

FAQs



ALL YOU NEED TO KNOW ABOUT THE **MANAGED CARE** TRANSITION

1. Why the change?

NHP has sought an alternative managed care solution and has selected Universal Care to provide these solutions. The transition of the current managed care services will be underpinned by continuity of care and uninterrupted access to benefits.

2. What is managed care?

Managed care is a way your medical aid makes sure you get the right healthcare at the right time, while also helping to keep healthcare costs affordable.

This means your Fund may:

- Ask you to use certain doctors, hospitals, or pharmacies.
- Require approval before some treatments or procedures.
- Offer care programmes if you have a chronic condition like diabetes, asthma, or high blood pressure.
- Encourage the use of generic medicines instead of brand-name medicines.

The goal of managed care is not to deny you treatment, but to make sure your care is safe, appropriate, and cost-effective, so your benefits last longer and premiums stay as affordable as possible.”

3. Will my medical aid benefits change now that NHP is switching to Universal Care from Medscheme Namibia?

No. Your medical aid benefits, contribution rates, and plan option remain exactly the same. This change only affects the managed care administrator. The Fund Rules and benefit structure are not changing.

4. Do I need to re-submit any documents, personal details, or chronic medication registrations?

No. Your membership details, approved chronic registrations, and clinical information will be securely transferred. You do not need to reapply or resubmit documentation.

5. Will there be any disruptions to my ongoing treatments, authorisations, or specialist visits?

No disruptions are anticipated. All valid authorisations and ongoing treatments will continue as normal after 1 April 2026.

6. Will my medical aid card or membership number change after 1 April 2026?

Your membership number will remain the same unless you are formally notified otherwise. If any updated contact details or materials are required, these will be communicated in advance.

7. Should I expect new communication channels, call centre numbers, or apps from Universal Care?

Yes, updated contact details and any enhanced digital tools will be shared before the transition date. From 1 April 2026, members will use the new contact channels provided.

8. Will my doctors or healthcare providers still be able to claim directly from NHP during and after the transition?

Yes. Healthcare providers will continue submitting claims electronically as usual. They will receive formal communication regarding updated routing details where necessary.

9. How will my existing authorizations for surgeries, chronic conditions, physiotherapy, or other care be handled?

All valid authorisations issued before 1 April 2026 will remain valid and will automatically carry over to Universal Care. You do not need to reapply. If you have a scheduled procedure, your approved authorisation will still be honoured.

10. Will pharmacy claims continue without interruption, especially for those on repeat or chronic medication?

Yes. Pharmacy claims, including repeat and chronic medication, will continue without interruption. There is no need to re-register approved chronic medication.

11. Will I need to inform my GP, dentist, specialist, or pharmacist about this change myself?

No. Healthcare providers are being formally notified about the transition and any updated claims submission details. You do not need to inform them yourself.

12. Who do I contact if something goes wrong during the transition (e.g., a claim rejection or delayed approval)?

From 1 April 2026, you should contact the dedicated member support centre using the updated contact details that will be communicated.

If you experience an urgent issue, we will log it immediately and escalate it to the relevant team for priority resolution.

