Turquoise Health

Price Transparency Impact Report

Q1 2023

Contents

Foreword

Chris Severn
Co-Founder & CEO,
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On March 28th, the House Committee of Energy and Commerce Subcommittee on Health held a hearing titled "Lowering Unaffordable Costs: Examining Transparency and Competition in Health Care." I was called on behalf of Turquoise Health to testify on the current state of price transparency, the impact we've seen thus far, and the additional actions necessary for transparency to reach its full economic potential.

The opinions voiced in the hearing straddled two realities separated by time. On one side, the "compliance is lagging" contingent voiced real, albeit outdated, concerns that hospitals were slow to comply. On the other side, a more forward-thinking contingent looked to the future and asked: where are opportunities for innovation blossoming, and what should we do legislatively to support them?

In the past three quarters, price transparency has passed a major inflection point, and it's important for the public, government, and industry to recognize progress in order to invest in the opportunities at hand. Data is all around us. Rare are the days when we have to tell an inquirer, "There is poor coverage in your market." As of the end of Q1, 2023, over 5,300 hospitals (84%) have posted pricing data, and 4,703 (73.6%) have posted data with significant negotiated rates.

On the payer side, compliance has come much quicker. We've ingested data for over 200 payers, up from 68 in July 2022. This data now represents all sites of service and over 95% of commercially insured lives in the United States.

In tandem, we're observing an attitude shift from strong healthcare experts. Many providers, payers, and innovators are moving past the point of reluctant acceptance and even past the point of calling transparency a silver lining. We've moved into an era of true transformation where we hear questions like:
- What does the optimal patient financial experience look like?
- How could medical bills be eliminated after point of service?
- Does a more patient-friendly, plain language coding system other than CPTs exist?

Critically, we're also seeing innovators push hard to embed new transparency data into the clinician workflow at the time of referral.

These innovators will spoil patients, clinicians that care for them, and employers that pay for them with an optimal financial experience. And after word travels, the bar will be forever raised, and these stakeholders will no longer have patience for the old ways of billing.

Six months ago, we noted that we were two years into a multi-year period of price transparency transformation. We're now seeing the fruits of innovation manifest: Turquoise has competitors. A slew of companies, young and old, now offer analytics for third parties like employers, payers, and providers to help spur price competition. This competition was long ago heralded by the government's invitation to innovators in the price transparency laws, and it's wonderful to see entrepreneurs answering the call. On the consumer side, small startups like Certainly Health and Finestra Health have their sights set on transforming the financial experience for insured patients.

There is still a long way to go. Additional tweaks are needed to both the hospital and payer data standards to create better user experiences for the data engineers working with the machine-readable files (MRFs). And echoing the same sentiment from six months ago, we need enforcement dates for Good Faith Estimates (GFEs) that include convening and co-providers along with Advanced Explanations Of Benefits (AEOBs) that ultimately fulfill the consumer protections promised for insured and self pay patients by The No Surprises Act.

There is also a third need. We need leaders of incumbent healthcare organizations (payers, providers, and employers) to take bold, practical steps forward into a price-transparent future. While we appreciate good intentions, curious leaders, and exploratory conversations with many large healthcare organizations, it's time for leaders to make definitive, top-down commitments. Eliminate surprise bills for patients by providing binding, packaged prices upfront. Jettison the myriad of headaches caused by CPTs, modifiers, and multiple claims for the same episode of care by embracing a simpler, biller-friendly, and patient-friendly coding system. Reward patients for shopping for care with rebates and incentives.

These efforts are hard, but by no means are they impossible. We welcome the call from any leaders willing to take a vulnerable step forward by building towards the inevitability of a revenue cycle that competes on the patient financial experience: upfront prices, simplified administration, and a healthcare system rid of financial complexity.

With that said, let's dive into the data on price transparency and the technical state of innovation.

Transparently yours,

**Chris Severn**
Co-Founder and CEO, Turquoise Health

Payer Data

Payer Transparency Progress & Research Resources

Beginning in July of 2022, the Turquoise team started visiting the websites of all known payers to download and parse the In-Network and Allowed Amount files on a monthly basis. While we've had our heads down building a gargantuan data-processing pipeline, we've seen mixed messages on payer compliance in the news. It's safe to say that compliance is far from perfect. However, the sudden influx of payer-disclosed data stands in stark contrast to the two-year climb we observed in the hospital disclosures.

While we saw the biggest payers come online immediately in July, we've recorded a steady uptick in smaller payers over the past three quarters.

Number of payers publishing data by month
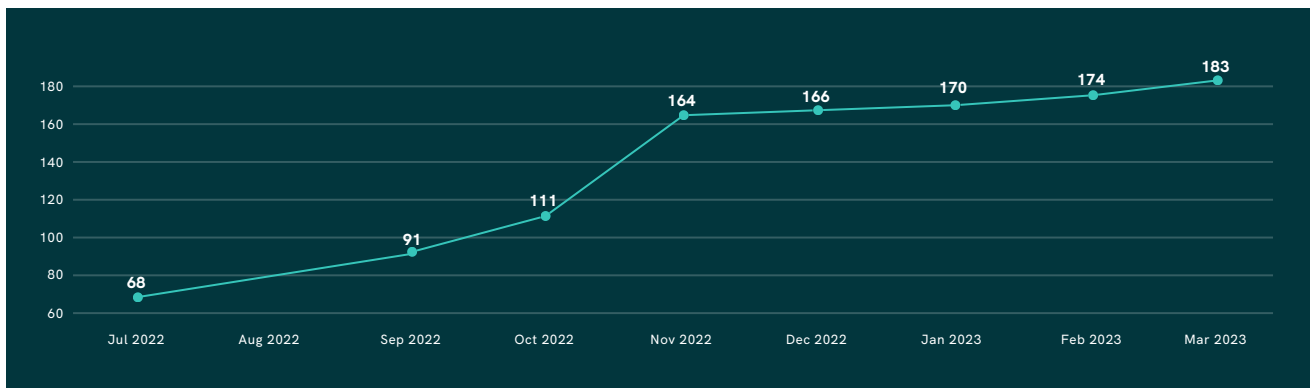
Payer MRF transparency requires more nuanced evaluation

To aid in the public evaluation of hospital-disclosed data, Turquoise created an MRF Transparency Scorecard calculated across 60+ attributes, dimensioned by hospital size and type. Thus far, we've found the challenge of creating a similar scorecard for payers to be more nuanced. For one, it's difficult to know the true size of payer networks and the universe of distinct providers we should expect for any given payer or plan. It's also difficult to account for every distinct service that should be expected for each provider type.

This makes the exercise of assigning denominators relatively complex. On page 10, we'll comment on our initial efforts to evaluate the payer MRFs on dimensions of comprehensiveness and accessibility. We also provide data in the appendix aimed to facilitate feedback on these provisional efforts. In future publications, we will publish additional metadata and assign payer Transparency Scores with appropriate further attention to nuance. Ultimately, only the government is the arbiter on compliance with Transparency in Coverage (TiC).

Payer metadata inventory: browse by geography, provider, payer, service type

1. **Billing Class by Payer [distinct_billing_class_by_payer] - See Appendix for full table.**
   Assess which payers have disclosed MRFs and whether the disclosed rates are for both Professional and Institutional billing classes.

2. **Provider Classification by Payer [distinct_npis_by_payer_classification]**
   Assess each payer's published rates by provider type.

   Please note that we derive our classifications from the top level of the provider taxonomy system.
   This gives you an idea of the breadth of provider types payers have published and if any glaring provider types are missing.

Provider Category Reported by Payer

Sample derivation from this table to assess distinct provider disclosures for top payers:

Category	Aetna	BCBS	Cigna	United Healthcare
Hospitals	6,220	9,082	6,317	6,701
Laboratories	1,324	5,225	1,630	1,792
Physician Assistants & Advanced Practice Nursing Providers	201,669	397,042	313,708	223,389
Ambulatory Health Care Facilities	33,470	57,333	22,682	19,802
Allopathic & Osteopathic Physicians	463,531	856,295	685,318	518,670
Behavioral Health & Social Service Providers	194,672	344,927	40,787	259,908
Residential Treatment Facilities	1,164	2,222	224	575

3. Number of Providers by Core-Based Statistical Area (CBSA), by Payer table
   [distinct_npis_by_payer_state_cbsa]

   Use this table to visualize high-level payer coverage by geography. We created this specific table because we were interested in the results. Are known regional payers disclosing data for the states they do business in? Are national payers omitting any parts of states? Are payers over-disclosing a long tail of erroneous providers for states they do not do business in? In some cases, payers may also be disclosing rental or leased networks for when their members travel out of the core network.

Payer Coverage by State

Sample derivation from this table to assess regional coverage for selected national and local payers. The table values reflect the "percentage of CBSAs in the state for which the payer disclosed data." Notice how one county plan correctly only discloses rates for a single county in California.

Payer	State			
	CA	NY	PA	TX
Aetna	100%	100%	100%	100%
BCBS	100%	100%	100%	100%
Cigna	100%	100%	100%	100%
Geisinger	91%	100%	100%	57%
Health Net	94%	4%	0%	4%
United Healthcare	100%	100%	100%	100%
Ventura County HCP	3%	0%	0%	0%

4. **Service Categories by Payer [distinct_billing_codes_by_payer_code_category] and Service Categories by Payer Label [distinct_billing_codes_by_payer_label_code_category] (beta)**
Assess the breadth of service types that a payer has disclosed. In the top-level table, we keep these disclosures at the payer level. In the beta table with payer labels, we include a long tail of network & product categorizations so that services may be analyzed at a more detailed level. Note this table can get pretty granular and certain plans cover a relatively myopic swath of the payer's business.

Percentage of Service Codes Reported By Payer

Below is a sample of service category disclosures for a few core payer networks. The value represents the percentage of service codes disclosed in the category out of all known service codes in the category.

Category	Payer			
	Aetna Silver POS	BCBS of TX Blue Advantage HMO	Cigna National OAP	UHC Choice Plus
Physician-Administered Drugs (HCPCS J0120 - J8999)	96%	86%	100%	98%
Pathology & Lab (CPT 80047 - 89398)	100%	96%	100%	100%
Radiology (CPT 70010 - 79999)	98%	97%	100%	99%
Outpatient Surgery (CPT 10004 - 69990)	100%	97%	99%	100%
Inpatient Musculoskeletal MSDRGs (MDC 08)	100%	100%	100%	100%
Inpatient ICU Rooms (Revenue Code 020X)	100%	0%*	100%	100%

*could mean that BCBS of TX does not pay ICU days on a revenue code basis.

Provisional Transparency Scoring Methodology and Metadata

In our appendix, you'll find the following two tables:

- **impact_report_export_all_metrics**
- **impact_report_export_transparency_scores**

These tables break down select March 2023 payer MRF ingestion metadata along the following pillars:

- Completeness: Looks for the presence of common provider types in the MRFs. As mentioned on page six, completeness is difficult to evaluate without additional private data sources.

- Accessibility - File Size: Documents certain cases where we've found payers of a similar size to have vastly dissimilar MRF file sizes. In these scenarios, it is often possible to publish the data in a more efficient manner. For instance, Humana currently has over 11 million files posted, which is an untenable amount for a third party to review en masse. These exports could be reconfigured for efficiency and a much smaller footprint without losing data fidelity.

- Accessibility - Parsability: Monitors our log for identified issues and changes month by month. At times, we've noticed payer websites experience outages, files arrive in corrupted formats, or files get posted different from the mandated CMS schema.

In the provisional transparency scoring table, any payer above a score of three may potentially be publishing robust data. Payers above three may also have critical areas to improve. We've observed that certain payers, such as Blue Cross plans managed by HCSC, posted relatively complete and efficient files. Our aim in sharing these criteria is to open the door for payers to address issues with completeness and accessibility internally and directly with third-party innovators.

Our provisional transparency metadata and scores are solely meant to start a dialogue on this topic, as we've noticed press around payer MRFs is often not driven by real-time data.

There is also one key pillar missing from the provisional evaluation: rate validity. We'll be publishing more on this topic in the coming weeks. We welcome feedback on the evolution of our methodology for completeness, accessibility, and validity.

I'm a provider. Are my rates showing up in these payer disclosures?

Several times a day, providers reach out to us with the question, "Are my rates out there?" For years, providers have abided by gag clauses and protected these rates with utmost privacy. Suddenly, negotiated rates for all items and services, which materially affect what many insured patients owe, are now publicly available on the internet.

Since we get this question so often, we've created a [Beta Provider Network Lookup Tool](#) for providers to find a list of payer files they appear in by EIN or NPI.

Given that payer MRFs are still less than a year old, we hope to start hearing more feedback from providers. Payer data utility will increase as more providers gain access and derive value from rates. Are providers finding their expected in-network rates within the payer files? Along with the Provider Network Lookup Tool, what other enhancements would bolster usefulness?

A note on the rawness of payer data and necessary work to create utility

We've seen a lot of press about the lack of utility of the payer data. We've read that the files are too big, the data is not credible, the data lacks the required context, and the data is redundant. One thing is certain: healthcare pricing is complex. If the government is aiming to require all insurance companies to publish the rates for all items and services, which we at Turquoise fully support, the output will, by nature, be nuanced and quite large.

Due to this unfortunate truth, the data still requires industry expertise and additional reference data to process and create effectiveness for end users. When left in the hands of the inexperienced, as we've seen in some articles from industry outsiders, incorrect and hasty conclusions are drawn.

To get an idea of the elbow grease required to refine the data from its raw form, we documented our process of an effective underline deep-dive comparison of hospital and payer-disclosed rates.

Tips and Tricks for Refining the Raw In-Network Data

Compress data by eliminating duplicate rates

Payer files quickly swelled in size and volume, given TiC required publication of rates for hospital and non-hospital entities, including free-standing imaging centers, ambulatory surgery centers, and other specialty locations billing on professional claims. Despite industry feedback that the payer data files were not useful due to their size and inaccessibility without an array of technical resources, Turquoise, and others, have been able to showcase data utility through redundancy elimination and filtering. For example, our technical team employed a number of duplication reduction techniques to eliminate the rate-level redundancy that existed across 300+ Anthem files, yielding a 96.6% reduction in the number of negotiated rates.

Applying this deduplication to our product builds has been enormously impactful, to the tune of reduced redundant rates by over six billion records upon releasing Rate Sense (our rates search engine) with payer data. This has made it significantly easier for Turquoise customers to access and query the data. We estimate that over 70% of negotiated rate data is redundant and will continue to optimize our efforts to improve data access and query speed across our platform.

Create more usable data by crosswalking provider EINs to NPIs

Crosswalking Employee Identification Numbers (EINs) to provider and/or facility National Provider Identifiers (NPIs) is also crucial for file usefulness. TiC required files to include both an EIN and an NPI. These EINs added a layer of complexity because a public database of NPIs exists so users can associate NPIs with specific provider and organization names; however, no such database exists for EINs. The importance of names associated with EINs is elevated since some EINs have a one-to-many relationship to NPIs. An accurate crosswalk allows users to ascribe an organization or physician group to an EIN representing multiple provider NPIs. The crosswalk also helps sift through duplicative rates and hone in on active providers and current negotiated rates.

Enhance data credibility by filtering on provider taxonomies

In addition, payer data is increasingly useful when appropriate filtering options are available. For example, the industry was quick to point out the presence of rates indicating a clinician is contracted to furnish items or services that are not in the clinician's known specialty. For example, we'd expect to see a payer file for a podiatrist with rates related to treatments of the foot or ankle. The presence of a rate indicating a podiatrist would perform brain surgery, which is an invalid scenario, is an ideal candidate for enhanced filtering. Turquoise mined claims data to create taxonomy filtering to validate typical procedure and clinician combinations.
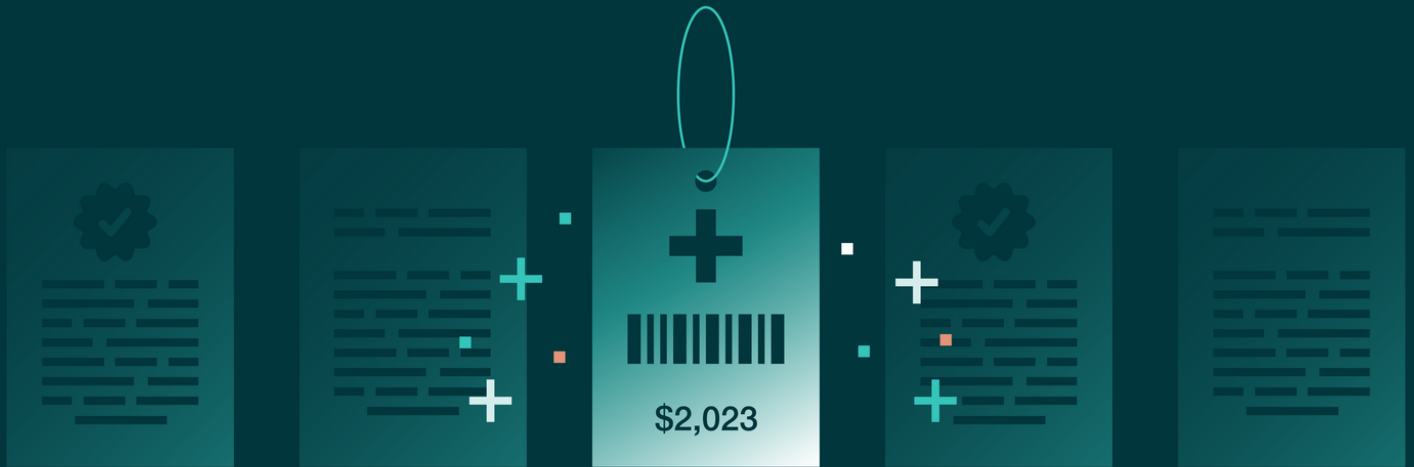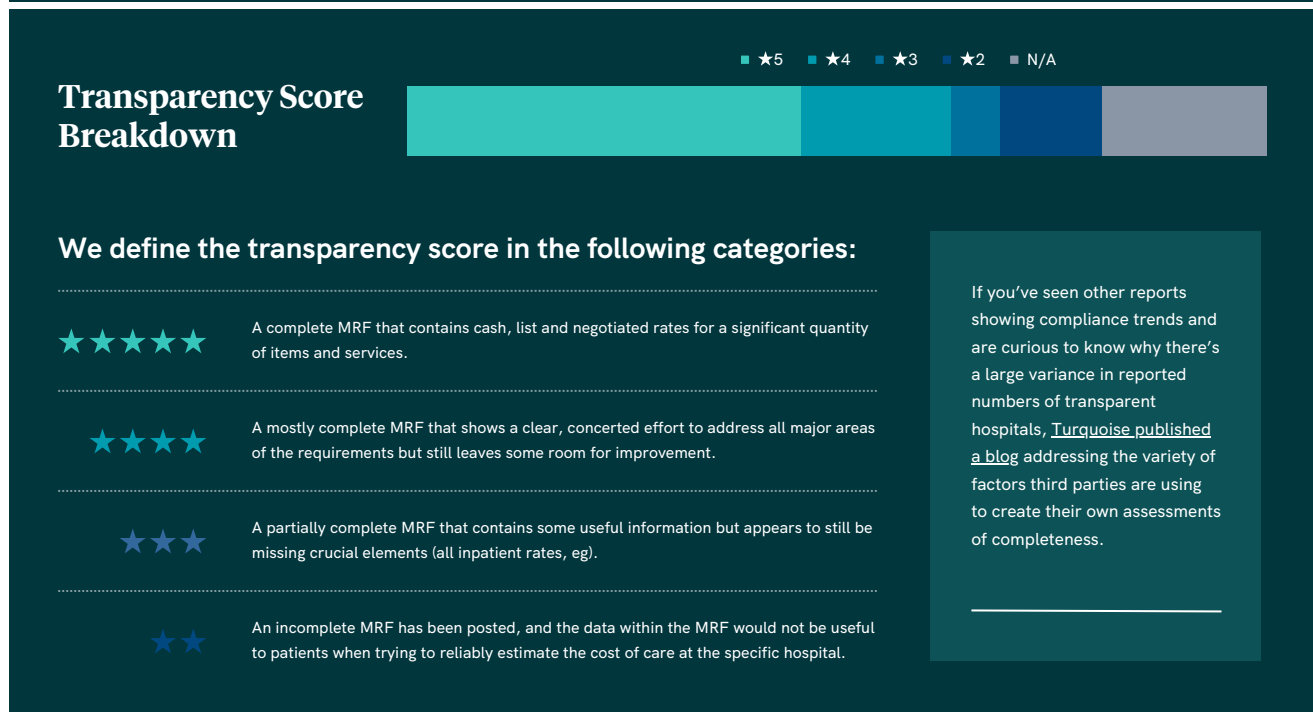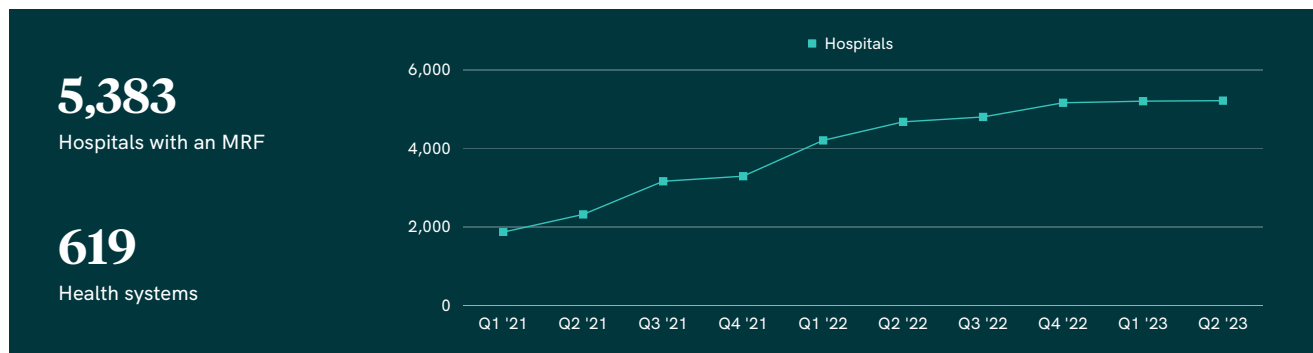
Price Transparency Rules and Laws

Hospital Price Transparency Final Rule

Effective 1/1/2021

We have witnessed two key moments over the past six months that solidify the Hospital Final Rule as one of the price transparency cornerstones. The first occurred in November 2022 when CMS released recommended schemas for hospital MRFs. Reviewing and parsing over 5,000 MRFs uploaded using unique schemas and an organizational approach has proven challenging. The movement toward uniform schemas benefits all parties looking to extract hospital pricing data. Ideally, in the next six months, the schemas will be a requirement and not simply a recommendation.

The second occurred in February 2023 when CMS, who thus far had not released any official statements on the overall status of price transparency, authored a report detailing the continued improvement of hospital MRF data since January 1, 2021. The article stated that based on studies of randomized samples, hospital compliance rates have more than doubled (27% up to 70%) between February 2021 and November 2022. The article also pointed to the fact that CMS is committed to full compliance, and as of January of 2023, CMS sent almost 500 letters of noncompliance and over 230 Corrective Action Plans to review and correct deficiencies.

5,383
Hospitals with an MRF

619
Health systems

Line chart titled "Hospitals" showing growth from Q1 '21 to Q2 '23, rising from about 1,800 to about 5,200.

Transparency Score Breakdown

Legend: ★5 ★4 ★3 ★2 N/A

We define the transparency score in the following categories:

★★★★★ A complete MRF that contains cash, list and negotiated rates for a significant quantity of items and services.

★★★★ A mostly complete MRF that shows a clear, concerted effort to address all major areas of the requirements but still leaves some room for improvement.

★★★ A partially complete MRF that contains some useful information but appears to still be missing crucial elements (all inpatient rates, eg).

★★ An incomplete MRF has been posted, and the data within the MRF would not be useful to patients when trying to reliably estimate the cost of care at the specific hospital.

If you've seen other reports showing compliance trends and are curious to know why there's a large variance in reported numbers of transparent hospitals, Turquoise published a blog addressing the variety of factors third parties are using to create their own assessments of completeness.

6,394
Total Hospitals

810,191,029
Negotiated Rates

4,703 have negotiated rates	**73.6%**
4,514 have cash rates	**70.6%**
4,819 have surgery rates	**75.4%**
4,786 have imaging rates	**74.9%**
4,576 have BUCAH rates	**71.6%**
3,670 have DRG rates	**57.4%**
4,347 have drug rates	**68.0%**

Hospital Transparency Scores by Bed Count

short-term acute hospitals only

Bed Quantity	★★ Partially Incomplete	★★★ Partially Complete	★★★★ Mostly Complete	★★★★★ Complete
0-25 Beds	166	83	284	577
26-99 Beds	102	62	217	499
100-249 Beds	120	54	205	740
250+ Beds	103	90	320	594
Grand Total	**491**	**289**	**1026**	**2410**
% of Total	**12%**	**7%**	**24%**	**57%**

As the foreword noted, the increased compliance numbers usher in a transformational era where data will be embedded in revenue cycle workflows, contract negotiations, and become an integral part of running a savvy healthcare organization.

The No Surprises Act (NSA)

Effective 1/1/2022

NSA remains top of mind as the industry looks to utilize price transparency data in accurate and scalable estimate creation that occurs before an episode of care. The complexity of creating AEOBs mentioned in the Q3 2022 Impact Report remains. After CMS opened an initial Request for Information period from 9/16/2022-11/15/2022, no new enforcement date requiring AEOBs has been set following the initial delay. Progress is slow but sure on the necessary data interoperability infrastructure needed as the technical framework of AEOBs. On 3/10/23, a workgroup approved a draft specification that created an HL7 digital standard for coordination.

Another critical section of NSA related to GFEs was delayed on 12/2/22. NSA requires providers to create a GFE for self pay patients upon request, and that estimate must be accurate to within $400 of the final bill.

NSA defined two different providers: convening (the provider through whom the patient scheduled an appointment) and co-providers (any additional provider furnishing services), and both providers' estimates are required to be consolidated and shared with the patient on one comprehensive GFE within one to three business days, depending on how far in advance the appointment is created.

Convening provider GFEs have been required since 1/1/22, but there is no announced date for the inclusion of co-provider estimates. The exclusion of co-provider estimates greatly limits the number of accurate GFEs available to patients since a significant number of procedures occur with multiple clinicians delivering care.

Enforcement dates are critical to moving the needle on accurate and timely estimates for both insured and self pay patients before any episode of care. We've heard a lot about data interoperability and the difficulties needed to overcome siloed EHRs, practice management systems, and patient eligibility checks. The solution requires innovators, payers, and providers to commit to a new world that includes APIs for quicker data exchange and proactively educating patients on how and when to request estimates.

The following diagram illustrates the current timeline of each rule and law.

HOSPITAL PRICE TRANSPARENCY FINAL RULE	TRANSPARENCY IN COVERAGE	NO SURPRISES ACT
First Financial Penalty with Increased Fines 6/7/22		
	Phase 1 – Machine Readable Files Rolled Out 7/1/22	
		Surprise Billing Final Rules – Updated IDR process 8/19/22
		Request for Information focused on Advanced EOBs and GFEs 9/16/22 – 11/15/22
		Grace period for co-providers and facilities on GFEs extended 12/2/22
	Phase 2, Part 1 – 500 CPTs available on self service tool 1/1/23	
CMS announced it sent 500 warnings to noncompliant hospitals 2/14/23		IDR determinations temporarily halted, and then resumed, by CMS & HHS 2/10/23-3/17/23
WE ARE HERE		
	Phase 2, Part 2 – all items and services available on self-service tool 1/1/24	

Innovators

Acceleration of Third-Party Innovation

As mentioned in the foreword, a new class of innovators is using price transparency data to improve the patient financial experience. We've seen a wave of venture funding flow into the early-stage market for price transparency over the past year, and this influx of cash is beginning to bear fruit.

While there are many companies building towards this budding market for transparency, here are a few that caught our eye.

Milu Health is a new venture-backed company working to lower costs for patients and their employers. The platform proactively notifies users of ways to save on their healthcare spend, including finding high-quality, reasonable-cost doctors and hospitals. On the backend, patients can upload medical bills to retroactively look for savings opportunities.

Certainly Health has created a consumer healthcare shopping website that allows patients to shop out-of-pocket costs across providers. Certainly will book an appointment on behalf of the patient, charge the patient's credit card with the costs shown on the site, and pay the provider. If the resulting EOB states the patient owes more than the upfront cost, Certainly will pay the difference so patients are not held liable. If the resulting EOB states the patient owes less, Certainly will refund the difference.

Finestra Health is supplementing price transparency data with crowdsourced price verification from real patient bills. Patients in over a dozen cities can search for potential price ranges of medical procedures provided from bills shared not just by hospitals but also by patients. Since patients are given the opportunity to share reviews about their experience seeking care, we'll be interested to see how these reviews can factor into the overall patient financial experience.

We anticipate these startups will grow in size and service offerings as NSA matures. The notion that patients can book an appointment with knowledge of the cost in hand is transformational in an industry previously defined by its opacity and increasingly high costs.

The Road Ahead

Our Continued Product Innovation Towards Transparency

As Turquoise continues to build toward a transparent future powered by NSA, we've narrowed our focus on the infrastructure required to transmit GFEs and AEOBs. We have three core focuses:

- How can we aid in creating standard shoppable services so estimates can be compared across platforms? (Our work with Standard Service Packages and Project Clarity)

- How can we help facilitate the coordination of estimates across provider platforms? (Our work on a GFEs API)

- How can we harness transparency data to streamline the workflow and reduce provider burden?

Dozens of our provider and payer partners have stepped forward as design partners during our planning stages. If you or your organization have thoughts on NSA innovation, don't hesitate to reach out to info@turquoise.health.

Standard Service Packages (SSPs)

In 2022, Turquoise Health released SSPs in a free, open-source library. We have a growing, open list of common shoppable services and the ancillary charges typically associated with those services. Our partner organization, Project Clarity, has convened industry experts to begin adopting these SSPs into a core, peer-reviewed standard. They are intended for provider and third-party use as a starter template for furnishing estimates at scale before an episode of care occurs. SSPs are algorithmically generated by clinical associations present between charges on over 30 million patient episodes found in Komodo Health data.

Thus far in 2023, we have over 200 SSPs available on our site, which is quadruple the number we had last fall. In addition to the procedures within each service package, we have also released the diagnosis codes likely to be billed alongside each procedure. We continue to consolidate and simplify our code set with an eye on expanding our focus from encounters to entire episodes of care. All this lays the groundwork for the next step in the process, which is an SSP grouper.

SSPs are a free and open project available for feedback on a Github repository.

GFE API Standard for the Coordination of Cross-Platform Estimates

Example of the Turquoise GFE API.

In months of industry research and consultation with our partners, it became clear that providers want to meet the detailed requirements of NSA without bringing on new platforms. How then, can one convening provider on EHR A coordinate with three other co-providers on EHRs B, C, and D? Furthermore, how can each provider receive a coherent AEOB back to their respective platforms?

While working groups continue to make progress towards advancing an FHIR and HL7 standard, Turquoise is releasing a functioning GFE Coordination API modeled off of the draft standards. We're committed to being FHIR-compatible as the standards process evolves. However, we see the need to iterate openly so that providers, payers, and government know that there is a practical, near-term path forward for fully convened, insured GFEs.

The API allows third-party platforms to check the status of, modify, comment on, and publish GFEs convened across multiple providers and disparate technologies. We also plan to incorporate SSPs as support for AEOBs as the year progresses.

We extend an open invitation to payer and provider innovators looking to shape the future of pre-service estimates. As we roll out the GFE Coordination API to a limited pool in May, we'll actively seek feedback on how the API facilitates the three core themes above.

Increased Payer Data Access to Patients and Non-Engineers

In early April, we released billons of payer-disclosed rates to our Rate Sense product, which allows non-engineers to find the needle in the haystack without needing to write SQL. We've taken public skepticism around the accessibility of new transparency data very seriously. By no means should only large organizations have access to the data.

We're also hard at work on releasing those same rates onto our free consumer site. As these prices are made public to employers and consumers, the early adoption curve of proxy purchasers will begin to drive competition on price and overall value. Shopping for healthcare is possible, and it's gathering momentum. In 2022, Turquoise had a total of 408,000 sessions on our website—a 548% increase compared to 2021. Patients have woken up to the idea that they can search and compare prices when it comes to receiving care. Coupled with other innovations, like Ribbon Health's Find Care API, the reach of price transparency data will soon feel omnichannel, with a simple directive: meet the patient at the time of decision-making, whether in the clinic or at home.

Asks for Government and Industry Leaders

As we move towards a world where healthcare pricing looks no different from flights, hotels, and e-commerce, we need continued bold leadership from government and industry.

From both state and federal governments, we ask:

- **Set enforcement dates** of two key elements of NSA: the convening of GFEs across co-providers and AEOBs. Both are essential to the creation of upfront, binding estimates for patients.

- **Require the hospital MRF standard** published by CMS in November 2022. This standard was created in consultation with the government, innovators, and health systems. It will create additional utility of the hospital transparency data for patients and streamline transparency enforcement.

From industry leaders at providers and payers, we ask:

- **Make long-term, practical commitments towards a price-transparent future.** Now is the time for providers and payers to commit to a fully transparent 2030, where patients expect an Uber-like billing experience (pre-pay at the time of service and expect no bills in the mail following). Now is also the time to invest in a frictionless pre-service revenue cycle that prioritizes administrative efficiency alongside an exceptional patient financial experience.

At Turquoise, we're beginning to see strong leadership on price transparency across the country. As we've said since our founding in 2020, there is a market for transparency. The only question is, who will meet the demand?

Questions or Comments?

We're eager to hear your thoughts and comments on this Price Transparency Impact Report. How are you using the transparency data to improve the patient's financial experience? Let us know, as we would love to feature new use cases in forthcoming reports.

Drop us a line at info@turquoise.health

Appendix

Payer Metadata Inventory

All hospital price transparency scores broken down by high-level machine readable file attributes:

- → **by State**
- → **by Health System**
- → **by Hospital**

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