



4 August 2020

COVID-19 – Funding for PPE

Dear Healthcare Professional

We understand that the world has shifted in an unprecedented way, and we want you to know that we are responding accordingly, making the necessary changes to act responsibly whilst still maintaining the duty we have to our Schemes regarding risk mitigation and solvency.

Protecting our patients and the healthcare system

We acknowledge that healthcare providers face many challenges in providing care during the COVID-19 pandemic and understand that healthcare providers have been identified as the highest risk for contracting the virus and/or becoming a node of transmission. We recognise that there is a shared responsibility to protect not only the patients, but the healthcare providers who work tirelessly to care for them. The goal of PPE is to help reduce the opportunity for uncontrolled virus spread and there are guidelines across most provider groups with this sole purpose in mind.

All healthcare practices including hospitals must ensure that staff have adequate PPE for the patients they are admitting and treating. Whilst we understand that there are inflationary and utilisation increases for these items they are, partly, the responsibility of the practice or facility in the protection of their healthcare workers.

As of the 23 July, CMS published an update to the PMB definition guideline (version 4). This now includes PPE for confirmed cases.

PPE Cover

We agree with the World Health Organisation (WHO) and National Department of Health (NDOH) recommendations on the selection and use of personal protective equipment (PPE) for healthcare workers. We acknowledge that the selection of PPE is based on risk exposure and types of procedures that the healthcare worker needs to perform.

Universal Healthcare is individually reviewing each request we receive from healthcare provider groups and institutions for funding around COVID-19. The requests have varied widely. The NDOH guideline (see infographic attached) is a ubiquitous, conservative guideline that needs to be adopted as a minimum across the healthcare industry. **The NDOH guideline has been used as the PMB standard.**

We have deployed the following principles in evaluating the PPE requests and calculating a reasonable PPE fee for reimbursement:

- PPE costs for COVID must only include costs that are above the normal PPE cover in each healthcare setting (i.e. above the standard PPE that would have existed before the pandemic);
- PPE that is not considered PMB level of care (according to the NDOH) will not be covered. This excludes overshoes; mops and other sterilising equipment. It also excludes PPE for non clinical staff in the practice.

- PPE will only be reimbursed on a cost acquisition basis. The healthcare provider cannot markup the items or profiteer from the PPE;
- Utilisation calculations vary across settings and thus we have recommended a setting-sensitive PPE cost (for example, the ICU has a higher nurse touch than a GP setting);
- Rather than have many tariffs for the use of PPE that are based on risks in the clinical setting, we have created a blended fee that has an assumption of the mix of the “high risk” and “aerosol generating” risk categories.

Thus, we have engaged with the Schemes we manage and have a **rate for PPE that is a blended fee using the NDOH guidelines and the types of patients you would typically see in a month, together with a reasonable fee for the PPE items in the NDOH guideline (obtained from our NAPPI reference pricing file).**

	Tariff code	Out patient Fee(per patient)
Blended Fee	PPE 01	R42

This per patient fee can only be **billed in the outpatient setting** together with your consultation. Any visits in hospital cannot have this modifier added as the hospitals will bill a daily fee for PPE for all providers in their setting.

This tariff will be reviewed quarterly for relevance, changes in the academic healthcare literature and pricing changes, and will only apply during the pandemic. Should it be necessary to change these decisions we will engage with the Schemes and make the relevant changes.

Should you wish to request a differential fee, you need to furnish us with a detailed calculation showing items (including nappies) that you propose and include utilisation assumptions. This will then be reviewed by our clinical and actuarial team against the NDOH guidelines.

Best practice

We at Universal, in solidarity with you and yours, are feeling the physical, financial and emotional effects of the virus. These are unprecedented times for all of us, but please rest assured that we will continue to work to minimise the impact of the pandemic on you, your business and patients, as the situation unfolds.

Our Universal Covid-19 Action Task Committee will continue to monitor local and international literature to ensure that everything is in place to keep our work environment as safe and productive as possible during this time. We will continuously review and revise our clinical protocols, as appropriate, for COVID-19 testing, admissions and affected admissions. If any protocols or funding changes are made, we will alert your organisation.

If you have any questions or concerns, please don't hesitate to reach out to us as always.

Stay safe and keep caring!

Yours sincerely,

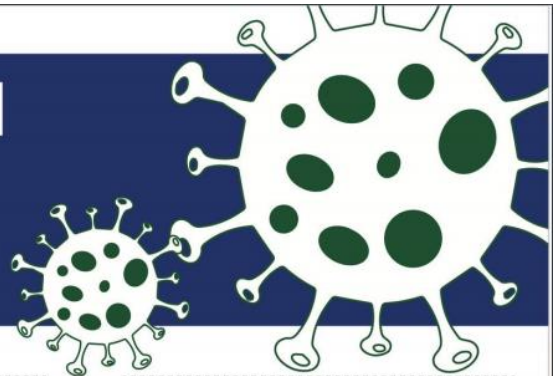
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Annexure 1: Infographic on NDoH PPE guideline

NDoH PPE GUIDE: 14 May 2020

COVID-19 PROTECTION For healthcare workers

Your safety and the safety of others depends on more than the type of personal protective equipment (PPE) that you wear. Safe removal of PPE, hand hygiene and correct principles of cleaning are essential to minimise risk of self-contamination and transmission to others.



PPE

for COVID-19
low-risk areas

- Wear a surgical mask in the wards
- Wear a cloth mask in communal (non-clinical) areas
- **OTHER PPE IS NOT NEEDED if you are not in direct contact** with patients with confirmed/suspected COVID-19
- **Do NOT use PPE if not indicated - we have a global shortage**



PPE

for high-risk
wards (confirmed/
suspected COVID-19
cases)

- Non-sterile gloves
- Visor or goggles
- Plastic apron
- Surgical mask



PPE

for aerosol-generating
procedures in
COVID-19 high risk
wards

- Non-sterile gloves
- Visor or goggles
- Fluid-resistant apron or gown
- Well-fitted **N95 respirator** for aerosol-generating procedures only

e.g. Tracheal intubation, non-invasive ventilation and COVID-19 specimen collection, among others.



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Source: NDoH. COVID-19 Disease: Infection Prevention and Control Guidelines, Version 1. April 2020



Website: www.sacoronavirus.co.za
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