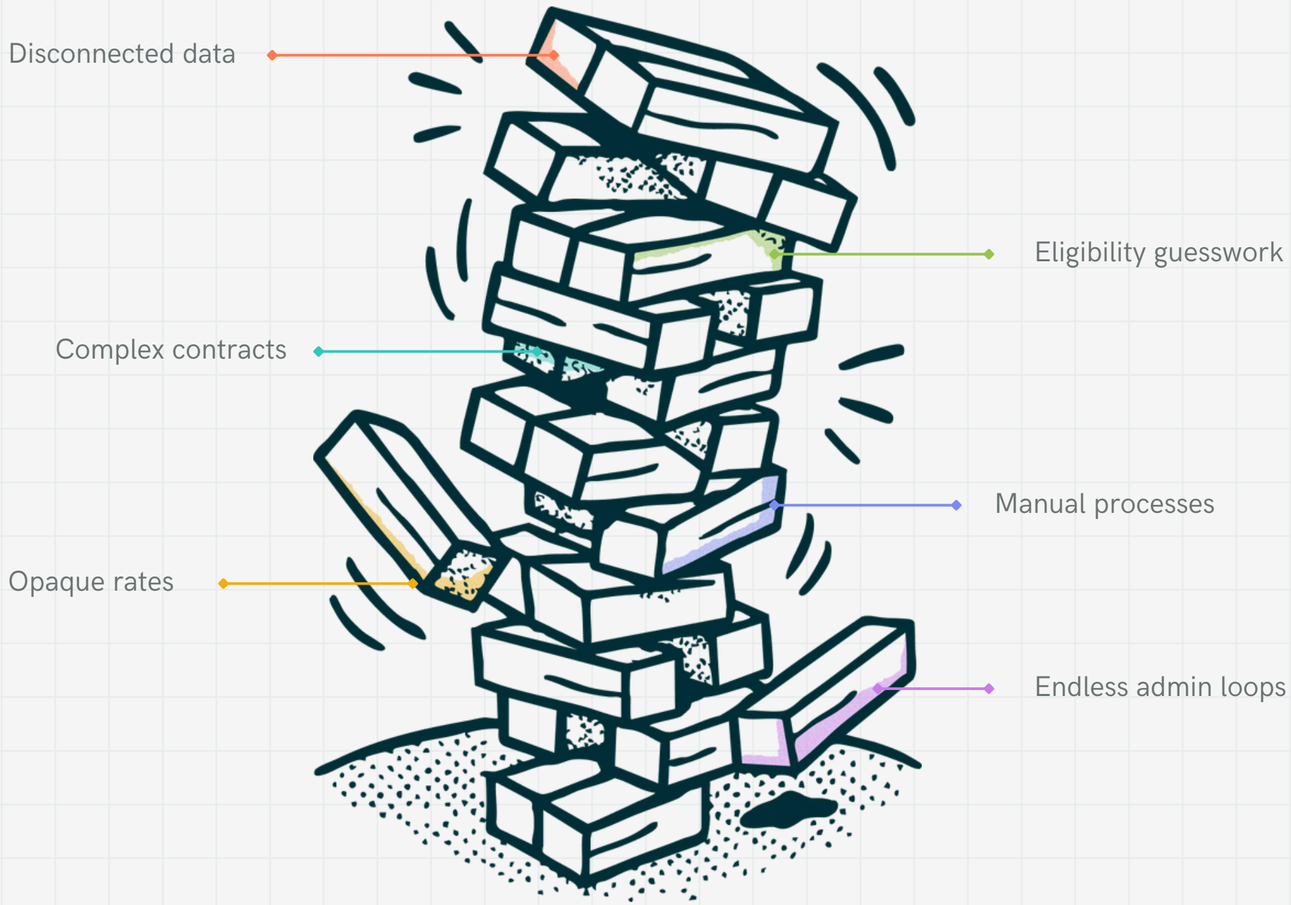
Turquoise Health

You *can* put a price on healthcare

Joe Wisniewski - joe@turquoise.health

The US healthcare system has *broken* under the weight of its own complexity

It's not a poorly designed system, it's a system that was ***never designed***. Seriously, look it up.

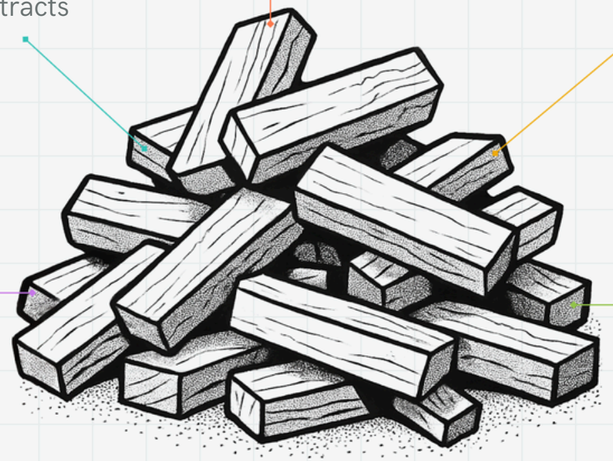


No one wins in this game.

Disconnected data

Complex contracts

Prior Authorizations and Denials



Long Negotiations

Manual processes

Provider

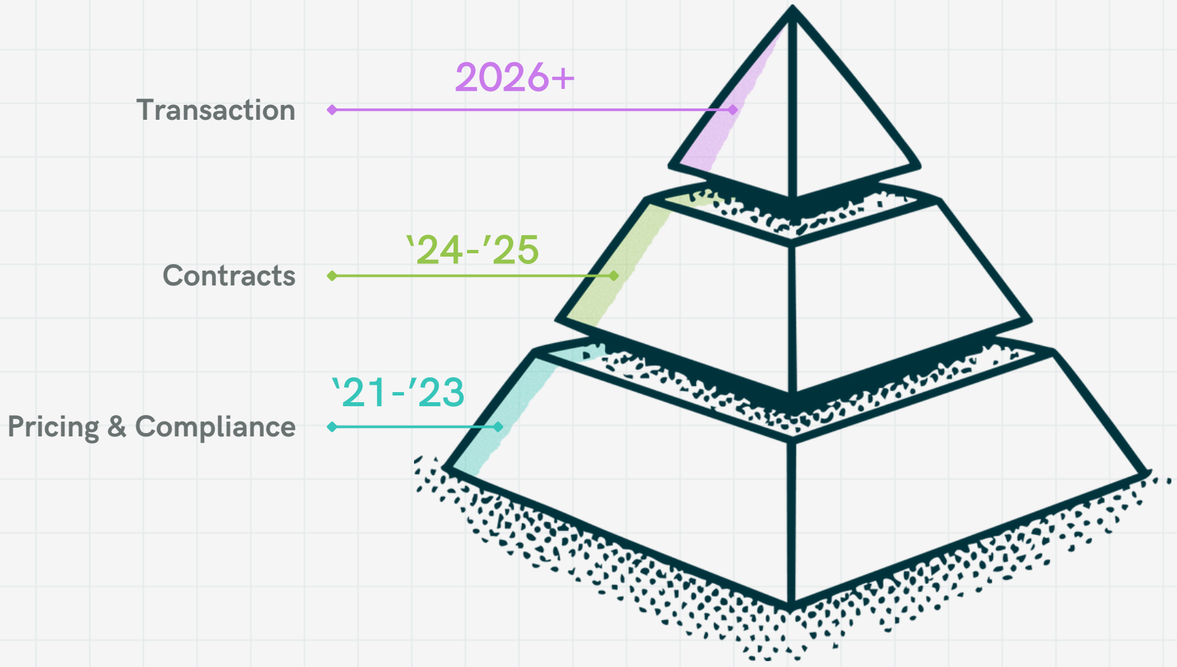
$$$$ — $1 in $4 dollars lost from administrative waste — $$$$

Payer

Shrank, William H et al. "Waste in the US Health Care System: Estimated Costs and Potential for Savings."

A better path forward requires a *stronger foundation.*

- **Smarter Pricing & Compliance**
  From machine-readable files to ever-changing CMS regulations, we've pulled everything into one fluid workflow. Benchmark peers, track performance across service lines, and put your compliance efforts on auto-pilot.
- **AI-Powered Contracts**
  Forget contract optimization, try reinvention. Ai-enabled searchable contracts, standardized formats, and side-by-side comparisons, and more will help you act with clarity, not guesswork.
- **Frictionless Real-time Transaction**
  Better data and simpler contracts lays the foundation for and end-to-end transaction operating system that truly eliminates administrative waste from the full contract lifecycle.



We're driving the policy *shaping the market*

We've rapidly gained trust on all sides of healthcare. Care to join?

Turquoise Health May 2022

Turquoise raises Series A, releases the first Transparency Scorecard, and publishes first Impact Report.

November 2022

CMS releases recommended schema for hospitals, based on suggestions from Turquoise. Administration doubles down.

Turquoise Health March 2023

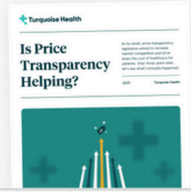
Chris testifies before the House Committee on Energy & Commerce, and Turquoise begins publicly reporting compliance numbers.

September 2023

Final Rule released requiring use of standardized schemas for hospital MRFs—including drug price data—developed with Turquoise input.

Turquoise Health July 2024

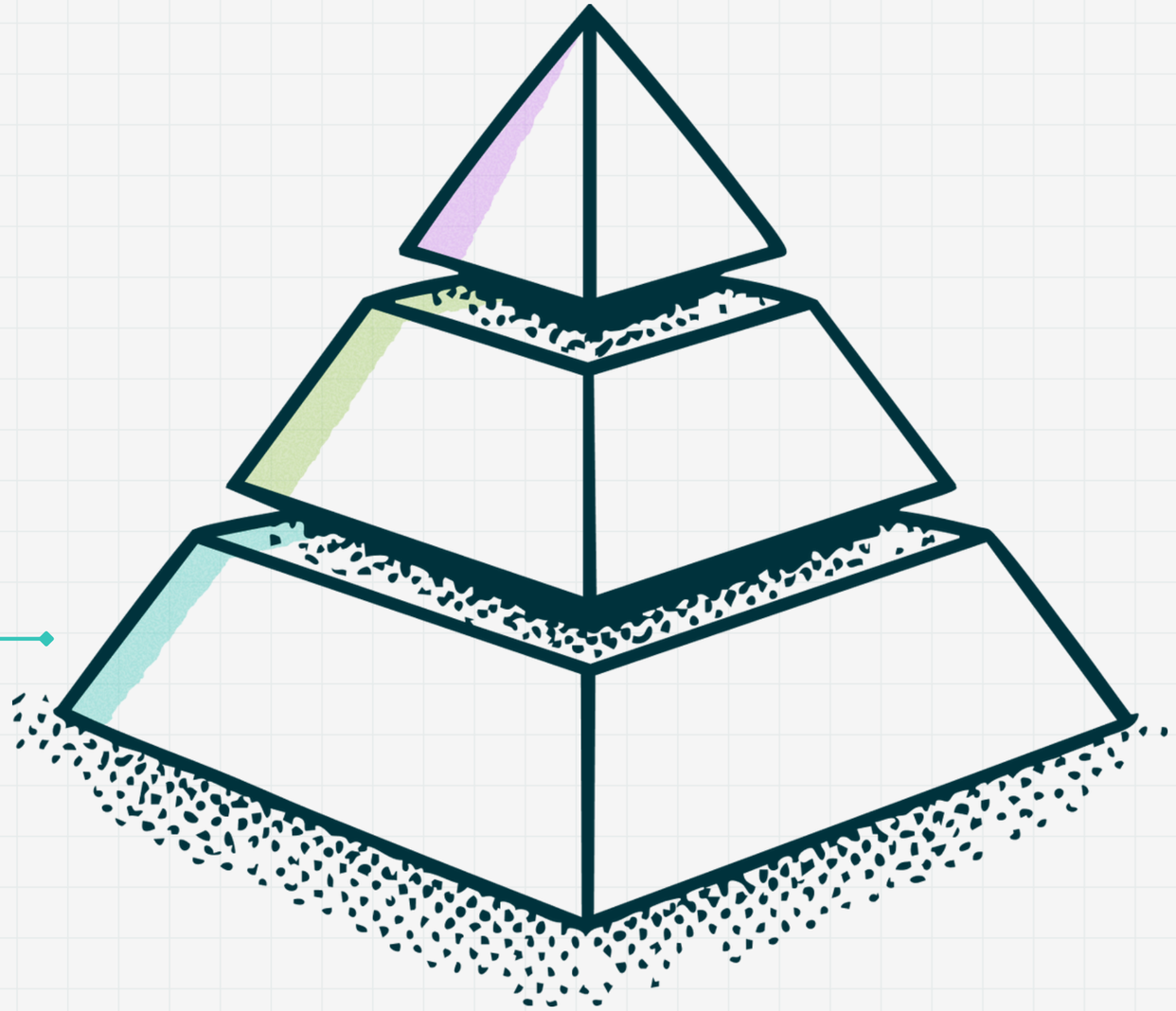
Turquoise begins tracking drug prices and measuring healthcare inflation, Raises Series B and launches Contracts.



February 2025

First Price Transparency Executive Order under new administration cites Turquoise white papers.

Pricing and Compliance



Tracking price transparency compliance is no small task

HOSPITAL PRICE TRANSPARENCY FINAL RULE

- Machine Readable Files and Shoppable Services Rolled Out 1/1/21
- First Financial Penalty with Increased Fines 6/7/22
- Hospital Standardized Schema launched 7/1/24
- Estimated allowed amounts, drug measurement/unit type 1/1/25
- Hospital Compliance RFI DUE 7/21/25

TRANSPARENCY IN COVERAGE

- Phase 1 – Machine Readable Files Rolled Out 7/1/22
- Phase 2, Part 1 – 500 CPTs available on self service tool 1/1/23
- Phase 2, Part 2 – all items and services available on self-service tool 1/1/24
- Part D Schema RFI DUE 7/2/25

NO SURPRISES ACT

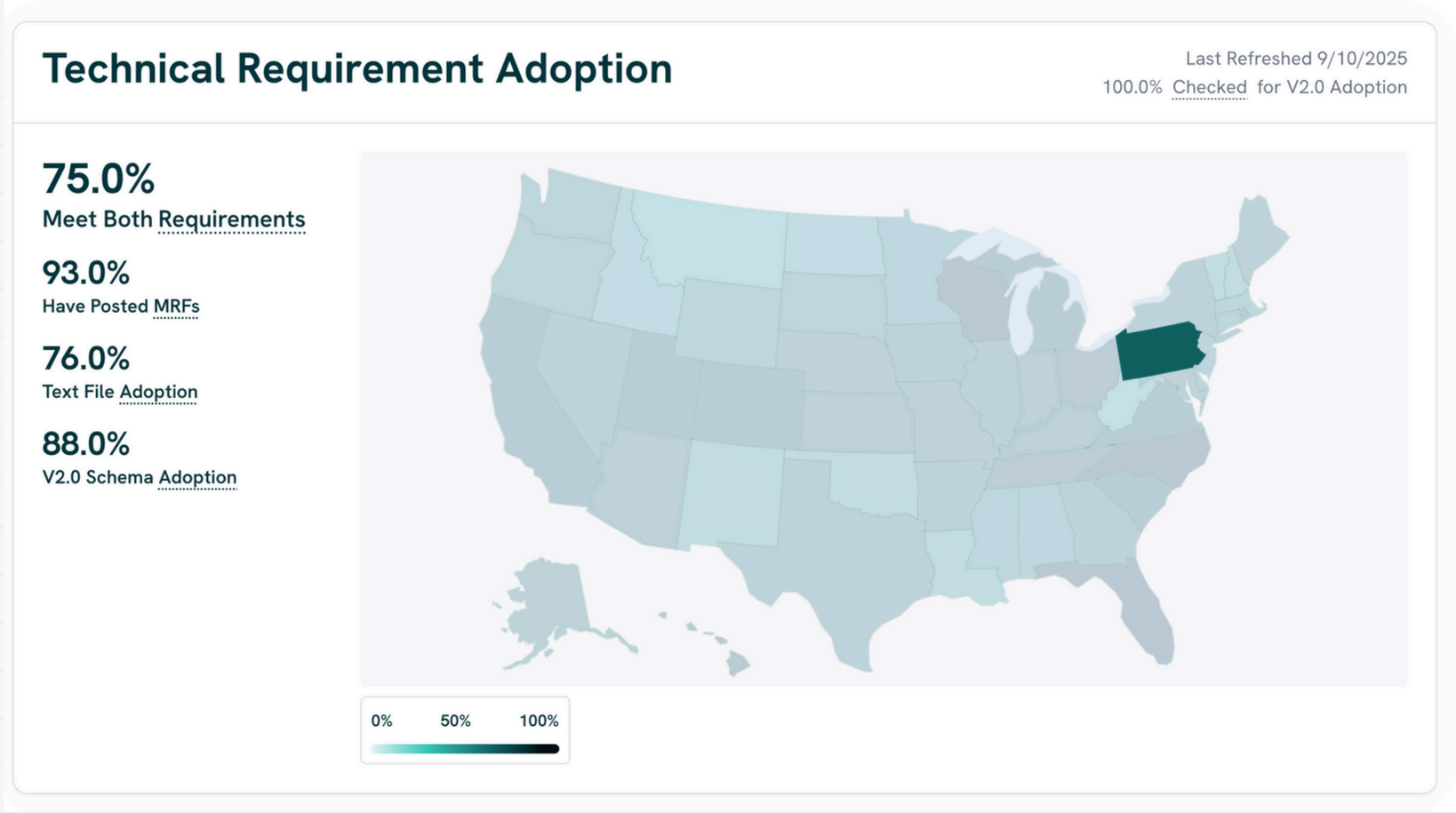
- No Surprise Billing and Good Faith Estimates Rolled Out 1/1/22
- Surprise Billing Final Rules – Updated IDR process 8/19/22
- Request for Information focused on Advanced EOBs and GFEs 9/16/22 – 11/15/22
- Grace period for co-providers and facilities on GFEs extended 12/2/22
- IDR determinations temporarily halted by CMS & HHS 2/10/23
- CMS releases enforcement report, 16,000 complaints in total 8/10/24

WE ARE HERE

- Trump PBM Executive Order Actions Due 10/12/25

Live MRF Tracker

- 67%+ are compliant with new regulations.
- TXT record adoption is the area for greatest improvement nationwide.
- We expect more aggressive enforcement the rest of this year.



Yet *fines* have been focused on hospitals under 100 beds

- 62% of all fines are imposed on hospitals with fewer than 100 beds.
- CAHs are more vulnerable due to limited technical resources.
- In 2025, hospital mandates have become more complex and challenging to implement.

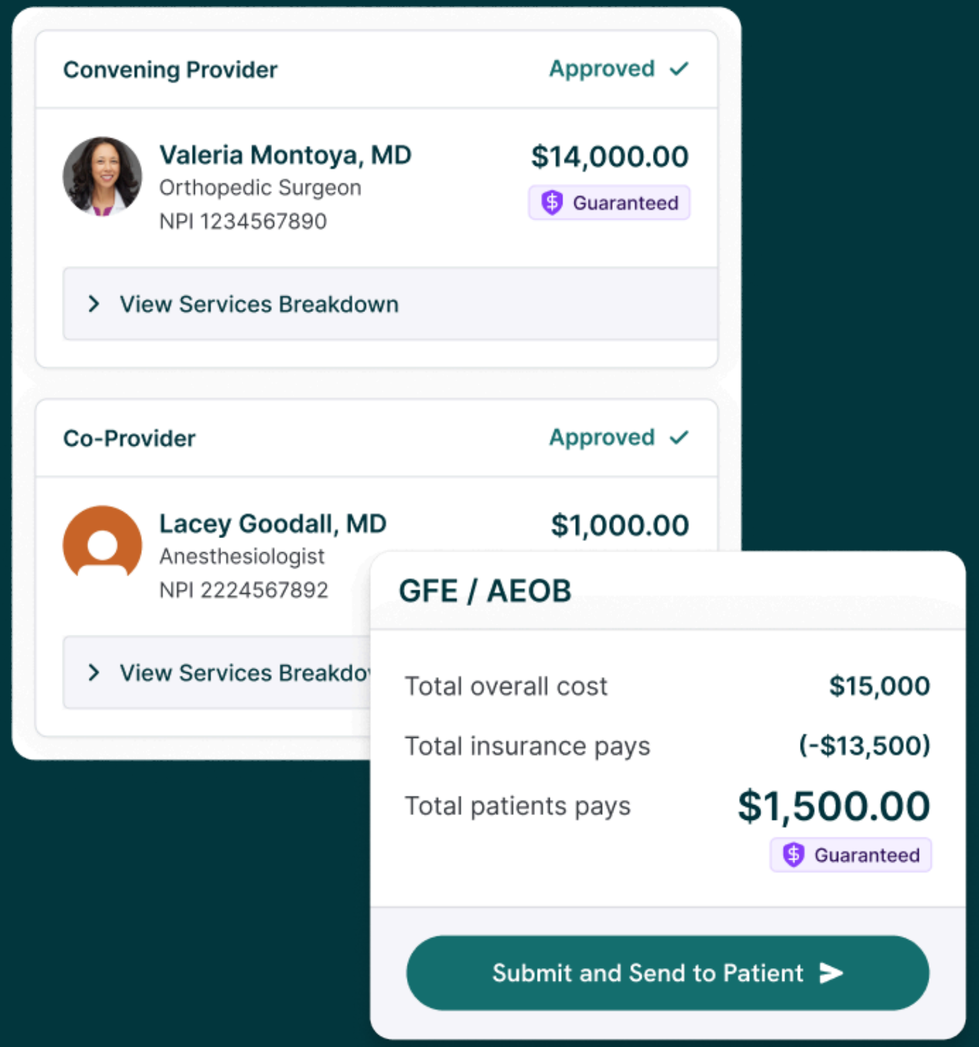
Enforcement Actions

Below is a list of civil monetary penalty (CMP) notices issued by CMS.

Date Action Taken	Hospital Name	Effective Date
2025-02-11 (PDF)	CCM Health	2024-08-29
2025-02-11 (PDF)	D.W. McMillan Memorial Hospital *Under Review* *	2024-09-23
2025-02-11 (PDF)	Southeast Regional Medical Center	2024-11-07
2025-02-27 (PDF)	Hill Hospital of Sumter County *Under Review* *	2024-07-11
2025-02-24 (PDF)	Lawrence Rehabilitation Hospital *Under Review* *	2024-08-27
2025-02-27 (PDF)	Bucktail Medical Center *Under Review* *	2024-07-09
2025-03-17 (PDF)	Northlake Behavioral Health System *Under Review* *	2024-10-02
2025-05-13 (PDF)	Arkansas Methodist Medical Center *Under Review* *	2024-09-09
2025-05-13 (PDF)	Community Care Hospital *Under Review* *	2024-10-03

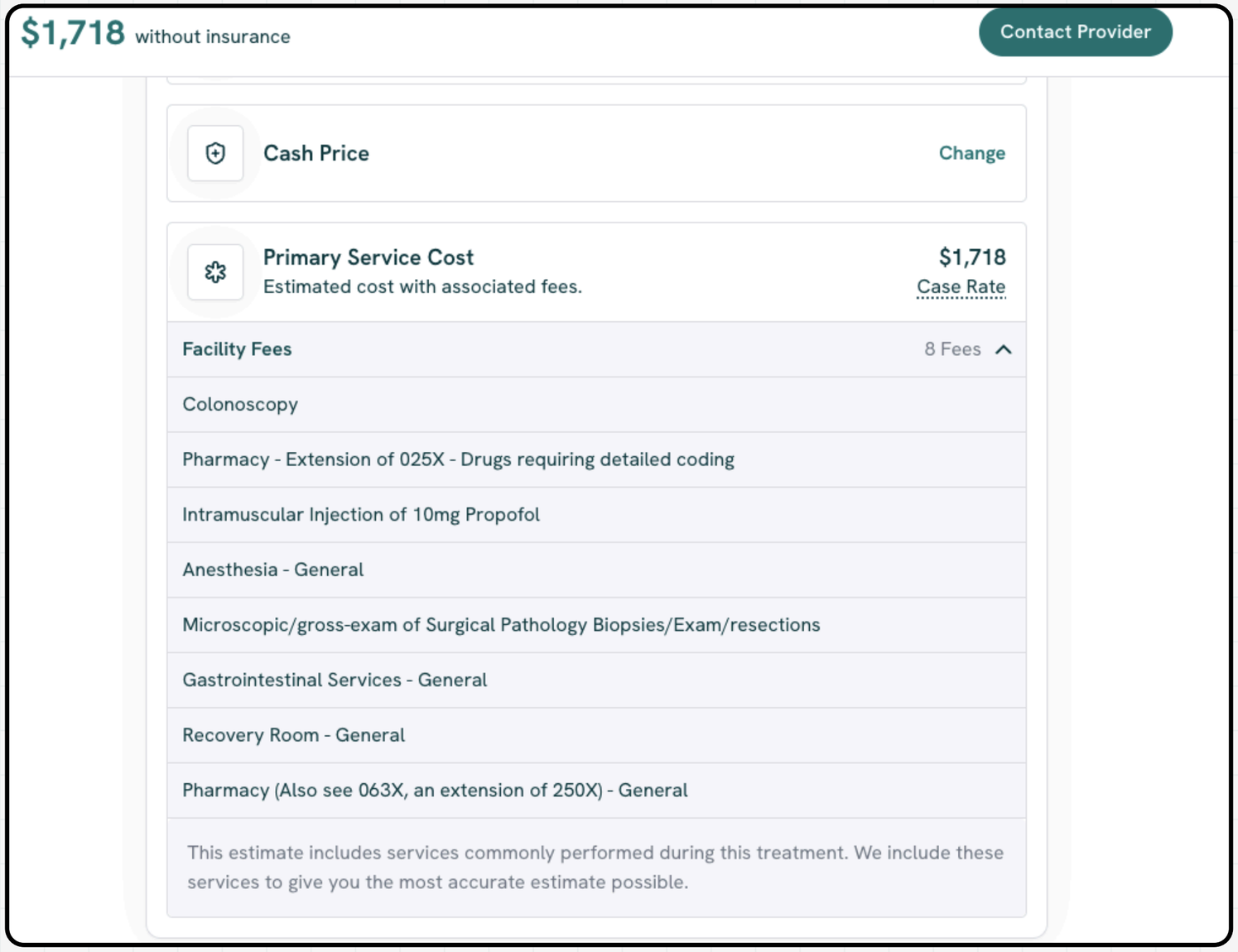
CMS wants guaranteed upfront prices.

- “Actual prices” mentioned in Trump EO
- No Surprises Act laid the foundation with GFEs & AEOBs
  - AEOBs have yet to be enforced
  - Senate & House just released AEOB enforcement letters to CMS.

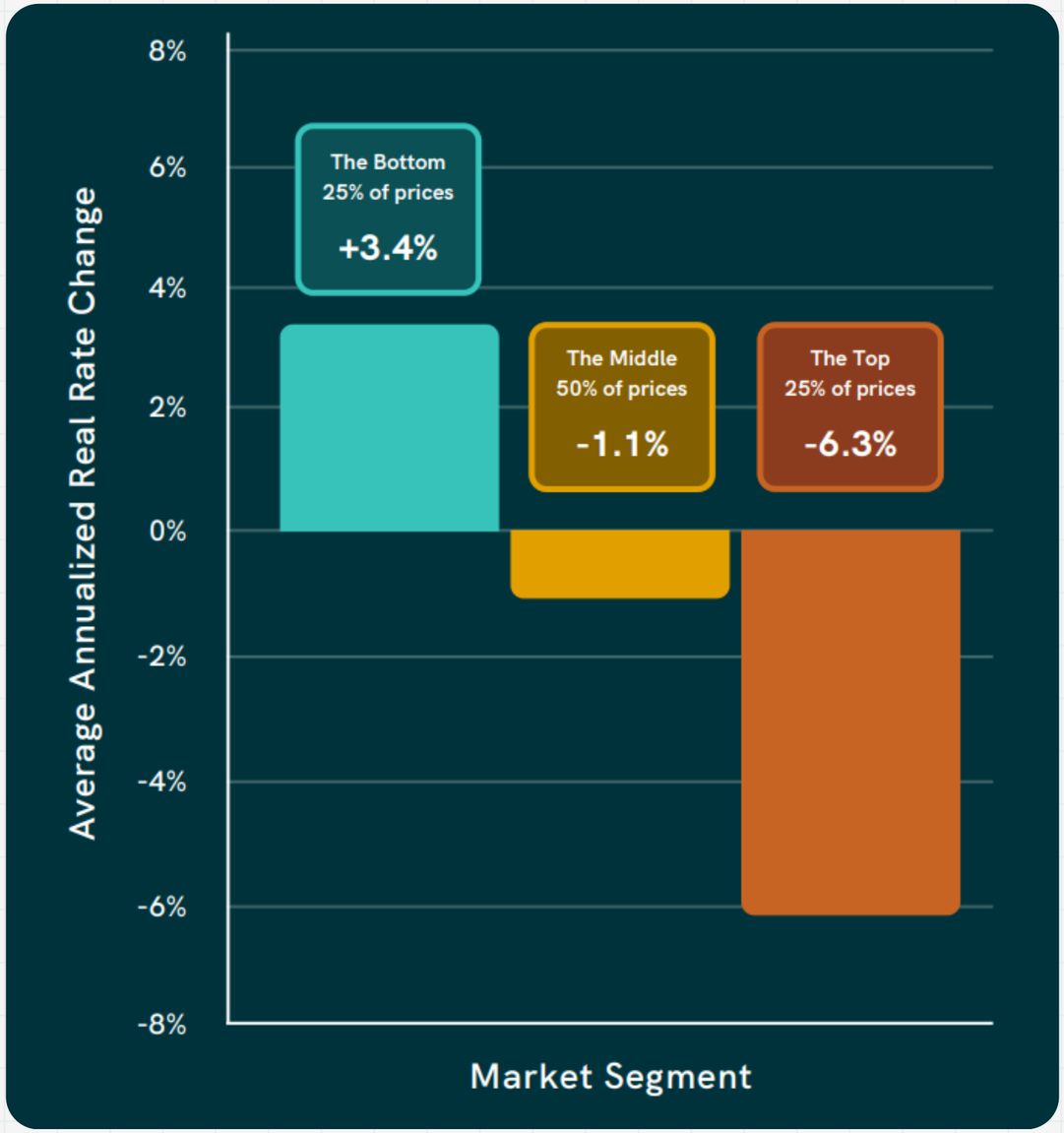


To *shop* for healthcare, we have to move beyond *codes* and move to *bundles.*

- Current requirements do not fit the real needs of patients.
- Thus, most patient estimator tools (PETs) do not see significant usage or create further confusion in patients.

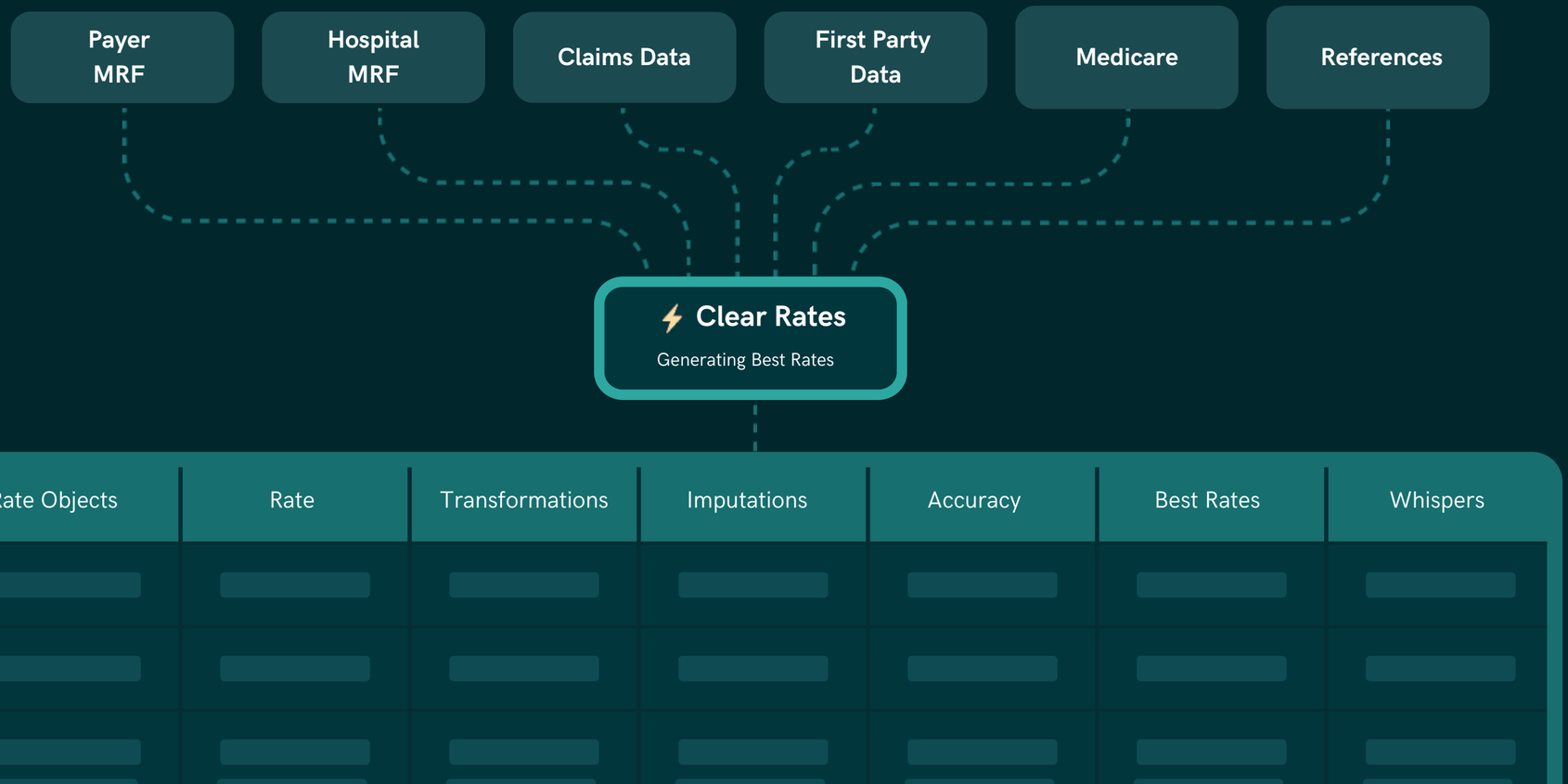


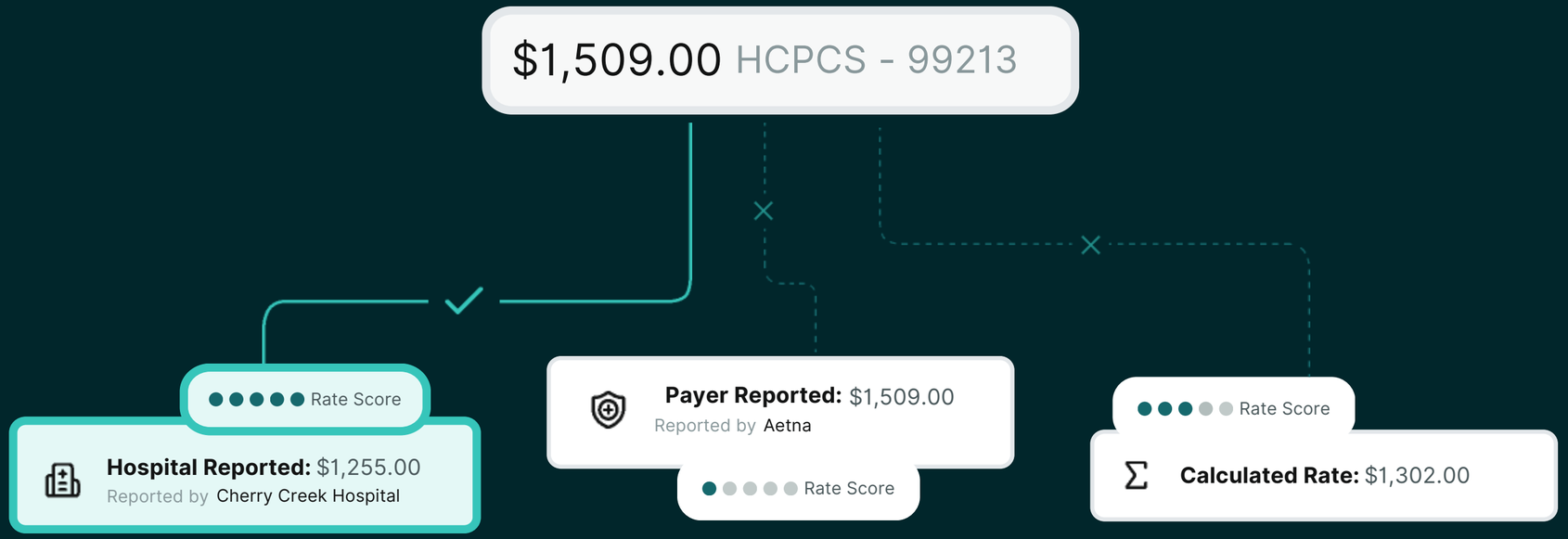
We're seeing *real pricing impacts* when everyone's rate is public.



You don't care where the rate is from, as long as it's right.

Starting in 2021, the federal government required all hospitals and payers to post their once confidential negotiated rates online. The problem was that the raw data was too difficult to use. By combining MRF data with claims data, you get the most in-depth look at payer rights possible.

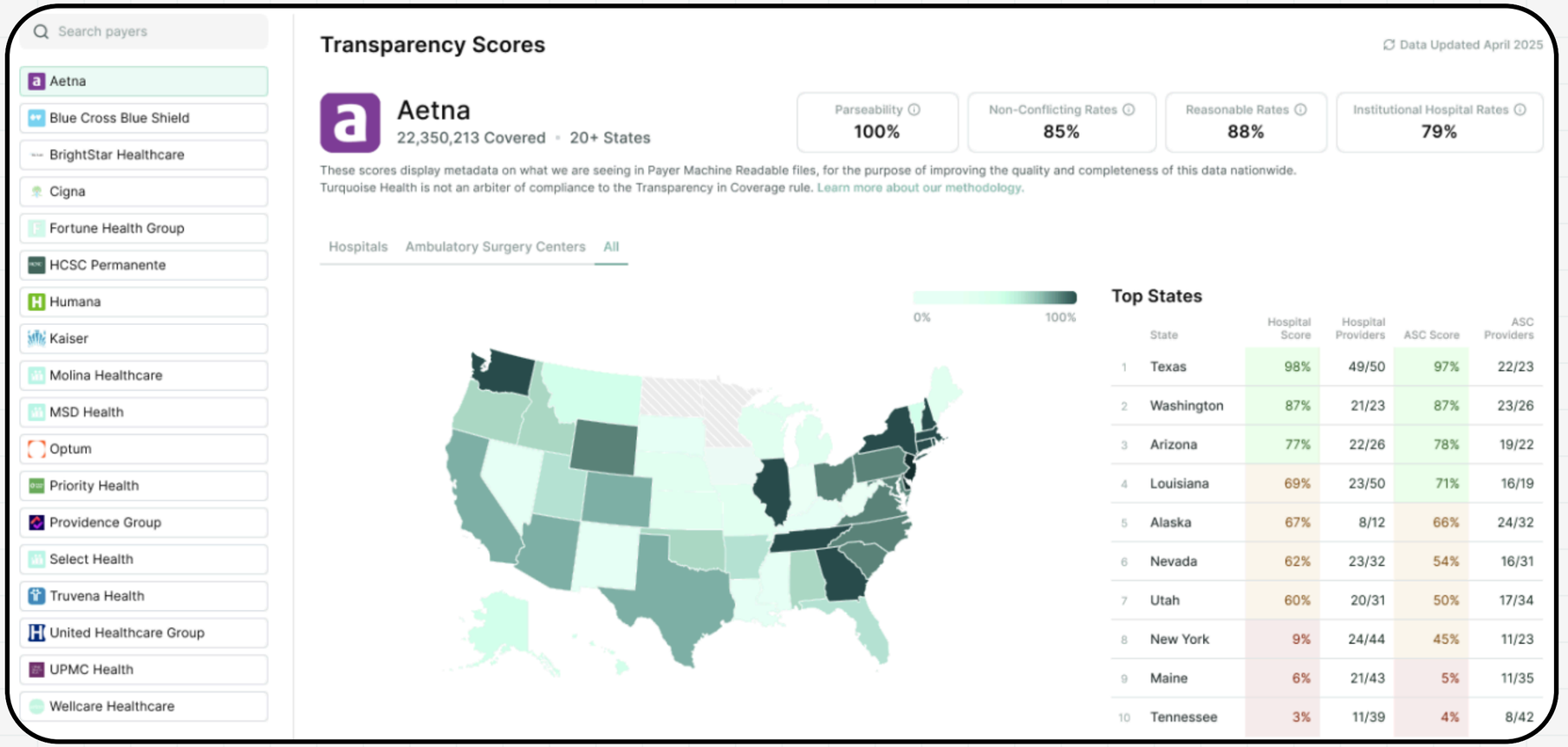




Rate Scores

Our precision pricing engine intelligently processes millions of rate objects, applying transformations, filling gaps, and scoring for accuracy to deliver the single best rate from all available sources.

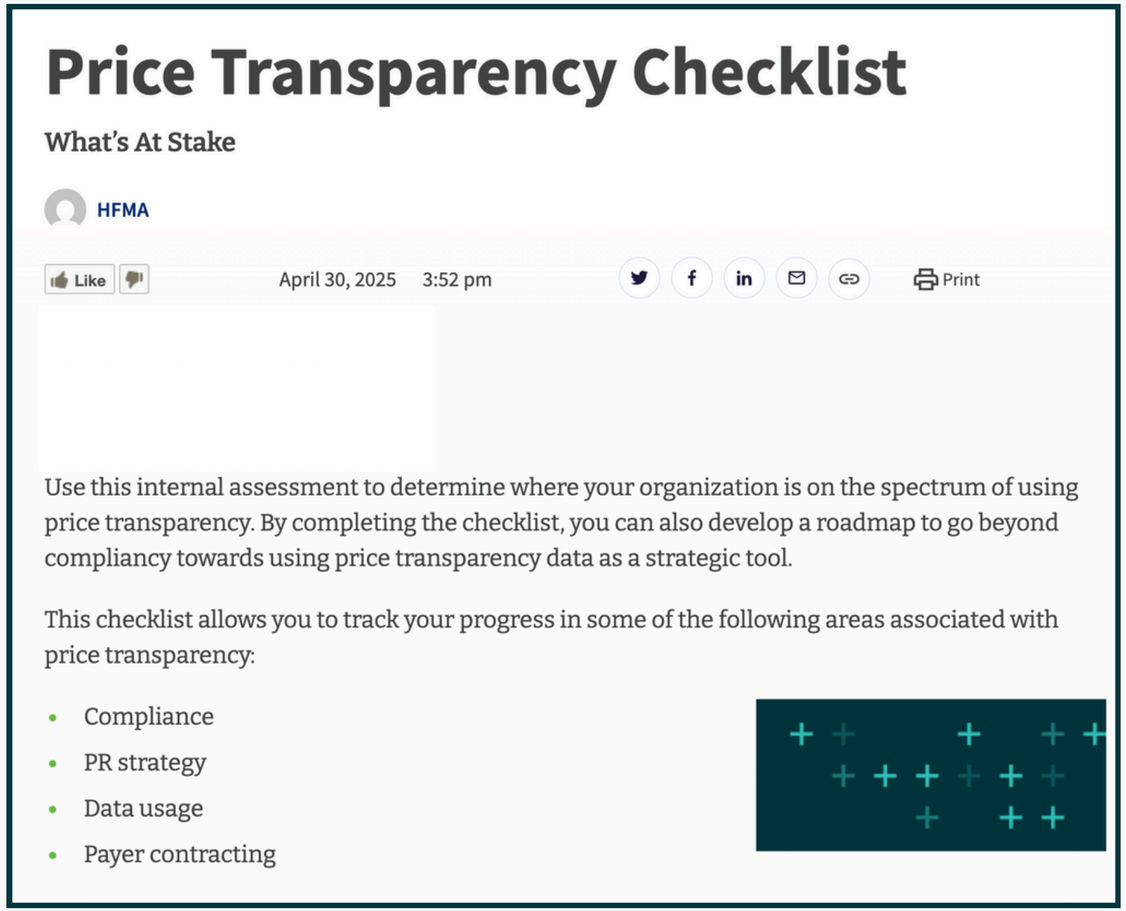
Payer Scores *coming in October* to rank payers nationwide.



Compliance focus is *shifting to payers.*

Transparency Checklist

Download our price transparency checklist to prepare for upcoming changes.



Price Transparency Checklist

What's At Stake

HFMA

Like

April 30, 2025 3:52 pm

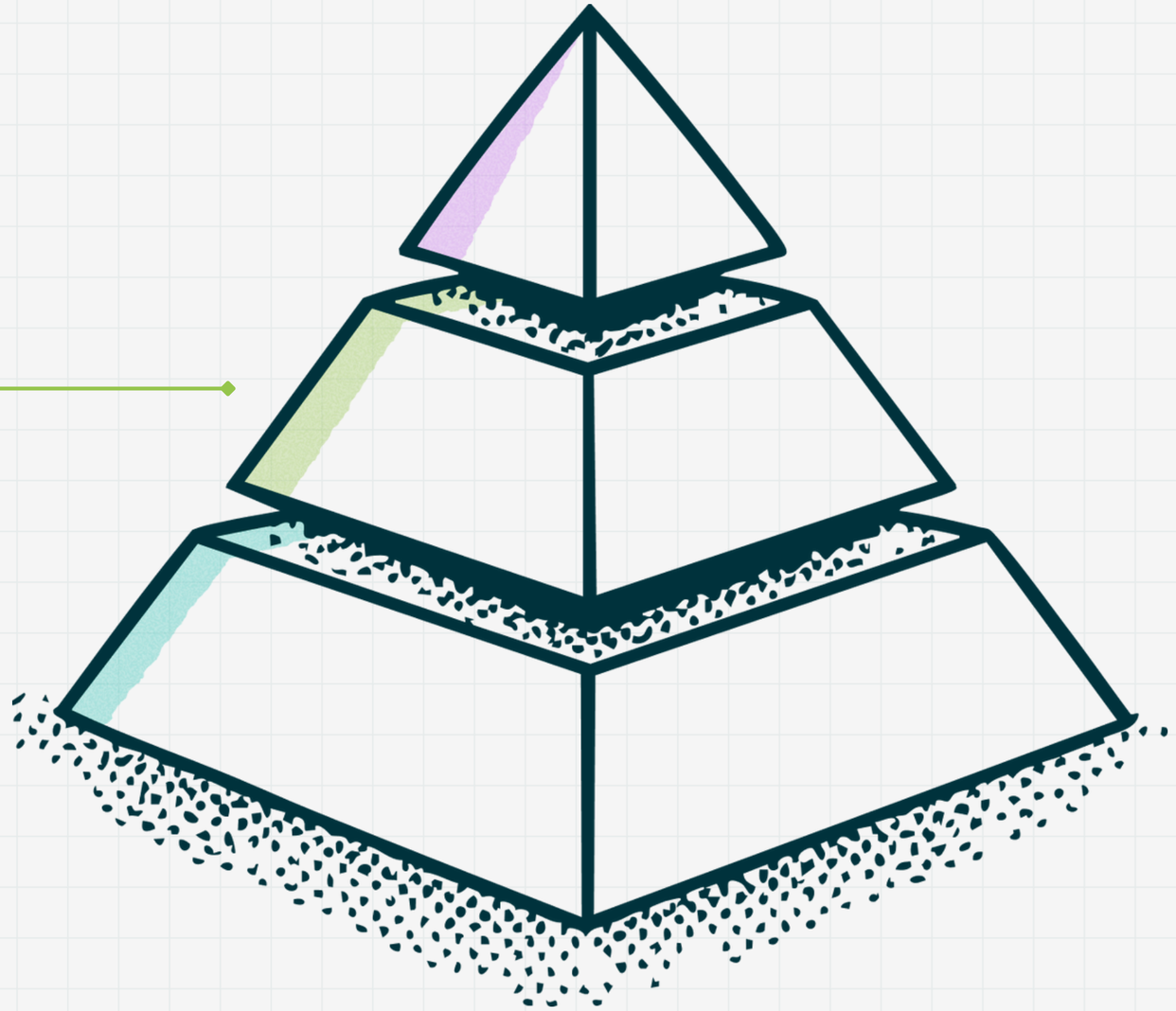
Print

Use this internal assessment to determine where your organization is on the spectrum of using price transparency. By completing the checklist, you can also develop a roadmap to go beyond compliancy towards using price transparency data as a strategic tool.

This checklist allows you to track your progress in some of the following areas associated with price transparency:

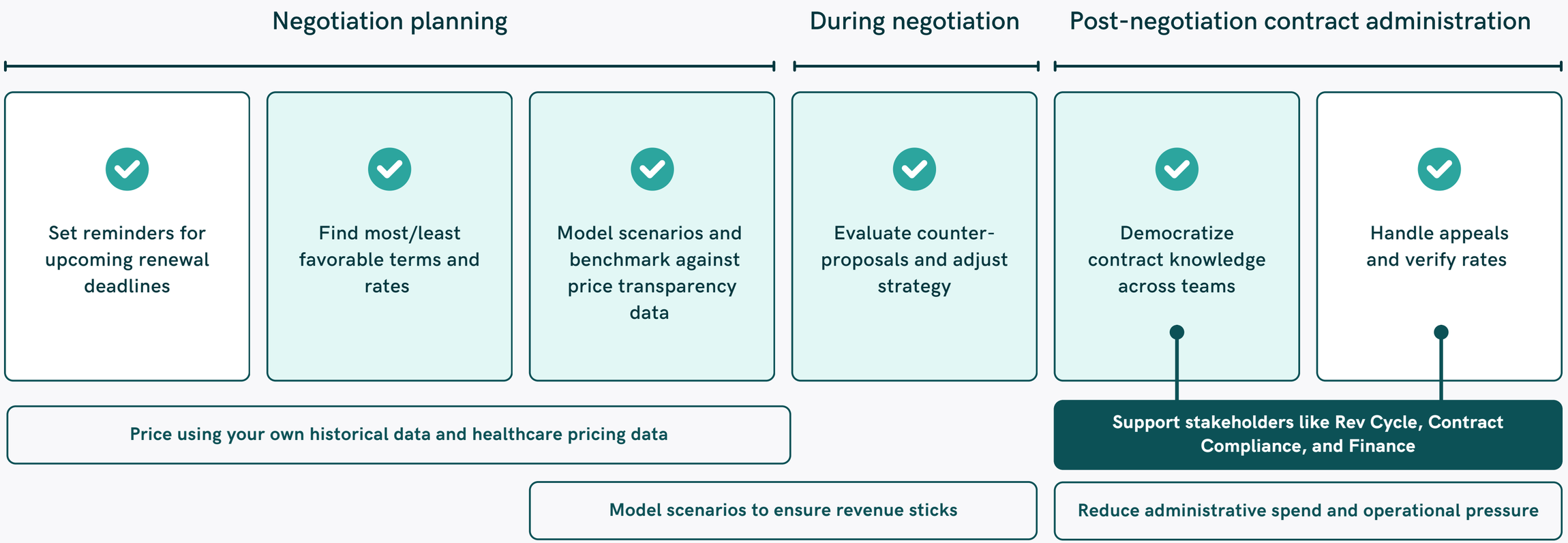
- Compliance
- PR strategy
- Data usage
- Payer contracting

AI-Powered Contracts



Before price transparency, setting the price was the challenge.

With price transparency, the challenge is to collect the value of the contract.



The healthcare landscape is evolving rapidly, and teams are struggling to keep up.

Price transparency is changing the game.

Information overload, data in siloed systems.

Real customer example

420
contract docs

135k
rates & provisions

$2B
revenue at stake

You need a system that not only organizes your contracts, but also makes that data actionable.

Contract *management & modeling* with price transparency at the center.

Are you able to find all of your contracts organized in one place? What about auto-tagging important clauses to automate most of your contract matrix? Or, using AI search tools to find buried clauses and payer policy reference manuals?

Manage

Organize your contracts, amendments, and associated documents all in one place, automatically tagging key contract provisions.

Matrix

See the tagged details across all of your agreements, identifying favorable terms for negotiations and insightful contract comparisons.

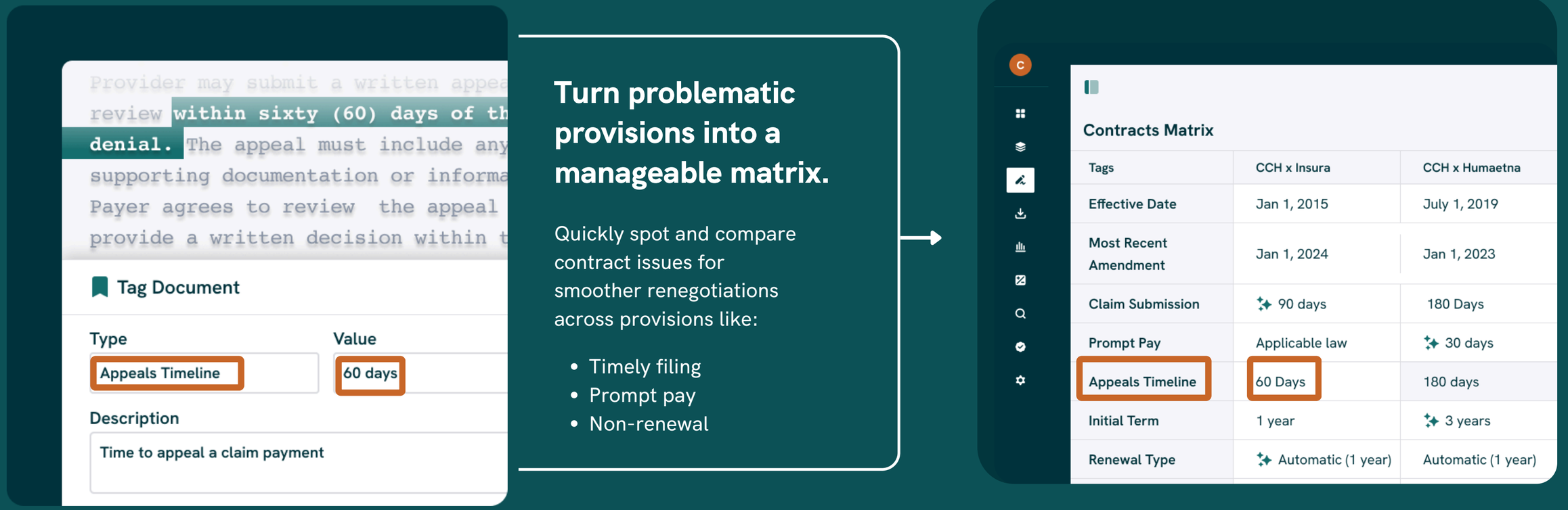
AI Search

Use AI to ask questions about your contracts and search payer reference material such as coverage and reimbursement policies.

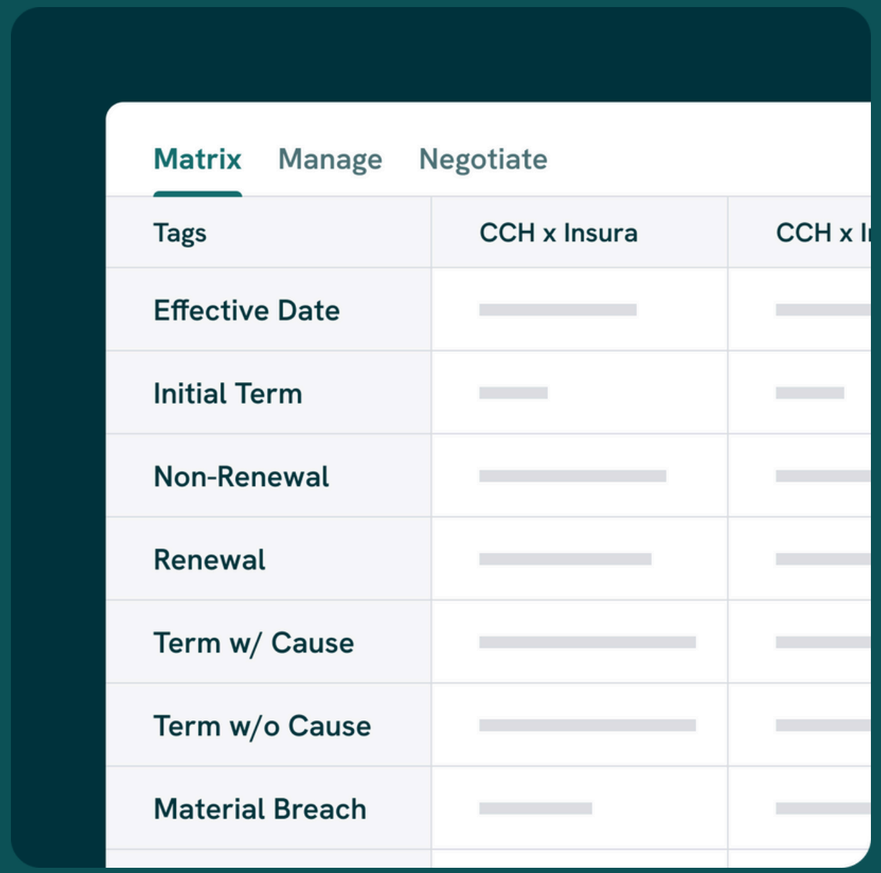
Scenario Modeling

Evaluate the impacts of increases and market comparisons in real time through scenario modeling allowing teams to anticipate and model in ongoing negotiations.

Consider using AI to auto-tag and automate your contract matrix.

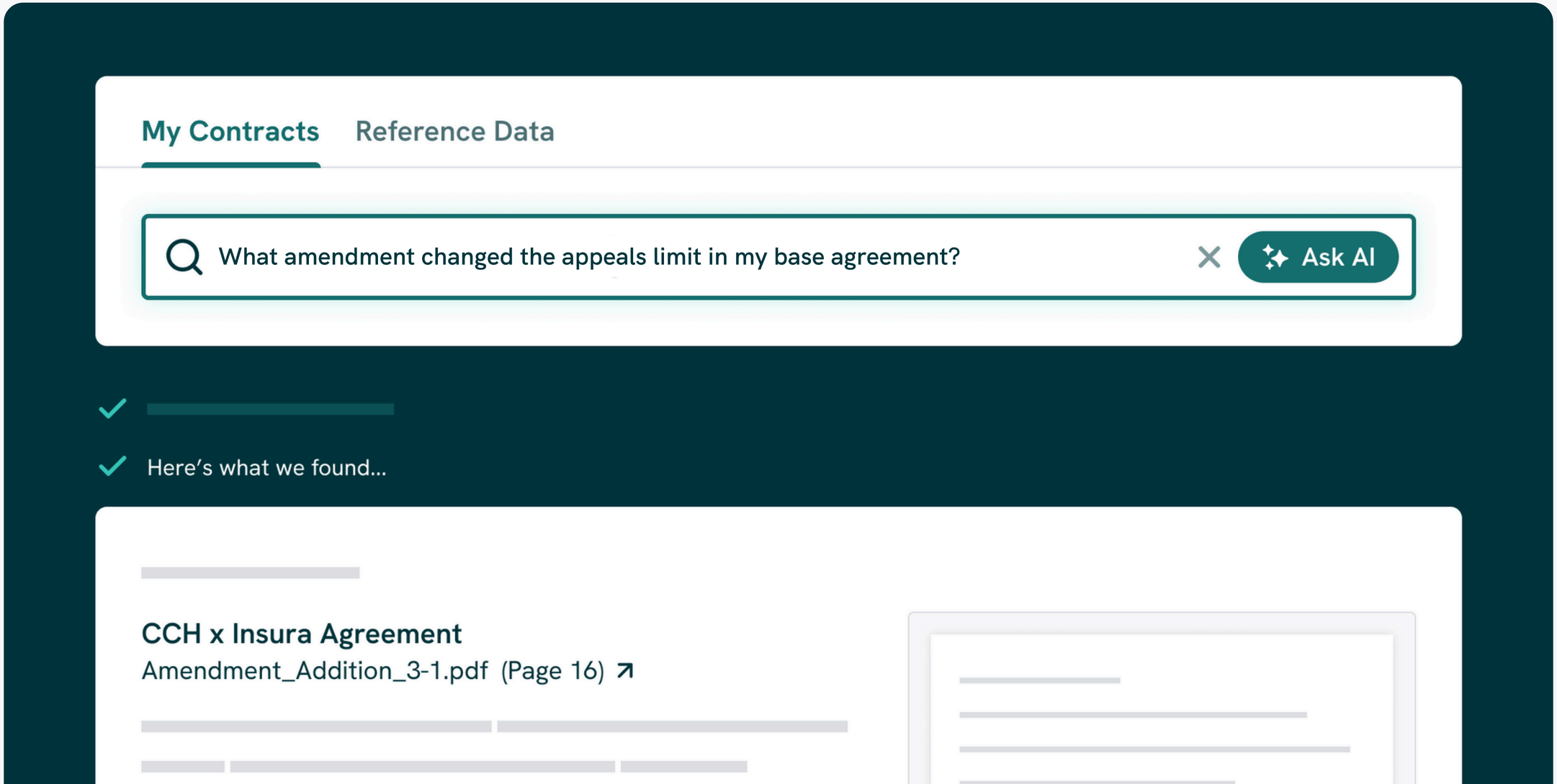


Look for tools that cite their sources and flag uncertainties for human review.

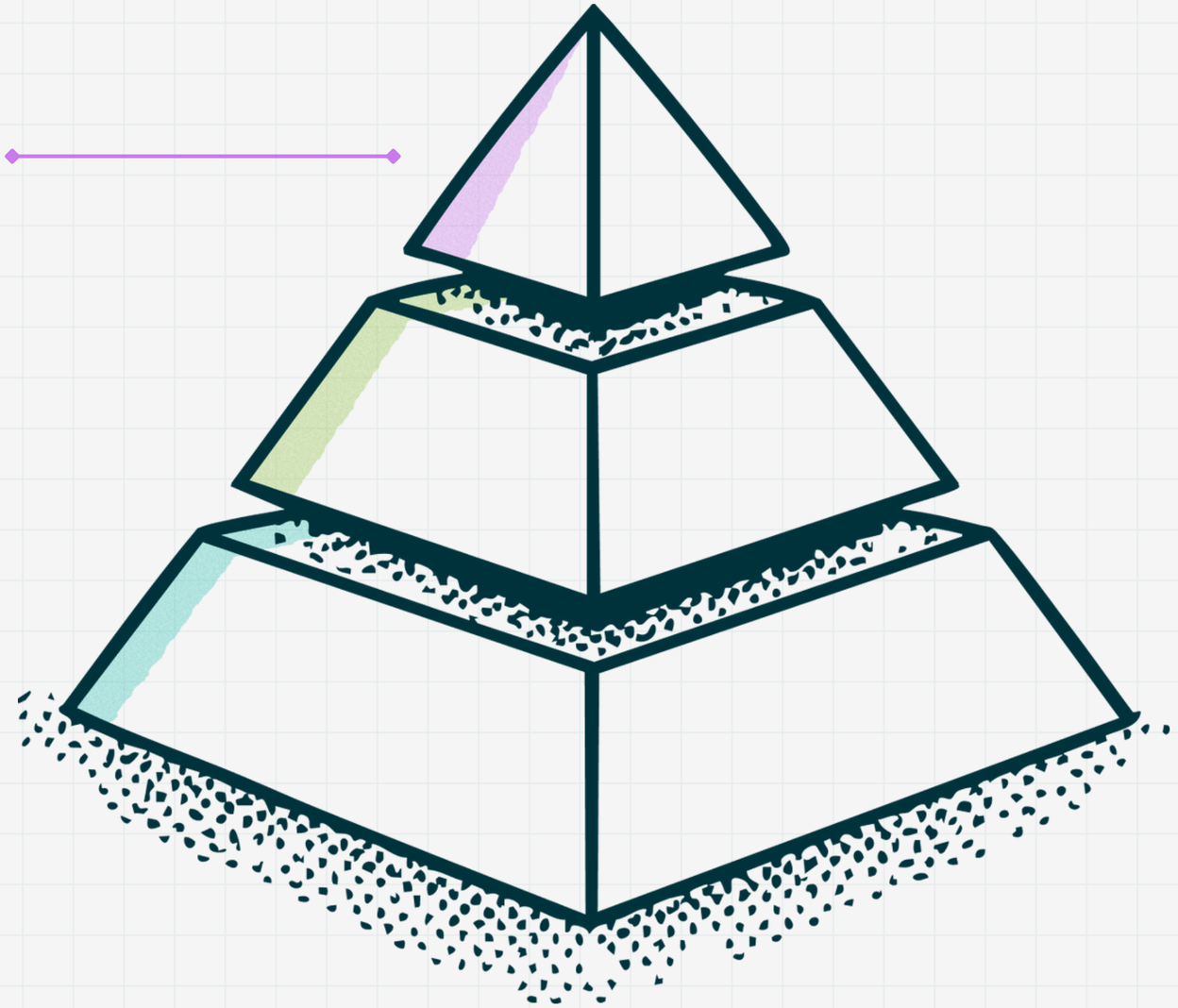


- Use your contract matrix to identify and compare details across facilities and products
- Pinpoint favorable or problematic terms and potential provisions for renegotiation
- Understand key contract terms, all linked back to the source language within the document

Consider AI tools that are built specifically for managed care.

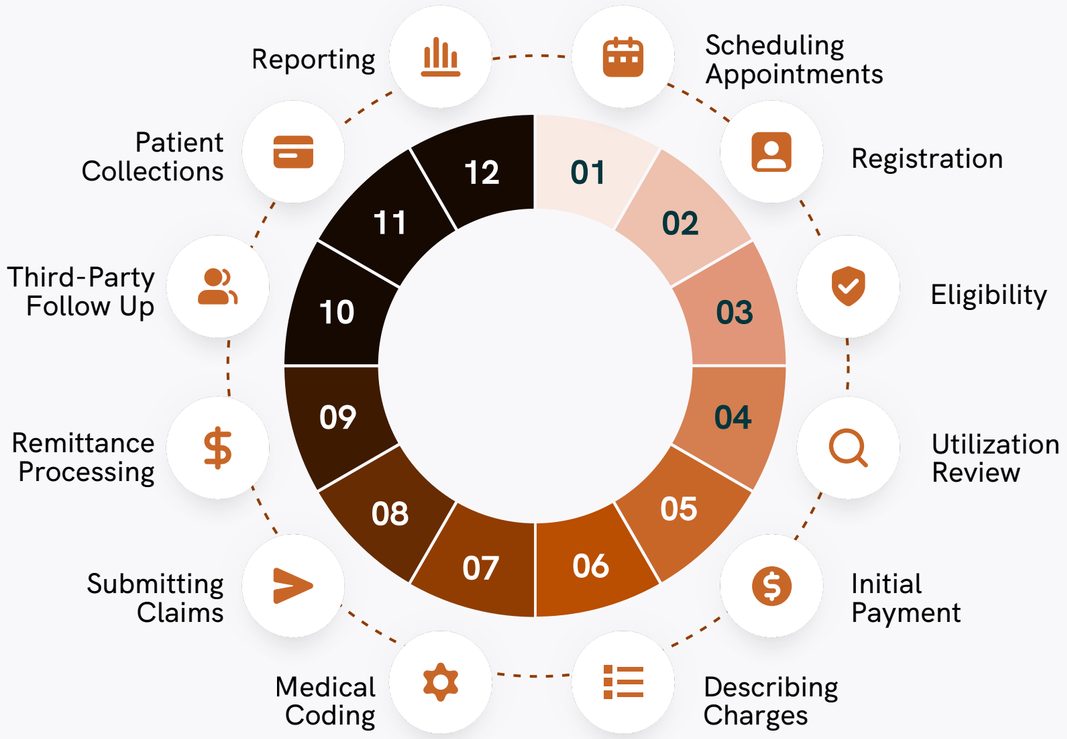


Patient-Centric Transactions

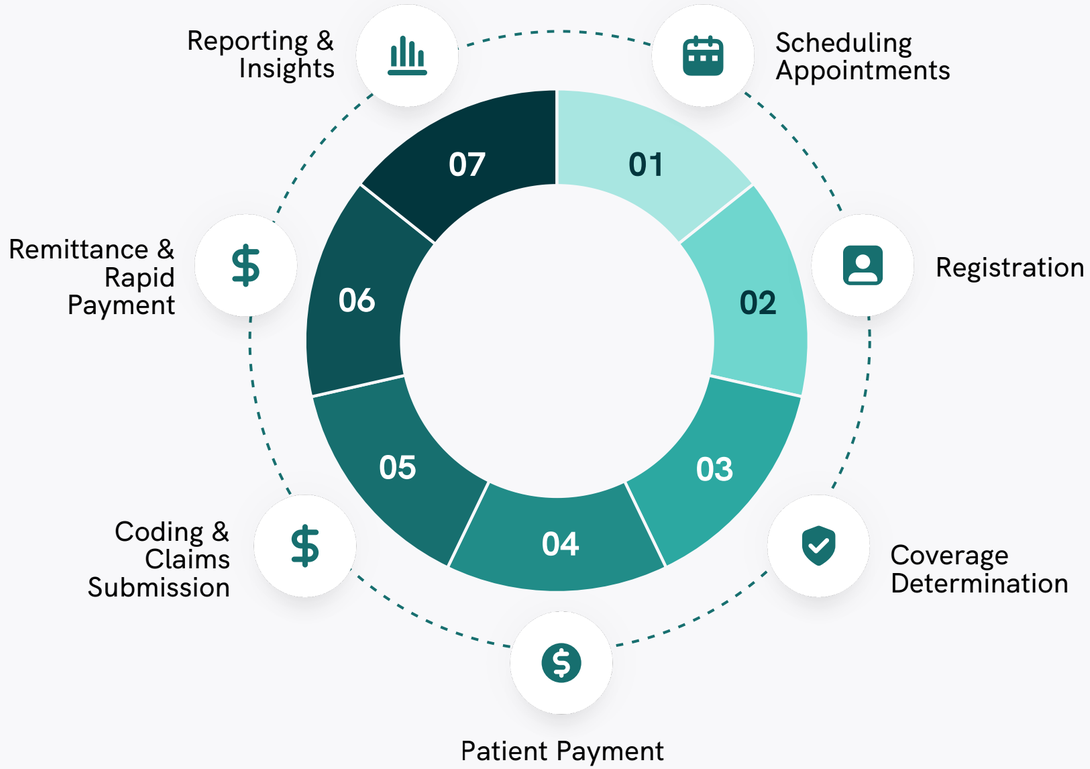


What if the revenue cycle started with billing?

STATUS QUO REVENUE CYCLE



TRANSACTION EFFICIENCY



Why now?

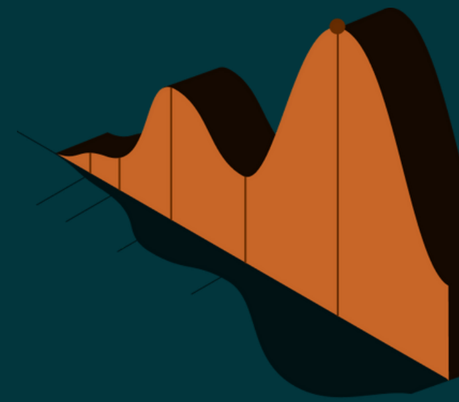
The case for real time settlement:

- Administrative spend is on the rise.
- CMS wants guaranteed upfront transactions through AEOBs & GFEs.
- Health systems contract structures are more transparent than ever (as of 1/1/25).
- Payer, provider, and patient friction is at an all-time high.

$496B

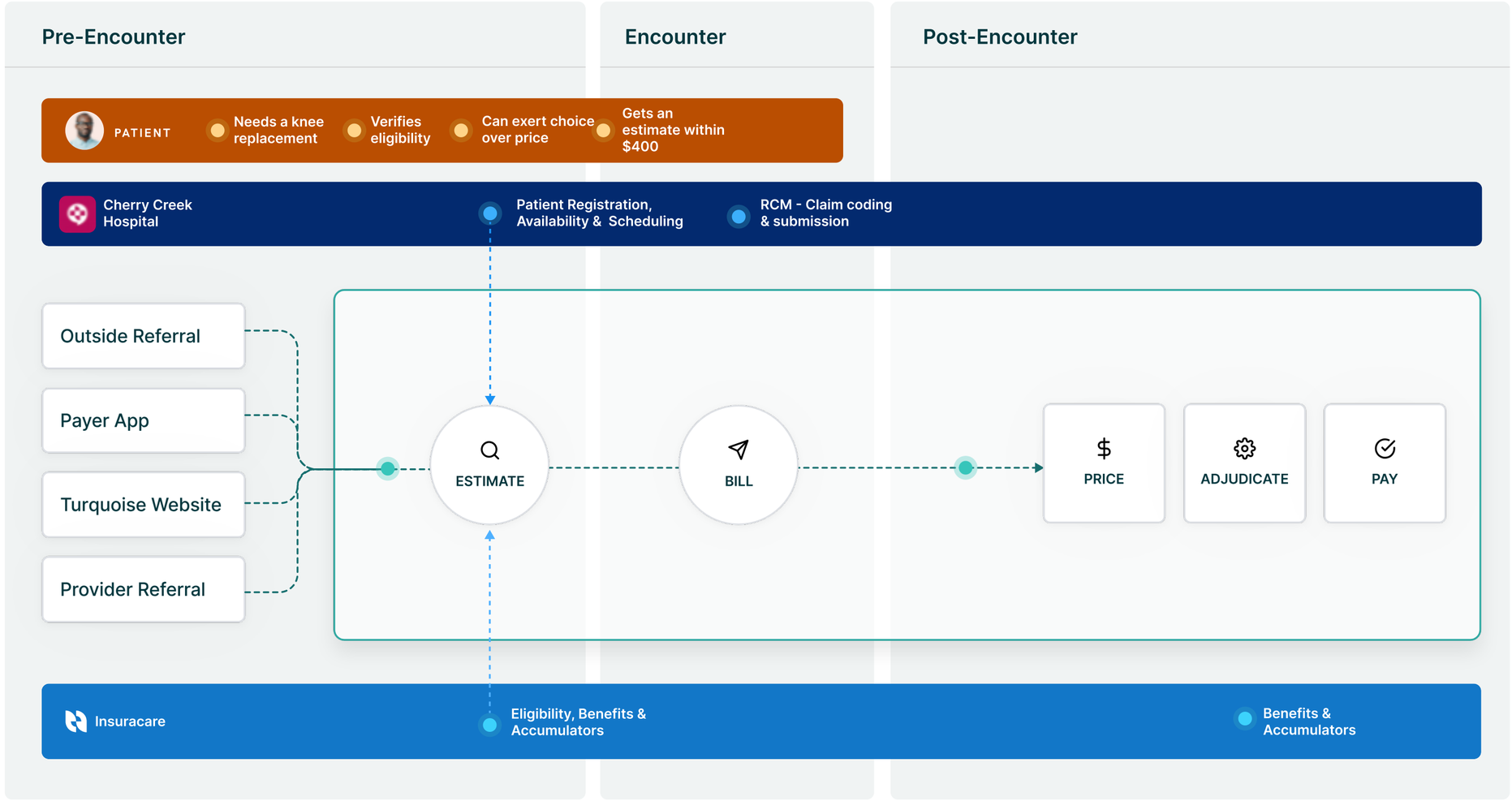
Total annual administrative spending in U.S. healthcare, including payer and provider contracting.

According to a report by the Center for American Progress (CAP).



How it works.

- Provider suppresses standard claim submission.
- Payer suppresses standard claim adjudication.
- We facilitate claims processing & payment.



How to go beyond MRFs to real usable data for patients

Simplicity + Agency = Peace of mind.

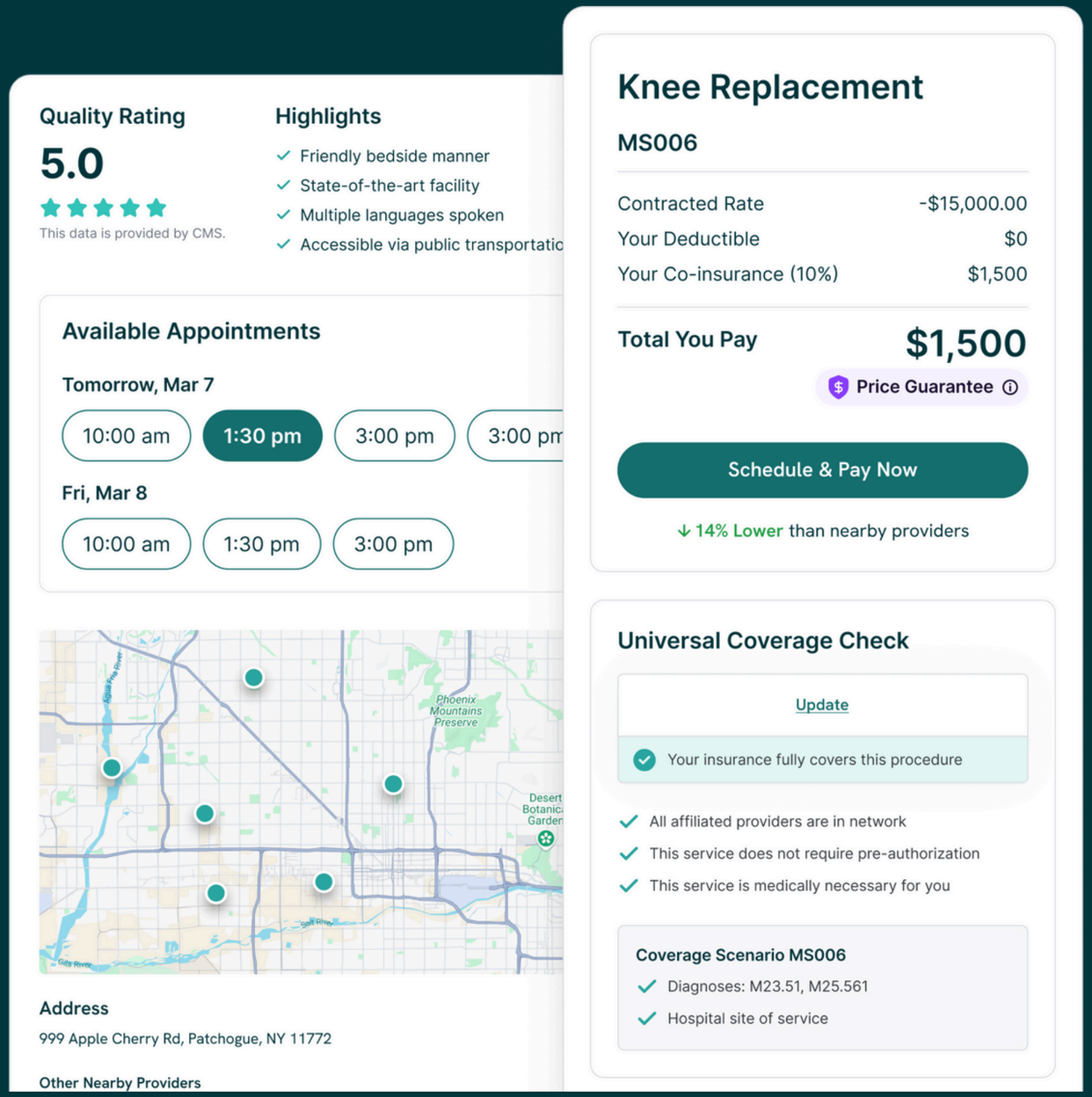
You'd never board a flight without knowing the cost. So why settle for less when your health is on the line?

Pricing for elective, shoppable care is...

- Guaranteed upfront
- Simplified & all-inclusive

No post-treatment surprise bills.

- Once care is completed, patients get to focus on what matters: recovery & wellbeing



The PATIENTS framework.

A blueprint for healthcare administrative reform.

The key to cutting administrative costs is replacing the patchwork of old, proprietary systems between health plans, providers, and middlemen.

The framework includes these essential pieces:

- Standard Modular Provider <> Group Purchaser Contract
- Open Payment, Grouping and Pricing System
- Universal Clinical Coverage Library
- Standard Plan Design and Benefits Mapping
- Open and Patient-Facing Transaction Design

P	Publicly
A	Accountable
T	Transparent
I	Interoperable
E	Efficient
N	Nonproprietary
T	Transaction
S	Standard

Read the full open-licensed framework here.