**105026: Occupational Certificate:**

**Financial Advisor**

**Module 3**

**Health Care Benefits Advisory Services**

**SAQA ID: 105030**

**NQF Level 5**

**72 credits**

**FACILITATOR GUIDE**

**Contents**

[1.DURATION AND STRUCTURE 3](#_Toc43466304)

[1.2 Module grading 4](#_Toc43466305)

[2. BIBLIOGRAPHY/REFERENCES 5](#_Toc43466306)

[Book Resources 5](#_Toc43466307)

[Website Resources 7](#_Toc43466308)

[Learning Unit 1 7](#_Toc43466309)

[Learning Unit 2 8](#_Toc43466310)

[Learning Unit 3 9](#_Toc43466311)

[Learning Unit 4 9](#_Toc43466312)

[Learning Unit 5 10](#_Toc43466313)

[Learning Unit 6 10](#_Toc43466314)

[Learning Unit 7 11](#_Toc43466315)

[Learning Unit 8 11](#_Toc43466316)

[Learning Unit 9 12](#_Toc43466317)

[3. OVERALL MODULE OBJECTIVE 12](#_Toc43466318)

[4. GUIDELINES FOR FACILITATORS 14](#_Toc43466319)

[5. FEEDBACK SKILLS FOR FACILITATORS 16](#_Toc43466320)

[6. PREPARING FOR SESSION 20](#_Toc43466321)

[7. FACILITATOR CHECKLIST 24](#_Toc43466322)

[8. LESSON PLAN 25](#_Toc43466323)

# **1.DURATION AND STRUCTURE**

**1.1 Module Methodology**

In this course, we will introduce the learner to fundamentals of healthcare benefits advisory services. The learning process will be facilitated as follows:

There will be two contact sessions organised into the following general areas:

**Knowledge Topics**

1. Health care cover in South Africa
2. Managed care
3. Controlling fraud
4. Health care cover options
5. The cycle of the medical claim

**Practical skills topics**

1. Analyse the national health policy
2. Advice on the introduction of health care benefit programmes
3. Evaluate risk in a selected medical scheme
4. Apply knowledge of health economics to make an informed decision

There is an abundance of prescribed activities that range from simple drill to analyses of data sets. (It is recommended that learners attempt as many of these exercises as possible. This will guarantee an improvement in the confidence levels relating to each of the topics covered)

DURING THE MODULE: One test (closed book) and an individual assignment during the module will enable the learner to assess their understanding of the general management techniques covered.

AT THE END OF THE MODULE: A summative assessment (closed book) at the end of the programme will assess the understanding of all material covered during the programme.

## **1.2 Module grading**

|  |  |  |
| --- | --- | --- |
| **ASSESSMENT** | **TOTAL MARKS** | **WEIGHTING** |
| Internal Summative Assessment | 100 | - |
| Portfolio of Evidence | 100 | 30% |
| External Summative assessment | 100 | 70% |
| **TOTAL** |  | **100%** |

The written summative assessment is a 3-hour closed book assessment (exam).

There is no pre-seen case study.

**Requirements for the Successful Completion of the Programme:**

Learners must obtain a sub minimum of 50% for each of the above components. To successfully complete this module, learners must achieve a final mark of no less than 50%.

# **2. BIBLIOGRAPHY/REFERENCES**

### **Book Resources**

1. EXPLANATORY MEMORANDUM, To the Second Draft Demarcation Regulations made under section 72(2b) of Long-Term Insurance Act, No. 52 of 1998, National Treasury
2. long Term Insurance Act. No. 52 of 1998
3. Medical Schemes Act, 131, of 1998
4. Phaswane T. & Lissner B (2010-2011 Issue 1), What Medical Schemes are all about, CMS News.
5. DIAGNOSIS 2017/2018, Analysing the key trends in the medical schemes industry from 2000 to 2016, Alexander Forbes
6. ANNEXURE 5.2 MEDICAL SCHEME GOVERNANCE
7. February 2010, REQUIREMENTS FOR ADMINISTRATION OF MEDICAL SCHEMES, Council of Medical Schemes,
8. VAN ECK H, (16 March 2016) MATERIAL NON-DISCLOSURE, Eastern Cape Region, THE INSTITUTE OF LOSS ADJUSTERS OF SA
9. FET Certificate: Medical Claims Assessing, Demonstrate knowledge and understanding of the role functions and responsibilities of Trustees of Medical Schemes 12550
10. FET Certificate: Medical Claims Assessing, HEALTHCARE COVER IN SOUTH AFRICA, 117141
11. Prescribed Minimum Benefits and Chronic Medication, Council of Medical Schemes
12. Danie Kolver, MANAGED CARE: THE SOUTH AFRICAN CONTEXT, Council for Medical Schemes
13. Accreditation standards for managed care organisations, Standards and measurement criteria Council of medical schemes
14. FET Certificate: Medical Claims Assessing, Describe managed care as it applied in Medical Schemes Administration in South Africa, 118019
15. Ogunbanjo GA & Knapp van Bogaert D Ethics in health care: healthcare fraud, Pretoria
16. Health Professionals Council South Africa, (SEPTEMBER 2016), GUIDELINES FOR GOOD PRACTICE IN THE HEALTHCARE PROFESSIONS GUIDELINES ON OVERSERVICING, PERVERSE INCENTIVES AND RELATED MATTERS, Pretoria
17. S Naidoo, (June 2014), Over-servicing, SADJ, Vol 69 no 5 p230 - p231
18. CMS News Issue 1, June 2018
19. Midlane P., (13 November 2018), Fighting Medical Fraud In SA
20. Board of Healthcare Funders, Confidentiality of health Information
21. Section 4, First Level Regulatory Examination: Representatives, Inseta
22. FET Certificate: Medical Claims Assessing, Explain the Cycle of a Medical Claim, 118014
23. Financial Advisory and Intermediary Services Act, 37, of 2002,
24. The Promotion of Access to Information Act, 2, 2000
25. The National Health Act, 61, 2003
26. The Constitution of the Republic of South Africa
27. Reg H Magennis Johann van Zyl, (August 2009), Making health insurance work for the low-income market in South Africa: Cost drivers and strategies
28. Aaron Motswaledi, (2017) NATIONAL HEALTH INSURANCE FOR SOUTH AFRICA, White Paper, Department of Health
29. DISCUSSION DOCUMENT: Development of Low-Cost Benefit Options within the Medical Schemes Industry, (March 29, 2019), Council of Medical Schemes
30. Heather D McLeod, (March 2008),Risk Equalization and Risk Selection in South Africa
31. Circular 42 of 2018, Draft Medical Schemes Consolidation Framework, Council of Medical Schemes
32. Strategic and Emerging Issues in the Medical Scheme Industry First Southern African edition July 2012
33. Medical Scheme Consolidation, A high-level analysis on consolidation of medical schemes with less than 6000 members March 29, 2019, Council of Medical Schemes
34. National Health Insurance White paper
35. Circular 49 of 2016: Prescribed Auditor Report Templates, Council of Medical Schemes
36. CROWE, Annette Schandl & Philip L. Foster, (January 2019), Committee of Sponsoring Organizations of the Treadway Commission, INTERNAL CONTROL – INTEGRATED FRAMEWORK: An Implementation Guide for the Healthcare Provider Industry
37. Alan Haycox, (April 2009), What is health economics? Second edition
38. Pal Randhawa, (October 2009) Dalhousie University Kevin Chan, University of Toronto

### **Website Resources**

## **Learning Unit 1**

<https://www.keyhealthmedical.co.za/articles/199-what-is-a-medical-scheme-and-how-does-it-work>

<https://www.health24.com/Medical-schemes/Choosing-a-medical-scheme/Medical-schemes-the-basics-20120721>

<https://www.discovery.co.za/medical-aid/how-medical-schemes-work>

<https://www.selfmed.co.za/medical-funds-what-funds-a-medical-scheme/>

<http://www.treasury.gov.za/public%20comments/Demarc/Annexure%20B.pdf>

<http://www.medicalschemes.com/files/CMS%20News/CMSNews1Of2010_2011.pdf>

<http://ftp.bhfglobal.com/medical-schemes-qa-h-how-a-medical-scheme-works>

<https://businesstech.co.za/news/lifestyle/173791/__trashed-21/>

<https://www.fin24.com/Money/Health/your-medical-schemes-reserves-could-be-costing-you-money-20160927>

<https://www.alexanderforbes.co.za/download/afo/research/Asset%20Consulting%20Surveys/13789-D-2017-11.pdf>

<https://ehealthnews.co.za/medical-funds-administration-schemes/>

<http://www.compcom.co.za/wp-content/uploads/2018/07/ANNEXURE-5.2-MEDICAL-SCHEME-GOVERNANCE.DOCX.pdf>

<https://www.medicalschemes.com/Content.aspx?141>

<http://www.businessdictionary.com/definition/duties-of-trustee.html>

<https://blog.oneplan.co.za/Blog/2019/5/14/i-dont-get-it-why-is-health-insurance-more-affordable-than-medical-aid->

<https://www.hippo.co.za/medical-aid-quote/medical-insurance-vs-medical-aid/>

<https://www.gov.za/documents/insurance-act-18-2017-english-afrikaans-18-jan-2018-0000>

<https://www.iol.co.za/personal-finance/how-new-health-cover-regulations-affect-you-9708008>

<https://www.moonstone.co.za/demarcation-of-health-insurance-products/>

<https://www.genesismedical.co.za/industry-news/medical-scheme-non-disclosure-a-risk-never-worth-taking-part-2/>

<https://www.justmoney.co.za/news/2016/03/04/how-non-disclosure-could-terminate-medical-aid-membership/>

<https://www.fin24.com/Money/Health/10-things-your-medical-scheme-cannot-do-20160413>

<http://www.financialresults.co.za/2011/sanlam_sr2010/manage_structures.php>

<https://www.hierarchystructure.com/insurance-company-hierarchy-2/>

<https://www.fin24.com/Money/Health/10-hospital-plan-tips-20140908>

<http://www.privatehealth.gov.au>

<https://www.bizcommunity.com/Article/196/320/161045.html>

<https://www.fanews.co.za/article/healthcare/6/medical-schemes/1078/medical-aid-waiting-periods-and-late-joiner-penalties-what-how-why/23074>

<https://www.genesismedical.co.za/scheme-benefits/pro-ration-medical-aid-benefits/>

<https://www.vitacare.co.za/medical-aid-membership-pre-existing-conditions-waiting-periods/>

<https://www.medicalaide.co.za/medical-aid-exclusions-for-pre-existing-conditions/>

### **Learning Unit 2**

<https://www.nfb.org/images/nfb/publications/vodold/mngdcare.htm>

<https://en.wikipedia.org/wiki/Managed_care>

<https://www.jstor.org/stable/41344866?seq=1#page_scan_tab_contents>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447691/>

<https://www.iol.co.za/personal-finance/medical-cover/sponsored-content-what-is-managed-care-and-how-can-it-help-me-2095617>

<http://www.arthritis.co.za/managed%20care.htm>

<https://medlineplus.gov/managedcare.html>

<https://quizlet.com/2232242/6-managed-care-models-flash-cards/>

[www.amcp.org](http://www.amcp.org)

<https://ps.psychiatryonline.org/doi/full/10.1176/ps.50.4.489>

<https://www.ajol.info/index.php/samj/article/viewFile/155955/145582>

<https://pediatrics.aappublications.org/content/132/5/e1452>

<https://www.apta.org/WhatIsUM/>

<https://en.wikipedia.org/wiki/Utilization_management>

<https://www.simplifyhealth.co.uk/expert-perspective/press-office/news/utilisation-management-explained-in-5-steps.html>

<https://www.ncbi.nlm.nih.gov/books/NBK234995/>

<https://smallbusiness.chron.com/examples-utilization-management-activities-35820.html>

<https://www.gems.gov.za/en/members/programmes/disease-management>

<http://www.medscheme.com/products-and-services/health-administration/integrated-disease-management/>

<https://www.wellsteps.com/blog/2018/07/04/reasons-to-have-a-wellness-program-benefits-of-wellness/>

<http://www.tfgmedicalaidscheme.co.za/schemes/tfg/wellness-programme>

<https://www.fedhealth.co.za/zoom-on-benefits/corporate-wellness-sisters-on-site/>

<https://www.bonitas.co.za/members/wellness/>

<http://www.geom.uiuc.edu/usenate/payreport/how.html>

<https://www.verywellhealth.com/ways-to-get-paid-2317554>

### **Learning Unit 3**

<https://en.wikipedia.org/wiki/Fraud>

<http://www.businessdictionary.com/definition/fraud.html>

<https://dictionary.cambridge.org/dictionary/english/fraud>

<https://www.law.cornell.edu/wex/healthcare_fraud>

<https://en.wikipedia.org/wiki/Health_care_fraud>

<https://www.nhcaa.org/resources/health-care-anti-fraud-resources/consumer-info-action.aspx>

<https://www.iol.co.za/personal-finance/over-servicing-unregulated-tariffs-driving-up-medical-costs-11050801>

<http://www.hpcsa.co.za>

<https://www.insurancegateway.co.za/HealthcareConsumers/PressRoom/ViewPress/Irn=15044&URL=Medical+overservicing+in+South+Africa#.XQFSePZuJMs>

<https://sapaesa.co.za/overservicing-patients/>

<http://www.medimed.co.za/fraud_info.html>

<https://www.healthleadersmedia.com/finance/red-flags-fraud>

<https://www.ruaneattorneys.com/10-signs-of-healthcare-fraud/>

<https://www.healthman.co.za/Content/Images/hpcsafraud.pdf>

<https://www.acfe.com/uploadedFiles/ACFE_Website/Content/documents/Sample_Fraud_Policy.pdf>

<https://www2.deloitte.com/nz/en/pages/finance/articles/fraud-policies-why-you-need-one.html>

<https://www2.deloitte.com/content/dam/Deloitte/xe/Documents/About-Deloitte/mepovdocuments/mepov8/dtme_mepov8_keep-calm-carry-on.pdf>

<https://www.linkedin.com/pulse/4-steps-take-you-suspect-fraud-your-company-part-1-2-suzanne-t-/>

<https://getreferralmd.com/2014/03/top-5-tools-health-administrators/>

<https://www.nap.edu/read/21794/chapter/7#246>

### **Learning Unit 4**

<https://www.gems.gov.za/en/members/join-gems/application-forms>

<https://www.sun.ac.za/english/human-resources/Documents/HR%20WEB%20-%20MHB%20WEB/Documents-Dokumente/Policies>

<http://www.polmed.co.za/wp-content/uploads/bsk-pdf->

<https://aon.co.za/assets/docs/healthcare/2018/medical-scheme-documents/momentum/application-forms/2018_individual_application.pdf>

<https://www.google.co.za/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwjMsoCr0-_iAhX3SBUIHeFfAYwQFjAAegQIABAC&url=http%3A%2F%2Fftp.bhfglobal.com%2Ffiles%2FConfidentiality%2520of%2520Health%2520Information.doc&usg=AOvVaw1Tn0AvYoNraTTiVrYN61xj>

### **Learning Unit 5**

<https://www.fin24.com/Money/Health/10-things-your-medical-scheme-cannot-do-20160413>

<https://www.bizcommunity.com/Article/196/716/138476.html>

<https://www.moonstone.co.za/record-keeping-relief/>

<https://www.medicalprotection.org/southafrica/casebook/casebook-may-2013/understanding-popi>

<https://www.medicalbrief.co.za/archives/non-disclosure-doctors-not-attack-medical-schemes-acting/>

<https://nondisclosureagreement.com/hipaa.html>

### **Learning Unit 6**

<http://www.health.gov.za/index.php/nhi>

<https://www.hst.org.za/publications/South%20African%20Health%20Reviews/1%20Health%20Policy%20and%20Legislation.pdf>

<https://www.parliament.gov.za/storage/app/media/Docs/bill/8c2da6fa-72c5-449d-b33e-f7f5c2c28196.pdf>

<https://www.sanlam.co.za/simekahealth/marketinsights/articles/Pages/proposals-for-health-amendment-bill.aspx>

<https://www.iol.co.za/business-report/economy/here-the-changes-that-will-be-made-to-medical-schemes-act-15635820>

<https://businesstech.co.za/news/government/253207/these-are-the-10-massive-medical-aid-changes-you-need-to-know-about/>

<https://www.medicalschemes.com/>

<https://businesstech.co.za/news/motoring/285654/the-road-accident-fund-is-getting-replaced-heres-how-the-new-system-will-work/>

<https://www.gov.za/documents/competition-amendment-act-18-2018-englishafrikaans-14-feb-2019-0000>

<https://www.medicalacademic.co.za/news/nhi-msa-propose-long-term-comprehensive-reforms/>

<https://www.iol.co.za/personal-finance/what-is-the-risk-equalisation-fund-997315>

<https://www.fin24.com/Economy/Risk-equalisation-fund-needed-20040224>

<http://www.heathermcleodnz.com/risk-equalisation/4580338214>

<http://www.medicalschemes.com/files/Circulars/Circular42of2018.pdf>

### **Learning Unit 7**

<https://en.wikipedia.org/wiki/Risk>

<https://www.stakeholdermap.com/risk/risk-definition.html>

<http://www.businessdictionary.com/definition/risk.html>

<https://www.fin24.com/Money/Health/what-to-know-about-medical-scheme-members-20161226>

<https://www.momentum.co.za/for/you/media/medical-scheme-sustainability-important>

<https://www.metropolitanhrm.co.za/default.aspx?6eCAog1b4SdRQwS363Sp27t9N2p2XCoHLjrU7Y0UZXlwq525eAOBaILhTsuMxxoGXs+PSmrolsI=>

<https://www.bpmas.co.za/default.aspx?s8p/yeruyOMiFb6QkYiDUpPFy9pWthzaBZtFV9c75fWOJ+u7Ns4SD3iQ0QzsUXqYbW1qthwx0kWqPqlXnBmClg==>

<https://www.bankmed.co.za>

<http://www.lahealth.co.za/schemes/lahealth/international-claims>

<http://www.hr.uct.ac.za/hr/benefits/healthcare/medicalaid_policy>

<https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/south-africa>

<https://www.gov.za/speeches/world-tb-day-2018-30-nov-2017-1109>

<https://www.tbfacts.org/tb-statistics-south-africa/>

<https://www.thedti.gov.za/parliament/StratPlans_APPs/NCC2017-AnnexureB.pdf>

<https://www.coso.org/Pages/default.aspx>

<https://info.knowledgeleader.com/bid/161685/what-are-the-five-components-of-the-coso-framework>

<https://www.thebalance.com/sarbanes-oxley-act-of-2002-3306254>

<https://www.coso.org/Pages/default.aspx>

### **Learning Unit 8**

<https://www.db.com/company/en/debt.htm>

<https://www.investopedia.com/terms/s/sovereign-credit-rating.asp>

<https://en.wikipedia.org/wiki/Standard_%26_Poor%27s>

<https://www.standardandpoors.com/en_US/web/guest/home>

### **Learning Unit 9**

<https://www.aeaweb.org/resources/students/what-is-economics>

<https://www.econlib.org/library/Topics/College/whatiseconomics.html>

<https://www.soas.ac.uk/cedep-demos/000_P542_EP_K3736-Demo/unit1/page_07.htm>

<http://www.bandolier.org.uk/painres/download/whatis/What_is_health_econ.pdf>

<https://pmj.bmj.com/content/79/929/147>

<https://www.freeeconhelp.com/2011/06/five-fundamental-principles-of.html>

[www.ecnmy.org](http://www.ecnmy.org)

[www.investopedia.com](http://www.investopedia.com)

[www.shopify.co.za](http://www.shopify.co.za)

<https://www.freeeconhelp.com/2011/05/opportunity-cost.html>

<https://www.yhec.co.uk/glossary/opportunity-cost/>

<https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4d-health-economics/marginal-analysis>

<https://study.com/academy/lesson/economic-incentives-definition-examples-quiz.html>

<https://accesspharmacy.mhmedical.com/content.aspx?bookid=462&sectionid=41100767#7965228>

# **3. OVERALL MODULE OBJECTIVE**

This qualification will improve learners’ understanding and application of the key elements of a comprehensive financial investment advisor field and apply their understanding in their respective workplaces.

The objectives of the learning programme include the following:

* Health care cover in South Africa
* Managed care
* Controlling fraud
* Health care cover options
* The cycle of the medical claim
* Provide advice on the introduction of health care benefit programmes
* Analyse client needs regarding health care benefits

Upon completion of this qualification graduating learners will be sufficiently prepared to pursue a career in financial investment advisor field.

Each document in the qualification pack is prefaced by a set of learning objectives (to focus the learning process) and is concluded with exercises which will develop analytical skills and confidence in the learner.

**ICONS**

The Course Packs was compiled using symbols to assist the Facilitator and the learner in identifying different requirements as they work through the manual. The following symbols indicate these different requirements:



**** 

** **

 ****

**** 



# **4. GUIDELINES FOR FACILITATORS**

This Facilitators Guide is a resource, which will help you to:

* Understand the program, as well as its objectives, characteristics and the requirements it places on you the facilitator.
* Work through the qualification pack thoroughly in the early stages of delivering the modules.
* Develop your confidence and ability to deliver the material in a way that best suits your teaching style and method.

Three stages to follow:

* **Learning:** During the training, you may need to regularly refer to the course pack as it will provide you with a simple of methods to be used in terms of the delivery of the training.
* **Prompting:** As you become more comfortable with the modules, you are encouraged to prepare presentation, using the Lesson Plan provided. This document has been written as a prompt sheet to remind you of the contents to be covered.
* **Creating:** You will inevitably reach a stage when you experience the facilitators guide as being "restrictive" and find that you can contribute many additional ideas in the delivery of this program. This is highly encouraged, subject to you keeping the training content in line with the Lesson Plan.

The notes are generally governed by a key verb. These are usually “Explain” or “Elicit”.

* **Explain:** will be followed by information that you need to relay to the learner or group.

**Elicit:** will be followed by information that you need to make clear to the group, either by asking them questions, by asking for them to obtain further information or by seeking their agreement and, hence testing their understanding. How you “elicit” is completely up to you as the facilitator.

A number of other key words have been used, i.e. discuss, model, demonstrate, etc. which we trust is self -explanatory.

The manner and style that you deliver the modules, as well as your preferred selection in terms of the additional role-plays and exercises will affect the experience of the learners. Getting to know your audience is therefore recommended.

We recommend that if you have not completed the qualification as a learner, you should spend time reflecting on your own experiences, as a Manager or as an Employee.

This will help you to apply the contents of the program to your own experiences and develop a level of authority on the subject.

Think about the various people who have reviewed your performance and how they did it. Think about the various people whose performance you have reviewed and how you went about doing it.

Generate examples and case studies of your own to illustrate points as you make them.

**1.** **Presentation of Content:**

* Understanding and explaining key concepts.
* Effective presentation skills i.e. use of training aids, verbal and non-verbal communication.
* Summarizing key points in an effective and succinct manner.

**2. Management of the Group:**

* Using facilitation skills to promote a positive, comfortable learning environment for each learner while maintaining appropriate control of the group process in order to achieve the learning objectives.
* Using questioning techniques that draw relevant information maximise group participation and check for understanding.
* Dealing with unplanned behavior/events so that the objectives are still achieved.
* Managing time.

**3. Management of exercises/skills practices:**

* Providing sufficient rationale/instructions for exercises/skills practices to enable learners to carry out the activities and understand the purpose of each activity.
* Following the content arrangement in the Learner Guide in a proper sequence.

**4.** **Feedback Skills:**

* Analysing behaviors during role-plays accurately.
* Representing feedback accurately, meaningfully with appropriate evidences, i.e. using the same guidelines as in the Workbook.
* Presenting feedback that highlights learning, involves learners in the process and applies specific actions.

**5.** **Facilitation of Skills Transfer:**

* Using relevant examples/analogies to link concepts/skills practices to on the job experience.
* Stressing the value of the use of the skills in the workplace and making it easy for learners to "transfer" this training.
* Drawing out connections from learners by using knowledge of the organisation, their job environment and responsibilities.
* Modeling the skills with energy and enthusiasm.

# **5. FEEDBACK SKILLS FOR FACILITATORS**

As feedback skills are critical throughout this program, we have provided some guidelines, which will assist you.

**A) PROVIDE STRUCTURE:**

Providing structure means telling people what is going to happen next, and what is going to be expected of them when it happens. This information will help them to relax and to prepare themselves.

Specifically:

* Give an overview of the feedback process at the beginning of the session.
* Give clear explanations of the next stage at major shift points; for example: at the end of the introduction; the end of group feedback; the end of individual feedback.
* Summarise the main conclusions reached by the group or individuals periodically for example; the end of a graph slide, or group feedback; the end of an individual's feedback.

**B) SHIFT THE FOCUS OF POWER:**

In the face of objective data, the group can feel pretty powerless. The power rests with the data and with the person presenting it. It is important to shift the focus of power away from the facilitator and towards the group.

**Specifically:**

* Providing structure will help the group to feel in some control of the session.
* Clarifying the purpose of the feedback will help the group to take some responsibility for the session (for example the session is to help them make decisions, etc.)
* Getting the data up in front of the group as quickly as possible, so that there are no unnecessary delays (for example over-explanation of behaviour definitions or pieces of research; or perception gap exercises).
* Encouraging the individual and group to take ownership of assessing their own progress and development.

**C) BE QUICK:**

One of the advantages of Behaviour Analysis is that it can help someone decide on a practical action for skill development relatively quickly.

This is because:

* It doesn't go for the whole picture.
* It doesn't explore in great depth why people behave in the way that they do.
* Ensures that you move through feedback at the right speed and do not become "bogged down"
* Focuses on the impact of someone's behaviour rather than its causes; understanding of impact provides the motivation to change.
* Moves from problem to solution; having established an area of concern or difficulty, explore what can be done, behaviourally, that will help.

**C) USE QUESTIONS:**

The role of the facilitator should be as a guide. This will involve some explanation; behaviours; explaining the slides; covering on research models. But the behavioural style should be primarily a questioning one.

**Specifically:**

* Seek information to encourage the group to discuss the data. In particular use Seeking Information to help the group evaluate the data, their own and the impact of other people's behaviour.
* Test Understanding to clarify the group's understanding of the data and meaning to them. Use it also to challenge people whom are avoiding or resisting messages from the data or from the rest of the group.
* Seek Proposals from the group and individuals about how they could improve their effectiveness.

**D) BE SPECIFIC:**

As much as possible, be specific when you are giving feedback.

**Specifically:**

* Give specific examples of people's behaviour when appropriate. This is especially useful of Defend/Attack behaviour, when it is important to let people know exactly what was said. It is relevant for other behaviours and helps people to relate the data to what actually happened.
* Avoid vague comments such as "That's interesting" or "You might want to think about that". Comments like these, if left in the air unexplained, create the impression that you're withholding (negative) information from the group. The locus of power will shift back towards you and away from the group.
* When members of the group are talking, ask them to be specific and give examples. If they are talking about their job, ask them to give details.

**E) BE NON-EVALUATIVE:**

Because the source of the feedback is objective data, the facilitator cannot afford to be evaluative or judgmental in any way. Subjective opinion will undermine the data and confuse the group. When you've just spent an hour observing a group make a complete hash of an activity, or being irritated beyond measure by the level of someone's Shutting Out behaviour, being non-evaluative and non-judgmental can be hard.

**Specifically:**

* Avoid using words which betray your value judgments, for example: "That's a good level of summarising there"; “If you Shut Out too much you're going to start irritating people". Not only do these words express your opinion, they suggest to the group that there are "right answers" that you are judging them against.
* Get the group to do their own evaluation. They may feel very differently to you (found the Summarising tedious or the Shutting Out acceptable). They may feel exactly the same as you. Either way, how they feel is more important than how you feel.

**F) BE SOLUTION-CENTRED:**

Behaviour Analysis feedback is essentially solution-centred. Put it another way; Behaviour Analysis is about asking: "How could you be more effective?" rather than: "Why are you ineffective?” A common reason why people initially take a long time giving Behaviour Analysis based feedback is because they focus too heavily on problems, and often don't switch to solutions at all, which means that it's difficult to know where to stop! It also means that the person receiving the feedback has no way forward; they have been left with the problem.

As the facilitator, your role is to help people to:

* Identify areas where they have behaved inappropriately or not as effectively as they could have.
* Ways in which they could change their behavioural strategy so that they are more effective.
* Specific skills that they can develop in order to carry out their new strategy and ways in which they can develop these skills.

**G) BE NON-PRESCRIPTIVE:**

The emphasis must always be on the receiver of the feedback identifying his/her own solution. There may be times when it is blindingly obvious to you what someone should do. If you tell them, the chances of them actually doing it are reduced. They will be far more committed to the solution if they identify it themselves.

Specifically use:

* Seeking Proposal behaviour to encourage them to find solutions to issues that have arisen.
* Testing Understanding to clarify their proposal, and as an alternative to disagreement if you think it is a poor solution.
* Building behaviour to modify the proposal in order to overcome any flaws that you have identified.

**H) INTEGRATE TO OTHER POINTS:**

The same issue will often arise at different points in the session: points raised during group feedback will re-emerge in someone's individual feedback, or the same point is reflected in two different graph slide displays. When this happens, try to refer back accurately to what people have said earlier.

This is important because:

* It shows you have heard and respected what they said.
* It avoids needless repetition and thus saves time.
* It can allow you to go into the issue more deeply, using their earlier responses as a starting point.

**I) MAKE IT RELEVANT:**

With Behaviour Analysis based feedback, it is easy to become absorbed by the data and thus focus too heavily on the "snapshot" that the data represents. It is important that you use the data, rather than, as can sometimes happen, the data using you.

**Specifically:**

* Help the group to explore whether the data is typical of their behaviour in other situations.
* Explore problems they experience in their job situations, to see if they are reflected by the data on display.
* Explore the ways in which they would like to be more effective in their present (and possible future) job situations.
* Identify action plans that are practical, and which will be a step towards achieving greater effectiveness.

# **6. PREPARING FOR SESSION**

* Use the Session Preparation Checklist (see Addenda) as a guideline to ensure that all required resources and materials are available prior to the training session.
* The lesson plan will also assist in preparing for the session.



* The Attendance Register should be completed by all learners attending the training session.
* The pre and post assessment results must be filled in by the facilitator at the end of the training session.

**INTRODUCTION**

Welcome everyone to the session. Give a general overview of the training topics you will cover during the entire training process.

[](https://www.google.co.za/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwjeuuOHlZ_iAhWtAWMBHTVnD2kQjRx6BAgBEAU&url=http://www.pinterview.in/blog/2017/01/how-to-score-top-marks-in-a-group-discussion/&psig=AOvVaw2aT7J5W6OsrAQWj1-4Ddec&ust=1558065629589788)

**EXERCISE - ICE BREAKER**

To help set the atmosphere and put learners at ease use one of the following ice breakers.

a) Explain how you would like learners to introduce themselves.

b) Write the following on the flip chart:

* Who are you?
* What is your current job?
* Share some personal information about yourself.
* Suggest a ground rule for the day.
* What are your expectations and/or reservations for this session?

**Explain** what you mean by ground rules. They should think about likes/dislikes about training, i.e. confidentiality, cell phones off, no interruptions, keep to agreed breaks, etc.

**Explain** that unless people have thought about what they want to get out of a training session, they rarely achieve anything of value from the session. Expectations include getting answers to questions, learning new skills, hearing different opinions etc.

**Model** how long you want learners to take by introducing yourself using the questions on the flip chart. **Explain** that introductions should not take much longer than one to two minutes. These introductions can be carried out in a variety of ways.

**FACILITATOR TIP:**

It is possible that learners have attended the learning programme together and know each other well. Here are a few variations that you can use for the ice breakers.

1. **Option One:**

Divide the group into pairs. Request the individuals to introduce themselves to their partners. Ask their partners to introduce them to the group.

1. **Option Two:**

Ask each individual to introduce themselves to the group.

1. **Option Three:**

Non-verbal introduction. This icebreaker can be used very effectively if the learners know each other very well and do not want to do the usual introductions. Divide them into pairs. Demonstrate the introduction to them by doing a non-verbal introduction of yourself and asking them to tell you what you have “told” them about yourself. Give them two minutes each to introduce themselves. When you have returned to the larger group get the partner to introduce the individual while the individual evaluates how accurately the partner introduces himself/herself. You can use this as a short discussion on the importance of non-verbal communication.

1. **Option Four:**

Unprepared introduction. This introduction may be used to demonstrate that even if we work with people day after day, we don’t often get to ‘really’ know them. Change the list on the flip chart to read: Name of person, what is their current job, some personal information about their family, their hobbies, and their favourite possession. Ask a learner to introduce another learner by using the above topics. The only rule is that they may not ask the learner the information, they simply have to guess. Once the learner has completed the introduction, ask the person he/she was introducing to supply the correct information where applicable. Also ask them to share a ground rule and their expectations and capture this on the flip chart. Debrief by explaining how important it is to get to know your employees in order to manage their performance effectively.

**Review** the ground rules you’ve captured on the flip chart to ensure that everyone agrees with them. They can be extended as needed. Place flip chart on wall.

**Summarise** the expectations and reservations. If there are any expectations that will not be covered in the session, highlight them and discuss with the group how best to deal with it, i.e. build it in, discuss in with the particular learner, send them follow up information, etc.

**ADMINISTRATIVE ARRANGEMENTS**

**Explain** the administrative arrangements with the group in terms of:

* Smoking arrangements;
* Breaks;
* Meals and refreshments;
* Starting and finishing times; and
* The importance of attending the full session.

**Elicit** whether any special arrangements need to be made regarding times, special meals, etc.

**TRAINING METHODOLOGY**

Explain the training methodology of the session, i.e. that the session is practical and experiential:

* Minimal theory just enough to cover principles, models and processes;
* Experiential by learning as much as possible through participation as individuals (sharing their experiences in group discussions).

Explain that this session belongs to the learners and that they should feel free to question, argue constructively and ensure that they understand the process by the end of the session.

**WORKBOOKS**

Hand out the workbooks and explain how it is designed and how it should be used.

Tell the learners that the manuals are theirs and that in order to make their learning effective, they should feel free to make additional notes, jot down questions they have or simply sketch diagrams which will help them link information.

Discuss how the workbook is designed and meant to be used by talking them through the information in the workbook.

**Learning programme contents and outcomes**

Explain the course outcomes and contents in context with the module.

# **7. FACILITATOR CHECKLIST**

|  |  |  |
| --- | --- | --- |
| **Preparation** | **Yes** | **No** |
| **Content Knowledge**  I have sufficient knowledge of the content to enable me to facilitate with ease. |  |  |
| **Application Knowledge**  I understand the program matrix and have prepared for program delivery accordingly. |  |  |
| **Ability to Respond to Learners Background and Experience**  I have studied the learner demographics, age group, experience and circumstances, and prepared for program delivery accordingly. |  |  |
| **Enthusiasm and Commitment**  I am passionate about my subject and have prepared my program delivery to create a motivating environment with commitment to success. |  |  |
| **Enterprise Knowledge**  I know and understand the values, ethics, vision and mission of the service provider under whose auspices the program will be conducted, and have prepared my program delivery, reporting and administrative tasks accordingly. |  |  |
| **Equipment Checklist**: |  |  |
| Learner Guides: 1 per learner |  |  |
| Learner Assessment Guides: 1 per learner |  |  |
| Writing material and stationery for facilitator and learner |  |  |
| White board and pens |  |  |
| Flip chart paper |  |  |
| Projector and screen |  |  |
| Notebook computer and program disk |  |  |
| **Documentation Checklist**: |  |  |
| Attendance register |  |  |
| Course evaluation |  |  |
| Learner course evaluation |  |  |
| Portfolios of evidence |  |  |

# **8. LESSON PLAN**

|  |  |  |
| --- | --- | --- |
| **DAY ONE** | | |
| **Welcome and opening 8:30 - 9:30** | | |
| **Activity** | Resources | Time minutes |
|  |
|  |
| Welcome | - | 5 |
| Ice breaker | Ice breaker | 10 |
| Introductions | Name tags | 10 |
| Expectations | Flip chart | 5 |
| Programme overview | Flip chart | 5 |
| SA learning environment | Flip chart/ Projector | 5 |
| Programme outcomes | Flip chart projector | 5 |
| Rules | Flip chart | 5 |
| Time management | Flip chart | 3 |
| Resources and facilities | - | 2 |
| Programme lay out & Assessments | Flip chart/ projector | 5 |

|  |  |
| --- | --- |
| **Session One: Day One** | |
| **Health care cover in South Africa** | |
| **Session 1. Outcomes** | |
| * The concept of a medical scheme * Medical insurance * Compare the payment of claims against a medical scheme to claims against an insurance product * Name the different legislations governing medical schemes and insurance products * Types of medical cover available in South Africa and other countries * Traditional medical scheme products | * Facilitator led discussions |
| Allow learners to reflect on the session |
| Facilitator to summarise and conclude. |

|  |  |
| --- | --- |
| **Session Two: Day One** | |
| **Healthcare Cove in South Africa** | |
| **Session Outcomes** | |
| * New generation products * Reasons why the industry has moved away from traditional to new generation products * Prescribed minimum benefits * Restricted benefits * Exgratia payments * Pro-ration of benefits * The terms date of inception; date of termination and suspension * The concept of a pre-existing condition * Late joining penalties | * Facilitator led discussions * Group discussions |
| Allow learners to reflect on the session | |
| Facilitator to summarise and conclude. | |

|  |  |
| --- | --- |
| **Session Three: Day Two** | |
| **Managed Care** | |
| **Session Outcomes** | |
| * The concept of managed care * Reasons for the introduction of managed care * The history of managed care in South Africa * The impact of Legislation on managed care in South Africa * Five broad principles of managed care * Analyse a managed care model * Managed care programmes * The concept of utilisation management * The concept of disease management * The concept of a wellness programme * The importance of education for the success of a managed care programme * The advantages and disadvantages of managed care | * Facilitator led discussions * Role plays * Group exercise * Learner presentations |
| Allow learners to reflect on the session | |
| Facilitator to summarise and conclude. | |

|  |  |
| --- | --- |
| **Session Four: Day Two** | |
| **Controlling Fraud** | |
| **Section Outcomes** | |
| * The concept of fraud * The relationship between over servicing and fraud * Parties who could commit fraud in the Healthcare Benefits Administration environment. * Possible indicators of fraudulent activity * Legislation governing fraud is identified as it applies in Healthcare Benefits Administration. * The legal recourse available to Healthcare Benefits Administrators * The consequences of committing fraud * The impact of fraud to the healthcare system * The procedure followed if fraud is suspected * The process followed in order to gather evidence * Tools that are available for information management * Possible control measures that could be used to manage fraud * The risk if a Healthcare Benefits Administrator does not implement adequate control measures * The role of a quality control programme | * Facilitator led discussions * Group exercise |
| Allow learners to reflect on the session | |
| Facilitator to summarise and conclude. | |

|  |  |
| --- | --- |
| **Session Five: Day Three** | |
| **Healthcare Cover Options** | |
| **Section Outcomes** | |
| * Ask questions in order to establish the profile of a client * Ask questions to establish attitudes and values relating to healthcare * Analyse the critical elements of different medical scheme options * Select an option that best meets the needs of a specific client * Analyse the rules of a scheme to determine benefits and how the Medical Schemes Act is applied * Explain the rights and responsibilities of the individual as a member of a medical scheme * Compare benefit guides, rules of a scheme and other relevant documents * Present affordable alternative solutions that meet a client's needs * Explain the benefits, advantages and disadvantages of the proposed alternative solutions with reference to the FAIS Act | * Facilitator led discussions * Group exercise * Demonstrations * Presentations |
|  |
| Allow learners to reflect on the session | |
| Facilitator to summarise and conclude. | |

|  |  |
| --- | --- |
| **Session six: Day Three** | |
| **The cycle of a medical claim** | |
| **Section Outcomes** | |
| * The different ways in which a claim may be received * The process followed in admitting a claim to a system. * The consequences of non-compliance with the claims process * The route followed by a standard claim * The route(s) followed by complex claims * Identify the control measures for simple and complex claims * Documents required to support a complex claim * Possible errors that could occur in the cycle of a medical claim * Different ways in which a claim may be paid * The importance of confidentiality throughout the claims cycle * Claims storage systems and the control measures available * Accessing claim related information from a system | * Facilitator led discussions * Group exercise * Demonstrations * Presentations |
| Allow learners to reflect on the session | |
| Facilitator to summarise and conclude. | |

|  |  |
| --- | --- |
| **Session seven: Day four** | |
| **Analyse the National Health Policy** | |
| **Section Outcomes** | |
| * Analyse the goals of the National Health Policy in relation to access and redress. * Critically evaluate the effectiveness of the current regulatory environment in support of the Government’s goals for healthcare. * Investigate industry initiatives in response to the National Health Policy. | * Facilitator led discussions * Group exercise * Demonstrations * Presentations |
| Allow learners to reflect on the session | |
| Facilitator to summarise and conclude. | |

|  |  |
| --- | --- |
| **Session eight: Day four** | |
| **Evaluate risks in a selected medical scheme** | |
| **Section Outcomes** | |
| * Identify risks specific to medical schemes * The process used to manage risk in a selected medical scheme * The roles and responsibilities of individuals at all levels in the organisation * Different models for managing risk * Analyse threats and opportunities to identify potential areas of risk * Evaluate and prioritise risks and identify the measures necessary to mitigate each risk. * Evaluate the adequacy and effectiveness of interventions to control the risk * The effectiveness of systems for communicating, reporting and monitoring * Analyse the internal and external audit reports and other relevant information | * Facilitator led discussions * Group exercise * Demonstrations * Presentations |
| Allow learners to reflect on the session | |
| Facilitator to summarise and conclude. | |

|  |  |
| --- | --- |
| **Session nine: Day five** | |
| **Advice on the introduction of health care benefit programmes** | |
| **Section Outcomes** | |
| * Analyse Government Health Policy in terms of how it affects the performance of a Medical Scheme * Analyse the impact of decisions of the various stakeholders on a selected medical scheme. * Evaluate the performance of a medical scheme * Evaluate the resources of a medical scheme and their effect on performance * Analyse the impact of disease on the healthcare system in South Africa. * Identify and analyse threats and challenges to healthcare delivery in South Africa * Conduct a needs analysis of a client or target market. | * Facilitator led discussions * Group exercise * Demonstrations * Presentations |
| Allow learners to reflect on the session | |
| Facilitator to summarise and conclude. | |

|  |  |
| --- | --- |
| **Session ten: Day five** | |
| **Apply knowledge of health economics to make an informed decision** | |
| **Section Outcomes** | |
| * Demonstrate knowledge and understanding of health economics in the provision of healthcare. * Apply the principles of health economics to enable informed decision making. * Explain the impact of the regulatory environment on health economics. * Demonstrate knowledge and understanding of the role of pharmaco-economics in funding decisions | * Facilitator led discussions * Group exercise |
| Allow learners to reflect on the session | |
| Facilitator to summarise and conclude. | |

|  |  |
| --- | --- |
| **Finishing the Programme** | |
| Programme evaluation | Allow learner to evaluate the workshop using the provided forms |
| Next steps | Tell learners the next steps, training, assessment procedures |
| Assessments | Explain the assessment process to the learners |