



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

May 7, 2026

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

Submitted via regulations.gov

Re: Agency Information Collection Activities: Proposed Collection; Comment Request (CMS-10949)

Dear Administrator Oz:

On behalf of the Centers for Medicare and Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG), we write to respond to the CMS notice for comment regarding reporting for the Rural Health Transformation (RHT) Program. We appreciate CMS' efforts to improve access to quality healthcare in rural and underserved areas and recognize the program's importance to advance healthcare across Indian Country. For the RHT Program to be effective in Indian Country, it is essential that CMS' required reporting provide transparency and meaningful insight into how program funds are allocated to and benefit Tribes, Tribal organizations, Tribal consortia, and Urban Indian Organizations (UIOs).

Tribal Specific Reporting Measures

TTAG strongly recommends that CMS require states to include Tribal specific data elements, including but not limited to:

- The number of Tribal Nations, Tribal organizations, Tribal consortia, and UIOs located within the State;
- The number of rurally designated areas covered by Tribal health systems located within the State;
- The number of Tribal Nations, Tribal organizations, Tribal consortia, and UIOs that applied for RHT Program funding;
- The number of Tribal applicants that received awards;

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- How each Tribal recipient is formally classified by the State for purposes of the RHT Program (e.g., awardee, grantee, sub recipient, contractor, or other designation):
- The amount of baseline and performance based workload funding awarded to each Tribal entity; and
- Changes in funding allocations to Tribal awardees across current and future budget periods.

These measures are necessary to ensure CMS can accurately assess program reach and impact in Tribal communities and to support CMS' recalculation of state technical scores and workload funding amounts as described in the proposed information collection. CMS should utilize Tribal recipient classification data in particular to identify when Tribes, Tribal organizations, and UIOs are limited in meaningful participation in the program.

Quarterly Reporting Considerations

Given the quarterly reporting requirement, TTAG recommends that CMS use these reports to identify late, incomplete, or missing submissions that affect Tribal participation or funding flow. CMS should proactively engage with states to address reporting challenges early and conduct targeted outreach where deficiencies may increase administrative or reporting burden on Tribes, Tribal organizations, Tribal consortia, and Urban Indian Organizations.

CMS should also instruct states to ensure that quarterly reporting processes and timelines do not inadvertently shift administrative burden onto Tribal partners, particularly where Tribes are required to provide data to states without corresponding technical assistance or support. CMS TTAG encourages CMS to adopt reporting requirements which are the least burdensome on subgrantees which will allow the majority of funds to be appropriately directed to programmatic activities, and to align reporting metrics with existing reporting requirements and metrics so grantees and subgrantees do not need to invest in new reporting tools and process which will ultimately detract from the mission of the RHT Program.

Annual Reporting and Tribal Engagement

TTAG further urges CMS to require states, through the annual reporting process, to document Tribal engagement and consultation efforts conducted during the RHT Program grant period. At a minimum, annual reports should describe:

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- How states engaged with Tribal governments, Tribal organizations, and UIOs during the program planning and implementation phases;
- How input and feedback provided by Tribal governments, Tribal organizations, and UIOs are incorporated into states' final plans;
- Challenges identified by Tribal entities related to RHT Program participation and reporting; and
- Actions taken by states in response to concerns raised by Tribal and UIOs.

Throughout the development of the RHT Program, TTAG has consistently emphasized the importance of meaningful Tribal consultation to ensure RHT Program funding flows to Indian Country. Annual reporting provides CMS with a critical tool to evaluate whether States are meeting these expectations and honoring CMS's federal trust responsibility in the design and oversight of the RHT Program. TTAG further requests CMS program officers document Tribal and UIO engagement in state visit reports, consistent with Administrator Oz and Deputy Administrator Klomp's commitment to meet with Tribal leaders during state visits.

Conclusion

TTAG appreciates CMS's consideration of these recommendations and believes that incorporating Tribal specific reporting requirements into RHT Program reporting will strengthen program oversight, promote transparency, and improve outcomes for Tribal communities. In addition, TTAG requests that CMS annually share aggregate Tribal-specific data derived from state reports in support of TTAG's advisory role. We look forward to continued collaboration with CMS to ensure the RHT Program meaningfully advances healthcare access, quality, and outcomes in Indian Country.

Sincerely,



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

CC: Mark Cruz, Senior Advisor to the Secretary
Rachel Ryan Pederson, Acting Director, CMS Division of Tribal Affairs