

HOSPITAL AT HOME PROGRAMME

DISCOVERY HEALTH MEDICAL SCHEME
2022





Overview

Discovery Hospital at Home provides qualifying members with the option to receive hospital level home-based care instead of being admitted to a traditional hospital or after an early discharge from hospital for continuation of care in the home. Discovery Health Medical Scheme members receiving treatment via the Hospital at Home Programme have access to enhanced benefits and services, delivered through their personalised care team. Together, these benefits and services ensure a seamless healthcare experience for patients, making them healthier, and enhancing and protecting their lives.

Members may qualify for Hospital at Home if their treating doctor deems home-based care appropriate for their medical condition. Where approved, cover will be from your Hospital Benefit if you have a valid pre-authorisation for receiving treatment at home and will not affect your day-to-day benefits.

About some of the terms we use in this document

There may be some terms we refer to in the document that you may not be familiar with. Here are the meanings of these terms.

TERMINOLOGY	DESCRIPTION
Above Threshold Benefit (ATB)	Available on the Executive, Comprehensive and Priority plans Once the day-to-day claims you have sent to us add up to the Annual Threshold, we pay the rest of your day-to-day claims from the Above Threshold Benefit (ATB), at the Discovery Health Rate (DHR) or a portion of it. The Executive and Comprehensive plans have an unlimited Above Threshold Benefit (ATB), and the Priority plans have a limited ATB.
Annual Threshold	Available on the Executive, Comprehensive and Priority plans We set the Annual Threshold amount at the beginning of each year. The number and type of dependants (spouse, adult or child) on your plan will determine the amount. The Annual Threshold is an amount that your claims need to add up to before we pay your day-to-day claims from the Above Threshold Benefit (ATB).
Cover	Cover refers to the benefits you have access to and how we pay for these healthcare services such as consultations, medicine and hospitals, on your health plan.
Day-to-day benefits	These are the available funds allocated to the Medical Savings Account (MSA) and Above Threshold Benefit (ATB), where applicable. Depending on the plan you choose, you may have cover for a defined set of day-to-day benefits. The level of day-to-day benefits depends on the plan you choose.
Discovery Health Rate (DHR)	This is a rate we pay for healthcare services from hospitals, pharmacies, healthcare professionals and other providers of relevant health services.
Medical Savings Account (MSA)	Available on the Executive, Comprehensive, Priority and Saver plans The Medical Savings Account (MSA) is an amount that is allocated to you at the beginning of each year or when you join the Scheme. You pay this amount back in equal portions as part of your monthly contribution. We pay your day-to-day medical expenses such as GP and specialist consultations, acute medicine, radiology and pathology from the available funds allocated to your MSA. Any unused funds will carry over to the next year. Should you leave the Scheme or change your plan partway through the year and have used more of the funds than what you have contributed, you will need to pay the difference to us.

Hospital level care at home

Care delivery within the Hospital at Home Programme will be facilitated by a dedicated care team who will provide clinical support and monitoring of your condition using remote monitoring devices. You will also have access to hospital-level diagnostics and interventions. Throughout the course of your treatment at home, you will have access to your own personal case manager 24 hours a day, 7 days a week who will be the liaison between yourself, the Scheme, and your doctor to ensure that all your clinical needs are sufficiently met, and your experience of the Hospital at Home Programme is an exceptional one.

Clinical oversight

While receiving care at home, you will have access to in-person and virtual care from a dedicated care team including doctors, nurses, and allied healthcare professionals. The care team will provide you with 24-hour clinical oversight and qualifying members will have access to additional Hospital at Home services to support a seamless home care delivery experience, such as:

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- **Discharge planning and care coordination**
 - A personalised plan which includes delivery of discharge medications, collection of oxygen concentrators, scheduling follow-up diagnostic tests and doctor appointments, navigation of Scheme benefits, and enrolment on any relevant programmes.
- **24-hour carer***
 - If additional support is required, access to a full-time carer may be provided to assist with activities of daily living.

* Individual member qualification criteria apply

Remote monitoring

Enabled by the Home Monitoring Device Benefit, you will get access to a remote monitoring device that will automatically transmit your physiological information to the hospital-based care team, 24 hours a day, 7 days a week. The care team will be able to continually assess your health status, monitor your medical stability and recommend interventions when necessary, by accessing the provider dashboard.

Through Connected Care, you will be able to share clinical information with your doctor, track and monitor your care, and book and conduct virtual consultations. You will be provided with the relevant devices for the duration of your treatment that will facilitate this exchange of information between yourself and your doctor and nurses. This remote monitoring will allow your care team to directly communicate with you throughout your treatment as well as send you prompts when it is time to take your medications or perform certain tasks that will contribute towards optimising your health and aid in faster recovery.

Hospital-level care

An enhanced range of clinical diagnostic procedures and interventions will be available to manage your medical or postsurgical hospital-level care requirements in the home. Where approved these interventions will be funded as part of your admission from your Hospital Benefit to enhance your experience while receiving care in the home.

- **Interventions**
 - Medicine
 - Home oxygen
 - Phlebotomy
 - Emergency services
 - Intravenous therapy
 - Wound care
 - Suture and staple removals post-surgery
 - Stoma care
 - Urinary catheter care
 - Tracheostomy care
 - Total Parenteral Nutrition (TPN)
 - **Diagnostics**
 - ECG in the home
 - Ultrasound in the home
 - **Additional benefits and services available whilst admitted at home**
 - Spirometry
 - Urinalysis point-of-care (POC) test
 - Urine culture sample
 - COVID-19 testing
 - Screening Tests in line with the screening and prevention benefit
 - Clinically appropriate screening service
- Cover for these benefits are subject to the benefits available on your chosen health plan.

How you are covered

You can receive home-based care when recommended by your treating doctor. The programme is available on all plans, with a defined basket of care for clinically appropriate conditions that require treatment.

Where approved by the Scheme, cover includes:

- **Assessment**
 - Initial assessment by your treating doctor to determine eligibility for treatment at home
- **Supportive care at home**
 - Physical nurse visits for the duration of treatment

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- Online virtual consultations with your treating doctor
- 24-hour virtual monitoring and oversight from a network of experienced healthcare providers
- 24-hour caregiver (for qualifying members)
- **Devices**
 - Access to condition-specific remote-monitoring biosensor devices to measure key physiological parameters
- **Pathology services**, if required
- **In-person visits by allied healthcare professionals**
- **Discharge planning and care coordination**
- **Access to any other clinically appropriate at-home treatment required**, as prescribed by your treating doctor

Benefits available for your chosen health plan

EXECUTIVE PLAN

Discovery Hospital at Home Programme

If you are receiving treatment on the Hospital at Home programme, you have access to improved benefits and services, delivered through your personalised care team. Together, these benefits and services give you a seamless healthcare experience, making you healthier and enhancing and protecting your life.

Qualifying members requiring general ward level care have access to acute hospital-level care in their home instead of having to go to hospital for an admission or after an early hospital discharge for continuation of care in the home. This includes follow-up care once discharged.

Home Monitoring Device Benefit for registered devices

If you meet the Scheme's clinical entry criteria, you have healthcare cover up to a limit of R4 000 per person per year, at 100% of the Discovery Health Rate (DHR), for a list of registered devices for the monitoring of defined conditions such as chronic obstructive pulmonary disease, congestive cardiac failure, diabetes and pneumonia.

Where the criteria are not met, we will pay for these devices from the available funds allocated to your Medical Savings Account (MSA) and Above Threshold Benefit (ATB) up to 100% of the Discovery Health Rate (DHR). Cover is subject to your available External Medical Items benefit and frequency limits may apply.

COMPREHENSIVE SERIES

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PRIORITY SERIES

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SAVER SERIES

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SMART SERIES

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CORE SERIES

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CORE SERIES

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KEYCARE SERIES

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Contact us

Tel (members): 0860 99 88 77, Tel (health partners): 0860 44 55 66

Go to www.discovery.co.za to Get Help or ask a question on WhatsApp. Save this number 0860 756 756 on your phone and say "Hi" to start chatting with us 24/7.

PO Box 784262, Sandton, 2146. 1 Discovery Place, Sandton, 2196.

Complaints process

Discovery Health Medical Scheme is committed to providing you with the highest standard of service and your feedback is important to us. The following channels are available for your complaints and we encourage you to follow the process:

1 | STEP 1 – TO TAKE YOUR QUERY FURTHER:

If you have already contacted the Discovery Health Medical Scheme and feel that your query has still not been resolved, please complete our online complaints form on www.discovery.co.za. We would also love to hear from you if we have exceeded your expectations.

2 | STEP 2 – TO CONTACT THE PRINCIPAL OFFICER:

If you are still not satisfied with the resolution of your complaint after following the process in Step 1 you are able to escalate your complaint to the Principal Officer of the Discovery Health Medical Scheme. You may lodge a query or complaint with Discovery Health Medical Scheme by completing the online form on www.discovery.co.za or by emailing principalofficer@discovery.co.za.

3 | STEP 3 – TO LODGE A DISPUTE:

If you have received a final decision from Discovery Health Medical Scheme and want to challenge it, you may lodge a formal dispute. You can find more information of the Scheme's dispute process on the website.

4 | STEP 4 – TO CONTACT THE COUNCIL FOR MEDICAL SCHEMES:

Discovery Health Medical Scheme is regulated by the Council for Medical Schemes. You may contact the Council at any stage of the complaints process, but we encourage you to first follow the steps above to resolve your complaint before contacting the Council. Contact details for the Council for Medical Schemes: Council for Medical Schemes Complaints Unit, Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue, Eco Park, Centurion 0157 | complaints@medicalschemes.co.za | 0861 123 267 | www.medicalschemes.co.za