



CMS Hospital Price Transparency Accuracy and Completeness Request for Information

Type of Notice: Request for Information

Title: CMS Hospital Price Transparency Accuracy and Completeness Request for Information

Response Date: July 21, 2025

Summary: The Centers for Medicare & Medicaid Services (CMS) seeks public input to identify challenges and improve compliance and enforcement processes related to the transparent reporting of complete, accurate, and meaningful pricing data by hospitals. CMS seeks responses to the “Questions for Public Comment” section of this Request for Information (RFI). CMS may use the responses collected to inform the development and implementation of future policies and processes, among other purposes. The responses and/or a summary of the responses may be shared with the Department of Health and Human Services (HHS) and/or the public.

Dates: Submit comments by 11:59 p.m. Eastern Time on July 21, 2025

Response Format: (<https://www.cms.gov/priorities/key-initiatives/hospital-price-transparency/accuracy-and-completeness-rfi>)

Purpose:

To meet the President’s [Executive Order](#) to ensure compliance with the transparent reporting of complete, accurate, and meaningful data, CMS seeks public input on whether and how CMS can improve hospital price transparency (HPT) compliance and enforcement processes to ensure that the pricing information in the machine-readable file (MRF) is accurate and complete. To improve our understanding of this issue, CMS encourages input from a broad range of stakeholders including hospitals that are subject to the HPT requirements; innovators who utilize and analyze the HPT data; payers, including employers who may use the data for contract negotiations; researchers; consumers who may use the information to find out how much a hospital will charge for items and services; and other interested parties.

Background:

Section 2718(e) of the Public Health Service Act (the PHS Act) requires each hospital operating within the United States (U.S.) for each year to establish, update, and make public a list of the hospital’s standard charges for items and services provided by the hospital, including for diagnosis-related groups (DRGs) established under section 1886(d)(4) of the Social Security Act (the Act). Section 2718(b)(3) of the PHS Act requires the Secretary of HHS (Secretary) to

promulgate regulations to enforce the provisions of section 2718 of the PHS Act, and, in so doing, the Secretary may provide for appropriate penalties.

In the Calendar Year (CY) 2020 Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) HPT final rule ([84 FR 65524](#)), CMS adopted requirements for hospitals to make public their standard charges in two ways: (1) as a comprehensive MRF; and (2) in a consumer-friendly format. CMS codified these requirements at [45 CFR part 180](#). CMS also explained its belief that these two different methods of making hospital standard charges public are necessary to ensure that such data are available to consumers of healthcare where and when they are needed, including through data aggregation methods (for example, via integration into price transparency tools, electronic health records, and consumer apps) and direct availability to healthcare consumers searching for hospital-specific charge information. Additionally, we indicated we believe such data can be used by employers, researchers, policy officials, and other members of the public to drive choice, promote market competition, and better inform healthcare decision making.

Subsequently, in the CY 2022 OPPS/ASC final rule with comment period ([86 FR 63941](#)), CMS strengthened the HPT enforcement scheme in order to improve hospital compliance with the HPT regulations and made other updates to the requirements.

In the CY 2024 OPPS/ASC final rule with comment period ([88 FR 81545](#)), CMS revised several HPT requirements to improve access to, and the usability of, hospital standard charge information; standardizing the way hospital standard charges are presented; aligning, where feasible, certain HPT requirements and processes with requirements and processes in the Transparency in Coverage initiative; and strengthening and streamlining our monitoring and enforcement capabilities.

Through rulemaking and during the course of public engagement and outreach, CMS has received comments and questions from the public and stakeholders regarding our assessment of the accuracy and completeness of the standard charge information displayed by hospitals in their MRFs.¹ These questions stem from users of the MRF being unsure whether the absence of standard charge information meant that the hospital had not established a standard charge with a payer or if the hospital did not comply with the requirement to disclose those charges in the MRF. As we acknowledged in the CY 2024 OPPS/ASC final rule, to ensure the achievement of our goal to increase competition and lower costs, it is critical that hospitals report prices on all the services they provide and for all the health plans the hospitals contract with and that the data reported by hospitals are useful for consumers. As discussed in the CY 2024 OPPS/ASC final rule, we believe that, while enforcement of HPT requirements is CMS's role, the law places responsibility on hospitals to establish and make public complete and accurate standard charge information. Therefore, as finalized in the CY 2024 OPPS/ASC final rule, as of July 1, 2024, hospitals are required to affirm the accuracy and completeness of their MRF. We believe that this requirement helps alleviate public confusion about whether the MRF data is accurate and complete.

¹ 88 FR 82084

Our current monitoring and enforcement scheme is codified in our regulations at 45 CFR part 180, subpart C. Section 180.70(a) states that CMS may monitor and assess hospital compliance with section 2718(e) of the PHS Act via methods including, but not limited to, evaluating complaints made by individuals or entities to CMS, reviewing individuals' or entities' analysis of noncompliance as well as conducting comprehensive reviews and audits.

In 2024, the U.S. Government Accountability Office (GAO) reviewed the CMS HPT program and CMS's implementation of HPT requirements.² In its Final Report, the GAO recommended that CMS assess whether MRFs "are sufficiently complete and accurate to be usable" (<https://www.gao.gov/products/gao-25-106995>, pg. 31). While the affirmation requirement is useful in providing assurance to the public and to CMS that the hospital has made a good faith effort to ensure the data displayed is true, accurate, and complete, CMS is interested in better understanding the public and stakeholders' concerns, if any, with the accuracy and completeness of MRFs and other considerations for CMS to ensure the accuracy and completeness of the information.

Below are several questions for public comments to help inform CMS's understanding of the issues affecting HPT data accuracy and completeness. CMS welcomes feedback on the areas of consideration outlined below, as well as more general feedback or suggestions.

Submitting Comments:

Responses to this RFI must be provided via the link: <https://www.cms.gov/priorities/key-initiatives/hospital-price-transparency/accuracy-and-completeness-rfi>. Information obtained as a result of this RFI may be used by CMS and HHS for program planning and program decision making on a non-attribution basis. Responses to this RFI may be made publicly available; therefore, respondents should not include any information that might be considered proprietary, personal, or confidential. CMS will not respond to any individual comments. Comments will be received through 11:59 p.m. Eastern Time on July 21, 2025.

For assistance or technical problems related to this form, please send an email to:
pricetransparencyhospitalcharges@cms.hhs.gov

Questions for Public Comment:

1. Should CMS specifically define the terms "accuracy of data" and "completeness of data" in the context of HPT requirements, and, if yes, then how?
2. What are your concerns about the accuracy and completeness of the HPT MRF data? Please be as specific as possible.
3. Do concerns about accuracy and completeness of the MRF data affect your ability to use hospital pricing information effectively? For example, are there additional data elements

² <https://www.gao.gov/products/gao-25-106995>

that could be added, or others modified, to improve your ability to use the data? Please provide examples.

4. Are there external sources of information that may be leveraged to evaluate the accuracy and completeness of the data in the MRF? If so, please identify those sources and how they can be used.
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?
6. Do you have any other suggestions for CMS to help improve the overall quality of the MRF data?