

Tribal Technical Advisory Group

To the Centers for Medicare & Medicaid Services

c/o National Indian Health Board 926 Pennsylvania Avenue, SE Washington, DC 20003 (202) 507-4070 (202) 507-4071 fax

Submitted via e-mail: Andy.Slavitt@cms.hss.gov

June 26, 2015

Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

RE: Report on Definitions of who is Eligible for Benefits and Protections Provided to Indians

Dear Acting Administrator Slavitt:

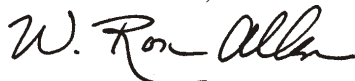
On behalf of the Tribal Technical Advisory Group (TTAG) of the Centers for Medicare and Medicaid Services (CMS), I write today to request an update on the status of a report requested in the Explanatory Statement of the FY 2015 Further and Consolidated Appropriations Act (P.L. 113-235). Conflicting definitions of Indian in the Affordable Care Act (ACA) (P.L. 111-148) have caused significant confusion in many Tribal communities because some Indian Health Service (IHS)-eligible individuals are not eligible for other ACA benefits such as an exemption from the individual tax penalty, cost sharing, and monthly enrollment periods based on the current interpretation of the law. Specifically, the Tribes request that this report be shared and reviewed with the TTAG before its submission. It is extremely significant to Tribes and tribal health programs.

The 2015 Further and Consolidated Appropriations Act Explanatory Statement (Division G) said: *“the Centers for Medicare and Medicaid Services (CMS) and the Internal Revenue Service should review federal regulations to determine who “is eligible as an Indian for the benefits and protections provided to Indians.”* The explanatory statement directs CMS to submit a report with the agency's findings to the Senate and House Appropriations Committees within 180 days of enactment.

As you know, Tribes and their advocates have been working to achieve an administrative or legislative fix to address eligibility inconsistency for health benefits under the ACA and elsewhere. We believe that this report is critical to advancing this effort in Congress and the Administration. The unique government-to-government relationship Tribes have with the federal government requires that the Tribes be involved in the review of this report. Our interpretation of current law has differed in the past and we would appreciate an opportunity to have a dialogue with CMS in order to ensure that information provided is consistent with current applications in Indian Country and that the report provides substantive information to Congress that can help address our joint goal of establishing a consistent definition of Indian for federally-funded health programs.

Thank you for your consideration of this request. Should you have any questions, please contact Devin Delrow, Director of Federal Relations at the National Indian Health Board, at ddelrow@nihb.org or (202) 507-4070.

Yours in Health,



W. Ron Allen

Tribal Chairman and CEO, Jamestown S'Klallam Tribe
Chairman, TTAG

Cc: Kitty Marx, Director, CMS Division of Tribal Affairs