ACHA American College Health Association
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December 18, 2015

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-9937-P
200 Independence Avenue, SW
Washington, DC 20201

RE: Comments on Notice of Benefit and Payment Parameters for 2017 (CMS-9937-P)

To Whom It May Concern:

On behalf of the American College Health Association (ACHA), we write in response to the December 2, 2015, proposed rule from the Centers for Medicare and Medicaid Services (CMS) for the application of the Patient Protection and Affordable Care Act to the Benefit and Payment Parameters for 2017 (CMS-9937-P).

ACHA is a non-profit national health association that represents multidisciplinary college and university health professionals whose principal collective interest is to advance the health of the nation's 20 million college students. Comprised of more than 2,800 physicians, nurses, and other clinical providers, mental health providers, health promotion professionals, health administrators, pharmacists and support staff in nearly 900 student health centers, ACHA has long supported the provision of high quality, comprehensive, and affordable health coverage for the nation's college students. ACHA appreciates the opportunity to provide comments on how the proposed rules might apply to student health insurance plans and whether additional steps or considerations are needed.

After reviewing the proposed regulations, ACHA believes that application of the rules to student health insurance plans, as proposed, provides helpful flexibility to institutions of higher education in managing their student health insurance coverage (SHIC), which builds on the final SHIC regulations issued by HHS in 2012. See 77 Fed. Reg. 55 (issued March 21, 2012). ACHA is pleased that the proposed regulations would permit insurance issuers to establish separate risk pools for student health insurance coverage at individual institutions of higher education or multiple risk pools within a single institution based on bona fide school-related classifications. In addition, we fully support the proposed rule to require student health insurance plans to provide only a minimum actuarial value (AV) of at least 60 percent, thus exempting them from the AV requirements established in section 1302(d) of the ACA.

I. Index Rate Setting Methodology for Student Health Insurance Coverage (Under 45 CFR 147.145)

ACHA thanks HHS for clarification regarding the intent that there be no cross-subsidization of student plans, that there be separate risk pools, and that there be no blending of claims that would benefit one risk pool and cause a higher rate for another. Per our understanding, the separate risk pools are to have rates set by claims experience, adjustments, and benefits. There can be separate risk pools (i.e., graduate student versus undergraduate students or domestic students versus international students). It is also our understanding that dependents may be included in any separate risk pool or that dependents can be grouped in a discrete risk pool if their eligibility for a dependents-only plan is based upon the student's enrollment in school.

One concern with this purity of risk pool approach is that dependent coverage in a discrete risk pool could be raised to such a point that colleges and universities will be driven to stop offering dependent coverage. Insured dependent populations tend to be small, have higher utilization, and less predictable claims experiences than student populations. Current strategies of some partial cross-subsidization allow campuses to offer dependent coverage while keeping premiums affordable for the overall student population.

There is also a concern that the timing of rate approval will cause a longer process in the renewal of SHIC plans. ACHA does not see the HHS proposal that SHIC plans must be completed 60 days prior to "implementation" as an issue. ACHA, however, is concerned about any state rules or misinterpretation of HHS regulations that would create the need for SHIC plans to be submitted much earlier than is currently typical, thus preventing the availability of sufficient utilization data for making clear and appropriate decisions. Typically, SHIC plan renewals are completed by early spring prior to the upcoming academic year in order for student populations to make institutional enrollment decisions. This timeline allows schools to benefit from as much utilization data as possible from the previous year while still allowing schools to include information about the new SHIC plan in packages sent to students regarding admission and financial aid. To require that the renewal of a SHIC plan be done earlier could cause the following adverse consequences:

- renewal rates being artificially inflated due to lack of utilization data, forcing students to look to the marketplace and other alternatives for health insurance and therefore undermining the SHIC plans; and
- requiring refunds of premiums that would be burdensome to implement due to the ever-changing nature of student communities.

ACHA asks HHS to be mindful of this unique timeline for SHICs as it provides guidance to insurance issuers and state insurance regulators.

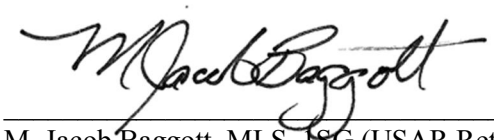
II. Actuarial Value Requirements for Student Health Insurance Plans

As previously noted, ACHA thanks HHS for addressing the concerns of colleges and universities regarding SHIC plans needing to meet the metal tiers of the marketplace. The proposed regulations for 2017 allow colleges and universities to meet the individual needs of their student populations. ACHA believes that the proposed requirement that student health insurance plans obtain certification by an actuary showing the plan provides an AV of at least 60 percent is appropriate. This is preferable to using an AV calculator, a tool which, as CMS has noted, does not lend itself well to student health insurance plans.

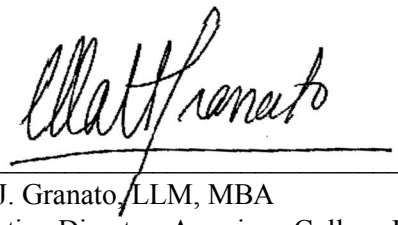
ACHA acknowledges the importance of a measure whereby students can compare student health insurance in relation to other health insurance offerings. As such, ACHA believes that student insurance plans should reference the next lowest metal level that is equivalent to their plan. While ACHA thinks that the actual AV itself may be less useful as a gauge for most student consumers, in the absence of any other official measure, ACHA believes that the plan AV should also be listed in a designated location. The "Does this Coverage Meet the Minimum Value Standard?" sections of the Summary of Benefits and Coverage would seem to be the logical document in which to detail both the next lowest metal level and the AV.

Again we thank you for your consideration and invitation to comment. Please let us know if we can provide any additional information that would be helpful to you in drafting the final notices.

Sincerely,



M. Jacob Baggott, MLS, ISG (USAR Retired), FACHA
President, American College Health Association



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