

Admission process for Hospitals

	PlatComprehensive	PlatCap	PlatFreedom Option
Planned Hospital Admissions	<ul style="list-style-type: none"> Members located within a 50km radius of DSPs are obliged to utilise such DSPs, subject to pre-authorisation within two (2) days prior to admission. Subject to regulation 8(3). Members located between 50 - 200km radius who elect to utilise DSPs will be covered 100% of Scheme Tariff, subject to regulation 8(3). Members located further than 200km radius from DSPs shall be deemed to have obtained services involuntary in which case the scheme will cover 100% of Scheme Tariff, subject to regulation 8(3). Subject to limits, benefits and clinical protocol approval. 		<ul style="list-style-type: none"> Members may utilise any hospital. However pre-authorisation has to be obtained from the scheme within two (2) days prior to admission. Subject to the Overall Annual Limit (OAL), benefits and clinical protocol approval.
	<ul style="list-style-type: none"> Member has to consult the GP/Specialist with a specific condition/problem and the specialist referral process has to be followed. 		<ul style="list-style-type: none"> Member has to consult the GP/Specialist with a specific condition/problem.
	The GP/specialist completes a request for admission and gives it to the member. The member should use this request to obtain authorisation for the hospital admission from Case Management.		
	<ul style="list-style-type: none"> The hospital authorisation request from the GP/specialist should contain the following detail: The patient's: <ul style="list-style-type: none"> Name Date of birth Medical Scheme number Contact details The hospital details and practice number The admitting/treating GP/specialist's details and practice number Admission date Diagnosis ICD 10 code(s) Tariff code(s)/procedure code(s) 		
After-hours admissions	After-hours hospital admissions should be arranged with the Case Manager on call and all related documentation to be submitted to Case Management on the first working day after the hospital admission.		
Emergency hospital admissions	Emergency admissions can be arranged telephonically between the referring GP/specialist/hospital and the responsible Case Manager, However; the documentation still needs to be finalised afterwards.		

Approved		Rejected	
PlatComprehensive/PlatCap	PlatFreedom	PlatComprehensive/PlatCap	PlatFreedom
Case Management evaluates the referring request with the assistance of the Medical Advisor and authorises the admission.		Case Management evaluates the referring request with the assistance of the Medical Advisor and rejects the hospital admission.	
Member receives an authorisation number via SMS, email, telephone or from a Platinum Health facility.	Member receives an authorisation number via SMS, email or telephone.	Member receives notification via SMS, email, telephone or from a Platinum Health facility; stating the reason why authorisation request was declined.	Member receives notification via SMS, email or telephone; stating the reason why authorisation request was declined.
Hospital authorisation request/pre-admission documents need to be send or taken to the hospital before the admission date. This is to ensure pre-admission documentation is completed and captured on the hospital system to ensure problem free admission.		Member can contact Case Management and Platinum Health facilities at their sites with regards to follow-up enquiries.	Member can contact Case Management with regards to follow-up enquiries.
Member to supply the authorisation number to the hospital.			