



OLDMUTUAL

NOVEMBER 2018

NEWSLETTER

omsmaf
Old Mutual Staff Medical Aid Fund 



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MEET OUR NEW PRINCIPAL OFFICER, **SABIER MARTINUS**

Sabier is a pharmacist by profession, with postgraduate qualifications in marketing, management and project management, and is currently completing a postgraduate qualification in finance. This father of two loves travelling and meeting people from different cultures, and is also an avid sports enthusiast with a passion for rugby and motor sport.



How does Sabier view his role at the Fund?



Having experience in the medical aid sector of more than 20 years has given me valuable knowledge and insight into the industry and the day-to-day operation of medical schemes. Prior to joining Old Mutual Staff Medical Aid Fund, I held the position as General Manager at MMI Health, overseeing the management of the various corporate medical schemes. My short time in office so far has shown me that the Fund continues to offer its members comprehensive benefits and quality service. This is indeed a great achievement, given the many challenges medical aid schemes currently face in a dynamic and increasingly complex operating environment. It will take a collective effort by the management of the Fund, the trustees and members to control costs and navigate the Fund into the future.



After nine years at the helm of OMSMAF, Fiona Reynolds, our previous Principal Officer, has taken on the challenging task as Principal Officer of Old Mutual SUPERFUND. Thanks for your years of dedication and commitment to OMSMAF, and we wish you all the best in your new role!



A STORY OF A **LITTLE MIRACLE**

Our colleague Brenda Botha of Personal Finance was only 28 weeks pregnant when she realised things were not going as planned. Initially admitted to Durbanville Mediclinic for observation, she was rushed to Blaauwberg Netcare's neonatal intensive care unit (NICU) a day later, where it was touch and go before she gave birth to a baby boy who weighed a mere 1.02 kg.

It was not an easy road, and baby Arno was in the NICU for almost two months before Brenda could take him home to get to know the rest of his family. The financial implications were huge (see Brenda's note on the next page), but fortunately the Fund could help give this story a happy ending!



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The premature birth in its own was a very traumatic experience for our family, but we are so thankful for the peace of mind that we had under these circumstances, because of the Old Mutual Staff Medical Aid Fund. The bills were unimaginable, but thanks to you, we could focus on our baby boy and what was important, knowing that we were in good hands financially. I cannot stress the importance of a good medical aid enough and the doctor shared this sentiment. In fact, we were told that if Arno was born in a state hospital (if we didn't have medical aid), he would not have made it, because they do not always resuscitate very tiny premmies or keep them on the machines for that long, due to funding issues. Hence me saying that our medical aid played a crucial role, together with the doctors, nursing staff and of course most importantly God to save our little kaboutertjie's life. Please pass my gratitude to the rest of your team for the work that they are doing and for literally saving lives.

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FRAIL-CARE VS. MEDICAL CARE

A common question we receive from members (especially our pensioner members) is around cover offered by the Fund for frail care, so we thought it may be helpful to clarify the difference between medical care and frail care.

Frailty sets in when one becomes too weak, impaired, and incapacitated to manage basic aspects of daily living, such as moving about unassisted, attending to one's personal hygiene, or eating unaided. This debilitating state may be only physical, or may also involve cognitive conditions, such as Alzheimer's and senile dementia.

A medical scheme will provide cover for medical care, even within a frail-care centre, but does not cover the costs for the care to perform activities of daily living for a frail person. Frail care, or assisted living, may be

considered a social welfare responsibility, and there are high costs associated that would ultimately drive higher contribution rates for medical schemes.

Whilst the Fund may not cover accommodation and care in a frail-care centre, chronic medication or visits to or by a general practitioner (GP) or specialist, as well as the cost of various appliances that members may need while in the frail-care facility, may still be paid in line with members' benefits.



MENTAL HEALTH PROGRAMME – CASE STUDY

With stress, anxiety and depression becoming increasingly prevalent amongst our members, we look at a case study of a member who was registered on and benefitted from our Mental Health Programme recently.

Sam (not his real name) was identified for enrolment on the programme after being admitted to hospital for severe depression. He had tried to commit suicide by overdosing on over-the-counter medication, and was very emotional and constantly feared that someone was trying to harm him. The assigned case manager explained the programme benefits to Sam, such as a mental health treatment plan with referrals to a family practitioner, psychiatrist and psychologist. Sam was also helped to register for chronic medicine and received

specific advice to help him recognise and manage the symptoms of depression, anxiety and post-traumatic stress disorder. Two weekly follow-ups were done for the first 6 weeks and thereafter monthly, to ensure that Sam received continuous support.

Sam was discharged from the mental health programme after good improvement in depression, anxiety and post-traumatic scores were noted, and voiced his appreciation of the programme and the great support he received.



ESCALATING A QUERY OR COMPLAINT

As a member of the Fund, you deserve good service and should expect reliable and efficient service from the Fund at all times. If you feel that an issue with the Fund has not been resolved to your satisfaction, you have recourse to an extensive escalation procedure, from escalating the query with someone more senior at the administrator, Medscheme, to contacting the Principal Officer or even lodging a formal complaint with the Registrar of Medical Schemes. (Just remember that the Registrar requires that members FIRST try to resolve any complaints with the Fund, before they contact the Registrar.)

If you have a complaint:

Call **0860 100 076** and advise the Call Centre agent that you wish to lodge a complaint, or e-mail omsmaf.enquiries@medscheme.co.za and type COMPLAINT in the subject field. Your call or e-mail will be escalated for investigation and resolution.

COMPLAINTS AGAINST THE FUND MAY RELATE TO:

- non-payment of medical accounts to service providers;
- failure of the Fund to pay refunds due to members;
- unauthorised deductions from salaries and bank accounts, particularly after a member had terminated his or her membership with the Fund;
- benefits that members were unlawfully denied; and
- payments due from a third party, e.g. after a motor vehicle accident or an injury on duty.



WHO'S ON OUR BOARD OF TRUSTEES?

The Fund is managed by a Board of Trustees consisting of a maximum of five employer -appointed and five member-elected Trustees. Elected members serve a three-year term and may be re-elected to office. The Trustees are responsible for the proper and sound management of the Fund in terms of the Medical Schemes Act and Regulations, other legislation and the Rules of the Fund. The Fund recently had its trustee elections at the Annual General Meeting (AGM) held on 21 June 2018 and we welcome Alice Oosthuizen and Suzanna Cook as the newest members of the Board.

Our current Trustees are:

MEMBER-ELECTED

Lydia Footman

Andre Fuchs

Suzanna Cook (newly elected)

Alice Oosthuizen (newly elected)

Abdul Dawood

EMPLOYER-APPOINTED

John Kotze

Vuyokazi Tutshana

Jan Howell

Peter Davison-Lancaster

Vacancy



INDUSTRY UPDATE

In the past, we have communicated with members around industry developments such as the proposed National Health Insurance (NHI) Fund, as well as the Competition Commission's health market inquiry. For quite some time the news around these developments has been unspecific, and we could basically only tell members to "watch this space". However, in recent months the long-awaited provisional report by the Competition Commission was released, and health minister Aaron Motsoaledi presented both the National Health Insurance and the Medical Schemes Amendment Bills. These three developments are interrelated – but what do they mean to members?

See the following two pages for more information about these developments. We will continue to monitor further developments and communicate these to members.

WHAT MEDSCHEME IS DOING IN THIS REGARD

Medscheme actively participates in various industry forums such as the Health Market Inquiry, Council for Medical Schemes and Board of Healthcare Funders, so that it can continue to be a key stakeholder and contributor in industry engagements pertaining to the National Health Insurance (NHI) Bill and the Medical Schemes Amendment Bill. Medscheme's input provided at the Health Market Inquiry was valued and has given it the platform to promote innovative and value-adding initiatives.

NATIONAL HEALTH INSURANCE (NHI) BILL AND THE MEDICAL SCHEMES AMENDMENT BILL

The National Health Insurance (NHI) Bill aims to establish a state-run fund that ensures sustainable and affordable universal access to health services for all South Africans. The Medical Schemes Amendment Bill has been drafted in tandem, to facilitate the move towards state-run medical care. At this stage there is still much speculation and uncertainty, as the bills are still open for public comment and may look different in their final iteration. Once again we need to tell members to “watch this space” for more specific details, once they are known. But we do know a few things...

- The Plan is to have the National Health Insurance Fund in place by the end of 2022.

- All RSA citizens and permanent residents will belong to the NHI Fund.
 - Those who earn an income will contribute to the NHI Fund.
 - It will require a massive shake-up to both the governmental and the private healthcare systems.
 - Medical schemes will have to change shape to adapt to the new environment.
 - An expanded set of Prescribed Minimum Benefits will be formulated.
 - There will be a strong focus on setting uniform tariffs for healthcare providers.
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THE COMPETITION COMMISSION'S HEALTH MARKET INQUIRY

Following a four-year investigation into the private healthcare sector, the Competition Commission has released its preliminary report. The 800-page report is a bit too long to detail here, but in short...

One of the recommendations in the Competition Commission's health market inquiry has been for medical schemes to change the way they structure their various options, so that all the different options can be compared more easily, and competition in the market can be increased.

The inquiry has also found that over-servicing (in the form of increased admissions to hospitals, increased length of

stay, higher levels of care, greater intensity of care, and the use of more expensive forms of care than necessary) by doctors, specialists and other medical practitioners is one of the factors that have driven up private healthcare spending. For example, South Africa's rate of admission per person is double that of the United States, and seven times that of European countries.

Another recommendation was for the introduction of a stand-alone, standardised, "base" benefit package that all medical schemes must offer, and which would offer prescribed minimum benefits that would include primary and preventive care.

CONTACT DETAILS

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