

Focus on the Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment and includes cover for the 26 Chronic Disease List conditions, which form part of the Prescribed Minimum Benefits. Chronic Benefits are subject to registration and approval.

Momentum Medical Scheme offers a unique benefit structure that empowers members to choose the appropriate chronic cover for their family’s needs. The following table summarises the chronic cover and chronic providers across the six options.

Option	Provider	Cover
Ingwe	Ingwe Primary Care Network; Ingwe Active Network; or State	26 conditions according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies, subject to formulary
Evolve	State	26 conditions according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies, subject to formulary
Custom	Any; Associated; or State	26 conditions according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies, subject to formulary
Incentive	Any; Associated; or State	32 conditions: 26 conditions according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies, subject to formulary 6 additional conditions: limited to R13 100 per family per year
Extender	Any; Associated; or State	62 conditions: 26 conditions according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies, subject to formulary 36 additional conditions: limited to R13 100 per family per year
Summit	Freedom-of-choice	62 conditions: 26 conditions according to Chronic Disease List in Prescribed Minimum Benefits: no annual limit applies, subject to formulary 36 additional conditions: subject to an overall day-to-day limit of R33 300 per beneficiary per year. This is a combined limit incorporating both day-to-day cover and cover for the 36 additional conditions



How to obtain Chronic Benefits

Option	Provider	Cover
Ingwe	Ingwe Primary Care Network or Ingwe Active Network	You need to get your chronic prescription from your Ingwe Primary Care Network or Ingwe Active Network GP, and your chronic medication from Medipost pharmacy. Benefits are subject to the Fixed formulary.
	State	You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary and State medical management (including doctor, pharmacy, blood tests, x-rays, etc).
Evolve	State	You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary and State medical management (including doctor, pharmacy, blood tests, x-rays, etc).
Custom, Incentive and Extender	Any	<p>You may get your chronic prescription from any GP and your chronic medication from any pharmacy, subject to the Basic formulary on Custom, the Standard formulary on Incentive and the Extended formulary on Extender.</p> <ul style="list-style-type: none"> - If you choose to get your medication from the preferred list of medicines, and within the generic reference price, if applicable, you will not have a co-payment. However, if the preferred medication costs more than the Momentum Medical Scheme Reference Price, you will have a co-payment for the difference in cost. - If you choose to get non-preferred medication, a co-payment will apply. This co-payment will be 15% of the Custom Option, 10% on the Incentive Option and 5% on the Extender Option. However, if the non-preferred medication costs more than the Momentum Medical Scheme Reference Price, an additional co-payment for the difference in cost will be added to the percentage co-payment indicated above.
Custom, Incentive and Extender	Associated	<p>You need to get your chronic prescription from an Associated GP or specialist and your chronic medication from Medipost, subject to a Core formulary.</p> <ul style="list-style-type: none"> - If you choose to get your chronic prescription from a non-Associated GP or specialist, we will pay 50% of the Momentum Medical Scheme Rate for the consultation and you will need to pay the difference. - If you choose to get your chronic medication from a pharmacy other than Medipost, we will pay 50% of the formulary price for the medicine and you will need to pay the difference. - On the Custom Option, if you choose to get either preferred or non-preferred medication in the formulary, which costs more than the Momentum Medical Scheme Reference Price, there will be a co-payment for the difference in cost. - On the Incentive and Extender Options, if you choose to get non-preferred medication, a co-payment will apply. This co-payment will be 20% on the Incentive Option and 15% on the Extender Option. However, if the non-preferred medication costs more than the Momentum Medical Scheme Reference Price, a co-payment for the difference in cost will be added to the percentage indicated above.



Option	Provider	Cover
Custom, Incentive and Extender	State	You need to choose one of the designated State facilities to get your chronic prescription and medication, subject to the State formulary and State medical management (including doctor, pharmacy, blood tests, x-rays, etc).
Summit	Freedom-of-choice	You have the freedom of choice to get your chronic prescription and medication from any provider, subject to the Comprehensive formulary. If you choose to get your medication from outside the formulary, a co-payment of the cost difference between the selected item and the formulary price is payable.

How to register for chronic medication

Freedom-of-choice or Any chronic provider

1. Ask your treating doctor or pharmacist to contact us on **0860 11 78 59**.
2. The chronic benefit consultant will either approve or decline the benefit telephonically based on the information shared.
3. We may need additional information from your provider, such as applicable test results, in order to complete the registration process for your condition and/or medicine. Refer to the list at the end of this document for clinical information that the treating doctor will need to send per diagnosis for your chronic registration.
4. Once the chronic registration has been approved, you may get your medication from any pharmacy. Please provide a copy of your prescription to your pharmacy.
5. You will need to provide a renewed prescription every six months to your pharmacy. If there are no changes to the medication and/or diagnosis, the prescription can be sent directly to your pharmacy, there will be no need to send it to us.

Associated chronic provider

1. Ask your treating Associated GP/specialist where applicable, or Medipost pharmacist to contact us on **0860 11 78 59**.
2. The chronic benefit consultant will either approve or decline the benefit telephonically based on the information shared.
3. We may need additional information from your provider, such as applicable test results, in order to complete the registration process for your condition and/or medicine. Refer to the list at the end of this document for clinical information that the treating doctor will need to send per diagnosis for your chronic registration.
4. Once your chronic registration has been approved, you need to send your prescription to Medipost to arrange for your chronic medication to be delivered. You can contact Medipost on **012 426 4000**, and email your prescription to mhealth@medipost.co.za.
5. You will need to provide a renewed prescription every six months to Medipost. If there are no changes to the medication and/or diagnosis, the prescription can be sent directly to Medipost, there will be no need to send it to us.



State chronic provider

1. Contact us on **0860 11 78 59** to ask for a State chronic application form to be sent to you.
2. Once you receive the form, take it to a State hospital and ask the State doctor to complete it. The doctor may also contact us on **0860 11 78 59**.
3. The doctor will assess you and prescribe medication as per the State formulary.
4. You need to collect your medication from the State hospital pharmacy.
5. The completed form can be emailed to us, together with any relevant information and supporting documents to help us in processing the application.
6. If there are any new chronic conditions, and/or a change in medicine, you will need to consult a State doctor again and submit a new State chronic application form to us at chronic@momentumhealth.co.za.

Ingwe Primary Care Network and Ingwe Active Network

1. Ask your Network doctor to contact us on **0860 11 78 59**.
2. The chronic benefit consultant will either approve or decline the benefit telephonically, based on the information shared.
3. We may need additional information from your doctor, such as applicable test results, in order to complete the registration process for your condition or medicine. Refer to the list at the end of this document for clinical information that the treating doctor will need to send per diagnosis for your chronic registration.
4. Once your chronic registration has been approved, you need to send your prescription to Medipost to arrange for your chronic medication to be delivered. You can contact Medipost on **012 426 4000**, and email your prescription to mhealth@medipost.co.za.
5. If your doctor does not call and completes the Ingwe Option chronic application form, it can be emailed to us at chronic@momentumhealth.co.za to facilitate the chronic registration process. You will need to send your prescription to Medipost for them to dispense and deliver the medication once you are registered.
6. You will need to provide a renewed prescription every six months to Medipost. If there are no changes to the medication and/or diagnosis, the prescription can be sent directly to Medipost, there will be no need to send it to us.



Summary of Momentum Medical Scheme’s formulary structure

Option	Formulary	Preferred products	Non-preferred products	Outliers
Ingwe Primary Care Network and Ingwe Active Network	Fixed formulary	Momentum Medical Scheme Reference Price applies	No benefit	No benefit
Ingwe Connect hospitals	State formulary	Momentum Medical Scheme Reference Price applies	No benefit	No benefit
Evolve	State formulary	Momentum Medical Scheme Reference Price applies	No benefit	No benefit
Custom, Incentive and Extender – Any chronic provider	Custom: Basic formulary	Momentum Medical Scheme Reference Price applies	Momentum Medical Scheme Reference Price plus a percentage co-payment applies. This co-payment is 15% on the Custom Option, 10% on the Incentive Option and 5% on the Extender Option	
	Incentive: Standard formulary			
	Extender: Extended formulary			
Custom, Incentive and Extender – Associated chronic provider	Core formulary	Momentum Medical Scheme Reference Price applies	Momentum Medical Scheme Reference Price plus a percentage co-payment applies. This co-payment is the difference in cost on the Custom Option, 20% on the Incentive Option and 15% on the Extender Option. If the non-preferred medication costs more than the Momentum Medical Scheme Reference Price, a co-payment for the difference in cost will be added to the percentage co-payment indicated above	Momentum Medical Scheme Reference Price plus 30% co-payment will apply on the total cost of the claim



Option	Formulary	Preferred products	Non-preferred products	Outliers
Custom, Incentive and Extender – State chronic provider	State formulary	Momentum Medical Scheme Reference Price applies	Momentum Medical Scheme Reference Price plus a percentage co-payment applies. This co-payment is 15% on the Custom Option, 10% on the Incentive Option and 5% on the Extender Option	Momentum Medical Scheme Reference Price plus 30% co-payment will apply on the total cost of the claim
Summit	Comprehensive formulary	No co-payment Momentum Medical Scheme Reference Price does not apply	No co-payment. Momentum Medical Scheme Reference Price does not apply	

Frequently asked questions

What is a formulary?

A formulary is a list of medicines covered on your option, from which a doctor can prescribe the appropriate medication for your chronic condition.

What is the Momentum Medical Scheme Reference Price?

The Momentum Medical Scheme Reference Price is the maximum rand value that Momentum Medical Scheme will pay for a medicine. If a new generic medicine is introduced, or the price of existing medication changes, medication that we previously covered in full, may now attract a co-payment.

We review the Momentum Medical Scheme Reference Price every year against a variety of factors, including price changes, any new medicines introduced or discontinued during the year, medical information, generic influence and medicine patents that have expired, to mention a few. This is to make sure that the reference pricing structure is kept up to date with the latest developments in medicine. The reference pricing will also be adjusted when a generic equivalent is launched where there was previously no generic available for the original product - this may happen at any time during the year.

Other important notes

- You need to register on the chronic management programme and get approval for chronic medication to be paid from the Chronic Benefit.
- You can view the list of medication applicable to your benefit option at <https://secure.mediscor.co.za/adocs/SchemeFormularies/momentum01.html>.
- When a chronic condition is managed effectively, it is likely to result in fewer acute and long-term medical complications or side effects. We use evidence-based treatment principles, called clinical protocols, to determine and manage benefits for specific conditions.

Chronic registration clinical criteria

Prescribed Minimum Benefit Chronic Disease List conditions	Further information/tests required
Addison's disease	Diagnosis by a specialist physician, paediatrician or endocrinologist
Asthma (adult)	Diagnosis confirmed by a GP or specialist
Asthma (child ≤ 7 years)	Diagnosis made or confirmed by a specialist paediatrician
Bipolar affective disorder	Psychiatrist prescription. Benzodiazepines excluded on Chronic Benefit
Bronchiectasis	Diagnosis confirmed by a specialist (entry criteria for pre-existing conditions will apply eg COPD)
Cardiac failure	Diagnosis confirmed by a specialist physician
Cardiac dysrhythmia	Diagnosis confirmed by a specialist physician
Cardiomyopathy	Diagnosis confirmed by a specialist physician
Chronic obstructive pulmonary disease	Diagnosis confirmed by a GP or specialist. Emailed copy of Lung function test performed to American Thoracic Society (or similar) criteria demonstrating FEV1/FVC < 70% and FEV1 post bronchodilator < 70% of predicted
Chronic renal disease	Diagnosis confirmed by a GP or specialist. Copy of lab results required: serum creatinine clearance value < 30ml/min or a Glomerular Filtration Rate estimate of < 30ml/min
Coronary artery disease	Diagnosis confirmed by a specialist physician
Crohn's disease	Diagnosis by a specialist physician, paediatrician, surgeon or gastroenterologist
Diabetes insipidus	Diagnosis by a specialist physician, paediatrician, neurologist, neurosurgeon or endocrinologist
Diabetes mellitus type 2	Diagnosis confirmed by a GP or specialist physician. Confirmatory lab results: <ul style="list-style-type: none"> • HbA1c > 6% or • x2 random glucose > 11mmol/l or • x2 fasting blood > 7mmol/l or • x1 blood glucose > 15mmol/l or • GTT (fasting glucose of 7mmol/l or more and/or 2 hours post prandial glucose load of 11.1mmol/l or more)
Diabetes mellitus type 1	Specialist initiation and confirmatory lab results as above
Epilepsy	Diagnosis confirmed by a GP, specialist physician, neurologist or neurosurgeon
Glaucoma	Diagnosis confirmed by an ophthalmologist
Haemophilia	Diagnosis confirmed by a specialist physician. Copy of lab results of Factor VIII or Factor IX levels of 5% or less
Hyperlipidaemia	Diagnosis confirmed by a GP or specialist physician. Copy of lipogram results and documentation related to the risk assessment (Framingham Risk Score). Details of patient history: established vascular disease and details of any procedure performed eg angioplasty, stent, etc. Details of family history from prescribing doctor (to include details of cardiovascular events in member's first degree relatives, including age of onset)
Hypertension	Diagnosis by a GP or specialist physician
Hypothyroidism	Diagnosis confirmed by a GP or specialist and thyroid function test (e.g. TSH, Free T4)
Multiple sclerosis	Diagnosis confirmed by a specialist physician or neurologist. Initial application must be accompanied by a motivation which details disease progress, the EDSS score and an MRI report

Prescribed Minimum Benefit Chronic Disease List conditions (Continued)	Further information/tests required
Parkinson's disease	Diagnosis confirmed by a neurologist
Rheumatoid arthritis	Diagnosis confirmed by GP and a tick sheet to be completed, or diagnosis confirmed by a specialist physician, paediatrician or rheumatologist. We also require the following clinical information: Serum rheumatoid factor (RF), anti-CCP, ESR or C-reactive protein (CRP) and relevant x-rays
Schizophrenia	Diagnosis confirmed by a psychiatrist or paediatric psychiatrist
Systemic lupus erythematosus	Diagnosis by a specialist physician, paediatrician or rheumatologist
Ulcerative colitis	Diagnosis by a specialist physician, surgeon or gastroenterologist
Non-Prescribed Minimum Benefit Chronic Disease List conditions	Further information/tests required
Acne	Authorised for maximum of 6 months at a time. Soaps and cleansers will not be allocated benefit on Chronic.
Allergic rhinitis	Either nasal corticosteroids (preferred) or oral antihistamine
Ankylosing spondylitis	Specialist prescription
Aplastic anaemia	Specialist prescription and confirming pathology
Attention deficit hyperactivity disorder	Diagnosis confirmed by a paediatrician, psychiatrist or neurologist
Benign prostatic hypertrophy	Urologist prescription and pathology results e.g. PSA test
Cushing's disease	Specialist prescription
Cystic fibrosis	Specialist prescription
Dermatomyositis	Specialist prescription
Eczema	Dermatologist prescription required for immunosuppressants. Benefits allocated for 6 months at a time
Gout	Diagnosis confirmed by a GP or specialist
Hypoparathyroidism	Specialist prescription. Confirmatory results e.g. PTH levels
Major depression	Benefits allocated for 6 months at a time. Benzodiazepines excluded on Chronic Benefit
Menopause	Hormone profile for patients < 50 years unless prescribed by a gynaecologist or hysterectomy done
Motor neurone disease	Specialist prescription
Muscular dystrophy	Specialist prescription
Myasthenia gravis	Specialist prescription
Narcolepsy	Specialist prescription
Obsessive compulsive disorder	Psychiatrist prescription
Osteopenia	Dexa scan results required indicating osteopenia and fracture history if applicable
Osteoporosis	Dexa scan results required indicating osteoporosis
Paraplegia	Letter of motivation detailing clinical history from prescriber
Pemphigus	Dermatologist prescription
Pituitary microadenomas	Specialist prescription and MRI/CT scans
Post-traumatic stress syndrome	Psychiatrist prescription
Psoriasis	A dermatologist prescription will be required for immunosuppressants
Quadriplegia	Letter of motivation detailing clinical history from prescriber
Scleroderma	Specialist prescription
Stroke	Specialist prescription
Systemic sclerosis	Specialist prescription
Thromboangiitis obliterans	Specialist prescription