

**Recommendations by the Risk Equalisation Technical
Advisory Panel**

to the Council for Medical Schemes

**Data Submission by Medical
Schemes to the REF during the
Shadow Period**

RETAP Recommendations Report No. 4 of 2005

DRAFT for Stakeholder Discussion: 10 February 2005

Risk Equalisation Technical Advisory Panel (RETAP)

Following the approval of the Social Health Insurance (SHI) policy by the National Department of Health, the Minister of Health appointed a Ministerial Task Team (MTT) on Social Health Insurance to support the implementation of the SHI system in South Africa over the next five years. The MTT is made up of officials from the Department of Health, the Department of Social Development and the Council for Medical Schemes. In late January 2005 Cabinet approved the implementation of the Risk Equalisation Fund (REF) and placed the responsibility for implementation of the REF with the Council for Medical Schemes.

The Risk Equalisation Technical Advisory Panel (RETAP) was established on 20 October 2004 as a consultative group used to assist in the development of technical requirements for implementation of the REF. RETAPs role flows from some of the key recommendations made by the original Formula Consultative Task Team (FCTT). In particular, the panel must focus its attention on the practical requirements for the implementation of the REF formula. Its recommendations should enable an action plan to be developed for implementing the formula, taking into account all the practical and technical issues that will arise in the implementation phase.

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Table of Contents

Risk Equalisation Technical Advisory Panel (RETAP)	ii
Table of Contents	iii
1. Introduction	1
1.1 Purpose of the Report	1
2. Flow of Funds to Medical Schemes	2
2.1 Structure before REF.....	2
2.2 Structure in the Full SHI Framework.....	2
2.3 Structure in the Initial Shadow Period.....	3
3. REF Contribution Table and Grids for 2005	5
3.1 The REF Contribution Table.....	5
3.2 The REF Grids	5
3.3 Calculations by the REF Authority	7
4. Completion and Submission of the REF Grids	8
4.1 Principles for Submission	8
4.2 Instructions for Completion of Grids	8
5. Timing of Flow of Data in Shadow Period	11
5.1 First REF Quarterly Return for 2005.....	11
5.2 Subsequent REF Quarterly Returns	11
5.3 Expected Response from REF Authority	11
6. Recommendations to the Council for Medical Schemes	12
Bibliography	13
Appendix A: Data and Payment Flows in 2005	14
Appendix B: Section of REF Grid Count for 2005	15
Appendix C: Section of REF Grid Prevalence for 2005	16

1. Introduction

1.1 Purpose of the Report

RETAP is required to advise on the practical and technical issues that will arise in the implementation of the Risk Equalisation Fund (REF). It is envisaged that prior to implementation there be at least one shadow year of operation of the REF. During the shadow period, medical schemes are to submit data and will receive notification of the amounts that would be payable from the REF, however no money will change hands.

The purpose of the shadow period is to ensure that medical schemes and the REF Authority are able to handle the technical and administrative requirements of the full implementation of the Risk Equalisation Fund. The REF Authority is the Council for Medical Schemes during this period.

The purpose of this report is to serve as a guide to medical schemes to be used when completing the REF grid during the shadow year. As changes are expected during the shadow period of the REF with more permanent timelines and structures coming into place a revised report will be produced at a later date to advise the industry on such changes. This first report will address issues that facilitate the smooth introduction of the REF during the shadow year of the fund starting in January 2005 and will recommend implementation management issues to the Council for Medical Schemes to assist with decision making.

The Formula Consultative Task Team report of January 2004 (the FCTT Report) will serve as the basis for these recommendations. The initial FCTT Report is adapted by the recommendations of the International Review Panel that reported in February 2004. (the IRP Report).

RETAP delegated the preparation of this report to a team under Susan Mynhardt. The document was circulated for comment by RETAP on 10 February 2005. This report is thus a draft of recommendations from RETAP to the Council for Medical Schemes which is responsible for the implementation of the REF. The Council for Medical Schemes will need to satisfy itself as to the appropriateness of the recommendations and to formalise a decision on the data submission. That decision or the need for further consultation will need to be communicated to stakeholders by the Registrar of Medical Schemes.

2. Flow of Funds to Medical Schemes

The explanation below is taken from a RETAP Report on accounting implications for medical schemes. It is reproduced in part below to facilitate understanding of the data submission process.

2.1 Structure before REF

The diagram below indicates the flow of funds to medical schemes before the introduction of a Risk Equalisation Fund.

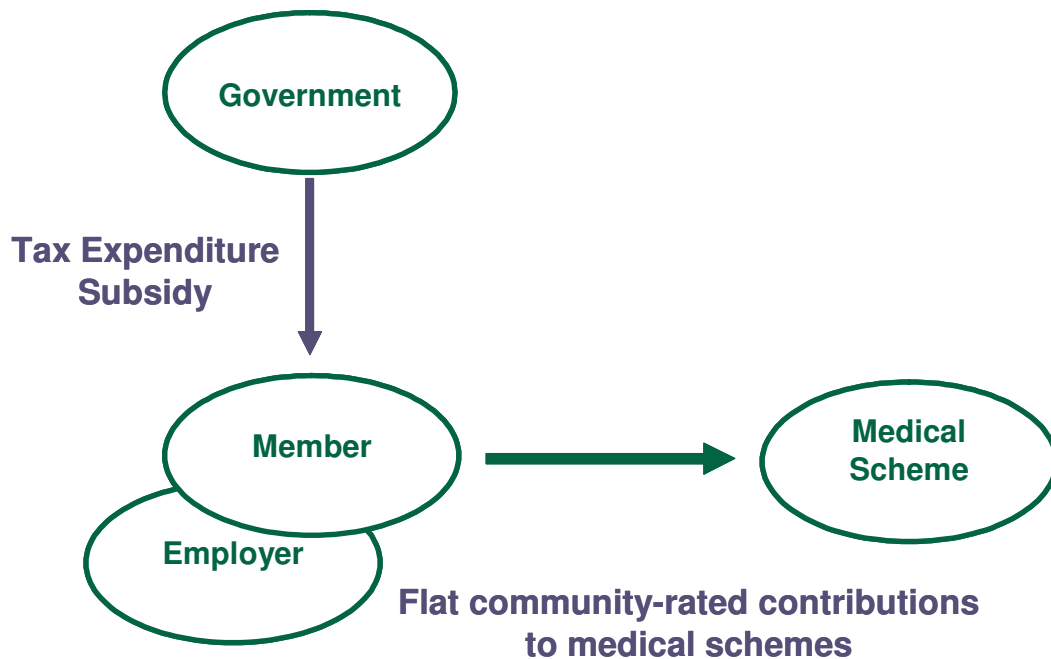


Figure 1: Flow of Funds to Medical Schemes Prior to Risk Equalisation and Before Tax Expenditure Subsidy Reform

2.2 Structure in the Full SHI Framework

In January 2004 the Minister of Health stated there were three issues on the unfinished reform agenda toward implementing Social Health Insurance:

- Risk-related cross-subsidies;
- Income-related cross-subsidies; and
- Mandatory cover.

The diagram below shows the possible structure of the full SHI framework incorporating both risk-based and income-based cross-subsidies.

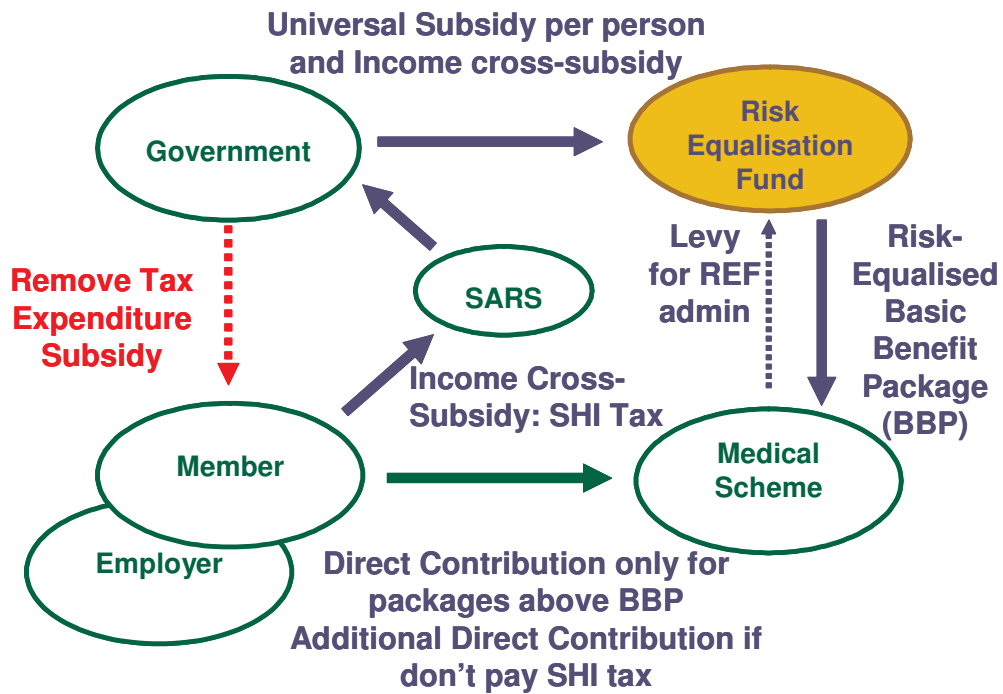


Figure 2: Flow of Funds to Medical Schemes under Social Health Insurance

Note that while the full SHI framework is the policy of the Department of Health, as of 1 January 2005 it was not yet policy of the Government. The intention to implement income-based cross-subsidies in the medical schemes environment was part of the ANC Health Plan of 1994 and has been confirmed by several subsequent commissions of inquiry. The exact nature of the SHI framework, in particular the income-cross-subsidies, is still subject to approval by Cabinet.

2.3 Structure in the Initial Shadow Period

As the full SHI framework (Modality 1 of the IRP) is not yet Government policy, it is necessary to proceed during the shadow period with a more restricted version of the REF, as shown in the diagram below. It is however strongly recommended by the Department of Health that the full framework for SHI be implemented. Thus prior to the live implementation of the REF the situation may have altered.

The data flow and timelines discussed in this report pertain to the form of the Risk Equalisation Fund prior to the implementation of the full Social Health Insurance framework. In other words, no universal subsidy or income-based cross subsidy is received by the REF. Instead, the REF operates purely between medical schemes as shown below.

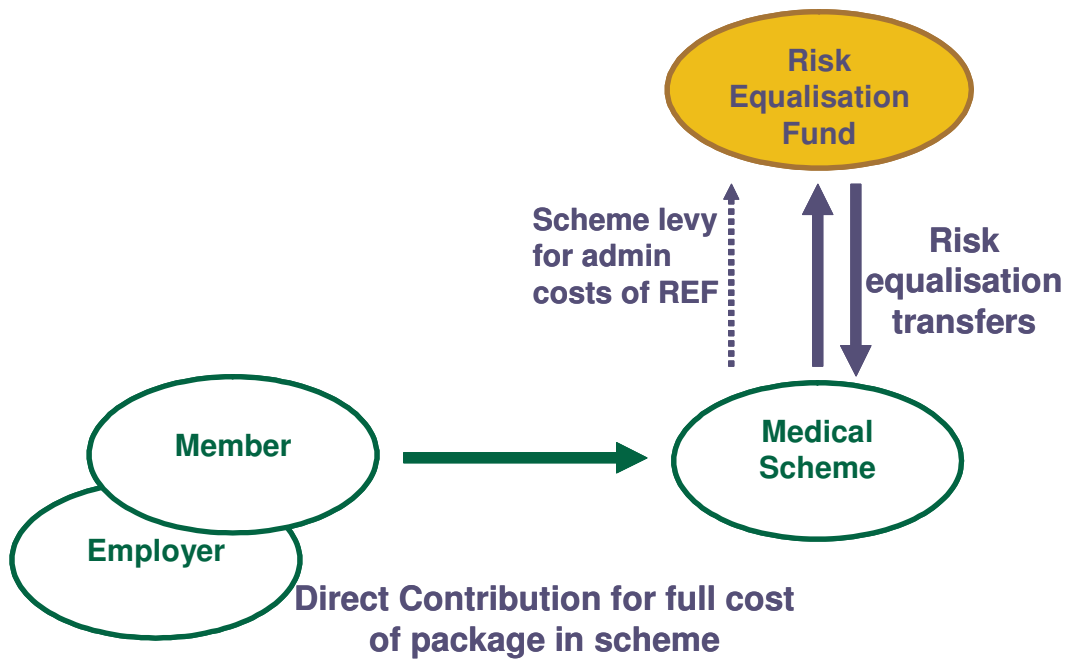


Figure 3: Flow of Funds to Medical Schemes in the Initial Shadow Period of Operation of the REF

The report is based on the supposition that REF Contributions will be received by medical schemes from the REF based on the REF Contribution Table. The REF will receive funds from the medical schemes based on the Industry REF Community Rate, as published in the REF Contribution Table. However during the shadow period no money changes hands.

The funds required by the REF regarding its costs of administration and solvency margin is assumed to be in the form of an REF Levy payable by the medical schemes to the REF. During the shadow period it is understood that the setup costs for the REF are being borne by the Department of Health and thus schemes should only expect a levy once the shadow period is completed.

3. REF Contribution Table and Grids for 2005

Schemes submit the REF Grids for each month, but during the shadow period will submit three months worth of data on a quarterly basis. The REF Authority combines the REF Grid Count with the REF Contribution Table to determine the flow of funds to and from schemes.

3.1 The REF Contribution Table

The REF Contribution Table is a table of amounts payable by the REF per beneficiary, according to the REF risk factors. The amount is determined from historic data and other inputs on costs per disease. The amount is set in order to cover:

- a defined benefit package (the Prescribed Minimum Benefits (PMBs));
- for the entire medical scheme industry population that is expected for the next year (the Target Population); and
- with an agreed dispensation of cost and other (managed care) efficiencies.

RETAP recommended the following risk factors for use in the REF Contribution Table for 2005:

- Age last birthday on 1 January, summarised into age bands Under 1, 1-4, 5-9, 10-14... 75-79, 80-84, 85+.
- The 25 PMB–CDL conditions. Where a beneficiary has more than one CDL conditions, the scheme may choose the most expensive of the conditions for the placement of the beneficiary in the REF Grid Count.
- HIV/Aids provided the beneficiary is receiving or has received anti-retroviral therapy according to the PMB definition;
- A modifier for maternity, defined as the delivery of a single/multiple foetus either stillborn or alive;

A modifier for the number of multiple CDL conditions. Allowance is made for 2, 3, and 4+ simultaneous CDL conditions.

3.2 The REF Grids

Each scheme will collect data in a defined format which mirrors the REF Contribution Table. This data collection format is known as the REF Grids. Portions of the Grids are illustrated in Appendix B and C and the full versions are available as a spreadsheet on www.refsa.co.za

There are two forms of REF Grid collected where the number of beneficiaries is counted:

- **REF Grid Count:** contains the total number of beneficiary months in the cell for the period. Each beneficiary must be placed in only one cell in Columns 1 to 28. For a person with two or more CDL conditions (or HIV and one or more CDL conditions), the scheme may choose the highest cost cell of the combination. Thus the total of beneficiaries for columns 1 to 28 must equal the beneficiaries in the scheme for the period. Counts of beneficiaries for the modifiers are done separately. This REF Grid Count used in the calculation of the REF Contribution Table is not prevalence of the disease. It is arrived at by taking the most expensive disease in any multiple disease combination. It can NOT be compared directly to prevalences in published medical literature.
- **REF Grid Prevalence:** contains the total number of beneficiary months in the cell for the period. Each beneficiary must be placed in as many cells in Columns 1 to 28 as they have chronic conditions (CDL conditions or HIV). For a person with three CDL conditions the scheme will place the beneficiary in the three relevant columns. Thus the total of beneficiaries for columns 1 to 28 will be more than the beneficiaries in the scheme for the period.

A third form of REF Grid is envisaged but the details are still subject to discussion by industry stakeholders:

- **REF Grid Amount:** is expected to contain the cost of treating a beneficiary in each cell for a defined period. However schemes have expressed difficulty with isolating the amounts and this form of Grid will not be collected until the format is resolved.

Schemes should note the recommendations on separate management reporting of PMBs in the RETAP Recommendations Report No. 3 of 2005, **Accounting and Financial**

Implications of the REF for Medical Schemes:

The introduction of the concept of the REF equalised package, i.e. the PMB Benefit Package, will force schemes to split all benefit payments for which the scheme is responsible between PMB Benefit Package benefits and non- PMB Benefit Package benefits by option.

Prescribed Minimum Benefits have been in legislation since the Medical Schemes Act, No. 131 of 1998, and were implemented with effect from 1 January 2000. Whilst it has been a management decision as to whether to measure PMB costs against budget in the past it is now recommended that schemes prepare separate income statements in the future to facilitate best business practices. These practices will include, inter-alia, performance measurement, contribution determination, DSP negotiations and representations to the REF regarding REF contribution rates.

3.3 Calculations by the REF Authority

Each medical scheme will pay to the REF the Industry REF Community Rate in respect of each beneficiary in the scheme. In other words, the amount to be paid to the REF is calculated as the total number of beneficiaries for the period multiplied by the Industry REF Community Rate.

The REF Authority multiplies the cell from the REF Grid Count by the amount in the same cell of the REF Contribution Table. This is summed across all cells in the table to obtain the amount payable to the scheme from the REF.

It is expected that scheme will only pay the net amount to the REF or receive the net amount from the REF. However in the shadow period of operation no money changes hands.

Issues with regard to verification of the data submitted and the procedures for audit of the data on an annual basis are still subject to discussion at this stage.

4. Completion and Submission of the REF Grids

4.1 Principles for Submission

RETAP recommends as follows with regard to the submission of the REF Grids by schemes during the shadow period:

- a. The REF Grids to be available in an electronic format on the REF site. A spreadsheet with the layout of the REF Grids and the REF Contribution Table is available to schemes. It also contains the assumed prevalences used in the determination of the REF Contribution Table for 2005.
- b. Submission to be in an electronic web-based format directly to the REF database, similar to that used for the statutory returns to the Registrar.
- c. The timing of data flows to be synchronised with that of the quarterly returns to the Registrar where this is administratively possible.
- d. The format of the data needed for the REF to be compatible with information gathered by the Registrar at present to avoid the administrative burden on the schemes whilst accommodating comparative studies with all available data
- e. Details of the contact person with contact details will be compulsory when completing the submission as this will facilitate the management of queries by the REF Authority.

4.2 Instructions for Completion of Grids

RETAP recommends as follows with regard to the completion of the REF Grids by schemes during the shadow period:

- a. The two grids which deal with beneficiary numbers - REF Grid Count and REF Grid Prevalence - are to be completed at the end of each quarter. A grid is completed for each month of the quarter under review.
- b. The Grids have separate sections for male and female beneficiaries as this data is required for analysis during the shadow period. The total will be calculated automatically from the separate male and female tables.

- c. A beneficiary is counted for the REF Grid if a full monthly contribution is received for that person in respect of that month.
- d. The age band is determined by taking age last birthday on 1 January. The beneficiary is then placed in the appropriate age band : Under 1, 1-4, 5-9, 10-14... 75-79, 80-84, or 85+.
- e. Columns 2 to 28 of the REF Grid Count and REF Grid Prevalence are populated based on the clinical entry criteria for each chronic disease. See RETAP Recommendations Report No. 2 of 2005, **Definitions of Entry Criteria for Determining the REF Grids.**
- f. For beneficiaries to qualify to be entered into the grid for a chronic disease - the entry criteria/definition are aimed at the “treated patient” rather than the early or “pre-clinical stages” of a chronic medical condition. This implies that medical schemes (or their administrators) must maintain verifiable records of the entry criteria and treatment (chronic medication) of beneficiaries in columns 2-28 of the REF Grid.
- g. For the REF Grid Count each beneficiary must be placed in only one cell in Columns 1 to 28. For a person with two or more CDL conditions (or HIV and one or more CDL conditions), the scheme may choose the highest cost cell of the combination. A beneficiary with multiple diseases will only be counted once in columns 1 to 28. Thus the total of beneficiaries for columns 1 to 28 must equal the beneficiaries in the scheme for the period.
- h. Counts of beneficiaries for the multiple disease and maternity modifiers are done separately.
- i. Where a beneficiary suffers from more than one chronic condition, such beneficiary should be entered into columns 2 to 28 as a first entry. The disease in the group of diseases of the beneficiary that reflects as the most expensive in the REF grid dictates the position in the grid for columns 2 to 28. Once the most expensive disease has been allocated the multiple disease beneficiary needs to be allocated to modifier for the number of chronic diseases. A beneficiary with multiple chronic diseases will reflect twice in the REF Grid Count: once for the most expensive disease and once for the number of multiple diseases.

- j. The maternity modifier relates to “all the codes that indicate the delivery of a single/multiple foetus either stillborn or alive following a pregnancy of at least 24 weeks duration”. Codes that apply to the delivery modifier are as follows:

ICD-10 : Pre-term labour: O60
 All other Vaginal and c/s: O80, O81, O82 and O84
NHRPL : 2614, 2615 and 2616

The beneficiary qualifying for this modifier is only entered ONCE – in the month where the event happened. The amount payable from the REF is an annual amount and not a monthly amount as with the other modifiers.

- k. The new-born child is to be incorporated into the age structure by taking the age of the beneficiary as on 01 January of the year of evaluation. The naming of the category as “Under 1” allows for that calculation to produce either a zero or a negative result.
- l. To complete the “Non” column : After completing columns 2 to 28 of the REF Grid Count, beneficiaries that have not been allocated to these columns need to be counted and reflected in column 1. This completion of columns 1 to 28 will reflect each beneficiary of a scheme in only one cell of the grid.
- m. The REF Grid Prevalence contains the total number of beneficiary months in the cell for the period. Each beneficiary must be placed in as many cells in Columns 1 to 28 as they have chronic conditions (CDL conditions or HIV). For a person with three CDL conditions the scheme will place the beneficiary in the three relevant columns. Thus the total of beneficiaries for columns 1 to 28 will be more than the beneficiaries in the scheme for the period.
- n. The same number of beneficiaries in column 1 of the REF Grid Count should be reflected in column 1 of the REF Grid Prevalence.

5. Timing of Flow of Data in Shadow Period

5.1 First REF Quarterly Return for 2005

The first quarterly review for the shadow period will need to be submitted to the REF Authority by 1 July 2005. The data for this return will relate to the first quarter of 2005 i.e. January, February and March 2005. This date does not coincide with the quarterly returns to the Registrar and is planned in this way to facilitate the administrative issues around the first submission of the REF Grids.

5.2 Subsequent REF Quarterly Returns

The second submission of the REF detail will relate to the period April, May and June 2005 and will be need to be submitted to the REF Authority by 19 August 2005 .

Subsequent submissions will be reviewed and dates for such submissions will be communicated the industry as soon as those become available. In principle, these will initially be one week after the due date of quarterly returns. However, as the REF shadow process becomes more stream-lined, it should be expected that the REF returns would begin to be due in advance of the statutory returns. The timing of the returns for the live implementation of the REF will be determined by the impact on scheme liquidity of the payments to and from the REF, but are likely to be closer to quarter end. It is possible that under a full implementation of the SHI framework that schemes would make submissions on a monthly basis.

5.3 Expected Response from REF Authority

The response from the REF Authority after the first quarter submission can be expected by 12 August 2005. The process should be stream-lined with subsequent quarterly returns to be able to confirm the amounts payable to and from the REF within four weeks of submission of data. The REF Authority will advise schemes of the flow of funds to or from the REF. The process is illustrated in Appendix A.

Individual schemes may have queries submitted to them in this time period in order to verify the data submitted and explain variances from previously submitted data. Issues such as gaming or fraudulent behaviour will be managed by the REF Authority in terms of the legislation establishing the REF.

6. Recommendations to the Council for Medical Schemes

- (A) This report sets out basic principles and instructions for completion and submission of the REF Grids in the shadow period. It provides input for the staff that will be managing the process and an initial set of instructions to the industry as to how to complete the Grids. However much work remains to be done in the implementation of the REF and this should be seen only as a first draft of the process to be followed.

Bibliography

International Review Panel, **Report to the South African Risk Equalization Fund Task Group**, 16 February 2004. Available on <http://homepage.medicalschemes.com/REF/> and on <http://www.refsa.co.za>

McLeod H, Matisonn S, Fourie I, Grobler P, Mynhardt S, Marx G, **The Determination of the Formula for the Risk Equalisation Fund in South Africa**, Draft Report, prepared for the Risk Equalisation Fund Task Group, January 2004. Available on <http://homepage.medicalschemes.com/REF/> and on <http://www.refsa.co.za>

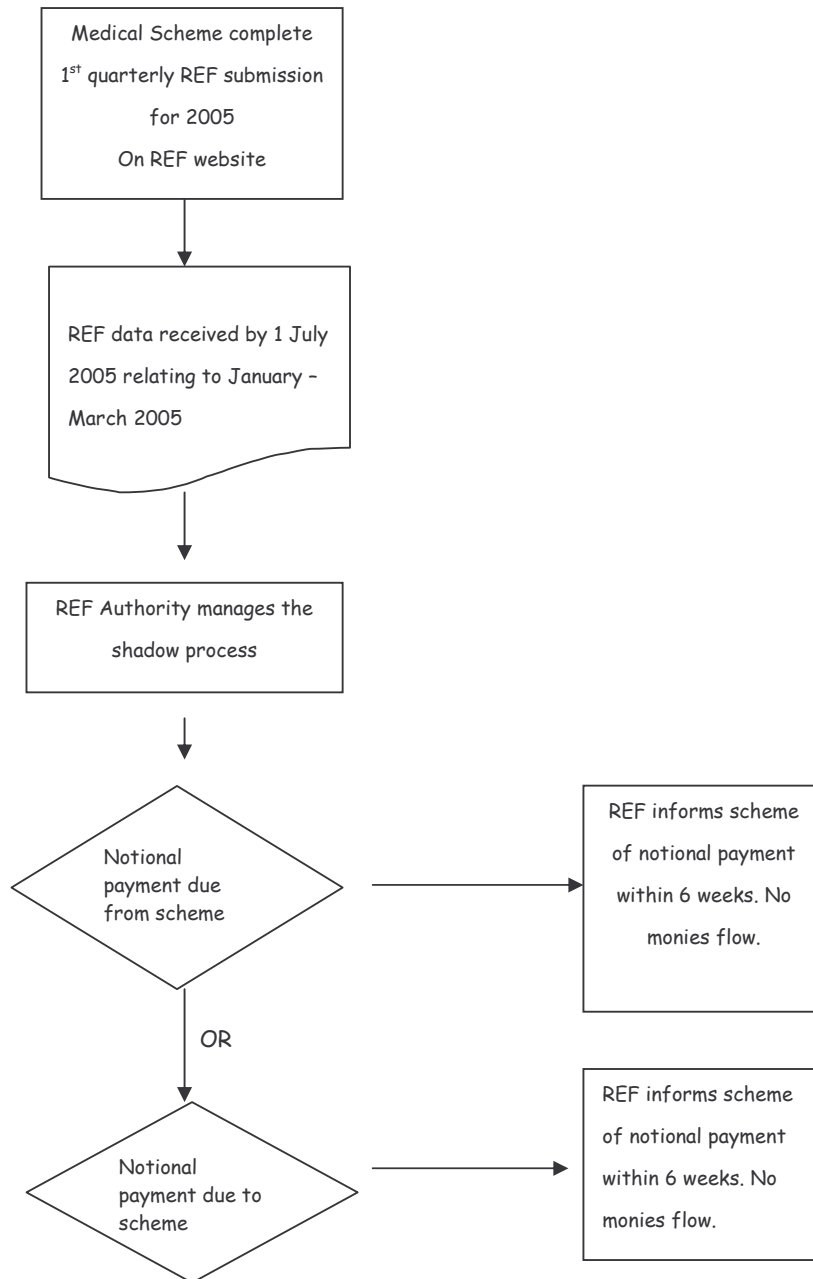
RETAP (2005a) **Methodology for the Determination of the Risk Equalisation Fund Contribution Table [Base 2002, Use 2005]**. RETAP Recommendations by the Risk Equalisation Technical Advisory Panel to the Council for Medical Schemes. Recommendations Report No. 1 of 2005. 10 February 2005. Available on <http://www.refsa.co.za>

RETAP (2005b) **Definitions of Entry Criteria for Determining the REF Grids**. RETAP Recommendations by the Risk Equalisation Technical Advisory Panel to the Council for Medical Schemes. Recommendations Report No. 2 of 2005. 1 February 2005. Available on <http://www.refsa.co.za>

RETAP (2005c) **Accounting and Financial Implications of the REF for Medical Schemes**. RETAP Recommendations by the Risk Equalisation Technical Advisory Panel to the Council for Medical Schemes. Recommendations Report No. 3 of 2005. 1 February 2005. Available on <http://www.refsa.co.za>

South African Government. Regulations in Terms of the Medical Schemes Act, 1998, Government Notice No. R.1397 of 6 October 2003. and No. R 1410 of 3 December 2004. Electronic versions available on <http://www.medicalschemes.com>

Appendix A: Data and Payment Flows in 2005



The process repeats with the second quarterly submission for April to June 2005 to reach the REF Authority by 19 August 2005. Future dates for submission will be communicated to the industry as soon as they become available.

Appendix B: Section of REF Grid Count for 2005

Obtainable as a spreadsheet in electronic form from www.refsa.co.za

REF Grid Count for data submission in Shadow Year		Scheme name		A														
Total number of beneficiary months in the cell for the period		Scheme number		1	Period	Apr-2005												
Explanation: each beneficiary must be placed in only one cell in Columns 1 to 28. For a person with two or more CDL conditions (or HIV and one or more CDL conditions), you may choose the highest cost cell of the combination. Thus the total of beneficiaries for columns 1 to 28 must equal the beneficiaries in the scheme for the period. Counts of beneficiaries for the modifiers are done separately.																		Automatic calculation
Total Beneficiaries [Calculated automatically]																		

Age Bands	No CDL Diseases NON	Chronic Disease List (CDL) Conditions															
		ADS	AST	BCE	BMD	CHF	CMY	COP	CRF	CSD	DBI	DM1	DM2	DYS	EPL	GLC	
Column	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Under 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1-4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5-9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10-14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
20-24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25-29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30-34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
35-39	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
40-44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
45-49	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
50-54	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
55-59	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
60-64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
65-69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
70-74	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
75-79	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
80-84	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
85+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total by Condition	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) must sum to total exposed beneficiaries in the scheme for the period

(b) count number of deliveries (as defined). Count delivery only once, not in "beneficiary months".

Female Beneficiaries																	
Age Bands	No CDL Diseases NON	Chronic Disease List (CDL) Conditions															
		ADS	AST	BCE	BMD	CHF	CMY	COP	CRF	CSD	DBI	DM1	DM2	DYS	EPL	GLC	
Column	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Under 1																	
1-4																	
5-9																	

Male Beneficiaries																	
Age Bands	No CDL Diseases NON	Chronic Disease List (CDL) Conditions															
		ADS	AST	BCE	BMD	CHF	CMY	COP	CRF	CSD	DBI	DM1	DM2	DYS	EPL	GLC	
Column	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Under 1																	
1-4																	
5-9																	

Diseases/Conditions	
Code	Explanation
NON	No CDL disease
ADS	Addison's Disease
AST	Asthma
BCE	Bronchiectasis
BMD	Bipolar Mood Disorder
CHF	Cardiac failure
CMY	Cardiomyopathy
COP	Chronic Obs. Pulmonary Disease
CRF	Chronic Renal Disease
CSD	Crohn's Disease
DBI	Diabetes Insipidus
DM1	Diabetes Mellitus 1
DM2	Diabetes Mellitus 2
DYS	Dysrhythmias
EPL	Epilepsy
GLC	Glaucoma
HAE	Haemophilia
HYL	Hyperlipidaemia
HYP	Hypertension
IBD	Ulcerative Colitis
IHD	Coronary Artery Disease
MSS	Multiple Sclerosis
PAR	Parkinson's Disease
RHA	Rheumatoid Arthritis
SCZ	Schizophrenia
SLE	Systemic LE
TDH	Hypothyroidism
HIV	HIV/AIDS
MAT	Caesarean / NVD in period
CC2	Two simultaneous conditions
CC3	Three simultaneous conditions
CC4	Four or more simultaneous conditions

Appendix C: Section of REF Grid Prevalence for 2005

Obtainable as a spreadsheet in electronic form from www.refsa.co.za

REF Grid Prevalence for data submission in Shadow Year		Scheme name	A		
Total number of beneficiary months in the cell for the period		Scheme number	1	Period	Jan-2005
Explanation: each beneficiary must be placed in as many cells in Columns 1 to 28 as they have chronic conditions (CDL conditions or HIV). For a person with three CDL conditions you will place the beneficiary in the three relevant columns. Thus the total of beneficiaries for columns 1 to 28 will be more than the beneficiaries in the scheme for the period.					Automatic calculation
Total Beneficiaries [Calculated automatically]					

Age Bands	No CDL Diseases NON	Chronic Disease													
		ADS	AST	BCE	BMD	CHF	CMY	COP	CRF	CSD	DBI	DM1	DM2	DYS	
Column	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Under 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1-4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5-9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
10-14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15-19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
20-24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25-29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30-34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
35-39	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
40-44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
45-49	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
50-54	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
55-59	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
60-64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
65-69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
70-74	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
75-79	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
80-84	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
85+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total by Condition	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) will be higher than total exposed beneficiaries in the scheme for the period.

Female Beneficiaries															
Age Bands	No CDL Diseases NON	Chronic Disease													
		ADS	AST	BCE	BMD	CHF	CMY	COP	CRF	CSD	DBI	DM1	DM2	DYS	
Column	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Under 1															
1-4															
5-9															
10-14															

Male Beneficiaries															
Age Bands	No CDL Diseases NON	Chronic Disease													
		ADS	AST	BCE	BMD	CHF	CMY	COP	CRF	CSD	DBI	DM1	DM2	DYS	
Column	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Under 1															
1-4															
5-9															

Diseases/Conditions	
Code	Explanation
NON	No CDL disease
ADS	Addison's Disease
AST	Asthma
BCE	Bronchiectasis
BMD	Bipolar Mood Disorder
CHF	Cardiac failure
CMY	Cardiomyopathy
COP	Chronic Obs. Pulmonary Disease
CRF	Chronic Renal Disease
CSD	Crohn's Disease
DBI	Diabetes Insipidus
DM1	Diabetes Mellitus 1
DM2	Diabetes Mellitus 2
DYS	Dysrhythmias
EPL	Epilepsy
GLC	Glaucoma
HAE	Haemophilia
HYL	Hyperlipidaemia
HYP	Hypertension
IBD	Ulcerative Colitis
IHD	Coronary Artery Disease
MSS	Multiple Sclerosis
PAR	Parkinson's Disease
RHA	Rheumatoid Arthritis
SCZ	Schizophrenia
SLE	Systemic LE
TDH	Hypothyroidism
HIV	HIV/AIDS
MAT	Caesarean / NVD in period
CC2	Two simultaneous conditions
CC3	Three simultaneous conditions
CC4	Four or more simultaneous conditions

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