



**ANNUAL
GENERAL
MEETING
2023**

AGM Action list

**ACTION LIST ON MEMBER ISSUES RAISED AT THE 2022 GEMS AGM
HELD VIRTUALLY VIA ZOOM ON 29 JULY 2022 AT 15h00**

No.	Issue (short description)	Classification of Issue	Responsible Lead	Scheme Response / Action Required	Progress	Status
1.	Members requested the Scheme to consider introducing a landline number that is linked to the 0861 Call Centre number, as this would benefit Members who make use of a Telkom landline, especially as Telkom excludes the 0861 numbers. Also, Members phoning from their cell phones incur tremendous costs when phoning the Call Centre on the 0861 number.	Call Centre	CAO	The Scheme responded that it has dealt with the issue of the 0861 Call Centre number in the past, but will again investigate the impact of the 0861 Call Centre number on Members calling from a Telkom landline or from their cell phones.	The Scheme is investigating the impact of the 0861 Call Centre number on Members calling from a Telkom landline or from their cell phones, and the viability of introducing a Toll-Free Call Centre number.	In progress
2.	Members requested the Scheme's compliance with the 24-48 hour turnaround time for Member complaints/queries to be addressed, and to call Members should such compliance not be possible, as stated in the automated response received by Members upon submitting complaints/queries to the Scheme.	Quality and standard of Member Services	CAO / CMO	The Scheme responded that it was committed to serving its Members and that it will use its best endeavours to ensure compliance with the wording of its automated response(s).	Complaints received via one of the Scheme's complaint channels, e.g. Complaints@gems.gov.za, are managed by means of the Scheme's complaints management system. Automated acknowledgement of receipts, indicating the applicable turnaround times (TATs) in the complaints space, are sent to complainants on receipt. This complaints management system tracks the TATs to ensure responses to complaints within the TATs. All complaints are managed within this complaints management system to ensure none gets lost and proper record of all complaints are kept. Insofar as member queries are concerned: <ul style="list-style-type: none"> • the contracts between the Scheme and its Service Provider Network ("SPN") were revised to include service levels for the timeous management and resolution of member queries; • the Scheme is working on the introduction of an enhanced query tracking process, which will improve service and query management; and • the Scheme and its SPN are considering the introduction of an inter-SPN Standard Operating Procedure ("SOP") to ensure strict compliance with query-resolution turnaround times. 	In progress

3.	Members requested the Scheme to implement a system to properly track the receipt and resolution of Member complaints/queries in order to ensure that all complaints/queries are finalised in good time.	Quality and standard of Member Services	CAO / CMO	The Scheme responded that it was committed to serving its Members and that it will use its best endeavours to ensure that Member complaints/queries are resolved in good time.	<p>Complaints received via one of the Scheme's complaint channels, e.g. Complaints@gems.gov.za, are managed by means of the Scheme's complaints management system. Automated acknowledgement of receipts, indicating the applicable turnaround times (TATs) in the complaints space, are sent to complainants on receipt. This complaints management system tracks the TATs to ensure responses to complaints within the TATs. All complaints are managed within this complaints management system to ensure none gets lost and proper record of all complaints are kept.</p> <p>Insofar as member queries are concerned:</p> <ul style="list-style-type: none"> the contracts between the Scheme and its Service Provider Network ("SPN") were revised to include service levels for the timeous management and resolution of member queries; the Scheme is working on the introduction of an enhanced query tracking process, which will improve service and query management; and the Scheme and its SPN are considering the introduction of an inter-SPN Standard Operating Procedure ("SOP") to ensure strict compliance with query-resolution turnaround times. 	In progress
4.	Members requested the Scheme to develop and implement mechanisms for the funding of original medication (instead of generic medication), as original medication tends to be more effective, although more expensive.	Medicine Management & Formularies	CHO	<p>The Scheme responded that generic medication has the same bioavailability as the originator, and that SAHPRA would not register generic medication if the bioavailability was dissimilar.</p> <p>Members do have the option of opting for the original preparations. These will be funded by the Scheme, subject to the Scheme rules. It is important to note, however, that opting for original preparations, where there are less costly generic substitutions, will cause members to experience co-payments.</p>	Completed.	Finalised

5.	Members requested the Scheme to consider deleting the beneficiary limit and to only retain the family limit applicable to some benefits, as this would empower Principal Members to better manage their and their dependants' healthcare funding needs insofar as the particular benefits are concerned.	Product Development & Benefit Design	CRO	The Scheme responded that when contributing to a medical aid, money is not saved for something, but a benefit is bought. Members are not allowed to use another beneficiary or family member's sublimit, as it was not money put in a kitty, but a benefit entitlement. Consider the viability of deleting the beneficiary limit and to only retain the family limit applicable to some benefits in order to empower Principal Members to better manage their and their dependants' healthcare funding needs insofar as the particular benefits are concerned.	The Scheme will consider this matter during the 2022-23 Product Development and Benefit Design process.	In progress
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**ACTION LIST ON MEMBER ISSUES RAISED AT THE 2020 – 2021 GEMS AGM
HELD VIRTUALLY VIA ZOOM ON 31 AUGUST 2021 AT 15h00**

No.	Issue (short description)	Classification of Issue	Responsible Lead	Scheme Response / Action Required	Progress	Status
1.	Members requested the Scheme to consider introducing a COVID-19 multivitamin benefit, which could assist members in strengthening their immune system against the virus.	Product Development & Benefit Design	CRO	The Scheme is investigating the feasibility of this proposal and will revert to members in due course.	The Scheme introduced a COVID-19 multivitamin benefit in terms of which eligible members could elect to receive a once-off five (5) months' supply of multivitamins to assist in strengthening their immune system.	Finalised
2.	Members requested the Scheme to investigate the possibility of restructuring benefits to be more specific to members and their dependants' healthcare needs, as this could assist in curbing early benefit exhaustion and members having to pay for benefits that they typically do not need.	Product Development & Benefit Design	CRO	Unfortunately, given the number of members on the Scheme, it would not be practically possible for the Scheme to come up with an ideal benefit package for every principal member on the Scheme. However, the Scheme's current benefit options provide members with a good variety of choice when having to choose one to suit their healthcare needs.	During the next Product Development and Benefit Design cycle, the Scheme will again revisit its benefit offering under each of its benefit options in an attempt to provide members with an enhanced benefit offering.	Finalised

**ACTION LIST ON MEMBER ISSUES RAISED AT THE 2019 GEMS AGM
HELD AT THE MMABATHO PALMS HOTEL CASINO & CONVENTION RESORT, MMABATHO/MAHIKENG ON 31 JULY 2019 AT 15h00**

1.	Members requested the Scheme to consider developing and implementing system alerts to notify members when their benefit limits are almost depleted, as such alerts will assist members when deciding whether or not to access healthcare services at a particular time.	System Changes	CAO	The Scheme will investigate the feasibility of this proposal and revert to members in due course.	The Scheme implemented a system alert to notify members prior to their depletion of the benefit limit of three (3) Out-of-Hospital, non-Nominated Network Family Practitioner visits, afforded to members on the Tanzanite One benefit option. The Scheme considered the feasibility of implementing system alerts in respect of all benefit limits, but found it not to be feasible. However, members can view their current benefit usage by logging into their profile on the GEMS website or via the GEMS App.	Finalised
2.	Members urged the Scheme to simplify its benefit structures in order to assist members' understanding and use of same.	Product Development & Benefit Design	CRO CFO	The Scheme is working with the PSCBC and other stakeholders on a continuous basis in order to simplify the Scheme's benefit structures. During 2019, the Scheme specifically focused on the simplification of the benefit structures and the enhancement of the benefits of the Sapphire (new Tanzanite One) and Beryl benefit options. The Rule changes in respect of same were submitted to the Council for Medical Schemes on 01 October 2019 for approval and registration.	The simplification and standardisation of the Scheme's benefit structures commenced with the 2020 Product Development & Benefit Design, and will continue in future years. The Rule changes in respect of the Sapphire (new Tanzanite One) and Beryl benefit options, providing for the simplification of the benefit structures and the enhancement of the benefits of these benefit options, were registered by the CMS on 15 November 2019 and 20 January 2020 respectively.	Finalised
		Member Communication	CMO	One of the initiatives forming part of the Service Management Programme is member education in respect of the Scheme's benefit structures. The GEMS website, member newsletters and other member communication channels will be used for this purpose.	GEMS publishes a quarterly newsletter for member communication and education on benefit structures. An EVO toolkit was developed for members on the Emerald Value Option to aid their understanding of their benefits. The Scheme employed a dedicated resource to enhance the GEMS website and update content for member and stakeholder education.	Finalised
3.	Members encouraged the Scheme to conduct regular member satisfaction surveys in order to identify and address any issues that may exist.	Member Communication	CMO	The Scheme conducts regular member satisfaction surveys in order to identify and address any issues that may exist.	The Scheme develops its marketing and communication activities to address issues identified through member satisfaction surveys.	Finalised

4.	Members requested the Scheme to consider sharing the de-identified outcomes of healthcare screenings with those government departments responsible for employee health and wellness, as it will inform departmental programmes aimed at managing the health of government employees.	Healthcare Data Sharing	CHO	The Scheme shares some of its consolidated healthcare screening and disease prevalence reports with national and provincial government departments, upon request.	The Scheme will continue to share data on consolidated healthcare screening and disease prevalence with national and provincial government departments, upon request.	Finalised
5.	Members requested the Scheme to consider subsidizing their gym membership fees.	Gym Membership Fee Subsidy	CRO CFO	The Scheme developed a Lifestyle Programme, which was rejected by the Council for Medical Schemes due to concerns surrounding its compliance with the Medical Schemes Act 131 of 1998. The Scheme will continue to explore the possibilities in this regard	The Lifestyle Programme project was closed. However, preventative care benefits continue to be enhanced in line with the "Business of a Medical Scheme", as defined in the Medical Schemes Act 131 of 1998. Other alternatives may be considered in future product development processes.	Finalised
6.	Members urged the Scheme to simplify the voting mechanisms to be used by members during trustee elections, and to make them more accessible to members	Trustee Elections	CSLC	During the 2019 GEMS Trustee Elections, members were empowered to vote by means of USSD (SMS), email and postal ballots, and the GEMS website. The Scheme will continue to simplify the voting mechanisms to be used by members during trustee elections, and to make them more accessible to members.	As stated in the adjacent column, the Scheme will continue to simplify the voting mechanisms to be used by members during trustee elections, and to make them more accessible to members. In order to achieve the aforementioned objectives, the Scheme will liaise with its Stakeholders for any comments, suggestions and recommendations that they may have.	Finalised
7.	Members encouraged the Scheme to continue its efforts to minimise member co-payments to the extent possible.	Product Development & Benefit Design	CRO CFO	During the 2020 GEMS Product Development & Benefit Design, the Scheme took great care to ensure that member co-payments were kept to the minimum. During the 2021 GEMS Product Development & Benefit Design, the Scheme will again do its utmost to ensure that member co-payments are minimised.	The "Extender Benefit" was further enhanced for the 2020 benefit year, which will further minimise members' exposure to co-payments and benefit depletion. Minimizing co-payments continue to be a focus area during the annual product development and benefit design processes.	Finalised
8.	Members requested the Scheme to consider funding vitamins under certain circumstances.	Product Development & Benefit Design	CRO CFO	During the 2021 GEMS Product Development & Benefit Design, the Scheme will consider funding vitamins under certain circumstances.	During the 2020 GEMS Product Development & Benefit Design, a number of enhancements were made in terms of chronic and acute medication and related formularies. The annual product development and benefit design processes will continue to assess medication and related formularies across all benefit options.	Finalised

**ACTION LIST ON MEMBER ISSUES RAISED AT THE 2018 GEMS AGM
HELD AT THE SOUTHERN SUN EMNOTWENI ARENA, NELSPRUIT ON 31 JULY 2018 AT 15h00**

No.	Issue (short description)	Classification of Issue	Responsible Lead	Scheme Response / Action Required	Progress	Status
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1.	Members raised a concern regarding the long automated voice prompts when calling the call centre, which results in their airtime being depleted and them then not being assisted.	Call Centre	CAO	The Scheme launched a Service Management Forum in 2018, which aims to address service issues, including a review of the IVR. The IVR improvements is of high priority and is scheduled to go-live in 2019.	The IVR improvements were implemented with effect from 23 October 2019, thereby shortening the automated voice prompts and reducing members' call time associated with same.	Finalised
2.	Members urged the Scheme to review the 25% reserve-ratio requirement, as it is deemed to be too high and preventing the Scheme from affording greater benefits to members facing benefit depletion during the financial year.	Reserve Ratio Review	CFO	The 25% reserve ratio is a statutory requirement, prescribed by the Medical Schemes Act 131 of 1998, and is the same for all medical schemes. Accordingly, the Scheme is legally required to comply with same and do not have the authority to review same.	Kindly refer to the adjacent column.	Finalised

**ACTION LIST ON MEMBER ISSUES RAISED AT THE 2017 GEMS AGM
HELD AT THE STEVE BIKO CENTRE, KING WILLIAM'S TOWN ON 31 JULY 2017 AT 15h00**

No.	Issue (short description)	Classification of Issue	Responsible Lead	Scheme Response / Action Required	Progress	Status
1.	Members urged the Scheme to pursue the recovery of monies where people had unduly benefitted, as part of the Scheme's forensic investigations into same	Fraud / Forensic Investigation	PO CAE CSLC	The Scheme obtained legal advice on the process of reporting the implicated employees to law enforcement agencies for possible prosecution and recovery of monies.	The Scheme's request for assistance was assessed by the Special Investigating Unit (SIU), who formally indicated that they will not be able to assist with the investigation, but with the convening of meetings in their capacity as the convenor of the Health Sector Anti-Corruption Forum. The Scheme's lawyers were given instructions to proceed with civil recoveries against the implicated employees, which matters are still being progressed in the High Court.	In progress
2.	Members indicated that some healthcare providers informed them that GEMS does not cover claims for certain conditions and end up having to pay from their own pockets; however, members later get notifications that the Scheme will be paying or has paid the same provider for what has already been paid for. The Scheme needs to investigate this.	Fraud	CCO	The Scheme has implemented a SMS notification service for all claims transactions in order to ensure that members are aware of claims transactions and to report any suspicious and irregular claims to the Scheme on time. All SMS notifications will come through as claims being processed whether a claims is rejected or accepted. When a claim is rejected, this information will reflect on the member statement with reasons of rejection, for example, benefit depleted. Members are urged to verify claim transactions on their member statements and subsequently report any irregular or suspicious claims for investigation.	In instances where a complaint, which was not made anonymously, was referred for investigation, the complainant is engaged to provide further details. In addition, an acknowledgement is sent to the complainant when the matter is allocated for investigation and feedback is provided.	Finalised

3.	Members raised the issue of the pre-1992 Medihelp Pensioner Members, whose incorporation impacted negatively on the Scheme's finances. Members requested an update on the Scheme's arrangements with National Treasury in order to curb the aforementioned impact.	Scheme Funding	CFO	<p>Since 2012, the Scheme has been engaging National Treasury on this matter. To date, grants of R 600 million were paid to the Scheme.</p> <p>The Scheme is engaging National Treasury for an additional grant, given the ongoing financial impact of the pre-1992 Medihelp Pensioner Members on the Scheme. To this end, a submission was prepared for the allocation of funds during the MTEF process.</p>	<p>A meeting at senior management level was held with National Treasury on 7 September 2017, during which it was agreed that the Scheme would submit a letter to National Treasury, requesting the Liability Committee to include GEMS' liability in respect of the pre-1992 Medihelp Pensioner Members on the government's balance sheet.</p> <p>During Quarter 4 of 2018, the Scheme had a further meeting with National Treasury about this matter, following which the Scheme received a letter of commitment from the Director-General of National Treasury, pledging its assistance to the Scheme.</p> <p>A follow-up letter was subsequently sent to the Director-General of National Treasury to confirm their commitment and requesting an indication of the amount that would be included in their 2020/21 budget process.</p> <p>During 2019, the Scheme received an indication that funds were allocated, however, a formal communique from National Treasury was never received.</p> <p>Continuous engagement with National Treasury during 2020 and 2021 resulted in the Scheme receiving R400 million towards the pre-92 Medihelp Pensioners impact in March 2022.</p> <p>The Scheme received a letter during March 2023 confirming that R600 million will be transferred to GEMS by end of March 2023 as final settlement of the matter.</p>	In progress
4.	Members raised the issue of communication in other languages, especially at the AGM where other members do not understand the English language that is used to communicate.	Communication	CMO	The Scheme supports this and will ensure that it is incorporated in all communication strategy going forward.	<p>For the 2022 GEMS AGM: The Scheme acquired the services of a sign language interpreter. The AGM communication and collateral were simplified. The Scheme translated the following AGM documents:</p> <ul style="list-style-type: none"> • Agenda; • Minutes of the 2021 GEMS AGM; • Action List; and • Member Guide. <p>The aforementioned documents were loaded and made available on the GEMS website on the AGM campaign page.</p>	Finalised

5.	Members enquired about the link between the Scheme's surplus and the fact that some members' benefits are exhausted mid-year, and what the Scheme will do to assist those members.	Member Benefits	CRO	The Scheme noted this issue and will take it into consideration during the 2017/18 Product Development and Benefit Design processes, where enhancements to the current benefits are considered. Members are advised to make use of generic medication whenever they require over-the-counter or prescribed medicines. Members are also advised to nominate a General Practitioner / Family Practitioner in order to coordinate their care.	The Scheme discussed this matter during the 2017/18 Product Development and Benefit Design meetings, during which certain benefits were enhanced. The Benefit Schedules on the GEMS website were subsequently updated with the enhanced benefits.	Finalised
6.	Members urged the Scheme to write in a language that they will understand when communicating about pre-authorisations for procedures to be undertaken in hospitals, as some of them do not always understand the communicate received from the Scheme.	Member Communication	CMO	The Scheme will review all member communication as part of its Year-End process, including all pre-authorisation and hospitalisation communication sent to members. Any enhancements required will be effected through this process.	The Year-End review of all member communication was completed and communication was written in plain and simplified language. The pre-authorisation and hospitalisation information in the Member Guide were grouped together for ease of reference. The Scheme is exploring the feasibility of translating pre-authorisation letters into other languages, given the length of the final communication that will be sent to members. In the meantime, members are urged to contact the GEMS contact centre for assistance in interpreting the letters in the language of their choice. There are a number of projects that the Scheme has undertaken to simplify communication to members. These will be rolled out during the course of 2019. One of these projects, is the simplification of the Year-End member pack, with specific focus on the member benefits for the new year. The aim is to make member benefits easier for members to understand, and aid members in making their Option Selection for the new year. Where members require assistance in their chosen language, all contact centres within the GEMS environment are equipped with the relevant skills to assist members accordingly. The 2020 GEMS Member Benefits Pack was simplified to aid members in making informed decisions and understand their options better. All member communication is vetted and approved before distribution.	Finalised
7.	Members raised a concern about the benefit limits for self-medication and indicated that the Scheme should consider increasing these limits as they are not enough to cover their needs. In this regard, members wish to avoid unnecessary medical practitioner consultations (i.e. to obtain a script).	Member Benefits	CRO	Kindly refer to Issue No. 15 above.	Kindly refer to Issue No. 15 above.	Finalised

8.	Members requested the Scheme to continue with the Wellness and Fitness Programmes, which were introduced, but then placed on hold without proper communication to members.	Member Wellness	CMO	The Scheme will consider resuming its Wellness and Fitness Programmes.	<p>The Scheme held a meeting with the Office of the Premier in KwaZulu-Natal and Eastern Cape and addressed the issue raised. Following same, the Scheme resumed its Wellness and Fitness Programmes. Communication was sent out to Stakeholders to support the changes and rationale for same. The Regional Managers and CLOs are continuously managing and supporting the Scheme's Wellness and Fitness Programmes during their engagements with members. The Scheme reviewed its Wellness and Fitness Programme and initiated Service Level Management Meetings with the current service provider in order to address the identified challenges and shortcomings, and to facilitate continuous improvement of the services rendered. During 2018, the Scheme took a decision to terminate the Fitness Programme with effect from 31 October 2018. The Fitness programme remains terminated. However, the Scheme continues to provide Wellness Screening Services to its members. In addition, the Scheme's Health and Wellness Services continues to support stakeholders in achieving their internal wellness targets. After each wellness event, each stakeholder receives a wellness report to aid it in identifying any interventions that might be required. Wellness events are conducted in all regions with the support of the Scheme's Client Liaison Officers (CLOs). "GEMS Days" also resumed in all regions.</p>	Finalised
9.	Members enquired on how and when the Board composition matter will be addressed.	Board Composition	CSLC	The Scheme will consider lodging an application in terms of Section 8(h) of the Medical Schemes Act 131 of 1998 for an exemption from Section 57 of the Act.	<p>The Scheme lodged an application in terms of Section 8(h) of the Act for an exemption from Section 57 of the Act. However, the CMS declined the exemption application on 07 November 2017. The Scheme was provided with a copy of PSCBC Resolution 4 of 2017 that would govern the election of trustees by unions in the PSCBC. During December 2018, the Scheme re-submitted the exemption application to the CMS, who again declined same. Following discussions between the Scheme and the PSCBC, the Scheme decided to formally appeal the decision of the CMS, but was unsuccessful. The PSCBC was informed of the outcome of the appeal.</p>	Finalised

**ACTION LIST ON MEMBER ISSUES RAISED AT THE 2016 GEMS AGM
HELD AT THE CSIR INTERNATIONAL CONVENTION CENTRE, PRETORIA ON 29 JULY 2016 AT 15h00**

No.	Issue (short description)	Classification of Issue	Responsible Lead	Scheme Response / Action Required	Progress	Status
1.	Members indicated that the Scheme should enhance disease prevention methods and consider paying for pathology claims when members go for screening or blood tests.	Benefit Design	CRO	The Scheme funds preventative care and screening tests from members' risk benefits. Preventative care benefits are communicated at healthcare provider conferences and engagements.	Kindly refer to the adjacent column. The Scheme holds ongoing engagements with healthcare providers on this matter.	Finalised
		Member Education	CMO	The Scheme's communication efforts to educate members on their preventative care and screening benefits will continue.	Member education sessions are held in provinces by CLOs as part of their performance targets. The sessions involve all educational aspects of utilising Scheme services and benefits. Inputs are also solicited from Government Departments on specific educational topics that require explanations for their employees. During 2016, the Scheme embarked on a targeted communication campaign to raise awareness among eligible members in respect of the preventative screening tests that they are entitled to. The 2017 Member Communication Schedule comprised member communication activities for 2017 via SMS, the GEMS website and Facebook. These media will be used to further educate members on their preventative care and screening benefits. During Q1 2017, 1500 education sessions were held across the provinces serviced by the Client Liaison Offices. These sessions were used to further educate members on their preventative care and screening benefits. The Emerald Value Option Post-Implementation Education Drive, comprising 272 sessions, were also used to educate members on their preventative care and screening benefits.	Finalised

2.	Members raised a concern regarding the Scheme's non-application of waiting periods, especially for maternity benefits, where people join the Scheme for the "baby showers". Members suggested that the "baby showers" be cancelled until such time as the Scheme is in a financially stable position.	Benefit Design	CRO	The Scheme has noted the issue raised and will be implementing general and condition-specific waiting periods from 01 October 2016.	The Scheme implemented general and condition-specific waiting periods for pre-existing conditions (including Obstetric conditions and Pregnancy) from 01 October 2016.	Finalised
		GEMS Days	CMO	The Scheme has to attract and retain young and healthy members and baby showers are part of that marketing component to increase the relevant member enrolment. There are also contractual arrangements that are in place as part of the SLA signed with the provider.	Kindly refer to the adjacent column.	Finalised
3.	Members suggested that further education and awareness programmes be conducted in respect of the Family Practitioner Nomination issue.	Member Education	CMO	The Client Liaison Officers ("CLOs") and all member-facing SPN agents are educating members on the benefits of Family Practitioner Nomination as part of a standard presentation / call centre script.	<p>During 2016, the Scheme's marketing campaign in respect of the new Emerald Value Option ("EVO") centred on Family Practitioner Nomination and Specialist Referral being the smart and affordable choice for Members. This campaign, to educate members on the benefits of coordinated care, continued in 2017.</p> <p>In Quarter 1 of 2017, 272 EVO education sessions and 40 EVO campaigns were conducted across the provinces serviced by the CLOs. In addition, EVO members were contacted as part of the post-implementation education drive. 771 EVO members were engaged and educated on the process of Family Practitioner nomination and the usage of nominated Family Practitioners. A strategy, aimed at educating more members on the advantages of EVO and care coordination, was developed. The campaign will make use of the following communication platforms:</p> <ul style="list-style-type: none"> • Email; • SMS; • Member newsletter; • Departmental notice boards; • Departmental newsletters; • Departmental intranets; • GEMS website; and • One-on-one sessions. <p>During Quarter 2 of 2017, the campaign rolled-out commenced.</p> <p>During 2018, the Scheme conducted a social media campaign, centred around educating members on the importance and advantages of care coordination and Family Practitioner nomination. During 2019, the Scheme will conduct an EVO education campaign, focusing on care coordination and Family Practitioner Nomination, and the benefits thereof.</p>	Finalised

					<p>The campaign will assist members' understanding of their option (i.e. EVO) and help curb complaints emanating from benefit utilization.</p> <p>The EVO toolkit was developed in Q2 2019, and will be launched in Q3 2019 with the aim of educating more members on the advantages of the EVO and care coordination. The EVO toolkit will be rolled out in collaboration with the CLO and telemarketing services provider on the following platforms:</p> <ul style="list-style-type: none"> • Email; • SMS; • Member newsletter; • Departmental notice boards; • Departmental newsletters; • Departmental intranets; • GEMS website; and • One-on-one sessions. <p>The Client Liaison Officers receive ongoing training on the GEMS Rules, which include member benefits. Annually, they also receive training on the benefit enhancements for the new year.</p> <p>The EVO Toolkit was deployed to all members on the Emerald Value Option to assist their understanding of the option.</p>	
4.	<p>Members mentioned that they experience challenges when visiting pharmacies in that the Scheme requires pharmacists to dispense according to the Scheme's Medicine Price List, which some pharmacies do not have.</p> <p>Members accordingly suggested that the Scheme should consider availing this list to all pharmacies.</p>	Healthcare Provider Engagements	CHO	The Scheme's Medicine Price List is shared with all Pharmacies and published on the GEMS website on a monthly basis.	Kindly refer to the adjacent column.	Finalised
		Member Education	CMO	The Scheme will continue with member education on this issue.	Kindly refer to the adjacent column.	Finalised
5.	<p>Members raised a concern regarding Day Hospitals, which the Scheme does not pay for, and suggested that the Scheme should consider funding same, as the costs associated with Day Hospitals are far less when compared to other types of hospitals.</p>	Healthcare Provider Engagements	CHO	Day Hospital procedures are paid for by the Scheme and there are ongoing engagements with healthcare providers and hospital groups to promote the use of both Day Hospitals and doctors' rooms for minor procedures.	Kindly refer to the adjacent column.	Finalised

6.	Members need clarity on what the Scheme is doing concerning the NHI and how it will impact on members.	Member Engagements	CMO	The Scheme supports the Government's policy on NHI and is currently assisting the Eastern Cape Department of Health with key aspects at their NHI pilot sites. The implementation of the Scheme's new Five-year Strategic Plan (2017 to 2021) will position the Scheme to become the blueprint for NHI. The plan was communicated to key stakeholders and its key features will be communicated to members in the 2016 GEMS Annual Integrated Report.	The Chairperson's Foreword in the 2016 GEMS Annual Integrated Report informed members on the work performed by the Scheme to participate in the National Health Agenda. A summary of the strategic focus areas of the new Five-year Strategic Plan is provided in the report.	Finalised
7.	Members requested that the form of the Scheme's future financial reports to members be amended to include a section in which the Scheme's financials are benchmarked against those of other schemes. This will assist members' understanding of how the Scheme fares in comparison with the industry.	Financial Reports	CFO	The Scheme will consider the inclusion of benchmarks in its future Annual Financial Statements.	At the time of drafting the Annual Financial Statements, comparative information in respect of other medical schemes was not available. Members are, however, encouraged to refer to the Annual Report of the Council for Medical Schemes, which is published each year, and in which a comparison between the various medical schemes are made.	Finalised
8.	Members would like to see the Board's responsibilities clearly defined in order to assist them in determining whether or not the Board's remuneration is well justified.	Board Remuneration	CCO	Members were provided with an exposition document on the Board's remuneration at the 2016 GEMS AGM. The existing exposition document will be enhanced to address this requirement.	Kindly refer to the adjacent column. The Remuneration Report contained in the 2016 GEMS Annual Integrated Report was enhanced. Together with the information in the report on the governance of the Scheme, members will be able to form a view on the Board's responsibilities.	Finalised
		Member Communication	CMO	An article on this issue will be published in the Q1 2017 member newsletter.	After due consideration, it was thought best that the Q1 2017 member newsletter should focus on the Scheme's 2017 Benefits & Contributions and its new Emerald Value Option. Since the 2016 GEMS Annual Integrated Report was enhanced, the article will not be in the newsletter as indicated in the above column.	Finalised
9.	Members requested the Scheme to consider the introduction of a toll-free number to prevent members from incurring high telephone charges resulting from their calls made to the Scheme's call-centres.	Toll-free Call Centre Number	CAO	The Scheme considered this service a few years ago, but found the costs associated with its introduction prohibitive. In 2020, the cost effectiveness, risks and operability of this service in a multi SPN environment will again be scrutinised. Since 29 July 2016, the date of the 2016 GEMS AGM, the Scheme's introduction of new, cost-effective and quicker member engagement mechanisms such as the Client Liaison Officer Units (CLOs), the Scheme's Facebook and Twitter pages, and the GEMS Member App, interactive website and USSD, gave members less costly and less time consuming alternatives.	Kindly refer to the adjacent column.	Finalised

10.	Members expressed their concern about the fact that the Scheme's call centre agents are not fully equipped to deal with certain matters, e.g. the impact of members' retirement on the administration of their membership on the Scheme.	Call-Centre Staff Training	CAO	<p>A skills audit was performed to address the challenges.</p> <p>The Gemanathi Programme was introduced to empower the call-centre staff on how to perform their jobs with professionalism, pride and excellence, exceeding Scheme and member expectations. This programme is aimed at equipping call-centre staff to ac-custom themselves with the GEMS Mission, Vision and Values. Part of the training comprised the various GEMS member profiles, i.e. single with young dependants; married with young & adult dependants; married with young dependants; single with no dependants; and pensioners, and how to interact with each profile.</p> <p>All SPNs have made changes to address the gaps and their progress is continuously monitored through the Scheme's quality assurance service provider.</p>	<p>The Scheme introduced a training framework which is now used by all of the members of the Scheme's Service Provider Network ("SPN") for Induction and Refresher Training purposes. The purpose of this framework is to ensure uniformity in the training and assessment of contact centre Staff.</p> <p>In addition, from 1 July 2017, a new quality assurance scorecard will be implemented. This tool is used to ensure that all SPNs adhere to the Scheme's Quality Assurance Standards. The following areas of quality will be assessed:</p> <ul style="list-style-type: none"> • Introduction; • Know your client; • Complaints / Compliment Management; • Soft skills; • Hold / transfer procedure; and • Call closing. <p>Furthermore, the call sample size was increased from 3% to 6% to ensure that a greater pool of calls is assessed to determine quality.</p> <p>The Scheme's Quality Assurance Service Provider is performing quality assurance checks on SPN calls, e.g. voice recordings, and quality assurance was done in December 2016.</p> <p>During Q1 2017, the Scheme's Quality Assurance Service Provider provided feedback to the relevant SPNs in order to close the gaps identified.</p>	Finalised
	Member Education	CMO	The Scheme will consider this information when engaging with members.	Kindly refer to the adjacent column.	Finalised	
	Members suggested that the Scheme should involve them in its benefit design process so as to enable them to contribute to the process and further their understanding of how the Scheme operates.	Benefit Design	CRO	<p>Involve members as part of the Scheme's Product Development and Benefit Design processes.</p>	<p>Inputs received from members through member engagements and Lekgotlas were considered during the 2017 Product Development and Benefit Design processes.</p> <p>The same process will be followed during the 2018 Product Development and Benefit Design process.</p>	Finalised

12.	Members suggested that the Scheme should review the practice of determining members' contributions with reference to the salary of the principal member, as some members have realised that, in cases where a family unit comprise more than one person qualifying to be registered as the principal member, such persons cheat the system by registering the one who earns the least salary as the principal member, thereby resulting in lower membership contributions being paid to the Scheme.	Member Contributions	CFO	The contributions of principal members and adult dependants will be aligned gradually by the Scheme. This will continue in respect of the 2018 benefit year.	Salary bands and contributions are reviewed and updated each year during the Scheme's Benefit Design process. The gradual alignment of the contributions of principal members and adult dependants will continue as part of the 2018 process.	Finalised
13.	Members are unhappy about the fact that they do not always receive their monthly statements on time in order to identify irregular claims as and when they occur, and requested that this be addressed.	Quality of Member Services	CAO	Immediately upon the Scheme's receipt of a claim, a claim SMS is sent to the Member to enable him/her to monitor his/her and his/her Dependants' claims. The Scheme has embarked on a data-cleaning project to ensure the delivery of Member mail to the correct address. The Scheme will enhance the current claims communication process by the end of Q1 2017. The enhancement will include changes to the primary and follow-up SMS sent to Members. Details of claims processed are also available on the log-in portal of the GEMS website for members that have access to the internet.	On 27 February 2017, the Scheme met with its Administrator and Correspondence Management Service Provider to discuss the improvements to the data clean-up process document. The process turnaround times were updated in preparation for sign-off by 24 March 2017. The data clean-up process document between the Scheme's Administrator and its Correspondence Management Service Provider was signed on 24 March 2017. Since then, the Scheme has noted a steady improvement in the quality of its data, but the process is still being monitored closely. Statistics to measure the levels of improvement will be reported at the end of Quarter 2 of 2017.	Finalised
14.	Members requested that the SMS messages sent to them when claims are received by the Scheme should be more specific and give detailed information that can be used by members.	Quality of Member Services	CAO	By the end of Q1 2017, the Scheme will review the contents of the claims SMS for purposes of including information that is of greater relevance to members. The contents of the follow-up SMS distributed to members will be enhanced to inform members of the status of the claim once it has been processed. This will inform members of any irregular claims, giving them an opportunity to follow-up on these claims with the Scheme or Service Provider timeously.	The Scheme has reviewed the contents of the claims SMS for purposes of including information that is of greater relevance to members. The enhanced member SMS went live on 31 March 2017. During April 2017, the Scheme sent a total of 1,291,586 SMSes to members. The enhanced SMS states: "GEMS: Member <Title> <Surname>, a claim from <provider name> on <date> for <amount> received. Click on m.gems.gov.za or contact 0860 00 4367 for more info".	Finalised
15,	Members raised a concern that the appointment of auditors appointed by the Scheme does not promote BBBEE.	Promotion of BBBEE	CAE	GEMS allocates 30% of its bid evaluation criteria towards B-BBEE for bids and quotes above a certain threshold. The B-BBEE status of the audit firms appointed by the Scheme ranges from a level 1 to 2 contributor and is explained further on page 43 of the 2016 GEMS Annual Integrated Report.	Information on the BBBEE status of the audit firms appointed by the Scheme is contained in the 2016 GEMS Annual Integrated Report.	Finalised

**ACTION LIST ON MEMBER ISSUES RAISED AT THE 2015 GEMS AGM
HELD AT THE PRESIDENT HOTEL AND CONFERENCE VENUE, BLOEMFONTEIN ON 31 JULY 2015 AT 15h00**

No.	Issue (short description)	Classification of Issue	Responsible Lead	Scheme Response / Action Required	Progress	Status
1.	Members are of the view that their benefit packages are not sufficiently rich, which causes them to exhaust same within the first three to six months of the year. Members requested the Scheme to address this matter and provide them with the feedback.	Benefit Design	CRO	This matter will form part of the 2017 Product Development and Benefit Design work.	This concern was taken into consideration as part of the 2016 Benefit Design work and was also included in the 2017 Product Development and Benefit Design work.	Finalised
		Member Education	CMO	In keeping with the Board's decision taken on 22 September 2015, member communication will educate members on the interrelationship between member "behaviour" and the Scheme's ability to provide more benefits.	This theme was covered as part of the 2016 Benefit Roadshows (October 2015 – December 2015) where members and stakeholders were engaged. This education aspect was also carried forward in the CLO education sessions and engagements with members in 2016.	Finalised
2.	Members are dissatisfied with the quality of the service rendered by the Scheme's call centres and walk-in centres, and are of the view that these agents are not sufficiently equipped to properly assist members with the resolution of their queries.	Quality of Member Services	CAO CMO	The Board considered this matter and directed that a report be developed on the service delivery challenges experienced at the call centres, and the work underway to address same. The report should cover the member walk-in centres in addition to the call centres.	Member self-help kiosks were implemented at all 18 walk-in centres. The Scheme's Client Liaison Unit is being expanded and rolled out in additional provinces to assist members. More information on the work done by the Scheme in addressing the call-centre challenges can be found on page 42 of the 2015 GEMS Annual Integrated Report.	Finalised
3.	The Scheme should consider aligning the contribution increases with the salary increases of public service employees, rather than applying an annual contribution increase each year in January.	Member Education	CMO	In keeping with PSCBC Resolution 2 of 2015, the medical assistance subsidy will increase annually on 1 January 2015 and will therefore be aligned to the timing of the Scheme's annual contribution increases. An explanatory article should be developed to educate members on the provisions of PSCBC Resolution 2 of 2015 and the financial year of a medical scheme (impacting on the timing of contribution increases).	This theme was covered as part of the 2016 Benefit Roadshows (October 2015 – December 2015) where members and stakeholders were engaged. In addition, this education aspect was carried out during the CLO educational sessions and engagements with members in 2016. The explanatory article on the provisions of PSCBC Resolution 2 of 2015 and the financial year of a medical scheme was included in the Q1 2016 member newsletter.	Finalised

4.	<p>Members are dissatisfied with the high trustee remuneration levels due to the high number of Board and Committee meetings held in 2014.</p> <p>Accordingly, Members suggested a reduction in the number of Board meetings held each year to one per quarter; and if not, that Members be informed of the reasons which necessitated any additional Board meetings so as to further Members' understanding of same.</p>	Member Education	CCO CCSO CMO	<p>An exposition document should be developed to explain the interrelationship between good corporate governance, the Scheme's business model and regulatory requirements and the number of Board and Committee meetings held.</p> <p>The exposition document should also focus on value creation for members such as the benefits of good corporate governance and the work performed by the Clinical Governance and Ex-gratia Committee.</p> <p>A range of short member educational articles should be developed to explain the interrelationship between good corporate governance, the Scheme's business model and regulatory requirements and the number of Board and Committee meetings held.</p>	<p>The exposition document was developed and the information included in the remuneration report appearing on page 149 of the 2015 GEMS Annual Integrated Report.</p> <p>"Good corporate governance" and "value creation" articles were included in the Q1 2016 member newsletter.</p> <p>There was no increase in Trustee remuneration for 2014, 2015 and 2016 (refer to the Remuneration Report on page 149 of the GEMS 2015 Annual Integrated Report.)</p> <p>A copy of the trustee remuneration booklet was distributed to members via the 2016 GEMS AGM information desk.</p>	Finalised
5.	<p>Members are concerned that their contributions are disproportionately high when compared to their benefit limits.</p> <p>Accordingly, Members suggested that the Scheme should set benefit limits with reference to the number of Dependants of a Member and the contribution paid by the Member in respect of himself/herself and his/her Dependants, as opposed applying the same benefit limits to all Members and their Dependants on the same benefit option.</p>	Benefit Design	CFO	<p>This matter is considered annually as part of the Product Development and Benefit Design work.</p> <p>The Scheme's ability to provide a per-beneficiary limit (as opposed to a family limit) was again considered as part of the 2017 Product Development and Benefit Design work.</p>	Kindly refer to the adjacent column.	Finalised
6.	<p>Members expressed their concern about the lack of member engagement by the Scheme when changes affecting members are being considered and implemented, i.e. the introduction of the Family Practitioner Nomination and Specialists Referral models which, despite having been communicated to some extent, were not communicated through the correct channels.</p>	Stakeholder Communication	CCO	<p>The Scheme's Benefit Design process was adjusted to allow for stakeholder consultation at the level of the Employer (DPSA) and the PSCBC. If proven to be unsuccessful, the approach should be reconsidered.</p>	<p>The revised stakeholder consultation process was implemented and provides for engagements with stakeholders during the early stages of the Benefit Design process.</p>	Finalised
		Member Communication	CMO	<p>The Scheme's amended Benefit Design process provides for the earlier communication of benefit and contribution changes to members. The Scheme's member communication strategy was amended and the new strategy should be implemented fully and the efficacy assessed over time. No additional action is proposed at this point in time.</p>	<p>A member roadshow on the 2016 GEMS Benefits and Contributions was conducted in Quarter 4 of 2015.</p>	Finalised

7.	The Scheme embarked on a national advertising campaign via the radio stations, which is deemed to be a highly costly exercise, together with the printing of marketing material. Given that members are constantly faced with affordability issues and that the Scheme is losing members due to unaffordability, why did GEMS embark on such a costly exercise?	Member Education	CMO	The Scheme's non-healthcare costs are amongst the lowest in the medical schemes industry. A radio advertising campaign is still deemed necessary in order to entrench and build the relationship between the members and the Scheme and to retain and grow the membership base. It is also necessary to create a positive awareness and the recognition of the GEMS brand. An informative article should be developed to explain the motivation for the various advertising campaigns conducted by the Scheme annually.	The budget allocated for the Scheme's media advertising campaign was used in 2016 for the activities specified in Issue No. 32 above and this Issue No. 33 with a view to create value for members. The aim is to increase the return on investment in marketing activity and to increase the member acquisition and retention rates. A section to explain the reasons behind the Scheme's various advertising campaigns was included on page 38 of the 2015 GEMS Annual Integrated Report.	Finalised
8.	There were several complaints in respect of claims which were not honoured by the Scheme and healthcare providers who do not want to deal with GEMS members due to the fact that their claims were not paid or the Scheme took longer to pay them. What will the Scheme do or what is the Scheme doing to address and resolve this issue?	Unpaid Claims	CAO	The major cause of unpaid claims can be attributed to a new service provider in 2015. The Scheme will continue to implement the recovery plan approved early in 2015 and consider other options in the event of the service not improving. The Scheme is committed to providing a seamless claims experience for both members and healthcare providers.	The Scheme terminated the services of the new service provider and appointed another service provider to render the services from 01 January 2016. All the affected 2015 claims were reviewed and audited by external audit.	Finalised
		Healthcare Provider Engagements	CHO	The Scheme is committed to providing a seamless claims experience for both members and healthcare providers.	The Scheme continues to engage with healthcare provider groups on a number of issues, including addressing and resolving claims related challenges experienced in 2015.	Finalised
9.	Members expressed their dissatisfaction with the high salaries of the GEMS Executives and suggested that members should be involved in the decision making process relating to the setting of these salaries.	Member Education	CCSO	Provide members with information on the process followed to determine the Executives' remuneration.	This information was included in the remuneration report on page 149 of the 2015 GEMS Annual Integrated Report.	Finalised
10.	Members expressed their concern at the Board's deciding of their own remuneration, as it is believed that the Board is conflicted in doing so. This matter will be tabled at a meeting between the Scheme and the PSCBC.	Trustee Remuneration Process	CCSO	Write to the CMS to obtain clarity on some of the issues raised in Circular 41 of 2014. Develop an exposition document for engaging members and stakeholders.	The Scheme wrote to the CMS, requesting clarity in respect of some of the issues raised in Circular 41 of 2014, e.g. that the GEMS Trustee Remuneration Policy should be approved by members at the AGM. The CMS' response is still awaited. The exposition document was developed and members and stakeholders engaged thereon at the 2016 GEMS Annual AGM.	Finalised

11.	<p>Members raised the issue of them not being afforded the opportunity to choose the audit firm that will serve as the Scheme's external auditors. The process of appointing an audit firm was explained at the AGM; however, the members expressed their wish to elect an audit firm by means of an ordinary majority vote. The Scheme should consider presenting a number of audit firms to members at the AGM to enable members to elect their preferred one.</p>	Appointment of External Audit Firm	CFO	<p>All of the Scheme's procurement activities must be concluded in line with the GEMS Supply Chain Management Policy. All of the potential firms and the recommended firm for appointment are presented to the Audit Committee for consideration and recommendation of the final firm to the Board of Trustees and AGM for appointment. Going forward, the Scheme's presentation to the AGM will include the process followed and potential firms considered during the procurement process. The procurement process will also be covered in a member newsletter so that members can familiarise themselves and get comfort with the process in place. In addition, formal guidance will be obtained from the Council for Medical Schemes.</p>	<p>The Council for Medical Schemes (CMS) was engaged and confirmed that the approach followed by the Scheme is appropriate. The CMS introduced a new process to accredit external auditors and medical schemes will be limited to appointing external auditors from the accredited list. GEMS will comply with the new requirements from the CMS. The 2016 GEMS AGM Member Guide was adjusted to explain the process to members.</p>	Finalised
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**ACTION LIST ON MEMBER ISSUES RAISED AT THE 2014 GEMS AGM
HELD AT INKOSI ALBERT LUTHULI INTERNATIONAL CONVENTION CENTRE ON 31 JULY 2014 AT 15H00**

No.	Issue (short description)	Classification of Issue	Responsible Lead	Scheme Response / Action Required	Progress	Status
1.	<p>During the counting of votes as part of the 2014 GEMS Trustee Election, why were the ballots opened in the absence of at least one of the candidate observers? The Scheme should reconsider whether or not it is appropriate for candidates to participate in the administrative processes of a trustee election, or whether they should be excluded from such processes given their vested interest in the outcome of a trustee election.</p>	<p>Information / Education Requirement</p> <p>Lack of a dedicated trustee election dispute procedure</p>	CSLC / CCO	<p>The GEMS Rules and the election procedure were complied with throughout the 2014 GEMS Trustee Election process. Accordingly, ballots were opened in the presence of the auditors. The Scheme will reconsider whether or not it is appropriate for candidates to participate in the administrative processes of a trustee election, or whether they should be excluded from such processes, given their vested interest in the outcome of a trustee election.</p>	<p>Given that candidates have a vested interest in the outcome of trustee elections, the Scheme decided that candidate participation should not form an integral part of the administrative processes of a trustee election, as such participation may compromise the integrity of the trustee elections. Despite a decision by the GEMS Board of Trustees that a trustee election dispute resolution procedure should be developed, same was not developed due to cost and practical considerations.</p>	Finalised
2.	<p>The Scheme should consider providing candidates, who participated in a trustee election, with the election results and a copy of the auditors' report, certifying that the election was free and fair.</p>	Information Requirement	CCO	<p>Provide Dr. T. Mbatha with the results of the 2014 GEMS Trustee Election.</p>	<p>Dr. T. Mbatha was provided with the results of the 2014 GEMS Trustee Election on 30 July 2014.</p>	Finalised
		Information Requirement	CSLC	<p>Ensure that this matter is provided for in the election procedures for the next trustee election.</p>	<p>This matter was catered for when the election procedures for the trustee election were developed in that a report by the independent electoral agency will be provided to a candidate, upon request.</p>	Finalised

3.	In an attempt to ensure a better voter turnout during trustee elections, the Scheme should reconsider the existing voting mechanisms and consider having voting stations at government departments (in addition to walk-in centres).	Request for expansion of voting system to include more modes of voting (GEMS Rule change may be required depending on the decision taken)	CSLC / CCO	Develop a cost proposal regarding "work place" voting for the Board's consideration by April 2015. The proposal must consider the lead time required for setting up the relevant "infrastructure", the controls needed to safeguard the election and the impact on the timeframe for voting (if the timeframe is impacted, then a GEMS Rule change will be required).	This work is underway; is considerate of the size of the public service (i.e. there are almost 25 000 schools in South Africa); and will propose that certain main centres be used such as Premier's Offices. The GEMS App that is under development, as part of IntelliGEMS, will provide members with an additional convenient voting method. After due consideration of this Issue No. 40, the Board ultimately decided not to adopt an alternative voting mechanism, due to the cost and practical considerations associated therewith.	Finalised
4.	In an attempt to address the Board composition matter, the Scheme should consider reducing the current six year tenure of trustees to three years so as to ensure an earlier trustee election through which the Board composition may be "corrected".	GEMS Rule Change Proposal	CCO	Support the development of recommendations by the Board Composition Committee. Ensure that a timeframe for finalising and implementing recommendations is developed. Identify mechanisms and forums to provide members with progress updates.	The Board approved an alternative proposal, i.e. to have an "interim election in 2016", but the Council for Medical Schemes (CMS) indicated in November 2014 that the proposal was not supported. On 25 March 2015, the Scheme made a further submission to the CMS, who again, on 14 April 2016, during a meeting between representatives of the Scheme and the CMS, indicated verbally that the proposed changes to the GEMS Rules were not approved for registration. However, it should be noted that the composition of the GEMS Board forms part of the PSCBC Review of GEMS. The proposed 5 year period was considered during the Scheme's 2016 Rule Review, but not incorporated. After due consideration of this Issue No. 41, the Board ultimately decided not to adopt the proposal to reduce the current six year tenure of trustees to three years, due to the cost and practical considerations associated therewith.	Finalised
5.	In an attempt to address the Board composition matter, the Scheme should consider the introduction of a revised trustee election methodology (e.g. one member one vote) that would ensure the "correction" of the Board's current composition. Some Members requested that feedback on this matter be provided to Members at a Special General Meeting before the end of 2014.	Request for Reconsideration of Voting System	CCO	Support the development of recommendations by the Board Composition Committee. Ensure that a timeframe for finalising and implementing recommendations is developed. Identify mechanisms and forums to provide members with progress updates.	Board approval to change the voting methodology was obtained (as part of the work done under Issue No. 41 above). The finalisation of the voting methodology formed part of the work done by the Scheme's contracted election manager and this requirement was incorporated into the terms of reference when the service was put out on tender. In the latest rule revision, the number of supporters for a candidate was increased to be similar to the POLMED Rule.	Finalised

6.	<p>During the AGM, Members should be given the opportunity to add any ad-hoc items to the AGM agenda for consideration and resolution by the Members at the AGM.</p> <p>Based on the above, why are Members not given the opportunity to participate more fully at the AGM?</p> <p>Members should be given the opportunity to vote on all AGM motions, irrespective of the number of proxy votes.</p>	Stakeholder Involvement / Member Education	CCO	<p>With regards to decision making at the AGM, enable the Governance Risk and Ethics Committee to reconsider the existing rules and underlying principles on 25 November 2014. If Rule changes are required, develop these and engage with the CMS to have these registered by the end of March 2015 latest.</p> <p>Change the format of the AGM proceedings to allow Members the opportunity to make remarks on the resolutions tabled for adoption (e.g. annual financial statements) before moving to voting on each (irrespective of number of proxies received).</p>	<p>The Scheme obtained a legal opinion, dated 21 July 2015, from its lawyers, i.e. Gildenhuis Malatji Inc., who advised that:</p> <ul style="list-style-type: none"> • Both the Scheme and its members are bound to the GEMS Rules (Section 32 of the Medical Schemes Act 131 of 1998 (as amended)); • GEMS Rule 28.1.5 specifically provides for the process to be followed by the Scheme and its Members for setting the final AGM agenda; and • The addition of ad-hoc matters to the AGM agenda on the day of the AGM is not provided for in aforesaid Rule, is therefore not permitted, and would accordingly be unlawful. <p>The Chairperson's 2015 AGM speaking notes were updated to allow members the opportunity to make remarks on the motions tabled for adoption before moving to voting on each. The same approach was followed during the 2016 GEMS AGM.</p>	Finalised
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