



our own

a magazine for Moto Health Care members

MAY 2009

From The Desk Of The Principal Officer

As members of medical aids, we often focus on the cost of the benefit option rather than the benefits we need to manage our healthcare requirements. Only when we or loved ones are hospitalised as patients and need treatment to be restored to health or to be kept alive, do we begin to understand and question what benefits we have purchased. By then it is too late to change benefit options to cover the treatment required.

It is that time of the year at Moto Health Care when we start considering what the members have been offered by the Fund, and ask ourselves whether what we are offering is the correct benefit for the correct price and, more importantly, have we catered for all the members who choose to belong to Moto Health Care? This is an extremely important question posed by the Trustees, all of who represent parties to the Motor Industry Bargaining Council. As Trustees their primary task is to ensure that all employees in the retail motor industry have access to affordable healthcare. In the event you opt for another medical scheme, you choose to align yourself with a scheme that does not understand the motor industry and, while they may offer you a healthcare benefit for a seemingly better premium, when the chips are down, do you have someone who understands your particular situation and, more importantly, will your pleas be sympathetically considered?

The process to determine the benefit options and the cost thereof is long, arduous and extremely challenging. There are many factors to consider and all of these affect the decisions we make in the end.

Some of these include:

- **Claiming patterns:** What do members claim for, when do they claim, how often do they claim?
- **Dreaded disease:** What type of diseases, are they lifestyle related, are they infectious; can they be cured, is it prescribed by law?
- **Trauma cases:** What is the average cost of an MVA, a baby born before the due date, trauma injury, is it private or work related, how many are we paying, can we recover third party costs?

- **Day cases versus hospital cases:** Should the member be treated in the doctors rooms or a hospital, what is the correct benefit outside of hospital or inside of hospital, what is the member responsible for?
- **Cost of claims:** Day cases versus hospital cases, how should we manage these, fee for service versus network?
- **Non-healthcare interventions:** Network contacts, designated service providers, managed care fees, administration fees, levies to various organisations?

All of the above involve the Fund making payments on your behalf and, in order to do this we need the contributions paid by you and your employer on time so that when you next go to your doctor, he does not turn you away. There has to be a correlation between your contribution level and the benefits provided; we cannot sell you a four-wheel-drive for the price of a wheelbarrow.

In 2007, we started the first steps to align the Fund with the Medical Schemes Act 131, of 1998. To this end, in 2009, we are able to provide prescribed minimum benefits on three of the options for the first time. In addition members have the assurance that the finances of the Fund are being managed in accordance with the Regulations. In this regard the Fund is doing well and, even though we assisted a number of members who experienced financial difficulties and gave all members a contribution break in 2008 in the form of reduced contribution increases, the solvency ratio of Moto Health Care is still in excess of the CMS requirement. The future of the Fund is bright. While we remain conservative in our calculations, Moto Health Care's three year business plan presented to the Council of Medical Schemes reflects optimism. Members can be assured that any gains will be ploughed back for the benefit of members.

I trust that to date your year has been everything you wished for and the remaining year is blessed for you and the family.

Kind regards

Murida Khan
Principal Officer – Moto Health Care



Walk-in centres

Moto Health Care has a number of walk-in centres throughout the country that are equipped to offer our members personal service, some of which include claims and billing enquiries, membership updates and new membership applications.

Below is a list of walk-in centres that are available to assist you. These centres are open during normal office hours from Monday to Friday.

Cape Town

River Park Offices
1st Floor Liesbeeck House
River Lane
Mowbray
Cape Town
Tel: 021 680 7400

Bloemfontein

No. 9 Office Park
Cnr President Reitz Street and 3rd Avenue
Westdene
Bloemfontein
Tel: 051 448 4632

Port Elizabeth

3rd Floor, Greyville Building
Cnr of Cape Road and Greyville Road
Greenacres
Port Elizabeth
Tel: 041 373 8773

KwaZulu Natal

1-3 Canegate Road
La Lucia Ridge
Umhlanga
Tel: 031 573 4000

11 Walnut Road, Gate C
Durban Exhibition Centre
Durban
Tel: 079 410 9493

Gauteng

33 Princess of Wales Terrace
Cnr of Princess of Wales and Carse O' Gowrie
Parktown
Tel: 011 485 7497

Momentum Building
268 West Avenue
Centurion
Tel: 012 671 8911 or 012 671 5666

Munimed Building
67 Koranna Avenue
Dooringkloof
Centurion
Tel: 012 673 1000

JHB Life Centre
45 Commissioner Street
Johannesburg
Tel: 011 491 6601



HELP US KEEP IN TOUCH

It is important that we have your correct contact details so that we are able to keep in touch with you, but more importantly, your correct details are required so that we can mail you your membership statements. These statements contain vital information regarding your claims. Your correct contact and membership details will also enable us to ensure that you are updated with the latest news regarding your membership.

If you have not been receiving any communications from us via post or e-mail, it is likely that we do not have your correct contact details.

Please call Moto Health Care on **0861 00 03 00** or visit the website www.motohealthcare.org.za and update your contact details.

Membership updates: Do we have your correct banking details?

It is essential that we have your correct banking details as this is the safest way for us to refund money that is owed to you and the most effective way for you to do your payments to the Fund.

Please call **0861 00 03 00** and update your banking details and ID numbers to enable us to provide you with a better and more efficient service.





www.motohealthcare.org.za

Our new website offers you all of the tools and information you need to be well informed about your membership.

Below are some of the functionalities that are available to you as a member.

members

Membership

- Check Member Details
you can check your option details, premiums, contact and banking details
- Edit Contact Details
you can check and/or edit your contact details
- Order New Card
request a new or additional card
- Member Authorisation Enquiry
check authorisation details
- Chronic Condition Registration Criteria
check the criteria for chronic applications applicable to you
- Formulary
easy access to a list of medications for different conditions and the formulary

Claims

- View Claims
easy view of all claims paid from your contract
- View Statements
view full statements in a PDF format

ChronicCare Network

- View ChronicCare Authorisations
you can check who currently has a chronic authorisation
- Print CCN Application Form
easy access to a chronic application form

General

- Change Password
quick and easy change of password for your security
- View last month's online transactions
track all online activity on your contract

Pre-Authorisation Check List

To assure a quick and hassle-free process when calling in for a pre-authorisation number, please make certain that you have the following information on hand:

- ☑ Your membership number
- ☑ Your doctors name and practice number
- ☑ If you are being admitted, know the name of the hospital
- ☑ Ask your doctor for the tariff code and ICD-10 code(s) that they will be charging for

Custom members please note:

You will require pre-authorisation for a specialist consultation. A referral must be given from your CareCross doctor for the specialist consultation. All admissions to hospital (except in the event of an emergency) also require a referral from the CareCross doctor.

CHRONIC MEDICATION Q & A

What is Chronic Medication?

Chronic medication are those that are seen as life-sustaining and require ongoing management.

What benefit is there for Chronic Medications?

Medicines approved by the ChronicCare Network ensures that this medication is paid from your chronic medicine benefit rather than your acute medicine benefit.

Who has access to this benefit?

This valuable benefit covers medication and consultations for the PMB-CDL conditions for Classic and Hospicare members only. The Optimum option covers additional chronic conditions.

How do I apply for this benefit?

For a simple, paperless, telephonic process, your doctor or pharmacist should contact Moto Health Care on **0861 00 03 00**, where our team of pharmacists and assistants will process your authorisation on-line. Detailed clinical information, including the condition's ICD-10 code and severity status, is required to register a member's chronic condition.

What medication can I receive for my chronic condition?

Once a member's chronic condition has been registered, the member will have access to the full formulary list. This is a list of drugs, appropriate for the treatment of the chronic condition.

FORMULARY drugs – these are drugs that are available to members with the specified condition to which no reference price applies, providing they are claimed in appropriate quantities. Reference pricing may apply to NON-FORMULARY drugs for both PMB-CDL and non-PMB-CDL conditions, in accordance with the option selected by the member.

A full list of formulary drugs is available on the website www.motohealthcare.org.za.

