introducing
Insurance Billing & College Health

a brief overview
Joined UF SHCC 10 years ago and have served in several capacities

Finishing up my Masters in Health Admin Informatics. Currently hold CPC and CHDA credentials

Adjunct faculty at Santa Fe College in HITM program

Led UF SHCC’s initiative to implement third party billing
Today’s Agenda

1. What’s all the fuss?
2. Why does it matter?
3. Where should I start?

Third Party Health Insurance. Let’s get started
What’s all the fuss?

what does third party billing mean anyway
Student Health Insurance Plans

Directly negotiated with the university from a “benefit coverage” standpoint.

Health center services are built in to the policy from start.

Typically, you bill and they pay – little dispute or uncertainty.
Typically referred to as “Third Party Insurance” or TPI

Negotiated on an individual basis, primary care usually has standard pay out (% of Medicare)

Compliance and credentialing standards that must be met

Standardized billing (i.e. HL7, HCFA1500, EDI)
Why does it matter? impact on college health centers
“what do you MEAN its required but you don’t bill it for me?”

mandatory insurance.

“what do you MEAN there is no money?”

alternate revenue stream.
A few statistics to start

About **80 percent** of college students aged 18 through 23 had health insurance in 2006.

**67 percent** were covered through employer-sponsored plans,

**7 percent** were covered through other private health insurance plans, such as student insurance plans

**6 percent** were covered by public programs, such as Medicaid.

Back to the question… Why?

...legislative changes are inevitable...(i.e. students now being covered until age 26, healthcare reform insurance exchange, mandatory insurance initiatives

...there is $6.8 million a year to be retrieved from billing students’ health insurance. *

...students may choose to go outside because they CAN bill their insurance due to parent persuasion. 

**Student’s have options too!**

Or it may be... Why Not?

...“It’s natural to say, let’s do it ourselves. But it’s not that easy.”*

- Quote from VP for SA

....where 900 different insurance plans are represented on campus -- billing could be incredibly inefficient.*

...a fee-for-service model does not encourage healthy behavior.*

Basic College Health Financial Models

Capitated Model

Blended Model

Fee for Service Model
Reporting Structure: UF SHCC

UF & Shands

Academic Health Center

UF

College of Medicine

Community Health & Family Medicine

UF Physicians

UF Student Health

Florida Clinical Practice Associates, Inc.
Project Stakeholders: UF SHCC

- Students
- Key UF Officials
- Key FCPA Officials
Actual Start Date: July 15, 2010

- Financial exploration stages – Mid to Late 2008
- Pull together key stakeholders – Early 2009
- Establish Project Leads (roles & responsibilities) – Mid 2009
- Testing/Implementation (working out the kinks) – Late 2009
- ORIGINAL GO LIVE DATE: January 2010
Current State: after 18 months

**Students**
- Knowledge of insurance coverage
- High deductible plans

**UF**
- Staffing increase of ~7 FTE
- Financial return on investment

**FCPA**
- Compliance
- Health fee allocation
- % of collections
CASE STUDY: Florida Atlantic
3 Pitfalls to Insurance Billing

watch out for that hole!
Network Nuances
Are you in or out?
Pharmacy, Ancillary, Specialty
Oh my, oh my!
Government Payers & Compliance

Incident who?!
Indemnification
The dreadful word!
Thank you!
Questions, Comments, Discussion