

Netcare Medical Scheme HIVCare programme 2023

Who we are

Netcare Medical Scheme (referred to as 'the Scheme'), registration number 1584, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as "the administrator"), is a separate company and an authorised financial services provider (registration number 1997/013480/07), that administers the Netcare Medical Scheme.

Contact details

You can call us on 0861 638 633 or visit www.netcaremedicalscheme.co.za for more information.

Overview

This document gives you information about the Netcare Medical Scheme HIVCare Programme. It explains your cover for hospital admissions related to HIV and AIDS as well as how we pay for HIV medicine. We also give you information on the doctor consultations, laboratory tests and X-rays Netcare Medical Scheme covers.

About some of the terms we use in this document

Terminology	Description
Chronic Drug Amount (CDA)	The Chronic Drug Amount (CDA) is a monthly amount we pay up to for a chronic medicine class. This applies to chronic medicine that is not listed on the medicine list (formulary). The Chronic Drug Amount includes VAT and the dispensing fee.
Day-to-day benefits	These are the funds available in the Member Savings Account
Scheme Rate	This is the rate that Netcare Medical Scheme sets for paying claims from healthcare providers.
Payment arrangements	The Scheme has entered into payment arrangements with various healthcare professionals and providers that have agreed to be reimbursed at an agreed rate.
Shortfall	Netcare Medical Scheme pays Service Providers at a set rate, known as the Scheme rate. If the Service Providers charge higher fees than this rate, you will have to pay the difference between the Scheme rate and what the providers charged, from your pocket.
Designated Service Provider (DSP)	A healthcare provider (for example doctor, specialist, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate.

The HIVCare programme at a glance

You have access to clinically sound and cost-effective treatment

We base the HIVCare protocols on the Southern African HIV Clinicians' Society and the South African Department of Health guidelines. Approval of HIV-related services is subject to Prescribed Minimum Benefit guidelines and your benefits.

We deal with each case with complete confidentiality

HIV and AIDS is a sensitive matter, whether one has the condition or not. Our HIV healthcare team respects your right to privacy and will always deal with any HIV and AIDS related query or case with complete confidentiality.

There is no limit for hospitalisation for members who register on the HIVCare Programme

This applies to members on the Netcare Medical Scheme. Members must always get approval for their hospital admissions. The Netcare Medical Scheme rules always inform us of how we pay for treatment.

The Scheme covers a specified number of consultations and HIV-specific blood tests

GP and specialist consultations

For members who are registered on the HIVCare Programme, Netcare Medical Scheme pays for four GP consultations and one specialist consultation a person each year for the management of HIV.

HIV monitoring blood tests

The Scheme also pays for HIV-specific blood tests for members who are registered on the HIVCare Programme. These tests are a measure of the extent of the HI virus and are instrumental in managing the patient's response to treatment.

If you have registered on the HIVCare Programme, the Scheme pays for these blood tests up to the Scheme Rate:

- CD4 count
- Viral load
- ALT
- Full blood count (FBC)
- Fasting lipogram
- Fasting glucose
- Urea and electrolytes (U&E) and creatinine
- Liver function test (LFT)
- HIV drug resistance test (genotype).

HIV drug resistance test

You do not automatically qualify to have this test covered from the Scheme's risk benefits, authorisation for the test is a prerequisite. Authorisation applies for requests for tests done in-hospital and out-of-hospital.

The authorisation process is used to manage risk to ensure that you receive best-practice HIV care, based on clinical evidence, to ensure optimal quality of care and health outcomes. It is important that the authorisation process be followed for every request



If you have not registered on the HIVCare Programme, the test costs will be paid from the available funds in your Member Savings Account. If you have run out of funds, you must pay for these costs yourself.

We pay for antiretroviral medicine from our HIV medicine list (formulary) up to the Netcare Medical Scheme Rate for medicines

Cover for antiretroviral medicine from our HIV medicine list up to Scheme Rate

Members who test positive for HIV have cover for antiretroviral medicines that are on our HIV medicine list (formulary). This includes treatment for prevention of mother-to-child transmission, treatment of sexually transmitted infections and HIV-related (or AIDS-defining) infections. We will fund for supportive medicine whose conditions meet our requirements for cover (clinical entry criteria). Our case managers will coordinate HIV medicine applications and monitor the member's use of antiretroviral treatment to ensure the treatment is effective.

For preventive treatment in case of sexual assault, mother-to-child transmission, trauma or workman's compensation, any HIV waiting periods do not apply to preventive medicine. Cover is subject to national treatment guidelines and benefit confirmation. Members do not need to register on the HIVCare Programme for this preventive treatment.

We provide cover for nutritional feeds to prevent mother-to-child transmission

We pay for nutritional feeds for babies born to HIV-positive mothers from the date of birth and up to six months. We approve the first month upfront however the infant needs to be registered on your health policy in order to qualify for the remaining five months.

These are paid according to the HIV nutritional and mother to child prevention medicine list (formulary). This formulary can be found on www.netcaremedicalscheme.co.za

Getting the most out of your benefits

Register on the HIVCare Programme to access comprehensive HIV benefits

Call us on 0861 638 633, or email HIV@netcaremedicalscheme.co.za to register.

Netcare Medical Scheme's HIVCare team will only speak to you, the patient or your treating doctor about any HIV-related query.

Use approved medicine on our medicine list

Netcare Medical Scheme does not cover experimental, unproven or unregistered treatments or practices.

You have full cover for approved medicine on our HIV medicine list (formulary) if your healthcare provider charges the Netcare Medical Scheme Rate for medicines. We will pay up to 100% of Chronic Drug Amount (CDA) for clinically appropriate ARV medicine that is not on the list. You will be responsible to pay any shortfall from your pocket for medicines not on the list or if the pharmacy charges more than the Netcare Medical Scheme Rate for medicines.

Get your HIV medicine from a healthcare provider who is part of our network

Members need to get their approved chronic medicine from any of the pharmacies in the Netcare Medical Scheme Network. If you choose to get your medicine from a pharmacy that is not in our network, you will be responsible for the shortfall.

Use a healthcare provider in our approved network

You have full cover for using healthcare providers that are in our network, including GPs and specialists. Netcare Medical Scheme will pay the account up to the agreed rate. If you don't use a healthcare provider in our network, you will be responsible for any shortfall between what the provider charges and what Netcare Medical Scheme pays.

The preferred provider is a GP in the Premier Plus HIV Network to manage your condition, you are covered for the care you need, which includes cover for social worker consultation.

You and your Premier Plus GP can track progress on a personalised dashboard displaying your unique management score for your condition. This helps to identify the next steps to optimally manage your condition and stay healthy over time.

Take your HIV medicine as prescribed and send test results when we ask for them

We will only pay for your HIV treatment if Netcare Medical Scheme has approved it. It is important that you follow your treatment plan. Once you have registered on the HIVCare Programme, you will need to send us the results of the follow-up tests for us to assist you in the ongoing management of your condition.

Prescribed Minimum Benefit cover

The Prescribed Minimum Benefits are minimum benefits for specific conditions that the Medical Scheme Act defines that all medical schemes are required to cover, according to clinical guidelines. In terms of the Act and its regulations, all medical schemes must cover the costs related to the diagnosis, treatment and care of any life-threatening emergency medical condition, a defined set of 270 defined diagnoses (Diagnostic Treatment Pairs Prescribed Minimum Benefits or DTPMB), and 27 chronic conditions.

You may need to use a Designated Service Provider (DSP) to have full cover for a Prescribed Minimum Benefit. A Designated Service Provider is a hospital or healthcare provider who has a payment arrangement with Netcare Medical Scheme to provide treatment or services at a contracted rate and without any co-payments by you.

All medical schemes in South Africa have to include the Prescribed Minimum Benefits to their members. There are, however, certain requirements that a member must meet before he or she can benefit from the Prescribed Minimum Benefits.

Requirements for Prescribed Minimum Benefits cover

- Your condition must be part of the list of defined conditions for Prescribed Minimum Benefits. You may need to send us the results of your medical tests and investigations that confirm the diagnosis for your medical condition.
- The treatment you need must match the treatments included in the list of defined benefits for your medical condition.
- You must use a doctor, specialist or other healthcare provider in the Netcare Medical Scheme Network. There are some cases where this is not necessary, for example, a life-threatening emergency.

HIV is classified as a Prescribed Minimum Benefit condition for members who qualify for cover. However, only certain treatment protocols are available for funding from this benefit.

More information on our approach to Prescribed Minimum Benefits is available at www.netcaremedicalscheme.co.za

Your doctor can appeal for additional cover

Netcare Medical Scheme covers some basic out-of-hospital treatments related to HIV infection as a Prescribed Minimum Benefit. You can ask for additional cover, if required, through the below appeals process. We will review the individual circumstances of the case, however it's important to note that this process doesn't guarantee a positive outcome and neither does it change the way we cover Prescribed Minimum Benefits.

If your treatment changes, your doctor will need to apply for the new treatment to be covered. We pay all other out-of hospital treatments from the available funds in your Member Savings Account. If you have run out of savings, you will be responsible to pay these from your pocket.

Go to www.netcaremedicalscheme.co.za download the HIV PMB Appeals form or call us on 0861 638 633 to request it or for more information on how to start this process.

To appeal against the funding decision on cover:

1. Download and print HIV PMB Appeals form, available on www.netcaremedicalscheme.co.za Members can also call 0861 638 633 to request the form.
2. Complete the HIV PMB Appeals form with the assistance of your healthcare professional.
3. Send the completed, signed appeal form, along with any additional medical information, by email to HIV@netcaremedicalscheme.co.za or by fax to 011 539 7226.
4. If additional cover is approved, the Scheme will pay the claims for these treatments in full, if your doctor is part of our network. You may be responsible to pay part of the claim if we do not have an arrangement with your doctor and he or she charges higher than what Netcare Medical Scheme pays.

Benefits available for your membership

Hospital admissions

Cover for all costs while you are hospitalised is not automatic. When you know you are going to hospital, you need to tell us beforehand.

You must preauthorise your admission to hospital at least 48 hours before you go in. Please phone us on 0861 638 633 and follow the prompts to get approval.

When you contact us, please have specific information about your procedure and admission available, so that we can assist you. This includes the date of admission, your doctor's name and practice number, the hospital name and practice number and the diagnosis (ICD-10) codes and treatment (RPL) codes.

GP and specialist consultations

If you are registered on the HIVCare Programme, we will pay for four GP consultations and one specialist consultation, for each person each year. The Scheme may pay for more consultations including those for paediatricians and if further consultations are clinically necessary.

If you have not registered on the Programme, the consultation costs will be paid from the available funds in your Member Savings Account, up to the Netcare Medical Scheme Rate. You must pay any shortfall yourself.

HIV antiretroviral and HIV supportive medicine

If your approved medicine is on our HIV medicine list (formulary) and you use a Designated Service Provider to get your medicine, we will pay for it in full up to the Scheme Rate for medicines.

You have cover of up to R570 a person a year for the multivitamins and vaccination shown below.

Medicine name	NAPPI code
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001

Complaints process

You may lodge a complaint or query with Netcare Medical Scheme directly on 0861 638 633 or address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the Netcare Medical Scheme internal disputes process. You may, as a last resort, approach the Council for Medical Schemes for assistance. Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / 0861 123 267 / complaints@medicalschemes.co.za / www.medicalschemes.co.za.