



NOV 12 2010

Dear Tribal Leader,

We are writing today to initiate a consultation on the Indian-specific provisions related to the development of the Health Insurance Exchanges in the Affordable Care Act. One of the main goals of the Affordable Care Act is to increase access to quality and affordable health insurance for all Americans, including First Americans. Beginning in 2014, Exchanges will help individuals and small employers shop for, select, and enroll in high-quality, affordable private health plans that fit their individual needs at competitive prices. By providing a place for one-stop shopping, Exchanges will make purchasing health insurance easier and more understandable. The Department of Health and Human Services is asking for your input on the types of standards Exchanges should be required to meet.

While many American Indians and Alaska Natives are covered by the Indian Health Service (IHS), we understand that there are many who would purchase health insurance if affordable options were available. In addition, some may want to purchase private insurance coverage that offers access to a broader array of providers. Also, individuals without the option of employer-sponsored insurance might want additional opportunities to purchase affordable health insurance that will be offered in Exchanges.

The Affordable Care Act includes specific provisions relevant to American Indians and Alaska Natives related to the state-based Exchanges, including the following:

- Cost-sharing is eliminated for Indians below 300% of the federal poverty level who are enrolled in any individual market insurance plan offered through the Exchange;
- No cost-sharing is to be charged for services provided by IHS directly, an Indian Tribe, Tribal Organization, Urban Indian Organization or through the Contract Health Service program if the individual is enrolled in a qualified health plan;
- Exchanges are to provide special monthly enrollment periods for Indians;
- Members of Indian tribes are exempt from the shared responsibility penalty, for failure to comply with the requirement to maintain essential insurance coverage, and Exchanges may certify members as qualifying for that exemption;
- IHS, an Indian Tribe, Tribal Organization, or Urban Indian Organization could serve as an "Express Lane Agency" to determine eligibility and help facilitate enrollment of Indians; and
- Health programs operated by IHS, Indian Tribes, and Tribal and Urban Indian Organizations are the payers of last resort for services provided to individuals eligible for services under such programs.

This letter is requesting specific input on provisions in Title I and Title II in the attached table that relate to the state-based Exchanges and the rules and standards Exchanges should be required to meet. Since the Exchanges will not be in place until 2014, now is

the best time to provide input before decisions on implementation are made. We encourage you to provide input as soon as possible, but no later than December 31, 2010 to ensure that we have the benefit of your comments and recommendations in the development of policies on these issues. You can provide input in writing to the address listed below.

We also plan to hold a listening session at the National Congress of American Indians Annual Conference in Albuquerque on Monday, November 15, from 6:00 – 8:00 PM MST in the Cimarron Room of the Albuquerque Convention Center. Please check the conference agenda for any changes to the date and time of this session.

Thank you for your input on this important topic. The Exchanges and other provisions in the Affordable Care Act are estimated to increase the number of Americans with health insurance coverage by approximately 32 million people. We believe this number will include a significant number of American Indians and Alaska Natives and look forward to working with you to ensure the input of American Indian and Alaska Native tribes is considered.

Sincerely,

/Jay Angoff/

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