



## ADVISORY

The South African Dental Association Newsletter  
Informing Oral Healthcare Professionals

Bulletin



### SADA Professional Advisory Bulletin

- Ethical Bulletin - Handling Complaints – Part 3
- GAP Cover explained

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Dear SADA Member

This is the third of the four-part series that focuses on improving our member's understanding of patient complaints. SADA introduced an independent complaint resolution service in 2012 as an alternative to the HPCSA for patients wanting to complain about their dental care. Since then, the service has successfully resolved over 5 500 disputes between patients and dentists. We want to share valuable experience gained over the last 12 years with our members to help them prevent patient complaints.

## CLINICAL

### Ethical Bulletin – Potential Reasons and handling – Part 3

In the previous Ethical Bulletin on complaints, we discussed the principles behind a complaints-handling procedure. In this edition, we address the reasons for patient complaints and how to handle them.

Patients complain for a variety of different reasons, depending upon the circumstances.

- Some desperately want to be heard and let off some steam. Complainants wish to be taken seriously and for their complaint to be acknowledged and respected. It is often an essential part of the complaints process to allow the patient to get things off their chest. The moment someone listens to their experience and concerns and provides the necessary empathy, the patient feels better, and the professional relationship is often restored.
- Others require explanation or information. Most patients know very little about dentistry. Any post-operate complication would be experienced as an adverse outcome if it was not discussed with the patient before treatment commenced.
- Some patients expect an apology. Understandably, healthcare professionals are often reluctant to provide apologies because they don't want to admit fault or liability. However, an apology for the patient's experience is a powerful gesture and not the same as an admission of fault or liability. You can always say how sorry you are that the patient is unhappy or has felt the need to complain, even if you don't believe that you have done anything wrong.
- Some patients require remedial action. Nothing soothes an angry patient more than getting things done and putting things right.
- Some patients genuinely want to be reassured that steps have been taken to ensure that the same problem can't arise again for them or other patients.
- Other patients have lost confidence in their treating dentist and want a financial refund to enable them to continue their treatment elsewhere. A small percentage of patients want financial compensation. Sometimes it is valid and reasonable, and sometimes unrealistic.

Complaints may arise by telephone, in writing or in person.

*Complaints by telephone* should ideally be met with a same day initial response by the complaint's coordinator, the dentist, or a senior member of staff. Try to give the patients an option: Would they like to make an appointment, have the dentist phone them back, or come into the practice?

*Complaints in writing* should be acknowledged by return letter or e-mail, enclosing a copy of the written complaints procedure so that the patient knows what to expect. Many studies show that contacting the patient by telephone as soon as possible after the complaint is received establishes trust and indicates a commitment to resolving the complaint. Again, try to give the patient choices.

*Complaints in person* to the practice should be directed to the Complaints coordinator, a dentist or a senior staff member. The availability of the coordinator or the dentist and the nature of the complaint will determine the best way forward. If it is not possible to spend sufficient time with the patient immediately, try to schedule the next contact with the patient as soon as possible. The sooner you make this time available, the better the chances of achieving a successful outcome.

Dentists understandably feel offended or threatened by criticism or patients' complaints. A patient who complains provides you with a valuable opportunity to put things right before third parties like the HPCSA are involved. It also allows you to make the necessary changes to the system or your clinical skills to improve your service and reduce the likelihood of complaints in the future.

## LEGAL

### GAP COVER EXPLAINED

#### Background

The Ministers of Finance and Health in 2016 published the Demarcation Regulations which provided that certain insurance policies on offer had elements of the business of a medical scheme and are classified as "health policies" and/or "accident and health policies". It became effective on 1 April 2017.

The Council of Medical Schemes (CMS) in consultation with the National Department of Health (NDOH), the National Treasury (NT) and the then Financial Services Board concluded an Exemption Framework exempting insurance companies from continuing to offer gap covers. There were several extensions given for exemption and last until 31 March 2025. So for now the gap cover will still be available.

#### Introduction

Over the years, healthcare costs in South Africa have steadily increased, with medical inflation exceeding the overall rate of inflation. This has increased medical scheme contributions and out-of-pocket costs for medical treatment.

Furthermore, thousands of individuals discover that their medical aid coverage is insufficient to cover all their healthcare costs, leaving them with a substantial financial burden.

### The Limitations of Medical Aid Schemes

Medical aid plans do not cover certain treatments and procedures, and some co-payments and uninsured expenses must be paid out of pocket. This results in significant out-of-pocket expenses between what the medical aid scheme covers and what the healthcare provider charges.

The difference between what medical aid schemes cover and what healthcare providers charge for in-hospital treatments and procedures is covered by gap protection. Furthermore, gap cover can also cover co-payments, deductibles, and other out-of-pocket costs not covered by the medical aid scheme.

### **Can one determine how much gap cover will pay before undergoing a procedure?**

A gap cover provider cannot calculate upfront what treatment costs will be and what the patient will be responsible for. This is because the gap cover will only be calculated once all the bills have been submitted to the medical aid and they have determined their liability.

Gap Cover is an “after the event” insurance policy which is why insurers cannot pre-authorise or pre-assess claims upfront. The insurers do not know ahead of time what the doctor or specialist will charge for the procedure, or what the medical aid will pay towards it, and from which medical aid plan benefit. They need this information to accurately assess shortfalls. They can confirm benefits and give insured persons typical examples of when, and how our cover works.

### **What is gap cover?**

Whereas medical aids are regulated by the Medical Schemes Act, gap cover is short-term insurance product which, together with your medical aid, provides top-up health cover up to certain limits. By design, its role is to provide additional financial protection to medical scheme members who receive in-hospital treatment and care so that they are not saddled with large out-of-pocket expenses following a hospital event.

Gap cover is different from medical aid. Gap cover is a supplemental insurance product that offers additional coverage for medical costs not covered in full by patients' medical aid plan. Furthermore, medical aid covers the costs of medical treatment and services. However, gap cover covers the shortfall between what their medical aid covers and the actual cost of treatment. Gap cover typically includes services such as specialist consultations, surgeries, and hospital stays

Medical aid serves as the primary point of health coverage and will cover patients' stay in the hospital as well as approved medical procedures at a specific rate of cover according to the medical aid option they select. Gap cover serves to guard them in the event doctors charge above their medical aid rate of cover and a shortfall is incurred after medical aid pays from the risk or hospital benefit. Gap cover cannot provide cover where medical aid does not pay towards a procedure or covers the full amount for a procedure.

There are many types of gap cover plans on the market, each with its features and benefits.

Most typical types of gap cover plans:

- Basic Gap Cover - provides limited cover for in-hospital medical expenses not covered by your medical aid scheme. Basic gap cover plans typically have lower premiums than comprehensive plans but offer fewer benefits.
- Comprehensive Gap Cover - provides more extensive cover for in-hospital medical expenses, as well as certain outpatient expenses and co-payments. These plans typically have higher premiums than basic plans, but they also provide more comprehensive gap cover.

- Top-up Gap Cover - intended to supplement the cover provided by your medical aid scheme, especially for expensive procedures or treatments. Individuals with a comprehensive medical aid plan but desire additional protection against high medical costs may benefit from top-up gap cover plans.

Gap Cover Insurance usually covers a variety of medical expenses not covered by the Medical Aid plan, such as:

- Co-payments are a portion of the member's medical bill that must be paid out of pocket. Gap Cover Insurance could cover these co-payments.
- Deductibles – a specific amount the member must pay before the Medical Aid plan begins to pay for medical treatment costs. Gap Cover Insurance can offer protection for these deductibles.
- Healthcare providers can charge fees above those set by the Medical Aid plan. Gap Cover Insurance can cover these expenses.
- Non-PMBs are medical costs not covered by the Medical Aid plan. However, these non-PMBs may be covered by Gap Cover Insurance.

Whereas gap cover was initially designed to cover the difference between the amount charged by doctors and specialists in hospital and the amount covered by medical aid, gap cover has subsequently evolved so as to provide cover for a range of enhanced benefits. For instance, some gap cover policies cover the costs of upfront hospital co-payments, outpatient kidney dialysis, and procedures performed in day clinics.

Many gap cover providers offer once-off lump-sum benefits if diagnosed with cancer or a heart condition, if the member accesses casualty or trauma, or in respect of internal prostheses such as a knee replacement. Other useful benefits to look out for include lump sum cover for accidental injury or death, accidental dentistry cover, and cover for medical treatment received when travelling internationally. Scopes and scans, which are normally performed on an outpatient basis, can be high-cost and, as such, many gap cover policies provide benefits for these, so it is important to determine whether your policy offers such benefits, specifically MRI and CT scans which can be very expensive.

### **Who is eligible for gap cover?**

Anyone who is a member of a registered medical scheme in South Africa is eligible to apply for gap cover although it is important to keep in mind that some gap cover providers apply age limits for membership.

### **Waiting periods**

Gap cover plans often have waiting periods before providing cover for medical expenses. Depending on the plan, waiting periods can range from a general waiting period of 3 months or longer for a pre-existing medical condition.

Therefore, practitioners need to be aware of and understand each plan's waiting period before assisting the patient submit a claim.

### **What does gap cover NOT provide?**

Gap cover is not the same as a medical scheme. They are not designed to cover day-to-day shortfalls and charges once the patients' savings account has been depleted. They will also not cover any procedures not covered or declined by the medical scheme.

There is a mistaken belief that gap cover will automatically cover day-to-day shortfalls e.g medicine, GP visits etc. Some factors that could also result in the denial of a Gap Cover claim include unpaid premiums, as well as the limits and exclusions of the plan. The claim

may be denied, for example, if the medical procedure that was done resulted in a co-payment instead of a tariff shortfall. If the plan does not include a co-payment benefit, your claim can't be approved.

There certainly are some grey areas, in that Medical Aid and Gap Cover providers look to understand whether a procedure is medically necessary, as they review claims that are submitted. For example, reconstructive facial surgeries after an accident may well be covered by one's Medical Aid and Gap Cover policies.

### **Are any procedures or treatments excluded from cover?**

Some gap covers have exclusions refer to certain procedures and treatments which will not be covered by gap cover, such as elective cosmetic surgery, specialised dentistry, external prostheses, obesity and bariatric surgery, sleeping disorders, stem cell harvesting or treatment, or attempted suicide.

### **How do gap cover claims get processed?**

The dentist will submit a claim to the Medical Aid plan whenever a patient receives medical care. The Medical Aid plan will pay the covered amount if the claim is approved. The patient will then submit a claim for the remaining amount not covered by the Medical Aid plan to the Gap Cover Insurance provider.

If the claim is approved, the Gap Cover Insurance provider will pay out the benefits to the member.

However, it is important to note that Gap Cover Insurance policies may impose annual, per-event, or per-beneficiary limits on the number of benefits that can be paid.

### **Process**

The patient will have to supply the insurer:

Complete the claim form available on request or online with supporting documents below.

- Detailed Hospital Accounts
- Detailed Dentist(s) Accounts
- Detailed Medical Aid Statement (line by line assessment of all transactions that relate to the hospitalisation)

Other documents may be requested like additional medical reports, but that will depend on the case.

No claims can be settled without copies of these documents present. All documents are usually sent electronically.

Once claim is submitted with all the necessary supporting documents (more on that later), a claims assessor will kickstart the assessment. The patient or their medical scheme might be asked for more relevant documents during this period, or patients may be reminded to send outstanding documents. Once all of that is sorted, the claim will continue to move through the assessment process.

If your claim is approved, then all that's left to do is wait until patients notified that their shortfall has been paid! Waiting periods for confirmation of payment will differ from company to company, so patients will have to make sure they go through your policy documents to find out how long their waiting period should be.

There is usually claims assessment period. Failure to provide all applicable documentation to this claim form will cause undue delay in the processing thereof.

Gap Cover claims are processed on a line-by-line basis according to the medical aid statement provided and counter-checked with the relevant Doctor's accounts and hospital account to identify valid shortfalls, co-payments and sub-limits.

Yours in oral health  
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**Punkaj Govan - Head Legal and Corporate**

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25 May	<b>SADA Western Cape Branch Country Meeting, Ashanti Paarl – 25 May 2024 (WC060)</b>
31 May	<b>SADA KwaZulu-Natal Branch Winter Congress - 31 May 2024 (KZN063)</b>
05 Jun	<b>SADA Algoa Midlands CPD Evening - 5 June 2024 (AM030)</b>
06 Jun	<b>SADA Free State Branch CPD Evening - 6 June 2024 (FS033)</b>
14 Jun	<b>SADA MPUMALANGA BRANCH – Skukuza CPD Weekend - 14 &amp; 15 June 2024 (MP019)</b>
29 Aug	<b>SASPIO Parallel Program - SADA Dental &amp; Oral Health Congress and Exhibition</b>
30 Aug	<b>2024 SADA Dental &amp; Oral Health Congress and Exhibition</b>



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