September 13, 2022

Administrator Chiquita Brooks-LaSure
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Comments on CMS-1772-P, Medicare Hospital Outpatient Prospective Payment System

Dear Administrator Brooks-LaSure:

We appreciate this opportunity to comment on the proposed rule for the Medicare Program Hospital Outpatient Prospective Payment System for 2023 ("Proposed Rule").[1] PatientRightsAdvocate.org is a 501(c)(3) nonprofit, non-partisan organization focused on ushering in systemwide healthcare price transparency to lower the cost of healthcare and coverage. Consumers First is an alliance that brings together the interests of consumers, children, employers, labor unions, and primary care working to realign and improve the fundamental economic incentives and design of the healthcare system.

The current system of hidden prices for healthcare services leads to overcharging, price-gouging, and fraud, and prevents consumers from shopping for the best care at a price they know they can afford. Many patients fail to obtain necessary care because they do not have price information,[2] while others become financially devastated by unexpected medical bills due to unknown prices.[3] A competitive healthcare market can only exist where all consumers – patients, workers, employers, unions, and governments – have complete information about the prices of healthcare items and services.

The Medicare Outpatient Prospective Payment System ("OPPS") gives the Centers for Medicare & Medicaid Services ("CMS") an opportunity to empower patients by guaranteeing access to healthcare prices systemwide. CMS used the OPPS rule to promulgate the Hospital Price Transparency Rule,[4] and has the opportunity to improve upon it this year through this Proposed Rule. We recommend that 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,[5] 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.

The Proposed Rule solicited comments regarding how 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."[6] The most important action CMS can take to increase competition in healthcare and ultimately lower costs is to strengthen and enforce the Hospital Price Transparency Rule.[7] 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. We firmly believe that 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.

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 review found that 84% of the 2,000 hospitals reviewed are still not complying with the rule.[8] 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. See Appendix A for further details on our review of TiC files.

Despite this vast, continued flouting of the law, CMS has only issued civil monetary penalties to two hospitals[9] 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.[10] 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.[11] 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 B to this letter.
- 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."[12] 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 C 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.[13] 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.[14] 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.[15] 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.[16] 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.

CMS has the resources and infrastructure to inform patients about their rights. We urge CMS 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.

Thank you for considering our comments and recommendations for the proposed rule for the Outpatient Prospective Payment System for 2023. We welcome the opportunity speak with you further about our suggestions.

Sincerely,

Cynthia A. Fisher
Founder and Chairman
PatientRightsAdvocate.org

Frederick Isasi, JD, MPH
Executive Director
Families USA

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[1] 87 Fed. Reg. 44502 (July 26, 2022).
[2] *New Consumer Survey Reveals That 25% of Health Plan Members Have Avoided Care Due to Lack of Information About Costs*, BusinessWire, May 25, 2021, https://www.businesswire.com/news/home/20210525005217/en/New-Consumer-Survey-Reveals-That-25-of-Health-Plan-Members-Have-Avoided-Care-Due-to-Lack-of-Information-About-Costs.
[3] Michael Waterbury, *Industry Voices—Let's stop calling it medical 'debt'*, Fierce Healthcare, Nov 5, 2021 https://www.fiercehealthcare.com/finance/industry-voices-let-s-stop-calling-it-medical-debt.
[4] 84 Fed. Reg. 65542 (Nov. 27, 2019) (codified in pertinent part at 45 C.F.R. Part 180).
[5] *'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
[6] 87 Fed. Reg. at 44801.
[7] 45 C.F.R. Part 180.
[8] PatientRightsAdvocate.org Third Semi-Annual Hospital Price Transparency Compliance Report, August 9, 2022, https://www.patientrightsadvocate.org/august-semi-annual-compliance-report-2022
[9] CMS Enforcement Actions, https://www.cms.gov/hospital-price-transparency/enforcement-actions
[10] *Id.*
[11] 45 C.F.R. § 180.50.
[12] 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).
[13] 85 Fed. Reg. 72158 (Nov. 12, 2020) (codified in pertinent part at 45 C.F.R. Part 147).
[14] 85 Fed. Reg. 72158.
[15] 84 Fed. Reg. at 65568.
[16] 85 Fed. Reg. 72158.

Appendix A

Cross-Reference of Hospital Pricing Data with Transparency in Coverage Data

The PatientRightsAdvocate.org compliance team compared Transparency in Coverage (TiC) pricing files with the corresponding hospital pricing file. Our cross-reference supported our original findings that many hospitals are continuing to obfuscate their prices and flout the law:

1. **While a hospital posted an N/A or blank indicating the hospital had no negotiated rate for the specified service for a specific plan, the TiC file showed there was, in fact, a price.**

   Example: Ascension Seton Medical Center - Austin, TX:

   Hospital File shows N/A for CPT 80061 (Lipid Panel) for United Healthcare of Texas plan:

Facility_BU	Code_Type	Code	Blue_Cross_Blue_Shield_E02_BLUE_ADVANTAGE_HMO_E02_1516	United_Health_Care_P27_UNTD_HLTH_PPO_P27_1809	United_Health_Care_P26_UNITED_HLTH_PPO_P26_1809	United_Health_Care_P17_UHC_STUDENT_RESOUCE_P17_1809	United_Health_Care_N21_TX_MUNICIPAL_N21_1809	United_Health_Care_J60_UNITEDHEALTHCARE_J60_1809	United_Health_Care_E62_UMR_E62_1809	Humana_P46_HUMANA_HMO_P46_1816	Humana_E04_HUMANA_EXCHANGE_E04_387	Blue_Cross_Blue_Shield_X44_BC_TX_PPO_X44_1519	Blue_Cross_Blue_Shield_X24_AUS_BCBS_OOS_1519	Blue_Cross_Blue_Shield_P32_BCBS_TX_HMO_P32_1518	United_Health_Care_E55_UHC_NEX_ACO_CITY_PPO_E55_786
30002	2-CPT	80048	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80051	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80053	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30002	2-CPT	80061	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

   TiC File shows a price of $5.09 for CPT 80061 for the United Healthcare of Texas plan:

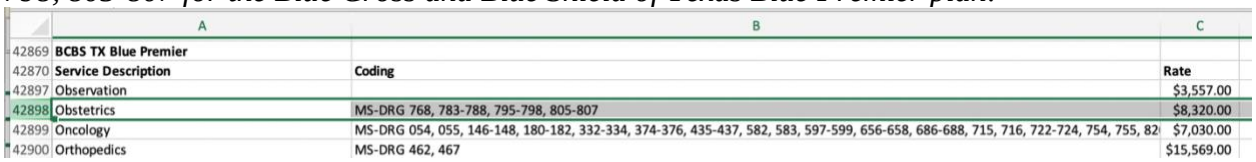

```
"reporting_entity_name": "UnitedHealthcare of Texas, Inc.",
"reporting_entity_type": "Insurer",
"last_updated_on": "2022-08-01",
"version": "1.0.0",
"provider_references": [
  ...
  {
    "provider_groups": [
      {
        "npi": [
          1164526786
        ],
        "tin": {
          "type": "ein",
          "value": "741109643"
        }
      }
    ],
    "provider_group_id": 7892
  }
  ...
],
"in_network": [
  {
    "negotiation_arrangement": "ffs",
    "name": "LIPID PANEL",
    "billing_code_type": "CPT",
    "billing_code_type_version": "2022",
    "billing_code": "80061",
    "description": "Lipid panel This panel must include the following: Cholesterol, serum, t
measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)",
    "negotiated_rates": [
      ...
      {
        "provider_references": [
          7892
        ],
        "negotiated_prices": [
          {
            "negotiated_rate": 5.09,
```


Source: https://healthcare.ascension.org/-/media/project/ascension/healthcare/price-transparency-files/tx/741109643_ascension-seton-medical-center-austin_standardcharges.xlsx

2. **While a hospital posted only *one price* for multiple MS-DRG codes appearing as a range for a specific plan, the corresponding TiC file shows *multiple distinct negotiated rates* for the MS-DRG codes in that range, the majority of which are significantly higher than the price shown in the hospital file.**

Example: HCA Medical City Dallas – Dallas, TX:

Hospital Pricing File shows a price of $8,320 for MS-DRG code ranges 768, 783-788, 795-798, 805-807 for the Blue Cross and Blue Shield of Texas Blue Premier plan:



	A	B	C
42869	**BCBS TX Blue Premier**		
42870	**Service Description**	**Coding**	**Rate**
42897	Observation		$3,557.00
42898	Obstetrics	MS-DRG 768, 783-788, 795-798, 805-807	$8,320.00
42899	Oncology	MS-DRG 054, 055, 146-148, 180-182, 332-334, 374-376, 435-437, 582, 583, 597-599, 656-658, 686-688, 715, 716, 722-724, 754, 755, 82	$7,030.00
42900	Orthopedics	MS-DRG 462, 467	$15,569.00

TiC File pricing data for the Blue Cross and Blue Shield of Texas Blue Premier plan represented in a table shows a different price for each MS-DRG code in that range, the majority of which are significantly higher than the hospital's file:

NPI	NAME	DBA	Billing Code Type	Billing Code	Negotiated Rate
1689628984	VAGINAL DELIVERY W O R PROC EXCEPT STERIL OR D C	MEDICAL CITY DALLAS	MS-DRG	768	$11,299.39
1689628984	CESAREAN SECTION W STERILIZATION W MCC	MEDICAL CITY DALLAS	MS-DRG	783	$18,073.43
1689628984	CESAREAN SECTION W STERILIZATION W CC	MEDICAL CITY DALLAS	MS-DRG	784	$10,566.88
1689628984	CESAREAN SECTION W STERILIZATION W O CC MCC	MEDICAL CITY DALLAS	MS-DRG	785	$8,833.56
1689628984	CESAREAN SECTION W O STERILIZATION W MCC	MEDICAL CITY DALLAS	MS-DRG	786	$15,355.71
1689628984	VAGINAL DELIVERY W STERILIZATION D C W MCC	MEDICAL CITY DALLAS	MS-DRG	796	$10,306.30
1689628984	VAGINAL DELIVERY W STERILIZATION D C W CC	MEDICAL CITY DALLAS	MS-DRG	797	$8,877.95
1689628984	VAGINAL DELIVERY W STERILIZATION D C W O CC MCC	MEDICAL CITY DALLAS	MS-DRG	798	$7,984.27
1689628984	VAGINAL DELIVERY W O STERILIZATION D C W MCC	MEDICAL CITY DALLAS	MS-DRG	805	$9,909.65
1689628984	VAGINAL DELIVERY W O STERILIZATION D C W CC	MEDICAL CITY DALLAS	MS-DRG	806	$7,082.87
1689628984	VAGINAL DELIVERY W O STERILIZATION D C W O CC MCC	MEDICAL CITY DALLAS	MS-DRG	807	$6,187.26

Source: https://medicalcityhealthcare.com/about/legal/pricing-transparency-cms-required-file-of-standard-charges.dot

Appendix B

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.

APPENDIX C:
Screenshots of Hospital Pricing Files

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

HSHS Saint Francis Hospital, Litchfield, IL (rural hospital with 25 beds)

ST. FRANCIS HOSPITAL - Price Transparency

Site	Svc_Cd	HCPC/Cpt_Cd	CDM_Svc_Descr	Rev_Cd	Quantity/Units	Hopsital_Cdm_Chg	Self_Pay_Chg	Minimum_Negotiated_Chg	Maximum_Negotiated_Chg	AETNA HSHS	AETNA MEDICARE	AMISH COMMUNITY DISCOUNT	BC EXCHANGE	BC MEDICARE	BCBS OF ILLINOIS PPO	BLUE CROSS BLUE SHEILD OF ILLINOIS DUAL	BLUE CROSS BLUE SHIELD IL HMO	BLUE CROSS BLUE SHIELD IPA IL	BLUE CROSS BLUE SHIELD OF ILLINOIS MEDICARE ADV
ST. FRANCIS HOSPI	N/A	216	CARDIAC VALVE AN	120	1	$60,517.70	$39,336.51	$2,402.55	$80,625.38	$32,921.63	$36,031.76	$16,944.96	$49,428.30	$36,031.76	$56,803.20	$36,031.76	$56,803.20	$56,803.20	$36,031.76
ST. FRANCIS HOSPI	N/A	473	CERVICAL SPINAL F	120	1	$15,305.70	$9,948.71	$2,324.00	$15,305.70	$8,326.30	$4,902.28	$4,285.60	$3,295.22	$4,902.28	$3,786.88	$4,902.28	$3,786.88	$3,786.88	$4,902.28
ST. FRANCIS HOSPI	N/A	470	MAJOR HIP AND KI	120	1	$11,455.16	$7,445.85	$2,324.00	$11,455.16	$6,231.61	$4,902.28	$3,207.44	$3,295.22	$4,902.28	$3,786.88	$4,902.28	$3,786.88	$3,786.88	$4,902.28
ST. FRANCIS HOSPI	N/A	460	SPINAL FUSION EXC	120	1	$23,694.57	$15,401.47	$2,402.55	$23,694.57	$12,889.85	$7,206.35	$6,634.48	$4,942.83	$7,206.35	$5,680.32	$7,206.35	$5,680.32	$5,680.32	$7,206.35
ST. FRANCIS HOSPI	N/A	743	UTERINE AND ADN	120	1	$6,828.61	$4,438.60	$1,912.01	$10,750.05	$3,714.76	$4,902.28	$1,912.01	$3,295.22	$4,902.28	$3,786.88	$4,902.28	$3,786.88	$3,786.88	$4,902.28
ST. FRANCIS HOSPI	12000001	N/A	HC DAILY SERVICE (	120	1	$1,188.00	$772.20	$332.64	$1,188.00	$646.27	$2,451.14	$332.64	$1,647.61	$2,451.14	$1,893.44	$2,451.14	$1,893.44	$1,893.44	$2,451.14
ST. FRANCIS HOSPI	12000002	N/A	HC DAILY SERVICE S	120	1	$369.00	$239.85	$103.32	$369.00	$200.74	$2,451.14	$103.32	$1,647.61	$2,451.14	$1,893.44	$2,451.14	$1,893.44	$1,893.44	$2,451.14
ST. FRANCIS HOSPI	12000006	N/A	HC DAILY SERVICE V	120	1	$1,622.00	$1,054.30	$454.16	$1,622.00	$882.37	$2,451.14	$454.16	$1,647.61	$2,451.14	$1,893.44	$2,451.14	$1,893.44	$1,893.44	$2,451.14
ST. FRANCIS HOSPI	12200001	N/A	HC DAILY SERVICE (	122	1	$1,188.00	$772.20	$332.64	$1,188.00	$646.27	$2,451.14	$332.64	$1,647.61	$2,451.14	$1,893.44	$2,451.14	$1,893.44	$1,893.44	$2,451.14
ST. FRANCIS HOSPI	12500001	N/A	HC DAILY HOSPICE	125	1	$900.00	$585.00	$252.00	$900.00	$489.60	$2,451.14	$252.00	$1,647.61	$2,451.14	$1,893.44	$2,451.14	$1,893.44	$1,893.44	$2,451.14
ST. FRANCIS HOSPI	17100001	N/A	HC DAILY INFANT SI	171	1	$583.00	$378.95	$163.24	$583.00	$317.15	$2,451.14	$163.24	$1,647.61	$2,451.14	$1,893.44	$2,451.14	$1,893.44	$1,893.44	$2,451.14
ST. FRANCIS HOSPI	20000001	N/A	HC DAILY SERVICE I	200	1	$2,493.00	$1,620.45	$698.04	$2,493.00	$1,356.19	$2,451.14	$698.04	$1,647.61	$2,451.14	$1,893.44	$2,451.14	$1,893.44	$1,893.44	$2,451.14
ST. FRANCIS HOSPI	23100003	N/A	HC ADVANCED NUI	231	1	$260.00	$169.00	$57.20	$260.00	$141.44	$57.20	$72.80	$145.86	$57.20	$169.52	$65.00	$169.52	$169.52	$65.00
ST. FRANCIS HOSPI	26000000	96360	HC HYDRATION THI	260	1	$429.00	$278.85	$94.38	$522.33	$233.38	$94.38	$120.12	$252.25	$94.38	$294.72	$107.25	$294.72	$294.72	$107.25
ST. FRANCIS HOSPI	26000001	96361	HC HYDRATION THI	260	1	$283.00	$183.95	$62.26	$516.01	$153.95	$62.26	$79.24	$166.40	$62.26	$194.42	$70.75	$194.42	$194.42	$70.75
ST. FRANCIS HOSPI	26000002	96365	HC INFUSION THER	260	1	$429.00	$278.85	$94.38	$522.33	$233.38	$94.38	$120.12	$252.25	$94.38	$294.72	$107.25	$294.72	$294.72	$107.25
ST. FRANCIS HOSPI	26000003	96366	HC INFUSION THER	260	1	$283.00	$183.95	$62.26	$516.01	$153.95	$62.26	$79.24	$166.40	$62.26	$194.42	$70.75	$194.42	$194.42	$70.75
ST. FRANCIS HOSPI	26000004	96367	HC IV INF ADDL SE(	260	1	$283.00	$183.95	$62.26	$330.08	$153.95	$62.26	$79.24	$166.40	$62.26	$194.42	$70.75	$194.42	$194.42	$70.75
ST. FRANCIS HOSPI	26000005	96368	HC INFUS CONCUR	260	1	$283.00	$183.95	$62.26	$330.08	$153.95	$62.26	$79.24	$166.40	$62.26	$194.42	$70.75	$194.42	$194.42	$70.75
ST. FRANCIS HOSPI	26000010	96370	HC IV INFUSION TH	260	1	$202.00	$131.30	$44.44	$516.01	$109.89	$44.44	$56.56	$118.78	$44.44	$138.77	$50.50	$138.77	$138.77	$50.50
ST. FRANCIS HOSPI	26000011	96371	HC IV INFUSION TH	260	1	$256.00	$166.40	$56.32	$330.08	$139.26	$56.32	$71.68	$150.53	$56.32	$175.87	$64.00	$175.87	$175.87	$64.00
ST. FRANCIS HOSPI	26000012	96369	HC INFUSION THER	260	1	$471.00	$306.15	$103.62	$522.33	$256.22	$103.62	$131.88	$276.95	$103.62	$323.58	$117.75	$323.58	$323.58	$117.75
ST. FRANCIS HOSPI	26000014	M0239	HC INTRAVENOUS I	260	1	$1,045.00	$679.25	$229.90	$1,045.00	$568.48	$229.90	$292.60	$586.25	$229.90	$681.34	$261.25	$681.34	$681.34	$261.25
ST. FRANCIS HOSPI	26000015	M0243	HC INTRAVENOUS I	260	1	$930.00	$604.50	$204.60	$1,126.25	$505.92	$204.60	$260.40	$521.73	$204.60	$606.36	$232.50	$606.36	$606.36	$232.50
ST. FRANCIS HOSPI	27000008	N/A	HC CONTAINER DR/	270	1	$36.00	$23.40	$7.92	$36.00	$19.58	$7.92	$10.08	$20.20	$7.92	$23.47	$9.00	$23.47	$23.47	$9.00
ST. FRANCIS HOSPI	27000027	N/A	HC TRAY AMNIOCE	270	1	$128.00	$83.20	$28.16	$128.00	$69.63	$28.16	$35.84	$71.81	$28.16	$83.46	$32.00	$83.46	$83.46	$32.00
ST. FRANCIS HOSPI	27000052	N/A	HC KIT CPM MACHI	270	1	$53.00	$34.45	$11.66	$53.00	$28.83	$11.66	$14.84	$29.73	$11.66	$34.56	$13.25	$34.56	$34.56	$13.25
ST. FRANCIS HOSPI	27100038	N/A	HC CPAP MASK	271	1	$76.00	$49.40	$16.72	$76.00	$41.34	$16.72	$21.28	$42.64	$16.72	$49.55	$19.00	$49.55	$49.55	$19.00
ST. FRANCIS HOSPI	27100075	N/A	HC IPPB CIRCUITS	271	1	$44.00	$28.60	$9.68	$44.00	$23.94	$9.68	$12.32	$24.68	$9.68	$28.69	$11.00	$28.69	$28.69	$11.00
ST. FRANCIS HOSPI	27100080	N/A	HC LARYNGEAL MA	272	1	$91.00	$59.15	$20.02	$91.00	$49.50	$20.02	$25.48	$51.05	$20.02	$59.33	$22.75	$59.33	$59.33	$22.75
ST. FRANCIS HOSPI	27100106	N/A	HC OXYGEN DAILY	271	1	$189.00	$122.85	$41.58	$189.00	$102.82	$41.58	$52.92	$106.03	$41.58	$123.23	$47.25	$123.23	$123.23	$47.25
ST. FRANCIS HOSPI	27100107	N/A	HC OXYGEN HOURI	271	1	$24.00	$15.60	$5.28	$24.00	$13.06	$5.28	$6.72	$13.46	$5.28	$15.65	$6.00	$15.65	$15.65	$6.00

University of Wisconsin Medical Center, Madison, WI (624 beds)

Gross Charge	Discounted Cash Price	Minimum Payer Reimbursement	Maximum Payer Reimbursement	Alliance	Alliance Premier Network	Aetna W	Aetna nonW PPO	Anthem PPO	Anthem HMO POS	Anthem Blue Priority	Aspirus Health Plan	Beloit Health System Employee Plan	Cigna OAP PPO EPO	Dean Health Plan HMO POS
$ 137.00	$ 89.05	$ 52.06	$ 126.04	$ 84.27	$ 71.36	$ 98.64	$ 110.97	$ 91.79	$ 57.54	$ 52.06	$ 84.94	$ 89.05	$ 93.16	$ 93.16
$ 137.00	$ 89.05	$ 52.06	$ 126.04	$ 84.27	$ 71.36	$ 98.64	$ 110.97	$ 91.79	$ 57.54	$ 52.06	$ 84.94	$ 89.05	$ 93.16	$ 93.16
$ 137.00	$ 89.05	$ 52.06	$ 126.04	$ 84.27	$ 71.36	$ 98.64	$ 110.97	$ 91.79	$ 57.54	$ 52.06	$ 84.94	$ 89.05	$ 93.16	$ 93.16
$ 137.00	$ 89.05	$ 52.06	$ 126.04	$ 84.27	$ 71.36	$ 98.64	$ 110.97	$ 91.79	$ 57.54	$ 52.06	$ 84.94	$ 89.05	$ 93.16	$ 93.16
$ 137.00	$ 89.05	$ 52.06	$ 126.04	$ 84.27	$ 71.36	$ 98.64	$ 110.97	$ 91.79	$ 57.54	$ 52.06	$ 84.94	$ 89.05	$ 93.16	$ 93.16
$ 137.00	$ 89.05	$ 52.06	$ 126.04	$ 84.27	$ 71.36	$ 98.64	$ 110.97	$ 91.79	$ 57.54	$ 52.06	$ 84.94	$ 89.05	$ 93.16	$ 93.16
$ 137.00	$ 89.05	$ 52.06	$ 126.04	$ 84.27	$ 71.36	$ 98.64	$ 110.97	$ 91.79	$ 57.54	$ 52.06	$ 84.94	$ 89.05	$ 93.16	$ 93.16
$ 137.00	$ 89.05	$ 52.06	$ 126.04	$ 84.27	$ 71.36	$ 98.64	$ 110.97	$ 91.79	$ 57.54	$ 52.06	$ 84.94	$ 89.05	$ 93.16	$ 93.16
$ 137.00	$ 89.05	$ 52.06	$ 126.04	$ 84.27	$ 71.36	$ 98.64	$ 110.97	$ 91.79	$ 57.54	$ 52.06	$ 84.94	$ 89.05	$ 93.16	$ 93.16
$ 137.00	$ 89.05	$ 52.06	$ 126.04	$ 84.27	$ 71.36	$ 98.64	$ 110.97	$ 91.79	$ 57.54	$ 52.06	$ 84.94	$ 89.05	$ 93.16	$ 93.16
$ 137.00	$ 89.05	$ 52.06	$ 126.04	$ 84.27	$ 71.36	$ 98.64	$ 110.97	$ 91.79	$ 57.54	$ 52.06	$ 84.94	$ 89.05	$ 93.16	$ 93.16
$ 137.50	$ 89.38	$ 52.25	$ 126.50	$ 84.58	$ 71.62	$ 99.00	$ 111.38	$ 92.13	$ 57.75	$ 52.25	$ 85.25	$ 89.38	$ 93.50	$ 93.50
$ 138.00	$ 89.70	$ 52.44	$ 126.96	$ 84.88	$ 71.88	$ 99.36	$ 111.78	$ 92.46	$ 57.96	$ 52.44	$ 85.56	$ 89.70	$ 93.84	$ 93.84
$ 138.00	$ 89.70	$ 52.44	$ 126.96	$ 84.88	$ 71.88	$ 99.36	$ 111.78	$ 92.46	$ 57.96	$ 52.44	$ 85.56	$ 89.70	$ 93.84	$ 93.84
$ 138.00	$ 89.70	$ 52.44	$ 126.96	$ 84.88	$ 71.88	$ 99.36	$ 111.78	$ 92.46	$ 57.96	$ 52.44	$ 85.56	$ 89.70	$ 93.84	$ 93.84
$ 138.00	$ 89.70	$ 52.44	$ 126.96	$ 84.88	$ 71.88	$ 99.36	$ 111.78	$ 92.46	$ 57.96	$ 52.44	$ 85.56	$ 89.70	$ 93.84	$ 93.84
$ 138.00	$ 89.70	$ 12.03	$ 124.20	$ 84.88	$ 71.88	$ 99.36	$ 111.78	$ 92.46	$ 57.96	$ 52.44	$ 85.56	$ 89.70	$ 93.84	$ 93.84

Northside Hospital Atlanta, Atlanta, GA (721 beds)

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 SARSCOV2 30MCG	AETNA HMO	48	12	0.003719	0.000715	0.009693
Northside Hospital	7/5/2022	0002A	ADM SARSCOV2 30MCG	AETNA HMO	0.008713137	0.002178284	0.00393	0.000309	0.007654
Northside Hospital	7/5/2022	0202U	NFCT DS 22 TRGT SARS	AETNA HMO	1546.983178	386.7457944	418.433575	42.051203	1414.25785
Northside Hospital	7/5/2022	10030	GUIDE CATHET FLUID D	AETNA HMO	709	177.25	626.504981	58.54755	692.000308
Northside Hospital	7/5/2022	19000	DRAINAGE OF BREAST	AETNA HMO	886.32	221.58	869.486053	166.043417	883.705897
Northside Hospital	7/5/2022	19001	DRAIN BREAST LESION	AETNA HMO	447	111.75	443.333723	63.98913	443.333723
Northside Hospital	7/5/2022	19081	BX BREAST 1ST LESION	AETNA HMO	5284.706522	1321.17663	3255.683821	803.532044	5314.398317
Northside Hospital	7/5/2022	19082	BX BREAST ADD LESIOI	AETNA HMO	2249.85	562.4625	1146.925421	400.013376	2211.002307
Northside Hospital	7/5/2022	19083	BX BREAST 1ST LESION	AETNA HMO	5279.952703	1319.988176	3290.028006	479.522285	5159.326999
Northside Hospital	7/5/2022	19084	BX BREAST ADD LESIOI	AETNA HMO	2243.888889	560.9722222	1116.268229	203.498251	2322.002753
Northside Hospital	7/5/2022	19085	BX BREAST 1ST LESION	AETNA HMO	5251.20979	1312.802448	3535.980788	894.058606	5246.998163
Northside Hospital	7/5/2022	19086	BX BREAST ADD LESIOI	AETNA HMO	2251.363636	562.8409091	1360.186447	416.27214	2322.004685
Northside Hospital	7/5/2022	19281	PERQ DEVICE BREAST	AETNA HMO	1072.846939	268.2117347	432.132285	90.404473	941.796687
Northside Hospital	7/5/2022	19282	PERQ DEVICE BREAST	AETNA HMO	650	162.5	234.985378	67.885024	446.778649
Northside Hospital	7/5/2022	19285	PERQ DEV BREAST 1ST	AETNA HMO	1070.9	267.725	394.825077	54.362761	719.307784
Northside Hospital	7/5/2022	19286	PERQ DEV BREAST ADI	AETNA HMO	650	162.5	112.76003	55.981087	466.723945
Northside Hospital	7/5/2022	20206	NEEDLE BIOPSY MUSCI	AETNA HMO	1730.636364	432.6590909	703.812402	117.909415	1691.999841

Northside Hospital Cherokee, Canton, GA (211 beds)

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	NFCT 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	709	177.25	697.666069	40.423567	697.666069
Northside Hospital Cherokee	7/5/2022	11042	DEB SUBQ TISS	AETNA HMO	1038	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	562.8409091	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	199.309194	67.547244	444.820357
Northside Hospital Cherokee	7/5/2022	19285	PERQ DEV BRE	AETNA HMO	1070.9	267.725	388.248156	97.113474	791.313894
Northside Hospital Cherokee	7/5/2022	19286	PERQ DEV BRE	AETNA HMO	650	162.5	208.683559	58.362217	456.899176
Northside Hospital Cherokee	7/5/2022	20220	BONE BIOPSY	AETNA HMO	2595.72	648.93	959.690331	136.15168	2049.795423
Northside Hospital Cherokee	7/5/2022	20225	BONE BIOPSY	AETNA HMO	2604.619048	651.1547619	745.330024	274.928874	1759.841301
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	1706.998918	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 C	OWF LOCATI	OR PSA REG	OR PSA REG	OR REGIONAL SUPPLIES [IP/OP] DISCOUNT CASH PRICE							
2	Px000010002	HC GUIDEWI	C1769	N/A	N/A	N/A	24							
3	Px000010003	HC KNEE IMN	L1830	N/A	N/A	N/A	47.25							
4	Px000010086	HC CATH FO(	C1757	N/A	N/A	N/A	173.25							
5	Px000010088	HC CATH FO(	C1757	N/A	N/A	N/A	107.25							
6	Px000010090	HC CATH DIAG	NOSTIC 5FR	N/A	N/A	N/A	16.5							
7	Px000010095	HC G-WIRE \	C1769	N/A	N/A	N/A	61.5							
8	Px000010098	HC TRAY PACE	MAKER DISI	N/A	N/A	N/A	288.75							
9	Px000010098	HC WIRE CH(	C1769	N/A	N/A	N/A	141							
10	Px000010095	HC GUIDEWI	C1769	N/A	N/A	N/A	25.5							
11	Px000010095	HC GUIDEWI	C1769	N/A	N/A	N/A	24							
12	Px000010113	HC SET ATOTRANSFN CEL		N/A	N/A	N/A	165							
13	Px000010128	HC MAXCORE INST BX 14(		N/A	N/A	N/A	428.25							
14	Px000010137	HC SOL DIANEAL 1.5PCT 2		N/A	N/A	N/A	50.25							
15	Px000010138	HC SOL DIANEAL 2.5PCT 2		N/A	N/A	N/A	53.25							
16	Px000010186	HC DRSG AB	A6252	N/A	N/A	N/A	0.75							
17	Px000010187	HC DRSG ADH ALLEVYN 7)		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/Vacci	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	Triwest Veterans Choice LOA 582	United Healthcare Comm 238
ROOM AND BED		118	1,204.90	NA	NA	1325	2500	98% State Auto Fee schedule							
ROOM & BOARD		128	1,204.90	NA	NA	937	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
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
ETODOLAC 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)8-2MG		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						