



# Discovery Health video call pharmacy-clinic network handbook 2020

## Overview

We recognise the contribution that pharmacy clinics make across South Africa. To improve access to primary healthcare for members on certain plans, we established a video call pharmacy-clinic network in January 2020 to cover pharmacy-clinic consultations in the network.

Discovery Health Wellness Network pharmacies can now offer video call consultations to members on qualifying Discovery Health Medical Scheme plans and policyholders of Primary Care benefit options. The purpose of this document is to support clinic healthcare professionals with a better understanding of applicable rules, procedures and processes in dealing with pharmacy-clinic consultations and claims.





## Contents

Overview .....	1
Contents .....	2
Terminology used in this document .....	3
Overview of the video call pharmacy-clinic network .....	4
How to apply for the video call pharmacy-clinic network.....	4
Who can claim for video call consultations?.....	4
What does the consultation fee cover?.....	5
Consultation procedure and submitting the claim .....	5
Detailed Discovery Health Medical Scheme plan rules.....	8
How to refer a Discovery Health Medical Scheme member to a general practitioner .....	10
Referrals for virtual consultations with a panel GP .....	10
Referrals for face-to-face consultations with a network GP.....	10
Detailed Primary Care benefit rules .....	11
How to refer a Primary Care policyholder to a general practitioner .....	11
Referrals for virtual consultations with a GP .....	11
Referrals for face-to-face consultations with a GP .....	12
How to register on the Healthcare Professional Zone .....	12
Contact details .....	13



## Terminology used in this document

Terminology	Description
Above Threshold Benefit (ATB)	<b>Available on the Executive, Comprehensive and Priority plans</b> Once the day-to-day claims that have been sent to us add up to the Annual Threshold, we pay the rest of the day-to-day claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate or a portion of it. The Executive and Comprehensive plans have an unlimited ATB, and the Priority plans have a limited ATB.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB). Depending on the member's plan, they have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the member's chosen plan.
Day-to-day Extender Benefit (DEB)	The Day-to-day Extender Benefit (DEB) extends a member's day-to-day cover for essential healthcare services in our network if they have spent their annual Medical Savings Account (MSA) allocation and haven't reached the Annual Threshold.
Medical Savings Account (MSA)	<b>Available on the Executive, Comprehensive, Priority and Saver plans</b> We pay the day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to the MSA. Any unused funds will carry over to the next year.
Self-payment Gap (SPG)	The Self-payment Gap (SPG) occurs when members on the Executive, Comprehensive and Priority Plans run out of funds in the MSA before reaching the Annual Threshold.  During this period, the member is personally responsible for the payment of all day-to-day medical expenses.
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
Member	The reference to members in this document also includes dependants, where applicable.
Annual Threshold	At the beginning of each year, Discovery Health sets predetermined Rand values, called Annual Thresholds. All members on Executive, Comprehensive and Priority Plans are given Annual Thresholds. These Annual Thresholds vary according to the number of people that are on the plan.



---

Annual Thresholds are based on the sum of the different plan participants. This makes sure the Annual Thresholds are fair.

---

## Overview of the video call pharmacy-clinic network

### HOW TO APPLY FOR THE VIDEO CALL PHARMACY-CLINIC NETWORK

---

Wellness Network pharmacies that have an existing agreement in place with a Discovery Health-integrated telemedicine enabler are eligible to apply to become part of the video call pharmacy-clinic network and to claim for video call consultations.

#### Individual pharmacies

Your telemedicine enabler that provides you with the software for video call consultations will give you a Discovery Health video call pharmacy-clinic network agreement once the software is fully installed. Complete the agreement with details, practice number and nurse permits, and email it to [provider\\_administration@discovery.co.za](mailto:provider_administration@discovery.co.za). Please allow us three working days to process these requests.

#### Group pharmacies

For group pharmacies with an existing Discovery Health network agreement, please request that your pharmacy head office emails the completed Discovery Health video call pharmacy-clinic network registration form with the details, practice number and nurse permits to [provider\\_administration@discovery.co.za](mailto:provider_administration@discovery.co.za). Please allow us three working days to process these requests.

### WHO CAN CLAIM FOR VIDEO CALL CONSULTATIONS?

---

#### Discovery Health Medical Scheme members on certain plans

Discovery Health Medical Scheme members **who have spent their annual Medical Savings Account (MSA) allocation** can claim for video call consultations in our wellness network through the Day-to-day Extender Benefit (DEB). This benefit covers pharmacy-clinic consultations with a registered nurse in our defined wellness network, supported virtually by a general practitioner. The number of available consultations is set out in the plan rules.

This benefit is **available to members only on plans with a Medical Savings Account** including the Executive, Comprehensive, Priority and Saver Plans, and is not available on Classic Smart Comprehensive, Smart, Core or KeyCare plans.

Claims are covered from the member's available day-to-day benefits. If the member is in their Self-payment Gap (SPG), claims are paid from the Day-to-Day Extender Benefit subject to the limits set out in the plan rules. (See **detailed plan rules** section in this document).



## Primary Care policyholders

Primary Care policyholders have access to unlimited nurse consultations and virtual GP consultations at a pharmacy in the nurse network, which their Primary Care benefits pay for. Primary Care Drug Therapists (PCDT) have not been introduced yet.

## WHAT DOES THE CONSULTATION FEE COVER?

---

The pharmacy-clinic consultation fee covers a registered nurse in the wellness network at a fixed rate for services that fall in the nurse's scope of practice. Only pharmacies with a Discovery Health video call pharmacy-clinic network agreement in place can claim for pharmacy-clinic consultations. We cover the following services:

- Discovery Health Medical Scheme member consultations with a pharmacy nurse
- Primary Care policyholder consultations with a pharmacy nurse
- Discovery Health Medical Scheme member virtual video call consultations with a network general practitioner, facilitated by the pharmacy nurse
- Primary Care policyholder virtual video call consultations with a network general practitioner, facilitated by the pharmacy nurse.

When the service needs of the member do not fall within the nurse's scope of practice, the pharmacy clinic nurse may, when warranted and clinically appropriate, do one of the following:

- Refer the member to the pharmacist for schedule 0 – 2 medicines, which are then covered by the member's available benefits or paid for by the member where they do not have benefits available.
- Facilitate a video call with a general practitioner (GP) on the video call panel. The panel GP will determine if a prescription is necessary during the video consultation.

The panel GP may refer the member for a face-to-face consultation with a network GP, where required.

To find a provider in our network, members can visit [www.discovery.co.za](http://www.discovery.co.za) or click on **Find a healthcare provider** on the Discovery app.

Claims are subject to a pharmacy-clinic verification process, and pharmacies need to adhere to all applicable rules of participation for pharmacy clinic consultations to be covered. For more information, please see the **Detailed Discovery Health Medical Scheme plan rules section** of this guide.

## Consultation procedure and submitting the claim

Follow steps 1 to 11 during your consultation procedure. It is important to follow this sequence of steps to help you with the claims procedure.



- 1. Confirm the member's available benefits with us before the consultation takes place.**
  - Go to [www.discovery.co.za](http://www.discovery.co.za) and click on **Healthcare Professionals** (bottom right of the home page). Enter your username and password to log in to the Healthcare Professional Zone.
  - Click on **Member validation** and **Virtual quote**.
  - Use the patient's details (member number or ID number, name and surname) to validate their membership and to check if the membership is active.
  - Once you have validated the membership, use the virtual quote tool to complete a virtual quote.
  - If the particular plan does not cover the consultation, discuss the self-payment options with the patient.
  - For information about registering on the Healthcare Professional Zone, please refer to the 'How to register on the Healthcare Professional Zone' section in this document.
  
- 2. Get appropriate consent from the patient in each of the following steps:**
  - To conduct the physical examination, if appropriate
  - To use the GP video consultation
  - To get a prescription from the GP
  - To fill their prescription at the pharmacy, or tell the member where they must go to collect their medicine.
  
- 3. Start your discussion with the patient to determine the reason for the consultation,** then do an appropriate **examination** where needed to come to a conclusion.
  
- 4. Complete the SOAP note and submit it on the telemedicine system.** It is important to do this first, before submitting the claim, because we will reject the claim if we get the claim before the SOAP note is submitted.
  
- 5. Determine whether the patient may need extra medicine or care.** If they need schedule 0 – 2 medicine, refer the patient to the pharmacist for any over-the-counter medicine covered by the relevant plans. If they need schedule 3 and higher medicine, ask the patient for their consent to have a video call with a panel GP. Have the video call consultation with the panel GP on the Discovery-integrated telemedicine system.
  
- 6. Referral for a face-to-face GP consultation.** Only the panel GP who performed the virtual consultation can refer a patient for a face-to-face consultation at a network GP. Please help the panel GP to do the referral according to the steps on the telemedicine system.
  
- 7. We will consider paying for extra material, tests or vaccines based on the relevant plan rules.** We may pay from the member's available day-to-day benefits or their other benefits, but they might also have to pay for it from their own pocket. We cover claims under the Day-to-day Extender Benefit, but these claims will not accumulate to the member's Annual Threshold.



**8. Submit the consultation claim to us** on your pharmacy's dispensing system using the appropriate code for the agreed rate and the relevant plan. The service description and submission codes should be available on your claims software. If not, contact your contracted software provider to load it. The following codes will apply:

NAPPI code	Service	Procedure code	Fee
004 204 001	<b>Primary Care registered nurse consultation</b> Individual consultation with referral to video call GP	880051	R70.00
004 205 001	<b>Discovery Health Medical Scheme registered nurse consultation</b> Individual consultation with referral to video call GP	880053	R90.00

**9. The relevant telemedicine provider will send the GP's claim** on behalf of the panel GP. The following codes will apply:

NAPPI code	Service	Procedure code	Fee
004 206 001	<b>Discovery Health Medical Scheme virtual consultation GP</b> Can refer member to a face-to-face GP consultation.	7503	R249.50
004 207 001	<b>Primary Care virtual consultation GP</b> Can refer policyholder for a face-to-face GP consultation.	7503	R230.00

We have built verification rules into the Discovery Health system to make sure we cover the claim when you follow all the requirements. If something is missing or incorrectly submitted, we will reject the claim and you may have to fix it before submitting the same claim again.

**10. If your claim is rejected, investigate the reason code on the screen to understand the reason for the rejection.** Correct the claim and resubmit where necessary.

Here are some examples of reasons for claim rejections:

Reason code	Description	Reason for rejection of the claim
274	No money in MSA. Member must pay the claim.	Member must pay the claim.
322	Screening limit reached. Not paid.	Investigate the procedure submitted and resubmit: code 880051 versus 880053.



332	Plan does not cover this treatment or test	Member must pay the claim.
355	Did not use network provider	This pharmacy does not currently take part in the pharmacy-clinic network for video calls. We need a contract.
400	Provider may not refer, member must pay the claim.	Follow correct referral procedures. Only the video call GP can refer a patient for a face-to-face GP consultation. Not all healthcare disciplines may prescribe or refer for certain services.
1002	We do not cover this service.	Primary Care does not cover this healthcare service. Patient must pay for this service from their own pocket.
1004	Non-network provider. Member to pay.	We have not paid this claim, because you (the healthcare provider) are not part of the Primary Care network. The member must pay this amount.
1040	Not paid. Need virtual consultation note	First submit the SOAP note before submitting the claim.
1245	Note: not submitted. Claim not paid	We have not paid this code, because you have not submitted the consultation note to us.
9848	Invalid claim option. Submit on: DISCKD20	Resubmit on the submission code given in response – in this case, DISCKD20.
10436	Provider cannot prescribe this medicine.	We have not paid the amount on this claim line, because you may not prescribe this medicine.

**11.** If the rejected result is relevant, explain to the patient why they must pay for the consultation themselves.

## Detailed Discovery Health Medical Scheme plan rules

- Consultations from the Day-to-day Extender Benefit will be funded at the Discovery Health Rate.
- Materials, procedures or any other healthcare services will be paid from the member's available day-to-day benefits or paid by the member themselves.
- Claims paid from the Day-to-day Extender Benefit will not accumulate to the Annual Threshold, where applicable.





## Cover limits for Discovery Health Medical Scheme members through the Day-to-day Extender Benefit

Plan	Benefit	Cover	
Executive, Comprehensive and Priority	<b>Pharmacy nurse visits</b>	Unlimited visits with a nurse at a network pharmacy	
Classic and Coastal Saver		Limited to 3 consultations per single member	Limited to 6 consultations per family
Essential Saver		Limited to 2 consultations per single member	Limited to 4 consultations per family
Executive, Comprehensive and Priority	<b>Virtual video call consultations</b>	Unlimited virtual GP consultations if referred by a nurse	
Classic and Coastal Saver*		Limited to 3 consultations per single member	Limited to 6 consultations per family
Essential Saver*		Limited to 2 consultations per single member	Limited to 4 consultations per family
Executive, Comprehensive and Priority	<b>Face-to-face consultations with a network GP</b>	Unlimited consultations if referred by a virtual GP	
Classic and Coastal Saver**		Limited to 3 consultations per single member	Limited to 6 consultations per family
Essential Saver**		Limited to 2 consultations per single member	Limited to 4 consultations per family

\*Nurse consultation + virtual consultation will only accumulate to one Day-to-day Extender Benefit consultation.

\*\*Nurse consultation + virtual consultation + face-to-face consultation will accumulate to one Day-to-day Extender Benefit consultation.

## How we fund pharmacy-clinic claims for Discovery Health Medical Scheme members

The following table indicates how we will fund claims for members with available funds in their Medical Savings Account and members in their Self-payment Gap or Above Threshold Benefit.



Scenario	How the consultation will be funded	Other services (eg medicine blood tests)
Member still has funds in their Medical Savings Account and visits a pharmacy-clinic network for a consultation with a nurse	We will pay from available funds in the Medical Savings Account.	We will pay from available funds in the Medical Savings Account.
Member has run out of funds in their Medical Savings Account or is in their Self-payment Gap and visits a pharmacy-clinic network for a consultation with a nurse	We will pay from the Day-to-day Extender Benefit.	Member to pay for the consultation themselves
Member on Saver plan has used up all of their DEB consultations and visits a pharmacy-clinic network for a consultation with a nurse	Member to pay for the consultation themselves.	Member to pay for the consultation themselves
Member is in their Above Threshold Benefit and visits a pharmacy-clinic network for a consultation with a nurse	We will fund from the Above Threshold Benefit. <b>Note:</b> The Above Threshold Benefit on the Priority Plan is limited.	We will pay from Above Threshold Benefit subject to specific benefit limits. <b>Note:</b> The Above Threshold Benefit on the Priority Plan is limited.

\* Members on other schemes administered by Discovery Health do not have access to the Day-to-day Extender Benefit.

## How to refer a Discovery Health Medical Scheme member to a general practitioner

### REFERRALS FOR VIRTUAL CONSULTATIONS WITH A PANEL GP

Where necessary, the pharmacy nurse can refer a member for a virtual consultation with a panel general practitioner (GP) through Healthforce to dial in the GP. The Healthforce GP consultation portion will be claimed separately from the nurse consultation.

### REFERRALS FOR FACE-TO-FACE CONSULTATIONS WITH A NETWORK GP

Only the panel GP can refer a member for a face-to-face network GP visit. To find a GP in the network, members can use the Discovery app or log into [www.discovery.co.za](http://www.discovery.co.za) and search for a provider by selecting Medical Aid > Find a doctor > Find a doctor close to you.



## Detailed Primary Care benefit rules

Discovery Primary Care is a unique healthcare product that enables employers to provide their employees and their families with affordable quality private healthcare and wellness management. There are two benefit options:

- Primary Care Advanced
- Primary Care Activate

The following table indicates how we will fund claims for Discovery Primary Care policyholders.

### How we fund pharmacy clinic claims for Discovery Primary Care policyholders

Benefit	Discovery Primary Care Activate		Discovery Primary Care Advanced	
	Without nurse referral	With nurse referral	Without nurse referral	With nurse referral
<b>Nurse visits</b>	Unlimited visits at a pharmacy in the nurse network		Unlimited visits at a pharmacy in the nurse network	
<b>Virtual GP consultations</b>	Unlimited virtual GP consultations if referred by a nurse		Unlimited virtual GP consultations if referred by a nurse	
<b>GP visits</b>	Unlimited visits at Primary Care network GPs	Unlimited visits at Primary Care network GPs if referred by virtual GP. 2 upfront GP visits without referral	Unlimited visits at Primary Care network GPs	Unlimited visits at Primary Care network GPs if referred by virtual GP. 2 upfront GP visits without referral

\*Nurse consultation + virtual consultation will only accumulate to one Day-to-day Extender Benefit consultation.

## How to refer a Primary Care policyholder to a general practitioner

### REFERRALS FOR VIRTUAL CONSULTATIONS WITH A GP

Where necessary, the pharmacy nurse can refer a policyholder for a virtual consultation with a general practitioner (GP) through Healthforce to dial in the GP. The Healthforce GP consultation portion will be claimed separately from the nurse consultation.



## REFERRALS FOR FACE-TO-FACE CONSULTATIONS WITH A GP

---

Only the network GP can refer a policyholder for a face-to-face GP visit. If you think a referral for a face-to-face consultation with a GP is necessary, please consult with the network GP virtually for the referral. You must refer patients on a plan without a nurse referral to their allocated GP. If they do not have an allocated GP, you can refer the patient to the network list on [www.discovery.co.za](http://www.discovery.co.za). The same list of providers applies for policyholders on a plan with nurse referral. Please direct them to the closest network GP.

The Discovery Primary Care network provider lists are available on our website at [www.discovery.co.za](http://www.discovery.co.za). Follow these steps to find a network provider:

- Go to [www.discovery.co.za](http://www.discovery.co.za).
- Select [For business](#).
- Click on **Primary Care**.
- Scroll down and select [Find a Discovery Network Provider](#).
- Select the appropriate network list, eg Discovery Primary Care GP Network List 2020.

## How to register on the Healthcare Professional Zone

1. Go to [www.discovery.co.za](http://www.discovery.co.za)
2. Click on the blue **REGISTER** button on the top right-hand side of the screen.
3. You will need to give verification information by selecting one of the identification types from the dropdown list and then giving the relevant number.
4. On the same page, select the channel that would be most appropriate to receive the PIN (personal identification number) notification from the drop-down list. The choices are SMS or email. Please note that if you choose SMS, the respective cellphone must be within reach and if you choose email, the email system must be connected and open to receive the temporary PIN code that we will email. The PIN code is a unique temporary code and expires within seven days after you received it. This code is necessary to continue with the registration process.
5. Once you have chosen the relevant notification method and confirmed the email address or cellphone number, tick the box **I agree to the terms of consent** then click on **Send** to continue with the registration process.
6. The next page will ask for the PIN code you received by SMS or email, depending on the notification method that you selected in the previous step. Once you have entered the PIN code, click on **Continue**.
7. You must select the login details on the next screen. Select a username from the suggested list or create one. Note that the username is a permanent feature that you cannot change. It is also case-sensitive. The username must be between 6 and 15 characters. Confirm a personal password, which must contain at least six characters and it must be an alphanumeric combination (a combination of letters and numbers). Please read and accept the terms and conditions – <https://www.discovery.co.za/portal/individual/terms-and-conditions>.



8. Once you have given all the details, simply click on the **Register Now** button to confirm the registration.
9. Click on **Enter website**. Otherwise, the system will automatically log in.

If you need help with the registration, call 0860 10 06 96.

## Contact details

General enquiries from healthcare professionals:

- Primary Care enquiries: 0860 44 47 79
- Discovery Health Medical Scheme enquiries: Call us on 0860 44 55 66 or email [healthpartnerinfo@discovery.co.za](mailto:healthpartnerinfo@discovery.co.za)
- Hospital preauthorisation: 0860 44 47 79
- HIV-related enquiries: [chronicqueries@discovery.co.za](mailto:chronicqueries@discovery.co.za)
- To find out who Discovery's health partners are, visit the Discovery website at [www.discovery.co.za](http://www.discovery.co.za)