



**Medical schemes**  
**Administrators**  
**Healthcare providers**  
**Consumer groups**  
**Manufacturers**  
**Other stakeholders**

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## Circular 45 of 2010

# Invitation to participate in the Prescribed Minimum Benefit (PMB) benefit definition project.

## 1. Introduction

As part of further work emanating from the recently finalised Code of Conduct (CoC), the Council for Medical Schemes (CMS) is committed to lead a participative process whereby PMB benefit definitions will be developed. The objective of defining PMB benefits is to improve clarity of entitlements that members have and the liabilities faced by schemes in respect of the PMB provisions in the Act and the regulations.

The CoC states that the aim of PMB definition is to develop clear, comprehensive descriptions of the benefits which must be available for prescribed minimum conditions. These descriptions will contain condition-specific standardised entry and verification criteria; stipulate defined baskets of services, care; and goods associated with a particular benefit. Benefit definitions may include formularies, related procedure codes, and the setting and level of care.

It is important to state that these benefit definitions will represent an interpretation of the current PMB provisions by the relevant stakeholders. The benefit definition steering committee, an internal committee consisting of officials from the DoH and CMS, will consider the proposals by the advisory committees and will submit these revisions to the full Council for Medical Schemes before these definitions are published.

It is envisaged that this process will span more than one year and have different phases. This is phase one of the project. The guiding principles as outlined in the CoC document are as follows:

- The level of appropriate clinical practice as desired in the public sector supported by well researched protocols, formularies or treatment guidelines.
- In addition, the desired public sector clinical practice must be based on procedures that have demonstrated significantly improved clinical outcomes and for which there is agreement among academic health professionals.
- Cost-effectiveness of health technologies or interventions balanced by the financial viability of medical schemes and affordability to members must be demonstrated.

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



## 2. Proposed general benefit definition structure

Below is a schematic representation of a proposed generic pattern for establishing PMB benefit definitions. PMB entitlements will be shaped by specifying certain services to be included in a benefit. These baskets or catalogues must be accompanied by explicit exclusions of services/ interventions or ‘negative lists’.

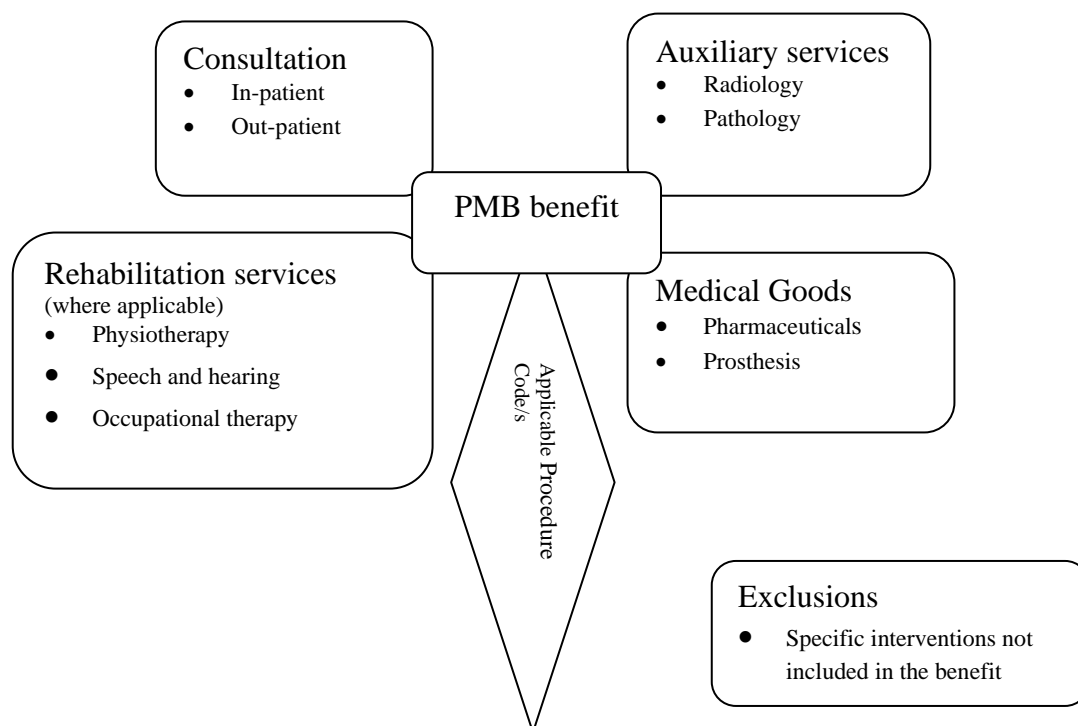


Figure 1: Proposed benefit definition structure



### 3. Process

- Stakeholders must submit protocols or guidelines developed according to the principles outlined above.
- The submissions must be supported by economic evaluations where available and considerations about the cost impact to the PMB package.
- Similar to the recent PMB review process, multi-disciplinary clinical committees will be established to interrogate submissions and propose recommendations regarding medical management<sup>1</sup> of PMB conditions to the Steering committee once consensus has been reached (See Annexure A).
- The committees will be established to ensure that there is balanced representation from patient groups, manufacturers, providers, and funders.
- Interested stakeholders must submit applications/ abridged CVs to serve on committees.
- Both applications to serve on the advisory committees and the submissions of final proposals to the respective committees must be sent to [b.selebi@medicalschemes.com](mailto:b.selebi@medicalschemes.com) by Friday, 01 October 2010.
- The chairperson of each advisory committee must make final recommendations to the benefit definition steering committee.

Your co-operation will be appreciated.

**Dr Boshoff Steenekamp**  
**Project Specialist: REF and Strategic Projects Unit**

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<sup>1</sup> Note that, in this context, 'medical management' is an all encompassing term, and could mean any health care intervention.



## Annexure A: PMB conditions to be reviewed and meeting dates

### ***PMB conditions to be reviewed by order of priority (Phase one)***

The review will not necessarily follow the disease chapters or groups in the PMB regulations but is informed by the nature of complaints adjudication of the frequently contested benefits.

#### 1. Oncology benefits

Consensus was reached at the oncology meeting held last year that oncology benefits should be defined in accordance with treatment objectives or goals. The proposed categorisations were curative, life prolonging with improved quality of life, palliative and end-stage.

The solid cancers to be prioritised in this phase are breast, prostate, gastro-intestinal cancer.

#### 2. Solid organ transplantation

Explanatory notes in Annexure A defining the solid organ transplantation benefits lend themselves to different interpretations regarding the level and setting of this PMB benefit.

#### 3. Heart and vasculature conditions (PMB code I55E-450E) as listed below:

Diagnosis	Treatment
Myocarditis; cardiomyopathy; transposition of great vessels; hypoplastic left heart syndrome	Medical and surgical management; cardiac transplant
Pericarditis	Medical and surgical management
Acute and sub acute ischemic heart disease, including myocardial infarction and unstable angina	Medical management; surgery; percutaneous procedures
Acute pulmonary heart disease and pulmonary emboli	Medical and surgical management
Acute rheumatic fever	Medical management
Aneurysm of major artery of chest, abdomen, neck, - Unruptured or ruptured NOS	Surgical management
Arterial embolism/thrombosis: abdominal aorta, thoracic aorta	Medical and surgical management
Complete, corrected and other transposition of great vessels	Repair
Cardiac failure: acute or recent deterioration of chronic cardiac failure	Medical treatment
Coronary artery anomaly	Anomalous coronary artery ligation
Diseases and disorders of aortic valve NOS	Aortic valve replacement
Diseases of endocardium; endocarditis	Medical management
Diseases of mitral valve	Valvuloplasty; valve replacement; medical management
Dissecting or ruptured aortic aneurysm	Surgical management
Disorders of arteries: visceral	Bypass graft; surgical management
Gangrene; severe atherosclerosis of arteries of extremities; diabetes mellitus with peripheral circulatory disease	Medical and surgical management including amputation
Giant cell arteritis, Kawasaki disease, hypersensitivity angiitis	Medical management
Hereditary hemorrhagic telangiectasia	Excision

#### 4. Heart and vasculature conditions (PMB codes 901E-93E ) as listed below:



Diagnosis	Treatment
Hypertension – acute life-threatening complications and malignant hypertension; renal artery stenosis and other curable hypertension	Medical and surgical management
Injury to major blood vessels - trunk, head and neck, and upper limbs	Repair
Injury to major blood vessels of extremities	Ligation
Life-threatening cardiac arrhythmias	Medical and surgical management, pacemakers, cardioversion
Life-threatening complications of elective cardiac and major vascular procedures	Medical and surgical management
Other aneurysm of artery – peripheral	Surgical management
Multiple valvular disease	Surgical management
Other correctable congenital cardiac conditions	Surgical repair; medical management
Patent ductus arteriosus; aortic pulmonary fistula - persistent	Ligation
Phlebitis & thrombophlebitis, deep	Ligation and division; medical management
Rheumatic pericarditis; rheumatic myocarditis	Medical management
Rupture of papillary muscle	Medical and surgical management
Shock / hypotension – life-threatening	Medical management; ventilation
Tetralogy of Fallot (TOF)	Total repair tetralogy
Ventricular septal defect - persistent	Closure

#### 5. Neonatology conditions as listed below

Diagnosis	Treatment
Birth trauma for baby	Medical management; surgery
Congenital systemic infections affecting the newborn	Medical management, ventilation
Haematological disorders of the newborn	Medical management
Necrotizing enterocolitis in newborn	Medical and surgical management
Neonatal and infant GIT abnormalities and disorders, including malrotation and atresia	Medical and surgical management
Neonatal endocrine, metabolic and toxin-induced conditions	Medical management
Neurological abnormalities in the newborn	Medical management
Respiratory conditions of newborn	Medical management; ventilation



## Meeting dates

Activity	Date
Publish circular, invite participation and comments on proposed structure of benefit definitions	Monday, 13 September 2010
Briefing of advisory committee chairpersons by CMS	Friday, 01 October 2010
Oncology meeting (1): Discuss the broad framework	Friday, 08 October 2010
Deadline for oncology and solid organ transplantation submissions: <ul style="list-style-type: none"><li>• Submit oncology proposals (protocols, guidelines) in line with proposed framework for breast, prostate, gastro-intestinal cancer</li><li>• Submit solid organ transplantation proposals (protocols, guidelines) restricted to current regulations</li></ul>	Friday, 15 October 2010
Solid organ transplantation meeting	Friday, 22 October 2010
Oncology meeting (2): Consider specific proposals for breast, prostate and gastro-intestinal cancer.	Friday, 29 October 2010
Deadline for heart and vasculature submissions (proposed guidelines/protocols)	Friday, 29 October 2010
Heart and vasculature Meeting 1: (155E-450E)	Friday, 05 November 2010
Heart and vasculature Meeting 2: (155E-450E)	Friday, 12 November 2010
Heart and vasculature meeting 3: (901E-93E)	Friday, 19 November 2010
Heart and vasculature meeting 4: (901E-93E)	Friday, 26 November 2010
Deadline for Neonatology submissions	Friday, 03 December 2010
Neonatology meeting	Friday, 10 December 2010