**UC SHIP Meeting Minutes 2/16/2024 1-2pm:**

Attendees: Dr. Oluwatosin Jegede, Norah Park, Dr. Gina Fleming, Dr. Stacie San Miguel, Dr. Sarah Clavell Storer, Jill Battikha, Karin Omark, Vaishnavi Ventrapragada, Ed Junkings, David Du

**Discussion:**
- Highlights from the EOB held on Feb 13, 2024
  - Resolutions:
    - Resolution to discontinue coverage for GLP-1 drugs for morbid obesity - Premium rate will decrease by 3.21% (moved to voting stage)
      - Tosin and Norah feel that we should not cover the GLP-1 drugs for morbid obesity, and most other student representatives will vote to discontinue coverage as well. For UCSD, there would be low utilization, and considering the big costs to plan, it would not be beneficial to cover these drugs.
    - Resolution to add Lyra coverage - Premium rate will increase by 2.8% (moved to voting stage)
      - Dr. San Miguel mentioned that this benefit was supposed to be covered by the reserves, which we do not have now.
      - Dr. Clavell Storer says that she needs data on unique users of Lyra to see how CAPS might be affected. Dr. Gina mentioned that Sam Park recently ran a report of open sessions available at CAPS and found 84 unused psychiatry spots in one month. It seems that on our campus, we should have the capacity to absorb some students.
      - Vaishnavi also mentioned that it would be useful to investigate which students prefer Lyra over CAPS, just to see satisfaction rates in the students themselves.
    - Tosin asked if LiveHealth can be used to support CAPS in Lyra’s absence. Dr. Clavell Storer said she would be willing to see LiveHealth’s current availability. In the EOB meeting, it was mentioned that LiveHealth is much cheaper than Lyra.
    - Extend voluntary coverage eligibility to 2 semester/3 trimesters - this will increase future plan expenses (moved to voting stage)
      - Jill clarified that voluntary coverage is for students not currently enrolled, taking a leave of absence or just graduated. Voluntary coverage is used two to three times more than a matriculated student and would increase the premium 2-5%.
      - Tosin mentioned that for now, this may not be the best option. The more we spend, the more likely the premium will increase in the future.
• Dr. San Miguel said that in the past, voluntary coverage was meant for those who were in tricky medical situations; however, now some students are enrolling and un-enrolling to continue SHIP, which is not fair to students who must pay a higher premium. Therefore, she thinks that it would be a good idea to vote no on this motion.

• Dr. Junkins mentioned that it is best for students to get through their academic journey. Because we have had that luxury in the past, the costs have creeped up on us. SHIP should be a basic plan to keep students safe and in school, which is not what this resolution allows.

• Dr. Fleming also mentioned for next year, it might be beneficial to consider cutting quarters for voluntary coverage. Dr. San Miguel mentioned that we might be able to increase out of pocket maxes  
  o Things proposed to be done system wide to decrease the premiums. It might be nice to have executive sponsors to make decisions. Although we can make some decisions for UCSD, we have not gotten our premium impacts.

• Adjust mileage requirement to 50 miles across transplant, gender-affirming, and bariatric surgeries - this will increase future plan expenses (moved to voting stage)
  
  • Jill clarified that we are trying to adjust this mileage to have students remain within a 50-mile radius to be covered by SHIP, so they have those surgeries available. For example, if the student went 51 miles, it might not be covered by the plan. This benefit would cover hotel costs, food, and care coverage.

  • Tosin mentioned it might affect the cost on UC SHIP because as soon as a person travels 50 miles, they must submit costs for this claim.

  • Vaishnavi mentioned that different areas of California have various levels of care; therefore, one campus might be negatively impacted while another may be positively impacted. Again, this goes back to the issue of certain campuses needing specific services.

• Dr. Fleming said that she was shocked that people are looking to add benefits to our current financial situation. She was worried about the fact that the plan could be gone due to the number of benefits that could be voted on.
  
  • Dr. Tosin said that for Lyra, there are key campuses that do not have SHS, which is why they are pushing for Lyra. There are some campuses that have specific needs unique to that campus, which is why so many benefits are currently being voted on.
  
  • Jill also mentioned that we do not have a financial aid person at the EOB, but it might be helpful to know those statistics.
• Program renewal for 2024/25 AY (partial risk pooling method was used)
  • Pooled medical renewal (includes coverage for GLP-1 and excludes the cost for Lyra program = 28.83% (20.1-36.0%). This is exclusive of any benefit changes.
• Options
  • Continue the Lyra pilot (include the cost of Lyra in the renewal) and discontinue coverage of GLP-1 weight loss meds for morbid obesity: -0.44%
  • Continue the Lyra pilot with an 8 visit/year limit (include the cost of Lyra in the renewal) and discontinue coverage of GLP-1 weight loss meds for morbid obesity: -1.9%
  • Discontinue coverage of GLP-1 weight loss meds for morbid obesity and discontinue Lyra pilot: -3.21%
  • Continue the Lyra pilot, include the cost of Lyra in the renewal and continue coverage of GLP-1 weight loss meds for morbid obesity: +2.80%
• David asked if it was possible for specific campuses to meet their own needs without being a burden on the other campuses; however, it does not seem to be possible for this year.
  • Dr. Fleming said that it would be possible to take the benefit out of the plan, but a person who specifically needs the benefit could be supported by the Chancellor.
• Jill’s Presentation
  • UC SHIP Cost Renewal Reduction Opportunities for Plan Year 2024/25
    • 1. Promote Live Health Online Services as an accessible, low-cost alternative for:
      • ER Utilization
      • Increasing copay
        o Limited coverage for vision and dental benefits
      • Different options for efforts to reduce utilization and change behaviors
• Vaishnavi was wondering if SHS costs have any impact on RAFT and if we have a list of services that are underutilized but tend to be more expensive.
  • Dr. San Miguel that RAFT does not affect UC SHIP. However, any decrease in enrollment in UC SHIP will impact the funding that we get. Furthermore, in this age group, mental health is a high area of mortality and trauma. We also need to do a better job of decreasing accidents from e-bikes and e-scooters.
  • Dr. Fleming also mentioned that there was a report on high-cost claimants. These are more for emergencies, though.

**Future Steps:**
To regroup on March 1st to solidify positions on resolutions.

**All Other Updates:**
The meeting was adjourned at 2 pm. The next meeting will be on Friday, 3/1/2024 from 1 to 2pm.