

Dear Pharmacist

Please join our Diabetes Clinic Network

Education is a very important component for members living with diabetes to successfully manage their condition and to prevent disease progression and development of co-morbidities.

While most of the schemes we administer participate in this initiative and will be ready to fund diabetes education from the Risk benefit from 1 January 2023, it is important that you get confirmation from your own software vendor to understand if and when your pharmacy system will be ready to claim.

We want to extend an invitation to any willing, qualifying pharmacy clinic to join the Diabetes Clinic Network, which will give you access to funding for diabetes care and pathology procedures subject to benefit limits.

Services this Diabetes Clinic Network will offer

The services are for members who have been registered on the Chronic Illness Benefit for type 1 or 2 diabetes mellitus from most schemes administered by Discovery Health.

Diabetes educators at the pharmacy clinic can give the following services to these members:

- Two yearly diabetes education consultations
- One yearly foot screening. Only diabetes educators that have fully completed their practice experience may provide this service.

Service codes and rates table

- All results obtained in the pharmacy (including pathology) need to be made available to the treating doctor and to Discovery Health on HealthID 2.0.

Pharmacy codes	Description of services	Tariff code	2023 Rate (VAT incl.)
067 002 001	Diabetes education session from a diabetes nurse educator who has completed both the diabetes course and the required practical experience.	DEDU1	R597.90
067 003 001	Diabetes education session from diabetes nurse educator who have completed the diabetes course and are busy with the practical training in the	DEDUT	R478.20
067 004 001	Diabetes foot screening	DFSC1	R100.50

Point of care (POC) pathology codes and rates table

- Pathology codes are only payable when the tests are *requested and referred by the treating doctor* and indicated on the claim.
- The below codes are for monitoring purposes. Discovery Health will make available a laboratory pathology referral form for use by pharmacy clinics

Pharmacy codes	Description of services	Tariff code	2023 Rate (VAT incl.)
007 370 021	HbA1C	4064	R172.90
000 817 001	Serum creatinine	4032	R43.80

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Directors: Dr A Ntsaluba* (Chairperson), A Gore* (Group CEO), Dr J Broomberg*, H L Bosman, R Farber, F N Khanyile, N S Koopowitz*, Dr T V Maphai, R N Noach*, A Pollard*, B Swartzberg*, D M Viljoen*, S V Zilwa (*Executive).
Secretary: N N Mbongo.

Pharmacy codes	Description of services	Tariff code	2023 Rate (VAT incl.)
005 350 021	Triglyceride	4147	R96.30
001 310 021	Cholesterol total	4027	R64.70
004 340 021	HDL cholesterol	4028	R83.70
No code	LDL cholesterol (Payment only for laboratories with chemical determination)	No code	R0.00
000 777 001	U&E: Sodium + potassium + chloride + CO ₂ + urea	4171	R192.10
008 380 021	Urine dipstick, per stick (irrespective of the number of tests on the stick)	4188	R18.20
000 917 001	Urine creatinine	4221	R43.80
067 001 001	Creatinine clearance	4223	R92.80
008 896 654	Micro Albumin: Quantitative	4261	R150.70
009 996 654	Micro Albumin: Qualitative	4262	R54.60

Please note: Point of care devices need to be approved by Discovery Health to ensure accuracy.

Requirements for participation by a pharmacy clinic in the Diabetes Clinic Network

Participation of the pharmacy clinics in the Diabetes Clinic Network is voluntary and open to any pharmacy clinic that meets the following requirements:

- Has at least one diabetes educator with own BHF practice number,
- Is participating in the Wellness Network at the time of applying for participation in this Diabetes Clinic Network.
- Has a private consultation room within the pharmacy with appropriate clinic equipment and furniture and an easily accessible bathroom.
- Has Good Pharmacy Practice ("GPP") compliance and is registered with the South African Pharmacy Council
- Has an electronic clinical practice management claims submission system with the ability to submit the claim using the diabetes educator's own BHF practice number as the *treating provider*.
- Has the ability to send results and reports to the treating doctor and Discovery Health.
- Has appropriate referral networks in place (including pathology and general practitioners).
- Ensures that the Diabetes Educators are clearly and visibly indicated in the pharmacy and the clinic.

If you want your pharmacy to join the Diabetes Clinic Network, you must:

1. Apply for a *BHF practice number* for your registered nurse.
2. Ensure the nurse enrolls and completes an accredited diabetes course. (See the handbook for details)
3. Confirm with your software vendor that your pharmacy claim system is able to submit the diabetes educator's BHF number as the *'treating provider'* in the diabetes claim line. Where this is not available, the pharmacy will not be able to claim the diabetes service.
4. Complete the attached agreement and submit together with the diabetes educator's course certificate to us at Provider_Administration@discovery.co.za.
5. Submit the diabetes educator's activity log and mentor form when the diabetes educator's practical experience is completed.

If you have any questions, please write to us at healthpartnerinfo@discovery.co.za.

Thank you for your commitment to working with us to make sure the members of the medical schemes we administer continue to have access to affordable medicine and quality service.

Regards



Suzanne van der Walt

Pharmacy network strategies and contracts manager
Discovery Health

Please complete and send the completed and signed form by fax to 011 539 2784 or email to provider_administration@discovery.co.za

SECTION A: ONLY COMPLETE WHERE THE PHARMACY EMPLOYS ITS OWN CLINIC HEALTHCARE PROFESSIONALS

A.1 Pharmacy details (owner/employer)			
Owner name	ID / Company number		
Pharmacy name / group list	BHF billing practice code*	<input type="text"/>	<small>*564 as partnership</small>
Pharmacy or office address	Dispensary e-mail address		
B Clinic diabetes educator 1: <i>Pharmacy to complete on behalf of the registered nurse, where employed by the Pharmacy.</i>			
Registered nurse's name	BHF and SANC number	<small>Please tick and submit copies of registrations</small> SANC BHF	
ID number <small>Submit certified copy</small>	Confirm pharmacy-employed	<small>Please tick</small> YES NO	
E-mail address of nurse	Cell phone	0 <input type="text"/>	
Diabetes educator course	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><small>*562</small></p> <p>1. Diabetes Educator In-Training Network Submit: Course certificate</p> </div> <div style="width: 45%;"> <p><small>*563</small></p> <p>2. Diabetes Educator Network Submit: Course certificate Activity record Mentorship form</p> </div> </div>	Direct telephone number in clinic	
<small>Please tick the appropriate block 1 or 2 and submit documentation as per The Diabetes Educator Handbook on www.discovery.co.za</small>		0 - - <input type="text"/>	
B Clinic Diabetes Educator 2: <i>Pharmacy to complete on behalf of your registered nurse, where employed by the Pharmacy.</i>			
Registered nurse's name	BHF and SANC number	<small>Please tick and submit copies of registrations</small> SANC BHF	
ID number <small>Submit certified copy</small>	Confirm pharmacy-employed	<small>Please tick</small> YES NO	
E-mail address of nurse	Cell phone	0 <input type="text"/>	
Diabetes Educator course	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><small>*562</small></p> <p>1. Diabetes Educator In-Training Network Submit: Course certificate</p> </div> <div style="width: 45%;"> <p><small>*563</small></p> <p>2. Diabetes Educator Network Submit: Course certificate Activity record Mentorship form</p> </div> </div>	Direct telephone number in clinic	
<small>Please tick the appropriate block 1 or 2 and submit documentation as per The Diabetes Educator Handbook on www.discovery.co.za</small>		0 - - <input type="text"/>	
Provisions for participation in the Diabetes Clinic Network			
<i>The entities described above will hereinafter collectively be referred to as "the Pharmacy" where applicable.</i>			
The Pharmacy agrees:			
<ol style="list-style-type: none"> 1.1. to have at least one diabetes educator with her/his own BHF practice number employed in the clinic; 1.2. to make sure that the Pharmacy's vendors upload the codes and rates rate in the invitation letter and not charge more than the 2023 rate and any subsequent rate increases and other changes (including additional future administered schemes and plans) as applied and published in the latest Standard DSP network agreement with the updated Standard Discovery Health pharmacy networks and scheme rates on www.discovery.co.za, unless the agreement is terminated by any one of the parties; 1.3. to the list of participating medical schemes administered by Discovery Health as published in the latest Standard DSP network agreement with the updated Standard Discovery Health pharmacy networks and scheme rates on www.discovery.co.za; 1.4. to take responsibility for and to verify the availability of funds before services are rendered. If not funded by the scheme, self-funding options should be discussed with the patient; 1.5. to act in accordance with the respective professional council's code of conduct and standards and undertakes to ensure that it and employed clinic healthcare professionals (including general practitioners where appropriate) are registered and remain registered with the respective professional councils; 1.6. to act in accordance with Medicines and Related Substances Act 101 of 1965, Pharmacy Act 53 OF 1974, Nursing Act 2005, and Electronic Communications and Transactions Act, 2002 (Act No. 25 of 2002), relating to the consultation, examination and any telemedicine or telephonic process; 1.7. to act and manage the clinic in accordance with the 'Ideal Clinic Manual' as issued by the Department of Health; 1.8. that its clinic and registered nurses must meet the minimum required standards as set out by Discovery Health for staff, to provide diabetes education and diabetes related services, based on their respective qualifications, approved diabetes courses and experience and resulting scope of practice to take place in dedicated private consultation room(s), within a Good Pharmacy Practice compliant pharmacy (applicable in pharmacy owned clinics) that contains appropriate furniture and clinic equipment, with an easily accessible bathroom; 1.9. that pathology codes are only payable when a point-of-care (POC) device is used that has been approved by Discovery Health. Approval is given based on Health Technology Assessment outcomes. Approved devices can be confirmed by the supplier. 1.10. that the Diabetes Educators will complete the required training successfully and submit updated activity record to Discovery Health and claim as per the agreed rate, for these services; 1.11. that no other health professionals employed within the pharmacy clinic charge for the Diabetes Education unless registered as a Diabetes Educator with Discovery Health; 1.12. to obtain appropriate consent from the patient for the education, screenings and point of care pathology as required by the treating provider; 1.13. that when blood is drawn in the pharmacy and sent to the pathology laboratory, no additional phlebotomy fee is chargeable; 1.14. to allow for pre-bookings on patients' request to minimize the chance of lengthy waiting periods. 1.15. to refer Members to appropriate health care professionals where appropriate. 1.16. that the clinic makes use of an electronic clinical practice management claims submission system that is able to submit the BHF practice number of the diabetes educator as the treating provider in the claim; 1.17. that the consultation summary, foot screening report and any other relevant information from each consultation are sent to the treating health professional as well as to Discovery Health in the agreed format and on the agreed digital platform; 1.18. that this agreement is subject to the POPIA agreement previously signed by the pharmacy. 			
Signature date: 2 0 Y Y M M D D	Pharmacy owner: Name	Signature:	

Please note that this form expires on 2023/12/31. Up to date forms are always available on www.discovery.co.za on the ProPBM webpage

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