

FAQs on Changes to Chronic Diseases Coverage under CDMP and CHAS

| S/N | Question | Answer |
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| 1. | Can MOH further expand the list of approved outpatient treatments that allow for Medisave withdrawals, beyond the current 19? | On 1 Jan 2014, the CDMP has been expanded to cover 5 more chronic conditions, Osteoarthritis, Benign Prostatic Hyperplasia (BPH), Anxiety, Parkinson's Disease and Nephritis/Nephrosis. From 1 Jun 2015, there will be 4 more conditions added to the CDMP. They are Epilepsy, Osteoporosis, Psoriasis, and Rheumatoid Arthritis. |
| 2. | How does MOH select conditions for the CDMP? | CDMP conditions are selected based on professional inputs, taking into consideration various factors, such as disease prevalence and effectiveness of early intervention to reduce complications. |
| 3. | Do patients still need to pay the deductible for CDMP claims? | No, the deductible has been removed since 1 July 2014. However, patients still need to co-pay 15% of the bill in cash. |
| 4. | Why do I still have to co-pay 15% for Medisave claims? Can that be removed too? | The co-payment is in place to minimise over-consumption. |
| 5. | Will MOH be increasing the Medisave withdrawal limit for chronic disease treatment? | The Medisave withdrawal limit was already increased in Jan 2012, from \$300 to \$400. This is sufficient for most subsidised bills, especially in polyclinics. With the enhancement of subsidies at the SOCs, and PG subsidies, these will help further lower the cash payment for patients. |
| 6. | Can I use Flexi-Medisave for my CDMP claims? | Yes, Flexi-Medisave can be used on top of the existing Medisave for CDMP. However, only the patient's own and spouse's Medisave can be used and both need to be aged 65 years and above. The use of Flexi-Medisave is also restricted to treatment at the public sector SOCs and polyclinics, and CHAS clinics. |