HEALTHCARE VALUE HUB

Data Brief | October 2025

Kansas Survey Respondents Worry about High Hospital Costs; Face Challenges Understanding Quality and Cost of Care; Support a Range of Government Solutions

Summary

Hospitals provide essential services and are vital to the well-being of our communities. However, a recent survey of over 1,400 Kansas adults, conducted from August 1, 2025 – September 19, 2025, revealed widespread concern about the cost of hospital care, a lack of confidence in navigating the health care system, understanding their cost sharing obligations, and bipartisan support for government-led solutions. 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.

Concern about Affording Hospital Services

A majority of Kansas respondents report being concerned about their ability to afford care. In fact, 78% of Kansas respondents reported being worried about affording health care, both now and in the future, and nearly three in every five (58% of) respondents reported being "worried" or "very worried" about affording medical costs in the event of a serious illness or accident. Additionally:

- Sixty-three percent (63%) of respondents reported being "worried" or "very worried" about affording medical cost when elderly.
- Sixty-four percent (64%) of respondents reported being 'worried" or "very worried" about being able to afford home health care services.

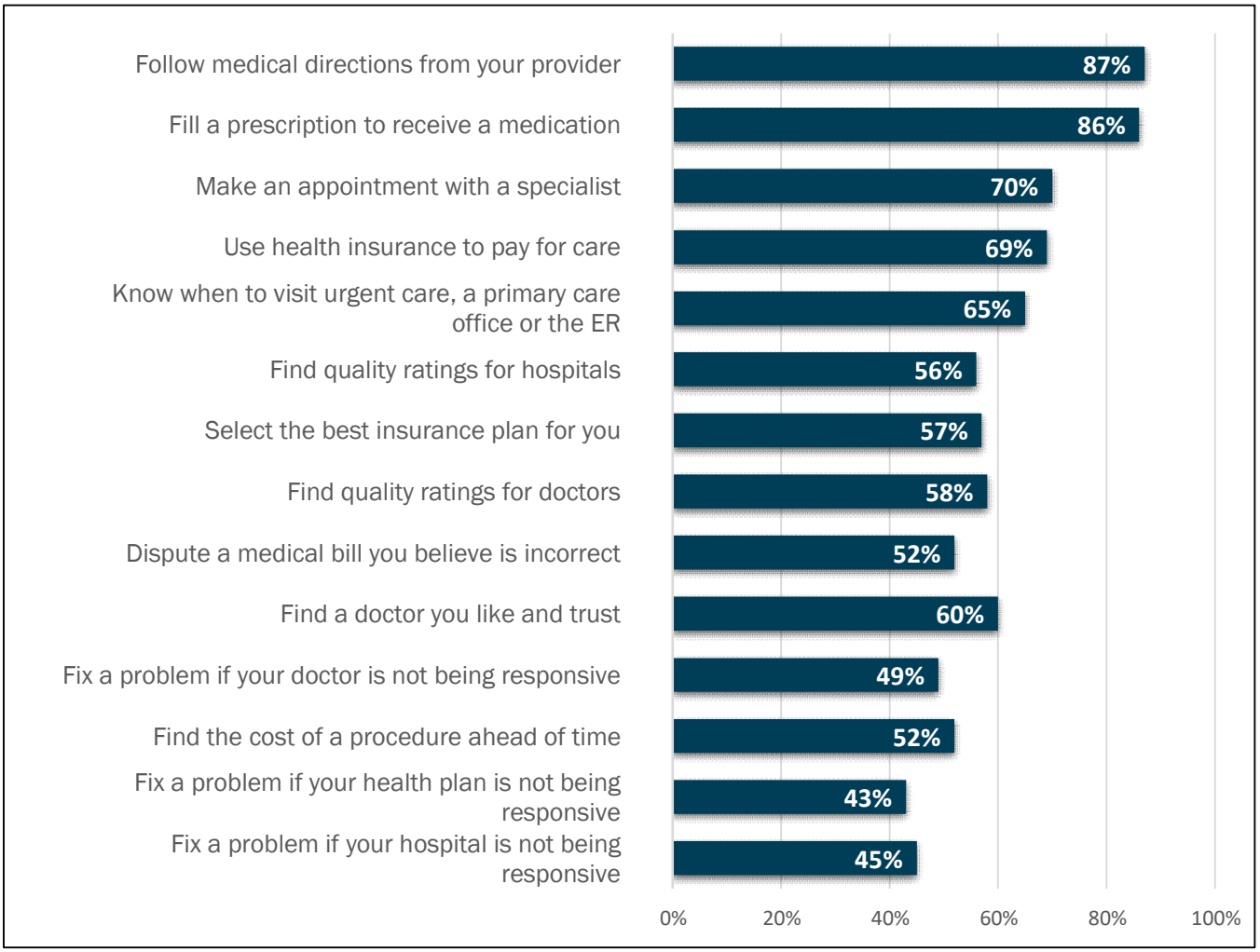
Some respondents also reported cost burdens following care. In total, 43% reported experiencing a financial burden due to medical bills and 42% of respondents reported receiving an unexpected medical bill in the past year. Among the 42% of respondents who reported receiving an unexpected medical bill in the past year, over half (56%) said at least one of those bills came from a hospital.

Confidence Seeking Hospital Care, Quality, Billing 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] Kansas respondents are fairly confident in their ability to recognize when to seek emergency care, follow directions provided by their doctor, and their ability to fill a prescription. Sixty-five percent (65%) 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 (see Figure 1).

Figure 1

Percentage of Respondents Who Feel "Very" or "Extremely" Confident They Can Complete Select Health Care Related Tasks



Source: 2025 Survey of Kansas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

However, respondents are less confident in their ability to find hospital costs and quality information before a service. They are also less confident in their ability to resolve concerns related to financial obligations, such as disputing a medical bill. Out of all respondents:

- Fifty-two percent (52%) of respondents reported they were not confident in their ability to have enough money to cover their usual necessary medical cost;
- Sixty-four percent (64%) of respondents reported they were not confident in their ability to have enough money to cover major unexpected illnesses or injuries;
- Seventy percent (70%) of respondents reported they were not confident in their ability to afford home health care services;
- Forty-eight percent (48%) of respondents reported they were not confident in their ability to determine the cost of a medical procedure in advance;
- Fifty-seven percent (57%) of respondents reported they were not confident they could resolve an issue if their health plan was not being responsive;
- Forty-two percent (42%) are not confident in their ability to find quality ratings for doctors; and
- Forty-four percent (44%) are not confident in their ability to find quality ratings for hospitals.

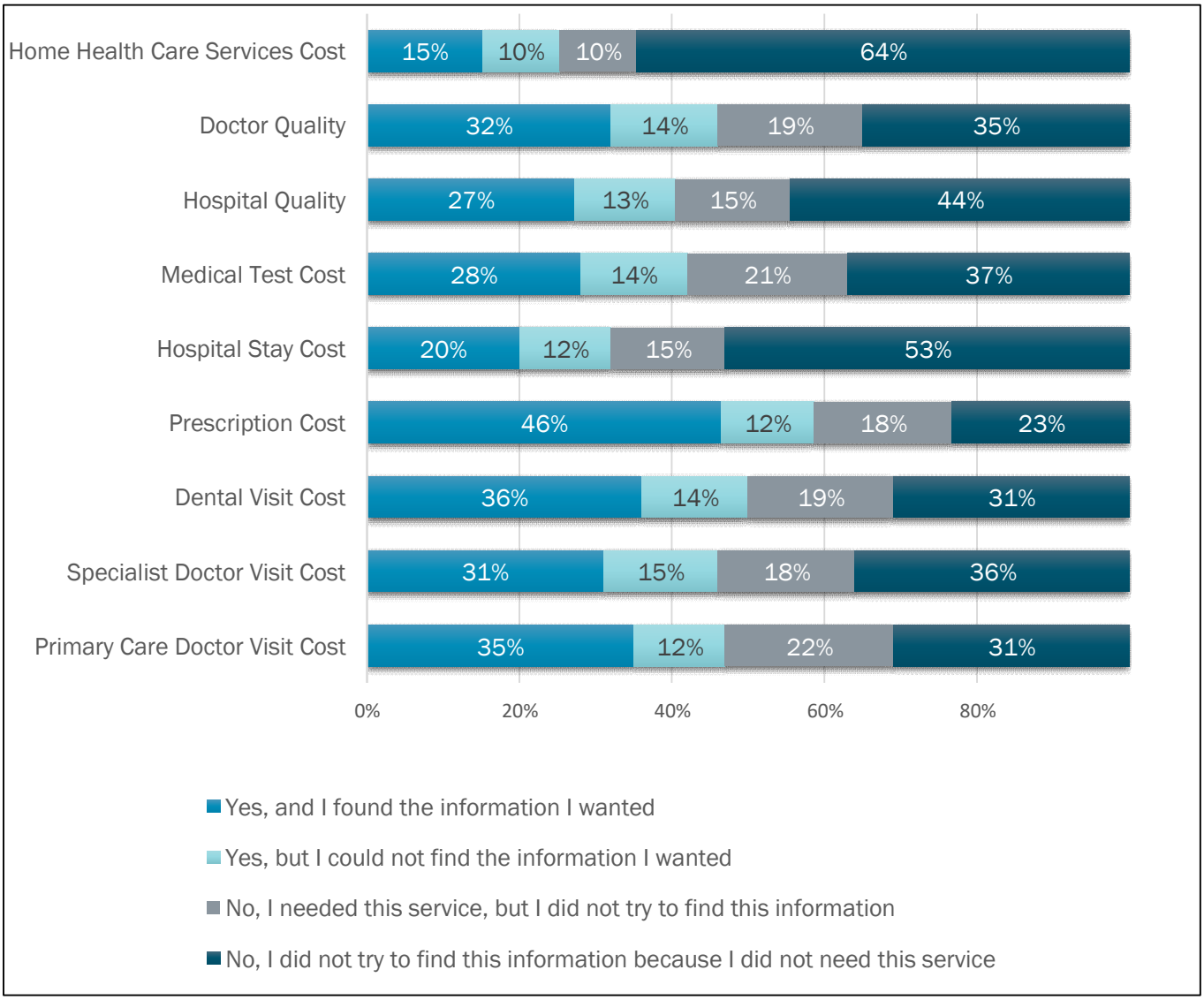
This lack of confidence may be reflected in the low rates of searching for hospital price and quality information. Only 32% of respondents reported trying to find the cost of a hospital stay ahead of time, while 15% of the respondents that reported needing a hospital service did not search for cost information at all. Among the respondents that did search for cost information or who required a hospital service:

- 23% were able to find the information they needed, and
- 14% attempted to find hospital cost information but were unsuccessful.

Similarly, fewer than half (40% of) Kansas respondents reported searching for hospital quality information. Among those that searched, 27% found the information they needed, 13% did not find what they needed, and 15% reported needing a hospital stay but not searching for quality information (see Figure 2). Among those that did search for hospital quality information and needed a hospital stay, 48% were successful in their search, while 24% searched for hospital quality information but were unsuccessful.

Figure 2

Percentage of Respondents Who Did and Did Not Search for Hospital Cost or Quality Information in the Past Year, by Outcome



Source: 2025 Survey of Kansas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Totals may not equal 100% due to rounding.

Few respondents indicated that cost and quality information was not important to them (12% and 4%, respectively). Despite federal price transparency mandates for hospitals, hospital costs and quality ratings are still not always accessible.[5] The most frequently cited reasons respondents did not attempt to find cost or quality information include:

- 31% followed their doctors' recommendations or referrals;
- 31% did not know where to look;
- 28% reported that searching for information felt too confusing or overwhelming;
- 25% did not have time to look; and
- 18% reported that it did not occur to them to look for quality or price information.

The respondents who did attempt to find hospital *cost* information, but were unsuccessful, described several challenges:

- 43% reported that the available *cost* information was confusing;
- 35% reported that their insurer would not provide a price estimate;
- 30% reported that their provider or hospital would not provide a price estimate; and
- 31% reported that the price information was insufficient

Similarly, among the respondents who were unsuccessful in their search for hospital *quality* information, 27% reported that the resources were confusing and 21% reported that the quality information was not sufficient.

Comparing Cost and Quality Information

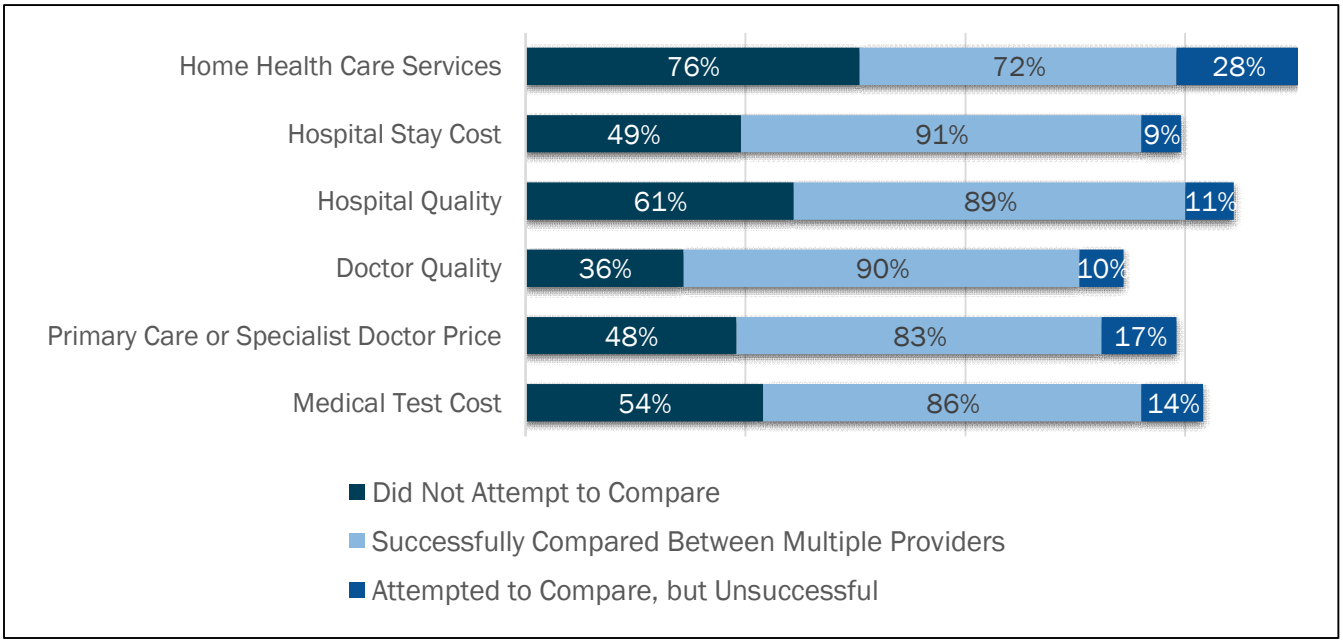
Among the respondents who were able to successfully locate sufficient cost or quality information, 90% reported they were able to find enough information to successfully compare the costs of a hospital stay between two or more options, and 89% reported finding enough information to compare quality ratings across hospitals (see Figure 3).

Respondents who were able to successfully compare cost or quality information between multiple providers reported that the comparison ultimately influenced their choice of which provider to seek care from. Specifically:

- 79% of respondents that compared costs for a primary care or specialist visit;
- 87% of those who compared the cost of medical test providers;
- 79% of those who compared the cost of a hospital stay; and
- 91% of respondents who searched for hospital quality information reported that the comparison influenced their decision.

Figure 3

Percent of Respondents Successful in Finding Hospital Cost and Quality Information and Using that Information to Compare Cost and Quality Between Multiple Providers



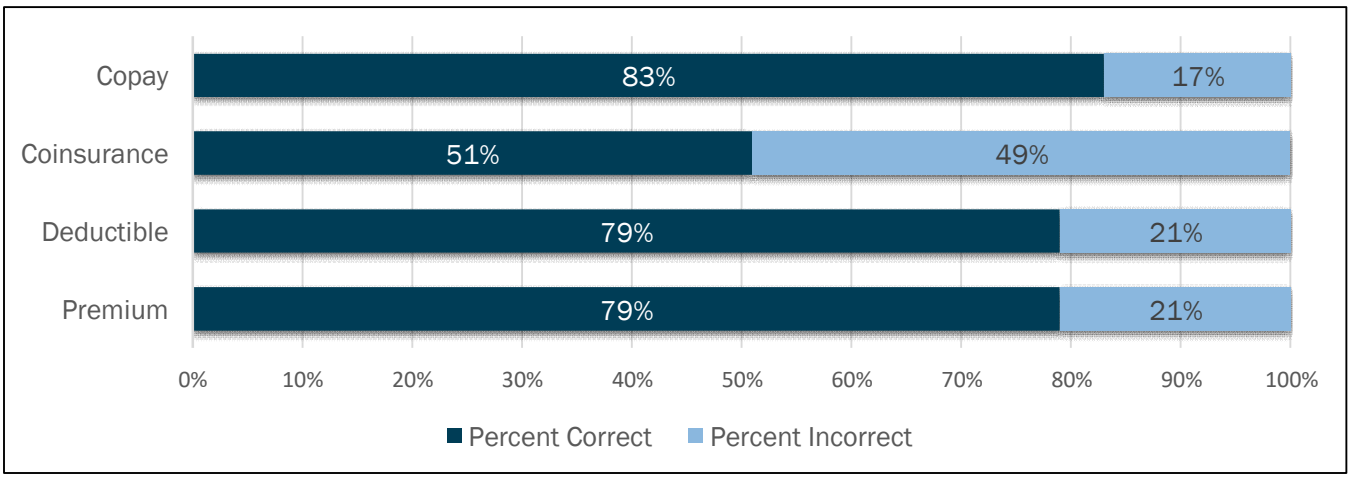
Source: 2025 Survey of Kansas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Totals will not equal 100% due to multiple measures being reported

Difficulty Understanding Common Health Terms

Research indicates that nearly half of insured adults find at least one aspect of their insurance difficult to understand.[6] When given multiple choices, over three out of four (79% of) Kansas respondents were able to correctly define "premium," and the same amount (79%) were able to correctly define "deductible." However, just over half (51%) were able to accurately define "coinsurance" (see Figure 4). Of note, more educated respondents generally performed better when asked to define these terms (see Table 1).

Figure 4

Percent Who Chose the Correct Insurance Term Definition



Source: 2025 Survey of Kansas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
**Note:* Totals may not equal 100% due to rounding.
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" is the percentage of a health care bill you pay after the deductible is met; "Copay" 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	33%	63%	63%	69%
Some College, Training, or Certificate	45%	82%	81%	87%
Associate Degree	51%	81%	82%	86%
Bachelor's Degree	61%	86%	83%	87%
Graduate School	66%	83%	85%	85%

Source: 2025 Survey of Kansas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
**Note:* Totals may not equal 100% due to rounding.
**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" is the percentage of a health care bill you pay after the deductible is met; "Copay" is the portion you pay for using specific covered services.

Impact, Concerns about Hospital Consolidation

In some cases, health care consolidation, which occurs when hospitals and other health care facilities are joined together through a merger, acquisition, or other change of ownership, can magnify the challenges consumers face when seeking, comparing, and affording care.[7] Although the number of survey respondents who reported they have been impacted by a consolidation transaction is too small to report reliable estimates, the survey results indicate that some encountered new challenges following consolidation.

There have been four changes in ownership (CHOW) involving Kansas hospitals through mergers, acquisitions, and other transactions involving health care organizations since 2017.[8] Kansas requires that the State Attorney General must be notified of nonprofit hospital transactions, who has approval authority over transactions involving both nonprofit and for-profit hospitals.[9] In total, 27% of respondents reported that they are aware of a health care consolidation transaction in their community.

Out of the 27% of respondents who reported being aware of a health care consolidation transaction, almost two in ten (18%) reported that they or a family member lost access to a preferred health care organization due to changes arising from the merger. Among respondents who lost access to their preferred provider:

- 50%—skipped one or more recommended follow-up appointment(s) due to a merger;
- 39%—switched to an in-network provider;
- 34%—skipped filling a prescription medication;
- 34%—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;
- 27%—switched to telehealth options to continue seeing their preferred provider;
- 17%—changed their health insurance plan to keep their preferred provider;
- 12%—had to change their preferred provider due to a merger resulting in a service closure; and
- 7%—continued seeing their provider but must now pay out-of-network prices.

Some respondents also provided examples of how they have been personally impacted following a health care consolidation event. Examples include:

- "The merger led to longer wait times, reduced appointment availability, and the departure of some trusted providers from my preferred healthcare organization."
- "I have to find another doctor I can respect and that respects me. I can't get my labs done nor see my former doctor to go over the labs. I have to start over with a new doctor."
- "My child sees a specialist, and the practice has had to close due to insurance companies no longer offering contracts with them."
- "The practice will not take on patients with Medicare. I had left my doctor when they merged and now they won't accept me back because I'm on Medicare."
- "When the merger took over, they no longer accepted my insurance and the out-of-pocket costs went up."

Although only a small number of respondents indicated that they have been personally impacted by health care consolidation, far more respondents (61%) reported being somewhat, moderately or very worried about the potential impacts of a consolidation transaction should one occur. When asked about their biggest concerns:

- 26% are concerned that they will have to pay more to see their doctor;
- 25% reported that they are worried they would have fewer choices for care;
- 20% are concerned that their doctor may no longer be covered by their insurance;
- 13% are concerned that the consolidation will result in lower quality of care; and
- 13% are concerned they will have to travel farther to receive care.

Respondent Perceptions of Health Care Systems, Policy Solutions

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

- 78%—Drug companies charging too much money
- 74%—Insurance companies charging too much money
- 71%—Hospitals charging too much money
- 58%—Some well-known, large hospitals or doctor groups consolidating to get higher payments from insurance companies

Respondents endorsed a number of strategies to address high health care costs and transparency-oriented strategies, including:

- 94%—Show what a fair price would be for a specific procedures;
- 94%—Require drug companies to provide advanced notice of price increases;
- 94%—Require insurers to provide up-front cost estimates to consumers;
- 93%—Require hospitals and doctors to provide up-front cost estimates to consumers;
- 91%—Lower cost of follow-up care and treatment for people with chronic conditions like diabetes, liver disease and cancer.
- 89%—Set standard payments to hospitals for specific procedures;
- 87%—Strengthen policies to drive more competition in health care markets;

- 86%—Establish an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner;
- 85%—Require routine health services to cost the same no matter what facility those services are conducted at; and
- 83%—Establish limits on health care spending growth.

Table 2

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

Selected Survey Statement	Total Percent	Republican	Democrat	Independent
Show what a fair price would be for specific procedures	94%	96%	94%	91%
Require hospitals and doctors to provide up front patient cost estimates	93%	95%	93%	91%
Require drug companies to provide advanced notice of price increases and information to justify those increases	94%	95%	95%	93%
Require insurers to provide upfront cost estimates to consumers	94%	97%	93%	92%
Set standard payments to hospitals for specific procedures	89%	89%	94%	86%
Strengthen policies to drive more competition in health care markets to improve choice and access	87%	90%	86%	85%
Set up an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner	86%	85%	87%	85%
Lower the cost of follow-up care and treatment for people with chronic conditions like diabetes, liver disease or cancer	91%	91%	94%	90%
Require that routine health care services should cost the same no matter the kind of facility those services are conducted in	85%	84%	90%	83%
Set limits on health care spending growth and penalize payers or providers that fail to curb excessive spending growth	83%	82%	88%	81%

Source: 2025 Survey of Kansas Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

The survey findings indicate that while some Kansas 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 Kansas 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.[10]

Kansas respondents reported support for government-led solutions to make price and quality information more accessible and to help consumers navigate hospital care. Many favored solutions could 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.

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. 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).
6. According to Health Forum, an affiliate of the American Hospital Association, hospital adjusted expenses per inpatient day in Kansas were $3,392 in 2022. See: Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day. (Accessed December 5, 2024).
7. 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 December 5, 2024, from https://health.mo.gov/safety/homecare/pdf/CHOW-Guidelines-StateLicensedHospice.pdf
8. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved June 5, 2024, from https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospital-change-of-ownership.
9. The Source on Health Care Price and Competition, Merger Review, Retrieved December 5, 2024 from https://sourceonhealth care.org/market-consolidation/merger-review/
10. According to Health Forum, an affiliate of the American Hospital Association, hospital adjusted expenses per inpatient day in Kansas were $3,392 in 2022, similar to the national average. See: Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day. Accessed December 5, 2024. https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day/

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.

Contact the Hub:
(734) 302-4600 | www.HealthcareValueHub.org

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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 August 1, 2025 – September 19, 2025, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Kansas. 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 1,439 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	Percent
Sex		
Woman	917	64%
Man	522	36%
Insurance Type		
Health insurance through my or a family member's employer	553	38%
Health insurance I buy on my own	211	15%
Medicare, coverage for seniors and those with serious disabilities	297	21%
Kansas Medicaid	161	11%
TRICARE/Military Health System	28	2%
Department of Veterans Affairs	24	2%
No coverage of any type	136	9%
I don't know	29	2%
Race		
American Indian/Native Alaskan	44	3%
Asian	3	0%
Black or African American	235	16%
Native Hawaiian/Other Pacific Islander	6	0%
White	1129	78%
Prefer Not to Answer	10	1%
Two or More Races	116	8%
Ethnicity		
Hispanic or Latino	142	10%
Non-Hispanic or Latino	1297	90%
Age		
18-24	233	16%
25-34	305	21%
35-44	305	21%
45-54	228	16%
55-64	204	14%
65+	152	11%
Party Affiliation		
Republican	489	34%
Democrat	409	28%
Neither	541	38%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	251	17%
$20K-$29K	162	11%
$30K - $39K	165	11%
$40K - $49K	129	9%
$50K - $59K	140	10%
$60K - $74K	145	10%
$75K - $99K	178	12%
$100K - $149K	178	12%
$150K+	91	6%
Education Level		
Some high school	52	4%
High school diploma/GED	344	24%
Some college or training/certificate program	356	25%
Associate degree	196	14%
Bachelor's degree	283	20%
Some graduate school	36	3%
Graduate degree	172	12%
Self-Reported Health Status		
Excellent	174	12%
Very Good	410	28%
Good	553	38%
Fair	246	17%
Poor	56	4%
Disability		
Mobility	261	18%
Cognition	157	11%
Independent Living	122	8%
Hearing	97	7%
Vision	78	5%
Self-Care: Difficulty dressing or bathing	71	5%
No disability or long-term health condition	973	68%

Source: 2025 Poll of Kansas 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.

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