



HealthMan Private Practice Review January 2023

Regulatory Review, Funder Increases, Tariffs, DSPs, DPAs, Governance
Projects & Other Important Updates

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1. Introduction

HealthMan management and staff hope that all healthcare professional clients had a relaxing, safe festive season and we wish our valued clients and their staff all the best for 2023.

We continue to live in interesting times with events both locally and internationally having a significant impact on our daily lives. In February 2022 the Russian invasion of Ukraine, which continues unabated, had, amongst others a direct impact on energy prices worldwide. The increase in fuel costs contributed to a sharp increase in the general cost of living in South Africa.

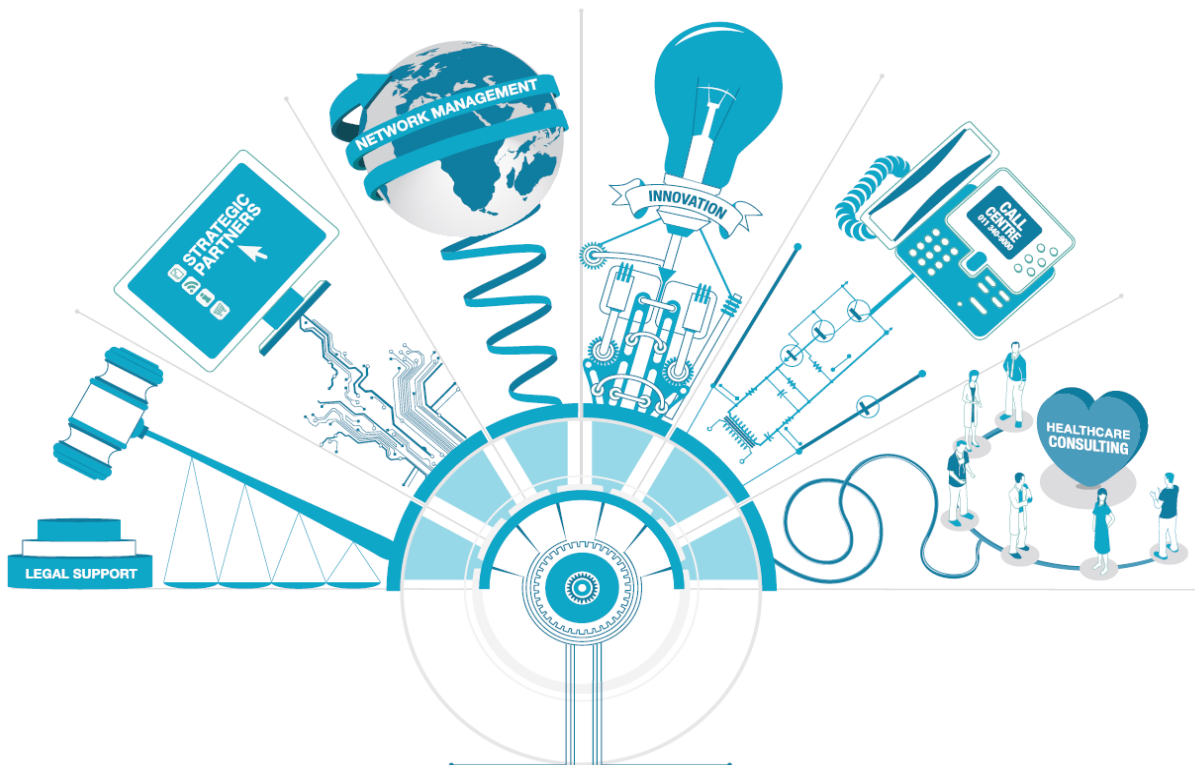
The COVID-19 pandemic abated during the first half of 2022 and, while new variants continue to emerge, the crisis itself appears to have passed, with life returning to some semblance of normality. While corruption and graft remain endemic in South Africa, there does appear to be a move towards addressing these issues with a number of high-profile corruption cases presently before the courts. However, the problem is so deep-rooted that addressing this will be a long and painful process.

The main crisis facing all South Africans at present is the energy crisis. With loadshedding, a daily reality for all and no end in sight, it remains to be seen whether a sustainable resolution to this crisis can and will be found.

2022 saw a number of legislative and regulatory developments that present new challenges to our clients and will require agility and innovation to navigate. HealthMan will continue to keep our clients informed and work together with you in dealing with all matters affecting your practices.

We wish you a prosperous and peaceful 2023.

The HealthMan Team



2. Council for Medical Schemes

2.1. Council for Medical Schemes (CMS) Section 59 Investigation

The Section 59 Investigation (dealing with allegations of racial profiling by medical schemes in conducting investigations into fraud waste and abuse) published its Interim Report on 19 January 2021. To date no final report has been forthcoming from the Section 59 Investigation nor has any official communication been released in this regard.

2.2. Council for Medical Schemes Prescribed Minimum Benefits (PMB) Review

The Council for Medical Schemes PMB review process is still ongoing, since its announcement in December 2016. The work conducted in 2019 led to the publication of a broad package of primary care services. This package has still not been costed and is extremely difficult to cost, since many of the services are not currently covered by schemes in any case.

There is therefore a lack of historic cost data to take into account. There is also a lack of diagnostic conditions attached to the Primary Healthcare (PHC) services, which creates further issues. The much needed review of the current Diagnostic Treatment Pairs (DTPs) is still outstanding, to the great frustration of healthcare professionals faced with outdated protocols for PMB conditions.

2.3. CMS Report 2021/22



The Annual CMS Report for 2021/22 was released in October 2022. The number of schemes decreased from 76 to 75 and beneficiaries increased by 0.55% to 8.945 million. Approximately 52% of all healthcare benefits was paid in respect of hospitals (36%) and medicines (16%). The net healthcare surplus decreased from R24.8 billion to R12.8 billion. Beneficiaries covered by medical schemes as a proportion of the population declined from 16.0% to 14.8%.

39% of beneficiaries were located in Gauteng, respectively followed by Western Cape and KwaZulu-Natal with 15% and 14%. Schemes reached a solvency level of 46.7% at the end of 2021. For every R100 received in 2021, R90.94 was spent on claims, R8.66 was spent on non-healthcare expenditure and R0.40 was allocated towards reserves.

The average contribution rates increased by 2.83% in 2021 compared to the average provider tariff increase of 4.2% for 2022. Private hospitals (excluding day clinics and rehabilitation facilities) average claim per admission amounts to R 33 791.

The highest portions of out-of-pocket expenditure were paid towards medicines (35%), specialists (26%) and supplementary and allied groups (15%). 21.1% of the average amount of R510.70 claimed by a patient per GP visit, was paid out of medical savings.

Of the five highest paid principal officers, the average earned was R6.482 million p.a. GEMS and Discovery Health Medical Scheme (DHMS) respectively paid an average of R744 000 and R1 179 000 per trustee per annum.

2.4. CMS Circular 53 of 2022

The Council for Medical Schemes invited comment on the Draft Low Cost Benefit Option (LCBO) Report.

In short, the intention is to allow medical schemes to offer cheap, pared-down packages limited to basic primary healthcare services. This product could cost as little as R130 a month and would enable at least 2.3 million low-income workers to enter the market.

This CMS report follows more than seven years after government tasked the CMS in 2015 with developing a legal framework to enable medical schemes to offer LCBOs exempted from providing the full, costly suite of benefits stipulated by the Medical Schemes Act. The deadline for submissions was extended to 30 November 2022 and we await the CMS final report after consideration of these submissions.

2.5. CMS Circular 9 of 2022

The Council for Medical Schemes extended the demarcation exemption period for a further two years ending 31 March 2024 for insurers offering medical cover policies. In essence meaning that “gap cover” and related products will still be available to members of the public for at least the next two years. However, the attitude of the CMS, and others, remain that such insurance products are akin to the insurers conducting the business of a medical scheme.

3. HPCSA Update

The HPCSA was faced with significant resistance from healthcare workers relating to an “unfair and unjustifiable” increase in annual registration fees of 13 %. However, as the fees were gazetted, no change in the increased amount was possible and those that failed to pay the annual fee would be removed from the register.

4. Department of Health

4.1. National Health Insurance (NHI)

The Parliamentary Portfolio Committee on Health conducted numerous public hearings on the NHI Bill during 2021 which continued until 24 February 2022. The Committee continued its clause-by-clause deliberations on the Bill up to November 2022.

The financial sustainability and infrastructure required to render healthcare under the NHI as contained in the Bill remains a bone of contention, but it appears that the government is pressing forward with the implementation of NHI. It is unlikely that the original timelines as set out in the White Paper will be met, we continually move inexorably to the passing of the Bill and the commensurate litigation that will follow if and when it is passed.



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

5. LEGISLATIVE DEVELOPMENTS

5.1. The Protection of Personal Information Act (POPIA)



Compliance with the provisions of POPIA remains of crucial importance to practitioners. While it is no longer the “hot topic” of conversation, all are encouraged to ensure that their practices are and remain compliant. Private healthcare practices fall under the definition of “private bodies” and are thus subject to POPIA. The grace period for compliance ended on 30 June 2021.

5.2. Certificate of Need (CoN): Constitutionality

During December 2021, Solidarity, ASAIPA, SAPPF and four others brought an application in the High Court for an order that sections 36 to 40 of the National Health Act (NHA) are invalid in their entirety and that they should be severed from the NHA. The application was brought on the strength of sec 38 of the Constitution, including:

- unconstitutionality of sections 36 to 40;
- violation of separation of powers - legislative powers delegated to an unelected government official, i.e. the DG of Health;
- irrationality - the objectives of the CON are unclear given the virtually unlimited scope of the DG's powers; and,
- impermissible vagueness - no guidance to the DG on how the broad powers are to be exercised.

In addition, that there is an unjustifiable limitation of constitutional rights, including:

- human dignity;
- right to choose trade, occupation and profession;
- right to freedom of movement and residence;
- right not to be arbitrarily deprived of property;
- right of access to healthcare services.

While section 36 of the Constitution does allow for a limitation of Constitutional Rights by a law of general application, such limitations must be reasonable and justifiable. The fact that the state has not discharged their onus of providing the limitation of these constitutional rights are justifiable; and the infringement on numerous Constitutional Rights is significant and permanent.

The application had been served on the respondents, i.e. the State President, Minister of Health and DG of Health, but no notice of opposition was filed. The matter was therefore set down on the unopposed roll on the 11th of March 2022 and oral arguments were presented. There was no appearance by representatives of the three respondents. The applicants were required by Court to make further written submissions in support of the application and these written submissions were made on the 15th of March.

The High Court, on 15 June 2022 handed down its judgement in the matter in which it granted the application and declared sections 36 – 40 of the National Health Act invalid. The judgement was thereafter sent to the Constitutional Court for confirmation.

The Minister and DG of Health have applied to the High Court to rescind its order of constitutional invalidity; it has also applied to the Constitutional Court to stay the confirmation proceedings until the High Court has considered the application to rescind its own order.

The Constitutional Court has requested written submissions on two issues, namely:

- Whether it is competent for the High Court to rescind its order; and
- Whether it is in the interests of justice to stay the confirmation proceedings.

Solidarity has submitted that both applications should be dismissed, as per their written submissions.

The rescission application was heard by the High Court on 14 November 2022 and was postponed indefinitely pending the outcome of the Constitutional Court's deliberations on the information received per that Court's directive.

5.3. Compensation for Occupational Injuries and Diseases Act (COIDA)

The Compensation Commissioner, in conjunction with the Minister of Labour, saw fit to apply a 0% increase to the COID reimbursement rates for 2022. It was unclear whether the Fund or the Commissioner undertook the statutorily prescribed engagement process when arriving at this decision.

It is clear, however, that such arbitrary actions and disregard for the financial costs in rendering services, that more and more practitioners will not be inclined to continue to provide services in respect of compensation claims.

6. Medical Scheme News

Health Squared ceased operations as a medical scheme on 1 September 2022 after applying to court for voluntary liquidation with the Council for Medical Schemes.

7. Other News

7.1. PCNS News and Renewal Fee

BHF continues to administer the Practice Code Numbering System (PCNS). The PCNS annual renewal fee for 2023 has increased by 4.5%. The annual fee is R375.00 (Incl. VAT) and will be due by 31 March 2023. The registration fee for new members is R721.00 (incl. VAT). Kindly ensure that your contact information is up to date. For further information or queries contact the PCNS Client Services on 087 210 0500 via WhatsApp, telephone on 011 537 0300 or email clientservices@bhfglobal.com.

7.2. HPCSA Annual Renewal fees

Please note that HPCSA fees are due on or before 1 April 2023. The fees for 2023 have not yet been published. Failure to pay fees on time, can be sanctioned with suspension of HPCSA membership, which incurs significant penalties for reinstatement. It is also a criminal offence to practice when membership is suspended at the HPCSA due to non-payment. In addition, BHF will also suspend PCNS numbers of practitioners so suspended.

8. Inflation/CPI Explained



With recent industry communications, funder increases in member premiums and tariffs paid to providers, we wish to touch base on the basic principles of inflation/CPI (Consumer Price Index) to address some frequently asked questions. CPI measures the average change over time in the prices paid by a consumer for a set pre-determined basket of household consumer goods and services.

CPI is a widely used method across the world to determine inflation/price increases for consumers. In South Africa, CPI is calculated on a monthly basis by Statistics South Africa (STATSSA) on a pre-determined selected basket of goods and services. Due to the set basket of goods and services compared to the actual use of the basket by households and businesses, CPI may differ from one individual to another.

The formula to calculate CPI is as follows:

- $CPI = \text{Value of the Current Basket} / \text{Value of the Prior Basket}$

Inflation/CPI is usually measured in using 1 of 3 methods as set out below:

- **Spot CPI** – is a change in the value of the basket from one point in time to another. The time period can be daily, weekly, monthly, seasonal or any desired time period, including a year. E.g. STATSSA would compare the basket from May 2021 to May 2022 and publish the change as CPI for May 2022.
- **Annual Average CPI** – is the average change in value of the basket from 1 January to 31 December, after it has been measured via the Spot CPI method on regular intervals. E.g. STATSSA would compare the basket of services on a monthly basis using the Spot CPI method from January of a selected year throughout to December. The 12 results will then be averaged to determine the average CPI for the calendar year.
- **Rolling Annual Average CPI** – is the average change in value of the basket from a specific date, until 12 months later, after it has been measured via the Spot CPI method on regular intervals. E.g. a Medical Scheme would use the Spot CPI value of a 12 month period, as published by STATSSA, to determine the average change over a 12 month period. Such periods may be from July to June, or October to September.

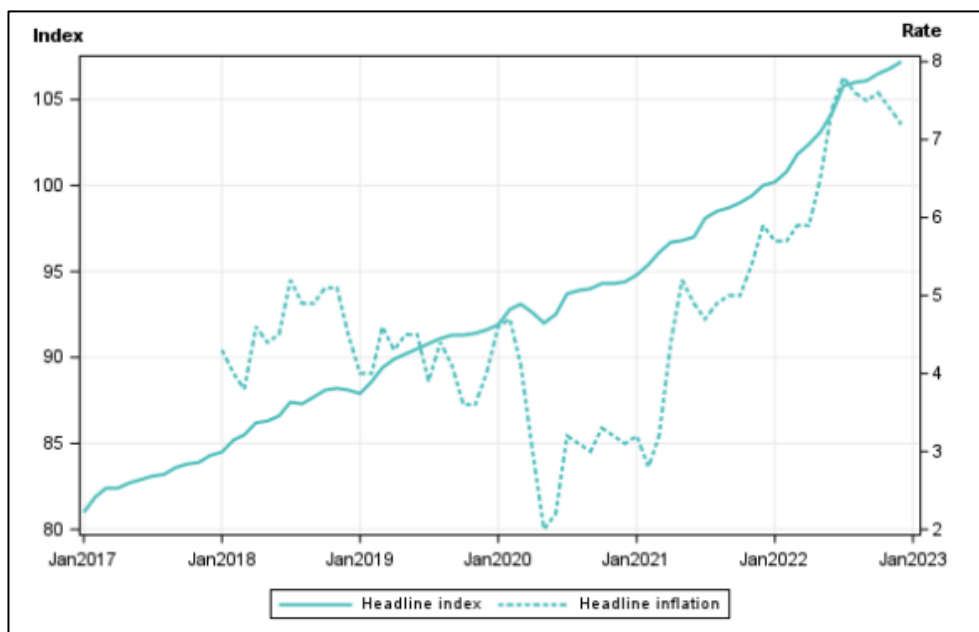
The most recent Spot CPI figure was set at 7.2% for December 2022. We have summarised the last 5 years' Annual Average CPI, added examples of Spot CPI, Rolling Annual Average CPI and compared these with the average funder and HealthMan tariff increase for the following year. Please refer to the table and graph below:

	2018	2019	2020	2021	2022
Spot CPI (December)	4.5%	4.0%	3.1%	5.9%	7.2%
Spot CPI (September)	4.9%	4.1%	3.0%	5.0%	7.5%
Average Annual CPI	4.7%	4.1%	3.3%	4.5%	6.9%
Rolling Annual Average CPI July to June	4.5%	4.6%	3.7%	3.6%	5.7%
Rolling Annual Average CPI September to August	4.6%	4.5%	3.5%	3.8%	6.1%
Average Funder Tariff Increase ¹	5.0%	5.0%	3.4%	4.2%	5.6%
HealthMan Tariff Increase ²	7.0%	6.2%	5.3%	6.0%	7.5%

¹ The Average Funder Tariff Increase for 2022 to 2023 tariffs were calculated across 42 funders (Increases available at the time of this letter), which includes GEMS, most funds administered via Discovery Health, Medscheme and Metropolitan Health Solutions. There may be slight variances as additional funder increases become available, but we are confident that the calculated average funder tariff increase is a fair and reasonable reflection. Figures of prior years' resulted from similar calculations at the time of this annual HealthMan publication.

² The HealthMan Tariff was initially determined through detailed practice cost studies which have been updated from time to time. These cost studies also considered practice working hours, billable working hours, the number of consultations & procedures by healthcare professionals, equipment required to run a practice, a fair salary for the healthcare professional and a fair return on investment. Based on these studies the HealthMan Tariff is increased on an annual basis by considering various market indicators impacting the healthcare sector.

CPI headline index numbers and year-on-year rates (Published by STATSSA on 18 January 2023)



To view the latest CPI figures as well as the history of inflation in South Africa, please follow this link:

<https://www.statssa.gov.za/publications/P0141/CPIHistory.pdf>

9. SAPPF Coding for Tiered Consultation Project³

The South African Medical Association's Medical Doctors Coding Manual (SAMA MDCM) contains consultation codes for in-and-out of hospital consultations that are categorised by time and/or complexity.

The Relative Value Units (RVUs) in the SAMA MDCM for these codes vary between these codes based on the consultations that require longer time and/or have greater complexity. Consultations of a longer duration or higher complexity carry higher RVUs. This system of categorising consultations into longer time and degrees of complexity is described as tiered consultations.

Tiered consultations have been published since 2006 in the then SAMA DBM (Doctors Billing Manual). Most funders, administrators and the Council for Medical Schemes (CMS) have been defaulting to this publication since 2010. Despite the publication of these codes in its tiered format, funders do not reimburse these codes in a tiered format, but rather choose to apply a single RVU or monetary value regardless of the code used.



HealthMan is assisting the South African Private Practitioners Forum and certain Management Groups in an attempt to convince funders to reimburse these tiered consultations as they are published in the SAMA MDCM. At present, Psychiatry is the only specialist discipline that has had success in having tiered consultations and accepted psychotherapy codes across most funders. Psychiatry has had limited to no success with tiered consultations with GEMS and Discovery Health administered schemes (excluding Bankmed), whereas all other funders accepted their tiered consultation codes for reimbursement. Some allied professions also have tiered consultations accepted, but they do not use the SAMA MDCM.

The reasons for funders not reimbursing tiered consultations:

- 1) The implementation of tiered consultation reimbursement will not be cost neutral to the scheme.
- 2) Healthcare professionals will up code.
- 3) There is no guide that regulates the use of tiered consultation codes.

³ This section is a redacted version of the January 2023 SAPPF newsletter regarding tiered consultations.

SAPPF will launch a project amongst SAPPF members to assess the real frequency of use of consultation codes. The project will inform the discussions around implementation of tiered consultations. Not all disciplines are currently interested in the implementation of tiered consultations. This project will allow participating disciplines to examine the results and make an informed decision on the impact of tiered consultations. The implementation of tiered consultations may require discipline specific solutions.

The objective of the project is to collect claims data regarding the frequency of use of tiered consultation codes as published in the current SAMA MDCM by participating practices for a 6-month period. Participating practices will be required to code correctly and accurately to ensure the results of this project will provide the true frequency of the use of these codes. It will be required that participating practices keep exact time records for time spent and complexity of consultation time with patients.

At present Discovery Health and GEMS will participate in the project. They will be aware of the participants and the start and end date of the project. You may refer to the full SAPPF communication for more information in this regard. HealthMan also has a 2021 aggregated analysis of tiered consultation codes per discipline and will share this information with SAPPF and its clients.

10. Medical Scheme Increases

There has been a lack of guidance from regulators as to what tariffs, rates and increases should be applied since 2011. An even bigger problem by the regulators is the outdated coding system they advocate. These oversights from the regulators have left funders to continue setting their own tariffs. Over a 12-year period a slightly larger variation in annual increases and tariffs has developed across Medscheme, Metropolitan Health Solutions and Universal Health administered schemes, although it is still within a narrow band. With the exception of Bankmed, and a few selected options, the majority of the schemes administered by Discovery Health still accepts the Discovery Health Medical Scheme (DHMS) rates.



Detailed tariff lists are available on most member and provider portals on administrator or scheme websites. A few funders only published a percentage increase and will provide the detailed lists on request. It remains problematic that only a few schemes and administrators have the capacity or insight into the various coding structures. They tend to use the long-discredited 2006 Reference Price List (RPL), which excludes a large number of additions and other amendments to codes since 2006. These changes have been approved by the SAPPF, SAMA and other professional associations.

The 2023 tariff increases for major schemes vary between 5.3% and 6.5%. These increases are all CPI related, depending on which methodology is being used. The highest funder increase is a limited 6.9% by GEMS for Psychiatry for a series of new codes that were implemented in 2021 and for in-room consultations (codes 0190 to 0193) for specialist network providers. The lowest increase (or the lack there of) is Fedhealth who implemented a zero percent increase for 2023.



With the exception of GEMS, we are not yet aware of any differential fee increases by schemes for 2023. Details of scheme increases are set out in Annexure A and under each medical administrator or scheme's section.

11. Discovery Health Administered Schemes

11.1. Bankmed



Bankmed will be increasing the Bankmed Specialist Rates by 5.8%. Bankmed Prestige A, Bankmed Prestige B and the Bankmed Specialist Entry Plan payment arrangements remain in place for 2023 with no changes in the remuneration level except for the annual increase.

It is important to take note that the “contracted” base rate is 3.9% above the “non-contracted” base rate due to historical differential increases allocated between network and non-network providers. Note that for selected plans GP-to-Specialist referrals are required. Without referrals, claims will only be paid at 80% of the scheme rate. Details of the Bankmed Specialist Network Agreements are available in [Annexure?](#)

To join any of Bankmed's agreements, please send an e-mail to networks@bankmed.co.za.

Update on Bankmed reimbursement of Intraocular Lenses (IOLs)

Ophthalmologists are reminded that Bankmed does not accept the Project Transfer Fee (TFEE) as set out in the Discovery Cataract Sustainability Project. Bankmed will fund a maximum of a 25% mark-up on the Bankmed rate for IOLs. This limit on IOLs apply to preferred and non-preferred providers of IOLs. Reimbursement of the Bankmed rate plus a 25% mark-up will be considered as payment in full (with no co-payment) by Bankmed when preferred suppliers are used.

Preferred suppliers of IOLs are Alcon, Carl Zeiss, Genop Healthcare, Oculate SA, Ophtec South Africa, Surgical and Ophthalmic Supplies, EpicVision, IsoClear, Eye Pharma, Vertice Healthcare, National Medical Supplies and David Isabel Distribution SA.

Psychiatry

Please refer to DHMS – “*Value added initiatives for members with Depression*” for more information.

11.2. Discovery Health Medical Scheme (DHMS)

As previously mentioned, DHMS base rate forms the basis for most Discovery Health administered schemes with a 5.8% increase from 2022 for 2023. DHMS has not published/shared Radiology increases at the time this communication was prepared. It is important to note that Discovery Health will no longer fund the PPE01 code. This code was introduced due to the Covid-19 pandemic. With the shift to a more endemic disease experience, Discovery will end the funding for PPE under the billing code PPE01 and requested that any PPE (where appropriate) will only be funded under code 0201 with the appropriate NAPPI code.

Dermatology

Funding for wigs for Alopecia. From 2023, DHMS will provide funding of wigs for members with extensive, permanent Alopecia as diagnosed by the Dermatologist, who will need to provide a prescription to the DHMS member. The member will need to send his/her prescription and a copy of the invoice and payment confirmation for their wig to claims@discovery.co.za, in order for the claim to be reimbursed.

Ophthalmology

SAMA has introduced a procedure code (0194 - Procurement cost for human donor material. No markup is allowed) but it has not yet been accepted by Discovery Health. The current funding policy for corneal transplantation within Discovery Health is that they will remunerate the acquisition costs of corneal implants. Claims are to be submitted under item 6999 (*Unlisted procedure/service*) with the description: Corneal implant acquisition costs. The relevant ICD10 code should also accompany the claim.

Psychiatry

Value added initiatives for members with Depression

Discovery Health and Bankmed launched a Depression Relapse Prevention Programme in 2021 which aims to reduce the risk of recurrent episodes of major depression and related admissions to a psychiatric facility. Members at risk of a relapse or admission for a major depressive episode are identified using previous events along with data analytics. Once the member is enrolled on the programme by a Discovery Health care co-ordinator (psychiatric nurse or registered counsellor), the member will have access to a maximum of 2 psychiatrist visits and a maximum of 6 visits with either a psychologist, clinical social worker, registered counsellor or occupational therapist, or a combination thereof.

Important changes to Psychiatry Prescribed Minimum Benefits (PMB) for 2023

Please take note of the following:

- a) Benefit application process amendments for 2023
Effective 1 January 2023, funding will only be available from the date that Discovery received a fully completed PMB application form. Applications will not be allowed to be backdated for applications received during the course of 2023. Cover for diagnostic consultations for newly diagnosed patients will be funded from the prescribed minimum benefits up to 120 days prior to the benefit PMB authorisation start date.
- b) Interpretation of ICD-10 codes F32.0 and F32.1 which have been included in Provision 902T as per the updated CMS list 2022
The diagnostic code list now includes cause and functional state codes, adding valuable additional information in the identification of possible PMB conditions. The inclusion of these codes on a claim does not imply automatic PMB qualification as a condition must fully meet the criteria set out in the descriptor to qualify for PMB funding. The PMB descriptor for 902T requires a confirmed diagnosis of major affective disorders, including unipolar and bipolar depression. Patients diagnosed with F32.0 and F32.1 in isolation and not as part of major depressive disorder (MDD) - 902T will not be approved. Mild and moderate depressive episodes will be reviewed as PMB only when a patient is diagnosed with MDD.
- c) Number of available sessions
PMB funding provides for either 15 psychotherapy sessions OR 21 days of in hospital treatment. To improve funding accuracy, from 2023 the balance of the limits will no longer appear on the authorisation letters, but is available to view on the Discovery website for both patient and provider.

General

Discovery continues to run a number of value-added programmes with additional or higher remuneration such as governance projects with a number of groups or diagnoses. A list of most of these initiatives can be seen in the tables below:

Specialist Initiatives

Project	Discipline	Group	More Info
Coronary Artery Disease (CAD) Care Initiative	Cardiology	SASCI	via Discovery
Cataract Sustainability Project	Ophthalmology	OMG	Annexure
Coronary Bypass Operations	Cardiothoracic	SOCTS	via Discovery
KeyCare Cataract Global fee	Ophthalmology	OMG	Annexure
Discovery Health Spinal Care Programme	Neurosurgery	SASS	via Discovery
Discovery Joint Arthroplasty Network	Orthopaedics	-	via Discovery
Paediatric Sub-specialist Network	Paediatrics	PMG	Annexure
Paediatric Governance Project	Paediatrics	PMG	Annexure
Physician Quality Network	Physicians	FCPSA	Annexure
Physician Quality Network – Top 40 Physicians (Remuneration)	Physicians	FCPSA	Annexure
Depression Relapse Prevention Programme	Psychiatry	-	See Above
Conservative Care For High-Risk Spinal Surgery Patients	Neurosurgery	SASS	via Discovery
Surgicom Governance Project	General Surgery	Surgicom	Annexure
Obstetrics Quality Network	Gynaecology	GMG	via Discovery

GP Initiatives

Project	Discipline	Group	More Info
Emergency medicine shared-value initiative	GP (Emergency Care)	-	via Discovery

Allied and Support Initiatives

Project	Discipline	Group	More Info
Diabetes Care Programme	Biokinetics/Podiatry	-	via Discovery
C.A.R.E School	Occupational Therapy Speech Therapy	-	via Discovery
Spinal Conservative Care Programme	Chiropractic	-	via Discovery
Discovery Dialysis Network and Renal Value Base Agreements	Clinical Technology	-	via Discovery
Diabetes Care Programme	Dietetics (with GP Referral)	-	via Discovery
Spinal Conservative Care Programme	Physiotherapy	-	via Discovery
Allied, Therapeutic and Psychology (ATP) Extender benefit	Physiotherapy / Psychology/ Social Workers	-	via Discovery
Trauma Recovery Extender Benefit	Physiotherapy / Psychology/ Social Workers	-	via Discovery
The COVID recovery programme	Physiotherapy	-	via Discovery
Hospital at Home	Physiotherapy	-	via Discovery
Mental Health Care Programme	Psychology	-	via Discovery
Depression Relapse Prevention Programme	Psychology	-	via Discovery
Trauma Recovery Extender Benefit (TREB)	Psychology	-	via Discovery
Conservative Care For High-Risk Spinal Surgery Patients	Chiropractic and Physiotherapy	CASA SASP / Izandla	via Discovery
Physiotherapy Joint Sustainability Project	Physiotherapy	-	via Discovery

To view more details regarding the Discovery Health Direct Payment Arrangements (DPAs) for Specialists, please refer to [Annexure](#)

Discovery Health Pay



This was introduced in 2022 to enable seamless, direct real-time payment between patients and healthcare practitioners. The intention is to ensure simplified collection, reduce bad debt, improve cashflow and reduce the administration burden on a practice. The system works best in practices that have real-time billing. More information is available at <https://www.discovery.co.za/bank/discovery-pay>.

11.3. Other Discovery Administered Schemes

- Anglo Medical Scheme – 5.8% (DH Rate for all non-specialists and 6.7% for Specialists)
- Schemes that make use of the DH rate only
 - Anglovaal
 - BEMAS (BMW)
 - EMBF (Engen)
 - Glencore
 - LA Health
 - Libcare
 - Lonmin
 - Malcore
 - MMed (Multi Choice)
 - Naspers
 - Netcare
 - Remedi
 - Ratal Medical Aid
 - Tsogo
 - UKZN

12. Medscheme Administered Medical Schemes

12.1. Bonitas

Bonitas announced a 6.2% increase in their tariffs for 2023 for both network and non-network providers. This increase is towards the upper end of annual increases in tariffs paid to healthcare providers. Bonitas has a number of networks in place. Please ensure you are familiar with the following Bonitas Networks:

- Bonitas Day Surgery Network
- Bonitas Hospital Network
- Bonitas Specialist Network
- Bonitas GP Network (more information on this network will be available in the GPMG newsletter)
- Bonitas Pharmacy Network

To view more details regarding the various Bonitas Networks, please refer to [Annexure](#)

Please note that the Bonitas BonCap Network is no longer administered by Medscheme but by Private Health Administrators (PHA). PHA may be contacted at 031 267 5000 or 011 348 8900 or info@pha.co.za.

12.2. Fedhealth

As already eluded in other sections of this document, Fedhealth did not increase tariffs to healthcare providers for 2023. This lack of increase in tariffs is currently the lowest in the industry and Fedhealth is the only funder that did not implement any increase. Fedhealth has a number of networks in place. Please ensure you are familiar with their networks as follows:

- Fedhealth Day Surgery Network
- Fedhealth Hospital Network
- Fedhealth Specialist Network
- Fedhealth GP Network (more information of this network will be available in the GPMG newsletter)
- Fedhealth Renal Dialysis Network

Fedhealth introduced a new technology driven option called the Fedhealth flexiFED Savvy Option. To view more details regarding the various Fedhealth Networks, please refer to [Annexure](#)

12.3. POLMED



POLMED did not implement a differential increase for 2023 as they did in previous years. POLMED announced a 6% increase in their tariffs for 2023 for both network and non-network providers. This is a positive increase for non-network providers compared to 2022. POLMED has a number of networks in place. Please ensure you are familiar with the following POLMED Networks:

- POLMED Specialist Referral Network
- POLMED Day Theatre Procedures
- POLMED Hospital Network
- POLMED Specialist Network
- POLMED GP Network (more information of this network will be available in the GPMG newsletter)

To view more details regarding the various POLMED Networks, please refer to [Annexure](#)

12.4. Other Medscheme Administered Schemes

Medscheme Administered Medical Schemes have the biggest variance in increases for 2023, ranging from zero (0%) to 6.5% for 2023. A full summary of the Medscheme house increases is as follow:

- AEI – 5.7%
- Barlow – 5.7%
- Bonitas – 6.2%
- Fedhealth – 0% (Lowest)
- Horizon – 6%
- MBMed – 6.2%
- MediPos – 6.5% (Highest)
- Parmed – 6.2%
- POLMED – 6.0%
- SABC – 6.2%
- SAMWUMED – 5.7%

In addition to the new Fedhealth option (see Fedhealth), both AEI and SABC each also introduced new a option. The 2 new options are AEI Comprehensive Select and SABC Value.

12.5. The Oncology Management Programme is the DSP for Active Oncology Treatment

Medscheme launched an Oncology Management Programme in 2021 in partnership with the South African Oncology Consortium (SAOC). The programme includes an oncology network and a 30% co-payment may apply if a patient's consults is with an Oncologist outside of the Oncology Management Programme for their active oncology treatment. This will depend on the member's selected plan and benefit limits. An Oncology Management Programme Oncologist can be found by logging in to the Medscheme website, www.medscheme.com, clicking on Look up tool > Oncology. Currently we know that both Bonitas and Fedhealth are making use of this programme.

12.6. General Medscheme information

Medscheme continues with a number of initiatives that can be seen in more detail in [Annexure](#). These initiatives are as follows:

- Medscheme Enhanced Pre-authorisation Process for Hospital Benefit Management
- Medscheme/GEMS Escalations Process (Access to a Medical Advisor)
- Funding Appeals Process
- Specialist Referral Number

13. Metropolitan/Momentum Health Solutions (MHS) Administered Schemes

13.1. Government Employees Medical Scheme (GEMS)

GEMS implemented a differential increase for all 2023 Specialist tariffs. The differential is between Network and Non-Network, as well as a differential increase between room consultations (0190 to 0193) and other professional services by network providers. See the table below:

	Network Increase	Non-Network Increase
In-Room Consultations Codes: 0190 to 0193 only	6.9%	5.9%
Other Codes	6.65%	

A slightly different differential increase was implemented for Psychiatry for 2023 tariffs. The differences are in the Network increases. See the table below:

	Network Increase	Non-Network Increase
New Psychiatry Codes: 7021 to 7032 only	6.9%	5.9%
All Other Psychiatry Codes	6.65%	

All Network Psychiatrists are encouraged to make use of the new 7000 series coding structure and apply the telehealth modifier 9999 where applicable. This will assist GEMS and the Psychiatry industry to differentiate between face-to-face and virtual consultations.

GEMS has a number of networks in place. Please ensure you are familiar with the following GEMS Networks:

- GEMS Renal Dialysis Network
- Various Specialist Networks as set out below:
 - Emergency Medical Services
 - Gynaecology
 - Paediatrics
 - Physicians (including Super Specialities)
 - Psychiatry
 - Surgical Disciplines
 - Other specialist agreements which do not impact HealthMan clients are available from GEMS.
- GEMS GP Network (more information of this network will be available in the GPMG newsletter)
- GEMS Renal Dialysis Network
- GEMS Hospital Network

Selected in-room procedures are reimbursed at 200% of the GEMS Scheme rate, please refer to [Annexure](#). In addition to this variance from the standard 130% of the GEMS rate for Network Specialist, GEMS also pay 200% toward Neonatal ICU services. This higher remuneration for Paediatricians was negotiated by the Paediatrician Management Group for all Paediatricians. To view the GEMS ICU tariffs for Paediatricians, please refer to the 2023 HealthMan Paediatrician Comparative Tariff Schedule.

13.2. Momentum Health Medical Scheme

Momentum Health Medical Scheme implemented a 5.3% increase. Should the amount billed by non-network doctors exceed the scheme rate by more than 10%, the payment will be made to the member. This payment rule was implemented in 2021. The rule applies to the Custom and Evolve options of Momentum Medical Scheme but the Ingwe Option remains excluded from this rule.

13.3. Other

In addition to GEMS and Momentum Health Medical Scheme, the other Momentum Health Solutions Administered Schemes are as follows:

- BP Medical Aid Society – 5.3%
- Fishing Industry Medical Scheme (Fishmed) – 5.3%
- Arrow Employees' Medical Benefit Fund – 5.3%
- Impala Medical Scheme – 6.0%
- Imperial and Motus Medical Aid (Imperial Motus Med) – 6.5%
- Medimed Medical Scheme – 5.5%
- Momentum Health4Me – 5.3%
- Moto Health Care – 5.3%
- PG Group Medical Scheme – 5.5%
- Pick n Pay Medical Scheme – 5.5%
- Rhodes University Medical Scheme (RUMed) – 5.5%
- Sasolmed – 5.5%
- Sisonke Health Medical Scheme – 5.5%
- Suremed Health – 5.5%
- Thebemed – 5.5%
- Transmed Medical Fund – 5.3%
- Wooltru Healthcare Fund – 5.5%

14. Professional Provident Society Healthcare Administrators (PPSHA)

14.1. Keyhealth Medical Aid

Keyhealth Medical Aid published an annual tariff increase of 6.5% for 2023. It is important to take note that there is a specialist network in place. Participants of this Keyhealth specialist network are remunerated at 150% of the scheme rate. More information regarding the specialist network can be obtained from the provider section of the Keyhealth website or info@keyhealthmedical.co.za.

14.2. Profmed Medical Scheme

Historically Profmed implemented an average or above average annual tariff increase. Their 2023 tariff increase is set at 5.7% and on par with the current average funder increase of 5.6%. Of the 10 Profmed options from 2022, there have been 2 name changes. The “Pro Active Savvy” and “Pro Active Options” are respectively called “Pro Select Savvy” and “Pro Select”.

Similar than most other funders, Profmed also have a specialist network in place. To view more details regarding the Profmed Specialist Network, please refer to [Annexure](#).

15. Universal Health

Schemes administered by Universal Health implemented various increases for non-network providers and a 5.7% increase for all network providers. Schemes currently administered by Universal Health are listed below:

- Building & Construction Industry Medical Aid
- Compicare Medical Aid
- Makoti Medical Scheme (*Previously Good Hope Medical Aid Society*)
- Massmart Health Plan
- Old Mutual Staff Medical Aid (OMSMAF)
- Tiger Brands Medical Scheme
- Transmed
- Umvuzo Health
- Witbank Coalfields Medical Aid Scheme

16. Other Medical Schemes

16.1. Bestmed

When Bestmed introduced their specialist network, they offered a remuneration of 110% of the Bestmed scheme rate. Due to differential annual increases between network and non-network tariffs, the 2023 Bestmed network rate still only remunerates 13.1% more than scheme rate. The 2023 increase for the specialist network and non-network were 6% and 5.2% respectively.

Please note that Bestmed is one of the few funders that accepted the new Psychiatry coding.

16.2. Chartered Accountants Medical Aid Fund (CAMAf)

CAMAf is also one of the few funders that accepted the new Psychiatry coding. The annual increase of CAMAf tariffs is in line with many other funders at 5.8%.

16.3. Medihelp

According to the information received, Medihelp’s tariffs increased by 5%. Patients on the MedElect Option will have post-hospital care benefits from 1 January 2023. Supplementary services for in hospital patients must be requested by the admitting doctor.

Medihelp currently has a hospital and day procedure network in place. Patients on network options must use network facilities to avoid co-payments. Please refer to **Annexure** for more information regarding the Medihelp networks. The need for network GP referrals was removed from the MedPrime Elect plan. Other network options still require a network GP referral for specialist services to avoid a 35% co-payment.

17. Specialist Consultations and Rand Conversion Factors (RCF) – 2023



In order to track the impact of tiered consultations, we again urge all practices to charge time-based consultations appropriately, even though schemes do not pay accordingly. With the lack of a reference price list for guidance, HealthMan continues to publish an annual comparative tariff guide to ensure practices have access to a range of fees to determine their own private fees.

To highlight the variance in consultation tariffs between various scheme networks, please refer to the summary below:

Code	Discipline Category	Bestmed Network	Bonitas (130%)	Discovery Prem A	Discovery Prem B	GEMS Contracted
0190 – 0192	Consulting	R 846.70	R 852.10	R 1 176.20	R 1 067.20	R 934.20
0190 – 0192	Surgical	R 640.50	R 557.40	R 819.00	R 743.10	R 611.00

Many funders also publish a differential increase for consultation services compared to that of procedures. As a comparison of the remuneration variance scheme rate RCFs, please refer to the summary below:

Code	Bonitas	Discovery	Fedhealth	Keyhealth	Polmed (Network Base Rate)	ProfMed
Psychiatry	29.99	31.187	29.97	33.958	31.88	32.120
Clinical Procedures	15.49	16.192	15.52	17.633	16.46	16.679
Ultrasound	14.81	15.435	14.81	16.808	15.77	15.898

18. Malpractice Insurance



The malpractice insurance rates continue to exceed inflationary adjustments. Medical Protections Society (MPS) remains the biggest indemnity insurer by far. Alternative indemnity cover can be obtained via Aon South Africa, EthiQal and PPS.

The healthcare sector is becoming an ever-increasing litigious environment. It is not recommended that any healthcare provider render healthcare services without some kind of indemnity cover in South Africa.

<p style="text-align: center;">EthiQal</p> <p>The EthiQal predicament that arose during 2022 has been resolved and from what we have been informed, it is business as usual. The impact that the liquidation of Constantia insurance possibly could have had on private practice, was almost impossible to picture.</p> <p>After numerous engagements with the Liquidator it was understood that EthiQal’s demise would have a catastrophic impact on private medicine in South Africa.</p>	<p style="text-align: center;">MPS</p> <p>MPS is a member-owned, not-for-profit voluntary organisation providing cover to its members for over 60 years. All state doctors are currently MPS members.</p> <p>According to Dr Graham Howard: “Subscription prices are calculated on the basis of many factors including specialty and work type and can therefore vary significantly. For example, pricing for general surgeons could vary from R10,000 to R200,000 depending on their scope of practice. We serve no shareholders and all subscription and investment income accrued is invested locally.”</p>
<p style="text-align: center;">PPS</p> <p>Health professionals continue to be the largest single membership category for the PPS Group. The reality of any insurance is that it only comes to its right when things go wrong. It is then that PPS needs to deal with the technical aspects of claims, but also acknowledge and support the emotional trauma presented. PPS does not settle claims on a contingency basis, but with clinical merit.</p> <p>Any alternative dispute resolution methods will be expediting the conclusion of claims and it cannot be settled without the approval of the policyholder.</p>	<p style="text-align: center;">AON</p> <p>Aon believes that no professional relishes the thought of making a mistake or being accused of being negligent in the execution of their professional duties. In fact, professionals may not even have made a mistake for a claim of negligence to be brought against them. However, they will still need to defend any such claims to resolution, which can be a costly affair, both in time and financially.</p> <p>For further details email Casper Venter at casper@healthman.co.za or Lodi Jordaan at lodi.jordaan@healthman.co.za.</p>

19. Forensic Reviews and Practice Audits



HealthMan and the various management groups/societies continue to assist members faced with forensic reviews or HPCSA complaints regarding billing and the use-, possible misuse-, or interpretation of various billing codes, rules and modifiers. In many instances a funder will demand a refund of all monies that they believe have been erroneously paid and this may be back-dated up to three years.

Doctors are encouraged to familiarise themselves with the various procedure codes, descriptors, rules and modifiers impacting their practice and discipline.

Coding categories and areas that lead to frequent investigations are as follows:

- Post-operative consultations (Rule G);
- Pre-operative consultations on the day of surgery (Rule M);
- Unscheduled emergency- and after hour codes 0145/6/7/8;
- Modifier 0011 for emergency procedures;
- Modifier 0005 for multiple procedures during one surgical intervention;
- Modifier 0018 for patients with a high BMI;

- Presumed incorrect codes; and
- ICU billing codes 1204–1210 (level of care disputes and discrepancies between level of care coded between hospitals and doctors).

Many schemes and administrators do not accept the most recent SAMA MDCM and continue to apply the NHRPL 2006 codes, rules and interpretations. Healthcare professionals are once again reminded that it is advised to consult with their management group/association through HealthMan, rather than to attempt to deal with forensic audits by themselves.

Regards



Casper Venter
Managing Director HealthMan
January 2023

GENERAL DISCLAIMER

The information disclosed above is based on publicly available healthcare industry information which we believe would be of assistance to you. HealthMan is not responsible for any losses incurred by a practitioner relying on the above information. Where any doubt exists regarding the eligibility of members, availability of benefits, etc. we recommend that the practitioner makes direct enquiries with the relevant medical schemes.

Annexure A – Summary of Medical Scheme Increases

Medical Aid	Administrator	2023 Increase %	2022 Increase %
AECI (Healthcare)	Universal Health/Medscheme	5.7*	4.2
Affinity	Pan-African Managed Care	5.6**	4.2**
Alliance Midmed	MHS	5.6**	4.2**
Anglo America Scheme	Discovery Health	5.8 & 6.7***	4.2
Anglovaal	Discovery Health	5.8	4.2
Bankmed	Discovery Health	5.8	4.2
Barloworld	Medscheme	2.0	3.9
Bestmed	Bestmed	6.0* and 5.2	4.2* and 4.0
BMW Employees	Discovery Health	5.8	4.2
Bonitas	Medscheme	6.2	3.9
BP Southern Africa	MHS	5.3	3.50
Building & Construction Industry	Universal Health	5.7*	4.2
CAMAF	Sanlam Health Care	5.8	4.0 CPI
Cape Medical Plan	Cape Medical Plan	5.6**	4.6
Centre for Diabetes	Sanlam Health Care	5.6**	4.2**
Compcare	Universal Health	5.7*	4.2
Compsol	Compsol	5.6**	4.2**
De Beers	De Beers	5.6**	4.5
Discovery	Discovery Health	5.8	4.2
Engen	Discovery Health	5.8	4.2
EssentialMed	EssentialMed	5.6**	4.2**
Fedhealth	Medscheme	Zero	3.9
Fishing Industry	MHS	5.3	3.75
Foschini	Discovery Health	5.8	4.2
GEMS	MHG	6.7* (in-room consults), 6.65* & 5.9	4.4* (in-room consults), 4.15* & 3.9
Genesis	Difiniti	5.6**	4.2**
Glencore Xtrata	Discovery Health	5.8	4.2
Golden Arrow	MHS	5.3	3.75
Harmony	Providence	5.6**	4.2**
Health4Me	MHS	5.3	3.75
HealthMan Private Rate	HealthMan	7.5	6.0
Horizon Medical Scheme	Medscheme	6.0	4.5
Impala	MHS	6.0	3.9
Imperial & Motus Group	MHS	6.5	5.0
Keyhealth	PPSHA	6.5	4.6
LA Health (LAMAF)	Discovery Health	5.8	4.2
Libcare	VMed	5.8	4.2
Liberty Health Blue	VMed	5.6**	4.2**
Lonmin	Discovery Health	5.8	4.2
Makoti	Enabledmed	5.7	4.2**
Malcor	Discovery Health	5.8	4.2
Massmart	Universal Health	5.7*	5.0
MBMed	Medscheme	6.2	3.9
Medihelp	Medihelp	5.0	4.2
Medipos	Medscheme	6.5	4.5
MediMed	MHS	5.5	4.2**
Medshield	Medshield/Medscheme	5.9	5.2

Medical Aid	Administrator	2023 Increase %	2022 Increase %
Momentum Health	MHS	5.3	3.50
Moto Health Care	MHS	5.3	3.75
MMed (Multi Choice)	Discovery Health	5.8	5.8
Namibia Health Plan	Medscheme Namibia	5.6**	4.2**
Naspers	Discovery Health	5.8	4.2
Netcare (NMS)	Discovery Health	5.8	4.2
Old Mutual Staff	Universal Health	5.7	4.2
Opmed	Opmed	5.8**	4.2**
Parmed	Medscheme	6.2	3.9
PG Group	MHS	5.5	4.0
Pick 'n Pay	MHS	5.5	4.6
Platinum Health	Platinum Health	5.6	4.6
Polmed	MedScheme	6.0	4.4* and 3.9
Profmed	PPSHA	5.7	3.0
Rand Water	Sanlam Health Care	5.8	4.2**
Remedi	Discovery Health	5.8	4.2
Retail Medical Aid Scheme	Discovery Health	5.8	3.30
Roshmed	Roshmed	5.6**	4.2**
RU Med/ TEMS	MHS	5.5	3.9
SAB (SA Breweries)	3 Sixty Health	5.6**	4.2
SABC / SAUK	Medscheme	6.2	3.9
SAMWUMed	Medscheme	5.7	5.7
Sasolmed	MHS	5.5	3.75
SedMed	SedMed	5.6**	4.2**
Selfmed	SelfMed	5.6**	4.2**
Sisonke Health	MHS	5.5	3.9
Sizwe Hosmed	3 Sixty Health	5.6**	4.2
Spes Bona	Spes Bona	5.6**	4.2**
Suremed	MHS	5.5	3.9
Swazimed	Medscheme	5.6**	4.2**
Thebemed	MHS	5.5	3.9
Tiger Brands	Universal Health	5.7*	5.0
Transmed	MHG/Universal Health	5.3	4.5
TruCare	Universal Health	5.7	4.2**
Tsogo Sun Group	Discovery Health	5.8	4.2
UKZN	Discovery Health	5.8	4.2
Ultracare	Ultracare	5.6**	4.2**
Umvuzo Health	Universal Health	5.7	4.0
Unity Health	Ambledown	5.6**	5.0
Universal Health and Acc	Universal Health	5.7*	4.5
Witbank Coalfields	Universal Health	5.7	4.2
Wooltru	MHS	5.5	4.5

* Network Increase

** Average Scheme Increase (Refer to point 8 in main document)

*** Specialist Increase (only)

Annexure B – Bankmed Specialist Network Agreement

Bankmed Prestige A and Bankmed Prestige B payment arrangements remain in place for 2023. In addition to these two long standing payment arrangements, Bankmed also launched the Bankmed Specialist Entry Plan payment arrangement. Details of the Bankmed remuneration rates are available in the tables below:

i. Prestige A Specialist Network Agreement

Plan	Network		Non-Network	
	In-Hospital	Out-Hospital	In-Hospital	Out-Hospital
Core Saver	137%	162%	100%	100%
Traditional	137%	162%	100%	100%
Comprehensive	137%	162%	100%	100%
Plus	200%	215%	300%	300%

ii. Prestige B Specialist Network Agreement

Plan	Network		Non-Network	
	In-Hospital	Out-Hospital	In-Hospital	Out-Hospital
Core Saver	147%	147%	100%	100%
Traditional	147%	147%	100%	100%
Comprehensive	147%	147%	100%	100%
Plus	200%	215%	300%	300%

iii. Terms of Prestige A and B Specialist Network Agreements

1. No balance billing, administration fees, levies or any other additional charges can be applied to a claim.
2. For Core Saver and Traditional Plans, payment is subject to a GP-to-Specialist benefit authorisation process. If no referral is received, claims pay at 80% of the rate.
3. Please note that the “Network” base rate is 3.9% above the “Non-Network” base rate due to historical differential increases

iv. Bankmed Specialist Entry Plan payment arrangement

This payment arrangement is aimed at Bankmed’s lower options. Remuneration of this limited to either the Specialist Network Rate or the Specialist Non-Network Rate of the scheme. Details of the Bankmed remuneration rates are available in the tables below:

Plan	Network		Non-Network	
	In-Hospital	Out-Hospital	In-Hospital	Out-Hospital
Essential	100%	100%	100%	100%
Basic	100%	100%	100%	100%
Essential (Without GP Referral)	100%	80%	100%	80%
Basic (Without GP Referral)	100%	80%	100%	80%

v. Terms of Specialist Entry Plan Network

1. No balance billing, administration fees, levies or any other additional charges can be applied to a claim.
2. For Essential and Basic plan, payment is subject to a GP-to-Specialist benefit authorisation process. If no referral is received, claims pay at 80% of the rate.
3. Patients on these plans must be directed to a participating network GP at benefit authorisation to access full cover (at Network/Non-Network rate as appropriate).
4. Please note that the "Network" base rate is 3.9% above the "Non-Network" base rate due to historical differential increases

vi. Summary

The two longstanding payment arrangements, Prestige A and B, focuses on the Core Saver, Traditional, comprehensive and Plus plans. The ne Specialist entry Plan payment arrangement is focussed on Essential and Basic plans. To join any of the Bankmed agreements, please send an e-mail to healthpartnerinfo@bankmed.co.za.

Annexure C – Discovery Value-added Programmes

- i. Cataract Sustainability Project
To Follow
- ii. Depression Relapse Prevention Programme
To Follow
- iii. Keycare Cataract Global Fee
To Follow
- iv. Paediatric Sub-Specialist Network
To Follow
- v. Paediatric Governance Project
To Follow
- vi. Physician Quality Network
To Follow
- vii. Physician Quality Network – Top Physicians (Remuneration)
To Follow
- viii. Surgicom Governance Project
To Follow

Annexure D – Discovery Health Direct Payment Arrangements (DPAs) for Specialists

i. Specialist Agreements and Remuneration Rates

To view a summary of the various DPAs available, refer to the tables below:

Discovery Health (DH) Rate	% of DH Rate
Premier Rate – Essential, Coastal, Classic & Smart Plan	
<ul style="list-style-type: none"> Premier Rate A (In-Hospital) 	137%
<ul style="list-style-type: none"> Premier Rate A (Out-of-Hospital) 	162%
<ul style="list-style-type: none"> Premier Rate B (Both In- and Out-of-hospital) 	147%
<i>(Specialists on Premier Rate A, Premier Rate B & Custom Direct Payment Arrangements agree NOT to balance bill members)</i>	

Classic Direct Payment Arrangement	% of DH Rate
Essential and Coastal Plans	100%
<i>(Specialists have the option to balance bill)</i>	
Classic Plans and Smart Plan	
<ul style="list-style-type: none"> Classic Plans (In-Hospital) 	217%
<i>(No Balance Billing above 217% of the DH Rate)</i>	
<ul style="list-style-type: none"> Classic Plans (Out-of-Hospital) 	100%
<i>(Specialists have the option to balance bill)</i>	

	% of DH Rate
Executive Plan	300%
<i>(No Balance Billing above 300% of the DH Rate)</i>	

KeyCare Specialist Arrangement	% of DH Rate
<ul style="list-style-type: none"> LA KeyPlus, Remedi Standard Option 	110%
<i>(Specialists taking part in the KeyCare Specialist network agree not to balance bill KeyCare members on participating schemes or to charge co-payments, levies or other administrative fees. This is to protect low-income members against out-of-pocket costs.)</i>	

ii. Terms of Discovery Specialist DPAs

1. Direct Payment Arrangement multipliers are not applicable to medicines, consumables, materials, equipment, Pathology, facility fees, infusion fees for Oncology and Radiotherapy procedures.
2. Specialists can choose between one of the Premier Rate Arrangements or the Classic Direct Payment Arrangement for DHMS and other participating funders across all plans, unless indicated differently.
3. Funders that participate or not in these arrangements are can be seen later in this annexure.
4. Claims reimbursement will be made in accordance with the billing guidelines and plan benefits of the participating medical schemes.
5. In addition to one of the DPAs mentioned above, specialists may also join the KeyCare Specialist Arrangement.

iii. Closed Medical Schemes Administered by Discovery Health, Participating in DPAs

Scheme Name	Reimbursement Rate						
	Premier Rate A (IH)	Premier Rate A (OH)	Premier Rate B (IN & OH)	Classic Direct (IH)	Classic Direct (OH)	Custom Direct (IH & OH)	KeyCare Specialist (IH & OH)
Anglo Medical Scheme ⁴	-	-	-	-	-	-	-
Anglovaal Group Medical Scheme	137%	162%	147%	-	-	-	-
Bankmed ⁵	-	-	-	-	-	-	-
BMW Employees Medical Aid Society	137%	162%	147%	-	-	-	-
Engen	137%	162%	147%	-	-	-	-
Glencore ⁶	-	-	-	-	-	-	-
LA Active	137%	162%	147%	-	-	-	-
LA Comprehensive	137%	162%	147%	-	-	-	-
LA Core	137%	162%	147%	-	-	-	-
LA Focus	137%	162%	147%	-	-	-	-
LA KeyPlus	137%	162%	147%	-	-	-	110%
Lonmin ⁷	-	-	-	-	-	-	-
Malcor Medical Aid	137%	162%	147%	-	-	-	-
Multichoice Medical Scheme ⁸	-	-	-	-	-	-	-
Netcare Medical Scheme ⁹	-	-	-	-	-	-	-
Quantum Essential Comprehensive	137%	162%	147%	-	-	-	-
Quantum Essential Saver	137%	162%	147%	-	-	-	-
Quantum KeyPlus	-	-	-	-	-	-	110%
Remedi Comprehensive Option	137%	162%	147%	217%	100%	-	-
Remedi Classic Option	137%	162%	147%	217%	100%	-	-
Remedi Standard Option	-	-	-	-	-	-	110%
Retail Essential	137%	162%	147%	-	-	-	-
Retail Essential Plus	137%	162%	147%	-	-	-	-
TFG Medical Aid Scheme Plan A	137%	162%	147%	-	-	-	-
TFG Medical Aid Scheme Plan B	137%	162%	147%	-	-	-	-
Tsogo Classic Comprehensive	137%	162%	147%	-	-	-	-
Tsogo Classic Saver	137%	162%	147%	-	-	-	-
UKZN Medical Scheme	137%	162%	147%	-	-	-	-

⁴ Anglo Medical Scheme do not participate in the Discovery DPA's.

⁵ Bankmed do not participate in the Discovery DPA's, they publish their own base rate and DPAs similar to Discovery. Refer to the Bankmed section of the HealthMan newsletter for more information.

⁶ With the exception of 3 specialist disciplines, no other speciality partakes in discovery DPAs. Gynaecologists & Orthopaedic Surgeons and have the option to partake in 1 of the Premier DPAs whereas Anaesthetists participate in the Classic DPA.

⁷ Lonmin do not participate in the Discovery DPA's.

⁸ Multichoice Medical Scheme do not participate in the Discovery DPA's.

⁹ Netcare Medical Scheme do not participate in the Discovery DPA's.

Annexure E – Bonitas Networks

i. Bonitas Day Surgery Network

To follow

ii. Bonitas Hospital Network

To follow

iii. Bonitas Specialist Network

To follow

iv. Bonitas Pharmacy Network

To follow

Annexure F – Fedhealth Networks

i. Fedhealth Day Surgery Network

To follow

ii. Fedhealth Hospital Network

To follow

iii. Fedhealth Specialist Network

To follow

iv. Fedhealth Renal Dialysis Network

To Follow

Annexure G – POLMED Networks

i. POLMED Specialist Referral Network

To follow

ii. POLMED Day Theatre Procedures

To follow

iii. POLMED Hospital Network

To follow

iv. POLMED Specialist Network

To follow

Annexure H – Medscheme Initiatives

i. Medscheme Enhanced Pre-authorisation Process for Hospital Benefit Management
To follow

ii. Medscheme/GEMS Escalations Process (Access to a Medical Advisor)
To follow

iii. Funding Appeals Process
To follow

iv. Specialist Referral Number
To follow

Annexure I – GEMS In-Room Procedures at 200%

To follow

Annexure J – Profmed Specialist Network

To follow

Annexure K – Medihelp Networks

To follow

Annexure L – Flow chart to determine if a procedure should be performed in-rooms