

Exchange Board | May 23, 2024

2024 Market Health & Customer Experiences

Meet today's presenters

Today's discussion highlights findings from the spring enrollment data analysis, 10 customer interviews, and responses to customer surveys.



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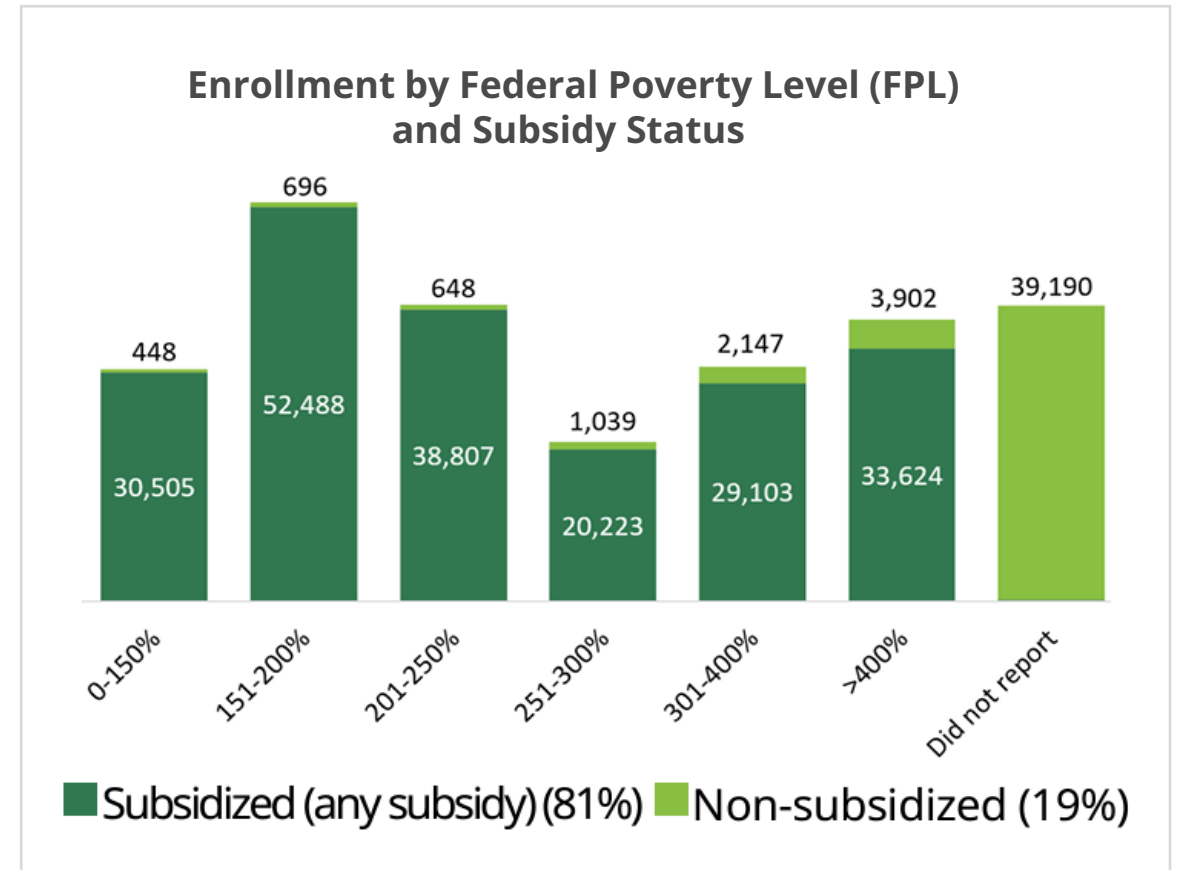
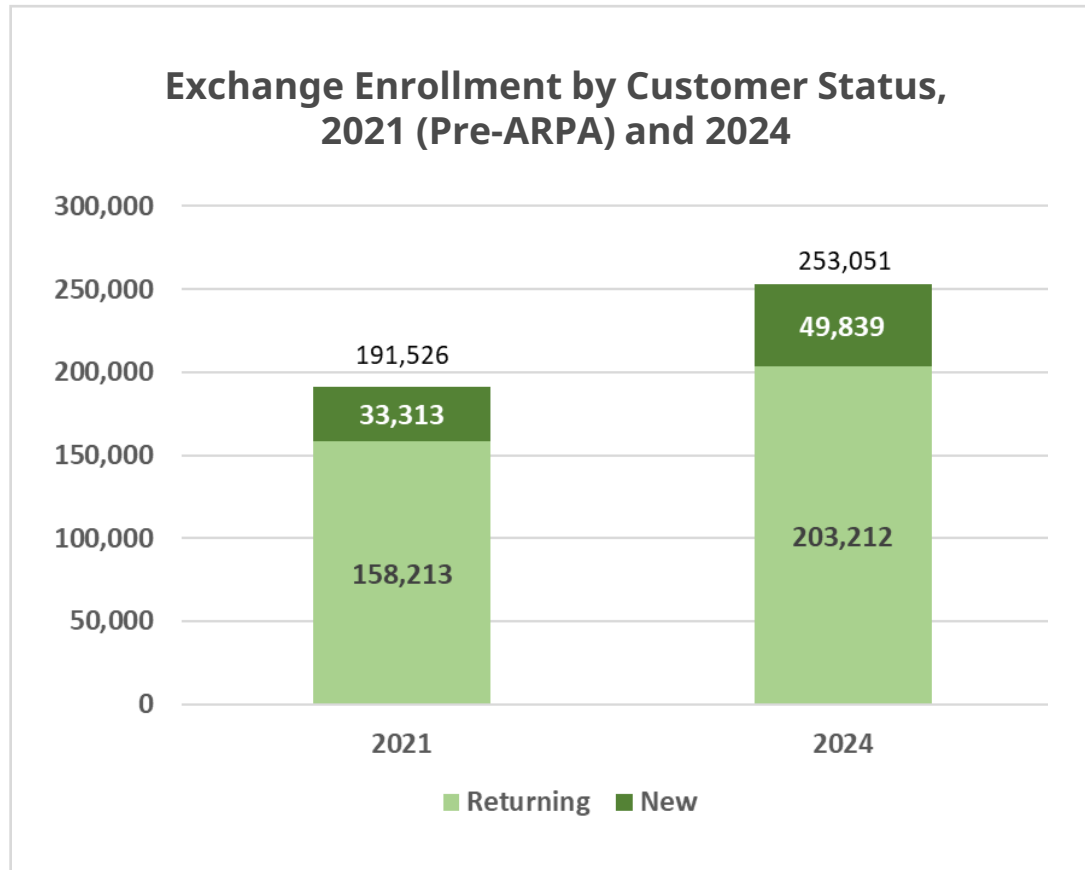
Today's discussion

- ▶ The Exchange's 2024 record enrollment is driven by customers who are experiencing a variety of life events.
- ▶ Plans with more affordable premiums are driving market shifts.
- ▶ Customers balance many complex decisions to find plans that meet their affordability and access needs.

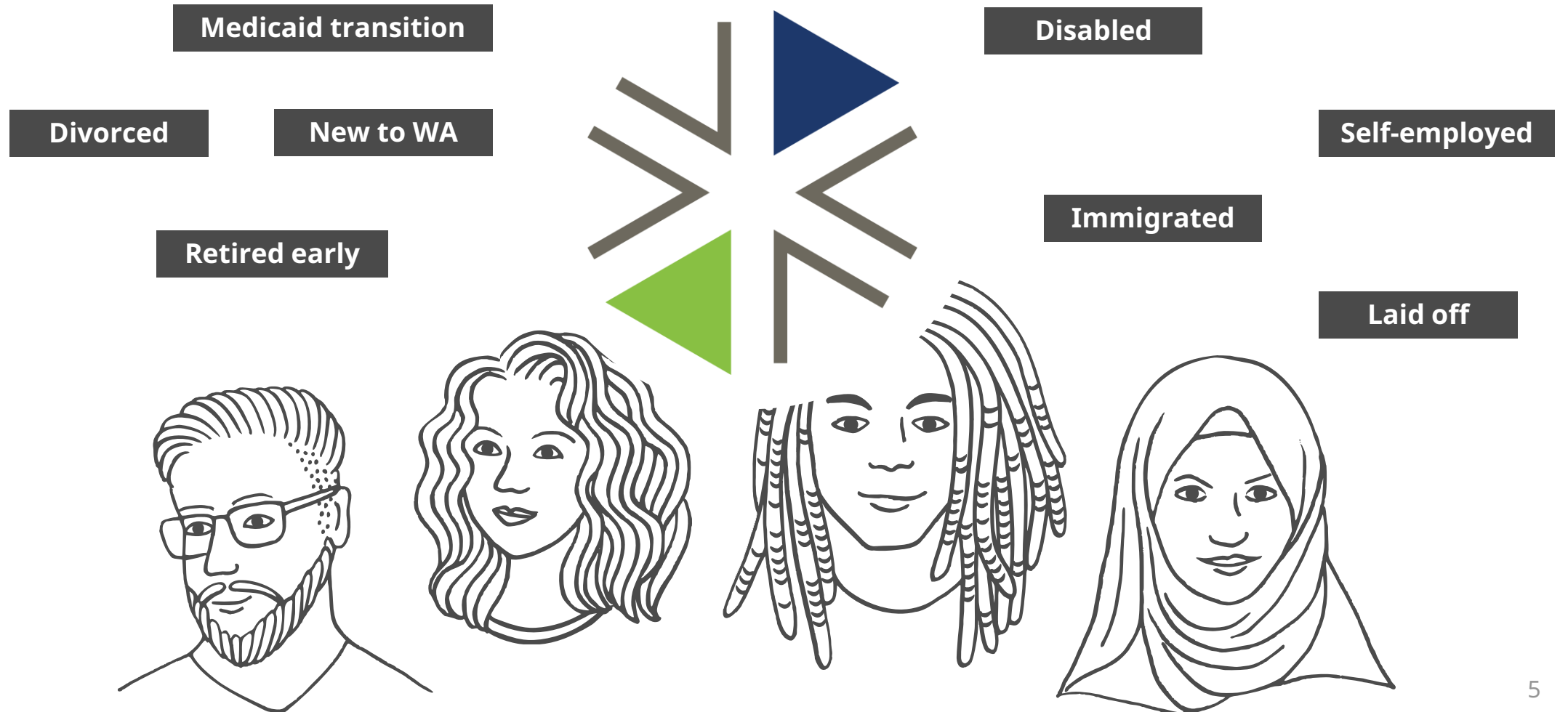


Exchange hits record enrollment in 2024

32% growth in enrollment since federal subsidies enhanced.



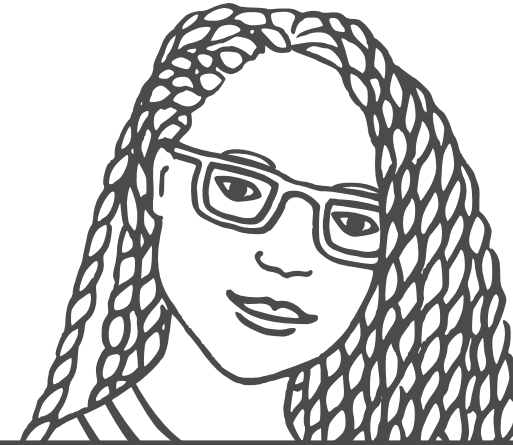
Different life events lead customers to look for insurance



Customers lean on social networks for insurance advice

70%
of customers

interviewed turn to trusted friends and family on how and where to begin



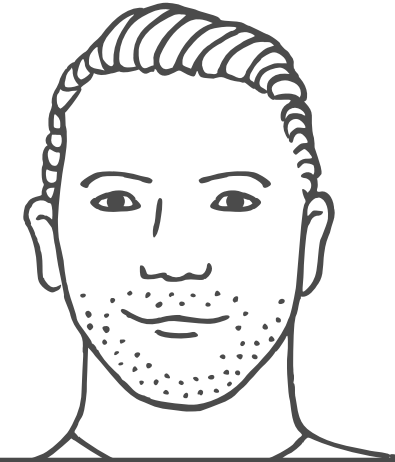
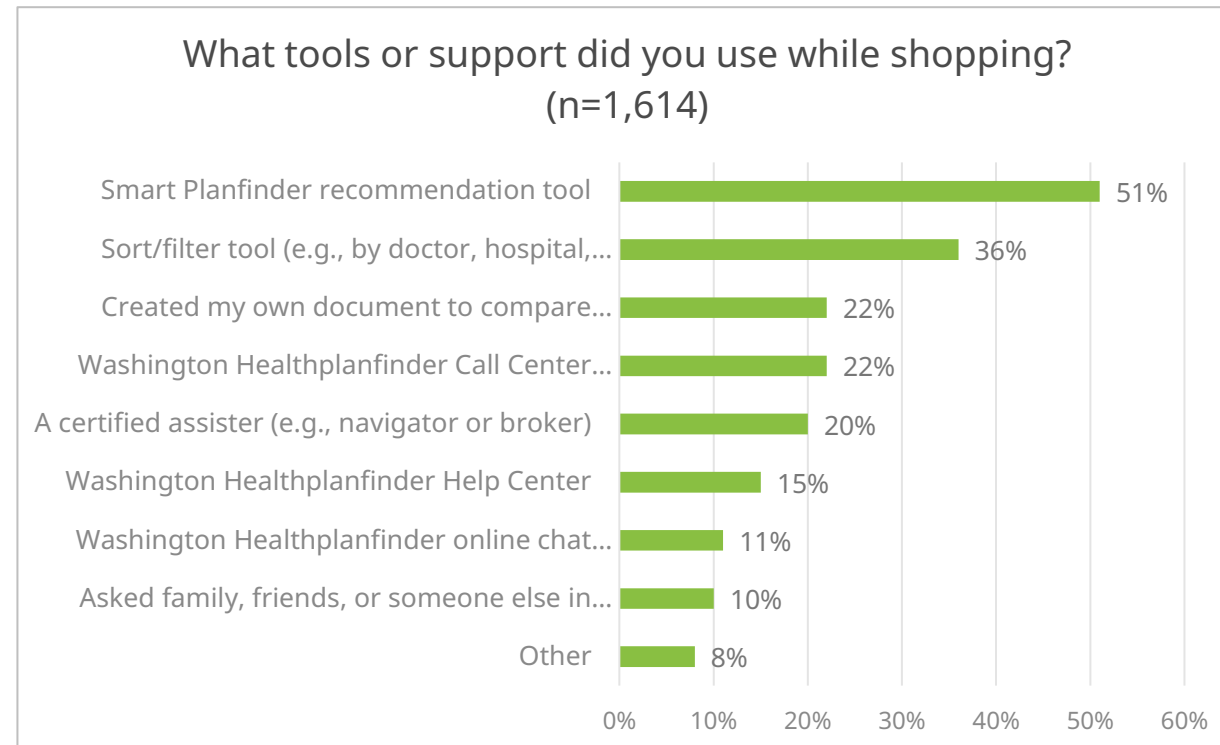
*"I asked people who are here [from Rwanda]...like the first time when I even went to see a navigator. **I met one family friend, and they told us like you can go to this place. That's where they went.** That's how we knew how to go to that place in first place." | Amber M.*

Customer support comes in many forms

46% of households partnered with an assister.

▶ 9% with a Navigator; 37% with a Broker.

From October 2023 to March 2024, the call center answered over half a million calls.

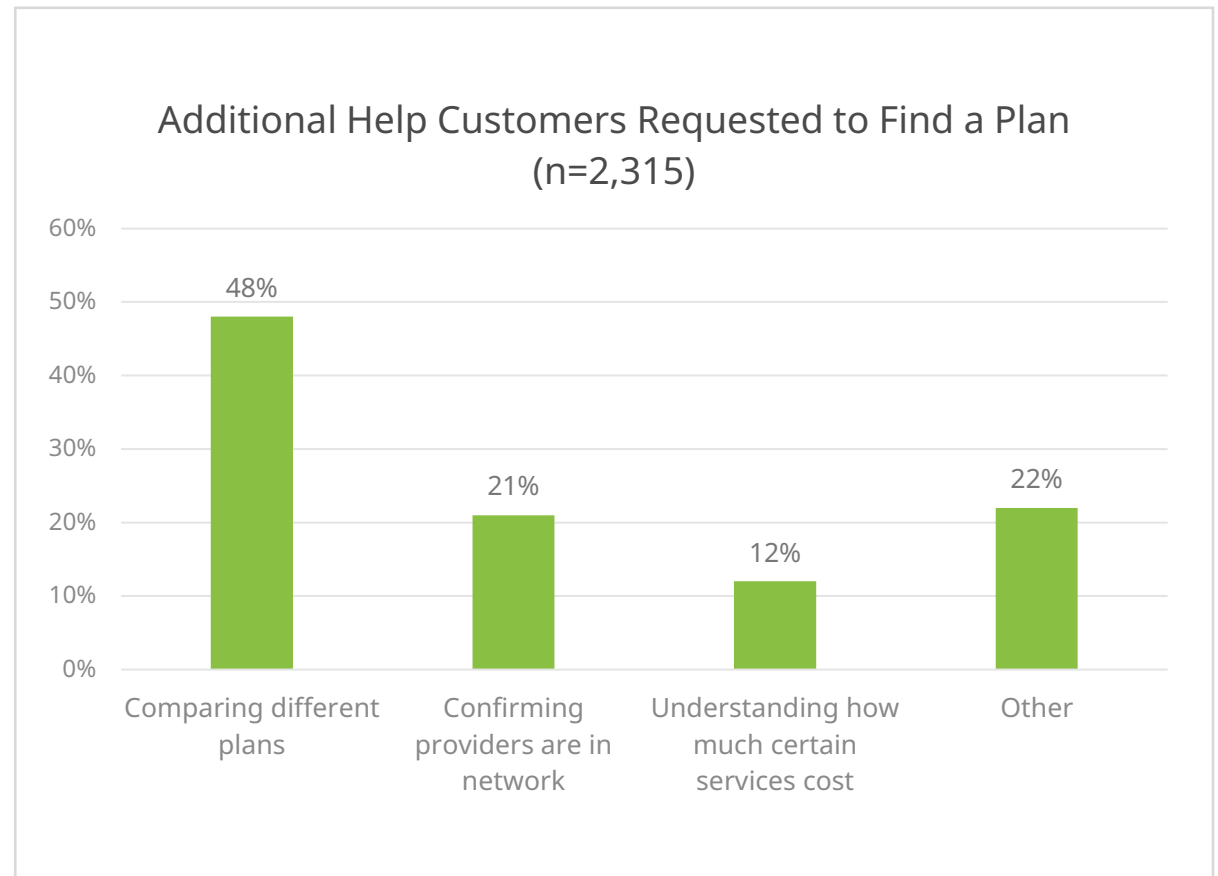


*"He said, 'Hey, I can help you if you have questions' and all that. And it was actually very, very helpful. **The broker was amazing to answer some of the nagging questions... [They] acted as our advocate** and said, 'Hey, this insurance is this, that insurance is that. It's your choice.' So yeah, the ability to connect to a human was super important." | **Robert K.***

Market changes driven by new enrollees

Plan switching not as prevalent compared to 2023.

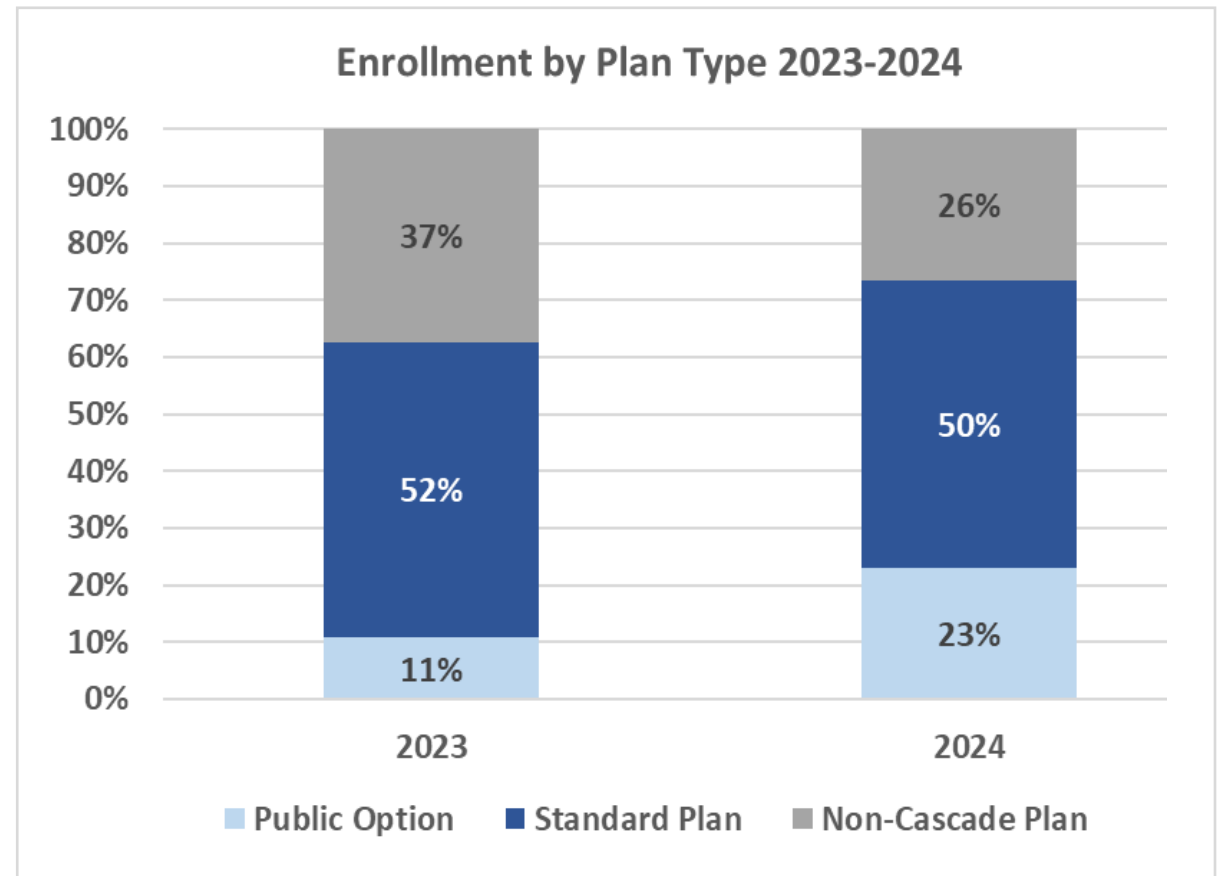
- ▶ 80% of returning customers remained in the same plan.
- ▶ Customers signal interest in shopping but need more support.



Largest growth in public option plans

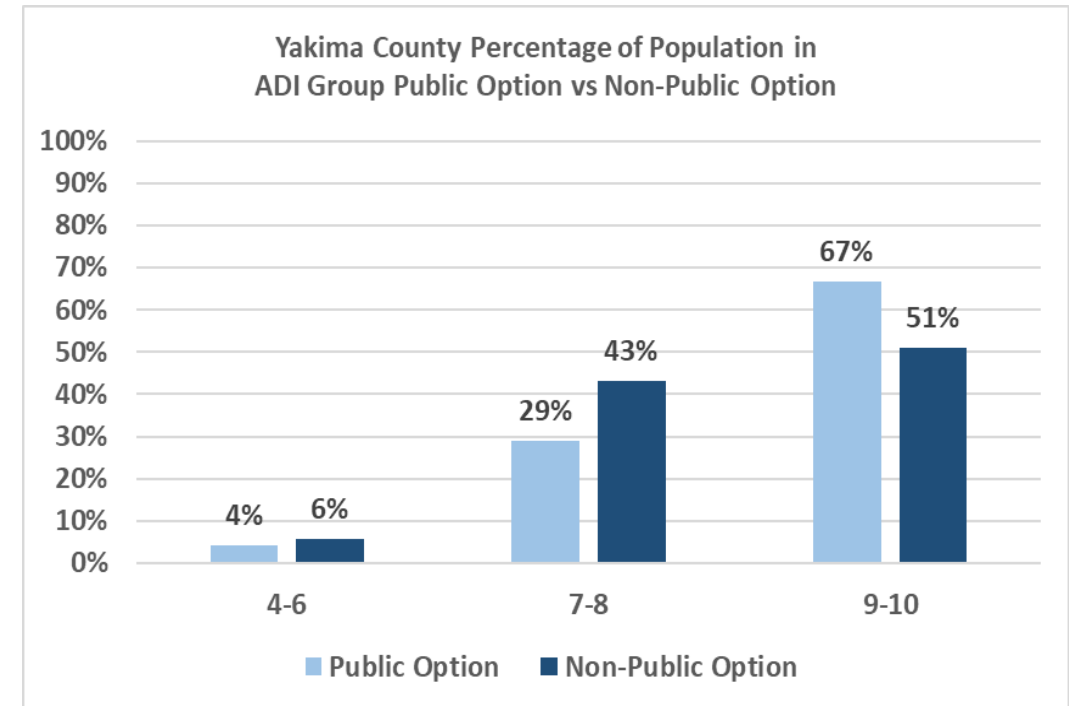
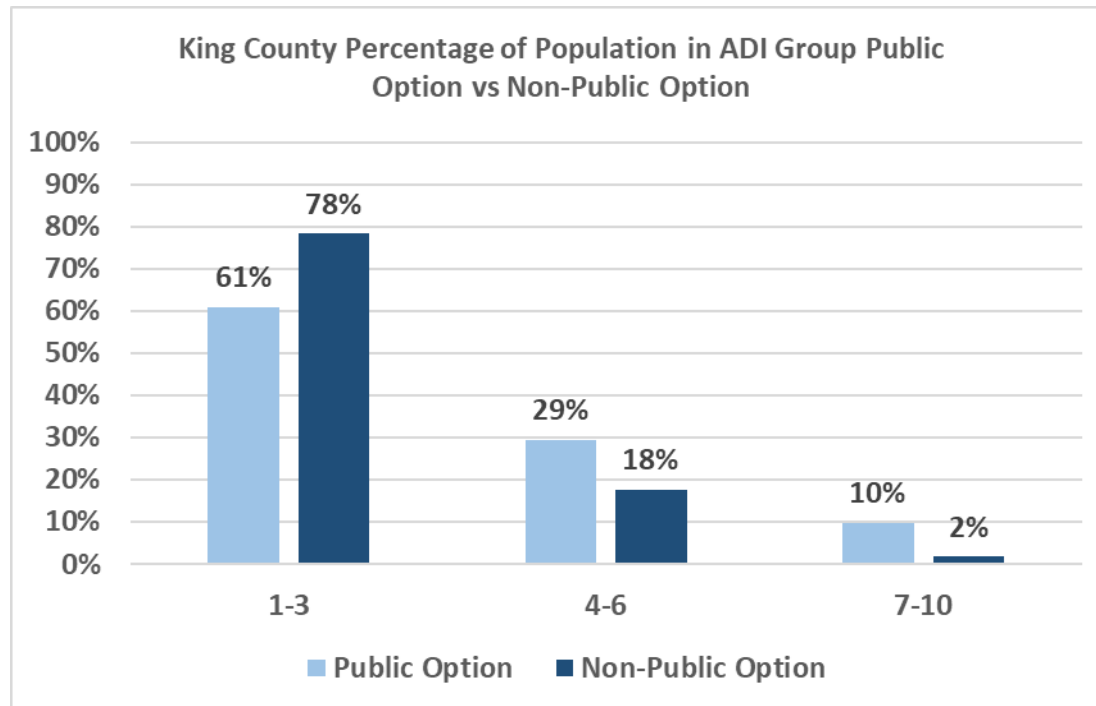
Public option plans control health care costs and result in lower premiums.

- ▶ 150% increase in enrollment.
- ▶ Largely new customers and those transitioning from Medicaid.



*Data is March 2023 and March 2024

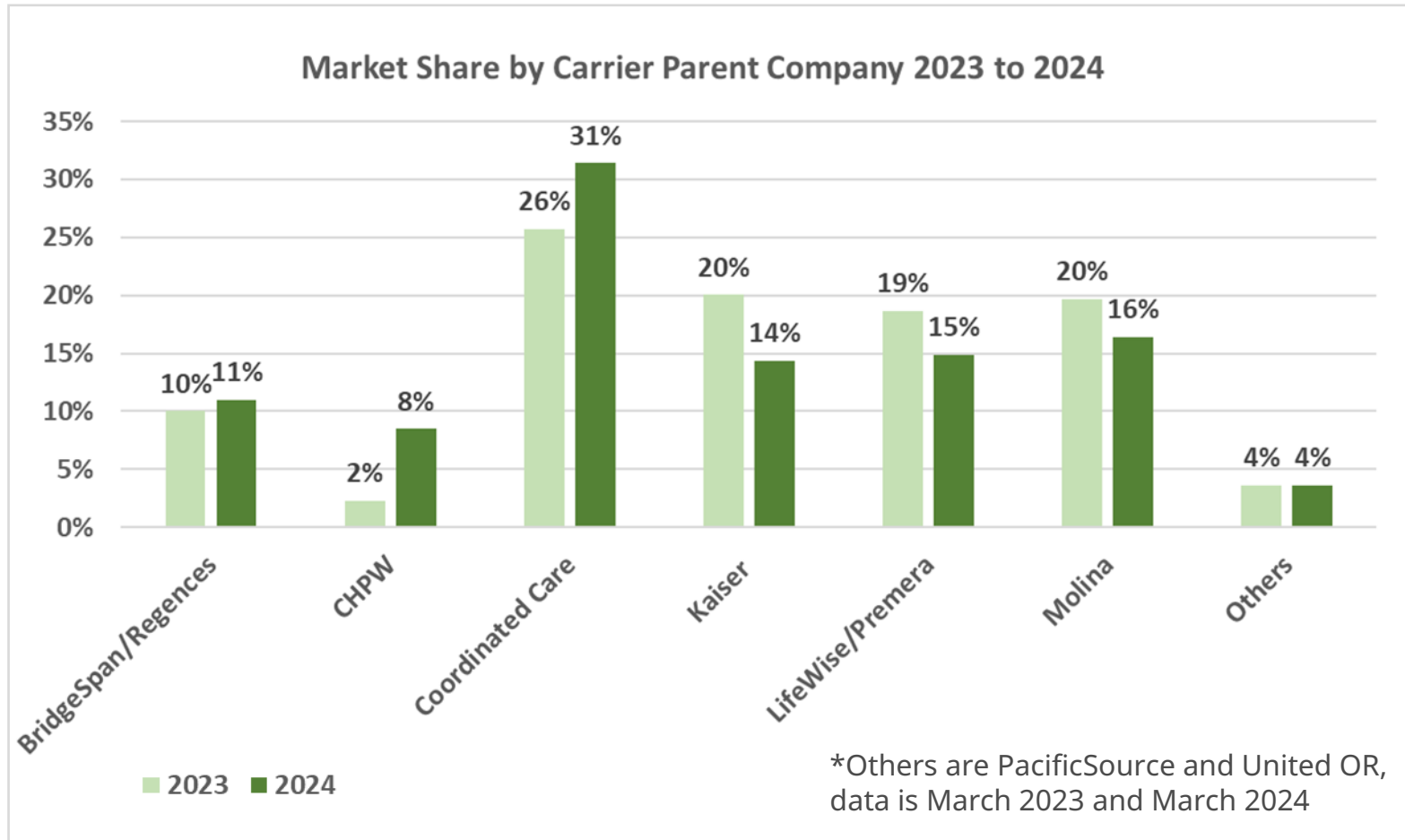
Customers in public option plans more likely to live where social health barriers more prevalent



- ▶ Area Deprivation Index (ADI) is a composite score of 17 census variables.
- ▶ Examples of variables include: % of families below Federal Poverty Line, % of population 25+ with < 9 years of education.
- ▶ Ranks neighborhoods in WA state to each other (1= least disadvantaged) (10= most disadvantaged).

Lowest premium carriers gain market share

Carrier market share shifts driven by new customers seeking affordable plans.



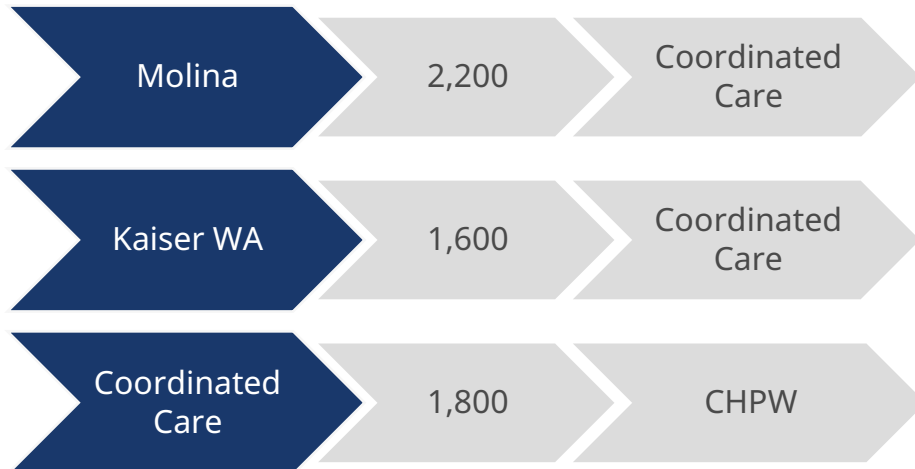
Plan	Lowest Cost Silver Plan
CHPW Public Option	17 Counties
Coordinated Care Public Option	10 Counties

Customers are cost-sensitive and some have low carrier loyalty

Willing to invest time in shopping and comparing plans to ensure they're getting the best value.

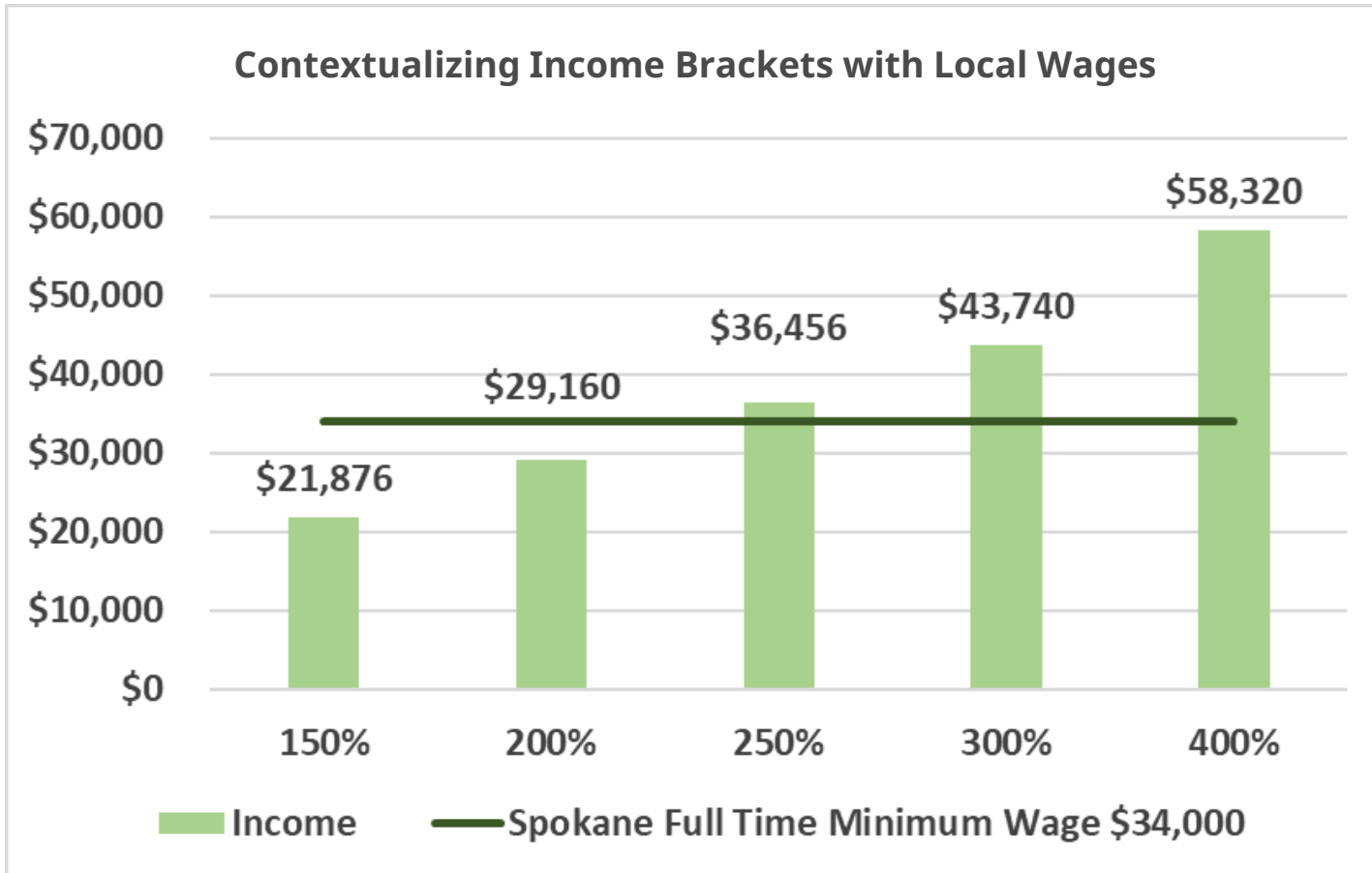


Key Carrier Switching Activity



“I have changed plans to get a better rate or to get a better deal for what I need...Every year I just have to reassess the situation and see is what I had worthwhile. Are they still offering it? Did they change the deductible? Every year that’s just a little research project I have to run, but that’s fine.” | Natasha K.

Affordable, comprehensive coverage matters to customers



Cost example of a <150% FPL customer transitioning from Medicaid to a Silver QHP

Item	Cost in Apple Health	Cost in 94% AV Lowest Cost Cascade Silver Plan
Annual Premium	\$0	\$0
Primary Care Visit	\$0	\$1 (first 2 visits); then \$5
Urgent Care	\$0	\$15
Generic Drugs	\$0	\$5

Customers balance complex affordability decisions

We met with a former teacher in King County who shared her experience balancing affordability and finding a plan that meets her needs as she continues to manage a chronic disease that left her unable to work.



"I'm on a fixed income. I know everybody's really struggling right now with the economy and what's going on.

*You know, we're probably going to **need to move to a place where we can, our money would go further** since my husband's disability does get a cost of living allowance through the VA. But I don't, and like I said, I never will. So the **\$2,900 a month I make is, is gonna be the exact same amount I get paid straight through** unless I can get on Social Security disability early." | **Beth D.***

Customers balance complex affordability decisions

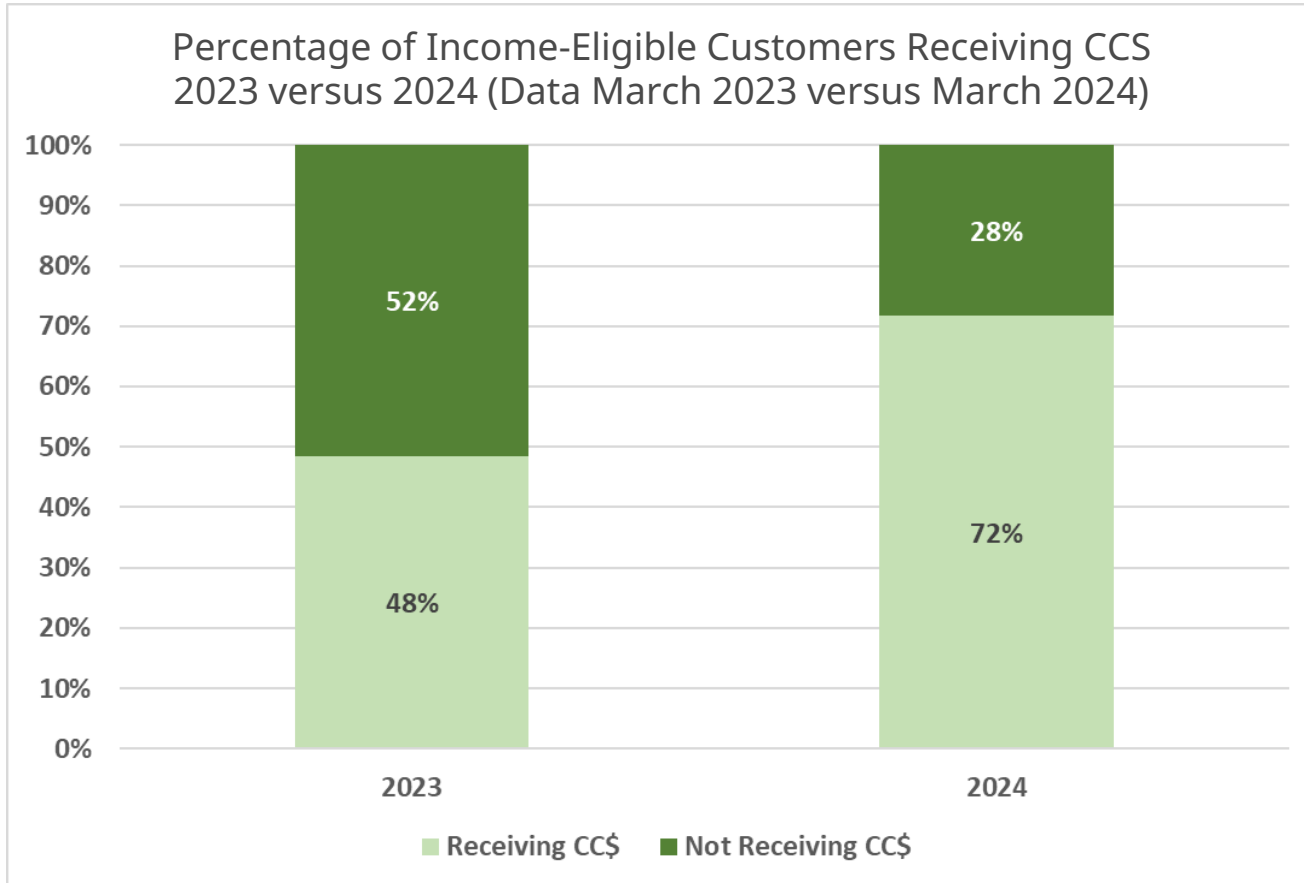
This year, she debated dropping a specialist to get a lower \$20-\$30 monthly premium but decided her health was more important. She stayed in her same \$100 per month Cascade Silver plan with Cascade Care Savings, cost sharing reductions, and federal subsidies.



*“Every time I have done shopping again, because there's always something about the plan I'm on that changes. And so whether it be like out-of-pocket maximum, which I think it was this year that went from \$2,400 to \$2,500 for the plan I'm on and a few other little, little changes, little tweaks. And I keep wanting to see if I can get on a, **on a cheaper plan and be covered at where I go see providers and that has not yet happened.** But this, I will say, so **this year was the closest it's been to me being able to do that.**” | Beth D.*

Cascade Care Savings uptake increases

Over 37,000 customers pay \$10 or less in monthly premium.



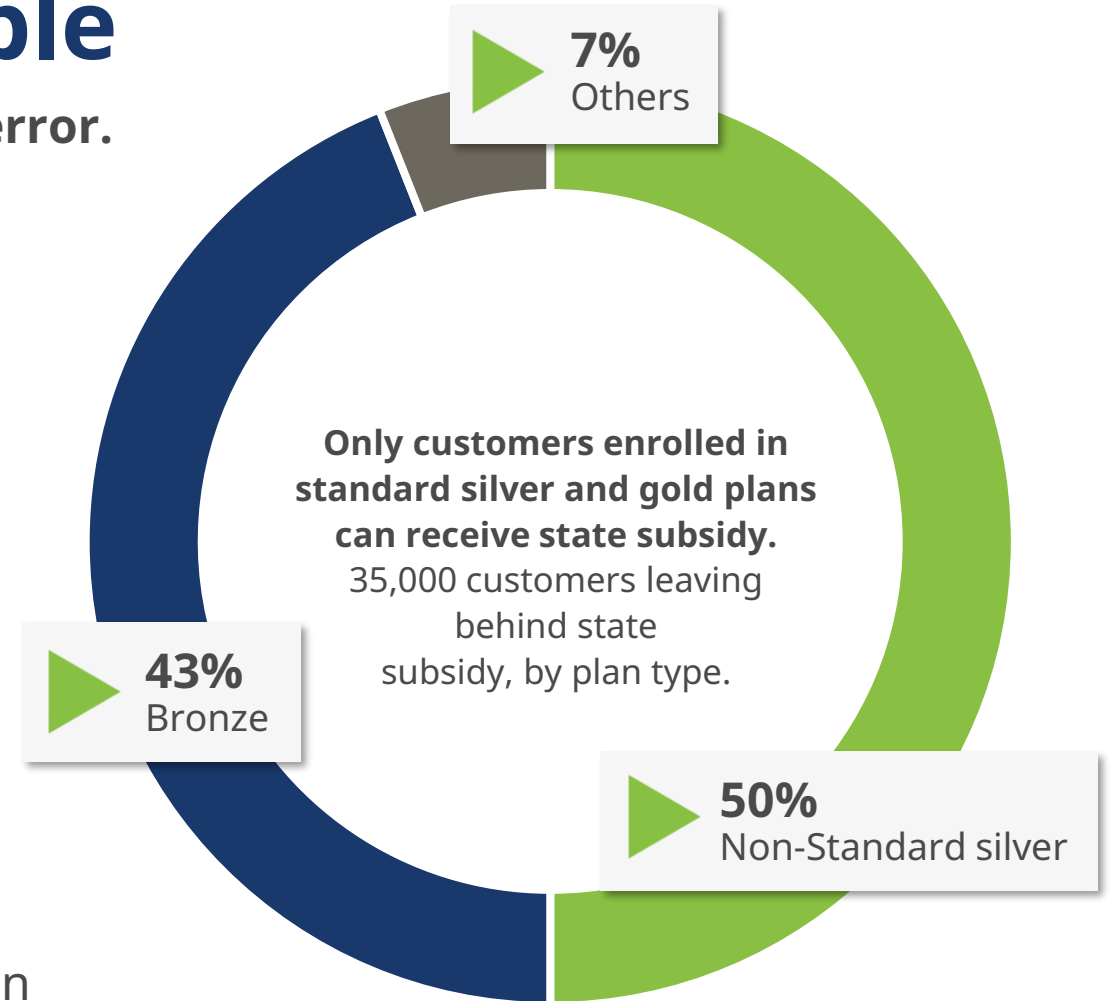
Net Premiums of Cascade Care Savings Recipients

Net Premium	% of CCS Recipients	Count
<\$10	42%	37,100
\$11-\$50	21%	18,300
\$51-\$100	15%	13,000
\$101+	23%	20,400

Customers still leaving state subsidy on the table

Monitoring indicators of choice overload and error.

Non-Standard Silver Plan	Key Plan Facts	Enrollment by CCS Income Eligible
Coordinated Care Ambetter Balanced Care 4	Sets the Federal Tax Credit in 18 counties; Average Net Premium \$17	7,900
Molina Constant Care 1	\$0 Medical Deductible; Average Net Premium \$83	5,700



Why customers might choose a non-standard plan that isn't eligible for state subsidies

Conclusions & Discussion

What does 2024 market health tell us about the Exchange's market stewardship?

- ▶ **Improve health coverage, affordability, care, and outcomes**
How might we maximize public option and state subsidies to make coverage more accessible to customers?
- ▶ **Advance DEI to narrow health disparities, especially in communities of color**
What can we learn from new Exchange enrollees about what they value in coverage and care?
- ▶ **Leverage HPF platform to strategically expand offered services**
How can we improve the shopping experience and customer confidence in their choices?
- ▶ **Expand innovative approaches to drive health system excellence**
How might the Exchange continue to understand and address choice overload and choice error?

Appendix

- Data Sources & Methods
- Additional Analysis



Data Sources

- [2024 Spring Open Enrollment Report](#)
- 2024 Carrier Filed Rates Data
- 1-on-1 Open Enrollment Customer Interviews
- Annual *Healthplanfinder* Customer Survey
- SurveyMonkey Intercept Survey “Tell us about your experience with HPF,” Nov. 1, 2023-Jan. 15, 2024
- Area Deprivation Index (ADI) from:
 - <https://www.neighborhoodatlas.medicine.wisc.edu/>
 - https://data.cdc.gov/500-Cities-Places/SDOH-Measures-for-Census-Tract-ACS-2017-2021/e539-uadk/about_data
 - <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.93.7.1137>
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6051533/>

Research Methods



Annual HPF Customer Survey

Quantitative, Behavioral (*what* they do)
Online survey distributed via SurveyMonkey

Scenarios	# Participants (Goal)*
Renewed in same plan	2400
Changed plans, same Carrier	300
Changed Carriers	500
Did not renew coverage	200



1-on-1 OE Customer Interviews

Qualitative, Attitudinal (*why* they do it)
Remote interviews conducted via UserZoom

Scenarios	# Participants (Goal)***
Renewing, CC and non-CC plan	5
New, CC and non-CC plan	5

	Surveys Sent (n)	Responses (n)	Response Rate (%)**	Matched (n)	% Matched
Survey Total	110,665	2,763	2.5%	2,417	87.9%
Same plan	81,750	1,842	2.3%	1,622	88.1%
New plan	10,936	353	3.2%	299	84.7%
New carrier	9,964	378	3.8%	334	88.4%
Non-renew	8,015	190	2.4%	166	91.1%

Interview Eligibility Criteria a Mix of...



Age, sex, race/ethnicity



FPL, urbanicity, household size



Cascade Care, non-CC, and metal level



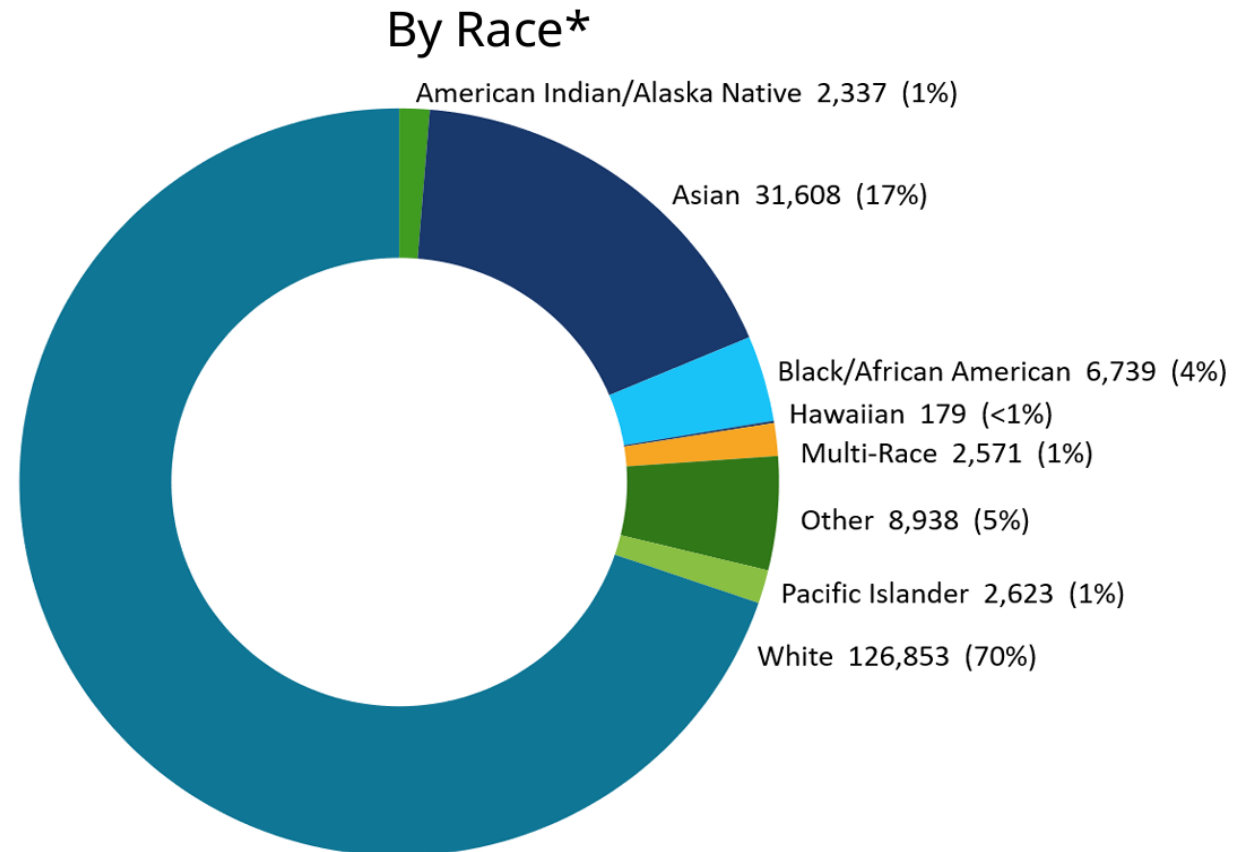
CCS eligible, enrolled in a plan with CCS

*Survey participation is based on YoY survey responses.

**Standard "good" survey response rate ranges from 5% to 30%, depending on customer engagement. Source: [Qualtrics](#)

***Interview participation is based on standard of 5 per customer segment, or at least 12 total to reach saturation.

2024 Exchange Enrollment by Race



*Chart excludes customers who did not report race. Race not reported: 71,203, or 28% of 253,051 enrollees

Key Facts about Current Public Option Customers

Total population grew from <1,000 (2021) to 59,000 (2024)

- One-third are new customers who selected a plan during open enrollment
- 40% of customers from the Medicaid Redetermination selected a Public Option plan
- Over 70% are under 250% FPL (compared to 50% of Exchange as a whole)
 - Two-thirds are receiving Cascade Care Savings
- Over 50% are in two plans:

Public Option Plan	Lowest Cost Silver	Enrollment
CHPW Silver	17 Counties	15,800
Coordinated Care Silver	10 Counties	14,300

Watchpoint: Public Option Customer Satisfaction and Provider Navigation Needs

Early indicators suggest Public Option customers are less satisfied; Provider network is key difference

Plan Type	Average Coverage Satisfaction*	Same Benefit Design	Same Network (within Carrier)
Standard	3.61	✓	✓
Non-Standard	3.46		✓
Public Option	3.21	✓	

- Public option networks are narrower because of provider willingness to contract
 - Carriers have annual affordability requirement 160% of Medicare aggregate rate cap
- Public option customers were more likely than survey respondents in other plan types to say they would like additional help confirming their providers are in network (26% of public option respondents versus 20% of respondents in other plan types)*

*Results from 2024 Open Enrollment survey of 2,263 respondents

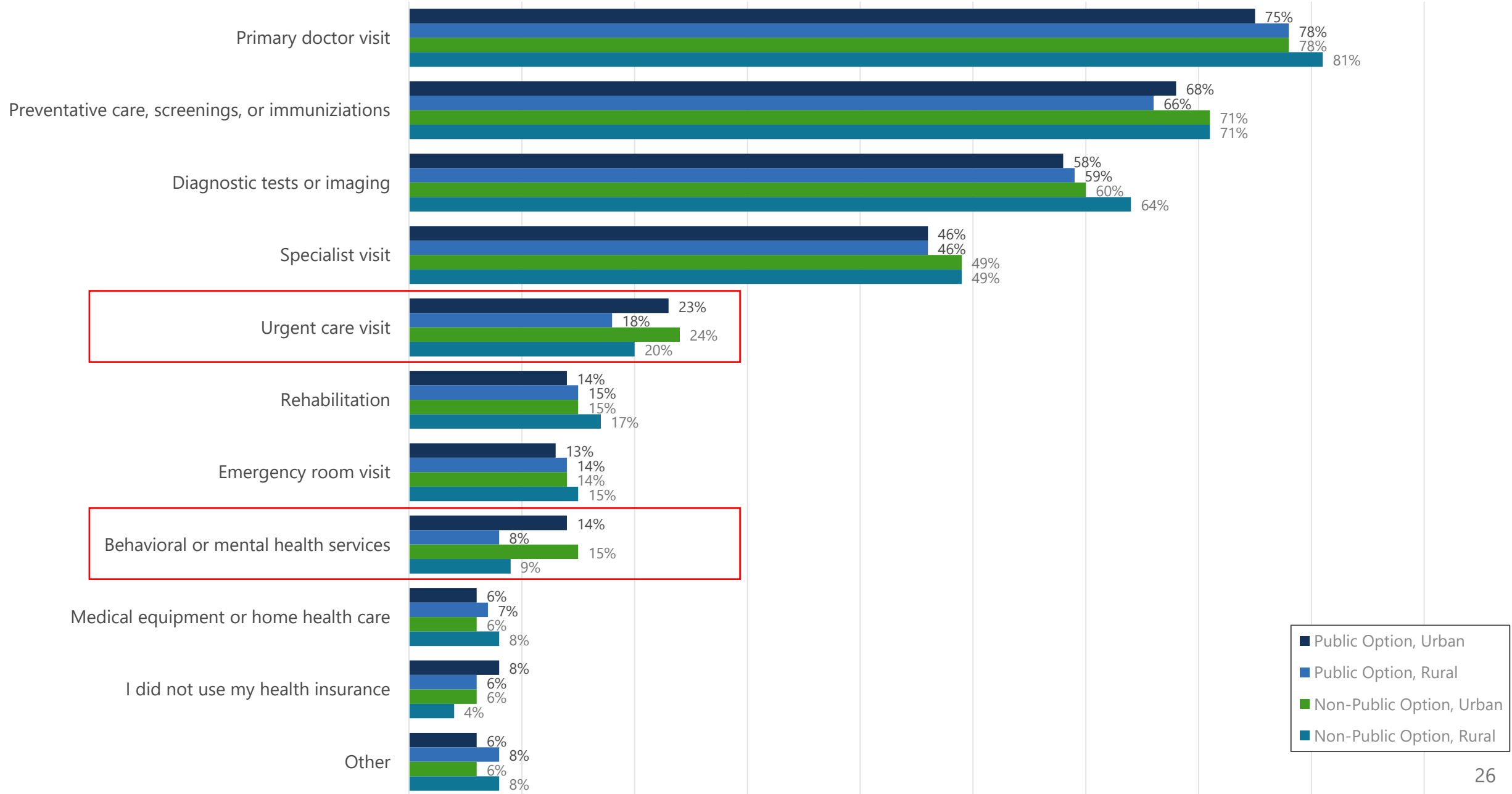
In Their Words: Customers Express Need for More Accurate Cost and Provider Data

Participants express a need for more cost transparency and more help determining if their provider is covered

"What I wasn't sure that the information that the site gathered from all the providers was actually accurate. So, once we drilled into a couple of providers and plans that we looked at, I actually called the insurance director to verify what I think I'm purchasing and what their side shows actually matches, and it did match. But I did that extra step of due diligence."-Participant 9

"I would have loved to have more accurate databases...I've been told basically that I need to call. So, I need to call all those individual places to find out if they take this or that, you know...Well, all this work just got put on me. Somebody is doing work on your end to make lists in the first place...I just wish those were more accurate."- Participant 1

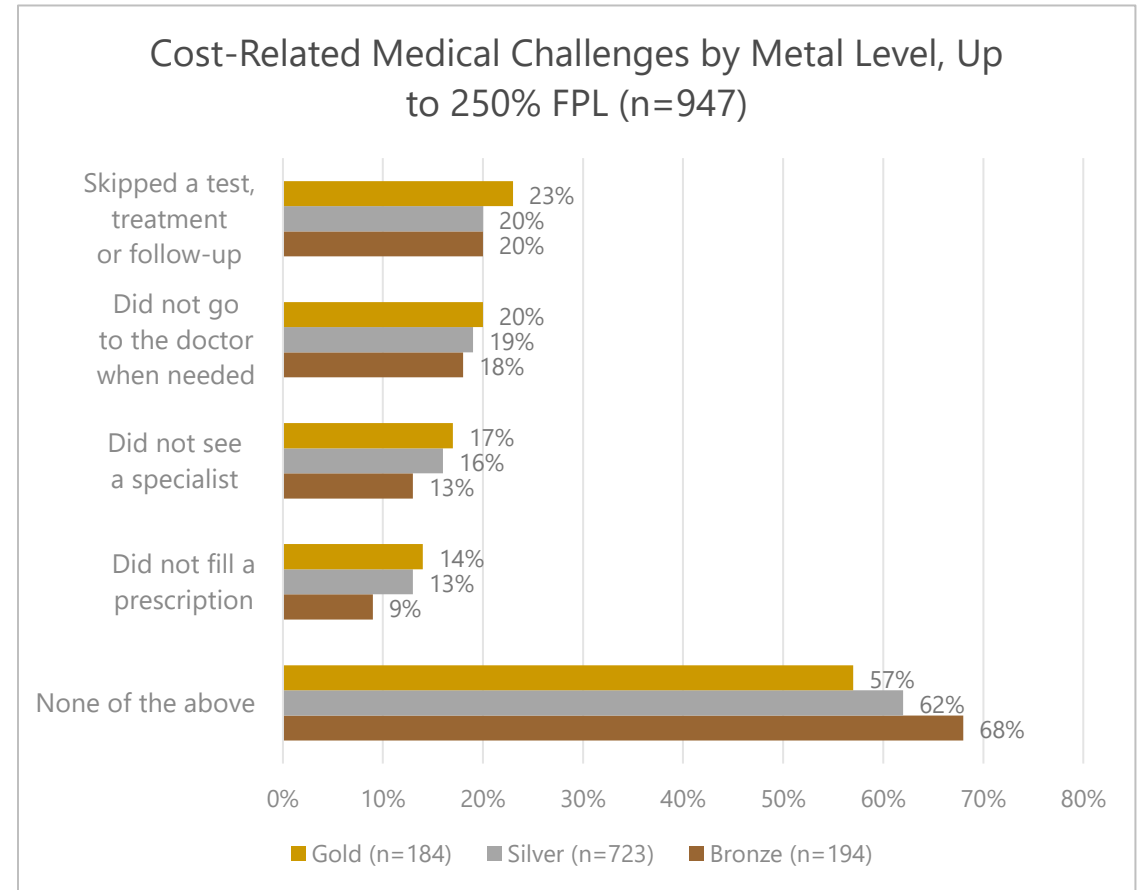
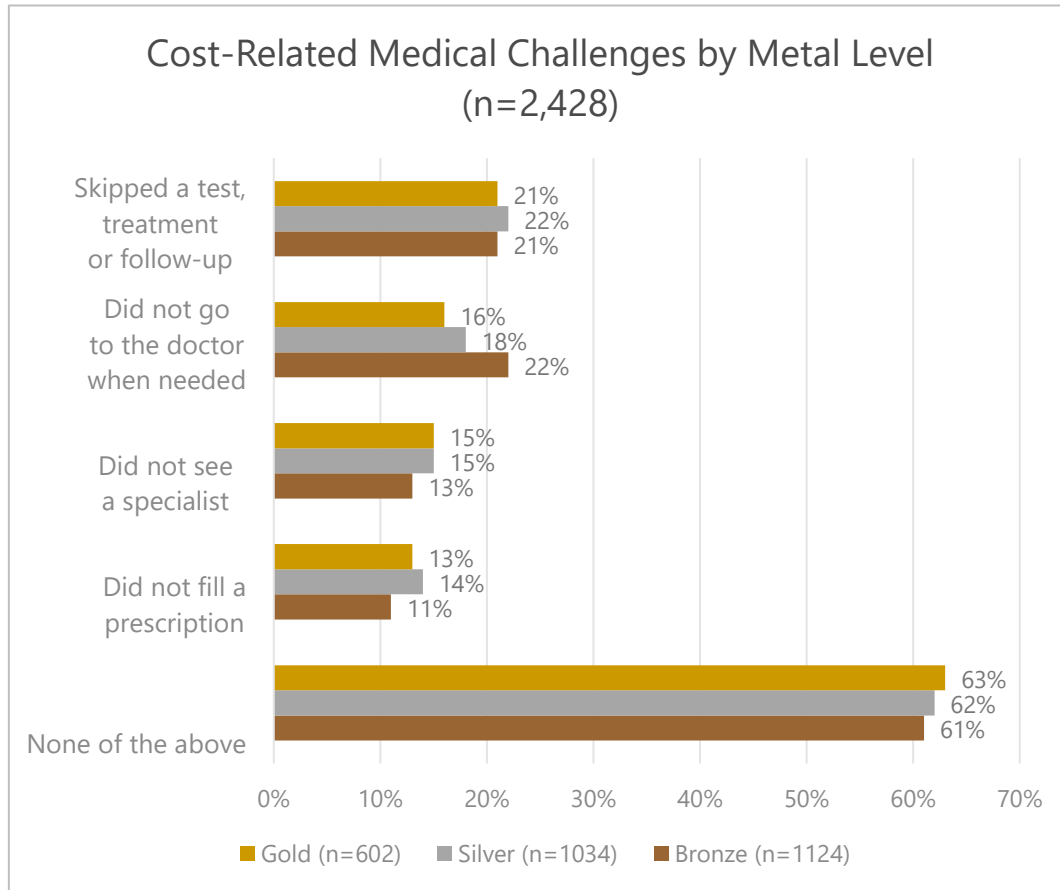
Coverage Usage by Plan Type and Urbanicity



Cost-Related Medical Challenges | Metal Level

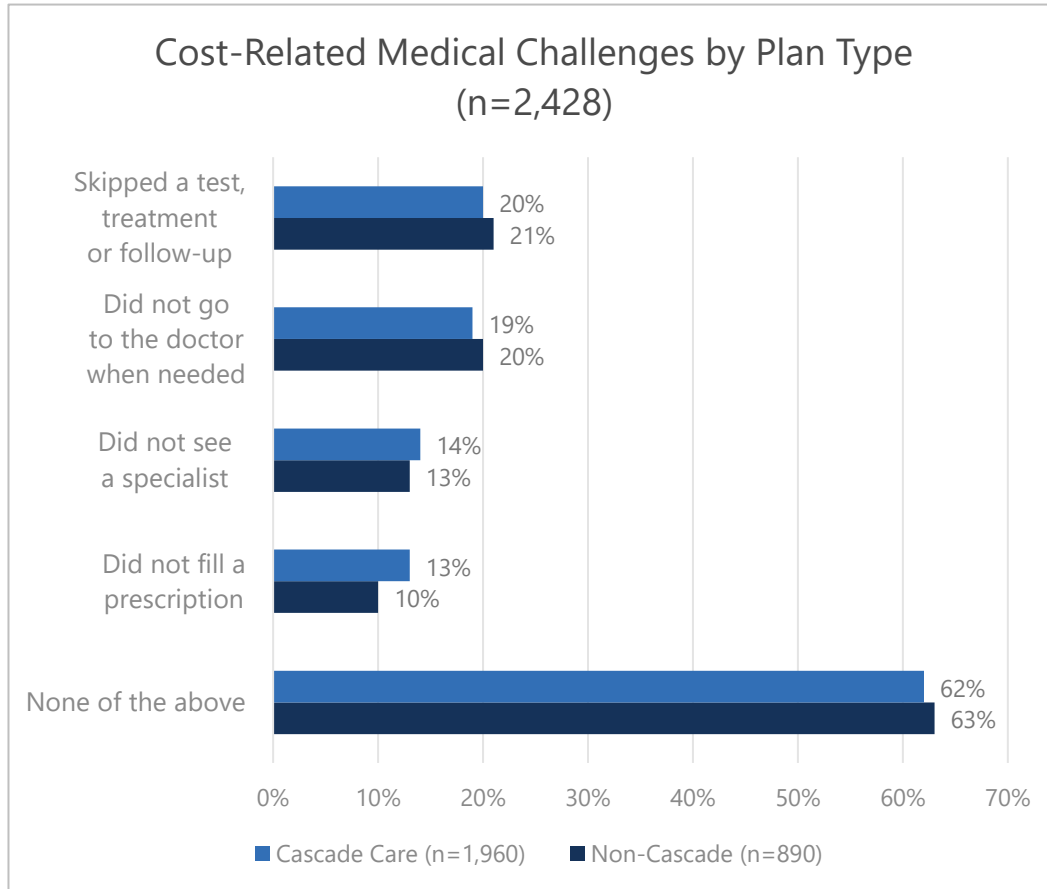
Full Sample

Filters out respondents >250% FPL

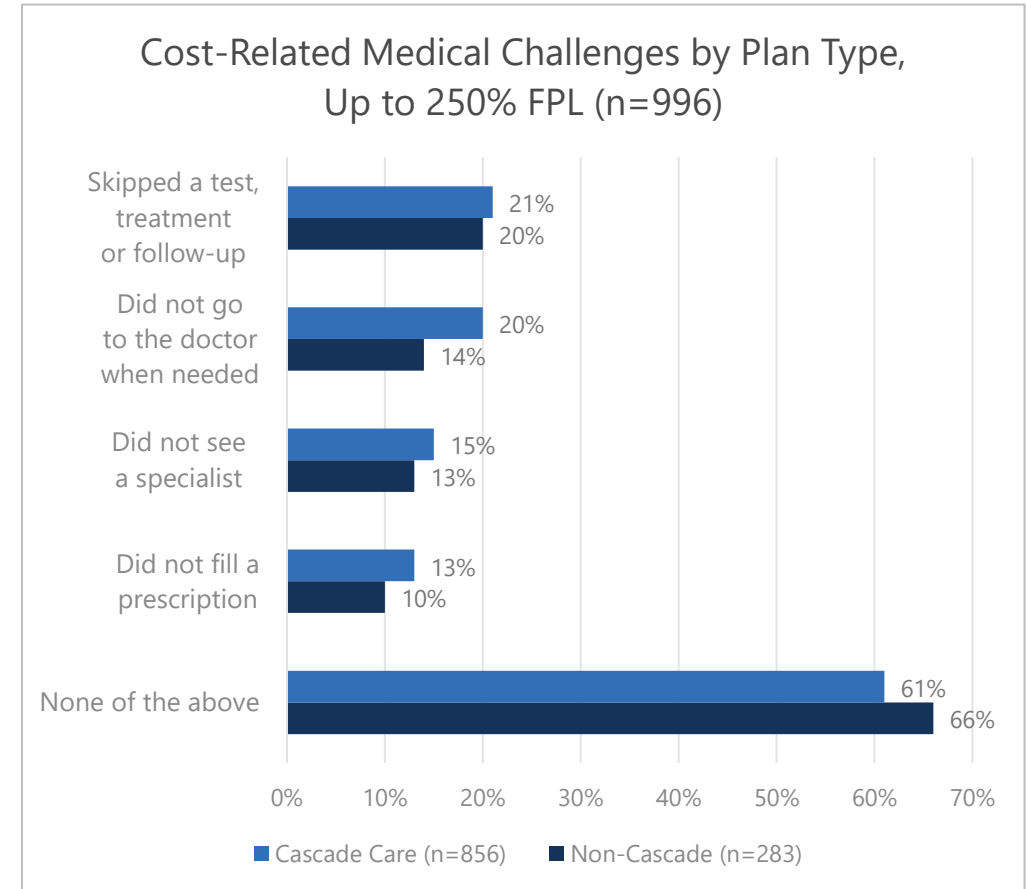


Cost-Related Medical Challenges | Cascade Care

Combines Standard Plan and Public Option as 'Cascade Care'



Filters out respondents >250% FPL





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