Review steps to make standard charge information public.

On May 1, the Iowa Department of Inspections, Appeals, and Licensing (DIAL) held a lunch and learn session featuring Dr. Terri L. Postma, who reviewed hospital price transparency requirements. Dr. Postma is a neurologist who serves as medical officer and senior advisor for the Centers for Medicare and Medicaid Services (CMS) in the U.S. Department of Health and Human Services (HHS). Before joining CMS, Dr. Postma conducted original clinical and basic neuropsychopharmacological research at the National Institutes of Health (NIH). She also completed an American Association for the Advancement of Science (AAAS) public policy fellowship with the U.S. Senate Committee on Finance during the 2009 health care reform debate that led to the passage of the Affordable Care Act. In 2010, she took up her post at HHS/CMS where she led the development for national healthcare value-based purchasing initiatives such as the Medicare Shared Savings Program Accountable Care Organizations (ACOs) and hospital price transparency.

DIAL is committed to providing education to hospitals to ensure compliance with the hospital price transparency requirements and to ensure hospitals avoid imposition of a civil monetary penalty (CMP) related to price transparency requirements. This document addresses the requirement, effective July 1, 2024, for hospitals to conform to a CMS template layout, data specifications, and data dictionary for the purpose of making public the standard charge information required by 45 CFR 180.50.

Below are the steps for making public hospital standard charges in a machine-readable format (MRF) using a required CMS template layout. All hospitals in Iowa but one meet the definition identified in step 1.

Here is a summary of the steps outlined during the May 1 lunch and learn:

Step 1: Identify your hospital and each hospital location that must make available its list of standard charges. Verify if your institution meets the definition of a hospital, and check if your hospital is excepted from the requirement.

Step 2: Identify each standard charge your hospital has established and its corresponding item or service. This includes identifying gross charges, payer-specific negotiated charges, de-identified minimum and maximum negotiated charges, and discounted cash prices.

Step 3: Select a required CMS template. Beginning July 1, 2024, your hospital must adopt a CMS template layout and encode data elements according to the technical specifications described in the CMS hospital price transparency data dictionary.

Step 4: Gather and encode your standard charge information in the CMS template. This includes providing general data elements, each type of standard charge, a description of the item or service, and coding information.

Step 5: Affirm the accuracy and completeness of your file. Your hospital must make a good faith effort to ensure that the standard charge information encoded in the machine-readable file is true, accurate, and complete.

Step 6: Name your machine-readable file according to the CMS naming convention. Your hospital must use a specific naming convention when saving the comprehensive machine-readable file.

Step 7: Validate that you have encoded your data correctly within the CMS template. Use the MRF validation tool provided by CMS to check for compliance with the formatting requirements.

Step 8: Post your machine-readable file prominently on a publicly available website. The standard charge information must be displayed in a prominent manner and must be easily accessible without barriers.

Step 9: Add the .txt file and footer link. Ensure that the public website hosting the machine-readable file includes a .txt file in the root folder and a link in the footer labeled "Price Transparency" that links directly to the web page hosting the machine-readable file.

Step 10: Update your hospital's MRF annually. Your hospital must update its standard charge information in the machine-readable file at least once annually.

Recommended references:

- Steps to a machine-readable file
- The CMS hospital price transparency - data dictionary GitHub repository
- GitHub tools repository (including the online validator)

Critical access hospital cited for failing to protect confidentiality of patient medical information.

In a recent survey, the state agency cited the critical access hospital (CAH) for failing to ensure hospital staff safeguarded the confidentiality of patient medical information against potential unauthorized access/use.

This citation was regarding conditions of participation 42 CFR 485.638 Clinical Records (C1100) and 42 CFR 485.638(b)(1) Protection of Record Information (C1120).

- The surveyors observed that the CAH's laboratory had two large television monitors with patients' full names and the list of the scheduled laboratory tests for each of those patients. Interviews with laboratory staff revealed the television screens were never turned off, the list contained both inpatients and outpatients, and the laboratory doors were never locked. A laboratory equipment technician (not employed by the hospital) was present in the laboratory at the time of the observation. This person would have no reason to have knowledge of patient protected health information (PHI).

- The surveyors observed the CAH's rehabilitation therapy department's fax machine received and printed unsecured documents with patient PHI. The department was open to public access and the fax machine was left unattended with the PHI. According to staff, the printed PHI would sit on the fax machine, sometimes overnight, until a therapist gathered the information.

- The surveyors observed the CAH had unlocked shred bins that contained unsecured patient PHI located in the emergency room department, inpatient/outpatient registration area and the medical/surgical department. The shred bins were potentially accessible to persons who did not have a right to the PHI.