

For immediate release

Media Release

Life insurance industry launches standard Pre-Authorisation Form to simplify the pre-authorisation application process for doctors

All Integrated Shield Plan (IP) insurers that offer pre-authorisation services will use the standard Pre-Authorisation Form from 1 October 2019 and no later than 31 March 2020.

Singapore, 6 September 2019 - The Life Insurance Association, Singapore (LIA Singapore) introduced a standard LIA Pre-Authorisation Form today, to be completed by the policyholder's attending doctor, for purposes of the pre-authorisation application and assessment.

The LIA Pre-Authorisation Form (set out in the Appendix below) was developed with feedback from doctors and aims to minimise the administrative burden for doctors. It is designed for elective treatment in the private healthcare sector, that is, for patients (policyholders) who are seeking specialist care by private doctors in private hospitals.

Objective of standardisation

Prior to this, insurers were each using their own pre-authorisation form. Doctors had to complete different forms with different required information.

A standardised approach brings about consistency of practice among all IP insurers, and result in a hassle free application process for attending doctors.

A unified practice would avert a situation such as the one in the United States¹ where a lack of standardisation has led to excessive administrative burden on medical providers.

No action is required of policyholders.

IP insurers will use the LIA Pre-Authorisation Form, commencing from 1 October 2019.

This latest initiative follows the LIA guidance paper issued last year, outlining good practices on the Pre-Authorisation Framework/Process² for IPs. It simplifies insurance procedures and provides information to manage claims cost inflation and premiums, and is one of the recommendations made by the Health Insurance Task Force (HITF) in October 2016.

¹ <https://healthpayerintelligence.com/news/payers-providers-pledge-to-improve-prior-authorizations>

² Good practices on pre-authorisation framework/process (8 January 2018). Available on: <https://www.lia.org.sg/media/1457/good-practices-on-pre-authorisation-20180108.pdf>

About the pre-authorisation service offered by IP insurers

As part of the HITF recommendations, this is a service where the insurer would pre-authorise (i.e. pre-approve) the medical treatment and associated costs prior to the actual procedure. The benefits are three-fold:

- Patients or policyholders gain peace of mind knowing their procedure is within their insurance coverage;
- Healthcare providers have clarity on the type of procedures covered by insurance to better advise their patients prior to the actual procedure; and
- Payers (insurers) are able to assess the medical necessity and cost of the treatment to ensure it is within the terms and conditions of the policy's coverage.

– End –

Life Insurance Association, Singapore (LIA Singapore)

Established in 1962, the Life Insurance Association, Singapore (LIA Singapore) is the not-for-profit trade body of life insurance product providers and life reinsurance providers based in Singapore and licensed by the Monetary Authority of Singapore (MAS).

Vision and Mission

The vision of member companies is *to provide individuals with peace of mind and to promote a society where every person is prepared for life's changing cycles and for those situations unforeseen.*

They are *committed to being a progressive life insurance industry by collectively enhancing consumer understanding, promoting industry best practices, and through the association fostering a spirit of collaboration and mutual respect with government and business leaders.*

Values underpinning the association and its members

Unified	in our resolve to deliver innovative solutions where every individual's needs are best met.
Professional	in the way we conduct ourselves and in the counsel we give.
Ethical	in ensuring our policyholders' interests are managed with utmost integrity.
Fair	in how we strive to provide favourable outcomes to both our policyholders and shareholders.
Open & honest	in all that we do to build an environment of trust and transparency.
Proactive	in the steps we take to give our people the skills and knowledge to provide sound solutions at all times.

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Appendix

Insert Company Logo, if applicable

PRE-AUTHORISATION FORM TO BE COMPLETED BY ATTENDING DOCTOR
(Indicate "NA" if not applicable.)

Fill dates in format "DDMMYYYY"

Name of Patient		NRIC/FIN No	
A. Details of Hospitalisation			
Name of Principal Doctor and Clinic		Name of Hospital/Surgery Centre	
Ward Type <u>Private</u> <input type="checkbox"/> Day Surgery <input type="checkbox"/> 2 Bed <input type="checkbox"/> Standard Single Bed <input type="checkbox"/> 4 Bed <input type="checkbox"/> Others: _____		Date of Admission	Est. Length of Stay (No. of days)
<u>Public/Restructured</u> <input type="checkbox"/> Day Surgery (subsidised) <input type="checkbox"/> Class B1/B1+ <input type="checkbox"/> Day Surgery (non-subsidised) <input type="checkbox"/> Class B2/B2+ <input type="checkbox"/> Class A <input type="checkbox"/> Class C		Is the condition typically managed on an outpatient basis? If Yes, please provide reason for <u>this</u> hospitalisation. <input type="checkbox"/> No <input type="checkbox"/> Yes, reasons are:	
Date of first consultation of symptoms	Date of diagnosis/provisional diagnosis	Diagnosis/Provisional diagnosis in ICD 10 AM with description	
Date of onset of symptoms / Duration of symptoms		Description of symptoms	
Is a referral letter available? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please attach a copy of letter.)			
Based on the information available to you, is the treatment related to any of the following? <input type="checkbox"/> Clinical trial/study/experimental <input type="checkbox"/> Routine check-up/screening <input type="checkbox"/> Self-inflicted injuries/attempted suicide <input type="checkbox"/> Alcohol/drug abuse <input type="checkbox"/> Congenital anomaly/genetic disorder/physical defects from childbirth <input type="checkbox"/> Mental/psychiatric disorder <input type="checkbox"/> Elective cosmetic/dental <input type="checkbox"/> STD/HIV/AIDS related		Based on the information available to you, does the patient have any of the following major comorbidities?	
		Comorbidities	Date of diagnosis, if available
		<input type="checkbox"/> Cancer	
		<input type="checkbox"/> Stroke, Heart Failure, Cardiovascular Disease	
		<input type="checkbox"/> Diabetes	
		<input type="checkbox"/> High Cholesterol	
<input type="checkbox"/> Hypertension			
<input type="checkbox"/> Kidney Failure			
<input type="checkbox"/> Other Significant Comorbidities that impact the patient's care (Please state):			
		Name of Clinic and Doctor who had treated the patient for the above comorbidity, if available	

