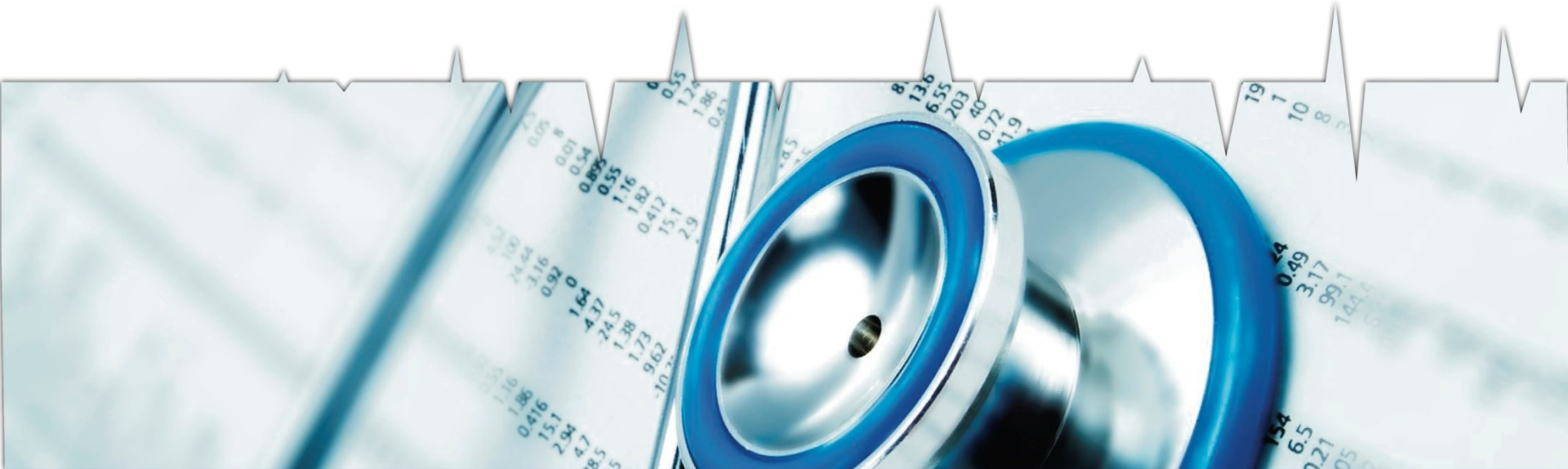


THE COUNCIL FOR MEDICAL SCHEMES
ANNUAL REPORT
2014/15



15 YEARS ON THE PULSE



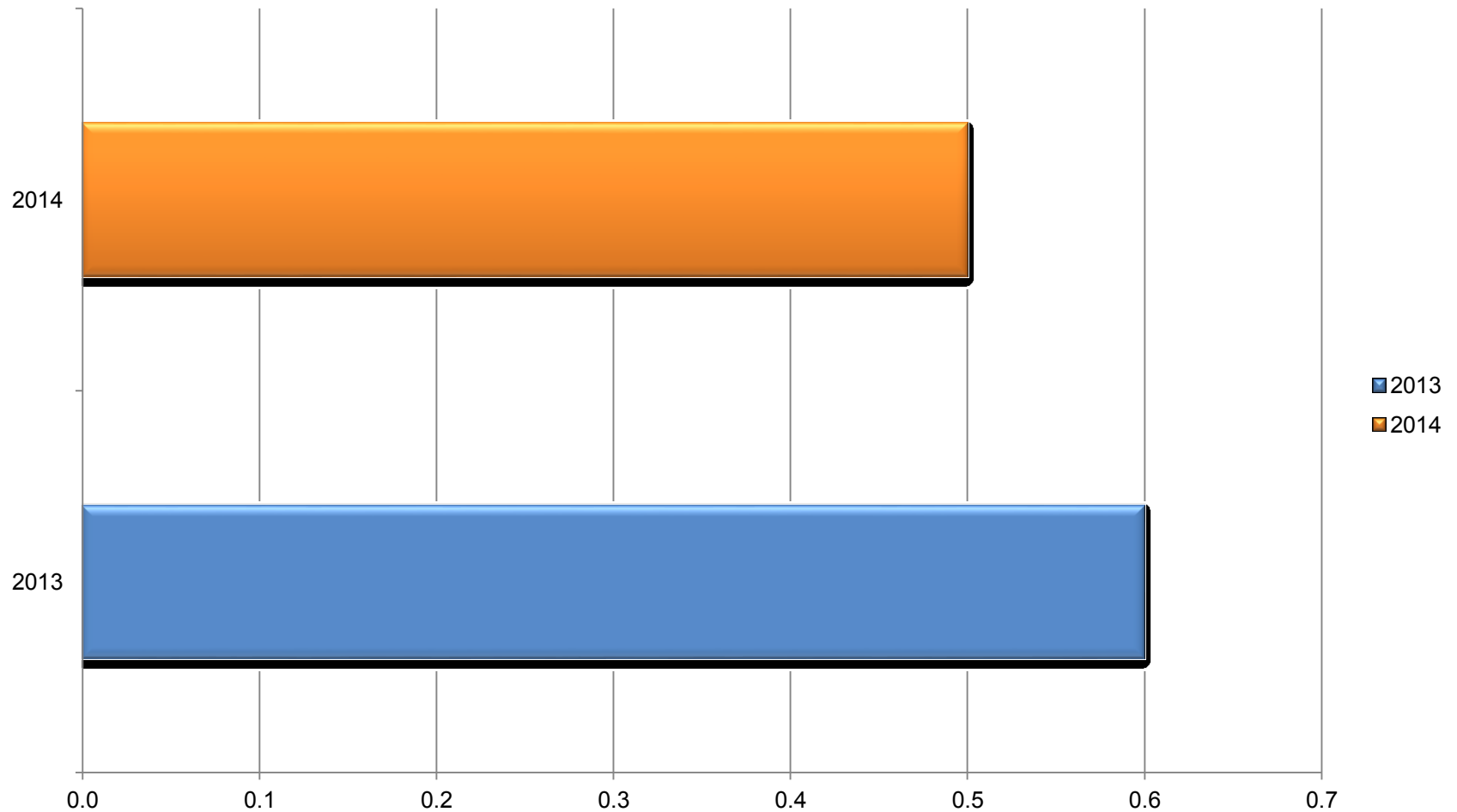
Complaints Trends

THEMBEKILE PHASWANE
SENIOR MANAGER: COMPLAINTS & ADJUDICATION
SEPTEMBER 2015

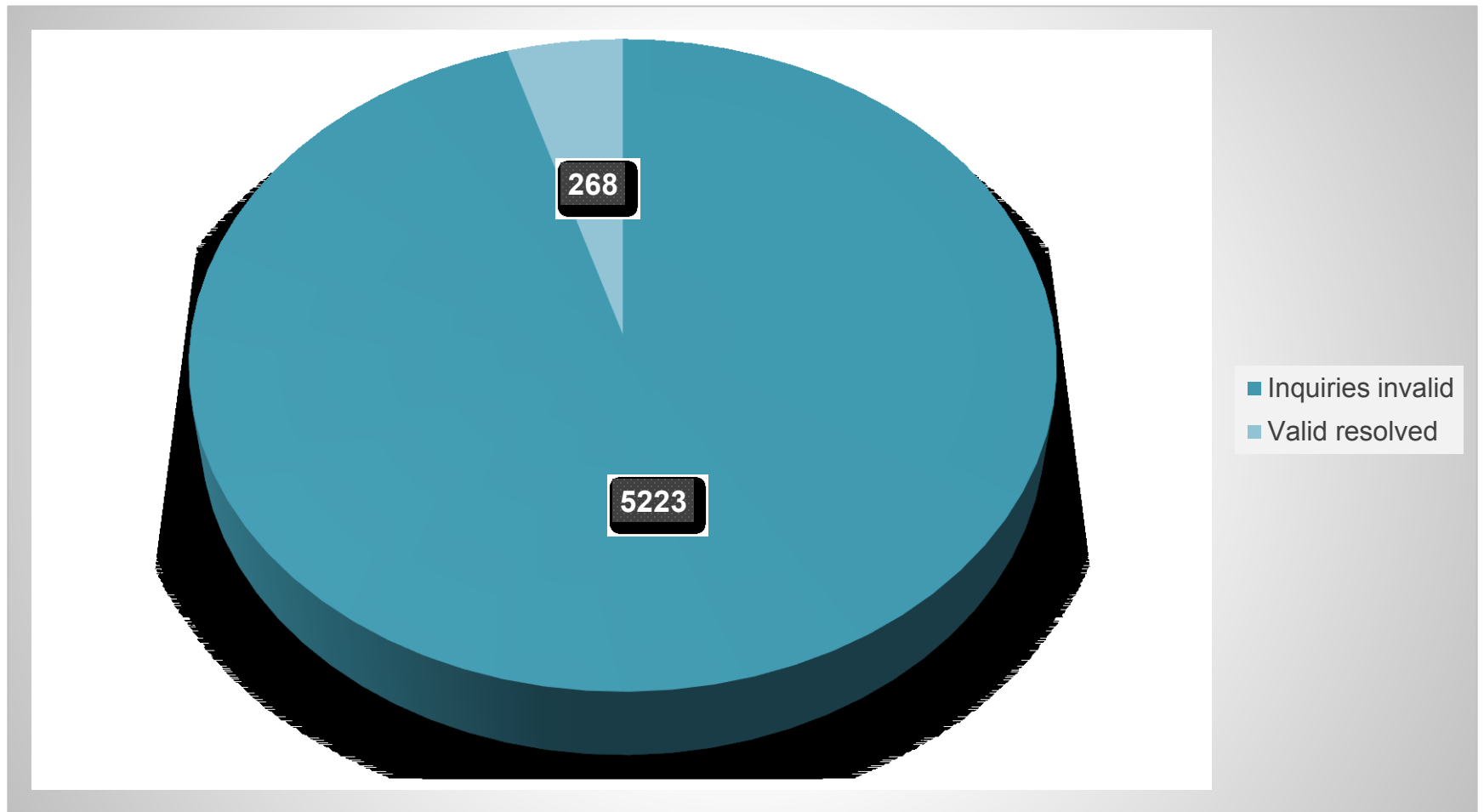
Complaints process and update on appeals timeframe

- Section 47: obligatory mandate of the Registrar's office to investigate and resolve complaints.
- Sec 29 (1)(j): Complaints mechanisms should be available at all medical schemes and escalation processes disclosed.
- Decisions made on complaints are appealable to Council in terms of section 48 of Act 131 of 1998.
- CMS/Registrar v Genesis Medical Scheme - SCA judgment (17 Aug 2015): application for leave to appeal dismissed.

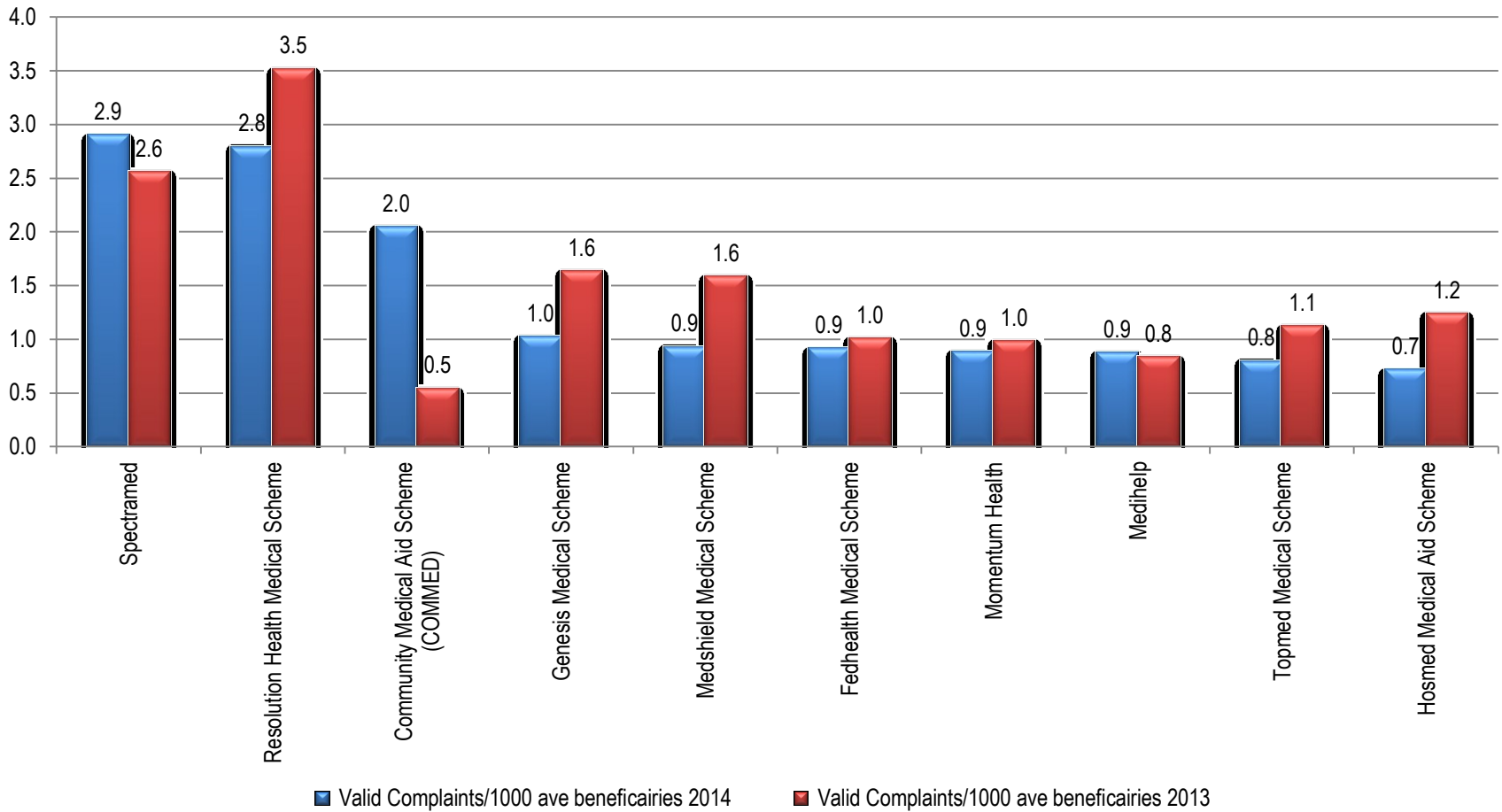
Number of complaints received per 1 000 beneficiaries



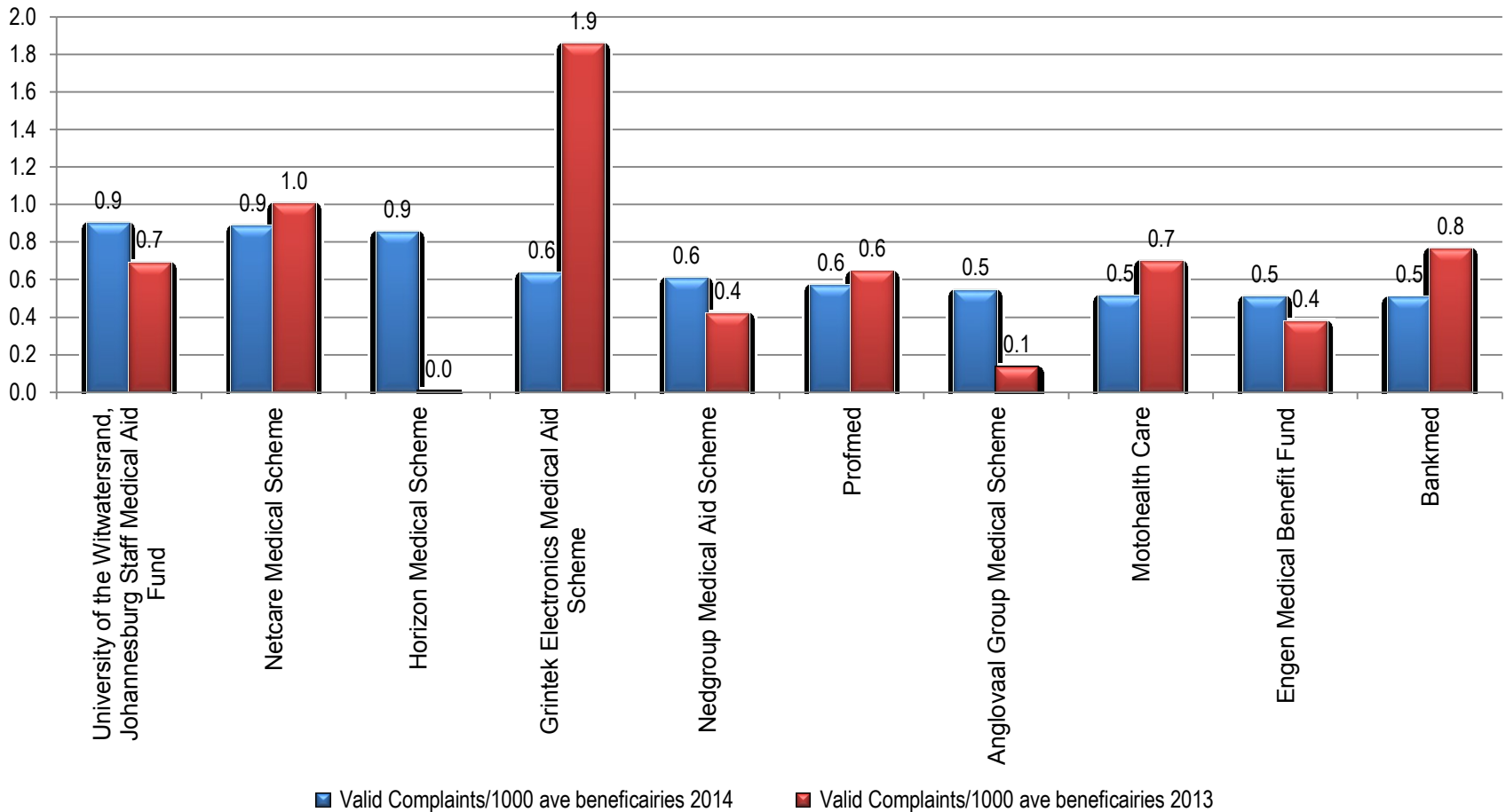
Number of complaints received: 2014



Open schemes with the most complaints



Restricted schemes with the most complaints



Complaints Trends

- ❑ Increase in Administrative complaints:
 - ✓ Rejection of claims after 60 days of submission,
 - ✓ Medical savings account clawback,
 - ✓ Pre-authorisation
- ❑ Clinical complaints (PMBs):
 - ✓ Paid at scheme tariff – members held liable
 - ✓ Monetary limit imposed on PMB accounts,
 - ✓ Accounts short-paid due to outstanding information

Complaints Trends

- ✓ Referring to protocols which do not exist
- ✓ Coding improved hence the drop in percentage
- ☐ Legal Interpretation of the Act/rules:
 - ✓ Refusal to re-admit members after termination due to non-disclosure
 - ✓ Waiting periods: condition-specific waiting periods
 - ✓ Applying rules which are not in existence