

## **MB MED MEDICAL SCHEME DOCTOR NETWORK ARRANGEMENTS FOR 2010**

### **1. Application**

The arrangements set out in this annexure are applicable to the MBMED Medical Scheme (“the Scheme”) only for the 2010 calendar year.

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.

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

In order to participate in this Scheme specific 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.
- 2.2 To charge for Relevant Health Services rendered in terms of the Defined Medical Benefits at the Scheme rate, unless an enhanced fee is payable in terms of this Annexure, and not to levy any co-payments.
- 2.3 To have at least 20 or more Scheme Beneficiaries linked to his / her practice.
- 2.4 To refer a member to a medical specialist only if an automated authorisation number has been obtained from Medscheme prior to the referral.

### **3. The 2010 Model**

The 2010 MBMED network model consists of components that address cost and quality (value) and are supported by associated incentives:

#### **3.1 Tiered Reimbursement**

The baseline consultation fee will be the 2010 Scheme rate per consultation. All Participating Doctors will be measured on the REPI analytical tool. In 2010 this will measure cost and quality measures that will be benchmarked against peers. The reimbursement structure will be:

- REPI category 1 GP’s will qualify for an additional R20-00 per consultation.
- REPI category 2 GP’s will qualify for an additional R10-00 per consultation.
- REPI category 3 GP’s will not qualify for an additional fee per consultation.

#### **3.2 Linking of beneficiaries to GP’s**

This reduces “doctor hopping” and supports the Participating Doctor in his/her role as co-ordinator of care.

#### **3.3 Co-ordination of care**

Specialist referral management will be implemented. This process will be applicable irrespective of whether the Beneficiary consults an in- or out-of-network medical practitioner. No benefits are available to Members who consult a specialist without referral.

**3.4 HIV Enrolment**

The Participating doctor will be paid R 500 (five hundred Rand VAT included) for the correct completion of the official Aid for AIDS application form and successful enrolment of Beneficiaries onto the programme.

**4. Supporting Interventions**

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

**4.1 Clinical protocols and guidelines**

All Participating Doctors will be issued with simple evidence based clinical guidelines to support the objectives of this model.

**4.2 Information sharing with Participating Doctors**

Participating Doctors will receive reports which will inform them of their progress in terms of the above model.

**4.3 Beneficiary care interventions**

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

**5. 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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