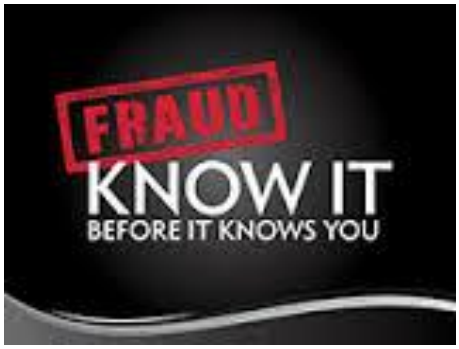


YOUR MEDICAL SCHEME, YOUR BENEFITS, YOUR LOSS

Are you a Healthcare policy holder who sees your monthly subscription as a grudge purchase and have a tendency to be reckless with your benefits, or are you diligent and sensible with the use of your benefits? What your Healthcare insurer wants you to be, over and above diligence and prudence, is honest and alert.

Medical scheme members and Healthcare insurance policy holders are a Healthcare Insurer's first line of defence against unscrupulous Healthcare providers. By examining correspondence from their medical schemes, especially statements about claims that were received and paid out, members can alert their medical scheme or insurer if claims are unknown to them. Forensic departments have uncovered many fraudulent claims in this manner. Even if unknown claims do not result in a fraud investigation, it at least curbs the cost of incorrect claims, which are often submitted by Healthcare providers due to administrative errors.

Did you know that that fraud, waste and abuse consist of the following aspects?

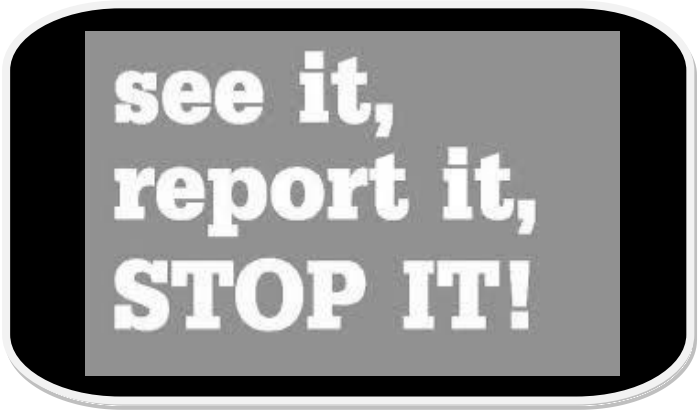
- Allowing your Healthcare provider to charge for services not provided;
- Loaning your medical scheme card to unregistered dependants – i.e friends and family members;
- Providing your medical scheme or policy details to a Healthcare provider for the purpose of submitting false claims in order to obtain a percentage of cash for the Healthcare provider upon payment of the false claims by the medical scheme or insurer;
- Buying non-medical goods with your medical scheme card from doctors and pharmacies;
- Being admitted to hospital for a non-existent ailment in order to benefit from the cash payment from your insurer.

The list above is not exhaustive, but if it feels wrong or feels like a "white lie", don't do it! Perpetrating such acts is definitely not a victimless crime as it all has a significant impact on your insurers' solvency levels, which directly equates to increased contributions for you as the policy holder.

A CASE STUDY

One medical scheme reported that they recently had a member complaining about a Dietician who submitted a claim on his membership number for a two-hour session, after that member had attended a health and wellness day arranged by his employer. The member was only at the Dietician's tent for about 5 minutes. The investigation showed that the Dietician submitted claims on the membership numbers of ALL the employees at that employer, and the medical scheme would not have known about it if it had not been for the member who had checked his statements and reported it to his medical scheme. The Dietician had been remunerated by the employer for the health day, and was not supposed to claim individually. She did not even see all the employees that she claimed for.

One member's vigilance and enquiring mind had probably saved this medical scheme some money. Imagine the ripple effect if all members and policy holders behaved in the same manner.



The Healthcare sector is defrauded by billions every year and it is time that policy holders and members begin to collaborate with their insurers in the fight against Healthcare fraud, waste and abuse. Together, you can counter the scourge of unethical behaviour, as failure to do so will result in increased contributions. Every rand lost through fraud, waste and abuse means that there is someone out there who could be ill for longer, not get the treatment they need or even die – don't let this be one of your loved ones!

Stand vigilant and united to decrease the impact that Healthcare fraud, waste and abuse has on the Healthcare sector and the economy as a whole.

YOURS IN HEALTH

THE ACFE SA HEALTHCARE FORUM STEERING COMMITTEE