

Health Insurance Department

Health Insurance Committee Meeting Minutes

Meeting Date:	25 th April 2019	Time:	2:00pm - 2:56pm
Location:	Health Insurance Department Board Room	Note Taker:	Laquita Burrows
Attendees:	PS Jennifer Attride-Stirling (Chairman), Laquita Burrows, Stephen Gift, Pandora Glasford, Holly Diatelevi, Shivon Washington, Dr. Cheryl Peek-Ball, Ricky Brathwaite, Roxanne Eve, Eleanor Furtado, Jaime Cook		
Apologies:	Dr. Michael Ashton, Dr. Louise White		
Topics	Highlights		
1. Opening	1.1 The Chair called the meeting to order at 2:02pm.		
2. Minutes	2.1 28 th March 2019 minutes were approved as circulated and signed. 2.2 Action Items were reviewed and updated per below.		
3. Financial / Governance 4. Plan Design	 (i) Subsidy: Subsidy claims incurred for February 2019 equalled \$105.5 million with estimates of \$115.1 million at fiscal year-end. Subsidy claims approved for payment totalled \$98.6 million for February 2019 with expectations of ending the year at \$107.5 million, against the legislated budget of \$108 million for fiscal 2018/19. (ii) HIF: The Health Insurance Fund (HIF) ended February 2019 with total expenses of \$64.1 million and total revenues of \$66.8 million for a net impact of \$2.7 million. The administrative expense ratio was good at 5%, with a fund expense ratio of 96%, loss ratio of 144% and a combined ratio of 93%. Annualized the ratios are the same for HIF with total expenses totalling \$69.9 million, and total revenues at \$72.6 million for a net impact of \$2.6 million. (iii) MRF: Total expenses for the MRF were \$16.9 million for February 2019 with total revenues at \$17.4 million for a net of \$450 thousand. The administrative expense ratio was 30% with an overall combined loss ratio of 92%. Annualized for 2018/19 MRF total expenses are estimated at \$18.4 million and total revenues at \$19.0 million for a net of \$596 thousand and a loss ratio of 91%. The subsidy fund expense ratio and total loss ratio are both 103%. 3.2 Cash Flow Projections for HIF – The closing balance at February 2019 was \$8 million with the Health Insurance Fund expected to end the fiscal year at \$3.9 million. This will be the first time the Fund will end the year in a position closer to the actuarial aim for recommended reserves. 4.1 Update - Proposed ECP 2019/20 - The HIC was informed of discussions to determine 		
	the feasibility of an ECP preferred pharm regularly use to reduce expenditure. HIE The Bermuda Health Council met with the collective concerns of prescription mean potential solutions to limiting the prescription. Legislating the program's pharm), Department of ne Chair of the Pt dication costs to tion drugs spend	Financial Assistance (DFA) and narmacy Association to discuss the programs. Insights and were provided including:

Pharmacy and Poisons Act 1979: Create an ECP formulary defining medications that will be covered as listed in the Pharmacy and Poisons Act 1979; HID and DFA partnering and using their collective pharmacy budgets to engage registered pharmacies on the topic of becoming the preferred pharmacy for their respective programs. The HID ECP Team internally discussed the feasibility of limiting the pharmacy that the EC Program participants obtain their medications from or restricting the drugs that are dispensed only to those medicines related to the chronic diseases. While this can be achieved, it would not necessarily be beneficial to limit the drugs covered under the EC Program to those only related to the eligible chronic diseases, as sickness may impact the person's chronic disease; pharmacies may have difficulty billing and handling FC pharmacy different than EC Program pharmacy; and complexities will be added to HID's processes. Discussions will continue as HID, DFA and the Bermuda Health Council to seek the best solution to reduce the pharmacy expenditure for both programs. HIC discussions encouraged the pursuing of the Government's collective Pharmacy purchasing power, including all departments that have pharmacy programs. 5. Appeals / 5.1 Provider / Policyholder appeals - None **Policy** 5.2 Policy Decisions - SPR Update: Meetings are continuing leading to the 1st June **Decisions** implementation of the new SHB model. The HID are facilitating data provisions to stakeholders. Dialysis fees will be updated. New legislation will clarify MRF ceded premiums and insurer responsibilities. The HIC discussed the opportunity for the unique patient identifier to assist with the accuracy of the MRF headcount. The Health Insurance Amendment Bill is being drafted and the communication plan for the new SHB model is underway. 6. Any Other 6.1 Any Other Business Business Due to scheduling conflicts for several members of the Committee, it was requested to reschedule the 23rd May 2019 meeting. The HIC unanimously agreed to reschedule the meeting to 22nd May 2019 at 2:00pm. Meeting adjourned at 2:56pm. Next HIC meeting scheduled for May 22nd, 2019 at

Action Items		Person Responsible	Target Date
1.	Create appeals procedure for the HIC	HID Director	Ongoing
2.	Amend Subsidy spreadsheet to reference "in excess" rather than "over budget".	HID Director	May 2019

Signed:

Jennifer Attrige-Stirling, Chairman

2:00pm.

Signed:

Laquita Burrows, HID Director

23. May 2019