



HEALTH COUNCIL
BERMUDA

Overseas Care

FYE2022 ANNUAL BRIEF

A summary analysis of claims data from Bermuda
for the fiscal year ending (FYE) 31st March 2022

Overseas Care: FYE2022

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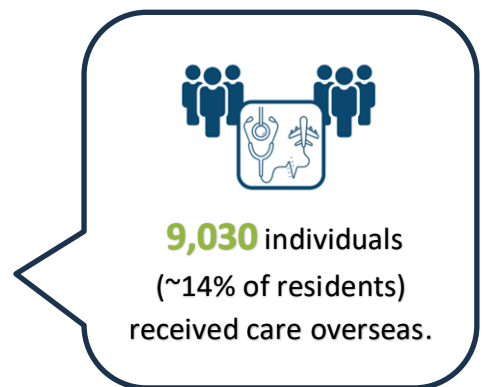
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Overseas Care: FYE2022

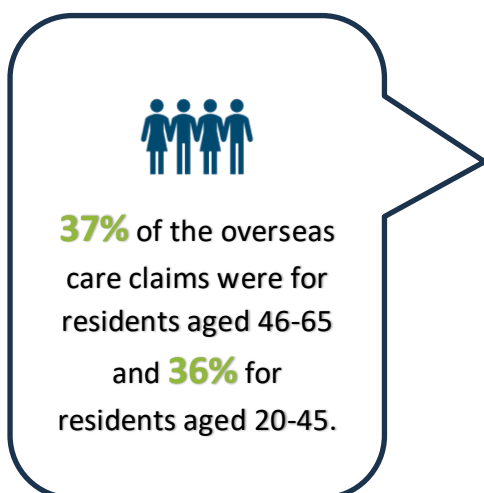
This report analyzes the utilization of overseas health services by residents of Bermuda for the fiscal period **1st April 2021 to 31st March 2022** (FYE2022).

The analysis includes details on the number of residents who travelled overseas for healthcare, the associated cost of that care, and the distribution of care across overseas facilities. The data presented in this report was obtained from local health insurance claims data and is reflective of what has been provided.

To ensure access to medically necessary health services, Bermuda actively transfers patients to international healthcare facilities, bridging local gaps in access to specialized medical, dental, and mental health services, including assessments, treatments, and procedures.



The decision to seek care overseas may be advised by a local physician or may be by the patient's request. Ultimately, referrals and requests for overseas care are submitted to local health insurers to determine coverage.



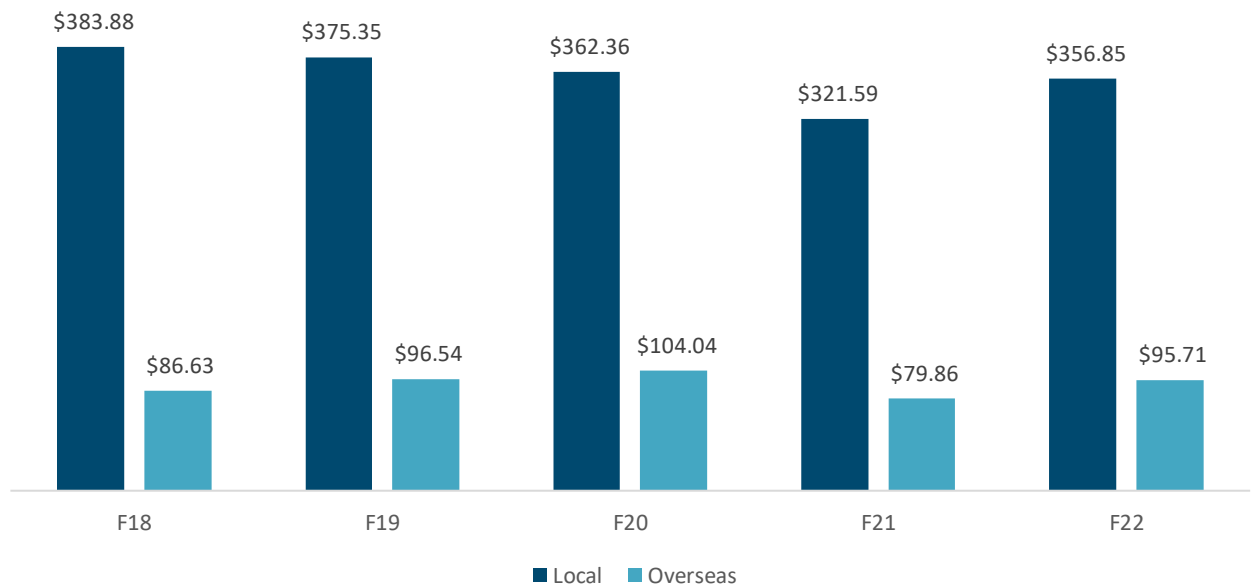
During FYE2022, it was estimated that over 90% of Bermuda residents had a health insurance policy, which typically includes some level of coverage for overseas care.

Overseas Care: FYE2022

During FYE2022, **136,529** overseas care claims (~6.4% of 2.1M total health insurance claims) were paid, with a total insurance reimbursement of **\$95 million¹**; of which 89% was for care and 11% was for care related expenditure such as travel, accommodations, and supplies.

Expenditure for overseas care increased incrementally in FYEs 2018 - 2020, while expenditure for local care decreased during the same periods.

Overseas and Local Expenditure
(In Millions)



Expenditure for both local and overseas care declined in FYE2021, likely due to the COVID-19 pandemic and mandatory orders to shelter-in-place during that time, however expenditure increased in the subsequent fiscal period.

¹ The \$95M health insurance expenditure does not include out-of-pocket payments made by individuals for care

² Expenditure totals do not include funding from grants, charitable donations, or Mutual Reinsurance Fund programme funding

Overseas Care: FYE2022

States Most Frequently Visited for Overseas Care



The most frequently visited care locations were in **Massachusetts, Maryland, Connecticut, Wisconsin, and Florida.**

US Facilities Most Frequently Used for Overseas Care



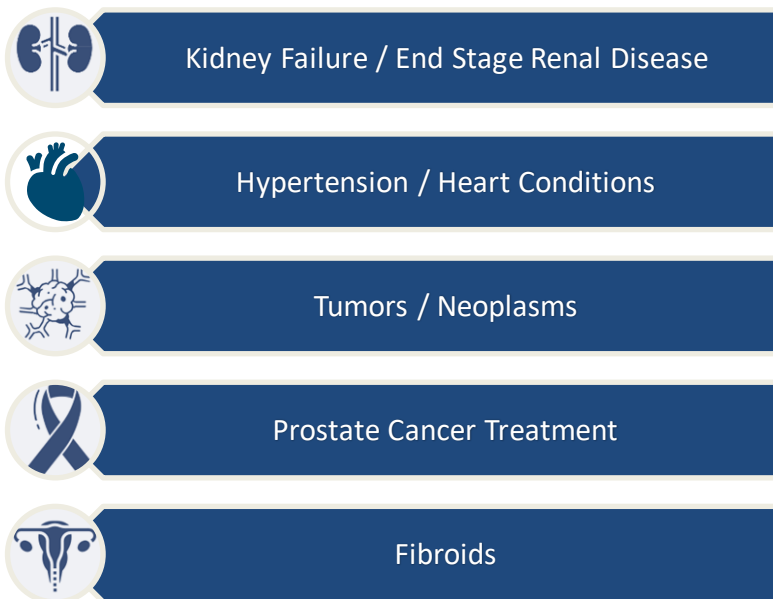
Claims reflect that an overwhelming majority of overseas care was provided in the **USA (>95%)** compared to **United Kingdom (2nd highest), Canada (3rd highest) and other countries.**

Overseas Care: FYE2022

Care sought overseas ranged from basic evaluation and management services to complex surgical procedures. The most commonly used services during FYE2022 were as follows:



Most common primary diagnoses related to overseas care were as follows:



Overseas Care: FYE2022

Summary & Key Observations

This report provides a snapshot of the type of data used when reviewing residents' access to necessary health services. Understanding care needs and accessibility is useful in identifying necessary enhancements regarding cost efficiency, care quality and health outcomes. More specifically,

- Opportunities for repatriation of services to Bermuda,
- Exploration of new overseas partners, which can ultimately increase access to quality and affordable care to Bermudians and,
- Accuracy and reliability of claims data in understanding the health profile of Bermuda's residents.

Overseas Care: FYE2022

Disclaimers

- This analysis is provided by the Bermuda Health Council and must be authorized prior to publication or use. If authorized, the information must be cited when published or used.
- The Health Council does not make any guarantees or provide third party validation for the data sources.
- The data provided is from claims data submitted to the Health Council by insurers for local and overseas claims (this excludes local hospital and subsidy claims but includes overseas hospitals).
- The original data is provided to the insurers by the health businesses submitting claims for the specified criteria outlined (i.e. conditions identified through diagnosis (ICD-9 or ICD-10) or procedure codes (CPT or local hospital charge codes)).
- Reported and analyzed expenditure does not include rejected claims.
- Data submitted to the Health Council by insurers does not include out-of-pocket expenses.

