



# Healthcare News

Quarter 1 – 2010

## Dear Members

And so starts another year – let's hope it is a healthy one for you and let's pray that Bafana Bafana scores their first goal and manages to reach the final of the World Cup - if nothing else, our vuvuzelas should do the trick!

This first newsletter is important as it goes a long way to explaining how the Plus and Extended options have changed in terms of hospital, emergency and maternity benefits. There is

an explanation for Plus and one for Extended, and I suggest you read the one that applies to you! The Core option remains the same as it was in 2009.

*Enclosed with this news letter is a magnetised card to put on your fridge to remind you of the correct process* – please refer to it so you don't go wrong and end up with large co-payments.

Be healthy,  
Jenny

## Important information

**There is some terminology that we all need to embrace for 2010, and understanding these new concepts will go a long way to helping you manage your Healthcare this year.**

### NHRPL

#### National Health Reference Price List.

- This is the rate the Council of Medical Schemes thinks a doctor should charge, however, as we know very few do charge at this rate, leaving you with a shortfall to pay.

You can call our call centre on **080 222 8922** if you have the **tariff code** or **ICD10** code to find out what the NHRPL rate is.

Here are some examples of the NHRPL rates for 2010:

Consultations	Tariff Code	NHRPL rate
GP	0190	<b>R227.99</b>
Gynaecologist	0190	<b>R243.96</b>
Paediatrician	0190	<b>R352.40</b>
Dentist	8101	<b>R136.70</b>
Hygienist	95001	<b>R81.40</b>



### PMB

#### Prescribed Minimum Benefit

- There are 26 chronic PMB conditions for which approved medicine is paid for by the Fund (see the back of your Healthcare 2010 booklet). Our chronic care program has been outsourced to Qualsa who are responsible for the approval and payment of all chronic medication.
- There are also 270 PMB conditions that are covered **in hospital**. The full in-hospital costs of treating these PMB conditions will be covered provided that treatment is via a DSP provider (see later). As it is impractical to provide details of all 270 conditions, this table is intended to give you a sense of what is covered.

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**Remember – negotiate, negotiate, negotiate with your provider.**

Here are examples of PMB in-hospital conditions:

PMB category	Example
Brain and nervous system	Stroke, brain tumours, meningitis, skull fractures, epilepsy
Eye	Glaucoma, cataracts
Ear, nose and throat	Cancer of oral cavity, pharynx, nose, ear and larynx, facial fractures
Respiratory system	Pneumonia, acute asthmatic attack,
Heart and vasculature (blood vessels)	Heart attacks, aneurysm, arterial embolism, cardiac failure,
Gastro-intestinal system	Appendicitis, cancer of the gut, ulcers, hernia,
Liver, pancreas and spleen	Gallstones, pancreatitis, cancer of the liver
Musculoskeletal system (muscles and bones); Trauma NOS	Fracture of the hip, cancer of the bone, closed fractures and dislocations
Skin and breast	Treatable breast cancer; burns on more than 10% of body, skin cancer;
Endocrine, metabolic and nutritional	Cancer and tumours of the endocrine system, disorders of the adrenal gland, parathyroid or pituitary gland
Urinary and male genital system	End-stage kidney disease, cancer of prostate
Female reproductive system	Cancer of the cervix, ovaries and uterus, ectopic pregnancy, prolapse
Pregnancy and childbirth	Antenatal and obstetric care requiring hospitalisation, including delivery,
Haematological, infectious and miscellaneous systemic conditions	HIV/AIDS and TB, acute leukaemias, lymphomas, syphilis,
Mental illness	Schizophrenia, bi-polar depression, anorexia and bulimia nervosa,



**DSP**  
**Designated Service Provider**

- The Fund has appointed CareCross Health to provide the Fund with a DSP network for all specialist referrals in respect of PMB conditions for both Plus **AND** Extended.
- If you use the DSP for your PMB condition and end up in hospital the Fund will pay for your hospital event in full.
- If you do not use the DSP for

your PMB condition and end up in hospital, cover will be limited to the NHRPL rate for Plus and limited to a maximum of 3 times the NHRPL rate for Extended. **You will have to pay the difference between the actual cost and the above maximum to your doctors.**

All you have to do is ensure that your GP refers you to a DSP specialist by asking him to call **0800 765432** – it is so simple and will save you a lot of money.



# Plus Option hospital changes for 2010

The Plus Option no longer pays for all hospital events in full.

There are 2 kinds of hospital events:

1. PMB
2. Non PMB.

Example: Let's use appendicitis and tonsillitis as examples.

1. Appendicitis is a PMB.
2. Tonsillitis is a non-PMB.

This is how they will be treated:

## 1. PMB Hospital events:

If you are hospitalised for a PMB condition like appendicitis, the Fund will pay in full if you have followed this simple 4 Step process:

- Step 1 You consult with your GP who wants to refer you to a specialist.
- Step 2 You need to ask your GP if the possible outcome will be a PMB or not.
- Step 3 If it is a PMB, your GP needs to call **0800 765 432** to get the details of an appropriate DSP specialist and to get an authorisation number for your specialist consultation.
- Step 4 You consult with the DSP specialist who will arrange for your hospital admission. You will then need to call **0800 118 666** to obtain a hospital authorisation number.

*If you have followed the correct process, the Fund will pay in full.*

## 2. Non-PMB Hospital events:

- The GP diagnoses that you have tonsillitis and advises that this is not a PMB.
- The GP may refer you to any ENT specialist who will arrange for your hospital admission. You will then need to call **0800 118 666** to obtain a hospital authorisation number.
- On checking in at the hospital you must pay **R500 up front** and then you will then be admitted for your operation.

For non-PMB hospital events, the Fund will only pay at the NHRPL rate:

### Example 1: Specialist charges at NHRPL

NHRPL for tonsils: R1000  
ENT charges: R1000 (the NHRPL rate)  
The Fund will pay this.

### Example 2: Specialist charges above NHRPL

NHRPL for tonsils: R1000  
ENT charges: R3000 (3 times the NHRPL rate)  
The Fund will only pay R1000 being the NHRPL rate, leaving you with a R2000 shortfall that you will have to pay to the ENT specialist directly.

So there are really only 2 things for you to remember on the Plus option:

1. PMB conditions are paid in full if you follow the 4 step process and consult with one of the Fund's DSP specialists.
2. All other hospital events are paid at the NHRPL rate.



## How are emergency admissions treated?

An emergency is defined as:

**The sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide such treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place a Beneficiary's life in serious jeopardy.**

Emergency admissions are considered PMBs and as such you will be covered in full. **You need to ensure that a Hospital authorisation number is obtained within 72 hours of your admission to hospital.**

### Please note:

In an emergency you will not have had time to get referred to a DSP specialist, as you will be seen by the doctor on duty at the hospital. However, after the event, you need to make sure that the emergency doctor is a DSP specialist – if he is not, any further treatment and operations by this doctor will only be paid at NHRPL. You do have the opportunity to change doctors after the event so that future events are paid correctly. Failure to do so will result in co-payments.

But remember, visits to casualty or ER after hours are not emergencies and are paid from your Day 2 Day benefit. Please only use these facilities in real emergencies as they are very expensive facilities and can deplete your Day 2 Day very quickly.

**Healthcare's new motto for 2010 is negotiate, negotiate, negotiate! To ensure that you do not find yourself with shortfalls both in and out of hospital, always enquire upfront as to the rates you will be charged for any treatment you receive.**

# Maternity benefits on Plus

**Maternity cases, and in particular caesarean sections, are one of the main cost drivers in Healthcare, and to this end the Fund has had to make some changes to the Maternity program**

## 2009 authorisations

If you joined the Maternity program during 2009, but your baby is only due in 2010, the Fund will still pay all treating specialist costs in full.



## 2010 babies

- Moms-to-be must join the Maternity Program by their 16th week, but ideally before the 12th week.
- Moms-to-be can confirm whether their gynaecologist is a DSP or not. If he is, then his fees will be paid in full. Call **0800 765 432** to find out.
- If the gynaecologist is **NOT** a DSP, then his fees will be paid at NHRPL, and you will pay for any charges above NHRPL which could be substantial, especially if you are having a caesarean section.

# Is my specialist a Designated Service Provider?

You can call **0800 765 432** to confirm whether your specialist is a DSP or not.

**If he is a DSP**, and you need to consult him, you must call **0800 765432** for authorisation.

**If he is not a DSP**, you will need to go back to your GP and ask him to call

**0800 765 5432** to get in the details of an approved specialist. We will not provide a list of DSP specialists to members as it is the responsibility of the GP to select an appropriate DSP specialist for your condition, and to discuss alternatives, if a suitable DSP specialist is for some reason not available.



## Extended Members PMB Guidelines

Your GP wants to refer you to a specialist. You need to ask: "Is my condition likely to be a PMB or a non PMB?"

YES, it is a PMB	NO, It is not a PMB
Your GP must call <b>0800 765 432</b> to obtain authorisation for a consultation with a DSP specialist.	You can see any specialist
You consult the DSP specialist	You consult the specialist
The DSP specialist wants you to go to hospital	The specialist wants you to go to hospital
You need to call <b>0800 118 666</b> to get your hospital pre authorisation number	You need to call <b>0800 118 666</b> to get your hospital pre authorisation number
You go to hospital	You go to hospital
The Fund will pay in full	The Fund will pay at 300% of NHRPL – you will pay anything above 300% of NHRPL

### Important numbers to remember:

Authorisations for DSP consultations	<b>0800 765 432</b>
Query on NHRPL rates	<b>0802 228 922</b>
Hospital Authorisation	<b>0800 118 666</b>
Fraud reporting line	<b>0800 200 564</b>

## Plus Members PMB Guidelines

Your GP wants to refer you to a specialist. You need to ask: "Is my condition likely to be a PMB or a non PMB?"

YES, it is a PMB	NO, It is not a PMB
Your GP must call <b>0800 765 432</b> to obtain authorisation for a consultation with a DSP specialist.	You can see any specialist
You consult the DSP specialist	You consult the specialist
The DSP specialist wants you to go to hospital	The specialist wants you to go to hospital
You need to call <b>0800 118 666</b> to get your hospital pre authorisation number	You need to call <b>0800 118 666</b> to get your hospital pre authorisation number
You go to hospital	You go to hospital
The Fund will pay in full	The Fund will pay at 100% of NHRPL – you will pay anything above NHRPL

### Important numbers to remember:

Authorisations for DSP consultations	<b>0800 765 432</b>
Query on NHRPL rates	<b>0802 228 922</b>
Hospital Authorisation	<b>0800 118 666</b>
Fraud reporting line	<b>0800 200 564</b>

# Extended Option hospital changes for 2010

The Extended Option no longer pays for all hospital events in full.

**There are 2 kinds of hospital events:**

1. PMB
2. Non PMB.

**Example: Let's use appendicitis and tonsillitis as examples.**

1. Appendicitis is a PMB.
2. Tonsillitis is a non-PMB.

**This is how they will be treated:**



## 1. PMB Hospital events:

If you are hospitalised for a PMB condition like appendicitis, the Fund will pay in full if you have followed the new simple 4 Step process:

- Step 1** GP wants to refer you to a specialist
- Step 2** You need to ask if the possible outcome will be a PMB or not
- Step 3** If it is a PMB, your GP needs to

call **0800 765 432** to get the details of the DSP specialist and to get an authorisation number for this specialist consultation

- Step 4** You consult with the DSP authorised specialist and you are then hospitalised and have your appendix out

**Because you have followed the correct new process, the Fund will pay in full.**

## 2. Non-PMB Hospital events:

- The GP diagnosis that you have tonsillitis;
- The GP refers you to an ENT specialist and you consult with him;
- You get your hospital authorisation number and go to hospital and have your tonsils removed.

For non PMBs the Fund will only pay at 3 times the NHRPL rate:

**Example 1:**

NHRPL for tonsils	R1000
ENT charges	R3000
(3 times the NHRPL rate)	

The Fund will pay this.

**Example 2:**

NHRPL for tonsils	R1000
ENT charges	R4000
(4 times the NHRPL rate)	

The Fund will only pay R3000 being 3 times the NHRPL rate, leaving you with

a R1000 shortfall that you will have to pay to the ENT specialist.

So there are really only 2 things for you to remember on the Extended option:

1. PMB conditions are paid in full if you follow the **4 step process** and consult with a DSP specialist.
2. All other hospital events are paid at 3 times the NHRPL rate.

## How are emergency admissions treated?

An emergency is defined as: **The sudden and, at the time, unexpected onset of a health condition that requires immediate medical or surgical treatment, where failure to provide such treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place a Beneficiary's life in serious jeopardy.**

Emergency admissions are considered PMBs and as such you will be covered in full. **You need to ensure that a**

**Hospital authorisation number is obtained within 72 hours**

**Please note:**

In an emergency you will not have had time to get referred to a DSP specialist, as you will be seen by the doctor on duty at the hospital. However, after the event, you need to make sure that the emergency doctor is a DSP specialist – if he is not, any further treatment and operations by this doctor will only be paid at 3 times the NHRPL rate. You do have the opportunity to change doctors after the event so that future events are



paid correctly. Failure to do so will result in co-payments. But remember, visits to casualty or ER after hours are not emergencies and are paid from your Day 2 Day benefit.

**Please only use these facilities in real emergencies as they are very expensive facilities and can deplete your Day 2 Day very quickly.**

# Maternity benefits on Extended

**Maternity cases, and in particular caesarean sections are one of the main cost drivers in Healthcare, and to this end the Fund has had to make some changes to the Maternity program.**

## 2009 authorisations

If you joined the Maternity program during 2009, but your baby is only due in 2010, the Fund will honour its commitment to you and pay for the birth in full.

## 2010 babies

- Moms-to-be must join the Maternity Program by their 16th week, but ideally before the 12th week
- Moms-to-be can confirm whether their gynaecologist is a DSP specialist, if yes, then the birth will be paid in full
- If the gynaecologist is **NOT** on a DSP specialist, then the birth will be paid at 3 times the NHRPL rate, and you will have shortfalls, and in fact you will have large shortfalls if you are having a caesarean section.



# Is my specialist a designated service provider?

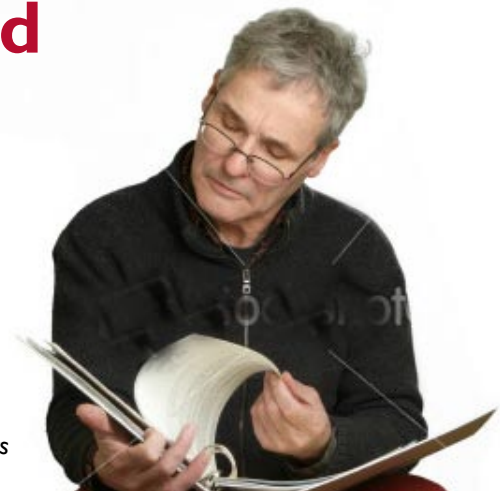
You can call **0800 765 432** to confirm whether your specialist a Designated Service Provider or not.

**If he is a DSP Specialist**, then when you want to consult him you will need to call **0800 765 432** for authorisation.

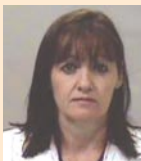
**If he is not a DSP Specialist**, you will need to go back to your GP so that he can make a proper referral. For obvious reasons, we will not give you any names, as the risk to

the Fund is too great. Your GP needs to have the discussion with us and if we do not have a specialist in your area, he can recommend one and we can add this to our list.

*Healthcare's new motto for 2010 is **negotiate, negotiate, negotiate!** To ensure that you do not find yourself with shortfalls both in and out of hospital, always negotiate the price.*



## Your Elected Trustees



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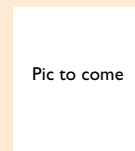
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