CorroHealth

Your Partner for Clinical Revenue Cycle Management
Seamless strategies to align patient care, operational efficiency, and financial health.

FRONT END   **MID CYCLE**   **BACK END**

Patient Experience
- Registration & Scheduling
- Insurance Eligibility & Authorization
- Financial Counseling

Chargemaster Services
- Market-Based Pricing
- Chargemaster
- Price Transparency
- No Surprises Act

Utilization Management
- Admission Status Reviews
- Physician Advisors
- Peer-to-Peer Reviews
- Analytics as a Service

Clinical Documentation
- Inpatient CDI
- Outpatient CDI
- HCC Coding & HEDIS Abstraction
- Provider Education

Coding
- Coding Automation
- Outsourced Coding
- Coding Audits and Education

Claims Management
- Billing & Claim Edits
- AR Management & Follow-Up
- Specialized AR
- Payment Posting Reconciliation
- Self-pay

Denials
- Denials Prevention
- Denials Management
- DRG Downgrades
- Transfer DRGs

Value-Based Care
- RAF Accuracy
- Risk Adjustment Program
- VBC Strategy & Action Plan

Technology
- PULSE Coding Automation Technology™
- VISION Clinical Validation Technology™
- REVIVE Specialized RCM Automation™
- SMART App™

History: Obama & Trump I

2010

The Affordable Care Act

- Uniform Summary of Coverage (Section 2715, Public Health Service Act)
- Transparency in Coverage Disclosures (Section 2715A Public Health Service Act, Section 1311(e) of ACA)

The Hospital Price Transparency Rule

2018

- Launch of Procedure Price Lookup Tool
- Listening Sessions and Public Comments
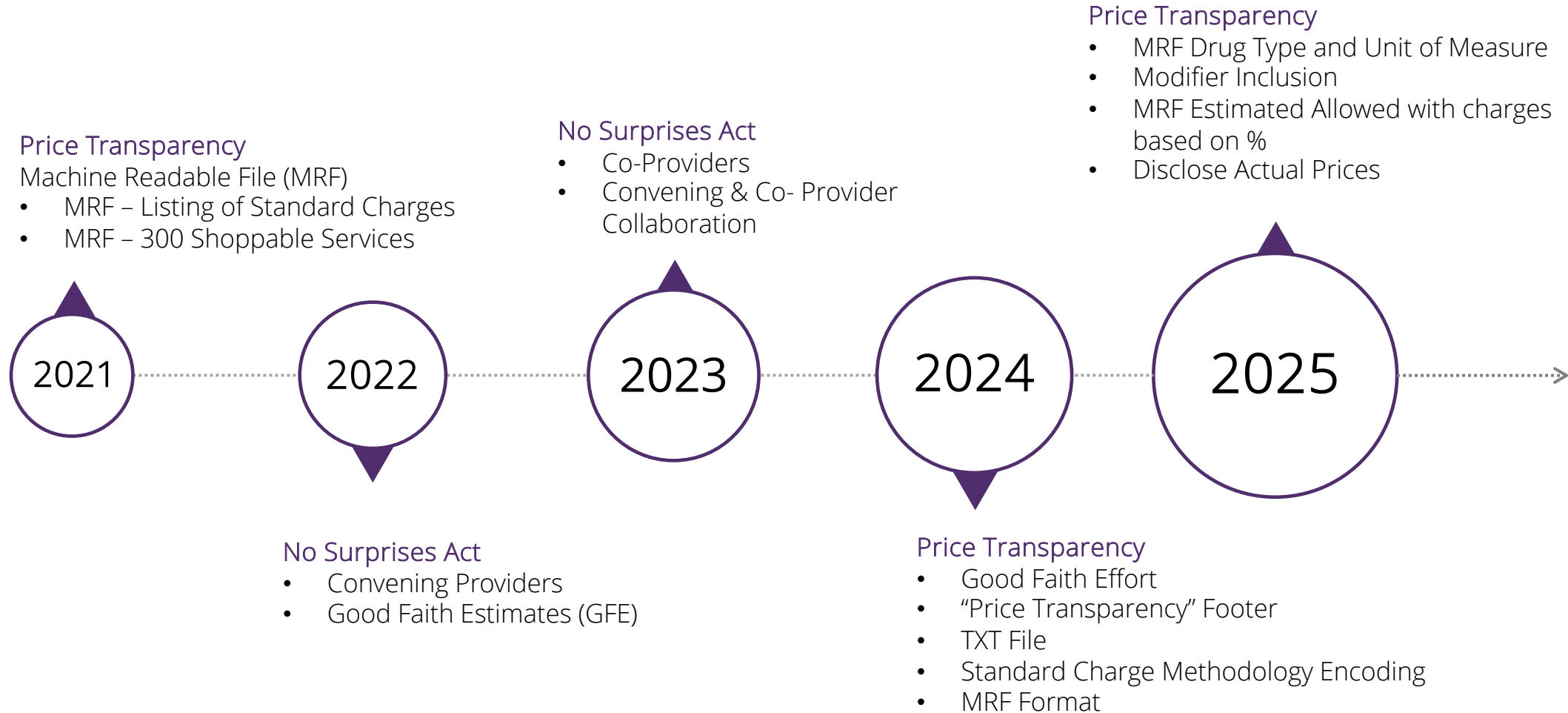- Added Prescription Drug Price Transparency and Interoperability

The No Surprises Act

2020

- Protection from Surprise Billing
- Good Faith Estimate
- No balance billing

CMS Mandate for Price Transparency & NSA

Price Transparency
Machine Readable File (MRF)
- MRF – Listing of Standard Charges
- MRF – 300 Shoppable Services

No Surprises Act
- Co-Providers
- Convening & Co- Provider Collaboration

Price Transparency
- MRF Drug Type and Unit of Measure
- Modifier Inclusion
- MRF Estimated Allowed with charges based on %
- Disclose Actual Prices

2021   2022   2023   2024   2025

No Surprises Act
- Convening Providers
- Good Faith Estimates (GFE)

Price Transparency
- Good Faith Effort
- "Price Transparency" Footer
- TXT File
- Standard Charge Methodology Encoding
- MRF Format

Machine Readable File (MRF)

- Hospital Name, Address, License
- Template Version Number
- Attestation
- Gross Charges
- Discounted Cash Prices
- Payer-specific Negotiated Charges
- De-identified Minimum and Maximum Negotiated Charges
- Estimated Allowed Amount (new guidance May 2022)
- Accounting/Billing/Service Codes (HCPCS, DRG, NDC, etc.)
- Plain Language Descriptions
- Revenue Codes (Optional but recommended)
- Algorithm or Formula if pricing is not fixed

Machine Readable File (MRF) - 2025 Requirements

National Drug Codes (NDCs):

- Drug Unit of Measurement

- Drug Type of Measurement (GR, ME, ML, UN, EA, GM)

Modifiers:

- As it applies to a specific service

- Generalization by payer - CMS Example

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

300 Shoppable Services

Consumer-Friendly Display

**Shoppable Services are services that can be scheduled in advance**

- Minimum of 300 "Shoppable Services" CMS mandates 70 (when applicable)
  - Plain Language Descriptions
  - Group Ancillary Services

- Hospitals may use a Price Estimator Tool
  - Must be easily accessible, free, and must not require the shopper to register or disclose personal information to search.

TXT File and Footer

1. Create a TXT file (individual hospital and/or multiple hospitals) using the TXT File Generator
   - The generated TXT file will contain five lines (for each hospital listed).

TXT
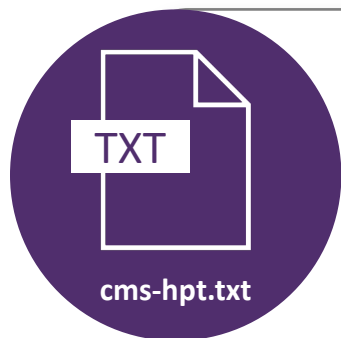
cms-hpt.txt

Location-name: Example Hospital East
Source-page-url: https://example.com/price-transparency
mrf-url: https://example.com/price-transparency/12345_Example-Hospital_east_standardcharges.csv
Contact name: Jon Snow
Contact email: jsnow@example.com

2. Name the TXT file, "cms-hpt.txt" then place the file in the root (home page) of the hospital's public website. link (e.g., **www.ExampleHospital.com/cms-hpt.txt**)
   - Clicking the link should open the TXT file. It may not be directed to another page

3. Hospitals must include a 'footer' on bottom of the hospital's home page labeled "Price Transparency" that links directly to webpage that hosts the MRF.

© 2025 Example Hospital | **Price Transparency**

FEBRUARY 25, 2025 – EXECUTIVE ORDER 14221

"Making America Healthy Again by Empowering Patients with Clear, Accurate and Actionable Healthcare Pricing Information"

Pursuant to E.O. 13877 of June 24, 2019 – *Improving Price Quality Transparency in American Healthcare to Put Patients First*

Within 90-days:

(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.

May 22, 2025
Guidance Update

Estimated Allowed Amount

Average Dollar Amount the hospital historically received from a third-party payor – required when the negotiated charge can be expressed only as an algorithm or percentage.

Placeholder of 9-9s

1) Average dollar amount from electronic remittance (835) - 12 months prior to file generation

2) Remarks in the Notes data element which states one or more instances <u>or</u> zero Electronic Remittance Advice (ERAs)

CMS Request for Information by July 21, 2025

Questions for Public Comment:

- Should CMS specifically define the terms "accuracy of data" and "completeness of data" in the context of HPT requirements, and, if yes, then how?

- What are your concerns about the accuracy and completeness of the HPT MRF data? Please be as specific as possible.

- Do concerns about accuracy and completeness of the MRF data affect your ability to use hospital pricing information effectively? For example, are there additional data elements that could be added, or others modified, to improve your ability to use the data? Please provide examples.

- Are there external sources of information that may be leveraged to evaluate the accuracy and completeness of the data in the MRF? If so, please identify those sources and how they can be used.

- What specific suggestions do you have for improving the HPT compliance and enforcement processes to ensure that the hospital pricing data is accurate, complete, and meaningful? For example, are there any changes that CMS should consider making to the CMS validator tool, which is available to hospitals to help ensure they are complying with HPT requirements, so as to improve accuracy and completeness?

- Do you have any other suggestions for CMS to help improve the overall quality of the MRF data?

CMS Request for Information (Closed on July 21, 2025)

Questions for Public Comment:

- <mark>Should CMS specifically define the terms "accuracy of data" and "completeness of data" in the context of HPT requirements, and, if yes, then how?</mark>

- What are your concerns about the accuracy and completeness of the HPT MRF data? Please be as specific as possible.

- Do concerns about accuracy and completeness of the MRF data affect your ability to use hospital pricing information effectively? For example, are there additional data elements that could be added, or others modified, to improve your ability to use the data? Please provide examples.

- Are there external sources of information that may be leveraged to evaluate the accuracy and completeness of the data in the MRF? If so, please identify those sources and how they can be used.

- What specific suggestions do you have for improving the HPT compliance and enforcement processes to ensure that the hospital pricing data is accurate, complete, and meaningful? For example, are there any changes that CMS should consider making to the CMS validator tool, which is available to hospitals to help ensure they are complying with HPT requirements, so as to improve accuracy and completeness?

- Do you have any other suggestions for CMS to help improve the overall quality of the MRF data?

CMS Request for Information (Closed on July 21, 2025)

Questions for Public Comment:

- Should CMS specifically define the terms "accuracy of data" and "completeness of data" in the context of HPT requirements, and, if yes, then how?

- What are your concerns about the accuracy and completeness of the HPT MRF data? Please be as specific as possible.

- Do concerns about accuracy and completeness of the MRF data affect your ability to use hospital pricing information effectively? For example, are there additional data elements that could be added, or others modified, to improve your ability to use the data? Please provide examples.

- Are there external sources of information that may be leveraged to evaluate the accuracy and completeness of the data in the MRF? If so, please identify those sources and how they can be used.

- What specific suggestions do you have for improving the HPT compliance and enforcement processes to ensure that the hospital pricing data is accurate, complete, and meaningful? For example, are there any changes that CMS should consider making to the CMS validator tool, which is available to hospitals to help ensure they are complying with HPT requirements, so as to improve accuracy and completeness?

- Do you have any other suggestions for CMS to help improve the overall quality of the MRF data?

CMS Request for Information (Closed on July 21, 2025)

Questions for Public Comment:

- Should CMS specifically define the terms "accuracy of data" and "completeness of data" in the context of HPT requirements, and, if yes, then how?

- What are your concerns about the accuracy and completeness of the HPT MRF data? Please be as specific as possible.

- Do concerns about accuracy and completeness of the MRF data affect your ability to use hospital pricing information effectively? For example, are there additional data elements that could be added, or others modified, to improve your ability to use the data? Please provide examples.

- Are there external sources of information that may be leveraged to evaluate the accuracy and completeness of the data in the MRF? If so, please identify those sources and how they can be used.

- What specific suggestions do you have for improving the HPT compliance and enforcement processes to ensure that the hospital pricing data is accurate, complete, and meaningful? For example, are there any changes that CMS should consider making to the CMS validator tool, which is available to hospitals to help ensure they are complying with HPT requirements, so as to improve accuracy and completeness?

- Do you have any other suggestions for CMS to help improve the overall quality of the MRF data?

CMS Request for Information (Closed on July 21, 2025)

Questions for Public Comment:

- Should CMS specifically define the terms "accuracy of data" and "completeness of data" in the context of HPT requirements, and, if yes, then how?

- What are your concerns about the accuracy and completeness of the HPT MRF data? Please be as specific as possible.

- Do concerns about accuracy and completeness of the MRF data affect your ability to use hospital pricing information effectively? For example, are there additional data elements that could be added, or others modified, to improve your ability to use the data? Please provide examples.

- Are there external sources of information that may be leveraged to evaluate the accuracy and completeness of the data in the MRF? If so, please identify those sources and how they can be used.

- What specific suggestions do you have for improving the HPT compliance and enforcement processes to ensure that the hospital pricing data is accurate, complete, and meaningful? For example, are there any changes that CMS should consider making to the CMS validator tool, which is available to hospitals to help ensure they are complying with HPT requirements, so as to improve accuracy and completeness?

- Do you have any other suggestions for CMS to help improve the overall quality of the MRF data?

CMS Request for Information (Closed on July 21, 2025)

Questions for Public Comment:

- Should CMS specifically define the terms "accuracy of data" and "completeness of data" in the context of HPT requirements, and, if yes, then how?

- What are your concerns about the accuracy and completeness of the HPT MRF data? Please be as specific as possible.

- Do concerns about accuracy and completeness of the MRF data affect your ability to use hospital pricing information effectively? For example, are there additional data elements that could be added, or others modified, to improve your ability to use the data? Please provide examples.

- Are there external sources of information that may be leveraged to evaluate the accuracy and completeness of the data in the MRF? If so, please identify those sources and how they can be used.

- What specific suggestions do you have for improving the HPT compliance and enforcement processes to ensure that the hospital pricing data is accurate, complete, and meaningful? For example, are there any changes that CMS should consider making to the CMS validator tool, which is available to hospitals to help ensure they are complying with HPT requirements, so as to improve accuracy and completeness?

- Do you have any other suggestions for CMS to help improve the overall quality of the MRF data?

CMS Request for Information (Closed July 21, 2025)

Questions for Public Comment:

- Should CMS specifically define the terms "accuracy of data" and "completeness of data" in the context of HPT requirements, and, if yes, then how?

- What are your concerns about the accuracy and completeness of the HPT MRF data? Please be as specific as possible.

- Do concerns about accuracy and completeness of the MRF data affect your ability to use hospital pricing information effectively? For example, are there additional data elements that could be added, or others modified, to improve your ability to use the data? Please provide examples.

- Are there external sources of information that may be leveraged to evaluate the accuracy and completeness of the data in the MRF? If so, please identify those sources and how they can be used.

- What specific suggestions do you have for improving the HPT compliance and enforcement processes to ensure that the hospital pricing data is accurate, complete, and meaningful? For example, are there any changes that CMS should consider making to the CMS validator tool, which is available to hospitals to help ensure they are complying with HPT requirements, so as to improve accuracy and completeness?

- Do you have any other suggestions for CMS to help improve the overall quality of the MRF data?

Additional Considerations

- Enforcement Activity (Civil Monetary Penalties - CMP)

  - Smaller hospitals (30 or fewer beds): Up to $300/day
  - Larger hospitals (more than 30 beds): Up to $5,500/day

- Depts of Labor, HHS and Treasury issued Joint RFI regarding Prescription Drug Transparency (**Comment Period Closed: July 2, 2025**)

- No Surprises Act

5 Things You Need to Know About CMS's 2025 Price Transparency Rules

1. CMS clarified some—but not all—requirements in May

2. Compliance remains low—and audits are ramping up

3. CMS is asking for input—and you should respond

4. The biggest challenges are operational and technical

5. Strategic readiness matters more than ever.

Q & A

CorroHealth.com