



Access to Care in an Evolving Health Care Environment

NYSCHA

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(CUHS)**



Cornell University
Gannett Health Services

Disclaimer

The content presented today is not intended to serve as legal advice. Cornell's experiences may serve as a guide, but your situation should be carefully assessed within the context of your unique setting, guided by your legal advisors and your own data.

Independent external consultation is highly recommended.



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Topics

- ACA – Positives and Challenges
- Overarching policy issues
- Useful data
- ACA – Opportunities
- Advocacy priorities



Affordable Care Act (ACA)

Positives

- Age 26 Coverage
- Preventive Service Coverage
 - Immunizations, STI screens, screening for depression, alcohol, smoking, obesity
 - Women's contraceptive coverage – elimination of cost share for birth control
- Subsidies for lower income
- Expanded Medicaid enrollment
- Final Regulations for ACA compliant SHIPs



Affordable Care Act (ACA)

Challenges

- SHIP increase in cost
 - Impacts affordability and financial aid
 - Requires more advanced management of SHIP by schools or discontinuance of plan
- Likely to cause overall reduction in access:
 - Trend: Increased cost sharing/high deductibles
 - CU - 25% with deductible of \$1,000 or more (21% for students receiving grant aid)
 - Privacy concerns related to parental insurance
 - Increasing Network Restrictions
 - Narrow student choice for care away from home



Affordable Care Act (ACA)

Challenges

- ACA not designed for student population that is usually away from home, often out of state
- Medicaid coverage is problematic
 - Network restrictions (regional)
 - Lack of participating providers
 - Out of state coverage (limited or non-existent)
- Exacerbates existing primary care shortage
- Self-funded SHIPS are not recognized as providing Minimum Essential Coverage in ACA
 - >300,000 students nationwide

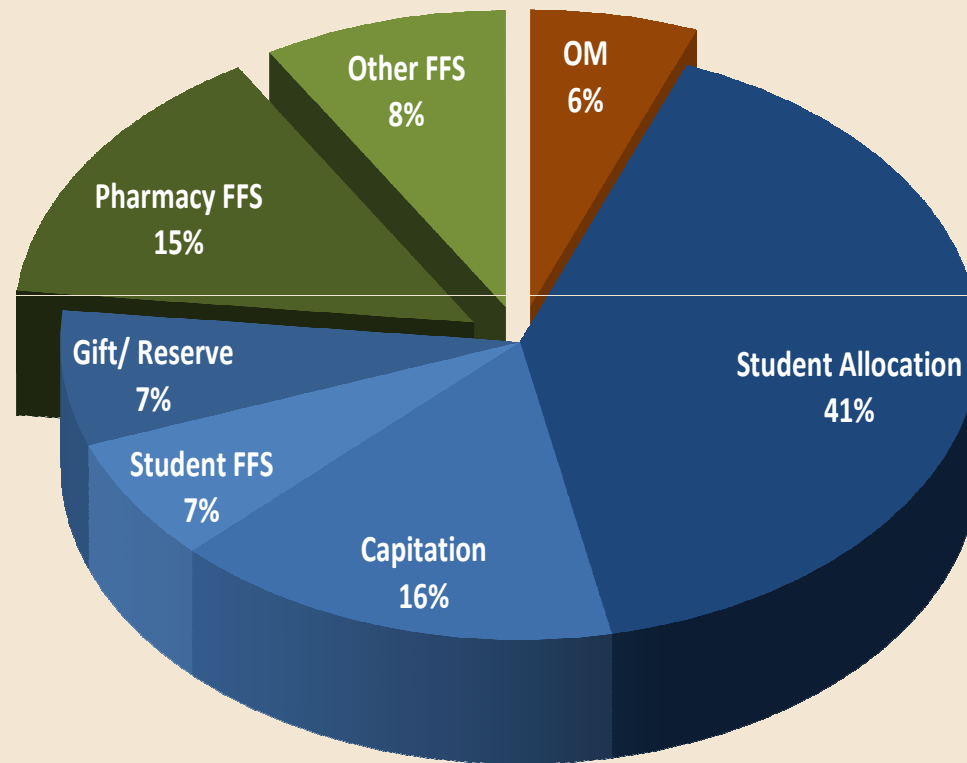


About Cornell

	CUHS – Ithaca Campus
Setting	Rural, isolated, no academic medical center
Students	21,131 (33% grad, 30% from NY)
Faculty/Staff	9,645
Grant aid	~50% of students receive grant aid; grant aid does not cover Student Health Insurance Plan
Scope of Campus Health Services	Integrated medical/mental health for students Episodic faculty/staff care plus Occ. Med. Pharmacy, lab, xray, Travel Medicine Campus public health Medical oversight (research, other)
Community health care resources	Limited primary care and specialty care Limited psychiatry; ample counseling Limited public health
Regulatory	HIPAA; not Article 28
SHIP	Fully insured; exploring self-funding for FY14

About Cornell

Funding



Policy Issues

- University mission
- Responsibility for campus community
- Responsibility to surrounding community
- Access to health care for college students



Policy Issues

University Mission

- Primary : Education
- Individual student health and campus public health are critical to the primary mission

“When health is absent, wisdom cannot reveal itself, art cannot become manifest, strength cannot fight, wealth becomes useless, and intelligence cannot be applied.”

– Herophilus of Chalcedon, physician to Alexander the Great



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Policy Issues

University Mission

- fMRI studies on brain function and stress
 - Just Google it!
- Student service expenditures positively influence graduation and first-year persistence rates
 - Webber and Ehrenberg, National Bureau of Economic Research, August 2009





Policy Issues

University Mission

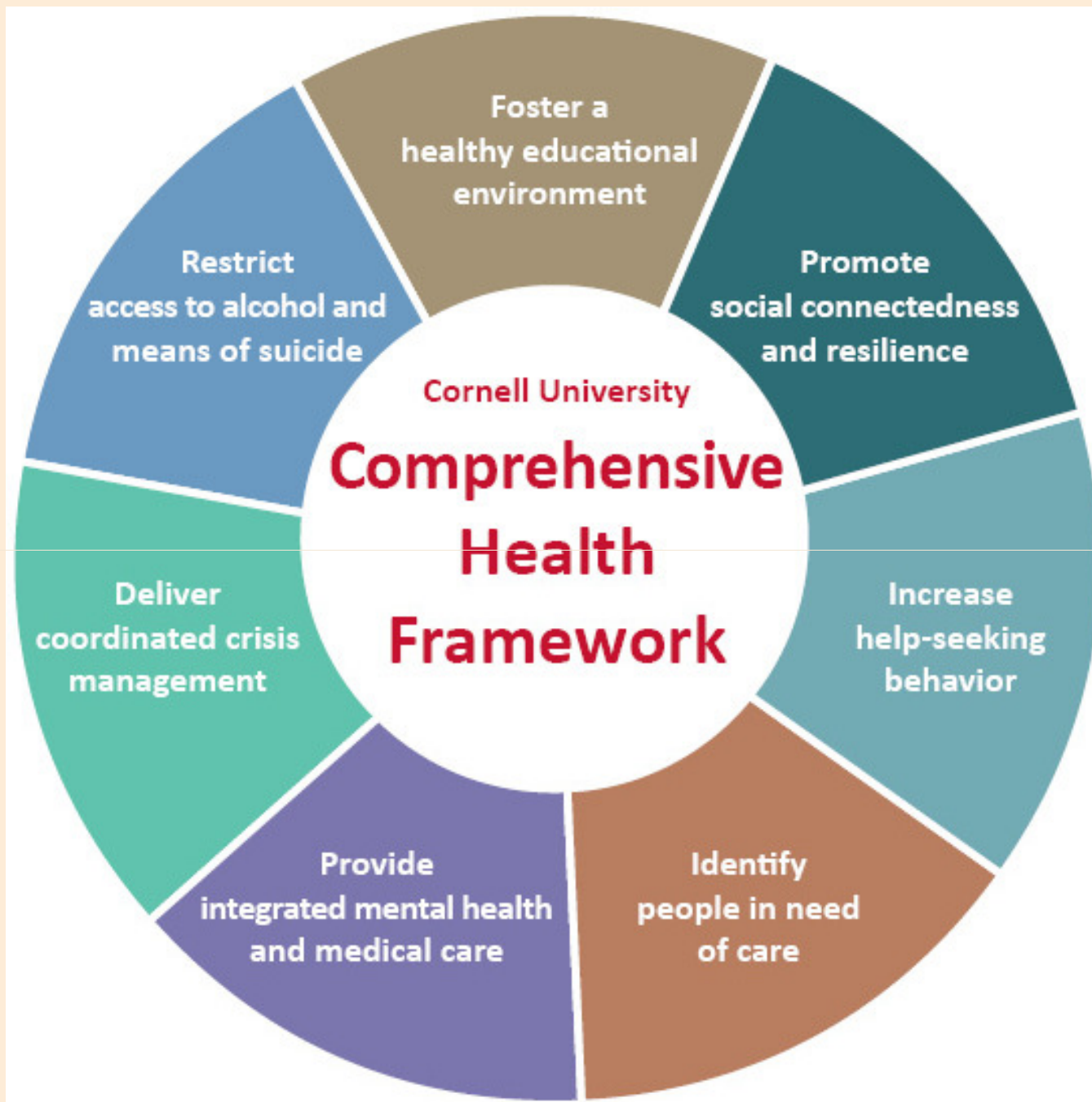
At Cornell:

“Promote the health and well-being of students as a foundation for academic and life success.”

Cornell Strategic Plan
Goal: Educational Excellence



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Policy Issues

Responsibility for Campus Community

- 26.6% of US adults 18 and older will have a diagnosable mental health condition in a given year
 - (Kessler, Chiu, Demler, & Walters, 2005)
- We recruit and transplant students into an environment with inherent risks:
 - Social – stress, substance use, sexual health, diet, sleep
 - Academic – high expectations for performance
- Students' common health risks (mental health, sexual health, alcohol/other drug use) are also public health risks





Policy Issues

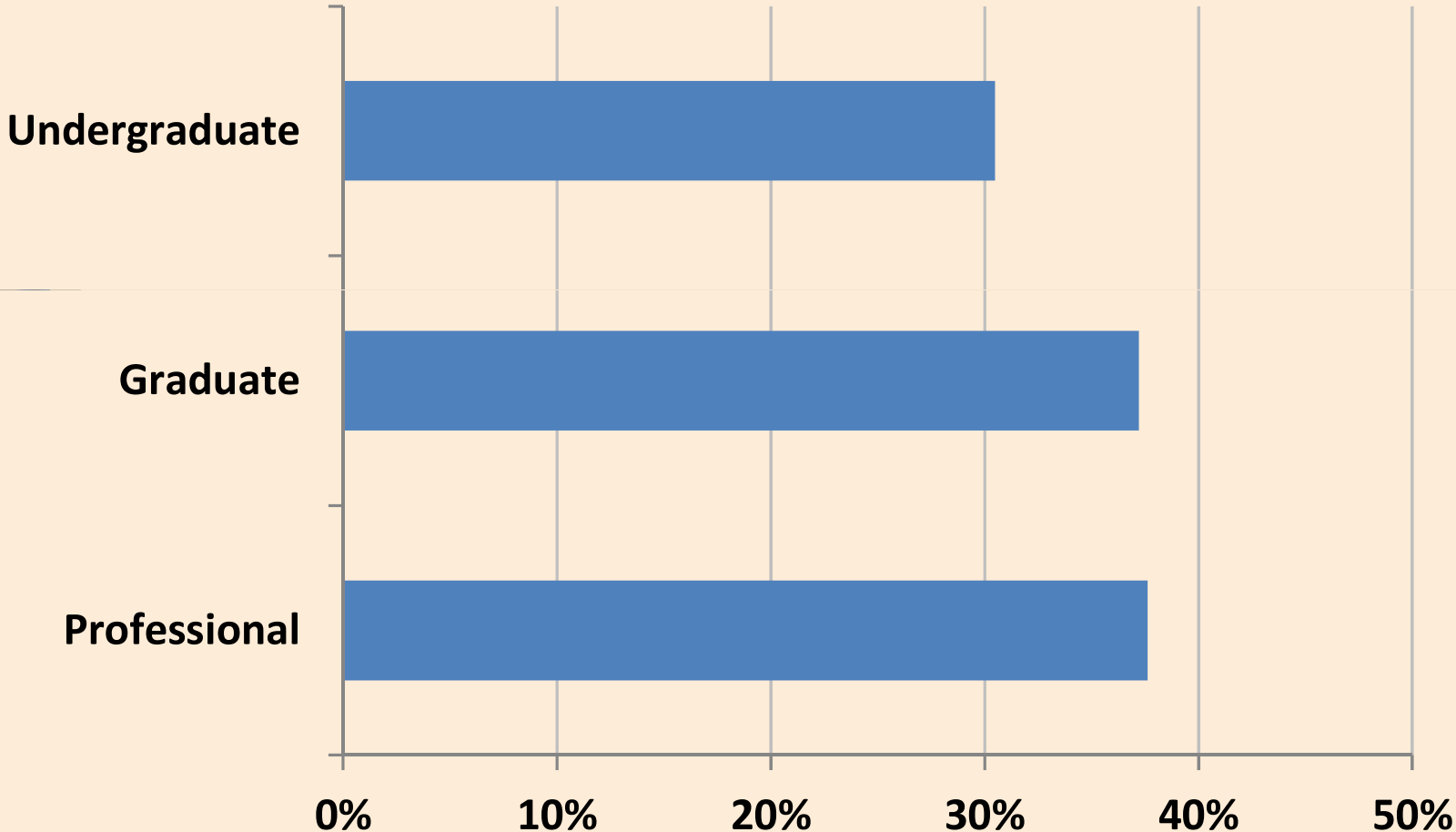
Responsibility for Campus Community At Cornell

- 2011 survey
 - 1% attempted suicide
 - 8% seriously considered suicide
 - 39% experienced inability to function due to stress
- Primary care screening
 - >50% of the population screened for depression, anxiety; alcohol abuse screening piloted last year
 - 3% referred to formal mental health (depression/anxiety); high volume of prompted discussion with PCP
- 33% of entering students report a significant health condition in their health history



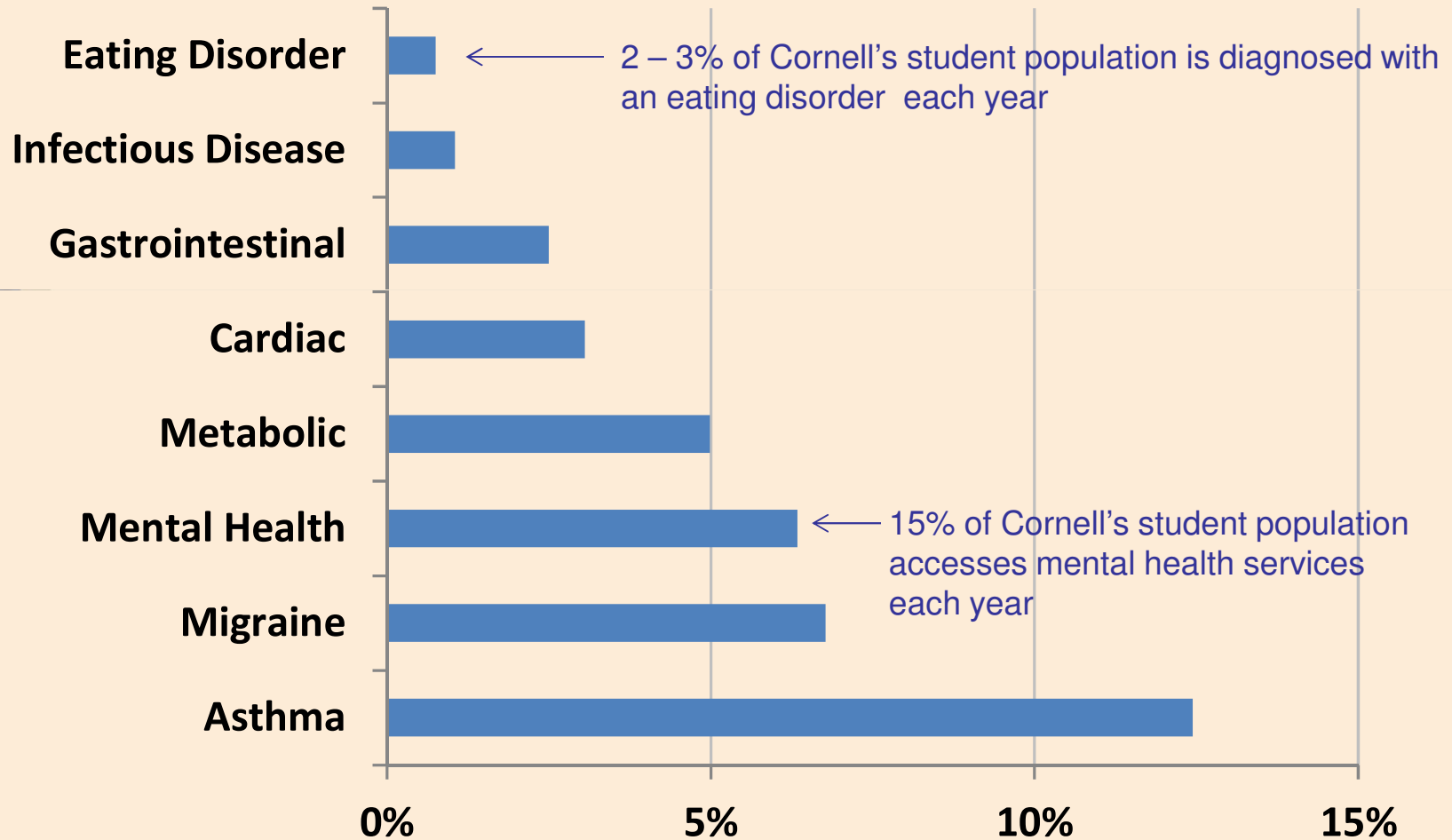
Percent of 2012 Incoming Class with Significant Health Conditions

(Cornell University, self-reported via health history)



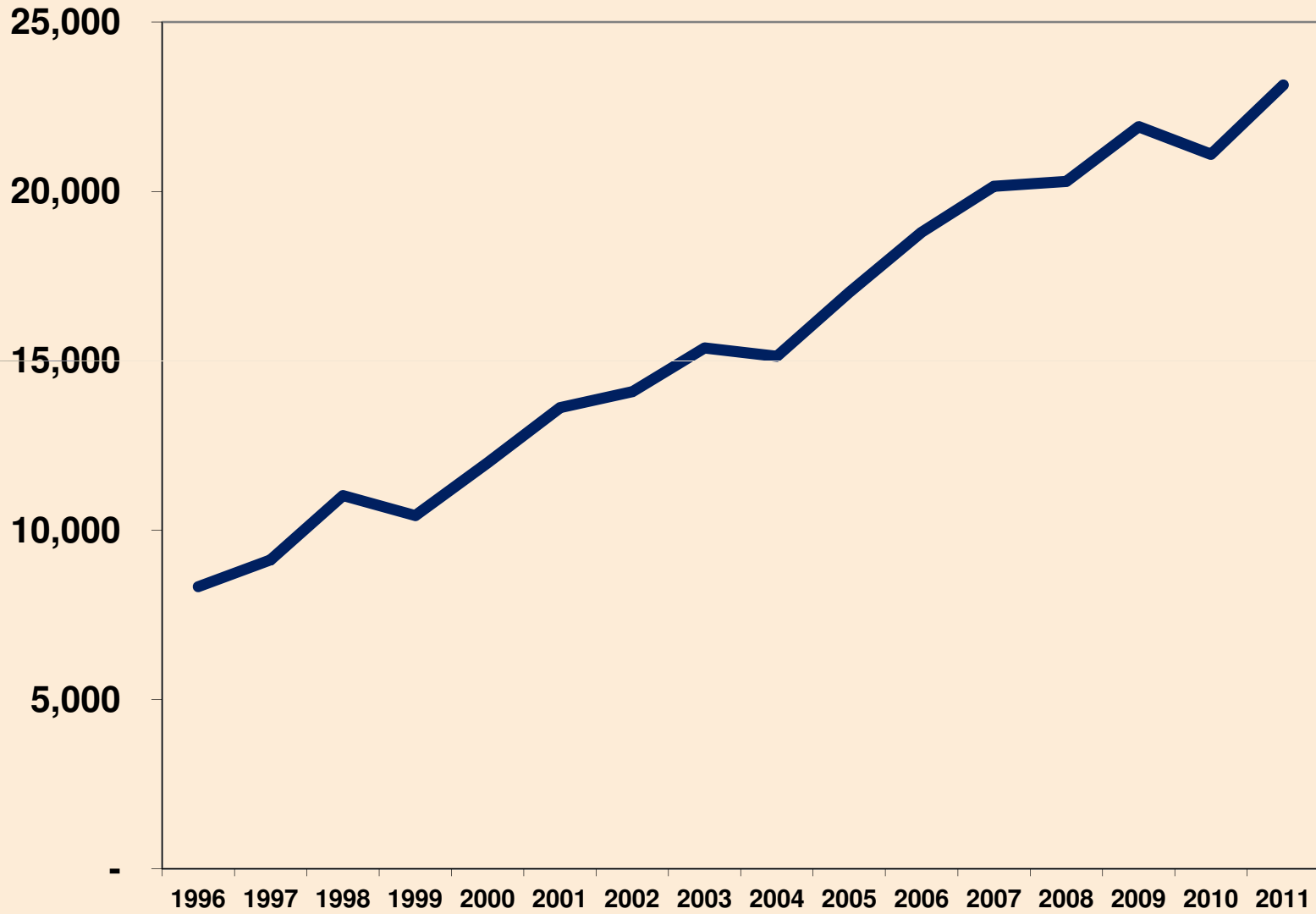
Percent of 2012 Incoming Class with Significant Health Conditions

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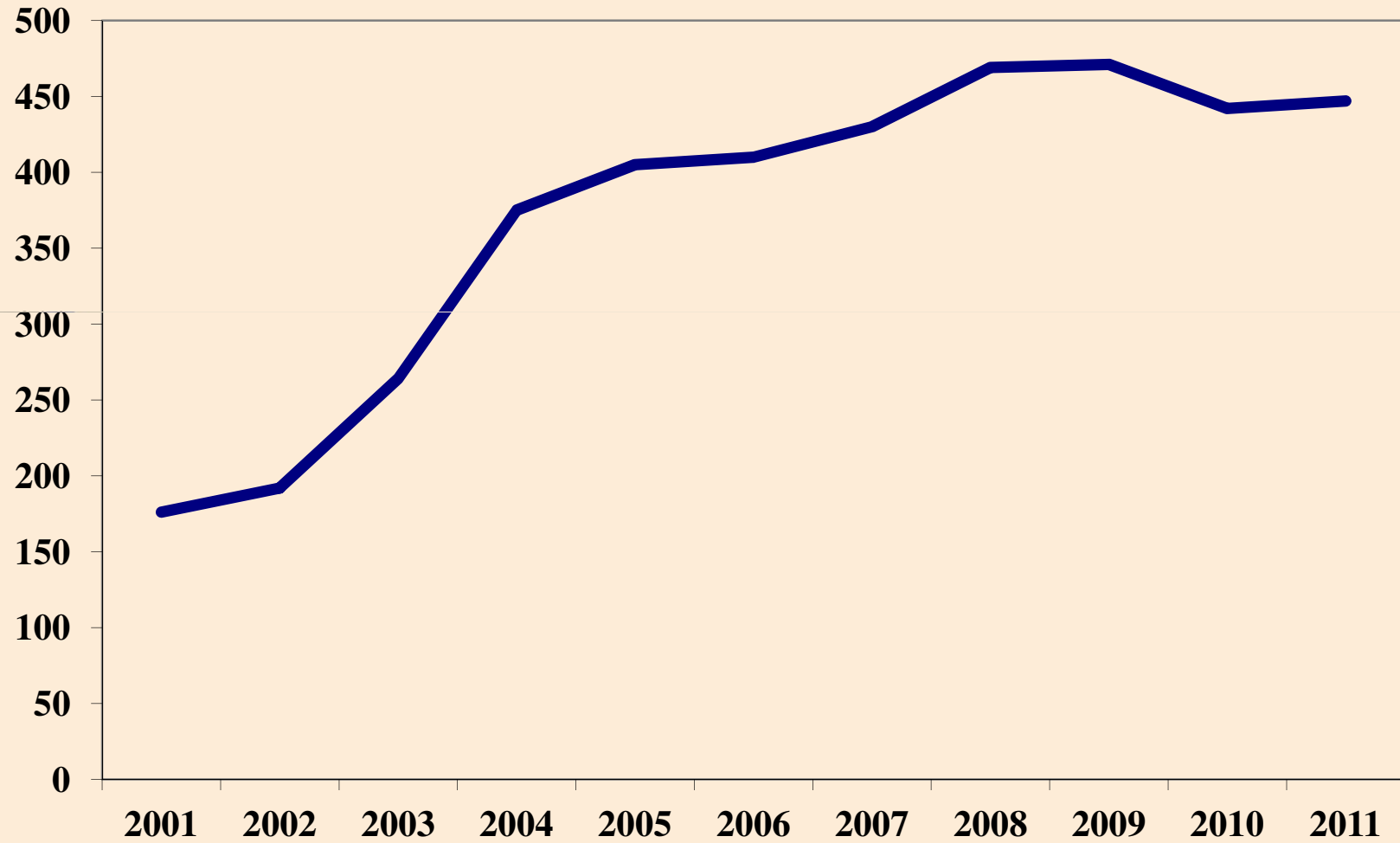
Cornell University Trends

Mental Health Visits



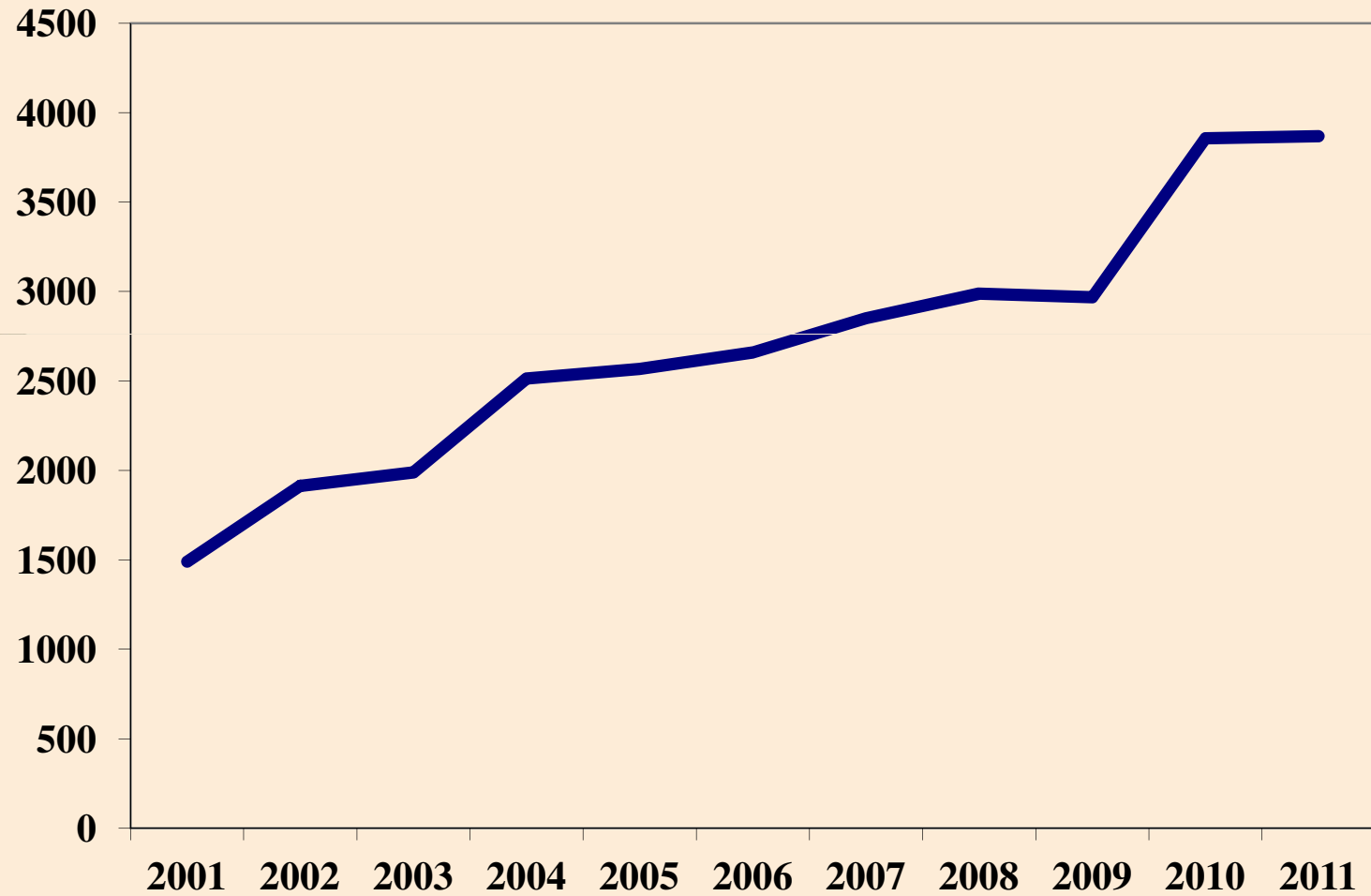
Cornell University Trends

Students With Eating Disorders



Cornell University Trends

After-Hours Call



Policy Issues

Responsibility to Surrounding Community

- Impact on community resources
 - Emergency room and urgent care centers
 - Specialists
 - Mental health providers
 - Public health department
- Insurance billing challenges (frequently out of network, high cost-sharing, difficult collections)
- Impact of unaddressed health conditions



Policy Issues

Responsibility to Surrounding Community

At Cornell

- Local providers participate with 10 insurance plans, several of them isolated regional plans
- When out of network, some offices require payment in full
- Many students have insurances with 'regional' rather than 'local' providers (30 – 60 minutes away, limited public transportation)




Policy Issues

Access to Care

- Characteristics of student health consumers
 - Novice, unfamiliar with providers
 - Many are just beginning to explore independence
 - Often late in recognizing the need for care
 - Often ambivalent about seeking help
 - Ambivalence is heightened for common health risks (mental health, sexual health, alcohol/other drug use)
 - Spontaneous users, easily discouraged by financial or privacy barriers, inconvenient location, long waits





Policy Issues

Access to Care

At Cornell

- Unplanned use
 - 80% of freshmen users' first visit is walk-in
 - 64% of all users walk-in at least once per year
- 2011 Survey
 - 21% of respondents delayed or avoided care due to financial concerns (28% if receiving grant aid)
 - 13% of respondents who were enrolled in parental health plans avoided care due to privacy concerns (insurance statements, HSAs/HRAs and HDHPs)
- Percent of students accessing services (penetration)
 - 15% mental health
 - 54% primary care (physician, mid-level, RN)



Other Useful Data

- Student Health Insurance Plan (SHIP) data
 - ACHA/ACA-compliant plans are typically among the best coverage that students can have for access at their health center
 - Students who waive often face challenges related to provider networks and cost-sharing
 - When students waive, what do they waive with?
 - Volume of plans and networks
 - Plans with high deductibles:
 - HSAs/HRAs are often non-existent or underfunded
 - Parental monitoring can accentuate privacy concerns
 - HMOs: Networks can be very restrictive
 - Self-purchased plans – often low-value



Other Useful Data

At Cornell

- SHIP enrollment: 50%
 - 32% undergraduate
 - 64% professional
 - 96% graduate (mandated, funded)
- SHIP waivers (undergraduate)
 - Over 1,000 plans; network volume not easily assessed
 - 16% HMO (20% for students receiving grant aid)
 - 25% with deductible of \$1,000 or more (21% for students receiving grant aid)
 - 8% self-purchased, overlaps above numbers (9% for students receiving grant aid)



Other Useful Data

- Partnership with Financial Aid Office
 - Previously discussed:
 - SHIP waiver data by grant aid status
 - Survey data by grant aid status (if de-identified, add grant aid question)
 - Utilization rates by SHIP and grant aid status
 - Visits per population member
 - Penetration rate
 - Retrospective analysis
 - Partnership (FA Office and/or Institutional Research)



Other Useful Data

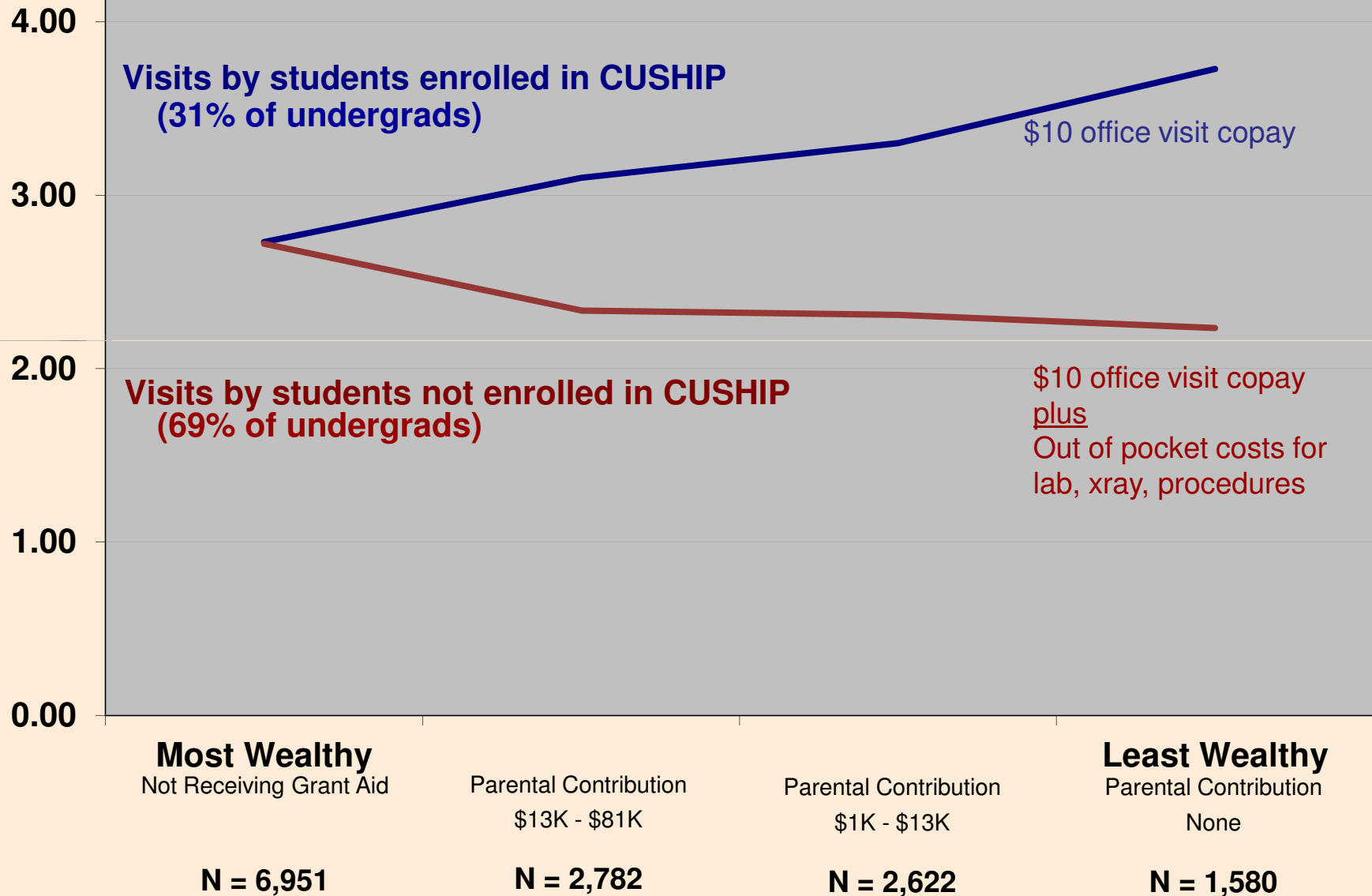
At Cornell

- Partnering with Financial Aid since 2006
- Consistent patterns
- Of note: Introduced \$10 office visit copay in 1996
 - 16% drop in utilization in first year
 - Sustained 10% drop after 3 years
 - Limited reporting capacity at that time, unable to directly evaluate impact on lower-income students



Cornell University - Undergraduate Visits per Population Member, by CUSHIP* Status and Wealth (all services)

*Cornell University Student Health Insurance Plan





Other Useful Data

External Consultation

- External consultation highly recommended
 - Complex data analysis
 - Regulatory issues vary by state
 - External validation is key to convincing internal stakeholders
- Should complement your internal analysis





Other Useful Data

External Consultation

At Cornell

- Cornell legal counsel and consultants agreed that NYS regulations do not allow for health fees or other institutional funds functioning as a secondary payer
- Other NYS universities have received less conservative legal advice
- Until NYS law explicitly *allows* secondary payer status for health fees, see your legal counsel for advice



Other Useful Data

External Consultation

At Cornell

- About 10,500 students waive CUSHIP
- Participating with 8 additional insurance networks would cover 80% of students who waive CUSHIP
 - 40% would have high-benefit, low-deductible AND in-network plans
 - 60% would have lower-benefit, high-deductible AND/OR out-of-network plans



Other Useful Data

External Consultation

At Cornell

	Percent of Students who Waive SHIP	Full insurance billing including mental health		Exclude mental health, eliminate MH copay, accept all negotiated rates	
		Additional Revenue*	Change in out of pocket costs	Additional Revenue*	Change in out of pocket costs
Total	100%	\$1.70M	↑24%	\$0.88M	↓19%

*Gross revenue: Does not account for additional billing costs, est. 10%

Other Useful Data

External Consultation

At Cornell

- If Cornell moved to insurance billing with a health fee functioning as a secondary payer (preliminary analysis):
 - Fee for service revenue would remain similar to current model, with student out of pocket costs replaced by insurance revenue
 - Proposed health fee would reduce by \$200/student



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*Gross revenue: Does not account for additional billing costs, est. 10%

Affordable Care Act (ACA)

Opportunities

- SHIP in lieu of Medicaid
 - SHIP may be cheaper for state to purchase
 - Medicaid can serve as wrap-around
- Subsidies for SHIP
 - Requires change in federal law
- Self-funded SHIP
 - Premium will compete favorably with exchange plans (high value, low cost)



Affordable Care Act (ACA)

Opportunities

- Insurance billing for enhanced revenue
 - Evaluate policy implications in your setting
 - Balance access to care (financial, privacy) with opportunity to reduce cost (affordability of higher education)
- Health fee or 'tuition benefit' as secondary payer



Advocacy Efforts

- Federal
 - Enable SHIPs to compete on a level playing field
 - Recognize self-funded SHIPs as minimum essential health coverage
 - Provide access to premium subsidy tax credit for eligible students (or their parents) who purchase SHIP
 - Support Medicaid funding for payment of SHIP
- New York State
 - Enabling legislation passed for pilot of self-funded SHIPs – 1/1/13
 - Medicaid funding for payment of SHIP
 - Health fee as secondary payer



Discussion



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Contact and References

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http://acha.org/Topics/Affordable_Care_Act/AffordableCareAct.cfm

<http://lookoutmountaingroup.net/cgi/proartistwebsites.paw?148>

<http://www.healthcare.gov/law/timeline/>

<http://www.kff.org/insurance/index.cfm>



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