



GOVERNMENT OF BERMUDA

Ministry of Health

**Health Insurance Department**


# Health Insurance Committee Meeting Minutes

<b>Meeting Date:</b>	26 <sup>th</sup> July 2018	<b>Time:</b>	2:00pm – 3:00pm
<b>Location:</b>	Health Insurance Department Board Room	<b>Note Taker:</b>	Laquita Burrows
<b>Attendees:</b>	PS Jennifer Attride-Stirling (Chair), Laquita Burrows, Dr. Cheryl Peek-Ball, Tawanna Wedderburn, Holly Diatelevi, Dr. Louise White, Pandora Glasford, Eleanor Furtado		
<b>Apologies:</b>	Dr. Michael Ashton, Shivon Washington, Stephen Gift		
<b>Topics</b>	<b>Highlights</b>		
<b>1. Opening</b>	<b>1.1</b> The Chair called the meeting to order at 2:03pm. Pandora Glasford, Director of Financial Assistance was introduced as PS Wayne Carey’s designate.		
<b>2. Minutes</b>	<b>2.1</b> 28 <sup>th</sup> June 2018 minutes were amended after discussion, approved 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 / FC / MRF Review</b> – It is currently estimated that subsidy claims may exceed the subsidy block grant budget of \$105.7 Million by approximately \$5.6 Million. The combined fund performance summary was added to the operating results showing a combined loss ratio of 65%; potential causes and risks were discussed and HID will investigate further. The HID finance team will look into the feasibility of streamlining the reporting line items for HIP and FC, focusing on the combined results which are more relevant with the merged funds. HID finance will also do a year over year comparison on the volume of claims. All MRF prescribed sum will go into HIF the combined fund after 1<sup>st</sup> July 2018.</p> <p><b>3.2 Cash Flow Projections for HIF</b> – Cash projections are healthy and there is no projection that additional funding will be required. However projections can change during the year when considering BHB reconciliation discussions and claims not yet submitted.</p> <p><b>3.3 Audit of HID Funds 2015-16</b> – The Management review is near completion, with the Assistant Auditor General and Auditor General review next. A response on outcomes is expected over the next few weeks. Both teams have agreed the Audit was successfully carried out. HID has made great strides and is moving in the right direction. The HIC will be advised of the Audit outcome once received.</p> <p><b>3.4 RFPs for Actuarial and Dental Services</b> – The HIC was advised of RFPs sent out on 29<sup>th</sup> June 2018 to contract with vendors for Actuarial and Dental Services in accordance with the Government’s Financial Instructions. RFPs for Actuarial Services were sent to six vendors and four vendors received RFPs for Dental Services. The timetable for both RFPs was shared. HID is currently in the stage of responding to vendor questions for both RFPs according to the RFP process and timelines. Updates will be provided to the HIC accordingly.</p>		
<b>4. Appeals / Policy Decisions</b>	<p><b>4.1 Provider / policyholder appeals</b> – None</p> <p><b>4.2 Policy Decisions</b> – None</p>		

<p><b>5. Any Other Business</b></p>	<p><b>5.1</b> The HIC unanimously agreed that the August meeting would be held only if material policy decisions are required. The quarterly financial review will be deferred to the September meeting.</p> <p><b>5.2</b> MRF Guidance on Payments – Following discussion it was determined that Health Council and HID should jointly develop policy guidance on MRF payments because dialysis is approved by Health Council and HID administers payments. The agreed guidance can then be issued by both parties as needed.</p> <p><b>5.3</b> The Chair advised the HIC of the establishment of a Health Financing Reform Steering Group. A small group comprised of Ministry of Health stakeholders to expedite the work of health financing reform. A Working Group will be established including all key stakeholders.</p> <p><b>5.4</b> A member queried on the Bermuda First developments. HIC members shared individual knowledge of its activities, noting there is no formal information available publicly.</p> <p><b>Meeting adjourned at 3:42pm. Next HIC meeting scheduled for August 23<sup>rd</sup>, 2018 at 2:00pm, but only to be held if required.</b></p>
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<p><b>6. Plan Design</b></p>	<p><b>6.1 Bonus Payments for the Enhanced Care Program Pilot</b> – Dr. Louise White recused herself from the presentation and discussion declaring an interest as her Practice is one of the Providers involved in the ECP Pilot. HID presented to the HIC an overview of the ECP bonus requirements, the methodology used to calculate the ECP bonuses, bonus findings by provider, recommendations and next steps. It was noted that the precise methodology to calculate ECP bonuses was not specified in the contracts. It was determined that 88 ECP participants were eligible for inclusion in the bonus calculation criteria based on enrolment for 12 months. Clinical outcomes measures and performance indicators were calculated for each provider according to the criteria included in the contracts. The summary of the performance measures met by Providers was discussed extensively by the HIC. After careful consideration it was determined that while collection and analysis of all the performance measures has been an excellent way to evaluate the programme, it is not reasonable to use all of them to determine bonus awards as the full set is exceedingly stringent and demanded a very large administrative burden for both the Providers and HID. For example, there may have been deficiencies in the submission of all of the performance criteria due to the enormity of the clerical process. The HIC unanimously agreed that the performance measures of most importance to the program were Emergency Room Visits, Hospitalizations and Patient Experience and Satisfaction, thus these are the criteria the bonuses should be based on. An average of these three measures should be used for the current bonus determinations and going forward. HID was advised to seek guidance from the Attorney General’s Chambers on the current contract wording with respect to bonus payments to ensure there is no legal objection to applying the criteria established by HIC to pay the current bonuses. The aim is to ensure continuance of the ECP in a fair and proportional manner for all involved stakeholders. HID will continue working with the Attorney General’s Chambers to secure an appropriate determination for the current contract bonus payments and the pending contract extensions.</p>
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Action Items	Person Responsible	Target Date
1. Provide further explanation on FC claims/expenses	HID Director	September 2018
2. Attorney General’s Chambers to draft an extension to the existing ECP contracts.	HID Director	In Process
3. Health Council and HID to compile a working group to develop MRF payments policy guidance	HID Director & Health Council CEO	ASAP

Signed:   
 Jennifer Attride-Stirling, Chairman

27<sup>th</sup> September 2018  
 Date

Signed:   
 Laquita Burrows, HID Director

27 September 2018  
 Date