



MANUAL FOR THE PURPOSES OF PROMOTION OF ACCESS TO INFORMATION ACT

2000 (Act No.2 of 2000),

for the Council for Medical Schemes,
a statutory body established by the
Medical Schemes Act, 1998 (Act No. 131 of 1998)



**Manual for the purposes of Promotion of Access to
Information Act, 2000 (Act No. 2 of 2000),
for the Council for Medical Schemes, a statutory body established by
the Medical Schemes Act, 1998 (Act No. 131 of 1998)**

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Abbreviations used

CMS	Council for Medical Schemes
PAIA	The Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)
The Act	The Medical Schemes Act, 1998 (Act No. 131 of 1998)

1. THE PROMOTION OF ACCESS TO INFORMATION ACT

AIMS OF PAIA

PAIA is aimed at giving effect to the right of access to information set out in the Bill of Rights and establishing a culture of human rights and social justice. It also provides certain limitations on the right of access to information, aimed at protecting people's privacy and confidential commercial information, and ensuring efficient governance. It balances the right of access to information with the other constitutional rights. In general, PAIA attempts to promote transparency, accountability and effective governance in the public and private sectors.

WHO CAN REQUEST A RECORD?

Anyone can request access to a record held by the Council for Medical Schemes. A person can act on behalf of someone else in requesting access to a record. Access to a record may be requested by an ordinary person, or by a company, close corporation or trust.

LEGISLATIVE AND OTHER MANDATES AFFECTING COUNCIL FOR MEDICAL SCHEMES OPERATIONS

- **Constitutional mandates**

Section 27 of the Constitution places the obligation of the state to make reasonable legislation to progressively realise access to healthcare. The Medical Schemes Act (131 of 1998) represents such legislation, which creates the framework for non discriminatory access to medical schemes.

Section 36 of the constitution deals with the limitation of rights, and spells out strict criteria which must be adhered to whenever rights included in the bill of rights are limited by law. Section 22 of the constitution guarantees the freedom of trade, which may be limited by law. The medical schemes act limits the business of a medical scheme to those parties who are registered by the Council for Medical and requires such parties to comply with the provision of the Medical Schemes Act.

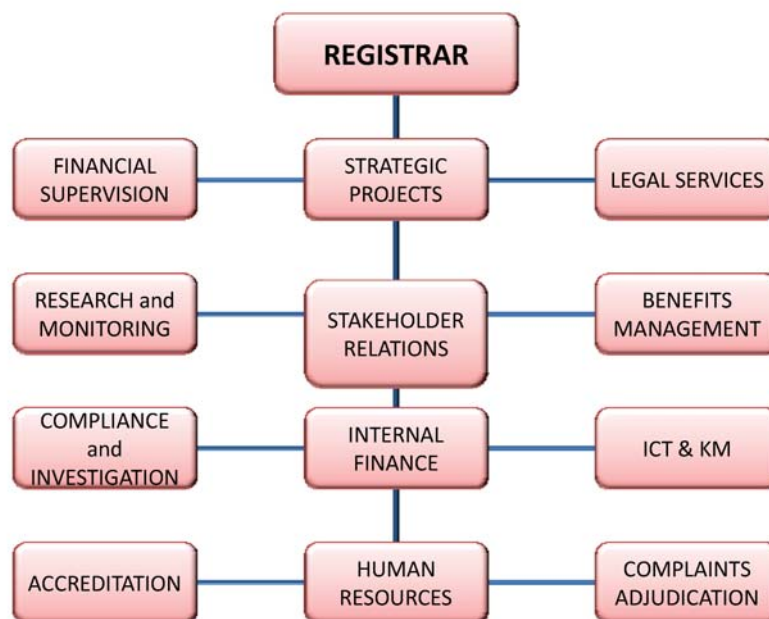
- **Legislated mandates**

The Medical Schemes Act (131 of 1998), established the council for Medical schemes. Section 7 of the Act confers the following functions on Council:

- a) protect the interests of the beneficiaries at all times;
- b) control and co-ordinate the functioning of medical schemes in a manner that is complementary with the national health policy;

- c) make recommendations to the Minister on criteria for the measurement of quality and outcomes of the relevant health services provided for by medical schemes, and such other services as the Council may from time to time determine;
- d) investigate complaints and settle disputes in relation to the affairs of medical schemes as provided for in this Act;
- e) collect and disseminate information about private health care;
- f) make rules, not inconsistent with the provisions of this Act for the purpose of the performance of its functions and the exercise of its powers;
- g) advise the Minister on any matter concerning medical schemes; and
- h) perform any other functions conferred on the Council by the Minister or by the Act.

2. COUNCIL FOR MEDICAL SCHEMES COST CENTRES



VISION, MISSION AND VALUES

Vision

We strive to be a fair custodian of equitable access to medical schemes in order to support the improvement of universal access to healthcare.

Mission

The CMS regulates the medical schemes industry in a fair and transparent manner and achieves this by:

- protecting the public and informing them about their rights, obligations and other matters, in respect of medical schemes;
- ensuring that complaints raised by members of the public are handled appropriately and speedily;
- ensuring that all entities conducting the business of medical schemes, and other regulated entities, comply with the Medical Schemes Act;
- ensuring the improved management and governance of medical schemes; and
- advising the Minister of Health of appropriate regulatory and policy interventions that will assist in attaining national health policy objectives.

Values

The values of the CMS stem from those underpinning the Constitution and its specific vision and mission. Being an organisation that subscribes to a rights-based framework where everyone is equal before the law, where the right of access to healthcare must be protected and enhanced, where access must be simplified in a transparent manner, the values below are key requirements of all employees in the office:

- “Ubuntu” – we need each other to achieve our goals;
- We strive to be consistent in our regulatory approach;
- We approach challenges with a “Can do: attitude;
- We are proud with our achievements; and
- We are occupied by doing something which is of value.

Policy mandates

Council, as an organ of state, is obliged to discharge its legislated mandate in a coherent manner, which is in consistent with national policy.



COST CENTRES IN THE OFFICE OF THE REGISTRAR/CEO

OFFICE OF THE REGISTRAR/CEO

The Registrar/CEO of the CMS reports to the Council, which is appointed by the Minister of Health. The Registrar is responsible for the following:

- The overall management and strategic direction of the CMS.
- The development of strategic alliances and cooperation with key stakeholders.
- The coordination of all the various cost centres' activities.

ACCREDITATION

- Accredits brokers, administrators of medical schemes and managed care organizations.
- Investigate complaints against accredited entities
- Develops standards, criteria and service level for accredited entities.
- Promote sound corporate governance of medical schemes and accredited entities
- Ensure accreditation of brokers in terms of the Act.
- Resolve complaints against brokers
- Contribute to policy development and improvement of regulatory framework
- Accreditation of administrators
- Evaluation of compliance by self-administered medical schemes with administration standards
- Ensure compliance by administrators with the financial solvency requirements of accreditation
- Ensure compliance with accreditation and compliance condition
- Resolve complaints against accredited administrators
- Accreditation of managed care organizations
- Ensure compliance with accreditation and compliance conditions
- Contribute to policy development and improvement of regulatory framework
- Resolve complaints against accredited entities
- Contribute to financial soundness of managed care entities

BENEFITS MANAGEMENT

- Comprehensive function of dealing with Medical schemes benefits, including rules on benefits, and contributions
- Standardizing Benefits
- Review of exclusions

- Engage the industry on benefit design
- Contributing to policy on benefit design
- Promote sound corporate Governance of Medical Schemes
- Ensure fair treatment of beneficiaries and the public by ensuring compliance with registered rules
- Ensure compliance by all schemes in their rules with the Act, amended regulations and revised model rules

COMMUNICATION – STAKEHOLDER RELATIONS

- Inform public and stakeholders, and media of the work of Council for Medical Schemes
- Promote image of registrar, staff and the work of the council
- Promote understanding of medical schemes environment by trustees, beneficiaries, and public
- Develop strategic messaging on priority issues
- Use various tools to convey the key messages to stakeholders, based on the priorities list developed above

COMPLAINTS ADJUDICATION UNIT

- Dealing with complaints raised by members of the public by
- Receiving complaints, analysing them and resolving them effectively;
- Investigating inconsistency with the Medical Schemes Act;
- Ensuring that schemes have dispute committees in place;
- Ensuring that the provisions of the Act are interpreted and applied correctly.
- Investigating complaints raised by beneficiaries
- Improving responsiveness to stakeholders
- Handling appeals in terms of section 49 of the Medical Schemes Act
- Participating on the envisaged amendments to the appeals processes
- Monitoring non-compliance with the provisions of the Medical Schemes Act
- Providing input to the PMB Project Unit (Task team) for purposes of benefit design and pricing
- Ensuring fair treatment of beneficiaries by ensuring compliance with the Act
- Rendering of quality advice to beneficiaries on the provisions of the Medical Schemes Act on a walk-in basis

COMPLIANCE UNIT

- Full Inspection of non-compliant schemes
- Focus on non-healthcare expenditure and governance of schemes
- Ensure compliance with demarcation agreement
- Enforce rulings made by the Registrar, including Persistent non adherence

- Preparation of exemption applications for Council
- Ensure overall compliance with the Medical Schemes Act and regulations
- Develop compliance profile for schemes ,brokers, administrators, and Managed Healthcare Organisations
- Ensure schemes comply with the Act.
- Initiate criminal Investigations
- Develop standard operating Procedure for enforcement process

FINANCIAL SUPERVISION

- Ensure compliance with the financial aspects of the Act.
- Improve standard of medical schemes reporting
- Update Audit and Accounting Guides issued by IRBA & SAICA respectively
- Analyse and improve statutory returns as tools for monitoring and reporting
- Monitor the financial soundness of medical schemes
- Ensure that financial guidelines used by CMS are updated
- Ensure compliance by all schemes in their rules with the Act, amended regulations and revised model rules
- Registration of rules in respect of contributions and benefits
- Assist in ensuring that medical schemes benefit options are financial sound
- Contribute to BOT training on financial issues
- Assist with inspections

LEGAL SERVICES

- Promote sound corporate governance amongst Board of Trustee Members
- Ensure compliance of all medical schemes with the Act, rules and decisions of relevant tribunals
- Render support to the Complaints Adjudication Unit in order to ensure legally sound and enforceable rules
- Ensure compliance with the provisions of the MSA and regulations promulgated under the MSA
- Provide legal advice and support to the operational Units in the Office to the Registrar and the Council
- Provide Legal advice to the Registrar and Council
- Render support to Council and EXCO
- Promote an understanding of the Legal framework in which we operate
- Support passage of Medical Schemes Amendment Bill

INTERNAL FINANCE

- Keep full and proper records of the financial affairs of Council (S55(1)(a))
- Financial statements are prepared in accordance with the (gaap) generally accepted accounting practice (S55(1)(b))
- Maintenance of effective and efficient Internal ControlsS51(1)(a)(i)&(ii)

- Facilitate the work of Internal Auditors consistent with their internal audit charter S76(4)(b)&(e)
- An effective and efficient Audit and Risk Committee is constituted(S76(4)(D)(TR27)
- Budget management(S53(1)
- Determination of levy for medical schemes
- Performance Management (TR 30.1)
- Projections of income and expenditure for the Estimates of National Expenditure Framework (MTEF)years
- Revenue management (S38)(1)
- Maintenance of the Supply Chain Management (SCM)Framework(S76(4)(s))
- Procurement system (TR.16.6.)
- Cash Management(TR 31.1)
- Asset Management
- Personnel costs management(T.R.8.3)
- Risk Management (S55(1)(a)(i)

INFORMATION SYSTEMS AND KNOWLEDGE MANAGEMENT

- Render an effective and efficient IT Helpdesk Support service
- Ensure that disaster recovery and data backup procedures are in place
- Internet connectively monitored and optimally running at 100%
- Ensure that adequate domain security measures are in place
- SLA Management normalized and SLA'S renewed where applicable
- Server room Access Control Policy and procedure
- Develop new CMS Website
- Develop and Maintain self service portals
- Publish and maintain content on the CMS Website and related portals
- Link new Asset Managing system to Advent Net system
- New Quarterly and Annual Return System GRP Module developed and deployed
- Investigation of REF Registry and planning of implementation
- Effective handling of telephonic enquiries as per industry norms and standards
- Review of call centre benchmarking standards Project
- Actively manage and monitor all recorded verbal and written queries received
- Establish Service Levels Agreements (SLA'S) with other business Units
- Ongoing training of call centre consultants
- To provide a comprehensive Information Management to the registrar's office
- To comply with Promotion of Access to information Act(PAIA)by outside

HUMAN RESOURCES

- Ensures effective human resource management within CMS.
- Manage the development of Human Resources strategies
- Hire and retain high quality talent
- Management of performance
- Develop and implement organizational training and development
- Manage equity in line with national objectives
- Manage assistance employee assistance programmes
- Provides strategic human resource support to Unit heads.

RESEARCH AND MONITORING

- Monitors the impact of the Medical Schemes Act, its regulations and amendments.
- Researches trends in private health care finance and demographics.
- Monitors the performance of schemes and their compliance with the Act.
- Investigates and develops recommendations for regulatory reform.
- Monitoring the impact of the Medical Schemes Act and trends in Private Health Finance
- Understanding Utilisation of Healthcare Services within the Medical Schemes Environment
- Key complaints areas for compliance action
- Developing a policy framework for the registration of scheme contributions
- Pricing Analysis based on revised PMB
- Factors Impacting on Member Movement across benefit options
- Monitoring ICD 10 implementation
- Provide statistical and research support to other units
- Participate in the managed health care/administrators accreditation process
- Promote sound corporate governance of Medical Schemes
- Clinical support in relation to benefits and interpretation of legislation relating to clinical matters
- Adjudication of complaints

STRATEGIC PROJECTS UNIT

- Establish techniques to evaluate REF submissions through more research on scheme-specific expected values
- Revised REF weighting tables and Entry & Verification (E&V) criteria guidelines
- REF Risk factor and pricing analysis based on revised PMB's
- Migration to new IT system for collecting, storing and evaluating REF submissions
- Analysis of REF returns Evaluate REF submissions and report back to schemes



- Communication to the industry on the REF process
- Continue with consultative process and make recommendations to the Department of Health (DOH) on changes to PMB regulations
- Collaborative Clinical function across units
- Institute a consultative process and make recommendations to the DOH on the use of DRGs in the South-African private and public healthcare sectors
- Assessment of the existing HR capacity in the Health System
- Determine the comprehensive package of services to be offered in the NHI environment
- Costing the delivery model that will be used to deliver health services within the NHI environment
- Support to the DOH in preparation of legislation for health care reform initiatives
- Coordination of Theme projects across units

SERVICES PROVIDED BY THE COUNCIL FOR MEDICAL SCHEMES (CMS)

The following are the main four public entries of the CMS apart from the regulatory units that deal with the medical schemes and its members, brokers administrators and other stakeholders:

- Knowledge Centre.
- Complaint Adjudication Unit.
- Consumer Training Division
- Call Centre

CMS KNOWLEDGE CENTRE

The CMS Knowledge Centre is open five days a week, from 08:00 to 17:00. It provides information on private health care financing locally and internationally. Its databases are available on the CMS web site. The knowledge Management officer (as the deputy information officer) is responsible for processing of all PAIA requests as per registrar's (Information Officer) approval.

Contact: 012 431 0530

COMPLAINTS ADJUDICATION UNIT

The unit exists solely to protect the interest of the members of medical schemes. The CMS has well qualified complaints analysts to deal with complaints lodged by brokers and members against medical schemes. A complaint form is also available on our web site, alternatively write a letter which may be faxed, emailed or posted to the CMS offices. The complaints team can also be contacted telephonically for immediate advice.

Contact Tel: 012 431 0413

CONSUMER EDUCATION AND TRAINING – STAKEHOLDER RELATIONS

This unit is very important in educating and empowering through knowledge the members of medical schemes, trustees and brokers on aspects of the Medical Schemes Act. This is an endeavour to raise awareness of medical schemes' members of their rights. Training workshops are arranged throughout the country to inform and educate. More information on this can be found on our web site by calling the unit during office hours.

Contact: 012 431 0581 and 431 0539

CALL CENTRE

This unit was established to render excellent customer service by operating an efficient and effective call centre whose task is:

- To handle telephonic enquiries and queries
- Inform members of the public about their rights and duties.

Contact: Tel - 0861 123 267

E-mail (information@medicalschemes.com)

(support@medicalschemes.com)

3. PROCEDURES FOR MAKING A PAIA REQUEST

In order for a request of a record of a public body to be processed, the requester must comply with all the PAIA's procedural requirements, which are as follows:

- The request form must be filled in.
- The form must be submitted to the information officer, by fax, email, post or hand.
- The request fee must be paid.

A letter will be sent to the requester notifying them of the outcome of the request.

A request to access any record held by the CMS that is not freely available in terms of section 51(2) of PAIA must be made to the information officer on the prescribed form. The requester must give enough detail for the officer to know which record is being requested. The requester has to indicate if they want an actual copy of the record, or whether they want to come to view it. If the record is on computer the requester has to indicate whether the record has to be printed or provided in electronic form. Where a record is available in more than one language, the requester must indicate which language they prefer. The information officer or an official will help requesters who are not able to read or write to complete the request form.

4. COSTS OF OBTAINING A RECORD

There are three kinds of fees chargeable by PAIA. A request fee of R35,00 is payable for simply making a request. The request fee must be paid before the request is processed. Additional access and reproduction costs depend on the nature of the request. Requesters of records containing personal information about themselves do not pay request fees, only access and/or reproduction costs.

FEES PAYABLE FOR INFORMATION FROM THE CMS

The fees for reproduction referred to in regulation 7(1) of the regulations to PAIA (which apply to all public bodies) are as follows:

	<u>Rand</u>
(a) For every photocopy of an A4-size page or part thereof	0,60
(b) For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form	0,40
(c) For a copy in a computer-readable form on -	
(i) Stiffy disk	5,00
(ii) Compact disk	40,00
(d)(i) For a transcription of visual images, for an A4-size page or part thereof	22,00
(ii) For a copy of visual images	60,00
(e)(i) For a transcription of an audio record for an A4-size page or part thereof	12,00
(ii) For a copy of an audio record	17,00

The access fees payable by a requester referred to in regulation 7(3) are as follows:

	<u>Rand</u>
1 (a) For every photocopy of an A4-size page or part thereof	0,60
(b) For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form	0,40
(c) For a copy in a computer-readable form on -	
(i) Stiffy disk	5,00
(ii) Compact disk	40,00
(d)(i) For a transcription of visual images, for an A4-size page or part thereof	22,00

- | | | |
|--------|---|--|
| (ii) | For a copy of visual images | 60,00 |
| (e)(i) | For a transcription of an audio record, for an A4-size page or part thereof | 12,00 |
| (ii) | For a copy of an audio record | 17,00 |
| (f) | For the time reasonably required to find and prepare the record for disclosure. | 15,00/hour
(excluding the 1 st hour) |

2 For the purposes of section 22(2) of the Act, the following applies:

- (a) Six hours as the hours to be exceeded before a deposit is payable.
- (b) One third of the access fee is payable as a deposit by the requester.

3 The actual postage is payable when a copy of a record has to be posted to a requester.

5. NOTIFICATION OF REQUESTERS

As soon as a decision has been made about a request, a notification letter will be sent to the requester. The notification may include any of the following information:

- the amount of the request fee to be paid.
- granting of request.
- Denial of request.
- that access has been deferred for some reason.
- Referral of request to the relevant body.

6. FORM OF ACCESS

PAIA provides for access to information in any format available. Records may be reproduced by photocopying, and copying onto compact discs, video cassettes, audio cassettes, etc.

7. LANGUAGE OF ACCESS

A requester whose request for access has been granted will be given access to the record in the language he or she prefers, provided the record exists in that language. If it does not, access will be granted in a language in which the record exists.

8. GROUNDS FOR REFUSAL

PAIA provides several reasons for refusing access to records. Access may or must be refused in the following instances:

- To protect the privacy of a third party who is a natural person, and not a company or close corporation.
- To protect records at the South African Revenue Service.
- To protect commercial information belonging to third parties.
- To protect certain confidential information.
- To protect the safety of individuals and property.
- To protect law enforcement and legal proceedings, including police dockets in bail proceedings.
- To protect records privileged from production in legal proceedings.
- To protect the military, security and international relations of the Republic of South Africa.
- To protect the economic interest and financial welfare of the Republic and commercial activities of public bodies.
- To protect research.
- In certain instances, operations of public bodies.
- To prevent access to health records

9. DESCRIPTION OF RECORDS HELD BY COUNCIL FOR MEDICAL SCHEMES

The CMS holds a variety of records on the following:

- Medical schemes
 - ⇒ A list of registered medical schemes.
 - ⇒ The rules of registered medical schemes.
 - ⇒ Audited financial statements of medical schemes.
- Minutes and agendas of the executive of the CMS from 1967 to date.
- Reports
 - ⇒ Research reports.
 - ⇒ Annual reports.
 - ⇒ Investigation reports.
- **Legislation**
 - ⇒ Medical Schemes Act and amendments.
 - ⇒ Medical Schemes Levies Act, 2000 (Act No. 58 of 2000).
 - ⇒ Regulations.
 - ⇒ Notices.



- **Legislation**

- ⇒ Medical Schemes Act and amendments.
- ⇒ Medical Schemes Levies Act, 2000 (Act No. 58 of 2000).
- ⇒ Regulations.
- ⇒ Notices.

- **Brokers**

- ⇒ A list of accredited brokers and managed care organizations.

- **Complaints**

- ⇒ Records of complaints lodged with the CMS.
- ⇒ Appeals.

10. VOLUNTARY DISCLOSURE OF INFORMATION

The CMS published a notice in terms of section 15(2) of PAIA in *Government Gazette* No. 34541 of 26 August 2011. This notice lists categories of records that are freely accessible, and for which only reproduction costs have to be paid.

RECORDS AUTOMATICALLY AVAILABLE IN TERMS OF SECTION 15 OF THE PROMOTION OF ACCESS TO INFORMATION ACT, 2000 (ACT NO. 2 OF 2000)

DESCRIPTION OF CATEGORY OF RECORDS AUTOMATICALLY AVAILABLE IN TERMS OF SECTION 15(1)(a) OF THE PROMOTION OF ACCESS TO INFORMATION ACT, 2000	MANNER OF ACCESS TO RECORDS(e.g. website) (SECTION 15(1)(b))
FOR INSPECTION IN TERMS OF SECTION 15(1)(a)(i):	
1. Medical Schemes mergers-Exposition Documents 2. Medical Schemes Liquidation & distribution Account	Records may be viewed /accessed by visiting Council for Medical Schemes offices-Knowledge Centre Tel: 012 431 0530 www.medicalschemes.com Sharecall: 086 112 3267 http://www.medicalschemes.com
FOR PURCHASING IN TERMS OF SECTION 15(1)(a)(ii):	
1. Medical Schemes Rules 2. Medical Schemes Annual Financial Statements 3. Medical Schemes Annual Statutory Returns	Records may be viewed /accessed by visiting Council for Medical Schemes offices-Knowledge Centre – Knowledge Centre Telephone: 012 431 0530 Sharecall: 086 112 3267
FOR COPYING IN TERMS OF SECTION 15(1)(a)(ii):	
1. Medical Schemes Rules 2. Medical Schemes Annual Financial Statements 3. Medical Schemes Annual Statutory Returns 4. Research Reports findings	Records may be obtained by visiting Council for Medical Schemes office-Knowledge Centre Tel: 012 431 0530 Fax: 012 431 0630
AVAILABLE FREE OF CHARGE IN TERMS OF SECTION 15(1)(a)(iii):	
1. List of Accredited Brokers/Administrators/Managed Care Org 2. List of Registered Medical Schemes 3. Annual Report 4. Medical Schemes Act, amendments and Regulations. 5. Circulars, judgments & Appeals, Manuals, CMS news	Records may be obtained from Council for Medical Schemes Website(www.medicalschemes.com) or by visiting Council for Medical Schemes Office-Knowledge Centre Tel: 012 431 0530 Fax: 012 431 0630

11. WHAT TO DO IF AN OFFICIAL REFUSES ACCESS TO A RECORD OR INFORMATION TO WHICH YOU ARE ENTITLED

PAIA provides a number of remedies to curb non-compliance with its provisions. The first step is to lodge an internal appeal by completing Form B and after this; the requester can take the matter to court. The person who refuses access has to give reasons for doing so.

'Internal appeal' means an Internal Appeal to the 'Relevant Authority' in terms of section 74 of the PAIA Act. In the case of the Council for Medical Schemes, the 'Relevant Authority' is the Registrar of Council for Medical Schemes or the person designated in writing by the Registrar of the Council for Medical Schemes.

Internal appeal procedures are subject to such a mechanism actually being in place within Council as a public body to facilitate such an Internal Appeal.

A requester, personal requester or third party may lodge an Internal Appeal if he/she is not satisfied with the decision made by the Information Officer or Deputy Information Officer about a request for access.

A third party/parties may only lodge an Internal Appeal against, or an application with a court on the decision(s) of the Information Officer or Deputy Information Officer to:

- grant a request for access. [Section 49(3)(b)]

NOTE: In this case access to the record may be given only when the decision to grant the request is finally confirmed [Section 29(9)].

For an Internal Appeal to be lodged, a requester, personal requester or third party should/must lodge it within a specific time frame after being notified/informed of the decision of the Deputy Information Officer. The time frames are as follows

- A requester (i.e. personal requester, requester, requester on behalf of someone), within 60 days that the requester has been informed of a decision.
- A third party/parties, within 30 days after the third party has been notified that access has been granted.

NOTE: The lodging of a late Internal Appeal may be allowed if a good reason as to why it is late is provided. If disallowed, the person lodging the request will receive notification of the decision [Section 75(2)(a)(b)].

Currently no fees are applicable with regard to Internal Appeals.

Internal Appeal Procedures

To lodge an Internal Appeal the requester or third party needs to complete the prescribed Council for Medical Schemes "Notice of Internal Appeal" form B.

1. The Internal Appeal form is available:
 - o As form B.
 - o By requesting it to be forwarded via fax, letter, phone or e-mail from the Deputy Information Officer;
 - o By collecting the form at Council for Medical Schemes reception or from the Knowledge Centre.
2. The form must be signed by the appellant.
3. All additional pages of documentation added to the Internal Appeal form must be signed by the appellant.

The completed Internal Appeal form is to be dispatched to the Deputy Information Officer of the Council for Medical Schemes, by:

- By post
- by fax
- By E-mail
- By Hand delivered at Council for Medical schemes reception

It is recommended that the requester keep a copy of the Internal Appeal for his/her own records.

The following actions will result from an Internal Appeal:

- The Deputy Information Officer must submit the Internal Appeal to the Relevant Authority within 10 working days.
- The Relevant Authority must inform third party/parties involved as soon as possible, but definitely within 30 days, by the fastest means possible, after receipt of an Internal Appeal lodged by the requester against the refusal to grant access.
- The Relevant Authority must inform the requester involved as soon as possible, but definitely within 30 days, by the fastest means possible, after receipt of an Internal Appeal lodged by the third party/parties against the granting of access.
- The Relevant Authority must decide on the Internal Appeal as soon as possible, but definitely:

1. within 30 days after receiving it from the Deputy Information Officer;
2. within 30 days after a third party or requester has been informed of an Internal Appeal; or

NOTE: The third party or requester may, within 21 days after being informed, make written representations to the Relevant Authority on why a request should either not be granted or be granted. [Section 76 (51)]

within 5 working days after a requester has made written representations on the Internal Appeal by a third party/parties.

- If knowledge about an Internal Appeal has been obtained by other means than by the Relevant Authority, written or verbal representations should be made to the Relevant Authority on why the request for access should be refused.

The Relevant Authority may decide to:

- confirm the decision appealed against, or
 - to substitute a new decision for it.
- Immediately after the decision on the Internal Appeal has been made, written notification of the decision will be given to:
 - the appellant;
 - every third party (if not the appellant)
 - the requester (if not the appellant)

NOTE: If the Relevant Authority fails to give notice of a decision on the appeal within 30 days it should be regarded as that the Internal Appeal has been dismissed, and the requester may then apply to a court. [Section 77 (7)]



12. CONTACT DETAILS

For assistance contact the **Council for Medical Schemes**.

Information Officer: Dr. Monwabisi Gantsho (Registrar/CEO)

Deputy Information Officer: Mr. S.S. Thosago

(s.thosago@medicalschemes.com)

Postal address: Private Bag X34
Hatfield
0028

Business address: Block E
Hadebfields Office Park
1267 Pretorius Street
Hatfield
0028

Telephone: (012) 431 0500

(012) 431 0530

Fax: (012) 430 0630

Web site: www.medicalschemes.com

13. REQUEST FORMS

FORM A

REQUEST FOR ACCESS TO RECORDS OF PUBLIC BODY

Section 18[1] of the Promotion of Access to Information Act [Act 2 of 2000]

FOR OFFICE USE ONLY

Request received by _____ Reference number. _____
 On _____
 Request fee [if any] R _____
 Deposit [if any] R _____
 Access fee R _____

 Signature of Information Officer /
 Deputy Information Officer

A. Particulars of public body

The Information Officer / Deputy Information Officer

B. Particulars of person requesting access to the record

- [a] The particulars of the person who requests access to the record must be recorded below.
 [b] Furnish an address and/ or fax number in the Republic to which information must be sent.
 [c] Proof of the capacity in which the request is made. [If applicable, must be attached]

Full name and surname: _____

Identity number: _____

Postal address: _____

Fax number: _____

Telephone number: _____

E-mail address: _____

Capacity in which request is made, when made on behalf of another person: _____

C. Particulars of person on whose behalf request is made

This section must be completed only if a request for information is made on behalf of another person.

Full name and surname: _____

Identity number: _____

D. Particulars of record

[a] Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.
 [b] If the provided space is inadequate please continue on a separate folio and attach it to this form. **The requester must sign all the additional folios.**

1. Description of record or relevant part of the record: _____

2. Reference number, if available: _____

3. Any further particulars of record: _____

E. Fees

[a] A request for access to a record, other than a record containing personal information about yourself, will be processed only after a **request fee** has been paid.
 [b] You will be notified of the amount required to be paid as the request fee.
 [c] The **fee payable for access** to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.
 [d] If you qualify for exemption of the payment of any fee, please state the reason therefore.



Reason for exemption from payment of fees: _____

F. Form of access to record

If you are prevented by a disability to read, view or listen to a record in the form of access provided for in 1 to 4 hereunder, state your disability and indicate in which form the record is required.

Disability: _____

Form in which record is requested: _____

Mark the appropriate box with an 'X'

NOTES.

- [a] Your indication as to the required form of access depends on the form in which the record is available.
- [b] Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.
- [c] The fee payable for access to the record, if any, will be determined partly by the form in which access is required.

1. If the record in is printed or written form-

	Copy of record*		Inspection of record
--	-----------------	--	----------------------

2. If record consist if visual images-

[this includes photographs, slides, video recordings, computer-generated-images, sketches, etc.]

	View the images		Copy of the images*		Transcription of the images*
--	-----------------	--	---------------------	--	------------------------------

3. If record consist of recorded words or information which can be reproduced in sound-

	Listen to the soundtrack [audio cassette]		Transcription of soundtrack* [written or printed document]
--	--	--	---

4. If record is held on computer or in an electronic or machine-readable form-

	Printed copy of record*		Printed copy of information derived from the record*		Copy of computer readable form* [stiffy or compact disc]
--	-------------------------	--	--	--	---

*If you requested copy or transcription of a record [above], do you wish the copy or transcription to be posted to you? A postal fee is payable.		
--	--	--

Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available

In which language would you prefer the record? _____



G. Notice of decision regarding request for access

You will be notified in writing whether your request has been approved / denied. If you wish to be informed thereof in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access to the record?

Signed at _____ this ____ day of _____ 20 _____

SIGNATURE OF REQUESTER /
PERSON ON WHOSE BEHALF
REQUEST IS MADE



FORM B

NOTICE OF INTERNAL APPEAL

(Section 75 of the Promotion of Access to Information Act 2000 (*Act No. 2 of 2000*))

[Regulation 8]

STATE YOUR
REFERENCE NUMBER:

A. Particulars of public body

The Information Officer/Deputy Information Officer:

B. Particulars of requester/third party who lodges the internal appeal

- (a) *The particulars of the person who lodge the internal appeal must be given below.*
- (b) *Proof of the capacity in which appeal is lodged, if applicable, must be attached.*
- (c) *If the appellant is a third person and not the person who originally requested the information, the particulars of the requester must be given at C below.*

Full names and surname:

Identity number:

Postal address:

Fax number:

Telephone number:

E-mail address:

Capacity in which an internal appeal on behalf of another person is lodged:

C. Particulars of requester

This section must be completed ONLY if a third party (other than the requester) lodges the internal appeal.

Full names and surname:

Identity number:

D. The decision against which the internal appeal is lodged

<i>Mark the decision against which the internal appeal is lodged with an X in the appropriate box:</i>	
<input type="checkbox"/>	Refusal of request for access
<input type="checkbox"/>	<i>Decision</i> regarding fees prescribed in terms of section 22 of the
<input type="checkbox"/>	Decision regarding the extension of the period within which the request must be dealt
<input type="checkbox"/>	Decision in terms of section 29(3) of the Act to refuse access in the form requested by
<input type="checkbox"/>	Decision to grant request for access

E. Grounds for appeal

If the provided space is inadequate, please continue on a separate folio and attach it to this form. You must sign all the additional folios.

State the grounds on which the internal appeal is based:

State any other information that may be relevant in considering the appeal:

E. Notice of decision on appeal

You will be notified in writing of the decision on your internal appeal. *If* you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.



State the manner:

Particulars of manner:

Signed at.....thisday of 20

SIGNATURE OF APPELLANT

FOR OFFICE USE:

OFFICIAL RECORD OF INTERNAL APPEAL

Appeal received on

.....

..... (date) by (state rank, name and surname of information officer/deputy

information officer).

Appeal accompanied by the reasons for the information officer's/deputy information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer/deputy information officer on (date) to the relevant authority.

OUTCOME OF APPEAL:

DECISION OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER
CONFIRMED/NEW DECISION SUBSTITUTED

NEW DECISION:

.....

.....DATE

RELEVANT AUTHORITY

RECEIVED BY THE INFORMATION OFFICER/DEPUTY INFORMATION
OFFICER FROM THE RELEVANT AUTHORITY ON (date):

