

- ▶ Mail or fax the completed application form together with the requested information to the contact details as indicated on the last page of this guide. CMP will process your application on receipt of the completed form.
- ▶ A copy of the medication authorisation letter will be posted or e-mailed to you upon request.
- ▶ An authorisation period will be indicated for each approved medication item.

REJECTED MEDICATION

An appropriate reason for the rejection of any medication not approved by CMP, will be given on the authorisation letter. If the reason given states that special tests and/or a specialist report are required, kindly obtain these from your doctor and send them to us as soon as possible. Your application will be reconsidered once the supporting information has been received. If certain medication items or conditions were not approved by CMP, your doctor may submit a detailed clinical report for reconsideration to the Clinical Review Committee.

AUTHORISED MEDICATION AND RELATED SERVICES

Please request your doctor to issue you with a handwritten prescription listing your approved chronic medication.

Please note that the rules of the Fund allow only one month's supply of each authorised item to be dispensed at a time.

CHANGES TO AUTHORISED MEDICATION

If your doctor wishes to add or discontinue the use of certain medication or change the strength or dosage of your medication, CMP will require your doctor to phone the CMP Call Centre. Alternatively, an updated prescription, accompanied by supporting test results, ICD-10 code diagnosis or specialist reports supporting the change in prescribed medicine, can be faxed to CMP at the number listed below.

REFERENCE PRICING

Chronic medicines are subject to generic and therapeutic reference pricing. Your pharmacist and doctor can assist you with the selection of an appropriate alternative in order to avoid co-payments in this regard.

If you think you are at risk of being HIV positive, or have been diagnosed as a person living with HIV/AIDS, please register on the Qalsas HIV Programme by phoning 0861 888 300.

CONTACT DETAILS

Chronic Medicine Programme
PO Box 32931
Braamfontein
2017

TEL: 0800 225 151 (members)
or 0800 122 263 (dedicated doctor line)

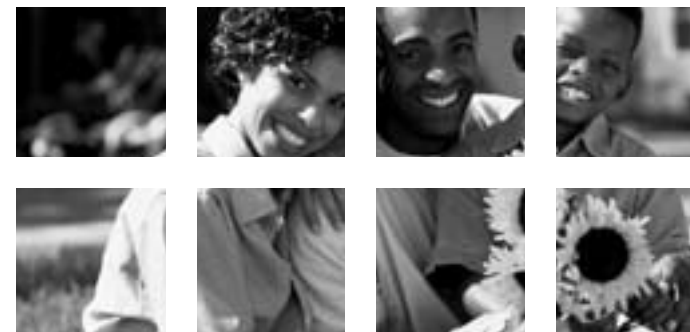
FAX: 0800 122 236

E-MAIL: transmeddisease@qalsas.co.za
www.transmed.co.za



Chronic Medicine Programme

REFERENCE GUIDE



04/10 L2309

A MEMBER OF METROPOLITAN HEALTH GROUP



INTRODUCTION

Welcome to the Qualsa Chronic Medicine Programme (CMP). CMP was established in 1995 to provide a service to patients requiring treatment for chronic medical conditions. CMP is dedicated to managing chronic medicine use in a manner that is beneficial to the health of members and to ensuring quality care through integrated healthcare and holistic patient management.

WHAT DOES CMP OFFER?

- ▶ Access to additional benefits if you have a chronic condition.
- ▶ Assessment of your medication in accordance with guidelines set by our pharmacological and medical advisors.
- ▶ Useful advice and information regarding your chronic condition.
- ▶ An efficient pre-authorisation process for chronic medication users, which combines advanced technology with pharmacological and medical expertise.

PRESCRIBED MINIMUM BENEFITS (PMB)

In January 2004, the Council for Medical Schemes enacted legislation regarding the medical management of the 26 most common chronic illnesses (see table opposite).

All medical aid schemes are obligated to comply with the legislation, which states that schemes must provide for the basic medical management and treatment of these illnesses. We support the legislation in an endeavour to provide our members with the best possible care.

Registration of any of these conditions on the CMP programme will automatically enrol you for these additional benefits. You will receive a Care Plan outlining the authorised medical services (doctor's consultations, blood tests and radiological tests) related to the management of the 26 Chronic Disease List (CDL) conditions. This schedule of services applies to PMB CDL conditions only. Services listed on your Care Plan can be obtained from any service provider and will be covered at 100% of National Health Reference Price List (NHRPL) tariffs. Benefits for these services are allocated

on an annual basis. Should the services on the Care Plan be inadequate to provide for the medical management of your chronic PMB conditions, your treating doctor may submit a motivation for additional services. Providers should note that payment of claims from the PMB benefit requires submission of the correct ICD-10 code(s) on the relevant claims.

PMB CONDITIONS*

Addison's disease
Asthma
Bipolar mood disorder
Bronchiectasis
Cardiac failure
Cardiomyopathy disease
Chronic obstructive pulmonary disorder
Chronic renal disease
Coronary artery disease
Crohn's disease
Diabetes insipidus
Diabetes mellitus type 1 and 2
Dysrhythmias
Epilepsy
Glaucoma
HIV/Aids
Haemophilia
Hyperlipidaemia
Hypertension
Hypothyroidism
Multiple sclerosis
Parkinson's disease
Rheumatoid arthritis
Schizophrenia
Systemic lupus erythematosus
Ulcerative colitis

*Not all types of medication used to treat the above conditions would necessarily be approved by CMP.

APPLICATION PROCESS

Qualsa Healthcare utilises an innovative system to administer the chronic medicine benefit. There are two methods which you can use to access chronic medication.

1. TELEPHONIC APPLICATION PROCESS

Ask your doctor to call CMP.

- ▶ CMP will obtain all the relevant details pertaining to your application from your doctor.
- ▶ The application will be processed immediately.
- ▶ Your doctor will supply you with a handwritten prescription.
- ▶ A copy of the medication authorisation letter will be posted or e-mailed to you.
- ▶ An authorisation period will be indicated for each approved medication item.

2. WRITTEN APPLICATION PROCESS

A CMP application form can be obtained by phoning the Transmed Client Service Line or from your Designated Service Provider (DSP) pharmacy. The form can also be printed from the Fund's website. As from 1 February 2010, chronic medicines should be obtained from one of the DSPs, being any MediRite, Care Cross, Chronicare or Clicks pharmacies. Transmed has negotiated preferred rates with these pharmacies. Should you choose to use any other pharmacy, you will need to make a non-refundable payment. A 20% member co-payment applies to medication used for non-PMB chronic conditions. Where applicable the Reference Price will be applied. Alternatives that will be paid in full by the Fund can be discussed with your treating doctor. Authorisations are valid for the indicated period and while on your current benefit option.

- ▶ Complete the applicant's section of the CMP application form.
- ▶ Ask your doctor to complete the practitioner's section of the form.
- ▶ Check that the application form is completed and that it is accompanied by supporting test results or specialist reports. (An incomplete form will delay the processing of your application).