The Rates Are Public Now

How providers can use payer transparency data at the negotiating table

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When I sat on the payer side of the table early in my career, the payer had one advantage that never showed up in a contract: it knew what it paid everyone. The provider across the table knew only its own rates.

And there was a time payers made sure it stayed that way. They prohibited providers from discussing their rates with anyone else. It went like this: “If I am going to pay you this, you can’t tell anyone.” Every provider negotiated alone, in the dark, and that gap shaped every negotiation.

Congress has since pushed back. The Consolidated Appropriations Act of 2021 bars health plans from contracts with “gag clauses” that restrict sharing provider-specific price and quality information, and plans must now attest every year that they comply.

That age is long gone, if you know where to find the information. And most providers have not noticed yet.

What is public now

Since 2022, federal Transparency in Coverage rules have required health plans to post, publicly and free of charge, the rates they have negotiated with every in-network provider. That means physician groups, specialists, surgery centers, labs, imaging centers, therapists and hospitals alike, listed code by code and provider by provider. For the first time, a primary care group can look up what a payer pays the practice across town, and a surgery center can see what the same payer pays the hospital down the street for the same procedure.

Hospitals have also been posting their own payer-specific negotiated charges since 2021. That gives you a second source to check against, but the payer files are the ones that cover everyone.

The files have been hard to use. They are enormous, inconsistent and sometimes incomplete. But regulators are working on it. In October 2026, CMS and the Departments of Labor and the Treasury finalized updates to the payer rules aimed squarely at those problems: the size of the files, the lack of context needed to interpret prices, and the mismatch between what insurers and hospitals report.

Transparency is one of the five things I believe in most. I am glad to see it come to contracting.

Why most providers are not using it

Despite all that, many providers still walk into negotiations without it. One 2026 industry survey found that 40 percent of providers are not using Transparency in Coverage data to prepare for payer contract negotiations.

I understand why. Turning raw files into a usable benchmark takes data skills most practices do not have. And the data is uneven. A 2025 study in *The American Journal of Managed Care* found vast differences in completeness from payer to payer, with physician and outpatient rates more complete than hospital inpatient rates. Some posted rates are for services a provider never performs.

But imperfect data is still better than none. The payer has always had the full picture. Now you can have most of it.

How to use it at the table

Start with your own business. Pick the 20 codes that drive most of your revenue with each major payer. Then do four things.

First, **benchmark your rates** against similar providers in your market for the same codes. Are you paid in the middle of the pack, or at the bottom?

Second, **compare payers to each other.** If one plan pays you well below what it pays comparable groups, or well below what other plans pay you, that is a fact worth putting on the table.

Third, **check your own payments.** Compare what you were actually paid against what your contract says. Underpayments are more common than most practices realize.

Fourth, **pair the price with your value.** In an earlier article I wrote: stop negotiating rates, negotiate value. Transparency data does not change that. It strengthens it. The rate benchmark tells you what fair looks like. Your quality, access, patient experience and total cost of care tell the payer why you are worth more than fair. Bring both.

And bring the data respectfully. The payer knows these files are public too. Treat the other side the way you would want to be treated, and you can ask them to take your numbers seriously.

Two cautions

First, **check the data before you cite it.** A rate that looks wrong may be wrong. Validate the codes and providers you are comparing, and do not build your case on a number you cannot defend.

Second, **use the data on your own.** Studying public rates to set your own negotiating position is fair. Sharing rates with competitors, or agreeing on what to ask for, can raise serious antitrust concerns. If you negotiate as part of a network or clinically integrated network, have health care counsel set the rules first. I am not a lawyer, and this is a place for one.

What to do Monday morning

Before your next renewal, pull the published rates for your top three payers and your top 20 codes. Put them on one page: your rate, the market range and the percentage of Medicare. Then add one page on your value. Walk in with both.

Then test the deal with my two questions. Does it serve the patient? Can it keep doing so?

If you want help turning the files into a negotiating position, I would welcome the conversation. My goal is to help you become your own best consultant, with the facts on your side of the table.

When it seems crazy out there, and it sometimes is, remember that the patient is still a reliable true north. Fair, transparent prices serve them too.

Sources

1. CMS, Transparency in Coverage Final Rules (CMS-9882-F) fact sheet, Oct. 5, 2026. https://www.cms.gov/newsroom/fact-sheets/transparency-coverage-final-rules-cms-9882-f
2. CMS/DOL/Treasury, FAQs about ACA and CAA Implementation Part 57 (gag clause prohibition), Feb. 2023. https://CMS.gov/files/document/aca-part-57.pdf
3. National Law Review, Prohibition on Gag Clauses and Required Annual Attestation. https://natlawreview.com/article/prohibition-gag-clauses-group-health-plans-and-required-annual-attestation
4. Georgetown CHIR, Considerations for federal agencies tasked with improving health plan price transparency data. https://chir.georgetown.edu/considerations-for-federal-agencies-tasked-with-improving-health-plan-price-transparency-data/
5. AJMC, Price Transparency With Gaps: Assessing the Completeness of Payer TiC Data (Dec. 2025). https://www.ajmc.com/view/price-transparency-with-gaps-assessing-the-completeness-of-payer-transparency-in-coverage-data
6. Healthcare IT News, How big is the provider Transparency in Coverage data gap?. https://www.healthcareitnews.com/news/how-big-provider-transparency-coverage-data-gap
7. Gigasheet, Healthcare price transparency data overview. https://gigasheet.com/post/healthcare-price-transparency-data-market-intelligence