THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Health

OFFICE OF THE COMMISSIONER

Anchorage
3601 C Street, Suite 902
Anchorage, Alaska 99503-5923
Main: 907.269.7800
Fax: 907.269.0060

Juneau
350 Main Street, Suite 404
Juneau, Alaska 99801
Main: 907.465.3030
Fax: 907.465.3068

November 4, 2026

Re: DOH Response to Tribal Consultation of Mandatory State Plan Amendment – Non-Citizen Coverage Under Section 71109 of Public Law 119-21

Dear Tribal Health Leaders,

On behalf of the Department of Health (the Department) thank you for your comments regarding the proposed Medicaid state plan amendment (SPA).

Tribal Comment 1 – Ketchikan Indian Community

The Department's letter says it does not anticipate a specific impact on AN/AI beneficiaries based on their status as AN/AI. CMS's implementation guidance says otherwise. In its table of affected groups, CMS lists American Indians born in Canada and members of federally recognized tribes who are not U.S. citizens as a group that loses federal funding for full Medicaid on October 1, 2026, and keeps only emergency Medicaid.

This matters in Southeast Alaska. Tlingit, Haida, and Tsimshian families have lived on both sides of the border since long before it existed. Many Ketchikan families include relatives born in British Columbia who live here under Section 289 of the Immigration and Nationality Act (8 U.S.C. § 1359), and some are enrolled members of Alaska Tribes. The effect of this SPA on these people depends on how the State codes and verifies their status.

- Recommendation: Withdraw the finding of no AN/AI-specific impact and replace it with an analysis of Canadian-born Indians and noncitizen Tribal members enrolled in Alaska Medicaid.
- Recommendation: Confirm in writing how the eligibility system will treat people admitted under Section 289. CMS's verification logic lists the Section 289 class of admission code (S13) among those counted as FFP-eligible. Eligibility staff should

be trained to recognize it so no one is terminated because of a coding error.

- Recommendation: Accept Tribal enrollment records and Section 289 documentation as supporting evidence during redetermination, and give people the full 90-day reasonable opportunity period before taking any action.

DOH response

Thank you for calling to attention the S13 code as it relates to Section 289. The Department has asked CMS to clarify and provide guidance on this question. The Department has not yet received a response from CMS as of the date this letter is sent. We are happy to follow up with more information when able.

The Department reviewed available Medicaid eligibility data to assess the potentially affected population, current data reflects less than 5 beneficiaries with the qualifier of AN/AI born in Canada or individuals with Section 289/S13 coding as potentially affected by this change.

As always, when an otherwise eligible individual attests to qualifying citizenship or immigration status that cannot be promptly verified, the Department follows the 90-day reasonable opportunity period per federal requirements, and provides coverage while the verification is completed.

Tribal Comment 2 – KIC

The Consultation Timeline Is Not Meaningful

The letter was sent September 1. Requests for a consultation meeting were due September 16. Written comments are due October 1, the same day the change takes effect. That leaves no time for the State to consider Tribal input before acting. CMS does not require the Medicaid SPA to be submitted until December 31, 2026. The State has time to consult properly.

- Recommendation: Hold a consultation session with Tribes before submitting the SPA to CMS, and hold the comment record open until then.

DOH response

Thank you for your comment. The Department is happy to meet with the KIC to answer any additional questions about this SPA.

To provide additional context, this tribal consultation period aligns with the timeline as agreed upon with tribal partners and the Department of Health as set forward in the Medicaid State Plan[1]. The agreement allows for 30-days for a written response to be provided upon tribal consultation notice. A tribal consultation meeting can be requested within 15-days of the tribal consultation notice. The department then allots 30-days after the written comment period closes to allow for synthesizes of public and tribal comments, and department response prior to submission. This results in a 60-day total consultation period from the time of noticing to the date of

[1] https://health.alaska.gov/media/uecnflkx/msp-section-104.pdf

submission.

The effective date of the federal statue is October 1, 2026, which requires states to submit a state plan amendment by December 31, 2026[2]. This deadline allows for the Department to consider comments received through tribal consultation before the amendment is submitted.

Tribal Comment 3 – KIC

Tribal Health Programs Will Carry the Cost
When a Canadian-born Indian or noncitizen Tribal member loses Medicaid, services at Tribal and HIS facilities that would have been reimbursed at 100 percent federal match shift to limited Tribal and IHS funds, and care will add to uncompensated care.

- Recommendation: Share, before submission, an estimate of the number of beneficiaries affected by regions and by Tribal health organizations, so Tribes can plan.

DOH response

Thank you for your comment. The Department reviewed available Medicaid eligibility data to determine the potential number of affected beneficiaries by region or Tribal Health Organization. However, current data reflects less than 5 beneficiaries with the qualifier of AN/AI born in Canada or individuals with Section 289/S13 coding as potentially affected by this change.

The Department would be happy to coordinate with KIC if additional cases arise they are aware of related to this coding, or if there are repeated issues with non-citizenship status affecting Medicaid eligibility.

As a reminder, even with the changes set forth in Section 71109, hospitals can still receive Medicaid payments for services provided to non-citizens if they qualify as an emergency service[3].

Tribal Comment 4 – KIC

Notices and Outreach Must Not Scare Away Eligible People

Many AN/AI children are citizens with a parent who is not.

Recommendation: Ensure notices clearly state that citizen family members are not affected, that emergency Medicaid remains available, and that people can get help from their Tribal health program.

Recommendation: Allow KIC to review notice language before it is mailed.

DOH Response

Thank you for your comment. The Department agrees the notices should clearly explain who is affected by the federal change, and should not discourage eligible

[2] 1903(v)(5) and 2107(e)(1)(R)
[3] 1903(v)(2) of the Act

family members from applying for or maintaining Medicaid coverage.

The department sent a Director's Informational Letter on July 9, 2026, to individuals identified as potentially affected by the citizenship/immigration requirements. The letter explains that receiving the notice does not mean Medicaid coverage is ending and that a change for one person does not mean Medicaid will end for everyone in the household.

The Director's informational letter was reviewed before issuance by the Tribal H.R. 1 Workgroup and Alaskans Together for Medicaid (ATFM). The Department will continue to provide Tribal partners opportunities to review beneficiary notice language and related implementation guidance, when feasible, before future communications are issued.

Please let us know if KIC would be interested in more information about these groups so they can be included in future sessions that support the development of resources and materials related to changes in H.R. 1.

A copy of the Director's informational letter is attached as an appendix.

Tribal Comment 5 – KIC

KIC requests that the Department:

- Revise the AN/AI impact finding as described above.
- Hold Tribal consultation before submitting the SPA to CMS.
- Provide written confirmation of how Section 289 and Tribal members will be treated in eligibility systems.
- Share data on affected beneficiaries with Tribal health organizations.
- Give Tribes a chance to review notices and staff guidance.

DOH Response

The Department will continue to work with CMS to clarify how the Department should treat individuals with S13 status and will update its policies accordingly. We encourage the KIC to reach out for any additional needs or concerns, especially around specific cases of Section 289/S13 category. The Department would be more than happy to collaborate with KIC on this, and all other topics related to Medicaid.

Thank you for your continued support and engagement in the tribal consultation process.

Sincerely,

Christal Hays

Digitally signed by Christal Hays
Date: 2026.11.04 08:44:49 -09'00'

Christal Hays
Medicaid State Plan Coordinator