

Annexure**FEDHEALTH MEDICAL SCHEME
DOCTOR NETWORK ARRANGEMENTS FOR 2025****1. Application**

The arrangements set out in this annexure are applicable to the members on all options (excluding the myFED option) of the Fedhealth Medical Scheme ("the Scheme") during the 2025 calendar year.

2. Conditions of Participation

To participate in this Scheme specific 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 To function as an appointed designated service provider (DSP) as defined in the Act for purposes of this Annexure; and
- 2.3 To support Fedhealth Members who are required to nominate a Network General Practitioner (Participating Doctor) of choice with the relevant information as required by the nomination process, and to act as a preferred primary care provider for these Beneficiaries; and
- 2.4 To charge for the Relevant Health Services rendered in terms of the Defined Medical Benefits at the Scheme Rate and not to levy co-payments. Any additional performance based reimbursement as specified in clause 3 below will be allocated to the Practice automatically by Medscheme and must not be billed as part of the consultation fee; and
- 2.5 A quarterly review of the performance of his / her practice; and
- 2.6 To actively participate in risk management initiatives such as disease management programmes by applying agreed best practice protocols to Members. This will be applicable to acute and chronic diseases. In addition, to support risk management initiatives such as coordination of care, Beneficiary risk management and the implementation of the GP (Participating Doctor) pathology request form; and
- 2.7 To use best endeavours to refer a Member to a Network Medical Specialist (where applicable) only once an automatic authorisation number has been obtained from Medscheme prior to the referral; and
- 2.8 To adhere to the use of agreed formularies, i.e. medicines, pathology and radiology; and
- 2.9 To abide to the Scheme's claims submission processes providing correct ICD-10 coding and submit all claims lines despite payment of a fixed fee; and
- 2.10 To consent to having his / her practice listed in a database that is accessible to Beneficiaries; and
- 2.11 To confirm that he/she has not been found guilty of a legal transgression in his/ her professional capacity nor that he/she is under investigation by the Medscheme special investigation unit; and
- 2.12 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.

3. Reimbursement of Participating Doctors

Participating Doctors will receive additional performance based reimbursement based on their categorisation according to REPI². The categorisation will be updated quarterly and changes in categories will be communicated to Participating Doctors. The following will be applied based on the REPI² review:

- 3.1 REPI² Category 1 Participating Doctors will be paid at the Scheme Rate plus 10%.
- 3.2 REPI² Category 2 Participating Doctors will be paid at the Scheme Rate plus 5%.
- 3.3 REPI² Category 3 Participating Doctors will be paid at the Scheme Rate.

4. Supporting Interventions

The following supporting interventions will be provided by Medscheme:

4.1 Clinical Guidelines / Protocols

All Participating Doctors will be provided with simple evidence based clinical guidelines that will support the Doctor in managing patients enrolled on the beneficiary risk management programme. These guidelines will focus on the evidence based management of chronic disease within the context of the Scheme's benefit design.

4.2 Information sharing with Participating Doctors

Participating Doctors will receive regular reports of their patients enrolled on beneficiary risk management programmes; which will inform them of their progress in terms of the above model.

4.3 Beneficiary care interventions

A number of educational Beneficiary interventions will be initiated that will support the network model. These beneficiary interventions are part of the beneficiary risk management program that Medscheme renders to the Scheme.

5. Proviso

From time to time it may be necessary to make minor changes to the methodology in this arrangement. Unless these changes have a material effect on the outcome of this arrangement Medscheme reserves the right to make these changes without necessarily adding an addendum to this Agreement.

Practice Name.....

Signature.....

Date.....