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Dear Service Provider and Administrative Staff

Enhanced Pre-authorisation Process for Hospital Benefit Management

Medscheme values your continued efforts to provide patients with high quality healthcare. Your patients are the beneficiaries we serve on behalf of our client schemes and this makes our relationship with you of shared critical importance. We understand that our ability to create systems and processes which are efficient and cost-effective has a direct impact on the quality of healthcare you are able to deliver to your patients. However, there are current administrative and managed care inefficiencies which need to be addressed in order to facilitate quality and sustainability in the private healthcare environment.

To that end, we have embarked on a project to provide you with a more streamlined, efficient authorisation experience for Hospital Benefit Management (HBM). We will be implementing an enhanced pre-authorisation process in the very near future which will save you time and inconvenience.


Please take note: With effect from **13 September 2018** this enhanced process will apply when requesting pre-authorisation for all of the following instances:

- In hospital admissions
- Doctor in-room (in lieu of hospitalisation) procedures
- Specialised radiology
- Renal dialysis
- Physiotherapy benefits if required by the scheme
- Any other type of in-hospital authorisation request for all Medscheme administered Schemes

You will already be familiar with the 6 basic pieces of information required for a pre-authorisation request. Once the enhanced process is live, it will be **mandatory** to complete these 6 fields. For clarity, the 6 basic mandatory fields will be:

1. **Treatment date:** When is the person being admitted?
2. **Member and beneficiary number:** Who is being admitted?
3. **Treating provider practice number:** Who is the treating healthcare professional?
4. **Place of service practice number:** Where is the person being admitted to?
5. **Relevant diagnosis and/or procedure codes:** Why is the person being admitted?
6. **In- or Out-of-hospital indicator:** Will the person be admitted as an in-patient or be treated as an out-patient?

It is important to note that if **any of the above 6 key basic mandatory fields are not completed**, the pre-authorisation request (received via email, call or any other means, including electronic) will **not** be acknowledged or captured into our system and acknowledged as a request. Therefore **no reference number** will be generated and **no claim will be processed** without the applicable **authorisation number**.



By applying this change, the tangible benefits for the hospital, treating provider and patient would include:

- Improved efficiencies and better provider and patient experience, and
- Reduction in re-work and queries related to claims and authorisations.

Medscheme would like to take this opportunity to thank you for your support of our enhanced pre-authorisation process.

Kind regards,

Medscheme Provider Relations