Tribal Technical Advisory Group

To the Centers for Medicare & Medicaid Services

c/o National Indian Health Board | 50 F Street NW | Washington, DC 20001 | (202) 507-4070 | (202) 507-4071 fax

June 9, 2025

The Honorable Mehmet Oz
Administrator
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted via regulations.gov

Re: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2026 Rates; Requirements for Quality Programs; and Other Policy Changes (CMS-1833-P)

Dear Administrator Oz:

On behalf of the CMS Tribal Technical Advisory Group (TTAG), I write to provide a response to the Centers for Medicare and Medicaid Services (CMS) proposed rule Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2026 Rates; Requirements for Quality Programs; and Other Policy Changes (CMS-1833-P).

The TTAG leadership has long urged CMS to establish an Extraordinary Circumstances Exception (ECE) policy tailored specifically for Indian Health Service (IHS) and Tribally-operated healthcare programs, in recognition of the unique conditions and challenges present in Tribal communities. The TTAG also supports CMS's proposed modifications to the "applicable period" for the Hospital Readmissions Reduction Program Measure Set, as well as the proposed payment methodology for telehealth services. Our Tribal leadership urges CMS to engage in sustained collaboration with Tribal Nations, through consultations, to ensure all proposed policies reflect the unique, legally mandated federal responsibilities to Tribal Nations.

RECOMMENDATIONS:

Proposal to Update and Codify Extraordinary Circumstances Exception (ECE) Policy

The Tribal Technical Advisory Group (TTAG) supports expanded flexibility and clarification of the Extraordinary Circumstances Exception (ECE) policy across CMS hospital quality programs. TTAG leadership is in favor of CMS's proposal to update and

codify the ECE policy, including CMS's discretion to grant extensions for ECE requests under the Hospital Inpatient Quality Reporting (IQR) Program, Hospital Readmissions Reduction Program, Promoting Community Health through Quality Reporting (PCHQR) Program, Hospital-Acquired Condition (HAC) Reduction Program, and Hospital Value-Based Purchasing (VBP) Program. TTAG supports the proposal allowing hospitals to submit ECE requests within 30 days of the occurrence of an extraordinary circumstance and enabling CMS to grant ECEs in the event of an extraordinary circumstance that affected the ability of a hospital to comply with one or more applicable reporting requirements with respect to a fiscal year.

However, at present, there is no ECE policy specific to the Indian Health Service (IHS) or Tribally-operated healthcare programs. Although Tribal programs have submitted requests for exceptions to the CMS in previous fiscal years, a standardized policy has yet to be established. The TTAG leadership once again requests CMS to develop and implement a formal ECE policy tailored specifically for IHS and Tribal healthcare programs, in recognition of the distinct circumstances and extraordinary challenges these systems face.

Proposal to Modify the Applicable Period for the Hospital Readmissions Reduction Program Measure Set

The Tribal Technical Advisory Group (TTAG) supports this modification, as it would allow for the use of more current data in assessing hospital performance. For Tribal hospitals, hospital readmissions can fluctuate significantly from year to year due to emergent public health crises and other contextual factors. A shorter applicable period would better capture these variations and yield more accurate readmission metrics.

Reducing the data timeframe enhances the precision and timeliness of quality assessments, offering a clearer view of hospital performance related to care coordination and discharge planning. This approach also enables hospitals to implement more responsive and sustainable improvements, promoting more effective allocation of resources and ultimately supporting improved health outcomes in Tribal communities.

Telehealth Services

TTAG leadership supports CMS's proposal to modify the payment methodology for telehealth services under section 1834(m)(2)(A) of the Social Security Act. Specifically, we support the provision allowing reasonable cost-based reimbursement to participate in Critical Access Hospitals (CAHs) for telehealth services furnished by physicians or practitioners located at a distant-site CAH and billing under that facility.
Under this proposal, CMS would reimburse participating CAHs at 101 percent of reasonable costs when a TTAG views this modification as a meaningful step toward strengthening access to care in rural and Tribal communities and enhancing the financial sustainability of CAHs delivering telehealth services.

We appreciate CMS's expansion of cost-based reimbursement to participating in CAHs located at distant sites. This policy change enhances CAHs ability to access providers for telehealth services and supports recruitment and retention efforts. Additionally, it enables CAHs to maintain or expand telehealth services, which helps to reduce patient wait times and allows patients to receive care from the comfort and safety of their homes.

CONCLUSION

As CMS moves forward with this proposed rule, TTAG urges full and meaningful Tribal consultation to ensure active engagement with Tribal hospitals. We appreciate your consideration of the above comments and recommendations. We look forward to our continued collaboration with CMS to develop policies and solutions that uphold the federal trust responsibility to Tribal Nations to improve the quality and effectiveness of our health care programs serving our communities.

Sincerely,

W. Ron Allen, CMS TTAG Chair
Jamestown S'Klallam Tribe, Chairman/CEO