What's Next for hospital price transparency in 2024 and beyond







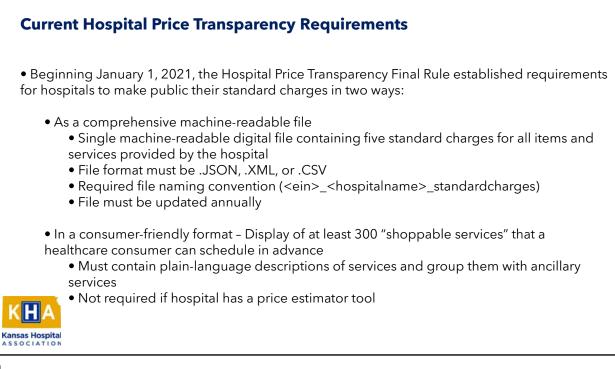


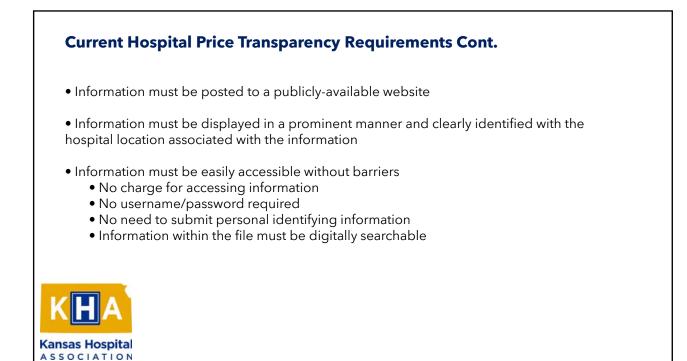


- Current Hospital Price Transparency Requirements
- New Requirements for Display of Hospital Standard Charges and Defined Timeframes for Compliance
- New Requirements to
 Improve Enforcement
- References

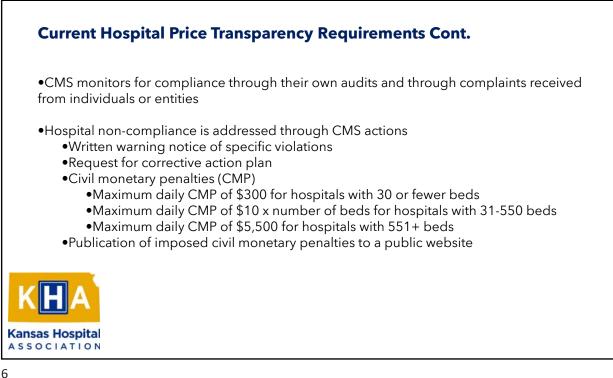
Current Hospital Price Transparency Requirements











New Requirements for January 1, 2024



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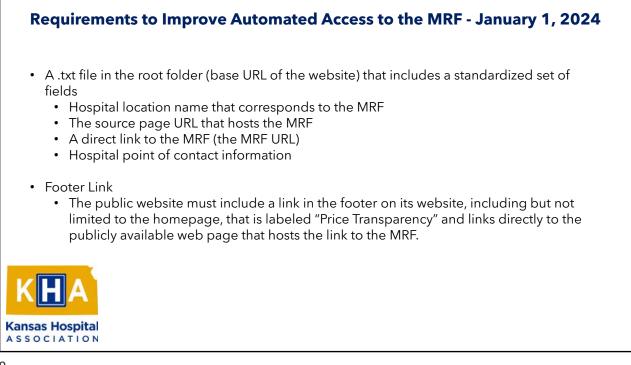
New Requirements for January 1, 2024

Good Faith Effort

Each hospital must make a good faith effort to ensure that the standard charge information encoded in the machine-readable file is true, accurate, and complete as of the date indicated in the machine-readable file.

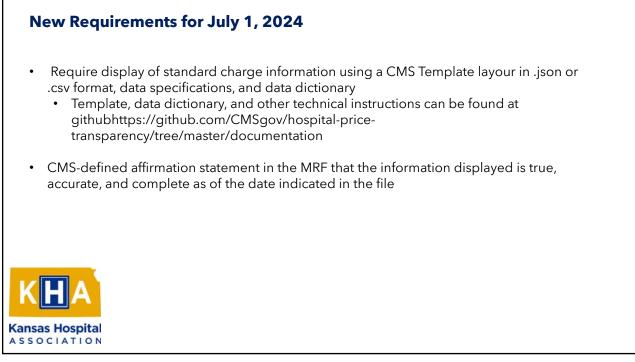










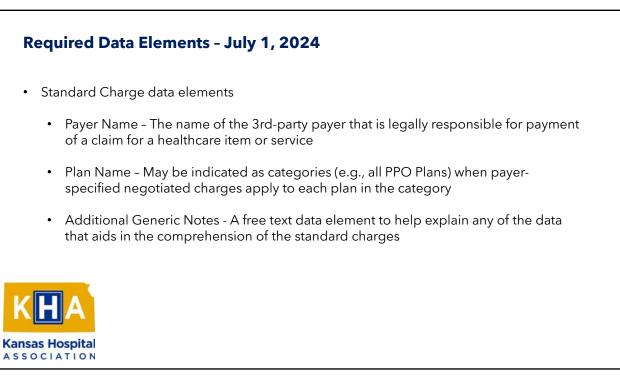


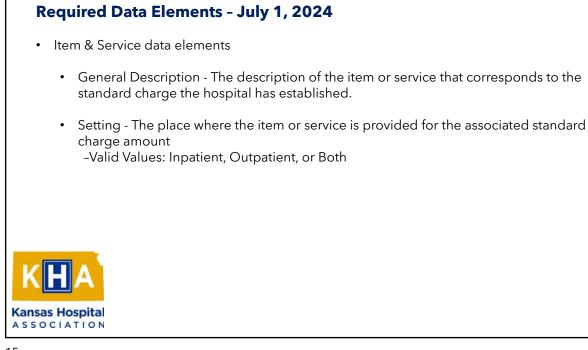
Required Data Elements - July 1, 2024 General data elements Hospital name(s) - Legal business name of the hospital Hospital license number(s) and two-letter state code issuing the license Location name(s) and addresses(es) under the hospital license number Location name(s) and addresses (es) under the hospital license number Location names and addresses must include all inpatient facilities and stand-alone emergency departments at minimum Version number of the CMS template used Date of the most recent update to the machine-readable file

Required Data Elements - July 1, 2024

- Standard Charge data elements
 - Gross Charge The charge for an individual item or service that is reflected on a hospital's chargemaster, absent any discounts
 - Discounted Cash The charge that applies to an individual who pays cash for a hospital item or service
 - Standard Charge Methodology The type of contract arrangement associated with the payer-specific negotiated charge

 Valid values: Case Rate, Fee Schedule, Percent of Total Billed Charges, Per Diem, and Other
 - Payer-Specific Negotiated Charge Charge expressed as a dollar amount, percentage or algorithm that hospital has negotiated for an item or service
 - Minimum The lowest charge a hospital has negotiated with all 3rd-party payers for an item or service
 - Maximum The highest charge a hospital has negotiated with all 3rd-party payers for an item or service



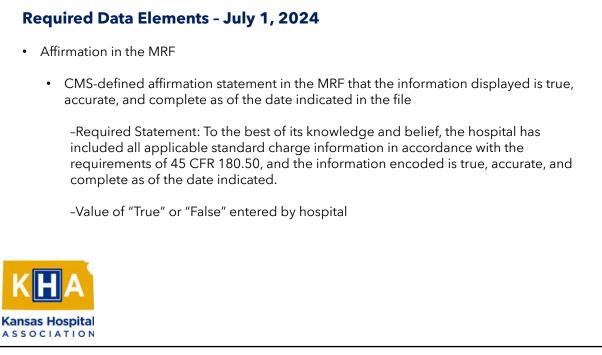


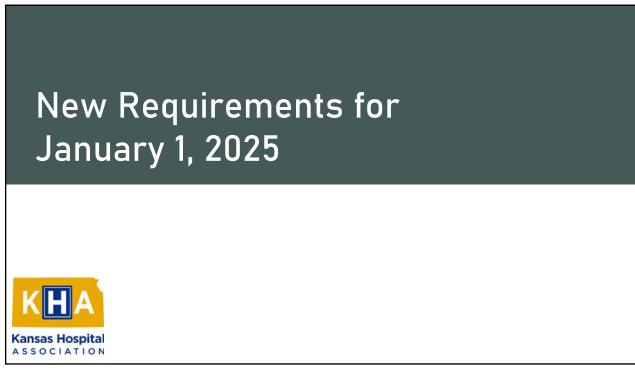
Required Data Elements - July 1, 2024

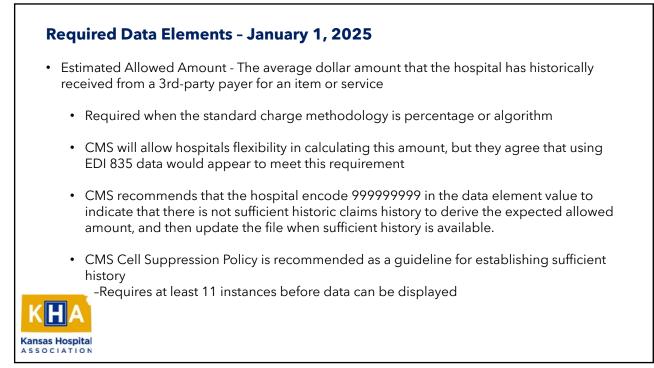
- Billing/Accounting Codes Any code used by the hospital for purposes of billing or accounting for the item or service
- Code Type Used to clarify type of billing or accounting code
- -Current Procedural Terminology (CPT) -National Drug Code (NDC) -Revenue Code (RC) -International Classification of Diseases (ICD) -Diagnosis Related Groups (DRG) -Medicare Severity DRG (MS-DRG) -Refined DRG (R-DRG) -Severity DRG (S-DRG)
- -TriCare DRG (TRIS-DRG)

- All Patient Severity-Adjusted DRG (APS-DRG)
- All Patient Refined DRG (APR-DRG)
- Ambulatory Payment Classification (APC)
- Local Code Processing (LOCAL)
- Enhanced Ambulatory Patient Grouping (EAPG)
- Health Insurance Prospective Payment System (HIPPS)
- Current Dental Terminology (CDT)
- Charge Description Master (CDM)

[•] Coding data elements







Required Data Elements -January 1, 2025

- Drug Information
 - Drug Unit of measurement The unit value that corresponds to the established standard charge for drugs
 - Drug Type of Measurement The measurement type that corresponds to the established standard charge for drugs as defined by either the National Drug Code or the National Council for Prescription Drug Programs

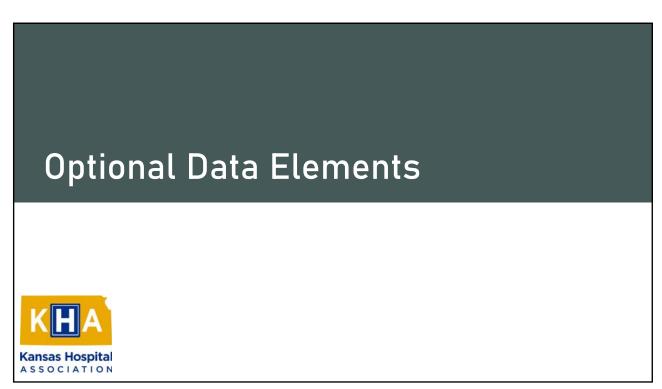
Standard Name	Reporting Value
GR	Grams
ME	Milligrams
ML	Milliliters
UN	Unit
F2	International Unit
EA	Each
GM	Gram

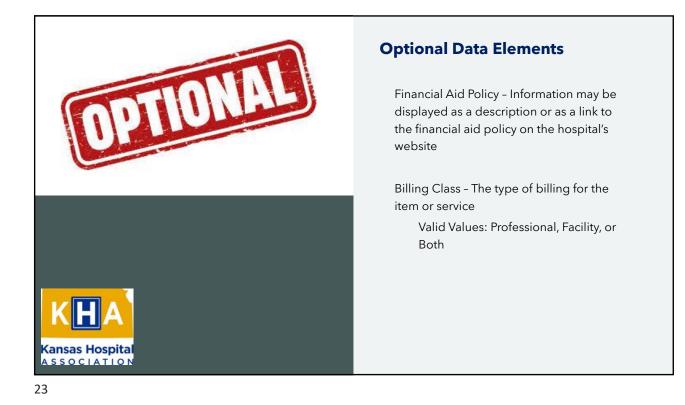


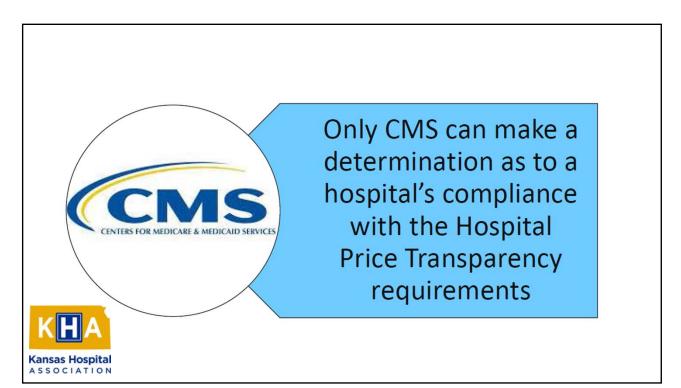
Required Data Elements - January 1, 2025

- Modifier Code Two-digit code
- Modifier Description The common name of the modifier
- Modifier Payer Information Description of how the modifier may change the standard charge for the specified payer/plan
 For example, modifier 50 applies 150% change to the standard charge amount
 - -Modifiers that impact the standard charge will be required









Monitoring and Assessment Changes Addition of activities that may be used to monitor and assess for compliance CMS may conduct a comprehensive compliance review of standard charge information posted on a publicly available website Use of audits will be retained Upon request, CMS may require an authorized representative of the hospital to submit a certification as to the accuracy and completeness of the standard charge information posted in the machine-readable file Hospitals will be required to acknowledge receipt of warning notices issued by CMS by the deadline specified in the warning notice CMS may notify health system leadership when action is taken against a hospital that is part of a larger health system

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Monitoring and Assessment Changes

- Expansion of publicized information related to hospitals' compliance
 - CMS' assessment of a hospital's compliance
 - Any compliance action taken against the hospital
 - The status or outcome of the compliance action
 - Notifications sent to health system leadership



References



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Implementation Timeline

MRF INFORMATION			
Requirement	Regulation Cite	Implementation Date	
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	

HOSPITAL INFORMATION		
Requirement	Regulation Cite	Implementation Date
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

STANDARD CHARGES			
Requirement	Regulation Cite	Implementation Date	
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	

Implementation Timeline

ITEM & SERVICE INFORMATION			
Requirement	Regulation Cite	Implementation Date	
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	

CODING INFORMATION			
Requirement	Regulation Cite	Implementation Date	
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	
Modifier(s)	45 CFR 180.50 (b)(2)(iv)(C)	January 1, 2025	

Implementation Timeline

OTHER HOSPITAL PRICE TRANSPARENCY REQUIREMENTS			
Requirement	Regulation Cite	Implementation Date	
Good Faith Effort	45 CFR 180.50 (b)(2)(ii)	January 1, 2024	
Affirmation in the MRF	45 CFR 180.50 (b)(2)(ii)	July 1, 2024	
Text File	45 CFR 180.50 (b)(2)(ii)(A)	January 1, 2024	
Footer Link	45 CFR 180.50 (b)(2)(ii)(A)	January 1, 2024	

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Helpful Websites

Hospital Price Transparency - https://www.cms.gov/hospital-price-transparency/hospitals

Hospital Price Transparency Resources including Machine Readable File Formats and Data Dictionary - <u>https://www.cms.gov/priorities/key-initiatives/hospital-price-transparency/resources</u>

CY 2024 OPPS Final Rule - <u>https://www.federalregister.gov/public-inspection/2023-</u>24293/medicare-program-hospital-outpatient-prospective-payment-and-ambulatorysurgical-center-payment