

Template for CMS Complaint



Dear patient / main member

This is an outline of how a complaint to the CMS could look. The CMS complaint form can be downloaded here: <https://www.medicalschemes.com/Content.aspx?128>

Once you have completed all details, and have attached all supporting information (e.g. doctor's reports, unpaid accounts/statements and any other details of the impact the non-payment has had on you), you can email, post, hand-deliver or fax the complaint and all the annexures to:

Complaints: Council for Medical Schemes

Fax: (086) 673 2466

E-mail: complaints@medicalschemes.com

Postal: Private Bag X34 Hatfield 0028

Physical address: Eco Glades 2 Office Park, 420 Witch - Hazel Avenue, Eco Park Centurion

Remember to keep a copy of your full complaint and all the annexures for yourself!

Outline of Complaint

1. Provide your details:

- 1.1. Your full names and surname
- 1.2. The patient's full names and surname (if you are the main member and the patient was a beneficiary)
- 1.3. Your medical scheme's name
- 1.4. Your medical scheme plan option
- 1.5. Your medical scheme number

2. Your contact details, so that the CMS can reply to you (you should receive a case number, starting with "CMS" and then 4 or 5 numbers, and the name of the person dealing with your case, within 48 hours):

- 2.1. Contact tel nrs (say when you may not be available to take a call)
- 2.2. Email address or addresses
- 2.3. Fax number (if you have one)
- 2.4. Postal address

3. State which healthcare event or events you are complaining about:

- 3.1. Date(s) of the event / week(s) of the events
- 3.2. The name of the hospital or hospitals where you were
- 3.3. The names and surnames of the doctor or doctors who treated you
- 3.4. A description of your condition (if you have the primary ICD10 code of your condition, and then any secondary or subsequent ICD10 codes, please add that as well. For example, a patient may go in for a delivery (ICD10 xxx), then here are complications and blood is needed (ICD10 xxx). Both the codes relevant to the health care event.
- 3.5. A description of why you needed blood or a blood product (you could also attach a report by your doctor to support this)

4. If known, state whether the condition was a Prescribed Minimum Benefit (PMB) condition or an emergency (i.e. unless you received blood there would have been harm to you or even loss of life).

5. The law stipulates that all PMBs must be funded in full, and without co-payment. State this clearly, and the also which account or accounts have not been paid in full, or which have not been paid at all. Add the reasons you have received from your medical scheme as to why they did not pay in full, and attach all accounts, statements and rejections you have received.

6. The law also stipulates that irrespective of how a matter started out, if things go bad, the scheme must cover all the costs of handling that emergency. This right is found in medical scheme legislation, AND it is a constitutional human right that all patients have. For example, an elective knee operation can lead to complications and blood loss. This necessitates the provision of blood and must be funded as an emergency.

7. All scheme limitations, e.g. DSPs, preferred providers or preferred suppliers, caps and limitations on cover falls away In emergencies.

8. In PMB conditions, the scheme must fund what is "evidence-based medicine", your doctor can explain why blood or blood products were needed as an important part of your care.

9. Write a conclusion on what the impact of the non-payment, or partial payment of the account has been on you, as the main member or the patient.

10. Ask the CMS to rule that the scheme must fund the blood or blood products for your PMB and/or emergency condition in full.