



Dallas/Ft. Worth Hospital Council

Are You Ready?

**Compliance with New Price Transparency
Requirements for Hospitals**

June 6, 2024

Original Requirements



Compliance required January 1, 2021

Executive Order (6/24/2019); 45 CFR Part 180 (11/17/2019)

- Requires charge data to be posted in single machine-readable file (MRF)
 - Five types of “standard charges,” i.e., regular rate established by hospital for item or service provided to specific group of paying patients
 - Gross charge
 - Payer-specific negotiated charge
 - De-identified minimum negotiated charge
 - De-identified maximum negotiated charge
 - Discounted cash price
- Requires consumer-friendly list of standard charges for limited set of shoppable services
 - Alternatively, hospital may maintain and update annually internet-based price estimator tool
- Requires both files be updated at least annually and display date of last update

CY 2024 OPPS Final Rule



- Standardization of files and data elements
 - Enhance consumer access and readability
- Strengthened and streamlined enforcement
 - Builds on enforcement changes made in 2023



New/Revised Requirements

- CMS Hospital Price Transparency – Data Dictionary GitHub Repository
 - Includes detailed requirements on linking transparency information to facility's website
 - Available at <https://github.com/CMSgov/hospital-price-transparency>

New/Revised Requirements – Effective 1/1/24

- Hospitals must –
 - Make good faith effort to ensure information encoded in MRF is truly accurate and complete as of date indicated in MRF
 - Establish and maintain txt file as specified
 - Maintain link in footer on hospital’s website (*including but not limited to* homepage) labeled “Price Transparency”
 - A TXT file must be located at root of public website that hosts MRF
 - www.yourhospital.com/cms-hpt.txt

Hospital Price Transparency Tools GitHub



Source

<https://cmsgov.github.io/hpt-tool/txt-generator/>

Hospital Price Transparency Tools

Machine Readable File MRF File Naming Wizard TXT File Generator

TXT File Generator

Hospital Location Name

Source Page URL

Machine-Readable File URL

POC Name

Contact Email

Add

i Fill in hospital fields to generate file

Results

Download

```
location-name:  
source-page-url:  
mrf-url:  
contact-name:  
contact-email:
```

TXT File Instructions

Background

As finalized in the CY2024 OPPS/ASC Final Rule, beginning January 1, 2024, each hospital must ensure that the public website it selects to host its machine-readable file (MRF) establishes and maintains, in the form and manner specified by CMS:

- A TXT file in the root folder that includes:
 - The hospital location name that corresponds to the MRF;
 - The source page URL that hosts the MRF;
 - A direct link to the MRF (the MRF URL); and
 - Hospital point of contact information.
- A link in the footer on its website, including but not limited to the homepage, that is labeled "Price Transparency" and links directly to the publicly available webpage that hosts the link to the MRF.

The purpose of these requirements is to facilitate automated access to hospital MRFs. Please refer to 45 CFR 180.50 (d)(6) and discussion at 88 FR 82111-82113.

TXT technical specifications

Steps:

1. Generate a TXT file based on the schema or via the TXT File Generator that includes the required information indicated below.
2. If the MRF contains standard charge information for more than one location, create a separate entry for each of the inpatient locations and standalone emergency hospitals in the TXT file (i.e., repeat the five attributes required in the TXT file with other location names).
3. Name the file "cms-hpt.txt".
4. Place the TXT file on the root of the domain of the public website your hospital has selected to host its machine-readable file (MRF), without regard to page structure. As an example, a hospital with the website <https://hospital.com> would locate its file at <https://hospital.com/cms-hpt.txt>

TXT File Display



location-name: General Hospital Example 1
source-page-url: <https://example.com/price-transparency>
mrf-url: https://example.com/price-transparency/123456789_General-Hospital-Example-1_standardcharges.csv
contact-name: Example Contact 1
contact-email: examplecontact1@example.com

location-name: General Hospital Example 2
source-page-url: <https://example.com/price-transparency>
mrf-url: https://example.com/price-transparency/987654321_General-Hospital-Example-2_standardcharges.json
contact-name: Example Contact 2
contact-email: examplecontact2@example.com

New/Revised Requirements – Effective 07/01/24



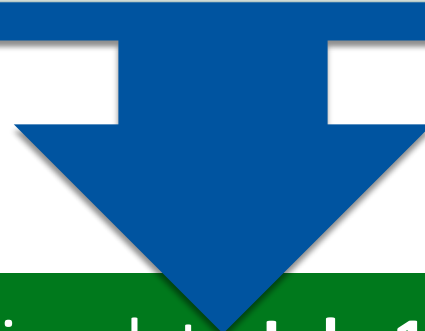
Encoding of Required Data Elements

- Hospital name(s), license number, and location name(s) and address(es)
- All standard charge information corresponding to each required data element in the MRF
 - CMS templates allow for comma-separated values (CSV) “wide” format, a CSV “tall” format, or JSON schema
- The type of method used to establish the standard charge
 - Location/setting (inpatient/outpatient/both)
 - Codes used for billing such as modifiers and code type (HCPCS, CPT, NDC, DRG, etc.)
 - Payer and plan (separate data elements)
 - Plans may be shown as categories (such as “all PPO plans”) when the established payer-specific negotiated charges are applicable to each plan in the indicated category
 - Identify whether the standard charge is a dollar amount, or if the standard charge is based on a case rate, fee schedule, per diem, percentage or algorithm
 - If the standard charge is based on a percentage or algorithm, the MRF must also describe the percentage or algorithm that determines the dollar amount for the item or service

Certify MRF Completeness and Accuracy

Compliance Statement

To the best of its knowledge and belief, this hospital has included all applicable standard charge information in accordance with the requirements of 45 C.F.R. §180.50 and the information encoded in this machine-readable file is true, accurate and complete as of the date indicated in this file.



Effective date **July 1, 2024**

Value of “true” or “false” entered by the hospital

New/Revised Requirements – Effective 01/01/25



- Report “estimated allowed amount” when payer negotiated rate is based on algorithm or percentage
 - Estimated allowed amount: Average reimbursement in dollars that has been received from payer in the past for item or service
- Drug unit and type of measurement
- Modifiers impacting “standard” charge, including description of modifier and how it would change standard charge

TABLE 151A: Implementation Timeline for CMS Template Adoption and Encoding Data Elements

Requirement	Regulation cite	Implementation (Compliance) Date
<i>MRF INFORMATION</i>		
MRF Date	45 CFR 180.50(b)(2)(i)(B)	July 1, 2024
CMS Template Version	45 CFR 180.50(b)(2)(i)(B)	July 1, 2024
<i>HOSPITAL INFORMATION</i>		
Hospital Name	45 CFR 180.50(b)(2)(i)(A)	July 1, 2024
Hospital Location(s)	45 CFR 180.50(b)(2)(i)(A)	July 1, 2024
Hospital Address(es)	45 CFR 180.50(b)(2)(i)(A)	July 1, 2024
Hospital Licensure Information	45 CFR 180.50(b)(2)(i)(A)	July 1, 2024
<i>STANDARD CHARGES</i>		
Gross Charge	45 CFR 180.50(b)(2)(ii)	July 1, 2024
Discounted Cash	45 CFR 180.50(b)(2)(ii)	July 1, 2024
Payer Name	45 CFR 180.50(b)(2)(ii)(A)	July 1, 2024
Plan Name	45 CFR 180.50(b)(2)(ii)(A)	July 1, 2024
Standard Charge Method	45 CFR 180.50(b)(2)(ii)(B)	July 1, 2024
Payer-Specific Negotiated Charge –Dollar Amount	45 CFR 180.50(b)(2)(ii)(C)	July 1, 2024
Payer-Specific Negotiated Charge – Percentage	45 CFR 180.50(b)(2)(ii)(C)	July 1, 2024
Payer-Specific Negotiated Charge – Algorithm	45 CFR 180.50(b)(2)(ii)(C)	July 1, 2024
Estimated Allowed Amount	45 CFR 180.50(b)(2)(ii)(C)	January 1, 2025
De-identified Minimum Negotiated Charge	45 CFR 180.50(b)(2)(ii)	July 1, 2024
De-identified Maximum Negotiated Charge	45 CFR 180.50(b)(2)(ii)	July 1, 2024
<i>ITEM & SERVICE INFORMATION</i>		
General Description	45 CFR 180.50(b)(2)(iii)(A)	July 1, 2024
Setting	45 CFR 180.50(b)(2)(iii)(B)	July 1, 2024
Drug Unit of Measurement	45 CFR 180.50(b)(2)(iii)(C)	January 1, 2025
Drug Type of Measurement	45 CFR 180.50 (b)(2)(iii)(C)	January 1, 2025
<i>CODING INFORMATION</i>		
Billing/Accounting Code	45 CFR 180.50(b)(2)(iv)(A)	July 1, 2024
Code Type	45 CFR 180.50(b)(2)(iv)(B)	July 1, 2024
Modifiers	45 CFR 180.50(b)(2)(iv)(C)	January 1, 2025

TABLE 151B: Implementation Timeline for Other New Hospital Price Transparency Requirements

Requirement	Regulation Cite	Implementation (Compliance) Date
Good faith effort	45 CFR 180.50(a)(3)(i)	January 1, 2024
Affirmation in the MRF	45 CFR 180.50(a)(3)(ii)	July 1, 2024
Txt file	45 CFR 180.50(d)(6)(i)	January 1, 2024
Footer link	45 CFR 180.50(d)(6)(ii)	January 1, 2024

Putting it Together

1 General Data Elements

These required general data about the MRF must be stated once at the top of the file (i.e. the first row).

Column Header (Tall format)	Column Header (Wide format)	Name	Type	Definition	Blanks Accepted
hospital_name	hospital_name	Hospital Name	String	The legal business name of the licensee.	No
last_updated_on	last_updated_on	MRF Date	Date	Date on which the MRF was last updated. Date must be in an ISO 8601 format (i.e. YYYY-MM-DD)	No

```

EXAMPLE CSV MRF Excerpt
hospital_name,last_updated_on,version,hospital_locat
West Mercy Hospital,2024-07-01,2.0.0,West Mercy Hosp
description,code|1 ,code|1|type,code|2 ,code|2|type,
    
```

2 Required Standard Charge, Item/Service, and Coding Data Elements

After the general data elements have been disclosed, the disclosure of required standard charges, item/service, and coding data elements will begin on row 3.

If a -> is encountered in the following table, then the instruction does not apply to the specific CMS template selected. You can view both [CSV templates here](#).

Column Header (Tall format)	Column Header (Wide format)	Name	Type	Definition	Blanks Accepted
description	description	General Description	String	Description of each item or service provided by the hospital that	No

EXAMPLE CSV MRF in Spreadsheet View			
hospital_name	last_updated_on	version	hospital_location
West Mercy Hospital	2024-07-01	2.0.0	West Mercy Hosp
description	code 1	code 1 type	code 2
Major hip and knee join	470	MS-DRG	175869
Major hip and knee join	470	MS-DRG	175869
Major hip and knee join	470	MS-DRG	175869

V2.0.0_Wide_CSV_Format_Example.csv



The screenshot shows a GitHub repository interface. On the left is a file explorer for the 'master' branch, showing a directory structure with folders for 'JSON', 'examples', and 'CSV'. The 'CSV' folder is expanded to show sub-folders 'Tall Format Examples' and 'Wide Format Examples', with the file 'V2.0.0_Wide_CSV_Format_...' selected. The main area displays a code preview of the selected CSV file, showing 14 lines of text. The text is a CSV record with various fields, including hospital information, procedure descriptions, and pricing details. The preview includes a 'Code' tab and a 'Blame' tab, and shows the file is 14 lines long and 4.4 KB in size.

```
1 hospital_name,last_updated_on,version,hospital_location,hospital_address,license_number|CA,"To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the r
2 West Mercy Hospital,2024-07-01,2.0.0,West Mercy Hospital|West Mercy Surgical Center,"12 Main Street, Fullerton, CA 92832|23 Ocean Ave, San Jose, CA 94088",50056,true,"When total claim charges exceed $200,000.00 for a Platform
3 description,code|1,code|1|type,code|2,code|2|type,modifiers,setting,drug_unit_of_measurement,drug_type_of_measurement,standard_charge|gross,standard_charge|discounted_cash,standard_charge|Platform_Health_Insurance|PPO|negotiat
4 Major hip and knee joint replacement or reattachment of lower extremity without mcc,470,MS-DRG,175869,LOCAL,,inpatient,,,,,20000,,MS-DRG,22243.34,case rate,,50,,23145.98,percent of total billed charges,,20000,20000,
5 Major hip and knee joint replacement or reattachment of lower extremity without mcc,470,MS-DRG,175869,LOCAL,,inpatient,,,,,20000,,https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/html/images.
6 Major hip and knee joint replacement or reattachment of lower extremity without mcc,470,MS-DRG,175869,LOCAL,,inpatient,,,,,20000,,The adjusted base rate indicated (in dollars) may be further adjusted for transfers and outliers
7 "Evaluation of hearing function to determine candidacy for, or postoperative status of, surgically implanted hearing device; first hour",92626,CPT,,,outpatient,,,150,125,98.98,,,,fee schedule,110% of the Medicare fee schedule
8 "Behavioral health; residential (hospital residential treatment program), without room and board, per diem",H0017,HCPCS,,,inpatient,,,2500,2250,1500,,,,per diem,,,,,1500,1500,
9 "Behavioral health; residential (hospital residential treatment program), without room and board, per diem, days 1-3",H0017,HCPCS,,,inpatient,,,2500,2250,,,,,2000,,,,per diem,,2000,2000,
10 "Behavioral health; residential (hospital residential treatment program), without room and board, per diem, days 4-5",H0017,HCPCS,,,inpatient,,,2500,2250,,,,,1800,,,,per diem,,1800,1800,
11 "Behavioral health; residential (hospital residential treatment program), without room and board, per diem, days 6+",H0017,HCPCS,,,inpatient,,,2500,2250,,,,,1200,,,,per diem,,1200,1200,
12 Treatment or observation room - observation room,762,RC,,,outpatient,,,13000,12000,8000,,,,case rate,Negotiated standard charge without surgery and without rule out myocardial infarction,9000,,,,case rate,,8000,10000,
13 Treatment or observation room - observation room,762,RC,,,outpatient,,,13000,12000,10000,,,,case rate,Negotiated standard charge without surgery and with rule out myocardial infarction,,,,,8000,10000,
14 Bilateral procedure,,,,,50,both,,,,,150,,,,150% payment adjustment for the item or service to which the modifier is appended,,145,,,,145% payment adjustment for the item or service to which the modifier is appended,,,
```


V2.0.0_Wide_CSV_Format_Example.csv



The image shows a file explorer on the left and a code viewer on the right. The file explorer shows a directory structure with folders for 'JSON', 'examples', 'CSV', and 'resources'. The 'CSV' folder is expanded, showing sub-folders for 'Tall Format Examples' and 'Wide Format Examples'. The 'Wide Format Examples' folder contains the file 'V2.0.0_Wide_CSV_Format...'. The code viewer shows the preview of this CSV file, which contains 14 lines of data. The data is organized into columns: hospital_name, last_updated_on, version, hospital_location, and hospital_address. The first row is a header row, and the following rows contain data for various hospital services and procedures.

1	hospital_name	last_updated_on	version	hospital_location	hospital_address
2	West Mercy Hospital	2024-07-01	2.0.0	West Mercy Hospital West Mercy Surgical Center	12 Main Street, Fullerton, CA 92832 23 Ocean Ave, San Jos
3	description	code 1	code 1 type	code 2	code 2 type
4	Major hip and knee joint replacement or reattachment of lower extremity without mcc	470	MS-DRG	175869	LOCAL
5	Major hip and knee joint replacement or reattachment of lower extremity without mcc	470	MS-DRG	175869	LOCAL
6	Major hip and knee joint replacement or reattachment of lower extremity without mcc	470	MS-DRG	175869	LOCAL
7	Evaluation of hearing function to determine candidacy for, or postoperative status of, surgically implanted hearing device; first hour	92626	CPT		
8	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	H0017	HCPCS		
9	Behavioral health; residential (hospital residential treatment program), without room and board, per diem, days 1-3	H0017	HCPCS		
10	Behavioral health; residential (hospital residential treatment program), without room and board, per diem, days 4-5	H0017	HCPCS		
11	Behavioral health; residential (hospital residential treatment program), without room and board, per diem, days 6+	H0017	HCPCS		
12	Treatment or observation room — observation room	762	RC		
13	Treatment or observation room — observation room	762	RC		
14	Bilateral procedure				

GitHub Discussions












📄 CMSgov / hospital-price-transparency Public

<> Code Issues 🔗 Pull requests 💬 Discussions 📁 Projects 🛡 Security 📊 Insights

🔗 master ▾ 🔗 3 Branches 🏷 0 Tags

🔍 Go to file


<> Code ▾

 shaselton-usds Merge pull request #106 from CMSgov/documentation-update 	af8fb15 · 4 days ago	 100 Commits
 documentation	documentation updates for CSV instructions.	last week
 examples	line number fix	3 months ago
 resources/images	Initial Release	7 months ago
 .gitignore	Initial Release	7 months ago
 README.md	hpt-tools link update	3 months ago
 VERSION.md	typo update, version update, footer sentence	7 months ago

GitHub Discussions

Services defined only by thousands of ICD Codes #63

✓ Answered by RidenourK JaSimps5 asked this question in Q&A

 JaSimps5 last week

I have a payer contract that identifies some services such as PTCA and Coronary Surgery by a list of ICD10 codes only. Coronary Surgery's list is almost 4k codes long. None of these will have a standard gross charge amount and the reimbursement is a case rate so I'm curious how these should be handled on the report? It seems excessive to list all 4k lines individually on the report when the only difference would be the code and it doesn't seem appropriate to list 4k code/codetypes on one line. How do we make this easy?

↑ 3

Services defined only by thousands of ICD Codes #63

 JaSimps5 last week · 2 comments · 4 replies

A question for clarification, When multiple codes are listed on the same row/line, does that mean AND or OR?

It sounds like you want an OR: the same case rate charge applies to a large set of ICD10s.

My assumption has always been that when multiple codes are listed for the same row, that is an AND (of the codes) and if you want an OR (of the codes) you can always have multiple rows.


So, you would list the separate codes in separate rows: they just happen to have the same charge.

@cms please clarify the semantics.

↑ 1

3 replies

GitHub Discussions



RidenourK 18 minutes ago

Maintainer

...


[@vduffel99](#). Thank you for your question.

In the CY 2024 OPPTS/ASC Final Rule, we indicated we believe hospitals should retain flexibility, in the interest of reducing burden, to determine the best data source for calculating the estimated allowed amount. We therefore declined at the time to be prescriptive. However, we indicated we agree that using information from the EDI 835 electronic remittance advice (ERA) transaction, the electronic transaction that provides claim payment information, including any adjustments made to the claim, such as denials, reductions, or increases in payment, would appear to meet this requirement as the data in the 835 form is used by hospitals to track and analyze their claims and reimbursement patterns. Please refer to [88 FR 82100](#).

✓ Marked as answer

↑ 1

0 replies



RidenourK 3 weeks ago

Maintainer

...

[@JaSimps5](#). Thank you for your question.

"Estimated allowed amount" is the average dollar amount that the hospital has historically received from a third-party payer for an item or service. Based on established industry practices CMS recommends, but does not require, incorporating one year of historic reimbursement data in the development of the estimated allowed amount.

✓ Marked as answer

↑ 1

0 replies

GitHub Discussions



MS2606 2 weeks ago



There is a mention of using single indicator in the FAQs through-out the MRF for the cells where the charges or rates are unavailable. for example gross charges for surgery or MS DRGs where CMS does not want hospitals to average the charges. Could you expand on what would be the acceptable single indicator for these blank cells so that MRF can run through validator without having any missing property errors. Thank you



RidenourK 2 weeks ago

Maintainer



[@MS2606](#). Thank you for your question.

As indicated in [the JSON documentation](#), the minimum, maximum, gross_charge, and discounted_cash attributes are not required attributes if you have no applicable data to encode. Leaving these attributes blank should not produce errors when running an MRF through the Online Validator if the MRF adheres to the technical specifications, including the conditional requirements, found in the Hospital Price Transparency Data Dictionary GitHub Repository. Please refer the [JSON examples](#) for examples of how to encode these attributes.

CMS strongly recommends hospitals start by downloading one of the template layouts or schema to create the machine-readable file, as opposed to converting an existing file.



Marked as answer



0 replies

GitHub Discussions



RidenourK 4 days ago Maintainer



[@MS2606](#). Thank you for your question.

If a hospital has not established **any** of the five standard charges for a hospital item or service, the hospital is not required to include that item or service in the MRF. Please only include hospital items and services for which you have established a standard charge.

As indicated on this Hospital Price Transparency – Data Dictionary GitHub repository, the following are additional reminders to avoid common errors in MRFs:

- Encode valid values as instructed in the Hospital Price Transparency- Data Dictionary GitHub repository. Values encoded incorrectly will generate a deficiency.
- Do not insert a value or any type of indicators (e.g., "N/A" or "0") if the hospital does not have applicable data to encode. If you would like to include an explanation for the blanks, you may do so using Additional Generic Notes or Additional Payer-Specific Notes.
- If the valid value is 'numeric' (such as for Payer-Specific Negotiated Charge: Dollar Amount), inserting anything other than a number (such as inserting a dollar sign with a number) will generate a deficiency. Similarly, if the valid value is 'enum' (such as for Code Type), inserting anything other than the values indicated (such as inserting 'other') will generate a deficiency.
- All "Numeric" data elements must be positive numbers. Entering a negative number or "0" will generate a deficiency.

Please review the [conditional requirements](#) as well.

Updated Hospital Price Transparency FAQs are forthcoming.




Marked as answer



1

0 replies

GitHub Discussions

 knh762002 5 days ago edited ▾ ⋮

This text is listed in the CSV documentation...


"Do not insert a value or any type of indicators (e.g., "N/A") if the hospital does not have applicable data to encode. If you would like to include an explanation for the blanks, you may do so using Additional Generic Notes or Additional Payer-Specific Notes."

<https://github.com/CMSgov/hospital-price-transparency/tree/master/documentation/CSV>

Hopefully this helps move you in the right direction before somebody from CMS is able to respond.

↑ 1 0 replies

GitHub Discussions

 **RidenourK** last month Maintainer ⋮

[@vduffel99](#). Thank you for your question.

As indicated in the CY 2024 OPPS/ASC Final Rule, based on our experience in enforcing the requirements of the regulation, we have learned that most commercial contracting methods result in a hospital's ability to identify and display as a dollar figure the payer-specific negotiated charges they have established with third party payers. For example, a negotiated rate is established as a dollar amount for an item or service or service package (that is, the `base rate`), or is established as a percent discount off the gross charge for each item or service provided, or as a percentage of the Medicare rate which can be translated and displayed by the hospital as a standard dollar amount.

At other times, however, hospitals and payers establish the payer-specific negotiated charge by agreeing to an algorithm that will determine the dollar value of the allowed amount on a case-by-case basis after a pre-defined service package has been provided. This means that the standard charge that applies to the group of patients in a particular payer's plan can only prospectively be expressed as an algorithm, because the resulting allowed amount in dollars will be individualized on a case-by-case basis for a pre-defined service package, and thus cannot be known in advance or displayed as a rate that applies to each member of the group.... when no standard dollar amount is available, we have allowed hospitals to make public the standard algorithm that applies to the group. When a hospital has established a payer-specific negotiated charge that can only be expressed as a percentage or algorithm, it must display alongside that percentage or algorithm an 'estimated allowed amount' in dollars for that payer/plan for that particular item or service. Please refer to the discussion beginning at [88 FR 82099](#).

Please refer to the "Examples" available on this the CMS Hospital Price Transparency - Data Dictionary GitHub repository for examples of different ways hospitals could encode DRGs.

✓ Marked as answer ↑ 2 0 replies

Data Validation

CMS V2.0 Online Validator (<https://cmsgov.github.io/hpt-tool/online-validator/>)

- Review uploaded MRF against required CMS template layout and data specifications
- If MRF does not conform to form and manner requirements, Online Validator will generate output consisting of “errors” and “warnings”

Enforcement

New Enforcement Provisions

- Requires hospitals to acknowledge receipt of warning notices
- Requires hospitals to submit additional information including contracts to assist in assessing compliance
- CMS will work with health system officials to address noncompliance issues in one or more hospitals within that system
- CMS will better publicize CMS enforcement activities related to individual hospitals

Civil Money Penalties

Number of Beds	Penalty Applied Per Day	Total Penalty Amount for Full Calendar Year of Non-Compliance
30 or less	\$300 per hospital	\$109,500 per hospital
31 - 550	\$310 - \$5,500 per hospital (number of beds times \$10)	\$113,150 - \$2,007,500 per hospital
More than 550	\$5,500 per hospital	\$2,007,500 per hospital

Note: In subsequent years, amounts adjusted according to 45 CFR 180.90(c)(3)

CMS Data - Enforcement Activities & Outcomes

Hospital or Hospital...	Hospital ID number...	Hospital or Hospital...	Hospital City	Hospital State/Territory	Action taken by CMS Followin...	Date of Action
Abbott Northwest...	11	800 East 28th Str...	Minneapolis	MN	Warning Notice	2022-12-20
Abbott Northwest...	11	800 East 28th Str...	Minneapolis	MN	CAP Request	2023-04-13
Abbott Northwest...	11	800 East 28th Str...	Minneapolis	MN	Closure Notice	2023-04-27
Abrazo Arizona He...	18	1930 East Thomas...	Phoenix	AZ	Warning Notice	2023-04-14
Abrazo Arizona He...	18	1930 East Thomas...	Phoenix	AZ	Closure Notice	2023-08-01
Abrazo Arrowhead...	21	18701 N. 67th Ave...	Glendale	AZ	Warning Notice	2023-05-02
Abrazo Arrowhead...	21	18701 N. 67th Ave...	Glendale	AZ	Closure Notice	2023-08-21
Abrazo Central Ca...	17	2000 West Bethan...	Phoenix	AZ	Met Requirements	2023-03-07

< First < Previous 1 of 284 Next > Last >

CMS Enforcement Actions Through End of 2023



- 913 warning notices issued
- 478 requests for corrective action plans
- 963 closure notices issued following correction of deficiencies
- 473 met requirements

CMP Notices – 14 Issued To Date

- First issued in June 2022, most recent issued in September 2023
- 7 remain under review
- Amounts range from \$56.9K to \$979K
 - Critical access hospitals to academic medical centers

CMS 2022 Assessment of Hospital Compliance



Comprehensive Machine-Readable File Rule Requirements Assessed	Consumer-Friendly Display Rule Requirements Assessed	
<p>1. General requirements (45 CFR §180.50(a)):</p> <ul style="list-style-type: none"> File is present <p>2. Required data elements (45 CFR §180.50(b)):</p> <ul style="list-style-type: none"> Description of items and services Gross charges Payer-specific negotiated charges by payer and plan De-identified minimum negotiated charges De-identified maximum negotiated charges Discounted cash prices* Any code used by the hospital for accounting or billing purposes <p>3. Format requirements (45 CFR §180.50(c)):</p> <ul style="list-style-type: none"> File is a single digital file in a machine-readable format <p>4. Location and accessibility requirements (45 CFR §180.50(d)):</p> <ul style="list-style-type: none"> File is on a publicly available website File is free of charge No user account or password is needed to access the file No personally identifying information (PII) is needed to access the file File is directly downloadable <p>*In accordance with the regulation, hospitals are required to post a discounted cash price, as applicable. The final rule acknowledges that not all hospitals may have established a discounted cash price.</p>	<p>1. General requirements (45 CFR §180.60(a)):</p> <ul style="list-style-type: none"> Consumer-friendly display is present <p><i>If display is a shoppable services list:</i></p> <p>1. Required data elements (45 CFR §180.60(b)):</p> <ul style="list-style-type: none"> Plain-language descriptions Payer-specific negotiated charges clearly associated with the name of the third party payer and plan Discounted cash prices** De-identified minimum negotiated charges De-identified maximum negotiated charges Any primary code used by the hospital for accounting or billing purposes <p>2. Location and accessibility requirements (45 CFR §180.60(d)):</p> <ul style="list-style-type: none"> List is on publicly available website List is free of charge No user account or password is needed to access the list No personally identifying information (PII) is needed to access the list Searchable by service description, billing code, and payer <p>**A hospital must post its gross charges if the hospital has not established discounted cash prices.</p>	<p><i>If display is a price estimator tool:</i></p> <p>1. Requirements of price estimator tool (45 CFR §180.60(a)(2)):</p> <ul style="list-style-type: none"> Allows consumers to obtain an estimate*** of the amount they will be obligated to pay the hospital for the shoppable service Tool accessible without charge and without having to register or establish a user account or password <p>***In accordance with CMS guidance (86 FR 63954), an estimate is a single price and not a range.</p>

Between September and November 2022, CMS assessed websites of 600 randomly selected hospitals

- 493 (82%) met consumer-friendly display rule requirements
- 490 (82%) met MRF rule requirements
- 421 (70%) met both

Turquoise Health State of Price Transparency



6,357 Total Hospitals	5,763 posted MRF	90.7%
	5,280 have negotiated rates	83.1%
	4,911 have cash rates	77.3%
650 Total Health Systems	5,109 have surgery rates	80.4%
	5,134 have imaging rates	80.8%
	5,170 have BUCAH rates	81.3%
1,119,207,976 Total Negotiated Rates	4,137 have DRG rates	65.1%
	4,412 have drug rates	69.4%

Through the end of 2023



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