

# newsletter

BP Medical Aid Society newsletter

## A WORD FROM THE PRINCIPAL OFFICER

Dear Member

With 2016 almost gone and the new year in sight, we need to take stock of some of the health choices we made during the year, especially going into the festive season.>



Thabi Mlotshwa

Some of us entered 2016 with health-related and others career-oriented aspirations and resolutions, some of which were fulfilled and others not. We might be wondering what happened; however, the best way forward is to learn from our mistakes and to celebrate our successes.

Although this has been said several times in other communication to you, we would like to thank our members who participated in the member survey. Some of your responses were taken into account in the benefits discussions and will be a basis for the 2017 contribution review and the Society's strategic plan for the future. A summary of the results is included in this newsletter.

Other topics we cover include information about new optical and ambulance service providers for 2017, as well as on indirect payments and how to have a heart-healthy Christmas.

### New member guide

The Society has introduced a new, detailed member guide, which will be distributed in January 2017. The guide will provide you with the summarised rules in an easy-to-read format. Refer to this guide when you have questions regarding your

benefits or the rules governing your and your dependants' membership of the Society. The new member guide will be distributed to members in early 2017. Enclosed with this newsletter is a summary of the benefit changes for 2017.

For further, detailed information on the benefits applicable for 2017, log onto [www.bpmas.co.za](http://www.bpmas.co.za) or refer to the handy member guide that will be posted to you. You may also contact the Society's Client Service Department on 0800 001 607 or +27 21 480 4610.

The Trustees and I trust that you will find the information in the member guide helpful in preparing for your medical needs in 2017 and assist you in making good and healthy choices for you and your family.

If you found yourself overwhelmed by the demands of balancing work and home or lifestyle changes, the Trustees and I hope that you will find the festive season rejuvenating and restful.

*Take care!*

**Thabi Mlotshwa**  
Principal Officer



# Feedback on the member survey



## What our members think

We recently asked what you think of the Society in a short survey. In the survey you were asked to provide feedback on the value offered by the Society and to indicate if the current benefit structure was aligned with your healthcare needs.



Members also had the opportunity to indicate if they preferred to remain on the Society or if they wanted to join another medical scheme.

Thank you to the 330 in-service and pensioner members who took part in the survey. This represents approximately 17% of the Society's overall membership. The majority (although by a slim margin) of the respondents were in-service members.

Here is a quick snapshot of some key findings.

### Good value for money

- ◆ More than 80% of respondents believe the Society offers average or above-average value for money.
- ◆ Nearly 70% said they would rather remain on the Society than join an open medical scheme.
- ◆ Over 80% felt they had a good understanding of the Society's benefits.
- ◆ Nearly half of the respondents prefer to have comprehensive in- and out-of-hospital benefits, while 35% prefer more comprehensive in-hospital benefits with basic out-of-hospital benefits.
- ◆ Less than 15% of respondents preferred a hospital option or an option with a medical savings account.

### Affordability worries

While the feedback was mostly positive, an important area of concern for certain members is affordability. Nearly half of all

respondents said contributions were unaffordable. This was an area of greater concern for in-service members. Only 29% of this group found contributions to be affordable, while 78% of pensioner respondents found contributions to be affordable. High contributions were the main reason **63% of in-service members** would opt for another medical scheme. The result for pensioner members was very different, with less than **2% of this group indicating** that they would opt for another medical scheme.

This is of great concern to the Board of Trustees – that a relatively large proportion of in-service members indicated that they were finding it difficult to afford their monthly contributions.

### Choice of scheme

It is comforting to note that a significant majority of members prefer to belong to the Society, as opposed to an open medical scheme.

### What is next?

As your Board, we are exploring various ways of making contributions more affordable. Doing this in the current regulatory environment would be challenging and cannot be addressed overnight. However, we are **100%** committed to finding a balance between affordability and comprehensiveness of benefits. We will continue to listen carefully to your views and will strive to offer you and your family a value-for-money benefit package.





# New optical care provider

Ask your Iso Leso provider about the LensXtend benefit.

Following a service provider review, the Society has contracted Iso Leso Optics Ltd to provide quality optical care to members.

This does not mean that you may only go to an Iso Leso provider. You still have freedom of choice when visiting an optometrist; however, you need to bear in mind that if you use a provider other than an Iso Leso provider, your claims will only be reimbursed at Iso Leso rates, even if the provider charges much higher rates, and you will be responsible for paying the difference. It is also important to note that only Iso Leso network providers will be paid directly. For other providers, Iso Leso will reimburse the member, who in turn will have to pay the optical provider.

## How will you benefit from Iso Leso?

The advantage of visiting an Iso Leso-affiliated provider is that these providers, by contracting with Iso Leso, have agreed to charge members according to the Iso Leso tariff.

If you make use of an Iso Leso-affiliated provider, you should be covered for a complete pair of basic spectacles, including a consultation. Please remember that the **benefit for frames or prescription lens enhancements is R800 per beneficiary per cycle**.

If you **choose contact** lenses instead of glasses, an amount of **R1 550 per beneficiary** is available to you and includes the consultation. You also have access to an additional benefit of R500 on the LensXtend if you receive your services from a network provider, which will increase your total benefit to R2 050.

When you speak to a consultant at Iso Leso, please make sure that the cost of the product does not exceed the above amount, as you will have to pay the difference out of your own pocket.

If you want to know what benefits are available to you or how much of your benefits are still available to you, please phone the Iso Leso Call Centre on +27 11 340 9200.

## LensXtend benefit of R500

**In addition** to the above, normal benefits, you have a LensXtend benefit of R500, which you are free to use for lens extras, such as tints, OR upgrade to a more expensive frame, OR buy contact lenses. This benefit extends your normal benefit, where your normal benefit is inadequate to cover your needs, and is only available via Iso Leso network providers.



## Claims payments

All claims submitted by service providers contracted by Iso Leso will be paid to the provider in cases where the member has not settled the claim upfront.

Members who have paid a provider upfront must submit the claim, plus a receipt, to Iso Leso and not to the Society. Iso Leso has weekly claims runs and will refund amounts into your bank account. Please send all optical claims to:

Iso Leso – BP Medical Aid Society  
PO Box 2127  
Cresta  
2118.

You may also scan in the account and email it to: [member@isoleso.co.za](mailto:member@isoleso.co.za).

Claims statements are sent to providers directly. Statements will only be sent to members if they paid the claim in full.

Please remember that your Iso Leso claims details will not appear on the claims statements issued by the Society. Any claims-related queries about your optical benefits should therefore be directed to Iso Leso.

## Iso Leso's national footprint

Iso Leso has 2 035 contracted practices.

PROVINCE	ISO LESO PROVIDERS
Eastern Cape	125
Free State	91
Gauteng	858
KwaZulu-Natal	402
Limpopo	82
Mpumalanga	106
North West	33
Northern Cape	15
Western Cape	321
Lesotho	2
TOTAL	2 035

# New optical care provider

continued

## IMPORTANT: WHEN YOU VISIT YOUR OPTICAL PROVIDER

Before visiting service providers, find out if they belong to Iso Leso and, where possible, use service providers who are on the network.

It is good practice to contact the Iso Leso Call Centre on +27 11 340 9200 to confirm benefits prior to visiting an optometrist.

**Inform optometrists that you are a member of the Society**  
*It is of vital importance that you remember to inform your Iso Leso optometrist that you are a BP Medical Aid Society member at the start of your appointment.*

It is also advisable that you not pay for optical services upfront and claim this amount back from Iso Leso. You should ask the Iso Leso optometrist to claim directly from Iso Leso on your behalf.

Should you make use of an optometrist that is not on the network, you will have to settle the claim upfront and submit your claim, with proof of payment, to Iso Leso for reimbursement.

**Remember,** to maximise your optical benefits, check if the optometrist is Iso Leso-affiliated when making your appointment. Should he or she not be affiliated with Iso Leso, please contact the Iso Leso Call Centre on +27 11 340 9200 and ask for details about your nearest Iso Leso optometrist.





## Netcare 911, your new emergency ambulance service provider ➤

From 1 January 2017, members should call the Netcare 911 operations centre on 082 911 if they require emergency transportation.

**Important to note** is that the Society's designated service provider (DSP) for hospitalisation remains the Mediclinic and Life Healthcare groups. The Society has no DSP contract with Netcare hospitals – **the contract with Netcare is for ambulance services only.**

*Enclosed are new Netcare 911 stickers and a brochure with contact details.*



Netcare 911 operates a 24-hour call centre to pre-authorise emergency medical responses and inter-hospital transfers nationally. In providing emergency management operations on par with international standards, Netcare 911 has:

- ◆ more than 100 operations in South Africa and Mozambique
- ◆ 50 emergency call centre seats, which manages more than 60 000 incoming calls per month
- ◆ dedicated intensive care units (ICU) equipped with specialised equipment, capable of facilitating inter-hospital transfers ranging from adults to neonatal ICU patients
- ◆ one dedicated, 24-hour, twin-engine, rotor-wing Netcare 911 helicopter based in Gauteng.

Netcare 911 has an integrated call-taking system where they capture all requests for primary and inter-facility transfers. In this system, Netcare 911 has a section where they have access to predefined and agreed-upon medical scheme rules.

This will be used to determine which facility the patient will be transported to, based on the benefit highlighted to Netcare 911 by the Society.

All inter-facility transfers that are channelled through the Netcare 911 emergency operations centre will be transferred to agreed-upon network facilities, as per the agreed benefits.

In the case of an emergency that is logged via the Netcare 911 emergency operations centre, they will ensure that members are transported to any of the network facilities in South Africa. Namibian members should also contact the Netcare 911 emergency operations centre in case of an emergency.

Netcare 911 has a national footprint in South Africa with a presence in all nine provinces. Here is a quick overview of the Netcare 911 fleet footprint:

- ◆ 131 ambulances
- ◆ 62 response vehicles
  - all response vehicles are equipped with state-of-the-art emergency medical equipment and have 12-lead electrocardiogram (ECG) capabilities
  - all response vehicles are manned by advanced life support paramedics
  - all staff are registered with the Health Professions Council of South Africa (HPCSA)
  - all provinces are equipped to deal with intensive care unit cases.



# Indirect payment

## What is an indirect payment?

An indirect claims payment is made to members by the Society in order for them to pay their service providers for services.



### **Why is the Society paying me instead of my provider?**

One of the major challenges faced by the private healthcare industry is the impact of irregular claims that are submitted by members and service providers. The Society has decided to meet this challenge head-on by implementing various claims verification systems and mechanisms to enable us to check and verify claims on a random basis. The Society has also decided to follow a non-discriminatory, zero-tolerance approach in the event of any irregularity. One of the sanctions that the Society can impose in the event of irregularity is to place the healthcare provider on indirect payment.

### **Does the law allow indirect payment?**

In terms of the Medical Schemes Act and the rules of the Society, claims payments can be made to the member instead of the provider.

### **Will the Society inform me if my provider is on indirect payment?**

The Society will inform you via a message on your claims statement that the provider has been placed on indirect payment. Service providers will be notified by the Society when they are to be paid indirectly. If you received services from such a provider, you will receive a deposit in your nominated bank account to pay the provider. The responsibility for settling the account lies with you.

### **Why does the Society make indirect payments?**

This is a precautionary measure to minimise the risk of loss of the Society's funds and it is applied especially when a provider has been found to have submitted irregular claims. This action, however, does not necessarily mean that the provider has acted fraudulently. Fraudulent behaviour must be proven before labelling providers as such.

### **What actions will the society take against providers found to have submitted fraudulent or irregular claims?**

After a full investigation, the Society will report the provider to the Health Professions Council of South Africa or the relevant professional council for further disciplinary action. A criminal case may be opened in certain instances. In terms of the Medical Schemes Act, the Society will furthermore reverse irregular or fraudulent claims that were paid.

### **Can a member be held liable for irregular claims?**

As the Society has adopted a zero-tolerance approach to fraud, any member found to have colluded with a service provider may face severe actions in terms of the Society's rules and the law and may be reported to the employer. These steps may unfortunately lead to the member losing medical cover and his or her employment simultaneously.

### **Will I be protected if I report a fraudulent member or service provider?**

Yes, if you suspect that fraud or abuse has occurred or you have become aware of potential fraud or abuse that may affect the Society, please call the Society's toll-free fraud hotline anonymously on 0800 200 564. This service is managed by a third party and the caller's identity is completely protected.

Fraud and abuse can often be detected by examining your claims statements to see whether they reflect the services rendered. If there is something you do not understand, please call the Client Service Department on 0800 001 607 or +27 21 480 4610.

Please note that the Society appreciates members and service providers who act in the best interests of the Society and its members.



## Have a heart-healthy festive season ↗

The festive season is not only a special time with family and friends, it's also that time of the year when we are tempted to over-indulge on our favourite kilojoule-laden foods.

**Please note:** You can visit the Multiply website by logging onto <https://www.momentum.co.za/for-you/multiply> for more information on healthy living.

The festive season is a wonderful time for festivals, celebrations and sharing special moments with our friends and families. Whatever your holiday tradition, you will most likely be faced with the temptation to indulge during December.

To have a heart-healthy holiday, you don't need to starve yourself on celery sticks and resort to boring, tasteless meals. Just make a few simple swaps to healthier options throughout your day and convert those treasured, favourite recipes into sensational, healthier creations.

Here are some ways you can substitute ingredients to help you cut your calorie and fat intake.

### HEALTHIER ALTERNATIVES TO USE IN THOSE SPECIAL RECIPES

Instead of:	Use:
250 g butter	250 g polyunsaturated margarine or 220 ml oil
250 g hard margarine	250 ml oil or 250 ml oil plus 45 g polyunsaturated margarine
250 ml whole milk	250 ml skim or low-fat milk
250 g light cream	250 ml low-fat evaporated milk or 45 ml oil and 200 ml skim milk
250 g whipping cream	167 ml skim milk and 83 ml oil
250 g sour cream	250 g plain, fat-free yoghurt or 250 g fat-free, smooth cottage cheese or 187 g low-fat buttermilk and 62 ml oil
One whole egg	One egg white and 10 ml oil or two egg whites
30 g cheddar cheese	30 g mozzarella, ricotta, parmesan or any low-fat, hard cheese (20% to 24% fat) or 30 g fat-free cottage cheese

Source: Erika Ketterer – registered dietician at the Heart and Stroke Foundation SA





## Important contact details

### PLEASE NOTE:

The BP Medical Aid Society's Administrator and managed care provider, formerly known as Metropolitan Health and Metropolitan Health Risk Management respectively, has undergone a name change and is now known as MMI Health (Pty) Ltd. This change should not have any negative impact on you and will hopefully lead to an even more positive service delivery experience.

In addition to the above name change, please note that the current HIV YourLife Programme will be managed by LifeSense Disease Management with effect from 1 January 2017. Application forms and information on LifeSense Disease Management can be obtained by visiting [www.bpmas.co.za](http://www.bpmas.co.za). Alternatively you can contact the Society's Client Service Department on 0800 001 607 or +27 21 480 4610 and follow the prompts.

## We would like to hear from you

If you have ideas for future articles, suggestions for improvements to your benefits, or even if you have concerns you believe other members should know about, we would like to hear from you.

Send your emails to [bpmas@mhg.co.za](mailto:bpmas@mhg.co.za) and look out for our response in the next issue of our newsletter.

#### Please send claims to:

BP Medical Aid Society  
PO Box 5324, Cape Town 8000

#### Client Service Department (including prescribed minimum benefit queries)

Namibia: +27 21 480 4610  
South Africa: +27 21 480 4610 or  
0800 001 607  
Namibia fax: +27 21 480 4969  
South Africa fax: +27 21 480 4969  
Email: [bpmas@mhg.co.za](mailto:bpmas@mhg.co.za)  
Website: [www.bpmas.co.za](http://www.bpmas.co.za)

#### ER24 emergency services

Namibia: 081 924  
South Africa: 084 124

#### Clicks directmedicines

0861 444 405 or +27 11 997 3000  
Fax: 0861 444 414 or +27 11 997 3050  
Email: [clicks.directmedicines@dirmed.co.za](mailto:clicks.directmedicines@dirmed.co.za)  
[www.clicksdirectmedicines.co.za](http://www.clicksdirectmedicines.co.za)

#### Dis-Chem direct courier

Tel: +27 12 365 1299  
Fax: +27 12 365 3277  
Email: [direct@dischem.co.za](mailto:direct@dischem.co.za)  
[www.dischem.co.za](http://www.dischem.co.za)

#### Hospital pre-authorisation

Namibia: +27 21 480 4762  
South Africa: 0800 007 092

#### LifeSense Disease Management/ HIV YourLife Programme

Namibia: +27 21 480 4804  
South Africa: 0861 888 300

#### Oncology Programme

Namibia: +27 21 480 4073  
South Africa: +27 21 480 4073

#### KPMG Fraud Hotline

Namibia: +27 21 480 4610  
South Africa: 0800 200 564

#### Pension queries (Momentum)

0800 000 329

#### PPN (Preferred Provider Negotiators for optical care)

Namibia: +27 41 506 5961  
South Africa: 0860 103 529

#### Council for Medical Schemes Customer Care Centre

0861 123 267 or 0861 123 CMS  
Email: [information@medicalschemes.com](mailto:information@medicalschemes.com)

#### Complaints

Fax: +27 12 431 0608  
Email: [complaints@medicalschemes.com](mailto:complaints@medicalschemes.com)

#### Postal address

Private Bag X34, Hatfield 0028