



Living in a Price Transparent World

nThrive Speakers Bureau // Sample Presentation

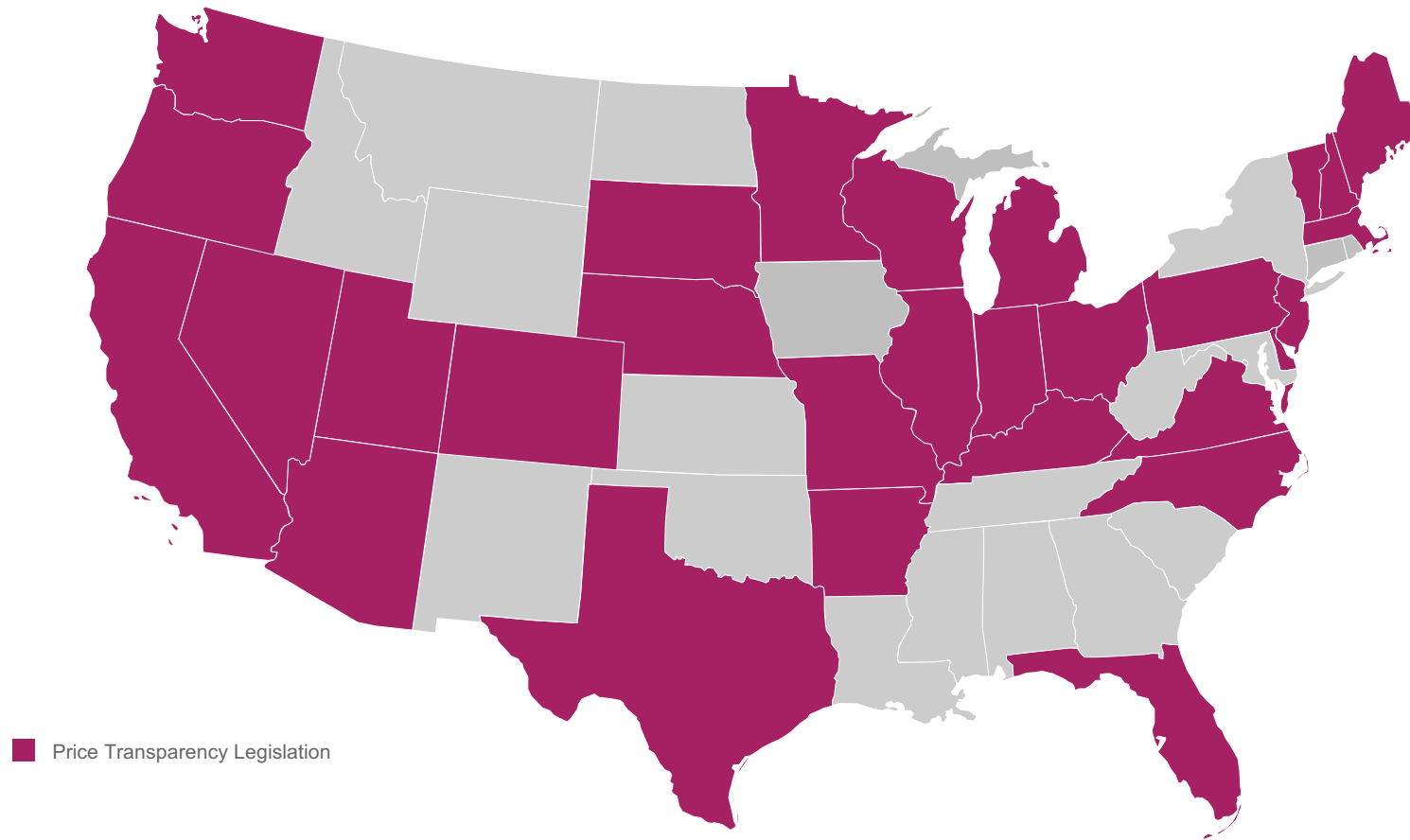



Agenda

- Evolution of Price Transparency
- Breaking Down the Final Rule
- Risk Areas
- Next Steps and How to Prepare
- Questions

State Legislation

28 states have price transparency legislation





“We still believe it’s
an important first
step, and there’s no
reason hospitals
can’t do more.”

Seema Verma,
Centers for Medicare and Medicaid
Services Administrator
Fierce Healthcare Article, January 11, 2019

2019 IPPS Final Rule: Price Transparency

Effective 1/1/19

Providers are required to publish “standard charges” on the internet in a machine-readable format and update the information at least annually

Regulation is vague

regarding specific format and content

- Each provider must decide how to present the information
- Must include current CDM prices for all items and services provided by hospital
- Will remain in effect until 12/31/2020.

Federal Register Vol. 83, No. 160, Page 41686

Timeline for Price Transparency Final Rule

• June 2019

President Trump signed an executive order outlining an aggressive plan to increase price transparency for patients and directed CMS/HHS to provide draft proposals for each element within 60-180 days

• July 2019

CMS released the 2020 OPPS Proposed Rule with sweeping regulations related to price transparency. Over 1,400 comments were received from the public in response to the proposals. The final ruling was not included in the 2020 OPPS Final Rule, as expected

• November 15, 2019

CMS released two rules related to Price Transparency, one affecting hospitals and the other impacting payers. They are both slated to go into effect on 1/1/2021

- **Hospitals:** Calendar Year (CY) 2020 Outpatient Prospective Payment System (OPPS) & Ambulatory Surgical Center (ASC) Price Transparency Requirements for Hospitals to Make Standard Charges Public final rule (CMS-1717-F2)
- **Payers:** Transparency in Coverage Proposed Rule (CMS-9915-P)

Lawsuit



On December 4, 2019, four healthcare associations and three hospitals brought a lawsuit against HHS over the final rule.

Argues that:

- ✓ **CMS does not have the statutory authority** to define “Standard Charges” to include negotiated payer rates, which are by no means “Standard”
- ✓ **Violates First Amendment rights** because it mandates speech that fails to advance a substantial government interest and will create more confusion for patients
- ✓ **The regulation posed a major administrative burden** on hospitals and would undermine competition
- ✓ **The rule lacks a rational basis** and does not achieve the goal CMS is trying to achieve; to allow patients to easily determine their out-of-pocket costs

A legal battle was expected after the release of the final rule



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