956 CMR 8.00: STUDENT HEALTH INSURANCE PROGRAM

Section

8.01: General Provisions
8.02: Definitions
8.03: Mandatory Health Insurance Coverage
8.04: Student Health Insurance Program Requirements
8.05: Waiver of Participation Due to Comparable Coverage
8.06: Recordkeeping
8.07: Reporting
8.08: Oversight and Enforcement
8.09: Sanctions
8.10: Administrative Bulletins
8.11: Severability

8.01: General Provisions

(1) Scope, Purpose and Effective Date. 956 CMR 8.00 establishes the requirements effective January 3, 2014, for Student Health Insurance Programs. In accordance with M.G.L. c. 15A, § 18, Massachusetts Independent and Public Institutions of Higher Education must ensure that all Students participate in a Student Health Insurance Program or in a plan of comparable coverage.

(2) Authority. 956 CMR 8.00 is promulgated in accordance with the provisions of M.G.L. c. 15A, § 18.

8.02: Definitions

The following terms as used in 956 CMR 8.00 have the following meanings, except where the context clearly indicates otherwise:

Carrier. An insurer licensed or otherwise authorized to transact accident and health insurance under M.G.L. c. 175; a nonprofit hospital service corporation organized under M.G.L. c. 176A; a nonprofit medical service corporation organized under M.G.L. c. 176B; or a health maintenance organization organized under M.G.L. c. 176G. An entity exempt from licensure under 211 CMR 43.02(2) that operates a Student Health Insurance Program shall not be considered a Carrier or subject to a Carrier's enabling statute or the provisions of M.G.L. c. 176N or M.G.L. c. 176O for the purposes of complying with the requirements for that Student Health Insurance Program.

Commonwealth Health Insurance Connector Authority or Connector. The entity established pursuant to M.G.L. c. 176Q, § 2.

Division of Insurance. The Massachusetts Division of Insurance established pursuant to M.G.L. c. 26, § 1.

Emergency Services. Services consistent with the Division of Insurance statutory references including those specified in M.G.L. c. 175, § 47U; M.G.L. c. 176A, § 8U; M.G.L. c. 176B, § 4U; and M.G.L. c. 176G, § 5.

Essential Health Benefits Benchmark Plan. T e health benefit plan required by Affordable Care Act § 1302 and chosen by the Commonwealth through the Division of Insurance, pursuant to 45 CFR § 156.100.

Evidence of Coverage. Any certificate, contract or agreement of health insurance including riders, amendments, endorsements and any other supplementary inserts or a summary plan description as defined in Division of Insurance regulations 211 CMR 52.00: *Managed Care Consumer Protections and Accreditation of Carriers*.

8.02: continued

Full-time Student. A student who meets the minimum academic requirements for full-time students as defined by the School in which the student is enrolled.

Health Benefit Plan. Any health plan offered through a health insurance program or other program through which an individual may obtain medical health benefits and services.

Independent Institution of Higher Education. Any institution, other than institutions within the public system of higher education as set forth in M.G.L. c. 15A, § 5 and other than Quincy College, that offers courses leading to an academic degree and is accredited by the Massachusetts Board of Higher Education under the provisions of M.G.L. c. 69, §§ 30, 30A and 31A and 610 CMR 2.00: *Independent Institutions of Higher Education Standards*.

MassHealth. The Medical Assistance program administered by the Executive Office of Health and Human Services pursuant to M.G.L. c. 6A, §16 and M.G.L. c. 118E and in accordance with Title XIX of the Federal Social Security Act and all applicable Federal demonstrations and waivers.

Office of Patient Protection. The office within the Health Policy Commission established by M.G.L. c. 111, § 217 responsible for the administration and enforcement of M.G.L. c. 176O, §§ 13 through 16.

Part-time Student. A student who participates in at least 75% of the academic requirements for full-time students.

Public Institution of Higher Education. An Institution of Higher Education as defined in M.G.L. c. 15A, § 5 and Quincy College.

School. A Public or Independent Institution of Higher Education located in Massachusetts.

School Year. The 365-day period commencing on the first day of the fall semester at each School.

Student. A Full-time or Part-time Student enrolled in a degree-granting program at a School who is not enrolled exclusively in online courses and whose enrollment does not consist entirely of Short-term Courses.

Student Health Insurance Program. A student health insurance program offered by a School in accordance with the requirements of M.G.L. c. 15A, § 18 and 956 CMR 8.00, including both fully insured and self-insured programs.

8.03: Mandatory Health Insurance Coverage

(1) Students. Every Student enrolled in a certificate, diploma or degree-granting program of higher education must participate in his or her School's Student Health Insurance Program or in a Health Benefit Plan with comparable coverage as defined in 956 CMR 8.05(2).

(2) Schools. Every School shall offer a Student Health Insurance Program and shall require all Students enrolled in a certificate, diploma or degree-granting program to participate in the School's Student Health Insurance Program or in a Health Benefit Plan with comparable coverage as defined in 956 CMR 8.05(2).

8.04: Student Health Insurance Program Requirements

(1) Required Benefits. A School's Student Health Insurance Program must provide benefits that are substantially equal to the Essential Health Benefits Benchmark Plan, in a manner consistent with the requirements and procedures of 45 CFR § 156.115.

8.04: continued

(2) Other Requirements. A School's Student Health Insurance Program:

(a) may not exclude or limit coverage, except as otherwise permitted by 956 CMR 8.04(3), of any Student who is away from campus for any reason;

(b) must include services delivered in accordance with the healing practices of Christian Science;

(c) for all plan years beginning January 1, 2014, or later must not impose an annual or lifetime limit on the dollar amount of required benefits for any covered individual, as established in 956 CMR 8.04(1);

(d) must offer a prorated premium refund to any Student who paid to enroll in a Student Health Insurance Program for an entire School Year but who is not a Student at the beginning of a term during that School Year, provided the School is not required to offer such a refund to a Student who disenrolls during a term; offer a prorated premium refund to any Student who paid to enroll in a Student Health Insurance Program for an entire School Year but who becomes eligible for a subsidized Health Benefit Plan through the Connector or becomes eligible for MassHealth, and who uses enrollment in such coverage to waive the School's Student Health Insurance Program, provided the refund shall be prorated by term and provided the Student becomes eligible prior to the beginning of the term for which the refund is requested; offer Students the opportunity to enroll in partial year coverage, which may be prorated by term; and specify in writing its policy regarding premium refunds and partial year Student enrollment;

(e) must comply with the standards and requirements set out in 45 CFR § 147.136 with regard to internal claims and appeals. Carriers must provide Students with notification of the right of appeal to the Office of Patient Protection;

(f) must designate at least one member of the School's staff as the Student Health Insurance Program contact person to help Students with any Student Health Insurance Program issues that may arise;

(g) must not consider a Student a late enrollee if a request for enrollment is made within 60 days after termination of coverage under another health insurance plan, including MassHealth and prorate premiums for such Student based on the month of enrollment in the Student Health Program;

(h) must comply with the standards and requirements set out in 45 CFR § 147.108 with regard to preexisting condition exclusions;

(i) must comply with the standards and requirements set out in 45 CFR §§ 147.104 and 147.106 with regard to availability and renewability of coverage, except for those exemptions applicable to Student health insurance in 45 CFR §147.145(b);

(j) must comply with the standards and requirements set out in 45 CFR § 147.110 with regard to discriminating against beneficiaries;

(k) must comply with the standards and requirements set out in 45 CFR § 147.128 with regard to rescission of coverage;

(l) must comply with the standards and requirements set out in 45 CFR § 147.130 with regard to cost-sharing for preventive services; except that Student administrative health fees are considered in the same manner as in 45 CFR § 147.145(c);

(m) must comply with the standards and requirements set out in 45 CFR § 147.138(a) with regard to choice of healthcare professionals;

(n) must comply with the standards and requirements set out in 45 CFR § 147.138(b) with regard to coverage of Emergency Services, including services received out of network;

(o) must comply with the standards and requirements set out in 45 CFR 148.170 with regard to benefits for mothers and newborns; and

(p) must comply with the standards and requirements set out in 45 CFR 148.180 with regard to discrimination based on genetic information.

(3) Permissible Exclusions and Limitations. Unless otherwise prohibited by 956 CMR 8.04(1) and (2), a School's Student Health Insurance Program may:

(a) impose reasonable exclusions and limitations including different benefit levels for in-network and out-of-network providers;

(b) impose reasonable co-payments and deductibles. The School's Student Health Insurance Program must specify the co-pay amount for in-network and out-of-network office, clinic, and hospital visits. Cost-sharing requirements must follow requirements outlined in 956 CMR 5.03(1)(c) through (e).

8.04: continued

(c) exclude charges reimbursable by any other valid and collectible medical insurance plan, provided that any charges in excess of the limits of such other medical insurance plan must be reimbursed as otherwise provided in the School's Student Health Insurance Program; and
(d) exclude hospital or medical care resulting from participation in intercollegiate athletics provided that such care is covered under another health insurance program with equal or greater coverage.

(4) Student Health Service. A School may designate its on-campus student health service as an in-network provider for certain health services, so long as the School's on-campus student health service is equipped to adequately provide such services as required by law. Otherwise the program must arrange for outside providers to act as its in-network service provider(s).

(5) Additional Benefits. A School's Student Health Insurance Program may offer benefit levels that exceed the minimum requirements. In designing Student Health Insurance Programs, Schools may take into consideration the following factors: the type and nature of the student body, the size of the campus, the location of the campus, the extent of on-campus health services, the ability of individual Students to purchase Health Benefit Plans, and the ability of the School to join with other Schools for the purpose of securing savings through collective bidding for Student Health Insurance Programs.

(6) Disclosure. Schools must make available and accessible to Students, at the same time registration materials become available but no less than 30 days in advance of the registration deadline, information regarding all benefits and services available to the Student under the Student Health Insurance Program together with applicable limitations and exclusions, provided that such information has been approved by the Division of Insurance where the Division of Insurance requires such approval. If such information has not been approved by the Division of Insurance within the specified timeframe, the information must be posted within seven days of receiving approval from the Division of Insurance. Such information, including the Student Health Insurance Program's Evidence of Coverage and contact information for the School Student Health Insurance Program contact person, must be made available on the School's website or via a link on the School's website and its availability communicated by other channels through which student health information is commonly distributed to Students.

8.05: Waiver of Participation Due to Comparable Coverage

(1) Election of Waiver of Participation. A School may elect to allow full-time and part-time Students to waive participation in their School's Student Health Insurance Program. Schools electing to allow waivers must:
(a) clearly communicate to their Students information regarding the waiver process, the manner by which a Student may request and obtain a waiver, and the deadlines associated with the waiver process.
(b) require Students waiving participation to certify, in writing, at least annually, as part of the School's usual registration process that they are participating in a Health Benefit Plan with comparable coverage pursuant to 956 CMR 8.05(3).

(2) Comparable Coverage.
(a) Coverage under a Health Benefit Plan is comparable if:
1. the Health Benefit Plan provides to the Student throughout the School Year reasonably comprehensive coverage of health services, including preventive and primary care, Emergency Services, surgical services, hospitalization benefits, ambulatory patient services, mental health services, and prescription drugs; and
2. the services covered under the Health Benefit Plan, including all services listed in 956 CMR 8.05(2)(a)1., are reasonably accessible to the Student in the area where the Student attends School.
(b) School permitting Students to waive participation in its Student Health Insurance Program in accordance with 956 CMR 8.05(1) must waive participation for Students enrolled in a subsidized Health Benefit Plan through the Connector or enrolled in MassHealth., with the exception of those MassHealth programs identified in 956 CMR 8.05(2)(c)1.

8.05: continued

(c) A School may not waive participation for:

1. Students determined to be receiving services paid for by the Health Safety Net or Students enrolled in MassHealth Limited or the Children's Medical Security Program;

2. Students with coverage from insurance Carriers outside the U.S. and coverage by foreign National Health Service programs, unless the Student is studying in a foreign country and the Student's insurance provides coverage in that location; and

3. Students with a Health Benefit Plan that provides coverage through a closed network of providers, not reasonably accessible in the area where the Student attends School, for all but Emergency Services.

(d) A School may establish additional criteria for plans to be considered comparable so long as the as the minimum requirements of 956 CMR 8.05(2)(a) are satisfied.

(e) It is the responsibility of the Student seeking to waive participation in his or her School's Student Health Insurance Program - not the School in which the Student is enrolled - to determine whether the Student's Health Benefit Plan has comparable coverage as defined in 956 CMR 8.05(2).

(3) Written Waiver Request.

(a) A School electing to allow Students to waive participation in the School's Student Health Insurance Program, or such School's designated representative, must obtain, from each Student, a written waiver request. The waiver request must be on a form supplied by the School, and may be supplied to Students, as well as submitted, electronically. Schools may also administer a waiver request through an online process. The waiver request must contain, at a minimum, the following information:

1. the name of the entity offering the Health Benefit Plan;

2. the policy or other number used to identify the Student's participation in the Health Benefit Plan;

3. the subscriber or primary enrollee in the Health Benefit Plan and the relationship of that person to the Student;

4. a statement certifying that the coverage under the Health Benefit Plan is comparable to coverage under the School's Student Health Insurance Program and that the Student understands that once a waiver request is submitted, the Student will be responsible for his or her medical expenses, and that neither the School nor the Student Health Insurance Program will be responsible for those expenses; and

5. a signature of the Student and the Student's parent or guardian if the Student is a minor. A School may accept electronic waiver forms and electronic signatures.

(b) A School has no affirmative obligation to compare coverage of the two plans. If a School relies in good faith on the statements by a Student that the coverage is comparable, the School is not liable for any penalty or for any failure to comply with a provision of 956 CMR 8.00 caused by any misstatement by the Student. A School must not accept a Student's waiver request, however, if it knows that the Student's statement is inaccurate or if the Student's coverage cannot be verified. If a School does not accept a Student's waiver request, the Student must participate in their School's Student Health Insurance Program.

8.06: Recordkeeping

All Schools must maintain records sufficient to demonstrate compliance with 956 CMR 8.00. These records must include, at a minimum, a copy of the School's Student Health Insurance Program offered to Students; a copy of the School's Student Health Insurance Program's Evidence of Coverage; all informational materials developed by or for the School to describe its Student Health Insurance Program; the Student's obligations to participate in his or her School's Student Health Insurance Program; and all written waiver requests submitted pursuant to 956 CMR 8.05(3). Such records must be maintained for at least three years.

8.07: Reporting

(1) By May 1st of each year, each School must report to the Connector, in a manner specified by the Connector, the following information:

(a) the total number of Students enrolled in the School who are required to participate in their School's Student Health Insurance Program or in a Health Benefit Plan with comparable coverage for the current School Year;

8.07: continued

(b) from the total number reported in 956 CMR 8.07(1)(a), the number who have waived participation in their School's Student Health Insurance Program pursuant to 956 CMR 8.05 for the current School Year; and

(c) performance metrics, such as medical and administrative costs, the number of claim denials and grievances, medical loss ratios, and other administration and performance measures as specified by the Connector, pertaining to the Student Health Insurance Program for the previous School Year.

(d) the following information for the current School Year:

1. the name of the Carrier underwriting the School's Student Health Insurance Program;
2. the premium cost per Student per year for the School's Student Health Insurance Program;
3. any other health-related charges or fees assessed to Students; and
4. a description of the benefits, benefit levels, exclusions, limitations, and other important terms and conditions of the School's Student Health Insurance Program through the submission of marketing materials and the Evidence of Coverage for the School's Student Health Insurance Program, provided that the Evidence of Coverage has been approved by the Division of Insurance, and submission of the benefit information. If the Evidence of Coverage has not been approved by the Division of Insurance, the School must submit the Evidence of Coverage within seven days of receiving approval from the Division of Insurance.

(2) Each School shall provide to the Connector such additional information, data and materials as the Connector may request from time to time in connection with implementation of 956 CMR 8.00.

8.08: Oversight and Enforcement

(1) Investigation, Review and Audit Procedures. The Connector may periodically investigate, review or audit the efforts of a School in compliance with 956 CMR 8.00. A School must make available to the Connector all records required to be maintained by the School under 956 CMR 8.05 and 956 CMR 8.06 and such other records, information and data that the Connector deems pertinent. Upon or soon after the completion of its investigation, review or audit, the Connector will confer with the School to describe the investigation, review or audit process itself, to discuss any conclusions and recommendations under consideration by the Connector and to offer or obtain additional pertinent information. Upon completion of its written report, the Connector will forward a copy to the School.

(2) Enforcement Process. If the Connector determines, after investigation, review or audit, that a School has failed to comply with 956 CMR 8.00 and that a sanction authorized under 956 CMR 8.11 should be imposed, the Connector must issue a Notice of Action. The Notice of Action must specify the facts relied upon in making this determination, cite any statute or regulation which authorizes the Connector to take the action, and inform the School of its right to an adjudicatory hearing. An adjudicatory hearing under 956 CMR 8.00 is governed by the rules of practice and procedure set forth in 801 CMR 1.01: *Formal Rules* and 1.03: *Miscellaneous Provisions Applicable to All Adjudicatory Proceedings*.

8.09: Sanctions

Each School which fails to meet its obligations under 956 CMR 8.00, including maintenance of required documentation and reporting requirements, must pay a penalty of at least $35 or $5 for each Student, whichever is greater, for every day the failure continues.

8.10: Administrative Bulletins

The Connector may periodically issue administrative bulletins containing interpretations of 956 CMR 8.00 and other information to assist Schools to meet their obligations under 956 CMR 8.00.

8.11: Severability

If any section or portion of sections of 956 CMR 8.00, or the applicability thereof to any person or circumstances is held invalid by any court of competent jurisdiction, the remainder of 956 CMR 8.00, or the applicability thereof to other persons or circumstances, will not be affected thereby.

REGULATORY AUTHORITY

956 CMR 8.00: M.G.L. c. 15A, § 18.

NON-TEXT PAGE