



DATA BRIEF | AUGUST 2024

New Mexico Survey Respondents Worry about High Hospital Costs, Have Difficulty Estimating Quality and Cost of Care; Express Bipartisan Support for Government Action

Hospitals provide essential services and are vital to the well-being of our communities. However, a survey of more than 1,400 New Mexico adults, conducted from June 6 to July 8, 2024, revealed widespread concern about hospital costs and bipartisan support for government-led solutions.

HARDSHIP AND WORRY ABOUT HOSPITAL COSTS

Eighty-two percent (82%) of New Mexico respondents reported being worried about affording health care both now and in the future. Likewise, 44% reported experiencing a cost burden due to medical bills, and nearly two in every three (61% of) respondents reported being “worried” or “very worried” about affording medical costs in the event of a serious illness or accident. These concerns may be justified — of the 24% of respondents who reported receiving an unexpected medical bill in the past year, 44% say that at least one came from a hospital.

SKILLS NAVIGATING HOSPITAL CARE, COST, AND QUALITY INFORMATION

New Mexico respondents are fairly confident in their ability to recognize when to seek emergency care. Sixty-one percent (61%) of respondents are very or extremely confident that they know when to visit the emergency department as opposed to an urgent care center or a primary care provider. However, they are less confident in their ability to find hospital costs and quality information. Forty-eight percent (48%) of respondents are not confident in their ability to find the cost of a procedure in advance, and at least half lack confidence in their ability to find quality ratings for doctors (52%) or hospitals (50%).

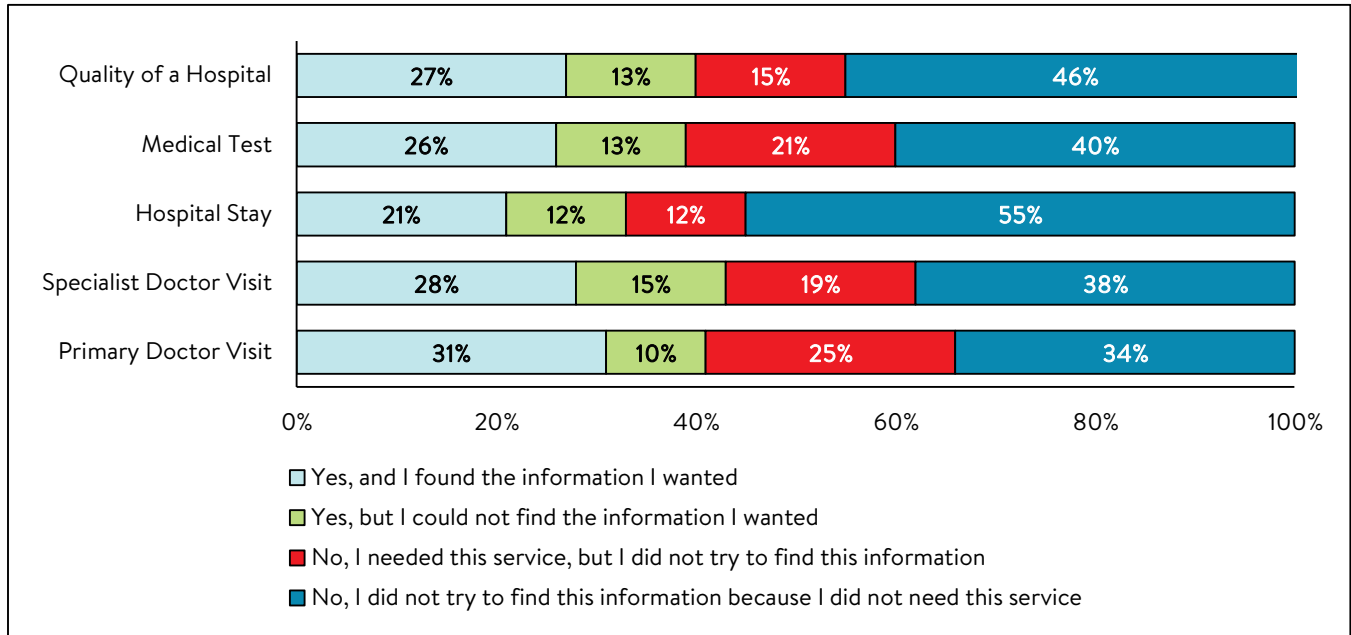
Those figures may be reflected in the low rates of searching for hospital price and quality information. Only 21% of all respondents attempted and found the **cost** of a hospital stay ahead of time, 12% attempted but did not find this information and 12% needed a hospital stay but did not search for cost information (see Figure 1).

Similarly, 27% of all respondents reported searching and finding hospital **quality** information, 13% attempted but did not find this information and 15% reported needing a hospital stay but not searching for quality information (see Figure 1).

Notably, a small number of respondents reported that cost or quality is not important to them (12 and 4%, respectively). Additionally, despite federal price transparency mandates for hospitals, hospital costs and quality ratings are still not always accessible.¹ This is reflected in the most frequently cited reasons respondents gave for not searching for cost or quality information, which include:

- 31%—They followed their doctors’ recommendations or referrals;
- 28%—Looking for information felt confusing or overwhelming;
- 24%—They did not know where to look;
- 17%—They did not have time to look; and
- 14%—It did not occur to them to look for provider quality or price information.

Figure 1
Percent of Respondents Who Needed a Service and Reported Searching or Not Searching for Select Cost/Quality Information in the Past Year, by Outcome



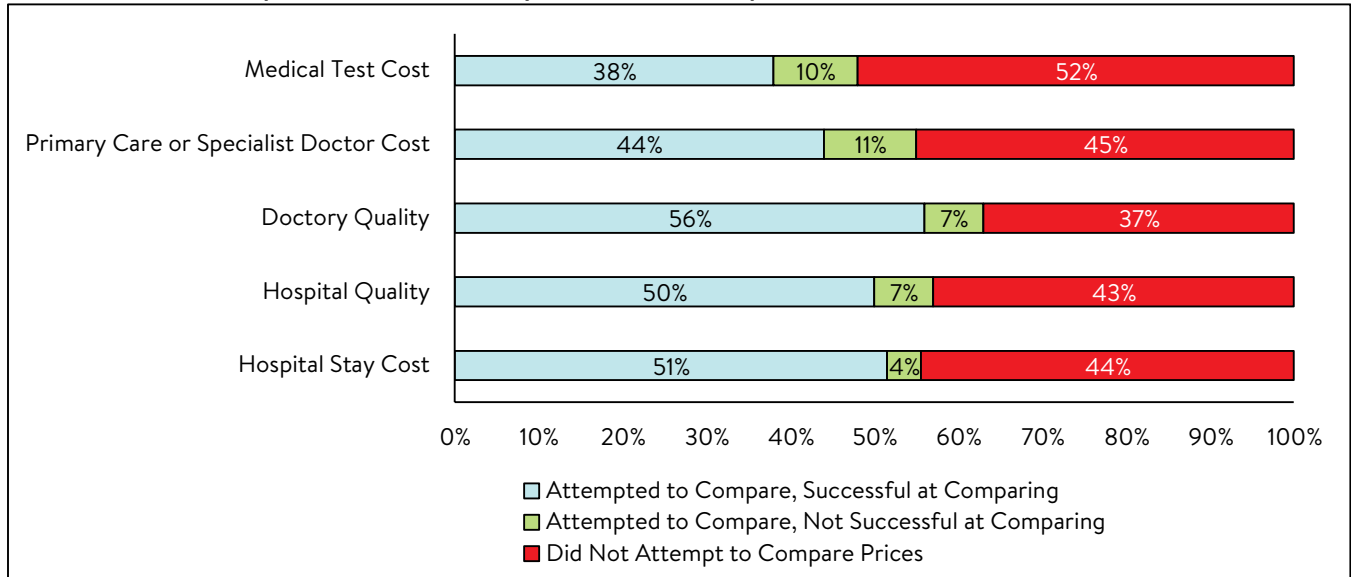
Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey
 Note: Due to rounding, totals may not equal to 100%

Respondents who were unsuccessful in their search for hospital **cost** information described several challenges. Forty-six percent (46%) reported that the available **cost** information was confusing; 30% reported that their provider or hospital would not provide a price estimate or that their insurer would not provide a price estimate; and 29% reported that the price information was insufficient. Likewise, among respondents who were unsuccessful in their search for hospital **quality** information, 30% reported that the resources were confusing, and 23% reported that the quality information was not sufficient.

However, among those who were successful in their search for cost or quality information, 51% reported they were able to find enough information to successfully compare the costs of a hospital stay between two or more options, and 50% reported finding enough information to compare quality ratings across hospitals (see Figure 2). Many of these respondents reported that the comparison ultimately influenced their choice of which provider to seek care from. Nearly three in every four (73% of) respondents who compared the cost of a primary care or specialist doctor visit, 79% of those who compared the cost of medical test providers and 78% of those who compared the cost of a hospital stay reported that the comparison influenced their choice of hospital or provider. Likewise, 81% of respondents who searched for hospital quality information reported that the comparison influenced their decision of hospital.

Figure 2

Of Those Who Were Successful at Finding Hospital Cost/Quality Information, Percent Who Were Successful at Comparing Cost/Quality Between Multiple Providers



Source: 2024 Poll of New Mexico Adults, Ages 18+ - Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
 Note: Due to rounding, totals may not equal to 100%

IMPACT OF AND WORRY RELATED TO HOSPITAL CONSOLIDATION*

In addition to the above healthcare affordability burdens, a small share of New Mexico respondents reported being negatively impacted by health system consolidation. Between 2021 to 2024, there have been 3 changes in ownership involving hospitals through mergers, acquisitions, or CHOW in New Mexico.^{2,3} New Mexico does not require the State Attorney General be notified of hospital transactions.⁴

In the past year, **22%** of respondents reported that they were aware of a merger or acquisition in their community—of those respondents, **38%** reported that they or a family member were unable to access their preferred health care organization because of a merger that made their preferred organization out-of-network. Out of those who reported being unable to access their preferred healthcare provider due to a merger:

- 45% skipped recommended follow-up visits due to a merger,
- 42% delayed or avoided going to the doctor or having a procedure done because they could no longer access their preferred health care organization due to a merger,
- 36% changed their preferred doctor or hospital to one that is in-network,
- 33% skipped filling a prescription medication, and
- 27% changed health plan coverage to include their preferred doctor.

Out of those who reported that the merger caused an additional burden for them or their families, the three most frequently reported issues were:

- 33%—The merger created an added wait time—when searching for a new provider
- 21%—The merger created an added financial burden
- 14%—The merger created a gap in the continuity of my care
- 14%—The merger created an added transportation burden.

While a smaller portion of respondents reported being unable to access their preferred health care organization because of a merger, more respondents (64%) reported being somewhat, moderately or very worried about the impacts of mergers in their health care organizations. When asked about their largest concern respondents most frequently reported:

- 30%—I’m concerned I will have fewer choices of where to receive care
- 23%—I’m concerned my doctor may no longer be covered by my insurance
- 18%—I’m concerned I will have to pay more to see my doctor
- 18%—I’m concerned I will have a lower quality of care
- 11%—I’m concerned I will have to travel farther to see my doctor

*Note: The sample size of respondents who said they were affected by a merger was not large enough to report reliable estimates; the values in this section should be interpreted with caution.

Table 1

Select Responses to: “Over the last 12 months, please describe any issues that have occurred due to the merger that affected your preferred health care organization.”

- “Consolidation between providers has made it unclear to me how familiar I was with the process of getting to the clinic, and the wait is just longer!”
- “Had to change lab tests and x-rays from providers I had used for many years.”
- “The merger cut my preferred in-network specialists, making it harder to find affordable care.”
- “Medical practice advised that they no longer accept our insurance.”
- “Had to drop the doctor that I had for 13 years because they no longer take Tricare.”
- “I used to see a physician in Farmington New Mexico, now I have to go all the way Denver, Colorado to see another physician. Transportation is an issue now.”

Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

SUPPORT FOR SOLUTIONS ACROSS PARTY LINES

Hospitals, along with drug manufacturers and insurance companies, are viewed as a primary contributor to high health care costs. Out of fifteen possible options, New Mexico respondents most frequently reported believing that the reason for high health care costs is unfair prices charged by powerful industry stakeholders, such as:

- 78%—Drug companies charging too much money
- 73%—Hospitals charging too much money
- 70%—Insurance companies charging too much money
- 56%—Large hospitals or physician groups using their influence to increase payments from insurance companies

Respondents endorsed a number of strategies to address high health care costs, including:

- 94%—Require hospitals and doctors to provide up-front cost estimates to consumers;
- 91%—Establish standard payments to hospitals for specific procedures;
- 91%—Impose price controls on contracts between insurers and health care providers;
- 90%—Establish an independent entity to rate doctor and hospital quality; and
- 89%—Strengthen policies to drive more competition in health care markets.

Table 2

Percent Who Agreed or Strongly Agreed that the Government Should Employ Select Strategies, by Political Affiliation

Selected Survey Statements/Questions	Total Percent	Do you consider yourself a...		
		Republican	Democrat	Neither
<i>Major reason for rising health care costs: Hospitals charging too much money</i>	73%	69%	73%	76%
Require hospitals and doctors to provide up-front cost estimates to consumers	94%	94%	95%	91%
Establish standard payments to hospitals for specific procedures	91%	92%	90%	91%
Impose price controls on contracts between insurers and health care providers	91%	89%	94%	90%
Establish an independent entity to rate provider quality, like patient outcomes and bedside manner	90%	90%	92%	88%
Strengthen policies to drive more competition in health care markets	89%	91%	90%	88%

Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

CONCLUSION

The poll findings indicate that while some New Mexico respondents are motivated to search for hospital cost and quality information to inform their decisions and plan for future medical expenses, over half did not seek this information at all. This suggests that price transparency initiatives alone may not effectively influence consumer behavior. The lack of knowledge of hospital quality and potential costs may impede New Mexico residents’ ability to plan for needed care and budget for the expense of a hospital stay, which can be costly, particularly for residents who are uninsured or under-insured.⁵

New Mexico respondents support government-led solutions to make price and quality information more accessible and to help consumers navigate hospital care. Many favored solutions would reduce the burden on consumers, such as standardizing payments for specific procedures, requiring cost estimates from hospitals and doctors, and establishing an independent entity for quality reviews. Policymakers should consider these and other policy options to address the bipartisan call for government action.

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and healthcare.

Contact the Hub:

(734) 302-4600 | www.HealthcareValueHub.org | [@HealthValueHub](https://twitter.com/HealthValueHub)

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HEALTHCARE VALUE HUB

NOTES

1. As of January 1, 2021, the Centers for Medicare and Medicaid Services (CMS) requires hospitals to make public a machine-readable file containing a list of standard charges for all items and services provided by the hospital, as well as a consumer-friendly display of at least 300 shoppable services that a patient can schedule in advance. However, Compliance from hospitals has been mixed, indicating that the rule has yet to demonstrate the desired effect. <https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential>
2. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved August 7, 2024, from <https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospital-change-of-ownership>.
3. A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's identification number and provider agreement (including any Medicare outstanding debt of the old owner) to the new owner...An acquisition/merger occurs when a currently enrolled Medicare provider is purchasing or has been purchased by another enrolled provider. Only the purchaser's CMS Certification Number (CCN) and tax identification number remain. Acquisitions/mergers are different from CHOWs. In the case of an acquisition/merger, the seller/former owner's CCN dissolves. In a CHOW, the seller/former owner's CCN typically remains intact and is transferred to the new owner. A consolidation occurs when two or more enrolled Medicare providers consolidate to form a new business entity. Consolidations are different from acquisitions/mergers. In an acquisition/merger, two entities combine but the CCN and tax identification number (TIN) of the purchasing entity remains intact. In a consolidation, the TINs and CCN of the consolidating entities dissolve and a new TIN and CCN are assigned to the new, consolidated entity. Source: Missouri Department of Health and Senior Services, Change of Ownership Guidelines—Medicare/State Certified Hospice. Retrieved August 7, 2024, from <https://health.mo.gov/safety/homecare/pdf/CHOW-Guidelines-StateLicensedHospice.pdf#:~:text=Acquisitions%2Fmergers%20are%20different%20from%20CHOWs.%20In%20the%20case.providers%20consolidate%20to%20form%20a%20new%20business%20entity.>
4. The Source on Health Care Price and Competition, Merger Review, Retrieved July 29, 2024 from <https://sourceonhealthcare.org/market-consolidation/merger-review/>
5. According to Health Forum, an affiliate of the American Hospital Association, hospital adjusted expenses per inpatient day in New Mexico were \$3,054 in 2022, similar to the national average. See: Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day. Accessed July 29, 2024. <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day/>

METHODOLOGY

Altarum’s Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents’ views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions. This survey, conducted from June 6 to July 8, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in New Mexico. Information about Dynata’s recruitment and compensation methods can be found [here](#). The survey was conducted in English or Spanish and restricted to adults ages 18 and older. Respondents who finished the survey in less than half the median time were excluded from the final sample, leaving 1,433 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Characteristic	Frequency	Percentage	Demographic Characteristic	Frequency	Percentage
Gender/Orientation			Household Income		
Woman	745	52%	Under \$20K	257	18%
Man	653	46%	\$20K - \$29K	169	12%
Transwoman	6	<1%	\$30K - \$39K	130	9%
Transman	1	<1%	\$40K - \$49K	106	7%
Genderqueer/Nonbinary	16	1%	\$50K - \$59K	121	8%
LGBTQ+ Community	200	14%	\$60K - \$74K	100	7%
Insurance Type			\$75K - \$99K	186	13%
Health insurance through my or a family member’s employer	403	28%	\$100K - \$149K	265	18%
Health insurance I buy on my own	140	10%	\$150K+	99	7%
Medicare, coverage for seniors and those with serious disabilities	396	28%	Education Level		
New Mexico Medicaid	373	26%	Some high school	51	4%
TRICARE/Military Health System	24	2%	High school diploma/GED	270	19%
Department of Veterans Affairs	20	1%	Some college or training/certificate program	341	24%
No coverage of any type	54	4%	Associate degree	153	11%
I don’t know	23	2%	Bachelor’s degree	323	23%
Race			Some graduate school	73	5%
American Indian/Native Alaskan	109	8%	Graduate degree	222	15%
Asian	27	2%	Self-Reported Health Status		
Black or African American	93	6%	Excellent	227	16%
Native Hawaiian/Other Pacific Islander	13	1%	Very Good	453	32%
White	1,015	71%	Good	461	32%
Prefer Not to Answer	15	1%	Fair	239	17%
Two or More Races	160	11%	Poor	53	4%
Ethnicity			Disability		
Hispanic or Latino	322	22%	Mobility	236	16%
Non-Hispanic or Latino	1,111	78%	Cognition	180	13%
Age			Independent Living	189	13%
18-24	241	17%	Hearing	109	8%
25-34	408	29%	Vision	107	7%
35-44	242	17%	Self-Care: Difficulty dressing or bathing	84	6%
45-54	156	11%	No disability or long-term health condition	892	62%
55-64	200	14%	<i>Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey</i>		
65+	172	12%			
Party Affiliation					
Republican	393	27%			
Democrat	529	37%			
Neither	511	36%			

Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted. An explanation of weighted versus unweighted variables is available [here](#). Altarum does not conduct statistical calculations on the significance of differences between groups in findings. Therefore, determinations that one group experienced a significantly different affordability burden than another should not be inferred. Rather, comparisons are for conversational purposes. The groups selected for this brief were selected by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates under N=100 and a co-efficient of variance more than 0.30.