

 <p><b>mediscor</b> pbm Pharmaceutical Benefit Management <i>Solutions Together</i></p>	<p><b>MEDISCOR (PTY) LTD</b> Baobab Building, River Falls Office Park, Rose Avenue, Centurion PO Box 8796, Centurion, 0046 Tel: (012) 674 8000 Fax: (012) 674 8001</p>	<p><b>NOTIFICATION 94 OF 2018</b></p>
		<p><b>14 December 2018</b></p>

**Medical Insurance**

United Health Insurance Ltd.

**Administrator**

United Health Insurance Ltd.

**Options**

**B Options**

- ESSENTIAL PLAN A
- ESSENTIAL PLAN B
- ESSENTIAL PRIME A

**G Options**

- ESSENTIAL PLUS A
- ESSENTIAL PRIME B
- ESSENTIAL PLUS B
- ESSENTIAL PRIME C
- INTERNATIONAL STUDENT HEALTH PROTECTION PLAN
- COMPREHENSIVE PLAN

**Information Relevant to**

Benefits and Options 2019 – (**South African Providers**)

**Effective Date**

1 January 2019

With effect 1 January 2019, Mediscor will apply the insurance funder rules applicable to pharmacies for United Health Insurance (**South African Providers**) as outlined below.

**Herewith the detail for submitting medicine claims to Mediscor:**

<b>1.</b>	<b>Claiming Code (PCN)</b>	<b>MDS0070</b>
<b>2.</b>	<b>Switch Destination Code</b>	<b>GSWA0001</b>
<b>3.</b>	<b>Default Reference Pricing</b>	<b>MRP</b>
<b>4.</b>	<b>Maximum supply of medicine</b>	<b>30 Days</b>
<b>5.</b>	<b>Days supply of the dispensed medicine</b>	<b>Yes / Compulsory</b>
<b>6.</b>	<b>Membership number as per membership card</b>	<b>Yes / Compulsory</b>
<b>7.</b>	<b>Dependant code as per membership card</b>	<b>Yes / Compulsory</b>
<b>8.</b>	<b>Dependant first name as per membership card</b>	<b>Yes / Compulsory</b>
<b>9.</b>	<b>Dependant date of birth</b>	<b>Yes / Compulsory</b>
<b>10.</b>	<b>Dependant gender (male/female)</b>	<b>Yes / Compulsory</b>
<b>11.</b>	<b>Practice number of the prescriber</b>	<b>Yes / Compulsory</b>
<b>12.</b>	<b>ICD-10 diagnosis code</b>	<b>Yes / Compulsory</b>
<b>13.</b>	<b>9 digit NAPPI code of medicine dispensed</b>	<b>Yes / Compulsory</b>
<b>14.</b>	<b>Membership number requirements</b>	<b>8 Numerical digits</b>
<b>15.</b>	<b>Payments to providers</b>	<b>United Health Insurance</b>
<b>16.</b>	<b>Chronic pre-authorisation</b>	<b>United Health Insurance</b>
<b>17.</b>	<b>Default Dispensing Fee – Pharmacies</b>	<b>SEP+28%/R28 (Excl. VAT)</b>
<b>18.</b>	<b>Default Dispensing Fee – Over the counter (OTC)</b>	<b>SEP+28%/R28 (Excl. VAT)</b>
<b>19.</b>	<b>PESA Exclusions</b>	<b>6, 37, 40, 50, 51, 62</b>

- 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 Sick Fund / Administrator.
- Dispensing fee structure(s) will be applied on scheduled medicines (0 – 8) and unscheduled products.

**CHRONIC MEDICINE APPLICATIONS:**

Members must apply and register for Chronic Medicine Benefits with **United Health Insurance** by contacting **+268 2508 6000** or [uhiclaims@united.co.sz](mailto:uhiclaims@united.co.sz)

**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](mailto:info@mediscor.co.za)

Please send any questions regarding this communiqué to [updates@mediscor.co.za](mailto:updates@mediscor.co.za)

Kind Regards

**ILSE STEYN**