

## DSPs and Emergency Room Care

**Designated Service Providers (DSPs) are healthcare providers (doctor, pharmacist, hospitals etc.) that have agreements with medical schemes to diagnose, treat and care for their members for PMB conditions. DSPs are also called network providers in some cases. When a member uses a DSP for a PMB condition, the account must be covered in full by the scheme.**

Prescribed Minimum Benefit (PMB) conditions are a set of defined benefits to ensure that all medical scheme members and beneficiaries have access to certain minimum health services, regardless of the benefit option they have chosen.

PMBs include:

- Any emergency medical condition
- A limited set of 271 medical conditions (defined in the Diagnosis Treatment Pairs); and
- 26 Chronic conditions (defined in the Chronic Disease List)

Medical schemes can manage the financial risk associated with PMBs by encouraging their members to use Designated Service Providers (DSPs).

DSPs are healthcare providers (doctor, pharmacist, hospitals etc.) that have agreements with medical schemes to diagnose, treat and care for their members for PMB conditions. The DSPs are the preferred providers for the scheme and the scheme's first choice to care for their members. DSPs are also called network providers in some cases.

When a member uses a DSP for a PMB condition, the account must be covered in full by the scheme. If a member voluntarily chooses not to use a DSP and uses a different healthcare provider, the medical scheme may charge the member a co-payment. If, however, the member involuntarily uses a provider that is not a DSP then the scheme must cover the cost of the PMB condition in full.

Involuntary use of a DSP can occur when:

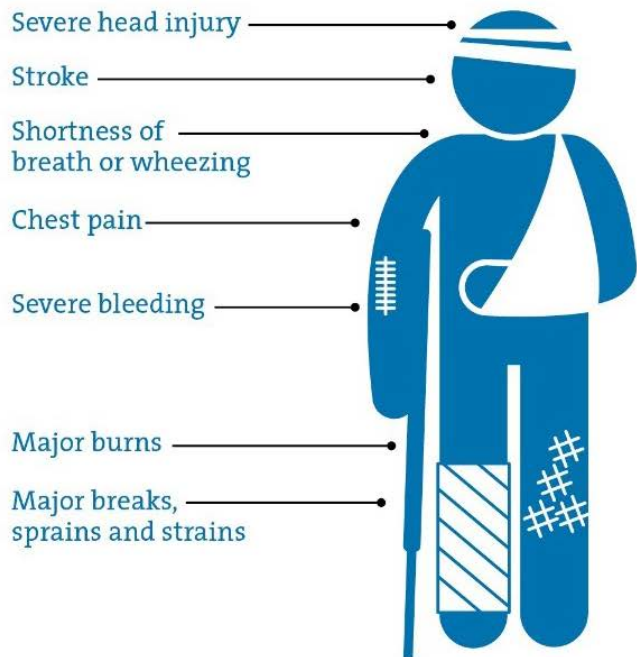
- The service was not readily available from a DSP, or it would have been provided with an unreasonable delay by a DSP;
- There was an emergency which occurred under such circumstances or at such a location that precluded the member from obtaining PMB treatment from a DSP; or
- There was no DSP within reasonable proximity to the member's ordinary place of business or personal residence

### What is an emergency?

An emergency medical condition is the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death.

Patients are at times seen in a casualty or emergency room of a hospital. The casualty or emergency room may be run by the hospital itself or may be operated as a separate medical practice. When a patient goes to an emergency room that is run as separate medical practice, there are two separate charges – one from the hospital and one from the medical practice running the emergency room.

There are times where a medical scheme member may go to the emergency room of a hospital that is a DSP of their medical scheme but the medical practice run-



## WHEN TO GO TO THE EMERGENCY DEPARTMENT

For life-threatening conditions such as heart attack and stroke, chest pain, difficulty breathing, severe bleeding, head injury, loss of consciousness or other major trauma.

ning the emergency room is not a DSP for the medical scheme. In an emergency that meets the criteria for a medical emergency condition, should the final diagnosis not be a PMB condition, the scheme will have to cover all investigations done to make the diagnosis in full even if the medical practice is a non-DSP.

Any procedures or investigations done after that would then be subject to the scheme rules. If the consultation was voluntary and not for a PMB, the member would be liable for any costs not covered by the scheme, especially if the medical practice is a non-DSP. This is known as a co-payment.

Not all conditions treated in an emergency room are emergencies as defined above. If a condition meets the criteria of an emergency, then the medical scheme should cover all costs associated with the consultation even if the practice running the emergency rooms is not a DSP. If, however, the condition is not an emergency as defined above and the practice running the emergency rooms is not a DSP, then the member would be liable to cover any costs not covered by the medical scheme.

### References

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3. 2008. CMScript: Know thy designated service providers. [ebook] Pretoria: Council for Medical Schemes. Available at: <[https://www.medicalschemes.com/files/cmscript/cmscript\\_20081112.pdf](https://www.medicalschemes.com/files/cmscript/cmscript_20081112.pdf)> [Accessed 25 January 2022].

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