



## Jozi Rock - Vuyisile Ngcombela

Hi everyone, my name is Vuyisile (Albert) Team Leader of the Jozi Rock. I am trying to be a voice for Haemophiliac Patients, but am finding it difficult since I hear not even a whisper from any of you. Please do not tell me that all is rosy maybe it is for me, but am sure it is not the same for everyone, if there's anything you need touched on do let me now so that it can be raised. Be it treatment, problems and difficulties, studying, clear understanding of Haemophilia, living with Haemophilia, taking care of yourself as a Haemophiliac or taking care of a person living with Haemophilia, learning to inject yourself, ideas on Haemophilia awareness, home treatment or filling in that medic alert form that most of us seem not to have, on that note I hope we all have our medic alerts, do contact me on 073 274 9195. God Speed, and keep those medic alerts dangling, be it on your wrist, neck, ankle, turned into an ear ring whichever way just as long as you have it on.

### The PSSA Pharmacy in action PSSA Newsletter #29 - 8 Nov 2011

*(This article featured in the PSSA Newsletter #29 and therefore included in this newsletter only for information purposes).*

*Court ruling on BHF's application for a declaratory order.*

Regulation 8 for the Medical Schemes Act instructs medical schemes to pay in full for the diagnosis,

treatment and care costs of the prescribed minimum benefit (PMB) conditions. A difference of interpretation arose because the Council for Medical Schemes (CMS) took this to mean that "payment in full" required schemes to pay as per invoice, while the Board of Healthcare Funders (BHF) believed that it meant that schemes are required to pay for the PMBs at scheme tariffs.

BHF therefore applied to the High Court for a declaratory order.

The PSSA and USAP were granted leave to intervene in the matter, in order to protect their members' interests. They were accordingly cited as the third, fourth and fifth respondents respectively. Other interested parties were also cited as respondents, viz. the South African Private Practitioners Forum, Medi-Clinic, the Hospital Association of South Africa, National Renal Care, ER24, Pharmaplan, Braun Avitum, Multiple Sclerosis South Africa and the South African Medical Association.

Submissions were also made on behalf of Innovative Medicines South Africa, The Pharmaceutical Industry Association of South Africa and the South African Medical Device Industry Association.

On 8 November 2011, BHF's application was dismissed with costs.

### *Article in the Citizen*

The article below appeared in the Citizen newspaper.

### *Medical aids warned to pay in full*

November 8 2011 at 05:00am

By Londiwe Buthelezi

The council of Medical Schemes (CMS) would discipline medical schemes that did not pay prescribed minimum benefits (PMBs) "in full" after the regulator won a court battle with the Board of Healthcare Funders of Southern Africa (BHF) over such payment.

CMS chief executive, Monwabisi Gantsho said he would act against all self-administrated schemes and administrators that did not comply with PMB legislation.

The North Gauteng High Court ruled that the PMBs for nearly 300 conditions as defined in the Medical Schemes Act must be paid in full at a price charged by the health-care provider and not "in full" in terms of scheme rates as schemes contested.

According to the act, schemes are obliged to cover PMBs and must pay for all of them in full, from their risk pool and not from member's savings.

They include 270 serious health conditions such as tuberculosis and cancer, any emergency condition, and 25 chronic conditions that include epilepsy, asthma and hypertension.

Although regulation 8 of the act stipulate that medical schemes must pay for diagnosis, treatment and care of all prescribed conditions in full, schemes have been trying to limit their liabilities in PMB treatment by paying only up to the schemes' tariffs.

In a legal process that took almost a year, the BHF challenged regulation 8 over the meaning of "pay in full".

The court dismissed the BHF's application on grounds that the organization had no locus standi, or right to apply, on the matter.

"The court felt the BHF is not directly affected by this issue and dismissed it on those grounds. But we are studying the judgment and we will meet with our legal team," said BHF spokeswoman Heidi Kruger.

Gantsho said this billing by medical schemes was effectively changing the meaning and purpose of PMB provisions in the act. All affected schemes would be dealt with.

"The application, now a court order - for a declaratory order by the BHF - in the high court did not suspend the enforcement of regulation 8 by the CMS," he said.

Gantsho said any instances of non-compliance

identified by the CMS, whether in the form of an accreditation evaluation or the investigation of complaints, would result in punitive measures taken against the responsible scheme officials, including financial penalties and the pursuit of other legal remedies. Non-compliant administrators faced suspension or withdrawal of accreditation.

Discovery Health said it had established direct payment arrangements with health professionals several years ago.

**PWH must please wear their medic alert bracelet / chain at all times.**



"Today, over 80 percent of all consultations by Discovery Health members with general practitioners and specialist take place within our contracted payment arrangements. For these reasons, the decision of the court will have no additional financial impact on the Discovery Health medical scheme, nor on other schemes managed by Discovery Health," said the group's executive, Jonathan Broomberg. But Broomberg expected the move to affect the material costs of many medical schemes that did not have contracted payment arrangements in place, and were paying for PMB treatments at scheme rates.

Bonita's chief operating officer, Gerhard van Emmenis, said the group would not be seriously affected as the scheme had recently started paying claims in full.

"Our actuaries conducted an analysis based on a number of scenarios which found that the financial

impact on all medical schemes will be significant - particularly in the case of those where the solvency ratio is close to the legislated minimum of 25 percent. However, at 36.5 percent, Bonitas has one of the highest solvency ratios in the open-scheme market and our members therefore have no cause for concern," he said.

Jean Pierre Verster, analyst at 36One Asset Management, said the ruling would not be good for medical schemes because they would have an open-ended liability.

"It could mean higher increase in premiums than they would have implemented, but then again most schemes have already announced their premium increases for the next year. It is going to be very negative for the medical aid industry."



## **Females with Haemophilia - Leonie Engelbrecht**

**With referral to the article on the 4<sup>th</sup> page by Timothy Nsamba:**

Like most recessive sex-linked, X chromosome disorders, haemophilia is more likely to occur in males than females. This is because females have two X chromosomes while males have only one, so the

defective gene is guaranteed to manifest in any male who carries it. Because females have two X chromosomes and haemophilia is rare, the chance of a female having two defective copies of the gene is very remote, so the females are almost exclusively asymptomatic carriers of the disorder. Female carriers can inherit the defective gene from either her mother or a haemophiliac father, or it may be a new mutation. Although it is not impossible for a female to have haemophilia, it is unusual: a female with A or B would have to be the daughter of both a male haemophiliac and a female carrier.

Haemophilia lowers blood plasma clotting factor levels of the coagulation factors needed for a normal clotting process. Thus when a blood vessel is injured, a temporary scab does form, but the missing coagulation factors prevent fibrin formation, which is necessary to maintain the blood clot. A haemophiliac does not bleed more intensely than a person without it, but can bleed for a much longer time. In severe haemophiliacs even a minor injury can result in blood loss lasting for weeks, or even never healing completely. In areas such as the brain or inside joints, this can be fatal or permanently debilitating.

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**THE CENTRAL  
HAEMOPHILIA  
FOUNDATION WISHES ALL  
OUR MEMBERS A HAPPY  
NEW YEAR!!**

**The article on page 4 is by Timothy Nsamba**

## HAEMOPHILLIAC ARTICLE FOR NOVEMBER

### How Does It Feel To Be A Haemophiliac And Having Your First Born Who Is A Haemophiliac

As A Haemophiliac Patient Some Time It Feels So Bad To Know That You've Got The Sickness That Has No Cure And So Pain Full. But As You Grow You Start Getting Used To The Situation And Start Having Hope, Then You Start Saying Things Like May Be One Day The Cure Will Come And I Get Healed

I my self I grew up on the street due to the death of my mother and after being harassed by my step mother, so I decided to go my way because no one could listen to me but the three years I spent on the street I realize some thing that death or life they are not in our powers because I used to bleed without any factor replacement but I survived

that's when I got to know that with God all things are possible. But when it came to having a baby and you know for sure that your baby girl is gonna be a haemophilic, if you didn't get a real counseling my goodness you can't stand the guiltiness.

I was going through that situation thinking to much but you think of many things asking your self many questions yet you got no answers to those questions.

But I would love to thank the gifted Hematology Doctors , The Wonderful Nurses, The great Haemophilic Patient team and The Awesome SAHF (South Africa Haemophilic Foundation) and above all, I thank Sister Manalo and Sister Alice you guys you rock. now am a father to a beautiful Daughter. Thank God. and am no longer worried about anything concerning my children. we are happy and She is so happy. Thanks to the Haemophilia counseling team.

### ACTIVITIES THAT TOOK PLACE WITH HAEMOPHILLIA PATIENTS

I Didn't Know That A Person With Haemphillia Can Also Play, But Hey We Had The Most Wonderful Days At Happy Acres In January.

## **HOUSING AND LEARNING ACTIVITIES**



### THEN ON 17TH APRIL, HAEMOPHILLIA PATIENTS AND THE WONDERFUL NURSES TOOK THEIR TIME OUT TO ALERT PEOPLE ABOUT HAMOPHILLIA AT CHRIS HANI BARAGWANATH HOSPITAL.



Making Awareness To People Made Us Feel Proud More Especially Trying To Explain To People About What They Don't Know. But The Good News Was People Started To Be More Attentive Ask As Many Questions As They Could And Our Great Haemophilia Nurses Were There To Answer All Those Questions.