



MINISTRY OF HEALTH MALAYSIA

MEDICAL PRACTICE DIVISION

**APPLICATION FOR REGISTRATION OF A
MANAGED CARE ORGANISATION**

To,

**THE DIRECTOR GENERAL OF HEALTH
MINISTRY OF HEALTH, MALAYSIA**

A. PARTICULARS OF MANAGED CARE ORGANISATION (MCO)

1. Name of Managed Care Organisation (MCO)/ Company:

2. MCO or Registered Company's Address:

Tel : _____ Fax: _____

E-mail : _____

3. Correspondence address (if different from company address):

4. Types of Organisation:

HMO

TPA

PPO

Others (Please specify)

5. Nature of business venture:

Sole proprietor

Body corporate

Partnership

Others (Please specify)

6. Name of Owner: _____

Name of holder of Registration: _____

Company Registration No.: _____

7. Paid up capital: _____

8. Undertaking by Applicant

8.1 We will not make any contract which in any way change the powers of the medical or dental practitioner in the management of patients or a change in the role and responsibility of the Medical Advisory Committee, or Dental Advisory Committee as provided under section 78 of Private Healthcare Facilities and Services Act 1998 (Act 586), the Midwifery Care Advisory Committee (section 79 of the Act 586) or the Nursing Advisory Committee (section 80 of the Act 586), except with the written approval of the Ministry of Health;

8.2 We will not make any contract which would contravene the code of ethics of any professional regulatory body of the medical, dental, nursing or midwifery profession or any other healthcare professional regulatory body or the contravention of any written law;

8.3 Besides the above two as provided for in Part XV of the Private Healthcare Facilities & Service Act 1998, we will also ensure that our actions do not allow for or cause or compel any doctor to breach his code of professional conduct;

8.4 We will obtain informed consent from the patient before any patient's information can be divulged to any third party; and

8.5 We will not restrict a medical practitioner's freedom to refer his patient to any other suitable medical practitioner whom he believes is best suited to assist him. It is inherent right of the patient to seek a second opinion. The premise of referral must be of quality of care.

| |
|---|
| B. PARTICULARS OF MCO OPERATIONS |
|---|

1. The services provided by the MCO.
(You may choose more than 1 option.)

Contracts with a network of providers to provide care
(Hospitals, Gribbles, Clinics, SOS,etc)

Process providers' claims / bills

Monitor healthcare expenditure

Monitor utilization of healthcare services

Provide appropriate feedback to corporate client / enrollee
(Please attach the format used in the reports / feedback provided to corporate client / enrollee)

Provide appropriate feedback to providers concerning utilization of services, healthcare expenditure and / or appropriateness of care
(Please attach the format used in the reports / feedback provided to providers)

Others (Please specify):

2. Recruitment of enrollees.

The MCO only accepts employees of companies which have engaged the MCO
If so, are all employees accepted?

Yes

No

The MCO only accepts individuals who apply to join the program.
If so, are all individuals accepted?

Yes

No

The MCO accepts both employees of companies as well as individuals who apply to join the program. If so, are all employees / individuals accepted?

Yes

No

3. Selection of enrollees. (Please ignore this section if the MCO accepts all applicants) Certain applicants are rejected based on the following criteria:

Applicants with certain pre-existing medical conditions
Please state these conditions.

Applicants who have exceeded set age limits
Please state age limit.

Applicants who are holding certain risky occupations
Personal Accident exclusion for:

4. Type of enrollee benefit package.

Corporate clients / enrollees are offered a choice of pre-designed benefit package.

(Please attach a copy of the packages, information concerning the pricing should be included)

The MCO custom designs packages to requests made by Corporate clients / enrollees. (Please attach an example of such package, including pricing)

Mixture of the above(Please include examples with details on pricing)

5. Content of the enrollee benefit package.
(Please indicate with a "C" for all items which are common to all benefit packages and an "O" for all items which are optional)

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Care provided by general practitioners | <input type="checkbox"/> | Well child care from birth including immunization |
| <input type="checkbox"/> | Specialist care provided on an outpatient basis | <input type="checkbox"/> | Adult health screening |
| <input type="checkbox"/> | Hospitalization care | <input type="checkbox"/> | Rehabilitation services |
| <input type="checkbox"/> | Diagnostic or Radiological | <input type="checkbox"/> | Mental health services |
| <input type="checkbox"/> | Emergency care | <input type="checkbox"/> | Dental services |
| <input type="checkbox"/> | Family planning services | <input type="checkbox"/> | Others (Please specify): _____ |

6.

- Antenatal care
Payment to MCO.
- MCO receives a fixed fee which is separate from the amount paid by the corporate client to providers.
- MCO receives a fixed pre-paid amount for the agreed upon medical services. (If you choose this option, is your company registered as an insurance company?)
- Yes, MCO is a registered insurance company.
Reg. No _____ Date of Reg. _____
- No. MCO is self insured.
- Other methods of payment.
(Please specify) _____

C. PARTICULARS OF MEDICAL PROVIDERS/FACILITIES

1. Is there any restriction to the number of general practitioners an enrollee is allowed to visit?

Yes. The enrollee is restricted to _____
(No. of general physician).

No. There is no restriction.

Mixture – depends on restrictions by corporate clients.

2. The medical care is provided by the following providers.
(You may choose one or more options)

a) General practitioners (GPs)

Employed by MCO

Panel doctors. (Doctors with whom MCO has a contract / agreement to provide services to enrollees.) These panel doctors are:

Solo medical practitioners

Members of group practices

Both

Others (Please specify):

b) Specialist

Employed by MCO

Panel doctors. (Doctor with whom MCO has a contract / agreement to provide services to enrollees.)

Others. (Please specify)

3. Method of provider reimbursement:
(You may choose one or more options)

No risk-sharing with providers.
Payment basis:

Salaried staff

Others (Please elaborate):

Fee-for-service

4. The medical care is provided in the following facilities.
(You may choose one or more options)

a) Hospitals

Owned by MCO

Hospitals which MCO has a contract / prior agreement to provide services to enrollees.

Others. (Please specify): _____

b) Laboratories

Owned by MCO

Hospitals which MCO has a contract / prior agreement to provide services to enrollees

Others. (Please specify) _____

c) Pharmacies.

Owned by MCO

Hospitals which MCO has a contract / prior agreement to provide services to enrollees.

Others. (Please specify) _____

| |
|-----------------------------------|
| D. PARTICULARS OF COVERAGE |
|-----------------------------------|

1. Description of geographical coverage of services provided by your company.

Throughout Malaysia.

Certain States.
(Please specify)

E. MEDICAL REFERRAL MECHANISM

1. Do enrollees have to be referred by their family physicians to see a specialist for hospitalization or for an investigation?

Yes

No

Referrals are only required in some instances.
(Please specify)

2. Do general practitioners (GPs) have to obtain prior approval from MCO before referring enrollee for specialist review / hospitalization / investigation?

Yes. Approval is based on the following:

Cost of care

Appropriateness of care. Screening is performed by:

A medical practitioner

A registered nurse

No. However, the practitioner is required to inform MCO prior to referral for administrative purposes.

No. Practitioner is allowed to refer without informing the MCO.

3. Are doctors required to refer enrollees only to MCO approved specialist?

Yes

No

This requirement is waived in some instances.
(Please specify) _____

F. QUALITY OF CARE

1. Please attach a description of how your company intends to ensure provision of quality medical care to enrollees. The description should include but is not restricted to the following (Refer List A):
- i) Certified copy of Forms 9, 24, 44 and 49 required under the Companies Act 1965;
 - ii) Certified true copies of Contractual Agreement between Managed Care Organisation and Provider and Between Managed Care Organisation and Insurance Company/ Corporate Company;
 - iii) A copy of the company's organizations chart;
 - iv) A copy of the company's operating manual;
 - v) A write-up of the committee/ body providing clinical leadership within the organization;
 - vi) Procedures to handle enrollee / provider complaints and
 - vii) Method of selecting providers

G. PARTICULARS OF APPLICANT

Declaration:

I hereby declare that all the information given above and the documents provided for the registration process of the Managed Care Organisation is true and correct to the best of my knowledge.

Signature

Date

Name

Tel No.: _____

Fax No.: _____

Designation

Kindly return completed forms to:

Secretariat of Managed Care
Medical Legislation Section
Medical Practice Division
3rd Floor, Block E1, Parcel E
Presint 1
Federal Government Administration Centre
62590 **PUTRAJAYA**