

NETCARE MEDICAL SCHEME

REGISTRATION NUMBER: 1584

ANNUAL REPORT

31 December 2018

NETCARE MEDICAL SCHEME

ANNUAL REPORT

for the year ended 31 December 2018

The reports and statements set out below comprise the annual financial statements and Report of the Board of Trustees:

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NETCARE MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES

for the year ended 31 December 2018

DESCRIPTION OF THE MEDICAL SCHEME

The Netcare Medical Scheme (the "Scheme") is a not for profit restricted membership South African Medical Scheme, registered in terms of the Medical Schemes Act 131 of 1998, as amended (the "Act").

The Scheme provides benefits to its members in a two-tier benefit structure, namely insured (risk) benefits and medical savings benefits, under a single benefit option, the Savings Option. As with previous years, the Scheme entered into a risk transfer arrangement with Netcare 911, further details of which are set out in Note 10 to the annual financial statements.

BOARD OF TRUSTEES IN OFFICE DURING THE YEAR UNDER REVIEW

P Warriner (Chairperson)	Appointed 1 August 2013	Employer Trustee
A De Canha	Appointed 14 May 2016	Employer Trustee
S Khoosal	Appointed 1 February 2017	Employer Trustee
S Khuboni	Appointed 1 August 2017	Employer Trustee
S Pretorius	Appointed 19 June 2013	Employer Trustee
P Seetul	Appointed 1 August 2018	Employer Trustee
C Zondag	Appointed 15 February 2013	Employer Trustee
A Boers	Appointed 19 June 2013	Member Trustee
G Knell	Appointed 12 May 2016	Member Trustee
D Longueira	Appointed 1 June 2014	Member Trustee
C Maslo	Appointed 12 May 2016	Member Trustee
E Michen	Appointed 12 May 2016	Member Trustee
M Toubkin	Appointed 1 June 2014	Member Trustee

PRINCIPAL OFFICER

C Taylor
P O Box 1829
Witkoppen
2068

REGISTERED OFFICE AND POSTAL ADDRESS OF THE SCHEME

Registered Office	Postal Address
76 Maude Street Sandton 2196	Private Bag X13 Rivonia 2128

ADMINISTRATOR

Discovery Health (Pty) Ltd 1 Discovery Place Sandton 2146	PO Box 786722 Sandton 2146
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MANAGED CARE PROVIDER

Discovery Health (Pty) Ltd 1 Discovery Place Sandton 2146	PO Box 786722 Sandton 2146
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NETCARE MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (continued) for the year ended 31 December 2018

INVESTMENT MANAGERS

Allan Gray Life Ltd
Beach Road
V & A Waterfront
Cape Town
8081

Coronation Life Assurance Company Ltd
Boundary Terraces
1 Mariendahl Lane
Newlands
7700

Investec Assurance Ltd
36 Hans Strijdom Avenue
Foreshore
Cape Town
8001

Prudential Portfolio Managers (South Africa) Life Ltd
7th Floor Protea Place
40 Dreyer Street
Claremont
7735

INVESTMENT CONSULTANTS

Willis Towers Watson (Pty) Ltd
44 Melrose Boulevard
Melrose Arch
2196

AUDITOR

Deloitte & Touche
Deloitte Place
Building 8, The Woodlands
20 Woodlands Drive
Woodmead
2052

INVESTMENT STRATEGY OF THE SCHEME

The Scheme's investment objectives are to maximise the return on its investments on a long-term basis at minimal risk. The investment strategy takes into consideration both constraints imposed by legislation and those imposed by the Board of Trustees (the "Trustees").

The investment committee met 4 times during 2018. The mandate of the committee is to ensure that:

- the Scheme remains solvent;
- investments are placed at minimum risk with the best possible return;
- investments made are in compliance with the regulations of the Act; and
- a risk assessment is performed with feedback to the Trustees with recommendations.

The Trustees continued to invest funds in line with the requirements of the Act.

NETCARE MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (continued)

for the year ended 31 December 2018

Investments of the Scheme are maintained in various accounts under the daily cash management services provided by the investment consultant and the administrator. The Scheme also has funds invested in other portfolios:

- Allan Gray Life - Domestic Stable Medical Scheme Portfolio;
- Coronation Life - Coronation Medical Aid Portfolio;
- Investec - Stable Money Market Fund; and
- Prudential Life - Prudential Life Inflation Plus 5% Medical Aid Fund

The Scheme ring-fenced the members' savings account balances in separate cash accounts.

SOLVENCY RATIO

The solvency ratio is calculated on the following basis:	2018 Rands	2017 Rands
Accumulated funds	347,386,479	346,260,128
Less: unrealised gains	(11,024,581)	(31,761,937)
Accumulated funds per Regulation 29 of the Act	336,361,898	314,498,191
Gross contributions (note 8 to the annual financial statements)	973,245,599	883,430,696
Solvency ratio based on gross contributions = Accumulated funds/Gross annual contribution income x 100	34.6%	35.6%

Movements in the accumulated funds are set out in the statement of changes in funds and reserves in the annual financial statements. The required accumulated funds ratio according to the Act is 25%.

REVIEW OF THE YEAR'S ACTIVITIES

The Scheme recorded a surplus for the year before investment income and its solvency ratio decreased by 1.04%. Membership has decreased by 3.35%.

The Scheme ended the financial year with a surplus after investment income of R 1,126 351 (2017: R40,883,560). The deficit after investment income was taken into account in determining the solvency target for 2019 as well as the contribution increases.

The results of the Scheme are set out in the attached annual financial statements, and the Trustees believe the information contained in the annual financial statements fairly presents the financial position of the Scheme at year end.

OPERATIONAL STATISTICS

	2018	2017	% Variance
Number of members at the end of the accounting period	18,522	17,921	3.35%
Number of beneficiaries at the end of the accounting period	38,910	38,185	1.90%
Average number of members for the accounting period	18,214	17,680	3.02%
Average number of beneficiaries for the accounting period	38,403	37,929	1.25%
Average risk contribution per beneficiary per month (pbpm)	R1,796	R1,651	8.82%
Pensioner ratio (beneficiaries age > 65)	4.52%	4.50%	0.44%
Average age per beneficiary	30.33	30.38	-0.16%
Relevant healthcare expenditure per average beneficiary	R1,735	R1,567	10.68%
Non healthcare expenditure per average beneficiary	R81	R75	7.98%
Average accumulated funds per member at the end of the accounting period	R18,755	R19,321	-2.93%
Dependants per member at the end of the accounting period	1.10	1.13	-2.65%
Return on investments as a % of investments	8.38%	16.38%	-48.82%
Relevant healthcare expenditure as a percentage of risk contributions	96.58%	94.96%	1.71%

NETCARE MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (continued)

for the year ended 31 December 2018

BOARD OF TRUSTEES AND SUB-COMMITTEES MEETING ATTENDANCES

The following schedule sets out the composition of the Trustees and sub-committees, and their respective meeting attendances. None of the Trustees are remunerated for their participation on the Board.

	Board Meeting		Investment Committee Meeting		Audit Committee Meeting	
	A	B	A	B	A	B
P Warrener (Chairman)	4	4	-	-	4	4
A Boers	4	2	-	-	4	4
M Brown* (Board Audit Committee Chairperson)	-	-	-	-	4	4
A De Canha (Resigned 31 July 2018)	2	0	-	-	-	-
S Khoosal	4	3	4	3	-	-
S Khuboni *	4	4	4	4	4	3
G Knell	4	3	-	-	-	-
D Longueira *	4	4	-	-	4	3
C Maslo	4	4	-	-	-	-
E Michen	4	2	-	-	-	-
A Nagel *	-	-	-	-	4	2
S Pretorius	4	3	-	-	-	-
H Ravjee *	-	-	-	-	4	4
A Roditis *	-	-	-	-	4	4
P Seetul (Appointed 1 August 2018)	2	2	-	-	-	-
C Taylor	4	4	4	4	4	4
M Toubkin	4	3	-	-	-	-
C Zondagh	4	2	-	-	-	-

A - total possible number of meetings that could have been attended

B - actual number of meetings attended

* - indicates Audit Committee member

OUTSTANDING RISK CLAIMS PROVISION

The basis of calculation of the outstanding claims provision is discussed in Note 7 to the annual financial statements and this is consistent with the prior year. Movements in the outstanding claims provision are set out in Note 7 to the annual financial statements. Although there has been an increase in the outstanding claims provision, the remaining provision as at 31 March 2019 is in line with prior years and the Trustees are comfortable that the provision is adequate.

INSURANCE RISK MANAGEMENT

A summary of the objectives, policies and procedures for managing insurance risk and the methods used to manage those risks is discussed in Note 19 to the annual financial statements.

NETCARE MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (continued)

for the year ended 31 December 2018

PERSONAL MEDICAL SAVINGS ACCOUNT

In order to provide a facility for Scheme members to set funds aside to meet future healthcare costs, not covered by the benefit schedule, the Trustees have made the Savings Option available to meet this objective.

All members contribute 15% of their gross contributions into a savings account so as to help pay the members' portion of healthcare costs, up to a prescribed threshold.

Unexpended savings amounts are accumulated for the long-term benefit of the member. Interest has been accrued on savings account balances as required in terms of Circular 38 of 2011. No interest is accrued on savings contribution advances. The Scheme carries the risk of savings contribution advances.

Savings account balances are refundable when the member leaves the Scheme. The balance due to the member will be transferred to the member, or another medical scheme which provides for a similar account, after five months of the date of change.

The liability to the members in respect of the savings plan is reflected as a financial liability in the annual financial statements, repayable in terms of Regulation 10 of the Act.

BOARD AUDIT COMMITTEE

The Board Audit Committee (the "Audit Committee") was constituted in accordance with the provisions of the Act. The Audit Committee is mandated by the Trustees by means of written terms of reference as to its membership, authority and duties. The Audit Committee (listed below) consists of six members of which two are members of the Board of Trustees:

Chairperson	M Brown
Employer Trustee	S Khuboni
Employer Trustee	D Longuiera
Independent Member	A Nagel
Independent Member	A Roditis
Independent Member	H Ravjee

The members, including the Chairperson, are not officers of the Scheme or its third party Administrator. However, with the exception of the Chairperson, all members are employees of Netcare Ltd.

In accordance with the provisions of the Act, the primary responsibility of the Audit Committee is to assist the Trustees in carrying out its duties relating to the Scheme's accounting policies, financial reporting practices, internal control systems and risk and governance processes. The external auditors formally report to the Audit Committee on critical findings arising from audit activities.

The Audit Committee has reported that:

- It has carried out its duties in terms of the Act and the Trustees' written Audit Committee charter;
- The external auditors have confirmed their independence and the Audit Committee has reviewed their audit plan and performance;
- The assurance provided by the administrator and the executive committee has satisfied the Audit Committee that associated Scheme risks have been considered and addressed;
- The assurances provided by the administrator, the external auditors and the internal auditors have satisfied the Audit Committee that internal controls are adequate and effective; and
- It has reviewed the Scheme's annual financial statements, reviewed the accounting policies, obtained assurance from the external auditors and has recommended the adoption of the annual financial statements by the Trustees for presentation to the members.

The Audit Committee met on 4 occasions during the course of the year, as follows:

- 21 February 2018
- 19 April 2018
- 30 August 2018
- 20 November 2018

NETCARE MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (continued) for the year ended 31 December 2018

NON-COMPLIANCE MATTERS

The Trustees are of the opinion that there are no material deviations from the Act.

1. Outstanding contributions

Nature and impact

In terms of Section 26(7) of the Act, contributions should be received in accordance with the rules of the Scheme. Per the Scheme rules, contributions are required to be received within three days after their due date. Instances were noted where contributions were received late.

Causes for failure

Balances after 3 days are due to defaults by direct paying members. Direct paying members are limited to pensioners or disability members no longer employed by Netcare Ltd or its subsidiaries. The risk of default on payments due to the Scheme is small because of the restricted nature of the Scheme and employer base.

Corrective action

Suspension policies are in place and applied where contributions are outstanding beyond the Scheme's available credit terms.

2. Payment of claims within 30 days

Nature and impact

In terms of Section 59(2) of the Act a member or provider claim should be settled within 30 days of submission. Instances were noted where settlements took more than 30 days.

Causes for failure

Delays can occur when accounts are referred for clinical audit or other investigations. These are however the exceptions, and claims are generally paid within the prescribed time.

Corrective action

The Scheme is aware of the requirements and complies as far as possible. Refer to note 17 of the annual financial statements for further disclosure.

NETCARE MEDICAL SCHEME

REPORT OF THE BOARD OF TRUSTEES (continued)

for the year ended 31 December 2018

NON-COMPLIANCE MATTERS (continued)

3. Investment in participating employer

Nature and impact

In terms of Section 35(8)(a) of the Act a medical scheme shall not invest any of its assets in a participating employer. During the year under review the Scheme had an indirect investment in Netcare Ltd of 0.16% of investable assets (2017: 0.57%).

Causes for failure

The Scheme invests in pooled investment vehicles that allow investment managers 100% discretion to invest in a combination of shares and bonds that best achieve the stipulated benchmark.

Corrective action

The Scheme made an application to the Council for Medical Schemes for an exemption from this section of the Act. An exemption has been granted by the Council for Medical Schemes.

4. Investment in administrators

Nature and impact

In terms of Section 35(8)(c) of the Act a medical scheme shall not invest any of its assets in any administrator. During the year under review the Scheme had indirect investments in Administrators of Medical Schemes.

Causes for failure

The Scheme invests in pooled investment vehicles that allow investment managers 100% discretion to invest in a combination of shares and bonds that best achieve the stipulated benchmark.

Corrective action

The Scheme made an application to the Council for Medical Schemes for an exemption from this section of the Act. An exemption has been granted by the Council for Medical Schemes.

NETCARE MEDICAL SCHEME

STATEMENT OF RESPONSIBILITY BY THE BOARD OF TRUSTEES

for the year ended 31 December 2018

The Trustees are responsible for the preparation, integrity and fair presentation of the annual financial statements of the Netcare Medical Scheme ("the Scheme"). The annual financial statements presented on pages 15 to 44 have been prepared in accordance with International Financial Reporting Standards and the Medical Schemes Act 131 of 1998, as amended, and include amounts based on judgements and estimates made by management.

The Trustees consider that in preparing the annual financial statements they have used the most appropriate accounting policies, consistently applied and supported by reasonable and prudent judgements and estimates.

The Trustees are satisfied that the information contained in the annual financial statements fairly present the results of operations and cash flows for the year and the financial position of the Scheme at year-end. The Trustees also prepared the other information included in the Trustees report and are responsible for both its accuracy and its consistency with the annual financial statements.

The Trustees are responsible for ensuring that proper accounting records are kept. The accounting records disclose with reasonable accuracy the financial position of the Scheme which enables the Trustees to ensure that the annual financial statements comply with the relevant legislation.

The Scheme operates in a well-established control environment, which is well documented and regularly reviewed. This incorporates risk management and internal control procedures, which are designed to provide reasonable, but not absolute, assurance that assets are safeguarded and the risks facing the Scheme are being controlled. No material breakdown in controls have been identified during the year under review.

The going concern basis has been adopted in preparing the annual financial statements. The Trustees have no reason to believe that the Scheme will not be a going concern in the foreseeable future, based on forecasts and available cash resources. These annual financial statements support the viability of the Scheme.

The Scheme's external auditor, Deloitte & Touche, are responsible for auditing the annual financial statements in terms of International Standards on Auditing and their audit report is presented on page 12 - 14.

The annual financial statements were approved by the Board of Trustees on 18 April 2019 and are signed on its behalf by:



P Warrener
Chairperson



C Taylor
Principal Officer



S Pretorius
Trustee

18 April 2019

NETCARE MEDICAL SCHEME

STATEMENT OF CORPORATE GOVERNANCE BY THE BOARD OF TRUSTEES

for the year ended 31 December 2018

The Scheme derives its corporate governance framework from its rules, the Medical Schemes Act 131 of 1998, as amended (the "Act") and guidance provided by the Council for Medical Schemes by means of reports and circulars. In addition to this, the Trustees are considering the principles of the King Code as it relates to medical schemes.

As Trustees of the Scheme we acknowledge that our appointment is by the members of the Scheme and that we owe them a duty to exercise fiduciary responsibilities over the financial affairs of the Scheme whilst ensuring compliance with the framework of the law and rules of the Scheme.

The Trustees delegate several of its duties to service providers such as managed care organisations and administrators. These relationships are managed by means of written contracts and service level agreements. Regular meetings are held to ensure services are rendered within the framework of the contracts and agreements.

The Trustees make use of various sub-committees to assist in the execution of its duties. These sub-committees remain responsible to the main Board of Trustees of the Scheme and their activities are governed by a terms of reference framework as agreed by the Board of Trustees. Currently the following committees are in place:

- Investment Committee;
- Board Audit Committee;
- Benefit Design Committee;
- Clinical Governance Committee (in consultation with the Administrator);
- Disputes Committee;
- Exgratia Committee; and
- Governance & Risk Committee.

A code of conduct is in place to which all Trustees subscribe. It deals with conflicts of interest, duties of the Trustees and any other matters relating to unethical or perceived unethical behaviour. The Trustees are reminded of the code of conduct and their duty to members of the Scheme. This is acknowledged and agreed at Board meetings.

The Trustees are not remunerated for their services. Expenses relating to travel and training are paid by the Scheme. New Trustees appointed are duly orientated and inducted to ensure they fulfil their obligation to the membership of the Scheme.

The Trustees recognise the need for each and every staff member in the Netcare group to have access to medical aid cover and each year during benefit design the Trustees pay significant attention to ensure premiums remain affordable to all staff whilst providing benefits in line with prescribed minimum benefits.

Communication with members of the Scheme is seen as an essential component of transparent governance. Regular feedback in the form of electronic communication is submitted to members with monthly statements to communicate changes in the regulatory environment or benefit structure of the Scheme.

The number of Board members is equally split in terms of employer and member elected Trustees whose duties are explicitly stated in the rules of the Scheme. Board of Trustees meetings are arranged four times a year and where issues require urgent attention, interim meetings and discussions take place with the full Board of Trustees being appraised of decisions. Board minutes and information packs deal with all the necessary financial and clinical information relating to the Scheme. Full disclosure and transparency is fostered. The Chairperson of the Scheme was unanimously appointed by the Board of Trustees.

NETCARE MEDICAL SCHEME

STATEMENT OF CORPORATE GOVERNANCE BY THE BOARD OF TRUSTEES (continued)
for the year ended 31 December 2018

The Board of Trustees view good governance not only as complying with legislative provisions and applying the relevant principles of the King Code on corporate governance, but view it as integral to the success, sustainability and financial soundness of the Netcare Medical Scheme. The Trustees are satisfied that the Scheme has in all material respects complied with the provisions and spirit of its rules, the Medical Schemes Act 131 of 1998, as amended and its regulations, other than those matters noted in the Board of Trustees report.



P Warrener
Chairperson



C Taylor
Principal Officer



S Pretorius
Trustee

18 April 2019

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF NETCARE MEDICAL SCHEME

OPINION

We have audited the financial statements of Netcare Medical Scheme (the Scheme) set out on pages 15 to 44, which comprise the statement of financial position as at 31 December 2018, and the statements of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and the notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Scheme as at 31 December 2018, and its financial performance and cash flows for the year then ended in accordance with International Financial Reporting Standards (IFRSs) and the requirements of the Medical Schemes Act of South Africa.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Scheme in accordance with the Independent Regulatory Board for Auditors Code of Professional Conduct for Registered Auditors (IRBA Code) and other independence requirements applicable to performing audits of financial statements in South Africa. We have fulfilled our other ethical responsibilities in accordance with the IRBA Code and in accordance with other ethical requirements applicable to performing audits in South Africa. The IRBA Code is consistent with the International Ethics Standards Board for Accountants Code of Ethics for Professional Accountants (Parts A and B). We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

KEY AUDIT MATTERS

Key audit matters are those matters that, in our professional judgement were of most significance in our audit of the financial statements of the current period. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF NETCARE MEDICAL SCHEME (continued)

Key Audit Matter	How our audit addressed the Key Audit Matter
<p>Outstanding claims provision:</p> <p>Due to the quantitative and qualitative nature of the account balance, its potential impact on the financial statements of the Scheme and the determination of the amount being subject to judgement the provision for outstanding claims is considered to be a Key Audit Matter.</p> <p>Trustees' judgement to calculate the outstanding claims provisions is disclosed in note 6.</p> <p>The provision is calculated on the basis of information currently available, taking into account Scheme specifics, such as the concentration of risk. However, the ultimate liabilities may vary as a result of subsequent developments. The impact of many items affecting the ultimate costs of the loss is difficult to estimate.</p>	<p>We assessed and challenged the assumptions that the Trustees' specialists made in determining the outstanding claims provision, with a focus on the adequacy of the reserves, the appropriateness of the related expenses recognised and the related disclosure on the financial statements. This includes:</p> <ul style="list-style-type: none"> • Testing the integrity of the information used in the calculation of the provision by performing detailed substantive procedures on the claims balance which is used as a base for the calculation of the outstanding claims provision; • Assessing the competence and independence of the Trustees' specialist; • An independent estimate of the provision using historical claims data and trends, and using this estimate as a basis of assessing the reasonableness of the Trustees' estimate of the provision; • Performing substantive analytical procedures to assess adequacy of the provision; • Performing retrospective testing of the provision based on actual claims paid post year end; • Benchmarking the model for outstanding claims provision against similar Schemes in the industry; and • Assessing the appropriateness of the disclosure on the financial statements of the provision for outstanding claims at year end. <p>We are satisfied with the assumptions applied and consequently with the measurement of the provision at 31 December 2017. We are satisfied that the expense recognised in the period is appropriate.</p> <p>The related disclosure is appropriate.</p>

OTHER INFORMATION

The Trustees are responsible for the other information. The other information comprises the Report of the Board of Trustees and Statement of corporate governance by the Board of Trustees, as required by the Medical Schemes Act of South Africa which we obtained prior to the date of this report.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information that we obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF NETCARE MEDICAL SCHEME (continued)

RESPONSIBILITIES OF THE TRUSTEES FOR THE FINANCIAL STATEMENTS

The Trustees are responsible for the preparation and fair presentation of the financial statements in accordance with International Financial Reporting Standards and the requirements of the Medical Schemes Act of South Africa, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the Scheme's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Scheme or to cease operations, or have no realistic alternative but to do so.

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Scheme's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Trustees.
- Conclude on the appropriateness of the Trustees' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Scheme's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Scheme to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that We communicate with the Trustees regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

Non-compliance with Medical Schemes Act of South Africa

As required by the Council for Medical Schemes, we report that there are no material instances of non-compliance with the requirements of the Medical Schemes Act of South Africa, that have come to our attention during the course of our audit.

Deloitte & Touche
Registered Auditor

Per: Stephan Pretorius
Partner
18 April 2019

NETCARE MEDICAL SCHEME**STATEMENT OF FINANCIAL POSITION**

at 31 December 2018

	Notes	2018 R	2017 R
ASSETS			
Current assets		533,178,905	528,742,625
Trade and other receivables	2	1,208,322	2,197,184
Investments held at fair value through profit or loss	3	267,569,072	294,721,548
Cash and cash equivalents	4	264,401,511	231,823,893
Scheme		131,728,764	109,361,223
Personal medical savings accounts		132,672,747	122,462,670
		<u>533,178,905</u>	<u>528,742,625</u>
FUNDS AND LIABILITIES			
Members' funds		347,386,479	346,260,128
Current liabilities		185,792,426	182,482,497
Personal medical savings accounts	5	134,001,909	121,694,125
Trade and other payables	6	13,402,648	35,624,031
Outstanding risk claims provision	7	38,387,869	25,164,341
Total funds and liabilities		<u>533,178,905</u>	<u>528,742,625</u>

NETCARE MEDICAL SCHEME

STATEMENT OF COMPREHENSIVE INCOME
for the year ended 31 December 2018

	Notes	2018 R	2017 R
Risk contribution income	8	827,787,891	751,317,687
Relevant healthcare expenditure		(799,492,899)	(713,422,657)
Risk claims incurred	9	(799,201,900)	(712,066,959)
Claims incurred		(802,073,506)	(713,616,555)
Claim recoveries		2,871,606	1,549,596
Net expense on risk transfer arrangements	10	(290,999)	(1,355,698)
Risk transfer arrangement premiums paid		(5,490,528)	(4,999,329)
Risk transfer arrangement recoveries		5,199,529	3,643,631
Gross healthcare result		28,294,992	37,895,030
Administration expenses	12	(36,578,683)	(33,679,568)
Net impairment on healthcare receivables	13	(935,904)	(634,273)
Net healthcare (deficit)/surplus		(9,219,595)	3,581,189
Other income		22,434,310	48,278,998
Investment income	14	32,115,934	26,519,735
Scheme		21,905,857	17,284,013
Return on members' personal medical savings account trust monies		10,210,077	9,235,722
Realised and unrealised (losses)/gains on financial instruments	15	(11,982,329)	17,947,865
Other income - prescribed credit balances		2,300,705	3,811,398
Other expenditure		(12,088,364)	(10,976,627)
Investment management fees		(1,878,287)	(1,740,905)
Interest paid on members' savings account balances	5	(10,210,077)	(9,235,722)
Net deficit for the year		1,126,351	40,883,560
Other comprehensive income		-	-
Total comprehensive income for the year		1,126,351	40,883,560
Solvency ratio		34.6%	35.6%

NETCARE MEDICAL SCHEME

STATEMENT OF CHANGES IN FUNDS AND RESERVES
for the year ended 31 December 2018

	Accumulated funds R
Balance as at 1 January 2017	305,376,568
Total comprehensive income for the year	40,883,560
Balance as at 31 December 2017	<u>346,260,128</u>
Total comprehensive income for the year	1,126,351
Balance as at 31 December 2018	<u><u>347,386,479</u></u>

NETCARE MEDICAL SCHEME

STATEMENT OF CASH FLOWS

for the year ended 31 December 2018

	Notes	2018 R	2017 R
CASH FLOWS FROM OPERATING ACTIVITIES			
Cash flows from operations before working capital changes	16	(6,918,890)	7,392,587
Working capital changes			
- Decrease/(increase) in trade and other receivables		988,862	(1,290,725)
- Increase in savings account liability		12,307,784	14,792,560
- (Decrease)/increase in trade and other payables		(22,221,383)	18,583,160
- Increase/(decrease) in outstanding risk claims provision		13,223,528	(16,841,277)
CASH (UTILISED IN)/GENERATED FROM OPERATIONS		(2,620,099)	22,636,305
Interest paid on members' savings account balances	5	(10,210,077)	(9,235,722)
Investment manager costs		(1,878,287)	(1,740,905)
NET CASH FLOWS FROM OPERATING ACTIVITIES		(14,708,463)	11,659,678
CASH FLOWS FROM INVESTING ACTIVITIES			
		47,286,081	16,567,004
Purchase of investments	3	(16,579,516)	(11,587,592)
Proceeds from sale of investments		31,749,663	1,634,861
Investment income	14	32,115,934	26,519,735
Scheme		21,905,857	17,284,013
Return on personal medical savings accounts trust monies		10,210,077	9,235,722
NET INCREASE IN CASH AND CASH EQUIVALENTS		32,577,618	28,226,682
Cash and cash equivalents at beginning of the year		231,823,893	203,597,211
CASH AND CASH EQUIVALENTS AT END OF THE YEAR	4	264,401,511	231,823,893

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

1. PRINCIPAL ACCOUNTING POLICIES

These annual financial statements have been prepared in conformity with International Financial Reporting Standards (IFRS) and the disclosure as required by the Medical Schemes Act 131 of 1998, as amended. The following are the principal accounting policies used by the Scheme, which are consistent with those of the previous year.

1.1 Basis of preparation

The annual financial statements are prepared on the historical cost convention, except for certain financial assets where the company adopts the fair value basis of accounting.

1.2 Implementation of new standards

IFRS 9: Financial Instruments

IFRS 9 replaces IAS 39 Financial Instruments: Recognition and Measurement and comprises guidance on Classification, Measurement, Impairment, Hedge Accounting and Derecognition. IFRS 9 introduces a new approach to the classification of financial assets, which is driven by the business model in which the asset is held and its cash flow characteristics. A new business model was introduced which allows certain financial assets to be categorised as "fair value through other comprehensive income" in certain circumstances.

The requirements for financial liabilities are mostly carried forward from IAS 39. Some changes were made to the fair value option for financial liabilities to address the issue of own credit risk allowing the recognition of these changes in other comprehensive income for liabilities designated as fair value through profit or loss.

The standard changes the impairment model from an incurred loss model and introduces a single "expected credit loss" impairment model for the measurement of financial assets.

The standard contains a new model for hedge accounting that aligns the accounting treatment with the entity's risk management activities. Enhanced disclosures will provide better information about risk management and the effect of hedge accounting on the financial statements.

The Scheme previously classified its financial assets at "fair value through profit or loss" or "amortised cost". The changes introduced by this standard have had no impact on the Scheme's financial assets at fair value through profit or loss. For financial assets measured at amortised cost, the majority of these assets are Insurance Receivables accounted for in terms of accounting policies adopted under IFRS 4: Insurance Contracts which are scoped out of IFRS 9. As part of the IFRS 9 implementation, the Scheme assessed the classification between Insurance Receivables and Loans and Receivables with certain reclassifications being made from Loans and Receivables to Insurance Receivables.

The Scheme does not apply hedge accounting and the hedge accounting changes introduced have no impact on the Scheme.

The introduction of the expected credit loss model and the requirement for the loss allowance to be measured at an amount equal to the lifetime expected credit losses has been assessed and deemed appropriate to be applied in determining impairment of Loans and Receivables. In determining impairment of Insurance Receivables, the incurred loss model adopted under IFRS 4: Insurance Contracts has been assessed and is reasonable and appropriate to determine impairment of Insurance Receivables and this model will continued to be applied and the expected credit loss model not adopted to determine impairment of Insurance Receivables.

This Standard shall be applied for annual reporting periods beginning on or after 1 January 2018. The Scheme has applied this Standard from the effective date of 1 January 2018 and the Scheme did not apply the temporary exemption from IFRS 9 granted to insurers to defer the implementation of IFRS 9.

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

1. PRINCIPAL ACCOUNTING POLICIES (continued)

1.2 Implementation of new standards (continued)

IFRS 15: Revenue from contracts from customers

The Standard requires entities to recognise revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services.

This Standard shall be applied for annual reporting periods beginning on or after 1 January 2018.

The Scheme's contracts with members are accounted for under IFRS 4: Insurance Contracts. The Scheme does not have any contracts with customers which need to be accounted for under IFRS 15 and the implementation of this Standard has had no impact on the Scheme.

1.3 New standards, amendments and interpretations not yet effective in 2018 and relevant to the Scheme.

At the date of authorisation of the annual financial statements, the following new accounting standards and interpretations are in issue, but not yet effective. None of these standards have been early adopted by the Scheme. These are not all the standards issued but those which may be relevant to the Scheme. The Trustees are in the process of evaluating the effects of these new standards and interpretations but they are not expected to have a significant impact on the Scheme's results and disclosures.

Standard	Subject	Effective date *
IFRS 17: Insurance contracts	Reissue of a complete standard with all the chapters incorporated	01-Jan-21
IAS 1: Presentation of Financial Statements	Disclosure Initiative: The amendments clarify and align the definition of 'material' and provide guidance to help improve consistency in the application of that concept whenever it is used in IFRS Standards.	01-Jan-20
IAS 8: Accounting Policies, Changes in Accounting Estimates and Errors	Disclosure Initiative: The amendments clarify and align the definition of 'material' and provide guidance to help improve consistency in the application of that concept whenever it is used in IFRS Standards.	01-Jan-20

* Annual periods commencing on or after

1.4 Classification, recognition, presentation and derecognition of financial instruments

The Scheme recognises a financial instrument when, and only when, it becomes a party to the contractual provisions of the instrument. The Scheme classifies its financial instruments into the following categories: financial assets or financial liabilities at fair value through profit or loss, and loans and receivables. Loans and receivables are receivables other than those arising from insurance contracts and include sundry accounts receivable and interest receivable. Loans and receivables are disclosed under Trade and other receivables.

The classification depends on the purpose for which the financial instruments are acquired. Management determines the classification of financial instruments at initial recognition. All purchases and sales of financial instruments are recognised on the trade date, which is the date on which the Scheme commits to purchase the financial asset or assume financial liability.

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

1. PRINCIPAL ACCOUNTING POLICIES (continued)

1.4 Classification, recognition, presentation and derecognition of financial instruments (continued)

Investments held at fair value through profit or loss

The Scheme recognises a financial asset at fair value through profit or loss when any of the following conditions are met:

- The asset is acquired principally for the purpose of selling in the near term;
- The portfolio of assets are traded for short-term profit;
- A derivative that is not designated as an effective hedge.
- Upon initial recognition the Scheme designated the asset as fair value through profit or loss.

A group of financial assets is designated as at fair value through profit or loss if it is managed and its performance is evaluated on a fair value basis, in accordance with the Scheme's documented risk management strategy, and information about the group of assets is provided internally on that basis to the Scheme's key management personnel.

Financial assets at fair value through profit or loss are initially recognised at fair value and the transaction costs are expensed in the profit or loss section of the Statement of Comprehensive Income.

The fair value of the financial instruments traded in an active market is determined by using quoted market prices or dealer quotes. The fair value of financial instruments not traded in an active market is determined by using valuation techniques that maximise the use of observable market data and rely as little as possible on entity specific estimates.

Gains or losses arising from subsequent changes in fair value are recognised under Other Income in the Statement of Comprehensive Income within the period in which they arise.

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

1. PRINCIPAL ACCOUNTING POLICIES (continued)

1.4 Classification, recognition, presentation and derecognition of financial instruments (continued)

Loans and receivables

The Scheme's receivables comprise 'trade and other receivables' and 'cash and cash equivalents' in the statement of financial position. Receivables are subsequently carried at amortised cost using the effective interest method.

The Scheme assesses at the end of each reporting period whether there is objective evidence that a receivable category or group of receivable categories is impaired. The carrying amount of the asset is reduced and the amount of the loss is recognised in the statement of comprehensive income. Subsequent reversals of previously recognised impairment loss is recognised in the statement of comprehensive income when the debtor's credit rating improve.

Cash and cash equivalents

Cash and cash equivalents include units in money market unit trust investments and other short-term, highly liquid investments that are readily convertible to known amounts of cash and that are subject to an insignificant risk of changes in value.

Cash equivalents are held for the purpose of meeting short-term cash commitments rather than for investment or other purposes. For an investment to qualify as a cash equivalent it must be readily convertible to a known amount of cash and be subject to an insignificant risk of changes in value.

Financial liabilities

Financial liabilities are initially measured at fair value, and are subsequently measured at amortised cost, using the effective interest rate method.

Offset

Where a legally enforceable right of offset exists for recognised financial assets and financial liabilities, and there is an intention to settle the liability and realise the asset simultaneously or to settle on a net basis, all related financial effects are offset.

1.5 Provisions and liability adequacy test

Provisions are recognised when the Scheme has a present legal or constructive obligation as a result of past events, for which it is probable that an outflow of economic benefits will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

The outstanding risk claims provision represents the Trustees' estimate of the ultimate cost of settling all healthcare benefits costs that have occurred before the statement of financial position date, but have not been reported to the Scheme by that date. Consideration is given to the liability adequacy test.

1.6 Medical insurance contracts

Contracts under which the Scheme accepts significant insurance risk from another party (the member) by agreeing to compensate the member or other beneficiary if a specified uncertain future event (the insured event) adversely affects the member or other beneficiary are classified as insurance contracts.

The liability for insurance contracts is tested for adequacy by discounting current estimates of all future contractual cash flows and comparing this amount to the carrying value of the liability net of any related assets. Where a shortfall is identified, an additional provision is made and the Scheme recognises the deficiency in income for the year.

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

1. PRINCIPAL ACCOUNTING POLICIES (continued)

1.7 Contribution income

Contributions on member insurance contracts are accounted for monthly when their collection in terms of the insurance contract is reasonably certain. Risk contributions represent the gross contributions per the registered rules after the unbundling of savings contributions. The earned portion of the risk contributions received is recognised as revenue. Risk contributions are earned from the date of attachment of risk, over the indemnity period on a straight-line basis.

1.8 Managed care: management services

These expenses represent amounts paid or payable to third party administrators, related parties and other third parties for managing the utilisation, costs and quality of healthcare services to the Scheme.

1.9 Relevant healthcare expenditure

Relevant healthcare expenditure consists of net claims incurred and net income or expense from risk transfer arrangements.

1.10 Claims

Gross claims incurred comprise the total estimated cost of all claims arising from healthcare events that have occurred in the year and for which the Scheme is responsible, whether or not reported by the end of the year. Risk claims incurred comprise:

- claims submitted and accrued for services rendered during the year, net of discounts, recoveries from members for co-payments, and savings plan accounts;
- claims for services rendered during the previous year not included in the outstanding claims provision for that year, net of recoveries from members for co-payments, and savings accounts;
- movement in the provision for outstanding risk claims; and
- claims settled in terms of risk transfer arrangements.

Claims incurred relating to risk transfer arrangements are calculated on the basis of actual utilisation applied to the rate as provided by the capitated provider.

1.11 Outstanding risk claims

Outstanding risk claims comprise provisions for the Scheme's estimate of the ultimate cost of settling all claims incurred but not yet reported at the reporting date. Outstanding risk claims are determined as accurately as possible on the basis of a number of factors, which include previous experience in claims patterns, claims settlement patterns, changes in the nature and number of members according to gender and age, trends in claims frequency, changes in the claims processing cycle, and variations in the nature and average cost incurred per claim.

Estimated co-payments and payments from personal medical savings accounts are deducted in calculating the outstanding risk claims provision. The Scheme does not discount its provision for outstanding risk claims, since the effect of the time value of money is not considered material.

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

1. PRINCIPAL ACCOUNTING POLICIES (continued)

1.12 Personal medical savings accounts: trust monies managed by the Scheme on behalf of its members

The personal medical savings account, which is managed by the Scheme on behalf of its members, represents savings contributions (which are a deposit component of the insurance contracts), and accrued interest thereon, net of any savings claims paid on behalf of members in terms of the Scheme's registered rules as well as other movements i.e. transfers or repayments on death or resignation.

The deposit component of the insurance contracts has been unbundled, since the Scheme can measure the deposit component separately. The deposit component is recognised in accordance with IAS 39 and is initially measured at fair value and subsequently at amortised cost using the effective interest rate method. The insurance component is recognised in accordance with IFRS 4.

Unspent savings at year end are carried forward to meet future expenses for which the members are responsible. In terms of the Medical Schemes Act 131 of 1998, as amended, balances standing to the credit of members are refundable only in terms of Regulation 10 of the Act.

Advances on savings contributions are funded from the Scheme's funds and the risk of impairment is carried by the Scheme.

The savings account liability is measured at cost because it has a demand feature which has no insurance risk. Savings account contributions are credited on the accrual basis and withdrawals are debited on a cash basis, i.e. no provision is made for outstanding claims at the year-end. Interest is paid on positive balances at a rate applicable to what the Scheme earns on ring-fenced cash investments.

The personal medical savings accounts are invested on behalf of members in current and money market accounts with banks. These monies are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method.

1.13 Risk transfer arrangements

Risk transfer premiums are recognised as an expense over the indemnity period on a straight-line basis. Risk transfer claims and benefits reimbursed are presented in the statement of comprehensive income and the statement of financial position on a gross basis. Only contracts that give rise to a significant transfer of insurance risk are accounted for as reinsurance. Amounts recoverable under such contracts are recognised in the same year as the related claim.

Amounts recoverable under risk transfer arrangements are assessed for impairment at each statement of financial position date. Such assets are deemed impaired if there is objective evidence, as a result of an event that occurred after its initial recognition, that the Scheme may not recover all amounts due and that the event has a reliably measurable impact on the amounts that the Scheme will receive under the risk transfer arrangement.

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

1. PRINCIPAL ACCOUNTING POLICIES (continued)

1.14 Impairment gains and losses

The carrying amounts of the Scheme's assets are reviewed at each statement of financial position date to determine whether there is any indication of impairment. If any such indication exists, the asset's recoverable amount is estimated.

An impairment loss is recognised whenever the carrying amount of an asset exceeds its recoverable amount. Impairment losses are recognised in profit or loss in the period in which the adjustment is made to the estimate of the carrying amount.

Calculation of recoverable amount

The recoverable amount of the Scheme's trade and other receivables balances carried at amortised cost are calculated as the present value of estimated future cash flows, discounted at the original effective interest rate. Receivables with a short duration are not discounted.

Reversals of impairment

An impairment loss in respect of trade and other receivables carried at amortised cost is reversed if the subsequent increase in the recoverable amount can be related objectively to an event occurring after the impairment loss was recognised.

An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the assets carrying amount does not exceed the carrying amount that would have been determined, net of amortisation if no impairment loss had been recognised.

1.15 Investment income

Investment income comprises of interest received and accrued on all bank accounts, dividends and net realised and unrealised gains or losses on investments held at fair value through profit or loss.

Interest is recognised on a time proportion basis, taking account of the principal outstanding and the effective rate over the period to maturity, when it is determined that such income will accrue to the Scheme.

Dividend income is recognised when the right to receive payment is established.

1.16 Road Accident Fund Recoveries

Recoveries from the Road Accident Fund are recognised on a receipt basis and are netted off against claims expenditure. A debtor is not recognised as it would be fully impaired (refer note 22).

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 December 2018

	2018	2017
	R	R
2 TRADE AND OTHER RECEIVABLES		
Insurance receivables		
Contributions outstanding from members	260,042	1,302,384
Recoveries due from members	862,625	1,075,419
Amounts due from suppliers	1,078,741	2,507,887
Forensic receivables	108,207	45,104
	<u>2,309,615</u>	<u>4,930,794</u>
Less: Provision for impairment losses	(1,224,296)	(2,846,061)
Non insurance receivables	1,085,319	2,084,733
Sundry debtors	22,800	-
Accrued interest	100,203	112,451
	<u>1,208,322</u>	<u>2,197,184</u>

The movement in the allowance for impairment during the year was as follows:

	Member and supplier debt	Total
	R	R
2018		
Balance as at 1 January	2,846,061	2,846,061
Amount recognised in the statement of comprehensive income	(1,621,765)	(1,621,765)
Additional provisions made in the period	935,904	935,904
Unused amounts reversed during the period	(2,557,669)	(2,557,669)
Amounts utilised during the period	-	-
Balance as at 31 December	<u>1,224,296</u>	<u>1,224,295</u>
2017		
Balance as at 1 January	2,214,379	2,214,379
Amount recognised in the statement of comprehensive income	631,682	631,682
Additional provisions made in the period	634,723	634,723
Unused amounts reversed during the period	(3,041)	(3,041)
Amounts utilised during the period	-	-
Balance as at 31 December	<u>2,846,061</u>	<u>2,846,061</u>

At year-end the carrying amounts of trade and other receivables approximate their fair values due to the short-term maturities of these assets.

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

	2018 R	2017 R
3 INVESTMENTS HELD AT FAIR VALUE THROUGH PROFIT OR LOSS		
Fair value at the beginning of the year	294,721,548	266,820,952
Interest re-invested	11,297,020	7,268,757
Dividends re-invested	5,282,496	4,318,835
Disposals	(30,000,000)	-
Realised gains on disposal of investments	8,755,027	4,395,287
Unrealised (losses)/gains on fair valuation of investments	(20,737,356)	13,552,578
Investment management fees	(1,749,663)	(1,634,861)
Fair value at the end of the year	<u>267,569,072</u>	<u>294,721,548</u>

The investments included above represent investments on a look-through basis in:

Bonds	94,432,522	78,690,654
Cash and deposits	61,023,816	90,479,515
Equity	112,112,735	125,551,379
Fair value at the end of the year	<u>267,569,072</u>	<u>294,721,548</u>

Investments held at fair value through profit or loss representing units in insurance policies are made up of the following:

Allan Gray Life - Domestic Stable Medical Scheme Portfolio	108,843,332	115,278,041
Coronation Life - Coronation Medical Aid Portfolio	78,156,945	87,984,623
Prudential	80,568,795	91,458,884
	<u>267,569,072</u>	<u>294,721,548</u>

A register of investments held through the above insurance policies are available for inspection at the registered office of the Scheme.

The investment managers actively trade the underlying portfolios with reference to the market values of the underlying investments. Realised gains and losses arise when individual shares and bonds or equities are disposed within the underlying portfolios.

The weighted average effective return on the above investments was 1.1% (2017: 10.20%).

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

	2018 R	2017 R
4 CASH AND CASH EQUIVALENTS		
Money market instruments	130,138,206	101,469,447
Current accounts	1,590,558	7,891,776
Personal medical savings accounts	132,672,747	122,462,670
	<u>264,401,511</u>	<u>231,823,893</u>

The weighted average effective interest rate on money market accounts was 8.3% (2017: 8.7%). The overall weighted average effective interest rate on cash and cash equivalents was 6.5% (2017: 6.5%).

At year-end the carrying amounts of cash and cash equivalents approximate their fair values due to the short-term maturities of these assets.

5 PERSONAL MEDICAL SAVINGS ACCOUNTS

Balance on savings account liability at beginning of the year	121,694,125	106,901,565
Less: Advances on savings accounts	-	(45,071)
Net balance on savings account liability at the beginning of the	<u>121,694,125</u>	<u>106,856,494</u>
Add:		
Savings account contributions received or receivable	145,457,708	132,158,080
- for the current year (refer note 8)	<u>145,457,708</u>	<u>132,113,009</u>
- allocated to settle prior year advances	-	45,071
Interest paid on savings account balances	10,210,077	9,235,722
Less:		
Transfers from other schemes	623,839	1,877,635
Repayments on death and resignation	(12,382,419)	(10,416,936)
Claims paid on behalf of members (refer note 9)	<u>(131,601,421)</u>	<u>(118,016,870)</u>
	<u>134,001,909</u>	<u>121,694,125</u>
Balance on savings account liability at end of the year	<u><u>134,001,909</u></u>	<u><u>121,694,125</u></u>

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

5 PERSONAL MEDICAL SAVINGS ACCOUNTS (continued)

The savings account liability represents funds held on behalf of members by the Scheme. The savings account facility assists members in managing the cash flows for costs to be borne by them during the year, meeting provider service expenses not covered in the Scheme's approved benefits and meeting or self funding member co-payments for provider services rendered.

Unexpended savings at the year-end are carried forward to meet future expenses for which the members are responsible. In terms of the Medical Schemes Act 131 of 1998, as amended, balances standing to the credit of members are only refundable in terms of Regulation 10 of the Medical Schemes Act 131 of 1998, as amended. In accordance with the rules of the Scheme, the bad debt risk of savings account advances is underwritten by the Scheme.

The Scheme paid interest on positive balances in the member's medical savings accounts. The average interest rate paid during the year was 8.5% (2017: 8.5%) which is in line with what the Scheme earned on its member savings bank accounts.

At year-end the carrying amount of the members' personal medical savings accounts were deemed to be equal to its fair value due to the short term nature of this liability.

The personal medical savings accounts were invested on behalf of members in the following assets as at 31 December 2018:

	2018 R	2017 R
Investec Bank - money market account	<u>132,672,747</u>	<u>122,462,670</u>
	<u>132,672,747</u>	<u>122,462,670</u>

In terms of Circular 38 of 2011, this savings investment needs to be aligned with the savings account liability in the statement of financial position on a regular basis. The difference that exists at year-end is due to a timing nature. The reconciliation and alignment took place just after year-end.

6 TRADE AND OTHER PAYABLES

Unallocated receipts from members	158,593	156,013
Credit balances in trade and other receivables	79,678	1,030,719
Amounts payable to members	3,433,286	2,699,405
Amounts payable to suppliers	4,494,418	26,715,842
Sundry trade and other payables	<u>5,236,673</u>	<u>5,022,052</u>
	<u>13,402,648</u>	<u>35,624,031</u>

At the year end the carrying value of trade and other payables approximate their fair values due to the short-term maturities of these liabilities.

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 December 2018

7 OUTSTANDING RISK CLAIMS PROVISION

	2018	2017
	R	R
Provision for outstanding risk claims	38,387,869	25,164,341
	<u>38,387,869</u>	<u>25,164,341</u>
Analysis of movements in outstanding risk claims		
Balance at beginning of year	25,164,341	42,005,618
Analysed as follows		
Estimated net claims	25,164,341	42,005,618
Payments in respect of prior year	<u>(25,213,621)</u>	<u>(39,588,682)</u>
(Under)/over provision in prior year (refer note 9)	(49,280)	2,416,936
Amounts transferred to accounts payable	-	(1,869,995)
Increase in provision for the current year	38,437,149	24,617,400
Balance at end of year	<u>38,387,869</u>	<u>25,164,341</u>
Analysed as follows		
Estimated net claims	<u>38,387,869</u>	<u>25,164,341</u>
Balance at end of year	<u>38,387,869</u>	<u>25,164,341</u>

Basis for determination of the outstanding risk claims provision

The outstanding risk claims provision is a provision for the estimated cost of healthcare benefits that have occurred before the statement of financial position date but have not been reported to the Scheme by that date. The provision is determined as accurately as possible based on a number of assumptions which are outlined below.

Process used to determine the assumptions

The process used to determine the assumptions is intended to result in realistic estimates of the most likely or expected outcome. The sources of data used as inputs for the assumptions are internal, using detailed studies that are carried out on a regular basis. There is more emphasis on current trends, and where in early years there is insufficient information to make a reliable best estimate of risk claims development, prudent assumptions are used.

The actual method or blend of methods used varies by category of risk claims and observed historical risk claims development. To the extent that the historical risk claims development method is used, we assume that the historical pattern will occur again in the future. There are reasons why this may not be the case, which, in so far as they can be identified, have been allowed for by modifying the methods. Such reasons include:

- changes in processes that affect the development or recording of risk claims paid and incurred (such as changes in claims submission mechanisms);
- changes in composition of members and their dependants;
- changes to legislation;
- variations in the nature and average cost incurred per risk claim; and
- random fluctuations.

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

7 OUTSTANDING RISK CLAIMS PROVISION (continued)

Notified risk claims are assessed with due regard to the claim circumstances, category, anticipated development, expected seasonal fluctuations, and information available from the administrators and managed care providers. The provisions are best estimates based on the most recent information available. However, the ultimate liabilities may vary as a result of subsequent developments. The impact of many of the items affecting the ultimate costs of the loss is difficult to estimate. The provision estimation difficulties also differ by category of risk claims (i.e. hospital (major medical benefit), chronic, and day-to-day) due to differences in the underlying insurance contract, claim complexity, the volume of claims, the individual severity of claims, determining the occurrence date of a risk claim, and reporting lags.

Assumptions

The assumptions that have the greatest effect on the measurement of the outstanding risk claims provision are the claim "run-off factors" for the most recent benefit years (split by discipline). The run-off factor is the expected percentage of claims paid out of total claims incurred in a specific month. This factor is then used to project the remainder of the outstanding risk claims relating to the specified service month. A "seasonality factor" is further incorporated into the calculation, also based on past risk claims experience. These assumptions have been used for assessing the outstanding risk claims provisions for the 2017 and 2018 benefit years.

Changes in assumptions

The table below outlines the sensitivity of insured liability estimates to particular movements in assumptions used in the estimation process. It should be noted that this is a deterministic approach with no correlations between the key variables.

Where variables are considered to be immaterial, no impact has been assessed for insignificant changes to these variables. Particular variables may not be considered material at present. However, should the materiality level of an individual variable change, assessment of changes to that variable in the future may be required.

An analysis of sensitivity around various scenarios for the general medical insurance business provides an indication of the adequacy of the Scheme's estimation process. The Scheme believes that the liability for risk claims reported in the statement of financial position is adequate. However, it recognises that the process of estimation is based upon certain variables and assumptions which could differ when risk claims arise. Consequently, if for example the claims run-off factors for the year were 1% slower, the impact on the outstanding risk claims provision and resulting impact on the net surplus of the Scheme would be as follows:

Impact due to changes in key variables

	Change in variable	Change in outstanding risk claims provision	
	%	2018 R	2017 R
Hospital (major medical benefit) 1% slower claims run-off	1%	5,247,986	3,440,204
Chronic 1% slower claims run-off	1%	382,812	250,944
Day-to-day 1% slower claims run-off	1%	1,558,637	1,021,731

This analysis has been prepared for a change in a specified variable with other assumptions remaining constant.

NETCARE MEDICAL SCHEME

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for the year ended 31 December 2018

	2018	2017
	R	R
7 OUTSTANDING RISK CLAIMS PROVISION (continued)		
The sensitivity is reduced by the value of the risk claims covered by the outstanding risk claims provision paid subsequent to the year end related to the period ended 31 December, as detailed below:		
Outstanding risk claims provision	38,387,869	25,164,341
Portion of outstanding risk claims provision paid to 31 March 2019 (2017: 31 March 2018)	(34,759,201)	(22,777,674)
Residual estimate of risk claims provided	<u>3,628,668</u>	<u>2,386,667</u>
8 RISK CONTRIBUTION INCOME		
Gross contributions	973,245,599	883,430,696
Less: Savings contributions (refer note 5)	(145,457,708)	(132,113,009)
	<u>827,787,891</u>	<u>751,317,687</u>
9 RISK CLAIMS INCURRED		
Current year claims paid	896,649,097	827,204,988
Accredited managed healthcare services - no transfer of risk (refer note 11)	19,754,141	18,050,855
Movement in outstanding risk claims provision	13,223,528	(16,841,277)
- Over/(under) provision in prior year (refer note 7)	49,280	(2,416,936)
- Adjustment for current year	13,174,248	(14,424,341)
Less:		
- Claims paid from savings accounts (refer note 5)	(131,601,421)	(118,016,870)
- Recoveries from Road Accident Fund	(2,871,606)	(1,549,596)
- Recoveries from forensic investigations	(1,151,368)	(424,772)
	<u>794,002,371</u>	<u>708,848,100</u>
Claims incurred in respect of risk transfer arrangements: Netcare 911	5,199,529	3,643,631
	<u>5,199,529</u>	<u>3,643,631</u>
Current year claims	<u>799,201,900</u>	<u>712,066,959</u>
10 NET (EXPENSE)/INCOME ON RISK TRANSFER ARRANGEMENTS		
Netcare 911		
Risk transfer arrangement premiums paid	(5,490,528)	(4,999,329)
Risk transfer arrangement recoveries	5,199,529	3,643,631
	<u>(290,999)</u>	<u>(1,355,698)</u>

Netcare 911 provides emergency rescue and ambulance services to members of the Scheme.

The value of the risk transfer arrangement recoveries was calculated and provided by Netcare 911.

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

	2018 R	2017 R
11 ACCREDITED MANAGED HEALTHCARE SERVICES - NO TRANSFER OF RISK		
Specialist and hospital utilisation management	5,332,825	4,873,731
Hospital benefit management	6,123,608	5,595,765
Pharmacy benefit management	1,975,854	1,805,085
Disease management	6,321,854	5,776,274
	<u>19,754,141</u>	<u>18,050,855</u>
12 ADMINISTRATION EXPENSES		
Administrator's fees	33,697,144	30,792,635
Administration of 3rd party recoveries	430,220	282,397
Auditor's remuneration - audit	370,811	326,281
Audit committee fees	35,776	35,776
Bank charges	148,219	270,005
Board of Healthcare Funders (BHF) subscriptions	37,027	34,024
Consultants costs	271,393	270,940
Data migration costs	-	245,100
Fidelity insurance expense	11,400	34,200
Principal Officer remuneration and related expenses	836,832	701,682
Registrar's levies	650,566	597,591
Subscriptions - benchmarking through health quality assessments	57,135	43,070
Sundry expenses	28,474	41,017
Trustees expenses (refer note 23)	3,686	4,850
	<u>36,578,683</u>	<u>33,679,568</u>
13 NET IMPAIRMENT ON HEALTHCARE RECEIVABLES		
Members' and service providers' portions	935,904	634,273
Movement in provision	(1,621,765)	634,723
Written off	2,557,669	(450)
	<u>935,904</u>	<u>634,273</u>
14 INVESTMENT INCOME		
Interest income	26,833,438	22,200,900
- Scheme interest	16,623,361	12,965,178
- interest on savings balances	10,210,077	9,235,722
Dividends received	5,282,496	4,318,835
	<u>32,115,934</u>	<u>26,519,735</u>

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 December 2018

	2018	2017
	R	R
15 REALISED AND UNREALISED GAINS ON FINANCIAL INSTRUMENTS		
Realised gains	8,755,027	4,395,287
Unrealised (losses)/gains on revaluation	(20,737,356)	13,552,578
Total realised and unrealised gains on revaluation of investments.	<u>(11,982,329)</u>	<u>17,947,865</u>
16 CASH FLOWS FROM OPERATIONS BEFORE WORKING CAPITAL CHANGES		
Reconciliation of net surplus for the year to cash flows from operations before working capital changes		
Net surplus for the year	1,126,351	40,883,560
Adjustments for:		
- Investment income	(32,115,934)	(26,519,735)
- Investment management fees	1,878,287	1,740,905
- Interest paid on members' savings account balances	10,210,077	9,235,722
- Realised and unrealised gains on financial instruments	11,982,329	(17,947,865)
Cash flows from operations before working capital changes	<u>(6,918,890)</u>	<u>7,392,587</u>

17 RELATED PARTY TRANSACTIONS

Discovery Health (Pty) Ltd

Discovery Health (Pty) Ltd ("Discovery"), as third party administrator and managed care organisation is deemed a related party as a result of their influence over the financial and operational functions of the Scheme, without having control. Discovery received market related administration and managed care fees as follows:

Administration fees (refer note 12)	33,697,144	30,792,635
Managed care: Management services (refer note 11)	19,754,141	18,050,855
Amounts owing to administrator at year-end	4,569,150	4,639,982

Discovery Third Party Recovery Services

The Scheme has contracted Discovery Third Party Recovery Services Proprietary Limited (DTPRS), a wholly owned subsidiary of Discovery Health Proprietary Limited, to manage the identification and collection of third party recoveries from the Road Accident Fund.

Road Accident Fund debtor's book	1,183,032	-
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NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

17 RELATED PARTY TRANSACTIONS (continued)

Netcare Ltd

The Netcare Ltd Group is deemed a related party in that the Netcare Medical Scheme is a restricted membership scheme, and the membership comprises staff working for employer entities within this Group. Contributions received in note 8 are in part subsidised by the employer group. During the year, claims were paid by the Scheme to hospitals within the Netcare Ltd Group, in respect of treatment received by the members of the Scheme at those facilities. These costs are included in risk claims incurred in note 9.

In addition to the above, included in the pooled investment portfolios disclosed in note 3, are shares and bonds held in Netcare Ltd.

	2018	2017
	R	R
Netcare Ltd Group claims paid	387,109,916	352,116,144
Indirect investments held in Netcare Ltd	417,436	1,681,135

Netcare 911

Netcare 911, a division of the Netcare Ltd Group, and, based on utilisation, provided ambulance services to members of the Scheme during the year, for which it received market related fees. These fees are included in risk transfer arrangements in note 10.

Netcare 911 fees	5,490,528	4,999,329
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NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

17 RELATED PARTY TRANSACTIONS (continued)

Trustees and Principal Officer

Contributions billed to, contributions received from, and claims paid in respect of Trustees of the Scheme during the year, were done so in accordance with the rules of the Scheme and the provisions of the Medical Schemes Act 131 of 1998, as amended. Accordingly, all Trustees were treated in the same manner by the Scheme as would any member have been, at arms length. Details of transactions with the Trustees and the Principal Officer are shown below:

	2018	2017
	R	R
Principal Officer remuneration and related expenses	836,832	701,682
Amounts in respect of the Trustees:		
Risk contribution received	786,339	577,698
Risk claims paid	(515,793)	(505,182)
Positive savings balances	49,081	41,314

Refer note 23 for a breakdown of Trustee expenses.

18 CRITICAL ACCOUNTING JUDGEMENTS AND AREAS OF KEY SOURCES OF ESTIMATION UNCERTAINTY

In the process of applying the Scheme's accounting policies, management has made the following judgements that have the most significant effect on the amounts recognised in the annual financial statements:

Net impairment losses - outstanding contributions that are not recoverable

A historical experience basis has been applied to the current contribution billings to determine a reasonable estimate of potential future reversals of premiums already billed. In addition, outstanding contribution debtors have been assessed on an individual basis for possible impairment, and specific impairment provisions raised where applicable.

Net impairment losses - members' and service providers' portions

Accounts receivable from members and service providers are impaired where appropriate and accounts outstanding of 120 days and longer are fully impaired on a case by case basis.

Provision for outstanding risk claims

The provision for outstanding risk claims is an estimate of the potential liability at the reporting date for risk claims that have been incurred by members but not yet reported to the Scheme. The full details of the provision for outstanding risk claims are disclosed in note 7.

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

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19 INSURANCE RISK MANAGEMENT

Risk management objectives and policies for mitigating medical insurance risk

The primary medical insurance activity carried out by the Scheme assumes the risk of loss from members and their dependants that are directly subject to the risk. These risks relate to the health of the Scheme members. As such the Scheme is exposed to the uncertainty surrounding the timing and severity of risk claims under the contract.

The Scheme manages its medical insurance risk through benefit limits and sub-limits, approval procedures for transactions that involve pricing guidelines, pre-authorisation and case management, service provider profiling, centralised management of risk transfer arrangements as well as the monitoring of emerging issues.

The Scheme uses several methods to assess and monitor medical insurance risk exposures both for individual types of risks insured and overall risks. These methods include internal risk measurement models, sensitivity analyses, scenario analyses and stress testing. The theory of probability is applied to the pricing and provisioning for a portfolio of medical insurance contracts. The principal risk is that the frequency and severity of claims is greater than expected.

Medical insurance events are, by their nature, random, and the actual number and size of events during any one year may vary from those estimated.

Risk in terms of risk transfer arrangements

The Scheme cedes medical insurance risk to limit exposure to underwriting losses under various agreements that cover individual risks and defined blocks of business, on a co-insurance, yearly renewable term. These risk transfer arrangements spread the risk and minimise the effect of losses. The amount of each risk retained depends on the Scheme's evaluation of the specific risk, subject in certain circumstances, to maximum limits based on characteristics of coverage. According to the terms of the capitation agreements, the suppliers provide certain minimum benefits to Scheme members, as and when required by the members. The Scheme does, however, remain liable to its members with respect to ceded medical insurance if any capitation provider fails to meet the obligations it assumes. When selecting a capitation provider the Scheme considers its stability from public rating information and from internal investigations.

Risk management objectives and policies for mitigating insurance risk

The following table summarises the concentration of medical insurance risk on a beneficiary level, with reference to the amount of 2018 medical insurance claims paid in the 2018 financial year, by age group and in relation to the type of risk covered or benefits provided.

2018 Age group (in years)	Hospital (major medical) R	Chronic R	Day to day R	Total R
< 26	113,561,411	3,188,545	36,723,666	153,473,622
26 - 35	84,475,901	5,232,494	39,750,758	129,459,153
36 - 50	115,937,699	16,336,307	54,230,392	186,504,398
51 - 65	116,418,300	17,491,442	41,965,320	175,875,062
> 65	66,422,755	7,517,747	20,581,319	94,521,821
Total	496,816,066	49,766,534	193,251,454	739,834,055

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

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19 INSURANCE RISK MANAGEMENT (continued)

2017 Age group (in years)	Hospital (major medical)	Chronic	Day to day	Total
	R	R	R	R
< 26	93,246,697	3,095,866	29,605,061	125,947,624
26 - 35	83,229,685	5,395,345	32,956,953	121,581,983
36 - 50	108,237,650	16,269,312	52,287,422	176,794,384
51 - 65	97,324,536	16,503,966	45,599,508	159,428,010
> 65	59,932,878	6,788,195	19,126,362	85,847,435
Total	441,971,446	48,052,684	179,575,306	669,599,436

Reconciliation of net claims to current year claims paid:

	2018 R	2017 R
Total risk claims as above	739,834,055	669,599,436
Prior year risk claims paid	25,213,621	39,588,682
Claims paid from member's savings accounts	131,601,421	118,016,870
Current year claims paid (refer note 9)	896,649,097	827,204,988

The Scheme's strategy seeks diversity to ensure a balanced portfolio and is based on a large portfolio of similar risks over a number of years and, as such, it is believed that this reduces the variability of the outcome. The strategy is set out in the annual business plan, which specifies the benefits to be provided.

All the contracts are annual in nature and the Scheme has the right to change the terms and conditions of the contract at renewal. Management information including contribution income and claims ratios, is reviewed monthly. There is also a program that regularly reviews contractual premium and benefit data to ensure adherence to the Scheme's objectives.

Risk claims development

Risk claims development tables are not presented since the uncertainty regarding the amount and timing of claim payments is typically resolved within one year.

Sensitivity to insurance risk

A sensitivity analysis is provided below reflecting the impact on the Scheme's reported results for the year assuming a 1% increase/(decrease) in the cost of claims incurred, with all other variables held constant.

Sensitivity to insurance risk	Increase of 1% R	Decrease of 1% R
2018		
In-hospital PMB claims incurred	(4,968,161)	4,968,161
Chronic PMB claims incurred	(497,665)	497,665
Day-to-day claims incurred	(1,932,515)	1,932,515
Total	(7,398,341)	7,398,341
2017		
In-hospital PMB claims incurred	(4,419,714)	4,419,714
Chronic PMB claims incurred	(480,527)	480,527
Day-to-day claims incurred	(1,795,753)	1,795,753
Total	(6,695,994)	6,695,994

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
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20 ANALYSIS OF CARRYING AMOUNTS OF FINANCIAL ASSETS AND FINANCIAL LIABILITIES PER CATEGORY

The following is a breakdown of the carrying amount of the different classes of financial instruments, which is a reasonable approximation of fair value:

	Fair value through profit or loss designated upon initial recognition R	Loans and receivables R	Financial liabilities measured at amortised cost R	Insurance receivables and payables R	Total carrying amount R
2018					
Trade and other receivables	-	123,003	-	1,085,319	1,208,322
Investments held at fair value through profit or loss	267,569,072	-	-	-	267,569,072
Cash and cash equivalents	-	264,401,511	-	-	264,401,511
Trade and other payables	-	-	(5,236,673)	(8,165,975)	(13,402,648)
Members savings account balances	-	-	(134,001,909)	-	(134,001,909)
Outstanding risk claims provision	-	-	-	(38,387,869)	(38,387,869)
Total	267,569,072	264,524,513	(139,238,582)	(45,468,524)	347,386,478
2017					
Trade and other receivables	-	157,555	-	2,039,629	2,197,184
Investments held at fair value through profit or loss	294,721,548	-	-	-	294,721,548
Cash and cash equivalents	-	231,823,893	-	-	231,823,893
Trade and other payables	-	-	(5,022,052)	(30,601,979)	(35,624,031)
Members savings account balances	-	-	(121,694,125)	-	(121,694,125)
Outstanding risk claims provision	-	-	-	(25,164,341)	(25,164,341)
Total	294,721,548	231,981,448	(126,716,177)	(53,726,689)	346,260,128

21 Financial Risk Management

Interest rate Risk

Interest rate risk is the exposure that the Scheme has to changes in interest rates. This is not a significant risk to the Scheme as it holds no debt with the exception of the member's saving liability on which interest is paid. The main exposure to the Scheme would be a reduction in interest income on investments if interest rates were to decrease. In order to reduce the impact of any potential interest rate changes, the Scheme holds a diversified portfolio of investments both long and short term.

The table below summarises the Scheme's exposure to interest rate risks. Included in the table are the Scheme's investments in interest bearing instruments at carrying amounts, categorised by the earlier of contractual repricing or maturity dates.

	Up to 1 month R	1 - 3 months R	3 - 12 months R	Non-interest bearing (no stated maturity) R	Carrying amount R
2018					
Trade and other receivables	-	-	-	1,208,322	1,208,322
Investments held at fair value through profit or loss	61,023,816	-	-	206,545,257	267,569,072
Cash and cash equivalents	264,401,511	-	-	-	264,401,511
Total	325,425,327	-	-	207,753,579	533,178,904
2017					
Trade and other receivables	-	-	-	2,197,184	2,197,184
Investments held at fair value through profit or loss	90,479,515	-	-	204,242,033	294,721,548
Cash and cash equivalents	231,823,893	-	-	-	231,823,893
Total	322,303,408	-	-	206,439,217	528,742,625

If interest rates changed by 1%, assuming all other variables remain constant, and the recent past is predictive of the future, the impact on return on investment and the resulting impact on the net surplus of the Scheme is as follows:

	2018 R	2017 R
Change in investment income	3,254,253	3,223,034

Only cash and cash equivalents are directly exposed to fluctuations in interest rates.

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

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21 FINANCIAL RISK MANAGEMENT (continued)

Currency risk

Currency risk is the risk that the value of a financial instrument will fluctuate due to changes in foreign exchange rates.

The Scheme operates in South Africa and therefore its cash flows are denominated in South African Rand (ZAR). The Scheme is not directly exposed to currency risk in relation to investments as all are denominated in South African Rand.

Market risk

Market risk is the risk that the value of a financial instrument will fluctuate as a result of changes in the market place.

Equities and bonds are reflected at market values, which are susceptible to fluctuations. The Scheme manages its market risk by employing the following procedures:

- mandating a specialist fund manager to invest in equities, where there is an active market and where access is gained to a broad spectrum of financial information relating to the companies invested in;
- diversifying across many securities to reduce risk. Diversification is guided by the Medical Schemes Act; and
- considering the risk-reward profile of holding equities and bearing the risk in order to obtain higher expected returns on assets.

Should the South African bond and equities markets change by 2%, assuming all other variables remain constant, and the recent past is predictive of the future, the impact on return on investment and the resulting impact on the net surplus of the Scheme would be as follows:

	2018	2017
	R	R
Bonds	1,888,650	1,573,813
Equity	2,242,255	2,511,028

Credit risk

The Scheme has no significant concentrations of credit risk, with exposure spread over a large number of counterparties and members.

The Scheme's credit risk is primarily attributable to trade and other receivables. The amounts presented in the statement of financial position are net of allowances for possible impairment losses, estimated by the Scheme's management based on prior experience and the current economic environment.

The credit risk on liquid funds is limited because the counterparties are banks and financial institutions with high credit ratings assigned by international credit rating agencies.

	2018	2017
	R	R
Trade and other receivables		
Fully performing	1,208,322	2,197,184
Past due but not impaired	-	-
Past due and impaired	1,224,296	2,846,061
	2,432,618	5,043,245
Provision for impairment of trade and other receivables	(1,224,296)	(2,846,061)
Trade and other receivables (note 2)	<u>1,208,322</u>	<u>2,197,184</u>

For detailed explanation of impairment procedures for the Scheme, refer Note 18.

NETCARE MEDICAL SCHEME

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21 FINANCIAL RISK MANAGEMENT (continued)

Liquidity risk

Prudent liquidity risk management implies maintaining sufficient cash and cash equivalents by monitoring the availability of funding through liquid-holding cash positions with various financial institutions. This ensures that the Scheme has the ability to fund its day-to-day operations.

The table below analyses the assets and liabilities of the Scheme into relevant maturity groupings based on the remaining period at year end to the contractual maturity date:

	Up to 1 month R	1 - 3 months R	3 - 12 months R	Total R
As at 31 December 2018				
Current assets	326,633,649	206,545,257	-	533,178,905
Trade and other receivables	1,208,322	-	-	1,208,322
Investments held at fair value through profit or loss	61,023,816	206,545,257	-	267,569,072
Cash and cash equivalents	264,401,511	-	-	264,401,511
Current liabilities	38,581,068	50,657,133	84,246,441	173,484,642
Trade and other payables	13,402,648	-	-	13,402,648
Members savings account balances	9,472,462	31,603,890	80,617,773	121,694,125
Outstanding risk claims provision	15,705,958	19,053,243	3,628,668	38,387,869
Net positive/(negative) liquidity	288,052,581	155,888,124	(84,246,441)	359,694,263

As at 31 December 2017

Current assets	324,500,592	204,242,033	-	528,742,625
Trade and other receivables	2,197,184	-	-	2,197,184
Investments held at fair value through profit or loss	90,479,515	204,242,033	-	294,721,548
Cash and cash equivalents	231,823,893	-	-	231,823,893
Current liabilities	60,802,451	38,675,606	83,004,440	182,482,497
Trade and other payables	35,624,031	-	-	35,624,031
Members savings account balances	9,472,462	31,603,890	80,617,773	121,694,125
Outstanding risk claims provision	15,705,958	7,071,716	2,386,667	25,164,341
Net positive/(negative) liquidity	263,698,141	165,566,428	(83,004,440)	346,260,128

Fair value estimation and hierarchy

The fair value of publicly traded financial instruments held at fair value through profit or loss and held through insurance policies, is based on quoted bid prices in an active market at the statement of financial position date.

For all financial assets and liabilities held at year end, the carrying values approximate their fair values.

Fair value by hierarchy level:

	2018 R	2017 R
Level 1 *		
Investments held at fair value through profit or loss	267,569,072	294,721,548

* Level 1 - Financial assets whose fair value is determined directly by reference to published price quotations in an active market.

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

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21 FINANCIAL RISK MANAGEMENT (continued)

Capital adequacy risk

This represents the risk that there are insufficient reserves to provide for adverse variations on actual and future experience. The Scheme defines its capital as accumulated funds as detailed in the statement of changes in funds and reserves. The Scheme manages its capital to ensure that it will be able to continue as a going concern as well as meet the solvency ratio of 25%, as regulated by the Medical Schemes Act 131 of 1998, as amended.

The Scheme had R347.4 million (2017: R387.1 million) of accumulated funds at 31 December 2018, which translated to a solvency ratio of 34.6% (2017: 39.2%).

The solvency ratio decreased from 35.6% to 34.7% and accumulated funds increased in the current year. The financial results will be monitored closely to ensure the sustainability of the Scheme. These interventions include a number of designated service providers, managed care initiatives and continuous monitoring of the investment portfolios.

22 CONTINGENT ASSETS

The Scheme has approximately R25.2 million (2017: R19.7 million) in recoveries outstanding from the Road Accident Fund (RAF) for claims paid on behalf of members. The general likelihood of recovery of these amounts is uncertain, and the Trustees have elected not to recognise a debtor on the statement of financial position as any future recoveries are contingent on a multitude of factors. The Trustees consider, based on past experience and the current financial stability of the RAF, that the debtor, were it to be recognised would be impaired by R25.2 million (2017: R19.7 million).

23 TRUSTEE EXPENSES

	2018 R	2017 R
Travel cost	3,686	4,850

None of the Trustees are remunerated for their attendance at meetings.

24 FIDELITY COVER AND PROFESSIONAL INDEMNITY INSURANCE

The Scheme participated in fidelity insurance and professional indemnity cover provided by Ace Insurance Limited on behalf of AON South Africa (Pty) Ltd, amounting to R30 million (2017: R30 million).

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

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25 NON-COMPLIANCE MATTERS

The Trustees are of the opinion that there are no material deviations from the Medical Schemes Act 131 of 1998 as amended.

25.1 Outstanding contributions

Nature and impact

In terms of Section 26(7) of the Act, contributions should be received in accordance with the rules of the Scheme. Per the Scheme rules, contributions are required to be received within three days after their due date. Instances were noted where contributions were received late.

Causes for failure

Balances after 3 days are due to defaults by direct paying members. Direct paying members are limited to pensioners or disability members no longer employed by Netcare Ltd or its subsidiaries. The risk of default on payments due to the Scheme is small because of the restricted nature of the Scheme and employer base.

Corrective action

Suspension policies are in place and applied where contributions are outstanding beyond the Scheme's available credit terms.

25.2 Payment of claims within 30 days

Nature and impact

In terms of Section 59(2) of the Act a member or provider claim should be settled within 30 days of submission. Instances were noted where settlements took more than 30 days.

Causes for failure

Delays can occur when accounts are referred for clinical audit or other investigations. These are however the exceptions, and claims are generally paid within the prescribed time.

Corrective action

The Scheme is aware of the requirements and complies as far as possible. Refer to note 17 of the annual financial statements for further disclosure.

NETCARE MEDICAL SCHEME

NOTES TO THE ANNUAL FINANCIAL STATEMENTS

for the year ended 31 December 2018

25.3 Investment in participating employer

Nature and impact

In terms of Section 35(8)(a) of the Act a medical scheme shall not invest any of its assets in a participating employer. During the year under review the Scheme had an indirect investment in Netcare Ltd of 0.16% of investable assets (2017: 0.57%).

Causes for failure

In terms of Section 35(8)(c) of the Act a medical scheme shall not invest any of its assets in any administrator. During the year under review the Scheme had indirect investments in Administrators of Medical Schemes.

Corrective action

The Scheme made an application to the Council for Medical Schemes for an exemption from this section of the Act. An exemption has been granted by the Council for Medical Schemes.

25.4 Investment in administrators

Nature and impact

In terms of Section 35(8)(c) of the Act a medical scheme shall not invest any of its assets in any administrator. During the year under review the Scheme had indirect investments in Administrators of Medical Schemes.

Causes for failure

The Scheme invests in pooled investment vehicles that allow investment managers 100% discretion to invest in a combination of shares and bonds that best achieve the stipulated benchmark.

Corrective action

The Scheme made an application to the Council for Medical Schemes for an exemption from this section of the Act. An exemption has been granted by the Council for Medical Schemes.

26 CAPITAL COMMITMENTS

There were no capital commitments as at 31 December 2018 (2017: Nil).

27 SUBSEQUENT EVENTS

No events occurred after year end to the date of this report which require adjustment to, or disclosure in, the annual financial statements.