



MH 96:27/1-3 V002

MOH FCM No. 30 / 2015

22 December 2015

CFOs/Director (Finance) of Clusters, Public Hospitals & Institutions, NHG  
Polyclinics, SingHealth Polyclinics  
(See **Annex A** for Distribution list)

All Private Hospitals accredited under Medisave/MediShield Life Scheme  
(See **Annex B** for Distribution List)

All other medical institutions accredited under Medisave/MediShield Life Scheme  
(See announcement in Mediclaim)

Dear Sir/Mdm,

### **AUDIT REQUIREMENTS FOR MEDISAVE/MEDISHIELD LIFE CLAIMS SUBMISSIONS**

In the process audits conducted on Medisave-accredited Medical Institutions (MIs) by CPF Board's (the Board) auditor, KPMG LLP, several common audit findings were raised, including incomplete or inconsistent documentation by MIs for Medisave claims submission. Both the Ministry of Health (MOH) and the Board take a serious view on non-compliances. MIs should put in place measures and controls to ensure that similar audit findings are not surfaced in subsequent audits.

2. This circular serves to remind all MIs of the audit requirements on Medisave/MediShield Life claims submissions.

3. MIs should ensure that all required forms are duly completed and signed before submitting any Medisave/MediShield Life claim. The information provided for a Medisave/MediShield Life claim submission (e.g. patient's and payer's particulars, total bill amount, Medisave/MediShield Life claimed, operation codes and charges, date of admission/discharge) should be consistent across all documents.

4. For audit purposes, MIs are to ensure proper documentation of the following:

| <b>S/No</b> | <b>Documents</b> | <b>Requirements</b>                                  |
|-------------|------------------|--|
| 1           | Records of Claim | A copy of the submitted form can be printed from the |



| S/No | Documents                                | Requirements   |
|------|--|--|
|      | Form submitted to CPF B                  | MediClaim System.  |
| 2    | Medical Claims Authorisation Form (MCAF) | Completion of <b>all</b> fields on the form including:<br><br>a) <b>Part A:</b><br>Patient's name and CPF account number.<br><br>b) <b>Part B (if applicable):</b><br>Payer's name, CPF account number and relationship with patient.<br><br>c) <b>Part C:</b><br>Purpose of Usage and Period of Authorisation.<br><br>d) <b>Part D (if applicable):</b><br>Additional payer/ person signing on behalf of patient's name, CPF account number, doctor's details and signature.<br><br>e) Names, NRICs and signatures of patient, payer(s) and witness at the end of the MCAF. |
| 3    | Medical Bill                             | The following should be in the bill:<br><br>a) Hospital Registration Number (HRN) <sup>1</sup> ;<br><br>b) Name and NRIC/CPF account of patient;<br><br>c) Name and NRIC/CPF account number of payer(s);<br><br>d) Amount deducted from the Medisave account (for each payer);<br><br>e) Amount claimed from MediShield Life (if applicable);<br><br>f) Date of Admission and Discharge/ Date of Visit; and<br><br>g) A sub-total of all charges claimed under Medisave  |

<sup>1</sup> The last letter of the HRN (checksum letter) may be omitted from the HRN if it cannot be obtained when issuing the bill.



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| S/No | Documents                                 | Requirements   |
|------|---|--|
|      |   | <p>(e.g. daily ward charges, operation, drugs)</p> <p>Please refer to <u>Annex C</u> for the format of a medical bill</p> <p>Ms are to ensure that the following note is printed or stamped on the medical bill:</p> <p><i>“Any party who is under a contractual obligation to reimburse the medical expenses shown on this bill, is required to refund to Medisave and MediShield Life <u>OR</u> the Integrated Shield Plan (IP). To make payment to Medisave and MediShield Life, please send a cheque to CPF Board or pay over the Internet (more information at <a href="http://www.cpf.gov.sg">www.cpf.gov.sg</a>). To make payment to the IP, please send a cheque directly to the private insurer operating the IP. All cheques are to be accompanied with a photocopy of this bill and a payment advice on the proportion of reimbursement to be credited to Medisave and MediShield Life <u>OR</u> the IP.”</i></p> <p>This note is to remind employers and/or insurers, who make reimbursements of medical expenses, or the CPF payer who has been reimbursed by their employers and/or insurers in cash, to make the necessary refund back to Medisave, MediShield Life or Integrated Shield plan. The protocol for reimbursement is in the following order: (i) member’s cash outlay (ii) Medisave Account of payer(s) and (iii) Integrated Shield Plan (IP) and/or MediShield Life.</p> |
| 4    | Letter of Certification (LC) <sup>2</sup> | <p>LC must be submitted for each treatment that involved surgery.</p> <p>Name, signature and MCR/DCR number of doctor must be indicated on the LC.</p> <p>All TOSP codes and charges are indicated on the LC.</p>  |

<sup>2</sup> Not applicable for Public Hospital Institutions (PHIs). PHIs shall continue to use Hospital Inpatient Discharge Summary Form.



| S/No | Documents | Requirements |
|------|-----------|--------------|
|      |           |              |

5. All documents can be stored either as hardcopies or as electronic softcopies.
6. Any amendment or cancellation made to the Medisave/MediShield Life claim has to be accompanied by an amended medical bill or notification issued to the patient showing the finalised bill and the Medisave/MediShield Life amount being claimed for the treatment.
7. MIs should also ensure prompt submission of Medisave/MediShield Life claims, within **two weeks** from the date of visit (for outpatient for day surgery) or date of discharge (for inpatient) of the patient.
8. MOH and CPF Board will continue to conduct audit checks to ensure that MIs comply with these requirements.

#### CONTACT INFORMATION

9. Please email Ms Zaidah Sudar at [medclm@cpf.gov.sg](mailto:medclm@cpf.gov.sg) should you have further clarifications.
10. Thank you.

Yours sincerely,

ADRIENNE YUEN  
ASSISTANT DIRECTOR  
(MEDISAVE AND  
HEALTHCARE CLAIMS),  
CPF BOARD

KENNETH TAN  
ASSISTANT DIRECTOR  
(FINANCE POLICY OPS),  
MOH

*Transmitted electronically, no signature required*



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**Annex A**

**Cluster HQ**

Ms Lim Yee Juan  
GCFO,  
National Healthcare Group

Mr Sia Kheng Hong  
GCFO  
SingHealth

Ms Lim Lee Nor  
Acting GCFO  
Eastern Health Alliance

Ms Wong Soo Min  
GCFO  
NUHS

**Public Hospitals**

Mr Roger Leong  
CFO  
Khoo Teck Puat Hospital

Ms Chow Siew Ying  
CFO  
Alexandra Hospital

Mr Wong Loong Kin  
CFO  
Singapore General Hospital

Mr Paul Yong  
CFO  
Tan Tock Seng Hospital

Ms Lim Lee Nor  
CFO  
Changi General Hospital

Ms Grace Lim  
CFO  
KK Women's & Children's Hospital

Ms Ng Bee Lan  
Director, Finance  
Institute of Mental Health



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Mr Ang Kwok Ann  
CFO  
National University Hospital

Ms Chow Siew Ying  
CFO  
Ng Teng Fong General Hospital

Mr Christopher Tan Heng Chye  
Head, Finance  
Sengkang Health

**National Centres**

Ms Chan Ching Bee  
CFO  
National Cancer Centre

Ms Lee Sock Gek  
Assistant Director  
National Neuroscience Institute

Ms Loo Swee Cheng  
General Manager, Finance  
National Skin Centre

Mr Malcolm Koh  
CFO  
National Heart Centre

Ms Lim Lai Hong  
Chief Financial Controller  
National Dental Centre

Mr Moses Wong  
CFO  
Singapore National Eye Centre

**Polyclinics**

Mr David Kok  
Director, Finance  
National Healthcare Group Polyclinics

Mr Wong Kai Yew  
Financial Controller  
SingHealth Polyclinics



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**Annex B**

**Private Hospitals**

Ms Cheryl Tang  
Senior Manager (Business Office)  
Parkway East Hospital

Ms Oh Lay Khim  
Manager (Business Office)  
Mount Alvernia Hospital

Ms Evelyn Li  
Manager (Business Office)  
Mount Elizabeth Hospital

Mr Thomas Ng  
Manager (Business Office)  
Gleneagles Hospital

Mr Victor Chia  
Assistant Director (Business Office)  
Thomson Medical Centre

Ms Christina Pang  
Manager (Business Centre)  
Raffles Hospital

Ms Chong Bih Yi  
Assistant Manager (Business Office)  
Mount Elizabeth Novena Hospital

Ms Chen Choo Lin  
Finance Manager  
John Hopkins Singapore

Ms Tan Siew Tuan  
Senior Manager (Business Office)  
Farrer Park Hospital



**Annex C**

**FORMAT OF MEDICAL BILL**

1. Basic Information

- (a) Bill number
- (b) Date of bill
- (c) Name of patient
- (d) Hospital Registration Number (HRN)/Patient account number
- (e) Date/Time of admission
- (f) Date/Time of discharge

2. Billing Information

|   |                               |
|---|-------------------------------|
| (a) Hospital charges covered by Medisave<br>e.g. room charges, medicine | \$ A                          |
| (b) Doctor's attendance fees  | \$ B                          |
| TOTAL DAILY HOSPITAL CHARGES  | <hr/> \$A + \$B               |
| (c) Operation charges eg. professional<br>charges and facility fees     | \$ C                          |
| (d) Hepatitis B vaccination charges                                     | \$ D                          |
| TOTAL CHARGES COVERED BY<br>MEDISAVE                                    | <hr/> \$A+\$B+\$C+\$D         |
| (e) Deductions from Medisave  |                               |
| Names of Medisave account holders                                       | \$ E                          |
| Medisave account numbers  |                               |
|   | <hr/> \$A+\$B+\$C+\$D-<br>\$E |





|   |   |
|---|---|
| (f) Charges covered by MediShield Life (if applicable)                      | \$ F  |
| (g) Charges not covered by Medisave eg. private nursing, telephone .....etc | \$G   |
| (h) Balance due   | <hr/> $\$A+\$B+\$C+\$D-$<br>$\$E-\$F+\$G$ <hr/> |

### 3. Statement

The following statement must be printed or rubber stamped on the front of the page of the institution's bill, where payouts from Medisave/MediShield Life/Integrated Shield plans (IP) are reflected:

“Any party who is under a contractual obligation to reimburse the medical expenses shown on this bill, is required to refund to Medisave, MediShield Life and/or the Integrated Shield Plan (IP).

To make payment to Medisave and MediShield Life, please send a cheque to CPF Board or pay over the Internet (more information at [www.cpf.gov.sg](http://www.cpf.gov.sg)). To make payment to the IP, please send a cheque directly to the private insurer operating the IP. All cheques are to be accompanied with a photocopy of this bill and a payment advice on the proportion of reimbursement to be credited to Medisave and MediShield Life and/or the IP.”