CMScript

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Unlock your chronic medication benefits

Let's say you have been diagnosed with a chronic condition or that you've just joined a new medical scheme. Now you need to apply for chronic medication.

On becoming a member of a scheme – one with a chronic condition – you will need to complete a chronic medicine application form so that the scheme can pre-authorise your chronic medication cover. This form differs from condition to condition, and in some instances requires your treating doctor or specialist to complete certain sections.

You may also be asked to provide copies of blood or other test results to allow the scheme to evaluate whether you meet the entry requirements for chronic cover.

What your scheme covers

It is possible to have more than one chronic condition covered by prescribed minimum benefits (PMBs). The Medical Schemes Act requires schemes to cover in full the diagnosis, treatment and care of PMBs.

To qualify for chronic cover, your condition must be one of the 25 conditions listed in the Chronic Diseases List (CDL) or be listed in the ±270 Diagnosis and Treatment Pairs (DTP) section of PMBs in the Act.

Legislation allows your scheme to employ various measures to contain its costs and risk, and to educate and equip you to manage your chronic condition in the most effective way. Schemes are also allowed to tell you in their rules how and where you should obtain your chronic medication.

Formularies differ from scheme to scheme. Don't assume that just because scheme A paid in full for a particular drug to treat your cholesterol level, scheme B will pay in full for the same drug as well. Do your homework!

Pictures: courtesy of www.flickr.com & Microsoft Clip Art

Schemes can insist on covering certain medicines only by drawing up a list of safe and effective medicines that should be prescribed to treat certain conditions. This list is known as the scheme's formulary.

You may be expected to obtain your chronic benefits from designated service providers (DSPs).

Your scheme may ask you to join a chronic medication benefit programme.

Schemes may use protocols or guidelines to manage your non-medicine expenses for your chronic condition such as GP and specialist consultations, tests or investigations.

Your scheme may insist on funding only minimum standards of treatment, known as treatment algorithms for CDL conditions and the public sector protocols or practice for chronic conditions under the DTP section of PMBs.

The formulary

Schemes are allowed to stick to a list of drugs (known as their formulary) which have been found to be clinically appropriate and effective in the treatment of PMB conditions. If you prefer not to use the formulary drug and decide to use a non-formulary drug instead, the scheme may impose a co-payment on you as per its registered rules. This co-payment is either a percentage of the cost of the drug, or the difference between the price of the scheme's formulary medicine (the reference price) and the price of the medicine that you decided to use.

Formularies must be given to members upon request. We suggest that you obtain a copy of your scheme's formulary for your chronic condition(s) before you visit your treating doctor to assist you with the completion of the chronic medicine application form.

Should your medicines not feature on the formulary, your doctor will then be able to discuss treatment alternatives with you.

Designated service providers

Schemes may use designated service providers (DSPs) where you can obtain your formulary medication without a co-payment. These are certain pharmacies, a pharmacy network or a courier pharmacy. The scheme must ensure that its DSPs are available and accessible for members to obtain their medicines.

Tips when applying for chronic medication and related benefits

- Before you sign up with a scheme and decide on a benefit option, double-check what exactly you will be covered for.
- Make sure you understand the scheme's processes to access benefits. Besides the chronic medicine application form, some schemes might require you to fill out additional forms to submit with each claim for non-medication expenses such as consultations.
- Remember that medicines on a formulary may and do differ from option to option within the same scheme.
- Ask your scheme about chronic non-PMB conditions and the applicable medicines that it covers on your particular benefit option.
- Keep copies of important documents such as motivations and results of blood tests. If you suffer from hyperlipidaemia (high cholesterol level), your new scheme will need a copy of the original lipogram (blood test) on which the diagnosis of the condition was based.

Chronic PMBs v chronic non-PMBs

Not all chronic conditions are PMBs. Each individual scheme covers non-PMBs chronics at its own discretion and so it happens that only certain schemes cover a particular chronic condition. Depending on the option or benefit plan, your scheme might cover chronic medication for non-PMB conditions which include osteoporosis, benign prostatic hypertrophy (a prostate condition), muscular dystrophy (a disease of the muscles) and cystic fibrosis (a disease that primarily affects the lungs and/or pancreas).

However, there may be times when you are unable to obtain the required medicines from a DSP and need to involuntarily go to a non-DSP instead, for instance when the closest pharmacy is in the next town and you are dependent on public transport. Make alternative arrangements with your scheme to make sure you can obtain your medicines from a non-DSP without having to incur co-payments.

But where a DSP pharmacy is available and you voluntarily choose to get your medicines at a non-DSP outlet, the scheme may ask you to foot the bill partially. Contact your scheme to find out which are your DSP pharmacies.

Disease management programmes

Disease management programmes are designed around a particular disease and aim to help you stay healthy by empowering you to manage your disease to avoid long-term complications. By helping you understand your disease, they enable you to improve your quality of life.

Ask your scheme for a copy of the protocol or guideline for your specific disease that stipulates the type and number of consultations, tests and investigations that the scheme will cover in full during a benefits year.

> By helping you understand your disease, disease management programmes enable you to improve your quality of life.

Allergic reactions, treatment failures and uncontrolled chronic disease?

If there is a clinically valid reason why you need medication not listed on the scheme's formulary (such as an allergic reaction to the formulary drug) or why you require additional consultations and/or tests (such as treatment failure or ineffectiveness), you may apply for additional benefits by using the scheme's appeal process. Your doctor will need to provide the necessary proof to back up your request. If it is a valid appeal, the scheme will not be allowed to impose co-payments. Just remember that personal preference is not a valid ground for appealing. If your scheme is happy to pay for a generic drug but you prefer a brand name, you will in all likelihood face a co-payment.

Kindly contact our Call Centre if you are unsure whether you might have a chronic condition that classifies as a PMB condition.

support@medicalschemes.com
Tel: 012 431-0500 / 0861 123 267
Fax: 012 430-7644
Mail: Private Bag X34, Hatfield, 0028