Funding of healthcare services by medical schemes

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GLOSSARY

Annual Statutory Returns: ASR

Council for Medical Schemes: CMS

Diagnosis and Treatment Pairs: DTPs

General Practitioner: GP

Medical Schemes Act (131 of 1998): MSA

South African National Blood Service: SANBS

Out-of-Pocket Payment: OOP

Personal Medical Savings Account: PMSA

Pharmacist Advised Therapy: PAT

Prescribed Minimum Benefits: PMBs

CONTENTS

FIGURES

TABLES

BACKGROUND

Medical scheme benefit options are not standardised and various funding models, scheme rules are applied, differing within and between schemes options (Competition Commission, 2019; Nkomo et al., 2019). In addition, the language used by schemes is complex and unfamiliar to members in many instances. Kaplan (2015) supports this, posturing that the lack of standardisation between benefit options and the confusing terminology employed in scheme brochures creates a highly complex environment that hampers consumer decision-making in choosing benefit options that suit their needs as well as access to the right level of care.

Medical schemes typically cover the following healthcare services (Ditshoene, 2018):

- day-to-day benefits: out-of-hospital services and visits to specialists, GPs, Dentists and allied and support professionals, and the prevention, examination, diagnosis, and treatment of diseases.
- medication: chronic and acute medicines.
- major medical expenses: for hospitalisation, appliances, ambulance services, maternity benefits, and the management of physical and mental deficiencies.

Medical schemes do not always fund all healthcare services, but rather only contribute toward a particular benefit. For example, a medical scheme will contribute to a certain extent for an optical benefit, with the main benefit being basic lenses and frames[1]. These would be funded to a specific limit whilst they are also a function of the benefit option. Should members opt for a frame higher than the medical scheme covered, the member will need to pay for the difference – a co-payment. On the other hand, there are benefits that medical schemes, are required to fully fund by law without a co-payment, called Prescribed Minimum Benefits (PMBs). Members, however, need to adhere to specific requirements, such as using the scheme's network service provider[2]. Those who opt to use a provider that is outside the network may face a co-payment.

PMBs consist of a list of some 271 diagnosis and treatment pairs (DTPs) (including COVID-19); emergency medical conditions; diagnosis, treatment, and medication according to therapeutic algorithms for 25 defined chronic conditions (CMScript, 2011).

The law does not allow medical schemes to fund PMBs from the member's Personal Medical Savings Account (PMSA) as this practise is in contravention of regulation 10 (6) of the Medical Schemes Act (131 of 1998) (MSA) that:

"The funds in a member's medical savings account shall not be used to pay for the costs of a prescribed minimum benefit (PMB)."

1 https://www.gems.gov.za/-/media/Project/Documents/provider-guides/6165-GEMS-Optometry-Guide-2021-P4.ashx

2 Regulation 8(2)(a) of the Medical Scheme Regulations.

The primary purpose of PMBs is to protect the interest of beneficiaries in ensuring that all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected. PMSA is a limited benefit set aside for payment of day-to-day needs such as acute medicines, doctor visits and dental care (Padayachee et al., 2020; Mcleod & Mcintyre, 2020). The use of PMSA for non-discretionary benefits, although not unlawful, negatively impacts some members. PMSA was introduced to promote the effective management of health and resources by members, allowing for greater efficiencies in the system where members can make decisions about the allocation of resources within their control. The table 1 below depicts examples of what can and cannot be funded by PMSA.

What can be funded from PMSA	What cannot be funded by PMSA
Non-PMB GP and specialist consultations and procedures	Prescribed Minimum Benefit co-payments
Acute medicine, including Pharmacist Advised Therapy (PAT) medicine	Illegitimate claims (must be a claim for a relevant healthcare service according to the Medical Schemes Act)
Eye care, spectacles, lenses and contact lenses	Future-dated services
Dental services including orthodontic treatment (after your basic dentistry benefit has been exhausted)	Chronic medication co-payments
Chiropractic services	Delivery fees
Homeopaths, naturopaths, and osteopaths, including medicine	Services rendered by providers without a practice number
Chiropody and podiatry	Scheme contributions
Physiotherapy	Travel costs, missed appointments
Audiology	
Speech and occupational therapy	
Clinical psychology	
Dietitian services	
Orthoptists and prosthetists	
Social worker and other allied healthcare services	

Table 1: Examples of what is funded (not funded) by PMSA

Source: Anglo Medical Scheme (2021)

OBJECTIVES

This study presents the various funding models medical schemes employ for various healthcare services. It will outline the unique count of claiming providers and quantify the PMB expenditure paid by members who have PMSA on their benefit option.

DATA SOURCES

Data was sourced from the Annual Statutory Returns (ASR) data submitted by medical schemes to the Council for Medical Schemes for the 2020 review period.

APPROACH

A recent analysis showed that medical scheme members are exposed to co-payments across all disciplines that offer relevant healthcare services. The study shows the average number of visits per discipline, the average amount paid per visit and the unique count of beneficiaries visiting a medical service provider. The experience can be higher or lower than the average numbers depicted in this research note, or differ subject to the following factors:

- Scheme type/Scheme size/Scheme operation model (Insourced vs Outsourced)
- Setting (In/Out of hospital)
- Geographic distribution of providers
- Network arrangements
- Demographics, age, and chronicity
- Tariff rate between the scheme and a provider
- Benefit option enrichment
- Funding model
- Average time spent per service or consult
- Information asymmetry/ members not understanding what they are covered for

The research note provides a summary of claiming providers and quantifies the average amount paid per medical service provider and PMB expenditure paid from Personal Medical Savings (PMSA) which is in contravention of the Medical Schemes Act.

Out-of-pocket (OOP) payment is computed as the difference between what was charged by the provider and what was eventually paid by the scheme. OOP is depicted both in percentage and rand value. The review period is the 2020 claims experience.

KEY INSIGHTS

Table 2 depicts the average amount paid per visit per service in 2020, the table further depicts the average amount paid by the member as a co-payment.

The table should be interpreted with caution as it does not distinguish between different treatment codes, although it does,however, give an indicative figure. For example, General Medical Practice services have more than 2 000 treatment codes with varying treatment cost.

	Scheme paid (Member paid) per visit
General Medical Practice	R443.19 (R54.30)
Pharmacies	R328.03 (R137.86)
Physiotherapists	R561.01 (R108.98)
General Dental Practice	R1,084.74 (R181.53)
Psychologists	R931.57 (R214.98)
Optometrists	R2,056.43 (R283.25)
Independent Practice Specialist Medicine	R969.54 (R343.96)
Anaesthetists	R3,340.49 (R1,025.50)
Occupational Therapy	R562.31 (R168.60)
Independent Practice Specialist Obstetrics and Gynaecology	R1,532.15 (R636.36)

Table 2: Select list of benefits paid by the medical schemes and members: Average amount spent per visit

Figure 1 shows services attracting the highest benefit paid per service or event, and the average amount paid per visit. Private hospital services account for the bulk of these services and attracted more than R10 000 per visit:

Private Rehab Hospital (Acute):	R40,170.29
Unattached operating theatres / Day clinics:	R15,378.34
Mental Health Institutions:	R13,543.90
Private Hospitals ('B' - Status):	R13,304.58
Private Hospital:	R13,076.36
Approved U O T U / Day clinics:	R11,030.38

The figure further shows that services such as Hearing Aid Acoustician, Cardio-Thoracic Surgery, and Plastic and Reconstructive Surgery attracted high rand value co-payments relative to what was paid by the scheme per visit. When adjusting for the number of service providers, blood transfusion services also accounted for a considerable amount of what was paid to service providers.

There are only two service providers of blood transfusion services that claimed from medical schemes, namely the South African National Blood Service (SANBS) and the Western Cape Blood Services which covers the Western Cape.

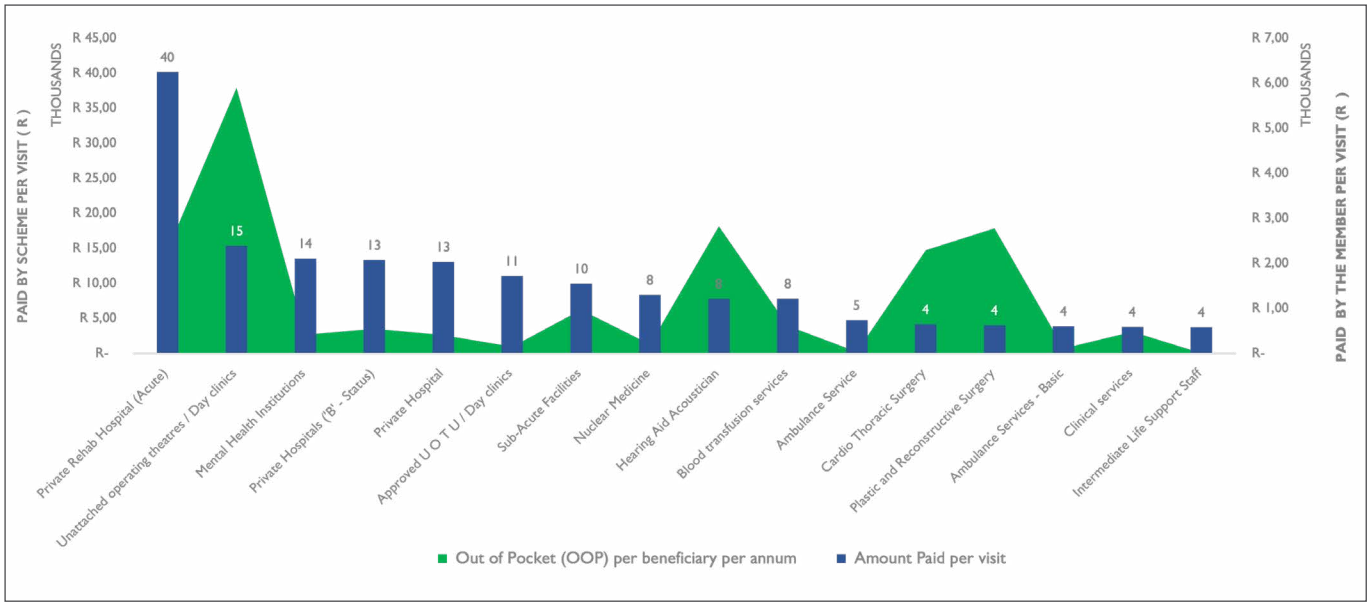

Figure 1: Highest paid services per visit or event

Table 3 shows disciplines with more than five visits per provider per annum. Nursing Agencies/Home Care Services had the highest number of visits per beneficiary with 24 visits per provider per year. Members were subjected to a 7% co-payment, as schemes paid R1,023. Members paid more than what was paid by the scheme per visit, an amount of R1,821.

On average, medical schemes paid for 13 visits for Clinical technologists' services. In contrast, the average number of visits to Haematologist was 12. Schemes paid R2,273 for Clinical technology services and R1 106 for clinical haematology services. Members paid on average R909 and R436 for Clinical technologists and Clinical Haematologists' services from their pocket, respectively.

In comparison, members paid R909 for the Clinical technology services. Services depicted in the table below were mainly funded from the risk-benefit. Schemes fully funded Foreign Services with no co-payment, schemes paid R2,022 paid for these services. The total number of claiming providers was as follows:

Nursing Agencies/Home Care Services:	44
Clinical technology:	553
Clinical Haematology:	16
Foreign Services:	2
Drug & Alcohol Rehab:	85
Independent Practice Specialist Radiation Oncology:	140
Group practices/Hospitals:	11
Hospices:	21
Medical Oncology:	17

Provider category	Count of claiming providers	Amount Paid per visit	Out of Pocket (OOP) per beneficiary per annum	Out of Pocket (OOP) (%)	% Paid from Savings	Visits per beneficiary
Nursing Agencies/Home Care Services	44	R1,023	R1,821	7%	1%	24
Clinical technology	553	R2,273	R909	3%	0%	13
Clinical Haematology	16	R1,106	R436	3%	2%	12
Foreign Services	2	R2,022	R18	0%	0%	9
Drug & Alcohol Rehab	85	R3,437	R732	3%	0%	8
Independent Practice Specialist Radiation Oncology	140	R2,913	R459	2%	0%	7
Group practices/Hospitals	11	R589	R42	1%	2%	7
Hospices	21	R2,130	R677	5%	2%	6
Medical Oncology	17	R1,780	R538	5%	3%	6

Table 3: Benefits paid to medical service providers by the highest number of visits per provider

Table 4 shows disciplines where more than half of the benefits paid were made from the personal medical savings account by the provider. Nearly half of the benefits claimed for Therapeutic Massage therapists, Therapeutic reflexologists and Periodontics were paid by the members. This shows that there are funding limits imposed by medical schemes for these services as higher levels of OOP were notable.

The average amount paid per visit were as follows: R469.98, R324.00 and R2,755.66, respectively. Members paid more than R1 000 for these services, with R1,150.32, R1,222.07 and R3,990.76, respectively. More than half of the benefits paid by Acupuncturists were paid from PMSA. Other services that accounted for PMSA benefits were Osteopathy, Therapeutic Reflexologist, Acupuncturist, Medical Scientists, Homoeopaths, Chiropractors and Orthoptists, where PMSA accounted for 24%, 48%, 53%, 24%, 30%, 12% and 18%, respectively.

Osteopathy: R549.48
Therapeutic Reflexologist: R324.00
Acupuncturist: R596.09
Medical Scientist: R891.53
Homoeopaths: R596.38
Chiropractors: R521.39
Orthoptists: R540.00

The total number of top claiming providers, which are mainly funded from savings, were as follows:

Therapeutic Massage Therapist:	3
Osteopathy:	7
Therapeutic Reflexologist:	14
Acupuncturist:	22
Medical Scientist:	1
Homoeopaths:	156
Chiropractors:	650

Provider category	Count of claiming providers	Amount Paid per visit	Out of Pocket (OOP) per beneficiary per annum	Out of Pocket (OOP) (%)	% Paid from Savings	Visits per beneficiary
Therapeutic Massage Therapist	3	R469.98	R 1,150.32	47%	100%	3
Osteopathy	7	R549.48	R532.19	24%	99%	3
Therapeutic Reflexologist	14	R324.00	R 1,222.07	48%	91%	4
Acupuncturist	22	R596.09	R 1,965.08	53%	88%	3
Medical Scientist	1	R891.53	R227.43	24%	59%	1
Homoeopaths	156	R596.38	R542.57	30%	53%	2
Chiropractors	650	R521.39	R178.22	12%	52%	2

Table 4: Benefits paid to medical service providers by the highest proportion of benefits paid from the personal medical savings account

Table 5 shows disciplines with the services attracting the highest level of co-payments by the provider, which was more than 30% of the claimed amount. More than half of claimed benefits for acupuncturists were paid by the member; the average amount paid per visit was R59 638, members paid nearly the same amount of R542.57 per visit. However, proportionally, members paid 30% of what was claimed. Services such as Unattached operating theatres/Day clinics and Maxillo-facial and Oral Surgery attracted 25-27% co-payments.

The average amount paid per visit for Unattached operating theatres/Day clinic was R15,378.34, an average amount of R5,896.41 was paid by the member.

The total number of top claiming providers which funded from savings were as follows:

Acupuncturist:	22
Prosthodontic:	27
Therapeutic Reflexologist:	14
Periodontics:	35
Therapeutic Massage Therapist:	3
Homoeopaths:	156
Unattached operating theatres/Day clinics:	1
Maxillo-facial and Oral Surgery:	148
Plastic and Reconstructive Surgery:	163

Provider category	Count of claiming providers	Amount Paid per visit	Out of Pocket (OOP) per beneficiary per annum	Out of Pocket (OOP) (%)	% Paid from Savings	Visits per beneficiary
Acupuncturist	22	R596.09	R 1,965.08	53%	88%	3
Prosthodontic	27	R2,406.19	R 4,829.38	48%	41%	2
Therapeutic Reflexologist	14	R324.00	R 1,222.07	48%	91%	4
Periodontics	35	R2,755.66	R 3,990.76	47%	43%	2
Therapeutic Massage Therapist	3	R469.98	R 1,150.32	47%	100%	3
Homoeopaths	156	R596.38	R542.57	30%	53%	2
Unattached operating theatres / Day clinics	1	R 15,378.34	R 5,896.41	27%	0%	1
Maxillo-facial and Oral Surgery	148	R2,847.91	R 1,452.23	26%	18%	1
Plastic and Reconstructive Surgery	163	R3,997.65	R 2,777.35	25%	2%	2

Table 5: Services attracting the highest level of co-payments

NON-COMPLIANCE WITH REGULATION 10 (6) - PMB BENEFITS PAID FROM MEDICAL SAVINGS ACCOUNT

In terms of regulation 10 (6), the funds in a member's medical savings account shall not be used to pay for the costs of a prescribed minimum benefit (PMB). The primary purpose of the requirement is to protect the interest of beneficiaries in ensuring that all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected.

The CMS has noted a consistent erroneous phenomenon where schemes continue funding the treatment of PMB conditions from PMSA. This adversely impacts the appropriate use of members' funds and potentially their cover as well. This growing concern has also been noted at administrator level, and this may indicate the inability of some of the administrator systems to identify PMBs correctly. The results were computed from the CMS Annual Statutory Returns (ASR) data. This trend depicts continued non-compli-

ance to regulation 10 (6). The CMS is engaging with the affected schemes to deal with possibly incorrectly funded PMBs from the PMSA to the estimated value of R470 million, as depicted in Annexure B to also ensure these funds are appropriately dealt with.

CONCLUDING REMARKS

The study showed that medical schemes members are subjected to co-payments almost across all disciplines or services. Some services attract higher level of co-payment than others and the following disciplines attracted co-payments of more than 30% of what was claimed:

- Acupuncturist
- Prosthodontic
- Therapeutic Reflexologist
- Periodontics
- Therapeutic Massage Therapist
- Homoeopaths
- Unattached operating theatres / Day clinics
- Maxillo-facial and Oral Surgery
- Plastic and Reconstructive Surgery
- Osteopathy
- Medical Scientist
- Hearing Aid Acoustician
- Orthodontics
- Art Therapists
- Anaesthetists

The study also revealed that there are disparities in how some of the benefits are funded by medical schemes; typically, a benefit such as optometry is mainly funded from risk in closed schemes, while it is funded from savings in open schemes, except for a typical traditional benefit options. The consistency and rationale of these disparities need to be explored further.

This research note recommends product simplicity and standardisation of benefit options, continued engagement and communication of benefits to members. Product training on what is covered, not covered, benefit limits, appropriate use in provider service networks, benefit enrichment. Continued non-compliance to regulation 10 (6) by medical schemes that continue to fund Prescribed Minimum Benefits from the member's savings is a big concern. This is indicative of some scheme and administrator systems cannot identify PMBs correctly. The regulator employs stringent measures on the accreditation approval process to improve compliance, ensuring proper management and funding of benefits.

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ANNEXURE A: MEDICAL SCHEMES BENEFITS PAID & COUNT OF CLAIMING PROVIDERS: 2020
+15 VISITS PER PROVIDER PER YEAR

Provider category	Count of claiming providers	Amount Paid per visit (R)	Out of Pocket (OOP) per beneficiary per annum (R)	Out of Pocket (OOP) (%)	% Paid from Savings	Visits per beneficiary
All	50,444	1,055	191	6%	6%	3
General Medical Practice	9,831	443	54	5%	16%	2
Pharmacies	5,360	328	138	9%	16%	4
Physiotherapists	3,669	561	109	4%	10%	4
General Dental Practice	3,574	1,085	182	9%	20%	2
Psychologists	2,935	932	215	5%	9%	4
Optometrists	2,892**	2,056	283	11%	32%	1
Independent Practice Specialist Medicine	1,750	970	344	6%	2%	5
Anaesthetists	1,384	3,340	1,025	20%	0%	1
Occupational Therapy	1,237	562	169	7%	11%	4
Independent Practice Specialist Obstetrics and Gynaecology	1,176	1,532	636	14%	8%	2
Specialist Family Medicine	1,054	305	118	10%	24%	3
Speech Therapy and Audiology	983	1,268	561	13%	11%	3
Psychiatry	907	1,214	204	3%	3%	5
Paediatrics Independent Practice Specialist	903	905	176	5%	6%	3
Orthopaedics	895	3,263	1,446	18%	2%	2
Surgery Independent Practice Specialist	889	1,880	825	13%	1%	3
Dieticians	868	448	36	2%	9%	3
Registered nurses	789	657	175	8%	9%	3
Chiropractors	650	521	178	12%	52%	2
Biokinetics	606	377	208	15%	37%	3
Clinical technology	553	2,273	909	3%	0%	13
Ophthalmology	511	3,020	530	8%	6%	2
Dental therapy	488	973	22	2%	2%	1
Social workers	384	567	90	6%	12%	3
Radiography	371	1,171	29	2%	5%	1
Otorhinolaryngology	345	1,403	471	16%	6%	2

Urology	337	1,842	580	13%	5%	2
Orthotists & Prosthetists	284	2,183	295	11%	8%	1
Provincial Hospitals	280	1,674	139	3%	0%	3
Dermatology	259	714	233	19%	35%	1
Independent Practice Specialist Neurosurgery	235	3,094	1,997	18%	2%	3
Diagnostic Radiology	226	2,070	132	4%	6%	2
Private Hospitals ('B' - Status)	205	13,305	550	2%	0%	2
Podiatry	202	824	246	17%	42%	1
Neurology	198	1,143	280	6%	3%	4
Dental Technician	194	2,198	385	15%	32%	1
Orthodontics	181	1,310	1,453	22%	47%	4
Registered Counsellors	169	589	164	8%	33%	3
Plastic and Reconstructive Surgery	163	3,998	2,777	25%	2%	2
Approved U O T U / Day clinics	160	11,030	151	1%	0%	1
Homoeopaths	156	596	543	30%	53%	2
Private Hospital	150	13,076	403	2%	0%	2
Maxillo-facial and Oral Surgery	148	2,848	1,452	26%	18%	1
Cardiology	143	2,843	495	6%	8%	3
Independent Practice Specialist Radiation Oncology	140	2,913	459	2%	0%	7
Advanced Life Support Staff	131	3,666	12	0%	0%	1
Group Practice	125	1,022	502	11%	8%	4
Cardio Thoracic Surgery	123	4,171	2,290	10%	0%	5
Intermediate Life Support Staff	115	3,742	1	0%	0%	1
Sub-Acute Facilities	105	9,979	967	3%	0%	3
Clinical services	95	3,773	485	5%	2%	3
Drug & Alcohol Rehab	85	3,437	732	3%	0%	8
Mental Health Institutions	81	13,544	415	2%	0%	2
Ambulance Service	76	4,766	32	1%	0%	1
Pulmonology	74	1,327	548	7%	7%	5
Medical technology	71	1,131	25	2%	7%	1
Pathology Independent Practice Specialist	58***	947	87	4%	8%	2
Nursing Agencies/Home Care Services	44	1,023	1,821	7%	1%	24
Nuclear Medicine	35	8,343	203	2%	2%	1
Periodontics	35	2,756	3,991	47%	43%	2

Oral Hygiene	33	917	37	4%	5%	1
Gastroenterology	32	1,858	307	6%	5%	2
Hearing Aid Acoustician	27	7,830	2,826	23%	12%	1
Prosthodontic	27	2,406	4,829	48%	41%	2
Rheumatology	24	783	355	16%	18%	2
Acupuncturist	22	596	1,965	53%	88%	3
Hospices	21	2,130	677	5%	2%	6
Private Rehab Hospital (Acute)	18	40,170	2,295	2%	0%	3
Medical Oncology	17	1,780	538	5%	3%	6
Clinical Haematology	16	1,106	436	3%	2%	12
Therapeutic Reflexologist	14	324	1,222	48%	91%	4
Emergency Medicine Independent Practice Specialist	13	726	68	7%	5%	1
Paediatric Surgery Independent Practice Specialist	12	2,192	812	10%	0%	3
Paediatric Cardiology	11	2,884	398	6%	9%	2
Group practices/Hospitals	11	589	42	1%	2%	7
Optical dispensers	11	2,106	323	13%	16%	1
Psychometry	9	791	12	0%	9%	3
Basic Life Support Staff	8	3,659	51	1%	0%	1
Osteopathy	7	549	532	24%	99%	3
Ambulance Services - Basic	6	3,878	114	3%	0%	1
Art Therapists	4	385	424	22%	47%	4
Orthoptists	3	540	148	18%	48%	1
Therapeutic Massage Therapist	3	470	1,150	47%	100%	3
Foreign Services	2	2,022	18	0%	0%	9
Blood transfusion services	2	7,804	607	3%	0%	2
Independent Practice Specialist Clinical Pharmacology	2	317	2	0%	1%	3
Medical Scientist	1	892	227	24%	59%	1
Unattached operating theatres / Day clinics	1	15,378	5,896	27%	0%	1

*** Possibly include funding of lenses and frames**** Possibly related to COVID-19 tests*

Note:The table below should be interpreted with caution as it does not distinguish between different treatment descriptions, however, does give an indicative figure. For example, General Medical Practice services has more than 2 000 treatment codes with varying treatment cost.

ANNEXURE B: TREND PRESCRIBED MINIMUM BENEFITS (PMBS) PAID FROM PMSA, (RAND AMOUNTS)

Scheme	2015	2016	2017	2018	2019	2020	Grand Total
Scheme 1	436,027	418,577	563,896	35,620	399,482	322,166	**2,175,768**
Scheme 2	13,715		-	-	-	-	**13,715**
Scheme 3	1,886,492	-	-	-	-	-	**1,886,492**
Scheme 4	461,827	906,150					**1,367,977**
Scheme 5	2,447,753	3,051,374	5,732,512	6,552,383	-	-	**17,784,023**
Scheme 6	405,073	300,734	932		-	-	**706,739**
Scheme 7	3,582,604	4,917,030	3,963,620	5,778,880	924,822	16,501	**19,183,457**
Scheme 8	2,186	-	-	-	-	-	**2,186**
Scheme 9	8,762	7,115	-	-	-	-	**15,877**
Scheme 10	-	61,048	(50,017)	153	6,644	2,858	**20,686**
Scheme 11	1,637,300	1,331,186	2,222,299	2,619,530	-	-	**7,810,316**
Scheme 12	-	-	-	3,297,144	-	-	**3,297,144**
Scheme 13	32,706,386	35,811,192	42,118,037	47,740,843	51,217,882	51,585,711	**261,180,052**
Scheme 14	12,107,936	13,700,414	13,393,509	13,549,872	14,360,983	13,110,822	**80,223,535**
Scheme 15	-	-	-	19,194	2,694	-	**21,888**
Scheme 16	4,558	892	-	-	-	-	**5,450**
Scheme 17	2,192,749		-	-	-	-	**2,192,749**
Scheme 18	12,060,745	13,919,379	13,913,688	407,147	13,277,597		**53,578,556**
Scheme 19	938,392	928,267	961,237	1,080,497	1,060,179	-	**4,968,573**
Scheme 20	-	-	-	3,207,759	4,049,716	6,463,864	**13,721,338**
Total	**70,892,504**	**75,353,360**	**82,819,711**	**84,289,025**	**85,299,999**	**71,501,922**	**470,156,520**