# RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

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S v MEDIHELP MEDICAL SCHEME

The complaint concerned the short funding of costs associated with the member's admission.

The Complainant, acting on behalf of a member of Medihelp Medical Scheme, was aggrieved by the Scheme's failure to fund the full cost for services rendered to his patient (the member). The Complainant requested the Registrar to investigate and compel the Scheme to fund the claims in full.

In response to the complaint, the Scheme confirmed that the member is registered on the MedPrime benefit option, which requires members to use Designated Service Providers (DSP) for treatments related to Prescribed Minimum Benefit (PMB) conditions. Treatments from non-DSPs are funded at scheme tariff, as per the scheme's rules and Regulations 8(2) of the Medical Schemes Act.

The Scheme indicated that it received an authorisation request on 18 May 2023, for the member's admission to hospital from 25 May to 6 June 2023, which was approved. The Scheme submitted that it outlined in the authorisation schedule that funding would be limited to the scheme tariff since the Complainant (the treating doctor) was a non-DSP.

The issue that needed to be determined was whether the Scheme's decision to limit funding was justified.

The investigation considered all facts, the Act's provisions, its regulations, and registered scheme rules.

Regulation 8(1) provides for full payment of the diagnoses, treatment and care of PMB conditions without co-payment or deductibles, but Regulation 8(2)(b) allows for co-payments if services are obtained from non-DSPs. Regulation 8(3) provides exceptions. Only three factors provide a valid basis for obtaining services from a non-DSP, *viz*, unavailability of a DSP within reasonable proximity, unavailability of a DSP without unreasonable delays and the emergency with which the service is required, as enacted in Regulation 8(3) of the Act.

In this case, the Scheme adduced evidence which revealed that the member was aware that the Complainant is a non-DSP. A ruling was issued with a finding that the Scheme acted in accordance

with its rules and the Act. The complaint was dismissed as the Complainant voluntarily used a non-DSP and his circumstances did not meet the criteria for involuntary use of a non-DSP as provided by Regulation 8(3).