

## Covered California's 2024 Member Survey

**Public Report** 

Published November 21, 2024





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### **Project Team**

The Member Survey is conducted by NORC at the University of Chicago (NORC) in close collaboration with Covered California's Policy, Eligibility, and Research Division. Project team members from both organizations are listed below.

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#### Acknowledgements

The survey team would like to also acknowledge the contributions of its mailing vendor Press America as well as others at NORC, including Saira Mumtaz, Ryan Bird, Saumya Khanna, Lia Martinez, and Nicole Winter.

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## Background & Methods



## **Background of the Member Survey**

### **Overview**

- The Member Survey is a survey of Covered California's consumers that seeks to understand their experiences enrolling in coverage through Covered California and using that coverage to access health care.
- The survey is fielded annually immediately following the close of Open Enrollment (OE).

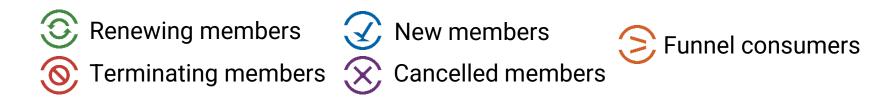
### **History**

- 2018 2024: Covered California has contracted NORC at the University of Chicago to conduct the survey for a total seven years to date (2018 – 2024).
- 2015 2016: Covered California conducted an earlier version of the Member Survey in 2015 and 2016.

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### **Target Populations: Consumer Cohorts**

• The Member Survey is designed around the following five "consumer cohorts" target populations:



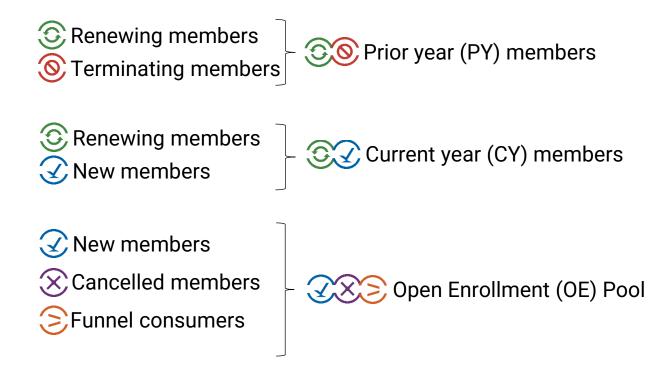
- All aspects of the Member Survey revolve around these cohorts (and combinations thereof) –
  including sample design, instrument development, data preparation, analysis, and reporting.
- The defining characteristics of each consumer cohort (for the purposes of this study) are laid out on the following slide.

### **Study Definitions of Consumer Cohorts**

Consumer Cohort	Enrolled in 2023	2024 Eligibility Determination	2024 Plan Selection	Effectuated in 2024
Renewing Member	✓	✓	✓	✓
Terminating Members 🕥	✓	Some, but not all	Some, but not all	
New Members		$\checkmark$	$\checkmark$	✓
Cancelled Members		$\checkmark$	$\checkmark$	
Funnel Consumers		✓		

### **Combinations of Consumer Cohorts**

The consumer cohorts combine to form the following three overarching target populations of interest that form the basis of analysis and reporting:



### **2024 Member Survey Fielding Overview**

Fielding Period: February 28, 2024 – April 22, 2024

Survey Mode: Mail-to-web design

Survey Languages: English and Spanish

Median Survey Duration: 17 – 22 minutes (depending on consumer cohort)

**Recruitment/Outreach Modes:** Invites and follow-up reminders via mail and email (where possible)

**Incentives:** \$1 prepaid incentive (sent in mail); \$10 postpaid incentive (e-gift card) (\$20 for Spanish-dominant respondents)

## Sample Design

Sampling Source: Covered California's administrative data file at the end of Open Enrollment.

### Sampling Eligibility Criteria<sup>1</sup>:

- 18-64 years old
- Listed as head of household
- Had a valid California mailing address on file

**Stratification:** The sample was stratified by consumer cohort, with funnel consumers and cancelled members combined into one group/stratum.

#### **Oversamples:**

- Non-Hispanic Black consumers
- Consumers who preferred communication in Spanish ("Spanish-dominant consumers")
- CSR-eligible prior year members in the "Affordability Crosswalk"

### Sampling Rounds:

- Original Sample: n=67,999
- Additional Sample: n=29,719

Note: The sampling eligibility criteria listed are criteria for inclusion in the sample frame. Additionally, out of concern for respondent burden and data quality we exclude that were previously surveyed in prior years for the Member or Tracker surveys or other ongoing Covered California data collection efforts. <sup>1</sup>In order to reach sampling targets we released additional sample in April 2024. More details can be found in the annual methods report.

### 2018–2024: Member Survey Response Rates

	2018	2019	2020	2021	2022	2023	2024
New Members	10.1%	9.4%	10.7%	7.2%	12.2%	13.6%	7.2%
Renewing Members	10.6%	8.9%	10.2%	4.6%	10.5%	10.7%	7.1%
Terminating Members	10.2%	6.5%	8.2%	4.1%	10.3%	10.6%	6.8%
Funnel/Cancelled Consumers	7.5%	7.3%	8.4%	4.2%	9.0%	9.8%	6.5%
Combined Sample	9.9%	8.1%	9.6%	4.8%	10.3%	11.0%	6.9%

### 2018–2024: Member Survey Sample Sizes

	2018	2019	2020	2021	2022	2023	2024
New Members	1,496	1,100	3,303	1,141	1,720	1,825	1,293
Renewing Members	3,996	2,782	2,479	1,148	2,325	1,985	2,966
Terminating Members	1,886	5,123	1,157	872	1,926	1,657	802
Funnel Consumers	1,323	2 007	2.017	1 0 2 2	1 0 0 1	2.050	1 607
Cancelled Consumers	388	2,807	2,017	1,033	1,921	2,059	1,697
Combined Sample	9,089	11,812	8,956	4,194	7,892	7,526	6,758

### **Reporting Statistics**

**Small Base Sizes:** Estimates based on n<200 are noted with asterisk (\*); those based on n<100 are noted with two asterisks (\*\*). Estimates based on small sample sizes should be interpreted with caution.

**Rounding:** Figures might not total to 100% due to rounding.

**Confidence Intervals:** Where presented, confidence intervals assume a 95% level of confidence.

**Statistical Significance Testing:** When comparing estimates for subgroups of consumers, statistical tests have been conducted to determine whether the difference between groups is statistically significant at the 95% level of confidence.

- Subgroups are labeled with letters (e.g., a, b, c); if the difference between the estimate for a given subgroup and the subgroup labeled "b" is statistically significant, the estimate will have a "b" superscript next to it (e.g., 44% b).
- When we say that a difference is statistically significant, we mean that we can be relatively confident that there is a nonzero difference between the two subgroups in the population.

## Engaged Open Enrollment Pool





### **Consumers in the Open Enrollment Pool**

Cohort Composition: The Open Enrollment (OE) Pool consists of the following three consumer cohorts:



**Engagement:** Most of this section focuses on the "engaged" subset of the OE pool, which includes all new members, all members who plan selected but did not enroll, and the funnel consumers without a plan selection who self-report engaging Covered California in some way during Open Enrollment (e.g., starting an application, looking into plans, etc.).

**Sample Sizes:** The estimates in this section are based on the sample sizes below; please note that funnel consumers and cancelled members are combined into one group for the purpose of analysis and reporting.

- New members: n=893
- Funnel consumers & cancelled members: n=1,301

- Entire OE Pool: n=2,194
- Engaged OE Pool: n=1,403
- Engaged funnel consumers & cancelled members: n=510



### Key Takeaways: Engaged Open Enrollment Pool

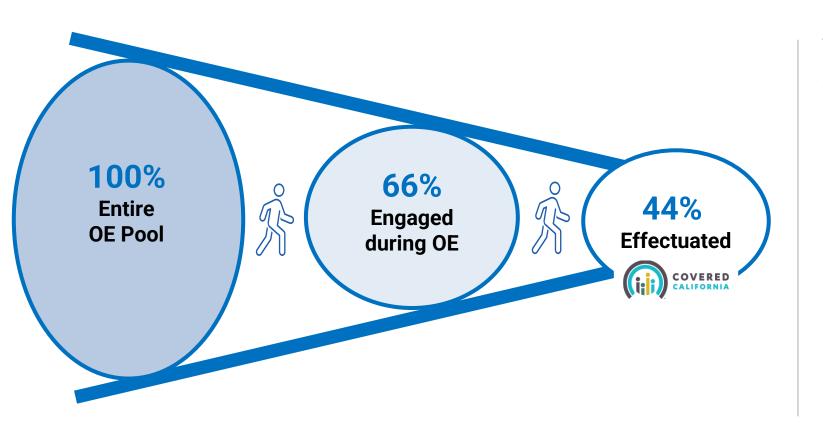
- 1. Prior Coverage. Most of the Engaged Open Enrollment Pool had coverage through another source in the prior year, including 36% who had ESI and 29% who had Medi-Cal as their main sources of coverage. About 2 in 5 (41%) were uninsured for at least part of the year, including 18% who were uninsured the entire year.
- Uninsured. About 1 in 4 (26%) of the Engaged Funnel/Cancelled, who did not enroll in Covered California, went uninsured. Most secured other coverage through Medi-Cal (25%), ESI (39%), or another source (~8%). APTC-eligible Latino, Black and Spanish-speaking consumers (versus White and API) and consumers with lower education were more likely to be uninsured.
- **3.** Ease of Process. A solid majority of (applicable)<sup>1</sup> consumers in the Engaged Open Enrollment Pool (65%–72%) report various aspects of the enrollment process as being very or somewhat easy. The one exception to this rule is the ease of getting help or additional information, which fewer consumers say was easy.
- 4. Getting Help. About half (51%) of the Engaged Open Enrollment Pool say they needed help or additional information when looking into Covered California or trying to enroll. Among those who needed help, 50% say it was very or somewhat easy to get the help they needed, and 57% say they got all or most of what they needed.

<sup>1</sup> "Applicable" here is used to indicate the fact that the proportions are for various subsets of consumers who engaged in various activities (e.g., those who visited the website, those who got help from a Service Center Representative, etc.).

## Coverage Outcomes



### **Engagement & Effectuation During Open Enrollment**



Among the <u>entire</u> OE Pool, <u>66%</u> engaged Covered California during Open Enrollment, and <u>44%</u> effectuated as new members.

- Whites and API are more likely than Blacks and Latinos to engage and effectuate.
- The engagement rate appears to have a slight downward trend (2018–2021: 78–79%; 2022: 73%; 2023: 70%; 2024: 66%).
- When we narrow the focus to only those who engaged, the effectuation rate is 66%.
- The effectuation rate has remained relatively stable since 2020 (44–49% among entire OE Pool; 60–69% among the Engaged OE Pool).

Estimates based on n=2,194 observations in the OE Pool.

"Engaged during OE" is based on the Member Survey definition of engagement which includes all New Members, Cancelled Members not identified as being part of APS effort, and Funnel Consumers and APS Cancelled Members who say they engaged with Covered California during OE in survey items Q26 or QX46A. "Effectuated" reflects any verified case that is coded as a New Member in accordance with information on their current coverage in survey items Q9, Q10, Q11, Q12, QX12A, Q13, Q14, Q1.



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## 2019–2024: Current Source of Coverage Among Engaged OE Pool

					Off-exchange
2024 (n=1,403 a)	Uninsured 9% <sup>b, d, e, f</sup>	Covered California 66% <sup>e, f</sup>	Medi-Cal 9% <sup>b</sup>	ESI 13% <sup>b, c,</sup>	d 2% <sup>f</sup>
2023 (n=1,883, b)	Uninsured 7% <sup>a, c, d, e, f</sup>	Covered California 69% <sup>c, d, e, f</sup>	Medi-Cal 11% <sup>a, d, e, f</sup>	ESI 8% <sup>a, c, d</sup>	, <sub>e, f</sub> 2% <sup>f</sup>
2022 (n=1,910, c)	Uninsured 9% <sup>b, d, e, f</sup>	Covered California 64% <sup>b, e, f</sup>	Medi-Cal 11% <sup>e, f</sup>	ESI 10% <sup>a, b</sup>	3%
2021 (n=1,294, d)	Uninsured 12% <sup>a, b, c, e, f</sup>	Covered California 63% <sup>b, f</sup>	Medi-Cal 9% <sup>b, e</sup>	ESI 10% <sup>a, b</sup>	3%
2020 (n=3,341, e)	Uninsured 17% <sup>a, b, c, d</sup>	Covered California 60% <sup>a, b, c, f</sup>	<b>Medi-Cal</b> 7% <sup>b, c, d, f</sup>	ESI 11% <sup>b</sup>	3%
2019 (n=2,453, f)	Uninsured 19% <sup>a, b, c, d</sup>	Covered California 55% <sup>a, b, c, d, e</sup>	<b>Medi-Cal</b> 9% <sup>b, c, e</sup>	ESI 11% <sup>b</sup>	4% <sup>a, b</sup>
					Other / Status Source Unknown

Survey Item: Composite measure based on several survey items asking about coverage source: Q9, Q10, Q11, Q12, QX12A, Q13, Q14, Q17.

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Off-exchange

### 2019–2024: Current Source of Coverage Among Engaged Funnel/Cancelled

2024 (n=510, a)	Uninsured 26% <sup>d, e, f</sup>	Medi-Cal 25% <sup>b, e, f</sup>	ESI 39% <sup>b, c, d, e, f</sup>	6%
2023 (n=643, b)	Uninsured 21% <sup>d, e, f</sup>	<b>Medi-Cal 36</b> % <sup>a,</sup> c, d, e, f	ESI 25% ª	8%
2022 (n=703, c)	Uninsured 25% <sup>d, e, f</sup>	<b>Medi-Cal</b> 29% <sup>b, d, e, f</sup>	ESI 29% ª	8%
2021 (n=409, d)	Uninsured 33% <sup>a, b, c, e, f</sup>	Medi-Cal 25% <sup>b, d, e, f</sup>	<b>ESI 28%</b> a	9%
2020 (n=935, e)	Uninsured 43% <sup>a, b, c, d</sup>			8%
2019 (n=1,537, f)	Uninsured 43% <sup>a, b, c, d</sup>			8%
				Other _/ Status Source Unknown

Survey Item: Composite measure based on several survey items asking about coverage experience: Q9, Q10, Q11, Q12, QX12A, Q13, Q14, Q17.

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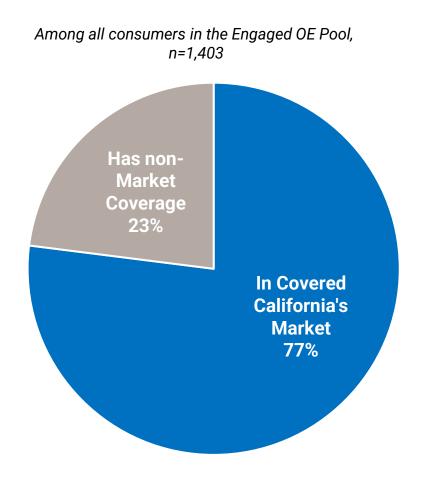


### Defining Covered California's "Market" in the Engaged OE Pool

We look at some results among the Engaged OE Pool with a focus on those who were in Covered California's "market" – meaning they did not secure coverage from sources outside of the individual market (e.g., Medi-Cal, ESI, etc.) during Open Enrollment.

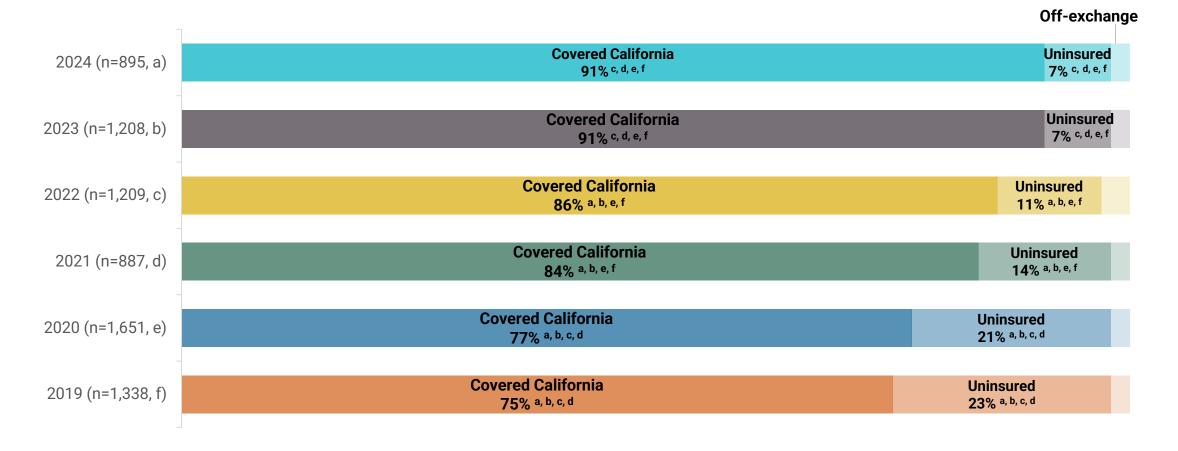
The Market includes consumers with current coverage through Covered California, those who self-report being uninsured, and those who have an off-exchange plan.

**77%** of consumers in the Engaged OE Pool can be considered as being part of Covered California's "market," which increases to **86%** if we look only at those eligible for the APTC (n=1,053).





### 2019–2024: Current Source of Coverage Among the Subsidy-Eligible Market of the Engaged Open Enrollment Pool

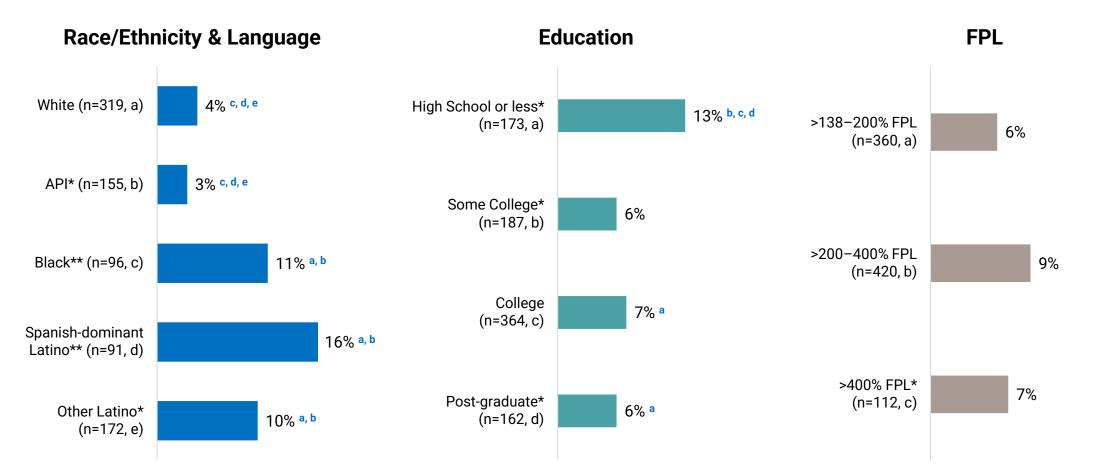


Survey Item: Composite measure based on several survey items asking about coverage source: Q9, Q10, Q11, Q12, QX12A, Q13, Q14, Q17.





### Subgroup Variation: Uninsured Rate Among the Subsidy-eligible Market of Engaged Open Enrollment Pool



Survey Items: DEMO1, DEMO3, DEMO10, DEPEND\_19, HHINCOME\_20, Composite coverage measure based on Q9 Q10, Q11, Q12, QX12A, QX13A, Q17; Database Variables: ELIG\_SUBSIDY\_FPL\_PERCENT(for Funnel/Cancelled Consumers), ENRL\_CY\_FPL\_PERCENT (for New Members)

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### Top 10 Reasons for Not Enrolling Among Uninsured, Engaged Funnel/Cancelled (caution: small base size)

Among Uninsured Engaged Funnel/Cancelled Consumers\*, n=129 (Based on a "select all" item) Deductible and copay amounts too high 79% 78% Could not afford to pay for it Monthly premium costs too high 77% 73% Out-of-pocket limit too high 54% Plans offered not worth the cost Missed the deadline to enroll 31% 27% Could not get info or help needed 26% Problems using website Not satisfied with customer service 25% Too complicated to enroll 24%

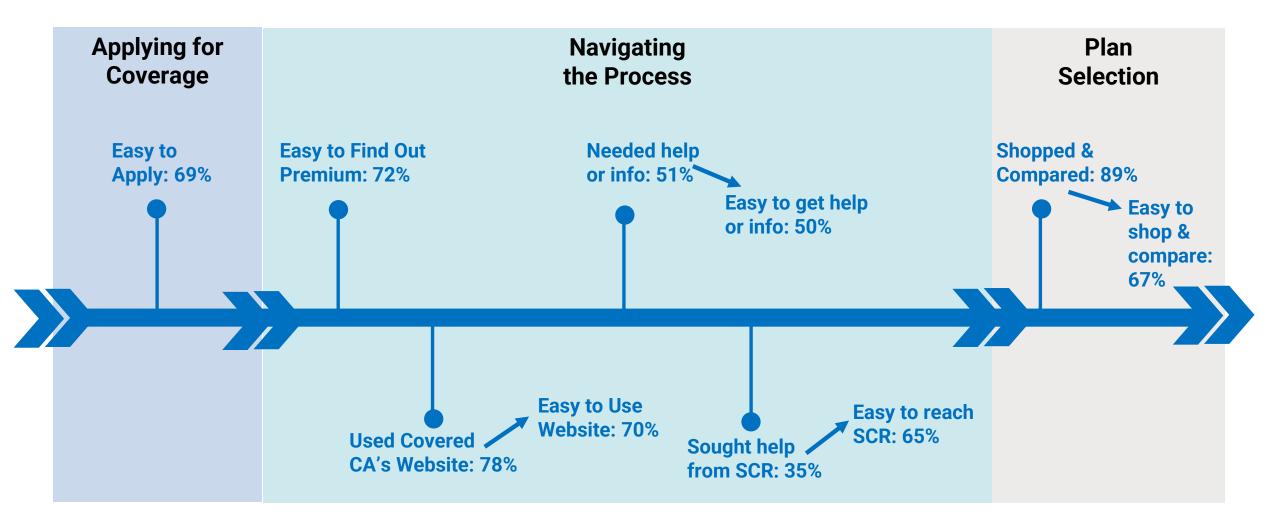
The top four reasons that Uninsured Engaged Funnel/Cancelled consumers cite for not enrolling relate to **COST**.

- When asked for the "main" reasons they did not enroll and went uninsured, over 70% reported high cost-related reasons, including high premium costs, deductible and copay amounts or out-of-pocket limits. This pattern is consistent across time.
- Additionally, more than half (54%) cite plans not being worth the cost.
- About 25%-30% reported administrative or procedural barriers (including missing deadline to enroll or having problems using Covered California website) as reasons for not enrolling.

## Application & Enrollment Experience During Open Enrollment



### **Overview: Ease of Enrollment Process Among the Engaged OE Pool**





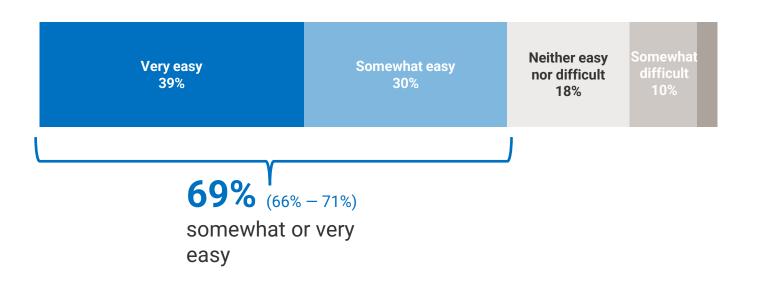


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## Ease of Applying for Coverage Among Engaged OE Pool

Q. How easy or difficult was it to fill out or update the Covered California application?

Among Engaged OE Pool, n=1,280



Among the Engaged OE Pool, 69% say it was somewhat or very easy to fill out the Covered California application.

- Spanish-dominant Latinos were among the least likely to say it was somewhat or very easy (54% vs. 68%–72% for others).
- New Members and consumers who did not enroll report that the application process was easy at similar rates (69% vs. 67%).
- These estimates are very consistent across time – hovering around 70% since 2018.

Survey Item: Q31.

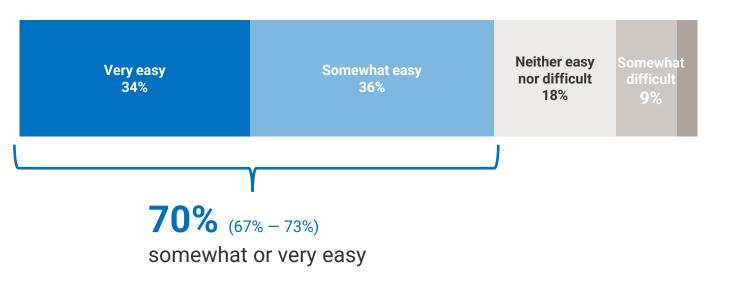
Note: 9% of the Engaged OE Pool responded "not applicable" to this item and were excluded from estimation of these results. This is slightly higher than prior years: (2018: 3%, 2019: 7%, 2020: 6%, 2021: 6%, 2022: 7%, 2023, 6%).



# Ease of Using Covered California's Website Among the Engaged OE Pool Who Visited the Website

## Q. Overall, how easy or difficult was it to use Covered California's website?

Among Engaged OE Pool who visited Covered California's website, n=1,089

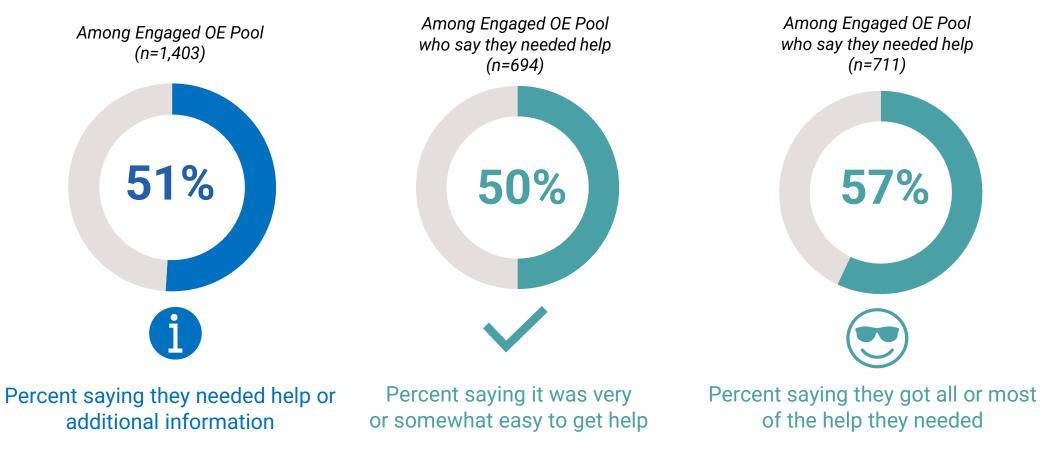


Among those who self-report visiting Covered California's website (78% of the Engaged OE Pool), 70% say the website was somewhat or very easy to use.

- New Members are slightly more likely to say this was easy (73% vs. 64% for Funnel/Cancelled Consumers).
- The sample sizes for race/ethnicity groups are small, but the data suggest that Spanishdominant Latinos are among the least likely to say this was easy (60% vs. 70%-78% for others).
- The estimated proportion saying this was easy has been very consistent since 2019 (68%– 72%).



### Overview: Needing Help or Information When Looking Into Covered CA or Enrolling in a Plan Among the Engaged OE Pool

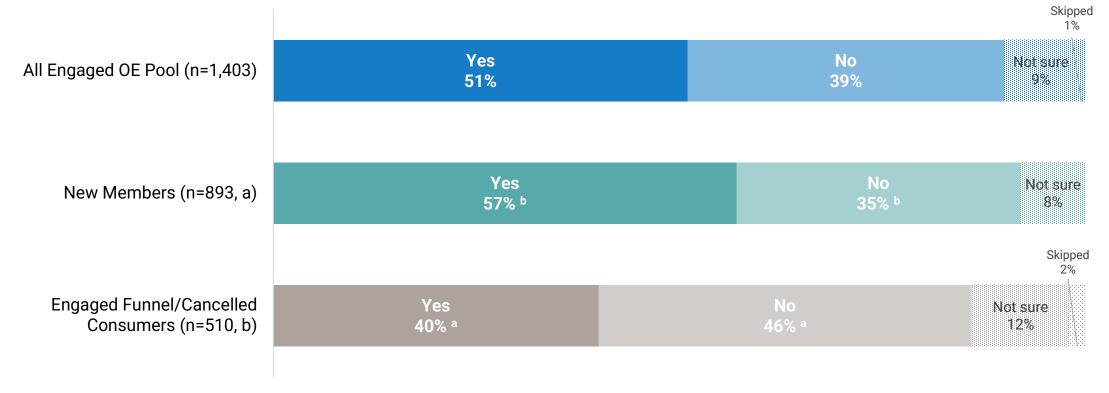






# Needing Help or Information Among the Engaged OE Pool, by Consumer Cohort

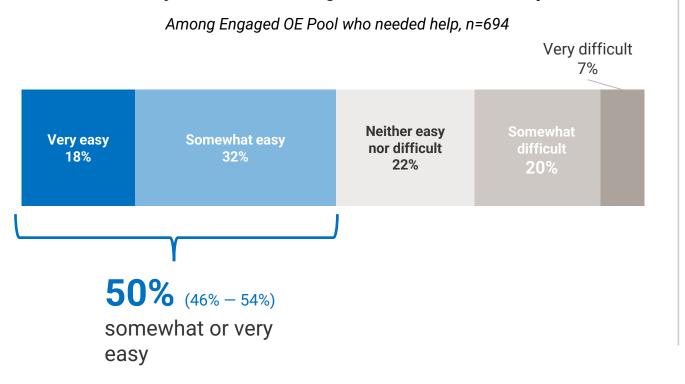
Q. Think about when you looked into Covered California or tried to enroll in or renew a plan for 2024. Did you ever feel like you needed help or additional information during this process?





## Ease of Getting Help Among the Engaged OE Pool Who Report Needing Help

## Q. In general, how easy or difficult was it to get the help or information you needed during the 2024 enrollment period?



Among the Engaged OE Pool who self-report needing additional help/information during Open Enrollment, 50% say it was somewhat or very easy to get the help/information they needed.

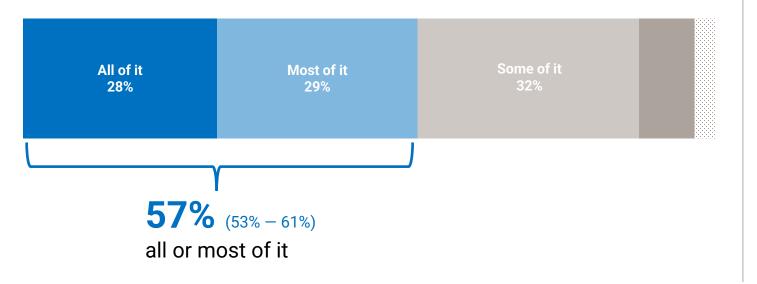
- New Members are more likely than the Engaged Funnel/Cancelled to say this was easy (56% vs. 31%).
- Open Enrollment consumers who went uninsured are the least likely to say this process was easy (20%).
- The estimated proportion saying this was easy has been consistently around 50% since 2019 (50%-56%).



## Amount of Help Received Among the Engaged OE Pool Who Report Needing Help

## Q. How much of the help or additional information that you needed were you able to get?

Among Engaged OE Pool who said they needed help, n=711

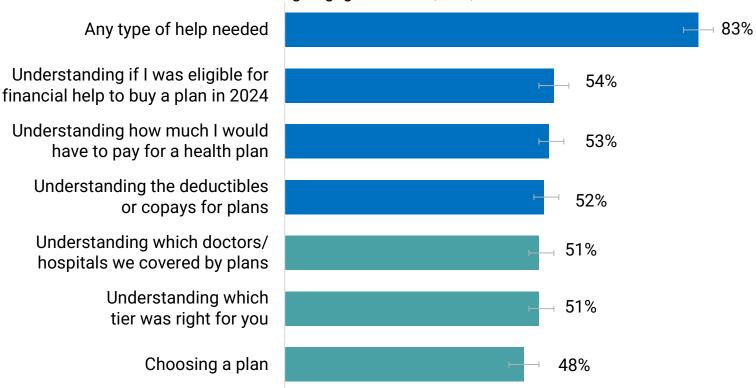


Among the Engaged OE Pool who say they needed additional help/information, 57% say they received all or most of what they needed.

- New Members are more likely to say they received all or most of the help they needed compared to Engaged Funnel/Cancelled Consumers (64% vs. 36%).
- Spanish-dominant Latinos are the most likely to say they received all/most of the help they needed (68%) whereas Blacks are the least likely (48%).
- These estimates have been very stable since 2019 (55%-58%).



### Most Common Types of Help Needed Among Engaged OE Pool



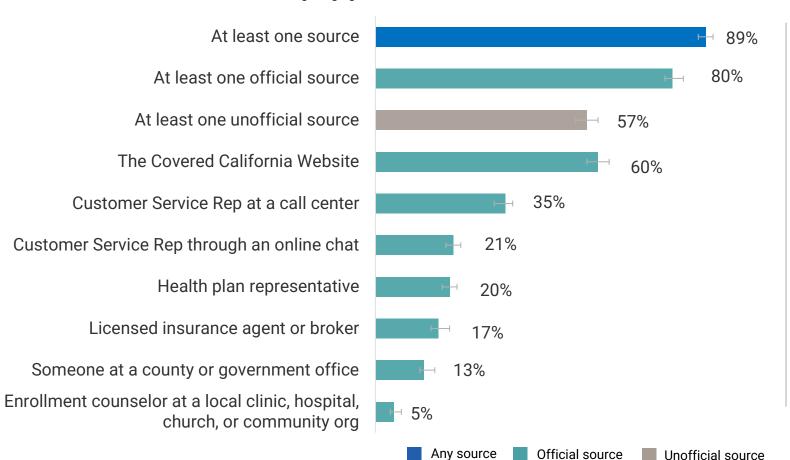
Among Engaged OE Pool, n=1,403

Among the Engaged OE Pool, 83% needed help on at least one of the issues asked about.

- Three of the most commonly cited issues that consumers needed help on relate to costs – garnering more than 50% each (see blue bars).
- Other commonly cited issues relate to understanding and choosing plans – which garner around 50% each (see teal bars).
- There is little variation in the estimated proportion of consumers needing help (with something/anything) across groups or time.



## Sources of Help & Information Among the Engaged OE Pool



#### Among Engaged OE Pool, n=1,403

Among the Engaged OE Pool, 80% say they got help/information from an "official" source.

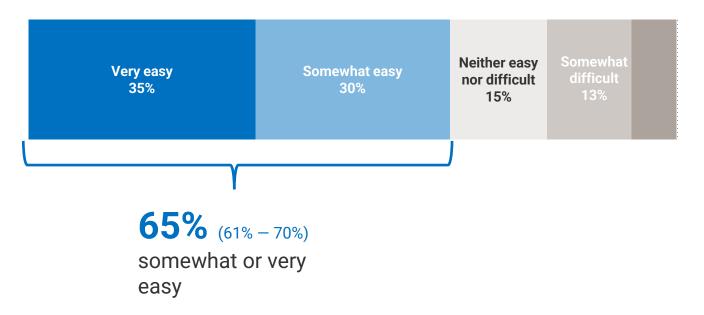
- The most commonly cited official source of help is Covered California's website (60%), followed by Covered California's customer service (35%).
- 57% say they sought help from an unofficial source, including the top two most commonly cited unofficial sources such as Internet search and a family member or a friend.
- Patterns in sources of help have been consistent over time since 2019.



# Ease of Reaching an SCR Among the Engaged OE Pool Who Got Help From One

## Q: How easy or difficult was it to reach a customer service representative?

Among Engaged OE Pool who got help or information from a customer service representative through Covered California's call center, n=482



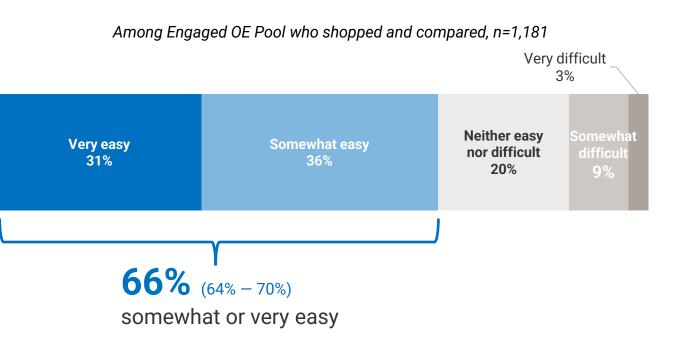
Among Engaged OE Pool who got help from a SCR, 65% said it was somewhat or very easy to reach them.

- Engaged Funnel/Cancelled Consumers are less likely than New Members to say it was easy 52% vs. 71%)
- 91% of those who got help from an SCR said that they were very or somewhat helpful
- The estimated proportion of those saying this was easy has been relatively consistent since 2019.



### Ease of Shopping and Comparing Among the Engaged OE Pool Who Shopped and Compared

Q. Overall, how easy or difficult was it to shop and compare health plans through Covered California?



Among the Engaged OE Pool who shopped and compared plans through Covered California, 66% say it was very or somewhat easy to do so.

- The most notable variation in this is by race/ethnicity & language: Whites are the most likely to say it was easy (72%), and Spanish-dominant Latinos are the least likely to say it was easy (54%).
- Consumers with >400% FPL were more likely to say it was easy to shop and compare health plans compared to 138–200% FPL (71% vs. 62%).
- The estimated proportion saying this was easy has been very consistent since 2018 (67%-71%).

## **Current Year Members**





## **Current Year (CY) Members**

Cohort Composition: Current Year (CY) members consist of the following two consumer cohorts:



Sample Sizes: The estimates in this section are based on the primary sample sizes below (and subsets thereof):

- New members: n=893
- Renewing members: n=2,706
- All CY members: n=3,599



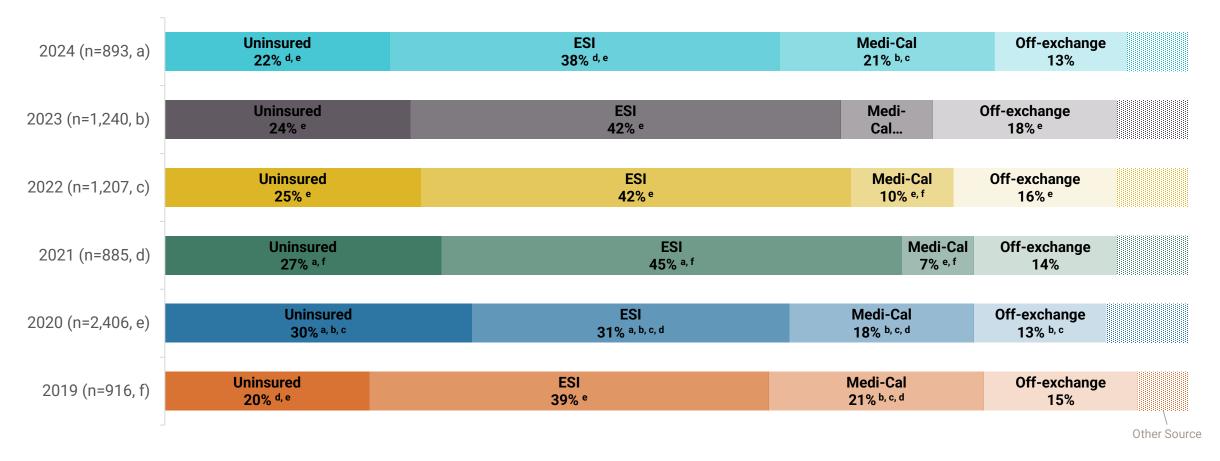
## Key Takeaways: Current Year (CY) Members

- New Members' Prior Coverage. Most New Members "churned" from other coverage sources in the prior year, including Medi-Cal (21%) and ESI (38%). The 21% of New Members who had Medi-Cal as their main source of coverage in the prior year represents a rebound from recent years (2021–2023) during the Public Health Emergency (PHE); during the PHE, only about 7%–10% of New Members had Medi-Cal as their prior year coverage, which reflects the fact that many people were not transitioning out of Medi-Cal.
- 2. Recently Uninsured New Members. Nearly half (45%) of New Members self-report having been uninsured for at least part of the prior year, including 22% who were uninsured for the entire prior year.
- 3. Most Important Factors in Plan Choice. About one-third (34%) of Renewing Members and 43% of New Members say the monthly premium amount was the most important factor in their plan choice. Among Renewing Members, the desire to keep their same plan was a close second with 27% saying it was the most important factor for them. Among New Members, the second most common factor was the choice of providers with 13% saying it was the most important factor for them.

## Prior Coverage



# 2019–2024: Main Source of Prior Coverage Among New Members



Composite Measure based on the following survey items: Q5, Q6, Q7, QB QX8A

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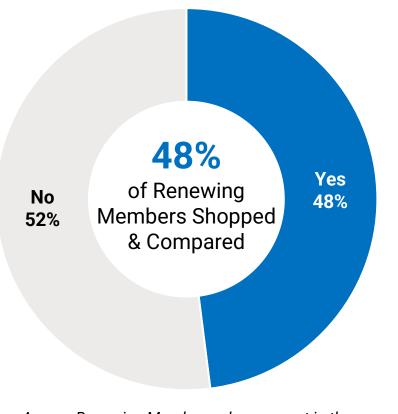
## Shopping & Comparing



## **Shopping & Comparing Plans Among Renewing Members**

Q. Did you shop and compare plans during the 2024 enrollment period before renewing or enrolling in your current health plan for 2024?

**NOTE:** Those assisted by agents were nearly equally as likely to shop and compare as those who were unassisted (46% v. 49%).



Among Renewing Members who were not in the "Affordability Crosswalk,"<sup>1</sup> n=1,863 Among Renewing Members<sup>1</sup>, **48%** say they shopped and compared plans.

- Those least likely to say they shopped and compared include: Spanishdominant Latinos (39%) and those with >138%-200% FPL (42%).
- The estimate of the proportion that shopped and compared has been relatively consistent since 2020 (43%-50%); however, it was 52% in 2019 and 61% in 2018.

Survey Item: Q46

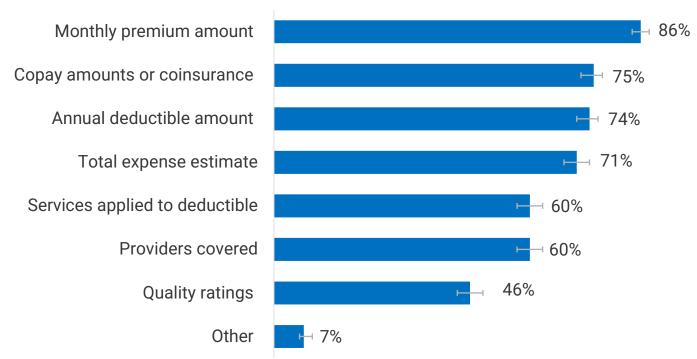
<sup>1</sup> In an effort to minimize the survey burden on Renewing Members who were part of the Affordability Crosswalk, they were not presented questions about their general shopping & comparing behavior; they were asked specifically about their experience in the crosswalk.



## Aspects of Plans Compared Among All Current Year Shoppers

#### Q. When you looked into health plans for 2024 through Covered California, which aspects of plans did you compare?

Percent saying they compared plans on each aspect



Among CY Shoppers, n=1,768

The vast majority of CY shoppers say they compared plans on cost-related aspects, including 86% who say they compared premiums.

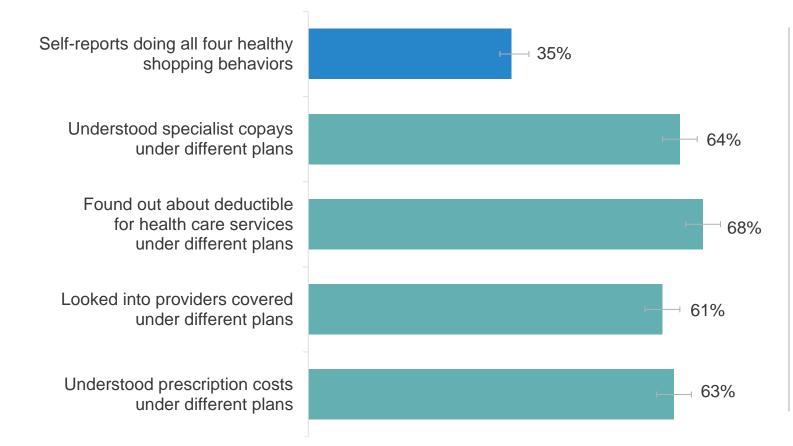
- Nearly three-quarters each say they compared copay amounts (75%) and deductible amounts (74%).
- Whites and those with Gold or Platinum plans are among the most likely to say they compared aspects other than the premium.
- Those with >400% FPL are more likely than others to say they compared amounts for the deductible and copays, but there are no notable differences by FPL in likelihood to compare services or providers.
- Compared to New Members, Renewing Members are more likely to say they compared most aspects.
- These patterns are very consistent over time.

#### Survey Item: Q51

Note: Services applied to deductible was listed in the questionnaire as: Health care services included in and excluded from the deductible; Providers covered was listed in the questionnaire as Doctors, hospitals, and other medical providers that are covered



## "Healthy Shopping Behaviors" Among Current Year Shoppers

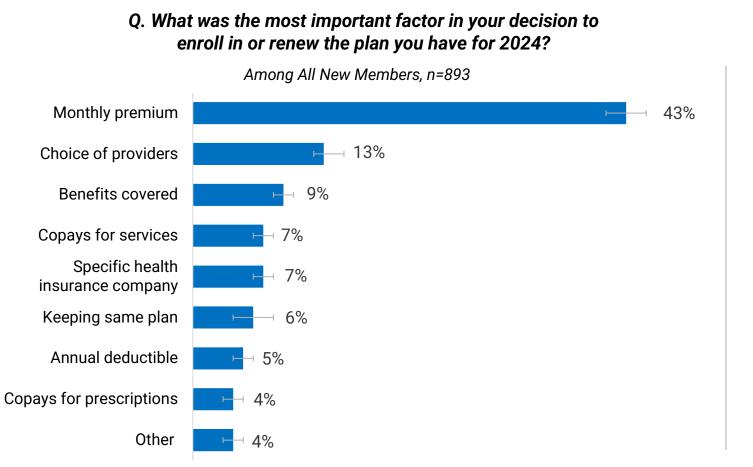


Among CY shoppers, **35%** say they engaged in all four of the "healthy shopping behaviors" we asked about.

- Those with Gold or Platinum plans seem more likely than others to have engaged in all four of these behaviors (45% vs. 30%-38%).
- There are no notable differences by race/ethnicity & language, FPL, or consumer cohort.
- These patterns are very consistent over time.



### Most Important Factor in Plan Selection Among New Members



**43%** of New Members say the monthly premium amount was the most important factor in their plan selection.

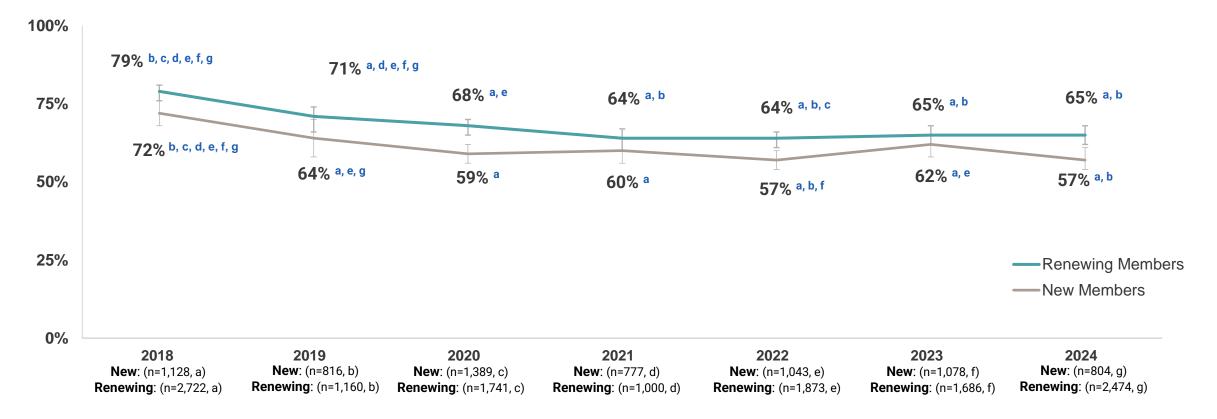
- Compared to Renewing Members, New Members seem more focused on the premium and less focused on other factors.
- Choice of providers is the second most important factor – with 13% of New Members saying it was the most important factor to them.
- As we saw with Renewing Members, those with Bronze/Catastrophic plans are much more focused on premiums compared to others.
- These patterns are consistent over time.

## Financial Help



## 2018–2024: Self-Report of Receiving Financial Help Among APTC-receiving Current Year Members, by Consumer Cohort

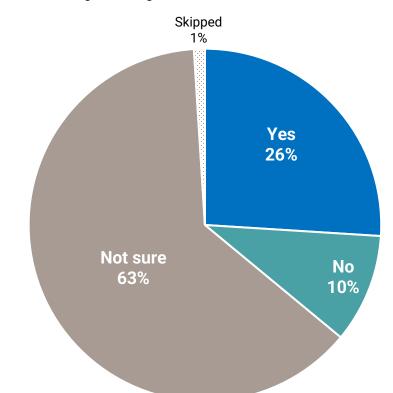
Percent self-reporting that they are receiving financial help



## Self-Report of Cost Sharing Reduction (CSR) Eligibility Among Eligible Current Year Members

Q. As far as you know, did you qualify for an Enhanced Silver plan with cost-sharing reductions for 2024 – even if you did not end up signing up for it?

- CSR-eligible CY members most likely to selfreport eligibility include those with high health insurance literacy.<sup>1</sup>
- CSR-eligible CY members least likely to selfreport eligibility include Black and Non-Spanishdominant groups.



Survey Item: QXAPTC\_QUAL. Preamble to survey question: "As you may know, some people qualify for plans with "cost-sharing reductions" (CSRs) through Covered California. These plans are sometimes called Silver CSR plans or Enhanced Silver 73, Enhanced Silver87, or Enhanced Silver 94 plans." <sup>1</sup> Health Insurance Literacy is based on QX9, which asks "How confident are you that you know most of the things you need to know about how health insurance works?" Current Year Members

Among CSR-eligible Current Members, n=2,324



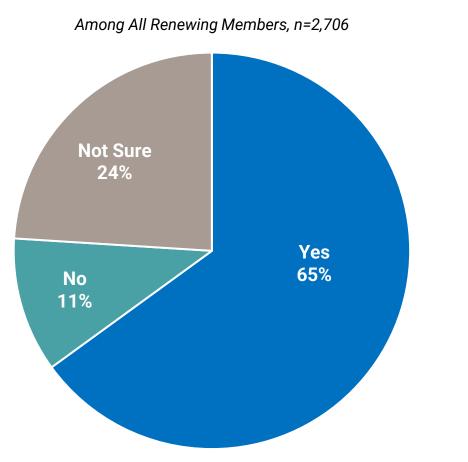
## Renewing Members & The Affordability Crosswalk

## The 2024 Affordability Crosswalk

- Covered California automatically moved some prior year (PY, 2023) members into Enhanced Silver plans with cost-sharing reductions ("CSR plans"). This process is referred to as the "Affordability Crosswalk."
- Prior year members enrolled in Bronze, Gold, or Platinum were automatically renewed into a Silver CSR plan if the Silver plan:
  - Was with the same issuer and network type as the 2023 plan
  - Had a higher actuarial value than the 2023 plan
  - Had the same or lower cost as 2023 plan (after APTC)
- Consumers could switch out of their "crosswalked" plan by taking action to do so.



## Is the Affordability Crosswalk a Helpful Policy in General? Among All Renewing Members



When Renewing Members are asked whether the Affordability Crosswalk is helpful in general, 65% say it was helpful.

- Spanish-dominant Latinos were the most likely to say this was a helpful policy (76%).
- Among consumers who were crosswalked, 73% thought this was a helpful policy, regardless of their awareness of their plan change.





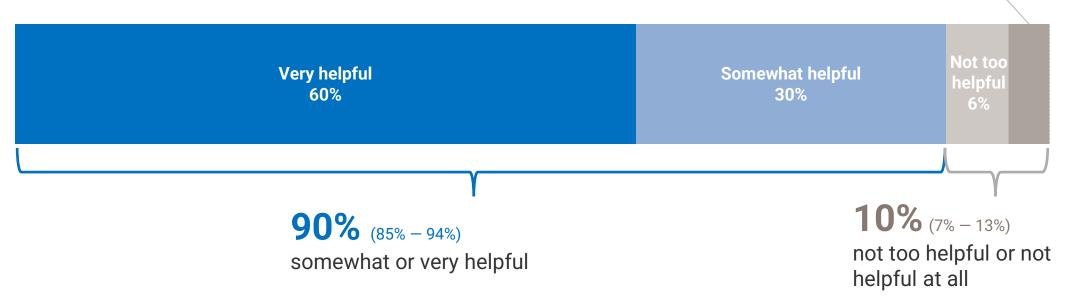
## Was The Crosswalk Helpful for Renewing Members? Among Renewing Members Aware that their Plan Changed

Q. Overall, how helpful was it for you personally that Covered California tried to automatically move you into a different plan that they said was better than your last 2023 plan?

Among Crosswalked Renewing who self-reported awareness of the crosswalk, n=427

helpful -4%

Not at all

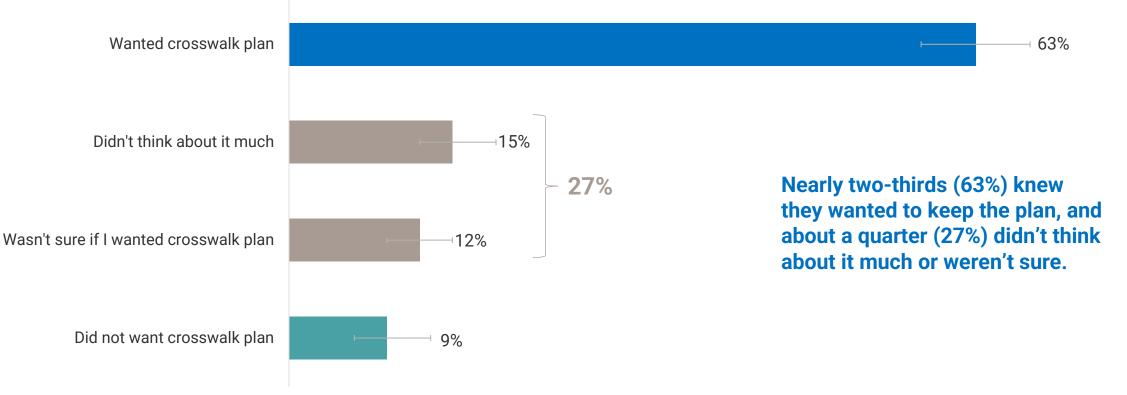




## Intended Outcomes Among Crosswalked Renewing Members who Self-report Awareness of the Crosswalk

Q. As far as you can remember, did you want to keep the new plan that Covered California moved you into for 2024?

Among Crosswalked Renewing who Self-report Crosswalk, n=427



## **Prior Year Members**





## **Prior Year (PY) Members**

**Cohort Composition:** Prior Year (PY) members consist of the following two consumer cohorts:



Sample Sizes: The estimates in this section are based on the primary sample sizes below (and subsets thereof).

- Terminating members: n=632
- Renewing members: n=2,706
- PY members: n=3,338





## **Key Takeaways: Prior Year (PY) Members**

- Retention Rate. More than three-quarters (79%) of Prior Year Members renewed coverage with Covered California for 2024. The retention rate is 95% among Prior Year Members who did not have coverage from another source (i.e., the retention "market") and 97% among those who were APTC-eligible.
- Uninsured Terminating Members. About 1 in 7 (14%) Terminating Members were uninsured at the end of Open Enrollment. The vast majority had coverage from other sources, including ESI (45%) and Medi-Cal (27%). Black and Latino Terminating Members are the most likely to go uninsured.
- 3. Delaying Care Because of Cost. About half (49%) of Prior Year Members say they delayed doctor visits due to cost concerns at least once while enrolled in the prior year; about 1 in 4 (28%) says they delayed prescriptions because of cost concerns at least once during the same period.
- 4. Delaying Care for Other Reasons. Nearly half (46%) of Prior Year Members say they delayed doctor visits for some reason other than cost. This includes 33% who cite reasons related to scheduling, 24% who cite reasons related to difficulty finding a doctor that worked for them, and 9% who cite reasons related to "access" challenges like securing transportation and childcare.

## Coverage Outcomes



Other

# 2019–2024: Current Source of Coverage Among Terminating Members

				Off-exchange Source
2024 (n=632, a)	Uninsured 14% <sup>c, e</sup>	ESI 45% °	Medi-Cal 27% <sup>b, c, e, f</sup>	7% b Status Unknown
2023 (n=1,336, b)	Uninsured 13% <sup>e, f</sup>	ESI 48% ℃	Medi-Cal 28% <sup>a, e, f</sup>	4% a, c, d, e.f
2022 (n=1,562, c)	Uninsured 10% <sup>a, e, f</sup>	ESI 53% <sup>a, b, d, e, f</sup>	<b>Medi-Cal</b> 22% <sup>a, b, d, e</sup>	6% <sup>b, f</sup>
2021 (n=679, d)	Uninsured 12% <sup>e, f</sup>	ESI 44% °	<b>Medi-Cal</b> 29% <sup>c, e, f</sup>	8% <sup>b</sup>
2020 (n=944, e)	Uninsured 23% <sup>a, b, c, d, f</sup>	ESI 44% <sup>e, f</sup>	Medi-Cal 6% <sup>a, b, c, d, f</sup> 8% <sup>b</sup>	
2019 (n=4,517, f)	Uninsured 17% <sup>b, c, d, e</sup>	ESI 48% <sup>c, e</sup>	<b>Medi-Cal</b> 20% <sup>a, b, d, e</sup>	<b>8%</b> b, c

Composite Measure based on the following survey items: Q9, Q10, Q11, Q12, QX12A, Q13, Q14, Q17.



# Subgroup Variation: Uninsured Rate Among Terminating Members

#### **All Terminating Members**

(n=632)

Percent saying they were uninsured: 14%

#### Race/Ethnicity & Language

- White (n=207, a): 10% d, e
- API\* (n=119, b): 10% d
- Black\*\* (n=92, c): 25%
- Spanish-dominant Latino\*\* (n=59, d): 24% a, b
- Other Latino\* (n=112, e): 20% a

#### Education

- High School or less\* (n=108, a): 18% d
- Some College\* (n=104, b): 30% c, d
- College (n=292, c): 11% a
- Post-graduate\* (n=124, d): 7% a, b

#### **FPL**

- >138-200% FPL (n=254, a): 16% c
- >200-400% FPL (n=250, b): 16% °
- >400% FPL\*\* (n=93, c): 4% <sup>a, b</sup>



## Most Common Reasons for Not Enrolling Among Uninsured Terminating Members (caution: small base size)

	Percent Among Uninsured Terminating Members**	
Monthly premiums too high	38%	<b></b>
Could not afford	15%	- 53%
Have/expect other coverage	6%	
Missed deadline to enroll	5%	
Could not get help or information needed	4%	
Other (unspecified)	12%	

**53%** of uninsured Terminating Members say they did enroll for costrelated reasons.

- Note: The number of uninsured, Terminating Members is very small (n=86); interpret with caution.
- The estimated proportion of those citing cost-related factors is consistent over time.

Survey Item: Q29, Q29b, Q30.

Note: This slide presents the most common main reason for not enrolling. The following reasons were asked about and selected as the main reason among 1-3%: deductible and copay amounts, annual out-of-pocket limit is high, not satisfied with the choice of plans, do not think the plans offered, found a better deal, had problems using the website, too complicated to enroll, did not need health insurance, could get care without insurance.

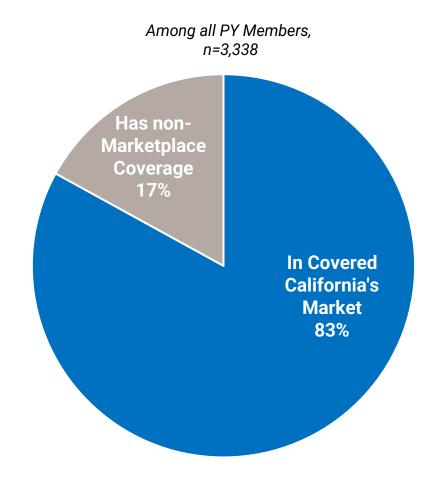


### Defining Covered California's Retention "Market" Among Prior Year Members

We look at some results among PY Members in Covered California's retention "market" – meaning those who did not secure coverage from sources outside of the Marketplace (e.g., Medi-Cal, ESI, etc.) during OE.

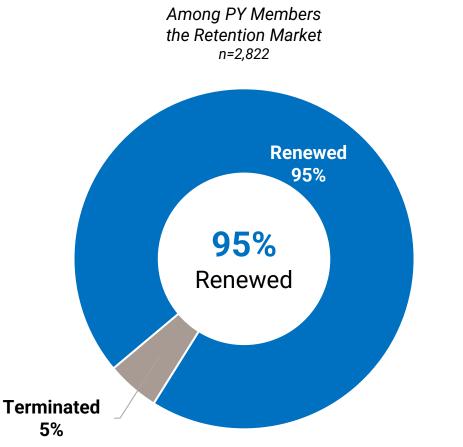
The Market includes consumers with current coverage through Covered California, those who self-report being uninsured, and those who report having an offexchange plan.

**83%** of PY Members can be considered as being part of Covered California's retention "market."





### **Retention Among Prior Year Members in Covered California's Retention Market**



The retention rate among all PY Members in Covered CA's retention market is 95%.

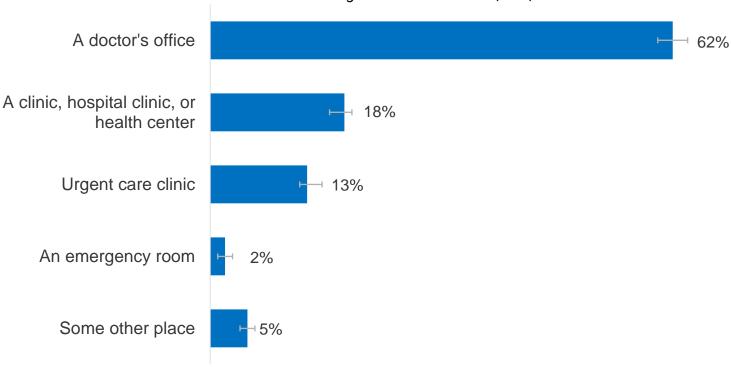
- The retention rate is even higher when we look only at those who were APTC-eligible (97%).
- There is not much variation in retention rates by FPL, education, or race/ethnicity and language.
- The estimated retention rate among the retention market is very consistent over time (92%–96%).

Health Care Experiences Among Prior Year Members



## **Usual Place of Care Among Prior Year Members**

## Q. What kind of place do you go to <u>most often</u> when you are sick or need advice about your health?



Among Prior Year Members, n=3,338

**62%** of PY Members say they usually go to a doctor's office when they are sick or need advice about their health.

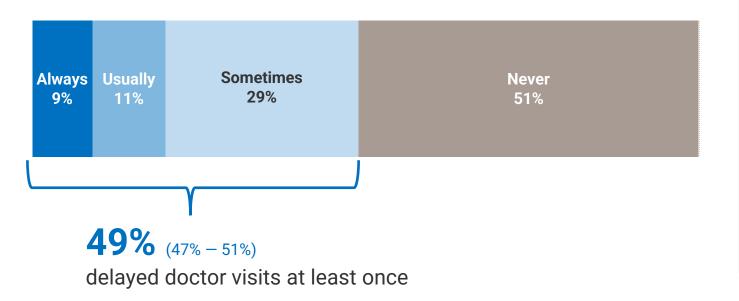
- Whites (69%) and Asian & Pacific Islanders (64%) are among the most likely to say they go to a doctor's office (49%– 56% for Blacks and Latinos).
- Spanish-dominant Latinos are among the most likely to say they go to a clinic or similar type of place (36% vs. 11%-22%).
- Those living in areas in the bottom quartile of the Healthy Places Index (HPI) are less likely than others to report a doctor's office as their usual place of care (54% vs. 62%-68%) and more likely to report going to a clinic or similar type of place (25% vs. 15%-17%).



### Delaying Doctor Visits Due to Cost Concerns While Enrolled Among Prior Year Members

Q. While enrolled in your plan through Covered California in 2023, how often did you delay visiting or not visit a doctor because you were worried about the cost?

Among Prior Year Members, n=3,338



**49%** of PY Members say they delayed doctor visits due to cost concerns at least once.

- Those with Bronze/Catastrophic plans are more likely than those in other tiers to say they delayed doctor visits due to cost concerns (56% vs. 44%-49%).
- Spanish-dominant Latinos are among the least likely to say they delayed doctor visits due to cost concerns (37% vs. 47%-52% for others).
- Patterns are consistent over time.



# Delayed Doctor Visits Due to Cost While Enrolled (Sometimes or More), by Prior Year Metal Tier



Survey Item: Q67

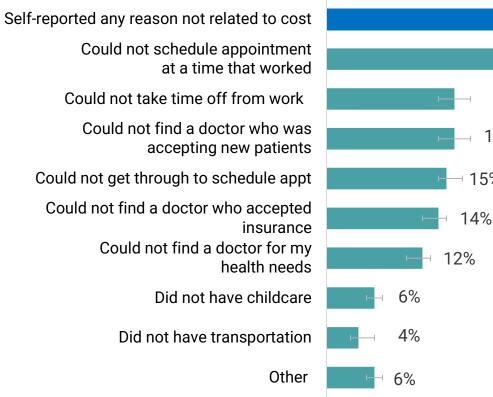
**×NORC** 67

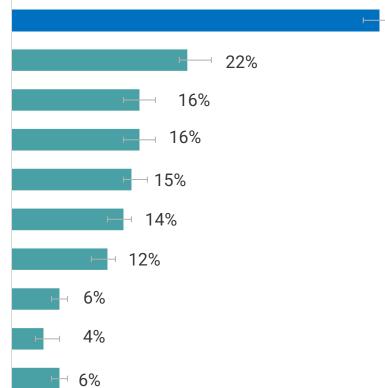


## Delaying Doctor Visits For Reasons Other Than Cost While Enrolled Among Prior Year Members

## Q. While enrolled in your plan through Covered California in 2023, did you ever delay visiting or not visit a doctor for any of the following reasons not related to cost?

Among All PY Members, n=3,338





**46%** of PY Members say they delayed doctor visits in the prior year for reasons other than cost.

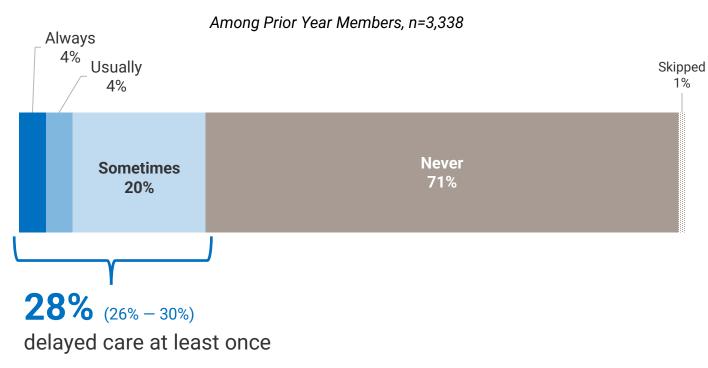
46%

- The most commonly cited reason for delaying care for reasons unrelated to cost was not being able to schedule an appointment at a time that worked (22%).
- Renewing members are more likely than Terminating members to report delaying doctor visits because they could not schedule their appointment at a time that worked for them (24% vs. 18%).
- Latino PY Members are more likely to report delaying doctor visits because they could not take time off work (20% vs. 12%–15%).
- No notable differences across metal tiers.



## Delaying Prescriptions Due to Cost Concerns While Enrolled Among Prior Year Members

Q. While enrolled in your plan through Covered California in 2023, how often did you delay filling or not fill a prescription because you were worried about the cost?



**28%** of PY Members say they delayed filling prescriptions in the prior year due to cost concerns at least once.

- No notable difference by consumer cohort or metal tier.
- Whites are among the least likely to report delaying filling prescriptions due to cost concerns (21% vs. 29%-34%).
- Compared to those with high school or less, consumers with post-graduate education are less likely to report delaying filling prescriptions due to cost concerns (23% vs. 34%).



### **Telehealth Use In Past Year Among Prior Year Members**

Q. In the past 12 months, have you interacted with a doctor, nurse, or other health care provider about your own health issues or needs in any of the following ways?

Self-reported any telehealth use

Messages sent through email, an app, or a portal

Video visit

Audio-only visit - online or by phone

Online chat in real time

Among All PY Members, n=3,338

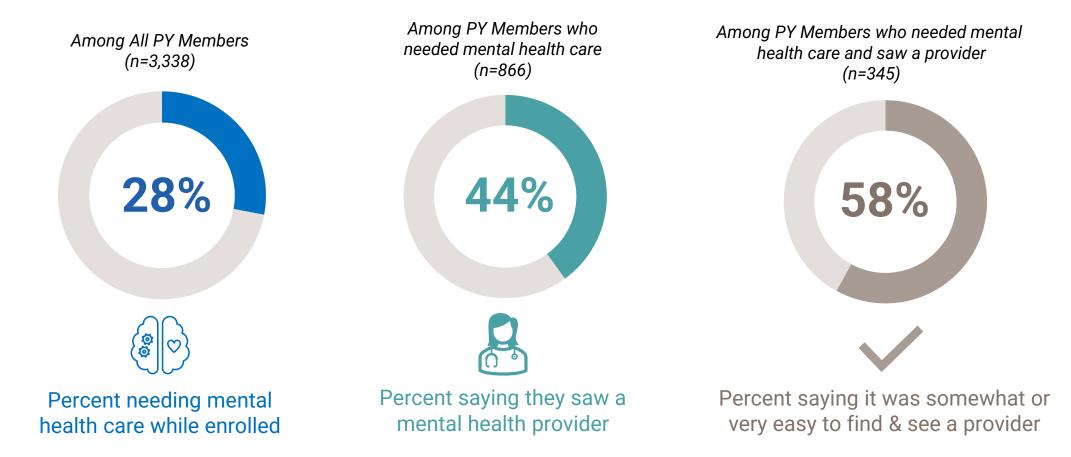
Percent Responding "Yes" for Each

**67%** of PY Members say they engaged in some form of telehealth in the past year.

- Spanish-dominant Latinos are among the least likely to say they used telehealth (55%) while Whites are among the most likely (76%).
- Those with Gold/Platinum plans are among the most likely to say they used telehealth (77%) while those with Bronze/Catastrophic plans are among the least likely (61%).
- Those most likely to say they have used telehealth include: those in urban areas (68%), those with >400% FPL (78%), and those in the upper quartile of the Health Places Index (HPI) (73%).
- This question was added in 2024, and no time comparison is available.



### Needing & Getting Mental Health Care While Enrolled Among Prior Year Members



Survey Items: QX65A - While enrolled in your plan through Covered California in 2023, was there ever a time when you felt that you might need to see a professional because of problems with your mental health, emotions or nerves or your use of alcohol or drugs? QX65B - While enrolled in your plan through Covered California in 2023, did you see a mental health provider? QX65C - While enrolled in your plan through Covered California in 2023, how easy or difficult was it to find and see a mental health provider?

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## Net Promoter Score (NPS)



# **About the Data**

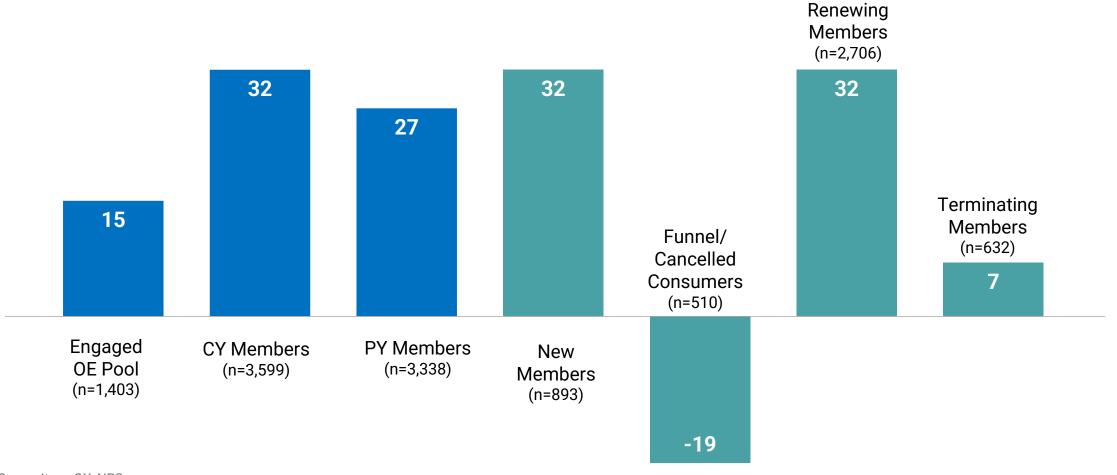
#### What is the "Net Promoter Score"?

- Net Promoter Score (NPS) is a market research metric based on a single survey question asking respondents to rate the likelihood that they would recommend a company, product, or a service to a friend or colleague.
- The NPS is used to gauge consumer sentiment and loyalty to a particular company, product, or service.
- The NPS represents the net proportion of respondents giving positive responses after discounting the proportion of respondents giving negative responses.

#### How is the NPS calculated?

- Respondents are asked, "How likely is it that you would recommend Covered California to a friend or colleague?" on a scale from 0 (not at all likely) to 10 (extremely likely).
- Respondents are grouped into one of three categories based on the rating they provide:
  - 9 & 10 ratings → "Promoters"
  - 7 & 8 ratings → "Passives"
  - 0 6 ratings  $\rightarrow$  "Detractors"
- NPS = (% Promoters) (% Detractors)

#### **NPS by Consumer Cohorts & Combinations Thereof**







# Additional Methods Information

# **Respondent Outreach Timeline**

Outreach Activity	Original Sample Dates	Additional Sample Dates
Email invitation sent	February 28, 2024	April 4, 2024 & April 8, 2024 <sup>1</sup>
Invitation mailing sent via USPS (from Chicago, IL)	March 4, 2024	N/A
First email reminder	March 5, 2024	April 11, 2024
Second email reminder	March 14, 2024	N/A
Reminder Mailing Sent via USPS (from Chicago, IL)	March 18, 2024	N/A
Third email reminder	March 28, 2024	N/A
Reminder postcard mailed via USPS (from Chicago, IL)	April 1, 2024	N/A
Fourth email reminder	April 10, 2024	N/A
Last chance email	April 16, 2024	April 16, 2024
Survey closed	April 22, 2024	April 22, 2024

<sup>1</sup> An email invitation was sent to 16% of the additional sample on April 4, 2024 to test email outreach due to ongoing issues with delivery. Once successful receipt was confirmed, the rest of the additional sample was sent an email invitation on April 8, 2024.

## **Response & Verification Rates, by Consumer Cohort**

	Response Rate	Total Completes	Verification Rate	<b>Verified Completes</b> Sample used for analysis
Renewing Members 📀	7.1%	2,966	91%	2,706
Terminating Members 🔕	6.8%	802	79%	632
New Members 父	7.2%	1,293	69%	893
Funnel/Cancelled Members	6.5%	1,697	77%	1,301
Total	6.9%	6,758	82%	5,532

## **Response & Verification Rates, by Combinations of Cohorts**

	Response Rate	Total Completes	Verification Rate	<b>Verified Completes</b> Sample used for analysis
PY Members 800	7.0%	3,768	89%	3,338
CY members 📀	7.1%	4,259	85%	3,599
OE Pool	6.8%	2,990	73%	2,194
Total	6.9%	6,758	82%	5,532

# Margins of Error, by Consumer Cohort

Consumer Cohort	Design Effect	Sample Size			Margin of E ous Point E	Error (MOE) stimates	
			10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
New Members	1.2	894	2.1%	2.8%	3.3%	3.5%	3.6%
Funnel/Cancelled Consumers	1.3	1,301	1.8%	2.5%	2.8%	3.0%	3.1%
Renewing Members	1.9	2,706	1.6%	2.1%	2.4%	2.6%	2.6%
Terminating Members	1.5	632	2.8%	3.8%	4.3%	4.6%	4.7%

# Margins of Error, by Combinations of Cohorts

Cohort Combination		Design Effect	Estimated Margin of Error (MOE) for Various Point Estimates					
			Size	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
2023 PY Pool: Verified Sample	<u>8</u> 3	1.8	3,338	1.4%	1.8%	2.1%	2.2%	2.3%
2024 CY Pool: Verified Sample	<b>TO</b>	1.9	3,600	1.4%	1.8%	2.1%	2.2%	2.3%
OE Pool	XXX	1.2	2,194	1.4%	1.9%	2.1%	2.3%	2.3%

Additional details on sampling design and other methodological details of the survey are provided in a standalone memo on methods.

# Characteristics of Current Year Members



		New Members	Renewing Members	CY Members
		n=893	n=2,706	n=3,599
	Certified Enrollment Counselor	2%	2%	2%
	Agent	44%	51%	50%
Current Year Enrollment Channel <sup>+</sup>	Plan Based Enrollment	1%	1%	1%
	Service Center Representative	6%	3%	4%
	Unassisted	47%	43%	44%
	High School or less	17%	19%	18%
	Some college	20%	18%	19%
Education	College	42%	46%	45%
	Post-graduate	20%	16%	17%
	Skipped	1%	1%	1%



		New Members	Renewing Members	CY Members
		n=893	n=2,706	n=3,599
	White	35%	37%	37%
	API	23%	25%	25%
	Black	4%	4%	4%
Race/Ethnicity &	Spanish-dominant Latino	8%	8%	8%
Language <sup>+</sup>	Other Latino	23%	18%	19%
	Other Race/ethnicity	3%	3%	3%
	Middle Eastern/North African	2%	3%	3%
	Skipped	2%	2%	2%
Languages Spoken	English only at home	57%	55%	56%
at Home	Other languages	43%	44%	44%



		New Members	Renewing Members	CY Members
		n=893	n=2,706	n=3,599
	English only at home	57%	55%	56%
English Speaking	Other language & speaks English "very well"	24%	22%	23%
Ability	Other language & speaks English less than "very well"	18%	22%	21%
	Missing	1%	1%	1%
	English only at home	57%	55%	56%
English Reading Ability	Other language & speaks English "very well"	26%	23%	24%
	Other language & speaks English less than "very well"	16%	19%	19%
	Missing	2%	2%	2%



		New Members	<b>Renewing Members</b>	CY Members
		n=893	n=2,706	n=3,599
	Self-Employed	21%	26%	26%
E	Paid Employee	50%	48%	49%
Employment	Not working	28%	24%	25%
	Skipped	1%	1%	1%
	Yes	7%	7%	7%
Gig work <sup>1</sup>	No	91%	92%	92%
	Skipped	1%	1%	1%
	Yes	1%	2%	1%
Veteran	No	98%	98%	98%
	Skipped	1%	1%	1%
Caregiver in the past 12 months	Yes	18%	19%	19%
	No	81%	80%	80%
	Skipped	1%	1%	1%

Survey Items: DEMO10, DEMOXGIG, DEMOXVET, DEMOXCG1

DEMOXGIG - Some people find short, in-person tasks or jobs through companies that connect them directly with customers using a website or mobile application. For example, using your own car to drive people from one place to another, delivering something, or doing someone's household tasks or errands. Examples include Uber, Lyft, Instacart, or Doordash. Does this describe any work you did in the last 3 months?



		New Members	Renewing Members	CY Members
		n=893	n=2,706	n=3,599
	18 – 29	24%	14%	16%
Age <sup>†</sup>	30 - 44	35%	32%	32%
	45 - 64	42%	54%	52%
Gender <sup>+</sup>	Female	53%	49%	50%
Gender	Male	47%	51%	50%
	Married	34%	39%	38%
Marital Status	Not married	60%	54%	55%
	Skipped	6%	7%	7%
	1 person	58%	53%	54%
Household Size <sup>+</sup>	2 – 3 people	28%	33%	33%
	4+ people	11%	10%	10%
	Missing	3%	3%	3%



		New Members	<b>Renewing Members</b>	CY Members
		n=893	n=2,706	n=3,599
	Very good/excellent	55%	51%	52%
Health Status	Good	30%	33%	33%
Health Status	Fair/poor	15%	14%	14%
	Skipped	1%	1%	1%
	Yes	42%	46%	45%
<b>Chronic Condition</b>	No	57%	53%	54%
	Skipped	1%	1%	1%
	Higher literacy	68%	68%	68%
Health Insurance Literacy	Lower literacy	31%	31%	31%
Literaty	Skipped	1%	2%	1%
	Very important	79%	81%	81%
Importance of Health Insurance	Less than very important	20%	18%	18%
Health insurance	Skipped	1%	1%	1%



		New Members	Renewing Members	CY Members
		n=893	n=2,706	n=3,599
	Yes	47%	42%	43%
Unable to afford basic	No	43%	48%	47%
needs in past year (self-report)	Don't know	8%	9%	9%
	Skipped	1%	1%	1%
Concerned about	Yes	12%	12%	12%
Concerned about stable housing in the	No	76%	77%	78%
past 60 days (self- report)	Don't know	11%	9%	9%
Teport)	Skipped	1%	2%	2%
	Yes	15%	15%	15%
Concerned about food running out in the past 60 days (self-report)	No	80%	79%	79%
	Don't know	5%	5%	5%
	Skipped	1%	1%	1%



		New Members	<b>Renewing Members</b>	CY Members
		n=893	n=2,706	n=3,599
Mode Most Likely to Use to Complete Application	Phone	13%	16%	15%
	In person	7%	8%	8%
	Tablet	3%	5%	4%
	Smartphone	15%	10%	11%
	Desktop/laptop	59%	59%	59%
	Other	2%	2%	2%
	Skipped	1%	1%	1%
Mode Most Likely to Use to Shop/Compare and choose plan	Phone	13%	14%	14%
	In person	6%	8%	8%
	Tablet	4%	5%	5%
	Smartphone	14%	11%	11%
	Desktop/laptop	60%	61%	61%
	Other	1%	1%	1%
	Skipped	1%	1%	1%



		New Members	<b>Renewing Members</b>	CY Members
		n=893	n=2,706	n=3,599
Usual Place of Care	A doctor's office	59%	63%	63%
	A clinic, hospital or health center	19%	17%	18%
	Urgent care clinic	13%	13%	13%
	An emergency room	2%	2%	2%
	Some other place	6%	5%	5%
	Skipped	1%	0%	1%
Expected Number of Doctor/ Clinic visits in 2024	None	7%	8%	8%
	1 – 2	33%	31%	32%
	3 - 4	31%	29%	30%
	5 or more	18%	21%	20%
	Not sure	10%	10%	10%
	Skipped	1%	0%	0%



		New Members	Renewing Members	CY Members
		n=893	n=2,706	n=3,599
Net Promoter Score (NPS)	Score	32	32	32
	Promoters	54%	54%	54%
	Passives	24%	24%	24%
	Detractors	22%	22%	22%
	Skipped	0%	0%	0%
Healthy Places Index (HPI) Percentile	0 - 25%	17%	16%	16%
	26 - 50%	23%	25%	25%
	51 – 75%	29%	29%	29%
	76 – 100%	30%	29%	29%
	Missing	1%	1%	1%