

Application to join the Performance Based Remuneration (PBR) pharmacy network for independent community pharmacies

Please complete and send the form by fax to 011 539 2784 or email to provider_administration@discovery.co.za AND a copy to your software vendor at: helpdesk@computassist.co.za OR price.medaaid@ucsts.com OR helpdesk@propharm.co.za OR helpdesk@compharm.co.za

OR kcatsicas@easyrx.co.za OR comcaps@telkomsa.net OR pharmasoft@medbel.co.za OR jack@touchpoint.co.za OR info@djla.co.za

Pharmacy owner details									
Owner name and surname		ID number							
PMA: Please tick appropriate block	ComputAssist <input type="checkbox"/>	UCS TS/Unisolv <input type="checkbox"/>	ProPharm <input type="checkbox"/>	ComPharm <input type="checkbox"/>	Scriptmaster <input type="checkbox"/>				
	EasyRx <input type="checkbox"/>	Techknowledge <input type="checkbox"/>	Pharmasoft <input type="checkbox"/>	Touchpoint <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									
Provisions for participation in network The pharmacy described above will hereinafter be referred to as "the pharmacy"									
<p>The pharmacy has been invited by Discovery Health and declares herewith its intent to join the Performance Based Remuneration pharmacy network on the terms and conditions referred below. The pharmacy agrees:</p> <ul style="list-style-type: none"> To act at all times in accordance with existing medicine and pharmacy legislation, standards and codes of conduct. That these terms and conditions must be read together with the attached non-exclusive independent community pharmacy Network DSP agreement that describes the existing standard dispensing fees and provisions. The PBR contract is fully endorsed by ICPA. That no rate changes are required since the variable PBR dispensing fees will be retrospectively applied 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 this agreement currently only applies to Discovery Health Medical Scheme and in future will apply to any one of the current and/or future willing schemes administered by Discovery Health (Pty) Ltd at any given time during the term of the agreement. That the details set out in this form can be used by Discovery Health and its staff members for operational purposes. To join the PBR network as a DSP from the first day of the current month if the signed agreement is received before or on the 15th day of the month or to join from the first day of the next month if the signed agreement is received after the 15th day of the applicable month. That the pharmacy will take responsibility to inform the pharmacy's software vendor by emailing this signed agreement so that the benchmark price and benchmark products can be displayed on the screen in the pharmacy. That the pharmacy will be measured on a monthly basis on their individual compliance as a percentage of the number claims for formulary and benchmark products in relation to the total number of Chronic Illness Benefit claims paid for the individual pharmacy during the previous calendar month, and that the result (compliance factor) will be emailed to the dispensary email address as provided above on a monthly basis. That the participating pharmacy will continue to charge at their existing standard dispensing fee rate. However, once the pharmacy's individual compliance factor has reached or exceeded the compliance threshold for the previous calendar month, the pharmacy will qualify for the PBR variable dispensing fee. That the compliance threshold that the independent community pharmacy needs to reach or exceed for Chronic Illness Benefit claims for the pharmacy to qualify and the applicable PBR variable dispensing fee to apply, is 45%. That for a qualifying pharmacy that has reached or exceeded the compliance threshold, the retrospective PBR report is compiled on a three-monthly basis. The report comprises of the Chronic Illness Benefit claim lines submitted by qualifying pharmacies during the report period (full calendar months only). Whereby these CIB claim lines are stripped of the existing standard dispensing fee that applied at the time when the service has been rendered and the following PBR variable dispensing fees are re-applied instead. <ul style="list-style-type: none"> Benchmark dispensing fee: 46% capped at R98 with a minimum of R7.15 (VAT inclusive) Non -benchmark dispensing fee: 36% capped at R45 (VAT inclusive) That when the participating pharmacy falls back to below the compliance threshold for the previous calendar month, the pharmacy will no longer qualify for the PBR report and the applicable PBR variable dispensing fees will therefore not apply for the previous month. The standard dispensing fee will then apply until the pharmacy qualifies again during any future calendar month. That settlement will follow comprising of the total difference for the multiple claim lines report between the standard dispensing fee already paid and the retrospectively applied PBR variable dispensing fee on the Chronic Illness Benefit claims. That claims for KeyCare and Delta plans, claims received from courier pharmacies, and claims paid from all other benefits other than the Chronic Illness Benefit, including but not limited to acute benefits, Specialised Medicine and Technology Benefit, oncology benefits and Additional Disease List claims will be excluded from the PBR variable dispensing fees. The chosen standard dispensing fee of as per the non-exclusive independent pharmacy network DSP agreement will then apply. That the PBR variable dispensing fees may be applied in a real time on line environment in the future. To the confidential nature of the 'Guide to PBR for pharmacies' which will only be used for the purposes of insight relating to the agreement and that it shall not under any circumstances disclose, exchange or distribute the contents thereof to any third party other than employees of the pharmacy who need to know for the purposes of providing the service and who are under same the obligation as the pharmacy to exercise the same degree of care in protecting the confidential information. 									
Name	Signature	2	Y	Y	M	M	D	D	Effective from the 1st day of calendar month Network Participation: 434 & 992 OR 662 + 954
<p>If the pharmacy or Discovery Health want to terminate this PBR agreement each party is required to give each other one calendar months' written notice. Please send termination request and BHF number to: provider_administration@discovery.co.za. Once terminated, the chosen standard network dispensing fee applies to all CIB claims.</p>									

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