

## WHA Supports Meaningful Price Transparency in Outpatient Comment Letter to CMS

### Urges Medicare payment increase more in line with true inflation

WHA urged the Centers for Medicare & Medicaid Services (CMS) to ensure its proposed changes to hospital price transparency requirements focus on providing truly meaningful information for consumers as opposed to placating third party organizations that have no real interest in helping consumers in its 2024 Outpatient Prospective Payment System (OPPS) [comment letter](#).

Specifically, WHA opposed CMS including burdensome and misleading data fields that could lead third party groups to draw inaccurate conclusions about the data posted. Requiring hospitals to include fields like the methodology used to calculate its negotiated rates (in instances where hospitals are not paid on a fee schedule) and requiring hospitals to include payment modifiers and drug pricing fields could invite more confusion than simply allowing hospitals to post this information in a manner which they feel more easily communicates the intended information for consumers.

WHA also cautioned CMS against including a vague regulation requiring hospitals to submit "additional documentation as may be necessary to make a determination of hospital compliance." Instead of this overly broad provision, WHA encouraged CMS to be more specific in terms of what more it feels it needs from hospitals. On the other hand, WHA supported CMS's proposal to expand communication with hospitals by requesting contact information from hospital and health system leadership to provide notifications about compliance.

Likewise, WHA recognized CMS as the sole arbiter of determining hospital compliance with CMS rules and encouraged CMS to make it clear that CMS requests for more information of hospitals is a way for CMS to better evaluate compliance rather than in indication of non-compliance in and of itself.

Lastly, WHA encouraged CMS to streamline various requirements from Congress and CMS about price transparency. Given that Advanced Explanations of Benefits (AEOBs) and Good-Faith Estimates from the No Surprises Act provide individualized information about price estimates, WHA recommended they be used for scheduled services only, while the shoppable services and price estimator online tools from the Price Transparency Rule should be utilized for providing pre-service information for shopping customers. Additionally, rather than relying on a single convening provider to piece together disparate information, WHA strongly urged CMS to utilize insurer-developed AEOBs that include a patient's individualized cost-sharing and other information from the amount of their deductible utilized and remaining. This would provide consumers with more tailored and meaningful cost-estimate information.

In addition to its comments on price transparency, WHA also strongly urged CMS to fix their payment adjustment to be more in line with true inflationary pressures impacting hospitals. Citing the fact that Medicare payments have grown at less than half the rate of true inflationary costs over the last three years, that drug costs are skyrocketing, particularly for 340B hospitals, and that states like Wisconsin already receive well below the cost of providing Medicare services (73 cents on the dollar in Wisconsin), WHA urged CMS to increase the market basket and other factors to be more in line with the true level of inflation hospitals have experienced.

WHA also supported CMS's proposals to increase behavioral health offerings under Medicare. However, it cautioned CMS to ensure the payment rates can sustain access to these important services. WHA further supported a proposal by CMS to remove unnecessary barriers to care, such as allowing general rather than direct supervision for certain services at rural health clinics. Building on that, WHA encouraged CMS to take additional steps to remove unnecessary paperwork and regulatory burden in offering behavioral health and addiction services to Medicare patients.

You can find these comments as well as other comments relating to CMS's proposals to update its outpatient quality reporting program and request for information on creating a buffer stock of essential medicines in [WHA's full comment letter](#).

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