



DEVELOP- MENTS IN HEALTH CARE FUNDING

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Patient Reimbursement Rights

Presentation outline

1. Questions- What should doctors and patients ask
2. HPCSA Ethical Rules
3. PMBs – general rules and co-pays
4. Council for Medical Schemes
5. Case Study
6. Conclusion



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1. what should doctors and patients ask

Key Questions

1. Is my condition a PMB condition?
2. What is the PMB code (code in regs)?
3. What is the ICD-10 code (diagnosis)?
4. Does my scheme have a protocol/formulary or limit on the reimbursement of certain conditions?
 - Yes – Regulation 15H and 15I
 - Apply science (EBM)



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2. HPCSA Ethical Rules

Ethical rule 27A: A practitioner shall at all times:

- (a) act in the best interests of his or her patients;
- (b) respect patient confidentiality, privacy, **choices** and dignity;
- (d) provide **adequate information** about the patient's diagnosis, treatment options and alternatives, costs ... **and any other pertinent information to enable the patient to exercise a choice**
- (f) maintain proper and effective communication with his or her **patients and other professionals**

What the HPCSA says (Ethical rule 23)

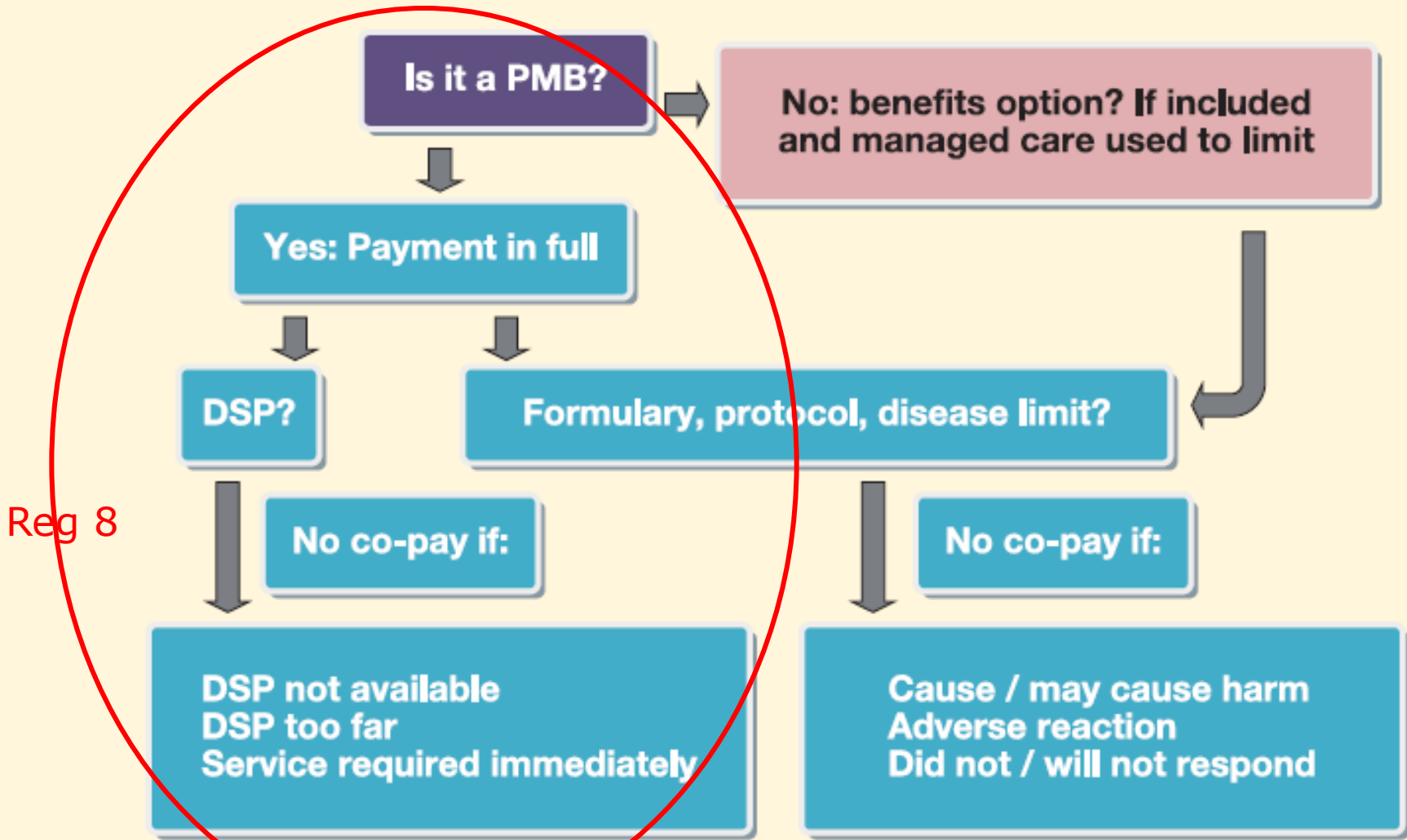
- cannot manufacture, promote or endorse “in return for something”
- can prescribe if
 - pt knows options; ie CHOICE!
 - clinically indicated;
 - examined patient / report of-;
 - best possible care that is cost-effective



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3. PMBs – general rules and co-pays

HOW THE MEDICAL SCHEMES ACT & REGULATIONS WORK



On service providers

On products, protocols, etc.

Prescribed Minimum Benefits

- What are PMB's
 - 270 listed PMB's - Annexure A of the MSA lists PMB Conditions and treatment pairs
 - Lists 27 chronic conditions that must be treated as PMB conditions
 - All emergencies

Medical Schemes Act

- Regulation 8 of Act talks about PMB's
 - medical scheme must pay in **full** for the **diagnosis, treatment** and **care** of the Prescribed Minimum Benefits
 - No co-payments may be charged and no deductibles be used.
 - This includes a co-payment for a non-DSP (**designated service provider**) (**within certain criteria, e.g. when DSP is available**)

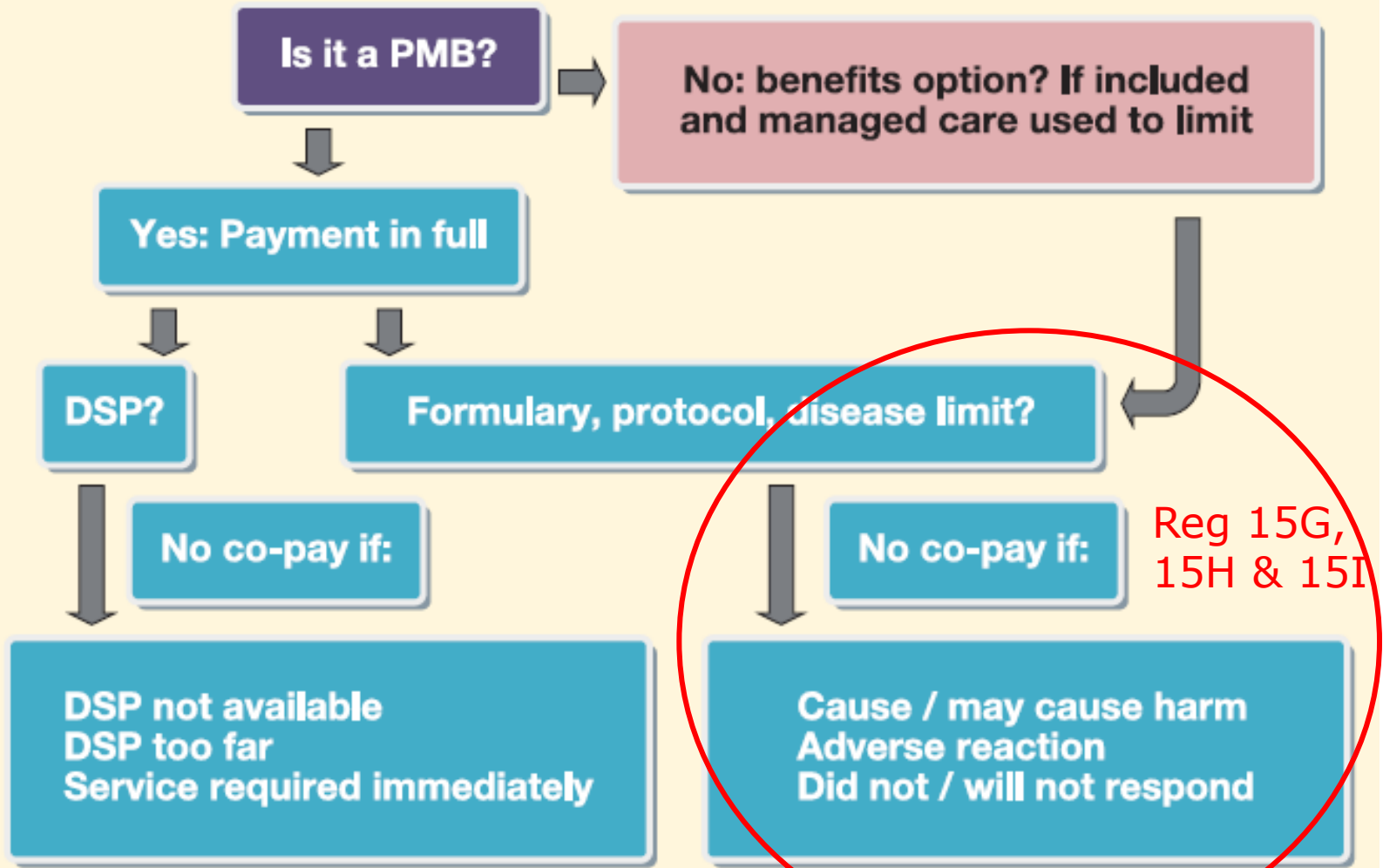
EBM (reg 15)

- = **current** best evidence
- + indiv clinical experience
- + best available – systematic research

TIP: In a motivation to a scheme, have you indicated how the specific patient's condition leads one to the conclusion that, in terms of research and data, patients like that need to be on treatment X?

I.e. do not just list the symptoms, test results etc. of the patient, show how that logically lead to patient requiring a particular treatment (i.e. connect the dots for the scheme)

HOW THE MEDICAL SCHEMES ACT & REGULATIONS WORK



On service providers

On products, protocols, etc.

NO co-pays if ...

- Involuntary use of non-DSP



- Treatment failure, harm, adverse reaction, etc



- Prices are same between DSP and non-DSP





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4. Council for Medical Schemes

Council for Medical Schemes

- Funding unreasonably declined
- Decline to treat a PMB condition
- Process
 - Complaint
 - Appeal Committee
 - Appeals Board



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5. Case Study on a rare disease

Case Study

- **ENZYME REPLACEMENT THERAPY:**
 - S49 Appeal
 - Gaucher’s Disease - rare disease
 - Dispute as to whether or not the condition was actually a PMB condition- Scheme argued condition was only PMB if “life threatening” – emergency

Case Studycontinued

- Scheme raised cost of the treatment (said to be more than R3 mill per annum)- argument not accepted due to the rarity of the disease
- Scheme argued that treatment not in-line with acceptable clinical protocols however advanced no arguments as to the appropriate treatment

Case Study....continued

- Difference between State protocols and private sector protocols. No such significant differences were found
- Appeal upheld and scheme required to fund in full
- Ex Gratia



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6. Conclusion

- Remember always ask questions (PMB or not)
- What is the correct treatment for me (EBM)
- Are the co-payments fair or not?

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Thank you!

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