

newsletter

JULY 2005

Dear Member

We are pleased to present the Society's newsletter! In this edition we provide very important industry and scheme information. We encourage you to read this newsletter carefully, as it will assist you in improving the management of your healthcare expenses.



INDUSTRY MATTERS

TARIFFS FOR 2005

Previously the term "Scale of Benefits" was used to indicate the cover allowed in terms of benefit categories. This list of tariffs was published by the Board of Healthcare Funders (BHF) and used by the Society as the Scale of Benefit (SOB) rate.

However, with effect from 1 January 2004, the Board of Healthcare Funders (BHF) no longer publishes this tariff structure. This is now done by The Council for Medical Schemes and is referred to as The National Health Reference Price List (NHRPL).

Afrox Medical Aid Society settles member claims in accordance with the NHRPL tariffs and we therefore encourage members to ensure that their service providers charge such tariffs to avoid co-payments.

ICD-10 CODES

ICD-10 coding is a new diagnosis coding system that is being implemented throughout the South African medical scheme industry. When submitting claims to the medical scheme, service providers will need to include an ICD-10 code on each claim indicating the diagnosis of the condition for which you were treated.

How does this effect my claims?

With effect from 1 July 2005, the Society and its Administrator are not allowed to settle any accounts received from providers if the ICD-10 code is not reflected on the claim. You must insist that your service provider, (e.g. doctor/dentist/specialist), includes the ICD-10 codes on your claim.



SOCIETY MATTERS

CHRONIC MEDICATION

Authorisation

Whether members obtain their medication from Direct Medicines or any other pharmacy, all new and repeat scripts must still be forwarded to Direct Medicines to be registered. The reasons for this are:

- ▶ Direct Medicines is contracted to the Society for the Drug Utilisation Review (DUR); and
- ▶ The electronic authorisation advises the Society to charge the cost of the medication to the Chronic Benefit and not the Acute Benefit (Savings).

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CHRONIC MEDICATION CONTINUED

Members not utilising Direct Medicines for the delivery of their medication, need to mark the script **“FOR AUTHORISATION ONLY”**.

Note: Your Society pays the Single Exit Price (SEP) plus 26% for chronic medication. Pharmacy or DM costs in excess of this are for your account.

Chronic charged as Acute

Some members have been experiencing problems

in that their chronic medication has been charged against their Savings balances. The Society and Direct Medicines are aware of this and are working to correct the balance on the Savings accounts. In addition, the Society has changed the computer programs to reject identified Chronic medication, rather than charge the cost to the Savings account. These rejections will then be investigated and any missing authorisations will be loaded to allow the costs to be allocated to the Chronic Benefit.

RESIGNATION

A member who, in terms of his conditions of employment is required to be a member of the Society, may not terminate his membership while he/she remains an employee without the prior written consent of his employer.

Subject to any provision to the contrary contained in the Rules, a member who ceases to be an employee of the Company shall cease to be a member from the last day of the month during which such member was

actively employed. All rights to benefits shall cease except for claims in respect of services rendered prior thereto. Any additional notice period between the employer and the member shall not include membership of the Society.

REMEMBER, THOUGH, THAT MEMBERSHIP OF A MEDICAL SCHEME IS A VALUABLE FORM OF HEALTH INSURANCE.



DE-REGISTRATION OF DEPENDANTS

You must inform the Society within 30 days of the occurrence of any event, which results in any one of your dependants no longer complying to the conditions in terms of which he/she may be a dependant.

When a dependant ceases to be eligible to be a dependant, he/she will no longer be deemed to be registered as such for the purpose of these Rules or entitled to receive any benefits, regardless of whether notice has been given in terms of these Rules or not.

LATE JOINER PENALTY (LJP)

Contribution penalties have been applied with effect from 1 April 2001 in respect of persons over the age of 35 years, who were without creditable medical society cover for the period indicated hereunder, after the age of 35 years as follows:

| | | |
|---------------|---|--|
| 1 - 4 years | ▶ | @ 0.05 multiplied by the relevant contribution |
| 5 - 14 years | ▶ | @ 0.25 multiplied by the relevant contribution |
| 15 - 24 years | ▶ | @ 0.50 multiplied by the relevant contribution |
| 25 + years | ▶ | @ 0.75 multiplied by the relevant contribution. |

Any years of creditable coverage, which can be demonstrated by the applicant or his or her dependant, shall be subtracted from his or her current age in determining the applicable penalty.

WAITING PERIODS

On admission, the Society may impose upon a person in respect of whom an application is made for membership or for registration as a dependant:

1. a general waiting period of three months, during which period no insured benefits whatsoever shall accrue, but contributions shall be paid to the Society in full;
2. a condition-specific waiting period of up to nine months on existing pregnancies in respect of all pregnancy-related services; and
3. a condition-specific waiting period of up to 12 months in respect of any condition contemplated in rule 8.3 (pre-existing medical conditions). If both a general waiting period and a condition-specific waiting period are imposed, they will run concurrently, but the provisions of the general waiting period shall predominate. No insured benefits shall accrue for services in respect of a condition for which a waiting period has been imposed, but contributions shall be paid to the Society in full, except in respect of any treatment or diagnostic procedures covered within the Prescribed Minimum Benefits.



HEALTH TIP

HYPERTENSION

Hypertension, a major health threat

In 2000, according to the investigators, the total number of adults with high blood pressure was 972 million, comprising 333 million in rich countries and 639 million in developing nations.

By 2025, this tally will rise by about 60%, to reach 1.56 billion, or one in three of the projected adult population of the world. Developing countries will bear the brunt of the rise.

Possible causes identified

The causes for the explosive rise are ascribed to rising tobacco use, especially in Asian countries, fatty foods which cause artery-clogging cholesterol, physical inactivity and high levels of salt in processed foods. The study is lead-authored by Dr Jaing He of the Tulane University School of Public Health and Tropical Medicine in Los Angeles.

High blood pressure is a leading cause of cardiovascular disease (heart attacks and strokes), which accounts for around 30% of all deaths world-wide. The rates vary widely between rich countries, which spend lots of money on awareness campaigns to encourage



exercise and healthy eating, and poor countries where preventive efforts are stymied by small budgets.

Lifestyle changes the only way

The best way to reduce the incidence of high blood pressure is to create national and international programmes that concentrate on healthy lifestyle changes. Dr He said that health policy makers need to pay attention to hypertension and promote a low sodium diet, physical activity and adequate fruit and vegetable intake.

While medicines can help control high blood pressure, the most important factor will be lifestyle changes.

Veggie diet may cut blood pressure

Vegetarians tend to have lower blood pressure than the general population, but it hasn't been clear whether their diets or their lifestyles guard them against hypertension. Now, a new review of previously published studies claims that diet provides the protection.



"It's the diet itself, and it is clearly the diet of choice for people who wants to get their blood pressure under control," said Dr Neal Barnard, president and founder of the Physicians Committee for Responsible Medicine and co-author of the report, which appears in the January issue of *Nutrition Reviews*.

More than 6 million South African adults have high blood pressure. Hypertension is often called the "silent killer" because it usually has no symptoms but leads to increased risk for heart diseases, congestive heart failure, strokes and kidney failure.

Healthy for everyone

Still, Dr Barnard insists a vegetarian diet is healthy for everyone, whether or not they have high blood pressure.

He offers this caveat for people taking blood pressure medication: "Don't throw away your medication in the trash." High blood pressure is a serious medical condition requiring immediate medical attention. Even if you switch to a vegetarian diet to trim down, you won't lose the weight overnight. It could take more than a year for a person who is 27 kg overweight to drop that excess baggage.



Important contact details

ADDRESS FOR CLAIMS SUBMISSIONS

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Braamfontein
2017

CLIENT SERVICE CALL CENTRE

Tel: (011) 381 2022 or 0800 003 149
Fax: (011) 381 2399
E-mail: afrox@mhg.co.za
Internet: www.mhg.co.za

METROPOLITAN HEALTH GROUP/ KPMG ANTI-FRAUD HOTLINE

Toll-free: 0800 200 564
E-mail: audit@mhg.co.za

IN-PERSON ENQUIRIES

61 Jorissen Street
Braamfontein
2001

HOSPITAL PRE-AUTHORISATION

Hospital Risk Management: 0861 888 302

CHRONIC MEDICINE ENQUIRIES

Direct Medicines: 0861 444 405
E-mail: direct.medicines@dirmed.co.za
Internet: www.directmedicines.co.za

EMERGENCY TRANSPORT

ER24: 084 124

IF MEMBERS WOULD LIKE US TO COVER ANY SPECIFIC TOPICS IN THE NEXT NEWSLETTER, PLEASE CONTACT THE SOCIETY ON (011) 381 2022 OR 0800 003 149.