

## HFMA's Price Transparency Recommendations

1. Because health plans will, in most instances, have the most accurate data on prices for their members, they should serve as the principal source of price information for their members.
2. Health plans and other suppliers of price information should innovate with different frameworks for communicating price information to insured patients.
3. Transparency tools for insured patients should include some essential elements of price information.
4. Insured patients should be alerted to the need to seek price information from out-of-network providers.
5. To ensure valid comparisons of provider price information, health plans and other suppliers of such information should make transparent the specific services that are included in the price estimate.
6. The provider should be the principal source of price information for uninsured patients and patients who are seeking care from the provider on an out-of-network basis.
7. Providers should develop price transparency frameworks for uninsured patients and patients receiving care out of network that reflect several basic considerations.
8. Transparency tools for beneficiaries in Medicare health plans or Medicaid managed care programs should follow this task force's recommendations for patients with private or employer-sponsored insurance coverage.
9. The Centers for Medicare & Medicaid Services and state administrators of Medicaid programs should develop user-friendly price transparency tools for traditional Medicare and Medicaid beneficiaries.
10. To supplement information provided by CMS and state administrators of Medicaid programs, providers should offer information on out-of-pocket payment responsibilities to traditional Medicare and Medicaid beneficiaries upon a beneficiary's request.
11. Fully insured employers should continue to use and expand transparency tools that assist their employees in identifying higher-value providers.
12. Self-funded employers and third-party administrators (TPAs) should work to identify data that will help them shape benefit design, understand their healthcare spending, and provide transparency tools to employees.
13. Referring clinicians should help patients make informed decisions about treatment plans that best fit the patient's individual situation. They should also recognize the needs of price-sensitive patients, seeking to identify providers that offer the best price at the patient's desired level of quality.