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

September 5, 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; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program (CMS-1832- 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 and Medicaid Programs; CY 2026 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; Medicare Shared Savings Program Requirements; and Medicare Prescription Drug Inflation Rebate Program.

Support of Amendments to Distant/Originating Site Requirements and Telehealth

TTAG leadership supports CMS's proposal to waive originating site requirements, allowing telehealth visits to originate in a beneficiary's home or place of residence, and to move all current "provisional" telehealth services onto the permanent list of telehealth services eligible for Medicare coverage. This amendment will modernize virtual care and reduce barriers for American Indian and Alaska Native (AI/AN) beneficiaries to receive critical services.

However, we urge CMS to include audio-only services in the originating site requirements for "provisional" telehealth services. Many Tribal communities are located in rural and remote areas without reliable broadband access. Requiring audio/video real-time communication will make health care delivery inaccessible in these locations.

Direct Supervision and Teaching Physicians' Billing for Services Involving Residents with Virtual Presence

Our Tribal leadership greatly appreciates CMS's proposal to permanently adopt a definition of direct supervision that allows "immediate availability" of a supervising practitioner through real-time audio/video communications technology. This amendment will expand access to practitioners at a time of extreme provider shortages.

TTAG leadership supports CMS's proposal allowing teaching practitioners to have a virtual presence for billing purposes when services are furnished virtually. This flexibility, which may involve a patient, resident, and teaching physician in separate locations, is essential for Tribal health programs serving rural and remote patients where on-site practitioners are unavailable and provider shortages are severe.

Frequency Limitations

TTAG leadership support CMS's proposal to permanently remove frequency limitations on furnishing services via telehealth for codes related to subsequent inpatient visits, subsequent nursing facility visits, and critical care consultations.

Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) Telehealth.

TTAG leadership supports CMS proposing to adopt care management services established and paid under the PFS as care coordination services for purposes of separate payment for RHCs and FQHCs. This change would allow Tribal RHCs and FQHCs to receive separate reimbursements for providing care management and coordination services, helping them better support patients with chronic conditions and transitions of care while strengthening clinic revenue.

We support the proposal for RHC and FQHC services and supplies requiring direct supervision to permanently adopt a definition of direct supervision, that allows physicians or supervising practitioners to provide such supervision through real-time, interactive audio/visual telecommunications.

Proposal for Covered Entities to Submit 340B Claims Data to the 340B Repository

The proposed CMS policy to require covered entities, including FQHCs, CAHs, and DSH hospitals, to begin submitting new data fields to the 340B repository in 2026 could have significant implications for the Indian health system. While CMS notes this testing phase would not immediately impact 340B savings, the reporting requirement would increase the administrative burden on Tribal and IHS facilities that already operate with limited staff and resources. Over time, this data collection could be used to restrict or reduce 340B savings on Part D claims, which are critical for Tribal programs to sustain and expand patient care services. This proposal signals potential future policy shifts, making it essential for Tribes to engage early to advocate for protections that preserve 340B savings, minimize reporting burdens, and respect Tribal sovereignty.

Sincerely,

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