



DATA BRIEF | JUNE 2024

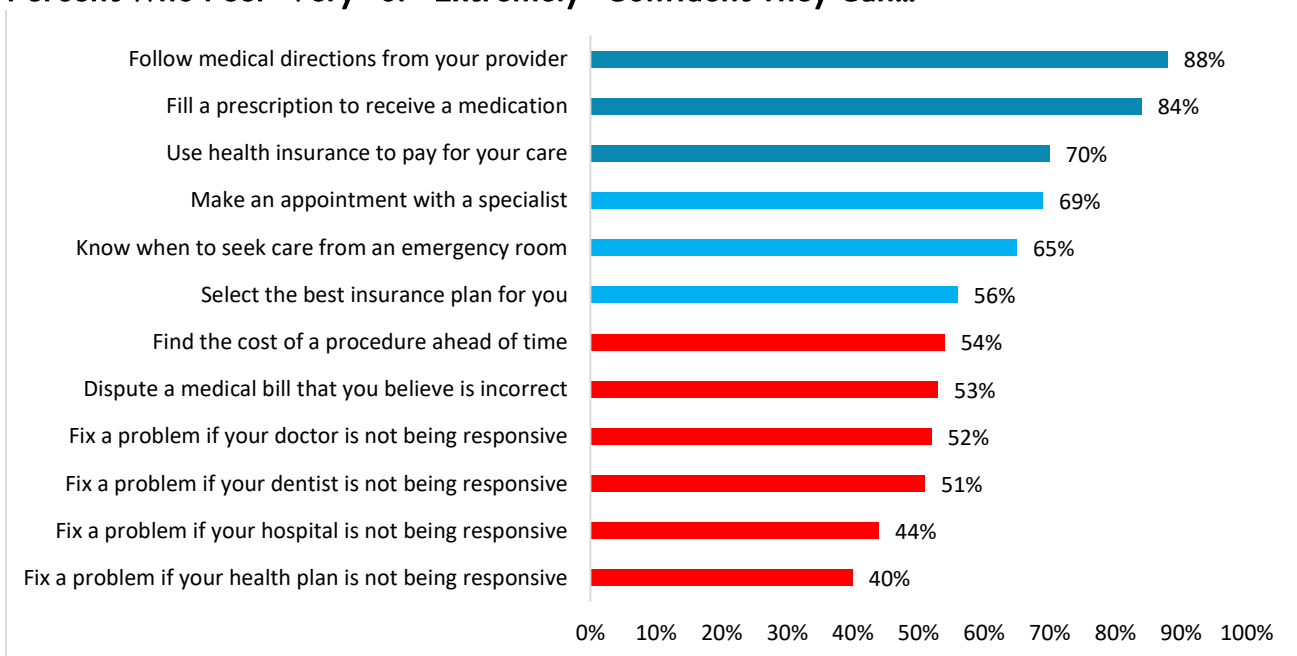
Rhode Island Survey Respondents Have Difficulty Navigating the Health Care System, Understanding Cost-Sharing Obligations; Express Bipartisan Support for Government Action

A 2024 survey of more than 1,000 Rhode Island adults, conducted from February 19 to March 27, 2024, found that many respondents face challenges confidently navigating the health care system and understanding their cost-sharing obligations. These challenges are sometimes attributed to low levels of *health insurance literacy*.¹ Inadequate *health literacy*² (a closely related concept) has been associated with poorer health outcomes, lower patient satisfaction, and higher costs.³ This brief surfaces respondents' experiences operating within the health care system, along with support for related policy solutions.

CONFIDENCE IN OBTAINING CARE, NAVIGATING COSTS, & RESOLVING ISSUES

Many Rhode Island respondents report being confident in their ability to follow the directions provided by their doctor or fill a prescription (see Figure 1). However, they are far less confident when dealing with cost issues, such as disputing a medical bill or finding out the cost of a procedure ahead of time. In addition, roughly half of respondents are confident they can take steps to fix a problem if their doctor, hospital, or health plan is not being responsive to their concerns.

Figure 1
Percent Who Feel “Very” or “Extremely” Confident They Can...

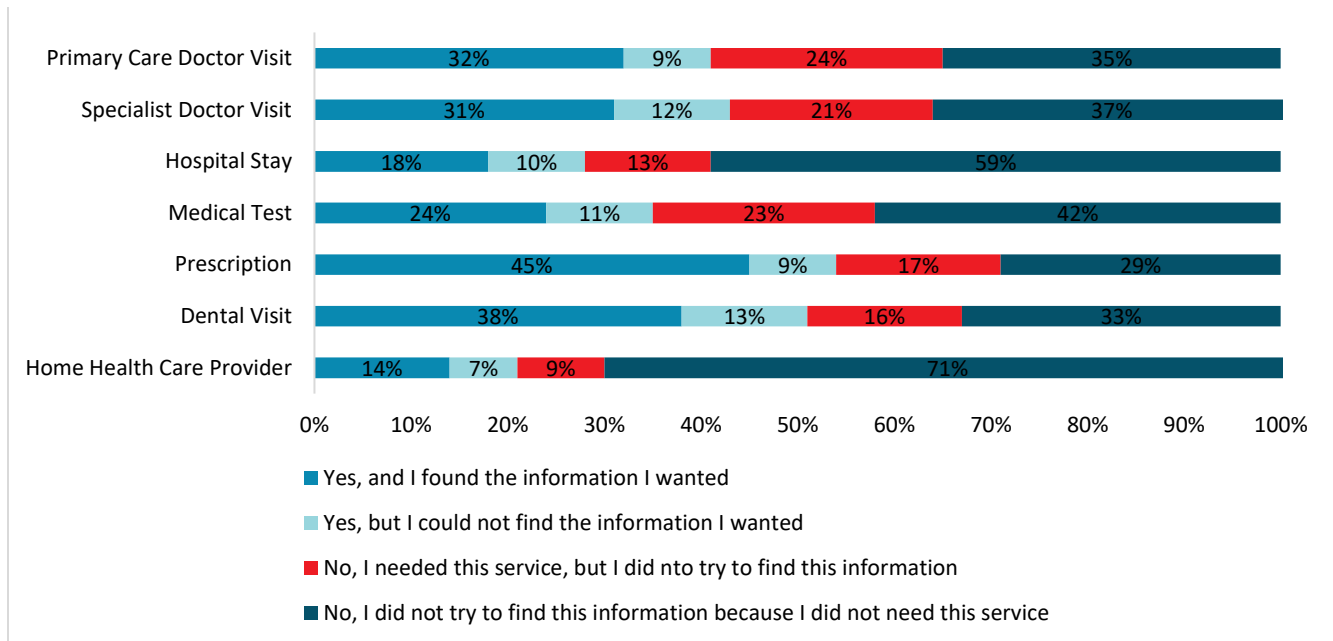


Source: 2024 Poll of Rhode Island Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

SUCCESS IN FINDING HEALTH CARE PRICE AND QUALITY INFORMATION

Forty-six percent (46%) of respondents were not confident that they could find the cost of a procedure ahead of time. While many respondents who searched for price and quality information successfully found the information that they were looking for, there were still respondents who either could not find the cost information they were looking for or did not look for cost information ahead of time even though they needed a service (see Figure 2).

Figure 2
Percent Who Reported in the Last 12 Months Trying to Find the Out-of-Pocket Cost for a...



Source: 2024 Poll of Rhode Island Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey. Note: due to rounding, totals may not equal 100%.

The most frequent reasons respondents reported not seeking out price or quality information were:

- 36%—Followed a doctors’ recommendations or referrals
- 27%—The act of looking for information felt confusing or overwhelming
- 22%—Did not know where to look

Notably, few of these respondents reported that out-of-pocket cost or quality were unimportant to them (7% and 5%, respectively). These reasons could also be influenced by this information not being accessible, despite federal price transparency mandates for hospitals.⁴

Respondents who attempted to find hospital cost or quality information but were unsuccessful reported facing a variety of barriers. Many respondents who were unsuccessful in their search for cost information reported that the available resources showing cost information were confusing (35%), their insurance plan or their provider/doctor/hospital would not give them a price estimate (26% and 35%, respectively), and that price information was insufficient (20%). In unsuccessful searches for hospital quality information, respondents reported that resources available to search for quality information were confusing (28%) and that the quality information available was not sufficient (20%).

Lack of knowledge of hospital quality and potential costs may impede consumers' ability to plan for needed care and budget for the expense of a hospital stay, which can be costly,⁵ particularly for those who are un- or under-insured.

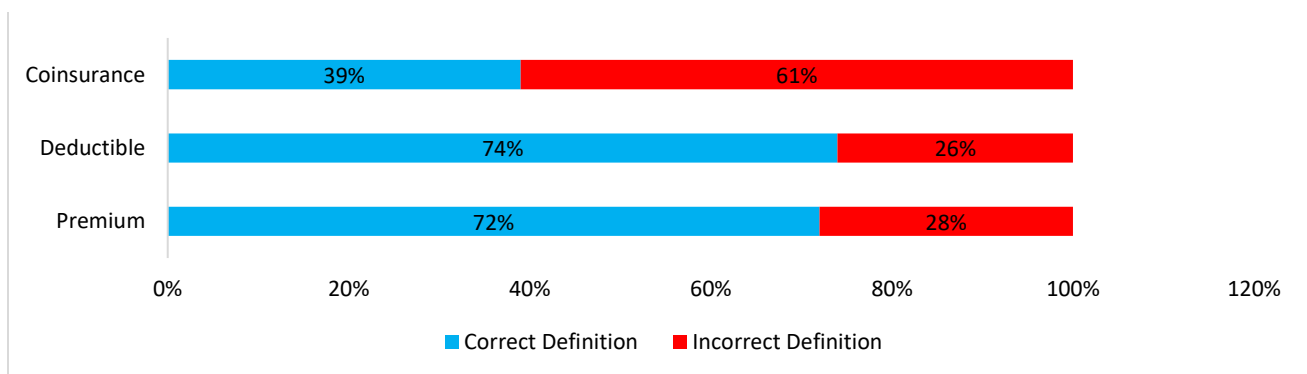
DIFFICULTY UNDERSTANDING COMMON HEALTH CARE TERMS

Consistently understanding common health care system terms and cost-sharing obligations remains challenging for many Rhode Island respondents.

When given multiple choices, respondents were able to choose the correct definitions for *premium* and *deductible* nearly three-fourths of the time, but less than half were able to accurately define *coinsurance* (see Figure 3). When examining education levels and correct answers, respondents with higher levels of education correctly selected the definition of these terms at a higher rate than respondent who had lower levels of education. However, the correct definition of coinsurance was tough for all respondents regardless of education level. Respondents holding a high school education/GED certification correctly defining coinsurance more than a quarter (28%) of the time, while respondents holding a graduate degree selected the correct definition of coinsurance about half (52%) of the time (see Table 1). This aligns with a national study that found half of insured adults say they find at least one aspect of how their insurance works—such as what it covers, what their out-of-pocket costs will be, and common terminology—at least somewhat difficult to understand.⁶ Ultimately, difficulty understanding cost-sharing terms and other components of the system may make it harder for consumers to navigate the health care system, get needed care, and anticipate the out-of-pocket costs they will be expected to pay. Efforts to improve health insurance literacy may address this consumer hindrance.

Figure 3

Percent Who Chose the Correct Insurance Term Definition



Source: 2024 Poll of Rhode Island Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey. Definitions from the survey are as follows. Premium: A fee paid on a regular schedule for an insurance policy. Deductible: The money you pay before an insurance company will pay a claim." Coinsurance: A percentage of a health care bill you pay after the deductible is met.

Table 1

Percent Who Chose the *Correct* Insurance Term Definition by Education Level.

	Coinsurance	Premium	Deductible	Co-Pay
High School Diploma or GED	28%	59%	53%	71%
Some College, Training, or Certificate	37%	79%	75%	86%
Associate Degree	35%	77%	80%	91%
Bachelor’s Degree	43%	78%	91%	88%
Graduate School	52%	73%	75%	82%

Relationship Between Quality and Price

Studies show there is little relationship between the quality and the price of a medical service.⁷ However, nearly 2 out of 5 respondents (39%) reported that they would be willing to pay more to see a doctor with higher quality ratings.

Both cost and quality are important to Rhode Island’s health care consumers. Over half (54%) of Rhode Island respondents indicated that, if two doctors or health care providers had equal quality ratings, out-of-pocket costs would be a very or extremely important factor in deciding between the two professionals. Conversely, 61% of respondents indicated that, if two providers’ out-of-pocket costs were equal, quality ratings would be a very or extremely important factor in deciding between the two professionals.

UNEXPECTED MEDICAL BILLS

Twenty-six percent of Rhode Island respondents reported receiving an unexpected medical expense in the prior 12 months. The rate was highest among respondents with health insurance they purchase on their own or through their employer (30%), compared to those with Medicare (25%), or Rhode Island Medicaid (17%).

These unexpected bills take different forms. Of the respondents reporting that they received an unexpected bill:

- 44%—reported the amount charged was higher than expected; and
- 35%—reported a bill from a doctor they didn’t expect.

Smaller numbers reported being charged out-of-network rates when they thought the doctor was in-network (17%), being charged for services they did not receive (9%), or experiencing something else unexpected (17%).

Among those who received unexpected medical bills in the past 12 months, 18% reported paying the bill without disputing it. Many reported taking steps like contacting their health plan (50%) or contacting their doctor, hospital, or lab (43%), but very few took other possible steps to resolve the bill (see Table 2). Ultimately, 28% report being dissatisfied with the resolution of their unexpected bill.

Table 2
Out of Those Who Received an Unexpected Medical Bill, Percent Who Took Each Action After Receipt of Unexpected Medical Bill

Action	Steps Taken
Contacted the health plan or consulted insurance policy/provider directory	50%
Contacted the doctor, hospital or lab	43%
Attempted to challenge the bill/negotiate a lower bill	15%
Paid the bill without disputing it	18%
Contacted a customer service program	11%
Filed an insurance appeal	8%

Source: 2024 Poll of Rhode Island Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Forty four percent (44%) of Rhode Island respondents with an unexpected medical bill took more than one step to resolve the unexpected bill. However, very few reported using any of the following strategies to resolve their bill:

- Contacting an insurance broker
- Filing an insurance appeal
- Contacting state legislators or member of Congress
- Contacting a lawyer
- Filing a formal complaint

Among Rhode Island respondents who had an unexpected medical bill, just 29% indicated that the issue was resolved to their satisfaction (see Table 3).

Table 3
Out of Those Who Received an Unexpected Medical Bill, Percent Satisfied with Unexpected Medical Bill's Resolution

Resolution Status	
Issue was resolved to their satisfaction	29%
Issue was resolved but NOT to their satisfaction	28%
Issue is still not resolved	31%

Source: 2024 Poll of Rhode Island Adults, Ages 18+, with an unexpected medical bill, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey. Components do not add to 100% due to some respondents being unsure of bill resolution.

For those whose bill was resolved by the time of the survey, most paid the bill in full or through a payment plan. A minority got relief from the bill, either by negotiating a lower bill or having the bill dismissed (see Table 4). Seven percent had their bill sent to collections.

Table 4
Out of Those Who Received an Unexpected Medical Bill, Overview of Resolution of Unexpected Medical Bills

Resolution Method	
Paid original bill in full	36%
Paid original bill through a payment plan	17%
Billing issue was dismissed or written off	10%
Negotiated a lower bill	7%
Bill was sent to collections and remains unpaid ⁸	7%

Source: 2024 Poll of Rhode Island Adults, Ages 18+, with an unexpected medical bill, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey. Components do not add to 100% due to some respondents being unsure of bill resolution.

High numbers of both satisfied and dissatisfied respondents report attempting to contact their health plan, doctor, hospital, or lab to resolve the unexpected bill. However, consumers satisfied with how their medical bill was resolved reported having tried other strategies, such as filing an appeal. In contrast, consumers who reported being dissatisfied with how their medical bill was resolved more often reported paying their bill without disputing it. Perhaps not surprisingly, those that felt satisfied with how their medical bill was resolved were more likely to have either negotiated a lower payment or had their bill written off or dismissed.

SUPPORT FOR SOLUTIONS ACROSS PARTY LINES

When it comes to tackling problems in the health care system, respondents endorsed a number of transparency-oriented strategies, including:

- **92%**—Require drug companies to provide advanced notice of price increases and information to justify those increases
- **91%**—Require hospitals and doctors to provide up-front cost estimates to consumers
- **91%**—Require insurers to provide up-front cost estimates to consumers
- **91%**—Show what a fair price would be for specific procedures
- **85%**—Set up an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner

Moreover, respondents endorsed these approaches across party lines (see Table 5).

Table 5
Percent Who Agreed/Strongly Agreed, by Political Affiliation

Selected Survey Statements/Questions	Total Percent of Respondents	Generally speaking, do you think of yourself as...		
		Republican	Democrat	Neither
The government should require drug companies to provide advance notice of prices increases and information to justify those increases	92%	89%	95%	90%
The government should require hospitals and doctors to provide up-front cost estimates to consumers.	91%	93%	93%	88%
The government should require insurers to provide up-front cost estimates to consumers.	91%	89%	91%	92%
The government should show what a fair price would be for a specific procedure.	91%	88%	94%	90%
Set up an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner	85%	79%	89%	84%

Source: 2024 Poll of Rhode Island Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

DISCUSSION

While Rhode Island respondents report confidence in their ability to follow directions from their doctor or fill a prescription, they are less confident when dealing with cost issues and resolving problems with providers, health plans, and hospitals. Furthermore, consumers’ poor understanding of some common terms may make it difficult to anticipate out-of-pockets costs and budget for health care expenses. These difficulties may contribute to the receipt of unexpected medical bills, amplify affordability burdens, and impede their ability to resolve the resulting bills to their satisfaction.

Price transparency tools can aid consumers by allowing them to plan for the expense of needed health care services and may also enable state policymakers to address unwarranted price variation. However, price transparency alone does not make markets more efficient, and transparency tools are generally not successful at getting consumers to shop for lower-priced services.⁹ Instead, a combination of price transparency tools and evidence-based policies should be used to increase health literacy across the state. Rhode Island survey respondents endorsed a range of policy fixes that elected officials could pursue, both transparency- and non-transparency-related.

Notes

1. A person's ability to seek, obtain, and understand health insurance plans, and once enrolled, use their insurance to seek appropriate health care services.
2. A person's ability to obtain, process, and understand basic health information and services needed to manage one's health and make appropriate health decisions.
3. Shahid, R., Shoker, M., Chu, L.M. *et al.* Impact of low health literacy on patients' health outcomes: a multicenter cohort study. *BMC Health Serv Res* 22, 1148 (2022). <https://doi.org/10.1186/s12913-022-08527-9>
4. 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>
5. According to Health Forum, an affiliate of the American Hospital Association, hospital adjusted expenses per inpatient day in Rhode Island were \$3,102 in 2022. See: Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day, (Accessed May 29, 2024).
6. Pollitz, K., Pestaina, K., Montero, A., Lopes, L., Valdes, I., Kirzinger, A., Brodie, M., KFF Survey of Consumer Experiences with Health Insurance, (KFF, June 15, 2024) <https://www.kff.org/report-section/kff-survey-of-consumer-experiences-with-health-insurance-methodology/> (Accessed May 29, 2024).
7. "What Do We Know About Prices And Hospital Quality?", Health Affairs Blog, July 29, 2019. <https://www.healthaffairs.org/content/forefront/do-we-know-prices-and-hospital-quality> (Accessed May 29, 2024).
8. Across all types of medical bills – expected and unexpected – involvement of a collection agency was common. Thirteen percent of Rhode Island respondents reported having been contacted by a collection agency over a medical bill in the prior 12 months. See: *Rhode Island Respondents Struggle to Afford High Health Care Costs; Express Across Party Lines Support for a Range of Government Solutions*, *Healthcare Value Hub*, June 2024
9. Benavidez G, Frakt A. Price Transparency in Health Care Has Been Disappointing, but It Doesn't Have to Be. *JAMA*. 2019;322(13):1243–1244. <https://jamanetwork.com/journals/jama/fullarticle/2752049> (Accessed on May 29, 2024).

Methodology

Altarum’s Consumer Healthcare Experience State Survey (CHES) 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 February 19 to March 27, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,100 respondents who live in Rhode Island. 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 1,012 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
Gender/Orientation		
Woman	651	64%
Man	331	33%
Transwoman	3	<1%
Transman	7	1%
Genderqueer/Nonbinary	7	1%
LGBTQ+ Community	136	14%
Insurance Type		
Health insurance through employer or family member’s employer	409	40%
Health insurance I buy on my own	88	9%
Medicare, coverage for seniors and those with serious disabilities	271	27%
Medicaid, coverage for low-income earners	169	17%
TRICARE/Military Health System coverage	11	1%
Department of Veterans Affairs (VA) Healthcare	10	1%
No coverage of any type	27	3%
I don’t know	27	3%
Race		
American Indian or Native Alaskan	21	2%
Asian	30	3%
Black or African American	70	7%
Native Hawaiian or Other Pacific Islander	6	1%
White	839	83%
Prefer Not to Answer	13	1%
Two or More Races	52	5%
Ethnicity		
Hispanic or Latino	87	9%
Non-Hispanic or Latino	925	91%
Age		
18-24	131	13%
25-34	150	15%
35-44	191	19%
45-54	183	18%
55-64	196	19%
65+	157	16%
Party Affiliation		
Republican	159	16%
Democrat	352	35%
Neither	501	50%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	141	14%
\$20K-\$29K	88	9%
\$30K - \$39K	84	8%
\$40K - \$49K	95	9%
\$50K - \$59K	108	11%
\$60K - \$74K	116	11%
\$75K - \$99K	142	14%
\$100K - \$149K	147	15%
\$150K+	91	9%
Education Level		
Some high school	37	4%
High school diploma/GED	181	18%
Some college or training/certificate program	267	26%
Associate degree	112	11%
Bachelor’s degree	217	21%
Some graduate school	37	4%
Graduate degree (e.g. MA, PhD, MD, JD)	161	16%
Self-Reported Health Status		
Excellent	154	15%
Very Good	331	33%
Good	339	33%
Fair	156	15%
Poor	32	3%
Disability		
Mobility: Serious difficulty walking or climbing stairs	167	17%
Cognition: Serious difficulty concentrating, remembering or making decisions	95	9%
Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	66	7%
Hearing: Deafness or serious difficulty hearing	57	6%
Vision: Blindness or serious difficulty seeing, even when wearing glasses	49	5%
Self-Care: Difficulty dressing or bathing	46	5%
No disability or long-term health condition	698	69%

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

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.

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 health care 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 health care.

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