

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

### **1. Application**

The arrangements set out in this annexure are applicable to the Members of Sasolmed Medical Scheme ("the Scheme" for purposes of this Annexure) during 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. Intention of the Scheme**

- 2.1 The Scheme wishes to develop a preferred primary care provider network arrangement replacing the 2009 Annexure which expires on the 31<sup>st</sup> December 2009;
- 2.2 The Scheme wishes to market this preferred primary care provider network to its Beneficiaries;
- 2.3 A Clinical Coordination Committee is to be established whose function and members are defined in terms of the main Medscheme IPA Doctor Network Agreement to which this document is an Annexure.

### **3. Conditions for Participation**

To participate in this Scheme specific arrangement the Participating Doctor agrees to the following:

- 3.1 To adhere to the terms of the main Medscheme IPA Doctor Network Agreement to which this is an Annexure; and
- 3.2 To charge for the Relevant Health Services rendered in terms of the Defined Medical Benefits at the Scheme rate (2010 NHRPL) unless an enhanced fee is payable in terms of this Annexure; and
- 3.3 To have at least 20 or more Beneficiaries linked to his / her practice; and
- 3.4 To actively participate in disease management programmes by applying agreed to best practice protocols to Members. This will be applicable to acute and chronic diseases; and
- 3.5 To consider participation in a disease management programme with Healthbridge; and
- 3.6 To consent to having his / her practice listed in a database that is accessible to Beneficiaries; and
- 3.7 To participate in the clinical questionnaire project:
  - 3.7.1 Participating Doctors will be paid R165-00 (hundred and sixty five Rand VAT included) for electronically submitting a completed clinical questionnaire for Beneficiaries registered with hypertension, diabetes (non CDE), asthma, hyperlipidaemia and ischaemic heart disease.
  - 3.7.2 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.
  - 3.7.3 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.

- 3.7.4 A maximum of two questionnaires per annum per eligible Beneficiary and a period of 6 months between questionnaires will be enforced.
- 3.7.5 Payment is dependent on accurate completion of the questionnaire; and
- 3.8 To actively participate in the coordination of care initiatives of the Scheme; and
- 3.9 To actively participate in the Scheme back rehabilitation programme and where clinically appropriate utilise the service provider contracted by the Scheme for back rehabilitation; and
- 3.10 To adhere to the use of agreed formularies, i.e. medicines, pathology and radiology; and
- 3.11 To never bring the Scheme or Sasol the company, into disrepute; and
- 3.12 To be REPI category 1 or 2 (REPI 3 will not be eligible); and
- 3.13 To agree to be subject to a peer management process where applicable. This to be performed by a central peer management committee as utilised by the Medscheme IPA Doctor Network; and
- 3.14 To support risk management initiatives (such as the implementation of a pathology request form) that may be required to enhance risk management for the Scheme; and
- 3.15 To in general be supportive of this network initiative that aims to provide better value to the Scheme and its Members.

**4. Reimbursement of Participating Doctors**

- 4.1 Participating Doctors will be paid at the Scheme rate (2010 NHRPL rate) plus R 30-00 (thirty Rand VAT included).
- 4.2 Non Participating Doctors with less than 20 (twenty) Sasolmed Beneficiaries linked to their practices, will be paid at the Scheme rate.
- 4.3 Members seeing non Participating Doctors with more than 20 (twenty) Sasolmed Beneficiaries linked to their practice will be reimbursed directly by the Scheme at 80% (eighty percent) of the Scheme rate. This reimbursement arrangement will be implemented only for treatments from 1<sup>st</sup> March 2010 and later.

**5. Incentive Payments**

Incentive payments will be done to Participating Doctors for the following quality initiatives:

- 5.1 Meeting quality targets that are measured at a collective network level.

Participating Doctors will be reimbursed for performance on the clinical targets as set out in Table 1 below. A retrospective bonus will be paid based on a rand amount per consultation to a Beneficiary and will be paid for an incremental improvement above the base line. The reimbursement structure is set out in Table 2 below. Participating Doctors will receive feedback during the year on their performance on these targets. The final performance calculation will take place during April 2011.

**Table 1: Quality indicators**

Focus area	Quality measure
Asthma	Asthma related admissions in registered asthmatics
Diabetes	% of registered diabetics who had an HbA1C in the last year
Diabetes	Admission rate for short term complications of diabetes in registered diabetics
Spinal fusion admit rate	Admission rate for spinal fusion surgery

Benzodiazepene / hypnotic abuse	> 2 claiming months per 1000 lives
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**Table 2: Incentive structure for quality targets**

Quality measure	Target	<50% towards target	50% to < 100% of target <sup>2</sup>	Target achieved
Asthma related admissions	Tbd <sup>1</sup>	R0.50	R1.00	R1.50
HbA1C coverage in diabetics	Tbd <sup>1</sup>	R0.50	R1.00	R1.50
Admission rate for short term complications of diabetes	Tbd <sup>1</sup>	R0.50	R1.00	R1.50
Spinal fusion admit rate	Tbd <sup>1</sup>	R0.50	R1.00	R1.50
Benzodiazepene / hypnotic abuse	Tbd <sup>1</sup>	R0.50	R1.00	R1.50

<sup>1</sup> To be decided after runoff of 2009 data together in consultation with the Scheme and the clinical coordination committee.

## 6. Supporting Medscheme HRS Services

Medscheme Health Risk Solutions (HRS) as the managed care organisation contracted to the Scheme will provide the following support services:

### 6.1 Clinical Guidelines / Protocols

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.

### 6.2 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 Beneficiaries that have selected chronic diseases with health status indicators which will be tracked over time.

### 6.3 Beneficiary care interventions

Medscheme will initiate a number of educational 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.

## 7. 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.