

**Annexure****UNIVERSITY OF WITWATERSRAND STAFF MEDICAL SCHEME  
DOCTOR NETWORK ARRANGEMENTS FOR 2011****1. Application**

The arrangements set out in this annexure are applicable to all the Options of the University of Witwatersrand Staff Medical Scheme (the Scheme) during the 2011 calendar year.

**2. Conditions for Participation**

In order to participate in this arrangement the Participating Doctor agrees to:

- 2.1 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) for treatment of Prescribed Minimum Benefit conditions as defined in the Act, for purposes of this Annexure; and
- 2.3 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 as set out below; and
- 2.4 not to levy any co-payments; and
- 2.5 work with the Scheme to reduce unnecessary absenteeism from the workplace.

**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 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 2011.

**4. Supporting Interventions**

Medscheme will provide the following supporting interventions which will be integrated into this network model:

**4.1 Clinical protocols and guidelines**

Participating Doctors will be issued with simple evidence based clinical guidelines that will support the Doctor. These guidelines will focus on the evidence based management of chronic diseases within the context of the Scheme's benefit design.

**4.2 Information sharing with Participating Doctors**

Participating Doctors will receive information and reports pertaining to Beneficiaries attributed to their practice. These reports will contain summarised data and cannot be Beneficiary specific due to confidentiality issues.

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4.3 Beneficiary care interventions

A number of Beneficiary risk management interventions that will support the network model e.g. adherence management, targeted educational material, SMS reminders, Health line support and high risk member management).

**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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