

A photograph of a person lying in a hospital bed, covered with a blue blanket. Their hands are clasped together in front of them. A person in a white medical coat is partially visible in the background. The overall tone is somber and supportive.

Claims Hound

WE GET MEDICAL SCHEME & INSURANCE CLAIMS PAID
AND TREATMENTS APPROVED

HOW TO GET YOUR EMERGENCY MEDICAL TREATMENT PAID IN FULL

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How to get your emergency medical treatment paid in full by your medical scheme.

1. What is your entitlement if you are treated for an emergency medical condition?

Your medical scheme **must** cover the costs related to the diagnosis, treatment, and care of your emergency medical condition, as defined in the Medical Schemes Act, in full and from scheme funds.

- You do **not** have to use the scheme's Designated Service Providers (DSPs),
- You do **not** need to be Hospitalised,
- The treatment does **not** have to be in an emergency room (ER),
- **Any** qualified health care service provider may treat you.

Your benefit entitlement is the same whether you are on a hospital plan or the most comprehensive option available.

Your scheme may not use funds from your Medical Savings Account (MSA) to pay for your emergency medical treatment.

2. What is an emergency medical condition (As defined in the Medical Schemes Act)

An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs, or other body parts, or even death.

3. Suggested actions if you require treatment for an emergency medical condition.

3.1. Go to the nearest service provider that can assist you, preferably a DSP of your scheme.

While your medical scheme must pay for the treatment of your emergency medical condition in full, **irrespective of which service provider you use**, you need to consider what happens when the emergency is over.

If you were not treated for the emergency by a DSP, the scheme may request that you be moved to a different facility or change to a different doctor to pay subsequent costs in full.

By going to a DSP in the first place, you avoid the hassle and risks involved of being moved or having to change doctors.

Check where your nearest DSP Emergency facility is located.

Going there will make claiming from your scheme easier.

3.2. Advise your medical scheme as soon as possible of your treatment.

It is particularly important if you are hospitalised in a facility that is not a DSP because your scheme may require that you be moved to a DSP facility once you have been stabilised and the medical emergency is over.

Be aware that an emergency ends when the patient is stabilised.

All treatment thereafter is normal treatment and subject to the rules of your scheme and the regulations regarding Prescribed Minimum Benefits.

By notifying your scheme the *onus* to move you to another facility lies with the scheme and not you.

3.3. Ensure that the attending medical practitioner(s) confirm(s) that the treatment was in respect of an emergency medical condition and obtain a letter of clinical motivation that clearly states that.

The letter of motivation must satisfy the requirements of the definition of an emergency medical condition as set out in the Medical Schemes Act so as not to be challenged by the Medical Scheme.

If it does not meet the requirements of an emergency as defined, you may be liable for the costs.

3.4. Obtain invoices from ALL the attending medical service providers and ensure that each invoice clearly states that treatment was in respect of an emergency medical condition.

There is normally more than one medical service provider involved in the treatment of a medical emergency and you will need invoices from all of them. Typically, there could be an ambulance service, physiotherapist, anaesthetist, general practitioner, surgeon, specialists, nurse practitioners and the facility (hospital, day care centre etc.) involved.

Some of them would have acted in the background and will invoice the scheme directly and only invoice you if the scheme does not pay them in full.

3.5. If you were hospitalised for your emergency medical condition you need to:

- Ensure that the hospital discharge report states that treatment was for an emergency medical condition.
- Obtain an invoice from the hospital which states that treatment was for an emergency medical condition.

Some medical schemes will challenge the classification as an emergency, unless the hospital indicated the event as an emergency.

3.6. Submit the invoices from all attending medical service providers to your Medical Scheme as soon as possible by e-mail.

You must submit the invoices as soon as you receive them and not wait until you have all of them before submitting them.

It is important that you submit the invoices by **e-mail, even** if you uploaded them on your scheme's web portal so that you to have proof of exactly what you submitted and when.

Activate the "request delivery notification" on your e-mail and save it when the notification gets sent to you.

File your email and delivery notice together for future use.

3.7. Submit the hospital invoice and discharge report to your scheme as soon as possible by e-mail.

Submit these documents by **e-mail** even if the hospital informs you that they will submit them directly to your scheme.

3.8. Do not make any payments to the hospital or medical service providers directly.

Since your scheme should be paying all the invoices in full, there should be NO outstanding amounts. You will struggle to get refunded by the service providers if both you and your Medical Scheme pay them.

Do not pay Pathology and Radiology invoices since they are most often initially **not** classified as part of the emergency treatment. They are so efficient at billing your

medical scheme directly that their accounts usually arrive at your scheme prior to that of the treating medical service providers and hospital.

Your scheme may therefore not be aware that the treatment was in respect of an emergency medical condition since Pathology and Radiology statements generally do not contain that information.

4. Check your medical scheme statements **carefully to ensure that your Medical Savings Account (MSA) funds were not used for your emergency medical treatment.**

Emergencies may not be paid from your MSA, and any items paid “accidentally” from your MSA must be refunded to your MSA.

- These “accidental” payments typically relate to Pathology, Radiology and Physiotherapy services.
- Your scheme may not have linked the invoice as part of the emergency treatment.
- Your scheme may state that the payment was made from your MSA because you did not use a Designated Service Provider (DSP).

This is incorrect since it was an emergency and you do not need to use a DSP.

- If you don’t check for these mistakes, your Medical Scheme will happily use your own money to pay for claims that should come out of general funds.

Since the service providers have received payment from your medical scheme you normally won’t receive invoices from them for outstanding amounts. The *onus* is on you to make sure that your medical scheme refunds these payments to your MSA and pay the costs from general funds.

If you don’t check your Medical Scheme will happily use your own money to pay for claims that should come out of general funds.

At least one of the large medical schemes appears to have a policy whereby they ignore the indications on the service provider accounts that treatment was in respect of an emergency medical condition, and they simply pay these claims from the member’s MSA in the hope that it does not get queried.

5. What you must do if any payments were made from your MSA with the same service dates as your emergency medical condition treatment.

Send the following e-mail to both the claims and membership departments of your medical scheme and attach the relevant Claim Statement.
(Substitute items marked in blue with your details.)

Dear Sir/Madam

Name of Medical Scheme has made the following payments in respect of my emergency medical treatment in ERROR from my medical savings account as indicated on the attached statement.

Service date: dd/mm/yyyy

Service Provider name: xxxxxxxxxxxxxxxx

Amount: R xxxx,xx

Since emergency medical condition treatment must be paid in full, from scheme funds and may not be paid using MSA funds, I request that my MSA be credited accordingly and that the scheme make payment from general funds.

Please acknowledge receipt of this e-mail by return e-mail.

Please advise by when I can expect the amounts to be refunded to my MSA.

Best Regards

Member Name

Membership Number

(Remember to attach the Claims Statement)

6. Check your medical scheme statements carefully to ensure that all **Medical Service Providers were paid in full for your emergency medical treatment.**

All treatment provided in respect of your emergency medical condition must be paid in full, from scheme funds and as such there should not be any unpaid amounts.

Schemes typically list the following reasons for not paying these claims in full:

- No funds available in medical savings account. **This is nonsense since full payment must be made from scheme funds.**
- Paid at scheme rate. **This is wrong, all claims must be paid in full.**
- DSP not used. **This is incorrect since it was an emergency and you do not need to use a DSP.**

- No authorisation obtained. **This is also not acceptable because you don't need to obtain authorisation for emergencies.**
- Procedure does not form part of the treatment. **This is a clinical question, and you must refer this to your medical service provider.**

7. What you must do if there are any amounts that were not paid to the medical service providers in full: -

Send the following e-mail to both the claims and membership departments of your medical scheme and attach the relevant Claim Statement:
(Substitute items marked in blue with your details.)

Dear Sir/Madam

Name of Medical Scheme has not paid the following amounts in respect of my emergency medical condition treatment as indicated on the attached statement received.

Service date: dd/mm/yyyy

Service Provider name: xxxxxxxxxxxxxxxx

Amount: R xxxx,xx

*Since the treatment of emergency medical conditions must be paid **in full**, from scheme funds I request that the outstanding amounts be paid to the relevant service providers forthwith.*

Please acknowledge receipt of this e-mail by return e-mail.

Please advise by when the outstanding payments will be made.

Best Regards

Member Name

Membership Number

(Remember to attach the Claims Statement)

8. What you must do if you do not receive confirmation from your scheme within 7 days of your e-mail that they will refund the amounts paid from your MSA and/or that they would pay the outstanding amounts to the service providers.

Forward the original e-mail that you sent to the claims- and membership departments to the Principal Officer of your scheme with the following added:

(Substitute items marked in blue with your details.)

For Attention: *The Principal Officer*
 Name of Medical Scheme

Dear Sir/Madam

I refer to my e-mail below and the attached claims statement.

Unfortunately, I have not received confirmation that the outstanding amounts will be paid to the service providers and/or that my MSA will be credited accordingly.

Please could you advise by when these matters will be resolved.

Thanking you for your assistance.

Best Regards
Member Name
Membership Number

(Remember to attach the Claims Statement)

You can get the contact details of the Principal Officer on the Council for Medical Schemes website at the following link by clicking on the Name of the Medical scheme you belong to:

<https://www.medicalschemes.co.za/regulated-entities/>

9. If your scheme responds by phoning you, request that they send you an e-mail and ask for the name and e-mail address of the person who phones you. Send an e-mail to the person who phoned confirming the content of the discussion and time of call.

If they can't or won't give you their e-mail address then send an e-mail to both the claims- and membership departments of your scheme confirming the time of the call, name of the caller and content of the discussion.

10. Always communicate with your scheme, doctors etc. by e-mail. **Phone calls are difficult to prove.**
11. If you receive invoices from service providers where there are amounts not paid in full by your scheme you must submit them to your scheme by e-mail and state clearly that they relate to the treatment of your emergency medical condition and must be paid in full.

Do not pay the service provider!

It should be noted that your scheme may have paid the service provider, and the service provider is not aware of the payment because they have not reconciled their bank statements yet.

Similarly, you may not be aware that payment was made because you have not yet received your Claims Statement from your scheme.

If you pay the service provider, you will have great difficulty recovering your money if your scheme also paid them.

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Thank you for your support!