

POPULATION HEALTH BOOSTER FREQUENTLY ASKED QUESTIONS (FAQS)

Discovery Health
2026

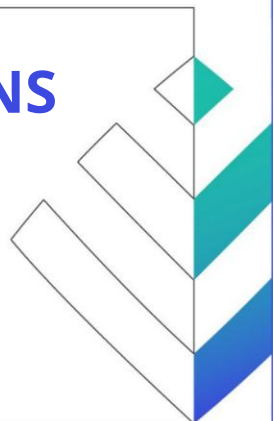




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Introduction

1. Why the shift to population health management?

Traditional healthcare models typically react to illness after it has occurred. Population Health Management emphasises preventive care, identifying risk factors early and managing chronic conditions before they escalate. This approach improves outcomes and reduces costly interventions. PHM focuses on long-term disease management, with the aim of reducing the need for hospitalisation and enhancing care coordination through data insights.

2. What is the Population Health Booster?

It is a supplementary GP income model for digital engagement and population health management.

3. What is the purpose of the new reimbursement model?

The new model aims to drive meaningful digital engagement and improve patient outcomes through better use of HealthID features, care programme enrolments, and population health management. It aligns healthcare professional incentives with Discovery Health's strategic goals of digitisation, clinical data collection and value-based care.

4. What is the engagement definition for members based on completed next best actions?

The member has completed two health next best actions in the last three months, or the member has completed six exercise next best actions in the previous three months.

Population Health Management

5. When does the shadow period commence?

November 2025.

6. When will the shadow period report be released

The shadow period reports for the new GP reimbursement model are expected to be published by end-November 2025.

7. How long is the shadow period for, and when does it end?

The shadow period commences in November and will end by the end of June 2026, allowing sufficient time for adaptation to the new reimbursement model.

8. How often will the shadow report be shared with the practices??

Monthly.

9. When is the full go-live for the Population Health Booster Model?

We are targeting July 2026, marking full operational transition.

10. Will the Population Health Booster Model apply to all DHMS-administered schemes?

No. It will be available only to **Discovery Health Medical Scheme** plans. In-House plans are *not* included at this time.

11. Does the Population Health Booster Model apply to DHMS members of all ages?

Members aged 18 years and above on eligible schemes and plans are included. Members under 18 years or on In-House schemes will remain on the old model until transitioned.

12. How is this different from the previous incentive model?

The previous model paid incentives regardless of the quality or frequency of engagement. The new model introduces a three-tiered structure:

- **Digital Engagement** – Incentives for meaningful use of HealthID during consultations.
- **Population Health Management (PHM)**
 - Active Support – Monthly payments based on member enrolment in care programmes, PCP selection and Personal Health Pathways activation.
 - Population-based management fee – 20% of the nominated population consistently achieved the next best action. *Performance for the population-based management fee is calculated quarterly and used to determine the monthly management fee paid over the subsequent three months.*
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13. How do I qualify for the Population Health booster incentives?

To qualify for PHB incentives, your practice must consistently follow these steps:

- Ensure every patient who visits the practice nominates the practice as their Primary Care Provider (PCP).
- During visits, review the patient's record on HID and encourage them to complete their next best action.
- Register all eligible patients on the relevant Care Programme(s).
- Use HID to send alerts to patients to activate their Personal Health Pathways.
- Endorse the patient's next best action(s) on HID.
- Register newly diagnosed chronic patients on the Chronic Illness Benefit using HID.
- The doctor must be active on the Discovery GP Network.

PCP Nomination

14. Will doctors need to request member consent once again due to the new Personal Health Pathways Model

No.

15. What if my patient is not eligible for a care programme?

You can still earn Population Health Management incentives if the member activates Personal Health Pathways and you are their PCP. The incentive amount may differ based on whether the member is enrolled in a programme or not.

Personal Health Pathways

16. Does the 20% completion requirement for next best actions apply to all patients associated with my practice or only those who have nominated me as their PCP?

The 20% completion threshold applies specifically to patients who have nominated you as their Primary Care Provider (PCP), have activated Personal Health Pathways, and are registered on a care programme if eligible. For example, if 100 members meet the above criteria, at least 20 of them must complete their next best actions to meet the engagement criteria.

17. What qualifies as a completed next best action? If three next best actions are endorsed, do all three need to be completed, or is just one enough?

The member does not need to complete all endorsed next best actions. Completion is based on a proportion of the next best actions surfaced to the member. For example, if three next best actions are surfaced, completing one or two may still meet the engagement threshold depending on the defined criteria.

18. Do patients receive information about which next best actions are covered from which risk pool? We're concerned that suggesting actions that incur costs could lead to criticism.

Yes, for most next best actions, there is a section titled "How am I covered?" available when the member clicks into the next best action tile in the Discovery Health app.

From a practice perspective, we recommend advising members to verify cover details directly on the next best action tile before taking any action.

Starting in 2026, members will also be able to earn an advance in their Personal Health Fund (PHF) by activating Personal Health Pathways, engaging with Active Rewards, and completing a health check. This could provide them with R1,000 upfront to help cover the costs of outpatient services.

It's important to note that most next best actions are risk-funded from benefits other than the PHF. However, some, such as "Go for a dental check-up" and the consultation for cervical cancer screening (Pap smear/HPC test), are not risk-funded but can be paid from the PHF if the member has available funds.



19. Why is the next best action list I have on HID different to what the patient sees on their app?

Healthcare Professionals (HCP) can view both next best actions that are visible to patients and those that are not yet visible. This ensures the HCP has a comprehensive view of the member's next best actions and can endorse them as needed.

20. When does a patient view an endorsed next best action?

A patient will only be able to view a next best action endorsed by their doctor once it becomes visible on the member app. This applies even if the doctor endorsed the next best action while it was not yet in a visible state.

Digital engagement

21. What qualifies as a digital engagement?

Digital engagements include:

- Accessing EHR through HealthID
- Submitting CIB applications
- Specialist referrals
- Capturing consultation data on HealthID

22. Do I need to use HealthID 2.0, or is HealthID 1.0 still valid?

Both platforms are currently supported. Actions on HealthID 1.0 will continue to be tracked until it is decommissioned. However, we strongly encourage healthcare professionals to use **HealthID 2.0**, as it offers full functionality and supports all current and future incentive tracking features.

23. What happens if I don't use HealthID for 6 months?

Doctors who have not interacted with HealthID in the past six months will be removed from the eligible list for digital engagement incentives. You can regain eligibility by logging into HealthID and engaging with the platform.

Payments and statements

24. How is the reimbursement calculated?

It's based on your patients' engagement with Personal Health Pathways (for example, completing next best actions). If 20% or more of your nominated population is engaged or highly engaged, you qualify for additional quarterly incentives.

25. How and when will I be paid?

The Population Health Booster is paid monthly, based on a snapshot of data from the last day of the month. The performance-based management fee is calculated quarterly and used to determine the monthly management fee paid over the subsequent three months.

26. Where can I view my potential reimbursement?

During the shadow period, you can view your population on the HID dashboard as well as the new population health dashboard. When the Population Health Booster is live in July 2026, you'll have access to an Incentive Dashboard on HealthID, where you can view your earnings, potential income, and missed opportunities. Statements will also be available for download.

27. What if I'm not on the GP network?

Only doctors on the GP network are eligible for incentives under the new model.

28. Will the Value-Based Multiplier still be effective when the Population Health Booster goes live in 2026?



We are combining PCP nomination, Personal Health Pathways, HealthID and Care Programme funding into a new initiative called the Population Health Booster. This replaces the Value-Based Multiplier (VBM) and enables proactive, personalised, and coordinated care at scale.

Transition timeline

- In 2026, qualifying practices currently on the VBM will continue to receive an additional 5% on Discovery Health tariffs. No new practices will be added to the VBM during this transition year.
- From July 2026, the VBM will be replaced by the Population Health Booster.