



A review of our COIDA project

Description

It has been a challenge, but two years into our Medscheme/Compensation Fund project – which reviews and updates COIDA medical tariff files to align with medical aid industry projects – we are seeing some success.

Many of us may have worked in the government sector during our formative years of employment. Although on the surface it may now seem as though “we’ve got this”, in reality transitioning from government to the private sector or vice versa has never been easy. Feelings are similar, regardless of where you are employed. With a good attitude, a mindset change, self-control, emotional maturity, ego management and a can-do attitude, it can be done.

The ability to listen and the willingness to learn, respecting people and humanity are some of the attributes that can make corporate culture shock easy to manage. After all, whether employment is in government or the private sector, the relationship between the two sectors will always be mutually beneficial.

How the COIDA project has worked

The initial assessment phase of the Medscheme/Compensation Fund COIDA project provided a springboard for Medscheme – not only workwise, in terms of files and processes, but also for getting to know who’s who in the department, and becoming acquainted with the different personalities and the thinking processes.

It hasn’t been easy, but our goal has always been to perform a task to the best of our ability while sharing our much-needed private sector skills with the Fund. After all, we would not have been able to survive in the private sector had it not been for our background from the government sector, which is true for the majority of our healthcare professionals practising in private.

Now we are one year and eight months into the project. Can you believe that the Covid-19 pandemic is the same age as the project in South Africa? Remember the dreaded announcement and reporting by the Minister of Health and the National Institute for Communicable Diseases that the first Covid case

was diagnosed in KwaZulu-Natal? It was on 5 March 2020, and the project started on 14 March 2020.

Overcoming the challenges

Some of you may not know that the challenges of working from home almost derailed the project. We were all using Microsoft Teams for the first time. If you think connectivity challenges are an issue in Medscheme, wait until you hear: “Colleagues, I am on two devices; I have network challenges!” The words “challenges” and “colleagues” have become synonymous with the project. Many lessons and new words were learnt!

We would not be doing it justice if we forgot to mention our first report-reading session at the Steering Committee Meeting. On the first day of reading the report, the saying “saved by the bell” came in handy!

Our values

The Fund came with the Batho Pele (“people first”) principles, which we all know. We came to the project with more: the Batho Pele principles **plus** the AfroCentric Group values of:

- **Act with integrity and trust:** When we started with the project, the Fund constantly reminded us how often they’ve burnt their fingers by contracting with service providers that haven’t fulfilled their mandate but have been paid for “the services”. We have shown them that there are “those” service providers, and there is Medscheme. We just had to be ourselves and win their trust for the Fund to realise that Medscheme is a reputable organisation.
- **We go the extra mile:** When we observe inefficiencies and a lack of understanding of how the medical aid industry works – and yet they work with private sector codes, tariffs and processes – we step up multiple notches and assist, but we do not forget our mandate. In instances where they’re tempted to overstep the line of the mandate (which is often), we humbly and assertively remind them what we have signed up for.
- **Thrive together:** This is a win-win for the Fund and Medscheme. Medscheme has co-branded templates with the Fund – no pressure there because we have to sustain this good rapport. Letters that go out to MSPs are sent on a Compensation Fund-Medscheme letterhead designed by our own marketing team. (Oops, “MSP” is the Fund’s vocabulary – it stands for Medical Service Providers. No one uses this long name, really. You have to ask if you want to know. We have given you a disclaimer that we’ve learnt many new words in this project.) Who knows – maybe Medscheme’s work will be used as a stepping stone for NHI.
- **Make a positive difference:** We always remember that we are South Africans first. We are patriotic. We are doing this because the employer, Medscheme, has mandated us to run with the project. What the employer doesn’t know is that personally, we are empowering our colleagues who would not have known otherwise.

This project brings a lot of personal satisfaction because we’re making a difference in people’s lives, and in the process saving billions of rands for the Fund, whether it’s the employers that contribute towards the Compensation Fund’s pot, the claimants or the taxpayer in general. **I almost forgot to mention that “and we get paid for it”. To date, we’ve received R16.5 million for this project!**

Except for the grey hairs, ageing lines, and a bit of carpal tunnel syndrome and deteriorating eyesight –

all from our daily encounters with Excel spreadsheets and report writing – we’re still going strong! I’m laughing as I write this because we could be good candidates for COIDA claims... Just kidding!

It has been a bittersweet period and we are looking forward to finishing off what we’ve started. Happy holidays, colleagues!

– From HPSU and the COIDA project team

Category

1. Our Business

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