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Transplant Claims Submission Guide 2024

Who we are

Sasolmed (referred to as 'the Scheme'), registration number 1234, 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). Discovery takes care of the administration of your membership for the Scheme.

Overview

This document gives you information about the transplant claims submission. It explains your cover for pre-transplant investigations, the transplant procedure and post-transplant related healthcare. We also give you information on how we cover healthcare providers consultations, laboratory tests and x-rays.

We deal with each case with complete confidentiality

Our healthcare team respects your right to privacy and will always deal with any clinical-related query or case with complete confidentiality.

About some of the terms we use

Here is a list of some of the terms that you may not be familiar with, along with their meanings:

Terminology	Description
Co-payment	Sasolmed pays service providers at the set Scheme Tariff. If the service providers charge more than the Scheme Tariff, the outstanding amount will be for your own cost.
Designated Service Provider (DSP)	A healthcare provider or group of providers designated by the Scheme to provide services to our members for the diagnosis, treatment and care of medical conditions.
Emergency Medical Condition	An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy. An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.
Formulary	Also known as a chronic disease medicine list, is a list of cost-effective, evidence-based medicines that the Scheme funds for certain conditions.
ICD-Code	A clinical code that describes diseases, signs and symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).
Payment arrangement	We have payment arrangements in place with specific healthcare providers to pay them in full at a higher tariff.

Prescribed Minimum Benefits (PMB)	In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of: • An emergency medical condition • A defined list of 271 diagnoses • A defined list of 27 chronic conditions To access PMBs there are rules defined by the Council for Medical Schemes (CMS) that apply: • Your medical condition must qualify for cover and be part of the defined list of PMB conditions • The treatment needed must match the treatments in the defined treatment basket • You must use DSP where applicable. This does not apply in emergencies. However, even in these cases, where appropriate and according to the rules of the Scheme, you may be transferred to a hospital or other service providers in our network once your condition has stabilised. If you do not use a DSP, we will pay up to the Scheme Tariff. The difference between what we pay and the actual cost of your treatment will be for your own cost. If your treatment doesn't meet the above criteria, we will pay according to your network option.
Procedure or treatment code	Procedure or treatment codes are a sub-type of medical classification used to identify specific surgical, medical, or diagnostic interventions.
Scheme Tariff	This is a tariff we pay for healthcare services from hospitals, pharmacies, healthcare providers and other providers of relevant health services.

You have access to clinically sound and cost-effective treatment

Sasolmed's coverage policies are developed using a rigorous, evidence-based decision-making process, consisting of a clinical and financial filter. The clinical filter uses evidence-based literature, the opinions of local and international leaders, and current treatment guidelines to ensure that the healthcare service is safe, ethical, clinically appropriate and cost-effective. Sasolmed reserves the right to review this when needed.

Hospital admissions

When you know, you are going to hospital, you need to tell us beforehand. You must pre-authorise your admission to hospital at least 72 hours before you are admitted. Please phone us on **0860 002 134** and follow the prompts to obtain approval. When you contact us, you have to provide specific information about your procedure and admission so that we can load an authorisation This includes the date of the admission, your healthcare provider's name and practice number, the hospital name and practice number, the diagnosis (ICD-10) code and procedure or treatment codes.

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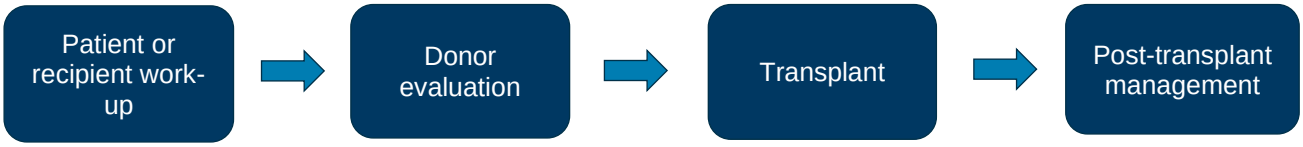
Understanding how the transplant claims process works

For simplicity, we have identified four definite steps that must take place for a transplant:



The information below describes each step in the claims process.

The process to have the patient or transplant recipient's accounts paid is different to the process for the donor accounts. We explain these two processes separately.

Patient or transplant recipient work-up

The Scheme will pay for the appropriate, approved work-up costs which includes consultations, procedures, investigations like blood tests, x-rays and medicines for you, the transplant recipient.

Getting work-up accounts paid as a Prescribed Minimum Benefit (PMB)

- To ensure claims are funded correctly, it is important that all healthcare providers submit claims with the approved ICD-10 diagnosed codes
- Claims may be submitted by email to claims@sasolmed.co.za
- Proof of payment must be submitted if these claims have been paid for upfront, if done prior to your pre-authorisation.

If we initially paid your transplant work up accounts from the out of hospital benefits (which sometimes occur if incurred prior to your transplant preauthorisation), we will pay the amounts back into the out of hospital benefits retrospectively and pay the healthcare providers at the Scheme Tariff. If you paid the accounts upfront, we will refund you once proof of payment is received.

Donor work-up

Paying the accounts

- Once a suitable or compatible donor is found, and where appropriate, the transplant coordinator will send us the donor's full name and ID number. We will pay for the procurement of the organ and the necessary tests done before the donor's surgery to harvest the organ. This includes x-rays, electrocardiogram (ECG) and blood tests, which will be paid retrospectively once the transplant surgery has been done
- The Scheme will only approve and pay for one donor work-up per transplant
- The donor does not have to be a member of the Scheme. We will approve and pay these accounts through an Ex Gratia exception process outside of the normal claims process
- In the event that the donor becomes unsuitable, a letter of motivation is required from the treating healthcare provider stating the reason the donor is no longer suitable. The treating healthcare provider also needs to explain the reason the newly selected donor is more suitable. A clinical panel will review the letter of motivation and will notify you of the outcome of the review.

Getting the donor accounts to us so we can pay them from the appropriate benefit

- Make sure the accounts are clearly marked as "Donor account approved as Ex Gratia"
- Ensure that the donor's full name and ID number reflect on the account
- Email the accounts to exgratiaclaims@sasolmed.co.za for payment of the accounts.

The transplant

The hospitalisation cost for the transplant surgery is paid from your Hospital Benefit.

We will pay for the transplant procedure in-hospital from the Hospital Benefit. You can call us on **0860 002 134** for authorisation and we will explain the details of cover as well.

Post-transplant management

Certain treatment needed after the transplant surgery may also qualify for payment as a Prescribed Minimum Benefit (PMB)

After the transplant surgery, treatment is required as part of ongoing management of the condition. The condition being treated may be a Prescribed Minimum Benefit (PMB) and the treatment may be part of the treatment basket for that PMB. This may include tests or investigations, chronic medicine and consultations.

Chronic medicine

Funding for chronic medicine is not automatic. You need to apply for funding for chronic medicine. A Chronic Illness Benefit (CIB) Application Form must be completed and sent back to us by email at CIB.appeal@sasolmed.co.za. We will approve the request subject to certain criteria being met. If you are already registered on the Chronic Illness Benefit (CIB) for this condition, we need a copy of the new prescription for the medicine.

Where to get application forms

Application forms are available on sasolmed.co.za.

If we do not approve funding, you may ask us to review the funding decision by submitting additional clinical information.

Your healthcare provider can apply for additional cover

If clinically appropriate, you can request additional cover if your condition requires this through an appeals process.

Complaints process

You may lodge a complaint or query with Sasolmed directly on **0860 002 134** or send an email to enquiries@sasolmed.co.za. If the query or complaint remains unresolved, you may address a complaint in writing to the Principal Officer. Please be sure to include the reference number obtained through the process with the Administrator.

Should your complaint still not be resolved to your satisfaction, you may lodge a formal dispute by following the Scheme's internal disputes process, as explained on the website at sasolmed.co.za.

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

Contact us

You can find other important information on our website at **sasolmed.co.za** or contact us on **0860 002 134**.