

**STUDENT HEALTH INSURANCE
ADVISORY COMMITTEE
Information for December 3, 2014**

AGENDA

Kansas Board of Regents
Student Health Insurance Committee
Kansas Board of Regents –

NEW LOCATION: Kan-Ed Conference Room (to the left of the reception desk when you enter the office)

Wednesday, December 3, 2014, 12:30 p.m.

- I. Approve: Minutes from the September 3, 2014 meeting

- II. Outstanding Items from Prior Meeting – with responses from Lesley Gagnon and Matt Brinson:
 - A. **Open Enrollment periods for -1 voluntary students.** The SIAC requested that Lesley Gagnon and Matt Brinson look at other student plans to determine what best practices might be utilized to address this situation that would work for both the students/universities and UHC.

Response: With ACA compliant plans becoming unlimited for plan maximums and the removal of pre-existing conditions, this requires new parameters for voluntary enrollment. Other accounts with voluntary enrollment generally had open enrollments from 3-4 weeks past the effective dates. Going forward for next year, UHC will maintain the open enrollment for 3 weeks after the 1st day of classes at each institution. UHC will also include more detailed information about the open enrollment period in the brochure materials, as this year it wasn't as clear as it could have been.

 - B. **International Student Plan** - Request from KU's international office to split the annual premium for international students (Plan 4) into two equal 6 month portions to encourage students to enroll in coverage for spring/summer. Sheryl McKelvey was supportive of the idea to ensure students had coverage in the summer. Mary McDaniel asked what would be done for students who arrive in the summer and Matt Brinson replied they would still have a summer only period, from 6/1 – 7/31, available and the universities provide international student enrollees on a list. Lesley Gagnon stated that some student plans have “uneven” coverage with 5 months in the fall and 7 months for spring/summer with a special summer only coverage option. Matt Brinson indicated that most international plans are set up with annual, fall and spring/summer period options and that UHC-SR can accommodate periods that are equal periods or unequal periods. Diana Malott asked whether the periods could be offered to an individual university and Matt Brinson replied that because the international plan, -4, has been separated that might provide flexibility for each university to have its own policy option but he would need to have further discussions within UHC-SR. The SIAC requested that Lesley work with UHC-SR to develop best practices for coverage periods for the plan.

Response: As previously discussed, most international plans have an Annual, or Fall and Spring/Summer periods equating to 5 month and 7 month enrollment periods. This ensures that international students (or any students) will maintain coverage in the Summer. UHC can then create a separate Summer option available for those international students that begin their studies in the Summer. There was a request for the rate to be the same for the Fall and the Spring/Summer period. UHC has the ability to meet that request. However, please keep in mind that a student only enrolled in the Fall will be paying the same rate for 5 months of coverage as a student in the Spring for 7 months of coverage.

 - C. **TB Testing in the summer** – Jim Parker thanked Matt Brinson for helping KSU out this summer when the summer TB testing had to be completed in late May before the start of the summer period and he asked if there was a better solution to address those types of situations instead of a work-around. Sheryl McKelvey stated that same issue had arisen at WSU. The SIAC requested that Lesley Gagnon and Matt Brinson review this issue to see how it might be addressed in future years.

Response: UHC will review the school calendar to review when the Summer TB testing will occur and make adjustments to the Summer-only coverage period, to make sure the effective date of the coverage occurs prior to the TB testing date. That way we can be sure all students will have coverage.

D. UHC-SR Video about student insurance

From: Brinson, Matthew [mailto:MBrinson@uhcsr.com]

Sent: Wednesday, November 19, 2014 4:01 PM

To: Vannaman, Madi

Subject: RE: Info and video- unsecured

Madi, We have been working on a video that speaks to the importance of student insurance versus group plans. We wanted to share this with clients during the open enrollment period for group plans. When our plans begin in August many kids are under their parents group plan and they don't think about enrolling into a student plan. Our thought was to get this video out now as they go through open enrollment prior to their 1/1 effective date. We have developed two emails (attached) that can go either to students or parents. Best case scenario is if a School could send to the parents but we understand many Schools do not capture those email addresses. We developed another email geared to students to share with parents.

I understand there are solicitation restrictions for the KBOR schools but wanted to pass this along. The other thought instead of the email is that the Schools could put on their SHC website or some website that students or parents could see.

The video link is below, please review and let me know what you think.



14COL3176_DearParentVideo.pdf



14COL3177_StudentForwardVideo.pdf

www.uhcsr.com/parents

III. MHECare Reports

IV. Good of the Order

IV. Future SIAC meeting tentatively scheduled for 12:30, KBOR Board Room

A. Wednesday, February 4, 2015

B. Wednesday, May 6, 2015

KANSAS BOARD OF REGENTS
Student Insurance Advisory Committee
 MINUTES
 September 3, 2014

The September 3, 2014, meeting of the Student Insurance Advisory Committee (SIAC) was called to order at 12:30 p.m.

Members in Attendance:

Cindy Bontrager, KSU (COBO Chair)	Diana Malott, KU
Sheryl McKelvey, WSU	Jim Parker, KSU
Madi Vannaman, KBOR	

Members Participating by Telephone:

Mary McDaniel, ESU	Carol Solko-Oliff, FHSU
--------------------	-------------------------

Also participating was Lesley Gagnon, Mercer. Participating by phone were Vickie Mense, representing PSU as Cathy Lee Arcuino was unavailable; Mary Karten, KU; Matt Brinson and Dale Burns, UHC-SR; Jennifer Dahlquist, MHEC and Bryan Kakita, Mercer. Alisha Wittstruck, KUM , was unable to attend and student representatives for this academic year have not yet been identified.

Minutes

The minutes from the May 7, 2014 meeting were approved.

Open Enrollment for Plan -1 Students

Matt Brinson requested discussion about the Open Enrollment periods for plan -1 voluntary students. Matt emailed that “Originally in our Voluntary Enrollment Guidelines we suggested an eligibility cutoff date for the -1 voluntary plan of 8/1/2014 to reduce the exposure of the overall policy as we implemented the final required ACA changes that included no pre-x and unlimited benefits.

The SIAC minutes and the information on-line reflect

Open Enrollment for 2014-200118-1 Students Only

Applications and correct premium payments received within 31 days of the period effective date will be effective the first day of the period. For example: Applications and premium payments received July 1 – through the individual Universities end date will receive an effective date of August 1, 2014. For all other applications received outside of the open enrollment period, coverage will be effective the date the correct premium is received by the Company or representative of the Company or the effective date of the coverage period, whichever is later.

Open Enrollment Periods

University	Fall		Spring		Summer	
	Start Date	End Date	Start Date	End Date	Start Date	End Date
Emporia State	7/1/2014	8/18/2014	12/1/2014	1/21/2015	5/1/2015	6/1/2015
Fort Hays State	7/1/2014	8/18/2014	12/1/2014	1/21/2015	5/1/2015	6/1/2015
Kansas State University	7/1/2014	8/25/2014	12/1/2014	1/21/2015	5/1/2015	6/1/2015
KUMC	7/1/2014	8/25/2014	12/1/2014	1/21/2015	5/1/2015	6/1/2015
Pittsburg State	7/1/2014	8/18/2014	12/1/2014	1/21/2015	5/1/2015	6/1/2015
University of Kansas	7/1/2014	8/25/2014	12/1/2014	1/21/2015	5/1/2015	6/1/2015
Wichita State	7/1/2014	8/18/2014	12/1/2014	1/21/2015	5/1/2015	6/1/2015

Matt Brinson explained that UHC-SR's intent was that if a student enrolled during the fall period, from 7/1 to 8/1, the policy would be effective 8/1. Enrollment after that period through the end date would have coverage effective the date the application and payment were received by UHC-SR. Matt Brinson noted that they had failed to adjust the wording in the brochures and that the same language that had been used in previous plan year was repeated. As a result, UHC-SR has authorized a special appeal process that students can use through September 15, 2014, to enroll in Plan 1 coverage, after which a qualifying life event will be necessary to enroll before the next Open Enrollment period.

For PY 15-16, Matt Brinson requested consideration of the cutoff date being when the payment is received and no enrollments would be allowed after the end date except when there was a qualifying event.

Matt Brinson will send suggested changes to the words in the paragraph above the Open Enrollment Periods as well as information about how a qualifying event will be defined (and the form) as well as the enrollment process.

Jim Parker stated that KSU staff were contacted by students, parents and grandparents who were frustrated with this process and he stressed that we need to make sure students have the opportunity to enroll even if they are late. Acknowledging UHC-SR's concerns, Jim Parker stressed that a plan needs to be developed that accommodates the universities with their different start dates. Diana Malott stated that part of the issue was that students did not receive a brochure or plan information ahead of time and they were not on campus until a few days before the semester started. Diana Malott supported Jim Parker's request that this situation be addressed, recognizing UHC-SR's exposure but also recognizing the need to make it easier for students to enroll. Students who had been in the plan before were waiting until they returned to campus to enroll as they did not realize the enrollment rules had changed.

The SIAC requested that Lesley Gagnon and Matt Brinson look at other student plans to determine what best practices might be utilized to address this situation that would work for both the students/universities and UHC.

In response to a question about the master contracts for PY 14-15, Matt Brinson indicated that he would need to check on an availability date as UHC-SR is still getting brochures out to schools because the policy filings were difficult because of the essential benefits coverage.

MHECare/Mercer Reports

Bryan Kakita reviewed the Mercer report information with these highlights:

1. Experience for the 2013/14 plan year is approximately 85% complete for medical and 95% complete for Rx. Experience over the last three plan years has resulted in paid loss ratios (paid claims relative to premium collected) of 59.9%, 66.5% and 69.9% for 2011/12, 2012/13 and 2013/14 respectively. The target loss ratio for UHCSR is approximately 73.1% including ACA fees (77.5% net of ACA fees) resulting in a small projected gain for UHCSR for 2013/14.
2. Two of the seven universities are expected to end the plan year with loss ratios above the breakeven loss ratio.
3. Inpatient hospital claims represent 25.9% of all paid claims in 2013/14 and is basically unchanged from the prior year at 25.3%. Outpatient medical claims are similar to last year at 43.0%. Student Health Center claims of 12.3% represented a slightly increase from the prior year at 11.6%. Prescription drug claims represented 17.0% of 2013/14 claims, up slightly from last year at 15.7% and experience has leveled off from its 50%+ spike in paid claims in 2012/13 due to the addition of 100% coverage for contraceptives required by the ACA.

4. For 2013/14, the top major diagnostic categories were: neoplasm/tumors (19.5%); symptoms/ill-defined conditions (17.8%); maternity (8.8%); digestive system (5.7%) and musculoskeletal systems (3.9%). Four of these categories were also in the top five for 2012/13.
5. For 2012/13, there were 22 claims exceeding \$200,000 for a total of \$953,000 representing 19% of total paid claims. For 2013/14 through July 2014, there are 24 claims above \$200,000 representing 33% of total paid claims. Three students have claims greater than \$250,000. The recent increase in large claims is impacted by the ACA required increase in the plan maximum from \$100,000 in 2012/13 to \$500,000 in 2013/14. The ACA's required unlimited lifetime maximum in 2014/15 could adversely impact claims.
6. For 2013/14, the University of Kansas Hospital had the most paid claims, \$462,000, followed by Lawrence Memorial Hospital, \$433,000. These two facilities represent \$895,000 in paid claims or 17% of all paid claims.
7. Student Health Center claims represented 17.3% of all paid claims, including prescriptions dispensed, for the 2013/14 plan. Emporia State, Kansas State and the University of Kansas had the highest student health center utilization at 43.6%, 27.5% and 27.4% of total claims, respectively. High levels of student health center utilization likely will improve overall experience due to their gatekeeper effect and relatively low cost of services. Labs and prescription drugs represented the largest portion of claims incurred.

Lesley Gagnon asked about the "PBM" claims and Matt Brinson stated they are very expensive specialty drugs, more specifically cancer drugs. (After the meeting, Matt Brinson confirmed the "PBM" line item from the Large Claim report represents expensive medicines that are prescribed monthly for a chronic condition. I mentioned on the call that we have noticed an increase in our Specialty Prescriptions.)

Carol Solko-Olliff stated that there are a lot of international students who use the health center so the numbers for FHSU paid claims by type of service were surprisingly low. Matt Brinson indicated that he would check to see if FHSU is batching their claims to see if the information reported is correct. (After the meeting, Matt Brinson confirmed that FHSU does ledger bill and he shared that information with Bryan Kakita.)

Good of the Order

1. **International Student Plan** - Request from KU's international office to split the annual premium for international students (Plan 4) into two equal 6 month portions to encourage students to enroll in coverage for spring/summer. Sheryl McKelvey was supportive of the idea to ensure students had coverage in the summer. Mary McDaniel asked what would be done for students who arrive in the summer and Matt Brinson replied they would still have a summer only period, from 6/1 – 7/31, available and the universities provide international student enrollees on a list. Lesley Gagnon stated that some student plans have "uneven" coverage with 5 months in the fall and 7 months for spring/summer with a special summer only coverage option. Matt Brinson indicated that most international plans are set up with annual, fall and spring/summer period options and that UHC-SR can accommodate periods that are equal periods or unequal periods. Diana Malott asked whether the periods could be offered to an individual university and Matt Brinson replied that because the international plan, -4, has been separated that might provide flexibility for each university to have its own policy option but he would need to have further discussions within UHC-SR. The SIAC requested that Lesley work with UHC-SR to develop best practices for coverage periods for the plan.
2. TB Testing in the summer – Jim Parker thanked Matt Brinson for helping KSU out this summer when the summer TB testing had to be completed in late May before the start of the summer period and he

asked if there was a better solution to address those types of situations instead of a work-around. Sheryl McKelvey stated that same issue had arisen at WSU. The SIAC requested that Lesley Gagnon and Matt Brinson review this issue to see how it might be addressed in future years.

Future SIAC meetings

Future SIAC meeting tentatively scheduled for 12:30, KBOR Board Room

1. Wednesday, December 3, 2014
2. Wednesday, February 4, 2015
3. Wednesday, May 6, 2015

DRAFT



Kansas Board of Regents

December 3, 2014



Historical Overview

- The Kansas Board of Regents has seven schools enrolled in MHECare underwritten by UnitedHealthcare StudentResources (UHCSR).
- A summary of individual school experience for the 2011/12, 2012/13, and 2013/14 plan years through October 2014 is shown on pages 2 and 3
- Experience for the 2013/14 plan year is now complete
- Experience over the last three plan years has resulted in paid loss ratios (paid claims relative to premium collected) of 59.9%, 66.5%, and 66.1% for 2011/12, 2012/13 and 2013/14, respectively. The target loss ratio for UHCSR is approximately 73.1% including ACA fees (77.5% net of ACA fees) resulting in a small projected gain for UHCSR for 2013/14
- Two of the seven universities are expected to end the plan year with loss ratios above the breakeven loss ratio. Variances from year to year are expected with the relatively small populations at some universities



Historical Overview

<i>Emporia State University</i>	Total Enrollment	Premium	Medical Claims	Rx Claims	Total Claims	Per Capita Cost	Loss Ratio
2011/12 - UHC	160	\$174,150	\$128,080	\$12,836	\$140,916	\$880.72	80.9%
2012/13 - UHC	143	\$179,553	\$128,231	\$17,369	\$145,599	\$1,018.18	81.1%
2013/14 - UHC	279	\$360,915	\$101,604	\$16,633	\$118,236	\$423.79	32.8%

<i>Fort Hays State University</i>	Total Enrollment	Premium	Medical Claims	Rx Claims	Total Claims	Per Capita Cost	Loss Ratio
2011/12 - UHC	236	\$256,743	\$160,264	\$12,187	\$172,451	\$730.72	67.2%
2012/13 - UHC	246	\$312,771	\$217,773	\$15,612	\$233,385	\$948.72	74.6%
2013/14 - UHC	340	\$437,098	\$487,435	\$18,564	\$505,999	\$1,488.23	115.8%

<i>Kansas State University</i>	Total Enrollment	Premium	Medical Claims	Rx Claims	Total Claims	Per Capita Cost	Loss Ratio
2011/12 - UHC	1,590	\$1,760,995	\$708,334	\$119,459	\$827,793	\$520.62	47.0%
2012/13 - UHC	1,651	\$2,059,276	\$852,935	\$161,782	\$1,014,716	\$614.61	49.3%
2013/14 - UHC	1,804	\$2,348,765	\$903,661	\$199,078	\$1,102,739	\$611.27	46.9%

<i>Pittsburg State University</i>	Total Enrollment	Premium	Medical Claims	Rx Claims	Total Claims	Per Capita Cost	Loss Ratio
2011/12 - UHC	252	\$284,776	\$143,838	\$25,266	\$169,104	\$671.05	59.4%
2012/13 - UHC	193	\$252,349	\$110,670	\$27,901	\$138,571	\$717.98	54.9%
2013/14 - UHC	217	\$292,720	\$88,915	\$14,913	\$103,829	\$478.47	35.5%



Historical Overview

<i>University of Kansas</i>	Total Enrollment	Premium	Medical Claims	Rx Claims	Total Claims	Per Capita Cost	Loss Ratio
2011/12 - UHC	2,590	\$2,875,991	\$1,498,888	\$228,348	\$1,727,236	\$666.89	60.1%
2012/13 - UHC	2,474	\$3,179,418	\$2,078,007	\$347,181	\$2,425,189	\$980.27	76.3%
2013/14 - UHC	2,550	\$3,329,030	\$1,786,742	\$411,980	\$2,198,722	\$862.24	66.0%

<i>University of Kansas Medical Center</i>	Total Enrollment	Premium	Medical Claims	Rx Claims	Total Claims	Per Capita Cost	Loss Ratio
2011/12 - UHC	475	\$536,801	\$451,025	\$73,982	\$525,008	\$1,105.28	97.8%
2012/13 - UHC	437	\$577,080	\$338,727	\$100,380	\$439,107	\$1,004.82	76.1%
2013/14 - UHC	447	\$598,576	\$808,168	\$130,017	\$938,186	\$2,098.85	156.7%

<i>Wichita State University</i>	Total Enrollment	Premium	Medical Claims	Rx Claims	Total Claims	Per Capita Cost	Loss Ratio
2011/12 - UHC	976	\$1,065,886	\$545,924	\$55,360	\$601,284	\$616.07	56.4%
2012/13 - UHC	895	\$1,121,098	\$582,853	\$130,943	\$713,795	\$797.54	63.7%
2013/14 - UHC	1,026	\$1,329,773	\$658,759	\$120,431	\$779,190	\$759.44	58.6%

<i>Total KBOR</i>	Total Enrollment	Premium	Medical Claims	Rx Claims	Total Claims	Per Capita Cost	Loss Ratio
2011/12 - UHC	6,279	\$6,955,342	\$3,636,352	\$527,438	\$4,163,791	\$663.13	59.9%
2012/13 - UHC	6,039	\$7,681,545	\$4,309,195	\$801,167	\$5,110,362	\$846.23	66.5%
2013/14 - UHC	6,663	\$8,696,877	\$4,835,284	\$911,617	\$5,746,901	\$862.51	66.1%



Paid claims by type of service

- Inpatient hospital claims representing 26.3% of all paid claims in 2013/14 was basically unchanged from the prior year at 25.3%
- Outpatient medical claims were similar to last year at 44.1%. There were only small variances within this category
- Student Health Center claims was basically unchanged at 11.9% versus 11.6% the prior year
- Prescription drugs claims represented 15.9% of claims for 2013/14 and was consistent with last year. Experience has leveled off from its 50%+ spike in paid claims in 2012/13 due to the addition of 100% coverage for contraceptives required by PPACA



Paid claims by type of service

Type of Claim	UHC 2013-2014	% of total	UHC 2012-2013	% of total
Inpatient Hospital				
ANESTHETIST	\$50,958	0.9%	\$47,128	0.9%
ASSISTANT SURG	\$9,993	0.2%	\$5,097	0.1%
HOSPITAL MISC	\$888,763	15.5%	\$676,722	13.2%
INTENSIVE CARE UNIT	\$24,528	0.4%	\$75,699	1.5%
PHYSICIAN VISITS	\$38,632	0.7%	\$51,728	1.0%
PROFESSIONAL FEE	\$7,501	0.1%	\$4,368	0.1%
PSYCHOTHERAPY	\$0	0.0%	\$0	0.0%
ROOM & BOARD	\$344,068	6.0%	\$315,264	6.2%
SURGERY	\$146,556	2.6%	\$114,579	2.2%
Inpatient Total	\$1,510,999	26.3%	\$1,290,585	25.3%
Outpatient Hospital				
ANESTHETIST	\$36,849	0.6%	\$45,377	0.9%
CAT SCAN / MRI	\$266,111	4.6%	\$325,254	6.4%
CHEMOTHERAPY	\$254,344	4.4%	\$156,672	3.1%
DAY SURGERY	\$382,412	6.7%	\$392,108	7.7%
INJECTIONS	\$57,837	1.0%	\$74,112	1.5%
LABORATORY	\$504,295	8.8%	\$333,077	6.5%
MEDICAL EMERGENCY	\$241,549	4.2%	\$292,917	5.7%
PHYSICIAN VISITS	\$331,292	5.8%	\$363,939	7.1%
PHYSIOTHERAPY	\$34,348	0.6%	\$49,916	1.0%
PSYCHOTHERAPY	\$0	0.0%	\$0	0.0%
RADIATION THERAPY	\$176,458	3.1%	\$7,751	0.2%
SUPPLIES/MISC	\$25,877	0.5%	\$11,235	0.2%
SURGERY	\$117,235	2.0%	\$125,163	2.4%
XRAYS	\$105,647	1.8%	\$107,168	2.1%
Outpatient Total	\$2,534,252	44.1%	\$2,284,690	44.7%
Student Health Center				
Student Health Center Total	\$686,124	11.9%	\$590,906	11.6%
Miscellaneous Medical				
	\$104,227	1.8%	\$143,647	2.8%
Prescription Drugs				
	\$911,300	15.9%	\$800,535	15.7%
Grand Total	\$5,746,901	100.0%	\$5,110,362	100.0%



Summary of utilization by major diagnostic category (MDC)

- For the 2013/14 plan year, the top MDCs by paid claims were:
 - Neoplasm/Tumors (19.0%)
 - Symptoms/Ill-defined conditions (17.2%)
 - Maternity (9.2%)
 - Digestive System (6.0%)
 - Musculoskeletal Systems (3.9%)
- Four of the top five categories were also in the top five for 2012/13



Summary of utilization by major diagnostic category (MDC)

Major Diagnostic Category	Total - UHC 13-14		Total - UHC 12-13	
	Paid Amount	% of Total	Paid Amount	% of Total
A.I.D.S.	\$0	0.0%	\$229	0.0%
ALCOHOLISM	\$6,947	0.1%	\$3,534	0.1%
ALLERGY	\$9,755	0.2%	\$11,005	0.2%
CIRCULATORY SYSTEM	\$180,085	3.1%	\$160,967	3.1%
CONGENITAL ANOMALIES	\$236	0.0%	\$3,653	0.1%
DENTAL	\$7	0.0%	\$57	0.0%
DIAGNOSTIC INFO UNAVAIL	\$54,955	1.0%	\$60,994	1.2%
DIGESTIVE SYSTEM	\$345,561	6.0%	\$352,954	6.9%
DISEASES OF THE BLOOD	\$22,861	0.4%	\$95,323	1.9%
DRUG ABUSE	\$0	0.0%	\$365	0.0%
ELECTIVE ABORTIONS	\$915	0.0%	\$0	0.0%
ENDOC/NUTRIT/METAB/IMMUN	\$59,381	1.0%	\$123,660	2.4%
FOREIGN BODY/BURNS	\$7,109	0.1%	\$8,399	0.2%
FRACTURES/DISLOCATIONS	\$102,519	1.8%	\$324,198	6.3%
GENITOURINARY SYSTEM	\$173,923	3.0%	\$209,978	4.1%
GROUP LEDGER BILLING	\$1,008,699	17.6%	\$883,527	17.3%
ILLNESS OF NEWBORN INFANT	\$24,043	0.4%	\$249,447	4.9%
INFECTIOUS/PARASITIC	\$52,675	0.9%	\$37,480	0.7%
INTERNAL INJ/OPEN WOUND	\$76,857	1.3%	\$105,615	2.1%
MATERNITY	\$529,787	9.2%	\$506,388	9.9%
MENTAL DISORDERS	\$91,469	1.6%	\$142,037	2.8%
MUSCULOSKELETAL SYSTEM	\$225,807	3.9%	\$256,673	5.0%
NEOPLASMS/TUMORS	\$1,090,817	19.0%	\$203,507	4.0%
NERVOUS SYS/SENSE ORGANS	\$179,301	3.1%	\$105,972	2.1%
POISONING/EXTERNAL CAUSES	\$16,662	0.3%	\$18,327	0.4%
RESPIRATORY SYSTEM	\$73,158	1.3%	\$80,069	1.6%
ROUTINE	\$165,311	2.9%	\$136,174	2.7%
ROUTINE WELL BABY	\$193,007	3.4%	\$94,177	1.8%
SKIN/SUBCATANEOUS TISSUE	\$21,899	0.4%	\$38,666	0.8%
SPRAINS/STRAINS	\$35,201	0.6%	\$76,718	1.5%
SUPERFICIAL INJURY	\$9,362	0.2%	\$16,834	0.3%
SYMPTOMS/ILL-DEFINED COND	\$988,442	17.2%	\$803,436	15.7%
TMJ AND SKELETAL IRREGULARITIES	\$8	0.0%	\$0	0.0%
UNKNOWN	\$141	0.0%	\$0	0.0%
Totals	\$5,746,901	100.0%	\$5,110,363	100.0%



Large claims summary

- For 2012/13, there were 22 claims that exceeded \$20K for a total of \$953K. These claims represented 19% of total paid claims
- For the 2013/14 plan year, there are 22 claims above \$20K representing 29% of total paid claims and \$1.7M in paid claims. Three student members have claims greater than \$250K. The recent increase in large claim costs is impacted by the increase in the plan maximum from \$100K in 2012/13 to \$500K in 2013/14 as required by PPACA legislation. KBOR's plan in 2014/15 will have an unlimited lifetime maximum
- The exhibit on the following page summarize the large claims for the 2013/14 plan year



Large claims summary 2013/14

#	Group	Relationship	Total Paid Amount	ICD-9 Description
1	Wichita State University	Student	\$334,776	HODGKIN NODULR SCLER UNS SITE XTRANOD&SOLID ORGN
2	University of Kansas Medical Center	Student	\$302,929	NEOPLASM OF UNSPECIFIED NATURE OF BRAIN
3	Fort Hays State University	Student	\$264,782	MALIG NEOPLASM OTHER SPEC SITES FEMALE BREAST
4	University of Kansas	Student	\$90,765	BENIGN NEOPLASM OF BRAIN
5	University of Kansas	Student	\$88,043	UNSPECIFIED DISEASE OF SPINAL CORD
6	University of Kansas	Student	\$59,463	IATROGENIC PULMONARY EMBOLISM AND INFARCTION
7	University of Kansas	Student	\$55,508	UNSPECIFIED INTESTINAL OBSTRUCTION
8	Kansas State University	Student	\$53,827	MALIG NEOPLASM OTHER SPEC SITES FEMALE BREAST
9	University of Kansas Medical Center	Dependent	\$51,458	LIVEBORN TWIN-MATE LIVEBORN HOSP W/O C-SEC
10	University of Kansas Medical Center	Dependent	\$51,018	LIVEBORN TWIN-MATE LIVEBORN HOSP W/O C-SEC
11	Fort Hays State University	Student	\$41,199	LUMP OR MASS IN BREAST
12	University of Kansas	Student	\$37,829	UNSPECIFIED ULCERATIVE COLITIS
13	University of Kansas Medical Center	Student	\$34,518	NONUNION OF FRACTURE
14	University of Kansas	Student	\$34,070	REGIONAL ENTERITIS OF UNSPECIFIED SITE
15	University of Kansas	Student	\$26,187	OTHER SPECIFIED CARDIAC DYSRHYTHMIAS
16	Fort Hays State University	Student	\$24,076	FITTING AND ADJUSTMENT OF VASCULAR CATHETER
17	Kansas State University	Student	\$23,741	UTERINE SIZE DATE DISCREPANCY ANTPRTRM COND/COMPL
18	University of Kansas Medical Center	Student	\$23,172	HEAD INJURY UNSPECIFIED
19	Kansas State University	Student	\$22,878	UNSPECIFIED DISEASE OF PERICARDIUM
20	Kansas State University	Student	\$22,226	REGIONAL ENTERITIS OF SMALL INTESTINE
21	University of Kansas Medical Center	Dependent	\$21,123	SINGLE LIVEBORN HOSPITAL W/O C-SECTION
22	University of Kansas	Student	\$20,587	OSTEOARTHROS UNSPEC GEN/LOC PELV REGION&THIGH
Total			\$1,684,175	

Summary of experience by facility

- The exhibit on the following page shows the top 25 facilities by paid claims. These facilities represent 49% of all paid claims for KBOR
- The facility with the most paid claims was the University of Kansas Hospital with \$482K in paid claims followed by Lawrence Memorial Hospital with \$472K in paid claims. These two facilities represent \$954K in paid claims or 17% of all paid claims



Summary of experience by facility

Facility	City, State	Claims	Benefits Paid	Inpatient Paid Amount	Inpatient as % of total	Outpatient Paid Amount	Outpatient as % of total	Paid/Claimant
UNIVERSITY OF KANSAS HOSPITAL	SAINT LOUIS MO 63195	60	\$481,523	\$453,068	94.1%	\$28,455	5.9%	\$8,025
LAWRENCE MEMORIAL HOSPITAL	KANSAS CITY MO 64180	397	\$472,459	\$259,372	54.9%	\$213,087	45.1%	\$1,190
HAYS MEDICAL CENTER	HAYS KS 67601	98	\$383,739	\$27,088	7.1%	\$356,651	92.9%	\$3,916
MERCY REGIONAL HEALTH CENTER	KANSAS CITY MO 64180	165	\$276,648	\$133,193	48.1%	\$143,455	51.9%	\$1,677
UNIV OF KANSAS HOSP AUTHORITY	SAINT LOUIS MO 63195	156	\$162,324	\$81,386	50.1%	\$80,938	49.9%	\$1,041
SHAWNEE MISSION MEDICAL CENTER	SHAWNEE MISSION, KS 6620	31	\$155,993	\$147,450	94.5%	\$8,543	5.5%	\$5,032
WESLEY MEDICAL CENTER	ATLANTA GA 30384	51	\$123,094	\$61,232	49.7%	\$61,862	50.3%	\$2,414
MAYO CLINIC HOSP-ROCHESTER	MINNEAPOLIS MN 55486	3	\$50,449	\$44,871	88.9%	\$5,577	11.1%	\$16,816
CHILDRENS MERCY HOSPITAL	KANSAS CITY MO 64180	29	\$48,950	\$5,398	11.0%	\$43,552	89.0%	\$1,688
MENORAH MEDICAL CENTER	ATLANTA GA 30384	16	\$48,013	\$35,527	74.0%	\$12,486	26.0%	\$3,001
ST LUKES HOSPITAL	SAINT LOUIS MO 63150	10	\$28,554	\$18,314	64.1%	\$10,240	35.9%	\$2,855
HUNTINGTON MEMORIAL HOSPITAL	LOS ANGELES CA 90084	7	\$28,422	\$28,422	100.0%	\$0	0.0%	\$4,060
LAWRENCE MEMORIAL HOSPITAL	KANSAS CITY MO 64180	34	\$25,352	\$15,263	60.2%	\$10,088	39.8%	\$746
MANHATTAN SURGICAL HOSPITAL	MANHATTAN KS 66502	12	\$23,541	\$0	0.0%	\$23,541	100.0%	\$1,962
NEWMAN MEMORIAL COUNTY HOSPITAL	EMPORIA KS 66801	72	\$22,384	\$0	0.0%	\$22,384	100.0%	\$311
LAWRENCE SURGERY CENTER	LAURENCE KS 66044	13	\$21,902	\$0	0.0%	\$21,902	100.0%	\$1,685
JOHNS HOPKINS HOSPITAL	BOSTON MA 02241	1	\$20,492	\$20,492	100.0%	\$0	0.0%	\$20,492
VIA CHRISTI HOSPITALS WICHITA	WICHITA KS 67201	22	\$20,132	\$11,517	57.2%	\$8,615	42.8%	\$915
ST JOSEPH MEDICAL CENTER	KANSAS CITY MO 64180	2	\$18,429	\$15,733	85.4%	\$2,695	14.6%	\$9,214
OVERLAND PARK REGIONAL MEDICAL CENTER	ATLANTA GA 30384	10	\$18,391	\$9,011	49.0%	\$9,380	51.0%	\$1,839
VIA CHRISTI HOSPITAL PITTSBURG	WICHITA KS 67201	15	\$18,153	\$0	0.0%	\$18,153	100.0%	\$1,210
PACKARD CHILDRENS HOSPITAL	SALT LAKE CITY UT 84127	6	\$17,950	\$16,132	89.9%	\$1,818	10.1%	\$2,992
CITIZENS MEDICAL CENTER	COLBY, KS 67701	4	\$14,350	\$0	0.0%	\$14,350	100.0%	\$3,588
JOHN MUIR MEDICAL CENTER	SAN FRANCISCO CA 94139	1	\$13,576	\$13,576	100.0%	\$0	0.0%	\$13,576
SAINT LUKES SOUTH	SAINT LOUIS MO 63150	12	\$13,561	\$9,357	69.0%	\$4,204	31.0%	\$1,130
Total Top Twenty Five Facilities by Paid Amount		1,227	\$2,508,380	\$1,406,402	56.1%	\$1,101,978	43.9%	\$2,044

Student Health Center Paid claims by type of service

- Student Health Center claims represented 17.4% of all paid claims (including scripts dispensed at those facilities) for the 2013/14 plan year for the KBOR System
- Utilization varied widely between universities as a result of differing levels of health center capabilities
- Emporia State University, Kansas State University and University of Kansas had the highest student health center utilization at 39.3%, 27.2% and 26.3% of total claims, respectively. High levels of student health center utilization likely will improve overall experience due to their gatekeeper effect and relatively low cost of services.
- labs and prescription drugs represented the largest portion of claims incurred at health centers



Student Health Center

Paid claims by type of service

Service Category	Emporia State University	Fort Hays State University	Kansas State University	Pittsburg State University	University of Kansas	University of Kansas Medical Center	Wichita State University	Total Kansas State System
Adjustments	(\$40)		\$0				(\$837)	(\$877)
Braces and Appliances					\$40			\$40
Group Ledger Billing		(\$192)	(\$4,263)		(\$1,365)			(\$5,820)
Injections	\$10,224	\$1,412	\$33,834	\$269	\$126,687	\$76	\$756	\$173,258
Laboratory	\$13,405	\$22,228	\$79,312	\$3,043	\$176,485	\$7,577	\$4,243	\$306,292
Medical Records					\$89			\$89
Physician Visits	\$19,350	\$19,317	\$11,782	\$745	\$31,689		\$3,544	\$86,427
Physiotherapy	\$2		\$16,903		\$17,214	\$146		\$34,265
Prescriptions	\$1,826		\$111,400	\$2,166	\$147,413		\$8,150	\$270,954
Psychotherapy				\$717	\$19,290			\$20,007
Refunds							(\$28)	(\$28)
Supplies/Misc	\$1,161		\$25,706	\$42	\$31,201	\$858	\$26	\$58,994
Surgery	\$527	\$425	\$8,256	\$100	\$14,785	\$290	\$92	\$24,475
X-rays			\$17,455	\$190	\$14,739			\$32,384
Total Student Health Center Claims	\$46,453	\$43,190	\$300,385	\$7,272	\$578,268	\$8,947	\$15,946	\$1,000,460
Total Medical+Rx Claims	\$118,236	\$505,999	\$1,102,739	\$103,829	\$2,198,722	\$938,186	\$779,190	\$5,746,901
% Paid at Student Health Center	39.3%	8.5%	27.2%	7.0%	26.3%	1.0%	2.0%	17.4%

Prescription drug summary

Top Drug Ranking

- The exhibit on the following page shows the top 25 drugs used by members in 2013/14 based on paid claims
- Tecfidera took two spots in the top five with \$61K in paid claims. This drug is used to treat multiple sclerosis and averages \$3,366 per prescription
- Nine of the top 25 drugs are mental health related while four of the top 25 drugs are contraceptives
- These top 25 drugs represented only 13% of total prescriptions but 50% of the overall drug spend and had an average per script plan cost of \$178.33 compared to the average per script cost for all drugs of \$48.42



Prescription drug summary

Top Drug Ranking

Drug Name	Generic Therapeutic Class Description	Tier Indicator (UHD)	Net Rxs	Total Rx Users	Total Plan Cost	Total Member Cost	Average Plan Cost/Rx	Average Copay/Rx
TECFIDERA	MISCELLANEOUS (MS Drug)	Tier 3	12	3	\$39,970	\$17,130	\$3,330.80	\$1,427.49
VYVANSE	AMPHETAMINE PREPARATIONS	Tier 2	244	41	\$34,004	\$14,573	\$139.36	\$59.73
TECFIDERA	MISCELLANEOUS (MS Drug)	Tier 2	6	1	\$20,616	\$8,836	\$3,436.08	\$1,472.61
ENBREL	ANTIARTHRITICS	Tier 2	11	4	\$19,522	\$8,367	\$1,774.76	\$760.61
AMPHETAMINE SALT COMBO	AMPHETAMINE PREPARATIONS	Tier 1	422	93	\$16,721	\$6,200	\$39.62	\$14.69
NUVARING	SYSTEMIC CONTRACEPTIVES	Tier 2	252	40	\$16,614	\$7,120	\$65.93	\$28.25
SEROQUEL XR	ATARACTICS-TRANQUILIZERS	Tier 3	39	2	\$15,706	\$6,731	\$402.72	\$172.59
HUMALOG	DIABETIC THERAPY	Tier 1	41	6	\$14,381	\$615	\$350.75	\$15.00
ATRIPLA	ANTIVIRALS	Tier 2	10	1	\$14,026	\$6,011	\$1,402.63	\$601.13
DEXTROAMPHETAMINE-AMPHET ER	AMPHETAMINE PREPARATIONS	Tier 1	101	35	\$12,689	\$2,144	\$125.63	\$21.23
ABILIFY	ATARACTICS-TRANQUILIZERS	Tier 3	20	9	\$10,837	\$4,644	\$541.83	\$232.21
ADDERALL XR	AMPHETAMINE PREPARATIONS	Tier 1	51	18	\$10,002	\$765	\$196.12	\$15.00
TEMOZOLOMIDE	ANTINEOPLASTICS	Tier 1	4	1	\$9,732	\$60	\$2,432.90	\$15.00
ADDERALL XR	AMPHETAMINE PREPARATIONS	Tier 3	45	11	\$8,992	\$755	\$199.81	\$16.77
CLOMIPRAMINE HCL	PSYCHOSTIMULANTS-ANTIDEPRES	Tier 1	12	1	\$8,795	\$110	\$732.94	\$9.17
PRISTIQ ER	PSYCHOSTIMULANTS-ANTIDEPRES	Tier 3	61	6	\$8,255	\$3,538	\$135.34	\$58.00
LIALDA	NON-NARCOTIC ANALGESICS	Tier 2	17	2	\$7,640	\$3,274	\$449.40	\$192.60
ADVAIR DISKUS	BRONCHIAL DILATORS	Tier 3	43	16	\$7,461	\$3,197	\$173.50	\$74.36
GIANVI	SYSTEMIC CONTRACEPTIVES	Tier 1	109	21	\$7,344	\$0	\$67.37	\$0.00
STRIBILD	ANTIVIRALS	Tier 3	4	1	\$6,854	\$2,938	\$1,713.59	\$734.39
DOXYCYCLINE HYCLATE	TETRACYCLINES	Tier 1	84	57	\$6,779	\$1,237	\$80.70	\$14.73
PENTASA	NON-NARCOTIC ANALGESICS	Tier 3	11	2	\$6,623	\$2,838	\$602.05	\$258.02
ORTHO TRI-CYCLEN LO	SYSTEMIC CONTRACEPTIVES	Tier 3	80	9	\$6,092	\$2,611	\$76.15	\$32.64
ONE TOUCH ULTRA TEST STRIPS	DIAGNOSTICS	Tier 1	25	6	\$5,856	\$375	\$234.24	\$15.00
MINASTRIN 24 FE	SYSTEMIC CONTRACEPTIVES	Tier 3	96	15	\$5,492	\$2,354	\$57.21	\$24.52
Total - Top 25 Drugs by Paid Amount			1,800	401	\$321,001	\$106,423	\$178.33	\$59.12
Total - All Drugs			13,385	1,664	\$648,132	\$282,634	\$48.42	\$21.12



Observations

- The 2013/14 claims experience ran well with a final loss ratio below breakeven. Overall experience has run well over the last three years and appears to be fairly stable
- Large claim exposure has played some role in the year over year claim increases. Moving to an unlimited maximum for 2014/15 could adversely impact claims

