

The SAPPF board commenced 2022 with an ambitious list of goals and priorities.

We identified three main focus areas for 2022:

1. The funder and CMS default to 2006 NHRPL

Through our attorneys we have engaged with the Council for Medical Schemes regarding Circular 66 of 2021 in relation to its alleged recognition of the National Health Reference Price List of 2006. This is an important issue as schemes tend to default to NHRPL 2006 whenever it suits them. The CMS has indicated that it is consulting with NDOH and will revert in January 2023. As tiered consultations form part of the 2006 NHRPL we further explored the possibility of demanding that the CMS compel schemes to reimburse these, but the legal opinion obtained insists that schemes are not obliged to comply with a reference price list.

2. Certificate of Need

SAPPF joined the trade union, Solidarity and others in a court action seeking a judgement that sections 36 to 40 of the National Health Act 61 of 2003 be declared invalid in their entirety and consequently severed from the Health Act. In June 2022 judgement in the Gauteng North High Court was awarded in our favour with costs. Having initially failed to file opposing documents, the three respondents (the Minister of Health, the President and the Director General of Health) were subsequently unsuccessful in a bid to challenge the High Court's authority and the matter is currently before the Constitutional Court.

3. Review of the Coding Schema

- a. In 2022 we continued to rely on the expertise of our coding expert Brenda Gous as she assists members daily with coding queries and assists membership groups to revamp their discipline specific codes.
- b. The SAPPF committee has met with CMS, NDOH, Momentum and Medscheme and has initiated a coding reference group in collaboration with Discovery Health.
- c. This initiative, called the Procedural Coding Reference Group (PCRG), aims to develop a standard process for the introduction and submission of new codes and address the large number of codes that have been introduced since 2007 but are not being reimbursed by schemes.
- d. There is agreement that we require a national centralised multistakeholder group to oversee and govern coding in South Africa. The coding aspect of such a group must be clinician led. The South African Classification of Healthcare Interventions (SACHI) was registered in 2008, but has never been developed into its full capacity. This PCRG process is the opportunity to use the SACHI model as the framework for the suggested umbrella governance structure and perhaps fulfil some of the functions of the supply side regulator suggested by the HMI.
- e. The discussions of the PCRG are between a representative group of healthcare providers and a team from Discovery Health. In these discussions, the Discovery Health team is presenting an impartial view/opinion on the issues faced by the funders. We are not seeking a Discovery Health specific solution.
- f. We need an accepted process that allows for regular review and updating of the RVUs used in our coding system to align with the RVUs published in the CPT4.
- g. It is essential that the discrepancy in the RCF between consultations and procedures be addressed. We continue to tackle schemes on their failure to reimburse tiered consultations.

- h. A project to collect data on tiered consultations has been developed and will commence in January 2023.

We have been engaging with the Technical Working Group on coding recently established by NDOH. SAPPF has emerged as the primary coding resource for private specialist practice.