



flexicare

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Flexicare

GP Network Handbook

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Expanding access to primary healthcare

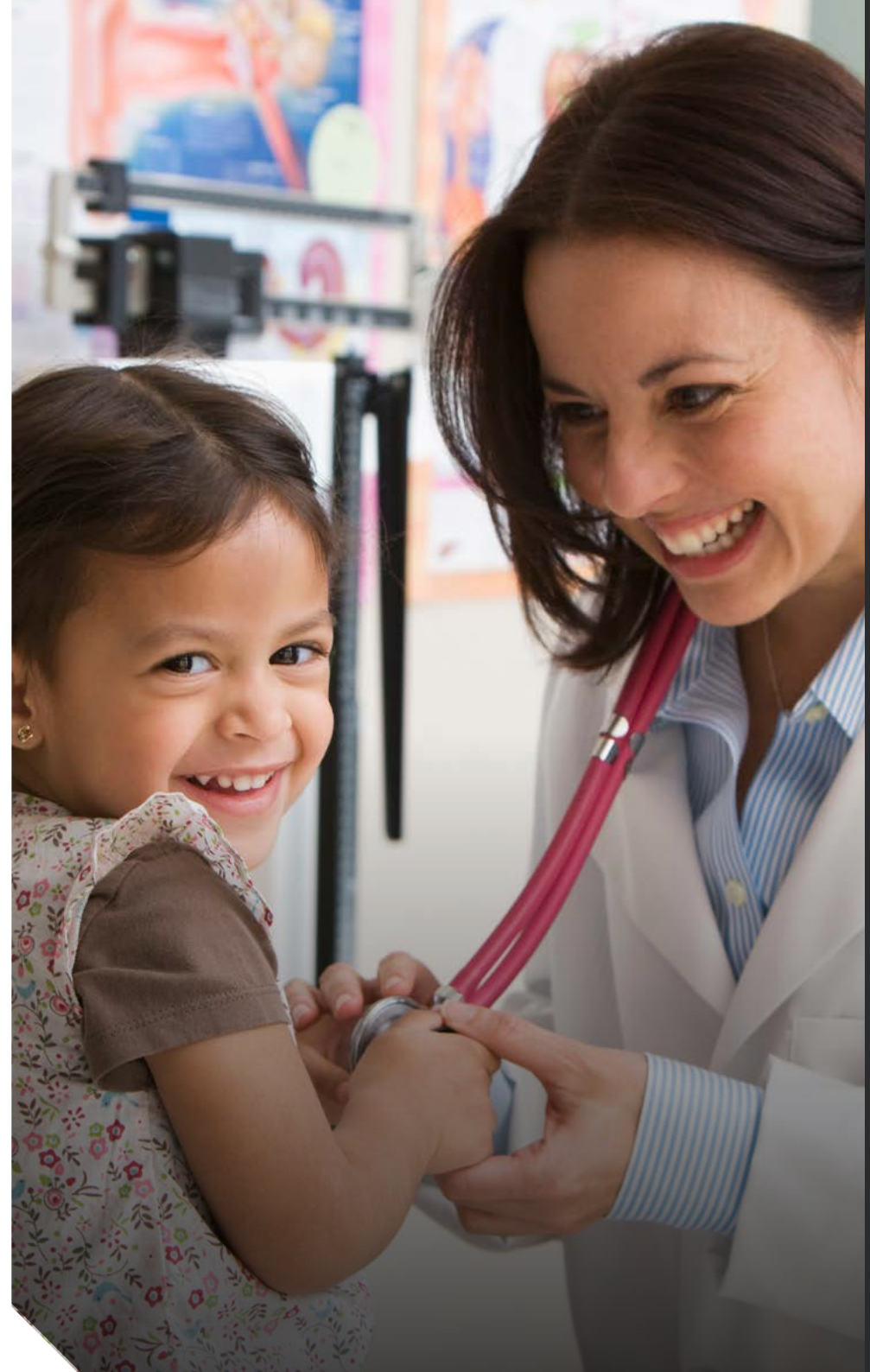
As a Flexicare Network GP, you contribute to expanding access to exceptional healthcare by participating in this product offering

FLEXICARE GP NETWORK INFORMATION

This handbook includes all the information and forms you need to manage Flexicare patients:

- Patient liability form (including a reorder form)
- Radiology request form (including a reorder form)
- Pathology request form (including a reorder form)

The Flexicare medicine formularies are published on the Healthcare Professional Zone. For the latest versions of these documents, please log in to the Healthcare Professional Zone at www.discovery.co.za.



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Summary of Flexicare benefits

Discovery Health's preferential arrangements with healthcare providers mean that lower-income members have access to cost-effective primary healthcare services. Flexicare provides cover for main members and their dependants.

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Benefits on Flexicare

PRIMARY HEALTHCARE

GP consultations and services	Flexicare	Flexicare Plus
Doctor consultations	Only when referred by a nurse on the network. Unlimited cover for network doctor (GP) consultations at 100% of the Agreed Rate. You can substitute your network doctor visit with a virtual consultation, meaning doctor visits can either be face-to-face or virtual. Risk management protocols apply. Ability to change an allocated network doctor twice per year	Unlimited cover for network doctor (GP) consultations at 100% of the Agreed Rate. You can substitute your network doctor visit with a virtual consultation, meaning doctor visits can either be face-to-face or virtual. Risk management protocols apply. Ability to change an allocated network doctor twice per year
Nurse consultations	Unlimited cover for network nurse consultations at 100% of the Agreed Rate. You can substitute your nurse visit with a virtual consultation, meaning nurse visits can either be face-to-face or virtual.	No cover
Dentistry	No cover	Full mouth examination, preventive treatments, cleaning, scaling, polishing, restorations and composite fillings, treatment of pain and sepsis, infection control and extractions at a network dentist
Optometry (eye care)	No cover	Cover for one eye test every year in the optometry network and one pair of glasses (no contact lenses) every 24 months
Pathology (blood tests)	Only when referred by a network GP after a nurse consultation. 100% of the Agreed Rate. Limited to approved pathology codes. Must be requested by a network doctor (GP) and performed by a network pathologist	100% of the Agreed Rate. Limited to approved pathology codes. Must be requested by a network doctor (GP) and performed by a network pathologist
Radiology (X-rays)	Only when referred by a network GP after a nurse consultation. 100% of the Agreed Rate for black-and-white X-rays and soft-tissue ultrasounds. Must be requested by a network doctor (GP) and performed by a network radiologist	100% of the Agreed Rate for black-and-white X-rays and soft-tissue ultrasounds. Must be requested by a network doctor (GP) and performed by a network radiologist
Maternity benefits	Only when referred by a network GP after a nurse consultation. Unlimited network doctor visits throughout the pregnancy. Unlimited acute medicine in line with a defined medicine list prescribed or dispensed by a network doctor and collected from a network pharmacy. Essential blood and screening tests through a network pathologist when referred by a network doctor. Two ultrasound scans for each pregnancy at a network provider (first ultrasound between week 10 and 14, and the second between week 20 and 24)	Unlimited network doctor visits throughout the pregnancy. Unlimited acute medicine in line with a defined medicine list prescribed or dispensed by a network doctor and collected from a network pharmacy. Essential blood and screening tests through a network pathologist when referred by a network doctor. Two ultrasound scans for each pregnancy at a network provider (first ultrasound between week 10 and 14, and the second between week 20 and 24)
HIV management	Access to HIV treatment, counselling and education. Cover for antiretroviral medicine, multivitamins and supportive medicine, blood tests, X-rays and post-exposure prophylaxis medicine. All HIV-related queries and cases are treated with complete confidentiality	

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COVID-19 testing	Only when referred by a network GP after a nurse consult For confirmed positive COVID-19 results: Cover for one positive COVID-19 test, with access to out-of-hospital management and appropriate supportive treatment, including diagnostic testing, basic chest X-rays and prescribed medicine	For confirmed positive COVID-19 results: Cover for one positive COVID-19 test, with access to out-of-hospital management and appropriate supportive treatment, including diagnostic testing, basic chest X-rays and prescribed medicine
Medicine		
Day-to-day medicine	Only when prescribed by a network GP after a nurse consultation. Cover for medicine on our list if a network doctor prescribes it or gives it to you	Cover for medicine on our list if a network doctor prescribes it or gives it to you
Over-the-counter (OTC) medicine	Cover for self-medication on our list, up to R150 per policy per year, up to R75 bi-annual limit, at a network pharmacy	Cover for self-medication on our list, up to R110 per quarter – a maximum of R440 per member per year, at a network pharmacy
Chronic medicine	Cover for HIV medicine on the defined medicine list at a network pharmacy	Cover for chronic medicine on the defined medicine list for 27 chronic conditions (including HIV) at a network pharmacy
Screening and prevention		
Flu vaccine	Cover for a flu vaccine once a year from a network pharmacy	
Wellness screening	Cover for one wellness screening per year at a network pharmacy or wellness day. Screening includes blood pressure, blood glucose (blood sugar), cholesterol and body mass index (BMI). You can have an HIV test done at the same time	
Emergency benefits		
Ambulance service	Access to emergency medical services through Netcare 911 ambulance services. Transportation to an appropriate state hospital. Limited to road transportation only. You can call Netcare 911 on 0860 999 911 or the Flexicare call centre on 0860 44 47 79	

Employees will not need to pay for approved treatments received from a network provider. However, if employees use a provider that is not a part of the network, or if an unapproved treatment is provided, employees will be responsible for the costs.

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OPTIONAL TRAUMA BENEFIT OFFERED BY DISCOVERY INSURE



STABILISATION AND TREATMENT WHEN ADMITTED TO HOSPITAL

Members have cover for in-patient hospital stabilisation and treatment. Depending on the chosen option, they have cover of up to R400,000 or R1 million per admission for hospital and related accounts. If treatment costs more, the member will need to pay any amounts that are over their limit. If the member is stabilised or admitted to hospital and the hospital and related accounts accumulate to their limit, they will be transferred to a state facility or discharged if they have been stabilised.



CASUALTY TREATMENT

At the hospital, employees have cover for medical treatment in the casualty unit for a defined list of trauma conditions.



TAKE-HOME MEDICINE

Take-home medicine is covered up to the Trauma Benefit limit for each event.

What we cover

- Burns
- Head injuries, chest injuries or severe fractures as a result of a fall
- Loss of an arm, hand, leg or foot
- Near-drowning
- Poisoning or a serious allergic reaction that may cause death
- Injuries resulting from a crime, sexual assault, a car accident or an injury at work



MEDICAL EVACUATION AND AMBULANCE SERVICES

You can call Netcare 911 on 0860 999 911 or the Flexicare call centre on 0860 444 779. If you experience a traumatic event, you have cover for medical evacuation services to the most clinically appropriate hospital facility.

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Accident Cover

Optional Accident Cover is offered by Auto&General. If a member selected the Accident Cover when they applied, they then have access to emergency private healthcare services at any hospital facility.

Services Offered

Benefit name	Benefit description	Limit
 Basic Accident Cover		
Casualty Treatment	Cover for emergency services in a hospital casualty in the event of a Medical Emergency resulting from a Traumatic Event, up to a maximum Rand value per event.	R20,000 per event, per Insured Party
 Accidental Death Cover		
Death cover	Death of an Insured Party A lump sum payment in the event of the death of an Insured Party because of Accident Harm. Death Cover limited to:	Children below six years: R20,000 All other Insured Parties: R25,000
 Advanced Accident Cover		
Casualty Treatment	Cover for emergency services in a hospital casualty in the event of a Medical Emergency resulting from a Traumatic Event, up to a maximum Rand value per event.	R20,000 per event, per Insured Party
In-Hospital Trauma Treatment	In-hospital cover in the event of a Medical Emergency due to a Traumatic Event. Limited to the actual cost up to a maximum Rand value per Insured Party, per event with a total limit per Insured Party per annum.	R400,000 or R1,000,000 per event with a total limit of R1,500,000 per annum per insured party
 Accidental Death Cover		
Death cover	Death of an Insured Party A lump sum payment in the event of the death of an Insured Party as a result of Accident Harm. Death Cover limited to:	Children below six years: R20,000 All other Insured Parties: R25,000

Benefit-specific waiting periods for individual members

Description of waiting period	Duration
General period	1 month
Radiology and pathology Waiting period	3 months
Dentistry Waiting period	6 months
Optometry Waiting period	12 months
Maternity Waiting period	9 months
HIV Waiting period	12 months
Chronic conditions Waiting period	12 months
Over-the-counter medicine Waiting period	3 months
Funeral Benefit general Waiting period	1 month
Funeral Benefit self-harm Waiting period	12 months
Trauma Benefit Waiting period	1 month

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Flexicare patients with customised benefits

SHOPRITE EMPLOYEES

Shoprite is offering Flexicare Plus to employees on Retail Medical Scheme (RMS) on the Essential Plan to cover day-to-day benefits.

Shoprite employees do not have access to the Trauma Benefit and should be referred to their Retail Medical Scheme benefits for Chronic Illness Benefit (CIB) and HIV-related treatment. Shoprite employees have access to pharmacy-related benefits at MediRite pharmacies.

ALPHA PHARM EMPLOYEES

Alpha Pharm employer benefits are aligned with Flexicare Plus. However, employees need to collect their acute and medicine for their conditions registered under the Chronic Illness Benefit at an Alpha Pharm pharmacy.

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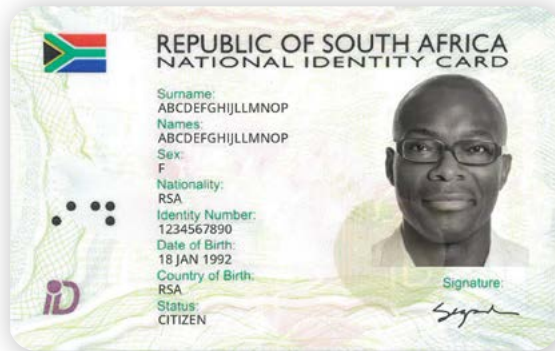
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How to identify a Flexicare patient



- Flexicare members have a membership card that looks different from the Discovery Health Medical Scheme membership card and has been designed specifically for Flexicare members. Members also have access to digital cards similar members of medical schemes administered by Discovery Health.
- The branded Flexicare card has all the relevant member details on the back, such as their policy number, name, ID number and important Flexicare contact numbers. In addition to the standard Flexicare cards, we have created customised cards for our Clicks members.
- Flexicare provides cover for main members and their dependants.
- Patients need to show their ID so your practice can verify and validate their participation in Flexicare. The patient's ID or policy number can be checked and used on Practice Manager Connect on the Healthcare Professional Zone at www.discovery.co.za. You can also call the healthcare professional call centre on **0860 44 55 66**.
- Confirmation of Flexicare waiting periods and allocated GP for members is provided during validation.

NOTE

Flexicare patients can get their policy number and confirm their allocated GP by making use of a USSD service by dialing *120*DISCO# or *120*34726#

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The reimbursement process

SUBMIT YOUR CLAIM TO DISCOVERY HEALTH FOR REIMBURSEMENT

Below is a brief outline of GP benefits for Flexicare and how they are funded.

FLEXICARE

GP visits

Flexicare patients have cover for unlimited Flexicare GP consultations funded on a semi-capitation remuneration basis.

Day-to-day acute medicine on the medicine list (formulary) is available from a network pharmacy or a dispensing network GP.

The monthly capitation fee payment structure will ensure a steady cash flow into your practice every month. Capitation is paid monthly in arrears after the first consultation, once we receive your claim.

Claims need to be submitted within 24 hours of each consultation to make sure you are correctly listed as a patient's chosen GP. You will then simply continue to submit claims as the patient sees you. The capitation fee remuneration model takes into account the number of Flexicare patients allocated to your practice. You will receive the monthly capitation fee for each patient.

CONSULTATION CODES

		Fee for service		Capitation	
Code	Description	Dispensing	Non-dispensing	Dispensing	Non-dispensing
0190 – 0193	Consultation	R477.20	R363.20	R238.70	R181.60
0130	Telephonic Consultation (All Hours)	R238.60	R181.70	R119.40	R90.80
VCONM	Scheduled Virtual Consultation of an established patient of average duration and/or complexity. A – Synchronized	R238.60	R181.70	R119.40	R90.80
VCONS	Scheduled Virtual Consultation of an established patient of average duration and/or complexity.	R358.00	R272.40	R179.10	R136.00
VCONSC	Scheduled Virtual Consultation of patient with suspected COVID-19	R275.60	R275.60	R275.60	R275.60



NOTE

Emergency consultations (codes 0146 and 0147) and non-network consultations are not covered on Flexicare. For dispensing GPs, the cost of the medicine dispensed in your rooms is included in the consultation fee. All other procedure codes not mentioned in the GP Handbook are not covered. Flexicare members must be advised of any procedures or costs that are not covered by their benefit before you provide treatment. Make use of the patient liability form in these instances.

CAPITATION FEES

Age (years)	Dispensing		Non-dispensing	
	Female	Male	Female	Male
0	R80.11	R86.51	R68.08	R73.78
1 – 4	R77.98	R81.55	R62.40	R66.94
5 – 9	R53.56	R53.86	R41.57	R41.92
10 – 19	R47.21	R38.78	R36.40	R29.78
20 – 24	R81.63	R53.83	R58.23	R36.66
25 – 29	R91.81	R66.49	R63.27	R41.91
30 – 34	R97.17	R73.58	R66.58	R46.22
35 – 54	R99.95	R81.12	R67.36	R51.13
55 – 64	R107.53	R94.47	R69.59	R58.84
65 – 74	R109.08	R109.38	R72.54	R67.99
75+	R102.17	R115.82	R71.49	R77.72

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List of medical procedures covered on Flexicare

Code	Description	Rate
0206	Intravenous treatment: Intravenous infusions: Insertion of cannula – chargeable once per 24 hours	R357.70
0244	Repair of nail bed	R822.10
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail	R486.50
0259	Removal of foreign body – superficial to deep fascia (except hands)	R526.70
0300	Stitching of soft tissue injuries: Stitching of wound (with or without local anaesthesia): Including normal aftercare	R509.00
0301	Stitching of soft tissue injuries: Additional wounds stitched at same session (each)	R120.40
0307	Excision and repair by direct suture; excision nail fold or other minor procedures of similar magnitude	R604.00
0308	Each additional small procedure done at the same time	R239.90
0316	Fine-needle aspiration for soft tissue (all areas)	R371.40
0317	Aspiration of cyst or tumour	R268.80
0321	Biopsy or excision of cyst, benign tumour. Aberrant breast tissue, duct papilloma	R1,759.50
0887	Limb cast (excluding aftercare) (modifier 0005 not applicable)	R619.10
0922	Removal of foreign bodies requiring incision: Under local anaesthetic	R658.70
1136	Nebulisation (in rooms)	R347.30
1192	Peak expiratory flow only	R153.40
1228	General practitioner's fee for taking of an ECG only: Without effort: ½ (item 1232)	R142.70
1229	General practitioner's fee for taking of an ECG only: Without and with effort: ½ (item 1233)	R176.80
1232	Electrocardiogram: Without effort	R219.90
1233	Electrocardiogram: With and without effort	R288.30
1234	Effort electrocardiogram with the aid of a special bicycle ergometer, monitoring apparatus and availability of associated apparatus	R751.90
1235	Multi-stage treadmill test	R1,106.90
1236	Electrocardiogram without effort: under 4 years old	R372.60
1996	Bladder catheterisation: Male (not at operation)	R276.80
1997	Bladder catheterisation: Female (not at operation)	R221.30
2133	Circumcision: Clamp procedure	R886.20
2137	Circumcision: Surgical excision other than by clamp or dorsal slit, any age	R1,407.80
2139	Circumcision: Dorsal slit of prepuce (independent procedure)	R864.50
3615	Routine obstetric ultrasound at gestational age of 10 to 20 weeks; preferable at gestational age of 10 to 14 weeks to include nuchal translucency assessment	R824.30
3617	Routine obstetric ultrasound at gestational age of 20 to 24 weeks, to include detailed anatomical assessment	R824.30

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GP ALLOCATION

GP allocation	GP allocation will take place after the Flexicare patient visits a GP within the Flexicare Network. The allocation will be automatic on receipt of the claim and you will be allocated as the patient's chosen GP from the date of the first consultation.
GP swap	Flexicare patients are entitled to two GP swaps each year. The swap will happen after a patient visits another GP in the Flexicare Network. The allocation will be automatic on receipt of the claim. If a patient needs to change their GP for a third time, this will only be done in exceptional cases through the Flexicare call centre.

NOTE

- GP capitation will still be paid on suspended memberships. Capitation payment will stop only when the membership or dependants are withdrawn.
- GPs are required to give one calendar month's notice to leave the Flexicare Network.

ELECTRONIC REMITTANCE ADVICE (ERA)

Flexicare provides electronic remittance advice for claims that are paid on a fee-for-service basis. You can download a provider statement or contact the call centre to request a provider statement. These will show all the Flexicare transactions. Provider statements will be sent automatically unless you have opted out of this notification.



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Flexicare medicine benefit process

We cover certain medicine when prescribed or dispensed by you, according to the following process.

Acute	Chronic
You can prescribe or dispense day-to-day medicine. We have included the Flexicare medicine list on the Healthcare Professional Zone at www.discovery.co.za .	You can prescribe chronic medicine from the medicine list for treatment of 27 chronic conditions. The medicine list is available on the Healthcare Professional Zone at www.discovery.co.za .
Dispense medicine or prescribe with referral to a network pharmacy	No application form is required.
	Patients must get their chronic medicine from our network pharmacies by presenting their prescription. We will not pay for any chronic medicine dispensed by a GP.

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Flexicare radiology and pathology process

Radiology and pathology benefits are available on Flexicare. We cover selected blood tests and X-rays for patients referred by a Flexicare Network GP if the GP follows the process below.

PATIENT NEEDS RADIOLOGY OR PATHOLOGY TESTS



01

Complete the Flexicare radiology or pathology request form



02

Make sure the patient signs a liability form and understands that they will have to cover the cost for radiology or pathology tests that are not on the relevant formulary



03

Refer the patient to the radiology, sonographer or pathology network. Flexicare network referral forms can be found on the Healthcare Professional Zone at www.discovery.co.za

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Flexicare optometry and dentistry process

OPTOMETRY AND DENTISTRY BENEFITS ARE AVAILABLE ON FLEXICARE PLUS PLAN ONLY

Optometry process

Patients are covered for one eye test every year and one pair of glasses every 24 months.

If a patient needs an eye test or glasses:



01

They can visit an optometrist in the Flexicare optometrist network



02

The patient has cover for selected frames and lenses from this benefit

Not covered: Contact lenses, tinting, sunglasses, frames not from the range and non-network visits

Dentistry process

We cover consultations, tooth removals and fillings.

If the patient needs to see a dentist:



01

They can visit a dentist on the Flexicare dental network



02

The patient has cover for basic dentistry

Not covered: Bridge plates, caps and dentures

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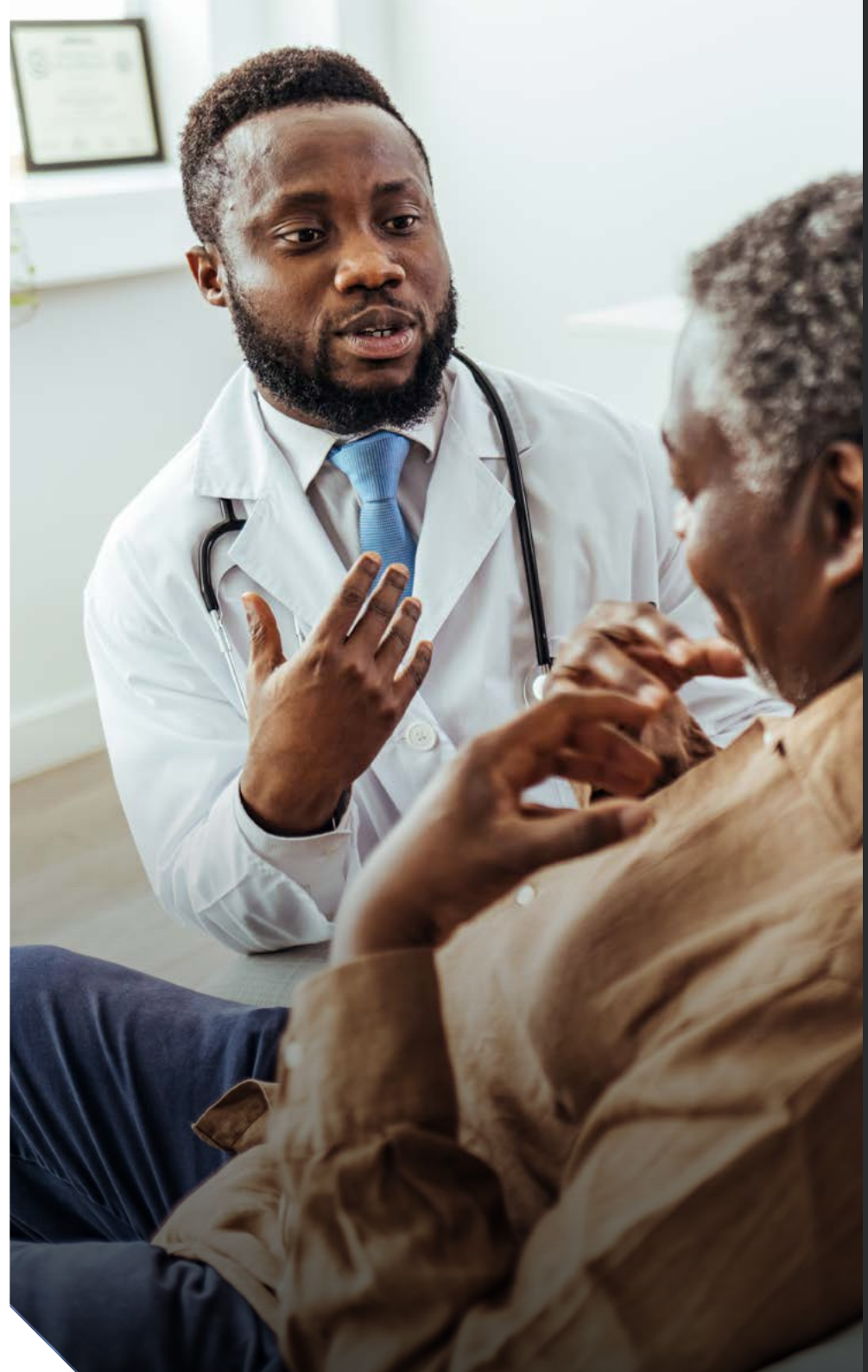
Flexicare HIV management process

HIV MANAGEMENT IS ALSO AVAILABLE ON FLEXICARE

The intention of including the HIVCare programme for Flexicare members is to ensure these members receive proper management and guidance with regard to their treatment for HIV through HIV treatment counsellors. Treatment counsellors will provide guidance and advice on ARVs, adherence to medication, healthy lifestyle and educational information on HIV.

HIV MANAGEMENT PROCESS

Send an email to HIV_Queries_Flexicare@discovery.co.za with a script or pathology confirming the patient's diagnosis. A counsellor will reach out to the member.



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What is available on the Healthcare Professional Zone?

You can use the Healthcare Professional Zone to verify and validate a patient's participation in Flexicare. Simply type the patient's ID or policy number using Practice Manager Connect on the Healthcare Professional Zone at www.discovery.co.za.

HOW TO ACCESS THE HEALTHCARE PROFESSIONAL ZONE

- Go to www.discovery.co.za.
- Click on the Healthcare Professional Zone
- Register on the Healthcare Professional Zone
- Log in using your username and password

FEATURES AND FUNCTIONALITIES

- Validate the patient's participation in Flexicare, and if patient has access to the Trauma Benefit
- Confirm GP allocated and GP swap limit availability
- Benefit summary available, giving you general benefit information
- Waiting period validation
- Access to provider statements
- Other functions:
 - **Medicine lists (formularies)**
 - Over-the counter
 - Acute
 - Chronic
 - **Forms**
 - Radiology
 - Pathology
 - Patient liability

BENEFITS OF USING THE HEALTHCARE PROFESSIONAL ZONE

- Real-time information
- User-friendly
- Reduced administration and cost
- Updated information

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Contact details for Flexicare

HOW TO CONTACT US

General Enquiries

Telephone: 0860 44 55 66

Email: healthpartnerinfo@discovery.co.za

Hospital Preauthorisation

Telephone: 0860 44 47 79

Emergency Services

Patients who have the Trauma Benefit can call the Flexicare call centre on 0860 44 47 79. After hours the call will be diverted to our Trauma Benefit partner Netcare 911.

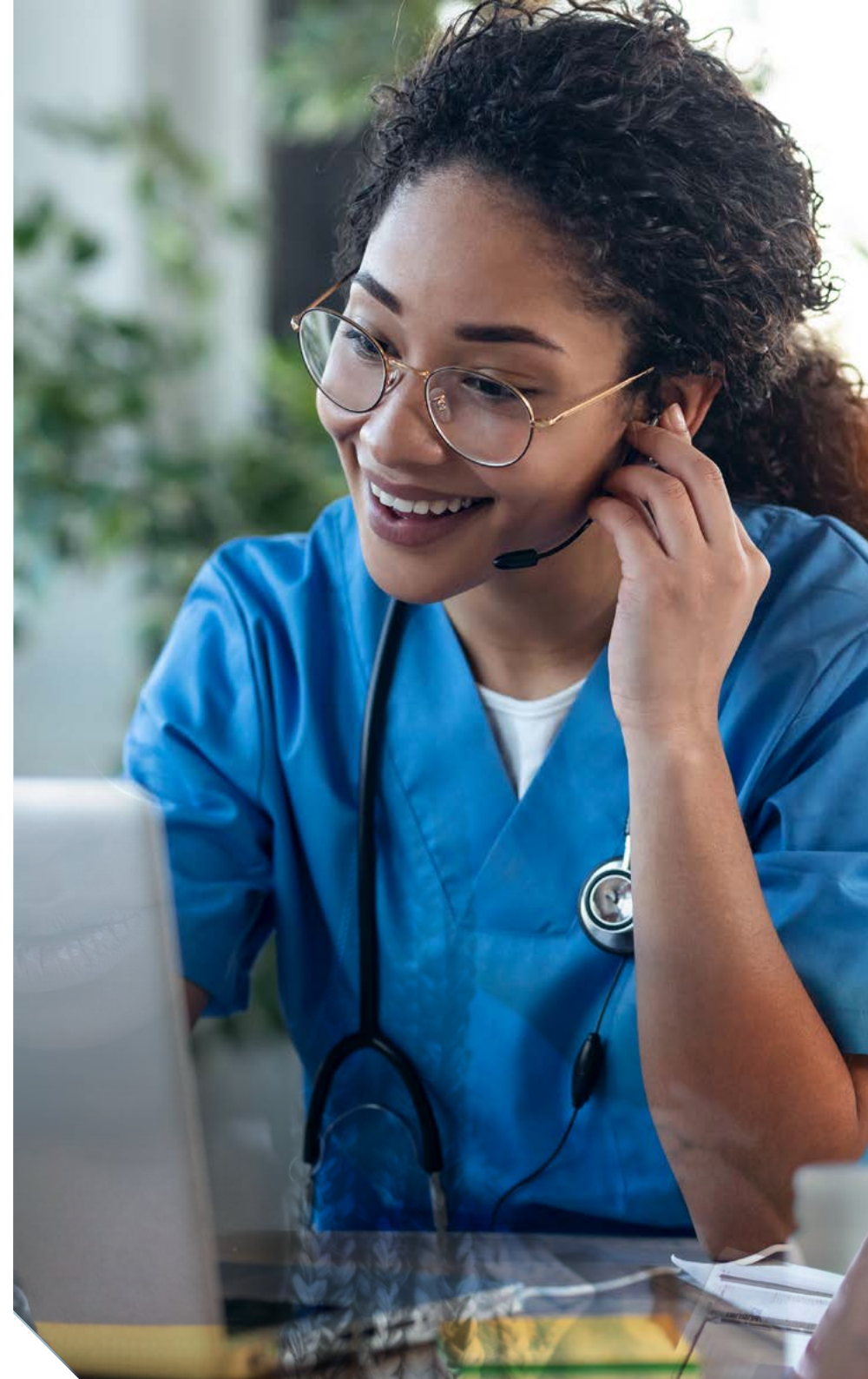
Chronic Illness Benefit

Telephone: 0860 44 47 79

Email: flexicare@discovery.co.za

For HIV-Related Enquiries Mail

Email: HIV_Queries_Flexicare@discovery.co.za



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Flexicare is not a medical scheme. The cover is not the same as that of a medical scheme and is not intended to be a substitute for medical scheme membership. Flexicare is administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07, an authorised financial services provider and underwritten by Auto & General Insurance Company Limited, registration number 1973/016880/06, an authorised non-life insurer and financial services provider. Terms, conditions and limits apply.

Discovery Vitality (Proprietary) Limited, registration number: 1999/007736/07. Terms, conditions and limits apply.

The Trauma Benefit is a non-life insurance policy, underwritten by Discovery Insure Ltd, registration number 2009/011882/06, a licensed non-life insurer and an authorised financial services provider. Flexicare is a separate non-life insurance policy and is not conditional on the purchase of a Trauma Benefit policy.

The Funeral Benefit is a life insurance policy, underwritten by Discovery Life Limited. Registration number 1966/003901/06, a licensed life insurer and an authorised financial services and registered credit provider, NCR Reg. No. NCRCP3555. Flexicare is a separate non-life insurance policy and is not conditional on the purchase of a Funeral Benefit policy.