

Explanation of the Current Policy Regarding the Classification of Patients for the Determination of Fees

1. Introduction

Patients are classified into two main groups for the purposes of service fee determination:

- a. Full paying patients
- b. Subsidised patients
- c. Free services.

This document explains the different categories of patients that have been identified and the associated fees for each category.

This classification of patient categories was accepted by the PHRC in April 2002.

2. Full Paying Patients

This category of patients includes but is not limited to externally funded patients, patients being treated by their private practitioner and certain categories of non-South African citizens. They are liable for the full UPFS fee as listed in Annexure A of this document. Table 1 below gives full details of this category of patient.

Table 1: Full Paying Patients

Group	Description
Externally funded patients	<ol style="list-style-type: none"> 1. Patients whose health services are funded or partly funded in terms of: <ol style="list-style-type: none"> (a) the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993), (b) the Road Accident Fund created in terms of the Road Accident Fund Act, 1996 (Act No 56 of 1996), (c) a medical scheme registered in terms of the Medical Schemes Act, 1998 (Act No 131 of 1998). 2. Patients treated on the account of: <ol style="list-style-type: none"> (a) another state department, (b) local authority, (c) foreign government, (d) any other employer.
Patients treated by a private practitioner	Any patient treated by his or her own private practitioner in a public health care facility will be liable to pay the full facility fee component for services rendered by the private practitioner at the facility and the full UPFS fee for any other service received by the patient.
Non South African citizens	Non South African citizens excluding the following: <ol style="list-style-type: none"> (a) immigrants permanently resident in the RSA but who have not attained citizenship (b) non South African citizens with temporary residence or work permits (c) persons from SADEC states who enter the RSA illegally.

3. Subsidised Patients

These are patients who do not fall in the category of full paying patients. Subsidised patients are categorised further based on their ability to pay for health services into four categories: H0, H1, H2 and H3. The fees payable by subsidised patients are expressed as a percentage of the fees payable by full paying patients as determined by the latest edition of the Uniform Patient Fee Schedule (UPFS).

The classification of dependants is determined by the classification of their guardians.

Subsidised patients are divided into two main groups:

a. Patients qualifying for full subsidisation: H0

Patients in this group receive all services free of charge. Patients must provide proof in terms of the conditions set out in Table 2 below in order to be classified into this group. Patients can only qualify for full subsidisation if they are referred to hospital from primary health care services.

This is not the default classification for a patient attending a public hospital. Unless proof of status is produced a patient is classified as H1 to 3 depending on income. The default classification for a person without income is therefore H1.

Table 2: Patients qualifying for full subsidisation

Group	Description
Social pensioners	<p>Recipients of the following types of pension/grants are classified as social pensioners:</p> <ul style="list-style-type: none"> Old age pension Child support grant Veteran's pension Care dependency grant Pension for the blind Family allowance Maintenance grant Disability grant Single-care grant - Persons with mental disorders in need of care discharged from hospitals for the mentally ill but have not been decertified. <p>Should the social pensioners also belong to a medical scheme, they will be regarded as full paying patients.</p>
Formally unemployed	Persons supported by the Unemployment Insurance Fund (UIF). Proof of unemployment must be produced. (Contributors Record Card (UF74)).
Persons re-classified as H0	If a patient cannot afford the fees due on the basis of his or her original classification then the patient may be re-classified as H0 by the person in charge of the health care facility.

b. Patients qualifying for partial subsidisation (H1, H2 &H3)

This is the default group for subsidised patients and the level of subsidisation depends on the assessment of income (frequently called the means test). The income cut-off point between H1 and H2 patients is set at the 80th income percentile as determined by Statistics South Africa. This means that 80% of employed individuals earn less than the cut-off amount per annum. Currently this amount is a yearly income of R36 000 for a single person. The cut-off between H2 and H3 is set at the 90th percentile, namely R72 000 per annum. Patient earning above this amount will pay full UPFS fees. This is to encourage those individuals to take out medical aid. Table 4 below lists the subsidisation percentages for H1 and H2 for the services covered by the UPFS. Illustrative amounts for some common services are listed in Table 5.

Table 3: Categories for Partial Subsidisation

Category	Means Test	Subsidisation (% of UPFS)
H1	Individual : Income less than R36 000 per annum Household : Income less than R50 000 per annum	Consultations : 20% with no differentiation for emergency consultations Inpatient : 1% of the UPFS general ward day tariff summed for 7 days for each 30 days or part thereof (Note 1). No differentiation on the basis of bed type. Patient and Emergency Transport: 5% Assistive devices : 25% All other services : Free Calculated amounts should be rounded to the nearest R5 to facilitate cash accounting.
H2	Individual : Income less than R72 000 per annum Household : Income less than R100 000 per annum	Consultations: 70% with differentiation for emergency consultations Inpatient days: 7% per day with differentiation on the basis of bed type Procedures, imaging and oral health: 50% Patient and Emergency Transport: 15% Assistive devices : 75% All other services : Free Calculated amounts should be rounded to the nearest R5 to facilitate cash accounting.
H3	Individual : Income greater or equal to R72 000 per annum Household : Income greater or equal to R100 000 per annum	All services listed in the UPFS at full price

Notes:

1. The H1 inpatient fee is expressed as a percentage of 7 days of the UPFS General Ward Inpatient fee to approximate the average length of stay of inpatients in this category. Although the fee calculation is based on 7 days, for H1 patients this fee will be applicable for each 30 days of inpatient stay or part thereof. No differentiation is made on the basis of bed type.

Table 4: Illustrative Fees (based on 2002 UPFS fees)

Service	H1		H2		
	Hospital	Level 1 & 2	Level 3	Level 1 & 2	Level 3
Consultations					
Routine, General Practitioner		R20	R20	R70	R85
Emergency, General Practitioner		R20	R20	R145	R155
Inpatient day					
General ward, GP		R50 per 30d	R60 per 30d	R50 per day	R60 per day
ICU, GP (per 12hours)		R50 per 30d	R60 per 30d	R 110 per 12h	R135 per 12h
Procedure, Imaging & Oral Health					
Ambulatory procedure Cat A (GP)		Free	Free	R155	R170
Theatre procedure Cat C (GP)		Free	Free	R1 420	R1 643
Category A X-ray (Radiographer)		Free	Free	R30	R35
Category B Oral Health (Non specialist)		Free	Free	R40	R45
Patient & Emergency Transport					
Patient Transport (per 100km)		R10	R10	R25	R25
Basic Life Support (per 50km)		R25	R25	R70	R70
Intermediate Life Support (per 50km)		R30	R30	R95	R95
Advanced Life Support (per 50km)		R50	R50	R155	R155

4. Free Services.

There exist certain circumstances under which patients will receive services free of charge independently of their classification as full paying or subsidised patients. These circumstances have a statutory basis and apply only to the episode of care directly related to the circumstances under which the patient has qualified for free services. Table 5 below summarises the circumstances under which patients will qualify for free services.

Table 5: Free Services

Service	Basis
Free health services for pregnant Women and children under the age of 6 years	<p>NOTICE 657 OF 1994, 1 July 1994</p> <p>As from 1 June 1994, free health services must be provided to :</p> <ol style="list-style-type: none"> pregnant women for the period commencing from the time the pregnancy is diagnosed to forty-two days after the pregnancy has terminated, or if a complication has developed as result of the pregnancy, until the patient has been cured or the conditions as result of the complication has stabilised; children under the age of six years; non-citizens of South Africa who are in the groups mentioned in par (a) and (b), and who incidentally develop a health problem whilst in South Africa. <p>Free health services included the rendering of all available health services to the persons mentioned in above, including the rendering of free health services to pregnant women for conditions that are not related to the pregnancy.</p> <p>The following persons are excluded from the free health services:</p> <ol style="list-style-type: none"> Persons and their dependents who are members of a medical scheme. Non-citizens of South Africa who visit South Africa specifically for the purpose of obtaining health care.
Free primary health care services	<p>Notice 1514 of 1996, dated 17 October 1996</p> <ol style="list-style-type: none"> Primary health care services are available free of charge at

	<p>State health care facilities.</p> <ol style="list-style-type: none"> 2. Services referred to in paragraph 1 are available at- <ol style="list-style-type: none"> (a) State health care facilities, namely- <ol style="list-style-type: none"> (i) clinics; (ii) community health centres; (iii) mobile clinics; (iv) satellite clinics; (b) health care facilities that are funded or subsidised fully or partly by the State; (c) hospitals in geographical areas where facilities referred to in subparagraphs (a) and (b) are not available and which are designated by a province for that purpose. 3. Persons receiving primary health care services at facilities other than those referred to in paragraph 2 shall be liable to pay existing rates and an additional fee as determined by the province. 4. An additional fee referred to in paragraph 3 shall not be payable in the case of emergency care. 5. Only South African citizens shall be entitled to free primary health care services. 6. The following persons shall not be entitled to free primary health care services: <ol style="list-style-type: none"> (a) Persons and their dependents who are members of a medical aid scheme; (b) Persons who make use of the services of medical practitioners of their choice instead of those made available by the health care facility.
Termination of Pregnancy	<p>Act 92 of 1996.</p> <p>Services in respect of the termination of pregnancy to be rendered free of charge and, if complications have developed as a result of the termination, until the patient has been cured or the conditions as a result of the complication have stabilised, under the following conditions:-</p> <ol style="list-style-type: none"> 1. Upon request of a women during the first 12 weeks of pregnancy; 2. From the 13th to the 20th week of pregnancy if a medical practitioner, after consultation with the woman, is of the opinion that <ol style="list-style-type: none"> a. continued pregnancy poses a risk to the woman's physical or mental health b. a substantial risk exists that the foetus would suffer from a severe physical or mental abnormality c. the pregnancy resulted from rape or incest d. the continued pregnancy would significantly affect the social or economic circumstances of the woman 3. after the 20th week of pregnancy if a medical practitioner, after consultation with another medical practitioner or midwife, is of the opinion that continued pregnancy would <ol style="list-style-type: none"> a. endanger the woman's life b. result in severe malformation of the foetus c. would pose risk of injury to the foetus

Criminal Procedure Act	<p>Act 51 of 1977</p> <p>Services rendered in terms of the above act, as well as the following, when requested by the responsible authorising body.</p> <p>Assault: The examination of the alleged victim and taking of samples and completion of the necessary documentation</p> <p>Rape: The examination of the alleged victim and taking of samples and completion of the necessary documentation</p> <p>Post mortem: The performance of autopsies and attendance at exhumations</p> <p>Corporal Punishment: Preliminary examination for the administration of corporal punishment by the Police Service and attendance at the administration at corporal punishment in prisons.</p>
Child Care Act	<p>Act No 74 of 1983, Section 15.</p> <p>Children who in terms of the above Act are committed to the care of a children's home, industrial school or foster parents.</p>
Persons with mental disorders	<p>Mental Health Act (Act 18 of 1973)</p> <p>The examination of prisoners and detainees for medico-legal purposes with a view to their referral for observation in terms of the Act.</p> <p>Mentally disturbed patients admitted to psychiatric hospitals in terms of section 9 of the Act.</p>
Infectious, formidable and/or notifiable Diseases	<ol style="list-style-type: none"> 1. Venereal diseases (excluding complications) - only on an outpatient basis and including the following: Syphilis, gonorrhoea, chancroid, LGV (lymphogranuloma venereum), non-specific urethritis, venereal warts, granuloma inguinale, ulcus molle, herpes genitalis. 2. Pulmonary tuberculoses. 3. Leprosy. 4. Cholera. 5. Diphtheria. 6. Plague. 7. Typhoid and paratyphoid. 8. Haemorrhagic fevers. 9. Meningococcal meningitis. 10. Aids - only the initial diagnostic procedures and attendant laboratory services are free if patients specifically ask for the HIV test to be done. Patients requiring treatment are assessed at the prescribed tariffs for any hospitalisation and accompanying services.
Other exempt conditions	<p>Persons suffering from the following diseases for treatment only relating to such diseases:</p> <ol style="list-style-type: none"> 1. Malnutrition 2. Pellagra 3. Any other condition or service as determined by a province
Donors	<p>A donor is a person who, of their own free will, presents themselves specifically for the donation of an organ, blood, milk or human tissue. The exemption refers to services rendered in respect of the donation.</p>