



2024 Market Trends in Public Option Enrollment and Metal Level Selection

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May 14, 2024



Highlighting Growth in Public Option and Higher Metal Level Plans

150% Increase in Public Option Enrollment

- Driven by new customers and Medicaid Redetermination
- Lowest premium Public Option silver plans attract bulk of enrollment
- Ensuring Public Option meets customer needs
 - Watchpoints around access and affordability

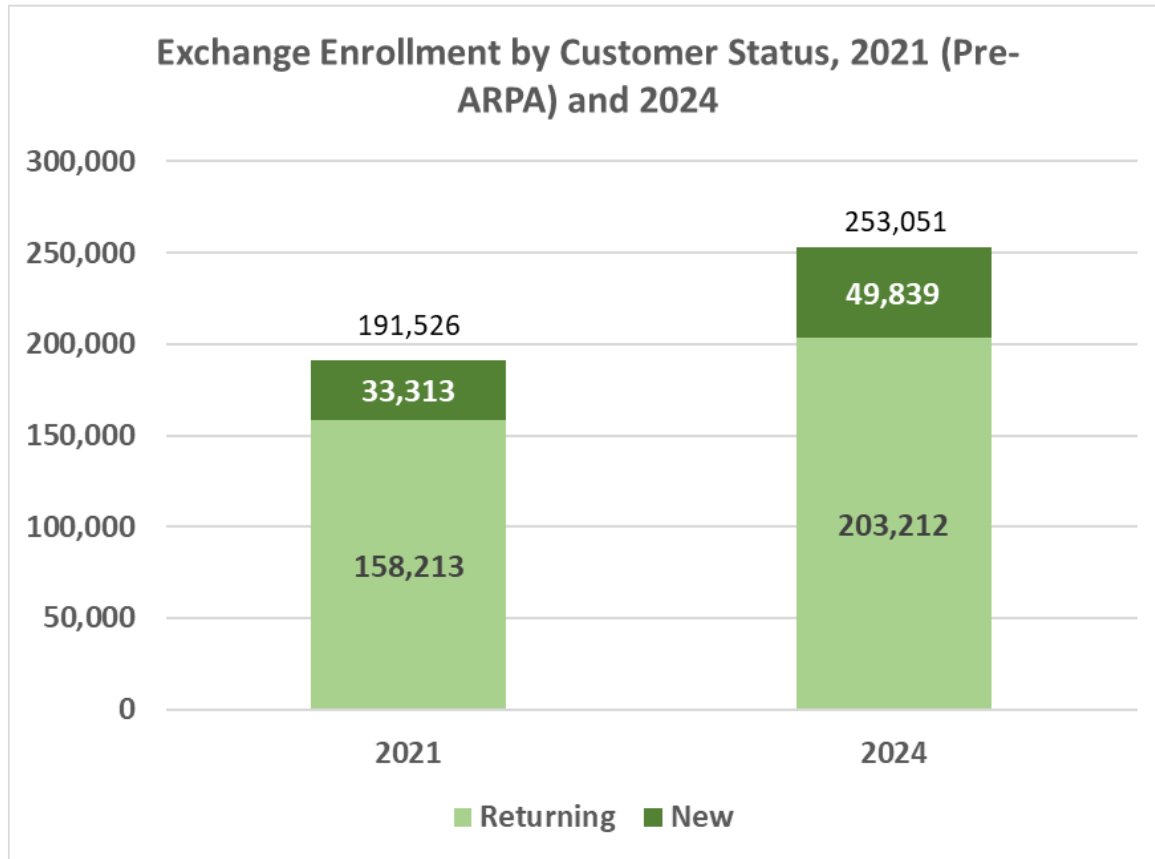
2/3 of Exchange customers now in Silver or Gold Plans

- Silver plan enrollment a benchmark for affordability and customer satisfaction
- Watchpoints around maintaining affordability gains from ARPA and market stewardship to help customer select best metal level for their needs

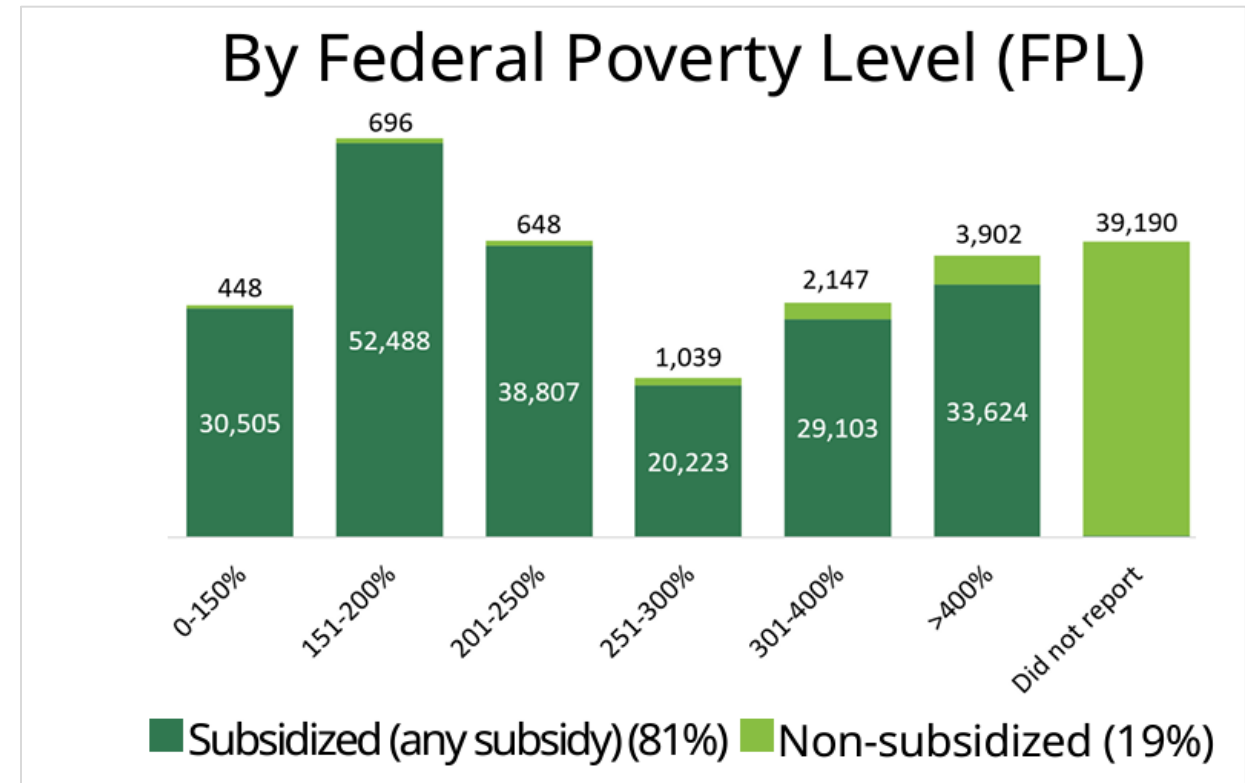
Data Sources: [Spring Open Enrollment Report](#), 1-on-1 Open Enrollment 90-minute Interviews with 10 new and renewing customers, Annual *HealthPlanFinder* Customer Survey (2,263 respondents) about 2023 benefits, 2024 Carrier Rate and Plan Filings

Exchange Hits Record Enrollment in 2024

32% Growth in Enrollment Since ARPA



Enrollment by FPL and Subsidy Status



What Exchange Customers Are Telling Us: Affordability, Access, and Accuracy Are Critical

Key Findings from Interviews and Survey

Customers are cost-sensitive and want more affordable plans with low premiums, deductibles, and out-of-pocket costs. They carefully balance these when evaluating plans and carriers.

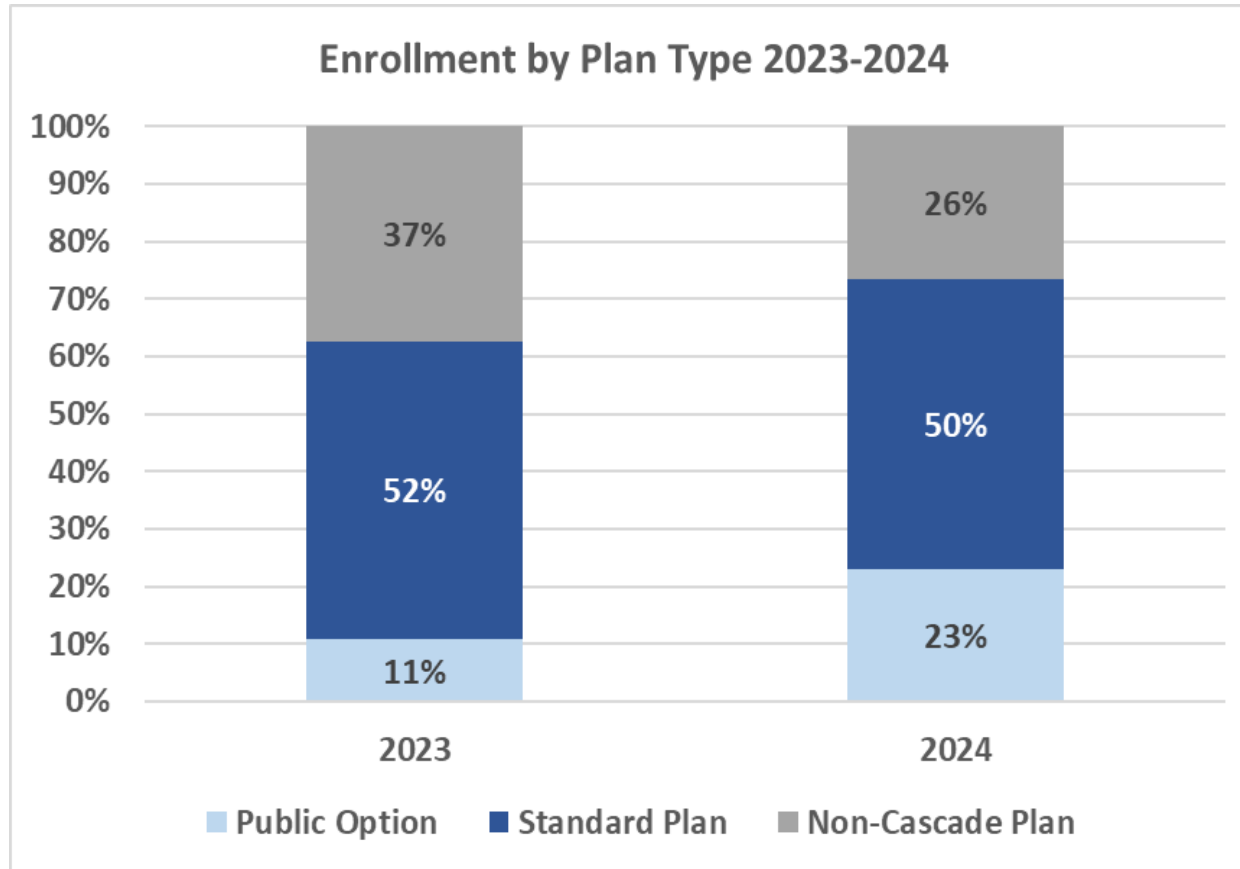


Providers and prescriptions are key for customers, and they expect accurate information. They want more guidance and an experience more personalized to their health and budget needs.



Market Continues to Shift to Cascade Care

Growth Driven by 150% Increase in Public Option Enrollment



- Low premiums attracting new enrollees
- Plan switching not a primary driver of market movement to public option

*Graph data is March 2023 and March 2024

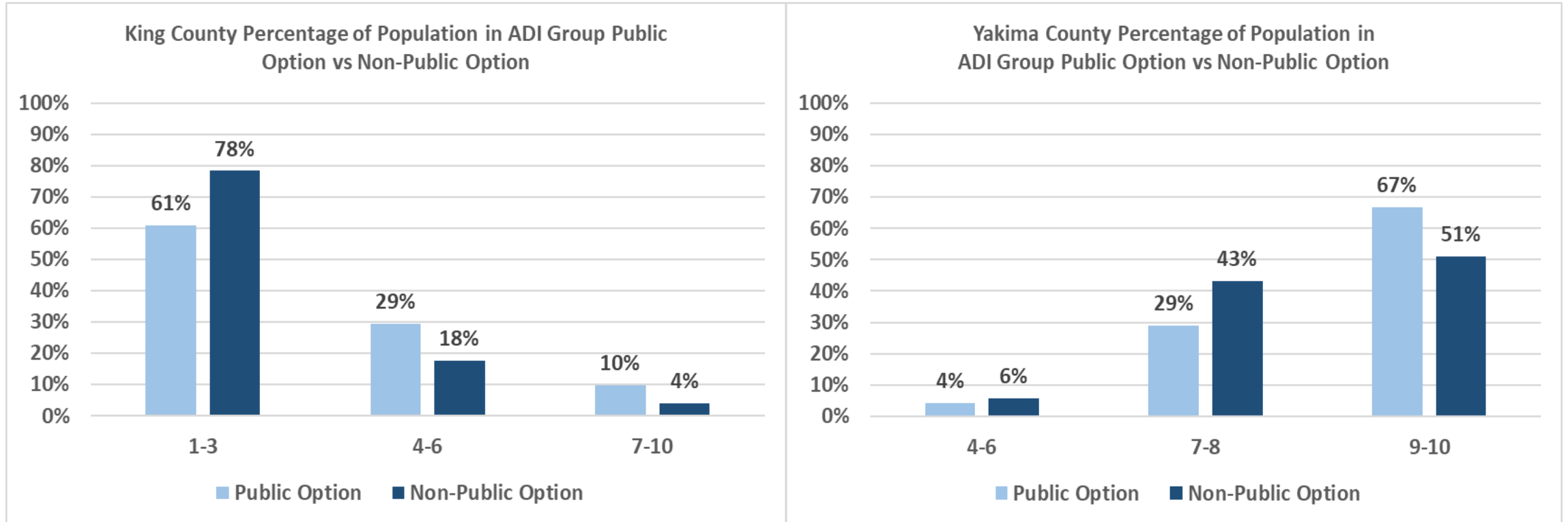
Key Facts about Current Public Option Customers

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

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)

Sources: <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>, and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6051533/>

Watchpoint: Public Option Customer Satisfaction and Network 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
 - Need more understanding of how network differences impact customer experience
- 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*

Balancing Affordability and Access

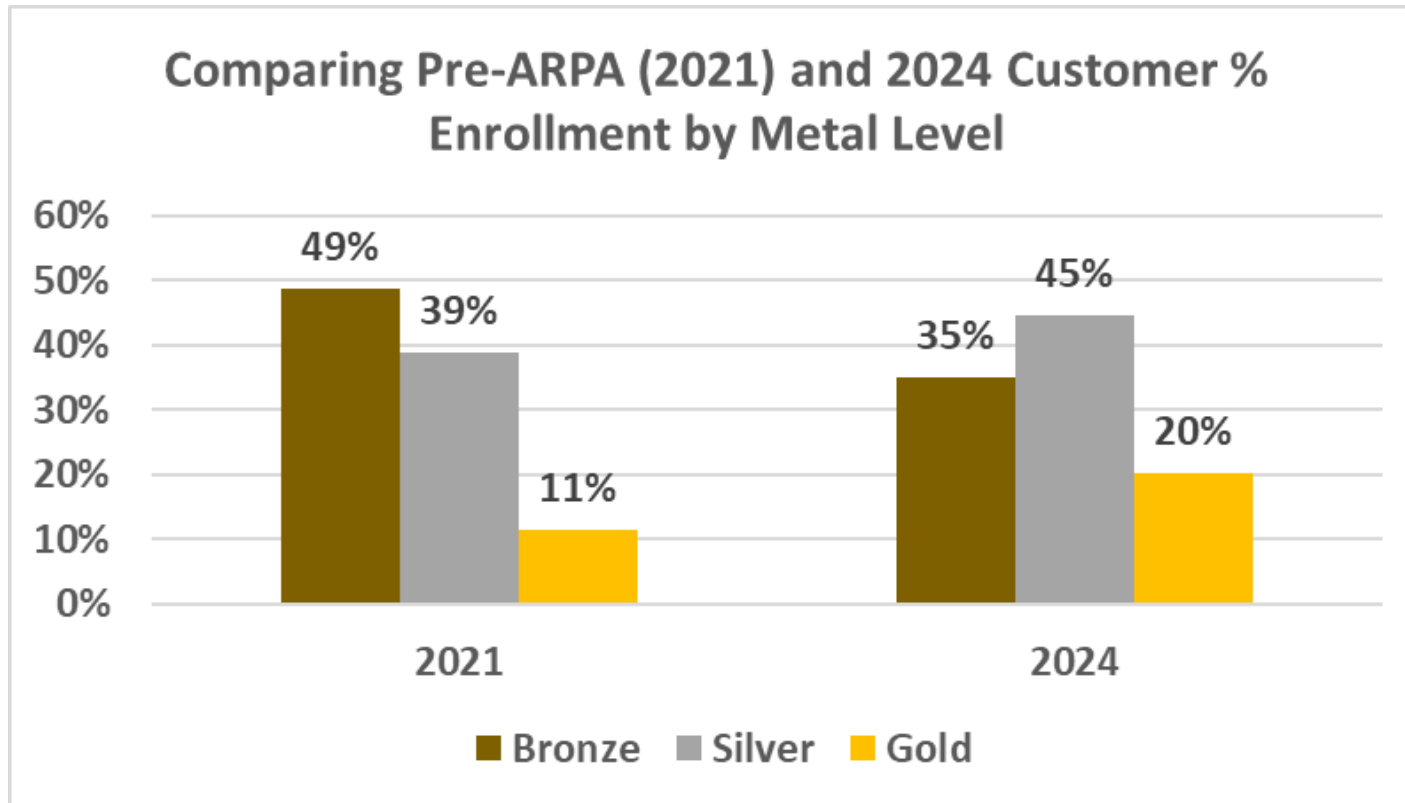


Takeaways:

- Largest 2024 enrollment growth in public option plans, which control health care costs and result in lowest premiums.
- Access to public option plans and providers a risk we're watching.

Market Shift to Higher Metal Levels

Silver Plans Offer Most Opportunities for Affordability Assistance



Metal	Standard Plan Deductible	Affordability Assistance*
Gold	\$600	APTC, state subsidy
Silver	\$2,500	APTC, state subsidy, Cost Sharing Reductions (CSRs)
Bronze	\$6,000	APTC

*Based on customer eligibility

Factors Driving Market Metal Level Shifts to Silver and Gold Plans

Enrollment Gains in Higher Metal Plans are Fragile

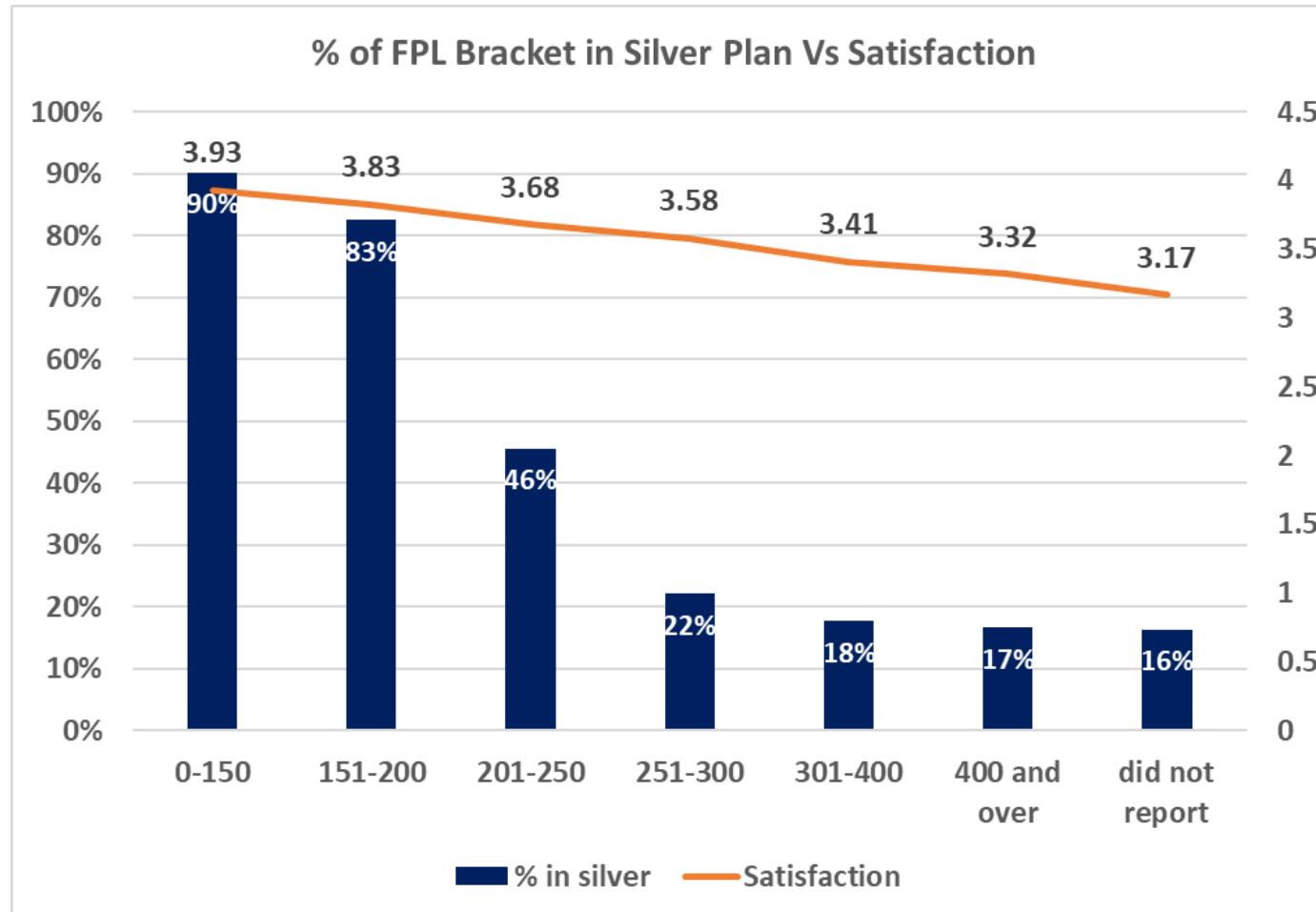
- Greater availability of subsidies to purchase more comprehensive coverage
 - Enhanced federal tax credits
 - Cascade Care Savings
 - New versus returning customer plan selections
- New QHP customers from Medicaid Redetermination
 - Among the 39,000 Medicaid Redetermination customers, 60% in silver plans, 19% in gold plans
- Expiration of ARPA subsidies will unravel enrollment gains in more comprehensive plans as reduced tax credits will erode customer buying power

Percentage of New vs Returning Customers in Silver and Gold Plans

	New	Returning
Silver Plans	48%	44%
Gold Plans	23%	20%

As Income Increases, Enrollment in Silver Plans and Satisfaction Decreases

Subsidy availability makes silver plans increasingly unaffordable for higher-income customers



"I was paying \$600 a month I think for my Cobra. It was really expensive, but I had really good coverage...*Somehow I got a plan [on the Exchange] that was actually about the same amount I was paying, and I still get decent benefits..* When I switched over, I was afraid I was gonna have to pay like 900 bucks and get nothing." - Participant 7

Contextualizing Affordability in Our Market

A Year's Worth of Coverage and Care for a King County Customer at Different Income Levels

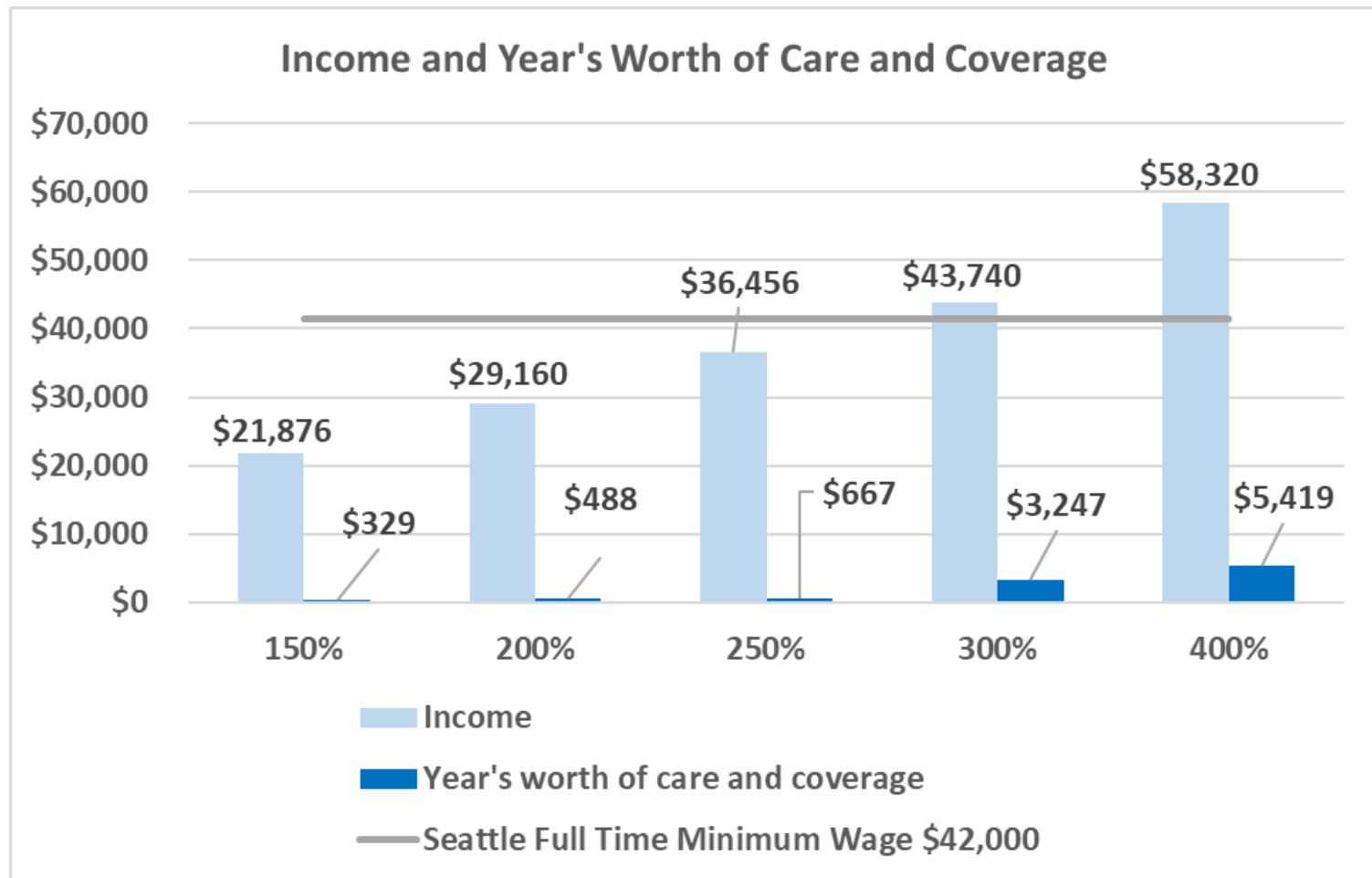
Scenario

Customer: 40-year-old non-smoker; low utilizer

Plan: Coordinated Care Cascade Silver (4th lowest cost Silver in County)

Care: 2 primary care visits, 1 urgent care visit, one monthly generic medication

As income increases, same package of coverage and care starts at 2% of customer income up to 9% of income



Metal Level Selection Matters: Ongoing Need for Market Stewardship

Which Plan Would You Choose?

Options for a 40-Year-Old Non-Smoker at 171% FPL (\$25,000)
Plans from Same Issuer with Same Network

	Non-Standard Bronze	Cascade Silver 87% AV Plan	Cascade Gold Plan
Net Premium	\$1	\$26	\$45
Deductible	\$0 Medical/\$3,800 RX	\$750	\$600
Primary Care Visit	\$45	First 2 visits \$1, then \$10	\$15
Generic Drugs	\$35	\$12	\$10
Urgent Care	\$60	\$30	\$35

Downsides of Too Much Choice
59%* of survey respondents need additional help comparing plans

24%** of survey respondents who experienced difficulties with shopping said they were overwhelmed by the number of plans to choose from.

*N=1,204

**N=130

Annual Cross-Mapping to Move Customers for Maximum Affordability with Minimal Disruption

Exchange changes the plans of some enrollees who can better maximize subsidies within same carrier and network.

- Takes full advantage of Cascade Care Savings, federal tax credits, and Silver Cost Sharing Reduction (CSR) benefits
- Ensures the customer pays same or lower net premium

Group	Reason	Pre-OE HBE Mapping Activity	Post OE-Count
250% FPL or Below in Bronze	Maximize APTC, Access to CC\$ and Silver CSRs	600 Mapped from Bronze to Silver CSR	14,400
200% FPL or Below in Gold	Maximize APTC and CC\$, Access to Silver CSRs	1,100 Mapped from Gold to Silver CSR	2,500
250% FPL or Below in Non-Cascade Silver	Maximize CC\$	3,100 mapped from Non-Standard Silver to Standard Silver	17,000

Maintaining and Improving Access and Affordability

Affordability

- Maintaining enhanced federal subsidies are critical to holding onto enrollment gains into more comprehensive silver plans
- Lowering the underlying cost of care is a must, especially for customers who pay majority of their premiums out-of-pocket
- Counties with dozens of plans with nuanced design differences make it hard for customers to make optimal choice

Access

- Public option plans have gained substantial enrollment because of competitive pricing, but information suggests customers may have challenges with provider networks
- Customers, especially in public option plans, struggle to confirm if their providers are in-Network when shopping

Appendix

Standard Plan Benefit Designs for Metal Level Plan Details
And Additional Survey Findings



WAHBE 2024 Standard Plan Designs

Individual Market Gold, Silver, and Bronze Plans

Benefits	2024 Standard Gold	2024 Standard Silver	2024 Standard Bronze
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$600	\$2,500	\$6,000
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$6,100	\$9,200	\$9,200
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$30***	\$50***
Specialist Visit	\$40	\$65	\$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services-Office	\$15	\$30***	\$50***
Emergency/Urgent Care Services			
Emergency Care Services	\$450	\$800	40%
Urgent Care	\$35	\$65	\$100
Ambulance	\$375	\$375	40%
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$600	40%
Outpatient Surgery Physician/Surgical Services	\$75	\$200	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$30	40%
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$20	\$40	40%
X-rays and Diagnostic Imaging	\$30	\$65	40%
Advanced Imaging (CT/PET Scans, MRIs)	\$300	30%	40%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$525*	\$800*	40%
Skilled Nursing Facility	\$350**	\$800**	40%
Pharmacy			
Generics	\$10	\$25	\$32
Preferred Brand Drugs	\$60	\$75	40%
Non-Preferred Brand Drugs	\$100	\$250	40%
Specialty Drugs (i.e. high-cost)	\$100	\$250	40%
All Other Benefits			
Speech Therapy	\$25	\$40	40%
Occupational and Physical Therapy	\$25	\$40	40%
Durable Medical Equipment (DME)	20%	30%	40%
Home Health	\$15**	\$30**	\$50**
Hospice	\$15**	\$30**	\$50**
All Other Benefits	20%	30%	40%
Final 2024 AV	81.89%	71.79%	64.55%

Shaded Items are not Subject to Deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

*** Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Individual Market Silver Plan and CSR Variations

Benefits	2024 Standard Silver 94% AV	2024 Standard Silver 87% AV	2024 Standard Silver 73% AV
Deductible and Out-of-Pocket Maximum			
Medical/Pharmacy Integrated Deductible	Yes	Yes	Yes
Medical (or Integrated, if Applicable)/Pharmacy Deductibles (\$)	\$0	\$750	\$2,500
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical/Pharmacy Integrated MOOP (\$)	\$1,200	\$2,500	\$7,550
Office Visits			
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$5***	\$10***	\$30***
Specialist Visit	\$15	\$30	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office	\$5***	\$10***	\$30***
Emergency/Urgent Care Services			
Emergency Care Services	\$150	\$425	\$800
Urgent Care	\$15	\$30	\$65
Ambulance	\$75	\$175	\$325
Outpatient Services			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$100	\$325	\$600
Outpatient Surgery Physician/Surgical Services	\$25	\$120	\$200
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$5	\$10	\$30
Outpatient Diagnostic Tests			
Laboratory Outpatient and Professional Services	\$5	\$20	\$40
X-rays and Diagnostic Imaging	\$15	\$40	\$65
Advanced Imaging (CT/PET Scans, MRIs)	15%	20%	30%
Inpatient Services			
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$100*	\$425*	\$800*
Skilled Nursing Facility	\$100**	\$425**	\$800**
Pharmacy			
Generics	\$5	\$12	\$24
Preferred Brand Drugs	\$12	\$35	\$75
Non-Preferred Brand Drugs	\$35	\$160	\$250
Specialty Drugs (i.e. high-cost)	\$35	\$160	\$250
All Other Benefits			
Speech Therapy	\$5	\$20	\$40
Occupational and Physical Therapy	\$5	\$20	\$40
Durable Medical Equipment (DME)	15%	20%	30%
Home Health	\$5**	\$10**	\$30**
Hospice	\$5**	\$10**	\$30**
All Other Benefits	15%	20%	30%
Final 2024 AV	94.81%	87.68%	73.81%

Shaded Items are not Subject to Deductible.

* Per day copay, maximum of five copays per stay

** Per day copay

*** Eligible for two visits at \$1 copay, after which stated cost-sharing applies.

Coverage Usage by Plan Type and Urbanicity

