

# Stale Claims Review Process

In order for a claim to be considered for review, **the claim must meet the following criteria:**

- ✓ Claim must have been received within the 4-month submission period.
- ✓ Claim was initially processed and/or settled.
- ✓ Claim was queried within 60 days after the 4-month submission period has expired.
- ✓ Claim is within the 3-year PMB protection period.



# Stale Claims Review Process



A stale claim review **is not mandatory** in the following instances:



The member/provider will submit **a reversal request in writing**, made to either party, and inform the Scheme to pay the other party



**Authorisation** updates (PMB)



Following investigation of disputes, the CMS may rule that the **claim be revisited and that payment adjustments** are made



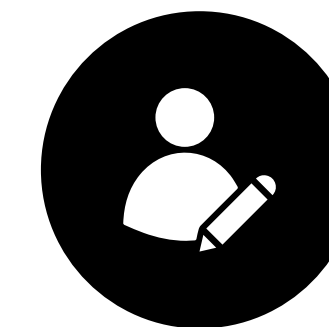
Retrospective **approval** as aPMB



Claims paid from **incorrect benefit category**



Membership **status changes**



**Amended** accounts

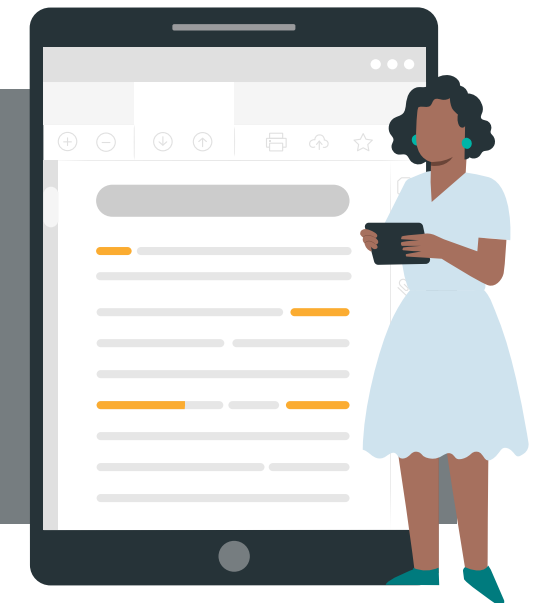
# Stale Claims Review Process



A stale claims request **will be considered for review** in the following instances:



A claim can only be rejected as stale in terms of Regulation 6(3) if the initial 4-month period has already elapsed by the date on which it is submitted for the first time. **Motivation and proof need to be submitted by the member/provider** indicating why the claim was submitted outside of the 4-month submission period.



The following concessions will be considered by the responsible service provider/SPN during the claims submission approval process:

## 1 Healthcare service provider errors

This concession is granted where a system error at the healthcare service provider has occurred, or the member never received an account. The provider needs to submit an official letter indicating the reason and period of the technical challenge.

## 2 Proof of submission provided

This concession is granted where proof of EDI submission, facsimile or mail is presented to the Scheme to prove that submission did occur within the prescribed timelines.

## 3 EDI claims

This concession is granted where a service provider encounters issues with the submission of an account due to technical issues with the bureaus or at the practice itself. They would have to provide proof that such an issue impacted on the submission of accounts for the full 4-month period and that they could not submit any accounts at any time during the 4-month window.

## 4 Ex gratia approvals

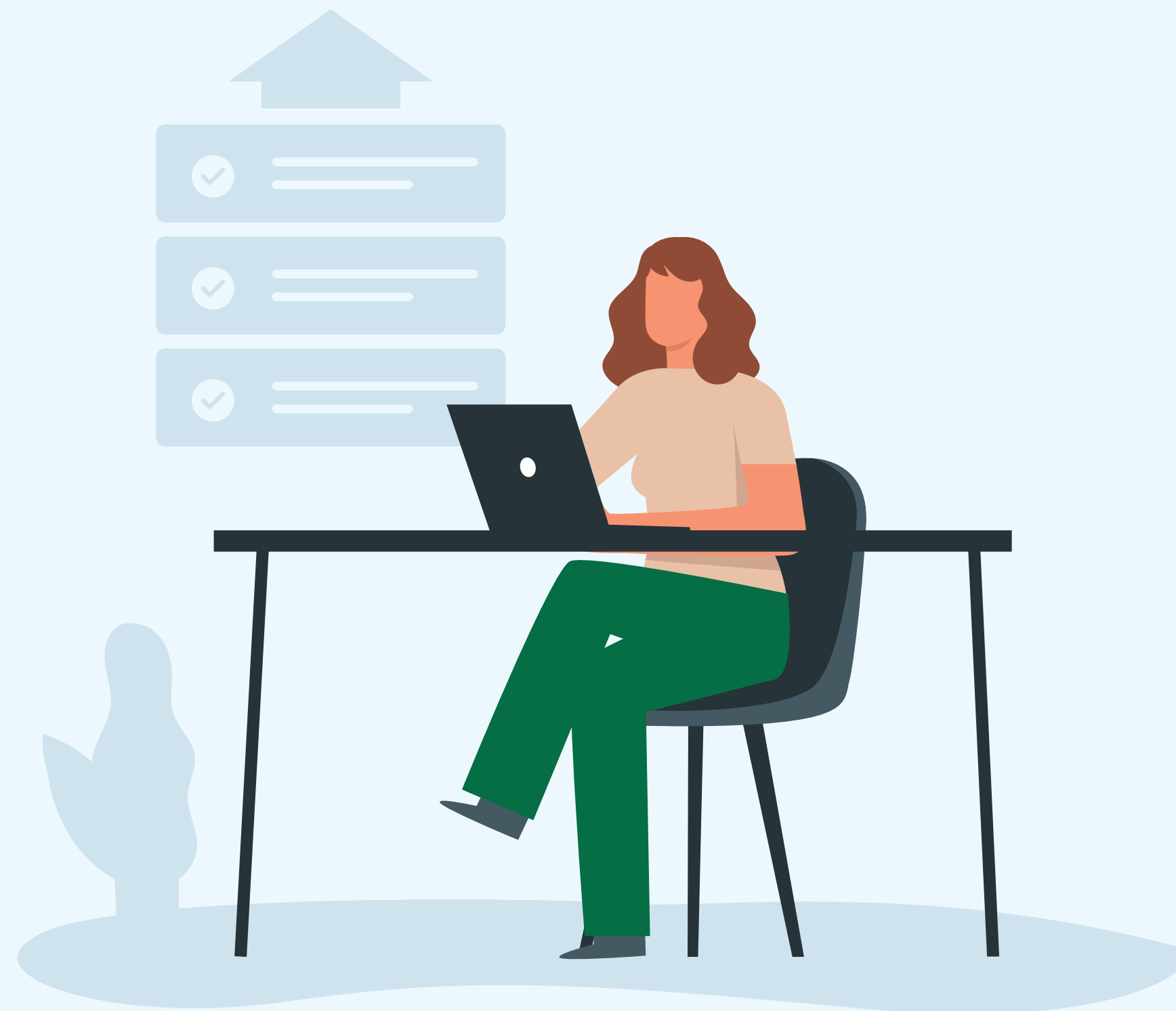
This concession will be granted where an instruction from the Ex gratia Committee has been received to process the claim for payment.

## 5 CMS rulings

This concession will be granted where an instruction from CMS was received to process the claim for payment.

# Stale Claims Review Process

**Please submit the following information to [enquiries@gems.gov.za](mailto:enquiries@gems.gov.za),  
in order to get the stale claim reviewed:**



- Membership number
- Provider/Practice number
- Date of service
- Date initial account was submitted
- Query date
- Fees charged (amount)
- Requested amount to be processed
- Original submission within 4-months from date of service - Yes/No
- Motivation