

## **AECI MEDICAL SCHEME DOCTOR NETWORK ARRANGEMENTS FOR 2010**

### **1. Application**

The arrangements set out in this annexure are applicable *only* to the Members of the Comprehensive Plan Option of the AECI Medical Scheme and only during the 2010 calendar year.

### **2. Conditions for Participation**

To participate in this network arrangement the Participating Doctor (GP) agrees to the following:

- 2.1 to adhere to the terms of the main Medscheme IPA Doctor Network Agreement to which this is an annexure; and
- 2.2 to participate in the coordination of specialist care.

### **3. Reimbursement of Participating Doctors**

References to "Scheme Rate" in this annexure refer to the 2010 NHRPL rate. Should at the time of application of these arrangements, an official 2010 NHRPL not yet have been published by the National Department of Health, the 2009 NHRPL rate escalated with a certain percentage will be applicable.

Participating Doctors will be reimbursed in a tiered manner based on their categorisation according to REPI, as approved by the IPA forum. Changes in categorisation will be updated four times in 2010 and communicated to Participating Doctors.

- 3.1 REPI category I GPs to be paid at the scheme rate plus 30% per consultation.
- 3.2 REPI category II GPs to be paid at the scheme rate plus 10% per consultation.
- 3.3 REPI category III GPs to be paid at the scheme rate plus peer management.

The above enhanced consultation fees for out of hospital consultations will be paid for Relevant Health Services rendered in terms of the Defined Medical Benefits with treatment dates from 1 January 2010.

### **4. Clinical Questionnaire**

Participating Doctors will be paid R165-00 for submitting a correctly completed clinical questionnaire for all Beneficiaries registered with hypertension, diabetes, asthma, hyperlipidaemia and ischaemic heart disease.

- 4.1 All Beneficiaries registered with hypertension, diabetes (non CDE), asthma, hyperlipidaemia and ischaemic heart disease and who are linked to Participating Doctors, are eligible to participate.
- 4.2 At each bi-annual follow-up visit the Participating Doctor is required to submit a completed questionnaire. This questionnaire will contain the relevant consent clause concerning the release of confidential information that will have to be signed by the Beneficiary in order to be enrolled in the programme.
- 4.3 A maximum of two questionnaires per annum per eligible Beneficiary and a period of 6 months between questionnaires will be enforced.
- 4.4 Payment is dependent on full completion of the questionnaire.

### **5. Supporting Interventions**

The following supporting interventions will be integrated into this network model:

#### **5.1 Clinical Guidelines**

All Participating Doctors will be issued with simple evidence based guidelines that will support the Doctor. These guidelines will focus on evidence based management of chronic disease.

#### **5.2 Information sharing with Participating Doctors**

Medscheme will continue to provide Participating Doctors with information / reports pertaining to Beneficiaries linked to their practice. Essentially there will be a registry of AECI Beneficiaries that have selected chronic diseases with health status indicators which will be tracked over time.

5.3 Beneficiary care interventions

Medscheme will initiate a number of educational Beneficiary interventions that will support the general practitioner network model. These Beneficiary interventions are part of the Beneficiary Risk Management Program that Medscheme renders to the Scheme.

**6. Proviso**

From time to time it may be necessary for Medscheme to make minor changes to the methodology in this model. Unless these changes have a material effect on the outcome of this model Medscheme reserves the right to make these changes without necessarily adding an addendum to this Agreement. All such changes will be discussed with and approved by the IPA forum in consultation with the Scheme.

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