

Dear Pharmacist

## Discovery Health Standard Pharmacy Network and the rates, tariffs and conditions 2023

You benefit if you are part of our pharmacy network. To bring you up to date with the network, we have included:

- Our Standard Pharmacy Network agreement
- Our Standard Pharmacy Network rates that will be effective from 1 January 2023.
- A comprehensive summary of the rates for each of the medical schemes that we administer and the services the schemes offer. Please confirm your chosen network rate with your software vendor to avoid charging scheme members unnecessary co-payments.

### Joining the Discovery Health Standard Pharmacy Network

If your pharmacy is not yet part of the Discovery Health Standard Pharmacy Network and you want to join, complete the relevant forms and send them to us at [provider\\_administration@discovery.co.za](mailto:provider_administration@discovery.co.za):

1. *Appointment as non-exclusive network provider (including Standard Designated Service Provider)*. This is the Standard Pharmacy Network and rates agreement and it is mandatory for all pharmacies that want to take part in the network.
2. *Application to join the or Performance Based Remuneration (PBR) Pharmacy Network for independent pharmacies*, which only independently owned pharmacies must complete.
3. *Data legislation and the Protection of Personal Information Act* form, which is mandatory for all pharmacies that want to take part in the network.
4. *Application to join the Diabetes Clinic Network Agreement*, which is voluntary on the provision that the pharmacy employs at least one registered nurse with her own BHF practice number who has completed one of the specified diabetes courses successfully. For further information please refer to the Diabetes Clinic Network Handbook which you can request from [HealthPartnerInfo@discovery.co.za](mailto:HealthPartnerInfo@discovery.co.za).

### Cancelling or changing your network agreement

Taking part in a Discovery Health pharmacy network is voluntary. If you choose to withdraw your participation, please send your request to [provider\\_administration@discovery.co.za](mailto:provider_administration@discovery.co.za) together with your BHF practice number. We will end your participation in the network according to the contract specifications.

You must also let your software vendor know in writing of the change. Once you are no longer part of the Discovery Health network, you cannot take part in the Performance Based Remuneration Pharmacy Network, the MedXpress Pharmacy Network or the HIV Pharmacy Network.

### Independently owned pharmacies can also join the Performance Based Remuneration Pharmacy Network

If you are an independently owned pharmacy, make sure you also enrol on the Performance Based Remuneration Pharmacy Network that Discovery Health Medical Scheme offers. You can then earn an extra dispensing fee when you stick to the compliance levels of the network. Taking part in the network is voluntarily.

Please print and sign the agreement, and send it to [provider\\_administration@discovery.co.za](mailto:provider_administration@discovery.co.za) so we can register you on the Performance Based Remuneration Pharmacy Network.

**Visit our website for more information**

All our formularies, application forms and previous communication to pharmacies is available on the Healthcare Professional Zone at [www.discovery.co.za](http://www.discovery.co.za) > Discovery ProPBM > Communiqués.

Thank you for your commitment to working with us to make sure the members of the medical schemes we administer continue to have access to affordable medicine and quality service.

If you have any questions, email us at [healthpartnerinfo@discovery.co.za](mailto:healthpartnerinfo@discovery.co.za).

Regards



Suzanne Van Der Walt

**Contract manager**

**Discovery Health**

# 1. Appointment as non-exclusive network provider (including Standard Designated Service Provider)



Please complete and send the form by email to [provider\\_administration@discovery.co.za](mailto:provider_administration@discovery.co.za) or fax it to 011 539 2784. ALSO send a copy to your software vendor at: [helpdesk@computassist.co.za](mailto:helpdesk@computassist.co.za) OR [price.medaid@bcx.co.za](mailto:price.medaid@bcx.co.za) OR [helpdesk@propharm.co.za](mailto:helpdesk@propharm.co.za) OR [info@compharm.co.za](mailto:info@compharm.co.za) OR [kcaticsas@easyrx.co.za](mailto:kcaticsas@easyrx.co.za) OR [comcaps@telkomsa.net](mailto:comcaps@telkomsa.net) OR [pharmasoft@medbel.co.za](mailto:pharmasoft@medbel.co.za) OR [jack@touchpoint.co.za](mailto:jack@touchpoint.co.za) OR [info@djla.co.za](mailto:info@djla.co.za) OR [info@diverseit.co.za](mailto:info@diverseit.co.za) OR [dispensing.rules@vexall.co.za](mailto:dispensing.rules@vexall.co.za)

<b>Pharmacy (group) details</b>			
Owner/company name	ID number/company number		
Name of pharmacy / list attached	BHF pharmacy number / list		
<b>Physical address of pharmacy / pharmacy group head office</b>		<b>Postal address</b>	
Building name and number	PO Box		
Street name and number	Suburb		
Suburb	Code:	City	Code:
Dispensary cell phone	Used for down time SMSs and emergency communication		
<b>Contact details: (For lists: Please give the relevant information for every pharmacy)</b>			
Dispensary email (pharmacist)	Statement email address		

**Provisions for taking part in the Pharmacy Network:** (Further in the document we will refer to the pharmacies described above as the "Pharmacy")  
**IDENTIFICATION AND ELIGIBILITY VERIFICATION**  
 By completing this appointment form, the Pharmacy agrees to take part in the Pharmacy Networks. By joining this network, your pharmacy automatically qualifies as a standard designated service provider. This signed agreement replaces any previous Standard Pharmacy Network Agreement you entered into from the date Discovery Health adds the Pharmacy onto the network according to the terms in this document.

- The Pharmacy agrees:
- To act following all medicine and pharmacy legislative requirements for the procurement and dispensing of scheduled medicine and undertakes to make sure that the Pharmacy and its responsible pharmacists are registered and remain registered with the South African Pharmacy Council;
  - To make every attempt to validate the patient as a member by checking that a person to whom services are rendered, has a valid membership card from the Scheme, in either a physical or digital format. The member must display their digital card on their smartphone or digital device. The membership card has the member's name, membership number, identification number and a list of all dependants' names. Where the Pharmacy does not make sure that the person to whom it renders the services is in possession of a valid membership card, the Scheme is not liable to pay the Pharmacy for items or services to such person.
  - To the rate and any subsequent rate increases and other changes (including future administered schemes and plans) as applied and published in the latest pharmacy networks and scheme rates on [www.discovery.co.za](http://www.discovery.co.za), unless the agreement is ended;
  - Not to levy any co-payments. Therefore, it will not charge members of the medical schemes administered by Discovery Health and their registered dependants for:
    - SEP products - a rate that is higher than the rates described below or higher than the rate increases as officially communicated on [www.discovery.co.za](http://www.discovery.co.za) or any other extra rates or fees Discovery Health did not agree to;
    - Non-SEP products - a rate higher than that agreed to with Discovery Health or higher than the rate increases as officially communicated on [www.discovery.co.za](http://www.discovery.co.za) or any other extra rates or fees Discovery Health did not agree to;
  - That if it does not comply with this agreement, it will be suspended from all our pharmacy networks, including all specialised (non-Standard) DSP networks that it may have separately entered into with Discovery Health;
  - That it cannot take part in networks without a valid, signed POPIA agreement;
  - That for those pharmacies taking part in the Discovery Health Performance Based Remuneration (PBR) dispensing fee model (PBR), the tariffs and rules as published on the website [www.discovery.co.za](http://www.discovery.co.za) can change according to the PBR dispensing fee model for authorised Chronic Illness Benefit items for the PBR variable dispensing fee to apply;
  - That in the absence of a valid MedXpress group agreement, it will automatically take part in the MedXpress Pharmacy Network on an individual basis when reaching the required MedXpress criteria and we will end its participation if it does not maintain the required MedXpress criteria as set out in the 'Pharmacy Network Guide' rules document published on [www.discovery.co.za](http://www.discovery.co.za);
  - Discovery Health making the details set out in this form available on [www.discovery.co.za](http://www.discovery.co.za) and to Discovery Health call centre consultants who will communicate these details to members as and when asked;
  - That where it is a member of any pharmacy association or pharmacy franchise, Discovery Health may make available the Pharmacy's compliance reports and information to the franchise or association head office, including but not limited to Independent Community Pharmacy Association (ICPA), South African Association of Community Pharmacists, SPAR group and Local Choice group. Please complete:
  - To get explicit written approval from Discovery Health to use its brand or logo, to which further terms and conditions may apply;
  - That it will inform its software vendor of the chosen rates as below and the scheme rates. It will make sure that the chosen rates reflect on its screens at the Pharmacy;
  - That it is subject to audits and if we suspect fraudulent behaviour, we will pay the members directly instead of the Pharmacy pending the outcome of the investigation.
  - The Pharmacy confirms that all information above and below is correct.
  - Either party can end this pharmacy network agreement on one calendar month's written notice to the other party. Please send the request to end the agreement and your BHF number to [provider\\_administration@discovery.co.za](mailto:provider_administration@discovery.co.za).

Please tick <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>A. Independently owned pharmacies:</b> The Pharmacy confirms that all the pharmacies described above are independently owned	Office use:
	A.1 Community pharmacies: The Pharmacy confirms that all the pharmacies described above are stock-keeping retail community pharmacies situated near or within the community that it services, where the majority of members visit it as walk-in customers, OR	434 or 662
	A.2 Hospital pharmacies: The Pharmacy confirms that all the pharmacies described above are independently owned pharmacies situated at hospital sites and offer services mainly to hospital patients.	434 or 662
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>B. Corporate owned retail and hospital pharmacies</b> The Pharmacy confirms that all the pharmacies described above are corporately owned by listed companies whether hospital or community. Please attach a list of your pharmacies.	662,703, 386. 434 then not 954
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>C. Courier pharmacies:</b> The Pharmacy confirms that the pharmacy described above is a courier pharmacy delivering medicine to approximately 90% of customers across the country. Courier pharmacies are not eligible for PBR.	700 - Not 954

Available rates for SEP items VAT (included)	Please tick	Balance of plan	KeyCare & Bankmed PMB & Basic	Delta Plans
A. Independently owned community pharmacy rates	<input type="checkbox"/> YES <input type="checkbox"/> NO	36.32% cap R59.92 (434)	18.40% cap R18.40 min R7.06 (435)	29.90% cap R29.90 (990)
	<input type="checkbox"/> YES <input type="checkbox"/> NO	OR 33% cap R33.00 (662)		
B. Corporate rates	<input type="checkbox"/> YES <input type="checkbox"/> NO	33% cap R33.00	18.40% cap R18.40 min R7.06 (368)	29.90% cap R29.90 (703)
C. Courier rates	<input type="checkbox"/> YES <input type="checkbox"/> NO	29.90% cap R29.90 (700)	18.40% cap R18.40 min R7.06 (386)	29.90% cap R29.90 (703)
Qualify for ARV DSP network		33% cap R33.00	18.40% cap R18.40 min R7.06	29.90% cap R29.90
Discovery Flexicare including Non-SEP		29.90% cap R29.90 (275)		
Qualify for Smart Plan. The DSP is MedXpress.		33% cap R33.00	Courier pharmacies 29.90% cap R29.90 where applicable	
<input type="checkbox"/> YES <input type="checkbox"/> NO I hereby agree and give permission to my software vendor, called _____ to lock the dispensing fee on my pharmacy's system.				
Date signed: 2 0 Y Y M M D D	Name:	Your signature:		

## 2. Application to join the Performance Based Remuneration (PBR) Pharmacy Network for independent pharmacies



Please complete and send the form by email to [provider\\_administration@discovery.co.za](mailto:provider_administration@discovery.co.za) or fax it to 011 539 2784 AND send a copy to your software vendor at: [helpdesk@computassist.co.za](mailto:helpdesk@computassist.co.za) OR [price.medaid@bcx.co.za](mailto:price.medaid@bcx.co.za) OR [helpdesk@propharm.co.za](mailto:helpdesk@propharm.co.za) OR [info@compharm.co.za](mailto:info@compharm.co.za) OR [kcaticas@easyrx.co.za](mailto:kcaticas@easyrx.co.za) OR [comcaps@telkomsa.net](mailto:comcaps@telkomsa.net) OR [pharmasoft@medbel.co.za](mailto:pharmasoft@medbel.co.za) OR [jack@touchpoint.co.za](mailto:jack@touchpoint.co.za) OR [info@djla.co.za](mailto:info@djla.co.za) OR [dispensing.rules@vexall.co.za](mailto:dispensing.rules@vexall.co.za) OR [info@diverseit.co.za](mailto:info@diverseit.co.za)

Owner name and surname		ID number	
PMA: Please tick appropriate block		ComputAssist <input type="checkbox"/>	BCX/Unisolve <input type="checkbox"/>
info@diverseit.co.za <input type="checkbox"/>		Techknowledge <input type="checkbox"/>	Pharmasoft <input type="checkbox"/>
		ProPharm <input type="checkbox"/>	ComPharm <input type="checkbox"/>
		Pharmasoft <input type="checkbox"/>	Touchpoint <input type="checkbox"/>
		Pharmasoft <input type="checkbox"/>	Vexall <input type="checkbox"/>
Pharmacy details			
Name of pharmacy		BHF billing practice number	
Physical address			
Building name and number			
Street name and number			
Suburb		Province	Code
Contact details			
Dispensary email address for PBR reports and compliance information			
Please tick		<b>A. Independently owned pharmacies:</b> The Pharmacy confirms that the Pharmacy described above is independently owned and offers the community rate as described in the Standard Pharmacy Network agreement, whether retail or hospital pharmacy.	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<b>B. Corporate owned retail and corporate hospital pharmacies:</b> The Pharmacy confirms that the pharmacy group described above is owned by a corporate, listed company. It offers the corporate rate to members as described in the Standard Pharmacy Network agreement.	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<b>C. Courier pharmacies:</b> The Pharmacy confirms that the pharmacy described above is a courier pharmacy that delivers medicine to approximately 90% of members across the country and cannot take part in PBR.	
<input type="checkbox"/> YES <input type="checkbox"/> NO			

### Provisions for taking part in this Performance Based Remuneration (PBR) Pharmacy Network

In the rest of this document, we call the pharmacy described above "the Pharmacy".

The Pharmacy has chosen by completing this application form to join the PBR Pharmacy Network on the terms and conditions below.

This PBR Pharmacy Network agreement only applies to Discovery Health Medical Scheme. Discovery Health will let the Pharmacy know if we add any other schemes we administer that are willing to take part in the PBR Pharmacy Network from time to time. PBR does not apply to courier pharmacies.

The Pharmacy agrees:

- to join the PBR Pharmacy Network as a DSP from the first day of the current month in which we receive the signed application form (effective date);
- that taking part in the Non-exclusive Designated Services Provider (DSP) Independent Community Pharmacy Network agreement (Standard Pharmacy Network) is a requirement for taking part in this PBR Pharmacy Network;
- that these terms and conditions must be read together with the attached Standard Pharmacy Network agreement that describes the existing standard dispensing fees and provisions;
- that Discovery Health and its staff members can use the Pharmacy's details set out in this application form for operational purposes;
- to always act following existing medicine and pharmacy legislation, standards and codes of conduct;
- that there are no rate changes needed on its system since we will retrospectively apply the variable PBR dispensing fees to Chronic Illness Benefit (CIB) claims only, and only if and when the Pharmacy qualifies by reaching or exceeding the compliance threshold set out below;
- that it will continue to charge at the rates according to the Standard Pharmacy Network agreement. However, once its individual compliance performance has reached or exceeded the compliance threshold for the previous calendar month, it will automatically qualify for the PBR variable dispensing fee to apply again for the next month;
- that it undertakes to inform its software vendor that the benchmark price and benchmark products can be included and displayed on its screen at the Pharmacy. It will inform the software vendor by emailing this signed application form to them;
- that we will measure their individual formulary compliance performance monthly and apply the applicable PBR variable dispensing fee according to the latest PBR and MedXpress network rules document as published on the Discovery website ([www.discovery.co.za](http://www.discovery.co.za)). We will inform the Pharmacy of its performance per email to the email address on the Discovery Health system;
- that Discovery Health reserves the right to review and automatically increase the threshold after formulary updates;
- when complying with the MedXpress criteria as published in the latest PBR and MedXpress network rules document on the Discovery website ([www.discovery.co.za](http://www.discovery.co.za)) you will take part in MedXpress DSP Network if you maintain the required criteria;
- to treat and keep confidential all information provided to it relating to the PBR DSP Network or otherwise and which, even if not marked as confidential, by its nature or contents is identifiable as, or could reasonably be expected to be confidential and/or proprietary and which will only be used for the purposes of insight relating to this agreement. It shall not under any circumstances disclose, exchange or distribute the contents thereof to any third party other than its employees who "need to know" for the purposes of providing the service and who are under same the obligation as it is under to exercise the same degree of care in protecting the confidential information and personal information (as defined in the Protection of Personal Information Act);
- that the retrospective PBR payment report is compiled by Discovery Health on a three-months basis for pharmacies that have reached or exceeded the compliance threshold. The PBR payment report comprises of the CIB claim lines submitted by qualifying pharmacies during the report period (full calendar months only). Whereby the difference between the paid dispensing fee and PBR variable dispensing fee is calculated for formulary and benchmark items paid from CIB. The difference is paid by the Scheme during the next month, as a normal payment run, following the three-monthly review;
- that the PBR dispensing fee is subject to change from time to time and the PBR version-two dispensing fee for corporate and independently owned pharmacies is published on [www.discovery.co.za](http://www.discovery.co.za). That when it fails to reach the required PBR compliance threshold for the calendar month, it will no longer qualify and the applicable PBR variable dispensing fees will, therefore, not apply for the next month. The rate of the Standard Pharmacy Network will then apply until the Pharmacy qualifies again for the benefits of the PBR DSP Network;
- that claims for KeyCare and Delta network options, courier claims, corporate hospital pharmacies that charge the independent DSP rate, pharmacies not contracted to the PBR DSP Network or the Standard Pharmacy Network, claims paid from any other benefits other than the CIB, including but not limited to acute benefits, HIV, oncology benefits and Additional Disease List claims will be excluded from claiming the PBR variable dispensing fees;
- any party shall be entitled to terminate this PBR Pharmacy Network agreement on one calendar month's written notice to the other party. Please send termination request and the Pharmacy's BHF number to: [provider\\_administration@discovery.co.za](mailto:provider_administration@discovery.co.za). Once terminated, the chosen Standard Pharmacy Network dispensing fee applies to all CIB claims.

Signature date:	For the Pharmacy	Your signature:	Office:
2 0 Y Y M M D D	Name:		434 & 954 OR 662 & 954

Please note that this form expires on the 2024/03/31. Up to date forms are always available on [www.discovery.co.za](http://www.discovery.co.za) on the ProPBM webpage

### 3. Data legislation and the Protection of Personal Information Act Agreement



Please complete and send the form by email to [provider\\_administration@discovery.co.za](mailto:provider_administration@discovery.co.za) or fax it to 011 539 2784.

<b>Pharmacy owner details</b>		
Name and surname/company		ID number / company number
<b>Pharmacy details</b>		
Name of pharmacy / attached list		BHF pharmacy number / list
Dispensary email:		Dispensary cell phone

*In the rest of this document, we call the pharmacy described above "the Pharmacy".*

**1. The Pharmacy further agrees to the following with regards to personal information:**  
 For purposes of this section the following definitions will apply from signature date:  
 1.1 "Data Protection Legislation" means applicable data protection or data privacy laws, including POPI, in force in the Republic of South Africa from time to time.  
 1.2 "Disclosing Party" means a Party who discloses Confidential Information or Personal Information to a Receiving Party, or on whose behalf Confidential Information or Personal Information has been collected by the Receiving Party, pursuant to this Agreement.  
 1.3 "Operator" has the meaning ascribed thereto in POPI.  
 1.4 "Personal Information" has the meaning ascribed thereto in POPI and is being or may be processed by the Receiving Party pursuant to this Agreement.  
 1.5 "POPI" means the Protection of Personal Information Act No 4 of 2013 and any regulations passed thereunder, as may be amended from time to time.  
 1.6 "Processing" has the meaning ascribed thereto in POPI and derivatives thereof will have similar meanings.  
 1.7 "Receiving Party" means a Party who receives Confidential Information from the Disclosing Party or a Party who receives Personal Information from the Disclosing Party, or on whose behalf it collects Personal Information, pursuant to this Agreement and such receipt of Personal Information renders that Party an Operator.  
 1.8 "Representative" means an officer, director or employee of the Receiving Party.  
 1.9 "Third-Party Operator" means a third party who is an Operator of the Receiving Party.

**2. Use and protection of personal information**  
 2.1 to the extent that the Receiving Party Processes Personal Information, it warrants that:  
 2.1.1. It shall process such Personal Information only on the written instruction of the Disclosing Party, in accordance with this Agreement or as required by Data Protection Legislation and as necessary to perform its obligations under this Agreement and for no other purpose;  
 2.1.2. It shall not create or maintain data, which is derived from such Personal Information, except for the purpose of performing its obligations under this Agreement and as authorised by the Disclosing Party in writing;  
 2.1.3. It shall, at all times during which it is Processing such Personal Information:  
 2.1.3.1. comply with Data Protection Legislation and not, by act or omission, place the Disclosing Party in violation of any applicable Data Protection Legislation;  
 2.1.3.2. implement and maintain appropriate and reasonable technical and organisational security measures to protect the security of such Personal Information, including security measures applicable to the storage and transmission of such Personal Information, and to prevent a data security breach, including, without limitation, a breach resulting from or arising out of the Receiving Party's internal use, Processing or other transmission of such Personal Information, whether between or among the Receiving Party's Representatives or any Third-Party Operator;  
 2.1.3.3. assign an employee who will be responsible for implementing and maintaining the technical and organisational security measures required in terms of this Agreement and, upon the Disclosing Party's request, provide evidence that it has established and maintains such technical and organisational security measures governing the Processing of such Personal Information;  
 2.1.3.4. safely secure all such Personal Information when processing such Personal Information on a laptop or other portable device (including memory sticks, USB flash drives, or other storage medium devices);  
 2.1.4. it shall notify the Disclosing Party without undue delay and no later than one day from the date of obtaining knowledge of any data security breach in respect of such Personal Information and, at the Receiving Party's cost and expense, assist and cooperate with the Disclosing Party concerning any disclosures to affected parties and other remedial measures as requested by the Disclosing Party or required under applicable law;  
 2.1.5. it shall not permit any Representative or Third-Party Operator to process such Personal Information, unless such Processing is in compliance with this Agreement and is necessary to carry out the Receiving Party's obligations under this Agreement;  
 2.1.6. it shall not disclose such Personal Information to any third party (including without limitation, its affiliates and subsidiaries and Third-Party Operators) unless:  
 2.1.6.1. the disclosure is necessary to carry out the Receiving Party's obligations under this Agreement;  
 2.1.6.2. such third party is bound by the same provisions and obligations as those set out in this Agreement;  
 2.1.6.3. the Receiving Party has received the Disclosing Party's prior written consent;  
 2.1.6.4. the Receiving Party remains responsible for any breach by such third party of the obligations set out in this Agreement to the same extent as if the Receiving Party caused such breach;  
 2.1.7. it shall establish policies and procedures to provide all reasonable and prompt assistance to the Disclosing Party in responding to any and all requests, complaints or other communications received from any individual who is or may be the subject of any such Personal Information;  
 2.1.8. it shall immediately cease processing any Personal Information and shall return, delete or destroy (at the Disclosing Party's election) all such Personal Information or cause or arrange for the return, deletion or destruction of the information. This includes all originals and copies of such Personal Information in any medium and any materials derived from or incorporating such Personal Information. This will happen upon the expiration or earlier termination of this Agreement or otherwise on the instruction of the Disclosing Party, but in no event later than 10 days from the date of such expiration, earlier termination or instruction, unless prescribed by law or otherwise agreed.  
 2.1.9. it and all its Representatives shall adhere to the requirements and security safeguards set out in POPI;  
 2.1.10. it shall designate adequate resources to assist with the compliance and implementation of the obligations imposed on the Parties in terms of POPI and will implement the necessary controls to ensure appropriate data protection and governance of such Personal Information. The Receiving Party will provide the Disclosing Party, on its request, with evidence of the implementation of such controls;  
 2.1.11. it shall conduct periodical internal and external reviews to measure the adequacy of the implemented controls on infrastructure and platforms that are used to process such Personal Information;  
 2.1.12. it shall not use such Personal Information for any purpose that is inconsistent with POPI on or before the time of collection of that Personal Information;  
 2.1.13. it shall employ prudent and effective business continuity and disaster recovery facilities and procedures for the purposes of protecting all such Personal Information;  
 2.2. the Disclosing Party may, with seven days' prior written notice to the Receiving Party, carry out periodic performance reviews and may monitor, audit and inspect the Receiving Party's performance under and compliance with this Agreement and Data Protection Legislation by means of annual due diligence reviews and by appointing independent auditors to conduct an audit and quality assurance inspection into any aspect of this Agreement as it may from time to time require;  
 2.3. the Receiving Party shall provide the Disclosing Party with its full co-operation to fully enable the Disclosing Party to review, monitor, audit and inspect the Receiving Party's performance under and compliance with this clause and Data Protection Legislation;  
 2.4 on notification of an adverse finding following a review, audit or inspection, the Receiving Party shall provide the Disclosing Party with written feedback on the finding within 48 hours;  
 2.5 this POPIA agreement will apply to all network agreements and any other agreement entered into by the parties.

Signature date: 2 0 Y Y M M D D	For the Pharmacy Name:	Your signature:
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## 4. Pharmacy: Diabetes Clinic Network Agreement



Please complete and send the completed and signed form by fax to 011 539 2784 or email to [provider\\_administration@discovery.co.za](mailto:provider_administration@discovery.co.za)

### SECTION A: ONLY COMPLETE WHERE THE PHARMACY EMPLOYS ITS OWN CLINIC HEALTHCARE PROFESSIONALS

<b>A.1 Pharmacy details (Owner)</b>			
Owner name	ID / Company number		
Pharmacy name / group list	BHF billing practice code*	<input type="text"/> <small>*564 as partnership</small>	
Pharmacy or office address	Dispensary e-mail address		
<b>B Clinic Diabetes Educator 1:</b> <i>Pharmacy to complete on behalf of clinic staff member where employed by the Pharmacy.</i>			
Registered nurse's name	BHF and SANC number	Please tick and submit copies of registrations <input type="checkbox"/> BHF <input type="checkbox"/> SANC	
ID number <small>Submit certified copy</small>	Confirm pharmacy-employed	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail address of nurse	Cell phone	<input type="text"/>	
Diabetes Educator course <small>Please tick the appropriate block (1 or 2) and submit documentation as per handbook</small>	1. Diabetes Educator in Practical Training <small>*562</small> Submit: Course certificate	2. Diabetes Educator Network <small>*563</small> Submit: Course certificate Activity record Mentorship form	Direct telephone number in clinic <input type="text"/>
<b>B Clinic Diabetes Educator 2:</b> <i>Pharmacy to complete on behalf of clinic staff member, where employed by the Pharmacy.</i>			
Registered nurse's name	BHF and SANC number	Please tick and submit copies of registrations <input type="checkbox"/> BHF <input type="checkbox"/> SANC	
ID number <small>Submit certified copy</small>	Confirm pharmacy-employed	Please tick <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-mail address of nurse	Cell phone	<input type="text"/>	
Diabetes Educator course <small>Please tick the appropriate block (1 or 2) and submit documentation as per handbook</small>	2. Diabetes Educator in Practical Training <small>*562</small> Submit: Course certificate	2. Diabetes Educator Network <small>*563</small> Submit: Course certificate Activity record Mentorship form	Direct telephone number in clinic <input type="text"/>
<b>Provisions for participation in the Diabetes Clinic Network</b>			
<i>The entities described above will hereinafter collectively be referred to as "the Pharmacy" where applicable.</i>			
<b>The Pharmacy agrees:</b>			
<ol style="list-style-type: none"> <li>1.1. to have at least one diabetes educator with her/his own BHF practice number employed in the clinic;</li> <li>1.2. to make sure that the Pharmacy's vendors upload the codes and rates rate in the invitation letter and not charge more than the 2023 rate and any subsequent rate increases and other changes (including additional future administered schemes and plans) as applied and published in the latest Standard DSP network agreement with the updated Standard Discovery Health pharmacy networks and scheme rates on <a href="http://www.discovery.co.za">www.discovery.co.za</a>, unless the agreement is terminated by any one of the parties;</li> <li>1.3. to the list of participating medical schemes administered by Discovery Health as published in the latest Standard DSP network agreement with the updated Standard Discovery Health pharmacy networks and scheme rates on <a href="http://www.discovery.co.za">www.discovery.co.za</a>;</li> <li>1.4. to take responsibility for and to verify the availability of funds before services are rendered. If not funded by the scheme, self-funding options should be discussed with the patient;</li> <li>1.5. to act in accordance with the respective professional council's code of conduct and standards and undertakes to ensure that it and employed clinic healthcare professionals (including general practitioners where appropriate) are registered and remain registered with the respective professional councils;</li> <li>1.6. to act in accordance with Medicines and Related Substances Act 101 of 1965, Pharmacy Act 53 OF 1974, Nursing Act 2005, and Electronic Communications and Transactions Act, 2002 (Act No. 25 of 2002), relating to the consultation, examination and any telemedicine or telephonic process;</li> <li>1.7. to act and manage the clinic in accordance with the 'Ideal Clinic Manual' as issued by the Department of Health;</li> <li>1.8. that its clinic and registered nurses must meet the minimum required standards as set out by Discovery Health for staff, to provide diabetes education and diabetes related services, based on their respective qualifications, approved diabetes courses and experience and resulting scope of practice to take place in dedicated private consultation room(s), within a Good Pharmacy Practice compliant pharmacy (applicable in pharmacy owned clinics) that contains appropriate furniture and clinic equipment, with an easily accessible bathroom;</li> <li>1.9. to use point of care devices approved by Discovery Health for the sake of accuracy. Discovery Health reserves the right to reverse payment of claims where unapproved devices have been used.</li> <li>1.10. that the Diabetes Educators will complete the required training successfully and submit updated activity records and a Mentor form where applicable to Discovery Health and claim as per the agreed rate, for these services;</li> <li>1.11. that no other health professionals employed within the Pharmacy clinic charge for the Diabetes Education unless registered as a Diabetes Educator with Discovery Health;</li> <li>1.12. to obtain appropriate consent from the patient for the education, screenings and point of care pathology as required by the treating provider;</li> <li>1.13. that when blood is drawn in the Pharmacy and sent to the pathology laboratory, no additional phlebotomy fee is chargeable;</li> <li>1.14. to allow for pre-bookings on patients' request to minimize the chance of lengthy waiting periods.</li> <li>1.15. to refer Members to appropriate health care professionals where appropriate.</li> <li>1.16. that the clinic makes use of an electronic clinical practice management claims submission system that is able to submit the BHF practice number of the diabetes educator as the treating provider in the claim;</li> <li>1.17. that the consultation summary, foot screening report and any other relevant information from each consultation are sent to the treating health professional as well as to Discovery Health in the agreed format and on the agreed digital platform;</li> <li>1.18. that this agreement is subject to the POPIA agreement previously signed by the Pharmacy.</li> </ol>			
Signature date: 2 0 Y Y M M D D	For the Pharmacy Name:	Your signature:	

Please note that this form expires on the 2024/03/31. Up to date forms are always available on [www.discovery.co.za](http://www.discovery.co.za) on the ProPBM webpage

## 5. Discovery Health Standard Pharmacy Network and Scheme rates

The following *standard network* rates apply, except where a separate contract between the scheme and a pharmacy group exists.®

Medical scheme / product	Option or plan	Destination code	Contracted Independent community pharmacy network rates and codes (VAT incl.)	Contracted Discounted standard corporate network rates and codes. (VAT incl.)	Contracted Courier network rates and codes (VAT incl.)	Not contracted Non-network rates and codes (VAT incl.)
			Reason code 476 Paid at agreed dispensing fee. Confirm price diff.	Reason code 476 Paid at agreed dispensing fee. Confirm price diff.	Reason code 476 Paid at agreed dispensing fee. Confirm price diff.	Reason code 592 Non-network provider. Member to pay the balance
<b>Non-SEP:</b>		KeyCare/ Delta		36.32% cap R59.92		
		Other plans	36.32% cap R59.92	Standard® 36.32% cap R59.92 • Dis-Chem® 33% cap R33.00	36.32% cap R59.92	29.90% cap R29.90
<b>SEP:</b>			Per plan	Standard: 33% cap R33.00	Per plan	Per plan
Discovery Health Medical Scheme	Executive and Comprehensive	DHEA0000	DISCK 36.32% cap R59.92	DISCK 33% cap R33.00	DISCK 29.90% cap R29.90	DISCK 29.90% cap R29.90
	Classic Smart Comprehensive	DHEA0000	DISCK 36.32% cap R59.92 Acute only in ATB	DISCK 33% cap R33.00 Acute only in ATB	DISCK 29.90% cap R29.90 Acute only in ATB	DISCK 29.90% cap R29.90 Acute only in ATB
	MedXpress - pay in full					Acute only in ATB
	Classic and Essential Smart Plan MedXpress is DSP	DHEA0000	DISCSMTC Chronic and Acute 33% cap R33.00	DISCSMTC Chronic and Acute 33% cap R33.00	DISCSMTC Chronic and Acute 29.90% cap R29.90	DISCSMTC 29.90% cap R29.90 20% co-payment on Chronic
	Priority, Saver and Core* MedXpress is DSP	DHEA0000	DISCK2 36.32% cap R59.92	DISCK2 33% cap R33.00	DISCK2 29.90% cap R29.90	DISCK2 29.90% cap R29.90
	Classic Delta Saver and Core* MedXpress is DSP	DHEA0000	DISCD26A 29.90% cap R29.90	DISCKD20 29.90% cap R29.90	DISCKD 29.90% cap R29.90	DISCKD 23% cap R23.00
	Delta Plans* Comprehensive MedXpress is DSP	DHEA0000	DISC26A 29.90% cap R29.90	DISCD20 29.90% cap R29.90	DISCKD20 29.90% cap R29.90	DISCKD1 23% cap R23.00
	Discovery KeyCare	DHEA0000	DISCK16A 18.40% cap R18.40 min R7.06	DISCKK16 18.40% cap R18.40 min R7.06	DISCKK16 18.40% cap R18.40 min R7.06	DISCKK 16.14% cap R18.40 20% co-payment on chronic
Flexicare	Activate / Advanced	DPCA0003	Clicks: DISCKPA – Acute and chronic FFS 29.90%			Reject
	Activate / Advanced	DPCA0003	DISCKPF – 29.90% cap at R29.90.			Reject
Discovery Health ARV DSP network **	All KeyCare Plans	DHEA0000	DHCARE18.40% cap R18.40 min R7.06			20% co-payment on ARVs
	Delta Plans		DHD CARE 29.90% cap R29.90			20% co-payment on ARVs
	All Plans		DHCARE 33% cap R33.00			20% co-payment on ARVs

## 5. Discovery Health Standard Pharmacy Network and scheme rates

Medical scheme / product	Option or plan	Destination code	Contracted Independent community pharmacy network rates and codes (VAT incl.)	Contracted Discounted standard corporate network rates and codes (VAT incl.)	Contracted Courier network rates and codes (VAT incl.)	Not contracted Non-network rates and codes (VAT incl.)
Anglovaal Group Medical Scheme		DIAV0000	DISCKAV 36.32% cap R59.92	DISCKAV 33% cap R33.00	DISCKAV 29.90% cap R29.90	DISCKAV 29.90% cap R29.90
Bankmed	Core Saver, Plus Comprehensive, Traditional		Medicine switching goes through MediKredit			
	Basic Plan	BPPL0001	BANKM16A 18.40% cap R18.40 min R7.06	BANKM16 18.40% cap R18.40 min R7.06	BANKM16 18.40% cap R18.40 min R7.06	BANKMDP 16.14% cap R18.40
	Essential Plan	BPPL0001	BANKM16A 18.40% cap R18.40 min R7.06	BANKM16 18.40% cap R18.40 min R7.06	BANKMDP 18.40% cap R18.40 min R7.06	BANKMDP 16.14% cap R18.40
LA Heath Medical Scheme	LA KeyPlus	LHEA0001	DISCK16A 18.40% cap R18.40 min R7.06	DISCKK16 18.40% cap R18.40 min R7.06	DISCKK16 18.40% cap R18.40 min R7.06	DISCKLH 16.14% cap R18.40 20% co-payment on Chronic
	LA KeyPlus ARV	LHEA0001	DHKCARE 18.40% cap R18.40 min R7.06**			20% co-payment on ARVs
	LA Active and LA Focus	LHEA0001	DISCKLA 36.32% cap R59.92	DISCKLA 33% cap R33.00	DISCKLA 29.90% cap R29.90	DISCKLA 29.90% cap R29.90
	LA Core and LA Comprehensive	LHEA0001	DISCKLC 36.32% cap R59.92	DISCKLC 33% cap R33.00	DISCKLC 29.90% cap R29.90	DISCKLC 29.90% cap R29.90
Lonmin Medical Scheme	DPCN	LMSC0001	DISCK16A 18.40% cap R18.40 min R7.06	DISCKK16 18.40% cap R18.40 min R7.06	DISCKLN 18.40% cap R18.40 min R7.06	DISCKLN 16.14% cap R18.40 20% co-payment on Chronic
	Lonmin ARV	LMSC0001	DHICARE 33% cap R33.00**			20% co-payment on ARVs
M-Med Option of the MultiChoice Medical Aid Scheme		MMSC0001	DISCKMED 36.32% cap R59.92	DISCKMED 33% cap R33.00	DISCKMED 29.90% cap R29.90	DISCKMED 29.90% cap R29.90
	MMED ARV	MMSC0001	DHICARE 33% cap R33.00**			20% co-payment on ARVs
TFG Medical Aid Scheme (TFGMAS)	TFG Health (Converts to KeyCare Previously Plan A)	BKAL0000	DISCK16A 18.40% cap R18.40 min R7.06	DISCKK16 18.40% cap R18.40 min R7.06	DISCKK16 18.40% cap R18.40 min R7.06	DISCKTFC 16.14% cap R18.40 20% co-payment on Chronic
	TFG Health ARV	BKAL0000	DHKCARE 18.40% cap R18.40 min R7.06**			20% co-payment on ARVs
	TFG Health Plus (Previously Plan B)	BKAL0000	DISCKTFG 36.32% cap R59.92	DISCKTFG 33% cap R33.00	DISCKTFG 29.90% cap R29.90	DISCKTFG 29.90% cap R29.90
	TFG Health Plus ARV	BKAL0000	DHICARE 33% cap R33.00**			20% co-payment on ARVs

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## 5. Discovery Health Standard Pharmacy Network and scheme rates

Medical scheme / product	Option or plan	Destination code	Contracted Independent community pharmacy network rates and codes (VAT incl.)	Contracted Discounted standard corporate network rates and codes (VAT incl.)	Contracted Courier network rates and codes (VAT incl.)	Not contracted Non-network rates and codes (VAT incl.)
Remedi Medical Scheme	Classic	MSRM0000	DISCKREA Acute 36.32% cap R59.92	DISCKREA Acute 33% cap R33.00	DISCKREA Acute 29.90% cap R29.90	DISCKREA Acute 29.90% cap R29.90
			DISCKREM Chronic 36.32% cap R59.92	DISCKREM Chronic 33% cap R33.00	DISCKREM Chronic 29.90% cap R29.90	DISCKREM Chronic 23.00% cap R23.00
	Comprehensive	MSRM0000	DISCKREA Acute 36.32% cap R59.92	DISCKREA Acute 33% cap R33.00	DISCKREA Acute 29.90% cap R29.90	DISCKREA Acute 29.90% cap R29.90
			DISCKREC Chronic 36.32% cap R59.92	DISCKREC Chronic 33% cap R33.00	DISCKREC Chronic 29.90% cap R29.90	DISCKREC Chronic 23.00% cap R23.00
Remedi ARV	MSRM0000	DHICARE 33% cap R33.00**				20% co-payment on ARVs
Remedi Medical Scheme	Standard	MSRM0000	REM435 18.40% cap R18.40 min R7.06	REM386 18.40% cap R18.40 min R7.06	REM386 18.40% cap R18.40 min R7.06	DISCKREA Acute 16.14% cap R18.40 20% co-payment on acute DISCKREM Chronic 23.00% cap R23.00 20% co-payment on
	Remedi Standard ARV	MSRM0000	REMCARE 18.40% cap R18.40 min R7.06			20% co-payment on ARVs
Netcare Medical Scheme	Savings option	NPMS0000	<p>This scheme does not take part in Discovery Health networks.</p> <p>Contracted DSP:</p> <ul style="list-style-type: none"> <li>NETAC – 35% cap R37.65 for chronic and acute</li> <li>Pharmacies located inside Medicross and Netcare hospital facilities.</li> </ul> <p>NETAC – 33.50% cap R36.92 for chronic and acute.</p>		NETAC Only oncology couriers are contracted. Chronic, acute and non-SEP 32.20% cap R32.20	NETAC Acute and non-SEP 32.20% cap R32.20 Chronic - reject
Retail Medical Scheme (RMS)	Essential	RMSC0001	This scheme does not take part in Discovery Health network arrangements. Non-network codes and rates apply.	This scheme does not take part in Discovery Health network arrangements. Non-network codes and rates apply.	This scheme does not take part in Discovery Health network arrangements. Non-network codes and rates apply.	DISCKRMA Acute and non-SEP 29.90% cap R29.90
	Essential Plus	RMSC0001				DISCKRMP Chronic 23.00% cap R23.00
Tsogo Sun Group Medical Scheme	Classic Saver		DISCKTMS 36.32% cap R59.92	DISCKTMS 33% cap R33.00	DISCKTMS 29.90% cap R29.90	DISCKTMS 29.90% cap R29.90
	Classic Comprehensive	TSGM0001	DISCKTMS 36.32% cap R59.92	DISCKTMS 33% cap R33.00	DISCKTMS 29.90% cap R29.90	DISCKTMS 29.90% cap R29.90

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## 5. Discovery Health Standard Pharmacy Network and scheme rates

Medical scheme / product	Option or plan	Destination code	Contracted Independent community pharmacy network rates and codes (VAT incl.)	Contracted Discounted standard corporate network rates and codes (VAT incl.)	Contracted Courier network rates and codes (VAT incl.)	Not contracted Non-network rates and codes (VAT incl.)
	Tsogo Sun ARV		DHICARE 33% cap R33.00**			20% co-payment on ARVs
UKZN Medical Scheme	Standard	MSAV0000	DISCKUKZ 36.32% cap R59.92	DISCKUKZ 33% cap R33.00	DISCKUKZ 29.90% cap R29.90	DISCKUKZ 29.90% cap R29.90
	UKZN ARV		DHICARE 33% cap R33.00**			20% co-payment on ARVs
BMW Employees Medical Aid Society		MSBW0000	DISCKBMW 36.32% cap R59.92	DISCKBMW 33% cap R33.00	DISCKBMW 29.90% cap R29.90	DISCKBMW 29.90% cap R29.90
Anglo Medical Scheme (AMS)			Medicine switching goes through MediKredit			
Glencore Medical Scheme		XTRA0001	GLCAC 36.32% cap R59.92	GLCAC 33% cap R33.00	GLCAC 29.90% cap R29.90	GLCNA Acute 34.50% cap R37.95
						GLCNC Chronic 29.90% cap R29.90
Malcor Medical Aid Scheme	Plan A	NMMD0000	This scheme does not take part in Discovery Health network arrangements. Non-network codes and rates apply.	This scheme does not take part in Discovery Health network arrangements. Non-network codes and rates apply.	This scheme does not take part in Discovery Health network arrangements. Non-network codes and rates apply.	DISCKMLA Acute and non-SEP 29.90% cap R29.90 DISCKMLC Chronic 29.90% cap R29.90 Clicks
	Plan B	NMMD0000	MMAP applies. R29.90% cap R29.90	MMAP applies.  DSP: Dis-Chem: DISCKMLA Acute: 32.0% cap R32.00 DISCKMLC Chronic/HIV/oncology 32.0% cap R32.00 Non-SEP and surgical: 32.0% cap R32.00	MMAP applies. R29.90 cap R29.90	DISCKMLA Acute and non-SEP 29.90% cap R29.90 DISCKMLC Chronic 29.90% cap R29.90 Clicks
	Plan C	NMMD0000				DISCKMLA Acute and non-SEP 29.90% cap R29.90 Clicks  DISCKMLB Chronic 29.90% cap R29.90 Clicks
Engen Medical Benefit Fund (EMBF)		BKAI0000	This scheme does not take part in Discovery Health network arrangements. Non-network codes and rates apply.	This scheme does not take part in Discovery Health network arrangements. Non-network codes and rates apply.	This scheme does not take part in Discovery Health network arrangements. Non-network codes and rates apply.	DISCKEMB 29.90% cap R29.90

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Medical scheme / product	Option or plan	Destination code	Contracted Independent community pharmacy network rates and codes (VAT incl.)	Contracted Discounted standard corporate network rates and codes (VAT incl.)	Contracted Courier network rates and codes (VAT incl.)	Not contracted Non-network rates and codes (VAT incl.)
LIBCARE Medical Scheme <i>administered by Discovery Administration Services (Pty) Ltd</i>		MSLI0000	DISCLIA - Acute DISCLIC - Chronic 36.32% cap R59.92 Reference price applies	DISCLIA - Acute DISCLIC - Chronic 33% cap R33.00 Reference price applies	DISCLIA DISCLIC R29.90 cap R29.90 Reference price applies	Non-network codes and rates apply.  DISCLIA -Acute DISCLIC -Chronic 29.90% cap R29.90

**Please take note:**

- SAB Medical Aid Benefit (SABMAS) will be administered by 3SixtyHealth Administrators from 1 January 2023
- These SEP, non-SEP and surgery network rates apply to all medicine benefits (acute and chronic, oncology and HIV) as network rates except where separately mentioned.
- \*MedXpress Network Pharmacies are part of the designated service provider (DSP) network for all chronic medicines for the DHMS Delta, Core, Priority, and Saver plans. A non-DSP co-payment of 20% on chronic medicine applies to all other non-DSP pharmacies. Please look out for your pharmacy's monthly formulary compliance reports. Members can view a list of MedXpress Network Pharmacies on our website at [www.discovery.co.za](http://www.discovery.co.za) or on the Discovery app under '*Find a healthcare professional*'. MedXpress Network Pharmacy reviews take place every 4 months.
- \*\* Pharmacies are automatically included in the HIV ARV DSP network when reaching the ARV formulary compliance criteria over a period of 6 months. To remain in the HIV ARV DSP network, pharmacies need to maintain ARV formulary compliance. A non-DSP co-payment of 20% on ARV medicine applies to all other pharmacies. Please look out for your pharmacy's monthly formulary compliance reports. Members can view a list of HIV ARV DSP pharmacies on our website at [www.discovery.co.za](http://www.discovery.co.za) or on the Discovery app under '*Find a healthcare professional*'. HIV ARV DSP reviews will take place every 4 months.
- Independent pharmacies may downgrade to discounted corporate network rates by choice
- @Clicks and MediRite discounted corporate network rate for SEP for plans outside Delta and KeyCare fall outside this agreement.
- @Clicks and Dis-Chem discounted corporate network rate for non-SEP for plans outside Delta and KeyCare follow their SEP rates
- Pharmacies remain solely responsible for updating their own rates with their software vendor.
- Performance Based remuneration only applies to Discovery Health Medical Scheme and is not available for courier pharmacies or corporate hospital pharmacies on the community rate.
- For KeyCare Start plans, the state (government) is the DSP.

**Discovery Health MedXpress rates for MedXpress partner pharmacies**

The following standard MedXpress rates apply when medicine is ordered through Discovery MedXpress ordering service and dispensed by MedXpress partner pharmacies (Clicks MediRite and Dis-Chem), for countrywide delivery or in-store collection. This does not apply to MedXpress Network Pharmacies.

Medical scheme option/plan MedXpress orders	Destination code	MedXpress rate (15% VAT incl.)
		Change only on 1 April 2023
All Delta plans	DISCDMD	23.0% cap R23.00
All KeyCare plans	DISCDMK	18.40% cap R18.40
Balance of scheme plans (including Smart Plans)	DISCDMX	29.90% cap R29.90

Please note that this form expires on the 2024/03/31. Up to date forms are always available on [www.discovery.co.za](http://www.discovery.co.za) on the ProPBM webpage

### Discovery Health Wellness pharmacy clinic rates and codes

Registration on the Vitality Wellness network is required which is subject to a Vitality agreement. Please call 011 529 8898 or enquire at Vitalitywellnessnetwork@discovery.co.za.

Pharmacy codes	Procedure	Procedure code	Payment	2023 (15% VAT incl.)
098 000 001	Blood glucose	0012 <i>Forms part of VHC</i>	Cash	R73.00
098 001 001	Blood cholesterol	0013 <i>Forms part of VHC</i>	Cash	R112.90
098 002 001	Blood pressure	0015 <i>Forms part of VHC</i>	Cash	R33.20
000 160 001	HIV pre-counselling	0016	Risk	R121.90
000 170 001	HIV post-counselling	0017	Risk	R88.60
002 100 001	Administration of subcutaneous or intramuscular injections	0021	MSA	R80.00
002 201 001	Administration of a vaccine	0022	MSA	R52.40
098 003 001	Weigh-in	WEIGH <i>Forms part of VHC</i>	Cash	R39.90
098 004 001	Non-smoker's declaration	SMOKE <i>Forms part of VHC</i>	Cash	R39.90
001 055 001	Kids Vitality Health Check	VKIDS	2-17 yrs.	R92.30
705 255 001	Vitality Health Check (VHC) for 18 years and older. It comprises: <ul style="list-style-type: none"> <li>Blood pressure</li> <li>Weigh, height and waist circumference.</li> <li>Blood glucose</li> <li>Blood cholesterol</li> <li>Non-smoker's declaration</li> </ul>	NAPPI	Risk	R240.50
001 093 001	Enhanced Vitality Health (EVHC) Check comprises: <ul style="list-style-type: none"> <li>Blood pressure and</li> <li>Weigh, height and waist circumference.</li> <li>Blood glucose</li> <li>Blood cholesterol <b>or</b> lipogram</li> <li>Non-smoker's declaration</li> <li>ICD10: Z13.9</li> </ul>	EVHC	Risk/MSA/ATB/MOP as applicable per scheme	R273.30
001 091 001	HbA1c - single test	HbA1c	MSA with	R199.10
001 092 001	Lipogram - single test	LGRAM	MSA with	R199.10
001202 001	Flexicare: Vitality Health Check	PCVHC	Risk	R78.30
001 203 001	Flexicare: HIV screening	PCHIV	Risk	R101.10
007 842 001	Vitality Health Check for 65+, comprising of only the falls risk assessment. (In addition to the EVHC/VHC). <i>From 1 Jan 2023</i>	SVHC	Risk	R45.50
980 211 001	COVID-19 PCR- ICD10 U07.2 From 12/12/2021	CO19	Risk	Max R500.00 <i>Competition Commission</i>
006 260 001	Covid-19 rapid Antibody test, counselling, service and materials included - ICD10 U07.2	COAb	MSA	R197.35

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Pharmacy codes	Procedure	Procedure code	Payment	2023 (15% VAT incl.)
Consumable NAPPI	Discovery Covid-19 rapid Antigen test, service and materials included - ICD10 U07.1/2 <i>The pharmacy DSP was terminated after the Competition Commission decision in Dec 2021.</i>	None	Risk /MSA	Max R150.00 <i>Competition Commission</i>
000 525 001 Effective date TBC for 2023 Q2	<b>PCDT consultation:</b> A face-to-face consultation where a pharmacist personally takes down a patient's history, performs an appropriate health examination including observations, and plans appropriate interventions/treatment, which may include referral to another healthcare professional.	0010	Risk/MSA/ATB/MOP as applicable per scheme	R199.30
300 282 3001	<b>COVID-19 administration fee</b>	NAPPI	Risk/MSA/ATB/MOP as applicable per scheme	R90.50
000 535 002 Effective date TBC for 2023 Q2	<b>PIMART consultation:</b> A face-to-face consultation where a pharmacist personally takes down a patient's history and performs an appropriate health examination and treatment plans for 1 <sup>st</sup> Line ART, PEP and PREP.	0190	Risk/MSA/ATB/MOP as applicable per scheme	R199.30

### Schemes administered by Discovery Health that cover health checks

705255-001 Traditional VHC applies to	001091-001 Single HbA1c test paid from Risk	001091-001 Single HbA1c test paid from MSA / ATB/ MOP as applicable per
Anglo Medical Scheme (AMS) Anglovaal Group Medical Scheme Glencore Medical Scheme Malcor Medical Aid Scheme UKZN Medical Scheme	LA Health Medical Scheme Remedi Medical Aid Scheme Retail Medical Scheme TFG Health (TFGMAS) TFG Health Plus (TFGMAS) SAB Medical Aid Benefit – all options	Discovery Health Medical Scheme M-Med Option of the Naspers Medical Fund Tsogo Sun Group Medical Scheme – all options Quantum Medical Aid Society – all options BMW Employees Medical Aid Society TFG Medical Aid Scheme TFG Health

### Discovery Health Video Call pharmacy clinic rates and codes

Participation in this network is subject to entry criteria. A separate agreement for Healthforce enabled pharmacies is required for virtual consultations.

Pharmacy NAPPI codes	Procedure	Procedure code	Payment	2023 (15% VAT incl.)
004 205 001	<b>DHMS registered nurse consultation:</b> Individual consultation, counselling, planning and/or assessment with referral to virtual GP consultation where required.	880053	Risk in SPG MSA, ATB.	R102.50
004 206 001	<b>DHMS general practitioner virtual consultation:</b> Unscheduled virtual consultation of stabilised patient with average duration and complexity and ability to refer to Discovery Health GP Network for face-to-face consultation.	7503	Risk in SPG MSA, ATB.	R284.10

### Discovery Diabetes Clinic Network rates and codes

Participation in the Diabetes Clinic Network is voluntary and open to any pharmacy clinic that meets the criteria and has at least one Diabetes Educator with an own BHF practice number, who has qualified by successfully completing an accredited diabetes course and is busy with the required practical experience as outlined in the handbook. (See handbook for full details). Call 0860 44 55 66 or enquire at [healthpartnerinfo@discovery.co.za](mailto:healthpartnerinfo@discovery.co.za)

#### New service codes and rates

- The results obtained in the pharmacy need to be made available to the treating doctor and to Discovery Health on Health ID 2.0.

Pharmacy code	Description of services	Tariff code	2023 rate (VAT incl.)
067 002 001	Diabetes education session from a diabetes nurse educator who has completed both the diabetes course and the required practical experience.	DEDU1	R597.90
067 003 001	Diabetes education session from diabetes nurse educator who have completed the diabetes course and are busy with the practical training in the pharmacy clinic.	DEDUT	R478.20
067 004 001	Diabetes foot screening	DFSC1	R100.50

#### Point of care pathology codes and rates

- Point of care pathology codes are only payable when the tests are requested and referred by the treating doctor and indicated on the claim.
- For diagnostic purposes, Discovery Health require a pathology laboratory test.
- The below codes are for monitoring purposes. Discovery Health will make available a laboratory pathology referral form for use by clinic pharmacies.
- The results obtained in the pharmacy need to be made available to the treating doctor and to Discovery Health on Health ID 2.0.

Pharmacy code	Description of services	Tariff code	2023 rate (VAT incl.)
007 370 021	HbA1C	4064	R172.90
000 817 001	Serum creatinine	4032	R43.80
005 350 021	Triglyceride	4147	R96.30
001 310 021	Cholesterol total	4027	R64.70
004 340 021	HDL cholesterol	4028	R83.70
No NAPPI	LDL cholesterol (Payment only for chemical determination by pathology laboratory)	No Code	R0.00
000 777 001	U&E: Sodium + potassium + chloride + CO <sub>2</sub> + urea	4171	R192.10
008 380 021	Urine dipstick, per stick (irrespective of the number of tests on stick)	4188	R18.20
000 917 001	Urine creatinine	4221	R43.80
067 001 001	Creatinine clearance	4223	R92.80
008 896 654	Micro Albumin: Quantitative	4261	R150.70
009 996 654	Micro Albumin: Qualitative	4262	R54.60

**Please note:** The Diabetes Clinic Network agreement gives access to funding for diabetes care and pathology procedures for enrolled Discovery Health administered schemes: Discovery Health Medical Scheme, Anglovaal Group Medical Scheme, Bankmed, BMW Employees Medical Aid Scheme, Engen Medical Benefit Fund, Glencore Medical Scheme, LA Health Medical Aid Scheme, Lonmin Medical Scheme, LIBCARE Medical Scheme, Malcor Medical Aid Scheme, MultiChoice Medical Aid Scheme, Netcare Medical Scheme, Remedi Medical Aid Scheme, Retail Medical Scheme, Tsogo Sun Medical Scheme, TFG Medical Aid Scheme and UKZN Medical Scheme and may include any other future scheme as notified by Discovery Health.

### Bankmed pharmacy clinic rates and codes for Basic and Essential Plans

We require a separate enrolment agreement for Vitality Wellness network is required. Enquire at [Vitalitywellnessnetwork@discovery.co.za](mailto:Vitalitywellnessnetwork@discovery.co.za) or please call 011 529 8898. Other Bankmed options are administered by MediKredit.

Pharmacy codes	Procedure	2023 (15% VAT incl.)
0012	Blood glucose screening	R 75.00
0013	Blood cholesterol screening	R 125.00
0015	Blood pressure monitoring	R 75.00
0021	Administration of an intramuscular or subcutaneous injection	R 100.00
<b>Nursing codes</b>		
80001	Initial assessment & preparation of treatment plan	R 187.00
80002	Initial assessment & preparation on treatment plan	R 260.00
88001	Consultation (minimum 30 minutes)	R 424.00
88002	Prolonged consultation after 30 minutes	R 594.00
88005	Individual consultation – 5 to 15 minutes	R 113.00
88006	Individual consultation	R 255.00
88014	Emergency consultation/visit (all hours)	R 140.00
88450	Consultation – Well Baby clinic	R 88.00
99400	Consultation linked to Pap smear	R 561.00
7111	Prostate specific antigen (PSA) test	R 115.00

### Netcare Medical Scheme

Registration on the Vitality Wellness network is required.

Pharmacy codes	Procedure	Code	Payment	2023 (15% VAT.)
009 9100 001	Netcare Health Risk Assessment	NMSHC	Risk	R209.50