

REGULAR FORCE MEDICAL CONTINUATION FUND

**RFMCF STATUS REPORT** 

Joint Standing Committee on Defence
November 2023

### **SCOPE OF PRESENTATION**

- Introduction
- Background
- Turnaround Strategy
- Financials & Actuarial Report
- Successes to Date
- Challenges & Fund Sustainability
- Conclusion







# ABOUT US

The Fund is an autonomous structure that was established around 1964 for retired Regular Force Members to receive continued healthcare benefits. The Fund is a medical pension type Fund and cannot be compared to other Funds of the SANDF and does not function like a Committee in the SANDF. Our aim is to ensure the Fund's sustainability through managed healthcare.



### **BACKGROUND**

- The Board until 2016 comprised of SANDF members, Trustees, Retired and Union Representation
- During this time, the challenges within the Fund that were highlighted in the Audited Financial Statements and Actuarial Reports seemed not to have been addressed
- A financial and management crisis had developed by 2016
- By January 2017 Board was dissolved by the Military Command Council
- Interim Board appointed by the Minister was established as an intervention to manage and address this crisis
- Trustees composed of SANDF & Private sector
- Chairperson Surgeon General

# THE STAKEHOLDERS



#### **RFMCF**

Managed by the Board of Trustees



#### SAMHS

Primary Designated Service Provider



#### **PPSHA**

RFMCF's Professional Administrator



#### Third Parties

Managed Healthcare Organizations in their specialized fields



#### Healthcare Providers

Designated Service Providers

# **RFMCF PORTFOLIO**



REGULAR FORCE MEDICAL CONTINUATION FUND



19,345

Principal Members



32,827

Total number of lives covered by the RFMCF



57,841

Active Force Members



101.7%

Claims Ratio



R<sub>0</sub>

Active Force Contribution Increase since 2019



CONSISTENTLY INCREASES

**Medical Inflation** 

### **TURNAROUND STRATEGY**

- Improved Governance
- Improved Management (Administration, Operational & Financial)
- Relationships Stakeholders & Membership
- Impact of Interventions (Managed Healthcare, Prudent Financial Management, Internal Audit Functions)



# **FINANCIAL**

# **CURRENT FUNDING MODEL**





#### RFMCF is not a registered Medical Scheme, but a **FUND**



#### **RFMCF** is a **CLOSED Fund**



#### **Funding Model since RFMCF** establishment

Age of entry criteria

Contribution criteria

ONLY for military pensioners as per outlined qualifying criteria

Rank or salary does not determine contribution level but is calculated per age of entry into the SANDF

#### **Pre-Funding Model**

Current model was established within the DoD

Finance with CHR and Legal must review the current model to define its juristic status for contributions

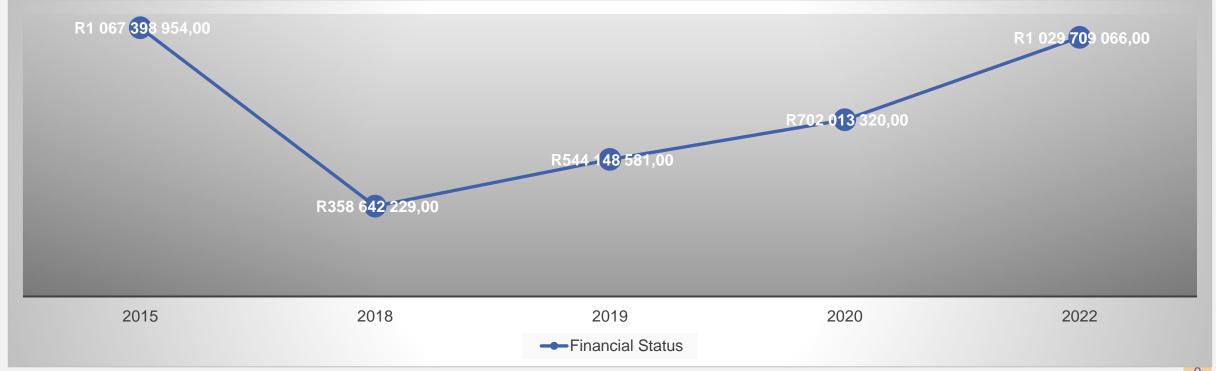


### **FINANCIAL STATUS**



The Fund's investment portfolio performance strategy has been reviewed, however as expenditure rises, the amounts left for investment are minimal. The Fund with good management has grown.

#### **Success Ratios**



# **FINANCIAL STATUS**



### Status of the income vs expenditure

Financial Year Ending on:	Monthly Contributions	Total Healthcare Expenditure	Shortfall/Surplus
31-Mar-23	R 582 378 000	R 583 874 000	-R 1 496 000
31-Mar-22	R 567 449 000	R 477 567 000	R 89 882 000
31-Mar-21	R 568 265 000	R 401 516 000	R 166 749 000
31-Mar-20	R 566 441 000	R 391 982 000	R 174 459 000
31-Mar-19	R 483 453 000	R 335 243 000	R 148 210 000
31-Mar-18	R 265 577 000	R 492 538 000	-R 226 961 000
31-Mar-17	R 224 923 000	R 459 734 000	-R 234 811 000
31-Mar-16	R 201 677 000	R 363 104 000	-R 161 427 000
31-Mar-15	R 203 159 000	R 311 322 000	-R 108 163 000

# **FINANCIAL STATUS**

### Claims Ratio Per Financial year

	Claims Ratio		
FINANCIAL	(ratio % of expenditure vs		
YEAR			
	income)		
2015	153%		
2016	180%		
2017	201%		
2018	185%		
2019	69%		
2020	69%		
2021	70%		
2022	84%		
2023	100%		



### FINANCIAL MODEL



#### The current model is established as follows:

- Age of entry is the criteria
- Built up a fund of R250 k (assumption-however unclear benefit to model exact amount)
- Important to note that rank or salary level does not determine the contribution level, but the age of entry into the SANDF

#### Example:

			Contribution		Contribution Amount Paid
Entry Date	Retirement Date	Split Code	Amount	Rank	until Retirement Date
2017/06/01	2025/07/25	58	R 2,188.50	PTE	R 210,096.00
2019/04/12	2024/04/30	56	R 1,704.50	CPL	R 102,270.00
2012/06/01	2023/05/31	30	R 756.30	SSGT	R 99,831.60
1985/05/20	2025/09/30	3	R 676.00	WO2	R 324,480.00

### **ACTUARIAL REPORT**

- The Actuaries have been warning the Fund for many years of its increased risk and its sustainability
- The current valuation shows how the Fund's liability has increased from 8.4bil (2019) to a Gross Liability of 18.8bil (2023). The Fund is only 6,83% funded
- The SAMHS (National Treasury) want to introduce the Uniform Payment Fee System.
   The tariff charged to RFMCF consequence of which will bankrupt the Fund within a year
- This tariff will increase the claims (already extremely high) by further 30% to a value of R14.26 mil per month to the current already R47.89mil. Avg income R47mil
- Monthly total R62.15mil
- This is unsustainable to the Fund
- The extent of outsourcing cannot warrant such tariffs who will carry this liability for the Fund - past 5 years no contribution increases by SANDF



### **SUCCESSES TO DATE**



- Improved Governance
- Prudent financial management
- Member communication & engagement Enhanced Member Experience
- Internal Audit Interventions (Fraud investigations)
- Technology Improvements (Mobi App, Online application)
- Implementation of Schedule of Benefits

# CHALLENGES AND FUND SUSTAINABILITY



#### **Causes of Financial Depletion**

- Low contributions model
- Membership challenges (term of employment service, number of spouses, dependents, divorce, death)
- DoD not live system not aligned to membership database, e.g divorce
- High expenditure

#### Increased costs of liabilities (SAMHS Challenges)

- Increased use of the private sector
- Inadequate control and monitoring
- Open-ended benefits
- Tariff management
- SAMHS Healthcare Practitioner's lack of knowledge on Managed Health Care and medical administration
- DoD/SAMHS environment (facilities management/refurbishments, human resources, systems & processes, procurement and log functions, service providers – Board of Healthcare Funders)

### CONCLUSION

#### **Strategic Priorities are:**



- Prudent financial management The Fund remains < 10% funded</li>
- Reviewing the funding model HR
- Expedited review of the General Regulations & Amendment of HR policies
- Permanent Board management of conflict of interests
- SAMHS intervention on challenges impacting the Fund
- Managing and Monitoring the change in the Risk Register (Risks)
- Improved stakeholder engagement active force members remain a challenge
- Improved engagement with RFMCF Beneficiaries

The sustainability of the RFMCF is totally dependent on the status of the SANDF and the professional management of the RFMCF

