

Bestmed Medical Scheme Session

Chronic Medicine Benefits and
Processes

25 May 2022





Arrangements

During this session

Please switch off your microphone.

There will be time after the presentation for questions.

You are welcome to also send your questions to medicine@bestmed.co.za.

You are welcome to ask general chronic related questions in the chat box. Please do not divulge your personal information.

Chronic Medicines



Benefits available per option

Benefit	Beat 1	Beat 2	Beat 3	Beat 4	Pace 1	Pace 2	Pace 3	Pace 4	Rhythm 1&2
CDL Chronic	✓	✓	✓	✓	✓	✓	✓	✓	✓
Non-CDL Chronic	✗	✗	✓	✓	✓	✓	✓	✓	✗
Acute/Savings	✗	✓	✓	✓	✓	✓	✓	✓	✓
Over-the-counter (OTC)	✗	✓	✓	✓	✓	✓	✓	✓	✓
PMB Biological medicine	✓	✓	✓	✓	✓	✓	✓	✓	✓
Non-PMB Biological medicine	✗	✗	✗	✗	✗	✓	✓	✓	✗

FAQs

What is a Chronic Disease List (CDL) condition?

The CDL is a list of chronic illness conditions for which a Scheme must provide cover for the medicine and treatment. These are conditions such as hypertension, asthma and diabetes.

What is a non-CDL condition?

Non-CDL conditions are additional chronic conditions which may be covered by the Scheme, depending on the chosen benefit option. It is not compulsory for the Scheme to fund treatment of these conditions. These are conditions such as gout and acne. Refer to the Comparative Guide for the list of conditions covered per option.

What are Prescribed Minimum Benefits (PMBs)?

PMBs is a set of minimum benefits which, by law, must be provided to all medical Scheme members and include the provision of diagnosis, treatment and costs of ongoing care.

What is a formulary?

A formulary is a pre-determined list of medicines that will be covered for the CDL, non-CDL and PMB conditions. These lists of covered medicines vary from option to option. Bestmed makes use of formularies for each condition. These formularies are compiled and maintained by a team of professionals on the basis of evidence-based medicine, considering cost effectiveness and affordability.

Bestmed allows flexibility in terms of every member and dependant's choice of medicine. If a member chooses to make use of a product that is not on the formulary, a co-payment will be applicable. This co-payment varies between the different benefit options, and forms part of Bestmed's Scheme Rules.

A list of the frequently asked questions is available on the Bestmed website:

<https://www.bestmed.co.za/benefits-and-cover/medicine-and-chronic-benefits>

PMB Conditions

PMBs are a set of minimum benefits which, by law, must be provided to all medical Scheme members and include the provision of diagnosis, treatment and costs of ongoing care.



Application Process:

- Download PMB registration form from Bestmed website or obtain it from Key Account Consultant or Client Services.
- Treating provider must complete it and submit it (with relevant supporting documentation) to: pmb@bestmed.co.za.

Note: DSP's apply for PMBs

What is required to register medicine on Chronic?

- First time application:
 - Completed and signed Application Form
 - Supporting information (as specified per condition)
- New medicine added to an existing authorisation or to update an existing authorisation:
 - Copy of new prescription
 - Supporting information (as per application form)
- Complete information to be emailed to medicine@bestmed.co.za.
- Telephonic authorisations – Doctors can speak directly to one of the Pharmacists.

Medicine continued

1. Acute medicine

- Prescribed medicines for conditions that are not listed as CDL or non CDL conditions
- Paid either only from annual savings/day-to-day benefits – depending on the chosen option
- Reference pricing (MRP) applies

2. Over-the-counter medicine (OTC)

- Schedule 1 and 2 medicines
- Funded from the annual savings as follows:
 - Beat 2 and 3 – up to the available annual savings amount
 - Pace 1, 2 and 3 and Beat 4 limited to R1000 from annual savings account

3. Exclusions

- Supplements, weightloss medication etc. – payable from the vested savings account only
- Vested savings is the unutilised annual savings account balance that is transferred to the vested savings in following year
- New members – don't have a vested (except if you transferred savings from your previous scheme)

Treatment Plans

Set of benefits that are funded from scheme risk (and not the Savings) for the ongoing care and management of the CDL and PMB conditions

Ref	Quantity	Used	Tariff Codes	Description	Service Providers
G1	6	0	0190 - 0192	New and established patient: Consultation/visit of new or established patient of a moderately above average duration and/or complexity. Includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient. Typically the doctor spends up to 15 minutes with the patient and/or family.	014 - General Practitioners 015 - Family medicine 018 - Spec.Phys/Int Med/Diabetes/Rheumatology/Nephrology 021 - Cardiology 032 - Paediatrics

Treatment Plans continued

- The tariffs listed in the treatment plan will pay from the applicable day-to-day limit first (for the options that have a day-to-day limit).
- Once the limit is depleted, claims will continue to pay, unlimited, from Scheme risk, up to the maximum quantity specified.
- If a condition is added, the treatment plan is adjusted and updated and a revised treatment plan letter is issued (via e-mail/post)
- The treatment plans are revised annually and reloaded on 1st of January each year.

MRP

A generic reference price is a maximum set price a medical Scheme is prepared to pay for a specific generic molecule for a specific dosage. Bestmed uses the (MRP) as its reference. This allows the prescriber and the member a choice if they want to use a specific brand for whichever reason.

This means that a member may use the original medicine and pay the difference between the price of the chosen medicine and the applicable reference price (thus pay a generic co-payment). Alternatively, the member can use a generic alternative within the reference price range and pay no generic co-payment. Reference pricing is applicable to all medicines, including formulary and non-formulary chronic medicines, as well as acute and over-the-counter (OTC) medicines.

Formularies and Co-payments

All Bestmed formularies (CDL, PMB and non-CDL) are available on the Bestmed website : www.bestmed.co.za

CDL, non-CDL and PMB conditions:

- Items on CDL and PMB formulary : no co-payment (only MRP applicable)
- Items on non-CDL formulary : standard co-payment (% option dependent)
- Items not on formulary : co-payment (% option dependent)

Formulary medicine is not automatically approved - Pre-authorisation is necessary to gain access to medicine benefits

What can be done to avoid medicine co-payments?

- Use formulary listed medicines
- Use generic medicines whose price falls within the MRP
- Use a Designated Service Provider (DSP) that does not charge higher dispensing fees

Notifications from the Chronic Medicine Department

- SMS notification
 - When a chronic application is received
 - When the chronic application has been completed
 - Authorisation expiry to prompt authorisation renewal
 - Real-time SMS at point of claim for MRP and non-formulary co-payments
 - Possible chronic – to prompt chronic application if medicines are claimed on acute that should be authorised on chronic

Advanced Medicine Supply

Reimbursement Conditions:

Granted in the following instances:

- If the member is going to a destination across the local border
- If the member is going overseas
- If the member is going to a destination where there is no pharmacy in the nearby vicinity (e.g. Kruger National Park)

Process to follow when applying:

- Complete the relevant application form and return it to Bestmed at least 2 weeks prior to the date of medicine collection
- Attach a copy of the flight ticket or travel document
- Attach a copy of the prescription for the medicine required

This information can be e-mailed to medicine@bestmed.co.za or faxed to (012) 472 6760.

Thank you!

