Glaucoma functionality user manual

February 2021

DASHBOARD



JOINING GLAUCOMA FUNCTIONALITY

Click on Add Medical Network to join the network





The recently joined Network will now appear under the Medical Networks widget



After joining the Network, you will receive a notification with a copy of the terms and conditions



PREAUTHORIZATION REQUEST-MEETS CRITERIA

Click on Authorization tab to process a preauthorization

Select the Glaucoma - Discovery Option/Glaucoma Anglo to start the preauthorization

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CENTHAL MOLOGY Management Group Ltd		MP210129162 Change Password. Help Manual
	PATIENTS - E CATARACT DATA COLLECTION -	S MY PROFILE -
PATIENTS		
ン		
ct Medical Scheme		
Click on the correct medical Scheme on the right to iew the detail.	CATARACT - PROFMED	GLAUCOMA - DISCOVERY
	PUBLIC SECTOR	USSA RIGHT TU SIGHT
	GLAUCOMA - ANGLO	
		J

Management Group Ltd				Change Par	162 ssword. Help Manual
	est 💽 patients -	😑 CATARACT DATA CO	LLECTION -	🔅 MY PROFILE -	🔒 LOGOUT
	-	Patient Medical Scheme Info	2 Procedure	3 Clinical Data	4 Confirmation
atient Medical Scheme Info					
During authorisation you will be required this under the MyProfile - under MyDetails You will also be required to add a lens, plo	to enter a hospital, please m s section). ease make sure that this lens	ake sure that this hospital is l is loaded on your profile (fin	oaded on your pro d this under the My	file before continuing with this p Profile -under MyMaterials secti	re-authorisation (find on).
Title	Please Select		~		
Title Patient Full Names	Please Select		~		
Title Patient Full Names Patient Surname	Please Select		~		
Title Patient Full Names Patient Surname Medical Aid Number	Please Select		✓		
Title Patient Full Names Patient Surname Medical Aid Number Medical Aid Option	Please Select		 <		
Title Patient Full Names Patient Surname Medical Aid Number Medical Aid Option Dependent Code	Please Select				
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Title Patient Full Names Patient Surname Medical Aid Number Medical Aid Option Dependent Code Gender Email Address	Please Select Please Select Please Select Please Select				

<u>Step 1</u>

You are required to capture the patient's and medical aid details.

Please note that all fields are required.

Click on 'Next' to proceed to the next step



	MP210129162
1	Change Password. Help Manua

Step 2

You are required to capture the procedure details.

The system allows you to manually add a new hospital that is currently not configured for your profile.

You also have the ability to select multiple Procedure codes.

Note: You cannot submit a preauthorization request without Patient's consent.

If a cataract surgery is being performed at the same time with Xen, you will be required to capture a cataract ICD10 code

	ZATION		1 Patient Medical Scheme Info	2 Procedure	3 Clinical Data	4 Confirmation
cedure						
Surgery Date			i			
lospital	Please Select		~	Other Hospita		
CD 10 Codes	Please Select		~			
Procedure Codes	Please Select		~			
Side Select eye to be operated on	⊖ Left Eye ⊖ I	Right Eye				
Patient Consent Has the patient signed the zonsent	No		~	Please click here content on practic	to download Patient Consent Form æ letterhead	wording, please paste
Cataract Surgery s surgery performed at same me with Xen	No		~			

HOME CAUTHORIZATION REQUEST	PATIENTS -	📮 CATARACT DATA CO	LECTION -	🔅 MY PROFILE -	🐣 LOGOUT
	F	1 latient Medical Scheme Info	2 Procedure	3 Clinical Data	4 Confirmation
linical Data					
Patient's current IOP Is Petient's current IOP producing orgoing demage to vision, VF & GCCRNRL	No				~
Clinical Parameters indicating ongoing damage	Please	Select			~
Other Indications					/
Highest Intra Ocular Pressure(IOP) recorded to date for this eye					
Current IOP					
Number of Previous glaucoma procedures performer on this eye	0				~
Can patient tolerate medication	No				~
Number of pressure lowering molecules eye is currently receiving	Please 8	Select			~
Is patient on ORAL acetazolamide	Yes				~
Does patient have conjunctivitis medicamentosa	No				~
Is this the only legal Seeing Eye? (Iz other eye less then 650)	Yes				~
Main reason for choice of the device	Please	Select			•
Special Comments Any special comments or considerations relevant to this case					/
Nappi code for the devices	add up to	o 4 codes separated by comm	a		
Proposed Follow up Date	28/08/20	21			

<u>Step 3</u>

You are required to capture the clinical data. Please note that the options you select will determine whether the preauthorization request meets the criteria for recommendation or not.

CONFIRMATION

Patient Information

Application Date	16/02/2021 18:26:34
Doctor Name	Dr. Doctor Khumalo
Practice Number	dummy210129162
Patient Name	Abby Gumunyu
Medical Aid Name	Glaucoma - Discovery
Medical Aid Number	16364748
Application Number	100/2021
Clinical Data	
Patient's current IOP producing ongoing damage to vision, VF & GCC/RNFL	Yes
Clinical Parameters indicating ongoing damage	Progress loss of Visual Field
Highest Intra Ocular Pressure(IOP) recorded to date for this eye	10
Current IOP	20
Does patient have conjunctivitis medicamentosa	No
Which Eye?	Right
Main reasons for choice of the Xen	safer less danger of complications
ICD 10 Codes	H40.1 Primary open-angle glaucoma
Procedure Codes	 0201 - XEN 45 0201 - MITOMYCIN C
Is Cataract surgery being performed at same time with Xen	No
Cataract ICD10 code	

251823001

17/05/2021

Step 4

The confirmation page shows you a summary of the information that has been captured

Click on the Submit button

Submit pre-authorisation request to scheme

NAPPI Code for XEN 45 Proposed Date of Surgery

CONFIRMATION				
Patient Information	PreAuthorisation Criteria Results	×		
Application Date				
Doctor Name	PreAuthorization has met the requirements			
Practice Number	Please click here to view funder Terms and Conditions			
Patient Name	Please click here to view funder lerms and Conditions			
Medical Aid Name		Proceed		
Medical Aid Number				
Application Number		100/2021		
Clinical Data				
Patient's current IOP producing ongoing da	mage to vision, VF & GCC/RNFL	Yes		
Clinical Parameters indicating ongoing dam	nage	Progress loss of Visual Field		
Highest Intra Ocular Pressure(IOP) recorde	ed to date for this eye	10		
Current IOP		20		
Does patient have conjunctivitis medicamen	ntosa	No		
Which Eye?		Right		
Main reasons for choice of the Xen		safer less danger of complications		
ICD 10 Codes		H40.1 Primary open-angle glaucoma		
Procedure Codes		• 0201 - XEN 45		

The system will flag if the preauthorization request has met the requirements

The system also allows you to view the terms and conditions

Click on Proceed to submit the preauthorization request to Network

Notification to show that request has been submitted

If the request met the criteria, a preauthorization request will be sent to the Network and the HP receives a copy of this.

If the criteria was not met, a notification is sent to the HP notifying that the criteria has not been met and the request has been declined

🕢 номе	C AUTHORIZATION REQUEST	主 PATIENTS 🗸	CATARACT DATA COLLECTION -	🔅 MY PROFILE -	
	ATIENTS				
Authorizat	tion Successful				
Glaucoma Au	thorization request has been submitted s	successfully and an email	containing your request details has been sent t	to the selected medical funder.	



🗣 Reply 🕼 Reply All 🕒 Forward

OMG Admin <no-reply@mycataract.co.za>

Abigail Chivero; + 3 -

0 1 Wed 01/13

OMG Glaucoma Pre-Authorization Request

Glaucoma Pre-Authorization13012021.pdf 51 KB

Dear Glaucoma - Discovery,

Please see the attached glaucoma preauthorization request .

Kind regards,

OMG Glaucoma Registry

Α

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preauthorization notification that gets sent to the medical scheme when the preauthorization meets the requirement





OMG Admin <no-reply@mycataract.co.za>

Abigail Chivero; + 1 -

0 1 Wed 01/13

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OMG Glaucoma Pre-Authorization Request

Glaucoma Pre-Authorization13012021.pdf 51 KB

Dear Dr. Doctor Khumalo,

Please see the attached glaucoma preauthorization request .

Kind regards,

OMG Glaucoma Registry

A copy of the preauthorization notification that gets sent to the HP when the preauthorization request meets the criteria



Devices: XEN 45

Nappi Codes: 123344

Application Submitted By

Dr. dummy11 dummy2 Practice Number 0570020664227

> For Patient Abi Chivero

> > Eye Right

Discovery Medical Aid Membership No. 3455651

This application meets with the criteria required

APPLICATION NUMBER 015/2021

Current IOP Producing Damage?	Yes
Clinical Parameters indicating ongoing damage	 Progress loss of Visual Field
Highest Intra Ocular Pressure Recorded	10
Current IOP on treatment	10



A preauthorization PDF that gets sent to Medical Scheme and the HP when the request meets the criteria.

The system will automatically flag the application status as 'pending' until the preauthorization details are captured

	S My Patients								
	Q							Ţ Re	eset Filte
ID	Q Auth No	▼ H	ospital	₹	Surgery Date ▼	Status	₹	▼ Re	eset Filte

PREAUTHORIZATION REQUEST-DOES NOT MEET CRITERIA

Application Date		22/04/2021 10:02:28				
Doctor Name	PreAuthorisation Criteria Results	×				
Practice Number						
Patient Name						
Medical Aid Name	PreAuthorization failed to meet the below requ	uirements:				
Medical Aid Number	 PreAuthorization does not meet requirements because Currently Number of pressure lowering molecules received by the Eye is 1 or none Patient's current IOP is not producing ongoing damage to vision, VF & GCC/RNFL Contact SAGS for additional information.					
Application Number						
Clinical Data						
Patient's current IOP producing ongoing da	Please click here to view Terms and Conditions					
Clinical Parameters indicating ongoing dam		Edit PreAuthorization Proceed				
Highest Intra Ocular Pressure(IOP) recorde						
Current IOP		10				
Does patient have conjunctivitis medicame	ntosa	No				
Which Eye?		Right				
Main reasons for choice of the Xen		safer less danger of complications				
ICD 10 Codes		H42.0 Glaucoma in endocrine, nutritional and metabolic diseases				
Procedure Codes		 0201 - XEN 45 1090044001 - Trabex Plus - for complete excision of the diseased 				
Is Cataract surgery being performed at sam	ne time with Xen	No				
Colored ICD10 ands						

After clicking on the submit button on the confirmation page, if the preauthorization request does not meet the requirements, a pop up box will show indicating the criteria that was not met.

The HP has the option of editing the preauthorization to remediate or proceed with submitting the preauthorization.

To continue with submission, please click on the 'Proceed' button

OMG Glaucoma Pre-Authorization Request

0)A

OMG Admin <no-reply@mycataract.co.za> To Abigail Chivero Cc Takaz Mutasa



Glaucoma Pre-Authorization16022021.pdf 51 KB

Dear Dr. Doctor Khumalo,

Please see the attached glaucoma preauthorization request .

Kind regards,

•

OMG Glaucoma Registry

The HP receives the notification with a pdf attachment showing that the application did not meet the criteria required.



Pre-Authorization Xen Glaucoma device

Application Submitted By

Dr. Doctor Khumalo Practice Number dummy210129162

> For Patient Abby Gumunyu

> > Eye Right

Discovery Medical Aid Membership No. 16364748

> APPLICATION NUMBER 100/2021

This application DOES NOT meet the criteria required



The HP receives the notification with a pdf showing that the application did not meet the criteria required.

Please note that Discovery does not receive any notifications for an application that does not meet requirements.

PREAUTHORIZATION UPDATE

HPs can submit an Update to a preauthorization before the date of surgery



Click on the 'Patients' tab and select the 'My Patients' option on the dropdown



All Preauthorization applications done will show on the list. Click on the 'view' button to update the application record



Click on the 'Update' Button



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	ZATION REQUEST	🔁 patients 🗸	😑 CATARACT DA	TA COL		🏩 MY PRO	FILE +	🔒 LOC	GOUT
PRE-AUTHORI	ZATION UPDATI	E –			1 Procedure		2 Clinical Data	3 Confirmation	_
cedure									
Surgery Date	2021-01-31]				
Hospital	Birch Acres			~	Other Hospit	tal			
ICD 10 Codes	H40.1 - Primar	y open-angle glaucoma	I	~					
Procedure Codes	1 Selected			•					
Side Select eye to be operated on	🔿 Left Eye 🌘 I	Right Eye							
Patient Consent Has the patient signed the consent	Yes			~					
Cataract Surgery Is surgery performed at same time with Xen	Yes			~					
Catalant ICD 40 Casta	H26.3 - Drug ji	duced cataract		~					

System takes you to update the procedure details

Click on 'Next' button to proceed to clinical data page

No	~
Please Select	~
no	1
0	~
Yes	~
0	~
Yes	~
No	~
Yes	~
1 Selected	~
	1
251823001	
22/08/2021	
	No Please Select no

Update the necessary fields and click the Next button to proceed to the confirmation page.

Next

CONFIRMATION

Patient Information

Application Date	18/01/2021 10:28:28
Doctor Name	Dr. Doctor Khumalo
Practice Number	dummy210129162
Patient Name	benkosi sandra
Medical Aid Name	Glaucoma - Discovery
Medical Aid Number	02633
Application Number	44/2021
Clinical Data	
Patient's current IOP producing ongoing damage to vision, VF & GCC/RNFL	Yes
Clinical Parameters indicating ongoing damage	Progress loss of Visual Field Increased cupping of Optic Disc
Highest Intra Ocular Pressure(IOP) recorded to date for this eye	15
Current IOP	20
Does patient have conjunctivitis medicamentosa	No
Which Eye?	Right
Main reason for choice of the Xen	safer less danger of complications
ICD 10 Codes	H40.1 Primary open-angle glaucoma
Procedure Codes	3061 - Drainage operation
Is Cataract surgery being performed at same time with Xen	Yes
Cataract ICD10 code	
NAPPI Code for XEN 45	251823001
Proposed Date of Surgery	30/04/2021

View the confirmation page and submit the application update

Submit pre-authorisation request to scheme

The system will show a popup message if the update meets the requirements – Click on 'Proceed' to submit an update

Medical Aid Number		12364452	
Application Number	PreAuthorisation Criteria Results	×	
Clinical Data			
Patient's current IOP producing ongoing da	PreAuthorization has met the requirements		
Clinical Parameters indicating ongoing dam	Please click here to view Terms and Conditions		
Highest Intra Ocular Pressure(IOP) recorde			
Can patient tolerate medication		Proceed	
Current IOP			
Does patient have conjunctivitis medicame	ntosa	No	
Which Eye?		Right	
Main reasons for choice of the Xen		safer less danger of complications	

The application update gets submitted to medical scheme



POST OP FOLLOW-UP DATA CAPTURE

HPs are required to capture follow-up data 3 months post surgery. When capturing the follow-up data they would be required to also capture the preauthorization number received from Discovery. To do this, click on 'Authorization request' and select the 'medical scheme' platform

НОМЕ	AUTHORIZATION REQUEST	📳 PATIENTS 🗸	😂 CATARACT DATA COLLECTION 🗸	MY PROFILE -
PA	TIENTS			
elect Med	ical Scheme			
Click on th view the d	e correct medical Scheme on the right to etail.	D	CATARACT - PROFMED	GLAUCOMA - DISCOVERY
			PUBLIC SECTOR	OSSA RIGHT TO SIGHT

Click on the 'Patients' tab and select the 'My Patients' option on the dropdown



All Preauthorization applications done will show on the list. Click on the 'view' button to capture follow-up data



Click on the 'Update' Button



UPDATE AUTHORIZATION FOL	LOW UP		FollowUp	2 FollowUpConfirmation
FOLLOW UP DATA Pre-Opera	tive Measures	Post-Operative Measures		
PreAuthorization Clinical Data				
Which Eye		Right Eye		
Is this the only legal Seeing Eye? (Is other eye less than 6/60)		No		
Patient's current IOP Is Patient's current IOP producing ongoing damage to w	sion, VF & GCC/RNFL	No		
OralAcetazolamide		No		
Does patient have conjunctivitis medicamen	tosa	No		
Clinical Parameters indicating ongoing dam	age	Not Specified		
Other Indications				
Highest IOP				
Current IOP				
Main reason for choice of the Xen				
Special Comments				
NAPPI Code for XEN 45				

You will land on the follow up data page that has preoperative measures and postoperative Measure tabs

Click on the postoperative Measure tab

Indicate if a follow-up took place by selecting Yes or No option

FOLLOW UP DATA Pre-Operative Measure	Post-Operative Measures
Post Operation Follow Up Data	
Did a follow-up take place	Please Select
Authorization Number	0
Intra Ocular Pressure (IOP)	
Number of pressure lowering molecules eye is currently receiving	0
Is patient on ORAL acetazolamide	No
Does patient have conjunctivitis medicamentosa	No
How many times did case need to be returned to theatre for further procedure after the primary operation during first 3 months	0
Did the operated eye have any of the following complications?	Please Select
Any other significant complications	

Operation Follow Up Data		
Did a follow-up take place	Yes	~
Authorization Number	0	
Intra Ocular Pressure (IOP)		
Number of pressure lowering molecules eye is currently receiving	0	~
Is patient on ORAL acetazolamide	Νο	~
Does patient have conjunctivitis medicamentosa	No	~
How many times did case need to be returned to theatre for further procedure after the primary operation during first 3 months	0	~
Did the operated eye have any of the following complications?	Please Select	~
Any other significant complications		

If Yes,

Capture the Authorization number and the post op follow up date

Click on 'Next' to proceed

FOLLOW UP CONFIRMATION

Patient Information

Doctor Name	Doctor Khumalo
Practice Number	dummy210129162
Patient Name	Sam Sebeela
Medical Aid Name	Glaucoma - Discovery
Medical Aid Number	202020

Clinical Data

Did a follow-up take place	Yes
Intra Ocular Pressure(IOP)	22
Number of pressure lowering molecules eye is currently receiving	1
Is patient on ORAL acetazolamide	Yes
Does patient have conjunctivitis medicamentosa	Yes
How many times did case need to be returned to theatre for further procedure after the primary operation during first 3 months	1
If case returned to theatre was it for needling Or for another complication	1
Operated eye had the following complications	 >5% hyphaema
other significant complications	NONE

You will land on the confirmation page and if all details are correct, please click on the save button otherwise click on the back **button if changes** are required.

Save

Back

The application status will then change from Pending/Updated to Approved.



If 'No' option is selected, the below page will show where the HP is required to capture the authorization number and the reason why there was no follow-up done.



FOLLOW-UP REMINDER NOTIFICATION

If the HP does not capture the follow up data they will receive follow-up reminder notifications 3months, 4months,5months and 6months after the date of surgery.

Glaucoma Post-Measures Update reminder



OMG Admin <no-reply@e2.co.za>

To Abigail Chivero

Cc_admin@omgltd.co.za

Xen Glaucoma Follow Up Data Reminder20210202.pdf 2 KB

Dear Doctor Khumalo,

Please see the attached Xen Glaucoma device 3 month follow up data request .

Kind regards,

OMG Glaucoma Registry

Xen Glaucoma device 3 month follow up data

Application Submitted By

Doctor Khumalo Practice Number

For Patient Mr. Samuel Sebeela

> Eye Right Eye

Discovery Medical Aid Membership No. 01061991

An application for the above patient was granted 3 or more months ago. Please enter the followup data on the OMG Website

> APPLICATION NUMBER 36/2020

The reminder notification pdf will have this wording based on the month is followup is being made. If the HP does not capture the follow up data the patient will receive reminder notifications 4 months after the date of surgery

Patient Post-Measures Update reminder



OMG Admin <no-reply@e2.co.za>

- To Dr. sphephelo mzuzwana
- Cc_admin@omgltd.co.za

æ	
PDF	

Xen Glaucoma Follow Up Data Reminder20210217.pdf 2 KB

Dear Dr. sphephelo mzuzwana,

Please see the attached Xen Glaucoma surgery 3 month follow up data request .

Kind regards,

OMG Glaucoma Registry

Glaucoma Surgery Follow Up

Patient Name : Dr. sphephelo mzuzwana

Medical Aid Number : 988887777

OPHTHALMOLOGIST : Doctor Khumalo

DATE OF SURGERY : 2021/02/13

The above patient underwent surgery by the attending Ophthalmologist on the above date. A follow up visit at 3 months after surgery is required. Please make contact to ensure examination is done.

Date : 2021/02/17

Ophthalmic Risk Management Proprietary Limited

The reminder notification pdf the patient will receive 4 months after the surgery if a follow-up has not been done

PATIENT SATISFACTION SURVEY

A day after the date of surgery, the patient will receive a patient satisfaction survey they will be required to complete

Dear Testing Surveys

Your Ophthalmologist, Dr Doctor Khumalo, is a member of the Ophthalmology Management Group (OMG).

OMG doctors continuosly strive to improve the quality of service delivered to their patients. To this extent, OMG has implemented a Glaucoma Registry, to capture information on patient health outcomes after glaucoma surgery.

We would appreciate you giving up a few minutes of your time to complete 2 quick questions to rate the service experienced by your doctor and the hospital where the glaucoma procedure was performed.

Click here to complete the survey.

Should you require any further information, please contact us on info@omgltd.co.za.

Thank you for your participation.

Kind regards,

OMG Glaucoma Registry, on behalf of your doctor

Patient will be required to indicate if they have had the surgery.

If they have not had their surgery they can add any recommendation and submit the survey

SURVEY	
Patient Satisfaction	
○ I have had my surgery	
Please add any recommendations you might have to improve the service	
	Submit

If surgery has taken place, they will be required to rate how likely they will to recommend the HP or Hospital to family and friends.

They will also be required to provide some recommendations as well.

SURVEY									
atient Satisfaction									
I have had my surgery									
On a scale from 1 to 10 how likely are you to recommend this doctor to friends and family (From score of 1 that you would definitely not recommend this doctor, to a score of 10 where you will definitely recommend this doctor as a doctor of your choice)	highly unlikely	7 〇	1 0 8 0	2 0 9 0	3 0 10 0	4 〇	5 〇	6 〇	highly likely
On a scale from 1 to 10 how likely are you to recommend the hospital to friends and family (From score of 1 that you would definitely not recommend this hospital, to a score of 10 where you will definitely recommend this hospital as a hospital of your choice)	highly unlikely	7 〇	1 0 8 0	2 0 9 0	3 () 10 ()	4	5 〇	6 〇	highly likely
Please add any recommendations you might have to improve the service									