



- Blood donor awareness
- Generic & Chronic medicine
- SA Healthcare Regulatory update
- Change is coming



BLOOD DONOR AWARENESS



Why should you donate?

Donating a unit of this "precious gift of life" saves lives of those in dire need of blood. One must develop a habit of donating blood in order for the South African National Blood Service (SANBS) to collect sufficient blood that will ensure that in cases of emergency quality blood is always available.

Thousands of patients would die daily if there is insufficient quality blood in stock. When one donates blood, they give patients the gift money cannot buy or science cannot create. A unit of blood can save up to three lives as blood is separated into red blood cells, plasma and platelets.



Who needs blood?

- Women haemorrhaging due to pregnancy complication and other gynaecological complications.
- Premature babies
- Children with severe anaemia
- Accident trauma patients
- Surgical and cancer patients.

* Information obtained from SANBS

Generic medicine

Generic medicines contain the same active ingredient/s and have the same dosage, intended use, effects, side effects, route of administration, risks, safety and strength as the original medicine. There may be differences in size, shape, colour and taste however none of these factors will have an impact on the way the generic works in the body. Generic medicines are interchangeable and may be used in place of original medicines as they work in the same way in the body.

Generic medicines only become available once the patent of the original medicine has expired. They are generally more cost effective than the original medicines, generics therefore provide more affordable treatment without compromising efficacy. Utilising generics will assist in conserving your medicine benefits.

Chronic medicine

A chronic condition refers to a medical condition that usually develops slowly and over time. The patient usually has this condition for a long period of time or for life. Chronic medicine refers to the medicine that is used to manage these conditions. The Chronic Medicine Benefit provides cover for medicine used to treat a specified list of chronic conditions in accordance with your Scheme option. The Pharmacy Benefit Management team will authorise an amount for all approved chronic conditions. The approved amount is the maximum rand value (excluding pharmacy dispensing fees) that will be approved for each medicine that is authorised. This rand value is determined based on the treatment protocols for all levels of treatment for each condition. Claiming medicine with a higher rand amount than the approved amount will result in a co-payment. Please ensure that your pharmacy charges Scheme rates to avoid unnecessary co-payments.

The Minister of Health (MoH) published the Medical Schemes Amendment Bill (MSAB) and the National Health Insurance Bill (NHIB) in June 2018 and the Health Market Inquiry (HMI) subsequently released its report into the South Africa private healthcare sector for comment.

The public now has an opportunity to comment on these Bills and the HMI over the next three months. The Department of Health will then consider the public comments and incorporate these in a revised Bill. Depending on the nature of the comments, the Department could take three to nine months or even longer, to make changes to the Bill. After the Department of Health has reviewed the Bills, the Bills will be debated at NEDLAC where business, labour, government and community representatives will debate the content and seek to develop consensus. On completion of the debates, the Minister can then formally introduce the Bill to Parliament, where Parliament will run its own public consultation process over a period of three to six months. The Bill will then be voted on before it gets introduced in the National Council of provinces. It is therefore likely that the Bill will only be introduced to Parliament well after next year's elections.

Changes proposed in the MSAB include, improving medical scheme governance, determining a set of comprehensive service benefits, separating broker payments, restructuring the way contributions are structured and simplifying waiting periods. These MSAB changes overlap with some of the recommendations from the HMI regarding improved governance, schemes offering a standardised base benefit option, a contribution subsidy for low earners and a Supply Side Regulator for Health to set tariffs.

The key objective of the NHI bill is to create a fund that will ultimately become the single public purchaser of healthcare and will only purchase from certified, accredited and contracted service providers. The Bill has nine parts, which deal with the, the establishment of the NHI Fund, the right to health care, the board of the fund & CEO, the Ministerial Committees, the general provisions applicable to the operation of the fund, complaints and appeals, financial matters and miscellaneous.

Momentum will participate in the consultation process on these Bills and the HMI to work towards an improved health system for all. In the meantime it is worthwhile noting that the NHIB does recognise the future role of medical schemes which is important given that NHI will take some time to implement and is likely to expand gradually as a result of delivery and funding constraints.

**CHANGE IS COMING
ON THE
1 AUGUST 2018**



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