

Tribal Consultation Policy Development: Concepts for Discussion

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Overview of Consultation Discussion

Discussion will focus on the following proposed components of the consultation process:

- Objectives
- Participants
- Structure
 - Proposed Tribal Work Group
 - Proposed Annual Tribal consultation

Exchange's Proposed Consultation Objectives

- Develop a partnership between Tribes and the Exchange in implementing the Affordable Care Act.
- Ensure that the special benefits and protections extended to Tribes under the Affordable Care Act are incorporated into California's Exchange structure.
- Initiate open communication channels for Tribes to raise issues with the Exchange.
- Encourage Tribal participation in the broader stakeholder process (e.g., Exchange Board meetings).
- Assist the Exchange's Board in adopting a mutually-agreeable consultation policy by October 2012.
- Establish a process that results in maximizing enrollment in coverage and appropriate use of that coverage.

Consultation Parties

- Indian Tribes, as represented by the Tribal President, Chair, Governor, or appointed Tribal representative.
- Senior leadership of the California Health Benefit Exchange.
- Senior representatives of the Obama and Brown Administrations.

Proposed Tribal Consultation Structure

1. Annual consultation
 - Face-to-face
 - Opportunity for Tribes to:
 - Address concerns regarding the California Health Benefit Exchange
 - Discuss progress and membership of the proposed Tribal Work Group
 - Opportunity for the Exchange to:
 - Learn from Tribes
 - Share strategies for Exchange development and implementation
2. Ongoing Tribal Work Group to advise on consultation and policy issues

Proposed Tribal Work Group

- Establish a Tribal Work Group to provide regular opportunities for Tribes to offer input, advice, and recommendations on the development of Exchange policies.
- Tribal Work Group Structure Components:
 - Frequency
 - Composition and participation
 - Communication methods
 - Subject matter
 - Eligibility and enrollment
 - Outreach and education
 - Qualified Health Plans

Tribal Work Group: Meeting Frequency

- **Proposed frequency:** Tribal Work Group meets 4-6 times per year, through December 2014.

Tribal Work Group: Composition and Participation

- **Proposed composition and participation:** Tribes determine appropriate representation in the Tribal Work Group (meetings will be open to all Tribal Leaders).
 - **Option:** Tribes organize by geographic region and elect regional representatives for the Tribal Work Group, as well as a Chairperson and health program designees.
 - **Option:** Allow non-designated Tribal members to listen to Tribal Work Group meetings and offer comments.

- **Proposed methods for Tribal Work Group communication:**
 - Webinar
 - Teleconference
 - Face-to-face meetings
 - Other suggestions

Proposed 2012 Consultation Policy Timeline

July: Tribes determine appropriate Tribal Work Group composition.

August: Convene Tribal Work Group meeting to discuss a draft Tribal Consultation Policy reflecting today's discussion.

September: Present draft Tribal Consultation Policy to the Exchange Board for public comment and circulate widely to Tribes for comment.

October: Exchange Board finalizes Tribal Consultation Policy based on input received.

November: Tribal Work Group convenes and initiates ongoing meetings.

Discussion

- Consultation objectives (slide 1)
- Consultation parties (slide 2)
- Annual consultation structure (slide 3)
- Establishment of a Tribal Work Group (slide 4)
- Tribal Work Group frequency (slide 5)
- Tribal Work Group composition and participation (slide 6)
- Tribal Work Group communication methods (slide 7)
- Proposed 2012 consultation policy timeline (slide 8)

Potential Tribal Work Group Models:

Model 1 – CATAC Existing Model

- California Area Tribal Advisory Committee (CATAC) Model
 - Convened by Department of Health and Human Services, Indian Health Services, California Area Office
 - Annual regional elections held at annual IHS Tribal consultation by duly-elected Tribal officials and designees

Regional Representatives	
	Number of representatives
North	3
East Central	3
West Central	3
South	3
Non-Regional Representatives	
Urban representative	1
Non-federally recognized Tribal representative	1
Health Program Director	1
Total Membership	15

Potential Tribal Work Group Models: Model 2 – New Model

	Tribal Leader	Health Care Program	Member at-large	Total Membership
North	1	1		2
South	1	1		2
Central East (?)	1	1		2
Central West (?)	1	1		2
Urban – North	1	1		2
Urban – south	1	1		2
Non-indigenous			1	1
Non-federally Recognized	1			1
Total Membership	6	5	1	15

Summary of Tribal Advisory Work Group Discussion

- Meeting participants recommended developing Tribal Advisory Work Group models for discussion
- Models 1 and 2 above were developed during the meeting based on recommendations from participants
- Most participants preferred model 2 as reflected on slide 12 and specific recommendations included adding representation for urban Indians and Indians not native to California
- Exchange staff will send a notice to Tribal chiefs requesting nominations of Tribal Advisory Work Group members
- Exchange staff will work with Indian Health Services California office, the California Rural Indian Health Board, and California Consortium for Urban Indian Health to coordinate the Tribal Advisory Work Group nomination process