

► 1 Message from the Chairperson

The first half of 2013 and the cold weather is behind us and much has been achieved. The Trustee elections process was freely and fairly concluded with over 100 candidates contesting the election. We welcome and congratulate the three elected Trustees as well as take this opportunity to thank the outgoing Trustees for their dedication in contributing to the success of GEMS.

On Women's Day 2011, a talk by a dedicated professional nurse struck a chord with the GEMS female executive team, setting in motion a process which was to radically alter the fortunes of South Africa's future women leaders.

As part of GEMS's Corporate Social Investment initiative, the Scheme, whose principal members are mostly women, adopted Mount Arthur Senior Secondary School. This is a boarding school for girls in rural Lady Frere, Eastern Cape that is hindered by poverty and high teenage pregnancy rates.

What started as a small project at the school – which has produced quality leaders, including Defence Minister Nosiviwe Mapisa-Nqakula and Sport, Recreation, Arts and Culture MEC Xoliswa Tom – had by Women's Day 2013 given rise to an incredible partnership. The partnership, led by GEMS, included several service providers of the Scheme, Lady Frere's Resource Centre, several Eastern Cape Government Departments (including the departments of Education, Health, Public Works, Sports Recreation Arts and Culture) and Queenstown Girls High. This partnership gave a new spark to the school, improving academic results and reducing the number of teenage pregnancies. In addition, the way the girls express and carry themselves has improved significantly. In the process this partnership has created a case study for how the public and private sector could work together to transform South Africa.



Best wishes and a special thank you to Dr Stan Moloabi for serving the Scheme and all its stakeholders for the past 12 months. I have no doubt that the health of our members is in good hands with our newly appointed Principal Officer Dr Guni Goolab.

Warm regards
Mr Zava Colbert Rikhotso
GEMS: Chairperson



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► 2 Message from the Principal Officer

I am excited to enter the GEMS fold and I look forward to the responsibility of ensuring that our revered members continue to receive the exemplary service they deserve. GEMS is an indisputable industry leader with a strong reputation and I am very proud to be a part of the team. With the team in mind, I would like to take this opportunity to give a special thank you to Dr Stan Moloabi for his willingness and dedication to serve the Scheme and its members as the Acting Principal Officer for the past 12 months.

The 2013 GEMS Symposium, which took place in mid-August, was well attended. During the two-day event the strategic symposium theme was 'Protecting GEMS value against benefit abuse', and gave rise to healthy and constructive debate on the need to work with all stakeholders to address fraud and abuse. A highly successful sixth AGM also took place end July at the Cape Town International Convention Centre (CTICC) with well over 200 members in attendance. GEMS was also recognised by the Council of Medical Schemes on running a credible AGM with a strong member participation.



As the end of 2013 is drawing near, I look to you to continue to help bring health within the reach of our valued members.

Warm regards
Dr Guni Goolab
GEMS: Principal Officer

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All about Prescribed Minimum Benefits (PMBs)

Prescribed Minimum Benefits (PMBs) is a set of defined benefits to ensure that all medical scheme members have access to certain minimum healthcare services, regardless of the benefit option they have selected. The aim is to provide people with continuous healthcare to improve their health and wellbeing and to make healthcare more affordable.

PMBs are a feature of the Medical Schemes Act, in terms of which medical schemes have to cover the costs related to the diagnosis, treatment and care of:

- Any emergency medical condition
- A limited set of 270 medical conditions
- 26 chronic conditions listed on the Chronic Disease List (CDL).

PMBs play a part in ensuring that medical schemes remain financially healthy. When beneficiaries receive good care on an on-going basis, their overall wellness improves, resulting in fewer serious conditions that are expensive to treat. PMBs also protect the interests of medical scheme beneficiaries by ensuring that essential treatments are first covered before setting funds aside for discretionary services.

What conditions should be treated as a PMB

Specific conditions are defined within the Diagnostic Treatment Pairs (a list of the 270 PMBs linked to the broad treatment that should be provided for these conditions) and on the CDL. When deciding whether a condition is a PMB, as a healthcare provider you should only look at the symptoms and not at any other factors, such as how the injury or condition was contracted. This approach is called diagnosis-based. Once the diagnosis has been made, the appropriate treatment and care is decided upon as well as where the patient should receive the treatment such as at a hospital, as an out-patient or at a doctor's rooms. In addition, any emergency medical condition should be considered a PMB.

How to claim for PMBs

All PMB conditions are coded using an international classification system called the ICD-10 code system. For conditions to be identified as PMBs, the correct ICD-10 code should be used, both when getting pre-authorisation and when submitting claims to ensure that your claims are paid correctly.



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Get your claims submission right the first time

At GEMS we are committed to providing access to affordable and effective healthcare services to all our members. We appreciate the role you play as a service provider and as such, we aim to ensure that you experience pleasure when submitting your claims for the excellent services you provide to our members daily.

To help you avoid payment delays, here are some key reasons why claims may be rejected:

- The patient's membership with the Scheme is suspended, terminated or details are incorrectly captured on the claim. Rejection reasons for these can include:
 - Incorrect dependant code based on the patient's date of birth
 - Resigned-member liability
 - Dependant resigned
 - Incorrect surname entered
 - No record of dependant.

Remember – Always verify patient's details against the membership card details to ensure that you have the correct patient details on your records and claims.

- The maximum benefit allowed has been exceeded: This means the patient's benefits have reached the benefit limit or sub-limits. Claims are subject to available benefits at the time of processing. You can confirm the member's benefits by contacting our Call Centre on **0860 00 4367** or using any of the GEMS self-help tools.
- The medicine requested is a Scheme exclusion: There is a list of medicines, treatments and procedures that the Scheme does not pay for – these are called exclusions. This is because funds that are available for healthcare are not unlimited. Please refer to the Scheme exclusions listed in Rule 16 and Annexure E of the Scheme Rules for more details; you can find these on our website at www.gems.gov.za.
- Pre-authorisation is required: A patient must receive pre-authorisation at least 48 hours before a planned hospital admission. In the event of an emergency treatment or admission to hospital over the weekend, public holiday or at night, you must contact the Call Centre on **0860 00 4367** on the first working day after the incident.
- Claims are submitted after previous adjudication by the Scheme (duplicate claims).
- A claim was submitted later than four months after the date of service (stale claims).
- Practice numbers and dispensing licences have expired or are invalid: This occurs as a result of non-payment of Practice Code Numbering System (PCNS) fees to the Board of Healthcare Funders.
- The ICD-10 codes on claims are incorrect: Please ensure that the ICD-10 code provided on the claim correctly identifies the condition the patient is being treated for.

Please note A stricter validation system has been incorporated into the claims process to ensure that claims are settled for the correct member and dependant in an effort to prevent fraud and invalid benefit allocations.





5 Self-help tools to help you provide an even better service

GEMS is constantly looking for ways to enable you to continue providing excellent services to our members and their dependants. Our service agents and Walk-in Centre employees are always available and willing to assist you with all your enquiries. However, you are not only limited to this assistance as GEMS has the convenient self-help tools available to you.

GEMS Healthcare Service Provider online functionality

This convenient tool enables you to:

- View your personal details
- Select your communication preferences
- Keep track of your claims and debtors
- Look up your patients' benefits.

Visit www.gems.gov.za, click on the '**Sign in**' tab and login using your Practice number and PIN. If you do not have a PIN, register for one by clicking on '**Register now**' and using your Practice number, a four-digit PIN of your choice, your banking details and your ID number.

GEMS HIV/AIDS Disease Management Programme (DMP)

You can now load HIV/AIDS DMP registrations online. Visit www.gems.gov.za, click on the '**Sign in**' tab at the top of the page. Click on the **GEMS HIV/AIDS (DMP)** link and follow the instructions to help you register and load your registered HIV patients on the HIV/AIDS DMP.

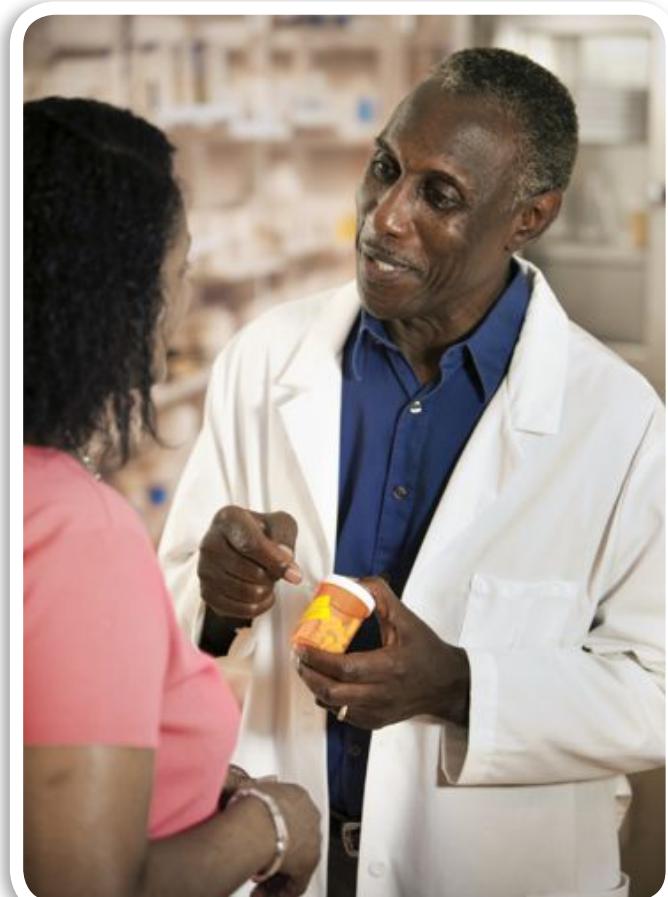
Online formulary check

A convenient ICD-10 and formulary check service is available to healthcare providers with patients who are GEMS members. Visit www.gems.gov.za and click on the **Healthcare Provider** tab to select the **ICD-10 Code/Formulary Check Service** tab and then simply access all the information you require to submit correct and complete claims.

Should you experience any issues when accessing or making use of our self-help tools, you can call us on **0860 00 4367** or send an email to enquiries@gems.gov.za.



6 The pharmacy allocation process simplified



With the establishment of the Medicine Provider Network (MPN) and its subsequent activation in May 2013 by GEMS, challenges related to accessing medicine are a thing of the past. Our members and their dependants now have more choices in how they can obtain their chronic medicine.

Previously, the Courier Pharmacy was the only Designated Service Provider (DSP) for chronic medicine. Because we recognise the need to expand access to medicine, we took the first step by inviting all eligible pharmacies across the country to be part of the MPN.

Following the activation of the MPN, GEMS has been contacting all beneficiaries with the purpose of allocating them to a pharmacy of their choice, ideally one conveniently located close to their work or home. Once a beneficiary has been allocated a pharmacy they will receive an SMS confirming these details. They then need to collect their medicine only from that pharmacy for a minimum period of six months. The added benefit for collecting their medicine at their allocated preferred pharmacy is that they will be exempted from making a co-payment.

Beneficiaries can also choose to have their medicine delivered by the Courier Pharmacy and will not be liable for a co-payment. However, if a beneficiary chooses to get their medicine from a non-DSP pharmacy, they will be liable for a 30% co-payment.

The added benefit of utilising these DSPs is that GEMS has gone to great lengths to ensure that they dispense medicine in accordance with its stringent medicine dispensing requirements. This is to make sure that beneficiaries experience the best levels of service. However, should a beneficiary be unhappy with the level of service received from any of the allocated service providers, they are encouraged to contact us.

Do you know that the South African healthcare sector is defrauded of between R4 billion to R13 billion every year and an estimated 7% to 15% of claims paid out are fraudulent? This is according to statistics from the Board of Healthcare Funders (BHF).

Fraud can be a two-way occurrence, a service provider can claim for a service that was not rendered, but patients can also attempt to defraud service providers. It is therefore important that you are aware of membership substitution. This occurs when individuals present themselves as a registered GEMS member, but is actually a different person. It is often done with the knowledge of the actual member; a Scheme member allows a family member to receive services by presenting themselves as the actual beneficiary. Membership cards can also be lost or stolen and fraudsters can attempt to obtain medical services by using these lost or stolen cards.

We encourage you to verify the identity of the person to whom you render services to. Here are some useful tips to help you verify the identity of patients:

- Be even more vigilant when a new patient enters your practice for the first time.
- Keep a copy of the Identity Document (ID) of each beneficiary on file. This will be a quick way of verifying if the individual receiving the service is the same as the person entitled to the service.

By implementing checks and procedures you can assist in preventing fraud as well as avoid any unnecessary enquiries aimed at your practice.

The GEMS Fraud Hotline has been established with the aim to enhance an honest work ethic and simultaneously provide employees, members and providers with a mechanism to bring any unethical business practices to the attention of the Scheme. The hotline operates 24 hours a day, 365 days a year. Dial **0800 21 22 02** to report any suspected fraudulent activity.

If you prefer not to call the GEMS Fraud Hotline, you can always post the details to:

Fraud Service Manager

PO Box 21076

Valhalla

0137

Alternatively, you can send an email to gems@thehotline.co.za, but keep in mind that using this medium could compromise your anonymity, if you wish to remain anonymous.



Co-infection between Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) is common due to shared routes of transmission. HIV/HBV co-infection prevalence is estimated to be between 5% and 8% in South Africa.

What causes immunodepression?

The immunodepression caused by HIV impacts on HBV disease progression: there is an increased risk of chronic liver disease. Though the inflammatory damage to the liver is less, there is an increased severity of liver disease due to higher HBV repetition.

It is for service providers to recommend that all HIV-infected patients receive baseline testing for active Hepatitis B. Screening should not be limited to those with liver function abnormalities as this will miss many HBV cases because liver enzymes often appear normal in those infected with Hepatitis B.

Screening tests should include HBsAg, anti-HBc IgG and anti-HBs Ab (anti-HBc without HBsAg and anti-HBs can be due to occult hepatitis).

Not knowing the HBV status of an HIV-positive patient could lead to the following consequences:

- An increased progression of severe liver disease and hepatocarcinoma;
- Risk of inducing HBV drug-resistance if lamivudine (3TC)/emtricitabine (FTC) or tenofovir (TDF) are used alone in the Antiretroviral Therapy (ART) regimen;
- Drug-induced hepatotoxicity especially with nevirapine, ritonavir, tipranavir, danavir and anti-TB drugs;
- Risk of HBV immune reconstitution syndrome when ART is started if the treatment does not include drugs active on HBV;
- Risk of hepatitis flare if HBV active Antiretrovirals (ARVs) are stopped; and
- Risk of HBV transmission to the patient's partners, children and other household members.

Service providers need to encourage efforts to vaccinate all children against Hepatitis B, and extend coverage to eligible adults. HIV-positive individuals who are HBV negative must be immunised for HBV as should their partners and household members.





GEMS Wellness Days are cost free

GEMS Wellness Days are provided to members and potential members at no cost, including any additional services provided at these events.

For some GEMS Days, departments invite private providers to render services as part of the Wellness Day. Service providers need to be aware that any claims resulting from services provided at GEMS Wellness Days may be regarded as fraudulent if member consent was not obtained in writing.

Thank you for helping us bring healthcare within the reach of Public Service employees.

