annual basis or as specified by MOH, for the purpose of medical audits. Relevant aggregated performance data will be published to assist patients in making informed choices.
- e) Be accredited under the Medisave for CDMP.
- f) Be periodically reviewed and audited, both clinically and administratively. Any clinic/hospital that fails to satisfy the minimum standards of clinical performance set by MOH, will be asked to withdraw from the Programme. (see Chapter Two: Clinical Programme).

Q2. How do I register for the CDMP Programme?

Clinics who are already in the CDMP Programme need not re-register for the Programme.

For clinics who are not in the Programme, they must submit the following forms for registration:

- a) E-Application for Clinics to Participate in the Medisave for Chronic Disease Management Programme (by MOH).
- b) Direct Authorisation Credit Form (by CPF Board).
- c) GIRO Form (MediClaim charges by NCS).
- d) GIRO Form (Medisave charges by CPF Board).

The E-Application website can be accessed via <http://www.moh.gov.sg/mmae/overview.aspx>

Clinics participating in the Programme will also have to sign a Deed of Indemnity with the CPF Board.

Doctors need to be individually registered under the Programme in order to process Medisave claims for their patients. Doctors can do so by submitting the Application Form for Medical Professionals.

Q3. My clinic is already participating in CDMP. Can I make Medisave claims for my patient who is suffering from schizophrenia, major depression, dementia or bipolar disorder?

In addition to participating in CDMP, your clinic will also need to be participating in a shared care or GP partnership programme with a restructured hospital before Medisave claims for patients with psychiatric illnesses can be made. This is part of an additional quality assurance framework in place to ensure quality of care for patients.

Q4. How do I register for a shared care or partnership programme with a restructured hospital?

You may register via MOH's MMAE website (<http://www.moh.gov.sg/mmae/overview.aspx>) by selecting the "Chronic Disease Management Programme (CDMP) – Shared Care Programmes".

Q5. What will be the cost of registration and start-up?

Apart from computer hardware and Internet access subscription (which may already be in place), there is a one-time non-refundable cost of \$171.20 for the security token to access the Medisave claims system. This security token is required only when using the MediClaim e-service.

You or your staff will need to attend a half-day training session on Medisave claims process, guidelines on Medisave use and the use of the MediClaim system. This training session is free-of-charge.

Q6. How do patients sign up for the Programme?

To qualify, patients need to be certified by a doctor to suffer from at least one of the approved chronic diseases. The certification is made by the doctor when the patient fills out the Medisave Authorisation Form that allows the doctor to make Medisave claims on the patient's behalf.

C. MEDISAVE CLAIMS, REIMBURSEMENT, BILLING

For Doctors & Clinics that wish to be registered into the Programme:

Q1. In total, how much can patients claim from Medisave for chronic disease treatments?

Patients can claim up to \$300 per Medisave account per year for outpatient treatment of the approved chronic diseases, regardless of the number of diseases they might have.

Q2. Whose Medisave account(s) can a patient make use of, other than his own?

Patients can use their own Medisave account(s) and the account(s) of their immediate family members (i.e. parents, children, spouse). In addition, patients who are Singapore citizens or PRs can also use the Medisave accounts of their grandchildren. Claims can be made once the family member has signed the relevant Medisave Authorisation Form.

Q3. What will be the exact level of deductible and co-payment? Are the levels different for packages and individual visits?

There is a \$30 deductible and 15% co-payment of the bill balance for each claim that the patient has to pay in cash, regardless if the claim is for an individual visit or packaged treatment.

Q4. Who should submit Medisave claims?

Any of the permanent staff of a Medisave-accredited clinic who has attended the training sessions, i.e. doctors, nurses, counter staff, clinic managers etc, can submit the Medisave claims.

Q5. If the patient sees me for both a chronic disease and an acute illness at the same time, can the entire bill be claimed?

Medisave can only be used for treatment related to the 10 chronic diseases listed, subject to a cap of \$300. If patient attendance is purely for an acute or unrelated condition, Medisave deduction is not allowed even though the patient may have a chronic condition. Checks will be made during audits to ensure that claims are related to approved chronic conditions.

Q6. How does the annual cycle of the \$300 limit apply? Is it calculated based on the time that the patient first seeks treatment under the scheme?

The \$300 annual limit is reset at the start of each calendar year i.e. 1 Jan to 31 Dec.

Q7. Will Medisave use be allowed for purchasing equipment (e.g. blood pressure monitoring equipment, glucometer or strips, etc.)?

No. In line with existing Medisave guidelines, Medisave use does not cover equipment purchase, whether for chronic disease treatment or other uses.

Q8. How will I know if the patient has sufficient balance left for claims?

An enquiry function to check the withdrawal limit and overall account balance is available via the MediClaim e-Service. Clinics may use this function to check the remaining balance of the Medisave account holder with his/ her consent.

Alternatively, you can request for the Medisave holders to show you a print-out or electronic statement of their current Medisave balance. They can obtain their current Medisave balance from the CPF Board's website (www.cpf.gov.sg) under My CPF Online Services - My Statement, by logging in with their SingPass. You may wish to ask your patients to bring along a copy of the Medisave balance of the Medisave payers if you do not have a computer terminal at your clinic.

Q9. If the Medisave balance is insufficient to cover the costs, can the patient top up the difference in cash?

Yes.

Q10. Can the bill be split among two or more accounts according to a given percentage?

Yes, a claim can be shared by a maximum of 10 Medisave accounts.

Q11. What is the cost of making Medisave claims?

The current cost is \$2.91 (exclude GST) per transaction and has to be paid in cash. The cost is levied on the clinics and not the patients. However, some clinics may decide to pass on this cost to their patients.

Q12. Why is there a transaction cost of \$2.91?

The transaction cost consists of a \$2.44 charge from CPF Board for processing each Medisave account and a \$0.47 charge from NCS for use of the MediClaim system.

Q13. Can I transfer the cost per transaction (\$3.11 with GST) to the patient?

You may choose to do so. However, medical institutions deciding to charge out the operational transaction cost should list this item in the bill as "Medisave processing fee". This fee has to be paid in cash. Should medical institutions decide to charge out additional administrative fees on top of what MOH/CPFB charged out to them, they are required to separately attribute it to their own business administrative charges, instead of lumping it as "Medisave processing fee".

Q14. Will patients have to pay the full amount upfront and then be reimbursed or can they make partial payment based on estimated Medisave payout?

This decision will lie upon the individual clinics. However, clinics should explain to their patients on the mode of payment clearly so as to avoid any confusion or unhappiness.

Q15. Can I accumulate several bills to be submitted in a single claim for the whole year so as to decrease the cost per transaction?

Yes. The deductible and co-payment is based on a per claim basis. You will need to enter the visit date and bill details for each visit within the single claim.

Q16. How will refunds for Medisave withdrawals be handled (e.g. if a patient opts out of a package)?

The clinic will have to amend the approved Medisave claim through the MediClaim system to return the money back to the relevant Medisave accounts. CPF Board will liaise with the clinics to debit and credit the amounts accordingly. Medisave will have first claim on any refunds. As for the amount of cash co-payment collected previously (\$30 deductible and 15% co-payment on the bill balance), the clinic can refund the amount to the patient in cash.

Q17. If patients have signed up for the Programme, can they opt out of it at a later date? Do I need to refund the amount that he had paid up for a package?

Patients can opt out at a later date by informing the clinic from which he/she is receiving care. In terms of refund, it is a private arrangement between the provider and the patient. Patients should find out the provider's policy on refunds before signing up for packages. However, funds withdrawn from Medisave must be reimbursed to the Medisave accounts first.

Q18. Is Medisave withdrawal dependent on the patient having only one specific primary care provider?

No. Patients are encouraged to have continuity of care with one family physician but they are free to choose and switch providers. Hence, they can make Medisave claims at any Medisave-accredited clinic.

Q19. How will claims be made if a patient is referred to an unaccredited provider?

Medisave claims will not be allowed at an unaccredited clinic. However, the referring party can make arrangements to bill on behalf of his unaccredited partners. The referring party is expected to bear full responsibility for any such arrangements made.

Q20. How will the scheme apply to Permanent Residents and Foreigners?

Current Medisave rules apply. Patients can be Permanent Residents or Foreigners. As long as they have Medisave accounts or their immediate family members with Medisave accounts, they are eligible for the scheme.

Q21. How will the scheme apply to those who have employer medical benefits or an existing comprehensive insurance plan?

Claims can be made under employer plans. This also applies to pensioners. Employer medical benefits or an existing comprehensive insurance plan can be used to cover the cost of the deductible and co-payment. Any amount in excess of the employer medical benefits or the insurance plan can be paid using Medisave. Clinics will have to liaise directly with their partnering employers for payment under employer plans as per their current arrangements.

Q22. What is the process of making Medisave claims like? Will it involve a huge change in my clinic operations?

The process is as follows:

- 1) The clinic/doctor should explain the following to patients suffering from any of the approved chronic diseases and their immediate family member(s) whose Medisave account(s) is/are being used (if any):
 - the treatment components.
 - the cost of treatment.
 - estimated amount that can be claimed from Medisave.
 - the out-of-pocket cash payment that the patient will need to make.
 - the charging of transaction fees.
- 2) When the patient and/or his/her immediate family member(s) have decided to use Medisave for the bill, each Medisave account holder who wishes to make use of his/her Medisave account need to sign a Medisave Authorisation Form (MAF) to authorise the CPF Board to deduct his/her Medisave savings for the treatment of the patient. The authorisation can be made on a per treatment basis or over a period of months. It then stands until revoked in writing. Clinic/Medical institution staff should witness the signing and verify the relationship(s) to the patient as stated in the MAF.
- 3) Clinics/Medical institutions can then submit the Medisave claims electronically to the CPF Board for processing via the MediClaim System.
- 4) Payment will be made daily to Medisave-accredited medical institutions via InterBank Giro (IBG) on the 3rd working day after the approval date of the Medisave claims.

Q23. Can GPs who are contracted by nursing homes to provide outpatient care for their residents help the ones suffering from one of the six listed chronic diseases make Medisave claims?

Yes, if the GP and his/her clinic are on the Programme. He/She can help the nursing home patients to make a Medisave claim for their outpatient chronic disease treatment(s) through his/her clinic.

D. DATA SUBMISSION, CLINICAL IMPROVEMENT AND AUDITS

Q1. Why is the patient's medical and treatment history required?

The data collected will provide a better profile of patients on CDMP. This information will be useful for fine-tuning for programme planning and management purposes.

Q2. Must the medical history be captured at each visit?

The items in the medical history data will only need to be captured once but should be updated as and when there are changes.

Q3. How do I record the actual year of diagnosis of patients with long standing chronic diseases?

The estimated year of diagnosis for the patient's chronic condition can be recorded if the exact year is not known.

Q4. Will data on all clinical parameters be required at every visit?

No. Only data on assessments or tests performed during the visit need to be captured.

Q5. Would I need to repeat HbA1c or LDL cholesterol if my patient is able to produce the results of a test done elsewhere?

You can submit the relevant details of your patient's test results that have been performed elsewhere instead of repeating the test. If you do so, please keep a copy of the record of the test results.

Q6. What if the patient is lost to follow up?

Please note it down in your clinical documentation. Alternatively, if you are using the web-based e-Service for data submission, you may also document the information using the textbox available under the Patient Participation Module present on the navigation bar. If you are using CMS for data submission, please contact your CMS provider for more details on capturing of this type of information electronically.

Q7. What if the patient refuses certain tests?

Tests are performed, when indicated, as part of the proper management of the chronic disease. As such, the physician should inform the patient as to the rationale and provide other key information regarding these tests. If the patient refuses the tests, please note this response in the patient's clinic notes.

Q8. If I missed the previous deadline for submission of clinical data, do I still need to submit the data for that period?

Yes, you should still submit the relevant data for that period as well as the current data.

Q9. Which healthcare provider should submit clinical data if the patient makes Medisave claims at three different healthcare providers during one year?

It would be appropriate for each provider to collect relevant data for the care that has been provided, and to submit the data. If they are not able to make the submission, they should forward the data to the primary physician who is coordinating the care of the patient's chronic condition so that he/she may be updated and make the submission.

Q10. If a patient starts making Medisave claims from June onwards, must I submit clinical information captured before June?

You can capture the relevant clinical data of the patient. However, for the purpose of assessing the care process and outcome of the chronic condition, the period of one year (taken from the date when the patient first enrolled into the CDMP for the chronic condition) will be used.

Q11. My patient claimed Medisave for treatment of a chronic condition when he first consulted me on 5 Jan 2009, but paid cash for three subsequent visits (in Mar, Jul, Oct 2009) for the same chronic condition. Would I still need to submit clinical data for the latter three visits?

Yes, you should continue to submit the patient's clinical data on this chronic condition for one year from 5 Jan 09.

Q12. Can the clinical data submitted be shared by different healthcare providers within the same clinic / institution / cluster?

This will depend on the electronic Clinic Management System (if any) that is used by the healthcare institution.

Q13. If I have already fulfilled the number of care components for the chronic condition, do I still need to submit clinical data subsequently?

The care components are the essential aspects of medical care that are recommended for management of the chronic diseases. The data submission system allows you to submit more than the recommended number of care components.

Q14. Will clinical data submitted be shared with the providers?

The clinical data received will be used to monitor the success of the CDMP, and also to give feedback routinely to the registered clinics for quality improvement. The release of data back to the clinics had been effected in phases. Clinical data submitted have been routinely fed back to the clinic as the online CDMP outcome reports via the Medisave system from the first quarter 2008 onwards. In these reports, a clinic will be able to compare its performance against the aggregated local and national performance. Over time, each clinic will also be able to track its own performance trends.

Q15. What will the clinical quality improvement process be like?

The clinical data that is monitored is useful for clinical quality improvement in the care of chronic conditions. When meaningfully used, it will empower patients to take charge of managing their chronic condition as guided and supervised by their family physician. This can improve compliance with the recommended care of the chronic condition(s) with better longer term outcomes.

Q16. What will the clinical audit process be like?

Periodic on-site audits will be carried out to ensure accuracy of clinical data submission and to ensure that minimum standards of performance are met. Due consideration will be given so that such audits do not disrupt clinic operations and patient care processes.

FURTHER READING

MOH. Chronic Disease Management Handbook for Healthcare Professionals 2011.

LEARNING POINTS

- **The User Manual in the Chronic Disease Management Programme Handbook describes the steps in the clinical data submission.**
 - **The e-Service Clinical Data submission requires an Internet-enabled computer. The user needs an user account to log in at the URL page.**
 - **The Clinical Data submission e-Service allows submission of new reports.**
 - **It also allows retrieval of submitted reports through the “search” function.**
 - **The Frequently answered questions (FAQs) that accompanies this reading explains: clinical matters; registration matters; Medisave claims, reimbursement, billing; and data submission, clinical improvement and audit matters.**
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