



DATA BRIEF | DECEMBER 2024

Ohio Survey Respondents Face Challenges Navigating the Health Care System, Understanding Cost-Sharing Obligations; Express Bipartisan Support for Government Action

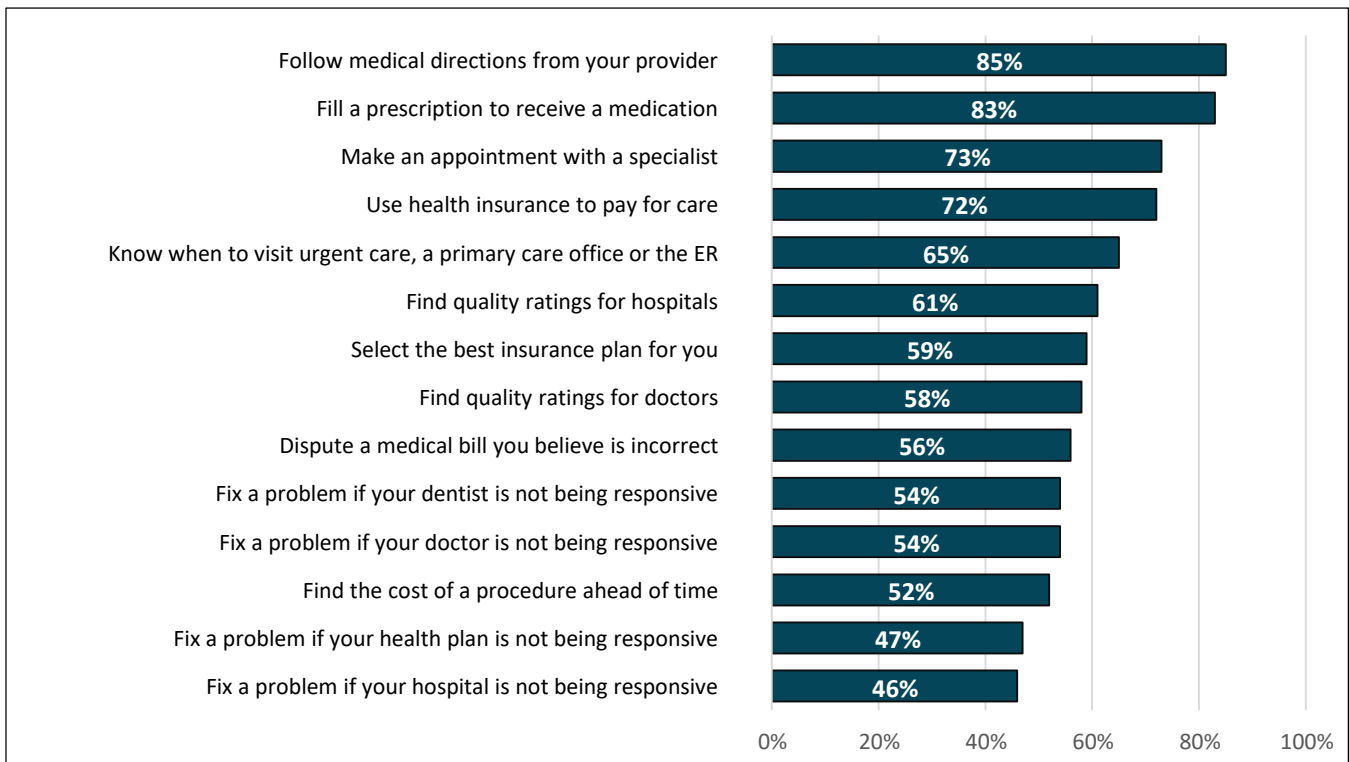
A 2024 survey of more than 1,600 Ohio adults, conducted from September 26 to October 14, 2024, found that many respondents face challenges confidently navigating the health care system and understanding their cost-sharing obligations. These challenges are sometimes attributed to insufficient levels of *health insurance literacy* or *health literacy*, which is associated with poorer health outcomes, lower patient satisfaction and higher costs.^{1,2,3} This brief surfaces respondents' experiences operating within the health care system, interpreting their cost-sharing obligations and highlights support for related policy solutions.

CONFIDENCE OBTAINING CARE, UNDERSTANDING COST, RESOLVING ISSUES

Many Ohio respondents report being confident in their ability to fill a prescription or follow directions provided by their doctor. However, fewer are confident in their ability to resolve concerns related to financial obligations, such as disputing a medical bill or determining how much a procedure may cost. For example, more than two in five (47% of) respondents feel very or extremely confident they could resolve an issue if their a health plan was not responsive to their concerns (see Figure 1).

Figure 1

Percent of Respondents Who Feel “Very” or “Extremely” Confident They Can Complete Select Health Care Related Tasks



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

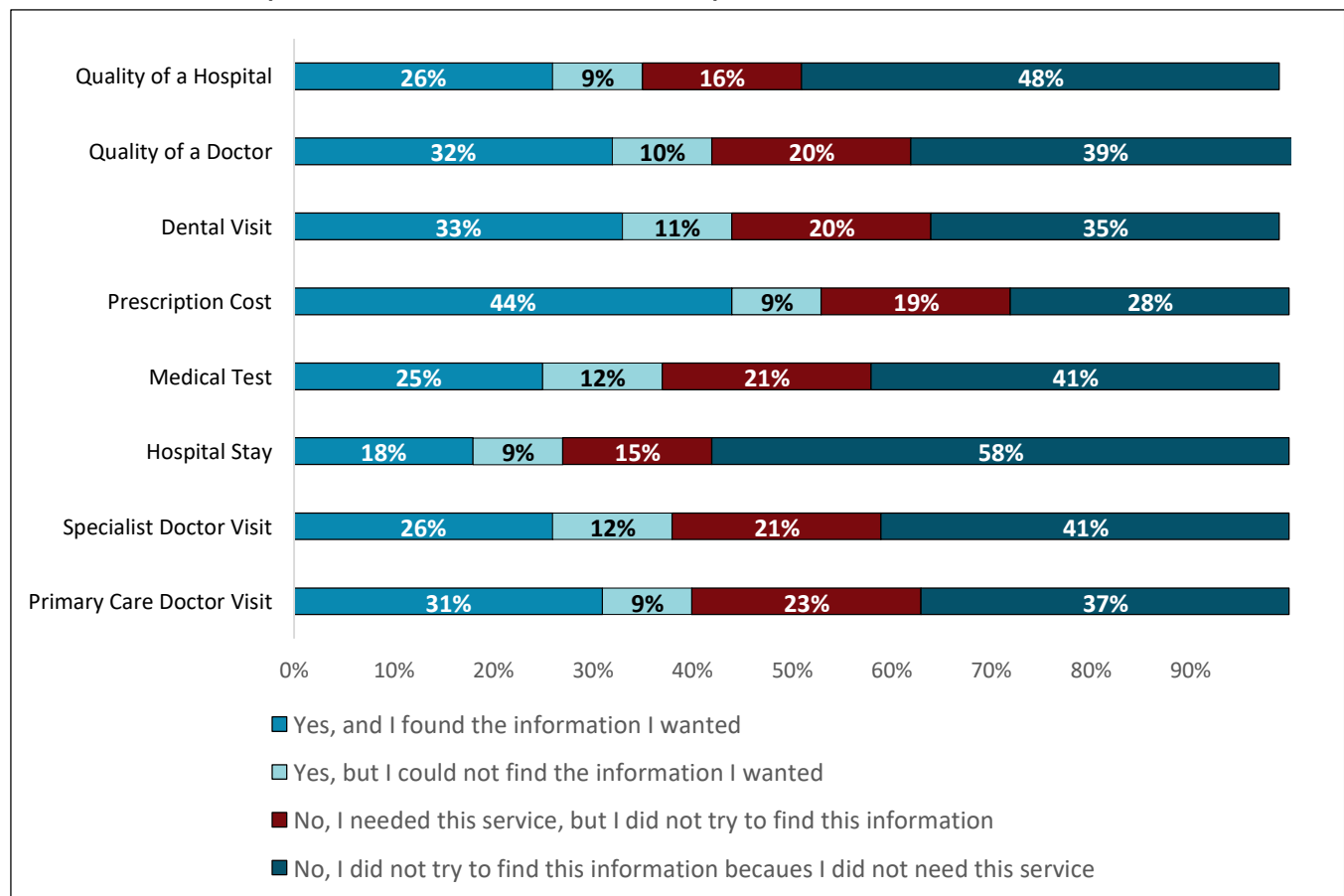
FINDING/INTERPRETING HEALTH CARE COST AND QUALITY INFORMATION

Limited knowledge of health care quality or costs can hinder consumers' ability to budget for care, which can be especially detrimental to the under- and uninsured.⁴ Among Ohio respondents, more than half (52%) of respondents feel confident in their ability to find the cost of a procedure in advance. In fact, among those who reported that they **did not search** for cost or quality information before a required procedure, 29% reported that the act of looking for information felt confusing or overwhelming, and 35% reported that they did not know where to look.

Although most respondents who searched for cost or quality information were successful, there were some who reported that they were unable to find the information they needed (see Figure 2). Fewer than half (41%) of respondents who searched for, but could not find hospital **cost** information, reported that the available cost information was confusing, 26% reported that their provider or hospital would not provide a price estimate, 30% reported 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, 31% reported that the resources were confusing, and 17% reported that the quality information was not sufficient. Notably, a small number of respondents reported that cost or quality is unimportant to them (17 and 7%, respectively). These challenges persist despite federal hospital price transparency mandates.⁵

Figure 2
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 Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

HEALTHCARE VALUE HUB

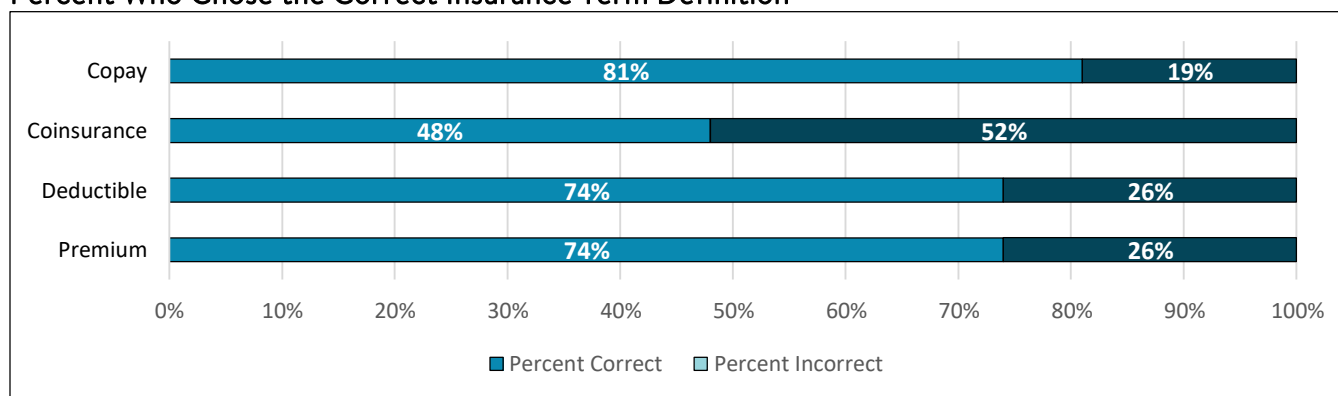
Note: Due to rounding, totals may not equal to 100%

Research shows little correlation between the quality and the price of medical services.⁶ However, **38%** of respondents reported that they **would** be willing to pay more to see a doctor with higher quality rankings. Additionally, **54%** of Ohio respondents reported that the out-of-pocket costs would a “very” or “extremely” important deciding factor if they had to choose between two providers with similar quality ratings. Likewise, **54%** reported that quality ratings are an important factor when deciding between two physicians providing services for the same price.

DIFFICULTY UNDERSTANDING COMMON HEALTH CARE TERMS

Research indicates that nearly half of insured adults find at least one aspect of their insurance difficult to understand.⁷ When given multiple choices, three out of four (**74%** of) Ohio respondents were able to correctly define “premium,” and a similar amount (**74%**) were able to correctly define “deductible.” However, fewer than half (**48%**) were able to accurately define “coinsurance” (see Figure 3). Of note, more educated respondents generally performed better when asked to define these terms (see Table 1).

Figure 3
Percent Who Chose the Correct Insurance Term Definition



Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey.
Definitions: “Premium” is a fee paid on a regular schedule for an insurance policy; “deductible” is the money you pay before an insurance company will pay a claim; “coinsurance,” which is the percentage of a health care bill you pay after the deductible is met; and “co-pay” is the portion you pay for using specific covered services.

Table 1
Percent Who Correctly Defined Select Insurance Terms, by Education Level

| | Coinsurance | Premium | Deductible | Co-Pay |
|--|-------------|---------|------------|--------|
| High School Diploma or GED | 35% | 60% | 56% | 67% |
| Some College, Training, or Certificate | 43% | 77% | 77% | 84% |
| Associate Degree | 40% | 78% | 77% | 82% |
| Bachelor’s Degree | 64% | 83% | 86% | 92% |
| Graduate School | 56% | 80% | 81% | 83% |

Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey
*Respondents who reported completing some high school, graduating from high school or receiving a GED are represented in the “High School Diploma or GED” row; respondents who reported that they attended some or completed a graduate degree program are represented in the “Graduate School” row.
Definitions: “Premium” is a fee paid on a regular schedule for an insurance policy; “deductible” is the money you pay before an insurance company will pay a claim; “coinsurance,” which is the percentage of a health care bill you pay after the deductible is met; and “co-pay” is the portion you pay for using specific covered services.

UNEXPECTED MEDICAL BILLS

Twenty-two percent of Ohio respondents received a surprise medical bill in the past year. Among those, respondents with employer-sponsored health insurance most frequently reported receiving a surprise medical bill (**26%**), followed by respondents who purchase their own insurance (e.g., through the health

care Marketplace) (25%); respondents enrolled in Health First Ohio, the state Medicaid program (21%); and those enrolled in Medicare coverage (18%).

When asked about the nature of their surprise medical bill, nearly half (49%) of respondents reported that the amount was higher than anticipated, and 36% reported that the bill was from a provider that they didn't expect to receive a bill from. In smaller numbers, 17% reported being charged out-of-network rates by a provider they believed was in-network, 8% reported being charged for services they did not receive and 17% reported experiencing something else unexpected.

Beyond describing the nature of and/or reason the bill was unexpected, respondents also reported various attempts to resolve the issue. Of those who received an unexpected medical bill in the past year, nearly half (42%) took more than one step in their attempt to resolve their unexpected medical. Many contacted their health plan (40%) or provider (41%), some paid the bill without disputing it (15%), and few (10%) filed an insurance appeal (see Table 2).

Table 2

Among Those Who Received an Unexpected Medical Bill, Percent Reporting Select Actions

| Action | Percent |
|---|---------|
| Contacted the health plan or consulted insurance policy | 40% |
| Contacted the doctor, hospital or lab | 41% |
| Asked a friend or family member for help | 16% |
| Attempted to challenge the bill or negotiate a lower bill | 15% |
| Paid the bill without disputing it | 15% |
| Contacted a consumer assistance or advocacy program | 12% |
| Contacted a state government agency | 11% |
| Filed an insurance appeal | 10% |
| Contacted a lawyer | 6% |
| Contacted a state legislator or member of Congress | 5% |
| Solicited donations using a crowdfunding platform | 5% |
| Filed a formal complaint | 4% |

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

Only 41% of respondents with an unexpected medical bill indicated that the issue was resolved to their satisfaction (see Table 3). Notably, satisfied respondents often reported employing more direct resolution strategies, such as contacting their health plan, whereas respondents who reported being dissatisfied with the resolution were more likely to have paid the original bill without disputing.

Table 3

Out of Those Who Received an Unexpected Medical Bill, Level of Satisfaction by Resolution Status

| Resolution Status | Percent |
|--|---------|
| Issue was resolved satisfactorily | 41% |
| Issue was resolved, but not satisfactorily | 27% |
| The issue is still not resolved | 25% |

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

Note: Components do not add to 100% due to some respondents being unsure of bill resolution.

Regardless, the majority of respondents reported that they settled their bills by paying in full (31%) or through a payment plan (19%), while a smaller number successfully negotiated a lower bill (12%) or had their bill dismissed (9%) (see Table 4). In a small number of cases, (<1%) respondents reported filing for

bankruptcy due to an unexpected medical bill. Some respondents (13%) also reported being contacted by a collection agency.⁸

Table 4
Out of Those Who Received an Unexpected Medical Bill, Percent Reporting Select Resolutions

| Resolution Method | Percent |
|---|---------|
| Paid original bill in full | 31% |
| Paying original bill through a payment plan | 19% |
| The billing issue remains unresolved | 19% |
| Successfully negotiated a lower bill | 12% |
| The billing issue was dismissed or written off | 9% |
| The bill was sent to collections and remains unpaid | 9% |

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

SUPPORT FOR SOLUTIONS ACROSS PARTY LINES

The burden of health care costs and the widespread support for reform indicate that elected leaders and other stakeholders must prioritize addressing these consumer challenges. Ohio respondents overwhelmingly endorsed several transparency-oriented strategies, including:

- **94%** – Show what a fair price would be for specific procedures;
- **92%** – Require drug companies to provide advanced notice of price increases;
- **92%** – Require insurers to provide up-front cost estimates to consumers;
- **91%** – Require hospitals and doctors to provide up-front cost estimates to consumers;
- **88%** – Establish standard payments to hospitals for specific procedures;
- **87%** – Strengthen policies to drive more competition in health care markets;
- **86%** – Impose price controls on contracts between insurers and health care providers;
- **86%** – Set up an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner; **and**
- **82%** – Establish limits on health care spending growth.

Support for these solutions extended across the aisle, reflecting bipartisan agreement on the need for greater health care price transparency and policies designed to reduce the frequency of surprise medical bills (see Table 5). It must be noted that, although price transparency tools can help identify unwarranted price variation, these tools alone do not make markets more efficient and generally fail to encourage consumers to shop for lower-priced services.⁹ Instead, policymakers should consider a combination of transparency tools and evidence-based policies to effectively address these issues.

Table 5
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 |
| Require drug companies to provide advanced notice of price increases | 92% | 90% | 95% | 90% |
| Require hospitals and doctors to provide up-front cost estimates to consumers | 91% | 92% | 92% | 90% |
| Require insurers to provide up-front cost estimates to consumers | 92% | 91% | 94% | 91% |
| Show what a fair price would be for specific procedures | 94% | 92% | 95% | 94% |
| Establish standard payments to hospitals for specific procedures | 88% | 84% | 93% | 86% |
| Impose price controls on contracts between insurers and health care providers | 86% | 81% | 92% | 85% |
| Strengthen policies to drive more competition in health care markets | 87% | 86% | 90% | 84% |
| Establish limits on health care spending growth, penalties for failing to curb excessive growth | 82% | 77% | 89% | 80% |
| Set up an independent entity to rate provider quality, e.g., patient outcomes and bedside manner | 86% | 82% | 91% | 85% |

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

CONCLUSION

While Ohio respondents report confidence in following their doctor's directions or filling prescriptions, they are less confident in handling cost issues and resolving problems with providers, health plans, and hospitals. Furthermore, poor understanding of common terms can make it difficult to anticipate out-of-pocket costs and budget for health care expenses. These difficulties may contribute to unexpected medical bills, increased affordability burdens, and challenges in resolving bills satisfactorily. State legislators and advocates should consider a variety of interventions, including price transparency resources and evidence-based policies, to improve health literacy, health insurance literacy and access to comprehensive health care cost and quality information.

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. According to Health Forum, an affiliate of the American Hospital Association, hospital adjusted expenses per inpatient day in Ohio were \$3,392 in 2022. See: [Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day](#). (Accessed December 5, 2024).
5. 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>
6. "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 December 5, 2024).
7. 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, 2023) <https://www.kff.org/report-section/kff-survey-of-consumer-experiences-with-health-insurance-methodology/> (Accessed December 5, 2024).
8. For more survey data on collections and medical debt, see: *Ohio Respondents Struggle to Afford High Health Care Costs; Express Across Party Lines Support for a Range of Government Solutions*, *Healthcare Value Hub*, December 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 December 5, 2024).

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from Robert Wood Johnson 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.

Contact the Hub:

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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 September 26 to October 14, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,700 respondents who live in Ohio. 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 1,670 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 | 950 | 57% |
| Man | 704 | 42% |
| Transwoman | 1 | <1% |
| Transman | 5 | <1% |
| Genderqueer/Nonbinary | 6 | <1% |
| LGBTQ+ Community | 156 | 9% |
| Insurance Type | | |
| Health insurance through my or a family member’s employer | 522 | 31% |
| Health insurance I buy on my own | 124 | 7% |
| Medicare, coverage for seniors and those with serious disabilities | 525 | 31% |
| Ohio Medicaid | 380 | 23% |
| TRICARE/Military Health System | 11 | <1% |
| Department of Veterans Affairs | 16 | <1% |
| No coverage of any type | 67 | 4% |
| I don’t know | 25 | 1% |
| Race | | |
| American Indian/Native Alaskan | 30 | 2% |
| Asian | 12 | <1% |
| Black or African American | 220 | 13% |
| Native Hawaiian/Other Pacific Islander | 10 | <1% |
| White | 1,399 | 84% |
| Prefer Not to Answer | 9 | <1% |
| Two or More Races | 42 | 3% |
| Ethnicity | | |
| Hispanic or Latino | 29 | 2% |
| Non-Hispanic or Latino | 1,641 | 98% |
| Age | | |
| 18-24 | 153 | 9% |
| 25-34 | 233 | 14% |
| 35-44 | 306 | 18% |
| 45-54 | 299 | 18% |
| 55-64 | 354 | 21% |
| 65+ | 319 | 19% |
| Party Affiliation | | |
| Republican | 611 | 37% |
| Democrat | 569 | 34% |
| Neither | 490 | 29% |

| Demographic Characteristic | Frequency | Percentage |
|--|-----------|------------|
| Household Income | | |
| Under \$20K | 287 | 17% |
| \$20K - \$29K | 206 | 12% |
| \$30K - \$39K | 186 | 11% |
| \$40K - \$49K | 162 | 10% |
| \$50K - \$59K | 176 | 11% |
| \$60K - \$74K | 149 | 9% |
| \$75K - \$99K | 170 | 10% |
| \$100K - \$149K | 207 | 12% |
| \$150K+ | 127 | 8% |
| Education Level | | |
| Some high school | 70 | 4% |
| High school diploma/GED | 474 | 28% |
| Some college or training/certificate program | 371 | 22% |
| Associate degree | 204 | 12% |
| Bachelor’s degree | 309 | 19% |
| Some graduate school | 37 | 2% |
| Graduate degree | 205 | 12% |
| Self-Reported Health Status | | |
| Excellent | 197 | 12% |
| Very Good | 481 | 29% |
| Good | 618 | 37% |
| Fair | 302 | 18% |
| Poor | 72 | 4% |
| Disability | | |
| Mobility | 313 | 19% |
| Cognition | 171 | 10% |
| Independent Living | 137 | 8% |
| Hearing | 124 | 7% |
| Vision | 86 | 5% |
| Self-Care: Difficulty dressing or bathing | 84 | 5% |
| No disability or long-term health condition | 1119 | 67% |

Source: 2024 Poll of Ohio 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.