ENGEN | Medical Benefit Fund

Administered by Discovery Health

Guide to transplant claims submission process

Who we are

Engen Medical Benefit Fund (referred to as 'the Fund'), registration number 1572, is a not-for-profit organisation, registered with the Council for Medical Schemes.

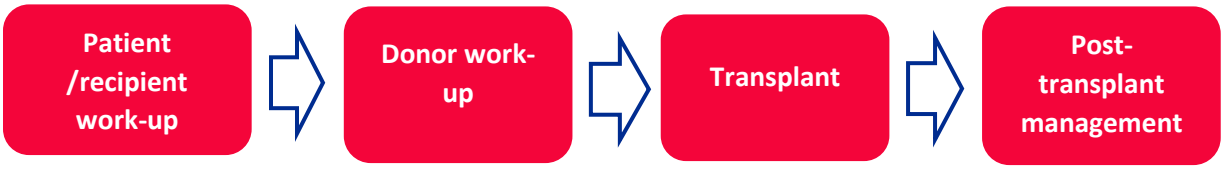
Discovery Health (Pty) Ltd, registration number 1997/013480/07, (referred to as 'the administrator') is a separate company and an authorised financial services provider. Discovery Health is responsible for the administration of your membership on behalf of the Fund.

About this document

This document explains how the Fund pays for pre-transplant investigations, the transport procedure and post-transplant care, approved as a Prescribed Minimum Benefit (PMB).

Understanding how the transplant claims process works

For simplicity and to streamline the process, we have identified 4 definite steps that must take place for a transplant, as illustrated below:



The Fund will only pay for treatment that is included in the authorised care plan. The information below describes each step in the claims process.

The Fund will pay for the appropriate, approved work-up costs for the recipient and the donor. The process to have the patient or recipient's accounts paid, is different to the process for the donor accounts. We explain these 2 processes separately.

Engen Medical Benefit Fund, registration number 1572, is regulated by the Council for Medical Schemes and administered by Discovery Health (Pty) Ltd, registration number 1997/013480/07. Discovery Health (Pty) Ltd is an authorised financial services provider.

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Patient /Recipient Work-up

Recipient work-up

The Fund will pay for the appropriate, approved work-up costs for the recipient.

Getting work-up accounts paid as a Prescribed Minimum Benefit

- To ensure claims are funded correctly as a Prescribed Minimum Benefit, it is important that your treating doctors submit claims with the approved ICD-10 codes.
- Claims may be submitted using electronic submission channels. Alternatively, paper claims may be submitted by email to claims@engenmed.co.za for payment of the accounts.
- Proof of payment must be submitted if you have already paid these claims.

Donor work-up

Paying the accounts

- Once a suitable or compatible donor is found, and where appropriate, the transplant coordinator will send the donor's full name and ID number to the Fund. We will retrospectively pay for the tests that were necessary to be done before the surgery to harvest the donor's organ (including x-rays, ECG, and blood tests), once the transplant surgery has been done.
- The Fund will only approve and pay for **1** donor work-up.
- The donor does not have to be a member of the Fund. We pay these accounts as an exception (outside the normal claims process).
- Should the donor later become unsuitable, a letter of motivation is required from the treating doctor, for review by a clinical panel. We will notify the patient of the outcome of the review.

Getting the donor accounts to us so we can pay them correctly

- Make sure the accounts are clearly marked as "*Donor account approved as ex gratia.*"
- Ensure that the donor's full name, ID number and the recipient's Engen Medical Benefit Fund membership number reflect on the account.
- Please email the accounts to exgratia_approved_claims@engenmed.co.za

The transplant

The hospitalisation costs for the transplant surgery are paid from the Insured Benefit

The Fund will pay for the transplant procedure in-hospital from the Insured Benefit. You can call us on 0800 001 615 for an authorisation number and we will explain the details of payment at the same time.

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Post-transplant management

Certain treatment needed after the transplant surgery may also qualify for payment as a Prescribed Minimum Benefit

After the transplant surgery, treatment is required as part of ongoing management of the condition.

The condition being treated may be a Prescribed Minimum Benefit (PMB) condition, and the treatment may be part of the basket of care for that PMB. This may include tests or investigations, chronic medicine, and consultations.

Making sure that the post-surgery treatment is covered as a Prescribed Minimum Benefit

Chronic medicine

Funding for chronic medicine is not automatic. The patient must apply for funding for chronic medicine and the Fund will review the request, subject to certain criteria that need to be met.

A Chronic Illness Benefit application form must be completed and sent back to the Fund by email to CIB_APP_FORMS@engenmed.co.za. If the patient is already registered on the Chronic Illness Benefit for the condition, we need a copy of the new prescription for the medicine required.

Consultations, tests, or investigations

Notify us that the transplant surgery has taken place by emailing PMB_APP_FORMS@engenmed.co.za. We will then activate the post-transplant benefit.

Where to get application forms

You can print the forms off our website at www.engenmed.co.za or call us on 0800 001 615, and we will send the forms to you. If we do not approve funding, you may appeal the funding decision by submitting additional clinical information for treatment that falls outside of the benefit definition.

Queries or complaints process

You may lodge a query or complaint with the Fund directly on 0800 001 615, or email service@engenmed.co.za.

If you are not satisfied with how your query was resolved, please send a complaint in writing to the Principal Officer at the Fund's registered address.

You may follow a disputes process if, after you have notified the Principal Officer that your query or complaint was not resolved to your satisfaction, you are still not satisfied with the outcome. You may find more information about the disputes process on www.engenmed.co.za.

You may, as a last resort, approach the Council for Medical Schemes for assistance:

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Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion, 0157
0861 123 267 / complaints@medicalschemes.co.za / www.medicalschemes.co.za