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|  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 63 OF 2018 |
| | | 10 December 2018 |

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|--------------------------------------|-------------------------------|
| Capitated Healthcare Provider | CareCross Health |
| Administrator | MMI CareCross |
| Information Relevant to | Benefits and Options for 2019 |
| Effective Date | 1 January 2019 |

With effect 1 January 2019, Mediscor will apply the scheme rules applicable to pharmacies and dispensing doctors for CareCross Health as outlined below.

Herewith the detail for submitting medicine claims to Mediscor:

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|------------|--|-------------------------------------|
| 1. | Claiming Code (PCN) | As per list below / CCH0100 |
| 2. | Switch Destination Code | CARE0006 |
| 3. | EDI Activation Code (Dispensing Doctors) | 561P |
| 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. | Payments to Providers | MMI Health CareCross |
| 16. | Chronic pre-authorisation | CareCross Health |
| 17. | Default Dispensing Fee – Pharmacies (Acute) | SEP + 30%/R43.86 (Excl. VAT) |
| 18. | Default Dispensing Fee – Pharmacies (Chronic) | SEP + 26%/R26.00 (Excl. VAT) |
| 19. | Default Dispensing Fee – Over the Counter (OTC) | SEP + 30%/R43.86 (Excl. VAT) |

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

* Refer to Mediscor website www.mediscor.co.za

MEDICAL SCHEME OPTIONS CONTRACTED TO CARECROSS HEALTH: 2019

| Carrier code | Carrier Description | Account | Group Code | Group Description |
|---------------------|----------------------------|--------------------|-------------------|---------------------------------|
| CCH0100 | CARECROSS HEALTH | | | |
| CCH0001 | CCH OCCUMED | OCCUMED | 136 | OCCUMED |
| CCH0002 | CCH SAPS Health | SAPSHRO | 911 | SAPS HEALTH RISK OPTION |
| CCH0003 | CCH DOMESTICARE | DOMESTICARE | 127 | DOMESTICARE Basic |
| | | | 129 | DOMESTICARE Plus 2-month WP |
| | | | 128 | DOMESTICARE Plus 6-month WP |
| CCH0004 | CCH OCSACARE | OCSACARE | 81 | OCSACare BRONZE |
| | | | 123 | OCSACare BRONZE Prepaid |
| | | | 130 | OCSACare SILVER PLUS 3-month WP |
| | | | 137 | OCSACare SILVER PLUS 6-month WP |
| | | | 91 | OCSACare GOLD |
| | | | 114 | OCSACare GOLD Adcorp |
| | | | 94 | OCSACare GOLD Scorpions |
| | | | 113 | OCSACare GOLD Truworths |
| | | | 82 | OCSACare GOLD 6-month WP |
| 97 | OCSACare GOLD 3-month WP | | | |
| CCH0005 | CCH HORIZON | HORIZON | 62 | HORIZON+HOSPITALNETWORKPN |
| CCH0007 | CCH MOTO HEALTH | MOTOHEALTH | 40 | MOTO HEALTH ESSENTIAL |
| | | | 41 | MOTO HEALTH CUSTOM |
| CCH0008 | CCH SELFMED | CCHSELFMED | 145 | SELFMED SELFNET ESSENTIAL |
| | | | 140 | SELFMED SELFNET |
| CCH0009 | CCH PICK N PAY | PNP | 301 | PICK N PAY PRIMARY OPTION |
| CCH0010 | CCH WOOLTRU | CCHWOOLTRU | 92 | WOOLTRU CORE |

IF YOU REQUIRE ANY ASSISTANCE, PLEASE CONTACT:

Mediscor's Contact Centre : **0860 113 238 or 0860 117 705**
Mediscor E-Mail : info@mediscor.co.za
CareCross Health Chronic : **0860 102 182**
CareCross Health Chronic Fax : **021 – 673 1815**
CareCross Health E-Mail : chronic.carecross@mimiholdings.co.za

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

Kind regards

ILSE STEYN