FRAUD, WASTE AND ABUSE CODE OF GOOD PRACTICE

NOVEMBER 2022

ABBREVIATIONS

1.	ACFESA	Association of Certified Fraud Examiners
2.	BHF	Board of Healthcare Funders
3.	CFE	Certified Fraud Examiners
4.	Charter	CMS Industry Charter
5.	CMS	Council for Medical Schemes
6.	CoGP	Code of Good Practice
7.	Constitution	Constitution of the Republic of South Africa, 1996
8.	DENOSA	Democratic Nursing Association of South Africa
9.	Forum	Health Sector Anti-Corruption Forum
10.	FWA	Fraud Waste and Abuse
11.	HFA	Health Funders Association
12.	HPCSA	Health Professionals Council of SA
13.	HSACF	Health Sector Anti-Corruption Forum
14.	ICPA	Independent Community Pharmacy Association
15.	MCO	Managed Care organisation
16.	MSA	Medical Schemes Act
17.	NDoH	National Department of Health
18.	NEHAWU	National Education, Health, and Allied Workers' Union
19.	NHCPA	National Healthcare Professionals Association
20.	NHLS	National Health Laboratory Services
21.	NPA	National Prosecuting Authority
22.	OHSC	Office of Health Standards Compliance
23.	SADA	South African Dental Association
24.	SAMA	South African Medical Association
25.	SAMED	The South African Medical Technology Industry Association
26.	SAPC	South African Pharmacy Council
27.	SARS	South African Revenue Services
28.	SASA	South African Society of Anaesthesiologists
29.	SIU	Special Investigating Unit

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PREAMBLE

The CMS Industry Charter (the Charter) against fraud, waste, and abuse (FWA) in the healthcare sector was concluded and adopted by stakeholders in March 2019. The stakeholders include regulators, healthcare funders, administrators, medical scheme industry representatives, and professional associations. This Code of Good Practice (CoGP) maintains the objectives, definitions, and principles of the Industry Charter on FWA. The Health Funders Association compiled and developed this CoGP as envisaged in section 16 of the Charter, in that:

> *"Administrators, MCOs and Medical Schemes shall prepare an Industry Code of Good Practice for regulatory input and approval that will govern their conduct when it comes to dealing with matters of FWA."*

This CoGP is developed under the custodianship of a suitably representative industry organisation, and its members will review it periodically.

It is recommended that the Health Sector Anti-Corruption Forum (the Forum) endorse the COGP; the Forum includes the following stakeholders:

1. Special Investigating Unit (SIU)
2. Council for Medical Schemes (CMS)
3. Corruption Watch
4. Section 27
5. National Department of Health (NDoH)
6. Financial Intelligence Centre
7. Board of Healthcare Funders (BHF)
8. Health Funders Association (HFA)
9. Non-Affiliated schemes
10. National Prosecuting Authority (NPA)
11. Health Professionals Council of SA (HPCSA)
12. The South African Medical Technology Industry Association (SAMED)
13. Provincial Health Departments
14. National Health Laboratory Services (NHLS)
15. South African Health Products Regulatory Authority (SAHPRA)
16. Unions (e.g., NEHAWU)

17. Office of Health Standards Compliance (OHSC)
18. Health Ombudsman
19. South African Dental Association (SADA)
20. South African Pharmacy Council (SAPC)
21. South African Medical Association (SAMA)
22. National Health Care Professionals Association (NHCPA)
23. Independent Physician Association Foundation
24. Consumer Group representatives.

The healthcare stakeholders abide by the supremacy of the Constitution of the Republic of South Africa, 1996 (the Constitution) and the rule of law. Accordingly, this CoGP strives to remain consistent with the prescripts of the Constitution and laws applicable to lawful prevention, detection, investigation, sanctions, or restitution in cases of FWA.

Therefore, the methods to control healthcare FWA must be consistent with the right to equality[1], human dignity[2], freedom and security of the person[3], privacy[4], healthcare[5], just administrative action[6], access to information[7], access to courts[8], or the right not to investigations that violate any rights in the Bill of Rights and would render an ensuing trial unfair or would be detrimental to the administration of justice.[9]

This CoGP recognises the statutory mandate of the CMS to control FWA against a medical scheme, a beneficiary; of the HPCSA to regulate illegal practices of medical practitioners; of the Pharmaceutical Council to control the activities of a pharmacist, among other regulators. In the circumstances, the role of stakeholders envisaged in this CoGP does not derogate from the statutory mandate of the regulators involved in regulating the healthcare sector.

1 Section 9 of the Constitution.
2 Section 10 of the Constitution.
3 Section 12 of the Constitution.
4 Section 14 of the Constitution.
5 Section 27 of the Constitution.
6 Section 33 of the Constitution.
7 Section 32 of the Constiution.
8 Section 34 of the Constitution.
9 Section 35(5) of the Constitution.

DEFINITIONS

Terms used in this CoGP shall have the same meaning as defined in the Medical Schemes Act, 1998 (Act 131 of 1998) (the MS Act) or any applicable laws.

(i) an employer or employer representative who provides service or advice exclusively to the employees of that employer;

(ii) a trade union or trade union representative who provides service or advice exclusively to members of that trade union; or

(iii) a person who provides service or advice exclusively to perform his or her normal functions as a trustee, principal officer, employee, or administrator of a medical scheme.

DEFINITION OF FRAUD WASTE AND ABUSE

1. Fraud

- Knowingly submitting, or causing to be submitted, false claims or an intentional misrepresentation of the facts to access payment of a benefit to which one would otherwise not have been entitled. Healthcare fraud is difficult to prove.
- A person's or entity's intentional deception to obtain payment or benefits they are not entitled to receive from a funder.
- The intentional misrepresentation of an important fact submitted to support a healthcare claim for repayment by a funder.
- Fraud also occurs when a person knows or should have known his or her actions were wrong or illegal.

Examples of Fraud committed by healthcare providers (practitioners and facilities)

- Billing for services not performed
- Unbundling – billing for parts of a single, whole procedure separately
- Providing medically unnecessary services
- Accepting kickbacks or bribes for patient referrals,
- Falsifying beneficiary's diagnosis to justify coverage, ordering diagnostic tests, etc. tests, surgeries or other procedures that are not medically necessary.
- Billing a patient more than the co-pay amount for services that were pre-paid or paid in full by the members' health plan.
- Misrepresenting procedures performed to obtain payment for non-covered services (e.g., cosmetic surgery).
- Waiving patient co-pays & deductibles or overbilling the insurance

- Upcoding – billing for a more costly service than what was performed
- Double Billing – billing both the member and the funder
- Billing for “free services” – billing the members’ health plan for tests marketed to and promised to the patient for free (e.g., screening tests paid for by the employer on Wellness Days)

Examples of Fraud committed by Beneficiaries

- Filing claims for services not received
- Using someone else’s medical scheme card
- Forging or altering bills or receipts

Examples of Fraud committed by 3rd parties (i.e., Brokers, Managed Care, Administrators)

- Altering documents
- Accepting bribery and kickbacks
- Falsification of beneficiary information that might affect conditions of coverage
- Sales of non-existent policies

2. Waste

- The overuse of services (not caused by criminally negligent actions) and resources, directly or indirectly, that results in unnecessary costs to the healthcare system.
- Generally, waste is not associated with criminally negligent actions but is related to claims that are extravagant, careless, and needless.

Examples of Waste

- A healthcare provider ordering excessive diagnostic tests.
- A healthcare provider prescribing medication without validating if the member still needs them.

3. Abuse

- Excessive or improper use of services or actions that involves payment for services or items where there was no intent to deceive or misrepresent, but the outcome leads to unnecessary costs.
- Generally, abuse is not intended to misrepresent facts but is related to inconsistent delivery of health services resulting in claims with no legal entitlement.

Examples of Abuse

- A provider unknowingly misuses codes on a claim.
- Billing for brand name drugs when generics are available.
- Charging excessively for services or supplies.

OBJECTIVES

The objectives of this CoGP is to establish guidelines for minimum standards of good practice for prevention, detection, investigation, restitution, and penalisation methods to mitigate and manage Fraud Waste Abuse.

PRINCIPLES FOR THE GOOD PRACTICE CODE

- Non-discrimination on all grounds, specifically those protected by the Constitution, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.
- Contribute to the optimal utilisation of medical scheme resources to provide access to efficient, cost-effective, and good quality health care for patients.
- Fairness, equality, and transparency across all stakeholders.
- Ethical management and protection of medical scheme funds.
- Clear and transparent investigation and recovery processes.
- Fair and lawful investigation and recovery processes with no coercion or intimidation.
- A collaborative and inclusive approach to the development of policies and procedures.
- Protecting a relationship of trust and cooperation between schemes, health professionals, regulators, scheme members and industry stakeholders.
- Protecting scheme members from perverse expenditure, denying access to benefits or cover, and protecting scheme sustainability.
- Periodically review this CoGP to incorporate recommendations as they arise, including Section 59 Inquiry recommendations.
- Promotion of ethical prospective FWA detection and prevention culture in the medical schemes industry.

RELEVANT LEGISLATION

1. Adjustment of Fines Act, 1991 (Act 101 of 1991);
2. Arbitration Act, 1965 (Act 42 of 1965);
3. Conduct of Financial Institutions Bill;
4. Constitution of the Republic of South Africa, 1996;
5. Criminal Procedure Act, 1977 (Act No 51 of 1977);
6. Financial Intelligence Centre Act, 2001 (Act No 28 of 2001)(FICA);
7. Financial Sector Regulation Act, 2017 (Act No 9 of 2017).
8. Health Professions Act, 1974 (Act 56 of 1974);
9. Magistrates' Courts Act, 1944 (Act 32 of 1944);
10. Medical Schemes Act, 1998 (Act No 131 of 1998);
11. National Health Act, 2003 (Act No 61 of 2003) ;
12. National Health Insurance (NHI) Bill;
13. National Prosecuting Authority Act, 1998 (Act No 32 of 1998);
14. Prevention and Combating of Corrupt Activities Act, 2004 (Act No 12 of 2004);
15. Protection of Personal Information Act, 2013 (Act No 4 of 2013) (POPI Act);
16. South African Revenue Services Act, 1997 (Act 34 of 1997);
17. South African Police Service Act, 1995 (Act 68 of 1995);
18. Superior Courts Act, 2013 (Act No 10 of 2013).

SECTION 1: ROLES, RESPONSIBILITIES AND RIGHTS

1.1 Roles, responsibilities and rights of members and beneficiaries.

1.1.1 Role of medical scheme members and beneficiaries

- To recognise that they are participants in a mutual risk pool and have a responsibility to act fairly and ethically with respect to the collective members of the risk pool by ensuring that funds are accessed for legitimate medical purposes and according to scheme rules.
- To make use of reporting channels for whistle-blowing should they become aware of any irregularities.
- To co-operate with a medical scheme and administrator's FWA processes in a matter that involves a member or beneficiary.

1.1.2 Responsibilities of medical scheme members and beneficiaries

- Not to collude with suppliers of health services in abuse of benefits.
- To report any FWA instances that come to their direct or indirect attention to the relevant regulatory authority.
- To read and review their benefit claim statements to ensure accurate dates of services, names of providers and types of services reported.
- Ensure that they are charged for the treatment received and question any suspicious expenses.
- To be informed about the received healthcare service, keep records of their medical care, and closely review all the medical bills they receive.
- Always protect their medical scheme card and personal information. Scheme members may not give the medical scheme card number to anyone except their doctor, clinic, hospital, or other healthcare providers. Members may not let anyone borrow their medical scheme card.

- Do not accept free tests or screenings in exchange for your medical scheme card number. Be careful of accepting medical services when they are told they will be free of charge.

- Do not ask their doctor or other healthcare providers for medical treatment that they do not need.

1.1.3 Rights of medical scheme members and beneficiaries

- The right to receive medically necessary and cost-effective healthcare treatment and services.

- The right to receive all information relating to their illnesses, treatment and associated costs from the supplier of the health service and their medical scheme.

- The right to determine with whom their medical information is shared for treatment and subsequent claims assessment.

- The right to receive treatment in a safe and clean environment and be treated by qualified healthcare providers.

- The right to be protected from financial losses incurred through FWA.

- The right to privacy and human dignity and not to be subjected to invasive and intrusive methods to control FWA processes.

1.2 Role, responsibilities, and rights of medical schemes

1.2.1 Role of medical schemes

- To manage medical scheme resources according to the scheme's fiduciary duty to protect the interests of all members and beneficiaries and ensure that medical scheme funds are appropriately and legitimately expended.

- To ensure that any investigations are conducted in accordance with regulatory requirements, scheme rules and industry standards, including this CoGP.

- To ensure that adequate steps are taken to recover funds disbursed illegitimately in accordance with legal and regulatory requirements, scheme rules and industry standards, including this CoGP.

1.2.2. Responsibilities of medical schemes

- To act with integrity and honesty in dealing with providers of health care services, suppliers of healthcare products and beneficiaries.
- To act in accordance with the Medical Schemes Act (MS Act) and other relevant laws.
- To always treat providers of health care services and suppliers of health care products and beneficiaries fairly and in a manner that does not constitute unfair discrimination.
- Not to make false or unsubstantiated allegations of FWA against providers, suppliers, or beneficiaries.
- To co-operate with the relevant authorities, where applicable, in dealing with fraud, waste and abuse.
- To act always in a manner that upholds a zero-tolerance stance towards fraud, waste and abuse.
- To act in a manner that promotes and protects the financial sustainability of medical schemes.
- To uphold this CoGP and any industry standards arising from this Code.

1.2.3 Rights of medical schemes

- The right to take a zero-tolerance approach to FWA affecting medical schemes and other health care financing resources.
- The right to promote, protect and preserve the interests of medical schemes and their beneficiaries in securing access to healthcare services and healthcare products that are provided in accordance with the relevant law.
- In cooperation with the relevant authorities where appropriate, the right to initiate an investigation into the lawfulness of the provision of health care services and health care products where there is a reason to believe that the supplier is non-compliant with the legal provisions governing his/her/its activities.
- The right to share confirmed findings with other participants in the CoGP for the benefit of schemes and their beneficiaries.
- The right to ensure recovery by a medical scheme of money paid to beneficiaries or suppliers to which such beneficiaries or suppliers are not entitled either in terms of the law or the rules of the relevant medical scheme.
- The right to utilise all risk mitigation measures as permitted by the law to benefit medical scheme beneficiaries.
- The right to terminate a member's medical scheme membership in the circumstances contemplated in the MS Act, following due process.

1.3 Role, responsibilities, and rights of third parties

1.3.1 Role of Third parties (Accredited administrators, Brokers and MCOs)

- Act in the best interest of beneficiaries to enable access to quality healthcare services.
- Employ adequate risk management controls and instruments to ensure the financial stability of their businesses.
- Participate in industry initiatives, including sharing information on FWA with authorities where appropriate.

1.3.2 Responsibilities of third parties

- To act with integrity and honesty in dealing with beneficiaries and medical schemes.
- To act in accordance with the provisions of the MSA and other relevant laws.
- To always treat beneficiaries fairly and in a manner that does not constitute unfair discrimination.
- Not to make false allegations of FWA against providers, suppliers or beneficiaries.
- To co-operate with the relevant authorities, where applicable, in dealing with fraud, waste and abuse.
- To act always in a manner that upholds a zero-tolerance stance towards fraud, waste, and abuse.
- To uphold this CoGP and any industry standards arising from this Code.

1.3.3 Rights of third parties

- The right to take a zero-tolerance approach to FWA affecting administrators, brokers and MCOs and other healthcare financing resources.
- The right to promote, protect and preserve the interests of administrators, brokers and MCOs and their beneficiaries in securing access to health care services and healthcare products that are provided in accordance with the relevant law.
- In cooperation with the relevant authorities where appropriate, the right to initiate an investigation into the lawfulness of the provision of health care services and health care products where there is a reason to believe that the supplier is non-compliant with the legal provisions governing his/her/its activities.
- The right to share confirmed findings with other participants in the CoGP for the benefit of schemes and their beneficiaries.
- The right to utilise all risk mitigation measures as permitted by the law to benefit medical scheme beneficiaries.

1.4 Role, responsibilities, and rights of Individual/corporate healthcare providers

1.4.1 Role of Individual/corporate healthcare providers

- To act with honesty and integrity with respect to the treatment of medical scheme beneficiaries and the invoicing for such services, including rendering services in accordance with appropriate clinical practice.
- To ensure that they are aware of ethical standards with respect to treatment and billing.
- Ensure that they are aware of coding standards relevant to their area of practice and abide by these.

- To ensure that invoices reflect adequate information for the verification of services provided.
- To co-operate with reasonable requests for additional information by medical schemes or their administrators.
- To make use of reporting channels for whistle-blowing should they become aware of any irregularities.

1.4.2 Responsibilities of individual/corporate medical service providers

- To claim honestly and ethically and not exploit any beneficiary or their medical scheme benefits.
- To only render healthcare services that are medically necessary and clinically appropriate.
- To only charge a fee commensurate with the skill required and service to be delivered.
- To co-operate with medical schemes and administrators when validating and verifying services to the ultimate benefit of the scheme members and patients.
- To abide by all legislation and ethical rules, policies and guidelines applicable to their profession.
- To report any fraud, waste and abuse that come to their direct or indirect attention to the regulatory authority.
- To uphold this CoGP and any industry standards arising from this Code.

1.4.3 Rights of individual/corporate practitioners

- The right to be treated with due regard for their constitutional rights to human dignity, equality, freedom and security of the person, freedom to pursue their chosen trade, occupation or profession and other relevant constitutional rights.
- The right not to be deprived of their right to legally defend themselves against allegations of fraud, waste or abuse.
- The right to be afforded a reasonable opportunity and a reasonable time to answer fraud, waste or abuse allegations, wherever possible.
- The right not to be accused of fraud, waste or abuse without prima facie evidence
- The right to be furnished with evidence before answering allegations or preparing for prosecution.

1.5 Role, responsibilities, and rights of healthcare facilities

1.5.1 Role of healthcare facilities

- To act with honesty and integrity with respect to the treatment of medical scheme beneficiaries and the invoicing for such services, including rendering services in accordance with appropriate clinical practice.
- To ensure that they are aware of ethical standards with respect to treatment and billing.
- To ensure that they are aware of coding standards relevant to their area of practice and to abide by these.
- To ensure that invoices reflect adequate information for the verification of services provided.
- To co-operate with reasonable requests for additional information by medical

schemes or their administrators.

- To make use of reporting channels for whistle-blowing should they become aware of any irregularities.

1.5.2 Responsibilities of healthcare facilities

- To claim honestly and ethically and not to exploit any beneficiary or their medical scheme benefits.
- To only render healthcare services that are medically necessary and clinically appropriate.
- Not to commit any form of over-servicing or when rendering services or submitting a healthcare claim.
- To co-operate with medical schemes and administrators when validating and verifying services, to the ultimate benefit of the scheme members and patients.
- To abide by all legislation and ethical rules, policies and guidelines applicable to their profession.
- To report any instances of fraud, waste and abuse that comes to their direct or indirect attention to the regulatory authority.
- To uphold this CoGP and any industry standards arising from this code.

1.5.3 Rights of healthcare facilities

- The right to be treated with due regard for their constitutional rights to human dignity, equality, freedom and security of the person, freedom to pursue their chosen trade, occupation or profession and other relevant constitutional rights.
- The right not to be deprived of their right to legally defend themselves against allegations of fraud, waste or abuse.

- The right to be afforded a reasonable opportunity and a reasonable time period within which to provide an explanation for apparent fraud, waste or abuse, wherever possible.
- The right not to be accused of fraud, waste or abuse without prima facie evidence
- The right to not be unduly prosecuted without substantive evidence.

1.6 Roles, responsibilities, and rights of regulators

1.6.1 Role of regulators

- Encourage honest and ethical behaviour by all industry stakeholders.
- Develop and ensure policy certainty regarding Fraud, Waste and Abuse.
- Develop industry standards and guidelines.
- Ensure there is an adequate risk management framework at the industry level.
- Ensure fair, and reasonable sanctions and remedies are in place.
- Coordinate and control industry conduct in implementing FWA prevention and control methods.
- Guide the industry in terms of the legislation and its legislated mandate.

1.6.2 Responsibility of regulators

- To ensure that industry conduct is in accordance with regulatory requirements.
- Ensure that member interests are protected and that medical scheme funds are used for legitimate purposes.
- To support other stakeholders in ensuring that conduct is ethical and appropriate through education, communication, and engagement.
- To receive and analyse reports on activities by medical schemes in demonstration of compliance.

1.6.3 Rights of regulators

- The right to take a zero-tolerance approach to fraud, waste and abuse.
- The right to promote, protect and preserve the interests of beneficiaries in securing access to health care services and healthcare products that are provided in accordance with the relevant law.

- In consultation with the relevant authorities where appropriate, the right to initiate an investigation into the lawfulness of the provision of health care services and health care products where there is a reason to believe that the supplier is non-compliant with the legal provisions governing his/her/its activities.

- The right to share confirmed findings and request information from medical schemes, administrators, brokers, and MCOs according to the relevant laws.

SECTION 2: PREVENTION, DETECTION, AND INVESTIGATION METHODS

2.1 Policies and Procedures

These methods applied against FWA must be conducted following documented medical scheme rules, policies, and industry-standard operating procedures (SoP). Such rules, policies, and SoP should provide for -

- Rules engines for fraud and abuse detection applicable to data curation component, algorithm component, and implementation process.
- Regulation of data mining methods.
- Compliance incentives; whistle-blowing; penalties for false; frivolous or vexatious reports; voluntary disclosure amnesty.
- Due cause in initiating an investigation should be in accordance with the values outlined above.
- Conducting audits as a legitimate forensic mechanism.
- The transparent selection process of practice or medical provider of a facility to be audited. It should be random and not constitute elements of bias, including and not limited to race, gender, etc.
- Maintaining adequate records, including what gave rise to the investigation, its conduct, and the outcome.
- Collaboration, information sharing among medical schemes and conducting investigations in a fair, consistent manner, and subject to appropriate oversight and supervision.
- Policies and procedures must be cognizant of the rights of persons under investigation. These rights must be developed within a multi-stakeholder forum, such as the Health Sector Anti-Corruption Forum.
- A dispute resolution and arbitration mechanisms under an FWA Tribunal to rule on the methods and adjudicate investigation outcomes and value of the liability.

SECTION 3: SANCTIONS, RECOVERIES AND RESTITUTION

3.1 Policies and Procedures

Relief for a person affected by the FWA processes must be provided for in medical scheme rules, policies, and industry-SoP. The SoP, rules and policies should set out –

- the process for implementing sanctions, recoveries and restitution following outcomes of FWA prevention, detection, and investigation methods.
- the publication of an FWA report identifying offenders, and the value of money involved in the FWA.
- the monetary sanctions and duration of the suspension period applicable for FWA.

SECTION 4: GOVERNANCE AND ACCOUNTABILITY

4.1 Board of Trustees of a medical scheme is responsible for ensuring that –

- a medical scheme pays claims on time and those adequate methods to mitigate and control FWA are adopted and implemented.
- FWA policies are adopted and implemented, and records of processes performed are maintained.
- a person contracted to implement methods to prevent, detect, and investigate FWA comply with this CoGP and all applicable laws and instruments.
- methods to prevent, detect, and investigate FWA are audited annually to review compliance with all industry-standard operating procedures.

SECTION 5: REGULATORS AND PROFESSIONAL ASSOCIATIONS

1. Chiropractic Association of South Africa (CASA)
2. Council for Medical Schemes (CMS)
3. Directorate for Priority Crime Investigation
4. Financial Sector Conduct Authority (FSCA0
5. Health Ombud
6. Health Professional Council of South Africa (HPCSA) -
7. Hospital Association of South Africa
8. Hospital Professional Council of South Africa
9. Human Science Research Council (HSRC)
10. Independent Community Pharmacy Association ICPA
11. Medical Research Council of South Africa (MRC)
12. National Department of Health
13. National Health Laboratory Services (NHLS)
14. Nursing Council
15. Office of Health Standards Compliance (OHSC)
16. Pharmaceutical Society of South Africa (PSSA)
17. Professional Associations
18. Prudential Authority (PA)
19. South African Council for Social Service Professions (SACSSP)
20. South African Dental Association
21. South African Dental Technician Council
22. South African Medical Association (SAMA)
23. South African Pharmacy Council (SAPC)
24. South African Society of Anaesthesiologists
25. Special Investigating Unit (SIU)
26. The Allied Health Professions Council of SA (AHPCSA)
27. The Council for Health Service Accreditation of Southern Africa (COHSASA)

SECTION 6: DATA SHARING AND REPORTING

6.1 Medical schemes

- Medical schemes may share information to support forensic processes; however, this must follow POPIA.
- Sharing of information may include utilisation levels per practice in order to identify areas of possible potential supplier induced demand
- A medical scheme should have a written agreement that the aggregated data will only be used as part of each party's internal fraud, waste and abuse management programs
- Medical scheme trustees must have regular oversight of all FWA activities conducted on their behalf. This should include quarterly reporting.

6.2 Healthcare providers

- Healthcare providers should not be engaged based on the aggregated data collected and disseminated. The parties must do additional analyses if healthcare providers are to be engaged.
- Healthcare providers may submit non-confidential/redacted versions of patient files and notes if this is the only way to verify a claim submitted by the provider.
- A healthcare practitioner may refuse to provide confidential information to a medical scheme, and the medical scheme may not, on this basis, deduct any amount from any benefit payable to a member or such supplier of health service in terms of section 59(3) of the MS Act.
- Similarly, a scheme cannot place a provider on indirect payment because a provider refuses to provide patient confidential information.

6.3 Members and beneficiaries

Providers may only share non-confidential patient information with schemes and administrators upon receiving express and informed consent from members and beneficiaries. This requirement falls away if the data to be submitted is at an aggregate level where all confidential patient information is removed. (POPI Act).

7. CONTRIBUTORS

1. Board of Healthcare Funders (BHF)
2. Health Funders Association (HFA)
3. Health Professionals Council of SA (HPCSA)
4. South African Medical Association (SAMA)
5. MediCheck
6. National Healthcare Professionals Association (NHCPA)
7. Non-affiliated schemes
8. Independent Community Pharmacy Association (ICPA)
9. Independent Practitioner Associations Foundation (IPAF)
10. South African Pharmacy Council (SAPC)
11. South African Dental Association (SADA)
12. South African Society of Anaesthesiologists (SASA)
13. Solutionist thinkers Group

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