



Compassionate Care Benefit

Who we are

Bankmed Medical Scheme (referred to as ‘Bankmed’), registration number 1279, 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) which takes care of the administration of your membership for Bankmed.

Overview

Members with advanced illnesses that require palliative care have access to the Compassionate Care Benefit (CCB), which provides members with palliative care in the comfort of their home or in a hospice facility. Palliative care is provided by a multidisciplinary team, in partnership with the Hospice Palliative Care Association of South Africa.

The Compassionate Care Benefit is available to Bankmed members on the **Core Saver, Traditional, Comprehensive and Plus Plans** only, for specific non-cancer related conditions. Members with advanced cancer who require palliative care have access to the Advanced Illness Benefit (AIB). You can find out more about the Advanced Illness Benefit on www.bankmed.co.za

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

| Terminology | Description |
|---------------------|--|
| Day-to-day benefits | These are the funds allocated to the Medical Savings Account and Above Threshold Benefit, where applicable. Depending on the plan you choose, you may have cover for a defined set of day-to-day benefits. |
| Scheme Rate | This is the rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services. |

| Terminology | Description |
|-----------------------------------|--|
| Prescribed Minimum Benefits (PMB) | <p>In terms of the Medical Schemes Act 131 of 1998 and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of:</p> <ul style="list-style-type: none"> • An emergency medical condition • A defined list of 270 diagnoses • A defined list of 27 chronic conditions. <p>To access Prescribed Minimum Benefits (PMBs), there are rules that apply:</p> <ul style="list-style-type: none"> • Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit (PMB) conditions. • The treatment needed must match the treatments in the defined benefits. • You must use designated service providers (DSPs) in our network. This does not apply in emergencies. However, even in these cases, where appropriate and in line with the Scheme Rules, you may be transferred to a hospital or other service providers in our network once your condition has stabilised. If you do not use a DSP we will pay up to 80% of the Scheme Rate. You will be responsible for the difference between what we pay and the actual cost of your treatment. <p>If your treatment doesn't meet the above criteria, we will fund according to your Plan benefits.</p> |
| ICD-10 code | <p>A clinical code that describes diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).</p> |

Your Healthcare Professional is required to register you for cover on the Compassionate Care Benefit

To register, your Healthcare Professional needs to complete the *Advanced Illness Benefit and Compassionate Care Benefit application form* and e-mail it to AIB@bankmed.co.za. The application form is available on our website www.bankmed.co.za

Access to the Compassionate Care Benefit is voluntary and is subject to clinical entry criteria

To be eligible for this benefit, you must meet specific clinical entry criteria. Once approved and enrolled, you will have access to the benefits offered by the Compassionate Care Benefit.

The Compassionate Care Benefit at a glance

Members on the Compassionate Care Benefit have access to the following:



Support from a dedicated care coordinator

A dedicated care coordinator, who is a registered nurse, will contact you (or your family member) once we have registered you on the Compassionate Care Benefit. The care coordinator will support you and your family, and will work closely with your GP and/or specialist to ensure you receive the best of care at all times.

Personalised support and counselling

Members registered on the Compassionate Care Benefit and their family will have access to counselling services for support during this difficult time.

Comprehensive home-based care

Members registered on the Compassionate Care Benefit will have access to personalised home-based care services such as oxygen, pain management and home nursing, subject to authorisation and managed care criteria.

Access to specialised telephonic support

Members registered on the Compassionate Care Benefit can contact 011 529 6797 during working hours for assistance with Compassionate Care Benefit related authorisations, oxygen or benefit and claims related enquiries.

Your cover on the Compassionate Care Benefit

The Compassionate Care Benefit pays for services provided by a multidisciplinary team

We will pay for healthcare services provided by any of the Healthcare Professionals represented in the palliative multidisciplinary team, according to a specific basket of care and the agreed individual member care plan.

These costs will not affect your day-to-day benefits, and will be paid at the Scheme Rate from the Hospital Benefit, up to the overall benefit limit.

There is an overall limit for the Compassionate Care Benefit

| Plan | Amount |
|---|---------------------------------------|
| Core Saver, Comprehensive, Traditional and Plus Plans | R61 970 for each member in a lifetime |

We may continue to pay for your care as a Prescribed Minimum Benefit (PMB) when you reach the overall limit

When you reach the Compassionate Care Benefit limit and if your condition is a Prescribed Minimum Benefit (PMB) condition, we may continue to pay the costs as such, subject to authorisation. To register, your Healthcare Professional needs to complete the application form for out-of-hospital management of a Prescribed Minimum Benefit condition and e-mail it to PMB_APP_FORMS@bankmed.co.za, together with supporting documents.

Palliative care must be accessed from providers who are registered with the Board of Healthcare Funders

Bankmed will pay for these healthcare services or treatments as long as the application is approved and you use appropriately registered providers (with a valid Board of Healthcare Funders (BHF) registration number) who use valid tariff codes for the healthcare service or treatment.



We need the appropriate ICD-10 codes on accounts

All accounts for palliative care must have a relevant and correct ICD-10 code (diagnosis code) for us to pay it from the correct benefit. To ensure there isn't a delay in paying your Healthcare Professionals' accounts, please notify the team managing your treatment (or your loved one's treatment) about this requirement.

Nominating a person to assist you

Where you, as the patient, choose to nominate someone to assist you with managing your medical aid, you can complete a third party consent form. This form is available on www.bankmed.co.za. If at any stage, you wish to revoke consent for sharing of information, you can notify us accordingly.

Contact us

You may contact us on 0800 BANKMED (0800 226 5633) or visit www.bankmed.co.za for additional information.

Complaints process

You may lodge a complaint or query with Bankmed Medical Scheme directly on 0800 BANKMED (0800 226 5633) or address a complaint in writing directly to the Principal Officer. Should your complaint remain unresolved, you may lodge a formal dispute by following Bankmed Medical Scheme's internal disputes process.

Members, who wish to approach the Council for Medical Schemes for assistance, may do so in writing to: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 or via e-mail at complaints@medicalschemes.co.za. Customer Care Centre: 0861 123 267 / website www.medicalschemes.co.za

