

HIVCare Programme 2020

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a non-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the administrator'), is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Contact us

You can call us on **0860 103 933** or visit www.lahealth.co.za for more information.

HIVCare Programme 2020

Overview

This document gives you information about the LA Health HIVCare Programme. It explains your cover for hospital admissions related to HIV and AIDS, and how we pay for HIV medicine. It also explains how the programme together with your Premier Plus HIV GP will help manage your specific condition. We also give you information on the doctor consultations and laboratory tests and X-rays LA Health covers.

About some of the terms we use in this document

You might come across some terms in the document that you may not be familiar with. Here are the terms with their meaning.

Terminology	Description
Chronic Drug Amount	Scheme pays up to a monthly amount for a medicine class subject to your benefit option. This applies to medicine that is not listed on the medicine list (formulary). The Chronic Drug Amount does not apply to the LA KeyPlus Benefit Option.
Day-to-day benefits	These are the funds available in the Medical Savings Account or Above Threshold Benefit, if available on your benefit option.
LA Health Rate	This is the rate that the scheme sets for paying claims from healthcare professionals.
Payment arrangements	We have payment arrangements in place with specific specialists to pay them in full at a higher rate.
Premier Plus HIV GP	A Premier Plus HIV GP is a network GP who has contracted with us to provide you with high quality healthcare for your condition.

The HIVCare Programme at a glance

You have access to clinically sound and cost-effective treatment

We base the LA Health's HIVCare protocols on the Southern African HIV Clinicians' Society and South African Department of Health guidelines. Approval of HIV-related services is subject to Prescribed Minimum Benefit guidelines and your benefits.

We deal with each case with complete confidentiality

HIV and AIDS is a sensitive matter, whether one has the condition or not. Our HIV healthcare team respects your right to privacy and will always deal with any HIV and AIDS related query or case with complete confidentiality.

There is no overall limit for hospitalisation for members who register on the HIVCare Programme

For members who register on the HIVCare Programme there is no limit to the hospital cover. This applies to all the LA Health Medical Scheme benefit options.

Members must always get approval for their hospital admissions. The LA Health Medical Scheme Rules always inform us of how we pay for treatment.

Benefits of using a Premier Plus GP to manage your condition

When you register for our HIVCare Programme and choose a Premier Plus HIV GP to manage your condition, you are covered for the care you need, which includes additional cover for social workers.

LA Health Medical Scheme covers a specified number of consultations and HIV-specific blood tests

For members who are registered on the HIVCare Programme, the Scheme pays for four GP consultations and one specialist consultation a person each year for the management of HIV.

You have full cover for GPs who are on the *Premier Plus HIV GP Network* and specialists who have a payment arrangement with us. The Scheme will pay the account up to the agreed rate. If you don't use a healthcare provider who we have an arrangement with, you will be responsible for any shortfall between what the provider charges and what LA Health pays.

- If you are on an **LA Comprehensive, Active, Focus or Core Benefit Option**, you must use a Premier Plus HIV Network GP to manage your condition to avoid a 20% co-payment.
- If you are on the **LA KeyPlus Benefit Option**, you must choose a doctor who is on both the KeyCare and Premier Plus HIV GP Network to avoid a 20% co-payment.

The Scheme also pays for HIV-specific blood tests for members who are registered on the HIVCare Programme. These tests are a measure of the extent of the HI virus and are instrumental in managing the patient's response to treatment. The specific tests are listed in the *Benefits available for your Benefit Option* section.

HIV drug resistance test

You do not automatically qualify to have this test covered from you Risk Benefits, authorisation for the test is a prerequisite. Authorisation applies for requests for tests done in-hospital and out-of-hospital.

The authorisation process is used to manage risk to make sure that you receive best-practice HIV care, based on clinical evidence, to ensure optimal quality of care and health outcomes. It is important that the authorisation process be followed for every request.

If you have not registered on the HIVCare Programme, the test costs will be paid from your available day-to-day benefits. If you have run out of funds or do not have a plan with day-to-day benefits, you must pay for these costs yourself.

We pay for antiretroviral medicine from our HIV medicine list up to the LA Health Rate for medicine

Members who test positive for HIV have cover for antiretroviral medicine that are on our HIV medicine list (formulary). This includes treatment for prevention of mother-to-child transmission, treatment of sexually transmitted infections and HIV-related (or AIDS-defining) infections. We will fund for supportive medicine whose conditions meet our requirements for cover (clinical entry criteria). Our case managers will coordinate HIV medicine applications and monitor the member's use of antiretroviral treatment to ensure the treatment is effective.

For preventive treatment in case of sexual assault, mother-to-child transmission, trauma or workman's compensation, any HIV waiting periods do not apply to preventive medicine. Cover is subject to national treatment guidelines and benefit confirmation. Members do not need to register on the HIVCare Programme for this preventive treatment.

We provide cover for nutritional feeds to prevent mother-to-child transmission

Nutritional feeds are covered for babies born to HIV-positive mothers up to six months old from date of birth, according to the HIV nutritional and mother-to-child prevention milk formula list (formulary).

Getting the most out of your benefits

Register on the HIVCare Programme to access comprehensive HIV benefits

Call us on 0860 103 933, fax 011 539 3151 or email HIV_Diseasemanagement@discovery.co.za to register. The Scheme's HIVCare team will only speak to you, the patient, or your treating doctor about any HIV-related query.

Use approved medicine on our medicine list

LA Health Medical Scheme does not cover experimental, unproven or unregistered treatments or practices.

You have full cover for approved medicine on our HIV medicine list (formulary) if your healthcare provider charges the LA Health Rate for medicine.

For clinically appropriate medicine that is not on the list, we will pay up to a set monthly amount (Chronic Drug Amount). You will be responsible to pay any shortfall from your pocket for medicine not on the list or if the pharmacy charges more than the LA Health Rate for medicine. The Chronic Drug Amount does not apply to the LA KeyPlus Benefit Option.

Get your HIV medicine from our designated service provider for this service

The designated service providers (DSPs) for HIV medicine are pharmacies in our HIV network. Please log on to the Discovery website (www.discovery.co.za) to confirm a DSP pharmacy near you or alternatively use MedXpress.

Only LA KeyPlus members who do not use pharmacies in our HIV network for their HIV antiretroviral medicine will have to pay a 20% co-payment on their monthly HIV antiretroviral medicine.

Use a healthcare provider who participates in our payment arrangements

You have full cover for healthcare providers we have a payment arrangement including GPs and specialists. LA Health Medical Scheme will pay the account up to the agreed rate. If you don't use a healthcare provider who we have an arrangement with, you will be responsible for any shortfall between what the provider and what Scheme pays.

Tell us about where you'll be having your treatment and who your treating doctor is and we'll confirm if we have an agreement with the healthcare provider. If you choose to have your treatment at a provider who we have an arrangement with, there will be no shortfall in payment. Remember that any benefit option benefits still apply in this case. Take your HIV medicine as prescribed and send test results when we ask for them.

We will only fund your HIV treatment if LA Health has approved it. It is important that you remain compliant with your treatment plan. Once you've registered on the HIVCare Programme, you'll need to send us follow-up tests when we ask for them, for us to assist you in the ongoing management of your condition.

Prescribed Minimum Benefit cover

The Prescribed Minimum Benefits are minimum benefits for specific conditions that the Medical Scheme Act defines that all medical schemes are required to cover, according to clinical guidelines. In terms of the Act and its regulations, all medical schemes must cover the costs related to the diagnosis, treatment and care of any life-threatening emergency medical condition, a defined set of 270 defined diagnoses (Diagnostic Treatment Pairs Prescribed Minimum Benefits or DTPMB) and 27 chronic conditions.

You may be required to use a designated service provider (DSP) to have full cover for a Prescribed Minimum Benefit. A DSP is a hospital or healthcare provider who has a payment arrangement with the Scheme to provide treatment or services at a contracted rate and without any co-payments by you.

All medical schemes in South Africa have to include the Prescribed Minimum Benefits in the Benefit Options they offer to their members. There are, however, certain requirements that a member must meet before he or she can benefit from the Prescribed Minimum Benefits.

These are the requirements that apply to access Prescribed Minimum Benefits:

- Your condition must be part of the list of defined conditions for Prescribed Minimum Benefits. You may need to send us the results of your medical tests and investigations that confirm the diagnosis for your medical condition.
- The treatment you need must match the treatments included as part of the defined benefits for your medical condition.
- You must use a doctor, specialist or other healthcare provider who the Scheme has a payment arrangement with. There are some cases where this is not necessary, for example a life-threatening emergency.

HIV is classified as a Prescribed Minimum Benefit condition for members who qualify for cover. However, only certain treatment protocols are available for funding from this benefit.

More information on our approach to Prescribed Minimum Benefits is available at www.lahealth.co.za

Your doctor can appeal for additional cover

LA Health Medical Scheme covers certain basic out-of-hospital treatments related to HIV infection as a Prescribed Minimum Benefit. You can ask for additional cover, if your condition requires this, through an appeals process. We will review the individual circumstances of the case, however it's important to note that an appeals process doesn't guarantee a positive outcome and neither does it change the way we cover Prescribed Minimum Benefits.

If the additional cover is approved, the Scheme will pay the claims for these treatments in full, if we have a payment arrangement with your doctor. You may be responsible to pay part of the claim if we do not have an arrangement with your doctor and he or she charges higher than what the Scheme pays.

We pay all other out-of-hospital treatments from the available funds in your day-to-day benefits, if available on your Benefit Option. If your Benefit Option does not have day-to-day benefits or you have run out of money, you will be responsible to pay these from your pocket.

Benefits available for your plan type



Hospital admissions

Cover for all costs while you are hospitalised is not automatic. When you know you are going to hospital, you need to tell us beforehand. You must preauthorise your admission to hospital at least 48 hours before you go in. Please phone DiscoveryCare on 0860 103 933 and follow the prompts to get approval.

When you contact us, please have specific information about your procedure and admission available, so that we can assist you.

GP and specialist consultations

For members who have registered on the HIVCare Programme, we pay for four GP consultations (with a GP in the Premier Plus HIV GP Network), including one specialist consultation for HIV per person, each year. The Scheme may pay for more consultations including those for paediatricians and should further consultations be clinically necessary.

You must use a Premier Plus HIV Network GP to manage your condition to avoid a 20% co-payment.

If you haven't registered on the programme, the consultation costs will be paid from available funds in your day-to-day benefits, up to the LA Health Rate. You must pay any shortfall from your pocket.

HIV antiretroviral and HIV-supportive medicine

If your approved medicine is on our HIV medicine list and we will pay for it in full up to the LA Health Rate for medicine. Approved antiretroviral medicine not on our HIV medicine list will be covered up to a set monthly amount (HIV Chronic Drug Amount). You will be responsible to pay any shortfall from your pocket.

You have cover of up to R535 a person a year for the multivitamins and vaccination shown below. Flu vaccinations will be paid from the Screening and Prevention Benefit.

Medicine name	NAPPI code
Multivitamin forte	715460001
Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001

HIV-monitoring blood tests

If you have registered on the HIVCare Programme, the Scheme pays for these blood tests up to the LA Health Rate:

Test	Number of tests we cover for each person a
CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and creatinine	1
Liver function test (LFT)	1
HIV drug resistance test (genotype)	1 (we only cover this test if we have approved funding before the test is done)

If you haven't registered on the HIVCare Programme, the test costs will be paid from the available funds in your day-to-day benefits.



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You must use a Premier Plus HIV Network GP to manage your condition to avoid a 20% co-payment.

If you haven't registered on the programme, you must pay for these costs.

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If you haven't registered on the HIVCare Programme, you must pay these costs from your pocket.



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You must use a GP who is on both on the KeyPlus Network and Premier Plus HIV GP Network to manage your condition to avoid a 20% co-payment

HIV antiretroviral and HIV-supportive medicine

Only approved HIV antiretroviral medicine and HIV-supportive medicine on our medicine list will be covered. Members have cover of up to R535 a person a year for the multivitamins and vaccination shown below. Flu vaccinations will be paid from the Screening and Prevention Benefit:

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Multivitamin orange	838500005
Multivitamin	799173002
Heberbio hbv sgl dose 1ml adult	701659001

You must use our designated service provider for HIV medicine for medicine to be covered in full. If you do not use our designated service provider, you will have to pay a 20% co-payment from your pocket on your HIV antiretroviral medicine only.

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CD4 count	4
Viral load	4
ALT	3
Full blood count (FBC)	4
Fasting lipogram	1
Fasting glucose	1
Urea and electrolytes (U&E) and	1
Liver function test (LFT)	1
HIV drug resistance test (genotype)	1 (we only cover this test if we have approved funding before the test is done)

If you haven't registered on the HIVCare Programme, you must pay these costs from your pocket.

Complaints process:

You may lodge a complaint or query with LA Health Medical Scheme directly on 0860 103 933 address a complaint in writing to the Principal Officer at the Scheme's registered address. Should your complaint remain unresolved, you may lodge a formal dispute by following the LA Health Medical Scheme internal disputes process.

You may, as a last resort, approach the Council for Medical Schemes for assistance.
Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / 0861 123 267 / complaints@medicalschemes.com / www.medicalschemes.com