



CIRCULAR

Reference: E&V and Weighting table for 2020
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Circular 2 of 2021: Entry and verification criteria for identifying beneficiaries with risk factors in medical schemes and the SRM Weighting and Count tables for 2020

The Council for Medical Schemes (CMS) has published Version 14.0 of the guidelines for identifying medical schemes beneficiaries with risk factors, in accordance with the entry and verification criteria (E&V Criteria) as well as the SRM Weighting table for 2020.

Schemes are reminded that the guidelines do not translate to PMB requirements but are used to measure schemes risk exposure to chronic conditions. After engagement with stakeholder's comments, the following changes were affected. Please click access the document [here](#) and tables [here](#).

1. Asthma

Proposed	Accepted / Rejected / Amended
R03DX09 - Mepolizumab	Accepted - Added to document
R03BB04 - Tiotropium	Rejected – Not added to document as clinically not appropriate
R03CC - Systemic selective B2-agonists	Accepted - Removed from document as clinically not appropriate

2. Bipolar Mood Disorder

Proposed	Accepted / Rejected / Amended
05AH03 in Section 7 changed to N05AH03	Accepted - Amended in document

3. Bronchiectasis

Proposed	Accepted / Rejected / Amended
R03CC - Systemic selective B2-agonists	Accepted - Removed from document as clinically not appropriate

4. Cardiac Failure and Cardiomyopathy

Proposed	Accepted / Rejected / Amended
O10.1 and O10.3 are not listed under CDL for CF or CMO on the 2013 ICD-10 code list as these are obstetric codes. Both codes are listed as CDLs for Hypertension and O10.3 is also listed as CDL under Chronic renal disease. We recommend that these codes be removed.	Rejected – these codes are often the only code used to indicate the diagnosis (used in the primary position) and as such to determine the PMB. O10.1 - Pre-existing hypertensive heart disease complicating pregnancy, childbirth and the puerperium O10.3 - Pre-existing hypertensive heart and renal disease complicating pregnancy, childbirth and the puerperium

5. Crohn's Disease (CSD)

The following antibiotics were included as there is evidence that it can be used in the treatment of the disease.

Proposed	Accepted / Rejected / Amended
J01 - Antibacterials for systemic use	Accepted - Removed from document as clinically not appropriate. More detailed codes were previously included.
L01BB02 - 6-mercaptopurine	Accepted - Added to document
L04AA33 - Vedolizumab	Accepted - Added to document
L04AD02 – Tacrolimus	Accepted - Added to document

6. Chronic Obstructive Pulmonary Disease

Proposed	Accepted / Rejected / Amended
R03CC - Systemic selective B2-agonists	Accepted - Removed from document as clinically not appropriate
H02AB06 – Prednisolone added in Section 7	Accepted - Added to document
H02AB07 – Prednisone added in Section 7	Accepted - Added to document

7. Chronic Renal Disease

Proposed	Accepted / Rejected / Amended
N04 - Nephrotic syndrome AND N05 - Unspecified nephritic syndrome to be deleted from the identifying ICD-10 codes	Rejected- these syndromes form an integral part of chronic renal disease regardless whether it is included in PMB Coded list of 2013
A12BA – Potassium added to Section 7	Amended in document
B03XA02 – methoxy polyethylene glycol-epoetin beta (Mircera)	Accepted - Added to document
B03XA03 – darbepoetin alfa (Aranesp)	Accepted - Added to document

8. Coronary Artery Disease

Proposed	Accepted / Rejected / Amended
C01EB18 - Ranolazine	Accepted - Added to document

9. Diabetes Mellitus Type I

Proposed	Accepted / Rejected / Amended
A10B - Blood glucose lowering drugs other than insulin	Accepted - Removed from document
A10A - Insulins and Analogues	Removed from document
A10AB - Insulins and analogues for injection, fast-acting	Added to document
A10AC - Insulins and analogues for injection, intermediate-acting	Added to document
A10AD - Insulins and analogues for injection, intermediate- or long-acting combined with fast-acting	Added to document
A10AE01 - insulin (human)	Added to document
A10AE02 - insulin (beef)	Added to document
A10AE03 - insulin (pork)	Added to document
A10AE04 - insulin glargine	Added to document
A10AE05 - insulin detemir	Added to document
A10AE06 - insulin degludec	Added to document
H36.0 - Diabetic retinopathy to be added	Accepted - Added to document
Diabetes Mellitus Type 1 - E13.0, E13.1, E13.5, E14.0, E14.1, E14.5 - these codes are not listed under on the 2013 ICD-10 coded list and should be removed	Rejected - The codes will not be removed as it points to diabetic complications that should be counted for members who suffer from diabetes mellitus and where no other code is provided
Diabetes Mellitus Type 2 - Unclear why Codes E11.0 – E11.8 are duplicated in the second column	Rejected – the codes are repeated to count the members who are diagnosed with Diabetes Mellitus Type II but are not on oral drugs
E13.0 –E13.9 are not listed under type 2 diabetes on the 2013 ICD-10 code list nor is it included in the CMS algorithm for this condition	Rejected – These complication codes indicate the diagnosis and may be used in the primary position. The secondary codes e.g. E11.- are not always used for counting purposes by medical schemes

10. Dysrhythmias

Proposed	Accepted / Rejected / Amended
B01AF02- Apixaban	Accepted – Added to document

11. Haemophilia

Proposed	Accepted / Rejected / Amended
B02BX06 – Emicizumab	Accepted – Added to document

12. Hyperlipidaemia

Proposed	Accepted / Rejected / Amended
C10AX14- Alirocumab	Accepted – Added to document

13. Multiple Sclerosis (MSS)

Proposed	Accepted / Rejected / Amended
L04AA30 – ATC code does not exist anymore	Accepted – Removed from document
L03AB13 – Peginterferon-beta-1a	Accepted – Added under Disease Modifying Agents
L04AA31 – Teriflunomide	Accepted – Moved from Symptomatic Supportive treatment to Disease Modifying agents
L04AA40 – Cladribine	Accepted – Moved from Symptomatic Supportive treatment to Disease Modifying agents
Remove differentiation between DMARDs and Supportive drugs as it does not make a difference in the counts or costs	Accepted – Removed from document

14. Rheumatoid Arthritis (RHA)

Proposed	Accepted / Rejected / Amended
L04AC14 - Sarilumab	Accepted - Removed from document
L04AC15 - Sirukumab	Accepted - Removed from document
L04AA37 - Baricitinib	Accepted - Added to document
L04AA29 - Tofacitinib	Accepted - Added to document

15. Systemic Lupus Erythematosus (SLE)

Proposed	Accepted / Rejected / Amended
L04AA19 - Gusperimus	Accepted - Removed from document
L04AA22 - Abetimus	Accepted - Removed from document
P01BA01 – Chloroquine	Accepted - Added to document

16. Ulcerative Colitis (IBD)

Proposed	Accepted / Rejected / Amended
L04AA33 - Vedolizumab	Accepted - Added to document
L04AD01 – Ciclosporin added to Section 7	Accepted - Added to document
L01BA01 – Methotrexate added to Section 7	Accepted - Added to document

17. HIV/AIDS

Proposed	Accepted / Rejected / Amended
J05AX11 – Elvitegravir to be removed as not available in South Africa	Accepted - Removed from document
J05AX23 – Ibalizumab to be removed as not available in South Africa	Accepted - Removed from document
J05AR06 - Emtricitabine, tenofovir disoproxil and efavirenz as already included in the higher-level code J05AR	Accepted - Removed from document

18. Preparation Data – prevalence data

Proposed	Amended
<p>3.10 Note that with the combination of cardiac heart failure (CHF) and cardiomyopathy (CMY) into one condition. The CHF indicator must not be populated. All CHF and CMY cases must be counted as CMY.</p>	<p>This section was updated to be consistent with the submission of data through the Healthcare Utilisation System (DDDR). Data officers should consult the ASR Healthcare Utilisation Data Specification (Table A7) for further clarity.</p>
<p>Multiple chronic conditions</p> <p>3.11 Once the most expensive disease has been allocated to a CDL code, the multiple disease modifier must be allocated according to the number of chronic diseases for the beneficiary. Hence a beneficiary with multiple chronic diseases will reflect <u>twice</u> in the SRM count data once for the most expensive disease and once for the number of multiple diseases. Multiple chronic conditions should only be accounted for in SRM Count data and not in the SRM prevalence data.</p>	
<p>Beneficiaries without chronic diseases</p> <p>3.14 Populating the “NON” indicator: After counting the CDL Code indicator of the SRM count data, beneficiaries who have not been counted need to be allocated and reflected in the “NON” indicator. This indicator also includes all beneficiaries from the “Under 1” age band. The sum of all indicators (CDL codes, “NON”) reflects all beneficiaries of an option.</p>	
<p>Prevalence data</p> <p>3.16 The SRM prevalence data contains the total number of beneficiaries for the period. Each beneficiary must be counted for all the chronic conditions (CDL conditions or HIV) the person has. For a person with three CDL conditions the scheme must count the beneficiary under the three relevant chronic codes. Thus, the total of beneficiaries for all indicators (CDL Codes) will be more than the beneficiaries registered on the option for the period.</p>	<p>This section was updated to be consistent with the submission of data through the Healthcare Utilisation System (DDDR). Data Officers should consult the ASR Healthcare Utilisation Data Specification (Table A7) for further clarity.</p>
<p>3.18 The same number of beneficiaries in the “NON” indicator of the SRM count data should be reflected in the “NON” indicator of the SRM prevalence data. Hence for both indicators (Count and Prevalence), the “Under 1” age band is defaulted to “NON”.</p>	

19. Additional changes to document

The ATC codes indicated in Section 6 and Section 7 have been aligned.

Yours sincerely,



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