

 mediscor pbm <small>Pharmaceutical Benefit Management</small> <i>Solutions Together</i>	MEDISCOR (PTY) LTD Baobab Building, River Falls Office Park, Rose Avenue, Centurion PO Box 8796, Centurion, 0046 Tel: (012) 674 8000 Fax: (012) 674 8001	NOTIFICATION 85 OF 2016
		21 December 2016

Medical Insurance	Unity Health
Administrator	Unity Health
Information Relevant to	Benefits and Options 2017
Effective Date	1 January 2017

With effect 1 January 2017, Mediscor will apply the medical insurance rules applicable to pharmacies for Unity Health as outlined below:

The individual Insurance Option Claiming Codes refer:

INSURANCE CLIENT	UNITY HEALTH OPTION	CLAIMING CODE
The Unlimited Group	EASIMED A 13	MDS8703
The Unlimited Group	EASIMED ESSENTIAL 14	MDS8715
Prime Care Student Plan	PRM CARE STUD 16	MDS8705
Stratum	STRATUM ESSENTIAL PRIM PL 36	MDS8724
Stratum	STRATUM CORP ESSENTIAL A 37	MDS8725
Stratum	STRATUM CORP ESSENTIAL B 38	MDS8726
Stratum	STRATUM CORPORATE ESSENTIAL SOLUTION AW 49	MDS8744
Stratum	STRATUM CORPORATE ESSENTIAL SOLUTION BW 50	MDS8745
Unity Health	UNITY C COMPULSORY GROUP 28 (Including The Creamery & Sanclare)	MDS8723
Unity Health	UNITY C SMALL COMPULSORY GROUP 31 (Including The Kitchen)	MDS8722
Unity Health	UNITY C SMALL COMPULSORY GROUP 35	MDS8734
Unity Health	UNITY D VOLUNTARY GROUP 45 (Including Cape Union Mart)	MDS8738
Unity Health	UNITY HEALTH PRIMARY CARE 39	MDS8739
Unity Health	UNITY HEALTH HOSPITAL AND EMERGENCY CARE 40	MDS8740
Unity Health	UNITY HEALTH CASUALTY CARE 41	MDS8741
Unity Health	UNITY HEALTH PRIMARY + HOSPITAL AND EMERGENCY CARE 42	MDS8742
Unity Health	UNITY HEALTH PRIMARY + CASUALTY CARE 43	MDS8743

INSURANCE CLIENT	UNITY HEALTH OPTION	CLAIMING CODE
Umbrella	UMBRELLA PRIMARY CORE 46	MDS8746
Umbrella	UMBRELLA PRIMARY ESSENTIAL 47	MDS8747
Umbrella	UMBRELLA HOSPITAL AND EMERGENCY CARE 48	MDS8748
Umbrella	UMBRELLA PRIMARY CARE AND HOSPITAL AND EMERGENCY 51	MDS8749
Umbrella	UMBRELLA PRIMARY ESSENTIAL AND HOSPITAL AND EMERGENCY 52	MDS8750
Unity Health	PRIMARY & HOSPITAL CARE C (DOSD) 53	MDS8751
Unity Health	PRIMARY CARE A 54	MDS8752
Unity Health	PRIMARY CARE B 55	MDS8753
Unity Health	PRIMARY CARE C 56	MDS8754
Unity Health	PRIMARY & HOSPITAL CARE A 57	MDS8755
Unity Health	PRIMARY & HOSPITAL CARE B 58	MDS8756
Unity Health	PRIMARY & HOSPITAL CARE C 59	MDS8757
Unity Health	HOSPITAL CARE A 60	MDS8758
Unity Health	HOSPITAL CARE B 61	MDS8759
Unity Health	PRIMARY CARE A 62	MDS8760
Unity Health	PRIMARY CARE B 63	MDS8761
Unity Health	PRIMARY CARE C 64	MDS8762
Unity Health	PRIMARY & HOSPITAL CARE A 65	MDS8763
Unity Health	PRIMARY & HOSPITAL CARE B 66	MDS8764
Unity Health	PRIMARY & HOSPITAL CARE C 67	MDS8765
Unity Health	PRIMARY CARE B 68	MDS8766
Unity Health	PRIMARY CARE C 69	MDS8767
Unity Health	PRIMARY & HOSPITAL CARE B 70	MDS8768
Unity Health	PRIMARY & HOSPITAL CARE C 71	MDS8769
Unity Health	HOSPITAL CARE B 72	MDS8770
Unity Health	HOSPITAL CARE C 73	MDS8771
Unity Health	ELIXI HEALTH BLUE 76	MDS8772
Unity Health	ELIXI HEALTH GREEN 77	MDS8773
Unity Health	ELIXI HEALTH PURPLE 78	MDS8774
Unity Health	ELIXI HEALTH BLACK 79	MDS8775
Unity Health All Funders	UNITY HEALTH ALL FUNDERS	MDS0087

Acute and authorised chronic medicine on the applicable options, are restricted to formularies, and may be dispensed by pharmacies.

Herewith the detail for submitting medicine claims to Mediscor:

1.	Claiming Code (PCN)	As per list / MDS0087
2.	Switch Destination Code	AUHE0001
3.	EDI Activation Code (Dispensing Doctors)	484P
4.	Default Reference Pricing	MRP
5.	Maximum supply of medicine	30 Days
6.	Days supply of the dispensed medicine	Yes / Compulsory
7.	Membership number as per membership card	Yes / Compulsory
8.	Dependant code as per membership card	Yes / Compulsory
9.	Dependant first name as per membership card	Yes / Compulsory
10.	Dependant date of birth	Yes / Compulsory
11.	Dependant gender (male/female)	Yes / Compulsory
12.	Practice number of the prescriber	Yes / Compulsory
13.	ICD-10 diagnosis code	Yes / Compulsory
14.	9 digit NAPPI code of medicine dispensed	Yes / Compulsory
15.	Membership number requirements	Minimum 8 alpha numerical
16.	Payments to Providers	Unity Health
17.	Chronic pre-authorisation	Mediscor ChroniLine®
18.	Default Dispensing Fee – Pharmacies	SEP + 31.5%/R31.50 (Excl. VAT)

- Due to the complexities of the various levies, co-payments, formularies and exclusion criteria; service providers must refer to our on-line responses to understand the rules applied.
- Dispensing fees may differ from the default fee where DSP's (and PPN's) have been contracted by the Funder.
- Dispensing fee structure(s) will be applied on scheduled medicines (0 – 8) and unscheduled products.

IF YOU REQUIRE ANY ASSISTANCE, PLEASE CONTACT:

Mediscor's Contact Centre : **0860 113 238 or 0860 117 705**

Mediscor ChroniLine® : **0860 119 553**

Mediscor E-Mail : **info@mediscor.co.za**

Unity Health : **0861 366 006**

Please send any questions regarding this communiqué to updates@mediscor.co.za

Kind regards

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