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1 ◀ Message from the Principal Officer

Whilst we recently celebrated the New Year, much has been done to ensure that we make 2011 a remarkable year for GEMS and its stakeholders. Before launching into our plans and the actions taken to achieve the objectives which have been set by the Board of Trustees, it is important to reflect on 2010.

2010 was a year filled with excitement, achievements and its fair share of difficulties. Without any doubt it must be said that GEMS pursued excellence relentlessly, even when it meant defining a standard not set by the market. GEMS grew phenomenally and membership closed in excess of 530 000. A successful trustee election was held and Ministerial appointments were also made to the Board. While the National Health Reference Price List (NHRPL) was done away with, GEMS moved swiftly to develop and implement the unique GEMS Tariff. Member satisfaction was tested and over 70% of members were found to be delighted with GEMS.

Despite a disrupted initial AGM, stakeholders were consulted and a successful resumed AGM was held. Controls were tested by many audits and each one found GEMS to be a well governed enterprise. The Board was rated "consistently good" by an independent firm and services to members were optimised through tight management. The Scheme collected over R12 billion in contributions in 2010 and paid over 59 million claim lines.

A challenge in 2010 was the extent to which members claimed for discretionary benefits and elective procedures, seeing almost R1 billion more in claims incurred than expected. All in all, 2010 was tough but the Scheme and its officers, directed by the Board, managed to achieve numerous successes.

2011 is an exciting time for GEMS and the Board has determined that this is to be the year when GEMS defines a new measure of excellence – fully appreciative of the fact that yesterday's excellence, albeit outstanding, must be surpassed.

In this vein changes have already been ushered in. Most notable is the new emergency services structure that will take effect on 1 May 2011. More information about the new structure is provided on page 4 of *Connect2U*. We also touch on a number of other topics that will assist you as a healthcare service provider to deliver the best possible service to our members. Learn more about how PMB benefits work and how you can become a GEMS network provider.

Excellence will be redefined in respect of how GEMS communicates with its members, how GEMS services its members and how GEMS performs financially and operationally. The outcome of our approach in 2011 will be seen throughout the year and our hope is that your confidence in GEMS continues to grow.

I would like to take this opportunity to thank you for your continued support and feedback. The service you provide to our members is invaluable and contributes to assisting GEMS in realising our mission of providing equitable access to affordable and comprehensive healthcare benefits to all public service employees.

Please let us know if there are any areas you feel need our attention or where you believe a new measure of excellence should be defined. We look forward to continuing the journey of excellence with you in 2011.



All the best for 2011!

Sincerely

Eugene
Principal Officer

2 ◀ How to become a **GEMS Network service provider**

With the aim of realising a newly defined measure of excellence, GEMS is continuously enhancing and expanding its service provider networks to ensure that members have access to affordable and quality healthcare.

The GEMS Provider Networks also enable us to build strong and lasting relationships with the healthcare professionals who provide care to the more than 1.5 million GEMS beneficiaries. As a GEMS Network participant you enjoy access to a growing patient base where an additional 400 000 Public Service employees are still eligible to join GEMS.

GEMS Network service providers are also listed on the Friends of GEMS directory, which is a tool that members use to find a service provider closest to their location, either via the GEMS website or their cell phones. There are currently over 10 000 healthcare service providers, covering 46 disciplines, registered as *Friends of GEMS*.

A new Emergency Medical Services (EMS) Network is currently being established and service providers have been invited to join the Network.

The Network for the Sapphire and Beryl options was established in January 2010 and ensures optimal access to healthcare services for our members.

- This Network is all about providing sustainable healthcare to beneficiaries by balancing cost and quality in an ever-changing healthcare industry.
- Sapphire and Beryl members are guided to network service providers as it is necessary for them to visit a Network healthcare service provider before visiting a specialist. GPs are recognised as the co-ordinators of care.
- Higher consultation fees can be earned, depending on the GP's profile on REPI2 and whether the Network GP adheres to the Sapphire and Beryl protocols and formularies.
- To ensure your success as a GEMS Sapphire and Beryl Network provider, we provide you with a guide each year that includes a description of the benefits and Scheme rates for the year.
- From 2011, GPs will also receive a pathology and radiology test form, as well as a specialist referral form together with a user guide to assist in making referrals as easy as possible.

GEMS Sapphire and Beryl Networks strive to ensure that no member is further than 10km from a Network provider. Current network statistics are as follows:

- GP Network – 3 793 GPs covering more than 92% of the member base.
- Dental Network – 1 827 dentists covering nearly 78% of the member base.
- Optometry Network – 1 604 optometrists covering over 83% of the member base.
- Pharmacy Network – 1 712 pharmacies covering nearly 93% of the member base.

The Ruby, Emerald and Onyx (REO) GP Network was also established in January 2010 and has grown to more than 4200 GPs nationally, a clear indication that doctors see the benefit of joining the Network. The Dentist, Optometrist and Pharmacy Networks which have already been established for the Sapphire and Beryl options, will shortly be extended to the Ruby, Emerald and Onyx options.

Provider profiling is an industry norm and REO GP Network participants are also profiled and rewarded with an enhanced GP management fee, if they are classified as category 1.

Participation in the GEMS Networks takes place on a voluntary basis and we invite all healthcare service providers to join the rapidly growing GEMS family. Please phone **0860 00 4367** or send an email to **SBnetworkcontracting@gems.gov.za** or **REOnetworkcontracting@gems.gov.za** if you wish to join either or both of the Networks.



3 ◀ Helping Sapphire and Beryl members to **access their benefits**

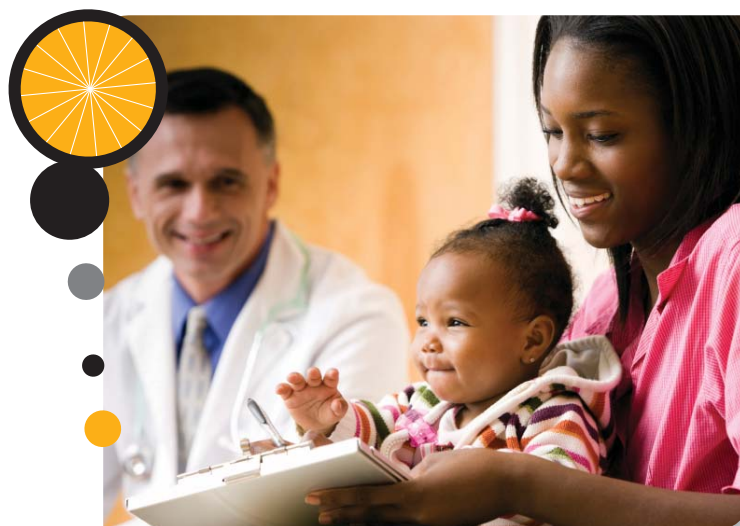
GEMS offers two low cost options, namely Sapphire and Beryl, aimed at employees who previously did not have access to nor could not afford medical scheme cover. In order to maintain equitable access to affordable healthcare benefits, GEMS makes use of formularies and a specialist referral process to guide the utilisation of benefits on these options. For Sapphire and Beryl members, the General Practitioner (GP) is regarded as the custodian of the patient's healthcare. A General Practitioner needs to refer a member on one of these options to a specialist.

To make this process easier and to assist GPs in understanding the investigations covered by the Scheme for Sapphire and Beryl beneficiaries, we are now providing referral forms for radiological and pathological investigations. The forms clearly outline the investigations covered by the Scheme. By utilising these forms, out-of-pocket expenses for patients, can be avoided. An authorisation number is required for these investigations and can be obtained by contacting us on **0860 00 4367**.

GPs will also receive specialist referral forms to assist Sapphire and Beryl members to access specialist services when required. The referral note serves as a reminder to specialists that the Sapphire and Beryl options have formularies in place that can be accessed at **www.gems.gov.za**. An authorisation is required for all specialist visits prior to the consultation. The GP can obtain this authorisation by contacting us on **0860 00 4367**.

These forms were previously distributed together with the GEMS 2011 Sapphire and Beryl GP Guide. Both the pathology and radiology test referral forms and the specialist referral pads include a tear off page, which can be used to re-order stock. GPs can also access the pathology and radiology request form and specialist referral form electronically at **www.gems.gov.za** under the "Healthcare Providers" section.

We urge GPs to make use of these forms. They were created to make it easier for you to adhere to protocols and formularies. Keep in mind that higher consultation fees can be earned when GPs adhere to the formularies and obtain authorisation for investigations outside of the formulary and for all specialist visits. For more information please refer to the 2011 Sapphire and Beryl GP Guide or contact us on **0860 00 4367**.





4 ◀ In case of involuntary **Prescribed Minimum Benefit (PMB) care**

The administration of Prescribed Minimum Benefit (PMB) claims was recently enhanced. A treatment guideline is provided to members to ensure that he or she knows which benefits are available to him/her or their dependants. The letter is triggered automatically when there is a new chronic medicine authorisation or a claim is submitted that relates to a specific PMB condition.

The PMB treatment guideline details the suitable number of GP and specialist visits, as well as appropriate pathology tests, needed to monitor and control the member's PMB chronic condition. The purpose of the guideline is to ensure that members obtain quality diagnosis and treatment, as well as ongoing care. In this way members monitor their condition and understand where their benefits are being used and where they may incur co-payments.

Below is an example of the type of information which is included in the letter. This is an example of the information a member with Cardiac Failure would receive:



Service description	Extension description	Tariff codes	Disciplines allowed	No. per year
This refers to the type of service that members have access to.	This includes additional information relating to the service, e.g. the type of pathology test or procedure that is approved.	These are the correct tariff codes that need to be used for the service when claims are submitted (ICD-10 codes).	This details who the member is able to visit for the specific aforementioned service.	This indicates the number of times a member can make use of a service within a benefit year.
GP consultations		0190, 0191, 0192	GP	3
Specialist consultations		0190, 0191, 0192	Specialist medicine, cardiology, paediatrician, cardiology paediatrician.	1
Pathology	Haemoglobin estimation	3762	GP, Specialist medicine, cardiology, paediatrician, cardiology paediatrician, pathologist, clinical technology.	1
Procedures/tests	Cardiac examination – M mode	3621	Specialist medicine, cardiology, paediatrician, cardiology paediatrician.	1
ECG	Without effort	1232	GP, Specialist medicine, cardiology, paediatrician, cardiology paediatrician.	1

It is important that the correct ICD-10 code is indicated on every PMB claim received and processed by GEMS. The ICD-10 codes should be as specific as possible to enable the Scheme to identify it as a PMB claim. It is preferable that Z-codes not be used where possible. Pathology, radiology and pharmacy claims also need to have appropriate ICD-10 codes. These are provided in the treatment guideline letter, as illustrated above, and should be used to ensure that members' benefits are correctly allocated and that providers are correctly reimbursed.

GEMS reserves the right to implement managed care tools such as formularies and the use of Designated Service Providers (DSPs). In addition, normal managed care protocols are applied to PMB conditions. Adherence to these will help avoid the short-payment of accounts. Ensure that you, as a healthcare service provider, have access to your patients' treatment guidelines so that you can ensure that you use the correct tariff codes on their invoices, to avoid any delay in payment or reimbursement.

Please call us on **0860 00 4367** for more information or visit www.gems.gov.za.

5 ◀ The benefits of enrolling your patients on the **HIV/AIDS** Disease Management Programme (DMP)

GEMS HIV/AIDS DMP will not only help your patients manage their medical costs, but will provide them with ongoing care through a dedicated treatment support team. This team is available to assist patients with any questions they may have about their HIV/AIDS status including treatment, coping with stigma, and many other relevant issues.

Further benefits include:

- Separate benefits for medicines to treat HIV/AIDS and prevent opportunistic infections;
- Regular monitoring of disease progression;
- Clinical guidelines and support for doctors; and
- Assistance in finding a registered counsellor.

The DMP has a specially trained medical team who review the patient's details, and consult with you to ensure that the patient receives the most appropriate treatment for their condition. As the treating doctor, you will also be paid for completing the form and enrolling patients onto the DMP.

Like any other chronic condition, early diagnosis, appropriate treatment and the possible adjustments in lifestyle can improve and maintain the quality of life of an HIV-positive person. **Early registration on the DMP** is therefore critical for the best possible management of HIV/AIDS. By registering your patient before medication is even needed, they will gain access to invaluable support and guidance thus preparing them mentally and emotionally for the journey ahead. They will also be well placed to be introduced to treatment at the right time which is critical for improving the effectiveness of the medicine.

Members need to obtain their chronic medication from the GEMS chronic DSP to avoid paying part of the cost out of their own pockets. HIV/AIDS medicine (Anti-retrovirals) are also considered chronic medication as they need to be taken on a continuous basis. If GEMS members are on Anti-retroviral treatment, they will avoid a 30% co-payment on their medication by obtaining it from Medipost our chronic DSP.



6 ◀ Introducing the new **GEMS EMS Network**

GEMS has departed from the historic trend of providing members access to emergency services through a capitated arrangement using a sole provider. As part of our ongoing mission to ensure that our members receive the best possible healthcare, particularly in emergency situations, GEMS will introduce the new GEMS Emergency Medical Services (EMS) Network from 1 May 2011. The emergency service providers in the Network are contracted to offer emergency health services to the more than 1.5 million lives now covered.

The transition from one preferred provider to a network of EMS providers will ensure that GEMS members are never far from emergency medical assistance when they need it.

How the GEMS EMS Network will work

The GEMS EMS Network is open to all registered EMS providers that meet basic requirements. The network is compliant with the Medical Schemes Act and Regulations and will be co-ordinated through the Scheme's Emergency Medical Evacuation Dispatch Centre (EMED). When a GEMS member calls the emergency telephone number – **0800 44 4367** – the EMED will receive the call and assign an EMS provider to the incident.

Network services

The EMS Network services includes road, air and specialised primary evacuations as well as inter-hospital transfers. Service providers will be reimbursed at the Scheme rate and members will not have to make any co-payments or advanced cash payments. All EMS Network providers will also be registered on the *Friends of GEMS (FOG)* programme to ensure quick and efficient access to members. This means that members will be able to locate an EMS Network provider by using the FOG 'Find a service provider' functionality via their cell phones or by searching on the GEMS website.

The GEMS EMED can be contacted on **0800 44 4367**, 24 hours a day, 7 days a week. This is the same emergency number GEMS members have always used which can also be found on all GEMS vehicle stickers.



7 ◀ Remember to pre-authorise for **in-hospital physiotherapy**

GEMS is committed to providing quality, affordable and equitable healthcare services to all members. Being admitted to hospital is generally stressful and most people assume that because they belong to a medical scheme, the accounts should be the least of their worries. However, it's important to keep in mind that there are Scheme Rules that govern members access to benefits. One such rule is the pre-authorisation (PAR) procedures that has to be adhered to in certain instances, e.g. when in hospital physiotherapy is required.

The Scheme Rules are available on the GEMS website (www.gems.gov.za) under the "About Us" tab. From 2011 authorisation for all in-hospital physiotherapy is required. Authorised physiotherapy will be paid from a specific sub-limit specified in the Scheme Rules for 2011.

It remains the members' responsibility to ensure that in-hospital physiotherapy services that may be required are pre-authorised and approved by the Scheme.

Your patient will receive an SMS detailing whether their request has been approved or declined. A letter will also be posted or an email sent to the member. To protect member confidentiality, letters detailing diagnosis and procedures will not be faxed, unless the patient specifically requests this.

When must patients apply for a hospital PAR number?

GEMS Scheme Rules stipulate that members need to apply for an authorisation number **at least 48 hours before any planned admissions and within one working day after an emergency admission.**

GEMS will issue your patient with a PAR number within 24 hours provided that:

- His/her membership is valid.
- The admission date is not more than 40 days in advance (in which case the patient will receive a reference number and will be advised to contact us within 40 days of his/her admission).
- He/she has provided all the necessary information.
- The procedure/medication is not a Scheme Rule exclusion or in direct contradiction to the managed healthcare policies.
- He/she has the necessary funds available in the applicable benefit.

Physiotherapy during an emergency admission

Sometimes, patients are not aware of the need for physiotherapy before a procedure, or because it was an emergency admission. In such cases, the physiotherapist's practice could assist with an authorisation number. However, the patient needs to follow-up upon discharge, as they might be held liable for some accounts if PAR was not obtained.

Please inform your patients that they need to obtain a PAR number for a hospital admission and for the physiotherapist's service if they require physiotherapy in-hospital.

Pre-authorisation can be obtained by:

- Contacting us on **0860 00 4367**;
- Emailing hospitalauths@gems.gov.za;
- Sending a fax to **0861 00 4367**.

The following details are required:

- Member number;
- ID number of the beneficiary going into hospital;
- Diagnosis – preferably diagnosis codes supplied by the service provider;
- Procedure – preferably procedure codes supplied by the service provider;
- The name of the hospital where the procedure will be done;
- The practice code of the treating physiotherapist; and
- The date of the procedure.



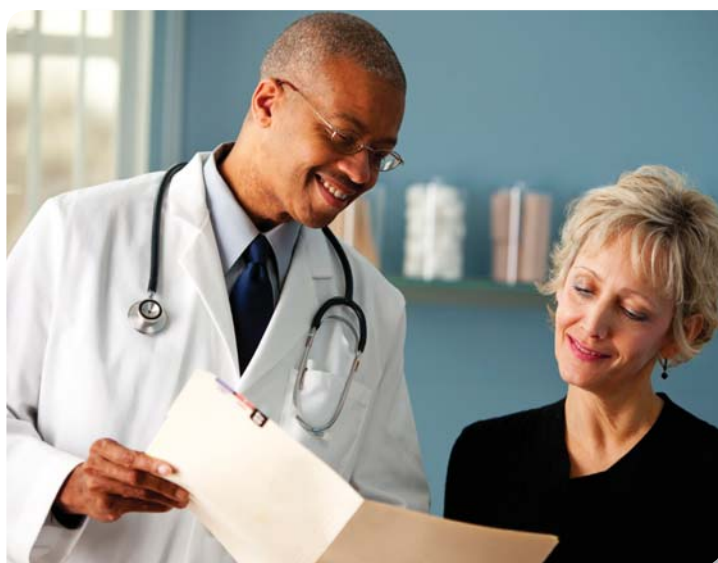
8 ◀ Understanding the new Scheme rate

In terms of the judgment handed down by the North Gauteng Division of the High Court on 28 July 2010, the National Health Reference Price List (NHRPL) was declared null and void with immediate effect. The practical effects were that there was no longer a reference tariff at the end of 2010. In the past this reference price list was used by medical schemes to determine the remuneration rates for healthcare service providers. With the abolishment of the NHRPL, medical schemes had to determine their own tariff structures.

The GEMS Tariff was consequently implemented in December 2010 for the 2011 benefit year. The Tariff was developed on the basis of the 2006 NHRPL. The Scheme recognises that the pricing of clinical services is an ongoing debate and will therefore continuously engage with service providers to minimise and address any gaps which might exist in the GEMS tariff file.

The absence of a uniform fee structure for the industry could have resulted in providers implementing various tariff structures which would expose members to out-of-pocket payments. The GEMS Tariff allows members to understand the rate at which the Scheme pays for healthcare services and they can then determine the above scheme rate amount which would be for their account.

The GEMS Tariff can be found on our website at www.gems.gov.za under the "Hot Topics" section on the home page.



9 ◀ Alerts



a Your patients and generic medication substitution

As healthcare service providers both prescribing doctors and pharmacists, you can help your patients' benefits last longer by prescribing or suggesting that your patients make use of cost effective generic medication.

According to legislation, it is also the responsibility of pharmacists to educate patients on the availability of generic medication. GEMS members who need chronic medication are issued with a chronic medication access card. Prescribed medication for which there are cheaper generics available are marked with an asterisk (*) on the chronic medicine access card.

As a dispensing pharmacist, you can offer patients the choice to use a cheaper generic product instead of brand name medication. If GEMS members make use of this opportunity, they will not incur a Medicine Price List (MPL) co-payment, provided that the generic item is within the Scheme's reference price for that item.

b How to check GEMS members' 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 these requests in the correct format, as this ensures that you get the information you require immediately. It is important that a separator (**i.e. a comma**) is used between the texts. SMS's must be sent to **33489** and are charged at R1, 50 each.

Below are examples of how the 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, e.g. *member, 888888, chronic, 2* when checking the chronic benefits for dependant 2 of member number 888888. It is important to use the keyword "member".

ICD/Formulary check service:

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

Example:

Keyword "ICD", practice number, condition/diagnosis e.g. *ICD, 99999, Asthma* when searching for the ICD 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 code e.g. *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 text. Both the ICD and formulary service are also available on the GEMS website, www.gems.gov.za, under the healthcare service providers tab.



c Prevent unnecessary claim rejections

The member's correct details should appear on the claim in order for it to be accepted for payment. An incorrect name, date of birth, ID number and beneficiary code will result in the claim being rejected.

Please ensure that the ICD-10 code provided on the claim correctly identifies the condition the patient is being treated for.

Your patient should also be made aware that certain services, such as admission to hospital, MRI and CT scans, physiotherapy performed in-hospital, chronic medication and orthodontic procedures, require pre-authorisation.

d What are the top three health risks among government employees?

As a healthcare service provider to our members, GEMS would like to share relevant information with you which will assist with the appropriate management of health risks, and the prevention of the development of certain chronic diseases.

GEMS performed wellness screening tests on 90 000 members and other government employees during 2010, and in that time identified three main risk factors. These were found to be:

- an unhealthy waist circumference;
- high body mass index (BMI); and
- lack of exercise (sedentary lifestyle).

GEMS members are provided with a "wellness passport" containing the results of their wellness screening tests. Please do not hesitate to enquire whether a member has attended the screening tests and whether they have a copy of the results with them. This may not be the patient's reason for seeking medical care at a specific point in time, but it may assist in providing further advice and referral to GEMS's disease management programmes.

e Palliative oncology treatment

The Scheme will fund Palliative oncology treatment within the available oncology benefit. If the prescribed treatment regimen exceeds the available benefit, the Scheme will limit payment to the benefit limit.

f Report fraud

Medical scheme fraud is a growing problem in South Africa that contributes to the overall cost of healthcare. The GEMS Fraud Forum will investigate all allegations of fraud thoroughly and effectively.

If you know of any fraud taking place or being planned, put an immediate stop to it by calling the anonymous 24 hour toll free GEMS Fraud Line on **0800 21 22 02**. If you prefer not to call the GEMS Fraud Line, you can always post the details to:

Fraud Service Manager
KPMG Hotpost BNT371
PO Box 14671
Sinoville
0129

Alternatively, you can send an email to gems@kpmg.co.za, but keep in mind that using this medium could compromise your anonymity, if it is your wish to remain anonymous. GEMS takes fraud seriously. To date, 24 cases have been logged with the South African Police Service.

Connect with US



telephone **0860 00 4367**
fax **0861 00 4367**
enquiries@gems.gov.za
www.gems.gov.za

