

Disputes Process

Who we are

LA Health Medical Scheme (referred to as 'the Scheme'), registration number 1145, is the medical scheme that you are a member of. This is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

Contact us

For further information, call us on 0860 103 933 or visit us at www.lahealth.co.za

How to file a complaint against LA Health Medical Scheme

What is a complaint?

You can file a complaint against the Scheme with regards to healthcare funding or contribution collection queries.

Internal process

You must follow the internal disputes process when filing a complaint before lodging a formal complaint with the Council for Medical Schemes.

How to file a complaint

The steps to follow are:

1. Call the call centre on 0860 103 933 and speak to a service consultant. Remember to ask for a reference number.
2. If the complaint is not resolved, you can send the query to the consultant's team leader and/or a Client Relationship Manager.
3. IF the matter is still not resolved, you may escalate the query to the Scheme's Fund Manager and then the Principal Officer. At this level, a benefit request may be referred to the Scheme's own medical adviser or medical advisory panel for their consideration.
4. If you are still not satisfied, you can send a letter of appeal to the Scheme or its Medical Advisory Committee. This can be in the form of either a formal letter or an email – with information on the declined decision and further motivation or new clinical evidence.
5. If the decision made by the Medical Advisory Committee is not acceptable, you can ask the Scheme's Board of Trustees to review the decision.

External process

1. Once you have exhausted all the internal processes of the Scheme, you may declare a dispute. The Scheme will then call together its Disputes Committee to decide on the matter.
2. If you are not satisfied with the ruling on the Disputes Committee, you may lodge an appeal with the Council for Medical Schemes.

What proof must you have to show that you have given the Administrator a chance to resolve your complaint before sending it to the Principal Officer?

1. A reference number for the complaint. You will get this from the call centre consultant or from the Client Relationship Manager.
2. If you do not have a reference number, please send the names of the people you dealt with and the dates when you lodged your complaint, made enquiries or had discussions with the Administrator to us as proof.

More about the Scheme's Disputes Committee

The Disputes Committee is an independent body that makes fair and honest decisions. They are not part of the Schemes and look at all the facts of the dispute before making a decision.

The process works like a legal arbitration:

1. A representative of the Scheme will then have an opportunity to respond
2. The Disputes Committee will make their decision and let you know
3. You will receive written confirmation of the decision.

Lodging your complaint with the Council for Medical Schemes

If you are not satisfied with the ruling of the Scheme's Disputes Committee, you can file a formal complaint directly with the Council for Medical Schemes (CMS). The CMS will then make a ruling based on submissions from all parties involved.

The Council for Medical Schemes (CMS)

The Council for Medical Schemes (CMS) is a statutory body established in terms of the Medical Schemes Act 131 of 1998 to provide regulatory oversight to the medical scheme industry.

It is the Council for Medical Scheme's mission to regulate the medical schemes industry in a fair and transparent manner to, amongst others:

- Protect the public, informing them about their rights, obligations and other matters, in respect of all medical schemes.
- Ensure that complaints raised by members of the public are handled appropriately and speedily.

Complaints sent to the Council for Medical Schemes

It is important to always first seek to resolve your complaint through the complaints mechanisms in place at the Fund before approaching the CMS for assistance.

You can contact the Scheme by phone or if you are not satisfied with the outcome, you may write to the Principal Officer of the Fund, giving him full details of your complaint. If you are not satisfied with the response from the Principal Officer, you can ask for the matter to be referred to the Scheme's Disputes Committee.

If you are not satisfied with the decision of the Disputes Committee of the Scheme, you may appeal against the decision within three months of the date of the decision to the CMS. The appeal should be in the form of an affidavit directed to the CMS.

The CMS governs the medical schemes industry and therefore your complaint should be related to your medical scheme. Any beneficiary or any person who is aggrieved with the conduct of a medical scheme can submit a complaint.

How to submit complaints to the Council for Medical Schemes

Complaints against the Fund can be submitted by letter, fax, email or in person at the CMS Offices from Mondays to Fridays (08:00 to 17:00).

The complaint must be in writing and be lodged on the applicable form which is available from www.medicalschemes.co.za. The following details must be provided:

- Full names
- Membership number
- Benefit option
- Contact details
- Full details of the complaint supported by any documents or information to substantiate the complaint.

How the Council for Medical Schemes will deal with your complaint

The CMS will send written acknowledgement of a complaint within three working days of its receipt, providing the name, reference number and contact details of the person at the CMS who will be dealing with your complaint.

In terms of Section 47 of the Medical Schemes Act 131 of 1998, a written complaint, received in relation to any matter provided for in this Act, will be referred to the medical scheme. The medical scheme is obliged to provide a written response to the CMS within 30 days. The CMS will therefore, within four days of receiving the complaint, analyse the complaint and refer it to the Scheme for resolution or comment.

After the CMS has offered the Scheme 30 days to reply to the complaint and once feedback is received from the Scheme, they will contact you and advise how the complaint was resolved.

You can contact the CMS

Customer Care Centre

0861 123 267 or 0861 123 CMS

Reception

Tel: 012 431 0500 or Fax: 012 430 7644

General enquiries

information@medicalschemes.co.za

Complaints

Fax: (086) 673 2466 or Email: complaints@medicalschemes.co.za

Postal address

Private Bag X34, Hatfield, 0028

Physical address

Block A, Eco Glades 2 Office Park, 420 Witch-Hazel Avenue,
Eco Park, Centurion, 0157

Website

www.medicalschemes.co.za