HealthMan
ADDING BUSINESS ACUMEN TO YOUR PROFESSIONAL EXPERTISE

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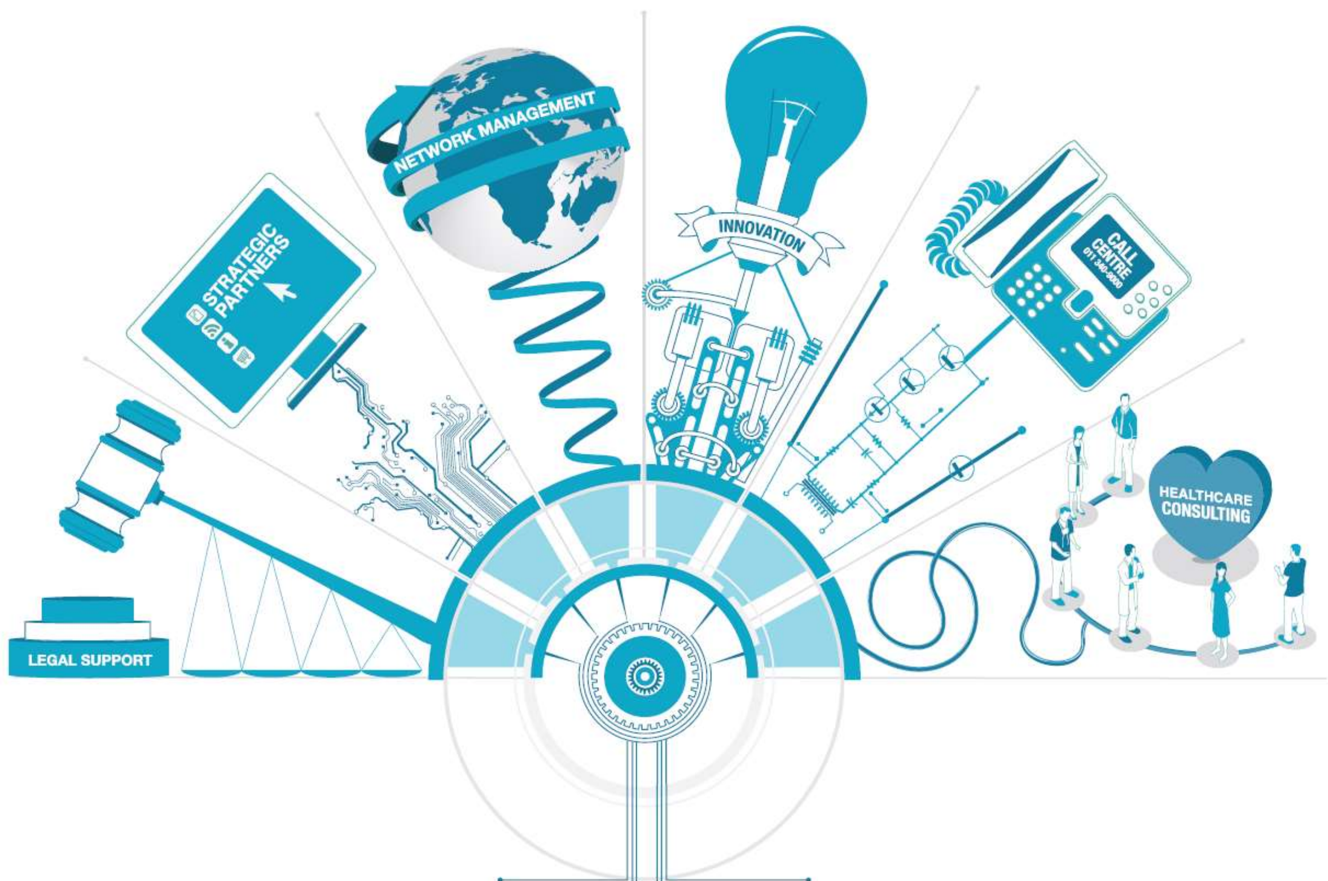
Ancilliary Practitioner Private Practice Review January 2020

Regulatory Review, Tariffs, Provider Updates



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1. INTRODUCTION

HealthMan staff and management wish our healthcare professional clients and their support staff all the best for 2020. We trust that practices will be able to weather the uncertainty that currently prevails in the industry with the knowledge that structures such as HealthMan and SAPPF will always be on the side of healthcare professionals to support you in times of difficulty.

2019 failed to bring about certainty in an industry that has a dire shortage thereof at present. The NHI Bill which was published in August provided more questions than answers for healthcare professionals, something which SAMA, SAPPF and HealthMan pointed out in their NHI responses.

The Competition Commission Health Market Inquiry published their final report, after 5 years of work. This well-researched publication has some practical recommendations on fixing competition issues in the private healthcare sector. Many of these will lead to a more affordable and sustainable private healthcare system, if implemented. There are questions regarding the political will to implement these proposed changes, as many of them are contradictory to the proposals for NHI, in that they may cause a highly functioning private system, which could negate some of the expressed needs for NHI.

The PMB review process is ongoing, with a primary healthcare (PHC) service basket recently published by the CMS for comments. This basket remains very difficult to cost, as it is impossible to do so in the absence of diagnostic coding. Even if the diagnostic coding is included, past utilization of the codes would under-report the costs of the intervention. Once a service that was previously paid for by medical scheme members becomes free, it will radically increase utilization of these services, which will drive up costs. The long term savings of preventative primary care on more complex PMB related treatment will only become apparent at a much later stage. A more recent CMS circular on Low Cost Benefit Options have raised some questions that PMBs might be replaced by the PHC basket, instead of the PHC basket being added to current PMBs. We will keep an eye on the progression of the situation.

For the first time in many years, the majority of medical scheme tariff increases will be higher than CPI, due to quite a low CPI level at present (3.7% in October 2019). This is not necessarily reflective of the cost increase experienced by practices. You will find the 2020 designated payment arrangement updates outlined in this newsletter for your convenience, along with scheme rate increases for the current year, news of amalgamations, benefit option changes and general changes. Do take note of these changes, as especially the implementation of Hospital Networks by many schemes can have a large impact on admitting practitioners. It is important to remember that your patients remain responsible for their Healthcare Funding choices. If patients choose a network option, which comes at a monthly cost saving, they will have co-payments for using out-of-network hospital facilities. Patients should take some responsibility for their funding choices, which will impact on their available treatment options. The problem of a DSP hospital which does not have the necessary healthcare professionals admitting patients there, but still being used as a co-payment excuse, remains a stubborn problem with no apparent solution.

The HealthMan Team

14 January 2020

2. REGULATORY NEWS

2.1 Competition Commission Market Inquiry into Private Healthcare

The Competition Commission Health Market Inquiry published their final report on 30 September 2019. This report was a well-researched overview of the private healthcare market in South Africa. In terms of **Practitioners** the HMI concentrated on GP's and Medical Specialists because of their power to direct patients, who rely on their advice, to which the absence of health technology assessment contributes. The HMI found that patients are admitted to higher-level of care with longer admissions than can be explained. If avoidable ICU admissions could be halted and resources rather invested in better ward care, one could save a possible R2,7 billion. The incentives include fee for service, mandatory cover for PMBs, benefit design focused on hospital cover, no standard approach to coding, which is not updated and reset unilaterally. There is no incentives for doctors to report on outcomes. The public cannot compare and funders cannot contract on value for money.

The recommendations emphasise the importance of creating a competitive and cost-effective supply side within a coordinated regulatory framework that can also contract with the **NHI Fund** and other structures of a unified health system. All healthcare purchasers, including the NHI, will require providers to be properly regulated in order to achieve affordable access to quality care. Any single buyer system, like the NHI Fund, on its own, that is without complementary supply-side regulation, cannot succeed. In a mature and long-standing single purchasing system like the NHS in the **United Kingdom**, all public and private providers that provide care paid for by the NHS are regulated by **Monitor, the independent supply side regulator** (now part of NHS Development) as well as by the Competition and Markets Authority, the competition enforcement agency. The HMI advocates that early implementation of these recommendations would pave the way for a more responsive and sustainable healthcare system both prior to and after the establishment of the NHI Fund.

2.2.1 The Council for Medical Schemes Prescribed Minimum Benefits Review

The Council for Medical Schemes PMB review process is still ongoing, since its announcement in December 2016. The fourth year of the process is commencing in 2020. The work conducted in 2019 led to the publication of a broad package of primary care services, which is currently in the public domain for comment until 14 February. The package can be viewed here CMS PHC Package. This package has still not been costed and is extremely difficult to cost. A recent circular by the CMS, which effectively banned all Low Cost Benefit Options (LCBOs) from March 2021, gave an indication that the PHC package will serve as a replacement for the LCBOs. The understanding thus far had been that the proposed PHC package would be added on to the current PMB basket and will not be replacing it. These statements by the Registrar creates some doubts as to the purpose of the PHC package which is currently being compiled. The flow of the process was agreed to have been introduction of the PHC package with concurrent review of current Diagnosis Treatment Pair (DTP) protocols; followed by the change of the DTPs to a service based PMB basket.

2.2.2 The Council for Medical Schemes S59 Investigation

The CMS has launched a Section 59 investigation following allegations of racism in the way medical schemes conduct forensic investigations. These allegations were originally made by the Health Care Professionals Association. Various stakeholder have made presentations to the CMS committee, chaired by Advocate Tembeka Ngcukaitobi. HealthMan, SAPPF and PsychMG have all previously made presentations. The Medical Schemes are yet to make presentations themselves. The outcome of the investigation and the final report have been postponed to February 2020, and probably even later.

2.3 HPCSA

2.3.1 HPCSA Fees for 2020

Please note that HPCSA fees are due by 31 March 2020. The fees for 2020 have not been published yet, but initial indications are that a 23% increase will be applied to 2019 fees. Failure to pay fees on time, can

be sanctioned with suspension of HPCSA membership, which incurs large penalties for reinstatement. It is also a criminal offence to practice when membership is suspended at the HPCSA due to non-payment.

2.3.2 Nominations for HPCSA Boards

On 13 December, a call for nominations for the various HPCSA boards was Gazetted. Appointments will be done by the Minister of Health. The boards will serve from 1 July 2020 to 30 June 2025. Nomination forms will be available to download from 7 January at www.hpcsa.co.za or www.eisa.org.za website. Completed nomination forms must reach the HPCSA by 16:30 on 6 February 2020 at hpcsa@eisa.org.za .

The composition of selected Ancilliary Practitioner HPCSA Boards are shown below:

e) The Professional Board for Physiotherapy, Podiatry and Biokinetics:

i. Five physiotherapists;
ii. Two podiatrists;
iii. Two biokineticists;
iv. One person whose name appears on either the register of physiotherapy assistants or physiotherapy technicians;
v. One person registered with the board, who shall be appointed by the Higher Education South Africa (HESA) (now University South Africa) (USAf) to represent educational institutions accredited by the board; a11d
vi. One person to represent the department of health

g) The Professional Board for Occupational Therapy, Medical Orthotics/Prosthetics and Arts Therapy:

i. Four occupational therapists;
ii. Two medical orthotists and prosthetists;
iii. One occupational therapy assistant or occupational therapy technician;
iv. One assistant medical orthotist and prosthetist,
v. One arts therapist;
vi. One person registered with the board, who shall be appointed by the Higher Education South Africa (HESA) (now University South Africa) (USAf) to represent educational institutions accredited by the board; and
vii. One person to represent the department of health

h) Professional Board for Speech, Language and Hearing Professions:

i. Four speech therapists and audiologists;
ii. One hearing aid acoustician;
iii. One person whose name appears on either the register of audiometrician, community speech and hearing worker, speech and hearing correctionist, or speech and hearing assistant;
iv. One person registered with the board, who shall be appointed by the Higher Education South Africa (HESA) (now University South Africa) (USAf) to represent educational institutions accredited by the board; and
v. One person to represent the department of health.

k) The Professional Board for Psychology:

i. Twelve psychologists;
ii. One registered counsellor;
iii. One psychometrist;
iv. One person registered with the board, who shall be appointed by the Higher Education South Africa (HESA) (now University South Africa) (USAf) to represent educational institutions accredited by the board; and
v. One person to represent the department of health.

o) The Professional Board for Radiography and Clinical Technology:

i. Five radiographers
ii. Three graduate clinical technologists:

iii. One person registered with the board, who shall be appointed by the Higher Education South Africa (HESA) (now University South Africa) (USAf) to represent educational institutions accredited by the board; and
iv. One person to represent the department of health.

2.4 Department Of Health Reforms

2.4.1 National Health Insurance (NHI)

A new NHI Bill was published in August 2019. The Bill was open for written public comments before 29 November 2019. The Portfolio Committee on Health is currently doing public engagement roadshows in NHI, starting with the coastal provinces. The Bill itself looks remarkably similar to the 2018 draft Bill which was open for public comment, with minimal changes implemented. There has been a large number of concerns raised with the Bill, even by organisations purporting to support the NHI unreservedly.

Many of the submissions raise concerns with the governance of the fund, which is structured similarly to ESKOM, SAA and PRASA which were all hapless victims during the state capture process currently being unearthed at the Zondo Commission. The Compensation Fund, which consistently fails its annual audit, also has a similar structure, as well as the CMS, HPCSA and SAHPRA, which are all being investigated for fraud by the Special Investigations Unit. Healthcare professionals have raised concerns with the lack of detail of how and when they would be reimbursed, as well as the unethical nature of some of the proposed reimbursement, such as Capitation and DRG (Diagnosis Related Grouper) payments. DRG payment implies an employment relationship with a hospital. Capitation is contrarian to HPCSA rules on receiving payment for services not rendered, while hospital employment is also not allowed by the HPCSA. There is no payment mechanism for payment of specialist for services rendered outside the hospital environment.

An absence of any mention of malpractice liability has left professionals concerned at where this liability would lie within the system, and whether there will be any compensation for the risk practices might have to carry on behalf of the NHI fund. The availability of funding for the NHI remains unresolved, with the Treasury document on costing and financing of the NHI being absent for more than four years. If the NHI is implemented in a fiscally constrained environment, it might well lead to the public having access to a smaller basket of services under NHI than they can currently access in the public sector. That would not fulfill the Constitutional requirement of progressive access to care.

While the state law advisor declared the Bill as Constitutional, constitutional law experts have indicated that the removal of the Provincial equitable share funding for healthcare in provinces is unlikely to pass a challenge in the Constitutional Court. The removal of illegal immigrants from receiving services under NHI is also likely to be challenged successfully, as the Constitution specifies that “everyone” has a Right to access healthcare and not “every South African and legal immigrant”.

Public engagement on the NHI Bill will continue in 2020, with oral presentations to the Portfolio committee commencing around February. All indications are that the timelines for the Bill to be promulgated as an Act is March 2021 at the soonest, with a much later date being probable if the Bill is challenged in Parliament or by the National Council of Provinces. This makes an implementation of NHI in 2026 highly unlikely, as once it is promulgated as an Act, it is open to be challenged in Court.

Many of the submissions are available on nhisa.co.za and additional news and views on NHI can be seen in the December SAPPF Healthview.

2.4.2 Presidential Health Compact

Following a Presidential Health Summit which was convened in October 2018, a Presidential Health Compact was launched during June 2019. This Compact was supported by a number of industry role players and stakeholders, with the aim of fixing the public healthcare system, which is admittedly in a crisis at this time. The deliberations of the Presidential Health Summit resulted in a quality health systems strengthening plan, presented as the Presidential Health Summit Report. This report, which was adopted by all stakeholders, comprised of the following thematic pillars:

PILLAR 1: Augment Human Resources for Health (HRH).

PILLAR 2: Ensure improved access to essential medicines, vaccines and medical products through better management of supply chains, equipment and machinery.

PILLAR 3: Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities.

PILLAR 4: Engage the private sector in improving the access, coverage and quality of health services.

PILLAR 5: Improve the quality, safety and quantity of health services provided with focus on primary health care.

PILLAR 6: Improve the efficiency of public sector financial management systems and processes.

PILLAR 7: Strengthen the governance and leadership to improve oversight, accountability and health system performance at all levels.

PILLAR 8: Engage and empower the community to ensure adequate and appropriate community-based care.

PILLAR 9: Develop an information system that will guide the health system policies, strategies and investments.

Many of the proposed fixes are quite superficially described, and as with the NHI, the implementation of this Compact will be dependent on managers in the public sector, who have largely been responsible for these failures. The expectation that incompetent managers will somehow be willing and able to drive a turnaround plan effectively, could prove the Achilles heel for the entire initiative.

3. OTHER NEWS

3.1 PCNS News and Renewal Fee

BHF continues to administer the Practice Code Numbering System (PCNS). The PCNS annual renewal fee for 2020 has increased by 4.7%. The fee is R330.00 (Incl. VAT) and will be due by 31 March 2020. Kindly ensure that your contact information is up to date. For further information contact the PCNS Client Services on 0861 30 20 10 or email clientservices@bhfglobal.com.

3.2 Constantia Insurance Ownership change

Trustco Holdings (Trustco) announced on 9 December 2019 that it has made an offer to purchase the insurance and related business operations of the Constantia Group (Constantia) from Conduit Capital Limited (Conduit), through its financial services subsidiary Legal Shield Holdings (LSH).

LSH is the flagship Trustco subsidiary, a diversified financial service provider with a client base of more than 280 000 members comprised of individuals and small businesses. LSH also has numerous property developments around Windhoek and has recently applied to the Bank of Namibia to acquire the banking segment of Trustco. At the end of its last reporting period, LSH held assets of 5.8 billion Namibian Dollars. Trustco also has diamond mining operations in Sierra Leone and Namibia.

Constantia has achieved significant growth in the past two years, also having created innovative solutions in new markets such as medical malpractice. LSH believes that Constantia provides an excellent opportunity to gain access to the life and non-life insurance markets in South Africa.

4. MEDICAL SCHEME INCREASES, DESIGNATED SERVICE PROVIDER & ANCILLIARY PAYMENT ARRANGMENTS

The HealthMan annual comparative tariff tables of selected schemes will be made available shortly. Kindly note the difference in tariffs of certain schemes where there is a separate payment arrangement:

- Bestmed for Audiology, Physiotherapy and now also Psychology
- Discovery Health and Bankmed for Physiotherapy (JSP arrangements)

In the absence of any guidance as to what tariffs to apply in 2020, Schemes continue to set their tariffs independently. Schemes show a slightly larger variation in increases for 2020 across all administrators, although still within a narrow band. There are still a number of schemes with exactly the same increase in certain administrators, drawing into question the impartial decision making by scheme trustees.

Detailed tariff lists are available on most Scheme web sites and/or are available to all Practitioners and members on request. Problematically, however, is that few Schemes and Administrators have the capacity or insight into coding structures. Scheme tariffs still blindly make use of the published 2006 Reference Price Lists and annual tariff increases still apply to the structure inherent to this long-discredited 2006 RPL, which does not contain all the recent changes to codes, descriptors, rules and modifiers approved by SAMA, SAPPF and other Associations from 2006 to 2019.

The general increases in tariffs for 2020 for major schemes vary between 3.5% and 6.5%. The highest increase in the industry is for Unity Health at 6.5%. Profmed provided a very low increase, due to having an unforeseen, bad risk year in 2019. With CPI currently being recorded at 3.7%, most scheme increases are above CPI for 2020. Details of Scheme increases are set out in Annexure A.

PLEASE NOTE THAT ANCILLIARY INCREASES VARY FROM GENERAL SCHEME INCREASES IN SOME CASES

A summary of increases for 2020, per Administrator and selected Schemes, is set out below:

- Discovery Health – 4.8%
- Momentum Health – 4.5%
- Bonitas – 4.5%
- Fedhealth – 4.5%
- GEMS – 4.5%
- Profmed – 3.5%
- Keyhealth – 5.1%
- Medshield – 5.0%
- Medihelp –5.4%
- Bestmed – 5.3%*
- Polmed – 3.5%*

The increase for Network providers. Non-Network providers have lower rates of increase

Selected Ancilliary Scheme Increases

- Discovery Health – 4.8%
- Medshield – 5.0%
- Bonitas – 5.0%
- Medihelp – 5.4%
- GEMS – 5.3%
- Bankmed – 5.0%
- Bestmed – 4.8% (Non Network)/5.5% (Network)

4.1 DISCOVERY HEALTH ADMINISTERED SCHEMES

4.1.1 Discovery Health Medical Scheme

For 2020, Discovery Health Medical Scheme will be increasing the Discovery Health Ancilliary Rates by 4.8%.

Enhanced digital efficiencies

Healthcare professionals and practice managers have 24/7 access to practice management tools and necessary benefit information. These enhancements will enable you to manage your practice more efficiently, and are specifically designed to assist care delivery and decrease practice administration.

Functional tools include:

- Access to your claims statements
- Searching for particular claims
- Access to benefit application forms

Member validation tool:

- Verify if a policy is active at the time of the treatment using a membership number or national identity number
- Confirm the members plan type
- Confirm all the active members (principal and dependents) which belong to the policy
- Confirm basic information such as name, surname, date of birth and membership status

The **Fund check tool** allows you to query if there are funds available for plans with a Medical Savings Account (MSA).

4.1.1.1 Discovery Physiotherapy

Major Joints Network

The Major Joints Network is a team-based approach to care. If a regular member of your team is unable to participate in a procedure, it remains the responsibility of the team to ensure that the replacement member is fully aware of and is in agreement with the relevant clinical pathways and selected billing model of the team.

Schemes participating in the Arthroplasty Benefit

The following schemes are participating in the Joint Arthroplasty Benefit in 2020:

- Discovery Health Medical Scheme (excluding KeyCare plans and Essential Smart Plan)
- Bankmed Medical Scheme (excluding Basic and Essential plans)
- LA Health Medical Scheme (excluding KeyPlus Plan)
- Quantum (excluding KeyCare Plus Plan)
- Retail Medical Scheme (RMS)
- Tsogo Sun Group Medical Scheme

Billing code	Description	2020 rate (4.8% Increase)
JBPHY1	Joint Benefit physiotherapist fixed fee	R3 000.00

Sport Injury Network

Discovery Health Medical Scheme members on the Classic Smart Plan and Classic Smart Comprehensive Plan have cover for sports-related injuries. This benefit is only available once activated on HealthID by a Smart Network GP. A sports-related injury is defined as any injury sustained as a result of a sporting or exercise activity, which includes professional and social sporting events.

Services covered under the Sports Injury Benefit

Members have access to the following services:

- Unlimited black and white X-rays
- Two specialist consultations per member, subject to being referred by a Smart Plan Network GP
- Four consultations with either a **physiotherapist**, biokineticist or chiropractor, subject to being referred by a Smart Network GP.

Discovery covers these services up to 100% of the Discovery Health Rate (DHR) for specialists who they do not have a payment arrangement with. Members are liable for a co-payment of R110 per X-ray or per visit listed above, and the balance of the account if their healthcare professional charges more than the Discovery Health Rate.

How to activate the Sports Injury Benefit

Members must be on a Classic Smart or a Classic Smart Comprehensive Plan to have cover for sports-related injuries.
A Smart Network GP, will need to activate the Sports Injury Benefit using HealthID as follows:

- Log in to HealthID at www.discovery.co.za
- On the patient dashboard page, navigate to the Sports Injury Benefit section and click on *Activate*

- Complete the member's details
- Select the affected body part and follow the screen prompts to complete the sport, diagnosis and cause of the incident
- Click on the *Add* button
- Confirm that the information provided is correct on the summary page
- Complete the process by clicking on *Activate*
- Click on *Done* to be redirected back to the patient dashboard

4.1.1.2 Discovery Radiography

Update on Coding Process

RadMG and HealthMan are still busy engaging Discovery on the new coding process. Rules on the current system are being updated and further movement towards using Radiology codes is envisioned. The HPCSA Radiography and Clinical Technology Board is busy with an ongoing process to look at coding for these two professions, which started in 2018. This process has gone quiet in 2019 and it is not certain whether it is still ongoing.

The Discovery Health codes introduced in 2017 for funding in Radiography and Radiology will be continued as an interim measure until new coding is introduced.

Submitting the claims to Discovery Health

- Radiologists across the board to bill the below code (01065) when writing a report on general x-ray studies performed by an independent radiography practice.
- Radiographers registered on the Radiographer Equipment Network – 144 to bill the below code (39XEQ)

4.1.1.3 Discovery Audiology

Discovery has not continued with additional above scheme rate increases for frequently utilised Audiology codes. The 4.8% scheme increase still places them far below the values paid by other schemes, such as GEMS. The most prominent ones are:

Code	**DH 2019**	**DH 2020**	**(GEMS 2020)**
1015	R122.10	R128.00	(R172.30)
1100	R137.10	R143.70	(R197.00)
1105	R126.10	R132.20	(R157.60)
1110	R173.20	R182.00	(R197.00)
1120	R460.20	R482.30	(R537.20)

4.2 MEDSCHEME ADMINISTERED SCHEMES

The scheme increases for Medscheme administered schemes are shown in the table below:

Scheme Name	2020 Rate Increase
AECI Medical Aid Society	4.5%
Barloworld Medical Scheme	4.5%
Bonitas Medical Fund	4.5%
Fedhealth	4.5%
Horizon Medical Scheme	5.0%
Hosmed Medical Scheme	5.0%
MBMed Medical Aid Fund	4.5%
Nedgroup Medical Aid Scheme	4.5%
Parmed Medical Aid Scheme	4.4%
SABC Medical Scheme	4.5%
SAMWUMED	5.4%
Sasolmed	4.5%

Specialist Referral Number

Specialist Referral is applicable to the following schemes and options for which Medscheme administrate the referral process:

- AECI – Comprehensive
- Bonitas – All options including BonCap
- Fedhealth – All options including myFED
- Hosmed – Essential
- MBMED
- Nedgroup – all options
- Sasolmed
- Parmed

In the following instances a Specialist Referral from a GP will not be required:

- The first gynaecologist visit for female beneficiaries
- Paediatric consultations for children under the age of two
- Maternity consultations
- Consultations with oncologists
- Consultations with ophthalmologists
- Investigations done by pathologists and radiologists

Ancilliary providers would have to refer a patient back to their GP to obtain a specialist referral number, if a Specialist Consultation is required.

Specialist Referral Process:
Please contact the Healthcare Provider Contact Centre on 0861 112 666 and use the interactive voice recognition (IVR) function to obtain a referral number. You will need to have the following information ready:

- The GP practice number, e.g. 1234567
- The patient's membership number, e.g. 00000000001
- The patient's beneficiary number, e.g. 00
- The patient's date of birth in the format DDMMYYYY, e.g. 31121954
- The practice type, e.g. 18 for a physician
- The number of months that the GP wants the patient to visit the Specialist between 1 and 6, e.g. 3. A referral number will automatically be created for the member on the system, from the date that the GP created the referral and adding the number of months you have chosen to create an end date for the referral. A specialist referral number from a GP is valid for a maximum period of 6 months.

For GEMS, Specialist referral is also applicable to the following options:

- Tanzanite One
- Beryl
- Emerald Value

For GEMS, please contact 0860 436 777

4.2.1 Fedhealth

The 2019 Scheme increase for Fedhealth is 4.5%.

Fedhealth Physiotherapy

Fedhealth Conservative Back and Neck Rehabilitation Programme

Back pain is a common cause of morbidity and incapacity, and has a signifi cant social and economic impact. It's second only to headaches when it comes to painful disorders that affect humans.
To address chronic back and neck pain amongst Fedhealth members, before surgery becomes a necessity, Fedhealth offers an established programme for qualifying members suffering from back and neck problems. The Fedhealth Conservative Back and Neck Rehabilitation Programme is built on the principle of active muscle reconditioning, supported by scientific clinical studies showing that exercise reduces pain and can normalise function in many instances.

The programme incorporates the best protocols to improve functional ability and work capability – successfully and effectively – with minimum pain.

What does the Fedhealth Conservative Back and Neck Rehabilitation Programme cover?

The programme takes a comprehensive and holistic approach to chronic back and neck pain and offers individualised treatment to qualifying members. After an initial assessment, beneficiaries receive treatment twice a week for six weeks. Fedhealth covers the full cost of the programme for qualifying members.

This multidisciplinary programme includes treatment from doctors, physiotherapists and biokineticists to treat severe neck and back pain. The treatment consists of active exercise with appropriate weights and motion. After the initial treatment, you receive a home-based programme to maintain results over the long term.

Please note: The programme does not cover the cost of X-rays, scans and prescribed medicines.

How does the programme work?

STEP 1: The member must call Fedhealth on 0860 002 153, follow the prompts to the Disease Management Programme and select the "Conservative Back and Neck Rehabilitation Programme" or send an email to backandneck@fedhealth.co.za to see if they qualify for participation in this programme.

STEP 2: The member will be assessed by a GP or physiotherapist. This includes a physical examination and tests to check range of movement, nerve health and more.

STEP 3: A treatment plan will be put together for the patient. A patient contract is then signed committing to a course of treatment. The patient may have to attend sessions for up to an hour once or twice a week.

STEP 4: After the initial six sessions, the patient will be re-examined to determine your progress and to discuss your improvement. If all is well, the patient will be discharged with a home exercise programme.

4.3 METROPOLITAN/MOMENTUM HEALTH ADMINISTERED SCHEMES

In the absence of a formal price guideline in the industry, individualised scheme rates have been provided in the table below and are effective as of 1 January 2020:

Scheme, Fund or Health Product	2020 increase
BP Medical Aid Society	**5.1%**
Fishing Industry Medical Scheme	**4.5%**
Golden Arrow Employees Medical Scheme	**4.5%**
Imperial Group Medical Scheme	**5.0%**
MEDiPOS Medical Scheme	**5.0%**
Moto Health Care Medical Aid	**4.5%**
PG Group Medical Aid	**5.0%**
Pick n Pay Medical Aid	**5.1%**
Transmed Medical Aid	**4.5%**
Wooltru Healthcare Fund	**5.0%**
Momentum Health	**4.5%**
Sisonke Health Medical Scheme	**5.0%***
Medimed Medical Scheme	**5.0%***
Suremed Health	**5.0%***
RUMed	**5.0%***
Impala Medical Scheme	**5.0%***

Thebemed	5.0%*

* These scheme are administered by Providence, a subsidiary of MMI.

4.3.1 Government Employees Medical Scheme (GEMS)

GEMS tariffs for all options for Ancilliary Healthcare providers will be increased by 5.3% for 2020.

The Medical Schemes Act (MSA) on the Claims Process:

The Medical Schemes Act stipulates the following with regard to claim submissions and payments in Chapter 2 of the MSA, dealing with Administrative requirements:

- A medical scheme must not in its rules or in any other manner in respect of any benefit to which a member or former member of such medical scheme or a dependent of such member is entitled, **limit, exclude, retain or withhold**, as the case may be, any payment to such member or supplier of service as a result of the late submission or late re-submission of an account or statement, before the end of the fourth month:
  - from the last date of the service rendered as stated on the account, statement or claim; or
  - During which such account, statement or claim was returned for correction.
- If a medical scheme is of the opinion that an account, statement or claim is erroneous or unacceptable for payment, it must inform both the member and the relevant health care provider within 30 days after receipt of such account, statement or claim that it is erroneous or unacceptable for payment and state the reasons for such an opinion.
- After the member and the relevant health care provider have been informed as referred to in sub regulation (2), such member and provider must be afforded an opportunity to correct and resubmit such account or statement within a period of 60 days following the date from which it was returned for correction.
- If a medical scheme fails to notify the member and the relevant health care provider within 30 days that an account, statement or claim is erroneous or unacceptable for payment in terms of a sub regulation (2) or fails to provide an opportunity for correction and resubmission in terms of sub regulation (3), the medical scheme shall bear the onus of proving that such account, statement or claim is in fact erroneous or unacceptable for payment in the event of a dispute.

The Stale Claims Process:

1. Claims submitted to GEMS after the last day of the 4th month will be rejected with a stale claims message on the claims statement.
2. The member or provider is then required to provide GEMS with proof that the claim was submitted within the 4 month period. If proof cannot be provided then the claim cannot be considered for payment.
3. Where a claim was erroneous or not acceptable for payment (which will be communicated via the claims statement) and the member/provider did not resubmit the correct claim within 60 days then the claim cannot be considered for payment.
4. Claims queried will be assessed against the above rules and will be subjected to an approval process in line with the Medical Schemes Act and the Scheme rules.

4.4 OTHER SCHEMES

4.4.1 Bestmed

Healthcare professionals – Disciplines with No Network (Scheme Tariff) - 5.2%
Physiotherapists, Audiologists – Network 5.5%, Non-network (Scheme Tariff) 4.8%

5. MALPRACTICE INSURANCE

The malpractice insurance rate increases continue to exceed inflationary adjustments. We continue to provide Practitioners with alternative cover through our arrangements with Aon South Africa and EthiQual.

For further details email Casper Venter at casperv@healthman.co.za.

6. ACCOUNTING AND FINANCIAL MANAGEMENT SERVICES

Following on the completion of a number of Practice Cost Studies across many disciplines in recent years, HealthMan intends to launch a **Practice Accounting and Financial Management Service** to members of our various Groups as from 1st March 2020.

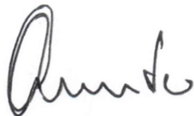
These services will be at an additional cost to members and will either be for new practitioners or replace the work either being done in-house in your practice or being rendered by your current accountants. We have been doing this for a number of years to a limited extent but now plan to expand the service to more practitioners.

We will issue a separate communication in this regard but you can e-mail Casper Venter at casperv@healthman.co.za for enquiries in the meantime.

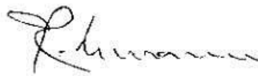
7. GENERAL DISCLAIMER

The information disclosed above is based on publically-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.

Regards



Casper Venter
Director HealthMan



Ernst Ackermann
Director HealthMan

Mardi Roos
Director HealthMan

Peet Kotzé
Associate Director HealthMan

14 January 2020

ANNEXURE A - Medical Scheme Rates - 2020

SCHEMES ADMINISTERED BY DISCOVERY HEALTH

Scheme Name	2020 Rate Increase
Anglo Medical Scheme	5.0%
Anglovaal Group Medical Scheme	5.0%
Bankmed	5.0%
BMW Employees Medical Aid Society	4.8%
Discovery Medical Scheme	4.8%
Engen	4.8%
Glencore Medical Scheme	4.8%
LA Health	4.8%
Lonmin Medical Scheme	4.8%
Malcor Medical Aid	4.8%
MMED Option of the Naspers Medical Fund	4.8%
Naspers Medical Fund	4.8%
Netcare Medical Scheme	4.8%
Quantum Medical Scheme	4.8%
Remedi Health	4.8%
Retail Medical Scheme	4.8%
SABMAS	5.4%
TFG Medical Aid Scheme	4.8%
Tsogo Medical Scheme	4.8%
UKZN Medical Scheme	4.8%

ALL SCHEMES

Medical Aid	Administrator	2020 Rate Increase %
AECI (Healthcare)	Medscheme	4.50
Affinity	Pan-African Managed Care	5.00#
Alliance Midmed	MMI	4.5
Anglo America Scheme	Discovery Health	5.00
Anglovaal	Discovery Health	5.00
Bankmed	Discovery Health	5.00
Barloworld	Medscheme	4.50
Bestmed	Bestmed	5.20*
BMW Employees	Discovery Health	4.80
Bonitas	Medscheme	4.50
BP Southern Africa	MMI	5.10
Building & Construc Ind	Status Medical Admin	5.00#
CAMAF	Sanlam Health Care	5.40
Cape Medical Plan	Cape Medical Plan	5.10
Centre for Diabetes	Sanlam Health Care	4.00
Commed	Allcare	5.00#
Compcare	Universal	5.00
Compsol	Compsol	5.00#
De Beers	De Beers	4.50
Discovery	Discovery Health	4.80
Engen	Discovery	4.80
EssentialMed	EssentialMed	5.00#
Fedhealth	Medscheme	4.50
Fishing Industry	MMI	4.50
Foschini	Discovery Health	4.80
GEMS	MHG	4.50*
Genesis	Difiniti	5.40
Glencore Xtrata	Discovery Health	4.80
Golden Arrow	MMI	4.50
Harmony	Providence	5.00
Health4Me	MMI	4.50
Horizon Medical Scheme	Medscheme	5.00
Hosmed	Medscheme	5.00
Impala	Providence	5.00
Imperial Group	MMI	5.00
Keyhealth	PPSHA	5.10
LA Health (LAMAF)	Discovery Health	4.80
Libcare	VMed	5.00#
Liberty Health Blue	VMed	5.00#
Lonmin	Discovery Health	4.80
Makoti	Enablemed	5.00#
Malcor	Discovery Health	4.80
Massmart	Universal Health	6.00
MBMed	Medscheme	4.50
Medihelp	Medihelp	5.40
Medimed	Providence	5.00
Medipos	MMI	5.00
Medshield	Medshield	5.00
Metropolitan(Metstaff)	MMI	5.00#

MMED	Discovery Health	4.80
Momentum Health	MMI	4.50
Moto Health Care	MMI	4.50
Namibia Health Plan	Medscheme Namibia	3.75
Naspers	Discovery Health	4.80
Nedgroup	Medscheme	4.50
Netcare (NMS)	Discovery Health	4.80
Old Mutual Staff	Universal	5.00#
Opmed	Opmed	5.00#
Parmed	Medscheme	4.40
PG Group	MMI	5.00
Pick 'n Pay	MMI	5.10
Platinum Health	Platinum Health	5.00
Polmed	MedScheme	3.50
Profmed	PPSHA	3.50
Quantum	Discovery Health	4.80
Rand Water	Sanlam Health Care	4.30
Remedi	Discovery Health	4.80
Retail Meat Trade	Retail Meat Trade	5.00#
Retail Medical Aid Scheme	Discovery Health	4.80
Roshmed	Roshmed	5.00#
RU Med/ TEMS	Providence	5.00
SAB (SA Breweries)	Discovery Health	5.40
SABC / SAUK	Medscheme	4.50
SAMWUMed	SAMWUMed	5.40
Sasolmed	Medscheme	4.50
SedMed	SedMed	5.00#
Selfmed	SelfMed	5.00
Sibanye Gold	Providence	5.00
Sisonke Health	Providence	5.00
Sizwe	Sechaba	5.25
Health Squared (Old Spectramed)	Agility Global Health	4.50
Spes Bona	Spes Bona	5.00#
Suremed	Providence	5.00
Swazimed	Medscheme	5.00#
Thebemed	Providence	5.40
Tiger Brands	Status Medical Admin	5.00#
Transmed	MHG	4.50
TruCare	Universal Health	5.00#
Tsogo Sun Group	Discovery Health	4.80
Ultracare	Ultracare	5.00#
Umvuzo Health	Universal	5.00
Unity Health	Ambledown	6.50
Universal Health and Acc	Universal Health	5.40
University of KZ-Natal	Discovery Health	4.80
Witbank Coalfields	Witbank Coalfields	5.00
Wooltru	MMI	5.00

*** Differential increase for network providers**
 # Rates not available at Publication, average used