

North Dakota Health Benefit Exchange Stakeholder Final Report

September 23, 2011

Overview of meeting preparation and facilitation

Odney was notified on Wednesday August 17 we had been awarded the contract to facilitate the public meetings for the North Dakota Health Benefit Exchange on behalf of the State of North Dakota Insurance Department, the Department of Human Services and the Information Technology Department. We met with team members of the state agencies on August 19, and held our first Stakeholder meeting on August 30. The purpose of the Stakeholder meetings was to gather input in the development of the Exchange for the State of North Dakota.

The North Dakota Department of Insurance sent notices and news releases out on the meetings, along with securing facilities for the meetings, submitting the questions and developing and printing of the Fact Sheet. The state agencies also arranged to have state experts present at all but the Fargo Insurer's meeting to respond to questions.

Odney's responsibilities were to assist in the planning, conducting, facilitation, management and reporting of 11 collaborative meetings in four cities - Bismarck, Fargo, Grand Forks and Minot. Odney was responsible for developing and providing sign-in sheets, collecting the information and providing reports on each meeting as well as a meeting summary report to the Insurance Department.

Odney completed a management plan for the meetings that outlined how the meetings would be managed (*Addendum 1*), along with the agenda for the meetings (*Addendum 2*), the sign-in sheets (*Addendum 6*) and signs for each location.

It was also Odney's responsibility to secure all equipment for the meetings, along with recording each meeting. The recording of each meeting was fulfilled with written notes, plus an audio and video recording for back up. Odney also took photos of the meetings, when possible.

Odney had two staff present to facilitate and record each meeting:

- Beth Simon served as facilitator for all meetings
- Marnie Piehl recorded all Bismarck and Minot meetings
- Alex Finken documented the Grand Forks and Fargo Producers and Consumers meetings
- Kelly Heyer took minutes at the Fargo Insurers and Providers meetings

The state experts were:

- Maggie Anderson, Bismarck Providers and Consumers
- Melissa Hauer, Bismarck Producers
- Mike Fix, Bismarck Providers, and the Fargo Producers, Consumers and Providers
- Dave Zimmerman, Grand Forks Providers and Consumers
- Rebecca Ternes, Minot Providers and Consumers

Prior to the start of each meeting, Beth provided an overview of the meeting which included sharing the goals, reviewing the agenda and reading of the Fact Sheet (the Fact Sheet was not read at the first meeting, members were asked to review it). It was emphasized that any questions people had could be written down and shared with the Odney team who would get them to the state for response, or they could email those questions to insurance@nd.gov.

After the introduction, the questions were then presented. Each meeting had 4-6 questions, depending on the focus group. The first two questions were the same for all groups, and the remainder tailored for the area of expertise of that group. Copies of the questions can be found in *Addendum 3*. Odney also visited with the state expert after all but the Bismarck Providers meeting to gain insight into their view of the meeting, and if any changes needed to be made for future meetings.

After the first meeting, Odney's team and team members of the state agencies met to review how the meeting went, and changes that needed to be made. Changes identified were the need to read the Fact Sheet, repeat the questions after completing the first time, and share that we would be focusing on the questions outlined, and that not all questions could/would be answered during the meeting.

Overview of meetings

The majority of the people contributed to the discussion and were very appreciative of being given the opportunity to attend the meeting and share their opinions. There were some who did not share, and they may have been there just to learn more. Grand Forks had only one person in the two meetings who did not share. Minot also had full participation from their Provider group.

People were respectful of others and there were only a couple times when the facilitator needed to "move them on". Each time it was verified with the state expert that it was time to do so. The Grand Forks Consumers got into a conversation on cost and the Minot Consumers on whether insurance is a right or a responsibility. The example was car insurance - if you own a car you are required by law to carry insurance. The challenge to that was that driving a car is a responsibility, not a right.

After the first few meetings, we changed a few things.

- The first meeting we did not read the Fact Sheet, but it was identified it needed to be read at all future meetings to ensure that all in attendance had reviewed it. Discussion was held on whether a few minutes should be set aside for people to read it themselves, but it was noted that some may not be able to read it, which would put them at an unfair advantage.
- When explaining that not all questions would be answered, we realized we needed to give more detail by explaining we just didn't have some answers yet, as the information was being gathered from the ground up. It is just not possible to have answers to some questions at this time as the base must be developed first. Our concern on not being more detailed was that some could perceive that as withholding information and not share, which was not the case.
- We began repeating the questions a second time, which was beneficial. If someone came late, they had the opportunity to answer any they had missed. There were also a few times when subsequent conversations had brought other thoughts to the surface, or maybe persuaded some people to be open to a different view. A specific example was at the Minot Consumer meeting. There were three individuals who answered question #1 on who should run it as neither the state or federal governments as neither had the right to be involved in insurance/healthcare issues. When asked the second time, they changed it to the state.
- Having the expert available to try and answer general questions at the end was very beneficial to the group not only in having their questions heard (as we were not always able to provide answers), but also giving the public the opportunity to have their voices heard.

Overall summary comments

Summaries from all meetings are located below, but overall the majority of the people felt that the state should run the Exchange. Those who felt it should be run by the federal government seemed to feel that way primarily because of the concern that the initial startup cost could be very high. When people shared their rationale for that, it sparked good conversation.

The biggest concerns seemed to be:

- Cost - Who will pay for the plan? Will the plans be affordable?
- Confusion - This plan needs to be simple
- Need a person involved, whether that is an insurance agent or navigator, to answer questions and help those who don't want or can't apply online
- Want a choice outside of the Exchange, but they are concerned with cherry picking

The services brought up most often were basic primary and preventative care. People want the Exchange to function well and be able to share information so that providers don't have to continually ask the same basic questions and submit the same paperwork. The IT piece needs to be ready and provide accuracy, continuity, communication and safety.

All seem to want online and assistance from a person as options for signing up. Some don't care if the person is a navigator or agent. If a navigator is an option, they want them to be trained and certified (this was mostly stated by agents). Agents feel that training and certification need to be the same that is required of them. Agents also want to be compensated by the Exchange if they are used.

People want to be able to easily compare plans on the Exchange, and they want it to be simple and clean. There were concerns voiced on sharing family income on the Exchange, as many are of the understanding that they will need to give that to their employer, and are not open to sharing that information with them. There was also some concern that some households will be misrepresented in eligibility in the cases where those contributing to the income may not be married, so their combined income is not trackable.

Questions/Responses Summaries

Below are the combined summaries from all the meetings. The summaries below are broken up into two reports - the first has the summaries from all 11 meetings for questions 1 and 2 as those were asked at all meetings. Meeting reports can be found in *Addendum 5*.

The second report has the summaries for each question broken down by group (Providers, Producers, Consumers/Government/Employers and Insurers).

The state agencies were sent documents from the Pharmaceutical Research and Manufacturers of America with comments on the development of the North Dakota Health Benefits Exchange. That document can be found in *Addendum 4*.

Questions 1 & 2 - all group answers

1. **Who should run the ND Health Benefit Exchange, the federal government or the state government?**
 - All want state to run (*from Bismarck Providers*)
 - Don't trust feds
 - North Dakota's current financial situation proves we are better set to run
 - State run it
 - Respond better to local needs
 - Worried about state resources - maybe ND, MN and SD can work together
 - Too complex if federal government does it
 - Reimbursement timing from feds is concern
 - (5) want state to run it (*from Grand Forks Providers*)
 - They regulate insurance now
 - Closer to the people
 - Once it leaves state, hard to get back
 - Feds just continue to grow
 - (3) want feds to run it (*from Grand Forks Providers*)
 - Feds are the ones who put it in place
 - ND does not do a great job of running Medicaid
 - (8) state should run (*from Grand Forks Providers*)
 - We have very well run Insurance Department
 - Insurance regulated by state - makes sense they run it
 - Feds may ignore special peculiarities of our state
 - Struggle with confidence in federal government
 - Concern feds will dip into slush fund of Exchange
 - Advocate for physicians to be active in running

- (1) no official position (*from Grand Forks Providers*)
- North Dakota has different demographic than the federal government - we understand & will focus on North Dakota
- Don't trust the federal government
- Don't like 800 numbers and being on hold
- I think it will be confusing and difficult with the federal government
- State run
- Mistrust federal government - issues with current federal programs
- Constitutionality concern
- Local control
- State Insurance Department good to work with
- We understand rural areas
- (2) in favor of federal government - due to mobility (take with them to another state) and do a good job with Medicare (*from Grand Forks Providers*)
- Rest who spoke want state - don't trust the federal government
- (4) state should run (*from Fargo Consumers*)
 - Understand our people
 - Don't trust feds
 - State manages money better despite upfront costs
- (1) federal (*from Fargo Consumers*)
 - Very troublesome to start new program - why should cost be laid on ND taxpayers?
- (4) state (*from Grand Forks Consumers*)
 - Uninsured in North Dakota very low
 - Prefer state-run program and decisions
 - Know our people
- (2) both (*from Grand Forks Consumers*)
 - Feds tax or print money to fund it, so state will pay anyway
 - Feds will focus on urban area and may not apply to us
 - North Dakota much more frugal
 - States can join other rural states
- (1) unsure (*from Grand Forks Consumers*)
 - Fed benefit
 - cost
 - if it fails - on feds' back
- (1) no position (*from Grand Forks Consumers*)
 - Problem now - healthcare costs
 - Control by standardizing what is available - fed advantage
- If fed get it can we get it back?
- (12) state (*from Minot Consumers*)
 - Run more efficiently
 - Tailored better for our needs
 - Fall through if feds run it
 - Better ability to make it efficient
- (3) neither state or fed (*from Minot Consumers*)
 - Should leave citizens to make own choices
- Healthcare should not be regulated by government
- State should run
- Take advantage of federal money to set up
- Concern in trying to retro-fit for state after set up through feds - plus will have reduced federal money for this

**2. What concerns you most about the Exchange? OR
What do you NOT want to see done with the Exchange?**

- Healthcare is expensive
- Utilization huge in controlling cost
- Selection & expense

- Will only dominant players be a part?
- Will providers get a choice in patients (want them to be compliant)?
- Cost - what if only sick participate and don't have healthy to offset?
- Want agents to work with Exchange
- Lots of paperwork
- Confusing as people learn
- Needs to be easy to use and process claims
- Utilization may increase due to greater access
- Will providers be compensated?
- Cost - need to educate consumer on responsible usage
- Want agents involved - too complex for average person
- Don't want it to affect/hurt small businesses
- Patient-centered care - preventative
- Concern some will access only when very sick rather than paying all along
- Don't want to eliminate or not pay agents - they are trained and understand
- Navigators need to be trained and licensed
- Consumers need choice in and outside of Exchange
- Computer program - will it be ready and working by 2013?
- Navigator
- Clients need agents
- Agents need to be compensated
- Need to have ducks in a row - including IT
- Bureaucracy concerns
- Include preventative service
- Friendly to small businesses
- Concern will be financially self-sustaining by 2015
- Concern with having income/defining household
- Affordable premium
- More than one insurer
- Sharing of financial information
- Will fracture employer/employee relationships
- Where will funds for subsidies come from?
- Make sure providers don't cherry-pick healthiest people
- People need to see what's available - like car insurance
- It will be confusing and complex
- Cost could rise
- How do we get uninsured insured? This isn't about issues - this is about getting best package for North Dakota
- Concern - take on - spend lots of money and won't be around (like Social Security)
- Intrusiveness concerns me
- If congress compels us to buy insurance, can compel us to buy other things
- Exchange is too cookie-cutter - same thing won't work for all
- Rural providers stay open
- Don't want to wait for my healthcare
- Can we afford it?
- Is it right to make employers buy insurance for their employees?
- NDID be regulator
- Enhance current market
- Compliment how purchase now
- Preserve ability to sell outside of Exchange
- If federal program, lose flexibility
- Compare apples to apples
- Funding is concern

By Group
Providers

1. **Who should run the ND Health Benefit Exchange, the federal government or the state government?**
 - Bismarck
 - All want state to run
 - Don't trust feds
 - North Dakota's current financial situation proves we are better set to run
 - Fargo
 - state run it
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 - Advocate for physicians to be active in running
 - (1) no official position

2. **What concerns you most about the Exchange? OR What do you NOT want to see done with the Exchange?**

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 - Healthcare is expensive
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 - What will only dominant players be a part?
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 - Want agents to work with Exchange
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 - Will providers be compensated?
 - Cost - need to educate consumer on responsible usage
- Minot
 - Want agents involved - too complex for average person
 - Don't want it to affect/hurt small businesses
 - Patient-centered care - preventative
 - Concern some will access only when very sick rather than paying all along

3. What types of services might you expect from the Exchange?

- Bismarck
 - Preventative services - early intervention
 - Adequate reimbursement in reasonable time
- Fargo
 - Hope meets needs of younger generation
 - Want agent as options
 - Structure similar to state or civil service employee health options with number of insurers and products to choose from
 - Concern state will set up then federal government come in and restructure
 - Software needs to be state-of-the-art
 - Don't repeat mistakes
 - Nice if all North Dakotans have benefits - needs to be cost efficient
- Grand Forks
 - Basic primary care in broadest definition, preventative to some extent, and rehab
 - Data sharing so businesses can audit what is happening through Exchange
 - Functions well - offers help and advice, inform what qualify for?
 - Educate on usage to control costs
 - Fiscally sound
- Minot
 - (3) agreed need to be someone to help
 - Attracted to decide each year (which level of participation)
 - Standardize quality reporting

4. Do you see any links between the Health Info Exchange and the American Health Benefit Exchange?

- Bismarck
 - Yes there are links, but doctor will still re-order test
 - Complicated to access - so not always cost effective
 - Consumers need to have vested interest
 - Expensive
- Fargo
 - Needs to be linked so payer and medical information can be accessed anywhere
 - Will insurance companies be expected to operate under new rules and regulations?
 - Will it be run like Medicaid or Medicare?
- Grand Forks
 - Electronic records have benefits - help prevent misdiagnosis, duplications and errors
 - Needs to offer accuracy, continuity, communication and safety
 - Needs to be a link and communication can occur for best outcomes for patients
- Minot
 - Claims side - would be wonderful if connected
 - Hopefully common language where all can be shared - like ATM - anywhere you use it, money comes out of your account; have lots of work to do
 - Don't see a connection

Producers/Agents

1. **Who should run the North Dakota Health Benefit Exchange, the federal government or the state government? And why do you think that?**
 - Bismarck
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 - North Dakota has different demographic than the federal government - we understand & will focus on North Dakota
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2. **What concerns you most about the Exchange? OR What do you NOT want to see done with the Exchange?**
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 - Navigators need to be trained and licensed
 - Consumers need choice in and outside of Exchange
 - Computer program - will it be ready and working by 2013?
 - Fargo
 - Navigator
 - Clients need agents
 - Agents need to be compensated
 - Need to have ducks in a row - including IT
 - Bureaucracy concerns

3. **How do you see yourself working with the Exchange to assist purchasers of health insurance?**
 - Bismarck
 - Want competition and not just 1 company
 - Want plan to fit people
 - Like Utah plan - it compensates navigator/agent - state pays
 - Fargo
 - Will work with Exchange
 - Utah Exchange - good - agents involved and compensated

4. **Are you interested in working with the Exchange to assist purchasers of health insurance? Why?**
 - Bismarck
 - Insurance agents/navigators - want to continue to help clients
 - Want to be compensated
 - Concern navigators won't know insurance or be licensed, if not agents
 - Fargo
 - Agents best navigators - need to be compensated
 - May facilitate those "on the border"

5. **In working with businesses, what are the key factors to consider for a successful exchange?**
 - Bismarck
 - Important to start small - individuals and companies with 50 or fewer employees - need to crawl before we run
 - Increase availability of insurance

- Keep current market option
 - Help people understand Exchange
- Fargo
 - Start small
 - Agents involved

6. Do you have any specific thoughts about Navigators?

- Bismarck
 - Insurance agents/navigators - need to know & understand
- Fargo
 - Need competition between market and products
 - Client involved in making change
 - Use agents in place

Consumers/Government/Employers

1. Who should run the North Dakota Health Benefit Exchange, the federal government or the state government? And why do you think that?

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 - (2) in favor of federal government - due to mobility (take with them to another state) and do a good job with Medicare
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 - Should leave citizens to make own choices
 - Healthcare should not be regulated by government

2. What concerns you most about the Exchange?

OR

What do you NOT want to see done with the Exchange?

- Bismarck
 - Include preventative service
 - Friendly to small businesses
 - Concern will be financially self-sustaining by 2015
 - Concern with sharing income/defining household
- Fargo
 - Affordable premium
 - More than one insurer
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- Grand Forks
 - Will fracture employer/employee relationships
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 - Make sure providers don't cherry-pick healthiest people
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 - How do we get uninsured insured? This isn't about issues - this is about getting best package for North Dakota
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 - Concern - take on - spend lots of money and won't be around (like Social Security)
 - Intrusiveness concerns me
 - If congress compels us to buy insurance, can compel us to buy other things
 - Exchange is too cookie-cutter - same thing won't work for all
 - Rural providers stay open
 - Don't want to wait for my healthcare
 - Can we afford it?
 - Is it right to make employers buy insurance for their employees?
- 3. If the Exchange is an online shopping-like system, do you think you might still want to talk to an insurance agent?**
- Bismarck
 - Online
 - Still talk to agent
 - Both
 - Fargo
 - Yes - not everyone is comfortable with online
 - Many lack education about coverage terminology
 - Online is necessary, live person is a must
 - Grand Forks
 - Majority agreed need someone to talk to in addition to online
 - Need to answer questions
 - Need choices to be fairly simple and clear - three or four
 - Minot
 - Yes want insurance agent (several)
 - Confusing without agent
- 4. Would you like the choice of purchasing health insurance inside the Exchange and outside (like it is now through insurance carriers) of the Exchange?**
- Bismarck
 - Both (in and out of Exchange)
 - If want pool big enough (in Exchange), need to direct more inside Exchange
 - Fargo
 - More choices - the better
 - Options are good
 - Grand Forks
 - Want a choice
 - Want someone to check with
 - If insurance companies have inside and outside Exchange - will they combine risk pools?
 - Minot
 - Yes - want both options
 - Good for checks and balances
 - If healthcare is too expensive - small businesses can't compete

5. What feature - such as potential for subsidies, tax credits, online comparisons, etc. - is most likely to encourage you to use the Exchange?

- Bismarck
 - Price
 - Compare online
 - Subsidiary or tax credit
 - Provide type of healthcare needed
 - Coverage for young adult/college age
- Fargo
 - Tax credits
 - Depends on who you are
- Grand Forks
 - Want to compare prices and features
 - Options - but not so many it's confusing
 - Have people available to answer questions
 - Comparison needs to be clear
 - Use a system people are familiar with - FAFSA
- Minot
 - Has to be easy, what quality for and what I need
 - Can't change from year to year
 - Limit employee choices
 - Issues - cost and type of benefits offered
 - Discouragement to provide employer with my household income

6. As a business, does the development of an Exchange make it more likely you will offer or continue to offer health insurance as a benefit of employment?

- Bismarck
 - Healthcare cost increasing
 - Will this be very expensive for small businesses - if can't save money, won't pay for it
- Fargo
 - Need to see coverage and how it operates
 - Hopefully it will allow for more affordable insurance
- Grand Forks
 - Employers need to first know more about Exchange
 - Cost
 - Penalty be worth it?
 - Confidentiality a concern (sharing financial information)
 - After two years when subsidy's gone - will give up on program
 - Many of uninsured are young people, and once people understand the benefits of having health insurance - will stay on (specifically young people). These are good people for risk pool
 - Tax credits in place this year - has not made a difference yet. Some asking - expecting 1 in 15 to go into it
- Minot
 - Not about having Exchange - about whether some employers can afford it
 - Businesses will exit out of healthcare plans and not offer to employees anymore

Insurers

1. **Who should run the ND Health Benefit Exchange, the federal government or the state government?**
 - Fargo
 - State should run
 - Take advantage of federal money to set up
 - Concern in trying to retro-fit for state after set up through feds - plus will have reduced federal money for this

2. **What concerns you most about the Exchange? OR What do you NOT want to see done with the Exchange?**
 - Fargo
 - NDID be regulator
 - Enhance current market
 - Compliment how purchase now
 - Preserve ability to sell outside of Exchange
 - If federal program, lose flexibility
 - Compare apples to apples
 - Funding is concern

3. **What kind of services might you expect from the exchange?**
 - Fargo
 - Risk adjustment board - consist of variety of experts
 - Collaborative up front
 - Vendor collaboration from IT standpoint

4. **How should the exchange pay for itself?**
 - Fargo
 - Full discloser of expensed
 - Traditional markets allowed to compete

5. **Should there be an external market for insurance outside of the exchange?**
 - Fargo
 - Yes - external market outside of Exchange
 - Limit insurance products - will limit consumer choice
 - Want flexibility and choice

6. **Key steps the exchange can take to ensure that plans are sold fairly?**
 - Fargo
 - Don't want external markets to cherry-pick in our market
 - Need advisory group - especially IT

Meeting attendance and breakdowns

Communities & meeting dates

- | | | |
|-----------------------------|------------|--|
| • Bismarck (August 30 & 31) | 3 meetings | Providers, Producers/Agents,
and Consumers/Government/Employers |
| • Fargo (September 6 & 7) | 4 meetings | Insurers, Producers/Agents,
Consumers/Government/Employers and
Providers |
| • Grand Forks (September 7) | 2 meetings | Providers and Consumers |
| • Minot (September 8) | 2 meetings | Providers and Consumers |

Focus Groups

- | | | |
|--------------------------|------------|--|
| • Providers | 4 meetings | Bismarck, Fargo, Grand Forks and Minot |
| • Producers/Agents | 2 meetings | Bismarck and Fargo |
| • Consumer/Gov./Employer | 4 meetings | Bismarck, Fargo, Grand Forks and Minot |
| • Insurers | 1 meeting | Fargo |

Breakdown by Community

Community	Group	Signed up	Attended	Length
Bismarck	Providers	16	13	1.00 hour
	Producers/Agents	28	27	1.50 hours
	<u>Consumers/Gov./Employers</u>	<u>33</u>	<u>43</u>	.75 hour
	Bismarck Total	77	83	
Fargo	Insurers	10	11	1.00 hour
	Producers/Agents	23	29-30	1.50 hours
	Consumers/Gov./Employers	13	23	1.25 hours
	<u>Providers</u>	<u>12</u>	<u>10</u>	1.25 hours
Fargo Total	58	73-74		
Grand Forks	Providers	6	8	1.00 hour
	<u>Consumers/Gov./Employers</u>	<u>7</u>	<u>13</u>	1.50 hours
	Grand Forks Total	13	21	
Minot	Providers	6	8-9	1.00 hour
	<u>Consumers/Gov./Employers</u>	<u>7</u>	<u>14</u>	1.50 hours
	Minot Total	13	22-23	
Total		161	199-201	

Breakdown by Groups

Group	Community	Signed up	Attended	Length
Providers	Bismarck	16	13	1.00 hour
	Fargo	12	10	1.25 hours
	Grand Forks	6	8	1.00 hour
	Minot	<u>6</u>	<u>8-9</u>	1.00 hour
	Provider Total	40	39-40	
Producers/Agents	Bismarck	28	27	1.50 hours
	Fargo	<u>23</u>	<u>29-30</u>	1.50 hours
	Producer/Agent Total	51	56-57	
Consumer/Gov./Emp	Bismarck	33	43	.75 hour
	Fargo	13	23	1.25 hours
	Grand Forks	7	13	1.50 hours
	Minot	<u>7</u>	<u>14</u>	1.50 hours
	Consumer Total	60	93	
Insurers	Fargo	<u>10</u>	<u>11</u>	1.00 hour
	Insurer Total	10	11	
Total		161	199-201	

Addendums:

- Addendum 1* Management Plan
- Addendum 2* Agenda
- Addendum 3* Questions
- Addendum 4* Pharmaceutical Research and Manufacturers of America
- Addendum 5* Meeting Reports (11)
- Addendum 6* Sign-in sheets

Electronic copies:

- Audio recordings
- Video recordings
- Photos
- Full report



Addendum 1

NDID Health Benefit Exchange Meeting Management Plan August 24, 2011

Meeting preparation:

1. Odney team will arrive at facilities one hour before meetings to set out sign-in sheets, set up recording equipment and put up meeting signs if needed
2. Will greet attendees and facilitate sign up (sign up is not required)
3. Document how many people attend
4. Record meetings electronically
5. Take photos
6. Take written notes during meetings
7. Talk with Experts on how they want to identify questions they feel are not appropriate for the discussion
8. Find out how Experts want to signal to continue with discussion on current question, or move on if time is short.

Agenda for meetings

1. Welcome

- a. Introduce and explain Odney is working with the State of North Dakota to gather input from North Dakotans on the development of a Health Benefit Exchange in North Dakota. All state agencies working on the Exchange want your input. The information gathered at these meetings will be shared with these agencies who will give to the ND Legislature as they decide if the state is going to run the Exchange.
- b. Reinforce the ND Legislature will make the decision if the state will run it, not the state or any state agency. It is then up to the federal government to approve it.
- c. Gaining input from North Dakotans is mandated as part of planning grant for Exchange.
- d. Process is required by the Patient Protection and Affordable Care Act,
- e. Your expertise and input is critical to this extremely important decision for our state.

2. Review how meetings will work

- a. Recording - for accurate information gathering - names not necessary
- b. Questions
 - i. Share how many questions and time allocation for each question. Will repeat questions at end. Meeting - up to 2 hours
 - ii. Process for answering from audience
 - iii. Announce there is a subject expert in the room available to answer any questions about the Exchange that arise, however we ask that those questions be related to the question posed before the group.
 - iv. Questions not covered at today's meeting can also be sent to insurance@nd.gov.

- v. There are several questions we need input on. In order to get to all questions and give everyone a chance to speak we ask that you make your comments as clear and concise as possible. If we are getting short on time and there are more attendees who want to give input, we may ask some to end their commentary in order to give others an opportunity to share.
 - vi. Ask that questions be kept to any relating to the questions we are discussing today.
 - vii. Let attendees know that the State of North Dakota wants to make sure all questions are answered, so please write down any questions that are outside of those discussed today, along with contact information, I will get them to the state and they will follow up or email them to insurance@nd.gov.
- c. All responses are welcome - we understand that there are all levels of understanding,
3. Goal is information gathering - everyone is entitled to their opinion, if it differs than yours, we ask that you respect that difference, and not challenge it. **Review Fact Sheet**
 - a. Read it
 - b. Ask if anyone has questions on what the Exchange is
 4. **You have a stake the Exchange so it is important that you share your expertise with the state so the ND State Legislature can determine the best and most effective way to set up the Exchange.**
 5. **Start Questions - ask them to share their expertise on questions asked.**
 6. **Repeat all questions and ask if there is further insight anyone would like to share on any of the questions.**

Reassure attendees the state wants to make sure all questions are answered, so please write any questions not answered down along with contact information and we will give it to the state. (Note: these may not be answered by the Insurance Department; they could be answered by another agency.)

Follow-up meetings

1. After initial meeting, we would like to meet with state member(s) to get feedback on process so we can make any changes identified.
2. After each meeting Odney will visit with expert to get feedback on meeting.
3. Odney will write a report/summary for each meeting and a final report compiling all information.



Addendum 2

**NDID Health Benefit Exchange Agenda
August 31, 2011 (Revised 4)**

**NDID Health Benefit Exchange Agenda
August 31, 2011 (Revised 4)**

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 - a. Read it
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Reassure attendees the state wants to make sure all questions are answered, so please write any questions not answered down along with contact information and we will give it to the state. (Note: these may not be answered by the Insurance Department; they could be answered by another agency.)



Addendum 3

NDID Health Benefit Exchange Questions

August 29, 2011

For all groups

Reassure attendees the State wants to make sure all questions are answered, so encourage those with questions not addressed at the meeting to please write them down along with contact information and we will give it to the State.

Consumers/employers/government:

1. Who should run the North Dakota Health Benefit Exchange, the federal government or the state government?
2. What concerns you most about the Exchange? Or What do you NOT want to see done with the Exchange?
3. If the Exchange is an online shopping-like system, do you think you might still want to talk to an insurance agent?
4. Would you like the choice of purchasing health insurance inside the Exchange and outside (like it is now through insurance carriers) of the Exchange?
5. What feature - such as potential for subsidies, tax credits, online comparisons, etc. - is mostly likely to encourage you to use the Exchange?
6. As a business, does the development of an Exchange make it more likely you will offer or continue to offer health insurance as a benefit of employment?

Producers/agents:

1. Who should run the North Dakota Health Benefit Exchange, the federal government or the state government?
2. What concerns you most about the Exchange? Or What do you NOT want to see done with the Exchange?
3. How do you see yourself working with the Exchange to assist purchasers of health insurance?
4. Are you interested in working with the Exchange to assist purchasers of health insurance?
5. In working with businesses, what are the key factors to consider for a successful exchange?
6. Do you have any specific thoughts about Navigators?
(Navigators work for the Exchange and will facilitate enrollment in plans, distribute information about plans and subsidies, conduct public education activities. More background for you: Navigators will help people choose plans without influencing their decisions. They can apply for federal grant funds. Agents fear that navigators will replace them.)

Providers:

1. Who should run the North Dakota Health Benefit Exchange, the federal government or the state government?
2. What concerns you most about the Exchange? Or What do you NOT want to see done with the Exchange?
3. What types of services might you expect from the Exchange?
4. Do you see any links between the Health Info Exchange and the American Health Benefit Exchange?
(The Health Info Exchange is being worked on by the state ITD right now, but I believe it has not been decided who will "own" that exchange. It has to do with the coordination and access of electronic medical records.)

Carriers:

1. Who should run the North Dakota Health Benefit Exchange, the federal government or the state government?
2. What concerns you most about the Exchange? Or What do you NOT want to see done with the Exchange?
3. What types of services might you expect from the Exchange?
4. How should the exchange pay for itself?
5. Should there be an external market for health insurance outside the Exchange?
6. What are the key steps the Exchange can take to ensure that plans are sold fairly?

Linda Carroll-Shern, J.D.
SENIOR REGIONAL DIRECTOR
NORTH CENTRAL REGIONAL OFFICE
STATE GOVERNMENT AFFAIRS

August 29, 2011

Commissioner Adam Hamm
North Dakota Insurance Department
State Capitol, 5th Floor
600 E. Boulevard Ave.
Bismarck, ND 58505-0320

RCT ✓
MF ✓
MAH ✓
DZ —
AF X

PhRMA



Re: Comments on the Development of North Dakota Health Benefits Exchange

Dear Commissioner Hamm:

The Pharmaceutical Research and Manufacturers of America (PhRMA) is pleased to respond to the North Dakota Insurance Commissioner's Office request for comments related to the North Dakota Health Insurance Exchange ("Exchange"). PhRMA is a voluntary, non-profit organization representing the nation's leading research-based pharmaceutical and biotechnology companies, which are devoted to inventing medicines that allow patients to lead longer, healthier, and more productive lives.

Well-structured Exchanges offering choice and competition among health plan options can help small businesses and individuals obtain improved coverage. We appreciate the State's solicitation of comments from interested parties with respect to the state's Exchange. We also look forward to participating in the ongoing discussions related to the composition of state insurance Exchange implementation legislation. At this juncture, PhRMA would like to submit comments on several key elements that we believe must be included in a state Exchange.

Maximizing Choice of Qualified Private Plans within New State-level Exchanges

We recommend that states promote a broad choice of qualified private insurance plans for eligible small businesses, families, and individuals. That is, an Exchange should facilitate the availability of health insurance plans that meet federal certification requirements of health plans as qualified health plans and not otherwise seek to exclude plans or limit consumer choices within these new marketplaces. The Administration and Congressional architects of The Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act (P.L. 111-152), jointly referred to as the Affordable Care Act (ACA) have stated as a guiding principle that consumers do better when there is choice and competition and advocated

Pharmaceutical Research and Manufacturers of America

for increasing plan choices for individuals and families.¹ We agree. This is also consistent with the design of one of the most successful Exchange-type models – the Federal Employees Health Benefits Program (FEHBP) – which provides high-quality, comprehensive health insurance coverage to over 9 million federal employees, retirees, and dependents while providing a wide array of private plan options (including national and local plans). Policymakers have long pointed to FEHBP as a model for making high-quality, affordable coverage available to individuals and small businesses.

Providing a broad choice of qualified plans will help small businesses and individuals who typically lack such choices in today's marketplace. Providing this choice and, therefore, an opportunity, to select a plan that best meets its purchaser's needs is one of the key benefits of Exchanges. Additionally, broad choice of plans will minimize the likelihood of disruption as some workers' coverage switches from employer groups to Exchanges. With choice among the set of plans prepared to meet the ACA's consumer protection and quality standards, it is more likely that employees will maintain, rather than lose, access to the plans and provider networks with which they are satisfied.

Exchanges that do not offer the full set of qualified plans would limit consumer choice and could significantly diminish the benefits of competition over time. If a qualified plan is not offered in an Exchange in a given year, it may be very difficult for it to sustain a viable presence in the market. Therefore, it may not be available to compete in future years, leaving consumers with fewer choices and those plans that were included in Exchanges facing less competition.

The ACA includes important eligibility requirements that health plans must meet to qualify for participating in the new state-based Exchanges. Qualified health plans must provide the "essential health benefits package," limit cost-sharing to specified levels, meet actuarial value standards within the Exchange, offer at least one qualified plan in the "silver" and "gold" level within the Exchange, and charge the same premium rate inside and outside the Exchange (§1301(a)(1)). Moreover, health insurance issuers must be licensed and in good standing and comply with the ACA's new insurance reforms and consumer protections, such as requiring guaranteed availability of coverage, prohibiting discriminatory premium rates (e.g., modified community rating), barring pre-existing condition exclusions, and requiring comprehensive benefits.

Health plans must also meet specific criteria to qualify for participation in an Exchange. ACA requires the U.S. Secretary of Health and Human Services (Secretary) to develop these certification criteria, which include marketing requirements, provider adequacy

¹ Remarks by the President to a Joint Session of Congress on Health Care; The White House: Office of the Press Secretary; September 9, 2009. "The Senate is Ready to Act on Health Care: Our Reform Plan Will Protect the Market for Innovation." Senator Max Baucus (D-MT); Wall Street Journal Op-Ed; October 15, 2009.

requirements (including essential community providers), quality improvement strategy requirements, and accreditation requirements for consumer access, utilization management, quality assurance, provider credentialing, complaints and appeals, network adequacy and access, and patient information programs.

Enhance and Build upon the Private Insurer Delivery Model

An insurance Exchange is intended to be a market mechanism for making qualified insurance plans available for purchase by consumers. The Exchange should allow health plans that meet certification requirements to provide coverage and services in the way they believe can provide the best care. Because plans will be accountable for organizing and delivering care effectively (including meeting new standards for quality and patient protections), the Exchange should preserve the availability of plans to organize and contract with providers to deliver medical care and not seek to “carve out” items and services. Carving out services from plans would defeat the point of assuring that plans are accountable for meeting these new standards and assuring high-quality care since they would be unable to manage some services that affect their results on other aspects of care.

Facilitate Transparency and Fairness to Consumers

The Exchange should be administered in a way that is responsive to consumer concerns in order to ensure that quality health care is available in plans offered to state residents. It should create a process for patients and stakeholders to provide input into the decision-making process, ideally in a public forum. Specifically, state open meetings laws should apply to the meetings of the Exchange Board.

The Exchange offers an opportunity for consumers to select a plan best suited to their individual needs. This cannot be done without access to clear and concise information about benefits, cost-sharing and co-payments, formularies, and appeals processes. Patients should also have access to data on prevention and wellness programs, medication management programs, and programs for addressing chronic conditions. The Exchange website is the primary venue for patients seeking coverage through the Exchange and should provide user-friendly and clear access to this information to empower patients to choose the plan best suited for their individual needs.

Structure and Governance

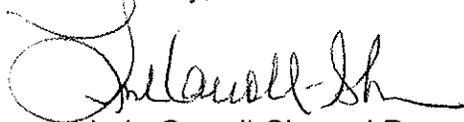
The governance structure of the Exchange will play a significant role in the level of competition that is promoted in the Exchange. PhRMA believes that the Exchange should be housed in an independent public entity (akin to the Security and Exchange

Commission) to ensure a mode of recourse for participants. It is essential that the Exchange not be housed in agencies where either regulatory or purchasing conflicts of interest may exist.

In order to safeguard the integrity of the Exchange, it is important that in addition to patient and stakeholder input, the legislature and executive branch maintain a degree of oversight. The Board of the Exchange should report annually to the Governor, Commissioner, and appropriate members of the legislature on the operations of the Exchange, including financial integrity, fee assessments, health plan participation and ratings, enrollee participation and satisfaction, and any other relative items. In addition, an advisory committee should be created comprised of stakeholders appointed by the Exchange Board and approved by the Governor. Committee members should represent a diverse range of expertise and perspectives including consumers, health plan administrators, advocates for enrolling minority and hard to reach populations, health care providers, and pharmaceutical and medical device manufacturers. The Advisory committee should be available to the Board for consultation on proposed policies, procedures, regulations, fees and other matters regarding the development, implementation, and on-going operations of the Exchange.

We believe that the North Dakota Insurance Exchange creates an opportunity for secure quality healthcare for the state's uninsured. We appreciate your consideration of our comments. Please feel free to contact me at 651-224-4548 or Joel Gilbertson, PhRMA Counsel, at 701-258-7899.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Carroll-Shern". The signature is fluid and cursive, with a large initial "L".

Linda Carroll-Shern J.D.
Sr. Regional Director, PhRMA

cc: Representative George Keiser
Chairman, Health Reform Review Committee

Joel Gilbertson, PhRMA Counsel
Vogel Law Firm

North Dakota Health Benefit Exchange Stakeholder Meeting Reports

Meeting #1
Bismarck - Providers
8/30/11 @ 2:00 p.m.

16 signed up
13 attended
Length: 1 hour

The Fact Sheet was not read at this meeting as it was predetermined this group would not need it. That was changed and it was read at all subsequent meetings.

No formal questions were allowed at the end, but there were some. It was decided later that the facilitator could answer some of the questions and to make sure any questions referencing the Insurance Commissioner or political positioning be addressed as not appropriate for these meetings.

At least 2 Legislators were at this meeting.

Experts

Maggie Anderson, ND Department of Human Services
Mike Fix, NDID

Questions/Responses

1. **Who should run the North Dakota Health Benefit Exchange, the federal government or the state government?** (about 15:43 into audio tape)

Federal government isn't going to do what's best for ND, ND will do. If you look at what Irene has done on east coast, everyone is waiting for federal government to come. With floods, we did what was best. With Exchange, state will do what's best for people. We need to be flexible enough to say is this the best benefit. Still have to explore options but I think WE will do what's best for state.

C is answer: But not an option. State will do better than that. The marketplace for truck drivers in Dickinson for example. In current scenario, BCBS won't pay doctor in Bismarck more than Dickinson even though everyone wants to live in Bismarck. State may not differentiate enough, but federal government won't do it as well as the state.

State would do it best because different regulations from state to state. Our rules are similar to about 16 other states, but state would better take into consideration what's best.

State should step up to plate and offer Exchange. Another question: will it be a government entity or outside entity to develop and maintain the Exchange?

Expert: Legislature will decide who will run Exchange - are actively discussing. Only conclusion interim committee has made is that it should be done in state.

State. Other important thing is financial situation of state and those around us. The more we align ourselves with states with budget surplus, the more likely we can run within means of state. Tough financial times mean we risk the federal government coming in. Be mindful of budget situation and surplus. Align ourselves with states positioned well financially. We don't want to be a California or the federal government will come in and determine Medicaid and CHIPS and cause a lot of trouble for us.

2. What concerns you most about the Exchange?

OR

What do you NOT want to see done with the Exchange? (about 22:41 into audio)

Doesn't deal with fundamental drivers that drive healthcare; each unit of service that person consumes. Nothing in the Fact Sheet that says that. They'll soon learn that healthcare costs what it costs because people use a lot of it and it costs a lot to provide.

Liability is #1 issue. Is this sustainable in the long term? Doing what's right for ND is important, but utilization is huge. In hospital for 30 years - if we don't put controls on it and its free - will people use it? Viability is #1 issue.

Want Exchange to be provider neutral so covers all providers. In rural areas there has been significant concern in keeping practitioners there.

3. What types of services might you expect from the Exchange? (about 28:10 into audio)

Would like to see focus on preventive services rather than other. Dietitians can provide many types of preventive care, and yet there is little to no reimbursement for dietitians. Pre-diabetes is primarily prevented through diet. I would like there be a distinction between dietitians and other nutrition specialists.

I don't think as providers we expect a lot from the Exchange. What we expect and want is adequate reimbursement for the services we provide within reasonable amount of time with minimum bureaucracy. I don't see where it changes the fundamental issues we now have. Just shifting how to evaluate this and who is going to pay for it.

We already know what insurance companies are doing. If we are starting Exchange and have opportunity to do new from the ground up, that would be good. What if we could intervene earlier to help people manage weight and take responsibility for diet and exercise? Think how many things we can do! Get people to take responsibility for themselves.

Don'ts - regulatory. Don't want to see system that is burdensome - the more people we have to hire, the more difficult and expensive healthcare is. That's what we are experiencing on a national level, meeting compliance standards that are overwhelming. If the state goes down that road, it won't end well.

Wellness is great, but allows you to live longer - get older and be more expensive to care for. We can't have the expectation that prevention will help make it cheaper. BCBS would like to make provider more responsible for all ills, but we'd like patients to take more responsibility. For example: we were required to send letters out to diabetics to encourage them to get foot exams. Only two responses back so far. This is not our responsibility. Make patients more responsible for their health. It may cost more depending on how you handle your health.

Preventive services are a cheaper way to go. For obesity for instance, provide four visits per year (\$1K) or gastric bypass (\$15K) which allows them to address issues before they become a larger problem. On patient's end if someone is not taking care, it might make sense for premiums to become more expensive.

4. Do you see any links between the Health Info Exchange and the American Health Benefit Exchange? (about 35:07 into audio)

My opinion is that there's some. Don't know of study done. Our docs - When it comes to our radiologists, they might get a view from smaller town, and not like it. Even with EMR, it doesn't mean a film won't get ordered again. The thing about EMR is that even big places have them. What doctors say is that I have to click and click and click and it slows me down. Instead of 22 patients, I see 16. Most of our money is spent on people; if I can save 5% in ordering tests, but decrease productivity by 20% then is savings really there? Some believe that if we look long enough we'll find magic bullet, but no.

In healthcare 65 to 70 cents on every dollar spent on people in healthcare - add volume - you add cost. EMR offers more productivity, but can't take it too far as you can't automate or pay them less. We can't do the second as we don't have enough nurses and doctors as it is.

We want people to be driven to save money in healthcare. That will take lots of competition between providers and those working in healthcare. We also need healthcare consumers to have a more vested interest in cost of healthcare.

On processing end, when Exchange provides eligibility and puts people into state run programs, would like to see the ability to access that data by our organizations to use the information provided into the Exchange system. Use data submitted - saves time. The way it is now, we spend lot of time verifying information. To be able to utilize data to assist with processing can save a lot of time and money.

EMR is a tough one because we are forced to use technology which is extraordinarily expensive, and time-consuming so doesn't improve job satisfaction. We know there will be more and more information as to how to make quality decisions. It takes a lot of money to install and a lot to keep system going. As systems go by wayside, we have to improve. Small towns have even greater challenges. Especially with national cuts with Medicare, we'll be paid less and asked to do more. We need to get it right the first time, but that rarely happens. When you invest in technology - costs 30% more and takes 20% longer than you think it will. Hoping interface issues will be a reality, but I don't think stimulus money will be there. Our government doesn't have a lot of funding. This is a very difficult area for us.

Questions from audience

I'm curious as to what legislation the Insurance Commissioner will move forward.

Expert answer: Any legislation involving healthcare reform will have to come through interim committee drafted by legislative council. Departments won't be drafting legislation.

Any position being taken by Insurance Commissioner?

Expert answer: Has ideas on some of these, purpose of these meetings is to gather input from as many groups of people as possible. No wrong answer - all input is valuable and will be turned over.

It will be interesting to see who has responsibility to oversee Exchange. It's interesting that we're here under NDID umbrella. I'm curious how the Exchange will be run, who will be responsible for rate setting. If not the Insurance Commissioner's umbrella, then who will it be? Not acceptable under the Insurance Commissioner. What board will be in place? Could be controversial like Board of Higher Ed. Will that board be ready for the public scrutiny?

Expert response: I can say that committee has agreed that Exchange will not be run by Insurance Department - see as conflict of issue - body regulating shouldn't be running. Why first question is there.

My concern is anytime you get state or federal government involved. What providers have demonstrated is that ND has cheapest healthcare in nation. We're paying just as much as everyone else. To get docs where we have six months of winter is not easy. Currently Insurance Commissioner sets rates, not free market. Because it is politically difficult to raise rates, we don't see that. That precludes providers from providing certain services so 17% of healthcare goes out of state (Mayo). Mayo charges more because they can. BC or Insurance Commissioner can correct me, but I think I'm right. Can try to manage from a state level, but if allow free market to work, this would be more efficient and politically charged.

Alluded earlier to Health Exchange being another insurance company. Will Insurance Commissioner Office be able to regulate rates within Exchange or just for each company in the Exchange? How will it work - regulate the companies in the Exchange or just the Exchange as a whole?

Expert response: That will be up to legislature to decide: how to register and who will do it.

Will it just be those uninsured that will purchase from the Exchange? Will employers drop insurance in favor of exchange? Who will use Exchange?

Expert response: Initially for individuals or small groups (50 or fewer workers). One of decisions the legislature will make will be whether to open Exchange to larger groups.

Employers won't necessarily drop healthcare for employees. Will there be products outside of Exchange? If you buy through the Exchange, eligibility is determined as are subsidies. This will be a legislative decision.

Expert response: Medicaid and CHIP eligibility - enroll through Exchange and continue through process as determined if eligible or not (all via Exchange) for subsidies and tax credits.

ND Insurance Department received via email from Provider unable to attend meeting

adam

sorry i missed the open forum re; the insurance exchange. as a medical provider who has to deal with the federal government daily, i have found it much more efficient to distance myself as far as possible from as many federal regulations as possible. proponents allege that participation will allow nd to "manage its own accounts"- this is the furthest thing from the truth. the only way to distance oneself is not to participate. it is time nd take a stand, as the legislature has in voting to repeal obama care. now is the time for us to practice what we preach.

have a great weekend. if i may be of help in any way please call.

rick paulson,md,facs

Summary

Question #1

- All want state to run
- Don't trust federal government
- North Dakota's current financial situation proves we are better set to run

Question #2

- Healthcare is expensive
- Utilization huge in controlling cost

Question #3

- Preventative services - early intervention
- Adequate reimbursement in reasonable time

Question #4

- Yes there are links, but doctor will still re-order test
- Complicated to access - so not always cost effective
- Consumers need to have vested interest
- Expensive

North Dakota Health Benefit Exchange Stakeholder Meeting Reports

Meeting #2
Bismarck - Producers/Agents
8/31/11 @ 3:00 p.m.

28 signed up
27 attended (signed sign-in sheet)
Length: 1.5 hours

We met with state team members after Meeting #1 to discuss changes that needed to be made in subsequent meetings. Those changes included:

- We added “and why” to question #1.
- We will repeat the questions when done to give participants the opportunity to add any additional comments/insights they had during other discussion.
- We will read the Fact Sheet at all meetings. Discussion was held on just giving participants a few minutes to read through it, but it was identified that there could be people attending who may not be able to do that, and we want to make sure that everyone has the opportunity to review the Fact Sheet.

Expert

Melissa Hauer

Questions/Responses

1. **Who should run the North Dakota Health Benefit Exchange, the federal government or the state government? And why do you think that?** (about 19:44 into audio)

Insurance agent for 41 years. The state should do it. Historically, insurance has been regulated by states, well done. Frankly, dealing with North Dakotans who are dealing with North Dakota issues and are North Dakota nice is better than a 1-800 number in DC.

State control of the Exchange. Primarily because different demographics in different states require different regulations. We are different than Florida, Illinois, Indiana, Ohio or others and respond differently. Never been in favor of regulations by fed in other areas . . . might end up with fed government regulating all lines of insurance.

The state should. In North Dakota we like to get eyeball to eyeball with people, and we get frustrated with 1-800 numbers.

I agree, there are different issues in Illinois, Indiana and Ohio, we don't like 800 numbers, person to person so state should have control.

Definitely feel it has to be state. Federal has proven time and again that if feds can screw it up they will. State Insurance Department always responds, returns my call promptly. I feel North Dakota HAS to do it.

Most of us have dealt with person on Medicare over age 65 who has a problem with benefits. Luckily I have an assistant who is more patient than me. Ask those 65 year olds how they enjoy dealing with the feds on Medicare. Kathy (his assistant) spends 15 hours/week on hold. Insurance would end up like Medicare.

As far as confusion goes, get into Medicare and you need many hours of certification. If you have a question on Medicare, see how long you end up on hold.

As an agent I see that focus on North Dakota needs to be on North Dakota things. We heard that FEMA will be pulling out of other projects and focus on Irene. Run by people who understand and focus on North Dakota.

Comment on fed program through PCIP, had a client I was considering putting in that program. Asked client what doctors would be available. Very difficult to find which doctors in network through this program. I think very important to share that information with my clients. I will have a very hard time doing my job if feds run this.

North Dakota Chapter of Insurance and Financial Advisors is very in favor of state running Exchange for all the reasons stated. Agents in every legislative district, spend much time dealing with constituents, we believe our clients will be better served by our clients serving North Dakotans.

I'm a states' rights person, all reasons stated why. What concerns me now, don't know plans, pricing (mystery at this point). Prescription drug program may enroll at site, but come to agents for help. Help without charging.

Back in July Health and Human Services released 800 pages of what has to be in Exchange. Could opt for fed exchange and can go back and switch to state. First problem with that is the HHS said if go between you can't go backwards. Our Exchange would need to have minimum base of federal. Starting with state Exchange is important. 2) Grants available to set up - 90% of cost. One of problems is that recent deficit bill set minimum standards for federal congress to reduce spending. Spending cuts will affect money available for grants to set up state Exchanges. If we wait too long, may cost state more. Moving forward is important.

2. What concerns you most about the Exchange? OR What do you NOT want to see done with the Exchange? (about 29:55 into audio)

First thing I'm concerned about is that agents not be eliminated from Exchange. Our part in it is very valuable. Studies done said that people don't like insurance agents, but they like THEIR agent. Speaks loudly to having someone educated in insurance helping with the Exchange. Wouldn't want it relegated to state employees or retired people explaining to others.

That is our #1 concern - agents involved. Trend to make insurance a commodity. It is not, people need highly trained person to help them figure it out. Need agents in place.

Law passed has navigators to help people find right insurance. Insurance tech issue, we are all required to be trained on various products. My concern is that navigators, whoever they are, have knowledge, expertise and unbiased ability to find best selection for each person. I like that the definition is a professional agent. He may be paid outside Exchange by other than client. Utah Exchange (first) provides for agents as navigators, 3,500 have been added to rolls though Exchange. 94% used an agent and they had an option. That percent tells our legislators what people need. Navigators would be licensed to know products and go through same company training that an agent does. Anyone who goes through those things could be a navigator, including agent.

Concern is that navigators, if not licensed insurance agents, no provision for recourse. Licensed agents carry errors and admissions insurance. Clients have action they can take, with volunteers no recourse. Everyone makes mistakes.

I like to tie both together: I agree that state runs Exchange, concerned that people will be licensed and qualified to give advice to consumers. If run by fed government, will consumers be able to purchase insurance outside the Exchange? Consumers should have a choice of qualified plans.

We trust our state legislators more than the leaders in Washington.

What concerns me is complexity of computer program that would run this program. If you contact Health and Human Services can't answer questions. Horror stories: university systems can't get what they need. But by 2013 supposed to be online. Nuts to assume that we can get programs together that are going to function.

State should run it, what concerns me is we're saying navigators should go through same requirements, why should someone else do what I do? Tax breaks and private insurance from me, work with someone from government side for subsidies.

One concern is plans people may or may not be able to keep in force. President Obama said can keep what is in place - will Exchange include plans they have and be able to compare? How will we handle what have now, compare - who will do that?

3. How do you see yourself working with the Exchange to assist purchasers of health insurance?
(about 41:53 into audio)

I guess that concerns me, I would hope that plans designed by Exchange are something that every company can participate in. Not so rigid that only one company in Exchange. Hope competition is involved. That's where I see my position, directing people to plan that fits them no matter company involved. Helping people with decision making process.

Goes back to other comment: I see myself being a navigator in this. Set up like Utah model. Exchange compensates navigator for setting people up. Insurance companies don't do it. Insurance companies can't pay for setting people up. But navigators have to be compensated. Every person who signs up has portion of premium that goes to navigators. \$37 there, probably won't be that much probably. Currently insurance companies do that more at a \$20-30 rate. I'll take my compensation from the Exchange.

As an agent, I would deal with them with honesty, integrity and know products. Scares me that no one knows products, we'll be on top of it, know what's going on. Trust agents in North Dakota, come in for expertise. I feel strongly that anyone being a navigator should know the information. Don't want just anyone to hang a shingle out and say "hey come to me".

Very similar to medigap plans, A through G, where you go through with client about needs, financial abilities, currently work with Medica where they have choice of plans and help them understand. As far as navigator, that's what I see us as. What I'm not certain of is as we get into Medicaid private welfare information, Done through Medicare system, submitted through CMS, back door to assistance for drugs, etc. I see myself as advisor. Seniors get tons of mailings, to call 800 number is painful. Assisting them in making choices that are complex.

If someone coming to us for help in Exchange and already covered, I can see us being helpful with knowledge of prior plans and helping them navigate.

4. Are you interested in working with the Exchange to assist purchasers of health insurance? Why?
(about 49:05 into audio)

Yes. [Laughter]! That's what we've been doing for 5 years to 40 years. Seems ridiculous to start over.

Yes with reasonable compensation.

Yes because if this is where people have to go to buy health insurance, this is where we need to be.

If all here because want to serve our clients so agree that yes is the answer, we need to be reasonably compensated. Scares me is getting a reasonable computer program. I can see that everything into that will make it a nightmare, unable to navigate.

If a state run program, I think it's safe to say all agents will stay. If the federal government runs, it wouldn't be an option for many agents.

I agree. We need to work with the clients. We all have thousands of clients now, if not going to get compensated, turn over to feds.... Lots of clients who will be calling us for help.

It would have to be us doing it. Clients with me longer than I've been an agent, know me, trust me. Bottom line is that people trust us, and they come to us for all insurance. Can't tell them call 800 number when we do the rest. Not practical. We are trained in this, do it well, let's continue to do it.

Evidence of that with poor participation rate of current fed health insurance program.

Another comment on fed health program in place, the feds are starting to learn - on September 1 will provide \$100 in compensation for those who sign people up on program.

Very interested in helping with the Exchange just as I am with any client. When working for client and trying to do best every day, may not have knowledge of Medicaid, health steps or others, but may get to use technology to learn that. Client still lost and need us. Program will enhance our ability to help that client.

I'd almost think we have to turn the question around and ask: Are they interested in working with us? How can they replace 2,000 agents and provide people with adequate help?

5. In working with businesses, what are the key factors to consider for a successful exchange?
(about 57:08 into audio)

My concern would be that they can still buy it and it becomes an issue that makes it impossible to buy it. Penalties have to be better than buying. It should still make sense to offer health insurance. It will become more of a mess if people can't purchase through employers.

Technical things: I'd encourage legislature to set up for groups of 50 or less and individuals. I think we should learn to crawl before we walk, walk before we run. Setting up small gives us more time to figure it out, in two years have to extend to businesses with 100 or less. Needs to increase availability of insurance, not decrease. State should not shut down market that exists now, that would create chaos.

I think it will be critical for business that it be easy to work with, get answers fast. If we have a computer system no one can deal with, it won't work. Will want it to be easy to deal with so can get answers quickly.

I find it hard to comment. One because I don't know what will be offered to businesses. My primary focus is small mom-and-pop of 25 or less. They want someone to help them and advise them. Key factor is ability to see eye to eye. In my case that's how I do business.

Twist on what Paul said: key factor is to make sure people working with business people help them understand the Exchange and that is us.

6. Do you have any specific thoughts about Navigators? (about 1:02.54 into audio)

[Laughter]

Somebody said this earlier, if they are hired off the street and need to know all products it scares daylights out of me. We need to be navigators because we know products and need to help clients choose best products. Can't do it for free. If done by fed government, I'm not interested. They don't seem to get much right.

Navigators should be highly trained professionals. Keeping agents doing it forever who are trained or at least someone like that.

I think if you look up in dictionary under navigators, you will find agents. We are trained to do it, ready to do it. As long as state does it, we'll do it. If feds do, it we'll back off because they don't know what the hell getting into. They don't have to train us, we know what to do. Just have train us on computer program. We understand insurance and we could pick through this.

Took all the duties an agent already does and come with stupid name: navigators.

As navigators/agents, we're accountable, already trained in industry. Need best navigators possible. To have the best, they need fair compensation schedule.

I think the navigator needs to be someone who talks to clients, whether in person or over the phone. When irate, distraught, don't understand. A lot of time 800 numbers get person who gets frustrated - whoever takes the call needs to be able to handle it.

I would like to see navigators be knowledgeable about Medicaid and government side of it, bring us in with minimum years of experience; they stay on government side with tax breaks and incentives and let us handle insurance.

Most agents in here do business at kitchen table, eye contact. Client knows that they can call you and put face to name and voice instead of someone who doesn't speak English, not in country. Not used to high speed environment in bigger cities, bigger states.

Most in this room would make excellent navigators. Do it often, do it well. Until law determined unconstitutional or revoked, we will live with this.

In working with Exchanges, different insurance companies have different compensation approaches. How would we work with them to market products in and out of the Exchange?

Consumers can access day or night: difficult. Hope they'll consider from insurance agents perspective, not sure want to know all details of clients.

Is this meeting info being prepared for health committee meeting on the 20th?

Estimates come from DH&HS - only individuals and groups of 50 or less will be able to use Exchanges. Expect that private insurance companies will continue.

I'm general counsel for Insurance Department. Figures don't cover self-insured plans. Update on where we think this is going.

Expert: Meeting of interim healthcare reform committee is coming up. Who should run it? September 20 in Bismarck beginning at 1 p.m. Won't have report with all information available then. Special session in November, need this information for that.

Summary

Question #1

- All want state to run
- North Dakota has different demographic than the federal government - we understand & will focus on North Dakota
- Don't trust the federal government
- Don't like 800 numbers and being on hold
- I think it will be confusing and difficult with the federal government

Question #2

- Don't want to eliminate or not pay agents. They are trained and understand
- Navigators need to be trained and licensed
- Consumers need choice in and outside of Exchange
- Computer program - will it be ready and working by 2013?

Question #3

- Want competition and not just one company
- Want plan to fit people
- Like Utah plan - it compensates navigator/agent - state pays

Question #4

- Insurance agents/navigators - want to continue to help clients
- Want to be compensated
- Concern navigators won't know insurance or be licensed, if not agents

Question #5

- Important to start small - individuals and companies with 50 or fewer employees - need to crawl before we run
- Increase availability of insurance
- Keep current market option
- Help people understand Exchange

Question #6

- Insurance agents/navigators - need to know & understand

North Dakota Health Benefit Exchange Stakeholder Meeting Reports

Meeting #3
Bismarck - Consumers/Employers/Government
8/30/11 @ 7:00 p.m.

33 signed up
43 attended - biggest turnout
Length: 45 minutes

We had good turnout (according to the sign-in sheet we had 43, but some came late so exact number unknown). As with the first two meetings, it seems that there were a handful of people who did the majority of the talking, a few that answered just a couple times, and some who did not share at all. Some of these may have been there to gather information rather than share. We had elected officials at this meeting.

It was announced that we would be sticking to the questions identified today, and not taking other questions, however people could write any questions they had down and give them the facilitator who would get them to the state, or they could email them to the state. After the meeting we (Odney team) felt that sounded a little cold and could have caused some people to not share as openly. We further explain that the reason is there are some questions we just don't have answers to yet and that it was not that we were trying to hold anything back. It was also added these are the first of these types of meetings, and the information gathering process will be done in stages/steps. However we will document the questions for future reference and they could very well be asked in future meetings, which may help.

Facilitator will clarify that information is being gathered for state agencies and will be shared with state legislature.

This was the first meeting we had the federal government as a response to question #1.

Expert

Maggie Anderson, ND Department of Human Services

Questions/Responses

1. **Who should run the North Dakota Health Benefit Exchange, the federal government or the state government? And why do you think that?** (about 15:53 into audio tape)

That's easy: state government. More accountability the closer you are to the people. And the federal government is not a good option at the time.

We absolutely need one - reject the money and do it ourselves.

State has better feel for citizens and market in North Dakota.

I'm going to play devil's advocate here. I think feds should run it, or at least regional governance due to mobility. People move state to state and policies should follow. Federal governments will do a better job with that.

Federal government should do it - they do a good job with Medicare. I don't trust our legislature to do it. Look what they did this year. Nothing.

Federal government screws up everything. Medicare is one of most screwed up offerings. I think we should opt out totally and get the restrictive comprehensive thing that BCBS is doing to keep it out of here.

Later noted: one reason taking so long for feds to make rules, because different levels of mandates. Larger states with larger mandates lobbying for things. Whatever state mandates beyond minimum coverage, states will pay for. ND's will go up because lowest mandates and we'll have to cover mandates in other states. SB 2309 says whole process is unconstitutional so somehow they will make a decision. That said - state should do it as harder to take out of fed hands once there.

2. What concerns you most about the Exchange? OR What do you NOT want to see done with the Exchange? (about 18:33 into audio tape)

The size of our pool we have here to operate compared to other states in the country. Small population, most of us probably have two or more risk factors for heart disease. I want to make sure preventive services are included and keep down claims to keep it viable.

I'd like to be certain that it's friendly to small business. I'm small business owner, very expensive to insure employees when have small groups. Subsidies, taxes are friendly that would be very helpful.

My concern is a very limited pool not opened up to several across the country. If they don't, BCBS will have stranglehold and charge whatever they want. We proposed that already.

I'm concerned with fact that Exchange must be financially self-sustaining by 2015 - never seen that with a government agency.

One thing is that law and the example given make a lot of assumptions like everyone files a tax return and people are honest when they self-declare their income. Have problem with that. Some are, but it can be costly. Concerned with looking at income and defining households of course. All part of rules so don't know how ties in but that and cost are my concerns.

3. If the Exchange is an online shopping-like system, do you think you might still want to talk to an insurance agent? (about 22:12 into audio tape)

Yes. I would. I wouldn't want to go through a series of press 1, press 2, press 3.

I guess it depends if 25 and you have cancer and no insurance and go into online system and get an insurance policy. I've read that no pre-existing conditions, you are just covered. But if you are 45 with first child, you might want to talk to an agent. Predicating this that there will be an Exchange, yes? [YES] Will we discuss self-sustenance? [No.]

If not self-sustaining, then does it shift from state to feds? [Submit question please]

As far as online shopping goes, how thorough will it be? Details? Will it be in layman's terms? Have to be options.

Expert jumped in here: Exchanges we've looked at would show services, cost sharing and limits and levels of service. Etc.

Prescription drugs you have to go through choosing another insurance company every year?

Expert: Goal is trying to reduce churning.

I think we need to be realistic - not everyone has internet.

4. Would you like the choice of purchasing health insurance inside the Exchange and outside (like it is now through insurance carriers) of the Exchange? (about 29:10 into audio tape)

I think both.

Both.

Feel this is impossible to know disadvantage until eight billion pages of regulation are written.

On the one hand, it sounds good to have both, but on other hand, but if you want pool inside big enough, you are going to want to direct more inside rather than leaving them outside.

5. What feature - such as potential for subsidies, tax credits, online comparisons, etc. - is most likely to encourage you to use the Exchange? (about 31:44 into audio tape)

Look at features and price. Same thing I do now.

Ability to do online comparisons would be very important.

I think comparison feature is essential, not viable otherwise. As incentive, a subsidy or knowing what tax credits I'd be eligible for would make a difference.

I think from a small business owner's standpoint a comparison option is very important. Many have felt can't offer. If they can get out there, see comparisons, cost and tax credits in one place would make it more effective.

One thing that has to be considered on this and last - not only price and online comparison but what type of healthcare you need. Very individual choice. If you set up an Exchange that doesn't cover what I need, what are you going to do?

Speaking as a mother of two young women, college aged. Looking at their prospects for finding affordable healthcare for their work life will be very difficult. They'll be comfortable using an online feature, that's how they've grown up. Less so for me. I see much less opportunity for them to have insurance coverage through their employers than has been my experience.

6. As a business, does the development of an Exchange make it more likely you will offer or continue to offer health insurance as a benefit of employment? (about 36:55 into audio tape)

As someone who represents a lot of businesses, most are small and won't be there anyway. Healthcare costs are going up dramatically and will do so, not more likely whether Exchange there or not.

It will force small business to send employees to Exchange. I pay full coverage for all employees. Very expensive. The exchange will allow me not to have to pay for \$100K out of pocket. But still pay because I'm a taxpayer. Absolutely small business owners will go to it. Will it change your tax base, probably not.

Talking about incentives. I think a lot of businesses afraid to hire because afraid of uncertainty. Better to farm out to contractors because unsure.

I completely agree and as employer I had BCBS review, if I change plan by 5 and then my already high rate goes up - the Exchange would force me again to go to the Exchange. It won't save me money as tax payer, but can take \$100K off bottom line.

I think both of last two raised important issue. Estimated 28 million will use it by 2018, I've been told that 100 million people will be covered by Medicare if this goes into effect. Don't know how extensive will be.

I see the Exchange as promoting competition between insurance companies. ND not such a plum that many want to do business here. That's why BCBS has stranglehold. If can offer similar policies, and then looking at rates every year, then I think good thing for employers, rates go down, more choices for small employers.

Summary

Question #1

- (2) in favor of federal government - due to mobility (take with them to another state) and do a good job with Medicare
- Rest who spoke want state - don't trust the federal government

Question #2

- Include preventative service
- Friendly to small businesses
- Concern will be financially self-sustaining by 2015
- Concern with having income/defining household

Question #3

- Online
- Still talk to agent
- Both

Question #4

- Both (in and out of Exchange)
- If want pool big enough (in Exchange), need to direct more inside Exchange

Question #5

- Price
- Compare online
- Subsidiary or tax credit
- Provide type of healthcare needed
- Coverage for young adult/college age

Question #6

- Healthcare cost increasing
- Will this be very expensive for small businesses - if can't save money, won't pay for it

North Dakota NDID Health Benefit Exchange Stakeholder Meeting Reports

Meeting #4
Fargo - Insurers
9/6/11 @ 11:00 a.m.

10 signed up
11 attended (10 in attendance at the meeting and 1 via conference call)
Length: 1 hour

There was a slight delay at the beginning as the conference call with participant was cut off. He tried to connect the other caller via conference on his end but was unable to do so.

Audio file quality is not good, but is good on video file (there are 2 Fargo Insurer videos)

Before we started questions, we were asked if there be follow-up meetings, and we stated there would.

Good discussion, with many participating.

Attendee asked if a summary of the meetings would be available to the public, as he would like to see them.

Expert

There were no experts at this meeting.

Questions/Responses

1. Who should run the North Dakota Health Benefit Exchange, the federal government or the state government? (about 27:29 into video tape #1)

Best interest if the state were to run the Exchange. While appreciates the tight timelines and rules, the reality is if the federal government built the Exchange, then we would have to live with what they built long term. If we look back in hindsight and see a better way to run the Exchange we would be stuck if there are no federal dollars to make changes. Feels it would be costly to the state if we tried to retrofit it to fit our needs after federal government set it up. Long term, it would be more costly to make changes to a program that we had no input on the program.

Agrees. Thinks it is important for North Dakotans take this time to craft what they need instead of taking what the feds hand down. Also, there are federal resources now for the state to create the Exchange, but if in the future those funds may not be available if we decide to move to state.

Also agrees. Wonders how much flexibility the state will have once the program is designed by the feds. It will be a real problem if we don't have the flexibility to meet the needs of those in our state.

Preference to have the state to administer and sponsor the Exchange.

We shouldn't misinterpret the grace periods. You will lose the control once you've made the decision not to meet certain deadlines.

2. What concerns you most about the Exchange? OR What do you NOT want to see done with the Exchange? (about 34:17 into video tape #1)

Encourage the Department of Insurance to continue to be the regulator. Should not add layers of administration.

We need to create an Exchange that enhances the current market, but not disrupt it. It should be complimentary to how we purchase insurance now, but not replace the status quo. We don't want to disrupt the way we currently sell and deliver the products. Example, through agents, etc. We don't want to force our employer groups to move to an Exchange that they are not comfortable with. Should preserve ability to sell products outside of the Exchange.

Concerned that they don't know what all of the rules are going to be. Keep hearing that they are going to be more flexible, but have a fear that if it becomes a federal Exchange they will lose that flexibility. Biggest concern is the unknown.

We shouldn't interrupt the current products they can purchase. Concerned about people being able to make a purchasing decision by comparing apples to apples.

An active purchaser model in the Exchange that limits purchase choice is not something we support.

Funding is very concerning. Everyone will need to think outside the box for funding sources.

3. What types of services might you expect from the Exchange? (about 45:05 into video tape #1)

Having a risk adjustment board that is composed of experts from state, subcontractors of the state, actuaries, carriers. Board could be cross-populated so that we take into consideration for product design, participation requirements, etc. Decision processes need to be integrated and not happening on a parallel path. Don't want to create an environment where risk assessment thrives.

Needs to have collaboration relationship with the Exchange developers so that the programs work together and there aren't any technology glitches so people get signed up when they are supposed to, etc.

Collaborative effort needs to be up front. There needs to be an aggregator - some responsible entity that will take federal subsidies - qualify individuals, collect premiums, apply tax credit and not duplicate process. Vendor collaboration from an IT standpoint and involvement in the building of the Exchange is very important.

4. How should the Exchange pay for itself? (about 47:44 into video tape #1)

Believes that it has to be a sustainable source of revenue and it has to have flexibility within that. If they can generate self-sustaining funding, they shouldn't be limited and not be able to do that.

There should be full disclosure of the expenses and where they are coming from. I hope the traditional markets are allowed to compete with the Exchange.

5. Should there be an external market for insurance outside of the Exchange? (about 50:50 into video tape#1 - responses are at start of video tape #2)

Yes, there should be an external market outside the Exchange. There are regulations that will exist inside the Exchange. If you limit the insurance to the products that are only available through the Exchange, limits consumer choice, flexibility and meets their individual needs and not what the federal government decides what they need. We don't want to tell people they have to pay more for their insurance and where you need to buy it from.

Agrees. North Dakota is looking at creating the Exchange that is best for North Dakota - provides a choice, flexibility. In order to operate the Exchange, they need to follow federal rules. If the federal rules change, we would be limited to what Washington allows in the Exchange. We don't want to encourage groups to self-fund.

Concerns some may want to sell just outside of Exchange and not inside - will cherry-pick. Need ability to sell products outside of Exchange.

6. What are the key steps the Exchange can take to ensure that plans are sold fairly? (about 6:32 into video tape #2)

You don't want to let external markets come and cherry-pick in our market. You may find opportunistic companies that will swoop in to states and try to grab the lion's share of the market. Ground rules should be set for those that sell insurance that are in the state. Perhaps, a requirement is that if you sell outside of the Exchange, they must always sell inside of the Exchange. Or maybe a penalty for those that don't participate in the Exchange. Lay ground rules for eligibility. You have to let carriers sell during the open period.

Important to have an advisory group. Especially for IT needs, etc.

Risk adjustment is important to make sure there is no "gaming" in the risks that are inside or outside the Exchange. It is important for people to know what their options are both inside and outside the Exchange. Keep current delivery so people have someone to help guide them to the best product and to ensure the products are sold fairly. Small group coverage, they would emphasize the choice under the federal rules to make sure the Exchange is meeting the needs.

Summary

Question #1

- State should run
- Take advantage of federal money to set up
- Concern in trying to retro-fit for state after set up through feds - plus will have reduced federal money for this

Question #2

- NDID be regulator
- Enhance current market
- Compliment how purchase now
- Preserve ability to sell outside of Exchange
- If federal program, lose flexibility
- Compare apples to apples
- Funding is concern

Question #3

- Risk adjustment board - consist of variety of experts
- Collaborative up front
- Vendor collaboration from IT standpoint

Question #4

- Full disclosure of expenses
- Traditional markets allowed to compete

Question #5

- Yes - external market outside of Exchange
- Limit insurance products - will limit consumer choice
- Want flexibility and choice

Question #6

- Don't want external markets to cherry-pick in our market
- Need advisory group - especially IT

North Dakota Health Benefit Exchange Stakeholder Meeting Reports

Meeting #5
Fargo - Producers/Agents
9/6/11 @ 4:00 p.m.

23 signed up
29-30 attended
Length: 1.5 hours

This was the first meeting where we opened it up to questions from participants for the expert. We did state that we may not be able to answer all questions, but would do our best.

The audio did not turn out for this, but the video did.

Expert
Mike Fix, NDID

Questions/Responses

1. **Who should run the North Dakota Health Benefit Exchange, the federal government or the state government?** (about 16:39 into video tape #1)

State should run the Exchange - want people we can contact locally and trust. Not going to find many supporting federal option - there is a lot of deserved mistrust of federal involvement in North Dakota business.

Requested a show of hands - unanimous for the State.

There are so many different needs in rural areas than cities. Federal government will not be able to meet them, but the state can with more control.

Concerned with the constitutionality of it; states should be running much more than fed.

Concur with others; further away from North Dakota we get, the less response we get from elected officials. Those who already work with the federal government can attest to this.

Provided an example: Client cannot get approved and must continue to pay penalties. Has no idea when reimbursement will occur.

Want local control.

Experienced in selling Part F Medicare. The program is a fiasco and must get renewed every year. Cannot get elderly clients online. It is hard to generate revenue with so much work.

State level - Insurance Department is very good. Doesn't like the involvement of the IRS. Being closer to the consumer is better.

State legislators just need to take a look at the long list of issues with Medicare and other federal programs. Cited the example of Highway 52 over the interstate in Moorhead. Federal department ignored the political process and pressure; closed all the exits on 52.

Keep it in state. Federal government "drooling" to get in North Dakota business. Letting the feds do more means North Dakota losing more.

2. What concerns you most about the Exchange? OR What do you NOT want to see done with the Exchange? (about 25:50 into video tape #1)

Concerned about the use of the term navigator. Insurance Department does a great job licensing. Currently no discussion of specifics in training and licensing of navigators. Needs to be defined in state law.

Plans may not be designed to meet people's needs, but rather to meet political agenda in DC. North Dakotans wise enough to handle the Exchange.

Even if the state runs it, be thorough and have your "ducks in a row," in regards to IT and all other aspects. Cannot go into this half-baked and expect to succeed.

Agree that design should be planned. Understands good intent, but concerned agents will be priced out of the market. Insurance Department has already set market to behave like an Exchange. Concerned agents will be phased out.

There is already a distribution service in North Dakota. The old one costs nothing, new could cost millions. Not sure if the investment will result in better costs/products.

Customers want a physical person to talk with. The country is built on face-to-face dealings and handshakes. Who will explain vocab? That is where the agent comes in - personal care.

Concerned about hacking Medicaid records. Bureaucracy will be confusing to agents and consumers. The Exchange will only help about 8% of the country's population. Doesn't want premiums and taxes to go up. There are many clients that do not have internet access. Helping these individuals must be compensated. Need agents to help with risks and benefits. Even tech savvy people won't understand the plans and what to search for.

Will Exchange be required to meet the same standards as the agents?
Will Exchange lock agents out from customers?
Will agents be compensated for products they sell?
Will the Exchange operate on a level playing field?
Agents can't compete with subsidized services.

Informed the group about the Health Reform Review Committee meeting on September 20th at 1 p.m. A draft will be presented - urged all to be in attendance. Noted that many points mentioned in the meeting have not been brought up before.

Not sure how Exchange will be self-sustaining. Only a small population will be using it.

Concerned it will be run by a bureaucracy that no one controls.

Figuring out how to pay for it biggest challenge.

A very complicated issue, so many different groups and individuals. How much work will it involve? Will we have to recertify each year? Part D already has a 900 page book.

Concerned why those who created the program are exempt - federal employees and unions. This will increase state taxes in 2015.

3. How do you see yourself working with the Exchange to assist purchasers of health insurance? (about 38:15 into video tape #1)

Would rather not work with the Exchange, but won't have a choice. Wonders if it will be worth it to stay in the health insurance business.

Will work with it. Hopes the state will set it up to help client. Leave the out-of-exchange market alone. Cited the example of Utah, which set up an Exchange, through which agents operated and the Exchange paid the agents. This program is not yet compliant with federal law.

Referring to example - Didn't take long for agents to be welcomed into the program and compensated. Will work with Exchange, but want options outside of it. Doesn't want to be under a bureaucrat.

Want an interface which directs individuals to agents. Make it relationship based.

Agents already in place. Why complicate and confuse?

4. Are you interested in working with the Exchange to assist purchasers of health insurance? (about 45:57 into video tape #1)

What is the value of it, to both agents and clients? Agents won't work with it without value, and people will be left without expertise.

Navigators should be compensated. Agents already in best position to provide that service.

Going to have to work with it. There will be a profit motive someplace; best to be forthright about it. Agents are self-policing and won't have the hidden political agendas of the large national corporations.

Will work with it. Currently difficult to work with individuals with limited means. Exchange might improve this, assuming agents will work as navigators.

Agreed. Exchange may facilitate those on the border. Will want a broader selection of products outside of the Exchange. People have very different desires. Carriers should be allowed full range of products.

State needs to require certification. There will be costs inherent. Agents are already trained and have the brick and mortar locations. State overhead can be avoided.

5. In working with businesses, what are the key factors to consider for a successful Exchange? (about 50:45 into video tape #1)

Could be set up with 50 or 100 employee limit. Start with 50 to see what we want. Ensure the IT is up. Agents need no additional training.

Will cause complications with the open market. Employers are writing big checks and facilitating collection. Employers need control over what is offered.

Timing is important. Open enrollment during busy part of year a fiasco. Not everyone needs to be stuck with small timeframe. Fit specific businesses' needs.

Two market places, group and individual. Groups are more than spreadsheets; those are only a small portion of it. Agents need to be involved, will bring more knowledge than just benefits (COBRA, HIPPA, etc.). At the point of purchase, wants a person to sit down with. Employers are looking for more than just benefits and costs.

6. Do you have any specific thoughts about navigators? (about 6:11 into video tape #2)

Three options; could have a big company, could have a federal department, or could have people already educated and regulated. Government is not always common sense. Concerned it won't pick the third option.

Need competition between markets and products. Big corporation and feds have the same agenda. Clients need to be involved in making the changes.

No brainer - utilize agents already in place

How will Insurance Department regulate navigators that are not insurance licensed?

Questions

Why don't we request a waiver?

Expert: Waivers function just as a transition period. Without one, changes take effect 2011. Gives companies three years to meet requirements.

Is the function of Exchange to make insurance purchase easier?

Expert: That is the concept. Will allow for people to get everything in one place.

How does voucher work? Most families don't have consistent monthly income, not family-friendly.

Expert: There are many areas which are not clear yet.

Summary

Question #1

- State run
- Mistrust federal government - issues with current federal programs
- Constitutionality concern
- Local control
- State Insurance Department good to work with
- We understand rural areas

Question #2

- Navigator
- Clients need agents
- Agents need to be compensated
- Need to have ducks in a row - including IT
- Bureaucracy concerns

Question #3

- Will work with Exchange
- Utah Exchange - good - agents involved and compensated

Question #4

- Agents best navigators - need to be compensated
- May facilitate those "on the border"

Question #5

- Start small
- Agents involved

Question #6

- Need competition between market and products
- Client involved in making change
- Use agents in place

North Dakota Health Benefit Exchange Stakeholder Meeting Reports

Meeting #6

Fargo - Consumers/Employers/Government

9/6/11 @ 7:00 p.m.

13 signed up

23 attended

Length: 1 ¼ hours

We had 4 producers and 1 insurer come back for this meeting along with some elected officials.

Expert

Mike Fix, NDID

Initial Question

Expressed confusion regarding different plans to be offered and the justifications needed for rate increases.

Expert - The plans are pre-determined at many different levels and exist in order to allow comparisons.

Questions/Responses

1. **Who should run the North Dakota Health Benefit Exchange, the federal government or the state government?** (about 17:06 into audio tape)

State should run it. We understand our people the best.

State - don't trust federal.

Federal should run it. Was with SSI when it started. It is very troublesome to start a new program. Why should that cost be laid on ND taxpayers?

State - ND knows how to manage money better despite upfront costs.

State - agreed.

2. **What concerns you most about the Exchange? OR What do you NOT want to see done with the Exchange?** (about 19:20 into audio tape)

Monthly premiums must be affordable for all who need. The health insurance industry is being drained in order to care for uninsured.

Avoid only one insurer.

Works in HR - it will create more questions and confusion

It is a violation of privacy and anti-family; onerous for employers to track.

3. **If the Exchange is an online shopping-like system, do you think you might still want to talk to an insurance agent?** (about 20:55 into audio tape)

Yes - not everyone is comfortable with online, especially the elderly.

Maybe not - customer service might be all that is needed, as long as it is in-person.

Yes - live communication is necessary. Many lack education about coverage and terminology.

Yes - require equal licensure and background as with agents.

Don't assume that people would sit online to do this.

Going to need an agent for those without employer-provided insurance.

Online is necessity, but the option of a live person is a must.

Concerned that going to reps will be wasteful, might discourage questions. Likes when the reps come to the clients.

Calling in to reps is frustrating; need a warm body.

State agencies should be funded at a full level.

Shouldn't be solely online - need a warm body.

4. Would you like the choice of purchasing health insurance inside the Exchange and outside (like it is now through insurance carriers) of the Exchange? (about 24:18 into audio tape)

More choices the better.

Hard to have a level playing field. Vouchers won't be present outside of Exchange.

More choices the better.

Inquired about competition between inside and outside of Exchange.

Expert: Products inside have set benefits. Those outside have more flexibility.

Options are good to have. Without them, system becomes like a strait jacket; you have to fit certain categories.

Will employers have two plans available, considering those who qualify for subsidies?

Expert: No answer. Both must cover full benefits.

5. What feature - such as potential for subsidies, tax credits, online comparisons, etc. - is most likely to encourage you to use the Exchange? (about 30:58 into audio tape)

Tax credits.

Agreed.

Depends on who you are.

Works with those who don't have/can't afford. Information needs to be in a format they can understand (what is covered/subsidized). Cited the examples of pregnancy non-coverage and birth control vs. Viagra.

Does the Exchange include Medicare?

Expert - No

6. As a business, does the development of an Exchange make it more likely you will offer to continue to offer health insurance as a benefit of employment? (about 35:38 into audio tape)

Premium increases make it important to notice bottom line. People must notice the real costs that affect income. It is good to disassociate benefit from employment.

Will need to see coverage and how it operates.

Will continue without the Exchange. Hopefully it will allow for more affordable insurance.

Questions

Does the state have an opinion?

Expert: Committee meeting Sept. 20th; State makes recommendation in November.

Will a health savings account be an alternative?

Expert: No answer

Will the Exchange be limited to ND? A lot to lose if it opens up.

Expert: Multi-state and regional being discussed. Problem - How much would we have to give up?

Is there an estimate of the cost to establish and maintain?

Expert: Difficult number. Integrated with Medicaid.

How does Exchange help control costs of healthcare?

Expert - The question is does the system address the costs or does it assign cost to others?

How is this funded?

Expert: Legislature must decide. Possibly from assessments against companies, state-funded. Don't know costs yet.

Is this Obamacare?

Expert - Yes.

Adds a middle-layer. Are subsidies and tax credits funded federally?

Expert - Yes, federally.

Why don't federal employees and big companies have to be under this?

Expert: No complete answer. Those who wouldn't meet requirements received waivers.

Business coverage has been better. This will raise costs and lower benefits. Drug companies are not limited but insurance is shackled. Others will have to absorb that cost.

Part D is restricted from negotiating drug prices.

What happens if the program is not self-sustaining?

Expert: There will be no assistance after 2015 from federal government.

Does the federal government come after ND if participation drops off?

Expert: Option to turn over to federal government is possible later on.

Can hospitals reject those who avoid the system?

Expert: Does have exemptions. Federal government is not sure.

What is the risk to ND?

Expert: Administrative costs. Some risk mitigation options.

Summary

Question #1

- (4) State should run
 - Understand our people
 - Don't trust federal government
 - State manages money better despite upfront costs
- (1) Federal
 - Very troublesome to start new program - why should cost be laid on ND taxpayers?

Question #2

- Affordable premium
- More than one insurer
- Sharing of financial information

Question #3

- Yes - not everyone is comfortable with online
- Many lack education about coverage terminology
- Online is necessary, live person is a must

Question #4

- More choices - the better
- Options are good

Question #5

- Tax credits
- Depends on who you are

Question #6

- Need to see coverage and how it operates
- Hopefully it will allow for more affordable insurance

North Dakota Health Benefit Exchange Stakeholder Meeting Reports

Meeting #7
Fargo - Providers
9/7/11 @ 9:00 a.m.

12 signed up
11 attended
Length: 1.25 hours

Of the 11 attending this session, 7 answered questions, which is the best percent of participation so far. We had an elected official in attendance.

Again, we opened it to questions for the expert at the end. This is a very well received addition for attendees.

Expert
Mike Fix, NDID

Questions/Responses

1. **Who should run the North Dakota Health Benefit Exchange, the federal government or the state government?** (about 13:50 into audio)

I'd want the state to do it as it's more local than the federal government and they would be more capable to respond to local needs.

Would like to see it run locally, but is worried about the resources the state has. Thinks maybe it might be more efficient to have the 3 states (ND, MN, SD) work together.

Believes it should be run by the State. If the federal government did it, it would add new regulations and complexity. Local government understands issues better than federal government.

What would be the difference? Would it be North Dakota only? Would the state be taxed to run the Exchange?

Expert: Federal government would make decisions on how it would be set up if they ran it at the beginning. Also, funding may be different.

Colleagues are having trouble getting reimbursed by Indian Health Services and that is a federal program. If that is an indicator to how the federal government reimbursing its programs, he would hate to see it operate that way.

2. **What concerns you most about the Exchange? OR What do you NOT want to see done with the Exchange?** (about 20:11 into audio)

Adverse selection. Outrageous expenses. That it would ultimately become a one-payer system.

Biggest concern is that it looks like it does now. We have a couple of dominant players in the state. Best insurers across state lines would be selected for it.

Would the state be able to move this forward in the timeframe given? Though people want a local Exchange, the energy has not been placed into the Exchange application to the degree necessary to fulfill that dream. We should have the decision made already instead of just talking about it now. We may have difficulty pulling it off by federal deadline.

How would they set the benefits? Will I have a choice to get patients to certain levels? I'm accountable to get patients to standards.

What's going to equal out the costs if you have only people who need insurance joining the plan and those that are young and healthy won't be joining and not pay a premium.

Individual mandate will make a difference. Some of the courts have upheld the individual mandate. As a state, we need to get ready either way. As long as the public policy is that hospitals are required to take in people no matter if they have insurance or not, but people are not mandated to have insurance or participate in the cost of the services, this program won't be sustainable.

3. What kind of services might you expect from the Exchange? (about 25:53 into audio)

Some people think it is going to be great and that it will simplify a complicated issue and are excited to be able to purchase online. Hopes this Exchange will meet the needs of the younger generations. Personally would still want to talk to his agent, but the younger generation makes decisions based on what they read on the internet. Thinks they would like it to work like amazon.com. Hopes we can meet the expectations of the new generations.

Ideal world it would be structured much like the state or Civil Service Employees healthcare options. Number of insurers and products that can be chosen. If concerned that the state sets it up, and how it would work locally, but that the federal government will come in and restructure based on their guidelines. Feels like we are operating in a vacuum.

The software should be state-of-the-art. Fast turn-around, insurance verification happen quickly. Don't want it to work like the state Medicaid program.

Make sure it doesn't carry on the mistakes like we've seen in other areas. For example, the child mental health issues. We need to make sure that the public policies that we pass are integral to the process.

Echo what has been said. Want all North Dakotans to have benefits and to ensure that it is cost efficient for the state and less costly than North Dakota providing health insurance to all those uninsured in our state.

4. Do you see any links between the Health Info Exchange and the American Health Benefit Exchange? (about 33:38 into audio)

What is the difference between the Health Info Exchange & the American Health Benefit Exchange?
Expert: Has heard of them, but doesn't know much more about them.

What's the difference between a national health record that can be accessed anywhere and the Exchange we are talking about today? Is that what they are asking?

There needs to be a link so that your payer information can be accessed anywhere that you need health care.

There should be access to the insurance information at the same places they have access to your medical records.

It shows some of the issues we have as we have two different areas working on these two Exchanges. The two state agencies should really be under one umbrella. Otherwise both areas will be spending dollars on their own systems and then the systems don't end up working together. They need to be going down the same track, working together so that the software contracts have a product that include both of these needs being met and having them communicate together.

Facilitator: Clarified that there are three state agencies working together on this issue and it is not the Insurance Commissioner that is leading this project.

Does the Exchange set different rules? Will the insurance companies be expected to operate under new rules and regulations? Will we see different ways and timeline we are paid compared to how we are now from our insurance companies?

Expert: The Exchange will be like a company. Insurers can offer products within the Exchange. They will be administered from the Exchange.

Who makes the rules regarding each level of service? For example, who decides what the rules are to be in the silver plan?

Expert: For example, the silver plan would pay 80% of the benefits. Government will define what the benefits will be covered under that plan. Companies will decide how they want to pay for that 80%, they can decide deductibles, etc.

Will it be run like Medicaid or Medicare?

Expert: One of the requirements of the Exchange is that it needs to work with Medicaid. People going to the Exchange will see if they qualify for Medicaid and be able to enroll into the program. They will not be able to do so with Medicare.

There is another Exchange that is working on advance directives. There may be another Exchange that we need to keep track of and figure out how it will be a part of these Exchanges.

Questions

Is there a model out there that North Dakota is looking at as a baseline of discussion? Or are we creating it from scratch?

Expert: There is an interim committee working on this - next meeting is September 20. They've met five times or so and will meet another two to three, and will give recommendations to the Legislature at the special session. Experts in state have been looking and tracking this since June of 2009.

Participant stated the Exchange in Utah or Massachusetts has some features of what an Exchange may look like. However, the Utah Exchange does not meet the federal requirements so need to change considerably. Subsidy from the federal government is not in the Utah Exchange, which will be required.

Why do we need the Exchange system? How can the Exchange enhance the quality of care?

What is it meant to do - to insure universal coverage?

Expert: When discussions started in 2009 three goals were identified - lower cost, higher quality, improved accessed. Will be difficult to be self-sustainable if transferring cost, so sustainability is an issue. As of January 1, 2015, states must fully fund the Exchange. Federal dollars to set up available until then.

Is it a function of the Exchange, when providers are struggling, to limit the level of profit margin that the participating insurers would be able to receive?

Expert: Exchange will assign a quality rating to the companies and products - defined by federal government. Quality rating may include quality of company and product. Is difficult to know criteria, so hard to envision how it will work. Challenge is congress will look at the country for overall quality and those states doing better job will be lumped in with all states.

Participant said his hope with the Exchange is there are some reasonable, meaningful controls on how the insurers reimburse providers and if there are large profitable margins; they are somehow shared with the stakeholders within organization.

We need to make sure providers have a say about this. Should insurance companies have the same medical loss ratio inside the Exchange system as they do outside?

Participant: Comment notes concern that model is coming out of insurance industry and not provider industry. Providers of healthcare and consumers have something to say. Debate medical loss ratio -

what is acceptable? Will same level be accepted outside of Exchange? Will there be different loss ratio inside and outside of Exchange? Also concern that if buy brand X and Y - people may think they are getting same coverage, and may not.

Function of the Exchange to let individuals know what subsidy they are eligible for. It will also notify employers if their employees are eligible for subsidy. Question is how will employers know how to tell if the employee's spouse's income qualifies for a subsidy?

Expert: No answer that aware of. Need to address how to get the information into system.

If no insurance companies want to participate in the Exchange, will there be a requirement if they're licensed to sell in North Dakota that they have to participate or they are selling outside of the Exchange?

Expert: Two options - legislature could require companies to offer products in the Exchange. If not, the federal government will come up with a couple providers.

Summary

Question #1

- State run it
 - Respond better to local needs
 - Worried about state resources - maybe ND MN and SD can work together
 - Too complex if federal government does
 - Reimbursement timing from federal government is concern

Question #2

- Selection & expense
- Will only dominant players be a part?
- Will providers get a choice in patients (want them to be compliant)
- Cost - what if only sick participate and don't have healthy to offset?

Question #3

- Hope meets needs of younger generation
- Want agent as options
- Structure similar to state or Civil Service Employee health options with number of insurers and products to choose from
- Concern state will set up then federal government come in and restructure
- Software needs to be state-of-the-art
- Don't repeat mistakes
- Nice if all North Dakotans have benefits - needs to be cost efficient

Question #4

- Needs to be linked so payer and medical information can be accessed anywhere
- Will insurance companies be expected to operate under new rules and regulations?
- Will it be run like Medicaid or Medicare?

North Dakota Health Benefit Exchange Stakeholder Meeting Report

Meeting #8
Grand Forks - Providers
9/7/11 @ 3:00 p.m.

6 signed up
8 attended
Length: 1 hour

This is the first group where we had 100% participation, which was very impressive.

The Grand Forks Providers video did not turn out, but the audio did.

Expert

Dave Zimmerman, NDID

Questions/Responses

- 1. Who should run the North Dakota Health Benefit Exchange, the federal government or the state government?** (about 14:50 into audio)

Federal - because they are the ones who put it into force.

Agree for different reason. North Dakota does not do a great job of running Medicaid.

State has been regulating insurance up to this point, not the feds.

Should be on the state level because they are closer to the people. The one way of the federal government does not fit all, but we could learn from the lessons of the 50 states.

Agree with state. Keep it closer to home.

Agree with federal. Medicaid not distributed well among population that needs it.

Agreed with Medicaid Statement - enjoyed having the control and input that comes with working with the state with their first Medicaid HMO. Once it leaves the state, it is hard to get back.

Should be handled by the state because federal just continues to grow.

- 2. What concerns you most about the Exchange? OR What do you NOT want to see done with the Exchange?** (about 19:57 into audio)

Insurance agent - want to have agents work with the Exchange rather than not having access to information.

A lot of paperwork. With something new sponsored by the state, there will be a lot of confusion and people trying to understand how the angles will work for them. Not sure if this is the best way to provide affordable insurance for everyone.

Will be important to have it easy to have people use the insurance and easy to process claims for providers.

Maybe about more coverage in general, but worry that utilization may increase due to greater access and will providers be compensated for greater utilization?

What is the cost to the person engaging the system? From military experience, learned that when something is free, you could never have enough. Who will facilitate and educate to prevent over-utilization? Educating the consumer to promote responsible use of the system.

Would expect that North Dakota users would not be the higher users in the system. Concerned that North Dakota would lose out in a federal system.

3. What types of services might you expect from the Exchange? (about 24:29 into audio)

As a provider, would like to see basic primary care covered in its broadest definition.

Basic primary care. Preventative care to some extent, but not 100% to prevent sky-rocketing costs. Rehabilitative care.

Data-sharing mechanism so that businesses can audit what is happening through the Exchange.

Should help individuals and employers know what options are available and reduce complexity. Current complexity is making the situation very difficult. An Exchange that was functioning well would offer help and advice, and inform them of what they qualify for. Should also inform them to use their benefits carefully to control costs. Should help make dollars go as far as possible.

Primary and preventative, but also health maintenance to help those with diseases. Need a good health maintenance program to reduce hospitalizations.

4. Do you see any links between the Health Info Exchange and the American Health Benefit Exchange? (about 25:56 into audio)

Know that electronic medical records have benefits to help prevent misdiagnosis, duplications and errors.

EMR has a lot to offer in many ways, including accuracy, continuity, communication and safety. When spending a lot of money and people procure them in a lawful way opens up more money.

Important that there is a link and that communication can occur to find best outcome for patients.

Questions

What can you tell us about the work needed to get the Exchange established? Are we on track? Is it possible?

Expert: Way behind on that. Work has been done in the NDID, but that agency may not be the one to move forward. Recently NDID was granted access to \$1 million grant from federal government to hire a consultant. As regulations come out of HHS, they have been continuously modified and if the state can show that it has enough work accomplished by 2014 that there would be more flexibility. If the federal government comes in and gets the Exchange set up, the state can, with a 12-month transition plan, take the Exchange over.

What else will be decided in November?

Expert: The main questions: Who will run it? Where will it be located? Believed that it would be allowed in the NDID. That may result in conflict. Maybe a non-profit or an existing state agency? Issues of governance will also be considered.

If we can barely afford the insurance now, but if it gets more expensive, employers may not be able to maintain. May not be able to handle cost of Exchange.

Is the assumption that as it is built, that purchases can occur both within and without the Exchange?
Expert: Still in discussion. Concern about having both available is risk assessment.

Summary

Question #1:

- (5) want state to run it
 - They regulate insurance now
 - Closer to the people
 - Once it leaves state, hard to get back
 - Feds just continue to grow
- (3) want feds to run it
 - Feds are the ones who put it in place
 - ND does not do a great job of running Medicaid

Question #2:

- Want agents to work with Exchange
- Lots of paperwork
- Confusing as people learn
- Needs to be easy to use and process claims
- Utilization may increase due to greater access
- Will providers be compensated?
- Cost - need to educate consumer on responsible usage

Question #3:

- Basic primary care in broadest definition, preventative to some extent, and rehab
- Data sharing so businesses can audit what is happening through Exchange
- Functions well - offers help and advice, inform what qualify for
- Educate on usage to control costs
- Fiscally sound

Question #4:

- Electronic records have benefits - help prevent misdiagnosis, duplications and errors
- Needs to offer accuracy, continuity, communication and safety
- Needs to be a link and communication can occur for best outcomes for patients

North Dakota Health Benefit Exchange Stakeholder Meeting Reports

Meeting #9
Grand Forks - Consumers/Employer/Government
9/7/11 @7:00 p.m.

7 signed up
13 attended
Length: 1.5 hours

The Consumer/Government/Employer Group had 13 attend and all but 1 participated, which is good.

One participant was a young man and was the first of his demographic to attend and brought a very unique perspective on what it's like to be young and uninsured, and that is what drove him to attend this meeting. He had done some research on the Exchange and his comments brought insight from a different perspective.

There was significant discussion on cost and availability. At one point we did "move them on" to the next question, but did verify with the expert before doing so. We were a little concerned that might cause them to shut down, but they did continue to participate.

We are getting more comments that it might be okay to have the federal government run it, mostly from older individuals.

Expert

Dave Zimmerman, NDID

Questions/Responses

1. **Who should run the North Dakota Health Benefit Exchange, the federal government or the state government?** (about 14:28 into audio)

The state - uninsured in this state is very low in this state versus others.

State - prefer state-run programs and state decisions rather than federal.

State - ND knows their people better. Have enough federal involvement in other programs.

Not quite sure - one reason for the feds is cost, which they might cover rather than the state. The IT piece is expensive, maybe millions. Also the risk then goes to the fed; if it fails it falls on them and not the state.

Feds need to either tax or print money in order to fund so the state will pay anyway. ND has shown that it is much more frugal with its money than the federals.

Both have pros - states can join states, and while federal government may focus on urban which may not apply to ND, while there are many rural states with which ND could partner.

Does not want to advocate one position - one problem in this country with healthcare is increasing costs. One way to control costs is to standardize what is available. An advantage of federal government is the standardization and the pooling of risks among various states.

Have to go to real costs at the doctors, medications, hospitals.

The thought is that standardization expands the risk pool and will decrease cost. 1 in 10 with cancer or 10 in 100,000.

If we add in all uninsured, but they are of older age groups, it will pull the pool down. Would rather be in the pool of healthy people.

If we let the federal governments get it, can we get it back.

Expert - Yes, the state can get the program back. The federal plan has become much more flexible, allowing for a 12-month transition plan.

Have a tremendous amount of words to think about.

No matter who runs it, it will be a mess at the beginning. Possible to let Federal run it and let state takeover and modify?

Expert: At a point, the state could take over and create a transition plan. Whether it is run by ND or the federal government, it is still the federal government's plan and meet their requirements. Not much room for modification. State does have authority to decide if insurance can be offered outside of the Exchange.

Think about the federal programs, state could do a much better job. Do not have the debt and have better management and scruples than federal government.

2. What concerns you most about the Exchange? OR What do you NOT want to see done with the Exchange? (about 26:21 into audio)

Works with employers everyday - this is going to fracture their relationship with their employees when it comes to benefits.

Going to be subsidies? Come from federal? Where do the funds come from?

Expert: Yes and yes. No specific answer regarding how it is earmarked. Will be based on federal poverty level based on family size. If qualify, it will pay for at least some.

The story is that it's coming from taxes paid by insurance now. Are they funding their own competition? Concerned that it must be self-sustained within a year of starting.

Problem historically with Exchanges, making sure that those providing aren't just cherry-picking healthiest people. People should be able to go in and see what benefits are available, like car insurance.

Talk about no waiting periods, get on when they need, cancel it. Should be treated like all other insurance.

Which government will pay for it? How will it be self-sustaining?

Expert: Key issue: many ways this can go. Should Exchange be by itself to address small markets or should it be competition between Exchange and open market? Concerns about risk selection. Can companies remain solvent in this process?

How confusing and complex will Exchange be? Will it be as simple as promised?

Doesn't the mandate prevent the in-and-out insurance problems?

Expert: conceptually you will be covered to prevent this. Hasn't been built yet so not sure if it will work this way. Some have resulted in reducing uninsured in trials. Utah costs have been low, but does not meet requirements.

Car insurance required by law, but still people go without. 1977 anybody and everybody were accepted regardless of medical information. Caused costs to rise sharply. This will cause costs to rise. Must go to the source and control real costs. Consumers requesting the services are the problem.

Insurance won't cover after the fact. Worried about health insurance at least once a week when without insurance. How can we get uninsured people insured? This isn't about all the issues, but this is just about how to get the best package for ND.

All the hours and dollars going in, what if it gets repealed?

If the federal government has money to start this program, what if they require state to pick up difference in a couple of years?

Here because I remember not having health insurance. Even if the federal government says not worthwhile, the state should do their own and get everyone in together.

Insurance premium taxes are about \$40 million every biennial. Mostly go into general fund. Some ongoing costs could come from that tax. Might also come from CHAND. Still uncertain. Two sources already paid that could be transferred.

One problem with CHAND, they will be put into the pool and pool would include risk and costs. Would CHAND dissolve?

Money would still be there, but would be transferred to new uses.

Agreed - money could be transferred.

3. If the Exchange is an online shopping-like system, do you think you might still want to talk to an insurance agent? (about 41:52 into audio)

Work with computers every day and would prefer to be face-to-face.

Asks a lot of questions and wants answers up-front. Can't do that online.

Would have to have an agent to talk to. Many people aren't adept on the internet and don't want to divulge personal information online.

Federal law defines position of navigator and training for them. Navigators can train people to work system. Navigators are helping with system, agents are salesmen.

If it was not too complex and fairly simple, with three or four clear choices. Couldn't understand it if there is 87 choices. When drug laws came down, couldn't understand it, even with a PhD. Prefer not to be sold anything, just spend what I can and see what I can get for it.

Difference navigator vs. agent is navigator vs. sales? Today's agents stopped selling ages ago and just get you what fits your needs.

Navigator would be paid for by the Exchange. Could use Exchange to lead people to companies which could absorb costs.

No matter what you call it, you're going to have to have someone to assist people without internet.

Agreed - county social services probably will do a lot of this with the lower income populations anyway.

When will we know? Questions after questions. Looking at two and half years to get this done.

4. Would you like the choice of purchasing health insurance inside the Exchange and outside (like it is now through insurance carriers) of the Exchange? (about 50:39 into audio)

Yes - always nice to have a choice. Can always check with local insurance company then check with Exchange to compare.

No firm opinion. A couple of considerations: If insurance companies can offer both inside and outside, do they combine the risk pools? If not, that raises cherry-picking, causing problems with high-risk populations.

Agreed with first - will always like to have choice and someone to check in with.

Agreed.

If Exchange becomes too complicated, people will go outside of Exchange to get one-on-one and customer service.

Does not income level determine if you will be inside or outside Exchange?

Expert: Individuals without insurance and small businesses are included. Income levels only have to do with subsidies.

Sounds better to have more choices, both inside and outside. If it is allowed outside, would it undermine the Exchange and allow for cherry-picking? Individuals want choices. For the system, would this undermine it?

Expert: That is a possibility. Issue of risk selection could result in Exchange getting higher risk consumers. May not be as significant for ND, with low uninsured population. Still a possibility.

Thought this meant either go online or go to agent, both in Exchange. Understand it correctly now. Going to be some competition per employee even within group settings.

Expert: Could have two Exchanges - one for individual and one for small market.

5. What feature - such as potential for subsidies, tax credits, online comparisons, etc. - is most likely to encourage you to use the Exchange? (about 55:59 into audio)

When I do online shopping, like being able to compare prices and features. Go and talk to somebody anyway.

Likes having options but too many options become confusing, especially for those who are out for the first time.

Prescription drugs - 50 or 60 options to start with, but has simplified. Very confusing. Good to have people available locally to help people to simplify options.

The question implies that you have to use Exchange, is that so?

Expert - Focused on small business and individuals. Large employers will continue on as they have. Individuals would have to go through the Exchange if not covered by employers.

Comparison best - be clear. Technical words will pressure people to make uninformed decisions. Expect the federal government to require clear information to be present. Don't reinvent the wheel. FAFSA as an example that all parents have to go through. Use a system people are already familiar with.

6. As a business, does the development of an Exchange make it more likely you will offer health insurance or continue to offer health insurance as a benefit of employment? (about 1:03:10 into audio)

Employers are going to have to first know more about the Exchange. What will the costs be? Will the penalty be worth it? There will be means tests that all employers have to contend with.

Heard that smaller employers, if they offer through Exchange, can open up confidentiality issues because they must know spouses income as well.

Expert: Calculations for subsidies does include income of spouse.

Up to two-year subsidy, fearful after that will have not addressed the cost of healthcare and will just give up on program. Band-Aids on gaping wounds.

Will the employer have access to family's personal information or will Exchange tell employer what family qualifies for? Know that some information will be provided by IRS. Don't know if IRS will send that information to employer.

Expert: The use of the navigator is to help individual to determine eligibility. Confidentiality can be maintained by using information government already has.

Think it would make it more likely because the business could be available for subsidies. Could spend less. This is supposed to help small businesses which cannot offer plans currently.

Not knowing where the money comes from is a big issue. Once people understand the benefits of being on healthcare, they will stay on. Don't own a business, but am a young person. Many uninsured are young and they will enter the pool.

Tax credits in place this year. Did not make any difference. People ask about it, but only about 1 in 15 go into it. Doesn't offset the cost.

Questions

With system we have now, must have thousands that use emergency services as primary care. What happens to that system? Do those emergency room free services just disappear?

Expert: Wanting to address costs. Inappropriate use of emergency services is a major cost, especially due to uninsured. Would have effect on efficiencies when more are now on primary care side. Will see some cost shift from emergency to primary care.

Why would individuals leave present system and go to Exchange?

Expert: Mandated that they have health insurance. Reason it came up was to make people take care of themselves in a less expensive way.

Many wouldn't care about a mandate.

Are people able to afford insurance now that it is mandated? Some who can and just haven't purchased it, but not most.

Type of people uninsured in America. Not the homeless. Most just can't afford it due to low wages. This is to allow people to get in the system and have primary care and try to control costs. We need to decide if we want to pay for it in the emergency room or in primary care.

Summary

Question #1:

- (4) state
 - Uninsured in North Dakota very low
 - Prefer state-run program and decisions
 - Know our people
- (2) both
 - Feds tax or print money to fund it, so state will pay anyway
 - Feds will focus on urban area and may not apply to us
 - North Dakota much more frugal
 - States can join other rural states
- (1) unsure
 - Fed benefit
 - cost
 - if it fails - on feds' back

- (1) no position
 - Problem now - healthcare costs
 - Control by standardizing what is available - federal government advantage
- If federal government gets it, can we get it back?

Question #2:

- Will fracture employer/employee relationships
- Where will funds for subsidies come from?
- Make sure providers don't cherry-pick healthiest people
- People need to see what's available - like car insurance
- It will be confusing and complex
- Cost could rise
- How do we get uninsured insured? This isn't about issues - this is about getting best package for North Dakota

Question #3

- Majority agreed need someone to talk to in addition to online
- Need to answer questions
- Need choices to be fairly simple and clear- three or four

Question #4

- Want a choice
- Want someone to check with
- If insurance companies have inside and outside Exchange - will they combine risk pools?

Question #5

- Want to compare prices and features
- Options - but not so many it's confusing
- Have people available to answer questions
- Comparisons need to be clear
- Use a system people are familiar with - FAFSA

Question #6

- Employers need to first know more about Exchange
 - Cost
 - Penalty be worth it?
- Confidentiality a concern (sharing financial information)
- After two years when subsidy's gone - will give up on program
- Many of uninsured are young people, and once people understand the benefits of having health insurance - will stay on (specifically young people). These are good people for risk pool
- Tax credits in place this year - has not made a difference yet. Some asking - expecting 1 in 15 to go into it

North Dakota Health Benefit Exchange Stakeholder Meeting Reports

Meeting #10
Minot - Providers
9/8/11 @ 3:00 p.m.

6 signed up
8 or 9 attended
Length: 1 hour

We had 100% participation from those in attendance, and had a physician in the group, which is the first (at least who identified themselves as one).

Expert

Rebecca Ternes, NDID

Questions/Responses

1. **Who should run the North Dakota Health Benefit Exchange, the federal government or the state government?** (about 11:53 into audio)

For my part, not a provider, but I work for an insurer, I'm a producer. It's my opinion that the state should run it. Maybe I'm cynical, but I'm very reluctant to accept info from Washington. We have a very well-run Insurance Department as I've worked in my career half my life. They are efficient, fair and properly run and I think they'd run it well.

The state because of the way federal government runs healthcare program now, Medicare and has very poor regulations, poorly run, reimbursement rates not as good as state or commercial. Plus our state government in North Dakota is run very well especially considering what happens federally.

I also think the state. Insurance regulated by state so makes sense and one size doesn't fit all so it makes sense.

Also want state based - utilize what we have - HMOS in rest of country - less restriction in trade and providers. Very happy with how Insurance Department has run insurance industry.

I'm a provider. The organization I represent doesn't have official stance yet. It's hard to know if best to take advantage of efficiencies of scale from federal government. North Dakota has special situation with better outcomes, higher quality. To have a federal government program may ignore special peculiarities of North Dakota. We are treated unfairly when it comes to Medicare. Too hard to know what federal government regulations are going to be, so likely focusing on state run and we'd advocate for physicians to be active in running.

I'm also a provider and believe it should be the state. We'd like a voice and have a good relationship with health department. We struggle with having confidence in federal government.

State - I agree with everyone on that.

Me too. The state.

State should do it because with the federal government it is too easy to dip into a slush fund with Exchanges. It's too easy for federal governments to rob from that and too easy for them to not pay back which would affect providers, so state should run it.

2. What concerns you most about the Exchange? OR What do you NOT want to see done with the Exchange? (about 17:25 into audio)

Questions about annual enrollment

Expert response: Proposed regulations show all kinds of enrollment periods. Right now we don't know how enrollment periods will end up. Not traditional or what we're used to.

I'm a producer; I sell life insurance, not health. NAFA wants to be very involved. We want to make sure that agents are involved in the process, for the average person it is too complex to be done over computer. For example, I had a client who he and spouse were federal governmental employees. I made a call and found out that as federal employee it was cheaper for them to have two individual policies rather than a family. People don't know, and that's why we need to be involved.

We've been told that eventually, everything will be run out of super hospital - don't want Exchange to affect or hurt small business providers. Would like to make sure that small business people can remain in business.

Shouldn't be bare bones services where only emergency care is covered, even if bronze level. Can understand higher level expenses at Platinum level but want it to be inclusive of what people are using. Wouldn't want only place to gather insurance to happen through Exchange. Don't want Exchange to lose competition.

Want to make sure patient-centered care is recognized, quality measures are reliable and available, preventive care.

Concern with knowledge of user, income subsidies, what's the incentive for small group? Not the best thing for our group to pay penalty, can pay higher wages. Income verification, hands down, farmers wouldn't share. Is it verified who will share income?

Expert: Both the tax credit for employers and credit will be determined and paid out by IRS. The federal governments will create a hub in the cloud. So all state Exchanges will go out real time. I'll enter my name, age, smoke or not, income. The system will run me against federal data hub. The data hub doesn't exist yet though.

Medicaid is not real time, what will change to get it real time?

Expert: It is required that it be determined and that people be enrolled - which is a challenge.

Expert: To set providers' minds at ease, they will all be good plans, highly unlikely that a plan will cover only emergency and no preventive. Catastrophic will be available but very specific needs.

Again, to further my point about establishing eligibility, people in this room have been my customers for 30 years and have paid in for a long time sometimes at great sacrifice to themselves. What prevents someone from accessing Exchange when terribly sick rather than paying in all along?

3. What types of services might you expect from the Exchange? (about 30:09 into audio)

Three people agreed that there should be someone to help individuals.

How about a press 9 for customer service? We talk about everything being in the cloud, but it comes back to people. I have a new iPad and don't have my email set up yet. I need to press 9 so I can talk to a customer service person.

Very attractive things from customer service perspective, to decide 90 or 60 percent precious metal plan on an annual basis. It's very attractive to decide each year. Good potential, I just believe state should run it each year.

I want to see state run it and have standardized quality reporting for the various offerings in the Exchange.

4. Do you see any links between the Health Info Exchange and the American Health Benefit Exchange? (about 38:58 into audio)

On the claims side it would be wonderful if the two connected. If you could access the precious metal it would be handy from an insurance claims piece. And that will verify that they have insurance, which hopefully they all do.

EHR huge for a lot of people in my industry, hopefully sometime it's a common language where all info can be shared from Trinity to Bismarck like ATMs. It's confusing when trying to relay EHR on insurance claims. They have some work to do.

No I don't see a connection there. It's too far to go. If you start out a brand new insurance Exchange, it's going to be a lot more elegant on EHR side of things, hopefully Exchange will be better.

Questions

Are they leaning one way or another?

Expert: Several state agencies living this life. Bill passed in which people thought we'd run our own agency, but now we are looking at both. No discussion of cost yet. Next interim legislative meeting is September 20 and will be live streamed; it's called the Healthcare Reform Legislative Review Committee. Work on draft piece of legislation.

So where do other states stand?

Expert: Several states have passed definitive language that will be a non-profit or agency, board, etc. Louisiana, Montana, Alaska, haven't done anything yet. And that's a problem. Testing and taking enrollment by 2013. But doing nothing is doing something. Fed government will be running Exchange in more than one state.

If there will be cloud in the sky we can link to, I'm assuming there's someone to talk to. That concerns me too as sometimes billing software for Medicare and Medicaid as the federal government doesn't keep up with IT. Will it be ready?

Expert: No not built yet. Data hub will be built by the federal governments and it will be built in the cloud. Initial IT guidance was put out, not as in-depth as need to start building today.

Has Medicaid IS system been completed? Will it be?

Expert: To my knowledge. it is not yet complete. I know they give quarterly updates to the budget section. Have to have regular meetings on it.

Mandated coverage?

Expert: We don't see how this can work without mandated coverage. In order to keep premiums affordable, ND is affordable and high quality. If that goes under, all bets are off.

The only other bubble I worry about if it's a whole computer based thing, then it's a problem. Is it us? What will make this work if we have never done it before?

Expert: Massachusetts is out there, Utah is totally different no matter what you hear. Timeframe sheer craziness, we've all said that. It is a huge challenge. Needs to be well tested before it goes live. Innovator grants to some states to do early testing, Kansas gave it back, Insurance Commissioner there thinks should build it, government gave the money back.

Another concern: private practice physical therapy, Medicaid reimbursement is so low, we couldn't exist with just Medicaid, we couldn't survive. It concerns me that reimbursement rates would have to be reviewed to make bottom line.

Summary

Questions #1

- (8) state
 - We have very well run Insurance Department
 - Insurance regulated by state - makes sense they run it
 - Feds may ignore special peculiarities of our state
 - Struggle with confidence in federal government
 - Concern federal governments will dip into slush fund of Exchange
 - Advocate for physicians to be active in running
- (1) no official position

Questions #2

- Want agents involved - too complex for average person
- Don't want it affect/hurt small businesses
- Patient-centered care - preventative
- Concern some will access only when very sick rather than paying all along

Question #3

- (3) agreed need to be someone to help
- Attracted to decide each year (which level of participation)
- Standardize quality reporting

Questions #4

- Claims side - would be wonderful if connected
- Hopefully common language where all can be shared - like ATM - anywhere you use it, money comes out of your account. Have lots of work to do
- Don't see a connection

North Dakota Health Benefit Exchange Stakeholder Meetings

Meeting #11

Minot - Consumers/Employers/Government

9/8/11 @ 6:00 p.m.

7 signed up
12 attended
Length: 1.5 hours

Had good participation in this group, but did need to “move them on” at one point as they got rather involved in a discussion on whether health insurance is a right or a responsibility. The example used was car insurance - you are legally required to have it, so if we can mandate care insurance we should do the same with health insurance. The counter to that was that driving is a privilege, so the insurance becomes a responsibility, not a right.

Expert

Rebecca Ternes, NDID

Questions/Responses

1. Who should run the North Dakota Health Benefit Exchange, the federal government or the state government? And why do you think that? (about 16:28 into audio)

What if we don't create our own?

Expert: The federal government will have to create an Exchange because several states have said they won't. Will have to be customized to work with each state's Medicaid.

Medicare Part D - will state set it up?

Expert: Medicare Part D has plans that are certified in every state, folks go online to get plan that meets their needs. This will be one portal entry where you enter name, age, smoke or no, income, real time. Will tell you if you are eligible for Medicare and if not, can choose and compare and see if you can get subsidies.

For now the state should operate the Exchange. No matter who operates it, the cost will be recouped and the state has better likelihood.

I agree with keeping costs low by running in North Dakota, if going to work with each state's Medicaid and subsidies they're different in every state. Better here.

Better here. Tailor state's for each state needs rather than opposite.

I agree with what's been said so far. What I see happening, if state doesn't run program, we'll fall through the cracks as citizens of North Dakota and nation. Federal government has never handled anything efficiently to this point. Will never handle this. Look at IHS which is 100% federal.

Where is funding coming from in the first place?

Expert: The federal government in Affordable Care Act, unlimited line item to establish this in each state. \$1 million grants available to each state, that's how this meeting is paid for. Establishment grants for those creating Exchanges now. Medicaid funding also. Unlimited funding available at federal level.

As someone who has experienced federal government funding, I think the state has a better ability to make program more efficient for state citizens, too big when federal.

I don't think either one of them should run it, I want federal government and state government out of my life. I think this thing is a joke.

I don't think healthcare should be regulated by state or federal government seeing as North Dakota has turned away some of the funding. It makes you wonder how they'll fund this kind of program. They should leave citizens to make their own choices.

I agree with last two very much, however the way the law is written, we have to see what comes out of it from some secretary in DC who doesn't give two hoots in hell about North Dakota. It's a mandated rule that if state doesn't do it, federal government will take over.

If we have to have Exchange - better for state to run to have local control as much as possible.

State to keep costs under control.

(3x) state

State is easier to control.

As much as I'd like to kill the whole thing, I'll fight like hell to keep it in state.

2. What concerns you most about the Exchange? OR What do you NOT want to see done with the Exchange? (about 24:27 into audio)

I would not want to see another program initiated taking billions to get going and then 20 years down the road and failing. I won't be relying on Social Security and I don't want to see that happens with so many people relying on the program.

What concerns me is the intrusiveness of the government. Stay out of our lives.

Based on experience with Plan D, I don't want to see anything that can be conveyed as favoritism, insurance companies feel we guide them toward a company. I've been accused of that. When asked what's best we say: the one you feel is best.

What worries me most is that if congress can compel us to buy health insurance, they can compel us to buy other things. Nowhere in the constitution does it say it will purchase or buy anything from cradle to grave and that's what this is.

Exchange program as written is cookie cutter and if you talk to healthcare professionals they will tell you same things won't work for sore toe, tummy ache, cancer. If you match, do it that way and if you don't match what's there - just die.

Rural providers staying open and I don't want to wait for my healthcare, I'm an American and have the right to choose where and how I want my healthcare and that's being threatened.

Lot of changes and many to be made and we don't know what they are. It's a fear of the unknown. Next administration this could all go.

I would prefer to see Exchanges, it's a law. I'd prefer strongly that it be state run rather than federal because it will fit our needs better.

Clarification: under the impression that North Dakota is rejecting anything to do with affordable care act. Did reject home visiting funding?

Expert: That was a Department of Health grant, not allowed to apply for a grant. NDID did apply for grants. Can click on HHS map and see different funding impact on North Dakota.

I would be curious how room itself feels about federal government or state run Exchange - very interested in it being state.

Is it irrefutable even with change in office?

Expert: it would take congressional action to repeal. If state does not act, the federal government will run for the state.

Expert: There are some court litigations happening, 4th and 11th circuit said some of it is constitutional. ND waiting to see how that plays out, along with rest of country.

What concerns me most is those who can't afford it, will it really be cheap enough for every citizen to afford? When I go to mall I can window shop, I don't have to buy and it isn't the place of federal or state government to tell me to buy. Especially because I can't raise my own debt ceiling, I have what I have.

If people don't have insurance, is it right for health providers to have to buy care? Why should I have to pay for them?

I think catastrophic is important and I think car insurance is important. I should be able to see doctor and pay cash. If can't pay then set up payment system.

Car insurance and driving a car is a privilege not a right, healthcare insurance is a privilege too. That's comparing apples to oranges.

Clarification on your point: it's a privilege or right to do both? Privilege on both sides. I don't think analogy is right or the same... but for folks who choose not to carry insurance, why should society have to pick up that cost?

3. If the Exchange is an online shopping-like system, do you think you might still want to talk to an insurance agent? (about 37:52 into audio)

I would think so as insurance can be confusing language, don't always know exactly what you're getting.

(2x) I agree

Exchange, as I understand it, is a national law, they will have specified navigators available to explain health insurance to the consumers. However, when I look at 4 levels - gold, bronze, silver and platinum. Bronze lowest cost, highest deductible - estimate \$138 for a 25 year old. For me it's a misnomer. We're taking money out of consumer's hands and not giving any healthcare.

I agree, if you buy anything outside of grommets and pencil sharpeners, you should talk to an expert and get it on record.

I'll push the analogy further: It's surprising as a professional casualty agent those who buy online do not have adequate insurance - they'll buy minimal - they'll crash and get sued. \$25 higher doesn't matter, I'm protecting my clients. You can't buy healthcare online, I don't care how smart you are.

4. Would you like the choice of purchasing health insurance inside the Exchange and outside (like it is now through insurance carriers) of the Exchange? (about 40:47 into audio)

Yes. If you buy through Exchange, how would individual agent get credit for having sold it? If you get information and then go to your agent you are better off, so is agent. Problem with Plan D.

To keep checks and balances you need outside and inside. If only can buy inside the Exchange, it's very restrictive to American people and doesn't follow a philosophy at all. Too restrictive.

The issue as I see within or out of Exchange is what we see with Medicare is where we have a Blue Cross and each insurance company can see which select plan they want. If choose Plan A it's the same through BC or Farmers or whatever. If you do it that way all the same. It's the method of people in DC to saddle people with restrictions when don't understand what happens in the hinterland.

If federal government runs - how do rates work?

Expert: NDID retains all authority, rates, solvency regulation dealing with any problems.

Yes, would like the choice.

Talking about small business - those with 50 or less employees can do this, country and state made up of large majority of small businesses, way out for them to say I don't have to deal with this anymore. I'll save and force employees into Exchange.

If healthcare becomes completely unaffordable, small business can't compete. Especially with all restrictions, I can't buy for my employees like MPS can, my costs are much higher per person. Something has to be done, don't know if this is right.

Doctor, you mentioned your healthcare went up \$1,200. Do you realize how much healthcare costs went up with this passage? Nearly 25% just to stay in the marketplace. Number of companies quit writing programs due to restrictions. Currently we have pretty good health insurance.

5. What feature - such as potential for subsidies, tax credits, online comparisons, etc. - is most likely to encourage you to use the Exchange? (about 46:05 into audio)

My first choice would be not to use the Exchange and use benefit through employer, if had to use it, it has to be easy, what I qualify for, what I need. Can't change year to year. If I feel frustrated or overwhelmed I'll walk away and pay the penalty. I think a lot of people feel that way, especially older people. Taxpayers and subsidies are minor.

With group policy, we limit our employees' choice. Variety of needs - maternity etc. - want individuals to have more choice than they currently have. When I was on the school board, teachers had no choice, just saw our BCBS rates go up 12% and that's a large portion of the compensation.

It seems to me it's over-complicated the way it's stated. Would ask employers this question separately from individuals. Employers don't have option of getting all choices employees want. I'd like to see all my options, as much as I like my agent, but I don't think they would tell me all about their competitors' policies - not the way an Exchange would. It would be foolish as an individual to NOT use the Exchange.

Two issues - cost of insurance and the type of benefits offered.

I've researched since inaugurated a year ago. If employer, you can have option for each employee to select level of coverage for each employee. We have strong compensation in health insurance industry that's regulated by states and last time we had federal government regulation - look at banks vs. insurance. Year end, year out, 10x more banks going belly up than insurance agencies.

One discouragement would be providing my employer with my household income, not their business. I would pay more outside of Exchange just to keep my information quiet.

6. As a business, does the development of an Exchange make it more likely you will offer or continue to offer health insurance as a benefit of employment? (about 52:14 into audio)

Cost strictly on a lower wage employee maybe making \$20/hour. Your payment is large part of compensation package and it's a chunk. If you have military spouse with free benefits, do you apply different compensation levels to those not taking health benefits? It can be 30% of income and one gets it,

another doesn't. It's not fair and have to be some changes. Will be changes whether we drive them or someone else does.

In the end, I don't think that whether Exchange or not is the question. It's about the money especially for nonprofits and others. If can't afford it, can't afford it. If your business doesn't offer you insurance, you still can't pay for it. It's all about the money whether Exchange or private.

I agree with that. Speaker talking about how insurance rates have gone up, BCBS I've talked to in order to remedy problem have to raise \$8 million and maybe \$20 million nationwide. It's all about the money. Businesses will exit out of healthcare plans and will not offer to employees anymore. As years go by, care won't be as well done going forward. Even though some inadequacies, it's still better than some places see in the world.

If NDID would change malpractice situation so doctors were held to national standard rather than local standard, that would change care and I hope state will address those malpractice issues someday.

Questions

Why was McDonald's exempted?

Expert: That was not about Exchanges, it was about type of health plans offered by very large employers. Given short term waiver and now they are phasing it out. Doesn't impact Exchanges. Either high deductible or very basic plans.

Expert addressed that this is second time today heard comment on providing household income, and wanted to address with truth. The Exchange will be an online tool; your household income would not go to employer. Only into online database.

HHS: Expert explained process.

Family income - I understand that if you and your wife and 2-3 kids in household work and qualify for subsidy on January 1, kids get out of school and get job it has to be redocumented so you can keep subsidy.

Expert: I know that some of that is in the works. It's a good example of the unknowns.

As an average citizen, I want to know what are the checks and balances of this program. How will they decide if working or not? Is there anything in place for that?

Expert: Not really. Federal law that the state has to follow. No benchmarks, no goals. New regulations: most interesting. States can do it or can wait and let federal government do it then take it over later.

It sounds like a big risk to take with money. With the cloud with government maxed out why would they do take on this huge program? Know expert can't answer - wanted statement on record.

If a person has healthcare insurance now, do we have to go through Exchange? Would I have to go compare or can I stay where I am?

Expert: Company has to continue to offer this plan. If state decided no external market then forced to buy through Exchange. Grandfathered plans changed that.

What's the penalty if you don't join the Exchange as private citizen?

Expert: Keep individual mandate separate from Exchange. Requirement that everyone has insurance is difference. IRS would penalize you lightly at first, more later. If you don't have a refund coming, they can't penalize you.

Do you know where North Dakota lies? Where legislature is going?

Expert: Interim Legislative Committee met many times to look at options, costs, etc. As one of agencies we support every time. Currently a bill draft that would create a state Exchange created by insurance carriers.

Summary

Question #1

- (12x) state
 - Run more efficiently
 - Tailored better for our needs
 - Fall through if federal government runs it
 - Better ability to make it efficient
- (3x) neither state or federal government
 - Should leave citizens to make own choices
 - Healthcare should not be regulated by government

Questions #2

- Concern take on - spend lots of money and won't be around (like Social Security)
- Intrusiveness concerns me
- If congress compels us to buy insurance, can compel us to buy other things
- Exchange is too cookie-cutter - same thing won't work for all
- Rural providers stay open
- Don't want to wait for my healthcare
- Can we afford it?
- Is it right to make employers buy insurance for their employees?

Question #3

- Yes, want insurance (several)
- Confusing without agent

Question #4

- Yes - want both options
- Good for checks and balances
- If healthcare is too expensive - small businesses can't compete

Question #5

- Has to be easy, what qualify for and what I need
- Can't change from year to year
- Limit employee choices
- Issues - cost and type of benefits offered
- Discouragement to provide employer with my household income

Question #6

- Not about having Exchange - about whether some employers can afford it
- Businesses will exit out of healthcare plans and not offer to employees anymore.

#1

North Dakota Health Benefit Exchange Sign-in Sheet

Bismarck, Providers Meeting, Tuesday August 30, 2011 at 1:00 p.m.

Your name and city information is being requested at the door to track participation. Please note sign-in is not required, but optional. If you want to provide an email address, you will be added to a mailing list regarding health care reform implementation activities in North Dakota and you will also be contacted if more stakeholder meetings are scheduled in the future. Your email address will not be shared with anyone else.

Name (first, last)	City	Email address
✓ Nancy Kopp	Bismarck - ND Optometric Assn	nkopp@btinet.net
✓ Taya Patzman	Bismarck, ND	tayaseyes@yahoo.com
✓ Wessie Anders	Bismarck	
✓ Amanda Bearden	Bismarck	abeadel1@mchs.org
○ Mark Hardy	Bismarck - MD Board of Pharmacy	mhardy@btinet.net
✓ Jeff Miller	Bismarck	jdneuboser@primecare.org
✓ Amy Durum	Bismarck	jdurum@ndha.org
✓ Courtney Koehle	Bismarck	CKoehle@ndmed.com
✓ JoAnne Hoese	Bismarck	jhoese@nd.gov
✓ Craig Lambrecht	Bis	clambrecht@mchs.org
○ Marnie Walth	Bismarck	mwoalth@mchs.org
✓ Amy Davis	Bismarck	adavis@mchs.org
✓ Cheryl Runyon	Bismarck	NB NPA

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North Dakota Health Benefit Exchange Sign-in Sheet

Bismarck, Producers Meeting, Wednesday, August 31, 2011 at 3:00 p.m.

Your name and city information is being requested at the door to track participation. Please note sign-in is not required, but optional. If you want to provide an email address, you will be added to a mailing list regarding health care reform implementation activities in North Dakota and you will also be contacted if more stakeholder meetings are scheduled in the future. Your email address will not be shared with anyone else.

Name (first, last)	City	Email address
✓ Gil Geffre	Bismarck	g.geffre@americanrepublic.com
✓ Terry Koehler	Bismarck	Terry.Koehler@BCBSND.com
✓ Ronda Olson	Dickinson	r.olson@weareamerica.com
✓ Rhonda Paluck	Dickinson	rpaluck@weareamerica.com
✓ Jonathan P. Spilde	Bismarck	jonathan@siamarketing.com
✓ Debbie Jans	Bismarck	debra-jans@thrivent.com
✓ Nancy Buechler	Bismarck	nfb@naya-nd.org
✓ Beck Hruby	Mandan	bhruby@securityinsurancend.com
✓ Paul Wittmann	Jamestown	Pawittmann@clarktel.com

North Dakota Health Benefit Exchange Sign-in Sheet

Bismarck, Producers Meeting, Tuesday August 31, 2011 at 3:00 p.m.

Your name and city information is being requested at the door to track participation. Please note sign-in is not required, but optional. If you want to provide an email address, you will be added to a mailing list regarding health care reform implementation activities in North Dakota and you will also be contacted if more stakeholder meetings are scheduled in the future. Your email address will not be shared with anyone else.

Name (first, last)	City	Email address
✓ Lewis Schack	Bismarck	lewisschack@steffesagency.com
✓ Duane Steffe	Bismarck	duanesteffe@steffesagency.com
✓ Lance Boyer	Bismarck	lanceboyer@steffesagency.com
✓ Jon Seefeld	Bismarck	jonseefeld@steffesagency.com
✓ Phil Halvorson	Bismarck	phil.halvorson@steffesagency.com
✓ Carol H. Japel	Bismarck	japel@midco.net
✓ David Middaugh	FR260	dave@davidmiddaugh.com
✓ Mike Just	Hazen	mikej@USBHAZEN.COM
✓ Jeff Japel	Bis	jjapel@u71.com
✓ Steve Becher	Bismarck	steve@piand.com
✓ Daryl Braun	Bis	daryl.braun@securiand.com

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North Dakota Health Benefit Exchange Sign-in Sheet

Bismarck, Employers/Government/Consumers Meeting, Wednesday August 31, 2011 at 7:00 p.m.

Your name and city information is being requested at the door to track participation. Please note sign-in is not required, but optional. If you want to provide an email address, you will be added to a mailing list regarding health care reform implementation activities in North Dakota and you will also be contacted if more stakeholder meetings are scheduled in the future. Your email address will not be shared with anyone else.

Name (first, last)	City	Email address
✓ Renae Gall	Bismarck	rlgall@nd.gov
✓ Doyle L Randall	Bismarck	doyle doyle.l.randall@gmail.com
✓ Margaret & David Sitte	Bismarck	msitte@nd.gov
✓ KEVIN IVERSON	BISMARCK	KevinI@coresinc.org
✓ MEREDITH TRAEHOLT	BISMARCK	Meredith.traeholt@gmail.com
✓ Barbara J. Steinke	Tuttle	bsteinke@nd.gov
✓ Nancy Willis	Bismarck	nwillis@nd.gov
✓ Janet Helbling	Mandan	JHelbling@nd.gov
✓ Gene Karnopp	Bismarck	IKarnopp@nd.gov
✓ Jon Godfred	Bismarck	jon@ndchamber.com
✓ Reinhard Hauck	Manning	reinhard.hauck@dunncountynd.org
✓ Karen Kark	Bismarck	
✓ Audrey Cleary	Bismarck	audreycleary@yahoo.com
✓ Amy Peterson	Bismarck	amy@ndchamber.com

North Dakota Health Benefit Exchange Sign-in Sheet

Bismarck, Employers/Government/Consumers Meeting, Wednesday August 31, 2011 at 7:00 p.m.

Your name and city information is being requested at the door to track participation. Please note sign-in is not required, but optional. If you want to provide an email address, you will be added to a mailing list regarding health care reform implementation activities in North Dakota and you will also be contacted if more stakeholder meetings are scheduled in the future. Your email address will not be shared with anyone else.

Name (first, last)	City	Email address
✓ Nancy Buchler	Bismarck	info@nauja-nd.org
✓ Weylin Bucher	Bismarck	
✓ Betty Nordeng	Bismarck	
✓ Nancy Guy	Bis.	nancyjguy@gmail.com
✓ Josa Asicua	Bismarck	
Tom Richards	Bismarck	tom@communityhealthcare.net
✓ Paul Pronninger	Bismarck	pronninger@hotmail.com
✓ Eric Brenden	Bismarck	eric@northwestcontracting.com
✓ Janis Cheney	Bismarck	jcheney@aarp.org
✓ Jeannette Reckieck	Bismarck	
✓ Dan Ulmer Dan Ulmer	Martha	danulmer@yahoo.com
✓ Stephan Nordeng Nordeng	Bismarck	SNordeng@aol.com
✓ Kathy Schweitzer	Bismarck	dakota_kate@hotmail.com

North Dakota Health Benefit Exchange Sign-in Sheet

Bismarck, Employers/Government/Consumers Meeting, Wednesday August 31, 2011 at 7:00 p.m.

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Name (first, last)	City	Email address
✓ Wanda Sheppard	Fullerton	wsheppard@nd.gov
✓ Mark Sheppard	Fullerton	
✓ Justin Gawrylow	Mandan	jgawrylow@NDtaxpayers.com
✓ Muriel Peterson	Bismarck	Muriel@bis.mudco.net
✓ Kari Reichert	Bismarck	Kari.reichert@nisc.coop
✓ Karen Ehrens	Bismarck	karen@ehrensconsulting.com
✓ Duane Ehrens	Bismarck	" " "
✓ PERRIE Schaefer Perrie	Mandan	PSchaefer@ESLmandan.com
✓ Deb Masud	Bismarck	dmasud@nd.gov
✓ Ryan Rauschenberger	Bismarck	rarauschenberger@nd.gov
✓ Donna Scott	Smanning, ND	bdscott@xdsupernet.com
✓ Sheryl Housen	McCluskey, ND	thousertrucking@hotmail.com

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North Dakota Health Benefit Exchange Sign-in Sheet

Fargo Insurers Meeting, Tuesday, September 6, 2011 at 11:00 a.m.

Your name and city information is being requested at the door to track participation. Please note sign-in is not required, but optional. If you want to provide an email address, you will be added to a mailing list regarding health care reform implementation activities in North Dakota and you will also be contacted if more stakeholder meetings are scheduled in the future. Your email address will not be shared with anyone else.

Name (first, last)	City	Email address
✓ Valeri Gibson		✓ piperinsurance@hotmail.com
✓ Suzanne Rehr	Fargo	✓ SRehr@discoverybenefits.com
✓ Rod St. Aubyn	Fargo	✓ ROD.ST.AUBYN@BCBSND.COM
✓ Lisa Carlson	Sioux Falls	✓ Lisa.m.carlson@sanfordhealth.org
✓ Kate Parker	Sioux Falls	✓ Kathryn.parker@sanfordhealth.org
✓ Brad Bartle	FARGO	✓ brad.bartle@bcbsnd.com
✓ Troy Bagne	fargo	✓ Abagne@discoverybenefits.com
✓ Luther Stueland	Fargo	✓ luther.stueland@bcbsnd.com
✓ Jay McLaren	Shoreview	✓ jay.mclaren@medica.com
✓ Ralph Botner	Fargo	✓ rbbstou@Cableone.net

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North Dakota Health Benefit Exchange Sign-in Sheet

Fargo Producers Meeting, Tuesday, September 6, 2011 at 4:00 p.m.

Your name and city information is being requested at the door to track participation. Please note sign-in is not required, but optional. If you want to provide an email address, you will be added to a mailing list regarding health care reform implementation activities in North Dakota and you will also be contacted if more stakeholder meetings are scheduled in the future. Your email address will not be shared with anyone else.

Name (first, last)	City	Email address
✓ Judy Gartner	Fargo, ND	jgartner@iglide.net
✓ Mike Meyer	Fargo ND	nep70@aol.com
✓ Greg Omdahl	Fargo	gomdahl@warnerandcompany.com
✓ Jason Middaugh	Fargo ND	Jason@JAMIDDAUGH.com
✓ Dan Weber	Casselton, ND	dan@weberinsurance.net
✓ Greg Weltz	Hollibou ND	gweltz@rvv.net
✓ Jessica Lee	Fargo	jlee@fmuwchamber.com
✓ Tony Paper	FARGO	tpaper12@yahoo.com
✓ Dan Fremling	Fargo	dan-fremling@glc.com
✓ Jo Carney	Fargo	jo.carney@bebsnd.com
✓ Dean Meyer	Fargo	meyer,ins@707com.net
✓ Warren Wilson	Fargo	Warren@Wilson ^{Financial} services LLC
Al Berg	Fargo, ND	aberg@benefitsnd.com LLS

North Dakota Health Benefit Exchange Sign-in Sheet

Fargo Producers Meeting, Tuesday, September 6, 2011 at 4:00 p.m.

Your name and city information is being requested at the door to track participation. Please note sign-in is not required, but optional. If you want to provide an email address, you will be added to a mailing list regarding health care reform implementation activities in North Dakota and you will also be contacted if more stakeholder meetings are scheduled in the future. Your email address will not be shared with anyone else.

Name (first, last)	City	Email address
✓ John Edman	Gwinner	✓ edman@datel.net
✓ Jim Sott	Cassel	✓ jsott@uvbank.net
✓ Les Nordgaard	Sometown	lesnordgaard06@gmail.com
✓ Ed Dorsett	Fargo	ed@eedorsett.com
✓ Nancy Dorsett	Fargo	nancy@dorsett.com
✓ Rhonda Loberg	Fargo	✓ rhonda.loberg@yahoo.com
✓ Dean Sather	West Fargo	✓ dean@healthquoteservices.com
✓ John Vastag	Fargo	
✓ Kristi Desautel	Mayville	✓ kristidesautel@mayportins.com
✓ David Holtgard	Fargo	dave_holtgard@hltvnsdcompany.ca
✓ William J. Schultz	Fargo	✓ bill@healthquoteservices.com
✓ Dave Muddaugh	Fargo	dave@davidmuddaugh.com
✓ Jeff Kleven	Wahpeton	✓ jeff.kleven@bankofthewest.com

North Dakota Health Benefit Exchange Sign-in Sheet

Fargo, Employers/Government/Consumers Meeting, Tuesday September 6, 2011 at 7:00 p.m.

Your name and city information is being requested at the door to track participation. Please note sign-in is not required, but optional. If you want to provide an email address, you will be added to a mailing list regarding health care reform implementation activities in North Dakota and you will also be contacted if more stakeholder meetings are scheduled in the future. Your email address will not be shared with anyone else.

Name (first, last)	City	Email address
✓ Merne Manor	Fargo, ND	merne77@gmail.com
✓ Vel Rae Burkholder	Fargo, ND	velburkholder@cableone.net
✓ Stan Franek	Fargo, ND	franek1@juno.com
✓ Mike Tomasko	WEST FARGO, ND	mj.tomasco@gmail.com
✓ Eddie Johns	Fargo SD 58103	UJohns@TheSolband.com
✓ Marlowe Kro	Bismarck	mkro@aarp.org
✓ Ralph Metcalf	Valley City	rmetcalf@nd.gov
✓ Don Jemtrod	Fargo, ND	djemtrod@magnanalog.com
✓ Phil Groteluis	" "	PhilGyessire@aol.com
✓ Marlene Batterberry	West Fargo, ND 58078	marleneb@cableone.net
✓ Ed Janzen	Fargo	ejanzen@earthlink.net
✓ Rhonda Lobenz	Fargo, ND	rlobenz2001@yahoo.com
✓ Ralph Hewellyn	Fargo, ND	r1hewellyn@eidebailly.com
✓ Steve Strege	Fargo, ND	sstrege@ndgda.org



North Dakota Health Benefit Exchange Sign-in Sheet

Fargo, Providers Meeting, Wednesday September 7, 2011 at 9:00 a.m.

Your name and city information is being requested at the door to track participation. Please note sign-in is not required, but optional. If you want to provide an email address, you will be added to a mailing list regarding health care reform implementation activities in North Dakota and you will also be contacted if more stakeholder meetings are scheduled in the future. Your email address will not be shared with anyone else.

Name (first, last)	City	Email address
✓ Jessica Lee	Fargo	jlee@fmutchamber.com
✓ Tim Mathern	Fargo	tmathern@nd.gov
✓ Dawn Hoffner	FARGO	dawn.hoffner@uhsinc.com
✓ Allen Hager	Fargo	hagernd@cableone.net
✓ Steven Taylor	Fargo	steventaylor@catholichealth.net
✓ Keith Heuser	Valley City	keithheuser@catholichealth.net
○ Beth Lysne	Fargo	blysne@psssleep.com
○ Tina Lundeen	Fargo	tina.lundeen@ndsu.edu
✓ GREG LAFRANCOIS	FARGO	GREG.LAFRANCOIS@USHFXK.COM

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North Dakota Health Benefit Exchange Sign-in Sheet

Grand Forks, Providers Meeting, Wednesday September 7, 2011 at 3:00 p.m.

Your name and city information is being requested at the door to track participation. Please note sign-in is not required, but optional. If you want to provide an email address, you will be added to a mailing list regarding health care reform implementation activities in North Dakota and you will also be contacted if more stakeholder meetings are scheduled in the future. Your email address will not be shared with anyone else.

Name (first, last)	City	Email address
✓ SHARON ERICSON	NATHWOOD	sharon.ericson@ualtrich.org
② MARSHA WAIND	Grand Forks	mawaind@gra.midco.net
✓ Audrey Lorenz	GF	alorenz@altru.org
✓ George Wogaman	GF	g.wogaman@farmersagents.com
① DANIEL RUSTVANG NRC	Grand Forks ND	drustvang@trv.org
✓ Heather Strandell	Grand Forks, ND	hstrandell@altru.org
① SAI SCHMALEN	FARIBO	SAI.SCHMALEN@HOTMAIL.COM

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North Dakota Health Benefit Exchange Sign-in Sheet

Grand Forks, Employers/Government/Consumers Meeting, Wednesday September 7, 2011 at 7:00 p.m.

Your name and city information is being requested at the door to track participation. Please note sign-in is not required, but optional. If you want to provide an email address, you will be added to a mailing list regarding health care reform implementation activities in North Dakota and you will also be contacted if more stakeholder meetings are scheduled in the future. Your email address will not be shared with anyone else.

Name (first, last)	City	Email address
✓ Linda Schlittenhard	Cavalier, N.D.	lschlitt@nd.gov
✓ Corene Vaughn	Cavalier, ND	vaughnc@polarcomm.com
✓ Russ Prochko	GF ND	
✓ Margaret Maeh	GF	
○ Anne Reiling	GF	annejean@ymail.com
✓ GARY PAUR	GILBY	paur@polarcomm.com
○ Scott Pickard	G. Forks	sdpickard2000@yahoo.com
○ Don Kramer	GF	
✓ Eust Glash	GF	eglan@infonline.net
○ Tommy Winiwiel	GF	lwiniwiel@gra.midco.net
✓ Ray Paekson	GF	rpaekson@plazzius.com
✓ Nick Jensen	GF	njensen@bbiinternational.com

