



September 11, 2023

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
7500 Security Blvd  
Baltimore, MD 212441

**RE: CMS–1786–P: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Payment for Intensive Outpatient Services in Rural Health Clinics, Federally Qualified Health Centers, and Opioid Treatment Programs; Hospital Price Transparency; Changes to Community Mental Health Centers Conditions of Participation, Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor; Rural Emergency Hospital Conditions of Participation Technical Correction**

Dear Administrator Brooks-LaSure:

The National Health Council (NHC) appreciates the opportunity to provide comments to the Centers for Medicare & Medicaid Services' (CMS') proposed rule on 2024 Outpatient Prospective Payments Systems (OPPS).

Created by and for patient organizations over 100 years ago, the NHC brings diverse organizations together to forge consensus and drive patient-centered health policy. We promote increased access to affordable, high-value, sustainable health care. Made up of more than 150 national health-related organizations and businesses, the NHC's core membership includes the nation's leading patient organizations. Other members include health-related associations and nonprofit organizations including the provider, research, and family caregiver communities; and businesses representing biopharmaceutical, device, diagnostic, generic, and payer organizations.

The NHC commends CMS for its continued efforts to expand the transparency of hospital pricing and to increase access to diagnostic tools in the 2024 OPPS. Our specific comments are included below.

### **Price Transparency**

The NHC fully supports efforts to provide greater system-wide transparency of health care costs. Despite CMS' requirements that chargemaster prices be made more transparent through the 2019 final rule effective January 1, 2021, significantly inconsistent reporting still exists. For instance, one study published in January 2023 found various transparency levels for commercial prices across hospitals. In one example, the authors found that "only 29% to 56% of academic hospitals disclosed

commercial prices for 5 common urologic procedures” in March 2022.<sup>1</sup> Creating more transparency empowers patients to make more informed decisions about their care. If structured in a way that provides understandable and actionable information about the cost of care, patients will be better able to seek care that best meets their needs. Thus, the NHC appreciates CMS’ interest in improving the accessibility and utility of provider “charge” information. The NHC believes that provider reporting of charges, like all transparency initiatives, should further the goal of improving timely access to information that supports informed decisions and facilitates timely access to the most appropriate course of treatment for the individual patient. CMS is proposing to:

- Modify the standard charge display format and applicable data elements included in machine-readable files through the required use of a CMS template;
- Improve the accessibility of machine-readable files on the hospital’s website for purposes of public consumption; and
- Increase CMS enforcement efforts.

By creating more consistent data sets, third parties should be able to create tools that will better inform patients who want to learn about the cost of care options. The NHC believes that the proposed changes and enhancements will meet the needs of patients and result in a more well-informed health care consumer.

### **Bundled Payments**

In the proposed rule, CMS requests public comments on potential modifications to the policy packaging for diagnostic radiopharmaceuticals in order to ensure equitable payment and continued beneficiary access. For many individuals living with chronic illnesses, radiopharmaceuticals are essential to their care plans. Reducing barriers to diagnostic radiopharmaceuticals benefits patients’ health while simultaneously addressing the health equity gap. The NHC supports CMS efforts to explore payment models and how they affect patient access. We hear from our membership that bundling can limit equitable access to important diagnostic tools and therefore support the proposal for CMS to issue separate guidance on alternative payment mechanisms.

### **Conclusion**

The NHC appreciates the opportunity to provide input into the 2024 PFS. Please do not hesitate to contact Eric Gascho, Senior Vice President of Policy and Government Affairs, via e-mail at [egascho@nhcouncil.org](mailto:egascho@nhcouncil.org), if you or your staff would like to discuss these issues in greater detail.

Sincerely,

Randall L. Rutta  
Chief Executive Officer

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<sup>1</sup> Xuefeng Jiang, John, Ranjani, K., “Price Transparency in Hospitals – Current Research and Future Directions” JAMA Network Open

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