CMScript

February 2009

When is cancer a PMB?

Most medical schemes cover cancer but not all cancers qualify for prescribed minimum benefits.

There are two types of cancer:

1) cancer that affects non-solid organs and systems; and
2) cancer of solid organs.

Cancer of solid organs qualifies as a prescribed minimum benefit (PMB) only if it is "treatable". Thus, not all cancers of solid organs necessarily meet the requirements for PMBs.
However, there are various cancers of non-solid organs and systems that qualify as PMB conditions – whether they are "treatable" or not. For example, acute leukaemia, lymphomas, multiple myeloma and chronic leukaemia all qualify for PMBs.

Treatable v untreatable cancer

"Treatable" cancer is defined in the Medical Schemes Act (scroll down to paragraph (3) once you've clicked on the provided link). Cancers that affect solid organs are said to be "treatable" only where:

- they affect the organ of origin and have not spread to adjacent organs;
- there is no evidence of spread to other organs that are far from the organ where the cancer has started;
- they have not brought about incurable damage to the organ in which they originated, or in another life-supporting organ;
- or, if none of the above apply, there is scientific evidence that more than 10% of people with a similar cancer, in the same state of advancement, survive on treatment for at least five years.

If a solid-organ cancer does not meet the above-mentioned criteria, it is considered a non-treatable cancer and is therefore not viewed as a PMB in terms of the current legislation. Non-PMB cancers are subject to the oncology benefits and limitations set by the medical scheme in each option, such as "R100 000.00 for oncology-related diseases". In this case, as a member or dependant of the scheme, you have access to treatment and therapy up to a limit of R100 000.00 for a non-PMB cancer.

Each scheme covers different services from this combined limit on oncology benefits. Not all schemes automatically provide cover for pathology and radiology services, radiotherapy, chemotherapy and surgery from this limit.

Make sure you understand what your benefits cover. Ask your scheme, doctor or our call centre to assist you in finding out which PMB services you are entitled to.

I have a PMB cancer – what now?

Your scheme is obligated by law to cover the diagnosis, treatment and care costs of the appropriate PMB-related services, regardless of the option you are on. These services can – but do not necessarily – include consultations, surgery, specialised radiology, pathology, chemotherapy and radiation therapy, depending on the type of cancer and the limitation in the PMB definitions.

"Treatable" cancers have different PMB entitlements. Depending on your diagnosis, your PMBs include or exclude a treatment such as chemotherapy. If a particular service is excluded, this does not mean you cannot access it; it only means that payment for this service is not part of the PMB and that your normal scheme benefits apply.

Put differently, if such a service, say chemotherapy, is not mentioned in the PMB for your type of cancer, your scheme still has to provide you with benefits for chemotherapy treatment up to the oncology limit on your option.

Remember: your scheme is allowed to use protocols to manage your cancer, whether it qualifies as a PMB or not.

Schemes must cover the minimum standard of care for PMB-related healthcare services. This minimum standard is the public sector protocol or practice, and refers to the *type of services* available, *not to the place* where the services should be administered. In other words, your scheme must provide cover for services accessible by a patient in the public sector and with the same diagnosis. These include consultations, surgical procedures, specialised scans, pathology tests, chemotherapy, radiation therapy and stoma bags (where appropriate). If the PMB includes chemotherapy and the public sector practice includes nine cycles of chemotherapy with Drug Y, then the scheme must cover nine cycles with Drug Y at its designated service provider (DSP).

But remember that where the public sector provides Drug A to treat, say, breast cancer and you want Drug B, the scheme is entitled to pay only for Drug A which means you may face a co-payment for the difference in price between Drug A and B.

Keep in mind that with most medical treatments and therapies you generally start with the first line of treatment and move on to the second line of treatment if the first line failed. Your scheme can ask for the necessary evidence of such treatment failure before approving a second line of treatment.

Pre-authorisation and registration on oncology programmes

Most schemes require that you obtain pre-authorisation for certain services and that you register on an oncology programme after you have been diagnosed with cancer. To register, the scheme will need several documents from you, including a clinical history report from your treating doctor which provides information about the type of cancer and its staging (size of the tumour, whether it has spread to the lymph nodes and/or other organs etc.).

The scheme can also ask you to submit a treatment plan which specifies the medical intervention(s) proposed by your doctor, for instance 12 radiotherapy sessions combined with six cycles of chemotherapy over three months with a specific drug combination. These plans might change depending on how your cancer responded to the initial treatment(s).

If you have treatable cancer of the colon and your doctor surgically removes a section of the colon, you might need stoma (or colostomy) bags. This service is part of your PMB entitlement since it is included in the public sector practice. The scheme can initially fund the bags from the appliance benefit but once that limit is reached, it must cover the remainder of the costs of the bags from the major risk pool. However, you may need to pre-authorise these bags to make sure the scheme pays for them from the correct risk pool and that you have access to this benefit. Schemes are not allowed to cover PMBs from savings accounts.

DSPs for your cancer PMB

Schemes are allowed to use designated service providers (DSPs). These are doctors, pharmacists, hospitals and other healthcare providers where you can obtain your PMB-related services without having to co-pay for them. Each scheme must ensure that its DSPs are available and accessible for members to obtain their PMBs.

Your DSPs can be the pharmacies, radiology and pathology practices, specific outpatient chemotherapy or radiotherapy facilities and hospitals for surgery or medical management. Most schemes also have a network of oncologists as their DSPs for consulting purposes. Some schemes approve your chemotherapy drugs and send them to the chemotherapy facility via a DSP courier.

Refresh your memory on DSPs

Life is unpredictable. You may find yourself in a situation where you are unable to obtain the healthcare services you need from your scheme's designated service provider (DSP) and are forced by circumstances to involuntarily use a non-DSP instead, for instance when the closest doctor is hundreds of kilometres away. Make alternative arrangements with your scheme to make sure you can obtain your services from a non-DSP without having to incur co-payments. And remember that where a DSP is available and you voluntarily choose to get your PMB services at a non-DSP facility, the scheme may ask you to foot the bill partially.

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