Guideline for the preparation of a business plan where a medical scheme is not meeting the statutory solvency requirements as per Regulation 29 of the Medical Schemes Act 131 of 1998, as amended.

Guideline for the preparation of a business plan where a scheme is not meeting the statutory solvency requirements

Table of Contents

1 Introduction 3

2 Medical scheme summary 3

2.1 Background information in respect of the medical scheme 3
2.2 Governance of medical scheme 3

3 Business plan format 4

3.1 Nature and causes of failure 4
3.2 Course of action proposed to meet the required solvency 4

4 Strategy and implementation 4

4.1 SWOT analysis 4
4.2 Market analysis 5
4.3 Risk management 5
4.4 Pricing strategy 6
4.5 Financial plan 7
4.6 Independent review 7

5 Annexures to the business plan 8

1 Introduction

Regulation 29(2) of the Medical Schemes Act 131 of 1998 (Act) states that "a medical scheme must maintain accumulated funds expressed as a percentage of gross annual contributions for the accounting period under review which may not be less than 25.0%."

In addition, Regulation 29(4) states:
"A medical scheme that for a period of 90 days fails to comply with sub regulations (2), (3) or (3A) must notify the Registrar in writing of such failure, and must provide information relating to-

- *(a) the nature and causes of the failure, and*
- *(b) the course of action being adopted to ensure compliance therewith".*

The purpose of this document is to guide and assist medical schemes in submitting the information / business plan as is required by Regulation 29(4).

2 Medical scheme summary

2.1 Background information in respect of the medical scheme

The scheme should provide a brief history of its operations, which should include at least the following information:

- Name and registration date of the scheme;
- The number and names of benefit options offered by the scheme;
- A brief description of the current options (objective of each individual option) and the target market (e.g. low cost);
- Summary of the membership profile per option for example:
- Number of members;
- Number of beneficiaries.
- Average age of beneficiaries;
- Pensioner ratio (65+ years);
- Number of chronic patients;
- Membership mix on different income bands;
- Family size; and
- Racial classification.
- Names of participating employer groups (only major groups for open schemes);
- Name of administrator (only for third party administered schemes), including an organogram of the administrator and its related parties;
- Name of accredited managed healthcare provider(s) and accredited managed healthcare services delivered, including an organogram of the managed care provider(s) and its related parties;
- Names and relationships with all related parties of the scheme, including an organogram where applicable;
- A full list of all the guarantees that the scheme has in place; and
- Name of audit firm and partner.

2.2 Governance of medical scheme

Every medical scheme shall have a Board of Trustees consisting of persons who are fit and proper to manage the business contemplated by the medical scheme in accordance with the applicable laws and the rules of the scheme (as stipulated in Section 29(1)(a) of the Act).

In this regard, the scheme should provide inter alia the following information:

- A brief description of the duties of the Board of Trustees as well as details regarding the constitution of the Board of Trustees i.e. the number of Board of Trustee members, their duties, terms of reference etc;
- A brief description of the sub-committees established in order to manage the scheme, for example audit committee, risk committee, remuneration committee etc;
- Details of the members and their responsibilities on these various committees;
- Risk management strategies of the scheme; and
- The short and long-term goals for the scheme/Board of Trustees.

3 Business plan format

3.1 Nature and causes of failure

The scheme must supply detailed information relating to the nature and causes of failure to meet the required solvency level, which could include amongst others:

- Membership growth;
- Change in demographic profile of membership;
- Under-pricing of contributions;
- Developments within the scheme that have impacted solvency (e.g. previous amalgamations etc.);
- Comprehensiveness of the benefit options;
- Excessive claims; and
- High non-healthcare expenditure.

In supplying the reasons for the scheme's failure to comply with the minimum required solvency levels, the scheme must ensure that all relevant/appropriate information is disclosed to enable the Registrar to fully understand the exact nature and causes of the problems encountered by the scheme. This would include detailed information relating to departures from previous business plan if applicable.

3.2 Course of action proposed to meet the required solvency

The scheme should provide the Registrar with actions to be taken by the Board of Trustees to ensure that the scheme complies with the minimum required solvency level in due course. Full details of the proposed actions should be provided in the strategy and implementation as set out in part 4 of this document.

The trustees must provide timeframes within which the scheme will reach the minimum required solvency level of 25%.

4 Strategy and implementation

4.1 SWOT analysis

4.1.1 Strength

The scheme must give a brief overview of factors considered to be its strengths, and in which way these factors increases the scheme's competitiveness.

Possible strengths could include, inter alia the following:

- A competitive product offering, benchmarking the scheme's products with its competitors;
- Effective risk management (e.g. capitation arrangements with managed care networks; internal controls etc);
- Quick hassle-free claims processing turnaround times as a result of quality systems utilised; thus please members;
- Reduced administration expenditure per beneficiary compared to the industry average;
- Good investment strategy;
- Strong reserves;
- Effective communication with members;
- Good risk profile membership; healthy, lower average age compared to the industry, lower pensioner ratios
- Compulsory membership; and
- Effective marketing strategies /strong branding.

4.1.2 Opportunities

What opportunities are available in the market which can be explored.

Possible opportunities could include, inter alia the following:

- Target potential members not on medical scheme using the current options or introducing new options;
- Development of relationships with potential employer groups to offer employees the scheme as an option;

- Policy and legislation changes.

These are examples of factors the scheme can consider to be its strengths and opportunities and therefore not exhaustive.

4.1.3 Weaknesses

Similarly, an overview of factors considered being weaknesses must be provided. The scheme should also indicate how it plans to address those weaknesses (i.e. risk mitigation plan).

Factors considered to be a threat could include but are not limited to the following:

- Poor risk pool due to higher age profile of members and higher pensioner ratio;
- Higher than average claims pattern;
- Dissatisfied members due to late claims processing and payments;
- Failure to attract sufficient members to increase the size of the risk pool;
- Fraud and corruption;
- Poor internal controls;
- Quality of management information; and
- Poor investment returns.

4.1.4 Threats

Factors considered to be threats should be provided. The scheme should also indicate how it plans to address those threats.

Factors could include but are not limited to the following:

- Existence of competitive schemes and the resulting loss of membership.
- Spiralling cost of medication and private hospital costs; thus threatening the solvency and viability of the scheme;
- Potential/looming retrenchment in the industry where most of the members of the scheme operate (economic factors);
- Threat of HIV/Aids and other chronic diseases;
- Substitute products, i.e. Policy and legislation changes;

The above are examples of factors which could affect the survival of a medical scheme and therefore not exhaustive.

4.2 Market analysis

If membership growth was identified as one of the courses of action to be adopted to improve the scheme's solvency level, the following minimum information (but not limited to) should be submitted with the business plan:

- A detailed marketing strategy; (e.g. road shows, target markets; pamphlets, advertising etc.);
- Communication strategy;
- Analysis of main competitors (i.e. benchmarking) including the reasons why they were chosen;
- Customer needs analysis;
- Forecast of membership growth including seasonability analysis;
- Letters of intent supporting the projected membership (growth);
- Detailed demographic profile analysis of current and projected beneficiaries (i.e. average age and pensioner ratio defined as 65 years and older); and
- Illustrate the impact of the risk profile of the new members on the existing membership and the scheme's solvency level.

4.3 Risk management

Risk management is a key area of scheme management. A clear policy on how the scheme plans to minimise its exposure to risk can take countless forms that could include any of the following:

- Risk transfer arrangements with accredited managed healthcare providers where an element of risk is transferred to the provider or shared between the scheme and the provider;

- Capping of claims payable to contracted providers in return for unlimited services to members, thus reducing exposure to high inherent claims risk;
- For schemes that do not have large membership, reinsurance can afford them an effective vehicle to manage and contain risk. It should be noted that it is the responsibility of the Board of Trustees to consider the need for such reinsurance and to comply with Section 20(3) of the Act, in this regard. The scheme can also refer to the relevant Guideline issued for more information on the submission of reinsurance contracts to the Council for Medical Schemes; and
- Accredited managed healthcare arrangements (no risk transfer) are entered into to ensure both the provision of high level of quality of care and controlling the cost thereof.

The scheme should provide full details on risk management tools currently in place, as well as those risk management tools to be implemented to improve the solvency levels of the scheme, including the copies of all agreements. Any proposed risk sharing arrangements should be supported by appropriate reasons for implementation thereof (i.e. needs analysis).

4.4 Pricing strategy

The pricing of the existing benefit options must be evaluated in order to establish if they are priced appropriately. In a case where (a) benefit option(s) is not financially sound, there might be a need to deregister or restructure the option(s). The scheme would then have to demonstrate how the resulting shift in membership to other options will affect its financial position and that of other options.

The scheme should also provide the composition of the current contributions per member/ per beneficiary per month per option and the underlying assumptions, together with the motivation for these assumptions. Information should be provided for at least the following:

- A description of the data used;
- Price inflation;
- Age adjustments;
- Utilisation adjustments;
- Accredited managed healthcare services;
- Benefit changes;
- Non-healthcare expenditure;
- Investment return;
- Reserve building;
- Demographic profile of member:
    - Average age;
    - Pensioner ratio (65+ years);
    - Average family size.
    - Income profiles;
    - Chronic profile; and
    - Buy-ups/downs.
- Subsidy (if any) assumptions and the impact thereof on the proposed contribution tables.

Amongst other factors, if a scheme has identified contributions to be under-priced, it should provide details on how the problem will be resolved. This may be in the form of, amongst other things, increasing contributions, reducing benefits, reducing non-healthcare expenditure, restructuring of options[1] or any other alternatives.

The scheme will therefore have to outline where possible, all those factors and their overall effect on the reserves of the scheme. Further, the resultant changes may or may not improve the existing solvency levels immediately, in that case, a synopsis of how and when the scheme intends restoring the solvency to the required level should be provided.

It should be noted that the Registrar prefers a gradual approach to a single extreme contribution increase or benefit cut.

[1] Refer to the Guideline for the preparation of a business plan pursuant to an application for the registration of a new/restructured benefit option(s) as per Section 33 of the Medical Schemes Act 131 of 1998, as amended, for more detail on what additional information needs to be submitted in respect of the restructured options.

4.5 Financial plan

The scheme must provide financial projections following the introduction of controls/ strategies aimed at improving the solvency and liquidity of the scheme. The projections must cover the number of years that it will take for the scheme to reach the minimum required solvency level. It should however be noted that the scheme will need to revise and resubmit their budgets if there are significant changes from the initial plan.

Projections shall comprise of at least the following information in respect of all the years until the statutory solvency level is reached (this should be submitted electronically in an excel workbook as well):

- A detailed consolidated statement of comprehensive income per month. Please refer to Annexure A;
- A detailed statement of comprehensive income per benefit option per month. Please refer to Annexure A;
- A detailed consolidated year to date statement of comprehensive income. Please refer to Annexure B;
- Projected reserve level and solvency ratio;
- Projected membership targets (both principal members and beneficiary numbers).
- Projected average age of beneficiaries, pensioner ratio (defined as 65 years and older) and family size per option;
- Sensitivity analysis, illustrating:
    - Impact of different membership mixes relating to the benefit options' different income bands on the projected solvency levels;
    - The impact of different membership targets on the projected solvency levels;
    - The impact of buy-downs/ups on the membership and projected solvency levels;
    - Impact of different risk profiles of members on the projected solvency levels;
    - The impact of different utilisation patterns on the projected solvency levels;
- All the projections should be accompanied by detailed assumptions:

Membership growth rate and average family size;

- Contribution per member/ beneficiary per month per the registered table;
- Average contribution per principal member/ beneficiary per month;
- A detailed calculation of claims costs on the basis of per member/ beneficiary per month, including information on accredited managed healthcare services. This should also include all assumptions used for year on year increases;
- Inflation rates applied. Please explain the use and need where different inflation rates were used;
- Non-healthcare expenditure per beneficiary per month. This should include a detailed breakdown of all non-healthcare expenditure per beneficiary; and
- All reinsurance assumptions.

This merely serves as a guide and is not in any way exhaustive of the assumptions that may be used. A detailed explanation of both the assumptions and the basis or impact these will have on the financial position needs to be submitted.

4.6 Independent review

The scheme may wish to seek the services of an expert to evaluate the proposed changes, especially if they involve redesigning/ restructuring of benefit options. The evaluation must be addressed to the Board of Trustees of the scheme.

An evaluation can be performed by any person with the appropriate skills in statistics, health economics, actuarial science, etc.

Detailed calculations are required. The evaluation shall, at a minimum, report on the appropriateness and adequacy of the following:

- Contributions, taking into account the level of benefits offered by the scheme;
- The level of contribution to be utilised towards reserve building;
- The level of non- healthcare expenditure;
- Overall risks faced by the scheme and the extent to which the scheme is vulnerable or covered against these risks; and
- Sensitivity analysis.

5 Annexures to the business plan

Annexure A – specimen monthly statement of comprehensive income (consolidated and per option)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Risk contribution income													
Relevant healthcare expenditure													
Net claims incurred													
Risk claims incurred													
Third party claims recoveries													
Accredited managed healthcare services (no risk transfer)													
Net income / (expense) on risk transfer arrangements													
Risk transfer arrangement fees / premiums paid													
Recoveries from risk transfer arrangements													
Profit / (loss) share arising from risk transfer arrangements													
Gross healthcare result													
Net income/(expense) on commercial reinsurance													
Commercial reinsurance premiums paid													
Recoveries from commercial reinsurance													
Profit / (loss) share arising from commercial reinsurance													
Broker service fees													
Administration expenses													
Net impairment losses: Trade and other receivables													
Net healthcare results													
Other income													
Investment income													
Income from use of own facilities by external parties													
Grants													
Sundry income													

Other expenditure

Asset management fees

Cost incurred in provision of own facilities to external parties
Interest paid on savings accounts
Sundry expenses

Net surplus/(deficit) for the year

Other comprehensive income

Fair value adjustment on available for sale investments/investments held at FVOCI
Reclassification adjustment*
Land and buildings revaluation
Other (specify)

Total comprehensive income for the year

Projected accumulated funds
Projected solvency ratio
Number of principal members
Number of beneficiaries
Pensioner ratio (65+ years)
Average age per beneficiary

*Reclassification adjustment relates to gain/loss on sale of available-for sale investments which is taken to the income statement within “investment income”.

Annexure B – specimen year-to-date statement of comprehensive income (consolidated and per option)
Annexure A – specimen monthly statement of comprehensive income (consolidated & per option)

	Year 1	Year 2	Year 3
Risk contribution income			
Relevant healthcare expenditure			
Net claims incurred			
Risk claims incurred			
Third party claims recoveries			
Accredited managed healthcare services (no risk transfer)			
Net income / (expense) on risk transfer arrangements			
Risk transfer arrangement fees / premiums paid			
Recoveries from risk transfer arrangements			
Profit / (loss) share arising from risk transfer arrangements			
Gross healthcare result			
Net income/(expense) on commercial reinsurance			
Commercial reinsurance premiums paid			
Recoveries from commercial reinsurance			
Profit / (loss) share arising from commercial reinsurance			
Broker service fees			
Administration expenses			
Net impairment losses on trade and other receivables			
Net healthcare results			
Other income			
Investment income			
Income from use of own facilities by external parties			
Grants			
Sundry income			
Other expenses			
Asset management fees			
Cost incurred in provision of own facilities to external parties			
Interest paid on savings accounts			
Sundry expenses			
Net surplus/(deficit) for the year			

Other comprehensive income
Fair value adjustment on available for sale investments/ investments held at FVOCI
Reclassification adjustment*
Land and buildings revaluation
Other (specify)

Total comprehensive income for the year

*The reclassification adjustment relates to gain/loss on sale of available-for sale investments which is taken to the income statement within “investment income”.

Projected accumulated funds
Projected solvency ratio

Number of principal members
Number of beneficiaries
Pensioner ratio (65+ years)
Average age per beneficiary

Guideline for the preparation of a business plan where a scheme is not meeting the statutory solvency requirements

Projected Statement of financial position

	Year 1	Year 2	Year 3
ASSETS			
Non-current assets			
Property, plant & equipment (specify)			
Investment property			
Investments			
Other non-current assets (specify)			
Current assets			
Inventories			
Loans and other receivables			
Investments			
Cash and cash equivalents			
Other current assets (specify)			
Total assets			
FUNDS AND LIABILITIES			
Members' Funds			
Accumulated funds			
Revaluation reserve - investments			
Revaluation reserve - property, plant & equipment			
Reserves set aside for specific purposes (specify)			
Other reserves (specify)			
Non-current liabilities			
Retirement benefit obligations			
Finance lease liability			
Other non-current liabilities (specify)			

Current liabilities	
Outstanding claims provision	
Trade and other payables	
Other current liabilities (specify)	
PMSA liability	
Total funds and liabilities	