

Ministry of Health

Health Insurance Department

Health Insurance Committee Meeting Minutes

Meeting Date:	24 th May 2018	Time:	2:00pm - 3:00pm		
Location:	Health Insurance Department Board Room	Note Taker:	Laquita Burrows		
Attendees:	PS Jennifer Attride-Stirling (Chairman), Laquita Burrows, Dr. Cheryl Peek-Ball, Tawanna Wedderburn, Dr. Louise White, Dr. Michael Ashton, Eleanor Furtado, Roxanne Eve				
Apologies:	Stephen Gift, PS Wayne Carey, Shivon Washington				
Topics	Highlights				
1. Opening	1.1 The Chairman called the meeting to orde	er at 2:03pm.			
2. Minutes	2.1 26 th April 2018 minutes were approved as circulated and signed. 2.2 Action Items were reviewed and updated per below.				
3. Financial / Governance	3.1 Subsidy / HIP / FCF Review – With a total FY2017-2018 Subsidy budget of \$80.88M, the year ended with \$123.71M in claims incurred (\$42.83M over budget) and \$114.16M of claims approved for payment (\$33.28M over budget). The January/February 2018 claim package from MWI was larger than anticipated and is being reviewed for accuracy. The MRF is in deficit of \$1.44M due to the underfunding of the dialysis allocation. The MRF loss ratio is currently 105%. HID is awalting final kidney related claim amounts from GEHI and other payors, consequently the MRF deficit will increase. At fiscal year end the combined loss ratio for HIP was 83% with FutureCare ending at 87%.				
	3.2 Funds' Performance – Quarter ended the Funds' performance for the current q of policyholders continues to be the superesulting in a deficit; the FC75+ group is deficit much more. The year-end weighted HIP with the largest loss of 1.53 and FC is supplemental benefits with the weighted respectively. Headcount for HIP is decreat the ageing population and the additions/opremiums collected for the 2017-2018 fis	uarter end. The Fir users with claims assisted by the Sud average gross loolding its own at (average loss rationals) with FC increaselections from the	nancial Assistance (FA) cohort is versus premiums received absidy component with HIP in ass ratios for HIP and FC had 0.99. Both HIP and FC lose on a at 1.33 and 1.89 asing, possibly as a result of FA cohort. Total MRF		
	3.3 Cash Flow Projections for HIP & FutureCare – Fiscal year 2017/18 was good overall ending with positive cash flows as a result of reduced claims due to dialysis moving to MRF and an increase in the prescribed allocation.				
	3.4 Audit of HID Funds 2015-16 – The audit FutureCare Fund and the Mutual Re-insur 2018. Expected completion date of field winformation/documentation to date have issues relating to the audit, or any docum progress of the audit. HID has not been a June will not be achieved. The HID staff is Updates will be provided to the HIC at the	ance Fund comme ork is Friday 29 th , been met. HID has ents being outstar dvised that the ori s committed to ens	nced on Friday 11 th May June 2018. All requests for not been advised of any nding that would impede the ginal completion date of 29 th		
	3.5 Enhanced Care Program Pilot Funds for kidney-related claims. HID requested Street Address – Sofia House. 2nd Floor, 48 Church	the HIC give app	roval for HID to use a portion		

		of ECP Funds to assist in paying claims which currently cannot be covered by funding. For fiscal 2017/2018, BHB billed the dialysis claims against both MRF and Subsidy Fund (if the patient was deemed to qualify for Subsidy). This was histo practice, however, 2017/2018 Legislation does not support billing dialysis claims to Subsidy Fund. As of 4th May 2018, HID has projected they will owe BHB \$8,578,331 dialysis claims billed to Subsidy for 2017/2018. HID is also projecting a shortfall in of \$722,547 to cover the remaining 2017/2018 projected MRF claims for dialysis, a rejection drugs, and kidney transplants from all Providers. As of 31st May 2018, projected accumulated amount in the ECP Fund is \$8,731,605. Since commencing Pilot in February 2017, \$672,539 has been used at 31st March 2018. The HID Find Team has projected that \$2,568,540 will be required from the ECP Funds to run the funtil 31st March 2019. This will leave an excess of \$6,163,065 that could be re-direct to assist HID with paying the kidney-related claims debt. HID, in consultation with Ministry Comptroller, proposed a plan to reimburse BHB the amounts owing usin portion of the ECP Funds as an initial lump sum payment. It will take a number of yet for HID to repay the debt owing to BHB. HID was directed by the HIC to extend the budget to 30th June 2019 to allow for any delay in premium setting. Further discussionsidered putting a cap on ECP funds to be used but this was not unanimous supported. Following discussion, the HIC majority supported utilizing a portion of the budget for the BHB reimbursement plan. HID will prepare a Cabinet Memo seek approval.	
4.	Plan Design	4.1 None	
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 3:30pm. Next HIC meeting scheduled for June 28th 2018 at 2:00pm.	

Action Items		Person Responsible	Target Date
1.	HID to prepare a memo to the Ministry of Health seeking assistance to reimburse Bermuda Cancer and Health for radiation claims incurred by HIP & FC policyholders prior to 25 th September 2017	HID Director	ASAP
2.	HID Finance Team to re-work ECP budget to 30 th June 2019	HID Director	30 th June 2018
3.	Prepare Cabinet Memo seeking approval to use ECP funds	HID Director	ASAP
4.	Chair to provide data on BHB Patient Centred Medical Home	Chair	ASAP

Signed: 💪

Jennifer Attride-Stirling, Chairman

Date

Signed:

Laquita Burrows, HID Director

28 June 2018 Date