

# Admission to non-DSP Hospitals

## Applicable to PlatComprehensive option

Members located within a 50km radius of DSPs are obliged to utilise such DSP Hospitals. Members located between 50-200km radius who elect to utilise non-DSPs shall be deemed to have voluntarily obtained services.

Should a member choose to utilise a non-DSP hospital, the member and/or his/her dependant(s) have to bear in mind that **Platinum Health (PH) accepts liability for 100% of Scheme tariff with a limit per member family of R172 428** per year. Members and/or dependant(s) should also note that should they utilise a non-DSP hospital, PH will only accept responsibility for 100% of Scheme tariff for the GP,

Specialists, Anaesthetist, X-rays or any other medical services/institution utilised. The member and/or dependant(s) are responsible to negotiate a better rate or discount with the hospital and/or medical service providers utilised. The principal member has to sign a letter confirming that he/she will be accepting the responsibility of utilising a non-DSP hospital.

Planned hospital admission	After-hours hospital admissions	Emergency hospital admissions
<ul style="list-style-type: none"> <li>Member has to consult the GP/Specialist with a specific condition/problem.</li> <li>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.</li> <li>The hospital authorisation request from the GP/specialist should contain the following detail:               <ul style="list-style-type: none"> <li>The patient's                   <ul style="list-style-type: none"> <li>Name</li> <li>Date of birth</li> <li>Medical Scheme number</li> <li>Contact details</li> </ul> </li> <li>The hospital details and practice number</li> <li>The admitting/treating GP/specialist's details and practice number</li> <li>Admission date</li> <li>Diagnosis</li> <li>ICD 10 code(s)</li> <li>Tariff code(s)/procedure(s)</li> </ul> </li> </ul>	<p>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.</p>	<p>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.</p>
Approved	Rejected	
<ul style="list-style-type: none"> <li>Case Management evaluates the referring request with the assistance of the Medical Advisor and authorises the admission.</li> <li>Member receives an authorisation number via SMS or email or telephone.</li> <li>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.</li> <li>Member to supply the authorisation number to the hospital.</li> <li>Subject to clinical protocol approval.</li> </ul>	<ul style="list-style-type: none"> <li>Case Management evaluates the referring request with the assistance of the Medical Advisor and rejects the hospital admission.</li> <li>Member receives notification via SMS or email or telephone; stating the reason why authorisation request was declined.</li> <li>Member can contact Case Management and Platinum Health facilities at their sites with regards to follow-up enquiries.</li> </ul>	