

Disputes process

Who we are

The Anglovaal Group Medical Scheme (referred to as 'the Scheme'), registration number 1571, 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

You can call us on 0860 100 693 or visit www.avgms.co.za for more information.

How to file a complaint against Anglovaal Group Medical Scheme

What is a complaint?

You can file a complaint against the Scheme with regards to all medical scheme queries.

Internal process

You must follow the internal disputes process of the Scheme 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 100 693 and speak to a service consultant or email service@discovery.co.za. Remember to ask for a reference number. You will receive feedback within 24 to 48 hours.
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 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 of the Disputes Committee, you may lodge an appeal with the Council for Medical Schemes.

What proof must you 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 looks at all the facts of the dispute before making a fair decision.

The process works like a legal arbitration:

1. You will be given the first opportunity to set out the details of your case
2. A representative of the Scheme will then have an opportunity to respond
3. The Disputes Committee will make their decision and let us know
4. 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.

What is the Council for Medical Schemes?

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. The CMS's vision is to promote vibrant and affordable healthcare cover for all.

Why is the Council for Medical Schemes in place?

It is their mission to regulate the medical schemes industry in a fair and transparent manner.

- They protect the public, informing them about their rights, obligations and other matters, in respect of all medical schemes.
- They ensure that complaints raised by members of the public are handled appropriately and speedily.
- They ensure that all entities conducting the business of medical schemes, and other regulated entities, comply with the Medical Schemes Act.
- They ensure the improved management and governance of medical schemes.



- They advise the Minister of Health of appropriate regulatory and policy interventions that will assist in attaining national health policy objectives.
- They collaborate with other entities in executing their regulatory mandate.

Who do we service?

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.

It is however very important to note that a prospective complainant should always first seek to resolve complaints through the complaints mechanisms in place at the respective medical scheme before approaching the CMS for assistance.

You can contact your Scheme by phone or if not satisfied with the outcome, in writing to the Principal Officer of the Scheme, giving her/him full details of your complaint. If you are not satisfied with the response from your Principal Officer, you can ask the matter to be referred to the Disputes Committee of your Scheme.

If you are not satisfied with the decision of the Disputes Committee, you can 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.

When can you contact the CMS?

The CMS is available to members of any medical scheme when you need further information or want to resolve a complaint. The CMS protects and informs the public about their medical scheme rights and obligations, ensuring that complaints raised are handled appropriately and speedily.

How to submit a complaint to the Council for Medical Scheme?

Complaints against your medical schemes can be submitted by letter, fax, email or in person at their Offices from Mondays to Fridays (08:00 to 17:00). The complaint form is available from www.medicalschemes.com

Your complaints should be in writing, detailing the following: Full names, membership number, benefit option, contact details and full details of the complaint with any documents or information that substantiate the complaint.

The CMS' Customer Care Centre and Complaints Adjudication Unit also provides telephonic advice and personal consultations, when necessary.

Their aim is to provide a transparent, equitable, accessible, expeditious, as well as a reasonable and procedurally fair dispute resolution process. The CMS will send a written acknowledgement of a



complaint within three working days of its receipt, providing the name, reference number and contact details of the person who will be dealing with a 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 the 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 shall within four days of receiving the complaint from the scheme or its administrator, analyse the complaint and refer the complaint to the relevant medical scheme for comments.

You can contact the CMS

Customer Care Centre

0861 123 267

0861 123 CMS

Reception

Tel: 012 431 0500

Fax: 012 430 7644

General enquiries

Email enquiries: information@medicalschemes.com

www.medicalschemes.com

Complaints

Fax: (086) 673 2466

Email: complaints@medicalschemes.com

Postal address

Private Bag X34

Hatfield

0028

Physical address

Block A, Eco Glades 2 Office Park

420 Witch-Hazel Avenue

Eco Park, Centurion

0157