



GOVERNMENT OF BERMUDA

Ministry of Health

Health Insurance Department

Health Insurance Committee Meeting Minutes

Meeting Date:	28 th June 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. Michael Ashton, Shivon Washington, Holly Diatelevi, Diana Liacos, Roxanne Eve		
Apologies:	Stephen Gift, PS Wayne Carey, Dr. Louise White		
Topics	Highlights		
1. Opening	1.1 The Chairman called the meeting to order at 2:06pm, introducing and welcoming new member Holly Diatelevi.		
2. Minutes	2.1 24 th May 2018 minutes were amended after discussion, approved and signed. 2.2 Action Items were reviewed and updated per below.		
3. Financial / Governance	<p>3.1 Subsidy / HIP / FCF Review – The HID and BHB Finance Teams are working well together on the subsidy claim reconciliation process. BHB signed off for fiscal year 2017/18 agreeing there was no balance owed to them. It was noted that the FutureCare and MRF loss ratios were high. The Finance Team will research further and provide explanations at the July meeting. It was requested that a combined column be added to the key operating statistics to reflect the merge to one fund, while keeping separate columns for the HIP and FutureCare plans. This will be included for the July reporting.</p> <p>3.2 Cash Flow Projections for HIP & FutureCare – Cash projections are now combined into one fund with the cash flow trending to be sufficient for the fiscal year. It should be noted that the projections did not yet include the annual changes to MRF allocations which will take effect 1 July 2018.</p> <p>3.3 Audit of HID Funds 2015-16 – The audit of the Funds continues with HID providing requested information within the agreed turnaround times. The HID team has been working very well with the Auditor General’s team. A mid-August completion is expected.</p> <p>3.4 HID 2017-2018 Year End Review – The HIC was provided the draft of the 2017-2018 year-end review. Suggestions were provided and the HIC was invited to provide any further comments to the HID Director by 6th July 2018 for consideration and inclusion.</p>		
4. Plan Design	4.1 Report on the Enhanced Care Program Pilot – The HID Clinical Care Manager, assisted by other HID Team members, presented the HIC with a report on the ECP Pilot to date. There are currently 206 active participants with 88 participants having completed a full 12 months in the program. The overview of the clinical measures demonstrated the overall disease trend is moving in a positive direction with improvements and stabilization being shown. The measures vary with co-morbidities and other factors. Results showed participants had significantly less ER visits and hospitalizations. The participants and GP providers feedback on the program was very encouraging; with both stating it has been a positive experience and would like to see the program continue. Some challenges were noted such as increased administration for the GP practices and HID, resource challenges, and having to manually collect and report data. There is a general view that		

the ECP Pilot has increased access to care and improved participants engagement in managing their health conditions. The ECP Pilot is changing culture and people's expectations, while fostering better collaboration between all stakeholders. It was agreed Dr Ashton and the CMO will liaise with HID to see if deeper analysis of the data can be secured through their statistical resources.

The HIC considered options for the immediate future of the ECP given that the original provider contracts will expire between July 2018 and October 2018. Four options were presented to the HIC, including pros and cons for each option:

Option 1. Continue with the current benefits of the ECP Program (ECP) and processes that exist today.

Option 2. Continue with the current ECP benefits but streamline processes for both the Provider and HID.

Option 3. Continue with all the benefits for the Providers and the Participants but discontinue the need for submitting a monthly encounter and clinical data.

Option 4. Discontinue all benefits when each of the provider's current contracts expires.

The HIC unanimously voted for Option 1 until 31 March 2019; and asked that the process streamlining needed to begin to be developed for the programme's permanent establishment from April 2019. HID will work with the Attorney General's Chambers to draft an extension to the existing contracts until 31 March 2019.

5. Appeals / Policy Decisions

5.1 Provider / policyholder appeals – None

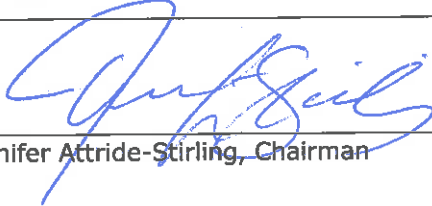
5.2 Policy Decisions – None

6. Any Other Business


6.1 Any Other Business – The HID Director advised the HIC of RFPs being put out for Actuarial and Dental Services. Updates will be provided to the HIC accordingly.

Meeting adjourned at 3:37pm. Next HIC meeting scheduled for July 26th 2018 at 2:00pm.

Action Items	Person Responsible	Target Date
1. Prepare Cabinet Memo seeking approval to use ECP funds	HID Director	ASAP
2. Chair to provide data on BHB Patient Centred Medical Home	Chair	ASAP
3. Add a column to the Key Operating Statistics spreadsheet for the combined HIP and FC funds.	HID Director	July 2018
4. Provide explanation on high loss ratios for FC and MRF	HID Director	July 2018
5. Attorney General's Chambers to draft an extension to the existing ECP contracts.	HID Director	ASAP

Signed: 
 Jennifer Attride-Stirling, Chairman

26 July 2018
 Date

Signed: 
 Laquita Burrows, HID Director

26 July 2018
 Date