

This issue, in a nutshell:

- Prescribed Minimum Benefits
- Financial Update
- Motor Vehicle Accident Claims

Benefit Society query line: **053 807 3400**

- ER24
- Chronic medication update
- Medical Services Organisation (MSO)

What are Prescribed Minimum Benefits (PMBs) and how do they work?

PMBs were introduced into the Medical Schemes Act to ensure that members of medical schemes would not run out of benefits for certain prescribed conditions.

These PMBs cover a wide range of close to 270 conditions that medical schemes must cover (according to set protocols), including but not limited to medical emergencies. Although PMBs must be funded in full by medical schemes, the Medical Schemes Act does allow schemes to use certain measures to manage the financial risk associated with the unpredictable health needs of their members. It is extremely important that you understand the implications of these measures so that you do not end up facing unexpected co-payments.

How can I make sense of PMBs?

To understand the impact of the legislation changes, it helps to understand the terms that are generally used when talking about PMBs.



PMB terms worth knowing

Prescribed Minimum Benefits (PMBs)

PMBs are minimum benefits which by law must be provided to all medical scheme members and include the provision of diagnosis, treatment and care costs for:

- any emergency medical condition as defined below
- a set of ± 270 medical conditions (called the Diagnosis and Treatment Pairs or DTPs*, listed in the Regulations to the Act); and
- the Chronic Disease List (26 chronic conditions including HIV and AIDS)

* *Certain conditions cannot be classified as a PMB condition by itself. To be classified as a PMB condition, the condition should manifest itself in a specific pre-defined way and it should be treated in a specific way (protocol). This is known as Diagnosis and Treatment Pairs (DTPs). Only when all the criteria are met will the claims for the treatment of the condition be classified as a PMB.*

Designated Service Provider (DSP)

This refers to health care provider/s that have been "selected by the Society to provide its members diagnosis, treatment and care in respect of one or more of the PMB conditions". The Society's DSPs are:

- All public hospitals
- Clicks directmedicines (as well as the Healthcare Pharmacy in Kimberley, Lime Acres Pharmacy, Premier Mine Hospital Dispensary in Cullinan, the Namaqualand Pharmacy in Springbok and Dr HA Burger in Springbok)
- ER 24

Members have to use these DSPs in order to receive PMB benefits, otherwise normal co-payments as per the Society's benefit structure will apply. Please note that the Medi-Clinic hospitals listed on the Society's list of Network Hospitals are Preferred Providers and not DSPs.

Emergency medical condition

This is a medical condition which is of sudden and unexpected onset that requires immediate medical or surgical treatment. Failure to provide this treatment would result in impairment of bodily functions, serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy.

Co-payment

A co-payment is the amount of money or the portion of the account that the DBBS may request you to pay from your own pocket. This could be either a percentage of the fee or the difference between the tariff of the DBBS's DSP and the amount charged by the provider (non-DSP) that you went to.

FAQs

What is involuntary use of a non-DSP?

If circumstances force you to obtain a medical service from a non-DSP (i.e. involuntarily as is the case of an emergency medical condition), and it is a PMB condition, the Society will pay for the costs of your treatment, diagnosis and care in full. This may occur when:

- the required service is not readily available from the list of DSPs listed on page 1,
- in a medical emergency medical condition as defined above, or
- there is no DSP within reasonable proximity to your place of residence or work.

Why does the DBBS need an ICD-10 code on your claim?

ICD-10 codes provide accurate diagnosis on the condition that you have been diagnosed with and treated for. These codes help the Society to determine what benefits you are entitled to receive and how these benefits must be paid. This becomes very important when you have a PMB condition, as the code allows the Society to accurately identify the PMB condition. If the PMB condition is treated within the DSPs listed above, the account must be paid for in full by the Society with no member co-payments. ICD-10 codes therefore ensure that benefits are paid from the correct benefits with the correct benefit allocation.

What if I need more information about PMBs?

Should you have any queries regarding the PMBs please contact the Society's Hospital Utilisation Management Department on tel 053 807 3444 or e-mail managedcare@dbbs.co.za. Members can also access the Council for Medical Scheme's website (www.medicalschemes.com) for regular publications and updates on this subject. A link to the Council's website is also available on the Society's website (www.dbbs.co.za).

Members are encouraged to familiarise themselves with the Prescribed Minimum Benefits by reading all relevant information made available to them.



Poor investment returns impact budget

The Society's annual budget is funded by a combination of member contributions and the investment returns earned on the capital reserves held by the Society. Projected investment returns are therefore taken into account in determining contribution increases.

For the year-to-date the investment returns are below projections set by the trustees in September 2010 (annual budget), due to poorer than expected investment market conditions and returns.

In an attempt to address the potential annual budget shortfall, the Investment Committee has revised the investment strategy with the objective of improving investment returns. However, as financial market conditions are uncertain and are driven by various economic factors, it is unclear whether investment returns will recover sufficiently by the end of the year.

The above set of unforeseen circumstances has the following impact:

- Depending on the improvement in investment returns on the one hand and our member claims experience on the other, the Society may not meet its budget for this year;
- Lower investment returns will have a negative impact on future contribution increases – i.e. higher than expected increases in contributions;
- As previously advised, initiatives based on industry best practice, aimed at further improving claims management, will have to be expedited in order to manage the impact on contribution increases.

ER24 – offering you real help, real fast!

Included in this copy of Benefit Beat you will find new vehicle and cell phone stickers to help you in an emergency. (Members who receive their newsletters via email and who require stickers should kindly request such stickers by sending an email to registrations@dbbs.co.za.)

Follow these basic guidelines to ensure maximum effectiveness of your medical scheme / ER24 stickers:

1. Remove any old medical aid or emergency provider stickers from your vehicle and cell phone and replace it with the new one.
2. Place the vehicle sticker on the driver's side of the vehicle, on either the rear window or the small window behind the rear passenger's window if fitted.
3. Do not place the sticker on any window that can wind down.
4. If your sticker becomes damaged or faded, please contact the Society on tel 053 807 3324 to request a new one.

Useful tips

- Advise your family members to call 084 124 in case of an emergency.
- In case of an accident, take note of road names and numbers, as this will expedite the emergency response.
- Please store 084 124 under "Medical Emergency" on your cell phone.

Please note that ER24 is contracted by the Society to manage all emergency calls and the appropriate response. Their trained staff will make the decision in terms of what is appropriate in terms of the nature and type of emergency transport required at the time of the call. The Society does not make any decisions in this regard.

What to do in a medical emergency

1. Always call or get someone to call: **084 124**
2. Tell the ER24 operator that you are a De Beers Benefit Society member - they will prompt you or the caller through all the information they require to get help to you.



Keeping your personal information safe.

When you call the Society, you will be required to confirm your personal details to ensure that the Society is dealing with the correct member and does not share confidential medical information with someone who is not entitled to receive such information. Much the same way as the bank confirms your details when you have a query, the Society will ask you to confirm, for example, your member number, ID number, cell phone number, address, etc. In addition please note that all calls are now recorded for the protection of both the member and the Society.



How does the Road Accident Fund impact on members and the Society?

In terms of the Medical Schemes Act (the Act) and the rules of the Society, the Society must recover any member expenses/claims incurred from a third party (such as an insurer) if cover is provided. In the case of motor vehicle accidents (MVA) these claims need to be lodged by members against the Road Accident Fund (RAF) which is liable in such instances.

However, in the case of members who are current employees and are covered by the De Beers Group Personal Accident Scheme (GPA), claims will be lodged by the Society against the GPA and not the RAF.

The Society will pay for medical claims related to the accident in terms of its rules and would, in terms of the Act and its rules, require the member to refund the Society once he/she has received settlement from the RAF/GPA.

In the unfortunate instance that you and/or any of your dependants are involved in a MVA, the following steps should be followed to ensure the efficient processing of your claim for medical expenses from the RAF/GPA:

- Call the Society's call centre on 053 807 3400 as soon as possible after the accident.
- The Society will advise you whether you need to institute a claim against the RAF/GPA, given the above, and will provide comprehensive information on the claim process to be followed.

Please note that if you decide not to pursue the claim against the RAF, the Society is required to decline all benefits paid on your behalf and you will be liable for these claims.

Avoid delays in the delivery of your chronic medication



Clicks Directmedicines (CDM) service levels have significantly improved over the past several months. However, members continue to make it very difficult for them to achieve unblemished service levels. In June this year, 200 members ignored SMS requests to provide CDM with a new valid 6 month repeat prescription. This is 15% of the total members receiving chronic medicine on a regular basis from CDM.

As a result of members not responding and providing the prescription, CDM had to phone each individual member and remind them that without the prescription they cannot, by law, dispatch the next supply of important chronic medicine. In turn this increased the call centre activity, as members phoned to complain that they had not received the medication as ordered, whereas they had in fact failed to provide a new prescription.

In view of the above, members are requested to ensure that CDM have valid prescriptions for chronic medication and also to respond to reminders in this regard.



Why the Society needs to know about your planned hospital admissions timeously

Members are required to obtain hospital pre-authorisation for planned cases at least three (3) working days prior to admission. This assists the hospital authorisation staff in timeously obtaining all the appropriate information from the various service providers involved, in order for them to process the required authorisation. This is especially true for all major surgery types, including (but not limited to) knee, hip, ankle, shoulder replacements, spinal fusions, radical surgery for cancer and prostate surgery.



Society's contact details

Should you wish to contact the Society, please use one of the following:

E-mail:
benefitpost@dbbs.co.za

Website:
www.dbbs.co.za
(where you can also check your personal details and benefits)

Phone: 053 - 807 3400

Fax: 053 - 807 3499

Post:
PO Box 1922, Kimberley, 8300

Medical Services Organisation (MSO)

The Society is in the process of upgrading its Hospital Management System and services to the Medical Services Organisation (MSO) systems. This process should be completed by 1 November 2011.

MSO is a recognised market leader in terms of hospital benefit and disease management and provides services to over one million beneficiaries throughout Africa, Europe and the United States. It is the only independent managed-care provider in South Africa and is unconditionally accredited by the Council for Medical Schemes.

As part of the Society's quest for Continuous Business Improvement, the Trustees have approved a licensing agreement between the MSO and the Society in terms of which the Society's current Hospital Utilisation Section (HUM) staff will utilise the MSO's hospitalisation policies, protocols and authorisation procedures in-house.

The Society is of the opinion that the partnership with the MSO will further enhance service delivery as well as add the assurance that the hospitalisation policies and protocols being used are based on the latest research and procedures available.

The introduction of the above revised arrangements will have no direct impact on members and the way in which they need to contact the Society: the process for pre-authorisation remains unchanged (members phone the toll free number 0800 111 669).

It should be noted that for the duration of the initial training, expected to take place in the last two weeks of October 2011, all calls will be automatically switched to Johannesburg, where an MSO consultant will provide the same service as our current Hospital Utilisation Section staff do in Kimberley, until their return and the in-house implementation on 1 November 2011.

Please note that while every effort has been made to ensure the accuracy of the information contained in this newsletter, the De Beers Benefit Society will not accept any responsibility for any inaccuracy or omission. In case of any dispute, the registered rules of the Society will apply.