

MEDIKREDIT PREFERRED PHARMACY NETWORK AGREEMENT

Since 2010, the MediKredit Pharmacy Team has successfully implemented a network with pharmacies for certain schemes. These are inclusive networks put together on a willing participant basis and aimed at creating positive experiences for the people that drive our industry, namely the members of medical schemes.

Over and above the predictable dispensing fee arrangements as part of our network agreements, MediKredit has and will continue to show schemes how pharmacies can positively influence medicine costs by measuring generic utilisation and the impact of reference pricing, including MMAP (maximum medical aid price).

See below the medical schemes we currently represent in terms of our established pharmacy network.

This network is run on a “willing pharmacy” basis, where participating pharmacies commit to the following:

- The MediKredit Processing Fees (“PAF”) surcharges may not be billed to scheme members;
- No additional professional or other administration fees and non-scheme surcharges may be billed to scheme members;
- To strive at all times to drive generic medicine utilisation for all scheme members, where appropriate;
- To ensure that reference price co-payments are dealt with by switching members to medication below reference prices, where appropriate; and
- To comply with such other lawful and reasonable network rules as may be notified to network pharmacies by MediKredit in writing from time to time.
- To charge members the scheme specific dispensing fee as shown below

Medical Scheme	Options	SEP & Non-SEP Dispensing Fee (excl. VAT)
Anglo Medical Scheme	Acute	31.58% capped at R52.11 at R165
	Chronic	30.39% capped at R30.39 at R100
Bankmed	Acute & Chronic	31.58% capped at R52.11 at R165
CAMAF	Acute & Chronic	31.58% capped at R52.11 at R165
mediBucks	Acute & Chronic	31.58% capped at R52.11 at R165
Pick 'n Pay Medical Scheme	Acute & Chronic	31.58% capped at R52.11 at R165
Profmed	Acute & Chronic	31.58% capped at R52.11 at R165
Rand Mutual Assurance	Acute & Chronic	31.58% capped at R52.11 at R165
Rand Water	Acute & Chronic	31.58% capped at R52.11 at R165
RFMCF	Acute & Chronic	31.58% capped at R52.11 at R165
Witbank Coalfields Medical Aid Scheme	Acute & Chronic	31.58% capped at R52.11 at R165

Benefits of participation in the MediKredit Preferred Pharmacy Network

- Participating medical schemes have committed to regularly communicate the list of preferred pharmacies to all their members and access may also be provided to this list through the scheme websites.
- MediKredit also displays the list of pharmacies per scheme on the MediKredit websites, namely www.medikredit.co.za and www.medikredit.net.
- MediKredit provides monthly reports to pharmacy groups with detail per pharmacy.
- MediKredit continues to implement new value added products to pharmacies e.g. Dispensing for Choice at MediKredit (D4C@MK). See the following link for more details:
https://www.medikredit.co.za/circulars/Pharmacies/2014_032_general_from_p4pmk_to_d4cmk.pdf

General Considerations

- The medical schemes represented herein will not discriminate with respect to including or excluding pharmacies into the network on arbitrary grounds, however, reserve the right to exclude pharmacies from the network where it is shown that the network rules have not been adhered to by the pharmacy concerned (e.g. overcharging on dispensing fee and single exit price, or charging of MediKredit processing fees to member).
- Should you not be part of the MediKredit Preferred Pharmacy Network for whatever reason, non-network scheme dispensing fees will apply, which may be as low as 26% (excluding VAT).
- This MediKredit Preferred Pharmacy Network Agreement will supersede any previous network arrangements you have undertaken with MediKredit.
- Membership of the network will be subject to 90 days' notice of termination by the pharmacy or MediKredit.
- Please note that you are responsible to let us know of any changes in your pharmacy contact details – kindly contact networkenquiries@medikredit.co.za if you need to update your details.

Protection of Personal Information

- Pharmacies must comply with their obligations under the Protection of Personal Information Act (POPIA) in relation to all Personal Information that it processes as an operator of the scheme, which obligations they must be fully aware of at the time of signing this agreement.
- All personal information must be processed lawfully and secured by taking appropriate, reasonable, technical and organisation measures to prevent loss of, damage to or unauthorised destruction of Personal Information and unlawful access to or processing of Personal Information.
- The Pharmacy must notify the Responsible Party immediately where there are reasonable grounds to believe that Personal Information has been accessed or acquired by any unauthorised person.
- The Pharmacy agrees to indemnify the Scheme in all circumstances against any costs, claims, proceedings, liabilities or expenses resulting from claims made against the Scheme by any third party arising out of any unauthorised disclosure or use of any Personal Information or breach of the provisions of POPIA.

Yours faithfully



MediKredit Networks Department
networkenquiries@medikredit.co.za

Initial:



I wish to join the MediKredit Preferred Pharmacy Network as indicated above and agree to abide by the terms and conditions specified in this agreement. I agree to forward the signed agreement to my pharmacy practice management system vendor,

_____ (insert name of PMS vendor) to make the necessary changes to accommodate the fee structures as provided for herein. MediKredit will activate my pharmacy on the MediKredit Preferred Pharmacy Network within 24 hours of receipt of the signed agreement and the confirmation email from the vendor stating that the new medical aid settings have been updated and downloaded on the software system.

Thus accepted by _____ (insert name), _____ (insert designation),

Pharmacy Practice Number:

Pharmacy Name:

Cell phone Number:

Pharmacy Phone Number:

Email Address: Communication via Circulars (Default)

(General email address of pharmacy/pharmacy owner or responsible pharmacist – should not be a reconciliation company)

Email Address: Statement 1:

Statement 2:

Statement 3:

(General email address of pharmacy/pharmacy owner or responsible pharmacist and/or Reconciliation Company)

Email Address: Statement 1:

Statement 2:

Statement 3:

(General email address of pharmacy/pharmacy owner or responsible pharmacist – should not be a reconciliation company)

Signature

Date

