The price transparency services business one person can now build to real scale, no patient data & no BAAs by selling outcomes instead of dashboards in the lane Mark Cuban keeps pointing at.

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The price transparency services business one person can now build to real scale, no patient data & no BAAs, by selling outcomes instead of dashboards in the lane Mark Cuban keeps pointing out.

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Abstract

Quick version. Healthcare price transparency data is now public, huge, and final joinable, but the dozen companies selling access to it are stuck in a commodity k fight and the buyers who get the data mostly do nothing with it. The unlock isn'

data, it's a thin services layer that acts on the data for the buyer, and the only rea that's newly buildable by one person is that an agentic coding setup eats the data engineering labor that used to gate services margins. Key facts in play. CMS star enforcing the upgraded hospital price transparency rule on April 1, 2026, hospit must now encode their Type 2 NPI in the file and post actual dollar amounts at t median, 10th percentile, and 90th percentile where applicable, and CMS's enforcement data still shows substantial noncompliance among hospitals. Merce 2026 employer health costs up 6.7% to at least $18,500 per worker, the worst in 1 years. Self-funded employers now carry CAA 2021 fiduciary exposure and the J& proved an employee can sue over it. The big three PBMs run about 80% of claim Cuban built Cost Plus on cost plus 15%, is backing the Break Up Big Medicine A and keeps warning the incumbents will game any reform unless someone forces uses the transparency. The whole thing runs on public data, so it never touches l and never needs a BAA. That last constraint is the spine, not a footnote.

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