



## ISSUE 2 – APRIL TO JUNE 2024

In this issue of the Scheme's newsletter, we offer effective strategies to safeguard yourself against medical aid fraud. Furthermore, we will guide you on the process of claiming refunds, provide you with tips to improve your oral hygiene and share information on the Scheme's upcoming 2024 Annual General Meeting (AGM).

We welcome any suggestions that you may have on articles or member benefits you would like to see published in future newsletters. Please send your suggestions to the Scheme Manager, **Mike Neubert**, by email to [mike.neubert@momentum.co.za](mailto:mike.neubert@momentum.co.za).

Until next time, enjoy the read!



## Medical aid fraud

### What is medical aid fraud?

Medical aid fraud is a type of white-collar crime committed by people who intentionally deceive or manipulate the healthcare system to receive unlawful benefits or payments by submitting dishonest healthcare claims.

There are many ways in which this type of fraud is perpetrated. Perpetrators can range from individual members to healthcare professionals, as well as criminal syndicates. Another type of medical fraud involves identity theft, which can lead to incorrect medical treatment, potential denial of life insurance policies and inaccurate diagnoses in medical records. Investigating this type of fraudulent behaviour is a challenging and expensive process for the Scheme.

## Types of medical aid fraud committed by MEMBERS

For Scheme members, medical aid fraud may lead to increased Scheme contributions, unnecessary medical interventions, and heightened taxes.

To participate in fraud or to unlawfully enjoy Scheme benefits, the member may:

- conspire with their healthcare service provider to submit false or altered invoices as a false claim, which is then paid to the member (or shared with the healthcare service provider)
- allow non-members or non-registered dependants to use their Scheme membership details or card to obtain treatment and to claim benefits
- conspire with their treating doctor to perform a Scheme exclusion (e.g. cosmetic surgery), and submitting a false claim with ICD-10 diagnoses, tariff and/or procedure codes that are accepted and approved by the Scheme
- have dual membership, where they belong to two medical schemes at the same time and submits claims to both schemes
- purchase medication or medical equipment through Scheme benefits for family members or others who are not registered as their dependants with the Scheme
- use their Scheme membership card to buy habit-forming medication, such as cough syrup that contains codeine. The Scheme will set limits on the amount of these items that may be purchased. However, despite this, members frequently choose to pay in cash for these types of medication and then request reimbursement for these items from their medical savings account (MSA)
- fail to disclose pre-existing medical conditions to the Scheme (non-disclosure)
- buy sunglasses, but claim for it as prescription spectacles
- claim for fillings when cosmetic dental work has been performed (Scheme exclusion)
- order unnecessary blood tests.

## Types of medical aid fraud committed by HEALTHCARE SERVICE PROVIDERS

- They may bill the Scheme for treatments or services not provided to a member.
- Hospitals may practice merchandise substitution, e.g. they charge the Scheme for an oxygen tank while only a nebuliser was provided to the member/patient.
- They may charge the maximum benefit allowed in terms of their patient's benefit option, e.g. charging the Scheme R57 850 for the prosthesis used in a knee replacement, while the actual prosthesis used only cost R22 000.
- They may claim for non-covered benefits but use ICD-10 diagnosis, procedure and tariff codes that are covered by the Scheme.
- They may offer their patients money in exchange for submitting a fraudulent claim to the Scheme for a service that they didn't provide to the member.
- Pharmacies may try committing these types of fraudulent activities:
  - claim for original, more expensive medication while dispensing a cheaper generic alternative
  - claim for more medication than what was dispensed to the patient
  - submit medication claims, but actually supply household items to members
  - dispense medication without a valid practicing pharmacist on the premises
  - sell medication that has expired and not replenish stock on the shelves.





## What are the REPERCUSSIONS of medical aid fraud?

Every member of the Scheme is affected when healthcare providers submit fraudulent claims, whether or not the member is aware or involved in the fraud. This is because the funds used to pay these claims come from a shared pool of the Scheme's reserves, and every member is equally responsible for contributing to these reserves. Though it may benefit a few healthcare service providers or members, **medical aid fraud imposes a financial burden on all Scheme members.**

### **NOTE! Medical aid fraud is a criminal offence.**

According to Section 66 of the Medical Schemes Act 131 of 1998, any act of healthcare fraud, whether perpetrated by a member or a healthcare service provider, is considered a violation of the Act. Those found guilty of such offences will be required to pay back the funds, face monetary penalties, or even imprisonment.

## How to PROTECT YOURSELF from medical aid fraud

- Always analyse your claims statements carefully and check that you have in fact received the healthcare services and products claimed for by your healthcare provider.
- Never accept money from a healthcare provider in exchange for a claim to the Scheme.
- Read and understand your doctor's quotations, so that you can check and compare what is covered from your Scheme benefits.
- When visiting a doctor, ask questions about the services you receive. Are they medically necessary? Are other alternatives available?
- Keep your Scheme membership card safe as it represents your entitlement to Scheme benefits.
- Scrutinise your doctor's receipts and medical bills. Understand each item listed on your bill to confirm that the services claimed were indeed performed.
- If you have to make a co-payment or an upfront payment at any healthcare provider or facility, always ask for a receipt and check it for accuracy before you leave. Save it as your proof of payment, should any queries arise later. Question any charges that exceed your co-payment or seem suspicious.
- You are allowed to get a second opinion (consulting another doctor) before any planned procedures, to ensure that you are not being overcharged.
- View your medical information on the Scheme's mobile app or online portal, and question anything that seems suspicious.
- Do not resort to doing anything unlawful when you 'feel the pinch'.
- Ensure that you see your general practitioner (GP) or treating doctor first, to refer you to the appropriate specialist for specialised treatment or procedures, when necessary.
- Invest in preventative care by using your wellness benefits for appropriate tests and screenings that are covered by the Scheme.
- Try not to view your Scheme membership contribution as a grudge purchase; rather see it for the benefit of access to healthcare and cover during a time when you need it most, or in severe illness.

By implementing these measures to safeguard yourself against medical aid fraud, you contribute to upholding the integrity of our nation's healthcare system and the substantial, but limited, resources dedicated to it.

Should you suspect that you, one of your dependants or another Scheme member has fallen victim to, or participated in, medical aid fraud, or you have any concerns about potentially fraudulent activities by your healthcare provider, immediately report it to the Scheme's fraud hotline on **0800 000 436** or by email at **PGGmeds@tip-offs.com**. You may choose that your report remains anonymous.

#### Sources:

FAnews  
Mail & Guardian  
Sanlam



# PG Group Medical Scheme Annual General Meeting

The PG Group Medical Scheme 2024 Annual General Meeting (AGM) is scheduled to take place on Wednesday, 12 June 2024 at 10:00.

Medical schemes are required by law to convene an AGM with their members. These gatherings can be held either virtually or in person. During the AGM, the Scheme typically provides updates on the Scheme's performance over the past year and engages in discussions regarding future strategies.

This year, the Scheme will host its AGM meeting at the PG Group Head Office, Ground Floor, 18 Skeen Boulevard, Bedfordview, Johannesburg 2007 (in person) and by Zoom video conference (online/virtual). This will allow members who are unable to attend in person to conveniently join online.

Join the meeting online by simply clicking on the following link on the day of the AGM: <https://mmiholdings.zoom.us/j/92737036343> (this URL is secure). All relevant financial reports that will be discussed at the AGM will be available on the Scheme website ([www.pggmeds.co.za](http://www.pggmeds.co.za)). Follow the path **About > Annual General Meetings** to learn more.

## Claims refunds

Members who wish to receive a refund for healthcare services paid in cash must submit their proof of payment and a detailed account to the Scheme for processing. **Claims must be submitted within four months from the date of treatment** to avoid the claims becoming stale, which may lead to non-payment of the claim.

The Scheme uses the healthcare provider's tariff codes to process the refund for the member. Failure to submit all necessary documentation in time will result in the claim being rejected. The only acceptable proof of payment is a receipt for the money paid, transaction slip or a zero-balance statement from the healthcare service provider reflecting payment made by the member.

If the healthcare provider's account is submitted without a receipt or proof of payment from the member, the claim will be paid in full to the provider, and the member may have to request the refund directly from the provider.

After the claim has been finalised, all the necessary information will be included in the member's monthly claims statement.

To request your claims statement, submit claims or requests for refunds, or any claims-related queries, you may contact the Scheme on **0860 005 037** or by email at [claims@pggmeds.co.za](mailto:claims@pggmeds.co.za). Alternatively, claims may be posted to PG Group Medical Scheme, PO Box 2070, Bellville, 7535.





# Remember to update your contact details

It is especially important to let the Scheme know when your contact details have changed. If the Scheme doesn't have your updated details, we are unable to send you any communication or updates about your benefits.

Your contact details can be updated electronically by logging into the Scheme's [online member portal](#) or on the [mobile app](#).

Alternatively, you may call us on **0860 005 037** (Monday to Friday between 08:00 and 16:30). The customer care agent will ask you a few questions to verify your identity, then proceed to update your details.

If you are unable to contact us directly and need someone else to speak to us on your behalf, you will need to complete the [member and dependant consent form](#) before we can accept instructions from, or share your information with anyone else. This measure is in place to protect you against anyone who may try to access your information without authorisation. Submit the completed member consent form by email to [info@pggmeds.co.za](mailto:info@pggmeds.co.za).



**IMPORTANT NOTE:** Please remember to include your **membership number** on all correspondence to the Scheme.

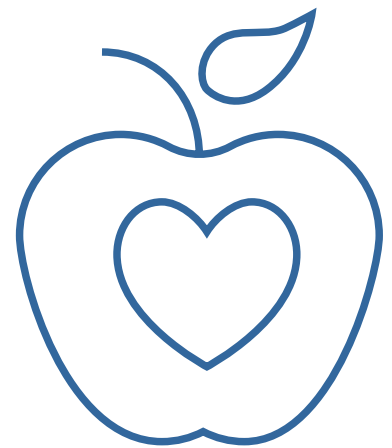
## DENTAL HEALTH

### Your smile is in your hands

Taking care of your oral health is your responsibility. Although it is recommended that you visit your dental healthcare professional\* once every six months for a dental check-up and professional cleaning (i.e. scale and polish), it is even more important to practice a good daily oral hygiene routine.

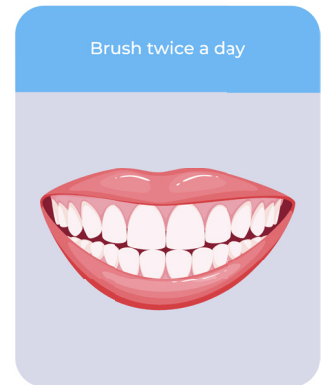
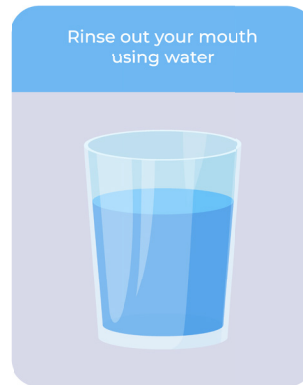
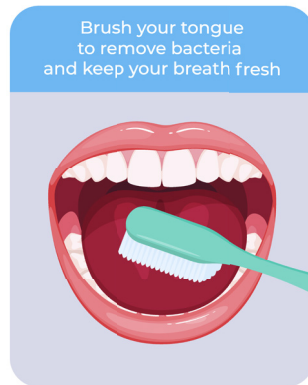
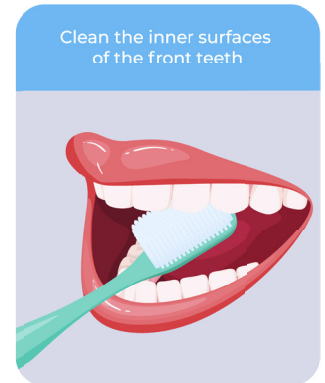
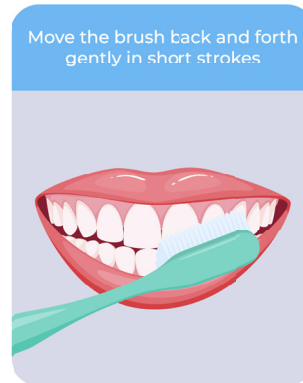
Follow these healthy habits to help prevent the development of tooth decay (caries) or gum disease:

- Rinse your mouth with water after every meal or snack.
- Brush your teeth with fluoride toothpaste for two minutes, every morning and every night. Use a small- to medium-sized soft-bristled toothbrush.
- Brush your tongue.
- After brushing your teeth at night, do not eat or drink anything other than water before you go to bed. During the day, bacteria and plaque build up on your teeth and gum line. The longer plaque remains on your teeth, the more likely it is to cause cavities. If you brush your teeth before bedtime, it will help to prevent bad breath, gum disease, tooth decay and cavities.
- Keep your toothbrush clean. Rinse your toothbrush after every use and allow it to dry.
- Replace your toothbrush at least once every four months, after you have been ill, or if the bristles are worn out.
- Use dental floss to clean between your teeth. Do this once daily or at a minimum three times a week.
- Limit sweets, sugary foods and drinks; instead, make water your drink of choice.
- If you smoke or vape, try to quit. Speak to your dentist about options to help you quit the habit.



## How to brush your teeth

1. Place the toothbrush at a 45-degree angle to the gums. Brush your teeth gently in a circular motion.
2. Brush the outer surfaces, the inside surfaces, and the chewing surfaces of all teeth.
3. To clean the inside surface of the front teeth, tilt the brush vertically and use a broom sweeping motion to make up-and-down strokes.
4. Brush your tongue to remove bacteria and keep your breath fresh. Alternatively, you can scrape your tongue with a tongue brush.



\* **Visit a DENIS dental network practice to avoid unexpected payments:** Consider going to a dental healthcare professional that is part of the DENIS Dental Network. These practices will not charge you more than the PG Group Dental Tariff for conservative dental treatment. This means that if you have the benefits available for the treatment, you will not have to pay any money out of your own pocket. Visit the DENIS website at [www.denis.co.za](http://www.denis.co.za), and click on **Find a Network Provider** to search for a practice by suburb, or call them directly on **0860 104 939**, stating your Scheme membership details.










Source:  
DENIS

denis





# Important contact details

|  |   |   |  |
|--|---|---|--|
| Customer care  | Telephone   | 0860 005 037  | <b>Press</b><br><b>1</b> for benefits confirmation and claims enquiries<br><b>2</b> for hospital admissions, pre-authorisations, maternity and oncology<br><b>3</b> for dental benefits and authorisation<br><b>4</b> for HIV-related queries<br><b>5</b> for chronic medication |
|  | WhatsApp  | 0860 005 037  |  |
|  | Fax   | 0861 647 775  |  |
|  | Email   | <a href="mailto:info@pggmeds.co.za">info@pggmeds.co.za</a>  |  |
|  | Members can dial 0860 005 037 for any Scheme queries (Monday to Friday, 08:00 to 16:30)   |   |  |
| Physical address   | Parc du Cap, 7 Mispel Road, Bellville 7530  |   |  |
| Postal address   | PG Group Medical Scheme, PO Box 2070, Bellville 7535  |   |  |
| Scheme website   | <a href="http://www.pggmeds.co.za">www.pggmeds.co.za</a>  |   |  |
| Membership queries   | Fax   | 0861 222 664  |  |
|  | Email   | <a href="mailto:membership@pggmeds.co.za">membership@pggmeds.co.za</a>  |  |
| Claims submission  | Email   | <a href="mailto:claims@pggmeds.co.za">claims@pggmeds.co.za</a>  |  |
| Chronic medication registration and queries  | <i>Medicine Risk Management (MRM) Programme</i>   |   |  |
|  | Email   | <a href="mailto:chronic@pggmeds.co.za">chronic@pggmeds.co.za</a>  |  |
| YourLife Programme   | <i>HIV management programme</i>   |   |  |
|  | Email   | <a href="mailto:yourlife@pggmeds.co.za">yourlife@pggmeds.co.za</a>  |  |
|   |   |   |  |
| Netcare 911  | <i>Emergency assistance and ambulance service</i>   |   |  |
|  |   |   |  |
|  | Emergencies/Health-on-Line  | 082 911   |  |
|  | Telephone   | 0860 638 2273   |  |
|  | Email   | <a href="mailto:customerservice@netcare.co.za">customerservice@netcare.co.za</a>                                      |  |
|  | Website   | <a href="http://www.netcare911.co.za">www.netcare911.co.za</a>  |  |
| Preferred Provider Negotiators (PPN)   | <i>Optical benefits</i>   |   |  |
|  | Telephone   | 041 065 0650  |  |
|  | Fax   | 041 586 4184  |  |
|  | Email   | <a href="mailto:info@ppn.co.za">info@ppn.co.za</a> / <a href="mailto:claims@ppn.co.za">claims@ppn.co.za</a>           |  |
|  | Website   | <a href="http://www.ppn.co.za">www.ppn.co.za</a>  |  |
|  |   |   |  |
| Dental Information Systems (DENIS)   | <i>Dental benefits</i>  |   |  |
|  | Telephone   | 0860 104 939  |  |
|  | Email   | <a href="mailto:pqenq@denis.co.za">pqenq@denis.co.za</a> / <a href="mailto:claims@denis.co.za">claims@denis.co.za</a> |  |
|  | Website   | <a href="http://www.denis.co.za">www.denis.co.za</a>  |  |
|  |   |   |  |
| Medipost Pharmacy  | <i>Courier pharmacy for chronic medication</i>  |   |  |
|  | PO Box 40101, Arcadia 0007  |   |  |
|  | Telephone   | 012 426 4000  |  |
|  | Email   | <a href="mailto:info@medipost.co.za">info@medipost.co.za</a>  |  |
|  | Website   | <a href="http://www.medipost.co.za">www.medipost.co.za</a>  |  |
|  |   |   |  |
| Momentum Multiply  | <i>Wellness rewards programme</i>   |   |  |
|  | Telephone   | 0861 886 600  |  |
|  | Email   | <a href="mailto:multiply@momentum.co.za">multiply@momentum.co.za</a>  |  |
|  | Website   | <a href="http://www.multiply.co.za">www.multiply.co.za</a>  |  |
|  |   |   |  |
| Hello Doctor   | <i>Medical advice</i>   |   |  |
|  | Dial *120*1019# to request a call back from a doctor, or download the Hello Doctor mobile app   |   |  |
|  |   |   |  |
|  |   |   |  |
| Fraud Hotline  | Telephone   | 0800 000 436  |  |
|  | Email   | <a href="mailto:PGGmeds@tip-offs.com">PGGmeds@tip-offs.com</a>  |  |