



**February 23, 2026**

Administrator Mehmet Oz  
Centers for Medicare & Medicaid Services  
200 Independence Avenue SW  
Washington, DC 20201

Secretary Scott Bessent  
U.S. Department of the Treasury  
1500 Pennsylvania Avenue NW  
Washington, DC 20220

Secretary Lori Chavez-DeRemer  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

# **Re: Transparency in Coverage Proposed Rule**

## **CMS 9882-P**

Dear Administrator Oz, Secretary Bessent, and Secretary Chavez-DeRemer:

Thank you for the opportunity to respond to the proposed Transparency in Coverage (TiC) rule. Arnold Ventures fully supports the Administration's commitment to strengthening price transparency to enhance health care market competition, improve patient choice, and enable research into the drivers of health care costs.

Arnold Ventures is a philanthropy dedicated to investing in evidence-based policy solutions that maximize opportunity and minimize injustice. As a philanthropy, we do not accept funding from industry or have a financial stake in policy outcomes. Our work within the health care sector is driven by a recognition that the current system costs too much, leading to access issues for patients and affordability challenges for families and businesses.

One of our priorities is reducing the unnecessarily high prices charged by hospitals and other clinicians in the commercial market to lower health care costs for families, employers, and taxpayers. Given that health care consolidation is a primary driver of high and rising provider prices, much of our work is aimed at improving market competition and preventing further consolidation, improving transparency, and directly limiting prices or price growth where appropriate.

We appreciate the Administration's continued leadership on price transparency. As you will see below, we urge the Administration to finalize these proposals and also outline recommendations for further strengthening the TiC data, including by modifying the proposed utilization file requirement to include the volume of services rendered.

We thank the Tri-Departments for their work in this area, given your many competing priorities, and appreciate the opportunity to provide input.

## Proposed changes to improve the Transparency in Coverage files

The primary driver of high health care costs for the privately insured is the excessive prices for health care services charged by powerful hospitals and providers. These prices – on average, 2.5 times more than what Medicare pays for the same service – are often set arbitrarily and are irrationally high.<sup>1</sup> These high prices flow through the system as a tax on consumers and employers in the form of rising premiums and out-of-pocket costs, including high deductibles.<sup>2</sup> Given these high costs, nearly half of Americans in 2025 reported difficulties affording health care.<sup>3</sup>

### **Arnold Ventures supports the Administration’s efforts to advance greater price transparency.**

Unlike in most other markets, patients, employers, and other health care purchasers often have to make decisions without clear pricing information. Consumers should have access to such information before they seek health care services, along with policymakers, the press, and academic researchers.

Furthermore, reliable price data is essential to revealing the high and rising prices charged by hospitals and the widespread variation in prices for the same services within markets and hospitals – as well as the role of consolidation and provider market power in driving this variation. While the evidence suggests that price transparency alone is likely not sufficient to reduce prices, such data can inform purchaser efforts to negotiate lower prices and enables researchers and policymakers to develop policy solutions to improve health care affordability.<sup>4</sup>

Since the TiC requirements were established, these data have played an important role in enabling impactful research and purchaser benchmarking. However, challenges with the data – including enormous file sizes and the prevalence of “ghost rates” or “zombie rates” that clutter the data with provider/rate combinations that are not actually billed as claims – have made the data difficult to work with and limited their utility.<sup>5</sup> The vast majority of the rates in the TiC files are ghost rates, with a recent study of TiC data from 61 insurers estimating that 92 percent of reported rates at the provider group level were ghost rates.<sup>6</sup> We appreciate the Administration’s focus in this proposed rule on addressing these technical issues and improving the useability of the files.

Below, we provide comment on proposed provisions and recommend additional steps to strengthen the TiC requirements.

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<sup>1</sup> Whaley, Christopher M., Rose Kerber, Daniel Wang, Aaron Kofner, Brian Briscoombe. 2024. *Prices Paid to Hospitals by Private Health Plans: Findings from Round 5.1 of an Employer-Led Transparency Initiative*. [https://www.rand.org/pubs/research\\_reports/RRA1144-2-v2.html](https://www.rand.org/pubs/research_reports/RRA1144-2-v2.html)

<sup>2</sup> KFF. 2025. *Employer Health Benefits: Annual Survey 2025*. <https://www.kff.org/health-costs/2025-employer-health-benefits-survey/>.

<sup>3</sup> KFF. 2025. *Americans’ Challenges With Health Care Costs*. <https://www.kff.org/health-costs/americans-challenges-with-health-care-costs/>.

<sup>4</sup> Glied, Sherry. JAMA Forum. 2021. *Price Transparency—Promise and Peril*. <https://jamanetwork.com/journals/jama/fullarticle/2778818?resultClick=1>.

<sup>5</sup> Whaley, Christopher, Nandita Radhakrishnan, Michael Richards, Kosali Simon, Benjamin Chartock. 2025. *Health Affairs Scholar. Understanding health care price variation: evidence from Transparency-in-Coverage data*. <https://academic.oup.com/healthaffairsscholar/article/3/2/qxaf011/7965202>.

<sup>6</sup> Muhlestein, David. *Health Affairs Scholar*. 2025. *High prevalence of ghost rates in transparency in coverage data*. <https://academic.oup.com/healthaffairsscholar/article/3/11/qxaf212/8321476>.

**Utilization Files:** We support the Administration’s proposal to require plans to submit a utilization file that would specify whether a claim for a given item or service was submitted by a provider over a 12-month period. **However, we strongly urge the Administration to modify the proposal to require the inclusion of actual counts in the utilization file for each covered item or service.** As proposed, the utilization file would improve information about which providers are actively providing certain services within a network and help to identify potential ghost rates, but would otherwise be limited in its usefulness. The inclusion of actual counts would enable researchers, purchasers, and other users to conduct more complex analyses, such as by weighting prices by utilization to examine spending, focusing analyses on high-volume services, and distinguishing outlier prices. For example, volume data would enable a purchaser to better understand the level of overall spending associated with a given price and identify whether a high outlier price for a given service was frequently or infrequently billed, informing their future negotiations and purchasing decisions.

As broader context, Arnold Ventures believes it is critical to enhance the availability of and access to comprehensive, accurate claims data for the commercial health insurance market. While the TiC data is an important step forward for pricing data, pricing data alone has inherent limits when not paired with data on utilization. As such, claims data continues to play an essential role in enabling research on the drivers of health care costs and informing policy development to improve affordability.

Long-term, Arnold Ventures recommends that policymakers establish a national all-payer claims database to solve this problem comprehensively. In the meantime, improving the utility and accuracy of pricing data by incorporating volume into the TiC utilization files would be an important step to shore up such access.

**Excluded Provider Information:** We agree with the Administration’s concern about the prevalence of ghost rates in the TiC data, which inflates the data’s file sizes and makes it difficult for users to distinguish which included rates are meaningful. As such, we support the proposal to require plans and issuers to use their internal claims adjudication taxonomies to exclude rates for items or services that would be unlikely to ever be reimbursed for a particular provider based on their specialty. However, the reliance on internal issuer processes to make these judgments raises the potential for these exclusions to play out in a non-standardized manner, given potential differences in issuers’ current claims adjudication processes. We urge the Tri-Departments to monitor implementation closely to ensure that this process does not result in legitimate claims being dropped inappropriately.

**Enrollment Totals:** We strongly support the Administration’s proposal to require plans and issuers to report on enrollment totals in their reported data. This change would improve the ability of researchers to compare similar plans and enable purchasers to target benchmarks toward the most appropriate comparison groups as they evaluate their negotiated rates relative to others and seek to hold health plans accountable for costs.

**Provider Network-level Reporting for the In-network Rate Files:** We support the Administration’s proposal to organize the In-network Rate Files at the provider network level. This change would make it easier to identify network information in the data and significantly reduce unnecessary duplication, helping to reduce the TiC file sizes to a level that is more manageable for users to download and use. This would also improve alignment with how the Hospital Price Transparency data are typically reported.

**Change-logs:** We support the Administration’s proposal to require a change-log file, which will reduce burden on users by helping them more easily identify information that has been updated since the prior submission.

**Timing:** We recognize that in proposing to require TiC reporting quarterly rather than monthly, the Administration seeks to reduce the practical burden on both plans and researchers of preparing, uploading, downloading, and cleaning the data on a monthly basis. We agree that the proposed change is reasonable in this case, but wish to emphasize the general principle that patients, employers, and researchers deserve timely access to this data. We encourage the Administration to, in future rulemaking, adjust the reporting cadence of the Hospital Price Transparency requirements from annually to quarterly to align with this proposed timeframe for TiC.

**Enhanced Enforcement:** Beyond the provisions in this proposed rule, we also encourage the Administration to take additional steps to improve compliance with the TiC reporting requirements. A recent study found variation between large plans in the completeness of their submitted TiC data, resulting in notable data gaps.<sup>7</sup> To ensure that payers are appropriately complying and that patients, employers, and researchers benefit from the full scope of data required under TiC, we recommend that the Administration establish periodic audits to test the completeness of TiC data submissions and take enforcement action in cases of noncompliance. Specifically, we recommend the approach outlined in the Patients Deserve Price Tags Act (S. 2355), which would require federal regulators to audit submitted machine-readable files from at least 20 issuers and 200 group health plans annually and report their findings to Congress.<sup>8</sup> The legislation would also establish a corrective action process and authorize HHS to assess civil monetary penalties of up to \$300 per day per affected plan member, or \$10 million—whichever is lower.

We look forward to continuing to work with you to strengthen price transparency and reduce health care costs for Americans, and are available for further discussions on the above. Please contact Thomas Huelskoetter, Director, Health Care (THuelskoetter@arnoldventures.org) and Mark Miller, Executive Vice President, Health Care (MMiller@arnoldventures.org) with any questions.

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<sup>7</sup> Muhlestein, David B., Yuvraj Pathak. The American Journal of Managed Care. 2025. *Price Transparency With Gaps: Assessing the Completeness of Payer Transparency in Coverage Data*. <https://www.ajmc.com/view/price-transparency-with-gaps-assessing-the-completeness-of-payer-transparency-in-coverage-data>.

<sup>8</sup> *Patients Deserve Price Tags Act*. S. 2355. 119<sup>th</sup> Congress. <https://www.congress.gov/bill/119th-congress/senate-bill/2355/text>.