

BENEFICIARY REGISTRY

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Cape Town
16 -19 July 2017

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health

Department:
Health
REPUBLIC OF SOUTH AFRICA



What is it?

- The Beneficiary Registry will be a central repository of all funded patients.
- The SAID will be used to uniquely identify a beneficiary.
- Additionally, a unique Beneficiary ID will also identify each individual.
- The system introduces the “one number for life concept” to all funded beneficiaries.



Why is it sitting at the CMS?

- The CMS has been tasked with establishing a central repository containing all funded (Medical Scheme) patients in South Africa, by the Minister of Health.
- This activity is also listed as a Programme Performance Indicator on the National Department of Health Annual Performance Plan.



Why do we need it and what are the benefits?

- The BR can be used by provincial health departments to verify membership status of patients that have medical aid cover, visiting state facilities.
- Both the CMS and Department of Health will be able to derive demographic reports which will aid in health planning.
- Members could potentially be reached directly and communicated with under specific pre-agreed circumstances.



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Why do we need it and what are the benefits?

- Schemes and Administrators will be able to verify their membership data against the BR.
- The BR can become a powerful tool to ascertain membership history and behavior over time.
- Potential future linkage to the NHI Health Patient Registration System (HPRS) will identify those patients with complimentary cover when they present for treatment.



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The power of the CMS to establish and maintain the beneficiary registry

- Opinion of the State Law Advisor still awaited, however legal opinion obtained from Counsel:
- Counsel satisfied that the creation and maintenance of the Beneficiary Registry falls under the “functions” of the CMS as contemplated in Section 7 of the MS Act and specifically Section 7(h): “perform any other functions conferred on the Council by the Minister” and that this section, coupled with the broad powers in section 8 of the Act, is sufficient to allow the CMS to create and maintain the Beneficiary Registry.
- However, to ensure absolute certainty, the CMS will consider the enactment of regulations regarding this matter.



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Constitution and POPI

- Counsel is satisfied that the creation of the Beneficiary Registry would not violate section 14 of the Constitution or the provisions of POPI (once these come into force).



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Is participation compulsory?

- Enforcement of the requirement to participate in this process has been put on hold by the CMS until such a time that we have a final legal opinion from the state law advisors.
- After the legal framework has been confirmed medical schemes will be directed to submit the data in line with the provisions of the MSA and POPIA.
- Certain schemes have however already committed themselves to participating on a voluntary basis in the meantime.
- The requirement is also specifically codified in the Medical Schemes Amendment Bill under Chapter 3A.



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Consultative Process



The National Department of Health requests all medical schemes, administrators and regulated private health care funding entities to furnish the CMS with regular updated electronic records pertaining to basic personal, demographic (including domicile) details of all members and their beneficiaries, as stored on their respective member management systems. The method, frequency and security of provisioning of the data will be determined and implemented by the CMS in close collaboration with affected stakeholders. Information related to the medical history of medical scheme members is not required.



IT Advisory Group (ITAG)

- ITAG was established on 25 October 2016 with a view to:
 - Advising the Council for Medical Schemes (CMS) on improving existing Information Technology (IT) platforms currently deployed to medical schemes, administrators and relevant stakeholders.
 - Advising and assisting the CMS in identifying and developing new IT platforms aimed at improving the interaction between the CMS and its stakeholders and the overall regulatory function and effectiveness of the CMS.
 - Assisting the CMS in the collection and dissemination of information about private health to the Health Ministry as required by Sections 42 and 7, of the Medical Schemes Act.



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Result of ITAG Work streams

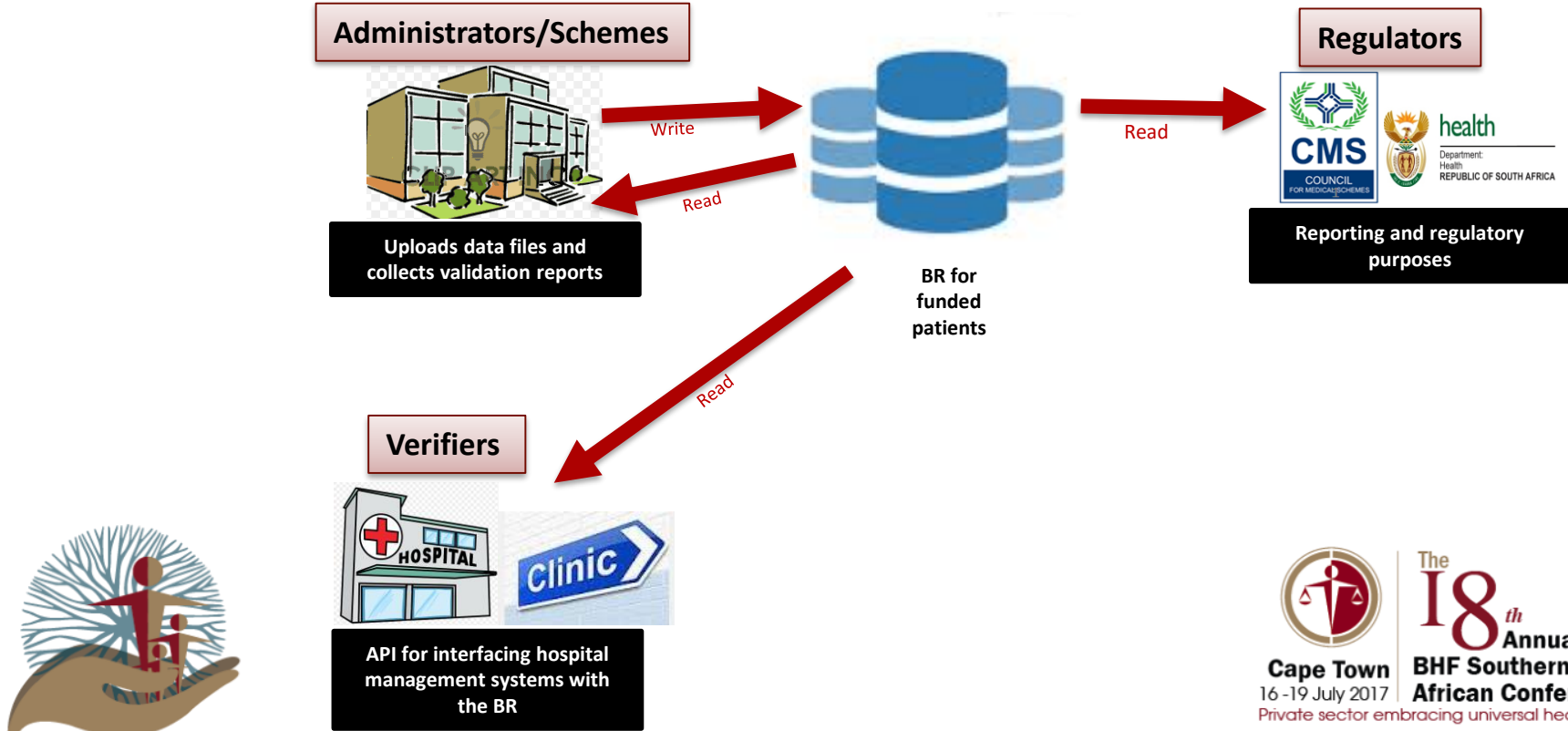
- 4 Work streams – 1 – **Data Specification**, 2 – **Data Collection Method & Process**, 3 – **IT Security**, 4 – **POPI, Governance, Consent and Legality** of the BR.
- Work stream 1 – Agreed on data fields to be collected, some of which are subject to outcome of Work stream 4.
- Work stream 2 – Agreed on a preferred method of collection of data.
- Work stream 3 – Identified security measures required.
- Work stream 4 – Submitted submission to State Law Advisors for a final Legal opinion. State Law Advisors acknowledged receipt on 9 June 2017.



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Solution overview



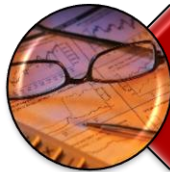
Data collection process



Initial Data Dump - all member data uploaded, audited and cleansed.



Ongoing updating of records by self administered Schemes and Administrators – 24 hour refresh cycle.



Periodic returns to validate BR data – CMS QR Returns



Data delivery mechanism

	Client Side Streaming Application	Web Service	FTP	Secure FTP
Development Effort	Medium	Medium/High	Low	Low
Level of Skill Required	Advanced Skill Level	Advanced Skill Level	Average Skilled	Average Skilled
Suitability for receiving Batch Files	Not Suitable	Not Suitable	Very Suitable	Very Suitable
Suitability for receiving Real-time Updates	Very Suitable	Very Suitable	Not Suitable	Not Suitable
Security Risk	Low – Not proven	Low – Acceptable Proven Mechanism	High – still widely used / not secure and susceptible to interception	Low – Acceptable Proven Mechanism
Automation	Needs to be custom Developed by CMS/ Would require user interaction	Needs to be custom Developed	Can leverage on existing interfacing tools available to schemes and administrators	Can leverage on existing interfacing tools available to schemes and administrators

ITAG Work stream 2

Recommendation:

Secure FTP was chosen as the prefer delivery method.



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File Type

	XML	Text -CSV	Text-Piped Delimited
Development Effort	Medium	Low	Low
Level of Skill Required	Advanced Skill Level	Average Skilled	Average Skilled
File Size	Bloated	Small	Small
Data Validation	Strongly Type / Named Tags / XSD Validation Possible	None – Dependent on importation tool	None – Dependent on importation tool
Ease of importation	Medium Effort	Embedded commas in data could be problematic	Medium Effort

ITAG Work stream 2

Recommendation:

A **piped delimited file type** was chosen.

Pipe delimited ASCII files are familiar technology and popular because it reduces the development effort required and keeps file sizes to a minimum.



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Real-time updates or batch processing?

ITAG Work stream 2

Recommendation

1. There is no compelling requirement identified to justify Real Time Updates.
2. A Beneficiary Registry that is 24 hours behind the schemes is practical.
3. Therefore, it is recommended that the batch process used for the take-on data dump continue to be followed in persisting the integrity of the Registry on an ongoing basis.

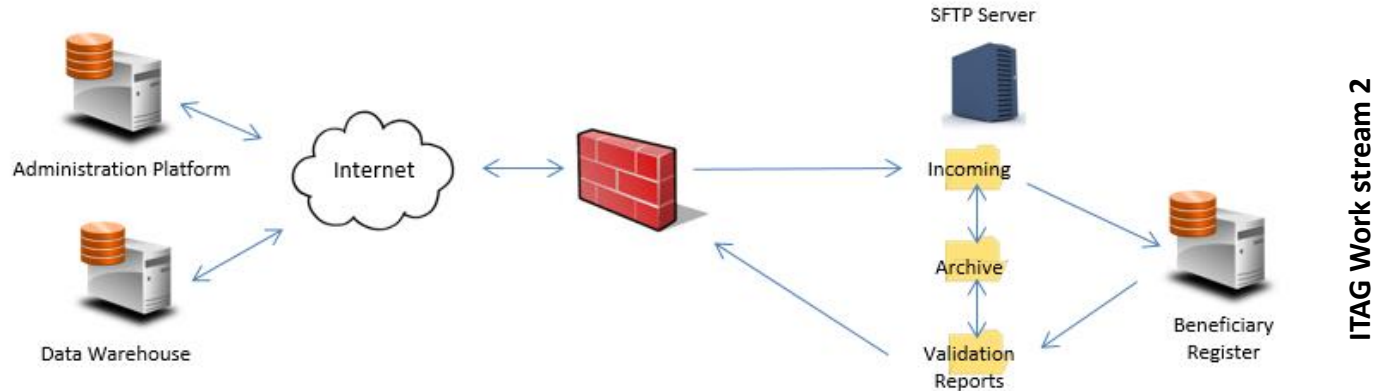


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Data Process Flow



1. Scheme Generates pipe delimited file from Warehouse or Administration System.
2. The file is placed in Incoming folder on CMS SFTP site.
3. CMS will process the file and move it to an Archive Directory on SFTP site.
4. CMS places Validation Report in Validation folder.
5. Scheme Collects Validation Report and moves it to Archive Directory.



Data fields to be collected

Nr	Field Name
1	Reporting Period – Run Date
2	Reporting Period – Effective Date
3	Part Number
4	BR No
5	Scheme Reference Number
6	Scheme Benefit Option Number
7	Eligible for benefit
8	Scheme Membership Number
9	Dependant Code
10	Beneficiary Type (P/A/C)

ITAG Work stream 1



Data fields to be collected

Nr	Field Name
11	First Name
12	Initials
13	Surname
14	Title
15	Maiden Name (Not always captured)
16	Marital Status (Not always captured)
17	SAID (not always carried)
18	Passport (not always carried)
19	Government Employee (Y/N)
20	Date of Birth

ITAG Work stream 1



Data fields to be collected

Nr	Field Name
21	Date of Death (not always reported)
22	Race (mostly not captured)
23	Gender (M/F)
24	Physical Postal Code
25	Physical Country
26	Cellphone Number
27	Work Number
28	Home Number
29	Email Address (primary e-mail address)
30	Date Enrolled (most recent)
31	Date Terminated
32	Waiting Periods (3 /12 Months)

ITAG Work stream 1



Timeframes

Beneficiary Registry

07 Jun 2017

Tasks

2

Name	Begin date	End date	Duration
Design	2017/06/01	2017/06/28	20
Functional Requirements Specification	2017/09/07	2017/10/20	32
Development	2017/10/23	2018/03/12	101
Develop Database	2017/10/23	2017/11/23	24
Develop input method	2017/11/14	2017/12/11	20
Develop portal	2017/12/12	2018/01/08	20
Develop upload tool	2018/01/11	2018/02/07	20
Deployment	2018/02/08	2018/02/12	3
Pilot phase	2018/02/20	2018/03/12	15
Roll out	2018/03/13	2018/03/30	14
Data Taken On	2018/03/13	2018/03/30	14



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