



RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

The CMS hereby publishes summaries of rulings recently issued by the Complaints Adjudication Unit in respect of complaints lodged against regulated entities, in terms of Section 47 of the Medical Schemes Act.

These rulings are published solely for information purposes and may not be taken to be precedent setting in any way. Decisions articulated in these rulings may still be appealed in terms of Section 48 of the Medical Schemes Act. The CMS reserves the right to modify or remove any information published herein, without prior notice.

The contents of these rulings do not constitute legal or medical advice and may not be taken out of context. The findings and any opinions expressed in these rulings are based on the specific facts of each complaint, the evidence submitted, and applicable legal provisions.

The CMS does not assume liability or accept responsibility for any claims for damages or any errors, omissions, arising out of use, misunderstanding or misinterpretation, or with regard to the accuracy or sufficiency of the information contained in these publications.

Identifiable personal information of the complainants and any associated individuals have been redacted for their protection.

All rights reserved.

S v DISCOVERY HEALTH MEDICAL SCHEME

The complaint concerned the Scheme's decision to decline funding treatment related to the member's Attention-Deficit/Hyperactivity Disorder ("ADHD") under the Chronic Illness Benefit (CIB).

The Complainant indicated that the Scheme failed to waive the three-month general waiting period despite assurances that chronic medication coverage for her child would continue without interruption following her transfer from another medical scheme. Additionally, she was dissatisfied with the Scheme's refusal to provide unedited recordings verifying that she did not agree to the imposed waiting period.

In response to the complaint, the Scheme advised that the Complainant was informed of the three-month general waiting period with access to Prescribed Minimum Benefits (PMBs), and it maintained that the Complainant was advised that chronic medication coverage would be subject to approval. The Scheme further stated that ADHD is not classified as a PMB or included in the Chronic Disease List (CDL), and therefore, the request for funding towards Concerto® and Ritalin® was correctly declined. The Scheme added that the Complainant was notified of waiting periods while still covered under the other scheme, refuting the Complainant's claims that she was only informed after switching schemes.

The issue which fell for determination was whether the Scheme was justified in declining funding of the member's ADHD treatment under CIB/PMBs and whether the Scheme failed to inform the Complainant of the imposed three-month general waiting period.

Upon investigation, the matter was referred to our Clinical Review Committee ("CRC") for a clinical opinion. The CRC confirmed that ADHD does not qualify as a PMB condition and it is not listed on the CDL. The Scheme was therefore not obliged to fund the claims in terms of PMB regulations.

The Registrar found that the Scheme initially communicated incorrect information to the Complainant regarding medication coverage, however, the misrepresentation was later corrected in a subsequent call and this was done before the activation of membership. During the call, the Complainant was also advised of the option to remain with her previous scheme and she elected otherwise.

A ruling was issued confirming that the Complainant was aware of the applicable general waiting periods before the activation of membership. Furthermore, the Registrar found that there was no legal obligation on the Scheme to cover the member's treatment under CIB/PMB. The complaint was accordingly dismissed.