Student Health Insurance Administration

New York State College Health Association

Friday, October 24

9:45 - 11:15

Valerie Lyon, MHA and JoAnn Molnar-Kieffer

Objectives

- Describe Task Force Recommendations to ACHA's Board of Directors
- Discuss Implementing a Campus Health Insurance Requirement

Five Recommended Actions to ACHA's Board

- 1) Approve Revised Standards for Student Health Insurance/Benefit Programs
 - http://www.acha.org/info resources/stu health ins.pdf
- 2) Create study group to issue position paper on Fed and State compliance laws and general liability for SHIBP's
- 3) Form a Coalition to provide continuing education for the field

Five Recommended Actions to ACHA's Board

- 4) Invite NAFSA back to the table to revise 1993 document regarding international student health insurance
- 5) Support S. 400 (Michelle's Law) to provide employer-group coverage for students who need a medical leave-of-absence in order to address a health problem

Why Important to Consider

- Uninsured Students
- Underinsured Students (high co-pays/deductibles, out-of area limits)
- Safety Net to Support Academic Success (students self-report derailment from high, unplanned medical expenses)
- Protects Community Providers (strong political issue)
- Protects State Medicaid Fund (strong political issue)
- Extensive Research/Survey Data to Support

Level of Student Support

- Proactively Engage Students in Discussion
- Strong Concern for Affordable Health Care Coverage
- Employer May Not Offer (particularly for part-time workers)
- Age Off Parent's Plan
- Confidentiality of Own Plan
- Relevance/Focus of Student Health Care Needs Coverage
- Willing to Support for Needy Students if Waiver Process is Simple

Cost of Higher Education

- Actually Lowers Overall Costs for Students
- Medical Expenses Already Exist, Regardless of SHIP Consideration
- SHIP Funnels Primary Care to Cost Effective Campus Health Service
- Capitated Fee Option Lowers Administrative Expenses
- Lower Co-Pays/Deductibles Reduce Out-of-Pocket Expenses
- Larger Enrollment Pool Leverages Provider Network Discount Rates
- Eligible Expense for Financial Aid Package

Access

- Provides Full Access for All Students
- Eliminate Referral Issues and Effectively Address Health Needs of Uninsured/Underinsured Students
- Provides Mental Health Coverage Benefits
- Assures Continuity of Care Coverage During Breaks or Medical Leave
- Reduces Disparities for Low Income and Minority Students
- Addresses International Student Non-Immigrant Visa Requirements
- Access is Critical Healthy Campus 2010 Health Factor

Enrollment System

- Voluntary System Unsustainable (high risk pool, low enrollment, high claims experience, reduced benefits, high premium increases)
- Automatic Enrollment (Mandatory is 4-letter word!)
- Waiver Option
 - 1. Most Underwriters Can Now Manage
 - 2. Simplified, Electronic Process
 - 3. Part of Class Registration Process
 - 4. Audit Capability

Student/Parent Concern of Potential Double Coverage

- Heavily Promoted, Simplified Waiver Option
- SHIP Premium vs. Family Plan Dependent Premium plus Additional
- Out-of -Pocket Expenses
- Lack of Confidentiality
- Limited Out-of-Area Coverage
- Safety Net When Age Off Parent's Plan

Institutional Competitiveness

- Majority of Institutions Offer
- Can Demonstrate Student Demand
- Protects Investment in Education and Supports Academic Success
- Effectively Manages Existing Health Care Costs vs.
 Adding on Costs
- Builds and Supports Community Health Resources
 Relations
- Health Coverage for Accidental Injury on Campus may Reduce Institutional Liability

Recent Survey Research

ACHA (N=255*)

- 60% of SHS's have control of SHIBP's
- 57% of schools require health insurance (38% public;79% private)
- 70% SHIBP's are voluntary (38%) or restrictive waiver (32%)
- 40% of voluntary plans not financially viable

GAO (N= 340*)

- 80% of college students aged 18-23 had health insurance (20%: part-time, older, lower income, students of color, West and South regions)
- 30% of schools require health insurance (22% public 4-yr; 62% private 4yr; 3% public 2-yr)

Recent Survey Research

ACHA

- 64% of schools have 25% or less of students covered by SHIBP
- 70% of public and 74% of private schools have annual SHIBP premiums below \$1,200
- 30% of schools have aggregate premium below \$250K; 3% have \$15M or more

GAO

- 57% of schools offered student health insurance (82% for 4-yr publics; 71% 4-yr privates; 29% 2-yr publics)
- 1.7M uninsured incurred \$120 M-\$255 M in uncompensated care
- Annual premiums varied between \$30 and \$2400 with average of \$850

Recent Survey Research

ACHA

- Underinsured concerns:
 - Deductible of \$1000 or more
 - Inadequate Rx coverage
 - Inadequate MH coverage
 - No catastrophic coverage
- 132 4-yr publics; 123 4-yr privates

GAO

- Benefits range: \$2500 per injury or illness to \$1M per condition per lifetime; median \$25K
- 15-40% of students enroll in SHIBP's if health insurance requirement; less than 10% if voluntary (Industry standards)
 - * 74 4-yr publics; 133 4-yr privates; 133 2-yr publics

http://www.gao.gov/new.items.do8389.pdf

Presentation excerpted from

ACHA Insurance Task Force
Dana Mills – Task Force Chair
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Strengthening Our Student Health Insurance/Benefit Programs

ACHA Orlando Conference June 6, 2008

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