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23 August 2019

Registrar and CEO
Council for Medical Schemes
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For attention: Dr Kabane

Dear Dr Kabane

CENTRAL BENEFICIARY REGISTER

Thank you for the meeting of 16 August 2019, it is regretful that the time allocated was insufficient to discuss this important issue and we request a follow up meeting as soon as possible to discuss the way forward with respect to Circular 52. This letter aims to provide some feedback on points discussed in the aforementioned meeting and also to provide some input on Circular 52 as our member schemes have raised a number of concerns which we are hoping to discuss with you.

CareConnect

We appreciate the opportunity to update your office on the recent developments with CareConnect. This is work in progress and the regulator is a key stakeholder in this process, hence the original request for the meeting. The Board of CareConnect have confirmed that it has always been the intention for the Regulator and Department of Health to have access to this functionality at no cost.

This has been previously communicated. It is also important to note that the CareConnect model (which is a secure switching mechanism rather than a repository) is not intended as a counter proposal but rather as one of the tools that can address some of the objectives CMS has raised in Circular 52. We would encourage your Office to continue engagements with CareConnect as some important and relevant issues around data sharing and consent requirements have been tackled in the development process.

Circular 52

As noted in the meeting, there are a number of issues around data security and confidentiality that still need to be addressed and this puts Trustees in a difficult position in responding to Circular 52, particularly since it is an invitation to voluntarily submit personal information pertaining to members. We have set out some of the concerns herein to aid further discussion in the follow-up meeting requested above.

- One of the key concerns is that referring to Circular 47 of 2016, the Minister's directive referred to stakeholder collaboration and basic data and we would like the opportunity to discuss how to address this in the least invasive way, which is in line with legislation relating to personal information.
- There are a number of concerns around the data specification. The aforementioned directive referred to "domicile" which could be a region or district rather than all contact details. The data specification also includes requests for information that schemes do not have such as on race and social grant status.
- The ITAG process has been useful from a technical perspective but we are concerned that the legal issues have not been addressed, particularly given the negative response to our request to share the legal opinion obtained by CMS. Sharing this opinion could give Trustees some comfort with respect to their obligations towards members.
- Our view is that we should be exploring the least invasive means (from the perspective of sharing personal information) to addressing the stated objectives and some specific comments on these are (as they are set out in Circular 52):
    - *The creation of a unique identifier for every beneficiary*: We would like to discuss whether an algorithm can be applied by administrators which would enhance data security.
    - *Verification of member status when visiting state facilities*: As noted in the meeting, such an objective could be achieved through an information exchange mechanism such as CareConnect. We suggest setting up a task team including the Department of Health, to look into this process.
    - *Demographic reporting will aid health planning*: This objective does not require personal information and we would welcome the opportunity to discuss how this can be achieved through adequate statistical reporting.
    - *Improved and direct communication with members*: We would like to better understand the nature of such communication and whether this can be facilitated by the schemes, as is currently the case. This is an unusual regulatory function and is not part of the Ministerial directive referred to in Circular 47 of 2016.
    - *Data verification and quality improvement by schemes and administrators*: We would like to understand how the information requested will support this and whether there are other mechanisms that can be considered.

- *Monitoring of membership behaviour over time*: We would like to understand which behaviours are being referred to and whether this can be best addressed without personal information.
- *Future linkage to the NHI Health Patient Registration System (HPRS)*: This is an important objective and we would welcome the opportunity to engage with the NHI office on these requirements and processes. We support such an engagement being facilitated by your Office.

- Our member schemes are concerned that the MOU commits them to providing a data dump of all beneficiaries without regard to the outcomes from the initial process of 10 000 beneficiaries.

Following from the collaborative approach adopted under Pillar 9 of the Health Compact, we are aiming to be constructive in finding a way forward, which may well be an incremental approach with respect to both the data specification and the quantum of data. Our member schemes are very concerned about this issue since they are mindful of their obligations to members but are also wanting to support the Regulator in addressing the objectives noted in the Circular. Circular 52 imposes a deadline of 31 August 2019 for responding to the invitation to participate in the pilot program. Noting that we are still engaging the CMS on this matter, we requested an extension to respond to the Circular on behalf of our members (see letter of 02 August 2019 attached for ease of reference) but have not received a response from CMS to date. Kindly advise the status of our request and a date that we can have a follow up meeting based on the contents of the aforementioned comments.

Yours sincerely

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Lerato Mosiah
Chief Executive Officer – HFA

cc via email:
Mr. Teddy Mosomothane - Chairman of HFA