

SERVICE PROVIDERS

HOW TO GUIDE

HOSMED MEDICAL SCHEME COMPLAINTS PROCESS

SERVICE PROVIDER

MEDSCHEME

A Member of AfroCentric Group



DATE: 01 FEBRUARY 2018

The purpose of this document is to summarise the Complaint process for Hosmed Medical Scheme. This process could be conveyed in the Scheme's Marketing Materials or Social Media Platforms.

Any beneficiary or any person who is aggrieved with the conduct of Hosmed Medical Scheme can submit a complaint. The Scheme and its Administrator undertakes to assist the Complainant to resolve their complaints in a transparent and accessible manner.

The following steps must be followed to lodge a complaint for any enquiry that was not resolved fully by the HOSMED contact centre on 086 00000 48 or a query that was submitted to the the relevant email address, e.g. enquiries@hosmed.co.za, broker@hosmed.co.za .

STEP 1:

If the complaint is not resolved to the Complainant's satisfaction after the call to the call centre, a complaint can be emailed to Complaints@hosmed.co.za for further investigation and resolution.

Please include the contact centre query reference number upon submitting the complaint.

Alternatively the Complainant can visit the administrator's Walk-In Centres from Monday to Friday during 08:00 to 17:00

HOSMED members may also contact the Administrator's Contact Centre Manager on 011-671 6904 or the Senior Manager on 011- 671 4100 with the contact centre query reference number to lodge a complaint.

STEP 2:

If the Complainant is still dissatisfied with the outcome of the decision after following step 1 above, the Complainant can request that the matter gets referred to the Dispute Resolution Dispute Committee.

STEP 3:

If the Complainant is still dissatisfied after the above steps, the matter can be escalated to The Council of Medical Schemes (CMS). Complaints can be submitted by letter, fax, and email or in person at the CMS offices from Mondays to Fridays during 08:00 to 17:00.

For details of the offices, contact numbers, email addresses, please visit: <http://www.medicalschemes.com>

The Council for Medical Schemes governs the medical schemes industry which means it facilitates unresolved complaints for members of medical schemes.

STEP 4:

The Complainant can appeal to the CMS Registrar's Ruling as per Section 49 of the Act which allows any party who is unhappy with the decision of the Registrar to appeal the decision.

This appeal is at no cost to either of the parties.

An appeal must be lodged within 30 days of the date of the decision.

STEP 5:

If the Complainant is dissatisfied with the Ruling of the CMS Registrar, an appeal can be lodged to the Appeals Board.

Either party has 60 days within which to appeal the decision and must submit written arguments or an explanation of the grounds of his or her appeal.

The prescribed fee of R2000 is payable for Section 50 Appeals.

MEDICATION BENEFITS

SERVICE PROVIDER

MEDISCOR



Claim queries: hosmedclaims@mediscor.co.za
Chronic applications & queries: hosmedauth@mediscor.co.za
Website: www.mediscor.co.za

PHARMACY ADVISED THERAPY (PAT)

- Applicable to schedule 0, 1 and 2 over-the-counter medicines
- Limited to a maximum of 1 script per 3 days
- PAT limits per scheme option apply (claiming above the daily limit will incur co-payment)
- PAT limit is a sublimit of the Acute limit
- Subject to quantity limits and exclusions

ACCESS & ESSENTIAL

- PAT formulary applies

ACUTE MEDICATION

VALUE & PLUS

- Subject to Medicine Formularies and Exclusion List
- Acute formulary limits per plan option apply

ACCESS & ESSENTIAL

- Acute claims must be prescribed by a DSP GP doctor, otherwise the claim will reject (Essential Option)
- Acute formulary limits per plan option apply

CHRONIC MEDICATION

HOW TO REGISTER

Registration and authorisation can be requested telephonically (preferred method), via fax or email. Mediscor ChroniLine may require additional information from your doctor or pharmacist. Based on the condition and information provided your chronic condition may be registered and the appropriate medicines will be authorised.

You will also be informed if you are liable to pay any co-payment/s, or if the medicines are not covered on your medical scheme option.

Contact us on:

Tel: 0860 00 00 48 option 3
 Fax: 0866 151 508 / 9
 Email: hosmedauth@mediscor.co.za

HOW TO AVOID CO-PAYMENTS

- Use pharmacies that are in the Hosmed Preferred Provider Network
- Make sure that you and your doctor know which medicines are listed on the chronic formulary specific to your option and chronic condition
- Ask your pharmacist to dispense generic medicine that costs as much or less than the reference price for the prescribed formulary medicine

TYPES OF FORMULARIES

One of the mechanisms used to manage financial risk is the application medicine formularies. A formulary is a list of cost effective and accessible medicines that the scheme is prepared to make available to members for the treatment of a specific condition. The formularies differ on the various scheme options. All the Hosmed formularies comply with the PMB treatment guidelines provided by the CMS. The applicable formularies provide a number of treatment options, from which your doctor can select to treat your condition. Formularies can be viewed on the Mediscor website.

DSP's

Mediscor has established a preferred provider network (PPN) of compliant pharmacies committed to reduce member co-payments through accurate pricing, adherence to agreed dispensing fees and the promotion of generic substitution. The list of the preferred providers may be accessed via www.hosmed.co.za

Please Note: Approved Chronic, PMB, HIV, Oncology and Organ Transplant medication may only be dispensed by providers in the Hosmed PPN.

OTHER CHRONIC CONDITIONS

In addition to the Chronic Conditions covered under the Chronic Disease Management Programme (CDL), members will qualify for Other Chronic Conditions (per option), as listed below.

PLUS

- Attention Deficit Hyperactivity Disorder (ADHD)
- Allergic Rhinitis
- Benign Prostatic Hypertrophy (BPH)
- Cushing's disease
- Cystic fibrosis
- Depression
- Endometriosis
- Gastro-oesophageal reflux disease (GORD)
- Gout
- Hyperthyroidism
- Hypoparathyroidism
- Menopause / Hormone replacement therapy (HRT)
- Motor Neuron disease
- Myasthenia gravis
- Obsessive Compulsive Disorder
- Osteoarthritis
- Osteoporosis
- Paget's disease
- Pituitary Microadenomas
- Psoriasis
- Pulmonary Interstitial fibrosis
- Stroke (Cerebrovascular accident)

VALUE

- Attention Deficit Hyperactivity Disorder (ADHD)
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DENTISTRY

SERVICE PROVIDER

DENTAL RISK COMPANY (DRC)



General Enquiries: enquiries@dentalrisk.com
Pre-Authorisation: auths@dentalrisk.com
Claims Enquiries: claims@dentalrisk.com
Website: www.dentalrisk.com

FINDING A NETWORK PROVIDER

Contact the Hosmed Call Centre and select option 4 for dental enquiries and this will take you to Hosmed's contracted dental provider Dental Risk Company (DRC). An agent there will gladly assist you in finding a provider in your area

Or if you have access to internet go to www.hosmed.co.za in the middle of the home page in orange is a block called "Provider network portals" click on this and then click on the Dental Risk Company Logo. In the block shown below type the town, or suburb or city name you want to search and click on the search button and any provider in these areas will be displayed along with their contact details

HOW TO SUBMIT DENTAL CLAIMS

Dental providers and especially contracted providers will submit claims on your behalf. In the unlikely event that you need to pay an account and submit it you can either ask the accounts department of the provider to email it or you can email it to claims@dentalrisk.com or fax to **086 687 1285** please make sure your proof of payment is attached so that we can reimburse you directly and not the provider

HOW TO SUBMIT AUTHORISATIONS / MOTIVATIONS

All contracted providers will submit this on your behalf. Should you not visit a contracted provider and you require specialised treatment or multiple fillings the provider needs to provide you with a full quotation and this can be emailed to auth@dentalrisk.com or faxed to **086 687 1285**. Please note we require full membership details on the quotation and an authorisation may take 2 to 3 working days. The time period is due to the fact that we may require further information from the provider but we will contact them and the member in such cases

WHICH ADVANCED DENTISTRY NEEDS TO BE AUTHORISED

For dentistry it is important to note that any dentistry performed in theatre or any advanced dentistry or dentistry that is payable from your advanced benefit must be pre-authorized prior to you receiving the treatment. This is in the member's best interest as the member will also receive an authorisation letter stating what is covered and what is not so you will know upfront, what if any, is your financial responsibility. Also keep in mind that extensive basic dentistry (more than 4 fillings) needs to be authorised

OPTICAL BENEFIT

SERVICE PROVIDER

PREFERRED PROVIDER NETWORKS



PPN Call Centre: 0861 103 529
Claims submissions: mailroom@ppn.co.za / claims@ppn.co.za
Claim queries: info@ppn.co.za
Website: www.ppn.co.za

Hosmed has partnered with Preferred Provider Negotiators (PPN) for the administration of all optical related claims and queries. PPN has over 21 years of experience in the optical environment

PPN NETWORK PROVIDERS

- The PPN network of providers accounts for over 97% of all registered optometrists in South Africa
- To find a PPN provider near you, logon to the PPN website www.ppn.co.za

WHY VISIT A PPN PROVIDER

- The PPN providers charge the PPN tariff pricing that is up to 72% lower than the industry standard pricing as charged by a NON PPN provider with no compromise on the quality of product
- PPN providers stock a range of PPN frames that cost R150 enabling members of Hosmed to use their remaining frame benefit towards lens enhancements, i.e. hard coating, tints, etc.

BENEFIT CONFIRMATIONS

- Providers are able to confirm benefit via the PPN web based system
- Members are able to view their benefit entitlement via a secure login process on the PPN website www.ppn.co.za

- Members and providers can also contact the PPN call centre **0861 103 529**

CLAIMS SUBMISSIONS

- Providers are able to submit claims via the PPN web based system called Optimum
- Members and provider can submit paper claims to info@ppn.co.za or mailroom@ppn.co.za

PPN WEBSITE

The PPN website has been designed to focus on the requirements of the member. It is fully mobile friendly and members can access it 24 hours a day. The PPN website provides:

- A dashboard to members where they can log on, view their life benefit entitlement, their claim history, print remittances and tax certificates
- Members can also upload a photo and try on a PPN frame and or request to try it on at a specific practice
- The optical benefits are also loaded per option and members can do a spectacle cost quotation online for their spectacles which will empower them more when they visit their optometrist

FRAUD CONTAINMENT

- PPN and Hosmed are committed to eradicating fraud within the optical claims environment. To this end, PPN has pioneered a number of provider fraud initiatives. Members can call the PPN fraud hotline on **0861 103 529** and report any fraudulent activities to which PPN will react and investigate immediately.

Types of fraud escalated include:

- Replacing sunglasses for an optical claim
- Service and materials not rendered
- Card swapping

HOSPITAL BENEFIT MANAGEMENT

SERVICE PROVIDER

PRIVATE HEALTHCARE ADMINISTRATORS (PHA)



Hospital Pre-authorization:

preauth@HosmedAuth.co.za

Oncology Programme:

oncology@HosmedAuth.co.za

Website:

www.pha.co.za

PREAUTHORISATION

In order for Hosmed to allocate benefits correctly and appropriately for a relevant health care service from your risk benefits you need to obtain a preauthorisation for the following:

- A planned or elective admission to hospital for a surgical treatment (operation)
- Expensive investigations done in hospital or out of hospital, e.g. MRI / CT scans, Radio-isotope studies, etc.
- Outpatient Parenteral Antibiotic Therapy (OPAT) and / or expensive medications administered intravenously (given via a drip) on an outpatient basis
- Emergency admission to hospital due to a medical or sickness condition or injuries sustained as a result of motor vehicle accident (MVA) or any other causes subject to the rules of the scheme

WHEN DO YOU HAVE TO APPLY FOR BENEFITS OR REQUEST PREAUTHORISATION

- Immediately your doctor informs you of his / her intention to admit you or your family member who is in your medical aid, to a hospital or to have a surgical procedure/s (operation) done in hospital or out of hospital
- Notify Hosmed at least 48 hours or 2 days before the planned admission
- In case of an emergency admission you must notify Hosmed within admission 24 hours by calling the Call Centre

HOW TO APPLY FOR PREAUTHORISATION?

- You or your service provider can obtain preauthorisation by calling the Preauthorisation Department at **0860 00 00 48**
- Alternatively, you can e-mail your request for preauthorisation to preauth@HosmedAuth.co.za

WHAT INFORMATION DO YOU NEED BEFORE YOU CAN APPLY FOR OR REQUEST AUTHORISATION?

You need to have the following information handy so as to facilitate quicker finalisation of your preauthorisation request:

- Valid Hosmed membership number
- Dependant code
- Patient's full names and date of birth
- Date of admission and date of procedure (operation)
- Name and practice number of the hospital or admission facility
- Name and practice number of the treating doctor and telephone number
- Diagnosis and ICD 10 code (Reason for admission to hospital)
- RPL Tariff code and CPT code (Name of surgical procedure or operation to be performed in hospital)

WHAT HAPPENS IF YOU DO NOT OBTAIN PREAUTHORISATION?

Failure to obtain preauthorisation as required by the rules of the scheme will result in the following:

- A co-payment of **R500** will apply for a hospital event on all plan options
- Benefits applicable on certain sub-limits may not be appropriately allocated resulting in you being liable for any shortfall that may arise

WHAT DO YOU NEED TO DO AFTER BEING DISCHARGE FROM HOSPITAL?

- Ensure that the hospital, your treating doctor and all other associated service providers who treated you in hospital do submit their claims to Hosmed for payment according to the authorisation and the rules of the scheme
- Any claim that reaches Hosmed after 4 months from the date of service will be rendered stale and therefore not payable. You will effectively be liable for payment of such stale claims unless a valid reason can be provided for a late submission

BAMBINO MATERNITY PROGRAMME

SERVICE PROVIDER

PRIVATE HEALTHCARE ADMINISTRATORS (PHA)



Hospital Pre-authorization:

preauth@HosmedAuth.co.za

Bambino Maternity Programme:

bambino@HosmedAuth.co.za

Website:

www.pha.co.za



HOW TO REGISTER?

- Call Hosmed on **0860 00 00 48** (select maternity option)
- You can also e-mail our in house Registered Midwife at bambino@HosmedAuth.co.za

WHAT INFORMATION DO YOU NEED TO HAVE WHEN CALLING TO REGISTER?

- Your contact number or email address
- Your GP, Gynaecologist or Registered midwife's name surname as well their practice numbers
- Your expected date of delivery

DISEASE MANAGEMENT PROGRAMMES

SERVICE PROVIDER

PRIVATE HEALTHCARE ADMINISTRATORS (PHA)



HIV / Aids Management:

Chronic Disease Management Programme:

Oncology Programme:

Website:



care@HosmedAuth.co.za

chronic@HosmedAuth.co.za

oncology@HosmedAuth.co.za

www.pha.co.za

HIV / AIDS PROGRAMME

Hosmed HIV / AIDS Programme goes beyond registering a condition and allocating benefits. It is designed to address the needs of patients and families affected by HIV and AIDS

WHAT DOES THE PROGRAMME ENTAIL?

- Pre-testing and pre-treatment counselling and planning
- Help in choosing the treatment that suits your needs
- Education regarding the prevention of transmission as well as healthcare and nutritional guidance
- Monitoring of side effects and response to treatment to make sure your medication is working for you
- Encouragement of adherence and compliance with the programme and medication
- Liaison with your doctor when necessary and at your request
- Medication benefits including anti-retroviral drugs
- Consultation and diagnostic benefits
- Prevention of mother to child transmission
- Exposure to HIV positive blood e.g. sexual assault (Post Exposure Prophylaxis)
- Management of opportunistic infections

HOW TO REGISTER ONTO THE HIV / AIDS PROGRAMME?

- Call 0860 00 00 48 and select the HIV option (A professional nurse will take your call and offer you the necessary assistance. The call is handled and treated with the highest level of confidentiality)
- If you need to send an e-mail to any of the professional nurses who are dealing with the programme, you can send it to **care@HosmedAuth.co.za** or alternatively send a fax to **086 604 0781**

CDL CHRONIC DISEASE MANAGEMENT PROGRAMME

This programme covers Chronic Disease List (CDL) conditions as per Prescribed Minimum Benefit (PMB), such as Diabetes, Asthma, Hypertension, Cardiomyopathy, Addison's disease, etc.

HOW TO REGISTER ON DISEASE MANAGEMENT PROGRAMME?

- Call **0860 00 00 48** and select the Disease Management option (A professional nurse will take your call and offer you the necessary help)
- If you do have access to Hosmed Website www.hosmed.co.za, you can download the Chronic Registration form and have it completed by your doctor and sent to the e-mail address **chronic@HosmedAuth.co.za**

ONCOLOGY (CANCER) PROGRAMME

It is important that prior to commencing active treatment for cancer, you are registered on the Oncology Disease Management Programme

WHO NEEDS TO REGISTER?

- Beneficiaries diagnosed with a positive malignant histology that requires some form of chemotherapy, radiotherapy, hormonal therapy and / or supportive therapy

HOW TO REGISTER?

- After you have been diagnosed with cancer your Oncologist must fax a treatment plan and the histology results to the Scheme's Oncology Department on 086 601 5474 or alternatively e-mail to oncology@HosmedAuth.co.za

AIR / ROAD AMBULANCE & EMERGENCY SERVICES

SERVICE PROVIDER

NETCARE 911



Netcare 911 is one of the largest emergency service providers in South Africa. Since inception in 1998, Netcare 911 provides fully integrated and efficient turnkey solutions to patients in crisis situations. Our core competence is contained in world-class emergency medical assistance, evacuation by road or air transportation, telephonic medical advisory services and a range of innovative products coupled with extensive management expertise thus mitigating risk on behalf of our clients.

In providing emergency management operations on par with international standards, Netcare 911 operates:

More than 100 operations in South Africa

- A fleet of more than 200 emergency vehicles strategically placed throughout the nine provinces of South Africa.
- Rapid Response Vehicles (RRVs) equipped and crewed by Advanced Life Support Paramedics for immediate dispatch to any acute trauma or medical emergency. Ambulances are equipped for the transportation of ill and injured members of the public or clients, resourced by emergency care practitioners trained to the appropriate level of care specific to the patient's condition at Basic, Intermediate or Advanced Life Support levels.

- Dedicated Intensive Care Units (equipped with specialised equipment) capable of facilitating inter-hospital transfers, ranging from adults through to neonatal ICU patients.
- Netcare 911's Helicopter Emergency Medical Service (HEMS) currently operates two helicopter air ambulances in Gauteng, ensuring that an Emergency Care Practitioner-based helicopter service is available for immediate dispatch to life-threatening emergencies as a primary resource, 24 hours a day.
- The Netcare 911 jet air ambulance service operates primarily throughout South Africa, Africa and surrounding islands. All aircraft are fully equipped as mobile intensive care units, utilising only the latest in technology to ensure highly effective patient care.

Netcare 911 Medical Aid Scheme Cover provides medical scheme members with emergency medical service benefits while managing the medical care provided to members in the pre-hospital environment. This includes all associated transport costs, on behalf of the medical scheme.

The benefits include:

- 24 hour access to the Netcare 911 Emergency Operations Centre (including Nurse Line and telephonic advice)
- Emergency call incident management and triage
- Emergency response by road or air to scene of incident
- Transfer from scene, to closest, most appropriate medical facility for stabilisation and definitive care
- Facilitation of medically justified inter-facility transfers by road or by air
- Case management
- Claims administration.