

CONSUMER REPORTS® NATIONAL RESEARCH CENTER
Survey Research Report

Surprise Medical Bills Survey

2015 Nationally-Representative Online Survey

May 5, 2015

Introduction

In March 2015, the Consumer Reports National Research Center conducted a nationally representative online survey to assess the experience of consumers with private health insurance. The objective was to ascertain (1) the frequency of insurance issues, namely unexpected medical bills, and (2) what consumers know about their rights regarding conflicts with health insurers. GfK Group administered the survey to a nationally representative sample of 2,202 adult U.S. residents and an Ohio augment (622 OH residents), Florida augment (682 FL residents), Texas augment (790 TX residents), and California augment (825 CA residents). The data were statistically weighted so that respondents in the survey are demographically and geographically representative of the U.S. population and the state (OH, FL, TX, CA) augment population.

Highlights

Seven out of 10 Privately Insured Americans Give Their Plan Good Grades

- Seven out of 10 privately insured Americans give their plan a grade of 'B' or higher.
- However, of the respondents who received a surprise medical bill, few (10%) would give their health plan an 'A' for its response; many (58%) gave their plan a grade of 'C' or lower.

Many Americans Would Complain about an Unexpected Medical Bill

- Many (62%) privately insured Americans are *very likely* (31%) or *somewhat likely* (31%) to complain about an unexpected medical bill.

Over a Third of Privately Insured Americans Had a Problem with Their Insurer

- In the past two years, over 1 in 3 privately insured Americans had at least one of the problems listed in the survey (e.g. billing issue, coverage denial) with their health insurer.
- Among just the *Hospital* subgroup (individuals who had emergency room visits/hospitalizations/surgery in the past two years), the number rises to 45%.

Thirty Percent of Privately Insured Americans Received a Surprise Medical Bill

- In the past two years, 30% of privately insured Americans received a surprise medical bill (a medical bill where the health plan paid less than expected). Among just the *Hospital* subgroup (individuals who had emergency room visits/hospitalizations/surgery in the past two years), the number rises to 37%.
- Among those who received a surprise medical bill, nearly 1 out of 4 got a bill from a doctor they did not expect to get a bill from.
- While many (64%) took action to resolve their billing issue, over a third did not.

Only Twenty-Eight Percent Satisfied with How Insurance Billing Issue Resolved

- Only 28% of privately insured Americans with billing issues were satisfied with how the issue was resolved. For many (53%), the issue was either not resolved as they liked (30%) or not resolved at all (23%).
- Of this group (*issue not resolved to satisfaction/at all*) many (75%) either paid for the bill in full (57%) or through a payment plan (18%).

Consumers Unaware of Health Insurance Rights and State Entities

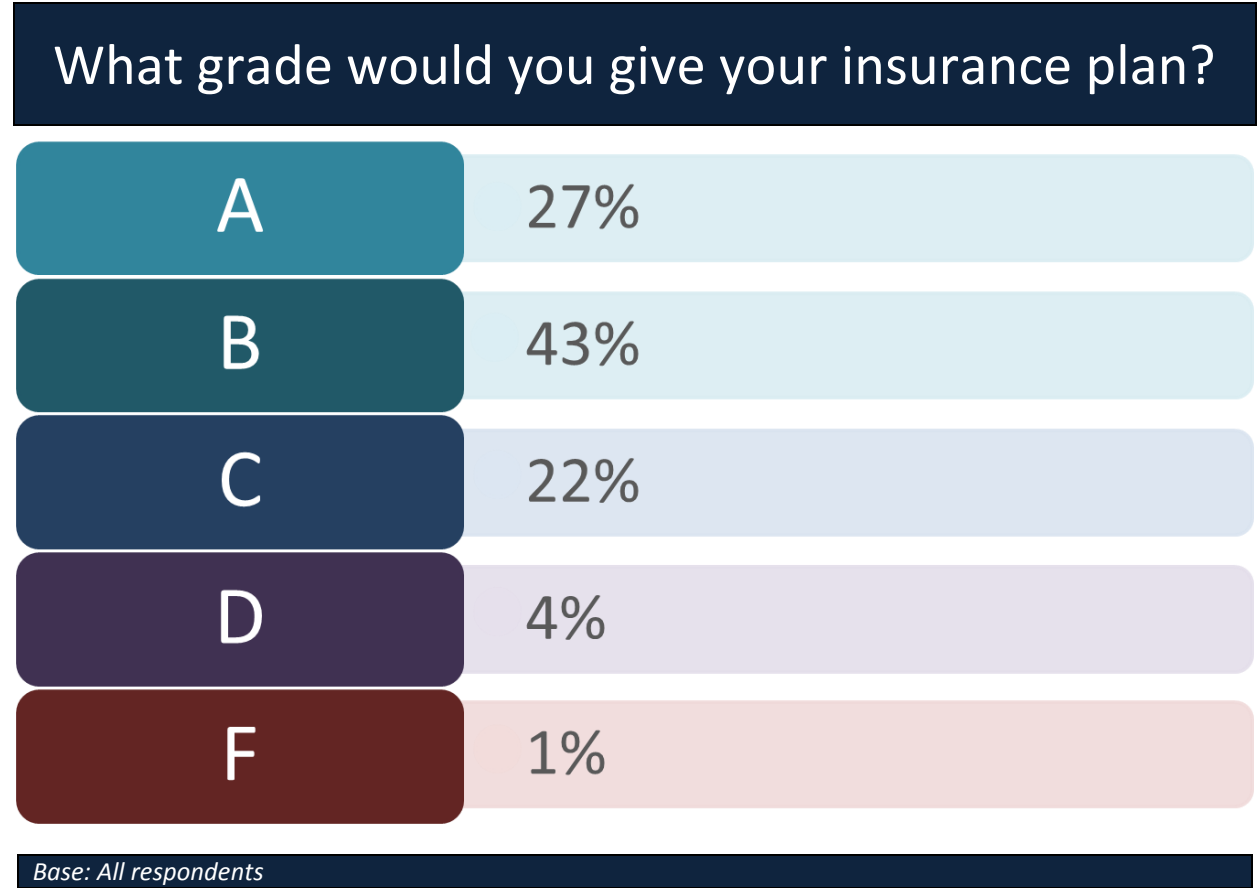
- Two-thirds of privately insured Americans are uncertain about which state entity is responsible for resolving issues with health insurance billing.
- Most (87%) don't know the state agency/department tasked with handling health insurance complaints.
- Many (72%) are unsure if they have the right to appeal to the state/an independent medical expert if their health plan refuses coverage for medical services they think they need.

Most Americans Are Not Complaining to Government Agencies

- Most Americans are not complaining to government agencies. Indeed 83% never complained to a government agency about any issue (e.g. cable bill, credit report error, bank fees).

Seven out of 10 Privately Insured Americans Give Their Plan Good Grades

Seven out of 10 (69%) privately insured Americans would give their plan a grade of 'B' or higher. Over half (54%) of privately insured Americans get their health plan from their employer. Many (59%) have had this insurance for four years or more.



A greater percentage of respondents in California (31%) gave their plan an ‘A’ compared to Ohio (24%), Texas (23%), and Florida (22%).

Consumer Grading of Their Health Insurance Plan					
	USA	OH	FL	TX	CA
A - Excellent	27%	24%	22%	23%	31%
B - Good	43%	45%	43%	44%	43%
C - Average	22%	23%	25%	25%	17%
D - Poor	4%	5%	5%	4%	6%
F - Failing	1%	2%	2%	2%	1%
Unsure	3%	1%	3%	2%	2%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>

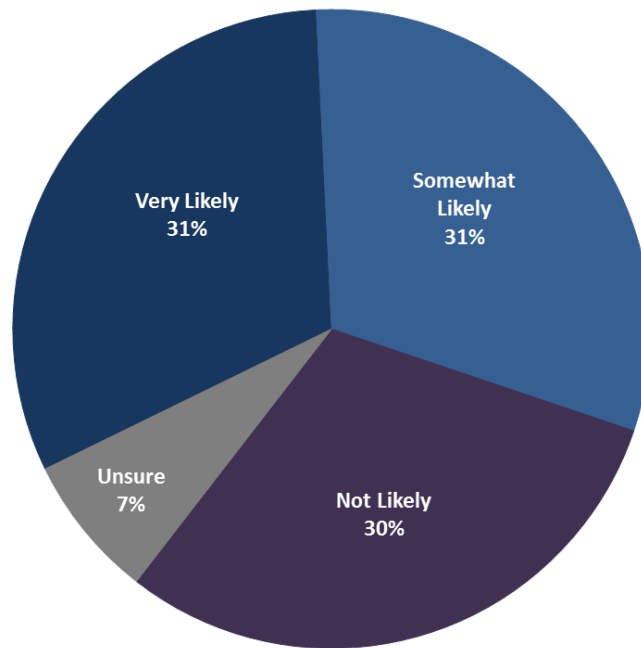
Base: All respondents

When asked about their (or a member of their household’s) emergency room visits, hospitalizations or surgeries in the past two years, more than half reported NO emergency room visits/hospitalizations (55%) or surgeries (68%).

Many Americans Would Complain about an Unexpected Medical Bill

Many (62%) Americans are *very likely* (31%) or *somewhat likely* (31%) to complain about an unexpected medical bill.

How likely are you to complain about an unexpected medical bill?



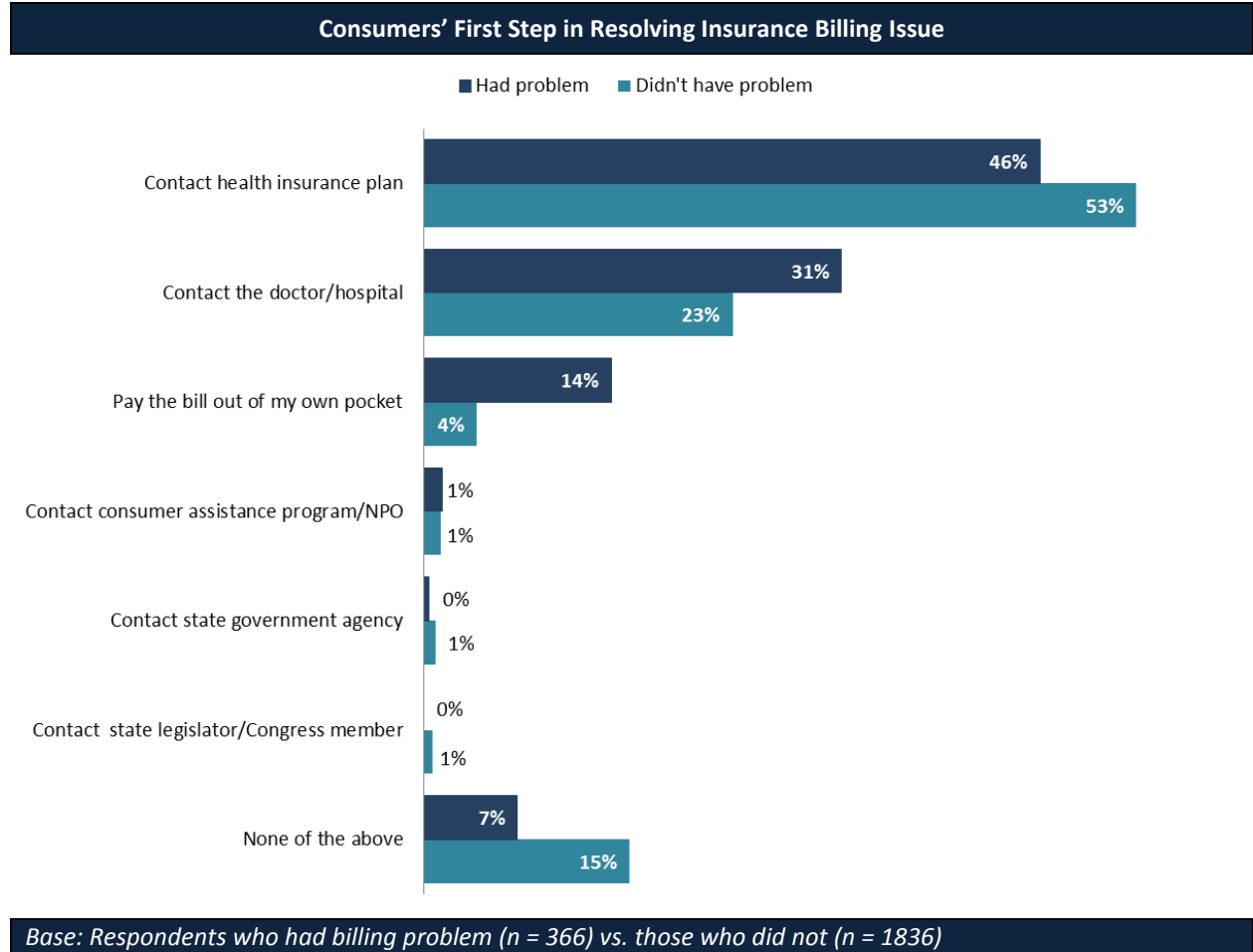
Base: All respondents

Over a Third of Privately Insured Americans Had a Problem with Their Insurer

In the past two years, over 1 in 3 (37%) privately insured Americans had at least one of the listed problems (e.g. billing issue, coverage denial) with their health insurer. Among just the *Hospital* subgroup (individuals who had emergency room visits/hospitalizations/surgery in the past two years), the number rises to 45%.

Problems Consumers had with Their Medical Insurer					
	USA	OH	FL	TX	CA
<i>Had any problem</i>	37%	38%	35%	40%	37%
Billing or payment for medical services	17%	21%	15%	19%	14%
A problem with health services my plan does or does not cover	9%	10%	12%	12%	10%
A coverage denial	9%	9%	8%	9%	6%
Not being able to get the specific medication I need	7%	6%	9%	8%	5%
Difficulty getting an appointment with a doctor	6%	4%	6%	5%	10%
Difficulty getting someone from the plan on the phone to answer my questions	5%	6%	5%	4%	6%
Being forced to change doctors or my doctor being dropped from the plan	4%	4%	8%	4%	5%
A problem with a listing in the plan's provider directory	3%	3%	4%	3%	5%
Delays in receiving care or treatment	3%	1%	2%	2%	6%
Administrators or other plan staff being insensitive or not helpful	3%	5%	3%	3%	4%
Difficulty getting referrals to see a medical specialist	2%	1%	2%	2%	6%
Other	2%	1%	3%	3%	2%
None of the above	63%	62%	65%	58%	61%
Refused	1%	1%	0%	2%	2%
<i>Total</i>	2202	588	628	729	787
<i>Base: All respondents</i>					

When faced with a problem with billing/payment of services, 46% would first contact their health insurance plan (even among those who did NOT have this problem, over half reported this would also be their first course of action). Nearly a third (31%) would first contact their doctor, hospital, or health care provider.



Thirty Percent of Privately Insured Americans Received a Surprise Medical Bill

The majority (87%) of Americans review their medicals bills sometimes or more frequently (*often or always*). In the past two years, 30% of privately insured Americans received a surprise medical bill (a medical bill where the health plan paid less than expected). This number is lower (23%) among the California subset. When looking at just the *Hospital* subgroup (individuals who had emergency room visits/hospitalizations/surgery in the past two years), the number rises to 37%.

Of the respondents who received a surprise medical bill, the overwhelming majority (91%) got this bill in the past two years. Many (63%) who received a surprise medical bill were surprised that the total amount charged was higher than expected. Nearly 1 out of 4 (23%) got a bill from a doctor they did not expect to get a bill from.

Surprise Insurance Billing Issues					
	USA	OH	FL	TX	CA
The total amount charged was higher than I expected	63%	59%	62%	62%	67%
I got a bill from a doctor I did not expect to get a bill from	23%	26%	23%	35%	22%
I got separate bills from multiple providers	20%	28%	19%	29%	20%
I was charged at an out-of-network rate when I thought the provider was in-network	14%	14%	12%	20%	18%
I was charged for services I did not receive	4%	4%	5%	6%	6%
Other	10%	11%	13%	7%	6%
Refused	1%	0%	0%	1%	0%
<i>Total</i>	<i>657</i>	<i>195</i>	<i>216</i>	<i>255</i>	<i>177</i>
<i>Base: Received surprise medical bill</i>					

While many (64%) took action to resolve their billing issue, over a third (35%) did not. Among this group, the most popular reason for not taking action (endorsed by 42%) was *I didn't think it would make a difference*. A higher percentage (21%) of individuals in the *Hospital* subgroup versus the general population (14%) reported *I was confused about what to do or found it too complicated*.

Reasons for Consumer Inaction Regarding Surprise Medical Bill						
	USA	USA*	OH	FL	TX	CA
I didn't think it would make a difference	42%	46%	55%	48%	42%	51%
I didn't have time/it wasn't worth my time	18%	20%	8%	13%	14%	19%
I was confused about what to do or found it too complicated	14%	21%	7%	8%	11%	9%
The problem resolved itself	13%	10%	10%	15%	13%	7%
I didn't know how to take action/where to complain	12%	15%	9%	10%	11%	18%
I was afraid of creating trouble with the plan or physician	4%	4%	2%	2%	2%	1%
Other	18%	14%	18%	22%	22%	14%
Unsure	5%	4%	10%	5%	2%	5%
Refused	0%	0%	0%	0%	4%	0%
Total	229	121	72	72	75	71

Base: Received surprise medical bill and didn't take action to resolve (denotes HOSPITAL only subgroup)*

Among those that DID take action, over half (56%) contacted someone at the plan or their physician. A quarter referred to health insurance plan documents for information. Few (2%) contacted someone outside of their health plan (e.g. lawyer or state agency).

Actions Taken by Consumers to Resolve Surprise Medical Bill						
	USA	USA*	OH	FL	TX	CA
Contacted someone at the plan	56%	55%	59%	56%	44%	58%
Contacted my physician/physician's office	56%	55%	43%	54%	58%	42%
Referred to health insurance plan documents for information	25%	25%	34%	22%	27%	27%
Filed a complaint or appeal	13%	13%	17%	16%	11%	19%
Asked a friend or family member for help	5%	4%	1%	3%	5%	4%
Changed health care plan or health care provider	3%	3%	4%	3%	2%	7%
Contacted someone outside of the health plan (like a lawyer or state agency)	2%	2%	1%	2%	1%	6%
Other	5%	6%	8%	2%	4%	4%
None of the above	2%	2%	3%	3%	4%	2%
Refused	0%	0%	1%	0%	1%	0%
Total	423	260	122	144	180	106

Base: Received surprise medical bill and took action to resolve (denotes HOSPITAL only subgroup)*

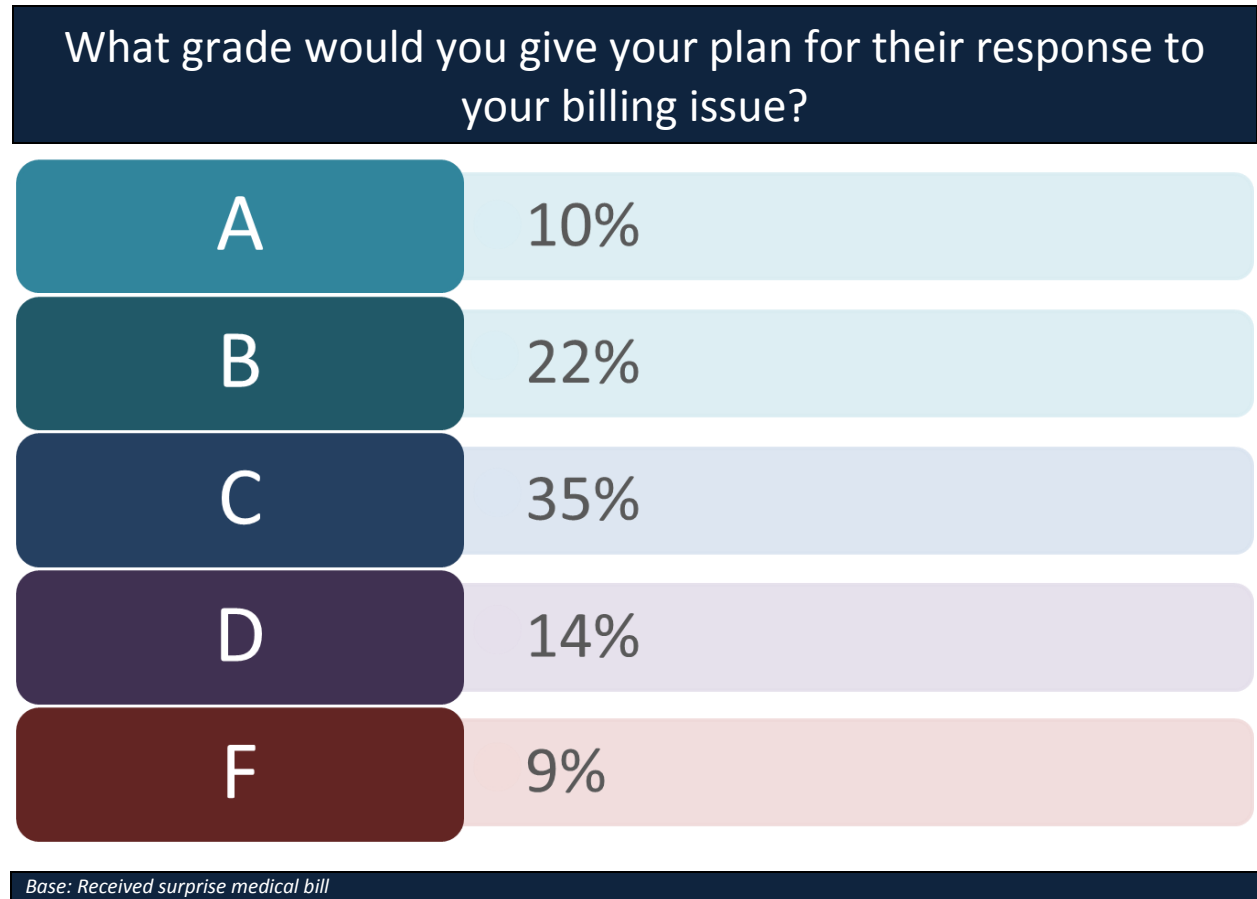
Only Twenty-Eight Percent Satisfied with How Insurance Billing Issue Resolved

Only 28% of privately insured Americans with billing issues were satisfied with how the issue was resolved. For many (53%) the issue was either not resolved as they liked (30%) or not resolved at all (23%). Of this group (*issue not resolved to satisfaction/at all*), many (75%) either paid for the bill in full (57%) or through a payment plan (18%).

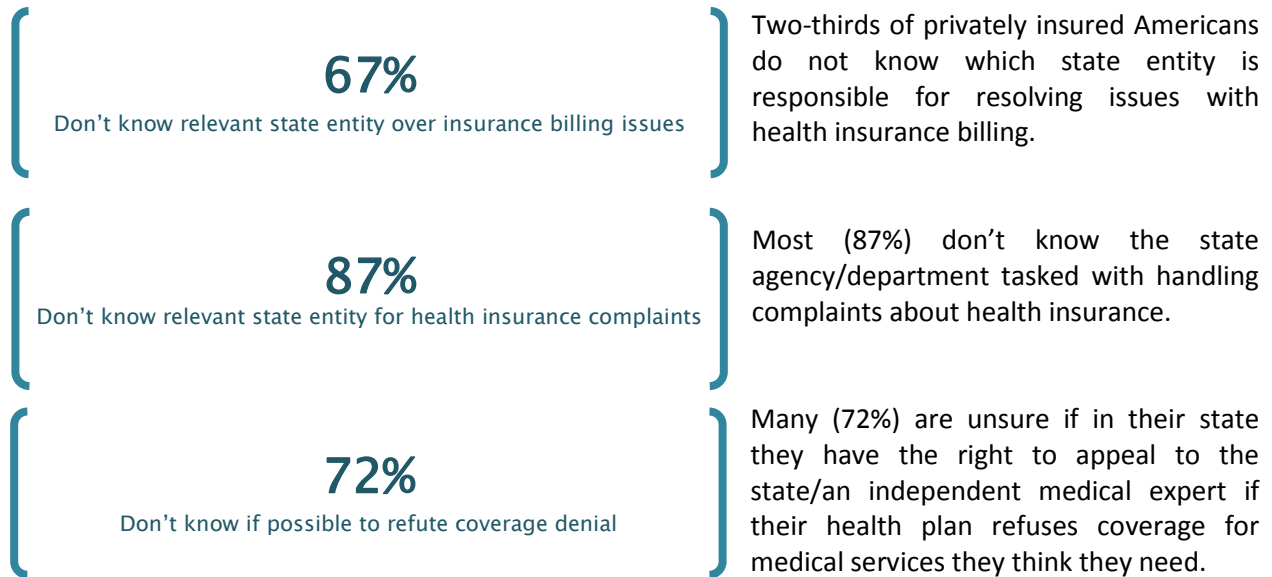
Outcome of Insurance Billing Issue					
	USA	OH	FL	TX	CA
The issue was resolved, but not how I liked	30%	29%	28%	38%	37%
The issue was resolved to my satisfaction	28%	28%	28%	22%	26%
The issue was not resolved	23%	30%	25%	23%	19%
The issue is currently still being resolved	10%	8%	10%	13%	11%
Unsure	8%	4%	9%	4%	7%
Refused	1%	1%	1%	0%	0%
<i>Total</i>	<i>657</i>	<i>195</i>	<i>216</i>	<i>255</i>	<i>177</i>
<i>Base: Received surprise medical bill</i>					

Consumer Resolution of Billing Issues <i>(Issues that were not resolved to satisfaction/at all)</i>					
	USA	OH	FL	TX	CA
I paid for the bill in full	57%	56%	57%	49%	60%
I am paying for the bill through a payment plan	18%	25%	19%	22%	13%
I negotiated a lower bill	10%	7%	13%	11%	15%
The provider sent the bill to collections	7%	6%	6%	8%	6%
My billing issue was dismissed or written off	3%	1%	1%	1%	2%
I filed for bankruptcy	1%	0%	0%	0%	0%
Unsure	4%	5%	4%	9%	4%
Refused	1%	0%	0%	0%	0%
<i>Total</i>	<i>349</i>	<i>115</i>	<i>114</i>	<i>155</i>	<i>99</i>
<i>Base: Received surprise medical bill and issue not resolved to satisfaction/at all</i>					

Of the respondents who received a surprise medical bill, few (10%) would give their health plan an 'A' for its response; many (58%) gave their plan a grade of 'C' or lower.

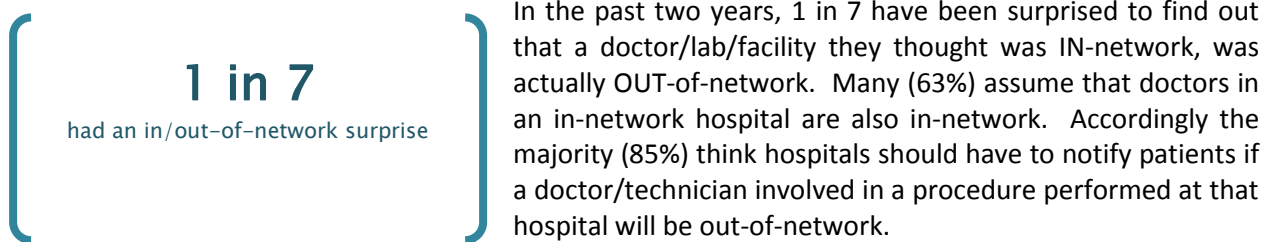


Consumers Unaware of Health Insurance Rights and State Entities



Consumer Knowledge of In/Out-of-Network Issues

In the past two years, few (11%) have tried to use a doctor/facility outside of their plan's network.



While over a quarter (27%) believe they must pay the extra cost if an error in their plan's provider directory causes them to go to a doctor/hospital that is actually out-of-network, many (53%) are uncertain about this.

Consumer Issues with Health Plan's Online Provider Directory

Over 4 out of 10 (43%) privately insured Americans have used their plan's online provider directory in the past two years; many (78%) used the directory (while enrolled in their plan) to find in-network doctors/facilities. The majority (84%) found the directory *somewhat easy* (53%) or *very easy* (31%) to use. Accordingly, most (89%) were able to find the information they were looking for. A notable amount (47%) were highly satisfied (completely or very satisfied) with their plan's directory.

Americans Are Not Complaining to Government Agencies

Americans are not complaining to government agencies. Indeed most (83%) never complained to a government agency about any issue. This number is higher among respondents that don't know the state entity governing health insurance billing issues (88%), and respondents that don't know if it's possible to appeal a coverage denial (87%).

Percent of Consumers Who Complain to Government Agency about Issue					
	USA	OH	FL	TX	CA
I've never complained to a government agency about any issue	83%	84%	84%	83%	81%
<i>Complained</i>	16%	15%	16%	16%	18%
A cable bill	2%	2%	2%	2%	3%
A telephone bill	2%	1%	2%	4%	4%
A gas or electric bill	2%	3%	1%	4%	2%
An error in my credit report	2%	2%	2%	3%	4%
New or used car problems	2%	1%	2%	1%	2%
Credit cards	2%	2%	2%	3%	4%
Bank fees	2%	2%	3%	3%	3%
A car or homeowners insurance bill	1%	1%	1%	2%	2%
Home improvement issues	1%	1%	2%	1%	1%
Other	5%	6%	6%	5%	5%
Refused	2%	1%	0%	1%	2%
<i>Total</i>	2202	588	628	729	787
<i>Base: All respondents</i>					

Summary

In recent years a sizable amount of privately insured Americans have received a surprise medical bill. While many took action to resolve this issue, quite a number did not. A common reason for inaction was the consumer's belief that it wouldn't make any difference. Moreover, 1 in 7 expressed confusion about what to do. Indeed, when we surveyed consumers about health insurance policies and the state entities governing health insurers, we found most consumers are in the dark. These survey results suggest surprise medical bills are a problem, and some American consumers don't know what to do about them.

Methodology

This online survey was fielded by GfK from March 5 - March 16, 2015. The target population consisted of the following: 18+ General Population adults who have private health insurance, with additional augments for adults who live in CA, TX, FL or OH. To sample the population, GfK sampled households from its KnowledgePanel, a probability-based web panel designed to be representative of the United States (state samples were targeted using Profile data).

The survey consisted of two stages: the initial screening for private health insurance and the main survey with the study-eligible respondents. To qualify for the main survey, a panel member must have been:

- 18 years or older
- Insured by one of the following in 2014:
 - A health plan from a current employer
 - A health plan from a previous employer
 - A health plan from my spouse's/partner's employer
 - A health plan through my parents or parent's employer
 - A privately-purchased health plan that I buy on my own
 - A health plan from healthcare.gov or my state health insurance marketplace

Nationally at least 79% of survey participants had employer-based coverage (e.g., current/previous employer or spouse’s employer). Just 6% purchased their own private insurance plan. Also, few (6%) got their health plan from a state/federal health insurance exchange (these exchanges were newly operational in 2014). Many (67%) had been insured with their current plan for 3 years or more.

Margin of Error <i>(95% confidence level)</i>	
Group	MOE
General Population	±2.3%
CA	±3.7%
FL	±4.7%
OH	±5.0%
TX	±4.5%

Appendix: Tables

Q1: Please select the type of health plan that insured you in 2014. If you were covered by more than one plan, select the ONE plan that you relied on MOST.					
	USA	OH	FL	TX	CA
A health plan from a current employer	54%	52%	53%	58%	48%
A health plan from my spouse's/partner's employer	19%	24%	17%	18%	19%
A health plan through my parents or parent's employer	9%	5%	4%	6%	9%
A health plan from a previous employer	7%	8%	7%	9%	8%
A privately-purchased health plan that I buy on my own	6%	7%	11%	4%	7%
A health plan from healthcare.gov or my state health insurance marketplace	6%	5%	8%	6%	8%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q2: How long have you had this insurance?					
	USA	OH	FL	TX	CA
1 year	17%	17%	21%	19%	16%
2 years	12%	14%	11%	10%	11%
3 years	8%	6%	9%	8%	9%
4 years or more	59%	62%	57%	61%	62%
Not applicable	3%	1%	3%	3%	3%
Refused	0%	0%	0%	0%	0%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q3: Based on all your experience with YOUR health insurance plan, what letter grade would you give it?					
	USA	OH	FL	TX	CA
A - Excellent	27%	24%	22%	23%	31%
B - Good	43%	45%	43%	44%	43%
C - Average	22%	23%	25%	25%	17%
D - Poor	4%	5%	5%	4%	6%
F - Failing	1%	2%	2%	2%	1%
Unsure	3%	1%	3%	2%	2%
Refused	0%	0%	0%	0%	0%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q4: Over the PAST TWO YEARS, how many times were you or anyone else covered by your policy in the Emergency Room or hospitalized?					
	USA	OH	FL	TX	CA
0	55%	47%	59%	56%	58%
1	21%	23%	20%	23%	21%
2	10%	13%	10%	7%	9%
3	5%	6%	3%	3%	4%
4	2%	2%	1%	1%	1%
5 or more	2%	4%	1%	2%	1%
Not applicable	5%	6%	5%	8%	6%
Refused	0%	0%	0%	0%	0%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q5: Over the PAST TWO YEARS, how many times did you or anyone else covered by your policy have surgery?					
	USA	OH	FL	TX	CA
0	68%	63%	71%	64%	68%
1	17%	21%	18%	19%	18%
2	6%	6%	4%	7%	6%
3	2%	2%	2%	2%	1%
4	1%	1%	0%	0%	0%
5 or more	0%	1%	0%	0%	0%
Not applicable	5%	6%	5%	7%	6%
Refused	0%	0%	0%	0%	1%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q6: How likely are you to complain about an unexpected medical bill?					
	USA	OH	FL	TX	CA
Very likely	31%	29%	38%	37%	37%
Somewhat likely	31%	32%	28%	30%	25%
<i>Likely complain</i>	<i>62%</i>	<i>62%</i>	<i>66%</i>	<i>67%</i>	<i>62%</i>
Not Likely	30%	33%	26%	28%	29%
Unsure	7%	6%	8%	5%	8%
Refused	0%	0%	0%	0%	0%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q7: In the PAST TWO YEARS, which, if any, problems did you (or anyone else covered by your policy) have with your main health insurer related to...?					
	USA	OH	FL	TX	CA
<i>Had any problem</i>	37%	38%	35%	40%	37%
Billing or payment for medical services	17%	21%	15%	19%	14%
A problem with health services my plan does or does not cover	9%	10%	12%	12%	10%
A coverage denial	9%	9%	8%	9%	6%
Not being able to get the specific medication I need	7%	6%	9%	8%	5%
Difficulty getting an appointment with a doctor	6%	4%	6%	5%	10%
Difficulty getting someone from the plan on the phone to answer my questions	5%	6%	5%	4%	6%
Being forced to change doctors or my doctor being dropped from the plan	4%	4%	8%	4%	5%
Administrators or other plan staff being insensitive or not helpful	3%	5%	3%	3%	4%
A problem with a listing in the plan's provider directory	3%	3%	4%	3%	5%
Delays in receiving care or treatment	3%	1%	2%	2%	6%
Difficulty getting referrals to see a medical specialist	2%	1%	2%	2%	6%
Other	2%	1%	3%	3%	2%
None of the above	63%	62%	65%	58%	61%
Refused	1%	1%	0%	2%	2%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q8: When you (or anyone else covered by your policy) had a problem with your plan's provider directory, which, if any, of the following DID you do FIRST?					
	USA	OH	FL	TX	CA
Contacted my health insurance plan	53%	*	*	*	*
Contacted the doctor, hospital, or health care provider	24%	*	*	*	*
Contacted a consumer assistance program or non-profit organization	0%	*	*	*	*
Other	2%	*	*	*	*
I didn't do anything	21%	*	*	*	*
Refused	0%	*	*	*	*
<i>Total</i>	<i>64</i>	<i>*</i>	<i>*</i>	<i>*</i>	<i>*</i>
<i>Base: Problem with plan's provider directory</i>					

* denotes low sample

Q9: If you had a problem with billing/payment of services, which, if any, of the following WOULD you do FIRST?					
	USA	OH	FL	TX	CA
Contact my health insurance plan	53%	57%	55%	52%	57%
Contact the doctor, hospital, or health care provider	23%	29%	26%	26%	23%
Pay the bill out of my own pocket	4%	1%	2%	4%	3%
Contact a consumer assistance program or non-profit organization	1%	0%	0%	2%	1%
Contact someone in a state government agency	1%	0%	1%	0%	0%
Contact my state legislator or member of Congress	1%	0%	0%	0%	0%
Other	1%	0%	1%	1%	1%
None of the above	15%	12%	13%	15%	14%
Refused	1%	0%	1%	0%	0%
<i>Total</i>	<i>1836</i>	<i>465</i>	<i>533</i>	<i>587</i>	<i>681</i>
<i>Base: Didn't have problem with billing/payment of services</i>					

Q10: When you (or anyone else covered by your policy) had a problem with billing/payment of services, which, if any, of the following DID you do FIRST?					
	USA	OH	FL	TX	CA
Contacted my health insurance plan	46%	45%	43%	43%	52%
Contacted the doctor, hospital, or health care provider	31%	33%	39%	33%	25%
Paid the bill out of my own pocket	14%	12%	8%	15%	10%
Contacted a consumer assistance program or non-profit organization	1%	3%	0%	1%	3%
Contacted someone in a state government agency	0%	2%	0%	0%	0%
Other	1%	0%	1%	2%	2%
None of the above	7%	5%	8%	5%	6%
Refused	0%	0%	0%	0%	0%
<i>Total</i>	<i>366</i>	<i>123</i>	<i>95</i>	<i>142</i>	<i>106</i>
<i>Base: Had problem with billing/payment of services</i>					

Q11: How often do you review your medical bills from visits to doctors, hospitals, or other health care providers?					
	USA	OH	FL	TX	CA
<i>Review bills sometimes or more</i>	87%	90%	91%	90%	81%
Always	59%	66%	60%	61%	54%
Often	15%	15%	17%	18%	14%
Sometimes	12%	9%	14%	11%	13%
Rarely	9%	7%	8%	7%	15%
Unsure	4%	3%	1%	2%	3%
Refused	0%	0%	0%	0%	1%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q12: In the PAST TWO YEARS have you received a medical bill where the health plan paid much less than you thought it would (or perhaps not at all)?					
	USA	OH	FL	TX	CA
Yes	30%	33%	34%	35%	23%
No	56%	54%	56%	53%	65%
Unsure	14%	12%	10%	12%	12%
Refused	0%	0%	0%	1%	1%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q13: When did you receive the bill?					
	USA	OH	FL	TX	CA
Less than 6 months ago	36%	28%	28%	43%	38%
6 - less than 12 months ago	34%	40%	31%	29%	35%
1-less than 2 years ago	21%	18%	26%	22%	19%
2-5 years ago	5%	7%	8%	4%	6%
Over 5 years ago	0%	0%	1%	0%	0%
Unsure	4%	7%	6%	1%	1%
Refused	0%	0%	1%	1%	2%
<i>Total</i>	<i>657</i>	<i>195</i>	<i>216</i>	<i>255</i>	<i>177</i>
<i>Base: Received surprise medical bill</i>					

Q14: Which, if any, of the following surprised you about the bill?					
	USA	OH	FL	TX	CA
The total amount charged was higher than I expected	63%	59%	62%	62%	67%
I got a bill from a doctor I did not expect to get a bill from	23%	26%	23%	35%	22%
I got separate bills from multiple providers	20%	28%	19%	29%	20%
I was charged at an out-of-network rate when I thought the provider was in-network	14%	14%	12%	20%	18%
I was charged for services I did not receive	4%	4%	5%	6%	6%
Other	10%	11%	13%	7%	6%
Refused	1%	0%	0%	1%	0%
<i>Total</i>	<i>657</i>	<i>195</i>	<i>216</i>	<i>255</i>	<i>177</i>
<i>Base: Received surprise medical bill</i>					

Q15: Did you take any action to resolve this billing issue?					
	USA	OH	FL	TX	CA
Yes	64%	63%	66%	71%	60%
No	35%	37%	33%	29%	40%
Refused	1%	0%	0%	0%	0%
<i>Total</i>	<i>657</i>	<i>195</i>	<i>216</i>	<i>255</i>	<i>177</i>
<i>Base: Received surprise medical bill</i>					

Q16: Why didn't you take any action to resolve your billing issue?					
	USA	OH	FL	TX	CA
I didn't think it would make a difference	42%	55%	48%	42%	51%
I didn't have time/it wasn't worth my time	18%	8%	13%	14%	19%
I was confused about what to do or found it too complicated	14%	7%	8%	11%	9%
The problem resolved itself	13%	10%	15%	13%	7%
I didn't know how to take action/where to complain	12%	9%	10%	11%	18%
I was afraid of creating trouble with the plan or physician	4%	2%	2%	2%	1%
Other	18%	18%	22%	22%	14%
Unsure	5%	10%	5%	2%	5%
Refused	0%	0%	0%	4%	0%
<i>Total</i>	<i>229</i>	<i>72</i>	<i>72</i>	<i>75</i>	<i>71</i>
<i>Base: Received surprise medical bill and didn't take action to resolve</i>					

Q17: Which, if any, of the following did you try to resolve the billing issue?					
	USA	OH	FL	TX	CA
Contacted someone at the plan	56%	59%	56%	44%	58%
Contacted my physician/physician's office	56%	43%	54%	58%	42%
Referred to health insurance plan documents for information	25%	34%	22%	27%	27%
Filed a complaint or appeal	13%	17%	16%	11%	19%
Asked a friend or family member for help	5%	1%	3%	5%	4%
Changed health care plan or health care provider	3%	4%	3%	2%	7%
Contacted someone outside of the health plan (like a lawyer or state agency)	2%	1%	2%	1%	6%
Other	5%	8%	2%	4%	4%
None of the above	2%	3%	3%	4%	2%
Refused	0%	1%	0%	1%	0%
<i>Total</i>	<i>423</i>	<i>122</i>	<i>144</i>	<i>180</i>	<i>106</i>
<i>Base: Received surprise medical bill and took action to resolve</i>					

Q18: How helpful was the following towards resolving your billing issue?					
	USA	OH	FL	TX	CA
Referred to health insurance plan documents for information					
Very helpful	18%	*	*	*	*
Somewhat helpful	42%	*	*	*	*
Not very helpful	26%	*	*	*	*
Not helpful at all	12%	*	*	*	*
Refused	1%	*	*	*	*
<i>Total</i>	<i>104</i>	*	*	*	*
Asked a friend or family member for help					
Very helpful	*	*	*	*	*
Somewhat helpful	*	*	*	*	*
Not very helpful	*	*	*	*	*
Not helpful at all	*	*	*	*	*
Refused	*	*	*	*	*
<i>Total</i>	*	*	*	*	*
Changed health care plan or health care provider					
Very helpful	*	*	*	*	*
Somewhat helpful	*	*	*	*	*
Not very helpful	*	*	*	*	*
Not helpful at all	*	*	*	*	*
<i>Total</i>	*	*	*	*	*
Contacted someone at the plan					
Very helpful	27%	21%	23%	21%	0%
Somewhat helpful	39%	52%	43%	56%	0%
Not very helpful	19%	21%	18%	18%	0%
Not helpful at all	15%	6%	16%	5%	0%
<i>Total</i>	<i>237</i>	<i>72</i>	<i>80</i>	<i>79</i>	<i>62</i>
Contacted my physician/physician's office					
Very helpful	26%	25%	31%	18%	0%
Somewhat helpful	38%	47%	36%	45%	0%
Not very helpful	22%	16%	21%	23%	0%
Not helpful at all	14%	12%	12%	14%	0%
Refused	0%	0%	0%	0%	0%
<i>Total</i>	<i>236</i>	<i>53</i>	<i>78</i>	<i>104</i>	<i>44</i>
Contacted someone outside of the health plan (like a lawyer or state agency)					
Very helpful	*	*	*	*	*
Somewhat helpful	*	*	*	*	*
Not very helpful	*	*	*	*	*
Not helpful at all	*	*	*	*	*
<i>Total</i>	*	*	*	*	*
Filed a complaint or appeal					
Very helpful	22%	*	*	*	*
Somewhat helpful	30%	*	*	*	*
Not very helpful	21%	*	*	*	*
Not helpful at all	27%	*	*	*	*
<i>Total</i>	<i>55</i>	*	*	*	*
<i>Base: Received surprise medical bill and took action to resolve</i>					

Q19: You said you contacted someone outside of the health plan. Which, if any, of the following did you contact?					
	USA	OH	FL	TX	CA
Someone at my work whose job it is to deal with health insurance issues	*	*	*	*	*
A lawyer	*	*	*	*	*
A state agency	*	*	*	*	*
An elected official, such as my governor, state legislator, or member of Congress	*	*	*	*	*
A navigator, enrollment counselor, or agent/broker	*	*	*	*	*
Other	*	*	*	*	*
Unsure	*	*	*	*	*
<i>Total</i>	*	*	*	*	*
<i>Base: Received surprise medical bill and contacted someone outside of health plan</i>					

Q20: Which, if any, of the following are reasons why you didn't contact a state agency about your billing issue?					
	USA	OH	FL	TX	CA
I didn't realize that was an option	*	*	*	*	*
I wasn't sure how to	*	*	*	*	*
I didn't know which agency to contact	*	*	*	*	*
My problem did not fall under the agency's authority	*	*	*	*	*
It was too big of a hassle/wasn't worth my time	*	*	*	*	*
Other	*	*	*	*	*
<i>Total</i>	*	*	*	*	*
<i>Base: Received surprise medical bill, contacted someone outside of health plan, didn't contact state agency</i>					

Q21: Was the billing issue resolved to your satisfaction?					
	USA	OH	FL	TX	CA
The issue was resolved, but not how I liked	30%	29%	28%	38%	37%
The issue was resolved to my satisfaction	28%	28%	28%	22%	26%
The issue was not resolved	23%	30%	25%	23%	19%
The issue is currently still being resolved	10%	8%	10%	13%	11%
Unsure	8%	4%	9%	4%	7%
Refused	1%	1%	1%	0%	0%
<i>Total</i>	<i>657</i>	<i>195</i>	<i>216</i>	<i>255</i>	<i>177</i>
<i>Base: Received surprise medical bill</i>					

Q22: Which, if any, of the following BEST describes what happened with the billing issue?					
	USA	OH	FL	TX	CA
I paid for the bill in full	57%	56%	57%	49%	60%
I am paying for the bill through a payment plan	18%	25%	19%	22%	13%
I negotiated a lower bill	10%	7%	13%	11%	15%
The provider sent the bill to collections	7%	6%	6%	8%	6%
My billing issue was dismissed or written off	3%	1%	1%	1%	2%
I filed for bankruptcy	1%	0%	0%	0%	0%
Unsure	4%	5%	4%	9%	4%
Refused	1%	0%	0%	0%	0%
<i>Total</i>	<i>349</i>	<i>115</i>	<i>114</i>	<i>155</i>	<i>99</i>
<i>Base: Received surprise medical bill and issue not resolved/not resolved to satisfaction</i>					

Q23: Overall, thinking about how your health insurance plan handled or responded to your billing issue, what letter grade would you give your plan for its response?					
	USA	OH	FL	TX	CA
A - Excellent	10%	12%	8%	6%	7%
B - Good	22%	21%	29%	26%	24%
C - Average	35%	37%	35%	39%	38%
D - Poor	14%	14%	15%	10%	22%
F - Failing	9%	6%	5%	13%	3%
Unsure	8%	9%	8%	6%	6%
Refused	1%	0%	0%	0%	0%
<i>Total</i>	<i>657</i>	<i>195</i>	<i>216</i>	<i>255</i>	<i>177</i>
<i>Base: Received surprise medical bill</i>					

Q24: In your state, which, if any, of the following entities have primary responsibility for resolving issues with health insurance billing?					
	USA	OH	FL	TX	CA
Insurance company	22%	21%	23%	26%	28%
Doctor or hospital	11%	12%	11%	11%	10%
A state agency	7%	6%	5%	8%	11%
The legal system (e.g. lawyers, courts, etc.)	3%	3%	4%	4%	4%
A consumer assistance program or non-profit agency	2%	2%	2%	1%	3%
A federal agency	1%	1%	1%	1%	3%
Other	0%	0%	1%	1%	0%
Unsure	67%	70%	67%	62%	60%
Refused	1%	1%	0%	1%	1%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q25: Do you know which agency or department in your STATE government is tasked with handling complaints about health insurance?					
	USA	OH	FL	TX	CA
Yes	11%	11%	13%	11%	15%
No	87%	89%	87%	88%	85%
Refused	1%	0%	1%	1%	1%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q26: To the best of your knowledge, in your state do you have the right to appeal to the state or to an independent medical expert if your health plan refuses coverage for medical services you think you need?					
	USA	OH	FL	TX	CA
Yes	21%	18%	22%	26%	28%
No	6%	3%	3%	5%	4%
Unsure	72%	79%	75%	68%	67%
Refused	1%	0%	0%	0%	1%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q27: In the PAST TWO YEARS have tried to use a doctor or facility outside of your plan's network?					
	USA	OH	FL	TX	CA
Yes	11%	9%	11%	13%	9%
No	83%	85%	85%	82%	85%
Unsure	6%	6%	3%	5%	5%
Refused	1%	0%	1%	0%	1%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q28: In the PAST TWO YEARS have you been surprised to find out that a doctor, lab or facility you thought was IN your provider's network, was actually OUT-of-network?					
	USA	OH	FL	TX	CA
Yes	14%	13%	18%	19%	13%
No	76%	77%	76%	73%	78%
Unsure	9%	10%	7%	8%	8%
Refused	1%	1%	0%	0%	1%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q29: Do you TYPICALLY assume that DOCTORS at an in-network HOSPITAL are also in-network?					
	USA	OH	FL	TX	CA
Yes	63%	67%	58%	61%	63%
No	36%	32%	42%	38%	35%
Refused	1%	1%	0%	0%	1%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q30: In the PAST TWO YEARS have you used your plan's online provider directory?					
	USA	OH	FL	TX	CA
Yes	43%	46%	56%	52%	43%
No	56%	54%	43%	47%	56%
Refused	1%	0%	1%	1%	1%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q31: During which, if any, of the following times did you use the online provider directory?					
	USA	OH	FL	TX	CA
Before enrolling in the plan (to find out if doctors/a specific doctor were in-network)	24%	26%	27%	29%	27%
While enrolled in the plan, to find what doctors/facilities were in-network	78%	76%	79%	77%	76%
At another time	11%	14%	10%	15%	12%
Refused	1%	0%	2%	0%	0%
<i>Total</i>	<i>947</i>	<i>272</i>	<i>354</i>	<i>380</i>	<i>341</i>
<i>Base: Used plan's online provider directory</i>					

Q32: Was the online directory easy to use?					
	USA	OH	FL	TX	CA
Very easy	31%	33%	32%	34%	29%
Somewhat easy	53%	58%	58%	57%	52%
Somewhat difficult	12%	8%	7%	7%	16%
Very difficult	4%	0%	2%	2%	3%
Refused	0%	0%	0%	0%	0%
<i>Total</i>	<i>947</i>	<i>272</i>	<i>354</i>	<i>380</i>	<i>341</i>
<i>Base: Used plan's online provider directory</i>					

Q33: Were you able to find the info you were looking for in the online directory?					
	USA	OH	FL	TX	CA
Yes	89%	96%	94%	94%	86%
No	11%	4%	6%	6%	14%
Refused	0%	0%	0%	0%	0%
<i>Total</i>	<i>947</i>	<i>272</i>	<i>354</i>	<i>380</i>	<i>341</i>
<i>Base: Used plan's online provider directory</i>					

Q34: Overall, how satisfied are you with your health plan's online provider directory?					
	USA	OH	FL	TX	CA
Completely satisfied	15%	16%	14%	13%	13%
Very satisfied	31%	37%	36%	34%	29%
Fairly well satisfied	31%	32%	34%	36%	33%
Somewhat satisfied	14%	12%	11%	13%	16%
Very dissatisfied	5%	2%	4%	2%	6%
Completely dissatisfied	2%	0%	1%	1%	3%
Refused	1%	0%	0%	0%	0%
<i>Total</i>	<i>947</i>	<i>272</i>	<i>354</i>	<i>380</i>	<i>341</i>
<i>Base: Used plan's online provider directory</i>					

Q35: In your opinion, should hospitals have to notify patients if a doctor or technician involved in a procedure performed at that hospital will be out-of-network?					
	USA	OH	FL	TX	CA
Yes	85%	88%	90%	88%	85%
No	6%	4%	4%	5%	5%
Unsure	9%	8%	6%	6%	9%
Refused	1%	0%	0%	1%	1%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q36: To the best of your knowledge, if an error in your health plans provider directory causes you to go to a doctor or hospital that is actually out-of-network, are you still required to pay the extra cost of the out-of-network visit?					
	USA	OH	FL	TX	CA
Yes	27%	25%	31%	35%	21%
No	19%	15%	20%	19%	26%
Unsure	53%	59%	49%	45%	52%
Refused	1%	1%	0%	1%	1%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					

Q37: Which, if any, of the following have you ever complained to a government agency about?					
	USA	OH	FL	TX	CA
I've never complained to a government agency about any issue	83%	84%	84%	83%	81%
<i>Complained</i>	<i>16%</i>	<i>15%</i>	<i>16%</i>	<i>16%</i>	<i>18%</i>
An error in my credit report	2%	2%	2%	3%	4%
Credit cards	2%	2%	2%	3%	4%
A cable bill	2%	2%	2%	2%	3%
Bank fees	2%	2%	3%	3%	3%
New or used car problems	2%	1%	2%	1%	2%
A gas or electric bill	2%	3%	1%	4%	2%
A telephone bill	2%	1%	2%	4%	4%
A car or homeowners insurance bill	1%	1%	1%	2%	2%
Home improvement issues	1%	1%	2%	1%	1%
Other	5%	6%	6%	5%	5%
Refused	2%	1%	0%	1%	2%
<i>Total</i>	<i>2202</i>	<i>588</i>	<i>628</i>	<i>729</i>	<i>787</i>
<i>Base: All respondents</i>					