



Meeting: CY 2023 Hospital Outpatient PPS Policy Changes and Payment Rates and Ambulatory Surgical Center Payment System Policy Changes and Payment Rates (CMS-1772) Office of Management and Budget Meeting

Date: July 11, 2022, 2:00 PM ET

Attendees: Cynthia A. Fisher, Founder and Chairman, PatientRightsAdvocate.org
Marilyn Bartlett, CEO, MJ Bartlett LLC
Neil Mayle, CEO, Visible Charges, LLC
Jodi Daniel, Partner, Crowell & Moring

Summary of Recommendations:

1. Eliminate the price estimator tool loophole and require actual, binding prices.
2. Specify and implement technical data standards for hospital standard charges files (see page 2).
3. Require hospitals to submit their price files directly to the Centers for Medicare and Medicaid Services (CMS) in a standardized format on at least a monthly basis, including the hospital's CMS Certification Number (CCN).
4. Require hospitals to also upload to CMS the URL for the price file on its website by each CCN.
5. Require hospitals to post a directory of all payers and plans accepted.
6. Require hospitals to proactively provide upfront prices to patients.
7. Require hospitals to attest to the completeness and accuracy of the data and to its compliance with the price transparency requirements.
8. Require robust enforcement by issuing the maximum penalties to noncompliant hospitals, and publish a list of hospitals receiving warnings and penalties.
9. Launch a public awareness campaign to notify patients of their rights.

Recommended Pricing Data Standards

1. Require that the machine-readable pricing files be disclosed in ONE (1) Standard File Format, e.g. JSON, in addition to a human-readable price file disclosed in ONE (1) Standard File Format, e.g. CSV.
2. Require disclosure of the full payer and plan name and provide hospitals with a uniform, nationally applicable set of abbreviations for the most common payers and plans.
3. Mandate that plan specific rates be disclosed in the machine-readable file and updated in real time.
4. Define a standard schema for machine-readable file disclosures, including all names and data types.
5. Require that all pricing data also be provided for free via application programming interfaces (APIs).
6. Provide a safe harbor or require that the use of CPT or DRG codes be made available without royalty, copyright, or other fees for the purpose of price transparency including by any downstream software.
7. Require that explicit billing codes, such as CPTs or DRGs, be identified for each procedure, and require separate files or tabs for each billing code type, including CPT, DRG, HCPCS and NDC.
8. Require that the pricing file can be found with just a single click from the hospital's homepage.
9. Require all hospitals to post a machine-readable file with actual prices (discounted cash prices and insurance-negotiated rates) for the 300 shoppable services, whether or not they have a price estimator tool.
10. Implement a standard for representing where there is no data for a particular field, or provide a legend to help users understand the meaning of a dash or "N/A," or another symbol or acronym that we have observed on these pricing files.
11. Require all descriptions, codes, and standard charge information to be separated by rows, and items and services to be separated by columns.
12. Require all hospitals to post a list of insurers, payers, and specific plans accepted, so patients will know in advance whether the hospital is in-network.