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Integrated Shield coverage: Disputes platform set up, insurers' panel of doctors widened

TUE, NOV 09, 2021 - 3:00 PM | UPDATED TUE, NOV 09, 2021 - 4:35 PM

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INSURERS offering Integrated Shield Plans (IPs) have committed to expanding their doctor panels to as much as 500-600 private specialists by year-end, following a clash between doctors and insurers earlier this year over issues arising from changes to co-payment plans.

A claims complaints process known as the Clinical Claims Resolution Process (CCRP) for stakeholders in the IP sector to amicably resolve disputes has also been established, the Ministry of Health announced on Tuesday (Nov 9).

The two main outcomes were arrived at after a 12-member Multilateral Healthcare Insurance Committee (MHIC) was set up to collaboratively address issues and provide innovative and balanced solutions that would safeguard patients' interests and ensure access to continuity of care.

Unhappiness over insurers' pre-selected medical panels first surfaced when it was announced that insurers would enforce a 5 per cent co-payment term for IP riders. Policyholders may cap their co-payment share at S\$3,000 a year, but they must use insurers' medical panels or seek pre-authorisation.

The MHIC had been working to increase the size of insurer panels to provide policyholders with a wider pool of specialists on the panels.

The number of private specialists on IP panels have increased by up to 63 per cent since the beginning of the year. Close to 80 per cent of 1,235 active private specialists are currently on at least one IP panel, said MOH.

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"Most IP insurers have further committed to ensuring that their panels reach a size of at least 500 private specialists by end-2021," MOH added.

With this, an estimated 80 to 90 per cent of private medical institution claims will be from panelled providers.

IP insurers' panel expansion and commitment

Insurer	Number of private specialists (Jan 2021)	Number of private specialists (as at Aug 31, 2021)	% change since Jan 2021	Committed number of private specialists (by end 2021)
AIA	409	506	+24%	500+
Aviva	349	468	+34%	500-520
AXA	338	433	+28%	500
Great Eastern Life	334	545 (as at Sept 15)	+63%	500-600
NTUC Income	399	459	+15%	450-500
Prudential	298	444 (as at Sept 15)	+49%	450-500
Raffles Health Insurance	190	204 (as at Sept 15)	+7%	250
% share of active practicing patient-facing private specialists	70%	79%		

NOTES:

- There are currently 1,235 active practising patient-facing private specialists (excluding non-specialist, dentists/dental surgeons, and non-patient facing specialties, i.e. radiology, pathology, public health/occupational medicine, aviation medicine, laboratory medicine/biochemistry, nautical medicine, and nuclear medicine).

- Data as at Aug 2021.

Table: BT graphics • Source: MOH

The number of specialists on each insurer's panel will depend on the size and composition of their own particular book of business, said Alan Ong, who represents the Life Insurance Association (LIA) on the MHIC.

An insurer with more children in its portfolio, for instance, may require more pediatricians, noted Ong who is also medical director at AIA Singapore.

Meanwhile, CCRP will help to facilitate the resolution of clinically related IP claim disputes, including concerns on:

- Unfair rejection of claims for medically appropriate treatment or procedures
- Over-charging by medical practitioners and medical institutions
- Over-servicing by medical practitioners

The CCRP aims to provide "an objective determination for the parties" and "to facilitate a more amicable resolution to any of these disputes", said Senior Minister of State for Health Koh Poh Koon in a press conference.

Complainants will be able to file their disputes online via the CCRP website from Nov 9.

They will, however, be required to pay an administrative fee per dispute, subject to Goods and Services Tax. The fee is S\$50 for IP policyholders, S\$200 for medical practitioners and S\$500 for medical institutions or IP Insurers.

The CCRP is a voluntary process and parties must mutually agree to participate in the CCRP, and enter into a contractual agreement to abide by the panel's decision.

Parties should, however, attempt to resolve the disputes among themselves at the first instance. The disputes filed with the CCRP should be within 6 months after the IP insurer's final reply to the medical practitioner, medical institution or policyholder.

To ensure that one-off cases are not brought into the CCRP, disputes originating from IP insurers, medical practitioners or medical institutions will have a "3 incidents trend threshold".

These complainants must show 2 or more prior related IP claims disputes with the other party within the last 5 years. This does not apply to policyholders and patients who can lodge a complaint even if an incident has only happened once.

For each dispute, the CCRP will convene a 5-member panel comprising Academy of Medicine, Singapore (AMS) specialists of the relevant specialty, as well as medical directors from selected IP insurers. The Consumers Association of Singapore will also support the panel as a consumer advocate.

To ensure objectivity, cases will be brought before CCRP anonymously and panel members will also remain anonymous to disputing parties.

Once the panel comes to a decision, both parties will proceed to settle the case with each other.

For instance, if an insurer has brought a case against a doctor, and the doctor has been said to be overcharging, the doctor has to make good the overcharged amounts back to the insurer.

In a bid to guide and educate medical practitioners on the fair provision of service, the AMS has also established a counselling framework to support the CCRP process.

Doctors would be offered an option for counselling if the CCRP panel's determination is in favour of the IP Insurer or the policyholder.

Doctors who choose not to participate in the counselling process will have their reasons duly documented.

In instances where there are subsequent cases involving recalcitrant parties, the CCRP panel will advise the complainant to lodge a complaint with respective regulators such as the Monetary Authority of Singapore, MOH or the Singapore Medical Council.

"The MHIC has made very good progress in giving patients wider access to panel doctors and better choices to their appropriateness of care. And with the launch of the CCRP process, patients, IP policyholders, doctors and insurers will have a platform for their issues to be deliberated and resolved fairly and objectively and hopefully much more amicably as well," said Koh.

The LIA said in a statement on Tuesday that it supports the establishment of the CCRP.

"The IP ecosystem is complex, and there are inevitable tensions between the interests of different parties. LIA Singapore has consistently called for all stakeholders to come together to resolve these issues. The MHIC has been a useful platform to surface, discuss and address the necessary trade-offs," said the association.

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