CIRCULAR

Reference:	PMB Review PHC Costing
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Date:	14 September 2026

Circular 26 of 2026: Request for Membership and Claims Data for the Costing of the Proposed Primary Healthcare Service Benefits Package

1. Purpose

The purpose of this Circular is to request medical schemes and their administrators to submit beneficiary membership and claims data to the Council for Medical Schemes (CMS) to update the costing of the proposed Primary Healthcare (PHC) service benefits package as part of the Prescribed Minimum Benefits (PMB) Review.

The requested information will support the work of the PMB Review Costing Committee in determining the cost and affordability of the proposed PHC package following technical alignment work undertaken between the CMS and the National Department of Health (NDoH) in respect of the proposed Primary Healthcare service package."

2. Background

2.1. Section 67B of the Medical Schemes Act (131 of 1998) (MSA) and Regulation 15H require the periodic review of the PMB's to ensure that they remain effective, appropriate and aligned with developments in health policy.

2.2. As communicated through the PMB Review Update Circular, the PMB Review activities are currently focused on the development of a comprehensive PHC service benefits package and the establishment of a future base benefits package.

2.3. The proposed PHC package has undergone refinement through stakeholder consultation, technical review and alignment with the NDoH's PHC service package. The updated package now requires revised costing using current medical scheme utilisation and expenditure data.

2.4. In support of the initial costing of the proposed PHC package, the CMS previously requested and received beneficiary membership and claims data from medical schemes. Since then, significant progress has been made in refining the proposed PHC package, aligning the CMS and NDoH PHC service packages, and undertaking further affordability analyses. Updated membership and claims data are therefore required to ensure that the costing reflects current utilisation patterns, healthcare expenditure and the refined PHC package.

2.5. The information collected through this request will support the work of the PMB Review Costing Committee in updating the costing of the proposed PHC package and informing subsequent affordability analyses and implementation planning.

3. Data request

Medical schemes are requested to submit beneficiary-level membership and claims data for the period 1 January 2023 to 31 December 2025.

The detailed technical specification is attached as **Annexure A** to this Circular.

The requested data have been limited to information that is generally available from medical scheme administration systems. Where any required data element is unavailable, medical schemes are encouraged to raise these matters during the technical engagement sessions or engage directly with the CMS to discuss suitable alternatives.

4. Data submission

Medical schemes are requested to submit the required information electronically in accordance with the specification contained in **Annexure A.**

The requested information should be submitted by **15 October 2026**.

The secure submission mechanism and any applicable file transfer instructions will be communicated separately by the CMS.

5. Technical engagement session

The CMS will host a technical engagement session with medical schemes to provide clarification on the data specification and address technical queries relating to the data request.

Date: 29 September 2026

Time: 09:00–12:00

Platform: Microsoft Teams

You are invited to register for the technical engagement session using the link below.

Register for the technical engagement session here.

6. Confidentiality

The CMS recognises the confidential nature of the information requested. As such, all information submitted will be managed in accordance with the Protection of Personal Information Act (4 of 2013), and any other applicable legislation. The submitted data will be used solely for purposes related to the costing and affordability analyses of the proposed Primary Healthcare package under the PMB Review.

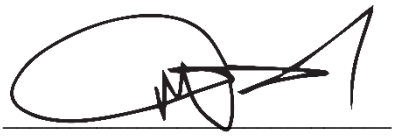
Any reporting arising from these analyses will be undertaken using aggregated and de-identified information.

7. Conclusion

The CMS appreciates the continued cooperation and support of medical schemes and administrators in advancing the PMB Review.

The submission of complete and accurate data is critical to ensuring that the updated costing of the proposed PHC package is evidence-based, transparent and reflective of current healthcare utilisation. This work will contribute significantly to the continued review of the Prescribed Minimum Benefits and the development of a sustainable service-based benefits package.

Yours sincerely,



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