

Medical schemes council staff ‘overloaded’

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THE Council for Medical Schemes had only seven staff members to process more than 5,500 complaints it received last year.

As a result, Parliament heard on Wednesday, only three-quarters of the complaints were adjudicated in the council’s target of 120 working days, said senior manager for complaints adjudication Thembi Phaswane.

Despite the constraints, the council was not planning to create new permanent positions, acting registrar Daniel Lehutjo told Parliament’s health committee.

Mr Lehutjo cited the policy uncertainty created by National Health Insurance (NHI) and the demarcation regulations being drafted by the Treasury. The NHI white paper released in December last year proposes a sharply reduced role for medical schemes.

The demarcation regulations are aimed at defining which products fall under the council and which fall under the insurance sector.

The council, a statutory body established under the Medical Schemes Act, oversees the medical schemes industry and safeguards members’ interests.

Ms Phaswane said the council was flooded with complaints because many medical schemes failed to consider matters internally and referred them straight to the regulator.

"It’s a concern, but still we make sure we focus on meeting the deadlines we have set ourselves," she said. Many complaints related to disputes over payments for prescribed minimum benefits (PMBs), the minimum basket of care that schemes must provide to members.

PMBs are a fiercely contested issue in the medical schemes industry, with the council adamant that medical schemes must pay in full for the benefits. Medical scheme members often have disputes with their schemes over exactly what benefits are classed as PMBs and whether their schemes can levy co-payments.

The extent of medical schemes’ liabilities for PMBs is the subject of a Western Cape High Court application brought by medical scheme Genesis that has yet to be resolved.

Mr Lehutjo said the council had been briefed on NHI by Health Minister Aaron Motsoaledi, who had made it clear that the regulator was expected to play a "meaningful role" in the transition to NHI.

The council was revising the PMB package so that it had a greater emphasis on primary healthcare in line with NHI, said Mr Lehutjo.

His remarks elicited a strong response from Democratic Alliance health spokesman Wilmot James, who accused the council of overstepping its mandate by getting involved in developing the government's policy on NHI.

"You are not an extension of the executive. You have no business in formulating national policy. It is not your business," said Mr James.

Describing the council as being "much too much of a supplicant to the minister of health", he added: "You are governed by statute and you have to stick to it. Your aligning of your objective with the NHI is premature and exceeds your authority (because) it is not law yet."

The council's GM for legal services, Craig Burton-Durham, said section 7 of the Medical Schemes Act provided scope for the regulator to engage on policy matters such as the envisaged NHI.

Council deputy chairwoman Loyiso Mpuntsha said the position of registrar had been empty since Monwabisi Gantsho's contract ended last June. Three candidates were referred to the minister, but the post had to be readvertised because of anomalies in the recruitment process.

BY TAMAR KAHN, Business Day