

PMB's emergencies explained

In a previous editorial of Qualicare News July 2012 Edition we explained that PMB conditions could be charged at a rate with which you are comfortable irrespective of the quantum of that rate, guided only by the HPCSA's (currently rather vague) guidelines. Remember that the Health Professions Act insists that you discuss the tariffs with the patients under 2 specific scenarios:

- ◇ Should the patient request this of you
- ◇ Should your fee be substantially different to that of your similarly qualified peers

To mitigate the risk of runaway PMB costs, the previous Qualicare article explains that medical schemes are scurrying around to form Provided Networks of Designated Service Providers or DSP's. By signing a DSP contract you automatically surrender your ability to charge your normal fee for PMB's and are locked into the scheme's rate.

Should you refuse to be become a DSP patients may be faced with an alternative list of practitioners with whom they are encouraged to consult. This is permissible in terms of the Medical Schemes Act, and its managed care regulations.

A patient is, however, similarly protected in that should a service not be available as a result of undue delays, or logistical problems or is a genuine emergency where life of limbs threatened, the patient is entitled to override the DSP restriction and visit any practitioner outside of the network. That practitioner is, in turn, entitled to charge whatever rate he can defend before the HPCSA and the medical aid is compelled to pay the invoice at full invoice value and not at a DSP rate.
