

Unscrambling the Definition of Transparency

Written By Laura Carabello

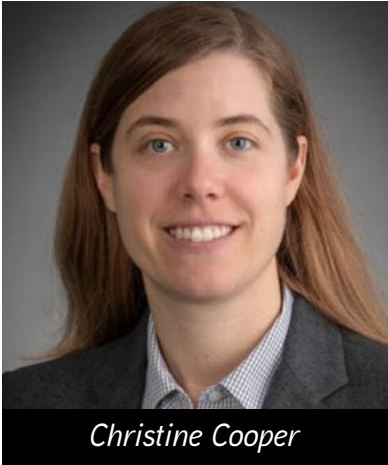


It's often been said that 'transparency' builds trust and serves as the single most important ingredient in the recipe for success. While there is little argument over the basic meaning of healthcare transparency, executing on the promise of healthcare pricing transparency has not been that simple.

Essentially, the term describes making crucial information readily available and understandable, so that individuals can navigate the healthcare system with confidence and make choices that best meet their health and financial needs. As various stakeholders claim they are trying to make the system more trustworthy, patient-centered, accountable and ultimately, more efficient and effective, experience tells a vastly different story.

Pricing transparency is a high priority for SIIA. Christine Cooper, CEO, aequum, who serves as chairperson of the SIIA Price Transparency Committee, provides this guidance: "The Committee is addressing a pressing challenge in today's healthcare landscape: ensuring that price transparency rules translate into meaningful, usable data for self-funded health plans."

Cooper describes the work of this diverse and active Committee as 'focused,' adding, "We are bringing our ideas to Congressional staff and regulators to shape legislation that refines definitions and expands access to claims and pricing information. From advocating for practical update requirements for machine-readable files, to advancing concepts like tokenized claims data and attestation standards, we are seeking to ensure transparency is not just a compliance exercise, but a tool that delivers clarity, accountability, and real value to self-insured plans."



Christine Cooper

DEFINING TRANSPARENCY

Throughout the marketplace, healthcare transparency is often interpreted differently, depending upon the stakeholder.



Heather Cox

Heather Cox, president of Insights & Empowerment at Zelis, says her organization defines transparency as, “The actionable clarity of healthcare pricing and value—not just publishing numbers, but making them meaningful, comparable, and accessible to all parties involved. True transparency means understanding the cost, quality, and financial impact of care decisions before services are rendered. It’s not just about

showing a price tag—it’s about empowering smarter choices through data-driven insights and seamless digital experiences.”

Some stakeholders question whether health transparency is more buzzword than breakthrough.

Erin Weenum, VP of Benefits Strategy, Employee Benefits, KEYS & Tribute Captive, Leavitt Great West Insurance, probes, “What does the term transparency even mean anymore?” she queries. “In the self-insurance world, transparency has become a fashionable term, a catch-all buzzword that everyone throws around, but few define consistently. Employers, TPAs, brokers, and vendors all seem to have their own version of what it means. And honestly, that’s a big part of the problem.”

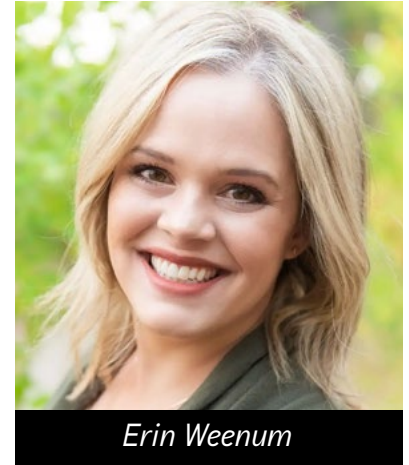
She maintains that at her organization, they believe transparency isn’t just a talking point, it’s a tangible right, adding, “It means the employer gets full, raw access to all claims data - no filters, no black boxes. Every dollar spent should be traceable and understandable. If an employer can’t see where every penny of their health plan dollars is going, how can they truly make informed decisions?”

Weenum contends that, unfortunately, most of the industry doesn’t share this view: “For many, ‘transparency’ stops at a fancy cost estimator tool or a vague wellness report, neither of which provides the clarity needed to control costs or understand what’s really happening inside a plan.”

And Barbora Howell, CEO, TrueClaim, is concerned that ‘transparency’ has lost its meaning altogether.

“Let’s be honest, it’s promised everywhere and delivered almost nowhere,” she attests. “At TrueClaim, we focus on building tech that shows every stakeholder what’s actually happening in real time. If you’re an employer, you should know what you’re paying for, what’s left, and what’s coming - just like a bank account. No one would accept a checking account that hides the balance. Why accept that in healthcare?”

Howell views it as a two-part problem: “Patients need good information, and they need to act on it. The data piece is solvable, but engagement is the real challenge. Change is hard, and most people



Erin Weenum

stick with what they know. Getting someone to choose a better option means meeting them where they are, with relevance and trust.”

While exact definitions of transparency vary across the industry, Zac Hanson, vice president of growth, RxPreferred Benefits, shares, “Our view is that healthcare transparency means full data access and plan control, enabling an ecosystem where price, quality, and outcomes data are accessible, accurate, and actionable to support informed decisions.”

He feels that stakeholders have not fully done their jobs to effectively empower patients with the information they need to make informed decisions about their care, treatment options, providers and costs.

Hanson asserts, “Many existing tools are fragmented, complex, or lack real-time, personalized cost and quality data. Our goal is to equip members with clear, actionable information so they can make informed choices and access the most appropriate care at the best possible cost.”



Zac Hanson

Source: American Hospital Association

<https://www.aha.org/fact-sheets/2023-02-24-fact-sheet-hospital-price-transparency>

In pharmacy benefit administration, Lori Daugherty, CEO of RxLogic, stresses that transparency often serves as shorthand for several different things -- pricing visibility, rebate clarity and compensation disclosure, among others.

“What’s less clear is what’s actually required, what’s optional and what’s possible,” she states. “For many plan sponsors, the challenge isn’t willingness—it’s infrastructure. That’s why we built our technology



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Rob McCollins

platform to support transparency from the start, enabling clients to track every transaction, separate out financial flows and report with precision. More importantly, it gives clients control over how their benefit programs operate—and how much visibility they provide.”

For Robert McCollins, CCO, Employers Healthcare Alliance (EHA), a community of HR/Benefits Professionals that are singularly aligned in making healthcare affordable without sacrificing -- rather

improving -- access to high quality care for employers and their work families, comments, “I couldn’t care less about a vendor touting that they are transparent. Even a bad contract that screws you can be transparent. Give me character and integrity all day long.”

What he means by that is following some do’s: Do they put the member/patient first...ALWAYS!

Do they manage the client’s finances like they were their own without sacrificing quality? Do they make the complicated simple and easy? If I “TRUST” the solution partner, their contracts/agreements will reflect their culture and reputation.”

While Jeff Gasser, CEO, Deerhold, has seen self-insured employers, TPAs, and other intermediaries making strides in providing patients/members with consumer shopping tools that allow them to access healthcare pricing data, he argues, “The complexity of many of these patient/member-facing tools leads to low engagement and underutilization, limiting the effectiveness of the available price transparency data. While TPAs and other stakeholders have leveraged data analytics and reporting to offer insights into plan performance, costs and provider networks, their patient-facing tools are often overly complicated.”



Jeff Gasser

He points to Deerhold’s Tara product that addresses this challenge with a simple, user-friendly platform, delivering a clear understanding of the costs of procedures, in-network providers that perform that procedure and full visibility into deductibles and accumulators. This



Brett Wilkinson

simplicity ensures patients/members can confidently navigate their healthcare costs and options.

Finally, this perspective from Brett Wilkinson, Chief Sales Officer, ClaimChoice: “Healthcare transparency is still far from where it needs to be. It is one of those terms that gets thrown around so much that it risks losing meaning. For some stakeholders, it’s simply about publishing prices or making compliance checklists. For others, it’s tied to quality metrics, outcomes data or patient satisfaction scores.”

He expresses that transparency means actionable clarity, noting, “It means providing information that’s easy to understand, relevant to the user, and useful in real decision-making.” Transparency only matters if it changes behaviors and outcomes.”

Wilkinson concedes, “We’ve made progress, but we’re still a long way from “effective.” Too often, information is technically available but practically

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inaccessible. It's buried in portals, scattered across vendors, or presented in a way that most members have a difficult time understanding."

He acknowledges that empowerment happens when we bridge that gap to provide clear data paired with guidance, countering, "The reality is most employers and members don't have time to become experts in healthcare navigation. They want a trusted partner to connect the dots and guide them toward better choices without overwhelming them."

TRANSPARENCY LACKS CONSISTENCY

Shawn Evans, CEO, Integrated Payor Solutions, a DC Risk Solutions Company, says while there tends to be some consistency, "I find it depends on who's profiting from the current situation to what is considered 'transparency.' Everyone is happy to point fingers when it is a competitor or a third party. But when it is your organization's income -- not so much. We define transparency as the full and complete disclosure of all relevant facts so a plan fiduciary can make a fully informed decision on what is in the best interest of the plan sponsor and members without bias or appearance of bias."



Shawn Evans

A photograph of two female healthcare professionals, likely pharmacists or nurses, standing side-by-side. They are both wearing white lab coats over blue shirts. The woman on the left is Black and has her arms crossed, holding a clipboard. The woman on the right is White, has short blonde hair, and is wearing glasses, also with her arms crossed.

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Evans insists that the information is out there and available, “But the interest we see from members to use it is very limited. Most price comparison tools we see get maybe 10% participation, which makes it very hard to move the cost needle.”

This perspective from Jason Hopkins, cofounder and partner, Concierge Benefit Services and Concierge Administrative Services, points to the wide diversity of interpretation across the self-funded industry.

“The term ‘transparency’ is often used for the stakeholders’ gain, as a marketing tool to imply integrity or openness,” he affirms. “I do believe there is a baseline of transparency that our industry is trying to achieve, which is a positive move in the right direction to accomplish the goal of most TPAs -- to provide excellent service, accurately adjudicate claims and reduce costs.”

He says the firm takes a constructive view of transparency as a means of accountability, adding, “With one of Core Values being to Live by the Golden Rule, that’s transparency! Our definition and perspective of transparency is being an open book, building trust, and fostering a better decision-making organization with clearer communication with clients. I feel this aligns with the intent of healthcare transparency, openness and accessibility of information regarding cost, quality and service.”



David Adamson

Dr. David Adamson, MD, founder and CEO, ARC Fertility, is of the mindset that in most cases, patients are not empowered with information.

“The healthcare system is fragmented and financially opaque and confusing,” he explains. “It is difficult for patients to know where to go for care or how to assess the quality of their care. It is almost impossible to know in advance what the cost will be or afterwards what value was received because of the complexity of billing. Patients have little reliable knowledge, so most patients now use the internet to obtain information and make their healthcare decisions.”

WHO IS TO BLAME?

Weenum argues that the system isn’t just broken -- it’s designed that way, stating, “Let’s call it like it is: the system often works against transparency. Many TPAs build in fees that are hard to spot, like percentage-of-savings charges that are cleverly disguised as claims. Some even spin up subsidiary companies to

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bill these hidden fees, making it nearly impossible to understand what's real and what's padded."

Brokers aren't off the hook either, as she continues, "In the name of 'innovation,' many introduce a swarm of unbundled vendors who promise to slash costs on specific types of claims. But here's the catch: when you layer in commissions, admin fees, and 'per member per month' charges, the end result is often more expensive than just using a traditional discount through a major network."

She also points a finger at vendors, "Many capitalize on the crisis of cost. They know healthcare has become unaffordable, so they offer highly targeted 'solutions' or niche carve-outs and clever tricks for specialty claims. But when you zoom out, these point solutions may not align with the overall health and financial goals of the employer or member. They may solve a problem, but often at the cost of creating new ones elsewhere in the plan."

Hopkins counters, "TPAs, brokers, and consultants have taken steps to empower employers by providing data analytics to help make the best decisions for their employees and company. TPAs continue to eliminate opaque practices. With AI, innovative ways of providing more consistent education to members, and more transparent steps for provider cost, self-insured employers can

benefit from TPA, broker and consultant provided tools."

He argues that the TPAs, brokers and consultants that remain outdated in practices and systems often lack transparency and are insufficient in supplying member engagement apps, sites, data access and education.

"At Concierge, our largest current investment focuses on empowering members and employer groups with front-end access, provider and treatment information, and cost-controlling programs," he says. "There is a very visible contrast between the progressive intermediaries and the outdated self-funded administrators. The progressive partners have shifted to meaningful member engagement with emphasis on transparency, education, and a value-based care approach. These steps, in turn, boost positive outcomes and reduce unnecessary spending. It is a tech-forward environment we now live in, and Concierge is working hard to become a tech-driven TPA that empowers members to make informed decisions."

Howell agrees that AI finally lets us build healthcare experiences that feel personal and intuitive, noting, "It's like messaging a smart friend who knows your preferences, budget and provider quality. Whether it's text, app, or voice, the more relevant the recommendation, the more likely a member is to act on it, and that's how we move the needle on both cost and quality."



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Americans want Healthcare Pricing Transparency

Despite the extensive and ongoing industry discussions about the need for healthcare price transparency, it appears that the American public is far from "tired of hearing about it. A new poll by Echelon Insights from the Patient Rights Advocate organization reports that 96% of those surveyed agree that people "deserve to know the price of their healthcare before they receive it."

If up-front transparent healthcare pricing is in such demand, why do these issues still remain?

- Continued Non-Compliance: Despite federal rules requiring hospitals to post standard charges, compliance has been lagging. Studies in 2022 found that fewer than 6% of hospitals were fully compliant, with a 2024 report finding compliance for only two-thirds of hospitals sampled.
- The Struggle to Shop for Care: The lack of transparency makes it difficult for consumers to compare prices and make informed decisions, especially for services they can schedule in advance ("shoppable services").
- Surprise Medical Bills: A significant percentage of adults (41%) have received surprise medical bills, highlighting the need for clearer upfront cost information.
- Potential for Cost Savings: Healthcare price transparency has the potential to significantly reduce healthcare costs, with some experts suggesting savings of up to \$1 trillion annually if fully implemented.

REGULATORY ENVIRONMENT & ENFORCEMENT

Back on January 1, 2021, Centers for Medicare & Medicaid Services (CMS) required each hospital operating in the United States to provide clear, accessible pricing information online about the items and services they provide in two ways:

- As a comprehensive machine-readable file with all items and services.
- In a display of shoppable services in a consumer-friendly format.

This information would make it easier for consumers to shop and compare prices across hospitals and estimate the cost of care before going to the hospital. CMS announced that it would be auditing a sample of hospitals, in addition to investigating complaints that are submitted to CMS. Hospitals were warned that they may face civil monetary penalties for non-compliance.

Fast forward to February 25, 2025, when President Trump signed an Executive Order to empower patients with clear, accurate and actionable healthcare pricing information. The order directs the Departments of the Treasury, Labor, and Health and Human Services to rapidly implement and enforce the Trump healthcare price transparency regulations, which were slow-walked by the prior administration.

The departments must ensure hospitals and insurers disclose actual prices, not estimates, and take action to make prices comparable across hospitals and insurers, including prescription drug prices. They must update their enforcement policies to ensure hospitals and insurers are in compliance with requirements to make prices transparent.



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The EO is intended to lower costs for American families and help patients and employers get the best deal on healthcare. Self-insured employers are quickly learning that prices vary widely from hospital to hospital in the same region, as CMS reports:

- One patient in Wisconsin saved \$1,095 by shopping for two tests between two hospitals located within 30 minutes of one another.
- One economic analysis found that President Trump's original price transparency rules, if fully implemented, could deliver savings of \$80 billion for consumers, employers, and insurers by 2025.
- Employers can lower their healthcare costs by an average of 27% on 500 common services by better shopping for care.

Gasser maintains that the purpose of Hospital Price Transparency (HPT) and Transparency in Coverage (TIC) regulations is to make costs accessible, but the data in the machine-readable files is complex and non-standardized, requiring significant computing power, which limits usability by patients/members and employer groups.

"These are significant barriers," he asserts. "Also, the inconsistency in compliance across hospitals and payers undermines accountability and enforcement, which is pretty nonexistent at this point. Recent 2025 mandates for standardized formats and stricter enforcement show progress, but time will tell if this has a meaningful impact on consistency across all providers and payers."

At this point in time, he contends that there hasn't been a meaningful impact of the regulations, "And the EO didn't provide much specificity or action. Time will tell."

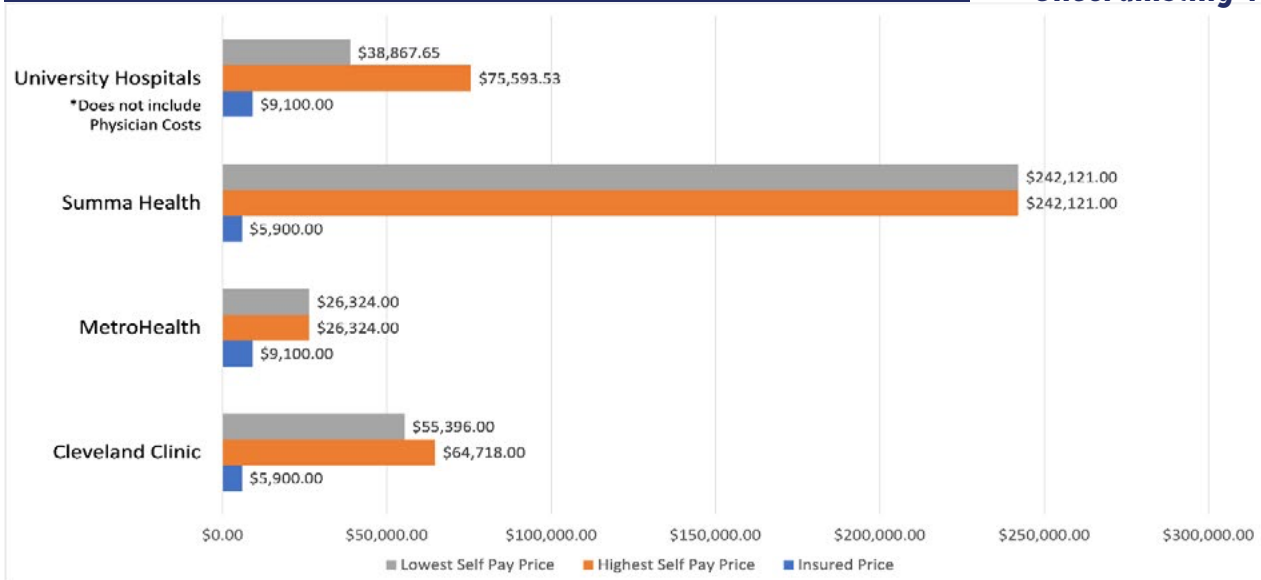
Cox agrees that HPT, TIC and the No Surprises Act (NSA) have laid a strong regulatory foundation, but accountability is still a work in progress. Enforcement has been inconsistent, and many hospitals and plans still struggle with data quality, standardization, and usability.

She points out, "One of the biggest barriers is data overload without context—machine-readable files that are often incomprehensible to the average consumer. If you are only checking the box of compliance, you are not bringing true transparency to members and meeting your members' needs."

Cox advocates for a shift from raw compliance to intelligent transparency: curated, contextualized data that drives real decisions.

"Until we bridge the gap between regulation and consumer experience, the promise of transparency will remain under-realized," she says. "The recent EO has certainly reinvigorated enforcement efforts, especially around hospitals posting actual prices rather than estimates. CMS has ramped up audits and penalties, signaling that non-compliance is no longer a slap on the wrist—it's a reputational and financial risk."

While TIC regulations will be enforced, all payers need to get real about compliance. "The pressure is mounting, too, with increased scrutiny on cost estimator tools and advanced explanations of benefits," she counters. "At Zelis, we see this as an opportunity—not a threat. Organizations that embrace transparency as a strategic advantage will not only mitigate risk but build trust and loyalty in a competitive market."



Source: <https://pirg.org/edfund/resources/post-the-price/>

Range in available prices for total knee replacement. This graph indicates the highest and lowest self-pay and insured prices within each hospital system we reviewed in the Cleveland area. Note that the prices for University Hospitals do not include physician costs. All prices found between February and April 2024.

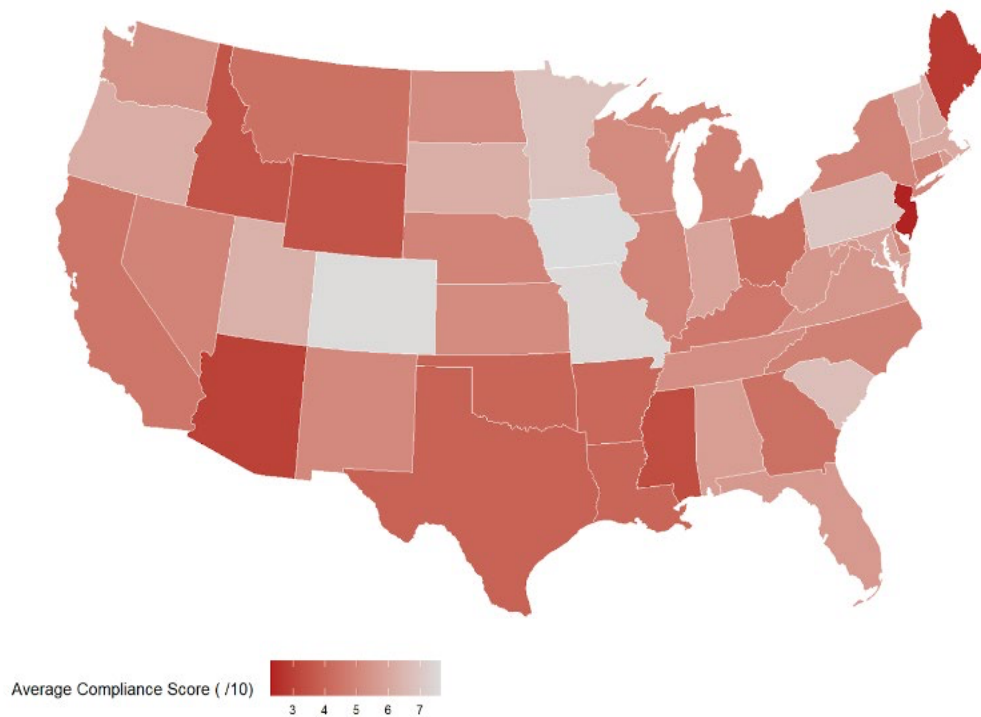
On May 22, 2025, CMS issued new guidance reinforcing this EO to ensure that hospitals "provide meaningful, accurate information about their charges for healthcare items and services." CMS believes that its guidance will reduce healthcare costs, encourage competition, and provide consumers with information to make informed choices.

According to attorneys at Snell and Wilmer, the new guidance reinforces that hospitals must display actual dollar amounts — not estimates — in their files, including payer-specific negotiated charges and estimated allowed amounts derived from historical data.

As a result, CMS is discontinuing the use of placeholder values such as "999999999" and expects hospitals to calculate and encode the average dollar amount the hospital has received for an item or service using electronic remittance advice transaction data from the prior 12 months.

HOSPITAL PRICE TRANSPARENCY COMPLIANCE BY STATE

Lighter shades correspond to higher average compliance scores; darker red shades to lower average compliance scores. According to the analysis, Colorado and Minnesota were among the states with the highest average compliance scores, while Arizona and Wyoming were among the lowest.



Source: Healthcare Data Analytics
<https://hcpricing.com/blog/hospital-price-transparency-compliance-by-state-3-takeaways/>

Dr. Adamson discerns, “I know there are transparency regulations that largely apply to hospitals, but that many hospitals have not complied with the regulations and

that there do not seem to be particularly significant repercussions from reporting or not or for the content of the reports. Also, my understanding is that much of the information released is not easy to interpret, especially for patients.”

He perceives that transparency, if it occurred, would be immensely helpful, enabling all stakeholders, but especially patients, to assess the cost and quality, i.e., the value of their healthcare purchases.

“This would drive competition and efficiency and reduce costs,” he states. “However, the US healthcare system has become complex because this has enabled many stakeholders to profit even though they are providing little value to the end payer—the patient/individual citizen and, just above them in the payment chain, employers.”

Dr. Adamson believes that transparency would focus attention on the patients, the providers and the employer payers, enabling them to create a much more cost-effective and value-driven system.

“We are not close to those goals because the regulatory framework is insufficiently effective and enforced,” continues. “Achieving those goals will require a concerted effort by patients, policy makers and employers to create innovative high-value systems that show by example what is possible. This is happening now, but change is seriously challenged by many stakeholders with deeply embedded interests in the current system.”

Wilkinson maintains that while the intent of regulations is strong, the execution is lagging: “The regulations have created a framework for greater accountability, but compliance doesn’t always translate into clarity for the end user. One major barrier is the complexity of the data itself. Raw, machine-readable files are not usable for the average consumer. In addition, carriers and hospitals interpret and implement the regulations differently, which leads to inconsistency across the board.



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He insists that without integration into broader tools or systems, transparency efforts often remain siloed, making it difficult for both employers and members to see the full picture.

“Until we solve for usability and standardization, the regulations will feel like an industry requirement more than a consumer benefit,” says Wilkinson.

While he views President Trump’s EO as a definite amplification of enforcement, especially in terms of public penalties and increased oversight, “It sent a clear message that transparency isn’t optional. For hospitals and health plans, the risk is real: not just financial penalties, but reputational damage. In the self-insured space, that matters because with the increase in fiduciary lawsuits, employers are watching. A carrier or facility that fails to meet transparency expectations may find itself losing trust and, ultimately, losing business.”

REQUIREMENTS FOR GROUP HEALTH PLANS

The final transparency rules require a price comparison tool with price estimates of all common healthcare items and services; and machine-readable files (“MRF”) posted (and timely updated) by hospitals and health plans detailing in-network and out-of-network pricing for medical services and prescription drugs.

According to My Benefit Advisor, group health plans are required to create and post the MRF for in-network rates and out-of-network allowed amounts that went into effect for plan years beginning on and after January 1, 2022. Employers with fully insured plans must ensure their carriers comply, while those with self-funded plans should contract with third-party administrators to meet disclosure requirements. The question remains whether these mandates are enforceable.

Median Prices Charged at Each Hospital					
Item	Mayo Clinic	Cleveland Clinic	UCLA Health	Retail	
ACETAMINOPHEN 325 MG TABLET (Tylenol)	\$ 0.47	\$ 0.03	\$ 2.80	\$ 0.02	Walmart
PREDNISONE 5 MG TABLET	\$ 4.73	\$ 0.30	\$ 2.80	\$ 0.12	Cost Plus Drugs
AMOXICILLIN 500 MG CAPSULE	\$ 4.97	\$ 0.57	\$ 2.80	\$ 0.15	Cost Plus Drugs
WARFARIN 5 MG TABLET	\$ 4.81	\$ 0.87	\$ 2.80	\$ 0.11	Cost Plus Drugs
ONDANSETRON 8 MG TABLET (Zofran)	\$ 5.83	\$ 1.52	\$ 2.80	\$ 0.17	Cost Plus Drugs
ALBUTEROL SULFATE .083% INH	\$ 2.09	\$ 2.67	\$ 2.80	\$ 1.00	Amazon Pharmacy*
1000 ML BAG : SODIUM CHLORIDE 0.9 % IV	\$ 26.24	\$ 0.02	\$ 49.00	\$ 7.70	Savelives.com
EPIPEN 0.3 MG/0.3 ML INJECTION AUTO-INJECTOR	\$ 225.28	\$ 657.31	\$ 332.15	\$ 5.50	Amazon Pharmacy**
			* \$1 avg with insurance for a 6 day supply, \$5.29 without		
			** \$5.50 avg with insurance, \$95.25 without		

Source: Row Zero. <https://rowzero.io/blog/hospital-price-transparency-cms-standard-charges-files>

Even with mandates, Weenum says real transparency remains out of reach, “Regulatory efforts like the No Surprises Act and machine-readable files were supposed to be game-changers. But let’s be honest - the current medical billing ecosystem is so convoluted that even with mandates, true transparency is still elusive.”

Here’s her description of how it typically goes: a plan member calls the hospital asking for a cost estimate. The hospital says they can’t give one until a prior authorization is in place. The TPA tries to help but can’t



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get the data because the billing department hasn't received the codes from the provider. Round and round it goes - a frustrating circle that helps no one and ends with a member flying blind.

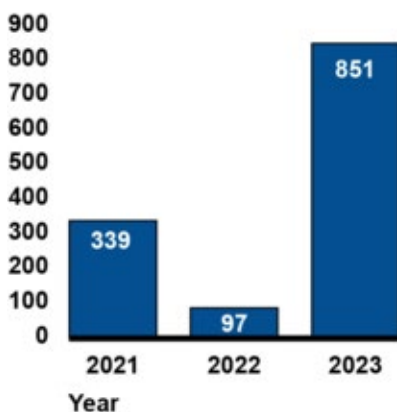
"Even when cost data is available, it's often buried in machine-readable files that no average person can understand," she states. "And the No Surprises Act? It's rarely followed, especially by the worst offenders like air ambulances and anesthesiologists. Members still get balance-billed, and they still have to chase down their TPA to fix it. It's not transparency; it's chaos."

Enforcement helps, but it's not the fix, advises Weenum: "Stronger enforcement of price transparency rules is a step in the right direction. The real prize will come if (and when) hospitals and networks are forced to publicly disclose their negotiated rates. For decades, this has been the industry's best-kept secret, and it's long overdue for exposure."

She refers to a moment when carriers flirted with hybrid models based on reference-based pricing, which offered a glimmer of hope.

"But that movement has largely fizzled. Instead, we're back to secret charge masters and confidential negotiations, which undermine the entire idea of an open market," she insists. "Still, even if full transparency becomes reality, it won't solve the root problem: cost. We can publish pricing data all day, but that doesn't change the fact that the costs themselves are out of control. Data might help us understand how bad the problem is, but it won't fix it."

Number of enforcement actions



Source: GAO analysis of Centers for Medicare & Medicaid Services (CMS) documentation. | GAO-25-106995

Evans and colleagues are familiar with regulations but insist, "The greatest barrier we find is the lack of quality and consistent data in a standardized format. After that, the lack of enforcement has led to many clients ignoring the regulations and waiting until there are fines and penalties being enforced."

They state that the impact of President Trump's Executive Order is to be determined, adding, "It will not be clear until there is some real enforcement. As many of the staff have been let go at the enforcement agencies, there is a mixed message from the current administration."

But Evans holds that the potential for transparency to drive efficiency, enable comparison shopping and promote competition is definitely there: "The question is whether there is the will on the part of the entrenched players who drive the political dialogue. If the BUCA's were on board, the market would move. However, it is very clear from current litigation that they are keen to keep the status quo for as long as possible."

Hopkins maintains that as a TPA providing claims administration for self-funded employers, his organization strives to stay up-to-date and compliant with all US healthcare transparency regulations.

“With the requirements aiming to have posted hospital negotiated rates and cash prices, Concierge has contracted with a platform for price transparency,” he shares. “This allows us to remain compliant with laws such as the No Surprise Act, Transparency in Coverage Act, and leverage behavioral economics in a system environment.”

Are they improving accountability? Hopkins answers, “Some hospitals are publishing data as required, some members are researching the available data to lower costs. For those engaged, it has improved accountability. With any regulation, there are barriers and challenges that all parties face.”

These issues include massive files, misleading data, lack of education to the member on how to access the data, and CMS not consistent in reporting format standardization or applied penalties for non-compliance are all key barriers.

“Recent executive orders have addressed these challenges with stronger CMS enforcement and standard formats,” adds Hopkins. “At the end of the day, Concierge takes a responsibility to educate the member of accessible data, because until members use the tools provided, success is limited.”

Hopkins doubts that he is alone in stating that he is still learning the impact of President Trump’s EO.

“I do know the goal of the order is to make America healthy, empower patients, and have disclosed pricing,” he continues. “With President Trump emphasizing costly



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penalties for hospitals and health plans that fail to comply, there is definitely a heightened awareness of the requirements. Not just penalties will apply, a 'non-compliance' CMS list will be posted along with potential legal action. This order requires insurers and hospitals to conduct internal audits."

As President Trump stated, "transparency is no longer negotiable." Concierge has engaged Compliance Officers, outside counsel, and support from SIIA that aids in their ability to stay up to date with Eos and regulatory requirements.

For Zac Hanson, familiarity with the regulations is a step forward, but he cautions, "But impact has been limited by data complexity, inconsistent compliance, and low consumer awareness. Transparency is a catalyst for change; it can drive efficiency, competition, and cost reduction by enabling smarter healthcare choices. Misaligned incentives, however, have limited transparency in the industry, consistently resulting in higher costs, but with the increased visibility and an emerging market of innovators, healthcare is poised for change and positive transformation."

NAVIGATING AN UNEVEN REGULATORY LANDSCAPE

Daugherty emphasizes that the regulatory and market environment for transparency is active but uneven.

"More immediately relevant to SIIA stakeholders are the ERISA compensation disclosure rules that take effect on October 12, 2025," she explains. "These rules require all plan service providers, including technology platforms, to disclose every dollar of direct and indirect compensation tied to a plan. These requirements are not limited to PBMs. Any entity involved in administering plan benefits is subject to review."

These include:

Rebates (retained or passed through)

- Spread pricing
- Mail-order margins
- Licensing fees for data and technology
- Performance incentives or service-based bonuses

In parallel, Daugherty reports that several states have begun introducing or enforcing their own transparency-related rules. For example:

- Florida mandates full rebate pass-through and prohibits spread pricing across both government and commercial lines. Louisiana and North Dakota require PBMs to disclose rebate information and act in the interest of plan sponsors.
- Texas, Maine and Oklahoma have moved to strengthen licensing, audit rights and reporting requirements, though enforcement varies.



“Even in these states, there is no national standard for rebate pass-through or real-time financial reporting,” she continues. “Many laws focus on Medicaid. Others require only aggregate data. No state currently mandates real-time, individual plan-level rebate transparency across all markets.”

Dr. Adamson observes that there are transparency regulations that largely apply to hospitals, adding, “But many hospitals have not complied with the regulations, and there does not seem to be particularly significant repercussions from reporting or not or for the content of the reports. Also, my understanding is that much of the information released is not easy to interpret, especially for patients.”

GETTING CLOSER TO A “FIX”

While many feel that progress has been made, we’re not there yet.

Many self-insured employers have invested in tools like price comparison platforms and benefit navigation services, but adoption and usability remain uneven,” acknowledges Cox. “The challenge isn’t just providing data—it’s translating it into intuitive, personalized guidance. At Zelis, we believe that empowerment comes from integrating transparency into the care journey, not bolting it on as an afterthought. When employers, payers, and consultants align around a shared goal of member engagement, we see real movement: lower costs, better outcomes, and higher satisfaction. But to scale this impact, we need to go beyond compliance and embrace consumer-centric design.”

Weenum insists that if we’re serious about fixing healthcare, “...transparency can’t be the endpoint - it has to be the starting line. We need to attack the cost structure itself.”

She points to the influence of private equity in medicine that has skewed priorities toward profits over patients, “Hospital monopolies have created pricing power that crushes competition. Barriers to entry for new medical professionals have kept the supply of care artificially low.”

Transparency, in its truest form, is empowering. “But for it to matter, we must also address the entrenched financial and regulatory systems that make healthcare so expensive in the first place,” says Weenum. “Until then, ‘transparency’ risks becoming just another feel-good label — talked about often, delivered rarely.”

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Consumer-friendly list of 300 “shoppable services”

Hopkins upholds the value of transparency to enable comparison shopping and promote competition, especially on services such as labs and elective procedures.

“We are closer but maybe not completely there yet,” he concedes. “Most patients still do not shop for care, partly due to limited financial incentives for them to do so. Plans need to be restructured to promote rewards for savings to the member.”

His organization has begun to do so by creating benefit programs focused on averaging provider cost or acceptable provider rates, incentives and savings.

Source: Waystar



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"Again, the infrastructure is being built to drive efficiencies and promote comparison," he acknowledges. "Members have to be educated, shown how to access the data and be incentivized. Once this becomes the trend, we will see transparency achieve its goals."

Looking ahead, Daugherty forecasts that transparency will not be a static requirement, adding, "It will continue to evolve, through regulation, litigation and market pressure." The most effective response is not to wait for a final rule but to build the capability now. Based upon this outlook, we don't believe that plan sponsors need to overhaul their systems every time expectations shift. Our approach will already have the tools in place."

Wilkinson concurs that the potential for transparency is enormous, affirming, "Transparency should drive smarter shopping, better negotiations, and more competition. Right now, we're still at the stage where the data exists, but the delivery is inconsistent. Comparison shopping in healthcare isn't like buying a flight or booking a hotel. There are more variables to consider and often, more emotion."

That said, with better integration and proactive guidance, he insists that transparency can absolutely help reduce costs, noting, "We need

to stop congratulating ourselves for posting prices and start measuring success by outcomes: Are members choosing better care? Are employers saving money without sacrificing quality? That's the real test."

If transparency occurs, all agree that it will be immensely helpful, especially for patients to assess the cost, quality and value of their healthcare purchases.

Dr. Adamson reflects, "The US healthcare system has become complex because this has enabled many stakeholders to profit even though they are providing little value to the end payer—the patient/individual citizen and, just above them in the payment

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chain, employers," says Dr. Adamson. "Transparency would focus attention on the patients, the providers and the employer payers, enabling them to create a much more cost-effective and value-driven system.

He concludes that we are not close to those goals because the regulatory framework is insufficiently effective and enforced, noting, "Achieving those goals will require a concerted effort by patients, policy makers and employers to create innovative high-value systems that show by example what is possible. This is happening now, but change is seriously challenged by many stakeholders with deeply embedded interests in the current system."

Gasser is bullish on the power of price transparency data to drive efficiency and promote competition across both payers and providers, as well as allowing consumers to be empowered when navigating healthcare services.

"The transparency data has driven far more efficiency and data accuracy for employee benefit brokers and stop-loss carriers/MGUs," he affirms. "These entities previously relied primarily on discount off-billed charge metrics from payers to identify the most cost-effective network for an employer group or to inform underwriting models when determining the risk associated with a group."

He says that transparency data allows for the use of an independent source, such as Deerhold, to associate local Medicare rates with the transparency data to illustrate the most cost-effective networks as a percentage of Medicare. This ensures always associating current payer-provider contract rate data within the quoting process.

All agree that the potential for transparency is enormous and can reshape the healthcare marketplace by enabling consumers to compare costs and quality, just as they do in other industries. McKinsey research shows that even modest increases in comparison shopping could impact up to 25% of healthcare claims spend, potentially unlocking gains in affordability for consumers.

"But we're not close to full realization yet," cautions Cox. "Fragmented data, low health literacy, and limited incentives still hinder progress. We are working to close these gaps by delivering curated, consumer-friendly insights, integrated into the member journey, which make comparison shopping not just possible, but practical. When transparency becomes intuitive and actionable, it will drive competition, reduce waste, and ultimately, bend the cost curve."■

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