

Guide to transplant claims submission process

Who we are

MEDIPOS Medical Scheme (referred to as "the Scheme"), registration number 1548, is a not-for-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). We take care of the administration of your membership for the Scheme.

How we pay costs related to a transplant

This document explains how we pay for pre-transplant investigations, the transplant procedure and post-transplant care, when approved as a Prescribed Minimum Benefit (PMB).

Understanding how the transplant claims process works

For simplicity, and to streamline the process, we have identified four steps that must take place for a transplant, as illustrated below:



MEDIPOS Medical Scheme will only pay for treatment that is included in the benefit definition without using your day-to-day benefits. The information below describes each step in the claims process.

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

Patient / Recipient work-up

The Scheme will pay for the appropriate, approved work-up costs for the recipient and donor.

Getting work-up accounts paid as a PMB

- To ensure claims are funded correctly as a PMB, it is important that all healthcare providers include the approved ICD-10 codes on claims.
- Claims may be submitted using electronic submission channels. Alternatively, paper claims may be submitted by email to claims@medipos.co.za.
- Proof of payment must be submitted if these claims have been paid upfront.

If we have paid approved accounts from the day-to-day benefits

In this case, we will pay the amounts back into your day-to-day benefits retrospectively. If you've paid the accounts upfront, we will pay the money back into your bank account if a proof of payment is submitted with the claim. If the service provider has not been paid yet and has a payment arrangement with us, we will pay the provider directly.

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 necessary tests that are required before the surgery to harvest the donor's organ (including x-rays, ECG and blood tests) retrospectively, once the transplant surgery has been done.
- MEDiPOS will only approve and pay for **one** donor work-up
- The donor does not have to be a member of the Scheme. We pay these accounts as an exception (outside of the normal claims process)
- If the donor later becomes unsuitable, a letter of motivation is required from the treating provider for review by a clinical panel. We will notify you of the outcome of the review.

Getting the donor accounts to us so we can pay them correctly

- Make sure the accounts are clearly marked as *"Donor account approved as ex gratia"*
- Ensure that the donor's full name and ID number as well as the recipient's MEDiPOS membership number reflects on the account.
- Please email the accounts to us to exgratiaclaims@medipos.co.za for payment of the accounts.

The transplant

The hospitalisation costs for the transplant surgery will be paid from your major medical expenses (MME) Benefit.

You can call us on **0860 100 078** for an authorisation number and we will explain the details of payment at the same time.

Post-transplant management

Certain treatment needed after the transplant surgery may also qualify for payment as a PMB

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

Making sure that the post-surgery treatment is covered as a PMB

Chronic medication

Funding for chronic medication is not automatic. You will need to apply for funding for chronic medication and we will approve the request, subject to certain criteria being met. A chronic medication benefit application must be completed and sent back to us by email at cib.app.forms@medipos.co.za.

If you are already registered on the chronic medication benefit for this condition, we will need a copy of the new prescription for the medicine required.

Consultations, tests or investigations

Once the transplant surgery has taken place, please notify us by emailing pmb.app.forms@medipos.co.za. We will then activate the post-transplant benefit.

Where to get application forms

You can access the website at www.medipos.co.za or call 0860 100 078 to have the forms sent to you.

Contact us

You can call us on 0860 100 078 or visit the website on www.medipos.co.za for more information.

Complaints process

You may lodge a complaint or query with MEDiPOS Medical Scheme directly at **0860 100 078** or send an email to enquiries@medipos.co.za.

If your query or complaint is not resolved to your satisfaction, address a complaint in writing to the Principal Officer at the Scheme's registered address. Please be sure to include the reference number obtained through your direct contact with the Scheme.

Should your complaint remain unresolved, you may lodge a formal dispute by following the MEDiPOS Medical Scheme internal disputes process, which is explained on the website at www.medipos.co.za.

Members who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or via email at complaints@medicalschemes.co.za. Contact centre: 0861 123 267/ website www.medicalschemes.co.za.