



DATA BRIEF | OCTOBER 2023

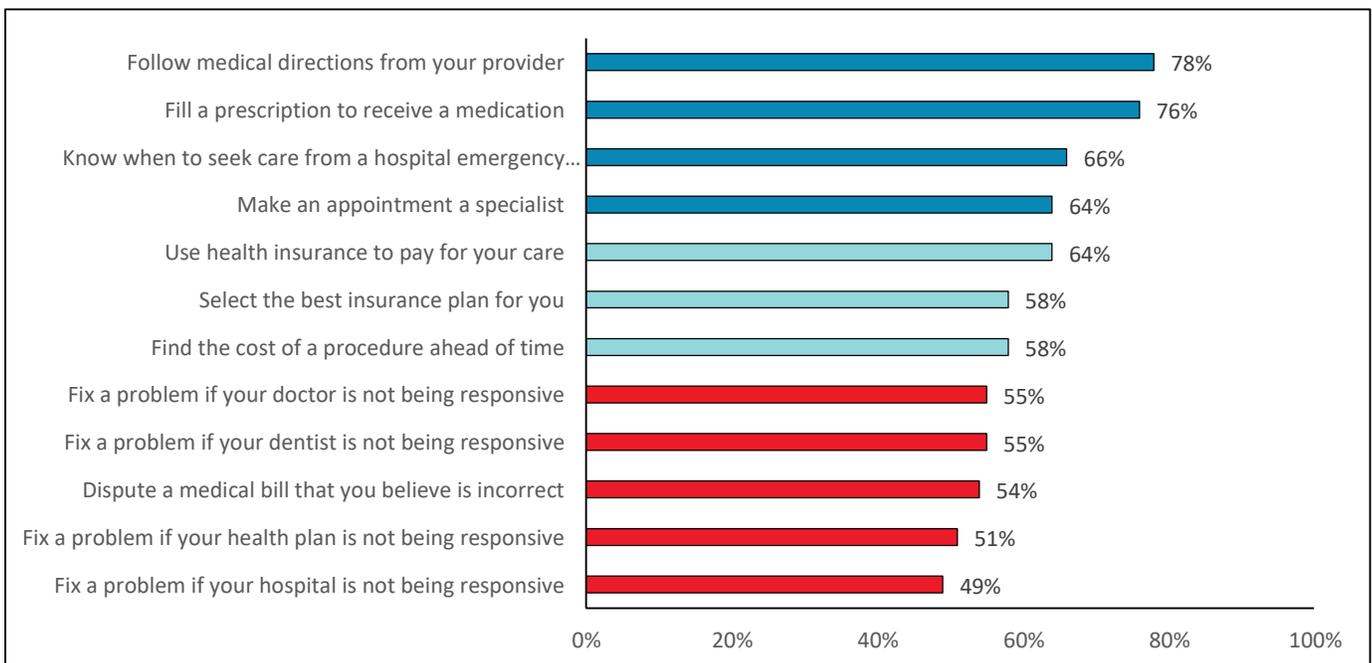
## Louisiana Survey Respondents Have Difficulty Navigating the Health Care System, Understanding Cost-Sharing Obligations; Express Bipartisan Support for Government Action

A 2023 survey of more than 1,400 Louisiana adults, conducted from July 11 to July 24, 2023, 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*.<sup>1</sup> Inadequate *health literacy*<sup>2</sup> (a closely related concept) has been associated with poorer health outcomes, lower patient satisfaction, and higher costs.<sup>3</sup> 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 Louisiana 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: 2023 Poll of Louisiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

This data supports findings that respondents are frequently not confident in their ability to navigate various aspects of the health care system and may be unprepared to manage challenging outcomes, such as unexpected medical bills. Among those who received unexpected medical bills in the past 12 months, 15% reported paying the bill without disputing it. Some reported taking initial steps like contacting their health plan (28%) or contacting their doctor, hospital, or lab (24%), but very few took additional steps such as contacting a consumer assistance program (6%), filing an insurance appeal (3%), or contacting a state government agency (3%). Ultimately, 29% report being dissatisfied with the resolution of their unexpected bill (see Table 1).

**Table 1**

**Out of Those Who Received an Unexpected Medical Bill, Percent Who Took Each Action as First Step After Receipt of Unexpected Medical Bill**

Contacted the health plan or consulted insurance policy/provider directory	28%
Contacted the doctor, hospital or lab	24%
Paid the bill without disputing it	15%
Contacted a customer service program	6%

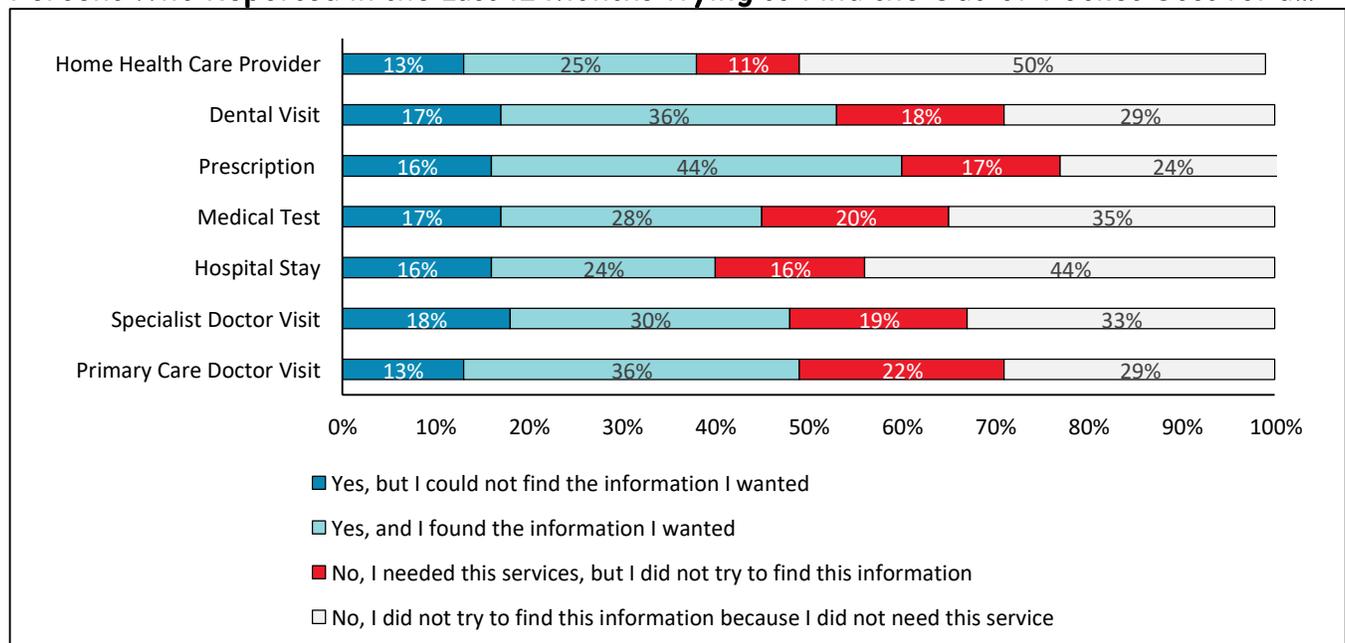
Source: 2023 Poll of Louisiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

**SUCCESS IN FINDING HEALTH CARE PRICE AND QUALITY INFORMATION**

Just over 2 in 5 (42% 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: 2023 Poll of Louisiana 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:

- 32% – Followed a doctors’ recommendations or referrals
- 29% – Did not know where to look
- 21% – The act of looking for information felt confusing or overwhelming

Notably, few of these respondents reported that out-of-pocket cost or quality were unimportant to them (9% and 5%, respectively). These reasons could also be influenced by this information not being accessible, despite federal price transparency mandates for hospitals.<sup>4</sup>

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 (27%), their insurance plan or their provider/doctor/hospital would not give them a price estimate (34% and 36%, respectively), and that price information was insufficient (21%). In unsuccessful searches for hospital *quality* information, respondents reported that resources available to search for quality information were confusing (20%) and that the quality information available was not sufficient (15%).

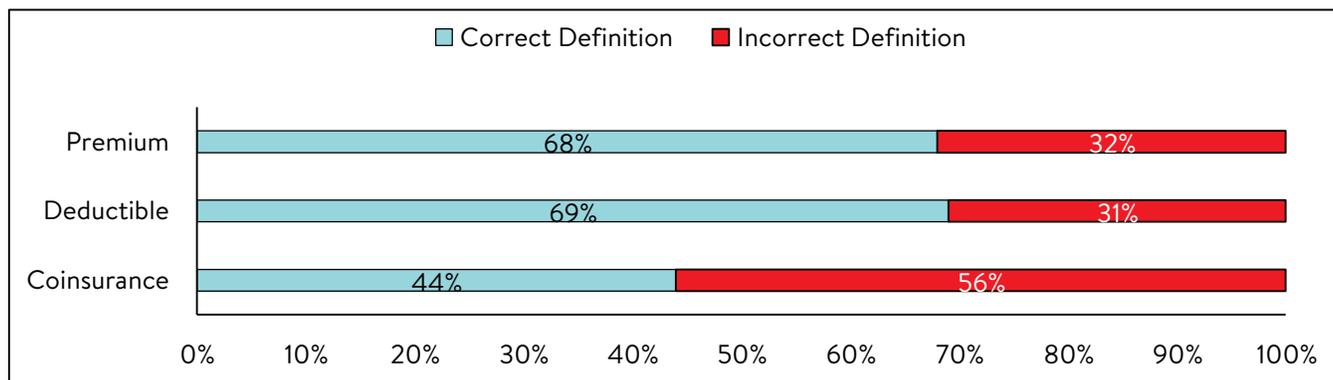
Lack of knowledge of hospital quality and potential costs may impede consumers’ ability to plan for needed care and budget for the expense of a hospital stay, which can be costly,<sup>5</sup> particularly for those who are un- or under-insured.

### DIFFICULTY UNDERSTANDING COMMON HEALTH CARE TERMS

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

When given multiple choices, respondents were able to choose the correct definitions for *premium* and *deductible* over two-thirds of the time, but less than half were able to accurately define *coinsurance* (see Figure 3). 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.<sup>6</sup> 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: 2023 Poll of Louisiana 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.

There is also a lack of consensus on the definition of *health care quality*: **43%** of respondents indicated that they believe that health care quality refers to how doctors and office staff treat patients, such as bedside manner, while other respondents indicated that they believe health care quality refers to doctors and hospitals being credentialed and following evidence-based guidelines (**30%**) or how quickly and how well the patient recovers (**27%**). This lack of consensus on defining health care quality may impact how consumers interpret transparency tools and quality information, adding to the confusion and complexity of navigating the health care system.

### Relationship Between Quality and Price

Studies show there is little relationship between the quality and the price of a medical service<sup>7</sup> and few respondents (**30%**) believe that a less expensive doctor is providing lower-quality care. However, nearly two-thirds (**63%**) of Louisiana respondents believe that higher quality health care usually comes at a higher cost and **41%** reported that they would be willing to pay more to see a doctor with higher quality ratings.

Both cost and quality are important to Louisiana's health care consumers. Half (**50%**) of Louisiana 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, **51%** 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 Louisiana adults 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 (**33%**), compared to those with Medicare (**30%**), insurance through their employer (**26%**), or Louisiana Medicaid (**21%**).

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

- **46%** - reported the amount charged was higher than expected; and
- **32%** - 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 (**16%**), being charged for services they did not receive (**6%**), or experiencing something else unexpected (**20%**). As noted above, over eight out of ten (**85%**) Louisiana respondents who received a surprise bill attempted to resolve the bill before paying it. As a first step, **24%** contacted the doctor, hospital, or lab and **28%** contacted their insurance plan to resolve their unexpected medical bill (Table 1).

Over half (**51%**) of Louisiana respondents with an unexpected medical bill took more than one step to resolve the unexpected bill. However, either as a first or second step, 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; or
- Filing a formal complaint.

Among Louisiana adults who had an unexpected medical bill, **36%** indicated that the issue was resolved to their satisfaction. Twenty-nine percent report that the issue was not resolved to their satisfaction. For another **29%**, the issue had not been resolved (see Table 2).

**Table 2**

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

Issue was resolved to their satisfaction	36%
Issue was resolved but NOT to their satisfaction	29%
Issue is still not resolved	29%

Source: 2023 Poll of Louisiana 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 3). Two percent had their bill sent to collections.

**Table 3**

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

Paid original bill in full	33%
Paid original bill through a payment plan	20%
Billing issue was dismissed or written off	8%
Negotiated a lower bill	10%
Bill was sent to collections and remains unpaid <sup>8</sup>	10%

Source: 2023 Poll of Louisiana 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:

- **88%** – Show what a fair price would be for specific procedures

- **87%** – Require drug companies to provide advanced notice of price increases and information to justify those increases
- **87%** – Require insurers to provide up-front cost estimates to consumers
- **86%** – Require hospitals and doctors to provide up-front cost estimates to consumers
- **83%** – 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 4).

**Table 4**  
**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 insurers to provide up-front cost estimates to consumers.	87%	88%	86%	88%
The government should show what a fair price would be for a specific procedure.	88%	87%	90%	88%
The government should require hospitals and doctors to provide up-front cost estimates to consumers.	86%	85%	88%	85%
The government should require drug companies to provide advance notice of prices increases and information to justify those increases	87%	88%	89%	86%
Set up an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner	83%	82%	87%	82%

Source: 2023 Poll of Louisiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

## DISCUSSION

While Louisiana 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.<sup>9</sup> Instead, a combination of price transparency tools and evidence-based policies should be used to increase health literacy across the state. Louisiana 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 Louisiana were \$2,479 in 2021. See: Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day, (Accessed Sept. 27, 2023).
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, 2023) <https://www.kff.org/report-section/kff-survey-of-consumer-experiences-with-health-insurance-methodology/> (Accessed September 26, 2023).
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 September 26, 2023).
8. Across all types of medical bills – expected and unexpected – involvement of a collection agency was common. Eleven percent of ALL LA adults have been contacted by a collection agency over a medical bill in the prior 12 months. See: *Louisiana Respondents Struggle to Afford High Healthcare Costs; Express Across Party Lines Support for a Range of Government Solutions, Healthcare Value Hub*, October 2023
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 September 26, 2023).

### ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from 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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HEALTHCARE VALUE HUB

**Methodology**

Altarum’s Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents’ unbiased 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 July 11 to July 24, 2023, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Louisiana. 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 1,444 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
<b>Gender</b>		
Woman	744	53%
Man	647	46%
Transwoman	5	<1%
Transman	1	<1%
Genderqueer/Nonbinary	8	1%
<b>Insurance Type</b>		
Health insurance through employer or family member’s employer	496	35%
Health insurance I buy on my own	122	9%
Medicare, coverage for seniors and those with serious disabilities	216	15%
Medicaid, coverage for low-income earners	399	28%
TRICARE/Military Health System coverage	29	2%
Department of Veterans Affairs (VA) Healthcare	14	1%
No coverage of any type	66	5%
I don’t know	75	5%
<b>Race</b>		
American Indian or Native Alaskan	48	3%
Asian	22	2%
Black or African American	349	25%
Native Hawaiian or Other Pacific Islander	12	1%
White	1008	71%
Prefer Not to Answer	28	2%
Two or More Races	51	4%
<b>Ethnicity</b>		
Hispanic or Latino	167	12%
Non-Hispanic or Latino	1250	88%
<b>Age</b>		
18-24	421	30%
25-34	410	29%
35-44	257	18%
45-54	122	9%
55-64	117	8%
65+	75	5%

Demographic Characteristic	Frequency	Percentage
<b>Household Income</b>		
Under \$20K	297	21%
\$20K - \$29K	172	12%
\$30K - \$39K	138	10%
\$40K - \$49K	95	7%
\$50K - \$59K	97	7%
\$60K - \$74K	130	9%
\$75K - \$99K	104	7%
\$100K - \$149K	157	11%
\$150K+	227	16%
<b>Self-Reported Health Status</b>		
Excellent	387	27%
Very Good	379	27%
Good	412	29%
Fair	197	14%
Poor	42	3%
<b>Disability</b>		
Mobility: Serious difficulty walking or climbing stairs	189	13%
Cognition: Serious difficulty concentrating, remembering or making decisions	214	15%
Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	163	12%
Hearing: Deafness or serious difficulty hearing	102	7%
Vision: Blindness or serious difficulty seeing, even when wearing glasses	108	8%
Self-Care: Difficulty dressing or bathing	70	5%
No disability or long-term health condition	862	61%
<b>Party Affiliation</b>		
Republican	423	30%
Democrat	490	35%
Neither	504	36%

Source: 2023 Poll of Louisiana 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.