TERMS OF REFERENCE: PRESCRIBED MINIMUM BENEFIT (PMB) DEFINITION PROJECT

06 October 2010

Contents

COUNCIL FOR MEDICAL SCHEMES

I. Background

The legislation governing the provision of the prescribed minimum benefits (PMBs) are contained in the regulations enacted under the Medical Schemes Act 131 of 1998. Due to inadequate clarity in the regulations regarding some of the diagnosis treatment pairs (DTPs), medical scheme beneficiaries find it difficult to know in advance what their entitlements are. In addition, medical schemes interpret these benefits differently resulting in a lack of uniformity of benefit entitlements.

The Council for Medical Schemes (CMS) is coordinating a process to develop condition-specific benefit definitions. The process will take place in consultation and in collaboration with DoH, funders, providers, academic sector, colleges, and other relevant regulatory bodies.

The envisaged benefit definitions (BDs) are comprehensive descriptions of benefits available under PMB regulations and must include condition-specific standardised entry and verification criteria, defined baskets of services and goods associated with this entitlement, formularies, as well as treatment protocols that include specification of the most appropriate setting and level of care for the provision of these services (see figure 1).

The BDs will be consistent with the current legislation and regulations. Similar to the ICD 10 codes allocated to PMB codes and published on the CMS website, the PMB benefit definitions will serve to guide the interpretation of the PMB provisions by relevant stakeholders. Both these guidelines lack a legal status and should a conflict of interpretation between them and the current legislated PMB provisions arise, definitions contained in the regulations will prevail.

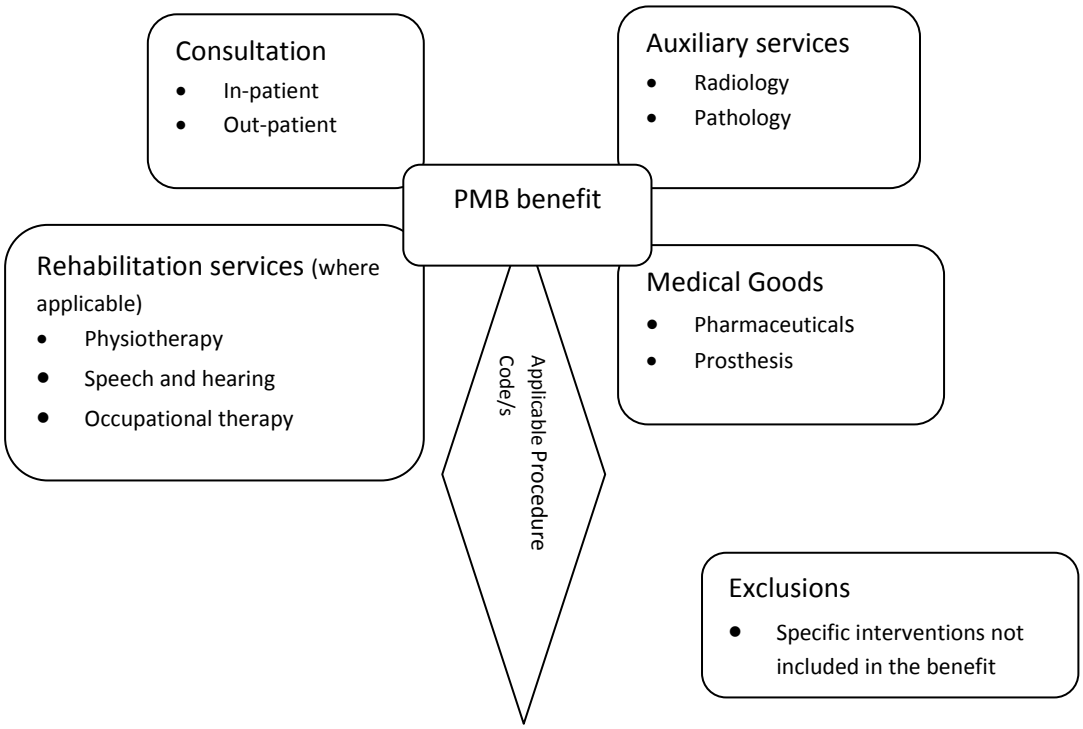

Figure 1: Proposed benefit definition structure

II. The process

1. Clinical advisory committees (CACs) will be set up to consider proposals submitted by different stakeholders. These will be led by a chairperson preferably from the academic sector.
2. Concerns regarding potential abuse or misuse of intellectual property contained in submissions to CMS demand that CMS undertakes measures to protect this information. Confidentiality agreements will be obtained from all participants to address these concerns.
3. Documents will be made available to participants in a CAC in advance before the stipulated meeting date.
4. A CAC chairperson will make recommendations informed by the debates, discussions, group consensus and own expertise to the BD steering committee which will be published on the CMS website for public comment for a period of 2-3 weeks. The BD steering committee is an internal committee consisting of officials from the DoH, CMS and other regulatory bodies.
5. Thereafter, final proposals will be made to the full Council for Medical Schemes after careful consideration by the steering committee of the financial and economic impact of the recommendations to the industry.
6. PMB benefit definitions will be published on the CMS website for industry-wide implementation.

III. Composition of Clinical Advisory committees (CACs)

The CACs consist of multidisciplinary teams comprised of individuals from relevant clinical disciplines especially those likely to be involved in the management of the particular condition under review, patient groups, funders, and manufacturers of medicines and devices. All interested parties will be allowed to participate in these meetings. The CACs will vary in size depending on the degree of interest a discipline or topic has generated.

IV. Criteria guiding the development of PMB definitions

The following criteria must inform the development of BDs:

a) Evidence-based medicine ;
b) Demonstrated cost-effectiveness of interventions where applicable;
c) The specification of the most appropriate level and setting of care;
d) Administrative simplicity
e) Appropriate clinical practice as desired in the public sector where management has been described generically as “medical and surgical management” in the regulations

V. The role of Chairperson

The Chair of each of the CACs will be appointed by the Steering committee and will be briefed by the project manager on the scope of the project. The chair will:

a) Guide the task of developing final recommendations and the process thereof.

b) Assist the team to work collaboratively and effectively together ensuring that there is balanced contribution from all members.
c) Steer the discussion according to the agenda
d) Summarise the main points and key decisions from the debate, noting any points of disagreement.
e) Sign off minutes compiled by the secretariat.

VI. Code of Conduct

1. Members of the CAC must act with the highest professional and ethical standard at all times
2. Members must disclose, at the earliest opportunity, any special relationships, circumstances, or business interests which might influence their conduct for consideration by the chairperson and the PMB Steering committee.
3. The members of the CAC will regard the views expressed by individual members of the CAC as confidential
4. Members of CAC must avail themselves for meetings related to them. Members must indicate their failure to attend any meeting in writing to the respective chair.

VII. Logistics

1. Committee members must observe timelines as listed CMS circular 47 of 2010 and submit their final proposals on the due date. Submissions will be circulated to participants 4 days before the scheduled meeting.
2. The chairperson of each advisory committee must make final recommendations to the PMB BD Steering Committee by the stipulated date.