



NHI Draft Bill Daily Analysis

The NHI Draft Bill was published in Government Gazette 41725 on 21 June 2018. The South African Private Practitioners' Forum will be sharing an analysis of the Draft NHI Bill with members, highlighting issues of importance and concern.



NHI Draft Bill – Day 7 Excerpt from the Draft Bill

“Cost coverage

(2) A person-

(b) who fails to comply with referral pathways determined by health care providers or health establishments as referred to in sections 11(1) and 11(2);

or

(c) who seeks services that are not deemed medically necessary by the Benefits Advisory Committee, must pay for the services rendered directly, or through a voluntary medical insurance scheme or through any other private insurance scheme.

(3) Subject to the provisions of this section, users registered with the Fund receive health service benefits at no cost.”

Analysis

The indication is there that services in the NHI will be free at the point of service. This refers to services that are contained in the prescribed basket of service. Services outside the basket will have to be covered in cash, or through complementary Medical Scheme coverage.

Should you not stick to referral pathways, the NHI will not pay for your treatment, even if it falls in the prescribed service basket. The inadvertent results of the section above is that, should you skip the referral pathway and the NHI does not pay for the service, your medical scheme may pay for it.

This would mean that medical scheme members may be able to skip the referral pathways. It also creates a situation where medical scheme could potentially be liable for any condition at a higher level of care, which could be accessed by skipping referral pathways.

Actuarially, this would make it difficult for medical schemes to price their products, as the nature of complementary services already makes it quite difficult to determine what basket of services medical scheme premiums would have to cover.