

THE COUNCIL FOR MEDICAL SCHEMES (CMS)
INQUIRY UNDER SECTION 59 OF THE MEDICAL SCHEMES ACT
HELD AT
BLOCK A, ECO GLADES 2, OFFICE PARK, CENTURION

26 SEPTEMBER 2019

DAY 11

PROCEEDINGS HELD ON 26 SEPTEMBER 2019

ADV TEMBEKA NGCUKAITOBI: Good morning we are continuing the inquiry into Section 59 of the Medical Schemes Act. I wonder if there are representatives of Medscheme in the room. No one alright well hopefully they will join us during the course of the day. Nevertheless we – I see there's a Dr Ngumbela in the room, yes thank you. We will hear testimony from Dr Ngumbela this morning. Are you by yourself Dr Ngumbela or ...(intervenues)?

DR NONKOSI NGUMBELA: No I'm ...(indistinct).

10 **ADV TEMBEKA NGCUKAITOBI:** Will you just switch on the microphone.

DR NONKOSI NGUMBELA: I'm accompanied by my patients who are aggrieved, Mr Buyisile Pan, Mr Phumezo Mntusanto, my daughter Mandlakazi Ngumbela and my patient Babalwa Sikiti.

ADV TEMBEKA NGCUKAITOBI: Alright but you will be giving the evidence?

DR NONKOSI NGUMBELA: I will be giving the evidence and they will assist me where they can but they've also got their evidence to give.

ADV TEMBEKA NGCUKAITOBI: Alright can I take your oath or affirmation.

20 **DR NONKOSI NGUMBELA:** All four of us are going to be speaking.

ADV TEMBEKA NGCUKAITOBI: Yes I just want to ask you whether you'll be taking the oath or the affirmation?

DR NONKOSI NGUMBELA: The oath.

ADV TEMBEKA NGCUKAITOBI: Okay will you say after me, I and your name?

DR NONKOSI NGUMBELA: I, Nonkosi Ngumbela.

ADV TEMBEKA NGCUKAITOBI: Swear that the evidence that I shall give.

DR NONKOSI NGUMBELA: Swear that the evidence that I shall give.

ADV TEMBEKA NGCUKAITOBI: Shall be the truth.

DR NONKOSI NGUMBELA: Shall be the truth.

ADV TEMBEKA NGCUKAITOBI: The whole truth.

DR NONKOSI NGUMBELA: The whole truth.

ADV TEMBEKA NGCUKAITOBI: And nothing but the truth.

10 **DR NONKOSI NGUMBELA:** And nothing but the truth.

ADV TEMBEKA NGCUKAITOBI: If so raise your right hand and say so help me God.

DR NONKOSI NGUMBELA: So help me God.

ADV TEMBEKA NGCUKAITOBI: Thank you. Who else is it – should I start from my extreme left so, what's your surname?

MR BUYISILE PAN: Pan, P-A-N.

ADV TEMBEKA NGCUKAITOBI: Yes Mr Pan?

MR BUYISILE PAN: Buyisile Pan.

ADV TEMBEKA NGCUKAITOBI: Alright Mr Pan will you take the oath?

20 **MR BUYISILE PAN:** (No audible answer).

ADV TEMBEKA NGCUKAITOBI: Yes so say after me, I and your name.

MR BUYISILE PAN: I Buyisile Pan.

ADV TEMBEKA NGCUKAITOBI: Swear that the evidence that I shall give.

MR BUYISILE PAN: The evidence that I shall give.

ADV TEMBEKA NGCUKAITOBI: Shall be the truth.

MR BUYISILE PAN: Shall be the truth.

ADV TEMBEKA NGCUKAITOBI: The whole truth.

MR BUYISILE PAN: The whole truth.

ADV TEMBEKA NGCUKAITOBI: And nothing but the truth.

MR BUYISILE PAN: Nothing but the truth.

ADV TEMBEKA NGCUKAITOBI: If so raise your right hand and say so help me God.

MR BUYISILE PAN: Yes.

10 **ADV TEMBEKA NGCUKAITOBI:** Say so help me God.

MR BUYISILE PAN: Oh help me God.

ADV TEMBEKA NGCUKAITOBI: Thank you. And the gentleman next to you, what's your name?

MR PHUMEZA MNTUSANTO: I'm Phumeza George Mntusanto.

ADV TEMBEKA NGCUKAITOBI: Mntusanto. Okay so Mr Mntusanto will your say your name after me, I and your names?

MR PHUMEZA MNTUSANTO: I, Phumeza Mntusanto.

ADV TEMBEKA NGCUKAITOBI: Swear that the evidence that I shall give.

20 **MR PHUMEZA MNTUSANTO:** Swear the evidence that I shall give.

ADV TEMBEKA NGCUKAITOBI: Shall be the truth.

MR PHUMEZA MNTUSANTO: Shall be the truth.

ADV TEMBEKA NGCUKAITOBI: The whole truth.

MR PHUMEZA MNTUSANTO: The whole truth.

ADV TEMBEKA NGCUKAITOBI: And nothing but the truth.

MR BUYISILE PAN: And nothing but the truth.

ADV TEMBEKA NGCUKAITOBI: If so raise your right hand and say so help me God.

MR PHUMEZA MNTUSANTO: So help me God.

ADV TEMBEKA NGCUKAITOBI: Thank you. Is your daughter also?

MR PHUMEZA MNTUSANTO: No.

ADV TEMBEKA NGCUKAITOBI: Oh she's just accompanying. And then it's miss?

MS BABALWA SIKITI: Babalwa Sikiti.

10 **ADV TEMBEKA NGCUKAITOBI:** Sikiti?

MS BABALWA SIKITI: Yes.

ADV TEMBEKA NGCUKAITOBI: So will you take the oath as well?

MS BABALWA SIKITI: Yes I will.

ADV TEMBEKA NGCUKAITOBI: Alright so will you say after me, I and your full names?

MS BABALWA SIKITI: I, Babalwa Sikiti.

ADV TEMBEKA NGCUKAITOBI: Swear that the evidence that I shall give.

MS BABALWA SIKITI: Swear that the evidence that I shall give.

20 **ADV TEMBEKA NGCUKAITOBI:** Shall be the truth.

MS BABALWA SIKITI: Shall be the truth.

ADV TEMBEKA NGCUKAITOBI: The whole truth.

MS BABALWA SIKITI: The whole truth.

ADV TEMBEKA NGCUKAITOBI: And nothing but the truth.

MS BABALWA SIKITI: And nothing but the truth.

ADV TEMBEKA NGCUKAITOBI: If so please raise your right hand and say so help me God.

ADV TEMBEKA NGCUKAITOBI: Say so help me God.

MS BABALWA SIKITI: So help me God.

ADV TEMBEKA NGCUKAITOBI: Thank you. Dr Ngumbela you can take us through, we have received your written submission but you ...(intervenes).

DR NONKOSI NGUMBELA: Yes you have but I've noticed that the pages are not complete. I had attached the letters from Medscheme, I think four
10 letters from Medscheme and apparently the one had been missing. Four letters from Medscheme and I was supposed to have – my pages are 123 but I see here that you end at page 105.

ADV TEMBEKA NGCUKAITOBI: We do have letters from Medscheme.

DR NONKOSI NGUMBELA: No I just give you one that was missing and then the contract from – the specimen of the contract between IPA and myself those are the ones that I give this morning.

ADV TEMBEKA NGCUKAITOBI: Yes.

DR NONKOSI NGUMBELA: But because that one was missing a whole bunch of letters, there's five of them, from Medscheme that I was
20 supposed to hand in but I handed in for, I missed the one from Bonitas and I don't see them here, there's only ...(intervenes).

ADV TEMBEKA NGCUKAITOBI: The letter from Bonitas we've also ...(intervenes).

DR NONKOSI NGUMBELA: You got that one which is the one I handed this morning but you're supposed to have two letters from Medscheme

and from Bonitas of the 17th March 2018, two letters from Medscheme from Bonitas and the other medical aids from April and one letter in May.

ADV TEMBEKA NGCUKAITOBI: Alright.

DR NONKOSI NGUMBELA: You've got that?

ADV TEMBEKA NGCUKAITOBI: No.

DR NONKOSI NGUMBELA: Because I did bind the papers that I sent and I had sent them to you but I don't know why they're missing.

ADV TEMBEKA NGCUKAITOBI: Alright so just tell me the letters you think we are missing what are the dates?

10 **DR NONKOSI NGUMBELA:** The 27th of March that's a letter of verification of services from Medscheme there were two ...(intervenes).

ADV TEMBEKA NGCUKAITOBI: We've got the 27th March from Bonitas but you say ...(intervenes).

DR NONKOSI NGUMBELA: No that one I had not included in the pack that's why I give in this morning but there's another one from Medscheme. The one that lists all the others AECI, Parmed, POLMED, MBMed and so on that – but I refer to it in my submissions. So on the 27th March I received two letters one saying Bonitas the other saying Medscheme.

20 **ADV TEMBEKA NGCUKAITOBI:** Alright what else do you say we are missing?

DR NONKOSI NGUMBELA: On the 17th April I received two letters that says payments to your practice, that's when they suspended my payments.

ADV TEMBEKA NGCUKAITOBI: Okay so we've got one from Medscheme.

DR NONKOSI NGUMBELA: 17th April?

ADV TEMBEKA NGCUKAITOBI: Ja and Bonitas.

DR NONKOSI NGUMBELA: It's page what?

ADV TEMBEKA NGCUKAITOBI: Page 121 and 123.

DR NONKOSI NGUMBELA: Oh you got them?

ADV TEMBEKA NGCUKAITOBI: Yes.

DR NONKOSI NGUMBELA: And then there is one that says termination of services that is 10 of May.

ADV TEMBEKA NGCUKAITOBI: We've got that at page 125.

DR NONKOSI NGUMBELA: 125, okay so it must be a – it is a red folder.

10 I'm glad you have them because we refer to them in this letter.

ADV TEMBEKA NGCUKAITOBI: Alright.

DR NONKOSI NGUMBELA: My name as has been said is Nonkosi Ngumbela I'm a medical doctor, I'm a GP by profession. I qualified at Wits University in 1983 and I've been working as a GP in East London for the past 30 years, which is more than 30 years, and I've tried my best in all those 30 years to provide to the best of my ability the services to my patients and that included protecting their privacy and their dignity.

20 And the medical aids know that I am black because there is no correspondence where they don't mention my name and my name is obviously of a black South African. Whenever I phone and I press my practice number it automatically brings up my name so they know that I'm a black doctor. And I want to also describe my practice.

My practice I serve 100% black patients, 100% of the patients that chose me are black and it's workers and their families, it's the elderly, the very sick, the unemployed, that is the majority of my workers,

of course I've got professionals and politicians and so on in the mix but the majority of my workers are the working class and therefore the medical aids they use will be in the lower options for instance Bonitas I'll have the majority of them being on Boncap.

With Discovery in the 30 years I've never seen I hear there's Discovery Executive and Comprehensive those people don't usually use my practice, most of my patients use KeyCare, PrimaryCare and KeyCare Plus. GEMS most of my patients will use those options that are called Sapphire and Beryl I don't have the Onyx, maybe I have one patient on
10 the Onyx the others are on the lower option.

And the lower options sometimes do not allow patients to go to visit private specialists, they don't allow patients to be admitted to private hospitals but the surprising thing is that I once looked through the results of Discovery they are the cash cows of the medical aids. They will say they didn't make money from the other – the Executive and so on but they make money from KeyCare and KeyCare Plus.

But because it's lower options you get a fixed amount, they will pay you R320,00 to R390,00 inclusive – everything inclusive so you're getting paid for consultation for examine – for consultation for treatment,
20 all the medication that you're going to use to give the patient, all the minor procedures it's all inclusive so you get a package and they give them a limited number of visits per year. So that's most of my patients. So coding there makes no difference, you just get a round figure and they agree they're going to pay this much per year.

And so I've been practicing like this for 30 years, you grow with

the practice so as the time went I ended up focussing mostly on chronic diseases management, that is HIV, AIDS, diabetes, hypertension, cardiac disease so that was my main focus but of course then the age group gets older as the more years you spend there. The children that used to play with my stethoscope when they were young are doctors now, some of them are specialising so I'll be referring patients to them that's how a practice grows in our communities.

ADV ADILA HASSIM: Dr Ngumbela where exactly is your practice located?

- 10 **DR NONKOSI NGUMBELA:** It's located in the – in downtown East London what is called the shabby part of town but the patients come from the townships, they come from the villages, it's near a taxi rank so they come from those areas.

I've never had any problems with medical aids. The relationship I had with Medscheme was that the contract you signed you are an IPA Foundation – there's an IPA Foundation most doctors belong to that IPA and they negotiate the contracts for you. So with Medscheme like I showed this morning the contract is negotiated by the IPA foundation on your behalf and you become – and then with some of the medical aids the
20 patient has to choose a doctor so you'll find that you're the only provider for that patient. They can change for the following year but the year they choose you they can change every month any way if they – but they can't change in the beginning of the month.

So I was the only provider for some of the medical aids like MBMed where the patients chose me specifically. So I had no direct, like

all doctors, no direct contract with Medscheme. The contract I had was with IPA and there was an agreement that there will be peer reviews. They mentioned about coding, what structures would happen. They mentioned the consent in the contract, the consent to give clinical information where there's red flagging to give the clinical information to a clinical committee not to a man sitting in Johannesburg whose health qualifications in the field we do not know.

ADV KERRY WILLIAMS: Dr Ngumbela can I just ask you a question about IPA just to make sure we understand correctly.

10 **DR NONKOSI NGUMBELA:** Yes.

ADV KERRY WILLIAMS: So is this IPAF the Independent Practitioners Association Foundation ...(intervenes).

DR NONKOSI NGUMBELA: Association Foundation, that's right.

ADV KERRY WILLIAMS: Okay they have given evidence in this hearing so we do know a bit about them which is helpful. But then can I just check so your evidence is that they entered into or they negotiated the network agreements on your behalf?

DR NONKOSI NGUMBELA: Yes.

20 **ADV KERRY WILLIAMS:** Are these the network agreements that you refer to at ...(intervenes).

DR NONKOSI NGUMBELA: Those are some of those that I could get because unfortunately during the time when this happened Mr John Jansen who was heading ...(intervenes).

ADV KERRY WILLIAMS: Just a moment I just want to check I understand correctly, if you could turn to the bundle in front of you page 12 please.

DR NONKOSI NGUMBELA: Okay they didn't give me the new bundle but is the NedGroup one or is it the one that says Bonitas Medical Scheme?

ADV KERRY WILLIAMS: I think it's the one under your left arm with the ... (intervenes).

DR NONKOSI NGUMBELA: Oh this one, page 12.

ADV KERRY WILLIAMS: Ja page 12.

DR NONKOSI NGUMBELA: Oh it starts page 527 ... (intervenes).

ADV KERRY WILLIAMS: So just page 12.

DR NONKOSI NGUMBELA: Okay yes.

10 **ADV KERRY WILLIAMS:** Are those the network agreements listed at paragraph 23 that you're referring to?

DR NONKOSI NGUMBELA: Medscheme – these are Medscheme administered medical aids and they fall under those contracts.

ADV KERRY WILLIAMS: So these are the agreements that IPAF negotiated ... (intervenes).

DR NONKOSI NGUMBELA: Those are the agreements. Unfortunately Mr John Jansen who was heading our Board at IPA and doing a good job passed away just during this time, he passed away in March, in February 2018 when these problems started. So when I phoned his office he
20 wasn't there I had to phone Pretoria, I got Sophia and they tried to intervene as you will hear later.

ADV KERRY WILLIAMS: Okay thank you, let me not take you off track.

DR NONKOSI NGUMBELA: So in February I didn't know the medical aids were doing this so I was completely taken by surprise. February 2018 my payments were withheld, I thought it was a technical error. I waited a

month and when I had to pay bills at the beginning of March I started phoning medical aid – Medscheme, I was sent from pillar to post. Eventually I even spoke to Mr Reinhardt he sent me the big guy who was this Mr Devan and he just, he sent me – then they sent me the letters on the 27th of March after withholding my payments. As you can see there they say they have suspended me, they want me to give them everything – complete copies of complete member and dependent files of the 30 years, some are 20 years, 30 years and they wanted records for those dependents and codes.

10 I use only one code consultation. Even if I put drips I do that a lot, I give oxygen, no we are not sophisticated there, I use one code consultation so I do not know why they had this. And they said according to your Contract Regulation 15(2) and according in terms of the contract entered into in Pursuant of Regulation 15(a) the Beneficiary Contract they mention is the one for the IPA where we were termed to be beneficiaries but there specifically it says that information must be given to a team, a committee of healthcare professionals, not somebody I don't know.

When I phoned him I asked are you a doctor, are you a healthcare professional, he said he's a doctor but I don't have a
20 transcript. He said *ja* I'm a doctor but he didn't care he was just offended; he was throwing anything at me. Of course I was cross ... (intervenes).

ADV ADILA HASSIM: Who are you referring to this now?

DR NONKOSI NGUMBELA: This – the man who made – Mr Devan Fleming.

ADV ADILA HASSIM: Is it a man?

DR NONKOSI NGUMBELA: Yes he is a man because I spoke to him, Mr Devan he's a man and he's a white man. I'm running a black practice with black patients and this white man who represents Medscheme but still he is white that means a lot, he comes and interferes in my practice and says I'm withholding your funds. When I refused to give him clinical notes of my patients I got a payment because IPA intervened. I got a payment that was the last one round about April – early April.

Then I got the second letter in April in which he said I owe them,
10 because I'm working with Dr May Khunyuza which there's no such doctor
...(intervenes).

ADV TEMBEKA NGCUKAITOBI: Sorry just tell me have you now subsequently established whether or not Mr Fleming is a doctor?

DR NONKOSI NGUMBELA: I phoned around and they said no he's not a doctor Mr David Fleming he was lying to me he didn't care.

ADV TEMBEKA NGCUKAITOBI: Ja so but he told you he's a doctor?

DR NONKOSI NGUMBELA: He told me he's a doctor and then I phoned Medscheme to find out if he's a doctor in Forensic Unit, they say no he's not a doctor, the other people said no he's an accountant, a Forensic
20 Accountant. My colleagues were advising me now to co-operate because these people can do bad things to me. So I'd rather co-operate and then I said but I couldn't bring myself to co-operate because I thought his activities were criminal because he withheld my payments without my – with – unlawfully ...(intervenes).

ADV TEMBEKA NGCUKAITOBI: So I mean if obviously Medscheme is

still going to give evidence but if it's established that he lied to you when he said he's a doctor but he wasn't that would mean that he did the investigation under false pretences.

DR NONKOSI NGUMBELA: He told me and there must be a transcript of that conversation it was telephonically because I asked him if he wanted my patients records, are you a doctor he said yes I'm a doctor but he just didn't care, he said so.

ADV ADILA HASSIM: Do you have the date on which you had this telephonic conversation with him?

10 **DR NONKOSI NGUMBELA:** I will come up with a date I've got too many papers because I was asking for help left and right, I will have the date. I think it's either before the 27th March, on the day of the 27th March or before the second letter because there will be action after each letter, on the 17th April.

And so the second letter came in which they claimed that I was working with Dr May Khunyuzza and that my practice refused to provide the scheme with any patient records. If I can go back, I phoned all those patient – those – there were nine all in all because there were four and six but one overlapped nine, I phoned. They were cross, no who is that,
20 we never gave him any permission to get your records and so on so and you don't ever give anybody our records, that's what my patients said but then I also didn't agree with what he said so I didn't communicate that with them and the way he was communicating with me he was – he just took it for granted that I would comply with his request.

There's no Dr May Khunyuzza that I know of but he said that the

reason he gave for is that I was working with Dr May Khunyuzo and provided ...(intervenes).

ADV ADILA HASSIM: Wasn't that just a combination of the two surnames of the two locums? There's a Dr May and another Dr Khunyuzo that they seemed to have combined the two.

DR NONKOSI NGUMBELA: I was giving him credit because I didn't know any Dr May Khunyuzo but because if I'm Ngumbela and he's Mntusanto you can't call us Ngumbelamntusanto in one word, no capital in Ngumbelamntusanto. You have to say Dr May and Dr Khunyuzo there's
10 two different, so it just shows how offended he was treating this whole thing that ...(intervenes).

ADV TEMBEKA NGCUKAITOBI: But I mean let us assume that he was confusing the names of your locums, let's be generous towards him.

DR NONKOSI NGUMBELA: Okay he called my locums Maykanuzo but as you see in my submission those are two different people, Dr May is separate from Dr Khunyuzo and they both work at my practice like a lot of other locums that work for me, I used to have anyway before this whole thing because I used to open seven days a week and I would get other locums because my patients couldn't go to emergency with their medical,
20 low cost medical aids I thought I was providing a service and I had to close.

So Bonitas wanted R44 000,00 from me the others wanted R65 000,00 from me. Now when I was hearing people giving evidence why did they separate the two amounts, maybe so that they do not form R100 000,00 ...(intervenes).

ADV ADILA HASSIM: Before we get to the Bonitas and the separate amount for Bonitas. In the letter the 17 – I think it was the 17 April letter where they said you owe R65 454,00.

DR NONKOSI NGUMBELA: Yes.

ADV ADILA HASSIM: They calculated this as a result of a 5% they said that this number makes up a total of 5% of the claims that you made during a particular period okay and that they said the abovementioned schemes and the schemes are POLMED, Fedhealth, MBMed, Parmed, there's a whole group of schemes.

10 **DR NONKOSI NGUMBELA:** Yes.

ADV ADILA HASSIM: They said the abovementioned schemes have been affected and that they are holding you liable for this amount.

DR NONKOSI NGUMBELA: Yes.

ADV ADILA HASSIM: Did they breakdown that R65 000,00 etcetera into each scheme, so how much of that was what you owed to POLMED, how much of it was to Fedhealth?

DR NONKOSI NGUMBELA: No they were not interested in that.

ADV ADILA HASSIM: So it was one global amount that they were claiming on behalf of several schemes?

20 **DR NONKOSI NGUMBELA:** It was just a thumb suck and they didn't care. They didn't care for my patients, they didn't care for my good name, they didn't care for anything. And then IPA decided to not respond to my calls now, I of course went from door to door. I went to SAMDP, I joined several groups, I tried to go to lawyers but the amounts of money that I had to pay upfront I could not afford so I waited. On the 10th May they

said without prejudice they're cancelling my contract meaning they're blacklisting me now.

What bothers me about this blacklisting, me working in my community I didn't mind if they paid directly to the patient, why didn't he – did he not give that option because I know most of my patients would have come back and paid me. He didn't – as you will hear from my patients, he never approached any of my patients except MBMed who in May – in June wrote an SMS to their patients that find another doctor now, Dr Ngumbela is out of our contracts.

10 And I wrote to them again in June I said Life Esidimeni it was the same thing, they break – they broke contracts but at least they gave them three to six months before they move patients. With the private sector, with Medscheme there was no warning they just told patients in the middle of the month and patients pay upfront for that month, he tells me on the 10th May that he's cancelled my contract. Patients cannot change doctors until end of the month – the following month so he's keeping – he's stealing my patients money from the 10th to the – three weeks of my patients money where they cannot go to any doctor whereas he's taking that money and said he's not going to take me, I thought that
20 is theft, besides the theft of the money that he took from me, he thieved money from my patients and some of those patients I got a list from AfA I said I was managing Medscheme's about 300 patients on AfA.

71 have yet not chosen a patient meaning, 71 are untreated with HIV and we know there's consequences to that. They didn't even bother to use the money to follow the patients and assist them to get doctors,

they just cut off, didn't care for them and you will hear from my patients what happened. And I wrote to them, I said be careful of what happened to Esidimeni and indeed one of the nine patients they gave me when I phoned her to say there is an inquiry come, she was so cross with me that I left her now she had a stroke because I couldn't give her, her hypertension medication. I was trying to get her daughter to come and explain because I don't know what happened, she doesn't want to talk to me. That is what happens, the consequences of the actions of Medscheme.

10 My second batch of the presentation is about my patients ...(intervenes).

ADV ADILA HASSIM: Dr Ngumbela just so that I understand this evidence correctly because the letters are not entirely clear, so it's your evidence that from the 10th May no one was being paid, the practice was not being paid and the patients were not being paid?

DR NONKOSI NGUMBELA: Yes but still they said it officially but from the date they paid me in April they never paid me again but from the 10th May they said officially they've cut off ties with me.

ADV KERRY WILLIAMS: And then when did it happen – from what date
20 did it happen unofficially?

DR NONKOSI NGUMBELA: The last payment was in April; I think it was the 16th April.

ADV TEMBEKA NGCUKAITOBI: Sorry I thought that you were suspended from February 2018?

DR NONKOSI NGUMBELA: And then IPA intervened and I got a payment

on the 16th April and then after that IPA couldn't do anything anymore they will just send messages they were still busy with this but I think they were powerless and anyway they get their funds from the medical aids to manage – to clinically ...(intervenes).

ADV TEMBEKA NGCUKAITOBI: You say there were 71 patients with HIV all of them were HIV positive or what exactly?

DR NONKOSI NGUMBELA: They are on treatment. You see I wrote to AfA, I wrote to Solution, with Medscheme those that have HIV are managed by a program called Aid for AIDS, those that are on other
10 chronic illnesses are managed by a program called Solution.

ADV TEMBEKA NGCUKAITOBI: No I just want to understand this number of 71 ...(intervenes).

DR NONKOSI NGUMBELA: 271.

ADV TEMBEKA NGCUKAITOBI: 271.

DR NONKOSI NGUMBELA: The number of 71, I couldn't bring the data, they only sent me the data now because I phoned them and said please send me again the patients that I've registered from Medscheme in AfA there was a number close to 300 some have found new doctors now but 71 are still without doctors.

20 **ADV TEMBEKA NGCUKAITOBI:** But this 71 you said there was 71 patients with ...(intervenes).

DR NONKOSI NGUMBELA: Without doctors.

ADV TEMBEKA NGCUKAITOBI: Without doctors okay but they may be having chronic illnesses other ...(intervenes).

DR NONKOSI NGUMBELA: They have AIDS, they have HIV

...(intervenes).

ADV TEMBEKA NGCUKAITOBI: Oh these are HIV positive.

DR NONKOSI NGUMBELA: HIV positive patients.

ADV TEMBEKA NGCUKAITOBI: I see.

DR NONKOSI NGUMBELA: That were on the program, 71 as far as the document they gave me in July when this now started.

ADV TEMBEKA NGCUKAITOBI: No that's fine I just wanted to clarify, so what's their position right now as we speak, they have no doctor, no medical aid?

10 **DR NONKOSI NGUMBELA:** They do have a medical aid.

ADV TEMBEKA NGCUKAITOBI: Yes.

DR NONKOSI NGUMBELA: The medical aid has benefitted a lot because some of those patients haven't chosen a doctor yet because I didn't know that it's – even me I knew there was a bond I didn't know it's so difficult for a patient to go and start another doctor. Some of them I am the one who had to back them or find doctors for them, try this one, try this one, it was really difficult which is ... So some of them up to now who were being managed by me still do not have doctors. Even if you read the letters they will say I haven't had any medication I've now defaulted my medication from the letters that I included in my submission.

ADV TEMBEKA NGCUKAITOBI: And this is since when?

DR NONKOSI NGUMBELA: Since May of 2018.

ADV TEMBEKA NGCUKAITOBI: 2018 yes. And why are they finding it difficult to find a replacement doctor?

DR NONKOSI NGUMBELA: Can you go to the letters? When we were

told to present to – when we were told that we can make submissions, I asked my patient because some of them are still coming and bother – not bothering me but coming and crying to me. So I said, okay, write submission those who can quickly because it was a short notice.

So I think I handed in 46 submissions and of those 46 submissions I was looking at them. Many – the main complaint is that people feel comfortable with their doctor. People do not like to move, I've got letters there. People do not like to move to other doctors. And then also I didn't know how much pain the whole process is of going to
10 another doctor but I've marked some.

"This is killing me", some of the patients are saying, "I don't know, this make me sick and I think it will end up killing me", that's page 109. I feel very – some are saying, "I'm totally unhappy and disagree". These are some of the statements that my patients wrote about the pain ...(*interven*es).

ADV TEMBEKA NGCUKAITOBI: *Ja*, that's one at 62; Thombiwe Kabelenjo says that she has been a patient for 20 years and now she doesn't understand why she must abruptly change.

DR NONKOSI NGUMBELA: Yes and having been a GP for so long
20 obviously I've got people who've been with me – I think some of my patients will tell you – the patients that I brought – people that I – the first three patients that I called yesterday on short notice, all three will tell you, I told them yesterday morning when I was told I could bring patients and some are men.

I was shocked at how it was very painful, very hard to bear. One

is saying what happened to them with the medical aid and what their medical aids did when they just said, stop seeing this doctor. What right has it got to inflict such damage to – as Medscheme including this Mr Devan with such glee because these patients were coming up and down and my patients don't have cars.

They have to come – walk down, they get told this, they go back to the medical aid offices. With such glee they are told that ask her what she did. I was hurt so much that there was nothing I could do, one patient says. And I don't mind if they punish me but what about our
10 patients, and somebody needs to go to jail for this.

ADV TEMBEKA NGCUKAITOBI: Now what did you do actually from this position of Medscheme? What do they say you did?

DR NONKOSI NGUMBELA: I worked as a group page practice with May Khunyuza and I refused to give them – that letter that I give to give them patient records. That is what I did.

ADV ADILA HASSIM: And it was six patients, records for six patients?

DR NONKOSI NGUMBELA: No, four with Bonitas ...(intervenes).

ADV ADILA HASSIM: And six ... intervenes).

DR NONKOSI NGUMBELA: And six with – but all in all it's nine because
20 one is overlapping.

ADV ADILA HASSIM: I see.

DR NONKOSI NGUMBELA: Four with Bonitas and six with ...(intervenes).

ADV ADILA HASSIM: And you say you contacted those patients to ask for consent and they ...(intervenes).

DR NONKOSI NGUMBELA: Those – asked – yes.

ADV ADILA HASSIM: Declined.

DR NONKOSI NGUMBELA: Six of them I got on time to write Affidavits so of these Affidavits, six are from those patients.

ADV ADILA HASSIM: They wrote Affidavits to say that they did not want to consent to their records.

DR NONKOSI NGUMBELA: Yes and some are saying that how they feel disrespected by their medical aid to stop them. Six of those nine patients, the one is the one who had a stroke who's really cross. The two I couldn't get hold of, I think one came but he came he couldn't write and
10 he was supposed to come and say this. But all nine of them were willing to write and six of them are in here.

ADV ADILA HASSIM: And what was Medscheme's respond? Did you tell Medscheme that the patients were not willing to provide consent to disclose their information?

DR NONKOSI NGUMBELA: Yes but – yes, I said so. First I said, how can they ask me – I'm a professional to round up my patients as if they told me what I'd done. Round up my patients, get consent for somebody who's not a healthcare professional, go and give him. I mean like at that stage I was angry. When I spoke to other people, they say I must go and
20 beg – when I phoned others, I must go and beg this Devan who seems to be the ringleader of the criminals.

ADV ADILA HASSIM: What was his response though when you told him that they were ...(intervenes).

DR NONKOSI NGUMBELA: He doesn't care. He didn't care at that time. He was – I don't know because it's quiet about him now. He didn't care.

It was a victory for him. Each one of us but my patient will tell you she went to another doctor, that other doctor was from St Mark's Clinic for the same thing, the doctor that she was going up and down town trying to find another doctor.

ADV KERRY WILLIAMS: Can I just go back to the 71 patients who have HIV and who currently don't have doctors.

DR NONKOSI NGUMBELA: Yes.

ADV KERRY WILLIAMS: What are they doing?

DR NONKOSI NGUMBELA: Defaulting.

10 **ADV KERRY WILLIAMS:** What you mean? Could you just explain their position?

DR NONKOSI NGUMBELA: Defaulting, you'll read in the letters, many are saying, I've defaulted now, meaning that they are without medication. They are without medication. Every six months we have to do blood tests, every six months. I do not know what they do but if they are not being seen by a doctor – they do not have a doctor, obviously they defaulting.

ADV KERRY WILLIAMS: And by defaulting you mean they not taking their medication.

20 **DR NONKOSI NGUMBELA:** Yes, they defaulting treatment.

ADV ADILA HASSIM: And what's the consequence of defaulting on ARV medication?

DR NONKOSI NGUMBELA: Illness and death. Illness and death. I don't know why they don't worry about hospital admissions sometimes because the reason why eventually they agree to treat to roll out ARV's was

because it's supposed to cost more to treat in hospital than to give ARV's.

But even while I was still on the program you would find that they have reluctance, I would have to fight for them to change a more expensive medication and the patient ends up being hospitalised again and again. So I don't know why it's better for them to – for the patients to be hospitalised or they know that the patients will stop working and leave medical funds, then will get sick and die.

ADV ADILA HASSIM: And did you ever considered just paying the
10 amounts that they said you owe?

DR NONKOSI NGUMBELA: Never, no.

ADV ADILA HASSIM: Just one other thing in relation to and you do mention it in your Affidavit. There were two letters on 17th of April.

DR NONKOSI NGUMBELA: Yes.

ADV ADILA HASSIM: One was from Medscheme and they said on behalf of the – of a group of several schemes.

DR NONKOSI NGUMBELA: Yes.

ADV ADILA HASSIM: Including Bonitas.

DR NONKOSI NGUMBELA: Yes.

20 **ADV ADILA HASSIM:** And on the same ...(intervenes).

DR NONKOSI NGUMBELA: No, they didn't mention Bonitas on that – on the two separate occasions Bonitas was not mentioned. It was Bonitas and then the others in that when they had split the letters.

ADV ADILA HASSIM: Can we just have a look at that 17 April?

DR NONKOSI NGUMBELA: 17 April, okay. Maybe I miss read. Oh yes,

they do.

ADV ADILA HASSIM: The first one which is on page 121 includes Bonitas.

DR NONKOSI NGUMBELA: H'mm yes.

ADV ADILA HASSIM: And then on page 123 on the same day is another letter.

DR NONKOSI NGUMBELA: Yes.

ADV ADILA HASSIM: But this one is on behalf of Bonitas.

DR NONKOSI NGUMBELA: Oh, I didn't notice, yes. They just do what
10 they – they don't care.

ADV ADILA HASSIM: And that's for an amount of 44 odd thousand.

DR NONKOSI NGUMBELA: Yes. Include – the one that includes Bonitas is 65 000, the other one is 44 000.

ADV ADILA HASSIM: Yes and the reasons are the same.

DR NONKOSI NGUMBELA: Yes.

ADV ADILA HASSIM: And did you query why this is so? Why were you being getting two letters ...(intervenes).

DR NONKOSI NGUMBELA: Without going to Mr Devan Fleming and being
– because I did go to SAMDP. That was interesting also, I went to
20 SAMDP, I took this because SAMDP is supposed to be shareholding in
Medscheme, I thought things would be easy. Then one doctor went to
represent me which I didn't know and the result was that I must sign some
acknowledgement before he pays me otherwise I may take him to court.
So I didn't want to sign that, no, I don't know what I had to sign but my
representative said, Devan says you must come and sign something then

he will be back otherwise you may take him to court. So I didn't accept that offer because I wanted my options to remain open. And I had been aggrieved, I'm still feeling aggrieved even now.

ADV TEMBEKA NGCUKAITOBI: Sign what, an acknowledgement of what?

DR NONKOSI NGUMBELA: I don't know, to sign that I agreed to be paid out to something like that. That I agree that I must go to Devan and sign that I agree that he would be – so that I don't afterwards when he pays me back and he – I don't afterwards take him – take legal action against
10 him. That was exactly what my colleague – the report my colleague came back with.

ADV TEMBEKA NGCUKAITOBI: Now did you consult or contact all of these patients and they refused to give – I mean if one is to be fair to Medscheme and to say, look what they are trying to check is to verify if your services were rendered and they've given you the names and the member numbers. So I mean other answer is ...(intervenes).

DR NONKOSI NGUMBELA: Yes, all of them

ADV TEMBEKA NGCUKAITOBI: The simple thing to do is just give them the records.

20 **DR NONKOSI NGUMBELA:** It's not simple.

ADV TEMBEKA NGCUKAITOBI: H'mm.

DR NONKOSI NGUMBELA: It's not simple to give records. If somebody is admitted to hospital, I was giving an example, if you are admitted and your friends visit you, when somebody pages through your clinical records, it's not nice, you would rather your clinical – that's a private

thing and it's the dignity of the patient who's lying there in bed whose records are being – that is not done.

I wouldn't like it to be done to me. I don't want it to be done to my patients without proper cause.

ADV KERRY WILLIAMS: Dr Ngumbela, I see from your Affidavit that you've received these letters from Medscheme and Bonitas. But you've often replied by way of telephone conversations. So we don't have often – we've got your Affidavit which explains what you said but would you be able to provide us with some kind of indication of when the telephone
10 calls took place so that we understand that clearly?

DR NONKOSI NGUMBELA: I wrote to them, I think I've got this one from AfA and Solution where I was just trying to say, please my patients *maar* - and then I wrote to them again but I was writing mostly to IPA.

And then I did respond to the first letter to Mr Devan Fleming but in my response – I responded to the email – I could check that as well. I responded the same day, the same day I received it, I responded to say that he had no right to ask me that information.

ADV KERRY WILLIAMS: It is important that we have a full set of the communication so if you could fill in the gaps where they are, that would
20 be great.

DR NONKOSI NGUMBELA: Yes, I will search for that. I think I've got it. I will give it to you.

ADV TEMBEKA NGCUKAITOBI: How did the IPA get your payments reinstated when they were suspended in February?

DR NONKOSI NGUMBELA: I do not know how they did because Sunette

Botha from IPA would write me emails in April she would say;

“Just to keep you updated, our board of directors are in the process of trying to come up with a solution for you.”

The first one is that;

“Thank you I’ve send it to our Board or Directors for their urgent perusal.”

So I kept seeing that but after – then after the final letter, I sent them a long letter again. I never got a response now. I think they had also given up. I kept phoning and trying to remind them but the first time
10 they were successful and got me a payment.

ADV TEMBEKA NGCUKAITOBI: That’s what I’m trying to understand is, what was the communication between them and Medscheme which made Medscheme to reinstate your payment?

DR NONKOSI NGUMBELA: Because that’s how things were supposed to go. IPA was – the contract with Medscheme was held by IPA. So that was the proper channel.

ADV TEMBEKA NGCUKAITOBI: Now maybe the best thing is if you could also just get some communication between IPA and Medscheme which resulted in the reinstatement of your payment.

20 **DR NONKOSI NGUMBELA:** I did, I wrote letters to IPA again – oh to get – oh okay.

ADV TEMBEKA NGCUKAITOBI: Anyway, do you have anything else to say or would you like your patients to step in at this stage?

DR NONKOSI NGUMBELA: I would like my patients to step in, thank you.

ADV TEMBEKA NGCUKAITOBI: Alright, well let’s start with the lady here

on the right. You know we didn't arrange interpreters, perhaps we should have, nevertheless, let's see how far we go. Yes, you can tell us your story. Start from the beginning.

MS BABALWA SIKITI: My name is Babalwa Sikiti. I've been Dr Ngumbela's patient since 1999. I was working for the retail shops then using money or cash payments but when I had a medical aid in 2015, I stayed Dr Ngumbela's patient.

I am a chronic patient and when all this started it was in 2018 in July. I went for my regular check-up and I was told by the assistant at
10 the surgery that Dr Ngumbela is not taking Bonitas patients anymore. And I asked them why, because she has been removed from the list of doctors that are used by Medscheme. And then I asked what am I going to do? And they then said to me, you have to call Bonitas.

I phoned – I went home that day and the following morning I phoned Bonitas, asked them about this. My doctor has been removed and I've used the same doctor and the lady that answered me on the phone said to me, well she has been removed. And then I asked her, can I ask why. She said to me, no, I cannot tell you that but what you can do, you can find a doctor and make sure that you find – you ask for the practice
20 number as well so that when we do our check we can be able to tell you that she's on our list of doctors or not.

And that week, I did not do anything. The following week, I started checking for the doctors that I can use and one doctor once visited our workplace that was for something else. She visited us for something else but I decided to check up on her. They gave me the

practice number. I phoned Bonitas again. This is the doctor that I found and this is the practice number that I've been given and they said, yes, she is on our list of doctors and then I went to the doctor.

I'm not going to lie, that whole experience was devastating for me because I'm going to a new doctor. She doesn't know anything about me and I have to sit in front of that woman or man and tell her that this is my situation because I want you to be my new doctor. Now I have to be the one to tell her what's going on. Nevertheless, I went to the surgery, I registered.

10 The doctor arrived, I had all my scripts in my bag and I just put my scripts like that, this is my situation. And then she read all of them and asked me, what do you want me to do for you. I explained to her that I'm Dr Ngumbela's patient and she has been removed from the list. I'm not sure if you are going to be my doctor or not because right now if I could change a medical aid I would as we speak but unfortunately I had to wait for the 1st of October for me to be able to change the medical aid. Alright because I only had two options, it was either I change my medical doctor whom I have used for years or change the medical aid. And then as we spoke with the lady she said, shame, I've heard that she has been
20 removed and because of ABC what she has had. You know what, I've had the same problem, medical aids don't pay us, do you know that. I said no, I ended up going to a hospital because of depression, they are frustrating us.

And I was like, we all go to these doctors, they help us and they help us a lot. They are not counsellors; they are just GP's but they go

through with you even on a personal level. That alone builds a relationship with your doctor. And when I heard that I was like these doctors are going through a lot and we are not even aware what they go through.

To cut the long story short, she helped me and at the same time she advised me, why don't you cancel your medical aid. Stop using medical aid. How much is it deducting from your salary? Then Bonitas was deducting about 1 621 on a monthly basis and she said, why don't try save money, at least save 500 a month. Maybe you will be able to come
10 up to come to a doctor to come for a visit with your own money rather than using the medical aids because 1 600 and you don't get sick more often. And I said yes, I don't get sick. I don't get sick. I don't usually visit a doctor. I visit a doctor when I have flu or just for my check-up and I said, I will think about that and then I left.

And how I felt about the whole situation, one, I felt bullied because there was nothing I could do. I felt undermined as the one who is paying because it's my money that's paying all this and yet they didn't even have the decency to call me or send me an email that; Sissy, can you please try and find another doctor in time because the one that you
20 been using, we have removed from our list. That's all I can say.

ADV TEMBEKA NGCUKAITOBI: Thank you I think let's come to this side. How are we going to do this? What language do you want to use?

MR PHUMEZA MNTUSANTO: I'd like isiXhosa.

ADV TEMBEKA NGCUKAITOBI: *Ja*, I knew and you?

MR BUYISILE PAN: Xhosa.

ADV TEMBEKA NGCUKAITOBI: *Ja* alright, the problem is that we don't have interpreters and these proceedings are held in English. Anyway you speak in your language. I don't want people who speak Afrikaans to come here and insist on speaking Afrikaans and that's why I don't want to create a precedent that we gave special permission to African language speakers. So if you can speak English then I would say you should unless you can't speak English in which event I would allow isiXhosa.

MR PHUMEZA MNTUSANTO: I will mix.

ADV TEMBEKA NGCUKAITOBI: Alright, so try English, let's see how that
10 goes. Switch on the microphone.

MR PHUMEZA MNTUSANTO: Firstly, greetings to all the people in front of me. As I have introduced myself I'm Phumeza George Mntusanto. I've been a patient for Dr Ngumbela for the past 18 years. Firstly, I would like to refer this to my med scheme of which is POLMED. Not to consult me in due time so that I can organise a scheme before I already knew that Dr Ngumbela was no longer paid by the scheme.

As I was told that Dr Ngumbela is not getting paid by the scheme, I've went to Dr Ngumbela and I've asked her as to reason why is she not getting paid. At that time she did not know what was the actual
20 reason. I think it was around March 2018 when I consulted her. I went for consultation there, that's when she told me this.

When I became aware of this, I was angry with my medical aid because normally they do furnish me with the emails and the correspondence with which the letters that they wrote to me if ever there are any changes with the medical aid or else there will be changes for

medical aid.

Then I've decided to call my med scheme, I called POLMED and have spoken to a man of which she could not furnish me with a reason as to why Dr Ngumbela is removed from the list. The only thing that he told me, he told me that I should organise another doctor because she won't go on the list until further notice. And she advised me to go back and ask the reason from Dr Ngumbela of which I did for the second time now and Dr Ngumbela could not answer me because she did not know at that particular moment.

10 I then called again, I was furnished with a list of doctors of which it was a 15 list of doctors, there was 14 white doctors including one doctor, Dr Stemba of which is a black doctor. To my knowledge I know the doctor as a mentally disturbed person as we speak. So I find it racial to be furnished with white doctors and one doctor of which is not in practice of which I ...(intervenes).

ADV TEMBEKA NGCUKAITOBI: How was this list given to you, in writing?

MR PHUMEZA MNTUSANTO: *Ja*, it was given to me in writing.

ADV TEMBEKA NGCUKAITOBI: Well, we do need that document that
20 was sent by – was it by POLMED or by Medscheme?

MR PHUMEZA MNTUSANTO: No, it was POLMED.

ADV TEMBEKA NGCUKAITOBI: Alright, well we do need that list then.

MR PHUMEZA MNTUSANTO: So we had an argument about this. I said why are you racial because I believe the white doctor cannot understand and I will not express as I would express myself to the Xhosa doctor

speaking my language.

So I find it so racial to refer me to the white doctors and one doctor that I know here that is here is only Dr Stamba of which is not in practice and is no longer a doctor. I've seen him on the street, mentally disturbed.

So I found myself undermined by this – by POLMED being as a Premium payer because I'm the one who's paying. I deserve to be treated with dignity as a Premium payer. Then I was told to lodge my complaint to the CMS of which is here of which I did. The response that I
10 get here when I phone when I lodge my complaint – I was told it was March then. I was told ... (intervenes).

ADV ADILA HASSIM: *Ja*, when did you lodge the complaint?

MR PHUMEZA MNTUSANTO: It was March.

ADV ADILA HASSIM: March of which year?

MR PHUMEZA MNTUSANTO: 2018, it was March 2018 then. Then I was told that my complaint I think I will get someone to attend to my complaint during September month.

At that time my treatment as a chronic patient was about to finish. Then I asked for the reason as to why does it take so long.

20 **ADV KERRY WILLIAMS:** Did you lodge the complaint in writing?

MR PHUMEZA MNTUSANTO: In writing, yes.

ADV KERRY WILLIAMS: Do you have a copy of the complaint? Can you provide it to us?

MR PHUMEZA MNTUSANTO: No, apparently I didn't bring it with me now but I can email you at some stage if needed.

ADV KERRY WILLIAMS: Okay, thanks. Sorry, I interrupted you. Continue, you asked why you would only get a response in September.

MR PHUMEZA MNTUSANTO: Yes. But eventually I was phoned last year in November, not even September. I was not given the reason as to why because they say there's a lot of complaints that are accumulating from CMS so it might be one of the reasons and I was given a person who was going to be dealing with my complaint that person phoned me and tell me that he's nominated as a person that is going to be dealing with my complaint and is going to tell
10 ...(intervenes).

ADV KERRY WILLIAMS: Was a CMS official?

MR PHUMEZA MNTUSANTO: Yes, CMS official yes.

ADV KERRY WILLIAMS: What was the name of the person?

MR PHUMEZA MNTUSANTO: No, I can't recall by now. I cannot recall now. So I told him about my complaint and about – I told him that I wanted the reason as to why my doctor is being removed from the list of doctors. He said he's going to take my complaint further and he's going to phone me back. Up until now I was not phoned.

20 So during that period of which March, I was told by POLMED that I must pay Dr Ngumbela and then they're going to claim to the medical aid, you see? I told them that at times it is hard for me to have cash to go to the doctor of which I'm a chronic patient, of which it will disadvantage me at times and I will end up ending with no treatment when most needed. They say they can't do otherwise.

So I mean to say – I asked them whether they do not care

about my – the only thing that they do care for me it's about my premiums that they're deducting out of my salary. Remember, POLMED is a compulsory medical aid that you have to – you don't have alternative medical aid that you can take because it's compulsory for us to have only one medical aid that is POLMED. So it was another disadvantage for me, it was not easy for me to get another medical aid in order for me to have my doctor back and I was reluctant due to the fact that I've been to other doctors.

The treatment that you get, it is not the same. We differ in
10 customs and beliefs; I mean to say as Xhosa people. Dr Ngumbela knew all about – knew everything about me including my children, my dependants that are on my medical aid. Remember I also have dependants that are on the medical aid of which there are children, of which they've got complications as much as I do because I'm a chronic patient so I feel so disadvantaged by the scheme that has removed Dr Ngumbela. Up until now I still don't have a doctor that I can say it's my doctor that knows my history – my medical history up until now.

But Dr Ngumbela advised me to have my scripts so that I can go to another doctor that can understand me better of which I did.
20 During a month period I was sitting without medication because I was reluctant to go to another doctor of which during that period anything might have happened. I might have stroke; I might have anything. I could have been dead by then due to the fact that I was disadvantaged by the medical aid.

So I suffered this up until now. It took me four weeks to get

my medical because my medical aid has requested from the pharmacy of which the doctor didn't know what to do, you see? And I told him the way Dr Ngumbela was doing it and so the medication was delivered at his premises. So apparently it took me four weeks to have my medication back. So I am still not happy ...(intervenes).

ADV KERRY WILLIAMS: And where was that doctor's practice or is that doctor's practice?

MR PHUMEZA MNTUSANTO: It's Dr Kwinana.

ADV KERRY WILLIAMS: Where is he located?

10 **MR PHUMEZA MNTUSANTO:** He's located, I think it's Oxford, is in town – he's in the CBD – he's in town.

ADV KERRY WILLIAMS: Okay.

MR PHUMEZA MNTUSANTO: So Dr Ngumbela will go as much as far as your home if a person does not – is not able to go by his – he's visiting – he's not doing like any doctor. I don't ever have any doctor that is doing that. So those are the kind of things that the Xhosa people we believe in.

20 She goes an extra mile as far as to go and visit to show that she cares, that mean it builds confidence and it builds that relationship between you and her. So I find it very hard for me in 18 years' time to change a doctor, it's like I was divorcing with my wife of which I had 25 years. Children will be raised by a single woman. That will lead those children to go on the streets, to commit robberies and murders of which we are facing today.

ADV TEMBEKA NGCUKAITOBI: Can you go back to the story, is there

anything you want to add on the way in which POLMED treated you and what impact that had on you?

MR PHUMEZA MNTUSANTO: Yes, it does have an impact because anything might have happened during that period that I had no treatment as a chronic patient up until I feel like disadvantaged because the things that I used to get from Dr Ngumbela, I'm still not getting it from the current doctor that I'm using.

ADV KERRY WILLIAMS: Sorry to interrupt. The new doctor, does this doctor have the same qualifications as Dr Ngumbela in relation to
10 treating certain chronic illnesses, do you know?

MR PHUMEZA MNTUSANTO: Apparently I will not go as much far because I don't know – the only thing that I know, he's a qualified doctor.

ADV TEMBEKA NGCUKAITOBI: Alright, thank you, unless you have anything else to add.

MR PHUMEZA MNTUSANTO: No, that is my submissions.

ADV TEMBEKA NGCUKAITOBI: Thank you very much and let's start with – well, you are the last.

MR BUYISILE PAN: My name is Buyisile Pani from East London. I'm
20 a patient of Dr Ngumbela.

ADV TEMBEKA NGCUKAITOBI: It's P-a-n-i?

MR BUYISILE PAN: P-a-n.

ADV TEMBEKA NGCUKAITOBI: Okay but you pronounce it as ... (intervenes).

MR BUYISILE PAN: But what is happening there, because they said

Pani, people from there in Home Affairs, they forgot to put an i there at the back. They said if they want them to put that i they must bring an ox. I'm going to ask them to put in there, to get that thing.

ADV TEMBEKA NGCUKAITOBI: That also happened to my father but it was not Home Affairs, it was the priest. When he went to register his name they took out the y.

MR BUYISILE PAN: Those people, some of the people now, they take our people, the black people now, struggle to get the whole pay but they cut off the i, yes, those people.

10 When I come there that I was joined Bonitas on the 1/12/2012. As a person who every month contributed to the salaries ...(intervenés).

ADV TEMBEKA NGCUKAITOBI: *Ja*, if you could just step back from the microphone.

MR BUYISILE PAN: Oh, okay.

ADV TEMBEKA NGCUKAITOBI: *Ja*, we can hear it, *ja*. You don't need ...(intervenés).

MR BUYISILE PAN: Oh, okay. As a person who paid the salaries of the people for Bonitas every month, 2 500 a month in my subscription in my company. I think me, as a principal of Bonitas, the Bonitas just
20 want to do something about me. They're supposed to consult me in time with a duration of one month to three months, in a duration of one month to six months in order to give me some praises as some person who pays their salaries.

 Last year on July I go to Dr Ngumbela. I was very sick; I've got the flu. My legs is not good. When I come to Dr Ngumbela we

found that Bonitas is terminated the contract to Dr Ngumbela.

One question I asked the first time I heard that thing, as a principal of Bonitas, who pay them R2 500 every month, why they terminated the contract of Ngumbela without consulting me as the principal?

Now it shows me they treat me as an object, like this glass I'm holding. That time I'm very sick, I can be – because they way I've got the flu, I can fall in front of Dr Ngumbela, maybe can be died. But the board of Bonitas, they don't care about us as a black people they don't
10 care about us because when I go to Dr Ngumbela, I speak my language with the Xhosa but when I come there, another doctor they sent me, I'm supposed to speak in English.

Some that the new doctor they give me after four months without treatment, that were supposed to speak English and I'm supposed to go the doctor that I want, Dr Ngumbela because Xhosa is one of our 12 languages in South Africa.

Now when I'm going there and when I'm on the list that of the patient who is 71 patient, who has a chronic disease who has been treated by Dr Ngumbela as backdated from the 1/12/2012. From that
20 time after I'm coming there, I was supposed to walk – I'm very sick that time when I go out to Dr Ngumbela, I go to that people from Bonitas, their office, Dr Ngumbela is in Plaza, I'm supposed to walk about 20 kilometres from Plaza to Vincent and that time I was sick. To go there ask why that the principal of Bonitas who gives the salaries to the directors and the board of Bonita not inform in one month's time to six

months' time before they can terminate the contract of Dr Ngumbela, the principal is the principal.

When I'm going there they said that – I said to the administrators from Bonitas from Vincent that I'm not happy the way they treat me like an object, like this bottle of water in front of me. They're supposed to consult me in time from one day to six months before they can terminate the contract of Dr Ngumbela and give me a time to give my opinion that I'm happy now to terminate the contract of Dr Ngumbela as their principal.

10 Chronic patient, it's difficult to tell all the doctors from Eastern Cape that I'm a chronic patient. They're supposed to tell Dr Ngumbela to take some blood tests. It means that can go to all the doctors from Eastern Cape to ask someone can you take me. When I'm going there with my option, Boncap, they said to me this option you're taking is too cheap, you must have R100,00 in front of 500.

But when I got to Dr Ngumbela, Dr Ngumbela is representing the working class, no R100,00 they can ask to me but disadvantaging me they tell me in Vincent that I must go to Dr van der Merwe. I'm supposed to walk from my area from Braelyn, 20 kilometres. I walk from
20 Braelyn to Vincent, 20 kilometres and I'm sick that time. I must walk from Vincent to town, 20 kilometres to go to this doctor, they call Dr van der Merwe.

When I got to this Dr van der Merwe, they request for me, then they need R100,00 upfront. Hey it's a difficult time that time, I'm sick, because in my work I'm not pay yet, I'm supposed to wait, you see, I'm

supposed to wait to get paid to consult that Dr van der Merwe and that Dr van der Merwe that time, I'm supposed to look – because they said doctors my option Boncap is too cheap, I must all the whole Eastern Cape doctors – can you take – this is my option, all of them because of the tactic of Boncap.

At night I'm not sleep because I've got depressed and stress. If I ask my question, if I am fallen in front of Dr Ngumbela in that time and find that Bonitas cannot terminate the contract. If I'm die that time, how can I do that time? That time is related to that time in July in 10 2018. In that time I will get that things about the life of the city man where you can find that the life of the black people is treated like this glass.

How can you terminate the contract of the person who have a contract with Dr Ngumbela? We're not given a chance to one day to six months to look another doctor who can to give to the 100% treatment like Dr Ngumbela. I get no treatment for four months because I'm going all over for the doctors to look which doctor can take me for this cheap option, Boncap.

Now, I find that after this thing, I get a doctor in Buffalo Flats 20 then in that time they terminate the contract to Dr Ngumbela. In that time I had to renew my blood test from Dr Ngumbela. Now am I supposed to go to all the doctors from Eastern Cape to test my blood test to now my blood – chronic condition is private – is private. Nobody can know about your blood condition, it's supposed to you and your wife, even your family.

You cannot tell about your medical health because tomorrow you can have somebody in the shebeen can talking about your healthiness. In these places, like Dr Ngumbela, Dr Ngumbela employ about 20 people there, they're working there in his place – in his GP. Now I must go there – those people from Dr Ngumbela, they're employed, they know my chronic status. Now I'm supposed to go another doctor, Dr van der Merwe. Dr van der Merwe got another 20 persons to check my blood test to know my status, my health status. Now even me now, 40 people now they can know about my health status. Now tomorrow you can go there in the shebeen, everybody talking and drinking, talking about my health status.

That's why I say that I am very interesting to see the board of governors of this Bonitas schemes because I want to see their structure is a democratical representation. As you see in front of you, it's democratic representation in front of me of the three.

How can people – Mr Dr Ngumbela is there, about 100 villages, King Williamstown, Komga , Kidds Beach more people there. Some of them they're old person who are ...(indistinct) there. How do those people now they can treat the life of the black people like the way they treat us because even that for four months without medical treatment, it means they cannot care about our health like the way the government of Gauteng can do in our counter patient the black people there in Gauteng. (Indistinct) in one time there in *mncega*, what are they doing there?

The white farmers of South Africa, what are they doing? They

said all the black people now, they must kill their black pigs and give advantage to the white farmers to ...(indistinct) the white pigs in order that they ...(indistinct) that they must kill the black pigs without testing these black pigs is ill, to give an advantage to the black farmers to be rich.

It's the way they do to Dr Ngumbela. When I'm coming there in Vincent, they give one doctor must go, Dr van der Merwe. Why don't they give me another doctor – another black doctor to go there, to treat me for my chronic condition? Must take the money from Dr Ngumbela
10 to enrich the white doctor, Dr van der Merwe.

Now in the other side, in that time when I'm coming there in Vincent, I asked them why do you terminate the contract of Dr Ngumbela? They talk this – the administrators, they talk about bad things about Dr Ngumbela. We found that all that things of Dr Ngumbela in the file, nothing they've got there, those the administrators in Vincent is there of Dr Ngumbela is emphasising in his statement. It shows that there's a strategy now to the Bonitas Medical Scheme to enrich the white doctors in the expense of the black doctors, Dr Ngumbela. They use us, our money, our 2 500, is our expense.

20 Now what can I say now to this place now? We want them to reinstate Dr Ngumbela's contract back, then you can able to go to Dr Ngumbela to explain our sickness with our mother tongue, Xhosa, you see? Each time you go there, you can go to Dr van der Merwe,...(indistinct) told the whole story to Dr van der Merwe. You cannot give the whole story because it is a problem of language, you

see? That's why we say that we – that scheme Bonitas supposed to be dissolved because I've got no confidence with them. They were the racist, they want the white doctors to be rich more than Dr Ngumbela, they want to use our 2 500 to enrich the white doctors.

Therefore, we say that this Commission, all to Dr Ngumbela the Bonitas scheme was supposed to be punished that time. I don't know how many black patients they were coming; Dr Ngumbela did not get their service. Maybe all of them cannot be able to come this Commission and explain what is happening to them. Maybe some of
10 them they have died because we're not yet *uhuru* because they are black people now, they were treated like – their lives like this glass of water in front of me. Thank you.

ADV TEMBEKA NGCUKAITOBI: Thank you very much. We've noted the things you've been saying, some of them are common but others are unique but we've noted them. Dr Ngumbela must back to you because you've now come to the end of this testimony so if you have any closing remarks to make.

DR NONKOSI NGUMBELA: I don't want to talk too much about the financial impact, 60% of my patients were from Medscheme of course,
20 and this had grave financial impacts on me. As my patients have said, it has an impact on my image as an elder or a mother in the community because now they give an impression that I'm a – I'm dishonest, I'm a crook and like my last patient just said, they need to be punished for all that they have done.

And, to be honest, I feel in my case if they thought they

wanted those records and I wasn't forthcoming in bringing them, they could have obtained consent from the patients. If they thought the patients – they have access to the patients, they can email them, they can phone them, they can fax them if there's anything. All things are easy to prove and I feel that something has to be done.

ADV TEMBEKA NGCUKAITOBI: Can you just tell me, I mean, I'm sure we get the information elsewhere. So the one patient says that they were given the name of Van der Merwe who practices from Vincent, the other says they were given 14 names – 15 names or only one of them was black and that black person was mentally disturbed. What is the composition of the population of doctors in East London? I mean is it impossible to find ...(intervenes)?

DR NONKOSI NGUMBELA: There are many black practitioners but there were – they're dwindling now because of these problems which I realise that they've been affecting everybody and for there to be a list of 15 to 1, that is an obvious bias, there are more black practitioners than white practitioners, much more black practitioners than white practitioners in this land.

ADV TEMBEKA NGCUKAITOBI: Is there anything else you want to add?

DR NONKOSI NGUMBELA: No, not.

ADV TEMBEKA NGCUKAITOBI: Alright, thank you very much. Thank you for coming all the way from Monti to give your evidence to this commission. Those people who are seated on that other side will be in contact with you after we are done today's session.

DR NONKOSI NGUMBELA: May I please ask for a little thing, I think some of my patients did not know that or understand that the commission is open to the public and may have disclosed personal health information, can the video be cut? Excuse me, my patients did not know that some of the commission is open or they didn't understand that. Somebody may have, without meaning it, said something about their health and so on that's not supposed to be public. Can the videos be cut or something like that?

ADV TEMBEKA NGCUKAITOBI: *Ja*, I mean I did note that with the last 10 patients that there were disclosures that were probably inadvertent, so we will look into that.

DR NONKOSI NGUMBELA: Thank you.

ADV TEMBEKA NGCUKAITOBI: But I noted it because – yes.

DR NONKOSI NGUMBELA: Thank you.

ADV TEMBEKA NGCUKAITOBI: Unless there's someone else you're talking about because I noted the connection to 71, so that is the problem.

DR NONKOSI NGUMBELA: Yes, I think it is just – everything needs to be changed.

20 **ADV TEMBEKA NGCUKAITOBI:** Okay, no, that's fine.

DR NONKOSI NGUMBELA: That's on patients ...(intervenes).

ADV TEMBEKA NGCUKAITOBI: Alright, thank you very much, thank you for coming and best of luck.

DR NONKOSI NGUMBELA: Thank you very much.

ADV TEMBEKA NGCUKAITOBI: Alright, we'll adjourn until 12:00.

INQUIRY ADJOURNS

INQUIRY RESUMES

ADV TEMBEKA NGCUKAITOBI: Good afternoon. Mr Molepo.

MR LEPHODISA STEPHEN MOLEPO: Good afternoon. Thank you.

ADV TEMBEKA NGCUKAITOBI: Yes, so this is the continuation of the Section 59 of the Medical Schemes Act Investigation. We are going to be hearing testimony from Mr Molepo, who is one of the individual complainants. Yes, Mr Molepo, what is the – are you by yourself? I see there is name tags ...(intervenes).

10 **MR LEPHODISA STEPHEN MOLEPO:** Yes.

ADV TEMBEKA NGCUKAITOBI: On at least two other desks. Are you waiting for someone else?

MR LEPHODISA STEPHEN MOLEPO: No, I am alone.

ADV TEMBEKA NGCUKAITOBI: I see, okay.

MR LEPHODISA STEPHEN MOLEPO: *Ja.*

ADV TEMBEKA NGCUKAITOBI: So the procedure we follow; we take the oath and then you can go through with your presentation. Are you going to take the oath or the affirmation?

MR LEPHODISA STEPHEN MOLEPO: The oath.

20 **ADV TEMBEKA NGCUKAITOBI:** The oath is fine, alright. So will you say after me, I, and your names.

MR LEPHODISA STEPHEN MOLEPO: I, Lephodisa Stephen Molepo.

ADV TEMBEKA NGCUKAITOBI: Swear that the evidence that I shall give.

MR LEPHODISA STEPHEN MOLEPO: Swear that the evidence that I shall give.

ADV TEMBEKA NGCUKAITOBI: Shall be the truth.

MR LEPHODISA STEPHEN MOLEPO: Shall be the truth.

ADV TEMBEKA NGCUKAITOBI: The whole truth and nothing but the truth.

MR LEPHODISA STEPHEN MOLEPO: The whole truth and nothing but the truth.

ADV TEMBEKA NGCUKAITOBI: If so, raise your right hand and say so
10 help me God.

MR LEPHODISA STEPHEN MOLEPO: So help me God.

ADV TEMBEKA NGCUKAITOBI: Thank you very much. Yes, you may proceed. You may take it that we are familiar with the written presentation you have made to the panel, but of course if there are things that you feel are crucial you must take us through them.

MR LEPHODISA STEPHEN MOLEPO: Thank you. If I may also ask, I have made two submissions and the first one was in June when the call for submissions was made and the most recent one was on the 8th of September, which was a little more structured in terms of your
20 communication. I am not sure how it is preferred that I go through this. Should I read through everything? Should I summarise everything?

ADV TEMBEKA NGCUKAITOBI: Yes, you have about an hour to speak so I am not going to confine you. We will also be asking you questions so just tell us the story as you would. We do not necessarily want you to

read through everything but we want you to cover all of the most important aspects from where you see the story.

MR LEPHODISA STEPHEN MOLEPO: Oh, thank you very much. Because my battle with the medical scheme concerned is mostly on the release of patient clinical information.

ADV TEMBEKA NGCUKAITOBI: Yes.

MR LEPHODISA STEPHEN MOLEPO: Which ...(intervenes).

ADV TEMBEKA NGCUKAITOBI: Maybe you can start by introducing yourself about your practice and what relationships you have with the
10 schemes and where you practice so we have a better context to your struggles with the medical scheme.

MR LEPHODISA STEPHEN MOLEPO: Oh, thank you. I am Stephen Molepo. I am a clinical psychologist. I am based in Polokwane. I practise under the practice name Molepo Incorporated Psychologists and I have been in this practice since February 2017. I have also been in a partnership, a private practice from 2008 also in Polokwane before I could move into my own practice. I also worked for the Department of Health based in Limpopo as well, Lebowakgomo Hospital, from 2003 until end of 2007 when I moved into private practice.

20 I have always been working with medical schemes, all of them that cover psychology services. We never had any problems until recently, to be exact, in 2018, last year, when I received communication from one medical scheme, GEMS, Government Employees Medical Schemes. They were just querying why I seemed to be seeing a lot of patients and I made a clarification in a written communication with them

that I work in private practice full time. I am always in the office and there is no reason why I cannot see as many people compared to perhaps some of my colleagues and peers who could be working for another institution, say, the government hospital or the university nearby and seeing private patients at other times. But they have never followed up ever since. I get it they were clarified.

I then received communication from Discovery Health on the 8th of May 2018 who also queried my practice and they alleged that I was practising as an outlier, something like that, in terms of their
10 communication. They wanted to verify whether I am seeing those patients or I have seen those patients or not. I have filtered the worksheet or the excel and sent it through to them as confirmation of the list of patients they wanted to see. That is the record we keep of the patients that consult in our practice. We keep them on the excel spreadsheet, Microsoft Excel, on the computer and we also record them on the diary. They requested me to send copies of the diary or bring the diary to their offices in Sandton and also to send them or give them the clinical notes so that they can verify.

ADV KERRY WILLIAMS: Mr Molepo, can I interrupt? Did you say you
20 that you sent them a copy of the excel spreadsheet with these records?

MR LEPHODISA STEPHEN MOLEPO: Yes.

ADV KERRY WILLIAMS: Can you just take me to where in the bundle this is? Or have you not provided it to us?

MR LEPHODISA STEPHEN MOLEPO: It was not – I realised it was not provided to you but I do have a copy here with me.

ADV KERRY WILLIAMS: Please can you hand it up if you have a copy or give it to the secretariat to make copies if you only have one. That would be great.

MR LEPHODISA STEPHEN MOLEPO: Certainly. I can do that.

ADV KERRY WILLIAMS: And that includes the full excel spreadsheet as an attachment I assume? It includes the email plus the attachment.

MR LEPHODISA STEPHEN MOLEPO: That is what I have.

ADV KERRY WILLIAMS: Thanks.

MR LEPHODISA STEPHEN MOLEPO: Yes. It was submitted as a
10 verification to them. I have requested that – or I have indicated to them that I am not able to send through the diaries or copies thereof. The reason being the diary is big, it is the whole year's diary and it contains not only the names of the patients who belong to Discovery Medical Scheme so it was to me unfair to the other patients who consulted in the practice who ...(intervenes).

ADV TEMBEKA NGCUKAITOBI: Do you have the spreadsheet with you?
The spreadsheet that you gave to Discovery.

MR LEPHODISA STEPHEN MOLEPO: There is a copy.

ADV TEMBEKA NGCUKAITOBI: Alright. Perhaps we should run a copy.

20 **MR LEPHODISA STEPHEN MOLEPO:** Okay.

ADV TEMBEKA NGCUKAITOBI: And then distribute it. I mean presumably it contains names of patients.

MR LEPHODISA STEPHEN MOLEPO: It does.

ADV TEMBEKA NGCUKAITOBI: And that kind of thing.

MR LEPHODISA STEPHEN MOLEPO: Yes.

ADV TEMBEKA NGCUKAITOBI: You should just alert us to whether there is anything specifically confidential there that we should not see.

MR LEPHODISA STEPHEN MOLEPO: This is basically the date when the patient consulted. We do the invoicing systems so it is there is an invoice number, the time they consulted, then the name, their address and their file number which could be an account number on our system, and the medical aid they belong to, the medical aid number, the option and their contact. There is no clinical information on that. I assume that – took it this is the information that Discovery could have at their disposal so it was not a bigger problem to share with them compared to the clinical notes themselves. And more so, that I have filtered only the names they wanted and excluded all the other names.

ADV TEMBEKA NGCUKAITOBI: Maybe we should just get a copy of that.

MR LEPHODISA STEPHEN MOLEPO: Thank you.

ADV KERRY WILLIAMS: And I see you are handing a copy of the excel spreadsheet, can you just confirm the date it was sent to Discovery?

MR LEPHODISA STEPHEN MOLEPO: Uhm, it was sent on – I am going to need to check but it was soon after their correspondence on the 8th. It was sent on the 10th of May 2018. And for the patient clinical record ... (intervenes).

ADV TEMBEKA NGCUKAITOBI: Can you just explain how was that going to help you? My understanding is that what GEMS wanted, they wanted confirmation of certain consultations which you provided but Discovery already had a view that you seemed to be an outlier.

MR LEPHODISA STEPHEN MOLEPO: *Ja.*

ADV TEMBEKA NGCUKAITOBI: When compared to your peers. Whether that is national or local I could not work out. But the spreadsheet that you gave them, how was that going to help Discovery to settle the concern that you were an outlier?

MR LEPHODISA STEPHEN MOLEPO: They needed to verify that the patients had indeed consulted and to me that was the easier way to show them and I had requested them, my understanding is Discovery has got offices all over the country. They do have an office in Polokwane. I know where it is. And I had suggested and requested to them that instead of
10 me scanning or posting or couriering anything, can they rather come to the office and view the diaries? Their response was they cannot. They will not come; I should be the one that come to their office in Sandton or make sure that the information reaches them.

They kept quiet I think considerably around for about three months because they only came back in August sending an email and demanding that I give them the information again and the email was sent approximately on the 5th of August and they expected that on the 9th I should have given them the information. And I still requested that I am not able to send through the information unless I have consent of the
20 patients that I should send the clinical information to them or they could also come to the office because certainly they have someone in Polokwane who can come and go through the diary and verify everything, and they still refused.

They instead referred me to one of their procedures in terms of the Medical Schemes Act that as the medical scheme they are entitled to

get all the information they so require about their patient. But what also the gentleman I spoke to, Mr Ariel Marcus indicated that, no, I should not worry because they are not going to go through and read through the clinical notes, they just need to verify. And my question was, how are you not going to read them when you have them at your disposal and you are not a health care provider, you are not a medical practitioner but you are only doing your investigations and it is only fair and easy that you can come to the office and do your investigations and I will provide you with the information you need as long as it is not on any medium platform.

10 I was sceptical about sending through any such information. My worry was that first I do not have such consent and, from the patient, which the gentleman indicated the onus is on me, I am the one who should run around and call patients to come and sign consent so that I can release the information and if I do not do that, they will not do it as well. And what he also expressed was that by their members signing to become members of their medical scheme they have already signed consent to release everything to them. But, I still maintained the information that he referred me to, which was Section 15(j) of their procedures and so on in terms of the Medical Schemes Act, was only
20 quoting the part where he indicates the medical aid is entitled to receive the information including the clinical records but he did not complete that sentence which, as I read, indicated that that should be done with the express consent of the patient. So I still could not do that and they also went quiet until November and they indicated in their email as well that because I have failed to give them the information they needed, they were

going to implement their measures which included to stop payments into our practice when we see their members and to recover the money they have already paid for the consultations that we had and they halted such payments. From December I have never received any payments from Discovery and they started their claw back process.

They sent me several emails and to date I still continue to receive letters which now indicate they have incorrectly paid money into our practice and I need to pay them back. I need to refund the money that they have paid. And to this date I have still not been able to send
10 them or pay them anything because I still believe that their demand is unfair and they are not willing involve patients because I asked them to involve their patients – their members to contact me and let me know that they need their information released. I would rather have released information to them – sorry, such clinical records, I could have released to the patients themselves and they could have sent the information to the medical scheme if the medical scheme wanted to do that, but they refused. They said it is not their duty.

That is basically a summary of my battle with Discovery Health and their associated medical schemes and just yesterday I also received
20 the response from them which came through to this CMS Section 59 secretariat where they still defied and continued to rule out my request as baseless and non-factual. And my take to that was, as much as I could give them the information they need, I should also comply with some of the legislation. I am accountable to the Health Professions Council of South Africa unfortunately and the Health Professions Act also requires

us to follow certain processes before we can give away the clinical and other records of patients under our care. And when I referred him, Mr Ariel Marcus, to such information, he dismissed it, he never really wanted to entertain it. He only emphasised that in terms of their Council for Medical Schemes and in terms of the Medical Schemes Act, I am supposed to give them the information. But my take was they excluded this other, you know, important information that should also cover me because if I divulge that information and I am found to be guilty I am the one who should also be accountable to the Health Professions Council of South Africa and I also noted that he did not quote anything from the National Health Act which talks to the rights and duties of the providers of health care. The same Section, Section 14 which talks about confidentiality and Section 15 that talks about access to health records.

He did not do that and they also failed to clarify what they meant when they said I was an outlier in terms of my practice. And I could only find that yesterday when I received their response that apparently most of their health care practitioners, psychologists use a certain, thank you very much, used a certain code when they submit their claims and it is expected that I use the same and my understanding of our practice is that the medical schemes have also made a determination on how much they pay for the services that we provide. And in terms of psychology services, the claims are submitted on the basis of the duration taken in a consultation and it ranges from 1 minute until 2 hours.

As I looked into my practice, there has never been a time when a claim was submitted more than once for a patient for a same day

consultation or for the same consultation. And it has never exceeded the 2-hour period even if the actual consultations go beyond that at times. So I still did not understand what he meant, I was an outlier. I think, in summary that is all the information about our practice and ... (intervenes).

ADV TEMBEKA NGCUKAITOBI: Can you just explain the issue of the usage of the code. I mean, if the scheme's position is that they expect practitioners in a particular area doing the same work to be consistent in terms of the use of the code why do you say that is wrong?

MR LEPHODISA STEPHEN MOLEPO: Can you repeat that please? Why?

10 **ADV TEMBEKA NGCUKAITOBI:** I am saying that if the position of Discovery is that you are an outlier because you are not using the code that everybody else is using, why is that wrong?

MR LEPHODISA STEPHEN MOLEPO: I do not know why it is wrong.

ADV TEMBEKA NGCUKAITOBI: Why is the scheme wrong in saying they expect consistency even by you?

MR LEPHODISA STEPHEN MOLEPO: Oh, but that is not basically what everybody else should be using. The Board of Healthcare Funders has provided for the practitioner codes and as I indicated the coding for psychology starts with number 86 and it goes from 201, which is a
20 consultation of zero to ten minutes, I think so, to code 86211 which is a consultation between 111 minutes up to 120 minutes. And they do not determine how long one should spend with the patient because that is the determination of the clinician. That is the determination of the practitioner seeing the patient. You can see the patient for 30 minutes and you should bill for the 30 minutes that you have spent with them. If you see

them for two hours then you bill for two hours that you have seen them and the medical aid has been paying.

And there is also a provision that if you see them for longer than two hours, every 15 minutes you can bill. That our practice has not done. I possibly wish we could have done that then we could be considered an outlier.

ADV KERRY WILLIAMS: Mr Molepo, can I ask you something about the nature of your practice just so we understand it because I understand you have seen the Discovery response and it seems, as my colleague has suggested, their core issue having flagged you as an outlier for spending what they see as more time with patients than your peers. Is there any – I mean can you explain the nature of your practice and is there any explanation for this – for the time you spend with patients?

MR LEPHODISA STEPHEN MOLEPO: Yes, I can. The time spent with the patient also relates to the nature of the problems they present. Most of the patients present with issues that require more of crisis intervention, crisis management, more trauma related experiences and at times, an hour of consultation is not always sufficient and we then extend the consultation to at least two hours and even if we exceed two hours we know the medical aid gives us until two hours to see the patient.

ADV KERRY WILLIAMS: And why is it that your practice does this type of work or how is it come to be that you are seeing patients who experience trauma or why is this your clientele?

ADV TEMBEKA NGCUKAITOBI: And why are other people around you not – I mean if there is a high incidence of trauma in Polokwane, the

expectation is that all of the psychologists in the area would also be seeing patients presenting with trauma, but the case that seems, and I am not saying that it is, is that you are the only one who is spending a lot of time with his patients and you say I am spending it because of trauma. But then why is trauma associated with your practice and not everyone else?

MR LEPHODISA STEPHEN MOLEPO: Not only trauma but we also dealing with families and couples where we do marital interventions. Those in nature require a considerable amount of time to get into the
10 issues and assist the people into dealing with the issues. I may not necessarily be the only one dealing with all those. Yes, there are a few psychologists in Polokwane and I may not know their trends, what cases they see and I may not be able to respond on their behalf but I have also picked up and noted that a few of my colleagues have received a similar kind of correspondence. Although they may not have made submissions, I do not know because they have not told me about any submissions to CMS but it is almost more like we are treated in the same way. Everybody is an outlier in our surrounding.

ADV TEMBEKA NGCUKAITOBI: Just explain that, because that might
20 explain something else when you say, my colleagues have received the same letters. You mean they have been investigated under Section 59 by Discovery for spending too much time with patients?

MR LEPHODISA STEPHEN MOLEPO: On Section 59?

ADV TEMBEKA NGCUKAITOBI: When you say my colleagues have received similar correspondence, what does that mean? Because we know your case.

MR LEPHODISA STEPHEN MOLEPO: Yes.

ADV TEMBEKA NGCUKAITOBI: So we do not know when you say similar, what are you talking about?

MR LEPHODISA STEPHEN MOLEPO: No, they are similar in terms of the email from Discovery that they are an outlier and they should provide such records. I know one of the colleagues called me and asked me if I
10 could assist in terms of that.

ADV TEMBEKA NGCUKAITOBI: So, are you saying that your experience is that Discovery is complaining about too much time spent with patients for everybody?

MR LEPHODISA STEPHEN MOLEPO: It could seem like. It could seem like because the colleague that I referred to was also expected to submit clinical notes and copies of the diary, everything that was requested from me to submit.

ADV TEMBEKA NGCUKAITOBI: You would say there is no logic in everyone being an outlier?

20 **MR LEPHODISA STEPHEN MOLEPO:** Not at all. Not at all. I would not understand and especially that they do not necessarily explain what are their expectations and why should we not go beyond their expectations.

ADV ADILA HASSIM: Mr Molepo, do you not ever conduct consultations for less than an hour? Or what Discovery says, less than 51 minutes? Are your consultation periods always more than 51 minutes?

MR LEPHODISA STEPHEN MOLEPO: On average most consultations are, yes, between 51 and 60 minutes but there are those instances where they exceed 60 minutes and less than 51 minutes it is not usual. It is not usual, I have not had such consultations more regularly, it could have been once or twice where I've seen, and its children, so I've seen them for half an hour and I billed for half an hour. Unfortunately it may not have been with Discovery.

ADV ADILA HASSIM: And how much – you know what amount has been clawed back by Discovery?

10 **MR LEPHODISA STEPHEN MOLEPO:** Somewhere in the region of R71 000,00 across all the medical schemes that they administer, Bankmed, Discovery itself, BMW, and Glencore I think those are the few I can recall, they want me to pay back all that money because I didn't give them the records they needed and every time the call centre consultants call after sending an e-mail I always ask them are you saying those people have consulted for free and they always promise that they will look into it and they will come back to me but to this day they never came back to me. I requested to speak to other senior people in the call centre divisions and in the investigations but no one ever called me back. The
20 only communication I had was with the investigating practitioner himself Ariel Marcus, the person who started this communication in May last year.

ADV KERRY WILLIAMS: So Discovery is yet to give evidence but it's likely that they will say the only way they can verify the time you spent with patients is by looking at the clinical notes or the diaries or your diary. What would you say to that allegation and they would argue it's

fair?

MR LEPHODISA STEPHEN MOLEPO: *Ja* I've never disputed that from the onset, I have indicated to them the clinical notes are here if you so wish you can come, I'll also call the patients they'll come we'll do the consent and you can go through the clinical notes but I'm not comfortable sending through to your Sandton office or travelling with them to the office or sending them by courier. I've invited them several times, they are the ones who rejected the request.

ADV TEMBEKA NGCUKAITOBI: Did you send us any proof that you
10 invited Discovery to your practice?

MR LEPHODISA STEPHEN MOLEPO: It's in the e-mail.

ADV TEMBEKA NGCUKAITOBI: Okay it's the e-mails and where do they
reject it?

MR LEPHODISA STEPHEN MOLEPO: It's in the e-mails they have also, they also responded in their e-mails that they will not be able to come I
...(intervenes).

ADV KERRY WILLIAMS: So is your issue around as who should bear the cost for this in terms of the time spent because you're saying they can have access it with the patient consent obviously but they must come to
20 you rather than you come to them, so is it about a cost and time issue?

MR LEPHODISA STEPHEN MOLEPO: On their side or on my side?

ADV KERRY WILLIAMS: Well are you saying you don't want to bear the administrative burden and the time and cost?

MR LEPHODISA STEPHEN MOLEPO: Of sending them the information?

ADV KERRY WILLIAMS: And getting the consents?

MR LEPHODISA STEPHEN MOLEPO: Maybe that but also that seeing that they are not willing to co-operate I also decided I will not co-operate with them. There's an e-mail on page 663 which was coming from Ariel Marcus which indicates:

10 “The onus to validate the claims is on the service provider and not the medical aid and so we are not able to come to your offices to review the notes. I did not ask you to come to Johannesburg as you are implying but simply asked you to send the notes through to me for review a request that is within the confines of the law. We will recover all funds claimed by yourself for the services that we were unable to validate pending the validation of the claims for those services.”

This was one of the examples of their responses that they will not come to the office.

ADV TEMBEKA NGCUKAITOBI: So some of the evidence we've heard is that they will block a service provider, they'll just suspend you entirely or they will make direct payments to your patients and then in some instances they will just deduct what they believe is due and owing. Do
20 you still have a relationship with them where you're submitting claims every month or?

MR LEPHODISA STEPHEN MOLEPO: Yes thank you for asking that, I think I was going to miss it. What they have done is when I submit the claim they process it as if it was paid into a practice but we never receive payment and they then calculate it against the outstanding balance of the

R71 000,00 and to possibly try to reduce it. And most of the patients I see or some of the patients I see who belong to Discovery administered medical schemes will be those in the hospital. I have indicated to them and I have made a conscious decision that because I service patients in a private hospital locally as well in Polokwane I will go and assist patients who belong to their medical scheme and I will submit the claims but I know they will not pay. I usually also explain that to the patients, I see you belong to Bankmed, I see you belong to Discovery I'm going to help you because you need my help, I'm going to submit your claim but your
10 medical scheme is not going to pay so, and I'm not going to claim it from you either because it's not your fault.

I do that and they never paid ever since and those who come to the practice currently our arrangement is they consult as cash paying patients and we give them the statement of the account and the receipt then they claim from Discovery. As to whether Discovery pays them what they would have paid or not I may not be fully certain but I know there's one or two who get refunded. But what I've also noticed is that in some instances when they refund the patient they include that money into a statement as if we're owing them so we're continuing to owe them even
20 when we don't claim from their scheme.

ADV TEMBEKA NGCUKAITOBI: So are you now currently running a cash practice?

MR LEPHODISA STEPHEN MOLEPO: For Discovery patients only yes.

ADV TEMBEKA NGCUKAITOBI: For Discovery that's what I'm saying.

MR LEPHODISA STEPHEN MOLEPO: And ja they, those that are willing

to come those that would have cash at their disposal are the ones who are able to consult but unfortunately majority are no longer able to consult at our practice and some of them seem to also worry you know because they have started a relationship with our practice and they would have wanted to continue to be assisted at our practice and they now sometimes get to a situation where Discovery is the one that recommends to them who they can see.

ADV TEMBEKA NGCUKAITOBI: And have you experienced that where Discovery recommends to your patients which practitioner they should
10 visit?

MR LEPHODISA STEPHEN MOLEPO: Not the one that I've serviced already in the past but those that were intending to come for the first time when we explain to them there is one that we indicated we explained to them that we're having problems with Discovery at the moment so you're going to pay cash we'll give you a statement of account, they didn't have money, they didn't have cash, they had to call Discovery and Discovery directed them to someone else. But they still called us and said you know I'm not sure if I will be comfortable with the person I'm going to see because that is not the person I chose initially. Unfortunately because we
20 didn't have their records it's not up to us to follow up with them to check whether they were satisfied or not so we didn't follow up.

ADV KERRY WILLIAMS: One further question from my side, I'm just struggling and we have had other psychologists give evidence and similar evidence and I've put these questions to those psychologists so I must do the same with you but I'm struggling with the difficulty that the schemes

say they have and that they've got no way to validate the length of the period you spend with patients and from their perspective they'd say look we need the clinical notes or we need the diary. So I'm struggling to understand why not provide the diary there isn't any confidential information in there. That's the first question and the second one is if you provided the clinical notes with all the patient, not the patient name but all the clinical detail blacked out would that be satisfactory for you?

MR LEPHODISA STEPHEN MOLEPO: No it will not be satisfactory for me; I still would feel I would have done it without the consent of the patient so I would not – I will not be comfortable sending it through. In terms of the diary ... (intervenes).

ADV KERRY WILLIAMS: Just to finish with that question but why not because there'll be nothing which is patient confidential in that, it would be the name of the patient with all clinical notes redacted, what makes you uncomfortable about that?

MR LEPHODISA STEPHEN MOLEPO: The clinical notes are confidential information about the patient, information from which we come up with a diagnosis and the medical aid only gets the diagnosis as per the practice codes and the ICD10 coding from which they would process the payment. If they want clinical notes some notes are quite long and they contain personal information about the patients, information that ... (intervenes).

ADV TEMBEKA NGCUKAITOBI: I think the question really is if you could black out the personal information and give that to Discovery would that solve the problem but I mean your point is that Discovery wants the notes not blacked out and that's where the consent between you and them, it's

not as if they have offered you the option of blacking out anything.

MR LEPHODISA STEPHEN MOLEPO: No they have not offered me that but I still don't think it will help because ...(intervenes).

ADV TEMBEKA NGCUKAITOBI: Why won't it help if you blacked it out and you only had names if the only issue is we want evidence that you saw patient X for three hours?

MR LEPHODISA STEPHEN MOLEPO: Patient X to me should have a name.

ADV KERRY WILLIAMS: Let me be clear about my proposal as I
10 understand Discovery's position they actually look at the clinical notes to determine length, I give no view on whether that's right or wrong so they might say three pages is worth one hour I don't know, but I understand this is what might be the position. My proposal is can you not provide the clinical notes with the name on top and nothing else but you can give everything else blacked out?

MR LEPHODISA STEPHEN MOLEPO: Maybe I don't understand nothing else; the name will be the name of the patient on top and the notes will be about the reasons why the person is consulting.

ADV KERRY WILLIAMS: So all of that is blacked out. It goes to why
20 Discovery say they need these notes, they don't need it for the content, they need it for the length.

MR LEPHODISA STEPHEN MOLEPO: That information blacked out, I don't think they want it blacked out.

ADV TEMBEKA NGCUKAITOBI: I mean that's the issue between you and them, I mean Discovery wants their notes not blacked out you are saying

I'm not giving you the notes not blacked out until the patient has consulted. There is a way in the middle you know which might solve the problem which is you give them enough information to prove the duration of the consultation without compromising the confidentiality but the problem is that you are not talking to Discovery about resolving that problem, there's a stalemate to say come to my office they say they're not coming and they terminate your payments.

MR LEPHODISA STEPHEN MOLEPO: I'm not sure I follow but my take is also that Discovery wants the notes because that is what they specified, 10 they never came back to me and say you can send us a sheet where it only has the patient name on top and you've covered all the notes and then only the date on the side with the time.

ADV KERRY WILLIAMS: I accept that. The question comes from trying to problem solve some of this in relation to any recommendation we might make going forward. So just the other question then what is your concern with or why not provide your diaries – copies of your diaries?

MR LEPHODISA STEPHEN MOLEPO: The diaries contain names of other people as well, it means from the blacking out I'm going to have to incur the time, the cost of the time of having to black them out and only leave 20 those that belong to Discovery, I think that's a lot of work.

ADV ADILA HASSIM: With the clinical notes, just to come back to the question of the clinical notes because you said you spoke to Ariel Marcus and – is that a man?

MR LEPHODISA STEPHEN MOLEPO: Yes he's a man.

ADV ADILA HASSIM: And he said, I can't tell with these, but he says to

you that he doesn't want to read the notes, did I hear you say that, I thought you said he's ...(intervenes).

MR LEPHODISA STEPHEN MOLEPO: Yes that's what he said ...(intervenes).

ADV ADILA HASSIM: Not interested in reading it he just wants to see that they exist.

MR LEPHODISA STEPHEN MOLEPO: On the phone, yes. But how do you not read the notes when you're having them at your disposal?

ADV ADILA HASSIM: If you black it out then you don't read it, you
10 wouldn't be able to read it.

MR LEPHODISA STEPHEN MOLEPO: Then he didn't tell me to black the notes out.

ADV ADILA HASSIM: Okay and then a second question is, is it possible from clinical notes to determine the amount of time – would it give you a sense of the amount of time you spent with the patient?

MR LEPHODISA STEPHEN MOLEPO: No.

ADV ADILA HASSIM: For example the length of the notes, so if the notes were two pages would that indicate that it was a consultation of a certain length, if it was a one page or a few lines what would that mean?

20 **MR LEPHODISA STEPHEN MOLEPO:** Unfortunately I don't think so, in 15 minutes you could have taken notes that could worth four, five pages and our consultation is not just about writing notes it's about listening to the patient as well. Sometimes we talk to them, we conduct counselling or a therapy session and then we give a summary notes at the end which could be a few lines and from that you cannot say the consultation was

two hours or it was 15 minutes.

ADV TEMBEKA NGCUKAITOBI: We heard evidence of like varied practices that someone will consult with a patient for three hours and only write a quarter of a pages and so the notes are really not related to the duration of time. But I mean to come back to the issue that seems to be between you and Discovery, Discovery says we don't believe that you've consulted for the duration that you are claiming for that's what the coding problem. So you say come to my practice verify it, they say we're not coming and they suspend you, that's really the sum total of what is
10 happened.

ADV KERRY WILLIAMS: Last question on this I mean you have provided us with a copy of the spreadsheet now that you provided Discovery and could you just remind me how did you extract this, what information did you extract this from?

MR LEPHODISA STEPHEN MOLEPO: It's from our computer system, each patient that consult we provide – we punch in this information and it stays on our computer system and we also tick on the diary that the person consults.

ADV ADILA HASSIM: This is a form – this is a diary in essence?

20 **MR LEPHODISA STEPHEN MOLEPO:** No this is ... (intervenes).

ADV ADILA HASSIM: Well in essence I'm not saying it is your diary but it basically says when this patient came, what date and what time.

MR LEPHODISA STEPHEN MOLEPO: Yes we only record those who came, those who consulted because there are people who make appointments and they are not able to honour their appointments so we

don't include them in here, we only record those that have consulted and on the diary we'll either show by a tick or by a cross that the person has or has not come for a consultation.

ADV KERRY WILLIAMS: It would be important to see the cover e-mail that this was sent with because neither your affidavit or Discovery's affidavit makes mention of this and it does seem to be equivalent to a diary in many ways and potentially as good an evidence of a consults and I'd like to be able to test that.

ADV TEMBEKA NGCUKAITOBI: Just explain, I mean I'm also just trying
10 to get some clarity on this document because if you look at what it says, so for instance on the 15th of February 2017 at nine 09:00 there is a patient and there is also the medical aid and the number the option and the contact presumably of the patient, so that means that at 09:00 that patient was seen by you?

MR LEPHODISA STEPHEN MOLEPO: Yes.

ADV TEMBEKA NGCUKAITOBI: And there is no other patient that came then on the 15th or the 16th. The following patient came on the 17th?

MR LEPHODISA STEPHEN MOLEPO: In terms of the diary there could be
20 people that came on the same dates like on the 15th it's only one patient, it could be the only patient who belonged to Discovery but other slots could have been taken by other patients.

ADV TEMBEKA NGCUKAITOBI: I see, so insofar as Discovery is concerned that ...(intervenes).

MR LEPHODISA STEPHEN MOLEPO: This is only yes Discovery administered schemes.

ADV TEMBEKA NGCUKAITOBI: Oh I see okay. But what would be the difference between this and the diary for Discovery's purposes?

MR LEPHODISA STEPHEN MOLEPO: I do not know what the difference would be because ...(intervenes).

ADV TEMBEKA NGCUKAITOBI: Then if you are happy to give this to Discovery why are you not happy to give them your diary?

MR LEPHODISA STEPHEN MOLEPO: I am not unhappy to give them the diary but I am unhappy to post the diary through to them or copy and scan. They are welcome to come and view the diary that I've invited them
10 several times, I'm not sure if I'm also being difficult but *ja* I think I also believe it should be within my rights to request that.

ADV TEMBEKA NGCUKAITOBI: Yes and then so if they have this they will know that at 09:00 on this day you saw this patient but they won't know for how long they will just know what time that patient came?

MR LEPHODISA STEPHEN MOLEPO: Yes and for them to know they could come to the office and view the clinical notes. What I had indicated to them ...(intervenes).

ADV ADILA HASSIM: But the clinical notes won't indicate how long you consulted?

20 **MR LEPHODISA STEPHEN MOLEPO:** I put the time on the side, today's 26th of September 9:00 and then I'll do the notes and then I've also started the practice of putting the time when the session ends so that they are able to see the length of the session itself.

ADV TEMBEKA NGCUKAITOBI: Well I mean I presume if you reconstructed it in the form of a spreadsheet afterwards they will still not

accept that because they want to see the original notes?

MR LEPHODISA STEPHEN MOLEPO: Yes I suppose so.

ADV TEMBEKA NGCUKAITOBI: Anyway do you have anything else to add? I mean we have been asking other people to just explain the impact of the decision on the business, the impact of the clawing back or the suspension of payments?

MR LEPHODISA STEPHEN MOLEPO: The impact ...(intervenes).

ADV ADILA HASSIM: And if I could just add to that you can address them both, is the impact on your patients, are there patients who have
10 stopped seeing you and can they be referred easily to other clinical psychologists?

MR LEPHODISA STEPHEN MOLEPO: Well with the patients it's difficult to draw conclusions on that but they are generally unhappy. They are generally unhappy that, you know with psychologists obviously it's not like with a medical service because when you start a counselling relationship, a therapeutic relationship with a patient or with a healthcare provider you don't look forward to starting over again with another person. Even in practices where, in my experience as a partner where I used to be a partner in a psychology practice, the patient that would have
20 seen my partner was not comfortable seeing me in the absence of my partner and vice versa because they feel I'm going to start over again and it brings back everything, the healing will be delayed. So it's not very easy, for them it's difficult, I'm not sure there could be others who may have moved on and consulting with other colleagues of mine but there are those that have stopped consulting ever since.

And in terms of my practice the impact yes I felt if ... (intervenes).

ADV TEMBEKA NGCUKAITOBI: And I suppose that if you are saying my colleagues are also subjected to the same investigation you would have patient hopping?

MR LEPHODISA STEPHEN MOLEPO: Yes.

ADV TEMBEKA NGCUKAITOBI: Until they find an absolutely clean doctor on the side of the scheme.

MR LEPHODISA STEPHEN MOLEPO: True, true. There was – still on that thank you, there was a colleague of mine who called me the other
10 time to check if I could see some of the patients for her who were in the hospital they were members of Glencore and Discovery or no Bankmed. When I indicated to them I'm not able to see those because the hospital was a bit far anyway a few more kilometres away from where I work, she also indicated I'm also not seeing Discovery patients anymore. So I suppose the service of psychology in our area might have been slightly or more affected in terms of seeing Discovery related patients.

And in terms of the practice yes as I was indicating the impact was felt at the end of the year because I could not receive any payments for the patients that I've seen who belonged to the Discovery
20 administered medical schemes and I have since learnt to live with it. I have made peace with it and I service those that I can service and I politely try to indicate to those that I can't service that unfortunately because of those reasons we are not able to help you. But it's also ethically incorrect in our practice, in our view, in our profession, we find ourselves having to do it because we know we need that income at the

end of the day as well, that's the only income we have.

When you're running a practice fulltime and not getting an income anywhere else you can't afford to service everybody for free yet there are those who are able to assist but it can't be everybody especially people who belong to a medical scheme who pay money to the medical scheme for the medical scheme to pay for their services and we see them for free. It's not the same as the person who is out there unemployed but experiencing a crisis and they happen to come to you because the hospital appointment system is too long, the next time they will see them
10 it's in three months and they need assistance immediately, we're able to assist those, not always but when we can. But with those that belong to the medical scheme it's really a burden for us.

ADV TEMBEKA NGCUKAITOBI: Thank you. I take it you have nothing further to add from your oral testimony today.

MR LEPHODISA STEPHEN MOLEPO: Yes I believe that I have provided a comprehensive summary of everything that is on the desk and I'm also satisfied with the information I provided and if there's anything, if I'm allowed I can always be able to send it in written form.

ADV TEMBEKA NGCUKAITOBI: Yes thank you, our secretariat will be in
20 contact with you if there is any outstanding information that we would require from you or your practice. Thank you, the proceedings are adjourned for the day, we will resume tomorrow at 10:00.

INQUIRY ADJOURNS UNTIL 27 SEPTEMBER 2019

TRANSCRIBERS CERTIFICATE FOR
THE COUNCIL FOR MEDICAL SCHEMES (CMS) INQUIRY UNDER
SECTION 59 OF THE MEDICAL SCHEMES ACT
HELD AT
BLOCK A, ECO GLADES 2, OFFICE PARK, CENTURION

DATE HELD : 2019-09-26

DAY: : 11

10 TRANSCRIBERS : N YOUNG; V FAASEN; B DODD; C LEHMANN

Audio's are typed verbatim, as far as audible/possible



Accura Africa Group

Your Forward-Thinking Partner

