



CIRCULAR

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Circular 54 of 2013: Schemes Risk Measurement (SRM) submissions for 2013

The Council for Medical Schemes (CMS) would like to inform all medical schemes and administrators of the Schemes Risk Measurement (SRM) data submissions for the 2013 calendar year. The required submissions will consist of data collected for quarters 1-4 of 2013.

The due date for these SRM submissions is 4 April 2014. Medical schemes and administrators should take note of the recent updates and implement all the changes provided in Version 7.1 of the Entry & Verification guidelines (<http://www.medicalschemes.com/files/ITAP%20Documents/20131121Ver71EVGuidelines.pdf>). The most significant changes are:

1. Multiple sclerosis
 - The Anatomical Therapeutic Chemical Classification (ATC) codes for glatiramer acetate (L03AX13), natalizumab (L04AA23), and Methylprednisolone (D07AA01) were added to the treatment of multiple sclerosis.
 - Supportive treatment with Tricyclic antidepressants and anticholinergics was added to multiple sclerosis (Carbamazepine (N03AF01), Amitriptyline (N06AA09), Lofepamine (N06AA07), and Baclofen (M03BX01)).
2. The International Classification of Diseases – 10th Revision (ICD-10) code I48 for dysrhythmias has been replaced with the following list of codes: I48.0; I48.1; I48.2; I48.3; I48.4; and I48.9.
3. *Table 2: Disease ranks* (page 12) was updated to include Hypothyroidism (TDH) at rank no. 26.

4. The hyperlipidaemia calculation for the Framingham Risk Score was updated to the latest version as published in the South African Dyslipidaemia Guideline Consensus Statement (Klug, et al., 2012)¹.
5. The ICD-10 codes for chronic renal disease have been expanded to include the following list of codes: N18.1; N18.2; N18.3; N18.4; N18.5; and N18.9.
6. The recent update to the ICD-10 Master Industry Table has been noted, but due to the mid-year change, the updated codes will only be included in Version 8 of this document. This will affect the 2014 SRM data submissions (due in April 2015).

Medical schemes and administrators must adjust their data systems and ensure that they accommodate the changes made in the attached guidelines before they extract the data for 2013.

The template grids for submission will be sent out to individual schemes via e-mail. More detail on the submission process will be given when the template grids are disseminated to schemes.

The SRM weighting and count tables for 2013 are available on the CMS website (<http://www.medicalschemes.com/files/ITAP%20Documents/WNCITbl2013.xlsx>)

Results on the analysis of the 2013 SRM data will be reported in the CMS Annual Report 2013-2014. It is imperative that schemes and administrators submit quality data on time to the CMS.

Sincerely



Dr Anton de Villiers
Head: Research & Monitoring
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¹ Klug, E., Raal, F., Marais, A., Jaskin, M.-R., Dalby, A., Schamroth, C., et al. (2012). South African Dyslipidaemia Guideline Consensus Statement: A joint statement from the South African Heart Association (SA Heart) and the Lipid and Atherosclerosis Society of Southern Africa (LASSA). *South African Medical Journal*, 102 (3): 177-188.