June 16, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Request for Information; Health Technology Ecosystem

Dear Dr. Oz,

TALON appreciates the opportunity to comment on CMS' Health Technology Ecosystem RFI. We at TALON are eager to help CMS reduce the total cost of Medicare while maintaining or increasing the quality. Our detailed response to the RFI is attached to this document and includes our observations of Medicare and our ideas for improving it.

This document discusses an immediately available solution that will save both the government and Medicare beneficiaries billions of dollars in aggregate and can be implemented quickly.

Our primary recommendation is to implement a tool that enables Medicare beneficiaries to easily shop for healthcare based on cost, quality, and convenience. The shopping experience can (and should!) include an incentive to shop for the best value care through monetary rewards calculated as a portion of the total amount saved by the government. Thus, the more the recipient saves the government, the greater the reward!

A short video of TALON's solution currently targeted at the commercial marketplace to demonstrate this feature set can be viewed at this link: https://vimeo.com/984529001

There is substantial price variation between certain Medicare providers and therefore can have a huge cost savings potential for both the recipient and the US government. This chart represents actual price disparity in Medicare pricing near Washington, DC:

Procedure	Minimum	Maximum	% Difference
CT Angiography Head	$31	$302	868%
Comprehensive Hearing Test	$23	$140	501%
CT Chest Spine W/O Dye	$40	$123	208%
Speech Evaluation	$26	$133	422%
Artery X-ray Arms/Legs	$151	$794	428%
Vein X-ray Arms/Legs	$272	$1,278	369%
Shoulder Arthroscopy	$388	$1,139	197%
Lymph System Imaging	$33	$387	1,068%
Hammertoe Correction	$358	$1,079	201%

Based on our experience, smart shopping has the potential to save up to 20% of Medicare costs - over $100B per year! Significant savings can start to be realized within a few short months of the decision to move ahead with this type of solution.

Our experience has shown a rapid adoption rate by individuals that grows quickly as the savings to the individual become known. Initial adoption of 20-30% can be expected, frequently doubling over a couple of calendar quarters.

To be successful, this solution must:
- Provide a rewards method that automatically increases the award as the savings increases
- Show actual, total costs associated with each procedure
- Be widely available by both mobile and desktop computer users
- Be intuitive and easy to use
- Provide "at-a glance" visibility into rewards, out of pocket vs maximum outlays, savings earned, Medicare cards and documents, etc.
- Be provided by an organization with deep experience in health care cost transparency, with a reasonable installed base
- Be provided by an organization that is financially healthy

- Provide dashboards to CMS to measure adoption, savings, and overall health of the program, highlighting wasteful spending, recipient engagement, and financial modeling to ensure savings and benefits that benefit. Dashboards need to:
  - Understand medical spend and utilization patterns across various categories, such as inpatient, outpatient, and prescription drugs,
  - Identify areas where significant savings can be achieved by encouraging employees to shop for lower-cost, high-quality care options.
  - Evaluate the adoption and effectiveness of the solution among recipients,
  - Understand the shopping and engagement behaviors including the types of procedures shopped for and the potential savings generated.

One example of a dashboard:
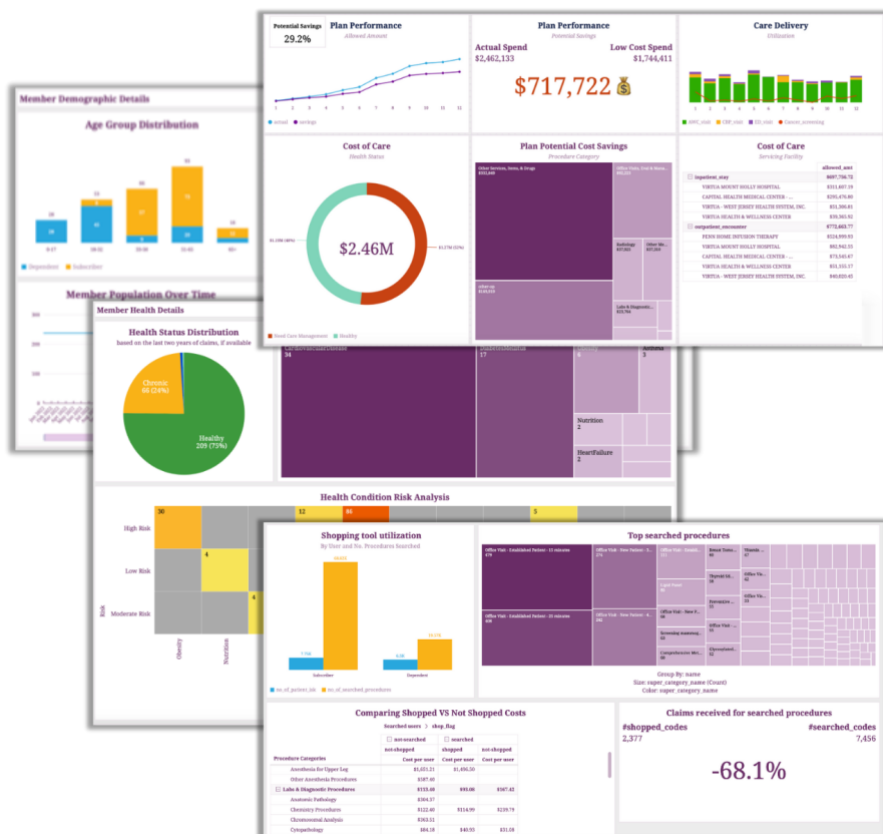
- Show all providers of a particular medical service within the prescribed geographic area
- Scale support quickly and professionally to serve a very large population of recipients
- Be provided by an organization that is not associated with any providers or payers
- Be provided by a US-based and owned organization
- Have adequate safeguards for privacy and confidentiality of user's data

TALON was founded by our CEO, Mark Galvin, a recognized leader and pioneer in health cost transparency. Mr. Galvin presented to President Trump's Domestic Policy Council in 2018. His presentation and follow-up meetings played a key role in bringing health care cost transparency to realization. Under his leadership, TALON has become the leader in health care shopping applications, with millions of users today.

We encourage CMS to invite us to visit your headquarters and present a detailed vision of how this solution and its associated analytics will work for the Medicare population and CMS. Mr. Galvin will personally attend and answer any questions or concerns you may have, and, of course, solicit ideas from the CMS staff on how to make this approach even more effective.

With Best Regards,

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TALON's Detailed Comments on Request for Information: Health Technology Ecosystem

PC-1. What health management or care navigation apps would help you understand and manage your (or your loved ones) health needs, as well as the actions you should take?

To effectively manage healthcare needs, apps for Medicare beneficiaries must be capable of not only surfacing actionable insights but also removing friction from decision-making. These apps must be built around a unified, consumer-first platform that empowers patients to make confident, cost-conscious, and clinically appropriate decisions. Specifically, Medicare beneficiaries would benefit from an app that exposes accurate, personalized out-of-pocket amounts for the care they need prior to their date of service, enabling comparison of providers on the merits of price, quality, and convenience. Other related features could include identifying participating providers that accept new patients, tracking accumulator amounts (such as deductible), and maintaining a current form of their healthcare ID card. There is substantial price variation between certain types of providers serving the Medicare market and no current solution to enable price discovery in advance of care. Medicare beneficiaries would benefit from price transparency tools to work with their advisors to get care in the most appropriate setting. Commercial plans are already obligated to provide similar functionality to their members per the requirements of the Transparency in Coverage Rule and No Surprises Act.

Additionally, such an app could allow Medicare to incent beneficiaries to receive care in lower cost settings - for example, redirecting from a hospital setting to an ambulatory surgical center for outpatient surgeries or from an emergency room to an urgent care center for low severity issues. Existing tools in the commercial marketplace have already been developed to dynamically calculate rewards based on the care options available to the patient within a reasonable distance, a benchmark price below which paying a reward is appropriate, and a portion of total savings to be shared, among other customizable options. Given the Medicare cost sharing structure with beneficiaries, CMS stands to save much more money than the patient when the cost of care is reduced. Accordingly, CMS is in a position to pay rewards to beneficiaries for making consumer-minded choices when it comes to their care. These rewards could take the form of a reduction in their annual deductible or a contribution to a savings account to be used towards future care, for example.

PC-3. Are you aware of health management, care navigation, or personal health record apps that would be useful to Medicare beneficiaries and their caregivers?

Yes! TALON offers a suite of interconnected digital health tools to commercially insured populations that also align with the unique needs of Medicare beneficiaries and their caregivers by supporting health literacy, financial empowerment, informed decision-making, and proactive engagement. These tools are particularly impactful in helping users navigate complex care systems, especially in the face of high-cost procedures, fragmented data, and legacy systems that often burden seniors and caregivers alike.

In particular, TALON's MyMedicalShopper product allows users to compare in-network provider options based on price and location, surfacing personalized out-of-pocket estimates for common services like imaging, outpatient surgery, and labs and highlights the most cost-effective, high-quality options. Many beneficiaries are on fixed incomes and are highly cost sensitive. This tool empowers them to make fiscally responsible healthcare decisions based on validated pricing data. Furthermore, TALON's MyMedicalRewards system, which complements and is integrated with MyMedicalShopper, enables all rewards-related functionality described in our response to PC-1. Incentive rewards are powerful motivators, especially for beneficiaries managing chronic conditions or on tight budgets. Rewarding good consumer-minded decisions will improve long-term engagement with digital tools and result in cost savings to beneficiaries and Medicare alike.

PC-4. What features are missing from apps you use or that you are aware of today?

a. What apps should exist but do not yet? Why do you believe they do not exist yet?

Medicare beneficiaries should have access to similar pricing transparency mandated in the commercial marketplace under the Transparency in Coverage Rule and No Surprises Act. In addition to helping each Medicare beneficiary manage their own cost sharing for their care through advanced price discovery that enables them to redirect their care to lower-cost alternatives, CMS could incent those on Medicare with rewards for making consumer-minded choices from claims savings, reducing the total cost to the American taxpayer. As an entitlement program, Medicare has long been understood to provide security for those of an advanced age or with

disabilities, but less attention has been paid to helping beneficiaries manage their out-of-pocket responsibility for care. Those that choose to interact with the Medicare system efficiently and reduce their costs will also save Medicare a substantial amount of money.

PC-5. What can CMS and its partners do to encourage patient and caregiver interest in these digital health products?

Price transparency applications would benefit from Medicare conformance with requirements placed on commercial plans to publish machine-readable files containing all allowed amounts in the standard format set forth in the Transparency in Coverage Rule, real-time access to accumulator amounts for Medicare beneficiaries available to third-party applications, and daily updates to Medicare network directories, possibly including updates to NPPES NPI data which is woefully flawed and out of date. CMS can also expand access to high-value datasets via APIs, particularly those that influence care decisions (price, availability, incentives, quality).

PC-6. What features are most important to make digital health products accessible and easy to use for Medicare beneficiaries and caregivers, particularly those with limited prior experience using digital tools and services?

Accessibility considerations are most important to Medicare beneficiaries as they interact with price transparency tools would include plain language search, diagnosis-based search, large-type/high-contrast mode, caregiver delegation for account access, multi-lingual UI, and concise presentation of salient financial information.

PC-7. If CMS were to collect real-world data on digital health products' impact on health outcomes and related costs once they are released into the market, what would be the best means of doing so?

TALON has demonstrated the efficacy and impact that price transparency tools can have on the member population of a commercial health plan through outcomes realized by clients using our services for the past several years, as demonstrated in this case study:

Results

82%
Annual Employee enrollment rate

71%
Employee shopping rate over first year

$14,269,478
Total savings potential realized

15%
Total Claims Hindsight Analysis realized

47%
Average active shopper annual savings

Your Shopping Success Stories

Highlighting the top shopping experiences for your organization, showcasing the most cost-effective medical procedures performed. These insights illustrate the savings achieved through informed healthcare choices.

Year	Age	Procedure	Facility	ProScore	Paid	Your Median	Savings	Reward
2024	51-...	Partial Removal of Thyroid	MAINEHEALTH	90%	$201.00	$1,258.00	$1,057.00	
2024	53-...	MRI Lumbar Spine W/O Dye	X-RAY PROFESSIONAL ...	90%	$94.00	$750.00	$655.00	
2024	51-...	CT Angiography Chest	VIRTUAL RADIOLOGIC ...	61.12%	$162.00	$406.00	$245.00	

Top Shopping Success Stories Across All Employers

Displaying the top shopping success stories from all employers using MyMedicalShopper.

Year	Procedure	Savings	Reward
2024	Cataract Surgery W/Iol 1 Stage	$11,659.00	$3,518.00
2024	Removal of Spinal Lamina: Lumbar ...	$6,666.00	$2,000.00
2024	Treat Fracture of Distal Radial	$3,650.00	$912.00

MyMedicalShopper Utilization Trend

Tracking the monthly engagement and activity of MyMedicalShopper users across facility, provider, and procedure shopping

Following implementation by CMS at a large scale, similar approaches can be taken to track utilization shifts (i.e. movement to lower-cost providers), analyze changes in the total cost of care for shoppable services, monitor frequency of use for transparency applications, etc.

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PC-8 (b). What are specific sources, other than claims and clinical data, that would be of highest value, and why?

Should CMS decide to create machine readable files of negotiated rates for Medicare, we believe it is critically important to expose employer identification numbers (EINs) in the NPPES NPI file so that providers can be accurately identified in the MRF. Currently, providers are identified primarily by their EIN in these files, but there is no comprehensive, public database describing EINs. Certain entities already report their EIN publicly, such as those entities filing Form 5500 related to employee benefit plans, tax-exempt organizations filing form 990, SEC's EDGAR system, and more. We believe the same transparency of EINs should be exposed through the NPPES data for medical provider entities.

PC-9. Given that the Blue Button 2.0 API only includes basic patient demographic, Medicare coverage, and claims data (Part A, B, D), what additional CMS data sources do developers view as most valuable for inclusion in the API to enable more useful digital products for patients and caretakers?

a. What difficulties are there in accessing or utilizing these data sources today?
b. What suggestions do you have to improve the Blue Button 2.0 API experience?
c. Is there non-CMS data that should be included in the API?

Preventive Services Eligibility & Utilization History
- Annual preventive service status (e.g., mammogram due, colonoscopy completed).
- Integration of benefit schedule and service history into the API to support behavioral nudging and incentive targeting.

Why this matters: MyMedicalRewards™ can drive preventive service completion and improve outcomes when eligibility is visible and timely.

Provider Quality Ratings & Episode-Based Outcome Scores

- CMS Compare program data (Hospital, Physician, Home Health, etc.) in API-readable format.
- Episode-based quality ratings, readmission risk scores, and volume data.

Why this matters: For seniors and caregivers navigating complex choices, quality-adjusted guidance is just as important as price-based recommendations.

Care Coordination Data Elements

- A list of active providers and care managers linked to the beneficiary.
- Medication adherence indicators and chronic care episodes in progress.

Why this matters: Enables multi-stakeholder digital tools to coordinate messaging, engagement, and education—especially useful for family caregivers.

TALON is committed to building consumer-focused tools on top of validated, interoperable infrastructure—and welcomes CMS collaboration to expand the Blue Button ecosystem into a platform that powers truly informed, value-based healthcare navigation**.**

PC-12. What are the most valuable operational health data use cases for patients and caregivers that, if addressed, would create more efficient care navigation or eliminate barriers to competition among providers or both?

The potential to create a use case for binding cost estimates for care is very similar to the Advanced Explanation of Benefits requirements set forth under the No Surprises Act. Medicare could use the existing framework for this purpose as well, however a clear method for transmitting data between providers and CMS for advanced adjudication should be defined in advance.

PR-1. What can CMS and its partners do to encourage providers, including those in rural areas, to leverage approved (see description in PC-5) digital health products for their patients?

a. What are the current obstacles?

b. What information should providers share with patients when using digital products in the provision of their care?

c. What responsibilities do providers have when recommending use of a digital product by a patient?

CMS could provide transparency software specifically for use by providers to enable care navigation. For example, providers would benefit by having an application that could accurately show options available to one of their patients for referral. Information regarding cost (price of services, cost sharing with member), quality, and convenience (travel distance) would all be displayed on a single screen which, when combined with the care navigator/provider's expertise could enable better referral decision making.

TD-19. Regarding price transparency implementation:

a. What are current shortcomings in content, format, delivery, and timeliness?

There is no currently available tool to describe differences in pricing between the various providers available to a Medicare beneficiary for any given medical need. There is no calculation and advanced notification of one's personal responsibility for any care delivered with respect to specific providers and services. No apps are available to create price transparency in a format that might be most accessible and convenient to Medicare beneficiaries.