

July 02, 2025

Responses to CMS Hospital Price Transparency Accuracy and Completeness Request for Information

Submitted via online form: [CMS Hospital Price Transparency Accuracy and Completeness Request for Information | CMS](#)

Question 5: What specific suggestions do you have for improving the HPT compliance and enforcement processes to ensure that the hospital pricing data is accurate, complete, and meaningful? For example, are there any changes that CMS should consider making to the CMS validator tool, which is available to hospitals to help ensure they are complying with HPT requirements, so as to improve accuracy and completeness?

As CMS aims to review Hospital Price Transparency (HPT) policies, we urge the agency to consider opportunities to minimize patient confusion and alleviate excessive administrative burden on providers as these steps may also improve compliance.

Overlap Between the No Surprises Act and Hospital Price Transparency Requirements

While Vizient supports sharing information with patients, we believe the redundancies between requirements of the HPT Final Rule¹ and the No Surprises Act (NSA)² could be streamlined, which would also ease compliance burden. Both HPT and NSA aim to help patients understand healthcare costs before receiving care. HPT requires hospitals to publicly post standard charges to allow patients to compare prices for common services, while the NSA requires providers to share Good Faith Estimates (GFEs) for uninsured or self-pay individuals. These parallel federal transparency-related requirements result in patients encountering different types of pricing information, which adds confusion.³ Further, HPT data is not personalized to patients' unique circumstances, particularly as related to their payer, so the utility of the data to allow patients to shop for services is limited. As a result, patients are increasingly confronted with numerous sources of pricing information without clear guidance on which source is most relevant to their circumstances, countering the aim of promoting informed decision-making. Therefore, to streamline compliance, Vizient recommends that CMS consider opportunities to harmonize regulatory requirements across the HPT and NSA frameworks.

Enforcement

Recently, CMS made significant updates⁴ to the HPT enforcement process, including increased civil monetary penalties, shortened compliance timelines and a more immediate transition to corrective action planning. Specifically, CMS now requires hospitals to achieve full compliance within 90 days of receiving a Corrective Action Plan (CAP) request, eliminates the initial warning notice in favor of an immediate CAP submission request and automatically imposes penalties on hospitals that fail to submit a CAP within 45 days. These changes mark a more rigid

¹ <https://www.govinfo.gov/content/pkg/FR-2019-11-27/pdf/2019-24931.pdf>

² Consolidated Appropriations Act, 2021 (Public Law 116-260), <https://www.congress.gov/bills/116th-congress/house-bill/133/text>

³ AHA Fact Sheet on Hospital Price Transparency, <https://www.aha.org/fact-sheets/2023-02-24-fact-sheet-hospital-price-transparency#:~:text=These%20include:-,Hospital%20Price%20Transparency%20Rule,insurers%20to%20operationalize%20this%20policy.>

⁴ CMS Hospital Price Transparency Updates (2023), https://www.cms.gov/newsroom/fact-sheets/hospital-price-transparency-enforcement-updates#_ftn2

enforcement posture that heightens compliance pressure on hospitals already working to meet evolving transparency requirements. Hospitals continue to make good faith efforts to comply with HPT requirements, despite the changing and sometimes duplicative compliance obligations they face.⁵ As CMS considers updating its enforcement strategy to ensure pricing data is accurate, complete and meaningful, Vizient suggests the agency consider more opportunities to work with hospitals before penalties are imposed.

Question 6: Do you have any other suggestions for CMS to help improve the overall quality of the Machine Readable File (MRF) data?

Standardization of Data

CMS recently updated the Hospital Price Transparency Guidance⁶ by clarifying that hospitals must include actual dollar amounts, and not placeholders, in their MRFs for standard charges whenever those values can be calculated. This includes negotiated rates, base rates for bundled services, or values derived from fee schedule percentages. Hospitals were also instructed to stop using “999999999” as a stand-in for unknown prices and instead provide a real dollar figure wherever possible. As a result, hospitals are already actively working to adhere to new MRF requirements and additional requirements would be unnecessarily burdensome.

Currently, hospitals must publicly disclose standard charges for all items and services, including gross charges, discounted cash prices, payer-specific negotiated rates and de-identified minimum and maximum charges through an MRF. They must also display at least 300 “shoppable services” (e.g. services patients can schedule in advance) in plain language, grouped with related services and accompanied by corresponding price information from the MRF. Since the volume of this data can make it difficult for patients to understand, we encourage CMS to consider opportunities to reduce the volume of data that hospitals must report. For example, standard charges must currently be listed for procedures that are not commonly performed at a given facility. Requirements to report this data cause unnecessary burden by creating larger and more cumbersome data files, making the data harder to process or analyze and creating confusion for patients, such as when they are unaware of the right codes or descriptions to search for when comparing services. Additionally, the volume of irrelevant pricing data often causes hospitals to hire additional staff or rely on third-party vendors to clean, organize and interpret the data, adding unnecessary cost and burden to the compliance process. To improve clarity and reduce redundancy in HPT reporting, Vizient recommends that CMS provide greater discretion to hospitals regarding when rates for specific services do not need be reported.

Recognizing Hospital Progress in Price Transparency

Over the past five years, CMS has introduced a series of regulatory updates to HPT requirements and hospitals have made demonstrable progress in meeting price transparency mandates, despite the operational complexity and changing guidance. The HPT Rule requires hospitals to publicly display standard charges through both an MRF and a consumer-friendly display of at least 300 shoppable services. Additionally, over the last few years CMS set a minimum civil monetary penalty for hospitals not complying with the HPT Rule⁷ and also

⁵ AHA Fact Sheet on Hospital Price Transparency, <https://www.aha.org/fact-sheets/2023-02-24-fact-sheet-hospital-price-transparency#:~:text=These%20include:-,Hospital%20Price%20Transparency%20Rule,.insurers%20to%20operationalize%20this%20policy.>

⁶ CMS Updated Hospital Price Transparency Guidance Implementing the President’s Executive Order “Making America Healthy Again by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing Information” (May 2025) <https://www.cms.gov/files/document/updated-hpt-guidance-encoding-allowed-amounts.pdf>

⁷ See the CY 2022 OPPS final rule, <https://www.govinfo.gov/content/pkg/FR-2021-11-16/pdf/2021-24011.pdf>

introduced new MRF data element and format standardization requirements.⁸ In response to these new HPT requirements, hospitals have consistently demonstrated their commitment to compliance by adapting to these evolving policies. Further, hospitals may hire third parties to assist with their compliance efforts and later learn from CMS that they are not in compliance. CMS's publicly available data documents indicate numerous instances in which hospitals, after receiving initial citations for noncompliance, achieved compliance through the implementation of corrective action plans. This pattern reflects hospitals' sustained commitment to meeting transparency standards and their readiness to collaborate constructively with CMS, even amid changing regulatory expectations and implementation challenges.

In contrast, the Transparency in Coverage (TiC) final rules⁹, which require health plans and insurance issuers to disclose detailed price and cost-sharing information to participants, beneficiaries and enrollees, were implemented more recently than the HPT transparency requirements. Additionally, CMS is currently seeking feedback on payer transparency through its latest Regarding the Prescription Drug Machine-Readable File Requirement in the Transparency in Coverage Final Rule Request for Information (RFI)¹⁰. Recognizing that the TiC regulations are more recently finalized, tailored to individual patients and, as such, more useful to informed decision making – and given the agency's limited enforcement resources – we recommend that CMS prioritize compliance with TiC rules to more meaningfully advance price transparency.

Studies to Learn Consequences of Price Transparency Requirements

Vizient supports efforts to improve price transparency to enhance patient engagement in care decisions. However, additional evidence is needed to understand whether current transparency policies, such as the HPT rule, translate into meaningful patient engagement with their care. For example, it would be helpful to learn whether patients accurately interpret price transparency data and decide to defer care. A recent study related to imaging and price transparency showed that patients with pre-imaging out-of-pocket cost (OOPC) knowledge were less likely to complete their imaging appointment.¹¹ Of the 41 patients who had knowledge of their OOPC for imaging services and missed their procedure, only 4 of those patients used a price estimator tool from the imaging center, while the remainder used various other data sources (e.g., payer information).¹² In this study, it is unclear why care was missed or whether the patient accurately identified their OOPC. Vizient recommends that CMS undertake a more comprehensive evaluation of how HPT initiatives are affecting patient utilization of needed care. Such an evaluation could also include examining impacts on network adequacy and actual patient savings to ensure that these efforts are achieving their intended goals without unintended consequences.

Improving Patient Understanding of Healthcare Data

While CMS's efforts to promote price transparency through MRFs are well-intentioned, the current format and complexity of MRF data presents significant barriers for most patients. Many patients are unaware that these files exist, and those who attempt to access them often

⁸ See the CY 2024 OPPS final rule, <https://www.govinfo.gov/content/pkg/FR-2023-11-22/pdf/2023-24293.pdf> and <https://www.cms.gov/files/document/updated-hpt-guidance-encoding-allowed-amounts.pdf>

⁹ <https://www.govinfo.gov/content/pkg/FR-2020-11-12/pdf/2020-24591.pdf>

¹⁰ <https://www.govinfo.gov/content/pkg/FR-2025-06-02/pdf/2025-09858.pdf>

¹¹ CMS 10 Steps to Making Public Standard Charges for Shoppable Services, <https://www.cms.gov/files/document/steps-making-public-standard-charges-shoppable-services.pdf>

¹² Unintended Consequences of Price Transparency Initiatives: Examining Patient Decision Making in Imaging Services. Grant, George et al. Journal of the American College of Radiology, Volume 22, Issue 2, 185 – 190. [https://www.jacr.org/article/S1546-1440\(24\)00831-7/fulltext](https://www.jacr.org/article/S1546-1440(24)00831-7/fulltext)

encounter highly technical information that does not align with their final medical bills, leaving them uncertain about their actual financial responsibility. To support patients in making informed care decisions that include anticipated patient-specific cost information from their payer, Vizient encourages CMS to implement strategies that enhance communication between patients and payers so that more personalized pricing information is made available.

Lastly, should the agency move forward with proposing changes to the HPT initiative, we encourage CMS to prioritize investment in education and communication tools that help patients interpret HPT data and other healthcare transparency data.