



RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

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Dr V obo Ms A v GOVERNMENT EMPLOYEES MEDICAL SCHEME (GEMS)

Non-PMB level of care: Paid at scheme rates

This complaint concerned the Scheme's alleged failure to fund the full cost of treatment associated with Ms A's Prescribed Minimum Benefit (PMB) condition. Ms A had reportedly undergone a Transcatheter Aortic Valve Replacement (TAVI), recommended for management of her PMB condition, Aortic (Valve) Stenosis.

The complainant (Dr V), was aggrieved by the Scheme's decision to partially fund the TAVI procedure, arguing the Scheme should be liable for the costs in full. Acting on behalf of Ms A, he approached the Registrar for intervention.

As required by Section 47(1) of the Medical Schemes Act, the complaint was referred to the Scheme for a response. Responding to the complaint, the Scheme conceded that Ms A's diagnosis was accepted as PMB condition. However, it argued that in terms of the Diagnosis and Treatment Pairs (DTP) listed in Annexure of the Regulations, the treatment provided to Ms A was not considered as PMB level of care.

The Scheme argued that for the treatment to be eligible for PMB funding, the criteria set out in the Regulations must be met. This arguably meant that the diagnosis must be a PMB condition and the treatment must constitute PMB level of care. Ultimately, the Scheme resolved to only fund the TAVI claims at the Scheme rates, in accordance with its registered scheme rules, clinical protocols, and the member's available benefit.

Upon investigation, the submissions made by both the complainant and the scheme were reviewed by the Registrar. The matter was also referred to the CMS Clinical Review Committee (CRC) for a clinical opinion. Having reviewed all the submitted clinical evidence, the CRC advised that Transcatheter Aortic Valve Implantation (TAVI) procedure does not qualify as PMB-level care for the member's condition as it is not the prevailing level of care for the condition in the public sector.

According to the CRC, TAVI is currently only provided in public sector hospitals in two provinces, which does not meet the qualifying criteria for inclusion as PMB level of care. The CRC stated that treatment must be available at a minimum of three public hospitals across three different provinces to qualify as PMB level of care.

On account of the clinical opinion of the CMS Clinical Review Committee, it was then determined that the Scheme's funding decision was compliant with the Act and its registered rules. A ruling was therefore issued confirming the Scheme's funding decision and the complaint was accordingly dismissed.