

PAPER 02 / 08 | GOVERNANCE FRAMEWORK SERIES

# TrustFirst Tribal Governance Framework

A fiduciary governance model built for Tribal Nations

**Governance is the difference between funding a health plan and controlling a health system.**

#### IN THIS PAPER

This paper defines the TrustFirst Tribal Governance Framework: the operating doctrine that turns healthcare sovereignty into defined authority, delegated fiduciary responsibility, trust-controlled funds flow, vendor supervision, documentation, claims-dollar visibility, and continuous governance.

#### RELEVANT FOR

Tribal councils, Tribal chairs, executive leadership, Tribal finance, human resources, enterprise boards, benefits committees, risk managers, healthcare administrators, 638/IHS partners, legal counsel, and advisors responsible for health plan oversight and fiduciary governance.

**Trust is not assumed. Trust is structured, documented, and governed.**

Educational note: This paper is for executive education and institutional discussion only. It is not legal, tax, accounting, actuarial, medical, or compliance advice. Plan-specific decisions should be reviewed with qualified counsel and appropriate advisors.

## Executive Summary

Healthcare sovereignty requires governance. Not occasional oversight. Not vendor reporting. Not an annual renewal meeting. Governance means defined authority, documented discretion, continuous supervision, and the ability to prove how decisions were made and how healthcare dollars moved.

Many Tribal Nations and Tribal enterprises already carry the financial responsibility of employer health plans. They fund claims, absorb volatility, manage budget pressure, answer to employees and families, and protect community resources. Yet the governing structure around those plans is often inherited from a healthcare benefits market that was not designed around Indian Country.

A conventional benefits structure may include a broker, TPA, PBM, stop-loss carrier, provider network, enrollment platform, reporting package, and renewal process. Each may perform a useful function. But those functions do not automatically create sovereign governance.

The TrustFirst Tribal Governance Framework was built to close that gap. It establishes the structure through which authority is defined, vendor roles are supervised, plan dollars are controlled, data is treated as sovereign intelligence, decisions are documented, and leadership is protected.

TrustFirst™ is both a software-supported fiduciary ecosystem and a doctrinal operating system. The software preserves the record. The doctrine governs authority, money movement, vendor oversight, claims visibility, fiduciary decision-making, and accountability.

The framework also recognizes that Indian Country is not a market vertical. Tribal Nations are sovereign governments with cultural, economic, legal, political, and intergenerational responsibilities that conventional benefits models rarely account for. A Tribal health plan is not simply an employee benefit. It is a sovereign health economy.

**Core Standard: Governance is the missing layer between self-funding and sovereignty.**

## The Foundational Doctrine

### **Healthcare sovereignty is governed infrastructure.**

The Tribal Nations Health model begins with the same foundational doctrine introduced in Paper 01: healthcare sovereignty must be built as infrastructure, not managed as a program.

Programs depend on budgets, personalities, vendor relationships, and annual cycles. Infrastructure carries authority across leadership transitions. Infrastructure preserves institutional memory. Infrastructure protects money movement. Infrastructure makes governance durable.

A health plan that changes direction every renewal season is not infrastructure. A health plan whose data sits outside Tribal control is not infrastructure. A health plan whose dollars move through opaque vendor systems is not infrastructure. A health plan whose cultural commitments are informal is not infrastructure.

Healthcare becomes sovereign infrastructure when authority is defined, discretion is documented, vendors are supervised, plan dollars are controlled, data is reconciled, decisions are preserved, and the system can withstand scrutiny, transition, growth, and pressure.

## Indian Country Is Not a Market Vertical

The conventional healthcare benefits industry was not built around Tribal sovereignty. It was built around carriers, brokers, TPAs, PBMs, stop-loss markets, provider networks, administrative platforms, and vendor compensation arrangements.

That market structure is not inherently malicious. But it is structurally misaligned with Indian Country when it allows data, dollars, rebates, fees, recovery value, and decision authority to sit outside a governed Tribal fiduciary framework.

Large firms can bring scale, benchmarking, procurement power, and national vendor relationships. Those tools have value. But scale alone does not create sovereign control. A large platform can still be vendor-centered, renewal-centered, extraction-tolerant, and dependent on reports controlled by the same parties being evaluated.

Tribal Nations Health is different because the model begins from inside the sovereign context. It is Native-led, sovereign-first, and designed around Tribal leadership, Tribal finance, Tribal HR, enterprise workforces, community health, cultural continuity, and intergenerational stewardship.

The objective is not to sound larger than the largest firms. The objective is to be sharper, more accountable, and more structurally aligned with the realities of Indian Country.

**The distinction is not size. The distinction is architecture.**

Large firms can manage benefits. Tribal Nations Health is built to govern healthcare sovereignty.

## The Governance Gap in Conventional Health Plans

A health plan can appear functional while remaining structurally exposed. Claims may be paid. ID cards may work. Pharmacy benefits may operate. Reports may arrive. Renewal meetings may occur. Employees may receive coverage.

But functionality is not governance.

The governance gap appears when the Tribe carries the risk but vendors control the truth. It appears when pharmacy value is difficult to trace. It appears when vendor compensation is hard to verify. It appears when stop-loss reimbursements, credits, recoveries, and rebates are not tied to one fiduciary record. It appears when decisions are remembered but not documented.

The gap also appears when the plan is administered as a benefits program instead of governed as a sovereign financial and human system.

This is especially important in self-funded plans. Self-funding gives a Tribe more direct financial responsibility. It does not automatically create authority, transparency, fiduciary protection, vendor accountability, pharmacy control, or cultural alignment.

Self-funding gives the Tribe financial responsibility. TrustFirst™ gives the Tribe financial control.

## TrustFirst™ Architecture: The Fiduciary Governance System

TrustFirst™ Architecture is the fiduciary governance system behind Tribal Nations Health. It establishes the structure by which the health plan is governed, documented, supervised, and defended.

TrustFirst™ is not simply software. It is both a software-supported fiduciary ecosystem and a clearly defined operating doctrine. The software preserves the record. The doctrine governs the system.

The software records and organizes plan documents, trust documents, vendor agreements, administrative services agreements, fee schedules, compensation disclosures, claims funding records, medical and pharmacy activity, PBM credits and rebates where applicable, stop-loss documentation, approvals, exceptions, meeting records, decision rationale, and audit-ready evidence.

The doctrine defines how authority is granted, how discretion is exercised, how vendors operate, how conflicts are managed, how money moves, how data is reconciled, how fiduciary decisions are documented, and how leadership is protected.

Software can store records. Architecture governs systems. TrustFirst™ does both because Tribal health plan governance requires both.

| TrustFirst™ component                        | Governance function  |
|--|--|
| <b>Operating doctrine</b>                    | Defines the rules of authority, discretion, vendor supervision, documentation, funds flow, and accountability.                   |
| <b>Software-supported evidence ecosystem</b> | Preserves documents, approvals, claims funding, vendor payments, fee schedules, decisions, exceptions, and audit-ready evidence. |
| <b>Fiduciary governance cadence</b>          | Moves oversight from annual renewal review to monthly, quarterly, annual, and event-driven supervision.                          |

|  |   |
|--|---|
| <b>Trust-controlled funds flow</b>     | Connects plan dollars to documented authority, reconciliation, and fiduciary review.                                |
| <b>Vendor accountability structure</b> | Places TPAs, PBMs, brokers, carriers, networks, and service providers inside the architecture rather than above it. |
| <b>Sovereign documentation record</b>  | Creates institutional memory that can survive leadership transitions, audits, disputes, and vendor changes.         |

## Delegated Discretion and Fiduciary Responsibility

TrustFirst™ governance begins with authority. Sovereignty cannot be exercised through vague oversight. It must be defined, delegated, documented, and supervised.

Where authorized and documented by the Tribal plan sponsor, Tribal Nations Health assumes delegated fiduciary governance responsibilities for the portions of the plan it governs. That authority is exercised through TrustFirst™ Architecture, not through informal advice or vendor preference.

This distinction matters. Tribal Nations Health does not claim to eliminate all fiduciary responsibility or remove the need for legal, actuarial, accounting, medical, or compliance review. Instead, the model reduces, structures, governs, documents, and shifts operational fiduciary burden into a formal governance framework where authority, decision-making, monitoring, and documentation are clear.

For Tribal councils, finance leaders, HR leaders, enterprise boards, and benefits committees, this creates a stronger operating environment. Leaders are not left relying on memory, vendor summaries, or annual renewal narratives. They have a documented framework showing what authority existed, what decisions were made, what alternatives were considered, what risks were identified, and how the plan was monitored.

Leadership protection is sovereign protection. When oversight is informal, leaders absorb unnecessary exposure. When authority is defined and decisions are documented, leadership operates inside a defensible structure.

### **Documentation is institutional armor.**

If a decision is not documented inside the governance record, it does not exist for governance purposes.

# The TrustFirst Tribal Governance Stack

The TrustFirst Tribal Governance Framework can be understood as a stack. Each layer supports the next. If one layer is missing, the system can still function, but it is not fully governed.

The stack begins with sovereign authority and ends with living continuity. That sequence matters. A health plan cannot jump directly to wellness, culture, or community transformation if the underlying money, data, authority, and vendor relationships remain fragmented.

| Governance layer                          | Purpose  |
|---|--|
| <b>Sovereign authority</b>                | Defines who has authority to act, approve, delegate, supervise, and amend the plan governance structure.                         |
| <b>TrustFirst™ fiduciary architecture</b> | Creates the operating doctrine and software-supported record through which governance is exercised.                              |
| <b>Casino Cage Method</b>                 | Establishes a control point for every sovereign dollar entering, exiting, supporting, offsetting, or generated by the plan.      |
| <b>Vendor governance</b>                  | Places all vendors inside the architecture with clear roles, compensation review, performance standards, and terminability.      |
| <b>Data and documentation</b>             | Turns claims, pharmacy, eligibility, funding, vendor, and performance data into sovereign intelligence and audit-ready evidence. |
| <b>Walking in Two Worlds</b>              | Aligns Western medicine and ancestral wellness inside a governed health and wellness platform.                                   |
| <b>Return Multiverse continuity</b>       | Connects healthcare governance to narrative authority, material support, daily practice, and intergenerational durability.       |

## Governance Roles and Decision Domains

A governance framework must make roles clear. Without clear roles, the plan may still operate, but accountability becomes blurred. Blurred accountability is where vendor influence grows, decision memory weakens, and leadership exposure increases.

TrustFirst™ separates governance from administration. The Tribal plan sponsor retains sovereign authority. Tribal Nations Health exercises delegated fiduciary governance responsibilities where authorized and documented. Vendors perform defined functions inside the

architecture. Finance, HR, councils, boards, and committees receive clearer information for decisions that belong to them.

This separation is not distrust. It is structural prudence. The more important the system, the more clearly authority must be defined.

| Decision domain                         | TrustFirst™ governance requirement   |
|---|--|
| <b>Plan authority</b>                   | Who may approve, delegate, amend, terminate, fund, or supervise plan operations must be defined in writing.  |
| <b>Vendor selection</b>                 | Vendor decisions must be tied to documented need, fee reasonableness, conflicts review, service standards, and monitoring obligations.                 |
| <b>Claims funding</b>                   | Funding requests, claims payments, stop-loss activity, recoveries, credits, and reserves must reconcile to documented authority.                       |
| <b>Pharmacy economics</b>               | PBM compensation, rebates, credits, spread, specialty drug strategy, formulary incentives, and clinical programs must be visible and governable.       |
| <b>Plan design</b>                      | Benefit decisions must be evaluated for cost, access, workforce impact, member experience, cultural alignment, and long-term sustainability.           |
| <b>Data access</b>                      | Claims, pharmacy, eligibility, funding, vendor, and performance data must be available to support sovereign decision-making.                           |
| <b>Traditional medicine integration</b> | Approved traditional healing or ancestral wellness pathways must be structured, documented, funded where appropriate, and aligned with plan authority. |

This is one of the reasons Tribal Nations Health must be more than a brokerage or consulting layer. The issue is not whether a vendor can present options. The issue is whether the Nation has a structure that governs the options, documents the reasoning, supervises the economics, and protects the people making the decisions.

That is the difference between receiving advice and governing a system.

## The Casino Cage Method Inside TrustFirst™

**Every health plan dollar is a sovereign dollar.**

Every serious financial system has a control point. Banks have custody and reconciliation systems. Investment platforms have custodians. Trusts have trustees. Tribal gaming operations have the cage.

Money does not move casually in high-accountability environments. It moves through defined authority, verification, reconciliation, documentation, and supervision.

Healthcare should be no different.

Yet in many self-funded health plans, there is no true control point for every dollar. Claims dollars, vendor payments, pharmacy arrangements, PBM rebates, credits, recoveries, stop-loss reimbursements, administrative fees, and network costs often move through multiple parties without one sovereign fiduciary structure governing the full chain of custody.

That gap is where opacity grows. That gap is where value leaks. That gap is where vendors can control the truth.

The Casino Cage Method is the financial control doctrine inside TrustFirst™ Architecture. It creates a central fiduciary control point for the health plan economy so every dollar that enters, exits, supports, offsets, or is generated by the plan is visible, authorized, reconciled, and documented.

For Tribal Nations, this is not merely financial administration. It is sovereignty. Every dollar that is, or can be, attributed to the health plan is a sovereign dollar. It should not move through an extraction-based system without clear authority and fiduciary supervision.

The objective is not complexity. The objective is control.

**Healthcare dollars should be governed with the same seriousness as casino dollars.**

## Extraction Versus Sovereign Circulation

The conventional healthcare vendor economy often rewards extraction more than circulation. Value can be captured through spread, rebates, credits, administrative fees, opaque compensation, data control, contract terms, recovery arrangements, and pricing structures that are difficult for plan sponsors to verify.

That does not mean every vendor acts improperly. It means the structure itself must be governed.

Tribal Nations Health replaces extraction tolerance with sovereign circulation. Savings, rebates, credits, recoveries, avoided costs, pharmacy value, payment integrity findings, and performance gains should circulate back toward the Nation, the plan, employees, families, providers, traditional healing, prevention, reserves, and long-term health infrastructure.

The TrustFirst framework requires value connected to the health plan to be identified, documented, reconciled, and directed according to plan authority. No vendor should extract

value outside documented authority. No vendor should define its own economics. No vendor should control the record used to evaluate its own performance.

## Vendors Serve the Plan. They Do Not Govern the Plan.

Strong health plans need strong vendors. TPAs, PBMs, brokers, carriers, networks, stop-loss providers, pharmacy partners, data partners, clinical partners, navigation vendors, compliance resources, and other service providers may all play important roles.

But vendors serve the plan. They do not govern the plan.

Administration is not governance. A TPA may process claims. A PBM may administer pharmacy. A broker may support market access. A network may provide provider contracts. A stop-loss carrier may price catastrophic risk. Those functions are necessary, but they do not establish fiduciary control.

Governance requires independent supervision, documented authority, fee reasonableness review, conflict management, performance monitoring, data access, and the ability to terminate or restructure vendor relationships when the plan interest requires it.

TrustFirst™ allows good vendors to operate inside a governed structure. It is not anti-vendor. It is pro-sovereignty.

| Vendor function             | What the vendor may do                               | What TrustFirst™ governs  |
|-----------------------------|--|---|
| TPA                         | Processes claims and supports administration.        | Claims data access, fee reasonableness, service performance, payment accuracy, and reporting integrity. |
| PBM                         | Administers pharmacy benefits and network access.    | Rebates, credits, spread, specialty drug economics, formularies, compensation, and pharmacy data.       |
| Broker or placement support | Supports market access and vendor placement.         | Compensation disclosure, conflicts, decision documentation, and alignment with plan authority.          |
| Stop-loss carrier           | Prices and reimburses catastrophic risk.             | Contract terms, thresholds, reimbursements, reserves, large-claim reporting, and renewal strategy.      |
| Network or provider partner | Provides access to care and negotiated arrangements. | Access performance, cost reasonableness, quality signals, contract terms, and member impact.            |

## Data Is a Sovereign Asset

Healthcare data is not administrative residue. It is strategic intelligence.

Claims data, pharmacy data, eligibility data, funding records, vendor payments, stop-loss activity, rebate information, utilization patterns, chronic condition trends, large-claim exposure, and member access patterns all help Tribal leadership understand the health and financial condition of the plan.

When data is fragmented, delayed, filtered, or vendor-controlled, sovereignty weakens. When data is governed, reconciled, and tied to fiduciary decision-making, sovereignty strengthens.

Data allows Tribal finance to understand cost drivers. Data allows HR to support members with confidence. Data allows leadership to evaluate vendor performance. Data allows the plan to identify savings, risk, prevention opportunities, and health priorities. Data allows cultural and clinical strategy to be connected to real outcomes.

If the trust bank is the control point, data is the evidence layer.

TrustFirst™ connects both. It creates the record showing how dollars moved, why decisions were made, what vendors were paid, what claims were funded, what pharmacy value was generated, what risk emerged, and how leadership responded.

## The Fiduciary File: Where Governance Lives

A governance framework is only as strong as the record that proves it. TrustFirst™ preserves the fiduciary file as the institutional memory of the plan.

The fiduciary file is where the plan documents, trust documents, administrative services agreements, vendor agreements, fee schedules, compensation disclosures, approvals, exceptions, claims funding records, pharmacy records, stop-loss documentation, governance meeting notes, decision rationale, and monitoring evidence are preserved.

This is not bureaucracy. It is protection.

Documentation demonstrates prudence. Documentation protects leadership. Documentation creates continuity. Documentation allows future leaders to understand why decisions were made. Documentation makes the plan defensible when questioned by auditors, regulators, counsel, employees, vendors, or future administrations.

By renewal, the plan should already be understood. By audit, the record should already exist.

## Year-Round Governance Cadence

TrustFirst™ governance is continuous. It does not wait for renewal. It does not depend on a crisis. It does not begin when an audit letter arrives.

The cadence is designed to keep the plan understood, documented, and governable throughout the year. Monthly, quarterly, annual, and event-driven reviews each serve a distinct purpose.

| Governance cadence  | Primary focus   |
|---------------------|---|
| <b>Monthly</b>      | Claims trend, pharmacy trend, funding status, trust activity, eligibility issues, payroll or contribution exceptions, large claims, vendor service issues, and emerging cost drivers.                               |
| <b>Quarterly</b>    | Fiduciary governance review, vendor performance, fee reasonableness, PBM economics, stop-loss exposure, documentation updates, plan performance, and leadership reporting.  |
| <b>Annual</b>       | Strategic renewal, benchmarking, contribution strategy, stop-loss review, PBM review, plan document review, employee communication review, and fiduciary file certification.  |
| <b>Event-driven</b> | Audit request, DOL or other regulatory request, leadership transition, vendor change, stop-loss shock, major claim event, workforce restructuring, acquisition, enterprise expansion, or material compliance issue. |

## What the Framework Changes for Leadership, Finance, and HR

The TrustFirst Tribal Governance Framework is designed for the people who actually carry the burden of the health plan: councils, chairs, finance leaders, HR leaders, enterprise boards, healthcare administrators, and benefits committees.

Each group experiences the plan differently. Council and executive leadership must protect sovereignty and community resources. Finance must understand cost, risk, funding, reserves, pharmacy, and vendor economics. HR must support employees and families while explaining plan decisions clearly. Enterprise boards must balance workforce needs, operational efficiency, and long-term competitiveness.

TrustFirst™ gives each group a clearer operating environment.

| Audience  | What TrustFirst™ changes  |
|---|---|
| <b>Tribal councils and executive leadership</b> | Moves the plan from vendor reporting to documented sovereign oversight, leadership protection, and long-term stewardship.                                       |
| <b>Tribal finance</b>                           | Creates clearer visibility into claims funding, pharmacy spend, stop-loss activity, vendor payments, rebates, credits, recoveries, reserves, and forecast risk. |

|   |   |
|---|---|
| <b>Human resources</b>                                | Provides a more coherent structure for employee communication, eligibility discipline, member support, benefits education, and plan credibility.          |
| <b>Enterprise boards</b>                              | Aligns benefits strategy with workforce retention, cost predictability, operational performance, and governance across multiple entities or locations.    |
| <b>Healthcare administrators and 638/IHS partners</b> | Creates a stronger framework for coordination, member navigation, prevention strategy, data-informed decisions, and culturally aligned health priorities. |
| <b>Legal counsel and advisors</b>                     | Provides a clearer fiduciary record, documented authority, vendor files, decision rationale, and audit-ready evidence.                                    |

This is why the framework must be institutional in quality but Native-led in design. Tribal Nations deserve the rigor of institutional governance without surrendering cultural authority, sovereign control, or community trust.

The goal is not to make the plan feel more corporate. The goal is to make the plan more governable, more transparent, more aligned, and more durable.

## Walking in Two Worlds: Governing Money and Meaning

TrustFirst™ governs the money. Walking in Two Worlds governs the meaning.

Together, they prevent healthcare sovereignty from becoming merely financial, merely clinical, or merely symbolic.

Walking in Two Worlds is the Tribal Nations Health worldview and health and wellness platform. It allows traditional medicine, traditional healing practitioners, ancestral wellness, community-defined health priorities, and cultural continuity to come into and alongside a Western self-funded major medical plan.

Western medicine has real value: hospitals, physicians, diagnostics, surgery, pharmacy, specialty care, emergency intervention, and chronic condition treatment. Traditional medicine also has real value: healing relationships, ceremony, ancestral knowledge, prevention, identity, belonging, spiritual continuity, and community trust.

A sovereign health plan should not force one world to erase the other.

Walking in Two Worlds creates a disciplined structure where both can operate with respect, clarity, and defined authority. Culture should not be decorative. Culture should be durable. When culture is embedded into the health plan structure, it becomes infrastructure.

## Return Multiverse: Continuity Beyond the Health Plan

Tribal Nations Health is the healthcare anchor inside the broader Return Multiverse system.

Return Multiverse exists because sovereignty cannot be sustained through fragmented programs, isolated vendors, or symbolic alignment. It must be structured across the systems that shape life, health, economics, story, access, and daily practice.

Tribal Nations Health establishes sovereign healthcare governance. Return Studios supports narrative authority, education, and communication. Medicine Bundle Provisions supports material and supply sovereignty, including health-related provisions, supplements, prevention supports, and modalities that connect Western and traditional health pathways. LifeWays Daily Rituals supports daily integration, because health infrastructure must eventually become lived practice: food, movement, family, ceremony, habit, identity, and community.

Together, these paths reinforce one another. The health plan becomes more than a benefit. It becomes part of a governed system for continuity.

**One System. Four Paths. Governed Continuity. Structure Before Scale.**

## The TrustFirst Tribal Governance Standard

The TrustFirst Tribal Governance Framework is designed to give Tribal leadership a clear standard for evaluating whether the health plan is truly governed.

The standard is demanding because the responsibility is significant. Healthcare affects money, risk, workforce stability, family health, community trust, and cultural continuity. It must be governed accordingly.

- Authority must be defined.
- Discretion must be documented.
- Plan dollars must be visible, authorized, reconciled, and governed.
- Vendors must operate inside the architecture.
- No hidden compensation and no unauthorized extraction should be tolerated.
- Claims, pharmacy, eligibility, funding, and vendor data must be treated as sovereign assets.
- Decisions must be preserved in the fiduciary file.
- Fiduciary stewardship must protect leadership and community resources.
- Western medicine and traditional medicine must be integrated without either system erasing the other.
- The governance structure must survive leadership transitions.

## **Closing: Governance Is the First Act of Sovereignty**

Healthcare sovereignty cannot be achieved by funding care alone. It is achieved by governing the system through which care is financed, delivered, measured, documented, and sustained.

That is the purpose of the TrustFirst Tribal Governance Framework.

It gives Tribal Nations Health a structured way to turn self-funded health plans into governed healthcare infrastructure. It gives leadership defined authority, finance a clearer view of plan economics, HR a stronger foundation for member support, vendors a disciplined operating environment, and communities a health plan strategy that can be aligned with cultural priorities and long-term wellbeing.

This is where Tribal Nations Health separates itself from conventional benefits models. The largest firms may bring scale. Tribal Nations Health brings sovereign architecture. The largest firms may bring market access. Tribal Nations Health brings fiduciary governance, casino-cage funds-flow discipline, Native-led stewardship, Walking in Two Worlds integration, and Return Multiverse continuity.

No one else touches this combination because this is not a standard benefits model. It is a sovereign healthcare governance system built for Indian Country.

The future of Tribal healthcare will not be vendor-controlled. It will not be fragmented. It will not be governed by opacity. It will not treat culture as an accessory.

It will be sovereign. It will be transparent. It will be fiduciary-governed. It will be culturally aligned. It will be built to endure.

That is the TrustFirst™ standard. That is the Tribal Nations Health model. That is the governance framework.