Arkansas HFMA Revenue Cycle Seminar
**Hospital Price Transparency Update**

January 23, 2025

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1

## Agenda

1. Common Definitions
2. Background/ Timeline
3. Penalties
4. Audit Process
5. New for 2024/ 2025
6. Lessons Learned



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2

## Introductions – Forvis Team

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3

# 01
# Common Definitions

4

## Common Definitions

- **Price Transparency** – is a regulation where hospitals need to provide a file of their standard charges and their consumer-friendly charges that include plan reimbursable rates, so patients can estimate their financial responsibility.
- **Machine-Readable File (MRF)** includes reimbursement for packaged services and line level charges Packaged Services are services with all inclusive pricing
  - Line Level Charges are CDM charge lines that are individually priced
- **Shoppable Service File (SSF)** includes reimbursement for all expected charge lines for a select procedure. (Hospital versus Payor)
- **Estimator Tool** includes reimbursement for all expected charge lines for a select procedure (automated).



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5

## Common Definitions continue

- **Included Depts** – Departments that need to be included in the machine-readable file are the reimbursable department found on worksheet A of the cost report.
- **Payor vs Plan** – Regulations require hospitals to list ALL contract plans (regardless of duplicate reimbursement) in both the MRF and SSF
  - Payor is an organization that pays for healthcare services (Aetna, BCBS)
  - Plan is the individual plan under the organization (PPO, EPO, HMO)
- **Audits** – CMS completes their own audits that may incur a penalty. There are 3rd parties (Patient Rights Advocate and Turquoise Health) that complete their own audits to bring awareness of non-compliance to light. There are no penalties incurred from the 3rd parties
- **Penalties** – CMS may impose penalties if a hospital does not comply with the regulations



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## Common Definitions continue (new for 2025)

- **Algorithm** – alternative way to express reimbursement when standard reimbursement cannot (outliers)
- **Estimated Amount** – average dollar amount that a hospital received historically from a payor (pre patient responsibility/ denials)
- **Modifiers** – modifiers and descriptions of how they change the standard reimbursement
- **Pharmacy Unit of Measurement** – actual units given to a patient
- **Pharmacy Type of Measurement** – type of the units given to a patient



7

## Common Definitions continue

- **CMS GetHub**
  - Templates – CSV Wide/ Tall and JSON
  - Data Dictionary
  - Discussion Board
  - Examples
  - Timelines
- **Tool**
  - Online Validator: Cosmetic, 3 Sections (Header, General & Payor/ Plan)
  - MRF Naming Wizard
  - TXT File Generator



8

# 02
## Background/ Timeline

9

## Timeline

**2021**
- Hospital Regs eff date 1/1/21
  - ✓Executive order 2019
  - ✓Shop for lower prices
  - ✓Machine Readable File
  - ✓Shoppable File or On-line Estimator Tool

**2022**
- Hospital Regs Refreshed eff date 1/1/22
  - ✓New Penalty, bed based
  - ✓State forensic hospitals (penal custody)
  - ✓Automated searchable files
- Health Plans (Phase I)
  - ✓Eff date 7/1/22
  - ✓Machine-Readable File

**2023**
- Hospital Regs
  - ✓Penalty Enforcements
  - ✓Advocacy Audits
- Health Plans (Phase II) eff date 01/01/23
  - ✓Shoppable Service File – 500 services

**2024**
- Health Plans (Phase III) eff date 01/01/24
  - ✓Shoppable Service File – All services
- Hospital Regs – various eff date and enforcement dates
  - ✓*Standardized Format*
  - ✓*Attest on integrity of the files*
  - ✓*Website Link*

**2025**
- Template updates

10



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10

## Where are we now

- **Machine Readable files**
  - Template
  - 07.01.24 changes (new template, validator tool)
  - 01.01.25 changes (Estimated Amount, Pharmacy, Modifiers)
- **Shoppable Service Files OR Estimator Tool (Consumer Friendly File)**
- **Root Txt File (for searchability)**
- **Footer link – Must Say “Price Transparency"**




11

# 03
## Penalties

12

# Penalty Scale

| Bed Size | Per Day | Maximum per Day | Maximum per Year |
|---|---|---|---|
| 30 or fewer | $300 per day | $300 | **$109,500** |
| 31 or greater | $10 for each bed | $5,500 | **$2,007,500** |

**Examples:**

| Bed # | Days | Per Day | Max Per Day | Methodology Applied | Total Penalty |
|---|---|---|---|---|---|
| 29 | 175 | $300 | $300 | **$300 * 175 days** | **$52,500** |
| 676 | 60 | $6,760 | $5,500 | $10*676 = $6,760 (exceeds the max)<br><br>**Default to max $5,500 * 60 days** | **$330,000** |
| 521 | 365 | $5,210 | $5,500 | **$10*521 = $5,210**<br><br>**$5,210 * 365 days** | **$1,901,650** |

**CMS Enforcement Breakdown 01.2021 – 09.2024 :**

| # of Audits | Met Requirements | % Of Success | Warning Notices | CAP Request | CMP Notice |
|---|---|---|---|---|---|
| 2,229 | 735 | 32.9% | 1,494 | 952 | 15 |

Hospital Price Transparency Enforcement Activities and Outcomes | CMS Data

13



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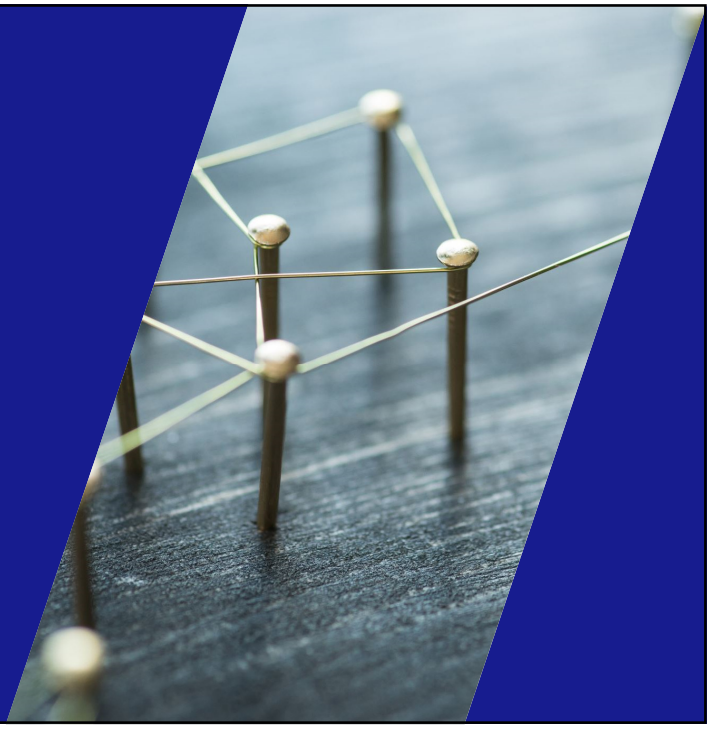
13

# 04
# Audit Process



14

# Audit Process

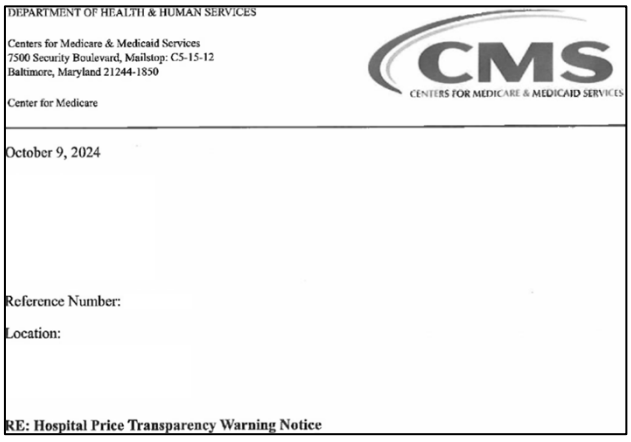
- **CMS Audit Process**
  - Test the TXT Root Folder
  - Test the Footer Link
  - Test the MRF with the Validator Tool
  - Test the MRF, open and do visual review (Plans, Modifiers, Est Amt)
  - Test the SSF, visual review (Plans, 300 procedures Listed, Details, No PHI/PII)

- **Non-Compliance Letter**
  - CAP (Corrective Action Plan) with in 45 days of letter
  - Compliant within 90 days of letter




15

# CMS Non-Compliance Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mailstop: C5-15-12
Baltimore, Maryland 21244-1850

Center for Medicare

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

October 9, 2024

Reference Number:

Location:

**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 October 3, 2024, 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:

**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.




16

# CMS Non-Compliance Letter - continues

1. Failure to make public a machine-readable file containing a list of all standard charges for all items and services as required at 45 CFR §180.40(a). Specifically, items and services as defined at 45 CFR §180.20 such as room and board were not found in the online machine-readable file. If your hospital does not provide one or more of these types of items and services, please respond with an explanation.
2. Failure to include all corresponding data elements in the list of standard charges, as applicable, as provided in 45 CFR §180.50(b). Specifically, not all payer specific negotiated rates were posted in the online machine-readable file as required at 45 CFR §180.50(b)(3). If your hospital does not have established payer specific negotiated rates for certain items and services, please respond with an explanation.
3. Failure to include all corresponding data elements in the list of standard charges, as applicable, as provided in 45 CFR §180.50(b). Specifically, not all de-identified minimum negotiated charges were posted in the online machine-readable file as required at 45 CFR §180.50(b)(4). If your hospital does not have established de-identified minimum negotiated charges for certain items and services, please respond with an explanation.
4. Failure to include all corresponding data elements in the list of standard charges, as applicable, as provided in 45 CFR §180.50(b). Specifically, not all de-identified maximum negotiated charges were posted in the online machine-readable file as required at 45 CFR §180.50(b)(5). If your hospital does not have established de-identified maximum negotiated charges for certain items and services, please respond with an explanation.
5. Failure to include all corresponding data elements in the list of standard charges, as applicable, as provided in 45 CFR §180.50(b). Specifically, the file did not contain all codes used by the hospital for purposes of accounting or billing for the item or service, including, but not limited to the Current Procedural Terminology (CPT) code, the Healthcare Common Procedure Coding System (HCPCS) code, the Diagnosis Related Group (DRG), the National Drug Code (NDC), or other common payer identifiers as required at 45 CFR §180.50(b)(7). If your hospital does not have established codes for certain items or services, please respond with an explanation.

17



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17

# New Violations

Failure to comply with 45 CFR §180.50(b)(2)(i)(A) requiring that the hospital name, license number, and location name(s) and address(es) under the single hospital license to which the list of standard charges applies be encoded in the machine readable file.

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).

Failure to ensure that the public website the hospital selected to host its machine-readable file establishes and maintains a link in the footer on its website that is labeled "Price Transparency" and links directly to the publicly available web page that hosts the link to the machine-readable file as required by 45 CFR 180.50(d)(6)(ii)

Failure to ensure that the public website the hospital selected to host its machine-readable file establishes and maintains, in the form and manner specified by CMS a .txt file in the root folder as required by 45 CFR 180.50(d)(6)(i).

18



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18

# Patient Rights Advocate Report

- Completed semi-annually, latest was in November 2024
  - Selected 2,000 hospitals to audit with only 21.1% achieving full compliance (34.5% in February 2024)
  - Checklist looks at:
    - Complete Standard Charge File, Codes (any),
    - Gross Charges, Discount Cash Price
    - Negotiated Min & Max,
    - All Payors (all Plans) **AND**
    - 300 Shoppable services **OR** Price Estimator Tool (including Price Estimator Tool (PET) Cash Price)




19

# Patient Advocacy Report – Arkansas (Nov 2024)

25 Hospitals audited in Arkansas (3 Compliant, 22 Not Compliant)

| Location | City | State | Compliance |
|---|---|---|---|
| Baptist Health Medical Center - Little Rock | Little Rock | AR | Noncompliant |
| Baptist Health Medical Center - North Little Rock | Little Rock | AR | Noncompliant |
| Baptist Memorial Hospital-Crittenden | West Memphis | AR | Noncompliant |
| CHI St Vincent Hospital Hot Springs | Hot Springs | AR | Noncompliant |
| CHI St. Vincent Infirmary Health System | Little Rock | AR | Noncompliant |
| CHI St. Vincent Medical Center - North | Sherwood | AR | Noncompliant |
| CHI St. Vincent Morrilton | Morrilton | AR | Noncompliant |
| Mercy Hospital Berryville | Berryville | AR | Noncompliant |
| Mercy Hospital Booneville | Booneville | AR | Noncompliant |
| Mercy Hospital Fort Smith | Fort Smith | AR | Noncompliant |
| Mercy Hospital Northwest Arkansas | Rogers | AR | Noncompliant |
| Mercy Hospital Ozark | Ozark | AR | Noncompliant |
| Mercy Hospital Paris | Paris | AR | Noncompliant |
| Mercy Hospital Waldron | Waldron | AR | Noncompliant |
| National Park Medical Center | Hot Springs | AR | Compliant |
| NEA Baptist Memorial Health | Jonesboro | AR | Noncompliant |
| Northwest Health Physicians' Specialty Hospital | Fayetteville | AR | Noncompliant |
| Northwest Medical Center | Springdale | AR | Compliant |
| Northwest Medical Center - Bentonville | Bentonville | AR | Noncompliant |
| Northwest Medical Center - Willow Creek Women's Hospital | Johnson | AR | Noncompliant |
| Saline Memorial Hospital | Benton | AR | Noncompliant |
| Siloam Springs Regional Hospital | Siloam Springs | AR | Noncompliant |
| St. Mary's Regional Medical Center | Russellville | AR | Compliant |
| UAMS Medical Center | Little Rock | AR | Noncompliant |
| Washington Regional Medical Center | Fayetteville | AR | Noncompliant |

Seventh Semi-Annual Hospital Price Transparency Report — PatientRightsAdvocate.org




20

# Patient Advocacy Report – Arkansas Breakdown[1] (Nov 2024)

| Requirements Tested | Compliant | Not Compliant | No Response | % in Compliance |
|---|---|---|---|---|
| Data Sufficiency Rating | 0 | 25 | 0 | 0% |
| CMS Validator Tool | 9 | 16 | 0 | 36% |
| Header Information[2] | 7 | 2 | 16 | 26% |
| Item and Service Desc. | 9 | 0 | 16 | 36% |
| Codes | 9 | 0 | 16 | 36% |
| All Payer & Plans | 4 | 5 | 16 | 16% |
| Payer & Plan Names | 9 | 0 | 16 | 36% |
| Min/ Max Nego. Chgs | 9 | 0 | 16 | 36% |
| Methodology | 9 | 0 | 16 | 36% |
| Percent Entry Format | 9 | 0 | 16 | 36% |
| MRF Naming Format | 23 | 2 | 0 | 92% |
| Consumer Friendly File | 25 | 0 | 0 | 100% |
| Cash Price | 22 | 3 | 0 | 88% |
| TXT File; Root Folder | 24 | 1 | 0 | 96% |
| Footer Link | 25 | 0 | 0 | 100% |
| | | | | |
| Full Compliance | 3 | 22 | | 12% |

[1]See Appendix A for descriptions of the requirements tested
[2]If the Header fails, most of the other elements cannot be tested

Seventh Semi-Annual Hospital Price Transparency Report — PatientRightsAdvocate.org





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21

# Turquoise Health

- Can execute searches by procedures and providers to determine cost for services
- Provides a live MRF Tracker to show how All States can compare to an individual state
- Scores providers' Machine-Readable Files and offers recommendations. Currently, Turquoise Health is making updates to their system and scores are not available.

Hospital Price Transparency Research Datasets | Turquoise Health





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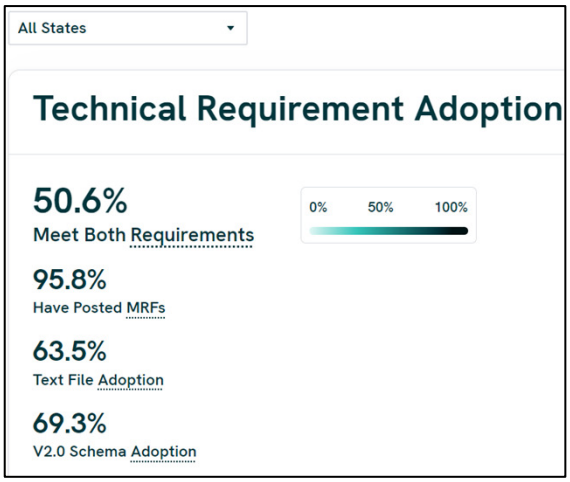
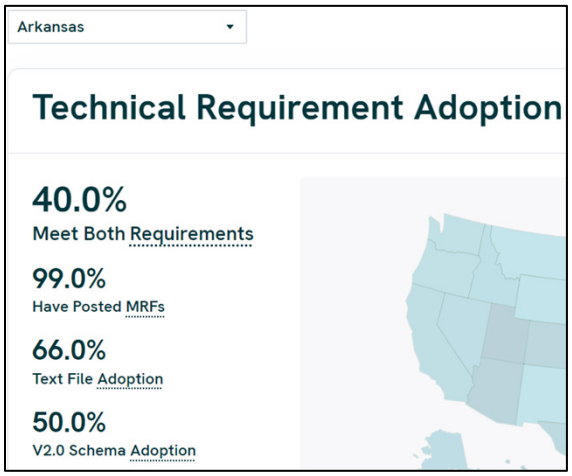
22

# Turquoise Health – Live MRF Tracker (as of Jan 2025)

- Ability to select all States one at a time




Hospital Price Transparency Research Datasets | Turquoise Health

23



23

# 05
## New for 2024/ 2025

24

## New for 2024

- Template
  - 6 required columns for each Payer|Plan (Negotiated Dollars, Percentage, Algorithm, Estimated Allowed Amount, Methodology and Payer Specific Notes)
  - Setting (Inpatient, Outpatient, Both)
  - Template Version
  - Hospital Location and Address
  - Hospital License Information (State)
  - Affirmation Statement




25

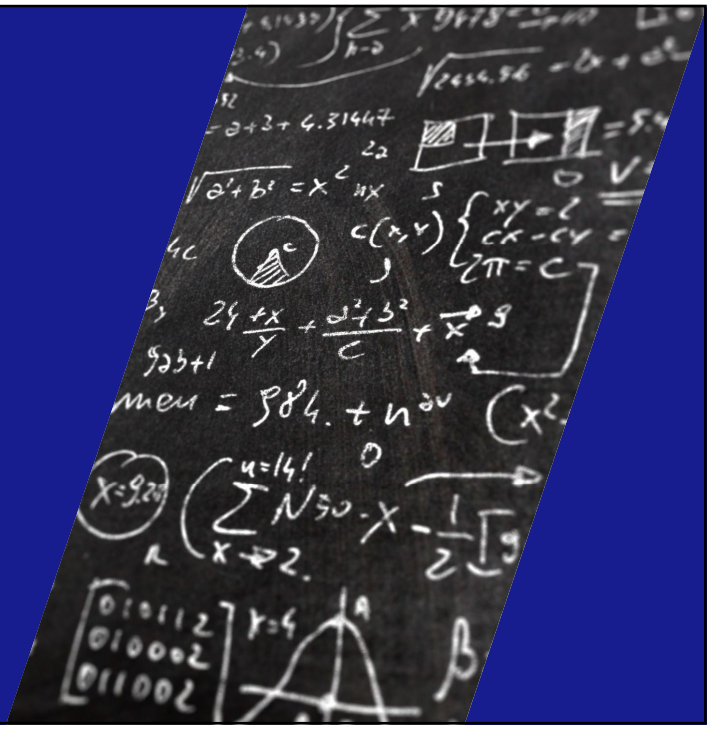
## New for 2025

- Template
  - Estimated Amount
  - Pharmacy Unit of Measure – Actual Amount Given
  - Pharmacy Type of Measure
  - Modifiers




26

# 06
## Lessons Learned



27

## Lessons Learned

- Hospital Naming and Location – Per CMS, can leverage the AHD, QCOR or the State Licensing Website
- How to test the Root File requirement – add cms-hpt.txt after the website
- What is an algorithm?
- How do you complete the Estimated Amount?
- What is required for a modifier?
- What the Pharmacy requirement is asking for?
- Validator Tool Common Errors

28



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28

# Hospital Name and Location

- AHD.com is an approved CMS resource to provide the Hospital Name, Location Name and Address

**Identification and Characteristics**

Last updated 10/17/2024. Definitions

| | |
|---|---|
| Name and Address | **Arkansas Children's Hospital**<br>1 Children's Way<br>Little Rock, AR 72202 |
| Telephone number | (501) 263-2180 |
| Hospital Website | www.archildrens.org/locations/... |
| CMS Certification Number | 043300 |
| Operating Status | Operating |
| Type of Facility | Childrens |
| Sole Community Hospital (SCH) | N |
| Rural Referral Center | Y |
| Low Volume Hospital | N |
| Medicare Dependent Hospital | N |
| Participates in 340B | Y |

**Identification and Characteristics**

Last updated 12/26/2024. Definitions

| | |
|---|---|
| Name and Address | **University of Arkansas for Medical Sciences (UAMS) Medical Center**<br>4301 West Markham Street<br>Little Rock, AR 72205 |
| Telephone number | (501) 686-7000 |
| Hospital Website | uamshealth.com/ |
| CMS Certification Number | 040016 |
| Operating Status | Operating |
| Type of Facility | Short Term Acute Care |
| Sole Community Hospital (SCH) | N |
| Rural Referral Center | N |
| Low Volume Hospital | N |
| Medicare Dependent Hospital | N |
| Participates in 340B | Y |




29

# Root File

- CMS created a tool to build out the TXT for the Root Folder
  - Website team will need to post file
  - If you have multiple MRF on the website, you will need to have a TXT file for each one

| Hospital Location Name |
|---|
| Hospital Location Name |
| Source Page URL |
| Source page URL |
| Machine-Readable File URL |
| MRF URL |
| POC Name |
| POC Name |
| Contact Email |
| Contact Email |

| Required Information | Attribute: Value | Instruction |
|---|---|---|
| Hospital Location Name | location-name: [hospital location name] | Indicate the hospital location name that corresponds to the standard charge information contained in the MRF. |
| Source page URL | source-page-url: [URL] | Indicates the source page URL is the URL of the public webpage you have selected to host the MRF (i.e., the webpage from which the MRF can be directly downloaded). |
| Machine-readable file URL | mrf-url: [URL] | Indicate the URL of the MRF. |

| Required Information | Attribute: Value | Instruction |
|---|---|---|
| POC Name | contact-name: [name] | Indicate the name of a point of contact (POC) that is capable of answering technical questions about your hospital's MRF and the data contained in it. |
| Contact email | contact-email: [email] | Indicate the email address of the POC you have designated to answer technical questions about your hospital's MRF and the data contained in it. |

```
location-name: University of Arkansas for Medical Sciences
source-page-url: https://uamshealth.com/patients-and-guests/patient-support/billing/price-transparency/
mrf-url: https://uamshealth.com/patients-and-guests/wp-content/uploads/sites/6/2022/01/716046242_university-of-arkansas-for-medical-sciences_standardcharges.csv
contact-name: Terri Meier
contact-email: TMeier@uams.edu
```




30

# Algorithm

- Per the Federal Register "a hospital would only be required to calculate an estimated allowed amount, in dollars, when the hospital has established a payer-specific negotiated charge that can only be expressed as a percentage or an **algorithm**"

- Per the Federal Register an algorithm example is:
  - **Standard** – "reimbursement for defined service packages (for example, hip replacement or colonoscopy) that are based on differential percentages of total billed (gross) charges (for example, 50 percent of total billed charges for hip replacement and 75 percent of total billed charges for colonoscopy)"
    example: multiple procedure discounting

  - **Hybrid** – "a situation in which the hospital has established both a standard charge in dollars and there are additional variables that would modify the negotiated rate for a particular item or service. For example, a hospital may have established a payer-specific negotiated charge under the MS-DRG methodology where an adjusted base rate in dollars has been established for each DRG code, but the adjusted base rate may be further modified due to certain variable factors (such as outlier cases or transfers)"

  - Rule of thumb would be if there is an outlier that can individualize reimbursement, it is considered an algorithm. Outliers can be (but not limited to): *Stop Losses, Case Rates with Per Diems, High/ Low Trim, Short Stay, Transfers, Multiple Procedure Discounts, Implant/ Drug Carve-Outs, Lessor Than Language.*




31

# Estimated Amount

- Required to be completed for Percentage of Billed Charges and Algorithms

- CMS Best Practice is to leverage the 835 files

- Short Falls
  - Not all Payers use 835 files
  - Plans are not listed within 835 files
  - No standard to use all the fields (Payer/ Plan names, DRG, APC, etc.)
  - 835 files can combine line-item reimbursement into one line
  - 835 files will combine similar rows (Revenue Codes)
  - Significant variances due to outliers
  - Pharmacy Multipliers

- Alternatives
  - EMR Report, will not work if EMR does not post 835s by line level




32

# Modifier

- Per the Federal Register “the hospital would be required to separately encode the modifiers and indicate what effect the modifier would have on the standard charge established by the hospital when used in combination with a procedure or service”
  - The term “standard charge” has caused some confusion because there are several elements in the file labeled “standard charge” (gross, discount, negotiated dollar, percent, algorithm, methodology)
  - Per CMS examples and various webinars, the “standard charge” refers to the negotiated dollar. Language would be completed, individually, for each Payer|Plan
  - Only needs to be completed for payment changing modifiers
  - Payor Manuals and Internet Searches can help identify




33

# Pharmacy

- Drug Unit of Measurement – Physical amount given
  - Per the Federal Register “a hospital establishes a gross charge of $2 for an item or service it describes as `aspirin 81mg chewable tablet—each,' the hospital would be required to input data for each of the required separate data elements, which would look something like this in the MRF, based on the current technical specifications in the data dictionary that accompanies the currently available sample templates: gross charge: 2; description: aspirin 81mg chewable tablet; unit of measurement: 1; type of measurement: UN”
- Drug Type of Measurement Examples[1]
  - Gram(s)/ Milligram – Ointment, cream, inhaler, bulk powder
  - Milliliter – Liquid, solution or suspension
  - Unit – Powder for Injection, pellet, kit, patch, tablet, device
  - F2 – International Units
  - EA – Tablet, ointment, cream, inhaler, device
- Validator Tool Errors
  - Unit/ Type of Measurement without an NDC
  - NDC without Unit/ Type of Measurement
  - Only one Unit or Type of Measurement
  - Invalid Type of Measurement (GR, ME, ML, UN, F2, EA, GM)

[1]suggestions are not per CMS policy but rather compiled from various payer manuals. Should validate accuracy with MACs.




34

## Validator Tool Common Errors

- No N/A or 0 in the file anywhere
- Dollar or Accounting values within the file (best practice is to convert all fields to General)
- Header Errors
  - Validator Tool will not review the file if there is an error in the header
  - Header includes the (MRF/ Hospital Information, Exact Format on all headers, 6 columns for all payors)
- Valid Values not accurate, Missing Values (Codes, Setting, Methodology)
- Correlating Fields
  - Percent of Billed Charges when Methodology is not Percent of Billed Charges
  - Standard Dollar with no Methodology

35



35

# Q&A



36

# Thank you!

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Hospital Price Transparency Subject Matter Expert
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37

# Appendix

38

# Appendix A: Patient Rights Advocate – Test Requirement Descriptions

| Requirements Tested | Description |
|---|---|
| Data Sufficiency Rating | To assessed the completeness of pricing data posted. To be considered "sufficient," the hospital has (1) passed the CMS Validator Tool, and (2) posted the payer-specific negotiated charge that applies to each item or service, for at least 50 percent of the items and services identified. |
| CMS Validator Tool | Did the file pass the CMS Validator Tool? If no, the remaining criteria in this section was not assessed and was marked "-". |
| Header Information | Did the file list the complete hospital name and address, and format the "cms_template_version" appropriately? |
| Item and Service Desc. | Did the hospital post appropriate descriptions of items and services for at least 60 percent of the items and services listed? |
| Codes | Did the hospital post codes using common payer identifiers (CPT, HCPCS, DRG, NDC), following the appropriate standard formats? |
| All Payer & Plans | Did the hospital post prices for at least two BUCAH (Blue Cross/Shield, United, Cigna, Aetna, Humana) commercial plans and list the payer and plan names separately? |
| Payer & Plan Names | Did the hospital post prices for at least two BUCAH (Blue Cross/Shield, United, Cigna, Aetna, Humana) commercial plans and list the payer and plan names separately? |
| Min/ Max Nego. Chgs | Did the hospital accurately identify the minimum and maximum negotiated charges? |
| Methodology | Did the hospital post the methodology for encoded negotiated charges? |
| Percent Entry Format | Did the hospital post negotiated charge percents in the correct format for at least 60% of encoded charge percentages? |




39

# Appendix A: Patient Rights Advocate – Test Requirement Descriptions

| Requirements Tested | Description |
|---|---|
| MRF Naming Format | Did the file conform to the file name convention, according to 45 CFR 180.50(d)(5)? |
| Consumer Friendly File | Did the hospital post either a price list for 300 shoppable services or a Price Estimator Tool (PET) without barriers to access? |
| Cash Price | Did the hospital's price estimator tool provide a cash price? |
| TXT File; Root Folder | Did the hospital post a txt file on its website with the correct hospital name, working direct links to the standard charges file website listing and file, and the name and email address of a hospital contact? |
| Footer Link | Did the hospital post a link to its price transparency page on its website? |




40

# References

41

## References


GitHub - CMSgov/hospital-price-transparency

PRICE TRANSPARENCY — PatientRightsAdvocate.org

Hospital Price Transparency Research Datasets | Turquoise Health

Federal Register – MRF

45 CFR 180.50

Hospital Price Transparency Enforcement Activities and Outcomes | CMS Data






42