

Summary of changes 2024





Diamond Arrow Award

Highest rated medical aid in Namibia 2010 - 2023

Administered by



Medscheme

Namibia



Important

Members should note that this document should be read in addition to the information contained in the Benefit Guide as well as the User Guide.

The User Guide represents a summary of the Fund Rules. Members are provided with the User Guide only when, and upon, joining the Fund. Any subsequent changes to the Fund Rules, as well as changes to the Benefits and Contributions per option, will be announced in the Summary of Changes document. It is therefore important for members to retain this document for future reference. For an updated copy of the User Guide please enquire with your nearest NHP branch or visit the website: www.nhp.com.na.

This document contains a summary of changes to the benefits and contributions as approved by the Board of Trustees and is applicable to the Rules of the Fund for 2024.

Members are advised to refer to the User Guide and Benefit Guide as a reference tool, for interpretation of Fund Rules and Benefit limits. Any questions should be addressed to the Fund's Administrators.

Please Note

The Fund will not be held liable, if a member's rights are prejudiced or forfeited as a result of their failure or neglect to comply with the Rules of the Fund which may arise from failure or neglect to read the communications issued by the Fund.

Disclaimer

E & OE (errors and omissions excepted).

Whilst every care has been taken to ensure that the information in this document is correct, errors and omissions may occur and the Fund cannot be held accountable for any reliance placed on the information contained herein.

The Fund's Client Services may be contacted to confirm any information contained in this document.

The new Benefits, Contributions and Rules of the NHP Fund for 2024, as approved by the Fund's Board of Trustees, are subject to final approval by the Registrar of Medical Aid Funds/NAMFISA. Members are advised that the new Benefits and Contributions will only become effective on 1 January 2024 as approved by the Registrar/NAMFISA, despite possible dissemination of revised information to the market before the effective date.

Should any proposed changes to Benefits and Contributions not be approved, members will be informed accordingly.

Fund average increase

The Fund hereby announces that it has approved an overall fund average annual contribution increase of 9.99% for 2024. The increase will come into effect as from 1 January 2024.

The NHP's solvency has dropped from 27% at the end of 2022 to a projected solvency ratio of 22.9% for 2023. According to the NAMFISA Industry Consolidated report for Q2/2023 (30 June 2023) the Industry Reserve Level has dropped to 24.64%, which is below the industry benchmark level of 25%. The industry is continuing to experience exceptionally high claims for 2023, which is posing a real threat to the long-term sustainability of not only your Fund, but all other Funds as well.

According to industry sources, the excessive increase in claims cost can be ascribed to various factors, such as the increase in the utilisation of benefits by members, increase in the number of healthcare service providers, the submission of fraudulent claims and medical inflation, among others.

The Board of Trustee's remain cognisant of the requirement to maintain adequate solvency, in lieu of the above inflationary increase in claims cost year-to-date, whilst at the same time trying to keep contributions at an affordable level.

Please Note

The increases per option may be more or less than the Fund average increase announced above. The reason for different average increases per option is due to the unique demographic profile, claims experience, ageing profile and utilisation assumptions per option.

Changing of benefit options

At the end of each benefit year/calendar year, members can submit requests to change benefit options, up to the end of January, for the new benefit year. If you are part of a NHP registered employer group, then members will need approval from their employer group.

All applicable forms must be completed and submitted by no later than 15 February 2024.

Changes to benefits across various options for 2024

In order to keep the contribution increase at an acceptable level, benefit enhancements have been kept to the minimum with only inflationary level adjustments across the various sub-limits.

The NAMAF benchmark tariff (the rate at which treatment and procedures are reimbursed to healthcare practitioners) will not be increased for 2024. The NAMAF benchmark tariffs will thus remain the same as for 2023 until further notice. This decision by NAMAF may be reviewed during the course of 2024.

1. Day-to-Day / Out-of-Hospital (OOH) benefit for GP's and Medical Specialists

The Out-of-Hospital (OOH) benefit for healthcare provider benefit (GP's and Medical Specialists) for main members on the Platinum and Titanium options are increased by 10%.

2. Changes in eligibility requirements for accessing Chronic Medication benefits

During 2024, the Fund will be introducing a significant change to the way that members will access their Chronic Medicines benefit.

To qualify for the Chronic Medicine benefits, it will now become a mandatory requirement for members to enrol onto the Chronic Care Programme before being able to access these chronic benefits.

The reason for this mandatory registration is to allow the Fund adequate benefits through improved adherence, to ensure optimal control of chronic illness and reduced hospitalisation.

Enrolment and registration on the Chronic Care Programme will commence as from 1 January 2024, with mandatory enforcement as from 1 July 2024. This will provide existing members a 6 month window period during which they can register. We appeal to members not to wait until the last moment, in order to avoid bottlenecks with registration, which may result in unnecessary delays with the approval process.

Once the member has successfully registered onto the Chronic Care Programme it will not be necessary to re-register on an annual basis unless there is a new chronic illness condition. In exceptional circumstances, there may be a need to register for a specific medicine or dose of a medicine.

As from 1 July 2024, enrolment onto the Chronic Care Programme will be mandatory to access chronic medicine benefits, failing which chronic medicines will be claimed against the acute medicines benefit.

Once the member has successfully enrolled onto the programme, the member will qualify for one additional GP consultation.

3. Additional Hospital benefit (AHB) - Reduction in the NAMA F Benchmark Tariff for In-Hospital procedures

NHP is not alone as it continues to be faced with extremely high claims, and indeed the entire Namibian healthcare financing industry is impacted by the high claims cost experience during 2023.

As part of a cost containment strategy for the entire industry, all Namibian medical aid funds will continue with the initiative embarked on last year. A further reduction in the Additional Hospital benefit, will be implemented (i.e. from 200% to 150% of NAMA F tariff) in respect of all hospital procedures effective 1 January 2024.

Members are requested to enquire with their healthcare provider, prior to treatment, that they will only charge 150% of NAMA F tariff, in order to ensure no further financial liability after conclusion of the treatment.

Please be assured that this decision has not been taken lightly, however, in view of the continuous sustainability of the Fund, we rely on your understanding in this matter.

4. Mandatory pre-authorisation for non-emergency specialised radiology & scopes

A pre-authorisation reference number (PAR) is required before services in respect of hospitalisation and specialised Radiology qualify for benefits, even in the event of non-emergency specialised radiology and scopes.

5. Consultations and scripts limits for Blue Diamond & Litunga options

The Out-of-Hospital (OOH) benefit in respect of consultations with doctor's/specialists and nurses will be limited to two (2) per beneficiary per month (p.b.p.m) up to a maximum of twelve (12) per beneficiary per annum (p.b.p.a) and scripts for medicines and injection materials, also limited to two (2) per beneficiary per month (p.b.p.m), up to a maximum of twelve (12) per beneficiary per annum (p.b.p.a).

6. Ex-Gratia applications

New members joining the Fund will not qualify for Ex-Gratia assistance during their first year of membership. This exclusion period is applied to protect the Fund from possible anti-selective behaviour and incurring expenses over and above those benefits published and approved on an annual basis.

Once an ex-gratia application has reached the point where it has been reviewed by the Board of Trustees for a decision, then such decision shall always be final i.e. the decision cannot be appealed by the member. The member however can still appeal a decision made by the Ex-Gratia Committee. The appeal application should include any new information of a material nature that is to be considered.

Only applications that contain all the required information will be tabled for review, which should include full disclosure of any historical information related to the application, especially in the instance of re-submissions or appeals.

Members must provide full disclosure of their financial status when completing a form for ex-gratia assistance. Withholding of critical financial information may result in the Ex-Gratia Committee or Board of Trustees, not being able to obtain a truthful reflection of the members level of financial hardship and may result in an application being declined or delayed.

Important

Ex-Gratia allocations are of a purely discretionary nature and a reflection of benefits granted over and above the normal benefits for which a member qualifies, based on the merits of each application.

The Fund is under no obligation to grant anything in respect of an application, if it is of the opinion that the application does not meet its qualifying criteria.

The Fund will not engage in extensive dialogues/ communication once a decision is made.

All outcomes will be communicated to the member within a reasonable period.

7. Exclusions

The following changes have been made to the list of products, services and treatment excluded from benefits:

- Continuous Glucose Monitoring Systems e.g. Dexcom G6 & G7 for Silver, Bronze and Hospital options.
- Erectile dysfunction medical treatment.
- Treatment for loss of libido e.g. Nebido and Testosterone, unless authorised.
- Ambulance services not authorised, unless provided in circumstances of emergency medical condition as determined by the Fund, or ambulance services not registered as an emergency medical service provider.
- Ambulance services requested by a hospital for the purpose of transporting a patient to and from an x-ray facility, unless provided in circumstances of emergency medical condition as determined by the Fund.

- Music therapy
- Child kinetics
- Low vision training sessions and low vision aid appliances e.g. ORCAM.
- Erectile dysfunction surgical procedures e.g. penisplasty.
- Gender re-alignment and gender re-assignment treatment and surgery.
- Vaginoplasty
- Genetic tests, unless authorised.

8. Payment of claims

Despite anything to the contrary contained in any other rule, the Fund may deduct from any benefit paid to a member or a supplier of health services any amount of money which has been paid bona fide in accordance with the provisions of a member's benefits and the NAMAF benchmark tariffs, to which that member or the supplier of health services is not entitled. The Fund may take proceedings in a court against a member or supplier of health services for the repayment of any amount referred to above, which it has not been able to recover through a deduction referred to.

Implementation of ICD-10 coding structure

The Namibian medical aid funds industry, in association with NAMAF, is embarking on the introduction and mandatory utilisation of ICD-10 codes, as a compulsory measure for all claims to be paid, effective from 1 January 2025.

Claims without ICD-10 codes will not be rejected for the period 1 January 2024 – 31 December 2024, and shall only be identified with a system claims processing error code.

Any claim submitted without the appropriate ICD-10 codes as from 1 January 2025, shall be rejected and only reimbursed once the claim with the correct codes has been resubmitted. Rejected claims shall be identified with a system claims processing error code.

Important

It is thus important for members to be aware of the introduction of the ICD-10 codes. It is primarily the medical practice's responsibility to issue the medical statement containing the correct breakdown of ICD-10 treatment codes, services and tariffs.

However, members must also be aware that they are ultimately responsible for settling the account to any healthcare practitioner.

If an account in the members name is not settled and paid due to incorrect or incomplete information received, then the member will still be held accountable for settling that account, irrespective whether the medical aid fund has paid or not.

Members must be aware that it remains their responsibility to ensure that all claims for medical treatment are submitted on time and in the correct format, with the correct information.

be smart

stretch your benefits

Sven Thieme

Business
Executive



Medical Aid Fund
We're about you



Diamond Arrow Award

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tel 061 285 5400
website www.nhp.com.na

GET IN TOUCH

Head office: Windhoek

Tel: 061 285 5400

Website: www.nhp.com.na

Walk-in assistance: Unit 2, Demushuwa Suites,
C/o Grove and Ombika Streets, Kleine Kuppe

Postal: PO Box 23064, Windhoek

Operating hours: Monday to Friday 07:45 - 17:00

Fraud hotline - Confidential

Tel: 0800 647 000

Email: fraud@medscheme.com.na

NHP emergency numbers

(Monday to Sunday until 22:00)

After hours: 081 372 9910

In-hospital: 081 145 8580

BRANCHES

Swakopmund

Tel: 064 405 714

Email: swakop@nhp.com.na

Walk-in assistance: Office number 2, 1st floor,
Food Lovers Market, 50 Moses Garoeb Street

Postal: PO Box 2081, Swakopmund

Walvis Bay

Tel: 064 205 534

Email: walvis@nhp.com.na

Walk-in assistance: Office No. 7, Welwitschia Hospital Centre

Postal: PO Box 653, Walvis Bay

Ongwediva

Tel: 065 238 950

Email: oshakati@nhp.com.na

Walk-in assistance: Unit 1, Central Park (opposite Medipark),

Auguste Tanyaanda Street

Postal: PO Box 23064, Windhoek

Keetmanshoop

Tel: 063 225 141

Email: keetmans@nhp.com.na

Walk-in assistance: Unit 12, No. 17, Hampie Plichta Street,
Desert Plaza

Postal: PO Box 1541, Keetmanshoop

DEDICATED

Aid for AIDS (AfA) Programme

Tel: 061 285 5423

Email: info@afa.com.na

DEDICATED

Oncology Disease Management Programme

Tel: 061 285 5422

Email: oncology@nhp.com.na

Wellness

Tel: 061 285 5437

Email: wellness@nhp.com.na

CLINICAL RISK

Chronic Medicine Management

Tel: 061 285 5417

Email: chronicapp@nhp.com.na

Beneficiary Risk Management

Tel: 061 285 5417

Email: nhpbrm@nhp.com.na

SUPPORT

Membership

(Applications, contributions and amendments)

Tel: 061 285 5400

Email: members@nhp.com.na

Ex-Gratia

Email: exgratia@nhp.com.na

Optical

Email: optics@nhp.com.na

Claims

Tel: 061 285 5400

Email: claims@nhp.com.na

Hospital pre-authorisation

Tel: 061 285 5400

Email: cases@nhp.com.na

International Travel Insurance

Tel: 061 285 5400

Email: nhptravel@nhp.com.na

New business

Tel: 061 285 5407

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