

ADVANCED ILLNESS MEMBER SUPPORT PROGRAMME

DISCOVERY HEALTH MEDICAL SCHEME
2022



Overview

The Advanced Illness Member Support Programme (AIMSP) is a proactive programme aimed at providing members living with a serious illness with an extra layer of support. The purpose of the programme is to engage members and their family to connect them with a care team that includes healthcare professionals and counsellors trained to support members with advanced illness.

About some of the terms we use in this document

The document may refer to some terms that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Above Threshold Benefit (ATB)	Available on the Executive, Comprehensive and Priority plans Once the day-to-day claims you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate (DHR) or a portion of it. The Executive and Comprehensive plans have an unlimited Above Threshold Benefit (ATB), and the Priority plans have a limited Above Threshold Benefit (ATB).
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB), where applicable. Depending on the plan the member chooses, they may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the plan they choose.
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
ICD-10 code	This is 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).
Medical Savings Account (MSA)	Available on the Executive, Comprehensive, Priority and Saver plans The Medical Savings Account (MSA) is an amount that is allocated to you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year. Should you leave the Scheme or change your plan partway through the year and have used more of the funds than what you have contributed, you will need to pay the difference to us.
Palliative care	Palliative care is specialised medical care for people living with a serious illness at any stage. This type of care is focused on providing relief from the symptoms and stress of the illness.

Access to the Advanced Illness Member Support Programme is voluntary

Members with an advanced illness may face many challenges associated with their condition, whether these are physical, social or psychological.

Published evidence shows that when a patient connects earlier with the right care teams, this can have a significant impact on the quality of life for the patient and their family both physically and emotionally.

A care consultant will proactively contact members to support and help connect them (and their family) to specific healthcare professionals and counsellors who can support them with their advanced illness and quality of life.

On acceptance of the member on the programme, the care consultant will authorise specific healthcare services for the member.



The Advanced Illness Member Support Programme at a glance

Members will have access to the following:

- **Support from a care consultant**
A care consultant will assist members in connecting them (and their family) to specific healthcare professionals and counsellors who can support them with their advanced illness and managing their quality of life. The care consultant can also assist in navigating benefits and guiding members with information and services they may need. Members registered for the Advanced Illness Member Support Programme can contact the team by email (AIMqueries@discovery.co.za) for assistance with navigating any of the approved services.
- **Basket of services**
Registered members and their family will have access to the following:
 - A consultation with a specific doctor trained in managing advanced illness, quality of life or palliation.
 - Two counselling sessions for the member (which may include their family) with a social worker or registered counsellor or psychologist with an interest or training in health crisis support or palliative support.
- **Access to additional information**
The care consultant can connect the member and their family with information that can support them with their questions or with information that can assist in navigating some of the challenges they may face.

Cover on the Advanced Illness Member Support Programme

The Advanced Illness Member Support Programme pays for services provided by specific healthcare professionals

We will pay for healthcare services provided by healthcare professionals with specific training in managing quality of life and palliation for members with an advanced illness, according to the benefit approval and the agreed individual member care plan.

These costs will not affect the member's day-to-day benefits. We will pay these costs at the Discovery Health Rate (DHR) from the Hospital Benefit.

Care services must be accessed from healthcare professionals who are registered with the Board of Healthcare Funders

We will pay for these healthcare services or treatments as long as the application is approved and members use appropriately registered healthcare professionals (with a valid Board of Healthcare Funders [BHF] registration number) who use valid tariff codes for the healthcare service or treatment.

We need a diagnostic ICD-10 code on accounts

All accounts must have a relevant and correct ICD-10 code (diagnosis code) for us to pay it from the correct benefit. To make sure there is not a delay in paying the healthcare professionals' accounts, members must please notify the team managing their treatment (or their loved one's treatment) about this requirement.

Nominating a person to assist members

Where the patient chooses to nominate someone to assist them with managing their health plan, they can complete a third party consent form. Up-to-date forms are always available on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates. If, at any stage, patients want to revoke consent for the sharing of information, they must please notify us accordingly.

Access to palliative care

Members with an advanced illness, who require additional support and benefits for palliative care, may apply for cover through the Advanced Illness benefit (AIB) in consultation with their treating provider. Cover is subject to review and clinical entry criteria. Up to date benefit guides are always available on www.discovery.co.za under Medical Aid > Manage your health plan > Find important documents and certificates.

For more information on the Advanced Illness Benefit (AIB), visit our website www.discovery.co.za or email AIB@discovery.co.za.

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Discovery Health Medical Scheme, registration number 1125, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.



Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66

Go to www.discovery.co.za to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.

PO Box 784262, Sandton, 2146. 1 Discovery Place, Sandton, 2196.

Complaints process

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints and we encourage you to follow the process:

1 | STEP 1 – TO TAKE YOUR QUERY FURTHER:

If you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations.

2 | STEP 2 – TO CONTACT THE PRINCIPAL OFFICER:

If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by emailing principalofficer@discovery.co.za.

3 | STEP 3 – TO LODGE A DISPUTE:

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the website.

4 | STEP 4 – TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES:

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council.

Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.co.za | 0861 123 267 | www.medicalschemes.co.za