AMS ANGLO MEDICAL SCHEME

MEDIBRIEF

JUNE 2019

AGM report

On 22 May, Anglo Medical Scheme held its 50th Annual General Meeting in Johannesburg. The Scheme's Chairman, Colleen Elliott, reported that the Scheme posted a small deficit for the period under review, ending with a solvency ratio of 473%. She noted that, despite the country's continued economic downturn, the Scheme's investment portfolio only decreased by 0.4% over the period. Further, the Scheme contribution increase of 8.9% was maintained close to the industry average.

Marius Jacobs, the Deputy General Manager of Discovery InHouse, presented the financial results. He highlighted the net deficit reported in the Statement of Comprehensive income, stating it was largely due to the significant decrease in the investment returns and the increased net healthcare deficit of almost 30%. Specialist and hospital costs were the drivers of the increase.

The Scheme received an unmodified audit opinion issued by PricewaterhouseCoopers Inc (PWC). The meeting accepted the 2018 financial statements, the auditor's report and the report of the Board of Trustees, as having been fairly presented with no material instances of non-compliance with the requirements of the Medical Schemes Act.

The Chairman took the meeting through membership changes noting the continued decrease in membership and the movement to more affordable plans. The meeting agreed to the re-appointment of PWC as the Scheme's auditor for the first year of their four-year annual renewal term by way of a show of hands. The meeting further elected the members of the Disputes Committee for the following year: Prof. Casper Badenhorst, Carol Dixon and Gugu Dlamini. The Chairman thanked the outgoing member Bob Hunt for his availability in the previous year.

The Principal Officer informed the meeting of the only change to the Board of Trustees, the retirement of Medwyn du Bois at 31 December 2018. For a list of Trustees for the current year, please visit www.angloms.co.za > My Scheme > People behind the Scheme. The Chairman then reported on Trustees' fees for the year under review.

There were no notices or motions placed before the meeting, but members had the opportunity to ask questions (see below). The Chairman thanked the Board of Trustees, the administrator and independent consultants for their assistance and service during 2018. She expressed her special thanks to Medwyn du Bois, the longest serving Trustee of the Scheme by many years, for his unwavering commitment and dedication to the Scheme and wished him the very best for his retirement. She then closed the meeting and thanked all members present for their attendance.

Questions & Answers from the AGM

Q: Why don't we have a Discovery-like 'over the threshold benefit', to be used when you run out of savings, after you pay from your pocket up to a point?
A: The Board of Trustees debates periodically whether AMS should remain a traditional Scheme or change to include benefits such as threshold limits. The actuarial assessments have previously indicated that it would not be financially viable to implement a Discovery-type threshold benefit. New benefits, such as these, would add to the existing costs of the Scheme, and as it operates according to a single budgeted income (the sum of all contributions received), other benefits would have to fall away. Further, a traditional scheme model is easier to use, which the Board believes suits the AMS membership better. The Trustees' mandate is to keep contributions as affordable as possible, therefore, a threshold model was not considered suitable.

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Q: Can you give us an update on NHI and the Medical Schemes Amendment bill?
A: Comprehensive information was sent to members in the August 2018 MediBrief. As communicated, the NHI and Medical Schemes Amendment draft bills were published last year. Thereafter, the industry submitted comprehensive responses which were considered. It was expected that some amendments would be made to the bills before going to the Nedlac Committee, which would then provide another opportunity for the industry to comment. The basic benefit package described in the amendment had not been finalised, nor had it been announced how NHI would be funded. The NHI fund had been established and the first monies were to be used to strengthen basic and rural district healthcare systems. While it was certain that the NHI bill would pass, it remained unclear as to how medical schemes would participate in the broader public system.

When is a condition 'chronic' and how can you get access to dedicated chronic benefits?

When observing changes in your health, you would hopefully see your doctor. If your doctor suspects a condition like high blood pressure, asthma, depression, etc. you might have to take medication. At this stage, you might ask yourself how you are covered for the treatment of your condition, especially if you would need to take medication for a long time or even for the rest of your life.

The doctor might first prescribe medication for a three-month period to assess how you fair on the dose and on the specific medication. If you need to take any medication for more than three months, the Scheme will consider the condition to be chronic. If your condition is on the list of covered chronic conditions, the treatment will be funded from a dedicated chronic benefit and not from your day-to-day benefits or your Medical Savings Account (Managed Care Plan only). You do not have to wait for the third month to activate the chronic benefits if the diagnosis is already confirmed and your doctor knows the treatment is long term in nature.

So, what is the next step? Your doctor or the pharmacist must phone our call centre to register your condition. In some instances, we would need pathology tests confirming the diagnosis and/or forms with specific clinical information to be completed by your healthcare provider, as certain clinical criteria (for conditions such as rheumatoid arthritis) will apply to qualify for funding.

Once all of this is done, and we have confirmed that you qualify for chronic benefits, the condition will be registered, and you will receive an email or letter confirming the registration and period of registration if relevant. If specifically mentioned, you might have to reapply as indicated to continue the benefit. In other cases, you will not have to reapply and chronic authorisations will be continued every year.

Our Call Centre team can always help you understand what is funded and what you need to do to qualify for the correct benefits.

Services rendered by the CDE for AMS

The CDE (Centre for Diabetes and Endocrinology) provides diabetes-related care to AMS members that are registered on the Scheme's Diabetes Management Programme. The CDE has recently launched a new Cardiac Programme (to treat and manage heart conditions) and provides these services to our administrator, Discovery Health. Please note that this has no bearing on Anglo Medical Scheme members. It seems as though providers contracted to CDE are requesting our members to sign an updated contract including cardiac management services. This is not necessary. Should your provider ask you to do this, please phone the CDE Head Office on 011 053 4400 so they can clarify the situation with your doctor.

Respiratory conditions – it's not too late to get your vaccinations!

Do you suffer from emphysema, have asthma, chronic obstructive pulmonary disease (COPD) or heart disease? Have you had your flu vaccine? Have you had your pneumococcal vaccine? Remember that the Scheme will pay for your vaccines (as per entry criteria) as well as your consultation with your doctor.

Visit www.angloms.co.za to learn more about your Scheme and benefits.
Find all previous MediBrief editions in the Info Centre > Knowledge Library.

Member Queries:

Value Care Plan: 0861 665 665, anglo@primecure.co.za
Standard and Managed Care Plan: 0860 222 633, member@angloms.co.za
Claims: claims@angloms.co.za