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09 August 2023

RMA
P O Box 22927
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Dear Sir / Madam

RMA - Realignment In-Hospital Tariffs

This letter serves as response to the changes proposed in your letter dated 3rd of August 2023, with planned implementation on the 1st of September 2023.

An urgent meeting was convened and attended by over 120 of the medical fraternity's healthcare providers, including representatives from the Medical Association of Namibia (MAN), the Namibia Medical Society (NMS), the Namibia Private Practitioners Forum (NPPF) and numerous other speciality representative groups.

It is our understanding that medical aid funds are under the stipulated 25% reserve that is mandatory according to the regulator NAMFISA, and that the current cost drivers are unsustainable in the short term, resulting in a possible collapse of the fund industry by the end of 2024.

We find the letter received from RMA to be reactive, short sighted and poorly communicated, with a lack of consultation, despite different parties attempting to engage to bridge this financial chasm, resulting in surprise and mistrust from the medical fraternity.

We were however informed of the proposed GAP benefit structure that will be implemented from the 1st of September 2023 until the 31st of December 2023, that will allow for the AHB in-hospital benefit of NAMA+ 200% to continue till the end of the calendar year, given that the RMA patient has the

Dr D Weber (Chairman), Dr A Azadeh (CE), Dr R Sieberhagen,
Dr E Botha, Dr N Kock, Dr G H Burmeister, Dr P J le Grange

gap cover benefit. **We ask that we receive in writing this clarification and its implications to our patients and its planned implementation.**

We, as the medical fraternity, wish to also further engage in the viability and sustainability of funding with you, specifically as regards....

- Future communications to the healthcare professionals.
- Engagement into the changes of our Namibian claiming culture, and possible capping mechanisms.
- Formation of peer review committees that assess and reduce wastage/fraudulent behaviour.
- Adoption of prescribed minimum benefits (PBM) and pre-authorized protocols from preferred service providers.
- Proper referral systems, allowing for 'gatekeeper' and "co-ordination of care" functions of the primary healthcare physician.
- Input into the adoption of prescribed specialist protocols.

We wish to reiterate that we seek to move forward symbiotically and implore you, as Fund administrator, to engage with us to achieve the amicable and sustainable outcome, that allows us to continue to service your members.

Thank you.



Dr Armid Azadeh



Dr David Weber