HERITAGE HEALTH®
LIVE BOLDLY

1st Quarter 2024

Service Provider Newsletter

DEAR HERITAGE HEALTH SERVICE PROVIDER

Stepping into 2024 with optimism, we acknowledge the challenges facing the Namibian healthcare funding industry due to inflationary trends. Heritage Health, as the smallest player, experiences a pronounced impact. Alongside economic complexities, we are navigating challenges with a focus on mitigating broader economic factors affecting the industry.

To address these challenges, we have implemented interventions for recovery, such as reduced annual limits, introducing entry-level products, and promoting generic medication use. Notably, we have introduced Clinitouch, a cutting-edge solution which significantly contributes to this recovery phase. The incorporation of Clinitouch reflects our commitment to embracing innovative technologies to navigate and overcome the challenges facing the healthcare funding industry in Namibia.

IMPORTANT INFORMATION

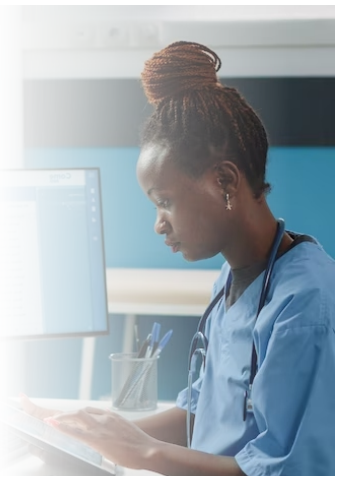
Audited Financial Statements

As the court rulings in the dispute with Namfisa had a material impact on the audit opinion, the Funds audit reports were delayed until the rulings were pronounced. The 2021 financial audit and the submission of the Annual Financial Statements (AFS) to Namfisa have been completed. Service providers are welcome to review the filed AFS on the fund's website or may request a copy directly from the Fund office. The Fund is currently conducting the 2022 audit.

Authorization Process Enhancements

In our ongoing efforts to streamline and enhance our authorization process, we bring you important updates to ensure a smoother claims submission experience. These updates are designed to minimize queries and re-submissions, offering you a more efficient and reliable authorization workflow:

- **Alignment of Dates and Patient Information**: Claims will seamlessly proceed through the processing stages if the dates and patient names on both the claims and the authorization correspond. This proactive measure prevents rejections, short payments, or reliance on Day-to-Day Benefits.
- **Accommodation Verification:** Correspondence between the authorized accommodation and the claim will prevent rejections or short payments, contributing to a hassle-free reimbursement process.
- **Consistent ICD10 and CPT Codes:** Ensuring consistency between the ICD10 and CPT codes on the authorization and claim is vital. This alignment prevents claim rejections and facilitates accurate processing.
- **Length of Stay (LOS) and Level of Care (LOC) Updates**: In the event of changes in the Length of Stay (LOS) or Level of Care (LOC), prompt notification to Managed Care is essential. This is particularly crucial if a patient's stay in ICU, High Care (HC), or General Ward is extended. Please provide proper clinical motivation with the update request for efficient processing.



• **Clinical Motivation Requirement**: Updates to Level of Care (LOC) or Length of Stay (LOS) will only be considered with a comprehensive clinical motivation from the treating provider. It is important to note that short payments resulting from provider negligence cannot be billed to the patient.

These enhancements aim to optimize the authorization and claims settlement process, providing you with a more reliable and efficient experience. Your cooperation in adhering to these guidelines is greatly appreciated.

Update on Patient Transfers between Hospitals

In accordance with industry guidelines, the Fund has introduced a new policy regarding inter-hospital transfers. The Fund will no longer cover the costs associated with transferring patients from facilities without on-site radiology services to those with such services. On-site radiology services are a key criterion for hospital registration, and facilities lacking this service are not permitted to bill patients for transfer expenses to off-site radiology facilities.

Promote Use of Generic Medications

As a service provider, you play a crucial role in promoting cost-effective healthcare solutions for your patients. Encourage the use of generic medications, allowing patients to save up to 80% compared to brand-name alternatives. Generics are equally effective, containing the same active ingredients. Collaborate with prescribing physicians to prioritize generic alternatives, particularly for patients on chronic medication. Your proactive support contributes to the financial well-being of both patients and the healthcare system.

Elevate Your Healthcare Collaboration with Clinitouch!

Embark on a transformative journey in healthcare collaboration with Clinitouch! This innovative addition to our services is designed to revolutionize your practice in several ways:

• Enhanced Clinician-Patient Connection: Elevate decision-making for optimal patient care through improved communication.
• Practice Expansion: Broaden your reach and impact by providing support to a larger patient community.
• Streamlined Treatment Compliance: Effortlessly monitor and enhance patient adherence to treatment plans, including medications, tablets, and injectables.
• Educational Opportunities: Empower your patients with valuable information to better understand and self-manage their chronic conditions.

For any further inquiries about Clinitouch, feel free to send an email to Clinitouch@clinicohealth.com.

Experience the future of healthcare collaboration with Clinitouch – where advanced technology meets compassionate patient care!

Billing Requirements

Service providers are requested to verify the accuracy of all member details on accounts, ensuring alignment with correct practice information. It is imperative that service providers complete all necessary information when submitting claims. Claims older than four months will regrettably not be processed for payment. Adhering to these guidelines ensures smoother billing processes and timely reimbursement for services rendered.

In-Hospital Physiotherapy Referral and Authorization Guidelines

Effective immediately, we would like to emphasize the critical importance of obtaining proper referral and authorization for physiotherapy treatment within the hospital setting. Approval from the Fund must be secured through the patient's authorization for any physiotherapy treatment to be eligible for reimbursement. Claims submitted without the requisite referral and authorization will not be refunded.

For patients undergoing post-operative physiotherapy following orthopaedic surgery, physiotherapists are required to apply in advance for authorization. This authorization becomes effective from the initiation of treatment and extends beyond the patient's discharge date. It is crucial to note that in the absence of the necessary authorization, claims for such physiotherapy services will be processed from the patient's Out-of-Hospital Benefits.

We appreciate your understanding and cooperation in adhering to these referral and authorization guidelines, ensuring a smooth and compliant process for physiotherapy treatments within the hospital.

Authorization Alignment for Seamless Claims Processing

Providers are reminded to meticulously verify the alignment of authorization details with claims prior to submission to the medical aid. Discrepancies between the information on the claim and the authorization can lead to claim rejection, resulting in avoidable short payments, queries, and resubmissions.

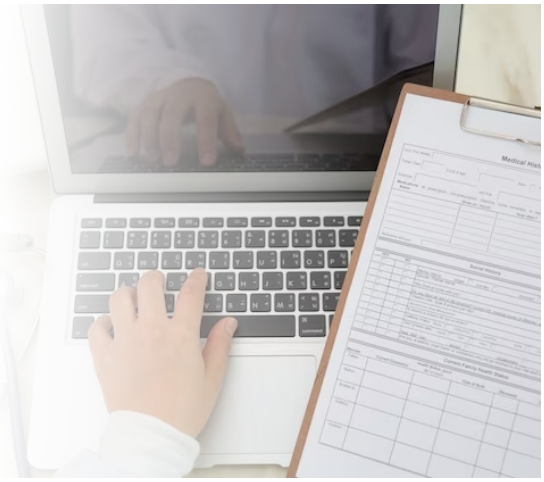
To facilitate a smooth claims process, providers are urged to confirm and ensure the accuracy of the following information on claims in line with the authorization:

For Doctors:

- Patient details
- Service date
- Authorized tariffs

For Hospitals:

- Patient details
- Service date
- CPT and ICD10 codes



Authorized Accommodation

Ensuring the coherence of these details between the authorization and the submitted claims will contribute to a more efficient and error-free claims experience. Your attention to these details is highly appreciated for optimal claims processing**.**

Billing and Modifier Sequencing Advisory

Ensuring the accurate submission of modifiers on your claim(s) in the correct sequence is vital to prevent avoidable rejections. Understanding that the application and calculation of the final dollar value for claims with attached modifiers can be intricate, we emphasize the importance of meticulous billing practices.

Claims Submission and Authorisation Updates

We would like to bring your attention to our policies on stale claims and late authorisation updates. It's crucial to adhere to good practices standards to ensure timely processing of claims. As Heritage Health Medical Aid Fund, we follow specific guidelines to maintain efficiency.

Claims Submission Timeframe: Please note that practices have 120(4 Months) days from the date of service to submit, follow-up, and re-submit a claim. Failure to comply with these timelines may result in **delays due to incomplete information, necessitating corrections and re-submissions.**

Real-Time Claims Processing: Stale claim submissions for practices using EDI and real-time processing cannot be accommodated. Claims from the previous week are typically paid within the following two weeks. Real-time feedback is provided immediately or within 24 hours for rejected claims, allowing for prompt follow-up, rectification, and resubmission.

Submission Proof and Follow-Up: For re-submissions, please send the details to claims@heritagehealth-namibia.com to receive a reference number for follow-up and proof of compliance within the 120-day period. When following up on a reference number, include it in the subject field for efficient reference management.

Acceptable Proof: Batch acknowledgement reports are the only accepted proof of claim submission. Please refrain from sending the EDI batch as proof, as incorrect information in the batch may not reflect on the system or batch acknowledgement report. The reference number received from the system serves as acceptable proof for the follow-up and re-submission of unpaid claims, preventing them from turning stale.

Authorisation Updates: Requests for authorisations after the 120-day stale period must be supported by proper proof of follow-up. We prioritize efficiency and accuracy in our processes and appreciate your cooperation in adhering to these guidelines.

For any inquiries or clarifications, feel free to reach out to our claims department. Your cooperation is invaluable in maintaining the seamless processing of claims and authorisation updates.

CONTACT INFORMATION UPDATE:

For efficient communication:

Claims Submissions: claims@heritagehealth-namibia.com

General Queries: admin@heritagehealth-namibia.com

Pre-Authorisation Requests: preauth@heritagehealth-namibia.com

Hospital Case Management: case1@heritagehealth-namibia.com

Clinitouch inquiries : Clinitouch@clinicohealth.com

A MESSAGE FROM THE PRINCIPAL OFFICER

The past years have been most challenging financially for the Fund and appreciation is extended to all our members for your patience and understanding. The Fund is navigating itself out of this situation, amidst the general industry crisis particularly driven by increased utilisation of healthcare services. The Fund relies on your loyalty, support and understanding whilst building up its business and the much needed reserves.

We wish to provide assurance that we maintain excellent business relationships with the Mediclinic Group as well as Welwitchia and Rhino Park hospitals. Our members are welcome at these institutions. As part of our recovery strategy, we have agreed with Lady Pohamba Hospital to only admit patients there for cardiac procedures.

Namibia Oncology Centre (NOC), Medical Imaging and Pathcare are paid regularly and service our members without issue. To see which pharmacies the Fund does business with, visit the Heritage Health Namibia website where we maintain an updated list.

Thank you for being part of the Heritage Health community!

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Ms V Muchero
Principle Officer: Heritage Health

Public Holidays for the 1st Quarter:

Thursday, 21 March: Independence Day
Friday, 29 March: Good Friday
Monday, 1 April: Easter Monday

Please note our office hours are :

Monday - Friday 7H30 - 16H30

ANY QUESTIONS OR QUERIES? CONTACT US:

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