Monthly Indicators of Medical Schemes – Help File

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Monthly Indicators Help File

Introduction

The Council for Medical Schemes (CMS) utilises the Monthly Indicators system (previously known as the Real Time Monitoring (RTM) system) to collect data from medical schemes on a monthly basis. The data collected should represent the scheme's current financial and membership information. Data collected is only useful if the time period during which it is collected is meaningful. The CMS will be collecting the data at the end of the fourth week of every month in respect of the previous month. The data collected will be utilised for internal monitoring, and it is anticipated that it will be published on a consolidated industry level to allow stakeholders to monitor industry trends.

Technology

Web services will be utilised to collect the indicators from schemes. Web service is an application programming interface that can be accessed over a network, such as the Internet, and be executed on a remote system hosting the requested services (CMS).
The web service technology was decided upon as all schemes do not utilise the same architecture for their systems. Web services are designed to support interoperable interaction over a network.

CMS requires schemes to consume the web service, mapping directly to the financial system or data warehouse used by the scheme and that the passing of the required indicators occurs automatically.

All single indicators required

- Scheme name
- Scheme reference number
- Submission ID
- Month submitting for
- Year submitting for
- Email address
- Members
- Beneficiaries
- Average age
- Pensioner ratio
- Insurance revenue
- Net claims incurred
- Accredited managed healthcare services (no transfer of risk)
- Reinsurance arrangements (capitation fees paid)
- DAE: Accredited administration service fees
- DAE: Other administration expenditure
- DAE: Broker fees
- Non-DAE: administration expenditure
- Net surplus / (deficit)
- Regulation 29 reserves
- Gross contributions
- Current assets
- Current liabilities

A total of 22 indicators will be submitted by schemes

Please refer to **Annexure A** for more information on each indicator to be submitted.

Users should supply at least one email address in the indicator Email address. The addresses provided in this indicator would be receiving the results reports emails for each submission (draft and final). The results report will also be displayed on the screen upon submission.

Please refer to **Annexure B** for an example of the results report that would be generated upon submission.

When the scheme submits its draft data for a period, it should indicate as such by submitting a '0' in the indicator field Submission ID. Once the scheme received the results report per Annexure B below, and the results are correct, the scheme can proceed to do a final submission by changing indicator Submission ID to '1' for a final submission. The submission will then be locked.

Schemes should note that a 'final' submission should be made per the Monthly Indicators deadlines communicated via a Circular. A draft submission by any scheme will not be accepted as a final submission.

Please refer to **Annexure C** for a list of all schemes and their reference numbers.

Submission process

Submission dates:

Submission dates will be published via a Circular each year. Schemes are required to ensure that they plan accordingly to ensure timely submissions.

Backdated corrections:

Schemes can request the CMS to unlock previous submissions in order to make corrections.

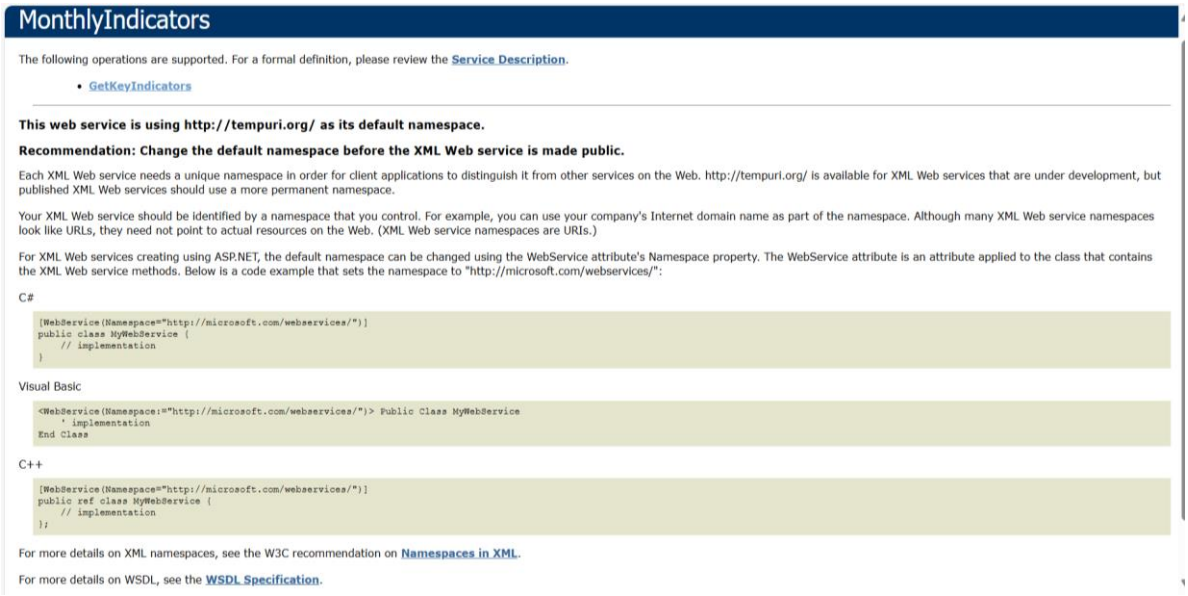
The CMS will from time to time also request schemes to make corrections based on errors identified during the analysis of Monthly Indicators data submitted.

Retrieving the wsdl file

The web service resides at:

https://www.medicalschemes.com/MonthlyIndicators/, the wsdl file can be retrieved using the above address.

- Copy and paste the above address in your web browser.
- You will be presented with the screen below:



MonthlyIndicators

The following operations are supported. For a formal definition, please review the Service Description.

- GetKeyIndicators

This web service is using http://tempuri.org/ as its default namespace.

Recommendation: Change the default namespace before the XML Web service is made public.

Each XML Web service needs a unique namespace in order for client applications to distinguish it from other services on the Web. http://tempuri.org/ is available for XML Web services that are under development, but published XML Web services should use a more permanent namespace.

Your XML Web service should be identified by a namespace that you control. For example, you can use your company's Internet domain name as part of the namespace. Although many XML Web service namespaces look like URLs, they need not point to actual resources on the Web. (XML Web service namespaces are URIs.)

For XML Web services creating using ASP.NET, the default namespace can be changed using the WebService attribute's Namespace property. The WebService attribute is an attribute applied to the class that contains the XML Web service methods. Below is a code example that sets the namespace to "http://microsoft.com/webservices/":

C#

```
[WebService(Namespace="http://microsoft.com/webservices/")]
public class MyWebService {
    // implementation
}
```

Visual Basic

```
<WebService(Namespace:="http://microsoft.com/webservices/")> Public Class MyWebService
    ' implementation
End Class
```

C++

```
[WebService(Namespace="http://microsoft.com/webservices/")]
public ref class MyWebService {
    // implementation
};
```

For more details on XML namespaces, see the W3C recommendation on Namespaces in XML.

For more details on WSDL, see the WSDL Specification.

- Click on *Service description* and save the page you get as “Monthly Indicators.wsdl”.
- You will be able to consume the web service using this file.
- The web service has one method called *GetKeyIndicators,* which accepts the indicators.

User name and password

Please contact Mbongiseni Mbanjwa per email m.mbanjwa@medicalschemes.co.za for your scheme’s username and password.

Annexure A – Indicators

Indicator name	Type	Description*	Corresponding value per the 2023 Annual Return	Time period to submit	Validations
Scheme ref no	Integer	This is the registration number of the scheme as listed in the Government Gazette.	Not applicable	Not applicable	Numeric
Submission ID	Integer	To indicate Draft (submission remains unlocked) or Final (submission is locked)	Not applicable	Not applicable	0 = Draft 1 = Final
Month submitting for	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.
Year submitting for	Integer	The year for which you are submitting data.	Not applicable	Not applicable	Value should be greater than 2024
Email address	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.
Members	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
Beneficiaries	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
Average age	Decimal	This should be computed per beneficiary, based on their age as at 1 January of the financial year concerned.	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
		The scheme should capture the data in a numerical format.			
Pensioner ratio	Decimal	Beneficiaries older than 65 years of age is calculated as a percentage of total beneficiaries. This calculation is 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
Insurance revenue	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 figure for the period ending at the end of the relevant month.	Values must be greater than 0
Net claims incurred	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 in respect of 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 figure for the period ending at the end of the relevant month.	Values must be greater than 0

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Indicator name	Type	Description*	Corresponding value per the 2023 Annual Return	Time period to submit	Validations
Accredited managed healthcare services (no transfer of risk)	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 figure for the period ending at the end of the relevant month.	Values may be 0 or greater than 0
Reinsurance arrangements (Capitation fees paid)	Integer	Premiums/capitation fees paid in respect of related risk transfer arrangements (including claims incurred in respect of 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.	Line 4.13.1 YTD	Year-to-date figure for the period ending at the end of the relevant month.	Values may be 0 or greater than 0
DAE: Accredited administration service fees	Integer	*DAE refers to Directly Attributable Expenditure.* 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 figure for the period ending at the end of the relevant month.	Values may be 0 or greater than 0
DAE: Other administration expenditure	Integer	*DAE refers to Directly Attributable Expenditure.* This figure represents other directly attributable expenses (excluding the administration fees paid to the administrator)	4.16.1.43 YTD (Directly Attributable Column less 4.16.1.2)	Year-to-date figure 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
		It is important to note that all the expenditure lines are entered as positive figures.			
DAE: Broker fees	Integer	*DAE refers to Directly Attributable Expenditure.* The remuneration paid to brokers by a medical scheme in respect of 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 figure for the period ending at the end of the relevant month.	Values may be 0 or greater than 0
Not-DAE administration expenditure	Integer	This figure represents the other administration / operational expenditure that is 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 figure for the period ending at the end of the relevant month.	Values may be 0 or greater than 0
Net surplus / (deficit)	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 figure for the period ending at the end of the relevant month.	Values may not be 0

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Indicator name	Type	Description*	Corresponding value per the 2023 Annual Return	Time period to submit	Validations
Regulation 29 reserves	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
Gross contributions	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 figure for the period ending at the end of the relevant month.	Values must be greater than 0
Current assets	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
Current liabilities	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

Please note: If any of the indicators do not apply to your scheme, please send through a 0.

Annexure B – Results report

Results	Type	Calculation	Formula
Dependant ratio	Numeric (2 decimals)	The number of dependants is calculated as the difference between the number of beneficiaries and the number of members of the scheme. The dependant ratio is calculated as the total dependants divided by the number of members.	Dependent ratio = (Beneficiaries - Members) / Members
Relevant healthcare expenditure**	Percentage (2 decimals)	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 members (i.e. the mutualisation entry is excluded).	Relevant healthcare expenditure = Net Claims incurred + Accredited managed healthcare services (no transfer of risk) + Reinsurance arrangements (Capitation fees paid)
Relevant healthcare expenditure ratio	Numeric (only whole numbers - no decimals)	The ratio is calculated by dividing the Relevant healthcare expenditure by Insurance Revenue.	Relevant healthcare expenditure ratio = Relevant healthcare expenditure / Insurance revenue
Directly Attributable Expenditure (DAE)	Numeric (only whole numbers - no decimals)	The DAE figure is calculated as the sum of DAE: Accredited administration service fees, DAE: Other administration expenditure and DAE: Broker Fees.	Directly Attributable Expenditure (DAE) = DAE: Accredited administration service fees + DAE: Other administration expenditure + DAE: Broker fees
Insurance service result	Numeric (only whole numbers - no decimals)	This value is calculated by deducting the Relevant healthcare expenditure and DAE from the Insurance revenue figure.	Insurance service result = Insurance revenue less Relevant healthcare expenditure less Directly Attributable Expenditure (DAE)
Solvency ratio	Percentage (2 decimals)	Gross annual contributions is calculated by dividing the year to date Gross contributions with the month submitted and then multiplying it by 12 months. The solvency ratio is calculated by dividing the Regulation 29 reserves with Gross annual contributions.	Solvency ratio = Regulation 29 reserves / (Gross contributions / Month x 12) x100

**'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 by a pregnancy."

Annexure C – Scheme reference numbers

Ref No	Scheme Name
1005	AECI Medical Aid Society
1465	Alliance Midmed Medical Scheme
1012	Anglo Medical Scheme
1571	Anglovaal Group Medical Scheme
1279	Bankmed
1507	Barloworld Medical Scheme
1252	Bestmed Medical Scheme
1526	BMW Employees Medical Aid Society
1512	Bonitas Medical Fund
1237	BP Medical Aid Society
1590	Building & Construction Industry Medical Aid Fund
1034	Cape Medical Plan
1043	Chartered Accountants (SA) Medical Aid Fund (CAMAF)
1491	Compcare Medical Scheme
1068	De Beers Benefit Society
1125	Discovery Health Medical Scheme
1572	Engen Medical Benefit Fund
1202	Fedhealth Medical Scheme
1271	Fishing Industry Medical Scheme (Fish-Med)
1086	Foodmed Medical Scheme
1554	Genesis Medical Scheme
1253	Glencore Medical Scheme
1270	Golden Arrows Employees' Medical Benefit Fund
1598	Government Employees Medical Scheme (GEMS)
1566	Horizon Medical Scheme
1591	Impala Medical Plan
1559	Imperial and Motus Medical Aid
1087	Keyhealth
1145	LA-Health Medical Scheme
1197	Libcare Medical Scheme
1599	Lonmin Medical Scheme
1466	Makoti Medical Scheme
1547	Malcor Medical Scheme
1495	Massmart Health Plan
1039	MBmed Medical Aid Fund
1149	Medihelp
1506	Medimed Medical Scheme
1548	Medipos Medical Scheme
1140	Medshield Medical Scheme
1167	Momentum Medical Scheme
1600	Motohealth Care

Ref No	Scheme Name
1241	Multichoice Medical Aid Scheme
1584	Netcare Medical Scheme
1214	Old Mutual Staff Medical Aid Fund
1441	Parmed Medical Aid Scheme
1186	PG Group Medical Scheme
1563	Pick n Pay Medical Scheme
1583	Platinum Health
1194	Profmed
1201	Rand Water Medical Scheme
1430	Remedi Medical Aid Scheme
1176	Retail Medical Scheme
1013	Rhodes University Medical Scheme
1424	SABC Medical Aid Scheme
1038	SAMWUMed
1234	Sasolmed
1531	Sedmed
1568	Sisonke Health Medical Scheme
1486	Sizwe Hosmed Medical Fund
1209	South African Breweries Medical Scheme
1580	South African Police Service Medical Scheme (Polmed)
1464	Suremed Health
1578	TFG Medical Aid Scheme
1592	Thebemed
1544	Consumer Goods Medical Scheme
1582	Transmed Medical Fund
1579	Tsogo Sun Group Medical Scheme
1597	Umvuzo Health Medical Scheme
1520	University of Kwa-Zulu Natal Medical Scheme
1291	Witbank Coalfields Medical Aid Scheme
1293	Wooltru Healthcare Fund