



Reference: E&V version 9.1
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CIRCULAR 73 OF 2015: Entry and verification (E&V) criteria for identifying beneficiaries with risk factors in medical schemes

The Council for Medical schemes (CMS) has published the guidelines for identifying medical scheme beneficiaries with risk factors in accordance with the entry and verification criteria.

(http://www.medicalschemes.com/files/ITAP%20Documents/Vers9_1OfEVGdlns20151211.pdf)

It is important that medical schemes and administrators take note of the updated version 9.1 and implement all the changes made in the guideline before they extract the data for the 2015 submission.

The changes are listed below.

1. Parts 3 and 4, which relate to preparation and submission of data has been amended to reflect the submission of Scheme Risk Measurement (SRM) data via the Healthcare Utilisation Annual Statutory Returns (ASR) System.
2. Changes to clinical entry end verification criteria:
 - 2.1. The provider type was changed from any registered medical practitioner to specialist ophthalmologist (Table 17)
 - 2.2. Glaucoma was added to the list of conditions that need specialist diagnosis as stated in paragraph 5.17
 - 2.3. Rheumatoid Arthritis was removed from paragraph 5.17
 - 2.4. The note on the Rheumatoid Arthritis table i.e. "Where a patient is not using disease modifying anti-rheumatic medicines, the diagnosis must be verified by a specialist physician or rheumatologist" has been updated to state "Where a patient is using disease modifying anti-rheumatic medicines, the diagnosis must be verified by a specialist physician or rheumatologist."
 - 2.5. Paragraph 5.4 was updated to include that the E&V criteria has to rely on the proof of treatment information rather than on the diagnosis related information. Information of such members must be transferred from one scheme to another.

2.6. The following ATC code has been added to the proof of treatment section of Asthma:

R03DX05	Omalizumab
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2.7. The following ATC codes have been added to the proof of treatment section of Bipolar Mood Disorder:

N05AH03	Olanzapine
N05AH04	Quetiapine
N05AX08	Risperidone
N05AX12	Aripiprazole

2.8. The following ATC code has been added to the proof of treatment section of Cardiac Failure and Cardiomyopathy:

C01EB17	Ivabradine
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2.9. ICD-10 code I27.9 - Pulmonary heart disease, unspecified has been deleted from the diagnostic criteria of Cardiac Failure and Cardiomyopathy.

2.10. The following ATC codes have been added to the proof of treatment section of Chronic Renal Disease:

C03	Diuretics
C07	Beta-blocking agents
C08	Calcium channel blockers
C09	Drugs acting on the renin-angiotensin system
B03AA	Oral iron
B03AC	Parenteral iron
B03BB01	Folic acid
A12AA04	Calcium carbonate
H05BX01	Cinacalcet

2.11. The diagnostic criteria for Chronic Renal Disease was changed to GFR of <60 ml/min instead of GFR of <30 ml/min as indicated in the KDIGO and KDOQI guidelines.

2.12. An Albumin-to-Creatinine Ratio (ACR) of \geq (equal to or greater than) 30mg/g, or \geq 34.0 mg/mmol was added as an alternative to the diagnostic criteria for Chronic Renal Failure as indicated in the KDIGO and KDOQI guidelines.

2.13. The following ATC codes have been added to the proof of treatment section of COPD:

R03DX07	Roflumilast
V03AN01	Oxygen
H02AB06	Prednisolone
H02AB07	Prednisone

2.14. The following ATC code has been added to the proof of treatment section of Coronary Artery Disease:

C01EB17	Ivabradine
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2.15. The following ATC code has been added to the proof of treatment section of Crohn's Disease:

L01BB02	6-mercaptopurine
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2.16. The following ATC codes have been added to the proof of treatment section of Dysrhythmias:

B01AF01	Rivaroxaban
B01AE07	Dabigatran

2.17. The following ATC codes have been added to the proof of treatment section of Multiple Sclerosis:

N06AA02	Imipramine
L04AA27	Fingolimod
G04BD	Drugs for urinary frequency
H02AB04	Parenteral methylprednisolone
L04AA31	Terflunomide

2.18. ATC codes N06AA07 and D07AA01 have been removed from the proof of treatment section of Multiple Sclerosis as these drugs are not appropriate in the treatment of the condition.

2.19. ATC code L04 have been removed from the proof of treatment section of Rheumatoid Arthritis as the as it is too vague.

2.20. The following more specific ATC codes have been added to the proof of treatment section of Rheumatoid Arthritis:

L04AX01	Azathioprine
L04AX03	Oral methotrexate
L04AA13	Leflunomide
L04AD01	Cyclosporine
L04AB02	Infliximab
L04AB04	Adalimumab
L04AB01	Etanercept
L04AB06	Golimumab
L04AC07	Tocilizumab
L04AA24	Abatacept
L01XC02	Rituximab

2.21. The following ATC codes have been added to the proof of treatment section of Systemic Lupus Erythematosis:

L04AX03	Oral methotrexate
D07A	Topical corticosteroids
M04AC01	Colchicine

2.22. M04AC01 – Colchicine is currently used off-label, however there is sufficient clinical data to support this use.

2.23. The following ATC codes have been added to the proof of treatment section of Ulcerative Colitis:

L04AB04	Adalimumab
L04AB06	Golimumab
L04AX01	Azathioprine
L01BB02	6-mercaptopurine

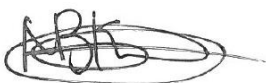
2.24. The diagnostic criteria for COPD was changed to an FEV1/FVC ratio of less than 70% FEV1 post-bronchodilator values of less than 80% of predicted.

2.25. ICD-10 code Z20.6 - Contact with and exposure to human immunodeficiency virus [HIV] has been added to the HIV diagnostic criteria in order to measure the number of members receiving post-exposure prophylaxis (PEP) and PMTCT.

Furthermore, the CMS also published the draft Healthcare Utilisation Annual Statutory Returns Technical Guideline (<http://www.medicalschemes.com/files/Annual%20Statutory%20Returns%20Utilisation%20System/Circular69Of2015.pdf>) in preparation for the 2014/2015 submission process that will commence in April 2016. Medical Schemes are kindly requested to ensure that the appointed Data Officers' contact details are correct and the latest updated information is available to the CMS.

Kindly contact Busi Khuzwayo on 012 431 0529 or b.khuzwayo@medicalschemes.com to update these details.

Kind regards,



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