



Your
rights...

making health law work for you

**Under the Medical Schemes- and
Consumer Protection Acts**

Disclosure:

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Abbreviations:

- CPA = Consumer Protection Act
- MSA / MS regs = Medical Schemes Act / Medical Schemes regulations
- CMS = Council for Medical Schemes (oversight body over medical schemes)
- NHA = National Health Act

Your right to:

1. Information
2. Choice
3. Co-payments
4. No co-payments
5. Complain

1. Your right to information

- Under the CPA & NHA, you have to right to **honest, complete information**, in plain language from:
 - Your scheme as to what they will pay for and why / why not, and where you must go
 - Your doctor, as to what the
 - treatment **options**,
 - **benefits**,
 - **risks** and
 - **costs** are

2. Your right to choose

- You have the right to choose treatment on the basis of the information provided to you.
- This choice is called “**informed consent**” and normally is done verbally, but sometimes in writing (as is the case with operations)
- Remember that the best option is not necessarily what the scheme will pay for

3. Your right to payment in full

- All PMB (prescribed minimum benefit) conditions must, under MS reg 8, be funded **in full** and without co-payment
- Diabetes is a PMB
- The diagnosis (i.e. **all tests**), treatment (i.e. **all medicine and doctor visits**) and care (i.e. **all physiotherapy, hospital care, etc**) must be funded in full

4. Your rights when co-pays are charged

You can only be required to make a co-payment if:

- You freely and voluntarily choose a medicine or test, but you **would have been ok on the scheme-recommended** medicine or test
- You freely and voluntarily go to a **doctor or pharmacist** or a hospital **not on the scheme's list** (a non-DSP)

The co-pay must be the real difference in cost

4. Your rights when co-pays are charged

You **CANNOT** be required to make a co-payment if:

- You **MEDICALLY NEED** a different medicine or test, and would NOT be ok on the scheme-recommended medicine or test
- The doctor or pharmacist on the scheme's list (a DSP) is **not available** (e.g. you have to wait too long to get an appointment), if they are **far from your home or work**, or if you need **immediate** healthcare.

5. Your right to take the matter further

1. You can first complain to the scheme
2. If you are not successful, you can complaint to the CMS:

complaints@medicalschemes.com

- Scheme has 30 days to respond and CMS then rules
- You can appeal that ruling in 30 days, but may need to help for that (your doctor, a company, an attorney, patient group)

5. Your right to take the matter further

3. You can also complain to the Consumer Commission if the scheme's terms and conditions were unfair, if the marketing was unfair or unclear, or even if the pricing and value were not as promised:

s.dlodo@thencc.org.za (Mr Dlodlo)

DeputyCommissioner@thencc.co.za



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Thank you for your time!

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