EXCEL Program for Care Cost Form (CCF)

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Singapore Healthcare Management 2019

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.
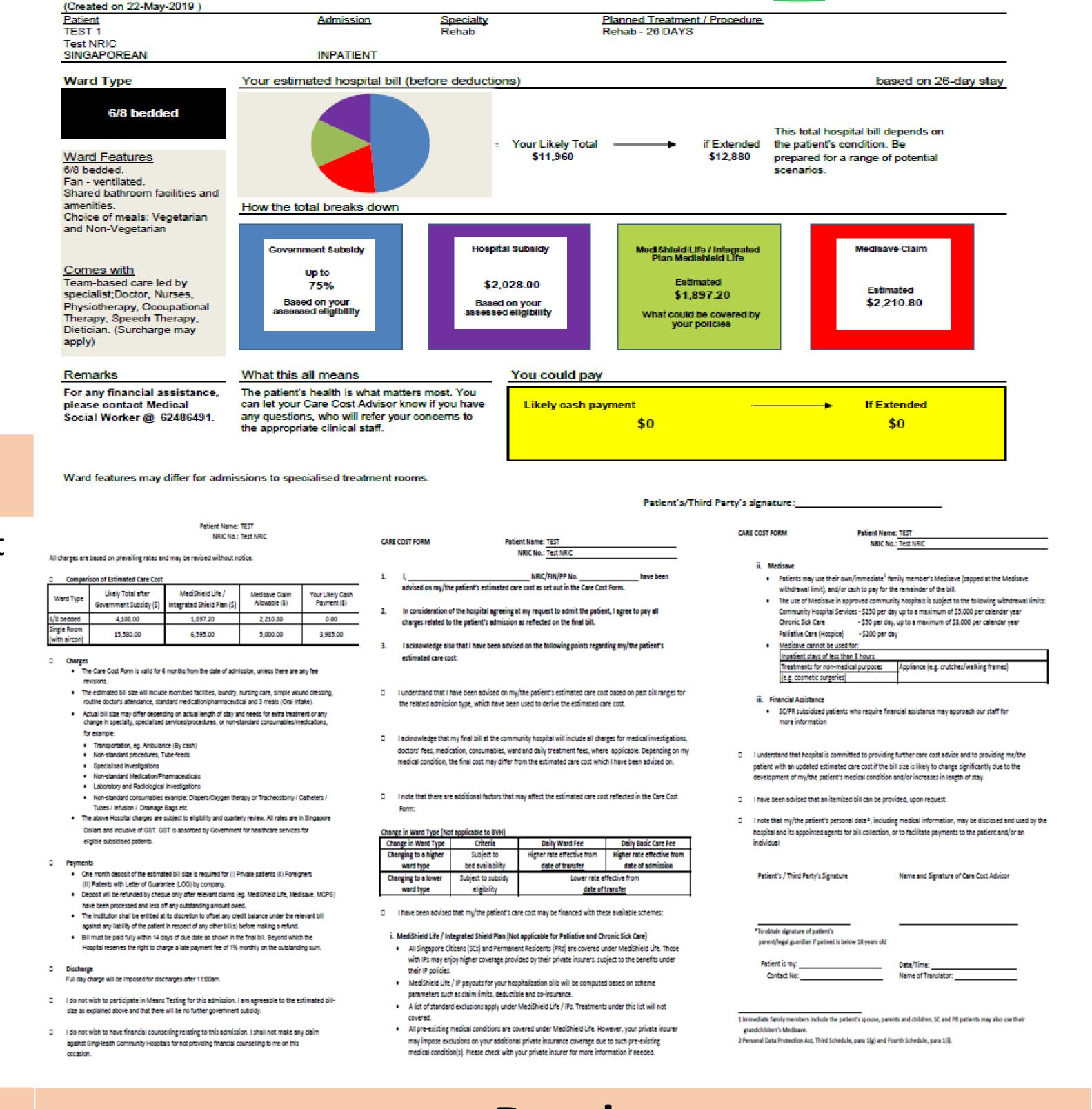
Objectives

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.

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.

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