AMS ANGLO MEDICAL SCHEME

MEDIBRIEF

JULY 2023

A guide to ensuring efficient claims processing

Ensuring a smooth and hassle-free claims process is crucial for both you and your healthcare providers. With 75 medical schemes in South Africa, some offering up to 25 different benefit options, understanding how each scheme works and which healthcare service qualifies for reimbursement, can be a challenge for all parties involved. To help you navigate this process, we compiled some guidance for your convenience.

Take control of your claims

It is important to note that the staff at your doctors' offices may not be familiar with the intricacies of all schemes and their respective plans. Therefore, you are ultimately responsible for ensuring payment of the services you obtain from any provider; it falls upon you, as our member, to be well informed about your benefits, how to access them, and what to include when submitting claims. This proactive approach ensures that your claims are processed correctly and promptly. Always check if authorisation is required for the service you receive. Some claims cannot be paid if there is no matching authorisation number loaded against that service.

Value Care Plan members

For those on the Value Care Plan, when using healthcare providers within the Prime Cure network you don't need to pay claims at point of service. In emergencies where you must use an out-of-network provider, you can submit your claim, along with the refund request form, to refunds@primecure.co.za. The refund request form is available at www.angloms.co.za.

Standard and Managed Care Plan members

Standard and Managed Care Plan members may need to settle their claims at the point of service, depending on the provider and their claims agreements with the Scheme and/or administrator. You have four months after the date of service to submit your claims, after which the claims will be regarded as 'stale' and the Scheme is no longer liable for payment. To ensure the efficient processing of your claims, please include the following information:

- Full name of main member
- Membership number
- Name of patient (main member or registered dependant)
- Name of provider and practice number
- Treatment date
- Details of the service (tariff code, CPT code and explanation)
- The diagnosis code (ICD-10)
- Proof of payment if you have settled your account

Submit your claims

You can submit your claims via email to claims@angloms.co.za, upload them in the member area of our website (My claims > Submit a claim), or use the Anglo Medical Scheme app.

Respond if requested

If there's any uncertainty or missing information in your claim, we may request additional details. Please provide this information as soon as possible to avoid delays in processing your claim or your refund.

Check your claims' process and outcome

Members who have submitted their claims with all the necessary information will receive a daily claims notification via email within a few days. This notification will advise you about the amount paid and from which benefit. If you do not have an email address, this information will also be available in your month-end statements, in your member log-in area of www.angloms.co.za, or on the Anglo Medical Scheme app. It's essential to review these notifications or statements carefully to ensure your claims have been processed and paid accurately. Should you have any questions or suspect an error, please don't hesitate to call us on 0860 222 633.

By staying informed and proactive, you play a crucial role in expediting claims processing and securing timely reimbursements. Should you require any assistance or have further questions, our dedicated team is always here to help.

NHI update: recent developments and challenges ahead

Since our last article about NHI, there have been further developments as the NHI Bill was passed by the Parliamentary Portfolio Committee (PPC) and approved by the National Assembly. However, there are still many crucial steps to be taken before it can become law.

Legislative process

As we progress through the legislative process, the NHI Bill will require approval from the National Council of Provinces (to ensure provincial interests are met) and formal sign-off by parliament. Only then can it be signed into law by the President,

who could still refer it back to parliament. Several other laws and regulations will still need to be adjusted to accommodate this radical transformation of our healthcare system.

Challenges and transformations

Implementing the NHI also requires establishing a suitable funding mechanism and bringing substantial improvements to our healthcare system. These tasks are intricate and will demand careful planning and coordination. It is worth noting that both our industry and the government anticipate legal, even constitutional, challenges to the NHI Bill.

We will keep you up to date

As the NHI Bill progresses through the above-mentioned stages, we will continue to keep you up to date about its status and implications for the Scheme and our members. We understand that these changes may raise questions and concerns, and we assure you that we are closely monitoring the situation and are fully engaged through our industry bodies.

Questions from our members

As requested, here are a few more questions and answers as given at the AGM. The questions and answers from the meeting are paraphrased.

Why doesn't the Standard Care Plan (SCP) have a frail care benefit, especially considering the growing number of pensioners on the plan?

Frail care benefits are exceedingly rare in the industry. We only know of a handful of schemes that offer a frail care benefit, but only on their premium options with much higher contributions than either SCP or MCP. Frail care is specifically designed for high-risk members requiring continuous care, due to age-related mental and/or physical impairment from disease. Without care, the risk of rapid decline and hospitalisation for these members would increase significantly. The clinical appropriateness for frail care is determined according to strict protocols. Out of the SCP membership, less than 9% are aged 80 years and above, and only a very few would qualify for frail care. Including frail care in the SCP as a benefit is neither clinically nor financially appropriate at this point. Doing so would increase contributions for all members to provide a 'luxury' benefit for a fraction of a percentage of members on a plan that is primarily designed for younger individuals.

Why is there little or no information regarding the annual determination of the Reimbursement Rates, which members could use to avoid 'excessive' charges by medical service providers?

We aim to give as much information as possible through various channels, including MediBrief, benefit information brochures, and the call centre. The Scheme Reimbursement Rate encompasses a range of rates, comprising a base tariff derived from an industry tariff published two decades ago, agreed network tariffs, multiple contracted provider tariffs, medicine pricing, and complex outcomes-based tariffs, among others, which were extensively discussed during both the 2020 and 2021 AGMs. Publishing multiple tariffs for the 14,000 or more medical procedures in a user-friendly manner is not feasible. Instead, we recommend using network providers whenever possible and staying informed by reading the MediBrief newsletter. Additionally, you can contact our call centre to enquire about the Scheme Reimbursement Rates when obtaining quotations from providers. While it may not be possible to provide all the detailed rates, we are committed to helping our members have access to relevant information for making informed decisions where feasible.

There is a generalised perception among some members that the 'richness' of the AMS benefits, particularly in the Standard Care Plan (SCP), circa 2021, is being gradually eroded. While benefits are good and appreciated, is this perception right or wrong?

The perception is wrong. We want to assure our members that we take the value of our benefits seriously. To ensure transparency and accuracy, we have conducted three independent benchmarking exercises, each carried out by separate independent actuaries – NMG (our previous actuaries), 3One (our current actuaries), and DH Actuaries. All three benchmarking exercises, despite using different approaches and comparator groups, unanimously concluded that SCP is generally richer in benefits compared to the majority of other, similar plans offered at similar contribution rates. We regularly review our Scheme Reimbursement Rates, benefits, and their limits, and SCP has consistently demonstrated its superiority. In fact, the opposite may be true – SCP's benefits could be considered too generous for the current contribution rates. We are actively reviewing this to ensure better alignment with industry standards.

Do you have further questions on the articles in this edition? Contact us on the numbers and addresses listed here:

Member Queries:

Value Care Plan: 0861 665 665 | anglo@primecure.co.za | **Standard and Managed Care Plans:** 0860 222 633 | member@angloms.co.za
Claims: claims@angloms.co.za

Visit www.angloms.co.za to learn more about your Scheme and benefits. Find all previous MediBrief editions in the Info Centre > Knowledge Library.