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Message from the Principal Officer

GEMS has always placed a strong emphasis on pursuing its mandate of providing all Public Service employees with equitable access to affordable and comprehensive healthcare benefits. Even though 2010 proved to be a tough year, it certainly had its share of momentous achievement - high on this list would be our country's successful hosting of the 2010 Soccer World Cup. Similarly, this edition of *facets* is intended to confirm to members that GEMS, their scheme, pursued excellence in the midst of a challenging year and that it remains focused on fulfilling its mandate and members' expectations.

The pursuit of excellence continued in the fourth quarter. On this score GEMS has managed to deliver operational excellence in the presence of continued growth in members throughout 2010. Over 300 000 calls and 25 000 emails are now attended to each month in compliance with stringent service level agreements. The Scheme consistently pays claims to the value of R1 billion every month. 96% of all claims are processed electronically and are typically paid within 16 days from the date of the service being rendered. Noting that there are areas of improvement which are receiving great attention, it is pleasing to report that more than 70% of GEMS members recently indicated their satisfaction with the Scheme and its services. In short, members of GEMS are assured that the Scheme's officers remain steadfastly committed to protecting your interests at all times.

In October the Council for Medical Schemes approved and registered GEMS's 2011 contributions and benefits - which is a significant confirmation of the sustainability of GEMS. While we would have wanted to reflect a rock bottom contribution increase, we are pleased that our increases for 2011 have been kept to a low average of 9.8%. Increases at a beneficiary level range from R26 to R139 per month in 2011. Notwithstanding inflation, the contribution increase is informed by GEMS's need to build reserves of 25% and to accommodate the enhancement

in both in- and out-of-hospital benefits - including a 5% overall benefit increase and the extension of the provision of contraceptive benefits. Read more about this later in this issue.

As mentioned above, 2010 had its share of challenges but these were dealt with effectively. A successful resumed AGM was held on 1 September 2010 and GEMS moved quickly to establish its own tariff after the High Court ruled the NRPL invalid. With the entrance of spring GEMS has also started recording healthy surpluses and accumulating reserves.

That said, the New Year is just a heartbeat away! May the holiday season provide you and your loved ones with a fine opportunity to recharge your batteries. Enjoy yourself knowing that the GEMS team is there when you need us most. Have a happy and healthy festive season!



Eugene
Principal Officer

2011 benefit enhancements and changes

GEMS is committed to responding to its members' needs and providing benefits that make a difference. Some of the exciting benefit enhancements incorporated into the 2011 benefit design are:

Benefit limits:

- Increased by 5% across the board for all options.
- Pregnant members or beneficiaries registered on the Maternity Programme will enjoy core maternity benefits funded from risk as part of a newly introduced set of managed care protocols and the balance of claims will be funded from the dedicated maternity benefit, such as certain visits to specialists and 2D ultrasound scans.

Sapphire

Members will be able to obtain plastic dentures.

Ruby

Contraceptives are now covered, subject to funds available in the personal medical savings account (PMSA).

Ruby

Emerald

In-hospital physiotherapy now includes a sub-limit of R3 200 per beneficiary per annum.

Onyx

Emerald

Contraceptives are now covered from a sub-limit of R1 800 per beneficiary per annum in the acute benefit.

PLEASE NOTE: The two year benefit structure has been changed

The Registrar of Medical Schemes directed GEMS to phase out the two calendar year benefit structure that was introduced from 1 January 2009 because it was deemed to be inconsistent with regulation 9(a) of the Medical Schemes Act. As a result, two calendar year benefits will be phased out by December 2011. The benefits of beneficiaries who joined the Scheme between January 2010 and 31 December 2011 will be calculated pro-rata from the date of registration. This will mainly affect members on the Ruby, Emerald and Onyx options. These benefits will be pro-rated from the join date of the member.

EXAMPLE 1:

Mr. Mgxesha joined the GEMS Emerald option in 2008. His two calendar year prosthesis cycle started on 1 January 2009 and will end on 31 December 2010. The benefits available on his prosthesis benefit in 2011 are therefore R23 625 (R47 250 divided by 2).

EXAMPLE 2:

Ms. Mqutheni joined the GEMS Onyx option in January 2010. She is now in the middle of the two calendar year cycle of her benefits' allocation. If she used her entire available benefit for dentistry (for example) during 2010, there will be no benefit available for 2011, with the exception of the 5% limit increase. However, if she only used half of her available two calendar year benefit, there will still be half of the original benefit left over plus the benefit increase for 2011 for use during 2011. This cycle will end on 31 December 2011 and she will then also be on the one calendar year cycle thereafter.

Any member who joins on or after 1 January 2011 will immediately be on the one calendar year benefit cycle.

The ABCs to an uninterrupted chronic medicine supply



It is important to take your chronic medication without interruption and to ensure that you always have a supply available. This will promote your wellbeing and prevent serious health complications due to non-compliance.

Ensure that your chronic medication supply never runs out by taking note of the following:

- A** valid prescription is one that:
- is written in indelible (permanent) ink - may be handwritten, typewritten or computer generated;
 - is signed in indelible ink by the practitioner, using their own name;
 - states the name and address of the patient;
 - states the age or date of birth of the patient if under the age of 12 years;
 - states the address of the practitioner;
 - provides particulars of whether the prescriber is a doctor, dentist, supplementary prescriber, extended formulary nurse prescriber, district nurse or health visitor;
 - is dated; and
 - is dispensed within six months from the date on the prescription.

Before the chronic DSP can provide you with your chronic medication, they need a valid prescription from you.

Check the number of repeats written on your prescription because a repeat prescription cannot be valid for more than the repeats specified, up to a maximum of six repeats and effective from the date written on the prescription.

Don't worry - the chronic DSP will remind you (in writing, via SMS or telephonically) to provide them with a new prescription from your doctor before your existing prescription expires.

Essentially, if you do not send your new prescription in time - the chronic DSP will not be able to send you further medication until they have received a new prescription for the medication on your medicine access card.

Please call the GEMS Call Centre on **0860 00 4367** if you need any assistance with obtaining your chronic medication on time.

Scheme rule changes

Implementation of backdated salary increases (rule 13.3)

The GEMS Board of Trustees responded to members' dissatisfaction with the collection of arrear contribution amounts after members received a salary increase due to cost of living adjustments, the introduction of occupation specific dispensations (OSD) and promotions. A rule was proposed that the movement of members to higher income bands after a salary increase should only take effect in the month when members first earn the higher salary. The Council for Medical Schemes did not support this proposal but approved that GEMS may only collect arrear contributions that would be processed automatically by the employing department's payroll system i.e: three months.

Members affected by backdated contribution increases will now only be liable for the increased contributions from three months prior to the month in which the Scheme instructs the employer to deduct the first increased contribution. Practically this means that any contribution increase due to a member's upward movement on the contribution table's income bands will only be implemented retrospectively for a period of three months.

Although the cost of living increases for 2010 will be backdated to 1 July 2010, the resulting contribution increases will only be backdated to 1 September 2010 and will not require any manual arrear implementation via the 0189 deduction code.

GEMS rate for 2011 (rules 4.32 and 21.18)

A ruling by the High Court on 28 June 2010 set aside the Department of Health's Reference Price List (RPL). The RPL was used as a guideline for the payment of healthcare services by medical schemes, including GEMS.

As a result, the Scheme rules were amended by the GEMS Board of Trustees to provide for the development and publication of a Scheme rate for 2011. This was done to ensure that the Scheme's funding of beneficiaries' healthcare expenditure is rational and cost effective, as well as clearly defined and consistently applied.

Members should remain aware that the absence of a uniform fee structure in the healthcare industry more broadly, may result in providers implementing various billing rates. This may expose members to out-of-pocket expenditure. Members have been encouraged to check what billing rates their healthcare service providers will charge prior to obtaining care as the Scheme will only fund the Scheme rate.



Claims submission process

Member claims can be submitted to GEMS using the following channels:

Fax

Members and their healthcare service providers can fax claims for processing by using our dedicated fax line **0861 00 4367**.

Post office

Members and healthcare service providers may post claims to GEMS using the following postal addresses:

- General day-to-day claims should be submitted to GEMS, Private Bag X782, Cape Town 8000.
- All hospital claims (state as well as private hospitals) should be submitted to GEMS, PO Box 1101, Florida Glen 1708.



Electronically

Healthcare service providers can submit claims to GEMS electronically. Claims submitted electronically are generally processed at a faster rate as the adjudication is automatic.

Regional offices

Members and healthcare service providers can also deliver their claims to any of our regional offices, where we will ensure that the claims are submitted to the claims department for processing.

Claim alert SMS

Members of GEMS receive a claim alert SMS as soon as GEMS receives their claims for processing. This service helps you to keep track of all claims and alerts you of any claims that are processed against your benefit.

If you receive an SMS which states that your claim has been processed, this means it has been received and captured on the claim administration system. "Processed" does not mean your claim has been paid or paid in full. You can find out whether your claim has been paid in full, partially paid or rejected by referring to your claims statement. Your claims statement is posted or emailed to you every two weeks after a payment run if you have submitted a claim in the preceding two weeks.

To prevent your claims from being rejected, please ensure that all claims are fully specified, displaying the full dates and details of the services rendered to a registered beneficiary.

If you have already paid the account, please ensure that a receipt or payment stamp from the healthcare service provider accompanies your account to ensure that you are reimbursed. Please make sure that the claim is clearly marked in this regard and that your healthcare service provider does not submit the account as well.

HIV/AIDS can be managed through the GEMS HIV/AIDS disease management programme

Living with HIV/AIDS does not mean the end of your life as you know it! HIV/AIDS is a manageable disease. International research has shown that people living with HIV/AIDS respond well to antiretroviral medication. This medication allows the immune system to recover and reduces the risk of developing opportunistic infections and HIV-related illnesses. If you are living with HIV/AIDS, you have a very good chance of a near-normal lifespan - provided treatment is fully adhered to and regular monitoring tests are carried out.

GEMS can assist you to manage your health and well-being so that you can remain an active and healthy member of your family, community and workplace.

It is very important for members living with HIV/AIDS to join the GEMS HIV/AIDS disease management programme as soon as possible. If you have been diagnosed as a person living with HIV/AIDS, this programme will be invaluable to you. By registering on the GEMS HIV/AIDS disease management programme, you will have access to a range of key benefits. These include medication to treat HIV/AIDS (antiretroviral therapy), medication to treat and prevent opportunistic infections associated with HIV/AIDS, pathology tests, continuous emotional support via a Confidential Nurse-Line, assistance in finding a registered counsellor, and much more.

Data from *Aid for AIDS (AfA)*, the Scheme's designated service provider (DSP) for HIV/AIDS management, has confirmed that early enrolment and access to a managed care programme is associated with better health. By enrolling on the programme at an early stage, antiretroviral medication and other medication to reduce the risk of disease (for example, TB and other infections) can be given at

the best possible time to get the best possible results. Pregnant women in particular should be encouraged to register on the programme early so that medication can be provided to prevent mother-to-child transmission of HIV.

In assuring confidentiality, the programme is managed separately from other Scheme programmes and the employer. AfA has its own confidential telephone, fax and private mailbag facilities. If you are HIV-positive and decide to join the programme, extensive care is taken to maintain confidentiality.

Despite only having been established in 2006, GEMS has already overtaken other large open medical schemes in terms of the percentage of beneficiaries registered on the AfA programme. This high degree of enrolment proves the value of the programme.

If you know that you are HIV-positive but are still unregistered, you should join the large number of members who have already signed up and are gaining the benefits of comprehensive HIV/AIDS management.



To find out how to register on the GEMS HIV/AIDS disease management programme, visit www.gems.gov.za or call **0860 100 646**.

What are formularies?

A medicine formulary is a list of cost effective medicines that a medical scheme has approved for use by members that guides the doctor in the treatment of specific medical conditions. Medicine formularies are continuously checked and updated by medical experts to ensure that they are consistent with the latest treatment guidelines. They ensure that prescription medication costs are held in check to help you in assuring that your benefits last longer. GEMS formularies also comply with the Medical Schemes Act and its regulations.

All medication for Sapphire and Beryl is subject to the GEMS Network medicine formularies which comprise of:

- **Chronic medication**
prescribed for on-going, usually life-long and life-threatening illnesses.
- **Acute medication**
medicine prescribed for a temporary illness or condition; or to relieve symptoms.
- **Self-medication/over-the-counter (OTC) medicines**
medicines purchased without a prescription.

The GEMS Sapphire and Beryl chronic and acute formularies have been provided to all Network general practitioners (GPs) and are also available on the GEMS website. Treating practitioners can also contact GEMS on **0860 00 4367** to find out if medication required to treat your condition is on the formulary.

How do the GEMS Sapphire and Beryl chronic and acute medicine formularies apply to you?

- Only medication on the medicine formularies is covered at 100% of the single exit price plus the professional dispensing fee. If you prefer, or if your doctor prescribes medication that is not on the formularies, your medicine will not be fully funded and you will have to make a co-payment.
- Acute medication from the formulary can be obtained from a GEMS Network dispensing GP or from a Network pharmacy.
- Chronic medication from the formulary can be obtained from the Medipost Pharmacy (the chronic DSP) once you are registered on the GEMS medicine management programme and the medication has been authorised.
- Self-medication provided for on the formulary can be obtained from a Network pharmacy without a doctor's prescription. This benefit is limited to R200 per year per family, with a maximum amount of R40 each time you make use of the service. Each family can make use of this benefit five times a year.



Specialist benefits for **Sapphire and Beryl**

As a member of the Sapphire or Beryl options, you are required to visit the GEMS Network, an extensive network of GPs and other professionals who have agreed to charge members the negotiated scheme rate without co-payments. Our healthcare service provider network currently includes GPs, pharmacies, dentists and optometrists.

The Network consists of dispensing and non-dispensing GPs. If you choose to visit a dispensing Network GP he/she is required to dispense to you any acute medicine that they deem suitable for your condition. If you choose to visit a non-dispensing Network GP he/she is required to write you a prescription after consulting the GEMS Sapphire and Beryl acute medicine formulary. The prescribed medicine can then be obtained at any of our Network pharmacies.

Your GEMS Network provider has undertaken to provide excellent quality care to GEMS members at Scheme rates and will not charge you any co-payments or additional costs. If, however, you need to see a specialist when you are on the Sapphire or Beryl options, you have to be referred by your Network GP.



There is no private specialist benefit on this option, except for the ante-natal specialist benefit. For all other instances you must be referred by your Network GP to a state specialist.

How to obtain a specialist referral:

STEP 1

Consult your Network GP

STEP 2

The GP must call the GEMS Call Centre on **0860 00 4367** to obtain permission and a pre-authorisation number before your visit to the specialist.

The specialist needs the pre-authorisation number for his/her account to be paid. If there is no pre-authorisation number, you will be responsible for the settlement of the account.

All Network healthcare service providers will display a GEMS Network logo in their practice window, making it easy for you to identify them. You can also access an updated list of Network GPs and Network pharmacies in your area by calling our Call Centre on **0860 004 367** or logging onto our website at **www.gems.gov.za**.



On the Beryl option there is an out-of-hospital specialist benefit of three consultations per beneficiary per year and up to five consultations per family per year. This is subject to an annual financial limit of R1 600 per beneficiary and R2 400 per family.

Important notification: **New Board of Trustees**

New members joined the Board of Trustees in 2010 following a successful trustee election process and appointments made by the Minister for Public Service and Administration.

The following trustees were elected by members to serve a three year term:

- Mr Marthinus Brand (re-elected)
- Dr Antony Naidoo
- Mr Daniel De Villiers

The Minister for Public Service and Administration appointed the following two trustees to serve on the Board:

- Mr Zava Rikhotso
- Mr Nathi Theledi

In light of the above, the Board of Trustees now comprises:

- Ms Christa Brink
- Ms Tintswalo Baloyi
- Mr Marthinus Brand
- Mr Daniel De Villiers
- Mr Zava Rikhotso
- Mr Nathi Theledi
- Dr Anthony Naidoo
- Prof Richard Levin
- Mr Velile Mbethe
- Dr Andre Ferreira



The term of office of a further three member elected trustees will expire in July 2011 and accordingly, a trustee election process will take place in 2011. The Minister for Public Service and Administration is also expected to fill the two remaining vacancies on the Board shortly.

We welcome the new trustees to the GEMS family and look forward to working with them. We are confident that they will make a meaningful contribution to the overall wellbeing of the Scheme.

Fraud **competition winners**

Congratulations to the winners of the fraud competition which was published in the September 2010 edition of *facets*:

1st
prize

R500

shopping voucher

Eunice Mbatha

2nd
prize

R250

shopping voucher

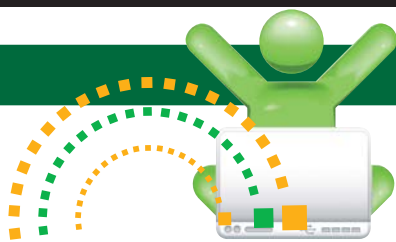
Ebrahim Vally

3rd
prize

R100

shopping voucher

Sivananthan Govender



Clinical rules reviewed

The constantly changing health environment requires that we review our processes and systems to ensure that they remain current and that the services we provide to our members are clinically appropriate. GEMS rules, guidelines and managed care protocols are aimed at ensuring that you get the most suitable and best care when you need it. These rules are also aimed at sustaining your benefits, ensuring that they last as long as possible and cover you when they are really needed.

Research and academic guidelines and standards applicable to healthcare technology and clinical interventions are reviewed by our clinical team on a regular basis. The Scheme is currently reviewing certain clinical rules with the aim of curbing inappropriate billing practices and to ensure that clinical codes remain valid.

This clinical review is confined to the following broad categories:

- age based rules;
- services which are gender restricted;
- pathology codes which should not be used in inappropriate combinations with other codes;
- radiology exceptions; and
- medical clinical rules where motivations may be required.

Please be aware that that some of the codes relating to the service categories above, which may previously have been accepted for payment, may be rejected for valid clinical reasons - not for the purposes of arbitrarily denying you access to care. Detailed error messages explaining the reasons for the rejections will be displayed on the provider as well as the member claims statement. Please ask your healthcare service provider to check that you have benefits available for all tests and services up front, and that the Scheme will, indeed, pay for all services.

Prescribed minimum benefits (PMBs) update: using DSP's

In order to offer affordable and appropriate care for your PMBs, GEMS makes use of designated service providers (DSPs). A DSP is a healthcare service provider or group of providers who have been selected by the Scheme to deliver to its members the diagnosis, treatment and care in respect of one or more PMBs. If you choose to use a healthcare service provider other than the DSP for the treatment of a PMB, the Scheme may impose a co-payment or limit the rate at which the claim is reimbursed.

GEMS makes use of the following DSPs:

- for hospital services: State hospitals;
- for out-of-hospital services: State hospitals or the GEMS Network provider;
- for chronic medication: Medipost Pharmacy; and
- for emergency services: Netcare 911.

Pre-authorisation must be obtained in order to use the services of a provider who is not a DSP, except in the following situations:

- in an emergency (i.e. there is a real risk of death or loss of limb; or the delay in treatment at the DSP places the beneficiary's life at risk); or
- the service was not available from the DSP or could not be provided without unreasonable delay; or
- the DSP was not within reasonable proximity to the beneficiary's ordinary place of business or personal residence.



If the DSP is not available, you can contact GEMS on **0860 00 4367** to locate an alternative source of treatment.

Please note that GEMS offers an SMS service to locate *Friends of GEMS* (GP, optometrist, dentist or pharmacy - and even some specialists) near you. Simply SMS the location, type of provider and your member number to **33489** and GEMS will reply with an SMS that lists three healthcare service providers (with their contact details).

More information regarding PMBs is available on the GEMS website at **www.gems.gov.za**.

Find a cost effective healthcare service provider with Friends of GEMS

The *Friends of GEMS (FoG)* healthcare service providers will only charge you the rate at which GEMS pays claims (Scheme rate). They have also agreed not to charge GEMS members any surcharges. You can easily find one of these healthcare service providers in your area by sending an SMS to **33489**.

Simply send us your member number, discipline of healthcare service provider you are looking for, suburb and city (separated by commas or full stops). You will pay R1.50 per SMS. You can also follow the process on the GEMS website, **www.gems.gov.za**.

1

1234556,
GP,
Hillcrest,
Pretoria

EXAMPLE

Enter your member number, the service provider, the suburb and town.

2

Send your SMS to
33489

When a FoG provider is found on the database, you will receive an SMS with the names, addresses and contact numbers of three providers.

EXAMPLE of response

3

Dr A Feinberg
103 Kingsley
Centre
Church Street 012
1234567

Contact us

Tel **0860 00 4367** • Fax **0861 00 4367** • **www.gems.gov.za**

enquiries@gems.gov.za • suggestions@gems.gov.za • join@gems.gov.za • compliments@gems.gov.za • complaints@gems.gov.za