

Dear Healthcare Professional

Please join our Diabetes Educator Network

We recognise that Diabetes Educators are very important in diabetes management and we have therefore introduced a new set of diabetes benefits for scheme members.

We would like to extend an invitation to any willing, qualifying **registered nurse and dietitian** to join our Diabetes Educator Network, which will give you access to funding for diabetes care and certain pathology procedures.

Services this Diabetes Educator Network will offer

The services are for members who have been registered on the Chronic Illness Benefit (CIB) for type 1 or 2 diabetes mellitus and will be funded as a Prescribed Minimum Benefit ("PMB"). This includes Discovery Health Medical Scheme members and members of certain other schemes that Discovery Health administers.

Members will have access to these benefits provided by the Diabetes Educators:

- Two yearly diabetes education consultations
- Only completed by registered nurses: One yearly foot screening (Only Diabetes Educators that have fully completed their practical experience may provide this specific service).

Procedure codes to be used for these services

- The results obtained need to be made available to the treating doctor and to Discovery Health on HealthID

Description of services	Tariff code
Diabetes education session from a diabetes nurse educator who has completed both the diabetes course and the required practical experience.	DEDU1
Diabetes education session from diabetes nurse educator who have completed the diabetes course and are busy with the practical training experience	DEDUT
*Diabetes foot screening	DFSC1

Please note: **Please note that the foot screening does not apply to diabetes educator-in-training nor to dietitians*
Visit [clinic tariffs](#) for the latest diabetes educator rates.

Requirements for participation

Registered health professionals, either a registered nurse or registered dietitian must register their practice.

In order to claim for Diabetes Educator consultation services, the billing entity (practice), whether an individual healthcare provider or group practice, will be added to the Diabetes Educator Network.

The Registered practice must:

- have at least one Diabetes Educator with their own BHF practice number;
- have a private consultation room within the practice with appropriate clinic equipment and furniture and an easily accessible bathroom;
- have an electronic clinical practice management claims submission system with the ability to submit the claim using the Diabetes Educator BHF practice number as the *treating provider* if submitting claims via an electronic platform;
- have the ability to send results and reports to the treating doctor and Discovery Health via HealthID;
- have appropriate referral networks in place (including pathology and general practitioners);

To join the network, please complete the attached agreement and submit together with the supporting documents to us at Provider_Administration@discovery.co.za;

If you have any questions, please write to us at Healthpartnerinfo@discovery.co.za.

Thank you for your commitment to working with us to make sure the members of the medical schemes we administer continue to have access to affordable medicine and quality service.

Regards



Kirsten Hornsveld-Blair
Strategic Risk Management
Discovery Health

Discovery Health Diabetes Educator Network Agreement



Please complete and send the completed and signed form by fax to 011 539 2784 or email to provider_administration@discovery.co.za

SECTION A: COMPLETE WITH THE BILLING PROVIDER DETAILS (NURSE OR DIETITIAN PRACTICES)

A. Practice details (Owner/ Employer)			
Owner name	ID number/ Company no		
Practice name / group list	BHF billing practice code*		*Office use: *564
Practice or Agency address	Code:		
B. Diabetes Educator 1:			
Healthcare professional name	BHF and HPCSA number	Please tick and submit copies of registration BHF HPCSA	
ID number Submit certified copy	Confirm practice-employed	Please tick YES NO	
E-mail address	Cell phone	0	
Diabetes Educator course <small>Please tick the appropriate block 1 or 2 and submit documentation as per handbook</small>	1. Diabetes Educator in Practical Training Submit: Copy of the course certificate *562	2. Diabetes Educator Network Submit: Activity record Mentorship form *563	Direct telephone number in clinic 0 - -
C. Diabetes Educator 2:			
Healthcare professional name	BHF and HPCSA number	Please tick and submit copies of registration BHF HPCSA	
ID number Submit certified copy	Confirm practice-employed	Please tick YES NO	
E-mail address	Cell phone	0	
Diabetes Educator course <small>Please tick the appropriate block 1 or 2 and submit documentation as per handbook</small>	1. Diabetes Educator in Practical Training Submit: Course certificate *562	2. Diabetes Educator Network Submit: Activity record Mentorship form *563	Direct telephone number in clinic 0 - -

SECTION B: PROVISIONS FOR PARTICIPATION IN THE DIABETES EDUCATOR NETWORK

The entities described above in A will hereinafter collectively be referred to as "the Practice" where applicable.

The Practice agrees:

- 1.1. to not charge more than the agreed Discovery Health rate for 2023 as specified and subsequent annual inflation increases or changes applicable as published on the website www.discovery.co.za unless the agreement has been terminated;
- 1.2. to make sure that their software vendors upload the codes and agreed rates on the required practice management software according to the tables in the invitation letter;
- 1.3. to the rate and any subsequent rate increases and other changes (including additional future administered schemes and plans) as applied and published in the latest Standard DSP network agreement with the updated Standard Discovery Health practice networks and scheme rates on www.discovery.co.za, unless this agreement is terminated by any one of the parties;
- 1.4. to take responsibility for and to verify the availability of funds before services are rendered. If not funded by the scheme, self-funding options should be discussed with the patient;
- 1.5. to act in accordance with the respective professional council's code of conduct and standards and undertakes to ensure that it and employed registered nurse(s) (including general practitioners where appropriate) are registered and remain registered with the respective professional councils;
- 1.6. that the HPCSA Telehealth guidelines and Ethical Rules of Conduct for Health Practitioners registered under the Health Professions Act, 56 of 1974 and Electronic Communications and Transactions Act, 2002 (Act No. 25 of 2002), relating to the consultation, examination and any telemedicine or telephonic process needs to be adhered to when providing services in terms of this Diabetes Educator Network;
- 1.7. that the registered healthcare professional must meet the minimum required standards as set out by Discovery Health for staff, to provide diabetes education and diabetes related services, based on their respective qualifications, approved diabetes courses and experience and resulting scope of practice to take place in dedicated private consultation room(s), that contains appropriate furniture and practice equipment, with an easily accessible bathroom;
- 1.8. that the Diabetes Educators will complete the required training successfully and submit updated activity record to Discovery Health and claim as per the agreed rate, for these services;
- 1.9. that no other health professionals employed within the practice charge for the Diabetes Education unless registered as a Diabetes Educator with Discovery Health;
- 1.10. to obtain appropriate consent from the patient for the education, screenings and point of care pathology as required by the treating provider;
- 1.11. that when blood is drawn in the Practice and sent to the pathology laboratory, no additional phlebotomy fee is chargeable;
- 1.12. to allow for pre-bookings on patients' request to minimize the chance of lengthy waiting periods.
- 1.13. to refer Members to appropriate health care professionals where appropriate.
- 1.14. that the Practice makes use of an electronic clinical practice management claims submission system that is able to submit the BHF practice number of the diabetes educator as the treating provider in the claim;
- 1.15. that the consultation summary, foot screening report and any other relevant information from each consultation are sent to the treating health professional as well as to Discovery Health in the agreed format and on the agreed digital platform;
- 1.16. that this agreement is subject to the POPIA agreement, attached hereto below.

Signature date: 2 0 Y Y M M D D	For the Practice Name	Signature:
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Discovery Health: Data legislation and the Protection of Personal Information Act

Please complete and send the form by email to provider_administration@discovery.co.za or fax it to 011 539 2784.

Registered dietitian/nurse/practice/agency owner details		
Name and surname/company	ID number / company number	
Practice details		
Name of health professional: nurse or dietitian/ attached list	BHF practice number / list	
Dispensary email:	Dispensary cell phone	
<p>1. The Practice further agrees to the following with regards to personal information: For purposes of this section the following definitions will apply from signature date:</p> <p>1.1 "Data Protection Legislation" means applicable data protection or data privacy laws, including POPI, in force in the Republic of South Africa from time to time.</p> <p>1.2 "Disclosing Party" means a Party who discloses Confidential Information or Personal Information to a Receiving Party, or on whose behalf Confidential Information or Personal Information has been collected by the Receiving Party, pursuant to this Agreement.</p> <p>1.3 "Operator" has the meaning ascribed thereto in POPI.</p> <p>1.4 "Personal Information" has the meaning ascribed thereto in POPI and is being or may be processed by the Receiving Party pursuant to this Agreement.</p> <p>1.5 "POPI" means the Protection of Personal Information Act No 4 of 2013 and any regulations passed thereunder, as may be amended from time to time.</p> <p>1.6 "Processing" has the meaning ascribed thereto in POPI and derivatives thereof will have similar meanings.</p> <p>1.7 "Receiving Party" means a Party who receives Confidential Information from the Disclosing Party or a Party who receives Personal Information from the Disclosing Party, or on whose behalf it collects Personal Information, pursuant to this Agreement and such receipt of Personal Information renders that Party an Operator.</p> <p>1.8 "Representative" means an officer, director or employee of the Receiving Party.</p> <p>1.9 "Third-Party Operator" means a third party who is an Operator of the Receiving Party.</p>		
<p>2. Use and protection of personal information</p> <p>2.1 To the extent that the Receiving Party Processes Personal Information, it warrants that:</p> <p>2.1.1. It shall Process such Personal Information only on the written instruction of the Disclosing Party, in accordance with this Agreement or as required by Data Protection Legislation and as necessary to perform its obligations under this Agreement and for no other purpose.</p> <p>2.1.2. It shall not create or maintain data, which is derived from such Personal Information, except for the purpose of performing its obligations under this Agreement and as authorised by the Disclosing Party in writing.</p> <p>2.1.3. It shall, at all times during which it is Processing such Personal Information:</p> <p>2.1.3.1. Comply with Data Protection Legislation and not, by act or omission, place the Disclosing Party in violation of any applicable Data Protection Legislation.</p> <p>2.1.3.2. Implement and maintain appropriate and reasonable technical and organisational security measures to protect the security of such Personal Information, including security measures applicable to the storage and transmission of such Personal Information, and to prevent a data security breach, including, without limitation, a breach resulting from or arising out of the Receiving Party's internal use, Processing or other transmission of such Personal Information, whether between or among the Receiving Party's Representatives or any Third-Party Operator.</p> <p>2.1.3.3. Assign an employee who will be responsible for implementing and maintaining the technical and organisational security measures required in terms of this Agreement and, upon the Disclosing Party's request, provide evidence that it has established and maintains such technical and organisational security measures governing the Processing of such Personal Information.</p> <p>2.1.3.4. Safely secure all such Personal Information when Processing such Personal Information on a laptop or other portable device (including memory sticks, USB flash drives, or other storage medium devices).</p> <p>2.1.4. It shall notify the Disclosing Party without undue delay and no later than one day from the date of obtaining knowledge of any data security breach in respect of such Personal Information and, at the Receiving Party's cost and expense, assist and cooperate with the Disclosing Party concerning any disclosures to affected parties and other remedial measures as requested by the Disclosing Party or required under applicable law.</p> <p>2.1.5. It shall not permit any Representative or Third-Party Operator to Process such Personal Information, unless such Processing is in compliance with this Agreement and is necessary to carry out the Receiving Party's obligations under this Agreement.</p> <p>2.1.6. It shall not disclose such Personal Information to any third party (including without limitation, its affiliates and subsidiaries and Third-Party Operators) unless:</p> <p>2.1.6.1. The disclosure is necessary to carry out the Receiving Party's obligations under this Agreement.</p> <p>2.1.6.2. Such third party is bound by the same provisions and obligations as those set out in this Agreement.</p> <p>2.1.6.3. The Receiving Party has received the Disclosing Party's prior written consent.</p> <p>2.1.6.4. The Receiving Party remains responsible for any breach by such third party of the obligations set out in this Agreement to the same extent as if the Receiving Party caused such breach.</p> <p>2.1.7. It shall establish policies and procedures to provide all reasonable and prompt assistance to the Disclosing Party in responding to any and all requests, complaints or other communications received from any individual who is or may be the subject of any such Personal Information.</p> <p>2.1.8. It shall immediately cease Processing any Personal Information and shall return, delete or destroy (at the Disclosing Party's election) all such Personal Information or cause or arrange for the return, deletion or destruction of the information. This includes all originals and copies of such Personal Information in any medium and any materials derived from or incorporating such Personal Information. This will happen upon the expiration or earlier termination of this Agreement or otherwise on the instruction of the Disclosing Party, but in no event later than 10 days from the date of such expiration, earlier termination or instruction, unless prescribed by law or otherwise agreed.</p> <p>2.1.9. It and all its Representatives shall adhere to the requirements and security safeguards set out in POPI.</p> <p>2.1.10. It shall designate adequate resources to assist with the compliance and implementation of the obligations imposed on the Parties in terms of POPI and will implement the necessary controls to ensure appropriate data protection and governance of such Personal Information. The Receiving Party will provide the Disclosing Party, on its request, with evidence of the implementation of such controls.</p> <p>2.1.11. It shall conduct periodical internal and external reviews to measure the adequacy of the implemented controls on infrastructure and platforms that are used to Process such Personal Information.</p> <p>2.1.12. It shall not use such Personal Information for any purpose that is inconsistent with POPI on or before the time of collection of that Personal Information.</p> <p>2.1.13. It shall employ prudent and effective business continuity and disaster recovery facilities and procedures for the purposes of protecting all such Personal Information.</p> <p>2.2. The Disclosing Party may, with seven days' prior written notice to the Receiving Party, carry out periodic performance reviews and may monitor, audit and inspect the Receiving Party's performance under and compliance with this Agreement and Data Protection Legislation by means of annual due diligence reviews and by appointing independent auditors to conduct an audit and quality assurance inspection into any aspect of this Agreement as it may from time to time require.</p> <p>2.3. The Receiving Party shall provide the Disclosing Party with its full co-operation to fully enable the Disclosing Party to review, monitor, audit and inspect the Receiving Party's performance under and compliance with this clause and Data Protection Legislation.</p> <p>2.4. On notification of an adverse finding following a review, audit or inspection, the Receiving Party shall provide the Disclosing Party with written feedback on the finding within 48 hours.</p> <p>2.5 This POPIA agreement will apply to all network agreements and any other agreement entered into by the parties.</p>		
Signature date: 2 0 Y Y M M D D	Name:	Your signature: