



Bestmed
Pulse 1 and Pulse 2
Service Providers FAQ



bestMed
personally yours

FAMILY PRACTITIONER FREQUENTLY ASKED QUESTIONS – BESTMED PULSE1 AND PULSE2 OPTIONS

In our constant effort to provide excellent healthcare services to our members, Bestmed Medical Scheme has decided to internally manage and administer its own preferred provider and designated service provider networks for the Pulse1 and Pulse2 options. These options are currently administered by CareCross (Pulse1) and ONECARE (Pulse2) but as from **1 January 2017**, will be internally administered by Bestmed. This has been done with a view to consolidate and enhance the services for members on these options.

Below are the questions we might receive from our Service Providers:

1. How do I get my practice accredited?

Please contact Synaxon on 012 991 1706 for accrediting.

2. What happens if I don't get my practice accredited?

The claims that you submit will get rejected by the system.

3. Are the membership numbers going to change?

No, all membership details will remain the same.

4. What is the Out-of-network limit for Pulse1 and Pulse2?

Pulse1 provides Out-of-network FP visits limited to R1 100 per family per annum for emergency visits.

Pulse2 provides a maximum of two Out-of-network FP visits per family limited to R1 200 per annum.

Members must pay cash at the practice and claim back from Bestmed using the Out-of-network emergency visit reimbursement forms.

5. What is the pay run frequencies?

Bi-weekly.

6. Is my current switch still valid and what other switching houses can I use?

Yes, it is. To find out which other switches are accredited, please contact Reinard on 012 991 3518 or reinard@synaxon.co.za from 1 January 2017.

7. What procedures are covered inside my rooms?

Please refer to the operations manual for guidance.

8. What happens if the procedure required by the patient is not covered in your operation manual?

Procedures not covered by Bestmed will be the member's responsibility.

9. What is the process for referral to a Specialist on the Bestmed Pulse1 network option?

Every family qualifies for three out-of-hospital specialist visits per annum. You need to refer the member to a network Specialist. You can obtain the list of which specialists you may refer to by logging into the Bestmed website or contact the Bestmed Contact Centre on 0860 00 2378.

Remember to obtain pre-authorisation from the Bestmed Authorisations department on 0800 220 106. Each visit has a maximum of R1 100 and includes medicine and all related services.

10. What is the medication formulary for both chronic and acute?

The Pulse1 and Pulse2 formularies are available on the Bestmed website.

11. Where can I find the formularies for chronic and acute medicine?

If you need to prescribe medicine outside of the formulary, the member will be liable for a co-payment or for the full cost of the medicine. This needs to be communicated to the member at the time of prescription.

12. Does Bestmed only pay for generic medicine?

Yes. Bestmed pays for generic medicine up to the Mediscor Reference Price (MRP). We would prefer that you prescribe medicine according to the generic name of the medicine instead of the trade name, for example Paracetamol 500 mg Tab instead of Panado 500 mg Tab. Bestmed will pay for specific trade name medicine should there be no generic available. For more information please consult the acute formulary for Pulse1 and Pulse2. MRP applies to all medicine claims.

13. Will patients be pre-allocated to my practice?

No, patients can visit any doctor on the Pulse network.

14. How do I obtain hospital authorisation?

You can call Bestmed Authorisation Department on 0800 220 106

15. Do I contact Bestmed or Synaxon to confirm patient benefit for Bestmed Pulse1 network members?

Either you or the member can contact the Bestmed Contact Centre on 0860 002 378.

16. Are Family Practitioner (FP) consultations limited on Pulse1?

No, FP consultations are unlimited where medically necessary.

17. Are there any benefit structure changes in comparison to the previous administrator?

No, all benefit structures remain the same.

IMPORTANT INFORMATION

The education of members is not the responsibility of the Healthcare Professional, but we ask that you inform the patient, if the patient's treatment falls outside of the above benefit codes, that they will be responsible for the payment.

For a full set of our Scheme rules kindly visit our website on www.bestmed.co.za