



Budget Increase Request Cover Sheet

To be completed annually by each department. Please attach Budget Request Forms for each proposed increase.

Department: Student Health Services

Account #: SHS 300370,302970
 EMS 302850, 302960
 Bldg Renewal 300530

Department Budget History:

	FY 2009	FY 2010	FY 2011	FY 2012
Total Budget	\$8,673,000	\$9,212,000	\$9,033,387	
Total Current SSF Allocation	Health Fee acct - balance fluctuates with enrollment, interest, and exemptions			
SSF Increases Requested	\$308,000	\$180,000	\$0	\$180,000
SSF Increases Funded				
Total End-of-Year Reserve Balance Across All Operating Accounts	\$2,050,596	\$2,235,287	\$2,250,000	\$2,250,000

Please provide a reserve spending plan if ending FY11 reserves exceed University requirements.

Above reserves exclude approximately \$1,000,000 in building renewal account. SHS has a 35+ year old building that has over \$1,000,000 in potential maintenance and repairs identified by independent sources. Operating reserves fluctuate due to dynamic nature of budget resulting from variable patient volume and fee for service revenue. SHS uses excess reserves to maintain its building and purchase capital equipment such as digital x-ray and ambulances. When available, SHS also uses excess reserves to fund an annual flu-shot campaign.

SSF Increase Request History & FY 2012

Summary:

<i>Program, Service, or Operation Requested</i>	<i>Amount Requested</i>	<i>SSFAB Recommended? (y/n)</i>	<i>VPSA Approved? (y/n)</i>
FY 2010			
Merit & Benefits	\$180,000		
FY 2011			
No Request	\$0		
FY 2012 Proposal Summary (Prioritized)			
Operating Exp - Med Supplies & Pharmaceuticals	\$100,000		
Salary Equity - Budgeted Staff	\$25,000		
Merit - Budgeted Staff	\$147,000		
Proposed Health Fee Increase	\$2.75		
Proposed FY12 Health Fee	\$74.00		
Proposed Health Fee Increase without Merit	\$1.25		
Proposed FY12 Health Fee Without Merit	\$72.50		

Annual Report (cont.)

Additional Questions: *(to assist the Board when informing the student body about stewardship of the Student Service Fee)*

Briefly, what recent programs/services have been successful? Which need work? Explain.

Online appointments allow patients to schedule an appointment whenever convenient rather than calling SHS during business hours.

Open access appointment model maintains more open appointments allowing patients to make an appointment the same day.

Self-referral lab enables patients the opportunity to take a limited number of lab tests without a physician's order. This is especially beneficial to pre-professional students and/or students needing for student teaching assignments.

Please list actions taken in FY11 that helped reduce the pressure of increased fees, e.g., eliminated vacant positions, program cuts, increased revenues, and development efforts.

SHS has ongoing expense control. Our primary opportunities to control expenses relate to the purchase of medical supplies and staffing. SHS is challenged by medical costs, which consistently exceed the average rate of inflation. SHS has maintained tight control of its staffing model by minimizing new positions and replacing some positions with lower level positions, or by not replacing at all when feasible. Furthermore, SHS strives to maximize fee for service for individual usage of products and services. Emergency Medical Services recently modified its business model to generate more revenue by charging more direct fee for service. These measures help minimize the need for student health fee increases. However, there is a level at which patient volume is deterred if pricing is too high and less competitive with external sources of patient care. This level is difficult to determine with any high degree of certainty.

In late FY10, SHS contracted to purchase an inventory control system that will interface with our patient management system. This will enhance SHS' ability to capture all medical supply cost related to an appointment and charge patients for usage of these supplies.

In FY11, SHS anticipates moving to more direct filing of insurance. This will likely create a mixed effect on fee for service revenue. It may encourage more patient volume for those that can directly use their insurance; however it may result in reduced patient volume because SHS will change its pricing to reflect market rates. Furthermore, some charges may become more restricted due to insurance reimbursement allowances.

What do you see as your department's financial priorities in the next 3 – 5 years (FY12-FY16)?

Invest in a health care facility that provides state-of-the-art health care to a much larger student population for which the current facility was built. The Beutel Health Center was last remodeled and expanded in 1986 to accommodate a student population of up to 35,000. Besides ongoing significant maintenance and repair issues, the current building has reached capacity utilization. A new facility would offer several advantages for patients including, but not limited to:

- *Better patient flow*
- *Improved privacy for both health care and insurance processing*
- *Higher volume of patients*
- *Improvement in air quality*
- *Easier access to health care facility*
- *Examination rooms with modern technology*
- *Health Education classrooms*
- *Additional medical services such as dental and optometry*

Additional comments, special considerations, etc.

SSFAB Comments/Notes:

STUDENT | SERVICE | FEE | ADVISORY | BOARD