



NEW & RETURNING CUSTOMER SURVEY

Board Policy Committee March 27, 2017

Survey Goals

- Assess satisfaction with the application process and satisfaction with the available options. Why did people use Connect for Health Colorado and why did returning customers switch plans?
- Examine whether people understood their options.
- Assess whether people were able to find the information they needed to choose a health insurance plan and whether they used assistance.

Survey Demographics

- Online survey
- 1,100 respondents, evenly split between returning and new customers.
- Completed between February 8th and February 26th.

Our Customers

- Most customers used the Marketplace due to financial reasons and a lack of employer insurance. [multiple choice]
 - 34% To see if I might qualify for financial assistance
 - 30% To find a lower cost plan
 - 27% Employer doesn't offer health insurance
 - 21% Do not have affordable insurance through my employer
- More than 80 percent of new customers had health insurance for the year before they enrolled. 63% either purchased it directly from a health insurance company or had insurance through their employer.
- Most important factor when choosing health insurance:
 1. Premium
 2. Out-of-pocket costs
 3. Network coverage

Enrollment Process

- 55% of customers reported that they were satisfied with the health insurance plan they enrolled in.
- Generally, customers with larger household incomes were more likely to be very dissatisfied with the enrollment process while customers with smaller household incomes tended to be very satisfied.
- Customers paying smaller net premiums (less than \$250) were more satisfied with the enrollment process.

Enrollment Process

- Almost half (47%) of customers thought that enrolling through Connect for Health Colorado was easy. One third (34%) of customers did not.
- Customers in the Denver metro area were more likely to use the website than those outside of Denver. Those outside of the metro area were more likely to use a broker or an enrollment center.
- Only 25% of customers thought the renewal process was somewhat harder (9%) or much harder (16%) than last year.

Evaluating Plans

- Roughly a third (37%) of customers believed that there were too few plans.
- Roughly half of customers thought that high quality plans (47%) and insurance providers (50%) were available
- More than half (56%) of returning customers changed their plan for 2017. 60%, did so because their plan was discontinued.
- A quarter (24%) of returning customers who changed plans believed that the new plan is better.

Choosing Plans

- About half (52%) of customers reported that they were satisfied with the health insurance plan they chose.
- Specifically, returning customers who changed their plan for 2017 were less likely to be satisfied with their health insurance plan.
- Almost two thirds (65%) of customers believed they had the information they needed to choose an insurance plan
- Customers wanted more information about who and what was in network before choosing a plan
- About 60% of customers believed they chose the best health insurance plan for their needs, but one fifth did not believe this.

Assistance

- Three quarters (76%) of customers had used some type of assistance when choosing a health insurance plan.
- The “Find a Broker” tool and “Estimate your costs” tool were rated quite highly at 72% and 80% citing them as “very useful” or “somewhat useful” respectively.
- In-person assistance was typically seen as more useful than other forms of assistance.
- Generally new customers were more likely to use assistance than returning customers, especially the “Find a Broker” tool and the “Quick Cost & Plan Finder” tool.
- Lower income customers and those paying smaller net premiums rated the “Estimate your costs” tool as more useful.