

CMS Issues Finalizes Updates to Federal Price Transparency Provisions in Final Outpatient Rule

On Nov. 2, the Centers for Medicare & Medicaid Services (CMS) issued its final 2024 outpatient rule, which finalized several updates it had proposed to the federal Price Transparency Rule for hospitals.

In its [comment letter](#), WHA had recommended CMS to ensure its updates provide truly meaningful information for consumers as opposed to placating third-party organizations that are not interested in helping patients. In the final rule, CMS ended up finalizing proposals to:

- Increase standardization in hospital machine-readable files (MRFs) by requiring hospitals to conform to a specified CMS template, layout, data specifications, and data dictionary;
- Require that all hospitals place a 'footer' on their website's homepage that links to the webpage that includes the MRF and requiring a .txt file that must identify specific URLs for the MRF;
- Require hospital leaders to certify the completeness and accuracy of their machine-readable file;
- Require hospitals to submit an acknowledgment of any of the agency's warning notices for hospital noncompliance with the regulations;
- Require hospitals to submit additional information, including contracting documentation, to CMS to aid compliance assessment;
- Contact health system leadership when a hospital within their system is under compliance review; and
- Allow CMS to publish a range of compliance assessment and enforcement actions on CMS' website.

These changes demonstrate that CMS is not done making changes to the hospital price transparency requirements. This is an important reason why WHA opposes Wisconsin SB 328 which would add state level requirements *on top of* the federal requirements. [As noted](#) during testimony on the bill on Oct. 4, CMS is not ignoring the federal transparency requirements, and to add a state statute that will become outdated with every update to the federal rules will add unnecessary complexity and administrative burdens to hospitals.

On the payment side, CMS ended up slightly increasing overall net payment rates by 3.1% instead of the 2.8% it had proposed back in July. This is still far short of actual increases in true inflationary costs hospitals have experienced as WHA noted in its comment letter.

The final rule also finalized some provisions CMS had proposed for behavioral health updates, including:

- Updating payments for remote mental health services, particularly for group psychotherapy.
- Establishing an Intensive Outpatient Program benefit.
- Updating payments for the Partial Hospitalization Program.
- Modifying conditions of participation for Community Mental Health Centers.
- Delaying the in-person visit requirement for remote outpatient mental health services until the end of 2024.

CMS also finalized a number of its proposed quality program updates but decided not to go ahead with its proposal to create a new payment for hospitals to create a buffer stock of new medicines. You can find details of these proposals in the [final rule here](#).

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