#### DEPARTMENT OF HEALTH

# **Frequently Asked Questions: Medical and Dental Standard Charges**

#### DECEMBER 2024

The following questions pertain to <u>Minnesota Statutes</u>, <u>section 62J.826</u> which requires hospitals and certain medical and dental practices to post standard charges on their website.

#### When do the posting requirements go into effect?

Hospitals were required to post prices beginning January 1, 2024.

Freestanding surgical centers, medical and dental clinics are required to post prices beginning January 1, 2025.

#### What type of health care entities are required to post prices?

Freestanding outpatient surgical centers and hospitals are required to post their prices regardless of annual revenue. Outpatient surgical centers are health care facilities other than a hospital that offers elective surgery and are licensed under Minnesota State Statutes 144.50 to 144.58.

Medical and dental practices are required to post prices if their annual revenue is greater than \$50 million and derive the majority of its revenue from diagnostic radiology services, diagnostic laboratory tests, orthopedic surgical procedures, ophthalmologic surgical procedures, anesthesia services, oncology services, or dental services.

#### What is the required format of the price list?

The list must comply with the standards outlined by the Centers for Medicare and Medicaid Services (CMS). The current standard is outlined in the Hospital Price Transparency Sample Format (Tall) (CSV) and can be found at the <u>CMS website</u>. If the standard for the list is changed by CMS, medical and dental practices must update their lists to comply with the new standards by the date set by CMS.

The file must be tested for compliance before being made available to the public. All prices must be expressed in dollar amounts.

#### Where do the prices need to be posted?

The files containing the prices will need to be made available to the public in a manner specified by the Commissioner of Health.

### Which prices need to be included in the list?

The legislation requires the reporting of prices and charges but uses the term "charges" exclusively. The following five data elements are required to be reported:

- 1. the charge for an individual item or service that is reflected on a medical or dental practice's chargemaster, absent any discounts.
- 2. the charge that a medical or dental practice has negotiated with a third-party payer for an item or service.
- 3. the lowest charge that a medical or dental practice has negotiated with all third-party payers for an item or service.
- 4. the highest charge that a medical or dental practice has negotiated with all third-party payers for an item or service.
- 5. the charge that applies to an individual who pays cash, or cash equivalent, for an item or service.

### Does MDH specify the services that need to be included in the price list?

The statute does not limit reporting to a certain list of services or procedures.

#### How does CMS define "shoppable service?"

CMS defines "<u>shoppable service</u>" as a "service that can be scheduled by a health care consumer in advance." That term, however, is not used in the Minnesota legislation, meaning the posted list of standard charges is not limited to a certain set of services.

#### Do contractor prices need to be listed?

The statute requires hospitals, freestanding outpatient surgical centers, and applicable medical and dental practices to make their price list available to the public and does not limit the prices to those performed by employees. Services billed by the entity must be included in the price list.

# Do prices need to be listed if they are not a part of Managed Care?

The statute does not limit the prices to those covered under Managed Care plans.

### Do entities need to publish the Medicare Charge as well as the reimbursement rate?

As noted, the statute requires the posting of prices and charges. The statute specifies the specific data elements and notes that the highest and lowest charges negotiated with third party payers are to be posted. Because the statute defers to CMS guidance, data submitters must align their reporting with that guidance.

## What guidance does CMS give related to the Medicare Percentage in the "Additional Generic Notes?"

The reporting of prices and charges is not limited to those performed by employees. Based on the <u>CMS Hospital Price Transparency guidance (PDF)</u>, information about the case rate arrangement can be entered not the "Additional Generic Notes" data element in the CSV Tall Format or the "Additional Payer-Specific Notes" data element in the CSV Wide Format.

### How is third-party payer defined?

<u>Minnesota Statutes 256B.02 subd. 12</u> defines "third-party payer" as "a person, entity, agency or government program that has a probable obligation to pay all or part of the costs of [...] health services."

#### How does MDH plan to use these data?

The statute does not require MDH to put the data into specific uses. MDH may use the data in the course of our duties, but currently, the agency has no specific plans to use these data for projects or research.

### How will other entities use this information?

MDH does not have any advance knowledge of how other entities may use the data from price lists.

#### References

- Minnesota Statutes, section 62J.826 (https://www.revisor.mn.gov/statutes/cite/62J.826)
- <u>CMS website</u> (<u>https://www.cms.gov/priorities/key-initiatives/hospital-price-transparency/resources</u>)
- CMS Shoppable Services (PDF) (https://www.cms.gov/files/document/steps-making-publicstandard-charges-shoppable-services.pdf)
- <u>CMS Hospital Price Transparency guidance (PDF)</u> (<u>https://www.cms.gov/files/document/cms-hpt-webinar-10-21-2024.pdf</u>)

#### FREQUENTLY ASKED QUESTIONS: MEDICAL AND DENTAL STANDARD CHARGES

 Minnesota Statutes 256B.02, subd. 12 (https://www.revisor.mn.gov/statutes/2024/cite/256B.02#stat.256B.02.1)

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