

Advanced Illness Benefit

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is a not-for-profit organisation, registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the Administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Overview

The Advanced Illness Benefit (AIB) provides access to comprehensive palliative care to beneficiaries who have an advanced stage illness. The care is provided by a multidisciplinary team, in the comfort of your own home or in a hospice facility.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of the terms we use:

TERMINOLOGY	DESCRIPTION
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account, Extended Day-to-Day Benefit or Above Threshold Benefit, where applicable. Depending on the benefit option you chose, you may have cover for a defined set of Day-to-day benefits.
LA Health Rate	This is the rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
ICD-10 code	A clinical code that describes diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases, as classified by the World Health Organization (WHO).
Palliative care	Palliative care is an approach that improves the quality of life of patients and their families' facing problems associated with life-threatening illness, through the prevention and relief of suffering, the early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Your doctor must register you for cover on the Advanced Illness Benefit (AIB)

To register, your doctor needs to complete the AIB application form and email it to AIB@lahealthms.co.za. The application form is available on www.lahealth.co.za

Access to the Advanced Illness Benefit is voluntary and is subject to clinical entry criteria

This benefit pays for palliative care for beneficiaries in advanced stages of their illness, where curative treatment has ceased and there is a palliative care plan to address symptoms related to the illness. If your application is approved, you will have access to the benefits offered by the AIB.

The Advanced Illness Benefit at a glance

Members on the Advanced Illness Benefit have access to the following:

- **Support from a dedicated care coordinator**

A dedicated care coordinator, who is a registered nurse, will contact you (or your family member) once we have registered you on the AIB. The care coordinator will support you and your family and will work closely with your GP and/or specialist to ensure you receive the best of care at all times.

- **Personalised support and counselling**

Once registered on the AIB, you and your family will have access to counselling services for support during this difficult time.

- **Comprehensive home-based services**

Members registered on the AIB will have access to personalised home-based care services such as oxygen and pain management, subject to authorisation and managed care criteria.

- **Access to limited home nursing and in patient hospice care**

Members enrolled on AIB have access to home nursing or in patient hospice care, for a limited duration, subject to authorisation and managed care criteria.

- **Access to specialised telephonic support**

You can contact 011 529 6797 during working hours for assistance with AIB-related authorisations, oxygen or benefit and claims related enquiries.

- **We do not pay for frail care**

Please note that frail care is a General Scheme Exclusion on all benefit options and we will not consider cover for this for any member. Frail care includes assistance with activities of daily living.

Your cover on the Advanced Illness Benefit

The Advanced Illness Benefit pays for services provided by a multidisciplinary team

We will pay for healthcare services provided by any of the healthcare professionals represented in the palliative multidisciplinary team, according to a specific basket of care and the agreed individual member care plan.

These costs will not affect your day-to-day benefits and will be paid at the LA Health Rate (LAHR) from the Hospital Benefit.

Upon successful enrolment on to the benefit, the palliative doctor may bill a once-off fee for advanced care planning, thereafter a monthly management fee can be billed to ensure continued support whilst enrolled on the benefit.

Your palliative care must be provided by registered providers

LA Health Medical Scheme will pay for these palliative healthcare services or treatments as long as the application is approved and you use appropriately registered providers (with a valid Board of Healthcare Funders (BHF) registration number), who use valid tariff codes for the healthcare service or treatment.

Claims must be presented with the appropriate ICD-10 code

All accounts for palliative care must have a relevant and correct ICD-10 code (diagnosis code) for us to pay it from the correct benefit. To ensure there isn't a delay in paying your healthcare providers' accounts, please notify the team managing your treatment (or your loved one's treatment) about this requirement.

Nominating a person to assist you

Where you, as the patient, choose to nominate someone to assist you with managing your dealings with the Scheme, you must complete a third-party consent form. This form is available at www.lahealth.co.za or you can call us on 0860 103 933 to request the form.

If, at any stage, you want to revoke consent for sharing information, you must notify us accordingly.

Contact us

You can call us on **0860 103 933** or visit www.lahealth.co.za for more information.

Queries or complaints

You can lodge a query or complaint with LA Health Medical Scheme directly on 0860 103 933 or address a complaint in writing to the Principal Officer. If your complaint remains unresolved, you can lodge a formal dispute by following LA Health Medical Scheme's internal disputes process. You can read more about the disputes process on www.lahealth.co.za.

Once the Scheme's internal processes are exhausted, and the issues remain unresolved, you may approach the Council for Medical Schemes for assistance: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157 / complaints@medicalschemes.co.za / 0861 123 267 / www.medicalschemes.co.za