

Untying the IP Policy Knot: A DOCTOR'S PERSPECTIVE

Text by Dr Ng Chee Kwan

Integrated Shield Plans (IPs) are health insurance plans that offer enhanced coverage for hospital bills at both public and private hospitals. IP premiums have been rising significantly in recent years, and a prevailing view of the situation is that due to insurance being designed with generous coverage, the various stakeholders (ie, insurers, private hospitals and doctors) have got themselves tied up in a knot, resulting in escalating private hospital bills, rising premiums and more safeguards introduced to the claims process.

To make an analogy, a surgeon will make at least three throws when tying a knot during an operation to ensure that it is secure and does not come apart on its own. The IP policy knot likewise does not come apart easily as each stakeholder previously contributed to one throw of the knot. To untie the knot totally, each stakeholder has to untie their portion of the knot.

My opinion is that the doctors' throw of the knot has effectively been untied. The average annual growth in private surgeon fees was moderated to only 0.4% for the period of 2019 to 2023.¹ This is well under the annual inflation rate for Singapore for that period. This is in no small part due to the efforts of the Ministry of Health (MOH) and the MOH Fee Benchmarks Committee in coming up with the fee benchmarks, which are a logical successor to the now-defunct SMA Guideline on Fees.

In addition, ongoing MediShield Life Claims Rules implemented by the MOH Claims Management Office to determine the appropriateness of claims involving MediShield Life (of which IP policies ride upon) would effectively address issues of over-servicing and inappropriate multi-coding by a small minority of doctors.

The determination of the most recent fee benchmarks was a massive exercise involving about 600 specialists, administrators from private hospitals and insurers, to come up with fee benchmarks for 2,100 surgical procedures and 500 sets of anaesthetic fees. The Claims Rules involved the collaborative input of specialists from both the public and private sector. I was privileged to be involved in the Urology Claims Rules Workgroup and am proud of our efforts towards contributing to the greater good.

I am not saying that doctors are perfect. There may still be a small minority of doctors who persist in submitting inappropriate charges, but routine claims scrutiny by insurers before and after admission should pick these cases up.

With the doctors' portion of the IP knot largely untied, it is left to the insurers and private hospitals to untie their portion of the knot and ensure that their charges are reasonable. I sincerely hope they will be able to do so, without compromising on the timeliness and quality of patient care. ♦

Reference

1. J Tan. Private insurers and hospitals all tied up in a knot; MOH helping to untie it: Ong Ye Kung. *The Straits Times* [Internet]. 2 July 2025. Available at: <https://bit.ly/4h5jVcW>.

Dr Ng is a urologist in private practice and current President of the SMA. He has two teenage sons whom he hopes will grow much taller than him. He has probably collected too many watches for his own good.

