



COUNCIL FOR MEDICAL SCHEMES



HEALTHCARE PROVIDERS

Prescribed Minimum Benefits

10 Tips

on how to provide

benefits in the

PMB environment

PMBs are your friend – no, really!

1 Prescribed Minimum Benefits (PMBs) are a set of limited conditions for which medical schemes have to provide cover by law. This means access to consistent healthcare for your patients. But, you do need to play by the rules.



Important: PMBs, where indicated, include medicine.

A care for every condition

Each of the ±270 PMB conditions is linked to a broadly defined treatment in so-called Diagnosis Treatment Pairs (DTPs). The treatment standards in question are the public sector practice and protocols. 2

In the case of the chronic diseases specified in the Chronic Disease List (CDL), the treatment algorithms that have been published in the Government Gazette are the minimum treatment requirement.



As the healthcare provider, you may need to assess these when planning the treatment for a PMB condition as it could impact on your patient's medical cover.

Crack the codes

ICD-10 codes are much more than a set of alpha-numeric characters. Medical schemes settle claims according to the ICD-10 information on your account. You can have a direct and negative impact on your patient's health cover (not to mention your own pocket when the scheme refuses payment and the patient can't afford to pay!).

True to the nature of codes, ICD-10 codes and PMBs are not necessarily easy to work with. However, the Council for Medical Schemes has come to the rescue with a guideline on how to reconcile the two sets of codes. When there are discrepancies, the regulated PMB diagnosis will prevail.

View the guidelines on www.medicalschemes.com under the Regulatory Info menu as "Prescribed Minimum Benefit ICD-10 coding".

Oh yes, also remember to include the ICD-10 code on medicine scripts and when you refer the patient to a colleague who may not be able to diagnose, e.g. a pathologist. They will need your code when they submit their claims to the medical scheme.



Take the pain out of the paperwork

Most providers consider PMBs a paperwork nightmare, but by putting in a little effort in the beginning, your patient will benefit in the long run and, by extension, so will you. It really is quite simple:

- Get the ICD-10 codes right from the start.
- Make sure you follow the scheme's protocols and formularies.
- Keep good clinical records of the patient's treatment history.
- Submit your account to the medical scheme on time.
- And relax – knowing your patient will be getting the care he or she needs and your bills will be settled without unnecessary delay.



A DSP? Who? Me?

5 Yes! By registering your practice or facility as a Designated Service Provider (DSP) with a medical scheme, you contribute to making healthcare more accessible and affordable.

As a DSP you become a preferred service provider and you are guaranteed that your claims for treatment of PMB conditions will be settled.

What to do when it might be a PMB condition

6 Urgent admission may be required where a diagnosis has not yet been made. Certain PMBs are described in terms of symptoms while in other cases clinical evidence could be regarded as sufficient. Medical schemes may, however, require evidence of this diagnosis within a reasonable period of time.

PMBs are not a licence to print money

7 It is true that care and treatment for PMB conditions have to be covered by medical schemes, but it does not give providers an open cheque book when treating these conditions. You are working with other people's money and need to be responsible and ethical.



Stick to the rules

Medical schemes can, and do, prescribe treatment protocols and formularies in terms of PMBs to improve their risk management. Please check that your treatment of a patient falls within the scheme's rules. Ask your patients to bring the necessary information to consultation sessions.

However, schemes also have to play according to the rules. Formularies have to be developed on the basis of evidence-based medicine, taking cost-effectiveness and affordability into account while also being on par with the gazetted algorithms for chronic diseases and the public sector protocols for the DTPs.

What to do when the formularies fail

Should you find yourself treating that one-in-a-hundred patient for whom the formularies and protocols just don't do the trick, there is an appeals process you can follow. And here the paperwork is important: complete medical records have to be submitted in support of the appeal.

As the treating doctor your up-to-date records of the patient's reaction to the formulary treatment, including all efforts that were made to determine correct dosages and/or other possible contributing factors will be crucial to this process.

The CMS can help

Getting to grips with PMBs may appear daunting, but you are not alone. The Council for Medical Schemes (CMS) was established to supervise medical schemes in South Africa and to protect the rights of consumers.

You are welcome to contact us for advice on PMBs in any of the following ways:

Tel: 012 431-0500 / 0861 123 267

E-mail: support@medicalschemes.com





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