



CIRCULAR

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Circular 11 of 2013: Main changes to the 2012 Annual Statutory Return

The purpose of this Circular is to provide a summary of the main changes to the 2012 Annual Statutory Return (click here (<http://www.medicalschemes.com/files/Guidelines%20and%20Manuals/ARBlank2012.pdf>) to open the 2012 Word Document).

Medical schemes are also referred to the 2012 Annual Statutory Return Help File, for detailed guidance on the completion of the Annual Statutory Return. It should be noted that the first page of the Help File provides a summary of the main changes to the 2012 Annual Statutory Return online system. This document will however only be published upon the system going live on 1 March 2013.

The following constitutes a listing of the main changes to the 2012 Annual Statutory Return:

- Part 1.3.2 Training attended by the Board of Trustees
Full details of training attended should be disclosed in respect of each trustee.
- Part 1.4 Report of the Board of Trustees
Question 6 has been elaborated on, and now also requires details in respect of marketing/advertising contracts and investment management agreements.

Question 29 requires information on the medical scheme's internal dispute resolution committee.

- Part 2.6 Utilisation

This part has been aligned with comments received from the industry in respect of the definitions used.

Additional lines were added requiring further information in respect of inpatient admissions.

- Part 2.15 and Part 3.5 Information on selected principal diagnosis types per ICD10 codes

An additional line in respect of ICD10 codes U50 – U98 was added.

- Part 3.6 Total PMB expenditure paid per age band: in-hospital and out-of-hospital

Part 3.6 was added to the return in order to collect data on PMB expenditure paid by medical schemes.

- Part 4.5.1 Personal medical savings account trust liability

An additional line in respect of bank charges and investment management fees incurred was added.

- Part 4.5.2 Personal medical savings account trust investment

This new part was added in order to collect information on how personal medical savings account trust monies are managed on members' behalf. The balance of the trust investment pulls automatically through to the statement of financial position.

- Part 4.11.2 Managed care: healthcare services (no transfer of risk) – paid and reported

This part has been added in order to collect information on the types of managed care: healthcare services provided to medical schemes.

- Part 4.12 Managed care: management services

The services listed in this part have been changed to reflect the accredited services provided by managed care organisations.

- Part 4.13: Net (income)/expenses from other risk transfer arrangements (excluding commercial reinsurance contracts):

This part now requires the capitation fees and claims recoveries to be split in accordance with the accredited services provided by managed care organisations.

- Parts 7.1 – 8: The scheme would need to supply the reasons for any prior year adjustments and reclassifications in the financial data.

- Part 9(a): Assets held in the Republic in terms of Regulation 30 in conjunction with Annexure B to the Regulations of the Medical Schemes Act 131 of 1998

The headings to the columns in part 9(a) have been adjusted to make it easier understandable.

- Part 9(b) Assets held in the Republic in terms of Regulation 30 in conjunction with Annexure B to the Regulations of the Medical Schemes Act 131 of 1998

The part now pulls through the names of the investment managers from Part 1.4 question 6.

- Part 11B: Assurance report in accordance with Sections 36(5) and 36(8) of the Medical Schemes Act 131 of 1998

The template had been updated in collaboration with the Independent Regulatory Board for Auditors (IRBA).



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