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[www.medscheme.com](http://www.medscheme.com)

Dear Healthcare Practitioner

## **RE: Invitation to join the Western Cape Government's COVID-19 pandemic response initiative**

As a nation we are faced with a myriad of unprecedented complexities that continue to emanate from the COVID-19 pandemic. These include, amongst others, supply chain issues, hospital bed capacity challenges, loss of revenue, as well as the need for swift and decisive healthcare prioritization. Realising that the volume of State patients in the Western Cape with COVID-19 could result in a shortage of hospital beds the Western Cape Department of Health (WC DoH) has approached a number of private hospital Groups to provide the necessary healthcare facilities and treatment if this becomes necessary.

In terms of the agreement with the WC DoH, Mediclinic has appointed Medscheme as its Administrator Intermediary who will be responsible for providing the following services:

- Managing the process of contracting healthcare practitioners who are willing to sign a contract with the WC DoH, and
- Management of the claims processing and payment function for both the healthcare practitioner and Mediclinic in respect of services rendered as part of the contract.

### **High Level overview of the admission process**

- When a State patient that is being treated for COVID-19 needs to be admitted to an ICU, high care, general ward or palliative care which is not available in a State hospital, the WC DoH will determine hospital bed availability using the 'Provincial Bed Bureau' which will be available to the provincial Joint Operating Committee (JOC). The JOC is responsible for the rapid triage of referrals as well as for the matching of the individual to the right bed.
- If the bed allocated is at a Mediclinic hospital, the patient will be referred accordingly. This referral will be managed between the JOC of the WC DoH and the specific hospital but will be finalised between the Public sector healthcare practitioner and the Private sector healthcare practitioner.
- It is important to note that referrals will only be channelled to those Mediclinic hospitals that have clinicians who have been contracted on to the network.

### **Billing and disbursement of Fees**

The National Department of Health recently announced maximum fees that may be charged by contracted private providers (hospitals and individual practitioners) for the treatment of State COVID-19 patients. The per patient per day fees have been set out as follows:

- In order to provide for patients to transition out of critical care to discharge, or for non-COVID-19 care where appropriate, Departments may procure access to a **general acute bed** at a hospital fee of no more than **R2 972** per patient per day. The practitioner fee component for a general acute beds is **R476** per patient per day.
- In order to provide for patients to transition out of critical care to demise, Departments may procure access to a **palliative care bed** at a hospital fee of no more than **R990** per patient per day. The practitioner fee component for a palliative care bed is **R151** per patient per day.

- The national global fee for **critical care** may be no more than **R16 156** per patient per day, comprising:

Description of Service	Palliative Care Beds	General Beds	High Care and ICU Beds	Unit of Charge
Facility Fees/ Private Hospitals	R 990	R 2,972	R 11,749	Per day
**Specialist clinician team	R 151	R 476	R 2,493	Per day
*Pathology/ Laboratory		R 588	R 588	Per day
Radiology/ Imaging fee			R 632	Per day
Allied care			R 694	Per day
<b>Total</b>	<b>R 1,141</b>	<b>R 4,668</b>	<b>R 16,156</b>	

*\* In light of the per-patient-per-day fee that will be paid to the pathology laboratories, practitioners are urged to utilise the services of 1 dedicated laboratory per patient for the length of stay.*

- \*\*The specialist clinician team will be required to submit claims using the following tariff code in order to ensure the appropriate per patient per day reimbursement. Apportionment of the reimbursed fees will be done at the discretion of the clinician team.

Code	Description
561210	Intensive care: Category 3: Cases with multiple organ failure or Category 2 patients which may require multidisciplinary intervention- Specialists : Subsequent days (per involved practitioner)
560109	Hospital follow-up visit to patient in ward or nursing facility – Specialist: Per day
560079	Professional fee – Specialist – for terminally ill patient: Per day

### How to participate in the COVID-19 Western Cape Department of Health Network

As a healthcare practitioner practicing at a Mediclinic facility, the WC DoH would welcome your participation in this very important initiative to address the COVID-19 pandemic. In order to be part of the initiative you would be required to:

- Review and complete the attached Independent Healthcare Provider Agreement that sets out the terms and conditions specific to the network. **It is compulsory for you to complete and return this Agreement by close of business on 24 June 2020 by ensuring that;**
  - All the necessary information on page 1 is fully completed
  - All pages are initialled
  - Address details are included on page 12
  - A full signature is provided on page 13 together with the name and signature of a witness
- Email the signed Agreement to [wcdoh@medscheme.co.za](mailto:wcdoh@medscheme.co.za).

Any COVID-19 related questions regarding the Network Agreement or any claims and related queries can be directed to [wcdoh@medscheme.co.za](mailto:wcdoh@medscheme.co.za).

We look forward to your participation in this network and view this initiative as a means of leveraging the skills, expertise and resources of the private sector to support public sector delivery during this pandemic.

Yours sincerely

**Medscheme**

**For and on behalf of the Western Cape Department of Health**

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