

SECTION 59 INVESTIGATION

DATE: 2019-07-29

HELD IN: IMBIZO BOARDROOM,
COUNCIL FOR MEDICAL SCHEMES OFFICES, CENTURION

PRESENT: **ADV TEMBEKA NGCUKAITOBI - CHAIRPERSON**
 ADILA HASSIM - PANEL
 KERRY WILLIAMS - PANEL
 DR NOMAEFESE GATSHENI
 DR PONKY RAMOSOLO
 DR TABEHO MMETHI
 DR CALVIN CHABALALA
 DR SEECO
 DR SP DIALE
 DR TS MAEBANE
 DR SIBUSISO SITHOLE
 DR HLENGIWE ZWANE

CERTIFICATE OF VERACITY

I, the undersigned, hereby certify that in as far as it is audible the foregoing is a true and correct transcript of the recording provided by you in the conversation:

Section 59 Investigation

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Notes:

1. This is a verbatim transcription and transcribed without the benefit of any documentation for the verification of spelling of names and places.
2. Since this is a true reflection of the record and it is transcribed as heard, grammatical errors may occur because of role-players speaking throughout.

PROCEEDINGS RESUME

CHAIRPERSON 1: Alright, welcome back. We are continuing to finalize the submissions of Solutionist Thinkers. Thank you. So, we had just taken the evidence of Dr Chabalala. So,
5 your next speaker should approach the podium, introduce themselves and carry on ... [intervenes]

MS RAMASOLO: I'll be the next speaker.

CHAIRPERSON 1: Oh sorry.

MS RAMASOLO: Yes.

10 CHAIRPERSON 1: The gentlemen sitting there.

MS RAMASOLO: They'll go after me.

CHAIRPERSON 1: After you?

MS RAMASOLO: Yes.

CHAIRPERSON 1: Alright. Wonderful, thank you. So, just
15 remind us, your...your surname again?

MS RAMASOLO: Ramasolo, Ponky, I prefer Ponky.

CHAIRPERSON 1: Ramasolo?

MS RAMASOLO: Ja.

CHAIRPERSON 1: In fact, I think I saw your submission
20 actually. It's attached to Solutionist Thinkers.

MS RAMASOLO: Yes.

CHAIRPERSON 1: All right. Carry on because the...the investigator spelt your first name as P-o-n-k-e-y.

MS RAMASOLO: Ja, that's my name.

25 CHAIRPERSON 1: But you spell it as?

MS RAMASOLO: P-o-n-k-y.

CHAIRPERSON 1: Yes, exactly. Ja. Alright carry on, Ms Ramasolo.

MS RAMASOLO: Okay, I'll...I'll just briefly talk about the
5 process of the audits. I also draw from my personal experience
and...and also talk about the effects of these audits on us as health
care professionals. I'm a clinical psychologist by profession. What
happens with this process is that – I'll go straight to the process.
You go – you get into the room; you are confined into this small
10 room and it's four men, in my case, twice, with Discovery, four men,
very short lady like me confronted – you...you're encountering those
tall guys. It was very intimidating; they interrogate you. So, with my
initial allegation I was found guilty for using the coding 206, 207
instead of 206. And then the conclusion was that I owed them R96 000, then
when I asked to pay, for them to take all the money
that they owed me, they said, "No, we cannot not. You have to
take...we have to take half of it." So they denied.

So, I paid that for about – for a period of a year. While I was
about to finish paying, I got another letter and how that came about,
20 if they audit you, if... they debit your account at
the end, they don't find anything in your account, they block you.
For the next run, let's say next week you were supposed to get paid,
they won't pay you until you pay the...the...the amount that you
acknowledged you would pay monthly. So, then when they debit,
25 they didn't find anything and they...they blocked me, then when I...I

sent – the guy is called Ariel Markers [indistinct]. I sent Ariel Markers a letter to say I've paid cash; can you please unblock me.

Then the next day, boom, he sends me a letter an audit letter. Okay fine, then this time I went with my lawyer and then they
5 charged me again. So I'm just going to continue paying them. They said my...my notes were too brief and scanty. So they said I owed them a hundred – one hundred and something. Then I...I said, "Okay, take all of it." They refused. They said, "No, we'll take half of it." And so I'm paying every month 5 000. That's Discovery.
10 With Medscheme, the initial – what happened with Medscheme, they sent me a letter alleging that I was still working for government and I resigned in...from government in 2013. So, they alleged that I was still working for government. So, I sent a letter and asked, "Why are you guys saying that?" And they said, "No, because you
15 are still on Gems Medical Aid. So, I'm like, "Okay, am I not allowed to be a dependant, if I'm...if I'm no longer...if I'm working – if let's say I was working for a government, was I not allowed to be a dependant on that medical aid? Then they...they sent a – I sent them a membership certificate of my ex-husband to show that I
20 was...I was a dependant; I was not the main member. And I even told them, I had resigned a long time ago from...from...from government and I wasn't even busy. At that time, I would see like four in-patients maybe – my...my practice was not busy. So, I...I just wondered how they picked me to be audited...audited because
25 my practice...my practice was not even that busy.

So, then later on, after that submission of the membership...membership certificate they sent an audit letter, the same letter that we get, they're requesting files, which I denied. I refused. I said, I...I quoted the Act and everything, the Constitution
5 and everything and I said, "I won't be able to submit those." And I phoned HPSCA. HPSCA suggested I...I write a brief report for each patient and submit that.

So, I did submit that, those reports with the concerns and...and affidavits from some patients who refused to sign the
10 consent and they put me on, indirect payment. They said they wanted the clinical notes and then with this indirect payment sometimes they take about four months to pay those patients because what's supposed to happen is the patients have to re-submit the banking details to them. It...it – I find it very ironic
15 because they debit the membership money from the very same account of patients. Why not pay to that account that you debit from?

So, that...that's – so every month it's a struggle that I go through and sometimes you have – I'm forced to say to a patient,
20 "Okay, you can take 1000, the banking charges so they can pay me my money" which is not right. You understand? So, it's...it's in a way unethical and where they demand the notes, I mean, files dated about ...three years back, some patients relocated, you've moved practices, you've lost diaries. How are you supposed to get
25 that information? So, that's my encounter with...

that and the process, it – what it does to a person, once you get the letter it... feels like already you have done something wrong. It instils a lot of fear and anxiety in you and...and I think that is the aim of the interrogation actually, the being placed in that small room, it does illicit a lot of anxiety and we feel they are not fairly done.

People who are interrogating you, they don't even have a background of what you're doing as a psychologist, they are not even qualified psychologists and they determine how you should practice, how – the approaches that you should use, which is not right. And then it also affects your self-esteem as a professional. You start doubting yourself; why am I implicated? Am I not good enough? And you question your...your...your competence and then it has a lot of... socio-economic effects on us as health care professionals.

This economic hard...hardship and financial dis...distress can have devastating effects on families. In tough economic times like when your...your money is withheld, many families lose their homes, their cars, their retirement accounts, belongings, health insurance and more. And families often struggle just to meet their basic needs. The shift from having something even moderate means to having nothing is devastating. When families are faced with the grief of losing everything and the fear of never being able to recover, these uncontrollable circumstances have a drastic impact on families as a whole, marriages and on husbands and wives as

well as children. The common responses to such devastation include – sorry – anxiety, depression, which suicidal ideation or psychotic features, PTSD, alcohol abuse or drug abuse, nightmares, panic attacks, over...overwhelming - or levels of stress
5 characterized by loss of feelings of security and adequacy, confusion, feelings of detachment, inability to sleep and other physical and mental symptoms of stress and depression. I've had a colleague; she was my office maid; she killed herself. It's very sad.

I never suffered from hypertension but after these things,
10 I...I developed high blood pressure. Families may become torn apart or separated. Parents may interact with their children, intense or punitive ways with short temper. Children may respond with negative behaviours and emotions and may...may face problems in schools, then get involved with negative peer groups and have a
15 low self-esteem and may be also delinquent.

Lastly, The King III Report on corporate governance requires that every organization should demonstrate its commitment to organizational integrity. The principal...principals of integrity is also important. The signs of integrity are reliability, openness,
20 transparency, responsibility, consistency and confidence. My question to Discovery and the rest of the medical aids, especially Medscheme is that the...is that, do...do they think the manner in which their audits are carried out meet the abovementioned?

CHAIRPERSON 1: Thank you. Now, I mean my
25 understanding about your...your particular concern is that your

practice was identified as an outlier. Then you were told to submit certain information which you said, some of the files you didn't have them because of the passage of time.

MS RAMASOLO: No, no, I did have. I'm just...I was just
5 talking in general. I did have but then with... Discovery, I did submit the files, my clinical notes as requested. That's when they said my notes were too brief and scanty and ... [intervenes]

CHAIRPERSON 1: But I think there is a letter from Medscheme in 2017 ... [intervenes]

10 MS RAMASOLO: Yeah, Medscheme they asked ...

CHAIRPERSON 1: Where you said you didn't have the documents because of the – they said [] you've got two files because we lost the other one.

MS RAMASOLO: The...the – no, yes, because the other
15 one was lost so we opened two files for the patient; we had opened two files for the patient.

CHAIRPERSON 1: I just wanted to understand that issue of how...how it comes about that – because I understand the...the rule is that you must keep the files for five years.

20 MS RAMASOLO: We...I moved offices [indistinct]. I was on the 8th floor, then I moved to the 10th floor at that time, ja.

CHAIRPERSON 1: Yes. But I mean, how did – so how do you think the scheme should deal with the situation, where they say ... [intervenes]

MS RAMASOLO: It's a common, any...anybody can make such a...such a mistake. It can happen to anyone. And this is a patient who was admitted. The...the records are there that the patient was admitted. The...the hospital has proved that the patient
5 was admitted.

CHAIRPERSON 1: Yes, because what they subsequently did that, they terminated the relationship and they told you that it would remain terminated until you can produce the evidence.

MS RAMASOLO: But it's not only on those – that patient,
10 it's all – everyone.

CHAIRPERSON 1: Ja.

MS RAMASOLO: I submitted including that very same patient, a report on...on...on every patient.

CHAIRPERSON 1: Yes.

15 MS RAMASOLO: Yes.

CHAIRPERSON 1: Alright. I mean, so how would you suggest that [indistinct] where...where a scheme says, "Give us records of X" and you say, "Well, the records are not available?"

MS RAMASOLO: I... did have a file but then the – I
20 think it was the 20- I don't remember. I did have another file because they requested the information a year...a year later, after the patient was re-admitted. So, I did have another file, a duplicate file for the patient with a sticker from the hospital, with the records to say, "Yes, the patient was admitted." So, I actually submitted two
25 files. Yes, that other one, we found it, if I remember quite well. It

was two files. What I was saying to them is, "Don't be surprised, it's two files." We had lost the file. We found it. I remember.

CHAIRPERSON 1: Yes.

MS RAMASOLO: Yes.

5 CHAIRPERSON 1: In what respects are you saying the scheme was unfair?

MS RAMASOLO: It was unfair because they requested me to submit information that would help them in verification of...of the services rendered, which I did, which is the reports, the files, what
10 more do they want? So they want details of the clinical notes.

CHAIRPERSON 1: Yes.

MS RAMASOLO: They want each and every detail that the patient was a rapist. The patient did one, two, three. But is it what they wanted because I wrote the diagnosis on the reports, the
15 nature of the presenting problem, nature of intervention, the diagnosis, everything, which is what's important.

ADV WILLIAMS: Mrs Ramasolo, you...you said that you were investigated and then you were found guilty and you were made to pay 96 000?

20 MS RAMASOLO: According to them, I was, instead of, with Discovery, they said my notes were too brief and scanty. They said, "Okay, then you owe us this much." So I want to know how they came to that amount.

ADV WILLIAMS: The 96 000?

25 MS RAMASOLO: Yes.

ADV WILLIAMS: But did you sign an acknowledgement of debt ... [intervenes]

MS RAMASOLO: I did because I...I have to. My practice has to run.

5 ADV WILLIAMS: And...and then was that debt discharged? Did you...did you pay the 96 000?

MS RAMASOLO: When they realized I was about to finish paying them for the other, first audit, they con- they – when I, remember, I said I sent – they blocked me when they tried to debit
10 and didn't find anything in my account. So, then they block you if they can't debit. So then I sent – and...and then if you pay cash, you call them and say, "Now I've paid, can you please unblock me so I can get paid in the next run." So, I have sent the guy an email [indistinct] to say, "Hey, Ariel, I've paid, please unblock me." Then
15 he sent me the audit letter.

ADV WILLIAMS: And was that – the audit letter, the one in November, 2018?

MS RAMASOLO: Yes, that's the one].

ADV WILLIAMS: And that audit letter they say that
20 ... [intervenes]

MS RAMASOLO: The same as the first one.

ADV WILLIAMS: They say that you're an out...outlier profile?

MS RAMASOLO: It's the same as the first one.

ADV WILLIAMS: And they... list what those
... [intervenes]

MS RAMASOLO: Yes.

ADV WILLIAMS: What... the outlier factors are

5 and they say one, is high time codes, when compared with your
peers. Two, higher costs per claim when compared with your peers
and three, outlier on risk exposure to in-house schemes.

MS RAMASOLO: Oh.

ADV WILLIAMS: Now, can you explain for us, you...you
10 refer to code 207 and 206 and that that was what you understood to
be why you were ... [intervenes]

MS RAMASOLO: For the first audit.

ADV WILLIAMS: For the first audit?

MS RAMASOLO: Ja, yes.

15 ADV WILLIAMS: Okay, so what do you understand by
that? What was the problem with the use of ... [intervenes]

MS RAMASOLO: With 20- I think 207, it was, it's...it's...it's
one hour ten minutes. 206, it's...it's less than that. So, they were
saying, I was not specifically charging 207. I was...I was alternating

20 I think 206, 207, appeared more than 206.

ADV WILLIAMS: Okay.

MS RAMASOLO: So, that's why they didn't ...

ADV WILLIAMS: So, these are the time codes?

MS RAMASOLO: Ja.

25 ADV WILLIAMS: These are not ICD10?

MS RAMASOLO: It's the time codes. It's the time.

ADV WILLIAMS: It's the time codes?

MS RAMASOLO: Ja.

ADV WILLIAMS: Which is a separate code?

5 MS RAMASOLO: Ja.

ADV WILLIAMS: And the higher cost per claim,
how... did you understand that [indistinct]?

MS RAMASOLO: I... didn't understand what they
meant on that one.

10 ADV WILLIAMS: Did they explain to you?

MS RAMASOLO: No, no. They did...they did not.

ADV WILLIAMS: So, in 20- - in November, 2018, you say
this was the second audit?

MS RAMASOLO: Yes.

15 ADV WILLIAMS: And the second audit is based on the
same reasons why were you flagged the first time?

MS RAMASOLO: Yes, and I submitted the clinical notes
because you know, you...you get so intimidated, like you would just
do anything just to get paid. So, I submitted the notes and they
20 said, "No, your notes are not a true reflection of the time you've
charged so ja, you owe us this much."

ADV WILLIAMS: And so and you were able to show why
the time codes were appropriate?

MS RAMASOLO: I did but that's – they insisted that no, your notes are too brief for the time you have charged for the 206 and 205 that you've charged.

ADV WILLIAMS: And in both cases it was Discovery?

5 MS RAMASOLO: Discovery.

ADV WILLIAMS: And where do you stand in relation to them now?

MS RAMASOLO: I'm still paying the OD and ja, they are paying me ... [intervenues]

10 ADV WILLIAMS: The second one?

MS RAMASOLO: The second one.

ADV WILLIAMS: And what was the second one and what was the amount of the second one?

15 MS RAMASOLO: I was paying 3.something per month, 3.2, now it's 5000.

ADV WILLIAMS: So, the total amount that you ...?

MS RAMASOLO: For the second one, it was about I think 100-and, it was 120, they took half and said I will pay the other half.

ADV WILLIAMS: 120 000?

20 MS RAMASOLO: Ja, and what surprised me was after the...the meeting, they told my lawyer to stay behind so I could be wrong. So, I got a sense that they collude with some lawyers.

ADV WILLIAMS: So, you...you were represented by a lawyer through this process?

25 MS RAMASOLO: Yes.

ADV WILLIAMS: And the second audit, that was the November, 2018 one? It... ..the period of the audit, correct me if I'm...I'm wrong, seems to be 1st of August, 2018 until 29 November, 2018?

5 MS RAMASOLO: Yes. It carried on. I went...I went to...to meet up with them this year, I think, beginning of the year, ja.

ADV WILLIAMS: Okay. Okay, thanks.

CHAIRPERSON 1: Thank you. Is that all?

MS RAMASOLO: Yes.

10 CHAIRPERSON 1: Thank you very much. Let's move on to the next presenter.

DR DIALE: My name is Dr Diale [indistinct]. I practice in Rustenburg.

CHAIRPERSON 1: Is that your submission there [indistinct]?

15 DR DIALE: Dr S Diale.

CHAIRPERSON 1: Yes.

DR DIALE: Solutionist. I want to speak about my personal experience with Afrocentric which was then representing Glencore Medical Scheme which was then under Medscheme
20 Holdings and now under Discovery. In 2014, the...the scheme requested a list of ten files. We – so the email where they were saying that they have made a claim analysis and they've identified some irregularities. Therefore, they needed to verify the service provider to their members. A few months before then, they had then
25 blocked the payments to my practice while I then provided them

with the records. I didn't have issues with providing the records because dental treatments are evidence-based. If you have cut a crown, the crown will be there on the on the patient. If you have put – done a restoration, the restoration remains as evidence that a
5 treatment was provided to the client and then the scheme went quiet over a period of time.

I then communicated with the lady who was representing Afrocentric at the time, regarding the... inquiry that they have made that I needed to have the results of the inquiry in the interest
10 of the patient because I was seeing a fair number of their patients at the time. And when I made the inquiry, they subsequently released the payments after a week or so and then in 2015 again, the payments were then blocked mid-May. And after a month I then inquired with the scheme as to what was the reason, they had
15 blocked my payments. And then they... then sent a list of another ten files and which I then provided to them. After providing to them, after some time I then requested they... provide me with the findings of their inquiry. It was the same emails which was requesting dental records, patient files and X-Rays which I then
20 provided.

After providing ...the – after making the...the inquiry again, and the payments were then released, in the...the same pattern, after a week and then the scheme then sent a patient to our
practice, who we got to know that he was a private investigator
25 through the police officer. The...we treated the patient on the 11th of

August and on the 12th of August and few weeks later, the police officer came to our practice alleging that a...a case has been opened against me that the patient alleges that she did not come for the 12th of August and an amount of 790 was claimed from his, from
5 her medical aid.

I then provided the police officer with the records of the particular patient, which I still have in my possession and that we treated the patient accordingly. Every service that we have provided was according to the...the treatment that we have
10 provided and the treatment that the patient disputes in that he's not received, she has received, it was explained to her. And then the matter was sent to Rustenburg Magistrate's Court and the Rustenburg Magistrate's Court could not prosecute the matter because they said the evidence that was provided by the scheme
15 was insufficient to...to prosecute because I had provided the evidence that the particular patient was actually treated by us. We compared the signature on the affidavits that she had made on the police case and the ones that we're having and the ID number
no I said that this particular patient. I took pictures of pre and post-
20 operative and then the matter was then not prosecuted and then there was a...a representative from the scheme Afrocentric, who queried the decision of the court.

Then the...the police officer also came back to inform me that the...the scheme is querying the decision of the court. The
25 matter was then re-sent to the court and it was then eventually

dismissed again. They said they could not prosecute because
the...the scheme did not provide enough evidence to prosecute and
we then made a correspondence through the...the attorneys to the
scheme regarding the...the charges which were dismissed and
5 withholding of my payments at a time which was around 400 000 at
the time and then the scheme responded and said that I'm owing
them 2.4 million because I was treating the non-members in the...in
the...in the submission.

So, we then said they should provide us with a list of non-
10 members they allege we have treated and then they could not
provide a – the...the list of the non-members that we used the
medical scheme to claim from the members. And then I then lodged
a complaint with the Council for Medical Schemes because the...the
legal counsel advised us that we cannot take the matter to court
15 because it – the process must go through CMS at the time.

We then...then submitted our complaint to Council for
Medical CMS, and then they made their submission; I made
my...my submission denying the allegation that they made against
my receptionist, who also denied the allegations which the scheme
20 were making against us. And then, after then, we – the...the lawyer
then, after the ruling, I applied for summary judgement for payments
of...of the withhold, the withheld claims. Then the scheme in their
submission, they provided wrong name, they twisted name
... [intervenens]

ADV WILLIAMS:

Sorry, doctor, what...what was the ruling
of the CMS?

DR DIALE:

The...the CMS ruling was that
the...the...the scheme if they – can I just go through it? I...I would
5 just take the extract where the – we are directed to...to...to act on
the ruling.

*“If the scheme is disputing the legitimacy of the
received, the claims received from the complainant
particularly in so far as the validity of the claimant’s
10 membership, it is well within its right to institute and
investigate []. This investigation must be
conducted legally, transparently. An outcome therefore
must be communicated to the [] affected to the
affected parties whether verifiable [] findings of
15 impropriety, the scheme must take such steps as
provided for in law. The [Registrar] cannot intervene
such a process however, [we equally] cannot condone
the behaviour of using the Act to unlawfully withhold
payment of valid claims for service rendered to
20 legitimate [] members, who are lawfully entitled
to their benefits. In keeping with the provision of the
Act, the scheme must, for every claim, verify the validity
of such a claim and the member to whom such benefit
is payable and release payment to either member or the
25 service provider. As the case may be based on the*

validity of the [indistinct] of the availability of the benefits of such a member, beneficiary.

5 *If it is indeed correct that if...if a medical scheme becomes [aware] that any payments made are realized [indistinct] according to the Act to which the member or [supplier of service] was not entitled, it may recover such amount in terms of Section 59 (3) of the Act.*

10 *Section 59 (3) [stipulates] the amount may be deducted from the benefit [payable] to such a member or supplier of service. However, this provision does not grant [unfettered] scheme to arbitrarily withhold a payment without properly quantifying specifically [indistinct] duly paid and without providing the affected parties with proper record of [claims which were] deemed to have*
15 *been improperly paid.*

Thus the scheme cannot lay a claim of a debt of 2.4 million without substantiated nor, it cannot hide behind the alleged debt without good cause. If it is any intention of [relying on] Section 59 (3) the scheme must willingly to prov- - be
20 *willing to provide the provider with specific evidence of all the claims, make up to undisputed [amount] 2.4 million.”*

This part of the extract from... the ruling. However, our argument was that in... keeping with the law of common justice,
25 the scheme was unfair in the withholding of my funds

because ...they had received already the...

files which they requested from me.

In all those 20 files, they could not open a case against me. Instead, they come with a...a false patient, whom I injected, putting my profession at risk. The patient could have died from possibly
5 adrenaline reaction from the Xylotox which we injected on her and the...the patient was false...falsified information to us because the address that she ... [intervenes]

ADV WILLIAMS: What do you mean by a false patient?

10 DR DIALE: The...the investigator was sent to our practice which the ... [intervenes]

ADV WILLIAMS: Under... cover?

DR DIALE: Under cover, ja.

ADV WILLIAMS: Posing as a patient?

15 DR DIALE: As a patient and that under cover ...

ADV WILLIAMS: And you treated this person?

DR DIALE: Yes, we treated this particular patient.

We have records to... verify that. We have the signature of the patient because it's the same signature that was on the...on the
20 records. And also ... [intervenes]

ADV WILLIAMS Sorry, just to interrupt there. Sorry, what did the patient present with falsely? And then what did you administer to the patient?

DR DIALE: The...the patient presented with a...a
25 complaint of, the problem of teeth, dental caries that he want to

have his teeth cleaned. When you do dental ...when
you... when you treat dental caries, you must inject the patient with
Xylotox so that the patient does not feel pain. You anaesthetise the
particular area in which you are going to work on, and we treated
5 that particular patient.

ADV HASSIM: Sorry.

DR DIALE: Yes.

ADV HASSIM Ja, so...so the patient presented with
that meaning the patient had dental caries?

10 DR DIALE: There were dental caries, yes.

ADV HASSIM: Which you proceeded to ... [intervenes]

DR DIALE: Yes, which we, ja, we proceed to treat,
yes.

ADV HASSIM Yes.

15 DR DIALE: I mean, your point about this was a false
patient, yes. You know, it's a false patient because you
subsequently discovered that this was a plant, a spy by the scheme.
The only time I discovered is when the...the...the police officer
came to...to investigate the matter. And how –

CHAIRPERSON: but you see, if I was

20 there as a genuine patient, right?

DR DIALE: Yes, yes.

CHAIRPERSON: And then you claim that it was the 11th
and the 12th.

DR DIALE: Ja.

CHAIRPERSON: And then I say, "But I wasn't there on the 12th." That doesn't mean I'm a spy.

MR DIALE: Okay.

CHAIRPERSON: How did you discover that this was a...a plant by the scheme?

5 DR DIALE: We...we discovered when the police officer came to...to investigate that that patient was this undercover investigator and we told the...police officer that we treated that particular patient on those said days and [indistinct] they admit that they were an undercover investigator.

10 CHAIRPERSON 1: No, no.

DR DIALE: [Indistinct] the only information that I submitted to the... police officer was the records to prove that particular patient was attended at our practice and this particular treatment was issued and was given to the patient.

15 CHAIRPERSON 1: No, but I want to know what made you believe that this was an undercover investigator all along? What was said to you in that encounter?

DR DIALE: Where...where...where the police officer made...made...made mention to me is that the...the...the – there
20 was an investigation which was conducted against me and then the patient disputes the treatment that you...you offered. That's when I provided proof that a treatment was offered to the patient.

ADV HASSIM: Did the police officer say that that patient was part of an undercover investigation?

25 DR DIALE: Yes, they did. They did.

ADV WILLIAMS: And...– sorry, apologies for

belabouring the point but an undercover investigation by the police or by the scheme?

DR DIALE: By the scheme. Ja, by the scheme.

5 CHAIRPERSON 1: But I mean that, isn't that the point that my colleague has just raised? You see there's a difference between an undercover by the police because the police are entitled to entrap when they are investigating a crime.

DR DIALE: Yes.

10 CHAIRPERSON 1: But whether this was a trap set by the scheme is a different issue.

DR DIALE: Yes.

CHAIRPERSON 1: And I was trying to understand how did you find out that this was a trap set by the scheme?

15 DR DIALE: During the investigation that's when I got to know.

CHAIRPERSON 1: Ja, but what you got to know under the investigation, as I understand, is that this was a trap by the police?

DR DIALE: No, it was not by the police. It was the
20 scheme.

CHAIRPERSON 1: It was the scheme itself?

DR DIALE: Entrapment, now [indistinct] that is why the...the...the lawyer argued that entrapment if it... was supposed to be done properly, he's quoted, I don't know Section – I don't
25 know the Acts of Criminal Procedure Acts that they were supposed

to apply to the... court to get a warrant to execute entrapment.

But then the scheme then did their own entrapment and let alone, in their allegation they... alleged that there was an exchange of money at my reception. And then I argued that if...if then they were

5 investigators and they have noticed that there was an exchange of money, they could have done a civil arrest at the particular time.

Why didn't they do civil arrest at the particular time when they noticed that there was a... crime that was being committed?

ADV HASSIM: Sorry, I... don't want to make – I don't

10 want to delay us unnecessarily, but I do want to understand what happened clearly. So, the false patient ...

DR DIALE: Yes.

ADV HASSIM: Or, let's call this person, let's say the trap.

15 DR DIALE: The investigator.

ADV HASSIM But if...if the patient was a false patient, the patient came, presented with certain dental condition.

DR DIALE: Dental condition, yes.

ADV HASSIM: You treated the patient for that very
20 dental condition.

DR DIALE: Yes. Yes.

ADV HASSIM And the patient left.

DR DIALE: Yes.

ADV HASSIM So, what was the...the allegation that
25 you never treated that patient?

DR DIALE: They were...they were arguing, the patient came on...on the 11th and the 12th. So, they...they were disputing the treatment for the 12th that the patient alleges he never came to our practice.

5 ADV HASSIM Okay.

DR DIALE: That is why they then said I treated the other patient and then claimed for the 12th, the date of the 12th which was not so.

ADV HASSIM: I understand.

10 DR DIALE: Yes.

CHAIRPERSON 1: Carry on.

DR DIALE: Yes. And then, the summary judgement was applied for through the Rustenburg Magistrate's Court and then medical scheme then responded by an intention [] to defend
15 the Act, a reaction []. Then in their submission to the summary judgement they then changed the names. The patient who came to... our practice for entrapment, was Maria Nthusang and then changed the name of the patient to Brenda Nthusang [] and then they changed the name of the receptionist
20 from...Betty...to Martha and to me that was lying under oath. Because obviously, the medical aid should be familiar with the content of the case they have opened. Why do they now, they now change the content of... ..of the...of their submission?

And we then... wrote to Council for Medical Schemes telling
25 them that we still have issues with the medical scheme because

they are not abiding by the ruling, which was very clear to them and there were timeframes also given on the ruling. And the medical aid only provided a quantification of their claim of 2.4 million two days after the timeframe which was given by CMS. In it, they did not even

5 quantifying as to the reason why they believe we did not treat those patients. And I told them, "Call each one of those patients. If you can call ten or 20 of them, bring them here. Let's examine them. You will find the treatment that we have done to... the treatment to... the patient, corresponding with the claims that we have

10 submitted." Up to date, they then withheld our payments and then they then started paying me I think in 2017 and somewhere last year, they then started payment. So, my argument, I spoke to lawyer [], these people now they started paying. Why are they paying me? And you know you go, get the round around with

15 the lawyer sometimes, they don't even answer your calls and then, I then instructed last month that lawyer to with...to withdraw the action against the scheme because there was no progress with... the action. And then the scheme then started paying the patients. So, I then argued with myself that [] these people they allege I

20 am owing them 2.4 million. One moment they are paying me, one moment they are not paying me. One moment they are paying the patients. So, it's a confusion and that's the state that I'm in...I'm in at the moment and had to close my practice because of financial constraints you know and you get to be heavily indebted, have to

25 sell your property at a loss because you are trying to make up,

to...to sustain your practice for a false accusation which are levelled against you. You know, I then requested someone to investigate the particular patients, whether if... those credentials that she provided to us are hers and then, I was then told by the private investigator
5 that her real name is [] Maria Molefe [] not Maria []. So, I...I found the scheme to have been unfair to me.

ADV HASSIM: Can you just remind us, which scheme this is that used the undercover?

DR DIALE: It was Glencore, Glencore Medical
10 Scheme. At that time it was under administration. It was under...it was administrated by Medscheme and now it's under Discovery.

ADV HASSIM: Okay and...and why do you think that this is an example of racial profiling?

DR DIALE: Because there was – I will not mention
15 name. There was a white doctor across the street, which is about 150 metres away from my practice whereby patients were complaining about this particular doctor. He will cut cavities, he will cut crowns. Patients will come with sensitivity. In my submission to... Afrocentric in the audits [], I –...they
20 have seen the... records that those patients when they came to our practice, they have got open cavities. That is why I had to close them. Some of them they... were claimed crowns, which are not even in the patient's mouth. I had to then use the resources of my... practice and... got authorization from the
25 scheme and the next thing they say we did not treat those patients.

Even in my submission to the scheme I said, "These are the records of the patients before... treatment and after treatment. What is your argument? That is why you are even unable to... open a criminal case against me over, with using those 20 files that you have requested from me. You rely on the investigator which you have paid, who... are working for... Afrocentric, who are working for Medscheme. Definitely, they will be biased to what you insinuate."

CHAIRPERSON 1: Thank you.

10 DR DIALE: Okay.

CHAIRPERSON 1: Anything else?

DR DIALE: No, that's all.

CHAIRPERSON 1: [Indistinct]. Did you put a submission separately from the Solutionist Thinkers?

15 DR DIALE: We...through Solutionists.

CHAIRPERSON 1: Alright. Okay, because I don't recall that one specifically.

DR DIALE: Okay.

20 CHAIRPERSON 1: But anyway if you could to the secretariat and make sure that we get records of what you are presenting.

DR DIALE: Okay, okay.

CHAIRPERSON 1: Thank you. Can we move on to the next presenter?

25 MR MAEBANE: I am Dr Tshepo Stanley Prince
[] Maebane. I'll just try to summarize. Around about two

years ago, I wanted to buy a surgery in Ga-Rankuwa. I paid the doctor a deposit and then I was – because I practice in Mpumalanga, I wanted to move to...to this side of town. But then there was – this practice was working, and then they said, “No, there is a doctor that he is doing locums there.” Then I said, “No, he can hold for me before I can come.” And only to find out when I saw that doctor, I knew him because he was my senior at Medunsa and then he started for me and then I would just come by weekends.

10 And then about six months thereafter, I was told that he was imprisoned, and I was also needed to come to the [indistinct] there and...and the police. When I went there I was also taken in, handcuffed, put into jail with some criminals in there and then we went for the... hearing. Thereafter, we were told that a R500 fine, while the case was being investigated. I asked who had put the case against us. They said it was Medscheme and Discovery because I have hired a doctor that is a bogus doctor.

20 And he said, “Okay, fine, they can go to Medunsa where I studied so that they can find about this guy.” And with me, after six months, having travelled in court, the... case was thrown out that there is no case brought [] against me. And then seemingly, after some other four months, they proved that this guy was a doctor and then they also threw it out. And when I spoke, when I tried to talk to Discovery and Medscheme, to say, “But you found no case against us, so why are you still holding my money?”

They said I was owing them something like 400 to 600 000. I said,
“Where did it come from because that, I think there is a mistake
here.” [] case let’s talk about the... surgery []

that is in Ga-Rankuwa, not the surgery [indistinct] that I was having.

5 Let’s talk about that. I don’t think it had made so much money
within so small space, some small piece of time.” They said, no, do
I know that if ever they can report me to HPCSA, I will have a...a
serious problem.

I said, “I don’t mind. Let’s – take me there because there I
10 think I’d have a fair hearing because now I want to believe that a
court of law has found me innocent. They didn’t even see any case
against me, but you are still continuing. Let’s sit down; let’s talk and
I’ll show you where did you make also your mistakes.” They never
wanted to sit down with me. They said I must write a letter. So, I
15 wrote them letters; they never came back to me. I had the lawyer, a
lawyer that had been working on my case when I...I was taken to
prison. That lawyer, continued now just to ignore my calls for some
time until I had to write a very serious letter to him to say, “Listen
please, are you going to help me? We won a case out of court
20 together with you where you told them we are able to convince them
that there was no case against me but now – this, why can’t you
solve this one now?” He said they are not coming back to him and
all that.

I went to SASSA, I presented the case about nine months to
25 a year ago, up until today nothing has happened. SAMMA, sorry

SAMMA. I went to SAMMA, yes. Up until today nothing has happened. Hence, I've been frustrated about this situation. My family has been turned upside down. I've got my 18-year-old that is – told me that she is not going to go for her Matric Ball because I'm
5 owing and they said, if the money was not paid before June, she is not going to go there.

It pains me because this is something that just... comes once in a year. My 14-year-old girl goes to school. The mother told me that she says she told her that she sneaks in when they have
10 not seen [indistinct] her because they said she must never come back to school while she has not, the money has not been settled.

The car that I'm driving outside you can laugh at it. It doesn't even have a, the... script [indistinct] there to show that it's on the road because when I went to pay at some point, they
15 told me that I was owing some other monies of some other, another two cars that I had. Therefore, they cannot give me the...that license disk. So, I'm having the – I'm driving with all the papers to show that, you know I've paid. Sometimes they just write me because they say you are –...that you are failing to...to
20 show that [indistinct]. I have been badly stabbed by almost every bank. I have had suicidal attempts; two of them. I...I don't blame the guys that have killed themselves. I've seen that coming to me. I... don't sleep. I, even today, I just woke up at 3am while I slept at 12. I am on Amitriptyline [] to try and gain [indistinct]
25 sleep. I can't sleep. My life is just in disarray.

If I was found innocent in a court of law, how can then
Medscheme and Discovery still say I'm guilty? Or was it that I am
guilty of? I'm not trying to impress people here. I just want justice
because I... think I am not being fairly treated like other people
5 may have been, if [ever] they were put in this situation.

I continue seeing the patients in that particular surgery
where I am. Sometimes I [indistinct] just pay with the little that I
[] can because I'm the only doctor in that area that opens
up until late. They have told me that they will never pay me but
10 there are two reasons that I'm seeing [] them []
because I don't want to lose the patients and also because I just
feel sorry for them because they have got nowhere to go. So, that's
the relationship that we are having with those people. So, ...

CHAIRPERSON 1: What's the area?

15 MR MAEBANE: It's called Kamelrevier in Siyabuswa.
But the area where we were imprisoned ... [intervenes]

CHAIRPERSON 1: Siyabuswa is out in Mpumalanga?

MR MAEBANE: Yes, around... Mpumalanga as
you enter Kwa-ndebele, there is a passing Kwamahlanga, passing
20 Kwagga Fontein, as you go to Siyabuswa, you turn to the left. There
is a place there called Kamelrevier. That's the only
surgery that is there. So, it has been a serious situation for my
family, for me. The woman that I have – I'm just lucky that I still
have her.

CHAIRPERSON 1: And you were, sorry, just tell me, you were blocked since when?

MR MAEBANE: It's about one year eight months now. She would have left; I want to believe because ...

5 CHAIRPERSON 1: And the... scheme was Medscheme and which one?

MR MAEBANE: And Discovery.

CHAIRPERSON 1: And Discovery.

MR MAEBANE: Yes. She told me that I need to see a
10 psychologist because of the situation, the way I'm behaving now. I asked her ... [intervenes]

CHAIRPERSON 1: ...and the cause for why they dropped you?

MR MAEBANE: They... said the doctor that I had
15 hired was not a – in fact the case was, it was a bogus doctor.

CHAIRPERSON 1: Ja.

MR MAEBANE: And then thereafter, they, I don't know they changed, they said he had not registered with the HPCSA, yes.

CHAIRPERSON 1: No, but you say that it was subsequently
20 established that was false. This is a doctor with the proper qualifications.

MR MAEBANE: Yes. Then, ja, I think that's when they realized that he was a doctor seemingly.

CHAIRPERSON 1: Ja.

MR MAEBANE: Then they said no, he is not registered. But I had already been excluded on the case but he also, at some point the...the court threw it, threw the case out.

CHAIRPERSON 1: But I mean the scheme has established
5 now for sure that he is a doctor? He is a properly qualified doctor?

MR MAEBANE: I... sent them the letters and I asked him to send the letters to show that he is a doctor. He sent that, those things while it was still being [] investigated because we were trying to... assist the scheme that – but you are
10 having a mistake.

CHAIRPERSON 1: Yes.

MR MAEBANE: They are saying these guys that he's not a doctor. And then I said to him, send them, to show you – them – that you are a doctor. He did send them [indistinct].

15 CHAIRPERSON 1: Then why ... [intervenes]

MR MAEBANE: Because they changed their case now.

CHAIRPERSON 1: And why are you not being reinstated now? Now, that the original reason for blocking you has been removed.

20 MR MAEBANE: I don't know. I wish I could answer that question.

CHAIRPERSON 1: But what reasons are given to you?

MR MAEBANE: This lady, when... I spoke to her – the phone, to say what is happening because everything is fine.
25 She said, no, do I know that if ever I can be taken to HPCSA, I will

be [imprisoned], I would be charged because that doctor was not paying some course of HPCSA. Those are the course that the doctor pays per...per year. I said I was not aware that he was not paying and why don't you report me to HPCSA so that maybe

5 HPCSA will give me a...a fair hearing.

CHAIRPERSON 1: No, I understand.

MR MAEBANE: But she never.

ADV HASSIM: Sorry, that doctor was not paying what to
– was it?

10 MR MAEBANE: There are registration fees that you pay every ...

ADV HASSIM: To the HPCSA?

MR MAEBANE: Yes. So, seemingly, he was not paying.

ADV HASSIM: And on the basis of that the scheme ...

15 MR MAEBANE: Closed me out. Is not paying me up until today.

ADV HASSIM: And... the amount that they say you were required to pay back.

MR MAEBANE: It was frustrating.

20 ADV HASSIM: They...– did that they say come from the Ga-Rankuwa practice?

MR MAEBANE: That was another mistake because I said to them if ever it is the Ga-Rankuwa practice, then there must be a mistake because that...that practice was a...a very small period. I

25 think maybe they are — we [indistinct] are making the

mistake of including the other surgery that I was going to move from. Sit down, let's come and sit down so that I can explain to you the mistake that you are making. But they didn't want to come to me. Actually it...it increased from 400 to 6 or 700-and something
5 that I was owing them.

CHAIRPERSON 1: And why have you not reported this to CMS?

MR MAEBANE: I didn't know of CMS. I went through – to SAMMA and I thought SAMMA would have assisted me in all
10 channels. Ja, but up until now, with SAMMA, we are hitting a wall.

CHAIRPERSON 1: Alright. So, the most immediate thing for now is for you to clarify your position to both schemes, Medscheme and Discovery in order for them to know that the original reason why they took you out is wrong, this doctor is in fact qualified.

15 MR MAEBANE: There's no way for me to explain to them because they already have the documents that the doctor is qualified.

CHAIRPERSON 1: Ja.

MR MAEBANE: I would have loved to have explained it
20 before, but they don't want to meet me. [Indistinct] the lawyer. They are still not coming out clear with SAMMA. They don't want even to put me down to say, but - or maybe they can charge me and if I'm charged, maybe that's what I'm also asking myself, am I going to be charged twice? If ever [] the court of law of the
25 country has found me, I won't even say not guilty because they

didn't even see any case against me. So, can a – there's no sovereign, it's not a sovereign [] organization – to can find a law of its own that is above that one of South Africa. But if []e v e r t h e y w a n t e d t o g i v e m e a h e a r i n g , t h e n g i v e m e a h e a r i n g .

5 Let's sit down. Let me defend myself. They cannot do that. But instead, my family is falling [indistinct].

CHAIRPERSON 2: Sorry, ...when last did you communicate with Medscheme and Discovery?

MR MAEBANE: I think I communicated with them about
10 seven months ago then after the lawyer had tried, then I was now using SAMMA, of which we spoke even about two months ago. I'm still just waiting for them but nothing – I've realized that there is nothing that is happening until this new group of ours came up and at least, I can sit down. I can have people listening to my side of
15 the story and it's the first time I can say that. It has never happened. I was giving up.

CHAIRPERSON 1: Alright, thank you. Do you have anything else to say? I mean, we've...we've taken your details and your specific complaints.

20 MR MAEBANE: And I thank you [indistinct].

CHAIRPERSON 1: Thank you very much.

ADV HASSIM Sorry.

CHAIRPERSON 1: Sorry, my colleague still wants to ask you a question if you don't mind.

ADV HASSIM: Okay. I just want... to make sure that we have from you everything, the documentation that supports your submission today. I just want to make sure that that's included in our...in our files.

5 MR MAEBANE: I didn't [indistinct] want to mention the situation of my family. I'm trying to protect ... [intervenenes]

ADV HASSIM: No, no, the information in relation to the practice, the locum doctor, the court case, the schemes.

MR MAEBANE: I want to believe, I want to believe it is
10 there from the one that I...I submitted, yes.

ADV HASSIM Can we just verify?

CHAIRPERSON 1: [Indistinct].

ADV HASSIM Thanks.

CHAIRPERSON 1: Just make sure that it's, I mean I can't
15 remember that story from what your organization submitted but I think if that can be done, rather urgently, whilst the information is fresh. Thank you.

MR MAEBANE: Thank you.

CHAIRPERSON 1: Alright, I think we have one more
20 submission. I don't know if I'm too optimistic. Two more? Oh okay, that's fine. Let's... get those. Sir, did we, did you take the oath?

MR SITHOLE: No.

CHAIRPERSON 1: Alright maybe let's start with the – so you
25 must say after me, I, and...and announce your name.

- MR SITHOLE: I, Sibusiso Sithole.
- CHAIRPERSON 1: Swear that the evidence.
- MR SITHOLE: Swear that the evidence.
- CHAIRPERSON 1: That I shall give.
- 5 MR SITHOLE: That I shall give.
- CHAIRPERSON 1: Shall be the truth.
- MR SITHOLE: Shall be the truth.
- CHAIRPERSON 1: The whole truth.
- MR SITHOLE: The whole truth.
- 10 CHAIRPERSON 1: And raise your right hand say, so help me, God.
- MR SITHOLE: So, help me God.
- CHAIRPERSON 1: Yes. Do continue.
- MR SITHOLE: My name is Sibusiso Sithole.
- 15 Chairperson, [] Gauteng for an organization called Federation for Radical Economic Transformation. I am speaking on behalf of the members who are members of the medical schemes that are in question.
- CHAIRPERSON 1: Now, just tell me, is your, do you have a
- 20 document that you've submitted to us?
- MR SITHOLE: Solutionist is...– has been dealing with all the documents.
- CHAIRPERSON 1: Alright.
- MR SITHOLE: Ja. We've been ... [intervenes]
- 25 CHAIRPERSON 1: But what is your organization?

MR SITHOLE: It's the Federation for Radical Economic Transformation or FFRET.

ADV HASSIM: And...and just to be clear, are you part of Solutionist Thinkers?

5 MR SITHOLE: Oh yes, I am.

ADV HASSIM: So, you – sorry, just are you speaking as a member of Solutionist Thinkers or as a ...?

MR SITHOLE: I'm... speaking as...as...as an organization that is affiliated. We...we...we obviously are helping each other in dealing with these situations because we believe that as...as members of the medical schemes, we have a right to say something because it's our money that is in question here.

ADV HASSIM: Okay.

MR SITHOLE: And the doctors are our community.

15 CHAIRPERSON 1: No that's fine. I think my colleague was simply trying to establish your status and...and not to question your right to speak. Your right to speak is guaranteed here.

MR SITHOLE: Aweh.

ADV HASSIM: Especially if you're speaking on behalf of patients.

MR SITHOLE: Yes, indeed.

ADV WILLIAMS: That's what I wanted to clarify. So, so you're saying that your organization is – represents members of medical schemes?

25 MR SITHOLE: Yes.

Okay.

CHAIRPERSON 1: Alright. Look, what we might want is...is
– we might want some details about the Federation for Radical
Economic Transformation in terms of its constitution and
5 membership. So, once you're finished your submission, if you don't
mind approaching the secretariat to give us the whole document.

MR SITHOLE: No, that's...that's fine.

CHAIRPERSON 1: Alright. Sorry, Mr Sithole, carry on.

MR SITHOLE: Okay. One, the biggest issue that we
10 have is the communication between the schemes and the
members, where a member finds himself seeing a doctor for 15
years without any issues. Once you have a medical aid, you
continue seeing your doctor, for some reason, you go see your
doctor and a doctors says, "I cannot take the medical aid. You will
15 have to pay cash because I no longer have a relationship." One,
what does CMS do about that situation where the medical schemes
don't feel that they are obligated to informing the members who are
paying to say, now we have an issue with the particular person
because obviously if they...they're talking about the records, they
20 know this is the doctor you're seeing every time you're ill. The
minute they have an issue, they should have it in...in their records
that look these are the patients are seeing these doctors; these are
our members. We need to engage them, so they don't go there.
Some people do not have money. It's towards month end, you go to
25 a doctor you are sick. The doctor cannot see you. Where do you

go? So, there, is a lack of... accountability to...to
members, even simple respect, you know.

Another thing is that I am going to touch on
which... the colleagues have already touched on there

5 is no member that we've questioned, I mean, we've asked more
than 5000 people from... SAMMA, from...

FFRET's, which I am...I'm one of the members of the medical
schemes. Not even one patient or one member knows that when
they're signing, that... contract, being a member of a scheme,

10 that they're giving away their rights to privacy, which is Section 59.
None of us know that because if we do know that, all of us will
actually go back and say, bring back those contracts.

In fact that's what actually we want, to fix that part. Another
thing is that is a very – that's very concerning to me. I was hearing
15 a word peers, when compared to your peers, to your peers, which is
your... ..you're the word, the billing. I...I went to see a white
doctor. I paid R550. I go to see a black doctor. I paid R350
including medication. So, now ...when you are comparing,
when a medical scheme says, the... - your code is...is not
20 the same to your peers in terms of your...– the prices that you
are – you're charging, is that peers meaning, everyone racially
because if... peers is different in terms of prices that means its
racial profiling? Because I can tell you now, white doctors are
charging us a lot of money, but they don't dispense. You still have
25 to go and pay for medication. So, if you take your...

child or yourself to a white doctor, you are definitely going to pay almost a R1000 between consultation and... medication.

But...but you see, this now comes... back to what is really going on? How are we protected as...as members?

5 Everybody is fighting about everything and everybody is fighting about money that they are not paying to the doctors. But whose money is it? When are we getting involved? When are we getting engaged to say, "Look, this is what's happening with your...with your money?" We've had a lot of problems where some
10 of our members are owing doctors because this thing of...of...of paying members money that's supposed – this inter- - indirect payment, you are literally saying to the doctors, they must close business because who... will pay the doctor if he gets R500 and he doesn't have R500 in his account? Already I'm doing something
15 else. I've done it myself. You know so... those things are... going back to saying, what is this organization doing in protecting the communities?

CHAIRPERSON 1: Which organization is this?

MR SITHOLE: CMS.

20 CHAIRPERSON 1: CMS [indistinct].

MR SITHOLE: Last point.

CHAIRPERSON 1: So, what's the point there is that CMS is letting these schemes to get away with the ... [intervenes]

MR SITHOLE: Yes, with murder. Get away with
25 everything. One last point, we have to be very careful in allowing

one institution or...or one organization to have so much power to close down people's businesses. The display of...of...of power and arrogance these medical schemes have, they have even forgotten that the money in which they are administering is ours. If you know
5 very well that the...the doctor that you're supposed to be paying is dependent on you why would you want to use that against him? Because if you're going to make somebody sign something, that you know very well they're going to have to sign, if you're saying, I...I'm paying in a R100 000 a month because of my...my, the
10 members. But what I want is R5 000 a month otherwise I'm going to stop the whole thing. Why do they have so much power? Thank you. [Indistinct].

ADV HASSIM I imagine that one of the counter arguments would be that the necessity to monitor fraud and waste is
15 in the interest of the members of the schemes because that is money that is held in trust by the schemes, the members' contributions and so it's necessary to ensure that it's not being...it's not being squandered. It's not being used inappropriately and that where there is fraud in some cases, it's the whole of the...the – all of
20 the members of that scheme that are adversely affected. What...what do you say to that?

MR SITHOLE: I am not disputing the...the...the fact that the medical schemes have...have an obligation to...to protect the...the members but why are we not informed about things that are
25 going on. We don't know anything and...and the worst thing is that

the doctors are told of... certain clause and... that we've signed in certain contracts that we don't even know about. If...if it's, if...that's what they are really doing and there is no hidden agendas why are we not clarified on things that we are doing?

5 Why are we not clarified on the rights that we are giving [indistinct]? Because what is happening here is that you have a representative of a medical scheme that comes to you. He's just a salesperson to make sure you sign. You sign; he goes. Then you've got other people that you're dealing with that are faceless
10 that you never see. That's – is where the problem is, is that when are we informed? Who...who cares for us? You can't have an issue with a doctor that a person has being seeing for 10/15 years but fail to engage that person. I would understand on the patients that sometimes... if I'm out of town I would, I am not feeling
15 well, I will just see anyone. But where you have patients that you know for a fact that they've being seeing this person for five years, you have that record. How – don't you feel it is your obligation to inform those people to say, "We're having an issue, don't go to this guy anymore, while we're resolving the issue. Re-direct." Now you
20 understand what's going on, but you always find yourself in a situation where your doctor and the medical scheme, they've got problems and disputes but you are a sacrificial lamb but you are the one that's paying both of them. So, now what I...what we want to know is what we want to ask for is that all medical schemes that we

are paying must be accountable to us and they must do things the right way with us because we are the ones that are paying them.

CHAIRPERSON 1: Thank you. Now, will you just make sure we get the details of your organization and the membership.

5 MR SITHOLE: I will...I will give you the details.

CHAIRPERSON 1: Thank you. Alright, so that takes us to the last speaker on behalf of Solutionist Thinkers. Yes?

Good afternoon.

CHAIRPERSON 1: [Indistinct] our point is this. There has
10 been a PowerPoint [indistinct] since we began this [indistinct].

No, no.

CHAIRPERSON 1: So, no-one is using it or is it being used now? Alright, okay. Ja, alright.

MALE SPEAKER: I have already taken an oath so I
15 ... [intervenes]

CHAIRPERSON 1: Yes, no, no, no, just carry on ja.

MALE SPEAKER: Ja, you know when I listen to what my
colleagues have presented, I'm actually a bit worried when you hear
the depression that they go through, suicidal attempts that they go
20 through that I would ask, even though it's not part of the
investigation that there should be an urgent support system to
ensure that we don't lose more lives before the investigation goes
through an Act. Our colleagues need a lot of psycho-social support.
We have seen casualties and we don't want to lose more. I will

present the...the business side of the medical aids as prepared with
our Solutionist Group.

We just want to draw a little bit to the history of the...of the
health care system in our country that previously a central element
5 of the apartheid legacy for the country's extreme inequality and
human development disparities. The health system was seen as
one mechanism through which to maintain difference in the quality of
life enjoyed by different population groups and so ensure support for
the ruling party.

10 By 2002 the value of the tax subsidy and medical scheme
beneficiary was estimated to be greater than the amount spent from
government funds per public sector beneficiary. We have realized
there is an [oligopoly] in the industry which I think the [indistinct]
commission [will clarify]. We have the three big role players,
15 Discovery, Gems and Medscheme. We have realized that it has
been very difficult for new market entrance into this [oligopoly]. The
[oligopoly] is predominantly white-owned, which talks to the issue of
racial profiling. We not see black medical aid schemes successfully
growing and competing in this market.

20 We have a medical aid like Medscheme that administers
about nine medical aid schemes. If a practitioner has done a
mistake or found or perceived fraud in one medical aid, you realize
that he suffers from all the other medical aids under one med
scheme. This monopoly give these administrators absolute power
25 and hence, they are this arrogant.

We know some of the officials of the monopoly...monopoly is highly anti-competitive. It destroys all the market and trends in the business while it does not last forever. But for as long as it lasts, it makes massive [] profits. We have realized that the
5 medical aids amasses a huge amount of subsidy from the government. In fact, they are the only business, private business that is subsidized by government.

South Africa spends 8.6% of its GP...GDP on health, majority on private health care sector, which is accessible to 14% of
10 the population. I just want to address one issue that was raised here to say can we not charge our patients privately. Because most of them already are subsidised by government into the medical aid scheme and we know they...they also get tax incentives when they claim, if they are on a medical aid. It then becomes very much
15 difficult for them, having being subsidised by the government. Remember, government subsidy could have gone to their coffers. Government subsidises them; they get tax incentives and they still have to pay us. That is one of the reasons why they have difficulties in paying us. Also, the demographics of the market that we serve,
20 fairly, they cannot afford these [indistinct] wide counterparts.

We assess the market entry into the medical aid business, you must have about 6000 members if you want to open your own medical aid or compete with these guys. You must have 6000 members, which is very difficult before you start. You need 5 million
25 capital which is also a huge barrier. These are compliance, also,

there is a regular compliant [indistinct] audits by CMS, which have somehow disadvantaged the previously...the medical, black medical, black-owned medical aids that have tried in the market.

Because of the [oligopoly] once one medical aid investigates you for example, if Discovery investigates you definitely, Medscheme will follow. So, when one medical aid investigates, it shuts you down, the other ones also follow. You find that you don't have any option but to...to close down.

The medical aids collude with the big employers. You will find that these big corporates, all the members are assigned to one medical aid. If you have issues with that medical aid, it means you cannot see so many patients. This is their market growth strategy, but it works adversely against us as practitioners.

We came to a conclusion that there is a forward integration strategy by medical aids. By this we mean the medical aids want to own the whole supply chain in the business. The cases that you've heard from our colleagues and which we think we've been misunderstood all along to be protecting fraudsters, but we have very good ethical cases where practitioners didn't do anything wrong, but they are forced to close down.

Now when we assess the supply chain in our industry, the supply chain is as follows. Money is collected from patients by medical aid. The money is managed by medical aid and the administrators through brokers. The money, when they structure their benefits, a chunk of the benefits is structured for

hospitalisation. It means on your benefit option, a chunk of the money covers hospitalisation. For example, if someone goes to deliver a...a baby at the private hospital, they end up paying 200 000 or so, which is not questioned because it's at a private
5 hospital.

The benefits are structured such that we private health care professionals, there is nothing really. When patients come to us benefits are exhausted early in the year. If benefits are exhausted around April, we carry the patients throughout the year. It's our
10 patients; we find it difficult to return them. We are forced to help them for free. That, we believe is fraud committed by the medical aids because they collect money from patients, but they have got nothing to pay us as health care professionals. But when it comes to hospitalisation, hospital, private hospitals, we've got big
15 [three] private hospitals in our country where a lot of money is paid and is never questioned.

Patients never question, why do I pay 20 000 per night in a private hospital? Medical aids never question that but when it comes to us, with minimal benefits, we are still audited and...and we
20 see the reason is just to close us down. We also have what you call, what the medical aids, call...call the low...low cost model, where they give patients very, very low benefits. For example, I'm a dentist. I am trained to do implants if a patient doesn't have a tooth, I can do an implant. I...I am trained to do a root canal instead of

removing a tooth. I am trained to crowns and bridges to replace lost teeth.

5 With the low-cost model structured by medical aid and approved by CMS, 98% of patients that I see, the medical aid doesn't cover these procedures, which means as a private health care practitioner, I cannot see patients, even if I want to be ethical. There is no benefits for me. However, with the low-cost model strategy, it's a growth model for...for medical aids. They realize economies of scaling that they...they attract a lot of patients with this
10 low-cost model. They collect a lot of benefits, but the benefits do not cover what we charge as private...as private health care professionals.

So, we have realized that the low-cost model, the medical aids are making a lot of money with the administrators, but we
15 cannot help the patients, which raises a question, are medical aids really non-profit organizations? We believe the medical aids and the administrators have a way of colluding and making huge amounts of money. If they can collect so much benefits but always when patient comes to us, you give them an option, "I can do an implant." My
20 medical aid doesn't cover for an implant. "I can do this procedure" – my medical aid doesn't cover. What really do these medical aids cover?

We have realized that the strategy of the medical aid is basically to shut down a...a... the black entrepreneurial activities.
25 Even when you practice ethically, you are subjected to audits for five

years, six years. What is the intention? We have been through other medical aids and I will give you an example like Profmed. We've consulted the Solutionist to say, "We don't have issues with you." They said, "Look, we track everything within 30 days. If we
5 see an anomaly with the claim, we immediately contact you, the doctor and the patient and we say we suspect something could be wrong. We are not perfect. We make mistakes."

If they realize something is wrong, they immediately contact you and the patient. You clarify your position before they make
10 payment. If there is anything wrong, they don't make that payment. They allow you to correct the mistake. We are happy with that kind of intervention where it's pre- preventive. To add to that, it's like a traffic cop who hides with the camera. When you over speed, then they show up and they...they arrest you. This was the one who
15 makes it clear that you know, I'm on the road.

So, the medical aids are doing this. Of course, they make a lot of money out of the AOD's []. If you are found to have made a mistake with one patient for R700 they will tell you. It means the 20 years you have been practicing, you have done that.
20 You owe us 10 million. Then they tell you, "If you don't sign, we stop paying you." That comes to a coercion. A lot of our guys were subjected to signing, not because they are guilty but because they wanted to sustain their...their practices.

It's an audit after an audit. The issue of indirect payments.
25 We've got practitioners who have been in – on indirect payments for

over 7-10 years. They pay – you... service the patients;

money is paid to the patients. Patients don't pay us. Like the previous speaker said, "If I don't have a 1000 in my account and they pay me a 1000 and they say, as a patient, they say it's for the doctor, where you pay the doctor. A lot of our practitioners have gone into back to back agreements with patients to say, "At least, give me 50% instead of taking the whole money."

So the issue of spy cameras as well. We've got issues, cases where HPCSA has made the recommendation but the medical aid refuses to implement their recommendations. So, we have realized that it's a strategy by medical aids to shut our businesses down. Why do they want to shut us down? They control the whole supply chain except us, the independent private practitioners.

Now slowly, slowly, they're closing us down. If they don't find fault in, you they will investigate until they find something wrong. If they don't close you down, you are subjected to be in a part of a network. The...the network or the DSP's work like this. With the low-cost model, they promise patients that we'll negotiate rates with the doctors provided you go to this particular doctor.

Now, if I am in the same area with my colleague and I am not on the network, he is on the network, all the patients will go to him. So, in...in a way I am forced to join the network to be competitive. But once I join the network, I agree to the low tariffs that they will pay me.

The tariffs that they pay on the networks are far below what you are worth. We are not even engaged to say, "Is this reasonable?" Every year the benefits are deducted against the inflation rate that goes high. Now all these factors, they make it very
5 difficult for us as black practitioners to compete. We have black-owned medical aids that we were very happy with. I will give an example, Commed. We have a...a discussion as members of Solutionists. We tried to track down medical aids like Commed, which failed, which we felt they provided very good benefits.

10 Some of our members were on Commed. We understand they were moved to Bonitas, which for us also shows a...a racial profiling where we see patients moving from a black medical aid that is forced to closed down, being moved to a....a white medical aid scheme. But medical aids like Commed for us, they were very good
15 medical aids. They were closed and we wish there could be an investigation why these black medical aids were closed.

The most common strategy that they will ask, I think my colleagues covered that, they will request clinical notes, which we...which we think it is unlawful as we are protected by the HPCSA
20 and HPCSA says we shouldn't give clinical notes unless there is expressed concerns. Now we want to know that all the investigations that were conducted were based on clinical notes.

If you can check the evidence we provided, most of them, Discovery would say, "Bring clinical notes." So, we questioned the
25 validity of the investigations because they were based on...on wrong

grounds. However, we are not promoting fraud. We are totally against fraud, but we believe that the system, it's very difficult for us to prosper.

My colleagues spoke about [the Sechaba and Ngoepe] judgements, which

5 were recommended to CMS but were not implemented. We questioned why were they not implemented. The issue of spy cameras, it's evident to us that these people are just looking for a way to shut us down. We questioned the legality of spy cameras, we've made it open Solutionists to all other races. Why?

10 It's to say if you have issues please come and join us. If you believe that our case is wrong, you are welcome to present your cases.

If you have been illegally audited, we have extended that invitation but so far, none has really presented the case except what we see on social media, like my...my colleague alluded to that that
15 on social media, we see some white colleagues saying, no, they just ask for... my diary. The issue of AOD as well, the...the formula they use to calculate what you have to pay if they found you at fault, the medical aids have an absolute power to decide, "Okay pay us 500 000, one million." We... don't understand how they
20 calculate that based on what they come to that amount that you have to pay. But we find our colleagues having to pay a huge amount of money and we believe this is extortion and we believe much as they argue to be non-profit organization, we believe they're making huge amounts of money from these big amounts that our
25 colleagues have to pay.

We have got a question with medical – an issue with – issues where like the other doctor presented where they even undermine the CMS. They undermine our individual health care professionals. They undermine us as an organization. We have been trying to meet Medscheme. We've written them letters to say we've got our members who tried individually to communicate with you, you failed them. Can we meet you as an organization? We have been failing to an extent that we have decided maybe we should march to Medscheme to put pressure on them.

But these people have so much absolute power that they seem to be undermining all the institutions that regulating them. Our colleagues have been committing suicide, they... are depressed because of all these issues, which affect both who are ethical and those who could have not been ethical. With the forward [] integration strategy we have some medical aids like Platinum Health, which are now opening private practices, meaning they have got doctors seeing [indistinct] their patients and other doctors are not willing to see those patients and this, we also find to be anti-competitive.

The issue of stakeholder management, we feel like patients are powerful stakeholders followed by doctors and then medical aids. But the medical aids are controlling the whole industry. They are undermining us as...as doctors. We don't have a say. We are just at the high end of things. Now the medical aids have been given too much power over everyone.

In fact, to substantiate that these people are closing us down, they have never had the workshops where they... try to induct health care professionals on best codes of practices. They don't have any...any efforts to show that they want to engage with us and work together. The only time they will talk to you is when you are being audited.

But that letter [] in good faith, to say, "Doctor, this is how we want to work with you" or "Doctors, can we have a workshop to see how best" – if they really wanted to cut down fraud, those are the strategies they could use. Because we are the best people to stop fraud from our members. We are well positioned to control fraud if there is fraud but because they have a strategy to close us down, they do not take any effort. The money they spend investigating could be the money spent to prevent fraud like the other medical aids we have stated.

There is an issue of *ex-gratia* that is well explained on the Section 59, hey? *Ex-gratia*, if you ask any of the health care professionals, none of us know about *ex-gratia*. All they will tell you is the patient doesn't have money, you cannot help the patient. In fact, very disturbing, when you authorize for benefits, they always tell us the funds are available but payment is not guaranteed. Always, when you call a medical aid and confirm, they will tell you, "No, there are funds but they are not guaranteed."

So, we work in that space as a business where you're not even sure whether you will be paid or not. *Ex-gratia* is not applied.

Ex-gratia, it's something that is very hidden by medical aid to say even when the funds are exhausted, we can apply for *ex-gratia* and they can help the patient, pay for the patient. But this is one of the things that the medical aids are... really hiding from the

5 members.

We've got our colleagues who are confused, who were frustrated from the health care sector, from the private health care because of these challenges we are facing and now they try to work at the public sector. There is an issue of... remunerative work
10 outside the public sector. A lot of our colleagues, their payments are blocked because the medical aids, especially Medscheme, would say, "We cannot pay you until you submit your... robes [indistinct]." We also believe this is a technique from medical aid to frustrate... us. When you are frustrated from the public
15 sector, private, you will try also to do some sessions at the public sector. You are always caught in between because they will not pay you.

Now in our conclusion, we say well they're [] registered as MPO but through their associations with administrators
20 they... realize huge amounts of profits. – they sometimes – pay more dividends than the mining. We understand they have more reserves in their coffers than prescribed by the law. The forward [] integration strategy is slowly reducing the number of private health care professionals. And through DSP's
25 everything is done at the expense of the health care providers.

We also need full accountability of the money recouped through AOD's. We recommend that this should never happen again that the dignity of our health care professionals should be restored that the benefits should be structured to favour the patients
5 and not the medical aids. We recommend that racial profiling, if it's successfully proven, should be severely punished and we...we recommend that the money extorted from our health care professionals through AOD's should be refunded with interest.
Thank you.

10 CHAIRPERSON 1: Thank you. So, have this PowerPoint presentation, with [] our team, the secretariat?

MALE SPEAKER: Yes, we...we can present it, ja.

CHAIRPERSON 1: Thank you, alright. Well, my understanding is that that will be the last speaker for Solutionist
15 Thinkers. Alright, well it remains then of me to thank Ms Gatsheni and her team and the whole of Solutionist Thinkers for illuminating presentations. We obviously have no idea whether we will call you back again but it sounds like we will have to call you back again because there will likely be responses from the schemes and no
20 doubt, from the CMS and so in due course we might call upon you to be of...of help to us. But it's been great to have you around especially because your presentations have been succinct and enlightening certainly for me who is not a practitioner in the area. So, thank you. So, we will take a few minutes I guess before we –
25 the Competition Commission I'm told has arrived and so we shall

take a couple of minutes to just set up to make sure that there are arrangements made for them and we will continue. Perhaps, let's take ten minutes []. So, let's take 15 minutes and we will continue after 15 minutes.

5 **PROCEEDINGS ADJOURN**

END OF AUDIO