

MARCH 2007

# newsletter

## DEAR MEMBER

You would already have received your 2007 benefit pack in the post. While it is a very complex subject, every effort has been made to make the benefit schedule as user-friendly as possible.

We appreciate that members do not deal with medical scheme matters on a regular basis and therefore find it difficult to know exactly which benefits are available, how to apply for them and most importantly - how much of the cost the Society will carry.

Members' needs also vary and the benefits offered may not always meet with individual medical requirements.

In this newsletter we will attempt to assist you by explaining some of the complexities.

## BENEFIT SCHEDULE

The 2007 benefit schedule is divided into three sections, namely:

- hospital, i.e. the benefits available to you in hospital;
- major medical, i.e. benefits covered in or out of hospital; and
- day-to-day, i.e. out-of-hospital benefits.

**Always check your benefit schedule first to identify which section applies to your current medical needs** before checking the columns to the right of the benefit category for the following:

- How much of the cost of the treatment will be covered by the Society?\*
- Do you need authorisation before undergoing treatment?
- Do you need a quote from the service provider to submit to the Society?
- Has a limit been placed on the benefit?

\*A detailed explanation of the NHRPL tariff, i.e. the recommended tariff at which claims are paid by the Society, is provided under "Prescribed Minimum Benefits (PMBs)".

If in any doubt about whether your medical needs are covered by the Society, please contact the **Call Centre** on **0800 003 149**.

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# Frequently asked questions about: MAJOR MEDICAL EXPENSES AND PRE-AUTHORISATION

## Which benefits require pre-authorisation?

All major medical procedures and operations that take place in or out of hospital must be pre-authorised by Qualsa. The following procedures and operations must be pre-authorised:

▶	hospital accommodation for a procedure/operation;
▶	organ transplants;
▶	renal dialysis;
▶	home/private nursing;
▶	maternity;
▶	diagnostic radiology and pathology (in hospital);
▶	internal surgical prosthesis;
▶	psychiatry and psychology (in hospital);
▶	post-hospitalisation physiotherapy, speech and occupational therapy;
▶	external appliances; and
▶	dental surgery and specialised dentistry.

## Why is pre-authorisation necessary?

Pre-authorisation from Qualsa on **0861 888 302** ensures that the proposed treatment or procedure is the most appropriate and cost-effective. Clinically based evidence (supplied by your doctor) will be a critical factor in the Society's decision to either limit or deny funding for a procedure.

## Does authorisation guarantee payment?

Authorisation does **not guarantee payment**. Any authorised procedure or treatment is always subject to the availability of funds in the relevant benefit category, and in terms of the protocols and rules of the Society. Qualsa, the Society's hospital

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management partner, will apply the necessary Society rules and protocols when authorisation is requested. Having obtained authorisation, you should do the following to ascertain whether the necessary funds are available for the authorised procedure:

- ▶ consult the benefit statement; or
- ▶ contact the Call Centre on 0800 003 149 for assistance.

## Are doctors' fees in hospital included in the authorisation?

Consultations and operating time charged by the specialist, general practitioner, anaesthetist or other attending medical practitioners, while you are in hospital, are not included in the authorisation. These costs are reimbursed at National Health Reference Price List (NHRPL) rates. (A detailed explanation of the NHRPL tariff, i.e. the recommended tariff at which claims are paid by the Society, is provided under "Prescribed Minimum Benefits (PMBs)".)

**Should your doctor charge more than these rates, the balance of the account must be paid by you, the member.**



# PRESCRIBED MINIMUM BENEFITS (PMBs)

As per the Medical Schemes Act, PMB is an additional benefit members automatically qualify for when diagnosed with one or more of the 26 PMB chronic disease list (CDL) conditions, or if they are registered on the chronic medicine programme for one or more of the PMB conditions. (See full list of conditions further on.)

The PMB programme provides a pro-active benefit that assists members in managing their chronic conditions.

Upon enrolment on the programme, a free care (treatment) plan is automatically sent to the member, which:

- has been developed by a panel of clinical specialists;
- is compliant with legislative guidelines; and
- contains "treatment protocols", i.e. guidelines for appropriate treatment, for his/her specific PMB chronic condition.

All beneficiaries currently registered on the PMB programme will receive updated care plans for outlining the services available to treat their conditions. ▶



## PAYMENT FOR PMBS

Diagnosis, treatment and the cost of care for a PMB condition will only be paid in accordance with the rules of the Society:

- ▶ If services are obtained from a designated service provider, **this will be paid for in full**. (A **co-payment** or **deductible**, may be imposed on a member if he/she obtains such services from a service provider other than a designated service provider.)
- ▶ If the member received involuntary service from a non-designated service provider, such as in the case of an emergency, **this will be paid for in full**.

A beneficiary will be deemed to have involuntarily obtained a service from a provider other than a designated service provider, if:

- ▶ the service was not available from the designated service provider;
- ▶ immediate medical or surgical care was required under circumstances or at locations where a designated service provider was not available; and
- ▶ there was no designated service provider within reasonable proximity.

## THE CHRONIC DISEASE LIST IN SIMPLE TERMS:

### 1. Addison's disease

Addison's disease is a rare endocrine disorder, which limits the production of sufficient amounts of certain adrenal hormones in the body.

The symptoms of Addison's disease are caused by the failure of the adrenal glands (seated above the kidneys) to produce enough of a hormone called cortisol, resulting in both primary and secondary adrenal insufficiency.

### 2. Asthma

Asthma causes a chronic inflammation of the airway with the following common symptoms: coughing, wheezing, shortness of breath and a tight feeling in the chest.

### 3. Bipolar mood disorder

Bipolar mood disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in a person's mood, energy, and ability to function. Unlike the normal ups and downs that everyone goes through, the symptoms of bipolar disorder are severe. They can result in damaged relationships, poor job or school performance, and even suicide. But there is good news: bipolar disorder can be treated, and people with this illness can lead full and productive lives.

*Continued overleaf ▶*



## EXPLANATION OF TERMS USED

**Care plan:** Care plans have been drawn up in accordance with the Medical Schemes Act. Each member receives a care plan containing his/her dependants' care plan information pertaining to their specific PMB conditions.

**Designated service provider:** This is the healthcare provider or a group or network of healthcare providers the Society has selected to provide you with diagnosis or treatment, and/or healthcare services, including medicines for any one or more of the PMB conditions. The Society has contracted the following designated service providers:

Hospitalisation:	Life Healthcare Hospitals and the Medi-Clinic Group of Hospitals
Hospital pre-authorisation:	Qualsa
Chronic medication:	Direct Medicines
Emergency services:	Netcare 911
Treatment for HIV/AIDS:	Aid for AIDS

### National Health Reference Price List

**(NHRPL):** The NHRPL or medical aid rate is the basic cost guideline for the payment of medical services issued and published by the Council for Medical Schemes. It is determined in consultation with the Department of Health.

The NHRPL is currently equal to the Society Rate, which is the rate at which the Society remunerates registered healthcare practices and practitioners for services rendered to its members.

#### 4. **Bronchiectasis**

Bronchiectasis is an abnormal and permanent distortion of one or more of the conducting bronchi or airways.

#### 5. **Cardiac (heart) failure**

The two most common conditions that lead to heart failure are high blood pressure and the development of coronary artery disease. Patients who have had a heart attack due to blockage of coronary arteries, also develop heart failure.

#### 6. **Cardiomyopathy**

This is a condition that causes a thickening or hardening of the heart muscles/ventricular walls, leading to chest pain, palpitations, thrusting heartbeat and light-headedness.

#### 7. **Chronic obstructive pulmonary disorder (COPD)**

COPD is defined as a state characterised by the presence of airflow obstruction due to chronic bronchitis or emphysema. The airflow obstruction is generally progressive, may be accompanied by airway hyper reactivity, and may be partially reversible.

#### 8. **Chronic renal disease**

Chronic renal disease causes chronic, progressive damage to the kidneys, and is diagnosed through any of the major symptoms for kidney disease, such as a change in the frequency of urination, high blood pressure, swelling of the legs, bleeding in the urine and difficulty breathing.

#### 9. **Coronary artery disease**

Coronary artery disease develops when cholesterol is deposited and absorbed into the wall of a vessel within the heart. Here white blood cells, trying to consume the cholesterol, lose their battle and rupture, forming plaques. The plaques lead to narrowing of the vessel that can cause intermittent chest pain known as angina. But if the plaque ruptures, a clot is formed that can block the vessel and lead to a heart attack.

#### 10. **Crohn's disease**

Crohn's disease is a chronic inflammatory disease of the digestive tract. The disease can affect the digestive system anywhere from the mouth to the anus, but distinctively affects the terminal ileum as well as demarcated areas of the large bowel.

People with colitis and Crohn's disease have an increased risk of developing colorectal cancer.

#### 11. **Diabetes insipidus**

Central diabetes insipidus (DI) is characterised by the decreased secretion of an antidiuretic hormone (ADH), also known as arginine vasopressin (AVP), which results in polyuria and polydipsia by diminishing the patient's ability to concentrate urine.

#### 12. **Diabetes mellitus, types 1 and 2**

Diabetes mellitus occurs when the pancreas doesn't make enough or any of the hormone insulin, which is needed to regulate the level of glucose (sugar).

#### **What is type 1 diabetes?**

In type 1 diabetes, the pancreas is no longer able to produce the hormone insulin. Insulin is produced by the beta cells of the pancreas, and is secreted in response to an increased concentration of glucose in the blood, which is vital in controlling blood glucose levels.

By the time a person with type 1 diabetes experiences symptoms, almost all the beta cells in the pancreas have been destroyed. This destruction is almost certainly as a result of an autoimmune process in which the body produces antibodies to its own cells. However, the details of the process are obscure.

#### **What is type 2 diabetes?**

Type 2 diabetes is the most common variety of diabetes. It is a disorder of carbohydrate metabolism in which the body effectively becomes resistant to the hormone insulin.

#### 13. **Dysrhythmias**

Dysrhythmias can be defined as a disturbance in a regularly occurring pattern, resulting in an increased or decreased heartbeat due to insulin secretion.

#### 14. **Epilepsy**

Epilepsy is a brain disorder involving repeated seizures of any type. Seizures ("fits") are episodes of disturbed brain function that cause changes in attention and/or behaviour. They are caused by abnormal electrical excitation in the brain.

#### 15. **Glaucoma**

Glaucoma is a disturbance of the structural or functional integrity of the optic nerve that can usually be arrested or diminished by adequate lowering of intraocular pressure (IOP).

#### 16. **Haemophilia**

Haemophilia is a bleeding disorder that is caused by a deficiency of factor VIII or factor IX in the blood. Both are types of clotting factor. The ability of the blood to clot is impaired and results in excessive bleeding.

#### 17. **HIV/AIDS**

##### **HIV**

HIV is the Human Immunodeficiency Virus. HIV is transmitted through blood, semen and vaginal fluids and once in the body the virus uses the CD4 cells of the body's immune system to replicate itself, and in the process destroys these cells. These CD4 cells are vital as they coordinate the body's immune system, protecting us from illness. As the amount of HIV in the body increases, the number of CD4 cells decreases, weakening the system even further.

##### **AIDS**

AIDS is the collection of diseases that are "acquired" from HIV once the immune system is no longer able to protect the body from illness. As HIV weakens the immune system, a person with HIV develops a number of diseases that the body would normally be able to fight



off. These are known as opportunistic infections. When a person's immune system has deteriorated so much that he or she starts becoming ill with life-threatening and often unusual illnesses, he or she is said to have AIDS.

### 18. Hyperlipidaemia

Cholesterol and other lipids (e.g., triglycerides, which are made up of free fatty acids and glycerol) are transported in the systemic circulation as a component of lipoproteins.

When doctors measure a person's cholesterol levels, the goal is to have LDL cholesterol levels of less than 100mg/dL. For HDL cholesterol, the higher the better - greater than 40 mg/dL for men and 50mg/dL for women, and triglyceride levels less than 150 mg/dL. Physicians agree that the closer a patient's levels are to these optimal levels, the less risk he/she has of suffering a heart attack or stroke.

### 19. Hypertension (high blood pressure)

Hypertension causes structural changes to the cardiovascular system, which progresses to serious dysfunction of major organs such as the heart, brain, and kidneys.

- Normal blood pressure should be lower than 120/80.
- Blood pressure is measured with a mercury sphygmomanometer.
- An average of two readings are taken two minutes apart.
- Measurements are repeated if Systolic Blood Pressure (SBP) is between 140 and 160 and Diastolic Blood Pressure (DBP) between 90 and 100mmHg over a period of two months. This will confirm the diagnosis.

### 20. Hypothyroidism

Hypothyroidism occurs when the thyroid gland is under-active and fails to secrete enough hormones into the bloodstream. This causes a person's metabolism to slow down. Hypothyroidism is the most common thyroid disorder.

The thyroid gland is situated at the front of the throat, below the Adam's apple (larynx). The thyroid

gland secretes hormones to regulate many metabolic processes, including growth and energy expenditure.

### 21. Multiple sclerosis (MS)

MS is a progressive, autoimmune disease of the central nervous system that most commonly affects young adults. Degenerative changes occur on the myelin sheath that covers the brain nerve cells.

The damage to the myelin slows or blocks the high speed and smooth conduction of impulses from the brain or spinal cord to the muscles. This may result in the loss of functions such as movement, muscle coordination and sensation.

### 22. Parkinson's disease

Parkinson's disease is a neurological disease that belongs to a group of conditions called motor system disorders. Parkinson's and related disorders are the result of the loss of dopamine producing brain cells.

Loss of dopamine causes the nerve cells to fire out of control, leaving patients unable to direct or control their movement in a normal manner.

### 23. Rheumatoid arthritis

Rheumatoid arthritis is a chronic inflammatory disease that causes pain, stiffness, and swelling around the joints. The disease is often confused with osteoarthritis, which is a condition of wear and tear.

### 24. Schizophrenia

Schizophrenia is a chronic, severe, and disabling brain disorder that affects about one percent of people all over the world. People with schizophrenia sometimes: hear voices that others don't hear, believe that others are broadcasting their thoughts to the world, or become convinced that others are plotting to harm them. These experiences can make them fearful and withdrawn and cause difficulties when they try to have relationships with others.

### 25. Systemic lupus erythematosus (SLE)

SLE is an autoimmune disease. The immune system turns against parts of the body it is designed to protect. This leads to inflammation and damage to various body tissues.

SLE can affect many body parts, including the skin, joints and organs.

The disease can be hard to diagnose. It can take weeks or years to make a diagnosis. No single test can determine whether a patient has SLE. That is why it is important for the patient to give the doctor complete and accurate information regarding his/her medical history.

### 26. Ulcerative colitis

Ulcerative colitis is an inflammatory bowel disease, characterised by inflammation of the gastrointestinal tract. Most often the affected areas are in the small intestine or colon.