



CIRCULAR

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Contact : Carrie-Anne Cairncross
Telephone : 0124310412
Facsimile : 0123410629
E-mail : c.cairncross@medicalschemes.com
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CIRCULAR 3 OF 2013: SCHEME RISK MEASUREMENT (SRM) SUBMISSION FOR 2012

The Office of the Registrar would like to inform all principal officers and administrators of the 2012 Scheme risk measurement data submissions. A decision was taken that the Council for Medical Schemes (CMS) should continue to collect risk factor data in a manner similar to the Risk Equalisation Fund (REF) shadow process. This decision was taken subject to the importance of schemes and the CMS maintaining the human resource capacity within the Industry Technical Advisory Panel (ITAP) forum for measuring the risk faced by the industry and individual schemes. The required submissions will consist of the data collected for the 2012 period (Quarter 1 to Quarter 4).

The due date for SRM submissions is **5 April 2013**. It is important that the medical schemes and administrators take note of the recent changes and implement all the changes provided in Version 6.1 of the Entry and Verification guidelines.

(<http://www.medicalschemes.com/files/ITAP%20Documents/EVGuidelineVer62013.pdf>) The most significant changes are:

1. New e-mail addresses have been created for submissions and queries relating to Scheme Risk Measurement (SRM) data (paragraph 4.3.2 & 4.3.5).
2. The ranking of SRM diseases has changed (paragraph 3.10.1).
3. Paragraph 5.5 was amended to clarify the format of information required and time periods.

4. The following changes were made in Section 6 of the Entry and verification criteria for CDL conditions and Section 7 ATC code descriptions:

Condition	ATC	Description	Changes made
Chronic renal failure	A11CC	Vitamin D and analogues	Added
	L04A	Immunosuppressive agent	Added
Crohn's disease	L04AB01	Etanercept	Deleted
	L04AB04	Adalimumab	Added
Haemophilia	B02BD08	Eptacog alfa (activated)	Added
Ulcerative Colitis	L04AB01	Etanercept	Deleted
HIV/AIDS	J05AR	Antivirals for treatment of HIV infections, combinations	Added
	J05AX08	Raltegravir	Added

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 2012.

Communiqué on the template grids will be sent to individual schemes via emails, such communiqué will be sent to schemes on quarterly basis. Schemes are requested to submit their data in the same format (.xls) and manner (via email) as in previous years. More detail on the submission process will be given when the template grids are disseminated to individual schemes.

The SRM weighting and count tables are available on the CMS website (<http://www.medicalschemes.com/Publications.aspx>).

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

Yours sincerely



MICHAEL WILLIE
ACTING SENIOR MANAGER AND RESEARCHER
COUNCIL FOR MEDICAL SCHEMES