



Reference: Regulation 25 and Annexure C  
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Date: 17 January 2017

## **Circular 4 of 2017: Proposed agreed-upon procedures audit report on utilization data**

The industry is familiar with the requirements for the submission of Annual Financial Statements (AFS) and Annual Statutory Returns (ASR) as provided for in the Medical Schemes Act 131 of 1998 (the Act). The information which is submitted through the two avenues (i.e. the financial annual statutory returns system and the healthcare utilisation annual statutory returns system) must be aligned and consist of credible, high quality data.

Section 37 of the Act deals with the submission of Annual Financial Statements (AFS) to the Registrar of Medical Schemes (the Registrar). In terms of Section 37(2)(e) the AFS shall *inter alia* consist of “*such other returns as the Registrar may require*”. The healthcare utilisation annual statutory return is such a return and the Registrar requires it to properly reflect the state of affairs and the business of the medical scheme at the end of the financial year.

As per Section 37(3) read together with Section 39(3) the AFS must be audited/certified by an auditor registered in terms of the Auditing Professions Act, 2005. If this requirement is not met a medical scheme shall be deemed not to have complied with the provisions of Section 37.

The International Standards of Auditing (ISA) 800 and International Standard on Review Engagements (ISRE) 2410 auditor report provides assurance through an audit of Parts 4 – 10 of the financial annual statutory return, and a review on Part 6.2 of the financial annual statutory return of a scheme, that these have been prepared in all material respects in accordance with the provisions of the Act, related Regulations, the Guidance Manual for the completion of the financial annual statutory return and the applicable Circulars issued by the CMS.

No auditor engagement is currently performed in respect of the healthcare utilisation annual statutory return. In view of the above, the healthcare utilisation data in the ASRs will forthwith also be subjected to an engagement performed by an auditor. It is proposed that the auditor performs agreed-upon procedures, resulting in a report of factual findings.

Appendix I to this Circular contains the proposed agreed-upon procedures report.

Appendix II to this Circular contains an example of the healthcare utilisation annual statutory return submission in respect of which the auditor performed the agreed-upon procedures engagement.

The Office of the Registrar hereby invites nominations from authorised audit firms to participate in the Utilisation Data Task Group. Nominations should be sent to Julindi Scheepers at [j.scheepers@medicalschemes.com](mailto:j.scheepers@medicalschemes.com) by 31 January 2017.

The proposed project plan for the Healthcare Utilisation Data Task Group is as follows:

- 3 February 2017      Comments received from the IRBA Medical Schemes Task Group to be circulated to the members of the Healthcare Utilisation Data Task Group.
- 9 March 2017        The Healthcare Utilisation Data Task Group meets to discuss the proposed agreed-upon procedures report (see Appendix I to this Circular).  
  
The purpose of this meeting is to finalise the report.
- 31 March 2017      The prescribed template of the Agreed-upon procedures report is published. The report will be applicable for the healthcare utilisation data returns with year-ends on and after 31 December 2017.

The participation of authorised audit firms in this process will be appreciated.



**Dr Humphrey Zokufa**  
**Chief Executive & Registrar**  
**Council for Medical Schemes**

# APPENDIX I

## Agreed-upon procedures performed on the Schedule

Our procedures are summarised as follow:

Obtain the Healthcare utilisation annual statutory returns submission prepared for 31 December 20xx (*insert year-end*) from the Scheme and perform the following:

1. Agree the information contained in the **Age analysis of beneficiaries as at end of the financial year** to the member administration system extract provided by the Scheme. If differences are noted, the Scheme should provide a reconciliation and explanation for the reconciling items that should be included in Annexure B of the report;
2. Agree the information contained in the **Age analysis of members as at end of the financial year** to the member administration system extract provided by the Scheme. If differences are noted, the Scheme should provide a reconciliation and explanation for the reconciling items that should be included in Annexure B of the report;
3. Agree the information contained in the **Number of registered members and dependants at the end of each month** to the member administration system extract provided by the Scheme. If differences are noted, the Scheme should provide a reconciliation and explanation for the reconciling items that should be included in Annexure B of the report;
4. Agree the information contained in the **Total benefits paid** to the benefit administration system extract provided by the Scheme, per discipline. If differences are noted, the Scheme should provide a reconciliation and explanation for the reconciling items that should be included in Annexure B of the report;
5. Agree the **Total benefits** line item per the **Total benefits paid** to the annual financial statements. If differences are noted, the Scheme should provide a reconciliation and explanation for the reconciling items that should be included in Annexure B of the report;
6. Agree the information contained in the **Risk benefits paid** to the benefit administration system extract provided by the Scheme, per discipline. If differences are noted, the Scheme should provide a reconciliation and explanation for the reconciling items that should be included in Annexure B of the report;
7. Agree the **Total benefits** line item per the **Risk benefits paid** to the annual financial statements. If differences are noted, the Scheme should provide a reconciliation and explanation for the reconciling items that should be included in Annexure B of the report; and
8. Agree the total **Prescribed Minimum Benefits paid** (both at a scheme level and per benefit option) to the benefit administration system extract provided by the Scheme. If differences are noted, the Scheme should provide a reconciliation and explanation for the reconciling items that should be included in Annexure B of the report.

## Proposed form of report

### REPORT OF FACTUAL FINDINGS

#### To the Trustees

We have performed the procedures agreed with you and enumerated below with respect to the healthcare utilisation annual statutory returns submission as at 31 December 20xx (*insert year-end*), set forth in the accompanying schedules. Our engagement was undertaken in accordance with the International Standard on Related Services applicable to agreed-upon procedures engagements. The procedures were performed solely to assist you in the healthcare utilisation annual statutory returns submission and are summarised as follows:

We obtained the Healthcare utilisation annual statutory returns submission prepared for 31 December 20xx (*insert year-end*) from the Scheme and performed the following:

1. We agreed the information contained in the **Age analysis of beneficiaries as at end of the financial year** to the member administration system extract provided by the Scheme;
2. We agreed the information contained in the **Age analysis of members as at end of the financial year** to the member administration system extract provided by the Scheme;
3. We agreed the information contained in the **Number of registered members and dependants at the end of each month** to the member administration system extract provided by the Scheme;
4. We agreed the information contained in the **Total benefits paid** to the benefit administration system extract provided by the Scheme, per discipline;
5. We agreed the **Total benefits** line item per the **Total benefits paid** to the annual financial statements for the year ended 31 December 20xx (*insert year-end*);
6. We agreed the information contained in the **Risk benefits paid** to the benefit administration system extract provided by the Scheme, per discipline;
7. We agreed the **Total benefits** line item per the **Risk benefits paid** to the annual financial statements for the year ended 31 December 20xx (*insert year-end*); and
8. We agreed the total **Prescribed Minimum Benefits paid**, both at a scheme level and per benefit option, to the benefit administration system extract provided by the Scheme.

We report our findings below:

[Insert Findings]

(Detail the exceptions)

Because the above procedures do not constitute either an audit, review or other assurance engagement made in accordance with International Standards on Auditing, International Standards on Review Engagements or International Standards on Assurance Engagements, we do not express any assurance on the healthcare utilisation annual statutory returns submission as of 31 December 20xx (*insert year-end*).

Had we performed additional procedures or had we performed an audit or review of, or other assurance engagement on the healthcare utilisation annual statutory returns submission in accordance with International Standards on Auditing, International Standards on Review Engagements, or International Standards on Assurance Engagements, other matters might have come to our attention that would have been reported to you.

The report is supplied on the basis that it is for the sole use of the parties to whom it is addressed and exclusively for the purposes set out herein. No party other than those to whom it is addressed may rely upon this report for any purpose whatsoever.

Copies of our report may be made available to your professional advisers provided that it is clearly understood by the recipients that they enjoy such receipt for information only, and that we accept no duty of care to them in respect of our reports and letters. Furthermore, the reports and letters are to be used by them only for the purposes stated herein. The report must not be made available or copied in whole or in part to any other party without our prior written consent, which consent may be given or withheld at our absolute discretion. This limitation will obviously not apply to the provision of this report in compliance with any order or court, subpoena or other judicially enforceable directive.

This report relates only to the accounts and items specified above and does not extend to any financial statements of XX Medical Scheme, taken as a whole.

Director's signature

[Name of director]

Director

Chartered Accountant (SA) [where appropriate]

Date

Address

# APPENDIX II



# HEALTHCARE UTILISATION ANNUAL STATUTORY RETURNS SUBMISSION SIGN-OFF MMED MEDICAL SCHEME

Submission Year = 2015

Part	2014 Data Checked	2015 Data Checked
A.1: Membership profile at the end of the financial year	<input type="checkbox"/>	<input type="checkbox"/>
A.2: Number of registered members and dependents at the end of each month	<input type="checkbox"/>	<input type="checkbox"/>
A.3: Age analysis of member movement for the financial year	<input type="checkbox"/>	<input type="checkbox"/>
A.4: Waiting periods, pre-existing condition exclusions and late joiner penalties	<input type="checkbox"/>	<input type="checkbox"/>
A.5: Distribution of beneficiaries and benefits paid by province	<input type="checkbox"/>	<input type="checkbox"/>
A.6: Managed Healthcare Indicators	<input type="checkbox"/>	<input type="checkbox"/>
A.7: Scheme Risk Measurement data	<input type="checkbox"/>	<input type="checkbox"/>
B.1: Analysis of healthcare providers (GP's, Specialists, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
B.2: Utilisation of medicines & consumables	<input type="checkbox"/>	<input type="checkbox"/>
B.3: Hospital admissions and expenditure	<input type="checkbox"/>	<input type="checkbox"/>
B.4: Analysis of the total benefits paid in respect of selected principal diagnosis types per ICD 10 codes	<input type="checkbox"/>	<input type="checkbox"/>
B.5: Hospital admissions relating to beneficiaries with chronic diseases	<input type="checkbox"/>	<input type="checkbox"/>
B.6: Analysis of hospital admission categories	<input type="checkbox"/>	<input type="checkbox"/>
B.7:	<input type="checkbox"/>	<input type="checkbox"/>



Total PMB expenditure		
B.8: Total PMB expenditure for CDL conditions	<input type="checkbox"/>	<input type="checkbox"/>
B.9: Total PMB expenditure for DTP conditions	<input type="checkbox"/>	<input type="checkbox"/>
B.10: Hospital Cost types	<input type="checkbox"/>	<input type="checkbox"/>
B.11: Other benefits	<input type="checkbox"/>	<input type="checkbox"/>
B.12: Accreditable Managed Care Services	<input type="checkbox"/>	<input type="checkbox"/>
C.1: Hospital Utilisation Indicators	<input type="checkbox"/>	<input type="checkbox"/>
C.2: Sustainable Development Goals (SDGs)	<input type="checkbox"/>	<input type="checkbox"/>
C.3: Health Technology Utilisation	<input type="checkbox"/>	<input type="checkbox"/>
C.4: Provider Analysis	<input type="checkbox"/>	<input type="checkbox"/>
C.5: CDL Prevalence	<input type="checkbox"/>	<input type="checkbox"/>



I THE UNDERSIGNED CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE THE PARTICULARS CONTAINED IN THIS RETURN, ARE EXTRACTS FROM THE MEDICAL SCHEME'S RECORDS AND THE INFORMATION REFLECTED HERE IS CORRECT AND COMPLIANT WITH THE CRITERIA STIPULATED IN THE CHECKLIST ON THE FOLLOWING PAGE. (See footnote)

Principal Officer	
Signature	
Date	

Chairperson	
Signature	
Date	

Trustee	
Signature	
Date	

*Footnote: Please note that certification of the correctness of the data is in respect of all data required to be submitted on behalf of the scheme and is binding on the scheme and its office bearers who bear full responsibility and are accountable for the correctness thereof.*

Final for 24/05/20



# AGE ANALYSIS OF BENEFICIARIES AS AT END OF THE FINANCIAL YEAR

## MMED MEDICAL SCHEME

### Consolidated Total

	2015		2014	
	Male	Female	Male	Female
Less than one year	25	32	20	26
1-4 years	68	33	65	37
5-9 years	81	78	72	73
10-14 years	62	87	65	87
15-19 years	81	65	86	63
20-24 years	35	66	35	58
25-29 years	41	74	45	78
30-34 years	69	88	58	85
35-39 years	68	100	61	83
40-44 years	64	106	65	118
45-49 years	81	93	79	92
50-54 years	76	89	82	87
55-59 years	63	82	70	78
60-64 years	69	69	67	81
65-69 years	69	71	65	63
70-74 years	46	47	45	54
75-79 years	33	44	27	41
80-84 years	10	30	12	30
85 years+	11	24	11	22
<b>Total</b>	<b>1 052</b>	<b>1 278</b>	<b>1 030</b>	<b>1 256</b>
<b>65 Years+ Ratio</b>	<b>0.16</b>	<b>0.17</b>	<b>0.16</b>	<b>0.17</b>
<b>Average Age Per Member</b>	<b>39.15</b>		<b>39.5</b>	



# AGE ANALYSIS OF MEMBERS AS AT END OF THE FINANCIAL YEAR

## MMED MEDICAL SCHEME

### Consolidated Total

	2015		2014	
	Male	Female	Male	Female
Less than one year	0	0	0	0
1-4 years	0	0	0	0
5-9 years	0	0	0	0
10-14 years	0	1	0	0
15-19 years	0	0	0	0
20-24 years	3	14	3	13
25-29 years	23	61	28	57
30-34 years	55	65	45	66
35-39 years	46	72	40	56
40-44 years	49	63	48	73
45-49 years	51	58	53	52
50-54 years	63	49	72	44
55-59 years	55	40	61	39
60-64 years	55	30	48	37
65-69 years	56	34	57	35
70-74 years	40	28	40	30
75-79 years	31	21	25	21
80-84 years	9	23	11	20
85 years+	10	18	10	19
<b>Total</b>	<b>546</b>	<b>577</b>	<b>541</b>	<b>562</b>
<b>65 Years+ Ratio</b>	<b>0.27</b>	<b>0.21</b>	<b>0.26</b>	<b>0.22</b>
<b>Average Age Per Member</b>	<b>50.96</b>		<b>51.32</b>	



# NUMBER OF REGISTERED MEMBERS AND DEPENDANTS AT THE END OF EACH MONTH

## MMED MEDICAL SCHEME

Financial Year = 2015

Month	Members	Adult Dependants	Child Dependants	Beneficiaries	Dependant Ratio
January	1 100	530	653	2 283	1.08
February	1 094	547	622	2 263	1.07
March	1 099	541	633	2 273	1.07
April	1 100	535	642	2 277	1.07
May	1 104	533	650	2 287	1.07
June	1 106	540	650	2 296	1.08
July	1 108	534	651	2 293	1.07
August	1 111	535	652	2 298	1.07
September	1 108	534	658	2 300	1.08
October	1 112	536	659	2 307	1.07
November	1 121	538	663	2 322	1.07
December	1 123	537	670	2 330	1.07
<b>Average</b>	<b>1 107</b>	<b>537</b>	<b>650</b>	<b>2 294</b>	<b>1.07</b>



## Financial Year = 2014

Month	Members	Adult Dependants	Child Dependants	Beneficiaries	Dependant Ratio
January	1 097	594	585	2 276	1.07
February	1 101	593	590	2 284	1.07
March	1 100	589	583	2 272	1.07
April	1 093	587	571	2 251	1.06
May	1 094	589	574	2 257	1.06
June	1 094	583	571	2 248	1.05
July	1 095	582	575	2 252	1.06
August	1 093	525	639	2 257	1.06
September	1 098	525	648	2 271	1.07
October	1 099	528	647	2 274	1.07
November	1 101	528	654	2 283	1.07
December	1 103	529	654	2 286	1.07
<b>Average</b>	<b>1 097</b>	<b>563</b>	<b>608</b>	<b>2 268</b>	<b>1.07</b>



# TOTAL BENEFITS PAID

## MMED MEDICAL SCHEME

Financial Year 2014 and 2015

Discipline	Total benefits paid for the year ended 31 December 2015		Total benefits paid for the year ended 31 December 2014		Total benefits % change	Total benefits paid for the year ended 31 December 2015 (pabpa)		Total benefits paid for the year ended 31 December 2014 (pabpa)		pabpa benefits % change
	2015	2015 % of total	2014	2014 % of total		2015	2015 % of total	2014	2014 % of total	
<b>General Practitioner</b>	<b>2 134 678.55</b>	<b>6.03%</b>	<b>2 164 293.09</b>	<b>6.33%</b>	<b>-1.37%</b>	<b>930.55</b>	<b>6.03%</b>	<b>954.69</b>	<b>6.33%</b>	<b>-2.53%</b>
General Medical Practice	2 134 678.55		2 164 293.09			930.55		954.69		
<b>Medical Specialists</b>	<b>7 232 733.79</b>	<b>20.44%</b>	<b>7 719 455.77</b>	<b>22.59%</b>	<b>-6.31%</b>	<b>3 152.89</b>	<b>20.44%</b>	<b>3 405.14</b>	<b>22.59%</b>	<b>-7.41%</b>
Anaesthetists	500 922.85		492 190.29			218.36		217.11		
Cardio Thoracic Surgery	109 103.12		140 565.92			47.56		62.01		
Cardiology	135 723.73		85 750.43			59.16		37.83		
Clinical Haematology	1 829.96		1 029.56			0.8		0.45		
Dermatology	41 526		44 887.41			18.1		19.8		
Diagnostic Radiology	1 260 853.97		1 513 606.42			549.63		667.67		
Gastroenterology	0		676.36			0		0.3		
Independent Practice Specialist Medicine	535 628.65		509 275.81			233.49		224.65		
Independent Practice Specialist Neurosurgery	133 615.81		141 137.03			58.25		62.26		
Ophthalmology	538 668.01		495 452.66			234.82		218.55		
Independent	207 120.03		585 680.65			90.29		258.35		

Practice Specialist Radiation Oncology										
Neurology	40 928.05		37 049.17			17.84		16.34		
Nuclear Medicine	41 948.76		29 706.01			18.29		13.1		
Independent Practice Specialist Obstetrics and Gynaecology	263 673.14		238 821.69			114.94		105.35		
Orthopaedics	456 180.81		503 368.24			198.86		222.04		
Otorhinolaryngology	116 255.25		125 484.85			50.68		55.35		
Paediatrics Independent Practice Specialist	154 177.07		71 598.84			67.21		31.58		
Pathology Independent Practice Specialist	2 006 210.49		1 997 338.56			874.55		881.05		
Plastic and Reconstructive Surgery	63 224.44		55 279.07			27.56		24.38		
Psychiatry	91 631.33		63 976.94			39.94		28.22		
Pulmonology	54 238		26 971.36			23.64		11.9		
Rheumatology	738.48		690.16			0.32		0.3		
Surgery/Paediatric surgery Independent Practice Specialist	313 905		329 077.34			136.84		145.16		
Urology	164 630.84		229 841			71.77		101.39		
<b>Dentists</b>	<b>1 471 571.51</b>	<b>4.16%</b>	<b>1 553 919.19</b>	<b>4.55%</b>	<b>-5.3%</b>	<b>641.49</b>	<b>4.16%</b>	<b>685.45</b>	<b>4.55%</b>	<b>-6.41%</b>
General Dental Practice	1 471 571.51		1 553 919.19			641.49		685.45		
<b>Dental Specialists</b>	<b>326 194.64</b>	<b>0.92%</b>	<b>211 552.28</b>	<b>0.62%</b>	<b>54.19%</b>	<b>142.19</b>	<b>0.92%</b>	<b>93.32</b>	<b>0.62%</b>	<b>52.38%</b>
Dental Technician	10 305.75		1 238.8			4.49		0.55		
Dental therapy	582.05		454.32			0.25		0.2		
Maxillo-facial and Oral Surgery	73 024.23		21 860.02			31.83		9.64		
Orthodontics	186 115.93		169 234.1			81.13		74.65		
Periodontics	26 383.92		4 422.08			11.5		1.95		
Prosthetic	29 782.76		14 342.96			12.98		6.33		
<b>Supplementary and Allied Health Professionals</b>	<b>3 378 819.47</b>	<b>9.55%</b>	<b>3 037 472.73</b>	<b>8.89%</b>	<b>11.24%</b>	<b>1 472.89</b>	<b>9.55%</b>	<b>1 339.86</b>	<b>8.89%</b>	<b>9.93%</b>



Acupuncturist	5 818.24		312			2.54		0.14		
Biokinetics	62 639.95		60 362.48			27.31		26.63		
Chiropractors	80 187.43		66 049.52			34.96		29.14		
Clinical technology	840 088.02		531 914.05			366.21		234.63		
Dieticians	12 729.1		20 200.39			5.55		8.91		
Hearing Aid Acoustician	54 326.96		163 193.12			23.68		71.99		
Homoeopaths	17 360.16		17 244.17			7.57		7.61		
Occupational Therapy	26 509.34		12 979.28			11.56		5.73		
Optometrists	1 185 466.64		1 093 112.45			516.77		482.18		
Orthotists & Prosthetists	80 030.68		73 484.94			34.89		32.42		
Physiotherapists	426 526.64		415 698.25			185.93		183.37		
Podiatry	21 965.99		16 458.8			9.58		7.26		
Psychologists	374 265.44		333 174.25			163.15		146.97		
Radiography	12 873.97		13 653.77			5.61		6.02		
Registered nurses	9 322.88		7 542.36			4.06		3.33		
Social workers	7 891.54		6 854.37			3.44		3.02		
Speech therapy and Audiology	160 816.49		205 238.53			70.1		90.53		
<b>Medical Technology</b>	<b>1 094.4</b>	<b>0%</b>	<b>1 297.22</b>	<b>0%</b>	<b>-15.63%</b>	<b>0.48</b>	<b>0%</b>	<b>0.57</b>	<b>0%</b>	<b>-16.63%</b>
Medical technology	1 094.4		1 297.22			0.48		0.57		
<b>Hospitals</b>	<b>12 990 062.63</b>	<b>36.71%</b>	<b>12 077 013.48</b>	<b>35.35%</b>	<b>7.56%</b>	<b>5 662.63</b>	<b>36.71%</b>	<b>5 327.31</b>	<b>35.35%</b>	<b>6.29%</b>
Private Hospitals ('A' - Status)	1 697 897.34		1 980 054.31			740.15		873.42		
Private Hospitals ('B' - Status)	10 648 965.44		9 774 646.29			4 642.09		4 311.71		
Provincial Hospitals	89 496.8		2 409.53			39.01		1.06		
Sub-Acute Facilities	19 722.24		55 377.35			8.6		24.43		

Mental Health Institutions	212 002.11		15 274.36			92.42		6.74		
Approved U O T U / Day clinics	314 978.7		244 595.4			137.31		107.89		
Hospices	7 000		4 656.24			3.05		2.05		
<b>Other Benefits</b>	<b>136 888.62</b>	<b>0.39%</b>	<b>166 406.97</b>	<b>0.49%</b>	<b>-17.74%</b>	<b>59.67</b>	<b>0.39%</b>	<b>73.4</b>	<b>0.49%</b>	<b>-18.71%</b>
Blood transfusion services	92 429.85		95 941.64			40.29		42.32		
Clinical services	887.78		0			0.39		0		
Group practices	34 498.64		52 614.65			15.04		23.21		
Group practices/Hospitals	9 072.35		17 850.68			3.95		7.87		
<b>Medicines Dispensed</b>	<b>7 539 392.66</b>	<b>21.3%</b>	<b>6 958 374.76</b>	<b>20.37%</b>	<b>8.35%</b>	<b>3 286.57</b>	<b>21.3%</b>	<b>3 069.42</b>	<b>20.37%</b>	<b>7.07%</b>
Pharmacies	6 286 981.29		6 033 957.88			2 740.62		2 661.65		
General Practitioners	130 343.66		163 250.43			56.82		72.01		
Medical Specialists	304 057.61		457 619.43			132.54		201.86		
Supplementary and Allied Health Professionals	121 283.41		7 340.25			52.87		3.24		
Other Health Professionals	696 726.69		296 206.77			303.72		130.66		
<b>Total out-of-hospital managed care arrangements</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>		<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0%</b>
<b>Ex-gratia payments<sup>1</sup></b>	<b>80 798.49</b>	<b>0.23%</b>	<b>184 515.33</b>	<b>0.54%</b>	<b>-56.21%</b>	<b>35.22</b>	<b>0.23%</b>	<b>81.39</b>	<b>0.54%</b>	<b>-56.73%</b>
<b>Other benefits</b>	<b>96 465</b>	<b>0.27%</b>	<b>93 411</b>	<b>0.27%</b>	<b>3.27%</b>	<b>42.05</b>	<b>0.27%</b>	<b>41.2</b>	<b>0.27%</b>	<b>2.05%</b>
<b>Total benefits</b>	<b>35 388 699.76</b>	<b>100%</b>	<b>34 167 711.82</b>	<b>100%</b>	<b>3.57%</b>	<b>15 426.63</b>	<b>100%</b>	<b>15 071.77</b>	<b>100%</b>	<b>2.35%</b>

1. Scheme systems handle ex-gratia claims in different ways. Some schemes report ex-gratia amounts as part of the “normal benefits” paid



# RISK BENEFITS PAID

## MMED MEDICAL SCHEME

Financial Year 2014 and 2015

Discipline	Risk benefits paid for the year ended 31 December 2015		Risk benefits paid for the year ended 31 December 2014		Risk benefits % change	Risk benefits paid for the year ended 31 December 2015 (pabpa)		Risk benefits paid for the year ended 31 December 2014 (pabpa)		pabpa benefits % change
	2015	2015 % of total	2014	2014 % of total		2015	2015 % of total	2014	2014 % of total	
<b>General Practitioner</b>	<b>2 134 678.55</b>	<b>6.03%</b>	<b>2 164 293.09</b>	<b>6.33%</b>	<b>-1.37%</b>	<b>930.55</b>	<b>6.03%</b>	<b>954.69</b>	<b>6.33%</b>	<b>-2.53%</b>
General Medical Practice	2 134 678.55		2 164 293.09			930.55		954.69		
<b>Medical Specialists</b>	<b>7 232 733.79</b>	<b>20.44%</b>	<b>7 719 455.77</b>	<b>22.59%</b>	<b>-6.31%</b>	<b>3 152.89</b>	<b>20.44%</b>	<b>3 405.14</b>	<b>22.59%</b>	<b>-7.41%</b>
Anaesthetists	500 922.85		492 190.29			218.36		217.11		
Cardio Thoracic Surgery	109 103.12		140 565.92			47.56		62.01		
Cardiology	135 723.73		85 750.43			59.16		37.83		
Clinical Haematology	1 829.96		1 029.56			0.8		0.45		
Dermatology	41 526		44 887.41			18.1		19.8		
Diagnostic Radiology	1 260 853.97		1 513 606.42			549.63		667.67		
Gastroenterology	0		676.36			0		0.3		
Independent Practice Specialist Medicine	535 628.65		509 275.81			233.49		224.65		
Independent Practice Specialist Neurosurgery	133 615.81		141 137.03			58.25		62.26		
Ophthalmology	538 668.01		495 452.66			234.82		218.55		
Independent	207 120.03		585 680.65			90.29		258.35		

Practice Specialist Radiation Oncology										
Neurology	40 928.05		37 049.17			17.84		16.34		
Nuclear Medicine	41 948.76		29 706.01			18.29		13.1		
Independent Practice Specialist Obstetrics and Gynaecology	263 673.14		238 821.69			114.94		105.35		
Orthopaedics	456 180.81		503 368.24			198.86		222.04		
Otorhinolaryngology	116 255.25		125 484.85			50.68		55.35		
Paediatrics Independent Practice Specialist	154 177.07		71 598.84			67.21		31.58		
Pathology Independent Practice Specialist	2 006 210.49		1 997 338.56			874.55		881.05		
Plastic and Reconstructive Surgery	63 224.44		55 279.07			27.56		24.38		
Psychiatry	91 631.33		63 976.94			39.94		28.22		
Pulmonology	54 238		26 971.36			23.64		11.9		
Rheumatology	738.48		690.16			0.32		0.3		
Surgery/Paediatric surgery Independent Practice Specialist	313 905		329 077.34			136.84		145.16		
Urology	164 630.84		229 841			71.77		101.39		
<b>Dentists</b>	<b>1 471 571.51</b>	<b>4.16%</b>	<b>1 553 919.19</b>	<b>4.55%</b>	<b>-5.3%</b>	<b>641.49</b>	<b>4.16%</b>	<b>685.45</b>	<b>4.55%</b>	<b>-6.41%</b>
General Dental Practice	1 471 571.51		1 553 919.19			641.49		685.45		
<b>Dental Specialists</b>	<b>326 194.64</b>	<b>0.92%</b>	<b>211 552.28</b>	<b>0.62%</b>	<b>54.19%</b>	<b>142.19</b>	<b>0.92%</b>	<b>93.32</b>	<b>0.62%</b>	<b>52.38%</b>
Dental Technician	10 305.75		1 238.8			4.49		0.55		
Dental therapy	582.05		454.32			0.25		0.2		
Maxillo-facial and Oral Surgery	73 024.23		21 860.02			31.83		9.64		
Orthodontics	186 115.93		169 234.1			81.13		74.65		
Periodontics	26 383.92		4 422.08			11.5		1.95		
Prosthetic	29 782.76		14 342.96			12.98		6.33		
<b>Supplementary and Allied Health Professionals</b>	<b>3 378 819.47</b>	<b>9.55%</b>	<b>3 037 472.73</b>	<b>8.89%</b>	<b>11.24%</b>	<b>1 472.89</b>	<b>9.55%</b>	<b>1 339.86</b>	<b>8.89%</b>	<b>9.93%</b>

Acupuncturist	5 818.24		312			2.54		0.14		
Biokinetics	62 639.95		60 362.48			27.31		26.63		
Chiropractors	80 187.43		66 049.52			34.96		29.14		
Clinical technology	840 088.02		531 914.05			366.21		234.63		
Dieticians	12 729.1		20 200.39			5.55		8.91		
Hearing Aid Acoustician	54 326.96		163 193.12			23.68		71.99		
Homoeopaths	17 360.16		17 244.17			7.57		7.61		
Occupational Therapy	26 509.34		12 979.28			11.56		5.73		
Optometrists	1 185 466.64		1 093 112.45			516.77		482.18		
Orthotists & Prosthetists	80 030.68		73 484.94			34.89		32.42		
Physiotherapists	426 526.64		415 698.25			185.93		183.37		
Podiatry	21 965.99		16 458.8			9.58		7.26		
Psychologists	374 265.44		333 174.25			163.15		146.97		
Radiography	12 873.97		13 653.77			5.61		6.02		
Registered nurses	9 322.88		7 542.36			4.06		3.33		
Social workers	7 891.54		6 854.37			3.44		3.02		
Speech therapy and Audiology	160 816.49		205 238.53			70.1		90.53		
<b>Medical Technology</b>	<b>1 094.4</b>	<b>0%</b>	<b>1 297.22</b>	<b>0%</b>	<b>-15.63%</b>	<b>0.48</b>	<b>0%</b>	<b>0.57</b>	<b>0%</b>	<b>-16.63%</b>
Medical technology	1 094.4		1 297.22			0.48		0.57		
<b>Hospitals</b>	<b>12 990 062.63</b>	<b>36.71%</b>	<b>12 077 013.48</b>	<b>35.35%</b>	<b>7.56%</b>	<b>5 662.63</b>	<b>36.71%</b>	<b>5 327.31</b>	<b>35.35%</b>	<b>6.29%</b>
Private Hospitals ('A' - Status)	1 697 897.34		1 980 054.31			740.15		873.42		
Private Hospitals ('B' - Status)	10 648 965.44		9 774 646.29			4 642.09		4 311.71		
Provincial Hospitals	89 496.8		2 409.53			39.01		1.06		
Sub-Acute Facilities	19 722.24		55 377.35			8.6		24.43		

Mental Health Institutions	212 002.11		15 274.36			92.42		6.74		
Approved U O T U / Day clinics	314 978.7		244 595.4			137.31		107.89		
Hospices	7 000		4 656.24			3.05		2.05		
<b>Other Benefits</b>	<b>136 888.62</b>	<b>0.39%</b>	<b>166 406.97</b>	<b>0.49%</b>	<b>-17.74%</b>	<b>59.67</b>	<b>0.39%</b>	<b>73.4</b>	<b>0.49%</b>	<b>-18.71%</b>
Blood transfusion services	92 429.85		95 941.64			40.29		42.32		
Clinical services	887.78		0			0.39		0		
Group practices	34 498.64		52 614.65			15.04		23.21		
Group practices/Hospitals	9 072.35		17 850.68			3.95		7.87		
<b>Medicines Dispensed</b>	<b>7 539 392.66</b>	<b>21.3%</b>	<b>6 958 374.76</b>	<b>20.37%</b>	<b>8.35%</b>	<b>3 286.57</b>	<b>21.3%</b>	<b>3 069.42</b>	<b>20.37%</b>	<b>7.07%</b>
Pharmacies	6 286 981.29		6 033 957.88			2 740.62		2 661.65		
General Practitioners	130 343.66		163 250.43			56.82		72.01		
Medical Specialists	304 057.61		457 619.43			132.54		201.86		
Supplementary and Allied Health Professionals	121 283.41		7 340.25			52.87		3.24		
Other Health Professionals	696 726.69		296 206.77			303.72		130.66		
<b>Total out-of-hospital managed care arrangements</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>		<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0%</b>
<b>Ex-gratia payments<sup>1</sup></b>	<b>80 798.49</b>	<b>0.23%</b>	<b>184 515.33</b>	<b>0.54%</b>	<b>-56.21%</b>	<b>35.22</b>	<b>0.23%</b>	<b>81.39</b>	<b>0.54%</b>	<b>-56.73%</b>
<b>Other benefits</b>	<b>96 465</b>	<b>0.27%</b>	<b>93 411</b>	<b>0.27%</b>	<b>3.27%</b>	<b>42.05</b>	<b>0.27%</b>	<b>41.2</b>	<b>0.27%</b>	<b>2.05%</b>
<b>Total benefits</b>	<b>35 388 699.76</b>	<b>100%</b>	<b>34 167 711.82</b>	<b>100%</b>	<b>3.57%</b>	<b>15 426.63</b>	<b>100%</b>	<b>15 071.77</b>	<b>100%</b>	<b>2.35%</b>

1. Scheme systems handle ex-gratia claims in different ways. Some schemes report ex-gratia amounts as part of the “normal benefits” paid



# UTILISATION OF SERVICES FOR THE YEARS ENDED 31 DECEMBER 2014 - 2015 FOR MMED MEDICAL SCHEME

## Financial Year 2014 and 2015

Description	2015	2014
	Consolidated	Consolidated
<b>Utilisation of selected healthcare providers (per 1 000 beneficiaries)</b>		
Number of beneficiaries visiting GPs at least once a year	901.72	930.01
Number of beneficiaries visiting dentists at least once a year	399.14	433.07
Number of beneficiaries visiting private nurses at least once a year	7.73	3.06
<b>Utilisation of selected healthcare providers (per beneficiary)</b>		
Average number of visits to GPs	3.63	3.79
Average number of visits to dentists	2.07	2.08
Average number of visits to private nurses	1.78	3.43
<b>Number of hospital admissions: inpatient admission &gt; than 24 hours (per 1 000 beneficiaries)</b>		
Private Hospitals (PCNS: 057, 058)	195.71	211.29
Provincial Hospitals (PCNS: 56)	12.45	5.25
Approved U O T U / Day clinics	0	0
Drug & Alcohol Rehab	0	0
Hospices	3.43	1.75
Mental Health Institutions	4.72	0.87
Private Rehab Hospital (Acute)	0	0
Sub-Acute Facilities	1.29	1.75
Unattached operating theatres / Day clinics	0	0
Maternity cases	10.3	19.25
Medical cases	70.39	136.48

Surgical cases	56.65	129.05
Prescribed Minimum Benefit cases	0	0
<b>Number of hospital admissions: inpatient admission &lt; than 24 hours (per 1 000 beneficiaries)</b>		
Private Hospitals (PCNS: 057, 058)	79.83	83.11
Provincial Hospitals (PCNS: 56)	0	0
Approved U O T U / Day clinics	12.88	13.12
Drug & Alcohol Rehab	0	0
Hospices	0	0
Mental Health Institutions	6.01	0.87
Private Rehab Hospital (Acute)	0	0
Sub-Acute Facilities	0	0
Unattached operating theatres / Day clinics	0	0
Ambulatory cases	9.01	15.75
Emergency cases	0.86	2.62
Maternity cases	0	0
Medical cases	8.15	15.75
Surgical cases	79.4	160.98
<b>Average number of inpatient days</b>		
Maternity admissions	2.88	2.66
Surgical admissions	4.77	4.79
Medical admissions	3.73	3.86
All admissions	4.1	4.2





# TOTAL BENEFITS PAID IN RESPECT OF PMB CONDITIONS FOR MMED MEDICAL SCHEME

Financial Year 2014 and 2015

All in- and out-of-hospital PMB claims paid from risk per age band						
Age Band	2015			2014		
	In-hospital	Out-of-hospital	Total PMB	In-hospital	Out-of-hospital	Total PMB
Less than one year	970 651.31	1 866.56	972 517.87	351 257.1	1 689.91	352 947.01
1-4 years	67 371.26	26 776.11	94 147.37	69 517.86	23 287.72	92 805.58
5-9 years	134 684.36	39 734.97	174 419.33	46 529.64	27 372.36	73 902
10-14 years	23 163.58	27 053.9	50 217.48	31 059.44	18 648.51	49 707.95
15-19 years	117 533.89	30 762.91	148 296.8	158 113.69	27 906.87	186 020.56
20-24 years	65 245.39	62 473.36	127 718.75	224 484.81	69 997.85	294 482.66
25-29 years	147 330.71	42 234.58	189 565.29	301 591.69	51 127.67	352 719.36
30-34 years	482 762.16	288 350.5	771 112.66	336 175.04	373 570.23	709 745.27
35-39 years	400 419.1	98 867.95	499 287.05	337 175.13	121 001.72	458 176.85
40-44 years	493 044.09	96 848.18	589 892.27	243 723.19	134 943.63	378 666.82
45-49 years	111 133.49	106 198.26	217 331.75	256 043.02	114 394.52	370 437.54
50-54 years	303 186.29	251 104.42	554 290.71	310 719.12	273 823.96	584 543.08
55-59 years	1 220 354.98	357 717.06	1 578 072.04	614 664.92	525 523.83	1 140 188.75
60-64 years	1 795 376.62	579 645.93	2 375 022.55	600 434.6	560 928.1	1 161 362.7
65-69 years	1 306 645.36	534 646.64	1 841 292	1 933 834.94	679 726.88	2 613 561.82
70-74 years	754 052.06	328 763.9	1 082 815.96	1 099 684.41	196 586.67	1 296 271.08
75-79 years	565 734.81	372 500.69	938 235.5	752 361.2	427 304.79	1 179 665.99
80-84 years	913 470.34	150 326.41	1 063 796.75	1 306 449.03	125 069.57	1 431 518.6
85 years+	334 885.55	114 237.94	449 123.49	941 075.38	125 477.88	1 066 553.26
<b>Total</b>	<b>10 207 045.35</b>	<b>3 510 110.27</b>	<b>13 717 155.62</b>	<b>9 914 894.21</b>	<b>3 878 382.67</b>	<b>13 793 276.88</b>

## Financial Year 2014 and 2015

Consolidated in- and out-of-hospital PMB claims paid from risk per average beneficiary per month.						
	2015			2014		
	Total PMB (pabpm): B.7	SRM PMB (pabpm): A.7	% difference	Total PMB (pabpm): B.7	SRM PMB (pabpm): A.7	% difference
RUMED	498.3	617.59	23.94	507.03	622.51	22.78
Total	498.3	617.59	23.94	507.03	622.51	22.78