



Diabetes Care Programme 2021

Who we are

Bankmed Medical Scheme, registration number 1279, is a non-profit organization, 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 the Scheme.

Overview

Diabetes mellitus (diabetes) is a chronic condition which if left untreated, can result in serious complications like blindness, kidney failure and heart attacks. However, good control of diabetes will reduce the incidence of these complications.

As a member registered on the Chronic Illness Benefit for diabetes, you can join the Diabetes Care Programme. This programme together with your Premier Plus GP, will help you actively manage your diabetes. The programme gives you and your Premier Plus GP access to various tools to monitor and manage your condition and to ensure you get high quality coordinated healthcare and the best outcomes.

This document gives you more information about the Diabetes Care Programme.

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
Chronic Illness Benefit (CIB)	The Chronic Illness Benefit (CIB) covers you for a defined list of chronic conditions. You need to apply to have your medication covered for your chronic condition.
Designated Service Provider (DSP)	A Healthcare Professional (for example doctor, specialist, pharmacist or hospital) who we have an agreement with to provide treatment or services at a contracted rate.
Emergency medical condition	An emergency medical condition, also referred to as an emergency, is the sudden and, at the time unexpected onset of a health condition that requires immediate medical and surgical treatment, where failure to provide medical or surgical treatment would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part or would place the person's life in serious jeopardy. An emergency does not necessarily require a hospital admission. We may ask you for additional information to confirm the emergency.
HealthID	HealthID is an app that gives your Healthcare Professional fast, up-to-date access to your health information. Once you have given consent, your Healthcare Professional can use HealthID to access your medical history, gain insight into the benefits of your Plan, make referrals to other Healthcare Professionals, study your blood test results, and write electronic prescriptions and referrals.
ICD-10 diagnosis code	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).
Premier Plus GP	A Premier Plus GP is a network GP who has contracted with us to provide you with high quality healthcare for your condition.
Prescribed Minimum Benefits (PMBs)	In terms of the Medical Schemes Act of 1998 (Act No. 131 of 1998) and its Regulations, all medical schemes have to cover the costs related to the diagnosis, treatment and care of: <ul style="list-style-type: none"> • An emergency medical condition • A defined list of 270 diagnoses • A defined list of 27 chronic conditions. To access Prescribed Minimum Benefits, there are rules that apply: <ul style="list-style-type: none"> • Your medical condition must qualify for cover and be part of the defined list of Prescribed Minimum Benefit 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 according to the rules of the Scheme, 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. If your treatment doesn't meet the above criteria, we will pay according to your Plan benefits.
Scheme Rate	This is a rate set by us. We pay for healthcare services from hospitals, pharmacies, Healthcare Professionals and other providers of relevant health services at this rate.



Members must be registered on the Chronic Illness Benefit for diabetes and consult with a Premier Plus GP

To access the Diabetes Care Programme, you must consult with a Premier Plus GP to enrol you onto the programme through HealthID, provided that you have given consent.

Visit www.bankmed.co.za to find a Healthcare Professional on the network.

Your Premier Plus GP will work with you to manage your condition

The Diabetes Care Programme is based on clinical and lifestyle guidelines. Through the programme, you and your GP can agree on key goals and track your progress on a personalised dashboard on HealthID, displaying your unique Diabetes Management Score. This will help to identify which areas require you and your GP's attention so that you can improve the management of your condition.

Your Premier Plus GP will ensure you have regular laboratory tests to assess and monitor diabetes control, kidney function, and cholesterol according to international clinical guidelines.

In addition to the standard treatment basket of procedures and consultations available to members registered on the Chronic Illness Benefit with diabetes, members who join the Diabetes Care Programme will have the following additional benefits each year funded from Risk:

- A biokineticist consultation to ensure that you obtain the best advice about exercise, tailored to your needs. To make sure that we fund this from the correct benefit, **please ask your biokineticist to claim the code DCARE and include the ICD-10 diagnosis code on the claim**
- An additional dietician consultation to ensure that you obtain the best advice about nutrition. To make sure that we fund this from the correct benefit, **please ask your dietician to claim the most appropriate code from the table below and include the ICD-10 diagnosis code on the claim**

Procedure code	Description and rates
84200	Nutritional assessment, counselling and/or treatment. Duration: 1-10min
84201	Nutritional assessment, counselling and/or treatment. Duration: 11-20min
84202	Nutritional assessment, counselling and/or treatment. Duration: 21-30min
84203	Nutritional assessment, counselling and/or treatment. Duration: 31-40min
84204	Nutritional assessment, counselling and/or treatment. Duration: 41-50min
84205	Nutritional assessment, counselling and/or treatment. Duration: 51-60min

Contact us

You can call us on 0800 BANKMED (0800 226 5633) or visit www.bankmed.co.za for more 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 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.

