

Overview of the Prescribed Minimum Benefits SADA 2013

Justification for PMB Regulation

To ensure that medical scheme premiums **first cover essential, non-discretionary benefits** and then only allocate resources to more discretionary services

Focussed on catastrophic interventions and not primary / preventative

Legal Framework

Medical Schemes Act - Section 29 (1)- Matters for which rules shall provide:

- (o) The **scope and the level of minimum benefits** that are to be available to beneficiaries as may be **prescribed** (Minister of Health)
 - (p) **No limitation** shall apply to the re-imbusement of any **relevant** health service obtained by a member from a public hospital where this services complies with the **general scope and level contemplated in paragraph (o)** and may **not be different** from the **entitlement** in terms of a service available to a **public hospital** patient.
-

Legal Framework

Definition of Prescribed Minimum Benefits (Regulation 7):

“means the benefits contemplated in section 29 (1) (o) of the Act and consists of the provision of the **diagnosis, treatment and care costs** of –

- (a) the Diagnosis and Treatment Pairs listed in Annexure A, subject to any limitations specified in Annexure A, and
- (b) any emergency medical condition;”.
- (c) the Chronic Disease List – 25 diseases listed in Annexure A

Emergency Medical Condition

(Regulation 7)

‘Emergency medical condition’ means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person’s life in serious jeopardy;

PMB Code of Conduct – treat cases as PMB until final diagnosis confirms otherwise

PMB Features

- An exclusive list of 270 conditions / groups of conditions, listed by organ-system chapter, in the form of **diagnosis and treatment pairs** that medical schemes are compelled to pay for, without any limitations [Regulation 8(1)]
- CDL: The entitlement included “**Diagnosis, medical management and medication**, to the extent that this is provided for by way of a **therapeutic algorithm** for the specified condition, published by the Minister by notice in the Gazette.” [Annexure A]

Explanatory Notes

Explanatory Note (2)

- In respect of treatment denoted as “medical management” or “surgical management”.... the **standard** of treatment required namely, “**prevailing hospital-based medical or surgical diagnostic and treatment practice for the specified condition.**”
- Where significant differences exist between the public and private sector practices, the interpretation of the PMB’s should follow the **predominant public hospital practice**, as outlined in public hospital clinical protocols, where these exist.
- If non-existent, disputes should be settled by **consultation** with provincial health authorities to **ascertain prevailing practice**

Explanatory Notes

Explanatory Note (2A)

- “Note (2) **does not restrict the setting** in which the relevant care should be provided, and should not be construed as preventing the delivery of any prescribed minimum benefit on an **outpatient basis** or in a **setting other than a hospital**, where this is **clinically most appropriate.**”

Managed Care protocols may be used and restrict the setting

Principles to manage financial risk

- Designated Service Providers (Regulation 7)
- Managed Care Principles (Regulation 8)
 - Managed Care Protocols
 - Formularies

Designated Service Provider

Regulation 8 (3)

Involuntarily obtained services from Non-DSP:

- The service was **not available** from the DSP or would not be provided without **unreasonable delay**
 - **Immediate medical/surgical treatment** for a PMB condition was required **under circumstances or at locations** that reasonably precluded the beneficiary from obtaining such treatment at a DSP
 - There was **no DSP within reasonable proximity** of the beneficiary's ordinary **place of business or personal residence**
-

Managed Care

(Regulation 8)

Managed Care Interventions

- (4) Subject to sub regulations (5) and (6) and to **section 29 (1) (p)** of the act, these regulations must not be construed to **prevent medical schemes** from employing appropriate interventions **aimed at improving the efficiency and effectiveness of health care provision**, including such techniques as requirements for **pre-authorisation**, the application of **treatment protocols**, and the use of **formularies**.

Managed Care and Scheme Rules

Regulation 15 H Protocols and 15 I Formularies:

- (a) ... must be developed on the basis of **evidence-based medicine**, taking into account considerations of **cost-effectiveness and affordability**;
- (b)must **provide** such protocol/formulary to health care providers, beneficiaries and members of the public, upon request; and
- (c) Provision must be made for appropriate **exceptions/substitution**.....has been ineffective of causes or would cause harm/adverse reaction to a beneficiary, **without penalty to that beneficiary**.

PMB & Dental Treatment

PMB Code	Diagnosis	Treatment
950C	Cancer of oral cavity, pharynx, nose, ear, and larynx - treatable	Medical and surgical management, which includes chemotherapy and radiation therapy
901C	Cleft palate and/or cleft lip without airway obstruction	Repair
339C	Fracture of face bones, orbit, jaw; injury to optic and other cranial nerves	Medical and surgical management
347C	Sialoadenitis; abscess / fistula of salivary glands	Surgery
543C	Stomatitis, cellulites and abscess of oral soft tissue; Vincent's angina	Incision and drainage; medical management
950H	Cancer of bones - treatable	Medical and surgical management, which includes chemotherapy and radiation therapy
206H	Chronic osteomyelitis	Incision and drainage

PMB & Dental Treatment

Excluded from PMB cover

- Basic dentistry - preventative and primary health care
 - Orthognathic surgery
 - Dental implants
 - Orthodontic treatment
-

PMB Related services & Scheme Rules

Included in PMB cover

- Treatment and care includes:
 - Pathology, radiology and other investigative and monitoring services
 - Acute and chronic medication
 - Prosthesis, appliances, devices – subject to managed care protocols
 - Allied and supplementary health services, e.g. physiotherapy, occupational therapy

Excluded in PMB cover

- PMB co-payment vs. scheme rate
 - Scheme limits and sub-limits may be depleted first
 - Scheme exclusions may not include PMB conditions
 - Frail care vs. convalescent/recovery care
 - Biological medicine and non-registered medicine
 - PMB complications for excluded procedures
-