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 10, 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: Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program for Fiscal Year 2026

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; Prospective Payment System (PPS) and Consolidated Billing for Skilled Nursing Facilities (SNF); Updates to the Quality Reporting Program for Federal Fiscal Year 2026. The TTAG leadership supports the updated policies and payment rates used under the SNF PPS, and updates to the SNF Quality Reporting Program and SNF Value-Based Purchasing Program.

The TTAG leadership does not support CMS's proposal to reclassify some of the ICD-10 codes for Type 1 Diabetes Mellitus and Hypoglycemia from the clinical category of "Medical Management" to "Return to Provider." To support consistency, all Type 1 diabetes codes should be treated uniformly under ICD-10 coding guidelines. In addition, Type 1 diabetes should be coded equivalently to Type 2 diabetes to ensure appropriate coverage for inpatient stays related to severe metabolic complications. This unnecessary change would significantly disrupt healthcare access for American Indian and Alaska Native (AI/AN) communities, who face some of the highest rates of diabetes and related complications in the nation. Our TTAG leadership urges CMS to establish additional award incentive payments for SNFs operating on Tribal lands. These facilities provide essential care in challenging environments and rely on a culturally competent, highly skilled workforce. We appreciate the opportunity to provide comments on the proposed rule and offer the following recommendations.

RECOMMENDATIONS:

Proposed FY 2026 Payment Update

Market basket: The TTAG leadership supports the proposed FY 2026 SNF market basket percentage increase of 3.0 percent, which appropriately reflects changes over time in prices of mixed goods and services. This increase is especially important for underfunded Tribal facilities and can enhance their purchasing power and ability to acquire essential resources needed to maintain and improve the quality of care.

Wage Index Adjustment: The TTAG leadership supports the continued use of hospital inpatient wage data in the development of the wage index applied to SNFs. Utilizing hospital inpatient wage data provides a more stable and comprehensive reflection of labor costs, particularly in rural and Tribal areas where wage data specific to SNFs may be limited or inconsistent.

Other SNF PPS Issues – Proposed Clinical Category Changes for ICD-10 diagnosis codes: The Tribal Technical Advisory Group (TTAG) leadership does not support CMS's proposal to reclassify some of the ICD-10 codes for Type 1 Diabetes Mellitus and Hypoglycemia from the clinical category of "Medical Management" to "Return to Provider." This proposed change would have serious implications for the care of American Indian and Alaska Native (AI/AN) patients with Type 1 Diabetes.

Patients with type 1 diabetes mellitus are frequently admitted to a hospital. When patients are hospitalized with diabetes, providers work to minimize disruption to the metabolic states to prevent hypoglycemia, to return the patient to a stable glycemic balance. There are clinical instances where severe hypoglycemia without readily apparent etiology, which may not be diagnosable or classifiable at the time of transfer to a SNF, yet still require SNF level of care. An inpatient hospital stay may be critical for individuals and the change in code should remain at "Medical Management."

Hospitalization for individuals with Type 1 diabetes mellitus is often medically necessary to stabilize glycemic levels and prevent life-threatening complications, such as severe hypoglycemia or diabetic ketoacidosis. During inpatient stays, providers manage complex metabolic imbalances and adjust treatment protocols to return the patient to a safe and stable state. Reclassifying these codes to "Return to Provider" risks misrepresenting the clinical severity of the condition and may result in reduced access to critical inpatient care. This could increase the likelihood of adverse glycemic events and worsen patient outcomes.

This issue is especially urgent for AI/AN populations, who experience the highest prevalence of diabetes of any racial or ethnic group in the United States.[1] Tribes have led the way in addressing Type 2 diabetes, as demonstrated through the Special Diabetes Program for Indians (SDPI), which has significantly reduced diabetes

[1] Lucero JE, Roubideaux Y. Advancing Diabetes Prevention and Control in American Indians and Alaska Natives. Annu Rev Public Health. 2022 Apr 5;43:461-475. doi: 10.1146/annurev-publhealth-093019-010011. PMID: 35380066; PMCID: PMC9924140.

prevalence, reducing diabetes-related mortality, and lowering rates of complications such as diabetic eye disease.[2] However, chronic underfunding of Tribal health systems has resulted in many AI/AN individuals relying on inpatient hospital care for managing more severe or unstable cases, such as Type 1 diabetes. Changes to this code would threaten access to critical care for Tribal citizens' living with Type 1 diabetes and would further strain already limited healthcare resources for AI/AN populations.

Updates to the SNF Value-Based Purchasing Program

CMS proposes an additional award incentive payment to SNFs to promote improvements in the quality of care for Medicare beneficiaries**.** While TTAG supports this proposal, we strongly urge CMS to consider the development of additional bonus points or incentives specifically for SNFs operating within Tribally-operated long-term care facilities. Tailored incentives would recognize their vital role within Tribal communities.

Tribes frequently manage long-term care facilities in rural and remote areas, often serving as the sole resource for Elder care within their communities. Operating in these environments requires a uniquely skilled and culturally competent workforce, including SNFs, capable of delivering high-quality, culturally appropriate care within Tribally-operated SNFs. Recognizing this achievement through tailored incentives would not only support the sustainability of these essential services but could also enhance performance on SNF-reported measures—potentially leading to increased access to much-needed resources for chronically underfunded Tribal facilities.

CONCLUSION

Given the disproportionately high burden of disease and limited financial and healthcare infrastructure available to Tribal communities, it is essential that the current mapping of Type 1 Diabetes Mellitus and Hypoglycemia remain classified under “Medical Management.” This current classification is life-saving and changing this designation will harm access to care for AI/AN individuals. Any changes to the classification conflict with federal responsibilities to safeguard the health of Tribal citizens.

Our TTAG leadership appreciates your consideration of the above comments and recommendations and look forward to engaging with the agency further through consultation.

Sincerely,

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

[2] Indian Health Service Special Diabetes Program for Indians 2020 Report to Congress. (2020). Changing the Course of Diabetes; Charting Remarkable Progress. Retrieved from: https://www.ihs.gov/sdpi/reports-to-congress/.