newsletter

medical aid society

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Dear Member

In this issue we provide information on:

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Benefit enhancements for 2009

The Board of Trustees, with actuarial input from Alexander Forbes Health Care Consultants, recently conducted the benefit review for 2009.

What members may not realise is that this review needs to balance a number of important factors to ensure that the benefits are enhanced sufficiently, whilst ensuring that contribution increases, which take effect in April 2009, are kept to a minimum. This is to ensure that the Society remains affordable to its members and that benefits are available when needed.

Considering all of this, the Board decided to adjust the benefits for 2009 in line with the Consumer Price Index (CPIX) at the time of the review.

Included in this package is a handy pocket guide that contains a detailed benefit schedule, as well as valuable information relating to processes and protocols, including details on how to apply for additional benefits, if needed. Please study this guide carefully and refer to it whenever you need to access your medical benefits. Should you require more information on your benefits, you are welcome to contact the Client Service Department, who will assist you with your query.

Medi-Clinic: Contract renewed

Medi-Clinic has been the Society's designated service provider (DSP) for hospitalisation since 1 January 2004. The Board of Trustees convened a special sub-committee to review the contract between Medi-Clinic and the Society. It focused on, amongst others:

- members' access to benefits;
- assessment of how well the Society has benefited from its arrangement with Medi-Clinic;
- the Society's relationship with Medi-Clinic; and
- the quality of care received from Medi-Clinic compared to the care received from other hospital groups.

A geomapping report of the Society's membership confirmed that 94.18% of members in Gauteng live within 25 km of a Medi-Clinic. This compared favourably to the Western Cape at 96.23%. The figure for KwaZulu-Natal is significantly lower at 57%, while no members live within 25 km of a Medi-Clinic in the Eastern Cape. It was confirmed that the continued financial benefit gained by the Society in respect of the agreement with Medi-Clinic would continue with the renewal of the contract.

The sub-committee tabled its recommendation to the Board of Trustees at its meeting on 18 August 2008. Based on the work undertaken and the recommendation of the sub-committee, the Board decided to renew the contract with Medi-Clinic for 2009.

This means that you will still be liable for a co-payment of 10% of the cost of a non-DSP hospital account, up to a maximum of R10 000, if you voluntarily make use of a non-DSP hospital. However, the co-payment will not apply under the following circumstances:

- if the service was not available from the DSP or could not be provided without unreasonable delay;
- if there was no DSP within 25 km of your ordinary place of residence; or
- in the case of an emergency, as defined in the Medical Schemes Act.

Except in the case of an emergency medical condition, you must obtain pre-authorisation from the Society's managed healthcare partner, namely Qualsa, before being admitted to a hospital or day clinic. This will enable Qualsa to confirm whether the above circumstances are applicable or not and to authorise your length of stay in hospital.

Qualsa can also confirm, in advance of the medical procedure, the exact benefits that will be paid by the Society. They will require the tariff and ICD-10 codes from the consulting specialist in order to confirm the above. It is advisable to confirm the benefits to be paid by the Society in advance of an elective procedure, as this will give you peace of mind and will allow you time to confirm the amounts to be paid by the Society with your consulting specialist.

Please remember that the Society still needs to be notified of an emergency medical condition within one working day after admission to hospital.

Acute versus chronic medication

Acute medication is used on a short-term basis for an illness or condition such as flu, a headache or back pain. As your acute medication funds are limited, you will need to check your monthly statement to see exactly what amount is available to you.

Chronic medication is any medication that is used for more than three consecutive months. This medication is used to treat possibly life-threatening conditions or chronic illnesses such as diabetes, high blood pressure, asthma, high cholesterol, etc.

Should you or any of your dependants require medication for the treatment of chronic conditions, please apply for registration on the Qualsa Medicine Risk Management (MRM) programme. This programme will assist you in managing your chronic condition more effectively. Your application must be approved by Qualsa before you can claim for medication from the chronic medicine benefit.

How do I apply for chronic medication?

- Request an application form from the Client Service Department, or download it from the Society's website at www.bpmas.co.za.
- Ask your doctor to complete the form and to ensure that all the necessary test results or specialist reports, as indicated on the application form, are attached.
- Alternatively, your doctor may phone the special Pharmacist Online number on your behalf for a telephonic authorisation.
- If your application is successful, an authorisation letter will be mailed to you and your treating doctor, clearly stating the chronic medication that has been approved or rejected, as well as the period of authorisation for each medication item.

All medication, whether paid for from your acute or chronic medication benefits, is subject to the rules of the Society and, as such, certain exclusions may apply.

For further enquiries, please contact the Client Service Department on 0800 001 607 or +27 21 480 4610.

Where can I buy my chronic medication?

You can buy your chronic medication from your local pharmacy or from Chronicare, who will deliver your medication to your home, business or postal address. Simply download the application form from the Society's website at www.bpmas.co.za. Alternatively, contact the Client Service Department on 0800 001 607 or +27 21 480 4610.

Chronicare, Clicks, Medi-Rite and Dis-Chem agreed to charge a dispensing fee of R26 per medicine item if higher than R100, and 26% per medicine item if less than R100. Please bear this in mind when deciding from where to purchase your medication. You will be liable for payment of anything charged in excess of the above dispensing fee.

How does your **chronic condition care plan** work?

A care plan outlines out-of-hospital clinical services – typically doctors' consultations and blood tests – related to the medical management of a Prescribed Minimum Benefit (PMB) chronic condition.

If you are unsure of the finer detail of how your care plan works, please see the following common queries received by the Society.

PMBs refer to benefits for the treatment of selected conditions for which all medical schemes must pay, as determined in the Medical Schemes Act.

When do I qualify for a care plan?

Any beneficiary who is registered on the Medicine Risk Management programme for a chronic condition listed as one of the following 26 PMB conditions qualifies for a care plan:

Addison's disease
Asthma
Bipolar mood disorder
Bronchiectasis
Cardiac failure
Cardiomyopathy
Chronic obstructive pulmonary disease
Chronic renal disease
Coronary artery disease
Crohn's disease
Diabetes insipidus
Diabetes mellitus, types 1 and 2
Dysrhythmias
Epilepsy
Glaucoma
Haemophilia
HIV infection
Hyperlipidaemia (i.e. high cholesterol)
Hypertension (i.e. high blood pressure)
Hypothyroidism
Multiple sclerosis
Parkinson's disease
Rheumatoid arthritis
Schizophrenia
Systemic lupus erythematosus
Ulcerative colitis

What does a care plan look like?

A diagnosis code, known as an ICD-10 code, is indicated on the care plan for each condition you have. The care plan includes a list of services per ICD-10 code, with each service identified by a tariff or payment code. A care plan for hypertension, for example, would appear as follows:

ICD-10 code	Description
I10	Hypertension

From date	To date	Tariff code	Description	Number of services
01/01/08		00192	GP consultation/visit: Long duration	2
01/01/08		01232	ECG without effort	1
01/01/08		04032	Blood test: Creatinine level	1
01/01/08		04113	Blood test: Potassium level	1
01/01/08		04114	Blood test: Sodium level	1
01/01/08		04151	Blood test: Urea level	1
01/01/08		04188	Urine test: Dipstick	2

How can I access the benefits provided by the care plan?

Claims will be paid automatically for a PMB condition, provided that the following criteria are met:

- you have applied for a care plan by completing the Medicine Risk Management application form in consultation with your doctor and have received an authorisation outlining the approved services;
- the ICD-10 code on the claim corresponds with the ICD-10 code on the care plan;
- the tariff code (service) on the claim corresponds to the tariff code on the care plan; and
- the number of allocated services on the care plan has not been exceeded.

It is important to note that the Society can only pay an account as a PMB condition if both the ICD-10 code for the condition and the tariff code for each service rendered corresponds exactly to the care plan.

Can I have services added to my care plan?

The services allowed on the care plan will provide adequate management for most patients with the condition. If your or your dependant's medical practitioner recommends that additional services, or an extra number of services already authorised, are needed to manage your condition, he/she must fax a clinical motivation for consideration of such services to +27 21 480 2742.

If you suffer from one of the 26 PMB conditions and have not applied for a care plan to date, we encourage you to complete the Medicine Risk Management application form in consultation with your doctor. Completed application forms may be faxed to the Medicine Risk Management programme on +27 21 480 2742. For further information in this regard, please contact our Client Service Department on 0800 001 607 or +27 21 480 4610.

Who are the Society's **designated service providers?**

For members who may not be familiar with some of our designated service providers (DSPs) and preferred providers, we would like to give a short overview on who they are and their responsibilities.

DSP/preferred providers	Service provided
Medi-Clinic	DSP agreement for hospitalisation in South Africa and Namibia
Melomed	Preferred provider agreement for hospitalisation in Cape Town at Bellville and Gatesville Medical Centres
Preferred Provider Network (PPN)	Optical care in South Africa and Namibia
Metropolitan Health Group (MHG)	Administration of the Society, e.g. claims processing and member registration
Qualsa	Managed healthcare, e.g. hospital pre-authorisation, approval of chronic medication, registration on the Oncology, HIV, Hospital Risk Management, Medicine Risk Management and Prescribed Minimum Benefit programmes, etc.
Alexander Forbes Healthcare Consultants	Actuarial and consulting services
Stanlib	Investments

What are allergies?

An allergy is an abnormal sensitivity or reaction of your immune system to a substance (an allergen) that you eat, inhale or touch. Non-allergic people can usually tolerate this substance.

- Nearly 50% of all people who suffer from allergies have hay fever.
- If both parents have allergies, their children are more likely to develop an allergy, although not always the same kind of allergy.
- Almost 70% of adults with food allergies are younger than 30 years old and most children are under three years old.

What are the causes and symptoms?

The cause of most people's allergies is not known. However, an allergy usually begins with sensitisation when the person is exposed to an allergen. This period may last from several days to a few decades. The repeated exposure to an allergen triggers the immune system to form the antibodies that cause the allergic reaction to the specific allergen.

Risk factors

- Heredity – if one parent is allergic, a child runs a 30% to 50% risk of inheriting the tendency to be allergic, although he or she may not necessarily develop the parent's particular type of allergy. If both parents have allergies, their children have a 60% to 80% likelihood of developing allergies. Only 25% to 50% of identical twins share the same type of allergy.
- Environment – although heredity determines whether you will have an allergy of some sort, it is usually the environment that sets the process in motion. The environmental factor has an influence when you are in a place where you are exposed to high levels of a specific antigen (disease-causing substance), especially early in life.
- Upper respiratory infections – children who contract viral or bacterial infections of the upper respiratory system (nose, throat and bronchial tubes) before they are six months old are more likely to develop allergies or conditions such as asthma later on in life.

When should I see a doctor?

Always consult a health professional when you have the following symptoms:

- Violent stomach cramps, vomiting, bloating or diarrhoea – you could have food poisoning, a serious allergic reaction to food or another kind of allergic reaction.
- Painful breathing or difficultly in breathing – get medical treatment immediately. You could be having an asthma attack, another serious allergic reaction or a heart attack.
- Sudden development of hives, accompanied by severe flushing and itching, and rapid heartbeat – you need urgent medical attention, as these symptoms could indicate the onset of anaphylactic shock.
- Pain in the sinus area, fever and a yellow or green discharge from the nose – you may have a sinus infection.

IMPORTANT CONTACT DETAILS

Please send claims to:
BP Medical Aid Society
PO Box 5324
Cape Town
8000

Client Service Department (including Prescribed Minimum Benefit queries)

Namibia tel:	+27 21 480 4610	South Africa tel: 021 480 4610 or 0800 001 607
Namibia fax:	+27 21 480 4969	South Africa fax: 021 480 4969
E-mail:		bpmas@mhg.co.za
Website:		www.bpmas.co.za

Chronic medication

Namibia:	+27 21 480 4610	South Africa:	021 480 4610 or 0800 001 607

Chronicare

Customer service and information line:	0860 102 304 or 011 660 4005
Fax numbers:	0866 737 027 or 011 660 4099
E-mail:	info@chronicare.co.za

ER24 emergency services

Namibia:	061 230 505 or 112 (cell)	South Africa:	084 124

Hospital pre-authorisation

Namibia:	+27 21 480 4762	South Africa:	0800 007 092

Confidential HIV/AIDS Programme

Namibia:	+27 21 480 4804	South Africa:	0861 888 300

Oncology Programme

Namibia:	+27 21 480 4073	South Africa:	021 480 4073

KPMG Fraud Hotline

Namibia:	+27 21 480 4610	South Africa:	0800 200 564

Pension queries (Alexander Forbes)

0800 112 157

PPN (Preferred Provider Negotiators for optical care)

Namibia:	+27 41 506 5961	South Africa:	0860 103 529

Member Q & A

If you have ideas for future articles, suggestions for improvements to your benefits, or even if you have concerns you believe other members should know about, we would like to hear from you.

Send your e-mails to bpmas@mhg.co.za, and look out for our response in the next issue of our newsletter.