

# Discovery Health's Premier Plus and Discovery Extender Benefits... explained



Qualicare has have over the past 3 months received numerous requests for information pertaining to the Discovery Premier Plus Network

In 2017, Discovery's Premier Plus Network was designated as the DSP for diabetes management for the Core, Smart, Saver and Priority plans. (Diabetics on Comprehensive and Executive plans are not at all affected by these changes for 2017 and can access PMB cover from any GP on the Discovery GP Network).

Premier Plus is a disease management program which provides diabetic patients with a range of additional General Practitioner benefits in excess of plan entitlement (e.g. additional consults, one long consult per annum, and ongoing monthly remuneration for quality care), in support of providing highest quality care.

Any Discovery Scheme members choosing not to access these DSP family practices still enjoy cover and may elect to see any Family Practitioner, subject to a 20% co-payment only on their consultation (currently R80 based on the current GP Network rate).

A practice becomes eligible for joining the Premier Plus Network if it:

- demonstrates an efficient practice profile (Profiling score of less than 1). These profiles are drawn by Discovery.
- is digitally engaged and uses Health ID to be able to interact with the disease management program platform
- conducts a minimum of 40 diabetes visits (just over 3 visits per month) over the next 12 months on any plan, to remain on the network.

You can check your practice's Premier Plus eligibility via the Network tab on HealthID.

Any Family Practices not on the DSP network, can elect to become a Premier Plus DSP either by:

- joining CDE as a contracted practice or
- If they have seen on average more than 2 Diabetic patients a month can join the Discovery Health Premier Plus Network directly

Any other queries please e-mail:  
healthPartners@discovery.co.za.

## Discovery Extender Benefit (DEB) for Family Practitioner consultations

The Discovery Extender Benefit (DEB) was introduced a few years ago to supplement plan benefits for members on the lower plans who are cared for by family practitioners in the DH GP Network. In 2017, the DEB focused on members living with severe chronic illnesses, who typically require these additional consultations funded from the scheme's risk pool. The benefit, therefore focused on scheme members being cared for by practices within the Premier Plus Network.

Based on feedback from organised doctor groupings and individual practices, access to the DEB to practices in 2018 will be on the following basis:

From January 2018, all scheme members will be able to access DEB consultations at any practice which is HealthID engaged. Health ID is Discovery's digital interaction platform.

To be considered "HealthID engaged" and access the DEB funding, all doctors in the practice should meet the criteria for engagement for 2 months within a 3 month rolling period. This entails:

- Accessing your patients' health records for at least 20% of your consultations.
- Submitting 75% or more of your Chronic Illness Benefit applications through HealthID.
- KeyCare engagement is measured by the above criteria in addition to 30% of GP to specialist referrals being done through HealthID. (Only applicable to the practices on the KeyCare GP Network).
- Engagement will be measured when codes 0190 – 0192 are billed.

In addition to accessing the DEB benefit, engaged doctors will continue to receive R50 (R25 for Keycare plans) for every consultation where HealthID is used, funded from the scheme risk pool and not the day to day benefit.

Qualicare has compiled this summary to provide information to all affected doctors, who may have had patients reassigned to other practices over the past 3 months as a result of their reallocation to the Premier Plus Doctors.

This summary does not imply that Qualicare supports or rejects the Premier plus offering of Discovery Health.

Dr Tony Behrman

CEO of CPC/Qualicare

