

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 7** OF 2020

31 March 2020

Health Insurance

Wesmart Health Insurance

Administrator Options

Wesmart Health Insurance

•	DOCSURE ADVANCED	109001
•	DOCSURE INTERMEDIATE	109002
•	DOCSURE SIMUNYE	109003
•	DOCSURE PRIMARY	109004
•	DOCSURE MEDISEC	109005
•	DEMA-SURE	109006
•	DOCSURE START-UP RH	109007
•	DOCSURE PRIMARY RH	109008
•	DOCSURE DEMA-SURE RH	109009
•	DOCSURE SIMUNYE RH	109010
•	DOCSUREINTERMEDIATE RH	109011
•	GOLDEN HOUR	109012
•	GOLDEN HOUR LEVEL 1	109013
•	GOLDEN HOUR LEVEL 2	109014
•	DOCSURE START UP	109015
•	COMPREHENSIVE ADVANCED	109016
•	COMPREHENSIVE PLUS	109017
•	COMPREHENSIVE STANDARD	109018
•	PRIMARY LIMITED	109019
•	PRIMARY PLUS	109020
•	PRIMARY STANDARD	109021
•	HOSPITAL COVER	109022
•	DOCSURE4SCHOOLS ADVENTURE	109023
•	URDOCSE4SCHOOLS EXPLORE	109024

Information Relevant to

Additional Options

Effective Date

1 April 2020

Effective 1 April 2020, additional options (marked in bold above) will be processed for Wesmart Health Insurance.

Mediscor will still apply the insurance funder rules applicable to pharmacies for Wesmart Health Insurance as outlined below.

Herewith the detail for submitting medicine claims to Mediscor:

1.	Claiming Code (PCN)	MDS0109	
2.	Switch Destination Code	WESM0001	
3.	EDI Activation Code (Dispensing Doctors)	998P	
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	Alpha numeric as per membership card	
16.	Payments to Providers	Mediscor PBM	
17.	Chronic pre-authorisation	Medicor ChroniLine®	
18.	Default Dispensing Fee - Pharmacies	SEP + 30%/R33 (Excl. VAT)	
19.	PESA Exclusions	3-5; 7-9; 11; 14; 15; 17; 22-25; 27; 29-32; 43; 45; 53; 60; 61	

- 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.

Refer to Mediscor website www.mediscor.co.za

Only acute medicine as well as selective chronic medicine for certain options may be dispensed by pharmacies.

IF YOU REQUIRE ANY ASSISTANCE, PLEASE CONTACT:

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

Mediscor E-Mail : <u>info@mediscor.co.za</u>

Mediscor ChroniLine® : 0860 119 553

Wesmart : 010 511 1170

Wesmart E-Mail : <u>claims@wesmart.co.za</u>

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

Kind regards

ILSE STEYN