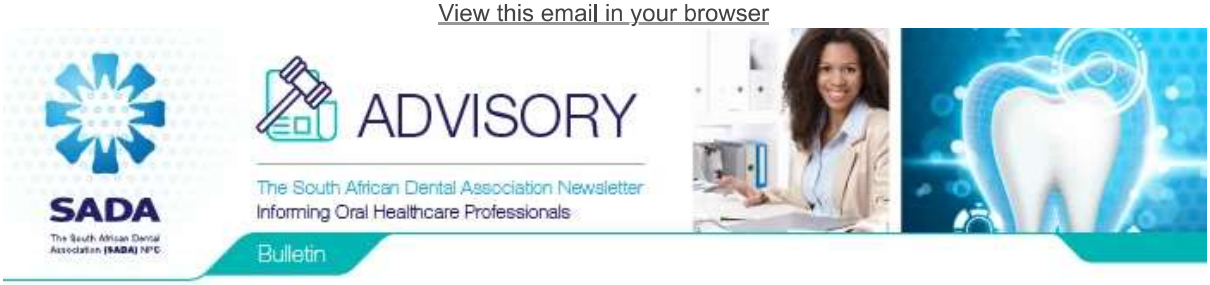
View this email in your browser



SADA Professional Advisory Bulletin

- GEMS managed care protocol changes: what members need to know
- Urgent Notice: Fraudulent Impersonation of OHSC Inspectors

Circulation date: 30 June 2026

Dear Members

GEMS MANAGED CARE PROTOCOL CHANGES: WHAT MEMBERS NEED TO KNOW

SADA met with GEMS yesterday following our letter of 3 June 2026 raising concerns about managed care protocol changes effective 01 July 2026. This communiqué summarises the outcome of that engagement and what it means for your practice.

Background

On 29 May 2026, GEMS circulated a notification to dental practitioners introducing several changes to claims protocols and benefit rules. The changes include a 90-day interval rule on code 8104, an age-based restriction on code 8176, a five-restoration annual limit requiring motivation, and an extension of the restoration redo period from two years to three years. Practitioners were given 33 days' notice before implementation.

SADA wrote to GEMS on 3 June challenging several of these changes on clinical and evidentiary grounds. GEMS responded in writing on 19 June and met with SADA on 24 June 2026.

What GEMS has confirmed

All four protocol changes proceed from 01 July 2026 as announced. No delay has been agreed. The following operational details were provided or confirmed:

- Code 8104: GEMS states that correctly applied claims will be funded regardless of whether the 90-day interval has passed. The interval is described as a flagging mechanism for incorrect coding, not a payment cut-off. SADA has requested this be confirmed in writing with detail on the review process.
- Code 8176: The under-20 restriction remains. Practitioners may submit motivation for patients below this threshold. GEMS has provided a turnaround time of 5 days for these motivations.
- Five-restoration limit: The threshold is set above GEMS's internal average for restorations per beneficiary per year. Motivation is required for additional restorations. GEMS has committed to a five-day feedback turnaround on motivations. SADA has asked for the actual average figure on which the threshold was based, as well as guidance on how to manage emergency situations such as a fracture of an anterior tooth where the limit may have been reached.
- Three-year restoration redo rule: GEMS cites international studies showing minimum survival rates of five years. It has not produced the studies. SADA has formally requested them. An exception process remains available for outliers.

SADA's assessment

SADA's position is that several of these rules are clinically unsound or unsupported by evidence that GEMS has been willing to produce. We note the following:

- The managed care model is becoming progressively more restrictive. Each annual review has introduced additional thresholds, time rules, and motivation requirements. The direction of travel is clear.
- The administrative burden placed on practitioners continues to grow. Motivation requirements, flagging processes, and appeal procedures take time that is not compensated.
- GEMS's position is that protocol changes affect how benefits are accessed, not the benefits themselves. In practice, a benefit that requires motivation, faces a time rule, or triggers a review process is a benefit that is harder to access. That distinction matters to practitioners on the ground.
- The obligation to communicate clinical justification to patients when claims are declined or delayed rests with the practitioner. That obligation is real and ongoing. It should not be conflated with an obligation to absorb financial loss on behalf of the scheme.

What practitioners should consider

SADA does not make practice management decisions on behalf of members. Each practitioner must assess their own circumstances. However, we recommend members actively consider the following:

- Know your contracts. Review the terms of your GEMS network agreement, including the notice periods for termination. If you are considering your options, you need to know what those are and when they apply.
- Understand the option of moving off scheme. Practitioners who do not submit claims to schemes bill patients directly, while their patients submit these claims to their medical aid and receive reimbursement according to their benefit. This model places administration responsibility with the patient rather than the practitioner. It is not without trade-offs, but it is an option that more practitioners are considering.
- Communicate clearly with patients now. Patients need to understand that protocol rules - including motivation requirements and time restrictions - are scheme decisions, not clinical ones. Practitioners who communicate this early are better positioned when a claim is queried or declined.
- Document motivation submissions carefully. Where motivation is required, keep records of what was submitted and when. If feedback is not received within the committed five-day window, escalate and document that too.
- Position your practice for the medium term. The current trajectory of managed care protocols is unlikely to reverse. Practices that begin repositioning now - whether through fee structure, patient mix, or scheme participation - are better placed than those that wait.

Next steps

SADA will continue to engage GEMS on the outstanding requests, including the research cited in support of the three-year restoration rule and the actual claims data used to set the five-restoration threshold. We will report further to members as that engagement progresses.

Press Release

URGENT NOTICE: FRAUDULENT IMPERSONATION OF OSHC INSPECTORS

The Office of Health Standards Compliance (OHSC) wishes to alert stakeholders to reports of individuals fraudulently impersonating OHSC officials.

The OHSC recently received information indicating that a bogus individual contacted a healthcare practitioner, claiming that an OHSC inspection was scheduled for the practitioner's premises. It was further alleged that the individual suggested the inspection outcome could be influenced by payment. A lump-sum payment was reportedly demanded in exchange for halting, influencing, or securing a favourable inspection outcome.

The OHSC has verified and confirmed that no authorised inspection had been scheduled for the facility concerned and that the individual was not acting on behalf of the OHSC. Such conduct constitutes fraud, undermines the integrity of healthcare regulation and oversight, and may expose healthcare facilities and health professionals to significant reputational, financial, and compliance risks.

The OHSC wishes to emphasise that:

- All inspections are conducted by authorised inspectors who carry a valid OHSC identification card and, where applicable, an official letter of authorisation signed by the OHSC Chief Executive Officer.
- OHSC inspectors follow established regulatory procedures and ethical standards when conducting inspections and assessments.
- No OHSC official may request, solicit, or accept payments, gifts, favours, research incentives, sponsorships, or any form of inducement related to inspections, compliance assessments, accreditation activities, or regulatory decisions.
- Inspection outcomes, compliance determinations, and regulatory decisions cannot be influenced through payment or any other benefit.
- Any request for payment or personal benefit in exchange for regulatory action should be regarded as suspicious and reported immediately.

Regulators, research institutions, academic institutions, healthcare establishments, and associated stakeholders are urged to:

- Verify the identity and credentials of any individual claiming to represent the OHSC.
- Request official identification and proof of authorisation before engaging with inspectors or representatives.
- Confirm inspection arrangements and regulatory communications through the OHSC website when in doubt.
- Strengthen internal awareness among staff, researchers, administrators, and compliance personnel regarding the risks of impersonation, bribery, fraud, and corruption.
- Report any suspected impersonation, fraud, bribery, solicitation, corruption, or unethical conduct to the OHSC Fraud and Ethics Hotline.

OHSC Fraud and Ethics Hotline

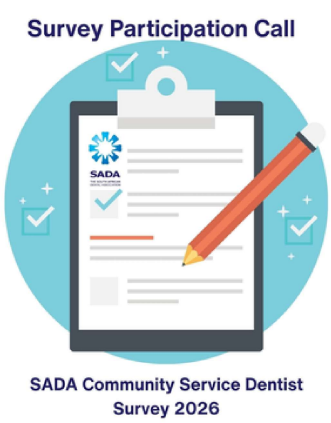
☎ Hotline: 0800 003 231

Email: office@thehotline.co.za

Website: www.ohsc.org.za

Protecting the integrity, independence, and credibility of healthcare regulation and oversight remains a priority for the OHSC. We appreciate the continued vigilance, cooperation, and commitment of regulators, research institutions, academic institutions, healthcare establishments, and practitioners in combating fraudulent activities and safeguarding public trust in the healthcare system.

PLEASE PARTICIPATE IN THESE IMPORTANT PROFESSIONAL SURVEYS



Yours in oral health
Dr Tinesha Parbhoo - Head Clinical Support

Will you be joining your colleagues in Cape Town?

21 Aug **2026 SADA Dental & Oral Health Congress and Exhibition**

22 Aug **SADA AWARDS & GRADUAND GALA DINNER 22 August 2026**

Members wishing to access previously circulated SADArite and Professional Advisory Bulletins
must be logged in as a Member at www.sada.co.za
Go to the Main Menu Item: Publications and Press
Select Members Newsletters
Go to The SADArite or Professional Advisory Bulletins
to download or read online
PODCASTS and PDF downloads are exclusively available for members when logged in
Download this and other Professional Advisory Bulletins