



# NEWSBRIEFS

Informational Newsletter for Wyoming Hospitals

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## CMS Updated Price Transparency Guidelines

In its fiscal year 2019 inpatient prospective payment system final rule, the Centers for Medicare & Medicaid Services (CMS) updated federal guidelines to comply with the statutory requirement that “each hospital operating within the United States” make its standard charges available on an annual basis.

As of Jan. 1, 2019, hospitals must make available a list of their current standard charges via the Internet in a machine readable format at least annually.

CMS new guidance builds on a requirement established under the Affordable Care Act for hospitals to make their standard charges for items and services publicly available. The agency had not previously required standard hospital charges to be available in a machine readable format, nor had it required that the list be posted on a public-facing website. Instead, hospitals could meet prior guidance by providing charges upon request.

Hospitals may choose the specific format of the list of standard charges as long as it is machine readable and includes the charges reflected in the hospital’s charge-master for all items and services provided by the hospital.

CMS subsequently released frequently asked questions which provide additional guidance.

In addition, CMS has issued multiple requests for information (RFI) as part of each of its 2019 payment rules to gather public input on ways to increase price transparency for consumers.

The American Hospital Association has submitted comments on the agency’s RFI. To date, the agency has not summarized, responded to or developed new policy as a result of the comments.

However, CMS has indicated that it expects to engage in future policymaking on price transparency. This could occur next year in the 2020 payment rules or under separate policymaking that could be released at any time.

The AHA will continue to engage with CMS and monitor this issue in order to provide updates to members as additional guidance is released.

CMS has not indicated how it will enforce these requirements. However, through the RFI process, CMS sought comments on the appropriate mechanisms for CMS to enforce price transparency requirements.

Enforcement mechanisms may be included in future policymaking.

Per CMS’ frequently asked questions, participation in an online state price transparency initiative does not satisfy the federal requirement.

Hospitals participating in such initiatives will still need to post their standard charges.



### Key Takeaways

- The updated price transparency guidelines go into effect Jan. 1, 2019.
- Hospitals will be required to publish standard charges for all items and services on a public-facing website in a machine readable format.
- These requirements apply to all hospitals, including critical access hospitals.
- CMS has indicated that additional policymaking related to price transparency is likely.

### PAC CONTRIBUTORS 2018

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Total to Date  
\$6,550

Annual Goal  
\$8,500

## CRMC Rated Tops for a Number of Health Services



Cheyenne Regional Medical Center (CRMC) has placed in the top 5 percent for overall pulmonary services in 2019 and top 10 percent of hospitals for cardiology services, stroke treatment, gastrointestinal services and general surgery, according to Healthgrades, an independent hospital and physician quality and safety ratings organization.

These Healthgrades designations make CRMC one of the top-performing hospitals for clinical quali-

ty related to cardiology, gastrointestinal, general surgery, pulmonary and stroke services in Wyoming.

In addition, Cheyenne Regional received 10 five-star clinical quality ratings from Healthgrades. A five-star rating indicates that clinical outcomes are statistically significantly better than expected when treating the condition or conducting the procedure being evaluated. The outcomes reflect in-hospital complications or in-hospital and 30-day post-admission mortality.

These results were recently released online at [www.healthgrades.com](http://www.healthgrades.com).

For this year's analysis, Healthgrades reviewed more than 45 million Medicare patient claims records from approximately 4,500 hospitals nationwide. Data evaluated was from 2015-2017. Healthgrades evaluates hospital quality for conditions and procedures based solely on clinical outcomes. No hospital can opt in or out of the analysis, and no hospital pays to be measured.

## Enter 2018 National Rural Health Day Photo Contest



The 2018 rural health photo contest is offering Visa gift cards as prizes in two categories: "People, Places and Things" and "Landscape and Wildlife."

Photos will be judged by Wyoming Office of Rural Health staff on creativity, originality, photo quality, how well the concept of "rural health" is communicated and overall appeal.

Images submitted must be royalty free. Photos may be posted on the Wyoming Office of Rural Health website and may be used for future publications. Photos must be current (no historical photos).

Submitting photos means acknowledging the right and permission of the owner of the photo to use for this contest and agreeing to the terms of use.

The deadline is November 14.

Send a high resolution version of the photo in a .jpeg, .gif, or .tif file format to [sharla.allen@wyo.gov](mailto:sharla.allen@wyo.gov).

Include name, email address, phone number, and a caption.

## Medicare Mapping Disparities (MMD) Tool

The CMS Office of Minority Health has designed an interactive map, the Mapping Medicare Disparities (MMD) Tool, to identify areas of disparities between subgroups of Medicare beneficiaries (e.g., racial and ethnic groups) in health outcomes, utilization, and spending.

It is an excellent starting point to understand and investigate geographic and racial and ethnic differences in health outcomes.

This information may be used to inform policy decisions and to target populations and geographies for potential interventions.

The Tool can be found at: <https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Mapping-Medicare-Disparities.html>

