# YOUR 2024 GEMS
# EMERGENCY MEDICAL SERVICE PROVIDER GUIDE

DISCOVER THE BRILLIANCE OF GEMS

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GEMS EMS Provider Guide 2024
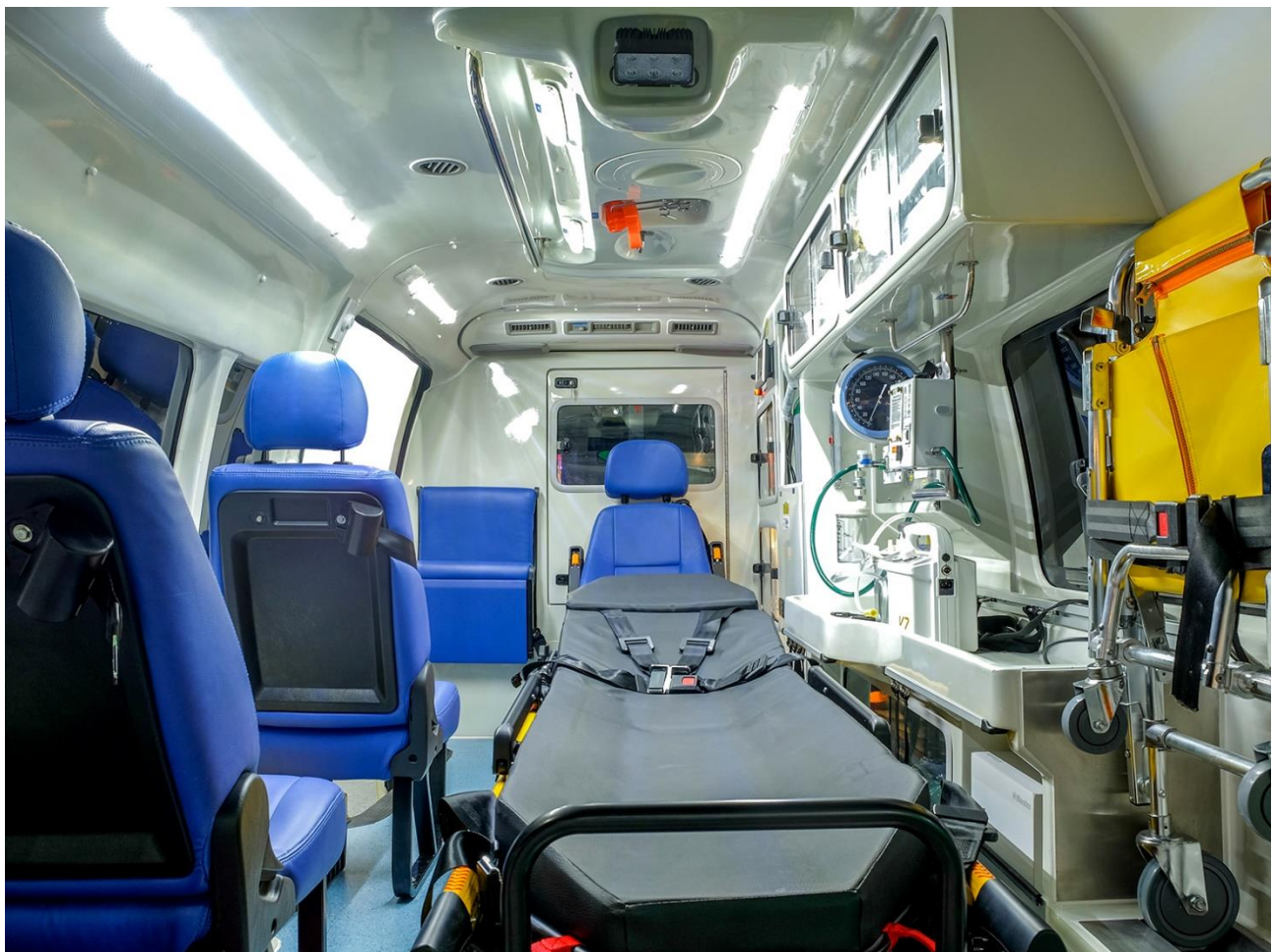
# 1. Introduction

The Government Employees Medical Scheme ("GEMS" / "the Scheme") strives to provide equitable access to affordable and comprehensive healthcare, promote member well-being, and promptly deliver accessible and comprehensive Emergency Medical Services (EMS) to all its valued members. The Scheme depends on you, as a valued EMS provider, to ensure that its members receive quality and efficient care.

**This guide will assist you in supporting GEMS members. Herein, you will find important information relating to:**

- The provision of out-of-hospital acute care,
- Patient transportation to definitive care where emergency medical assistance is required,
- Claiming processes to follow to ensure a seamless review and prompt payment of claims.

**1.1    Emergency medical transportation services covered by GEMS include:**

- Emergency medical response by road and/or air to the scene of a medical emergency,
- Transportation by road or air to the nearest, most appropriate, or GEMS network medical facility,
- Inter-Hospital Transfers (IHTs), where applicable.

**Frequently asked questions:**

| Questions | Answers |
|---|---|
| **What is an International Classification of Diseases, Tenth Revision (ICD10) code?** | • An ICD10 code is a diagnostic code that indicates the health condition for which treatment is being received and is compulsory in all Patient Report Forms (PRFs) and claim submissions (including external cause codes where applicable).<br>• A list of ICD10 codes can be found on the GEMS website (**www.gems.gov.za**) under *Healthcare Providers > ICD10 Codes.* |
| **What is the difference between an ICD10 code and a "Z" code?** | • A "Z" code is an ICD10 code that helps provide granularity so that all parties know exactly what test/s was performed and what they are paying for.<br>• A "Z" code is utilised in hospital procedure codes and is not to be utilised for emergency medical ambulance transportation.<br>• In the case of an IHT the original diagnostic code must be utilised.<br>• In the event of trauma cases, diagnostic and cause codes of the injury must be included when submitting the claim. |
| **What are waiting periods?** | • A waiting period is a period during which a member and/or their dependent/s are liable for contributions but will **not** be eligible for all or certain benefits. Waiting periods may be applied to any member and dependent/s and are determined during an assessment of previous medical aid membership when joining a medical scheme.<br>• There are two (2) types of waiting periods that GEMS may apply:<br>   ○ A General Waiting Period (GWP) of up to three (3) months; and/or,<br>   ○ A Condition-Specific Waiting Period (CSWP) of up to twelve (12) months.<br>• In instances where emergency ambulance transportation is required but is not covered due to the waiting period, the Emergency Medical Evacuation Dispatch (EMED) Contact Centre will attend to the emergency but will advise both the member and service provider that the service is for member liability. |

| | |
|---|---|
| **What are exclusions?** | • An exclusion refers to a service not covered by the Scheme, as indicated in the Council for Medical Schemes (CMS) approved Scheme Rules.<br><br>• In instances where emergency ambulance transportation is required, but not covered due to the incident being an exclusion, the Emergency Medical Evacuation Dispatch (EMED) Contact Centre will attend to the emergency but will advise both the member and provider that the service is for member liability. |
| **What is a contracted/network Ambulance Service Provider?** | • A contracted or network ambulance service provider is a provider who has a contract with GEMS to provide members with the required emergency service for both pre-hospital treatment and IHTs, including stabilisation for serious illness and injuries and transportation to a definitive care facility. |
| **Emergency ambulance transportation to non-network facilities?** | • The use of network facilities applies to members on the GEMS Emerald Value Option (EVO) and Tanzanite One (T1) options, service providers are required to transport patients on these options to network facilities.<br><br>• If an EVO or T1 member is transported to a non-network facility, this may result in a co-payment that is payable by the member.<br><br>• Services not available at the network facility or need to bypass the network facility will need to be authorised by the EMED Contact Centre e.g., if the network facility has reached capacity and diversion is required.<br><br>• The list of network facilities for these benefit options is available on the GEMS website www.gems.gov.za under *Healthcare Providers > Designated Service Providers* to locate a Network Facility. |
| **What is not covered under emergency ambulance transportation?** | • Emergency ambulance transportation is any ambulance transportation for conditions that are not a medical emergency, where the ambulance service is used purely as a means of transportation from point A to point B.<br><br>• This may include, but is not limited to the following types of scenarios:<br><br>  • Members who are pregnant and in normal-term labour with no complications during the pregnancy and the labour,<br><br>  • Transportation to a home address or an old age home without prior authorisation from the EMED Contact Centre,<br><br>  • Transportation to a doctor's room for an appointment or for the purpose of an X-ray where no medical emergency or authorisation exists,<br><br>  • Transportation for a procedure that could be done in the current medical facility. An authorisation process will need to be followed to understand the motivation in order for the transportation to be considered,<br><br>  • Transportation from a home address or step-down facility to a booked procedure or doctor's visit,<br><br>  • Transportation for dialysis or oncology treatment without authorisation from the EMED Contact Centre,<br><br>  • Transportation for any other reason other than that the referring medical facility is unable to manage the patient,<br><br>  • Self-sourced emergency incidents for the sole purpose of declaration of death. |
| **Where can I find the GEMS Tariff File?** | • The GEMS tariff files are available on the GEMS website www.gems.gov.za under *Healthcare Providers > Tariff Files > Tariff File 2023*, then view the relevant EMS files with the below naming convention:<br><br>  • Contracted Emergency Medical Services<br><br>  • Non-Contracted Emergency Medical Services |

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# 2. Emergency Medical Evacuation Dispatch (EMED)

## 2.1 Active call referencing

Active call referencing is when the service provider is responding to a medical emergency incident and registering a case on behalf of the patient with the EMED Contact Centre. To obtain a reference number during the incident, the service provider must call 0800 44 4367 (Select Option 1) or 0860 004 4367 (Select Option 1). The EMED Call Centre Agent will request the following information to register the case:

- Patient membership details (membership number, patient's full name and surname, age, gender, dependant code, and date of birth),
- Description and clinical state of the patient (whether the patient is responsive or unresponsive),
- Pick-up location (street name or facility name) and,
- Nearest drop-off location (street name or facility name).

The above information will support the receiving facility to manage the patient based on clinical condition and triage; based on the patient benefit option whilst ensuring that pre-authorised bookings are clinically appropriate for the patient's condition.

Should the service provider be unable to contact the EMED Contact Centre at the time of transportation for primary incidents, the service provider must submit all incident and patient details within two (2) business days from the service date to emsprimary@gems.gov.za or via the EMED Online Portal.

## 2.2 Pre-Authorisation

### 2.2.1 Call referencing within three (3) hours

Once an EMS provider has responded to a primary emergency, the service provider must contact the GEMS EMED Contact Centre on 0800 44 4367 (Select Option 1) or 0860 004 4367 (Select Option 1) to obtain a reference number. This will direct the EMS provider to the appropriate facility based on the member's option and the clinical condition of the patient being transported.

## 2.3 Post-Authorisation

### 2.3.1 Email within two (2) business days

Should a service provider be unable to contact the EMED Contact Centre, the service provider must submit all required details within two (2) business days from the service date to emsprimary@gems.gov.za.

### 2.3.2 Online claims portal within two (2) business days

The online claims portal is available for submission of post-primary referencing and the request must be submitted within two (2) business days from the date of service to obtain a case reference number.

**Please note:**
- Late submission of post-authorisation-primary referencing may be declined or rejected if not submitted within two (2) business days from the service date.
- Reference or authorisation numbers do not guarantee payment.
- All post-authorisation primary submissions must meet the criteria for the submission to be considered valid. The criteria include:
  - The patient's initials and surname,
  - The patient's date of birth and dependant code as it appears at the back of the patient's membership card,
  - The date of service,
  - Level of care,
  - Incident location, and
  - Delivery address (drop-off address).

## 2.4    Designated Network Facility

Please continue to adhere to GEMS requirements that underpin both the EVO and the T1 options where patients must be transported to designated network facilities. In an emergency, the nearest, most appropriate facility will take preference, without hindering the patient's health and care. The list of designated network facilities for these benefit options is available on the GEMS website www.gems.gov.za under *Healthcare Providers > Designated Service Providers* to locate a Network Facility.

GEMS, therefore, encourages the use of active call referencing, which allows the service provider to receive the required guidance pertaining to the transportation of the patient to the nearest appropriate network facility. Members that are transported to non-designated network facilities may encounter co-payments unless the transportation is deemed as life-threatening warranting the transportation of the patient to an appropriate, nearest medical facility not necessarily a network facility.

The following will be assessed to consider if the transportation is medically justified to a non-designated network facility:

- Patient condition that warrants immediate critical intervention that is above the scope of the transporting service provider,
- Patient's vital signs,
- Patient's diagnosis,
- Treatment can only be received at specialised facilities.

## 2.5    Submission of GEMS Ambulance Claims

Once an EMS service provider has received the ambulance transportation case reference number from the EMED Contact Centre, the claim may be submitted.

**There are two (2) methods to submit the claim:**

- **Via email:** emsclaims@gems.gov.za
  - Claims must be submitted within one hundred and twenty (120) days from the service date, otherwise, they are deemed stale.
  - The email submission must include the invoice, PRF and additional supporting documentation such as the hospital sticker or hospital letter/motivation (where one cannot access a hospital sticker) and tracking report with the correct naming convention for each document submitted or uploaded i.e., Invoice, PRF, Motivation and Tracking Report.
  - The ambulance transportation case reference number must be noted on the subject line and each claim requires a separate email including the service date of transportation.
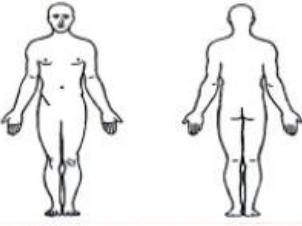
- **Via the claims portal**
  - A new invoice or claim may be submitted via the claims home portal page.
  - The uploading of documentation must include the invoice, PRF and additional supporting documentation such as the hospital sticker or motivation letter and tracking report, with the correct naming convention for each document submitted or uploaded i.e., Invoice, Patient Report Form, Motivation and Tracking Report.

### 2.5.1    Important information that must appear on the Patient Report Form

- EMED reference number
- Date of service
- Primary/IHT
- Membership number
- Patient information (name and surname, gender, age, date of birth, or Identity (ID) Number)
- Scene address or pick-up address (full address/name of facility)
- Delivery address or (drop-off address (full address/name of facility)
- Level of care
- Crew details
- Description and clinical state of the patient
- Primary and secondary survey
- Minimal AMPLE history

- Events leading up to the ambulance request
- Diagnosis
- External cause codes
- Treatment and clinical notes
- Vital signs
- Times
- Kilometres
- Fluid administration
- Medication administration
- Patient signature
- Handover signature
- Registration number of vehicle and call sign of vehicle
- Hospital sticker or copy of the hospital admission form/receipt.

**Patient Report Form (PRF) Example:**



## 2.6    Resubmission of claims

- Claims may be resubmitted via the online claims portal and marked as a resubmission. All previously entered details will remain on the case and the relevant documentation may be uploaded and added to the case.

- Resubmission of claims must be submitted within sixty (60) days after the claim has been returned for correction notification, otherwise the claim will be deemed as stale.

- Resubmission of claims via emails must be submitted to emsclaims@gems.gov.za with the requested documentation as motivation. The resubmission must be detailed and address the reason for prior GEMS rejection. All communication submitted as motivation for consideration must be documented on the company letterhead. The motivation must provide factual reasons to enable the claim to be considered for re-adjudication and re-processing for payment within sixty (60) days after being returned for correction notification.

**2.7    Top five (5) reasons why a claim is returned for correction or rejected.**

| Rejection Code | Return for Correction Rejection Reason | Provider action required |
|---|---|---|
| **6258** | Claim is stale | Provide proof of claim submission within 120 days from the service date. |
| **6824** | PRF not attached. Please resubmit | Claim returned to the service provider to correct clinical information: Patient Report Form not attached. Resubmission required. |
| **6656** | Claim line submitted with invalid ICD10 code(s) | Claim returned to the service provider for correct billing information: Valid ICD10 code required. |
| **6830** | PRF insufficient information | Claim returned to the service provider for correct clinical information: Patient Report Form has insufficient information recorded. Resubmission is required. |
| **6835** | Tariff/ Billing code not found | Claim returned to a service provider to submit billing information: Billing code/tariff. |

It is essential for the service provider to maintain and furnish complete and accurate documentation of the patient's clinical condition to validate the necessity for ambulance transportation. This information is assessed against clinical criteria, upon receipt by the EMED Division. The PRF must therefore contain all the details of the patient's clinical condition at the time of transportation. All documentation must be complete and legible without any changes done with correction fluid, etc.

# 3. Network Management

## 3.1 Inspections

Inspection criteria are in accordance with industry standards and those of related regulating bodies. EMS service providers are expected to meet all criteria of the National Health Act 2003 (Act No 61 of 2003). EMS service providers must have valid operating licences issued by the Provincial Departments of Health (DoH). Failure to adhere may result in claims being declined for payment. EMS service providers are urged to always maintain this high standard, as all inspections are unannounced.

## 3.2 Social media

EMS service providers are required to comply with all pertinent legislation during and after the rendering of a service, which includes compliance with the provisions of the Electronic Communication and Transaction Act (ECTA) 25 of 2002 and the Protection of Personal Information Act (POPIA) 4 of 2013.

EMS service providers are strictly prohibited from taking photographs of the patient or incident, posting or sharing such photographs unless the owner of the photograph has given explicit consent, or the EMS service provider is permitted to do so by law. Consent may be requested from the patient in writing, should it be required for photographs to be taken in events including but not limited to a motor vehicle accident or in cases of domestic violence. Please share this important information with your teams.

## 3.3 Claims Risk Management

GEMS has zero tolerance for fraud, waste, and abuse and monitors claim trends aligned to unbiased industry standards.

EMS service providers are encouraged to report any fraudulent activities to the GEMS Fraud Hotline 0800 212 202 or email ems@thehotline.co.za for further investigation.

**Activities that are to be reported for investigation include, but are not limited to:**

- Transportation to any place that is not registered as a facility with twenty-four (24) hour trauma facilities and overnight accommodation.
- Unjustified transportation, which includes:
    - Transportation to home or non-clinical destination.
    - Transportation for pre-planned events such as dialysis and diagnostic examination.
    - IHTs without pre-authorisation.
    - Bypassing the nearest appropriate facility.
- Over-servicing of patients.
- Billing on behalf of a sanctioned service provider.
- PRF manipulation.

## 3.4 Service Provider Profile

Any changes (as per the non-exhaustive list below) to the service provider's profile must be communicated to the EMS Network Management Team on 0860 436 777 (Select Option 2) or email at enquiries@gems.gov.za.

**What type of information needs to be communicated?**

- Contact information: Address, email address, Operational Manager information, phone number, fleet, staff, lease agreements, etc.
- Industry information: DoH operating license, Board of Healthcare Funders (BHF), change in level of care, Companies and Intellectual Property Commission (CIPC), etc.
- Financial information: Bank details, tax IDs, personal insurance liability, etc.

# 4. GEMS Service Provider Website Registration

**4.1    How to apply for a Personal Identification Number (PIN) as a Service Provider**

- Apply online at: https://provider.mhg.co.za/
- To register as a service provider and to obtain a PIN Activation, the following information will be required:
    - Practice number,
    - Four-digit numerical PIN of your choice,
    - Confirm PIN,
    - Bank branch code,
    - Bank account number,
    - Name and surname of the person applying for the PIN,
    - ID number of applicant.
- Metropolitan Health Group, PO Box 4313, Cape Town 8000 or
- Send a signed letter to fax at 021 480 4087 or send an email to ChatSupport@mhg.co.za
- Your letter should have the following information:
    - Date, reference "PIN Activation" practice number: name and address, email address, contact number, chosen 4-digit numeric PIN and signature.

**4.2    Registering as a service provider on the GEMS website will allow you to**

- Track the status of claims,
- View remittance statements,
- Tariff code and ICD10 lookup,
- View your profile and update changes,
- Receive communication and the method of communication i.e., emails, Short Message Service (SMS) etc. and the method you would like to receive the communication.

# 5. Contact Details

**GEMS Contact Centre**

0860 436 777 for service provider queries

0860 00 4367 for member queries

Monday – Friday: 08h00 – 17h00

Saturday: 08h00 – 12h00

Closed on Sundays and public holidays

**Fax**

0861 00 4367

**Web**

www.gems.gov.za

**Email**

enquiries@gems.gov.za

**Postal address**

GEMS, Private Bag X782, Cape Town, 8000

**GEMS Emergency Services**

0800 44 4367

**GEMS Fraud hotline**

0800 212 202

ems@thehotline.co.za