



# NAMDEB

Medical Aid Scheme

Administered by Prosperity Health

# NEWSLETTER

**AFFORDABLE AND QUALITY HEALTH COVER FOR EMPLOYER GROUPS**

## TOPICS FOR DISCUSSION:

1. AGM 2019
2. New Namdeb Benefit Accumulator
3. Scheme general information
4. Fraud, waste and abuse

## 1. ANNUAL GENERAL MEETING (AGM) HELD 26 JUNE 2019

In terms of the Scheme rules and the Medical A Funds Act no. 23 1995, each registered medical scheme should hold an Annual General Meeting for its members before the 30th of June each year.

The main purpose of the AGM meeting is to:

- Present and obtain member approval on the previous year financial statements before its submitted to Namfisa.
- Review the previous years operations, elect trustees to fill vacancies, if any;
- and the appointment of auditors for the following financial year.
- Discuss any matters or motions submitted.

The notice to the AGM was distributed on 02 June 2019 and well within the 21 days requirement set in the Rules of the Scheme.

**2019**  
October

## 2018 BENEFIT YEAR

The AGM was held on the 27th of June 2019 in Oranjemund and Windhoek, with a total of 75 members who attended in person and 61 proxies. The Board of Trustees would like to extend their sincere gratitude to all members who made time out of their busy schedules to attend and those that submitted proxies. The Board hereby appeal to all members to attend future AGMs and or Scheme roadshow meetings.

For the second year in a row, the Scheme published an annual report which covered topics amongst other, the summarized financial's for the 2018 benefit year, chairpersons report and general Scheme activities. In addition, the annual report was also e-mailed to an estimated 1,515 members whose mail

addresses are on record. **Members are strongly advised to ensure their contact details e.g. mail and cell numbers are up to date and those not on record to submit it without delay.** This will ensure that members receive all Scheme communications, newsletters, claims updates etc. The Annual Report is available on the Namdeb Scheme web page at [www.namdebmedical.com](http://www.namdebmedical.com).

The 2018 annual report provided an overview of the Schemes' results for the year ended 31 December 2018, as extracted from the 2018 financial statements. The Auditor has expressed an unqualified opinion on the Consolidated Financial Statements with no audit findings or corrections.

## 2. NAMDEB MEDICAL SCHEME BENEFIT ACCUMULATOR

For the past few years, members through the annual roadshow have been requesting the Scheme to look at options to reward members who manage their benefits efficiently. As part of the new benefit enhancements for 2019, the Board of Trustees approved the introduction of a Namdeb Benefit Accumulator effective 01 April 2019, applicable to members registered on Option 1.

### 1. WHAT IS A BENEFIT ACCUMULATOR?

A Benefit Accumulator, is a Scheme benefit which offers members the option to accumulate benefits if their total annual

day-to-day claims are less than the allocated threshold limit. These accumulated benefits are carried over to the following benefit/financial year and members can utilize these benefits to supplement their benefits or cater for medical services that are not covered under the Scheme benefits structure. It is an option that offers members to save on their medical claims and use the accumulated benefits in the following financial years when they need it.

Please visit: [www.namdebmedical.com.na](http://www.namdebmedical.com.na) for more information on the Namdeb Benefit Accumulator.

## 3. SCHEME INFORMATION

### 1. SPLIT BILLING

Split billing, is a billing method used by Healthcare Providers to provide two accounts for the same service. The one account listing the medical scheme tariff amount is submitted to the medical scheme, and a separate one listing the member's co-payment is issued to the member or a cash up-front payment from the member is required for which a receipt is issued or sometimes not, and the amount is also not reflected on the invoice to the scheme at all. In other words, the member will have paid what they thought was a co-payment to the Healthcare Provider, but the amount paid does not appear on the claim submitted to the medical scheme by the provider.

This practice is not allowed and members are hereby requested to report such cases to **Ms. Celeen Jacobs Tel: 083 2999120 email: [celeen.jacobs@prosperitynam.com](mailto:celeen.jacobs@prosperitynam.com)**. These cases will be taken up at industry platforms and or reported to the Health Professions Council of Namibia.

### 2. MEMBER CO-PAYMENTS OR EXCESS FEES.

Co-payments or excess fees is the difference between the amount charged by the Healthcare Provider (doctor, specialist, dentist etc) and what your Medical Aid Scheme pays. The excess fees or co-payments are generally covered by the member and are not claimable from the Scheme. The Namdeb scheme pays 100% of the Scheme tariff for out-of-hospital services to service provider and 200% for in-hospital services for Specialist treatment. The invoices or claims submitted by providers to the Scheme include the member portion and amount to be paid by the Scheme. This is known as "balance billing" and is legal and acceptable. The invoice reflects the Scheme's part of the costs and the member's co-payment.

To manage your out-of-pocket expenses and reduce your co-payments, members are advised to submit quotes on planned treatments to the Medical Scheme and confirm in advance the total cost that the Scheme will cover on the planned treatment.





## 4. FRAUD, WASTE & ABUSE

It is estimated that between 10-20% of medical claims submitted to medical fund/schemes are due to fraud, waste and abuse. Looking at the current escalation in Scheme cost, the topic of fraud waste and abuse is critical, it does not only affect the Scheme but also the member as it off-set against your benefit limits and also threatens the long term sustainability.

In order to provide more information on the topic, we look at the definition of FWA in terms of medical schemes.

### 1. WHAT IS FRAUD, WASTE AND ABUSE?

#### WASTE

- Waste is the overutilization of services and/or misuse of resource that may result in unnecessary costs to the medical scheme.
- Generally not associated with criminally negligent actions but it is extravagant, careless and needless.
- E.g. unnecessary admissions, high caesareans, over service. A provider and patient/member issue.

#### ABUSE

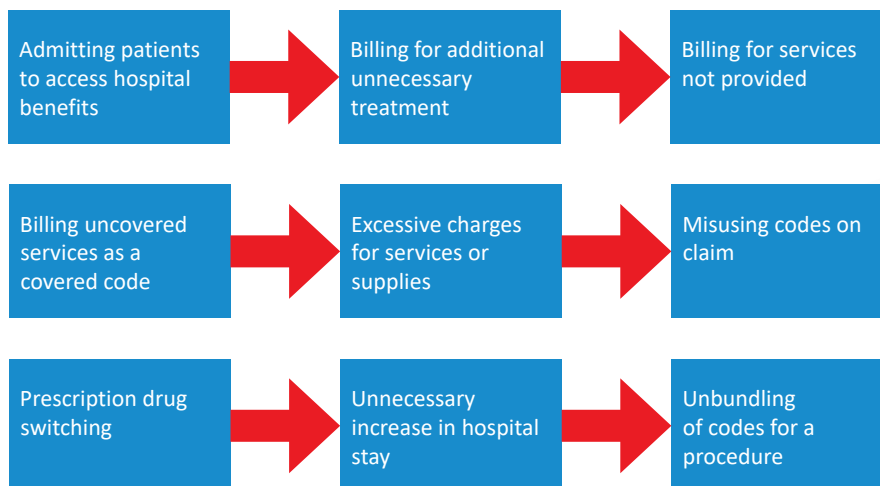
- Inconsistent delivery of health services with sound medical practices resulting in claims with no legal entitlement.
- Services are done on purpose and the matter can be addressed through effective administration.
- There is no intent to misrepresent facts

#### FRAUD

- The intentional misrepresentation of an important fact that is submitted in support of a healthcare. Claim for repayment by a medical scheme.
- Intentional misinterpretation on claims, services or costs.
- It's difficult to prove it.



### 2. EXAMPLES OF FRAUD, WASTE & ABUSE IN MEDICAL SCHEMES



## FRAUD, WASTE & ABUSE IN HEALTHCARE



### 3. HOW DO FRAUD AFFECT ME AS A SCHEME MEMBER?

- A Medical Aid Scheme is a mutual or solidarity Scheme whereby all members share in the risk and cost through cross-subsidisation within the pool of members.
- Members and the Employers pool their contributions into the Scheme. The Scheme uses all contributions to finance the health needs of all its members and pay for non-healthcare services.
- If the fraudulent claims are submitted to the scheme, higher claims will be paid and the following measures will be implemented to curb the high expenses:
  - Scheme have to fund the excess claims from the reserves
  - Scheme have to introduce high co-payments on certain benefit disciplines
  - Scheme have to review and cut or reduce benefits
  - Scheme have to implement high premium increases to cover for the high claims

### PLEASE REMEMBER!!!!!!!

- Fraud, Waste & Abuse (FWA) harms you and your Scheme, Choose to do the right thing and let your voice be heard in confidence.
- Let us join hands and combat FWA

Please report any suspicious involving Namdeb Medical Scheme to the Namdeb tollfree fraud hotline on 083 380 0169. All matters reported will be investigated and treated with the outmost confidentiality.



## NAMDEB MEDICAL AID SCHEME CONTACT DETAILS

NO.	SERVICE	MAIL ADDRESS	CONTACT NUMBER	CONTACT NAME
1	Hospital pre-authorisations	hpa@prosperitynam.com	083 2999 000	Managed Care
2	Chronic medication registration	preauth@mediscor.co.za chronic@prosperitynam.com	South Africa: 0860 119 553 Namibia: +26461 2999 991 +26461 2999 512	Geneva Vollmer
3	Chroni-line speak to pharmacists	preauth@mediscor.co.za chronic@prosperitynam.com	South Africa: 0860 119 553 Namibia: +26461 2999 991	Pharmacist Advisors
4	Submit claims - practice	claims@prosperitynam.com	083 2999 000	Client Services
5	Submit claims - members	speedline@prosperitynam.com oranjemund.claims@prosperitynam.com	083 2999 000	Estelle Iitula Nathan Hainanga
6	Submit fast claims (cash paid for refund)	speedline@prosperitynam.com claims@prosperitynam.com	083 2999 000 083 232111 083 232113 0832 32110	Estelle Iitula Nathan Hainanga
7	Client service enquiries - providers	claudia.tjizoo@mediscor.co.za stephanie.bezuidenhoudt@prosperitynam.com	083 2999 9107 083 2999 9106	Claudia Tjizoo Stephanie - Bezuidenhout
8	Client service enquiries - members	estelle.iitula@prosperitynam.com nathan.hainanga@prosperitynam.com namdebmember@prosperitynam.com	083 2999 000 083 2999 000 083 2999 000	Estelle Iitula Nathan Hainanga
9	Register Medipost courier pharmacy: South Africa base clients	info@medipost.co.za	Tel: +27 12 426 4000	Fax: 0866 488 446