



## CIRCULAR

Reference: PMB Definitions Guidelines for 2024/2025  
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### **Circular (13) of 2024: Prescribed Minimum Benefit definition guidelines for 2024/2025**

#### **1. Purpose**

- 1.1 The Council for Medical Schemes (CMS) hereby informs stakeholders of the commencement of the process to develop Prescribed Minimum Benefit (PMB) Definition Guidelines for the 2024/2025 financial year.

#### **2. Background**

- 2.1 The CMS, in its efforts to be an agile and transformative regulator endears to promote affordable and accessible healthcare cover towards universal health coverage, is putting efforts into the PMB Definition Guidelines Project to clarify PMB entitlements and to offer guidance to all stakeholders in interpreting PMB policy provision in terms of the relevant legislation.
- 2.2 The PMB Definition Guideline development process is guided by best available evidence, clinical practice knowledge, and PMB minimum level of care.
- 2.3 Healthcare professionals, technical experts, and medical scheme stakeholders will work together to provide recommendations.
- 2.4 To enhance the process's efficiency for creating PMB Definition Guidelines, the CMS has identified the proposed PMB Chronic Disease Lists (CDLs) and

Diagnoses and Treatment Pairs (DTPs) listed by organ-system, which will be prioritised for the years 2024/2025.

- 2.5 The PMB CDL conditions prioritised include:
- Coronary artery disease
  - Hypertension
  - Hyperlipidaemia
  - Diabetes Mellitus Type 1 and 2
- 2.6 The PMB DTP anatomic groups prioritised include:
- Brain and nervous system
  - Ear, nose, mouth and throat
  - Emergency
  - Female reproductive system
- 2.7 Private and public healthcare professionals, professional society stakeholders, provincial health departments and the medical scheme industry are invited to nominate suitable candidates to serve as members of the respective Clinical Advisory Committees
- 2.8 A Chairperson will be appointed for each Clinical Advisory Committee for one or more of the CDLs or DTPs mentioned above and will be responsible for developing the scope for the respective PMB Definition Guidelines.
- 2.9 The Chairperson will ideally be a clinical specialist in the specific disease area, employed in academia and will have extensive experience in guideline development.
- 2.10 The CAC will comprise technical experts selected from the CMS Technical Expert Panel and relevant stakeholders with expertise in the specific PMB CDL and DTPs proposed for definition guideline development. These stakeholders will represent various interest groups within the medical schemes industry.
- 2.11 It is important to note that CAC representatives will not receive compensation for their voluntary role in advising and representing their stakeholders' interests.
- 2.12 To be considered for CAC positions, interested parties must email their CVs to [pmbreview@medicalschemes.co.za](mailto:pmbreview@medicalschemes.co.za).
- 2.13 Please note that the PMB Definition Guideline development will only commence once a Chairperson is successfully appointed to develop the guideline scope, followed by a full CAC to execute its mandate.
- 2.14 For enquiries, email [pmbreview@medicalschemes.co.za](mailto:pmbreview@medicalschemes.co.za)

2.15 Please take note of the following deadlines:

**Due date for submission of CVs**

**01 April 2024**

Yours sincerely,



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**Dr Siphon Kabane  
CE and Registrar  
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