

**STUDENT HEALTH INSURANCE
ADVISORY COMMITTEE
Information for May 6, 2020**

AGENDA

Kansas Board of Regents
Student Health Insurance Committee
Conference Call
Tuesday, May 6, 2020, at 12:30 p.m.

- I. Approve: Minutes from the January 28, 2020, and February 4, 2020, meetings
- II. ECI Waiver Reports
- III. UHC-SR reduction of enrollment forms
- IV. UHC-SR dental and vision plan offerings in Spring semesters
- V. KBOR student insurance regulations – progress of amending Board Regulations to
 1. suspend provision excepting online-only students from eligibility
 2. clarify that students may only select dependent coverage if it is offered under the Board's plans
- VI. UHC-SR reports
- VII. Update on status of PY 20-21 approval
- VIII. Summer international student coverage (is this topic needed)? – allowing international students who were enrolled in spring coverage to also enroll in summer coverage even though the student is not enrolled in classes.
- IX. Plan Design Considerations for PY 21-22
 - a. Potential plan modifications
 - b. Plan 2
 - c. Dependent coverage
- X. **Good of the Order**
- XI. **Future SIAC meeting tentatively scheduled for 12:30, KBOR Board Room**
 - A. Wednesday, September 2, 2020
 - B. Wednesday, December 2, 2020

KANSAS BOARD OF REGENTS
Student Insurance Advisory Committee
MINUTES
January 28, 2020

The January 28, 2020, meeting of the Student Insurance Advisory Committee (SIAC) was called to order at 12:30 p.m.

Members in Attendance:

Ethan Erickson, KSU, COBO rep, Chair
Diana Malott, KU

Mary McDaniel-Anschutz, ESU

Members Participating by Telephone:

Matt Anderson, KUMC
Jim Parker, KSU
Karen Worley, PSU

Sheryl McKelvey, WSU
Carol Solko-Olliff, FHSU
Hannah Heatherman, KSU student

Also present were Dale Burns and Matt Brinson, UHC-SR; Julene Miller, KBOR; and Emporia State students Paul Frost (President, SAC), Victoria Goetzinger and Erin Buckner. Others participating by phone were Jennifer Dahlquist, MHEC; Mary Karten, KU; Rita Girth, PSU; from FHSU: Lynn Adams – Student Health Services, Brad DeMers – Student Government, Jackilyn Dougherty – Student Government and Teresa Clouch – assistant VP for Student Affairs; and from KSU: Sharon Maike and Chelsea Dowell. Student member Kathryn Martinez, PSU, was unable to participate.

Minutes

The minutes from the December 4, 2019, meeting were approved.

From Previous Meeting: Fellows and Trainees

As requested, UHC's underwriting reviewed the request to add graduate students who are no longer eligible for the "3G" plan (Plan 3) to qualify for Plan 2. Many of these students have been appointed or hired as fellows or trainees based on their prior academic, research or teaching performance while serving as a graduate teaching or research assistant. They no longer receive the university premium subsidy of Plan 3 and have not received the lower premiums associated with Plan 2. UHC-SR reviewed census data from the two campuses that reported such students, KU-Lawrence and KSU, and Dale Burns stated they can be included in Plan 2 effective with Plan Year 20-21.

ECI Waiver Reports and Proposed Waiver Standards

Matt Brinson asked if there were questions or feedback about the ECI waiver process. Diana Malott asked if ECI has identified any more plans to note or question. Dale Burns stated ECI has been diligent in looking at off-shore programs and travel insurance products and has been communicating about issues as they arise.

To help ECI ensure that all plans meet waiver requirements, it was requested that each campus provide to Dale Burns the current waiver standards being utilized. That information will be compiled to compare the standards to see if there are any inconsistencies.

UHC Proposal for AY 20-21

Dale Burns apologized for the delay in getting information to the SIAC because of an underwriter's unexpected family emergency and the additional time needed for the internal UHC approval processes. Dale Burns stated that with the renewals, UHC is not trying to recoup previous years' losses but to set the premium rates at the appropriate amount to cover the risks insured going forward.

Dale Burns reviewed the UHC proposals and the impact that various benefit changes would have on premiums as well as two modifications that will be made to the plan:

1. Truvada (when prescribed for preventative care) has been changed from being subject to a copay to being covered with no copay, coinsurance or deductible being applied.
2. The following Prescription Drug programs have been added to the plan: Prior Authorization and Step Therapy.

Dale Burns noted that dependents are incurring a significant portion of the claims and they are completely voluntary participants. 100% of covered dependents are incurring claims, whereas 70% of covered students are incurring claims.

Diana Malott asked whether the KBOR plan could eliminate dependent coverage. Julene Miller stated that a state statute allows the Board to enter into group insurance contracts for students, and to provide for coverage for their dependents; participation in any such Board plan must be voluntary. The statute does not *require* the Board to provide a plan or, if a plan is provided, to include dependents. Julene Miller further stated that she is not aware of any federal law that requires dependents to be covered and feedback received from UHC and MHEC is that they agree. The Board's regulation (K.A.R. 88-30-2), that allows students to select dependent coverage, can be amended or revoked and the process can be initiated in anticipation of Board adoption of the recommendation to eliminate dependent coverage (if that were to occur).

Ethan Erickson asked whether revoking a regulation requires publication in the Kansas Register and whether the process takes about 3 months. Julene Miller responded that typically the process takes longer than 3 months, but sometimes can be completed more quickly; the timeline is not totally in the Board's control.

Sheryl McKelvey stated that a decision about whether to drop dependent coverage should not be made until we are positive we can offer policies to international student dependents. Jim Parker and Diana Malott agreed, stating such a change should not be contemplated for Plan Year 20-21 but possibly for future years. Dale Burns stated that UHC anticipated a drop in dependent enrollment for Plan Year 19-20 because of rate changes, but year-to-date it appears the dependent enrollment is static from Plan Year 18-19.

Dale Burns noted that there would be a 37.19% premium increase for one risk pool under UHC's initial proposal and reminded the Committee that under the Student Health Insurance Plan (SHIP) regulations, UHC is required to rate dependents at the same rate as the student. Thus, the spouse rate is 1x the student rate and the child rate is 1x the student rate and the all children rate cannot be more than 2x the student rate. Historically, the spousal rate was 3-4x the student rate. The result is that students are subsidizing the dependent premium.

Dale Burns stated that dependent claims are disproportionate to the number of dependents covered under the plan. Losses for Plan Year 18-19 are basically complete and show that the student only loss ratio is 87.74, the dependent only loss ratio is 432.11% for an overall loss ratio is 107%. The loss ratio reflects the premiums collected versus the claims paid. UHC paid \$1.07 in claims for every premium dollar received, but there are other expenses related to the plan that are not reflected in that loss ratio (e.g., overhead, fees, taxes) that increase UHC costs by another \$0.10 to \$0.13 which means that UHC probably paid out \$1.20 for every \$1.00 in premium collected.

The initial UHC proposal for Plan Year 20-21, with the two plan modifications noted above:

Plan 1, student only rate would increase from \$3,643 to \$4,997, a \$1,354 (or 37.17%) increase.

Plans 2, 3 and 4, student only rate would increase from \$1,772 to \$2,431, a \$659 (or 37.19%) increase.

If dependents were removed and coverage was offered to students only, the proposed rates:

Plan 1: student only rate would increase from \$3,643 to \$4,364.22, a \$721.22 (or 19.80%) increase.

Plans 2, 3 and 4: student only rate would increase from \$1,772 to \$2,122, a \$350 (or 19.75%) increase.

UHC proposed additional pricing adjustments for possible benefit modifications:

1. Increasing the prescription drug copayments, outside the Student Health Center, to \$30/50%, would reduce annual premiums \$15.00 across all plans.
2. 3 tier prescription drugs \$30/40%/60%, would reduce annual premiums by \$21.00 across all plans. Currently, at the Student Health Center, \$5 copay for generic and 40% for brand prescriptions. Outside the Student Health Center, prescriptions are \$15 for Tier 1, 40% for Tier 2 and 40% for Tier 3.
3. Increasing the out-of-pocket maximum to the highest level allowable, \$8,200 single/\$16,400 family, would reduce annual premiums by \$79.00 across all plans.
4. Implementing a waiver for undergraduate students (for Plan 1 and some of Plan 2 participants) would result in a student annual rate of \$2,248, or a 55.02% reduction from the Plan 1 proposed rates and a 7.52% reduction for Plans 2, 3 and 4 proposed rates. For Plan 1 it is a reduction of \$2,749 from the proposed Plan Year 20-21 rates. For Plans 2, 3, and 4 it is a reduction of \$183 from the proposed Plan Year 20-21 rates.

Diana Malott noted that the Plan 1 premium increased even though the medical loss ratio is predicted to be 75-80% and asked how the Plan 1 premium could be positively impacted. Dale Burns stated that yesterday he spoke with the UHC underwriter to ask about decreasing the Plan 1 premium with some benefit changes. The underwriter approved the following plan design modifications that would result in no premium increase in PY 20-21 for Plan 1:

1. Raise the deductible from \$500 to \$1000, for services outside of the Student Health Center (SHC) and for non-preventative services.
2. Decrease UHC coinsurance from 80% to 70%, but that would not affect preventative care benefits or care at the student health centers.
3. Add a separate \$200 prescription drug deductible outside the student health centers. The current student health center benefit would remain the same; \$5 copay for generic and 40% copay for brand name. Outside the student health center: \$15 copay – Tier 1, 40% copay for Tier 2, 40% copay for Tier 3, up to 31 day supply per prescription.
4. Raise the out-of-pocket maximum from \$6350 to \$8200/single and from \$12,700 to \$16,400/family.

Diana Malott replied that the only item that would not be supported by the KU-Lawrence subcommittee is the out-of-pocket increase and asked if that change was eliminated, what impact would there be to the annual premium? Dale Burns will check with the UHC underwriter, but thinks it might be an insignificant amount as it was projected to result in a 1.6% decrease. But, he noted the variable is enrollment. Currently there are 700 to 800 Plan 1 enrollees. If premiums are changed, then enrollment could increase and that might mitigate the need for the change.

Jim Parker stated that if premiums increase it will be challenging to sustain Plan 1. It is better to keep premiums low and have other out-of-pocket changes. If the student suffers a catastrophic event, it is best to have insurance coverage in some form and that requires having affordable premiums.

Mary McDaniel-Anschutz noted that even though Plan 1 is doing fine this year, benefit changes for that group are still proposed and she asked if there is any thought to doing something to the group(s) with large claims loss ratios. Rita Girth agreed and stated that information showed that premiums for UHC's other plans for medical student typically cost annually between \$4,000-\$5,000 and that cohort seems to be one for which the KBOR plan is having a lot of claims. Sheryl McKelvey agreed it is a good idea to identify the population(s) with the larger claim amounts. Dale Burns stated that historically what has been driving claims costs are voluntary members (those in Plan 1). UHC found after creating Plan 2 that the rate charged for Plan 1 is about the right rate for that group. For Plan Year 20-21, Dale Burns suggests looking at the Plan 2 insured categories, identifying the different groups that are in that Plan and determining where the claims are coming from. In order to do so, the universities will have to report by type the students enrolling in Plan 2.

Diana Malott asked if there were options provided that subcommittees definitely supported or did not support. Karen Worley stated PSU would not support a hard waiver for undergraduate students as that would negatively impact enrollment. Sheryl McKelvey agreed about the hard waiver and stated that if the \$8,200 out-of-pocket change only impacts Plan 1 that is something the WSU committee might revisit. Jim Parker said he desired to hold Plan 1 harmless as much as possible, wants to make it a viable option with limited premium increases and is open to any and all proposed changes. For Plan 3 graduate students and department budgets, Jim Parker said KSU desires to hold harmless that plan as much as possible, acknowledging that everyone understands that "we have to take our medicine" and dependents are the likely group that would need to be removed from the risk pool.

Matt Brinson provided examples of two clients that removed dependents from coverage. One removed dependents six years ago but have since brought them back on because of the support for dependent coverage. There was pushback from student groups, mostly graduate and international, requesting that the dependent coverage option. This resulted in the administration allowing for dependent coverage again which did impact the overall premium. Another client modified the dependent plan benefits but then changed their minds and reverted to providing the same plan benefits for all covered participants.

Jennifer Dahlquist provided information about MHECare's student private health insurance exchange with IXSolutions which offers some individual products and could offer coverage for dependents (both domestic and international). A URL would be posted to the university's website and students would work directly with IXSolutions. The exchange websites are branded to each institution and serve as a place where dependents can enroll in a health insurance plan, see if they're eligible for financial assistance, and learn more about the products available to them. The plan would need to be branded for dependents only and not students. MHECare currently does not have any clients offering dependent only coverage.

Karen Worley and Carol Solko-Olliff expressed concern about the Plan 4 rates, as insurance premiums are a big piece of the cost of attending university. Carol Solko-Olliff asked what options are available to reduce the premium. Karen Worley sees removing dependents as the only viable option, as does Jim Parker. Diana Malott asked about making other changes, except for the change in deductible, for Plans 2, 3 and 4. Sheryl McKelvey stated that WSU does not have a full-service pharmacy and a minimal number of prescription drugs are dispensed which is also true for PSU and ESU. Matt Brinson stated they will ask the UHC underwriter to price changes related to coinsurance, prescription drug copayments and/or adding a \$200 deductible for prescription drugs. That information will be provided by January 29th and a conference call to discuss recommendations will be held on Tuesday, February 4, at noon.

Students who participated in the meeting were asked for their feedback and comments. Brad DeMers, FHSU, stated that having low premiums is the best option as having insurance coverage, even with higher out-of-pocket limits, is better than not having it. Paul Frost, ESU, said that it will be interesting to see how benefit changes will impact Plans 2, 3 and 4 and that it will be important to look at the dependent claims data as the Plan Year 18-19 data shows that it appears that 368 dependents account for a 432% loss ratio. Hannah Heatherman, KSU, said she echoed Paul Frost's statements about dependent coverage and that coming into the meeting she supported removing dependent coverage but now also wants to consider the additional information that was presented during the meeting. She also stated that undergraduate students see the impact that dependent claims have on overall rates and that keeping premiums as low as possible for all students would be best.

Paul Frost asked whether benefit changes to Plans 2, 3 and 4 would result in no premium increase. Dale Burns responded that there would be a decrease but some changes are not possible because of regulations that require certain benefit levels for international students such as a deductible no larger than \$500 and a 70% coinsurance. Future premiums will be impacted by utilization and trends and Dale Burns reiterated that UHC is trying to assess premiums to support the claims cost. Premiums for the plan a few years ago were not sufficient and while UHC initially thought it was an aberration, insufficient premiums reoccurred for two subsequent years.

Paul Frost asked if there is a way to see how many students met the out-of-pocket maximum (the current \$6,350 and the possible change to \$8,200) and Matt Brinson said that information will be provided.

Good of the Order

Nothing was shared.

Future SIAC meetings

Future SIAC meetings tentatively scheduled for 12:30 (unless otherwise stated below), KBOR Board Room:

- A. Tuesday, February 4, 2020, conference call at noon.
- B. Wednesday, May 6, 2020
- C. Wednesday, September 2, 2020
- D. Wednesday, December 2, 2020

KANSAS BOARD OF REGENTS
Student Insurance Advisory Committee
MINUTES
February 4, 2020

The February 4, 2020, conference call of the Student Insurance Advisory Committee (SIAC) was called to order at 12:00 p.m.

Members Participating by Telephone:

Ethan Erickson, KSU, COBO rep, Chair
Diana Malott, KU
Sheryl McKelvey, WSU
Carol Solko-Oliff, FHSU

Matt Anderson, KUMC
Mary McDaniel-Anschutz, ESU
Jim Parker, KSU
Karen Worley, PSU

Also participating were Emporia State student Paul Frost (President, SAC); Mary Karten, KU; Rita Girth and Vickie Mense, PSU; Lynn Adams, FHSU, Sharon Maike and Chelsea Dowell, KSU; Dale Burns, UHC-SR; Julene Miller, KBOR; and Jennifer Dahlquist, MHEC; Student members Kathryn Martinez, PSU, and Hannah Heatherman, KSU, were unable to participate.

UHC's initial proposal, reviewed by the Committee at its January 28, 2020 meeting, and subsequent proposals with various adjustments to benefits were discussed. Dale Burns provided information about the benefit changes that could be considered and the premium impact of each.

The SIAC discussed what benefit changes should be recommended to try to help students and what changes would not be possible because of federal requirements for J-1 Exchange Visitor insurance requirements. UHC confirmed that the coinsurance changes would not impact students seeking preventive care or services at the Student Health Centers and implementing a prescription drug deductible would not impact prescriptions obtained through the Student Health Centers.

Dale Burns provided information about the number of students who have met the current out-of-pocket maximum (74 in Plan Year 18-19 and 30 to date for Plan Year 19-20). Those numbers represent about 1% of the covered population. Dale Burns noted that virtually all who have met that current \$6,350 maximum would have also hit any revised maximum. Jim Parker commented that historically we have tried to keep premiums similar or the same if possible. By changing benefits, the annual premiums can be positively impacted. He expressed that by keeping the premium as low as possible, thus making coverage more affordable for students as it is better to have insurance than to be solely responsible for large medical bills if a catastrophic event is suffered. Mary McDaniel-Anschutz and Diana Malott agreed.

A motion was made by Sheryl McKelvey to adopt "version 5" of the UHC renewal proposal for Plan Year 20-21. That motion was seconded by Mary McDaniel-Anschutz and was unanimously approved. No one offered additional comments to further explain their position on the recommendation. The SIAC recommendation will be presented to the Council of Business Officers and, if approved, will then be presented to the Council of Presidents before going to the Board of Regents for final action.

UHC Renewal Proposal, version 5:

Plan Options	Plan 1	Plan 2	Plan 3	Plan 4
Plan Year 2019-2020 Annual Premiums	\$3,643	\$1,772	\$1,772	\$1,772
Initial Quote Plan Year 20-21	\$4,997	\$2,431	\$2,431	\$2,431
Dollar Difference	\$1,354	\$ 659	\$ 659	\$ 659
Percentage Difference	37.17%	37.19%	37.19%	37.19%
Benefit Changes:				
A. Raise deductible from \$500 to \$1000 – 5% (1)	\$ 249.85			
B. Decrease UHC coinsurance from 80% to 75% - 3.00%	\$ 149.91	\$ 72.03	\$ 72.03	\$ 72.03
C. Increase Out-Of-Pocket Maximum from \$6,350/\$12,700 to \$8,200/\$16,400 – 2.00%	\$ 99.94	\$ 48.62	\$ 48.62	\$ 48.62
D. Add \$200 Prescription Drug deductible outside the Student Health Center – 2.00% (2)	\$ 99.94	\$ 48.62	\$ 48.62	\$ 48.62
New Plan Year 20-21 Annual Premium	\$4,397.36	\$2,260.83	\$2,260.83	\$2,260.83
Underwriting Adjustment	\$ 854.30			
Adjusted PY 20-21 Annual Premiums after benefit changes and UHC-SR adjustments (3)	\$3,543.00	\$2,260.00	\$2,260.00	\$2,260.00
Difference in PY 19-20 and PY 20-21 Premiums	-\$ 100.00	\$ 488.00	\$ 488.00	\$ 488.00
Percentage increase over PY 19-20 Premiums	- 2.74%	27.54%	27.54%	27.54%
Difference from Original PY 20-21 Proposal	-\$1,454.00	-\$ 171.00	-\$ 171.00	-\$ 171.00

- (1) This benefit change cannot be applied to Plans 2, 3 or 4 because those plans could have international student enrollees and the J-1 Visitor Exchange federal requirements mandate that their insurance deductible cannot be greater than \$500.
- (2) The current prescription drug benefit at the Student Health Center: \$5 copay for generic, 40% copay for brand name. And, at a UHC pharmacy: \$15 copay for Tier 1; 40% copay for Tier 2 and 40% copay for Tier 3 up to a 31-day supply.
- (3) Note: after the meeting, in a February 6, 2020, email, Matt Brinson confirmed that UHC-SR will round down to the whole dollar the rates discussed during the February 4, 2020, conference call. The rates above reflect that change.

Other benefit changes applied to UHC’s entire book of business that will also be applied to the KBOR student plan:

- a. Truvada (when prescribed for preventative care) has been changed from being subject to a copay to being covered with no copay, coinsurance or deductible being applied.
- b. The following Prescription Drug programs have been added to the plan: Prior Authorization and Step Therapy for the prescriptions processed through UHC’s Pharmacy Benefit Manager, Optum.

Future SIAC meetings

Future SIAC meetings tentatively scheduled for 12:30 (unless otherwise stated below), KBOR Board Room:

- A. Wednesday, May 6, 2020
- B. Wednesday, September 2, 2020
- C. Wednesday, December 2, 2020

DRAFT



Kansas Board of Regents

KBOR Quarterly Meeting

Eligibility and Waiver Audit Services Overview of Spring 2020 Processes

Date of Report: April 15th, 2020

At the request of the Kansas Board of Regents (KBOR) this document serves as an overview of the work ECI has performed for six of the seven KBOR schools: (1) University of Kansas (KU), (2) University of Kansas Medical Center (KUMC), (3) Kansas State University (KSU), (4) Emporia State University (ESU), (5) Wichita State University (WSU), and (6) Pittsburg State University (PSU). The six Universities currently utilizing ECI services have concluded the Spring waiver/enrollment period. The attached report with data for Spring 2020 reflects the complete Spring period.

The Spring 2020 waiver/enrollment processes proceeded without incident for audits, enrollment if applicable and Customer Service. No process changes were requested during this period.

Attached are the finalized Spring 2020 Elev834 reports with results on waiver data for Spring 2020 waiver audits and, if applicable, eligibility enrollment. Enrollment figures include both early and default enrollments. ECI does not report on monthly enrollments and special handling or dependent enrollment.

If there is anything we can do to enhance the services offered by ECI we look forward to hearing from KBOR with input to how we can better service the KBOR schools. We appreciate your business as a partner to KBOR and United HealthCare Student Resources and are always looking for better ways to serve the schools of the Kansas Board of Regents.

KBOR

University of Kansas

Statistics Report Spring 2020

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	0
DEFAULT ENROLLMENTS	
DENIED WAIVERS - PENDING ENROLLMENT	0
STUDENTS WHO DID NOTHING	2023
DEFAULT ENROLLED PAID (ACTIVE)	0
TOTAL ENROLLMENTS	2023

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	332
DENIED WAIVERS	15
PENDING WAIVERS	0
VOIDED WAIVERS	2
NUMBER OF SUBMITTED WAIVERS	349

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	11
STUDENTS DROPPED FROM SHIP	0
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS	11

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	0
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	0
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	0
NUMBER OF STUDENTS WITH MULTIPLE RESULTS	0

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	2023
WAIVERS PROCESSED	349
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	11
STUDENTS WITH MULTIPLE RESULTS	0
TOTAL NUMBER STUDENTS RECEIVED	2383

Wichita State University

Statistics Report Spring 2020

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	134
DEFAULT ENROLLMENTS	
DENIED WAIVERS - PENDING ENROLLMENT	0
STUDENTS WHO DID NOTHING	0
DEFAULT ENROLLED PAID (ACTIVE)	614
TOTAL ENROLLMENTS	748

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	193
DENIED WAIVERS	20
PENDING WAIVERS	0
VOIDED WAIVERS	2
NUMBER OF SUBMITTED WAIVERS	215

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	383
STUDENTS DROPPED FROM SHIP	103
STUDENTS WHO ARE DISAPPROVED FROM SHIP	1
NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS	487

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	-8
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	-5
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	-18
NUMBER OF STUDENTS WITH MULTIPLE RESULTS	-31

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	748
WAIVERS PROCESSED	215
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	487
STUDENTS WITH MULTIPLE RESULTS	-31
TOTAL NUMBER STUDENTS RECEIVED	1419

Kansas State University

Statistics Report Spring 2020

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	18
DEFAULT ENROLLMENTS	
DENIED WAIVERS - PENDING ENROLLMENT	0
STUDENTS WHO DID NOTHING	0
DEFAULT ENROLLED PAID (ACTIVE)	560
TOTAL ENROLLMENTS	578

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	24
DENIED WAIVERS	7
PENDING WAIVERS	0
VOIDED WAIVERS	1
NUMBER OF SUBMITTED WAIVERS	32

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	65
STUDENTS DROPPED FROM SHIP	567
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS	632

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	-1
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	-6
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	-6
NUMBER OF STUDENTS WITH MULTIPLE RESULTS	-13

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	578
WAIVERS PROCESSED	32
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	632
STUDENTS WITH MULTIPLE RESULTS	-13
TOTAL NUMBER STUDENTS RECEIVED	1229

Emporia State University

Statistics Report Spring 2020

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	11
DEFAULT ENROLLMENTS	
DENIED WAIVERS - PENDING ENROLLMENT	5
STUDENTS WHO DID NOTHING	285
DEFAULT ENROLLED PAID (ACTIVE)	0
TOTAL ENROLLMENTS	301

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	6
DENIED WAIVERS	6
PENDING WAIVERS	0
VOIDED WAIVERS	0
NUMBER OF SUBMITTED WAIVERS	12

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	0
STUDENTS DROPPED FROM SHIP	1
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS	1

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	0
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	0
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	-6
NUMBER OF STUDENTS WITH MULTIPLE RESULTS	-6

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	301
WAIVERS PROCESSED	12
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	1
STUDENTS WITH MULTIPLE RESULTS	-6
TOTAL NUMBER STUDENTS RECEIVED	308

Pittsburg State University

Statistics Report
Spring 2020

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	3
DEFAULT ENROLLMENTS	
DENIED WAIVERS - PENDING ENROLLMENT	0
STUDENTS WHO DID NOTHING	0
DEFAULT ENROLLED PAID (ACTIVE)	188
TOTAL ENROLLMENTS	191

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	1
DENIED WAIVERS	5
PENDING WAIVERS	0
VOIDED WAIVERS	0
NUMBER OF SUBMITTED WAIVERS	6

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	10
STUDENTS DROPPED FROM SHIP	3
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS	13

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	-1
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	0
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	-5
NUMBER OF STUDENTS WITH MULTIPLE RESULTS	-6

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	191
WAIVERS PROCESSED	6
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	13
STUDENTS WITH MULTIPLE RESULTS	-6
TOTAL NUMBER STUDENTS RECEIVED	204

University of Kansas Medical Center

Statistics Report Spring 2020

STUDENT ENROLLMENT	NUMBER OF STUDENTS
STUDENTS WHO POSITIVELY ENROLLED (OPT IN)	0
DEFAULT ENROLLMENTS	
DENIED WAIVERS - PENDING ENROLLMENT	0
STUDENTS WHO DID NOTHING	58
DEFAULT ENROLLED PAID (ACTIVE)	0
TOTAL ENROLLMENTS	58

STUDENT WAIVERS	NUMBER OF STUDENTS
APPROVED WAIVERS	40
DENIED WAIVERS	1
PENDING WAIVERS	0
VOIDED WAIVERS	0
NUMBER OF SUBMITTED WAIVERS	41

STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	NUMBER OF STUDENTS
STUDENTS WITHDRAWN FROM PROCESS	1
STUDENTS DROPPED FROM SHIP	0
STUDENTS WHO ARE DISAPPROVED FROM SHIP	0
NUMBER OF WITHDRAWN, DISAPPROVED or DROPPED STUDENTS	1

STUDENTS WITH MULTIPLE RESULTS	NUMBER OF STUDENTS
STUDENTS WITH PENDING, APPROVED OR VOIDED WAIVER & ACTIVE, DROPPED, APPROVED or DISAPPROVED ENROLLMENT	0
STUDENTS WITHDRAWN WITH APPROVED/DENIED/VOID WAIVER	0
STUDENTS WITH DENIED WAIVERS and ACTIVE/DROPPED/DENIED WAIVERS - PENDING ENROLLMENT	0
	0

STUDENT RECORDS PROCESSED	NUMBER OF STUDENTS
ACTIVE ENROLLMENT	58
WAIVERS PROCESSED	41
STUDENTS WITHDRAWN, DISAPPROVED or DROPPED	1
STUDENTS WITH MULTIPLE RESULTS	0
TOTAL NUMBER STUDENTS RECEIVED	100

KBOR

University of Kansas Spring - 2020 Waiver Audit Results

Modified Approval/ Disapproval Code	Modified Approval/ Disapproval Description	Count of Audits	% of Audits
1	Approved	332	95.13%
8	Policy is not active	5	1.43%
4	Invalid Student Insurance Information	3	0.86%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation	3	0.86%
2	Unknown	2	0.57%
99	Void	2	0.57%
15	The individual annual deductible is over \$500	1	0.29%
9	Plan does not provide insured prescription drug coverage	1	0.29%
Grand Total		349	100%

Audits Adjusted	Total
Audit Adjustment	16
Client Request	5
Student Adjustment	16
Grand Total	37

% Adjusted of Total Audits Completed	10.60%
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Total	Count
Final, Completed Audit Results	349
Audits Adjusted	37
Total	386

**Wichita State University
Spring - 2020
Waiver Audit Results**

Modified Approval/ Disapproval Code	Modified Approval/ Disapproval Description	Count of Audits	% of Audits
1	Approved	192	89.72%
9	Plan does not provide insured prescription drug coverage	5	2.34%
8	Policy is not active	5	2.34%
4	Invalid Student Insurance Information	4	1.87%
2	Unknown	2	0.93%
99	Void	2	0.93%
15	The individual annual deductible is over \$500	1	0.47%
17	Patient Co-insurance is over 20%	1	0.47%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation	1	0.47%
10	Plan does not provide coverage for inpatient and/or outpatient mental health services	1	0.47%
Grand Total		214	100%

Audits Adjusted	Total
Audit Adjustment	8
Client Request	3
Student Adjustment	11
Grand Total	22

% Adjusted of Total Audits Completed	10.28%
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Total	Count
Final, Completed Audit Results	214
Audits Adjusted	22
Total	236

**Kansas State University
Spring - 2020
Waiver Audit Results**

Modified Approval/ Disapproval Code	Modified Approval/ Disapproval Description	Count of Audits	% of Audits
1	Approved	24	75.00%
2	Unknown	2	6.25%
99	Void	1	3.12%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation	1	3.12%
9	Plan does not provide insured prescription drug coverage	1	3.12%
14	Plan does not provide unlimited benefits with no per-service, per-diagnosis, or per-accident limitations	1	3.12%
8	Policy is not active	1	3.12%
15	The individual annual deductible is over \$500	1	3.12%
Grand Total		32	100%

Audits Adjusted	Total
Audit Adjustment	2
Student Adjustment	2
Grand Total	4

% Adjusted of Total Audits Completed	12.50%
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Total	Count
Final, Completed Audit Results	32
Audits Adjusted	4
Total	36

**Emporia State University
Spring - 2020
Waiver Audit Results**

Modified Approval/ Disapproval Code	Modified Approval/ Disapproval Description	Count of Audits	% of Audits
1	Approved	6	50.00%
8	Policy is not active	2	16.67%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation	1	8.33%
12	Plan does not provide coverage for preventive routine care	1	8.33%
9	Plan does not provide insured prescription drug coverage	1	8.33%
14	Plan does not provide unlimited benefits with no per-service, per-diagnosis, or per-accident limitations	1	8.33%
Grand Total		12	100%

Audits Adjusted	Total
Audit Adjustment	4
Student Adjustment	8
Grand Total	12

% Adjusted of Total Audits Completed	100%
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Total	Count
Final, Completed Audit Results	12
Audits Adjusted	12
Total	24

**Pittsburg State University
Spring - 2020
Waiver Audit Results**

Modified Approval/ Disapproval Code	Modified Approval/ Disapproval Description	Count of Audits	% of Audits
1	Approved	1	16.67%
7	Auditor was unable to complete the waiver audit (other than network status)	1	16.67%
4	Invalid Student Insurance Information	1	16.67%
9	Plan does not provide insured prescription drug coverage	1	16.67%
11	Plan does not provide maternity coverage	1	16.67%
2	Unknown	1	16.67%
Grand Total		6	100%

Audits Adjusted	Total
Student Adjustment	1
Grand Total	1

% Adjusted of Total Audits Completed	16.67%
--------------------------------------	--------

Total	Count
Final, Completed Audit Results	6
Audits Adjusted	1
Total	7

**University of Kansas Medical Center
Spring - 2020
Waiver Audit Results**

Modified Approval/ Disapproval Code	Modified Approval/ Disapproval Description	Count of Audits	% of Audits
1	Approved	40	97.56%
19	Plan does not provide a combined maximum of \$100,000 for Medical Evacuation and Repatriation	1	2.44%
Grand Total		41	100%

Audits Adjusted	Total
Student Adjustment	2
Grand Total	2

% Adjusted of Total Audits Completed	4.88%
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Total	Count
Final, Completed Audit Results	41
Audits Adjusted	2
Total	43

KBOR

Waiver Processing Time Report

Spring 2020

University of Kansas

Spring 2020	Processing Time (days)	Total Average QA Time (days)
349	0.54	0.07

Wichita State University

Spring 2020 Audits	Processing Time (days)	Total Average QA Time (days)
214	1.1	0.08

Kansas State University

Spring 2020 Audits	Processing Time (days)	Total Average QA Time (days)
32	1.37	0.05

Emporia State University

Spring 2020 Audits	Processing Time (days)	Total Average QA Time (days)
12	3.25	0.15

Pittsburg State University

Spring 2020 Audits	Processing Time (days)	Total Average QA Time (days)
6	3.83	0.04

University of Kansas Medical Center

Spring 2020 Audits	Processing Time (days)	Total Average QA Time (days)
41	0.31	0.07

Form Name	Option	Remove Paper Form	Tool Used	Comments
Domestic		1 Yes	Online Enrollment	13 students used paper enrollment form across all campuses
Annual Dental	All	Yes	Online Enrollment	8 students used paper enrollment form across all campuses
Annual Vision	All	Yes	Online Enrollment	2 students used paper enrollment form across all campuses
GTA/GRA/GA Dependent		3 Yes	Online Enrollment	all students enrolled through My Account
Continuation		3 No		will be moving toward Online in the future
QLE	All	No		will continue to create enrollment form
Opt and VS		4 Yes	Online Enrollment	this is for Wichita State only - all student enrolled online
International Dependent		4 Yes	Online Enrollment	all student enrolled through My Account

88-30-1 Definitions. Each of the following terms, wherever used in this article of the board of regents' regulations, shall have the meanings specified in this regulation:

(a) "Degree-seeking undergraduate student" means a student who has formally indicated to the state educational institution the intent to complete a program of study that is designated by the United States department of education as a program that is eligible for federal financial aid.

(b) "Dependent" means a student's unmarried child under the age of 19 who is not self-supporting.

(c) "Employer contribution" means the amount paid by a state educational institution for the coverage of a student employee that equals 75% of the cost of student-only coverage.

(d) "State board" means the state board of regents.

(e) "State educational institution" has the meaning specified in K.S.A. 76-711, and amendments thereto, except that for purposes of this article, the university of Kansas medical center shall be considered a state educational institution separate from the university of Kansas, Lawrence, and its campuses.

(f)(1) "Student" means any individual who meets each of the following conditions:

(A) Is enrolled at a state educational institution, except as provided in paragraph (f)(1)(C)(iv);

(B) is not eligible for coverage under K.A.R. 108-1-1; and

(C) meets one of the following conditions:

(i) Is a degree-seeking undergraduate student who is enrolled in at least six hours in the fall or spring semesters or at least three hours in the summer semester or is

participating in an internship approved or sponsored by the state educational institution;

(ii) is a master's degree student who is enrolled in at least three hours each semester;

(iii) is an individual with J-1 or other nonimmigrant status;

(iv) is an individual with nonimmigrant status who is engaged in optional practical training or academic training, even though the individual is not enrolled:

(v) is a doctoral student;

(vi) is a master's or doctoral student who is participating in an internship approved or sponsored by the state educational institution; or

(vii) has been appointed as a postdoctoral fellow.

(2) "Student" shall not include either of the following:

(A) Except as provided in paragraph (f)(3), any individual who is enrolled exclusively in any of the following;

(i) One or more semester-based internet courses;

(ii) one or more semester-based television courses;

(iii) one or more home study courses; or

(iv) one or more correspondence courses; or

(B) a concurrent enrollment pupil, as defined in K.S.A. 72-11a03, and amendments thereto.

(3) The limitations of paragraph (f)(2)(A) shall not apply to any student employee whose official workstation is on the main campus of a state educational institution and beginning on or after August 1, 2020, the limitations of paragraph (f)(2)(A) shall not

apply during any semester for which a state educational institution suspends or substantially modifies its in-person attendance requirements.

(4) Each individual who meets the criteria for being a “student,” as specified in this subsection, at the time of application for coverage under the student health insurance program shall remain eligible for coverage throughout the coverage period.

(g) “Student employee” means a student who meets one of the following conditions:

(1) Is appointed for the current semester to a graduate assistant, graduate teaching assistant, or graduate research assistant position that is at least a 50% appointment; or

(2) holds concurrent appointments to more than one graduate assistant, graduate teaching assistant, or graduate research assistant position that total at least a 50% appointment.

(h) “Student health insurance program” means the health and accident insurance coverage or health care services of a health maintenance organization for which the state board has contracted pursuant to K.S.A. 75-4101, and amendments thereto.

This regulation shall be effective on and after August 1, 2011. (Authorized by and implementing K.S.A. ~~2009 Supp.~~ 75-4101; effective, T-88-6-14-07, June 14, 2007; effective Oct. 12, 2007; amended Aug. 1, 2011; amended T-_____,_____.)

**Kansas Administrative Regulations
Economic Impact Statement
For the Kansas Division of the Budget**

Kansas Board of Regents
Agency

Julene Miller
Agency Contact

785-430-4291
Contact Phone Number

K.A.R. 88-30-1, permanent and temporary.

K.A.R. Number(s)

Submit a hard copy of the proposed rule(s) and regulation(s) and any external documents that the proposed rule(s) and regulation(s) would adopt, along with the following to:

Division of the Budget
900 SW Jackson, Room 504-N
Topeka, KS 66612

I. Brief description of the proposed rule(s) and regulation(s).

K.A.R. 88-30-1 is one of three regulations that implement the Board of Regents authority under K.S.A. 75-4101(e)(1) to “enter into one or more group insurance contracts to provide health and accident insurance coverage . . . for all students attending a state educational institution . . . and such students’ dependents . . .” K.S.A. 75-4101(e)(4) authorizes the Board to “adopt rules and regulations necessary to administer and implement the provisions of this section.”

K.A.R. 88-30-1 defines terms that are used in the Board’s student health insurance regulations and currently defines a “student” who would be eligible for coverage under the Board’s plans to exclude any student who is enrolled in only online/distance education courses. This limitation was required to allow the insurance provider to eliminate the possibility of covering students who might be anywhere in the world and never physically present on campus in order to moderate the plans’ costs so that the Board could keep the premium as low as possible. Because one of the primary reasons the Board offers student health insurance is to keep the campus community healthy, and because the insurance provider works closely with our campus health clinics to contain costs, it is normally appropriate to limit eligibility in this manner. However, with the COVID-19 stay-at-home orders and the need to avoid group activities, the six state universities have suspended in-person classes and at this time there is no certainty as to when those in-person classes might resume. The Board is therefore seeking to amend the definition, both on a temporary and permanent basis, to allow continued coverage for students who wish to take advantage of the Board’s plans.

The proposed amendment to K.A.R. 88-30-1 would suspend the eligibility requirement that students not be entirely online or receive instruction by distance education only, beginning with the upcoming plan year, August 1, 2020, during any semester when the institution at which the student is enrolled has eliminated or substantially restricted in-person class options.

II. Statement by the agency if the rule(s) and regulation(s) is mandated by the federal government and a statement if approach chosen to address the policy issue is different from that utilized by agencies of contiguous states or the federal government. *(If the approach is different, then include a statement of why the Kansas rule and regulation proposed is different)*

The Board of Regents’ student health insurance regulations and the proposed amendments to K.A.R. 88-30-1 are not mandated by federal law. The federal

DOB APPROVAL STAMP

Affordable Care Act and other federal statutes related to certain visa holders do impact the student health insurance plan in terms of benefits that are required to be included, but those statutes do not require the Board of Regents or the State of Kansas to offer student health insurance coverage. Likewise, while the federal Families First Coronavirus Response Act and the CARES Act have provisions related to higher education institutions and their students, those Acts do not mandate the provision of student health insurance or require the specific amendments the Board is seeking at this time. According to UnitedHealthcare, Student Resources (UHC-SR), which is one of only a few entities in the student health insurance business, the Board's student health insurance plan is comparable to other states' student health insurance plans. UHC-SR is in the process of allowing similar amendments to their other states' higher education institution plans.

III. Agency analysis specifically addressing following:

A. The extent to which the rule(s) and regulation(s) will enhance or restrict business activities and growth;

There is no expectation that this rule and regulation, or the amendments thereto, will either enhance or restrict business activities and growth in any significant way.

B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that would be affected by the proposed rule and regulation and on the state economy as a whole;

The only businesses, sectors, public utility ratepayers, individual, or local governments that would be affected by the proposed rule and regulation are the student health insurance provider, students (and their dependents) who choose to elect coverage under the plan, and the state universities, which pay a percentage of the student-only coverage for eligible graduate students. The proposed amendment would create the potential for students who are not currently eligible for coverage to access the Board of Regents' plan, and it would enable students who are already in the plan but who are no longer allowed to attend in-person classed due to the effects of the COVID-19 pandemic to continue their coverage. This regulation and the proposed amendments to it, could have a positive/beneficial economic impact on students who choose to participate in the Board's plan and the universities because alternative insurance options for these students would likely mean higher premiums and reduced benefits.

There will be no economic impact on other public agencies or private businesses as a result of this regulation and the regulation will neither enhance or restrict business activities and growth.

C. Businesses that would be directly affected by the proposed rule and regulation;

The only businesses that might be affected by the proposed rule and regulation amendments are the student health insurance provider and possibly other health insurance providers that might pick up the coverage.

D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;

This proposed regulation amendment would be used to extend and continue coverage for students who would otherwise be eligible but-for the COVID-related university actions to discontinue in-person instruction and, because it is only operational in those instances, would minimize the costs of coverage to both the insurer and the insureds, as well as the state universities.

DOB APPROVAL STAMP

E. Measures taken by the agency to minimize the cost and impact of the proposed rule(s) and regulation(s) on business and economic development within the State of Kansas, local government, and individuals;

Amendment of this regulation is necessary for the Board to continue providing a student health insurance option during the pendency of any campus limiting in-person instruction as is currently being experienced with the COVID-19 pandemic. The amendment has been limited to apply only during such times, thus minimizing the cost and impact of the amendment.

F. An estimate, expressed as a total dollar figure, of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.

No annual implementation or compliance costs are reasonably expected to be incurred or passed along to others as a result of enacting these changes.

Do the above total implementation and compliance costs exceed \$3.0 million over any two-year period?

YES NO

Give a detailed statement of the data and methodology used in estimating the above cost estimate.

The Board Office simply relates the information above and has no data upon which to rely beyond our knowledge of how the student health insurance plan is administered.

Prior to the submission or resubmission of the proposed rule(s) and regulation(s), did the agency hold a public hearing if the total implementation and compliance costs exceed \$3.0 million over any two-year period to find that the estimated costs have been accurately determined and are necessary for achieving legislative intent? If applicable, document when the public hearing was held, those in attendance, and any pertinent information from the hearing.

YES NO

G. If the proposed rule(s) and regulation(s) increases or decreases revenues of cities, counties or school districts, or imposes functions or responsibilities on cities, counties or school districts that will increase expenditures or fiscal liability, describe how the state agency consulted with the League of Kansas Municipalities, Kansas Association of Counties, and/or the Kansas Association of School Boards.

The proposed amendments to this regulation will not increase or decrease revenues of cities, counties or school districts, or impose functions or responsibilities on those entities.



H. Describe how the agency consulted and solicited information from businesses, associations, local governments, state agencies, or institutions and members of the public that may be affected by the proposed rule(s) and regulation(s).

In the interest of time and because of all of the changes that are occurring on a daily basis both on campuses and elsewhere, the Board's Student Insurance Advisory Committee (SIAC), made up of university health center directors, international student advisors, a university CFO, and student representatives across the six campuses, has been apprised of this proposed amendment but has not had an opportunity to discuss it as yet. The Committee is scheduled to meet May 5 and this regulation amendment will be on the agenda for that meeting. This Committee is advised by both the health insurance provider and the Midwest Higher Education Commission (MHEC) and seeks feedback from each campus's student health advisory committee. The SIAC is advisory to the Council of Business Officers (COBO), made up of each state university CFO, and COBO weighs in on the annual SIAC recommendation before taking decision items to the Council of Presidents (COPs), made up of the five state university Presidents and the Chancellor. Additionally, while the Insurance Department of is not impacted by the proposed amendments to this regulation, Board staff will send copies of the proposed regulations and a summary of them to the Department. As noted previously, these regulation amendments are anticipated to have no noticeable effect on other businesses, cities, counties, or state agencies.

I. For environmental rule(s) and regulation(s) describe the costs that would likely accrue if the proposed rule(s) and regulation(s) are not adopted, as well as the persons would bear the costs and would be affected by the failure to adopt the rule(s) and regulation(s).

Not applicable.



88-30-2. Election of coverage. Any student may elect coverage under the student health insurance program for any of the following sets of people, to the extent that the coverage is offered by the state board:

- (a) The student;
- (b) the student and the student's spouse;
- (c) the student and ~~the student's~~ any dependents; or
- (d) the student, the student's spouse, and ~~the student's~~ any dependents.

(Authorized by and implementing K.S.A. ~~2006 Supp~~ 75-4101; effective, T-88-6-14-7, June 14, 2007; effective Oct. 12, 2007; amended P-

_____.)

**Kansas Administrative Regulations
Economic Impact Statement
For the Kansas Division of the Budget**

Kansas Board of Regents
Agency

Julene Miller
Agency Contact

785-430-4291
Contact Phone Number

K.A.R. 88-30-2.
K.A.R. Number(s)

Submit a hard copy of the proposed rule(s) and regulation(s) and any external documents that the proposed rule(s) and regulation(s) would adopt, along with the following to:

Division of the Budget
900 SW Jackson, Room 504-N
Topeka, KS 66612

I. Brief description of the proposed rule(s) and regulation(s).

K.A.R. 88-30-2 is one of three regulations that implement the Board of Regents authority under K.S.A. 75-4101(e)(1) to “enter into one or more group insurance contracts to provide health and accident insurance coverage . . . for all students attending a state educational institution . . . and such students’ dependents” The statute requires student participation in such coverage to be voluntary. K.A.R. 88-30-2 currently allows students to elect coverage for student only, student/spouse, student/dependents, or student/spouse/dependents.

For the past four years, with the roll-out of the Affordable Care Act requirements, the Board’s student health insurance plan has experienced a sharp increase in the number of claims made combined with a significant rise in the dollar amounts of the claims that are made. This is particularly true with dependents for whom students are choosing to elect coverage (spouses and children); 100% of dependents on our plan had claims in the most recent plan year for which complete data is available and most of those claims were very high with the dependents-only loss ratio hitting 432.11% and an overall loss ratio of 107%. The result is that premiums across the plan are increasing significantly and students are increasingly subsidizing dependents.

The proposed amendment to K.A.R. 88-30-2 would allow the Board of Regents the flexibility to determine for any plan year whether to offer dependent coverage or not, based on what makes the most sense for the continued viability of the plan. If such coverage is offered, students would be able to elect it; if such coverage is not offered, students would not be able to elect it.

II. Statement by the agency if the rule(s) and regulation(s) is mandated by the federal government and a statement if approach chosen to address the policy issue is different from that utilized by agencies of contiguous states or the federal government. (If the approach is different, then include a statement of why the Kansas rule and regulation proposed is different)

The Board of Regents’ student health insurance regulations and the proposed amendments to K.A.R. 88-30-2 are not mandated by federal law. The federal Affordable Care Act and other federal statutes related to certain visa holders do impact the student health insurance plan in terms of benefits that are required to be included, but those statutes do not require the Board of Regents or the State to offer student health insurance coverage. According to UnitedHealthcare-Student Resources, which is one of only a few entities remaining in the student health insurance

DOB APPROVAL STAMP

business, the Board's student health insurance plan is comparable to other state or university student health insurance plans.

III. Agency analysis specifically addressing following:

A. The extent to which the rule(s) and regulation(s) will enhance or restrict business activities and growth;

There is no expectation that this rule and regulation, or the amendments thereto, will either enhance or restrict business activities and growth in any significant way.

B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that would be affected by the proposed rule and regulation and on the state economy as a whole;

The only businesses, sectors, public utility ratepayers, individual, or local governments that would be affected by the proposed rule and regulation are the student health insurance provider and possibly other providers that might pick up the dependent coverage, students (and their dependents) who choose to elect coverage under the plan, and the state universities, which pay a percentage of the student-only coverage for eligible graduate students. The proposed amendment would create the potential for students' dependents to not be able to access the Board of Regents' plan and instead purchase insurance, if at all, from some other source. There are other available plans, the Midwest Higher Education Compact (MHEC) provides for one through the MHECare Student Private Health Insurance Exchange, as well as the federal exchange. We are unable to provide rate comparisons because rates are constantly fluctuating and will depend in large part on the benefits provided to make an accurate comparison. Students could incur increased costs for dependent coverage, which could be offset by lower premiums for student-only coverage offered at the universities, but we have no data upon which to provide a precise estimate. Because of the past loss ratio experience and the changes that have been made to the plan to address that past experience, the universities have seen an increase in their share of the graduate students' premiums. This regulation and the proposed amendments, if the decision is made to discontinue dependent coverage, could have a positive economic impact on students who choose to participate in the plan and the universities because decreasing the loss ratio should result in lower premiums to the students and lower cost to the universities for their share of the graduate student-only premiums. A decision to discontinue dependent coverage may also result in higher plan participation if the premiums decrease in a significant way. See attached data charts.

There will be no economic impact on other public agencies or private businesses as a result of this regulation and the regulation will neither enhance or restrict business activities and growth other than as discussed previously in this section.

C. Businesses that would be directly affected by the proposed rule and regulation;

The only businesses that might be affected by the proposed rule and regulation amendments are the student health insurance provider (loss ratio should be reduced, number of participants may increase if rates go down, or decrease if dependents can no longer participate and there is not a resulting increase in student participation) and possibly other health insurance providers that might pick up the dependent coverage (and thus additional premiums).

DOB APPROVAL STAMP

D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;

This proposed regulation amendment would be used to bring the costs of coverage down to both the insurer and the insureds, as well as the universities.

E. Measures taken by the agency to minimize the cost and impact of the proposed rule(s) and regulation(s) on business and economic development within the State of Kansas, local government, and individuals;

The Board carefully considered and weighed the projected impact of several alternatives to keep premiums as low as possible for students and their dependents, as well as the universities, while still maintaining a quality plan. Steps we have taken in the past include creating separate risk pools and associating premium increases with participants in the high loss ratio pool, adjusting benefits, and acquiring the student insurance through MHEC for discounted rate opportunities.

F. An estimate, expressed as a total dollar figure, of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.

No annual implementation or compliance costs are reasonably expected to be incurred or passed along to others as a result of enacting these changes. For potential economic impact on students and their dependents, see agency response to Section III.B.

Do the above total implementation and compliance costs exceed \$3.0 million over any two-year period?

YES NO

Give a detailed statement of the data and methodology used in estimating the above cost estimate.

The Board Office simply relates the information above and has no data upon which to rely beyond our knowledge of how the student health insurance plan is administered.

Prior to the submission or resubmission of the proposed rule(s) and regulation(s), did the agency hold a public hearing if the total implementation and compliance costs exceed \$3.0 million over any two-year period to find that the estimated costs have been accurately determined and are necessary for achieving legislative intent? If applicable, document when the public hearing was held, those in attendance, and any pertinent information from the hearing.

YES NO

G. If the proposed rule(s) and regulation(s) increases or decreases revenues of cities, counties or school districts, or imposes functions or responsibilities on cities, counties or school districts that will increase expenditures or fiscal liability, describe how the state agency consulted with the League of Kansas Municipalities, Kansas Association of Counties, and/or the Kansas Association of School Boards.

The proposed amendments to this regulation will not increase or decrease revenues of cities, counties or school districts, or impose functions or responsibilities on those entities.

DOB APPROVAL STAMP

H. Describe how the agency consulted and solicited information from businesses, associations, local governments, state agencies, or institutions and members of the public that may be affected by the proposed rule(s) and regulation(s).

Board staff employed an inclusive process to ensure that the proposed changes were viewed through the lens of the state universities and students. First, the Board's Student Insurance Advisory Committee (SIAC), made up of university health center directors, international student advisors, a university CFO, and student representatives across the six campuses, has discussed the possibility of discontinuing dependent coverage over the past several years. This Committee is advised by both the health insurance provider and MHEC and seeks feedback from each campus's student health advisory committees. The SIAC is advisory to the Council of Business Officers (COBO), made up of each state university CFO, and COBO weighs in on the annual SIAC recommendation before taking decision items to the Council of Presidents (COPs), made up of the five state university Presidents and the Chancellor. After all this review by students and university administrators each year, a final recommendation is forwarded to first the Board of Regents' Governance Committee and then the Board of Regents. Lastly, while the Department of Insurance is not impacted by the proposed amendments to this regulation, KBOR staff sent copies of the proposed regulations and a summary to the Department. Finally, the Board Office has specifically requested the six state universities submit feedback as to the fiscal impact the changes might have; the feedback we received has been incorporated into the regulations and/or this statement. As noted previously, these regulation amendments are anticipated to have no significant effect on other businesses, cities, counties, or state agencies.

I. For environmental rule(s) and regulation(s) describe the costs that would likely accrue if the proposed rule(s) and regulation(s) are not adopted, as well as the persons would bear the costs and would be affected by the failure to adopt the rule(s) and regulation(s).

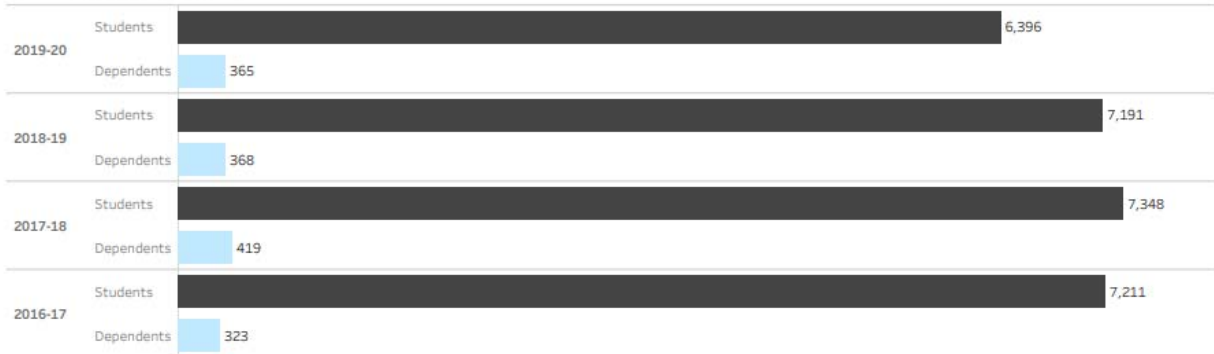
Not applicable.

DOB APPROVAL STAMP

Annualized Membership

2019-20 policy year is an estimate.

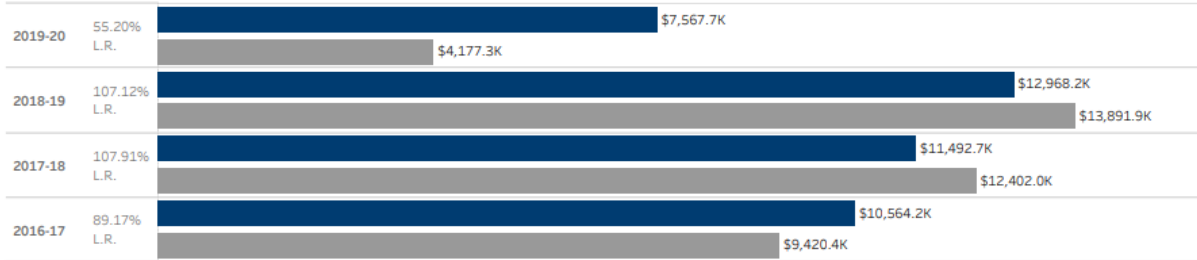
■ Students ■ Dependents



Plan Experience Overview

All Insureds P&L

■ Premium ■ Paid Claims

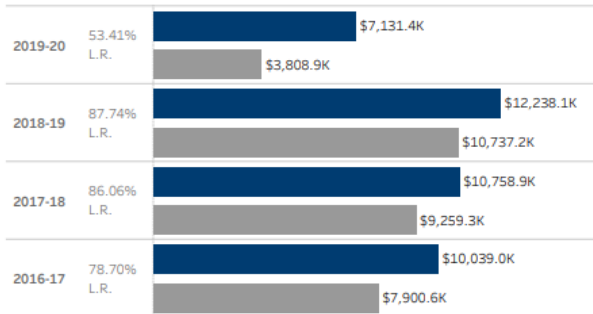


Values are displayed in thousands

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions (if applicable.)

Students - P&L

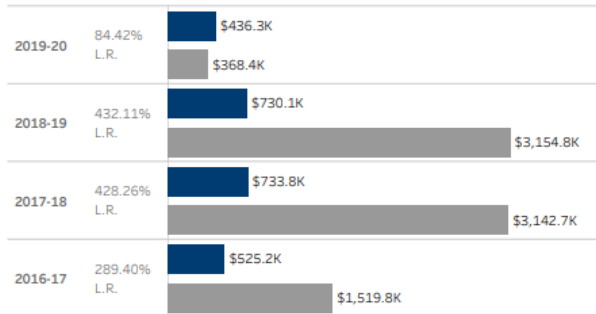
■ Premium ■ Paid Claims



Values are displayed in thousands

Dependents - P&L

■ Premium ■ Paid Claims



Values are displayed in thousands

Kansas State System (200118) - Utilization as of January 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



Kansas State System (200118)

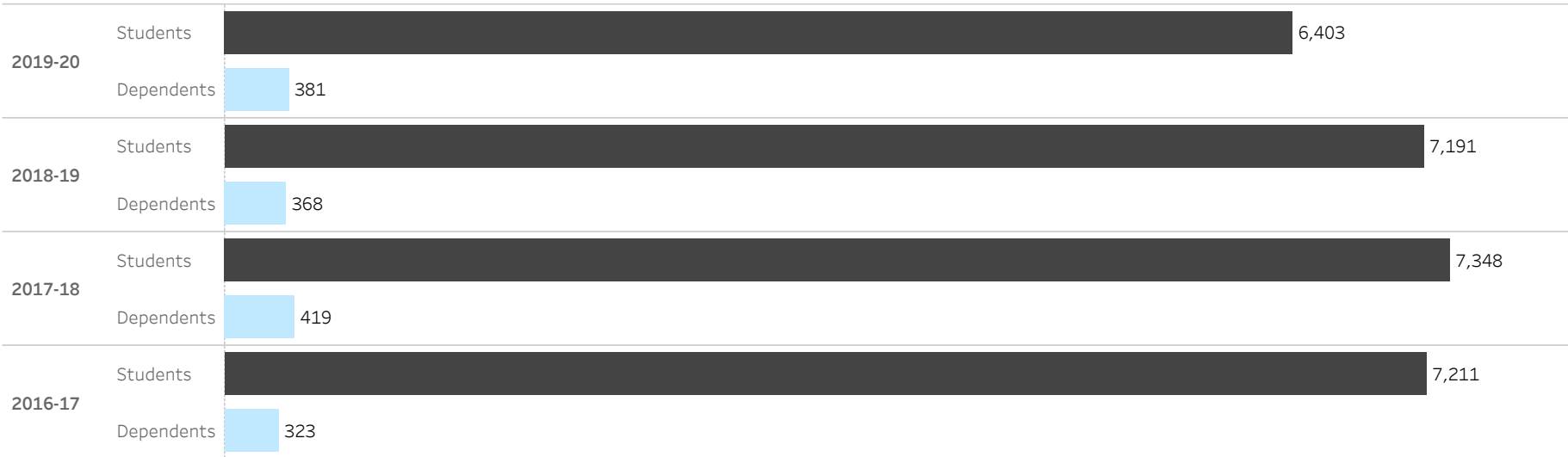
Kansas State System (200118) - Utilization as of April 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Annualized Membership

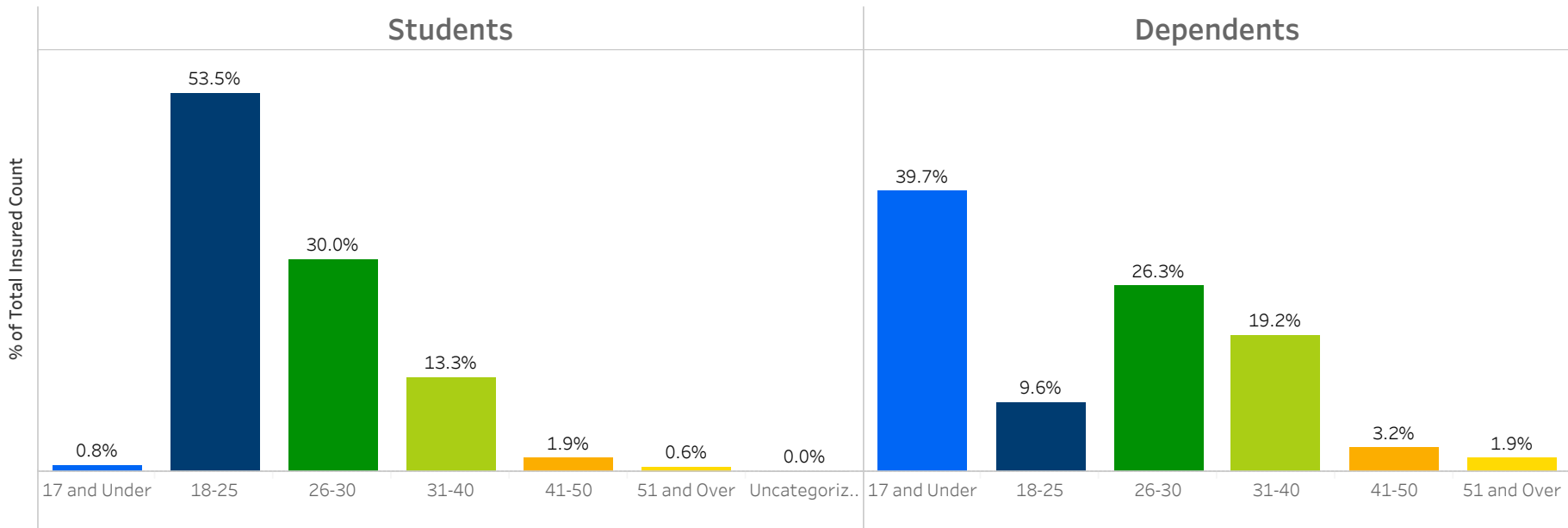
2019-20 policy year is an estimate.

■ Students ■ Dependents



2019-20 Membership by Age Group

■ 17 and Under ■ 26-30 ■ 41-50
 ■ 18-25 ■ 31-40 ■ 51 and Over



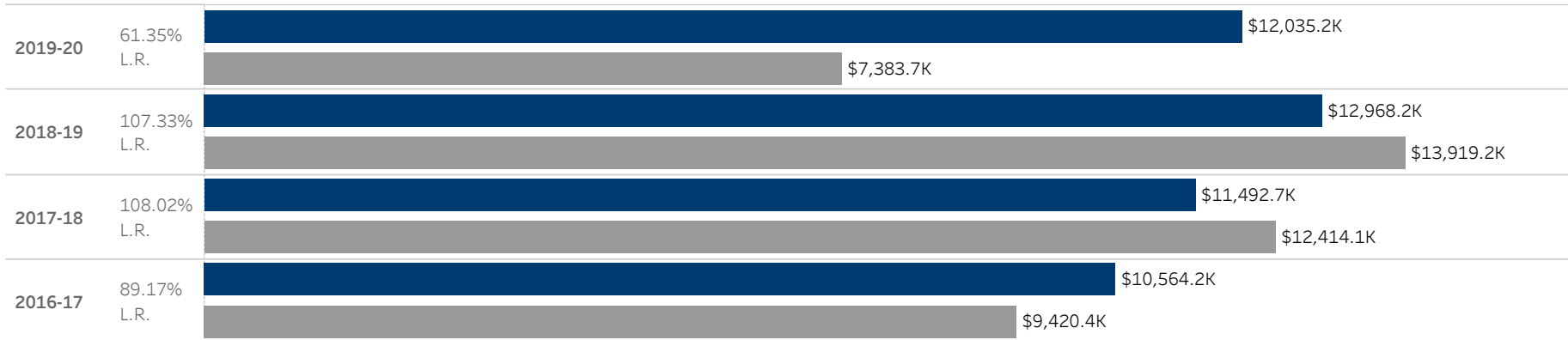
Kansas State System (200118) - Membership as of April 01, 2020

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Plan Experience Overview

All Insureds P&L

■ Premium ■ Paid Claims

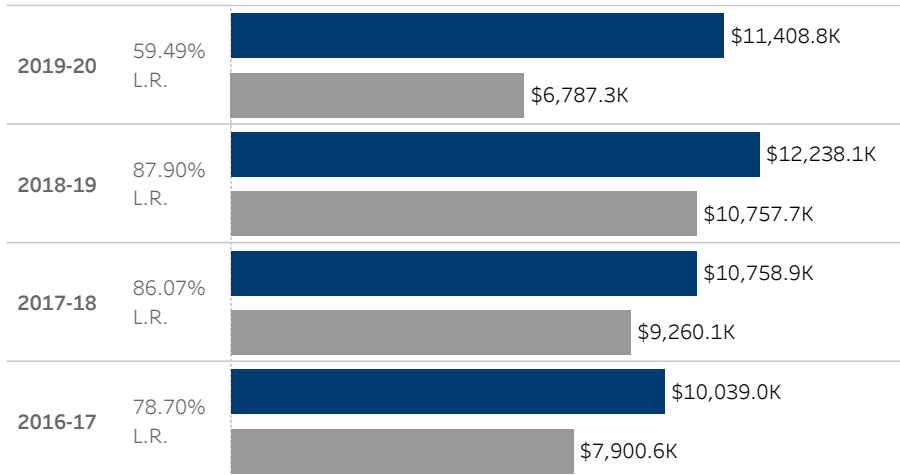


Values are displayed in thousands

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions (if applicable.)

Students - P&L

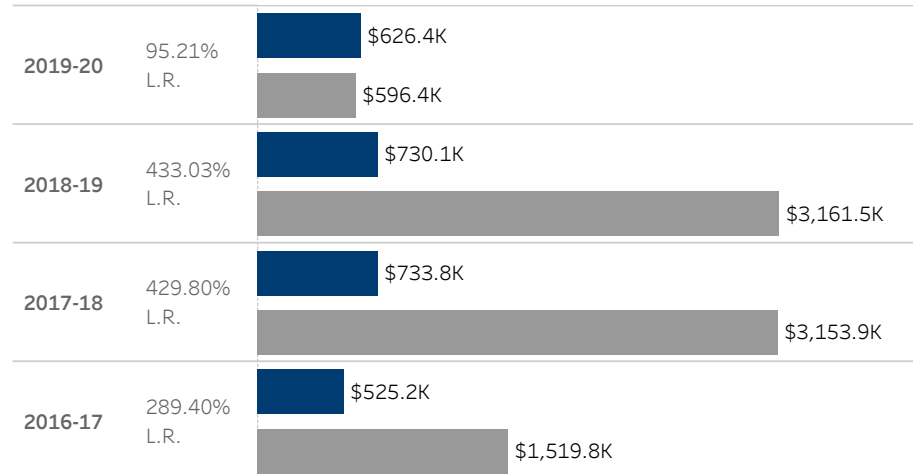
■ Premium ■ Paid Claims



Values are displayed in thousands

Dependents - P&L

■ Premium ■ Paid Claims

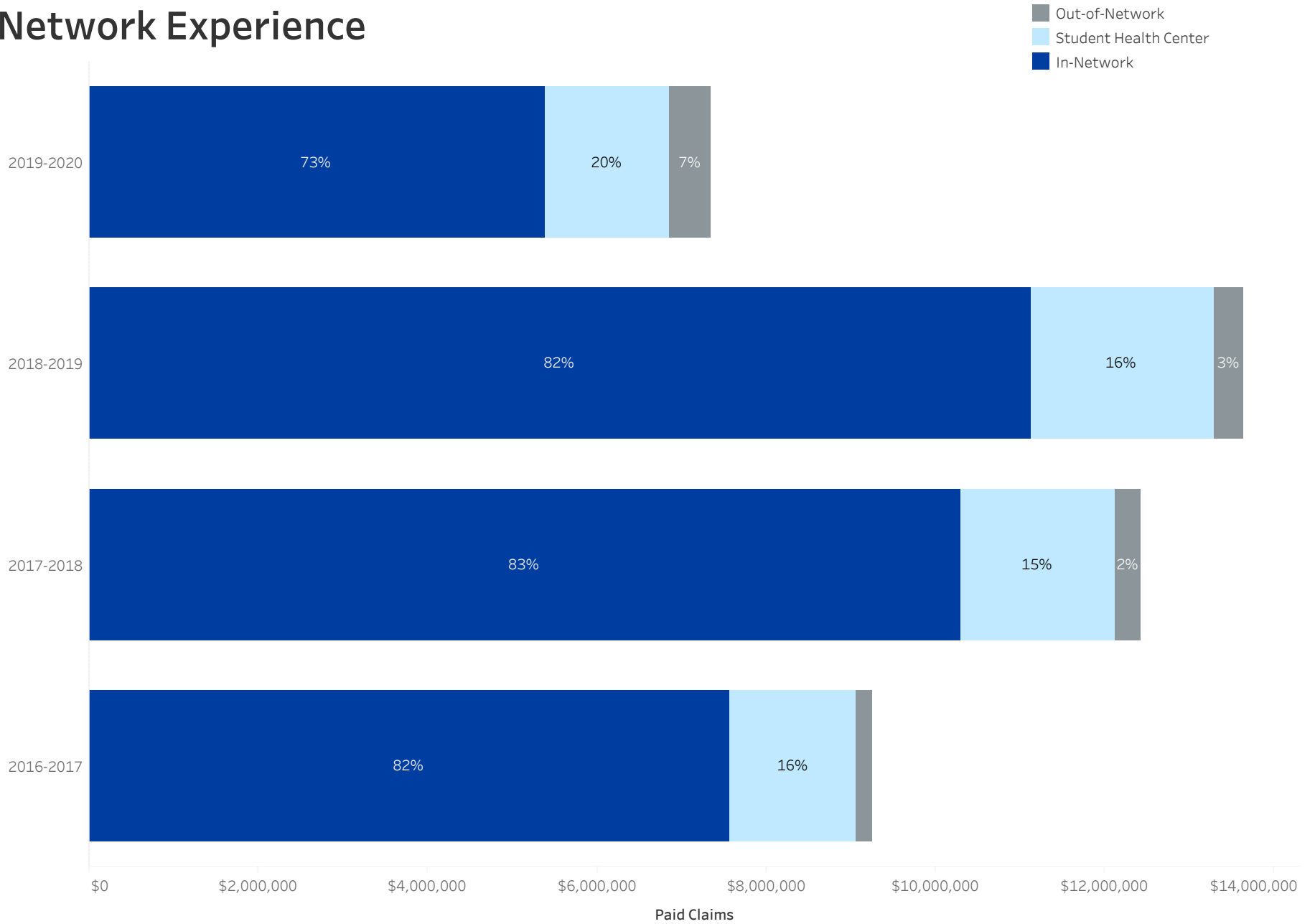


Values are displayed in thousands

Kansas State System (200118) - Utilization as of April 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Network Experience



Kansas State System (200118) - Utilization as of April 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

SR Charge Category

Network Type	Charge Service Type	Charge Description Category	2018-2019				2019-2020			
			Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
In-Network	Outpatient	ANESTHETIST	168	220	\$194,455	\$86,937	77	94	\$77,921	\$33,902
		ASSISTANT SURGEON	22	22	\$47,906	\$4,151	8	8	\$14,707	\$1,063
		CAT SCAN / MRI	352	721	\$1,704,893	\$554,514	211	434	\$917,394	\$336,016
		CHEMOTHERAPY	13	39	\$632,133	\$347,880	6	33	\$833,120	\$551,257
		HOSPITAL MISCELLANEOUS	3	28	\$159,200	\$67,238				
		INJECTIONS	931	1,593	\$403,763	\$219,661	602	986	\$230,384	\$141,225
		LABORATORY	1,853	5,469	\$2,193,762	\$490,364	1,167	2,849	\$958,944	\$204,353
		MEDICAL EMERGENCY	422	524	\$1,365,226	\$424,886	193	218	\$460,173	\$133,916
		OUTPATIENT SURGERY	626	988	\$765,348	\$233,210	335	482	\$319,891	\$93,265
		OUTPATIENT SURGICAL FACILI..	213	292	\$2,982,458	\$881,764	108	140	\$1,460,710	\$388,544
		PHYSICIAN VISITS	2,665	8,930	\$1,544,898	\$722,360	1,784	5,087	\$896,715	\$425,899
		PHYSIOTHERAPY	256	1,266	\$357,773	\$89,217	178	709	\$235,860	\$43,215
		PRESCRIPTIONS	2,736	25,148	\$5,542,384	\$2,583,969	2,042	14,618	\$3,708,945	\$1,746,956
		RADIATION THERAPY	1	51	\$141,368	\$39,907	1	3	\$9,273	\$1,918
	SUPPLIES/MISC	109	155	\$172,353	\$104,024	68	98	\$81,160	\$46,819	
	XRAYS	894	2,085	\$748,291	\$184,556	510	1,088	\$369,975	\$85,389	
	Inpatient	ANESTHETIST	82	108	\$185,868	\$99,927	26	33	\$66,235	\$34,368
		ASSISTANT SURGEON	22	22	\$21,984	\$2,339	11	11	\$13,288	\$1,317
		HOME HEALTH CARE	8	23	\$29,865	\$17,727	5	8	\$3,920	\$1,803
		HOSPITAL	230	347	\$9,610,763	\$3,600,579	72	150	\$3,752,500	\$941,437
INJECTIONS		1	1	\$73	\$54	3	3	\$215	\$109	
INPATIENT SURGERY		108	146	\$439,878	\$227,108	39	54	\$274,371	\$98,152	
MEDICAL EMERGENCY		30	31	\$104,453	\$43,900	16	21	\$77,984	\$28,071	
PHYSICIAN VISITS		175	542	\$267,606	\$100,683	96	278	\$108,699	\$43,740	
PROFESSIONAL FEE	45	180	\$32,111	\$10,063	21	92	\$14,098	\$5,385		
Out of Network	Outpatient	ANESTHETIST	14	36	\$21,776	\$4,125	6	7	\$7,670	\$0
		ASSISTANT SURGEON	1	1	\$2,161	\$0				
		CAT SCAN / MRI	68	78	\$48,219	\$9,986	3	3	\$16,795	\$5,343
		HOSPITAL MISCELLANEOUS	1	3	\$398	\$318	1	1	\$17,250	\$9,771
		INJECTIONS	12	13	\$630	\$211				
		LABORATORY	160	280	\$117,785	\$21,661	61	86	\$43,611	\$7,223
		MEDICAL EMERGENCY	4	5	\$18,836	\$7,213	5	5	\$16,409	\$11,879
		OUTPATIENT SURGERY	20	28	\$25,247	\$4,981	12	12	\$4,017	\$508
		OUTPATIENT SURGICAL FACILI..	2	7	\$26,278	\$11,730				

Kansas State System (200118) - Utilization as of April 01, 2020

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SR Charge Category

Network Type	Charge Service Type	Charge Description Category	2018-2019				2019-2020			
			Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
Out of Network	Outpatient	PHYSICIAN VISITS	218	692	\$223,132	\$75,989	120	425	\$125,068	\$34,198
		PHYSIOTHERAPY	29	150	\$22,667	\$4,831	12	32	\$5,266	\$312
		PRESCRIPTIONS	7	18	\$2,992	\$2,484	10	11	\$360	\$188
		SUPPLIES/MISC					2	2	\$1,158	\$0
		XRAYS	94	111	\$11,057	\$922	3	3	\$555	\$68
	Inpatient	ANESTHETIST	10	10	\$17,370	\$5,378	5	6	\$7,359	\$338
		ASSISTANT SURGEON	1	1	\$5,080	\$3,048				
		HOME HEALTH CARE	1	1	\$395	\$0				
		HOSPITAL	22	32	\$215,527	\$131,371	10	12	\$605,401	\$416,540
		INJECTIONS	1	1	\$20	\$20				
		INPATIENT SURGERY	3	4	\$29,921	\$14,957	1	1	\$2,000	\$240
		MEDICAL EMERGENCY	5	6	\$11,526	\$8,119	1	2	\$3,164	\$2,667
		PHYSICIAN VISITS	24	90	\$67,903	\$30,380	11	23	\$27,754	\$8,331
		PROFESSIONAL FEE	49	114	\$17,753	\$6,485	15	30	\$4,094	\$440
Student Health Center	Outpatient	SHC-ADJUSTMENTS	57	294	\$462	\$497	55	235	\$250	\$250
		SHC-CONSULTANT	2	2	\$80	\$10				
		SHC-GROUP LEDGER BILLING	3	0		\$14	2	0		\$69
		SHC-HOSPITAL MISCELLANEOUS	2	2	(\$29)	(\$29)	1	1	\$1,292	\$1,292
		SHC-INJECTIONS	2,509	8,226	\$498,916	\$498,916	2,549	7,221	\$374,603	\$374,603
		SHC-INTENSIVE CARE UNIT					1	1	\$18	\$0
		SHC-LABORATORY	3,610	18,090	\$504,836	\$467,066	2,961	13,539	\$393,459	\$363,413
		SHC-MEDICAL EMERGENCY	1	1	\$22	\$22				
		SHC-PHYSICIAN VISITS	2,199	4,228	\$176,823	\$176,823	1,627	2,680	\$126,562	\$126,562
		SHC-PHYSIOTHERAPY	317	2,006	\$90,160	\$90,160	196	1,263	\$57,881	\$57,881
		SHC-PRESCRIPTIONS	2,689	12,692	\$696,011	\$663,107	1,981	7,664	\$405,922	\$385,181
		SHC-PROFESSIONAL FEE	116	247	\$44,507	\$26,704	68	135	\$24,009	\$14,422
		SHC-PSYCHOTHERAPY	206	2,034	\$33,230	\$33,230	131	915	\$15,008	\$15,008
		SHC-STATE MANDATE TAX	1	1	\$68	\$68				
		SHC-SUPPLIES/MISC	421	582	\$98,575	\$98,575	253	320	\$67,357	\$67,357
		SHC-SURGERY	335	472	\$56,027	\$56,027	197	268	\$32,065	\$32,065
		SHC-XRAYS	443	557	\$38,496	\$36,261	313	373	\$25,472	\$24,082
Other Charges	Outpatient	AMBULANCE	47	63	\$171,545	\$149,226	16	19	\$15,041	\$9,598
		CONSULTANT	147	169	\$53,677	\$15,643	17	17	\$4,722	\$375
		DENTAL	47	64	\$11,727	\$272	21	25	\$2,280	\$176

Kansas State System (200118) - Utilization as of April 01, 2020

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SR Charge Category

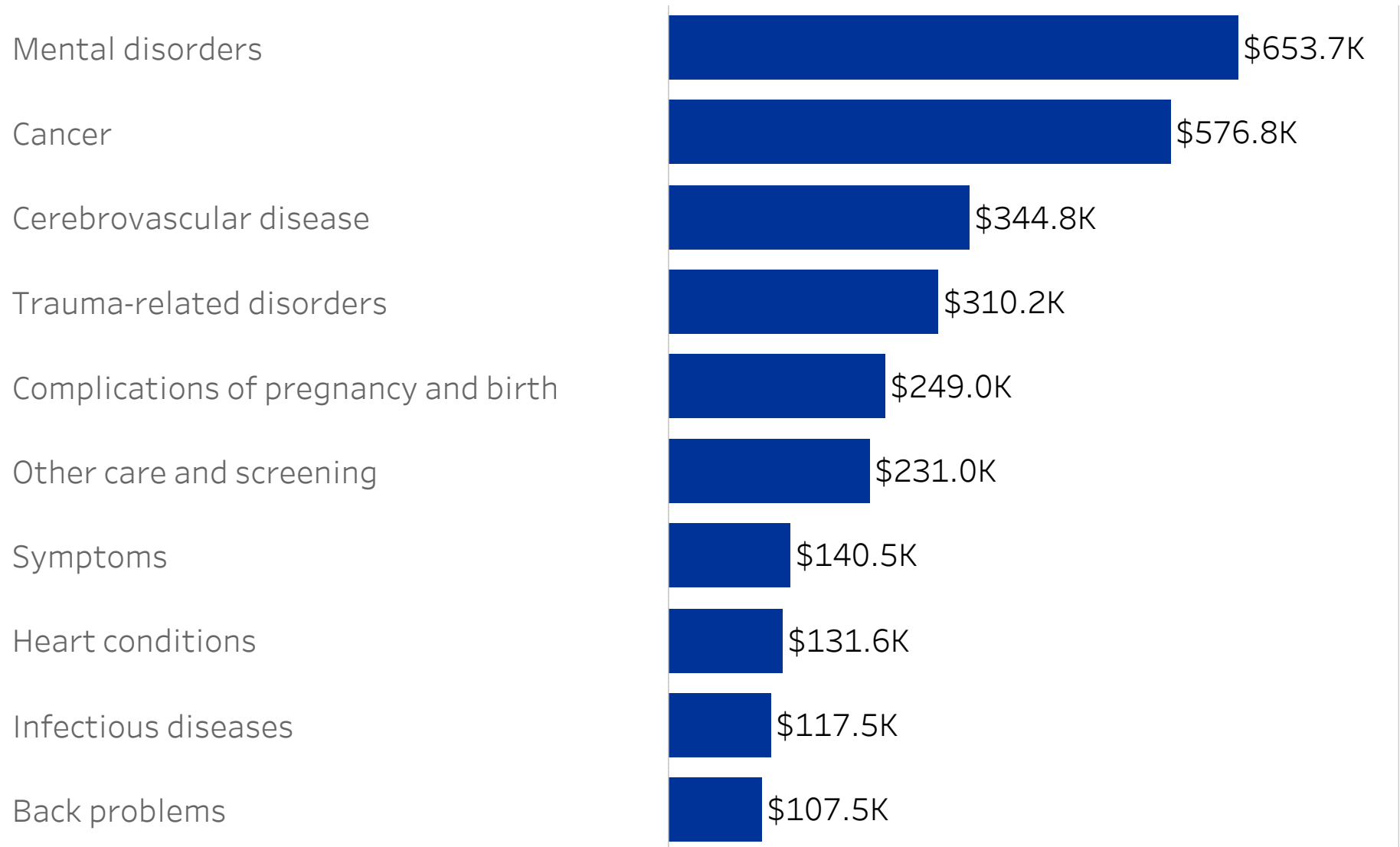
Network Type	Charge Service Type	Charge Description Category	2018-2019				2019-2020			
			Claimant Count	Claim Count	Claimed Amount	Paid Claims	Claimant Count	Claim Count	Claimed Amount	Paid Claims
Other Charges	Outpatient	DURABLE MED/BRACES/APPL	163	270	\$157,173	\$43,633	73	106	\$58,458	\$14,858
		GROUP LEDGER BILLING	1	1	\$5,909	\$5,909	1	1	\$9,286	\$9,286
		OTHER	20	180	\$28,595	\$28,595	23	72	\$8,342	\$8,342
		URGENT CARE	23	28	\$26,638	\$3,293	7	8	\$2,544	\$448
	Inpatient	CONSULTANT	31	50	\$16,370	\$7,013	4	5	\$1,216	\$655
		DENTAL	56	82	\$77,142	\$10,481	25	32	\$14,153	\$1,202
Non-Service Charges	Outpatient	ADJUSTMENTS	172	447	\$0	(\$207,682)	33	85	\$0	(\$24,022)
		CLAIM INTEREST	138	331	\$6,435	\$6,435	31	57	\$200	\$200
		MEDICAL RECORDS	3	3	\$163	\$163	2	2	\$18	\$18
		OTHER INSURANCE	16	53	\$0	(\$3,837)	4	18	\$0	(\$13,451)
		REFUNDS	5	5	\$0	(\$364)				
		STATE MANDATE TAX	1	1	\$12	\$12	1	1	\$9	\$9
	Inpatient	ADJUSTMENTS	20	26	\$0	\$227,479	5	5	\$0	\$26,648
		CLAIM INTEREST	28	45	\$4,178	\$4,178	9	17	\$1,034	\$1,034

Kansas State System (200118) - Utilization as of April 01, 2020

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Top 10 Diagnoses 2019-20 Policy Year

Clinical Classification Software (CCS) Condition Descriptions group relevant International Classification of Diseases (ICD) Codes into clinically meaningful categories. Information does not include Student Health Center ledger billed claims.

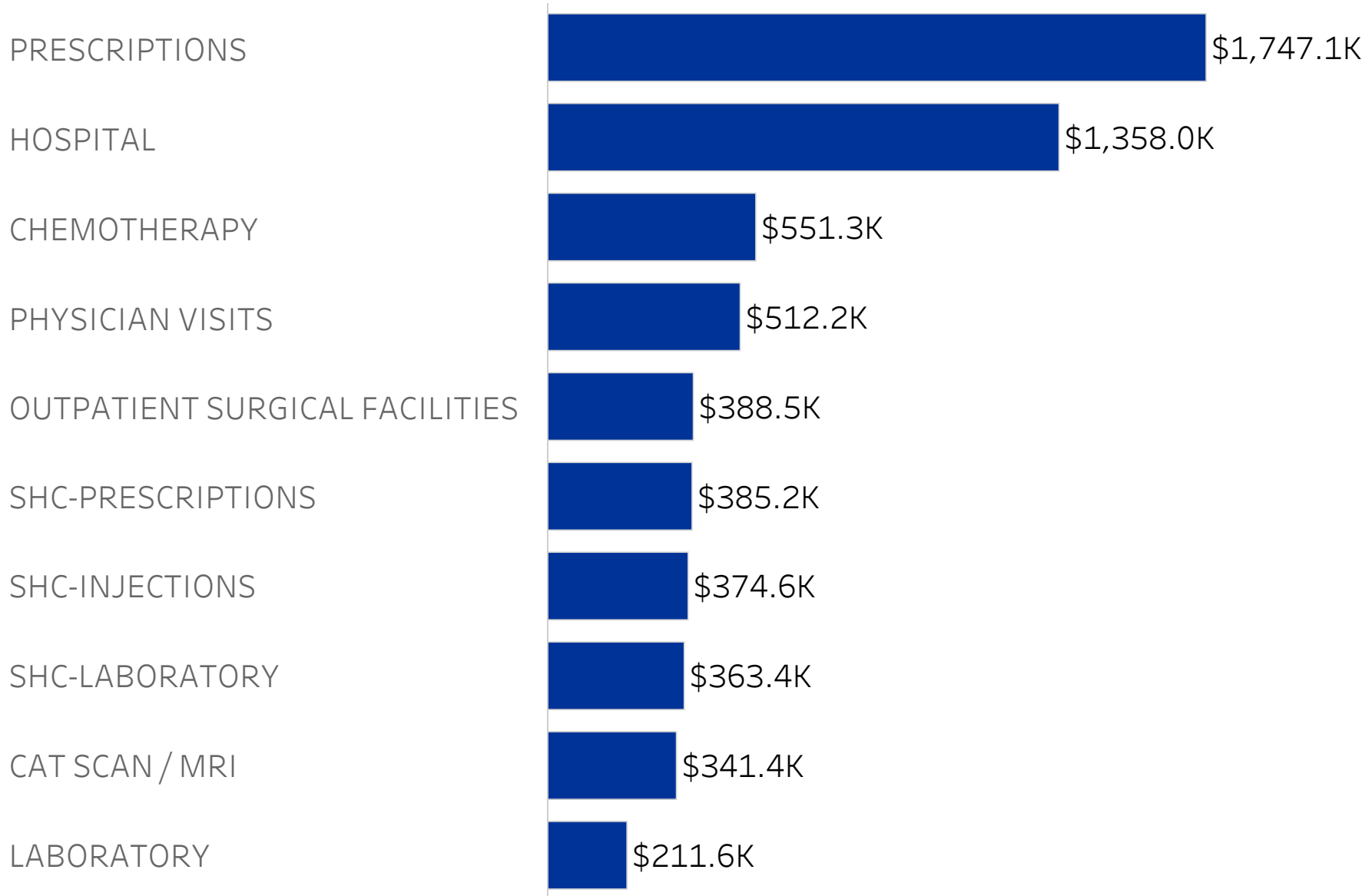


Values are displayed in thousands

Kansas State System (200118) - Utilization as of April 01, 2020

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Top 10 SR Charge Categories 2019-20 Policy Year



Values are displayed in thousands

Kansas State System (200118) - Utilization as of April 01, 2020

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Claims greater than \$100,000

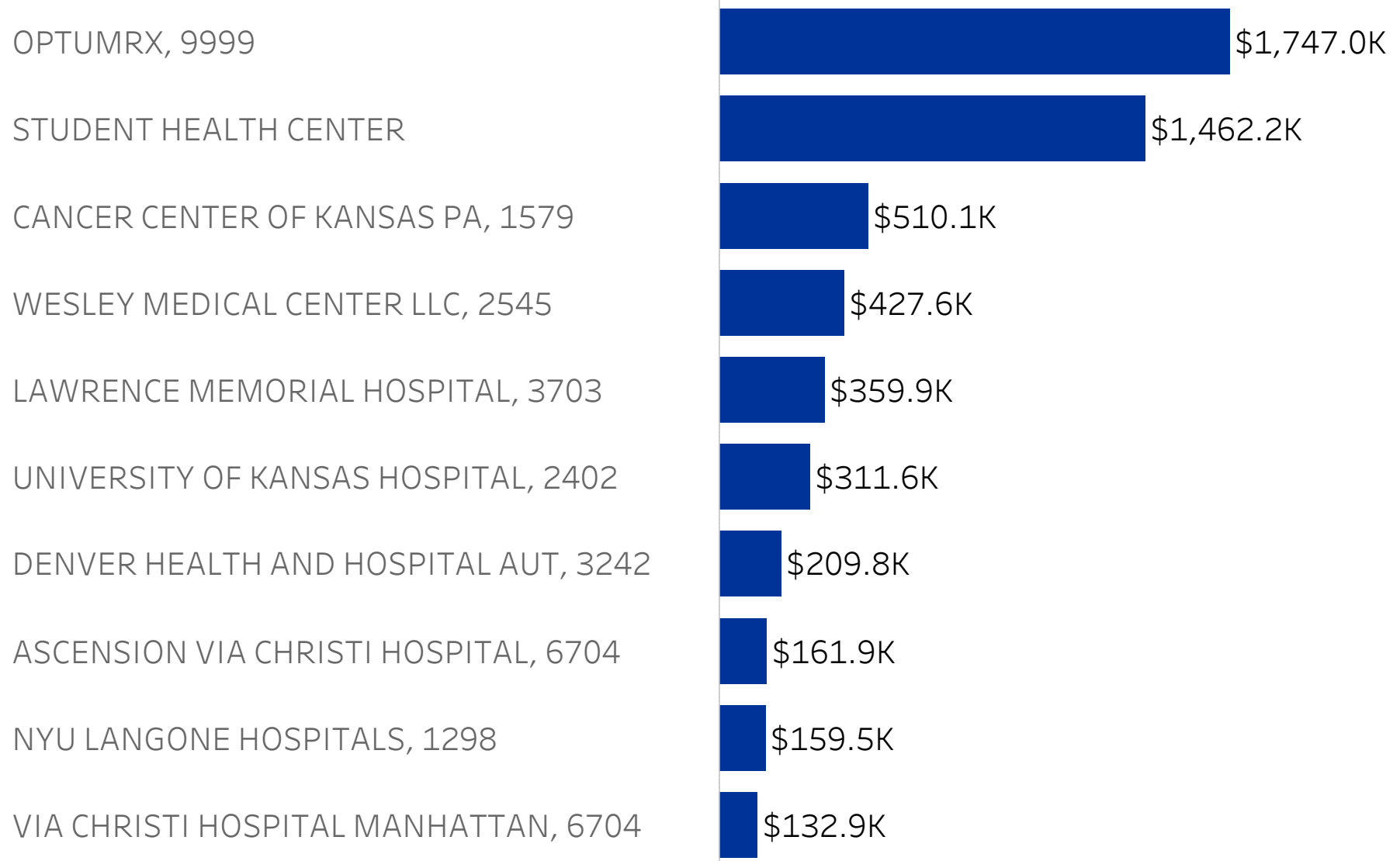
Policy Year	Day of Date Diagnosis	Student-De..	ICD Code Description	Claimed Amount	Paid Claims
2018-19	April 19, 2019	Student	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	\$168,871	\$109,348
	August 1, 2018	Student	PBM CLAIMS	\$148,152	\$125,730
	March 15, 2019	Student	CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST	\$277,415	\$130,712
	May 9, 2019	Student	NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	\$212,946	\$100,324
	September 20, 2018	Student	PBM CLAIMS	\$146,436	\$108,120
	August 2, 2018	Student	CHRONIC PULMONARY EMBOLISM	\$330,762	\$229,955
	May 24, 2019	Student	MC HODGKIN LYMPHOMA LYMPH NODES HEAD FACE & NECK	\$152,057	\$125,436
	August 27, 2018	Dependent	PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	\$565,727	\$226,714
	August 27, 2018	Dependent	BREAKDOWN VENTRICULAR INTRACRAN SHUNT INIT ENC	\$1,210,952	\$649,866
	January 11, 2019	Student	NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS	\$343,318	\$218,463
	August 3, 2018	Dependent	JUVENILE RA WITH SYSTEMIC ONSET UNSPECIFIED SITE	\$171,633	\$110,967
	April 18, 2018	Student	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	\$227,262	\$107,886
	October 3, 2018	Dependent	SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$945,178	\$119,428
	December 21, 2018	Dependent	SINGLE LIVEBORN INFANT DELIVERED VAGINALLY	\$344,432	\$112,779
	February 22, 2019	Student	OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	\$280,177	\$204,307
	May 8, 2019	Dependent	SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$750,970	\$256,530
	May 22, 2019	Dependent	TWIN LIVEBORN INFANT DELIVERED BY CESAREAN	\$306,588	\$104,845
2019-20	July 19, 2019	Student	OTHER SPECIFIED EATING DISORDER	\$271,721	\$213,876
	September 6, 2019	Student	PBM CLAIMS	\$156,885	\$120,162
	August 7, 2019	Student	PBM CLAIMS	\$147,816	\$124,853
	August 1, 2019	Student	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	\$200,485	\$111,732
	November 11, 2019	Student	NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	\$1,891,357	\$342,080
	August 1, 2019	Student	NS HODGKIN LYMPHOMA LYMPH NODES HEAD FACE & NECK	\$384,241	\$345,625
	November 8, 2019	Student	TRANSSEXUALISM	\$374,700	\$196,491
	September 30, 2019	Student	EPIDURAL HEMORRHAGE W/LOC UNS DUR INITIAL ENCINTR	\$420,250	\$115,076

Kansas State System (200118) - Claims greater than \$100,000 - Utilization as of April 01, 2020

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Top Billing Providers

2019-20 Policy Year



Values are displayed in thousands

Kansas State System (200118) - Utilization as of April 01, 2020

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Top Rx Report

Percentage of Members Utilizing Rx



Top Drugs by Claimant Count

Drug Name	Tier	Script Count	Claimant Count	Copay	Paid Claims
AMPHETAMINE/DEXTROAMPHETAM..	1	481	122	\$6,370	\$20,953
ESCITALOPRAM OXALATE	1	423	93	\$3,431	\$359
BUPROPION HYDROCHLORIDE ER (XL)	1	364	86	\$4,275	\$3,112
SPIRONOLACTONE	1	327	73	\$3,309	\$2,614
AMOXICILLIN	1	165	140	\$1,181	\$53
PREDNISON	1	140	112	\$610	\$44
AZITHROMYCIN	1	127	110	\$1,365	\$445
AMOXICILLIN/CLAVULANATE POTAS..	1	114	103	\$1,582	\$1,717
CEPHALEXIN	1	83	72	\$708	\$176
HYDROCODONE/ACETAMINOPHEN	1	76	70	\$441	\$5

Top Drugs by Paid Claims

Drug Name	Tier	Claimant Count	Copay	Paid Claims
PROMACTA	3	2	\$12,700	\$168,361
TECFIDERA	2	3	\$24,971	\$142,411
HUMIRA PEN	2	3	\$18,508	\$128,868
XYREM	3	1	\$6,208	\$121,161
GILENYA	3	2	\$10,098	\$73,471
STELARA	2	1	\$6,263	\$61,041
ADDERALL XR	1	61	\$3,400	\$50,714
ENBREL	3	2	\$9,360	\$43,635
VYVANSE	2	64	\$28,807	\$43,211
TREMFYA	2	2	\$12,618	\$42,788

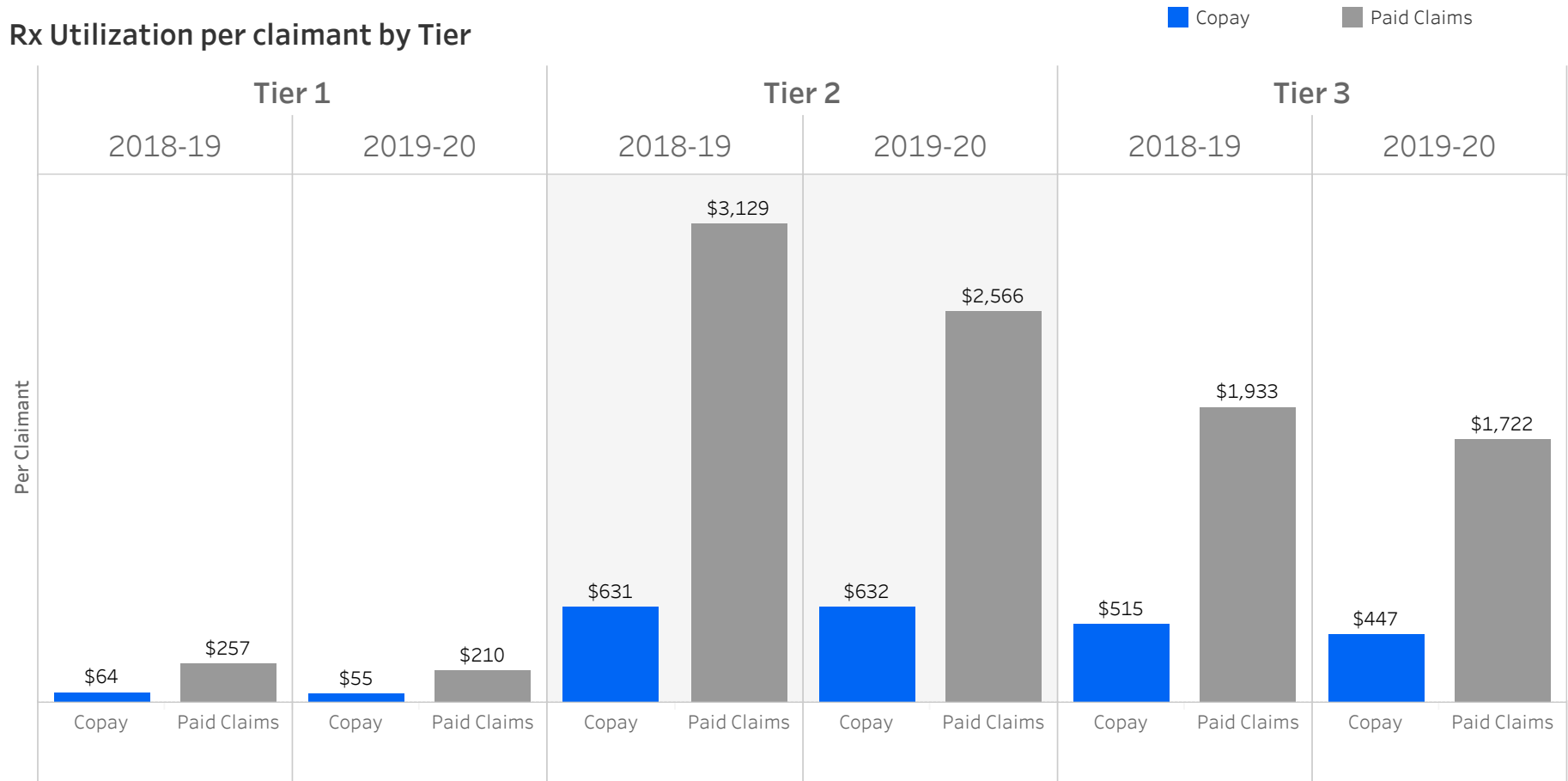
Top Therapeutic Classes by Claimant Count

	Claimant Count	Copay	Paid Claims
SYSTEMIC CONTRACEPTIVES	503	\$6,002	\$97,290
PSYCHOSTIMULANTS-ANTIDEPRESSANTS	479	\$30,221	\$21,591
PENICILLINS	239	\$2,945	\$1,847
GLUCOCORTICOIDS	225	\$5,005	\$8,343
MISCELLANEOUS	214	\$57,726	\$334,330
AMPHETAMINE PREPARATIONS	197	\$38,971	\$116,470
BIOLOGICALS	174	\$0	\$4,937
ANTIARTHRITICS	154	\$46,583	\$249,746
ANTIVIRALS	151	\$69,173	\$127,831
NARCOTIC ANALGESICS	134	\$1,135	\$174

Kansas State System (200118) - Utilization as of April 01, 2020

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Rx Utilization per claimant by Tier



Rx Utilization by Tier

Tier	2018-19			2019-20		
	Claimant Count	Copay	Paid Claims	Claimant Count	Copay	Paid Claims
1	2,537	\$161,101	\$650,887	1,858	\$102,902	\$390,610
2	329	\$207,615	\$1,029,401	219	\$138,349	\$561,890
3	459	\$236,590	\$887,203	450	\$201,196	\$774,957

Kansas State System (200118) - Utilization as of April 01, 2020

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Premium, Paid Claims and Loss Ratio

utilization as of April 01, 2020

Group Name (Number)	Client Name (Number)	Policy Year	Measure Name	Value
Kansas State System (200118)	Emporia State University (197)	2016-17	Premium	\$448,156
			Paid Claims	\$192,565
			Loss Ratio	43.0%
	2017-18	Premium	\$544,633	
		Paid Claims	\$289,457	
		Loss Ratio	53.1%	
	2018-19	Premium	\$586,617	
		Paid Claims	\$276,722	
		Loss Ratio	47.2%	
2019-20	Premium	\$470,275		
	Paid Claims	\$109,257		
	Loss Ratio	23.2%		
Fort Hays State University (2005)	2016-17	2016-17	Premium	\$355,104
			Paid Claims	\$299,734
			Loss Ratio	84.4%
	2017-18	Premium	\$407,090	
		Paid Claims	\$243,943	
		Loss Ratio	59.9%	
	2018-19	Premium	\$466,728	
		Paid Claims	\$385,122	
		Loss Ratio	82.5%	
2019-20	Premium	\$398,155		
	Paid Claims	\$154,802		
	Loss Ratio	38.9%		
Kansas State University (470)	2016-17	Premium	\$2,744,095	
		Paid Claims	\$2,489,241	
		Loss Ratio	90.7%	

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

Premium & Paid Claims

Kansas State System (200118) Utilization as of April 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Premium, Paid Claims and Loss Ratio

utilization as of April 01, 2020

Group Name (Number)	Client Name (Number)	Policy Year	Measure	Value
Kansas State System (200118)	Kansas State University (470)	2017-18	Premium	\$2,938,556
			Paid Claims	\$3,051,724
			Loss Ratio	103.9%
	2018-19	Premium	\$3,292,773	
		Paid Claims	\$4,096,150	
		Loss Ratio	124.4%	
	2019-20	Premium	\$2,952,316	
		Paid Claims	\$2,329,752	
		Loss Ratio	78.9%	
Pittsburg State University (2009)	2016-17	Premium	\$359,908	
		Paid Claims	\$217,781	
		Loss Ratio	60.5%	
	2017-18	Premium	\$375,571	
		Paid Claims	\$205,273	
		Loss Ratio	54.7%	
	2018-19	Premium	\$400,541	
		Paid Claims	\$147,973	
		Loss Ratio	36.9%	
2019-20	Premium	\$408,339		
	Paid Claims	\$85,523		
	Loss Ratio	20.9%		
University of Kansas - Medical Center (2070)	2016-17	Premium	\$854,312	
		Paid Claims	\$906,621	
		Loss Ratio	106.1%	
	2017-18	Premium	\$1,088,084	
		Paid Claims	\$1,672,313	
		Loss Ratio	153.7%	

Measure Names
■ Premium
■ Paid Claims
■ Loss Ratio

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

Premium & Paid Claims

Kansas State System (200118) Utilization as of April 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Premium, Paid Claims and Loss Ratio

utilization as of April 01, 2020

Group Name (Number)	Client Name (Number)	Policy Year	Measure	Value
Kansas State System (200118)	University of Kansas - Medical Center (2070)	2018-19	Premium	\$1,175,927
			Paid Claims	\$1,818,549
			Loss Ratio	154.6%
	2019-20	Premium	\$1,119,074	
		Paid Claims	\$1,420,240	
		Loss Ratio	126.9%	
University of Kansas (471)	2016-17	Premium	\$4,258,118	
		Paid Claims	\$3,993,660	
		Loss Ratio	93.8%	
	2017-18	Premium	\$4,509,283	
		Paid Claims	\$6,026,783	
		Loss Ratio	133.7%	
	2018-19	Premium	\$5,075,164	
		Paid Claims	\$6,375,384	
		Loss Ratio	125.6%	
	2019-20	Premium	\$4,793,137	
		Paid Claims	\$2,345,683	
		Loss Ratio	48.9%	
Wichita State University (180)	2016-17	Premium	\$1,544,471	
		Paid Claims	\$1,320,793	
		Loss Ratio	85.5%	
	2017-18	Premium	\$1,629,517	
		Paid Claims	\$924,571	
		Loss Ratio	56.7%	
2018-19	Premium	\$1,970,435		
	Paid Claims	\$819,276		
	Loss Ratio	41.6%		

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

Premium & Paid Claims

Kansas State System (200118) Utilization as of April 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Premium, Paid Claims and Loss Ratio

utilization as of April 01, 2020

Group Name (Number)	Client Name (Number)	Policy Year	Measure Name	Value
Kansas State System (200118)	Wichita State University (180)	2019-20	Premium	\$1,893,876
			Paid Claims	\$938,404
			Loss Ratio	49.5%

The premium reported includes all of the following taxes and fees: Premium tax, PPACA Patient-centered Outcomes Research Institute (PCORI) fee, PPACA reinsurance fee and the PPACA health insurance tax (HIT). Also included in the premium is all outside broker commissions.

Premium & Paid Claims

Kansas State System (200118) Utilization as of April 01, 2020

Confidential Property of UnitedHealth Group. Recipient Shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



Wichita State University (180) (COL)

2019-20 School Year
Utilization as of March 2020

 UnitedHealthcare® | StudentResources

Client: Wichita State University (180) (COL) - School Year: 2019 - Claims as of March 2020 - Report Execution Time: 4/14/2020 1:44:41 PM

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Large Claims - \$100,000 Threshold

2018-19

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
		No claimants greater than threshold.		

2019-20

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
Student	11/11/2019	I609 - NONTRAUMATIC SUBARACHNOID HEMORRHAGE UNSPECIFIED	\$1,891,357	\$342,080
Student	9/30/2019	S064X9A - EPIDURAL HEMORRHAGE W/LOC UNS DUR INITIAL ENCNR	\$420,250	\$115,076

Client: Wichita State University (180) (COL) - School Year: 2019 - Claims as of March 2020 - Report Execution Time: 4/14/2020 1:44:41 PM

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



Emporia State University (197) (COL)

2019-20 School Year
Utilization as of March 2020

 UnitedHealthcare® | StudentResources

Client: Emporia State University (197) (COL) - School Year: 2019 - Claims as of March 2020 - Report Execution Time: 4/14/2020 1:51:49 PM

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Large Claims - \$100,000 Threshold

2018-19

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
		No claimants greater than threshold.		

2019-20

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
		No claimants greater than threshold.		



Kansas State University (470) (COL)

2019-20 School Year
Utilization as of March 2020

 UnitedHealthcare® | StudentResources

Client: Kansas State University (470) (COL) - School Year: 2019 - Claims as of March 2020 - Report Execution Time: 4/14/2020 1:54:08 PM

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Large Claims - \$100,000 Threshold

2018-19				
Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
Dependent	8/3/2018	M0820 - JUVENILE RA WITH SYSTEMIC ONSET UNSPECIFIED SITE	\$171,633	\$110,967
Student	1/11/2019	I619 - NONTRAUMATIC INTRACEREBRAL HEMORRHAGE UNS	\$343,318	\$218,463
Student	2/22/2019	I2699 - OTH PULMONARY EMBOLISM W/O ACUTE COR PULMONALE	\$280,177	\$204,307
Student	5/24/2019	C8121 - MC HODGKIN LYMPHOMA LYMPH NODES HEAD FACE & NECK	\$152,057	\$125,436
Student	5/9/2019	D496 - NEOPLASM OF UNSPECIFIED BEHAVIOR OF BRAIN	\$212,946	\$100,324

2019-20				
Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
Student	8/1/2019	C8111 - NS HODGKIN LYMPHOMA LYMPH NODES HEAD FACE & NECK	\$384,241	\$345,625
Student	11/8/2019	F640 - TRANSSEXUALISM	\$374,700	\$196,491
Student	8/1/2019	C719 - MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	\$200,485	\$111,732

Client: Kansas State University (470) (COL) - School Year: 2019 - Claims as of March 2020 - Report Execution Time: 4/14/2020 1:54:08 PM

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



University of Kansas (471) (COL)

2019-20 School Year
Utilization as of March 2020

 UnitedHealthcare® | StudentResources

Client: University of Kansas (471) (COL) - School Year: 2019 - Claims as of March 2020 - Report Execution Time: 4/14/2020 1:57:58 PM

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Large Claims - \$100,000 Threshold

2018-19				
Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
Dependent	8/27/2018	T8501XA - BREAKDOWN VENTRICULAR INTRACRAN SHUNT INIT ENC	\$1,210,952	\$649,866
Dependent	5/8/2019	Z3801 - SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$750,970	\$256,530
Dependent	8/27/2018	Z982 - PRESENCE OF CEREBROSPINAL FLUID DRAINAGE DEVICE	\$565,727	\$226,714
Dependent	10/3/2018	Z3801 - SINGLE LIVEBORN INFANT DELIVERED BY CESAREAN	\$945,178	\$119,428
Dependent	12/21/2018	Z3800 - SINGLE LIVEBORN INFANT DELIVERED VAGINALLY	\$344,432	\$112,779
Dependent	5/22/2019	Z3831 - TWIN LIVEBORN INFANT DELIVERED BY CESAREAN	\$306,588	\$104,845
Student	3/15/2019	K8050 - CALCULUS BD W/O CHOLANGITIS/CHOLECYST W/O OBST	\$277,415	\$130,712
Student	4/19/2019	Z5112 - ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	\$168,871	\$109,348
Student	9/20/2018	00010 - PBM CLAIMS	\$146,436	\$108,120
Student	4/18/2018	F332 - MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	\$227,262	\$107,886

2019-20				
Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
Student	9/6/2019	00010 - PBM CLAIMS	\$156,885	\$120,162

Client: University of Kansas (471) (COL) - School Year: 2019 - Claims as of March 2020 - Report Execution Time: 4/14/2020 1:57:58 PM

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.



Fort Hays State University (2005) (COL)

2019-20 School Year
Utilization as of March 2020

 UnitedHealthcare® | StudentResources

Client: Fort Hays State University (2005) (COL) - School Year: 2019 - Claims as of March 2020 - Report Execution Time: 4/14/2020 2:01:29 PM

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.

Large Claims - \$100,000 Threshold

2018-19

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
		No claimants greater than threshold.		

2019-20

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
		No claimants greater than threshold.		



Pittsburg State University (2009) (COL)

2019-20 School Year
Utilization as of March 2020

 UnitedHealthcare® | StudentResources

Client: Pittsburg State University (2009) (COL) - School Year: 2019 - Claims as of March 2020 - Report Execution Time: 4/14/2020 2:03:34 PM

Confidential Property of UnitedHealth Group. Recipient shall be liable for using and protecting from further disclosure or misuse, consistent with applicable law.


Large Claims - \$100,000 Threshold

2018-19

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
		No claimants greater than threshold.		

2019-20

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
		No claimants greater than threshold.		



University of Kansas - Medical Center (2070) (COL)

2019-20 School Year
Utilization as of March 2020

 UnitedHealthcare® | StudentResources

Large Claims - \$100,000 Threshold

2018-19

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
Student	8/2/2018	I2782 - CHRONIC PULMONARY EMBOLISM	\$330,762	\$229,955
Student	8/1/2018	00010 - PBM CLAIMS	\$148,152	\$125,730

2019-20

Insured Type	Diagnosis Date	Diagnosis	Total Charges	Total Paid
Student	7/19/2019	F5089 - OTHER SPECIFIED EATING DISORDER	\$271,721	\$213,876
Student	8/7/2019	00010 - PBM CLAIMS	\$147,816	\$124,853

		Through April 1, 2020		Estimated Total *		
		Premium	Claims	Premium	Claims	Loss Ratio
Students	COMMUNICATION STUDIES	\$20,964	\$5,920	\$22,746	\$10,963	48.20%
	DENTAL HYGIENE	\$5,462	\$1,551	\$5,926	\$2,872	48.47%
	HS STUDENT	\$814,218	\$722,971	\$883,427	\$1,338,835	151.55%
	MEDICAL	\$4,282	\$1,198	\$4,646	\$2,219	47.75%
	NURSING	\$52,856	\$52,404	\$57,349	\$97,044	169.22%
	PHARMACY	\$118,720	\$57,242	\$128,811	\$106,004	82.29%
	PHD	\$1,772	\$0	\$1,923	\$0	0.00%
	PHYSICAL THERAPY	\$25,692	\$6,608	\$27,876	\$12,237	43.90%
	PHYSICIAN ASSISTANTS	\$35,882	\$6,015	\$38,932	\$11,139	28.61%
	UNKNOWN	\$0	\$86,258	\$0	\$159,737	
	VETERINARY MEDICINE	\$186,644	\$98,801	\$202,509	\$182,965	90.35%
Students Total		\$1,266,492	\$1,038,968	\$1,374,144	\$1,924,015	140.02%
Dependents	HS STUDENT	\$135,410	\$105,797	\$146,920	\$195,920	133.35%
	NURSING	\$8,860	\$466	\$9,613	\$863	8.98%
	PHARMACY	\$13,438	\$17,813	\$14,580	\$32,987	226.24%
	PHYSICAL THERAPY	\$1,772	\$907	\$1,923	\$1,680	87.36%
	PHYSICIAN ASSISTANTS	\$4,578	\$333	\$4,967	\$617	12.41%
	UNKNOWN	\$0	\$40,462	\$0	\$74,930	
		VETERINARY MEDICINE	\$20,376	\$18,528	\$22,108	\$34,311
Dependents Total		\$184,434	\$184,306	\$200,111	\$341,307	170.56%
		\$1,450,926	\$1,223,274	\$1,574,255	\$2,265,322	143.90%

* Estimated Total is based on previous Year's premium and Claims paid through April 1. It is an Estimate only. Dats through April 1, 2020 is actual data, but DOES NOT reflect the final claims for the 2019/2020 academic year.