

July 17, 2014

Mandy Cohen, MD, MPH
Acting Director
Center for Consumer Information & Insurance Oversight
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, DC 20201

Via Email: marketreform@cms.hhs.gov

Dear Doctor Cohen:

On behalf of the American College, Health Association (ACHA), I write in response to the Center for Consumer Information & Insurance Oversight's (CCIIO) June 26, 2014 Insurance Standards Bulletin - ***Subject: Draft Standard Notices When Discontinuing or Renewing a Product in the Small Group or Individual Market.*** 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 specific invitation in the *Student Health Insurance Coverage* section of the bulletin to provide comment on how the proposed notices might apply to student health insurance plans and whether additional steps or considerations are needed.

After reviewing the proposed notices with member institutions, ACHA believes that application of the rules to student health insurance plans, as proposed, is problematic. It should be noted that institutions and their carriers already provide extensive and comprehensive information to students regarding health insurance requirements and options. As requested, ACHA offers the following perspectives and concerns:

- 1) Student health insurance plans are exempt from guaranteed renewability requirements that are applicable to other individual health insurance plans. This notification is included in plan materials provided by carriers. Eligibility for enrollment in student health insurance plans is dependent on an individual being a student or dependent of a student at the institution sponsoring the plan. Schools often do not know which students will register for the academic term 60 days prior to the start of the term, which typically coincides with the plan's annual coverage period. Sending renewal notices to all student enrollees, knowing that as many as one third may not even be eligible the following year, will cause a great deal of confusion among the student population. Alternatively, notices for these plans should state that coverage will be renewed dependent on the individual's continued eligibility, based on their status as a student or dependent of a student.
- 2) The final renewal process may not be completed until late in May. The proposed 60-day timeframe would shorten this renewal period for institutions to complete negotiations with a carrier or receive approval from governing bodies and adversely impact the ability of institutions to conduct robust negotiations with carriers.
- 3) Many institutions of higher education require students to have health insurance, and enroll students in the school-sponsored health insurance plan unless the individual provides evidence of

other comparable coverage. The periods in which students may submit the request for waiver of enrollment in the student health plan, which is based on the academic year schedule, typically do not coincide with state or federal health benefit exchange open enrollment dates. Alternatively, institutions would need to customize the wording of the notices in order to educate students about their coverage options and the timing of their choices.

- 4) Institutions not requiring students to have health coverage may not renew enrollment in the school-sponsored plan until premium payment for the new coverage period is received. Such payment is typically part of the student registration process mentioned above. Therefore, any renewal letter must state that continued coverage is dependent upon payment of premium.
- 5) In many cases, premiums for a large portion of the students (i.e. Graduate Assistants) are paid by the institution. Thus, sending renewal notices to this population would be confusing since these beneficiaries receive coverage more like those in an employer plan than an individual plan.
- 6) The proposed notices reference tax credits, which do not apply to student health insurance plans. To avoid consumer confusion on this point, institutions should be allowed to customize the wording regarding tax credits which are only available for plans purchased through a state or federal health benefit exchange.
- 7) The proposed notices provide information to the policy holder regarding their options to choose a new health insurance plan through a state or federal exchange. Given the mix of college students enrolled at institutions (in-state and out-of-state enrollees), neither student health insurance carriers nor institutions of higher education would have knowledge of the correct exchange option for any individual policy holder as their applicable exchange would depend upon their state of legal residence. This may be different than the state in which the student attends school.
- 8) While student health insurance programs are a form of individual coverage, the primary relationship is between the institution and the insurance carrier. Institutions may terminate their relationship with a particular carrier and/or select a different carrier at the end of a plan year. Clarity should be provided regarding this situation. A notice of discontinuance would be confusing to a student population in these instances, as coverage may be available through an alternate carrier.
- 9) The 60 day proposed timeframe for notices means that notices would be sent in early June when the student has already left campus. Given the transient nature of this population, we request that consideration be made to allowing notices to be sent electronically.

We noted that States enforcing the ACA may develop their own standard notices, but if Federal standard notices are used, they cannot be modified in any way, except within the brackets in the Attachments to the bulletin. We respectfully request additional flexibility for student health insurance plans, in order to address the issues noted above. We believe this is consistent with and a logical extension of the exception to the guaranteed renewability rule [45 CFR 147.145(b)] already granted for student health insurance plans.

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

Sincerely,



Sarah Van Orman, MD, MMM, FACHA
President
American College Health Association