Affordable Care Act (Pub. L. 111–148)
Federal Register Notices and AAP Comments

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
2010				
Premium Rate Review DHHS–2010–PRR 45 CFR Parts 146 and 148 http://edocket.access.gpo.gov/2010/pdf/2010-8600.pdf	**April 14, 2010** Request for comments regarding Section 1003 of the Affordable Care Act that requires the Secretary to work with States to establish an annual review of unreasonable rate increases, to monitor premium increases and to award grants to States to carry out their rate review process.	**May 14, 2010**	Sharon Arnold, Centers for Medicare and Medicaid Services, Department of Health and Human Services, at (202) 690–5480	Submitted Comments on May 14, 2010 http://federaladvocacy.aap.org/index.cfm/key/4BE3162A-0046-4562-AC83-59442A99DC7D
Medical Loss Ratio DHHS–2010–MLR 45 CFR Parts 146 and 148 http://edocket.access.gpo.gov/2010/pdf/2010-8599.pdf	**April 14, 2010** Request for comments regarding Section 2718 of the Public Health Service Act (PHS Act), which was added by Sections 1001 and 10101 of the Affordable Care Act (PPACA), which requires health insurance issuers offering individual or group coverage to submit annual reports to the Secretary on the percentages of premiums that the coverage spends on reimbursement for clinical services and activities that improve health care quality, and to provide rebates to enrollees if this spending does not meet minimum standards for a given plan year.	**May 14, 2010**	Sharon Arnold, Centers for Medicare and Medicaid Services, Department of Health and Human Services, at (202) 690–5480	Submitted Comments on May 14, 2010 http://federaladvocacy.aap.org/index.cfm/key/4BE3162A-0046-4562-AC83-59442A99DC7D

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
Designation of Medically Underserved Populations and Health Professions Shortage Areas; Intent To Form Negotiated Rulemaking Committee # HRSA–1 42 CFR Part 5 http://edocket.access.gpo.gov/2010/2010-11214.htm	**May 11, 2010** Request for comments on HRSA's plans to establish a Negotiated Rulemaking Committee under the Federal Advisory Committee Act (FACA) to define a comprehensive methodology and criteria for Designation of Medically Underserved Populations (MUPs) and Primary Care Health Professions Shortage Areas.	**June 10, 2010**	Sahira Rafiullah Director, HRSA Division of Policy Review and Coordination at HRSA, at (301) 443–1785	Submitted Comments on June 10, 2010 http://federaladvocacy.aap.org/index.cfm/key/2780A891-8A32-4EC6-9C16-3B5499C4E5AA & http://federaladvocacy.aap.org/index.cfm/key/9DFE6D39-76B4-4E56-968F-C87B36288AB1
Definition of "Underserved Rural Community" RIN 0906-AA86 42 CFR Part 5a http://edocket.access.gpo.gov/2010/2010-12557.htm	**May 26, 2010** Request for comments on Rural Physician Training Grant Program definition of "Underserved Rural Community."	**July 26, 2010**	Michelle Goodman, MAA Office of Rural Health Policy HRSA at, 301-443-0835	Per the Division of Workforce & Medical Education Policy and Division of Community-Based Initiatives, no response necessary.
Draft HHS Strategic Framework on Multiple Chronic Conditions Attention: MCC Strategic Framework http://edocket.access.gpo.gov/2010/pdf/2010-11956.pdf	**May 19, 2010** The Office of Public Health and Science is soliciting public comment on the HHS Interagency Workgroup on Multiple Chronic Conditions draft ''HHS Strategic Framework on Multiple Chronic Conditions."	**June 18, 2010**	Monica L. Stevenson, Department of Health and Human Services, at 202- 401-6998	Submitted comments on July 15, 2010 http://federaladvocacy.aap.org/index.cfm/key/A93830E6-A54F-4698-A253-1BCCE8D6B12C
Board of Governors of the Patient-Centered Outcomes Research Institute (PCOR)	**May 7, 2010** Request for letters of nomination for the Board of Governors of the Patient-Centered Outcomes Research Institute. The Board will include 19 members, 5 members representing physicians and providers, including at least 1 surgeon, nurse, state licensed integrative health care	**June 30, 2010**	GAO: Office of Public Affairs at (202) 512–4800	Submitted Nominations

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	practitioner, and representative of a hospital. The Board is tasked with carrying out the duties of the Institute.			
National Health Care Workforce Commission http://edocket.access.gpo.gov/2010/pdf/2010-10826.pdf	**May 7, 2010** Request for letters of nomination for 15 members, appointments not later than 9/30/2010. Commission is required to have at least one representative from the healthcare workforce. It will evaluate education and training activities to determine if demand for health care workers is being met; identify barriers to improved coordination at the Federal, State, and local levels; recommend ways to address such barriers; and encourage innovations to address population needs, changes in technology, and other environmental factors.	**June 30, 2010**	GAO: Office of Public Affairs at (202) 512–4800	Submitted Nominations
State Flexibility for Medicaid Benefit Packages (final rule) CMS-2232-F4 42 CFR Part 440 http://edocket.access.gpo.gov/2010/2010-9734.htm	**April 30, 2010** The rule revises the final rule published on December 3, 2008 to implement provisions of section 6044 of the DRA and provides States increased flexibility under an approved State plan to define the scope of covered medical assistance by offering coverage of benchmark or benchmark-equivalent benefit packages to certain Medicaid-eligible individuals.		Fran Crystal, Centers for Medicare and Medicaid Services, at (410) 786-1195	
Medicaid Program; Premiums and Cost Sharing	**May 28, 2010** Provides an opportunity to submit	**July 27, 2010**	Christine Gerhardt, Centers for Medicare	Submitted Comment on July 26, 2010

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CMS–2244–FC RIN 0938–AP73 42 CFR Parts 447 and 457 http://edocket.access.gpo.gov/2010/pdf/2010-12954.pdf	comments to revise the November 25, 2008 final rule ‘‘Medicaid Programs; Premiums and Cost Sharing (73 FR 71828),’’ to address public comments received during reopened comment periods, and to reflect relevant statutory changes.		and Medicaid Services, at (410) 786–1819	http://federaladvocacy.aap.org/index.cfm/key/F4AC67BB-AAF0-47F6-861A-463709D3672D
Dependent Coverage OCIIO– 4150–IFC 45 CFR Parts 144, 146, and 147 http://edocket.access.gpo.gov/2010/2010-11391.htm	**May 13, 2010** Request for comments on the interim final rules for group health plans and health insurance issuers relating to dependent coverage of children to age 26.	**August 11, 2010**	Jim Mayhew Office of Consumer Information and Insurance Oversight at Department of Health and Human Services (410) 786–1565	Submitted Joint Comment with SAHM on August 6, 2010 http://federaladvocacy.aap.org/index.cfm/key/F8E600A5-C6E8-4138-94D6-E9E4B6C7D8A4
Grandfathered Health Plan Status under the Patient Protection and Affordable Care Act OCIIO-9991-IFC RIN 0991-AB68 45 CFR Part 147 http://edocket.access.gpo.gov/2010/pdf/2010-14488.pdf	**June 17, 2010** This document contains interim final regulations implementing the rules for group health plans and health insurance coverage in the group and individual markets under provisions of the Affordable Care Act regarding status as a grandfathered health plan.	**August 16, 2010**	Jim Mayhew Office of Consumer Information and Insurance Oversight at Department of Health and Human Services (410) 786–1565	Submitted Comment August 6, 2010 http://federaladvocacy.aap.org/index.cfm/key/50F957BD-AC88-4910-A6F7-42DFAA3D2648 Submitted sign on comment August 11, 2010 http://federaladvocacy.aap.org/index.cfm/key/C2010B9E-3ACD-45E5-8C17-F2055EB63C5A
Patient Protection and Affordable Care Act: Preexisting Condition Exclusions, Lifetime and Annual Limits, Rescissions, and Patient Protections TD-9491	**June 28, 2010** Interim final rules for group health plans and health insurance coverage with request for comments. Regulations under PPACA regarding	**August 27, 2010**	Jim Mayhew Office of Consumer Information and Insurance Oversight at Department of Health	Submitted Comment on August 26, 2010 http://federaladvocacy.aap.org/index.cfm/key/1120D981-85C9-498E-

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
OCIIO-9994-IFC RIN 1545-BJ61 RIN 1210-AB43 RIN 0991-AB69 6 CFR Parts 54 and 602 29 CFR Part 2590 45 CFR Parts 144,146, and 147 http://edocket.access.gpo.gov/2010/pdf/2010-15278.pdf	preexisting condition exclusions, lifetime and annual dollar limits on benefits, rescissions, and patient protections (e.g., designation of primary care provider, access to ob-gyn care, ER service coverage), effective 8/27/10.		and Human Services (410) 786–1565	BE7B-169963E5A313 Submitted Comment to NAIC on November 15, 2010 NAIC Comment Letters\AAP to NAIC on Preexisting Model Language 11-15-10.pdf
Coverage of Preventative Services under the Patient Protection and Affordable Care Act TD-9493 OCIIO-9992-IFC RIN 1545-BJ60 RIN 1210-AB44 RIN 0938-AQ07 26 CFR Part 54 29 CFR Part 2590 45 CFR Part 147 http://edocket.access.gpo.gov/2010/pdf/2010-17242.pdf	**July 19, 2010** Interim final rules for group health plans and health insurance coverage with request for comments. Regulations under PPACA requiring provision of preventative services coverage and clarifying prohibition of cost-sharing requirements, effective 9/17/10.	**September 17, 2010**	Jim Mayhew Office of Consumer Information and Insurance Oversight at Department of Health and Human Services (410) 786–1565	Submitted Comment on Sept. 17, 2010 http://federaladvocacy.aap.org/index.cfm/key/8A795130-8DB9-4B57-921E-5CBA8F511E34 Submitted Group Comment Letter on Sept. 17, 2010 http://federaladvocacy.aap.org/index.cfm/key/801D100A-FB40-48AF-95A3-BF8740CF0013 Submitted Comment to NAIC on Preventive Services Model Language on November 18, 2010 NAIC Comment Letters\AAP to NAIC on Preventive Services Model Language (11-18-10).pdf

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Maternal, Infant, and Early Childhood Home Visiting Program FR Doc. 2010–18013 BILLING CODE 4165–15–P http://edocket.access.gpo.gov/2010/pdf/2010-18013.pdf	**July 23, 2010** Request for public comment on proposed criteria for evidence of effectiveness of home visiting program models for pregnant women, expectant fathers, and caregivers of children birth through kindergarten entry; email *HVEE@mathematica-mpr.com*	**August 17, 2010**	Mary K. Wakefield, Administrator, Health Resources and Services Administration. Carmen R. Nazario, Assistant Secretary, Administration for Children and Families	Submitted Comment on Aug. 13, 2010 http://federaladvocacy.aap.org/index.cfm/key/7521065F-4A96-4E26-B8E3-CBE88A326473
Internal Claims and Appeals and External Review Processes under the Patient Protection and Affordable Care Act TD 9494 OCIIO-9993-IFC RIN 1545-BJ63 RIN 1210-AB45 RIN 0991-AB70 26 CFR Parts 54 and 602 29 CFR Part 2590 45 CFR Part 147 http://edocket.access.gpo.gov/2010/pdf/2010-18043.pdf	**July 23, 2010** Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Internal Claims and Appeals and External Review Processes under PPACA, effective 9/23/10. Request for comments.	**September 21, 2010**	Ellen Kuhn, Office of Consumer Information and Insurance Oversight at Department of Health and Human Services (301) 492-4100.	Submitted Group Comment on Sept. 21, 2010 http://federaladvocacy.aap.org/index.cfm/key/EA2923C8-5ABE-4A92-8843-BD9E07803DA1
Pre-Existing Condition Insurance Program OCIIO–9995–IFC 45 CFR Part 152 RIN 0991–AB71 http://edocket.access.gpo.gov/2010/pdf/2010-18691.pdf	**July 30, 2010** Interim final rules with request for comments regarding the temporary high-risk pool program covering individuals with pre-existing conditions. Key issues addressed include administration, eligibility, enrollment, benefits, premiums, funding, and appeals and oversight rules. This program will continue until January 1, 2014.	**September 28, 2010**	Ariel Novick, (301) 492–4290	Submitted Comment on Sept. 28, 2010. http://federaladvocacy.aap.org/index.cfm/key/AE3B2207-CF9F-486B-9766-E8B0BF19F14C

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
Planning and Establishment of State-Level Exchanges; Request for Comments Regarding Exchange-Related Provisions in Title I of PPACA OCIIO-9989-NC 45 CFR Part 170 http://edocket.access.gpo.gov/2010/pdf/2010-18924.pdf	**August 3, 2010** Invitation for comments regarding the Exchange-related provisions of PPACA in advance of future rulemaking and grant solicitations. Explanation of general requirements, timeframe, and considerations.	**October 4, 2010**	Donna Laverdiere, Office of Consumer Information and Insurance Oversight at Department of Health and Human Services (301) 492-4100.	Submitted Comment on October 4, 2010. http://federaladvocacy.aap.org/index.cfm/key/097AAC29-A8CF-4D56-B348-5CDAD03FC02C Submitted Comment to NAIC on November 8, 2010 NAIC Comment Letters\AAP to NAIC on American Health Benefit Exchange Model Act (11-08-10).pdf and November 12, 2010 NAIC Comment Letters\AAP to NAIC on American Health Benefit Exchange Model Act (11-12-10).pdf Submitted Comment to NAIC on Exchange Governance White Paper May 16, 2011 NAIC Comment Letters\AAP to NAIC on Exchange Governance WP (5-16-11).pdf
Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act - Interim final rules with request for comments	**August 3, 2011** This document contains amendments to the interim final regulations implementing the rules for group health plans and health insurance coverage in the group and individual	**September 30, 2011**	Amy Turner or Beth Baum, Employee Benefits Security Administration, Department of Labor, at (202) 693–8335;	Submitted Comments on September 27, 2011 http://federaladvocacy.aap.org/index.cfm/key/9925905F-FFC0-4207-A2BC-2D99220558E3

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DEPARTMENT OF THE TREASURY Internal Revenue Service 26 CFR Part 54 [TD 9541] RIN 1545–BJ60 DEPARTMENT OF LABOR Employee Benefits Security Administration 29 CFR Part 2590 RIN 1210–AB44 DEPARTMENT OF HEALTH AND HUMAN SERVICES [CMS–9992–IFC2] 45 CFR Part 147 RIN 0938–AQ07 http://www.gpo.gov/fdsys/pkg/FR-2011-08-03/pdf/2011-19684.pdf	markets under provisions of the Affordable Care Act regarding preventive health services. The interim final rule will require most health insurance plans to cover preventive services for women including recommended contraceptive services without charging a co-pay, co-insurance or a deductible. **January 20, 2012** http://www.hhs.gov/news/press/2012pres/01/20120120a.html		Karen Levin, Internal Revenue Service, Department of the Treasury, at (202) 622–6080; Robert Imes, Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, at (410) 786–1565.	
National Health Care Quality Strategy and Plan http://www.hhs.gov/news/reports/quality/nationalhealthcarequalitystrategy.pdf	**September 9, 2010** HHS is seeking public input regarding its development of a National Health Care Quality Strategy and Plan, as authorized by the ACA. To that end, HHS has released an 8-page document that outlines its initial thinking regarding the plan, highlighting specific areas where feedback would be particularly valuable to HHS. The broad areas addressed by the document include: Principles Guiding the National Quality Strategy; the Framework for the National Quality Strategy (better care, more affordable care, and healthy people/healthy communities);	**October 15, 2010** To provide feedback, go to HHS.gov and click on the National Quality Strategy button. Alternatively, you may submit comments electronically to national_quality_strategy@hhs.gov	Written comments may also be submitted and should be addressed to the Agency for Healthcare Research and Quality, Attention: Nancy Wilson - Room 3216, 540 Gaither Road Rockville, MD 20850 or faxed to Attention: Nancy Wilson at (301) 427-1210.	Submitted Comment on October 15, 2010. http://federaladvocacy.aap.org/index.cfm/key/B700936F-FD3F-4DDD-A0C9-B7DCC2813DDF

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	Priorities of the National Quality Strategy; Goals of the National Quality Strategy (such as reduction of preventable adverse events, increased coordination of care, and improved management of chronic illnesses); Measures of Progress to Priorities and Goals; and Stakeholder Engagement. The initial Health Care Quality Strategy and Plan is due to Congress by January 1, 2011.			
Medicaid Program; Review and Approval Process for Section 1115 Demonstrations 42 CFR Part 431 [CMS-2325-P] RIN 0938-AQ46 http://edocket.access.gpo.gov/2010/2010-23357.htm	**September 17, 2010** This proposed rule would implement provisions of section 10201(i) of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) that set forth transparency and public notice procedures for experimental, pilot, and demonstration projects approved under section 1115 of the Social Security Act relating to Medicaid and the Children's Health Insurance Program (CHIP). This proposed rule would increase the degree to which information about Medicaid and CHIP demonstration applications and approved demonstration projects are publicly available and promote greater transparency in the review and approval of demonstrations. It would also codify existing statutory requirements pertaining to tribal consultation for section 1115 demonstration projects.	**November 16, 2010**	Steven Rubio, (410) 786-1782, or Yolanda Reese, (410) 786-9898	Submitted Group Comment on November 16, 2010. http://federaladvocacy.aap.org/index.cfm/key/E118AB8A-1316-4ED1-A300-E62D84529708

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
Call for Comments on the Existing National Standards for the Culturally and Linguistically Appropriate Services in Health Care http://edocket.access.gpo.gov/2010/2010-23760.htm	**September 23, 2010** The HHS Office of Minority Health (OMH) announces the launch of an enhancement initiative of the existing National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards). The public comment period will begin September 20, 2010 and conclude December 31, 2010. During this time three regional meetings on the standards will be held throughout the country. Individuals and organizations are encouraged to submit their comments on the 14 standards and their current application and use. The enhanced national standards, as revised in accordance with public comment and subject matter expertise, will be published for review in spring of 2011 with the final versions being published in fall of 2011.	**December 31, 2010**	Guadalupe Pacheco, Office of Minority Health, 1101 Wootton Parkway, Suite 600, Rockville, MD 20852, Attn: CLAS, Telephone: (240) 453-6174; Fax: (240) 453-2883; E-mail: Guadalupe.Pacheco@hhs.gov.	Submitted Comment on December 23, 2010 http://federaladvocacy.aap.org/index.cfm/key/5FBAB609-4058-4990-B69B-AAEE7B16F525
Medicare Program; Request for Information Regarding Accountable Care Organizations and the Medicare Shared Saving Program 42 CFR Chapter IV [CMS-1345-NC] http://edocket.access.gpo.gov/2010/2010-28996.htm	**November 17, 2010** This document is a request for comments regarding certain aspects of the policies and standards that will apply to Accountable care organizations (ACOs) participating in the Medicare program under section 3021 or 3022 of the ACA.	**December 3, 2010 by 5 p.m.**	Thomas Carey, (410) 786-4560 or Thomas.Carey@cms.hhs.gov	Submitted Comment on Dec. 3, 2010 http://federaladvocacy.aap.org/index.cfm/key/B1A2114B-BB30-4CCA-91C1-6D852D92CF41
IOM Essential Health Benefits Package http://www.iom.edu/Activities/HealthServices/EssentialHealthBenefits.aspx	**November 8, 2010** The exchanges will offer a choice of qualified health plans (QHPs) that vary in coverage levels but meet	**December 6, 2010**	To provide public comment, please use our online form. Please submit your comments	Submitted Comment on December 6, 2010 http://federaladvocacy.aap.org/index.cfm/key/97

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	certain standards in categories of care and limits on patient cost sharing. The PPACA stipulates that these QHPs will cover the general categories of: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services including oral and vision care. Further details of an "essential health benefit" package are to be defined by the Secretary of Health and Human Services (HHS) based on the scope of benefits offered by a typical employer plan. At the request of the Secretary of HHS, the IOM is undertaking a study that will make recommendations on the criteria and methods for determining and updating the essential health benefits package. The IOM will not define specific service elements of the benefit package. Instead, the IOM will review how insurers determine covered benefits and medical necessity and will provide guidance on the policy principles and criteria for the Secretary to take into account when examining QHPs for		by December 6 to ensure that your perspective and the evidence base you provide can be examined before the committee's first meeting.	905B79-105B-4BB7-A416-04BC04F7751C

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	appropriate balance among categories of care; the health care needs of diverse segments of the population; and nondiscrimination based on age, disability, or expected length of life. Additionally, the IOM will offer advice on criteria and a process for periodically reviewing and updating the benefits package.			
Affordable Care Act; Federal External Review Process; Request for Information DEPARTMENT OF HEALTH AND HUMAN SERVICES Office of the Secretary 45 CFR Part 147 [Docket No. OCIIO-9986-NC] DEPARTMENT OF LABOR Employee Benefits Security Administration 29 CFR Part 2590 http://webapps.dol.gov/FederalRegister/PdfDisplay.aspx?DocId=24414	**November 17, 2010** This notice is a request for information (RFI) to gain market analysis information in advance of one or more future Requests for Proposals (RFP). On July 23, 2010, the Departments of Health and Human Services, Labor, and the Treasury published interim final regulations regarding, among other things, procedures for external review of health plan denials. The regulations include a provision for a Federal external review process in instances where there is no applicable State process. This RFI solicits information that will enable the Departments of Health and Human Services (HHS) and Labor (DOL) to conduct a market analysis and assist the Departments in planning and developing the Federal external review process. HHS and/or DOL may contract for services required to fulfill the statutory and regulatory requirements of the Federal external review process	**December 8, 2010.** **In commenting, please refer to file code OCIIO-9986-NC.**	Linda G. Greenberg, Department of Health and Human Services, Office of Consumer Information and Insurance Oversight at (301) 492-4225 or Amy Turner, Department of Labor, Employee Benefits Security Administration at (202) 693-8335.	Submitted Comment on December 8, 2010 http://federaladvocacy.aap.org/index.cfm/key/980870A2-449C-475F-85C8-43BF260F36C9

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	established under section 2719 of the Public Health Service Act, as amended by the Affordable Care Act, and its implementing regulations.			
Amendment to the Interim Final Rules for Group Health Plans and Health Insurance Coverage Relating to Status as a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act 45 CFR Part 147 RIN 0950-AA17 [OCIIO-9991-IFC2] http://www.gpo.gov/fdsys/pkg/FR-2010-11-17/pdf/2010-28861.pdf	**November 17, 2010** Amendment to interim final regulations implementing the rules for group health plans and health insurance coverage in the group and individual markets under provisions of the Patient Protection and Affordable Care Act regarding status as a grandfathered health plan; the amendment permits certain changes in policies, certificates, or contracts of insurance without loss of grandfathered status.	**December 17, 2010**	Amy Turner or Beth Baum, Employee Benefits Security Administration, DOL, at (202) 693-8335; Karen Levin, IRS, Treasury, at (202) 622-6080; Lisa Campbell, OCIIO, HHS, at (301) 492-4100. Customer Service Information.	Submitted Comment on December 15, 2010 http://federaladvocacy.aap.org/index.cfm/key/AF260F67-6D69-4058-9527-406B2772EC5F

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2011				
Medicare Program; Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2011 DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services 42 CFR Parts 405, 409, 410, 411, 413, 414, 415, and 424 [CMS-1503-FC] RIN 0938-AP79 http://edocket.access.gpo.gov/2010/2010-27969.htm	**November 29, 2010** CMS issued a final rule/comment period, on implementation of ACA provisions that "expand preventive services for Medicare beneficiaries, improve payments for primary care services, and promote access to health care services in rural areas." Among other things, the rule addresses the *Welcome to Medicare Visit* that "allows the physician and patient to develop a personalized prevention plan that considers not only the age-appropriate preventive services generally available to Medicare beneficiaries, but additional services that may be appropriate because of the patient's individual health status." The final rule will appear in the Nov. 29, 2010 *Federal Register*. CMS will accept comments on certain aspects of the final rule with the comment period running through **January 2**.	**January 2, 2010**		Submitted Comment on December 23, 2010 http://federaladvocacy.aap.org/index.cfm/key/E881DBAF-FE6C-4993-851F-CE2B6C192408 Submitted Comment to NAIC on November 18, 2010 NAIC Comment Letters\AAP to NAIC on Preventive Services Model Language (11-18-10).pdf
Medicaid; Federal Funding for Medicaid Eligibility Determination and Enrollment Activities 42 CFR Part 433 [CMS-2346-P] RIN 0938-AQ53 http://edocket.access.gpo.gov/2010/2010-27971.htm	**November 8, 2010** This proposed rule would revise Medicaid regulations for Mechanized Claims Processing and Information Retrieval Systems. Specifically, we are proposing to amend the definition of MCPIRS to include systems used for eligibility determination, enrollment, and eligibility reporting activities. We propose to modify our	**5 p.m. January 7, 2011**	Richard Friedman (410) 786-4451	Submitted Group Comment on January 7, 2011 http://federaladvocacy.aap.org/index.cfm/key/C95D03C3-9957-4A1B-89F4-21F018797EC5

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	regulations so that the enhanced Federal financial participation (FFP) is available for design, development and installation or enhancement of eligibility determination systems until Dec. 31, 2015, with enhanced FFP for maintenance and operations available for such systems beyond that date in certain circumstances. We also propose that all Medicaid Management Information Systems (MMISs) meet certain defined standards and conditions in terms of timeliness, accuracy, efficiency, and integrity and that they achieve high positive levels of consumer experience, acceptance and satisfaction in order to receive enhanced FFP.			
Medicaid Program; Recovery Audit Contractors Proposed rule 42 CFR Part 455 [CMS–6034–P] RIN 0938–AQ19 http://edocket.access.gpo.gov/2010/pdf/2010-28390.pdf	**November 8, 2010** This proposed rule would provide guidance to States related to Federal/State funding of State start-up, operation and maintenance costs of Medicaid Recovery Audit Contractors (Medicaid RACs) and the payment methodology for State payments to Medicaid RACs in accordance with section 6411 of the Affordable Care Act. In addition, this rule proposes requirements for States to assure that adequate appeal processes are in place for providers to dispute adverse determinations made by Medicaid RACs. Finally, the rule proposes that States and	**January 10, 2011**	Joanne Davis, (410) 786–5127	Submitted Comment on January 6, 2011 http://federaladvocacy.aap.org/index.cfm/key/B8564470-6B32-4D9F-B070-1405E711E639

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	Medicaid RACs coordinate with other contractors and entities auditing Medicaid providers and with State and Federal law enforcement agencies.			
Health Insurance Issuers Implementing Medical Loss Ratio (MLR) Requirements Under the Patient Protection and Affordable Care Act; Interim Final Rule 42 CFR Part 158 OCIIO-9998-IFC RIN 0950-AA06 http://edocket.access.gpo.gov/2010/2010-29596.htm	**December 1, 2010** Interim final regulation implementing medical loss ratio (MLR) requirements for health insurance issuers under the Public Health Service Act, as added by the Patient Protection and Affordable Care Act (Affordable Care Act). This interim final regulation is effective January 1, 2011. This interim final regulation generally applies beginning January 1, 2011, to health insurance issuers offering group or individual health insurance coverage.	**January 31, 2011**	Carol Jimenez, Office of Consumer Information and Insurance Oversight, Department of Health and Human Services, at (301) 492-4457.	Submitted Comment on January 31, 2011 http://federaladvocacy.aap.org/index.cfm/key/83F52FB6-78F4-4AD2-A655-DE177AA954A2
Rate Increase Disclosure and Review 45 CFR Part 154 [OCIIO-9999-P; Docket No. HHS-OS-2010-0029] RIN 0950-AA03 http://edocket.access.gpo.gov/2010/pdf/2010-32143.pdf	**December 23, 2010** This document contains proposed regulations implementing the rules for health insurance issuers regarding the disclosure and review of unreasonable premium increases under section 2794 of the PHS Act. The proposed rule would establish a rate review program to ensure that all rate increases that meet or exceed an established threshold are reviewed by a State or HHS to determine whether the rate increases are unreasonable.	**February 22, 2011**	Sally McCarty, Office of Consumer Information and Insurance Oversight, Department of Health and Human Services, by phone at (301) 492–4489 OR by e-mail at ratereview@hhs.gov.	Submitted Comment on February 22, 2011 http://federaladvocacy.aap.org/index.cfm/key/46B72CA2-6915-41DC-BEFC-EFB0C9D2D5B6
Request for Information Regarding Value-Based Insurance Design in Connection With Preventive Care	**December 28, 2010** This document contains a request for information on how group health	**February 28, 2011**	Lisa Campbell, Office of Consumer Information and Insurance Oversight,	Submitted Comment on February 28, 2011 http://federaladvocacy.a

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
Benefits DEPARTMENT OF THE TREASURY Internal Revenue Service 26 CFR Part 54 DEPARTMENT OF LABOR Employee Benefits Security Administration 29 CFR Part 2590 DEPARTMENT OF HEALTH AND HUMAN SERVICES 45 CFR Part 147 http://webapps.dol.gov/FederalRegister/PdfDisplay.aspx?DocId=24556	plans and health insurance issuers can employ value-based insurance design in the coverage of recommended preventive services.		Department of Health and Human Services, at (301) 492-4100	ap.org/index.cfm/key/6D064DF1-000E-4370-BBCA-40E79CBC15FA
Medicaid Program; Payment Adjustment for Provider-Preventable Conditions Including Health Care-Acquired Conditions 42 CFR Parts 434, 438 & 447 [CMS–2400–P] RIN 0938–AQ34 http://www.gpo.gov/fdsys/pkg/FR-2011-02-17/pdf/2011-3548.pdf	**February 17, 2011** This proposed rule would implement section 2702 of the Patient Protection and Affordable Care Act of 2010 which directs the Secretary of Health and Human Services to issue Medicaid regulations effective as of July 1, 2011 prohibiting Federal payments to States under section 1903 of the Social Security Act for any amounts expended for providing medical assistance for health care-acquired conditions. It would also authorize States to identify other provider-preventable conditions for which Medicaid payment would be prohibited.	**March 18, 2011 5 P.M.**	Venesa Day, (410) 786–8281, or Gary Jackson, (410) 786–1218	Submitted Comment on March 16, 2011 http://federaladvocacy.aap.org/index.cfm/key/19147B1E-C6AE-4CFD-923A-830E9C08D207
Student Health Insurance Coverage 45 CFR Parts 144 and 147 [CMS–9981–P]	**February 11, 2011** This proposed regulation would establish rules for student health	**April 12, 2011**	Lisa Campbell or Robert Imes, Center for Consumer Information	Submitted Comment on April 12, 2011 http://federaladvocacy.a

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RIN 0950–AA20 http://www.gpo.gov/fdsys/pkg/FR-2011-02-11/pdf/2011-3109.pdf	insurance coverage under the Affordable Care Act. The rule would define student health insurance coverage as a type of individual health insurance coverage, and, pursuant to section 1560© of the ACA, specify certain requirements as inapplicable to this type of coverage.		and Insurance Oversight, Department of Health and Human Services, by phone at (301) 492-4489	ap.org/index.cfm/key/EF2ACE11-2B29-430F-9614-8183B004FA64
Medicaid Program; Community First Choice Option, Proposed Rule http://www.gpo.gov/fdsys/pkg/FR-2011-02-25/pdf/2011-3946.pdf	**February 25, 2011** This proposed rule implements Section 2401 of the Affordable Care Act (ACA) which establishes a new State option to provide home and community-based attendant services and supports. These services and supports may be offered through the Community First Choice State plan option.	**April 26, 2011**	Carrie Smith, (410) 786–4485	Submitted Comment on April 26, 2011 http://federaladvocacy.aap.org/index.cfm/key/19E54E49-8435-472D-9FD8-9C354790F0B8
Application, Review, and Reporting Process for Waivers for State Innovation; Proposed Rule DEPARTMENT OF HEALTH AND HUMAN SERVICES 45 CFR Part 155 [CMS–9987–P] RIN 0938–AQ75 http://www.gpo.gov/fdsys/pkg/FR-2011-03-14/pdf/2011-5583.pdf	**March 14, 2011** This proposed rule sets forth a procedural framework for submission and review of initial applications for a Waiver for State Innovation described in section 1332 of the Affordable Care Act including processes to ensure opportunities for public input in the development of such applications by States and in the Federal review of the applications.	**May 13, 2011**	Centers for Medicare & Medicaid Services: Ben Walker, (301) 492–4430.	Group Comment Letter Signed on May 13, 2011 http://federaladvocacy.aap.org/index.cfm/key/023BEE4E-3F07-41B0-B4FE-DFB955D4724E
Proposed Statement of Antitrust Enforcement Policy Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program AGENCY: FTC; Antitrust	**April 19, 2011** The FTC and DOJ (the ‘‘Agencies’’) are proposing an enforcement policy regarding the application of the antitrust laws to health care collaborations among otherwise	**May 31, 2011**	Daniel Gilman, (202) 326–3136 (FTC) or Gail Kursh, (202) 307–5799 (DOJ).	Submitted Comment on May 31, 2011 http://federaladvocacy.aap.org/index.cfm/key/4F20FF34-9D14-4348-A6E4-7FD78B662F7C

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Division, DOJ. ACTION: Notice with comment period. http://www.gpo.gov/fdsys/pkg/FR-2011-04-19/pdf/2011-9466.pdf	independent providers and provider groups, formed after March 23, 2010, the date on which the Patient Protection and Affordable Care Act was enacted, that seek to participate, or have otherwise been approved to participate, as accountable care organizations (ACOs) under the Medicare Shared Savings Program, Section 3022 of the Affordable Care Act (Patient Protection and Affordable Care Act, Public Law 111–48 (2010) and the Health Care and Education Reconciliation Act of 2010, Public Law 111–52 (2010)).			
Medicaid Program; Federal Funding for Medicaid Eligibility Determination and Enrollment Activities; Final Rule http://www.gpo.gov/fdsys/pkg/FR-2011-04-19/pdf/2011-9340.pdf	**April 19, 2011** This final rule will revise Medicaid regulations for Mechanized Claims Processing and Information Retrieval Systems. We are also modifying our regulations so that the enhanced Federal financial participation (FFP) is available for design, development and installation or enhancement of eligibility determination systems until December 31, 2015. This final rule also imposes certain defined standards and conditions in terms of timeliness, accuracy, efficiency, and integrity for mechanized claims processing and info retrieval systems in order to receive enhanced FFP.	**Final Rule, No comment period.**	Richard Friedman, (410) 786–4451.	Final Rule, No comment period.
Assessing the Availability of Primary Care Physicians Accepting New Patients and Timeliness of Services for New Patients Using a Mystery Shopper	**April 28, 2011** The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is requesting Office of Management	**June 28, 2011**	E-mail your request, including your address, phone number, OMB number, and OS	AAP did not comment

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
Approach; Proposed Project; Comment Request http://www.gpo.gov/fdsys/pkg/FR-2011-04-28/pdf/2011-10251.pdf	and Budget (OMB) approval on a new collection to utilize a mystery shopper approach to collect data from physician offices in order to accurately gauge availability of Primary Care Physicians (PCPs) accepting new patients, assess the timeliness of services from PCPs, and gain insight into the precise reasons that PCP availability is lacking. This study will provide current information on the availability and accessibility of PCPs to publicly and privately insured patients with a range of medical needs.		document identifier, to Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address.	
Accountable Care Organizations; Proposed Rule 42 CFR Part 425 [CMS–1345–P] RIN 0938–AQ22 http://www.gpo.gov/fdsys/pkg/FR-2011-04-07/pdf/2011-7880.pdf	**April 7, 2011** This proposed rule would implement section 3022 of the Affordable Care Act which contains provisions relating to Medicare payments to providers of services and suppliers participating in ACOs. Under these provisions, providers of services and suppliers can continue to receive traditional Medicare fee-for-service payments under Parts A and B, and be eligible for additional payments based on meeting specified quality and savings requirements.	**June 6, 2011**	Dr. Terri Postma (410)786–8084	Submitted Comment on June 6, 2011 http://federaladvocacy.aap.org/index.cfm/key/1DF89BC9-1879-4109-87BD-F77700E6D2DE
Medicare Program; Hospital Inpatient Value-Based Purchasing Program; Final Rule 42 CFR Parts 422 and 480	**May 6, 2011** This final rule implements a Hospital Inpatient Value-Based Purchasing program (Hospital VBP	**Final Rule, No comment period.**	Allison Lee, (410) 786–8691	Final Rule, No comment period.

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
[CMS-3239-F] RIN 0938-AQ55 http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10568.pdf	program or the program) under section 1886(o) of the Social Security Act (the Act), under which value-based incentive payments will be made in a fiscal year to hospitals that meet performance standards with respect to a performance period for the fiscal year involved. The program will apply to payments for discharges occurring on or after October 1, 2012, in accordance with section 1886(o) (as added by section 3001(a) of the Affordable Care Act. Scoring in the Hospital VBP program will be based on whether a hospital meets or exceeds the performance standards established with respect to the measures. By adopting this program, we will reward hospitals based on actual quality performance on measures, rather than simply reporting data for those measures.			
Medicaid Program; Methods for Assuring Access to Covered Medicaid Services; Proposed Rule 42 CFR Part 447 [CMS 2328-P] RIN 0938-AQ54 http://www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10681.pdf	**May 6, 2011** This proposed rule would create a standardized, transparent process for States to follow as part of their broader efforts to ‘‘assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area’’ as required by section	**July 5, 2011**	Jeremy Silanskis (410) 786–1592	Submitted Comment on July 1, 2011 http://federaladvocacy.aap.org/index.cfm/key/FA08746A-33EE-439B-9688-02D0520698B3

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
	1902(a)(30)(A) of the Social Security Act. This proposed rule would also recognize, as States have requested, electronic publication as an optional means of communicating State plan amendments (SPAs) proposed rate setting policy changes to the public.			
IRS Requests Comments on Full-Time Employee Definition and 90-Day Waiting Period Limit under Health Care Reform http://www.irs.gov/pub/irs-drop/n-11-36.pdf	**May 3, 2011** The U.S. Internal Revenue Service (IRS) issued a press release and a notice requesting public comment on issues related to the employer responsibility to provide health coverage under the Patient Protection and Affordable Care Act (PPACA) starting 2014. Specifically, the notice outlines possible approaches employers could use to determine who is a full-time employee and issues related to the 90-day limit for waiting periods.	**June 17, 2011**		AAP did not comment.
Center for Consumer Information and Insurance Oversight, Rate Increase Disclosure and Review - Final rule with comment period 45 CFR Part 154 [CMS-9999-FC] RIN 0938-AQ68 http://www.gpo.gov/fdsys/pkg/FR-2011-05-23/pdf/2011-12631.pdf	**May 23, 2011** This final rule with comment period implements requirements for health insurance issuers regarding disclosure and review of unreasonable premium increases under section 2794 of the Public Health Service Act. The final rule establishes a rate review program to ensure that all rate increases that meet or exceed a specified threshold are reviewed by a State or CMS to determine whether they are unreasonable and that certain rate	**July 18, 2011**	Sally McCarty, (301) 492–4489	Submitted Comment on July 14, 2011 http://federaladvocacy.aap.org/index.cfm/key/C02E453B-4B8E-47AD-8C9E-7E2E7BF4904C

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
	information be made public.			
Medicaid Program; Payment Adjustment for Provider-Preventable Conditions Including Health Care-Acquired Conditions; Final Rule 42 CFR Parts 434, 438 & 447 [CMS-2400-F] RIN 0938-AQ34 http://www.gpo.gov/fdsys/pkg/FR-2011-06-06/pdf/2011-13819.pdf	**June 6, 2011** This final rule will implement section 2702 of the Patient Protection and Affordable Care Act which directs the Secretary of Health and Human Services to issue Medicaid regulations effective as of July 1, 2011 prohibiting Federal payments to States under section 1903 of the Social Security Act for any amounts expended for providing medical assistance for health care- acquired conditions specified in the regulation. It will also authorize States to identify other provider-preventable conditions for which Medicaid payment will be prohibited.	**Final Rule; No comment period.**	Venesa Day, (410) 786–8281, or Marsha Lillie-Blanton, (410) 786–8856	No comment Period; Final Rule; AAP News Article
Group Health Plans and Health Insurance Issuers: Rules Relating to Internal Claims and Appeals and External Review Processes - Amendment to interim final rules with request for comments. [CMS-9993-IFC2] 45 CFR Part 147 RIN 0938-AQ66 http://www.gpo.gov/fdsys/pkg/FR-2011-06-24/pdf/2011-15890.pdf	**June 24, 2011** This document contains amendments to interim final regulations implementing the requirements regarding internal claims and appeals and external review processes for group health plans and health insurance coverage in the group and individual markets under provisions of the Affordable Care Act. These rules are intended to respond to feedback from a wide range of stakeholders on the interim final regulations and to assist plans and issuers in coming into full compliance with the law through an	**July 25, 2011**	Amy Turner or Beth Baum, Employee Benefits Security Administration, Department of Labor, at (202) 693–8335; Karen Levin, Internal Revenue Service, Department of the Treasury, at (202) 622–6080; Ellen Kuhn, Centers for Medicare & Medicaid Services, Department of Health and Human Services, at	Submitted Comment on July 21, 2011 http://federaladvocacy.aap.org/index.cfm/key/E9C3A50A-3AF6-4EEC-9982-99A779D34D87

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
	orderly and expeditious implementation process.		(301) 492–4100.	
Patient Protection and Affordable Care Act; Establishment of Consumer Operated and Oriented Plan CO–OP) Program – Proposed Rule 45 CFR Part 156 [CMS–9983–P] RIN 0938–AQ98 http://www.gpo.gov/fdsys/pkg/FR-2011-07-20/pdf/2011-18342.pdf	**July 20, 2011** This proposed rule would implement the Consumer Operated and Oriented Plan (CO–OP) program, which provides loans to foster the creation of consumer-governed, private, nonprofit health insurance issuers to offer qualified health plans in the Affordable Insurance Exchanges (Exchanges). The purpose of this program is to create a new CO–OP in every State in order to expand the number of health plans available in the Exchanges with a focus on integrated care and greater plan accountability.	**September 16, 2011**	Anne Bollinger, (301) 492–4395 for issues related to eligibility and CO–OP standards. Catherine Demmerle, (301) 492–4156 for issues related to conversions and program integrity. Meghan Elrington, (301) 492–4388 for general issues and issues related to loan terms.	Submitted Comment on September 16, 2011 http://federaladvocacy.aap.org/index.cfm/key/F07EC048-A5A4-4F11-8A14-A2D740BE4F34
Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act - Interim final rules with request for comments DEPARTMENT OF THE TREASURY Internal Revenue Service 26 CFR Part 54 [TD 9541] RIN 1545–BJ60 DEPARTMENT OF LABOR Employee Benefits Security Administration 29 CFR Part 2590	**August 3, 2011** This document contains amendments to the interim final regulations implementing the rules for group health plans and health insurance coverage in the group and individual markets under provisions of the Patient Protection and Affordable Care Act regarding preventive health services. DATES: Effective date. These interim final regulations are effective on August 1, 2011. These interim final regulations generally apply to group health plans	**September 30, 2011**	Robert Imes, Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, at (410) 786–1565.	Submitted Comment on September 27, 2011 http://federaladvocacy.aap.org/index.cfm/key/9925905F-FFC0-4207-A2BC-2D99220558E3

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RIN 1210–AB44 DEPARTMENT OF HEALTH AND HUMAN SERVICES [CMS–9992–IFC2] 45 CFR Part 147 RIN 0938–AQ07 http://www.gpo.gov/fdsys/pkg/FR-2011-08-03/pdf/2011-19684.pdf	and group health insurance issuers on August 1, 2011.			
Establishment of Exchanges and Qualified Health Plans – Proposed Rule 45 CFR Parts 155 and 156 [CMS–9989–P] RIN 0938–AQ67 http://www.gpo.gov/fdsys/pkg/FR-2011-07-15/pdf/2011-17610.pdf	**July 15, 2011** This proposed rule would implement the new Affordable Insurance Exchanges (''Exchanges''), consistent with title I of the Affordable Care Act. The Exchanges will provide competitive marketplaces for individuals and small employers to directly compare available private health insurance options on the basis of price, quality, and other factors. The Exchanges will become operational by January 1, 2014. A detailed Preliminary Regulatory Impact Analysis associated with this proposed rule is available at http://cciio.cms.gov under ''Regulations and Guidance.'' A summary of the aforementioned analysis is included as part of this proposed rule.	**(Extended to) October 31, 2011**	Laurie McWright, (301) 492–4372 for general information and matters related to Exchanges and qualified health plans. Alissa DeBoy, (301) 492–4428 for general information and matters related to Exchanges and qualified health plans.	Submitted Comment on October 31, 2011 http://federaladvocacy.aap.org/index.cfm/key/01340693-D84F-415E-9F02-78A0C24D12A5 Submitted Group Comment on October 31, 2011 http://federaladvocacy.aap.org/index.cfm/key/47DA8F9A-518C-4D56-BEAA-99ECDD5ECA31
Patient Protection and Affordable Care Act; Standards Related to Reinsurance, Risk Corridors and Risk Adjustment – Proposed Rule	**July 15, 2011** This proposed rule would implement standards for States related to reinsurance and risk adjustment, and	**(Extended to) October 31, 2011**	Sharon Arnold at (301) 492–4415 for general information. Wakina Scott at (301)	Submitted Comment on September 28, 2011 http://federaladvocacy.aap.org/index.cfm/key/41

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45 CFR Part 153 [CMS–9975–P] RIN 0938–AR07 http://www.gpo.gov/fdsys/pkg/FR-2011-07-15/pdf/2011-17609.pdf	for health insurance issuers related to reinsurance, risk corridors, and risk adjustment consistent with title I of the Affordable Care Act. These programs will mitigate the impact of potential adverse selection and stabilize premiums in the individual and small group markets as insurance reforms and the Affordable Insurance Exchanges (''Exchanges'') are implemented, starting in 2014. The transitional State-based reinsurance program serves to reduce the uncertainty of insurance risk in the individual market by making payments for high-cost cases. The temporary Federally-administered risk corridor program serves to protect against uncertainty in the Exchange by limiting the extent of issuer losses (and gains). On an ongoing basis, the State-based risk adjustment program is intended to provide adequate payments to health insurance issuers that attract high-risk populations (such as individuals with chronic conditions).		492–4393 for matters related to reinsurance and risk corridors. Kelly O'Brien at (301) 492–4399 for matters related to risk adjustment. Grace Arnold at (301) 492–4272 for matters related to the collection of information requirements. Brigid Russell at (301) 492–4421 for matters related to the summary of preliminary regulatory impact analysis.	08BF64-0E7B-4DFC-8E63-5C8DDBE0453D
Medicaid Program; Eligibility Changes Under the Affordable Care Act – Proposed rule 42 CFR Parts 431, 433, 435, and 457 [CMS–2349–P] RIN 0938–AQ62 http://www.gpo.gov/fdsys/pkg/FR-2011-	**August 17, 2011** This proposed rule would implement provisions of the Affordable Care Act, which expands access to health insurance through improvements in Medicaid, the establishment of Exchanges, and coordination between Medicaid, CHIP, and Exchanges; Medicaid and	**October 31, 2011**	Sarah Delone, (410) 786–0615. Stephanie Kaminsky, (410) 786–4653.	Submitted Comment on October 31, 2011 http://federaladvocacy.aap.org/index.cfm/key/0112C022-60F9-4390-ACCE-77A4E6F82E34 Submitted Group Comment on October

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
08-17/pdf/2011-20756.pdf	CHIP eligibility, enrollment simplification, and coordination. In addition, this proposed rule also sets out the increased Federal Medical Assistance Percentage (FMAP) rates and the related conditions and requirements that will be available for State medical assistance expenditures relating to ''newly eligible'' individuals and certain medical assistance expenditures in ''expansion States'' beginning January 1, 2014, including a proposal of three alternative methodologies to use for purposes of applying the appropriate FMAP for expenditures in accordance with section 2001 ACA.			31, 2011 http://federaladvocacy.aap.org/index.cfm/key/94EFC990-3744-44C4-AA0A-6ED953481F9C Signed on to Enroll America Letter on October 31, 2011 http://federaladvocacy.aap.org/index.cfm/key/930FCB02-3F3A-4984-ABE9-C335A5CC4300
Patient Protection and Affordable Care Act; Exchange Functions in the Individual Market: Eligibility Determinations; Exchange Standards for Employers - Proposed rule. 45 CFR Parts 155 and 157 [CMS–9974–P] RIN 0938–AR25 http://www.gpo.gov/fdsys/pkg/FR-2011-08-17/pdf/2011-20776.pdf	**August 17, 2011** This proposed rule would implement certain functions of the new Affordable Insurance Exchanges (''Exchanges''), consistent with title I of the Patient Protection and Affordable Care Act of 2010, as amended by the Health Care and Education Reconciliation Act of 2010, referred to collectively as the Affordable Care Act. The Exchanges will provide competitive marketplaces for individuals and small employers to directly compare available private health insurance options on the basis of price, quality, and other factors. The Exchanges, which will become operational by	**October 31, 2011**	Laurie McWright at (301) 492–4372 for general information matters. Alissa DeBoy at (301) 492–4428 for general information and matters related to part 155. Michelle Strollo at (301) 492–4429 for matters related to eligibility. Naomi Senkeeto at (301) 492–4419 for matters related to part 157.	Submitted Comment on October 31, 2011 http://federaladvocacy.aap.org/index.cfm/key/0112C022-60F9-4390-ACCE-77A4E6F82E34 Submitted Group Comment on October 31, 2011 http://federaladvocacy.aap.org/index.cfm/key/94EFC990-3744-44C4-AA0A-6ED953481F9C Signed on to Enroll America Comment on October 31, 2011

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	January 1, 2014, will help enhance competition in the health insurance market, improve choice of affordable health insurance, and give small businesses the same purchasing clout as large businesses. The specific Exchange functions proposed in this rule include: Eligibility determinations for Exchange participation and insurance affordability programs and standards for employer participation in SHOP.			http://federaladvocacy.aap.org/index.cfm/key/930FCB02-3F3A-4984-ABE9-C335A5CC4300
Health Insurance Premium Tax Credit - Notice of proposed rulemaking and notice of public hearing Internal Revenue Service (IRS), Treasury 26 CFR Part 1 [REG–131491–10] RIN 1545–BJ82 http://www.gpo.gov/fdsys/pkg/FR-2011-08-17/pdf/2011-20728.pdf	**August 17, 2011** This document contains proposed regulations relating to the health insurance premium tax credit enacted by the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, as amended by the Medicare and Medicaid Extenders Act of 2010, the Comprehensive 1099 Taxpayer Protection and Repayment of Exchange Subsidy Overpayments Act of 2011, and the Department of Defense and Full-Year Continuing Appropriations Act, 2011. These proposed regulations provide guidance to individuals who enroll in qualified health plans through Affordable Insurance Exchanges and claim the premium tax credit, and to Exchanges that make qualified health plans available to individuals and employers. This	**October 31, 2011** Outlines of topics to be discussed at the public hearing scheduled for November 17, 2011 at 10 a.m. must be received by November 10, 2011.	Concerning the proposed regulations, Shareen S. Pflanz, (202) 622–4920, or Frank W. Dunham III, (202) 622–4960; concerning the submission of comments, the public hearing, and to be placed on the building access list to attend the public hearing, Funmi Taylor, (202) 622–7180 (not toll-free calls).	Submitted Comment on October 26, 2011 http://federaladvocacy.aap.org/index.cfm/key/8A1552F4-00B4-47CD-B0BF-3CDA5DEF4E15 Group Comment on October 31, 2011 http://federaladvocacy.aap.org/index.cfm/key/94EFC990-3744-44C4-AA0A-6ED953481F9C David Bromberg, FAAP testified at a public hearing on November 17, 2011 http://federaladvocacy.aap.org/index.cfm/key/579e76b3-95a2-430f-a721-e4bbc36ffdfb

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	document also provides notice of a public hearing on these proposed regulations.			Another Group Comment Letter March 7, 2012 http://federaladvocacy.aap.org/index.cfm/key/570fb741-fc0d-4f0b-bc27-da8e4cd88fd2 Follow-up Group Comment Letter to the White House July 26, 2012 http://federaladvocacy.aap.org/index.cfm/key/349bf72e-4326-458a-8470-5809b06f518f
Summary of Benefits and Coverage and the Uniform Glossary – Notice of Proposed Rulemaking DEPARTMENT OF THE TREASURY Internal Revenue Service 26 CFR Parts 54 and 602 [REG–140038–10] RIN 1545–BJ94 DEPARTMENT OF LABOR Employee Benefits Security Administration 29 CFR Part 2590 RIN 1210–AB52 DEPARTMENT OF HEALTH AND HUMAN SERVICES 45 CFR Part 147 **[CMS–9982–P]**	**August 22, 2011** This document contains proposed regulations regarding disclosure of the summary of benefits and coverage and the uniform glossary for group health plans and health insurance coverage in the group and individual markets under the Affordable Care Act. This document implements the disclosure requirements to help plans and individuals better understand their health coverage, as well as other coverage options. The templates and instructions to be used in making these disclosures are being issued separately in today's Federal Register.	**October 21, 2011**	Jennifer Libster or Padma Shah Centers for Medicare & Medicaid Services, Department of Health and Human Services, at (301) 492–4252.	Submitted Comment on October 21, 2011 http://federaladvocacy.aap.org/index.cfm/key/749C1B23-CC9F-4D53-BC13-15E23D100E84 Submitted Group Comment on October 21, 2011 http://federaladvocacy.aap.org/index.cfm/key/921B89F1-AB60-48AC-9BA5-AF8F63335F3A

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
RIN 0938–AQ73 http://www.gpo.gov/fdsys/pkg/FR-2011-08-22/pdf/2011-21193.pdf				
Summary of Benefits and Coverage and Uniform Glossary— Templates, Instructions, and Related Materials Under the Public Health Service Act - Solicitation of comments DEPARTMENT OF THE TREASURY Internal Revenue Service 26 CFR Part 54 DEPARTMENT OF LABOR Employee Benefits Security Administration 29 CFR Part 2590 DEPARTMENT OF HEALTH AND HUMAN SERVICES [CMS–9982–NC] 45 CFR Part 147 http://www.gpo.gov/fdsys/pkg/FR-2011-08-22/pdf/2011-21192.pdf	**August 22, 2011** The Departments of the Health and Human Services, Labor, and the Treasury (the Departments) are simultaneously publishing in the Federal Register this document and proposed regulations (2011 proposed regulations) under the Patient Protection and Affordable Care Act to implement the disclosure for group health plans and health insurance issuers of the summary of benefits and coverage (SBC) and the uniform glossary. This document proposes a template for an SBC; instructions, sample language, and a guide for coverage examples calculations to be used in completing the template; and a uniform glossary that would satisfy the disclosure requirements under section 2715 of the Public Health Service (PHS) Act. Comments are invited on these materials.	**October 21, 2011**	Jennifer Libster or Padma Shah, Centers for Medicare & Medicaid Services, Department of Health and Human Services, at (301) 492–4252	Same as above.
Rate Increase Disclosure and Review: Definitions of ‘‘Individual Market’’ and ‘‘Small Group Market’’ – Final Rule 45 CFR Part 154 [CMS–9999–F] RIN 0938–AR26	**September 6, 2011** This final rule amends a May 23, 2011, final rule entitled ‘‘Rate Increase Disclosure and Review’’. The final rule provided that, for purposes of rate review only, definitions of ‘‘individual market’’ and ‘‘small group market’’ under		Sally McCarty, (301) 492–4489 (or by e-mail: ratereview@hhs.gov).	Final Rule; No Comment Period.

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
http://www.gpo.gov/fdsys/pkg/FR-2011-09-06/pdf/2011-22663.pdf	State rate filing laws would govern even if those definitions departed from the definitions that otherwise apply under title XXVII of the Public Health Service Act (PHS Act). The preamble to the final rule requested comments on whether this policy should apply in cases in which state rate filing law definitions of ''individual market'' and ''small group market'' exclude association insurance policies that would be included in these definitions for other purposes under the PHS Act. In response to comments, this final rule amends the definitions of ''individual market'' and ''small group market'' that apply for rate review purposes to include coverage sold to individuals and small groups through associations even if the State does not include such coverage in its definitions of individual and small group market. This final rule also updates standards for health insurance issuers regarding disclosure and review of unreasonable premium increases under section 2794 of the Public Health Service Act. This rule is effective on November 1, 2011.			
Request for Information Regarding State Flexibility to Establish a Basic Health Program Under the Affordable	**September 14, 2011** This notice is a request for information regarding section 1331	**October 31, 2011**	Shaina Rood, (301) 492-4422.	Submitted Comment on October 31, 2011 http://federaladvocacy.a

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
Care Act DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services [CMS-9980-NC] http://www.gpo.gov/fdsys/pkg/FR-2011-09-14/pdf/2011-23388.pdf	of the Affordable Care Act, which provides States with the option to establish a Basic Health Program. This option permits States to enter into contracts to offer one or more "standard health plans" providing at least the essential health benefits described in section 1302(b) of the Affordable Care Act to eligible individuals in lieu of offering such individuals coverage through the Exchange.			ap.org/index.cfm/key/A8B2A54A-CB37-4967-A9EC-822D93D518DF
Medicaid Program; Recovery Audit Contractors Final Rule Centers for Medicare & Medicaid Services 42 CFR Part 455 [CMS–6034–F] RIN 0938–AQ19 http://www.gpo.gov/fdsys/pkg/FR-2011-09-16/pdf/2011-23695.pdf	**September 16, 2011** This final rule implements section 6411 of the Affordable Care Act and provides guidance to States related to Federal/State funding of State start-up, operation and maintenance costs of Medicaid Recovery Audit Contractors (Medicaid RACs) and the payment methodology for State payments to Medicaid RACs. This rule also directs States to assure that adequate appeal processes are in place for providers to dispute adverse determinations made by Medicaid RACs. Lastly, the rule directs States to coordinate with other contractors and entities auditing Medicaid providers and with State and Federal law enforcement agencies. These regulations are effective on January 1, 2012.	**Final Rule; No Comment Period.**	Joanne Davis, (410) 786–5127.	Final Rule; No Comment Period.
Statement of Antitrust Enforcement	**October 28, 2011**	**Final Policy**		Final Policy Statement;

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
Policy Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program – Final Policy Statement FTC, DOJ http://www.gpo.gov/fdsys/pkg/FR-2011-10-28/pdf/2011-27944.pdf	The final Policy Statement differs from the proposed Policy Statement issued earlier this year, 76 FR 21,894 (Apr. 19, 2011), in two significant respects. First, the entire final Policy Statement—with the exception of the voluntary expedited antitrust review—applies to all collaborations among otherwise independent providers and provider groups that are eligible and intend, or have been approved, to participate in the Medicare Shared Savings Program; its applicability is no longer limited to those collaborations formed after March 23, 2010. Second, because the Shared Savings Program final rule will no longer require a mandatory antitrust review for certain collaborations as a condition of entry into the Shared Savings Program, the final Policy Statement no longer contains provisions relating to mandatory antitrust review. However, as discussed in the final rule, the Agencies will continue to protect competition in markets served by ACOs that participate in the Shared Savings Program, aided by data and information from CMS that will assist the Agencies in monitoring the competitive effects of ACOs.	**Statement; No Comment Period.**		No Comment Period.
Medicare Program; Medicare Shared Savings Program: Accountable Care Organizations	**November 2, 2011** This final rule implements section 3022 of the Affordable Care Act	**Final Rule**	Rebecca Weiss, Phone (410) 786–8084, Fax (410) 786–8005,	

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
Centers for Medicare & Medicaid Services 42 CFR Part 425 [CMS-1345-P] RIN 0938-AQ22 http://www.gpo.gov/fdsys/pkg/FR-2011-11-02/pdf/2011-27461.pdf	which contains provisions relating to Medicare payments to providers of services and suppliers participating in Accountable Care Organizations (ACOs) under the Medicare Shared Savings Program. Under these provisions, providers of services and suppliers can continue to receive traditional Medicare fee-for-service (FFS) payments under Parts A and B, and be eligible for additional payments if they meet specified quality and savings requirements. These regulations are effective on January 3, 2012.		Email address: aco@cms.hhs.gov.	

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
2012				
Medicare Program; Final Waivers in Connection With the Shared Savings Program - Interim final rule with comment period Centers for Medicare & Medicaid Services 42 CFR Chapter IV Office of Inspector General 42 CFR Chapter V [CMS–1439–IFC] RIN 0938–AR30 http://www.gpo.gov/fdsys/pkg/FR-2011-11-02/pdf/2011-27460.pdf	**November 2, 2011** This interim final rule with comment period establishes waivers of the application of the Physician Self-Referral Law, the Federal anti-kickback statute, and certain civil monetary penalties (CMP) law provisions to specified arrangements involving accountable care organizations (ACOs) under section 1899 of the Social Security Act (the Act) (the Shared Savings Program), including ACOs participating in the Advance Payment Initiative. Section 1899(f) of the Act, as added by the ACA, authorizes the Secretary to waive certain fraud and abuse laws as necessary to carry out the provisions of section 1899 of the Act. These regulations are effective on November 2, 2011.	**January 3, 2012**	Neal Shah (410) 786–1167 or Kristin Bohl (410) 786–8680, for general issues and issues related to the Physician Self-Referral Law. James A. Cannatti III (202) 619–0335, for general issues and issues related to the Federal anti-kickback statute or civil monetary penalties.	
State Exchange Implementation Questions and Answers http://cciio.cms.gov/resources/files/Files2/11282011/exchange_q_and_a.pdf.pdf.	**November 29, 2011**			
Medical Loss Ratio Rebate Requirements for Non-Federal Governmental Plans - Interim final rule with request for comments.	**December 7, 2011** This interim final rule with comment period revises the regulations implementing medical loss ratio	**Feb. 6, 2012**	Carol Jimenez, (301) 492–4457	

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
45 CFR Part 158 [CMS–9998–IFC2] RIN 0938–AR35 http://www.gpo.gov/fdsys/pkg/FR-2011-12-07/pdf/2011-31291.pdf	(MLR) requirements for health insurance issuers under the Public Health Service Act in order to establish rules governing the distribution of rebates by issuers in group markets for non-Federal governmental plans. Effective date: This rule is effective on January 3, 2012. Applicability Date. The amendments to Part 158 generally apply beginning January 1, 2012, to health insurance issuers offering group health insurance coverage.			
Medical Loss Ratio Requirements Under the Patient Protection and Affordable Care Act - Final rule with comment period. 45 CFR Part 158 [CMS–9998–FC] RIN 0938–AQ71 http://www.gpo.gov/fdsys/pkg/FR-2011-12-07/pdf/2011-31289.pdf	**December 7, 2011** This final rule with comment period revises the regulations implementing medical loss ratio (MLR) requirements for health insurance issuers under the Public Health Service Act in order to address the treatment of ‘‘mini-med’’ and expatriate policies under these regulations for years after 2011; modify the way the regulations treat ICD–10 conversion costs; change the rules on deducting community benefit expenditures; and revise the rules governing the distribution of rebates by issuers in group markets. Effective date. This rule is effective on January 3, 2012. Applicability Date. The amendments	**January 6, 2012** We will consider comments on § 158.150(b)(2)(i)(A)(6) and (c)(5) regarding the treatment of ICD–10 conversion costs, and § 158.242(b) and § 158.260 regarding the process for providing rebates to group enrollees and reporting of rebates.	Carol Jimenez, (301) 492–4457.	

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
	to Part 158 generally apply beginning January 1, 2012, to health insurance issuers offering group or individual health insurance coverage.			
Patient Protection and Affordable Care Act; Establishment of Consumer Operated and Oriented Plan (CO–OP) Program – Final Rule 45 CFR Part 156 [CMS–9983–F] RIN 0938–AQ98 http://www.gpo.gov/fdsys/pkg/FR-2011-12-13/pdf/2011-31864.pdf	**December 13, 2011** This final rule implements the Consumer Operated and Oriented Plan (CO–OP) program, which provides loans to foster the creation of consumer- governed, private, nonprofit health insurance issuers to offer qualified health plans in the Affordable Insurance Exchanges (Exchanges). The goal of this program is to create a new CO–OP in every State in order to expand the number of health plans available in the Exchanges with a focus on integrated care and greater plan accountability. These regulations are effective February 13, 2012.	**Final Rule**	Meghan Elrington, (301) 492–4388 for general issues and issues related to loan terms and governance standards. Anne Bollinger, (301) 492–4395 for issues related to definitions and eligibility. Ilana Cohen, (301) 492–4371 for issues related to CO–OP standards.	
Essential Health Benefits Bulletin Center for Consumer Information and Insurance Oversight http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf	**December 16, 2011** Pre-regulatory guidance meant to give states more flexibility in implementing the insurance reforms of the ACA by allowing them to decide what essential health benefits will be required of plans in their state. Under the guidance, states would determine their own essential benefits by selecting from the following options to create a "benchmark" in that state:	**January 31, 2012**	EssentialHealthBenefits@cms.hhs.gov	Submitted Comments on January 23, 2012 http://federaladvocacy.aap.org/index.cfm/key/CAAB2299-BA95-4767-B3DD-2C1FF0ED357A

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	-one of the state's three largest small-group plans; -one of the state's three largest health plans for state employees; -one of the three largest health plans offered under the Federal Employees Health Benefits Plan (FEHBP); or -the largest HMO operating in the state's commercial market. All other insurers in the individual and small group markets would then be required to provide benefits of equal or greater value. The Bulletin states that plans could modify coverage within the specific benefit categories provided they do not reduce the overall coverage value of the plan. If a state does not want to select benefits, the default will be the benefits available through the largest small business plan in the state.			
Medicaid Program: Initial Core Set of Health Care Quality Measures for Medicaid-Eligible Adults DEPARTMENT OF HEALTH AND HUMAN SERVICES Office of the Secretary [CMS–2420–FN] http://www.gpo.gov/fdsys/pkg/FR-2012-01-04/pdf/2011-33756.pdf	**January 4, 2012** This final notice announces the initial core set of health care quality measures for Medicaid-eligible adults, as required by section 2701 of the Affordable Care Act, for voluntary use by State programs administered under title XIX of the Social Security Act, health insurance issuers and managed care entities that enter into contracts with Medicaid, and providers of items and services under these programs.	**Final Notice**	Karen Llanos, Centers for Medicare & Medicaid Services, (410) 786–9071.	

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
Essential Health Benefits: Illustrative List of the Largest Three Small Group Products by State http://cciio.cms.gov/resources/files/Files2/01272012/top_three_plans_by_enrollment_508_20120125.pdf	**January 25, 2012** In an effort to provide additional information about the small group market health plans that states may consider when developing their essential health benefits packages, CMS on Wednesday released a list of the largest three small group products in each state and the top three nationally available federal employee health benefits program plans. The list is informational in nature, collected via healthcare.gov, and is not meant to serve as an official inventory of all benchmark options nor an ultimate determination of EHB coverage. The document provides information about some of the health plans that a state may choose as a benchmark and may be helpful to advocates who are working with state officials to implement health care reform.			
Request for Information Regarding the Reinsurance Program Under the Affordable Care Act [CMS-9970-NC] http://www.gpo.gov/fdsys/pkg/FR-2012-01-30/pdf/2012-1944.pdf	**January 30, 2012** Section 1341 of the Patient Protection and Affordable Care Act (Pub. L. 111–148, enacted on March 23, 2010) (the Affordable Care Act), provides that each State must establish a transitional reinsurance program to help stabilize premiums for coverage in the individual market during the first three years of Exchange operation (2014–2016).	**February 29, 2012**	Milan Shah, (301) 492–4427	

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	The reinsurance program, which is a State-based program, will reduce the uncertainty of insurance risk in the individual market by making payments for high-cost cases. This program will stabilize individual market rate increases that might otherwise occur because of the immediate enrollment of individuals with unknown health status, potentially including, at the State's discretion, those currently in State high-risk pools. This notice is a request for information (RFI) to gain market information on entities that could administer a transitional reinsurance program.			
Medicaid Program; Covered Outpatient Drugs; Proposed Rule 42 CFR Part 447 [CMS-2345-P] RIN 0938-AQ41 http://www.gpo.gov/fdsys/pkg/FR-2012-02-02/pdf/2012-2014.pdf	**February 2, 2012** This proposed rule would revise requirements pertaining to Medicaid reimbursement for covered outpatient drugs to implement provisions of the Affordable Care Act. This proposed rule would also revise other requirements related to covered outpatient drugs, including key aspects of Medicaid coverage, payment, and the drug rebate program. Therefore, we are proposing to amend 42 CFR part 447, subpart I to implement specific provisions of the ACA.	**April 2, 2012**	Angel Davis, (410) 786–4693, and Meagan Khau, (410) 786–1357, for issues related to rebates for line extensions. Lisa Ferrandi, (410) 786–5445, for issues related to the Collection of Information Requirements. Joseph Fine, (410) 786–2128, for issues related to the determination of Best Price, definition of covered outpatient …	

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Summary of Benefits and Coverage and Uniform Glossary - Final rule CMS-9982-F 45 CFR Part 147 RIN 0938-AQ73 http://www.gpo.gov/fdsys/pkg/FR-2012-02-14/pdf/2012-3228.pdf	**February 14, 2012** This document contains final regulations regarding the summary of benefits and coverage and the uniform glossary for group health plans and health insurance coverage in the group and individual markets under the Affordable Care Act. This document implements the disclosure requirements under section 2715 of the Public Health Service Act to help plans and individuals better understand their health coverage, as well as other coverage options. These final regulations are effective April 16, 2012. The requirements to provide an SBC, notice of modification, and uniform glossary under PHS Act section 2715 and these final regulations apply for disclosures to participants and beneficiaries who enroll or re-enroll in group health coverage through an open enrollment period (including re-enrollees and late enrollees) beginning on the first day of the first open enrollment period that begins on or after September 23, 2012.		Jennifer Libster or Padma Shah, Centers for Medicare & Medicaid Services, Department of Health and Human Services, at (301) 492–4222	
Summary of Benefits and Coverage and Uniform Glossary – Templates, Instructions, and Related Materials; and Guidance for Compliance - Guidance for compliance and notice of availability of templates, instructions, and related materials.	**February 14, 2012** The Departments of Health and Human Services, Labor, and the Treasury are simultaneously publishing in the Federal Register this guidance document and final		Jennifer Libster or Padma Shah, Centers for Medicare & Medicaid Services, Department of Health and Human Services, at (301) 492–4222.	

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CMS-9982-FN 45 CFR Part 147 http://www.gpo.gov/fdsys/pkg/FR-2012-02-14/pdf/2012-3230.pdf	regulations under the Patient Protection and Affordable Care Act to implement the disclosure for group health plans and health insurance issuers of the summary of benefits and coverage (SBC), notice of modifications, and the uniform glossary. This guidance document provides guidance for compliance with section 2715 of the Public Health Service Act and the Departments' final regulations, including a template for the SBC, instructions, sample language, a guide for coverage example calculations, and the uniform glossary.			
Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services – Final Rule CMS-9992-F 45 CFR Part 147 RIN 0938-AQ74 http://www.gpo.gov/fdsys/pkg/FR-2012-02-15/pdf/2012-3547.pdf	**February 15, 2012** These regulations finalize, without change, interim final regulations authorizing the exemption of group health plans and group health insurance coverage sponsored by certain religious employers from having to cover certain preventive health services under provisions of the Affordable Care Act. These final regulations are effective on April 16, 2012.		Robert Imes, Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS), at (410) 786–1565	
HHS releases MLR reporting forms	**February 16, 2012** The department has posted new documents insurance companies will be required to fill out to show			

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	consumers how much of the premium dollar is spent on administrative costs and medical care. "With today's notice, we're taking a big step toward making insurers accountable to consumers. Some of these insurance companies have already changed their behavior by lowering premiums or spending more on medical care and quality improvement, while the remainder will need to refund this money to their customers this year," HHS Secretary Kathleen Sebelius said in a statement.			
Medicaid Program; Announcement of Medicaid Recovery Audit Contractors (RACs) Contingency Fee Update http://www.gpo.gov/fdsys/pkg/FR-2012-02-24/pdf/2012-4364.pdf	**February 24, 2012** This notice announces an increase to the maximum contingency fee, for which Federal financial participation (FFP) will be available, that may be paid to Medicaid Recovery Audit Contractors (RAC) by State Medicaid programs as authorized by section 1902(a)(42)(B) of the Social Security Act (the Act), as amended by the Affordable Care Act, requiring States to establish Medicaid RAC programs. In the September 16, 2011 Federal Register (76 FR 57808), we published a final rule that ties the Medicaid RAC contingency fee to the Medicare Recovery Audit Program with an opportunity for the States to request an exception to exceed the highest fee paid to a		Lori Bellan, (410) 786–2048; or Joanne Davis, (410) 786–5127.	

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	Medicare Recovery Auditor. Further, we indicated in the final rule that we would make States aware of any modifications to the payment methodology for contingency fee rates and Medicaid RAC maximum contingency fee rates by publishing a notice in the Federal Register. Therefore, this notice will inform States that Medicare has increased the maximum contingency fee paid to Recovery Auditors by 5 percent for the recovery of overpayments only for durable medical equipment claims (DME).			
Application, Review, and Reporting Process for Waivers for State Innovation 45 CFR Part 155 [CMS–9987–F] RIN 0938–AQ75 http://www.gpo.gov/fdsys/pkg/FR-2012-02-27/pdf/2012-4395.pdf	**February 27, 2012** This final rule sets forth a procedural framework for submission and review of initial applications for a Waiver for State Innovation described in section 1332 of the Patient Protection and the Affordable Care Act including processes to ensure opportunities for public input in the development of such applications by States and in the Federal review of the applications. These regulations are effective on April 27, 2012.		Department of the Treasury: Cameron Arterton, (202) 622–0044. Centers for Medicare & Medicaid Services: Ben Walker, (301) 492–4430.	
Medicaid Program; Review and Approval Process for Section 1115 Demonstrations - Final rule 42 CFR Part 431	**February 27, 2012** This final rule will implement provisions of section 10201(i) of the ACA that set forth transparency and		Steven Rubio, (410) 786–1782; or Jessica Schubel, (410) 786–3032	

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[CMS–2325–F] RIN 0938–AQ46 http://www.gpo.gov/fdsys/pkg/FR-2012-02-27/pdf/2012-4354.pdf	public notice procedures for experimental, pilot, and demonstration projects approved under section 1115 of the Social Security Act relating to Medicaid and CHIP. This final rule will increase the degree to which information about Medicaid and CHIP demonstration applications and approved demonstration projects is publicly available and promote greater transparency in the review and approval of demonstrations. These regulations are effective on April 27, 2012.			
Certain Preventive Services Under the Affordable Care Act - Advance notice of proposed rulemaking (ANPRM) 45 CFR Part 147 [CMS–9968–ANPRM] RIN 0938–AR42 http://www.gpo.gov/fdsys/pkg/FR-2012-03-21/pdf/2012-6689.pdf	**March 21, 2012** This advance notice of proposed rulemaking announces the intention of the Departments of Health and Human Services, Labor, and the Treasury to propose amendments to regulations regarding certain preventive health services under provisions of the Affordable Care Act. The proposed amendments would establish alternative ways to fulfill the requirements of section 2713 of the Public Health Service Act and companion provisions under the Employee Retirement Income Security Act and the Internal Revenue Code when health coverage is sponsored or arranged by a religious organization that objects to the coverage of contraceptive	**June 19, 2012**	Amy Turner or Beth Baum, Employee Benefits Security Administration (EBSA), Department of Labor, at (202) 693–8335; Karen Levin, Internal Revenue Service, Department of the Treasury, at (202) 927–9639; Jacob Ackerman, Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS), at (410) 786–1565	The AAP Submitted Group Comment Letter on June 19, 2012 http://federaladvocacy.aap.org/index.cfm/key/188cb000-f1e6-42e9-985a-143a069f03e4

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	services for religious reasons and that is not exempt under the final regulations published February 15, 2012. This document serves as a request for comments in advance of proposed rulemaking on the potential means of accommodating such organizations while ensuring contraceptive coverage for plan participants and beneficiaries covered under their plans (or, in the case of student health insurance plans, student enrollees and their dependents) without cost sharing.			
Student Health Insurance Coverage - Final rule. 45 CFR Parts 144, 147, and 158 CMS–9981–F RIN 0938–AQ95 http://www.gpo.gov/fdsys/pkg/FR-2012-03-21/pdf/2012-6359.pdf	**March 21, 2012** This final rule establishes requirements for student health insurance coverage under the Public Health Service (PHS) Act and the Affordable Care Act. The final rule defines ‘‘student health insurance coverage’’ as a type of individual health insurance coverage, and specifies that certain PHS Act requirements are inapplicable to this type of individual health insurance coverage. This final rule also amends the medical loss ratio and annual limits requirements for student health insurance coverage under the PHS Act. This rule is effective on April 20, 2012. Applicability Dates. The amendment to 45 CFR Part 147 applies to student health insurance coverage for policy years beginning	**Final rule**	Robert Imes, (410) 786–1565.	

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	on or after July 1, 2012. The amendments to 45 CFR Part 158 apply beginning January 1, 2013, to health insurance issuers offering student health insurance coverage.			
Medicaid Program; Eligibility Changes Under the Affordable Care Act - Final rule; Interim final rule Centers for Medicare & Medicaid Services 42 CFR Parts 431, 435, and 457 [CMS–2349–F] RIN 0938–AQ62 http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6560.pdf	**March 23, 2012** This final rule implements several provisions of the Affordable Care Act, which expands access to health insurance coverage through improvements to the Medicaid and CHIP programs, the establishment of Affordable Insurance Exchanges, and the assurance of coordination between Medicaid, CHIP, and Exchanges. This final rule codifies policy and procedural changes to the Medicaid and CHIP programs related to eligibility, enrollment, renewals, public availability of program information and coordination across insurance affordability programs.	**May 7, 2012** Certain provisions of this final rule are being issued as interim final. We will consider comments on the following provisions: § 431.300(c)(1) and (d), § 431.305(b)(6), § 435.912, § 435.1200, § 457.340(d), § 457.348 and § 457.350(a), (b), (c), (f), (i), (j), (k).	Sarah delone, (410) 786–0615. Stephanie Kaminsky, (410) 786–4653	AAP submitted comments May 7, 2012: http://federaladvocacy.aap.org/index.cfm/key/4ee665ef-6bc6-4acd-a101-c783b32aeff4 And Group comments: http://federaladvocacy.aap.org/index.cfm/key/cbc4b914-6330-49d3-ae03-5f48b07b75c3
Standards Related to Reinsurance, Risk Corridors and Risk Adjustment - Final Rule 45 CFR Part 153 [CMS–9975–F] RIN 0938–AR07 http://www.gpo.gov/fdsys/pkg/FR-2012-03-23/pdf/2012-6594.pdf	**March 23, 2012** This final rule implements standards for States related to reinsurance and risk adjustment, and for health insurance issuers related to reinsurance, risk corridors, and risk adjustment consistent with title I of the Affordable Care Act. These programs will mitigate the impact of potential adverse selection and	**Final Rule**	Sharon Arnold at (301) 492–4415 or Laurie McWright at (301) 492–4372 for general information. Wakina Scott at (301) 492–4393 for matters related to reinsurance. Grace Arnold at (301) 492–4272 for matters related to risk adjustment. Jeff	

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	stabilize premiums in the individual and small group markets as insurance reforms and the Exchange are implemented, starting in 2014. The transitional State-based reinsurance program serves to reduce uncertainty by sharing risk in the individual market through making payments for high claims costs for enrollees. The temporary federally administered risk corridors program serves to protect against uncertainty in rate setting by qualified health plans sharing risk in losses and gains with the Federal government. The permanent State-based risk adjustment program provides payments to health insurance issuers that disproportionately attract high-risk populations (such as individuals with chronic conditions).		Wu at (301) 492–4416 for matters related to risk corridors.	
Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers; Final rule, Interim final rule 45 CFR Parts 155, 156, and 157 [CMS–9989–F] RIN 0938–AQ67 http://www.gpo.gov/fdsys/pkg/FR-2012-03-27/pdf/2012-6125.pdf	**March 27, 2012** This final rule will implement the new Affordable Insurance Exchanges. The Exchanges will provide competitive marketplaces for individuals and small employers to directly compare available private health insurance options on the basis of price, quality, and other factors. The Exchanges, which will become operational by January 1, 2014, will help enhance competition in the health insurance market, improve choice of affordable health insurance,	**May 11, 2012** Certain provisions of this final rule are being issued as interim final. We will consider comments on the following provisions: §§ 155.220(a)(3); 155.300(b); 155.302; 155.305(g); 155.310(e);	Alissa DeBoy at (301) 492–4428 for general information and matters related to part 155. Michelle Strollo at (301) 492–4429 for matters related to part 155 subparts D & E. Pete Nakahata at (202) 680–9049 for matters related to part 156.	AAP submitted comments May 7, 2012: http://federaladvocacy.aap.org/index.cfm/key/25a8db7d-de44-424f-9c25-aecf8f22a253 And Group comments: http://federaladvocacy.aap.org/index.cfm/key/cbc4b914-6330-49d3-ae03-5f48b07b75c3

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	and give small businesses the same purchasing clout as large businesses.	155.315(g); 155.340(d); 155.345(a); and, 155.345(g).	Rex Cowdry at (301) 492–4387 for matters related to part 155 subpart H and part 157.	
Verification of Access to Employer-Sponsored Coverage Bulletin Center for Consumer Information and Insurance Oversight http://www.cq.com/pdf/govdoc-4071792	**April 26, 2012** CMS offered guidance on the initial process for collecting information required for enrollment in exchange-based health plans and the status of employer-sponsored health coverage.			
Regulations Pertaining to the Disclosure of Return Information To Carry Out Eligibility Requirements for Health Insurance Affordability Programs; Notice of proposed rulemaking and notice of public hearing. DEPARTMENT OF THE TREASURY Internal Revenue Service 26 CFR Part 301 [REG–119632–11] RIN 1545–BK87 http://www.gpo.gov/fdsys/pkg/FR-2012-04-30/pdf/2012-10440.pdf	**April 30, 2012** A notice of proposed rules allowing the exchanges to interact with IRS to determine income-based eligibility for exchange subsidies. This document contains proposed regulations relating to the disclosure of return information under Section 6103(l)(21) of the Internal Revenue Code, as enacted by the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010. The regulations define certain terms and prescribe certain items of return information in addition to those items prescribed by statute that will be disclosed, upon written request, under section 6103(l)(21) of the Internal Revenue Code.	**July 30, 2012** Written (including electronic) comments must be received by July 30, 2012. Outlines of topics to be discussed at the public hearing scheduled for Friday, August 31, 2012, must be received by July 30, 2012.	Concerning the proposed regulations, Steven Karon, (202) 622–4570; concerning the submission of comments, the public hearing, and to be placed on the building access list to attend the public hearing, Olumafunmilayo Taylor, (202) 622–7180 (not toll-free numbers).	
Request for Information Regarding Stop Loss Insurance	**May 1, 2012**			

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DEPARTMENT OF THE TREASURY Internal Revenue Service DEPARTMENT OF LABOR Employee Benefits Security Administration DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services [CMS-9967-NC] http://www.cq.com/flatfiles/editorialFiles/healthBeat/reference/docs/8042702.pdf	Multiple agencies are set to release a notice Tuesday inquiring about the prevalence of stop loss insurance coverage for self-insured plans. A low-threshold for stop loss coverage could be used by a small employer to self-insure and avoid some health overhaul law requirements.			
Medicaid Program; Payments for Services Furnished by Certain Primary Care Physicians and Charges for Vaccine Administration Under the Vaccines for Children Program - Proposed rule DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services 42 CFR Parts 438, 441, and 447 [CMS–2370–P] RIN 0938–AQ63 http://www.gpo.gov/fdsys/pkg/FR-2012-05-11/pdf/2012-11421.pdf	**May 11, 2012** This proposed rule implements Medicaid payment for primary care services furnished by certain physicians in calendar years (CYs) 2013 and 2014 at rates not less than the Medicare rates in effect in those CYs or, if greater, the payment rates that would be applicable in those CYs using the CY 2009 Medicare physician fee schedule conversion factor (CF). This minimum payment level applies to specified primary care services furnished by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine, and also applies to services paid through Medicaid managed care plans. It would also provide for a 100 percent Federal	**June 11, 2012**	Mary Cieslicki (410) 786–4576 Linda Tavener (410) 786–3838 for issues related to payments for primary care physicians. Mary Beth Hance 410–786–4299 For issues related to charges for the administration of pediatric vaccines.	AAP submitted comments June 11, 2012 http://federaladvocacy.aap.org/index.cfm/key/d4bb08d6-4d03-4d52-8e4f-044caa20a35b And Group comments: http://federaladvocacy.aap.org/index.cfm/key/879d4cc2-8347-42a6-853c-b51c7e115480

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	matching rate for any increase in payment above the amounts that would be due for these services under the provisions of the State plan as of July 1, 2009. In this proposed rule, we specify which services and types of physicians qualify for the minimum payment level in CYs 2013 and 2014, and the method for calculating the payment amount and any increase for which increased Federal funding is due. In addition, this proposed rule would update the interim regional maximum fees that providers may charge for the administration of pediatric vaccines to federally vaccine-eligible children under the Pediatric Immunization Distribution Program, more commonly known as the Vaccines for Children (VFC) program.			
Medical Loss Ratio Requirements Under the Patient Protection and Affordable Care Act – Final Rule DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services 45 CFR Part 158 [CMS-9998-F] RIN 0938-AR41 http://www.gpo.gov/fdsys/pkg/FR-2012-	**May 16, 2012** This final rule amends the regulations implementing medical loss ratio (MLR) standards for health insurance issuers under the Public Health Service Act in order to establish notice requirements for issuers in the group and individual markets that meet or exceed the applicable MLR standard in the 2011 MLR reporting year. The final rule requires insurers to tell all consumers, not just those owed a		Carol Jimenez, (301) 492–4457.	

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05-16/pdf/2012-11753.pdf	rebate, whether or not the company has complied with health care law standards requiring that plans pay out a certain percentage of the premium dollar for medical care and quality of care improvement. DATES: This rule is effective on June 15, 2012. Applicability date. The amendments to part 158 generally apply beginning July 1, 2012, to health insurance issuers offering group or individual health insurance coverage.			
Health Insurance Issuers Implementing Medical Loss Ratio (MLR) Under the Patient Protection and Affordable Care Act; Interim Final Rule Correcting Amendment DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services 45 CFR Part 158 [CMS–9998–IFC3] http://www.gpo.gov/fdsys/pkg/FR-2012-05-16/pdf/2012-11773.pdf	**May 16, 2012** This document corrects technical errors that appeared in the interim final rule published in the Federal Register on December 1, 2010, entitled "Health Insurance Issuers Implementing Medical Loss Ratio (MLR) Requirements under the Patient Protection and Affordable Care Act" and in the correction notice published in the Federal Register on December 30, 2010, entitled "Health Insurance Issuers Implementing Medical Loss Ratio (MLR) Requirements Under the Patient Protection and Affordable Care Act; Corrections to the Medical Loss Ratio Interim Final Rule With Request for Comments." Effective date: This document is effective on May 16, 2012. Applicability date: The corrections		Carol Jimenez (301) 492-4457 *MLRQuestions@cms.hhs.gov*	

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	are applicable on January 1, 2011.			
General Guidance on Federally-Facilitated Exchanges Centers for Medicare & Medicaid Services Center for Consumer Information and Insurance Oversight http://cciio.cms.gov/resources/files/FFE_Guidance_FINAL_VERSION_051612.pdf	**May 16, 2012** Guidance on the federally-run insurance Exchange that will be set up for states that do not move ahead on a state-based or federal-state hybrid Exchange. States will have to indicate to HHS by November 16, 2012 whether they plan to run their own Exchange, partner with the federal government on a federal-state Exchange, or have the federal government set up an Exchange for them. States will need to turn in an Exchange blueprint and demonstrate readiness. HHS said it will let all qualified health plans sell on the federally facilitated exchange at least for the first year. After that, it will analyze whether to move to an active purchaser model, in which it will be more selective about which plans it will accept. The ACA does not provide direct funding for the federal exchange, so HHS announced it will be at least partially funded by user fees from plans selling on the Exchange.	**June 18, 2012**	Please send comments on this guidance to FFEcomments@cms.hhs.gov	AAP submitted comment on June 18, 2012 http://federaladvocacy.aap.org/index.cfm/key/4a8d2ff8-3097-4fa1-982f-e4409d542c61 Group comment on June 18, 2012 http://federaladvocacy.aap.org/index.cfm/key/94ad7169-2565-49f8-840f-eb41d386616c
Draft Blueprint for Approval of Affordable State-based and State Partnership Insurance Exchanges http://cciio.cms.gov/resources/files/Exchan	**May 16, 2012** The blueprint details the information states must submit to receive HHS approval of a state exchange or state partnership exchange. States must			

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geblueprint05162012.pdf	complete their blueprint applications by November 16, 2012 for 2014 implementation and CMS will post approved blueprints on its website. States unable to meet this deadline will begin 2014 with a federally-facilitated Exchange.			
Frequently Asked Questions – Draft Blueprint for Approval of Affordable State-based and State Partnership Insurance Exchanges http://cciio.cms.gov/resources/factsheets/hie-draft-blueprint-states.html	**May 24, 2012** Frequently Asked Questions (FAQs) regarding the approval process for Affordable Insurance Exchanges as set forth in the Draft Blueprint for Approval of Affordable State-based and State Partnership Insurance Exchanges released by HHS on May 16, 2012.			
Bulletin on the Transitional Reinsurance Program: Proposed Payment Operations by the Department of Health and Human Services http://cciio.cms.gov/resources/files/reinsurance-program-bulletin-5-31-2012.pdf	**May 31, 2012** The Affordable Care Act established a number of programs to minimize the effects of adverse selection that may occur in the initial years of operation of Affordable Insurance Exchanges (Exchanges) and during implementation of market-wide insurance reforms. These programs are a transitional reinsurance program, the subject of this bulletin, a temporary risk corridors program, and a permanent risk adjustment program. This bulletin sets forth and seeks comment on HHS's proposed approach to the implementation of the payment of reinsurance funds to			

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	issuers when the Department of Health and Human Services (HHS) is operating the reinsurance program on behalf of a State. This bulletin is not comprehensive and does not include specific reinsurance fund collection, adjustments, or calculation parameters as these details will be proposed in the draft annual HHS Notice of Benefit and Payment Parameters, which is scheduled to be published in the fall of 2012. Comments received on the contents of this bulletin will be used to inform future guidance.			
ACA; Data Collection to Support Standards Related to Essential Health Benefits; Recognition of Entities for the Accreditation of Qualified Health Plans – Proposed Rule DEPARTMENT OF HEALTH AND HUMAN SERVICES 45 CFR Part 156 [CMS-9965-P] RIN 0938-AR36 http://www.gpo.gov/fdsys/pkg/FR-2012-06-05/pdf/2012-13489.pdf	**June 5, 2012** This proposed rule would establish data collection standards necessary to implement aspects of the Affordable Care Act, which directs the Secretary of Health and Human Services to define essential health benefits. This proposed rule outlines the data on applicable plans to be collected from certain issuers to support the definition of essential health benefits. This proposed rule would also establish a process for the recognition of accrediting entities for purposes of certification of qualified health plans.	**July 5, 2012**	Adam Block at (301) 492-4392, for matters related to essential health benefits data collection. Deborah Greene at (301) 492-4293, for matters related to accreditation of qualified health plans.	On July 5th, the AAP submitted a comment letter; signed on to a children's health group comment letter; and a HAB Coalition comment letter.
Request for Domains, Instruments, and Measures for Development of a Standardized Instrument for Use in	**June 21, 2012** HHS is looking for ways it can	**July 20, 2012**		Group comment letter submitted July 20, 2012 http://federaladvocacy.a

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Public Reporting of Enrollee Satisfaction with their Qualified Health Plan and Exchange - Notice [CMS-9963-NC] http://www.gpo.gov/fdsys/pkg/FR-2012-06-21/pdf/2012-15162.pdf	measure consumer experience in health plans sold on Exchanges. HHS also proposed that the enrollee satisfaction surveys start in 2016 and be displayed on exchange websites.			ap.org/index.cfm/key/d9273aea-9b37-4b07-bebf-2f254bda7e28
Solicitation of Public Input on Conversion of Net Income Standards to Equivalent Modified Adjusted Gross Income Standards http://www.medicaid.gov/State-Resource-Center/Events-and-Announcements/Downloads/MAGI-income-conversion.pdf	**June 21, 2012** CMS is seeking comments on two potential methodologies for converting current State Medicaid and CHIP net income eligibility standards to equivalent modified adjusted gross income (MAGI) standards. This request for public input complements other consultative processes underway as CMS develops conversion methodologies. Under the ACA, Medicaid and CHIP eligibility will be based on modified adjusted gross income (MAGI) standards, starting on January 1, 2014. Currently, state Medicaid and CHIP programs use a net income standard and current income disregards approach. CMS provides further details on the proposed "average disregard method" and the "same number net and gross method" methodologies for converting net income standards. CMS also invites input on alternative approaches of achieving income conversion.	**July 23, 2012** Comments may be submitted electronically to incomeconversion@cms.hhs.gov	Stephanie Kaminsky at stephanie.kaminsky@cms.hhs.gov	Group comment letter submitted July 23, 2012 http://federaladvocacy.aap.org/index.cfm/key/7d0d7fde-4474-4a59-bc28-ac2b4034a09d

Regulation/Rule	Date Issued &Summary	Deadline for Comment	Point of Contact	AAP Action
Health Insurance Premium Tax Credit Final Rule DEPARTMENT OF THE TREASURY Internal Revenue Service (IRS) 26 CFR Parts 1 and 602 [TD 9590] RIN 1545-BJ82 http://www.gpo.gov/fdsys/pkg/FR-2012-05-23/pdf/2012-12421.pdf	**May 23, 2012** This document contains final regulations relating to the health insurance premium tax credit enacted by the Affordable Care Act as amended by the Medicare and Medicaid Extenders Act of 2010, the Comprehensive 1099 Taxpayer Protection and Repayment of Exchange Subsidy Overpayments Act of 2011, the Department of Defense and Full-Year Continuing Appropriations Act, 2011, and the 3% Withholding Repeal and Job Creation Act. These final regulations provide guidance to individuals who enroll in qualified health plans through Affordable Insurance Exchanges (Exchanges) and claim the premium tax credit, and to Exchanges that make qualified health plans available to individuals and employers**.**	**August 21, 2012**	Shareen S. Pflanz, (202) 622–4920, or Andrew S. Braden, (202) 622–4960	AAP Comment Letter Submitted Aug. 21, 2012 http://federaladvocacy.aap.org/index.cfm/key/66603650-7976-4029-9a8a-34a2bb4894c8 Group Comment Letter Submitted Aug. 20, 2012 http://federaladvocacy.aap.org/index.cfm/key/0c1a475f-68bf-491f-b01c-c41f2b130c77
Internal Revenue Bulletin Bulletin No. 2012-20 http://www.irs.gov/pub/irs-irbs/irb12-20.pdf	**May 14, 2012**			
Internal Revenue Bulletin Bulletin No. 2012-22 http://www.irs.gov/pub/irs-irbs/irb12-22.pdf	**May 29, 2012**			
Internal Revenue Bulletin Bulletin No. 2012-26	**June 25, 2012**			

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http://www.irs.gov/pub/irs-irbs/irb12-26.pdf				
Essential Health Benefits: List of the Largest Three Small Group Products by State Center for Consumer Information and Insurance Oversight http://cciio.cms.gov/resources/files/largest-smgroup-products-7-2-2012.pdf.pdf	**July 3, 2012** This document provides updated information to facilitate states' selection of the benchmark plans that will serve as the reference plans for the essential health benefits (EHB). This is an update to our prior publication "Essential Health Benefits: Illustrative List of the Largest Three Small Group Products by State" released on January 25, 2012, and complements the bulletin on the EHB released on December 16, 2011. Using data from HealthCare.gov, this document provides an updated list of the three largest small group insurance products ranked by enrollment for each State. In addition, we are providing lists of the three largest nationally available Federal Employee Health Benefit Program (FEHBP) plans, a benchmark option under the intended approach outlined in the bulletin. We are also providing the single largest Federal Employees Dental and Vision Insurance Program (FEDVIP) dental and vision plans respectively, based on enrollment.	**No comment period.**		

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Single Streamlined Application Data Elements Open for Comment under PRA http://content.govdelivery.com/attachments/USCMS/2012/07/09/file_attachments/139950/CIB-07-09-12.pdf http://www.medicaid.gov/State-Resource-Center/Events-and-Announcements/Events-and-Announcements.html **Agency Information Collection Activities: Proposed Collection; Comment Request; Webinars** DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services [Document Identifier: CMS–10433, CMS–10438, CMS–10439 and CMS–10440] http://www.gpo.gov/fdsys/pkg/FR-2012-07-06/pdf/2012-16508.pdf	**July 9, 2012** On Friday, July 6, the Centers for Medicare & Medicaid Services (CMS) made information available regarding the single, streamlined application for the Exchange, Medicaid, and the Children's Health Insurance Program (CHIP) to help establish the system of coverage envisioned by the Affordable Care Act. The data elements were published in the *Federal Register* for public comment under the Paperwork Reduction Act of 1995. **July 6, 2012** Initial Plan Data Collection to Support Qualified Health Plan (QHP) Certification and Other Financial Management and Exchange Operations as required by the final rule published on March 27, 2012 (77 FR 18310), entitled CMS–9989–F: Establishment of Exchanges and Qualified Health Plans. Data Collection to Support Eligibility Determinations and Enrollment for Employees in the Small Business Health Options Program	**Sept. 4, 2012**	For policy questions regarding the QHP Certification data collection, contact Lourdes Grindal-Miller at (301)492- 4345. For policy questions regarding risk adjustment and reinsurance data collection, contact Milan Shah call (301) 492- 4427. For all other issues, call (410) 786–1326	Group Comment Letter Submitted Sept., 4, 2012 http://federaladvocacy.aap.org/index.cfm/key/6cbcff3a-a6a1-4e8f-86d4-4365f09a6e7a
Data Collection To Support Standards Related to Essential Health Benefits; Recognition of Entities for the Accreditation of Qualified Health Plans	**July 20, 2012** This final rule establishes data collection standards necessary to	**Final Rule** *Effective Date:* These regulations are effective on	Adam Block at (410) 786–1698, for matters related to essential health benefits data	Final Rule

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- Final rule 45 CFR Part 156 [CMS–9965–F] RIN 0938–AR36 https://www.federalregister.gov/articles/2012/07/20	implement aspects of section 1302 of the Patient Protection and Affordable Care Act (Affordable Care Act), which directs the Secretary of Health and Human Services to define essential health benefits. This final rule outlines the data on applicable plans to be collected from certain issuers to support the definition of essential health benefits. This final rule also establishes a process for the recognition of accrediting entities for purposes of certification of qualified health plans.	August 20, 2012.	collection. Deborah Greene at (301) 492–4293, for matters related to accreditation of qualified health plans	
Federal Employees Health Benefits Program and Federal Employees Dental and Vision Insurance Program: Expanding Coverage of Children Federal Flexible Benefits Plan: Pre-Tax Payment of Health Benefits Premiums – Proposed rule with request for comments OFFICE OF PERSONNEL MANAGEMENT 5 CFR Parts 890, 892, 894 RIN 3206–AM55 http://www.gpo.gov/fdsys/pkg/FR-2012-07-20/pdf/2012-17537.pdf	**July 20, 2012** The U.S. Office of Personnel Management (OPM) is issuing a proposed rule to amend the Federal Employees Health Benefits Program (FEHB) regulations regarding coverage for children up to age 26 and for children of the same-sex domestic partners of FEHB enrollees. The regulations also allow children of same sex domestic partners to be covered family members under the Federal Employees Dental and Vision Insurance Program (FEDVIP).	**Sept. 18, 2012**		Group Comment Letter Submitted Sept. 18, 2012 http://federaladvocacy.aap.org/index.cfm/key/b1711075-135c-442e-bb41-442aec790109
Agency Information Collection Activities: Proposed Collection; Comment Request DEPARTMENT OF HEALTH AND	**July 27, 2012** *Type of Information Collection Request:* Revision of a currently approved collection; *Title:* Consumer	**Sept. 25, 2012**		

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HUMAN SERVICES Centers for Medicare & Medicaid Services [Document Identifier: CMS-10333] http://www.regulations.gov/#!documentDetail;D=CMS_FRDOC_0001-1016	Assistance Program Grants; *Use:* Section 1002 of the Affordable Care Act (ACA) provides for the establishment of consumer assistance (or ombudsman) programs, starting in FY 2010. In order to strengthen oversight, section 2793(d) of the ACA requires programs to report data to the Secretary of the Department of Health and Human Services (HHS) ``As a condition of receiving a grant under subsection (a), an office of health insurance consumer assistance or ombudsman program shall be required to collect and report data to the Secretary on the types of problems and inquiries encountered by consumers"			
Agency Information Collection Activities: Submission for OMB Review; Comment Request DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Medicare & Medicaid Services [Document Identifier: CMS–10320] http://www.gpo.gov/fdsys/pkg/FR-2012-08-15/pdf/2012-20050.pdf	**August 15, 2012** Revision of a currently approved collection; Title: Health Care Reform Insurance Web Portal Requirements 45 CFR part 159; Use: This information collection is mandated by Sections 1103 and 10102 of The Patient Protection and Affordability Care Act, Public Law 111–148 (ACA). Once all of the information is collected from insurance issuers of major medical health insurance (hereon referred to as issuers) and other affected parties, it will be displayed at http://www.healthcare.gov. Issuers are required to provide information	**Sept. 13, 2012**	For policy questions regarding this collection, contact Joe Mercer at (301) 492–4265. For all other issues, call (410) 786–1326.)	

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	quarterly, and healthcare.gov will be updated on a periodic schedule during each quarter. The information provided will help the general public make educated decisions about organizations providing private health care insurance. The original 60-day comment period began on June 5, 2012 and pertained to the Health Care Reform Insurance Web Portal Requirements, and closed on August 6, 2012. We received a total of 9 public comments. The majority of the comments regarded Essential Health Benefits (EHB), with 1 public comment on Healthcare.gov. Most public comments addressed multiple issues.			
Medicaid Statistical Information System (MSIS) http://www.gpo.gov/fdsys/pkg/FR-2012-08-15/pdf/2012-20050.pdf				