

## HOSPITAL PRE-AUTHORISATION AND PREFERRED PROVIDER NETWORK HOSPITALS

### FREQUENTLY ASKED QUESTIONS

#### **Why do I require pre-authorisation?**

In order for Pick 'n Pay Medical Scheme to curb ever-increasing medical costs, pre-authorisation has been introduced to manage members' benefits in such a manner that the most appropriate and cost-effective treatment is used. By complying with the process of obtaining pre-authorisation, you are assisting the Scheme in managing these costs, ultimately improving the Pick 'n Pay Medical Scheme's reserve levels and containing increases in monthly contributions.

Qualsa's team of doctors and registered nurses has been contracted by Pick 'n Pay Medical Scheme to assist members in making informed decisions and offering useful advice by liaising with you and your healthcare providers. Each individual in the team is an expert in his/her own specialised field. By rendering this specialised service, the Scheme can ensure that you and/or members of your family are admitted to the most appropriate and cost-effective facilities.

#### **When is it necessary to obtain pre-authorisation?**

Pre-authorisation is required whenever you need to be admitted to hospital, whether it is for a day procedure or for any extended period of time. Pre-authorisation is also required for CT and/or MRI scans. Members must remember that approval of these scans by the Scheme will only be considered if referred by a specialist, or in very special circumstances by general practitioners.

#### **Why can I not go to a hospital of my choice?**

The Scheme would like to encourage you to utilise a more cost-effective service provider to ensure that your benefits stretch further.

Remember that you may utilise a hospital of your choice, but will have to pay a co-payment if you elect to have your procedure performed at a Non-Preferred Provider Network hospital. If your operation is performed at a Preferred Provider Network hospital, you will have no co-payment.

#### **What information should I have ready when phoning for pre-authorisation?**

The pre-authorisation consultant will require the following information:

- Medical aid number
- Patient's name
- Patient's date of birth
- Hospital name
- Doctor's full name and/or practice number
- Procedure code (if available)
- Diagnosis
- Date of admission
- Name and telephone number of the caller
- Whether the doctor charges National Health Reference Price List (NHRPL) rates or private rates.

#### **Why is it necessary to determine if the doctor charges NHRPL rates?**

Pre-authorisation is obtained from Qualsa for the hospital costs only, based on the clinical appropriateness of the operation. Obtaining pre-authorisation from the Scheme for an operation however, does not automatically guarantee that the related doctors' accounts will be covered in full.

Related claims such as specialist, anaesthetist, pathologist, etc. claims are paid by the Scheme within the limits of the related benefit category and the NHRPL tariff guide. Members should therefore negotiate reduced rates with service providers beforehand.

#### **Will I have to pay anything extra on the proposed operation?**

Pick 'n Pay Medical Scheme covers benefits in accordance with NHRPL. Members should obtain tariff specific quotations before having services rendered, and submit these to the Client Services Team for an accurate confirmation of what benefits will be reimbursed by the Scheme.

All claims are also subject to adjudication and could result in certain tariff items on the account not being paid.

#### **How long in advance do I need to phone for authorisation?**

- Booked surgery needs to be authorised at least 48 hours prior to admission.
- Maternity admissions need to be authorised two to three months before the member's delivery date.

#### **What happens if I am admitted in an emergency situation and cannot phone?**

In an emergency you have until the next working day to obtain pre-authorisation. If you are unable to phone, a friend or family member should call on your behalf. In most cases the hospital will phone, but the responsibility ultimately rests with you, the member of the Scheme.

#### **What happens if I am admitted in an emergency situation to a non-Preferred Provider Network hospital?**

In the case of an emergency admission to a non-Preferred Provider Network hospital, the co-payment will be waived. If the hospital stay is longer than anticipated, the case manager from Qualsa will liaise with the hospital case manager on your prognosis and progress.

#### **What if my newborn baby needs to be admitted?**

Your newborn baby will need to be registered with Pick 'n Pay Medical Scheme before a pre-authorisation number can be obtained. Hospitals are aware of this and know that as soon as a newborn baby is registered, the Scheme will grant an authorisation.

Please register your baby as soon as possible after the birth. Registration forms can be obtained from your Human Resources Department.

#### **Will I get my authorisation number immediately?**

In most instances an authorisation number is granted immediately by one of the trained personnel. However, certain procedures require prior approval by the Scheme's medical advisor. In such instances, a motivation letter from your treating specialist may be requested and will be subject to review by the Scheme's medical advisor. The application will be either approved or declined and you will be notified thereof.

***Members who elect to have a procedure/operation performed at a non-Preferred Provider Network hospital, will be required to submit a motivation letter.***

#### **What happens if I fail to get pre-authorisation?**

Pick 'n Pay Medical Scheme will apply a co-payment of R1 000 in the event that no pre-authorisation was obtained prior to admission to hospital. Upon settlement of the hospital account, the Scheme will short-pay the account with the applicable co-payment of R1 000, and you will be liable to pay the R1 000 directly to the hospital.

Remember to authorise emergency admissions on the first working day following the admission or within 48 hours, bearing in mind that it is not the hospital's responsibility to do this.

**How long is my authorisation number valid for?**

Your authorisation number is only valid for the specific procedure for which it was obtained. A new pre-authorisation must be obtained for *each* new admission to hospital. In the event that the date of the proposed procedure changes, it is extremely important that you inform the Scheme's Pre-Authorisation Department to amend your authorisation accordingly.

**Do I have to phone for authorisation or can someone do it on my behalf?**

You may request someone to phone on your behalf, as long as they have all the required information on hand. Please bear in mind that this is *your* medical scheme and the responsibility ultimately rests with you.

**Why must I change my doctor?**

The Scheme understands that members may have long-standing relationships with their treating doctors, who may only practice at non-Preferred Provider Hospitals.

However, to avoid the risk of incurring co-payments, it is important that you discuss this with your treating doctor, and that he/she refers you to a specialist who practices at a Preferred Provider Network Hospital on the list provided by the Scheme.