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Date: 9 May 2018

TO: Medical Service Provider Associations
   Healthcare Establishments

RE: IMPLEMENTATION OF MANAGED HEALTHCARE WITHIN COMPENSATION FUND PROCESSES

The Compensation Fund has taken a decision to implement managed healthcare within its processes in an effort to curb medical and related costs and improve co-ordination of healthcare provision to its beneficiaries. This will be implemented in a phased approach so as to allow smooth transition from the current processes to a fully-fledged Managed Healthcare system, where Case Management will be core.

In bringing about this change, the Fund has made changes to some rules in the Medical Tariff Gazettes for 2018/19 which are summarised as follows:

- The treating doctor is a primary clinician responsible for the overall management of the injured/diseased beneficiary;
- The treating doctor is required to provide motivation and referral to other healthcare providers or healthcare practitioners where their services is required for the overall management of the beneficiary;
- For beneficiaries admitted to Emergency Casualty, ICU and High Care Unit, all emergency services required to stabilise the beneficiary are considered to be automatically authorised;
- Authorisation will also be considered automatically granted where an emergency surgery is required to stabilise the beneficiary including all investigations and relevant healthcare professionals involved. This will be mostly so in Complex Medical Cases where there is multiple trauma or life or limb-threatening injuries;
• For beneficiaries admitted to an Acute Ward preauthorisation must be sought from the Fund within 72 hours of such admission;
• All rehabilitation services required in ICU and High Care Unit will be considered automatically authorised. Practitioners must however exercise professional ethical standards to guard against over-servicing and unjustifiable admissions to these units.
• For beneficiaries admitted to Acute Ward and requiring continuing rehabilitation post ICU and High Care Unit preauthorisation must be sought within 72 hours of such admission;
• For beneficiaries requiring continuing rehabilitation and transfer to a step down or rehabilitation ward motivation and referral from the treating doctor as well as a treatment plan from the rehabilitation professional is required;
• All outpatient and elective admission for rehabilitation will require preauthorisation before any treatment can be provided.
• All elective and follow-up radiological investigations, including for Complex Medical Cases, will need to be authorised before being performed.

Clinicians and Healthcare Practitioners are advised to adapt their practice to align to these new developments. During the 2018/19 financial year the Fund will monitor and evaluate the implementation of these requirements both within the Fund and within the Medical Service Provider Community. Practitioners are also reminded to familiarise themselves with the Medical Tariff Gazettes and the rules and guidelines therein.

During this transition period the Fund will not implement punitive measures on practitioners who do not completely comply with this requirement. Nevertheless practitioners will be continually reminded of their roles in providing a cost conscious healthcare service which puts the patients’ best interest at heart.

For the 2019/20 financial year the Fund will roll out a complete managed healthcare solution which will see non-compliant practitioners having to be brought to book and appropriate disciplinary measures taken.
For all matters requiring authorisation practitioners must contact relevant officials in the relevant provincial offices of the Department of Labour as per the contact details previously communicated to stakeholders.

This communication is send by the Medical Services Directorate on behalf of the Compensation Commissioner.

Your co-operation in this regard will be highly appreciated.

Lucas Mosidi, Dr
Director: Medical Services
Date: 09/05/2018