

# RFMCF - BULLETIN

ISSUE 1: 2018

## From the Principal Officer's Desk

*by: Dr Anushka Jamuna*

*Dear Member*

*Firstly I would like to welcome you to our first newsletter and it is planned that this is the first of many interactions with our members.*

*2017 has been a busy, interesting and thought provoking year. The Fund has undergone transformative and reorganisational processes and improvements.*

*Some of these include:*

- An interim Board of Trustees with the necessary Healthcare expertise.*
- Fostering a close alignment of the working relationships between the stakeholder( SAMHS, Principal Officer and the Administrator)groups.*
- Implementation of best practices with regards to governance, clinical and pharmacy good practice and operational processes.*

*Enjoy the read! Until next time.*



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# REGULATORY MATTERS



## ***CMS, Medical Schemes and the RFMCF...how do these differ?***

### **Conditions of Service and the RFMCF**

*RFMCF is a Fund subject to the General Regulations of the Defence Act. The General Regulations stipulate that the SAMHS is the primary service provider. RFMCF cover is restricted to services within the borders of RSA.*

*As per the General Regulations, the RFMCF is an autonomous entity with its Board of Trustees.*

*However the higher structures of the SANDF must be kept informed, and certain decisions these structures (MCC) must have an input in.*

*All Medical, Dental and Hospital services are determined and authorised by the SAMHS as the Primary Healthcare Provider. Thus, members must always present themselves and/or access a SAMHS facility for the above mentioned services.*

### **The Council for Medical Schemes (CMS)**

*The Council for Medical Schemes (CMS) is a statutory body established by the Medical Schemes Act (131 of 1998) to provide regulatory supervision of private health financing through medical schemes.*

### **How do medical schemes work?**

*Medical schemes are legal bodies registered in terms of the Medical Schemes Act to pay for medical expenses of its members. As such, the sole purpose is to pay claims, not to make profits.*

*The concept of a medical scheme is based on the insurance principle whereby risk is spread (a risk pool) amongst many participants, the members and their dependants (collectively beneficiaries).*

*From a member's perspective, belonging to a medical scheme means that the payment of monthly premiums (contributions) ensures healthcare costs incurred by beneficiaries are paid based on a pre-determined benefit structure.*

*When you join a medical aid scheme, you have a range of choices for the benefits you'll receive, such as what kind of doctors and specialists are covered, what procedures are covered, and how much you're covered for day-to-day medical expenses.*



*In an effort to understand the General Regulations, the Guide for beneficiaries of RFMCF is being reviewed for amendments. You will receive a copy thereof.*

## ***What are the differences and similarities between Medical Schemes and the RFMCF?***

*The main difference between Medical Schemes and the Regular Force Medical Continuation Fund is that in South Africa Medical Schemes are regulated by the Medical Schemes Act, and healthcare packages are available for individuals and families. Some employers like the SANDF offer health insurance as an employee benefit, with the costs shared by the employer and employee*

*The similarity between the RFMCF and Medical Schemes is that the private healthcare service providers are the same. These service providers charge the same rates and it is for this reason that the RFMCF has had to be managed similarly to a Medical Scheme.*



# EDUCATIONAL CORNER



## Generic Medicines

### WHAT ARE THEY?

What is a 'brand-name' or 'ethical' drug? This is the term used for any brand new drug molecule that is researched and developed, and the pharmaceutical company receives a patent for the product. The pharmaceutical company then has exclusive rights to sell the drug under its brand-name for the duration of the patent. This patent protects the manufacturer, and allows them to reclaim the high costs involved in researching and developing a brand-new molecule.

### What is a 'generic' drug?

A generic drug is a copy of the original drug that may be sold once a company's patent on a brand-name drug has expired. Generic drugs have the same active ingredient(s), strength and dosage as the original drug.

Generic drugs are typically cheaper than the original or brand-name drug, as they don't have the research and development costs that are incurred by the originating company. Furthermore, raw materials become more widely available on world markets. Generic pharmaceutical companies compete with each other, thus driving down the costs of medicines.

### **Are generic drugs as effective as brand-name drugs, and should you make use of generic drugs to treat your condition or not?**

Yes. A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken, and the way it should be used. Generic drugs may have a different name, look or taste because of the choice of the inactive ingredients, such as colouring, binding and flavouring. By law, the active ingredients in the generic and brand name products must be exactly the same. There are stringent regulations around the registration of generic medicines in South Africa. The South African Medicine Control Council (MCC) requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. They also require post-registration testing and assurance of maintained stability, quality, safety and efficacy over the entire shelf-life period of the product. The MCC inspects the manufacturing and packaging facilities of generic companies for compliance to international standards and Good Manufacturing Practices. No drugs may be sold without its approval.

**The RFMCF has implemented tariffs for service provider to charge the RFMCF. Members are encouraged to confirm with service providers that they use the RFMCF tariffs when claiming.**

### **How can I avoid a co-payment?**

Always ask your pharmacist or healthcare provider for the most cost-effective generic alternative. In many cases, this will result in no co-payment, or reduce any potential co-payments to you.

### **When should you use a generic drug?**

In May 2003, the law regarding substitution of an original drug with a generic equivalent changed. By law, your pharmacist should advise you on the availability and benefits of a generic equivalent drug. He or she should dispense a generic equivalent drug unless:

- Your doctor has specifically forbidden substitution of the prescribed medication with a generic equivalent.
- The generic equivalent is more expensive than the prescribed medication.
- The product has been declared non-substitutable by the Medicines Control Council.
- You, the patient, decline the use of a generic product after being briefed by the pharmacist.



# EDUCATIONAL CORNER



**In order to ensure the smooth running of the day to day activities , members are reminded of the following:**

- *The Fund must be notified immediately when the main member or a dependant dies.*
- *The general regulations require that members should notify the fund of divorces or when separated/estranged. Failure to inform the fund will result in claims being reversed retrospectively.*
- *The general regulations require that members must inform the Fund by submitting proof of full time studies when child dependants turn 18 years of age while studying.*

**The RFMCF has been on a drive to contain costs to ensure its sustainability. For this reason, the RFMCF Board decided to appoint Designated Service providers (DSP's) in the hospital environment which is the highest cost driver.**

The DSP's effective 01 March 2018 are as follows:

Province	DSP Hospitals
Gauteng	Mediclinic, National Hospital Network (NHN)
Western Cape	Mediclinic and Life Healthcare
Free State	Mediclinic and Life Healthcare
Limpopo	Mediclinic and NHN
Mpumalanga	Mediclinic and Life Healthcare
North West	Mediclinic and NHN
Northern Cape	Mediclinic and NHN
Kwazulu-Natal	Joint Medical Holdings (JMH) and Life Healthcare
Eastern Cape	NHN and Life Healthcare

*It is important to note that the authorisation process will not change. The South African Military Health Services (SAMHS) still provides the authorisation for services by means of a DD2703 authorisation. Communication regarding this implementation has been sent to the SAMHS and they will give authorisations according to the appointed DSP's.*



## **Designated Service Providers**

*A Designated Service Provider (DSP) is a healthcare provider (doctor, pharmacist, hospital, etc) that is a medical scheme's first choice when its members need diagnosis, treatment or care for a PMB condition.*

*If you choose not to use the DSP selected by your scheme, you may have to pay a portion of the bill as a co-payment. This could either be a percentage co-payment or the difference between the DSP's tariff and that charged by the provider you went to.*

*Effective 01 March 2018, members who voluntarily make use of a non- DSP hospital will incur a non-refundable 30% co-payment of the total hospital bill and this will be payable to the hospital directly. This means that members in an emergency situation may be admitted at a non-DSP hospital and the 30% co-payment will not apply.*

# ACCESSING SERVICES



## STANDARD PROCESS TO FOLLOW

### VISIT/PHONE A SAMHS FACILITY

Present RFMCF membership card with civilian identification when visiting/phoning a SAMHS facility .

### AT A SAMHS FACILITY

SAMHS Dr will evaluate the healthcare needs , provide the service and if necessary refer to a public health or private service provider this could be for medicine ,clinical, and diagnostic services.

### IF REFERRED OUTSIDE SAMHS

Authorisation ( DD2703) must be obtained from a SAMHS facility and presented to the outside provider or the SAMHS will send the DD2703 directly to the service provider.

### MEDICINE OUTSIDE THE SAMHS

Members with chronic prescriptions from a private service provider should fax the Chronic prescriptions to the numbers provided below.

### AT PRIVATE DR ROOMS

Recommended that members should enquire with service providers to ensure the RFMCF rates are charged to avoid out of pocket expenses.

### AT PRIVATE DR ROOMS

Ensure to present your RFMCF membership cards to ensure correct rates are used and invoice sent to RFMCF. Ensure that you have auth number (g-number) when a script is provided.

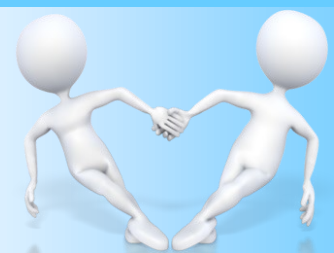


## Courier services for chronic medication

Province	Fax number	Contact person
1 Military hospital	012-314 0847	Pharmacy - 012-314 0845
2 Military hospital	021-799 6209	Lt Col Dave Eave – 021-799 6208
Mpumalanga	013-756 2466	Capt Dube - 013-756 2466
North West	018 - 289 1315	Lt Col Steve Fouche - 018-289 1314/6
Northern Cape	021-799 6209	Lt Col Dave Eave – 021-799 6208
Eastern Cape	021-799 6209	Lt Col Dave Eave – 021-799 6208
Free State	056 - 216 2111	Lt Col P Anker - 051 - 402 1673
Kwazulu-Natal	031- 451 1200	Maj G Nkumanda - 031 - 451 1910
Gauteng	012-314 0847	Anika / Belina - 012-314 0845
Western Cape	021-799 6209	Lt Col Dave Eave – 021-7996208
Limpopo	012-314 0847	Pharmacy - 012-314 0845

### REMEMBER

**Courier services only available to members unable to access a SAMHS facility**



# ACCESSING EMERGENCY SERVICES



## EMERGENCY PROCESS TO BE FOLLOWED

### PHONE A SAMHS FACILITY

Members should use the emergency numbers provided per area in this newsletter. This applies to ambulance services as well as authorisations for services at your nearest emergency unit .

### AT EMERGENCY UNIT

Present RFMCF membership card, civilian identification and authorisation number.

### IN CASE OF LIFE THREATENING EMERGENCY

In case of a life threatening emergency any available health services can be used and a Ex Post Facto authority can be obtained. An example would be a Motor Vehicle Accident.

### What are emergency conditions?

**An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death.**

We wish to emphasize that all medical and health services should be accessed through the South African Military Health Service (SAMHS). We have attached a list of contact details for all the Military Health Units for your convenience.

In the event that the SAMHS is unable to provide medical and health services, the SAMHS will outsource the service to a private service provider.

With regards to medicines, members are advised to as far as possible obtain medicines from a military unit. Medicines obtained from a private pharmacy with a buyout or DD2703 authorisation might incur a co-payment that is not refundable by the RFMCF should you not have discussed alternative medicines with your medical doctor.

Should there be any difficulties in accessing services and assistance at a SAMHS facility, the RFMCF can only assist when a detailed written complaint is received. Such complaints will be escalated to the relevant person in the SAMHS.

**Written complaints can be sent to [complaints@rfmcf.co.za](mailto:complaints@rfmcf.co.za)**





## CONTACT NUMBERS FOR MEDICAL AUTHORISATIONS

Unit Code & Tie line	AMHU	TELEPHONE NUMBER	OCs	SO1 MEDICINE / SO1 NURSING (W/H)
55262  (880)	LP Private Bag X9701 Polokwane 0700	<b>Working Hours</b> Medical Auth: (015) 299-3105 Optometrist: SAMES AS MEDICAL Dental: (015) 299-3274  <b>After hours</b> (015) 299-0061 HC Polokwane: (015) 299-3592  (015) 299-3534	Col V. Ndlovhu (015) 299-3032 (015) 299-3100 (015) 299-3101	Lt Col Mokhari (med) Maj Dladla (015) 299-3085
55259  (870)	MP Private Bag X11218 Nelspruit 1200	<b>Working Hours</b> Medical Auth: (013) 756-2169 Optometrist: SAMES AS MEDICAL Dental: (013) 756-2244  <b>After Hours</b> Emergency Auth: 072 600 5274 Officer on Duty:(013) 756-2471	Col P.I. Ngomane (013) 756-2401 (013) 756-2400	Lt Col M.M. Malabi (Med) (013) 247-3519 (013) 247-3510  Maj E.J. Green (Nursing) (013) 756-2429
55261  (852)	NC Private Bag X5056 Diskobolos 8300	<b>Working Hours</b> Medical Auth: (053) 830-3253 Optometrist: (053) 830-3253 Dental: (053) 830-3269  <b>After Hours</b> (053) 830-3262	Col M.M. Delpont (053) 830-3334	Lt Col D.I. Ramaswe (Med) (053) 830-3149  Lt Col C.Scheepers (053) 830 3232 (Health Ser Manager)
55260  (890)	NW Private Bag X2011 Noordbrug 2522	<b>Working Hours</b> Medical Auth: (018) 289-1341 Optometrist: SAMES AS MEDICAL Dental: (018) 289-1321  <b>After Hours</b> (018) 289-1309 (018) 293-4587	Col M.T.K. Sikhuphela (018) 289-1301 (018) 289-1300	Maj J.J. van Tonder (Med)  Maj W. Robbertse (018) 289-1341
55263  (821)	WC Private Bag X10 Wynberg 7824	<b>Working Hours</b> Medical Auth: (021) 799-6647 Optometrist: SAMES AS MEDICAL Dental: (021) 799-6304  <b>After Hours:</b> (021) 799-6828 (021) 799-6239	Col E. Du Plessis (021) 799-6355	Lt Col P. Sebolai (Med) (021) 799- 6828

# CONTACT NUMBERS FOR MEDICAL AUTHORISATIONS



Unit code & Tie	AMHU	TELEPHONE NUMBER	OCs	SO1 MEDICINE
55255  (840)	<b>EC</b> Private Bag X6032 Port Elizabeth 6000	<b>Working Hours</b> Medical Auth: (041) 505-1203 *Optometrist: (041) 505-1329 Dental: (041) 505-1177 <b>After Hours</b> HC PE: (041) 505-1203 HC Grahamstown: (046) 602-2035 HC Mthatha: (047) 502-3539	Col M.P. Mbongwe (041) 505-1075 (041) 505-1058	Lt Col Z. van Niekerk (Nursing) (041) 505-1138
55256  (850)  (851)	<b>FS</b> Private Bag X20503 Bloemfontein 9300	<b>Working Hours</b> Medical Auth: (051) 402-1782 Optometrist: (051) 402-2546 Dental: (051) 402-1695 <b>After Hours</b> 3 Mil Casualty: (051) 402-2253 (051) 402-2244 (051) 402-2258 3 MH Switchboard (051) 402-2200	Col A. Mbiza (051) 402-1900 (051) 402-1898 (051) 402-1672	Dr A. Carrow (A/Med) (051) 402-2031
55257  (814)	<b>GT</b> Private Bag X02 Gezina 0031	<b>Working Hours</b> Medical Auth: (012) 319-3185 (012) 319-3206 Optometrist: (012) 319-3213 Dental: (012) 319-1695 <b>After Hours</b> Emergency Auth: 082 880 8440 Ambulance Number: (012) 319-3313 Ops/duty room: (012) 319-3167 (012) 319-3169	Col D.V. Ndlovu (012) 319-3114 (012) 319-3115 (012) 319-3108	Maj P.N. Tseke (A/Med) (012) 319-3170
55258  (832)	<b>KZN</b> Private Bag X05 Bluff 4036	<b>Working Hours</b> Medical Auth: (031) 451-1932 Optometrist: Same as for Medical. Dental: (031) 305-6790 <b>After Hours</b> Durban: (031) 451-1984 (031) 451-1930 082 768 8022 Ladysmith: (036) 271 2222 Mtubatuba: (035) 550 6759	Col G.T. Pillay (031) 451-1900 (031) 451-1902 (031) 451-1921	Lt Col N. Thusi (Med) Dr Hoosen Lt Maake (031) 451-1932
55263  (821)	<b>WC</b> Private Bag X10 Wynberg 7824	<b>Working Hours</b> Medical Auth: (021) 799-6647 Optometrist: SAMES AS MEDICAL Dental: (021) 799-6304 <b>After Hours:</b> (021) 799-6828 (021) 799-6239	Col E. Du Plessis (021) 799-6355	Lt Col P. Sebolai (Med) (021) 799- 6828





# FINANCIAL STATUS



There has been a growing concern about the financial sustainability of the Regular Force Medical Continuation Fund. This concern has been due to the divergence of income and expenditure over the last seven financial years resulting in an escalating drawing-down of financial reserves. This is illustrated in Figure 1 below.

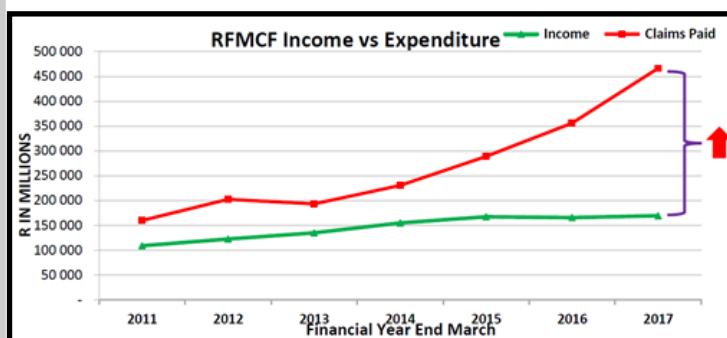


Figure 1 : Income vs. Expenditure Variation over 7 years

The current investment value has been reduced to around 425 million from an amount of R 1 bill (March 2015). See Figure 2 below on the income and operating expenditure.

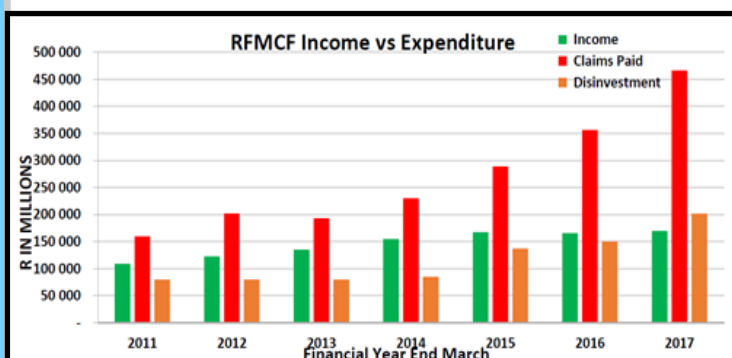


Figure 2: Income vs. Expenditure Impact on Financial Reserves over 7 years

At a meeting held between the Chief of the SANDF, Chief of Staff and the members of the RFMCF Board of Trustees, it was decided to recapitalise the Fund to ensure its long term sustainability. Other interventions within the SAMHS and at the Fund are still necessary to curb the upward trend in the expenditure.



## CHANGES IN PERSONAL and CONTACT DETAILS

It is **important** to notify the Fund of any changes in your details. Examples are:

- \* Dependant removal/addition (divorced/estranged/separation, proof of student status)
- \* Contact details (physical and postal address, email, cellphone number etc.)

You may contact the Client Service Centre on 012 679 4200 or send an e-mail to [info@rfmcf.co.za](mailto:info@rfmcf.co.za). The Client Service Centre is operational Monday to Friday between 07:30 and 16:00, excluding public holidays.