



Singapore Healthcare  
Management 2019

# EXCEL Program for Care Cost Form (CCF)

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Bright Vision  
Hospital

## Introduction

Hospital charges, billing computation, subsidy schemes, Medisave/Medishield and private medical insurance are not easy topics to understand for most people. Without proper preparation and presentation tools, attempts to explain them may lead to confusion and frustration for patients and their next of kins (NOKs).

Responding to patient feedback for a easier and clearer understanding of the billing matters during financial counselling FC, BVH Business Office (BO) together with IT Department initiated a project to revamp the way information is presented during FC. The team took reference at the MOH initiated Care Cost Form (CCF), which was still in the pilot phase at other hospitals at that time.

## Objectives

To present billing information and payment options in a manner that is easy to understand so that patients and NOKs can make informed decision when deciding on treatment plans during financial counselling (FC).



## Method

Since BVH operates on a different version of SAP as compared to the cluster, Electronic Financial Counselling (eFC) is not available for use. The team decided replicate the same effect of CCF using EXCEL platform. EXCEL is a cheaper option and provides flexibility to users. A Visual Basic Application (VBA) Marco template was created with required configuration which allows BO to key in certain data in excel to generate into a similar CCF in Portable Document Format (PDF) format. Once all the required data is key-in, user just need to click 'Calculate' and it will auto populate in a standard CCF in PDF format.

	A	B	C	D	E	F	G	H
1	<b>Care Cost Form</b>							
2								
3	Created on 22/05/2019							
4	Patient		Admission	Estimated LOS(days)		Extended LOS(days)		
5	Name: *	Test 1			26		28	
6	NRIC: *	Test NRIC	Admission Date(dd/mm/yyyy):	32/05/2019				
7	Date of Birth (dd/mm/yyyy): *	22/05/1965	Case:					
8	Age(years): *	55	Admission Type: *	INPATIENT	For any financial assistance, please contact Medical Social Worker @ 62486491.		Input Remarks	
9	Citizenship: *	Singaporean	Treatment Type: *	General				
10	Discipline: *	Rehab						
11	MT Band: *	0.5						
12	Gender: *	Male						
13								
14	Discipline	Class	Nationality	Ward Charges	Daily Treatment Fee	Hospital Charges	Deductible	
15	Rehab - General	6/8 bedded	Rehab - General 6/8 bedded	Singaporean	150	275	35	2000
16	Rehab - General	Single Room (with aircon)	Rehab - General Single Room (with aircon)	Singaporean	250	275	35	2000
17								
18	Select the class and calculate CCF							
19	Class:	6/8 bedded	Calculate	Reset				

The CCF tells a story and takes the reader through a narrative of how the billing is derived. Using, bullet points, charts and tables, the narrative actually explains to the reader the billing information in visuals forms.

Care Cost Form  
(Created on 22-May-2019)

Patient: TEST 1  
Test NRIC: SINGAPOREAN

Admission: INPATIENT

Specialty: Rehab

Planned Treatment / Procedure: Rehab - 28 DAYS

Ward Type: 6/8 bedded

Ward Features: 6/8 bedded, Fan - ventilated, Shared bathroom facilities and amenities, Choice of meals: Vegetarian and Non-Vegetarian

Comes with: Team-based care led by specialist: Doctor, Nurses, Physiotherapy, Occupational Therapy, Speech Therapy, Dietician. (Surcharge may apply)

Remarks: For any financial assistance, please contact Medical Social Worker @ 62486491.

What this all means: The patient's health is what matters most. You can let your Care Cost Advisor know if you have any questions, who will refer your concerns to the appropriate clinical staff.

You could pay: Likely cash payment \$0, If Extended \$0

Ward features may differ for admissions to specialised treatment rooms.

Patient's/Third Party's signature: \_\_\_\_\_

CARE COST FORM

Patient Name: TEST  
NRIC No.: Test NRIC

1. I acknowledge that my first bill at the community hospital will include all charges for medical investigations, doctor's fees, medication, consumables, ward and daily treatment fees, where applicable. Depending on my medical condition, the final cost may differ from the estimated care cost which I have been advised on.

2. I acknowledge also that I have been advised on the following points regarding my/the patient's estimated care cost:

3. I understand that I have been advised on my/the patient's estimated care cost based on past bill/charges for the respective admission type, which have been used to derive the estimated care cost.

4. I acknowledge that my first bill at the community hospital will include all charges for medical investigations, doctor's fees, medication, consumables, ward and daily treatment fees, where applicable. Depending on my medical condition, the final cost may differ from the estimated care cost which I have been advised on.

5. I note that there are additional factors that may affect the estimated care cost reflected in the Care Cost Form:

Change in Ward Type	Criteria	Daily Ward Fee	Daily Basic Care Fee
Changing to a higher ward type	Subject to best availability	Higher rate effective from date of transfer	Higher rate effective from date of admission
Changing to a lower ward type	Subject to subsidy eligibility	Lower rate effective from date of transfer	

6. I have been advised that my/the patient's care cost may be financed with these available schemes:

7. Medishield Life / Integrated Shield Plan (not applicable for Palliative and Chronic Sick Care)

8. All Singapore Citizens (SC) and Permanent Residents (PRs) are covered under Medishield Life. Those with PRs may enjoy higher coverage provided by their private insurers, subject to the benefits under their IP policies.

9. Medishield Life / IP payouts for your hospitalisation bill will be computed based on scheme parameters such as claim limits, deductible and co-insurance.

10. A list of standard exclusions apply under Medishield Life / IP. Treatments under this list will not be covered.

11. All pre-existing medical conditions are covered under Medishield Life. However, your private insurer may impose exclusions on your additional private insurance coverage due to such pre-existing medical condition(s). Please check with your private insurer for more information if needed.

12. I understand that my/the patient's personal details, including medical information, may be disclosed and used by the hospital and to appointed agents for bill collection, or to facilitate payments to the patient and/or an individual.

Patient's / Third Party's Signature: \_\_\_\_\_ Name and Signature of Care Cost Advisor: \_\_\_\_\_

13. To obtain signature of patient's parent/legal guardian if patient is below 18 years old.

14. Patient is my: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Contact No.: \_\_\_\_\_ Name of Translator: \_\_\_\_\_

15. I understand that my/the patient's personal details, including medical information, may be disclosed and used by the hospital and to appointed agents for bill collection, or to facilitate payments to the patient and/or an individual.

16. Personal Data Protection Act, Third Schedule, para 1(a) and Fourth Schedule, para 1(a).

## Result

It is easier for BO to explain to patient/NOK using the pie-chart indicator with total break down of Government subsidy, Hospital subsidy, Medisave, Medishield / Integrated Plan Medishield Life and Out of pocket bill size. With a similar CCF used within SingHealth cluster, patient/NOK is more receptive and feels more secure knowing there should not be any out-of-pocket if patient's is within the Planned Treatment Stay.

The EXCEL program for CCF is a useful alternative to eFC. Aside from BVH, other institutions can also resort to using it when the eFC module is down.

## Conclusion

With a similar CCF in place, it might be useful to share within the SingHealth cluster as a back-up plan for SAP-ISH down-time.

Also with IT expertise, BVH is continuing looking into ways to improve the CCF which will be carry out in phrase two.

Phase Two enhancement of CCF to include :

- Daily estimated bill size based on MT subsidy and hospital subsidy.
- Validity period of MT based on MediNet portal.