



PG 2026
PROVIDER GUIDE

Emergency Medical Services Provider Guide

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

DISCOVER THE
BRILLIANCE
OF **GEMS**



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01

Introduction

The Government Employees Medical Scheme (“GEMS” / “the Scheme”) strives to provide all its members and their registered dependants (beneficiaries) with equitable access to affordable and comprehensive healthcare. GEMS promotes member well-being and is fully committed to providing accessible and comprehensive Emergency Medical Services (EMS) to its valued members. As a valued EMS Healthcare Practitioner, the Scheme relies on you to ensure that all GEMS members consistently receive quality and efficient care.

This guide is designed to help you support GEMS members and provides important information relating to:

- Emergency Medical Evacuation Dispatch (EMED) procedures, including call referencing, pre- and post-authorisation, and claims submission.
- Designated network facility requirements and transportation protocols.
- EMS network management, enrolment, inspections, compliance, and operational standards.
- The GEMS Practitioner Portal and Mobile App.
- Processes for updating EMS Practitioner information.
- Upcoming GEMS events.
- Frequently asked questions to support your day-to-day operations.

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



02

What's New in 2026

Ruby Option: GEMS Hospital Network Extension to the Ruby option

In 2026, the GEMS Hospital Network will be extended to include the Ruby option. EMS Practitioners must therefore ensure that patients on the Ruby option are transported to facilities within the GEMS Hospital Network, where clinically appropriate.

In cases of emergency, the nearest appropriate facility may be used to safeguard the patient's health and care. The GEMS Hospital Network is available on the GEMS website at www.gems.gov.za, under **Healthcare Providers > Designated Service Providers**.

03

EMS Tariff Increase

Effective 01 January 2026, EMS tariff fees have increased as indicated in the table below:

2026	Network EMS Practitioners	Non-Network EMS Practitioners
Professional Fees	3.10% for all codes	2.85% for all codes



04

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. Alternatively: The Scheme has further enhanced the GEMS Practitioner Portal and Mobile App, launched in 2025, with additional new features scheduled for release in 2026.

To access the GEMS Practitioner App and Portal, please scan one of the QR codes to download these platforms:



Register on the GEMS Healthcare Practitioner Portal/APP on <https://hcp.gems.gov.za> or scan the QR code to track the status of your claims and access related information.



A video tutorial on how to register on the Portal can be viewed scanning the QR code or visit <https://www.gems.gov.za/-/media/Project/video/GEMS-Practitioner-App.mp4>

Practice Details Update

Please ensure that your practice number is registered with the **Board of Healthcare Funders (BHF)** and that your contact details (mobile number and email address) are accurate and up-to-date. You can contact the BHF on 087 210 0500, weekdays between 08:00 and 16:30, to verify your practice number and contact details before registering your profile on the GEMS Practitioner Portal or App.

05

Updating Your Practitioner Details

Practitioner Profile

Any changes to the Practitioners' profile (as outlined in the non-exhaustive list on the next page) must be communicated to the **EMS Network Management Team** on **0860 43 6777** or by email to enquiries@gems.gov.za.

Information to be communicated includes:

- **Contact information:** Physical address, email address, and Operational Manager information, telephone number, fleet updates, staff changes, lease agreements, etc.
- **Industry information:** Department of Health (DoH) operating license, Board of Healthcare Funders (BHF) registration, change in level of care, Companies and Intellectual Property Commission (CIPC) registration, etc.
- **Other information:** Tax identification numbers, personal insurance liability, etc.

06

Banking Details Update

To register or amend your banking details on the GEMS system, please submit the following required documents. You may send them via email to implementation@mhg.co.za:

- A signed practice letterhead (with signatures of all partners).
- CIPC registration documents if the bank account is in the name of a registered company.
- Bureau Manager's certified Identity Document (ID) and signature on the letterhead (if applicable).
- A bank letter or bank statement with a bank stamp (not older than three (3) months).
- A certified copy of the owners' ID documents (for all partners).
- A certified marriage certificate (if applicable).
- A 'trading as' letter (this may be noted on the signed letterhead) if the practice name and the bank account holder names differ.

07

EMED Operations

Pre-Authorisation Active Call Referencing

Pre-authorisation active call referencing occurs when the Practitioner responds to a medical emergency and registers a case on behalf of the patient via the EMED Contact Centre. To obtain a pre-authorisation reference number during a medical emergency, the Practitioner must call **0800 44 4367** (Select Option 1) / **0800 00 4367** (Select Option 1).

The EMED Call Centre Consultant 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.

For self-sourced primary cases, should the Practitioner be unable to contact the EMED Contact Centre at the time of transportation for primary incidents, the Practitioner must submit all incident and patient details within two (2) business days from the service date via the EMED Online Portal (<https://dispatch.azoza.co.za/>) or email the details to emsprimary@gems.gov.za.

Pre-Authorisation Reference Number

Pre-authorisation call referencing within three (3) hours.

Once an EMS Practitioner has responded to a primary emergency, the EMS Practitioner must contact the GEMS EMED Contact Centre at **0800 44 4367** (Select Option 1) / **0800 00 4367** (Select Option 1) to obtain a pre-authorisation reference number within three (3) hours from the time of the incident. This will guide the EMS Practitioner to the appropriate facility based on the member's benefit option and the patient's clinical condition.

Post-Authorisation Reference Number

Online Claims Portal within two (2) business days

The Online Claims Portal (<https://dispatch.azoza.co.za/>) is available for submitting post-authorisation requests. The request must be submitted within two (2) business days from the date of service to obtain a post-authorisation reference number.

Email within two (2) business days

Should an EMS Practitioner be unable to contact the EMED Contact Centre, the EMS Practitioner must submit all required details within two (2) business days from the date of service via email to emsprimary@gems.gov.za.

Please note:

- Post-authorisation requests that are not submitted within two (2) business days from the date of service may be declined or rejected.
- Pre- or post-authorisation reference numbers do not guarantee payment.
- All post-authorisation reference number requests 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).



Claims Submission

A claim refers to the complete submission sent to GEMS requesting payment for services rendered, which includes the invoice, the Patient Report Form (PRF), all supporting documents, and the relevant pre- or post-authorisation reference number.

An invoice is a formal billing document that itemises the services provided by the Practitioner to the GEMS member (the Patient), including the associated tariff codes, units, and costs, and serves as the financial component of the claim.

Claims must be submitted within one hundred and twenty (120) days from the date of service to be considered for payment. Claims received after this period will be deemed stale and will not be paid by the Scheme.

Once an EMS Practitioner has received the pre- or post-authorisation reference number from the EMED Contact Centre, a claim may be submitted to GEMS for processing. There are two (2) methods to submit a claim:

1. Via the Online Claims Portal (<https://dispatch.azoza.co.za/>):

- An invoice 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/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 to emsclaims@gems.gov.za:

- 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.

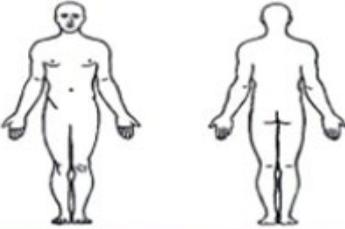
It is important to use accurate tariff codes, as communicated to Practitioners and published on the GEMS website, to ensure correct adjudication, prompt payment and prevent delays caused by coding errors.

The pre- or post-authorisation 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:

- Pre- or post-authorisation reference number
- Date of service
- Primary/IFT
- Membership number
- Patient information (name and surname, gender, age, date of birth, or 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:

Patient Report Form		Signs and Symptoms		Resus		Timeline																																																										
Incident Details Date <input type="checkbox"/> Self Referral Location <input type="checkbox"/> Called to scene <input type="checkbox"/> Good Samaritan				<input type="checkbox"/> Bystander CPR in progress <input type="checkbox"/> Medical team CPR <input type="checkbox"/> CPR continued during transfer <input type="checkbox"/> Non medical team AED used <input type="checkbox"/> Medical team AED used Shocks delivered <input type="checkbox"/> ROSC Time : : AED model/serial number : :		Callsign : : Incident start : : Mobile : : Arrived scene : : Departed scene : : Arrived receiving centre : : Clinical Handover : : Patient Handover : : Discharge : :																																																										
Patient Details Surname : : Forename : : Gender M F Address : :		Observations <table border="1"> <thead> <tr> <th>Event</th> <th>Arrival</th> <th>Handover</th> </tr> </thead> <tbody> <tr> <td>Time</td> <td>: :</td> <td>: :</td> </tr> <tr> <td>Response</td> <td>A V P U</td> <td>A V P U</td> </tr> <tr> <td>Respiratory Rate</td> <td></td> <td></td> </tr> <tr> <td>Pulse Rate</td> <td></td> <td></td> </tr> <tr> <td>SpO2</td> <td>%</td> <td>%</td> </tr> <tr> <td>Blood Pressure</td> <td>/</td> <td>/</td> </tr> <tr> <td>Blood Glucose</td> <td></td> <td></td> </tr> <tr> <td>Temperature</td> <td>C</td> <td>C</td> </tr> <tr> <td>Pain Score / 10</td> <td></td> <td></td> </tr> <tr> <td>Peak Flow</td> <td></td> <td></td> </tr> <tr> <td>ECG</td> <td></td> <td></td> </tr> <tr> <td>Pupils</td> <td>L R</td> <td>L R</td> </tr> <tr> <td>PERRL</td> <td></td> <td></td> </tr> <tr> <td>Size (mm)</td> <td></td> <td></td> </tr> </tbody> </table>		Event	Arrival	Handover	Time	: :	: :	Response	A V P U	A V P U	Respiratory Rate			Pulse Rate			SpO2	%	%	Blood Pressure	/	/	Blood Glucose			Temperature	C	C	Pain Score / 10			Peak Flow			ECG			Pupils	L R	L R	PERRL			Size (mm)			Medication Given <table border="1"> <thead> <tr> <th>Drug</th> <th>Dose</th> <th>Route</th> <th>Time</th> <th>Batch</th> <th>Initial</th> <th>Check</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Drug	Dose	Route	Time	Batch	Initial	Check							
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Claims Resubmission

- Upon receipt of a claim, the Scheme will process and communicate the outcome within thirty (30) days.
- If a claim has been returned for correction, additional motivation required or missing documentation required, the Scheme will notify the EMS Practitioner within thirty (30) days of receipt. The EMS Practitioner is then required to resubmit the corrected claim or provide the requested information to the Scheme within sixty (60) days of receiving the notification. Failure to comply with these rules will result in the claim being deemed stale and not approved for payment.
- Claims may be resubmitted via the Online Claims Portal (<https://dispatch.azoza.co.za/>) and marked as a resubmission. All previously entered details will remain on the case, and relevant documentation may be uploaded and added to it.
- A resubmission can also be sent via email to emsclaims@gems.gov.za with all required documentation. The resubmission must be detailed and specifically address the reason for the previous rejection. All correspondence submitted as part of the motivation must be on the official company letterhead of EMS Practitioners. The motivation must provide clear and factual reasons to enable the claim to be considered for re-adjudication and re-processing.

Top five (5) reasons why a claim is returned for correction or rejected:

Rejection Code	Return for Correction Rejection Reason	EMS Practitioner action required
6258	The 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 EMS Practitioner to correct clinical information: patient report form not attached. Resubmission required.
6656	Claim line submitted with invalid (ICD-10) code(s).	Claim returned to the EMS Practitioner to correct billing information: valid ICD-10 code required.
6830	PRF insufficient information.	Claim returned to the EMS Practitioner to correct clinical information: Patient report form has insufficient information recorded. Resubmission required.
6835	Tariff/Billing code not found.	Claim returned to the EMS Practitioner to submit billing information: Billing code/tariff.

The Practitioner must maintain and submit complete and accurate documentation of the patient's clinical condition to validate the medical necessity for ambulance transportation. This information will be assessed against the applicable 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, legible, and free of any alterations made using correction fluid or similar methods.

08

GEMS EMS Network

Joining the GEMS EMS Network

EMS Practitioners who are interested in joining the GEMS EMS Network can contact the GEMS Network Management Team for guidance on the enrolment process.

For more information and assistance on joining the growing network, please contact **0860 43 6777** or email networkscontracting@gems.gov.za (with the subject line: EMS Network).

Network Hospitals Guidelines

EMS Practitioners must adhere to the GEMS requirements for Emerald Value Option (EVO), Tanzanite One, and Ruby options as follows:

- Members must be transported to designated network facilities.
- In an emergency, the nearest appropriate facility may be used to ensure that the patient's health and care are not compromised.
- Voluntary transportation of a GEMS beneficiary to a non-network hospital will result in a co-payment of R15 000, except in life-threatening cases requiring stabilisation at the nearest appropriate facility.
- Patients must be transported to a network hospital within fifty (50) kilometres of the incident location.
- 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**.

Designated Network Facility

GEMS encourages pre- or post-authorisation active call referencing, where the EMS Practitioner 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 need for transportation is deemed medically justified (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's condition requires immediate critical intervention that is beyond the clinical scope or capabilities of the transporting EMS Practitioner.
- Patient's vital signs.
- Patient's diagnosis.
- Treatment can only be received at specialised facilities.

09

EMS Network Management

EMS Legal Obligations

EMS Practitioners 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.

- **Prohibition on Photography:** EMS Practitioners are strictly prohibited from taking or sharing patient or incident photographs without explicit consent, unless permitted by law.
- **Consent for Photographs:** Consent must be requested in writing from the patient, particularly in cases like motor vehicle accidents or domestic violence.
- **Team Awareness:** Ensure all crew members are informed of this critical information.

Basic Life Support Communication

All claims for cases attended by two (2) Basic Life Support (BLS) practitioners without direct supervision must be accompanied by a legally valid document confirming the details of the indirect supervising practitioner.

This document should include:

- The Health Professions Council of South Africa (HPCSA) details of the supervising practitioner.
- Information provided by the BLS crew regarding the patient's condition to the supervising practitioner.

Please note that, where applicable, a communication timeline record will be requested in line with HPCSA requirements.

Department of Health (DoH) Licensing

Temporary licenses without an expiry date will not be accepted. It remains the responsibility of the EMS Practitioner to obtain official confirmation of authorisation to operate from the relevant DoH before commencing any service utilisation.

Please note:

- Proof of application does not constitute a valid license or authorisation to operate.
- No utilisation will be permitted without a valid DoH license for each base location.

Claims Risk Management

GEMS has a zero-tolerance policy towards Fraud, Waste, and Abuse (FWA), and continuously monitors claim trends in line with established industry standards.

EMS Practitioners are encouraged to report any suspected fraudulent activities to the **GEMS Fraud Hotline** at **0800 212 202** or via email at gems@thehotline.co.za for further investigation.

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

- Transportation to any location that is not registered as a healthcare facility with twenty-four (24) hour trauma services and overnight accommodation.
- Unjustified transportation:
 - Transport to a patient's home or any non-clinical destination.
 - Transportation for pre-planned events such as dialysis or diagnostic examination.
 - IFTs conducted without pre-authorisation.
 - Bypassing the nearest appropriate medical facility.
- Over-servicing of patients.
- Billing on behalf of a sanctioned EMS Practitioner and.
- PRF manipulation and/or falsification.

10

EMS Compliance and Inspection Guide

EMS Inspections

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

Regulatory Basis

Key legislative and regulatory references include:

- **National Health Act, 2003:** Overarching framework for health services regulation.
- **EMS Regulations, 2017 (gazetted 1 December 2017):** Covers licensing, staffing, equipment, and clinical governance for EMS Practitioners.
- **Health Professions Act / Associated Regulations:** Defines qualifications and registration of Basic Ambulance Assistants, Ambulance Emergency Assistants, Operational Emergency Care Orderlies, and Paramedics.

During an inspection, the following areas will typically be assessed:

- Administrative and licensing compliance (Base DoH licence, vehicle tokens, registrations).
- Personnel qualifications and registration.
- Vehicle and equipment standards, including expiry dates, configuration, electrical equipment, and consumables.
- Infection prevention, control, and medical waste management in the vehicle and base location.
- Record-keeping in line with POPIA (service logs, incident data, response times).
- Base and operational facility standards.
- Compliance with DoH and HPCSA requirements.

Pre-Inspection Planning and Preparation Steps

1. Administrative and Licensing

- Maintain a valid EMS licence under EMS Regulations, 2017. Display the licence certificate at your base and licence tokens on all vehicles as required.
- Ensure compliance with provincial regulatory requirements.
- Maintain a register of all ambulances and response vehicles, including licence tokens, registration numbers, and renewal status.
- Keep base/station addresses, contact details, and organisational structure up to date with DoH and the Scheme.

2. Personnel Compliance

- Ensure all ambulance staff are registered with the HPCSA at the appropriate level for the service level offered: Basic Life Support (BLS), Immediate Life Support (ILS) and Advanced Life Support (ALS).
- Crew staffing requirements:
 - **Ambulances/medical rescue vehicles:** minimum two (2) personnel.
 - **Medical response vehicle:** minimum one (1) personnel.
 - **BLS:** Patient attendant must be registered as a Basic Ambulance Assistant.
 - **ILS:** Patient attendant must be registered as Ambulance Emergency Assistant or Emergency Care Assistant; second crew at minimum Basic Ambulance Assistant.
 - **ALS:** Patient attendant must be registered as Paramedic or Emergency Care Technician or Emergency Care Practitioner; second crew at minimum Basic Ambulance Assistant (preferably higher).
- Personnel must hold valid driver's licences, and, for patient-carrying vehicles, professional driving permits ("Passengers" category) as required.
- Personnel uniform must display first name/initial, surname, and registration category.
- Maintain staff training records, registration renewals, and evidence of continuous professional development.
- Ensure supervising medical practitioner is contracted, available, and has a signed Service Level Agreement (SLA) in place.

3. Vehicle Standards and Equipment

- Vehicles must comply with the National Road Traffic Act 93 of 1996 and relevant vehicle registration or safety legislation.
- Ensure vehicles are always roadworthy.
- Ambulances must be configured so that medical personnel have full access to the patient compartment.
- Warning lights and sirens must meet legislative requirements.
- Licence tokens must be displayed prominently on the vehicle windscreen.
- Maintain inventory of medical equipment and consumables to meet the minimum standards.
- Base facilities must include rest facilities, clean ablutions, vehicle washing, and equipment cleaning or disinfection capabilities.

4. Infection Prevention, Control, and Waste Management

- Maintain documented cleaning or disinfection schedules for vehicles, equipment, and base facilities.
- Provide appropriate Personal Protective Equipment (PPE) for all staff.
- Segregate clinical and general waste; maintain proper disposal contracts with external service providers where required.
- Maintain records of infection control audits and corrective actions.

5. Internal Audit and Self-Assessment

- Assign a Compliance Officer or Inspection Lead within your organisation.
- Use this guide as a quarterly checklist to identify gaps.
- Document findings, assign corrective actions with responsible personnel and deadlines.
- Conduct a mock inspection covering base, vehicles, personnel files, equipment, data logs, and safety records.
- Review responses and update policies or procedures continuously to ensure ongoing compliance.

6. Inspection Day Checklist

Have the following documents and items ready for review during the inspection:

- Valid EMS licence certificate and vehicle licence tokens.
- Vehicle registration and roadworthy certificates.
- Staff registration certificates with HPCSA, driver licences, and Professional Driving Permit (PDV) permits (if required).
- Staff training and refresher course attendance records.
- Uniforms with correct name or initials, surname, and registration category.
- Equipment inventory list, and consumables (expiry dates).
- Vehicle maintenance logs and service history.
- Cleaning or disinfection logs for vehicles and base.
- Incident or adverse event reports with corrective actions.
- Complaints register and mechanism displayed.
- Risk assessment documents for staff health and safety.
- Base facility inspection (rest facilities, ablutions, vehicle wash area).
- Uniform and PPE availability.
- SLA with supervising medical practitioner.
- Policy documents (infection control, waste management, clinical protocols).

7. Post-Inspection Response

- Review the inspection report carefully.
- Address any deficiencies or non-compliances within the timeframe specified by the inspecting authority.
- Document corrective actions taken and provide evidence if required.
- Update internal policies or procedures to prevent recurrence of issues.
- Retain inspection records and responses for future audits.

8. Transgression Classification (High-level) and not exhaustive

None to Minor

Colour code	Findings	Actions
	<ul style="list-style-type: none"> • Expired consumables (non-drug related). • Uniform Transgression (no name tags). 	<ul style="list-style-type: none"> • Rectification done on site. • No direct impact on GEMS beneficiaries.

Moderate

Colour code	Findings	Actions
	<ul style="list-style-type: none"> • Multiple expired consumables (non-drug related). • Poor vehicle condition. • Poor equipment condition (broken or uncharged). • Dirty or soiled equipment. • Shortage of consumable stock (base and vehicle). • Unsafe keeping of medical waste and oxygen (O₂) in the vehicle or base location. • Shortage of practitioners. • Claim submission transgressions. 	<ul style="list-style-type: none"> • Rectification done on site and confirmation via email provided (photo proof of rectification). • Low to no impact on GEMS beneficiaries.

Major

Colour code	Findings	Actions
	<ul style="list-style-type: none"> • Expired drugs or no drug safe. • Electrical equipment not operational. • No DoH licence. • Base not operational 24/7 or inadequately stocked. • BLS only practitioners. • Multiple transgressions (base and vehicle drugs and consumables). • Non-compliance with the Acts as prescribed by the DoH regulations. • Inspection refusal. • FWA. 	<ul style="list-style-type: none"> • High impact on GEMS beneficiaries and the Scheme. • Network suspension if not rectified within thirty (30) days, followed by re-inspection.

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Training

GEMS Network Management has introduced a digital platform to streamline the submission and management of mandatory compliance documents by EMS Practitioners. The platform is accessible via the EMS Practitioner Web Portal at <https://dispatch.azoza.co.za/>.

Training and support can be arranged for EMS providers as needed to ensure effective use of the platform and full compliance with GEMS requirements.

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Upcoming Events

2026 GEMS EMS Roadshows

Event Name	Planned Date
Gauteng GEMS EMS Network Practitioners Roadshow (Face-to-Face)	26 March 2026
KwaZulu-Natal GEMS EMS Network Practitioners Roadshow (Face-to-Face)	28 May 2026
GEMS EMS Non-Network Practitioners Roadshow (Virtual)	11 June 2026
Free State GEMS EMS Network Practitioners Roadshow (Face-to-Face)	16 July 2026
GEMS EMS Network Practitioners Roadshow (Virtual)	23 September 2026

2026 GEMS Healthcare Practitioner Summits

Province	Planned Date
Western Cape	28 March 2026
Limpopo	16 May 2026
Eastern Cape	25 July 2026
Free State	19 September 2026

Please note that all dates listed above are provisional. Should any changes occur, an update will be issued and shared with all relevant stakeholders.

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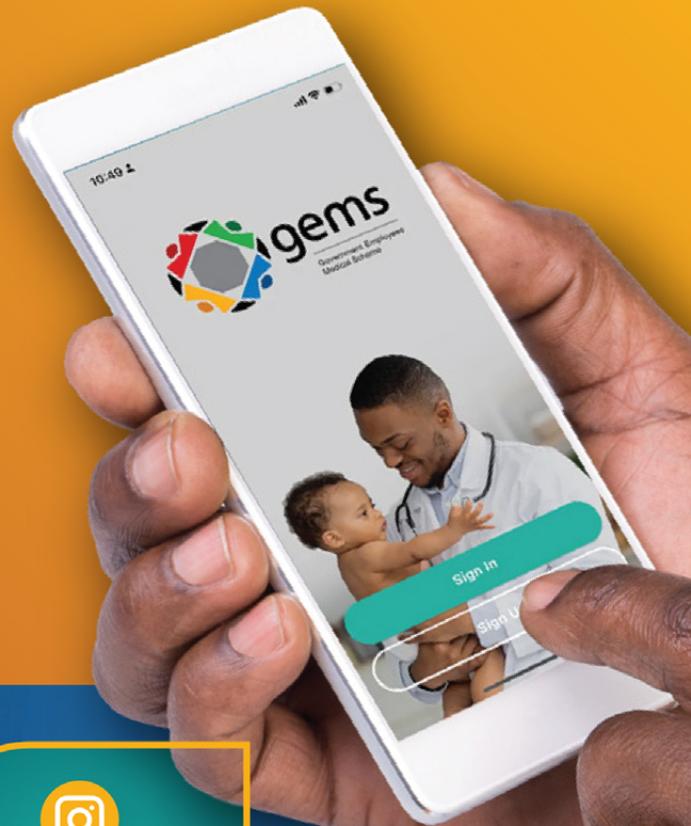
Frequently Asked Questions

Questions	Answers
<p>What is not covered under emergency ambulance transportation?</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – A beneficiary who is pregnant and is in normal term labour with no complications during the pregnancy or labour. – Any transportation to a home address or a frail care 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 performed in the current medical facility. An authorisation process will need to be followed to understand the motivation for transportation to be considered. – Any transportation from a home address or step-down facility to a scheduled procedure or doctor’s visit. – Any transportation for dialysis or oncology treatment without authorisation from the EMED Contact Centre. • Any transportation for reasons other than the referring medical facility’s inability to manage the patient. • Self-sourced emergency incidents for the sole purpose of declaration of death.
<p>What is a contracted/ network Ambulance Service Provider?</p>	<ul style="list-style-type: none"> • A contracted or network ambulance service provider is an EMS Practitioner who has a contract with GEMS to provide beneficiaries with the required emergency service for both pre-hospital treatment and Inter-facility transfers (IFTs), including stabilisation for severe illness and injuries and transportation to a definitive care facility.
<p>What are the rules for emergency ambulance transportation to network facilities?</p>	<ul style="list-style-type: none"> • The use of network facilities applies to members of the Tanzanite One, EVO, and Ruby options. EMS Practitioners are required to transport patients on these options to GEMS network facilities. • Beneficiaries on the Tanzanite One, EVO, and Ruby options are subject to the use of a hospital in the GEMS Hospital Network or State Facilities; 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.

<p>Where can I find the GEMS Tariff File?</p>	<ul style="list-style-type: none"> • The GEMS tariff files are available on the GEMS website www.gems.gov.za, under Healthcare Providers > Tariff Files > Tariff File 2026, then view the relevant EMS files with the below naming convention: • Contracted Emergency Medical Services. • Non-Contracted Emergency Medical Services.
<p>What is an ICD-10 code?</p>	<ul style="list-style-type: none"> • An ICD-10 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 ICD-10 codes can be found on the GEMS website (www.gems.gov.za) under Healthcare Providers > ICD-10 Codes.
<p>What is the difference between an ICD-10 code and a “Z” code?</p>	<ul style="list-style-type: none"> • A “Z” code is an ICD-10 code that helps provide granularity so that all parties know exactly what test/s were performed to understand 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.
<p>What are waiting periods?</p>	<ul style="list-style-type: none"> • A waiting period is a period during which a beneficiary is liable for contributions but will not be eligible for all or certain benefits. Waiting periods may be applied to any beneficiary 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 EMED Contact Centre will attend to the emergency but will advise the beneficiary and EMS Practitioner that the service is for member liability.
<p>What are exclusions?</p>	<ul style="list-style-type: none"> • 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 EMED Contact Centre will attend to the emergency but advise the beneficiary and EMS Practitioner that the service is for member liability.

CONTACT DETAILS:

-  **GEMS CONTACT CENTRE** - 0800 00 4367 (toll-free)
-  **WEB** - www.gems.gov.za
-  **FAX** - 0861 00 4367
-  **EMAIL** - enquiries@gems.gov.za
-  **POSTAL ADDRESS** - GEMS, Private Bag X782
Cape Town, 8000
-  **GEMS FRAUD HOTLINE** - 0800 212 202 (toll-free)
gems@thehotline.co.za
-  **GEMS EMERGENCY SERVICES** - 0800 44 4367 (toll-free)
ICT Service Desk - (012) 366 4618



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