

Navigating Health Care Transparency & Regulations in 2024: A Proactive Approach for Organization

Thursday, February 15, 2024





Places I've Been and People I've Talked to in 2024 – Part II



The 2024 Public Opinion Top Issues

- **Impacts to One's Own Family**
- **U.S. Inflation Overall is a Top Concern**
- **Health Care Costs**
- **Access and the Cost of Health Care Insurance**
- **Opioid and Fentanyl is the top medical concern for 2024**
- **Medicare and Social Security**
- **Racial Equity**



The 2024 Health Care Landscape in D.C



Republicans believe the federal government is generally overspending

Democrats believe more spending is needed to cover healthcare costs; ACA

Mental Health and Substance Use Disorder Issues remain a top bipartisan concern

Federal Legislators Continue to Push CMS and Federal Agencies to Address Health Care Spend and Patient/Consumer Cost Sharing

Rural and Community Hospital Closures & the Scaling back of Services Remain a Key Concern

Who's Advancing & Who's Not!



Walgreens
healthcare clinic



♥ **CVS**Health

A Conversation with 3M...



**Service Line
Analysis:
Shrinkage/Loss**



**Organization Case
Mix: Severity
Adjustment**



**Duplicative
Services**



**Continuity of Care
Quality**



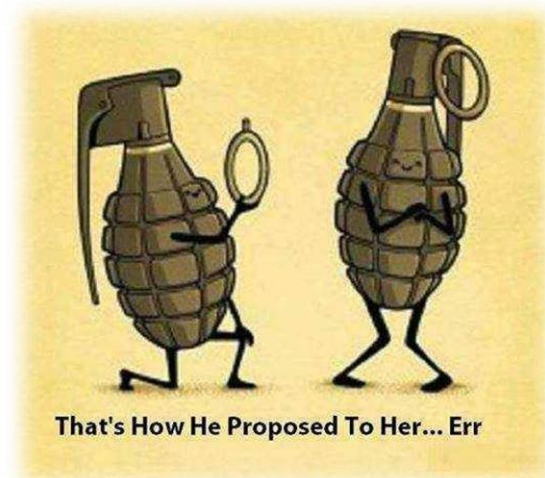
**Patient Pharmacy
Prescription Usage**



**AI Dictation in
Clinical Settings**

Medicare Proposed Rule: Appeal Rights for Certain Changes in Patient Status

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Medicare Program

Appeal Rights for Certain Changes in Patient Status – Dec. 21, 2023



The New processes would include:

- An expedited appeal available to beneficiaries while hospitalized – 1 day!
- A retrospective review for patients affected by a patient-status change before new rule implemented - 15 years!

Medicare Program

Retrospective Appeal Process:



- Retrospective review would be available for hospital admissions taking place on or after Jan. 1, 2009. The appellant would need to file any such appeal within a year of implementation of the upcoming final rule.
- In the event of a favorable ruling for the beneficiary, if the beneficiary was not enrolled in Part B, the hospital would have to refund payments received for covered services but then could submit a new Part A claim to Medicare within 180 days.



Federal Price Transparency 2024/2025 Is it all about Compliance?

CMS Website Information Update

CMS may publicize on the CMS website information related to:

- 1) CMS' assessment of a hospital's compliance;
- 2) Any compliance action taken against a hospital, the status of such compliance action, and the outcome of such compliance action; and
- 3) Notifications sent to health system leadership.

CMS already currently releases information regarding [hospitals issued civil monetary penalties](#).

Hospital Affirmation Statement

Final Rule: Page 1385 – **Required July 1, 2024**

"To the best of its knowledge and belief, this hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information encoded in the machine-readable file is true, accurate, and complete as of the date indicated in this file"

Hospital Affirmation Statement

Final Rule: Page 1385 – **Required July 1, 2024**

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MRF Compliance Dates

Requirement	Regulation cite*	Compliance Date
MRF Date	<u>45 CFR § 180.50 (b)(2)(i)(B)</u>	July 1, 2024
CMS Template Version	<u>45 CFR § 180.50 (b)(2)(i)(B)</u>	July 1, 2024
Affirmation Statement	<u>45 CFR § 180.50 (a)(3)(ii)</u>	July 1, 2024

[GitHub - CMSgov/hospital-price-transparency](#)

MRF Hospital Information

Requirement	Regulation cite*	Compliance Date
Hospital Name	45 CFR § 180.50 (b)(2)(i)(A)	July 1, 2024
Hospital Location(s)	45 CFR § 180.50 (b)(2)(i)(A)	July 1, 2024
Hospital Address(es)	45 CFR § 180.50 (b)(2)(i)(A)	July 1, 2024
Hospital Licensure Information	45 CFR § 180.50 (b)(2)(i)(A)	July 1, 2024

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MRF Standard Charges

Requirement	Regulation cite*	Compliance Date
Gross Charge	45 CFR § 180.50 (b)(2)(ii)	July 1, 2024
Discounted Cash Price	45 CFR § 180.50 (b)(2)(ii)	July 1, 2024
Payer Name	45 CFR § 180.50 (b)(2)(ii)(A)	July 1, 2024
Plan Name	45 CFR § 180.50 (b)(2)(ii)(A)	July 1, 2024
Standard Charge Method	45 CFR § 180.50 (b)(2)(ii)(B)	July 1, 2024
Payer-Specific Negotiated Charge - Dollar Amount	45 CFR § 180.50 (b)(2)(ii)(C)	July 1, 2024
Payer-Specific Negotiated Charge - Percentage	45 CFR § 180.50 (b)(2)(ii)(C)	July 1, 2024
Payer-Specific Negotiated Charge - Algorithm	45 CFR § 180.50 (b)(2)(ii)(C)	July 1, 2024

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Common New Data Element Questions

Standard Charge:

The payer-specific negotiated charge (expressed as an algorithm) that a hospital has negotiated with a third-party payer for the corresponding item or service, so the contracted rate. Please note that this also would be further identified and explained by adding in the additional "standard charge methodology" which is required now. For example, "standard charge methodology" may include case rate, fee schedule, percent of total billed charges, per diem.

MRF Standard Charges

Requirement	Regulation cite*	Compliance Date
Estimated Allowed Amount	45 CFR § 180.50 (b)(2)(ii)(C)	January 1, 2025
Additional Generic Notes	45 CFR § 180.50 (b)(2)(ii)(C)	July 1, 2024
Additional Payer-Specific Notes	45 CFR § 180.50 (b)(2)(ii)(C)	July 1, 2024
De-identified Minimum Negotiated Charge	45 CFR § 180.50 (b)(2)(ii)	July 1, 2024
De-identified Maximum Negotiated Charge	45 CFR § 180.50 (b)(2)(ii)	July 1, 2024

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Common New Data Element Questions

Estimated Allowed Amount:

The average dollar amount that the hospital has historically received from a third-party payer for an item or service. The estimated allowed amount is therefore not prospective and is also not based on the hospital's chargemaster or claims submitted to the payer which, as we understand it, contains only gross charges for itemized items and services and agree that using information from the 835 transaction, the ERA that provides claim payment information, including any adjustments made to the claim, such as denials, reductions, or increases in payment, would appear to meet this requirement as the data in the 835 form is used by hospitals to track and analyze their claims and reimbursement patterns.

MRF Item & Service Information

Requirement	Regulation cite*	Compliance Date
General Description	45 CFR § 180.50 (b)(2)(iii)(A)	July 1, 2024
Setting	45 CFR § 180.50 (b)(2)(iii)(B)	July 1, 2024
Drug Unit of Measurement	45 CFR § 180.50 (b)(2)(iii)(C)	January 1, 2025
Drug Type of Measurement	45 CFR § 180.50 (b)(2)(iii)(C)	January 1, 2025

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MRF Coding Information

Requirement	Regulation cite*	Compliance Date
Billing/Accounting Code	<u>45 CFR § 180.50 (b)(2)(iv)(A)</u>	July 1, 2024
Code Type	<u>45 CFR § 180.50 (b)(2)(iv)(B)</u>	July 1, 2024
Modifiers	<u>45 CFR § 180.50 (b)(2)(iv)(C)</u>	January 1, 2025

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