



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

August 21, 2025

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

Submitted via regulations.gov

Re: Medicare and Medicaid Programs: Calendar Year 2026 Home Health Prospective Payment System Rate Update; Requirements for the HH Quality Reporting Program and the HH Value-Based Purchasing Expanded Model; Durable Medical Equipment, Prosthetics, Orthotics, and Supplies Competitive Bidding Program Updates; DMEPOS Accreditation Requirements; Provider Enrollment; and Other Medicare and Medicaid Policies (CMS-1828-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 on CMS-1828-P. The TTAG leadership deeply appreciates the proposed exemptions for Tribes from the Durable Medical Equipment (DME) competitive bidding process but are concerned about the proposed 6.4% payment cuts to home health services outlined in the CY 2026 Home Health Prospective Payment System (HH PPS) proposed rule.

The TTAG leadership would like to extend our deepest gratitude for exempting Tribes from the DME competitive bidding process. This has been a long-standing policy priority for TTAG, and if this rule goes into effect, many Tribal programs will be able to access DME services for the first time. For our Tribal communities, this exemption will allow Indian health care providers to receive reimbursement for the products they dispense to their patients. This will be a historic achievement for CMS and Indian health care providers, and we look forward to the implementation of this exemption.

CMS's proposed 6.4% cut to Medicare payments for home health agencies would create financial strains that would lead to reduced services, fewer patient admissions, and diminished care in rural areas. This adjustment would result in thousands of patients, including elderly, disabled, or managing chronic conditions, losing access to timely and skilled care in their own homes. Without access to Home Health services, many individuals will experience declining health, preventable hospitalizations, and

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premature placement in nursing homes. In Tribal communities, where services are already limited, this reduction could disrupt funding for high-quality clinicians at a time when recruiting and retaining a culturally responsive workforce is already a challenge. Tribes already receive low reimbursement rates, and additional cuts would jeopardize the quality of care in Tribal communities.

Reducing Medicare payments for HHA would drive higher costs for the healthcare system, placing greater strain on hospitals, nursing facilities, and state Medicaid programs.

Home Health is one of the most cost-effective, patient centered services Tribal community operate. While we greatly appreciate the proposal to exempt Tribes from the DME competitive bidding process, which would strengthen our operations, we urge you to consider the impact of the proposed 6.4% reduction to home health services. Cutting Medicare payments for HHA will weaken a proven safety net, shift the burden to already overtaxed institutions, and jeopardize the dignity and independence of our Tribal citizens.

Please don't hesitate to reach out to us if this request requires more clarification.

Sincerely,

A handwritten signature in black ink that reads "W. Ron Allen". The signature is fluid and cursive, with the first name "W." and last name "Allen" clearly distinguishable.

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