



Price Transparency in 2025: What You Need To Know



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Meet Your Team



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Agenda

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Leveraging the Data for Improved Negotiations & Financial Position

Price Transparency – The Why

Original Price Transparency Regulations

WHY: Healthcare services in the US is often unclear, frustrating, very expensive and requires navigation of often conflicting information (payer/patient cost sharing information, EOBs and hospital & professional billing).

CMS identified the hidden negotiated charges/rates as a starting point to empower patient to price shop to lower their cost of care.

FINAL RULE STATED:

“We believe there is a direct connection between transparency in hospital standard charge information and having more affordable healthcare and lower healthcare coverage costs.”

CMS Price Transparency Requirements Current Published Rules

POLL QUESTION

Is your hospital's MRF compliant?

- A. Yes, we feel confident our MRF is compliant and have used the CMS validator tool.**
- B. Yes, we feel confident our MRF is compliant but have not used the CMS validator tool.**
- C. Yes, our MRF should be compliant since we use a vendor.**
- D. Unsure or have doubts that the MRF is fully compliant.**

MACHINE READABLE FILES

2024 / 2025 Requirements & Dates

*Per 45 CFR 180.50 and Table 151A & B page 1462

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

Data Elements

Requirement	Regulation cite	Implementation (Compliance) Date
MRF INFORMATION		
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		
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		
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
ITEM & SERVICE INFORMATION		
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		
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

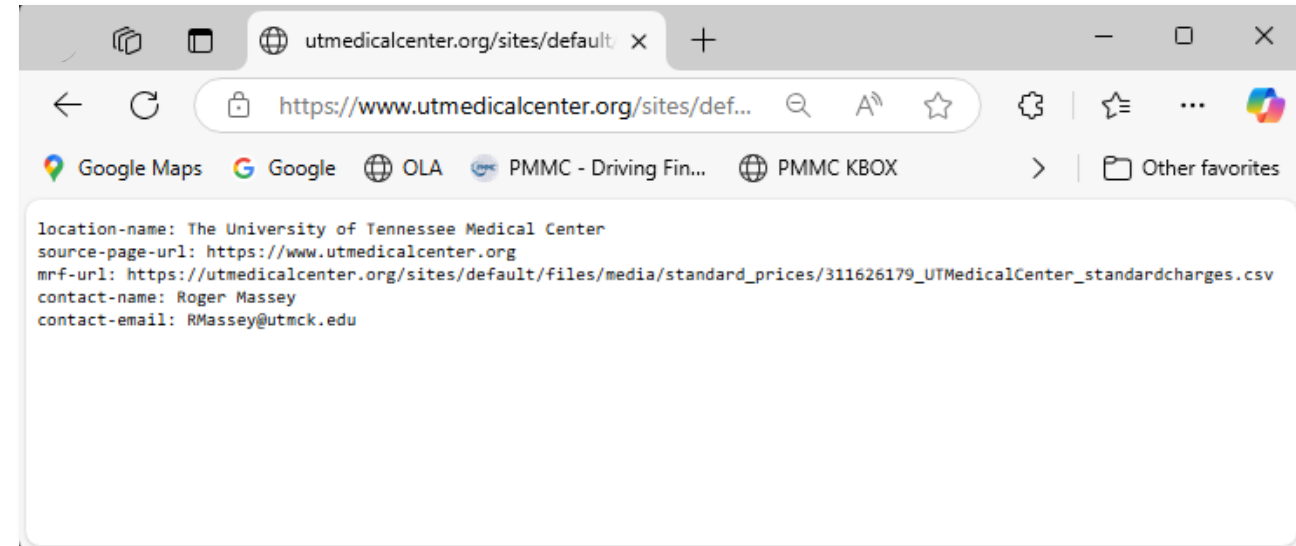
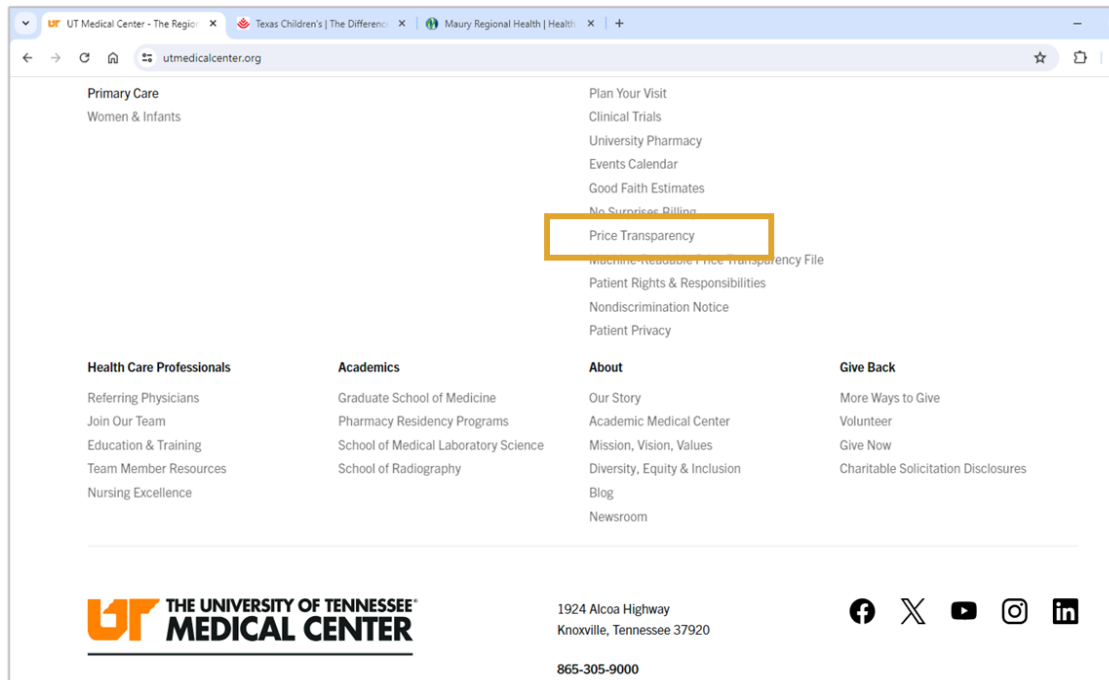
Transparency Requirements

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

MACHINE READABLE FILES

Standardization of Location

- Hospital Homepage Must Have “Price Transparency” Link Directly to the Machine-Readable File (MRF)
 - Direct Links to the MRF in a .txt file in the hospitals root folder and in a footer on the hospital’s homepage
- As an example: www.utmedicalcenter.org/cms-hpt.txt



MACHINE READABLE FILES

Standardized File Format & Requirements

hospital_id	last_update	version	hospital_name	hospital_license_no	To the best of its knowledge and belief, the hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information en																														
ARNOT OC	3/6/2024	2.0.0	ARNOT OC	600 Roe A	0701000	TRUE																													
description	code	1	code	1	ty	code	2	code	2	ty	code	3	code	3	ty	code	4	code	4	ty	setting	drug_unit	drug_type	standard_	standard_	payer_nar	plan_nam	modifiers	standard_	standard_	standard_	estimated	standard_	standard_	standard_
ROOM & E																																		32.9 percent o	
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ROOM & E	1E+08	CDM	0121	RC																	inpatient			981	981	EMBLEM F	EMBLEM HEALTH - ALL PLANS				1E+09	431.64	882.9		
ROOM & E	1E+08	CDM	0121	RC																	inpatient			981	981	FIDELIS CA	FIDELIS CARE-EXCHANGE - ALL PLANS				1E+09	431.64	882.9		
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ROOM & E	1E+08	CDM	0121	RC																	inpatient			981	981	TRICARE -	TRICARE - ALL PLANS				1E+09	431.64	882.9		
ROOM & E	1E+08	CDM	0121	RC																	inpatient			981	981	INDEPEND	INDEPENDENT HEALTH - ALL PLANS				1E+09	431.64	882.9		
ROOM & E	1E+08	CDM	0121	RC																	inpatient			981	981	CIGNA - A	CIGNA - ALL PLANS				1E+09	431.64	882.9		
ROOM & E	1E+08	CDM	0121	RC																	inpatient			981	981	HEALTHNO	HEALTHNOW - ALL PLANS				1E+09	431.64	882.9		
ROOM & E	1E+08	CDM	0121	RC																	inpatient			981	981	BLUE CRO	BLUE CROSS COMM - ALL OTHER PLANS				1E+09	431.64	882.9		
ROOM & E	1E+08	CDM	0121	RC																	inpatient			981	981	BLUE CRO	BLUE CROSS MCR ADV				1E+09	431.64	882.9		
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ROOM & E	1E+08	CDM	0121	RC																	inpatient			981	981	UHC - ALL	UHC - ALL PLANS				1E+09	431.64	882.9		
ROOM & E	1E+08	CDM	0121	RC																	inpatient			981	981	UPMC HEA	UPMC HEALTH PLAN - ALL PLANS				1E+09	431.64	882.9		
ROOM & E	1E+08	CDM	0121	RC																	inpatient			981	981	MVP HEAL	MVP HEALTH PLAN - ALL PLANS				1E+09	431.64	882.9		
ROOM & E	1E+08	CDM	0121	RC																	inpatient			981	981	POMCO IN	POMCO INC - ALL PLANS				1E+09	431.64	882.9		
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ROOM & E	1E+08	CDM	0121	RC																	inpatient			981	981	FIDELIS CA	FIDELIS CARE-EXCHANGE - ALL PLANS				1E+09	431.64	882.9		

MACHINE READABLE FILES

MRF Testing Tools

CMS published 3 easy to use tools to help hospitals:

1. Test layouts & data specifications
2. Test naming convention requirements
3. Test requirements for .txt file



Hospital Price Transparency TOOLS

The Centers for Medicare and Medicaid Services (CMS) has developed and maintains tools to support hospitals in meeting some of the machine-readable file (MRF) requirements for Hospital Price Transparency.

The **online validator** tests machine readable files against the required CMS template layouts and data specifications ([45 CFR 180.50\(c\)\(2\)](#)). The online validator runs in a user's web browser, and it is recommended for nontechnical users.

The **command-line interface (CLI) validator** tests machine readable files against the required CMS template layouts and data specifications ([45 CFR 180.50\(c\)\(2\)](#)). The CLI is a downloaded tool that runs locally in the user's terminal, and it is recommended for technically proficient users validating multiple files simultaneously or integrating the validator into a software pipeline.

The **MRF naming wizard** assists users in generating the MRF file name in accordance with the naming convention requirements ([45 CFR 180.50\(d\)\(5\)](#)).

The **TXT file generator** assists users in generating a TXT file with the required attributes of information to improve accessibility to MRFs ([45 CFR 180.50\(d\)\(6\)\(i\)](#)).



ONLINE
VALIDATOR



CLI
VALIDATOR



MRF NAMING
WIZARD



TXT FILE
GENERATOR

PUTTING ACCURACY FIRST

Validator

https://cmsgov.github.io/hpt-validator-tool/

Hospital Price Transparency Tools

Machine readable file File name wizard

Upload file

Files must follow the voluntary sample format (.json or .csv)

Drag file here or [choose from folder](#)

Having trouble formatting your file name?
[Leverage the file name wizard!](#)

How this tool helps

This validation tool helps identify basic issues in Hospital Price Transparency machine readable files: it checks whether the file matches the [voluntary sample format](#) published by CMS and will identify basic issues and errors for invalid data.

A file that passes these basic validation checks **does not mean that a file is guaranteed to be fully in compliance.**

This tool runs in the web browser, and uploading files here does not share these files with CMS. This validator tool is intended to be used with machine readable files that use the [voluntary sample format](#) published by CMS and will not work for files that do not use this formatting.

Contact

Have you run into an issue or have a question about this tool?
Please reach out to us at
PriceTransparencyHospitalCharges@cms.hhs.gov.

Format your file name

This tool helps you format your machine readable file as outlined in the [8 Steps to a Machine-Readable File of All Items and Service](#)

The output of the wizard automatically updates at the bottom of the form.

EIN

123456789

Hospital name

Example Hospital

Does your hospital have more than one location with distinct negotiated rates?

☐ Yes

☒ No

File type

☒ CSV

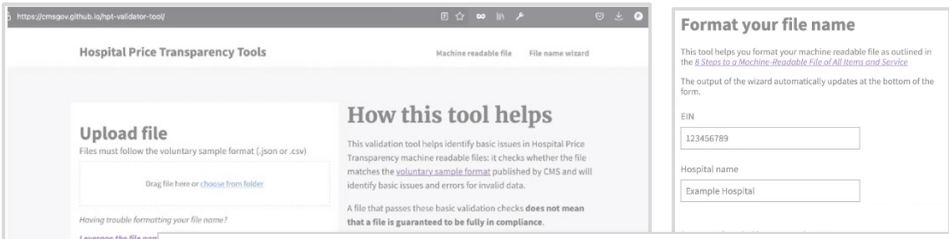
☐ JSON

[Copy to clipboard](#)

123456789_Example-Hospital_standardcharges.csv

PUTTING ACCURACY FIRST

Validator



Validation results

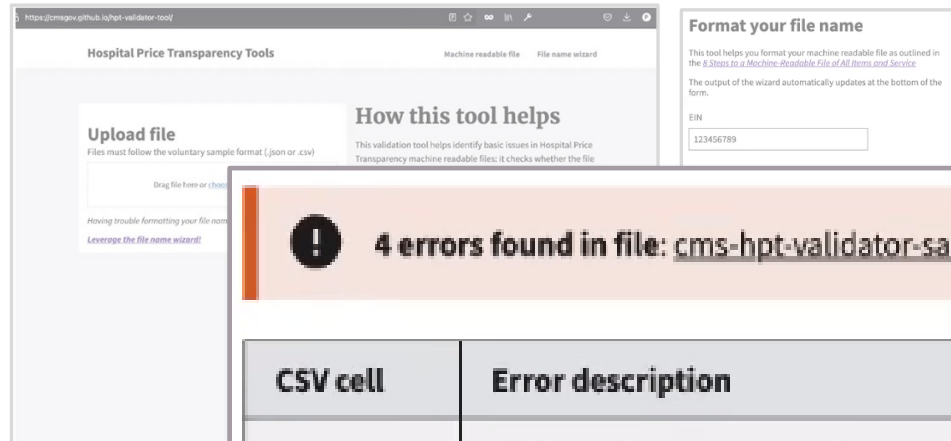
Errors



No errors found in file: 811723202_prisma-health-greenville-memorial-hospital_standardcharges.csv.csv

PUTTING ACCURACY FIRST

Validator



4 errors found in file: cms-hpt-validator-sample.csv

CSV cell	Error description
F4	"billing_class" value "Facility" is not one of the allowed values: "professional", "facility"
G4	"setting" value "ipatient" is not one of the allowed values: "inpatient", "outpatient", "both"
A6	"description" is required
L6	"standard_charge discounted_cash" is required to be a positive number

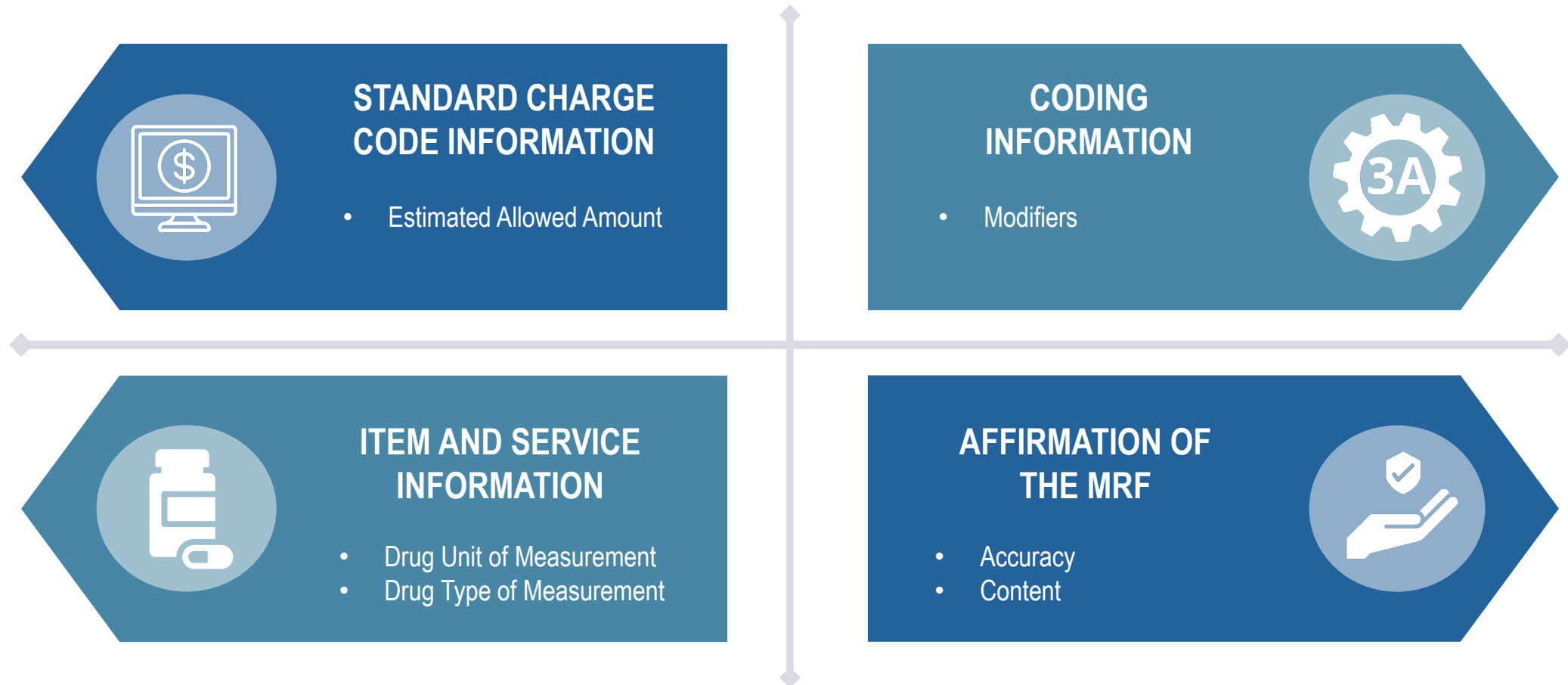
PUTTING ACCURACY FIRST

Issues Beyond Validator Check

hospital_name	last_update	version	hospital	hospital	license_n	To the best of its knowledge and belief, the hospital has included all app							
Hospital	2025-01	2.0.0	State	Address	3.42E+08	TRUE							
description	code 1	code 1	code 2	code 2	code 3	code 3 ty	cod	code	modifiers	setting	billing_cla	drug_unit	drug_type
PBB ALBUTEROL INHAL	10007613	CDM	636	RC	J7613	HCPCS				outpatient	facility		
PBB INJECTMETHYLPREDNISOL	10002930	CDM	636	RC	J2930	HCPCS				inpatient	facility		
APPENDECTOMY WITH COMPLEX	233-2	APR-DRG								inpatient	facility		
Therapy Modifiers for a PTA or an OTA									CO GO	outpatient	facility		
Therapy Modifiers for a PTA or an OTA									GP CQ	outpatient	facility		
Minimum Assistant Surgeon									81	outpatient	facility		
Pre-Op Only									56	outpatient	facility		

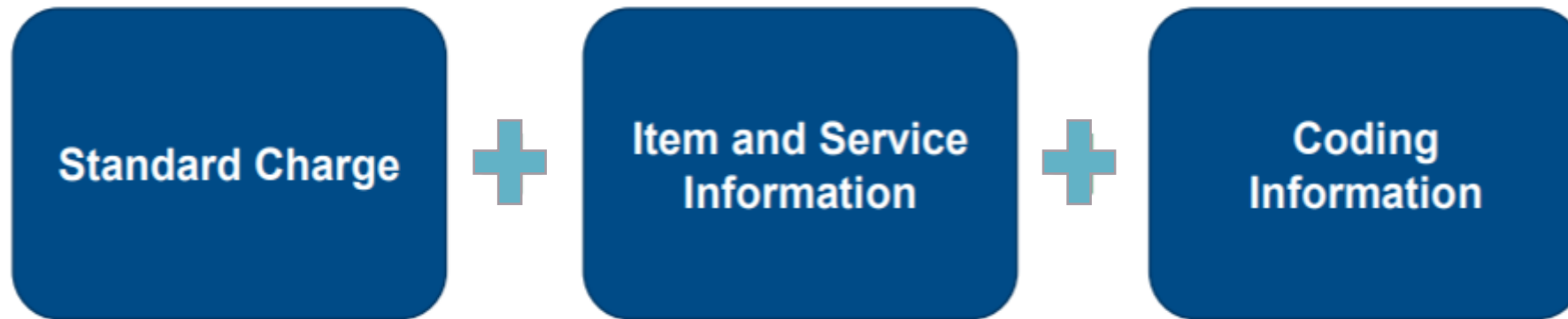
MACHINE READABLE FILES

Most Recent Requirements – Jan. 1, 2025



MACHINE READABLE FILES

Creating Context for Hospital Standard Charges



'Data elements' are information or categories of information that you will use to contextualize the standard charges your hospital has established.

MACHINE READABLE FILES

Creating Context for Hospital Standard Charges

Three Ways to Display Payer-specific Standard Charges

'Payer-specific Negotiated Charge' Data Elements:	Description
Dollar Amount	Payer-specific negotiated charge (expressed as a dollar amount) that a hospital has negotiated with a third-party payer for a corresponding item or service.
Percentage	Payer-specific negotiated charge (expressed as a percentage) that a hospital has negotiated with a third-party payer for a corresponding item or service. This data element will contain the numeric representation of the percentage not as a decimal (70.5% is to be entered as "70.5" and not ".705").
Algorithm	Payer-specific negotiated charge (expressed as an algorithm) that a hospital has negotiated with a third-party payer for the corresponding item or service.

Display a payer-specific negotiated charge as a dollar amount whenever possible. If the payer-specific negotiated charge results in a variable dollar amount for members of a payer/plan combination, then display the payer-specific negotiated charge as a percentage or algorithm and calculate the 'Estimated Allowed Amount' in dollars.

MACHINE READABLE FILES

Creating Context for Hospital Standard Charges

Payer-specific Negotiated Charge Contextual Information

Required Contextual Information: For each 'payer-specific standard charge' your hospital has established, you must encode a 'standard charge methodology'.

'Standard Charge Methodology' Data Element:

Valid Values	Methodology Description
Case Rate	A flat rate for a package of items and services triggered by a diagnosis, treatment, or condition for a designated length of time.
Fee Schedule	The payer-specific negotiated charge is based on a fee schedule. Examples of common fee schedules include Medicare, Medicaid, commercial payer, and workers compensation.
Percent of Total Billed Charge	The payer-specific negotiated charge is based on a percentage of the total billed charges for an item or service. This percentage may vary depending on certain pre-determined criteria being met.
Per diem	The per day charge for providing hospital items and services.
Other	If the standard charge methodology used to establish a payer-specific negotiated charge cannot be described by one of the types of standard charge methodology above, select 'Other' and encode a detailed explanation of the contracting arrangement in additional notes.

MACHINE READABLE FILES

Creating Context for Hospital Standard Charges

What standard charge information am I required to include?

In order to ensure inclusion of a dollar amount in the hospital machine-readable files and to make hospital prices more transparent, CMS is issuing the following guidance:

- As required in the CY 2024 OPPS/ASC final rule, hospitals must encode a standard charge dollar amount in the machine-readable file (MRF) if it can be calculated, including the amount negotiated for the item or service, the base rate negotiated for a service package, and a dollar amount if the standard charge is based on a percentage of a known fee schedule.
- Hospitals should discontinue encoding 999999999 (nine 9s) in the estimated allowed amount data element within the MRF and should instead encode an actual dollar amount.

MACHINE READABLE FILES

Creating Context for Hospital Standard Charges

Estimated Allowed Amount: How is it defined and when do I need to encode data?

- At 45 CFR § 180.20 we defined “estimated allowed amount” as the average dollar amount that the hospital has historically received from a third-party payer for an item or service.
- This algorithm or percentage is based on the contract the hospital has with a particular payer for a particular plan, and the estimated allowed amount would be the average reimbursement in dollars that it has received from the payer in the past.
- Hospitals are required to encode a dollar value for the “estimated allowed amount” data element, when a payer-specific negotiated charge can only be expressed as an algorithm or percentage. This includes:
 - hybrid scenarios where the standard charge dollar is a base rate and there is an algorithm that accounts for additional individualized charges;
 - where the standard charge is a percent that cannot be calculated as a dollar figure; and
 - where the standard charge is an algorithm



QUICK TIPS

Check that the estimated allowed amount is calculated at the plan level.

MACHINE READABLE FILES

Creating Context for Hospital Standard Charges

How do I calculate the Estimated Allowed Amount?

- CMS is not prescriptive as to the source of the data.
- We believe hospitals should retain flexibility, in the interest of reducing burden, to determine the best data source for calculating the estimated allowed amount.

Potential Data Source

One source hospitals may consider using is 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.

MACHINE READABLE FILES

Creating Context for Hospital Standard Charges

Drug Type 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.
- The following valid values for Drug Type of Measurement are based on two sets of industry standards; National Drug Code and National Council for Prescription Drug Programs:

<i>Standard Name</i>	<i>Valid Value</i>
Grams	GR
Milligrams	ME
Milliliters	ML
Unit	UN
International Unit	F2
Each	EA
Gram	GM

MACHINE READABLE FILES

Creating Context for Hospital Standard Charges

Modifiers

- Include any modifier(s) that may change the standard charge that corresponds to a hospital item or service, including a description of the modifier and how it changes the standard charge.
- CMS allows hospitals flexibility in their approach, and has provided an example of one approach on the HPT Data Dictionary GitHub Repository:

description	modifiers	setting	standard_charge Platform_Health PPO negotiated_percentage	additional_payer_notes Platform_Health PPO
Bilateral procedure	50	both	150	150% payment adjustment for the item or service to which the modifier is appended
Co-surgeon	62	both	62.5	62.5% of the amount for the item or service to which this modifier is appended for each co-surgeon
Bilateral procedure with co-surgeon	50 62	both	93.75	93.75% of the amount for the item or service to which this combination of modifiers is appended for each co-surgeon

[CLICK FOR RESOURCE](#)

[CMS Price Transparency File Samples: Wide, Tall, .JSON](#)

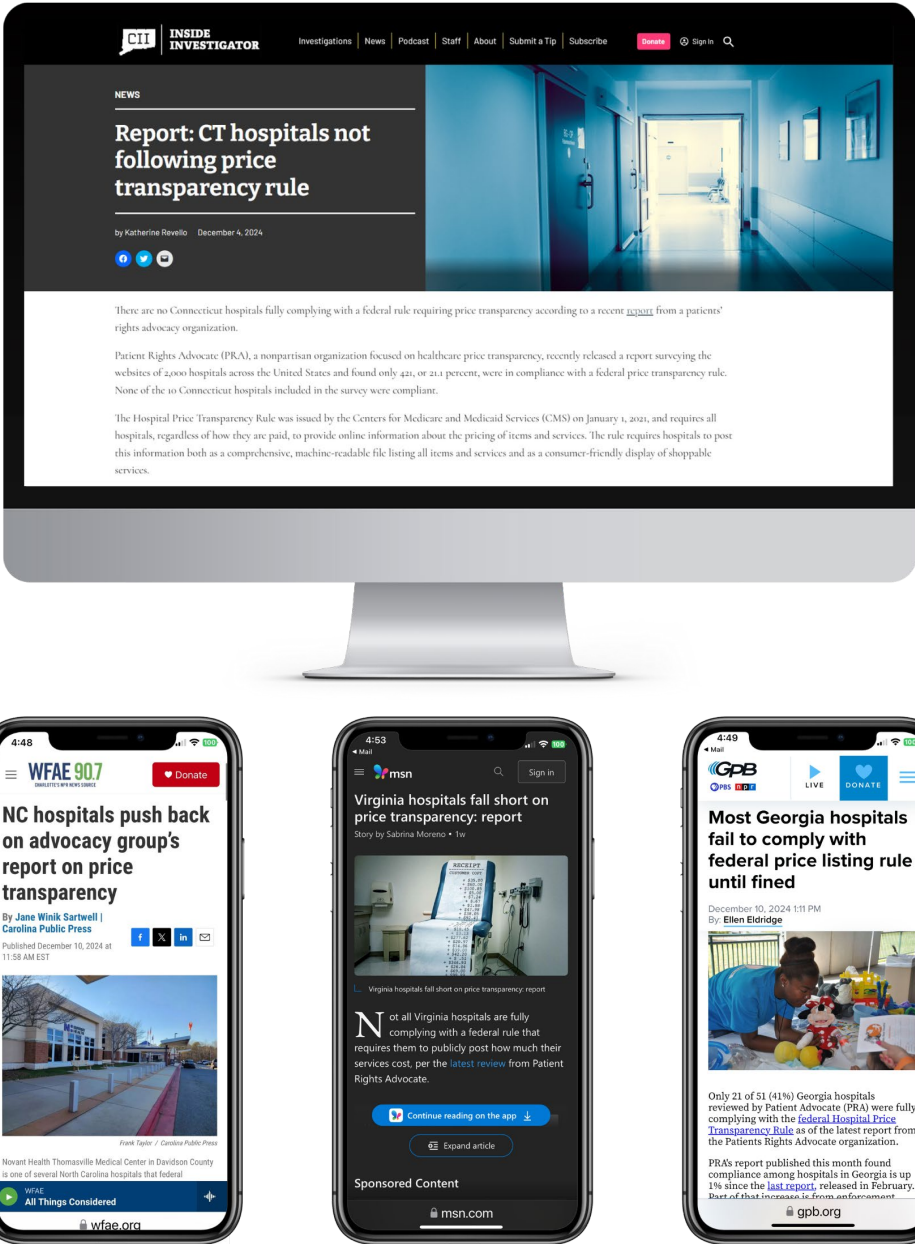
Price Transparency Compliance Assessment of Hospitals

BRAIN BREAK QUESTION

Which musician(s) have advocated for price transparency?

- A. Foo Fighters**
- B. Jelly Roll**
- C. Lainey Wilson**
- D. Fat Joe**

Price Transparency Back in the News



HOSPITAL COMPLIANCE

PatientRightsAdvocate.org

PRA's 7th Semi-Annual Hospital Price Transparency Report



**PATIENT RIGHTS
ADVOCATE.ORG**

- **National Review of 2000 Hospital MRFs**
- **Report posted in July-Aug '24**
- **Only 21.1% (421 hospitals) were fully compliant**

Example (New York) Assessment of 96 Hospital

- 8 were compliant with no noted issues
- 37 did not pass the CMS Validator Format Check
- 16 did not include all payers and plans
- 40 did not have the correct File Naming Convention
- 16 did not have the correct Min / Max Data
- Format Summary
 - 51 CSV
 - 32 Zip
 - 11 JSON
 - 2 xlsx

EXPLANATION OF NON-COMPLIANCE

PatientRightsAdvocate.org

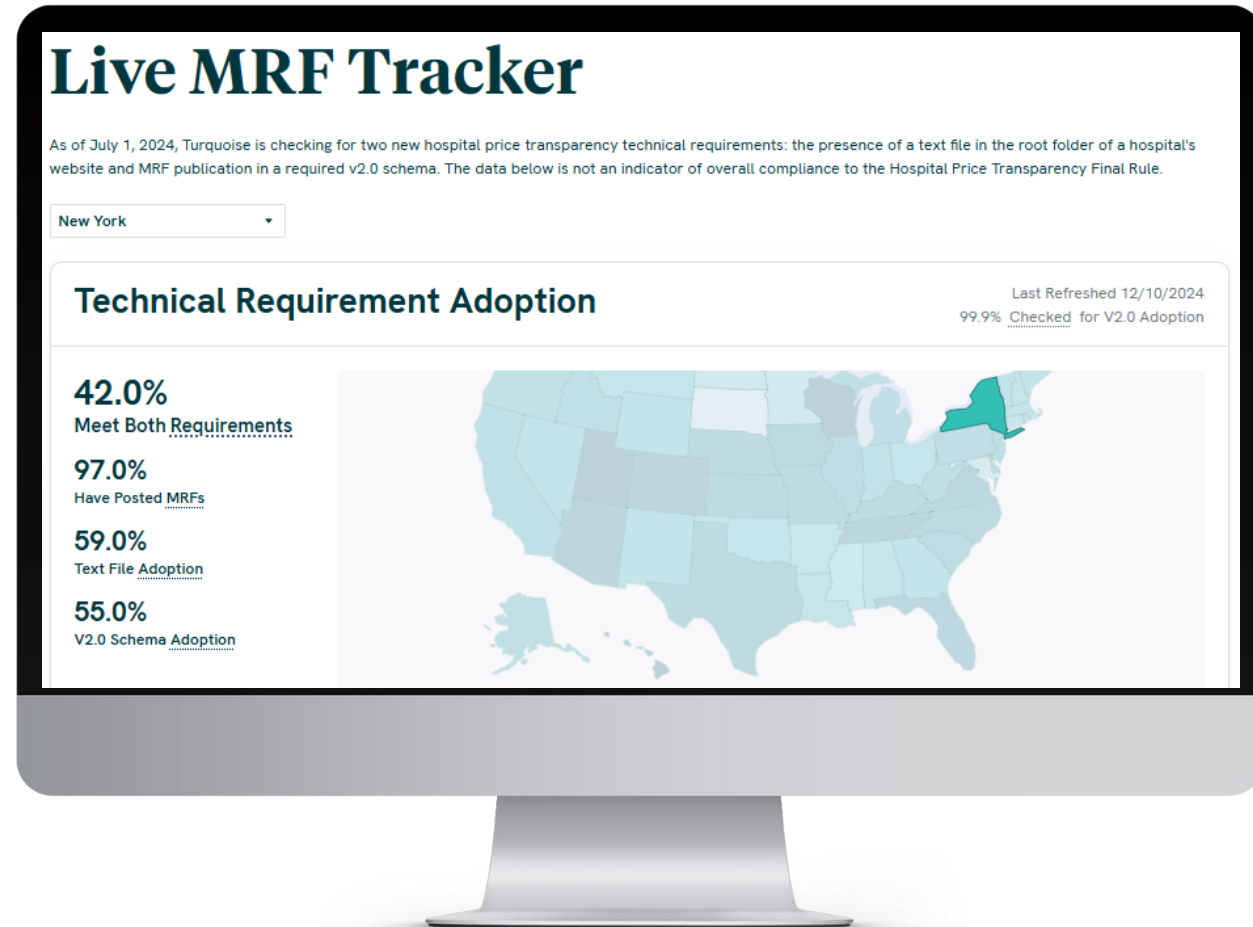
Sample Explanation:

- MRF does not conform to the required form and manner requirements.
- MRF filename does not conform to naming convention.
- Price Estimator Tool fails to provide cash prices.
- Public website hosting the Machine-Readable File does not include or includes a non-conforming .txt file in the root folder.

Hospital Name	City	State	Compliance	Pricing Data Sufficiency Rating	CMS Validator Tool	Header Information	Item and Service Description	Codes (common payment identifiers)	All Payers and Plans	Min and Max Negotiated	Negotiated Charge Methodology	Percent Entry Format	MRF Filename Format	300 Shoppable / Price Estimator Tool (PE)	TXT File and Content	Price Transparency Link	Link to Original Hospital File	Link to Converted Hospital File	Explanation	Download Date
1157 Valley Hospital Medical Center	Las Vegas	NV	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	MRF fails to identify payer and plan names for all negotiated charges.	8/1/24
			Noncompliant	N	N	-	-	-	-	-	-	Y	Y	-	Y	Y			MRF does not conform to the required form and manner requirements.	07/1/2024
			Compliant	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		7/4/24
			Noncompliant	N	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y		MRF fails to fully and accurately disclose deidentified minimum and maximum negotiated charges. MRF fails to encode percents per form and manner requirements.	7/19/24
			Noncompliant	N	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y	Y		MRF fails to include all payer and plan names. MRF fails to encode percents per form and manner requirements. MRF filename does not conform to naming convention.	7/8/24
			Noncompliant	N	Y	N	Y	Y	N	Y	Y	Y	N	Y	Y	Y	Y		MRF header information is incomplete, inaccurate or missing. MRF fails to include all payer and plan names. MRF filename does not conform to naming convention.	7/8/24
			Noncompliant	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		MRF header information is incomplete, inaccurate or missing.	7/20/24
			Noncompliant	N	Y	Y	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y		MRF fails to include all payer and plan names. MRF fails to identify payer and plan names for all negotiated charges. MRF fails to fully and accurately disclose deidentified minimum and maximum negotiated charges.	7/8/24
			Noncompliant	N	Y	Y	Y	Y	N	Y	Y	N	Y	Y	-	Y	Y		MRF fails to include all payer and plan names. MRF fails to encode percents per form and manner requirements.	7/11/24
			Noncompliant	N	N	-	-	-	-	-	-	N	Y	N	N	Y			MRF does not conform to the required form and manner requirements. MRF filename does not conform to naming convention. Price Estimator Tool fails to provide cash prices. Public website hosting the Machine-Readable File does not include or includes a nonconforming .txt file in the root folder.	7/16/24

HOSPITAL COMPLIANCE

Turquoise Health



MRF Transparency Scorecard

New and improved scores are on the way

Price transparency in healthcare is evolving so we're adjusting how we score transparency. Check back soon!

CMS Price Transparency Enforcement

PRICE TRANSPARENCY REGULATIONS

Enforcement and Fines – To Date

Increased Notices from CMS but No Increase in Issuing Fines

Fines Overview

- Up to \$2M based on hospital size
- 2022: Two Fines
- 2023: Twelve Fines
- 2024: One Fine
- Range from \$56k - \$979k

Common Steps

- Written Communication of Issue (Warning Notice & Request of Corrective Action Plan)
- Follow up Review by CMS (~3-4 months later) to Assess Hospital's Response
- If Necessary, Impose a Civil Monetary Penalty (CMP)
- Ability for Hospital to Request Hearing (30-day window for online request)

PRICE TRANSPARENCY REGULATIONS

Enforcement and Fines – To Date

Common Reasons for Compliance Letters

- Failure to include all corresponding data elements (section 45CFR – 180.50(b))
- Failure to update the standard charge information annually (section 45CFR – 180.50(b))
- Failure to provide an adequate description for each item and service (section 45CFR – 180.50(b)(1))
- Failure to follow the naming convention specifically: <ein>_<hospital-name>_standardcharges.[json|csv] (section 45CFR – 180.50(d)(5))
- Failure to provide the txt file in the root folder: (section 45CFR – 180.50(d)(6i))
- Failure to list all payer specific negotiated rates (section 45CFR – 180.50(b)(3))
- Failure to list all de-identified minimum negotiated charges (section 45CFR – 180.50(b)(4))
- Failure to list all de-identified maximum negotiated charges (section 45CFR – 180.50(b)(5))
- Failure to include all codes used by the hospital for purposes of accounting or billing for the item or service, including but not limited to CPT, HCPCS, DRG, NDC or other common payer identifiers (section 45CFR – 180.50(b)(7))

ENFORCEMENT ACTIONS

Marketplace Research

Warning Notices, CAP Requests, Met Requirements, & Monetary Penalties

CMS.gov Centers for Medicare & Medicaid Services

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Enforcement Actions

Below is a list of civil monetary penalty (CMP) notices issued by CMS.

Date Action Taken	Hospital Name	Effective Date
2022-06-07 (PDF)	Northside Hospital Atlanta	2021-09-02
2022-06-07 (PDF)	Northside Hospital Cherokee	2021-09-09
2023-04-19 (PDF)	Frisbie Memorial Hospital	2022-10-24

Data.CMS.gov Centers for Medicare & Medicaid Services

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Hospital Price Transparency Enforcement Activities and Outcomes

Displaying 1 - 10 of 4,732 rows Rows per page: 10

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CMS Case Identification...	Hospital Name	Hospital Address	Hospital City	State/Territory	Action taken by CMS...	Date of Action
2743	Sidney Regional H...	1000 Pole Creek C...	Sidney	NE	Warning Notice	2024-09-30
2740	Tennova Healthca...	110 Hospital Drive	Jefferson City	TN	Warning Notice	2024-09-30
2725	Marshall County H...	615 Old Symsonia ...	Benton	KY	CAP Request	2024-09-30
2723	Northwest Hills S...	6818 Austin Cent...	Austin	TX	Warning Notice	2024-09-30
2705	Kenmore Mercy H...	2950 Elmwood Ave	Kenmore	NY	Warning Notice	2024-09-30

ENFORCEMENT ACTIONS

Sample Communication Letters

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mailstop: C5-15-12 Baltimore, Maryland 21244-1850 Center for Medicare January 22, 2025 RE: Hospital Price Transparency Warning Notice Dear , The Centers for Medicare & Medicaid Services (CMS) issues this warning notice because it has determined that meets the definition of a hospital specified at 45 CFR §180.20 and is noncompliant with the price transparency requirements for hospitals to make standard charges public. We determined via a review of http://www., completed on January 22, 2025, that your hospital is noncompliant with requirements under 45 CFR part 180 (https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-E/part-180). Comprehensive Machine-Readable File Requirements Each hospital must make public a machine-readable file containing a list of all standard charges for all items and services as provided in § 180.50. (45 CFR §180.40(a)) Violations CMS has determined, after review of the publicly available website referenced above that is in violation of the requirements to make public its list of standard charges as specified at 45 CFR §180.50. Your hospital's violations include: 1. Failure to conform the machine-readable file to the CMS template layout, data specifications, and data dictionary for purposes of making public the standard charge information, as required at 45 CFR 180.50(c)(2). Confidential or Privileged: This communication contains information intended for the use of the individual(s) to whom it is addressed and may contain information that is privileged, confidential, or exempt from other disclosures under applicable law. If you are not the intended recipient, you are notified that any disclosure, printing, copying, distribution, or use of the contents is prohibited.	Actions Your Hospital Must Take Your hospital must take action to correct the deficiency or deficiencies identified by CMS within 90 calendar days of the date of this notice. Failure to comply with the hospital price transparency requirements may result in further compliance actions as specified in 45 CFR part 180 subpart C. Additionally, CMS requires your hospital acknowledge receipt of the warning notice by emailing the Hospital Price Transparency inbox at HPTCompliance@cms.hhs.gov within 5 business days of the date of this notice, as required by 45 CFR 180.70(b)(1). Please include your hospital's CEO/President name, title, e-mail, and phone number. If your CEO/President will not be the official representative communicating with CMS regarding this matter, please also include in the email the designee's name, title, e-mail, and phone number. It is incumbent upon the hospital to be in full compliance with all requirements of 45 CFR 180, including updates to the regulation made in the Hospital Price Transparency CY 2024 Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule, https://www.federalregister.gov/documents/2023/11/22/2023-24293/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment. Nothing in this notice indicates a determination of compliance with respect to any other requirements not explicitly addressed in this notice. Additional Resources CMS finalized new Hospital Price Transparency requirements in the CY 2024 Hospital OPSS and ASC Payment System Final Rule (88 FR 81540). For additional information, please review this Fact Sheet at https://www.cms.gov/newsroom/fact-sheets/hospital-price-transparency-fact-sheet and the information on our website at https://www.cms.gov/priorities/key-initiatives/hospital-price-transparency including the following resources: Hospital Price Transparency – Data Dictionary GitHub repository at https://github.com/CMSgov/hospital-price-transparency On this repository you can: • Access the CMS templates and data dictionary with technical instructions for encoding required standard charge information. • Get technical support. Hospital Price Transparency Tools GitHub at https://cmsgov.github.io/hpt-tool/ On this repository you can: • Use a validator to test machine readable files against the required CMS template layouts and data specifications 45 CFR 180.50(c)(2). • Access requirements and technical specifications for the TXT file, as well as an example TXT file. • Use the TXT file generator tool to create the required TXT file 45 CFR 180.50(d)(6). Confidential or Privileged: This communication contains information intended for the use of the individual(s) to whom it is addressed and may contain information that is privileged, confidential, or exempt from other disclosures under applicable law. If you are not the intended recipient, you are notified that any disclosure, printing, copying, distribution, or use of the contents is prohibited.	• Use the MRF file naming tool to create a compliant naming convention for your MRF 45 CFR 180.50(d)(5). FAQs (https://www.cms.gov/files/document/hospital-price-transparency-frequently-asked-questions.pdf) TXT file FAQs (https://www.cms.gov/files/document/hospital-price-transparency-txt-file-frequently-asked-questions-faqs.pdf) Steps to a Machine-readable File (https://www.cms.gov/files/document/steps-machine-readable-file.pdf) 10 Steps to a Consumer-Friendly Display (https://www.cms.gov/files/document/steps-making-public-standard-charges-shoppable-services.pdf) If you have questions, please contact us at HPTCompliance@cms.hhs.gov. We appreciate your prompt attention to this matter. Confidential or Privileged: This communication contains information intended for the use of the individual(s) to whom it is addressed and may contain information that is privileged, confidential, or exempt from other disclosures under applicable law. If you are not the intended recipient, you are notified that any disclosure, printing, copying, distribution, or use of the contents is prohibited.	DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mailstop: C5-15-12 Baltimore, Maryland 21244-1850 Center for Medicare February 17, 2025 Reference Number: [REDACTED] Location: [REDACTED] RE: Hospital Price Transparency – Closure Notice Dear [REDACTED], The Centers for Medicare & Medicaid Services (CMS) completed a compliance review on February 14, 2025 and has determined that the deficiencies identified in the Warning Notice issued January 22, 2025 have been rectified. Please consider this a notification that this ends our compliance review referenced in the January 22, 2025 Warning Notice. CMS may continue to evaluate your hospital's compliance. It is incumbent upon [REDACTED] to remain in full compliance with all CMS Hospital Price Transparency requirements at 45 C.F.R. Part 180, including compliance with new regulations that may become effective or implemented after the date of this notice. If you have questions, please contact us at HPTCompliance@cms.hhs.gov. Confidential or Privileged: This communication contains information intended for the use of the individual(s) to whom it is addressed and may contain information that is privileged, confidential, or exempt from other disclosures under applicable law. If you are not the intended recipient, you are notified that any disclosure, printing, copying, distribution, or use of the contents is prohibited.
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ENFORCEMENT ACTIONS

Marketplace Research

Actions Taken

Data.CMS.gov reports 6,142 actions taken by CMS related to the price transparency mandate since April 2021.

Specific to North Carolina

- 157 actions taken by CMS related to the price transparency mandate since April 2021.
- 40 of these actions occurred in 2025 Q1/Q2

Specific to Texas

- 569 actions taken by CMS related to price transparency mandate since April 2021.
- 156 of those actions occurred in 2025 Q1/Q2

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[Data.CMS.gov PT Enforcement Activities](#)

What's Coming with Price Transparency EO 2.0



PRESIDENTIAL ACTIONS

MAKING AMERICA HEALTHY AGAIN BY EMPOWERING PATIENTS WITH CLEAR, ACCURATE, AND ACTIONABLE HEALTHCARE PRICING INFORMATION

EXECUTIVE ORDER

February 25, 2025

Sec. 3. Fulfilling the Promise of Radical Transparency. The Secretary of the Treasury, the Secretary of Labor, and the Secretary of Health and Human Services shall take all necessary and appropriate action to rapidly implement and enforce the healthcare price transparency regulations issued pursuant to Executive Order 13877, including, within 90 days of the date of this order, action to:

- (a) require the disclosure of the actual prices of items and services, not estimates;
- (b) issue updated guidance or proposed regulatory action ensuring pricing information is standardized and easily comparable across hospitals and health plans; and
- (c) issue guidance or proposed regulatory action updating enforcement policies designed to ensure compliance with the transparent reporting of complete, accurate, and meaningful data.

<https://www.whitehouse.gov/presidential-actions/2025/02/making-america-healthy-again-by-empowering-patients-with-clear-accurate-and-actionable-healthcare-pricing-information/>

What's New After Trump's Executive Order?

- ✓ New guidance on how to calculate the estimated allowed amount
- ✓ Discontinuation of utilizing 9 9's code for items and services with no historical data
- ✓ New requirements due May 22nd of 2025

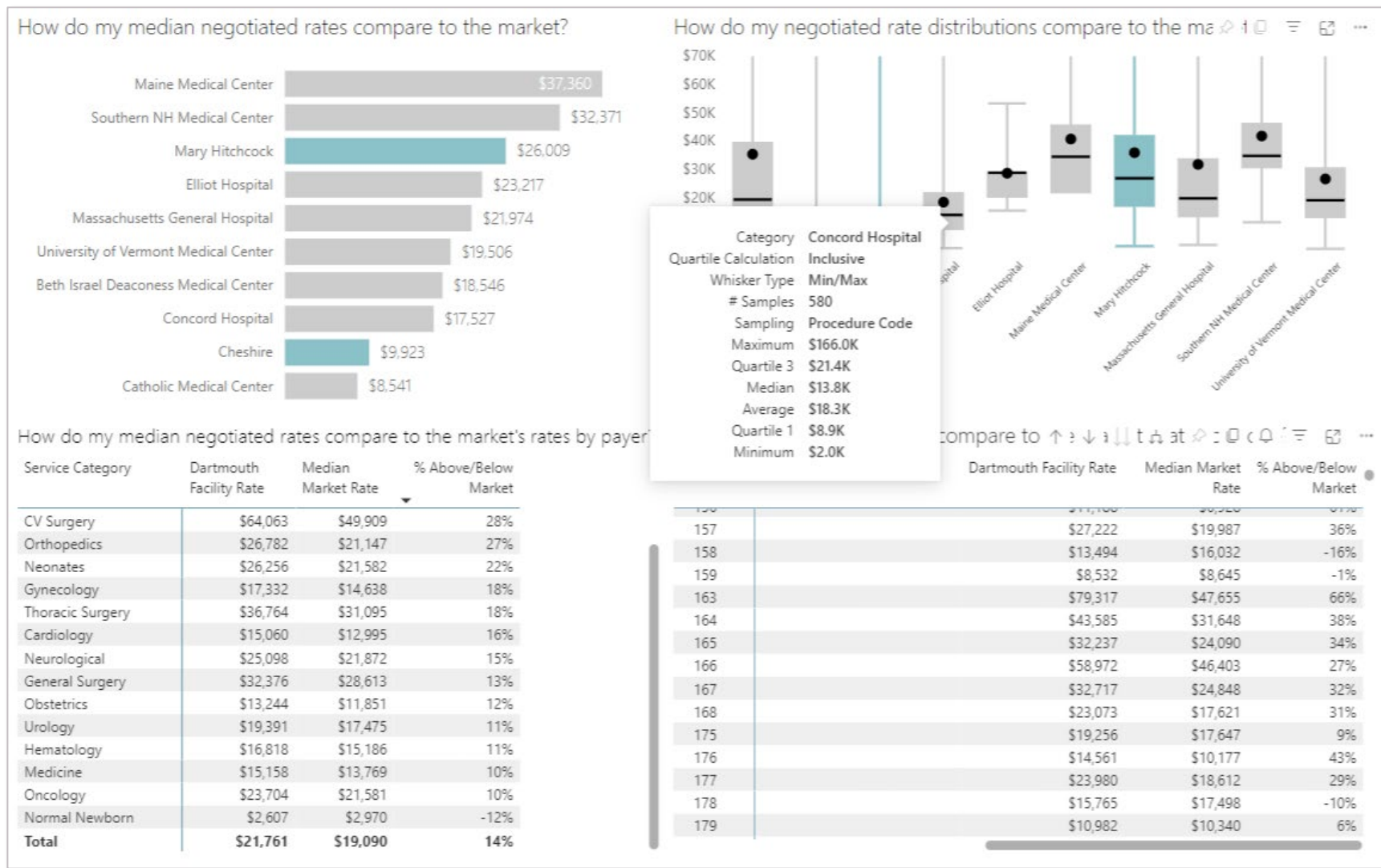
Leveraging the Data for Improved Insight

POLL QUESTION

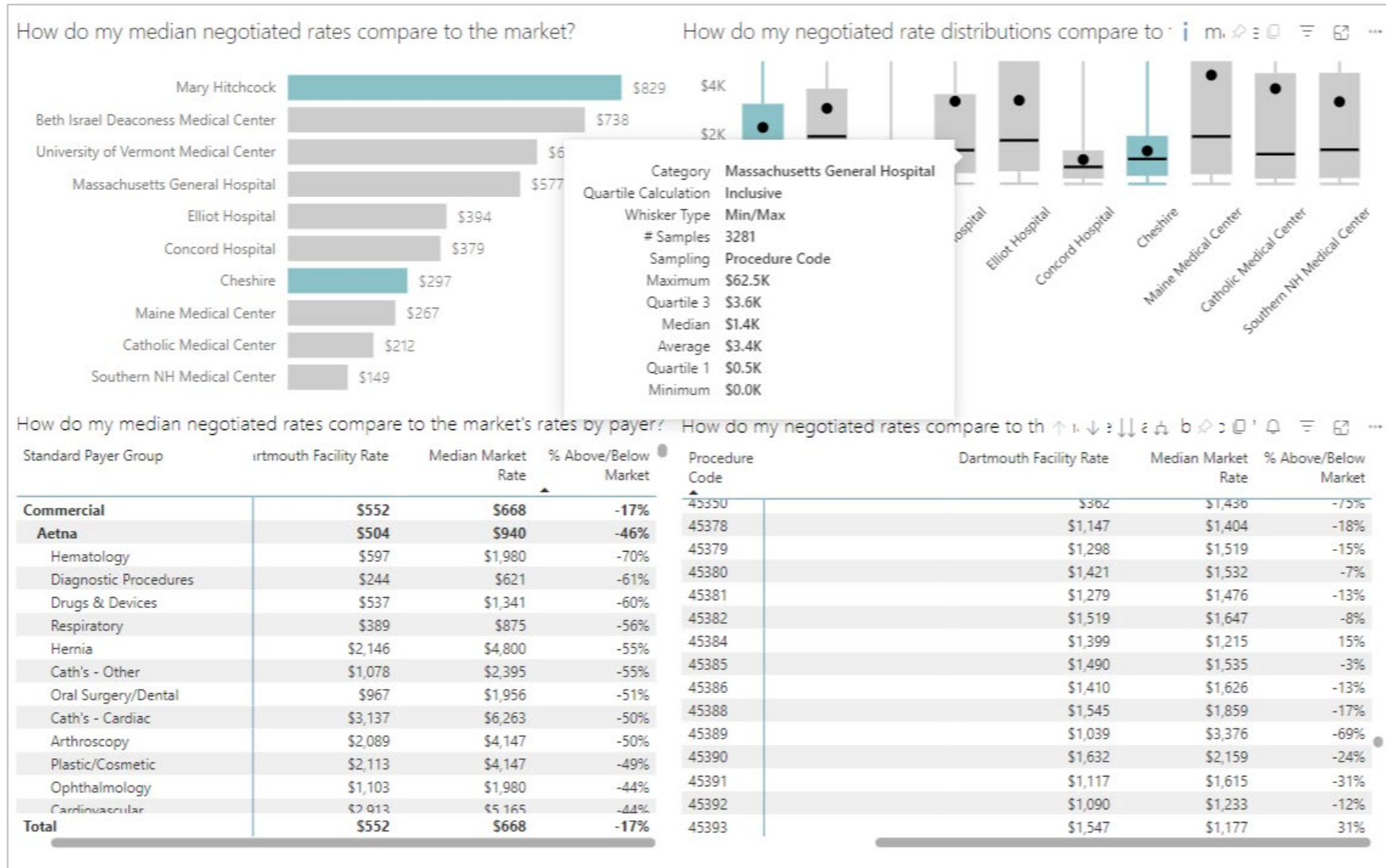
What's your healthcare organization's experience with leveraging the 'Payer Negotiated Rate' charge data?

- A. We have used the data in negotiations successfully**
- B. We have the data but haven't leveraged it in negotiations**
- C. We found the data to be difficult to work with**
- D. N/A – my organization isn't a hospital or unsure**

Inpatient Rate Comparison – Strategy Assessment



Outpatient Rate Comparison – Strategy Assessment



Inpatient Negotiated Rate – Tactical Assessment

Standard Payer Name

All

Payer Name

All

Code Type

All

Reimbursement Method

All

Procedure Code

871

How do my median negotiated rates compare to the market's rates?

Standard Payer Name	Catholic Medical Center	Cheshire	Concord Hospital	Mary Hitchcock	Massachusetts General Hospital	University of Vermont Medical Center	Total
Aetna			\$45,629	\$47,884	\$51,480		\$48,554
Aetna Medicare Advantage	\$12,682		\$14,061		\$16,488	\$12,807	\$13,434
AllWays Health Partners					\$29,820		\$29,820
Ambetter	\$14,619	\$14,426	\$16,440	\$15,269			\$14,944
Amerihealth			\$5,343				\$5,343
Anthem			\$14,061				\$14,061
Anthem/BCBS	\$22,265	\$14,571	\$39,505	\$29,126			\$26,211
BCBS					\$56,191	\$36,765	\$56,191
BMC HealthNet	\$5,625				\$15,625		\$10,230
CDHP Federal Government Employees						\$23,081	\$23,081
CDPHP						\$27,177	\$27,177
Centers of Excellence					\$60,498		\$60,498
Cigna		\$27,462	\$29,050	\$40,461	\$52,431	\$31,801	\$35,845
Commonwealth Care Alliance					\$38,899		\$38,899
Coventry						\$39,238	\$39,238
Empire BCBS						\$36,007	\$36,007
Excellus BCBS						\$22,158	\$22,158
Fallon Health					\$30,470		\$30,470
Fidelis						\$16,008	\$16,008
Harvard Pilgrim		\$14,432	\$30,003	\$32,660	\$30,267	\$20,312	\$30,267
Humana			\$14,061		\$74,210	\$12,141	\$14,061
Martins Point			\$14,061			\$12,141	\$13,101
Martins Point Medicare Advantage	\$12,626						\$12,626
Medicare	\$10,440		\$14,061				\$12,250
MVP				\$21,994		\$22,723	\$21,994
NH Healthy Families			\$5,343				\$5,343
NH MEDICAID	\$5,436						\$5,436
NHHF		\$5,675					\$5,675
PHCS					\$71,406		\$71,406
Pomco						\$35,545	\$35,545
Senior Whole Health					\$17,730		\$17,730
Total	\$12,617	\$14,426	\$16,333	\$32,506	\$26,145	\$21,235	\$23,081

Outpatient Negotiated Rate – Tactical Assessment

Standard Payer Name		How do my median negotiated rates compare to the market's rates?							
All		Standard Payer Name	Deaconess Medical Center	Catholic Medical Center	Cheshire	Concord Hospital	Mary Hitchcock	Massachusetts General Hospital	Southern NH Medical Center
Payer Name		Aetna	\$868	\$2,161	\$220	\$6,819	\$3,465	\$1,000	\$2,440
All		Aetna Medicare Advantage		\$245		\$158		\$281	
Code Type		Aetna Medicare Advantage			\$122				
All		AllWays Health Partners	\$619					\$559	
Reimbursement Method		Ambetter		\$280	\$249	\$1,367	\$256		\$314
All		Amerihealth				\$1,082			\$494
Procedure Code		Anthem				\$230			
74176		Anthem/BCBS		\$822	\$409	\$696	\$443		\$886
		BCBS	\$638	\$3,080				\$520	
		BMC HealthNet	\$421	\$480					
		CareGroup	\$474						
		CDHP Federal Government Employees							
		CDPHP							
		Centers of Excellence						\$1,143	
		Champus/Tricare	\$270						\$243
		Cigna	\$945	\$825	\$409	\$2,917	\$1,962	\$1,044	\$1,496
		Commonwealth Care Alliance	\$270					\$731	
		Conventry	\$270						
		Coventry							
		Empire BCBS							
		Excellus BCBS							
		Fallon Health	\$377					\$861	\$231
		Fidelis							
		Harvard Pilgrim	\$474	\$769	\$508	\$2,048	\$1,239	\$633	\$628
		Humana				\$230		\$1,402	\$244
		John Alden Health	\$926						
		Martins Point				\$230			
		Martins Point Medicare Advantage		\$242					\$242
		Medicare		\$3,263		\$230			
		Medicare Advantage	\$270						
		Total	\$474	\$824	\$417	\$276	\$593	\$793	\$462

Potential Lesser of Charge Opportunity

Procedure Code	Service Code	Gross Charge	De-identified max contracted rate	% Above/Below Max Negotiated
044	Inpatient	\$58,999	\$69,189	-17%
057	Inpatient	\$46,061	\$46,618	-1%
069	Inpatient	\$25,613	\$27,295	-7%
072	Inpatient	\$27,598	\$28,140	-2%
083	Inpatient	\$40,278	\$41,006	-2%
092	Inpatient	\$27,271	\$44,494	-63%
093	Inpatient	\$33,496	\$36,938	-10%
123	Inpatient	\$29,776	\$35,575	-19%
156	Inpatient	\$20,176	\$22,463	-11%
164	Inpatient	\$75,882	\$107,985	-42%
177	Inpatient	\$38,798	\$79,085	-104%
215	Inpatient	\$249,239	\$308,997	-24%
224	Inpatient	\$163,199	\$200,794	-23%
227	Inpatient	\$101,675	\$103,424	-2%
244	Inpatient	\$34,438	\$37,057	-8%
245	Inpatient	\$32,515	\$71,858	-121%
266	Inpatient	\$122,188	\$196,712	-61%
301	Inpatient	\$16,895	\$18,028	-7%
312	Inpatient	\$25,213	\$31,109	-23%
332	Inpatient	\$50,021	\$64,395	-29%
342	Inpatient	\$44,647	\$62,599	-40%
351	Inpatient	\$26,936	\$29,400	-9%
354	Inpatient	\$60,999	\$76,133	-25%

Procedure Code	Service Code	Gross Charge	De-identified max contracted rate	% Above/Below Max Negotiated
10006	Outpatient	\$1,325	\$2,131	-61%
10140	Outpatient	\$7,102	\$8,639	-22%
10180	Outpatient	\$10,530	\$11,966	-14%
11043	Outpatient	\$3,875	\$5,086	-31%
11046	Outpatient	\$2,293	\$2,575	-12%
11402	Outpatient	\$7,904	\$8,198	-4%
11640	Outpatient	\$4,877	\$4,933	-1%
11646	Outpatient	\$7,240	\$9,698	-34%
11770	Outpatient	\$11,501	\$15,914	-38%
12011	Outpatient	\$457	\$488	-7%
12013	Outpatient	\$433	\$669	-55%
12020	Outpatient	\$428	\$542	-27%
12031	Outpatient	\$2,179	\$4,891	-125%
12042	Outpatient	\$2,007	\$3,519	-75%
12051	Outpatient	\$2,131	\$3,197	-50%
12052	Outpatient	\$1,957	\$2,120	-8%
13121	Outpatient	\$3,566	\$3,580	-0%
13122	Outpatient	\$2,325	\$3,580	-54%
13132	Outpatient	\$4,287	\$7,957	-86%
13133	Outpatient	\$3,453	\$4,955	-43%
14040	Outpatient	\$9,646	\$9,886	-2%
14302	Outpatient	\$4,668	\$5,890	-26%
15260	Outpatient	\$8,405	\$9,755	-16%

Inpatient Opportunity Assessment

Procedure Code	Client Median Negotiated Charge	Competitor 1: Median Negotiated Charge	Competitor 2: Median Negotiated Charge	Competitor 3: Median Negotiated Charge	Market Median Negotiated Charge	Client Volume By Code	Market Median Revenue (Column F*G)	Client Projected Revenue (column B*G)	Opportunity (column H-I)
795	\$2,346	\$311	\$3,719	\$4,005	\$3,033	1,323	\$4,012,209	\$3,104,261	\$907,948
807	\$7,611	\$4,540	\$12,064	\$8,100	\$7,856	1,070	\$8,405,385	\$8,144,273	\$261,112
794	\$17,332	\$24,202	\$7,020	\$21,899	\$19,615	524	\$10,278,407	\$9,081,973	\$1,196,433
788	\$9,946	\$8,325	\$15,764	\$9,915	\$9,931	388	\$3,853,092	\$3,859,133	\$0
806	\$8,686	\$5,181	\$13,768	\$8,935	\$8,811	358	\$3,154,297	\$3,109,717	\$44,580
787	\$12,227	\$10,235	\$19,380	\$11,689	\$11,958	243	\$2,905,854	\$2,971,270	\$0
621	\$17,651	\$23,571	\$27,976	\$22,301	\$22,936	201	\$4,610,190	\$3,547,801	\$1,062,389
871	\$23,064	\$32,205	\$36,555	\$29,140	\$30,673	149	\$4,570,248	\$3,436,475	\$1,133,773
793	\$48,967	\$75,974	\$8,109	\$61,868	\$55,418	138	\$7,647,621	\$6,757,417	\$890,204
101	\$10,581	\$14,776	\$16,771	\$13,369	\$14,072	136	\$1,913,849	\$1,439,068	\$474,782
792	\$28,763	\$40,163	\$9,063	\$36,341	\$32,552	117	\$3,808,549	\$3,365,223	\$443,326
392	\$9,139	\$12,761	\$14,485	\$11,547	\$12,154	97	\$1,178,940	\$886,471	\$292,468
790	\$69,799	\$108,296		\$88,189	\$88,189	90	\$7,937,052	\$6,281,924	\$1,655,128
768	\$14,170	\$8,750	\$15,600	\$13,200	\$13,685	81	\$1,108,482	\$1,147,783	\$0
189	\$14,332	\$20,013	\$22,716	\$18,108	\$19,060	73	\$1,391,400	\$1,046,226	\$345,174
786	\$20,352	\$18,050	\$29,508	\$18,007	\$19,201	73	\$1,401,654	\$1,485,691	\$0
193	\$15,432	\$18,572	\$24,460	\$19,498	\$19,035	70	\$1,332,477	\$1,080,264	\$252,213
785	\$10,078	\$8,435	\$15,973	\$10,017	\$10,048	69	\$693,278	\$695,359	\$0
203	\$8,084	\$5,446	\$12,813	\$10,214	\$9,149	65	\$594,666	\$525,445	\$69,221
330	\$27,595	\$38,532	\$43,737	\$34,865	\$36,699	65	\$2,385,419	\$1,793,652	\$591,768
331	\$19,450	\$27,160	\$30,828	\$24,575	\$25,868	65	\$1,681,388	\$1,264,275	\$417,114
791	\$47,669	\$73,959	\$8,728	\$60,228	\$53,948	62	\$3,344,792	\$2,955,449	\$389,343
641	\$9,090	\$10,940	\$14,407	\$11,485	\$11,212	60	\$672,739	\$545,402	\$127,337
603	\$10,292	\$12,386	\$16,312	\$13,003	\$12,695	58	\$736,284	\$596,920	\$139,365

Inpatient Negotiation Approach

Procedure	Code	Client Median Negotiated Charge	Market Median Negotiated Charge	% Above/Below Median Rate	Client Actual Volume	Client 10% Increase Rate	Lesser of 10% Increase and Median Rate	Lesser of 10% Increase and Median Revenue (column E*G)	Client Revenue (column E*B)	Lesser of 10% Increase and Median Rate Opportunity (column H-I)
794		\$17,332	\$19,615	-12%	524	\$19,065	\$19,065	\$9,990,171	\$9,081,973	\$908,197
793		\$48,967	\$55,418	-12%	138	\$53,863	\$53,863	\$7,433,159	\$6,757,417	\$675,742
790		\$69,799	\$88,189	-21%	90	\$76,779	\$76,779	\$6,910,117	\$6,281,924	\$628,192
621		\$17,651	\$22,936	-23%	201	\$19,416	\$19,416	\$3,902,581	\$3,547,801	\$354,780
871		\$23,064	\$30,673	-25%	149	\$25,370	\$25,370	\$3,780,122	\$3,436,475	\$343,647
792		\$28,763	\$32,552	-12%	117	\$31,639	\$31,639	\$3,701,745	\$3,365,223	\$336,522
003		\$248,019	\$298,484	-17%	13	\$272,821	\$272,821	\$3,546,672	\$3,224,248	\$322,425
795		\$2,346	\$3,033	-23%	1,323	\$2,581	\$2,581	\$3,414,687	\$3,104,261	\$310,426
853		\$58,157	\$81,856	-29%	53	\$63,973	\$63,973	\$3,390,545	\$3,082,314	\$308,231
791		\$47,669	\$53,948	-12%	62	\$52,435	\$52,435	\$3,250,994	\$2,955,449	\$295,545
220		\$61,010	\$77,085	-21%	44	\$67,111	\$67,111	\$2,952,905	\$2,684,459	\$268,446
807		\$7,611	\$7,856	-3%	1,070	\$8,373	\$7,856	\$8,405,385	\$8,144,273	\$261,112
329		\$52,544	\$73,956	-29%	49	\$57,798	\$57,798	\$2,832,118	\$2,574,653	\$257,465
234		\$60,467	\$76,399	-21%	38	\$66,514	\$66,514	\$2,527,528	\$2,297,752	\$229,775
233		\$90,733	\$114,639	-21%	24	\$99,806	\$99,806	\$2,395,344	\$2,177,586	\$217,759
219		\$89,704	\$113,339	-21%	22	\$98,675	\$98,675	\$2,170,846	\$1,973,497	\$197,350
460		\$42,552	\$59,978	-29%	44	\$46,808	\$46,808	\$2,059,534	\$1,872,303	\$187,230
025		\$51,371	\$76,217	-33%	36	\$56,508	\$56,508	\$2,034,305	\$1,849,368	\$184,937
236		\$47,011	\$59,398	-21%	39	\$51,712	\$51,712	\$2,016,784	\$1,833,440	\$183,344
330		\$27,595	\$36,699	-25%	65	\$30,354	\$30,354	\$1,973,017	\$1,793,652	\$179,365
101		\$10,581	\$14,072	-25%	136	\$11,640	\$11,640	\$1,582,974	\$1,439,068	\$143,907
331		\$19,450	\$25,868	-25%	65	\$21,395	\$21,395	\$1,390,702	\$1,264,275	\$126,427
004		\$171,005	\$205,800	-17%	7	\$188,106	\$188,106	\$1,316,739	\$1,197,036	\$119,704

Questions?

THANK YOU!



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