CMScript

Diagnosis

Treatment

Care

PMBs and DSPs go hand in hand

When trying to obtain treatment for a prescribed minimum benefit (PMB) condition, you may come across terms like "designated service provider" and "co-payment". This month we concentrate on what these mean for you.

What is a designated service provider?

A designated service provider or DSP is a healthcare provider (doctor, pharmacist, hospital etc.) who is appointed by your medical scheme to treat or care for prescribed minimum benefit (PMB) conditions of their members.

State healthcare facilities can be DSPs too but before they can be listed as such in the rules of your medical scheme, your scheme must make sure that you and its other beneficiaries can reach these facilities with reasonable ease and that the required treatment, medication, and care are both available and accessible.

What is a co-payment?

A co-payment is the amount of money or portion of the account that your scheme may request you to fund from your own pocket. This could be either a percentage of the fee or the difference between the tariff of your scheme's chosen DSP and the amount charged by the provider (non-DSP) you went to. The co-payment am0ount must be specified in the scheme rules.

When can the scheme charge a co-payment?

You can use a non-DSP if you want to (voluntarily) but there may be times when you will have no choice but to use a non-DSP. If you choose to voluntarily use a non-DSP for your PMB condition, you may have to pay a portion of the bill as a co-payment.

What is involuntary use of a non-DSP?

If circumstances force you to obtain a service from a non-DSP (i.e. involuntarily), and it's a PMB condition, your scheme must pay for the costs of your treatment, diagnosis, and care in full. These are the reasons why you may need to obtain treatment from a non-DSP involuntarily:

• the required service or treatment is not readily available from your scheme's DSP or it will be provided with unreasonable delay;

• an emergency occurs under circumstances or at a location that prevents you from obtaining PMB treatment from a DSP; or

• there is no DSP within reasonable proximity to your ordinary place of business or personal residence

Prescribed Minimum Benefits (PMBs) are a set of defined benefits to ensure that all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected.

Medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- Any emergency condition (http://www.medicalschemes.com/medical_schemes_pmb/emergency_medical_conditions.htm);
- A limited set of 270 medical conditions(http://www.medicalschemes.com/medical_schemes_pmb/conditions_covered.htm);
- and 25 chronic conditions (http://www.medicalschemes.com/medical_schemes_pmb/chronic_disease_list.htm.

How does treatment at DSPs work?

Your scheme can insist that you go to a DSP this is not entirely correct as the DSP should be used for the diagnosis as well as soon as your PMB condition is diagnosed, in which case they cover the costs from the start. When your condition is identified as a PMB after diagnosis, your scheme must pay for the tests and treatment in full retrospectively. Treatment for a PMB condition at a DSP is covered in full by the medical scheme.

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