

Payer Price Transparency: How Hospitals Should Use the Data

September 21, 2022 12:00 – 1:00 pm CT



The Transparency in Coverage final rule was released in October 2020 by the Department of Health and Human Services (HHS), the Department of Labor, and the Department of the Treasury (the Departments) to improve price and quality transparency in American health care and to “put patients first”. This would empower patients with the critical information they need to make informed health care decisions. The requirements in this rule will give consumers the tools needed to access pricing information through their health plans.

The requirements in the Transparency in Coverage final rule will reduce the secrecy behind health care pricing and bring greater competition to the private health care industry. This rule is a big step toward increasing price transparency by giving patients access to hospital pricing information.

The rule requires most group health plans and health insurance issuers in the group and individual market to disclose the price and cost-sharing information to participants, beneficiaries, and enrollees. [CMS fact sheet](#).

Topics to be reviewed in this webinar:

- What is transparency in Coverage (TiC)
- Analyzing the data: negotiated rates
- Strategy for reading the files
- Price transparency: how to use the data
- No Surprises Act & Good Faith Estimates: how to use the data
- Compliance: where to start

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