

## Annexure

**SOUTH AFRICAN MUNICIPAL WORKERS MEDICAL AID SCHEME (SAMWUMED)  
DOCTOR NETWORK ARRANGEMENTS FOR 2025****1. Application**

The arrangements set out in this annexure are applicable to the members of SAMWUMED (“the Scheme”) during the 2025 calendar year and are applicable from 1 January 2025.

**2. Definitions**

2.1 As used in the Agreement, unless the context indicates a contrary intention, the following terms shall have the meanings assigned to them and cognate expressions shall be construed accordingly :

2.1.1 “**Scheme**” means

2.1.2 “**Relevant Health Services**” means

2.1.3 “**Defined Medical Benefits**” means

2.1.4 “**Practice**” means

2.1.5 “**Network Family Practitioner**” means

2.1.6 “**Network Medical Specialist**” means

**3. Conditions of Participation**

To participate in this Scheme specific arrangement the Participating Doctor agrees to the following:

- 3.1 To adhere to the terms of the main Medscheme IPA Doctor Network Agreement (the “Agreement”) to which this is an Annexure;
- 3.2 To function as a Designated Service Provider (“DSP”) as defined in the Act to the Scheme’s Beneficiaries.;
- 3.3 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;
- 3.4 A quarterly review of the performance of his/her practice;
- 3.5 To actively participate in risk management initiatives such as disease management programmes by applying agreed best practice protocols to beneficiaries. This will be applicable to acute and chronic diseases. In addition, to support risk management initiatives such as co-ordination of care, beneficiary risk management and the implementation of the FP (Participating Doctor) pathology request form;
- 3.6 To adhere to the use of agreed formularies, i.e. medicines, pathology and radiology;

- 3.7 To support beneficiaries who are required to nominate a Network Family Practitioner (Participating Doctor) of choice with the relevant information as required by the nomination process;
- 3.8 To use best endeavours to refer beneficiaries to a Network Medical Specialist (where applicable) only once a referral authorisation number has been obtained from Medscheme prior to the referral;
- 3.9 To abide to the Scheme's claims submission processes by providing correct ICD10 coding and submit all claims lines despite payment of a fixed fee;
- 3.10 Notwithstanding clause 6.1 of the Agreement to which this is an Annexure, agree to submit at least 80% of practice claims via EDI to Medscheme
- 3.11 To consent to having his/her practice listed in a database that is accessible to Beneficiaries;
- 3.12 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;
- 3.13 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.

#### **4. Reimbursement of Participating Doctors**

Participating Doctors will receive additional performance based reimbursement based on their categorisation according to REPI<sup>2</sup>. The categorisation will be updated quarterly and changes in categories will be communicated to Participating Doctors. The following will be applied based on the REPI<sup>2</sup> review:

- 4.1 REPI<sup>2</sup> Category 1 Participating Doctors will be paid at the Scheme Rate plus 10%
- 4.2 REPI<sup>2</sup> Category 2 Participating Doctors will be paid at the Scheme Rate plus 5%
- 4.3 REPI<sup>2</sup> Category 3 Participating Doctors will be paid at the Scheme Rate.

#### **5. Supporting Interventions**

The following supporting interventions will be provided by Medscheme:

##### **5.1 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.

##### **5.2 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.

##### **5.3 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.

**6. General**

- 6.1 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.
- 6.2 Save for this Addendum, all other provisions of the Agreement remain unchanged and are of full force and effect between the Parties. If there is any conflict between the provisions of this Addendum and the Agreement relating to the subject matter of this Addendum, then the provisions of this Addendum shall prevail.
- 6.3 No addition to, variation to, or agreed cancellation of any provisions of this Addendum shall be effective or binding upon the Parties unless reduced to writing and signed by or on behalf of the Parties.

Practice Name.....

Signature.....

Date.....