

Annexure

AECI MEDICAL AID SOCIETY DOCTOR NETWORK ARRANGEMENTS FOR 2026

1. Application

The arrangements set out in this annexure are applicable to the Members of the Comprehensive, Comprehensive Select and Value Options of the AECI Medical Aid Society during the 2026 calendar year in accordance with the provisions of the Main Agreement.

2. Conditions for 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;
- 2.2 To function as an appointed designated service provider (DSP) as defined in the Act for purposes of this Annexure;
- 2.3 To note that 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;
- 2.4 A quarterly review of the performance of his / her practice;
- 2.5 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 FP (Participating Doctor) pathology request form;
- 2.6 To adhere to the use of agreed formularies, i.e. medicines, pathology and radiology;
- 2.7 To refer AECI Members to a Medical Specialist only if an automated authorisation number has been obtained from Medscheme prior to the referral;
- 2.8 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;
- 2.9 To consent to having his / her practice listed in a database that is accessible to Beneficiaries;
- 2.10 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
- 2.11 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 additional performance based reimbursement is applicable to the AECI Comprehensive and the AECI Comprehensive Select Options. 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 R112.50
- 3.2 REPI² Category 2 Participating Doctors will be paid at the Scheme Rate plus R50.70
- 3.3 REPI² Category 3 Participating Doctors will be paid at the Scheme Rate.

Participating Doctors will be paid on a Global Fees basis for Relevant Health Services rendered to members on the AECI Value Option. The fees will be adjusted by the Scheme on an annual basis. The Global Fees for 2026 (inclusive of VAT) are the following:

3.4 Consultations

Tariff code	Tariff code description	Dispensing FP tariff
0190 – 0192	Dispensing doctors: Consultation fee including acute medication	R543.30
0190 – 0192	Non-dispensing doctors: Consultation fee excluding acute medication (consultations only)	R492.90
0130	Telephone consultation (All hours) including writing of script	R354.90
0132	Consultation Services e.g., writing of scripts. (Only to be billed in the absence of any consultation tariff e.g. (0190, 0191 & 0192)	R160.50

3.5 Tariff codes that can be charged on all options in addition to the consultation code (cost of material included):

Tariff code	Tariff code description (including cost of materials)	2026 Global fee
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	R438.80
0259	Removal of foreign body superficial to deep fascia (except hands)	R463.80
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal after-care)	R599.30
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each)	R125.20
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	R751.10
0887	Limb cast (excluding after-care) (modifier 0005 not applicable)	R661.30
3615	Routine obstetric ultrasound at 10 to 20 weeks gestational age preferable at 10 to 14 weeks gestational age to include nuchal translucency assessment	R934.70
3617	Routine obstetric ultrasound at 20 to 24 weeks to include detailed anatomical assessment	R934.70
0206	Intravenous rehydration therapy with or without administration of intravenous antibiotics	R121.50
0241	Cauterisation of warts/chemo cryotherapy of lesions	R163.00
1232	Resting ECG (including electrodes)	R163.00
2137	Circumcision in rooms	R1 236.40
4614	HIV rapid test	R175.70
0310	Radical excision of nail bed in rooms	R783.00

4. Dispensing

Please tick the applicable one of the following:

- I am a dispensing Doctor and I will dispense to AECI Value Option members
- I am a dispensing Doctor, but I will not dispense medication to AECI Value Option members
- I am a non-dispensing Doctor

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. 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.....