Tribal Technical Advisory Group

To the Centers for Medicare & Medicaid Services

c/o National Indian Health Board | 660 N. Capitol Street NW, Suite 750 | Washington, DC 20001
(202) 507-4070 | (202) 507-4071 fax

The Honorable Mehmet Oz, MD
Administrator
7500 Security Boulevard
Baltimore, MD 21244

Re: Follow-Up from October 2026 CMS TTAG Face-to-Face Meeting

Dear Administrator Oz:

On behalf of the Centers for Medicare and Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG), I write to thank CMS for its continued engagement with TTAG and to follow up on issues discussed during our recent October TTAG meeting.

Working Families Tax Credit Act (HR 1) Tribal Guidance

TTAG appreciates CMS' commitment and ongoing collaboration in issuing Tribal-specific implementation guidance to states and urges CMS to release that guidance immediately so state Medicaid agencies can correctly implement the American Indian and Alaska Native (AI/AN) exclusions. We remain concerned that delays in releasing this guidance will cause further confusion as AI/AN beneficiaries continue to receive inaccurate recertification notices from state Medicaid agencies. As discussed, inconsistent language in state eligibility notices regarding the exclusions and AI/AN protections may misinform beneficiaries and contribute to procedural disenrollments of otherwise eligible AI/AN beneficiaries. These concerns underscore TTAG's request for clear, timely guidance that incorporates TTAG's recommendations and builds on existing CMS policy.

TTAG recommends including clear best-practice examples, such as advising states to accept AI/ANs self-attestation of Indian status without additional verification, consistent with existing Medicaid rules. The guidance should clarify that once AI/AN status is verified using all available data sources, the status should never change. Clear and immediate guidance that builds on past CMS policy practices will minimize AI/AN procedural disenrollments and state compliance burdens.

Classifying Indian-Specific Waivers and Demonstrations as MAPS Activities

TTAG renews our request for CMS to classify Indian-specific 1115 demonstration activities as budget-neutral Medicaid Authorizable Populations and Services (MAPS) activities. We remain concerned that proposed changes to Section 1115 demonstration waiver project approvals, originally outlined in State Medicaid Director Letter (SMD) #26-003, will have unintended negative impacts on the Indian health system. By presumptively classifying Indian-specific 1115 demonstration activities as MAPS

activities, CMS will ensure that States, Tribes, and Tribal Health Programs (THPs) can continue to work together without disruption or unnecessary delay to design, submit, and receive approval for Section 1115 demonstration waivers with innovative methods of improving access to care for AI/ANs.

Presumptive classification is appropriate because Indian-specific demonstrations consist of services and activities that states could otherwise provide under their authority under Title XIX of the Social Security Act (Act). These activities are therefore budget-neutral MAPS activities under the budget neutrality framework required by new subsection 1115(g) of the Act and CMS' guidance set forth in SMD #26-003. Requiring States submitting Indian-specific demonstrations to follow the complex review process described in SMD #26-003 will create unnecessary administrative burden for states and CMS and slow the implementation of Section 1115 demonstrations designed to improve the health of AI/AN people. We appreciate CMS' consideration of budget neutrality in its recent approvals for Traditional Health Care Practices Section 1115 demonstration waiver applications, and we urge CMS to apply this same logic by presumptively classifying all Indian-specific 1115 demonstration activities as budget-neutral MAPS activities. TTAG requests that CMS initiate Tribal Consultation and Urban Confer on implementation of the budget-neutrality requirements.

CMS Division of Tribal Affairs and Continued Engagement with CMS Leadership

TTAG deeply values its partnership and collaboration with CMS Division of Tribal Affairs (DTA) and its role in supporting TTAG. Recent retirements and staff departures have created capacity gaps, lost institutional knowledge, and slowed progress on accomplishing TTAG's administrative priorities. We recognize the positions posted earlier this year and CMS' efforts to fill them, and we ask CMS to continue prioritizing recruitment and to ensure DTA has sufficient staffing to support TTAG's work.

TTAG also requests to meet with Deputy Administrator and Director of Medicare John Brooks during the March 2027 TTAG Meeting. An introductory meeting with Mr. Brooks would provide an opportunity to discuss Medicare issues affecting Tribal health systems, build a productive working relationship, and ensure CMS leadership understands TTAG's key priorities moving forward.

Rural Health Transformation Program

TTAG continues to have concerns regarding Rural Health Transformation (RHT) Program funding restrictions. Current limitations on capital expenditures, the cap on administrative costs, and limits on EHR/EMR and provider payments severely constrain the program's effectiveness for Indian Country. We request that CMS reconsider these restrictions and provide the funding flexibility needed to support infrastructure development for rural and frontier Tribal projects.

Because the statute does not require redistributing funding until March 31, 2028, we ask CMS to work with states to establish reasonable spenddown timelines and clear reporting guidance that reflect the unique operational capacities of Tribal health

programs. Without this flexibility, many Tribal recipients are concerned they will be unable to fully implement their long-term programmatic goals within the available spending period.

TTAG requests that CMS provide, when available, data on the total amount of RHT funding that has reached Tribes and Tribal-led initiatives. Furthermore, we are concerned that states are requiring Tribal Nations to sign sovereign immunity waivers as a condition of receiving RHT funding. We request that CMS formally require states to remove sovereign immunity waiver requirements as a condition for receiving federally funded RHT grants. Finally, since several states may not proactively coordinate RHT implementation with Tribes, TTAG urges CMS to require Tribal consultation for all future funding rounds.

Chapter 19 of CMS Medicare Claims Processing Manual

In 2024, TTAG submitted redline edits to Chapter 19 of CMS' Medicare Claims Processing Manual. Chapter 19 is out of date and contains internal inconsistencies that have contributed to billing disputes and confusion regarding Medicare billing requirements. We understand that TTAG's proposed revisions remain under CMS review for final clearance. We request an update on the status of these edits during the next TTAG meeting.

Advancing the Medicare Part C & D Indian Addendums

TTAG appreciates CMS’s collaboration on the Medicare Part C Indian Addendum, which will address persistent reimbursement barriers faced by Indian Health Care Providers (IHCPs) in Medicare Advantage networks and access barriers for many rural AI/AN beneficiaries. We look forward to continued progress in finalizing the addendum. Additionally, we request that CMS approve the most recently submitted Medicare Part D Indian Addendum. During the next face-to-face meeting, we welcome an update on its review and the steps needed to move it forward.

Impacts of Proposed Changes to Census Data Collection on HHS Programs

TTAG is concerned about the Census Bureau's proposed removal of race and ethnicity data collection. While Tribes are political entities, the collection of race and ethnicity data is critical for several HHS programs that may serve Tribal Nations. Removing this data could affect how CMS programs serve AI/AN beneficiaries. As such, we request that CMS identify any programs or activities that may be affected by this proposal and share any available analysis with TTAG. We urge CMS to work with TTAG to address potential impacts on AI/AN beneficiaries and Tribal health systems.

Conclusion

The TTAG appreciates CMS's continued partnership and engagement. The issues and recommendations discussed above represent critical opportunities to strengthen the Indian health system. We look forward to continued collaboration with CMS to ensure

that our communities are fully supported in delivering high-quality, culturally appropriate care.

Sincerely,



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

Cc: Mark Cruz, Director, Indian Health Service, Senior Advisor to Secretary Kennedy
Dan Brillman, Director, CMSC, Deputy Administrator, CMS
John Brooks, Acting Deputy Administrator and Director
Rachel Ryan Pedersen, Acting Director, CMS Division of Tribal Affairs