



CIRCULAR

FOR RELEASE ON
2013/11/29

Reference : Annual Statutory Return
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Date : 17 December 2013

Circular 55 of 2013: Main changes to the 2013 Annual Statutory Return

The purpose of this Circular is to provide a summary of the main changes to the 2013 Annual Statutory Return (click here <http://www.medicalschemes.com/files/Guidelines%20and%20Manuals/AnnualBlank2013.docx> to open the 2013 Word Document).

Medical schemes are also referred to the 2013 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 2013 Annual Statutory Return online system. This document will however only be published upon the system going live on 1 March 2014.

The following constitutes a listing of the main changes to the 2013 Annual Statutory Return:

- Part 1.2 Benefit options
Details on registered Efficiency Discount Options should be disclosed.
- Part 1.4 Report of the Board of Trustees
Question 8 has been elaborated on, and now also requires details in respect registered efficiency discount options.

- Part 2.3.2 Age analysis of members as at the end of the financial year
The scheme is now required to provide information on the members' ages per benefit option; Part 2.3.1 still requires the information on a beneficiary level.
- Part 2.7.2 Number of beneficiaries with the following chronic diseases: Entry and verification criteria
Part 2.7.2 requires information on the number of beneficiaries per benefit option with specific chronic diseases based on the entry and verification criteria, compared to Part 2.7.1 which requires the same information based on prevalence.
- Part 2.7.3 Number of screening tests or procedures performed in respect of beneficiaries with the following chronic diseases
This part requires schemes to provide certain information on the diagnosis and management of specific chronic diseases. Again the information would be based on beneficiaries identified based on the entry and verification criteria.
- Part 3.6 Analysis of out-of-hospital costs
This part requires information in respect of consumables, equipment fees and procedure fees; split between the relevant medical professionals.
- Part 3.7 Total PMB expenditure paid per age band: in-hospital and out-of-hospital
Part 3.7 was amended to require information in respect of variances between the total PMB expenditure per benefit option (in-hospital and out-of-hospital) paid by the scheme, and the sum of the Diagnosis Treatment Pairs (DTP) and Chronic Disease List (CDL) expenditure as required in parts 3.8 and 3.9.
- Part 3.8 PMB expenditure in-hospital and out-of-hospital: by DTP condition
Part 3.8 was added to the return in order to collect data on the DTP expenditure paid by schemes.
- Part 3.9 PMB expenditure in-hospital and out-of-hospital: by CDL condition
Part 3.9 was added to the return in order to collect data on the CDL expenditure paid by schemes.
- Part 4.7 Other non-current liabilities
Part 4.7 was amended to allow schemes to provide details on its non-current post-retirement benefits.
- Part 4.11.2 Managed care: healthcare services (no transfer of risk) – paid and reported
The previous year's information is now automatically pulled through. Schemes do however have the option to edit the amounts; following which the reasons for the restatement(s) would need to be supplied.
- Part 4.12 Managed care: management services
Provision is now also made for contracts with the co-administrator and its related parties.
- Part 4.13: Net (income)/expenses from other risk transfer arrangements (excluding commercial reinsurance contracts):
The previous year's information is now automatically pulled through. Schemes do however have the option to edit the amounts; following which the reasons for the restatement(s) would need to be supplied.
- Part 4.16.2 Advertising and marketing expenditure
The previous year's information is now automatically pulled through. Schemes do however have the option to edit the amounts; following which the reasons for the restatement(s) would need to be supplied.

- Part 6.3 Results of the efficiency discount options

The scheme would need to provide high level results for each registered efficiency discount option (refer to the changes made to Part 1.2 above), including membership statistics.

- 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

Primary and secondary drop-downs had been added to category 2 and 4 assets. The scheme would now need to select the institution name first, before drilling down into the security codes.

The scheme would also now be able to select multiple entries from the drop-downs.

The Board of Trustees are now also required to sign off on Part 9(a); declaring that the disclosure of the assets adheres to the requirements imposed by Explanatory Note 8, that the assets were correctly categorised in terms of Annexure B, and that all non-compliance matters had been reported.



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