



COUNCIL FOR MEDICAL SCHEMES



MEDICAL SCHEMES

Prescribed Minimum Benefits

10 Things

your members
need to know
about PMBs

Cover the basics

1 The first thing medical scheme members need to know about PMBs is that PMBs exist and that all schemes have to cover the diagnosis, treatment and care thereof. PMBs, where indicated, include medicine.

The devil's in the detail

Make sure your members understand the importance of adhering to the scheme's rules and procedures regarding PMBs. This means they should be informed of DSPs, protocols and formularies that exist. 2

Crack the code

3 Inform your members about ICD-10 codes and empower them to manage their medical benefits much better:

- What are ICD-10 codes and why are they important?
- How to check ICD-10 codes and where to find out whether the code on their account is correct.

Remember also to put members' minds at ease about confidentiality – ICD-10 codes and other details about members' conditions may only be used within the scheme and its appropriate organisations responsible for providing benefits. Clinical information may not be disclosed to anybody else, not even a family member or employer.



DSP do's and don'ts

4 Designated Service Providers (DSPs) are a cornerstone of the PMB system and your members have to know that:

- When they choose to use a healthcare provider of their choice, rather than the scheme's DSP, they may face a co-payment.
- Medical schemes have to ensure that:
 - DSPs are reasonably close to members' workplaces or homes;
 - The services required must be available at the DSP;
 - The waiting period for treatment at DSPs is not unreasonable; and
 - DSPs are accessible to members.
- If DSPs do not meet the above requirements, members can receive treatment at a different healthcare provider and the scheme will have to fund this cost in full, not just up to the scheme benefit.
- DSPs can be state hospitals, but only where the PMB services are reasonably available and accessible.



Co-payments made easy

5 The co-payments message is simple and straightforward: there are no co-payments on PMB conditions except when members choose not to use the scheme's DSPs and/or the scheme's listed treatments and medicines.

The other key message is that 100% co-payments do not exist. Members either have to pay the difference between the actual cost and what the scheme would have paid if members had used the DSP, or the percentage co-payment as registered in the scheme rules.

Finally, members should also know that co-payments for PMB services cannot be recovered from their savings accounts.

When disaster strikes

6 Emergencies are a fact of life and your members need to know that they are not alone when health crises strike. It is your job to let them know:

- When a situation is an emergency; and
- The treatment approvals required in an emergency.

Also make sure that members are aware of the fact that the scheme will want confirmation and proof of the PMB condition they were diagnosed with in the emergency room.



Chronic medication

Twenty-five chronic conditions are covered by the CDL algorithms. There are also other chronic conditions in the ± 270 PMBs. Your members at least need to know that:

- The scheme can demand that they obtain pre-authorisation or join a benefit management programme before they enjoy full cover.
- The scheme may decide for which medicines it will pay for each chronic condition, as long as they are at least on par with the published treatment standards.
- Chronic medicine limits can still be set, but if members exhaust their limits, the scheme will have to continue paying for any chronic medication they obtain from the scheme's DSP for a PMB condition.

Protocols and formularies

Members sometimes feel that protocols and formularies are there to deprive them of treatment and are a way for schemes to get out of paying for treatment.

When it comes to PMBs, help your members to understand that protocols and formularies are put in place to help schemes better manage the use of benefits and their risk. They also need to be reassured that your standards have to be at least on par with the published algorithms and public sector protocols for the PMB conditions.

Why not proactively inform members of the protocols and



formularies that apply to their PMB condition as soon as you are informed of the diagnosis? They will be empowered with information and the scheme will be regarded as caring and considerate.

Appeals process

Not all medication and treatment standards are equally effective for everybody. Medical scheme members therefore need to know that there is a process they can follow to make a case for special treatment.

- What constitutes grounds for appeal?
- How does the appeal process work?
- What information is required to support the appeal (e.g. complete clinical history from the treating doctor)?



The CMS can help

PMBs can be a rather complicated subject and you might not be able to answer all your members' questions. In these instances, you are welcome to contact us for advice on PMBs in any of the following ways:

Tel: (012) 431-0500 / 0861 123 267

Fax: (012) 430-7644

E-mail: support@medicalschemes.com

Mail: Private Bag X34, Hatfield, 0028



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FOR MORE INFORMATION

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