Cashless Medical Bills Processing for SHP Geylang & Queestown Staff

Polyclinics SingHealth

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In collaboration with MOH, NHGP, NUP & IHiS

Introduction

Arising from the re-clustering of the public healthcare institutions, SHP staff in Queenstown (QT) Polyclinic and Geylang (GL) Polyclinic were slated for transfer to NHGP / NHG Pharmacy / NHG Diagnostic / NUP (named as Entry Clusters) wef 1 Jan 2018.

As there was no system interface between the medical bill processing systems across clusters, staff in these 2 polyclinics were concerned that they would need to pay cash upfront when they or their dependents seek medical treatment at SingHealth institutions in future upon joining the Entry Clusters.

About 40% of the staff in GL and QT Polyclinics had been seeking medical treatment in SingHealth Specialist Outpatient Clinics (SOCs).

Objectives

❑ Facilitate seamless staff transfer to the Entry Cluster (NHGP & NUP) so as to ensure continued quality patient care

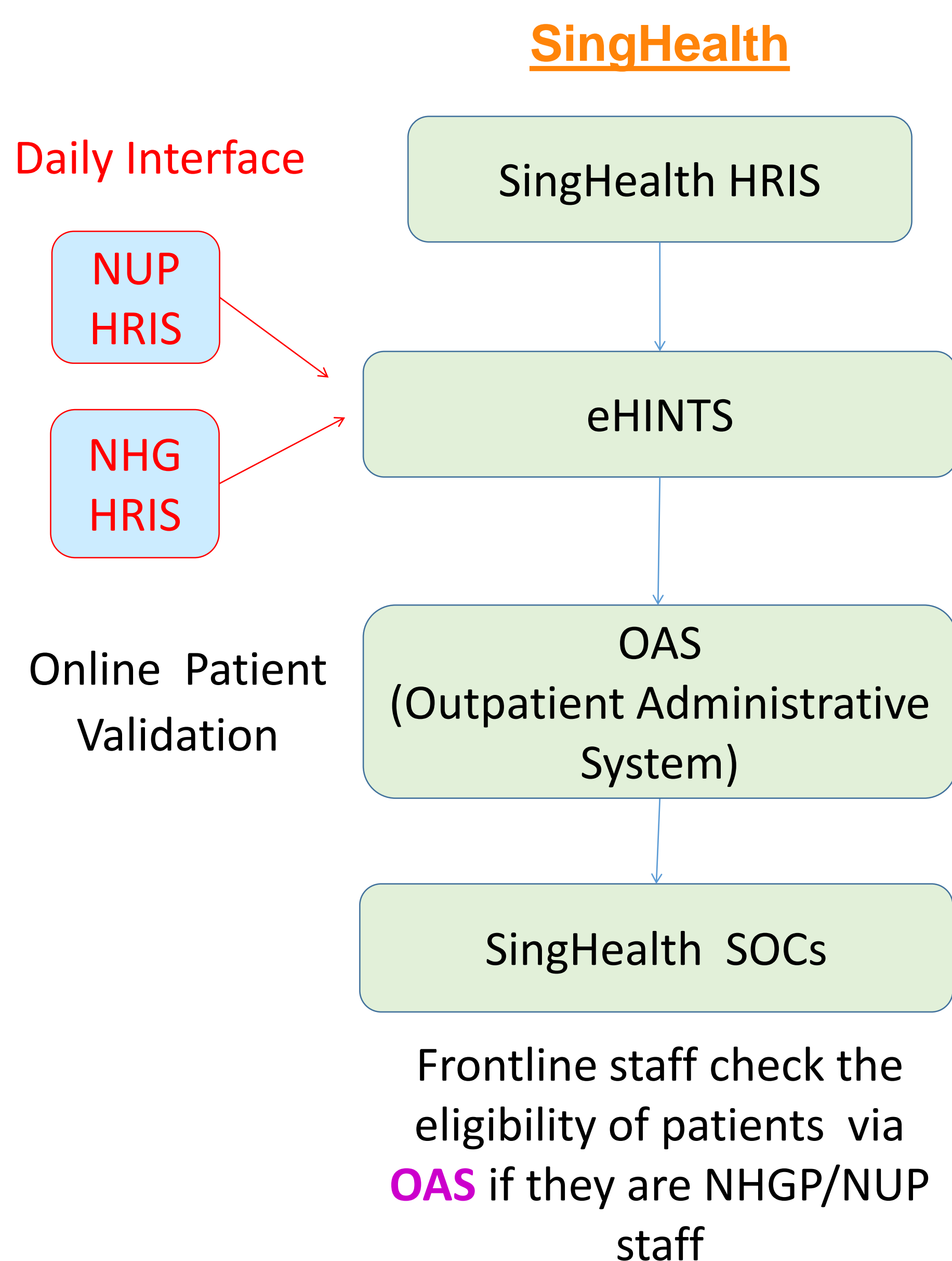❑ Reduce errors and minimize outstanding bills

Methodology

SingHealth Polyclinics (SHP), **NHGP**, **NUP**, **MOH** and **IHiS** collaborated to explore the feasibility of a cashless arrangement

Supported By :
SingHealth Institutions' CFO, COO and representatives from the Operations Departments

Outcome of win-win approach and collaborative partnership :
An online patient validation at frontline registration cum cashless arrangement

Interface From NHG/NUP HRIS To SHS eHINTS/OAS With Effect Aug 2018

SingHealth

Daily Interface

NUP HRIS
NHG HRIS

→ SingHealth HRIS
→ eHINTS
→ OAS (Outpatient Administrative System)
→ SingHealth SOCs

Online Patient Validation

Frontline staff check the eligibility of patients via **OAS** if they are NHGP/NUP staff
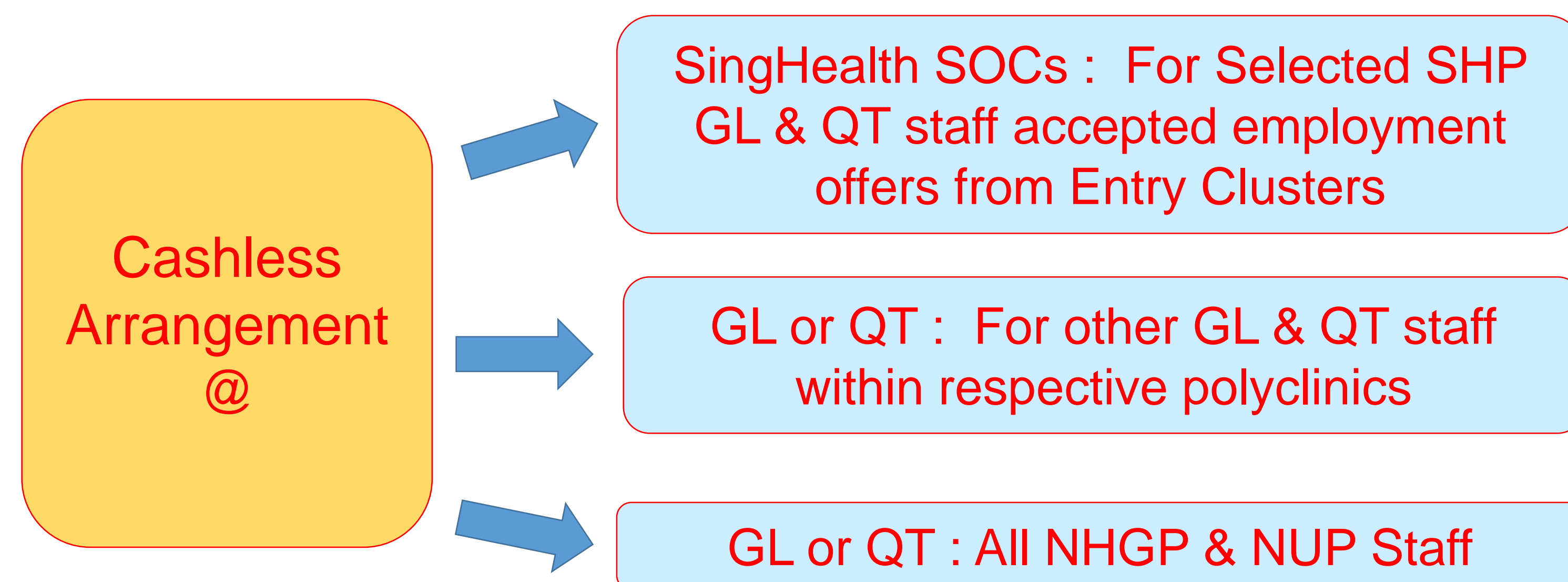
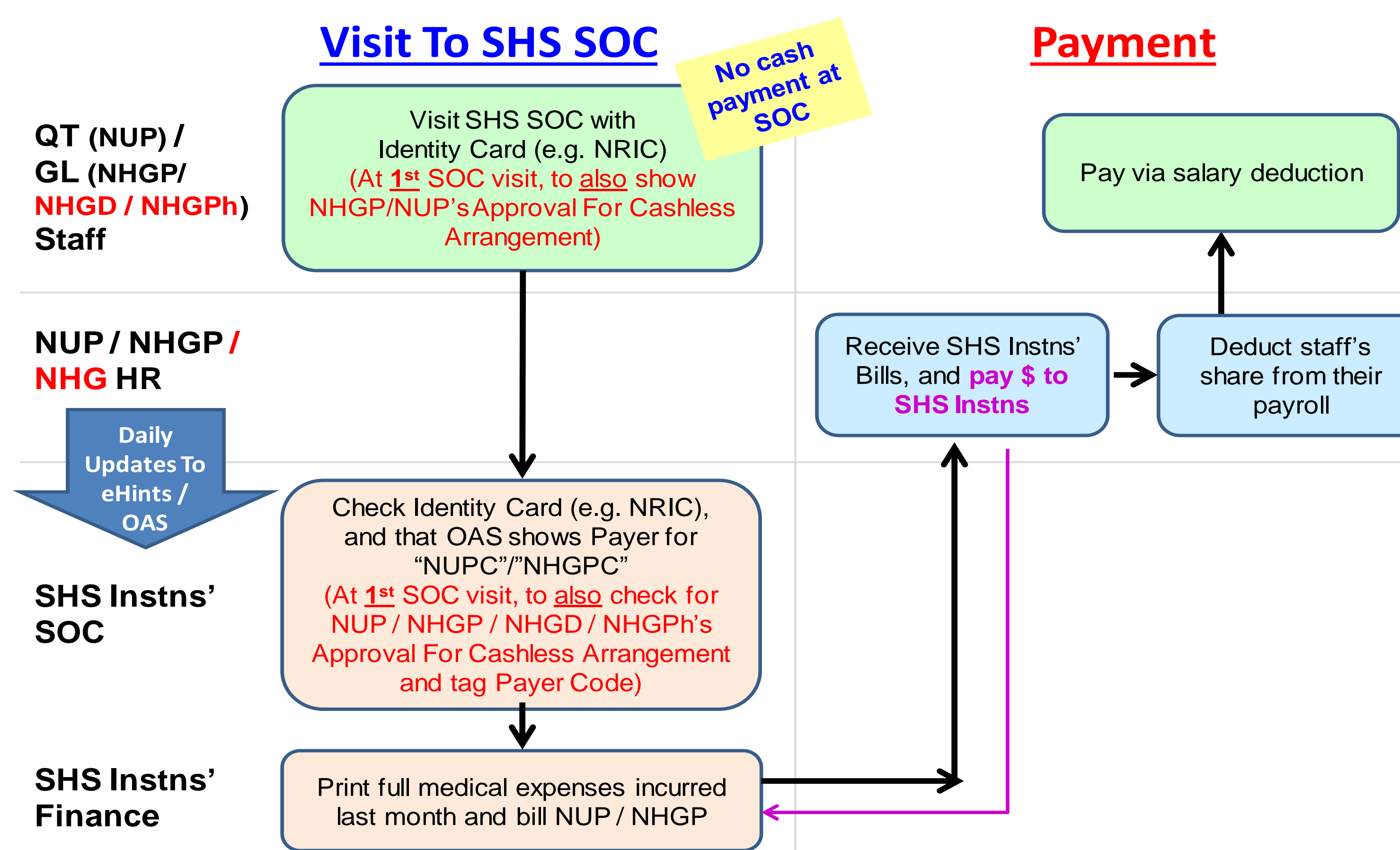'NHGP' patient is only allowed to visit **Geylang** Polyclinic.

Similarly, 'NUP' patient is only allowed to visit **Queenstown** Polyclinic.

There is additional backend logic in OAS that will validate and disallow 'NHGP' or 'NUP' patient to enjoy cashless arrangement at SHS SOCs even if SOC counter staff inputs 'NHGP' or 'NUP' as third party code.

Overview Of Outcome

Cashless Arrangement @

→ SingHealth SOCs : For Selected SHP GL & QT staff accepted employment offers from Entry Clusters

→ GL or QT : For other GL & QT staff within respective polyclinics

→ GL or QT : All NHGP & NUP Staff

Workflow wef Aug 2018

Visit To SHS SOC

No cash payment at SOC

Payment

QT (NUP) / GL (NHGP/ NHGD / NHGPh) Staff:
Visit SHS SOC with Identity Card (e.g. NRIC) (At 1st SOC visit, to also show NHGP/NUP's Approval For Cashless Arrangement)

Pay via salary deduction

NUP / NHGP / NHG HR:
Daily Updates To eHints / OAS

Receive SHS Instns' Bills, and pay $ to SHS Instns → Deduct staff's share from their payroll

SHS Instns' SOC:
Check Identity Card (e.g. NRIC), and that OAS shows Payer for "NUPC"/"NHGPC" (At 1st SOC visit, to also check for NUP / NHGP / NHGD / NHGPh's Approval For Cashless Arrangement and tag Payer Code)

SHS Instns' Finance:
Print full medical expenses incurred last month and bill NUP / NHGP

Results

❑ No need to circulate list of staff among NHGP/NUP and SHP for their entry or exit into the cashless arrangement

- Protect data confidentiality
- Reduce workload
- Minimize errors & outstanding bills
- Provide convenience to the staff concerned

❑ Saved some $43,000 in manpower cost per year across the relevant public healthcare institutions.

Conclusion

85%

SHP GL and QT staff accepted employment offer from the Entry Clusters. This help to ensure continued delivery of quality care to all our patients!

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