

Reference: Annual returns 2016

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Date: 20 June 2017

# CIRCULAR 40 OF 2017: GENERAL NOTIFICATION: GENERAL CONCERNS NOTED DURING THE ANALYSIS OF THE 2016 ANNUAL FINANCIAL STATEMENTS AND STATUTORY RETURNS (AFS)

#### 1. INTRODUCTION

# 1.1 Purpose

The Council for Medical Schemes (CMS) would like to express its appreciation to medical schemes, administrators and auditors for the co-operation provided in submitting the 2016 Annual Financial Statements (AFS) within the period, as required by Circular 10 of 2017.

The purpose of this circular is to bring to your attention common problems and issues identified during the analysis of the AFS in order to:

- enhance the quality of data submitted in the AFS;
- achieve standardization and uniformity regarding proper disclosure;
- reduce or minimise errors; and
- Establish good financial reporting for the industry.

# 1.2 Background

A review of the data collected by the CMS has highlighted a number of discrepancies in the information currently being furnished by medical schemes in their statutory returns. The users responsible for preparing the statutory returns and scheme management are requested to address these matters in future submissions.

#### 1.3 Statistics

In 2016 there were 83 schemes in operation. A total of 83 schemes provided a full submission for 2016.

			2016
Number	of	scheme	83
submissio	ns		
Number of schemes unlocked			17
for correction			
Number of schemes rejected			1

Schemes were only unlocked in the case where a number of corrections were necessary/material.

### 2. KEY AREAS OF CONCERN

## 2.1. The Annual Statutory Return

- 2.1.1. A number of schemes did not provide the required information timeously to the CMS in order to make the necessary Part 1 changes. Changes in email addresses used in the new Signflow process for electronic signatures should also be made timeously to ensure no delays in submission. Schemes are kindly requested to ensure that all required documentation is submitted as and when changes occur to ensure that the Part 1 changes are made within the required deadline. Refer to Circular 27 of 2014 for guidance in this regard.
- 2.1.2. A number of questions were not correctly answered in part 1.4. We urge schemes to pay specific attention to this area in future since it is an indication that care was not taken in the completion of the return. Schemes should ensure that each question is answered correctly, that the necessary details are provided, and that these pages are signed by the relevant parties. It should also be noted that the scheme, in answering the questions, should provide full details and not refer to the financial statements. Non-compliance should be fully disclosed in this part, even if the scheme has received an exemption. Corrective courses of action implemented should be included in the answers provided.
- **2.1.3.** Many schemes did not correctly allocate expenditure to the correct line to which it relates in Part 4.16.1. Schemes are urged to make use of the specific lines provided in this part and not record under other.

- 2.1.4. It was noted that some schemes did not make changes to their administration contracts as required by Circular 48 of 2014. This resulted in many schemes not correctly allocating the administration fee in Part 4.16.2. Schemes should note that the fee should at a minimum be split between member and provider servicing and then by the other services included in the administration fee.
- 2.1.5. Part 4.16.4 in respect of marketing expenditure (inclusive of advertising) was not completed correctly by many schemes. Schemes are urged to ensure that they provide a full breakdown of all such expenditure and indicate the nature of the services provided per provider. Although Part 1.4 refers to marketing or advertising agreements, a formal agreement need not be in place to necessitate disclosure. Provision has been made in this part to accommodate any ad-hoc expenditure
- 2.1.6. It was noted that many schemes did not disclose all related parties in Part 4.26 of the Annual Statutory Return. Schemes should ensure that the Related Party note in the Annual Financial Statements agrees with Part 4.26 of the Annual Statutory Return. Schemes should also ensure that all related party receivables and payables are correctly disclosed in Parts 4.3 and 4.8 of the Annual Statutory Return.
- **2.1.7.** Part 9(a) of the return relating to Investments was not correctly completed. Issues identified include:
  - General misclassification;
  - Drop downs provided were not always utilised;
  - Full disclosure of entity names not provided (only instrument codes were provided);
  - Investments not recorded under the correct column to which they relate; and
  - Certain funds not being broken down into the underlying assets as per Explanatory Note 8 of Annexure B, read in conjunction with Regulation 30 of the Medical Schemes Act 131 of 1998 (the Act).
  - Unit trusts which were not purely equity were disclosed as equity unit trusts under Category 4.
  - Confusion between the three columns provided in this part.

In future, please ensure that the investments are classified correctly in order to test compliance. The Guidelines on the categorisation of assets in terms of Regulation 30 of the Act, read in conjunction with Annexure B to the Regulations, are published on our website for further guidance in this regard.

# 2.2. Non-compliance matters raised in the Board of Trustees Report (BoT Report) and Annual Financial Statements

In Circular 11 of 2006, Circular 30 of 2007 and Circular 14 of 2008, the CMS has set out how non-compliance matters should be treated in the BoT Report. Section 37(5) of the Act requires that the BoT Report shall deal with every matter which is material for the appreciation by members. CMS considers all non-compliant matters to be of such a nature that it should be individually specified in the BoT Report.

Schemes are required to apply for exemption in terms of the Act if they do not comply with any provisions of the Act.

Schemes are also required to disclose the following information relating to all non-compliance issues (regardless of whether the scheme has addressed the non-compliance or not):

- a) nature and impact;
- b) causes of the failure; and
- c) Corrective course of action (including the timeframe, where applicable).

Corrective courses of action implemented would include exemptions obtained, suspension and termination of benefits in respect of outstanding contributions, and any other actions taken.

All non-compliance matters included in the BoT Report must also be disclosed in a note to the AFS, as well as the Part 3(b) assurance report required by sections 36, 37 and 39 of the Act.

The CMS is looking forward to improved AFS submissions in future and highly appreciates your cooperation.

Tebogo Maziya

**General Manager: Financial Supervision** 

**Council for Medical Schemes**