

CMScript



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Hospitals and emergency rooms: you need to know before you go

Most medical scheme options cover hospitalisation. With PMB provisions, however, you can get a lot more bang for your buck.

Whether you are patched up in the emergency room and sent home or undergo major surgery, the Prescribed Minimum Benefits (PMBs) provisions are there to help you maximise your medical scheme cover. The important thing is to know your rights upfront and to ask the right questions throughout.

Prescribed Minimum Benefits (PMBs) are treatments that your medical scheme has to cover, regardless of your membership option. In terms of the Medical Schemes Act, these are the costs related to the diagnosis, treatment and care of any emergency medical condition, a limited set of ± 270 medical conditions, and 25 chronic conditions.

Hospitalisation for any of the PMB conditions, as well as emergencies, is included in the provisions. According to the Council for Medical Schemes, scheme members have to bear a few important principles in mind when it comes to a visit to the hospital:

1. Designated Service Providers (DSP): for any PMB condition, your scheme has the right to specify where and from whom you have to obtain treatment and medication. Find out from your scheme upfront which hospitals are DSPs for PMB conditions – you don't want to run around when you fall ill, advises the Council. Furthermore, find out which doctors and specialists at the hospital(s) are providers approved by your scheme. The state healthcare facilities can be, but are not necessarily, DSPs. Before they can be listed as such, schemes have to make sure that their beneficiaries can get to the facilities and that the required treatment, medication and care are available and accessible.
2. Emergencies: when you are in an accident, have a heart attack or sustain a life-threatening injury, it is only logical that you should get to the closest hospital as soon as possible. In emergencies such as these, the hospital in question need not be a DSP approved by your scheme, given that all emergencies are regarded as PMB conditions.
3. Outpatient services: you don't have to be admitted to hospital for an emergency to be treated under the PMB provisions. PMB related services may not be restricted to a specific setting and can be provided in the emergency room or even outside of a hospital, such as in a doctor's rooms, if needed and appropriate.

DSPs: Paul's story

Paul was admitted to hospital after suffering from a heart attack. Although the hospital was on his medical scheme's DSP list, the scheme did not have a DSP general practitioner or specialist at this hospital. While in hospital for a week, an angiogram and angioplasty was performed on Paul, and he was treated by a specialist physician and cardiologist.

A couple of weeks after he was discharged from hospital, Paul received an account from the specialist physician requesting him to settle the outstanding amount on his account. From the accompanying statement, it emerged that the scheme only paid a portion of the account.

When Paul queried this with the scheme, he was told that the treating doctor charged fees higher than the scheme tariff. The scheme only paid claims up to the scheme tariff, as registered in their rules, and the member was liable for the difference.

The Council for Medical Schemes does not agree. In this case, the scheme is not right. Paul did what he had to do by going to a DSP facility but the scheme did not have a DSP general practitioner or specialist there. Paul did not have any other option but to be treated by the specialist physician, regardless of the fact that the doctor in question charged a higher than the medical scheme tariff. If a scheme does not make sure that a DSP is readily available, it is obliged to settle the PMB related accounts in full.

In case of an emergency...

Thulani was involved in a car hi-jacking on his way to work in peak hour traffic one morning. He sustained a gunshot to the chest and was airlifted to the nearest trauma facility. This hospital was not one of his medical scheme's DSPs but because of the seriousness of his injury, he required immediate medical attention and emergency surgery.

The non-DSP hospital obtained pre-authorisation for his treatment and was in daily contact with his scheme up to his discharge seven days later. In this time, Thulani's medical scheme made no attempt to find a bed in a DSP hospital close by, nor did they arrange a suitable transfer.

When the time came to settle the bills, however, the scheme paid only a portion of the account - they were of the opinion that Thulani chose to be treated in a non-DSP hospital.

Not so, says the Council. First of all, this is a clear-cut case of an emergency medical condition and all emergencies are PMB conditions. In terms of the regulations of the Medical Schemes Act, a medical scheme member can go to a non-DSP if immediate medical or surgical treatment for a PMB condition was required under circumstances or locations which reasonably prevented the beneficiary from obtaining such services from a DSP. With his life hanging in the balance, Thulani did not have much of a choice and the paramedics made the correct decision to get him to the closest hospital as soon as possible.

The medical scheme's management of the situation was also incorrect. The scheme was kept informed of the situation throughout but made no attempt to transfer the patient once he was out of danger. There is therefore no question that the scheme should pay the accounts in full as Thulani did not make use of non-DSPs of his own free will.

The Council can help

PMBs can be a rather complicated subject and your medical scheme might not be able to answer all your questions.

Do not despair. The Council for Medical Schemes (CMS) was established to supervise medical schemes in South Africa. In this role, its first priority is to protect the rights of consumers and to ensure that they are treated fairly.

Therefore, if you have a problem with your medical scheme, contact them 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

As simple as falling from a tree

When 11 year old Johnny fell from a tree and fractured his left arm, his dad took him to their medical scheme's DSP hospital. The doctor on duty in the emergency room treated the fractured bone under local anaesthesia, applied a plaster of paris cast and sent Johnny home with a prescription for pain tablets.

The medical scheme informed Johnny's dad that they were not going to pay the trauma facility accounts. In their opinion the member only qualifies for PMB services if the person in question was hospitalised. Fortunately for Johnny's dad, this is incorrect.

PMB related services are not restricted to a specific setting in which care should be provided. Therefore, PMB related services can take place in the emergency room, at a clinic or in a GP's rooms – in fact, wherever it is clinically appropriate.

