

MEDI BRIEF

NOVEMBER 2016

Day Clinics

A more cost-effective alternative to hospitals for certain procedures

Value Care Plan members are already actively directed to the most cost-effective facilities on the Prime Cure network, including day clinics. Standard and Managed Care Plan members, so far, have not had the same guidance, which is why we would like to introduce the day clinic concept in this MediBrief issue.

What are day clinics?

Day clinics are healthcare facilities that provide surgical services and allow you to have diagnostic procedures performed on a same-day basis, in an operating theatre, where you won't have to stay the night. They offer convenient alternatives to overnight hospital stays.

Some day clinics are attached to hospitals and others are independent and not part of any hospital. For instance, some Medicross Clinics have independent theatres. These facilities will only admit patients for the day. Specialists will also perform endoscopies in some casualties.

Benefits of utilising day clinics for patients:

- Minimum disruption – procedure done on the same day, no overnight stay
- Day clinics provide a less traumatic surgical environment compared to a hospital
- The healthcare team that works with you does not change as there is only one shift, which makes it a more personal experience
- There is a reduced risk of hospital-acquired infections
- Overall planning of procedures is more efficient compared to hospitals where emergencies will take priority. Day clinics plan admissions and procedures well in advance with fixed times and plan accordingly
- Patients benefit from a quicker turnaround time and speedier recovery
- Ease of admission and minimal forms to be completed
- Lower costs for the same procedures



From which benefit does the Scheme pay for day clinic procedures?

Standard and Managed Care Plans: costs for procedures at day clinics will be paid by the Scheme (from the risk benefit), at the Scheme Reimbursement Rate, or at cost if PMB – not from your out-of-hospital benefit or your MSA.

Avoid co-payments in hospitals and reduce costs for yourself and the Scheme

In the October MediBrief, we advised on different ways of managing the Scheme's increasing healthcare costs and how the Scheme aims to save money for all members while funding high-quality products and services.

In the past, the Scheme experienced unnecessary high hospitalisation costs for procedures that could have been performed in a more cost-effective setting, for instance, a day clinic or doctor's rooms.

“When I went to hospital for a cataract operation, I had to stay overnight as the doctor could only see me the next morning.”

– Member, 69 years old

“I didn't even know you could go to a day clinic for these procedures.” – Member, 72 years old

The Scheme, through Discovery Health, has negotiated competitive rates for day clinics and some other facilities for planned routine diagnostic gastroscopy, colonoscopy and other minor endoscopic procedures.

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To promote the use of these cost-effective alternatives, a co-payment has been introduced which will only be charged if members have one of these procedures done in hospital instead of a day clinic. This co-payment is R3 350. It is equal in rate to the difference between the hospital and the day clinic cost and is only applicable to members on the Standard and Managed Care Plans.

Emergency scopes, or scopes ordered if a patient has already been admitted for existing health concerns, will not be subject to a co-payment.

A similar co-payment structure has been introduced for cataract procedures where these procedures can be done in a day clinic. Find more information on page 37 and 69 of the benefit guide.

From January 2017, when obtaining your authorisation for these procedures, the Call Centre's authorisation team will

advise if there are co-payments due and guide you on how to avoid them. The team will also be able to let you know which day clinics are available near you for the procedure you need to have done.

How do I find day clinics close to me?

For more information and a list of day clinics near you, please call us on 0860 222 633. The member area on the website will also include a list of day clinics in the provider search. Please ask, when you make the appointment, whether the specialist that will be performing the procedure operates in a day clinic or from their rooms. Remember, a co-payment will apply if you are admitted to a hospital for a procedure that is not an emergency.

What happens in case of emergencies?

All emergencies will be paid in full, with no co-payment, regardless of where they are performed.

Cost savings achieved by the Scheme

Each member can contribute towards reducing healthcare costs by using the right healthcare providers and by negotiating with them.

The Scheme itself has many initiatives and programmes in place to reduce healthcare costs for all members. Over the last two years, AMS was able to participate in provider and tariff management initiatives facilitated by our administrator. This buying power enabled the Scheme to save R14.8 million on hospital and pathology costs and oncology medicine, as well as through fraud intervention. Over R1 million was also saved by our administrator's procurement strategy team, who negotiated rates on behalf of AMS for prostheses necessary for shoulder, hip, knees and intraocular lens operations. In many instances, members also benefited from savings through Discovery's optometry network and the GP network on the Managed Care Plan which was introduced this year.

Together with our pharmacy benefit management partner, MediKredit, the Scheme not only offered members the ease

of a convenient paperless claims' experience and great administrative efficiency when registering for chronic medicine, but also facilitated substantial cost savings for medicines. AMS has enjoyed savings in the amount of R25 million since 2014 as a result of 'Therapeutic Reference Pricing' managing co-payments for medication. An initiative called 'Dispensing for Choice' was introduced in 2014 that resulted in minimal or no surcharges/co-payments for members with an increased revenue for pharmacies. A win-win situation! The savings to the Scheme was to the value of R1.6 million.

To find out more about 'Reference Pricing' and how to avoid co-payments, please refer to the February 2015 MediBrief. You can find it on www.angloms.co.za > Info Centre > MediBrief archive. Alternatively speak to our medicine management team on 0860 222 633.

Have you received your 2017 Benefit Guide?

We posted the 2017 Benefit Guide at the beginning of November. If you have not received your copy yet, please ensure we have your correct postal address. If in doubt, please call us on 0860 222 633. You can also access a copy of the 2017 Benefit Guide on the Scheme website at www.angloms.co.za > Info Centre > Downloads > Benefit Guide.

Visit www.angloms.co.za to learn more about your Scheme and benefits.

Find all previous MediBrief editions in the Info Centre > MediBrief Archive.

Member Queries:

Value Care Plan: 0861 665 665, anglo@primecure.co.za

Standard and Managed Care Plan: 0860 222 633, member@angloms.co.za

Claims: claims@angloms.co.za