





Your Partner for Clinical Revenue Cycle Management

Seamless strategies to align patient care, operational efficiency, and financial health.

FRONT END

Patient Experience

- Registration & Scheduling
- Insurance Eligibility & Authorization
- Financial Counseling

Chargemaster Services

- Market-Based Pricing
- Chargemaster
- Price Transparency
- No Surprises Act

MID CYCLE

Utilization Management

- Admission Status Reviews
- Physician Advisors
- Peer-to-Peer Reviews
- Analytics as a Service

Clinical Documentation

- Inpatient CDI
- Outpatient CDI
- HCC Coding & HEDIS Abstraction
- Provider Education

BACK END

Claims Management

- Billing & Claim Edits
- AR Management & Follow-Up
- Specialized AR
- Payment Posting Reconciliation
- Self-pay

Denials

- Denials Prevention
- Denials Management
- DRG Downgrades
- Transfer DRGs

Value-Based Care

- RAF Accuracy
- Risk Adjustment Program
- VBC Strategy & Action Plan

Technology

- PULSE Coding Automation Technology™
- VISION Clinical Validation Technology™
- REVIVE Specialized RCM Automation™
- SMART App™



Price Transparency in 2026

What's Required, What's Coming, What to Do Now



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CMS Mandate for Price Transparency & NSA

Price Transparency

Machine Readable File (MRF)

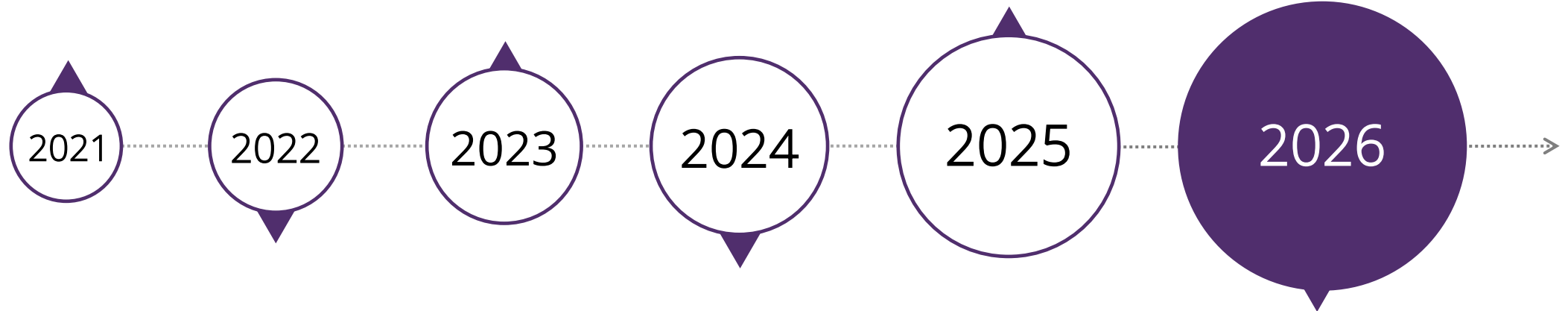
- MRF – Listing of Standard Charges
- MRF – 300 Shoppable Services

No Surprises Act

- Co-Providers
- Convening & Co-Provider Collaboration

Price Transparency

- MRF Drug Type and Unit of Measure
- Modifier Inclusion
- MRF Estimated Allowed with charges based on %
- Disclose Actual Prices



No Surprises Act

- Convening Providers
- Good Faith Estimates (GFE)

Price Transparency

- Good Faith Effort
- “Price Transparency” Footer
- TXT File
- Standard Charge Methodology Encoding
- MRF Format

Price Transparency

- Median Allowed Amount
- 10th and 90th Percentile Allowed Amounts
- Claim Count
- Hospital Contact



Machine Readable File (MRF) - 2025

- Hospital Name, Address, License
- Template Version Number
- Attestation
- Gross Charges
- Discounted Cash Prices
- Payer-specific Negotiated Charges
- De-identified Minimum and Maximum Negotiated Charges
- Estimated Allowed Amount (new guidance May 22, 2025)
- Accounting/Billing/Service Codes (HCPCS, DRG, NDC, etc.)
- Plain Language Descriptions
- Revenue Codes (Optional but recommended)
- Algorithm or Formula if pricing is not fixed



Machine Readable File (MRF) - 2025 Requirements

National Drug Codes (NDCs):

- Drug Unit of Measurement
- Drug Type of Measurement (GR, ME, ML, UN, EA, GM)

Modifiers:

- As it applies to a specific service
- Generalization by payer - CMS Example

description	modifiers	setting	standard_charge Platform_Health PPO negotiated_percentage	additional_payer_notes Platform_Health PPO
Bilateral procedure	50	both	150	150% payment adjustment for the item or service to which the modifier is appended
Co-surgeon	62	both	62.5	62.5% of the amount for the item or service to which this modifier is appended for each co-surgeon
Bilateral procedure with co-surgeon	50 62	both	93.75	93.75% of the amount for the item or service to which this combination of modifiers is appended for each co-surgeon



Machine Readable File (MRF) - 2026

- Hospital Name, Address, License
- Template Version Number
- Attestation (Changed for 2026)
- Gross Charges
- Discounted Cash Prices
- Payer-specific Negotiated Charges
- De-identified Minimum and Maximum Negotiated Charges
- Median, 10th and 90th Percentile Allowed Amount (new 2026)
- Accounting/Billing/Service Codes (HCPCS, DRG, NDC, etc.)
- Plain Language Descriptions
- Revenue Codes (Optional but recommended)
- Algorithm or Formula if pricing is not fixed
- Hospital Contact (new 2026)
- Hospital NPI(s)



Machine Readable File (MRF) - 2026 New Requirements

Median Reporting Requirement:

- Hospitals must report the median allowed amount for payer- specific negotiated charges instead of estimates.

Percentile Data Reporting:

- Hospitals must include the 10th and 90th percentile allowed amounts and claim counts using 835 data over 12-15 months

Revised Attestation Language:

- The attestation language has also been revised in accordance with 45 CFR 180.50.

Hospital Contact:

- Hospitals must now identify the CEO or another senior official responsible for overseeing the accuracy and completeness of the data in the machine-readable file.

Hospital NPI(s)



300 Shoppable Services

Consumer-Friendly Display



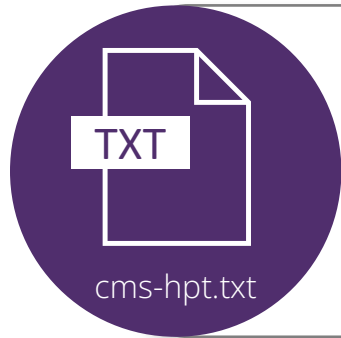
Shoppable Services are services that can be scheduled in advance

- Minimum of 300 "Shoppable Services"
CMS mandates 70 (when applicable)
 - Plain Language Descriptions
 - Group Ancillary Services
- Hospitals may use a Price Estimator Tool
 - Must be easily accessible, free, and must not require the shopper to register or disclose personal information to search.



TXT File and Footer

1. Create a TXT file (individual hospital and/or multiple hospitals) using the [TXT File Generator](#)
 - The generated TXT file will contain five lines (for each hospital listed).



Location-name: Example Hospital East
Source-page-url: <https://example.com/price-transparency>
mrf-url: https://example.com/price-transparency/12345_Example-Hospital_east_standardcharges.csv
Contact name: Jon Snow
Contact email: jsnow@example.com

2. Name the TXT file, “cms-hpt.txt” then place the file in the root (home page) of the hospital’s public website. link (e.g., www.ExampleHospital.com/cms-hpt.txt)
 - Clicking the link should open the TXT file. It may not be directed to another page
3. Hospitals must include a ‘footer’ on bottom of the hospital’s home page labeled “Price Transparency” that links directly to webpage that hosts the MRF.



Tips to Avoid Deficiencies



Avoid Using Placeholders

CMS advises against using placeholders like 'N/A' or '0' when data is not applicable to prevent confusion and errors.

Use Notes Column for Explanations.

Hospitals should use the notes column to explain blank cells, ensuring clarity and reducing data deficiencies.

Maintain Header Integrity

Removing data element headers with no data may cause deficiencies, but changing header order does not impact compliance.



Additional Considerations

Enforcement Activity (Civil Monetary Penalties - CMP)

- Smaller hospitals (30 or fewer beds): Up to \$300/day
- Larger hospitals (more than 30 beds): Up to \$5,500/day

No Surprises Act



Summary and Next Steps for 2026 Requirements

Mandatory Compliance Timeline

Hospitals must comply with price transparency requirements by January 1, 2026, with enforcement from April 1, 2026.

Data Submission Responsibilities

Hospitals are required to provide all necessary data elements to CorroHealth for timely updates and compliance.

Proactive Monitoring Approach

CorroHealth monitors CMS and NSA developments continuously to support hospital compliance and readiness.

Call to Action

Hospitals should act now to prepare for full compliance, avoid penalties, and ensure patient transparency.



Q & A



CorroHealth.com

