Student Health Insurance/Benefit Plans:

Adapting to the Environment Post Affordable Care Act (ACA)
Presenters

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The Ohio State University
Objectives

• Discuss current implications of the ACA on student health insurance/benefit plans
• Identify strategies to adapt to recent changes & trends, including the impact of the health insurance marketplace, the expansion of Medicaid & marketing student health insurance/benefit plans
• Review results of the Spring 2014 ACHA Student Health Plan Survey
Disclaimer

Note: ACHA advises that you consult your own institution’s legal counsel, risk management office, health insurance plan administrator, or other appropriate institutional officials in determining the insurance plan design and details for your institution's college students.
ACHA Standards Student Health Insurance Coverage

• May 2013 ACHA Standards Revised by SHIBP Coalition in collaboration with ACHA
• Apply to both fully insured and self funded plans
• Include following both federal & state mandates including the Affordable Care Act, plans that students can rely on for their primary source of health insurance
Self-Funded Plans as MEC

- June 2013 HHS designated self-funded student health plans as Minimum Essential Coverage (MEC) satisfying individual mandate for plans starting on or before 12/31/14

Contraception Coverage

- June 2013 HHS, DOL and Department of Treasury Final Rule on Contraception Coverage and Religious Organizations
- Religious employers exempt from the mandate to cover contraceptives for their employees (FMI see FAQ Q.12)
- Accommodations for student health insurance coverage by eligible organizations (religious institutions of higher education); organization does not have to provide/pay for contraceptive coverage BUT
- Separate payments for contraceptive services are available for women at no cost to the women or the plan.
July 2013 IRS posted Notice 2013-41: Eligibility for MEC for Purposes of the Premium Tax Credit, contained guidance for students who have access to coverage institution’s self-funded plan, determines their eligibility for MEC “only if the student is enrolled in the coverage”

Students who have access to coverage under a self-funded plan (but are not
• enrolled), would also have the option to purchase coverage through an Affordable Insurance Exchange & be eligible for premium tax credits.

Health Insurance Marketplace

• October 1, 2013 Health Insurance Marketplace (Exchanges) opened to provide consumers with a new way to shop for, compare costs & coverage benefits & enroll in coverage at www.healthcare.gov
• Marketing challenges for student plans
October 2013, the Centers for Medicare & Medicaid Services Center for Consumer Information & Insurance Oversight issued guidance for obtaining recognition as MEC, including applying through the Health Insurance Oversight System (HIOS) for self-funded student health coverage for plan or policy years beginning after December 31, 2014.
Transition Relief

• November 2013 President Obama: states could delay for 1 year some ACA requirements for small group & individual policy renewals occurring between 1/1/2014 and 10/1/2014

• the bar against discrimination in premium pricing based on health status;

• The ban on pre-existing condition exclusions
Transition Relief

- coverage of essential health benefits
- Some states declined to implement transition relief
- Contact your carrier FMI
- Consider ACHA Standards on Student Health Insurance Coverage (includes coverage of pre-existing conditions)
The Present

• Due to technology challenges, Marketplace sign up for 2014 extended through 3/31/2014

• April 2014  8 million Americans have signed up for coverage through Marketplace Exchanges

• 28% of those under age 35; of those who signed up in March, 31% under age 35
2014 Individual Coverage Mandates

• Individuals (unless excluded or exempted) required to obtain MEC for themselves & dependents or pay a penalty $95/adult ($47.50/child), up to $285/family or 1% of family income, whichever is greater

• 2015, increases to $325/adult ($162.50/child), up to $975/family or 2% of family income

• 2016, increases to $695/adult ($347.50/child), up to $2,085/family or 2.5% of family income
Excluded from Individual Mandate

- Exempt noncitizens, defined as non-US citizens or non-US nationals either (1) in US unlawfully or (2) are nonresident aliens
- Incarcerated individuals, religious conscience objectors or members of health care sharing ministry
Exemptions from Paying Penalty

• Individuals who have unaffordable coverage, or have income below the threshold for filing tax return, members of Indian tribes, individuals whose first coverage gap of calendar year lasts less than 3 months, and those who apply for and receive hardship exemption from HHS
2014-2015 Changes

- Unlimited Annual Maximum
- Student Health Insurance Plans (SHIP) required to cover all EHB (unless transition relief applies)
- Pre-existing condition exclusions for all individuals regardless of age are prohibited (unless transition relief applies)
- Deductibles, co-pays, co-insurance all apply toward Out-of-Pocket Maximum
2014-15 Metal Levels and AV

- Student Health Insurance plans required to report metal level & corresponding Actuarial Value (AV) within + or – 2 points
- AV measures the generosity of benefits & indicates the average share of medical spending that is paid by the plan, as opposed to being paid OOP by the consumer
AV & Metal Tier Levels

• AV values categorize plans into tiers:
  • Bronze 60% (AV 58-62%)
  • Silver 70% (AV 68-72%)
  • Gold 80% (AV 78-82%)
  • Platinum 90% (AV 88-92%)
• Does not apply to self-funded plans
• ACHA Advocacy for flexibility
Employer Shared Responsibility

- February 2014 Final Rule Employer Shared Responsibility provisions
- Hours of service for section 4980H do not include hours of work performed by students in positions subsidized through federal or state work study programs or in non-paid internships/externships
Employer Shared Responsibility

- Full-time employees working 30 hours/week for more
- Will apply to employers with 100 or more full-time employees starting in 2015 and with 50 or more full-time employees starting in 2016
- See US Treasury Department Fact Sheet Final Regulations Implementing Employer Shared Responsibility under ACA 2015.
Cornell University (CU)

- Cornell University
  - Ivy League, Research Institution
  - Located in Ithaca New York (4 hours from NYC)
  - 22,000 students
    - 13,500 undergraduates
    - 7,500 graduate and professional
  - Rurally isolated (one hospital and physician group)
CU Student Health Insurance Plan

- ACA compliant
- 2013-14 premium: $2,212
- 90.13% Actuarial Value
  - Platinum level plan at Bronze level price
  - Excellent local and national participating provider network
  - Unlimited worldwide travel assistance services
Cornell University SHIP enrollment

- 10,374 students enrolled (~50% student body)
  - 30% of Undergraduate
  - 91% of Graduate
  - 57% Professional (Vet, Law, Business)
  - 90% International
- 180 Spouse/Domestic partner
- 160 Child(ren)
• Expansion to age 26
• Employer cost shifting
  – 25% of employers offering Account Based Health Plans only (high deductible >$1500)
  – Provider networks narrowed to control costs
• Health Insurance Marketplace opened 10/1/13
• Medicaid eligibility expanded in New York
  – Now 138%-155% of Federal Poverty Level
Post ACA - Strategies

• Medicaid Expansion
• Cornell and New York State Department of Health (NYSDOH) - pilot
  • Premium payment plan (SHIP premium)
  • $1,000 savings per student in NYS Medicaid costs
  • Plan designed to mirror Medicaid benefits with fee for service Medicaid as secondary or wrap-around insurance coverage
  • ~300 undergraduate NYS resident students will qualify, future expansion to independent students
Post ACA - Strategies

• Waiver requirements
  – 2013 – major overhaul to address all ACA trends
    • Plans marketed to International Students
      – Denied waivers of plans with unacceptable exclusions listed in plans marketed to international students (e.g. suicide, alcohol/drug conditions, STIs, etc.)
      – Denied waivers of plans that had low dollar limits
      – Denied waivers of plans that require you to leave US to return to country of origin, or home country for care.
Post ACA- Strategies

• Waiver Requirements - 2013
  • Set deductible limit to $2,500
    – In response to doubling of students waiving with high deductibles and access to care concerns

  • Continued definition of “in-network” coverage
    – 70% or silver level
    – Teeing up definition to match ACA AV level language
    – Address narrow network plans (Exchange and HMO plans from out of area)
Post ACA - Strategies

- Modified waiver requirements
  - Lessons learned from 2013 experience
  - Required International Students to be on SHIP
    - Institutional and community
  - Removed deductible requirement
    - Feedback from parents
    - Account Based Health Plans (ABHPs) – mainstream as health insurance coverage (25% of all employers only offer ABHPs)
      - 2014 ACA OOPL: $6,350 per individual and $12,700 for family
  - “In-network” threshold held at 70% (silver plan)
Post ACA - Strategies

• Educate key stakeholders
  – Senior Staff
  – Campus Partners (financial aid, graduate school, international student and scholars office, human resources - employee benefits)
  – Government relations, local navigators
Post ACA - Strategies

• Insurance Comparison Charts
  – CUSHIP and NY Exchange Plans
    • Comparison of Quality and Price
    • SH IP Premium $184.33 per month
    • Bronze Exchange Plan $252 per month
  – CUSHIP and CU Employee Plans
    • Comparison of Quality – Educate Internal Stakeholders (eg. Graduate School)
## Essential Benefit Comparison: Cornell University SHIP & NY Exchange Plans

<table>
<thead>
<tr>
<th>Comparison Points</th>
<th>Cornell SHIP</th>
<th>Platinum</th>
<th>Gold</th>
<th>Silver</th>
<th>Bronze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actuarial Value</td>
<td>90.13</td>
<td>.88 to .92</td>
<td>.78 to .82</td>
<td>.68 to .72</td>
<td>.58 to .62</td>
</tr>
<tr>
<td>Deductible (yearly)</td>
<td>None</td>
<td>None</td>
<td>$600</td>
<td>$2,000</td>
<td>$3,000</td>
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<tr>
<td>Maximum Individual Out Of Pocket Limit</td>
<td>None</td>
<td>$2,000</td>
<td>$4,000</td>
<td>$5,500</td>
<td>$6,350</td>
</tr>
<tr>
<td>Ambulatory Patient Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ambulance</td>
<td>No Copayment</td>
<td>$100 Copayment</td>
<td>$150 Copayment after deductible</td>
<td>$150 Copayment after deductible</td>
<td>50% Coinsurance after deductible</td>
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<tr>
<td>Emergency Medical Services</td>
<td></td>
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<tr>
<td>Emergency Room</td>
<td>$75 Copayment</td>
<td>$100 Copayment</td>
<td>$150 Copayment after deductible</td>
<td>$150 Copayment after deductible</td>
<td>50% Coinsurance after deductible</td>
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<tr>
<td>Urgent Care</td>
<td>$30 Copayment</td>
<td>$55 Copayment</td>
<td>$150 Copayment after deductible</td>
<td>$70 Copayment after deductible</td>
<td>50% Coinsurance after deductible</td>
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<tr>
<td>Hospitalization</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Inpatient Facility</td>
<td>$250 per admission</td>
<td>$500 per admission</td>
<td>$1,000 per admission after deductible</td>
<td>$1,500 per admission after deductible</td>
<td>50% Coinsurance after deductible</td>
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<tr>
<td>Maternity/Newborn Care</td>
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<tr>
<td>Maternity Care Stay</td>
<td>$250 per admission</td>
<td>$500 per admission</td>
<td>$1,000 per admission after deductible</td>
<td>$1,500 per admission after deductible</td>
<td>50% Coinsurance after deductible</td>
</tr>
<tr>
<td>Mental Health &amp; Substance Use Disorder Services</td>
<td>Cornell University SHIP</td>
<td>NY Exchange Plans</td>
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<tr>
<td>Inpatient Services/Detox</td>
<td>$250 Copayment</td>
<td>$500 Copayment</td>
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<td></td>
<td>$1,000 Copayment after deductible</td>
<td>$1,500 Copayment after deductible</td>
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<td>Standard Visit</td>
<td>$15 Copayment</td>
<td>$25 Copayment after deductible</td>
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<tr>
<td>On Campus:</td>
<td></td>
<td>$30 Copayment after deductible</td>
<td></td>
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<tr>
<td>$10 fee, No Copayment Community Referral:</td>
<td></td>
<td>$50% Coinsurance after deductible</td>
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<tr>
<td>$10 Copayment</td>
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<tr>
<td>Prescription Drugs</td>
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<tr>
<td>Tier 1</td>
<td>$12 Copayment</td>
<td>$10 Copayment</td>
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<td></td>
<td>$10 Copayment</td>
<td>$10 Copayment</td>
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<td>$10 Copayment</td>
<td>$10 Copayment</td>
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<tr>
<td>Tier 2</td>
<td>$30 Copayment</td>
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<tr>
<td></td>
<td>$35 Copayment</td>
<td>$35 Copayment</td>
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<tr>
<td>Tier 3</td>
<td>$40 Copayment</td>
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<td></td>
<td>$60 Copayment</td>
<td>$70 Copayment</td>
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<td></td>
<td>$70 Copayment</td>
<td>$70 Copayment</td>
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<tr>
<td>Rehab &amp; Habilitative Services</td>
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<tr>
<td>PT/OT</td>
<td>$25 Copayment</td>
<td>$30 Copayment after deductible</td>
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<tr>
<td>On Campus:</td>
<td></td>
<td>$30 Copayment after deductible</td>
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<tr>
<td>$5 fee, No Copayment Community Referral:</td>
<td></td>
<td>$50% Coinsurance after deductible</td>
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<tr>
<td>$25 Copayment</td>
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<tr>
<td>Laboratory Services</td>
<td></td>
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<tr>
<td>Lab/Pathology</td>
<td>No Copayment</td>
<td>$15 Copayment</td>
<td></td>
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<tr>
<td></td>
<td>$40 Copayment</td>
<td>$50 Copayment</td>
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<tr>
<td>Imaging</td>
<td>No Copayment</td>
<td>$50 Copayment</td>
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<tr>
<td>Preventative &amp; Wellness Services</td>
<td></td>
<td></td>
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<tr>
<td>Primary Care Visit</td>
<td>$15 Copayment</td>
<td>$25 Copayment after deductible</td>
<td></td>
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</tr>
<tr>
<td>On Campus:</td>
<td></td>
<td>$30 Copayment after deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10 fee, No Copayment Community Referral:</td>
<td></td>
<td>$50% Coinsurance after deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$25 Copayment</td>
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</tbody>
</table>
# Plan Premium Comparison: Cornell University SHIP & NY Exchange Plans

## Plan Premium Comparison

### 2013-2014 Cornell University SHIP Premiums

<table>
<thead>
<tr>
<th>Category</th>
<th>Premium</th>
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</thead>
<tbody>
<tr>
<td>Student</td>
<td>$2,212</td>
</tr>
<tr>
<td>Spouse/Domestic Partner</td>
<td>$4,460</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$2,912</td>
</tr>
</tbody>
</table>

### 2014 NY Individual Standard Plan Premium Range (Pre-Subsidy)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>$5,084 – $11,583</td>
</tr>
<tr>
<td>Gold</td>
<td>$4,333 – $9,816</td>
</tr>
<tr>
<td>Silver</td>
<td>$3,834 – $8,300</td>
</tr>
<tr>
<td>Bronze</td>
<td>$3,029 – $7,079</td>
</tr>
</tbody>
</table>
## Essential Benefit Comparison: Cornell Program for Healthy Living and Cornell University Student Health Insurance Plan

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Employee Plan</th>
<th>Student Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014 Cornell Program for Healthy Living In-Network (Preferred Benefit Level)**</td>
<td>2013-2014 CU SHIP Preferred Care, In Network</td>
</tr>
<tr>
<td>Deductible (yearly)</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Maximum Out of Pocket Limit per calendar year (includes deductible)</td>
<td>$2,000 (Individual) $4,000 (Family)</td>
<td>None</td>
</tr>
</tbody>
</table>

### Preventive & Wellness Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Employee Plan</th>
<th>Student Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit</td>
<td>100% after $20 Copay.</td>
<td>100%. No Copay. $10 User Fee*</td>
</tr>
<tr>
<td>Physical Exams (Routine)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Well Woman Visits (e.g. gynecological exam, mammography)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Allergy Testing, Treatment, Shots</td>
<td>Testing, treatment: 100% after $20 copay. Shots: 90%</td>
<td>100%. No Copay. $10 User Fee*</td>
</tr>
<tr>
<td>Flu Vaccine</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Laboratory Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Employee Plan</th>
<th>Student Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic X-Ray/Laboratory</td>
<td>90% (Except in physician office when it is 100% after $20 copayment)</td>
<td>100%, no Copay.</td>
</tr>
</tbody>
</table>

### Ambulatory Patient Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Employee Plan</th>
<th>Student Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>90%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Emergency Medical Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Employee Plan</th>
<th>Student Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room</td>
<td>90%</td>
<td>100% after $75 Copay per visit (waived if admitted).</td>
</tr>
</tbody>
</table>
### Essential Benefit Comparison: Cornell Program for Healthy Living and SHIP

<table>
<thead>
<tr>
<th></th>
<th>Employee Plan</th>
<th>Student Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospitalization</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Coverage</td>
<td>90%</td>
<td>100% after $250 Copay per admission.</td>
</tr>
<tr>
<td>Outpatient Coverage</td>
<td>90%</td>
<td>100% after $75 Copay per visit.</td>
</tr>
<tr>
<td><strong>Surgery</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td>90% (except in physician office when office visit Copay applies).</td>
<td>100% after $150 Copay.</td>
</tr>
<tr>
<td><strong>Maternity/Newborn Care</strong></td>
<td>Prenatal Care: 100%, Delivery: 90%</td>
<td>Prenatal Care: 100%, Birthing Center: 100% after $100 Copay; Physician's care: 100% after $150</td>
</tr>
<tr>
<td><strong>Mental Health and Substance Use Disorder Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Care</td>
<td>90%</td>
<td>100% after $250 Copay per admission.</td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>100% after $20 Copay.</td>
<td>100%. $10 fee if on campus.* $10 Copay if community referral.</td>
</tr>
<tr>
<td><strong>Rehab &amp; Habilitative Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>90%</td>
<td>100%. $5 fee, no Copay on campus.* $25 Copay for community referral.</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$5</td>
<td>$12</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$30</td>
<td>$20</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$50</td>
<td>$40</td>
</tr>
</tbody>
</table>
Post ACA - Strategies

Summary

• International Students
  – Required to be on CUSHIP
    • Improves health and safety and access to care

• SHIP in lieu of Medicaid
  – Win/Win – improves access to care and saves NYS money and CU financial aid grant money

• Self Funding the SHIP
  • Will help to reduce overhead costs, lower taxes and fees, and stabilize prices.
ACA Taxes and Fees

• Impact on Premium
  – 3 to 5% which is significant as SHIPs are low cost
  – Not all apply to Self Funded Plans

• Consult with your Insurance Carrier and Legal Counsel
University of Minnesota (UMN)

– Twin Cities Campus plus
– 4 system campuses across Minnesota (Duluth, Crookston, Morris, Rochester)
– 68,047 students
  • 43,646 Undergraduate
  • 13,606 Graduate
  • 4,194 Professional
  • 6,601 Non-degree
Institutional Requirement

– Students enrolled in a degree seeking program taking 6 or more credits that count toward payment of Student Service Fees (on campus credits)

– International students and scholars and dependents are required to enroll in the plan

– Students are required to provide verifiable insurance information during class registration to waive enrollment in the SHBP
Eligibility and Enrollment
48,000 SHBP Eligible Students

- 9,465 or 19.7% of eligible students enrolled in the SHBP
  - 169 Spouse/Domestic partner
  - 395 Children
- 4,500 or 9.4% enrolled in the GA Plan
- February 2014 Survey reflected 8.3% of eligible students still report being uninsured
  - 4.3% undergrad students
  - 15.8% of grad & professional students
UMN Student Health Benefit Plan

• ACA compliant
• 2013-14 premium: $1,998
• 90.06% Actuarial Value (Platinum level plan)
  – No Deductible
  – 80% coverage with $3,000 OOP max
  – Utilizing worldwide network
  – Medical Evacuation/Travel Assistance
  – $15,000 AD&D coverage
WHY Consider Self Funding

• We had the institutional mandate (since 1975)
• We were legally able
• Achieved successful cost containment
  – Capitated services at Boynton for medical & pharmacy
• Careful administration and contract strategies - beneficial risk agreements
• Good claims experience
• We were able to build reserves
WHY Consider Self Funding

• We wanted to remove the Pre-existing condition limitation that currently existed
• We wanted to achieve premium stabilization
• We had the ability to manage resources at BHS to administer the plan
• Knowing our fiduciary responsibility to focus on the best interests of the students
• A beneficial time to explore
The Road to Self Funding

2000-2001 Request for Proposal

- Bid both fully insured and self funded
- Compared cost and benefits
- Developed a partially self funded Program
- Students would only pay for claims they use
- Eliminated the pre-existing condition exclusion
- Cost increase 1.1% ($906 to $916/yr)
We’ve been able to have the flexibility to:

• Expand the health plan to all campuses (Taking into consideration the health service models)
• Create a health plan for AHC students specific to their needs
• Easily make benefit enhancements to the plan
• Benefit from years with good claims experience
• Avoid state premium taxes assessed to fully insured plans
• Fund reserves for premium stabilization and unexpected expenses.

• Benefit from marketplace competition
  – 2007 RFP: reduction of TPA admin and reinsurance cost by 35%, saving students $5 million over 6 year contract
RESULTS

Rate action for 5 years

• 2010 - 2011 - 2.54% increase  
• 2011 - 2012 - 2.15% increase  
  – removed preventive care maximums and added immunizations benefits
• 2012 - 2013  - 0% increase  
  – Instituted hard waiver – projection enrollment gain, no cost increase, reduction in the cost of coverage for dependents. Added coverage for contraceptive benefits and gender reassignment (cap $35K)
• 2013- 2014 – 4.72% increase to $999/semester; $1998 annual  
  – Removal of the lifetime maximum medical benefit limit  
  – Preventive care coverage increase from 80% to 100% of eligible expenses  
  – Contraceptive coverage increase from 80% to 100% of eligible expenses  
  – Dependents now eligible until age 26  
  – Removal of the annual maximum on prescription benefits Prescription drug copays will change to $15.00 generic, $25.00 brand name
• 2014 - 2015 – 5.1% increase to $1049/semester; $2098 annual
RESULTS

• Cost of the SHBP compared to the Marketplace with a similar broad network—Same cost as a plan with a $2,000 deductible

• Minnesota Department of Human Services has recognized our plan as a cost effective plan and has reimbursed students for coverage if they are on Medicaid.
Cost Components of Coverage

• Third Party Administrative Services
• Stop Loss Coverage
• Projected Paid Claims
• Administrative Costs for Student Health Benefits Office
• Capitated services
  – Medical Claims on TC & UMD campuses
  – Pharmacy Claims on TC campus
Cost Components of Coverage

• Contributions to reserves to cover potential short term and long term liabilities
• Medical Evacuation/Travel Assistance
• Accidental Death & Dismemberment
The Affordable Care Act requires health insurance issuers to submit data on the proportion of premium revenues spent on clinical services and quality improvement.

- Required MLS spending is at least 80 to 85%
- Imposes tighter limits on health insurance rate increases or face rebates to insured

- 2013-14 projected MLS = 86%
- 2014-15 projected MLS = 87%
Qualifying as Minimum Essential Coverage

• PPACA states that non-exempt individuals must maintain minimum essential coverage or pay a penalty.

• This resulted in concern for students covered by self-funded student plans in approximately 35 institutions.

• DC delegation resulted in updated regulations issued by HHS to approve self-funded student plans be designated as MEC - temporarily
Qualifying as Minimum Essential Coverage

- HHS developed an administrative process for self-funded plans to apply and/or continue to be recognized as MEC.
- Plans must show that they meet “substantially all” the requirements of Title I of the ACA that apply to non-grandfathered plans in the individual market.
Qualifying as Minimum Essential Coverage

Standards

- Actuarial value no less than 60%
- No Pre-existing condition exclusion
- Provision of essential health benefits
- Coverage of preventive health services
- No lifetime or annual limits
- Fair health insurance premiums
- No rescissions of coverage
Qualifying as Minimum Essential Coverage

Standards (cont.)

- Extension of dependent coverage
- Appeals Process
- Patient Protections
- Newborns and Mothers Health Protection Act
- Mental Health Parity and Addition Equity Act
- Women’s Health and Cancer Rights Act
- Provide Summary of benefits and coverage
Qualifying as Minimum Essential Coverage

Submit an electronic Application to DHHS certifying compliance that includes:

• The MEC Designation Application spreadsheet
• A signed certification
• Plan documents, materials to prove coverage meets the requirements
• Deadline: Realistically--ASAP (applications being processed first come, first serve), but at least 60 days prior to the first day of the plan or policy year beginning after December 31, 2014
ACHA
Student Health Insurance/Benefit Plan
2014 Survey Highlights
ACHA SHIBP 2014 Survey
Survey Team

- Leah Arnett, U. of Texas – Austin
- Steve Beckley, HBC-SLBA
- Jenny Foss, Old Dominion U.
- Doreen Hodgkins, HBC-SLBA
- Sue Jackson, U. of Minnesota – Twin Cities
- Cindy McGahey, U. of New Hampshire
- Dana Mills, U. of Oregon
- Jim Mitchell, Montana State
- Diane Plumly, The Ohio State U.
- Victor Leino, ACHA, Technical Advisor:
• Describe major findings of ACHA sponsored survey research relating to student health insurance/benefit programs (SHIBPs).

• Compare 2014 results to 2007 results

• Discuss impact of ACA and implications for the future of student health insurance/benefits programs
ACHA SHIBP 2014 Survey Overview

- Views of Survey Team Members – Not ACHA.

- Announcements and Operation Dates
  - On-line survey announcement on February 11, 2014 with final due date of March 11, 2014
  - 973 email invitations were successfully sent to members of ACHA
  - 302 schools represented
  - 31.4% Response Rate

- Survey definition of enrollment systems:
  http://www.acha.org/general/healthins_survey_definitions.cfm
Results in this presentation are for 4-Year Publics and Privates, at U.S. institutions.
- Combined $n = 283$
- Public $n = 150$
- Private $n = 133$

Respondent Data Redactions for Analysis:
- $n$ for 2 years $= 17$
- $n$ for international schools $= 3$

Unless otherwise specified, answers were requested for the 2013-14 plan year for undergraduate students.
Public School Respondents – 4-Year

150 schools from 42 states

(2007 = 132 schools from 44 states)
133 schools from 32 states plus the District of Columbia

(2007 = 123 schools from 36 states plus the District of Columbia)
HEALTH INSURANCE REQUIREMENTS AND ENROLLMENT SYSTEMS
Major Findings

• 48.7% require health insurance for full-time students (37% of publics and 62.4% of privates).

  2007: 57% of schools require health insurance as a condition of enrollment (38% publics and 79% privates).

• 14% added a requirement since 2010.

• 6.9% adopted in 2013.
• 18% of privates and 15% of publics expect adoption of an insurance requirement for full-time students in the future.

2007: 57%: privates and 33% public said they were considering a requiring health insurance as a condition of enrollment in the future

• 41% do not expect to implement an insurance requirement in the future

• 41% are uncertain.
2007: Student Insurance Enrollment Systems

25) Please identify the student health insurance criteria in your enrollment system for full-time UNDERGRADUATE US citizens/permanent residents:

*Read definitions thoroughly before entering data*

**Definitions**

1. Voluntary
2. Positive Check-Off
3. Forced Answer
4. Negative Check-Off
5. Mandatory with “Loose” Waiver
6. Mandatory with “Restrictive” Waiver
7. Mandatory with Right of Refund
8. Mandatory
9. N/A

<table>
<thead>
<tr>
<th>Enrollment System</th>
<th>Public</th>
<th>%</th>
<th>Private</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary</td>
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<td>53.3%</td>
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<td>17.7%</td>
</tr>
<tr>
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<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Forced Answer</td>
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<td>1.7%</td>
<td>2</td>
<td>1.8%</td>
</tr>
<tr>
<td>Negative Check-Off</td>
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<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Loose Waiver</td>
<td>14</td>
<td>11.7%</td>
<td>21</td>
<td>18.6%</td>
</tr>
<tr>
<td>Restrictive Waiver</td>
<td>26</td>
<td>21.7%</td>
<td>50</td>
<td>44.2%</td>
</tr>
<tr>
<td>Right of Refund</td>
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<td>3.3%</td>
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<td>3.5%</td>
</tr>
<tr>
<td>Mandatory</td>
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<td>1.7%</td>
<td>12</td>
<td>10.6%</td>
</tr>
<tr>
<td>N/A</td>
<td>2</td>
<td>1.7%</td>
<td>4</td>
<td>3.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>120</td>
<td>100.0%</td>
<td>113</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

38.3% of Publics and 76.9% of Privates have some form of mandatory insurance.
25) Please identify the student health insurance criteria in your enrollment system for full-time UNDERGRADUATE US citizens/permanent residents:

*Read definitions thoroughly before entering data*

**Definitions**

1. Voluntary
2. Positive Check-Off
3. Forced Answer
4. Negative Check-Off
5. Mandatory with “Loose” Waiver
6. Mandatory with “Restrictive” Waiver
7. Mandatory with Right of Refund
8. Mandatory
9. N/A

<table>
<thead>
<tr>
<th>Enrollment System</th>
<th>Public</th>
<th>%</th>
<th>Private</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary</td>
<td>65</td>
<td>48.5%</td>
<td>14</td>
<td>14.7%</td>
</tr>
<tr>
<td>Positive Check-Off</td>
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<td>1</td>
<td>1.1%</td>
</tr>
<tr>
<td>Forced Answer</td>
<td>2</td>
<td>1.5%</td>
<td>2</td>
<td>2.1%</td>
</tr>
<tr>
<td>Negative Check-Off</td>
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<td>0.7%</td>
<td>1</td>
<td>1.1%</td>
</tr>
<tr>
<td>Loose Waiver</td>
<td>9</td>
<td>6.7%</td>
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<td>14.7%</td>
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<td>Restrictive Waiver</td>
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<td>31.3%</td>
<td>57</td>
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<tr>
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<td>0.7%</td>
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<td>1.1%</td>
</tr>
<tr>
<td>Mandatory</td>
<td>2</td>
<td>1.5%</td>
<td>2</td>
<td>2.1%</td>
</tr>
<tr>
<td>N/A</td>
<td>6</td>
<td>4.5%</td>
<td>3</td>
<td>3.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>134</td>
<td>100.0%</td>
<td>95</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

41.0% of Publics and 78.9% of Privates have some form of mandatory insurance.
Please identify the student health insurance criteria in your enrollment system for INTERNATIONAL students:

- N/A
- Mandatory
- Right of Refund
- Restrictive Waiver
- Loose Waiver
- Negative Check-Off
- Forced Answer
- Positive Check-Off
- Voluntary

Only 4.7% use some form of voluntary enrollment system.
Major Findings

• 84.2% offer a SHIBP (91.2% of publics and 76.7% of privates).  
  2007: 90% offered a SHIBP

• 58.1% of schools have 25% or less of their students covered by their SHIBP. 2007: 64%

• 30% of schools’ SHIBP are offered through a consortium arrangement (41.4% publics and 15% privates). 6 public schools that do not currently participate have participated in a consortium arrangement in the past.

• 4% of schools offer a supplemental plan (in addition to requiring other 3rd party insurance) to cover campus based services only.
Major Findings

Schools who Do Not Offer a SHIBP

• 2014: 6.8% (n = 10 of 146) for publics and 23.3% (n = 31 of 133) for privates

  Without 65 Faith-Based: 8.8% for privates (n= 6 of 68)

  65 Faith-Based – 25 do not offer SHIBP (38.4%)

  Two publics indicated they plan to provide a SHIBP in the future. Q18

  2007: 9.0% for publics and 7.3% for privates
HIS30) As a result of the Affordable Care Act mandate for children to be covered through age 26, what was the change to enrollment in your SHIBP for US citizens?

(HIS31) Compared to fall term 2013, describe the change to enrollment in your SHIBP for the spring term of 2014? (Effect of ACA Open Enrollment)

(HIS32) Is this consistent with historical enrollment patterns for your plan?

<table>
<thead>
<tr>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>170</td>
<td>49</td>
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</tbody>
</table>

<table>
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<th>All (n= 225)</th>
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<th>3% or Greater Increase</th>
<th>3% to 7% Decrease</th>
<th>8% to 12% Decrease</th>
<th>More than 12% Decrease</th>
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</thead>
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<tr>
<td>140 (62.2%)</td>
<td>20</td>
<td>24</td>
<td>16</td>
<td>25</td>
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<th>3% or Greater Increase</th>
<th>3% to 7% Decrease</th>
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<th>More than 12% Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>157 (70.1%)</td>
<td>30</td>
<td>16</td>
<td>11</td>
<td>10</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
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<th>All (n= 219)</th>
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<th>3% or Greater Increase</th>
<th>3% to 7% Decrease</th>
<th>8% to 12% Decrease</th>
<th>More than 12% Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>146</td>
<td>10</td>
<td>8</td>
<td>5</td>
<td>1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes (n =170, 77.6%)</th>
<th>No Change or Less than 3% Variance</th>
<th>3% or Greater Increase</th>
<th>3% to 7% Decrease</th>
<th>8% to 12% Decrease</th>
<th>More than 12% Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (n =170, 77.6%)</td>
<td>146</td>
<td>10</td>
<td>8</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes (n =170, 77.6%)</th>
<th>No Change or Less than 3% Variance</th>
<th>3% or Greater Increase</th>
<th>3% to 7% Decrease</th>
<th>8% to 12% Decrease</th>
<th>More than 12% Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (n =170, 77.6%)</td>
<td>146</td>
<td>10</td>
<td>8</td>
<td>5</td>
<td>1</td>
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</table>

<table>
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<th>No (n 49)</th>
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<th>3% or Greater Increase</th>
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<th>More than 12% Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>19</td>
<td>7</td>
<td>6</td>
<td>9</td>
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</tbody>
</table>
2014: Status of 54 Public Voluntary SHIBPS

15) Do you expect your institution will require health insurance as a condition of enrollment for all full-time students in the future?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14</td>
<td>25.9%</td>
</tr>
<tr>
<td>No</td>
<td>40</td>
<td>74.1%</td>
</tr>
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</table>

32 answered Q 54 on plan stability

<table>
<thead>
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<th>%</th>
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</thead>
<tbody>
<tr>
<td>Stable Plan</td>
<td>18</td>
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<tr>
<td>Questionable</td>
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</tr>
<tr>
<td>Expect Not to Offer</td>
<td>5</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>3</td>
</tr>
</tbody>
</table>

16) Which best describes your current position. (please check all that apply)

A. We have plans to implement an insurance requirement within the next two years
B. We are studying the possibility of requiring health insurance as a condition of enrollment
C. Our requirement for health insurance is being considered by higher education governing board or state legislature
D. Other (please specify)

<table>
<thead>
<tr>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan to Implement</td>
<td>3</td>
</tr>
<tr>
<td>Studying</td>
<td>5</td>
</tr>
<tr>
<td>Considered by State or Governing Board/Legislature</td>
<td>0</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>6</td>
</tr>
</tbody>
</table>
### 2007: Status of 76 Public Voluntary SHIBPS

#### Question 22: Do you expect your institution will require health insurance as a condition of enrollment in the future?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>25</td>
<td>32.9%</td>
</tr>
<tr>
<td>No</td>
<td>51</td>
<td>67.1%</td>
</tr>
</tbody>
</table>

#### Question 23: If No, which best describes your current position.

- Our voluntary health insurance plan is stable and we expect to be able to continue to provide a student health insurance/benefit program
- It is questionable whether our institution will be able to continue to offer a student health insurance/benefit program because of plan viability or other factors
- Other (please specify)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable Plan</td>
<td>30</td>
<td>60.0%</td>
</tr>
<tr>
<td>Questionable</td>
<td>6</td>
<td>12.0%</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>28.0%</td>
</tr>
</tbody>
</table>

#### Question 24: If Yes, which best describes your current position. (please check all that apply).

- We have plans to implement an insurance requirement within the next two years
- We are studying the possibility of requiring health insurance as a condition of enrollment
- Our requirement for health insurance is being considered by higher education governing board or state legislature
- Other (please specify)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan to Implement</td>
<td>7</td>
<td>5.3%</td>
</tr>
<tr>
<td>Studying</td>
<td>16</td>
<td>12.0%</td>
</tr>
<tr>
<td>Considered by State or Governing Board/Legislature</td>
<td>9</td>
<td>6.8%</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>6.8%</td>
</tr>
</tbody>
</table>
PREMIUM COST
2014: Undergraduate SHIBP Cost

(HIS34) 34) What is the approximate 12-month cost for student coverage for undergraduate student who are US Citizen/Permanent Residents (do not include any optional coverage)? Note that we are not asking for the cost for any separate programs for international students or graduate student teaching/assistant researchers. If your plan cost is age rated, please answer for the age 23 band.

• More than 90.4% have a monthly cost of less than $200

• More than 62.2% have a monthly cost of less than $150

• Average Annual Cost (assuming low of $800 and high of $3,000 with midpoints for all data ranges)
  Combined Public/Private: $1,699
  - Publics (n =131): $1,732
  - Privates (n = 99): $1,586

Publics and Privates Combined (n = 230, no response = 13 [42 do not have SHIBP]).
(HIS 36) How much did your premium increase for 2013-2014 over 2012-13, combined for all of the SHIBPs your institution endorses or administers?

• Most of impact for moving to ACA compliance would have occurred in 2012-13.

• No significant difference between Publics and Privates.
(HIS35) What is the projected 2013-2014 total annual premium/fund contributions for your Student Health Insurance/Benefit Plans (combine premium/fund contributions if there are separate programs for international students, graduate teaching assistant/researchers, or other student groups):

- Total premium is estimated to be $676 million (assuming midpoints for premium ranges, lowest at $250,000 and highest is $19.5 million)
  - Data 5x = $3.4 Billion

- Average Annual Premium Volume
  - Combined Public/Private: **$3.7M**
    - Publics (n = 99): $4.3M
    - Privates (n = 80): $2.8M

- 22 schools (12.3%) account for 54.6% of total premium volume ($359M).
Major Findings

- In 2014, 18.7% (public and private combined) had an annual SHIBP premium below $1,200. Down from 2007, when 70% of public schools and 74% of private schools had an annual SHIBP premium below $1,200.

- 30% of schools have aggregate premium funds below $250,000 per year. 3% of schools have funds of $15,000,000 or more.
PLAN DESIGN
Please check each of the following specific benefit design components that are included in your 2013-2014 student health insurance /benefit program.
Please check each of the following specific benefit design components that are included in your 2013-2014 student health insurance/benefit program.

- Exclusion for bulimia/anorexia: 6.8%
- Exclusion for obesity: 18.3%
- Exclusion for self-inflicted injury/poisoning: 15.4%
- Exclusion for illness/injury related to alcohol/drugs: 11.5%
- Exclusion for illness/injury as a result of peril: 22.9%
- Exclusion for infertility treatment: 49.1%
- Exclusion for gender reassignment surgery: 42.3%
- Exclusion for Intercollegiate Athletic Injury: 47.3%
- Exclusion for pre-existing conditions: 8.2%
- Waiting period for pre-existing conditions: 18.3%
40) Which of the following features to encourage use of campus resources (student health and counseling) are incorporated into your plan design for primary care/cost containment?

- A tiered benefit model in which the lowest out-of-pocket cost share for services is available at the campus resource
- Some services are only covered when rendered by the campus resource
- The campus resource is the "gatekeeper" for authorizations for referrals to specialists
- None
- Don’t Know
- Other
Which actuarial value, “metal level” does you 13-14 undergrad, domestic plan approximate?

1. Platinum (90%-100%)
2. Gold (80%-89%)
3. Silver (70%-79%)
4. Bronze (60% - 69%)
5. Don’t know

35% did not know the approximate value of their plan.
Concern for the Under-insured

In 2007
67.5%
Had Concerns

In 2014
73.5%
Have Concerns

50) Do you have significant concerns for the under-insured student population (other than your student health insurance plan), such as students who might be covered with a deductible of $1,000 or more?
52) If yes, (you have significant concerns for the underinsured), please check all that apply

- Have deductibles > $1,000 or Do not have ability to pay medical expenses
- Do not have a provider network in the vicinity of the school
- Have inadequate mental health coverage
- Have inadequate prescription drug coverage
- Do not have health insurance coverage
- Have inadequate catastrophic coverage

Major concern for post ACA access to care
53) How likely with the ACA individual insurance mandate penalties in 2015 and 2016, and/or your state’s expansion of Medicaid eligibility effectively replace the need for your college/university to have a separate requirement for health insurance for all students?

1 Very likely
2 Somewhat likely
3 Neutral
4 Somewhat unlikely
5 Very unlikely

N = 282
54) Which best describes your current position?

1. Our health insurance plan is stable and we expect to be able to continue to provide a SHIBP.
2. It is questionable whether our institution will be able to continue to offer a SHIBP.
3. It is likely we will not be able to offer a SHIBP because of plan viability or other factors.
4. It is likely we will continue or choose to not offer a SHIBP.
5. Other

- Stable & Expect to Continue: 59%
- Questionable: 12%
- Likely will not be able to offer a plan: 8%
- Likely will continue (or choose) to not offer a plan: 15%
- Other position: 6%

n = 282
42) What is the academic year (not including summer) level of pre-funding for student health services from health fees/institutional funds per student? Include any free-standing health education and wellness programs that are separate from your health service.

Publics: Average $279 (n = 146)

Privates: Average $370 (n = 133)
36) What percentage of your overall health service budget is derived from students' fee-for-service charges, insurance reimbursements, student health insurance/benefit program capitations, and/or any other income sources other than pre-paid health fees or institutional funding allocations?

<table>
<thead>
<tr>
<th>Public (132)</th>
<th>Private 123</th>
<th>50% to 59% Funding from FFS/Insurance</th>
<th>60% + Funding from FFS/Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = 3.0%</td>
<td>4 = 3.2%</td>
<td>50% to 59% Funding from FFS/Insurance</td>
<td></td>
</tr>
<tr>
<td>26 = 19.7%</td>
<td>7 = 5.7%</td>
<td>60% + Funding from FFS/Insurance</td>
<td></td>
</tr>
<tr>
<td>31 = 23.5%</td>
<td>11 = 8.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
43) What percentage of your overall health service budget is derived from students' fee-for-service charges, insurance reimbursements, student health insurance/benefit program capitations, and/or any other income sources other than pre-paid health fees or institutional funding allocations?
(HIS45) 45) Does your student health center file claims on behalf of students to their health insurance plans?

1. Yes, we will file claims for all health insurance plans
2. Yes, we will file claims for a limited number of health insurance plans
3. Yes, but only for the school sponsored student health insurance plans
4. No
5. Don't know
6. Other (please specify)

Publics (n = 144)

- 41, 28%
- 31, 22%
- 48, 33%
- 5, 4%
- 19, 13%

Privates (n = 130)

- 87, 67%
- 15, 11%
- 15, 12%
- 6, 5%
- 7, 5%
- 5, 4%
46) Does your student health center contract/participate as an in-network provider with health insurance plans?

1. Yes, we contract with third party plans including Medicaid
2. Yes, we contract with third party plans
3. Yes, but only for the school sponsored student health insurance plans
4. No
5. Don’t know
6. Other (please specify)

2014:

Insurance Contracting

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Publics (n = 144)

- Yes - Including Medicaid: 65, 45%
- Yes - Excluding Medicaid: 32, 22%
- Only SHIP: 26, 18%
- Don't Know: 17, 12%
- Other: 1, 1%

Privates (n = 129)

- Yes - Including Medicaid: 100, 77%
- Yes - Excluding Medicaid: 9, 7%
- Only SHIP: 4, 3%
- Don't Know: 3, 2%
- Other: 11, 9%
Major Findings

- Overall: 63% (60% 2007) of college health services have control of the campus SHIBP.

- 78.2% of schools have not conducted a survey within the past 3 years that identifies uninsured students. Of the schools who did conduct a survey, 38.6% report more than 10% of their population is uninsured.
Knowledge and Application of ACHA Standards

• 84.5% (72% in 2007) of publics and 80% (69% in 2007) of privates know that ACHA has Standards for student health insurance/benefit programs.

• 11% (3% in 2007) of publics and 12% (24% in 2007) of privates publish a declaration that SHI/BP complies with ACHA Standards.
Research Observations and Comments:

• Age 26 provision in ACA did not diminish the need for effective SHIBPs –
  – Most of ACA impact on SHIBP costs was in 2012-13.
  – Long-term need for SHIBPs is due to employer cost-shifting.
  – Increasing availability of plans with limited provider networks.

• ACA compliance is a major factor contributing to the increase from 2 Billion to 3.4 billion in annual premium/fund from 2007-2014.
Use of pre funded SHS fees (Administrative Health Fees) continues to represent a significant source for funding campus-based care.

Levels of fee-for-service funding and insurance billing/contracting are lower than expected given commentary within the field suggests otherwise.

In 2007 trend toward fee for service funding was thought to be a major factor affecting the decision to require health insurance. Today concern for access to care beyond campus facility is also a major factor.
• Uncertainty for future

• SHIBPS remain a viable, and a comparatively low cost/high quality option for students
Opportunity to continue raising awareness of and expanding knowledge regarding health insurance concepts, plan performance measurements, and how SHIBPs interface with the changing landscape of healthcare delivery for college students.
The Future?

- Importance of marketing quality Student Health Plans that comply with ACHA Standards & are cost effective in comparison to Marketplace Plans

- For institutions that discontinue offering plans, providing information regarding options, Parent’s plan until age 26, Medicaid or Marketplace plans
The Future?

• Will more Student Health Plans consider self-funding?
• Will more institutions of higher education consider requiring students to have health insurance?
• Where will we be a year from now?