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PROVINSIE OOS-KAAP

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**We all have the power to prevent AIDS**



**AIDS  
HELPLINE**

**0800 012 322**

DEPARTMENT OF HEALTH

**Prevention is the cure**

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**PROVINCIAL NOTICES • PROVINSIALE KENNISGEWINGS**

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**PROVINCIAL NOTICE 90 OF 2020****Adjustment of Eastern Cape Department of Health tariffs: 2020/2021****1. PURPOSE**

The purpose of this submission is to obtain Treasury Approval in terms of Treasury Regulations 7.3.1 for the adjustment of tariffs for the Eastern Cape Department of Health.

**2. BACKGROUND**

The department generates its revenue from patient fees charged to patients who present themselves for treatment at the public health institutions.

**3. METHOD OF CHARGING FEES****Patient Fees**

- (i) These fees are charged according to the
- Ability of patients to pay for healthcare services rendered – means test.
  - Level of public health service delivery
  - Level of the health practitioner rendering the health care service
  - Type of health care service rendered
  - Bed type/ ward if the patient is admitted
  - Emergency and rescue services: charges are calculated on the basis of stages of kilometres travelled and on the level of care rendered to the patient.

This means that patient fees will differ accordingly as above. Services rendered to indigent patients, however, are all inclusive and do not differentiate on bed / ward type and level of health care practitioner.

#### 4. CLASSIFICATION OF PATIENTS ACCORDING TO MEANS TEST AND EXPLANATION OF TARIFFS

Patients are thus classified as follows;

**Table 1 – Patient Classification**

Category	Description	Applicable tariff
H0	No income Social pensioners	Services are free except where specified
H1	Individual: Income less than R70 000 per annum Household: Income less than R100 000 per annum	Minimum tariff applies and services are all inclusive. Maximum tariffs apply where specified
H2	Individual: Income less than R250 000 per annum Household : Income less than R350 000 per annum	A tariff above minimum is charged. Differentiation and itemized billing applies
H3 Self Funded	Earnings above R250 000 per annum single and R350 000 per annum household	85% of full UPFS tariff
Externally funded	Patients covered by a Health Insurance, and treated in a 'public ward'	Full UPFS rates apply
Hospital Staff and Government Employees	Hospital staff and civil servants treated or receiving healthcare services and medication in the institution	To health insurance members, full UPFS rates apply. Non-medical aid scheme members are charged according to means test.
Interdepartmental patients	E.g. Claimants from the Road Accident Fund/ Persons on awaiting trial e.t.c.	Full UPFS rates apply
Department of Justice	Psychiatric observations	Full UPFS high care rates apply
Private patients	Patients who prefer to be treated by their own doctors in a public hospital, including pregnant and lactating women and children under 6 years	Full UPFS Facility rates apply
Private patients	Patients treated in differentiated amenities	NHRPL equivalent or tariffs agreed to with Medical Aid Schemes.
Request for medical records	Requests for medical records must be done in writing and signed for by the patients.	PAIA rates apply
Completion of medical reports	Requests for completion of medical reports are done by hospital doctor.	Full UPFS rates apply

**(ii) Free Services**

There exist certain circumstances under which patients will receive services free of charge. Such services include, but are not limited to Primary health care services. These services are illustrated in Table 2.

**(iii) By Pass Fee**

A by pass fee of R50.00 will be charged to all patients who come to public health hospitals without a referral letter from primary health care institutions and or a doctor.

**5. IMPLEMENTATION OF TARIFFS**

Patient fees will increase by 4.9% from the 2019/20 financial year and the increase applies to externally funded and subsidized patients. This is a Uniform Patient Fee Schedule (UPFS) tariff that is applicable throughout the Republic of South Africa.

**6. CONSULTATION**

On approval of the tariff reviews by Provincial Treasury, communities and other relevant stakeholders will be informed, and the tariffs will be gazetted.

**7. FINANCIAL IMPLICATIONS**

The adjustment of tariffs will increase revenue.

**8. RECOMMENDATION**

Normally the tariff reviews are with effect from the beginning of the financial year, but due the COVID 19 outbreak, the process was delayed from the National Department of Health and has been finalized in May 2020. It is hereby recommended that Eastern Cape Provincial Treasury approves the adjustment of tariffs with effect from 1 July 2020.

Yours in quality health



**SUPERINTENDANT GENERAL - HEALTH**

**c.c. The Honourable MEC for Health**

**Table 2 – Free Services**

SERVICE	BASIS
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**Free health services for pregnant Women  
and children under the age of 6 years**

**NOTICE 657 OF 1994, 1 July 1994**

As from 1 June 1994, free health services must be provided to:

a. 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;

b. children under the age of six years;

c. 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.

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.

The following persons are excluded from the free health services:

a. Persons and their dependents who are members of a medical scheme.

b. Non-citizens of South Africa who visit South Africa specifically for the purpose of obtaining health care.

**Free primary health care services**

Notice 1514 of 1996, dated 17 October 1996

1. Primary health care services are available free of charge at:

State health care facilities.

2. Services referred to in paragraph 1 are available at-

(a) State health care facilities, namely-

(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.

**FREE SERVICES**

**BASIS**

# **Free Primary Health care services/...**

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:
  - (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 public health care facility.

## **Termination of Pregnancy**

Act 92 of 1996.

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:-

1. Upon request of a woman 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
  - 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
  - a. endanger the woman's life
  - b. result in severe malformation of the foetus
  - c. would pose risk of injury to the foetus

<b>Criminal Procedure Act</b>	<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>
<b>Child Care Act</b>	<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>
<b>Persons with mental disorders</b>	<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>
<b>Infectious, formidable and/or notifiable Diseases</b>	<p>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.</p> <p>2. Pulmonary tuberculosis.</p> <p>3. Leprosy.</p> <p>4. Cholera.</p> <p>5. Diphtheria.</p> <p>6. Plague.</p> <p>7. Typhoid and paratyphoid.</p> <p>8. Haemorrhagic fevers.</p> <p>9. Meningococcal meningitis.</p> <p>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</p>









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