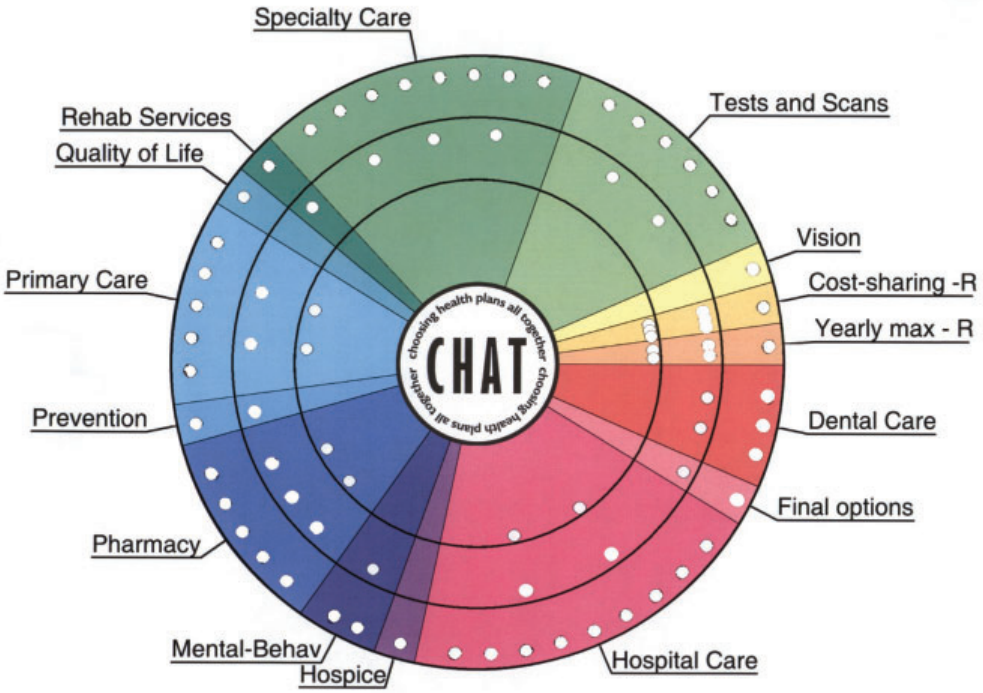
North Dakota
CHAT report

Choosing Healthplans All Together



North Dakota
INSURANCE
DEPARTMENT
PROTECTING THE PUBLIC GOOD
ADAM HAMM, COMMISSIONER

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Thank you to our partners

Dakota Medical Foundation

North Dakota Department of Human Services

NDSU Extension Services

Executive summary

About CHAT
Choosing Healthplans All Together, or CHAT, is a computerized exercise developed by the National Institutes of Health and the University of Michigan. CHAT asks players to design a basic health insurance plan—in this case, for everyone in North Dakota.

North Dakota was the fifth state in the nation to conduct a CHAT study, and the first organization to incorporate webCHAT, an internet version of the exercise.

Two hundred and twenty-two North Dakotans participated in CHAT, 79 via webCHAT and 143 in facilitated sessions.

Participating in CHAT
Seventeen CHAT sessions were held July through October 2009 in 10 cities. Participants were charged with being policymakers for the state of North Dakota.

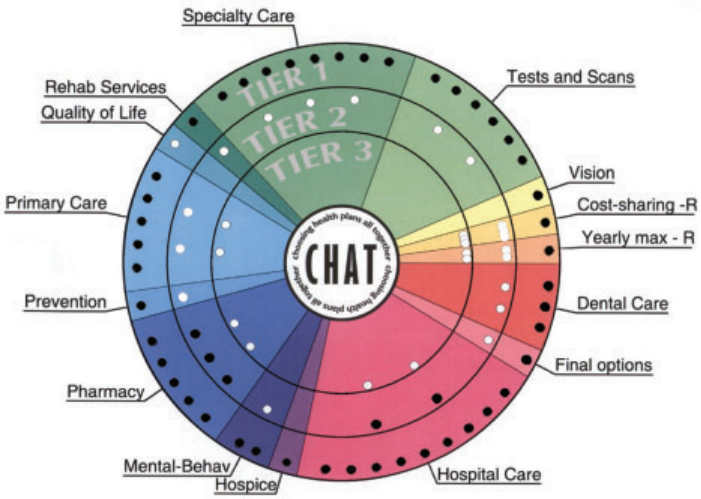
A facilitated CHAT session consists of four rounds:

- Round 1: Create a basic health insurance plan individually
- Round 2: Create a plan in a small group
- Round 3: Create a plan with all participants as a group
- Round 4: Create a basic health insurance plan individually again, providing the opportunity to make adjustments after group collaboration in rounds 2 and 3

After rounds 1 and 2, hypothetical health events were generated by the CHAT software, allowing participants to test the plan they just built.

WebCHAT was used as a supplemental activity to the traditional facilitated CHAT sessions. WebCHAT participants completed round 1, in which they were asked to create a basic health insurance plan. Then, CHAT generated hypothetical health events for participants to review. Next, participants moved on to round 4, where they again created a basic health insurance plan. Round 4 gave them a chance to make adjustments to their original plan after reading the hypothetical medical situations. Rounds 2 and 3 were not used in webCHAT because those rounds required group interaction.

Most common health plan
The chart below depicts the most commonly-chosen health insurance plan among all CHAT groups in round 3 when making a group decision.



In general, participants chose to cover 14 of the 15 categories. All 17 facilitated groups excluded quality of life coverage, which provides coverage for problems in function, appearance or comfort that are not seriously disabling but may impact quality of life (i.e. treatment for infertility, impotence and hair loss).

What's next?
The information gathered from the CHAT sessions is valuable in several ways.

Because it is the first time that North Dakotans were asked directly what is important in health insurance coverage, CHAT represents the start of a conversation, but not a final solution, to the cost, quality or need for insurance in our population.

The data tells us that our citizens want broader coverage rather than richer coverage if their ability to pay is limited. The exercise revealed that no matter the occupation or income level of the participant, it was personal health situations that guided their choices.

Most importantly, the Department was pleased to find so many North Dakotans of different socio-economic status willing to have intelligent, productive conversations about health insurance. There has never been a more important time to have this conversation.

Introduction

The North Dakota Insurance Department began planning the CHAT project in spring 2008. During the 2009 legislative session, House Bills 1577 and 1391 were passed, requiring the Legislative Council to conduct a study regarding the cost of health insurance in North Dakota and the unmet health care needs in the state. The Insurance Department was contacted by the Legislative Council to play a major role in the studies; CHAT fit that requirement.

North Dakota was the fifth state in the nation to conduct a facilitated CHAT study, and the first organization to use webCHAT, an internet version of the exercise.

The timeliness of the study is noteworthy, taking place during the national health care reform debate in Congress. There is no better time to be discussing health insurance needs of our citizens.

The concept

Choosing Healthplans All Together, or CHAT, is a computerized exercise developed by the National Institutes of Health and the University of Michigan. CHAT allows players to make choices concerning health care insurance plans. There's a catch, though: there are more choices than resources. Players must pick and choose between the available options and come up with the most basic health plan they can afford.

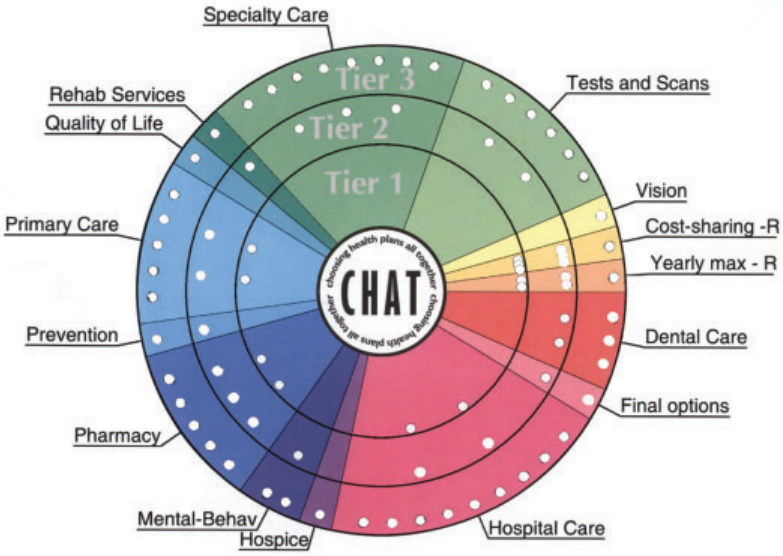
This unique exercise gathered input directly from North Dakota consumers about their health care priorities.

Two hundred and twenty-two North Dakotans participated in CHAT. There were 79 webCHAT participants and 143 participants in facilitated CHAT sessions.

The process

The North Dakota CHAT board was developed by the Department's life and health actuary and was based on designs used elsewhere in the country, including Montana, Oklahoma and California. A study by Milliman Inc. was referenced in determining the value of each category and tier.

Additionally, an experienced CHAT consultant provided input on the makeup of the categories and their ties. The board represents a basic health insurance plan in North Dakota. Fifty markers were allotted to players, representing about two-thirds of the average, employment-based premium in North Dakota. Eighty spaces were available on the board.



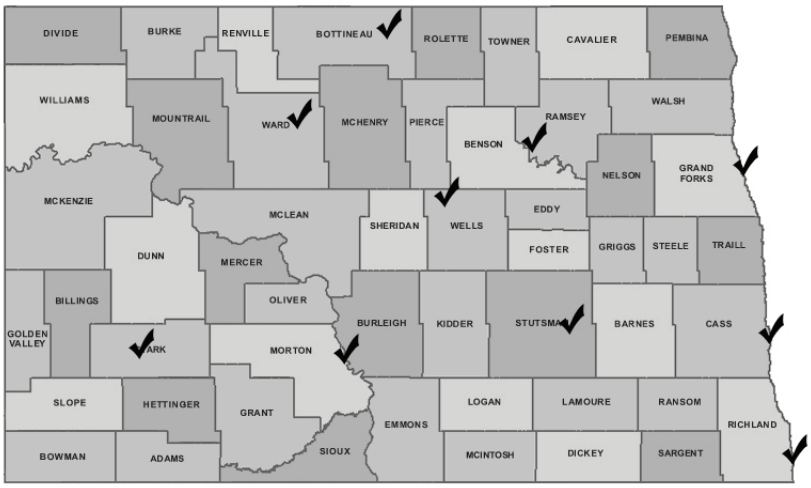
See Appendix D for category and tier descriptions.

Facilitated CHAT sessions

Thirteen cities around the state were identified as sites for CHAT exercises. These cities included the 10 largest in population, along with three other cities filling in geographical gaps on the map.

Once the locations were determined, North Dakota Insurance Department (NDID) staff contacted organizations in each of the communities, including chambers of commerce, social service agencies and schools, to recruit participants.

Paper and electronic invitations were distributed to these contacts, other professional contacts and to all interested parties.



Seventeen events were held in 10 cities around the state.

Seventeen CHAT sessions were held July–October 2009 in Bismarck, Bottineau, Devils Lake, Dickinson, Fargo, Grand Forks, Harvey, Jamestown, Minot and Wahpeton. See Appendix A for a detailed schedule.

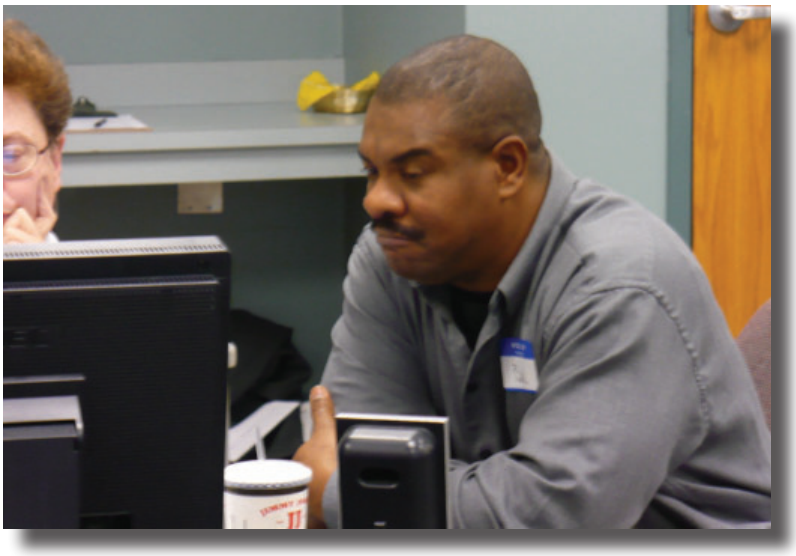
Three of the originally-planned events (Bowman, LaMoure and Williston) were combined with other events.

Each session lasted about two and a half hours, with up to 15 attendees participating in four rounds of the exercise, during which participants were asked to design a basic health insurance plan.

Participants were charged with being policymakers for the state of North Dakota. They were asked to consider that the plans they created would be a basic coverage plan for everyone in the state. They were asked to ignore federal and state mandates, along with any community programs that offer health care services or equipment for free.

A CHAT session consisted of four rounds:

- Round 1: Create a basic health insurance plan individually
- Round 2: Create a basic health insurance plan in a small group
- Round 3: Create a basic health insurance plan with all participants as a group
- Round 4: Create a basic health insurance plan individually again, providing the opportunity to make adjustments after group collaboration in rounds 2 and 3.



After rounds 1 and 2, hypothetical health events were generated by the CHAT software, allowing participants to test the plan they just built. After sharing these health events with the group, participants discussed whether or not the coverage was adequate and fair for a basic plan.

After the first set of CHAT sessions, the North Dakota Legislature's Interim Industry, Business and Labor (IBL) committee requested the opportunity to participate in CHAT. A special session was held in Fargo with the committee. This group was unique in that it was made up of 17 men and one woman; most of the other sessions were female-dominated. Overall, 70 percent of participants were female and 30 percent were male.

In August, the Insurance Department determined that additional participants were needed to represent the limited-income population. Four more CHAT sessions were scheduled, targeted at North Dakotans with limited incomes. Participants' income was required to be at or below 250 percent of the federal poverty level. A meal and a $25 gift card, sponsored by the Dakota Medical Foundation, were given to all participants who completed limited-income sessions.

webCHAT sessions

The North Dakota Insurance Department was the first organization in the nation to use webCHAT, an internet-based version of the CHAT exercise. WebCHAT was open to participants July 27–Aug. 14, 2009. Seventy-nine North Dakotans from 26 different counties participated.

WebCHAT was used as a supplemental activity to the traditional facilitated CHAT sessions. Because webCHAT is done independently, results differ from the facilitated sessions where participants are able to debate and discuss their decisions. Despite this difference, many webCHAT participants found the online version informative and educational.

> "WebCHAT gave me a good understanding of how insurance works."

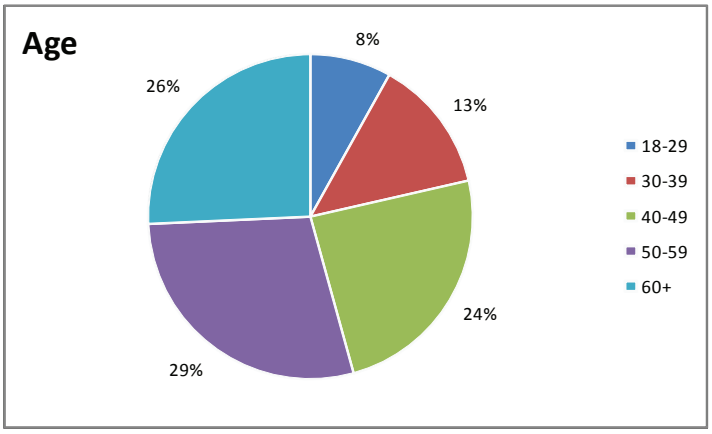
Recruitment for webCHAT was done simultaneous to recruitment for the facilitated CHAT sessions. Participants had the option to register for one of the facilitated CHAT sessions or webCHAT.

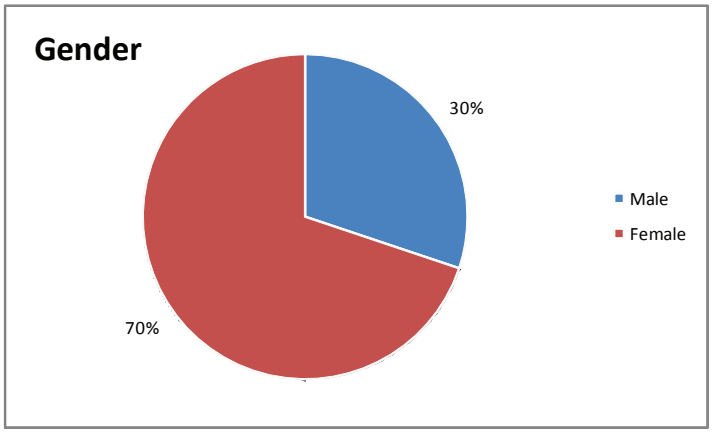
Like in the facilitated sessions, webCHAT participants were charged with being policymakers for the state of North Dakota. They were asked to consider that the plans they created would be a basic coverage plan for everyone in the state. They were asked to ignore federal and state mandates, along with any community programs that offer health care services or equipment for free.

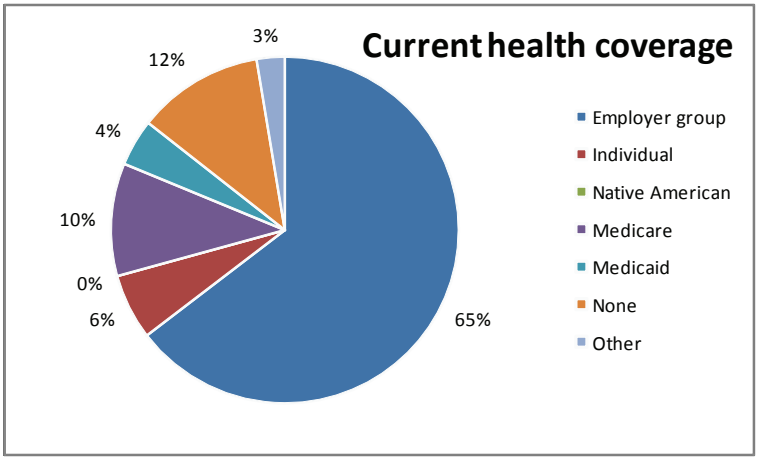
WebCHAT participants completed round 1, in which they were asked to create a basic health insurance plan. Then, CHAT generated hypothetical health events for participants to review, allowing them to test the round 1 plan they just built. Next, they went to round 4, where they again created a basic health insurance plan. Round 4 gave them a chance to make adjustments to their original plan after reading the hypothetical medical situations. Rounds 2 and 3 were not used in webCHAT because those rounds required group interaction.

Participants

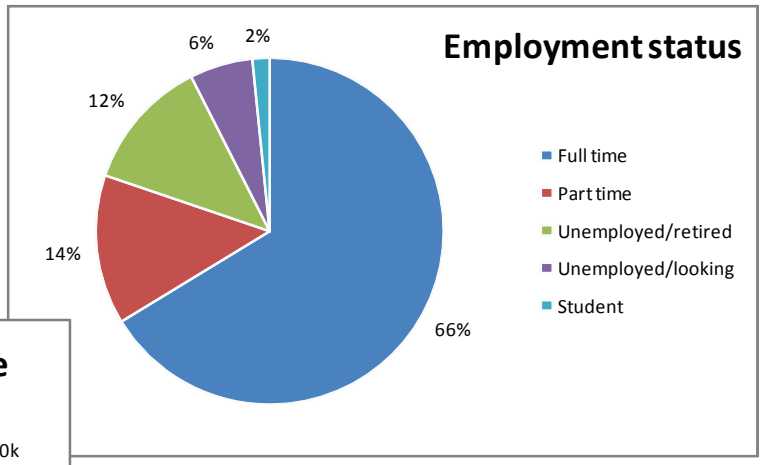
Following is demographic information for all CHAT participants, including facilitated sessions and webCHAT.

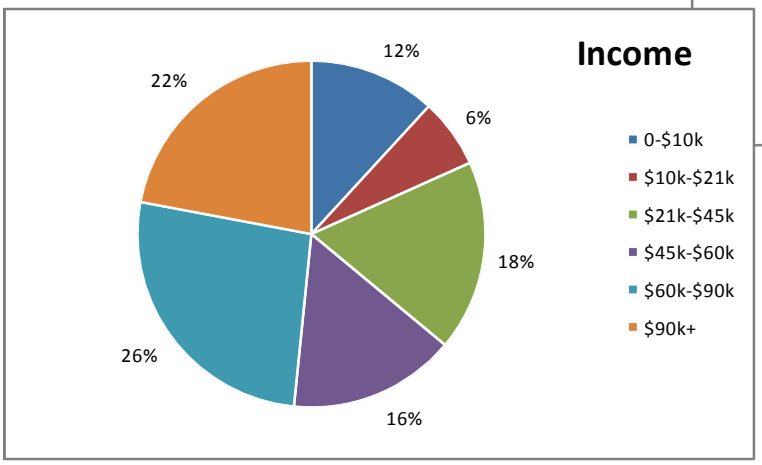






National comparison: In 2002, about 6.6% of the non-elderly population purchased individual health insurance, compared with 65% covered by employer-based health insurance and 16.2% covered by Medicaid or other public coverage.[1]



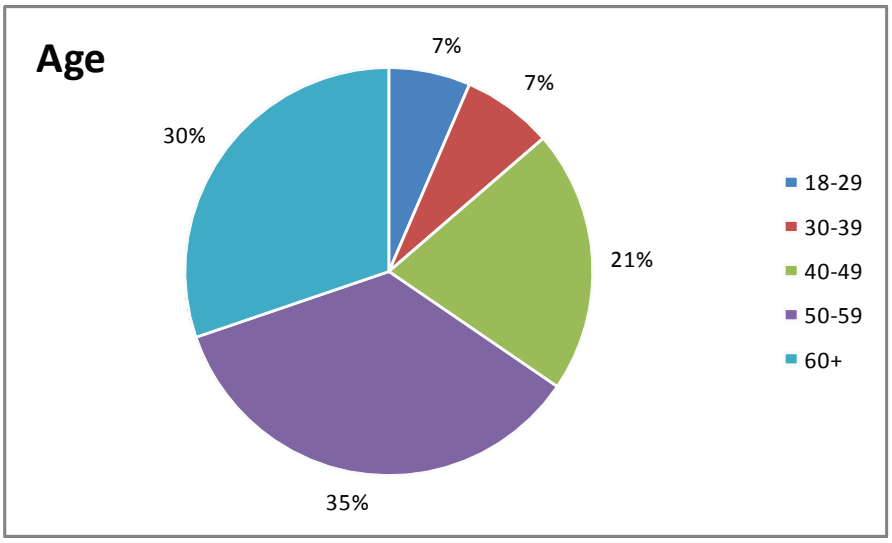


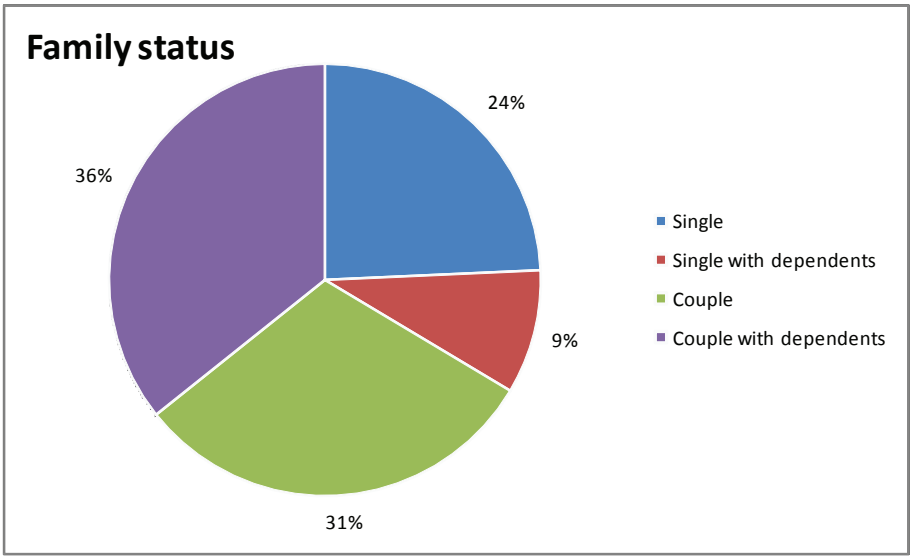
[1] U.S. Census Bureau, Current Population Survey, 2003 Annual Social and Economic Supplement, at http://ferret.bls.census.gov/macro/032003/health/h01_001.htm. Some people have more than one type of coverage during a year.

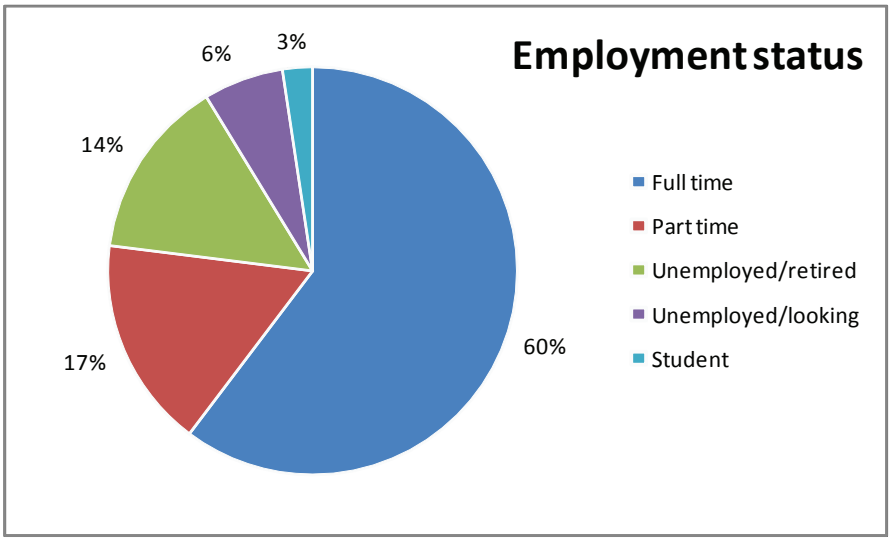
Participants—facilitated CHAT sessions

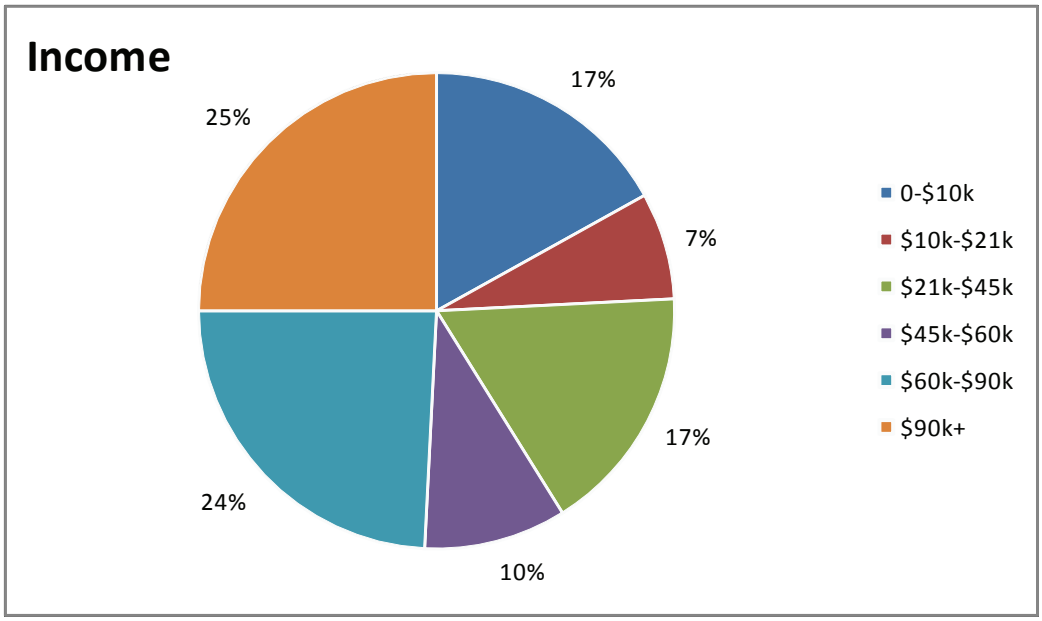
Sixty-two percent of facilitated CHAT session participants were female; 38 percent were male.

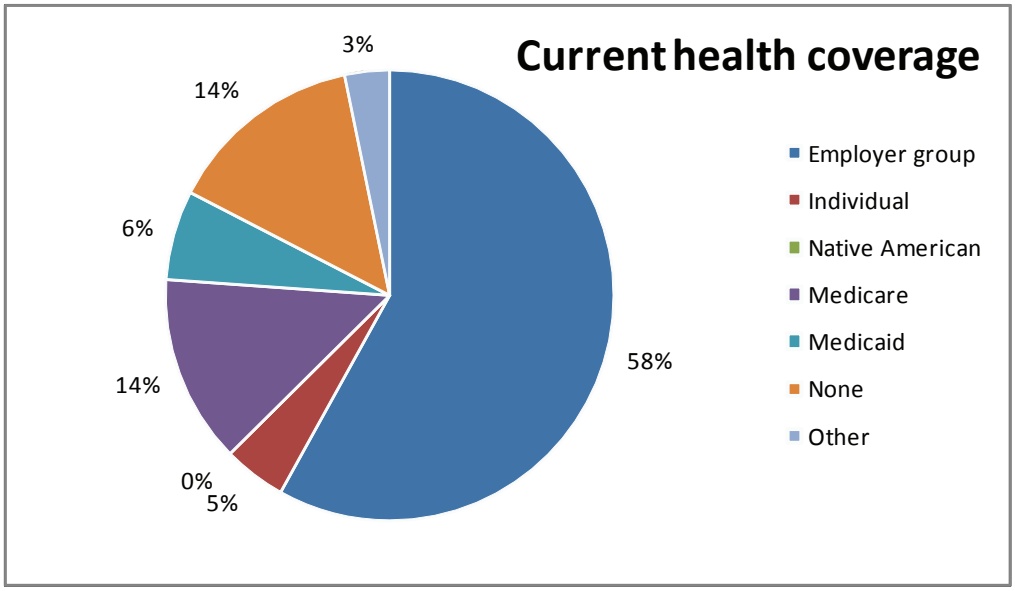
Following is further demographic information about the facilitated CHAT session participants.

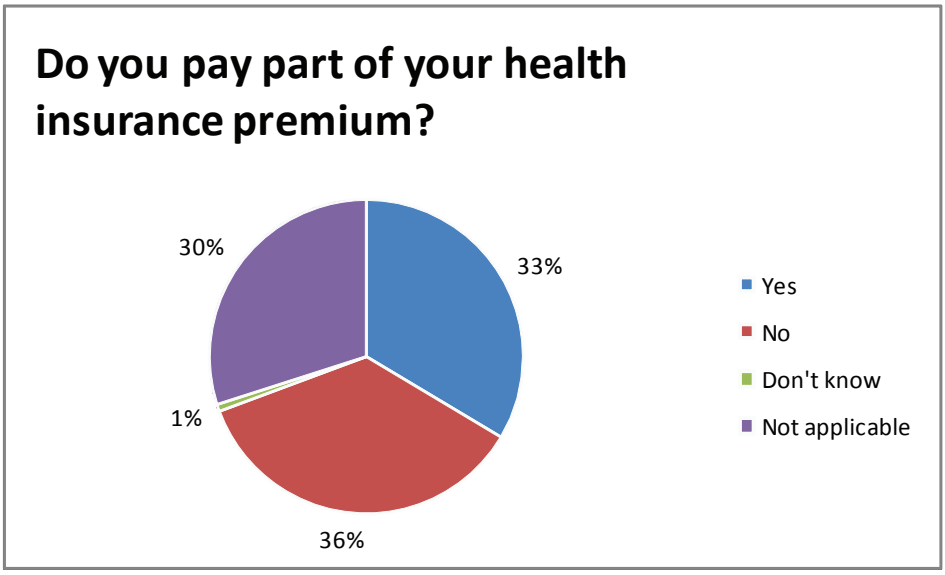







Income
17%
7%
17%
10%
24%
25%
0-$10k
$10k-$21k
$21k-$45k
$45k-$60k
$60k-$90k
$90k+

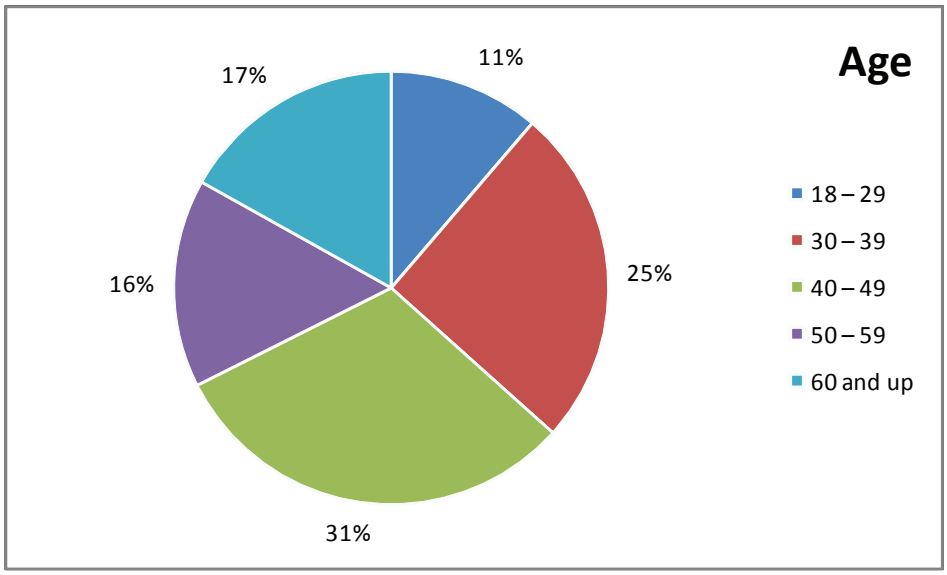

Current health coverage
3%
14%
6%
14%
0%
5%
58%
Employer group
Individual
Native American
Medicare
Medicaid
None
Other

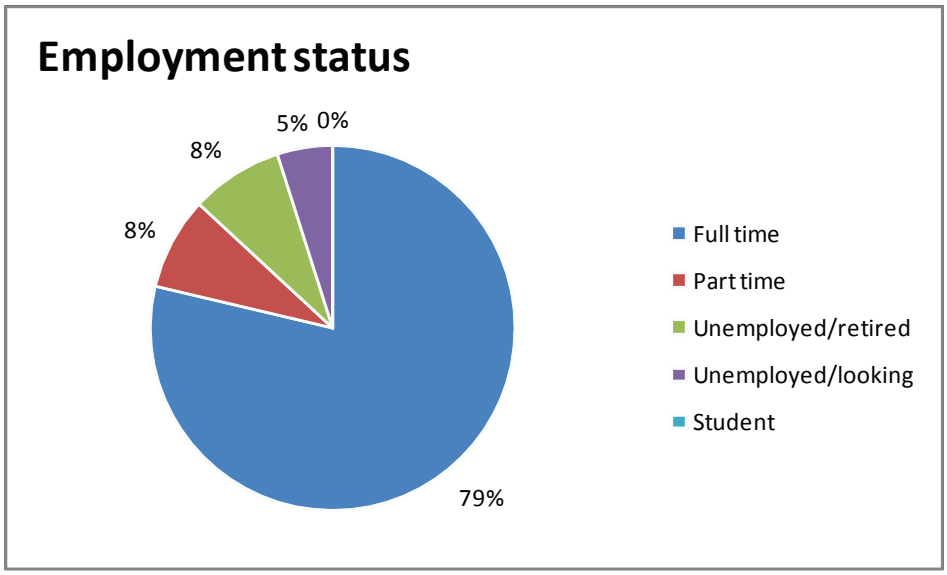

Do you pay part of your health insurance premium?
30%
33%
1%
36%
Yes
No
Don't know
Not applicable

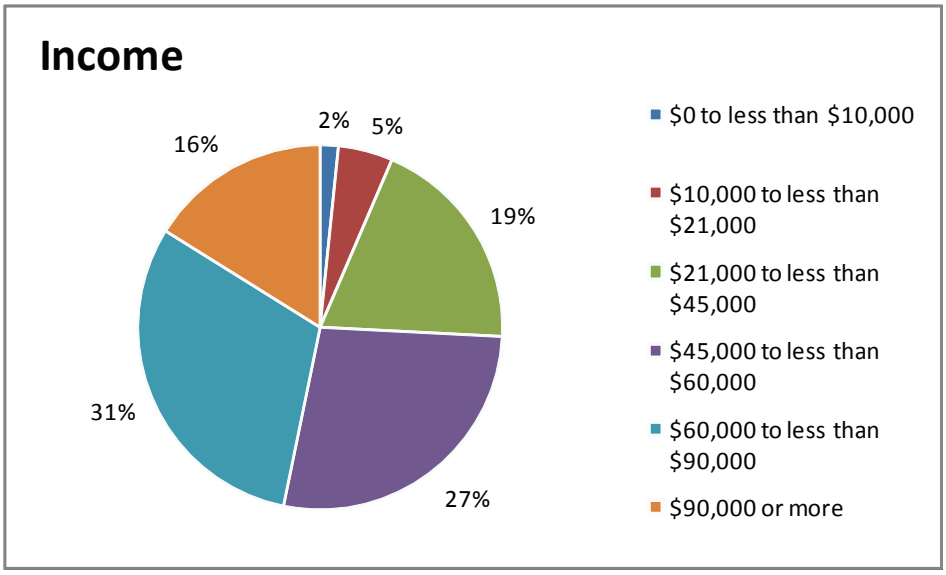
Participants—webCHAT

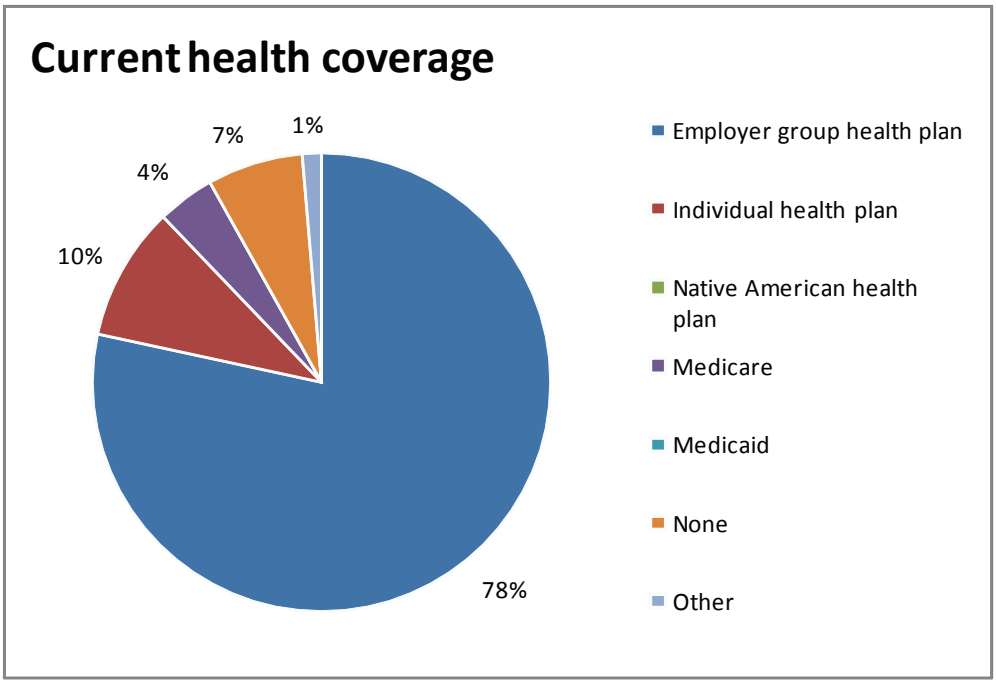
Eighty-six percent of webCHAT participants were female; 14 percent were male.

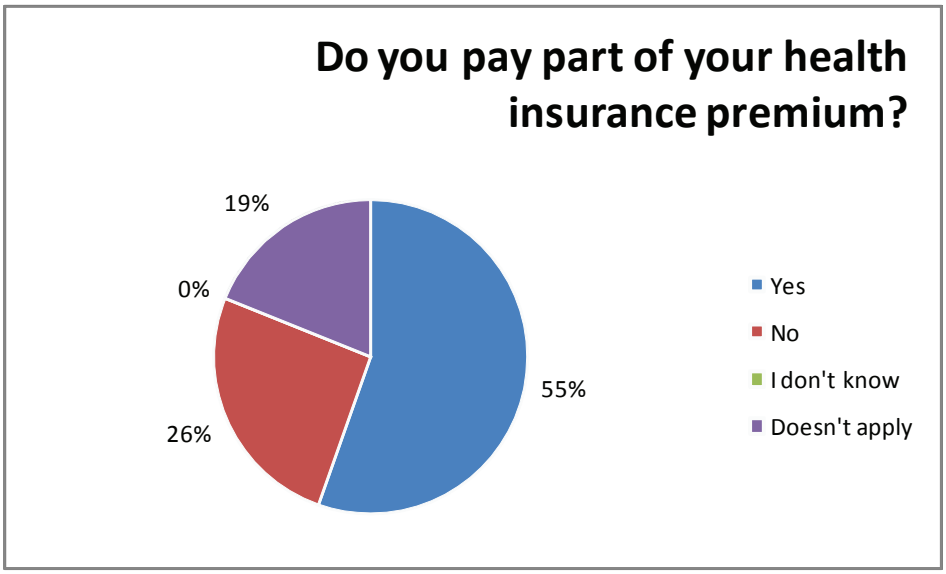
Following is further demographic information about webCHAT participants.






Income
2%
5%
16%
19%
31%
27%
$0 to less than $10,000
$10,000 to less than $21,000
$21,000 to less than $45,000
$45,000 to less than $60,000
$60,000 to less than $90,000
$90,000 or more


Current health coverage
7%
1%
4%
10%
78%
Employer group health plan
Individual health plan
Native American health plan
Medicare
Medicaid
None
Other


Do you pay part of your health insurance premium?
19%
0%
55%
26%
Yes
No
I don't know
Doesn't apply

Results—facilitated CHAT sessions

Themes that influenced decisions

- Preventative care is important in controlling future costs.
- Reasonable access for rural residents to doctors and facilities is critical.
- It is important to cover as many basic needs as possible at a low level rather than increasing a few areas and leaving others empty.

Anecdotal situations that influenced opinions

Other participants' opinions played an important role during round 3 of every facilitated session. Participants often wavered on their own strong opinion after hearing another participant's personal experience or professional opinion, in cases where social workers or health care industry workers were participating.

- **Pharmacy** was the most often debated category. Most participants agreed that there should be some level of coverage, but debated between tier 1 and 2. Some participants who opted for tier 1, which covers generic medications only, were not aware that not all medications are available in generic. After this fact was revealed by another participant during some round 3 discussions, participants often changed their minds to say that tier 2 coverage was critical, covering generics and some brand name drugs. One group chose no pharmacy coverage in round 3 after a member of the group convinced the others that if they couldn't afford tier 2, it wasn't worth spending markers on it all. Because the group could not agree to reallocate markers to cover tier 2, no coverage was selected in the pharmacy category.

- In several sessions, many participants felt that **dental coverage** should not be part of a basic plan. But after hearing other participants discuss how dental health can impact a person's overall health, they often changed their minds about the importance of dental coverage in a basic plan.

- **Rehab services**, covering therapies and durable medical equipment, and **mental/behavioral services** were other categories that some participants dismissed from a basic health care plan until they listened to personal experiences from other participants.

Round 1 vs. round 4: Summary

CHAT participants selected coverage in slightly more categories in round 4 than they did in round 1, but at lower benefit tiers, suggesting that they were willing to forego richer coverage in certain categories in order to have a broader coverage plan overall.

> "With choice comes costs. When people have unbridled ability to choose whatever they want, costs go up."

Categories that showed a noticeable increase in coverage from round 1 to round 4 were:

	Round 1	Round 4
Final options	52.9%	74.5%
Mental/behavioral	69.9%	86.5%
Prevention	86.7%	96.2%
Rehab services	82.4%	94%

Hospice coverage increased from 67.6% in round 1 to 74.4% in round 4. Tests and scans coverage increased slightly from 92.6% in round 1 to 97.7% in round 4.

Categories that showed decreases from round 1 to round 4 were:

	Round 1	Round 4
Hospital care	99.3%	74.4%
Pharmacy	97%	96.2%
Quality of life	33.1%	22.6%
Vision	67.6%	54.5%

Participants chose consistent levels of coverage from round 1 to round 4 in the following categories: dental, specialty care and primary care.

Cost-sharing and yearly max, the two required categories, showed a decrease in tier 3 coverage (the richest coverage) from round 1 to round 4. Cost-sharing represents the co-payments made at the time a medical service is received. Not counting the monthly premium, the yearly max is the most that a consumer would have to pay in one year.

	Round 1	Round 4
Cost-sharing	9.6% chose tier 3	3% chose tier 3
Yearly max	8.9% chose tier 3	6% chose tier 3

Round 3: Summary
In the 17 groups participating in CHAT, all chose coverage in the following optional categories: specialty care, rehab services, primary care, hospital care, and tests and scans.

More than 85 percent of the groups chose coverage in prevention, pharmacy, mental/behavioral and hospice.

Quality of life was not selected by any group in round 3.

> "If you have a $4,000 bill and have to pay $3,000, you think it's terrible. But if your bill is $300,000, you got away with a good deal."

Round 3: Regular sessions vs. limited-income sessions
All four limited-income CHAT groups chose tier 2 coverage for hospital care, while seven of the 13 (54%) regular CHAT groups chose tier 1 hospital care coverage.

All four limited-income CHAT groups included vision coverage, while only seven of the 13 (54%) regular CHAT groups elected vision coverage for their basic plan.

Round 3 vs. round 4: Categories not covered
Three categories—hospice, mental/behavioral and vision—showed a significant change between round 3 (group decision) and round 4 (individual decision).

When making an individual decision, participants chose to forego coverage in these categories more often than they were when working in groups.

	Round 3 (group)	Round 4 (individual)
Hospice	12% chose no coverage	26% chose no coverage
Mental/behavioral	6% chose no coverage	14% chose no coverage
Vision	35% chose no coverage	45% chose no coverage

Survey question comparison
Following is a comparison between regular CHAT sessions to limited-income CHAT sessions responding to the question "Which statement best completes this sentence? 'Health care coverage should be like …'

- The fire department: everyone receives the same level of protection, regardless of job or income.
- Education: a basic level is guaranteed to everyone, but those who can pay for more may do so.
- Housing: everyone has the responsibility to meet his or her own needs."

Regular CHAT sessions vs. limited-income CHAT sessions					
	Regular sessions	Limited-income sessions		Regular sessions	Limited-income sessions
	Round 1	Round 1		Round 4	Round 4
Fire department	25%	67.6%		25%	58.3%
Education	51%	24.3%		55%	33.3%
Housing	24%	8.1%		20%	8.3%

During round 1, more than two-thirds of participants in the limited-income sessions felt that everyone should receive the same level of protection regardless of job or income (fire department); only 25 percent of participants in the regular sessions agreed.

In general, regular session participants maintained their opinions from round 1 to round 4, but nearly 10 percent of the limited-income session participants changed their minds about fire department coverage in round 4 and chose the lesser education option, which guarantees a basic level of coverage to everyone.

To read the responses to all survey questions, see Appendix B.

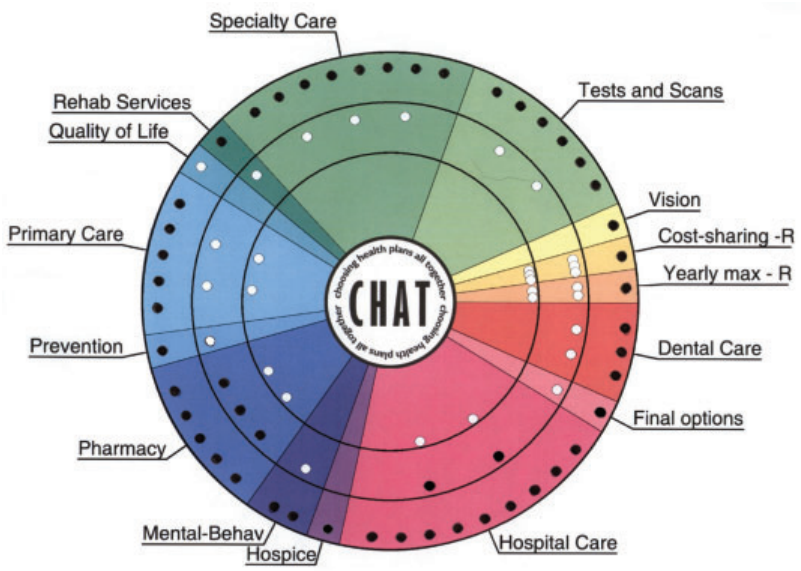
Summary of round 3 results

	Specialty	Test/ scans	Vision	Cost-sharing	Yearly max	Dental	Final options	Hospital care	Hospice	Mental/ behav	Pharmacy	Prevention	Primary care	Quality of Life	Rehab
Bismarck	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 2	-	Tier 1	Tier 2	Tier 2	Tier 1	-	Tier 1
Bismarck	Tier 1	Tier 1	-	Tier 1	Tier 2	Tier 1	Tier 1	Tier 1	-	Tier 1	Tier 1	Tier 2	Tier 2	-	Tier 1
Bismarck	Tier 1	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	-	Tier 1	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	-	Tier 1
Bismarck*	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	-	Tier 1
Bottineau	Tier 2	Tier 2	Tier 1	Tier 2	Tier 1	-	Tier 1	Tier 2	Tier 1	Tier 1	-	Tier 2	Tier 2	-	Tier 1
Devils Lake	Tier 1	Tier 1	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	-	Tier 1
Dickinson	Tier 1	Tier 1	-	Tier 2	Tier 2	-	Tier 1	Tier 2	Tier 1	Tier 1	Tier 1	Tier 1	Tier 2	-	Tier 1
Fargo	Tier 1	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	-	Tier 1	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	-	Tier 1
Fargo**	Tier 1	Tier 1	-	Tier 1	Tier 2	-	Tier 1	Tier 1	Tier 1	Tier 1	Tier 2	Tier 2	Tier 2	-	Tier 2
Fargo*	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	-	Tier 1
Fargo*	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	-	Tier 1	Tier 2	Tier 1	Tier 1	Tier 2	Tier 2	Tier 2	-	Tier 1
Grand Forks	Tier 1	Tier 1	-	Tier 1	Tier 3	-	Tier 1	Tier 2	Tier 1	Tier 1	Tier 1	Tier 1	Tier 2	-	Tier 2
Harvey	Tier 1	Tier 1	Tier 1	Tier 2	Tier 2	-	-	Tier 2	Tier 1	-	Tier 2	-	Tier 2	-	Tier 1
Jamestown	Tier 1	Tier 1	-	Tier 2	Tier 1	-	Tier 1	Tier 1	Tier 1	Tier 1	Tier 2	Tier 2	Tier 1	-	Tier 2
Minot	Tier 1	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	-	Tier 1	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	-	Tier 1
Minot*	Tier 1	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	-	Tier 1
Wahpeton	Tier 1	Tier 1	-	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tie 2	Tier 2	Tier 2	-	Tier 1
Most commonly-chosen by groups in round 3	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	Tier 2	Tier 1	Tier 1	-	Tier 1
Standard plan in ND (required by law)***	Tier 2 (except HMOs, which are Tier 1)	Tier 2	N/A	Tier 2	Tier 3	N/A	Tier 1	Tier 3 (except HMOs, which are Tier 1)	Tier 1	Tier 1	Tier 3	Tier 1	Tier 3 (except HMOs, which are Tier 1)	N/A	Tier 2

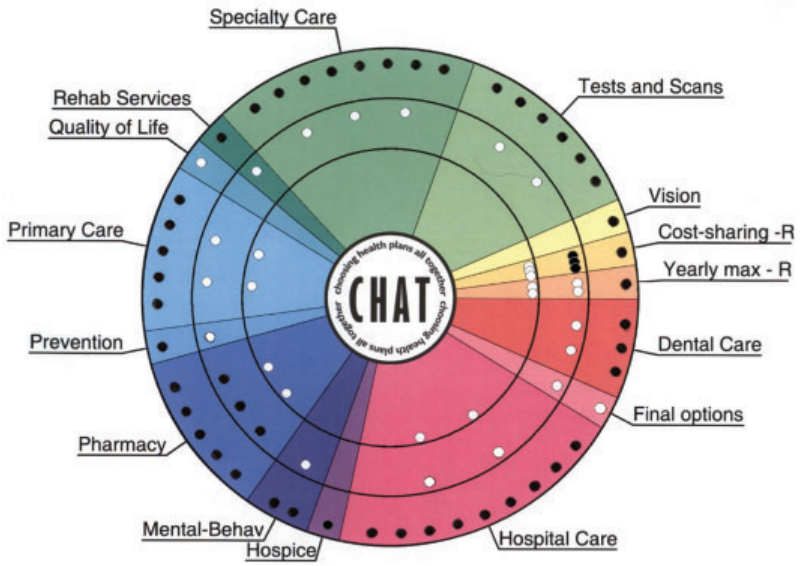
*Denotes limited-income sessions
**Denotes legislative committee session
***The standard plan required 66 markers, compared to 50 markers for the other plans.

Round 3 results

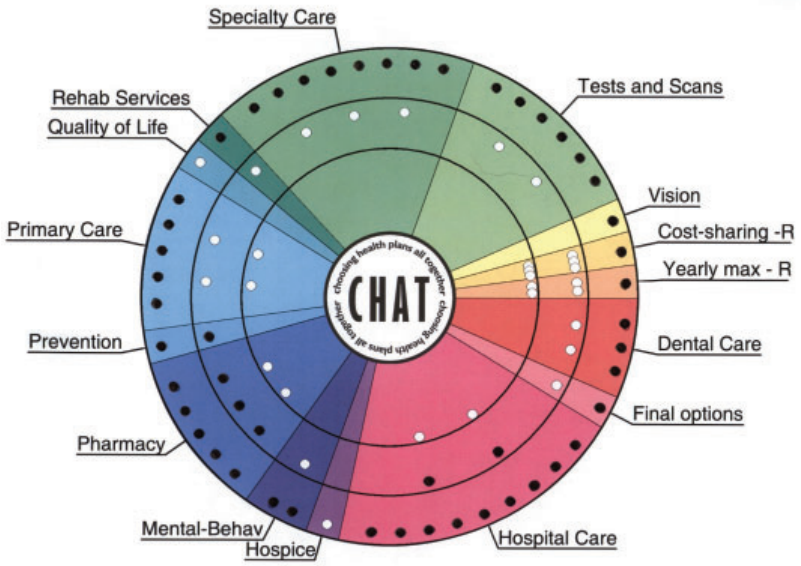
Bismarck*



Bismarck

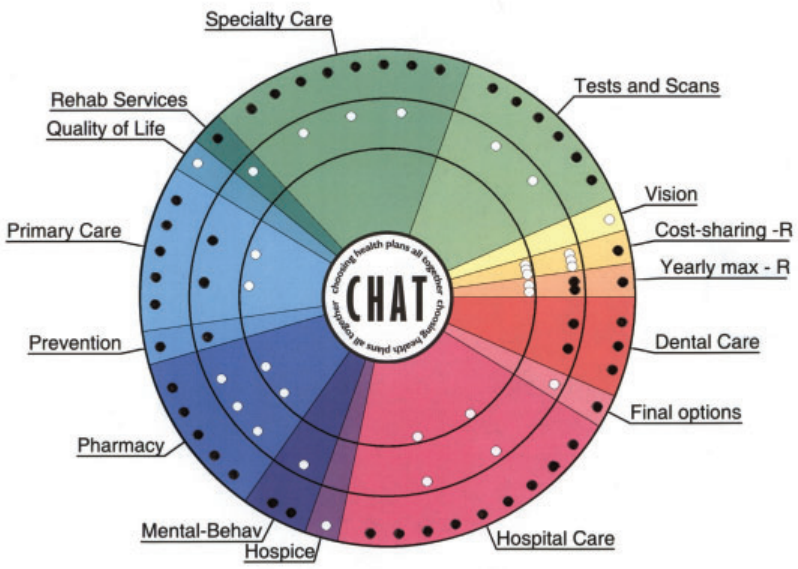


Bismarck

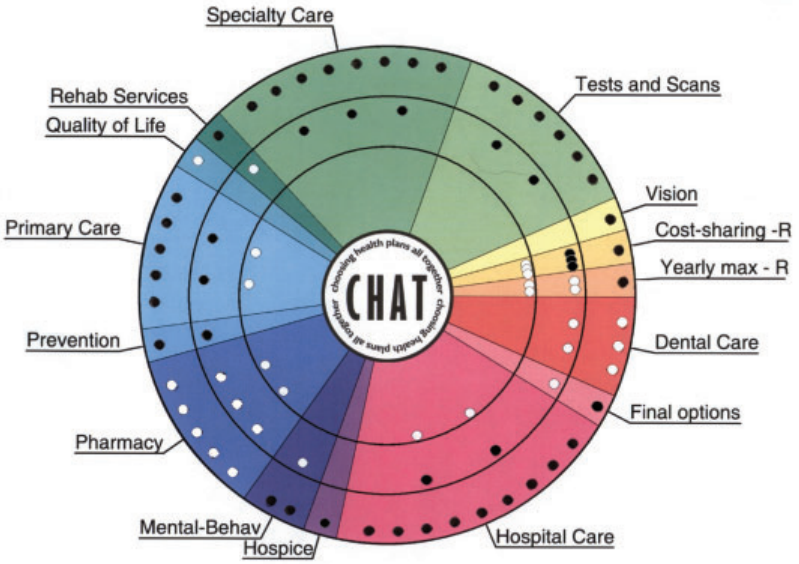


*Denotes limited-income session

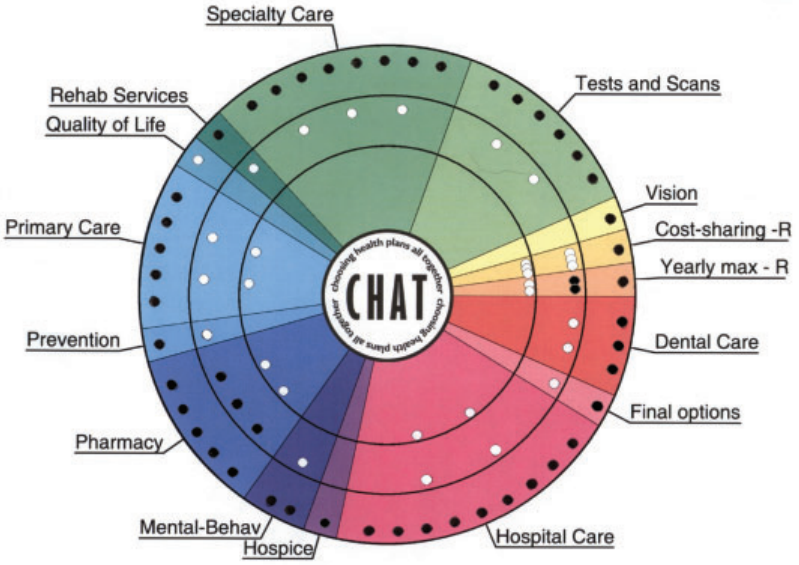
Bismarck



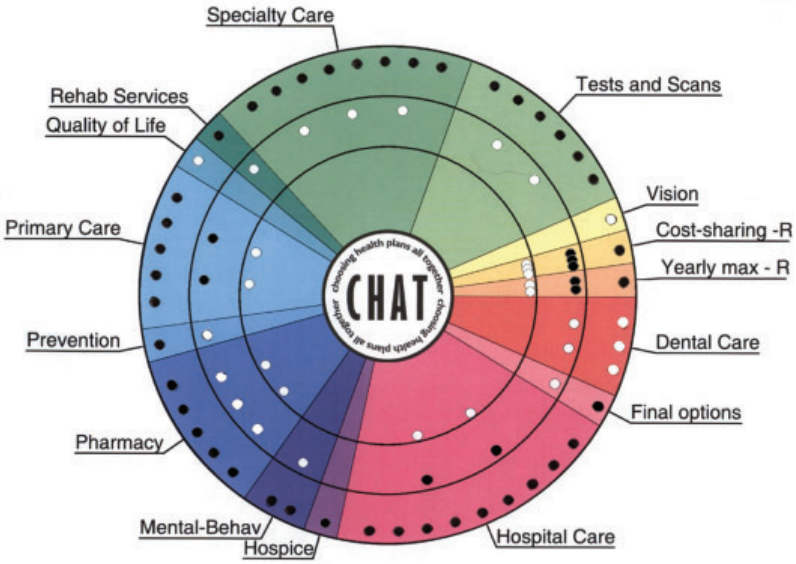
Bottineau



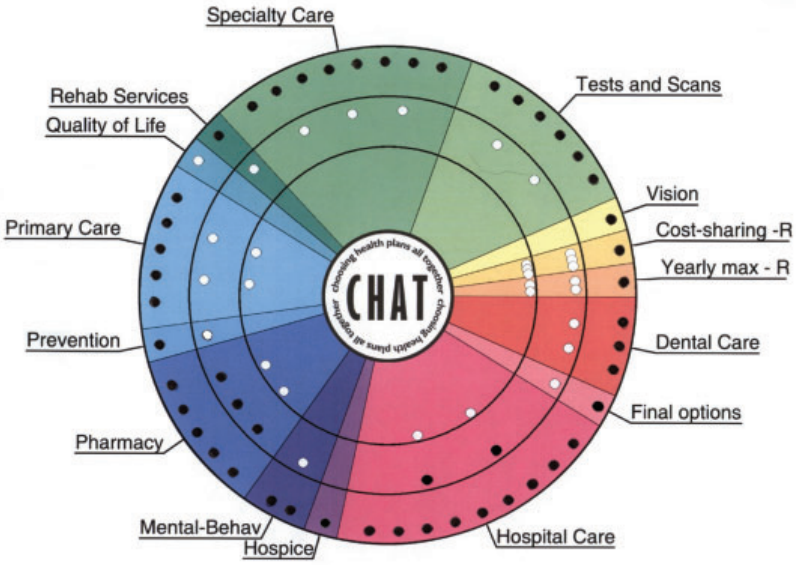
Devils Lake



Dickinson



Fargo*



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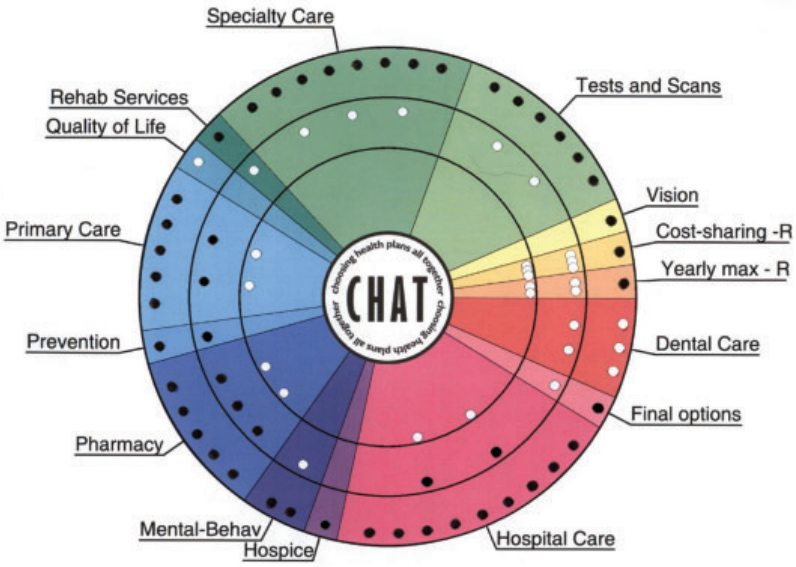
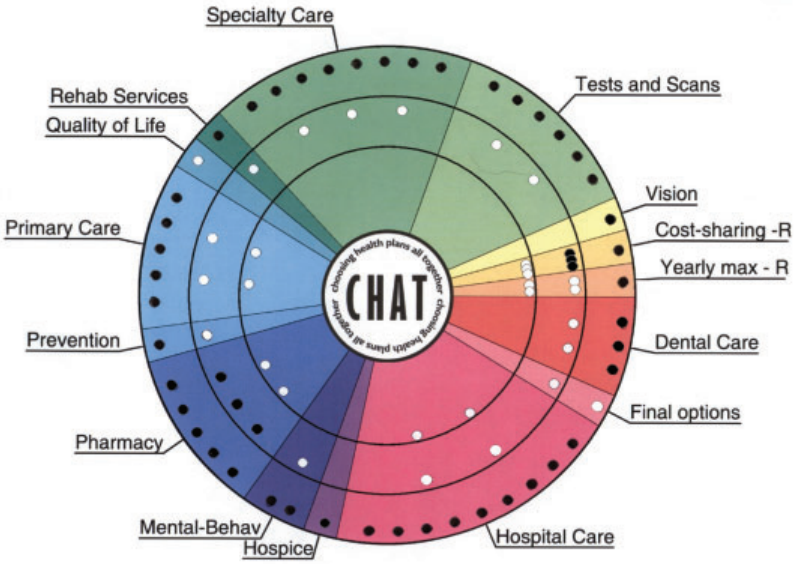
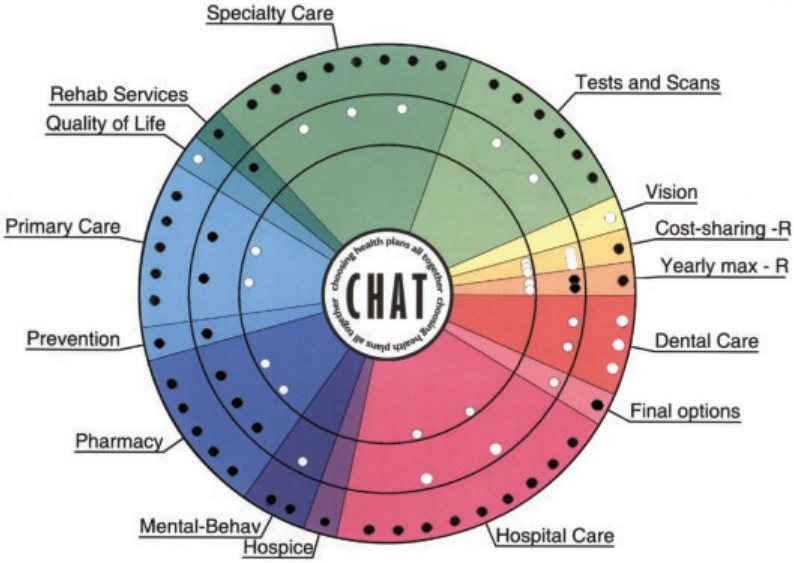


*Denotes limited-income session

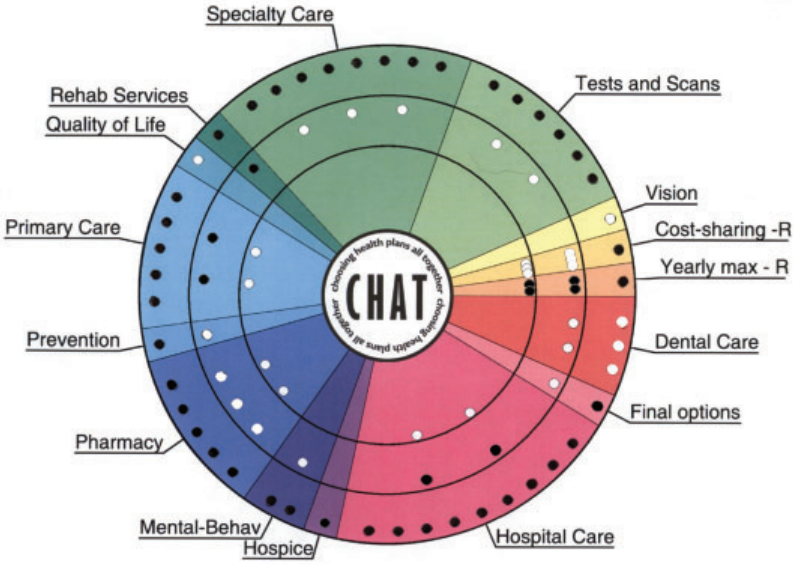
Fargo



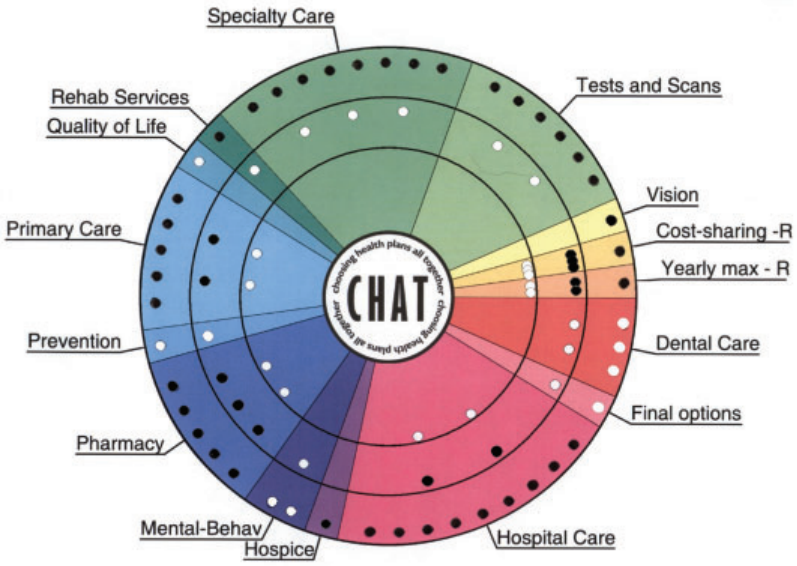
Fargo (legislative)



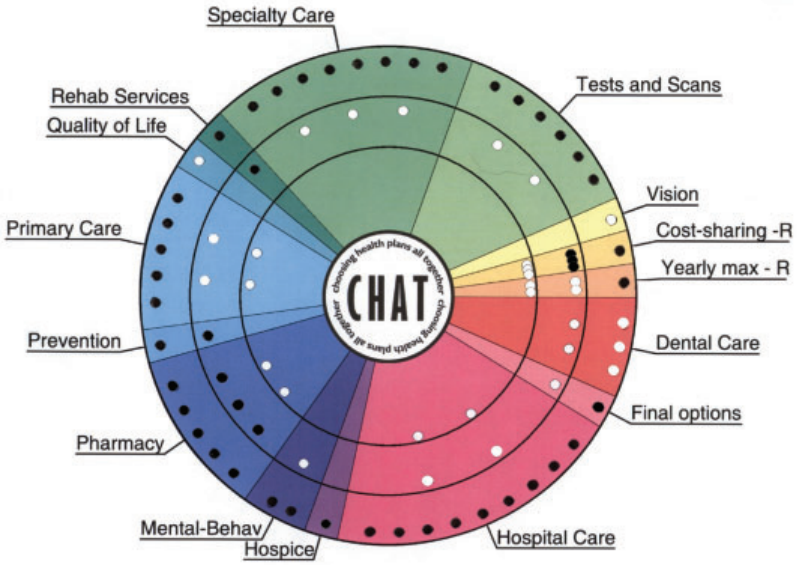
Grand Forks



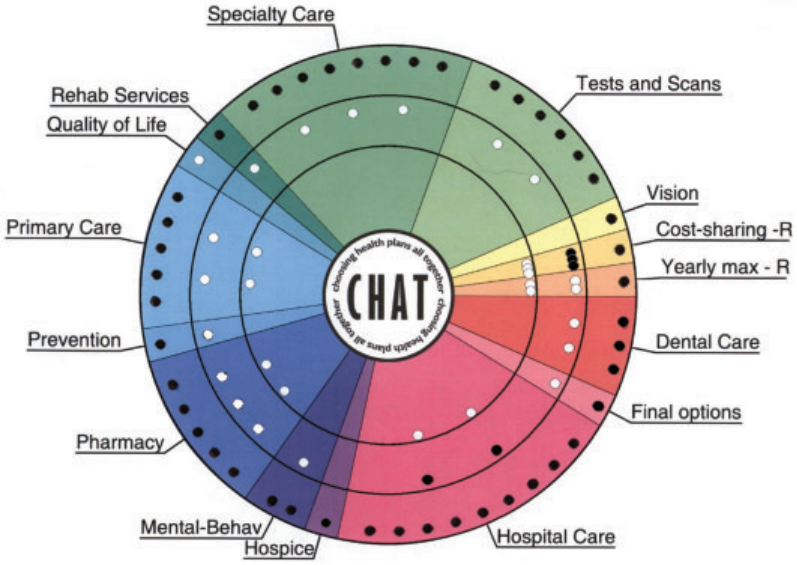
Harvey



Jamestown

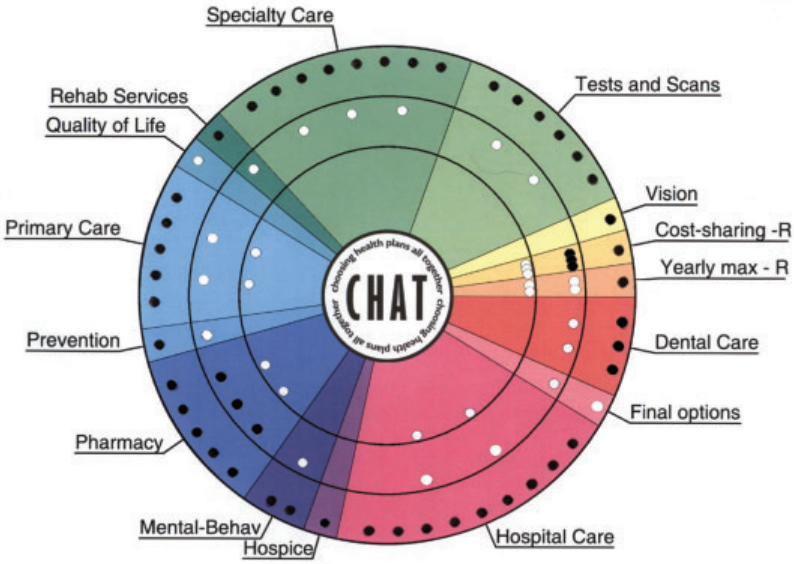


Minot*

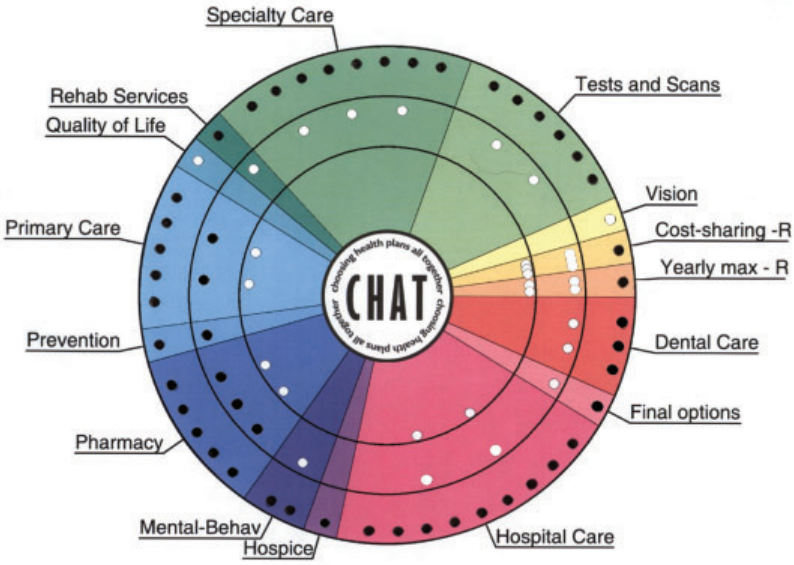


*Denotes limited-income session

Minot



Wahpeton



Results—webCHAT

Round 1 vs. round 4: Summary
WebCHAT participants selected coverage in slightly more categories in round 4 than they did in round 1, but in lower benefit tiers, suggesting that they were willing to forego richer coverage in certain categories in order to have a broader coverage plan overall. This mirrors behavior in the facilitated CHAT sessions.

Categories that showed a noticeable increase in coverage from round 1 to round 4 were:

	Round 1	Round 4
Final options	58.2%	67.2%
Hospital care	87.3%	100%
Quality of life	30.4%	37.5%
Rehab services	75.9%	82.9%
Primary care	92.4%	100%

Specialty care increased from 88.7% in round 1 to 92.2% in round 4. Pharmacy increased from 93.7% in round 1 to 98.4% in round 4.

Categories that showed decreases in coverage from round 1 to round 4 were:

	Round 1	Round 4
Dental	48.1%	36%
Prevention	87.4%	84.4%
Tests and scans	98.7%	95.3%

Participants chose consistent levels of coverage from round 1 to round 4 in the following optional categories: vision, hospice and mental/behavioral.

Cost-sharing, one of the two required categories, showed movement toward tier 2 in round 4.

	Round 1	Round 4
Tier 1	54.4%	50%
Tier 2	31.6%	37.5%
Tier 3	11.4%	12.5%

Yearly max, the other required category, stayed relatively consistent from round 1 to round 4.

> "Life deals us bad hands. Learn to deal with it. If you want it fixed, you'll come up with the money."

Facilitated CHAT sessions vs. webCHAT
One major difference when comparing results from the facilitated CHAT sessions and the webCHAT sessions is the attitude toward the quality of life category. WebCHAT participants increased quality of life coverage from round 1 to round 4 (30.4% to 37.5%), while participants in the facilitated CHAT sessions decreased coverage in the quality of life category from round 1 to round 4 (33.1% to 22.6%).

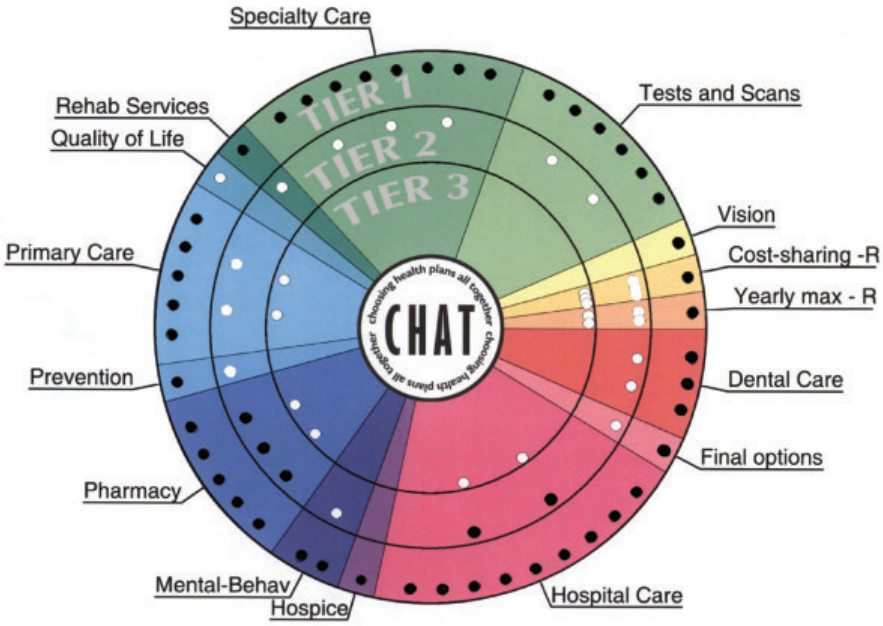
None of the facilitated groups chose coverage for the quality of life category in round 3. Participants in the facilitated CHAT sessions generally held the opinion that quality of life coverage was above and beyond basic health care, a luxury item. Discussions on this category in round 3 of the facilitated sessions were often brief, with the majority of the groups agreeing that it should not be covered. See page A13 to read notes from participant discussions on this category.

Conclusion

North Dakota's CHAT study inspired productive conversations about health insurance and access to health care in a largely rural state. While some expressed concern about how much traveling would be required in certain hypothetical situations, most participants considered travel to be the norm for accessing health care. Round 3 group discussions were especially informative, not only for the facilitators, but also for participants as they openly shared experiences and opinions.

Common themes of discussion included the importance of preventative care, providing reasonable access to health care for residents in rural areas and covering as many basic needs as possible instead of offering a rich, but spotty, plan.

Figure 1



Overall round 3 plan
Figure 1 illustrates the most commonly-chosen plan among facilitated CHAT sessions in round 3. In general, participants attempted to provide minimal coverage in the largest number of categories.

Comparison to standard plan required by N.D. law
Companies providing major medical coverage in North Dakota are required to offer a standard plan in the state. The standard plan was designed to be a benchmark for comparison purposes, and was adopted in its current version in 1995. There have been very few of these plans sold. In comparing that plan to the CHAT board, four of the CHAT categories would be tier 3 (the most expensive); four would be tier 2; and four would be tier 1. Three of the CHAT categories are not available under the standard plan. Sixty-six markers were needed to create a comparable plan on the CHAT board; all other CHAT plans used 50.

Majority of participants female
Seventy percent of all CHAT participants were women. This may be a reflection that women are the chief health care decision-makers in the majority of U.S. families, according to the Kaiser Family Foundation (Kaiser). Kaiser found that nearly 60 percent of all mothers are primarily responsible for decisions about their family's health insurance.[1]

Participant incomes
Even with the addition of four limited-income sessions, participant incomes were varied. This variety of income representation indicates that health care and health insurance are major concerns across all income levels.

Attendance and completion rates
Attendance rates at the limited-income sessions, where participants were offered a meal and a gift card, were significantly higher than the rest of the sessions at which participants were not compensated.

- Average attendance rate for limited-income CHAT sessions 86%
- Average attendance rate for regular CHAT sessions 65%

The completion rate for webCHAT was 51 percent. Because this was the first use of webCHAT ever, the reason for this drop-out rate is unknown.

[1] Women, Work, and Family Health: A Balancing Act, April 2003. The Henry J. Kaiser Family Foundation http://www.kff.org/womenshealth/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14293

Appendix A
CHAT event schedule

City	Time	Date (all in 2009)	Location	Attendance
webCHAT	n/a	July 27–Aug. 14	n/a	79
Bismarck	9:30 a.m.	Tuesday, July 7	North Dakota capitol	8
Bismarck	2 p.m.	Tuesday, July 7	North Dakota capitol	7
Dickinson	7 p.m. MT	Monday, Aug. 17	Dickinson State University	3
Minot	1 p.m.	Wednesday, Aug. 19	Minot State University	10
Bottineau	7 p.m.	Wednesday, Aug. 19	MSU-Bottineau	6
Devils Lake	1 p.m.	Thursday, Aug. 20	North Dakota School for the Deaf	6*
Harvey	7 p.m.	Thursday, Aug. 20	Harvey High School	3
Jamestown	1 p.m.	Monday, Aug. 24	Jamestown College	7
Wahpeton	1 p.m.	Tuesday, Aug. 25	ND State School of Science	12
Fargo	7 p.m.	Tuesday, Aug. 25	Skills and Technology Training Center	11
Grand Forks	1 p.m.	Wednesday, Aug. 26	University of North Dakota	7
Fargo (legislative session)	1 p.m.	Thursday, Sept. 10	NDSU Great Plains Ballroom	18
Bismarck	1 p.m.	Thursday, Aug. 27	Bismarck State College	8
Minot (limited-income session)	1 p.m.	Tuesday, Oct. 13	Minot State University	12
Bismarck (limited-income session)	1 p.m.	Thursday, Oct. 15	Bismarck State College	9
Fargo (limited-income session)	1 p.m.	Monday, Oct. 19	Skills and Technology Training Center	10
Fargo (limited-income session)	7 p.m.	Monday, Oct. 19	Skills and Technology Training Center	6
Total participants				**222**

*The Devils Lake group consisted of six participants; however, rounds 1, 2 and 4 data for half the group was lost due to technical problems.

Appendix B
Survey questions—Facilitated CHAT sessions

Pre-CHAT survey	
1. Which statement best completes this sentence? "Health care coverage should be like …"	
The fire department: everyone receives the same level of protection, regardless of job or income.	39%
Education: a basic level is guaranteed to everyone, but those who can pay for more may do so.	**42%**
Housing: everyone has the responsibility to meet his or her own needs.	20%

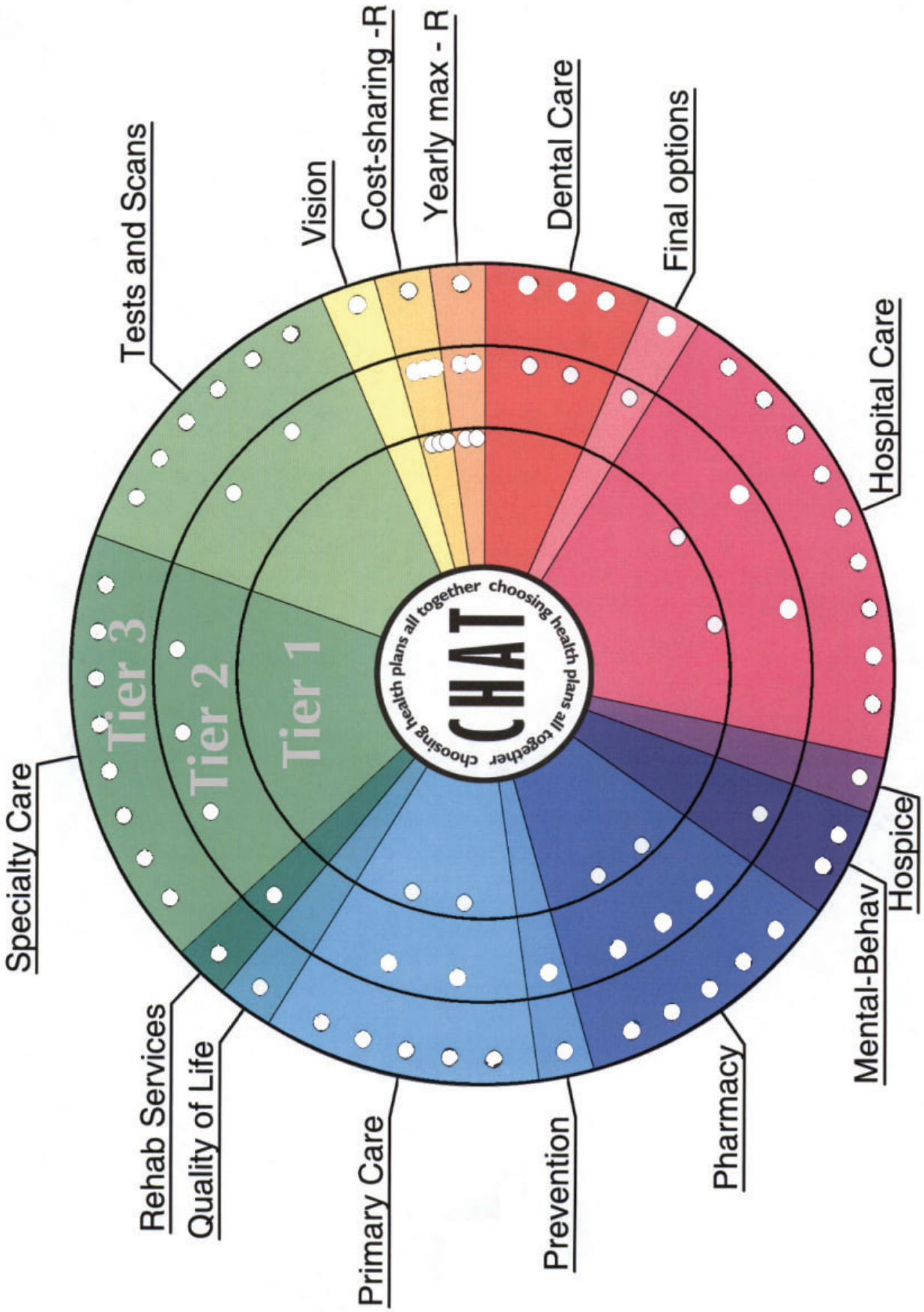
Post-CHAT survey	
1. What do you think about the coverage plan you decided on today?	
It is appropriate for basic coverage.	**75%**
It is too low to be considered basic coverage.	19%
It is higher than is needed for basic coverage.	6%
2. If you had more money (markers) to spend on the last round, which ONE category would you have spent them on? *(answers reflect actual counts, not percentages)*	
Hospital care	**22**
Primary care	16
Dental	15
Pharmacy	14
Prevention	11
Cost-sharing	9
Mental/behavioral	9
Final options	6
Yearly max	6
Vision	5
Quality of life	4
Specialty care	3
Tests and scans	3
Hospice	2
Rehab services	2
3. If you were to lose your current health insurance, would you consider the plan you created in round 4 to be an acceptable plan for yourself?	
Yes, definitely	33%
Yes, probably	**47%**
Not sure	11%
Probably not	6%
Definitely not	2%

4. Which statement best completes this sentence? "Health care coverage should be like …"	
The fire department: everyone receives the same level of protection, regardless of job or income.	33%
Education: a basic level is guaranteed to everyone, but those who can pay for more may do so.	**51%**
Housing: everyone has the responsibility to meet his or her own needs.	16%
5. Insurance coverage could have a variety of limitations. Of those listed below, which three do you regard as the most acceptable in designing basic health coverage?	
Restrict coverage of treatment that does not meet national standards for being effective.	**60%**
Restrict coverage of treatment that is not critical for patients' basic functioning and long life.	**53%**
Limit the use of expensive treatments that provide only a small benefit.	**63%**
Require patients to pay higher rates if they do not follow medical advice that would keep them healthier.	50%
Limit the choice of doctors and hospitals that patients use.	12%
Except for emergencies, have longer waiting times for services.	15%
Have patients pay a larger portion of the cost of health care.	13%
6. Of the factors listed below, select three that are most important to you in considering your health insurance coverage.	
Having a choice of which hospital I go to	32%
Paying as little as possible for my share of the health insurance premium	**49%**
Having a large selection of primary care doctors to choose from	29%
Seeing a specialist without having to be referred by my primary care doctor	9%
Being able to get an appointment with my doctor quickly	**47%**
My doctor being able to order tests and medicines without getting approval	35%
Paying as little as possible for my medicine or doctor visit	**47%**
Being able to see a specialist who is not part of my health plan	18%
7. Which statement most closely represents your view about participating in CHAT today?	
This will make a difference in the way I consider my health care coverage.	21%
This has given me something to think about.	**64%**
No new information but it was enjoyable.	15%
It was not a good use of my time.	1%
8. What, if anything, surprised you in this session?	
See page A9 for responses.	
9. What, if anything, did you find most valuable about doing CHAT?	
See page A9 for responses.	

Survey questions—webCHAT

Post-CHAT survey	
1. What do you think about the coverage plan you decided on today?	
It is appropriate for basic coverage.	**55%**
It is too low to be considered basic coverage.	40%
It is higher than is needed for basic coverage.	5%
2. If you were to lose your current health insurance, would you consider the plan you created in round 4 to be an acceptable plan for yourself?	
Yes, definitely	20%
Yes, probably	**36%**
Not sure	13%
Probably not	25%
Definitely not	7%
3. Which statement best completes this sentence? "Health care coverage should be like …"	
The fire department: everyone receives the same level of protection, regardless of job or income.	35%
Education: a basic level is guaranteed to everyone, but those who can pay for more may do so.	**50%**
Housing: everyone has the responsibility to meet his or her own needs.	15%
4. Of the factors listed below, select three that are most important to you in considering your health insurance coverage.	
Having a choice of which hospital I go to	54%
Paying as little as possible for my share of the health insurance premium	47%
Having a large selection of primary care doctors to choose from	**59%**
Seeing a specialist without having to be referred by my primary care doctor	**66%**
Being able to get an appointment with my doctor quickly	41%
My doctor being able to order tests and medicines without getting approval	34%
Paying as little as possible for my medicine or doctor visit	39%
Being able to see a specialist who is not part of my health plan	**71%**
5. What was your reaction to doing this exercise? See page A10 for responses.	

Appendix C
North Dakota CHAT board



Appendix D
Category and tier descriptions

Following is a description of the categories and tiers that made up the North Dakota CHAT exercise. The number in parentheses following the tier indicates how many markers each tier costs. Tiers marked with an asterisk (*) indicate the choice made by the majority of CHAT groups in round 3.

1. **Dental care**: For preventing and treating dental problems.

   *Tier 1: (3) Dental exams and cleanings twice each year and X-rays yearly. Also pays for 80% of fillings and oral surgery, up to $1,000 each year.

   Tier 2: (2) Besides Tier 1, dental care covers 50% of crowns, bridges, dentures and braces. The maximum coverage for everything is $2,000 each year.

2. **Hospice**: For patients who have a terminal condition, when treatment is no longer effective, and who are expected to die within the next few months. Helps patient be as comfortable as possible during the dying process.

   *Tier 1: (1) Hospice care is covered in the home to provide good pain control, treat other symptoms and give emotional and spiritual support to patient and family.

3. **Hospital care**: For coverage of in-patient services when the doctor says it is needed (excluding mental and behavioral health problems).

   Tier 1: (9) There is no choice about which hospital you use. For non-emergency care, you may be required to go to a hospital in another community or another state.

   *Tier 2: (2) There is a larger selection of hospitals but there are still some restrictions on choice.

   Tier 3: (2) You can go to any hospital that you want.

4. **Final options**: Covers extraordinary treatments when there are serious or life-threatening situations and other medical care no longer works.

   *Tier 1: (1) Covers organ transplants (such as heart or lung) when all other treatments have failed. These transplants are often successful in helping people live longer.

   Tier 2: (1) Besides organ transplants, also covers unproven treatment that is the only hope left. Example: an $80,000 cancer treatment that may extend a patient's life for several months.

5. **Pharmacy**: These are the medicines that doctors prescribe for patients.

   Tier 1: (5) Covers the least costly medications that are proven to be effective for most people. More costly ones must be paid entirely by the patient.

   *Tier 2: (3) Besides Tier 1, this also covers more expensive drugs if less expensive ones are not working for the patient. Doctor must follow expert guidelines for when to use those costly drugs.

   Tier 3: (2) The doctor can prescribe any medicine that he or she thinks might help the patient.

6. **Prevention**: Check-ups, vaccinations and classes to help you stay healthy or find problems early. Includes prenatal care and classes for those with diabetes, heart disease or other chronic illness.

   *Tier 1: (1) Covers routine prevention exams, well-baby care, childhood shots, flu shots, PAP tests, mammograms, etc. Co-payments are required for these services.

   Tier 2: (1) Same as Tier 1, but without having co-payments.

7. **Primary care**: Your providers for regular medical care, such as prevention, short-term conditions like minor injuries or pregnancy, and chronic problems like asthma or diabetes. May include chiropractors or other alternative providers.

*Tier 1: (5) You get your medical care only from a specific group of doctors, nurses and other providers. In network, some cost-sharing may apply. If you go outside this network, you pay the entire cost.

Tier 2: (2) You get your medical care from a larger network than in Tier 1. While there is greater choice of providers, there are still restrictions on which ones you can use.

Tier 3: (2) You can use any primary care provider that you want. Cost-sharing amounts will be higher than Tier 2.

8. **Quality of life**: For problems in function, appearance or comfort that are not seriously disabling but may impact quality of life. Examples: treatment for infertility, impotence and hair loss.

Tier 1: (1) Covers all drugs, medical and surgical treatment to try and correct problems like these.

9. **Rehab services**: These are short-term services for improving your ability to do basic daily activities (walking, talking, bathing, working). Provided in the home or out-patient setting, these may be needed after surgery, stroke etc.

*Tier 1: (1) Covers all necessary nursing and rehab therapies to improve important functions. Covers artificial limbs but not other patient equipment.

Tier 2: (1) In addition to Tier 1, covers equipment like crutches, wheelchairs, orthotics.

10. **Specialty care**: Visits with a specialist, including treatments for severe or complex conditions, such as cancer, heart disease and major surgery. These are problems that the primary care provider does not handle.

*Tier 1: (8) Must have referral from primary care provider to see a specialist.

Tier 2: (3) There are no restrictions on when you see a specialist or which one you can go to.

11. **Tests and scans**: Includes such things as lab work, EKGs, X-rays and scans when there are signs that you may have a medical problem.

*Tier 1: (6) Doctor must get approval from your health plan before ordering expensive tests and scans. They are approved only if they meet expert guidelines for when patients like you need them. If not urgent, you may have to wait several weeks.

Tier 2: (2) Doctor does not have to get approval before ordering expensive tests or scans, and there is very little waiting time.

12. **Vision care**: Pays for testing and correcting problems with eyesight.

*Tier 1: (1) You get an eye exam every two years, as well as $80 toward glasses or contact lenses.

13. **Cost-sharing: (REQUIRED)** These are the amounts that you pay when you use many of the health care services that are included in this plan.

*Tier 1: (1) Each person pays 40% of the cost of all services. Example: if a doctor visit is $100, you would pay $40. Or if a hospital bill is $2,000, you pay $800.

Tier 2: (3) Each person pays 30% of the cost of all services. Example: if a doctor visit is $100, you would pay $30. Or if a hospital bill is $2,000, you pay $600.

Tier 3: (3) Each person pays 20% of the cost of all services. Example: if a doctor visit is $100, you would pay $20. Or if a hospital bill is $2,000, you pay $400.

14. **Yearly max (REQUIRED):** Not counting the monthly premium, this is the most that you would have to pay in one year. If you use lots of health care, you still would pay no more than the amounts listed below.

*Tier 1: (1) You have a yearly maximum of $4,000 ($8,000 total for the family), not counting the monthly premium.

Tier 2: (2) You have a yearly maximum of $3,000 ($6,000 total for the family), not counting the monthly premium.

Tier 3: (2) You have a yearly maximum of $2,000 ($4,000 total for the family), not counting the monthly premium.

15. **Mental/behavioral**: For detecting and treating mental illness and behavioral disorders such as chemical dependency (drug and alcohol addictions). May include treatment for obesity.

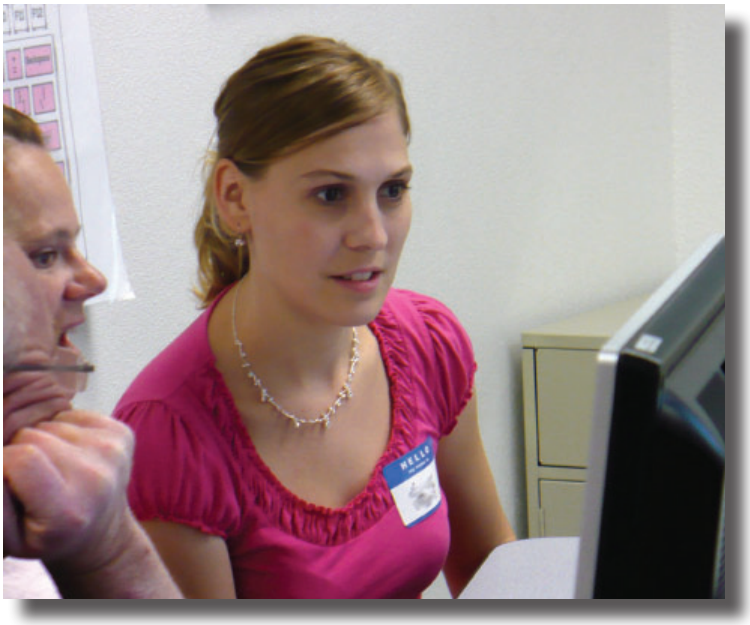
*Tier 1: (2) Covers treatment of many types of mental illness, as well as addictions to alcohol, illegal and prescription drugs. Includes hospital stay, therapy and medications.

Tier 2: (1) Besides Tier 1, also provides therapy and medications to help obese patients become healthier, especially if problems like diabetes have developed. May include surgical procedures.

Appendix E
Survey questions—open-ended responses (facilitated CHAT)

Following is a selection of responses to the two open-ended post-CHAT questions.

What, if anything, surprised you in this session?



- The difference of opinion related to participants' age and stage in life.
- Wide variety of views and views based on personal situations
- Different needs
- What a great health care plan I have. I appreciate it even more.
- Priorities for "basic health care coverage" varies significantly by age of respondent.
- Impressed by interaction and use of CHAT
- Lack of interest in pharmacy benefits
- The pharmacist not choosing a pharmacy plan
- How much health care is really needed to make you healthy
- Great discussion and participation by all
- Everybody felt that prevention is an important part of health care.
- The discussion on pharmacy costs was very beneficial and appreciated.
- Plan proposals did not have enough incentives to insure people would participate.
- How difficult it is to split up coverage and make sure that at least minimal coverage went into the most important categories
- How civil we all were and how difficult this is
- This was a hard test but a great one. I hope everyone can have affordable health coverage even if it's on a limited basis.
- How information changed my views
- The importance of dental care as a preventative measure
- What others consider basic components of health insurance
- It is interesting to see how people view health care options differently.
- How different people have such different opinions about what is most important to them

What, if anything, did you find most valuable about doing CHAT?

- Hearing other's opinions and perspectives
- The challenge of prioritizing health care coverage
- Hearing other viewpoints about acceptable insurance
- Prioritize importance of health care benefits
- Having a way to get to decision-making quickly
- Realizing that it is possible to be able to choose what kind of coverage you can have
- Opportunity to discuss options in a structured setting
- Reality of limited resources
- It was nice to see the various perspectives. As an employer I would love to have this software to do a similar exercise with my employees.
- Opportunity to continue advocating for single-payer, universal health care in the U.S.
- Seeing the entire picture of how many elements make up a solid health care plan
- Excellent discussion
- That the state is concerned as to what the people want
- Finding out what drives people: money
- Good to hear other perspectives, and forced to make choices

- Learning how these things affect different people
- The mental exercise of having to compromise and truly determine what is most important for a basic health insurance policy
- It made me realize how complex health insurance options are.
- It really made me evaluate what is most important to me and my family.
- Recognizing the relationship between costs and services and the finite resources
- Realizing in a very visual way that there are only so many resources to go around
- The difficulty of making the choice of what is and isn't going to be covered
- A little more understanding of coverage
- Gave me an appreciation of how much health care costs and how individuals differ in their opinion of it
- Learning from others with their diverse life experiences
- Finding out how other North Dakotans feel about health coverage
- Thinking about what insurance I want to have
- I learned a lot about coverage.

Survey questions—open-ended responses (webCHAT)

Following is a selection of responses to the open-ended post-CHAT question.

What was your reaction to doing this exercise?

- Happy to see prevention doesn't cost much
- It's almost impossible to get everything out of a plan
- Hard to decide
- It was impossible to get a good policy with affordable costs.
- There are not enough markers to get the best coverage!
- It was interesting and enlightening.
- Excellent exercise
- It was nice to have all of the options to consider.
- Very interesting
- Eye-opening
- Great—I wanted more markers!
- Excellent exercise
- The needs of my family are great, which makes it difficult.
- Interesting and somewhat difficult for an effective plan
- More difficult than I had thought in choosing plans
- Making these decisions is tough.
- It gives me a good understanding of how insurance works
- I had a hard time using only 50 markers.
- Coming up with a health care plan is complicated.
- I had to limit my plan choices more than I would like.

Appendix F
Round 3 discussion notes

Following are notes from round 3 participant discussions.

Cost-sharing

Required category; tier 1 you pay 40% of all costs for services; tier 2 you pay 30%; tier 3 you pay 20%

- This is your day-to-day cost. If your co-pay is lower, you don't hesitate to go to the doctor.
- Sometimes cost-sharing deters people from going in and that can escalate the problem. Often they wait until the weekend and go to the ER.
- Tier 1 puts patients in the driver's seat, a chip in the game, in terms of what's being ordered/prescribed. If it's your money, you might spend it more wisely.
- It's all encompassing; no matter what service, you pay a co-pay. Even 20% is a huge out-of-pocket expense

Dental

- Dental is important for prevention.
- You can live without dental, but if you have a heart attack there's no comparison.
- I see so many people coming into the emergency room with dental problems, seeking help with dental pain.
- It's going to cost you a whole lot more in the ER than going to the dentist.
- Without dental care, I'd have a 14-year-old daughter with no front tooth. She'd have to live the rest of her life like that, unless I could save up to fix it, which would have cost $8,000.
- I think dental is an area not being met. I could get rid of thousands of dollars in a short time on people who need dental care.
- I know too many people without dental insurance. I think oral health is hugely important.
- I think dental care falls into preventative care.
- Some items under dental coverage are cosmetic. Some people need them for nutrition. Some people want them for good looks.
- Tier 2 would excite me if you could separate medical and cosmetic needs.
- You have to monitor oral hygiene. Some kids are cavity prone. You don't want a mouth full of bad teeth.

- If you are in pain and can't chew, it really does interfere with your life.
- I don't see dental as a bank-breaker. It can get costly, but we have other more important areas to cover.
- A lot of things can stem from bad teeth.
- When I think of health insurance, dental is always important but it's not basic health insurance.
- If we cover dental for all in North Dakota, won't the cost for these exams go up?
- I don't have dental coverage, but I still get an annual cleaning.
- When all your teeth fall out, you'll be sorry.
- I've paid more to dentists than I ever have to primary doctors.
- Why can't dental care be a different policy like it is now?
- You can die just as easily from an infected tooth as you can from an erupted appendix.
- It costs me less to pay for each appointment than to pay a premium.

Final options

Covers organ transplants, experimental cancer treatments when all other treatment fails

- Are we saying people can't get cancer treatment?
- Some of this does fall back on family, but if you need a transplant, we should provide coverage.
- The final options component really does make it a "whole" plan.
- If my wife/child had a condition for which there was no treatment but experimental treatment was available, I'd remortgage my house to cover it.

Hospice

Covers end-of-life care

- Hospice is an important part of the continuum of care.
- I think, especially for people that don't have family … what do those people do at the end of life for help, support?
- What about people who have no loved ones at the end of their lives? We would want no one to die alone.
- Hospice is non-negotiable.
- People don't think about hospice until it's an issue.
- It's very cost effective to be at home.
- When you have sick people who are going to die in a hospital, the hospital has a problem providing care.
- People have a right to die at home.
- If you don't have hospice, you die in an ICU at a very high cost.
- There are other options, like drugs, whether they're legal or not. There are other ways to be comfortable.
- It's critically important. Everybody deserves the right to die with dignity at home, not in some sterile environment.
- It's immoral to treat people like garbage at the end of their life.

Hospital care

Difference in tiers reflects choice, requirements to travel outside community/state

- What can we afford as North Dakotans? Can we afford to have a hospital in every community?
- Tier 1 is tough on families with special medical needs.
- Traveling is a big issue for this rural, elderly state. It might be a deterrent in seeking health care.
- In my work, 23 miles is a reasonable distance to travel. I don't think you should have to drive 300 miles for care or a simple procedure.
- If the only hospital in the plan is a big hospital, the community hospital is gone.
- If you start shipping people out of state or push them to bigger hospitals, smaller hospitals will close and then we have access problems.
- Are you willing to drive to Aberdeen to see your sister in the hospital after a surgery? Those are the choices you're making.
- This is a basic health plan. This is about getting people some coverage.
- Restrictive access is supposed to save us money.
- I don't want them to tell me I have to go to a certain hospital.
- I'm weighing personal convenience and preference against whims and dying.
- I'm not comfortable letting one person's opinion of a hospital affect my hospital coverage.
- Our concern was for low-income people. Travel costs to go to another city would be a barrier.
- Being in a rural setting, I'm not sure a bigger, larger hospital would be covered.
- Aren't all hospital charges pretty much the same?
- What if the community hospital didn't provide the services required?

Pharmacy

Tier 1 covers generics, tier 2 covers generics and some brand names, tier 3 covers everything

- As new drugs come into the market (and they're expensive), if your ability to pay is less, it may be a burden to get the medications you need.
- Drugs can be very costly. A lot of people with heart disease and diabetes, which are prevalent in our area, may not be covered.
- All newer drugs are very expensive. Most people would not be able to pay out of pocket.

- I live close to the reservation; if they didn't have coverage, it would be catastrophic.
- There are lots of people on maintenance drugs that allow them to work and pay taxes.
- I think we need to at least pick tier 2 to open up a whole new class of drugs that are more effective.
- You should have to try generics before brand names. I like the restriction in tier 2.
- There are brand names that have not come out in generic yet.
- Many generics we have are much more effective than brand names you see on TV.
- Tier 3 where anything goes is carried away. Tier 1 is not enough. Lots of new medications are not available as generics and we need those.
- It doesn't matter what the amount is, you're going to be on a payment plan.
- It has to be affordable. If the max is too high, they're going to drop it next year. The insurance is gone.
- I don't like paying the full cost of brand name drugs. I know sometimes generics don't work.
- I'd rather cover the more expensive medications and let patients cover generics.
- I want the best medication. Why put your body through step therapy?
- If there is no generic equivalent for seven years, that's tough.
- Here's where I'm spending those three dental markers we saved.
- It's okay if there are generics, but what if there isn't one?

Prevention

Preventative screenings/maintenance care; tier 1 requires co-pays, no co-pays in tier 2

- I'm a firm believer in cost-sharing. I think we ought to have an investment in it to spur our decisions.
- If there's a cost involved, people will make a better decision.
- I really feel strongly about prevention. It plays a significant role in preventing expensive diseases.
- A lot of people would not seek out prevention services; in the long run, it costs more to treat.
- Sometimes people need to pay a fee to realize how important it is.
- The more prevention, the less expense later on.
- People are abusing emergency rooms. If they can go in for maintenance care, maybe they'd do it. It costs less now than later.
- A co-pay amount can be the difference between a family going in for shots or not going in.
- That $10—we know that makes a difference of whether or not children get their shots.
- They should give us a credit for choosing prevention. It shouldn't cost you more.
- I think in the long run prevention would save money for people to have preventative services. And it's relatively inexpensive.
- If you can catch things along the way, it will save costs later on.
- Covering all costs for preventative care is necessary. Even if it's a small amount, I think covering it is important.
- If there's cost-sharing and someone puts off a mammogram, people might have more costs down the road.

Primary care

Difference in tiers reflects network size, selection

- If I have a doctor I have to nag for a referral, I will switch doctors.
- I don't know that an exclusive provider option has ever been proven to be better cost-wise than a preferred provider organization.
- Being diabetic and a nurse, I have a deep desire to spend money on prevention and primary care.
- I've had to go to Rochester [Minn.] for care, but it all comes back to my primary care doctor.
- Any plan for the state should have an emphasis on primary care.
- I want to see whoever I want to see, but I don't know if that's realistic.
- You are paying for choice in primary care.
- I come to Harvey now, but what if a doctor left and I didn't like the new one?
- This is how you pick your insurance company. If you don't like your choices, you go somewhere else.
- You can always get a referral; at least you have a primary doctor.

Quality of life

Infertility, hair loss, impotence

- Infertility is an unfortunate situation, but a basic plan should not include this option.

- Adoption is a possibility, as it just happened in my family.
- Life is not fair. If I start losing hair, I don't feel it's the responsibility of the state to make sure I have a head of hair.
- Life deals us bad hands. Learn to deal with it. If you want it fixed, you'll come up with the money.
- My hair is thinning; I definitely want that.
- Everybody wants the Cadillac; no one wants to buy the Chevy.
- Hair only lasts so long; mine had a good run.
- I'm not paying for octomom.
- I find it hard to pay for hair loss and cosmetic issues.
- I've known people with infertility problems. I think basic coverage is reasonable.
- Let's skip impotence; then we don't have to worry about pregnancy.

Rehab

Tier 1 covers therapies; tier 2 adds durable medical equipment coverage

- I think if people get rehab after a stroke or surgery, we can prevent them from needing nursing home care, which costs more than rehab itself.
- The cost of a wheelchair averages $5,000–$7,000.
- Most other equipment you can borrow. In our community, you don't buy those things unless it's a permanent problem.

Specialty care

Difference in tiers reflects network/choice

- To me, specialty care is the most important part of the spectrum; other things we can pay for, but I'm not sure we can all pay for a quadruple bypass.
- If you have to see a specialist and he is not in your network, you're stuck.
- I think it's important that people go to a primary care doctor first, not straight to a specialist.
- Most of our insurance plans now require a referral, so we're used to that.
- I don't mind referrals. I think that's what most people do now.
- You can always find a primary doctor to refer you. Just shop around.
- How many specialists do you get into without a referral?
- Sooner or later, you're going to end up back at the primary doctor. If you go directly to the specialist, they will not have that information.

Tests and scans

Difference in tiers reflects network/choice and wait time for non-emergent care

- What can we do to give customers the best deal?
- A few years ago, HMOs came in and opened up tests and scans. Costs skyrocketed and they went belly up.
- Tests are very expensive and I think they should be controlled.
- Delay of tests and treatments can aggravate conditions and cost more money.
- If you really need it, your primary doctor will know.
- Going through cancer with my mom and now my brother, I know how important tests can be.
- If your primary care doctor says it's urgent, it's urgent. If you trust your doctor, tier 1 is reasonable.
- A cold lasts three weeks. You don't need a chest X-ray. You need to wait three weeks.

Vision

- Both my parents are legally blind. This was a hard one, in a basic plan scenario. If caught early, some things can be prevented.
- From a single parent standpoint with no insurance, I know I have to budget that money. Because I have time, I can plan. Can I budget $3,000 for a wheelchair? I probably won't have the time to save.
- Kids' eyes change a lot. They can have trouble in school. Basic eye exams are necessary.

- You wear glasses and you don't think vision is important?
- Are you talking individual or family? I've got four kids and they're all covered under that vision insurance.
- Vision care is important to academic success and employment.
- I think about families whose kids really need glasses.
- This should be an add-on. Glaucoma and things like that are covered under medical.

Yearly max

Required category; maximum out-of-pocket annual cost

- If you can't meet a payment schedule, you can always visit the credit office at the hospital.
- If you have a $4,000 bill and have to pay $3000, you think it's terrible. But if your bill is $300,000, you got away with a good deal.
- We all want to avoid utilization. It's a good deterrent if you know you have to pay.
- For people without money, it can be a deterrent. They should have gone in and didn't and it turns into something more serious.

Mental/behavioral

Tier 1 covers general treatment; tier 2 adds surgical treatment for obesity

- I said no to mental/behavioral because I want to keep my bad behaviors.
- I think we have a high population base with these problems. People need help and it puts a burden on our health care system. Let's put an emphasis on prevention and contain some of these costs.
- It sounds to me like every problem treated at our hospitals has some kind of mental/behavioral issue
- If this would be a public plan, why reward people for poor health/obesity?
- But we're dealing with people on a low income whose diets aren't as good.
- Medications for obesity don't work and are very expensive.
- Obesity is the number one cost in our health care system. If we don't get it under control, the whole thing is going to crash in 15 years.
- I see mental/behavioral as such an important component of physical health. We have to get by the stigmas.
- Obesity is becoming a major factor.
- If there are crazy people walking the streets, you're all at risk.
- I think covering gastric bypass is above and beyond a basic plan.

Miscellaneous

- With choice comes costs. When people have unbridled ability to choose whatever, costs go up.
- Can we get a bailout?
- I feel like a politician—we can help you, but not you.
- So there's no way to get out of this room without guilt.
- I started working at 14 and at 28, when I needed help, it wasn't there. I think I deserve some help.
- You don't need the Cadillac every time; you should test the Model T first.
- I think they pulled my warranty at 45. At 44, I was healthy. At 45, I have diabetes, high cholesterol and blood pressure problems.
- It would be nice if decisions were made by a panel of doctors and pharmacists rather than an insurance company who has a vested interest.
- I'm so torn apart on these decisions.
- I might have to pay a lot for anti-rejection drugs, but at least I'll get an organ transplant.
- I think more people are benefitted by diabetic/obesity care than by durable medical equipment in tier 2 of rehab.
- I think some people are not going to get what they need and it's just not right.
- The out-of-pocket costs at the hospital/clinic were high, but we have all been there. You just make payments to the hospital or borrow money to make the payments.
- Playing this game sure makes you appreciate your health insurance.
- Money is hard to come by. Sometimes $1,000 seems like a million.
- Rehab and prevention are important in maintaining quality of life.
- Can I have an IOU?
- Life is more important than money. You can't buy life.

Appendix G: CHAT invitations

You are invited

to CHAT about the future!

What is CHAT?

CHAT (**Choosing Healthplans All Together**) is a computerized exercise that allows players to make choices concerning health care plans. There's a catch, though: **there are more choices than resources**. Players must pick and choose between the available options and come up with the most basic health plan they can afford.

What will I be asked to do?

Some CHAT participants will do the exercise online on their own. Others will be invited to participate in a group, led by a facilitator who will explain the exercise every step of the way. CHAT participants in other states have described the experience as fun, easy, informative and interesting.

What's the point?

North Dakotans like you are able to give your two cents by participating. Your input and health care service choices will provide the North Dakota Insurance Department with important information that will shine a light on essential health services.

Where does the data go?

The North Dakota Insurance Department will study the data to learn more about what North Dakotans want and need from their health insurance. The Insurance Department will also share the data with the North Dakota Legislative Council.

Thanks to our partners!

N.D. Department of Human Services
NDSU Extension Services
Dakota Medical Foundation

Adam Hamm
North Dakota
Insurance Commissioner

More about CHAT

Each session lasts about two and a half hours and includes eight to 15 attendees who will participate alone and then in groups to discuss and develop the health plan. Some CHAT participants will do the exercise online on their own.

Developed by the University of Michigan, CHAT has proven to be very helpful and educational for both participants and organizers. The process helps educate consumers about the most important parts of a health plan.

More info

For more information, contact the North Dakota Insurance Department at 1-800-247-0560 or insurance@nd.gov.

To participate in CHAT, detach this portion of the mailer, fill in the information below and mail it back to us using the envelope provided. **Please respond by July 30.**
You can also register online at www.nd.gov/ndins/about/chat.

Yes, I would like to participate in CHAT!

☐ I would like to participate online on my own.
or
☐ I would like to participate in a group exercise in (check one):

- ☐ Bismarck (1 p.m. Aug. 27)
- ☐ Bottineau (7 p.m. Aug. 19)
- ☐ Bowman (1 p.m. MT Aug. 17)
- ☐ Devils Lake (1 p.m. Aug. 20)
- ☐ Dickinson (7 p.m. MT Aug. 17)
- ☐ Fargo (7 p.m. Aug. 25)
- ☐ Grand Forks (1 p.m. Aug. 26)
- ☐ Harvey (7 p.m. Aug. 20)
- ☐ Jamestown (1 p.m. Aug. 24)
- ☐ LaMoure (7 p.m. Aug. 24)
- ☐ Minot (1 p.m. Aug. 19)
- ☐ Wahpeton (1 p.m. Aug. 25)
- ☐ Williston (1 p.m. Aug. 18)

Name: _____

Address: _____

Phone number: _____

Email address: _____

Please detach this portion of the mailer and mail it back to us using the envelope provided or register online at www.nd.gov/ndins/about/chat **by July 30**.
You will be contacted with more information.

Thanks for your participation!

You are invited to CHAT about the future!

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What's the point?

North Dakotans like you are able to **give your two cents** by participating. Your input and health care service choices will provide the North Dakota Insurance Department with important information that will shine a light on essential health services.

Each participant that completes a CHAT session will receive a $25 gift card!

Where does the data go?

The North Dakota Insurance Department will study the data to learn more about what North Dakotans want and need from their health insurance. The Insurance Department will also share the data with the North Dakota Legislative Council.

Participants needed

We are looking for people with limited incomes to attend the four CHAT sessions. Participants will receive a $25 gift card for completing the session.

Participants' annual income must be at or below 250% of the federal limited-income guidelines:

# in family	Annual income (250% of federal guidelines)
1	$27,075
2	$36,425
3	$45,775
4	$55,125
5	$64,475
6	$73,825
7	$83,175
8	$92,525

Adam Hamm
North Dakota
Insurance Commissioner

Thanks to our partners!

N.D. Department of Human Services
NDSU Extension Services
Dakota Medical Foundation

More about CHAT

Each session lasts about two and a half hours and includes eight to 15 attendees who will participate alone and then in groups to discuss and develop a basic health plan.

Sandwiches and beverages will be provided to participants.

Developed by the University of Michigan, CHAT has proven to be very helpful and educational for both participants and organizers. The process helps educate consumers about the most important parts of a health plan.

More info

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To participate in CHAT, detach this portion of the mailer, fill in the information below and mail it back to us using the envelope provided. **Please respond by Oct. 9**.
You can also register online at www.nd.gov/ndins/about/chat.

Yes, I would like to participate in CHAT!
Please check the box of the event you'd like to attend:

- ☐ Minot (1 p.m. Oct. 13)
- ☐ Bismarck (1 p.m. Oct. 15)
- ☐ Fargo (1 p.m. Oct. 19)
- ☐ Fargo (7 p.m. Oct. 19)

☐ By checking this box, I acknowledge that I meet the income requirements listed on the other side of this invitation.

Name (please print): _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone number: _____

Email address: _____

Please detach this portion of the mailer and mail it back to us using the envelope provided or register online at www.nd.gov/ndins/about/chat **by Oct. 9**.
You will be contacted with more information.

Thanks for your participation!