



Principal Officers
Boards of Trustees
Medical scheme administrators
Managed care organisations
Other stakeholders

Ref: Code of conduct in respect of PMBs
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Circular 38 of 2010: Update on PMB task team and code of conduct

The industry task team on prescribed minimum benefits (PMBs), which was established in May 2010, has concluded the first phase of its work.

Members of the task team have agreed to a code of conduct which will guide stakeholders in an attempt to achieve full compliance with the PMB regulations prescribed in the Medical Schemes Act (Act 131 of 1998).

The code of conduct, which is available [here](#), includes guidance on:

- access to information on PMBs, including the use of designated service providers (DSPs), the requirements on marketing information of schemes, and desired educational efforts by stakeholders in respect of PMBs;
- clarity and certainty on entitlements prescribed in PMB regulations;
- the prescribed level of care for PMB conditions;
- access to alternative interventions where prescribed interventions, scheme protocols, or formularies are inadequate or may cause harm;
- conduct required to accurately identify PMB conditions; and
- administrative processes such as pre-registration, pre-authorisation, and mechanisms required to deal with disputes in respect of PMBs.

The document also stipulates additional work which needs to be done, including a process leading to the development of communication guidelines, the development of a process for the submission of discharge summaries, interaction with the national task team on ICD-10 (International Classification of Diseases – 10th Revision) on the training of health professionals, the determination of a “reasonable” co-payment in respect of voluntary use of non-DSP facilities, consultation on the use of co-payments from medical savings accounts, and a CMS-lead process

A statutory body established in terms of the
Medical Schemes Act, 1998 (Act 131 of 1998)

Chairperson: Prof. W Pick Registrar & CE: Dr M Gantsho



for the development of benefit definitions¹. Progress on these will be communicated soon.

The document furthermore indicates that a strategic solution for the “payment in full” provisions in regulation 8 of the Medical Schemes Act is still being sought. The outcome of further consultation in this respect will be communicated soon. Similarly, the impact of the High Court ruling on the Reference Price List (RPL) made on 28 July 2010 is being considered, and further communication in this respect will be forthcoming soon. The office expresses its thanks for the confidence expressed by the task team to seek solutions to these matters.

Please also note that all medical scheme and administrator representatives on the PMB task team could not reach consensus on whether the Diagnosis and Treatment Pairs (DTPs) (i.e. some 270 diseases included in the PMB package) contain chronic elements. But rulings by the Appeals Committee of Council make it clear that benefits related to the chronic elements of DTP conditions are included in PMBs.

Representatives from consumer groups and beneficiaries of medical schemes argued that the level of care in the benefit definitions should not refer to the level of care in the public sector as the desired standard for PMBs.

Finally, to conclude the first phase of the task team’s work, the task team members representing medical schemes and administrators, will ask their constituency schemes and administrators to formally agree to agree to abide by the code, and the healthcare provider representatives will interact with their respective representative organisations. The HPCSA will distribute the COC to health professionals.

This Office expresses its appreciation for the collaborative efforts of the task team to successfully complete the first phase of its work, and in particular the Chairperson is worthy of our praise; the process has lead to further clarification of PMB regulations, the continuation of this work will further strengthen the PMB framework.

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¹ Benefit definitions constitute clear and comprehensive descriptions of the benefits, which, in terms of the provisions of PMB regulations, must be available for specific PMB conditions. These descriptions should contain condition-specific standardised entry and verification criteria, and should stipulate defined baskets of services, care, and goods associated with a benefit. Benefit definitions may include formularies, and for the provision of any specific benefit, may specify the setting and level of care (including primary care) that are most appropriate for the treatment of the relevant medical condition.