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

July 8, 2026

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

Submitted via regulations.gov

Re: Medicaid Program; Community Engagement Requirement for Certain Individuals (CMS-2454-IFC)

Dear Administrator Oz:

On behalf of the CMS Tribal Technical Advisory Group (TTAG), I write to respond to the Centers for Medicare and Medicaid Services (CMS) Interim Final Rule with Comment Period (IFC), "Medicaid Program; Community Engagement Requirement for Certain Individuals" (CMS-2453-IFC). TTAG appreciates CMS' commitment to implementing the statutory exclusion for American Indians and Alaska Natives (AI/ANs) and recognizes several critical provisions included in the IFC. Specifically, TTAG appreciates CMS's decision to adopt the existing Medicaid definition of "Indian," recognize AI/ANs as specified excluded individuals, and acknowledge that AI/AN status is not subject to reverification. While the IFC establishes an important foundation for the states' implementation of the AI/AN exemption, TTAG recommends additional clarifications in the IFC to ensure effective implementation and to reduce the burden on the states, Indian health providers, and, most importantly, AI/AN Medicaid beneficiaries. TTAG provides the following comments and recommendations for consideration.

Clarify Verification Standards to Minimize Administrative Burden for AI/AN Beneficiaries

The IFC instructs the states to use existing data collected in a Medicaid application and to follow existing verification policies to confirm that an individual qualifies for current Medicaid exemptions for cost-sharing, special types of income, estate recovery, marketplace cost-sharing, and eligibility for special enrollment periods. The rule also

explains that states do not need to reverify someone's status as an AI/AN or their qualification as an IHS-eligible beneficiary on this basis. TTAG strongly supports the IFC policy that AI/AN status is not subject to reverification, and that states must rely on existing eligibility and enrollment data systems where such information is available. We applaud CMS for this consideration. However, we believe CMS can do more to improve the implementation of this provision in the IFC.

TTAG further recommends that CMS update the IFC to advise states that the standard practice is to accept self-attestation as sufficient to establish eligibility for the Tribal exemption, unless there is a specific, clearly documented reason to question the attestation. This practice builds on the current policies that State Medicaid programs use to implement statutory exemptions for AI/AN Medicaid beneficiaries. It provides States and Tribes with the greatest flexibility to implement the Tribal exemption from community engagement requirements effectively. This standard should apply uniformly to new and renewal applicants applying for Medicaid and AI/AN beneficiaries in the Medicaid system. TTAG recommends that CMS advise states to refrain from imposing additional verification requests as a routine condition of determining the applicability of the community engagement exclusion when existing data systems may not contain such information.

Clarify Data Sharing Responsibilities and Tribal Access to Eligibility Information

The IFC's framework depends on timely and accurate data exchange for program integrity and oversight, and TTAG appreciates CMS's commitment to addressing issues that arise during implementation. However, additional data-sharing guidance for states with Tribes, Tribal Organizations, and Urban Indian Organizations is needed so Indian health care providers can identify AI/AN beneficiaries at risk of losing coverage due to misclassification, erroneous community engagement requirements, or procedural disenrollment.

TTAG recommends CMS update the IFC to explain that State Medicaid agencies are authorized to allow data sharing in accordance with the Health Insurance Portability and Accountability Act (HIPAA). This update is important because it would extend to Tribal health organizations, treating them as "Business Associates," and require states to share data with other integrated Tribal organization partners that provide clinical care and joint management (e.g., Medicaid eligibility and benefit assistance) for shared patients. These organized arrangements, such as the Alaska Tribal Health System (ATHS), have the necessary HIPAA policies and procedures to administer and manage data with other Tribal health organizations properly. Without such direction, the states

may be willing to share data through one-to-one arrangements but not to share it with other Tribal partners.

CMS should further clarify that state reporting obligations under the IFC apply solely to states and that states cannot interpret any rules or regulations as creating any obligation for Tribes, Tribal Organizations, or Urban Indian Organizations to provide eligibility or enrollment data to states. TTAG further requests that CMS advise states to share data with Tribal entities within their borders to ensure Tribal health systems have timely access to eligibility information needed to identify misclassification, prevent the improper application of community engagement requirements, and address potential coverage disruptions, like procedural disenrollment for non-compliance.

Monitoring and Transparency of AI/AN Exclusion Implementation

TTAG supports CMS's proposal to collect data to monitor implementation of the community engagement requirement and evaluate its impact on eligibility, enrollment, and retention. Because AI/AN beneficiaries are statutorily excluded from the community engagement requirement, TTAG requests that CMS collect sufficient information to assess whether states are correctly identifying and excluding AI/AN beneficiaries and newly enrolled AI/AN beneficiaries. TTAG further requests that CMS utilize this data, and require the states to develop reporting dashboards, to take corrective action and mitigate issues implementing Tribal exemptions and exclusions. This data should include exemption determinations, verification practices, procedural denials, renewals, and disenrollments. This data is necessary to identify implementation issues early and support corrective action where needed. Such monitoring and transparency are essential to ensure that AI/AN beneficiaries are not subject to improper administrative burden, misclassification, or loss of coverage due to implementation errors.

Tribal Consultation and Urban Confer

TTAG requests that CMS advise states to conduct Tribal Consultation with federally recognized Tribes and Urban Confer with Urban Indian Organizations when developing, modifying, or implementing policies, procedures, or operational processes related to the AI/AN exclusion, including changes affecting eligibility determinations, verification standards, system modifications, outreach strategies, and data-sharing practices. State implementation of the community engagement requirement will entail operational decisions that affect eligibility systems, verification procedures, outreach, and data-sharing practices, directly affecting AI/AN beneficiaries and the Indian health system. These changes will require meaningful Tribal Consultation to ensure that they do not negatively impact AI/AN beneficiaries and the Indian health system. Meaningful Tribal

Consultation and Urban Confer should occur before CMS finalizes changes. Meaningful Tribal Consultation and Urban Confer processes throughout implementation will ensure that implementation decisions reflect Tribal perspectives, promote effective administration of the AI/AN exclusion to protect AI/AN beneficiaries from loss of coverage and barriers to access, improve coordination with Indian health care providers, and uphold the federal trust responsibility.

Conclusion

TTAG appreciates CMS's efforts to implement the statutory AI/AN exclusion and its continued engagement with Tribal partners throughout the implementation process. The recommendations in this letter support consistent national implementation, reduce administrative burden on AI/AN beneficiaries, strengthen coordination between states and the Indian health system, and ensure full realization of the statutory exclusion enacted by Congress. TTAG respectfully requests that CMS address these issues through the Tribal specific guidance in development, sub-regulatory guidance, technical assistance to states, or other appropriate interventions. We look forward to continuing our collaboration with CMS to support effective implementation of community engagement requirements while protecting access to coverage and care for AI/AN beneficiaries.

Sincerely,

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

CC: Mark Cruz, Senior Advisor to the Secretary
Rachel Ryan Pedersen, Acting Director, CMS, DTA