



GOVERNMENT OF BERMUDA

Ministry of Health

Health Insurance Department

Health Insurance Committee Meeting Minutes

Meeting Date:	22 nd March 2018	Time:	2:00pm – 3:00pm
Location:	Health Insurance Department Board Room	Note Taker:	Laquita Burrows
Attendees:	PS Jennifer Attride-Stirling (Chairman), Laquita Burrows, Shivon Washington, Dr. Cheryl Peek-Ball, Tawanna Wedderburn, Dr. Louise White, Roxanne Eve		
Apologies:	Stephen Gift, Dr. Michael Ashton, PS Wayne Carey		
Topics	Highlights		
1. Opening	1.1 The Chairman called the meeting to order at 2:06pm.		
2. Minutes	<p>2.1 22nd February 2018 minutes were approved as circulated and signed. 7th March 2018 minutes were deferred for signature pending amendments.</p> <p>2.2 Action Items were reviewed and updated per below.</p>		
3. Financial / Governance	<p>3.1 Subsidy / HIP / FCF Review – Up to January 31st, \$102.23M in Subsidy claims were incurred and \$95M have been approved for payment. At the current rate, we can expect total claims incurred would be \$123.6M (\$42.7M over budget) and total approved claims for payment for the year to be \$114.8M (\$33.9M over budget). Claims incurred for HIP to January were \$23.9M with \$20.5M approved for payment. Expenses total \$24.2M and revenues total \$29.2M. After we deduct the total expenses, our net surplus is \$4.9M. The loss ratio comparing premiums to claims is 140%. Considering full funding the combined loss ratio is 80%. Claims incurred for FCF to January were \$30.9M with \$23.5M approved for payment. FCF premiums billed to policyholders for the ten months were \$20.4M resulting in a premium/claims loss ratio of 115%, and a combined loss ratio of 85%. Total Prescribed Sum is \$7.7M. Net impact for FCF (Total Revenues less total expenditure) is \$4M.</p> <p>3.2 Cash Flow Projections for HIP & FutureCare – Both plans are sustainable to year end as a result of a transfer from HIP to FC.</p> <p>3.3 Single Fund with 2 Plans – The HIC was updated on the progress to date on the merger of the HIF and FCF funds into one fund named the Health Insurance Fund (HIF). The HID Finance Team and Project Managers do not foresee any issues or risks that will prevent the 1st April 2018 effective date. External stakeholder communication and internal stakeholder training scheduled for week of 26th March 2018.</p> <p>3.4 Update on HID Outsourcing RFP – Accountant General granted HID permission to single source HID’s health administration system and outsourcing vendor for a ten year term using the current vendor. HID is working on obtaining quotes for services required, which will subsequently be presented for the HIC’s approval. HID will proceed with an RFP for the dental claim administration. The HIC will be updated accordingly.</p>		
4. Plan Design	4.1 Summary of Proposed HID Changes for Fiscal 2018/2019 – A high-level summary of proposed changes for 2018/19 was presented to the HIC. The changes were majority legislative modifications that would provide operational efficiencies to HID and other stakeholders along with clarity and consistency in benefit wording. Proposed changes: 1) amending Health Insurance Act 1970 (HIA) to allow the HIC to approve all grants to the		

HIF and FCF funds during the fiscal year and moving the HIF and FCF funds to one fund, the HIF fund; 2) revise the FC pharmacy benefit for same 100% coverage to apply for brand or generic medications. The benefit remains at \$2,000 and eliminates the co-pay for brand medications; and 3) amend the HIP and FC Additional Benefits Orders so legislation is accurate with the benefits of the following products and/or aligned with how the benefits are administered: a) HIP and FC Wellness Benefit – remove reference to “80% of the cost of each session” but maximum benefit remains at \$210 annually to allow easier administration for group/series sessions; b) HIP dental benefits – provide details of benefits covered; c) HIP & FC PHC benefit – amend wording to “monthly” rather than “weekly” to align with administration system (HIC requested provision for pro-rating on a monthly basis to prevent fraud); d) FC Speech Therapy benefit – remove “with referral required from a general practitioner physician” to coincide with how administered; and e) FC Kidney Transplant benefit – amend wording to be consistent with the HIP Kidney Transplant wording. The HIC supported all proposed changes and approved that HID move forward with legislative changes.

4.2 HID’s Current Priorities and Projects – The HIC was provided with a listing of HID’s current Project Plan that includes both active and pending projects. There are seven primary project categories with a number of projects within each category. There are a total of 59 identified projects with 26 actively being worked on and 33 on the Project Plan as placeholders. Projects are prioritized and actioned according to importance and available HID resources. In addition to these projects, the HID Team also work on day to day operational activities, operational issues and urgent requests from senior stakeholders. Operational issues and urgent requests take priority over the projects until the requests and/or issues have been satisfied or resolved and the resources can once again refocus on the projects. There are a few key HID resources that are required both for operations and projects, thus these resources are often stretched. The HID Leadership Team meets bi-weekly to review the status of the current projects being worked on and if necessary quickly re-prioritizes based on items and/or tasks becoming a higher priority. The HIC took note of the volume of activities HID is working on to improve operations.

5. Appeals / Policy Decisions

5.1 Provider / policyholder appeals – None


5.2 Policy Decisions – None

6. Any Other Business

6.1 Any Other Business - None

Meeting adjourned at 3:01pm. Next HIC meeting scheduled for April 26th 2018 at 2:00pm.

Action Items	Person Responsible	Target Date
1. BHeC to provide HID with data on dialysis for the 2 years when coverage was outside of MRF.	BHeC CEO	ASAP
2. Seek Auditor General and Internal Audit guidance to pay radiation claims prior to 25 th September 2017	Ministry Comptroller	ASAP
3. Present legislative solution for making case by case decisions to pre-approve non-covered benefits when medical evidence, best practices and clear cost savings are seen.	HID Director	Coincide with annual changes

Signed: 
 Jennifer Attride-Stirling, Chairman

26 April 2018
 Date

Signed: 
 Laquita Burrows, HID Director

26 April 2018
 Date