

Report on Medicare Compliance Volume 33, Number 16. April 29, 2024 More Price Transparency Requirements Take Effect July 1 and After; CMS Posts MRF Validator

By Nina Youngstrom

New price transparency requirements take effect July 1 on the shoulders of other requirements that should have been met Jan. 1. With another deadline looming, hospitals may want to take advantage of CMS's new online validator,^[1] which allows them to determine whether their machine-readable files (MRF) are in good shape. The stakes are high because CMS is taking enforcement seriously. It has already reviewed compliance with price transparency requirements at thousands of hospitals.

"No one is safe from being placed under the microscope," said Martie Ross, a consulting principal with PYA, at its April 24 webinar.

CMS has steadily heightened price transparency requirements and consequences for noncompliance. Since Jan. 1, 2021, hospitals have been required to reveal to the world five types of charges for all items and services: gross charges, payer-specific negotiated charges, the discounted cash price, and the minimum and maximum payments they accept from payers for every item and service without identifying the payers. Hospitals must make the charges available in a comprehensive MRF and post a "shoppable" list of 300 payer-specific negotiated charges for common services or develop an internet-based price estimator tool that lets patients calculate a price specific to their insurance.

Originally, "CMS was not prescriptive in how we established a file format," said Kathy Reep, a senior manager with PYA. But the 2024 outpatient prospective payment system (OPPS) rule streamlined the MRF and standardized the format to make it "much more user-friendly," Reep said. Unlike the shoppable list and price estimator, the MRF "was never intended to be a consumer tool," she said. "It's for researchers, payers and other providers."

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