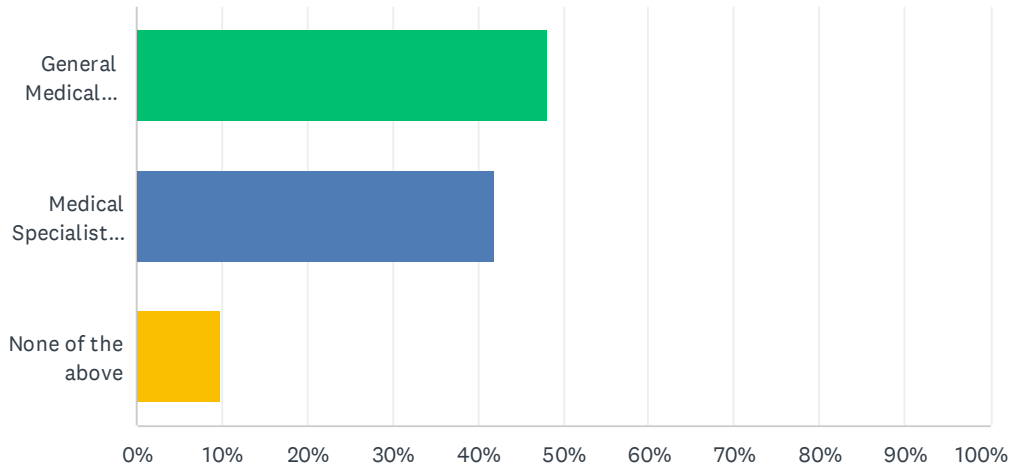


Q1 I am a Namibian registered:

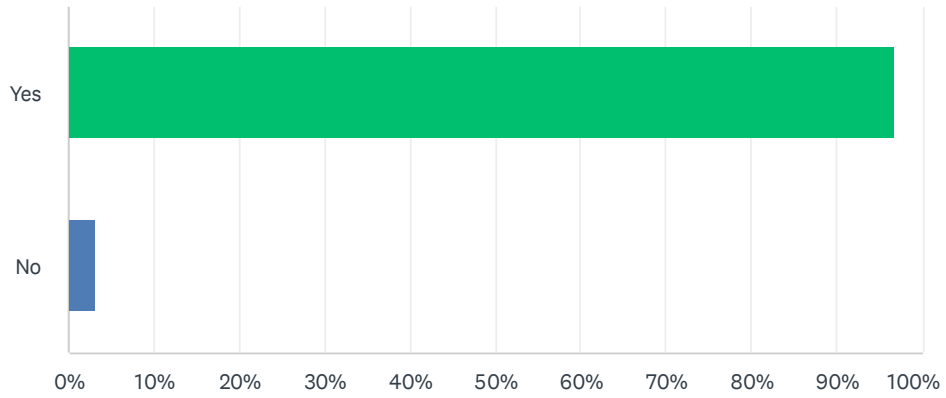
Answered: 183 Skipped: 2



ANSWER CHOICES	RESPONSES	
General Medical Practitioner (PG) treating private patients	48.09%	88
Medical Specialist treating private patients	42.08%	77
None of the above	9.84%	18
TOTAL		183

Q2 I claim directly from private medical aid funds on behalf of my patients.

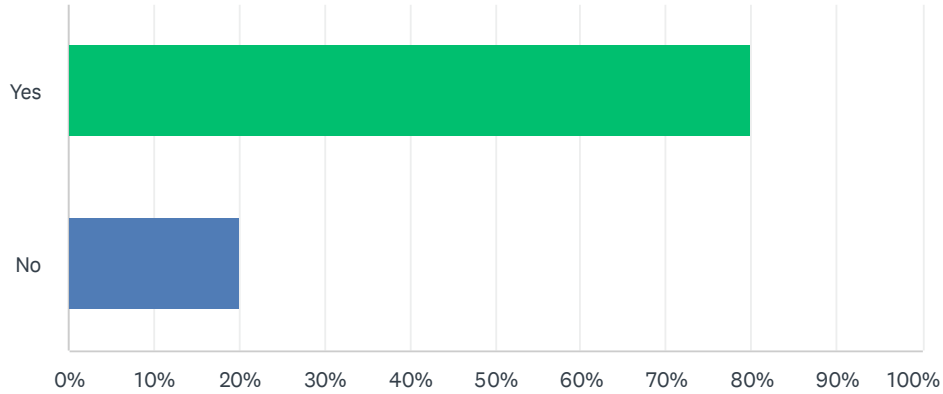
Answered: 155 Skipped: 30



ANSWER CHOICES	RESPONSES	
Yes	96.77%	150
No	3.23%	5
TOTAL		155

Q3 I received the letter from RMA, dated 3 August 2023, in which I am informed that the fund will reduce in-hospital benefits to its members.

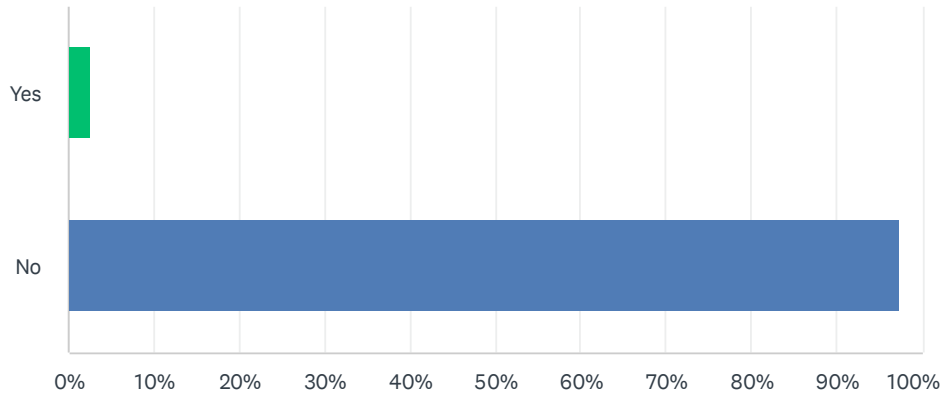
Answered: 155 Skipped: 30



ANSWER CHOICES	RESPONSES	
Yes	80.00%	124
No	20.00%	31
TOTAL		155

Q4 The fund consulted me before taking this decision to reduce the said benefits.

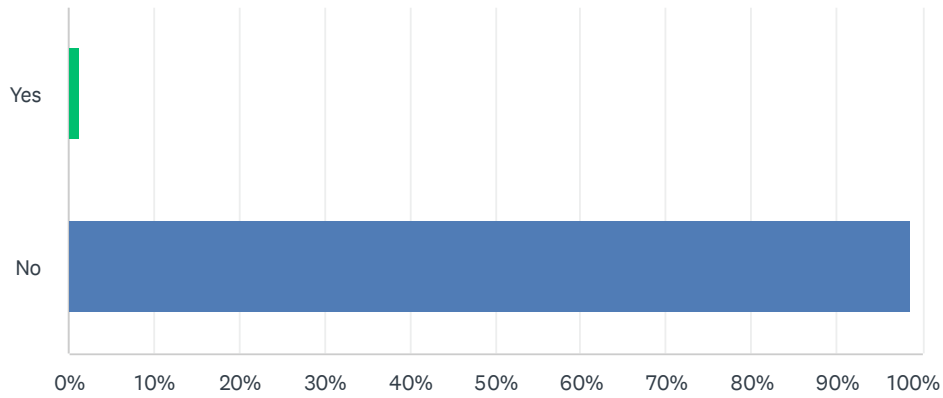
Answered: 155 Skipped: 30



ANSWER CHOICES	RESPONSES	
Yes	2.58%	4
No	97.42%	151
TOTAL		155

Q5 Are you aware of any consultations RMA held with its members, who are also your patients, before taking the decision to reduce the said benefits?

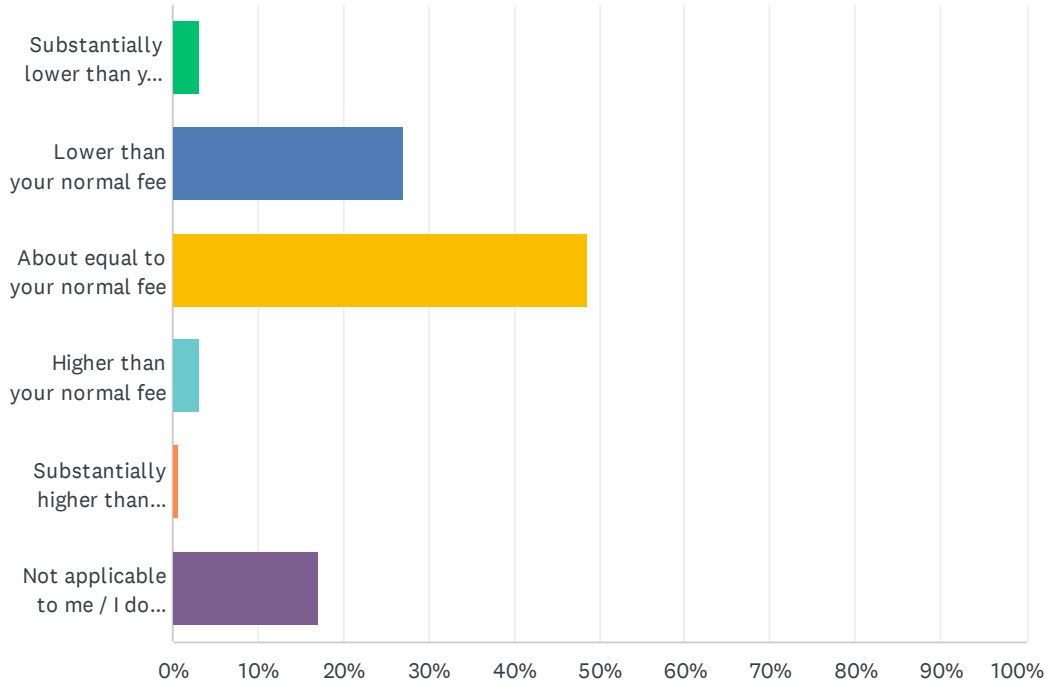
Answered: 155 Skipped: 30



ANSWER CHOICES	RESPONSES	
Yes	1.29%	2
No	98.71%	153
TOTAL		155

Q6 Currently (before this intended reduction) the amount paid to you by RMA for in-hospital treatment is:

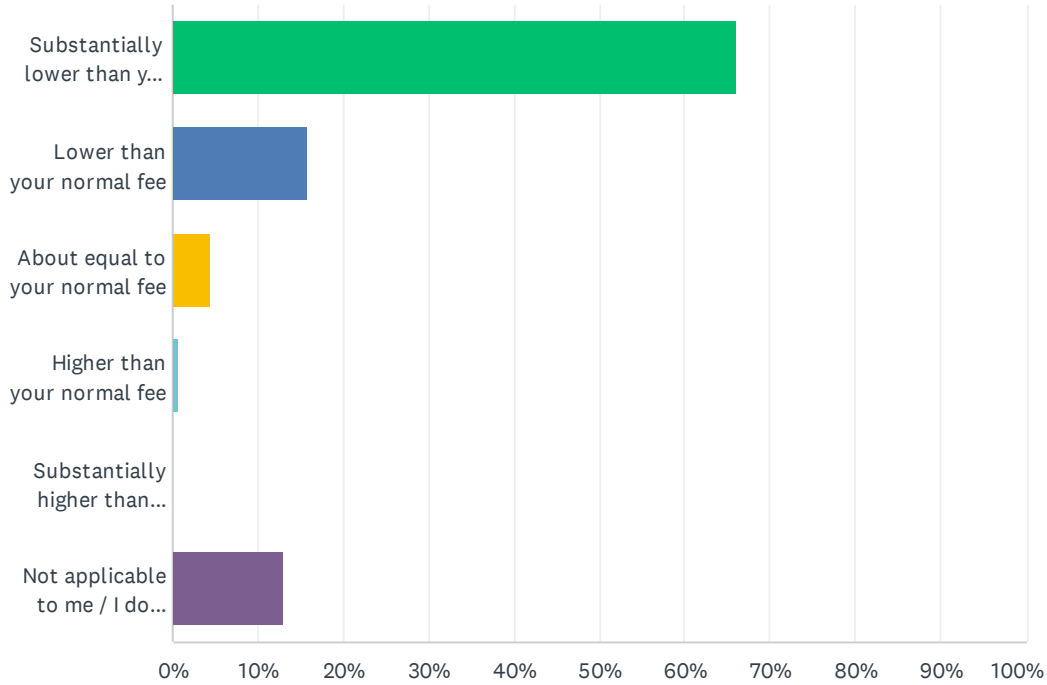
Answered: 152 Skipped: 33



ANSWER CHOICES	RESPONSES	
Substantially lower than your normal fee	3.29%	5
Lower than your normal fee	26.97%	41
About equal to your normal fee	48.68%	74
Higher than your normal fee	3.29%	5
Substantially higher than your normal fee	0.66%	1
Not applicable to me / I don't know	17.11%	26
TOTAL		152

Q7 If the benefit payable by RMA is reduced on 1 September, the amount paid to you by RMA for in-hospital treatment will be:

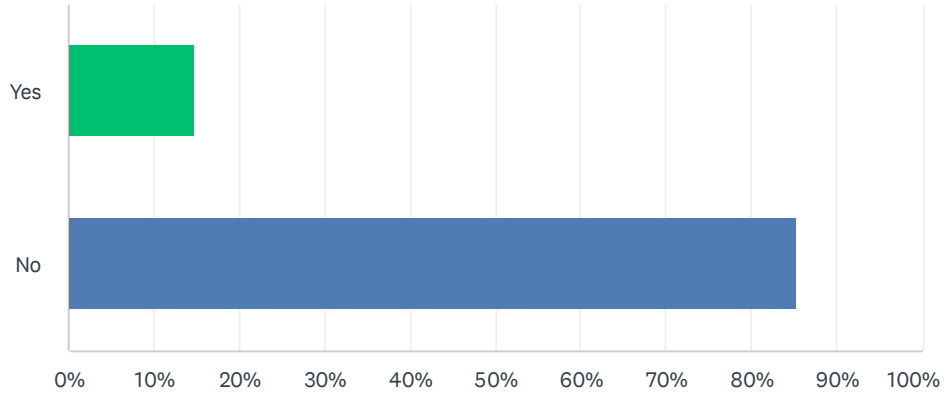
Answered: 153 Skipped: 32



ANSWER CHOICES	RESPONSES	
Substantially lower than your normal fee	66.01%	101
Lower than your normal fee	15.69%	24
About equal to your normal fee	4.58%	7
Higher than your normal fee	0.65%	1
Substantially higher than your normal fee	0.00%	0
Not applicable to me / I don't know	13.07%	20
TOTAL		153

Q8 Have you concluded a written contract with RMA whereby you agreed to provide services to the fund's members at a fixed fee?

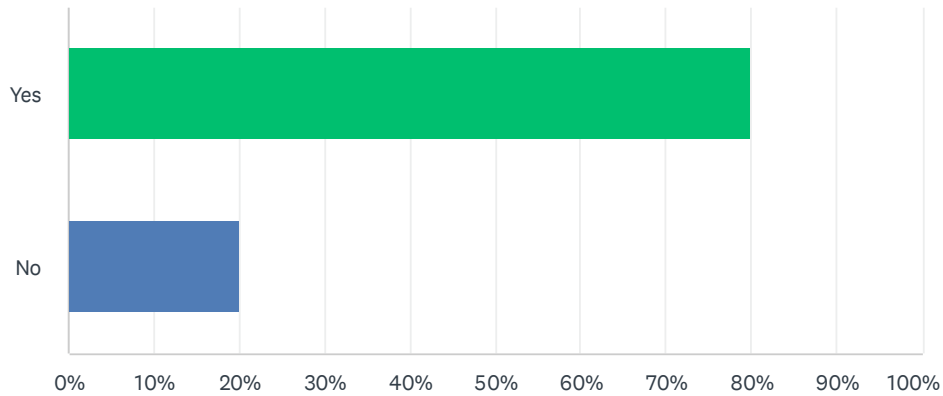
Answered: 150 Skipped: 35



ANSWER CHOICES	RESPONSES	
Yes	14.67%	22
No	85.33%	128
TOTAL		150

Q9 Does this contract prohibit you from split-billing, whereby you are not allowed to charge a patient, in a separate invoice, an additional fee to that agreed with RMA?

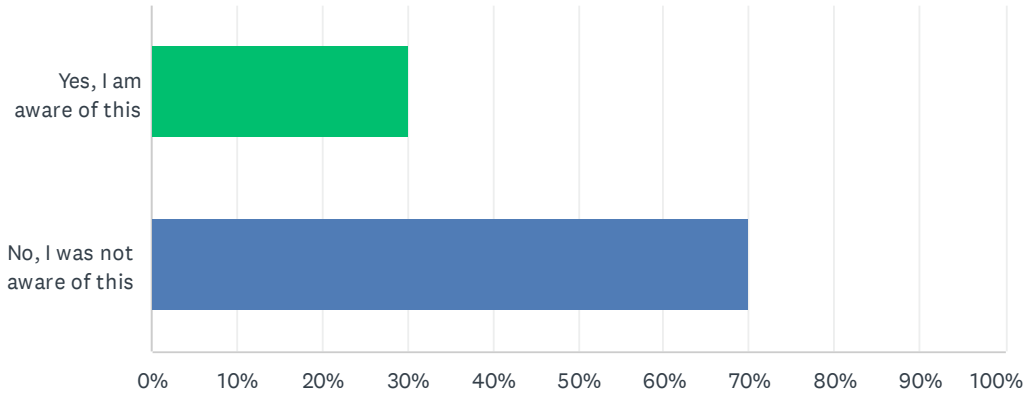
Answered: 20 Skipped: 165



ANSWER CHOICES	RESPONSES	
Yes	80.00%	16
No	20.00%	4
TOTAL		20

Q10 Did you know that the NPPF obtained a legal opinion from the Namibia Competition Commission which concluded that healthcare providers are subject to the Competition Act (2 of 2003) and may not enter into agreements with funds for the provision of services at fixed fees.

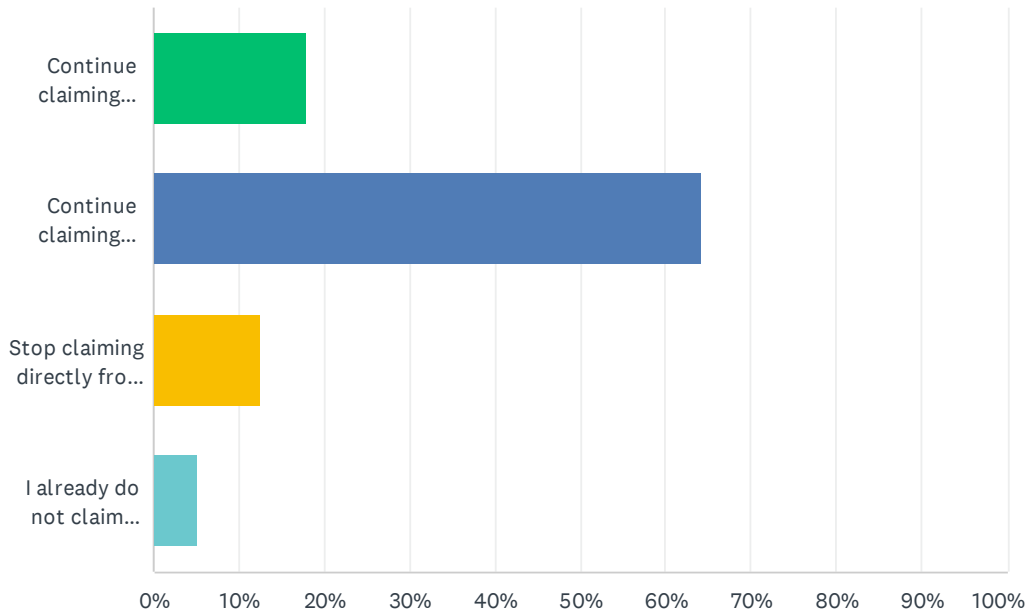
Answered: 146 Skipped: 39



ANSWER CHOICES	RESPONSES	
Yes, I am aware of this	30.14%	44
No, I was not aware of this	69.86%	102
TOTAL		146

Q11 The NPPF estimates the reduction in benefits by RMA as from 1 September to be between 38% and 44%, depending on the fund plan of each member. In respect of RMA, and as from 1 September, do you intend to:

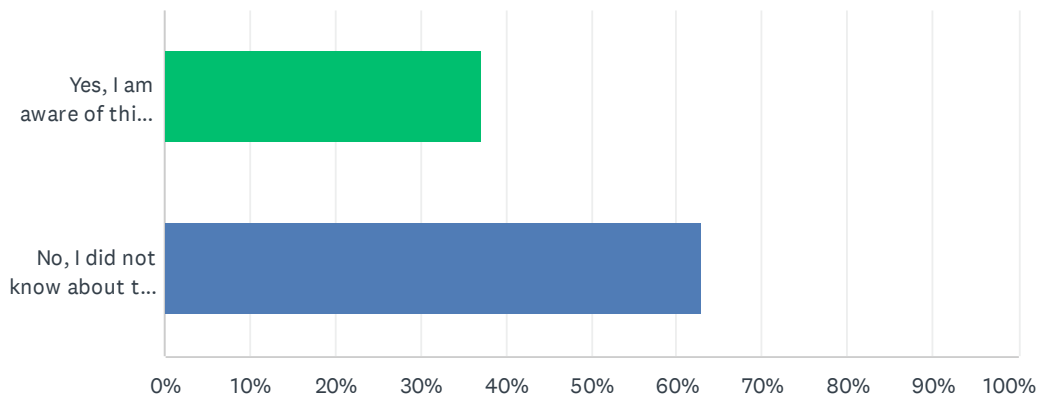
Answered: 134 Skipped: 51



ANSWER CHOICES	RESPONSES	
Continue claiming directly from the fund in line with the reduced benefits	17.91%	24
Continue claiming directly from the fund but providing an additional invoice for a top-up payment payable by my patient (split billing)	64.18%	86
Stop claiming directly from the fund on behalf of my patient	12.69%	17
I already do not claim directly from the fund on behalf of my patients. They must pay first and claim from RMA themselves (commonly referred to as "not contracted")	5.22%	7
TOTAL		134

Q12 Are you aware that in 2014 the NPPF commissioned a cost study by SA firm Healthman which study assessed the input costs for GPs to establish an ethical fee which still ensures the sustainability of the GP profession in Namibia? The study inter alia found that:“Namaf has no approval to use this coding structure as it is subject to copyright in South Africa.”“The tariff list [used by NAMAFA] is in many instances irrational, has no science behind it and is not cost based”

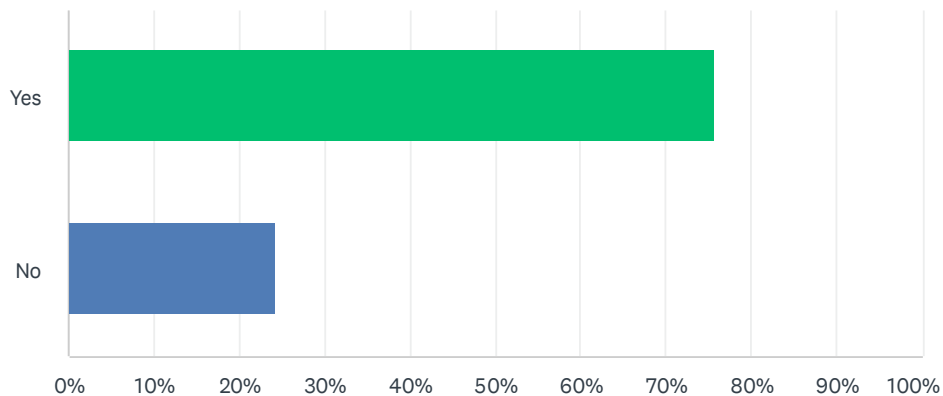
Answered: 135 Skipped: 50



ANSWER CHOICES	RESPONSES	
Yes, I am aware of this study	37.04%	50
No, I did not know about this study	62.96%	85
TOTAL		135

Q13 Such cost studies are essential to the private healthcare industry, to be able to motivate, based on evidence, an ethical, sustainable professional fee. Cost studies of this nature are very expensive. In 2014 already the NPPF paid around N\$400,000 for a study on the GPs alone (the other professions did not want to participate). If the NPPF is to conduct a new cost study, will you be willing to provide additional financial support for same?

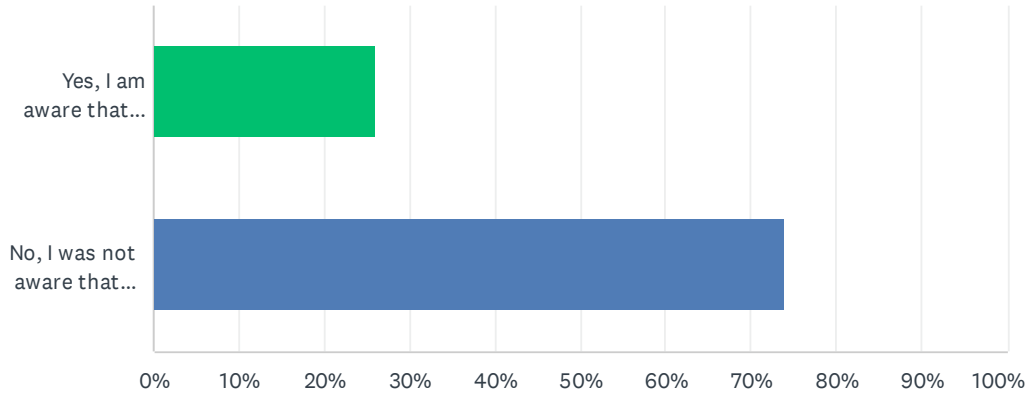
Answered: 132 Skipped: 53



ANSWER CHOICES	RESPONSES	
Yes	75.76%	100
No	24.24%	32
TOTAL		132

Q14 Are you aware that, since the said cost study in 2014, NAMAf has removed public access to the NAMAf Benchmark Tariffs, which means that no member of any medical aid fund can access the actual descriptors or tariffs contained in the NAMAf Benchmark Tariffs anymore.

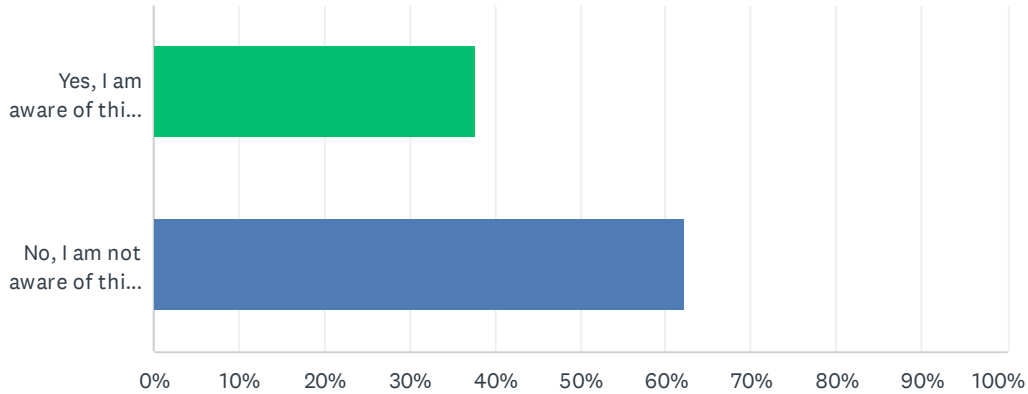
Answered: 135 Skipped: 50



ANSWER CHOICES	RESPONSES	
Yes, I am aware that members of funds cannot access the NAMAf Benchmark Tariffs	25.93%	35
No, I was not aware that members of funds cannot access the NAMAf Benchmark Tariffs	74.07%	100
TOTAL		135

Q15 Are you aware that in 2018 the NPPF obtained a legal opinion from a Senior Counsel which concluded that NAMAF’s practice of setting of the benchmark tariffs is likely unconstitutional and that a constitutional challenge of this practice to the High Court is likely to be successful?

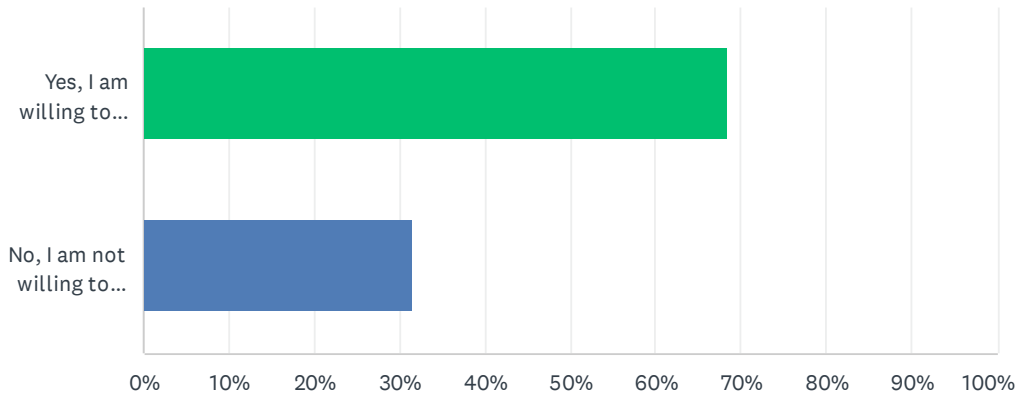
Answered: 135 Skipped: 50



ANSWER CHOICES	RESPONSES	
Yes, I am aware of this legal opinion	37.78%	51
No, I am not aware of this legal opinion	62.22%	84
TOTAL		135

Q16 The NPPF is currently providing assistance to one of its members to challenge NAMAF’s regulatory overreach in the High Court. More specifically NAMAF’s legal powers, to make demands and set requirements (and continuously expand on same) for the issuing of practice numbers, will be challenged. Are you willing to provide financial assistance in this matter?

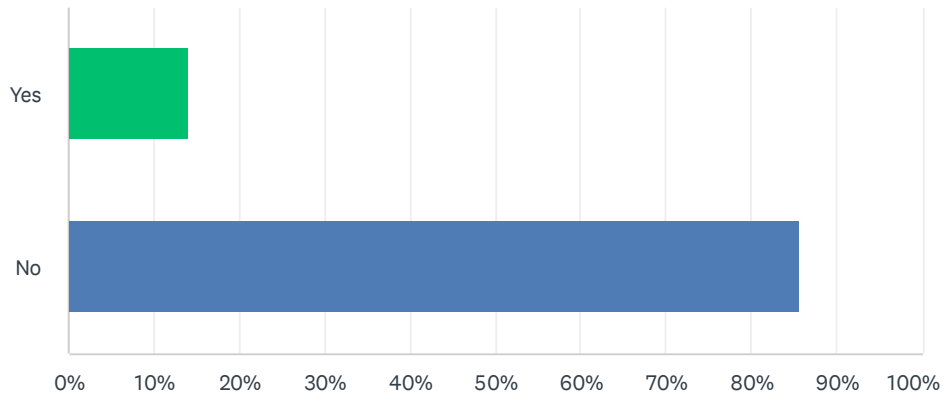
Answered: 133 Skipped: 52



ANSWER CHOICES	RESPONSES	
Yes, I am willing to contribute to this case once I receive more detail from the NPPF	68.42%	91
No, I am not willing to contribute to this case	31.58%	42
TOTAL		133

Q17 Apart from the NPPF, are you aware of any other association / entity advocating for the sustainability of the private healthcare industry in Namibia in a meaningful way?

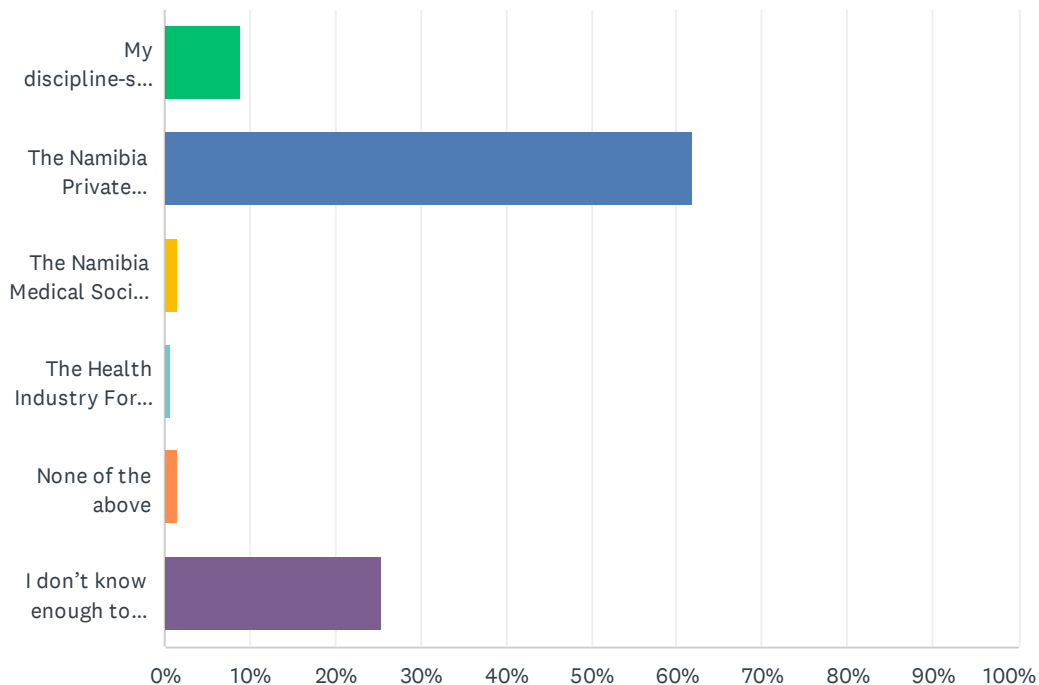
Answered: 134 Skipped: 51



ANSWER CHOICES	RESPONSES	
Yes	14.18%	19
No	85.82%	115
TOTAL		134

Q18 The NPPF acknowledges that medical aid funds are currently experiencing financial headwinds, which could threaten the sustainability of the funding industry as a whole. The NPPF also acknowledges that the sustainability of the private healthcare industry is dependent on the sustainability of medical aid funds. The NPPF is thus in favour of consultations to seek a mutually beneficial solution during these difficult times. The NPPF can however not accept that the funding industry unilaterally enforces measures that serve only the funds, at the expense of fund members, and the sustainability of the private healthcare industry. So, for instance, the funds never speak about a reduction in administration costs during difficult times, or the fact that tariffs are being set by NAMAFA in unscientific manner. If this prevails, Namibia's world class private medical services and facilities will deteriorate. In your opinion, which association should take the lead in a consultative process with the funding industry to find a mutually beneficial solution for both funders and healthcare providers?

Answered: 134 Skipped: 51

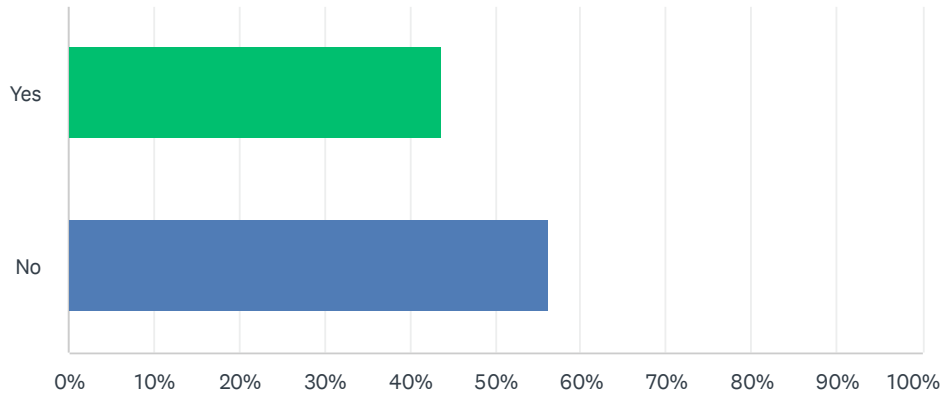


RMA Reduction: In-hospital Benefits

ANSWER CHOICES	RESPONSES	
My discipline-specific association (such as MAN, NDA, PAN, NOA, etc)	8.96%	12
The Namibia Private Practitioners Forum (NPPF)	61.94%	83
The Namibia Medical Society (NMS)	1.49%	2
The Health Industry Forum of Namibia (HIFN)	0.75%	1
None of the above	1.49%	2
I don't know enough to answer this question	25.37%	34
TOTAL		134

Q19 Are you a paid-up member of the NPPF?

Answered: 135 Skipped: 50



ANSWER CHOICES	RESPONSES	
Yes	43.70%	59
No	56.30%	76
TOTAL		135