Healthcare Price Transparency in Massachusetts
Results from a survey of Massachusetts consumers regarding healthcare price transparency

By Barbara Anthony and Seher Chowdhury
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Vision

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Values

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PIONEER PUBLIC

Pioneer Public seeks limited, accountable government by promoting competitive delivery of public services, elimination of unnecessary regulation, and a focus on core government functions. Current initiatives promote reform of how the state builds, manages, repairs and finances its transportation assets as well as public employee benefit reform.

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Background

For many years, Pioneer Institute has researched and reported on healthcare price transparency issues in Massachusetts.¹ Our research demonstrated that wide variations in provider prices exist across the state, with the most expensive healthcare provided by large academic medical centers in the Boston area.

Guided by the provisions of our state’s healthcare transparency laws found in Chapter 224 of the Acts of 2012², Pioneer conducted research to determine the ease or difficulty faced by Massachusetts consumers who request the price of a procedure or service before obtaining it. Under Massachusetts law, providers are required to give consumers the price of any procedure within two business days, if requested. Hospitals must disclose the so-called “allowed” amount which is the price insurance companies pay the hospital for a service. If an individual does not have insurance or has a high deductible, the hospital can charge the higher chargemaster rate (similar to a manufacturer’s list price) with or without a discount. Our research shows that, in general, it is very frustrating and difficult for consumers to obtain price from hospitals or physicians.³

We have also examined whether consumers can obtain the amount of their out-of-pocket costs from insurance carriers as required by Massachusetts law. Under state law, carriers are required to provide such information in real time through online cost estimator tools and through a toll-free telephone number as well.⁴ In a recent Pioneer study examining nationwide price transparency laws, the Commonwealth ranks in the top tier in quality of price transparency laws. All Massachusetts consumers must have access to cost information from their carriers and providers via a 1-800 number, as well as through a cost estimate tool from insurance carriers.⁵

Cost estimator tools are web-based tools that allow a carrier member to compare out-of-pocket costs among different providers and to stay informed about their remaining deductible. These tools can help save money in common procedures and allow consumers to take better charge of their healthcare finances. Pioneer studies also found that although insurers had updated and improved cost estimator tools for their members, utilization of such tools was low, though it is growing slowly.⁶

Notwithstanding that price transparency in general is a benign concept, in healthcare it has come with a fair share of skepticism. The main arguments usually revolve around the complexities of our healthcare system, the difficulty of estimating the cost of a service in advance, and whether, because of health insurance, is it even useful for patients and consumers to know prices. These factors have underscored resistance among providers and hospitals to embrace price transparency for use by consumers. Above all, this means consumers will not find an easily accessible price list for various services in hospitals or physicians’ offices.
All these issues obscure the fundamental tenet that price transparency is a foundation of every other consumer transaction in our economy. Price transparency enlightens consumers by helping them compare and contrast shoppable healthcare services.\textsuperscript{7}

Although Pioneer has conducted research seeking price information from providers and has conducted an in-depth examination of carriers’ cost estimator tools, Pioneer had not, until the summer of 2019, researched the attitudes of Massachusetts consumers to identify their views on the subject of healthcare price transparency. This report describes that research, its findings and makes recommendations.

**Executive Summary**

In June 2019, Pioneer Institute, with support from Blue Cross Blue Shield of Massachusetts and the Massachusetts Association of Health Plans, contracted with noted pollster David Paleologos, head of DAPA Research at Suffolk University’s Research Bureau, to conduct a valid and reliable survey of Massachusetts consumers with employer sponsored health insurance. The goals of the survey were to determine consumers’ awareness, attitudes, views, usage, and knowledge of healthcare prices.

**The Research**

The research aimed to identify Massachusetts residents who obtained their health insurance through an employer or directly from the marketplace exchange or brokers. Our survey excluded residents who were on the state Medicaid or federal Medicare programs. Such residents were excluded because the current structure of their healthcare insurance systems does not provide adequate incentives to prompt price comparisons for shoppable healthcare services. The research consisted of a statewide representative survey of 500 adults, ages 18 to over 75 years of age. Before conducting the survey, Pioneer vetted and refined the questionnaire with various other researchers, policymakers, healthcare industry representatives, and individual consumers. Forty-seven percent of the survey respondents were male and 53 percent were female; all had health insurance at the time of the survey and 4 percent of those were 26 years old or younger and were still on their parents’ insurance through the Affordable Care Act. Additional information on income, education level, and state regional representation can be found in Appendix A.

Through the survey, we sought to answer questions about what Massachusetts consumers think about certain healthcare issues, such as:

1. How satisfied are Massachusetts consumers with their current health insurance carriers?
2. Whether consumers have ever tried to find the price of a healthcare service prior to obtaining that service or procedure?
3. If not, why consumers have not sought price information
4. Are consumers aware that they have access to cost estimator tools?
5. Do Massachusetts consumers worry about healthcare costs?
6. Are consumers interested in learning about price and who do they trust most to provide such information?
7. Are there incentives and technical help that would motivate consumers to seek price information?

This report provides answers to the questions listed above and much more information as well. The majority of the results we found were at a 96 percent confidence level. A few questions were a bit outside the 4 percent confidence level, but still within acceptable limits. We were unable to use responses to a few questions because they did not meet the statistical criteria for reliable and valid results. The survey questionnaire is found in Appendix B.

The survey found that although there have been great strides to increase price transparency in healthcare through online cost estimator tools and legal requirements that providers give out price information, such resources remain largely unused by the insured population. We found that although people want access to price and out-of-pocket cost information, they do not make the effort to obtain it, are not sure how to start the process to obtain price, and are not aware that such information is accessible. This lack of knowledge prevents price transparency laws from achieving their intended purpose.

**Methodology**

Our sample included 500 respondents from throughout Massachusetts. Responses were collected from June 15–23, 2019 and included only those who had private health insurance. The survey was conducted using cell phone and landline numbers.

**Results**

**Satisfaction with insurers and deductibles**

Our survey found that, overall, 75 percent of Massachusetts consumers with commercial health insurance are “very satisfied” or “satisfied” with their health insurance. See Chart 1 below. Across various demographic characteristics, such as income, education, and age, satisfaction levels (“satisfied” and “very satisfied” collectively) were consistently between 60 to 80 percent. These results are consistent with member satisfaction surveys by a number of insurance companies. Despite this evidence of satisfaction with current health insurance plans, 63.8 percent of people who are satisfied or very satisfied with their health insurance still worry regularly about healthcare costs. This is similar to the proportion of all sample participants (two thirds) who say they worry about healthcare costs. It seems clear that having health insurance does not obviate concerns over healthcare costs.
**Chart 1: Satisfaction with Current Health Insurance (N = 500)**

Overall, how satisfied are you with the health insurance you have now?

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>40%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>35%</td>
</tr>
<tr>
<td>Somewhat</td>
<td>15%</td>
</tr>
<tr>
<td>Not Very Satisfied</td>
<td>5%</td>
</tr>
<tr>
<td>Not at all</td>
<td>3%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Chart 2: If You Have a Deductible, How Much is it Per Year? (N = 500)**

<table>
<thead>
<tr>
<th>Deductible Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t have a deductible</td>
<td>18%</td>
</tr>
<tr>
<td>Less than $500</td>
<td>17%</td>
</tr>
<tr>
<td>$500–$1,000</td>
<td>17%</td>
</tr>
<tr>
<td>$1,001–$3,000</td>
<td>24%</td>
</tr>
<tr>
<td>More than $3,000</td>
<td>11%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>12%</td>
</tr>
</tbody>
</table>

* A deductible is the amount of money a person must pay out-of-pocket before their insurance company begins covering the cost of his or her care
Regarding deductibles, 76 percent of Massachusetts consumers have either no or less than a $3000 deductible in their insurance plan. Eleven percent have a deductible of more than $3000. See Chart 2 on page 6. Among carrier organizations offering plans with deductibles, the average annual deductible for single coverage in 2018 was $1,508, slightly lower than the national average of $1,573. Even as deductibles have increased across all states, Massachusetts has stayed below the national average, but a sizeable proportion of Massachusetts residents still have high-deductible health plans (HDHP).

In our survey, 23 percent of respondents said that within the last three years, they had chosen not to obtain necessary healthcare services because of cost. See Chart 3. Of those respondents, 20 percent had a deductible of over $3,000. This means that 80 percent of people who said they had forgone care because of costs had deductibles under $3,000. This seems to suggest that the size of deductible may not be a primary reason for deferring care. There are likely many other variables involved that are not covered by our survey. That said, deferring care due to costs raises concerns, especially if the care that is deferred is necessary. Our survey did not probe further on this issue, but deferring necessary care may lead to more expensive and negative health outcomes. At a minimum, this finding serves to highlight that transparency in healthcare such that consumers have a choice among high value/lower cost providers needs attention.

Chart 3: How Often Do You Worry about Healthcare Costs? (N = 500)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Some of the Time</th>
<th>Regularly</th>
<th>A Lot of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worry Percentage</td>
<td>34%</td>
<td>36%</td>
<td>15%</td>
<td>15%</td>
</tr>
</tbody>
</table>

87% of people who have chosen not to obtain a service also worry about healthcare costs (in comparison, 66% of the total sample who worry about healthcare costs)

58% of people who have chosen not to obtain a service worry regularly or a lot of the time about healthcare costs
Finding healthcare prices

According to our survey, only one in five Massachusetts consumers has ever tried to find price in advance of obtaining a service. See Chart 4. This finding is representative of the national conversation on health care pricing: largely unknown and hidden from the average consumer. Even though Massachusetts law specifies that consumers are entitled to health care price information, around 80 percent of people have never tried to obtain it. We cannot conclude, however, that consumers have no interest in knowing price. The problem, as our survey demonstrates, is that consumers do not know they have a right to such information, and do not know how to go about obtaining it.

Chart 4: Ever Tried To Find The Price of a Health Care Service? (N = 500)

Excluding dentists, have you ever tried to find out the price of a visit to a doctor or hospital in advance of obtaining that service?

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There is no relationship between deductible and desire to know price. Across all income categories, there is overwhelming desire to know price.

Chart 5: In The Future, Would You Like To Know The Price of a Medical Service Before Obtaining It? (N = 500)

- Yes: 70%
- No: 23%
- Don't Care: 6%
Our survey showed that seven out of ten consumers say they would like to know price, but, at the same time, 70 percent said they did not know that their carriers had cost estimator tools they could use to find price. See Chart 6. This finding underscores the need for more education and outreach by carriers and employers to their members and employees. Unfortunately, most consumers don’t know where to start the task of obtaining price information.

Chart 6: Awareness of Cost Estimator Tool (N = 500)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>31%</strong></td>
<td></td>
<td></td>
<td><strong>37%</strong></td>
</tr>
</tbody>
</table>

Over 10 percent of respondents to our survey thought it was too complicated to obtain pricing information. Another 10 percent just didn’t know how to obtain such information, and over 15 percent thought prices would be the same regardless of which provider they went to. Perhaps most telling, a majority (54 percent) of respondents said they never thought of trying to obtain price information about healthcare services (See Chart 7 below). Again, this points to a huge gap in the healthcare price information consumers receive from carriers and employers. It also reflects a provider environment that does not prioritize providing price information to prospective patients.
Chart 7: Why Have You Never Tried To Find The Price Of A Health Care Service? (N = 388)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never Thought of It</td>
<td>54%</td>
</tr>
<tr>
<td>Thought Prices Would be the Same Regardless</td>
<td>17%</td>
</tr>
<tr>
<td>Thought it Would be too Complicated to Obtain</td>
<td>12%</td>
</tr>
<tr>
<td>Didn't Know How to Obtain That Information</td>
<td>10%</td>
</tr>
<tr>
<td>Embarrassed to Ask</td>
<td>2%</td>
</tr>
<tr>
<td>Other/ Don't Know</td>
<td>12%</td>
</tr>
</tbody>
</table>

Who do consumers trust for price information?

The top three entities people would trust to find price information are their insurance companies, their doctors, and the Commonwealth of Massachusetts. Collectively, 40 percent of Massachusetts residents would trust their insurance company or doctor when trying to find price information. Thirteen percent would trust the Commonwealth (See Chart 8). Insurance companies and other stakeholders have made great strides in creating and refining their cost estimator tools to not only comply with the law but also provide a resource for members to be able to make cost-conscious decisions. All these actions go to waste if consumers are not aware of these resources. Almost one in five consumers would trust their doctor for price information. This reflects the trust people place in their individual providers. Hence, doctors’ offices are in a good position to offer guidance and options when referrals are being made.

Interestingly, our survey showed that hospitals would be trusted to provide pricing information by a scant 3 percent of consumers. This low ranking probably reflects the reality that hospitals rarely provide price information until after procedures are completed and billed.
Incentives to choose less expensive doctor or hospital

Consumers were asked a series of questions concerning what it would take to incent them to choose lower-cost providers. Charts 9, 10, and 11 below show the results. Almost seventy percent favored physicians’ or hospitals’ websites that display how much a provider would cost in out-of-pocket expenses. About two thirds (66 percent) of consumers said getting cash back from an insurer would help some or a lot in terms of choosing less expensive providers. A similar number wanted to receive notifications from insurers about less expensive providers for specific procedures.
Chart 9: Out-Of-Pocket Costs Before Medical Service On A Website

A website that would show you how much different doctors or hospitals would cost you out of your own pocket before getting the service.

Chart 10: Interest in Cash Back Opportunities from Insurer

Cash Back From Your Insurer If you Choose A Less Expensive Doctor Or Hospital.
Chart 11: Notifications from Insurer On Ways to Save

<table>
<thead>
<tr>
<th>Would Help A Lot</th>
<th>Some</th>
<th>A Little</th>
<th>Not At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>38%</td>
<td>27%</td>
<td>12%</td>
<td>22%</td>
</tr>
</tbody>
</table>

77% Would Help

Notifications from your insurance companies about less expensive doctors or hospitals for specific procedures.

Chart 12: Desire For iPhone App

<table>
<thead>
<tr>
<th>Would Help A Lot</th>
<th>Some</th>
<th>A Little</th>
<th>Not At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>43%</td>
<td>24%</td>
<td>8%</td>
<td>24%</td>
</tr>
</tbody>
</table>

75% Would Help

An iPhone app that would show specific healthcare prices you would have to pay a provider out of your own pocket.
Our results show that consumers are open to different options to help them with their healthcare spending. These options range from website domains and cash rewards programs to information directly from insurers. In addition, two thirds of consumers (67 percent) thought an iPhone application that would show specific out-of-pocket prices would help some or a lot in terms of their healthcare spending.\(^26\) (See Chart 12).

Other results show that 8 in 10 people are interested in doctor and hospital quality ratings.\(^27\) Three in four are also interested in knowing the price paid by insurance companies to doctors and hospitals for their health services.\(^28\)

**Recommendations**

1. **Doctors and insurers seem to be the most trusted sources for many people who would seek price information.** As noted, hospitals did not earn high grades as being trusted sources of price information, earning only 3 percent of respondents’ trust. All providers, including both doctors and hospitals, need to be more innovative and assertive in bringing price information to patients in consumer-friendly formats.

Physician practices and hospital administrators should be trained to give consumers price information about various procedures or services and to help consumers navigate insurer cost estimator tools. Provider administrators should also be ready to give patients high-value/lower-priced options for referrals to specialists or tests.

Insurers need to more aggressively market their cost estimator tools and make them even more consumer friendly. Cost estimator tools can be hard to use and dissuade people from finding price. Insurers should have dedicated staff to help patients navigate their tools; this would be a big step in the right direction.

This survey points out many areas where insurers can make healthcare pricing easier for consumers to find and compare. In addition to basic cost estimator tools, consumers favor cash rewards, iPhone apps, direct notifications about procedure prices, and simplified websites that show out-of-pocket costs. Insurers and employers should become partners in some of these, especially in the area of cash incentives or other types of rewards that would prompt consumers to explore high-value/lower-priced options.
2. The Commonwealth should make better use of the bully pulpit and assert greater leadership in promoting the value of price transparency and educating businesses, consumers, insurers and providers. The Commonwealth ranked third, behind insurers and physicians, in terms of whom consumers trust to find price information. Its placement knocked out players such as hospitals and the federal government. Having such faith from the public provides a good opportunity for leadership and collaboration to advance price transparency

Regarding state government’s actual role in transparency efforts, no carrier reported receiving any advice or help from the Commonwealth save for the initial guidance put out in late 2014. In 2018, however, the Center for Health Information and Analysis (CHIA) launched a healthcare price transparency website called CompareCare, which allows consumers to compare average costs and quality measures for a variety of shoppable, common medical procedures using data from the 2015 All-Payer Claims Database (APCD). CHIA is currently working to release all the associated data as a single public dataset to further promote transparency and accessibility of this data for consumers.

Although passage of Ch 224 was an important legislative accomplishment, the Commonwealth has not conducted compliance or education follow-up for providers or insurers. Numerous Pioneer studies have unfortunately shown little compliance by hospitals and physicians. Lack of compliance devalues price transparency and undermines state law as a serious priority for all stakeholders. Using the bully pulpit to advocate and enforce compliance by healthcare regulatory agencies or the Attorney General’s office under Chapter 93A, the Massachusetts Consumer Protection Act, could have a significant influence on changing provider behavior.

3. Insurance companies and employers must work together to educate members and workers of the availability of pricing information to better manage their healthcare costs.

More than 70 percent of people in Massachusetts have insurance through their employer. Insurers and employers already work together to facilitate health plan delivery and management. Concentrating education efforts at the employer level can help reach more people and create additional buy-in to the effort. Employers already bear a large burden of their employee’s healthcare costs; however, investment in this area could prompt consumers to be active in their healthcare choices to decrease overall healthcare costs.
4. **Overall satisfaction with current health insurance equates to greater opportunity for carriers to educate and incentivize cost consciousness with their members.**

People want to know the price before a service is performed, but few make the effort to do so. Cost estimator tools remain unused by most respondents (78 percent) despite the fact that almost 7 out of 10 say they want to know prices beforehand. A majority who have not tried to find out the price before obtaining the service also regularly worry about healthcare costs. Massachusetts carriers are in a unique position to provide innovative incentives and handy tools for their members. With high satisfaction rates for insurers, there is trust and buy-in among insureds to try new programs insurers recommend, especially if such programs would help save money on healthcare costs.

**Conclusion**

Healthcare price transparency has made strides, but there is more to be done in Massachusetts. Carriers have made significant improvements to their cost estimator tools since Pioneer’s last report and state agencies like CHIA have contributed to furthering transparency through the APCD. Consumers say they want price information, but only a small portion of the population knows that it has the ability to do so. This gap between aspirations for price transparency and the ability to obtain such information must be filled. The disconnect presents an opportunity for more collaboration among insurers, providers, and the Commonwealth to not only improve computer tools and price lists, but to increase their delivery and usage rates. In the long run, these efforts will help Massachusetts consumers better manage their medical costs. Price transparency is fundamental to every consumer market. Much more work is needed by all stakeholders to bring it to Massachusetts healthcare markets.
Appendix A

Regional Distribution

<table>
<thead>
<tr>
<th>Region (n=500)</th>
<th>Number of Respondents</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worcester/West</td>
<td>120</td>
<td>24.00</td>
</tr>
<tr>
<td>Northeastern</td>
<td>179</td>
<td>35.80</td>
</tr>
<tr>
<td>Suffolk</td>
<td>40</td>
<td>8.00</td>
</tr>
<tr>
<td>SE Mass/Cape</td>
<td>161</td>
<td>32.30</td>
</tr>
</tbody>
</table>

Income Distribution

<table>
<thead>
<tr>
<th>Income Level (n=500)</th>
<th>Number of Respondents</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $20,000 per year</td>
<td>24</td>
<td>4.8</td>
</tr>
<tr>
<td>Under $50,000 per year</td>
<td>74</td>
<td>14.8</td>
</tr>
<tr>
<td>Under $75,000 per year</td>
<td>82</td>
<td>16.4</td>
</tr>
<tr>
<td>Under $100,000 per year</td>
<td>73</td>
<td>14.6</td>
</tr>
<tr>
<td>Under $140,000 per year</td>
<td>74</td>
<td>14.8</td>
</tr>
<tr>
<td>$140,000 per year or more</td>
<td>113</td>
<td>22.6</td>
</tr>
<tr>
<td>Undecided</td>
<td>14</td>
<td>2.8</td>
</tr>
<tr>
<td>Refused</td>
<td>46</td>
<td>9.2</td>
</tr>
</tbody>
</table>

Education Distribution

<table>
<thead>
<tr>
<th>Education Level (n=500)</th>
<th>Number of Respondents</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some high school</td>
<td>9</td>
<td>1.8</td>
</tr>
<tr>
<td>High school graduate</td>
<td>75</td>
<td>15</td>
</tr>
<tr>
<td>Some college including community college Associate’s Degree</td>
<td>101</td>
<td>20.2</td>
</tr>
<tr>
<td>Trade/technical/vocational training</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>College graduate with Bachelor’s Degree</td>
<td>165</td>
<td>33</td>
</tr>
<tr>
<td>Masters, PhD, or J.D.</td>
<td>115</td>
<td>23</td>
</tr>
<tr>
<td>Undecided</td>
<td>2</td>
<td>0.4</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
<td>1.6</td>
</tr>
</tbody>
</table>
Appendix B: Survey Questionnaire

SCREEN 1. Are you a resident of Massachusetts? [IF YES PROCEED; IF NO, UNDECIDED, GO TO CLOSE]
   Yes

SCREEN 2. Are you a student who is a temporary resident studying here in Massachusetts? [IF YES TERMINATE AND GO TO CLOSE; IF NO, PROCEED]
   No

1. And are you currently enrolled in either MassHealth or Medicare?
   No

2. Do you currently have health insurance?
   Yes

3. Gender
   Male
   Female

4. What is your age category?
   18–25 Years
   26–35 Years
   36–45 Years
   46–55 Years
   56–65 Years
   66–75 Years
   Over 75 Years
   Refused

[FOR 4.2]

5. Have you just turned 26 or are you older?
   Just turned 26 (within a month)
   Between 26 and 35

6. Earlier you said you currently have health insurance. Thinking about your health insurance, do you know the name of your health insurance company?
   Aetna
   Blue Cross Blue Shield of Massachusetts
   Celticare
   Cigna
   Connecticare
   Connecticut General Life
   Fallon Community Health Plan
   Harvard Pilgrim
   Health New England
   Minuteman
   Neighborhood Health Plan
   Tufts Health Plan
   Unicare/State G.I.C. Indemnity Plan
   United Healthcare
   Other [Open]
   Don’t know

7. Do you buy your health insurance directly from the health insurance company or through an insurance exchange, are you covered through your employer, or are you on your parents’ health plan?
   Buy directly or through an insurance exchange
   Covered through employer
   On parents’ health plan
   Don’t know

[FOR (7.3 AND 4.2–4.7) OR (7.3 AND 5.2)]

8. Earlier you said you were over 26 years of age and are still on your parents’ health plan. Under Obamacare, you can only remain on your parents’ health care plan until age 26. Do you buy your health insurance directly from the health insurance company or are you currently covered through your employer?
   Buy directly
   Covered through employer
   Don’t Know
9. **Overall, how satisfied are you with the health insurance you have now**—would you say very satisfied, satisfied, somewhat satisfied, not very satisfied, or not at all satisfied?
   - Very satisfied
   - Satisfied
   - Somewhat satisfied
   - Not very satisfied
   - Not at all satisfied
   - Don’t know

10. **If you have a deductible, how much is it per year**: (definition of deductible: A deductible is the amount of money a person must pay out-of-pocket before their insurance company begins covering the cost of his or her care.)
    - Less than $500
    - $500 – $1000
    - $1001 – $3000
    - More than $3000 per year
    - Don’t have a deductible
    - Don’t know
    - Refused

11. **Excluding dentists, have you ever tried to find out the price of a visit to a doctor or hospital in advance of obtaining that service?**
    - Yes
    - No
    - Don’t recall
    - Don’t know

12. **What is the reason you never tried?**
    - [YOU MAY ACCEPT MULTIPLE SELECTIONS]
      - Didn’t know how to obtain that information
      - Never thought of it
      - Embarrassed to ask
      - Thought it would be too complicated to obtain

13. **In the future, would you like to be able to know the price of a medical procedure before obtaining the procedure?**
    - Yes
    - No
    - Don’t care
    - Don’t know

14. **Which of the following ways did you try to find out the price**
    - Called the insurance company or looked at their website or their cost estimator tool
    - Asked the doctor or hospital staff in person, by phone, or asked online
    - Looked at a state or federal government website
    - Asked my employer
    - Asked a friend, relative, or co-worker
    - Looked at healthcare cost websites found on the internet
    - Other (OPEN)
    - Don’t know

15. **If you tried to compare prices among two doctors or hospitals, or even if you didn’t compare, do you think you were able to save money?**
    - Yes
    - No
    - Did not go through with the procedure
    - Don’t know
    - Refused
16. Even if you didn’t save money, were you satisfied with the pricing information that was given on your insurer’s cost estimator tool?
   Yes
   No
   Not sure
   Refused

17. Do you know whether your health insurance company has a website or cost estimator tool that will allow you to compare prices amongst different doctors or hospitals so you can compare what your out-of-pocket costs will be?
   Yes
   No
   Don’t know

18. Have you ever used your health insurance company’s cost estimator tool to compare prices for two or more doctors or hospitals for the same service or just to find out the price for a procedure at one particular doctor or hospital?
   Yes
   No
   Don’t know

19. How easy or difficult did you find it to use your insurance company’s cost estimator tool—would you?
   Very easy
   Somewhat easy
   Somewhat difficult
   Very difficult
   Don’t know

20. If you compared prices on your insurer’s website, or even if you didn’t compare, did using the website save you any money?
   Yes
   No
   Didn’t go through with the procedure
   Don’t know

21. Why have you never used it?
   Didn’t think it would be helpful
   Too complicated
   Would take too much time
   Didn’t think it would save money
   Already knew what doctor or hospital you were going to
   Would rather make a phone call to get price information
   Thought prices would be relatively the same regardless of where I went
   Other (OPEN)
   Don’t know

22. In the last three years, have you ever chosen not to obtain necessary healthcare services because of cost?
   Yes
   No
   Don’t know

23. A website that would show you how much different doctors or hospitals would cost you out of your own pocket before getting the service.
   Would help a lot
   Some
   A little
   Not at all
   Don’t know
24. A website that would show you how much your insurance company pays your doctor or hospital for a procedure or visit before you go.
   Would help a lot
   Some
   A little
   Not at all
   Don’t know

25. Notifications from your insurance companies about less expensive doctors or hospitals for specific procedures.
   Would help a lot
   Some
   A little
   Not at all
   Don’t know

26. Cash back from your insurer if you choose a less expensive doctor or hospital.
   Would help a lot
   Some
   A little
   Not at all
   Don’t know

27. A website that would show quality ratings for doctors or hospitals for a particular procedure or service.
   Would help a lot
   Some
   A little
   Not at all
   Don’t know

27a. An iPhone app that would show specific health care prices you would have to pay a provider out of your own pocket.
   Would help a lot
   Some
   A little
   Not at all
   Don’t know

28. How often would you say you worry about healthcare costs?
   Not at all
   Some of the time
   Regularly
   A lot of the time
   Don’t know

29. Who would you trust the most to get the best pricing information about healthcare costs?
   Your doctor
   Your insurance company
   Your hospital
   The Commonwealth of Mass.
   The federal government
   A relative or friend
   The internet
   Your employer
   Don’t know

30. What is your annual household income?
   Under $20,000 per year
   Under $50,000 per year
   Under $75,000 per year
   Under $100,000 per year
   Under $140,000 per year
   $140,000 per year or more
   Undecided
   Refused
31. **What's the highest level of education you have completed?**
   - Some high school
   - High school graduate
   - Some college including community college
   - Associate’s Degree
   - Trade/technical/vocational training
   - College graduate with Bachelor’s Degree
   - Masters, PhD, or J.D.
   - Undecided
   - Refuse
Endnotes

1 https://pioneerinstitute.org/download/mass-hospitals-weak-on-price-transparency/
   https://pioneerinstitute.org/download/ma-health-insurers-have-improved-their-consumer-price-transparency-efforts-but-significant-work-remains/

2 https://malegislature.gov/laws/sessionlaws/acts/2012/chapter224

3 https://pioneerinstitute.org/download/ma-health-insurers-have-improved-their-consumer-price-transparency-efforts-but-significant-work-remains/


6 https://pioneerinstitute.org/download/ma-health-insurers-have-improved-their-consumer-price-transparency-efforts-but-significant-work-remains/

7 Shoppable services are healthcare services that can be scheduled in advance.


13 Ibid.


17 This data point was derived from further analysis of the survey's cross tabulations.


22 Ibid.


24 Ibid.

25 Ibid.


29 https://pioneerinstitute.org/download/ma-health-insurers-have-improved-their-consumer-price-transparency-efforts-but-significant-work-remains/


32 https://pioneerinstitute.org/download/mass-hospitals-weak-on-price-transparency/
   https://pioneerinstitute.org/download/ma-health-insurers-have-improved-their-consumer-price-transparency-efforts-but-significant-work-remains/


35 This point was derived from further analysis of the survey's cross tabulations.

36 https://pioneerinstitute.org/download/ma-health-insurers-have-improved-their-consumer-price-transparency-efforts-but-significant-work-remains/

37 Source: Madison Park Vocational Technical High School
About the Authors

**Barbara Anthony**, lawyer, economist, and public policy expert, is a Senior Fellow in Healthcare Policy at the Pioneer Institute. She was also a former Senior Fellow and Associate at the Harvard Kennedy School’s Center for Business and Government where she researched and wrote about Massachusetts market reform and healthcare cost containment efforts. She served as Massachusetts Undersecretary of the Office of Consumer Affairs and Business Regulation from 2009 to 2015 and has worked at the intersection of federal and state commercial regulation and the business community for many years. Among other positions, Anthony served as the Director of the Northeast Regional Office of the Federal Trade Commission in Manhattan, and was a top deputy to the Massachusetts Attorney General. She began her career as an Antitrust Trial Attorney at the U.S. Justice Department in Washington, D.C. Anthony is a well-known consumer advocate and regularly appears as a media commentator on consumer protection and business regulation issues.

**Seher Chowdhury** graduated this Spring from the Boston University School of Public Health (BUSPH) with a Masters Degree in Public Health; her areas of specialization include Health Policy & law and Epidemiology and Biostatistics. She has been a Pioneer Research Assistant in Healthcare Policy since June 2019. She has worked extensively in the area of healthcare price transparency along with Pioneer’s Senior Fellows. She participated extensively in Pioneer’s first state poll and analysis of consumers’ attitudes toward healthcare price transparency. Outside of price transparency, her areas of interest include Medicaid reform and expansion; reproductive and minority health access and equity; and the intersection of health, human rights, and bioethics. Seher graduated from the University of California at Los Angeles (UCLA) in 2018 with a Bachelor of Science degree, where she completed a major in Biology and minor in Asian Languages (Korean concentration).

Mission

Pioneer Institute develops and communicates dynamic ideas that advance prosperity and a vibrant civic life in Massachusetts and beyond.

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