EH EQUITY HEALTH AI

MAKING HEALTHCARE PRICES USABLE

An AI-powered marketplace for outpatient care

Know the price before you walk through the door.

Equity Health AI aggregates, normalizes, and explains healthcare pricing data so patients can compare cost, quality, distance, and value before care.

2026 WHITEPAPER

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Consumer choice • Price transparency • Artificial intelligence

EXECUTIVE SUMMARY

Transparency is only useful when people can act on it.

Patients are increasingly expected to make cost-conscious healthcare decisions, yet the information needed to compare care remains fragmented across hospital files, price estimators, payer contracts, quality websites, and individual provider offices.

Equity Health AI is building a consumer-first healthcare shopping platform that aggregates, normalizes, validates, and explains outpatient pricing information across hospitals, ambulatory surgery centers, imaging centers, specialty clinics, and physician-owned practices.

The initial product will focus on common procedures that are typically scheduled in advance. Consumers will be able to compare expected cost, quality, distance, facility type, and insurance context in one clear experience - before care is delivered.

Mission

Make outpatient healthcare easier to understand and more affordable by converting complex price-transparency data into practical, trustworthy comparisons.

The opportunity at a glance

15.5%

of hospitals in a 2025 Patient Rights Advocate review disclosed sufficient negotiated prices in dollars and cents.

236

hospitals in that review posted no actual negotiated prices in dollars and cents.

13.8x

cataract-surgery negotiated price variation identified within a single hospital.

42 / 62

different payer-name / plan-name versions found for one UnitedHealthcare PPO search across 1,833 hospitals.

Source: Patient Rights Advocate, September 2025. Findings reflect files reviewed in March-April 2025 and should be read as a 2025 baseline, not a current CMS compliance rate.

Equity Health AI's role

The federal rules make data available. Equity Health AI makes it usable - by creating consistent procedure, payer, provider, and price comparisons that ordinary consumers can understand.

THE MARKET PROBLEM

The United States has more pricing data - but not yet a consumer marketplace.

Since January 1, 2021, hospitals have been required to publish a comprehensive machine-readable file of standard charges and a consumer-friendly display of shoppable services. CMS subsequently standardized machine-readable file templates to improve automated access and comparison.[1]

For 2026, CMS strengthened the requirements again. Hospitals must report actual dollar-denominated allowed-amount statistics when negotiated charges are based on percentages or algorithms, and they must attest that their files are accurate and complete. The new requirements became effective January 1, 2026, with enforcement beginning April 1, 2026.[2]

The remaining usability gap

- Prices may represent gross charges, cash prices, negotiated rates, allowed amounts, bundled prices, or partial services.
- The same payer and plan can appear under dozens of inconsistent names.
- Hospitals use different codes, descriptions, billing classes, modifiers, and service bundles.
- A price may not include physician fees, anesthesia, implants, pathology, or other related services.
- Hospital files do not create a complete market view of ambulatory surgery centers, independent imaging facilities, and specialty practices.
- Raw price records rarely explain which option represents the best balance of cost, quality, convenience, and insurance coverage.

Evidence from the 2025 interim report

Patient Rights Advocate reviewed files from 2,000 hospitals and reported that only 310 hospitals - 15.5% - disclosed more than half of negotiated charges as dollar amounts. It also found that 50% of reviewed hospitals posted algorithms that were unquantifiable because of ambiguity or missing information, while 75% posted algorithms requiring contract expertise to interpret.[3]

The report also identified 365 hospitals with inaccurate discounted-cash-price disclosures; 317 of them used the gross charge as the discounted cash price. These findings illustrate why ingestion alone is not enough. Consumer-facing price comparison requires validation, confidence scoring, provenance, and explanation.[3]

The core insight

A machine-readable file is a data source, not a consumer product. The value lies in turning inconsistent records into understandable decisions.

INITIAL MARKET FOCUS

Start where comparison can have the greatest practical value: planned outpatient care.

Outpatient procedures and diagnostic imaging are often planned in advance and available across multiple facility types. That makes them especially suitable for meaningful price and value comparison before care is delivered.

THE SCALE OF SHOPPABLE CARE

Approximately 172 million

procedures and imaging exams across these common services in a single year.

3.8M **Cataract surgery** estimated procedures	**15M** **Colonoscopy** estimated procedures
12M **Endoscopy** estimated procedures	**40M** **MRI imaging** estimated exams
93M **CT imaging** estimated exams	**1M** **Hernia repair** estimated procedures
3.2M **Arthroscopy** estimated procedures	**4M** **Skin lesion removal** estimated procedures

CATARACT COST EXAMPLE

CPT 66984

$894 - $12,381

negotiated price range identified within one hospital

13.8x
difference for the same CPT code

3.8-4.0M
estimated U.S. procedures annually

~$1.9B
potential annual savings at $500 per procedure

Source: Patient Rights Advocate 2025; annual procedure estimates.[3][4][5]
Illustrative only. Negotiated rates are not a patient's final out-of-pocket cost.

CONSUMER EXPERIENCE

From a procedure name to a confident decision.

Equity Health AI is designed around the questions a patient actually asks: What will this cost me? Where can I receive it? Is the facility reputable? Does my insurance apply? What is included? Why are the prices different?

1	**Search**	Enter a procedure, code, diagnosis, or plain-language need.
2	**Match**	Identify cash-pay or insurance-specific options and clarify the relevant facility setting.
3	**Compare**	Review price, quality, distance, availability, and estimated inclusions side by side.
4	**Understand**	Receive plain-language explanations of price differences, missing data, and confidence.
5	**Act**	Connect to the provider, scheduling path, or questions to ask before booking.

Value, not simply the lowest price

The platform will distinguish between the lowest published price and the best overall value. A lower price may not be the best choice when it excludes related services, has lower data confidence, is farther away, is out of network, or is associated with weaker quality or access signals.

- Lowest published price
- Best balance of cost and quality
- Closest appropriate provider
- Best in-network option
- Highest-confidence complete price
- Questions to confirm before scheduling

Trust requirement

Every recommendation should show the factors used, the source and age of the data, what may be excluded, and how confident the platform is in the comparison.

DATA AND TECHNOLOGY

A normalization and decision-support platform built for healthcare complexity.

Equity Health AI will combine public transparency files with provider-supplied pricing, quality data, location information, and consumer context. The platform's core intellectual property is the normalization and explanation layer that makes disparate records comparable.

Data pipeline

Acquire > **Map codes** > **Normalize** > **Validate** > **Enrich** > **Explain**

Core data sources

- Hospital machine-readable files and consumer price estimators
- Ambulatory surgery center, imaging center, clinic, and practice-supplied prices
- CMS quality, safety, and facility information
- Provider, location, distance, and appointment-access data
- Insurance plan, network, deductible, and benefit context when available
- Consumer feedback and verified corrections

Where artificial intelligence adds value

- Map varied descriptions and coding systems to a consistent procedure model.
- Normalize payer and plan names across inconsistent hospital files.
- Identify duplicate, conflicting, implausible, incomplete, or stale prices.
- Explain price differences and likely inclusions in plain language.
- Rank options using transparent consumer-selected priorities.
- Generate data-confidence and completeness indicators.

Responsible use

Equity Health AI supports financial and logistical decision-making. It does not diagnose conditions, determine medical necessity, or replace the advice of a qualified clinician.

COMPETITIVE DIFFERENTIATION

Beyond a price file. Beyond a single-hospital estimator.

Existing transparency tools have proven that healthcare pricing data can be collected and searched. Equity Health AI's opportunity is to create a broader consumer decision layer - one that combines multiple provider settings, normalizes plan and procedure data, and explains value.

Capability	Raw hospital file	Single-facility estimator	Equity Health AI
Compare multiple providers	Limited	No	**Yes**
Hospitals + ASCs + clinics	Hospital only	One organization	**Designed for all**
Payer and plan normalization	No	Limited	**Core capability**
Quality + distance + access	No	Limited	**Integrated**
Plain-language AI explanation	No	Limited	**Core capability**
Data confidence and provenance	Technical metadata	Variable	**Consumer-facing**
Personalized value ranking	No	Single estimate	**Transparent factors**

Why non-hospital participation matters

The Hospital Price Transparency Rule creates a foundation for hospital data, but it does not create a complete outpatient marketplace. Many ambulatory surgery centers, imaging centers, and independent specialty practices are outside the hospital-file workflow or publish pricing in non-comparable ways.

Equity Health AI will provide simple tools for those organizations to submit, verify, and maintain procedure-level prices. This expands consumer choice and gives efficient outpatient providers a direct way to compete on value.

The adoption challenge

The technical pipeline is essential, but the long-term challenge is participation and trust: make price submission simple for providers and price comparison credible for consumers.

STAKEHOLDERS AND BUSINESS MODEL

A shared data foundation can serve consumers and the organizations that pay for care.

Consumers	Understand cost and value before scheduling care.
Employers	Guide members to high-value care and analyze regional price variation.
Health plans	Improve navigation, network intelligence, and member transparency.
Providers	Publish verified prices, reach consumers, and demonstrate value.
Partners	Use normalized pricing and quality data through APIs and licensed datasets.

Potential revenue streams

- Enterprise subscriptions for employers, health plans, benefit administrators, and navigation partners.
- API and data licensing for developers, researchers, analytics platforms, and healthcare applications.
- Provider data, profile, and scheduling integrations.
- Benchmarking and market analytics for healthcare organizations.
- Strategic partnerships that share measurable savings or engagement value.

Consumer trust principles

- No hidden pay-to-win ranking.
- Clear labeling of sponsored or enhanced provider content.
- Visible data source, freshness, confidence, and known exclusions.
- Separation of clinical quality, price, convenience, and commercial relationships.
- Privacy-by-design and minimum necessary use of personal information.

Long-term value

The same normalized data model that powers consumer comparison can support employer navigation, payer analytics, provider benchmarking, public research, and partner applications.

EXECUTION

Build a focused proof of concept, validate trust, then expand.

Phase 1 - Northeast proof of concept	Ingest public hospital files, normalize selected outpatient procedures, validate price ranges, and launch a searchable demonstration.
Phase 2 - Broader outpatient network	Add ASC, imaging center, specialty clinic, and practice participation; incorporate quality, distance, and access.
Phase 3 - Personalized comparison	Integrate payer and benefit context, improve out-of-pocket estimates, and expand nationally through partner APIs.

Founder-led initiative

Equity Health AI is a founder-led initiative created and led by Brian Palmer. The company is currently in the pre-funding, data-acquisition, proof-of-concept, and customer-discovery stage.

Brian Palmer is an HL7-certified healthcare interoperability, data-platform, and cloud architecture leader with more than 30 years of experience. His work has supported government agencies, health plans, health systems, research institutions, and life-science organizations, including large-scale FHIR, population-health, and healthcare analytics platforms.

Equity Health AI participated in the AWS Startup Advisor program in June 2026 and the Google for Startups Cloud Program in July 2026.

Strategic objective

Create the trusted normalization and decision layer between public healthcare pricing data and the consumer's real-world choice.

Conclusion

Transparency is not a file. It is a decision.

Federal policy has created the raw material for a more competitive healthcare market. The next step is to make that information consistent, understandable, and useful across provider settings.

Equity Health AI is building that consumer layer - beginning with common outpatient care, expanding through provider participation, and applying artificial intelligence where it can improve clarity, confidence, and choice.

REFERENCES AND NOTES

Sources

[1] Centers for Medicare & Medicaid Services. Hospital Price Transparency.

[2] Centers for Medicare & Medicaid Services. CY 2026 OPPS and Ambulatory Surgical Center Final Rule - Hospital Price Transparency Policy Changes. November 21, 2025.

[3] Patient Rights Advocate. The Interim Semi-Annual Hospital Price Transparency Report. September 2025. Hospital files reviewed March 1-April 19, 2025.

[4] American Academy of Ophthalmology. Factors to Consider in Choosing an IOL for Cataract Surgery. March 31, 2025.

[5] O'Brart, D. et al. The Future of Cataract Surgery. 2025. Approximately 3.8 million cataract procedures annually.

[6] 45 CFR Part 180 - Hospital Price Transparency.

Methodology note

The Patient Rights Advocate report is an independent advocacy-organization analysis, not a CMS compliance audit. Its statistics are valuable because they quantify data sufficiency, interpretability, naming inconsistency, and price variation - all central to the Equity Health AI product thesis. The findings should be attributed to the report and dated to its 2025 review period.

Procedure volumes and savings examples are approximate and illustrative. They demonstrate potential scale but should not be interpreted as guaranteed consumer savings, market forecasts, or clinical recommendations.

Consumer and legal disclaimer

Published healthcare prices are not guarantees of final charges or patient responsibility. Actual costs may depend on insurance benefits, network status, deductible, coinsurance, medical necessity, clinical complexity, coding, professional fees, facility fees, implants, anesthesia, pathology, and services delivered. Equity Health AI is not a healthcare provider and does not provide medical advice.

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