

Health Insurance Department

Health Insurance Committee Meeting Minutes

Meeting Date:	24 th October 2019	Time:	2:04pm - 3:30pm		
Location:	Health Insurance Department Board Room	Note Taker:	Shivon Washington		
Attendees:	PS Jennifer Attride-Stirling (Chair), Shivon Washington, Dr. Louise White, Ricky Brathwaite, Pandora Glasford, Holly Diatelevi, Eleanor Furtado				
Apologies: Dr. Michael Ashton, Stephen Gift, Dr. Cheryl Peek-Ball					
Topics	opics Highlights				
1. Opening	1.1 The Chair called the meeting to order at 2:04pm.				
2. Minutes	2.1 26th September and 11th October minutes were approved as circulated and signed. 2.2 Action Items were reviewed and updated per below.				
3. Financial / Governance	3.1 Cash flow for MRF and HIF (ii) HIF: The prescribed sum premlums received by HIF fluctuated in the early mon due to insurers' inconsistent submission patterns, however they are expected to level for the remainder of the fiscal year. Based on funding and claims experience from Ji to September 2019 the HIF is currently projected to have an end of year cash balance \$5.1 million. September premiums collected were \$3.5 million, prescribed sum receiveds \$2.3 million and claims paid were \$5.1 million. The customary detailed report claims, premiums and loss ratios will be provided in November. (iii) MRF: The MRF premiums received fluctuated in the early months due to insuninconsistent submission patterns, however they are expected to level off for remainder of the fiscal year. Based on funding and claims experience from June September 2019 the HIF is currently projected to have an end of year cash balance \$6.9 million. September premiums collected were \$18.3 million, prescribed sum paid was \$19.6 million and claims paid were \$816 thousand. All dialysis claims have not be received from the insurers to date, therefore the claims could rise. The Enhance C Programme is consistent in claims. 3.2 Bermuda Hospitals Board (BHB) MRF projected revenue versus projected actual Based on returns to date the projected headcount thus far is showing an average 48,000, compared to the actuarial projected headcount of 49,000 based on insur reports. The projected actual revenue is showing \$131.8 million, compared to the orig projection of \$135.4 million. The potential shortfall is being monitored and is expected change upon reconciliations of MRF ceding and the eligibility list form insurers. A Needing list and an eligibility list is required for the insurers for the MRF reconciliation and it. 3.3 Review of the draft HIC Decision Review Policy – The HIC determined to receive soft copy for final review and comments and send to the Acting Director to finalize.		r they are expected to level off and claims experience from June an end of year cash balance of illion, prescribed sum received customary detailed report on other. early months due to insurers' expected to level off for the sims experience from June to in end of year cash balance of illion, prescribed sum paid out ill dialysis claims have not been could rise. The Enhance Care have versus projected actual far is showing an average of of 49,000 based on insurers' fillion, compared to the original genonitored and is expected to bility list form insurers. A MRF is for the MRF reconciliation and		

4.	Plan Design	4.1 None		
5,	Appeals /	5.1 Provider / Policyholder appeals – None		
	Policy Decisions	5.2 Policy Decisions - Overseas coverage rate for emergency treatment		
		The current Legislations for the HIP Health Insurance ((Health Insurance Plan) (Additional Benefits) Order 1988) and FutureCare (FC) ((Health Insurance (Futurecare Plan) (Additional Benefits) Order) products, are silent in regards to how to handle and the rate to reimburse for emergency care or urgent care that the policyholders incur while travelling overseas. In such instances policy holders have no control over where and when a medical emergency occurs. HIC requires a policy to handle such cases consistently. Following consideration and discussion of a decision paper outlining options, the HIC approved unanimously that overseas emergency and urgent claims will be reimbursed at Tier I rates for both HIP and FC as long as it can be proven that the claim was due to a medical emergency or urgent care.		
6.	Any Other Business	6.1 Policyholder's Kidney transplant benefit has been exhausted and still requires care		
		The HIC was apprised of a policyholder's exhaustion of their kidney transplant benefit of \$200k. The HIC will be provided with a brief to examine the details of the case.		
		6.2 HID Reduce Paper Use Policy		
		The HIC was advised of the new HID policy to reduce the use of paper, and will therefore provide HIC packages for meetings electronically only and the agenda will be presented on the screen going forward.		
		Meeting adjourned at 3:30pm. Next HIC meeting scheduled for 28 th November 2019 at 2:00pm.		

Action Items		Person Responsible	Target Date	
1.	Send soft copy of draft HIC decision review policy document to HIC.	Acting HID Director	ASAP	
2.	Action receiving eligibility list from insurers.	BHeC Acting CEO	December 2019	
3.	The Bermuda Health Council to establish a mechanism to track administrative savings as a result of the new BHB Funding Model.	BHeC Acting CEO	Early 2020	
4,	Secure an index price from the overseas cost containment vendor for world-wide facilities and present HIC with an analysis.	Acting HID Director	TBD 2019	
5.	Determine the variance from June to July 2019 Non-SHB claims in HIF cash flow.	Acting HID Director	ASAP	
6.	Determine hospitalization cost changes on PHC and ECP participants.	Acting HID Director	Next HIC meeting	

Signed:

Jennifer Attride Stirling, Chairman

Signed: Shivon Washington, Acting HID Director

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DIFECTOR

12 Dec 2019
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