

# STRATEGIC PLAN 2019-2023



MiCARE HEALTH INSURANCE  
PLAN

2019

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## 1. Executive Summary

The Strategic Plan 2019-2023 was created by management in consultation with MiCare Board of Directors. The purpose of the strategic plan is to outline key issues and set workable solutions to address them. The strategic plan identifies four areas that management will primarily focus on during the established timeframe, with the intent of achieving set objectives. The four areas are as follow: health coverage, plan sustainability, information technology, and medical & provider management. Overall, the aim of the strategic plan is to increase efficiency and effectiveness in identified core areas in order to obtain financial sustainability.

Created by law in 1984, MiCare Health Insurance Plan has been providing coverage services to a portion of the FSM population for more than 30 years. In earlier years, not only were there fewer members but the number of people receiving benefits were significantly lower. Today, MiCare refers twice the number of members than before and the cost of medical care has become so high, straining MiCare's historically low premium rates to the point of incurring financial deficit.

Day-to-day operations have barely evolved to level the playing field with all other components that have a role in MiCare's service delivery. Membership remain unchanged over the last decade. Revenues from premium barely meet the level of expenditures; in fact, MiCare experienced more years of net losses than net gains over the last decade alone. Lastly, a systematic approach to medical management (and claims processing) barely exists and current practices that are in place are always changing as they are based on "how it's always been done" as opposed to written protocols and guidelines.

Nevertheless, the goals and objectives set forth in this strategic plan are meant to mitigate these issues. They challenge management and stakeholders alike to undertake responsibilities necessary to sustain the insurance plan in order to continue providing the much needed service to people in the Federated States of Micronesia.

## 2. Plan Governance & Management<sup>1</sup>

The Board of Directors (the "Board") of your FSM MiCare Health Insurance Plan ("MiCare") has adopted its Code of Ethics and Principles of Conduct ("Code "). The Code focuses on ethical risk areas for the Board, collectively and individually, to guide the directors, administrator and employees in recognizing and dealing with ethical issues, to provide mechanisms to report and deal with unethical conduct, and to help foster a culture of honesty and accountability. Each director and staff, regardless of position, must comply with the letter and spirit of the Code.

The Code is intended to serve as a source of overarching guiding principles for directors and employees of MiCare. It is understood no code or policy can anticipate every situation that may arise. Directors and employees are required to bring questions about particular circumstances that may implicate one or more of the provisions of this Code to the attention of the Board, Administrator and Legal Counsel.

### **Director and Staff Responsibilities:**

- The Board of Directors and staff work for and represent public interests. The Board's responsibilities in performing this oversight function include a duty of care and a duty of loyalty.
- A director's duty of care refers to the responsibility to exercise appropriate diligence in overseeing the affairs of MiCare as the corporate governance body. In meeting the duty of care, directors are expected to:
  - *Attend and participate in board and committee meetings.* Personal participation and full attention to the matters before the Board a must. Directors should refrain and abstain from voting or participate by proxy.
  - *Remain properly informed about MiCare's business and affairs.* Directors should review and devote appropriate time to studying board materials.
  - *Rely on others.* Absent knowledge that makes reliance unwarranted, directors may rely on board committees, management, employees, and professional advisors.
  - *Make inquiries.* Directors should make inquiries about potential problems that come to their attention and follow up until they are reasonably satisfied that management is addressing them appropriately.
- A director and staff duty of loyalty refers to the responsibility to act in good faith and in the best interest of MiCare, not the interests of the director and/or staff, a family member or another organization with which the director or staff is affiliated. Directors and staff should not use their positions for personal gain.

### **Conflict of Interest:**

- Directors and staff must avoid any conflicts of interest between the director or staff and MiCare. Any situation that involves, or may reasonably be expected to involve, a conflict of interest with MiCare, should be disclosed promptly to the Administrator (in the case of staff) and in the case of a director and Administrator to all the Members of the Board and Legal Counsel.

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<sup>1</sup> Chapter 2 of the Strategic Plan 2019-2023 ("Plan Governance & Management") was created solely by the Chairman of the Board of Directors.

A "conflict of interest" can occur when a director or staff's personal interest is adverse to – or may appear to be adverse to – the interests of MiCare. Conflicts of interest also arise when a director, and/or an employee, or a relative, friend or a member of the immediate family, receives improper personal benefits as a result of his or her position as a director or employee of MiCare. This Code does not attempt to describe all possible conflicts of interest that could develop. Some of the more common conflicts from which directors and staff must refrain, however, are set out below.

- *Relationship of MiCare with third-parties.* Directors, Administrator and staff may not engage in any conduct or activities that are inconsistent or in competition with MiCare's best interests, operations, disrupting or impairing MiCare's relationship with any person or entity with which MiCare has or proposes to enter into a business or contractual relationship. Moreover, Directors, Administrator, and employees must refrain from any roles or activities which rise or seemingly give rise to any conflict of interest between their personal interests and those of MiCare.
- *Compensation from non-MiCare sources.* Directors, Administrator and staff may not accept compensation (in any form) for services performed for MiCare from any source other than MiCare.
- *Gifts.* Directors, Administrator and staff may not accept gifts from persons or entities who deal with MiCare in those cases where any such gift is more than modest in value, or where acceptance of the gifts could create the appearance of a conflict of interest.
- *Personal use of MiCare assets.* Directors, Administrator and staff may not use MiCare assets, labor or information for personal use unless already known to and acceptable to all Board members and Administrator or as part of a compensation or expense reimbursement program available to all directors and Administrator.

**Confidentiality:**

- Directors, Administrator and staff should maintain the confidentiality of information entrusted to them by MiCare and any other confidential information about MiCare that comes to them, from whatever source, in their capacity as a director, Administrator and staff, except when disclosure is authorized or legally mandated. For purposes of this Code, "confidential information" includes all non-public information relating to MiCare.

**Compliance with laws, regulations, rules and prudential practices; fair deal and equitable treatment:**

- Directors, Administrator and staff shall comply with laws, regulations, rules and prudential practices. Administrator shall oversee compliance by employees.
- Administrator must oversee fair and equitable dealing and treatment with members, suppliers, general public, and competitors by staff
- Directors must provide oversight for fair and equitable treatment as a central principle to MiCare's culture for Management
- Directors must oversee fair dealing by MiCare management

**Encouraging the reporting of any illegal or unethical behavior:**

- Directors shall promote ethical behavior and take steps to ensure: (a) Administrator is encouraged and empowered to talk to supervisors, managers and other appropriate personnel when in doubt about the best course of action in a particular situation; (b) Administrator and

Management staff report violation of laws, regulations, rules, the Code, and prudential practices to appropriate personnel; and (c) informs employees that MiCare will not allow retaliation for reports made in good faith.

**Compliance procedures; waivers:**

- Directors shall communicate any violations or suspected violations of this Code promptly to the Chairman, Administrator and Legal Counsel. In the case of the Chairman, s/he should report immediately to the Administrator and Legal Counsel.
- Administrator shall communicate any violations or suspected violations of this Code promptly to the Chairman and Board of Directors.
- Staff, regardless of position, shall communicate any violations or suspected violations to the Administrator and the Legal Counsel.
- Violations will be investigated, and appropriate action will be taken in the event of any violations of the Code.
- Waivers may only be granted by the Board after disclosure of all material facts by the director, Administrator or staff seeking the waiver. Waivers will only be granted in exceptional circumstances, disclosed promptly to the Board, and fully reflected in the Minutes of the Board.

## 3. Introduction

### 3.1 History

**1984** The FSM Public Law 3-82 established the National Government Employees' Health Insurance Plan (FSMNGHEHIP), and requiring all full-time employees of the FSM National Government to be eligible for participating in the Plan.

**1991** FSM Public Law 6-114, amending section 406 to provide for administrative expenditures of not more than seven percent (7%) of estimated income of contributions and income on investments for costs of administration.

**1991** FSM Public Law 7-16 to redefine full-time employee who works at least thirty-two hours of the regular and scheduled work week for purpose of eligibility.

**1993** FSM Public Law 8-53 to further amend sections 402, 403, 404, 405, 406, 407, 408, 409 as amended, and by adding a new section 410 to improve the Plan and to provide the Director with the necessary flexibility.

**1995** FSM Public Law 8-133, amending section 402 for purposes of redefining the category of employee's dependents eligible for coverage under the Plan, and defining businesses which may participate in the Plan, and to further amend section 403, for the purpose of making the participation of persons eligible to be insured under the Plan, and to further amend section 405 for the purpose of broadening the definition of entities eligible to participate in the Plan (i.e. participating businesses), to further amend section 409 for the purpose of extending the Director's authority to promulgate regulations to participating businesses, and for other purposes.

**2003** FSM Public Law 12-77, further amending sections 402, 404, 405, 407, 408, 409, and 410 to provide for a Board of Directors to oversee the Plan and the Plan's Fund.

**2006** FSM Public Law 14-49, further amending section 403 to allow full-time students at post-secondary institutions to be eligible to enroll in the Plan, further amending section 407 to exempt the Administrator from the National Government PSSR, and Board members who are not employees of the National Government or State Governments to be paid a sitting fee.

**2008** FSM Public Law 15-52, further amending section 403 to make enrollment in the Plan mandatory for employees of the National Government and to require that postsecondary institutions enroll in the Plan before students are permitted to enroll, and further amending section 406 to delete the requirement that the Fund maintain separate accounts from each State.

**2018** FSM Public Law 20-72, further amending sections 401 to 409, to realign the name of the Plan, to clarify the roles of the Administrator and to expand eligibility requirements.

### 3.2 Mission Statement

Everything we do as health insurance provider is driven by and resolved around our mission to help, care and improve our members' health, well-being and peace of mind. MiCare comes to aid at the time of sickness, access to health, dental and vision care, access to medicine, recover from illness, prevent sickness, recover from illness or injury, return to work, live a normal life and continue to enjoy and provide for families. In doing so, MiCare strives to strike a balance between its Mission and the financial and operational soundness and sustainability, while meeting the covered insurance needs of its members.

### 3.3 Vision

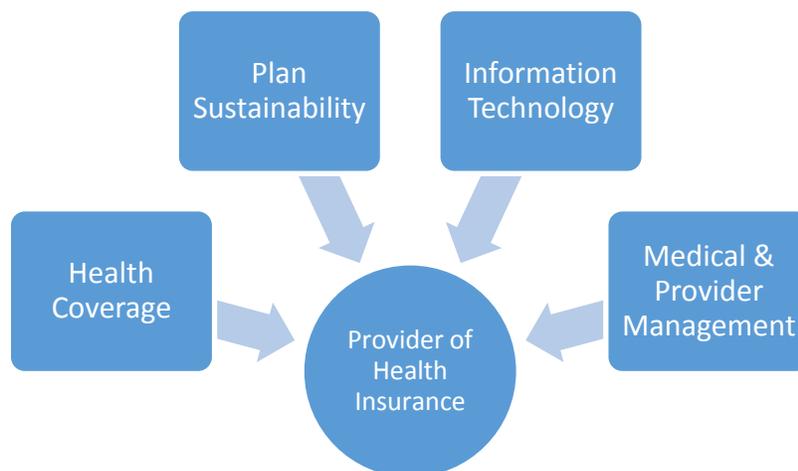
Our vision is to earn trust and instill confidence in members and general public, hence our overall arching objective for achieving professional excellence in what we do (our Mission) by being innovative, effective, efficient, fair, friendly and consistent in rendering and availing the right and appropriate support and services at the lowest possible premium.

### 3.4 Strategic Plan Overview

MiCare is established and mandated pursuant to Chapter 4 of 52 FSMC. It is only fitting and practical for MiCare to have a benchmark for measuring its performance and progress; therefore, this Strategic Plan is intended not only for our internal use but for all stakeholders. The first 5-year strategic plan was created in 2008 and the second plan was created in 2013. Following the historical trend in the last 10 years, this strategic plan is meant to be the third 5 year plan, beginning from 2019 to 2023.

As shown in Figure 1, this plan identifies priority areas or goals of MiCare that, if properly addressed would lead to the achievement of the goals and fulfillment of MiCare's vision. The key areas are as follow: Health Coverage, Plan Sustainability, Information Technology, and Provider and Medical Management.

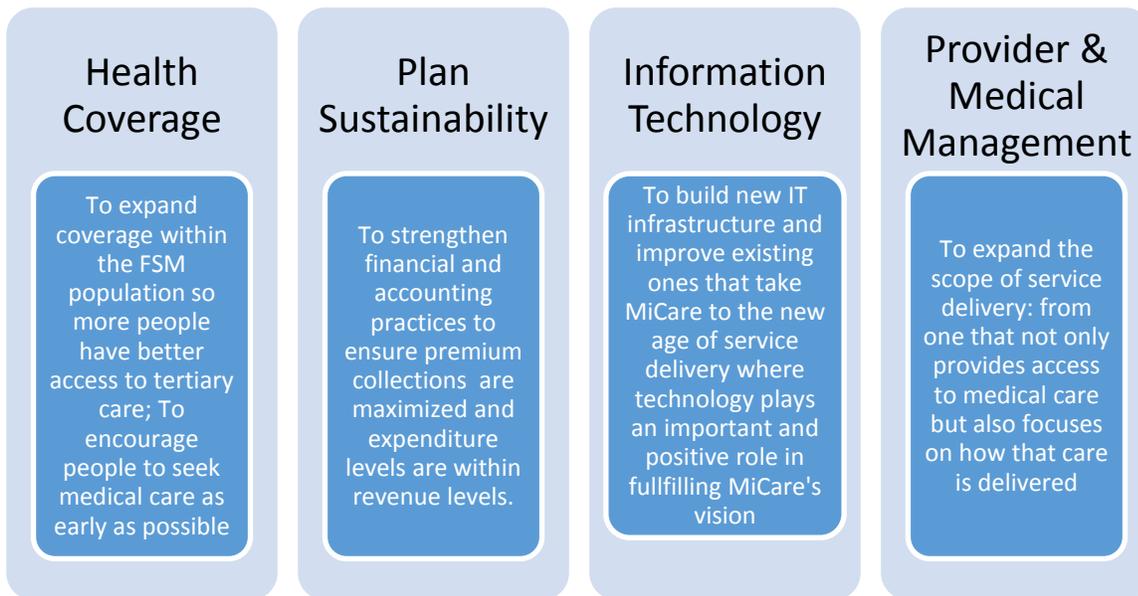
Figure 1: Relationship between Priority Areas and Overall Vision



During a Board of Directors’ Meeting, the Board made recommendations to the priority areas under which MiCare shall organize its efforts. These areas are further illustrated below in Figure 2 along with the associated goals. The priority areas sanctioned by the Board result from key issues echoed by members of the Plan, governments in the FSM, and all stakeholders of MiCare. Some of the key issues includes the following:

- Decreased or no funding in State hospital sponsored off-island medical referral
- Fragmented technological infrastructure with respect to claims processing, finance and accounting, and member enrollment
- Poor data collection and management
- Increased number of off-island medical referral

*Figure 2: Priority areas and Associated Goals*



**Current Environment**

Compared to the last ten years, there are significant changes in the healthcare system in the FSM and arguably, for the better. Two major issues are very apparent though – the cost of healthcare has risen and there appears to be more people needing tertiary care that is still not available in FSM. The former is a known fact and it is evident around the world. The increased need for tertiary care, evident in the number of referrals, could mean there are more sick people today than years ago. MiCare does not have enough data to accurately state valid reasons.

## 4. Strategic Goal 1 Health Coverage

### Background

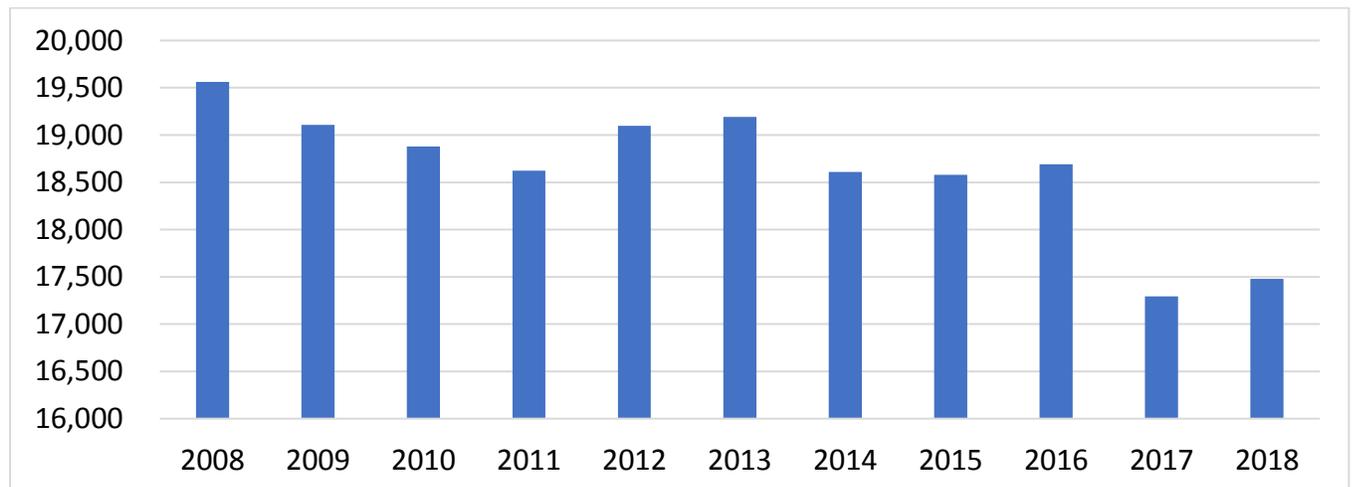
MiCare recognizes the economic and social challenges in the Federated States of Micronesia. With a GDP growth rate of 0 to 1 percent (National Accounts, FSM Department of Resources and Development, 2016), business growth is minimal and formal employment is low. For most people, acquiring healthcare insurance is low on their list of priorities especially if they are relatively healthy.

The disparity of wages between the State and National governments, public enterprise, and private sector is significant with government wages ranging on average from \$9,604 per annum to \$18,786, public enterprise wages at \$12,950, and private sector wages at \$5,003 (National Accounts, FSM R&D, 2016). Further, citizens who make a living through informal means (e.g. farming and fishing) have little to no access to health insurance. MiCare recognizes the need for insurance inclusion and will continue to explore viable ways and options to include those groups who might otherwise not presently be eligible.

### Current Coverage

At present, MiCare’s member enrollment is at 17,000 and membership has remained at this consistent level for the last decade. Figure 3 shows the enrollment trend since 2008. Note that in 2018 an actuarial study was done which closely looked at MiCare’s membership database and determined that many members who were listed as “in force” were in fact inactive. With that revelation, the 2017 enrollment has been adjusted by 10 percent for overstatement.

Figure 3: Total Enrollment by Year



### Objectives

- 1.1 MiCare proposes an approach to incentivize the private sector specifically, growing businesses to enroll employees in groups. This includes enabling businesses to be lawfully exempt from some taxes that would otherwise go towards employer’s contribution to employee premiums.

- 1.2 The management of member enrollment involves a high level of organizational skills, technical skills, and commitment. With the approval of the Board of Directors in September 2018, management has moved forward with staff re-organization, to have at least one single staff (insurance specialist) focused on membership. To that end, the following activities are set to accomplish this objective under strategic goal 1:
  - a. Strengthen internal mechanisms to enable quick analysis of premium collection to determine shortfall and revert back to participating organizations and members including close collaboration between insurance specialist and Accounting
  - b. Provide additional training to the insurance specialist including use of spreadsheet and how to manipulate data to illustrate trends
  - c. Schedule regular meetings with human resource units of participating organizations to better inform them of MiCare's expectation and requirements with respect to employee and premium listing
- 1.3 Too many anecdotes have been shared among members that paint an unpleasant picture of MiCare. Oftentimes, such anecdotes are a result of not understanding the Regulations that shape MiCare operations. To address this, MiCare shall initiate the following awareness activities:
  - a. year-round radio spots in all 4 States
  - b. revival of the MiCare Newsletter to be released at least every quarter
  - c. brochure translation
- 1.4 MiCare shall improve customer service communication to members with respect to timely feedback on their membership, insurance coverage and policies. One of the challenges that management struggles with is timely responses to queries posed by members whether through email or phone call. This is primarily due to delineation between roles not clearly understood. The following activities have been identified to address this issue:
  - a. Revise the job description of the Customer Service representative and specify the duties and expectations
  - b. Revive the member feedback portal on the website and encourage comments from members

## 5. Strategic Goal 2 Plan Sustainability

To enhance capacity building within all the units of MiCare to optimize performance levels, specifically in the following areas:

- A) Accounting and Financial Accountability
- B) Claims Processing
- C) Customer Service
- D) Management

### Background

The financial sustainability of any given organization that is not for profit and exists for a people of vital needs is a challenge. Funding is always crucial especially when the organization attempts to balance sustainability and organizational mission. This is evident with MiCare. With very low premium rates in comparison to most insurance entities around the world, MiCare depends on the FSM Congress to provide financial subsidy for shortfall. The alternative would be to increase premium rates to a level consistent with inflation as the cost of healthcare, transportation, and administration rise, or decrease the current level of benefit or coverage.

MiCare objective in the immediate term is efficiency with its day to day operations. It is the view of management that enhancing capacity building in accounting and financial accountability, claims processing, customer service, and management will indirectly impact on overall financial sustainability.

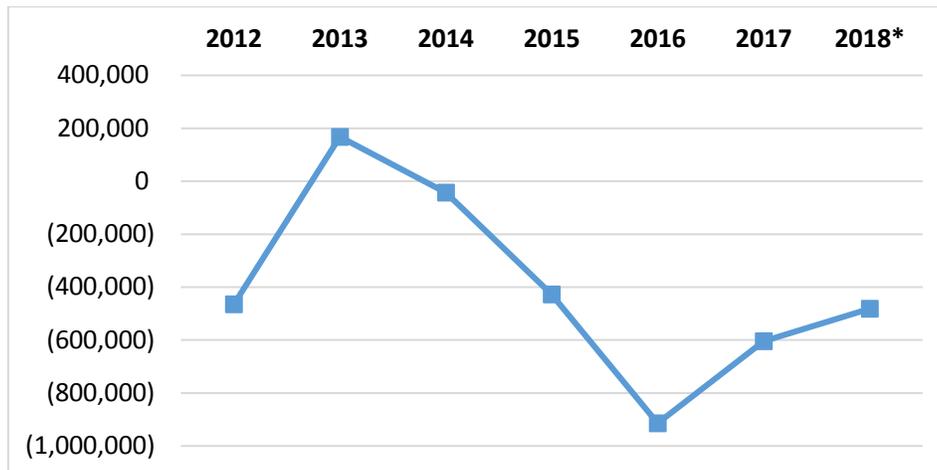
Capacity Building is defined by some as “the process by which individuals obtain, improve, and retain the skills, knowledge, tools, equipment and other resources needed to do their jobs competently or to a greater capacity...” In this strategic plan, capacity building does not necessarily involve external trainings. Rather, it focuses on the different roles employees play within each unit.

One of the weaknesses identified in the 2019 performance audit conducted by the FSM Office of the National Public Auditor is that “management has not developed adequate internal policies to provide necessary direction and guidance in managing their day-to-day operations.” These missing links and disconnects as indicated by the performance audit can lead to inefficiencies within the organization that likely contribute to loss in operation.

### Financial Progress and Status

MiCare recuperated from a financial deficit that incurred in 2005-2006. From 2007 to 2010, MiCare was experiencing net gains in operations. However, from 2011 to 2017 with the exception of 2013, MiCare has experiences net losses. In 2016 amid a significant net loss, MiCare finally succumbed to deficit. The figure below shows the trend with respect to loss from operations from 2012 to 2018. Note that 2018 number is based on unaudited figures.

Figure 4: Annual Loss/Gain (\$)



## Objectives

### Accounting & Financial Accountability

- 2.1 By the end of each fiscal year, MiCare shall continue to have zero questioned costs in its financial audit reports. MiCare shall implement and improve the following activities to ensure continuity of this excellent track record since 2007.
  - a. Division of Finance, with the assistance of management, shall establish clear guidelines and responsibilities for each employee within the division;
  - b. Division shall monitor for timeliness and accuracy of weekly and quarterly reports (receivables and payables); and
  - c. The roles of accounts payable and accounts receivable shall be distinguished and responsible employees shall be well-versed in their respective roles
- 2.2 MiCare shall continue to maintain operation cost below 10 percent of the total actual premium collection.
  - a. Finance shall track, maintain and reconcile operation administration expenditure on a weekly basis and prepare reports for submission to the administrator on a quarterly basis
  - b. Finance shall monitor premium receivables on a weekly basis and billing invoices sent out within 1 week post grace period
- 2.3 By the end of FY2019, accounts payable shall be reduced by a minimum of \$1m every year.
  - a. Payment schedule shall be established by Finance for all accounts payable in for at least every quarter of the year
  - b. Finance shall reconcile with Utilization on unpaid claims and/or unreviewed claims
  - c. Fee-for-service shall be implemented for State Hospitals
- 2.4 Premium collection shall be no less than 100 percent of the projected revenue for each fiscal year
  - a. Weekly monitoring of premium collection and cross checked with Membership Masterlist
  - b. Finance shall send out premium billing invoice at least every 2 weeks to groups or individuals

- c. Masterlist premium estimates shall match Accounting projected revenue
- d. Monthly reconciliation with employers or participating organizations to ensure consistency and accuracy of membership status and enrollment.

2.5 Accounts receivables shall be decreased by 20 percent (estimated total \$700,000) at the end of each fiscal year.

- a. Periodic billings shall be sent out to members including first and final warnings
- b. Accounts that remain inactive after notices have been issued shall be referred to Department of Justice for collection

### **Claims Processing**

2.6 Increase efficiency by processing claims within 30 days of receipt, from review to payment or denial.

- a. Manila office to obtain claims from providers no later than 2 days after member's discharge
- b. Medical staff (i.e. doctor) to provide training on Relative Unit Value (RUV) to medical technicians
- c. Utilize tracking sheet to enable better time management of claims review and data input
- d. Weekly post office runs

2.7 Reduce claims reconciliation from providers and maintain no more than 5 percent error rate (error rate shall be determined by number of reconciled claims with respect to total number of claims in a given batch or time period)

- a. To ensure medical technicians are consistent with data input
- b. To use denial code for all unpaid charges
- c. Update denial codes and communicate to providers and relevant staff

### **Customer Service**

2.8 Increase turn-around time for inquiries (email or telephone) within 24 hours when possible

- a. Customer Service Representatives to check email everyday and respond within 24 hours
- b. Relay or defer inquiries to relevant staff in a timely manner

2.9 Improve customer service representative (CSR) attendance; absenteeism shall not be more than 10 days out of 261 working days in a year

- a. Train CSR staff on customer service formalities and mannerism including but not limited to answering telephone, in-person dialogue, dealing with aggrieved and irritated members
- b. Timely responses to queries about MiCare including premium rates, benefits, exclusions, limitations, etc.

### **Management**

2.10 Create a performance management system

- a. Finalize organization chart, identifying all posts that address all crucial functions
- b. Establish standard operating procedures for all divisions (Utilization, Finance, IT)

- c. Create performance evaluation and a reward system that complement each other
- 2.11 Conduct actuarial study at least every year
- a) Secure funding every year for studies
  - b) Contract actuaries to create plan packages as required by the Board

## 6. Strategic Goal 3 Information Technology

### **Background**

There is a need to develop MiCare's information technology infrastructure and resources to bring the service delivery to the new age. This need was recognized in the last strategic plan. That vision came to fruition, albeit the duration was short. In 2015, MiCare procured an automated billing system (ABS) that consisted of two components: financial and medical. Several local private clinics got on the ABS and the system worked for almost a year before it stopped functioning. However, during the short period that it was working, management noted efficiency in claims processing both from provider side and MiCare utilization.

In this age of information sharing that only takes one click on a computer or device, MiCare also seeks to take advantage of the technology to provide better awareness. A website was created in 2013 but its maintenance lagged in 2015. In 2017, an attempt to revive the website began. However, in the next five years, the plan is to optimize the website to ensure most information is accessible to members.

### **Status**

We aim to learn from previous challenges and seek honest and legitimate vendors that would provide not only what MiCare needs but would also provide affordable and user friendly system, compatible with our environment. The need for a better ABS also includes the need to upgrade necessary software and hardware.

### **Objectives**

- 3.1 To acquire a cost-effective, user friendly, and compatible automated billing system to enable MiCare to shift from paper-based claim to automated processing
  - a) IT specialist to conduct a thorough assessment of IT vendors including product itself and cost
  - b) To conduct a cost-benefit analysis for utilizing ABS in place of manual paper-based processing
  
- 3.2 To replace old hardware and acquire better versions of required software
  - a) IT will conduct inventory of equipment and assess for longevity
  - b) IT will prioritize needed assets and work with AO and Fiscal Officer to plan out procurement
  
- 3.3 To maintain better website management and maintenance
  - a) IT shall maintain website with updated information, including relevant forms, public announcements, and other relevant information
  - b) If needed, IT shall seek assistance from known, credible and knowledgeable webmasters to improve website design

## 7. Strategic Goal 4 Medical and Provider Management

### Background

Members of MiCare can seek medical care and expect to be covered by MiCare health insurance at healthcare facilities that have been approved by management and Board of Directors. MiCare management first seeks out providers that provide the kinds of care that is needed for insured population. The Board of Directors evaluate providers based on cost of services, quality of care, legitimacy and accreditation. Through the work of previous boards and management, MiCare is well established in terms of its network providers for both in-country and out of country providers that are needed for medical referral outside the country.

As a means to control cost and standardize coverage for medication and services by local clinics, MiCare established a Relative Unit Value (RUV). The RUV needs to be assessed on a regular basis to take into account medicine that are no longer available and to evaluate for cost. The RUV was last updated in 2007 and quite recently it was amended in early 2019.

The medical referral program is one of the biggest component of MiCare and it involves a referral coordinator and a medical doctor who coordinate referral for the entire FSM insured population. The staff in Chuuk, Kosrae and Yap coordinate the referral in those States in collaboration with the two aforementioned staff. The work involves a paperwork, strict coordination and timely execution of each step of the process.

### Where We Are

As with updating information technology in MiCare, there is also a need to improve the processes involved with medical and provider management. After more than a decade, the RUV was amended but it would need to be visited on a regular basis. With respect to medical referrals, it has been the tradition of MiCare medical doctor to monitor services rendered and ensure that such services are covered by MiCare.

Part of this strategic goal is to broaden the scope of service delivery to one that not only provides access to medical care but also focuses on how that care is delivered. In other words, the medical doctor at MiCare is tasked to monitor the care provided to members at referral sites on a daily basis. Additionally, she reports to referring doctors at the State Hospitals to ensure that information about patient care is shared.

### Objectives

- 4.1 Update relative unit value for in-country providers to conform to National guidelines (if any) and current best practices
  - a) Propose changes to amend regulations, if needed
  - b) Align RUV with US FDA
- 4.2 Standardize agreements between MiCare and providers, both in-country and out of country
  - a) Align agreement with RUV and maintain consistency across the board for all providers (in-country)

- b) Improve communication between agency and providers to ensure any changes to MiCare Regulation or policies are known and providers remain in compliance
- c) Renew agreements with out-of-country providers to address issues such as
- d) Continuous communication between MiCare and referral provider to ensure better continuity of medical care

4.3 Improve document management for referral cases from phase 1 of receiving from State Hospital referral committee to last phase –discharge from referral hospital.

- a) Scan all referral documents
- b) Electronically file documents for referred members including authorization, medical summary, etc.
- c) Make information easily accessible to relevant staff to enable sharing of information to members and members' immediate family

4.4 Establish protocols to guide medical doctor and liaison office located in referral sites to ensure timely information sharing

- a) Revisit job description of MiCare Manila based employees and make changes as necessary to conform with any changes, as needed
- b) Create a platform for easy access and information sharing (e.g. arrival and departure of referred members, approvals needed for services)

## 8. Summary of Goals and Objectives

	Goal/Objectives	Responsibility	Timeframe
<b>1</b>	<b>Health Coverage</b>		
1.1	To incentivize the private sector specifically, growing businesses to enroll employees in groups	Administrator	Sept 2022
1.2	Improve management of member enrollment	Insurance Specialist	Sept 2019 (continuous)
1.3	Public Awareness activities	CSR	
1.4	Timely responses to Members	CSR/Insurance Specialist	
<b>2</b>	<b>Plan Sustainability</b>		
2.1	Zero questioned costs every year	Finance	every year
2.2	Admin cost maintained at no more than 10 percent of actual premium collection	Finance	every year
2.3	Payables reduced by a minimum of \$1m every year	Finance	every year (less than \$300k by 2022)
2.4	Premium collection no less than 98 percent of projected collection for each year	Finance/Insurance Specialist	every year
2.5	Process claim within 30 days	Utilization	
2.6	Reduce reconciliation of claims by maintaining no more than	Utilization	
2.7	Increase turnaround time of responses to inquiries within 24 hours when possible	CSR	
2.8	Improve customer service representative attendance	CSR	
2.9	Create a performance management system	Administrator	Dec 2019
2.10	Conduct actuarial study (plan packages)	Administrator	January 2020
<b>3</b>	<b>Information Technology</b>		
3.1	Acquire cost-effective and compatible ABS	IT/Administrator	October 2020
3.2	Replace hardware and software	IT	October 2020
3.3	Website management and maintenance	IT	October 2019
<b>4</b>	<b>Medical &amp; Provider Management</b>		
4.1	Update RUV on regular basis	Utilization	every year
4.2	Standardize agreement with providers	Utilization/Administrator/DoJ	
4.3	Improve document management for referral program	Medical Doctor/Referral Coordinator	
4.4	Establish protocols to guide medical doctor and liaison office located in referral sites	Medical Doctor/Administrator	

## Appendix 1: Code of Ethics & Principles of Conduct

### MiCare Health Insurance Plan Code of Ethics & Principles of Conduct

The purpose of the Code is to provide you with a clear understanding of the standard of conduct expected when performing your duties as a Director or employee of the FSM MiCare Health Insurance Plan.

The Code places an obligation on all Directors and employees to take responsibility for their own conduct. To achieve this, all Directors and employees of MiCare are expected to familiarize themselves with and act in accordance with this Code.

I, \_\_\_\_\_, hereby affirm that I have read and understand MiCare's Code. I acknowledge that I may be removed or ask to be removed from my appointed office or employment by MiCare if my conduct falls below these ethical standards.

\_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

## Appendix 2: Organizational Chart

### BOARD OF DIRECTORS

**MR. JESSE GILTAMAG**  
CHAIRMAN  
FSM NATIONAL  
GOVERNMENT  
REPRESENTATIVE

**MS. ARLYNNE  
CHUGEN**  
EX-OFFICIO  
MEMBER

**DR. ELIZABETH  
KELLER**  
  
POHNPEI STATE  
REPRESENTATIVE

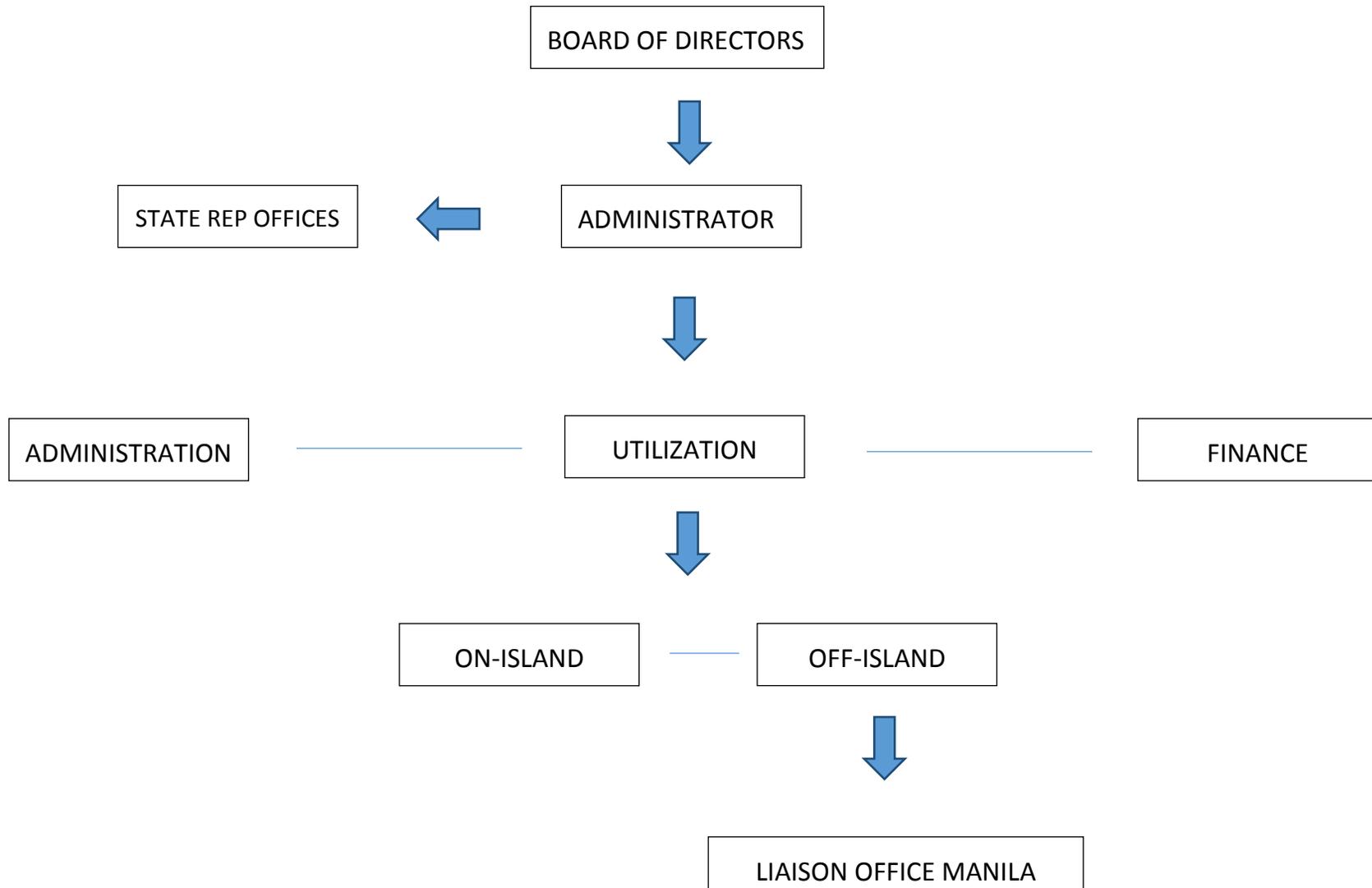
**VACANT**  
MEMBER  
CHUUK STATE  
REPRESENTATIVE

**MR. ARTHY NENA**  
MEMBER  
KOSRAE STATE  
REPRESENTATIVE

**MR. TONY TAREG**  
MEMBER  
YAP STATE  
REPRESENTATIVE

**VACANT**  
MEMBER  
PRIVATE SECTOR  
REPRESENTATIVE

# MANAGEMENT



# ADMINISTRATION

ADMINISTRATOR



ADMINISTRATIVE OFFICER  
Cian Aliksa

INSURANCE SPECIALIST  
Christina James

IT  
Juliet Barnabas

CUSTOMER SERVICE REP  
Caroline Ifamilik

STATE REP OFFICES

# UTILIZATION

**UTILIZATION SUPERVISOR**

Art Peter



**Medical & Pharmacy Claim  
Processor**  
Linda Amor

**Medical Technician**

Judy Abraham

**Data Entry Clerk**

Antelihner Lorens

**MEDICAL DOCTOR**

Dr. Lilly Jonas



**Referral Coordinator**

Shrue Melander

**Medical & Pharmacy Claim  
Processor (off-island)**

vacant

**Medical Technician**

Yuleen Solomon

**Liaison Officer (Manila)**

Maria Glenda Remo

**Claims Processor (Manila)**

Rojean Dumpit

**Driver/Office Support**

**(Manila)**

Peter Gugol

**STATE REP OFFICES**

# FINANCE

**COMPTROLLER**

Davelyn W. David



**FISCAL OFFICER**

Loucila Abraham

**Accountant II**

Mara P. Getarmwai

**Accountant I**

Tina Kephias

STATE REP OFFICES