



RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

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T v MEDIHELP MEDICAL SCHEME

The complaint concerned the short funding of costs associated with the Complainant's emergency childbirth at Mediclinic Medforum Hospital.

The Complainant, a member of Medihelp Medical Scheme, was admitted to Mediclinic Medforum Hospital on 22 October 2023, for an emergency delivery due to premature labour at 24 weeks. She argued that it would have been dangerous to transfer to a different facility and that her hospitalisation was necessary for her health and the safety of her unborn child. The Complainant requested the Registrar to investigate and compel the Scheme to fully fund her hospitalisation.

In response to the complaint, the Scheme confirmed that the Complainant is registered on the MediVital benefit option, which requires members to use a network hospital to avoid a 35% co-payment. The Scheme stated that it received a request for hospital admission on 23 October 2023 for the diagnosis of breech presentation. The request was authorised, but a 35% co-payment was imposed because Mediclinic Medforum Hospital is not part of the Scheme's hospital network. The Scheme contended that the Complainant's misperception was caused by inaccurate information from Mediclinic Medforum Hospital, which claimed it was a Designated Service Provider (DSP).

The issue that needed to be determined was therefore whether the Scheme's decision to impose a 35% co-payment was justified.

Regulation 8(1) of the Medical Schemes Act provides for full payment for PMB conditions without co-payments unless services are obtained from non-DSPs. Whilst Regulation 8(2)(b) allows co-payments if a member voluntarily uses a non-DSP, 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 Complainant was informed of the 35% co-payment for using a non-DSP. The Complainant's claim that her use of a non-DSP was involuntary was not supported, as a DSP hospital was available within 2km of her residence.

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 her circumstances did not meet the criteria for involuntary use of a non-DSP as provided by Regulation 8(3).