



An tÚdarás Árachas Sláinte  
The Health Insurance Authority

**Health Insurance Authority**

**Strategic Plan  
2019 - 2021**

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# 1 Introduction

The Health Insurance Authority is an independent body which regulates the health insurance market in Ireland. Since its establishment in 2001, the health insurance market has become more complex, with insurers increasingly adopting innovative marketing and product propositions to expand their client base and improve their risk profile. The regulatory framework has also expanded, most recently with the establishment in 2013 of the Risk Equalisation Scheme and the introduction of Lifetime Community Rating in 2015. Further changes can be expected in relation to risk equalisation, and as the impact of the Sláintecare program on health insurance policy is clarified.

This strategic plan takes account of the Authority's role as a regulator, as a provider of consumer information, as an adviser to the Minister for Health, as a custodian of the risk equalisation fund, and as a competent, effective, learning organisation committed to excellent governance standards. It also recognises the extent to which health insurers and health insurance consumers can be impacted by changes in health policy and regulation and therefore proposes to expand the Authority's research activities, including its understanding of consumers' experience of health insurance.

The strategic plan details how the plan has been developed, provides current situation analysis, outlines the major challenges and opportunities to be faced in the coming years and gives direction on how these should be addressed.

Our intentions and planned activities over the three years of the plan are represented in the seven strategic goals the Authority has adopted. A detailed implementation plan has been developed in support of these goals, identifying key objectives and tasks, and establishing targets and relevant indicators against which performance can be measured.

In implementing the plan and carrying out our work, we seek to maintain positive, constructive relationships with all stakeholders and to act in a fair and transparent manner. The plan reaffirms these and other core values of the Authority.

We appreciate the strong support we receive from the Minister for Health and his Department and look forward to a continuation of our close working relationship over the duration of the plan.

## 2 Executive Summary

The Health Insurance Authority (“Authority”), which was established on February 1, 2001 under the Health Insurance Act, 1994, as amended (the Health Insurance Acts) is an independent regulator of the private health insurance market in Ireland. The Authority carries out the statutory functions set out in the Acts. These functions are summarised under section 3.1 of this document.

This plan was developed in 2018 and covers the period 2019-2021. It was developed using a process that involved a series of workshops involving management and Authority members and using specific strategy development tools to help formulate the strategy for the Authority, for the life of the plan. The formulation process included:

- A review of the strategy for the period 2016-2018.
- Identification of the key considerations and influencing factors for both the market and the Authority over the next 3 years.
- Strategy workshops involving Authority members and Management.
- A detailed SWOT analysis (Strengths, Weaknesses, Opportunities, Threats).
- A detailed PESTLE analysis (Political, Economical, Social, Technological, Legal, Environmental).
- Preparation of the Strategic Plan.

The development of the Plan was facilitated by Governance Ireland Management Consultants and both the process followed and completed strategic plan complies with the strategy provisions as set out under sections 1.15 and 1.17 of the Code of Practice for the Governance of State Bodies.

The plan will be delivered using the current staffing and financial resources available to the Authority.

The remaining sections of this document set out the outcomes of the development phase which now forms the Strategic Plan that has been agreed by the Authority for the period 2019-2021.

## **2.1 Vision Statement**

*“To be recognised as an independent regulator of, and an authoritative source of information and advice on, the Irish Health Insurance market.”*

## **2.2 Mission Statement**

*“We regulate the health insurance market under the Health Insurance Acts. In doing so we collect, analyse and share market information and related research, ensuring compliance with the Acts and enabling the health insurance market to work effectively for the benefit of consumers, providers, policy makers and other stakeholders.”*

## **2.3 Core Values**

The HIA has adopted values to apply in its activities. The values of the Authority are to:

- act always with independence, impartiality and integrity;
- work in a professional and effective way;
- be a trusted custodian of assets under its management;
- actively engage with consumers and other stakeholders and be receptive to new ideas and suggestions from all sources;
- be proactive and innovative in its approach;
- maintain transparency in all of its activities; and
- value its people.

The Authority acknowledges the importance of and is guided by its vision, mission and values in maintaining high standards and quality provision of service.

## 3 Background / Context

### 3.1 Statutory Functions

The Health Insurance Acts provide for the regulation of the business of private health insurance in Ireland following the enactment of the European Union "Third Non-Life Insurance Directive". This Directive sets out the requirements of the internal market for Member States regarding non-life insurance, including health insurance. This European legislation allows individual Member States to adopt the specific requirements in a manner most appropriate to their particular national legal system and national healthcare system.

The principal objective of the Health Insurance Acts is set out in legislation as follows:

“The principal objective of this Act is to ensure that, in the interests of the common good and across the health insurance market, access to health insurance cover is available to consumers of health services with no differentiation made between them (whether effected by risk equalisation credits or stamp duty measures or other measures, or any combination thereof), in particular as regards the costs of health services, based in whole or in part on the health risk status, age or sex of, or frequency of provision of health services to, any such consumers or any class of such consumers, and taking into particular account for the purposes of that objective-

- a) the fact that the health needs of consumers of health services increase as they become less healthy, including as they approach and enter old age,
- b) the desirability of ensuring, in the interests of societal and intergenerational solidarity, and regardless of the health risk status or age of, or frequency of provision of health services to, any particular generation (or part thereof), that the burden of the costs of health services be shared by insured persons by providing for a cost subsidy between the more healthy and the less healthy, including between the young and the old, and, without prejudice to the generality of that objective, in particular that the less healthy, including the old, have access to health insurance cover by means of risk equalisation credits,

- c) the manner in which the health insurance market operates in respect of health insurance contracts, both in relation to individual registered undertakings and across the market, and
- d) the importance of discouraging registered undertakings from engaging in practices, or offering health insurance contracts, whether by segmentation of the health insurance market (by whatever means) or otherwise, which have as their object or effect the favouring of the coverage by the undertakings of the health insurance risk of the more healthy, including the young, over the coverage of the health insurance risk of the less healthy, including the old.”

Community rating means measures which, whether in whole or in part, apply towards the achievement of the principal objective.

**The principal functions of the Authority are as follows:**

- To monitor the health insurance market and to advise the Minister (either at his or her request or on its own initiative) on matters relating to health insurance;
- To monitor the operation of the Health Insurance Acts and, where appropriate, to issue enforcement notices to enforce compliance with the Acts;
- To carry out certain functions in relation to health insurance stamp duty and risk equalisation credits and in relation to the risk equalisation scheme;
- To take such action as it considers appropriate to increase the awareness of members of the public of their rights as consumers of health insurance and of health insurance services available to them; and
- To maintain “The Register of Health Benefits Undertakings” and “The Register of Health Insurance Contracts”.

The Authority shall exercise such powers as are necessary for the performance of its functions. The Minister for Health (“the Minister”) may assign further responsibilities to the Authority as provided for in the Acts.

The Authority is audited by the Comptroller and Auditor General and subject to the requirements thereof. The Authority is also subject to the corporate governance provisions of the “2016 Code of Practice for the Governance of State Bodies.” The



Authority is a public body to which the provisions of the Freedom of Information Acts, the Protected Disclosures Act and the Data Protection Acts apply.

### **3.2 Structure**

The Health Insurance Authority has up to five Members who are appointed by the Minister of Health for terms of no more than five years. The Authority consists of a Chairperson and four Ordinary Members. Provision has been made in the Health Insurance (Amendment) Act 2018 for the number of Members to be increased to up to seven, from the date the Minister specifies by order.

The Authority employs eleven members of staff. The Chief Executive/Registrar is appointed by the Authority with the consent of the Minister. The Authority has four functional areas: Corporate Affairs, Regulation (including consumer information), Research and the Risk Equalisation Scheme. Each functional area has a manager and support staff. A copy of the current organisation structure may be found at Appendix A.

### **3.3 Actions & Initiatives Undertaken During the Period 2016-2018**

The Authority's last strategic plan covered the period 2016 – 2018. The Authority has statutory enforcement powers in respect of the Health Insurance Acts. Over the planned period the Authority identified a potential compliance matter that required investigation. Insurers selling health insurance contracts to persons “ordinarily resident in the State” are required to be registered with the Authority and to comply with the provisions of the Health Insurance Acts. The Authority determined that “ordinarily resident in the State” in respect of non-European Economic Area students means attending a course of study of more than one academic year's duration. The Authority wrote to a number of insurers in 2016 who were then selling (or considering selling) such contracts informing them of this determination. Chubb European Group Limited ('Chubb') did not accept this determination and the Authority consequently served an Enforcement Notice on it in March 2017.

Chubb issued two sets of proceedings in May 2017 in the High Court in relation to the Enforcement Notice. They sought an order to quash the Enforcement Notice and also an

Order to quash the Authority determination of the term “ordinarily resident in the State” for non-EEA students. The proceedings were heard over five days in July 2018 before Justice Tara Burns. She delivered judgment in both the statutory appeal and the judicial review proceedings on 22nd October 2018. In both cases she rejected the arguments made by Chubb and refused to grant the reliefs that Chubb sought. She agreed with the Authority’s interpretation and determination that “ordinarily resident in the State” in respect of non European Economic Area students means attending a course of study of more than one academic year’s duration.

Chubb requested leave to appeal the verdict of the High Court at a sitting of the High Court on December 18th 2018. The HIA did not object to the Chubb application for leave to appeal. The HIA however expressed concern that these ongoing proceedings caused considerable uncertainty in the health insurance market and had the potential to confer a significant unfair advantage on Chubb over other market participants. It also requested the expediting of the hearing of the appeal.

On 11 January 2019, the High Court granted Chubb leave to appeal all questions of law in the High Court verdict to the Court of Appeal. A stay on the Court Order applies until the appeal is heard. The judge awarded the costs of the High Court case in favour of the HIA.

The Authority has also proactively developed its research remit and, for the first time, commissioned independent research, using a combination of in-house and out-sourced resources. The first research paper titled “The Irish Healthcare System” provided a historical and comparative view of the Irish healthcare system. The paper compared the current Irish healthcare system against the corresponding health systems in other developed countries - Australia, Belgium, Germany, and the United Kingdom. This comparative benchmarking details how Ireland might be able to learn from some of the successes, or failures, from other healthcare systems. The Authority commissioned further research of a longitudinal analysis of biennial consumer surveys, the results of which will be published in 2019.

In 2017 the Authority concluded a review of the operation of Lifetime Community Rating (LCR) on the second anniversary of its introduction on 1 May 2015. This review included a public consultation. The Authority provided its findings and

recommendations to the Department and Minister for Health, the majority of which were accepted and legislated for in 2018. The main amendment to the legislation resulted in allocating a credited period to people returning to Ireland. This credited period is equal to the period when their principal residence was outside the State, provided they purchase an in-patient indemnity health insurance contract within 9 months of returning to Ireland. LCR loadings are now only applicable for 10 years. Specific exemptions from loadings have now been awarded to those who served in the Defence Forces who purchase an in-patient indemnity health insurance contract within 9 months of leaving the Defence Forces. The Authority is confident that these legislative amendments further supports the principal of community rating.

The Authority continued to provide a consumer information service to consumers over the period, and invested significant financial resources in delivering on its communication strategy. In particular, the Authority has undertaken annual public information campaigns to advise and inform consumers of health insurance about choice within the market and the potential savings available from shopping around before they renew their policies through various media including TV, press and radio. The Authority also commissioned the production of a number of short videos to inform consumers by addressing key aspects of the community-rated private health insurance market in Ireland. The Authority continued to assist consumers in accessing the most appropriate policy for them at the most competitive premium rate through utilising the Authority's award-winning website, the dedicated consumer helpline and through direct contact with Authority staff. Since 2016 there have been approximately 1,200,000 separate contacts with consumers. The Authority is in the final phase of launching an enhanced website which will further assist consumers in comparing potential products.

Each year the Authority recommends revised risk equalisation credits and associated stamp duty to the Minister to ensure that they remain appropriate for the protection of the Irish voluntary community rated health insurance market. Since 2016, cash flow in excess of €2 Billion has been administered by the Authority in respect of the Fund. The Authority investigated possible improvements to the Scheme that would incorporate more refined health status measures to better equalise risks relating to the higher costs of insuring less healthy patients across all age groups.

The Authority has also continued to engage constructively with the Minister and Department of Health (“the Department”) providing proactive and reactive advice when required, not least in the context of the proposed reforms in Sláintecare. The proposed removal of private practice from public hospitals would have a significant impact on the overall structure of the Irish healthcare system and private health insurance market.

### 3.4 Financial History

The table below sets out a 3-Year history of the financial performance of the Health Insurance Authority.

	2016 €	2017 €	2018 (Forecast) €
<b>Total Income (Note)</b>	447,157	2,474,359	2,400,863
<b>Total Expenditure</b>	1,653,883	1,994,096	1,973,710
<b>Total Assets</b>	10,802,022	11,592,124	12,257,965

*Figure 1.0 – Financial History*

**Note:** Section 17 of the Health Insurance Act, 1994 provides for the payment of an income levy by registered undertakings to the Authority every quarter in order to fund the operations of the Authority and make adequate provision for contingencies. The levy was set at 0.09% of the premium income of registered undertakings from 2017, having been applied at a temporarily reduced rate of 0.01% for 2015 and 2016.

## 4 Strategic Goals

The following goals have been identified by the Health Insurance Authority as being the primary drivers of the Authority and management for the 3-Year duration of this Strategic Plan:

### *Goal 1*

*“We will monitor the operation of the health insurance market and ensure **compliance** with health insurance legislation.”*

This priority reflects the fact that the Authority is the statutory body with legal responsibility for monitoring and enforcing compliance with the health insurance acts.

### *Goal 2*

*“We will provide an authoritative source of **information** to consumers on their rights and the options available to them.”*

This priority reflects the Authority’s consumer information function, the importance of consumer information in supporting community rating and the other very significant consumer benefits (including with respect to cost savings) available to consumers who are aware of their rights and options.

### *Goal 3*

*“We will monitor health insurance market developments and provide **high quality advice** to the Minister in relation to health insurance.”*

This priority reflects the Authority’s advisory function, the importance of the Health Insurance Act’s principal objective and the Authority’s vision in respect of a competitive community rated market operating in the interests of consumers.

#### **Goal 4**

*“We will conduct analysis of market information and carry out related research which we will share with stakeholders.”*

This priority reflects the Authority’s responsibility in disseminating market data and providing comprehensive, accurate and current information to all stakeholders within the health insurance market.

#### **Goal 5**

*“We will maintain a standard of excellence in **corporate governance** and in carrying out our **statutory functions** while being **cost effective** in doing so.”*

This priority relates to the statutory and other functions that the Authority is required to carry out. These functions can have significant impacts on its stakeholders and, as such, it is necessary to maintain a standard of excellence in this work. Additionally, this priority reflects the importance of being cost effective in the use of public money and the importance of a public body maintaining high standards of corporate governance.

#### **Goal 6**

*“We will operate the **Risk Equalisation Fund** in a **legally compliant, secure and efficient manner.**”*

This priority reflects the importance of the security and the efficient administration of the Risk Equalisation Fund (the ‘Fund’), ensuring robust controls are in place in respect of the verification and payment of claims and that the Fund is administered prudently while maintaining the highest standards of corporate governance.

**Goal 7**

*“We will operate as a **competent, effective and learning organisation.**”*

This priority acknowledges the professionalism and commitment of the Authority’s staff. It reflects a commitment to value employee contributions and the encouraging of knowledge transfer in daily operations. Additionally it supports the Authority’s commitment to continuous employee learning and development.

## 5 Strategic Objectives

### Goal 1

*"We will monitor the operation of the health insurance market and ensure **compliance** with health insurance legislation."*

Goal 1 Objectives	Desired / Target Outcome	Timeline	KPI / Measure
a) Monitor the health insurance market and ensure compliance with the legislation	Compliance with the legislation	Ongoing	<ul style="list-style-type: none"> <li>Investigations completed, investigations requiring insurer action</li> <li>No area of non-compliance with the Health Insurance Acts arises that had not been identified as a possible issue by the Authority</li> <li>No enforcement action / prosecution taken by the Authority is set aside by the courts</li> </ul>
b) Review new and existing products to the market	Ensure all contracts comply with the legislation	Ongoing	<ul style="list-style-type: none"> <li>All new contracts and changes to contracts reviewed within 30 days of submission by the undertaking</li> </ul>
c) Achieve a better understanding of consumer experience	Acquire greater market intelligence	Ongoing	<ul style="list-style-type: none"> <li>Report on Consumer Engagement-Analysis</li> </ul>
d) Carry out inspections of insurers to ensure compliance	Insurers compliant with legislation  Enhance learning of consumer experience	Annual or as required	<ul style="list-style-type: none"> <li>Report on inspection activity and recommendations</li> <li>Appropriate enforcement action would be taken to address any non-compliance</li> </ul>



**Goal 2**

*“We will provide an authoritative source of **information** to consumers and other stakeholders on their rights and the options available to them.”*

<b>Goal 2 Objectives</b>	<b>Desired /Target Outcome</b>	<b>Timeline</b>	<b>KPI / Measure</b>
a) Provide transparent and impartial information to consumers	Increased public awareness of rights and health insurance products	Ongoing	<ul style="list-style-type: none"> <li>• Number of contacts to the Authority addressed</li> <li>• Number of website hits</li> <li>• Percentage of contacts addressed within 1 working day</li> <li>• Consumer survey tests of name awareness</li> </ul>
b) Review and enhance the HIA’s communication strategy	<p>Optimise communication to consumers and other stakeholders</p> <p>Utilising the most effective communications medium</p>	Ongoing	<ul style="list-style-type: none"> <li>• Communication Strategy – Develop matrix and measures to assess the effectiveness of consumer information expenditure</li> <li>• Management review annually</li> <li>• Consumer Survey</li> </ul>
c) Ensure relevance of information we provide to consumers	Consumers are better informed	Ongoing	<ul style="list-style-type: none"> <li>• Consumer information booklets and website regularly checked for accuracy and clarity</li> <li>• Report to Authority on consumer information</li> <li>• Adding feedback from consumer survey</li> </ul>
d) Provide information to potential new market entrants	To support competition in the market	As required	<ul style="list-style-type: none"> <li>• Update to Authority as required</li> </ul>

**Goal 3**

*“We will monitor health insurance market developments and provide **high quality advice** to the Minister in relation to health insurance.”*

<b>Goal 3 Objectives</b>	<b>Desired Target Outcome</b>	<b>Timeline</b>	<b>KPI / Measure</b>
a) Advise the Department on the development of the Risk Equalisation Scheme	Maintain and develop a ‘fit for purpose’ Risk Equalisation Scheme	Annually and multi-annual	<ul style="list-style-type: none"> <li>• Timely submission of RES statutory reports</li> <li>• Advise on developing improved health status measures for Risk Equalisation</li> <li>• Advise on matters relating to health insurance</li> </ul>
b) Recommend annually on credits and stamp duty aspects of RES	Maintain and develop a ‘fit for purpose’ Risk Equalisation Scheme	Annually	<ul style="list-style-type: none"> <li>• Submit statutory report to Minister</li> <li>• Advise on Credits and Stamp duty annually, in accordance with the legislation and the Minister’s Requirements</li> </ul>
c) Initiate and leverage research on developments in health insurance generally	Proactively advise the Minister  Inform policy thinking and decision making	Ongoing	<ul style="list-style-type: none"> <li>• Report on Research on health insurance</li> </ul>
d) Be open and engaged in Sláintecare development	To advise and assist the Dept. Health / Minister in Sláintecare development  Facilitate stability in the market	Ongoing	<ul style="list-style-type: none"> <li>• Advise on matters relating to health insurance</li> <li>• Report on Research on health insurance</li> </ul>

**Goal 4**

*“We will conduct analysis of market information and carry out related research which we will share with stakeholders.”*

<b>Goal 4 Objectives</b>	<b>Desired /Target Outcome</b>	<b>Timeline</b>	<b>KPI / Measure</b>
a) Research and advise in support of relevant Ministerial policy of health sector reform	Advise the Minister, inform policy thinking and decision making	Ongoing	<ul style="list-style-type: none"> <li>• Report to Authority and Minister</li> </ul>
b) Conduct or commission relevant research to better inform stakeholders	Increased stakeholder awareness and understanding	Ongoing	<ul style="list-style-type: none"> <li>• Published Research Reports</li> <li>• Website Statements</li> <li>• Submissions to Authority</li> </ul>
c) Conduct or commission other relevant research as required	Better public understanding of health insurance and related issues	Ongoing	<ul style="list-style-type: none"> <li>• Published Research Reports</li> <li>• Website Statements</li> <li>• Submissions to Authority</li> </ul>

**Goal 5**

*“We will maintain a standard of excellence in **corporate governance** and in carrying out our **statutory functions** while being **cost effective** in doing so.”*

<b>Goal 5 Objectives</b>	<b>Desired Target Outcome</b>	<b>Timeline</b>	<b>KPI / Measure</b>
a) Remain fully compliant with appropriate legislation and governance standards	Exemplar in practice of good governance  Compliant with 2016 Code of Practice	Ongoing Annual Evaluation  Independent Review in 2019	<ul style="list-style-type: none"> <li>• No significant findings from External Audit</li> <li>• Adherence to policies and procedures</li> <li>• Submission of Financial Statements and Annual Reports in accordance with statutory requirements</li> <li>• The Authority will comply with legal requirements in response to Freedom of Information requests received</li> <li>• The Authority will comply with legal requirements in response to Data Protection requests received</li> <li>• The Authority will meet its obligations in relation to responding to Department of Health information requests received</li> <li>• The Authority will continue to comply with legislation and Government circulars in relation to its procurement practice</li> <li>• The Authority will meet its obligations in relation to the Code of Practice for Governance of State Bodies 2016</li> <li>• Breaches of HIA service commitments</li> <li>• Breaches of authority/compliance obligations/security identified</li> </ul>

<b>Goal 5 Objectives</b>	<b>Desired Target Outcome</b>	<b>Timeline</b>	<b>KPI / Measure</b>
b) Be cost effective in the HIA's financial responsibilities	Provide value for money	Ongoing	<ul style="list-style-type: none"> <li>• Adherence to budget</li> <li>• Quarterly Scorecard/Reports</li> <li>• Quarterly HIA Management Accounts</li> </ul>
c) Maintain the highest standards of financial controls	Effective control environment	Ongoing	<ul style="list-style-type: none"> <li>• Findings of substantial assurance from Internal Audit</li> <li>• No significant findings from External Audit</li> </ul>
d) Maintain the highest standards of non-financial internal controls	Effective control environment	Ongoing	<ul style="list-style-type: none"> <li>• Findings of substantial assurance from Internal Audit</li> <li>• No significant findings from External Audit</li> </ul>
e) To comply with statutory functions of maintaining the Register of Health Benefits Undertakings and Register of Health Insurance Contracts	Register eligible companies & health insurance contracts	Ongoing	<ul style="list-style-type: none"> <li>• Properly maintain Registers of undertakings and products</li> <li>• Classification of all products between advanced and non-advanced within 30 days of notification being received.</li> </ul>

**Goal 6**

*“We will operate the Risk Equalisation Fund in a legally compliant, secure and efficient manner.”*

<b>Goal 6 Objectives</b>	<b>Desired / Target Outcome</b>	<b>Timeline</b>	<b>KPI / Measure</b>
a) Administer the fund in compliance with legislation and accounting standards	<p>Compliance with regulations and standards</p> <p>Satisfactory sign-off following audits that there are appropriate procedures and controls in place to mitigate the identified key risks</p>	Ongoing	<ul style="list-style-type: none"> <li>• The Authority will publish Annual Financial Statements and Annual Report</li> <li>• Findings of substantial assurance from Internal Audit</li> <li>• No significant findings from External Audit</li> <li>• Evaluation and analysis of information returns, including advice on risk equalisation credits and stamp duty</li> <li>• Report by exception on statutory and governance requirements in relation to the Fund</li> </ul>
b) Maintain appropriate controls in administration of the Fund	<p>Effective control environment</p> <p>Satisfactory sign-off following audits that there are appropriate procedures and controls in place to mitigate the identified key risks</p>	Ongoing	<ul style="list-style-type: none"> <li>• All reviews of interim RES claims are carried out in accordance with internal procedures</li> <li>• The amount assessed as payable to undertakings from the Risk Equalisation Fund is correctly paid without undue delay</li> <li>• All funds invested with NTMA follow internal procedures</li> <li>• Annual on-site inspection of all insurers is carried out and reported upon</li> <li>• All procedures relating to REF are reviewed at least annually</li> <li>• Present monthly management accounts to the Authority</li> </ul>
c) Protect against over-compensation of any insurer	Demonstrate that the RES is fair for all participants	Ongoing	<ul style="list-style-type: none"> <li>• Over-compensation report to Authority annually</li> </ul>

**Goal 7**

*"We will operate as a **competent, effective and learning organisation.**"*

<b>Goal 7 Objectives</b>	<b>Desired / Target Outcome</b>	<b>Timeline</b>	<b>KPI / Measure</b>
a) Ensure full complement of human and auxiliary resources required to deliver remit and strategy	Having sufficient resources to carry out the work of the organisation and implement the strategy	Ongoing	<ul style="list-style-type: none"> <li>• Annual review and PMDS for all staff members</li> <li>• FTE headcount</li> </ul>
b) Developing and harnessing staff competencies	Appropriately skilled team to manage and control the administration and business of the organisation	Ongoing	<ul style="list-style-type: none"> <li>• Annual review of critical skills and training requirements with budget for the upcoming fiscal year</li> </ul>
c) Contingency / Succession Planning in place for key personnel	Succession Plan in place Being a resilient organisation	Annual	<ul style="list-style-type: none"> <li>• Annual review of succession plan</li> </ul>
d) Maintaining a flexible work environment responsive to change	Work environment capable of adapting and responding appropriately to changing external environment	Ongoing	<ul style="list-style-type: none"> <li>• Management workforce planning and appropriate HR procedures</li> </ul>

## 6 Risks & Mitigating Actions

The following risks have been identified as potentially posing a threat to the successful implementation of the Authority's strategic plan. Relevant mitigating actions have been aligned to each risk and both the risks and mitigating actions will be monitored by the Authority, at regular intervals, during the full period of the plan.

Risk Definition	Mitigating Action
Lack of resources	<ul style="list-style-type: none"> <li>• Proactive resource planning.</li> <li>• Delegate work to consultants where necessary.</li> <li>• Spread knowledge base across the team.</li> <li>• Reprioritise work programme when required.</li> <li>• Maintain adequate financial reserves.</li> </ul>
Difficulty in attracting and retaining skilled staff and management	<ul style="list-style-type: none"> <li>• Where required, obtain the approvals needed to enable the Authority recruit and retain the best people.</li> <li>• Succession plan for the Authority and management maintained and reviewed annually.</li> </ul>
Economic downturn	<ul style="list-style-type: none"> <li>• Conduct relevant research to determine the impact of an economic downturn on the health insurance market.</li> <li>• Provide regular updates to the Authority and to the Minister in relation to the impact of the economy on the health insurance market.</li> <li>• Management team includes a function with responsibility for this area.</li> </ul>
New legislation (including Sláintecare) or change in remit	<ul style="list-style-type: none"> <li>• Be fully engaged in proposed legislative changes.</li> <li>• Conduct early impact analysis of legislative / remit change on the scope of work and responsibilities for the Authority.</li> <li>• Function to monitor policy environment.</li> </ul>



Risk Definition	Mitigating Action
New RES not approved by EU	<ul style="list-style-type: none"> <li>• Provide all the necessary information and advice to the Minister ahead of scheduled approval date.</li> <li>• Authority to conduct impact analysis and the implications for the Authority in the event that the new RES is not approved.</li> <li>• Request regular feedback from Department of Health on EU approval process.</li> </ul>
Adverse legal judgment	<ul style="list-style-type: none"> <li>• External legal review of processes relating to contentious decisions.</li> <li>• Authority to respond to Court's ruling.</li> <li>• Authority function to monitor the market and the information provided.</li> <li>• Review of enforcement powers of the Authority.</li> </ul>
Insurer failure or drop in confidence in market	<ul style="list-style-type: none"> <li>• Collect consumer feedback through survey.</li> <li>• Identify and advise the Minister on the risk, or any pending risk, of insurer failure.</li> <li>• Statutory requirements on insurers to provide the Authority with information.</li> <li>• Authority function to monitor the market and the information provided.</li> <li>• Prudentially regulated by the Central Bank/other EEA Regulators.</li> <li>• Competition is regulated by the Competition and Consumer Protection Commission and governed by competition legislation.</li> <li>• Provide information for new entrants into the market.</li> </ul>
Cyber risk	<ul style="list-style-type: none"> <li>• Provide robust IT security.</li> <li>• Internal audit plan to include audit of cyber risk.</li> <li>• Independent Security Testing</li> </ul>

Risk Definition	Mitigating Action
Unanticipated market changes	<ul style="list-style-type: none"><li>• Conduct the necessary research to closely monitor market conditions and trends.</li><li>• Procure expert consultant opinion.</li><li>• Advise on measures for competition.</li><li>• Competition is regulated by the Competition and Consumer Protection Commission and governed by competition legislation.</li></ul>

*Figure 2.0 – Risk Mitigation Plan*

### Appendix A

Below is the Organisational Structure of the Health Insurance Authority

### Organisational Structure of the HIA – January 2019

