

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

### **1. Application**

The arrangements set out in this annexure are applicable only to the Bonitas Medical Scheme and its Members (except for Members of the Boncap Option) 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. Conditions for Participation**

In order to participate in this arrangement the Participating Doctor 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 function as an appointed designated service provider (DSP) as defined in the Act for purposes of this Annexure; and
- 2.3 to charge for 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 not to levy any co-payments; and
- 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. Reimbursement of Participating Doctors**

Participating Doctors will be reimbursed in a tiered manner based on their categorisation according to REPI, as approved by the IPA forum. The categorisation will be updated four times in 2010. Changes in categories will be communicated to Participating Doctors. The following tiered consultation fee based on the REPI analysis will be applied:

- 3.1 REPI category 1 Participating Doctors will be paid at the Scheme Rate plus 10% per consultation.
- 3.2 REPI category 2 Participating Doctors will be paid at the Scheme Rate plus 5% per consultation.
- 3.3 REPI category 3 Participating Doctors will be paid at the Scheme Rate.

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. Incentive Payments for Quality Initiatives**

- 4.1 Incentive payments will be done for the following quality initiatives:
  - 4.1.1 Performing certain tests that are part of evidence based treatment protocols (processes) and promote better quality outcomes; and
  - 4.1.2 Meeting certain outcomes quality targets that are measured at a collective level.
- 4.2 Tests that promote quality of care:

- 4.2.1 Three tests that promote quality of care have been chosen (c.f table 1 below). Participating Doctors will be paid an amount per test performed. This amount will be paid only for the first test performed (if required) for each beneficiary for the year, and will be paid retrospectively on a quarterly basis. The participating Doctor will be paid R100-00 for each test as per *table 1* below.

**Table 1: Incentive structure for tests that promote quality of care**

Focus area	Test	*Incentive per test
Diabetes	HbA1C test in beneficiaries registered with diabetes	R100-00 (VAT incl)
Ischaemic heart disease	LDL test in beneficiaries registered with IHD, hyperlipidaemia and diabetes	R100-00 (VAT incl)
HIV and complications (pneumonia and gastro)	HIV test in beneficiaries.	R100-00 (VAT incl)

\* The incentive is only payable for one test per patient per annum.

- 4.2.2 The Participating doctor will be paid R 500 (five hundred Rand VAT included) for the completion, in full, of the official Aid for AIDS application form and successful enrolment of beneficiaries onto the programme.

#### 4.3 Quality Indicators

- 4.3.1 The quality indicators are set out in Table 2 below. These are based on:

- What can be reliably measured using claims data;
- Predominant cost drivers or identified “quality problems” within the Scheme;
- What the Participating Doctor can reasonably influence.

**Table 2: Quality indicators**

Focus area	Quality measure
Asthma	Asthma related admissions in registered asthmatics
Diabetes	Admission rate for short term complications of diabetes in registered diabetics
Epilepsy	Epilepsy related admissions in registered epileptics
Spinal surgery	Admission rate for spinal fusion

- 4.3.2 The 2009 data will be used to determine the baseline on which the quality targets are to be based.
- 4.3.3 The quality targets for 2010 will set in consultation with the IPA's and will be conveyed to Participating Doctors after the first quarter of 2010.
- 4.3.4 The incentive structure for achieving these targets is structured in such a way that a retrospective bonus based on a rand amount per Scheme consultation is paid for an incremental improvement above the base line. The target is measured at a Scheme level and not a network level. The maximum amount will be payable when the target is met. This is illustrated in Table 3 below and the amounts are VAT included.

**Table 3: Incentive structure for quality targets**

Quality measure	< 50% towards target	50% to < 100% of target*	Target achieved
Asthma related admissions	R0.50	R1.00	R1.50
Admission rate for short term complications of diabetes	R0.50	R1.00	R1.50
Epilepsy related admissions	R0.50	R1.00	R1.50
Admission rate for spinal fusion	R0.50	R1.00	R1.50

\* Fee paid retrospectively per Bonitas consultation

**5. Supporting interventions**

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

5.1 Clinical protocols and guidelines

All Participating Doctors will be issued with simple evidence based clinical guidelines that will support the Doctor to achieve the targets as listed above. These guidelines will focus on the evidence based management of chronic disease and back pain within the context of the Scheme's benefit design.

5.2 Information sharing with participating general practitioners

Participating Doctors will receive reports which will inform them of their progress in terms of the above model. As there is no linking of Beneficiaries to Participating Doctors these reports will contain summarised data and cannot be Beneficiary specific due to confidentiality issues.

5.3 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.

**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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