



**RRIAR INDEX: HEALTH REFORM
UPDATED THROUGH 10/31/2015**

RRIAR Index: Health Reform ¹					
From left-to-right in the table, the term is listed (e.g., "Indian-specific ACA provisions"); the subtopic is listed (e.g., "Cost-sharing reductions"); the RRIAR entry number is shown (e.g., "7.a"); in parenthesis, the page number in Table B is shown first in red (e.g., "(18)") and the page number in Table C is shown second in blue, underlined (e.g., " <u>(16)</u> "). The RRIAR entry numbers and page numbers are listed in the column associated with the most recent edition of the RRIAR in which they appear.					
Terms	RRIAR Entry Numbers (Page Numbers) ³				Other Citations
	2012 (v.2.12)	2013 (v.3.12)	2014 (v.4.12)	2015 (v.5.10)	
Indian-specific ACA provisions					
Cost-sharing reductions					
Eligibility					7.ccc. (<u>(27/7)</u>), 89.a. (<u>(23)</u>), 89.k (<u>(176/32)</u>)
General	7.a. (<u>(18/16)</u>), 7.c. (<u>(24/67)</u>),	7.u. (<u>(32/12)</u>), 50.d. (<u>(136/61)</u>),	31.w. (<u>(133/14)</u>), 31.x. (<u>(135/16)</u>)		7.ww. (<u>(24)</u>), 7.xx. (<u>(25)</u>),

¹ "Health reform" is inclusive of (1) the Patient Protection and Affordable Care Act (Pub. L. 111-148), incorporating by reference S. 1790 as reported by the Committee on Indian Affairs of the Senate in December 2009 (containing amendments to the Indian Health Care Improvement Act, IHCA), and as amended by the Health Care and Education Reconciliation Act (HCERA; Public Law 111-152) (collectively referred to as "ACA") and (2) the American Recovery and Reinvestment Act of 2009 (ARRA, Pub. L. 111-5).

³ The purpose of the Regulation Review and Impact Analysis Report (RRIAR) is to identify and summarize key regulations issued by the Centers for Medicare and Medicaid Services (CMS) pertaining to Medicare, Medicaid, CHIP, and health reform that affect (a) American Indians and Alaska Natives and/or (b) Indian Health Service, Indian Tribe and tribal organization, and urban Indian organization providers. Further, the RRIAR includes summaries of the regulatory analyses prepared by NIHB and the recommendations to CMS (and other agencies) made by the Tribal Technical Advisory Group, NIHB, and/or other tribal organizations (if any). The RRIAR also indicates the extent to which these recommendations were incorporated into any subsequent CMS actions.

This Index lists key terms found in regulations implementing "health reform," which is inclusive of (1) the Patient Protection and Affordable Care Act (Pub. L. 111-148), incorporating by reference S. 1790 as reported by the Committee on Indian Affairs of the Senate in December 2009 (containing amendments to the Indian Health Care Improvement Act, IHCA), and as amended by the Health Care and Education Reconciliation Act (HCERA; Public Law 111-152) (collectively referred to as "ACA") and (2) the American Recovery and Reinvestment Act of 2009 (ARRA, Pub. L. 111-5). The terms, when applicable, are further sorted by subtopic, with the corresponding RRIAR entry numbers and page numbers shown.

See the accompanying "RRIAR Number Reference Guide: Health Reform" for a listing, by RRIAR entry number, of the notice type, short title, and issuing agency or agencies for each entry.



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	2012 (v.2.12)	2013 (v.3.12)	2014 (v.4.12)	2015 (v.5.10)	
Referrals	7.g. (29/76), 29.a. (70/112)	50.h. (140/68), 89.a. (194/79), 89.b. (195/87), 111.b. (238/96), 111.c. (240/102)		27.n. (77), 89.h. (169/25)	
Definition of Indian	7.a. (18/16), 7.b. (21/22), 7.c. (24/67), 7.d. (26/75)	7.u. (32/12), 31.e. (94/40), 50.d. (136/61), 50.f. (138/64), 50.h. (140/68), 89.a. (194/79), 111.b. (238/96)		89.i. (177/36)	
Employer mandate				31.ccc. (114/18)	
Essential community providers	7.a. (18/16), 7.b. (21/22)	7.i. (19), 7.n. (23/1), 50.c. (135/54), 111.b. (238/96)	7.ee. (29/4), 92.cc. (255)	7.vv. (22/6), 7.ddd. (31), 50.e. (122), 89.h. (169/25), 92.ii. (181/37)	
Exemption from tax penalty		31.e. (94/40), 31.g. (103/44), 31.q. (114/47)	7.mm. (42), 31.v. (133/13)	7.ww. (24), 89.h. (169/25)	
Fees	116. (154)	89.a. (194/79)		145.c. (235)	
Implementation of section 402 of IHCA			50.q. (173), 50.r. (175), 50.x. (179/30)		
Indian addendum	7.b. (21/22)	50.c. (135/54), 111.a. (237/94),	7.ee. (29/4)	7.vv. (22/6), 89.h. (169/25)	



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	2012 (v.2.12)	2013 (v.3.12)	2014 (v.4.12)	2015 (v.5.10)	
Issuer regulations (Indian-specific concerns)	7.a. (18/16), 7.b. (21/22), 7.g. (29/76)	111.b. (238/96) 7.n. (23/1), 89.a. (194/79), 89.b. (195/87), 111.a. (237/94)	7.ee. (29/4), 50.t. (176/29), 65. (199/36), 92.u. (242/49), 92.cc. (255)	7.vv. (22/6), 31.pp. (97/13), 89.h. (169/25), 92.ll. (181/37), 168. (242/51)	
Premium sponsorship	7.a. (18/16), 7.b. (21/22), 7.g. (29/76), 29.a. (70/112)	50.d. (136/61), 111.a. (237/94), 111.b. (238/96)	7.b. (3), 7.ee. (29/4), 50.q. (173), 50.r. (175), 50.x. (179/30), 65. (199/36)	7.vv. (22/6)	
Tribal consultation			64.a. (196/31), 64.b. (198/33)	64.c. (142/22)	
Tribal Employer Participation in FEHBP			174.d. (317)		
Tobacco use (ceremonial)		50.d. (136/61), 50.f. (138/64), 50.h. (140/68), 92.a. (202/91)			
1311 Funding for Change orders		67.c. (164)	67.d. (202), 67.f. (203)	50.bb. (127), 67.g. (144)	
Basic Health Program	39.a. (80/123)		39.b. (155/19), 39.c. (157/23), 39.d. (159)	39.e. (114), 39.f. (116)	
Consumer assistance grants		67.a. (162)			



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	2012 (v.2.12)	2013 (v.3.12)	2014 (v.4.12)	2015 (v.5.10)	
Consumer Operated and Oriented Plan (CO-OP) Program	12.a. (44), 12.b. (46/94)	12.c. (58)		12.d. (52), 12.e. (53)	
Cost-sharing reductions	7.a. (18/16), 45. (87)	29.f. (89), 50.d. (136/61), 50.h. (140/68), 50.n. (146), 89.a. (194/79), 89.b. (195/87), 89.d. (198), 89.f. (201), 111.c. (240/102)	29.g. (107/12), 29.h. (108), 31.w. (133/14), 50.w. (178),	27.n. (77), 89.g. (167), 89.k. (176/32), 89.l. (177/36), 92.uu. (188)	
Early retiree reinsurance program		88.a. (193), 88.b. (194)			
Electronic funds transfers	63.a. (113)	63.b. (159)			
Employer requirements (see also Shared responsibility)					
Coverage		31.i. (107), 92.l. (211), 92.m. (212)	92.bb. (254), 92.jj. (266)	29.d. (83), 31.ccc. (114/18)	
Excise tax				31.ss. (102/14), 31.aaa. (110/17)	
Notices		7.x. (34), 7.z. (36)			
Reporting		31.k. (108)	31.o. (129), 31.p. (130), 31.z. (137), 31.cc. (142),	31.yy. (108), 31.ccc. (114/18)	



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	2012 (v.2.12)	2013 (v.3.12)	2014 (v.4.12)	2015 (v.5.10)	
Self-funded, non-federal governmental plans			31.jj. (148) 92.ee. (259)		
Employer tax credits			31.m. (127), 31.n. (128)		
Essential health benefits					
Excepted benefits		31.i. (107)	31.t. (131)	31.oo. (96), 31.qq. (100)	
General				31.vv. (105), 31.zz. (109)	
Preventive services	31.a. (74/115), 31.b. (77)	31.c. (91), 31.j. (108)	31.y. (136), 31.ee. (144), 31.ff. (145)	31.dd. (86), 31.gg. (89), 31.ll. (91), 31.xx. (106)	
Standards	7.g. (29/76), 31.a. (74/115), 45. (87), 50.b. (98)	31.d. (93)	92.aa. (253)		
Exchanges					
<i>Federally-facilitated and state-partnership</i>					
Benefit and payment parameters (see Notice of Benefit and Payment Parameters)					
Blueprint for approval	7.f. (29)		7.y. (27)		
Certified application counselors		7.o. (26/3), 7.u. (32/12), 28.c. (84/30)	92.u. (242/49), 7.oo. (44)		



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	2012 (v.2.12)	2013 (v.3.12)	2014 (v.4.12)	2015 (v.5.10)	
Eligibility and enrollment	7.c. (24/67), 7.g. (29/76)	7.s. (30/11), 7.w. (34), 7.aa. (37), 7.cc. (39), 7.dd. (40), 50.d. (136/61), 50.h. (140/68), 50.k. (143/73)	7.ff. (33), 7.qq. (47), 7.rr. (48), 7.uu. (51), 67.e. (202), 92.dd. (257/52)	7.eee. (33), 7.hhh. (35), 92.hh. (179), 92.oo. (184)	
Enrollee satisfaction	7.a. (18/16)			168. (242/51)	
General	7.a. (18/16), 7.b. (21/22), 7.e. (27)	7.i. (19), 89.c. (198/89)	7.b. (3), 7.ss. (50), 92.u. (242/49)		
Guidance (other)					
Agent/broker		7.r. (29)			
General	7.g. (29/76)		31.u. (132)		
Issuer		7.n. (23/1)	7.ee. (29/4), 7.gg. (35), 7.hh. (36)	7.vv. (22/6), 7.bbb. (27)	
Health insurance affordability programs (see Cost-sharing reductions and Premium tax credits)					
Information collection/reporting/security/transactions		7.j. (20), 7.k. (21), 7.m. (22), 29.e. (89/39), 68. (164)	29.o. (117), 29.p. (118), 31.cc. (142)	7.ddd. (31), 50.e. (122), 89.i. (172)	
Minimum acceptable risk standards				7.iii. (37)	



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	2012 (v.2.12)	2013 (v.3.12)	2014 (v.4.12)	2015 (v.5.10)	
Navigators and non-Navigator assistance personnel	7.a. (18/16)	7.o. (26/3), 7.p. (27)	7.oo. (44)	7.q. (17), 7.v. (20), 7.kk. (21) 7.ccc. (27/7)	
Out-of-pocket costs					
Outreach	7.a. (18/16), 7.g. (29/76)	67.b. (163)	7.pp. (46)		
Program integrity		7.s. (30/11)			
Quality	100.a. (144)		100.b. (271)		
Special enrollment periods		31.h. (105)	6.h. (22), 7.ii. (38), 7.jj. (38), 29.i. (108)	7.yy. (25), 7.aaa. (26), 29.r. (85)	
Stand-alone dental plans		7.u. (32/12)		7.l. (16)	
Web portal	7.g. (29/76)		65. (199/36)		
<i>State-based</i>					
General		7.dd. (40), 50.u. (150)	50.o. (172), 50.s. (175)	7.t. (19)	
Shared responsibility payment exemptions				50.cc. (128)	
State alternative applications		50.k. (143/73), 50.l. (144)			
Federal Employees Health Benefits Program (FEHBP)		174.a. (323), 174.b. (325)	174.c. (315), 174.d. (317), 174.e. (318)	174.f. (246)	
Health insurance market rules					
<i>Regulations</i>					
90-day waiting period	91.a. (138)		91.b. (231),		



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	2012 (v.2.12)	2013 (v.3.12)	2014 (v.4.12)	2015 (v.5.10)	
Age curves		92.c. (205)	91.c. (231)		
Appeals and external review	90. (138)	128.a. (259), 128.b. (261), 128.c. (261), 128.d. (262)		128.e. (221), 128.f. (221)	
Contraceptive services		31.i. (107)	31.y. (136), 31.ee. (144), 31.ff. (145)	31.dd. (86), 31.gg. (89), 31.ll. (91), 31.nn. (95), 31.xx. (106)	
Cost-sharing limitations				89.j. (173)	
Employer-sponsored insurance verification				54. (140)	
General		92.a. (202/91)	92.u. (242/49), 92.dd. (257/52) 92.ff. (260)		
Geographic rating areas		92.c. (205)			
Grandfathered health plans		92.e. (206)	92.h. (234), 92.n. (237)		
Information reporting		31.k. (108), 31.l. (110), 92.b. (203), 92.c. (205)	31.aa. (138), 31.cc. (142), 31.ii. (147), 92.g. (232), 145.b. (302),	31.kk. (90), 31.yy. (108), 92.pp. (185), 92.qq. (185), 92.rr. (186), 92.uu. (188), 92.xx. (191), 92.yy. (192)	



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	2012 (v.2.12)	2013 (v.3.12)	2014 (v.4.12)	2015 (v.5.10)	
Mental health services	31.a. (74/ <u>115</u>)		92.t. (241)	92.zz. (XXX)	
Network/provider issues			92.w. (<u>249/51</u>), 92.cc. (255), 145.a. (301)	89.j. (173), 92.ii. (<u>181/37</u>) 145.c. (235), 145.d. (235)	
PACE Act				92.aaa. (XXX)	
Preventive services (see Essential health benefits)					
Product modification/withdrawal				92.vv. (189)	
Rate review		92.o. (213)	92.g. (232), 92.s. (240)	92.mm. (182), 92.nn. (183), 92.ss. (187)	
Reference pricing			92.gg. (261)		
Same-sex spouses			92.z. (252)		
Stop-loss insurance	56. (106)				
Student insurance	51.a. (101)			51.b. (130)	
Transitional policy			92.x. (250), 92.aa. (253)		
Unique plan identifiers	77.a. (125)			77.e. (158)	
<i>Notices</i>					
Annual/lifetime limits		92.d. (205), 92.j. (210)			
Coverage (Summary of Benefits and Coverage)		122.c. (254)		31.pp. (<u>97/13</u>), 31.tt. (103), 31.uu. (104),	



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Enrollment opportunity		92.j. (210)		31.bbb. (111), 92.kk. (180)	
Market discontinuation/renewal		92.f. (207)	92.y. (251)	92.v. (178) 92.ww. (191)	
Patient protection		92.d. (205), 92.j. (210)	92.k. (236), 92.r. (238)		
Pre-existing condition exclusion		122.b. (254)			
Rescission		92.d. (205), 92.j. (210)	92.i. (235), 92.q. (237)		
Special enrollment rights		122.a. (253)			
Transition		92.p. (214)			
High-risk pools (see Pre-Existing Condition Insurance Plan)					
Issuer Letters (CCIIO)					
2014 Issuer Letter		7.n. (23/1)			
2015 Issuer Letter			7.ee. (29/4)		
2016 Issuer Letter				7.wv. (22/6)	
Marketplaces (see Exchanges)					
Medical loss ratio					
General requirements	48.a. (96)	48.d. (131), 48.g. (133), 89.a. (194/79)	48.e. (169)	27.n. (77), 48.b. (119), 48.h. (121), 48.i. (121)	
Medicare Parts C and D		48.c. (131), 48.f. (132)			



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Medicaid/CHIP					
Application of essential health benefits	31.a. (74/115)				
Community First Choice Option	16.a. (49/100)				
Eligibility/enrollment under ACA	7.a. (18/16), 7.c. (24/67), 7.g. (29/76)	28.a. (82/24), 28.c. (84/30)	28.e. (104)		
Federal Medical Assistance Percentage rates		28.d. (85/38)			
Medicare					
Accountable Care Organization standards	10.b. (138/82)				
Federally Qualified Health Center payments			159.b. (310/60)		
Minimum essential coverage		31.e. (94/40), 31.q. (114/47), 31.s. (117)	29.m. (113), 31.p. (130), 31.x. (135/16), 92.aa. (253)	31.rr. (101)	
Multi-State Plan Program		111.a. (237/94), 111.b. (238/96), 111.c. (240/102), 111.d. (241)		111.e. (201)	
Nondiscrimination		99.b. (221/94), 111.b. (238/96)			
Notice of Benefit and Payment Parameters					
2014		89.a. (194/79), 89.b. (195/87)	7.bb.(28)		
2015			89.e. (225)		
2016				89.h. (169/25)	



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2017				89.m. (XXX)	
Patient-Centered Outcomes Research Trust Fund	116. (154)				
Pre-Existing Condition Insurance Plan	6.a. (16/15), 6.b. (17)	6.c., (17), 6.d. (18), 6.e. (18), 6.f. (19)	6.g. (22), 6.h. (22)	6.i. (15)	
Premium tax credits					
General	29.a. (70/112)	29.b. (86), 29.c. (87), 29.f. (89), 50.d. (136/61), 50.h. (140/68), 50.n. (146)	29.g. (107/12), 29.h. (108), 29.j. (109), 29.k. (110), 29.l. (113), 29.m. (113), 29.n. (115), 50.w. (178)	29.d. (83), 29.q. (84), 92.uu. (188)	
Relation to cost-sharing reduction eligibility				89.a. (/23)	
Prescription drug fee			198.a. (347), 198.b. (347)	198.c. (258)	
Qualified health plans					
Accreditation	50.b. (98)	31.d. (93), 50.j. (142)		7.bbb. (27)	
Actuarial value	45. (87)	31.d. (93), 89.a. (194/79), 89.b. (195/87)	31.hh. (147), 92.aa. (253), 92.ii. (264)	31.mm. (93)	
Enrollee satisfaction				168. (242/51)	



**RRIAR INDEX: HEALTH REFORM
UPDATED THROUGH 10/31/2015**

RRIAR Index: Health Reform¹

From left-to-right in the table, the term is listed (e.g., "Indian-specific ACA provisions"); the subtopic is listed (e.g., "Cost-sharing reductions"); the RRIAR entry number is shown (e.g., "7.a"); in parenthesis, the page number in Table B is shown first in red (e.g., "(18)") and the page number in Table C is shown second in blue, underlined (e.g., "(16)"). The RRIAR entry numbers and page numbers are listed in the column associated with the most recent edition of the RRIAR in which they appear.

Terms	RRIAR Entry Numbers (Page Numbers) ³				Other Citations
	2012 (v.2.12)	2013 (v.3.12)	2014 (v.4.12)	2015 (v.5.10)	
Essential community providers	7.a. (18/16), 7.b. (21/22)	7.i. (19), 7.n. (23/1), 50.c. (135/54), 111.b. (238/96)	7.ee. (29/4), 92.cc. (255)	7.ddd. (31), 50.e. (122)	
General	7.b. (21/22)	50.p. (147), 89.c. (198/89)	7.b. (3)		
Guaranteed availability			92.aa. (253)		
Quality improvement/rating system			50.t. (176/29)	92.tt. (188)	
State evaluation		50.i. (142)			
Third-party payments	7.a. (18/16), 7.b. (21/22), 7.g. (29/76), 29.a. (70/112)		50.q. (173), 50.x. (179/30), 50.y. (182)		
Reinsurance, risk corridors, and risk adjustment	7.a. (18/16), 27.a. (65/104)	27.b. (77), 27.d. (79), 27.e. (80)	27.c. (100), 27.f. (101), 27.g. (102), 27.h. (102), 27.j. (104)	27.i. (74), 27.k. (74), 27.l. (75), 27.m. (76), 27.n. (77), 27.o. (78), 27.p. (79), 27.q. (80), 27.r. (80), 27.s. (80)	
Shared responsibility payments					
Employers		31.k. (108)	31.f. (120)	31.ccc. (114/18)	
Exemptions		31.e. (94/40), 31.h. (105),	7.jj. (38), 7.ll. (41),	50.cc. (128)	



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Terms	RRIAR Entry Numbers (Page Numbers) ³				Other Citations
	2012 (v.2.12)	2013 (v.3.12)	2014 (v.4.12)	2015 (v.5.10)	
Individuals		31.q. (114/47)	7.mm. (42), 7.nn. (43), 7.tt. (51), 29.m. (113), 31.v. (133/13), 31.bb. (139/18), 31.g. (103/44), 31.r. (116)	31.x. (135/16)	
Small Business Health Options Program (SHOP)					
Aggregation of premiums			50.z. (183)		
Direct Enrollment				50.bb. (127)	
General	7.c. (24/67)	7.s. (30/11), 7.dd. (40), 50.f. (138/64), 50.g. (139/66), 89.c. (198/89)	7.ee. (29/4), 50.z. (183)	7.vv. (22/6), 7.hhh. (35), 50.aa. (126), 50.dd. (130)	
State alternative applications		50.m. (145)			
Waivers for state innovation	14.a. (49/98)			14.b. (55)	
Wellness programs		99.a. (220)	99.c. (269)	99.d. (195), 99.e. (197)	