PG25

PROVIDER GUIDE

EMS Provider Guide

Assisting healthcare professionals in delivering high-quality member-centric care.

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BRILLIANCE
OF **GEMS**

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GEMS EMS Provider Guide 2025

Introduction

The Government Employees Medical Scheme ("GEMS" / "the Scheme") strives to provide all its members with equitable access to affordable and comprehensive healthcare. GEMS promotes member well-being and is fully committed to delivering accessible and comprehensive emergency medical services (EMS) to its valued members. As a valued EMS provider, the Scheme relies on you to ensure that all GEMS members consistently receive quality and efficient care.

This guide aims to help you better support GEMS members. Herein, you will find important information relating to:

- 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.

GEMS emergency medical transportation services 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 facility, or GEMS network medical facility.
- Inter-facility transfers (IFTs), where applicable.

Emergency Medical Evacuation Dispatch (EMED)

Active Call Referencing

Active call referencing occurs when the service provider is responding to a medical emergency and registering a case on behalf of the patient with the EMED Contact Centre. To obtain a reference number during a medical emergency, the service provider must call **0800 444 367** (Select Option 1) / **0860 004 367** (Select Option 1). The EMED Call Centre Agent will request the following information to register the case:

- Patient membership details (member 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)*.
- Nearest drop-off location *(street name or facility name)*.

The information provided will support the receiving facility in managing patients based on their clinical condition and triage. It will also ensure pre-authorised bookings are clinically appropriate for the patient's condition, considering their benefit option.

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 via the EMED Online Portal: *(https://dispatch.europassistance.co.za/)*, or email the details to *emsprimary@gems.gov.za*.

Pre-Authorisation

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 at **0800 444 367** (Select Option 1) / **0860 004 367** (Select Option 1) to obtain a reference number. This will guide the EMS provider to the appropriate facility based on the member's benefit option and the clinical condition of the patient being transported.

Post-Authorisation

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 via email to ***emsprimary@gems.gov.za***.

Online Claims Portal within two (2) business days

The Online Claims Portal ***(https://dispatch.europassistance.co.za/)*** is available for submission of post-primary referencing. The request must be submitted within two (2) business days from the service date 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:
  - 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)*

Designated Network Facility

Please continue adhering to GEMS requirements that underpin the EVO and T1 options. These requirements state that patients must be transported to designated network facilities. In an emergency, the nearest appropriate facility will take precedence, ensuring the patient's health and care are not compromised. The list of designated network facilities for these benefit options is available on the GEMS website at **www.gems.gov.za**, under Healthcare Providers > Designated Service Providers.

GEMS encourages active call referencing, whereby the service provider will receive the necessary guidance regarding the patient's transportation to the nearest appropriate network facility. Members transported to non-designated network facilities may incur co-payments unless the transportation is deemed life-threatening. In this case, the patient may be transported to the nearest appropriate medical facility, even if not a network facility.

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

- 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.

GEMS Ambulance Claims Submission

Once an EMS provider has received the ambulance transportation case reference number from the EMED Contact Centre, the claim may be submitted to GEMS for processing. There are two (2) methods to submit the claim:

1. Via the Online Claims Portal (https://dispatch.europassistance.co.za/):

- A new invoice or claim may be submitted via the claims home portal page,
- The uploading of documentation must include the invoice, Patient Report Form (PRF), and additional supporting documentation, such as the hospital sticker/motivation letter and tracking report with the correct naming convention for each document submitted or uploaded, i.e., Invoice, PRF, motivation, and tracking report.
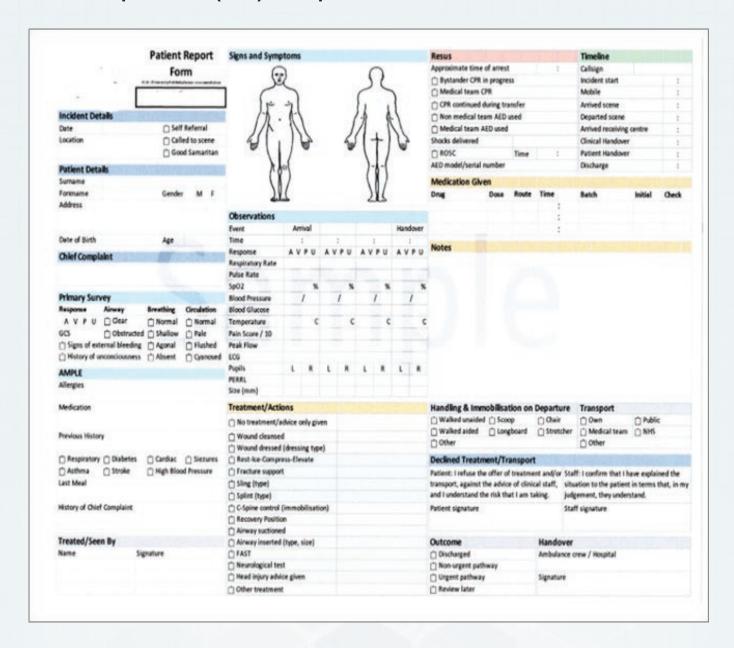
2. Via email emsclaims@gems.gov.za:

- Claims must be submitted within one hundred and twenty (120) days from the service date. Otherwise, they are deemed stale and will be rejected for payment.
- 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 the 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 containing the service date of transportation.

Important information that must appear on the PRF:

- EMED reference number
- Date of service
- Primary / IFT
- 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 and call sign of the vehicle
- Hospital sticker or copy of the hospital admission form/slip.

Patient Report Form (PRF) Example:

Resubmission of Claims

- Claims may be resubmitted via the Online Claims Portal *(https://dispatch.europassistance.co.za/)* and marked as a resubmission. All previously entered details will remain on the case, and the relevant documentation may be uploaded and added to it.
- Claims resubmissions must be made within sixty (60) days after the claim has been returned for correction notification. If the claim is not resubmitted within that time, the claim will be deemed stale and rejected for payment.
- Resubmission of claims via emails must be sent to *emsclaims@gems.gov.za* with the requested

documentation as motivation. The resubmission must be detailed and must address the reason for prior GEMS rejection reason. 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.

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 to correct billing information: valid ICD10 code required.
6830	PRF insufficient information	Claim returned to the service provider to correct clinical information: patient report form has insufficient information recorded. Resubmission required.
6835	Tariff/Billing code not found.	Claim returned to the service provider to submit billing information: Billing code/tariff.

It is essential for the service provider to maintain and provide complete and accurate documentation of the patient's clinical condition to validate the necessity for ambulance transportation. This information will be assessed against clinical criteria upon receipt by the EMED Division. The PRF must, therefore, include all relevant details of the patient's clinical condition at the time of transportation. All documentation must be complete and legible, with no corrections made using correction fluid or similar methods.

Network Management

Inspections

Inspection criteria are in accordance with industry standards and those of relevant regulatory bodies. EMS providers are expected to meet all criteria set forth by the National Health Act 2003 (Act No. 61 of 2003). EMS providers must possess valid operating licenses issued by the Provincial Departments of Health (DoH); failure to do so will result in claims being declined for payment. EMS providers are urged to maintain this high standard consistently, as all inspections are unannounced.

Social Media

EMS providers must comply with all relevant legislation during and after the rendering of services. This includes adherence to the provisions of the Electronic Communications and Transactions Act (ECTA) 25 of 2002 and the Protection of Personal Information Act (POPIA) 4 of 2013.

EMS 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 provider is permitted to do so by law. Consent may be requested from the patient in writing should photographs be required 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.

Claims Risk Management

GEMS has zero tolerance for fraud, waste, and abuse; it also monitors claim trends that are aligned with unbiased industry standards.

EMS providers are encouraged to report fraudulent activities to the GEMS Fraud Hotline at **0800 212 202** or email *gems@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,
- Unjustifiable transportation such as:
  - Transport to home or non-clinical destination.
  - Transportation for pre-planned events such as dialysis and diagnostic examination.
  - IFTs without pre-authorisation.
  - Bypassing the nearest appropriate facility.
- Over-servicing of patients.
- Billing on behalf of a sanctioned service provider.
- PRF manipulation.

GEMS Practitioner Portal and Mobile App

GEMS would like to take this opportunity to thank all our healthcare practitioners for their continued support in providing healthcare to GEMS members. The Scheme has further enhanced the GEMS Practitioner Mobile App and Portal launched in 2023.

We are pleased to announce the release of the enhanced features on the GEMS Practitioner Mobile App and Portal platforms. Some of the enhanced features that practitioners can expect to see are:

- A seamless onboarding experience, including user guides that encompass descriptions of the Practitioner Portal and Mobile App features.
- Revamped membership search and benefits confirmation.

- A claim's view with a remittance display.
- A Nominated Family Practitioner display.
- NAPPI codes and many more.

Practice Details Update

Kindly verify that your practice number is registered with the Board of Healthcare Funders (BHF) and that your contact details (mobile number and email address) are up to date. Please contact BHF on weekdays from 08:00 to 16:30 on **087 210 0500** to verify your practice number and contact details prior to your profile registration on the GEMS Practitioner Portal or App.

Updating of Service Provider Details

Banking Details Update

Please send GEMS the relevant documents listed below to register your new/amended banking details on our system. You can either email these to *implementation@mhg.co.za*, or fax to **021 480 4087:**

- A signed practice letterhead *(ALL partners' signatures)*.
- Companies and Intellectual Property Commission (CIPC) papers if the bank account is in the name of a registered company.
- Bureau manager certified ID and signature on letterhead *(if applicable)*.
- A bank letter/bank statement *(not older than three months)* with a bank stamp.
- A certified copy of the owners' IDs *(ALL partners' certified ID copies)*.
- A certified marriage certificate *(if applicable)*.
- A 'trading as' letter *(which can be indicated on the signed letterhead)* if the practice name and the bank account holder names differ.

Service Provider Profile

Any changes to the service provider's profile must be communicated to the EMS Network Management Team on **0860 436 777** (Select Option 2) or email *enquiries@gems.gov.za*.

Examples of information that must be communicated:

- Contact information: Address, Email Contact, and 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.

Frequently Asked Questions

Questions	Answers

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 for transportation from point A to point B.
	• This may include, but is not limited to, the following types of scenarios:
	  • A member who is pregnant and is in normal term labour with no complications during the pregnancy and the labour.
	  • Any transportation to a home address or an old age home without prior authorisation from the EMED Contact Centre.
	  • Any transportation to a doctor's room for an appointment or for an X-ray where no medical emergency or authorisation exists.
	  • Any 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.
	  • Any transportation from a home address or step-down facility to a booked procedure or doctor's visit.
	  • Any transportation for dialysis or oncology treatment without authorisation from the EMED Contact Centre.
	  • Any transportation for any reason other than that the referring medical facility is unable to manage the patient.
	  • Self-sourced emergency incidents for the sole purpose of declaration of death.

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 of the GEMS Emerald Value Option (EVO) and Tanzanite One (T1) options. Service providers are required to transport patients on these options to GEMS network facilities. • Members on the Tanzanite One and Emerald Value options are subject to the use of a hospital in the GEMS Hospital Network or a state facility; failing which, the Scheme shall not be liable to fund the first R15 000 of the non-network hospital or facility's bill. • Services not available at the network facility or a 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. • 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

Questions	Answers
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 2024 then view the relevant EMS files with the below naming convention: • Contracted Emergency Medical Services, • Non-Contracted Emergency Medical Services.
What is an International Classification of Diseases, Tenth Revision (ICD10) code?	• An ICD10 code is a diagnostic code indicating 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). 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 in order to know what they are paying for. • A "Z code" is utilised in hospital procedure codes and is not to be utilised for emergency medical ambulance transportation. • In the case of an IFT, the original diagnostic code must be utilised. • 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 dependant/s are liable for contributions but will not be eligible for all or certain benefits. Waiting periods may be applied to any member and dependant/s and are determined during an assessment of previous medical aid membership when joining a medical scheme.
	• There are two (2) types of waiting periods that GEMS may apply:
	  • A General Waiting Period (GWP) of up to three (3) months; and/or,
	  • A Condition-Specific Waiting Period (CSWP) of up to twelve (12) months.
	• In instances where emergency ambulance transportation is required but not covered due to a waiting period, the Emergency Medical Evacuation Dispatch (EMED) Contact Centre will attend to the emergency but will advise 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. • 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 advise the member and provider that the service is for member liability.

Get in touch

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GEMS EMERGENCY SERVICES
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