

Focus on the Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment and includes cover for the 26 Chronic Disease List conditions, which form part of the Prescribed Minimum Benefits. Chronic benefits are subject to registration and approval.

Momentum Medical Scheme offers a unique Chronic Benefit structure that empowers members to choose the level of chronic cover appropriate to their family's needs. The following table summarises the different levels of chronic cover and chronic providers across the 6 options.

Option	Provider	Cover
Ingwe	Ingwe Primary Care Network or Ingwe Active Primary Care Network	26 conditions according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies, subject to formulary
Evolve	State	26 conditions according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies, subject to formulary
Custom	Any Associated or State	26 conditions according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies, subject to formulary
Incentive	Any Associated or State	32 conditions: 26 conditions according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies, subject to formulary 6 additional conditions: limited to R11 100 per family per year
Extender	Any Associated or State	62 conditions: 26 conditions according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies, subject to formulary 36 additional conditions: limited to R11 100 per family per year
Summit	Freedom-of-choice	62 conditions: 26 conditions according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies, subject to formulary 36 additional conditions: subject to an overall day-to-day limit of R28 000* per beneficiary per year

* This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions

How to obtain Chronic Benefits

Option	Provider	Cover
Ingwe	Ingwe Primary Care Network or Ingwe Active Primary Care Network	You need to get your chronic prescription from your Ingwe or Ingwe Active Primary Care Network doctor, and your chronic medication from Medipost pharmacy. Benefits are subject to the Network entry-level formulary.
Evolve	State	You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary and State medical management (including doctor, pharmacy, blood tests, x-rays, etc). If you voluntarily use pharmacies outside of the State facilities, the Scheme will pay 50% of the medication rate of the State entry-level formulary product. If you use a State facility but choose to get your chronic medication outside the State formulary, the Scheme will pay up to the Momentum Medical Scheme Reference Price, and a 30% co-payment will be applied to the medication.
Custom, Incentive and Extender	Any	You may get your chronic prescription and medication from any provider, subject to your option formulary. If you use medication from outside the formulary (ie non-preferred items), a co-payment is payable. This co-payment is 15% on the Custom Option, 10% on the Incentive Option and 5% on the Extender Option.
	Associated	You need to get your chronic prescription from an Associated GP and your chronic medication from Medipost, subject to an entry-level Core formulary. If you get your medication from outside the formulary, a co-payment will apply. On the Custom Option, the co-payment is the cost difference between the selected item and the formulary price. On the Incentive Option, the co-payment is 20% and on the Extender Option, the co-payment is 15%. If you get your chronic medication from a pharmacy other than Medipost, the Scheme will only pay 50% of the formulary price for the medicine in addition to the above % co-payments.
	State	You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary and State medical management (including doctor, pharmacy, blood tests, x-rays, etc). If you choose to use pharmacies outside of the State facilities, the Scheme will only pay 50% of the medication rate, of the State entry-level formulary product. If you use a State facility for treatment, but choose to get your chronic medication outside the State entry-level formulary, the Scheme will pay up to the Momentum Medical Scheme Reference Price, and a co-payment will be applied. This co-payment is 15% on the Custom Option, 10% on the Incentive Option and 5% on the Extender Option.
Summit	Freedom-of-choice	You have the freedom of choice to get your chronic prescription and medication from any provider, subject to the Extended formulary. If you choose to get your medication from outside the formulary, a co-payment of the cost difference between the selected item and the formulary price is payable.

How to register for chronic medication

Freedom-of-choice or Any chronic provider

1. Ask your treating doctor or pharmacist to phone us on **0860 11 78 59**.
2. The chronic benefit consultant will either approve or decline the benefit telephonically.
3. We may need additional information from your provider, such as the ICD 10 code (diagnosis code) and applicable test results, in order to complete the registration process for your condition or medicine.
4. Once the chronic registration has been approved, you may get your medication from any pharmacy.
5. You will need to renew the prescription every six months with your pharmacy.

Associated chronic provider

1. Ask your treating Associated GP or Medipost pharmacist to phone us on **0860 11 78 59**.
2. The chronic benefit consultant will either approve or decline the benefit telephonically.
3. We may need additional information from your provider, such as the ICD 10 code (diagnosis code) and applicable test results, in order to complete the registration process for your condition or medicine.
4. Once your chronic registration has been approved, you need to send your prescription to Medipost to arrange for your chronic medication to be delivered. You can contact Medipost on **012 426 4000**, or send your prescription via fax to **0866 82 33 17** or email at mhealth@medipost.co.za.
5. You will need to renew the prescription every six months. If there are no changes to the medication or diagnosis, the script can be sent directly to Medipost.

State chronic provider (includes Evolve Option)

1. Call us on **0860 11 78 59** to ask for a State chronic application form to be sent to you.
2. Once you receive the form, take it to a State hospital and ask the State doctor to complete it. The doctor may also contact us on **0860 11 78 59**.
3. The doctor will assess you and prescribe medication as per the State entry-level formulary.
4. You need to collect your medication on the same day as the assessment from the State hospital pharmacy.
5. The completed form can be faxed, emailed or posted to us, together with any relevant information and supporting documents to help us in processing the application.
6. If you or your dependant/s develop a new chronic condition, or need a change in medicine, you need to consult with a State doctor again and submit a new State chronic application form.

Ingwe and Ingwe Active Primary Care Network provider

1. Ask your Network doctor to call us on **0860 11 78 59**.
2. The chronic benefit consultant will either approve or decline the benefit telephonically.
3. We may need additional information from your doctor, such as the ICD 10 code (diagnosis code) and applicable test results, in order to complete the registration process for your condition or medicine.
4. Once your chronic registration has been approved, you need to send your prescription to Medipost to arrange for your chronic medication to be delivered. You can contact Medipost on **012 426 4000**, or send your prescription via fax to **0866 82 33 17**, or email it to mhealth@medipost.co.za.

5. If your doctor completes the Ingwe chronic application form, it can be faxed or emailed to us to facilitate the chronic registration process. You also need to send your prescription to Medipost for them to dispense and deliver the medication.
6. You can send your renewal scripts for your next refill directly to Medipost. There is no need to send these to Momentum Medical Scheme's chronic department.

Summary of Momentum Medical Scheme's formulary structure

Option		Formulary	Preferred products	Non-preferred products	Outliers
Ingwe		Network entry-level formulary	Formulary reference price applies	No benefit	No benefit
Evolve		State formulary	Formulary reference price applies	No benefit	No benefit
State	Custom	State formulary	Generic reference price applies	Reference price + 15% co-payment	Reference price + 30% co-payment
	Incentive			Reference Price + 10% co-payment	
	Extender			Reference Price + 5% co-payment	
Associated	Custom	Entry-level formulary	Products below formulary reference price – no penalty	Formulary reference price applies	Reference price + 30% co-payment
	Incentive		Generic reference price applies	Reference price + 20% co-payment	
	Extender			Reference price + 15% co-payment	
Any	Custom	Core formulary	Generic reference price applies	Reference price + 15% co-payment	
	Incentive	Standard formulary		Reference Price + 10% co-payment	
	Extender	Extended formulary		Reference Price + 5% co-payment	
Summit		Comprehensive formulary	No co-payment No reference price	No co-payment No reference price	Cost difference between the selected item and the formulary

Frequently asked questions

What is a formulary?

A formulary is a list of medicines covered on your option, from which a doctor can prescribe the appropriate medication for your chronic condition.

What is the Momentum Medical Scheme Reference Price?

The Momentum Medical Scheme Reference Price is the maximum Rand value that Momentum Medical Scheme will pay for a medicine. If you choose to use chronic medication that costs more than the reference pricing, you will need to pay the difference between the medicine you chose and the reference price.

We review the Momentum Medical Scheme Reference Price every year against a variety of factors, including price changes, any medicine introduced or discontinued during the year, medical information, generic influence and medicine patents that have expired, to mention a few. This is to make sure that the reference pricing structure is kept up to date with the latest developments in medicine. The reference pricing will also be adjusted when a generic equivalent is launched where there was previously no generic available for the original product. This may happen at any time during the year.

There are four categories in which a chronic product could fall:

1. Preferred product with generic alternatives
2. Preferred product without generic alternatives
3. Non-preferred product with generic alternatives
4. Non-preferred product without generic alternatives.

Formulary products (preferred products): Any chronic provider

Generic reference pricing is applicable as Products A to C have the same active ingredients and strength – they are generic alternatives.

Product	Active ingredient	Total cost	Generic Reference Price	Co-payment	Non-preferred co-payment (eg Incentive 10%)	Total co-payment
Product A	Ingredient A	R120	R80	R40	N/A	R40
Product B	Ingredient A	R80	R80	R0	N/A	R0
Product C	Ingredient A	R60	R80	R0	N/A	R0

Formulary products (preferred products)

Generic reference pricing is **not** applicable as Product D does not have any generic alternatives.

Product	Active ingredient	Total cost	Generic Reference Price co-payment	Non-preferred co-payment (eg Incentive 10%)	Total co-payment
Product D	Ingredient B	R100	N/A	R0	R0



Non-formulary products (non-preferred products)

Generic reference pricing is applicable as Products E to G have the same active ingredient and strength – they are generic alternatives. An additional fixed percentage of the total cost will also be applicable, based on your option, as follows:

- Custom Option: 15%
- Incentive Option: 10%
- Extender Option: 5%

Product	Active ingredient	Total cost	Generic Reference Price	Co-payment	Non-preferred co-payment (eg Incentive 10%)	Total co-payment
Product E	Ingredient C	R140	R100	R40	R14	R54
Product F	Ingredient C	R100	R100	R0	R10	R10
Product G	Ingredient C	R90	R100	R0	R9	R9

Note: If you use a product on the formulary, a lower co-payment might apply.

Non-formulary products (non-preferred products)

Generic reference pricing is NOT applicable as Product H does not have any generic alternatives. An additional fixed percentage of the total cost will be applicable, based on your option as follows:

- Custom Option: 15%
- Incentive Option: 10%
- Extender Option: 5%

Product	Active ingredient	Total cost	Generic Reference Price co-payment	Non-preferred co-payment (eg Incentive 10%)	Total co-payment
Product H	Ingredient D	R200	N/A	R20	R20

Formulary reference pricing on the Associated Chronic provider option

The formulary reference price on the Incentive Associated and Extender Associated Options has been enhanced to create more differentiation and allow members access to more products at a lower price:

- Custom Option: Formulary reference pricing
- Incentive Option: 20% co-payment
- Extender Option: 15% co-payment

Therapeutic reference pricing is **not** applicable as Product D does not have any generic alternatives.

Product	Active ingredient	Total cost	Generic Reference Price co-payment	Non-preferred co-payment (eg Incentive 20%)	Total co-payment
Product D	Ingredient B	R100	N/A	R20	R20



Generic reference pricing is applicable as Products H and J have the same active ingredient and strength – they are generic alternatives. An additional fixed percentage of the total cost will also be applicable.

Product	Active ingredient	Total cost	Generic Reference Price co-payment	Non-preferred co-payment (eg Incentive 20%)	Total co-payment
Product H	Ingredient D	R200	R15	R40	R55
Product J	Ingredient D	R300	R15	R60	R75

Important notes

- You need to register on the chronic management programme and get approval for chronic medication to be paid from the Chronic Benefit.
- Please refer to the list of chronic conditions in your member brochure for more information on the chronic conditions covered on your specific option.
- You can view the list of medication applicable to your benefit option at <https://secure.mediscor.co.za/adocs/SchemeFormularies/momentum01.html>.
- Our chronic management programmes ensure that you receive the most appropriate treatment and medication.
- When a chronic condition is managed effectively, it is likely to result in fewer acute and long-term medical complications or side effects. We use evidence-based treatment principles, called clinical protocols, to determine and manage benefits for specific conditions.
- Please refer to the attached list of clinical entry criteria that apply when registering for chronic benefits for the first time. Your treating doctor will need to provide us with this information.
- Scripts are valid for six months and you need to submit a new script to your pharmacy once your script expires. If there are changes to your script then the script must also be sent to our chronic department for amendment of the chronic authorisation.

Chronic registration clinical criteria

Prescribed Minimum Benefit Chronic Disease List conditions	Further information/Tests required
Addison's disease	Diagnosis by a specialist physician, paediatrician or endocrinologist
Asthma (adult)	Diagnosis confirmed by a GP or specialist
Asthma (child ≤ 7 years)	Diagnosis made or confirmed by a specialist paediatrician
Bipolar affective disorder	Psychiatrist prescription. Benzodiazepines excluded on Chronic Benefit
Bronchiectasis	Diagnosis confirmed by a specialist (entry criteria for pre-existing conditions will apply eg COPD)
Cardiac failure	Diagnosis confirmed by a specialist physician
Cardiac dysrhythmia	Diagnosis confirmed by a specialist physician
Cardiomyopathy	Diagnosis confirmed by a specialist physician
Chronic obstructive pulmonary disease	Diagnosis confirmed by a GP or specialist. Faxed or emailed copy of Lung function test performed to American Thoracic Society (or similar) criteria demonstrating FEV1/FVC $<70\%$ and FEV1 post bronchodilator $<70\%$ of predicted as per Risk Equalisation Fund criteria
Chronic renal disease	Diagnosis confirmed by a GP or specialist. Faxed copy of lab results required: serum creatinine clearance value $<30\text{ml/min}$ or a Glomerular Filtration Rate estimate of $<30\text{ml/min}$ as per Risk Equalisation Fund criteria
Coronary artery disease	Diagnosis confirmed by a specialist physician
Crohn's disease	Diagnosis by a specialist physician, paediatrician, surgeon or gastroenterologist
Diabetes insipidus	Diagnosis by a specialist physician, paediatrician, neurologist, neurosurgeon or endocrinologist
Diabetes mellitus type 2	Diagnosis confirmed by a GP or specialist physician. Confirmatory lab results: <ul style="list-style-type: none"> • HbA1c $>6\%$ or • x2 random glucose $>11\text{mmol/l}$ or • x2 fasting blood $>7\text{mmol/l}$ or • x1 blood glucose $>15\text{mmol/l}$ or • GTT (fasting glucose of 7mmol/l or more and/or 2 hours post prandial glucose load of 11.1mmol/l or more)
Diabetes mellitus type 1	Specialist initiation and confirmatory lab results as above
Epilepsy	Diagnosis confirmed by a GP, specialist physician, neurologist or neurosurgeon
Glaucoma	Diagnosis confirmed by an ophthalmologist
Haemophilia	Diagnosis confirmed by a specialist physician. Copy of lab results of Factor VIII or Factor IX levels of 5% or less
Hyperlipidaemia	Diagnosis confirmed by a GP or specialist physician. Faxed copy of lipogram results and documentation related to the risk assessment (Framingham Risk Score). Details of patient history: established vascular disease and details of any procedure performed eg angioplasty, stent, etc. Details of family history from prescribing doctor (to include details of cardiovascular events in member's first degree relatives, including age of onset)
Hypertension	Diagnosis by a GP or specialist physician
Hypothyroidism	Diagnosis confirmed by a GP or specialist
Multiple sclerosis	Diagnosis confirmed by a specialist physician or neurologist. Tick sheet to be filled in by neurologist for Betaferon
Parkinson's disease	Diagnosis confirmed by a neurologist

Prescribed Minimum Benefit Chronic Disease List conditions (cont.)	Further information/Tests required
Rheumatoid arthritis	Diagnosis confirmed by GP and a tick sheet to be completed, or diagnosis confirmed by a specialist physician, paediatrician or rheumatologist. We also require the following clinical information: Serum rheumatoid factor (RF), anti-CCP, ESR or C-reactive protein (CRP) and relevant x-rays
Schizophrenia	Diagnosis confirmed by a psychiatrist or paediatric psychiatrist
Systemic lupus erythematosus	Diagnosis by a specialist physician, paediatrician or rheumatologist
Ulcerative colitis	Diagnosis by a specialist physician, surgeon or gastroenterologist
Non-Prescribed Minimum Benefit Chronic Disease List conditions	Further information/Tests required
Acne	Authorised for maximum of 6 months at a time. Soaps and cleansers will not be allocated benefit on Chronic. As per Scheme Rules, excludes isotretinoin oral
Allergic rhinitis	Either nasal corticosteroids (preferred) or oral antihistamine
Ankylosing spondylitis	Specialist prescription
Aplastic anaemia	Specialist prescription
Attention deficit hyperactivity disorder	Diagnosis confirmed by a paediatrician, psychiatrist or neurologist
Benign prostatic hypertrophy	Urologist prescription
Cushing's disease	Specialist prescription
Cystic fibrosis	Specialist prescription
Dermatomyositis	Specialist prescription
Eczema	Dermatologist prescription required for immunosuppressants. Benefits allocated for 6 months at a time
Gout	Diagnosis confirmed by a GP or specialist
Hypoparathyroidism	Specialist prescription
Major depression	Benefits allocated for 6 months at a time. Benzodiazepines excluded on Chronic Benefit
Menopause	Hormone profile for patients < 50 years unless prescribed by a gynaecologist or hysterectomy done
Motor neurone disease	Specialist prescription
Muscular dystrophy	Specialist prescription
Myasthenia gravis	Specialist prescription
Narcolepsy	Specialist prescription
Obsessive compulsive disorder	Psychiatrist prescription
Osteopenia	Dexa scan results required indicating osteopenia and fracture history if applicable
Osteoporosis	Dexa scan results required indicating osteoporosis
Paraplegia	Letter of motivation detailing clinical history from prescriber
Pemphigus	Dermatologist prescription
Pituitary microadenomas	Specialist prescription
Post-traumatic stress syndrome	Psychiatrist prescription
Psoriasis	A dermatologist prescription will be required for immunosuppressants
Quadriplegia	Letter of motivation detailing clinical history from prescriber
Scleroderma	Specialist prescription
Stroke	Specialist prescription
Systemic sclerosis	Specialist prescription
Thromboangiitis obliterans	Specialist prescription
Thrombocytopenic purpura	Specialist prescription