

# CMS Division of Tribal Affairs



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# Role of CMS Division of Tribal Affairs

- **CMS Division of Tribal Affairs (DTA) is within the Children & Adults Health Programs Group (CAHPG) in the Center for Medicaid and CHIP Services (CMCS).**
- **DTA serves as the primary point of contact for all Indian health issues related to CMS programs.**
- **DTA Works collaboratively with the Native American Contacts (NAC) who are located within the Medicaid Operations Group (MCOG) within CMCS to provide regional technical assistance to our Tribal and Federal partners.**



# History of Indian Health and Medicare and Medicaid

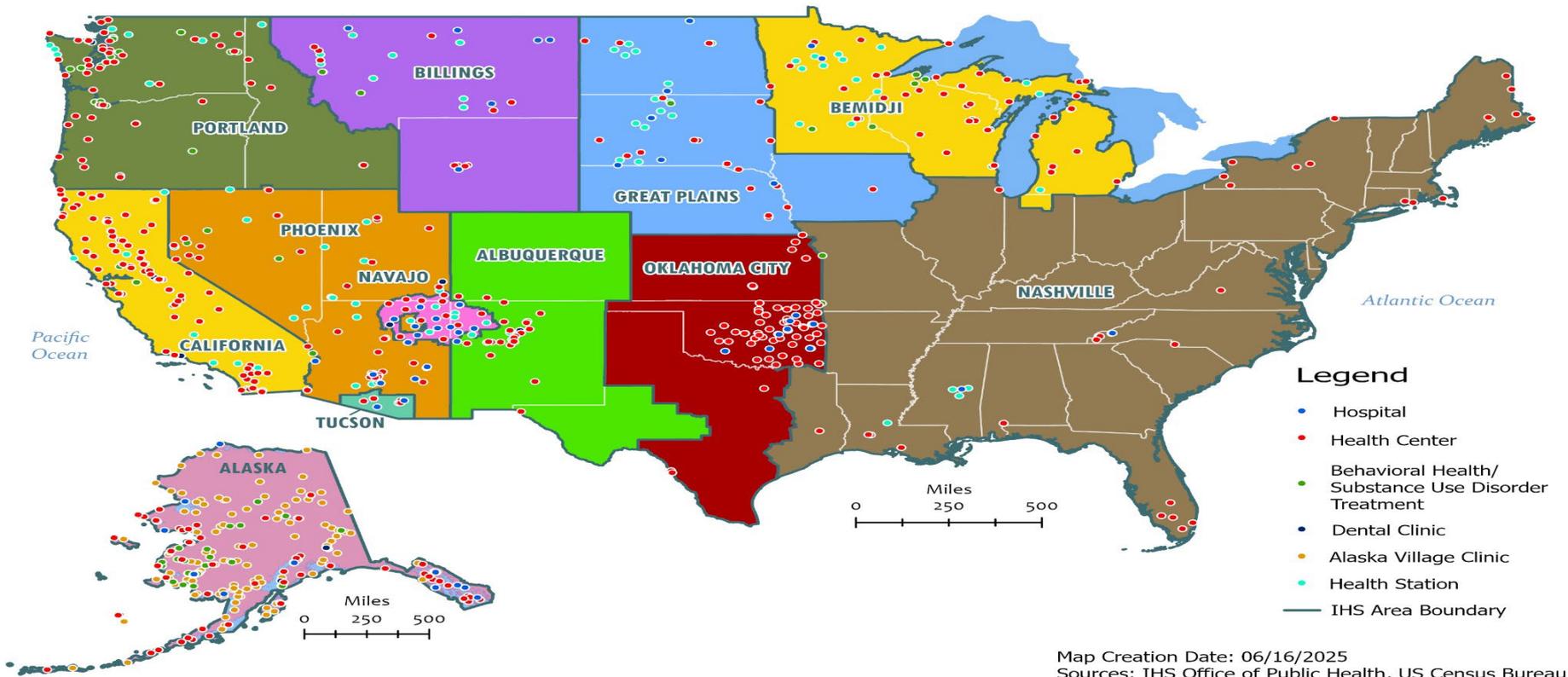
- In 1976, Congress authorized IHS and Tribal hospitals and clinics to receive reimbursement for services provided to Medicare and Medicaid patients.
- IHS publishes its reimbursement rates in the Federal Register on an annual basis. This rate is called the All- Inclusive Rate (AIR), OMB rate, or Encounter Rate.
- The authority to bill Medicare and Medicaid is unique among all other federal health programs.
- The VA and DOD do not have this authority.



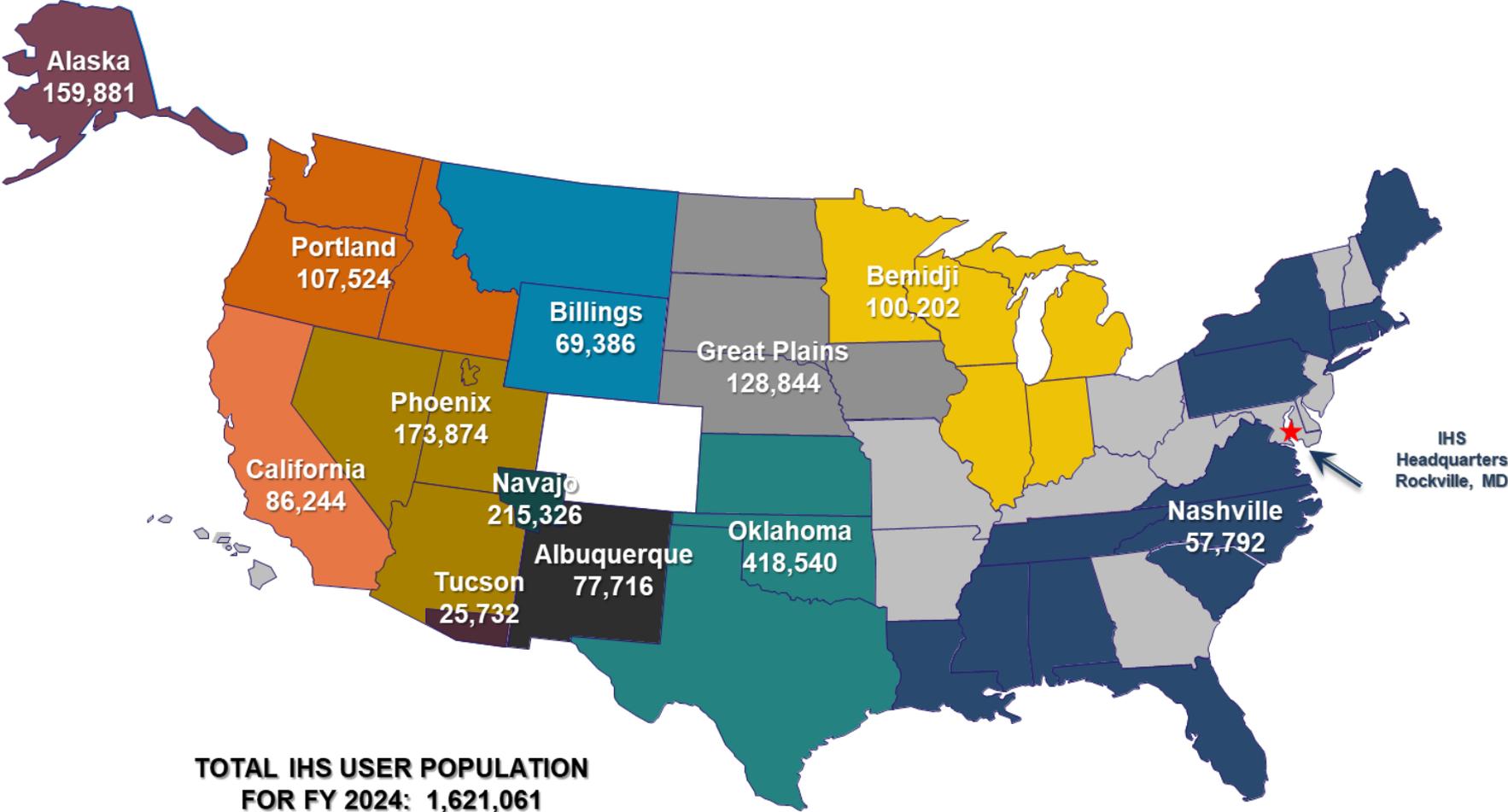
# IHS & Tribal Sites



## IHS, Tribal, & Urban Indian Health Facilities



# CMS Native American Contacts



# CMS Tribal Consultation

- **CMS has an agency-specific Tribal Consultation Policy.**
- **Many CMS policies and regulations can have a direct impact on Tribes. Tribal consultation is important in addressing the unique needs of AI/ANs and the Indian health system.**
- **CMS holds Tribal consultation sessions through formal face-to-face meetings, All Tribes Calls, Dear Tribal Leader letters, and comments received through the rulemaking process.**

<https://www.cms.gov/outreach-and-education/american-indian-alaska-native/aian/downloads/cmstribalconsultationpolicy2015.pdf>



# CMS Tribal Technical Advisory Group

- **CMS supports a Tribal Technical Advisory Group (TTAG), which provides advice and technical expertise on CMS policies, guidelines and programmatic issues.**
- **The CMS TTAG is comprised of representatives from each of the 12 IHS geographic areas and includes representation of national Indian organizations and IHS.**



# Supporting the Indian Health System

**The Division of Tribal Affairs works closely with the Indian Health Service, Tribes and Tribal organizations, and urban Indian organizations (ITU) to:**

- Address operational and policy concerns.**
- Assist ITUs in their work with CMS, including technical assistance on questions related to CMS programs, including Medicare, Medicaid, the Marketplace, the Quality Payment Program, and Survey and Certification requirements for ITU facility certification.**



# Medicaid and CHIP: AI/AN Cost Sharing Protections

**AI/ANs have the following Medicaid and CHIP protections:**

- **No premiums or enrollment fees.**
- **AI/ANs may enroll at any time.**
- **No cost-sharing for AI/ANs enrolled in CHIP.**
- **No cost sharing in Medicaid if the beneficiary has ever used an Indian health care provider (IHS or Tribal) or received services through Purchased/Referred Care.**
- **Certain types of Indian income and resources are not counted when determining Medicaid or CHIP eligibility.**



# Marketplace and Tribal Members

- **Income that is subject to federal income tax is counted for the Marketplace.**
- **Special Enrollment Period (SEP): Tribal members can enroll in the Marketplace at any time during the year in a Zero or Limited Cost Sharing Plan.**
- **If one family member on the application is eligible for the SEP, all family members who apply on the same Marketplace application are eligible.**
  - **This is true even if different family members are eligible for different Marketplace plans as long as they use the same application.**



# Marketplace: Zero Cost-Sharing Plans

## Zero Cost-Sharing Plans:

- For AI/ANs with incomes between 100-300% FPL
- You do NOT need a referral for services received outside the Indian health system to avoid cost-sharing, co-insurance, or deductibles



# Limited Cost-Sharing Plans

## Limited Cost Sharing Plans:

- For AI/ANs with incomes less than 100% and more than 300% FPL
- You do need a referral for services received outside the Indian health system to avoid cost-sharing, co-insurance, or deductibles



# Medicare Part C

## Enrollment and Disenrollment

### **Special Enrollment Period for Exceptional Circumstances:**

- **For those who think they were misled in enrolling in a Medicare Advantage or MA plan or don't know how they became enrolled in an MA plan, there is a Special Enrollment Period (SEP), on a case-by-case basis, for individuals whom CMS determines have experienced exceptional circumstances.**
- **Individuals should contact 1-800-Medicare and file a complaint or request an SEP.**



# AI/AN Quality Improvement Program

- Health care quality has long been a concern for AI/AN populations.
- To address these concerns and improve the quality of care offered in Indian health facilities, CMS worked closely with IHS and Tribal partners to develop a dedicated AI/AN Quality Improvement Organization Program (AI/AN QIO Program) under the Center for Clinical Standards and Quality's (CCSQ).
- The purpose of the QIO program is to support quality and patient safety for health care facilities serving Tribal populations.
- This will be a five-year program (January 6, 2025 - January 5, 2030).



# What services are included in the AI/AN QIO Program?

- **No-cost training and assistance from experienced quality and safety leaders, implementation scientists, and clinical subject matter experts.**
- **Virtual and in-person support from a dedicated QI advisor.**
- **Tailored support to achieve facility and community QI priorities and goals.**
- **Staff skill development to lead and participate in improvement efforts.**
- **Collaboration with other health care providers serving AI/ANs across the country.**



# Additional DTA Updates

- **Working Families Tax Cut (WFTC) legislation—3 Tribal exceptions**
- **1115 Demonstration proposals for Medicaid coverage of Traditional Health Care Practices (THCP)**
- **Medicaid Managed Care Toolkit**



# Medicaid Working Families Tax Cut Legislation

- On November 18, 2026, CMS issued guidance that includes Appendix D, which is Applicability to American Indians and Alaska Natives.
- The Appendix includes a summary of the Tribal exceptions in the WFTC legislation.
- CMS is still analyzing the impacts of the provisions on American Indian and Alaska Native Medicaid beneficiaries and is committed to continuing to work with Tribes on future guidance.

<https://www.medicaid.gov/federal-policy-guidance/downloads/cib11182025.pdf>



# Applicability to American Indians and Alaska Natives

Section	Provision	Applicable to American Indians and Alaska Natives?
Section 71107	Eligibility Redeterminations	Does not apply to AI/ANs described in subsection (xx)(9)(A)(ii)(II) <sup>58</sup>
Section 71119	Requirement for States to Establish Medicaid Community Engagement Requirements for Certain Individuals	Does not apply to AI/ANs described in subsection (xx)(9)(A)(ii)(II) <sup>59</sup>
Section 71120	Modifying Cost Sharing Requirements for Certain Expansion Individuals under The Medicaid Program	Does not apply because existing cost sharing exemptions for certain American Indians and Alaska Natives are not changed by this section and still apply <sup>60</sup>



# Traditional Health Care Practices

## Traditional health care practices:

- Practices that are delivered by IHS or Tribal facilities.
- **Eligible Beneficiaries:** Any Medicaid beneficiary eligible to receive services at an IHS or Tribal facility.
- THCP Practitioners must be employed or contracted by ITU facilities.



# Traditional Health Care Practices

- **CMS has determined that these services can be covered under Medicaid, but only under an 1115 demonstration, NOT through the Medicaid State Plan**
  - **CMS has issued a waiver template to make it easier for states to apply**
- **There are 4 approved 1115 demonstrations for Medicaid coverage of traditional healthcare practices: AZ, CA, OR, and NM.**
  - **Other states have also expressed interest in implementing**



# Medicaid and CHIP Managed Care Oversight Toolkits

- On October 30, 2023, CMS released the Tribal Protections in Medicaid and CHIP Managed Care Oversight Toolkit.
- The Toolkit builds on recommendations from a National Indian Health Board Managed Care Roundtable Report released in August 2022
- The Toolkit provides resources for states, managed care plans, and IHCPs to use to maximize the benefits of Medicaid and CHIP managed care for AI/AN enrollees and the IHCPs.

[https://www.nihb.org/docs/phrc-uploads/08152022/medicaid-managed-care-report\\_final\\_08102022.pdf](https://www.nihb.org/docs/phrc-uploads/08152022/medicaid-managed-care-report_final_08102022.pdf)



# DTA Fact Sheets and Brochures



**DTA Website has Fact Sheets and brochures with important information about CMS Coverage and Indian Health facilities in your state and more!**

## My Health— CHILDREN'S HEALTH CHECKLIST

Use this checklist to make sure your child is getting the preventive health care he or she needs during well-child visits to the doctor. These services are free with Medicaid, the Children's Health Insurance Plan (CHIP), and insurance plans purchased through the Health Insurance Marketplace. Learn more at <https://www.healthcare.gov/preventive-care-children/> or talk to your health care provider at your local IHS, tribal, or urban clinic.

For all children (0-17)	Done
Annual well baby visits	
Autism screening (at 18 and 24 months)	
Behavioral assessment	
Blood pressure check	
Developmental screening (under age 3)	
Fluoride supplements (children without fluoride in their water)	
Height, weight, and body mass index measurements	
Hemoglobin screening	
Immunizations (ask your doctor which vaccines your child needs)	
Lead screening	
Obesity screening and counseling	
Oral health risk assessment (ages 0-10)	
Tuberculosis testing	
Vision screening	
For adolescents (11-17)	Done
Alcohol, smoking, and drug assessment	
Hypothyroidism screening	
Sexually transmitted infection counseling and screening	
Suicide and depression screening	

**Sign up**

- Visit your Indian health program.
- Go online to [healthcare.gov](https://www.healthcare.gov), or
- Call 1-800-318-2596

HealthCare.gov @CMSGov #CMSNativeHealth



# Monthly Drop-in “News Ads” and Radio Clips



**30-second radio clips on the same topic selected for drop-in “news shorts.”**

**Recorded in ten Native languages:**

**Dine, Lakota, Ojibwe  
Yupik, Zuni, Cherokee, Salish,  
Tohono O’odham, Tlingit,  
and Inupiaq**

**February 2026  
Available on YouTube**

# Tribal Calendar



# CMS AI/AN Website: [go.cms.gov/AIAN](http://go.cms.gov/AIAN)

Home | About CMS | Newsroom | FAQs | Archive | Share ? Help ? Pri

Learn about [your health care options](#)  Search

**CMS.gov**  
Centers for Medicare & Medicaid Services

Medicare | Medicaid/CHIP | Medicare-Medicaid Coordination | Private Insurance | Innovation Center | Regulations & Guidance | Research, Statistics, Data & Systems | Outreach & Education

Home > Outreach and Education > Look up topics > American Indian/Alaska Native > Outreach and Education > Outreach and Education Resources

## Outreach and Education Resources

The Outreach and Education Resources page provides access to outreach materials and resources to support the efforts of Indian health care providers and application assisters to enroll American Indians and Alaska Natives (AI/ANs) into programs administered by CMS. Congress has enacted Indian-specific provisions to eliminate barriers and ensure improved access and enrollment of AI/ANs into Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace. The resources are sorted by [specific outreach topics](#) below, such as the health insurance Marketplace, Medicaid and CHIP, Medicare, and AI/AN health coverage data.

Even with these statutory provisions to address barriers to enrollment, AI/ANs have high rates of un-insurance in the United States. For instance, in 2015, 21% of AI/ANs (down from 43% in 2013) were uninsured, which is nearly twice the rate for African Americans, and approximately 12% more than the rate of non-Hispanic Whites. In addition, AI/ANs experience greater health disparities (e.g., diabetes and chronic liver disease) and higher mortality rates than other Americans.

### Enrollment Matters

Enrollment in CMS programs benefits AI/AN individuals, their families, and their communities. Enrollment helps reduce health disparities and improves health status by providing AI/ANs with greater access to preventive and specialty care. Indian health care providers who enroll their patients can use the saved funding and resources on uninsured patients. Find more strategies to enroll AI/AN families and children on [Medicaid.gov's Indian Health page](#).

Health coverage through CMS programs ensures that AI/ANs can get health care when and where they need it. CMS provides these outreach and education materials to help you reach out to AI/ANs who are eligible for, but not enrolled in, CMS programs.

**New Public Service Announcements**

Share This Month's Ad **Pop Quiz! Do your kids have** **Newsletter – Covering**

Outreach and Education Resources

- English PSAs
- For Enrollment Professionals
- Introducing the ACA
- Native Language PSAs
- Lakota PSAs
- Navajo PSAs
- Ojibwe PSAs
- Yupik PSAs
- Zuni PSAs
- Medicaid and CHIP
- Medicare for American Indians and Alaska Natives
- Newsletter Archive
- Using Insurance and the Marketplace
- What's Covered

Downloaded from this site, or they can be ordered from the CMS Warehouse.



### The Health Insurance Marketplace

Find tips about the Marketplace and finding a plan that fits AI/AN needs.

- [Introducing the ACA](#)
- [What's covered?](#)
- [For enrollment professionals](#)



### Medicaid and CHIP

Learn about Children's Health Insurance Program (CHIP) and Medicaid benefits, including special provisions for AI/AN people.

- [Medicaid Basics \(Fact Sheet, 573 KB\)](#)
- [Additional Resources](#)



### Medicare

Discover AI/AN benefits under Medicare.

- [Medicare Basics \(Fact Sheet, 2.5 MB\)](#)
- [Medicare Savings Program \(Brochure, 383 KB\)](#)
- [Additional Resources](#)



### Enrollment Assistance

Find resources to help enrollment assisters explain health insurance to patients and sign them up for coverage.

# Opportunities for DTA Collaboration

- **Prevention/Chronic Disease Management**
- **Reducing Fraud**
- **Improving Health Care Quality**



# Links: Resources

- **DTA-NAC sheet: TBD**
- **Indian Health 101 Video:**  
<https://www.youtube.com/watch?v=I2EnR88gIZM>
- **Tribal Products Ordering Page:** <https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/how-order-tribal-products>
- **ITU Trainings Page:** <https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/trainings>
- **Outreach and Education page:** <https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/outreach-education-resources>



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**For additional information:**

- **DTA Website: [go.cms.gov/AIAN](https://go.cms.gov/AIAN)**
- **Technical Assistance Mailbox for Tribes:  
[TribalAffairs@cms.hhs.gov](mailto:TribalAffairs@cms.hhs.gov)**

