



Ministry of Health

Health Insurance Department

# Health Insurance Committee Meeting Minutes

<b>Meeting Date:</b>	22 <sup>nd</sup> November 2018	<b>Time:</b>	2:00pm – 4:00pm
<b>Location:</b>	Health Insurance Department Board Room	<b>Note Taker:</b>	Laquita Burrows
<b>Attendees:</b>	PS Jennifer Attride-Stirling (Chairman), Laquita Burrows, Tawanna Wedderburn, Dr. Michael Ashton, Dr. Louise White, Stephen Gift, Shivon Washington, Pandora Glasford, Roxanne Eve, Eleanor Furtado, Jaime Cook		
<b>Apologies:</b>	Holly Diatelevi, Dr. Cheryl Peek-Ball		
<b>Topics</b>	<b>Highlights</b>		
<b>1. Opening</b>	<b>1.1</b> The Chair called the meeting to order at 2:01pm.		
<b>2. Minutes</b>	<b>2.1</b> 25 <sup>th</sup> October 2018 minutes were approved as circulated and signed. <b>2.2</b> Action Items were reviewed and updated per below.		
<b>3. Financial / Governance</b>	<p><b>3.1 Subsidy / HIP / FutureCare / MRF Review</b> – BHB subsidy claims submissions are delayed but slowly catching up. At September 2018 subsidy claims incurred totalled \$55.1 million with claims approved for payment at \$51.5 million. Estimates project year-end balances at \$2.6 million; but once claim submissions are current the year may end \$3 million over budget. The HIF administrative expense ratio was 6% at September 2018 with the fund expense ratio at 86% and the combined loss ratio at 83%, which remains consistent throughout the year. While the MRF is currently in a deficit, the fund is projected to end the year positively at \$1 million with the administrative expense ratio at 6%, the expense ratio at 94% and the loss ratio at 88%.</p> <p><b>3.2 Funds' Performance – Quarter ended September 2018</b> – Profitability per plan is based on the average cost of claims versus premiums charged. At September 2018 the average cost of claims per plan was \$546.69 for FutureCare and \$531.37 for HIP. For both plans premiums collected do not cover the claims, with weighted average profitability per plan at -45.81 for FutureCare and -99.76 for HIP. The Financial Assistance cohort continues to be the high users. The supplemental benefits loss ratios are high primarily due to the personal home care benefit. Currently the total personal home care headcount between HIP and FutureCare stands at 288 with the HIP loss ratio at 166% and FutureCare at 156%. The funds' solvency is maintained by the consolidated fund grant and the MRF transfer. The HIC discussed utilization trends for the personal home care benefit. The HID Finance Team is to share the personal home care analysis with the actuary and the Ministry's home care advisor for modelling. The MRF is projected to collect \$57 million by year-end. The HID Finance Team is currently working with the Health Council to ensure timely collection from two delinquent groups.</p> <p><b>3.3 Cash Flow Projections for HIF</b> – At fiscal year-end there is an expected surplus of \$5.4 million; however due to the delay in BHB claim submissions this will decrease by approximately \$3 million.</p> <p><b>3.4 HIP &amp; FutureCare Headcount</b> – At September 2018 the FutureCare headcount was 4,131 with HIP at 3,182 representing an increase of 2.1% and 3.4% respectively over the prior year. The total combined headcount grew 2.7% compared to September 2017.</p>		

**4. Plan Design**

**4.1 Enhanced Care Program 2019-2020** – The HIC was presented with potential options for an ongoing Enhanced Care Program. The options are highly dependent on the health system changes for fiscal 2019-2020. The main differences from the current Pilot program were noted: 1) means testing; 2) a pharmacy cap; 3) participant engagement for eligibility; and 4) quarterly reporting. The HIC noted that as the purpose of the ECP is to effect future-cost avoidance, means testing was not practical. Enabling the uninsured remain on the plan is priority. HID is to explore with Financial Assistance how to get the current cohort of ECP uninsured insured. The HIC considered challenges with funding, affordability and restrictions on eligibility which exclude dementia, noting that persons with dementia are eligible for personal home care. The HIC took note of the brief which will be passed to the Actuary for modelling.

**4.2 Update of HID’s Projects** – An overview was provided of the HID projects that are both active and pending, and items closed during the 2018/19 fiscal year. As of November 2018, there were a total of 56 projects on the Project Plan with 32 actively being worked on and 24 pending. Since March 2018, HID has closed 18 items.

**4.3 Potential Supplemental Benefit Changes for Fiscal 2019/2020** –HID prepared a listing of proposed benefit enhancements to be considered for pricing by the Actuary. Grand Aides program discussed as a potential benefit; clarifying thoughts from the CMO will be required to fully consider. Enhancements are highly dependent on the health system changes for fiscal 2019-2020. The HIC took note.

**5. Appeals / Policy Decisions**

**5.1 Provider / Policyholder appeals – None**

**5.2 Policy Decisions – SPR Update**

- The current MRF headcount procedure is being looked at due to Audit concerns. A working group headed by the Health Council has been set up to review alternatives. Insurers have been engaged with four options presented for their feedback by 30<sup>th</sup> November 2018. Results will be shared with the HIC.
- The HIC discussed means testing under the Personal Home Care benefit. The Health Council will engage the Actuary to discuss further.

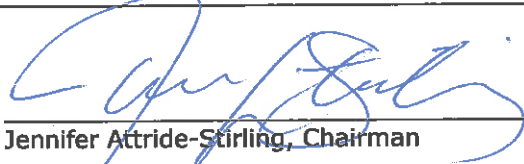
**6. Any Other Business**

**6.1 Any Other Business**

- The HIC agreed there will not be a meeting held in December and the 2019 meeting dates and times will remain as per the current schedule.

**Meeting adjourned at 3:35pm. Next HIC meeting scheduled for January 24<sup>th</sup>, 2019 at 2:00pm.**

Action Items	Person Responsible	Target Date
1. Health Council to be provided with dialysis information for inclusion in SPR and MRF calculations	HID Director / Finance	In progress
2. Share the personal home care analysis with the actuary and the Ministry’s home care advisor.	HID Director / Finance	ASAP
3. HID and Financial Assistance to explore how to get the current cohort of ECP uninsured insured.	HID and Financial Assistance Directors	ASAP
4. CMO to explain Grand Aides as a potential plan benefit.	CMO	TBD

Signed:   
 Jennifer Attride-Stirling, Chairman

24 January 2019  
 Date

Signed:   
 Laquita Burrows, HID Director

24 January 2019  
 Date