



Reference: 2025 Monthly Indicators  
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## Circular 50 of 2024: Monthly Indicators 2025

The purpose of the Circular is to engage stakeholders on changes to the Monthly Indicators system (previously known as the Real-Time Monitoring (RTM) system) for the 2025 financial year.

The Council for Medical Schemes (CMS) is proposing the following Indicators to ensure appropriate alignment with International Financial Reporting Standard (IFRS) 17: *Insurance Contracts*:

Indicator name	Type	Description*	Corresponding value per the 2023 Annual Return	Time period to submit	Validations
<b>Scheme Reference Number</b>	Integer	This is the registration number of the scheme as listed in the Government Gazette.	Not applicable	Not applicable	Numeric
<b>Members</b>	Integer	The sum of total members.	Line 2.1.2 (members column)	At the end of the relevant month	Values must be greater than 0 AND less than the Beneficiaries indicator
<b>Beneficiaries</b>	Integer	The sum of the total number of members and (adult and child) dependents. This includes suspended beneficiaries.	Line 2.1.2 (beneficiaries column)	At the end of the relevant month	Values must be greater than 0 AND more than the Members indicator
<b>Average Age</b>	Decimal	This should be computed per beneficiary, based on their age as at 1 January of the financial year concerned. The scheme should capture the data in a numerical format.	Part 2.3: Average age per beneficiary for the scheme	At the end of the relevant month	Values must be between 1 and 100

Indicator name	Type	Description*	Corresponding value per the 2023 Annual Return	Time period to submit	Validations
<b>Pensioner Ratio</b>	Decimal	Beneficiaries older than 65 are calculated as a percentage of total beneficiaries based on their age as at 1 January. The scheme should capture the data in a numerical format and not in a percentage format.	Part 2.3: 65 years+ ratio for the scheme	At the end of the relevant month	Values must be between 0 and 100
<b>Insurance revenue</b>	Integer	This figure was previously known as Risk Contribution Income. Insurance revenue shall exclude any distinct investment components, i.e. savings contributions.	Line 6.1.1	Year-to-date figures for the period ending at the end of the relevant month.	Values must be greater than 0
<b>Net Claims Incurred</b>	Integer	Claims incurred for services rendered during the accounting period, net of recoveries from members for co-payments, savings plan accounts, and discounts received. This figure excludes estimated claims incurred with respect to reinsurance contracts. The figure must also exclude the amounts attributable to future members (i.e. the mutualisation entry should not be included). It is important to note that all the expenditure lines are entered as positive figures.	Line 4.11.8 YTD Column B	Year-to-date figures for the period ending at the end of the relevant month.	Values must be greater than 0
<b>Accredited managed healthcare services (no transfer of risk)</b>	Integer	Accredited managed healthcare services provided by accredited managed care organisations. It is important to note that all the expenditure lines are entered as positive figures.	Line 4.12.7 YTD	Year-to-date figures for the period ending at the end of the relevant month.	Values may be 0 or greater than 0
<b>Reinsurance arrangements:</b>	Integer	Premiums/capitation fees are paid with respect to related risk transfer arrangements (including	Line 4.13.1 YTD	Year-to-date figures for the period ending at the end of	Values may be 0 or greater than 0

Indicator name	Type	Description*	Corresponding value per the 2023 Annual Return	Time period to submit	Validations
<b>capitation fees paid</b>		claims incurred with respect to commercial reinsurance contracts). Estimated claims from the reinsurance arrangements should be excluded. It is important to note that all the expenditure lines are entered as positive figures.		the relevant month.	
<b>DAE: Accredited administration service fees</b>	Integer	<i>DAE refers to Directly Attributable Expenditure.</i> This figure represents fees paid to the accredited administrator for accredited administration services. It is important to note that all the expenditure lines are entered as positive figures.	Line 4.16.1.2 YTD	Year-to-date figures for the period ending at the end of the relevant month.	Values may be 0 or greater than 0
<b>DAE: Other administration expenditure</b>	Integer	<i>DAE refers to Directly Attributable Expenditure.</i> This figure represents other directly attributable expenses (excluding the administration fees paid to the administrator) It is important to note that all the expenditure lines are entered as positive figures.	4.16.1.43 YTD (Directly Attributable Column less 4.16.1.2)	Year-to-date figures for the period ending at the end of the relevant month.	Values may be 0 or greater than 0
<b>DAE: Broker Fees</b>	Integer	<i>DAE refers to Directly Attributable Expenditure.</i> The remuneration paid to brokers by a medical scheme with respect to the introduction of a member to a medical scheme by that broker and the provision of ongoing services or advice to that member. This includes distribution fees paid to brokers. It is important to note that all the expenditure lines are entered as positive figures.	Line 4.15.3 YTD	Year-to-date figures for the period ending at the end of the relevant month.	Values may be 0 or greater than 0

Indicator name	Type	Description*	Corresponding value per the 2023 Annual Return	Time period to submit	Validations
<b>Not-DAE administration expenditure</b>	Integer	This figure represents the other administration / operational expenditures not directly attributable to insurance services expenses. It is important to note that all the expenditure lines are entered as positive figures.	4.16.1.43 YTD (Not Directly Attributable Column)	Year-to-date figures for the period ending at the end of the relevant month.	Values may be 0 or greater than 0
<b>Net Surplus / (Deficit)</b>	Integer	This figure represents the surplus / (deficit) before the mutualisation entry. The net surplus/(deficit) represents the results of the scheme before the amounts attributable to future members (i.e. prior to the mutualisation entry). A surplus is entered as a positive figure, and a deficit as a negative figure.	Line 6.1.9 YTD	Year-to-date figures for the period ending at the end of the relevant month.	Values may not be 0
<b>Regulation 29 reserves</b>	Integer	This figure represents the Regulation 29 reserves as defined per the Medical Schemes Act 131 of 1998. This figure excludes the cumulative unrealised gains from the movement in investments.	Line 10.2.9	At the end of the relevant month	Values must be greater than 0
<b>Gross Contributions</b>	Integer	This figure present the amount incurred by members and/or employers, in terms of the rules of the medical scheme for the purchase of healthcare benefits. Gross contributions include savings plan contributions. Any subsidies received from an employer, over and above the contributions per the registered rules of the scheme, should not form part of gross contributions.	Line 4.10.1 YTD	Year-to-date figures for the period ending at the end of the relevant month.	Values must be greater than 0
<b>Current Assets</b>	Integer	All assets of the scheme considered to be current.	Line 5.1.2	At the end of the relevant month	Values must be greater than 0

Indicator name	Type	Description*	Corresponding value per the 2023 Annual Return	Time period to submit	Validations
<b>Current Liabilities</b>	Integer	All liabilities of the scheme considered to be current. This amount should exclude any liability that relates to amounts attributable to future members.	Line 5.2.3	At the end of the relevant month	Values must be greater than 0
<b>Submission ID</b>	Integer	To indicate Draft (submission remains unlocked) or Final (submission is locked)	Not applicable	Not applicable	0 = Draft 1 = Final
<b>Month Submitting For</b>	Integer	This Integer represents the month's number the data is being submitted for. For example, 1 represents January.	Not applicable	Not applicable	Values must be greater than 0 and less than or equal to 12.
<b>Year Submitting For</b>	Integer	The year for which you are submitting data.	Not applicable	Not applicable	Value should be greater than 2024.
<b>Email Address</b>	String Text	Email address to be supplied by users.	Not applicable	Not applicable	One address at a minimum with; separating each. Each address to include an @ sign.

**\*Please note:** If any of the indicators do not apply to your scheme, please submit a 0.

**The following figures and ratios will automatically be calculated and included in the confirmation of receipt-email that is sent to the scheme upon final submission:**

- **Dependent ratio**  
The number of dependants is calculated as the difference between the number of beneficiaries and the number of scheme members. The dependant ratio is calculated as the total dependants (adult plus child) divided by the number of members.
- **Relevant healthcare expenditure\*\***  
This figure is calculated by adding the Net Claims Incurred, Accredited managed healthcare services (no transfer of risk) and Reinsurance arrangements: capitation fees paid figures. It is important to note that the Relevant Healthcare Expenditure figure excludes the Amounts attributable to future members (i.e. the mutualisation entry is excluded).
- **Relevant healthcare expenditure ratio**  
The ratio is calculated by dividing the Relevant healthcare expenditure by Insurance Revenue.
- **Directly Attributable Expenditure (DAE)**

The DAE figure is calculated as the sum of DAE: Accredited administration service fees, DAE: Other administration expenditure and DAE: Broker Fees.

- Insurance service result  
This represents the value calculated by deducting the Relevant Healthcare Expenditure and DAE from the Insurance Revenue figure.
- Solvency ratio  
This ratio is calculated by expressing the Regulation 29 reserves as a percentage of gross contributions.

\*\*'Relevant healthcare expenditure' is defined in the Medical Schemes Act (131 of 1998) as:

"Any health care treatment of any person by a person registered in terms of any law, which treatment has as its object a) the physical or mental examination of that person;

b) the diagnosis, treatment, or prevention of any physical or mental defect, illness, or deficiency;

c) the giving of advice in relation to any such defect, illness, or deficiency;

d) the giving of advice in relation to, or treatment of, any condition arising out of a pregnancy, including the termination thereof;

e) the prescribing or supplying of any medicine, appliance, or apparatus in relation to any such defect, illness or deficiency or a pregnancy, including the termination thereof; or

f) nursing or midwife, and includes an ambulance service and the supply of accommodation in an institution established or registered in terms of any law as a hospital, maternity home, nursing home or similar institution where nursing is practised, or any other institution where surgical or other medical activities are performed, and such accommodation is necessitated by any physical or mental defect, illness or deficiency or pregnancy.

The CMS invites suggestions and comments from stakeholders on the proposed changes. Written suggestions and comments should be submitted to [h.mahlake@medicalschemes.co.za](mailto:h.mahlake@medicalschemes.co.za) on or before **17 January 2025**.

We look forward to your input.

Yours sincerely,



**Dr Musa Gumede**  
**Chief Executive & Registrar**  
**Council for Medical Schemes**