



GOVERNMENT OF BERMUDA

Ministry of Health

Health Insurance Department

Health Insurance Committee Meeting Minutes

Meeting Date:	25 th October 2018	Time:	2:00pm – 4:00pm
Location:	Health Insurance Department Board Room	Note Taker:	Laquita Burrows
Attendees:	PS Jennifer Attride-Stirling (Chairman), Laquita Burrows, Holly Diatelevis, Dr. Cheryl Peek-Ball, Tawanna Wedderburn, Dr. Michael Ashton, Dr. Louise White, Roxanne Eve, Eleanor Furtado, Jaime Cook		
Apologies:	Stephen Gift, Shivon Washington, Pandora Glasford		
Topics	Highlights		
1. Opening	1.1 The Chair called the meeting to order at 2:01pm.		
2. Minutes	2.1 27 th September 2018 minutes were approved as circulated and signed. 2.2 Action Items were reviewed and updated per below.		
3. Financial / Governance	<p>3.1 Subsidy / HIP / FutureCare / MRF Review – Subsidy claims incurred up to August 2018 were \$112.7 million which is lower than prior years. Incurred, unapproved claims exceed the budget by approximately \$7 million. Claims approved for payment through August 2018 are under budget by \$66 thousand. Estimated to end the year on budget. The HIC was informed that BHB currently has a lack of ICD9 coders due to retirements, therefore there could be a few issues/possible delays with billing. The HIF combined fund is expected to be consistent through year end with current claims incurred for August at \$28 million, total expenses of \$27 million, total prescribed sum of \$11.8 million, total revenues of \$31.8 million for a net impact of \$4.4 million and a combined loss ratio of 83%. MRF experienced a deficit of \$293,292 and a ratio of 104% for August. Annualized the MRF is projecting a net impact of \$1.3 million and a ratio of 93%. The change is due to the dialysis increase at 1st July 2018. Insurers are delayed in sending overseas dialysis claims to the MRF. It was discussed that MRF may still be underfunded at fiscal year-end 2018/19. HID will send dialysis information to the Health Council for inclusion in the Standard Premium Rate and MRF calculations.</p> <p>3.2 Cash Flow Projections for HIF – While administrative expenses were up, cash reserves are sufficient with a positive cash balance of approximately \$7 million projected at fiscal year-end.</p> <p>3.3 RFP for Actuarial Services – HID conducted an open procurement process for Actuarial Services per Financial Instructions on June 29, 2018. Three responses to the RFP were received. Following a review, ranking and discussion of the vendors' proposals HID recommended to remain with the incumbent vendor to eliminate transition costs and the advantages of having one actuary represent related stakeholders. The HIC unanimously approved the recommendation.</p> <p>3.4 RFP for Dental Services – HID conducted an open procurement process for Dental Services per Financial Instructions on June 29, 2018. Two responses to the RFP were received. After review, ranking and discussion of the vendors' proposals HID recommended to remain with the incumbent vendor to eliminate transition costs and keep business on Island. The HIC unanimously approved recommendation with conditions of investigating a further reduction in contract costs and a cap on cost of living</p>		

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	<p>index.</p> <p>3.5 Renewal of Consultant Contracts – The current consultant contracts expire 31st March 2019. Failure to renew these posts will render HID unable to provide legislatively mandated core services. The HIC unanimously approved renewal of the consultant posts and contracts for a further five years effective 1st April 2019. A Cabinet decision is required prior to 31st December 2018 to meet the 90-day termination/extension clause.</p>		
4. Plan Design	<p>4.1 Update on the Enhanced Care Program Pilot – HID held individual meetings with the four Enhanced Care Program Pilot (ECP) Providers to:</p> <ol style="list-style-type: none"> 1. Provide an update on how each practice met the "Target Performance Measures" for their ECP Participants. 2. Provide an overview of the original and HIC revised ECP Bonus criteria. 3. Provide summaries on ECP Payments made to each practice. 4. Obtain each practice's approval on the revised bonus criteria and agreement to continue the program through 31st March 2019. 5. Obtain feedback on the ECP Program and suggestions as the program moves forward. <p>All four providers agreed to the revised bonus calculation criteria. Three of the four Providers have also signed on to continue the ECP program through 31st March 2019. All four Providers acknowledged the value of the ECP program in providing participants access to much needed care for their chronic diseases. However, the administrative burden was a consistent concern. Most practices provided HID with feedback on how to streamline processes going forward. Relevant stakeholders are currently engaging in sessions to determine the future look of the ECP program. A presentation will be prepared with conclusions and recommendations for the future look of the ECP program for the HIC to consider.</p>		
5. Appeals / Policy Decisions	<p>5.1 Provider / Policyholder appeals – None</p> <p>5.2 Policy Decisions – None</p>		
6. Any Other Business	<p>6.1 Any Other Business</p> <ul style="list-style-type: none"> • The Chair informed the HIC the Standard Premium Rate process has begun for 2019/20, and requested the Health Council provide monthly updates which will be helpful for timely HIC premium decisions. <p>Meeting adjourned at 3:28pm. Next HIC meeting scheduled for November 22nd 2018 at 2:00pm.</p>		
Action Items		Person Responsible	Target Date
1. Monthly Standard Premium Rate updates from Health Council.		Health Council CEO	Monthly
2. Health Council to be provided with dialysis information for inclusion in SPR and MRF calculations		HID Director / Finance	ASAP

Signed:


 Jennifer Attridge-Stirling, Chairman

22 Nov 2018
 Date

Signed:


 Laquita Burrows, HID Director

22 November 2018
 Date