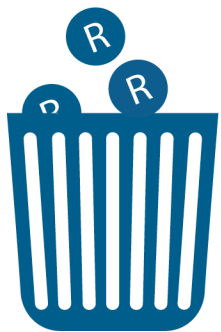


Code of Conduct for Members of Medical Schemes & their Beneficiaries

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FRAUD, WASTE & ABUSE
WEBINAR

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IN ASSOCIATION WITH
HPCSA
Health Professions Council of South Africa

Code of Conduct for Members of Medical Aids

- First draft
- Open for comments and suggestions – it is a draft FOR the members, so member should contribute
- Aims to build informed community of medical aid members
- Clarify role, responsibilities & obligations
- Advocate for patient rights
- Opportunity to ensure Person Center Care – and the needs of the members are at the heart of how services are delivered
- Important to acknowledge the expertise of everyone





DRAFT CODE OF CONDUCT FOR MEMBERS OF MEDICAL SCHEMES AND THEIR BENEFICIARIES

Members of Medical Schemes and their beneficiaries need to know their rights and obligations and conduct themselves in the following manner:

1. Keep your medical scheme membership card in a safe place. If your card is lost contact your scheme immediately for a replacement
2. Do not share your medical scheme membership card with a person who is not a registered beneficiary of the medical scheme
3. Do not use your medical scheme membership card to procure goods and services that are not related to health care and are not approved by your scheme
4. Do not use your medical scheme membership card to obtain cash from service providers
5. Do not surrender your medical scheme membership card to any service provider
6. Ensure that you are provided with a receipt or invoice that details the services and goods that were provided. If there are any discrepancies, bring them to the attention of the service providers for rectification
7. **To abide by the provisions of their scheme rules**

Scheme rules may restrict benefits covered, and limit amounts payable on items not covered by the



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7. To abide by the provisions of their scheme rules

Scheme rules may restrict benefits covered, and limit amounts payable on items not covered by the Medical Schemes Act, its regulations and the Prescribed Minimum Benefits (PMB's).

8. To notify the scheme of any change affecting their membership.

Schemes may restrict changes between benefit options to the beginning of the year. Schemes may require adequate notice before changes are made.

9. To belong to one scheme only

Members and dependents may only belong to one Scheme at one time. A child cannot be registered on both parents' medical schemes. Members may not transfer benefits to persons **NOT** registered on their medical scheme.



Code of Conduct for Members of Medical Schemes & their beneficiaries

10. To keep informed and abreast about the affairs of their Scheme.

Upon request, schemes are required to share & make easily accessible the following information with their members:

- Scheme rules and benefits.
- Latest annual financial statements.
- Management accounts and accompanying annual financial statements.
- List of protocols and formularies.

11. To pay contributions timeously

Contributions must be paid directly to the Scheme on time, in cases where no employer arrangements exist. Any member who fails to pay contributions on time will be in breach of their contract and may have their membership suspended.



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12. To submit claims timeously.

Submitting claims timeously allows the scheme to pay **valid** claims within thirty (30) days of claim receipt.

13. To interrogate statements and verify services received as reflected on your account.

Any misrepresentation of the information appearing on your statement must be rectified with your Scheme. It is a punishable offence to allow a provider to submit a statement to the Scheme knowing that such a statement or account is false.

14. To complain to your Scheme if the service you receive is deficient in some way or another

If you have exhausted all avenues of complaint at your Scheme including its dispute resolution committee, you may complain to the Council for Medical Schemes or appeal directly to Council if you are unhappy with the CMS' findings.



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15. To be always open and honest with your Scheme

Any member who fails to disclose material information or misrepresents any material fact that could be used in determining rights to benefits in terms of the scheme rules, shall be guilty of an offence and be liable upon conviction, to a fine or imprisonment or both. In addition, the Scheme may cancel your membership on the grounds of non-disclosure.

16. Not to collude with healthcare providers to defraud the Scheme.

Having knowledge of any fact or an event affecting your right to receive any benefit in terms of the rules of the Scheme and fails to disclose such to the Scheme with the intention of obtaining a benefit not entitled to, is a punishable offence.



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17. To report to the CMS any contravention/non-compliance of the Medical Schemes Act.

The Medical schemes Act makes provision for offences and penalties for those who fail to comply with it.

18. To participate in the Schemes' governance

Annual general meetings of schemes are convened to allow members to voice their opinions, ask questions, present their motions and to nominate their representatives to serve on the scheme's board. At least 50% of members of a scheme's Board of Trustees (BoT) must be elected amongst scheme members.



What this means for Members?

- Code of Conduct sets a standard for member engagement & involvement
- Important that we know our rights
- Understand our role and obligations – as well as what we can expect & consequences
- Opportunity to be active and engage with medical aids
- Crucial to share our insights and experiences to help improve the system
- Raise issues & complaints to help improve healthcare system & processes
- Impact of fraud on all of us
 - Criminal offence
 - Whistleblowing responsibilities
 - reporting



What this means for Medical Aids?

- Responsibility to engage, educate and include members
- Focus on patient-centered care
- Responsibility to simplify language and improve communications about processes, contact streams, benefit plans & referral pathways for the lay person
 - Reduce technical, medical and financial jargon
- Making healthcare & health information accessible
- Ensure clear communication pathways
- Member representation on advisory committees, working groups, etc.



What this means for Regulatory Bodies?

- Responsibility and public obligation to include and involve medical aid members/consumers
- Engage with patients, members, consumers, civil society
- Educate and empower medical aid members
- Ensure communication pathways are clear, accessible & simplified
- Streamline complaints processes
- Become a watchdog for members too



Next Steps

- Engage – involve – include
- Consumers and medical aid members want to be involved and contribute
- Improve member representation on advisory committees and working groups both within CMS & Medical Aids
- Commit to member education programmes
- Empower members & patient user groups through ongoing support programmes unpacking member rights, role, responsibilities & Code of Conduct



“If we do not engage consumers, patients, and family members in health care processes, we will not be effective at eliminating inequalities and improving health for all.”



Thank you.

