

Specialist referral

A closer look at the coordination of specialist care on all Fedhealth options:

What is coordination of care?

At Fedhealth, we take pride in making smart moves that benefit our members and the Scheme in the long run. Fragmented care happens when there is a breakdown in care coordination and communication between the GP, specialist and other healthcare professionals such as pathologists and radiologists.

We are committed to improving health outcomes for our members and ultimately reducing healthcare spending, thereby keeping our annual contribution increases as reasonable as possible. To this end, the Scheme is prioritising the coordination of our members' care - with the GP taking on the role of coordinator. Fedhealth is therefore encouraging its members to work more closely with their GPs to ensure that all their healthcare needs are met in an integrated way, thereby avoiding fragmented care that could be dangerous, costly and time consuming.

How does coordination of care affect our members?

Fedhealth has implemented Coordination of Specialist Care on all Fedhealth options. This means that if a member has any health concerns, they will first need to consult their GP who will assess their healthcare needs, and, if necessary, refer them to the appropriate specialist for their condition. In so doing, the GP will now have a complete picture of the member's health history, enabling him or her to provide them with the most suitable ongoing care for their needs.

As a member, have you ever needed to see a specialist and had to wait months? The GP is now the members' fast track to securing specialist consultations. This process enables our members to see specialists without delay, if this is deemed necessary by the GP. If the GP refers a member to a specialist for further diagnosis and treatment, the GP will contact the specialist directly and make an appointment on the member's behalf; probably far sooner than the member could have.

The Scheme is confident in the expertise of the GP, as the coordinator of care, to determine whether or not a member needs to see a specialist and, if so, which specialist type a member should be referred to.

What are the benefits of being referred to a specialist?

- Quick and easy access to an appropriate specialist (many specialists won't see a patient without a reference from a GP);
- The GP's initial health assessment can be passed onto the specialist, giving the specialist a better idea of the member's condition;
- The GP is able to give the specialist an accurate picture of the member's medical history;
- There are of course exceptions to the referral process, for example where a member has direct access to a specialist, which are dealt with further in this document.



CONTACT DETAILS

For more information, please visit [fedhealth.co.za](https://www.fedhealth.co.za), or use the Fedhealth Family Room, WhatsApp service or Fedhealth Member App. You can also call the Fedhealth Customer Contact Centre on **0860 002 153**.

Disease Management
0860 101 306

Europ Assistance
0860 333 432

MVA Third Party Recovery Department
012 431 9718

Fedhealth Baby
0861 116 016

Specialist referral

Why did the Scheme implement specialist referral?

The Scheme implemented specialist referral because we believe it's in the members' best interests for the following reasons:

- It will improve quality of care by facilitating access to the appropriate specialist care
- It will enable the Scheme to introduce electronic health records which will allow the healthcare providers treating members to access and exchange members' medical information easily
- It will prevent unsafe combinations of treatments, including medicines
- It will also prevent unnecessary duplication of costly clinical tests and treatments – which contribute to rising health care costs and increases in members' contributions.

How is the GP consultation, required to obtain a referral, funded?

On most Fedhealth options there's an unlimited GP benefit, which means that GP consultations with Fedhealth Network GPs are paid from risk and not from the members' Savings. Thus if a member consults a network GP, their day-to-day benefits will not be affected. If a non-Fedhealth Network GP is consulted, this consultation may be paid from the member's Savings.

How does the referral process work?

If the member's GP decides to refer them to a specialist, he or she contacts the Scheme to obtain a referral for the specialist type (e.g. orthopaedic surgeon), not the name or practice number of the specialist. This means that the member can visit another specialist of the same type should the first specialist be fully booked.

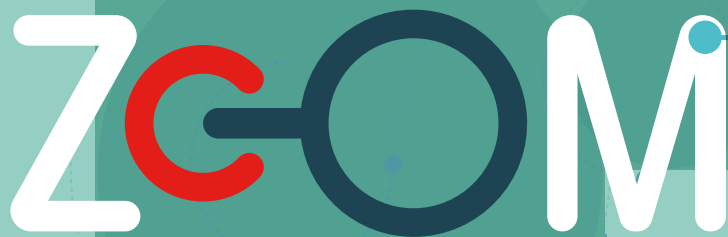
These specialist claims are assessed against the information collected as part of the referral process:

- The referring GP on the specialist claim is the same as the GP who created the referral.
- The member and beneficiary on the claim is the same as for whom the referral was created. The date of birth will be used to ensure correct identification of the beneficiary.
- The specialist claim is of the type for which the referral was created.
- The treatment date on the claim falls between the "From" and "To" date of the specialist referral.
- The referral is normally valid for six months.

If the member's GP does not call the Scheme's contact centre to obtain a referral number, can the member do it?

Yes. In this case, the GP will provide the member with the normal referral letter. The member can call the contact centre to obtain a referral for a specialist type. This referral is valid for six months. The member can then select a specialist from the Fedhealth Specialist Network and make an appointment within the next six months.





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Are there any specialty types that are excluded from this process?

Yes, a GP referral is not necessary in the following circumstances:

- Female patients, for conditions other than pregnancy, can have one gynaecology visit per annum without a referral number.
- Children below the age of two (2) can visit a paediatrician without a referral number.
- Oncology, ophthalmology, pathology and radiology (general and specialised) are excluded from this process.

What if the member has already made an appointment with a specialist for later this year?

In this case, members are not expected to see a GP before consulting the specialist. They must contact the Fedhealth Customer Contact Centre to inform us of this consultation and a reference number will be issued. The member must include this reference number on the specialist claim when submitting it to the Scheme for payment. In future, members will need to consult with their GP first at all times, and if he or she feels that it's necessary for them to see a specialist for their condition, they will refer the member.

What if a member has a long-term relationship with a specialist?

A GP referral is valid for a six-month period. This means that if the member has a long-term relationship with a specialist, they are required to visit their GP every six months to get a new referral. This allows the GP, as the coordinator of care, to remain aware of the member's current state of health and any treatment the member is receiving from the specialist.

What if a member is already pregnant?

Consultations for pregnancy with gynaecologists are currently excluded from this process and therefore no referral is required.

What if a member is planning a pregnancy?

If a member has her pregnancy confirmed by a GP, the GP must refer her to a gynaecologist for the duration of her pregnancy.

Which specialists must a member obtain a referral for?

Cardiologist, dermatologist, gastroenterologist, gynaecologist, neurologist, neurosurgeon, orthopaedic surgeon, otorhinolaryngologist (ENT), paediatric cardiologist, paediatrician, physician, plastic and reconstructive surgeon, psychiatrist, pulmonologist, rheumatologist, surgeon, urologist.

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