A total of six Stakeholder Meetings and Focus Groups were conducted in March and April 2011. A special tribal session was held in May 2011. The purpose was to inform stakeholders on what is currently known about a Health Insurance Exchange for Idaho and to solicit their feedback in specific areas of an exchange.

Tribal: Stakeholder Engagement Report

Report Date: May 2011

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EXECUTIVE SUMMARY

INTRODUCTION

During the months of March and April 2011, six public stakeholder meetings and focus groups were conducted to gain public input on a proposed Health Insurance Exchange in Idaho. Ninety-two (92) different organizations were represented three locations of Idaho (Boise, Caldwell and Coeur d'Alene). There were five tribal members at the stakeholder meeting and focus group in Coeur d'Alene. In addition, twenty-four tribal members attended a state-wide quarterly meeting in which Exchange questions were discussed.

FINDINGS

Perspectives from the tribes are in five themes, namely, concerns, features, plan reimbursements, SHOP and What an Exchange Could Do for Them. Comments for each category are listed below with details in the appendix.

1. Tribal Input on Advantages of an Exchange
    a. Access
    b. Cost
    c. Enrollment
    d. Health Care
    e. Impact on Medical Provider
    f. Navigator
    g. Plans
    h. Resource
    i.
2. Tribal Input on Concerns of Offering an Exchange
    a. Access
    b. Consultation
    c. Cost
    d. Ease of use
    e. Education and Outreach
    f. Eligibility
    g. Enrollment
    h. Funding
    i. Health Care
    j. Involvement
    k. Legislative
    l. Operation
    m. Other States
    n. Plans
    o. Process
    p. Sovereignty
    q. Impact on Medical Provider

CONCLUSION

The tribal input was from five individuals representing tribal issues at the focus group meeting and twenty-four individuals at the Tribal Meeting. The main issues were on consultation of the tribes in the design of the exchange and education/outreach for tribal members once the exchange is ready to roll out. Access was also a category the tribal representative provided significant feedback. This, along with tribal requirements needs to be taken into account and incorporated into the work groups.

APPENDIX A:

BACKGROUND

Idaho's Department of Insurance and Department of Health and Welfare received a federal grant to generate a proposed Health Insurance Exchange for Idaho. The grant must cover eleven core areas. These areas include the following:

- Core Area 1: Background Research
- Core Area 2: Stakeholder Involvement
- Core Area 3: Legislative and Regulatory Action
- Core Area 4: Governance
- Core Area 5: Program Integration
- Core Area 6: Exchange IT Systems
- Core Area 7: Finance Management
- Core Area 8: Oversight and Program Integrity
- Core Area 9 Health Insurance Market Reforms
- Core Area 10: Providing Assistance to Individuals and Small Businesses, Coverage Appeals and Complaints
- Core Area 11: Business Operations

Stakeholder involvement is core area 2. The agencies sought broad and diverse public stakeholder involvement in the development of the proposed exchange. Public stakeholders included, but not be limited to: consumers, business owners and employers, insurance companies, producers and third party administrators, medical providers, and anyone else interested in healthcare.

A state health insurance exchange is intended to be a simple, transparent and competitive virtual insurance marketplace where individuals and small businesses can buy affordable and qualified health care plans. A health insurance exchange would function like an online marketplace (similar to buying plane tickets or making rental car reservations) where individuals and small businesses can review, compare and choose from a variety of health plans that meet certain benefits and cost standards. For those within certain income levels, tax credits may be available toward premiums paid for health insurance purchased through an exchange and others may be eligible for public benefits coverage. A Small Business Health Options Program (SHOP) proposed for an exchange may assist employers with costs to provide health coverage for their employees.

A Health Insurance Exchange for Idaho needs to meet the following objectives:

- Simplify and improve access to health coverage options
- Build on Idaho's existing programs and systems
- Maintain simplicity in design, function, and sustainable support
- Preserve the health insurance market outside of the Exchange
- Reduce Idaho's health care uninsured population

Six public stakeholder meetings were conducted to gain public input on a proposed Health Insurance Exchange in Idaho. Ninety-two (92) different organizations were represented three locations of Idaho (Boise, Caldwell and Coeur d'Alene).

OBJECTIVES OF STAKEHOLDER MEETINGS

The purpose of the Stakeholder Meetings was to share information about and collect inputs and suggestions regarding a proposed Health Insurance Exchange in Idaho. Focus the discussion on the perspectives of the participants present at the meeting.

The objectives of these meetings were to solicit:

- Concerns that public stakeholders may have about a Health Insurance Exchange
- Comments and suggestions regarding how a Health Insurance Exchange might function
- Input on what advantages Idahoans think a Health Insurance Exchange might offer

OBJECTIVES OF FOCUS GROUPS

The focus group then followed to address details of the stakeholder meetings as well as address Core Areas 5 (Program Integration) and 11 (Business Operations).

- To define the current process for obtaining health care coverage according to various stakeholders' perspectives and experiences
- To define future state criteria for obtaining health care coverage using an exchange, according to various stakeholders' perspectives

PROJECT SIZE & PARTICIPANTS

The project consisted of six stakeholder meetings with 30 invitees and six focus groups each consisting of 6-10 participants. The focus group participants were randomly selected and then purposefully selected from community stakeholders who attended a general information session. This assured a representation of the stakeholder population.
The types of stakeholders were business owners, producers (brokers and agents), medical providers, consumer advocates, insurers and third party administrators.
The small group approach was used for the following reasons:

- In order for the participants to have a high level of involvement with the topic
- Allow enough time for participants to voice their concerns and issues since there may be an emotional component to the topic
- Allow enough time for participants who may be experts in the field

METHODOLOGY

STAKEHOLDER MEETING

The sample agenda and methodology is as follows:
Introductions – Participants introduced themselves and shared what they hoped to get out of the meeting. Those desired outcomes were recorded on flip chart notes.
Presentation background information – Amy Dowd, Health Insurance Exchange Project Manager, provided a PowerPoint presentation that outlined the purpose of the project, the process the state is undertaking to complete the project, requirements and guidance given the state by the federal Department of Health and Human Services and the state's own expectations for a Health Insurance Exchange. That presentation is available on the project website at:
http://healthexchange.idaho.gov/MeetingMaterials/Meeting_MedicalProviders.pdf.
Collect Concerns – Participants were asked to write a list of their concerns about a HIE, and to indicate whether those concerns were from the Provider or Consumer Advocate perspective. They transferred their two most prevalent concerns to Post-It notes. Project staff posted the notes, in like categories, on the wall. In order to help foster a greater understanding of the collection of concerns, all participants were asked to read all comments. Subsequent to that, the group engaged in an open discussion about what they observed respective to what they read and what they see as their most prevalent concerns. Those concerns as listed have been transcribed verbatim for future use and reference.
Suggest Features – Participants were asked to respond in writing to specific questions regarding the desired features and functionality of a HIE, as well as how they would support the system and propose access to special populations. Subsequent to that, a number of participants shared their suggestions with the rest of the group by reading their responses. These participants were selected by numbering off in threes and each participant with a number one read their response. Others were invited to add to those reports on their own initiative. All handwritten inputs were collected and have been transcribed verbatim for future use and reference.
Identify Advantages – The Facilitator asked participants to identify what advantages participants thought a HIE might offer. Their suggestions were recorded on Flip Chart Notes and are included verbatim.
Review and Wrap-Up – After reviewing with the Facilitator the initial outcomes participants hoped to get out of the meeting, Amy Dowd, HIE Project Manager, closed the meeting by inviting ongoing involvement through the website, focus group meetings, and future public and workgroup meetings. Most participants indicated an interest in participating in the workgroup meetings.

FOCUS GROUP PROCESS

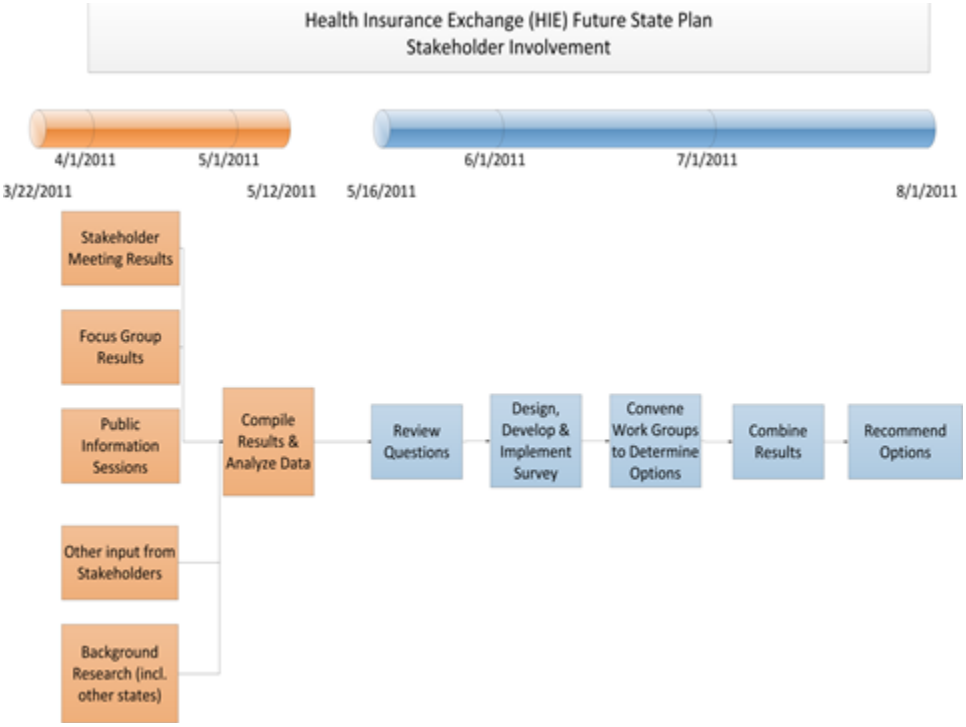
Focus groups are a form of qualitative research designed to provide an in-depth perspective on a particular issue or group of issues. Focus groups were used to obtain feedback using open-ended questions designed to elicit dialogue. The results are detailed discussion of the key points as well as uncovering other issues of interest to the participants. The reporting focused on what people said and what it means to the implementation of a Health Insurance Exchange. The four characteristics of this process were:
Structured discussion led by a facilitator following a discussion guide. The facilitator was neutral in that she simply facilitated the discussion and did not participate or provide information.
Each focus group was limited to 6-12 participants. The participants were randomly selected from the Stakeholder Information and General Session.
The participants knew ahead of time that they were selected, so were able to go from the morning Stakeholder Information and General Session to the afternoon Focus Group. They were not "prepped" or given advance materials for the Focus Groups. Participants were asked to react to concepts, ideas and questions once they arrived for the meeting.

The discussion was for a prescribed period, namely 75 minutes for each of the two major areas with a 15-minute break in between. Focus groups methodology was selected in order to create a group dynamic. Participants not only replied to questions posed by the facilitator, they also responded to each other. The range of responses were from agreement, disagreement, clarification, adding new ideas, correcting and expanding the topics. The groups participated in rich, full discussion that yielded good results. More specifically, the groups:

- Reacted to what other people were saying
- Added their own perspective
- Tried to persuade others
- Played devil's advocate
- Built on concepts and ideas
- Drew others out

In order to maintain consistency among all focus groups sessions, a discussion guide was developed as part script and part outline that the focus group facilitator used to prepare for and lead each session.

Focus groups were part of a multifaceted stakeholder involvement plan. Other means of involving them are Stakeholder Information Meeting (preceding the Focus Groups), Public Information Sessions, Web input, and other communication channels from Stakeholders. The integration points are in the diagram below:



APPENDIX B: KEY FINDINGS DEFINED

The following are the key findings in alphabetical order. The "why" and "how" comments associated with a response are from the focus groups. These questions were not asked in the stakeholder introductory meeting. Responses are associated with the theme.

TRIBAL INPUT ON ADVANTAGES:

Section	Response
Access	Easier to access alternative resources in a single (?)
	To assure coverage and access to health insurance for tribal members and that tribal clinics have participation and funding options
Cost	Saves CHS monies and increase third party revenue
Enrollment	Enrollment for subsidized plans or Medicaid in a single spot and potentially eliminate stigma of Medicaid
Health Care	Clients can receive services for procedures not offered at local facility
	Even though tribal members get health care, there are huge gaps
	Increase services that are available to patients (stretch CHS $)
	The exchange will help us take advantage of what is available or eligible.
Impact on Medical Provider	Increase of revenue for Benewah Medical Center
	Provides coverage for potential added income to the clinics
	Reduce the costs to the clinics CHS program, which would allow additional service being provided to the tribal members.
Navigator	Unique ability to act towards navigation.
Other	Disparities: answering giving solutions to disparities
Plans	There is not enough money to cover everything, sometimes even needed procedures. Hopefully this will help breach the gaps
Resource	Resource for my clients

TRIBAL INPUT ON CONCERNS:

Section	Response
Access	Access to the health exchange
	How difficult will it be to access the exchange?
	How difficult will it be to get help to access?
	Will we have local reps or will we have to access some difficult phone or web-based access?
Consultation	Tribes need participation at the consultation level.
Cost	Cost to the patients to be in the exchange
Ease of use	How easy will it be to use?
Education and Outreach	Education and outreach for all tribal members
	Education to the stakeholders that will need to access the exchange
Eligibility	Making sure all Idahoans understand how and why of eligibility
Enrollment	If tribes are exempt from penalty, why do we need to change and have our people (tribes) enroll in health exchange
Funding	Funding at the state and federal levels
	Will there be funding available to training, education, outreach and access
Health Care	Health care of treaty rights
	HIS full funded, compacted, self-governed/tribally operated
	Recognition of health care operation for employees (A. fully funded plan; B. Self-funded plan; C. Uninsured, mandated, apply for alternative resources)
	Will the exchange be familiar with the Indian Health System?
Involvement	There should be information distribution to tribes from all the focus groups not just the ones they are a part of, including the legislative portion
	Tribal involvement/representation
	Tribes be included in all aspects of the exchange
	Would like more tribal representation in the process at all levels
Legislative	How can we get more information on the legislative process?
Operation	Platforms of operation (HIS; IHS, tribal, 638; tribal)
Other States	See what other states tribes are doing, so we don't re-invent the wheel
Plans	Tribes are contracted providers in the plans offered in the exchange
Process	Integrity of the process
	Will the general population get left out of decision making?
Sovereignty	sovereignty rights
Impact on Medical Provider	Designation of tribal clinics as essential community providers
	Inclusion of Indian Health Programs as an Exchange choice
	What is NMPH value regarding insurance?

APPENDIX C: SECTION DETAILS

Section	Category	What/ Response	Why
Access	Advantage	To assure coverage and access to health insurance for tribal members and that tribal clinics have participation and funding options	
	Advantage	Easier to access alternative resources in a single (?)	
	Concern	Access to the health exchange	
	Concern	How difficult will it be to get help to access?	
	Concern	How difficult will it be to access the exchange?	
	Concern	Will we have local reps or will we have to access some difficult phone or web-based access?	
	Future	Accessibility	Population served lower income, less knowledgeable in technology.
	Future	How do they access if they have no way to communicate?	
	Future	Easy to access	Alleviate the frustration with too much time and effort
Advocate	Future	Advocacy for under insured and not insured	So those that need it understand, have access and use the benefit.
Affordable	Future	Affordable insurance plans for clients	Avoid hardship to clients
Consultation	Concern	Tribes need participation at the consultation level.	
	Future	Tribal consultation throughout the process	Required federally
Cost	Advantage	Saves CHS monies and increase third party revenue	
	Concern	Cost to the patients to be in the exchange	
	Future	List of costs	may need to cost-share with patients
Ease of use	Concern	How easy will it be to use?	
	Future	User friendly	Increase utilization
	Future	Clear instructions/guidelines	To best assist our patients
	Future	Need it available for all types of people and easy to use	
	Future	Provide easy access to the exchange through a variety of routes	
Education and Outreach	Concern	Education and outreach for all tribal members	

Education and Outreach	Concern	Education to the stakeholders that will need to access the exchange	
	Future	Need training, education and outreach to all tribal members and facilities	
	Future	Education for the stakeholders	Alleviate the frustration with too much time and effort accessing the system
Eligibility	Concern	Making sure all Idahoans understand how and why of eligibility	
Enrollment	Advantage	Enrollment for subsidized plans or Medicaid in a single spot and potentially eliminate stigma of Medicaid	
	Concern	If tribes are exempt from penalty, why do we need to change and have our people (tribes) enroll in health exchange	
	Future	Able to enroll AI/AN monthly	It is the law
Funding	Concern	Funding at the state and federal levels	State budgets already overspent and stressed
	Concern	Will there be funding available to training, education, outreach and access	
Health Care	Advantage	Increase services that are available to patients (stretch CHS $)	
	Advantage	Clients can receive services for procedures not offered at local facility	
	Advantage	Even though tribal members get health care, there are hug gaps	
	Advantage	The exchange will help us take advantage of what is available or eligible.	
	Concern	HIS full funded, compacted, self-governed/tribally operated	
	Concern	Recognition of health care operation for employees (A. fully funded plan; B. Self-funded plan; C. Uninsured, mandated, apply for alternative resources)	
	Concern	Health care of treaty rights	
	Concern	Will the exchange be familiar with the Indian Health System?	
	Future	Exchange that offers preventative care	Prevention will reduce health care costs
Impact on Medical Provider	Advantage	Provides coverage for potential added income to the clinics	
	Advantage	Reduce the costs to the clinics CHS program which would allow additional service being provided to the tribal members.	
	Advantage	Increase of revenue for Benewah Medical Center	
	Concerns	Designation of tribal clinics as essential community providers	

Impact on Medical Provider	Concerns	What is NMPH value regarding insurance?	
	Concerns	Inclusion of Indian Health Programs as an Exchange choice	
Involvement	Concern	Tribal involvement/representation	
	Concern	Would like more tribal representation in the process at all levels	
	Concern	Tribes be included in all aspects of the exchange	
	Concern	There should be information distribution to tribes from all the focus groups not just the ones they are a part of, including the legislative portion	
	Future	Tribal representation	Tribal population needs a voice
Legislative	Concern	How can we get more information on the legislative process?	
Navigator	Advantage	Unique ability to act towards navigation.	
	Future	People/navigators to assist client get needed coverage	to assist clients with what they need
Offer Tribal exchange	Exchange do for you	Research Nez Perce Tribe offering our communities their own exchange	
	Exchange do for you	Tribes to look into having their own exchange or special developing components	
Operation	Concern	Platforms of operation (HIS; IHS, tribal, 638; tribal)	
Other	Advantage	Disparities: answering giving solutions to disparities	
Other States	Concern	See what other states tribes are doing, so we don't re-invent the wheel	
Plans	Advantage	There is not enough money to cover everything, sometimes even needed procedures. Hopefully this will help breach the gaps	
	Concern	Tribes are contracted providers in the plans offered in the exchange	
	Features	Allow AI/ANs in ID to choose Indian Health Service or tribal health programs as option in Exchange.	
PPACA	Future	PPACA documentation recognition	Tribal issues
Process	Concern	Integrity of the process	
	Concern	Will the general population be left out of decision making?	
Reimbursements	Plans	Reimbursement rates to be fair, comparable to existing insurance carriers	To continue to generate revenue, to keep current services and maybe offer more services to clientelle in the future

	Plans	Third party billing coordination	Increase revenue. Reduce delays in payments
	Plans	Bonuses for care	I provide better care with better outcomes. I am worth more
	Plans	Better pay for family practice	An ounce of prevention is worth a pound of cure. Currently we pay 2-3 times more for cure than prevention
Resource	Advantage	Resource for my clients	
Shared Information	Future	Because WA and OR are so aggressive, can IHB share that information and suggestions	
SHOP	SHOP	Identify small business health insurance options for rural reservation tribally owned business. Promote economic development	Decrease Medicaid population. Promote economic development
Sovereignty	Concern	sovereignty rights	
	Future	Recognition of sovereignty	Law gave tribes
Uniqueness	Features	Address unique tribal concerns	

APPENDIX D: FULL DATA ON TRIBAL INPUT

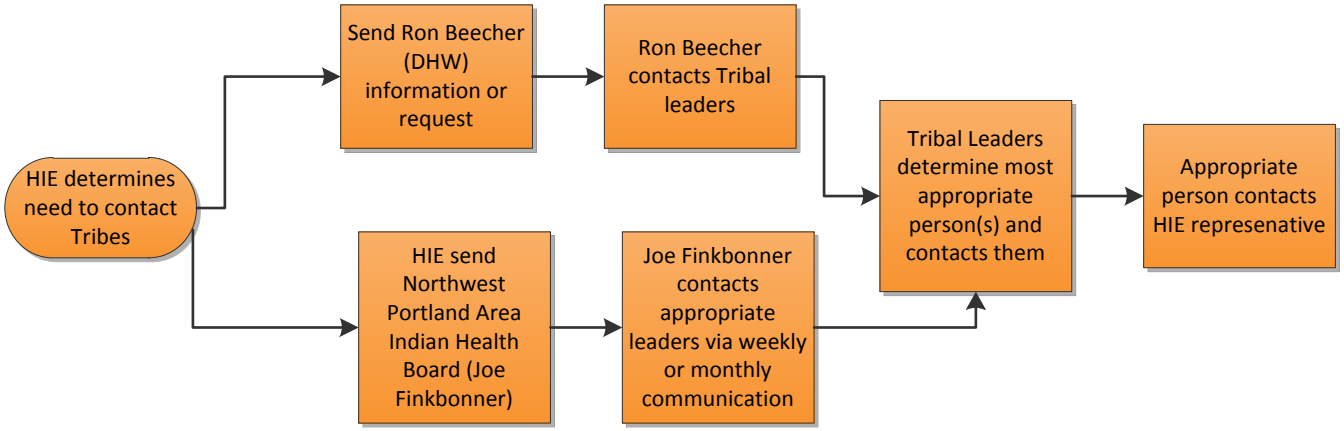
Section	Category	What/ Response	Why	How	When	Source	Type	Location	Date
Access	Advantage	To assure coverage and access to health insurance for tribal members and that tribal clinics have participation and funding options				Tribal Meeting	Tribal	Plummer	5/19/2011
Access	Advantage	Easier to access alternative resources in a single (?)				Tribal Meeting	Tribal	Plummer	5/19/2011
Access	Concern	Access to the health exchange				Tribal Meeting	Tribal	Plummer	5/19/2011
Access	Concern	How difficult will it be to get help to access?				Tribal Meeting	Tribal	Plummer	5/19/2011
Access	Concern	How difficult will it be to access the exchange?				Tribal Meeting	Tribal	Plummer	5/19/2011
Access	Concern	Will we have local reps or will we have to access some difficult phone or web-based access?				Tribal Meeting	Tribal	Plummer	5/19/2011
Access	Future	Accessibility	Population served lower income, less knowledgeable in technology.		Before it starts	Tribal Meeting	Tribal	Plummer	5/19/2011
Access	Future	How do they access if they have no way to communicate?				Tribal Meeting	Tribal	Plummer	5/19/2011
Access	Future	Easy to access	Alleviate the frustration with too much time and effort		Implement ation	Tribal Meeting	Tribal	Plummer	5/19/2011
Advocate	Future	Advocacy for under insured and not insured	So those that need it understand, have access and use the benefit.	Web based, phone based, one-on-one in person	Before it starts	Tribal Meeting	Tribal	Plummer	5/19/2011
Affordable	Future	Affordable insurance plans for clients	Avoid hardship to clients	Extra funding to Nimiipuu Health to assist		Tribal Meeting	Tribal	Plummer	5/19/2011
Consultation	Concern	Tribes need participation at the consultation level.				Tribal Meeting	Tribal	Plummer	5/19/2011

Consultation	Future	Tribal consultation throughout the process	Required federally	Committee tribal membership	Now	Tribal Meeting	Tribal	Plummer	5/19/2011
Cost	Advantage	Saves CHS monies and increase third party revenue				Tribal Meeting	Tribal	Plummer	5/19/2011
Cost	Concern	Cost to the patients to be in the exchange				Tribal Meeting	Tribal	Plummer	5/19/2011
Cost	Future	List of costs	may need to cost-share with patients	In writing	As soon as possible	Tribal Meeting	Tribal	Plummer	5/19/2011
Ease of use	Concern	How easy will it be to use?				Tribal Meeting	Tribal	Plummer	5/19/2011
Ease of use	Future	User friendly	Increase utilization	Educational materials on what an exchange is	ASAP	Tribal Meeting	Tribal	Plummer	5/19/2011
Ease of use	Future	Clear instructions/guidelines	To best assist our patients	On-line and hard copy	As soon as possible	Tribal Meeting	Tribal	Plummer	5/19/2011
Ease of use	Future	Need it available for all types of people and easy to use				Tribal Meeting	Tribal	Plummer	5/19/2011
Ease of use	Future	Provide easy access to the exchange through a variety of routes				Tribal Meeting	Tribal	Plummer	5/19/2011
Education and Outreach	Concern	Education and outreach for all tribal members				Tribal Meeting	Tribal	Plummer	5/19/2011
Education and Outreach	Concern	Education to the stakeholders that will need to access the exchange				Tribal Meeting	Tribal	Plummer	5/19/2011
Education and Outreach	Future	Need training, education and outreach to all tribal members and facilities				Tribal Meeting	Tribal	Plummer	5/19/2011
Education and Outreach	Future	Education for the stakeholders	Alleviate the frustration with too much time and effort accessing the system			Tribal Meeting	Tribal	Plummer	5/19/2011
Eligibility	Concern	Making sure all Idahoans understand how and why of eligibility				Tribal Meeting	Tribal	Plummer	5/19/2011
Enrollment	Advantage	Enrollment for subsidized plans or Medicaid in a single spot and potentially eliminate stigma of Medicaid				Tribal Meeting	Tribal	Plummer	5/19/2011
Enrollment	Concern	If tribes are exempt from penalty, why do we need to change and have our people				Tribal Meeting	Tribal	Plummer	5/19/2011

		(tribes) enroll in health exchange						
Enrollment	Future	Able to enroll AI/AN monthly	It is the law	Upon implementation	Tribal Meeting	Tribal	Plummer	5/19/2011
Funding	Concern	Funding at the state and federal levels	State budgets already overspent and stressed		Tribal Meeting	Tribal	Plummer	5/19/2011
Funding	Concern	Will there be funding available to training, education, outreach and access			Tribal Meeting	Tribal	Plummer	5/19/2011
Health Care	Advantage	Increase services that are available to patients (stretch CHS $)			Tribal Meeting	Tribal	Plummer	5/19/2011
Health Care	Advantage	Clients can receive services for procedures not offered at local facility			Tribal Meeting	Tribal	Plummer	5/19/2011
Health Care	Advantage	Even though tribal members get health care, there are hug gaps			Tribal Meeting	Tribal	Plummer	5/19/2011
Health Care	Advantage	The exchange will help us take advantage of what is available or eligible.			Tribal Meeting	Tribal	Plummer	5/19/2011
Health Care	Concern	HIS full funded, compacted, self-governed/tribally operated			Tribal Meeting	Tribal	Plummer	5/19/2011
Health Care	Concern	Recognition of health care operation for employees (A. fully funded plan; B. Self-funded plan; C. Uninsured, mandated, apply for alternative resources)			Tribal Meeting	Tribal	Plummer	5/19/2011
Health Care	Concern	Health care of treaty rights			Tribal Meeting	Tribal	Plummer	5/19/2011
Health Care	Concern	Will the exchange be familiar with the Indian Health System?			Tribal Meeting	Tribal	Plummer	5/19/2011
Health Care	Future	Exchange that offers preventative care	Prevention will reduce health care costs		Tribal Meeting	Tribal	Plummer	5/19/2011
Impact on Medical Provider	Advantage	Provides coverage for potential added income to the clinics			Tribal Meeting	Tribal	Plummer	5/19/2011

Impact on Medical Provider	Advantage	Reduce the costs to the clinics CHS program which would allow additional service being provided to the tribal members.				Tribal Meeting	Tribal	Plummer	5/19/2011
Impact on Medical Provider	Advantage	Increase of revenue for Benewah Medical Center				Tribal Meeting	Tribal	Plummer	5/19/2011
Impact on Medical Provider	Concerns	Designation of tribal clinics as essential community providers				SH mtg	General	CDA	4/14/2011
Impact on Medical Provider	Concerns	What is NMPH value regarding insurance?				SH mtg	General	CDA	4/14/2011
Impact on Medical Provider	Concerns	Inclusion of Indian Health Programs as an Exchange choice				SH mtg	General	Idaho Falls	3/29/2011
Involvement	Concern	Tribal involvement/representation				Tribal Meeting	Tribal	Plummer	5/19/2011
Involvement	Concern	Would like more tribal representation in the process at all levels				Tribal Meeting	Tribal	Plummer	5/19/2011
Involvement	Concern	Tribes be included in all aspects of the exchange				Tribal Meeting	Tribal	Plummer	5/19/2011
Involvement	Concern	There should be information distribution to tribes from all the focus groups not just the ones they are a part of, including the legislative portion				Tribal Meeting	Tribal	Plummer	5/19/2011
Involvement	Future	Tribal representation	Tribal population needs a voice	Work groups	Immediately	Tribal Meeting	Tribal	Plummer	5/19/2011
Legislative	Concern	How can we get more information on the legislative process?				Tribal Meeting	Tribal	Plummer	5/19/2011
Navigator	Advantage	Unique ability to act towards navigation.				Tribal Meeting	Tribal	Plummer	5/19/2011
Navigator	Future	People/navigators to assist client get needed coverage	to assist clients with what they need	In our local areas and tribes	Prior to enrollment	Tribal Meeting	Tribal	Plummer	5/19/2011
Offer Tribal exchange	Exchange do for you	Research Nez Perce Tribe offering our communities				SH mtg	General	CDA	4/14/2011

		their own exchange							
Offer Tribal exchange	Exchange do for you	Tribes to look into having their own exchange or special developing components				SH mtg	General	CDA	4/14/2011
Operation	Concern	Platforms of operation (HIS; IHS, tribal, 638; tribal)				Tribal Meeting	Tribal	Plummer	5/19/2011
Other	Advantage	Disparities: answering giving solutions to disparities				Tribal Meeting	Tribal	Plummer	5/19/2011
Other	Future	Recognition of sovereignty	Law gave tribes	throughout the process	Now	Tribal Meeting	Tribal	Plummer	5/19/2011
Other States	Concern	See what other states tribes are doing, so we don't re-invent the wheel				Tribal Meeting	Tribal	Plummer	5/19/2011
Plans	Advantage	There is not enough money to cover everything, sometimes even needed procedures. Hopefully this will help breach the gaps				Tribal Meeting	Tribal	Plummer	5/19/2011
Plans	Concern	Tribes are contracted providers in the plans offered in the exchange				Tribal Meeting	Tribal	Plummer	5/19/2011
Plans	Features	Allow AI/ANs in ID to choose Indian Health Service or tribal health programs as option in Exchange.				SH mtg	General	Idaho Falls	3/29/2011
PPACA	Future	PPACA documentation recognition	Tribal issues	Throughout the process	Now	Tribal Meeting	Tribal	Plummer	5/19/2011
Process	Concern	Integrity of the process				Tribal Meeting	Tribal	Plummer	5/19/2011
Process	Concern	Will the general population get left out of decision making?				Tribal Meeting	Tribal	Plummer	5/19/2011
Reimbursements	Plans	Reimbursement rates to be fair, comparable to existing insurance carriers	To continue to generate revenue, to keep current services and maybe offer more services to clientele in the future	All avenues--phone, web, etc	From beginning to end	Focus Group	Medical Provider	CDA	4/14/2011

Reimbursements	Plans	Third party billing coordination	Increase revenue. Reduce delays in payments	Data interface	Throughout--from start to finish and ongoing.	Focus Group	Medical Provider	CDA	4/14/2011
Reimbursements	Plans	Bonuses for care	I provide better care with better outcomes. I am worth more	Customer feedback surveys. Cases cured	ASAP	Focus Group	Medical Provider	CDA	4/14/2011
Reimbursements	Plans	Better pay for family practice	An ounce of prevention is worth a pound of cure. Currently we pay 2-3 times more for cure than prevention	Simply pay the same as specialists receive	ASAP	Focus Group	Medical Provider	CDA	4/14/2011
Resource	Advantage	Resource for my clients				Tribal Meeting	Tribal	Plummer	5/19/2011
Shared Information	Future	Because WA and OR are so aggressive, can IHB share that information and suggestions				Tribal Meeting	Tribal	Plummer	5/19/2011
SHOP	SHOP	Identify small business health insurance options for rural reservation tribally owned business. Promote economic development	Decrease Medicaid population. Promote economic development		ASAP	Focus Group	Medical Provider	CDA	4/14/2011
Sovereignty	Concern	sovereignty rights				Tribal Meeting	Tribal	Plummer	5/19/2011
	Future	Recognition of sovereignty	Law gave tribes						
Uniqueness	Features	Address unique tribal concerns				SH mtg	General	CDA	4/14/2011

APPENDIX E: PROCESS FOR WORKING WITH TRIBES