



MEMBERS GUIDE

Who Qualifies to be a Member?

- Membership is open to persons, corporate bodies, organizations or any group of people
- Dependants of the individual applying for membership.

How do I Join the Scheme?

- You can join the scheme either as an individual on your own or through your employer.
- Firms/Organizations seeking membership on behalf of their employees are required to complete a LMH Membership Registration Form.
- Individuals seeking membership through their employers or on their own should complete a “LMH Membership Registration Form” on behalf of themselves and their dependants.
- Applications are approved upon a thorough review by LMH.

What are the Conditions of being a Member?

- When filling the “LMH Membership Registration Form”, applicants are requested to:
 - Declare their medical history and that of their dependants.
 - Sign the medical history declaration form.
 - Supply authentic information.
 - Provide all relevant information.
- Regular payment of contribution.
- Members are expected to fill and sign a “Schedule” or “Claim Form” for only consultation/treatment they have received from their chosen service providers.

How does the Scheme Work?

- Each member is required to attend to any of the service providers (hospital, clinic, or a pharmacy) from LMH's list of accredited service providers.
- You may consult your doctor at pre-arranged times or during working hours.
- You will be required to sign a Claims Form each time you visit a Service Provider to certify the amount charged.
- You do not have to submit the claims form to LMH because your Service Provider will do that for you.
- If you need to see a specialist, your doctor (general practitioner) must give you a referral letter.
- You can also visit a LMH Accredited Specialists direct without going through a General Practitioner.
- Any drug included on the essential drug list that is prescribed by your chosen doctor or referred specialist obtained from LMH accredited pharmacies will be paid for.

What happens to me during an Emergency?

- LMH defines an emergency as a sudden or unexpected onset of a condition requiring medical or surgical care which the member secures after the onset of such condition (or as soon thereafter as care can be made available but which in any case is not later than 24 hours after onset) and in the absence of such care the member could reasonably be expected to suffer serious physical impairment or death. Examples include heart attacks, severe chest pain, cardiovascular accidents, hemorrhaging, poisoning, major burns, loss of consciousness, serious breathing difficulties, spinal injuries, shock and other acute conditions as LMH shall determine are emergencies.
- Any service provider can attend to you.
- You are required to pay if consultation/treatment is NOT given by your chosen service provider. Insist on a receipt and a report of the treatment from the service provider.
- Submit the receipt and report to LMH for reimbursement.
- LMH will adjudicate the situation thoroughly before reimbursing you.

What happens if I Travel to a region outside where my chosen service provider is located?

- You can visit any of LMH Accredited Network of Service Providers in any region using the same LMH Identity Card.

Can I Change my Benefit Package?

- You are allowed to move up packages if you feel that your present package do not cover you adequately. However, you will have to wait for a period of six (6) months before benefiting from a higher package when transferred from a lower package.
- LMH will accept downward movement of packages only under special circumstances.
- A new “LMH Membership Card” will be issued to you to reflect your new status.

How do I Contribute to the Scheme?

- Contributions shall be payable in advance by members (individuals/firms) to LMH on quarterly, half-year or annual basis.
- Contributions for any particular month, must reach LMH before 25th of previous month. If full contributions have not been received by the due date, membership shall cease and no benefits shall be available for periods for which no contributions have been received.
- A “Return Form” duly completed shall accompany contributions remitted each quarter, half-year or year. Members must retain a copy of the “Return Form”.
- LMH shall determine from time to time, the rate of contributions payable, and provide reasonable notice of amendments to members.

What shows my Eligibility Status?

- Each eligible member will be issued with a “LMH Membership Card” that serves as a proof of membership.
- The LMH Card acts as an identification when you visit your chosen healthcare service provider and this card must be displayed at the request of your service provider.
- The LMH Card bears the following features and information:
 - Name of the Member.
 - Photograph.
 - LMH Membership Number.
 - Type of Benefit Package.
- Use of a “LMH Membership Card” is subject to all contributions having been paid.

How will I know what has been paid for me?

- LMH pays claims on behalf of all members to healthcare service providers for the appropriate medical expenses incurred.
- A “LMH Claims Settlement Advice Slip” is sent to you if we have processed a claim during the month on your behalf.
- Your Settlement Advice Slip will indicate all payments made on your behalf.
- Notify LMH of any items you are not in agreement with.

Which Claims Are Excluded?

Payment of claims will not cover the following healthcare services:

- Of a cosmetic nature (which shall without limitation, be deemed to include health care services for obesity, breast reductions and face-lifts).
- Of an experimental nature or of an uncertain outcome.
- Relating to infertility, frail care or to willfully self inflicted injury.
- Relating to alcohol, drug or solvent abuse or as a result of gross negligence.
- Relating to injuries sustained during participation in a professional sport or other dangerous activity.



- Relating to injuries sustained during participation in a willful and material violation of the law.
- Relating to injuries sustained during a willful participation in a war, terrorist activity, civil commotion, rebellion or insurrection.
- Relating to any service which is not carried out for diagnostic or therapeutic purposes such as medical examinations for employment, insurance, pension fund, education, emigration, travel document, flying licenses, litigation, physical fitness, examinations for plastic surgery and cosmetic treatment of members choosing or which is recommended for psychological reasons.
- Relating to anti HIV/Retroviral therapy drugs.
- Relating to any treatment where the cost is recoverable by law from any other body, party or in terms of an insurance policy or workmen's compensation (e.g. accidents).
- Relating to accounts for wheel chairs, crutches, walking sticks and other appliances.
- Relating to the failure of a member to follow the advice of a medical practitioner or to undergo healthcare services recommended by a healthcare practitioner.

LMH in its absolute discretion may make special grants to members in respect of claims, which would otherwise not be admissible.

What are Shortfalls?

- Shortfalls occur:
 - When a service provider's charge on a claim exceeds LMH's award for the member.
 - Where the maximum benefit limit has been exceeded.
 - Where a member has received treatment not covered under the scheme.
 - Where a member is required to pay a proportion of the cost.
- Where this shortfall occurs on a claim for treatment, the member shall settle it with LMH.

What Control Procedures Have Been Put in Place?

To check or minimise the frequency and prevalence of abuse and misuse of membership facilities and benefits, LMH has put in place the following measures:

- Members are encouraged to restrict medical expenses wherever possible to reasonable limits, so as to build up good reserves for high cost of medical needs.
- The supply of fraudulent information during submission of claims will lead to termination of membership.
- When a claim is inadmissible in terms of the stated rules, LMH shall return the account to the member, together with an explanation as to why the claim was inadmissible.
- LMH will use the claims information of its members to improve the overall provision of health care by means of appropriate managed care interventions.
- A beneficiary who has or may have a right in law to recover from some other person or party any medical expenses claimed from or paid by LMH on his behalf, shall be bound to recover such expenses and account to LMH or to cede his rights of recovery to LMH on demand and give LMH on demand every assistance in the exercise of those rights.
- Claims for treatment incurred shall be acceptable for adjudication and payment, if the provider giving the treatment or service currently appears on the appropriate register of the Ghana Medical Association or is a practitioner recognised by LMH.
- Any member may request LMH to consider a further award on a claim payment or a rejected claim by report. After consideration of such a request, any decision made by LMH shall be final.
- LMH shall not disclose the nature of illness or treatment of any member and or his dependants other than to its service providers when necessary.

