



GOVERNMENT OF BERMUDA

Ministry of Health

Health Insurance Department

Health Insurance Committee Meeting Minutes

Meeting Date:	22 nd May 2019	Time:	2:20pm – 3:03pm
Location:	Health Insurance Department Board Room	Note Taker:	Laquita Burrows
Attendees:	Laquita Burrows (Delegated Chair), Pandora Glasford, Dr. Cheryl Peek-Ball, Jaime Cook		
Apologies:	PS Jennifer Attride-Stirling, Dr. Michael Ashton, Dr. Louise White, Stephen Gift, Holly Diatelevi, Shivon Washington, Ricky Brathwaite		
Topics	Highlights		
1. Opening	1.1 The Delegated Chair called the meeting to order at 2:20pm once quorum established.		
2. Minutes	2.1 25 th April 2019 minutes were approved as circulated and signed. 2.2 Action Items were reviewed and updated per below.		
3. Financial / Governance	<p>3.1 Subsidy / HIP / FutureCare / MRF Review</p> <p>(i) Subsidy: Subsidy claims incurred at 31st March 2019 totalled \$115.9 million. Claims approved for payment equalled \$108.7 million exceeding the budget by \$2.9 million.</p> <p>(ii) HIF: The HIF fund incurred claims of \$72.9 million and total expenses of \$70.4 million. Total revenues were \$72.8 million for a net of \$2.4 million and a combined ratio of 94%.</p> <p>(iii) MRF: The MRF incurred claims of \$24.5 million and total expenses of \$18.2 million, with total revenues of \$19 million for a net of \$866 thousand and a combined ratio of 90%.</p> <p>3.2 Funds' Performance – Quarter ended March 2019 – The average cost of claims per plan was \$580.74 for FutureCare and \$610.16 for HIP. Both plans average more claims paid than premiums collected. The same trend of premiums not covering claims is seen in the loss ratios. Overall loss ratios for FutureCare averaged 1.16 with HIP at 1.42 and supplemental loss ratios averaged 2.71 for FutureCare and 2.12 for HIP. HIP and FutureCare headcount continues to steadily increase. Fiscal 2018/19 ended with FutureCare headcount at 4,243 and HIP at 3,216 for a total of 7,459 policyholders. MRF premiums are being paid timely, with MRF collection for fiscal 2018/19 estimated to be \$57.3 million.</p> <p>3.3 Cash Flow Projections for HIF – The HIF fund closed fiscal year 2018/19 with a positive balance of \$4.4 million.</p>		
4. Plan Design	4.1 Update - Proposed ECP 2019/20 – HID met with the four providers currently involved in the program to discuss the participant's transition processes from the current pilot program, and the framework of the go-forward EC program. An overview of the proposed two programs (HID's and BHB's Patient Centred Medical Home) was given, including budgetary limitations. Hand-over documentation and communication to participants was agreed. Providers appreciated the streamlined go-forward program where a regular claim form will be used for encounters and participants will be responsible for submitting their own clinical measures to HID. Only clinical measures associated with the diagnosis are required. Providers acknowledged the go-forward program's budget constraints but		

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questioned the lack of growth to reach a greater population, insurance options for other required services, and the possibility of a pharmacy formulary to contain prescription costs. Concerns of the go-forward program included: the principles of the program; limitation to a select group; a younger under-insured population that could benefit from wellness prevention measures instead of reactive healthcare methods; providers performing same tasks for less money; and limited encounters with 100% coverage. However, providers noted there is still a benefit in the go-forward program that can assist participants post pilot. Providers view the go-forward program as a stop gap, and expect that health reform will hopefully include a program that will assist the larger population. Providers requested a discussion with the budget decision makers as a larger dialogue is needed to understand what is in fact involved in a proactive approach to managing chronic disease for the future of the program. The three community Providers agreed to the go-forward program; HID will forward new contracts for their review and signature. The HIC requested HID to present data on the combined ECP population with no reference to individual practices as well as an analysis of PHC health system savings.

4.2 HID Preferred Provider Network – The HIC was advised of recent questions from Interested parties about HID’s Preferred Provider Network and the limited coverage offerings within the United Kingdom (UK). Parties concerned expressed it is unfair that UK facilities are not part of the preferred provider network for in-network coverage however it should be noted that this is not the case. While the UK pool of in network providers is limited in comparison to the USA preferred provider listing, the HIC was informed of several London facilities where policyholders can access in network care. HID’s overseas claims cost containment vendor has various agreements with international facilities that allow HID policyholders to access care within a provider network. The HIC was assured that HID has some provisions in place for policyholders who utilize UK facilities for medical treatment.

5. Appeals / Policy Decisions

5.1 Provider / Policyholder appeals – None

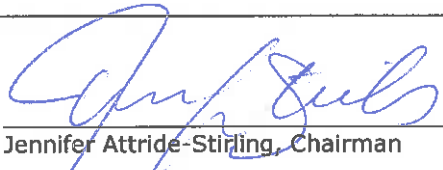
5.2 Policy Decisions – SPR Update: The Health Insurance Amendment Bill is being debated in the Senate with a proposed effective date of 1st June 2019.

6. Any Other Business

6.1 Any Other Business - None

Meeting adjourned at 3:03pm. Next HIC meeting scheduled for June 27th, 2019 at 2:00pm.

Action Items	Person Responsible	Target Date
1. Create appeals procedure for the HIC	HID Director	Ongoing
2. Provide HIC with data on combined ECP population with no reference to individual practices.	HID Director	September 2019
3. Analysis of PHC health system savings.	HID Director	September 2019

Signed: 
 Jennifer Attride-Stirling, Chairman

27 June 2019
 Date

Signed: 
 Laquita Burrows, HID Director

27 June 2019
 Date