Turquoise Health

Public Comment

CMS-0042-NC

Request for Information; Health Technology Ecosystem

Introduction

Turquoise Health thanks the Centers for Medicare and Medicaid Services (CMS) for the opportunity to comment on the Request for Information (RFI) regarding CMS-0042-NC, which, in part, seeks comments on cost and price transparency.

Turquoise Health is in full support of CMS' commitment to ushering patients into a world of more transparent prices. We acknowledge the overall goal of the RFI is to solicit feedback on the broader health technology ecosystem; however, our public comment will focus specifically on the elements of the RFI honing in on feedback related to cost and price transparency. Turquoise serves 200+ healthcare stakeholders and welcomes thousands of patients to our site. Each site visit points to the need for clarity and transparency in understanding the cost of care.

Turquoise Health Responses to Questions About Cost and Price Transparency

PC-12. What are the most valuable operational health data use cases for patients and caregivers that, if addressed, would create more efficient care navigation or eliminate barriers to competition among providers or both?

1. Examples may include the following:

(1) Binding cost estimates for pre-defined periods.

Turquoise is in full support of the creation of binding cost estimates for pre-defined periods. The No Surprises Act (NSA) offers use cases that, at scale, would both create more efficient care navigation and eliminate barriers to competition among providers. The NSA grants patients the right to request an Advanced Explanation of Benefits (AEOB) or Good Faith Estimate (GFE) based on their insurance coverage or self pay status, respectively. Both AEOBs and GFEs must be provided prior to services being rendered, and if a GFE differs more than $400 from the final bill, patients have recourse through a Patient-Provider Dispute Resolution process.

AEOBs and GFEs will be possible first and foremost when enforcement dates are assigned. Known complexities exist surrounding 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.

In light of these complexities, 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 note a number of instances within the price transparency landscape where meaningful progress is predicated on enforcement dates. Without clear dates, the industry is often stalled in an uncertain state. That uncertainty translates into a lack of incumbent resources available to invest in compliant solutions and innovators who struggle to realize any return on their investments in solutions. For example, prior to the 2024 Final Rule, hospitals were given optional schemas to utilize for their machine-readable files (MRFs). However, it was not until the schemas transitioned from optional to required, with an enforcement date of 7/1/24, that we saw MRF teams mobilize to update their files.

In addition, today's episode groupers are proprietary and rely on outdated logic, contributing to widespread industry fragmentation as providers and payers implement bespoke processes to support them. They offer no clear delineation between services, encounters and episodes, making it nearly impossible to know when and how to tie facility and ancillary fees to create a comprehensive estimate for pre-defined periods. For providers and payers, this complexity drives administratively costly claims denials and appeals processes. For patients, it means almost never being able to predict what you'll pay for healthcare.

Thus, Turquoise believes more efficient care navigation is enabled by a framework that ensures the following:

- Providers and group purchasers (employers and health plans) contract at simple prospective rates at a percent of base.
- Patients and providers understand standard clinical coverage upfront.
- Providers get paid predictably and immediately.
- **Patients and group purchasers receive guaranteed upfront prices, enabling cost comparison.**

To accomplish those goals, Turquoise Health created The Publicly Accountable Transparent Interoperable Efficient Nonproprietary Transaction Standard (PATIENTS) Framework[1]. PATIENTS includes Standard Service Packages (SSPs)[2] that consolidate all medical services, materials, and fees associated with a healthcare procedure into a single code. SSPs are open-source, patient-first, and compatible with existing transaction standards and clearly distinguish between services, encounters, and episodes. We believe SSPs pave the way for a frictionless healthcare financial experience. They enable a binding cost estimate for a pre-defined period and allow patients to settle balances upfront.

TD-19. Regarding price transparency implementation:
a. What are current shortcomings in content, format, delivery, and timeliness?

We observe continued steps toward meaningful improvement of both hospital and payer MRFs. As recently as May 22, 2025, shortcomings in content and delivery were addressed through a number of updated FAQs and additional guidance documents.

We also observe shortcomings in the timeliness of enforcement regarding the payer files required by Transparency in Coverage (TiC), which says that “states will generally be the primary enforcers” of machine-readable file (MRF) compliance. At the time of writing this public comment, no payer has received a fine or public warning of noncompliance despite the industry’s knowledge that TiC files have room for improvement. Compliant TiC data will shorten the time frame necessary to move us into the world of accurate pricing.

b. Which workflows would benefit most from functional price transparency?

As we laid out above in our PATIENTS framework, we believe all revenue cycle functions related to claim-specific financial transactions benefit most from functional price transparency.

c. What improvements would be most valuable for patients, providers, or payers, including CMS?

We believe improvements in the following areas would be most valuable for patients, providers, or payers, including CMS:

- Complexity → Simplicity
- Fragmentation → Standardization
- Business-centered → Patient-centered
- Opaque → Transparent
- Proprietary Transaction Standard → Open License Transaction Standard

d. What would further motivate solution development?

In short, a better patient experience. We continue to observe providers, payers, and innovators looking to create a more transparent experience for patients. We've moved into a transformative era 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.

Conclusion

We look forward to a collaborative provider, payer, third party innovator, and government effort on the bolstered efforts to increase clarity around cost and price transparency in the health technology ecosystem.

Sincerely,
Chris Severn - CEO, Turquoise Health

Footnotes
[1] https://open.turquoise.health/docs/getting-started/introduction
[2] https://open.turquoise.health/docs/modules/open-payment-system