

ANNEXURE C

REIMBURSEMENT RATES AND TARIFFS
FOR
PARTICIPATING HEALTHCARE PROVIDERS

1. Participating Health Care Providers shall be entitled to claim reimbursement for consultation services rendered, directly from CDE, with the following conditions:

1.1 Healthcare providers may only claim for consultation services that are in accordance with patient specific treatment plans.

1.2 Neither balance billing of Patients nor balance billing of Medical Aid Schemes shall be allowed.

1.3 Healthcare providers must claim directly from CDE, via one of the switches, using the following claiming codes:

MediSwitch: CFDA0001

QEDI: 389P

Healthbridge: 389

1.4 Healthcare providers must include at least the following information when claims are made to CDE:

- (i) Name of the Patient
- (ii) CDE membership number
- (iii) ICD10 code specific to diabetes (E10 or E11)
- (iv) Tariff code : 0190
- (v) Date of service

2. Doctors shall be reimbursed according to their current grading. Details of the grading system to be used are shown in Annexure B.

2.1 The following reimbursement rates for consultations shall apply:

2010 reimbursement rates (Doctors belonging to IPAF and a participating IPA):

Healthcare Provider Grade	CDE Reimbursement Rate for code: 0190
A	R 270 per consultation, including VAT
B	R 248 per consultation, including VAT
C	R 230 per consultation, including VAT

2010 reimbursement rates (Doctors belonging to IPAF and not to IPA):

Healthcare Provider Grade	CDE Reimbursement Rate for code: 0190
A	R 253 per consultation, including VAT
B	R 230 per consultation, including VAT
C	R 215 per consultation, including VAT

2.2 Payments for consultations will be made within 14 days of claim validation and will be accompanied by a payment reconciliation.

3. Healthcare practitioners shall also be entitled to a monthly retainer fee, payable for each Patient allocated to them, who is an active member of the Programme.

3.1 The following retainer fees shall apply:

2010 retainer fee rates:

Healthcare Provider Grade	CDE Retainer Fee Rate
A	R 54 per member per month, including VAT
B	R 38 per member per month, including VAT
C	R 27 per member per month, including VAT

3.2 Retainer fees for participating healthcare providers shall be calculated and paid at the end of each quarter within 14 days of the end of the quarter and will be accompanied by a list containing the names of the patients allocated to the participating doctor for whom the payment is being made.

4. Reimbursement rates and tariffs will be jointly decided upon by the IPA Foundation and CDE in November of each year and will be communicated to all participating doctors. The amended fee structure will be deemed to be an Amendment of this Annexure C, which the provider may accept or reject pursuant to clause 3.2 of this FOA.