

MEDiPOS Medical Scheme Disputes Process

Who are we

MEDiPOS Medical Scheme (referred to as 'the Scheme'), registration number 1548, is a non-profit organisation registered with the Council for Medical Schemes.

Discovery Health (Pty) Ltd (referred to as 'the Administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Contact us

You can call us on 0860 100 078 or visit www.medipos.co.za for more information.

How to file a complaint against MEDiPOS Medical Scheme

What is a complaint?

A medical scheme complaint is a formal grievance raised by a member or healthcare provider against a medical scheme.

Internal process

Members are encouraged to first try to resolve the complaint through the Scheme's internal dispute resolution process before lodging a formal complaint with the Council for Medical Schemes.

How to file a complaint

The steps to follow are:

1. Call Client Services on 0860 100 078 and speak to a service consultant or send an email to enquiries@medipos.co.za. Remember to ask for a reference number. You will receive feedback within two days.
2. If the complaint is not resolved, you can send the query to the consultant's Team Leader and/or a Client Relationship Manager.
3. If the matter is still not resolved, you may escalate the query to the Scheme's Fund Manager and then Principal Officer. At this level, a benefit request may be referred to the Scheme's own Medical Advisory Committee for their consideration.
4. All written complaints will be responded to in writing within 30 days of receipt thereof.
5. If you are still not satisfied, you can send a letter of appeal to the Scheme. This can be in the form of either a formal letter or an email – with information on the declined decision and further motivation or new clinical evidence.

External process

The steps to follow are:

1. Once you have exhausted all the Scheme's internal processes, you may declare a dispute. The Scheme will then call together the Disputes Committee to decide on the matter.
2. If you are not satisfied with the ruling of the Disputes Committee, you may lodge an appeal with the Council for Medical Schemes.

What proof must you show that you have given the Administrator a chance to resolve your complaint before sending it to the Principal Officer?

1. A reference number for the complaint. You will get this from the Client Services consultant or from the Client Relationship Manager.
2. If you do not have a reference number, please send the names of the people you dealt with and the dates you lodged your complaint and made enquiries or had discussions with the Administrator, to us as proof.

More about the Disputes Committee

The Disputes Committee is an independent body of six suitable and qualified individuals, appointed to make fair and honest decisions. They are not part of the Scheme and consider all the facts of the dispute before making a decision.

The process works like legal arbitration:

1. You will be given the first opportunity to set out the details of your case
2. A representative of the Scheme will then have an opportunity to respond
3. The Disputes Committee will make their decision and let you know
4. You will receive written confirmation of the decision

Lodging your complaint with the Council for Medical Schemes (CMS)

If you are not satisfied with the ruling of the Scheme's Disputes Committee, you can file a formal complaint directly with the Council for Medical Schemes (CMS). The CMS will then make a ruling based on submissions from all parties involved.

The CMS is a statutory body established in terms of the Medical Schemes Act 131 of 1998 to provide regulatory oversight to the medical scheme industry.

It is the mission of the CMS to regulate the medical schemes industry in a fair and transparent manner, among other objectives to:

- Protect the public, informing them about their rights, obligations, and other matters, in respect of all medical schemes.
- Ensure that complaints raised by members of the public are handled appropriately and speedily.
- Ensure that all entities conducting the business of medical schemes, and other regulated entities, comply with the Medical Schemes Act.
- Ensure the improved management and governance of medical schemes.
- Advise the Minister of Health of appropriate regulatory and policy interventions that will assist in attaining national health policy objectives.
- Collaborate with other entities in executing their regulatory mandate.

Complaints sent to the CMS

It is important to always first seek to resolve your complaint through the mechanisms in place with the Scheme, before approaching the CMS for assistance.

You can contact the Scheme by phone or, if you are not satisfied with the outcome, you may write to the Principal Officer of the Scheme, giving them the full details of your complaint. If you are not satisfied with the response from the Principal Officer, you can ask for the matter to be referred to the Disputes Committee.

If you are not satisfied with the decision of the Scheme's Disputes Committee, you may appeal against the decision within three months of the date of the decision to the CMS. The appeal should

be in the form of an affidavit directed to the CMS.

The CMS governs the medical schemes industry and therefore, your complaint should be related to your medical scheme. Any beneficiary or any person who is aggrieved with the conduct of a medical scheme can submit a complaint.

How to submit a complaint to the CMS?

Complaints against the Scheme can be submitted by letter, email or delivered in person at the CMS Offices from Monday to Friday (08:00 to 16:00).

The complaint must be in writing and be lodged on the applicable form, which is available from www.medicalschemes.co.za. The following details must be provided:

- Full names
- Membership number
- Benefit option
- Contact details
- Full details of the complaint, supported by any documents or information that substantiate the complaint.

The CMS will send written acknowledgement of a complaint within three working days of its receipt, providing the name, reference number and contact details of the person at the CMS who will be dealing with your complaint.

In terms of Section 47 of the Medical Schemes Act 131 of 1998, a written complaint received in relation to any matter provided for in the Act will be referred to the medical scheme. The medical scheme is obliged to provide a written response to the CMS within 30 days. The CMS will therefore, within four days of receiving the complaint, analyse the complaint and refer it to the scheme for resolution or comment.

You can contact the CMS

Customer Care Centre	0861 123 267 or 0861 123 CMS
Reception	012 431 0500
Website	www.medicalschemes.co.za
General enquiries	information@medicalschemes.co.za
Complaints	complaints@medicalschemes.co.za
Postal address	Private Bag X34, Hatfield, 0028
Physical address	Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue Eco Park, Centurion, 0157