

## **Health Insurance Department**

## **Health Insurance Committee Meeting Minutes**

Meeting Date:	7 <sup>th</sup> 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 H	IC meeting to order	at 2:07pm.			
2. Minutes		<ul> <li>2.1 Minutes were approved and signed at 22<sup>nd</sup> February 2018 meeting.</li> <li>2.2 Action Items were reviewed and updated at 22<sup>nd</sup> February 2018 meeting.</li> </ul>				
3. Financial / Governance	<b>3.1 HIC Actuarial Review for Fiscal 2019</b> – 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.					
	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.					
	kidney-related claims, as a matter of held meetings with the actuary to dis informed HIC that actuary estimated discussions with actuary concluded the patients which had not be known. Est to 15% to accommodate future increding of creating enabler system, case man service reimbursement for dialysis. The with stage 3 or 4 CKD moving toward negative impact on the MRF. The actuality impact on the MRF. The actuality impact on the MRF and growth. Expecting actuary and BHB respecting actuary and BHB respecting actuary and BHB respecting patients disturble to be shared as a matter of urgand BHEC CEO agreed to spearhead patients dialysis when the coverage were specified to spearhead patients disturble to the spear	Chair presented the newly discovered and looming crisis with MRF underfunding for ey-related claims, as a matter of urgency. HID, BHeC and the Ministry Comptroller meetings with the actuary to discuss issue and find solutions. Ministry Comptroller meetings with the actuary estimated an MRF increase of \$26+ to cover adequately. Group sions with actuary concluded there was an increase of approximately 14% or 20 mts which had not be known. Estimated that headcount growth needs to be increased to accommodate future increases. Requested BHB annual dialysis headcount. In meeting considerations included the entrance of new dialysis providers, questions sating enabler system, case management for prevention, and consequences of fee for the reimbursement for dialysis. The HIC was informed there are 1000+ local patients stage 3 or 4 CKD moving toward stage 5 or dialysis. This would have a dramatic, the impact on the MRF. The actuary is reworking calculations for the MRF premium as scenarios: (1) current fees and 5% headcount growth; (2) moving to RVU based and 5% headcount growth; and (3) moving to RVU based fees and 15% headcount the Expecting actuary and BHB responses soon to formulate brief. HIC discussions: increase not realistic; need to find creative solutions for sustainability and cutting a 1000+ pending patients disturbing; prevention is key; and the financial picture is to be shared as a matter of urgency with relevant healthcare professionals. CMO HeC CEO agreed to spearhead physician discussions and BHeC to provide HID with an dialysis when the coverage was outside of the MRF.				
	3.2 Subsidy / HIP / FCF Review – Loss ratios are still high, although combine with contributions. MRF was introduced as an item for the quarter. HIC agree as presented. MRF shows a shortfall of \$1.2M at end of year due to dialysis include BHB/private insurers thus likely to rise to approximately \$2.5M exclusion component. BHB subsidy grant shortfall is estimated to be \$31M at year end.					

		approved for payment at year end are \$112M excluding COE.			
		3.3 Funds' Performance — 4 <sup>th</sup> Quarter ended December 2017 — FC headcount saw a modest 0.9% increase with HIP seeing a 3.4% increase at end of December 2017. The HIP and FC headcount trend analysis saw overall year on year changes at 7.2% for 2015/16, 4.4% for 2016/17 and 4.4% up to December 2017. HIP is flat and FC is increasing overall. FA clients are the highest claim dollar value for HIP with an average cost of claims per plan of \$1,149.59, claims exceed the premiums. As ECP has a small client base, the cost of claims per plan appears disproportionate.			
		3.4 Cash Flow Projections for HIP & FutureCare – Both plans are sustainable to year end as a result of a transfer from HIP to FC.			
		3.5 Move to 1 Fund – Bill passed in House; 1 <sup>st</sup> April 2018 effective date.			
4.	Plan Design	4.1 None			
5.	Appeals / Policy Decisions	5.1 Provider / policyholder appeals			
		5.1.1 Retroactive Payment of Radiation Claims – The HIC reviewed letters from provider regarding payment consideration for services rendered to HIP and FC policyholders for the period May 1, 2017 to September 25, 2017 prior to the Legislated effective date for on island radiation services. Amounts requested are \$132,090 HIP and \$210,047 FC, total \$342,137. HID manually adjudicated claims resulting in revised amounts of \$107,672.28 HIP and \$209,584.76 FC, total \$317,257.04. Discussion considered that the Funds would have paid if services performed overseas and the fact that the provider is a charity that already delivers free services to HIP, FC and uninsured persons. Following discussion, HIC voted unanimously to approve in principle to pay provider subject to guidance and support from the Office of the Auditor General ;Ministry Comptroller to inquire with OAG.			
		<ul> <li>5.1.2 FutureCare Policyholder Overseas Claim Reimbursement – FC Policyholder requesting reimbursement of \$4,149 for diagnostic test that is not covered. No prior approval with HID before undergoing test. Test widely used in USA to guide treatment decisions. Unanimous decision to not cover based on Legislation. HID asked to present HIC with legislative solution for making case by case decisions to pre-approve noncovered benefits when medical evidence, best practices and clear cost savings are seen.</li> <li>5.2 Policy Decisions – None</li> </ul>			
6	Any Other	6 1 Any Other Rusiness - None			
ъ.	Any Other Business	6.1 Any Other Business - None Meeting adjourned at 3:27pm. Next HIC meeting scheduled for March 22 <sup>nd</sup> , 2018 at 2:00pm.			

Action Items		Person Responsible	Target Date	
1.	Continue discussion of covering more of the medical and non-medical costs associated with kidney transplantation.	HID Director	After HID and Nephrologists meet	
2.	CMO and BHeC to engage Nephrologists, primary GPs and Minister in discussions on health system financial picture and CKD prevention.	BHeC CEO	ASAP	
3.	BHeC to provide HID with data on dialysis for the 2 years when coverage was outside of MRF.	BHeC CEO	ASAP	
4.	Seek Auditor General's guidance to pay radiation claims prior to 25 <sup>th</sup> September 2017	Ministry Comptroller	ASAP	
5.	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

26 April 2018

Date

Signed:

Laquita Burrows, HID Director