

newsletter

BP Medical Aid Society newsletter

A WORD FROM THE PRINCIPAL OFFICER

Dear Member

As the new Principal Officer of the BP Medical Aid Society, I am humbled, excited and inspired by the opportunity to work with members, trustees and various service providers in meeting your healthcare needs in 2016 and beyond.>



Thabi Mlotshwa

Having experience in the medical aid sector of more than 18 years has given me valuable knowledge and insight into the industry and the day-to-day operation of medical schemes. My short time in office so far has shown me that the Society continues to offer its members comprehensive benefits and quality service. This is indeed a great achievement given the many challenges medical aid schemes currently face in a dynamic and increasingly complex operating environment.

Medical aid schemes face many daunting challenges, not least high and rising healthcare costs and increasing levels of chronic disease. Despite this, the claims experience and solvency of your medical aid scheme shows it is able to negotiate these obstacles from a strong position. This is to be celebrated, and provides assurance that the Society is financially sustainable and ready to rise to whatever challenges may lie ahead.

Together with the BP Medical Aid Society Board of Trustees, I commend and thank members for prudently managing their healthcare expenses.

We encourage all members to continue to do so and hope that 2016 is filled with healthy choices that help to prevent illness and improve your overall state of health and wellness. Make sure you read the 2016 benefit schedule, your member guide and the leaflets from our various designated service providers that accompany this newsletter.

A safe, joyous festive season and a healthy and prosperous new year to you and your families! We look forward to supporting you and your loved ones on your health journey in 2016.

Thabi Mlotshwa

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Benefit review for 2016

In preparation for the 2016 benefit enhancements, the Board of Trustees started reviewing the Society's current offering in July 2015.

The benefit review process is a lengthy and thorough undertaking and many factors are taken into consideration. In addition to this, the Board has to decide on their pricing strategy for the coming year before they can begin to consider changes to the benefits and the resultant increases in the contributions. The Society's healthcare actuaries put a lot of work into ensuring that the benefit changes we bring you each year will ensure that you continue to receive good value for money. One of their biggest challenges is to try to ensure that we increase the Scheme rate (the rate at which we reimburse claims), and the benefit limits sufficiently, to ensure that we pay claims at a fair remuneration rate and that the benefit limits are enough to provide you with very reasonable medical aid cover, while at the same time seeking to keep contributions at affordable levels.

The benefit changes are as follows:

◆ **Scheme rate, overall annual limit and sub-limits increased**

The Trustees approved a 6% increase in the Scheme rate, the overall annual limit and the sub-limits for the various benefit categories. Simply put, this means that you will have access to 6% more benefits in 2016.

◆ **Changes in the acute medication space**

In order to ensure optimal management of medicine benefits, the Society will be introducing a set of medicine exclusions, called the Acute Exclusion List, on 1 January 2016. The Acute Exclusion List contains medication used for the treatment of chronic conditions that, up to now, have been claimed from the Acute Medicine Benefit by some members. Targeted communication will be sent to affected members and the acute exclusion list will be placed on the Society's website (www.bpmas.co.za).

Introduction of therapeutic reference pricing on acute medication claims

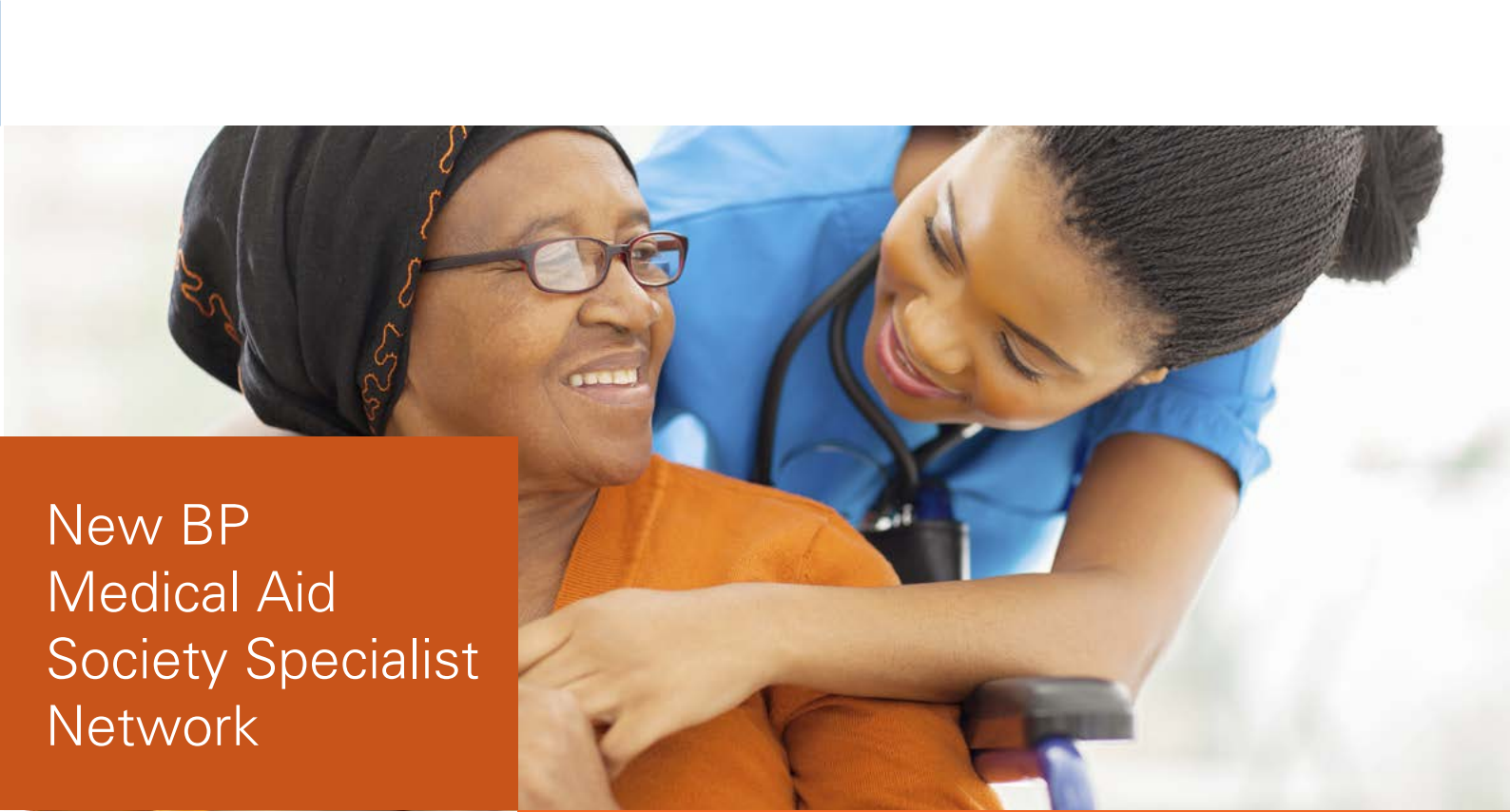
With effect from 1 January 2016, therapeutic reference pricing (MMIRP) will also be applied to all acute medication claims, in addition to the MetRef price (the Scheme's generic reference price) that is currently applied.

What is Therapeutic Reference Pricing?

Therapeutic Reference Pricing (TRP) compares the price of a number of different medicines from different classes which may be used to treat the same condition with a similar outcome i.e. a 'therapeutic equivalent'. An average cost is then calculated and this is then set to be the maximum price the scheme will pay for a therapeutically equivalent group of medicines.

◆ **Implementation of a specialist network**

The Board of Trustees resolved to contract with a network of specialists to provide services to BP Medical Aid Society members at pre-determined rates as from 1 January 2016. Members are guaranteed that they will not have to make a co-payment if they make use of a network specialist. The article overleaf will provide you with more information on the network.



New BP Medical Aid Society Specialist Network

The biggest challenge facing medical aids today is managing costs and keeping medical inflation down so as to ensure their long term sustainability.

What do you do if your current specialist is not part of the BP Medical Aid Society Specialist Network?

Your specialist can call the Client Service Department to enquire about joining the network; however, it should be noted that the specialist will be assessed for their efficiency in comparison to their peers. In other words, any additional specialists wishing to participate in the Society's specialist network will be subjected to the same measures as the current specialists on the network. These measures are based on financial and clinical criteria.

Members can call the Client Service Department who will forward the specialist's details to the Networks Department, who will check the practitioners' efficiency before contracting as outlined above.

One of the cost-saving mechanisms available to medical aids is the appointment of designated service providers (DSPs) who are responsible for providing quality care at an agreed tariff to the Society's members. This is easier to do when appointing a hospital provider as you simply appoint a particular hospital group or groups. It is, however, not as easy when trying to do so for thousands of independent practitioners like specialists.

For this reason, the Society has contracted with Metropolitan Health Risk Management (MHRM) who in turn has negotiated with all these independent providers to establish a network of specialists that members of the Society can consult. This network is known as the BP Medical Aid Society Specialist Network and comes into effect on 1 January 2016. MHRM has also negotiated an appropriate rate of reimbursement with these specialists.

From 1 January 2016, should you or one of your dependants, consult a specialist (out of hospital) who is a member of the BP Medical Aid Society Specialist Network, we will pay the claim at 120% of the Scheme rate.

If you are hospitalised and are seen by a specialist network doctor (in hospital), the claim will be reimbursed at 150% of the Scheme rate.

It is advisable to ask your general practitioner (GP) to refer you to a network specialist who practices at a Mediclinic or Life Healthcare hospital if there is a likelihood that you will have to be admitted to hospital. The Mediclinic and Life Healthcare group of hospitals are our appointed designated provider for hospitalisation.

A list of the specialists who have joined the network has been posted on our website (www.bpmas.co.za). Alternatively, you may contact the Client Service Department on 0800 001 607 or 021 480 4610 and they will be able to assist you in finding your nearest network specialist. There are currently 700 specialists in the BP Medical Aid Society Specialist Network and this list will grow in the first few months as specialist practitioners sign contractual agreements with MHRM.

It should be noted that no co-payment will be imposed on members for using a non-specialist network provider in 2016, but this will be reviewed in 2017 at the discretion of the Board.



ER24: Water safety – what you should know

It is fast becoming one of those topics where someone you know, or someone in your group of friends or family, knows of an incident of accidental drowning.

Drowning can happen very quickly and in less than 2.5 cm of water. Filled bathtubs, swimming pools, fish ponds and even buckets of water can be dangerous. The risk of accidental drowning increases during the summer months and does not only occur in residential areas in homes with pools, but includes people living along river banks or close to large bodies of water, all year round. Weather conditions also play a role.

How do we decrease the risk of drowning?

Education plays a vital role. This can include completing a first aid course which covers the basics in first aid, including cardiopulmonary resuscitation (CPR). Some preventative points to consider:

- ◆ Learn to swim – this includes adults and children.
- ◆ Never swim alone.
- ◆ Do not allow small children to enter the water (or be near water) without direct, uninterrupted adult supervision.
- ◆ Never leave a small child in the bathtub alone (drain the bath immediately after use).
- ◆ Do not use any alcohol/drugs when swimming.
- ◆ Enclose the pool area in a fence with a lockable gate.
- ◆ Cover the pool with a safety net and/or install a pool alarm system.
- ◆ Do not swim in rivers or walk along riverbanks during or after heavy rains, even if the river is not flooded.
- ◆ Always wear a life jacket when boating or rafting.
- ◆ River currents may be stronger than they appear. Throw a twig in to check how fast the river is flowing.
- ◆ If you are caught in a current, float on your back and travel downstream, feet first to protect your head.
- ◆ Angle towards the shore.
- ◆ If you are on holiday along the coast, respect the sea and its currents. Avoid places where there is a strong backwash, rip current or a danger of being washed onto rocks.
- ◆ Swim in designated areas supervised by lifeguards.

REMEMBER – there is no substitute for common sense and direct adult supervision when it comes to children and water safety. Don't let your child become another statistic in accidental drowning in South Africa.



Safe summer skin

Although it only becomes visible much later in life, by far the majority of sun-induced skin damage occurs before the age of 18. That is why it is particularly important to educate your young children to become sun-savvy from early on. Research shows that more than 75% of skin cancer could be prevented by simply providing adequate skin protection during childhood.

There are three main types of skin cancer. The most common is called basal cell carcinoma and squamous cell carcinoma, while the most dangerous, malignant melanoma, is less common. All of them can be successfully treated and cured provided they are detected early, which is why it is very important that you carefully and regularly check your skin for new, growing or unusual moles and spots. Get someone else to help with the inaccessible parts, like your back. Be on the lookout for multi-coloured, asymmetric spots with irregular edges and diameters in excess of six millimetres. Consult a dermatologist as soon as you find anything unusual.

While people with darker skin that contains more protective natural melanin are less susceptible to skin cancer, everyone is at risk, and so should also use sunscreen. If you have particularly fair skin, blonde or red hair, a family history of skin cancer, many moles and skin spots, or if you spend long hours outdoors or at the wheel of a car, you need to be especially vigilant.

Sunscreen facts

The sun protection factor (SPF) of a sunscreen is a measure of the protection it provides for your skin. If you normally start to burn within five minutes of being in the sun, a sunscreen with SPF 15 will protect you 15 times longer (75 minutes). Its effectiveness depends on your skin type, the intensity of the sunlight and the amount of sunscreen you have applied.

Most dermatologists recommend sunscreens with an SPF of 15 or higher, but for children a sunscreen with SPF 30 or more is best. Babies should be protected with sun-proof clothing rather than sunscreens, as their sensitive skins may absorb the ingredients too easily. Keep infants out of direct sunlight.

Look for products that offer “broad-spectrum protection”, indicating that they are effective against both UVA and UVB rays.

Apply the sunscreen liberally on all exposed skin. Use a good handful to cover your entire body, not forgetting areas such as the back of the neck, nose, cheeks, forehead, ears, shoulders and top of the feet. Apply it lightly – don’t rub it in; it’s no use to you under your skin!

Apply a layer of sunscreen 20 to 30 minutes before going out and then apply a second layer when you actually

After Australia, South Africa has the highest skin cancer rate in the world. It’s the most common type of cancer in South Africa and is most frequently the result of overexposure to the ultra violet (UV) rays from sunlight.

get into the sun – think twin coatings. Re-apply at least every two hours and also after swimming, sweating and towel-drying.

Most sunscreens will last for about two years when they are stored at room temperature. If you’re in the habit of forgetting yours in the glove box of your boiling car, however, you should replace it more regularly, as the active ingredients may deteriorate in the heat.

If you are allergic to para-aminobenzoic acid (PABA), a common sunscreen ingredient, choose one that is PABA-free.

Look out for sun protection products that carry the CANSA seal of recognition.

IMPORTANT

Oncology support

BP Medical Aid Society has an Oncology Care Programme for members who have been diagnosed with cancer. The programme offers assistance with the pre-authorisation of oncology treatment, clinical advice and guidance, and basic counselling for members with cancer. To find out more about the programme, call 021 480 4073 or e-mail bpmasoncology@metropolitanhrm.co.za.

The Society's designated service providers summarised



For members who may not be familiar with some of our designated service providers (DSPs) and preferred providers, we would like to give a short overview on who they are and their responsibilities. Members are reminded that failure to obtain services from the Society's designated service providers could result in members having to make a co-payment.

DSP/ preferred providers	Service provided
Mediclinic	DSP agreement for hospitalisation in South Africa and Namibia
Life Healthcare	DSP agreement for hospitalisation in South Africa
Clicks Directmedicines and Retail	DSP agreement for all medication in South Africa and Namibia
Dis-Chem group of pharmacies	DSP agreement for all medication in South Africa and Namibia
Preferred Provider Network (PPN)	Optical care in South Africa and Namibia
ER24	Emergency Services in South Africa and Namibia
GP network	General practitioner services, managed by Metropolitan Health Risk Management
Specialist network	Specialist network services, managed by Metropolitan Health Risk Management, effective 1 January 2016



How does the self-medication benefit work?

Self-medication is also known as over-the-counter (OTC) medication and is generally used when a member or dependant is able to self-diagnose his/her illness (e.g. colds, flu, etc.) and consult a pharmacist for treatment. In such cases the pharmacist will dispense OTC medication.

The service is limited to a supply of medication initiated by the pharmacist for the treatment of the particular condition. If the treatment is unsuccessful, it is advisable to obtain the services of a doctor for further treatment of the particular condition.

Only one ailment will be treated at a time and the medication may not exceed a total of R190 (including VAT and the dispensing fee, where applicable). A maximum of three days' supply may be obtained unless otherwise indicated. This benefit is subject to the acute medication benefit and paid up to the generic/therapeutic reference price. Only medication classified as schedule 0, 1, 2 or 3 can be dispensed over the counter. Your pharmacist will be able to assist you regarding which medicines are covered. Household medicines requested by the member will not be covered.

If the member pays cash, claims submitted to the Society must be endorsed as "supplied on request of member, condition self-diagnosed", and must include the member's signature and membership number.



Important contact details

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 e-mails to 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
E-mail: bpmas@mhg.co.za
Website: 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
E-mail: clicks.directmedicines@dirmed.co.za
www.clicksdirectmedicines.co.za

Dis-Chem direct courier

Tel: +27 12 365 1299
Fax: +27 12 365 3277
E-mail: direct@dischem.co.za
www.dischem.co.za

Hospital pre-authorisation

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

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
E-mail: information@medicalschemes.com

Complaints

Fax: +27 12 431 0608
E-mail: complaints@medicalschemes.com

Postal address

Private Bag X34, Hatfield 0028