

THE STRAITS TIMES

IP insurers to have more specialist doctors on panels, resolution platform set up to settle disputes



Policyholders and doctors alike have often complained about the small number of private specialists on the panels of some insurers. PHOTO: ST FILE



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SINGAPORE - The 2.85 million people here with Integrated Shield Plans (IPs) will soon have a wider choice of specialist doctors on the panels of the seven insurers that offer such plans.

Patients, insurers, doctors and medical institutes with grievances, such as overcharging, over-servicing or non-payment of claims, can also turn to a new resolution platform set up on Tuesday (Nov 9).

The Ministry of Health (MOH) announced these two changes on Tuesday as part of its move to address issues related to health insurance.

Policyholders and doctors alike have often complained about the small number of private specialists on the panels of some insurers. At the start of this year, the seven insurers had between 190 and 409 private sector doctors on their panels.

Now, four of them - AIA, Aviva, AXA and Great Eastern Life - have committed to having at least 500 specialists on their panels by the end of 2021; NTUC Income and Prudential will have at least 450; and Raffles Health Insurance will have 250. Some have already reached their targets.

As at end-August, 79 per cent of the 1,235 eligible private sector specialists are on at least one insurance panel, up from 70 per cent at the start of the year. Not all specialists may want to be on such panels, as it often includes pre-negotiated payment rates.

Insurance panels are important as the 1.71 million policyholders who have riders to cover part of their portion of the bill have certain perks, such as paying no more than \$3,000 a year of their bills, if they use doctors on the insurer's panel. The cap may not apply if they use non-panel doctors.

But there have been complaints that a small panel gives patients and referring doctors limited choice. Some doctors have also complained about being rejected by insurers. Most insurers say they want doctors with at least five years' experience on their panels.

MOH set up a Multilateral Healthcare Insurance Committee in April this year to look at how to better address disputes, and expanding the size of IP insurer panels. The ministry has now accepted the committee's recommendations.

IPs, which are integrated with the basic MediShield Life, cover patients for private medical treatments, so they need to pay only the annual deductible - which ranges from \$1,500 to \$5,250 depending on the class of care and age of patient - and 10 per cent of the rest of the bills.

To slow down runaway healthcare costs, MOH imposed a minimum co-payment of 5 per cent of the bill, subject to a minimum cap of \$3,000 a year for patients with riders bought after March 8, 2018.

In its report in 2016, the Health Insurance Task Force also suggested having insurance panels and pre-authorisation for non-urgent treatments to rein in rising private healthcare costs.

Specialist doctors on IP insurers' medical panels

Insurer	Number of private specialist (Jan 2021)	Number of private specialist (As at Aug 31, 2021)	% increase 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
% of eligible specialists	70	79		

Table: STRAITS TIMES GRAPHICS • Source: MINISTRY OF HEALTH

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The other change announced is a new resolution platform that insurers, doctors, healthcare institutions and policyholders can turn to for help in resolving their clinical-related disputes.

Called the Clinical Claims Resolution Process, it is voluntary, so all parties must agree to participate.

Should a doctor be found to have overcharged or over-serviced, the Academy of Medicine will provide guidance to the doctor, with a senior practitioner in the same field providing counselling to help the doctor, said Professor Teo Eng Kiong, Master of the Academy.

This, too, is voluntary and subject to the doctor agreeing. However, a doctor's refusal may be documented and taken into account by the Singapore Medical Council, the profession's watchdog, should the doctor be recalcitrant and repeats the offence.

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Senior Minister of State for Health Koh Poh Koon said this resolution process "closes a gap" for resolving disputes.

Only the party complaining needs to pay a fee - \$50 for the patient, \$200 for the doctor and \$500 for the insurer or medical institution - with the bulk of the cost borne by the ministry. It expects to see about 50 to 60 such cases a year and expects costs to be between \$200,000 and \$400,000 a year.

To prevent frivolous claims, disputes raised by insurers, medical institutions and doctors require at least two prior related disputes with the other party within the past five years. There is no such requirement if a patient raises a dispute.

To ensure objectivity, the disputing parties as well as members of the adjudicating panel will be anonymised, with only the secretariat knowing who they are. This is to prevent any possible conflict of interest, such as a doctor on the panel helping out a friend or colleague.

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