



**ECIPA CPD Conference:
MANAGED CARE PROCESS UPDATES
23 & 24 May 2026**

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2026 BENEFIT UPDATES AT A GLANCE

2026 BENEFIT UPDATES AT A GLANCE

FROM 1 JAN 2026



Tanzanite One

- In-hospital benefits limited to **PMB only**
- Radiology, pathology and medicine **formularies restructured.**
- **8 FP consultations** per beneficiary/year: from 9th visit, pre- authorisation required.
- Use State or GEMS **Network Hospitals:** voluntary use of Non-network Private Hospital → **R15 000 co-pay.**

Advanced radiology

R15 183 sub-limit per family/ year: 1 CT or MRI max. per beneficiary/ year.

Tanzanite One & Beryl:

Ruby

Now a **GEMS Network option:** voluntary use of non-network hospital → R15 000 co-pay

Non-PMB Or Elective In-Hospital Scopes

New **co-payment: R1,000** per gastrointestinal scope

Beryl, Ruby, Emerald, Emerald Value & Onyx:

In Lieu of Hospitalisation (ILOH)

Benefit extension → outpatient IV therapy at non-hospital facilities subject to pre-auth and processes.

Male circumcision

Only **covered out-of-hospital**, unless medically indicated for in-hospital, subject to a limit.

Wheelchairs

Frequency increased to once every **36 months** per beneficiary.

PAP devices (CPAP, APAP, BIPAP, VPAP)

1 device every **36 months** per beneficiary subject to available benefits

Applies to ALL GEMS Options

MCO PROCESS UPDATES: 2026 BENEFIT CHANGES

TANZANITE ONE - PMB ONLY (IN HOSPITAL)



Pre Authorisation



What stays the same



What Changes in 2026

PMB based on

271 DTPs and 26 chronic conditions

Review PMB eligibility

Apply PMB management protocols at authorisation stage:

- **Medical admission** (excl. psychiatry): in a GEMS Network facility with a PMB eligible diagnosis: approve* up to 1 night default LOS
- **Surgical admission**: in a GEMS Network facility, PMB eligible DTP and PMB LOC (clinical coding and supporting evidence): approve* default LOS

If diagnosis is non-PMB

Authorisation declined (applies to private facilities only)

*Subject to the available benefit and limit and managed care protocols

Non-network use with PMB diagnosis + PMB level of care:

- DSP distance check (<50 km) determines:
 - **Voluntary non-network** use → co-payment applied (**R15 000**)
 - **Involuntary/emergency** non-network use → approved* → NO co-payment
 - **Emergency admissions** → PMB eligible → NO co-payment
- If DSP available but waiting period cannot be confirmed → deemed involuntary; waiver applied retrospectively

TANZANITE ONE - PMB ONLY (IH)



Case Management

What changes in 2026

- 1 Clinical information/updates are required to determine PMB eligibility
- 2 Provider sends clinical updates (motivations/results) → reviewed for continued PMB eligibility in-hospital and use of DSP facility
- 3 LOS updated **ONLY** if additional clinical information is received
- 4 Any non-PMB diagnosed in addition to the approved PMB diagnosis will be declined; LOS/LOC updated only in line with approved PMB and case management guidelines
- 5 If clinical information confirms admission is no longer PMB → Funded up to diagnosis date. No further LOC updates or LOS extensions
- 6 Member and providers informed that admission no longer qualifies for PMB → transfer to a state facility OR liable for further costs if not transferred

*Subject to the available benefit and limit and managed care protocols

TANZANITE ONE ACUTE MEDICINE FORMULARY UPDATES



Tanzanite One formulary restructured for FULLY funded-only

- All preferred lower-cost options remain fully funded* and accessible.
- Higher-cost agents, previously requiring a co-payment → removed from formulary.

Script Frequency/Repeat limits updated


- Select repeats items funded* only within allowed interval and repeat limit (analgesics & antibiotics etc.)
- Earlier or more frequent repeats are not funded (curbs prolonged or excessive use)

Preferred acute formulary list updated

- Higher-cost items restricted where equivalent, cost-effective alternatives exist
- Funding aligns to preferred items (no blanket rule, but appropriate case-by-case application)

Targeted controls strengthened

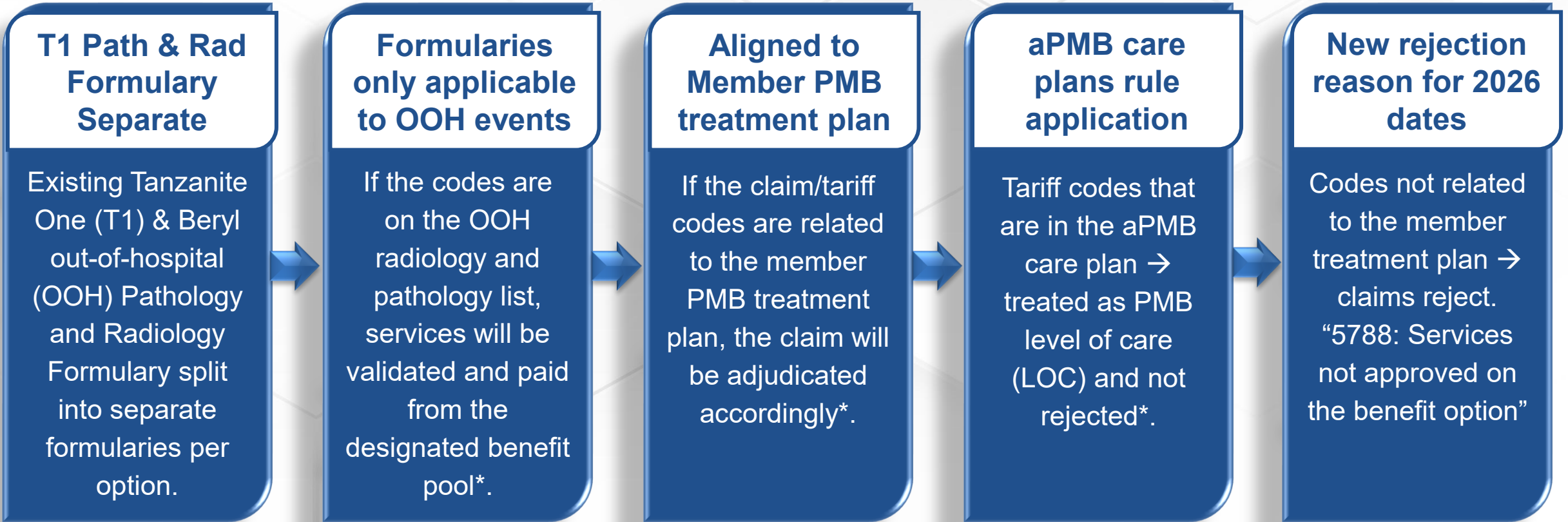
- Specific high-cost/high-utilization items: subject to tighter formulary controls



Essential acute items remain covered under acute benefit

*Subject to the available benefit and limit and managed care protocols

2026 PATHOLOGY & RADIOLOGY PROCESS



*Subject to the available benefit and limit and managed care protocols

ADVANCED RADIOLOGY BENEFIT 2026



Tanzanite One: IN-HOSPITAL

Tanzanite One: OUT-OF-HOSPITAL Beryl: IN and OUT-OF-HOSPITAL

- Confirm if scan is PMB eligible and approve the request as PMB.
- If the scan is not PMB eligible or PMB LOC → request declined

If it's a 1st scan & sufficient benefit available → approve*, subject to available benefit, limit & protocols

If insufficient benefit & scan is PMB with PMB LOC → approve*, to fund above available benefit & limit

If insufficient benefit & scan is non-PMB /not PMB LOC → request can be declined

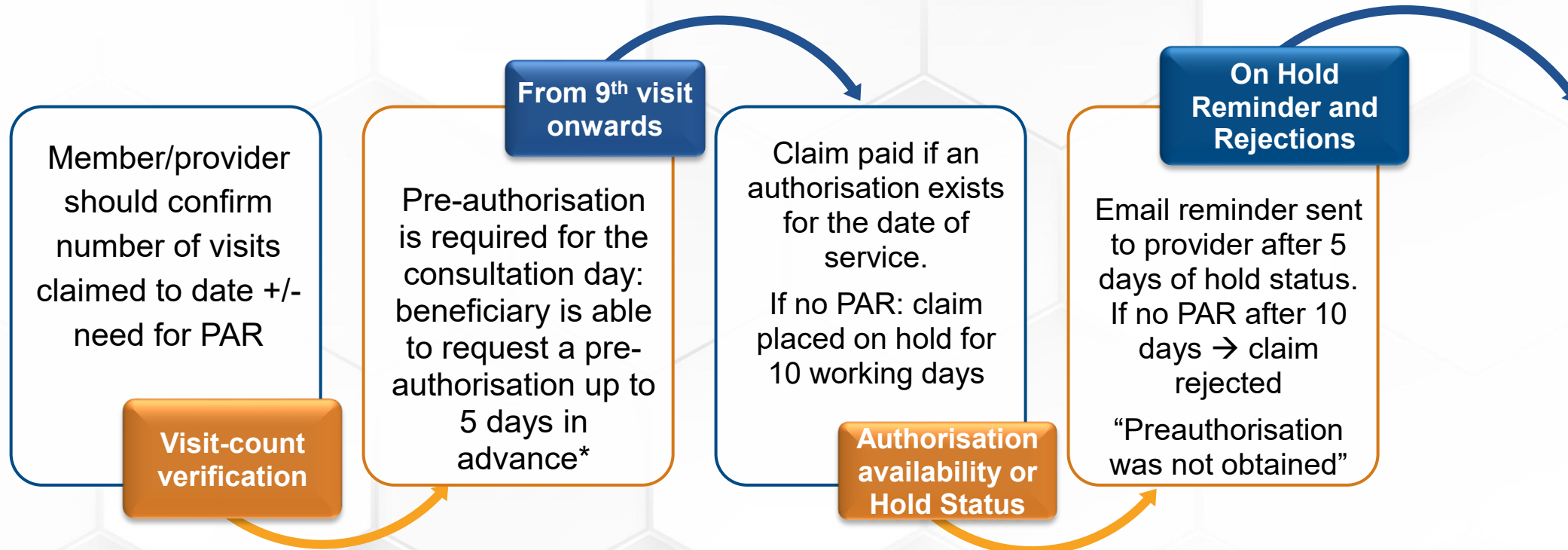
If it's a 2nd or more scan and meets PMB criteria & PMB LOC, → approve* as PMB

If its a ≥2nd or more scan & does not meet PMB criteria/ not PMB LOC → request declined

- Advanced Radiology:**
- Angiography
 - CT scans
 - MDCT
 - Coronary Angiography
 - MUGA scans
 - PET scans
 - MRI scans
 - Radio-Isotope studies

*Subject to the available benefit and limit and managed care protocols

FP CONSULTATIONS TANZANITE ONE & BERYL



BENEFIT CHANGES 2026



Hospital Networks

- Ruby joins GEMS Hospital Network
- R15,000 co-payment for voluntary use of non-network hospitals
- Emergency admissions to non-network hospital → co-payment not applied
- Absence of Network hospital in 50km radius → no co-payment

BERYL, RUBY, EMERALD, EMERALD VALUE AND ONYX

Non PMB / Elective GIT Scopes

- Co-payment: R1,000 per scope for non-PMB or elective scopes in-hospital (excl. day clinics /unattached theatres: practice 76 or 77).
- Once the final diagnosis is confirmed as PMB-eligible → co-payment is removed and claim is updated
- G-scopes, C-scopes, sigmoidoscopies and lower GI endoscopies.

ALL OPTIONS

Wheelchairs

- One wheelchair per beneficiary, every 36 months.
 - From month of receipt of wheelchair.
- Applied retrospectively for claims from 2023-2025
- Wheelchairs coded as:
 - APP → automatically approved at scheme rate
 - REF → motivation required.

BENEFIT CHANGES 2026: ALL OPTIONS

In Lieu of Hospitalisation (IV Therapy)

- Extended the alternative to hospitalisation and in lieu of hospitalisation, to include IV therapy
- Limited to Sub-Acute hospitals, physical rehab, private nursing, hospice services, doctor's rooms
- **Preauthorisation required.**
- Aims to reduce admissions.

Circumcision

- Male circumcision covered out-of-hospital (unless clinically indicated).
- Paid from in-hospital benefits when clinically indicated.
- Benefit is once per lifetime.

Positive Airway Pressure (PAP) Devices

CPAP, APAP, BiPAP and VPAP combined benefit:

- One device per beneficiary every 36 months, incl. accessories*.
- CPAP (only) machines + accessories classified as CPAP → paid from the CPAP benefit sub-limit.
- BiPAP/VPAP/APAP machines + accessories classified as PAP → paid from the PAP sub-limit.

* Year 2 & 3 PAP accessories covered as per MCO processes

ALLIED HEALTH PROCESS ENHANCEMENTS

GEMS ALLIED HEALTH PRE-AUTHORISATION REQUEST PROCESS

INFORMATION REQUIRED

- Member; Provider/practice details and claim information
- Valid referral letter with clinical motivation, can be:
 - ✓ on the treating provider's letterhead with signature
 - ✓ treating doctor's notes stating the clinical reason for referral
 - ✓ DSM-IV form + doctor's clinical motivation, stating the clinical reason for the allied health service

NOT VALID AS A REFERRAL



- Patient sticker only
- Allied HCP referral note, even with doctor stamp/signature (unverifiable)

*Subject to the available benefit, limit & MCO protocols

PROCESS FOR SUBMITTING

All information submitted to:
hospitalauths@gems.gov.za
OR
enquiries@gems.gov.za
(retrospective claim process)

AUTHORISATION PROCESS

- Visit dates captured as per claim lines (where provided)
- Approve* default days: 1-2 visit dates as clinically indicated

IF >1-2 VISITS REQUIRED:

Letter of Motivation (LOM) is required from treating provider OR allied HCP progress report.
Extend* Length of Stay (ELOS) based on clinical review outcome

A claim will still need to be submitted once an authorization has been issued

SIMPLIFIED GEMS ALLIED HEALTH PRE-AUTHORISATION GUIDELINE



Prospective: hospitalauths@gems.gov.za

Provider type	Referral letter from treating provider	Next step	Requirement longer than Default LOS	Next step
Allied health	Yes , a separate authorisation must be obtained.	Approve default LOS	Treatment plan and or progress report required	Review for Clinical appropriateness

Retrospective: enquiries@gems.gov.za

Provider type	Referral letter from treating provider	Next step	Requirement longer than Default LOS	Next step
Allied health	Yes , a separate authorisation must be obtained.	Approve default LOS	Treatment plan and or progress report required	Review for Clinical appropriateness

Allied HCP Included	
Discipline	Description
004	Chiropractors
66	Occupational Therapy
81	Registered counsellors
82	Speech therapy
83	Hearing Aid Acoustician
84	Dietician
86	Psychologists
89	Social workers
91	Biokinetics

MCO PROCESS CHALLENGES & MITIGATIONS

OPERATIONAL CHALLENGES & MITIGATIONS

Challenges

Request to Providers

Alternative Solution for Providers

MCO Interim Mitigations

- Overtime and extended shifts
- Backlog reduction: prioritising electronic submissions (email, UMS)
- Daily backlog reviews prioritising urgent/PMB/clinically sensitive cases
- Manual verifications where system visibility is delayed
- Workflow optimisation review
- Reinforce guidance on future dated authorisations

- Due to 2026 Benefit change process updates
- GEMS Pre-authorisation call volumes are exceptionally high
- Led to delayed turnaround times and authorisation processing

- Avoid calling pre-auth line for follow-ups or new requests during this period
- Limit escalations of outstanding requests unless clinically urgent and meeting escalation criteria
- Submit all new authorisation requests via the approved electronic channels

- Utilise UMS for pre-authorisation requests
- UMS training is offered to interested providers
- For urgent clinical cases: use the standard escalation protocol for immediate attention
- Updates will follow once normal operations resume

UTILISATION MANAGEMENT SYSTEM (UMS)

What UMS is

- UMS is a secure online platform for healthcare providers to create, submit, track and update GEMS pre-authorization requests electronically.

What UMS does

- The system automatically generates a reference number.
- Hospitals and healthcare professionals can access UMS once registered.

How UMS Assists Providers

- Upload requests and supporting documents directly on UMS to reduce delays and missing documents.
- Faster turnaround: electronic requests submitted via UMS are processed within 8 working hours.
- Track request progress, make updates and upload additional clinical information at any time.
- Reduced call volumes and fewer long hold times by using the online platform.

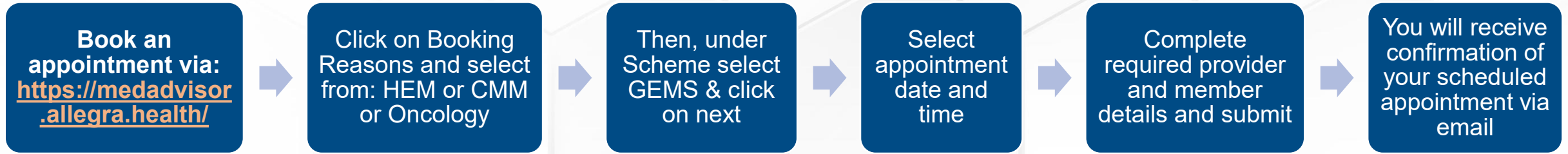
UMS Outcomes

- Auto-approval is available for certain codes, issuing a number immediately.
 - ✓ **Approved:** authorisation number issued;
 - ? **Pending:** additional information required;
 - ✗ **Declined/Rejected:** does not meet scheme funding criteria
- All correspondence is emailed directly to the providers with captured details and outcomes.

MEDICAL ADVISORY ACCESS



- To discuss patient's treatment and authorisation with a Medical Advisor.
- Only used to discuss the funding of your patient's clinical treatment.
- The Medical Advisory Team is not responsible for managing claims-related queries.



A Medical Advisor will call you at the scheduled date and time.

Medscheme

Book an Appointment

1 SERVICES & LOCATION | 2 TIME-SLOT | 3 APPOINTMENT DETAILS | 4 DONE

Booking Reasons

Scheme

Next

EMAIL ENQUIRIES

Should the above option not be suitable, an email can be escalated to the following address:

gemsdoctors@medscheme.co.za

PROVIDER QUERY ESCALATIONS MATRIX

Pre-authorization:

Waiting for authorisation that is pended or declined from pre-auth



EC PLOs: Contacts



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THANK YOU

