

Short Title / Current Status of Regulation / Title / Agency	File Code	Dates (Issue, Due, File, Subsequent Action)	Comments to Insert Regarding AI/AN and I/T/U
Establishment of Exchange/QHP ACTION: Proposed Rule NOTICE: Establishment of Exchanges and Qualified Health Plans AGENCY: HHS	CMS-9989-P	<u>Issue Date:</u> 7/15/2011 <u>Due Date:</u> 9/28/2011	<u>Executive Summary.</u> To assure compliance with federal Indian law, the most efficient approach would be to require that all Qualified Health Plans offer contracts to all I/T/U facilities in the state using an Indian Addendum. <u>155.120 Non-Interference with Federal law and non-discrimination standards.</u> To prevent confusion about laws relating to discrimination, the rules should explicitly authorize the I/T/U to participate as providers in health plans with the protections of federal law through the use of a standard Indian Addendum to QHP contracts. <u>155.210 Navigator Program Standards.</u> Rules should explicitly authorize exchanges to contract with the I/T/U to hire navigators who serve only the AI/AN population without conflict of interest. <u>155.240 Exchanges</u> should be able to receive payment from Tribes for individuals they chose to sponsor. <u>155.1050 Establishment of Exchange Network Adequacy Standards.</u> The rules need to clarify how Section 408 (a) of the Indian Health Care Improvement Act applies to qualified health plans.
Risk Adjustment Standards in ACA ACTION: Proposed Rule NOTICE: ACA; Standards Related to Reinsurance, Risk Corridors and Risk Adjustment AGENCY: HHS	CMS- 9975-P	<u>Issue Date:</u> 7/15/2011 <u>Due Date:</u> 9/28/2011	<u>Executive Summary.</u> This NPRM does not address issues specific to AI/AN. Exchanges need clarification on how the federal government plans to pay for cost sharing for AI/AN. We believe that the best way to protect issuers from adverse selection related to potentially high cost patients who may include American Indians because they have the highest health disparities in our state is to require all qualified health plans to offer contracts to I/T/U facilities with a specified Indian Addendum.
Premium Subsidies and Tax Credits ACTION: Proposed Rule NOTICE: Health Insurance Premium Tax Credit AGENCY: Treasury/IRS	REG-131491	<u>Issue Date:</u> 08/12/2011 <u>Due Date:</u> 10/31/2011	<u>1.36B-4 Reconciling the Premium Tax Credit with Advance Credit Payments.</u> We are concerned that the tax credit rules are too complicated for people who have low education, low literacy, and low incomes who are intended to be helped by this program. A particular concern is that they will be required to repay the IRS if their income goes up during the year. Basing the tax credits on the previous year's income would make these regulations more in line with the Medicaid expansions and more workable for the consumer.
Exchange: Eligibility Determinations ACTION: Proposed Rule NOTICE: Exchange Functions: Eligibility Determinations; Employer Standards AGENCY: HHS	CMS-9974-P	<u>Issue Date:</u> 08/12/2011 <u>Due Date:</u> 10/31/2011	For purposes of eligibility for exchange plans, the rule should state explicitly that AI/AN are not required to accept employer health plans and that the I/T/U is not considered a federal program that provides the minimum standards of health care. <u>155.350 Special Eligibility Standards and Process for Indians.</u> We assume that the process for verification of whether an applicant is an Indian will rely on a data match with the user population of I/T/U facilities, and we endorse this concept. We also believe that the documentation by the federal government or its designee, such as degree of Indian blood, should suffice for enrollment. The State of Minnesota has successfully drawn Indian membership information from IHS and tribal data sources.