



SIZWE-HOSMED
MEDICAL SCHEME

Your choice for quality care

2022 BROKER ENGAGEMENT

3SIXTY HEALTH

Affordable | Excellence | Scale | Care | Unique

AGENDA



- Administration
 - Managed Healthcare
 - Sales & Marketing
-

ADMINISTRATION



ADMINISTRATION DEPARTMENTAL OVERVIEW



CUSTOMER SERVICES



3Sixty Health call centre administrates members, providers and broker calls for Sizwe Hosmed Medical Aid Fund. The call goes through the automated voice recording (AVR) system to give the caller the different phone line options. The caller selects the applicable phone line option according to their purpose of the call. The call centre agents are responsible for receiving calls, answering questions, resolving queries and advising on claim status logged by members.

The call centre phone line is divided into two options:

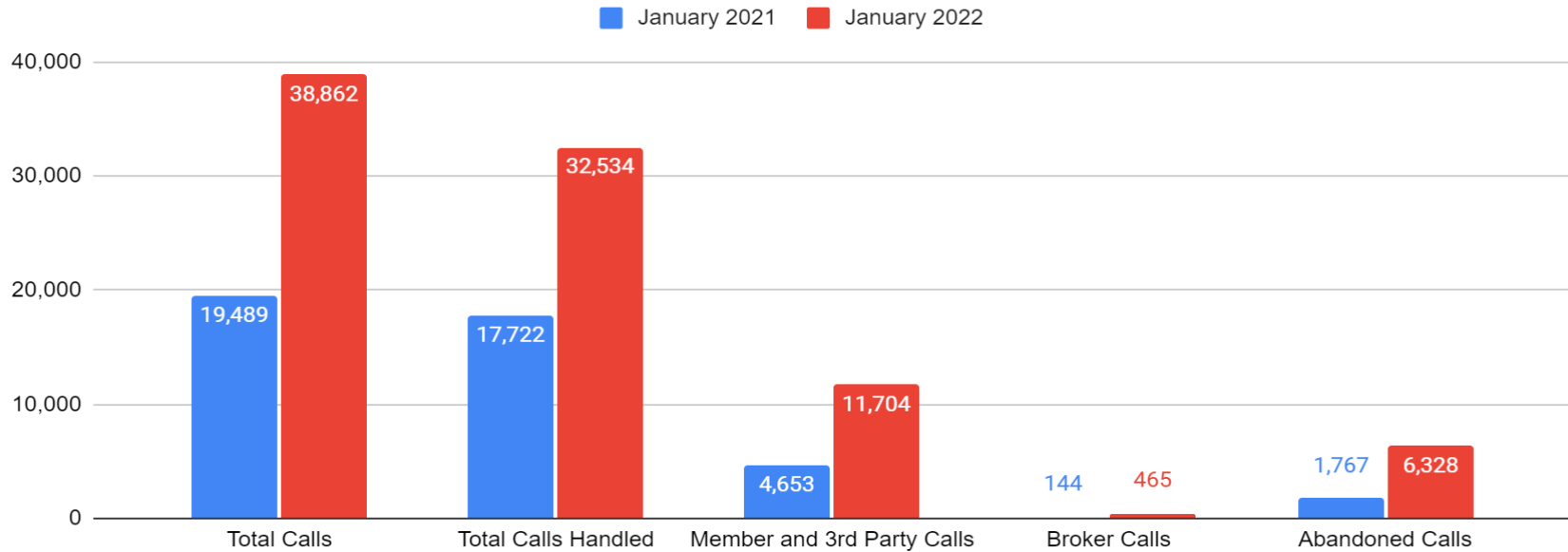
- Option 1 is for medical care providers; and
- Option 2 is for medical aid members and brokers.

The call centre operates Monday to Friday from 8:00am - 5:00pm.

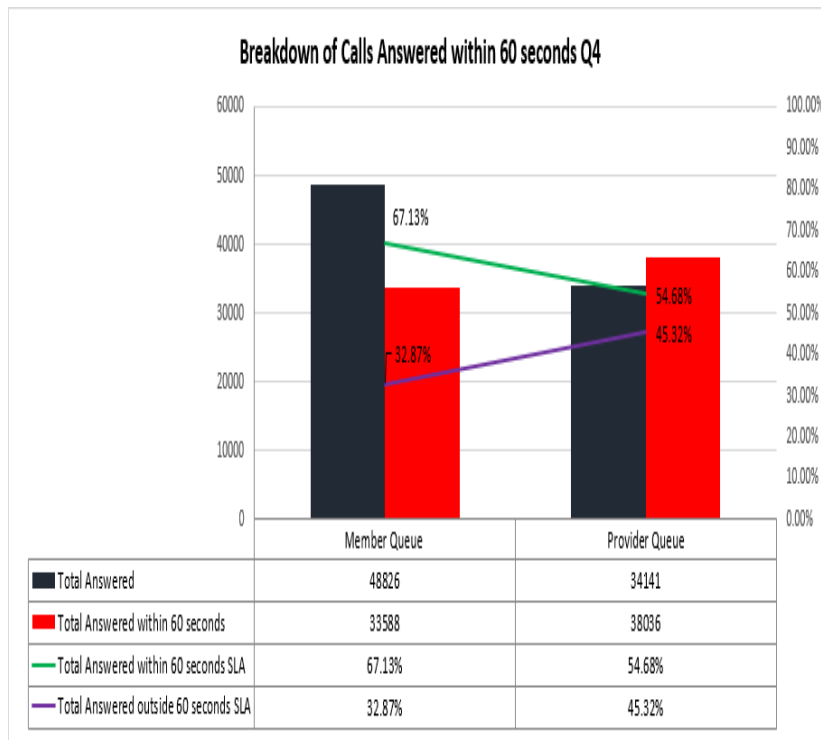
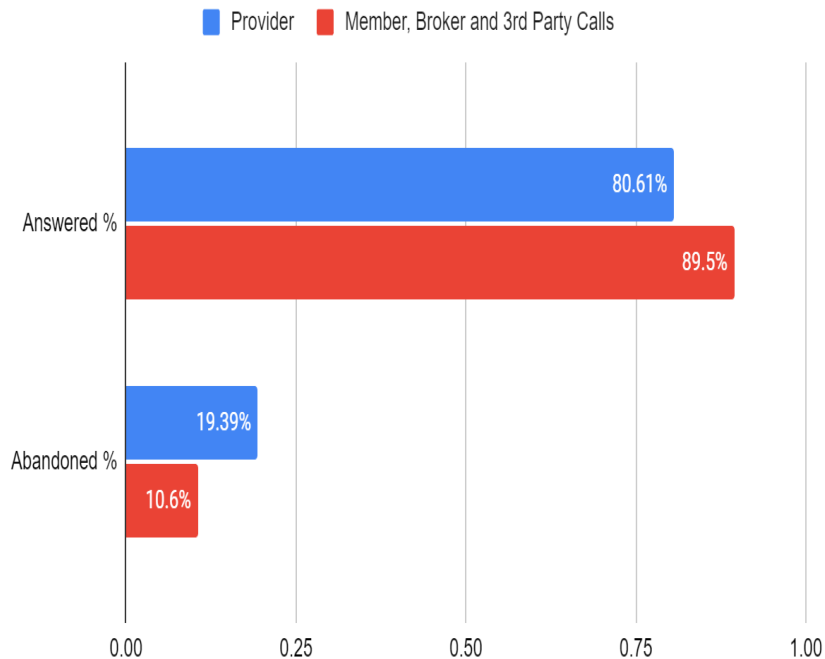


CALL CENTRE

January 2021 vs January 2022

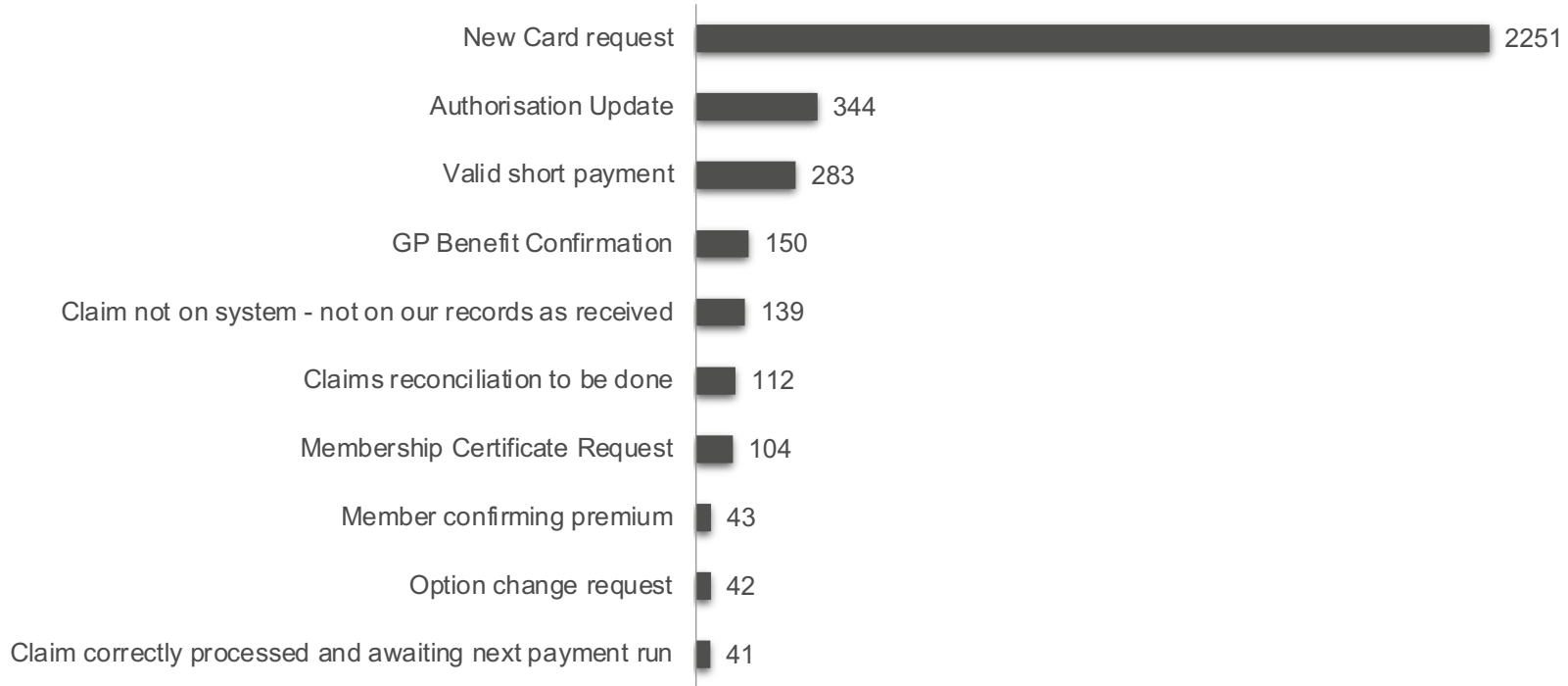


PROVIDER, MEMBER, BROKER & 3RD PARTY CALLS



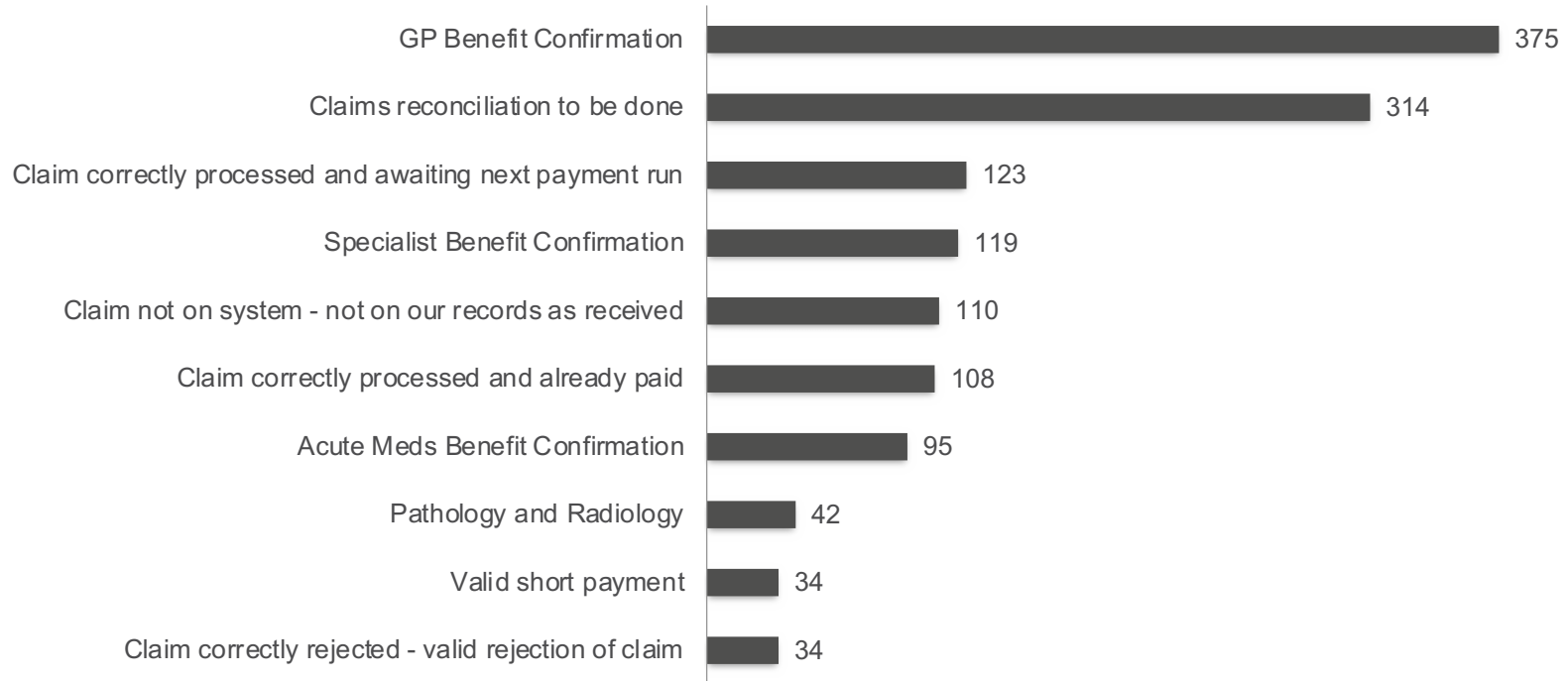


Top 10 Member Queries





Top 10 Provider Queries





CLAIMS PROCESSING

CLAIMS ARE PAID IN ACCORDANCE WITH THE MEDICAL SCHEMES ACT (MSA) AND SCHEME RULES

- ❖ All categories of claims are assessed, processed and paid according to benefit allocation per option
- ❖ Claims must be submitted before the end of the fourth month from the last date of the service
- ❖ Members and providers have 60 days to enquire about the claim short/non payments
- ❖ Weekly payments for all claims categories, pharmacy claims are real-time
- ❖ Member and provider statements issued after every payment (weekly)
- ❖ Covid 19 vaccination and booster claims are paid from PMB benefits

COUNCIL FOR MEDICAL SCHEMES (CMS)

Circular 55 of 2021: Exemption for late COVID-19 vaccine claims 2021



(CMS) granted an exemption to the National Department of Health (NDOH) to ensure that all COVID-19 vaccine claims are eventually paid despite these claims being submitted outside the ambit of Regulation 6 of the Medical Schemes Act (131 of 1998) (MSA)

Medical schemes are therefore authorised to process claims received on or before 210 days. Furthermore, the NDOH is allowed to submit claims after 120 days as required by regulation 6(1) and (2) but must do so within 210 days.

The exemption will be valid for a period of three years or will expire once the NDOH has recovered all vaccine related costs on all insured members of medical schemes.

As a result of the above, NDoH related Covid-19 vaccination claims for Sizwe Hosmed members are reimbursed without any “stale claim related issues” arising. Brokers are advised to engage 3Sixty Health, accordingly, should your members receive statements indicating unpaid/stale NDoH Covid-19 vaccination claims.

ASSESSING



- Providers are encouraged to submit their claims electronically for quick resolution of their claims
- Paper claims are also accepted
- Proof of payment must accompany requests for refund on claims for audit purposes and prevention of fraud

Claims Assessing Contact Matrix

New Claims: Claims@sizwehosmed.co.za

Queries: queries@sizwehosmed.co.za



Registration of a dependent

Should a member wish to add a dependent onto his/her medical aid, an [Application to Register a Dependent](#) form must be fully completed and submitted with supporting documents to the administrator.

In order to avoid waiting periods and penalties, please ensure that:

- Newborn babies are registered within 30 days of birth
- Spouses are registered within 30 days of marriage
- Adopted children are registered within 30 days of adoption so no underwriting is imposed.

Supporting documentation such as marriage certificates, birth certificates and membership certificates with termination dates from previous medical aids must be attached before submission. If a newborn's surname differs from the principal member, an affidavit is required.

The Fund determines the following as dependents who qualify to belong to the Fund.

Child Dependents

A dependent is considered a child dependent, and will be charged at child dependent rates, until the age of 21 years. Once the dependent reaches the age of 21 years, the dependent automatically upgrades to adult dependent status, unless:

- The child, between the ages of 21 and 25 years, is a full-time student, in which case a letter must be submitted from the accredited learning institution confirming that they are registered as a full-time student.
- The child is mentally or physically disabled.

If the child dependent is currently employed, we request proof of income and an original bank statement of the dependent.

THE FOLLOWING DOCUMENTS ARE REQUIRED WHEN REGISTERING A MEMBER ONTO THE SCHEME:

- Copy of ID - member and all dependents
- Birth certificates of children (where ID is not available)
- Clinic cards for newborn babies (within 30 days of birth to avoid waiting periods)
- Documentary proof in the case of adopted/foster children
- Marriage certificate when registering a spouse (within 30 days of marriage to avoid waiting periods)
- Affidavit when registering a common law spouse or partner confirming co-habitation (where applicable)
- Membership certificates with termination dates from previous medical aids, for member and dependents (where applicable)
- Written confirmation that claimant is a member of the Unemployment Insurance Fund (if unemployed)
- Proof of taxable income (I.e, pay slip, Sars iT34 form, Etc)
- Copy of bank statements.

Failure to submit the relevant documents will delay the member's application process.



A member may apply for the registration of his dependents at the time that he applies for membership. A new born baby must be registered within 30 days of birth, similarly if a child is legally adopted.

Adult Dependents

A member who marries subsequent to joining the Fund needs to apply for registration of their spouse within 30 days.

In addition, an adult family member may be registered if they are dependent on the member for financial care and support. (Please refer to company policy - where the company policy differs on dependents, the stipulations of the company policy precede).

Change of details

A Member Record Amendment form must be completed for the following changes to a member's records:

- Change of Postal Address
- Change of Surname (supporting document required)
- Change of Banking details (proof required)
- Request for Additional Membership Cards
- Deletion/Termination of a Dependent

Terminations and transfers

If a member leaves the company or wants to terminate their membership for any of the reasons outlined below, the Termination and Transfer Advice form must be fully completed by the employer and submitted to the Administrator.

This form is completed when the member:

- Terminates membership of the fund (voluntary)

- Terminates employment
- Is deceased
- Retires
- Transfers from one group/division to another within the company that would affect his income (e.g. from weekly/hourly to monthly)

In the case of a member's voluntary termination the employer and employee are obliged to give a full calendar month's notice of the intention to resign.

Continuation of Membership (Widow/ers)

The surviving spouse of a deceased principal member must complete a new application form and a Continuation of Membership form within 30 days if he/she intends to continue with membership of the Fund.

Sizwe requires the following documentation to be submitted with the form:

- Proof of Income
- ID Document
- Debit Order Authority (if applicable - proof of banking details i.e. cancelled cheque or bank statement required)
- Copy of the death certificate

Transfer to a direct paying member

Should a member wish to apply for continuous membership after retirement or leaving their current employer, they may remain on the Fund as a direct paying member, but in order to avoid waiting periods, this must be done within 90 days.

Sizwe requires the member to complete a Continuation of Membership form for such a request if the transfer is immediate and there is no break in membership.



BILLING SERVICES

Statements

Companies are supplied with an automated monthly billing statement which outlines each member's contributions and number of dependents registered.

Non-payment

Companies

Contributions are paid in arrears and are due by the 3rd day of the month. Failure to pay contributions will result in the company being suspended from the Fund after 30 days and terminated after 60 days. Notification will be sent out to the payroll officer and a copy to each member.

Direct Paying Members

Contributions are paid in advance. Failure to pay contributions within 30 days leads to suspension from the Fund, and subsequent termination after 60 days.

Electronic payment schedules

Payment schedules can be provided electronically by email together with the proof of payment in order to facilitate a speedy reconciliation process.

Contributions can be deducted from the company's bank account by debit order. To find out more about this option, please speak to your billing specialist

Members on maternity leave

In order to avoid arrears, and subsequent suspension or termination, a member going on maternity leave can choose one of the following options:

- To have double deductions implemented on her earnings a few months prior to going on maternity leave, thereby paying contributions in advance for the months of her maternity leave; or
- Pay the total contribution for the length of her maternity leave in advance the month prior to going on leave; or
- The company continues to pay the contributions on behalf of the member as normal on a monthly basis.
- Members who are pregnant are encouraged to join Sizwe's Baby Programme.

CONTRIBUTIONS EFFECTIVE 01 JANUARY 2022



	TITANIUM EXECUTIVE	PLUS	PLATINUM ENHANCED	PLATINUM ENHANCED EDO PLAN	VALUE	EDO OPTION VALUE CORE	GOLD ASCEND	GOLD ASCEND EDO PLAN	ACCESS SAVER-25	ACCESS SAVER-15	SILVER HOSPITAL PLAN	ESSENTIAL COPPER	ESSENTIAL-COPPER	ESSENTIAL-COPPER
Monthly Income	R0+	R0+	R0+	R0+	R0+	R0+	R0+	R0+	R0+	R0+	R0+	R0 -R8 500	R8 501 -R13 000	R13 001+
Member 	R 6 585	R 5 925	R 3 871	R 3 678	R 3 645	R 3 355	R 2 819	R 2 679	25% MSA Allocation	15% MSA Allocation	R1 916	R1 480	R1 773	R2 250
									Risk R1 916	Risk R1 916				
									Savings R639	Savings R338				
									Total R2 555	Total R2 254				
Adult 	R 5 981	R 5 640	R 3 703	R 3 518	R 3 395	R 3 125	R 2 380	R 2 261	Risk R1 650	Risk R1 650	R1 650	R1 480	R1 773	R2 250
									Savings R550	Savings R291				
									Total R2 200	Total R1 941				
Child* 	R 1 343	R 1 105	R 986	R 937	R 693	R 640	R 824	R 783	Risk R382	Risk R382	R382	R510	R655	R670
									Savings R128	Savings R68				
									Total R510	Total R450				

* Member pays for the first three children only

MANAGED HEALTH CARE



MHC DEPARTMENTAL OVERVIEW



HOSPITAL BENEFIT MANAGEMENT



In-Hospital Benefit, Management, namely pre-authorisation case management

Outpatient treatment in lieu of hospitalisation

Wound care

Admission to a step-down facility and clinically appropriate rehabilitation

Home nursing

Specialized radiology in and out of hospital, e.g., MRI and CT Scans

Appliances/prosthesis related to hospital admissions

Apply evidence-based Protocols

Specialist Referral Authorisation

High-Cost cases Management
Onsite Case Management

HBM CONTACT MATRIX



	Email address	Contact number
Authorisations	authorisations@sizwehosmed.co.za	0860 101 176
Case management	casemanagement@sizwehosmed.co.za	

Level 1

- Refer to the case management at 3Sixty Health - casemanagement@sizwehosmed.co.za

Level 2

- If no response within 72 working hrs. (3 days) follow up with phone call to the case manager - 086 0100 871

Level 3

- If query is still not resolved after the phone call, escalate to the Hospital Risk Team Leader – Jane.Luthuli@3sixtyhealth.co.za

Level 4

- If no response from the Team Leader within 24 working hrs. (1 day) follow up with a phone call - 011 353 0208

Level 5

- If no response or query not resolved refer to the Hospital Risk Manager: - Dipuo.Nokoane@3sixtyhealth.co.za or call 011 353 0028



PHARMACY BENEFIT MANAGEMENT

Chronic Medicine Management

Apply clinical protocols/Formularies per option

Real time authorisation and claims rules process

Drug Utilisation Review (DUR) process

MMAP (Maximum Medical Aid Price)

Generic medicines

Formularies are available on the website (Members, providers and brokers)

Chronic Medication require 6-month script renewal

Acute Medicine Management

Over the counter Medicine Management



PBM CONTACT MATRIX

Pharmacy Benefit Management Contact Matrix:

- General chronic application: chronic@sizwemedfund.co.za
- General chronic provider line: 086 010 3455
- General chronic member line: 011 353 0030

Scripts to be submitted for authorisation approval on receipt of a new script from the doctor

Clinical information is not shared with 3rd parties that are not listed - Proxy nomination process



DISEASE RISK MANAGEMENT

Disease management is designed to focus on managing members who are registered on the DRM programs, (members on chronic medication)

CDL and DTP Conditions

Oncology Risk Management

Renal care- types of dialysis and Transplant

HIV Risk Management (medication and care)

Psychiatry / Mental Wellness Program

HIV Risk Management (medication and care)

Medicine Compliance

DRM CONTACT MATRIX



- HIV - wellcare1@sizwehosmed.co.za or welcare@sizwehosmed.co.za
- Chronic Disease Risk – wellnessqueries@sizwehosmed.co.za
- Oncology – oncology@sizwehosmed.co.za

Telephone numbers:

- 0860 10 34 54 – Oncology and HIV
- 0860 10 34 55 – Chronic queries, wellness, PMB



BAMBINO PROGRAMME

At 24 weeks of maternity Members are encouraged to register on the Bambino Programme to qualify for a free maternity bag with baby goodies

Support, advise and educational leaflets during the different Trimester stages

Advice on birthing method

Management of High-Risk pregnancy

0860 00 00 48 – SizweHosmed Bambino program

Bambino@sizwehosmed.co.za

To note



Chronic Back and Neck pain

Currently members with Chronic Back and Neck pain can visit any service provider of their choice subjects to their benefit option, protocols and scheme rules
The Scheme is in the process of appointing a service provider for this programme. Once done, members will be directed accordingly.

Chronic Medication

Chronic medicines are paid up to the applicable reference price, utilizing the MMAP (Maximum Medical Aid Price) which is derived from Medikredit pricing guidelines and applied to all medical aid medication claims.
The Scheme is reviewing the application of the MMAP in light of co-payments experienced by some members

Bambino Programme

The maternity benefits remain unchanged for 2022

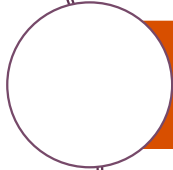
SALES & MARKETING



OVERVIEW



Membership 65 000



Broker Universe 240

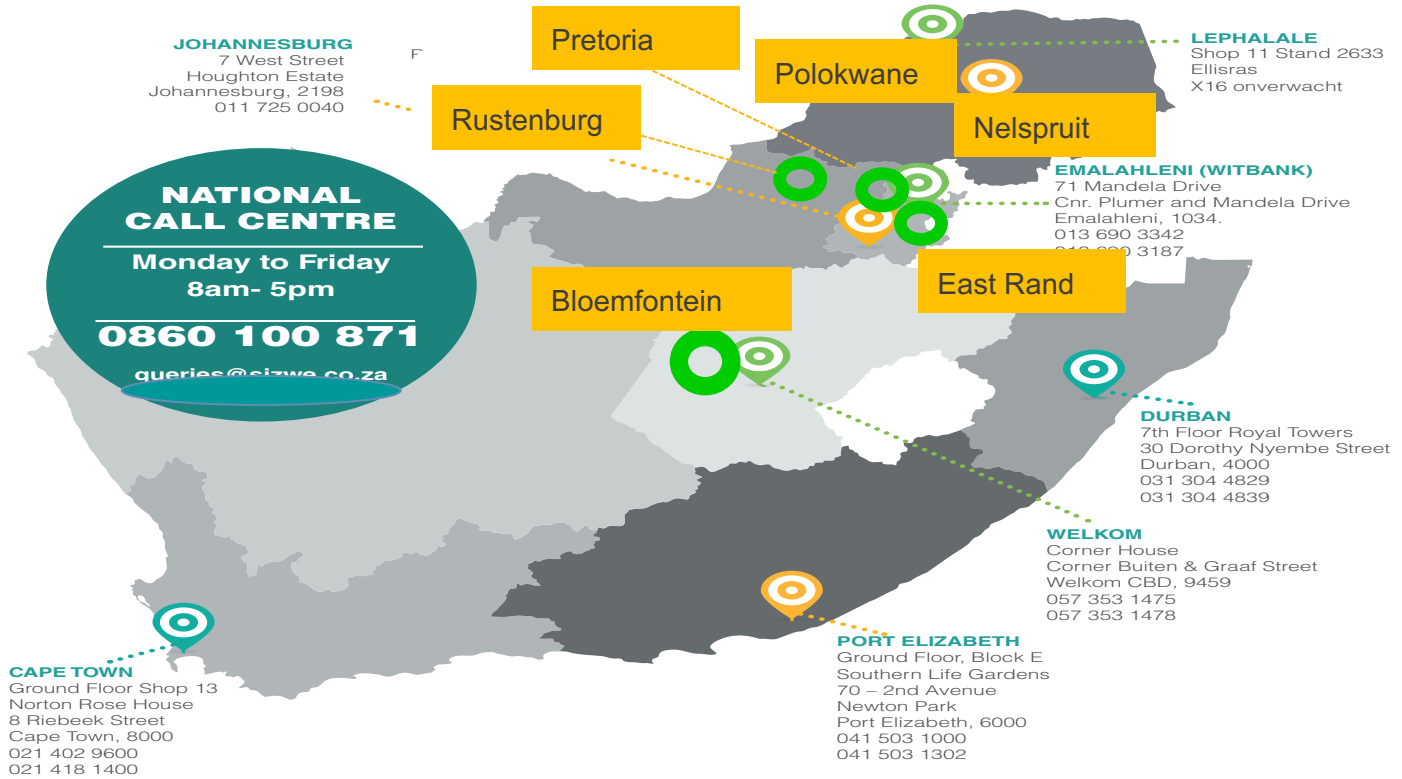


New sectors: SALGA Accreditation 257 municipalities- 270 000 employees



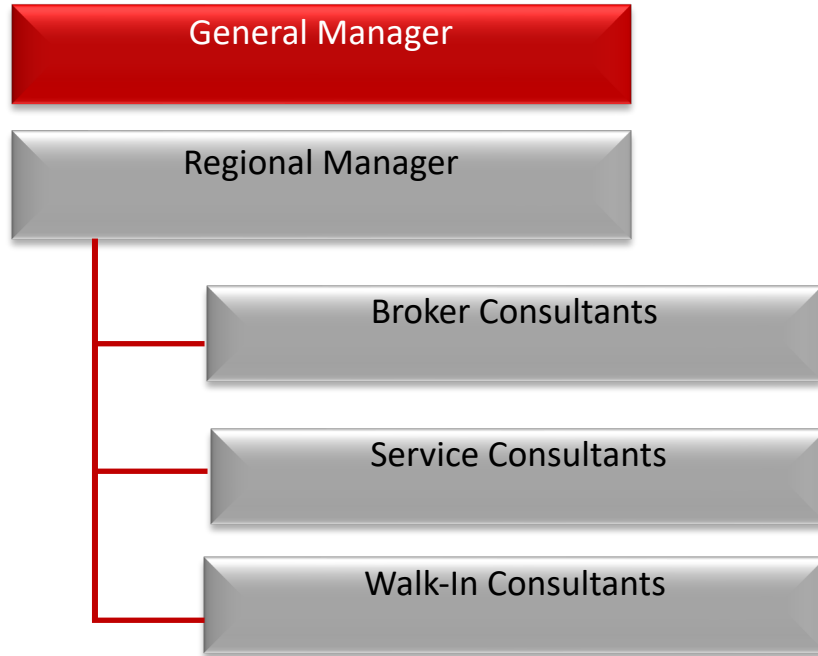
Maintenance of SALGA Threshold and Growth

NATIONAL FOOTPRINT EXPANSION





REGIONAL SERVICE STRUCTURE

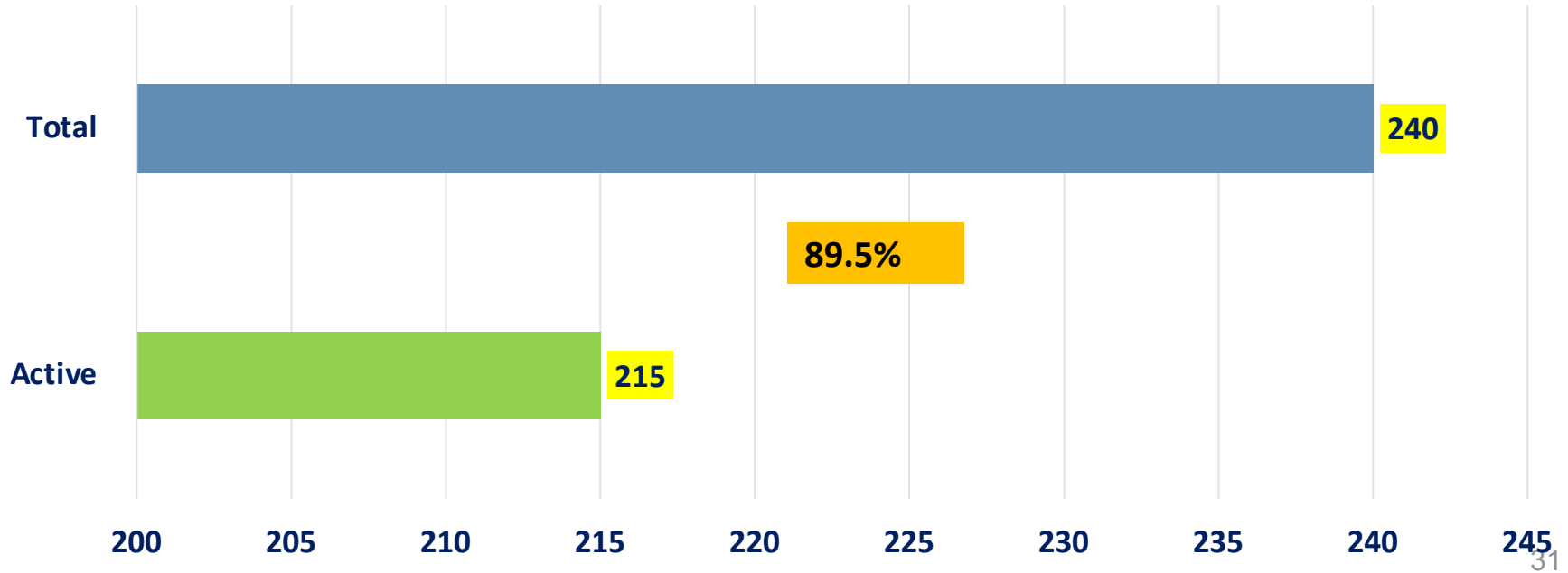


Escalation and process flows available on manual

BROKER PORTAL



Brokers Active on Portal





BROKER PORTAL



Member Dashboards



Claims Information



Pre-Authorization Hospital/Chronic Medication



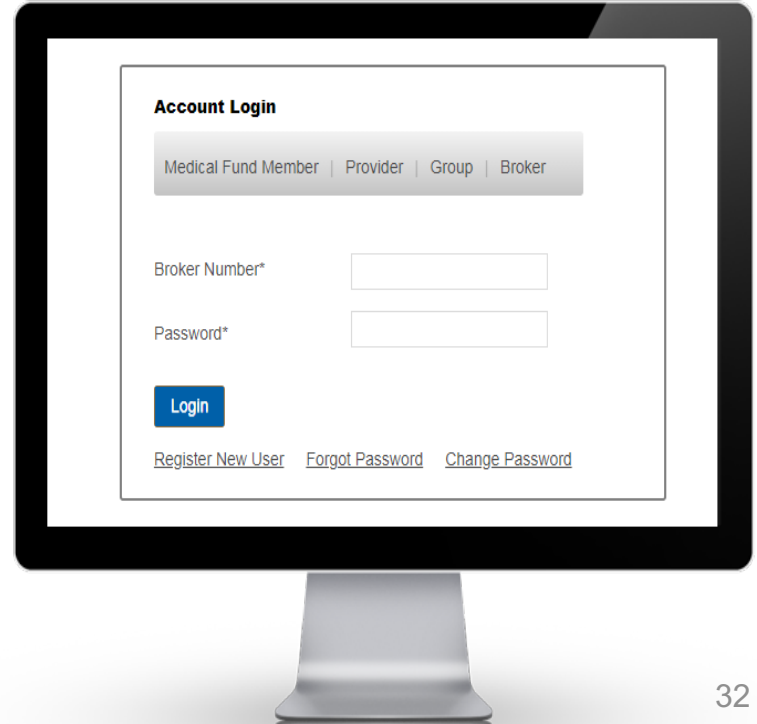
Benefits Review



Communication with customers



Contact Us





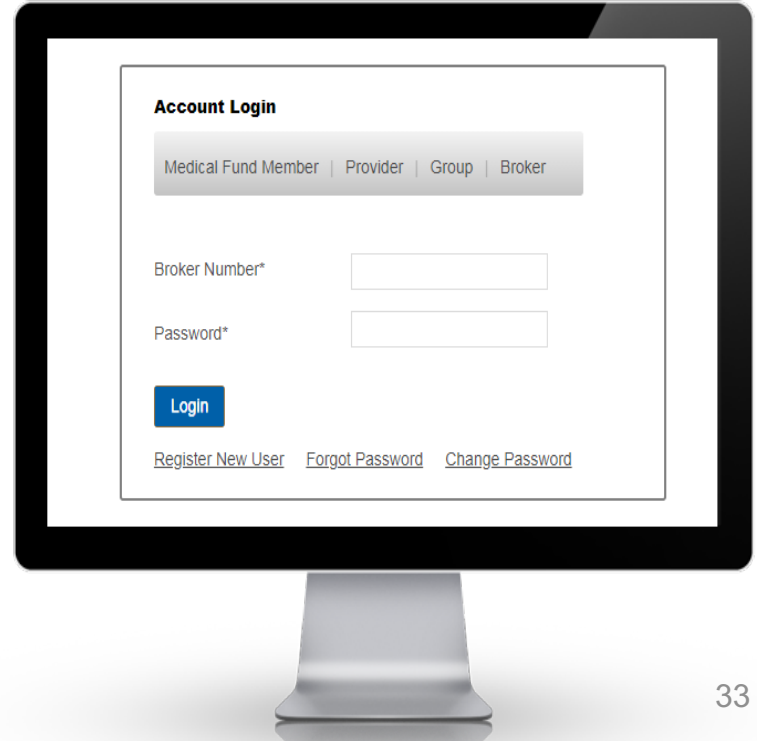
BROKER PORTAL

Brokerage Reports

- Member & dependant listing (also shows plan, contribution & employer details)
- List of applications in processing state (IE: Where they are in the process, will show any pending reason)
- List of resignations and reason
- List of any suspended membership and reason
- New applications for a period
- Resignations for a period

Member specific information

- Membership certificate
- Tax certificate
- Member demographic (IE: Plan, underwriting, family size)
- Claim payment
- Benefit usage & availability





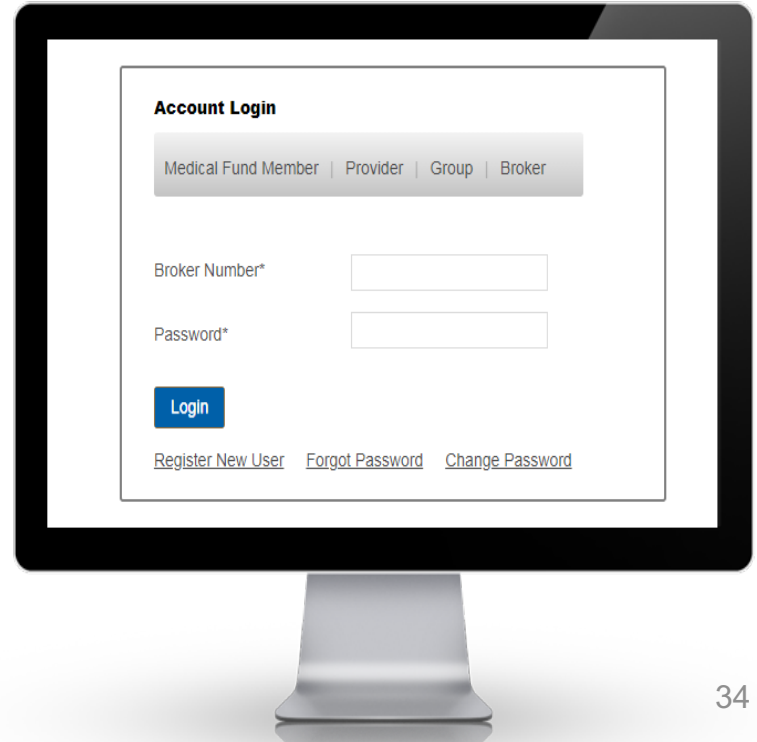
BROKER PORTAL

General

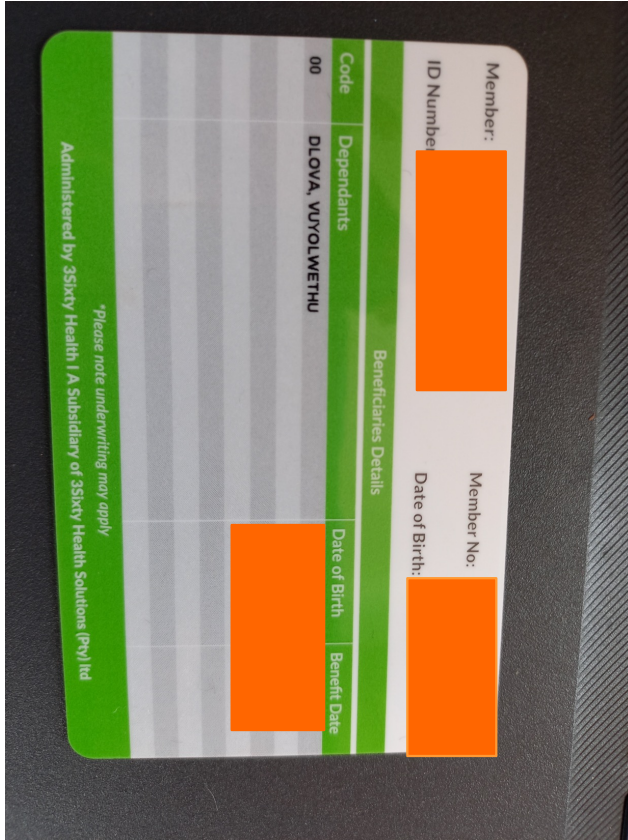
Communications – Scheme stakeholder communication letters issued are available here

Enhancements underway

- Contribution age analysis
- Premium Check (a quote generated on letterhead with underwriting disclaimer)



DIGITAL CARDS




Membership Card



EUROP Assistance SA, Medical Emergency
24-Hour Ambulance Service and Medical Advice 0860 117 799
Hospital Authorisation 0860 101 176
National Call Centre 0860 100 871

Email: queries@sizwehosmed.co.za | www.sizwehosmed.co.za

Member: ANTONIO JORGE DUARTE Member Number: 90008612
ID Number: 4210105138185 Date of Birth: 10/10/1942
Product Option: Value Option

Beneficiaries Details

Code	Dependants	Date of Birth	Benefit Date
4	LILITHA LATHITHA CONJWA	03/14/2006	01/01/2017
3	CARMEL BEHARILAL	01/31/1995	08/01/2004

Please note underwriting may apply
Administered by 3Sixty Health | A subsidiary of 3Sixty Health Solutions (Pty)Ltd



Broker Consent Form

This form authorises Sizwe Hosmed Medical Scheme (SHMS) to release confidential Medical Aid information to my broker and his associates.

Note: This authorisation is valid until cancellation has been received in writing. A separate form is requested to cancel a previous authorisation.

The purpose of this form is to (please select one option):

Authorise the broker to collect member's personal information from SHMS.

or

Cancel the existing authorisation for the broker identified below.

Member Authorisation

Member Signatures

Date

Telephone number

Consent

Following this, SHMF as a Responsible Party has a legal duty to get permission to use any Personal Information (PI) owned by a "Data Subject unless this PI is required as a result of a legal duty or obligation imposed on the SHMS or such PI is required for a contractual or legal purpose and / or is required for the purpose of protecting the legitimate interests of SIZWE HOSMED or the Data Subject.

thank you 



SIZWE-HOSMED

M E D I C A L S C H E M E

Your choice for quality care