

Date: October 17, 2022, 3:00 PM ET

Attendees: Cynthia A. Fisher, Founder and Chairman, PatientRightsAdvocate.org
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Meeting: CY 2023 Hospital Outpatient PPS (OPPS) Policy Changes and Payment Rates and
Ambulatory Surgical Center Payment System Policy Changes and Payment Rates
Office of Management and Budget (OMB) Meeting

Summary of Recommendations: The Proposed OPPS Rule solicited feedback regarding how the Centers for Medicare and Medicaid Services (CMS) can drive competition in healthcare, requesting information on “how data that CMS collects could be used to promote competition across the health care system or protect the public from the harmful effects of consolidation within healthcare.”¹

The most important actions CMS can take to increase competition in healthcare and ultimately lower costs are to strengthen and enforce the Hospital Price Transparency Rule.² Once upfront prices are made available systemwide in healthcare, technology companies can make the data meaningful, consumers can begin to choose lower cost, higher quality options, and hospitals will have to compete in a functional, competitive marketplace. Price discovery will usher in transparency in quality and outcomes data as well. Consumer-driven healthcare, informed with competitive prices and choices, will compel consumers to demand to know quality differences, outcomes results. They will have access to affordable care when they need it and will have recourse from being overcharged or erroneously or fraudulently billed.

To that end, we recommend that OMB and CMS strengthen the hospital price transparency requirements in the following crucial ways:

- **Increase Enforcement of the Hospital Price Transparency Rule and Remove the Penalty Cap.** Given the continued vast noncompliance of the majority of hospitals,³ stronger, more timely enforcement is needed to enable consumers to realize the benefits of healthcare price transparency.
- **Collect, Use, and Share Standardized, Transparent Pricing Data.** We recommend that CMS collect, store, and publish hospitals’ pricing data, and require uniform pricing data standards to enable both CMS to timely enforce the rule and technology companies to access and aggregate the data.
- **Require Attestation from Hospital Management that Pricing Data is Complete and Accurate.** Attestation will ensure consistency, accuracy, and completeness of hospital price disclosures.
- **Align Policy and Enforcement Between Hospital Price Transparency and Transparency in Coverage.** We recommend that CMS use its role as a regulator of both hospitals and coverage to align policy between these two important transparency frameworks, including by using hospitals’ and payers’ submissions to confirm the accuracy of data and inform enforcement efforts.
- **Eliminate the Price Estimator Tool Loophole.** We recommend that CMS eliminate the price estimator tool in favor of actual, upfront prices that are binding, to hold hospitals accountable and protect patients from being overcharged.
- **Publicize Consumers’ Right to Upfront Healthcare Prices.** We suggest that CMS educate healthcare consumers that they have a right to receive upfront prices in advance of receiving care.

Our detailed recommendations along with pricing file screenshots can be found on the subsequent pages. We have also submitted our most recent [Semi-Annual Hospital Price Transparency Compliance Report](#) which found that only 16% of hospitals are complying with the rule, and our [Transparency in Coverage Report](#) which found that many prices that were omitted from hospital pricing files could be found in the corresponding insurance pricing files.

Detailed Recommendations: Below, we set forth several recommendations for CMS to use data to drive better outcomes under the Hospital Price Transparency rules, strengthen those rules, and engage in a public awareness campaign to ensure that patients understand their rights to transparent prices.

I. Increase Enforcement of the Hospital Price Transparency Rule and Remove the Penalty Cap

Full compliance with the Rule is critical to ensuring that consumers can benefit from competition in healthcare. Although the Hospital Price Transparency rule has been in place for more than 20 months, our most recent review found that 84% of the 2,000 hospitals reviewed are still not complying with the rule.⁴ Instead, many hospitals are creating barriers to access, obfuscating their data, publishing incomplete price lists, and posting blank fields, N/A's, or formulas instead of real prices. While many hospitals claim that prices do not exist for the particular items or services for which they posted N/A's or blanks, our cross-reference with Transparency in Coverage (TiC) pricing files found actual prices in the TiC file when the corresponding hospital file had a blank or N/A for that item or service.⁵ *See the separately submitted Semi-Annual Hospital Price Transparency Compliance Report and Transparency in Coverage Report for further details.*

Despite this vast, continued flouting of the law, CMS has only issued civil monetary penalties to two hospitals⁶ of the likely thousands that are noncompliant. We encourage CMS to prioritize enforcement of Hospital Price Transparency requirements, particularly requirements to disclose standard charges under 45 C.F.R. § 180.50. The limited enforcement of this rule that CMS *has* undertaken so far has demonstrated that enforcement leads to compliance and is critical to achieve transparency goals: In our latest review of hospital compliance, we found that the two hospitals for which CMS issued monetary penalties subsequently became compliant with the law—in fact, their compliance became exemplary, even among those hospitals that have consistently complied with price transparency requirements.⁷ Enhanced enforcement efforts will not only lead to compliance by those hospitals that are under investigation, but also will result in improved compliance across other hospitals.

We also recommend that CMS remove the current penalty cap of \$5,500 per day for a large hospital. Although this maximum may represent a meaningful risk to some hospitals, the largest hospital systems have not yet been incentivized to comply; none of HCA Healthcare's and Ascension's combined 271 hospitals are complying with the rule. Moreover, in response to CMS's request for comments, hospital consolidation minimizes the impact of these penalties. When hospitals merge and consolidate, they combine to make larger hospitals with more beds. Hospitals with beds in excess of 550 have their maximum penalty capped by the regulation. By increasing the numbers of beds per hospital, consolidation increases the number of hospitals that have potential penalties artificially limited by the cap. Thus, the penalty cap disproportionately favors larger, more-consolidated hospitals that refuse to comply with the Hospital Price Transparency rule and disadvantages patients of such hospitals by decreasing the likelihood they can access required price information.

II. Collect, Use, and Share Standardized Transparent Pricing Data.

Hospital price transparency is only effective if the pricing data provided by hospitals is accurate and accessible. We recommend that CMS require hospitals to submit the standard charges file directly to CMS, along with an attestation of its accuracy, and that CMS maintain and use that data, both as a tool to enable enforcement and to make available for consumers to ensure that they have access to the price information they need in a consistent and accessible manner.

A. Require Hospitals to Submit Standardized, Complete Pricing Data Directly to CMS

The Hospital Price Transparency Rule currently requires hospitals to publish, in a machine-readable format, a complete list of the hospital's standard charges for all items and services.⁸ This requirement is a crucial component of price transparency; it will empower consumers with the ability to compare prices for services at different facilities while also enabling technology innovators to create consumer-facing tools and platforms to facilitate consumers' understanding of hospital prices.

To ensure that data under the rule is both accurate and accessible, we recommend that CMS implement the following recommendations regarding the validity, submission, capture, and attestation of accuracy of hospital price data:

- Specify and implement uniform technical data standards for hospital standard charge files, as proposed in Appendix A.
- Require hospitals to submit pricing data, as required under 45 C.F.R. § 180.50, in a standardized format to CMS.
- Require hospitals to upload to CMS the URL for the price file on the hospital's website.
- Require hospitals to post a directory of payers and plans that have negotiated rates with the hospital.

Due to the lack of pricing data standards, even those hospitals that have made gestures or attempts at compliance have taken inconsistent approaches to providing the data, and in many cases, their files are unreadable, incomplete or inaccurate. For example, some hospital systems have posted the data on their website with a pop-up "disclaimer" notice that requires an acknowledgement. Using a pop-up in this way violates the regulatory requirement that standard charge data be "easily accessible, without barriers, including . . . to automated searches and direct file downloads through a link posted on a publicly available website."⁹ Other hospitals have failed to comply in different ways, such as by posting only one of the seven required data elements or using generic chargemaster prices instead of the required negotiated charges separated by payer and plan. See Appendix B for examples of compliant and noncompliant files.

Pricing data cannot be used if hospitals fail to publish this information or if the data cannot be accessed. As we have pointed out and CMS has acknowledged, hospitals have widely flouted CMS's price transparency rules, including the requirement to publish standard charges. Requiring *submission* of hospitals' standard charge data—rather than merely publication on the hospital's website—and making it available via CMS's website will meet two goals:

- Facilitate CMS's own enforcement efforts by making it obvious which hospitals have failed to publish the required file, and
- Facilitate public access to this information in a uniform, accessible format to provide patients with accurate, timely, and useful data for healthcare decisions.

This method of data submission is consistent with other CMS programs and can easily follow prior models. Specifically, hospitals already are required to submit quality data to CMS under the Hospital Inpatient Quality Reporting (IQR) Program, developed under the Medicare Prescription Drug, Improvement and Modernization Act of 2003. CMS has stated that the IQR Program is intended to equip consumers with quality of care information to make more informed decisions about healthcare options and provides this hospital quality information to consumers on the Care Compare website.

B. Maintain a Central Repository of Hospital Pricing Data

We also recommend that CMS maintain a central repository of such data. Collecting and maintaining this data in a uniform format as described above would enable CMS's enforcement and compliance efforts. It will also facilitate the gathering, analysis, and publication of hospital price information by third-party vendors. In many cases, even hospitals that post required pricing information have created technical hurdles or barriers to machine-readability of the data, limiting the ability of the data files to be scraped, and prohibiting access for entities that may create technological tools and interfaces to compare prices. Such tools could help consumers understand the average cost of items and services associated with care they may be considering, find accessible lower-cost alternative providers, or otherwise improve the flow of information in the marketplace. By making this information more accessible, CMS can improve competition in the consolidated hospital industry.

III. Require Attestation from Hospital Management that Pricing Data is Complete and Accurate.

To ensure that hospitals take their reporting obligations seriously, we encourage CMS to require hospitals' submissions of standard charge data to include an affirmative attestation from an official from the hospital. CMS routinely requires reporting entities to make attestations regarding compliance. For example, when a hospital participates in the Promoting Interoperability Program, CMS requires the submitting hospital to make a number of attestations regarding compliance, 42 C.F.R. § 495.40, through its electronic portal. Given hospitals' ongoing compliance failures ranging from reluctance to outright refusal, we suggest CMS impose a requirement that hospitals attest that the pricing data they posted on their website and submitted to CMS is accurate and complete. This attestation is critical to ensure that hospitals take seriously their obligation to submit accurate data, or face the consequences of lying to the government.

IV. Align Hospital Price Transparency with Transparency in Coverage

We recommend that CMS coordinate healthcare price transparency policymaking and enforcement efforts between the Center for Medicare and the Center for Consumer Information and Insurance Oversight ("CCIIO") to ensure consistency between price data disclosed under the Hospital Price Transparency rule and the Transparency in Coverage rule.¹⁰ CMS is uniquely positioned at the hub of healthcare price transparency regulation, as the agency responsible for enforcing and implementing hospital transparency requirements via the Center for Medicare as well as one of the agencies responsible for regulation of group health plan and health insurance issuer disclosures under the Transparency in Coverage rules.¹¹ We suggest that the Center for Medicare coordinate with CCIIO to ensure that hospitals' and payers' machine-readable files are aligned and are consistently available to users.

A. Leverage Data For Compliance and Enforcement

As noted above, comparisons between data disclosed by hospitals under the Hospital Price Transparency rules and data disclosed by payers under the Transparency in Coverage rule have revealed that many hospitals post "N/A" or blanks for fields that should contain an actual price. Collecting data and coordinating within the Centers of CMS will allow for internal analyses and comparisons. Coordination will also enable CMS to directly identify and target for investigation and enforcement any discrepancies that appear in the data.

B. Increase the Number of Shoppable Services to Align with TiC

In addition, CMS should follow through on its commitment to expand the list of shoppable services to more closely align with the Transparency in Coverage rules. In finalizing the Hospital Price Transparency rule, CMS stated that it "anticipated that [it] would increase this number over time" to exceed the initial figure of 300 shoppable services.¹² The Transparency in Coverage rule adopted a greater figure to provide for more

transparency: 500 items or services initially, to be subsequently increase to *all* items and services.¹³ Hospitals have had sufficient time to roll out disclosures of shoppable services. Therefore, we suggest that the number of services for which prices are disclosed not remain so limited, and instead be expanded, initially to 500 items and services and then to include all items and services.

V. Eliminate the Price Estimator Tool Loophole.

Since its publication, the Hospital Price Transparency Rule has allowed hospitals a loophole to avoid the burdens of compliance with consumer-friendly disclosures by making an online price estimator tool available to consumers in lieu of actual prices. The price estimator loophole must be closed.

Price estimator tools provide meaningless estimates accompanied by disclaimers for which hospitals are not accountable, instead of actual, upfront prices that provide meaningful information to allow consumers to shop and have financial certainty. These tools allow hospitals to feign transparency by producing inaccurate estimates or even price ranges that are non-binding and not guaranteed. Price estimates do not protect patients from the well-documented vast price deviations that continue to burden patients with exorbitant unexpected bills after care. Finally, price estimator tools often require consumers to input personal information, violating privacy and creating additional barriers to pricing. Price estimators are faux transparency.

Instead, we recommend actual, complete, itemized prices in easily shoppable tools, with prices by payer and plan easily downloadable to consumers and tech innovators alike, without the need to enter any personal information, jump through hoops, or face any barriers to access real prices. When consumers can see actual, upfront prices, they will not tolerate paying ten times more for the same service that could be received elsewhere, as they are often forced to do under the opaque status quo. Hospitals already know both their prices and the data about the various services that could potentially be included in a procedure. Therefore, we suggest they be required to disclose all upfront prices to patients prior to care, including the prices of any services potentially necessary, and be bound to deliver care at that price. There is no reason to allow hospitals, who have all of the information needed to fully inform an individual, to hide behind inaccurate estimates that are unfair and deceptive to patients.

Finally, we encourage CMS to hold hospitals accountable for these price disclosures by requiring them to absorb any under-estimated costs instead of holding patients financially responsible for the hospital's erroneous determination. By enabling access to their complete, upfront, binding price information, hospitals can empower patients with knowledge of competition and choices in healthcare, and financial certainty to know they will not be overcharged.

VI. Publicize Consumers' Right to Healthcare Prices.

Many Americans have become accustomed to a healthcare system defined and characterized by opacity, confusion, and surprise. Although new laws and regulations have made great strides toward a more transparent system, some patients will not ask for real-time price information if they have no expectation of receiving it. Consumers need to know that they have a right to access information about the prices of the health care items and services they schedule.

The Department of Health and Human Services (HHS) has the resources and infrastructure to inform patients about their rights. We urge HHS to use Medicare, direct communications with beneficiaries and patients, and Public Service Announcements (PSAs) to ensure that all Americans know they have a right to demand more and better information about the price of their care.

Appendix A

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, and to make it plainly apparent when a hospital is omitting payers or plans and their associated prices from its machine-readable file.

Compliant Files: *Prices clearly listed by billing code, by payer and plan and cash price*

ST FRANCIS HOSPITAL - Price Transparency																				
Site	Spec Cn	HQ/CFC/CA/CL	CDM - Spec Descr	Rev Cn	Quantity/Units	Hospital_Cdm_Cn	Minimum_Negotio	Maximum_Negotio	ACTNA HSBL	ACTNA HSBL	AMISH COMMUNITY	CD EXCHANGE	CD MEDICARE	BLUES CROSS BLUES	SHIELD OF ILINOIS	BLUES CROSS BLUE	SHIELD PA IL	BLUES CROSS BLUE	ILINOIS	SHIELD OF ILINOIS
ST FRANCIS HOSPITAL N/A	236		CARDIAC VASC ARND 120		1	\$65,517.50	\$98,356.31	\$80,625.38	\$123,921.63	\$63,071.76	\$164,994.36	\$48,428.30	\$38,031.71	\$58,820.20	\$36,031.76	\$58,820.20	\$36,031.76	\$58,820.20	\$58,820.20	\$58,820.20
ST FRANCIS HOSPITAL N/A	473		CERVICAL SPINAL 120		1	\$15,305.70	\$9,948.71	\$12,824.00	\$16,326.30	\$8,326.30	\$23,295.22	\$4,200.28	\$3,788.88	\$5,788.88	\$2,788.88	\$5,788.88	\$2,788.88	\$5,788.88	\$5,788.88	\$5,788.88
ST FRANCIS HOSPITAL N/A	473		MAJOR ILM 120		1	\$7,445.85	\$4,320.48	\$5,624.55	\$8,231.45	\$4,902.28	\$11,902.28	\$2,902.28	\$2,902.28	\$4,902.28	\$1,902.28	\$4,902.28	\$1,902.28	\$4,902.28	\$4,902.28	\$4,902.28
ST FRANCIS HOSPITAL N/A	460		SPINAL FUSION 120		1	\$60,341.47	\$12,401.47	\$12,405.55	\$125,694.57	\$26,308.35	\$148,408.35	\$4,942.83	\$7,206.35	\$5,680.32	\$7,206.35	\$5,680.32	\$7,206.35	\$5,680.32	\$5,680.32	\$5,680.32
ST FRANCIS HOSPITAL N/A	743		UTERINE AND ADM 120		1	\$6,828.61	\$4,438.60	\$11,912.31	\$10,750.05	\$3,714.76	\$14,932.28	\$1,912.31	\$2,289.82	\$4,902.28	\$1,902.28	\$4,902.28	\$1,902.28	\$4,902.28	\$4,902.28	\$4,902.28
ST FRANCIS HOSPITAL 1200001	N/A		HYDROXYTHI 120		1	\$772.28	\$133.22	\$133.22	\$646.27	\$333.22	\$1,451.67	\$133.22	\$133.22	\$1,451.67	\$133.22	\$1,451.67	\$133.22	\$1,451.67	\$1,451.67	\$1,451.67
ST FRANCIS HOSPITAL 1200002	N/A		HYDROXYTHI 120		1	\$239.85	\$139.23	\$139.23	\$369.00	\$200.74	\$2,451.14	\$139.23	\$139.23	\$1,899.44	\$245.14	\$1,899.44	\$245.14	\$1,899.44	\$1,899.44	\$1,899.44
ST FRANCIS HOSPITAL 1200006	N/A		CD DAILY HSICP 120		1	\$1,642.00	\$1,054.30	\$454.16	\$1,612.00	\$882.37	\$2,451.14	\$1,642.00	\$1,642.00	\$2,451.14	\$1,642.00	\$2,451.14	\$1,642.00	\$2,451.14	\$2,451.14	\$2,451.14
ST FRANCIS HOSPITAL 1200122	N/A		CD DAILY HSICP 120		1	\$1,188.00	\$1,054.30	\$454.16	\$1,612.00	\$882.37	\$2,451.14	\$1,188.00	\$1,188.00	\$2,451.14	\$1,188.00	\$2,451.14	\$1,188.00	\$2,451.14	\$2,451.14	\$2,451.14
ST FRANCIS HOSPITAL 1250001	N/A		CD DAILY HSICP 125		1	\$1,642.00	\$1,054.30	\$454.16	\$1,612.00	\$882.37	\$2,451.14	\$1,642.00	\$1,642.00	\$2,451.14	\$1,642.00	\$2,451.14	\$1,642.00	\$2,451.14	\$2,451.14	\$2,451.14
ST FRANCIS HOSPITAL 1700001	N/A		CD ADVANCED NJ 171		1	\$588.00	\$378.95	\$163.24	\$588.00	\$137.15	\$1,642.00	\$1,642.00	\$1,642.00	\$2,451.14	\$1,642.00	\$2,451.14	\$1,642.00	\$2,451.14	\$2,451.14	\$2,451.14
ST FRANCIS HOSPITAL 1700002	N/A		CD ADVANCED NJ 171		1	\$588.00	\$378.95	\$163.24	\$588.00	\$137.15	\$1,642.00	\$1,642.00	\$1,642.00	\$2,451.14	\$1,642.00	\$2,451.14	\$1,642.00	\$2,451.14	\$2,451.14	\$2,451.14
ST FRANCIS HOSPITAL 2100003	N/A		CD ADVANCED NJ 211		1	\$260.00	\$169.00	\$107.20	\$260.00	\$141.44	\$57.20	\$210.00	\$169.00	\$107.20	\$169.00	\$107.20	\$169.00	\$107.20	\$169.00	\$169.00
ST FRANCIS HOSPITAL 2600000	N/A		CD HYDRATION TH 260		1	\$260.00	\$169.00	\$107.20	\$260.00	\$141.44	\$57.20	\$210.00	\$169.00	\$107.20	\$169.00	\$107.20	\$169.00	\$107.20	\$169.00	\$169.00
ST FRANCIS HOSPITAL 2600001	N/A		CD HYDRATION TH 260		1	\$260.00	\$169.00													

Group Charge	Discounted		Minimum Payer Reimbursement	Maximum Payer Reimbursement	Alliance	Alliance Premier Network	Aetna W	Aetna nonW PPD	Anthem PPO	Anthem HMO POS	Anthem Blue Priority	Aspirus Health Plan	Beloit Health System Employee Plan	Cigna OAP PPO EOE	Dean Health Plan HMO POS
	Cash Price	Rate													
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.16
\$ 137.00	\$ 89.05	\$	\$ 2.06	\$ 126.04	\$ 84.27	\$	71.36	\$ 98.64	\$ 110.97	\$ 91.79	\$ 57.54	\$ 52.06	\$ 84.94	\$ 89.05	\$ 93.1

A	B	C	D	E	F	G	H	I	J
name	prices posted and effective	code	code description	payer	gross charge	discounted cash price	payer-specific negotiated charge	de-identified minimum negotiated charge	de-identified maximum negotiated charge
Northside Hospital	7/5/2022	0001A	ADM SARS/COV2 30MCC AETNA HMO		438	12	0.003719		0.006963
Northside Hospital	7/5/2022	0002A	ADM SARS/COV2 30MCC AETNA HMO		0.00871317	0.002178284	0.00393		0.007654
Northside Hospital	7/5/2022	0202U	NFCT DS 22 TRGT SARR AETNA HMO		1546.983178	386.7457944		418.433575	42.051203
Northside Hospital	7/5/2022	10030	GUIDE CATHE/ FLUID C AETNA HMO		709	177.25		626.504981	58.54755
Northside Hospital	7/5/2022	19000	DRAINAGE OF BREAST AETNA HMO		886.32	221.58		869.486053	166.043417
Northside Hospital	7/5/2022	19001	DRAIN BREAST LESION AETNA HMO		447	111.75		443.333723	443.333723
Northside Hospital	7/5/2022	19081	BX BREAST 1ST LESION AETNA HMO		5284.706522	1321.177663		3255.683821	803.532044
Northside Hospital	7/5/2022	19082	BX BREAST AD LESION AETNA HMO		2249.85	562.4625		1146.925421	401.003376
Northside Hospital	7/5/2022	19083	BX BREAST 1ST LESION AETNA HMO		5279.952703	1319.988176		3290.028006	479.522285
Northside Hospital	7/5/2022	19084	BX BREAST AD LESION AETNA HMO		2243.888889	560.9722222		116.268229	203.498251
Northside Hospital	7/5/2022	19085	BX BREAST 1ST LESION AETNA HMO		5251.20979	1312.802448		3535.980788	584.058606
Northside Hospital	7/5/2022	19086	BX BREAST AD LESION AETNA HMO		2251.363636	562.8409091		1360.186447	416.27214
Northside Hospital	7/5/2022	19281	PERQ DEVICE BREAST AETNA HMO		1072.846939	268.2117347		432.132285	90.404473
Northside Hospital	7/5/2022	19282	PERQ DEVICE BREAST AETNA HMO		650	162.5		234.985378	67.885024
Northside Hospital	7/5/2022	19285	PERQ DEV BREAST 1ST AETNA HMO		1070.9	267.725		394.825077	54.362761
Northside Hospital	7/5/2022	19286	PERQ DEV BREAST AD AETNA HMO		650	162.5		112.76003	55.981087
Northside Hospital	7/5/2022	20206	NEEDLE BIOPSY MUSCUL AETNA HMO		1730.636364	432.6590909		703.812402	117.909415

name	prices posted and effective	code	code description payer	gross charge	discounted cash price	payer-specific negotiated charge	de-identified minimum negotiated charge	de-identified maximum negotiated charge
Northside Hospital Cherokee	7/5/2022	0202U	NMCT DS 22 TR AETNA HMO	1546.983178	386.7457944	335.278782	62.43206	937.504486
Northside Hospital Cherokee	7/5/2022		10030 GUIDE CATHET AETNA HMO		177.25	967.666069	40.423567	967.666069
Northside Hospital Cherokee	7/5/2022		11042 DEB SUBQ TISS AETNA HMO	709	259.5	702.961958	53.107184	702.961958
Northside Hospital Cherokee	7/5/2022		19000 DRAINAGE OF I AETNA HMO	886.32	221.58	868.626084	110.516552	879.866694
Northside Hospital Cherokee	7/5/2022		19081 BX BREAST 1S AETNA HMO	5284.706522	1321.17663	3296.080624	602.235284	5149.612739
Northside Hospital Cherokee	7/5/2022		19082 BX BREAST AD AETNA HMO	2249.85	562.4625	1156.314617	335.982212	2000.137196
Northside Hospital Cherokee	7/5/2022		19083 BX BREAST 1S AETNA HMO	5279.952703	1319.988176	3187.033085	633.779081	5296.999433
Northside Hospital Cherokee	7/5/2022		19084 BX BREAST AD AETNA HMO	2243.888889	560.9722222	1041.217232	158.575468	2072.841895
Northside Hospital Cherokee	7/5/2022		19085 BX BREAST 1S AETNA HMO	5251.20979	1312.802448	3419.968138	619.518024	5160.99885
Northside Hospital Cherokee	7/5/2022		19086 BX BREAST AD AETNA HMO	2251.363636	562.049091	1322.612466	449.462316	2210.999367
Northside Hospital Cherokee	7/5/2022		19281 PERQ DEVICE I AETNA HMO	1072.846939	268.2117347	652.919979	148.024471	1081.500608
Northside Hospital Cherokee	7/5/2022		19282 PERQ DEVICE I AETNA HMO	650	162.5	199.30914	67.547244	444.820357
Northside Hospital Cherokee	7/5/2022		19285 PERQ DEV BRE AETNA HMO	1070.9	267.725	398.248156	97.113474	791.313894
Northside Hospital Cherokee	7/5/2022		19286 PERQ DEV BRE AETNA HMO	162.5	162.5	98.683517	58.990217	98.683517
Northside Hospital Cherokee	7/5/2022		20220 BONE BIOPSY AETNA HMO	2595.72	648.93	959.690331	138.15168	2049.79423
Northside Hospital Cherokee	7/5/2022		20225 BONE BIOPSY AETNA HMO	2604.619048	651.1547619	245.330024	274.928874	1750.874301
Northside Hospital Cherokee	7/5/2022		20501 INJECT SINUS AETNA HMO	814.3333333	203.5833333	275.11079	120.586393	275.11079
Northside Hospital Cherokee	7/5/2022		20552 INJ TRIGGER P AETNA HMO	1732.972222	433.2430556	1706.98918	208.581058	1723.999788
Northside Hospital Cherokee	7/5/2022		20610 DRAIN/INJ JOIN AETNA HMO	553.0434783	138.2608696	563.999991	27.039184	572.999271
Northside Hospital Cherokee	7/5/2022		20611 DRAIN/INJ JOIN AETNA HMO	872.5	218.125	894.000255	618.106568	894.000255

Noncompliant Files: *Incomplete files, ranges of codes listed, formulas instead of prices, multiple files*

HCA St. David's North Austin Medical Center, Austin, TX (592 beds)

Radiation		6% of BC	6% of BC
Radiation Therapy	CPT/HCPC 77261-77799	131% of FS	400% of FS
Radiation Therapy		19% of BC	19% of BC
Radiology		102% of MCD	105% of MCD
Radiology	CPT/HCPC 70010-79999	113% of FS	425% of FS
Radiology		25% of BC	25% of BC
Radiology Services	CPT/HCPC 70000-79999, 93880, 93882, 93	143.33% of FS	143.33% of FS

Providence Willamette Falls Medical Center, Oregon City, OR (108 beds)

One of seven files:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	HOSPITAL SY	CHARGE DES	CPT/HCPCS	COWF LOCATI	OR PSA REG	OR PSA REG	OR REGIONAL	SUPPLIES [IP/OP]	DISCOUNT	CASH PRICE				
2	Px00001000;	HC GUIDEWI	C1769	N/A	N/A	N/A	24							
3	Px00001000;	HC KNEE IMN	L1830	N/A	N/A	N/A	47.25							
4	Px00001008;	HC CATH FOX	C1757	N/A	N/A	N/A	173.25							
5	Px00001008;	HC CATH FOX	C1757	N/A	N/A	N/A	107.25							
6	Px00001009;	HC CATH DIAGNOSTIC	SFR N/A	N/A	N/A	N/A	16.5							
7	Px00001009;	HC G-WIRE \	C1769	N/A	N/A	N/A	61.5							
8	Px00001009;	HC TRAY PACEMAKER DISI	N/A	N/A	N/A	N/A	288.75							
9	Px00001009;	HC WIRE CH	C1769	N/A	N/A	N/A	141							
0	Px00001009;	HC GUIDEWI	C1769	N/A	N/A	N/A	25.5							
1	Px00001009;	HC GUIDEWI	C1769	N/A	N/A	N/A	24							
2	Px00001011;	HC SET ATOTRANSFN	CEL N/A	N/A	N/A	N/A	165							
3	Px00001012;	HC MAXCORE INST BX 14	C N/A	N/A	N/A	N/A	428.25							
4	Px00001013;	HC SOL DIANEAL 1.5PCT 2	N/A	N/A	N/A	N/A	50.25							
5	Px00001013;	HC SOL DIANEAL 2.5PCT 2	N/A	N/A	N/A	N/A	53.25							
6	Px00001018;	HC DRSG AB	A6252	N/A	N/A	N/A	0.75							
7	Px00001018;	HC DRSG ADH ALLEVYN 7)	N/A	N/A	N/A	N/A	12							

HCA Florida Ocala Hospital, Ocala, FL (474 beds)

Aetna Signature Administrators		
Service Description	Coding	Rate
Cardiac Cath	CPT/HCPC 93451-93462, 93503-93533	33.7% of BC
Inject/Infuse/Inhale/Intubate/Vaccin	CPT/HCPC 93563-93568	33.7% of BC
Observation		33.7% of BC
OP Other		33.7% of BC
Other Inpatient		34% of BC
Other Outpatient		33.7% of BC
Align Senior Care MCR		
Service Description	Coding	Rate
Behavioral Health		105% of MCR

Vibra Hospital of Denver, Thornton, CO (79 beds)

Prices Effective January 1, 2021															
Item/Service/Service Package Description	CPT/HCPCS Code	Other Accounting/ Revenue Codes	Inpatient Default Gross Charge	Outpatient Default Gross Charge	Discounted Cash Price	De-identified Minimum Negotiated Payer Specific Charge	De-identified Maximum Negotiated Payer Specific Charge	Multiplan Auto 618	National Comp Care (NCC) (Tyson) WC	Pinnacle WC	Provider Network of America Wrap/TPA	Three Rivers Provider Network (TRPN) Commercial and Auto	Tricare West Healthnet	Trivest Veterans Choice LOA 582	United Healthcare Comm 238
ROOM AND BED		118	1,204.90	NA	NA	1325	2500	98% State Auto Fee schedule	\$ 1,350.00	Lower of BC or 85% DOWC	80% BC	80% BC	100% CMG	100% CMG	Lesser of Eligible charges or \$1133
ROOM & BOARD		128	1,204.90	NA	NA	937	2500	98% State Auto Fee schedule		Lower of BC or 85% DOWC	80% BC	80% BC	100% CMG	100% CMG	Lesser of Eligible charges or \$1133
1:1 NURSING HRLY RN		230	136.40	NA	NA	Included in Per Diem	Included in Per Diem	98% State Auto Fee schedule	Included in Per Diem	Lower of BC or 85% DOWC	80% BC	80% BC	100% CMG	100% CMG	Lesser of Eligible charges or \$1133
ETIDOLAC 400MG TAB		250	0.01	NA	NA	Included in Per Diem	Included in Per Diem	98% State Auto Fee schedule	Included in Per Diem	Lower of BC or 85% DOWC	80% BC	80% BC	100% CMG	100% CMG	Lesser of Eligible charges or \$1133
REMOVE PATCH		250	0.01	NA	NA	Included in Per Diem	Included in Per Diem	98% State Auto Fee schedule	Included in Per Diem	Lower of BC or 85% DOWC	80% BC	80% BC	100% CMG	100% CMG	Lesser of Eligible charges or \$1133
BUPRENOR (POM)-2MG		250	0.01	NA	NA	Included in Per Diem	Included in Per Diem	98% State Auto Fee schedule	Included in Per Diem	Lower of BC or 85% DOWC	80% BC	80% BC	100% CMG	100% CMG	Lesser of Eligible charges or \$1133
XTANDI (POM) 40MG CP		250	0.01	NA	NA	Included in Per Diem	Included in Per Diem	98% State Auto Fee schedule	Included in Per Diem	Lower of BC or 85% DOWC	80% BC	80% BC	100% CMG	100% CMG	Lesser of Eligible charges or \$1133
ALIGN (POM) 4MG CAPS		250	0.01	NA	NA	Included in Per Diem	Included in Per Diem	98% State Auto Fee schedule	Included in Per Diem	Lower of BC or 85% DOWC	80% BC	80% BC	100% CMG	100% CMG	Lesser of Eligible charges or \$1133
DIANEAL 1.5%		250	0.01	NA	NA	Included in Per Diem	Included in Per Diem	98% State Auto Fee schedule	Included in Per Diem	Lower of BC or 85% DOWC	80% BC	80% BC	100% CMG	100% CMG	Lesser of Eligible charges or \$1133

¹ 87 Fed. Reg. at 44801.

² 45 C.F.R. Part 180.

³ *'Almost useless': Patients, advocates critical of federal pace to unlock hospital prices*, USA Today, August 9, 2022, <https://www.usatoday.com/story/news/health/2022/08/09/hospitals-medical-billing-transparency-law/10223832002/?gnt-cfr=1>

⁴ PatientRightsAdvocate.org Third Semi-Annual Hospital Price Transparency Compliance Report, August 9, 2022, <https://www.patientrightsadvocate.org/august-semi-annual-compliance-report-2022>

⁵ PatientRightsAdvocate.org Transparency in Coverage Report, 2022, October 2022, <https://www.patientrightsadvocate.org/fall2022ticreport>

⁶ CMS Enforcement Actions, <https://www.cms.gov/hospital-price-transparency/enforcement-actions>

⁷ *Id.*

⁸ 45 C.F.R. § 180.50.

⁹ 45 C.F.R. § 50(d)(3)(iv). This specific content was added to the transparency requirements with the following explanation from CMS: “We believe that this additional requirement will serve to ensure greater accessibility to the machine-readable file and its contents and would prohibit practices we have encountered in our compliance reviews, such as lack of a link for downloading a single machine-readable file, using ‘blocking codes’ or CAPTCHA, and requiring the user to agreement to terms and conditions or submit other information prior to access.” [86 Fed. Reg. 42018](#), 42319 (Aug. 4, 2021).

¹⁰ [85 Fed. Reg. 72158](#) (Nov. 12, 2020) (codified in pertinent part at 45 C.F.R. Part 147).

¹¹ [85 Fed. Reg. 72158](#).

¹² 84 Fed. Reg. at 65568.

¹³ 85 Fed. Reg. 72158.