omment	Oiki N	Comment Type (Burden, Substantive,	Relevant Section in Original Certification Application		Summary of Comment	POC	Accept or	CCUO D
1	Organization Name Timothy Dawson	Other/Policy) Other/Policy		Relevant Language in Original Certification Application N/A	What is done with the information? When I was signing my child up her insurance was canceled because she had other coverage, but the coverage is ending? Now she will have to go without insurance because of the misuse of information. If there is to be no preexisting conditions, why would prior previous information be necessary? When the information is not relevant to a custodian, why would ACA allow home inspections if a child does not reside with information giver. Seems to be many issues ACA has not addressed and is a supposed law in effect of information	Timothy Dawson	Deny? Deny	CCIIO Response for PRA purposes Thank you, but this comment is outside of the scope of the Blueprint Application.
2	Timothy Dawson	Other/Policy	N/A	N/A	No comment seen on comment page and this sites states one comment? "the Secretary will require a state to submit a Blueprint for approval and to demonstrate operational readiness through virtual or on-site readiness reviews" The ACA website is not operational. If it doesn't work now and it is the law, how do we get health insurance? Rules conflict with COBRA law. Ineligible for ACA coverage if divorced in last 6 months and COBRA requires coverage eligibility for divorced statuses. No CAP on out of pocket costs per executive order never updated since 03/2011 cannot help anyone determine what the ACA will or will not cover, let alone if preexisting conditions are or are not to be covered because of this. No contacts available due to government shutdown. Why are government funds to be used to track who has birth control coverage? Is birth control covered under the ACA plans? Information not found.	Timothy Dawson	Deny	Thank you, but this comment is outside of the scope of the Blueprint Application.
3	Timothy Dawson	Other/Policy	N/A	N/A	What information is collected and shared with 3rd parties is a violation of privacy. If me and my wife live in separate homes, file jointly and spend more than ½ a year together, which information is used or shared with 3rd parties? Do individuals have a right to live in their households? Who is considered under household income when applying for individual ACA benefits? Maybe I do not have a right to be married if I wanted to file jointly with the IRS? The ACA does not allow eligibility for divorced individuals within the last 6 months, yet COBRA law states my spouse/children are entitled to their extended benefits if we were. No answers are available as to where this information goes and which 3rd parties have access to it. There are no ACA applications for entering 2 or more addresses for a family? If filed individually they are not entitled to the same plans as a family? Which possible home inspections are legal under the ACA due to this information and in which home? If the systems do not accept individual information like resident home addresses the systems are already wrong. You have no way to validate the information when gathering techniques are flawed to begin with. I cannot be responsible for flawed information systems. Way to many flaws in the current ACA system to consider sharing with 3rd parties, Especially when no contacts are available, many links do not work and references are not available for the public to understand how the information is to be used.	Timothy Dawson	Deny	Thank you, but this comment is outside of the scope of the Blueprint Application.
4	National Indian Health Board	Other/Policy		stakeholder consultation plan and has consulted with, and	The form suggests that this is an on-going process, there are aspects of the form that contradict this assumption. For example, the state is expected to indicate a date by which the consultation activity has been completed or it expects to complete the activity. The form provides an HHS Benchmark of August 1, 2013, for completion of this activity; however, it is not clear how the benchmark is intended to be used. At the bottom of page 6, there is a summary statement for Question 2.2 where the "State attests that this activity is complete (Y/N)." While this follows the format for questions in all the section, it also appears to undermine the idea that Tribal Consultation is needed prior to the application, during the planning process, and during implementation.	Jennifer Cooper jcooper@nihb.org	·	CCIIO will revise the language to make clear that the consultation process is intended to be ongoing. In addition, CCIIO will be revising its Benchmark format and providing Blueprint instructions to states which will make clear that the process is intended to be ongoing and collaborative.

nment		Comment Type (Burden, Substantive,	Relevant Section in Original Certification				Accept or	
Con	Organization Name	Other/Policy)	Application	Relevant Language in Original Certification Application	Summary of Comment	POC	Deny?	CCIIO Response for PRA purposes
75			2.2	If a state has Federally recognized tribes: Tribal Consultation: If electing to conduct outreach and education activities, the State Partnership Marketplace, in consultation with the Federally recognized tribes, has developed and submitted to HHS a tribal consultation policy and process. If not electing to conduct outreach and education activities, the State Partnership Marketplace	If a state does not elect to conduct Outreach and Education, and only elects to do Plan Management, the expectations are somewhat confusing. Item	Jennifer Cooper jcooper@nihb.org	Deny	This comment is not related to the burden of the data collection. Additionally, states electing a State Partnership Marketplace are no longer allowed to conduct only Plan Management activities.
7:	National Indian Health Board		2.2, 2.3	If applicable: Tribal Consultation: If a state has Federally recognized tribes, the Marketplace, in consultation with the Federally recognized tribes, has developed and submitted to HHS, a tribal consultation policy and process.	We hope that CMS will review the tribal consultation agendas and outcomes in question 2.2 to assure that the state engaged in tribal consultation in development of their outreach and education plan for tribal communities in question 2.3, including materials that address the special benefits and protections for American Indians and Alaskan Natives in the Marketplace and insurance Affordability programs. However, we also note that outreach and education is only one of many areas in which tribal consultation will provide better outcomes for AI/AN and the I/T/U.	Jennifer Cooper jcooper@nihb.org	Deny	This comment is not related to the burden of the data collection.
74	National Indian Health Board		2.2, 2.3	If applicable: Tribal Consultation: If a state has Federally recognized tribes, the Marketplace, in consultation with the Federally recognized tribes, has developed and submitted to HHS, a tribal consultation policy and process.	We want to underscore the importance of Tribes being involved in planning and implementation of all aspects of the Marketplace, not just outreach and education. For example, the I/T/U is affected by decisions made in Plan Management related to such things as use of the Indian addendum for provider contracts, network adequacy and payment by the federal government for cost sharing reductions. State-based Exchanges that have included tribal representation on all of their workgroups, or created a special Tribal workgroup, have designed Marketplaces that work much better in relation to the I/T/U and serving AI/AN.	Jennifer Cooper jcooper@nihb.org	Deny	This comment is not related to the burden of the data collection.
70	6 National Indian Health Board		2.2, 2.3	If a state has Federally recognized tribes: Tribal Consultation: If electing to conduct outreach and education activities, the State Partnership Marketplace, in consultation with the Federally recognized tribes, has developed and submitted to HHS a tribal consultation policy and process. If not electing to conduct outreach and education activities, the State Partnership Marketplace participates in the Federally-facilitated Marketplace (FFM) tribal consultation process related to applicable and relevant activities and functions of the State Partnership Marketplace.	CMS keeps trying to put Tribal issues under the umbrella of consumer and stakeholder engagement, but the policy issues are much broader than the outreach, education and enrollment topics that are typically on the agenda for consumer engagement. Specifically, there are issues related to the distinctive Indian health care delivery system, and the I/T/U providing services and getting paid for those services.	Jennifer Cooper jcooper@nihb.org	Deny	This comment is not related to the burden of the data collection.
5	National Indian Health Board	Other/Policy	2.3a	The SHOP Marketplace has developed an outreach and education plan that addresses outreach for each population or type of stakeholder, including those identified in 45 CFR 155.130, and metrics and criteria for assessing impact of outreach and marketing efforts.	We urge CMS to assure that the metrics proposed by the state include outcomes for enrollment in relation to enrollment objectives for specific population groups, including American Indians and Alaska Natives.	Jennifer Cooper jcooper@nihb.org	Deny	This comment is not related to the burden of the data collection.