CMS Division of Tribal Affairs

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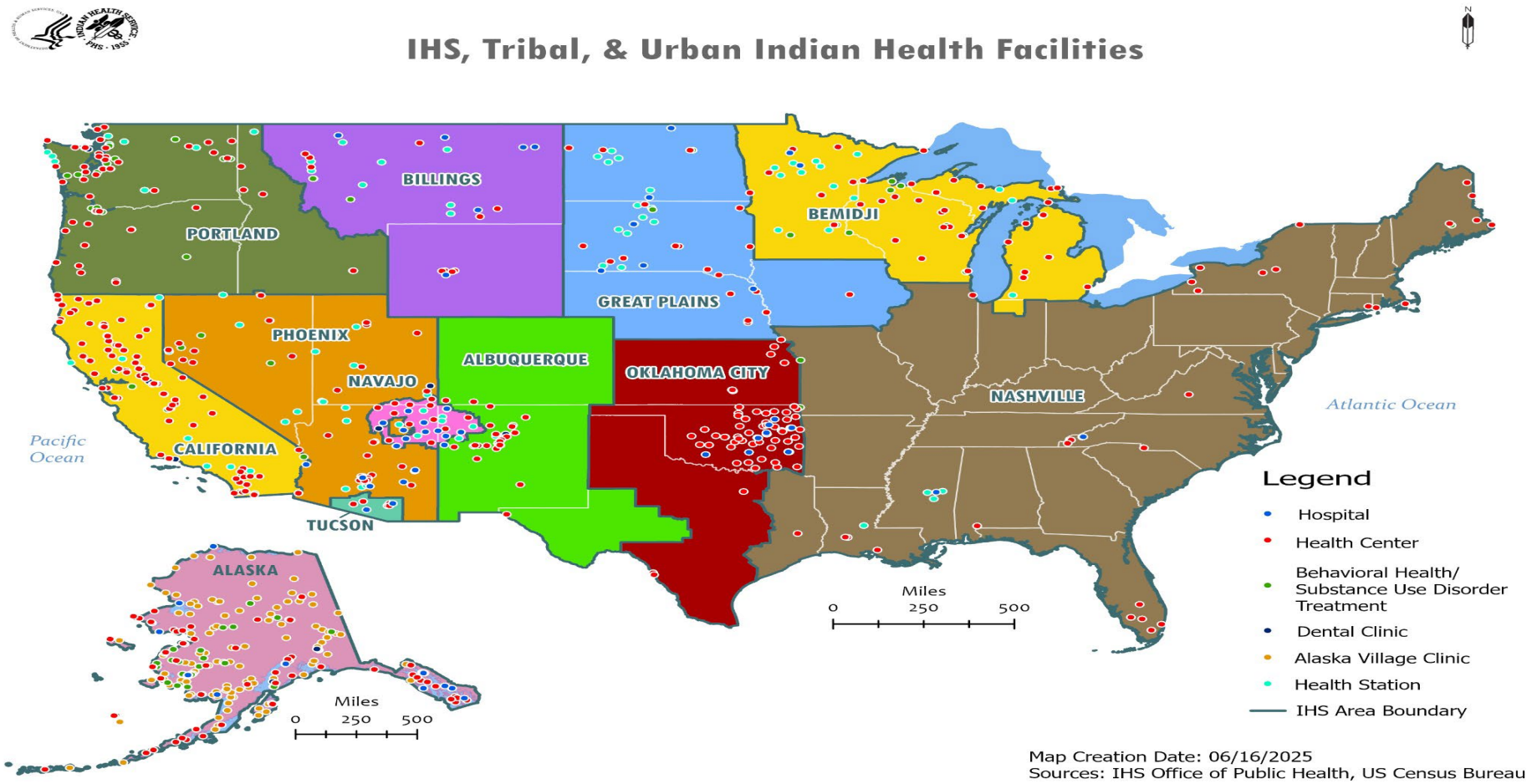
Role of CMS Division of Tribal Affairs

- **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.**

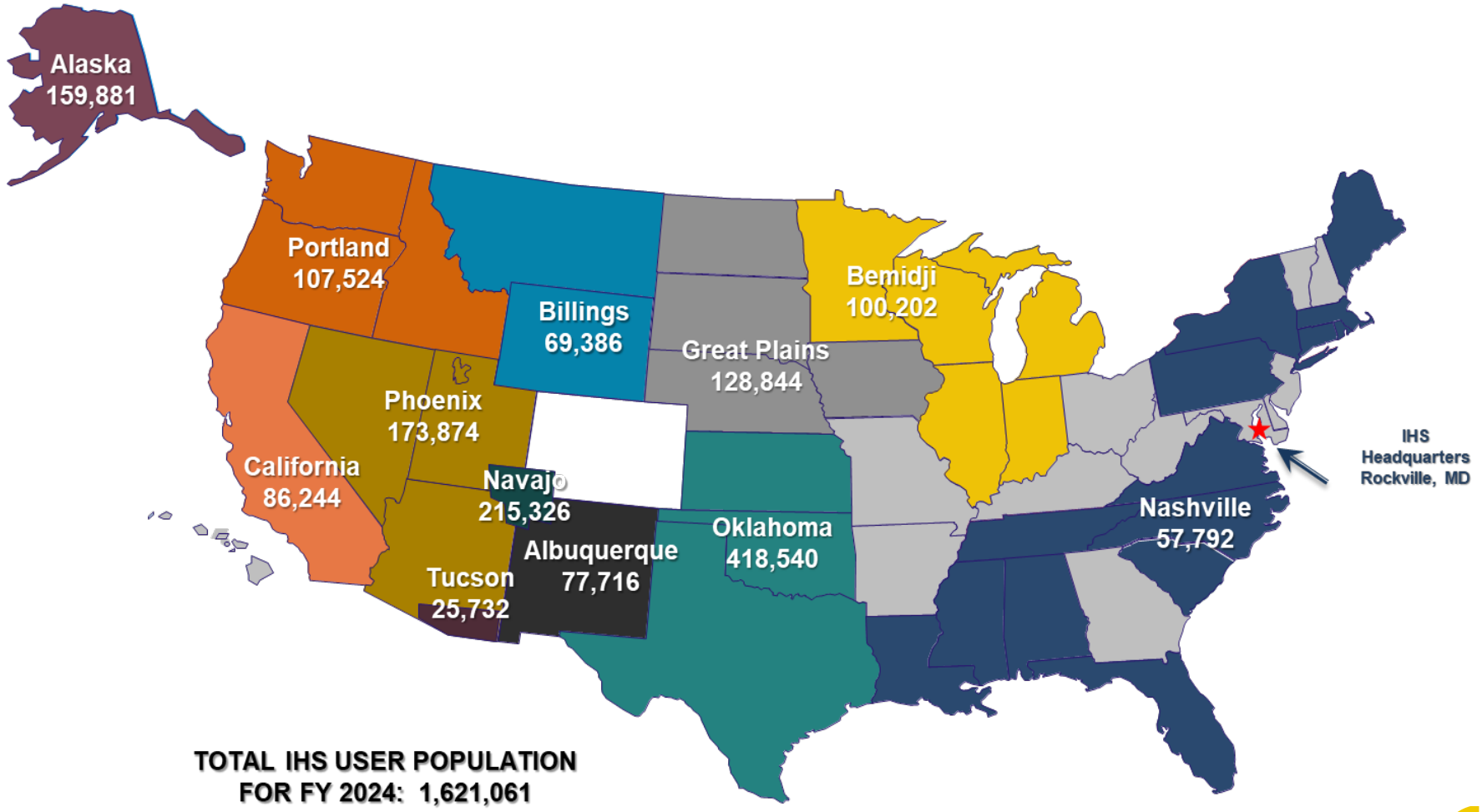
History of Indian Health and Medicare and Medicaid

- 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



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)[58]
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)[59]
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[60]

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

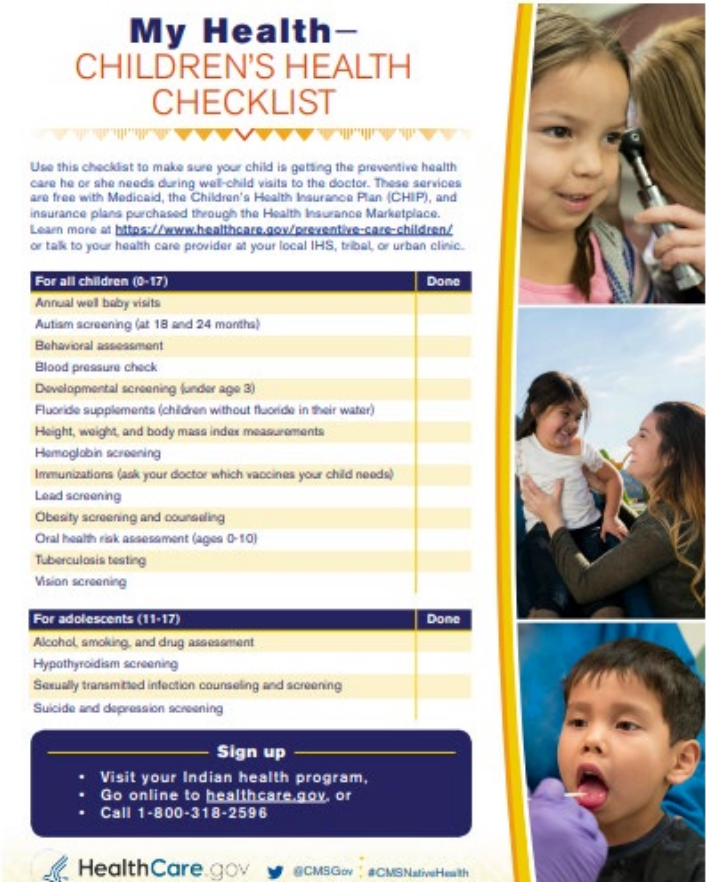
- **CMS has determined that these services can be covered under Medicaid, but only under an 1115 demonstration, NOT through the Medicaid State Plan**
  - **CMS has issued a waiver template to make it easier for states to apply**
- **There are 4 approved 1115 demonstrations for Medicaid coverage of traditional 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

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!

Monthly Drop-in “News Ads” and Radio Clips

February 2026
Available on YouTube

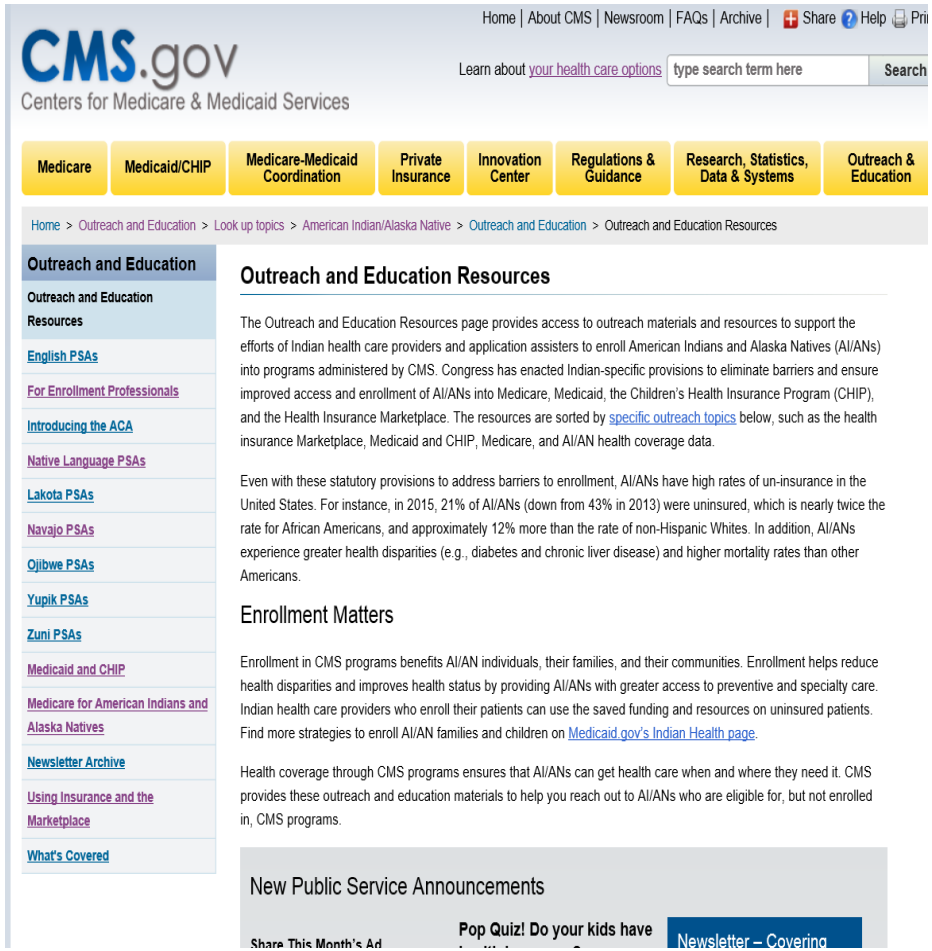
30-second radio clips on the same topic selected for drop-in “news shorts.”

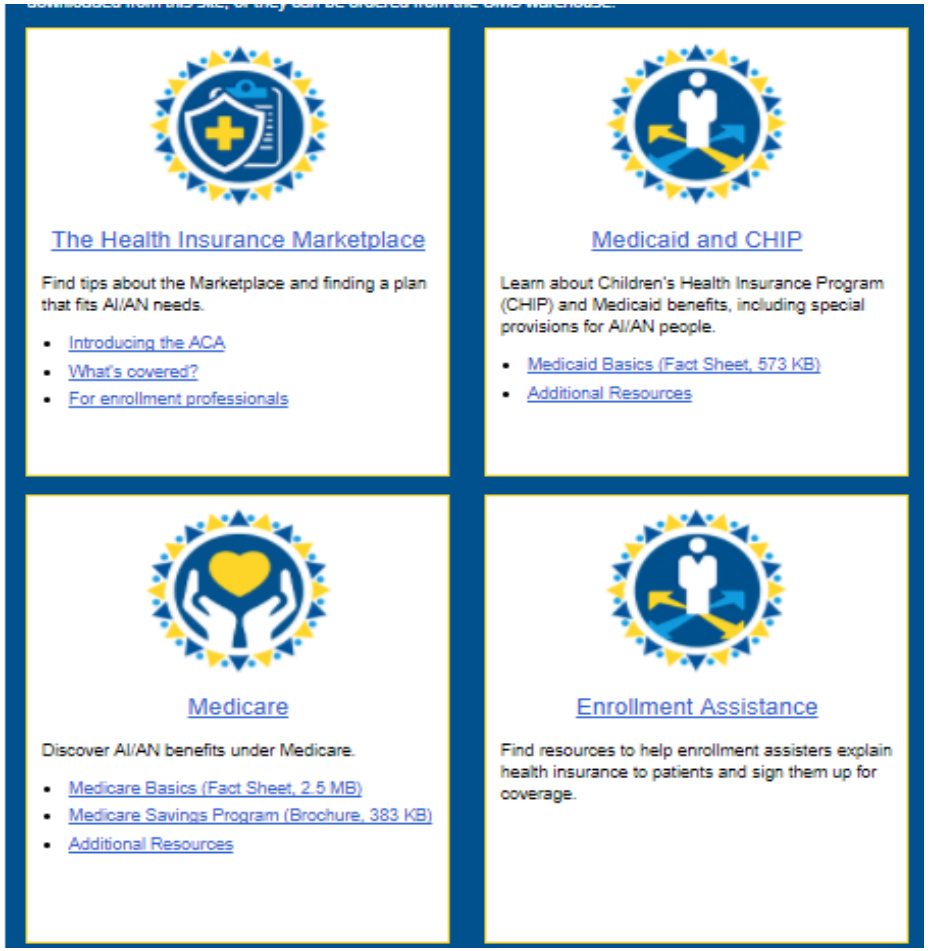
Recorded in ten Native languages:

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

Tribal Calendar

CMS AI/AN Website: go.cms.gov/AIAN





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**
- **Technical Assistance Mailbox for Tribes: TribalAffairs@cms.hhs.gov**