



Wondering why you have a co-payment for your chronic medication?



CASE STUDY:

Janine takes chronic medication for high blood pressure, which has been registered under the Society's Disease Risk Management programme. A few months ago, her doctor changed her blood pressure medication. When she got her monthly statement from the Benefit Society, she noticed there was a co-payment for her new medication and that the new medication was being paid from her acute medicine limit and not her chronic medicine limit.

Concerned, she approached the Benefit Society to find out why.

- Although Janine's new medication was included in the Society's medicine formulary, the specific medication required pre-authorisation. Janine had not yet submitted the script to Mediscor for authorisation.
- Since her script had not been approved by Mediscor, her new blood pressure medication was being paid from her acute limit. This not only reduced the acute benefit available for the rest of the year, but she also incurred a 30% co-payment.

Janine quickly emailed her new script to Mediscor for approval. The following month, her blood pressure medication was paid in full!

Do I have any of the conditions listed on page 30 or 31 of the Benefit Guide? Am I picking up a co-payment?

WHAT CHRONIC MEDICINE IS COVERED BY THE SOCIETY?

Medicine for chronic conditions as listed in the Society's Chronic Disease List (CDL) and listed non-CDL conditions will be paid in full provided that:

- The condition has been registered and/or the medicine has been authorised (you must send your script to Mediscor).
- There is sufficient limit available. If the limit has been depleted, PMB legislation will only apply for CDL conditions.
- Medication is obtained from one of the Society's Designated Service Providers (DSP's).

Medicine Formulary:

- If the chronic medicine is included in the formulary, it will be paid also considering the Mediscor Reference Price (MRP). Medication that costs less than the MRP will have no co-payments (ask for a generic similar product).
- If the medicine is **not** included in the formulary, it will either be paid considering the Formulary Reference Price (FRP Plus) or it may be rejected. Medicine that costs less than the FRP will be paid in full. There are several reasons why a medicine claim is rejected – please contact Mediscor if your chronic medicine claim was rejected.

AVOID CO-PAYMENTS BY:



Asking your doctor to prescribe chronic medicine that is included in the Society's formulary and is below the MRP.



Sending any new script for chronic medicine to Mediscor for approval immediately (preauth@mediscor.co.za / 0860 119 553). Mediscor ChroniLine will check the request against the Society's protocols and will confirm if the medicine is authorised or not.



Getting your medicine from Designated Service Providers (DSP) only.



Asking for generics that cost less than the original.

Only get your medicine from one of these DSPs:

- All Dis-Chem Retail Pharmacies
- Dis-Chem Direct (Dis-Chem's Courier pharmacy)
- Cullinan Health & Home Pharmacy
- The Namaqualand Pharmacy in Springbok
- Dr HA Burger in Springbok



UNDERSTANDING THE TERMINOLOGY

MRP (Mediscor Reference Price)

This is a pricing system for medicines that have generic versions. It sets the maximum price that can be reimbursed for a group of similar generic medicines, which are less expensive than the original brand-name medicine. This will apply if there is a less expensive generic available. If a member uses the more expensive medicine, the member is liable for the difference.

Acute vs Chronic conditions

Acute conditions usually have a sudden onset, is short-term in nature (only last a few days or weeks) and often has a defined cure or treatment. Chronic conditions on the other hand may develop slowly over time, last for months or years and often require long-term management and may not be curable and only controlled.

CDL (Chronic Disease List)

These are conditions that attract prescribed minimum benefits (PMB) in terms of the Medical Schemes Act.

Listed non-CDL

These are chronic conditions other than the CDL conditions, which allows a member access to Chronic Benefits.

FRP Plus (Formulary Reference Price Plus)

This is a pricing system for medicines based on the weighted average cost of alternative treatments on a standard list (formulary). It sets the maximum price that can be reimbursed for medicines not on the preferred list (formulary). If a member uses a non-preferred medicine that is more expensive than the FRP plus, the member will have to pay the difference.

WHAT ARE YOUR MEDICINE BENEFITS?

- Chronic Medicine Benefit is **R46 010**. If this limit is reached, CDL conditions will continue to be paid. Listed non-CDL conditions will no longer be paid. (Managed care protocols apply)
- Acute Medicine Benefit is **R5 820** (paid at 70%).



NEED HELP? Reach out to the Benefit Society if you have any queries.

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