



GOVERNMENT OF BERMUDA

Ministry of Health

Health Insurance Department

Health Insurance Committee Meeting Minutes

Meeting Date:	7 th 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, Eleanor Furtado, Diana Liacos, Roxanne Eve		
Apologies:	Stephen Gift, Dr. Michael Ashton, PS Wayne Carey, Dr. Louise White		
Topics	Highlights		
1. Opening	1.1 The Chairman called the Extraordinary HIC meeting to order at 2:07pm.		
2. Minutes	2.1 Minutes were approved and signed at 22 nd February 2018 meeting. 2.2 Action Items were reviewed and updated at 22 nd February 2018 meeting.		
3. Financial / Governance	<p>3.1 HIC Actuarial Review for Fiscal 2019 – The HIC informed final decisions on SPR are still pending. Benefit proposals were revisited, which included: (1) an increase in the PHC adult day care weekly benefit, (2) air ambulance coverage and (3) opening up FC to all ages.</p> <p>3.1.1 Following discussion, HIC voted unanimously on benefit changes as follows: (1) do not increase PHC benefit to avoid premium increases; (2) do not add ambulance benefit as participants can source from the local provider; and (3) do not open FC to all ages as this is potentially high risk to anti-selection, and impact of LTC on the funds, thus not viable to add more high-cost participants as the plans would have insufficient funds.</p> <p>3.1.2 The Chair presented the newly discovered and looming crisis with MRF underfunding for kidney-related claims, as a matter of urgency. HID, BHeC and the Ministry Comptroller held meetings with the actuary to discuss issue and find solutions. Ministry Comptroller informed HIC that actuary estimated an MRF increase of \$26+ to cover adequately. Group discussions with actuary concluded there was an increase of approximately 14% or 20 patients which had not been known. Estimated that headcount growth needs to be increased to 15% to accommodate future increases. Requested BHB annual dialysis headcount. Group meeting considerations included the entrance of new dialysis providers, questions of creating enabler system, case management for prevention, and consequences of fee for service reimbursement for dialysis. The HIC was informed there are 1000+ local patients with stage 3 or 4 CKD moving toward stage 5 or dialysis. This would have a dramatic, negative impact on the MRF. The actuary is reworking calculations for the MRF premium with 3 scenarios: (1) current fees and 5% headcount growth; (2) moving to RVU based fees and 5% headcount growth; and (3) moving to RVU based fees and 15% headcount growth. Expecting actuary and BHB responses soon to formulate brief. HIC discussions: \$26+ increase not realistic; need to find creative solutions for sustainability and cutting costs; 1000+ pending patients disturbing; prevention is key; and the financial picture needs to be shared as a matter of urgency with relevant healthcare professionals. CMO and BHeC CEO agreed to spearhead physician discussions and BHeC to provide HID with data on dialysis when the coverage was outside of the MRF.</p> <p>3.2 Subsidy / HIP / FCF Review – Loss ratios are still high, although combined ratios are better with contributions. MRF was introduced as an item for the quarter. HIC agreed it should stay as presented. MRF shows a shortfall of \$1.2M at end of year due to dialysis crisis but does not include BHB/private insurers thus likely to rise to approximately \$2.5M excluding subsidy component. BHB subsidy grant shortfall is estimated to be \$31M at year end. Estimated claims</p>		

