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gems
Government Employees Medical Scheme

Latest news from GEMS • **September 2012**

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1 ▸ Message from the Chairperson

GEMS has experienced a positive and eventful year thus far in its pursuit of continued growth and excellence.

The Scheme's Annual Report for 2011 was released in June 2012 and we now cover a total of 58% of all eligible Public Service employees. The Scheme is now responsible for the healthcare needs of well over 1.7 million beneficiaries. Of these members covered, more than 55% had never had access to medical scheme benefits before.

I am certain you will also be pleased to note the on-going sustainability reporting of the Scheme in the Annual Report. Our low non-healthcare expenditure, which at 6.1% is the lowest annual figure recorded to date since the inception of the Scheme and half the industry average of 12%, serves as an indication that costs are firmly in check despite the unprecedented growth of the Scheme.

One of the most significant events at GEMS recently was the resignation of the founding Principal Officer of GEMS, Dr Eugene Watson. While Dr Watson will be sorely missed by his colleagues, the Board of Trustees and the greater healthcare industry, he leaves a proud legacy and a solid foundation on which we will continue building. The Board of Trustees has a sound succession policy and plan in place, which is being implemented while a formal recruitment process is underway.

The Scheme is also busy with the rollout of the GEMS Days at various employer departments – this member engagement programme is geared towards interacting with members across all provinces, assisting with all queries and emphasising a healthy living lifestyle through our wellness drives.

We at the Scheme continue on our mission to work with you, our healthcare service providers, in serving our members and broadening access to healthcare benefits for Public Service employees. We thank you for your assistance in helping us achieve this very important goal.

Warm regards
Mr Zava Colbert Rikhotso
GEMS: Chairperson

② ▸ Claims **rejection codes**

GEMS is committed to providing access to affordable and effective healthcare services to all Public Service employees and a professional and efficient service to all stakeholders.

From time to time, claims are rejected for various reasons, which can include the suspension or termination of membership with the Scheme or details that are incorrectly captured on claims.

You must therefore ensure that all the relevant patient and member details always appear on your claims. This can be done by verifying patients' details against the member card details to ensure that you have the correct patient details on your records.

Claims can also be rejected for the following reasons:

- The maximum benefit allowed is exceeded - This is when the patient's benefits have reached the annual benefit limit or sub-limits. You may contact the Call Centre on **0860 00 4367** to confirm available benefits. However, please note that payment is not guaranteed as payment of the claim is subject to available benefits at the time of processing.
- The medicine requested is a Scheme exclusion – All medical schemes have a list of medicines, treatments and procedures which they will not pay for. This is because there are evidence based protocols and formularies which inform what is funded. Please refer to the Scheme exclusions listed under Rule 16 and Annexure E of the Scheme Rules for more details. You can find the Scheme Rules on **www.gems.gov.za** under About Us.
- Pre-authorisation is required – A patient must receive pre-authorisation at least 48 hours before a planned hospital admission or event. In the event of emergency treatment or admission to hospital over the weekend, public holiday or at night, the healthcare service provider or the member must contact the Call Centre on **0860 00 4367** on the first working day after the incident to obtain authorisation.
- Duplicate claims - Claims are submitted after previous adjudication by the Scheme.
- Stale claims - A claim was submitted later than four months after the date of service in accordance with the Medical Schemes Act and the Scheme Rules.
- Practice numbers and dispensing licences have expired or are invalid – This occurs as a result of non-payment of PCNS fees with BHF.
- The ICD-10 codes on claims are not correct – Please ensure that the ICD-10 code provided on the claim correctly identifies the condition the patient is being treated for.

Since its inception, GEMS has maintained an impressive record of paying claims every two weeks. Feedback on the processing of healthcare service provider claims is normally provided via posted statements, emailed statements as well as through a web-based interface which healthcare service providers can use. Please note that a stricter validation system has been incorporated into the claim process to ensure that claims are settled for the correct member and dependant - preventing fraud and invalid benefit allocations.

To protect yourself, please take all reasonable steps to ensure that your patients are indeed who they say they are! Please check identity documents and dates of birth if necessary.

③ ▸ **Early enrolment** on the HIV/AIDS disease management programme (DMP)

The Scheme's HIV/AIDS DMP offers treatment and counselling to improve the clinical risk profile of enrolled beneficiaries. As the custodians of your patients' health, please encourage GEMS members to register on the Programme as soon as possible, ideally at the point of diagnosis irrespective of the CD4 count.

Late registration on the DMP, i.e. at CD4 count less than 200, is associated with the following poor outcomes:

- It can be difficult to start with anti-retroviral therapy as multiple opportunistic infections may already be present;
- opportunistic infections become difficult to treat because of the complex therapy involved;
- more rapid and aggressive progression to AIDS;
- increased morbidity and mortality;
- salvage therapy may need to be used if the patient has been exposed to inadequate therapy for prolonged periods;
- the opportunistic infections may be resistant to treatment, for example, multi drug resistant TB; and/or
- average claim costs increase due to costly investigations such as MRI scans and bone marrow biopsies; higher medicine costs related to treatment of certain opportunistic infections; costs related to multiple admissions and prolonged hospitalisation.

HIV-positive patients can call the confidential Call Centre on **0860 100 646** to ask for an application form to join the HIV/AIDS DMP. The form is also available on our website, **www.gems.gov.za** under 'Forms' in the 'Members' menu.

④ ▸ **Blow the whistle** on Fraud

We cast the spotlight on fraud from 11 - 17 November 2012 during International Fraud Awareness Week.

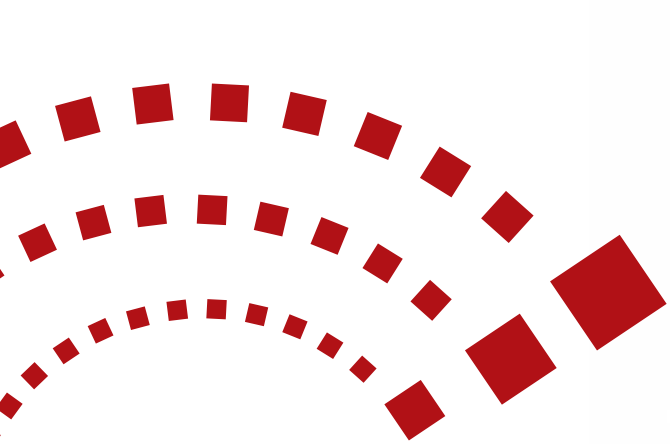
It is estimated that at least R15 billion is paid out annually on fraudulent claims. It is also estimated that organisations around the world lose 5% of their annual revenues to fraud, according to the survey conducted by the Association of Certified Fraud Examiners (ACFE). Over and above this, fraud is also one of the largest contributing factors to the increasing cost of healthcare. That is why we decided to participate in International Fraud Awareness Week from 11 - 17 November 2012.

This week-long campaign aims to educate healthcare service providers and employees of the manifestations of fraud, the implications of committing fraud and how to proactively stop fraud.

GEMS will be carrying out a number of activities such as displaying posters across departments, providing flyers on fraud prevention and sending out newsletters and educating employees and service providers on how to report fraud. We will also review our overall fraud communication strategy for 2013.

We urge you to join GEMS in taking a zero tolerance approach to fraud. Show your support by not being silent and reporting fraud to the confidential GEMS Fraud Hotline, **0800 21 22 02**, which operates 24 hours a day, 365 days a year.

Please join in the Whistle Blowing campaign in November and blow the whistle on any medical scheme fraud that you may suspect. Call the GEMS whistle blowing hotline on **0800 21 22 02**. You can remain anonymous and yet still have a clear conscience.



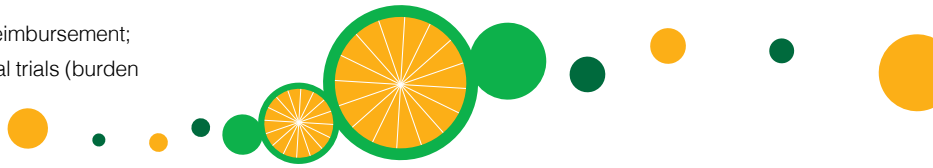
⑤ ICD-10 - to code or not to code?

The International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) of 1992 is a system that allows for a standard approach to medical classification of disease. It is essentially a list developed by the World Health Organisation, which allows for the coding of diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases. The code set allows for more than 14 400 different codes and permits the tracking of many new diagnoses. Using optional sub-classifications, the codes may be expanded to over 16 000 codes.

The major objective of ICD-10 coding is the promotion of a standardised and uniform system of communication of patient information as it relates to medical problems and the management thereof. This ensures that all stakeholders in healthcare (medical schemes, administrators, healthcare providers) use and understand a common language. A major benefit is the generation of large quantities of health data related to patient care which may be analysed as all healthcare service providers are essentially using a uniform language to describe what they see and treat in clinical practice. This generates information of immense value which could be employed to do the following:

- Measuring the quality, safety and efficacy of care;
- designing payment systems and processing claims for reimbursement;
- conducting research, epidemiological studies, and clinical trials (burden of disease studies);
- setting health policy;
- operational and strategic planning and designing healthcare delivery systems;
- monitoring resource utilisation;
- improving clinical, financial, and administrative performance;
- preventing and detecting healthcare fraud and abuse; and/or
- tracking public concerns and assessing risks of adverse public health events.

The implementation of ICD-10 coding is increasingly being recognised as an extremely important measure to improve quality of care. Consequently the Council for Medical Schemes and the National Department of Health (NDoH) have stated their support for the implementation of ICD-10 in the public and private health sector. This diagnostic coding standard was adopted by the NDoH in 1996 and is now the responsibility of the National Health Information System of South Africa. It is a diagnostic coding standard that is accepted by all the parties as the coding standard of choice and a document entitled "South African ICD-10 Coding Standards" was developed to assist the clinical coder in the South African environment. This document can be viewed on **www.gems.gov.za** under Healthcare Providers > Communications Library > Service Provider Guides.



⑥ Valid prescriptions for smooth dispensing

Enquiries about chronic medicine delivery can be significantly reduced by ensuring that your patient always has a valid prescription for their authorised chronic medicine.

A valid doctor's prescription is required before any medicine can be dispensed. This is a legal requirement. A repeat prescription expires after six months from the date written on it.

We remind patients in writing and telephonically to supply a renewed doctor's prescription two months before the last repeat is dispensed and monthly thereafter. We now also provide a prepaid and pre-addressed envelope together with the patient's medicine parcel. This helps you and your patient get the prescription to us without incurring additional costs.

Please take note of your patient's delivery dates and supply them with their repeat prescriptions at least one month prior to the last delivery date. This will ensure uninterrupted treatment of your patient's chronic condition.

In accordance with legal requirements, all prescriptions for Schedule 6 and 7 items must comply with the following legal prescriptions:

- The prescription must be written by the doctor on the doctor's letterhead. The prescription is only valid for 30 days from the date written on it.
- The quantity of the product to be supplied must be written in words and figures.
- The prescription must be signed by the doctor. Only a 30 days' supply of the item may be supplied to the patient for every 28 day cycle. This is regardless of the validity of the prescription in the possession of the pharmacy.
- Only the original prescription can be used to dispense the medicine.
- The original prescription may be posted via registered mail, allowing sufficient time for the documents to reach the pharmacy.
- No photocopies or facsimiles of prescriptions are acceptable. Items will only be dispensed once the pharmacy is in possession of the original prescription.

⑦ ▸ **Cost savings** with generic medicine

The decision to use generic medicine is made in consultation with the doctor and dispensing pharmacist. In the long run, any medicine which is affordable to most patients is critical in ensuring that patients can adhere to their therapy, particularly for chronic conditions. It is important to ensure that patients can afford the medicine prescribed to them for the full duration of therapy. Good quality generic medicine plays a role in ensuring greater universal compliance with treatment. Furthermore, generic medicines help patients avoid co-payments on their medicine.

Patients have the right to know and make an informed decision based on the correct information which is readily available from a general practitioner and/or pharmacist. Registered generic medicine contains the same active ingredients, has the same dosage strength and is as effective and safe as the original brand name product.

In South Africa, all medicines including generics must be approved by the Medicines Control Council, an independent and impartial statutory council that exercises its statutory powers in terms of the Medicines and Related Substances Control Act (101 of 1965).

We will help patients avoid co-payments by continuously informing them of reasons why co-payments arise such as:

- Items not on the Scheme's formulary;
- opting for the original item and a generic equivalent is available; and/or
- when medical scheme funds are depleted.

Doctors and pharmacists are encouraged to offer more affordable medicines to patients. This will ensure that members' benefits last longer and help them avoid out-of-pocket payments.

⑧ ▸ Outstanding medical motivations **delays Ex Gratia applications**

A recent survey revealed that Ex Gratia applications are primarily delayed as a result of outstanding medical motivations from healthcare service providers.

We appreciate the time constraints experienced by healthcare service providers, but it is important to note that the medical report forms the basis of the motivation for why a member needs to/has incurred medical expenses that are not covered or for which the benefits have been depleted. Without a clinical motivation, the Scheme is not able to provide a clinical opinion on why the particular clinical event was/is necessary.

The delay in submitting medical reports causes delays in the processing of applications. The GEMS Ex Gratia Committee convenes once every six weeks to discuss cases and a delay to submit a medical report can potentially delay procedures or treatment, and the payment of accounts. This could cause members to be subjected to legal action due to outstanding payments.

We therefore request that you assist members by providing the required medical motivations when requested. To make the process easier, we have designed a template with specific questions as a guideline to the required information. The template will be available on the GEMS website and members will be provided with the relevant form upon receipt of an Ex Gratia application.

⑨ ▸ Helping your Sapphire and Beryl patients **avoid out-of-pocket expenses**

It is important to remember that all medicine prescribed for GEMS members on the Sapphire and Beryl options is subject to the GEMS Network medicine formulary. You can refer to the formularies included in the 2012 GP guide or visit the GEMS website at **www.gems.gov.za** and look under Healthcare Provider > ICD-10 formulary check.

It is important to remember the following points when you are providing prescriptions for medicine:

Chronic medicine

- All chronic medicine must be dispensed by the Scheme's chronic medicine designated service provider (Chronic DSP), Medipost.
- Your patient's chronic medicine may only be prescribed by a GEMS Network GP or a Specialist that a Network GP refers the patient to and is subject to authorisation and registration on the chronic medicine programme.
- For a patient to join the chronic medicine programme, the chronic medicine application form must be completed by the patient and the attending doctor. The form can be accessed on the GEMS website at **www.gems.gov.za** or you can contact us on **0860 00 4367** and a copy will be faxed or emailed to you.
- The form is to be completed and faxed to **0866 51 8009** or posted to Postnet Suite 43, Private Bag X1, Queenswood, 0121.
- A chronic medicine application form is only completed once. All changes or updates are done by faxing a script with the amendments to **0866 51 8009**.

Please ensure that you include all test results and motivations (where applicable) when you submit the chronic medication application form. You also need to ensure that the member/patient completes his/her relevant section and signs the form.

Acute medicine

- Cost of acute medicine is included in the consultation fee for the dispensing GP. You need to display the nappi codes for the medicine dispensed; this is used for analysis purposes. The managed, fixed consultation fee will be paid irrespective of medicines dispensed.
- Remember that acute pharmacy claims will not be covered separately where the prescribing GP is contracted as a dispensing GP.
- The non-dispensing Network GP's script is subject to the medicine formulary.
- Prescribed acute medicine is obtainable from any GEMS Network pharmacy.
- The list of GEMS Network pharmacies can be viewed at **www.gems.gov.za**.
- Acute medicine obtained voluntarily from a non-Network pharmacy will incur a 30% member co-payment.

As a Sapphire and Beryl Network GP, adherence to protocols and formularies affects your consultation fee (level 1, 2 or 3) based on profiling. It is important that you are aware of this and that you prescribe from the medicine formulary in order to obtain a higher level /consultation fee.

⑩ ▸ Alerts

SMS services: How to check your patient's benefits

Did you know that there are SMS and web-based services available for healthcare service providers? These services include a benefit check, as well as an ICD-10 code and formulary check.

It is important to submit SMS requests in the correct format, as this ensures that you get the information you require immediately. SMS's must be sent to **33489** and are charged at R1,50 each. Always use a comma between the words.

Below are some examples of how these SMS services should be used.

Benefits check service:

This service enables healthcare service providers to check a member's available benefits. The correct request format is as follows:

Example:

Keyword "Member", member number, benefit category, dependant code, for example, ***Member, 888888, chronic, 02,*** *when checking the chronic benefits for dependant 2 of member number 888888. It is important to use the keyword "member" at the beginning of your SMS text.*

ICD-10/formulary check service:

This service enables the healthcare service provider to check for a matching ICD-10 code for any diagnosis as well as the relevant medicine which appears on the GEMS medicine formulary for which members will not have to pay a surcharge.

Example:

Keyword "ICD", practice number, condition/diagnosis, for example, ***ICD, 99999, Asthma,*** *when searching for the ICD-10 code for asthma. A response will be sent back with ICD-10 codes for the requested diagnosis.*

Example:

Keyword "Formulary", practice number, Scheme option, ICD-10 code, for example, ***Formulary, 99999, emerald, j45.1,*** *to check for the in-formulary medicines for the diagnosis j45.1 on the Emerald option.*

It is important to use the correct keyword and commas between the words. Both the ICD-10 and formulary service are also available on the GEMS website at **www.gems.gov.za**.