

Guide to transplant claims submission process 2019

Who we are

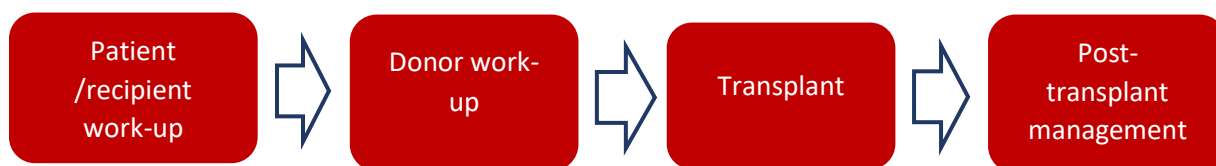
Engen Medical Benefit Fund, registration number 1572, is the Fund. This is a non-profit organisation, registered with the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider.

About this document

This document explains how we pay for pre-transplant investigations, the transport procedure and post-transplant care, approved as a Prescribed Minimum Benefit (PMB).

Understanding how the transplant claims process works

For simplicity and to streamline the process, we have identified 4 definite steps that must take place for a transplant, as illustrated below:



The Fund will only pay for treatment that is included in the care plan. The information below describes each step in the claims process.

Engen Medical Benefit Fund will pay for the appropriate, approved work-up costs for the recipient and the donor. The process to have the patient or recipient's accounts paid, is different to the process for the donor accounts. We explain these 2 processes separately.

Patient /Recipient Work-up

Recipient work-up

The Fund will pay for the appropriate, approved work-up costs for the recipient.

Getting work-up accounts paid as a Prescribed Minimum Benefit

- To ensure claims are funded correctly as Prescribed Minimum Benefit, it is important that all healthcare professionals submit claims with the approved ICD-10 codes.
- Claims may be submitted using electronic submission channels. Alternatively, paper claims may be submitted by email to claims@engenmed.co.za or by fax to 0860 329 252 or exgratia_approved_claims@engenmed.co.za for payment of the accounts.

Donor work-up

Paying the accounts

- Once a suitable or compatible donor is found, and where appropriate, the transplant coordinator will send us the donor's full name and ID number. We will pay for the tests that are necessary to be done before the surgery to harvest the donor's organ (including x-rays, ECG and blood tests) retrospectively, once the transplant surgery has been done;
- The Fund will only approve and pay for **1** donor work-up;
- The donor does not have to be a member of the Engen Medical Benefit Fund. We pay these accounts as an exception;
- Should the donor later become unsuitable, a letter of motivation is required from the treating doctor, for review by a clinical panel. We will notify the member of the outcome of the review.

Getting the donor accounts to us so we can pay them correctly

- Make sure the accounts are clearly marked as "*Donor account approved as ex gratia*"
- Ensure that the donor's full name, ID number and the recipient's membership number reflect on the account
- Please fax the accounts to us on 011 539 2130 or email them to exgratia_approved_claims@engenmed.co.za

The transplant

The hospitalisation costs for the transplant surgery is paid from the member's Insured Benefit

We will pay for the transplant procedure in-hospital from the Insured Benefit. Members can call us on 0800 001 615 for an authorisation number and we will explain the details of payment at the same time.

Post-transplant management

Certain treatment needed after the transplant surgery may also qualify for payment as a Prescribed Minimum Benefit

After the transplant surgery, treatment is required as part of ongoing management of the condition.

The condition being treated may be Prescribed Minimum Benefit (PMB), and the treatment may be part of the basket of care for that PMB. This may include tests or investigations, chronic medicine and consultations.

Making sure that the post-surgery treatment is covered as a Prescribed Minimum Benefit

Chronic medicine

Funding for chronic medicine is not automatic. The member will need to apply for funding for chronic medicine and we will approve the request, subject to certain criteria that need to be met. A Chronic Illness Benefit application form must be completed and sent back to us by fax on 011 539 5000 or by email to CIB_APP_FORMS@engenmed.co.za. If the member is already registered on the Chronic Illness Benefit for this condition, we need a copy of the new prescription for the medicine required.

Consultations, tests or investigations

Notify us that the transplant surgery has taken place by emailing PMB_APP_FORMS@engenmed.co.za or fax 011 539 2780. We will then activate the post-transplant benefit.

Where to get application forms

Members can print the forms off our website at www.engenmed.co.za or call us on 0800 001 615 and we will send the forms to them. If we do not approve funding, you may appeal the funding decision by submitting additional clinical information for treatment that falls outside of the benefit definition.

Complaints process

You may lodge a complaint, or query with the Fund directly on 0800 001 615, or by emailing service@engenmed.co.za. If you are not satisfied with how your query was resolved, please send a complaint in writing to the Principal Officer at the Fund's registered address.

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