

CM Brooks-Powers

Good morning everyone. Thank you to Chairs Levine and Rivera for convening this hearing to discuss the cost of healthcare in New York City. As we all know, healthcare costs have skyrocketed in this country in recent years. We know that when healthcare gets more expensive, that shuts many people out of accessing vital services and attending to their health. And the result for New Yorkers is predictable: worse outcomes and higher mortality.

In my district in Southeast Queens and Rockaway, our communities already struggle with insufficient access to healthcare, in part because of the closure in recent years of hospitals like Peninsula and Mary Immaculate. And when we factor in the high cost of healthcare, those obstacles compound and make it even harder for us to get the healthcare we need, especially in emergencies.

These outcomes are real, and they are harmful to the health of our communities. So I am glad to participate in this hearing, and I look forward to hearing testimony from the agencies who have joined us today.

Possible Questions:

How has the pandemic affected the City's ability to administer affordable healthcare services?

Has the City found particular communities where high costs have had a disproportionate impact? Are agencies taking targeted steps to address conditions in these communities?

Is the City seeing access gaps caused by cost concerns in particular types of healthcare, like routine checkups, or more major procedures like surgeries?

Do agencies have a plan in place to help narrow these access gaps and reduce costs?

Testimony of Mark Zezza, Ph.D.
Director of Policy and Research, New York State Health Foundation

Presented to the New York City Council Committee on Hospitals and Committee on Health

Hearing on Hospital Costs – Impact on Access to Care
October 15, 2021

Thank you, Chairperson Rivera and Chairperson Levine and members of the Committees, for the opportunity to testify before you to discuss hospital prices and health care price variation.

I am Mark Zezza, Director of Policy and Research at the New York State Health Foundation. The Foundation is a private, independent, charitable organization that operates statewide and has the mission of improving the health of all New Yorkers.

The Foundation believes that information transparency is a gateway to improving affordability, quality, and competition in the health care system.

New York State has been consistently shown to have high health care spending in comparison to the rest of the country, with the growth in prices being the main driver of spending levels. Historically, there has been little transparency in prices. When prices are revealed, we see a great deal of unwarranted variation.

In a recent [publication](#), we analyzed the variation in prices for births in New York City from 2015 through 2017. We found that:

- There is wide variation in prices for childbirth across New York City boroughs. For example, in 2017, there was a 30% difference in median prices for vaginal deliveries between Brooklyn and the Bronx. In Brooklyn, the median price was about \$12,700, compared to the Bronx, where it was about \$16,600.
- We also see substantial variation within boroughs.
- Of course, you expect to see some variation in prices—sometimes there are patient differences and complications that require more intensive and costly health care. But the price variation we're seeing is well in excess of what we'd expect to see based on those types of differences.

And we know from other research that variation in prices is generally not correlated with the quality of care—not only for childbirth, but also for services like radiology exams, office visits, and surgeries.

In 2016, the Foundation funded a [study](#) by Gorman Actuarial to investigate the main drivers of price variation within the hospital industry. Gorman worked with the State to obtain price data, including the actual negotiated prices, as well as copies of contract provisions between hospitals and health plans.

The analysis focused on several markets throughout New York State, including in the downstate area of New York City, plus Suffolk and Westchester Counties.

- The study found that the highest-priced hospitals are 50% to 170% more expensive than the lowest-priced hospitals in the same region.
- And as we've seen in other research, this study found that hospitals with higher prices do not necessarily have higher quality.
- Rather than quality, the primary factor driving high prices is market share. Hospitals that are part of a hospital system with a large market share are generally higher-priced as a result of the power of that hospital system in contract negotiations.
- The report also found certain contract provisions that impede health care competition and transparency for consumers. These include anti-steering language which can limit the information available about high-quality, lower-priced providers. These contract terms can compromise a patient's ability to seek out more affordable or better care options.

In conclusion, the lack of transparency combined with high and variable prices is anti-consumer. It can lead to higher premiums, health care related taxes, and even higher prices for non-health care related goods. Excessively high prices, especially when they come as a surprise to a patient, can also undermine the patient-provider relationship. The lack of transparency also undermines the ability of employers, patients, and other health care purchasers to shop for more efficient health care.

More information about both of the studies discussed are on our website, www.nyshealth.org. Thank you for your attention to this important topic; I'm happy to answer any questions you may have.



United Federation of Teachers
A Union of Professionals

**TESTIMONY OF THE UNITED FEDERATION OF TEACHERS
BY GEOFFREY SORKIN
UFT WELFARE FUND EXECUTIVE DIRECTOR**

**BEFORE THE NEW YORK CITY COUNCIL
COMMITTEES ON HEALTH AND
COMMITTEE ON HOSPITALS**

**REGARDING HIGH HOSPITAL COSTS AND
THE IMPACT ON HEALTHCARE ACCESS**

OCTOBER 15, 2021

My name is Geoffrey Sorkin and I serve as the executive director of the United Federation of Teachers Welfare Fund, providing access to health benefit coverage for roughly 400,000 lives, including our in-service members, retirees and their dependents. On behalf of all of our beneficiaries, I would like to thank Chairs Mark Levine and Carlina Rivera, and all the members of the New York City Council's Committees on Health and Hospitals, for holding today's oversight hearing on hospital costs in New York City and the impact they have on access to health care.

I would like to start by highlighting that our city spent nearly \$3 billion paying for hospitals bills in fiscal year 2021, which is a 50% increase from the \$2 billion we spent just five years ago in 2016. It's time to intervene. Driving this outrageous surge in health care costs for our city are primarily double digit increases in hospitals costs. We cannot maintain the status quo; it's time to address this issue straight on before it becomes a fiscal crisis in the future.

New York City's health care plan, which we are a part of, is a self-funded insurance plan that pays hospital claims using city taxpayer dollars. For educators and the union members we represent, this means the more money we invest in paying hospital claims, the less money we have to better pay our educators so we can continue to attract top talent, and the less money we have to improve our public schools by doing things like lowering class sizes.

An overall lack of transparency and anti-competitive behavior exhibited by the largest New York City hospital networks are to blame for the surge in hospital costs. Contract negotiations with hospitals are plagued with convoluted rules and a lack of transparency as it relates to pricing. This ultimately allows for the biggest players in the city's hospital industry to raise their prices 6% to 10% every year.

We are at a place where hospital networks like New York-Presbyterian charge 2 to 3 times more for routine medical services compared to other hospital networks for the same quality of care. A normal baby delivery at New York-Presbyterian in 2018 cost 50% more than a normal delivery at Mount Sinai, Lenox Hill, North Shore University Hospital and Long Island Jewish Hospital. And in the event of a hip replacement, New York-Presbyterian charges \$83,000 while others charge \$58,000.

Standard hospital admission in New York City hospitals ranged from \$12,000 to nearly \$36,000. We need to rein this in and get it under control. These types of disparities should not exist, especially when most are providing the same quality of care. It's time to address the price gouging; it's time to get more transparency.

We need hospitals to disclose information related to pricing when we negotiate our contracts. We also need for hospitals to stop steering away members from innovative treatments offered at competitor hospitals because those treatments may be cheaper than the traditional procedures they offer.

We need to level the playing field so that all hospitals are at an equal footing and we don't have some charging excessive prices compared to others that offer the same quality of care. Hospitals cannot continue to demand double digit increases every single year and gouge taxpayers and patients for the costs of routine procedures and treatments.

Again, I thank you for taking the time to convene today's important hearing. Our healthcare costs are ballooning and it does not have to be that way if we address the lack of transparency and anti-competitive behavior demonstrated by some players in the city's hospital industry. I know that working together we can find a solution before this becomes a true fiscal crisis for our city.



Testimony before the New York City Council Committees on Hospitals and Health

Topic: Hospital Costs: Impact on Access to Care

October 15, 2021

My name is Anthony Feliciano; I am the Director of the Commission on the Public's Health System (CPHS). We believe in putting the public back in public health. For over 25 years, we have been addressing inequities in the care, treatment, delivery and distribution of health care services, programs, and resources. We like to thank the City Council Hospital Committee and Health Committee for holding this hearing today.

We want to begin with saying that disparities are also found in the quality and care provided by the health care system, especially for Black, Indigenous, and People of Color (included here are also Asian and Pacific Islanders Latino/a and Latine communities which acknowledges non-binary persons while observing rules of Spanish grammar). Where some of New Yorkers are already well served, others are in desperate need of access and better care. I would state that yet there's no direct correlation between cost and quality. This makes even more complicated that hospitals can charge wildly different prices for similar care. For example, the State produced reports comparing costs for specific common diagnoses. Some of it can be super complicated to explain why care at one hospital appears to be nearly three times to eighth times the cost of care at another. But we can say they are several factors contributing to the disparity.

1. Enormous reported cost differences reflect differences in the ways the institutions allocate and report costs. The disparity is only exacerbated because of nonpublic data from health insurers and negotiated contracts with New York State hospital.
2. Bargaining power when negotiating with insurers in the prices a hospital can command.
3. Shameful politics by the hospital and insurance Industry, which includes impeding any real progress around transparency of costs for services and accountability to communities and patients, especially include caring for those communities with huge socio-economic issues and problems, most commonly framed as Social Determinants of Health
4. Interpreting New York's data on variations in cost because of flaws in metrics around overall volume, teaching hospital status, facility specific attributes, geographic region and quality of care provided.

Critical to understand that Hospitals with higher prices do not necessarily have higher quality. Likewise, hospitals with lower prices do not necessarily have lower quality. We have over several years' large consolidations and mergers of hospital resulting in New York City health care system being delivered by five very large health systems not including NYC Health + Hospitals. Some of those large voluntary systems have the highest facility Cost Ratings like NYU Langone Medical Center but also safety grades that are low. I would admit that there are some low-cost hospitals who also have bad safety grades, but not nearly as many of those hospitals that have high costs associated with their inpatient and outpatient services.

Although, NYC H+H system is not the topic of discussion, the entire health care system of NYC is reliant on its ability to take care of all New Yorkers, regardless of ability to pay. I would note that the NYCH+H System's cost structure is sensibly efficient and its care of good quality. The assumptions are untrue related to those public hospitals are less efficient, costlier and of lower quality than voluntary/private service providers. NYCH+H increasingly picks up the costs of a wide range of services and populations that private sector providers can avoid exactly because NYCH+H is there to shoulder this responsibility and still charge less for many services than their voluntary provider counterparts. But to get to the bottom of this disparity of cost amongst the voluntary providers can be very complicated because any of the readily available metrics and accounting methods have shortcomings in providing an accurate picture. This includes the formula that uses the ratio of charges (or list prices) for inpatient to outpatient services performed to create a variable named "adjusted discharge. Second, the Case Mix Index adjustment further distorts the NYCHH cost structure because NYCHH has historically failed to fully capture patient acuity in its documentation, has fewer resources to focus on maximizing CMI and has not engaged in sophisticated "gaming" mechanisms employed by many private sector providers to maximize their billing and revenues.

We do acknowledge that there are several voluntary hospitals throughout the state that are good actors in playing a critical role in serving the uninsured and people on Medicaid. However, several private hospital networks operate with huge surpluses and would be important to know if they have enormous price differences from those least flourishing (noting it's sad that health care is about profits). The large private hospitals have grown into multi-site healthcare networks and have positioned themselves to benefit from changes in the healthcare sector. The five large voluntary networks benefit from tax-exempt status despite providing extremely high salaries and pay packages to their executives. So, it should be only right that disparity in cost of care between them should be fixed and abide to set of fair principles.

States and federal methodologies could be underestimating difference between public and private and even between private providers and private providers that are true safety-net institutions (providing disproportionate amount of inpatient and outpatient care to people on Medicaid and Uninsured). Although much of the power lies in the state government, we would recommend the following for the City Council to take lead on:

What do we recommend:

- The NYC Department of Health, City Comptroller office along with the City Council could jointly conduct an analysis comparing the actual cost to care for a similar patient in different hospitals. Currently the city DOH does review together both hospital institution-wide cost (ICR) and patient-specific discharge data (SPARCS). However, it may need some other reliable variables that can be married to current data collected. This is important because costs derived from billing data are based upon what is submitted by a facility to the state and may not necessarily reflect a final price of the service delivered.
- Investigate hospitals with high-cost services for common diagnoses that are also displaying lack of services to low income, immigrant, and communities of color, especially for self-pay/uninsured individuals and families. The Centers for Medicare and Medicaid Services implemented a rule, effective January 1, 2020, that required hospitals to post their standard charges online. While we have understood from advocates that there still issues, New York City can demonstrate we are better. Including look at the relationship between hospital cost data and an overall price index to see any correlation between the cost of medical services and the overall cost of living.
- Assess the social and economic impact of the City of New York providing \$669 million in real property tax exemptions to private nonprofit healthcare providers in 2017. The City and State should reconsider the tax benefits, permitting, and zoning exceptions awarded to private, voluntary hospitals if is not about caring for the sick and the creating fair costs for services and treatment.
- Create a citywide stakeholder group that has equal representation of community advocates and consumers, health facilities and insurance plans to discuss a true path for transparency around costs and quality of care. I would include both City and State Departments of Health to the stakeholder group. In addition, the stakeholder group must be open to the public to attend.
- The City Council should pass Intro 1674-2019, which would establish an Office of the Hospital Patient Advocate. The office could bring all the patient advocates offices of the hospitals together for meetings. The office could develop or adopt existing assessment tools to address disparities in care and make recommendations about how to promote a more equitable health care system at in New York City.
- Monitor closely all the hospitals and health plans to ensure that validated measures do address both disparities in cost and care, especially as medical care reimbursement transitions from fee-for service to value-based purchasing. The City DOH has committees with GNYHA that we believe was to address the pandemic and other issues.

It important to monitor what is occurring in those meetings and if it truly translates into solutions around equity.

- Discuss ways that Committee for City Health Care Services could review both current workforce and community access to affordable health care and prices. The committee was created Pursuant to Local Law 6 of 2018. We believe there also still vacancies on that Committee and having more community representation would be critical.
- Revisit Intro 973-A, to amend the New York City Charter, in relation to establishing an office of comprehensive community health planning and an interagency coordinating council on health. It would seek to provide the data and analysis that can connect the needs of the community to the services that can be provided to them. Affordability can be part of the analysis or monitoring of this agency.
- Continue to advocate for the state legislature to pass and Governor Hochul to sign bill A6883 (Gottfried) S5954 (Rivera). This bill will address the longstanding Medicaid and Indigent Care Pool (ICP) funding inequities by redistributing existing ICP funding to better support safety net hospitals that provide disproportionate amounts of care and services to person who are uninsured, underinsured or insured by Medicaid. The bill would convert \$300 million of the total current ICP pool funding of about \$1.1 billion into increased Medicaid reimbursement rates for Enhanced Safety Net hospitals (as defined in PHL Section 2807-c(34)) and for newly defined “qualified” safety net hospitals, which together provide the highest rates of care to low-income and middle-income people on Medicaid and the uninsured. The redistribution of these ICP and Medicaid fund is critical to improving the availability of hospital services in underserved upstate and downstate communities and making it easier for safety net hospitals in financial trouble to survive. This pandemic reconfirmed that we must have a strong health care safety-net system to respond better to serious public health crisis. The legislation also addresses the inadequacy of current Medicaid hospital reimbursement rates, which disproportionately impact city and state safety net hospitals with high Medicaid payer mixes, which do not have large numbers of privately insured patients to offset the losses caused by low Medicaid reimbursement rates.

We also understand this hearing would also be addressing the State HEAL bill (A8169/S7199). The intent of HEAL, the Hospital Equity and Affordability Law, is to improve hospital pricing transparency and end anti-competitive hospital contracting practices, helping to protect and increase access to affordable, high-quality healthcare for all New Yorkers. However, some of the provisions will have unintended consequences around access, patient choice, and on overall supports for wellness initiatives. I have refrained to add more because we believe these areas can be discussed with 32BJ-SEIU- one of the main advocates for the bill. We respect workers rights, fair contracting over benefits and the labor movement. We serve, work with, and protect the same communities, especially people of color and immigrants. For that reason, we do not

want to fall trapped to the power and control fight between and manipulation fostered by the hospital association and insurance industry/association. We have common goal with unions around cost transparency and affordability. I hope both parties can come to understandings around both community issues, and work through each of our interests and concerns. At this point we are not in support of HEAL. However it does not mean we would not be in near future based on what I stated earlier in my testimony.

In conclusion, we thank again Councilmember Levine, Chair of the Health Committee and Carlina Rivera, Chair of the Hospital Committee and the staff and members of both committees.

See sources:

1. *Roos Tikkanen et al. Funding Charity Care in New York: An Examination of Indigent Care Pool Allocations. NYS Health Foundation March 2017.*

2. *2010 Instructions Institutional Cost Report (NYSICR)*

<https://health.data.ny.gov/api/assets/329F8BC6-D396-4902-A9C2-F6B27E143924?download=true>

3. *NYSNA Report “ON RESTRUCTURING THE NYC HEALTH+HOSPITALS CORPORATION”*

<https://www.nysna.org/sites/default/files/attach/419/2017/09/RestructuringH%2BH.Final.pdf>

4. *<https://www.modernhealthcare.com/payment/hospital-prices-same-procedures-vary-up-8-times>*

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Testimony of the Community Service Society of NY
Before the New York City Council Committees on Hospitals and Health
Hospital Costs: Impact on Access to Care

October 15, 2021

The Community Service Society of New York (CSS) would like to thank the Committees on Hospitals and the Committee on Health for holding this hearing.

CSS is a 175-year-old non-profit organization dedicated to achieving equity by improving the lives of low-income, working New Yorkers. Our health programs help New Yorkers enroll into health insurance coverage, find healthcare if they are ineligible or cannot afford coverage, help them use their coverage, or otherwise access the healthcare system. We do this through a live-answer helpline and in partnership with over 50 community-based organizations (CBOs) throughout the City and State. Annually, CSS and our CBO partners serve approximately 130,000 New Yorkers in multiple languages.

CSS would like to begin its testimony on the important topic of hospital costs and access to care by recognizing the dedication of the staff who work in our hospitals and the broader health care system. Nurses, orderlies, technicians, physicians, and other front-line staff have worked tirelessly and selflessly to care for their patients and their communities throughout the COVID-19 pandemic. We are grateful for and saddened by the sacrifice of so many health care workers, including at least 453 in New York State alone.¹

Healthcare (un)Affordability in New York

Under the Affordable Care Act (ACA), New York has cut the number of uninsured people in half since 2010. Despite this remarkable feat, there are still over one million uninsured New Yorkers. And study after study confirms what New Yorkers experience every day – rising

¹ See Kaiser Health News & The Guardian, “Lost on the Frontline,” documenting over 3,600 medical worker deaths in the United States due to the COVID-19 pandemic, October 12, 2021, available at: <https://www.theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database>

health care costs and the diminishing value of coverage result in profound affordability problems even for insured consumers.

For example, CSS worked with Altarum’s Healthcare Value Hub to conduct a survey on health care affordability in New York State.² The results are shocking:

- 59% of New York City residents (nearly all of whom were insured) reported cutting pills, not filling prescriptions, skipping tests or treatments, or not doing what their doctor told them to do because they could not afford to.
- 46% percent reported severe financial repercussions due to medical bills, including using up their savings; skipping meals or paying rent; and reported being in collections or having credit card debt. More city residents reported these problems than people in Long Island or the rest of the State.³

In another consumer survey, one-third of respondents said they had paid bills they did not owe.⁴ The reasons they gave for paying bills they might not owe included: the bills were too confusing, they did not think they could win against providers, and they were afraid not paying would ruin their credit score. This concern is valid: in December 2020, six percent of New Yorkers had been reported to collections agencies for unpaid medical bills.⁵

Insurance provides less and less protection against these problems. The Bureau of Labor Statistic’s Personal Consumption Expenditure measure shows that health care spending per person in New York grew 23 percent between 2015 and 2019, even as insurance coverage increased.⁶ Only 10 states experienced more spending growth. In an effort to keep employee contributions steady as premium prices rise, employers have increasingly chosen plans with larger cost-sharing requirements (e.g., deductibles and co-pays). In New York, the average deductible for an employer-sponsored single-person insurance plan more than doubled between 2008 and 2018 (\$732 to \$1,554).⁷ And the combined average employee cost for premiums and

² Alterum Healthcare Value Hub, “New Yorkers Struggle to Afford High Healthcare Costs; Support a Range of Government Solutions Across Party Lines,” Data Brief No. 37, March 2019, <https://www.healthcarevaluehub.org/advocate-resources/publications/new-yorkers-struggle-afford-high-healthcare-costs-support-range-government-solutions-across-party-lines/>.

³ Altarum Healthcare Value Hub, “New York City Boroughs: 59% of Adults Experienced Healthcare Affordability Burdens in the Past Year,” Data Brief No. 38, March 2019, <https://www.healthcarevaluehub.org/advocate-resources/publications/new-york-city-boroughs-59-adults-experienced-healthcare-affordability-burdens-past-year>.

⁴ Penelope Wang, “Sick of Confusing Medical Bills?” Consumer Reports, August 1, 2018, <https://www.consumerreports.org/medical-billing/sick-of-confusing-medical-bills/>.

⁵ Urban Institute, “Debt in America,” credit data from December 2020, accessed October 14, 2021 at https://apps.urban.org/features/debt-interactive-map/?type=overall&variable=pct_debt_collections&state=36&county=36085.

⁶ 2021 Healthcare Affordability State Policy Scorecard, Altarum Healthcare Value Hub (forthcoming)

⁷ Commonwealth Fund, Sara R. Collins, David C. Radley, and Jesse C. Baumgartner, “Trends in Employer Health Care Coverage, 2008–2018: Higher Costs for Workers and Their Families,” Table 4, November 2019, <https://www.commonwealthfund.org/publications/2019/nov/trends-employer-health-care-coverage-2008-2018>.

deductibles in New York rose 65% from 2008 to 2018, from \$3,935 to \$6,471.⁸ Increased insurance costs are significantly higher than the increase in inflation or workers' wages.⁹

New York's Hospital Costs are the Highest in the Nation

High hospital prices are an important driver of cost increases and unaffordability in New York. One problem for policymakers is that these prices are largely hidden. Few New York hospitals comply with federal price transparency rules.¹⁰ In a July 2021 study, the 32BJ Health Fund found that only 28 New York City hospitals studied provided any required price information at all, and only 19 of those provided information that could be considered compliant with the federal rule. A provision to ensure that hospital prices would be reported to the state's All Payer Claims database was included in the Patient Medical Debt Protection Act last year and failed to pass.

However, the price information that is available shows that New York's health care providers are charging some of the highest prices in the United States. New York's inpatient private payer prices are the *most* expensive in the country at 241 percent above Medicare prices.¹¹ A study of the 20 largest metropolitan service areas found that charges for knee replacement surgeries are highest in New York City and almost \$10,000 more than the costs in nearby Newark, New Jersey.¹² Nationally, spending growth for hospital care is driven by hospital charges rather than physician charges. One study found that hospital prices grew 42 percent between 2007 and 2014, while doctor prices grew 18 percent.¹³ For the physician services included in the study (office-based MRIs and cholesterol panels), New York's prices were closer to average. New York's consolidated hospital market likely contributes to these high prices. While proponents often tout mergers as a way to increase efficiency and lower prices, these consolidations actually raise prices.¹⁴

New Yorkers blame the health care industry for the rising and out-of-control costs: 69% said that insurance companies charge too much; 69% said hospitals charge too much; and 68% said that drug companies charge too much. Fifty-six percent believed that well-known hospitals

⁸ Commonwealth Fund, Sara R. Collins, David C. Radley, and Jesse C. Baumgartner, "Trends in Employer Health Care Coverage, 2008–2018: Higher Costs for Workers and Their Families," Table 5, November 2019, <https://www.commonwealthfund.org/publications/2019/nov/trends-employer-health-care-coverage-2008-2018>.

⁹ Kaiser Family Foundation, "Employer Health Benefits Survey 2019 Summary of Findings," September 2019, <https://www.kff.org/report-section/ehbs-2019-section-1-cost-of-health-insurance/>.

¹⁰ 32BJ Health Fund, "Price Transparency Compliance Among NYC Hospitals," July 2021, <https://www.32bjhealthfundinsights.org/wp-content/uploads/2021/07/32BJ-Health-Fund-Price-Transparency-Compliance-Among-NYC-Hospitals.pdf>.

¹¹ 2021 Healthcare Affordability State Policy Scorecard, Altarum Healthcare Value Hub (forthcoming)

¹² Kurani et al., "Price transparency and variation in U.S. health services," January 13, 2021, Peterson-KFF Health System Tracker, <https://www.healthsystemtracker.org/brief/price-transparency-and-variation-in-u-s-health-services/>.

¹³ Zack Cooper, Stuart Craig, Martin Gaynor, Nir J. Harish, Harlan M. Krumholz, and John Van Reenen, "Hospital Prices Grew Substantially Faster Than Physician Prices for Hospital-Based Care in 2007–14," *Health Affairs* Vol. 38, No. 2, February 2019.

¹⁴ Cory Capps and David Dranove, "Hospital Consolidation And Negotiated PPO Prices," *Health Affairs* Vol. 23, No. 2, March/April 2004, <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.23.2.175>; Reed Abelson, "When Hospitals Merge to Save Money, Patients Often Pay More," *New York Times*, Nov. 14, 2018, <https://www.nytimes.com/2018/11/14/health/hospital-mergers-health-care-spending.html>.

and provider groups are driving health care costs up by charging unfair prices. Seventy-two percent of New Yorkers agreed that “the U.S health care system needs to change” and 90 percent said the government should require hospitals, doctors, and insurers to provide upfront cost estimates to patients.¹⁵

Affordability Burdens Lead to Disparities in Access to Care and Health Outcomes

New York’s affordability burdens have a greater impact on people of color than on other populations. White New Yorkers (4%) are less likely to be uninsured than Hispanic (12%), American Indian (11%), Asian (8%), or Black (7%) New Yorkers, which means they are exposed to New York’s high health care costs without even the imperfect protection provided by insurance.¹⁶ In the Bronx, Brooklyn, Manhattan, and Staten Island, there are differences in the number of residents with medical debt in collections depending on whether the community is majority people of color or majority white. In Manhattan, people in communities where the majority of people are people of color are twice as likely to have been put into collections over unpaid medical bills. In New York, the repercussions of unaffordable medical bills include lawsuits, property liens, and garnished wages.¹⁷ Between 2015 and 2020, over 52,000 New Yorkers were sued by our non-profit hospitals including 6,200 in New York City.

Disparate Impact of the Share of Residents with Medical Debt in Collections			
County	White Communities	Communities of Color	Difference
New York	2%	4%	200%
Richmond	3%	5%	167%
Bronx	4%	6%	150%
Kings	3%	4%	133%
Queens	4%	4%	0%

Disparities in Hospitals and Healthcare Services for Communities of Color

High health care prices reduce access to care for individuals and entire communities. Because people of color are less able to pay for care, the hospitals and other providers that serve their communities need support from the government to stay open. However, policy decisions regarding the planning and financing of health care resources in New York favor wealthier neighborhoods and hospitals that charge the highest prices.¹⁸ Hospitals that serve low-income

¹⁵ Altarum Healthcare Value Hub, “New Yorkers Struggle to Afford High Healthcare Costs; Support a Range of Government Solutions Across Party Lines,” Data Brief No. 37, March 2019.

¹⁶ US Census Bureau.

¹⁷ Amanda Dunker and Elisabeth Benjamin, “Discharged Into Debt: New York’s Non-Profit Hospitals Are Suing Patients,” March 2020, https://smhttp-ssl-58547.nexcesscdn.net/nyess/images/uploads/pubs/2020_Hospital_Report_V3_web.pdf.

¹⁸ David Robinson, April 10, 2020, LoHud/USA Today, “Why NY hospital closures, cutbacks made COVID-19 pandemic worse,” <https://www.recordonline.com/news/20200410/why-ny-hospital-closures-cutbacks-made-covid-19-pandemic-worse>. C. Campanile, “New York Has Thrown Away 20,000 Beds, Complicating Coronavirus Fight,” New York Post, March 17, 2020, <https://nypost.com/2020/03/17/new-york-has-thrown-away-20000-hospital-beds-complicating-coronavirus-fight/>.

patients and thus cannot charge those same high prices are allowed to close instead of rewarded for providing health care even when their patients cannot pay.

The allocation of New York’s \$1.1 billion Indigent Care Pool is an important example of structural policy decisions that result in profound disparities in communities of color and the safety-net hospitals that serve them. Hospitals receive this funding even when they fail to provide patients with financial assistance.¹⁹ Many hospitals receive more indigent care pool funding than they provide in financial assistance to patients. These same hospitals also make it difficult for patients to learn about and apply for the financial assistance they are legally required to offer.²⁰

Other states target these funds to safety-net hospitals, which are defined to be the top quartile of hospitals in a state that serve Medicaid and uninsured patients.²¹ Instead, New York only apportioned \$520 million (or 46%) of the \$1.13 billion ICP funds to the top 25 percent of safety-net hospitals and \$672 million to the bottom 75 percent of hospitals that do not serve nearly as many low-income people.²² Taken over the past 20 years, New York’s choice to direct over half of its ICP allocation to hospitals that do not serve a substantial number of Medicaid and uninsured patients has meant its safety-net hospitals received roughly \$13.4 billion less in funding than they would have if they had been located in any other state in the country.

Another policy failure is New York’s abandonment of state rate-setting and health planning. In the 1990s, New York eliminated its all-payer rate regulation system that had ensured that safety-net hospitals had adequate financial support to survive.²³ During the same period the state also eviscerated New York’s strong tradition of statewide health planning by eliminating its regional Health Systems Agencies.²⁴

As a result, since 2003, 43 hospitals have closed around New York State, dropping the number of beds statewide from almost 74,000 in 2000 to just 53,000 in 2020. These hospital

¹⁹ Carrie Tracy, Elisabeth Benjamin, and Amanda Dunker, “Unintended Consequences: How New York State Patients and Safety-Net Hospitals Are Shortchanged,” Community Service Society of New York, January 2018, <https://nyshealthfoundation.org/wp-content/uploads/2018/01/new-york-state-patients-safety-net-hospitals-jan-2018.pdf>.

²⁰ E. Benjamin, A. Garza and C. Tracy, “Incentivizing Hospital Financial Assistance: How to Fix New York’s Indigent Care Pool Program, Community Service Society, January 2012.

²¹ J.P. Sutton et al., “Statistical Brief #213: Characteristics of Safety-Net Hospitals, 2014,” Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality, October 2016.

²² New York State Department of Health, 2018 Hospital Institutional Cost Reports and 2016 Hospital Inpatient Discharges (SPARCS de-identified), Bureau of Health Informatics, Office of Patient Quality and Patient Safety, New York State Department of Health.

²³ Sharon Shallit, Steven Fass, and Mark Nowak, “Out of the Frying Pan: New York City Hospitals in the Era of Deregulation,” Health Affairs, January 2002, <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.21.1.127>.

²⁴ Health Planning In New York State—History and Present Activities, May 2012, https://www.health.ny.gov/facilities/public_health_and_health_planning_council/meetings/2012-03-21/docs/health_planning_in_nys.

closures mostly occurred in poor neighborhoods where there were fewer patients who could pay – not fewer patients.²⁵

They are also the neighborhoods where more patients are falling ill and dying from COVID-19.²⁶ The hospitals that anchor care in low-income communities of color that suffer the most from COVID-19 were already under-resourced, even before the pandemic. The result has been devastating for those communities. Patients at high-priced hospitals in Manhattan have had significantly higher survival rates than those at safety-net hospitals that have been repeatedly underfunded due to hospital financing and health coverage policies.²⁷ Overall, White people in New York City died at almost half the rate of Black or Hispanic/Latino people.²⁸

What Can the City Council Do to Address Hospital Costs?

Much of these structural financing and planning problems are established by the federal and state governments. The City Council should engage with State policymakers and encourage them to restore a transparent and efficient state rate setting system, like the New York Prospective Hospital Reimbursement Methodology, or adopt other cost-control measures like Massachusetts Health Policy Commission which has successfully bent the cost curb there.²⁹ Alternately, New York could adopt a global payment system, like the state of Maryland, which has had similar success controlling costs. Proposals to further empower health insurance companies to limit patients' access to care and curb existing consumer protections regarding plan design and provider networks, such as the HEAL bill (A8169/S7199), would do little to control costs while abridging the rights of many.

However, the City Council can take steps to make life fairer for the residents of New York City.

1. The City Council should investigate city property tax exemption and zoning rules for New York's non-profit hospitals and consider "right sizing" these rules so that tax and zoning benefits lead to more equitable placement of health care facilities in underserved communities. Moreover, tax exempt status should be rescinded from any nonprofit hospital that seeks to sue patients that reside in low- and moderate-income zip codes.

²⁵ Lena Afridi and Chris Walters, "Land Use Decisions Have Life and Death Consequences," Association for Neighborhood & Housing Development, April 10, 2020, <https://anhd.org/blog/land-use-decisions-have-life-and-death-consequences>.

²⁶ A. Dunker and E. Benjamin, "How Structural Inequalities in New York's Health Care System Exacerbate Health Disparities During the COVID-19 Pandemic: A Call for Equitable Reform," June 2020, <https://www.cssny.org/news/entry/structural-inequalities-in-new-yorks-health-care-system>.

²⁷ Bryan Rosenthal et al., "Why Surviving the Virus Might Come Down to Which Hospital Admits You," The New York Times, July 1, 2020, <https://www.nytimes.com/2020/07/01/nyregion/Coronavirus-hospitals.html>.

²⁸ New York City Department of Health, <https://www1.nyc.gov/site/doh/covid/covid-19-data.page>.

²⁹ L. Waugh and D. McCarthy, "How the Massachusetts Health Policy Commission Is Fostering a Statewide Commitment to Contain Health Care Spending Growth," Commonwealth Fund, March 5, 2020, <https://www.commonwealthfund.org/publications/case-study/2020/mar/massachusetts-health-policy-commission-spending-growth>.

2. The City Council should pass Intro 1674-2019, which would establish an Office of the Hospital Patient Advocate. This measure would help document the patient experience at hospitals, the care that they received, and potentially abusive collections practices. It would also help monitor disparities in care and make recommendations about how to promote a more equitable health care system at in New York City.
3. The City Council should augment funding for community-based organizations who help patients enroll in health coverage and address medical debt. Programs such as the Access Health NYC and MCCAP programs leverage trusted agencies in low-income communities of color to ensure that patients can enroll in coverage, apply for financial assistance, or resolve medical debt problems.

Thank you again for providing me with the opportunity to testify at today's important hearing. Information about programs that CSS operates that can assist your constituents is provide below. Should you have any questions or seek further elaboration, please do not hesitate to contact me at: ebenjamin@cssny.org or (212) 614-5461.

Testimony of Henry Garrido
Executive Director, District Council 37, AFSCME
Before the Committee on Health and Committee on Hospitals
Re: Rising Health Care Costs
October 15, 2021

Good morning Chairs Levine and Rivera. My name is Henry Garrido. I am the Executive Director of District Council 37, which represents 300,000 people covered by health insurance in the NYC metropolitan area.

I also co-convene the Coalition for Affordable Hospitals – an issue that has never been more pressing than it is today.

Two years ago, I addressed the joint committee and identified several reasons health costs had risen in the last decade. I offered suggestions to control what was then an unsustainable situation for those most in need of help.

Today, I appear before you once again to discuss the skyrocketing cost of health care. Sadly, the situation has only gotten worse. Due to the financial strains caused by the COVID-19 pandemic, affordable health care is more of a priority now than ever. It is imperative that all of us do what we can to immediately stem the tide of rising costs.

Hospital costs in the New York metro area are among the highest in the country, and spending is continuing to grow more rapidly than the national average. Numerous studies have found that higher hospital pricing does not directly correlate to a higher quality of care. Instead, every dollar that goes towards costs is one less dollar that could have gone to wages for workers, and, in the case of government spending, to fund important public services.

To put a finer point on it, for Fiscal Year 2022, it is projected that the City will spend \$6.9 billion on health insurance. Of that, 58% is going to hospital spending alone. Currently, we are charged 240% of Medicare. If we were charged Medicare rates, the City could save \$2.4 billion. Think about all we can do in our schools or to improve public safety or for the homeless with an additional \$2 billion to spend.

District Council 37 and our fellow unions that make up the Municipal Labor Committee recognize this fact and are doing our part to reduce hospital bills with changes in the design of our health plans.

For example:

- We moved non-urgent, but essential, procedures such as colonoscopies and infusions from hospitals to outpatient centers;
- We changed our insurers' copay structures to discourage members from utilizing emergency rooms for non-urgent treatment;
- We implemented wellness programs, diabetes disease prevention programs, and telehealth programs to improve our members' health and prevent hospitalizations; and
- We looked for and implemented every way to change our members' conduct to rely upon hospitals for their primary care and lower costs.

Even with as much progress as we've made, we cannot do this alone.

Since 2010, consolidations resulted in the creation of five dominate health systems in New York City. These networks have become private monopolies that have adversely affected patient costs.

The rising hospital prices in New York City's non-profit, private hospital systems remain the main cause of the rising cost of health care in New York.

These expenses make it harder for New Yorkers to access the affordable, quality care they need and deserve. A failure to provide transparency around high hospital costs and the non-competitive contracting practices by private hospital systems make it almost impossible to combat this growing problem.

The five private hospital systems dominating health care in New York City continue to increase their costs by 7 to 10 percent every year. These costs are then passed on to our members—the frontline public workers and their families.

It is time we address this problem.

I am here today to urge you to please use all the tools at your disposal to insist on fair pricing from hospital systems that protect the interests of all

New Yorkers. We cannot continue to let these institutions grow on the backs of City workers.

Additionally, District Council 37 and the Coalition for Affordable Hospitals is fully backing the Hospital Equity and Affordability Law (HEAL), sponsored by State Sen. Andrew Gounardes and Assemblymember Catalina Cruz.

The HEAL Act will allow patients flexibility and choice within their health care networks, will increase transparency by disclosing rates and discounts with providers, and regulate pricing to more equitable levels.

HEAL will provide major savings for working families, along with state and local governments.

So in addition to applying pressure locally, I ask that the City Council put its weight behind the HEAL Act and support those in Albany pushing to get it done.

Thank you.



Testimony of the New York Health Plan Association

to the

New York City Council Committee on Health

And Committee on Hospitals

on the subject of

Hospital Costs – Impact on Access to Care

October 15, 2021

Chairperson Levine, Chairperson Rivera and members of the committees, thank you for the opportunity to appear at this week's hearing on hospital costs and the impact they have on access to care.

The New York Health Plan Association is a non-profit organization that represents 28 health plans that provide coverage to nearly eight million fully-insured New Yorkers. The people served by HPA's member plans include individuals who receive coverage through an employer or who purchase it on their own directly through a health plan or through the NY State of Health, the state's Exchange, and residents covered by state programs including Medicaid, Child Health Plus, the Essential Plan and Managed Long-Term Care.

Our member health plans are committed to the goal of universal coverage, and have a long history of working collaboratively with New York government in implementing the Affordable Care Act and the state's ambitious Medicaid redesign program. This common effort is a major reason for New York's success in insuring coverage for more than 95 percent of state residents and reducing the number of uninsured from 10 percent in 2013 to less than five percent today.

Keeping health care affordable is a major challenge facing many employers and consumers, who are also struggling with the financial impact of the pandemic. New York has some of the highest health care costs in the country. According to the Kaiser Family Foundation's State Health Facts, New York's health care costs are \$9,779 per capita, which is significantly higher than the national average of \$8,045 per capita.

Health insurance premiums and health care costs are inextricably linked, and the rising cost of coverage is driven in large part by the growth in the cost of medical care charged by hospitals and other providers, increases in the price of prescription drugs, and government taxes and assessments on health insurance. Our comments for today's hearing will focus on issues related to provider prices as a result of provider consolidation and contracting practices.

Every New Yorker deserves access to high-quality, affordable health care. Achieving the goal of universal coverage requires focusing on the underlying factors that are driving rising health care costs.

A July 2019 report from the NY State Health Foundation and the Health Care Cost Institute (HCCI), *Health Care Spending, Prices and Utilization for Employer-Sponsored Insurance in New York*, stated that "spending is increasing at a rapid rate and rising price, not greater utilization of services, is the main culprit." The report went on to say, "These data point to prices of services that experienced particularly high growth, including for certain inpatient admissions and

prescription drugs, as areas of focus for New York employers, health plans, and State policymakers to target in efforts to control health care costs for their employees.”

A robust and growing body of research demonstrates that the consolidation of health care providers into health systems with market power is a primary driver of increased provider prices. For example, a September 2021 issue brief by the Milbank Memorial Fund noted that numerous studies have found “that prices increase between 20% and 60% following the merger of two neighboring hospitals, and researchers have consistently found that physician prices increased by 3% to 14% following an acquisition. Importantly, most studies find no statistically significant impacts on quality after a merger.”¹

Further, a 2020 report from the Medicare Payment Advisory Commission summarized the literature, stating “[t]aken together, the preponderance of evidence suggests that hospital consolidation leads to higher prices. These findings imply that hospitals seek higher prices from insurers and will get them when they have greater bargaining power.”² More recently, the Federal Trade Commission noted that “Too many hospital mergers lead to jacked up prices and diminished care for patients most in need” in a statement commenting on a preliminary injunction halting a New Jersey hospital merger,³ and hospital concentration has been linked to average annual marketplace insurance premiums that are 5% higher than those in less concentrated areas.⁴

Certain provider contracting practices can amplify the impact of provider consolidation, increasing health care costs for individuals, families, and employers. For example, some provider organizations often include restrictive, contracting language that act as barriers to promoting greater competition in the marketplace, impeding health plan’s ability to contract with providers that may help to reduce costs to employers and consumers. According to a *Wall Street Journal* article published on September 18, 2019, “Dominant hospital systems use an array

¹ “Mitigating the Price Impacts of Health Care Provider Consolidation”, Katherine L Gudiksen, Alexandra D. Montague, and Jaime S. King, Milbank Memorial Fund Issue Brief, September 2021, <https://www.milbank.org/publications/mitigating-the-price-impacts-of-health-care-provider-consolidation/>

² March 2020 Report to the Congress: Medicare Payment Policy, Congressional request on health care provider consolidation (Chapter 15), http://www.medpac.gov/docs/default-source/reports/mar20_medpac_ch15_sec.pdf?sfvrsn=0

³ Statement of FTC Office of Public Affairs Director Lindsay Kryzak on District Court’s Decision to Grant Preliminary Injunction Halting New Jersey Hospital Merger, August 4, 2021, <https://www.ftc.gov/news-events/press-releases/2021/08/statement-ftc-office-public-affairs-director-lindsay-kryzak>

⁴ “Vertical Integration: Hospital Ownership of Physician Practices Is Associated With Higher Prices and Spending”, Laurence C. Baker, M. Kate Bundorf, and Daniel P. Kessler, May 2014 *Health Affairs*, <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2013.1279>

of secret contract terms to protect their turf and block efforts to curb health-care costs. As part of these deals, hospitals can demand insurers include them in every plan and discourage use of less-expensive rivals.”⁵

As the Milbank brief noted,

*“many health systems contain at least one must-have provider and may be able to require any insurer wanting to contract with the must-have facility to contract with other facilities controlled by the health system. When using all-or-nothing or affiliate contracting, a health system demands that any health plan that wants to contract with a particular provider or affiliate in a health system must contract with all other providers or a specific affiliated provider in the health system.”*⁶

Large, “must-have” providers will often use these types of provisions to demand high payment rates for the entire provider organization, increasing the cost of health care without providing any meaningful benefit for employers or consumers.

Government can play an important role to improve the current market dynamics and ensure that provider consolidations and contracting practices do not further impede health care access and affordability for New Yorkers. This should include measures that restrict contracting provisions that harm consumers and employers, promote greater accountability of provider mergers and acquisitions, and prohibit providers from imposing unnecessary “add-on” costs. Approaches should include:

- **Eliminate Anticompetitive Contracting Practices:** Prohibit restrictive contracting language that serves as a barrier to promoting greater competition in the marketplace, increasing transparency of health care costs, and providing more affordable options for employers and consumers. Measures should include:
 - prohibiting “all-or-nothing” clauses in which an insurer is required to contract with all provider locations for a multi-location provider instead of contracting only with individual provider locations;
 - allowing for contracting with individual institutions based on quality measures;
 - barring confidentiality clauses that limit the ability of consumers to know prices charged by providers;

⁵ “Behind Your Rising Health-Care Bills: Secret Hospital Deals that Squelch Competition”, A Mathews, *The Wall Street Journal* [New York City], 18 September 2018. <https://www.wsj.com/articles/behind-your-rising-health-care-bills-secret-hospital-deals-that-squelch-competition-1537281963>

⁶ “Mitigating the Price Impacts of Health Care Provider Consolidation”, Katherine L Gudiksen, Alexandra D. Montague, and Jaime S. King, Milbank Memorial Fund Issue Brief, September 2021. <https://www.milbank.org/publications/mitigating-the-price-impacts-of-health-care-provider-consolidation/>

- forbidding anti-steering provisions that prohibit insurers from using benefit design to encourage consumers to obtain care at more affordable provider sites; and
- disallowing provisions that limit the ability of health plans or employers to offer tiered network products if they do not include certain hospitals in the most favorable tier.
- **Enhanced oversight of provider mergers, acquisitions and affiliations:** Require annual reporting of provider entities that merge and that they hold their prices flat for a 3-5 year period, to ensure that benefits described for the transaction are actually realized and that employers and consumers benefit from lower costs and better quality.
- **Ban hospital facility fees:** Prohibit hospitals from imposing facility fees for services provided in a hospital or at a facility not on a hospital's campus.

Our industry remains committed to working with you and other policymakers on measures to rein in the factors driving increases in the cost of care to ensure that every New York has access to high-quality, affordable health care.

We appreciate the opportunity to offer our comments and are happy to engage in further discussions with the Council.

Health Committee Testimony

Cora Opsahl

Interim Health Fund Director

32BJ Health Fund

Good morning. My name is Cora Opsahl, and I am the Interim Director of the 32BJ Health Fund. We provide comprehensive health benefits to union members of SEIU 32BJ and their eligible dependents. We cover approximately 190,000 lives in 11 states, with the bulk of our lives here in the New York City area. As a Taft-Hartley plan, our benefits are 100% funded by over 5,000 employers, some with thousands of employees and some with only one worker. We provide comprehensive health benefits to our participants with no participant premiums or deductibles and low copays. We are also a self-funded plan. This means all medical claims are paid by the 32BJ Health Fund. While we use an insurance company to administer our benefit, the cost of the care provided to plan participants is paid by us. That means as hospital and medical costs go up, those costs are passed directly onto the 32BJ Health Fund.

The 32BJ Health Fund receives all of our medical claims. This means we can see where our participants get care and how much it costs. This amount of data has allowed us to analyze our claims and know exactly how we are spending our healthcare dollars. For example, in 2019, the 32BJ Health Fund spent \$929 million on all health benefits, including medical, prescription drugs, vision, dental, and other ancillary benefits. Of that \$929 million, 82% of all the benefit dollars (or \$743 million) were spent on hospitals, doctors, and medical staff. Of that \$743 million, 68% of the costs (or \$505 million) were for hospital costs alone. That means that hospital costs made up 56% of our total spending in 2019.

Hospital prices are the number one driver of costs in healthcare, not just for us, but for the entire healthcare industry. Over the past decade, premiums and deductibles have outpaced wages. That means healthcare not only got more expensive, but it cost more for patients and plans like ours.

As we look at healthcare costs, Medicare prices provide a good benchmark for comparison for commercial prices, or prices paid by self-funded plans like us. In 2016, commercial payers were paying 224% more than Medicare, and by 2018, it was 247% more.

We used our own claims data and analyzed what we would have paid, had we paid Medicare prices, for hospital services here in New York City. We looked at our data from 2016-2019 and determined the prices charged for hospital service provided to our participants were 240% higher than what Medicare charged for the same set of services. What that means is, had we paid Medicare prices, instead of the high prices charged by hospitals, we would have spent 58% less during that time period. Additionally, we were able to see the high variation between hospital systems within the city. Looking at just the private health systems in New York City (NY Presbyterian, NYU Langone, Mount Sinai Health System, Northwell Health, and Montefiore), their prices paid by the fund are 316% higher than Medicare prices.

To understand what that means in real dollars, let's look at two common procedures – colonoscopies and vaginal births. For a standard colonoscopy, the average amount we paid the highest priced hospital in 2018 and 2019 was \$9,598. At the same hospital, Medicare would have reimbursed \$1,043. That is 9.2 times the amount Medicare paid for the same, routine procedure. Looking at the same time period for a vaginal birth, we paid the most expensive hospital an average of \$24,810. Medicare would have paid the hospital \$9,149, or 2.71 times less than what we paid.

Setting Medicare aside, comparing what we paid for a colonoscopy and a vaginal birth in a more expensive hospital system to what we paid, on average to the rest of the hospital systems in New York City, the difference is still staggering. For a colonoscopy, we paid approximately \$9,000 at the more expensive system, while we paid an average of \$4,000 at other less expensive hospital systems. For a vaginal birth, the costs average \$24,000 versus \$20,000 elsewhere. There is no reason the cost variation should be so high for these procedures.

A common justification given for the higher costs, is that cost equals quality. However, that is untrue. A 2018 Rand study looked at the correlation between hospital costs and quality. They compared low, medium, and high cost hospitals based on their prices in comparison to Medicare, and then looked at the quality data. The results are clear. Higher cost hospitals do not have better quality scores than those that are medium or low cost. We have also seen this in our own maternity and joint replacement programs. Quality is not dependent on the price charged by the hospital.

Lastly, it is important to comment on the anti-competitive nature of some contracts between hospital systems and insurers. As a self-funded plan, we make benefit decisions in the best interest of our participants. However, hospital systems can enter into contracts with insurers that restrict our ability to provide high quality care programs to our participants and to design our benefits to encourage participants to use high-quality, lower cost hospitals.

For example, the 32BJ Health Fund offers a maternity program for our participants where they can have a baby for a \$0 copay if they use one of our high-quality partner hospitals. Hospitals had to submit an application to be included in our maternity program, and we did extensive vetting of the hospitals to ensure they are high quality and would provide an excellent experience for our participants. Our participants are extremely satisfied. But based on language in a contract between a hospital system and insurance company, we could have been required to shut down our maternity program, which would have taken away the ability of our participants to have a baby with no copay. No hospital should be able to exercise this type of control over health plans. It's not fair to our participants or to any health plan.

In conclusion, high hospital prices will continue to drive up healthcare costs – costing plans like ours millions of dollars in unnecessary spending. Thank you for holding this hearing and bringing light to this ongoing problem.

Good morning. My name is Kyle Bragg and I am the President of SEIU 32 BJ. As you know 32 BJ SEIU is the largest union of property service workers in the United States, representing over 90,000 hard-working New Yorkers who work as cleaners, property maintenance workers, doormen, security officers, window cleaners, building engineers, and school and food service workers. Our members keep New York running, and throughout the pandemic, many of us have continued to show up, every day, to ensure that our city could function. At the heart of our union's work has been winning and maintaining high quality health care benefits for members and the COVID-19 pandemic has only underscored how vital these benefits are for our workers and their families. These benefits include premium free family coverage, low co-pays, and a network of thousands of doctors that have real life changing impact in the quality of life of our members. Unfortunately, these benefits are jeopardized by the skyrocketing New York hospital costs.

Several years ago, our Health Fund and our union began looking at this issue. Because our Health Fund, and many union health funds, are self-insured, we pay all members' bills for care - including the ever-rising hospital costs. Our fund has no profits or shareholders, and no interest other than providing workers with the highest quality health care they can afford. Empire BlueCross Blue Shield administers the 32BJ Health Fund's network, authorizes our medical care, and pays claims using members' money. The Fund pays Empire a flat administrative fee for their services, but the Fund pays all medical claims. Every dollar spent on higher-priced healthcare is a dollar that can't be used to make other kinds of quality and affordable care available to Fund participants, or for much-needed wage increases and other benefits.

Our health fund has analyzed our payment data and what we've found is truly shocking.

To begin with, we found that the five major private hospital systems in New York City (New York Presbyterian, Montefiore, NYU Langone, Northwell, and Mt Sinai) are charging our Fund an average of 316% of what these same hospitals charge Medicare for the exact same procedures. This has cost our fund and our members hundreds of millions of dollars over the past decade. In fact, if our healthcare costs had simply risen at the same rate as inflation over the past decade, our members could have received nearly \$5,000 more in their pockets in wages this year without costing our employers a cent more than our current total compensation. For our hard-working members trying to raise families in an expensive city, this would make a world of difference.

Secondly, we have found real extreme differences in what our health fund pays for the same care at different hospitals. The significant disparity in prices for the same care in different hospitals lacks rational justification. And we aren't talking about ground breaking new procedures. For example, our health fund paid an average of \$83,000 for a hip replacement at New York Presbyterian but an average of \$58,000 at other New York hospitals. Millions of dollars are being lost when hospitals overcharge us for care and it has to stop!

Before I go on, I do want to make a few things clear. First, it's very important that we all understand our fight is not with the hardworking doctors, nurses and medical staff at hospitals. These people are doing amazing, life-saving work. Our fight is with the accountants and hospital leaders who manage the hospital systems and run their finances.

Second, it's crucial that we understand that price and quality are not the same. Our priority is always to maintain high quality healthcare for our members. But there is no clear link between hospital cost and hospital quality. In fact, many low cost hospitals have high quality patient outcomes.

Finally, I want to say that this is not just an issue for 32BJ members. This is an issue for all New Yorkers. The costs of healthcare are rising for everyone, and whether you pay for your healthcare directly, get it through an employer plan, or are a member of a union, the cost is affecting you. And that is why we have convened the Coalition for Affordable Hospitals, including many other unions, healthcare advocacy, community-based and faith-based organizations.

We also believe that it is impacting our city. New York City government is the largest purchaser of healthcare in the city, covering many times the number of lives that our fund does. And there is no reason to believe that the city is getting a better deal than our Fund is. We hope that we can hear from the administration soon about what the city's hospital spend looks like. But if we simply extrapolate from our own Fund, and assume that the city spends the same percentage of its healthcare expenses on hospital costs and would achieve the same savings as our Fund would if we were charged Medicare rates, we estimate that the city may be losing over \$2 Billion to hospital overpricing. Beyond that, these incredibly wealthy hospitals all claim non-profit status and therefore do not pay taxes further depriving the city of revenue, despite their profit seeking behavior. Think of all the good we could do for our citizens if we spent that money on city employees and services rather than on wealthy hospitals.

New Yorkers everywhere are paying the price of predatory hospital pricing. We are paying for it directly. We are paying for it with depressed wages and fewer jobs. And we are paying for it with our tax dollars being wasted.

It is time for our city to get serious about this problem and use every tool in the tool belt to hold high priced hospitals accountable. 32BJ is proud to be a part of this fight. I want to thank the Council for holding this important hearing and to encourage you to continue to take action. Thank you very much.



Testimony of Cynthia A. Fisher
Founder and Chairman of PatientRightsAdvocate.org

Good morning, New York City Council Members. Thank you for the opportunity to testify today about New York's healthcare affordability crisis and the price transparency solution. My name is Cynthia A. Fisher, and I am the founder and chairman of PatientRightsAdvocate.org, a non-partisan, non-profit organization seeking real prices, real choices, and a functional marketplace in healthcare.

Federal law mandates that hospitals publish all their negotiated rates by payer and plan as well as their discounted cash prices. Yet a recent [analysis](#) by my organization shows 94.4 percent of American hospitals are noncompliant, including major New York City hospitals such as Lenox Hill, Memorial Sloan-Kettering, Mount Sinai Beth-Israel, Mount Sinai, New York-Presbyterian, and NYU Langone.

As a result of this lack of price transparency, healthcare consumers, including workers, unions, employers, and local governments such as New York City's, do not know hospital prices until after their bills arrive weeks and months after care. By that time, it's often too late for consumers to challenge their obscene bills. Hidden prices therefore allow hospitals to engage in widespread price gouging and overbilling that financially devastates New Yorkers. Opaque prices also result in widespread hospital price variations -- [of around ten times or more](#) -- for the same services even at the same hospitals.

Recent Johns Hopkins University [research](#) published by Axios finds that the nation's largest hospitals mark up their prices by an average of seven times their cost of care. A RAND Corporation [report](#) from last year finds that New York State hospitals charge an average of 302 percent of the Medicare rate for the same services. Some New York City hospitals charge even more. New York-Presbyterian charges 370 percent of the Medicare rate for the same services. Staten Island University Hospital charges 323 percent of the Medicare rate. And NYU Langone charges 316 percent.

A friend of mine was recently billed over \$120,000 for a C-section childbirth of twins at New York-Presbyterian. Another New York City patient named [Claudia Knafo](#) was charged \$101,000 at a different facility that promised to take her health insurance but then refused after the fact. In stark contrast, a young Brooklyn woman saved approximately \$4,000 on her MRI by choosing a price transparent, standalone imaging center that charged her \$341 – far less than her insured rate of \$4,100 at the hospital. This example offers a window into the future of healthcare.

According to an [estimate](#) by the Community Service Society of New York, New York State Hospitals filed more than 30,000 lawsuits against patients for unpaid, unknown hospital bills in recent years. They placed liens on homes, garnished wages, and seized assets of ordinary people caught up in this broken healthcare system. Like other state and local governments, New York City's ballooning healthcare costs eat up an ever-growing portion of municipal budgets. New

York City is projected to spend [\\$6.9 billion](#) in health insurance costs in 2022, most of which will go to hospitals. These are funds that could otherwise go to more productive uses such as increased public services that benefit all residents.

As a result of such outrageous hospital bills, [more than one-third](#) of New York State residents struggle to pay for their healthcare bills and three-quarters worry about not being able to pay them in the future. [Sixty-four percent](#) of Americans delay care for fear of financial ruin. This avoidance of care has medical consequences as conditions can progress to the point where they are more difficult to treat. Real prices prevent the progression of diseases and protect patients' health because they provide consumers with financial certainty that routine and preventative care won't end in bankruptcy. When patients know their care is cost-effective and can hold hospitals accountable, they will take care of their health and "go early and go often." Widespread preventative care will create a far healthier nation, generating enormous cost savings for individuals, families, employers, unions, and society.

All consumers deserve to see actual, upfront healthcare prices so they can avoid price gouging and shop for quality, less-expensive care. Price transparency allows consumer choice and competition to put runaway healthcare cost trends in reverse. Real prices will hold hospitals accountable, giving consumers easy recourse if their final bills don't match the quoted price. They can budget for care like any other consumer purchase.

Patients need and want actual, binding prices, not estimates, which do not work. Estimates are useless, don't hold hospitals accountable, and are a waste of time. Only machine-readable actual prices will create a competitive market that can bring U.S. healthcare costs in line with the developed-world average. America spends two times as much on healthcare as other developed nations. Price discovery can cut American healthcare costs by approximately 50 percent in the same way that airfare fell by 50 percent – while flight quality and access improved -- after airline prices were deregulated in 1978. When we pull back the curtain on prices and refuse to be overcharged, we benefit from competition and the ability to compare prices. It is all of our collective choices that will bring down the costs of care and coverage.

SEIU 32BJ is using real prices to meaningfully lower healthcare costs for its 200,000 members and their dependents in New York and across the Northeast by refusing contracts with price gouging hospitals that profiteer off the backs of its members. It recently decided to drop New York-Presbyterian from its health plan network because its claims data indicated the hospital charged 358 percent more than Medicare for the same care. By shopping with its feet, the union is delivering significant health plan savings to its members. Innovative businesses and union plans around the country are also [saving 30 to 50 percent](#) on their healthcare costs by contracting with price transparent providers. The Osceola County School District in Central Florida created its own healthcare plan contracting with price transparent providers after being fed up with annual double-digit health coverage cost increases. Hospitals, providers, and surgical centers in the plan contract at an upfront, price transparent rate. This plan saved the district \$6 million in its first year and is on track to save more than \$15 million in its second year.

Healthcare price transparency will empower more consumers to follow suit. The Biden Administration has [proposed](#) strengthening hospital price transparency in a final rule out soon by increasing fines up to \$2 million for noncompliant hospitals. Higher penalties will incentivize price-opaque hospitals to follow the law and remove the price veil preventing patients from taking control of their health finances. In July 2022, the federal [transparency in coverage](#) rule takes effect, requiring health insurers to post their rates, allowing consumers to access actual prices wherever they get care.

New York City officials can help support this price transparency movement. The city can produce its claims data to determine how much it is actually spending on care at local hospitals and identify better-value alternatives. It can use its regulatory and purchasing power to demand hospitals comply with federal price transparency law. And it can enact even higher penalties to make hospitals follow the law and stand behind binding prices. These actions will cut out the many middle players who up-code billing and allow all New Yorkers to access straight-up, upfront prices, generating substantial healthcare savings.

Price transparency creates a necessary and sufficient reform to lower obscene hospital costs plaguing the city for generations to come. Thank you for the opportunity to testify to explain why. Please help us make this price transparency vision a reality and relieve healthcare's financial burden on New Yorkers.

**Semi-Annual Hospital Price Transparency Compliance Report
July 2021**



Semi-Annual Hospital Price Transparency Compliance Report July 2021

Under the authority of the Affordable Care Act (ACA), a new federal hospital price transparency rule¹ took effect January 1, 2021, requiring hospitals to post all prices online, easily accessible without barriers such as having to submit personal identifying information, in the form of:

- A machine-readable standard charges list for all items and services for all payers and all plans as well as all discounted cash prices.
- A standard charges list or a price estimator tool for the 300 most common shoppable services.

The hospital industry sued to not reveal their prices, but a bipartisan array of district and appeals court judges rejected every one of those legal challenges in favor of the price transparency rule.²

Our review of hospital compliance with the rule found widespread failure of hospitals to report prices from all payers and plans. We estimate that only 5.6% of hospitals were compliant with the rule, and 94.4% were noncompliant, because one or more price transparency requirements were not met. The majority of noncompliant failures were the result of non-posting or incomplete posting of the negotiated prices clearly associated with all of the payers and plans accepted by the hospital. The second significant failure was due to a lack of publishing the full list of discounted cash prices.

Methodology: PatientRightsAdvocate.org reviewed a random sample of 500 hospital websites of the 6,002 hospitals subject to the rule. Our findings reflect good-faith analysis and opinions regarding compliance with the entirety of the price transparency regulatory requirements based on a review of publicly available hospital websites from May 15, 2021 through July 8, 2021. This report is not intended to constitute legal advice.³

A team of three PatientRightsAdvocate.org research analysts assessed the websites for hospital compliance. Separately, an independent review and validation of the report using a substantial sample of the data were performed from July 2, 2021 to July 9, 2021 for PatientRightsAdvocate.org by FireLight Health LLC, a healthcare price data company with expertise in hospital price transparency data.

We analyzed each hospital website for inclusion of the required machine-readable file for all items and services for all of its accepted payers and plans, as well as the required price list of the 300 most common shoppable services (70 of which were mandated by the Centers for Medicare and Medicaid Services), either in a standard charges file or a price estimator tool. Within the machine-readable files, we assessed the completeness of the data posted including: all associated codes, gross charges, discounted cash prices, de-identified negotiated minimum and maximum charges, and all payer-specific negotiated charges and clear identification of charges with the name of the third-party payer and plan.

If a hospital posted a price estimator tool for shoppable services, we evaluated whether consumers with or without insurance were able to access negotiated rates and discounted cash prices using the tool. However, it was not practicable to evaluate whether *all* 300 shoppable services were available in each of

¹ Health and Human Services Department. Medicare and Medicaid Programs: CY 2020 hospital outpatient PPS policy changes and payment rates and ambulatory surgical center payment system policy changes and payment rates. Price transparency requirements for hospitals to make standard charges public. November 27, 2019. Accessed June 16, 2021. <https://www.federalregister.gov/documents/2019/11/27/2019-24931/medicare-and-medicare-programs-cy-2020-hospital-outpatient-pps-policy-changes-and-payment-ratesand#p-1010>

² *American Hospital Association v. Azar*, 983 F.3d 528 (D.C. Cir. 2020); *American Hospital Association v. Azar*, 468 F. Supp. 3d 372 (D.D.C. 2020)

³ We welcome any feedback on our analysis at info@PatientRightsAdvocate.org.

the price estimator tools, due to the varied structures and barriers such as the collection of personally identifiable information and specific plan identification often required to receive an estimate.

We identified a hospital as noncompliant if it omitted any of the five standard charge criteria required by the rule, if it posted blanks or zeros in the data fields, if it did not post all negotiated payer rates associated with specific plans, or if the price estimator tool did not show both the negotiated rates and discounted cash prices to provide pricing for all healthcare consumers, including the uninsured and those desiring to pay cash directly.

Results: We estimate that only 5.6% or 28 hospitals of the 500 randomly sampled, were in compliance with all of the rule requirements. We estimate that 94.4% or 472 of the 500 hospitals, were noncompliant, because one or more price transparency requirements were not met. See Appendix A for the list of compliant hospitals and Appendix C for the full evaluation of compliant and noncompliant hospitals.

Machine Readable File Compliance

We estimate that 471 hospitals (94.4% of the 500) did not post a *complete* machine-readable file of standard charges. The most significant finding of noncompliance is that the majority of hospitals did not post *all* payer-specific and plan-specific negotiated rates. We also found noncompliance due to incomplete or missing data fields, or fields with zeros, N/A's, and asterisks for negotiated rates. We frequently found that hospitals listed at a separate location on their website far more accepted insurance plans for coverage than they showed in their standard charges file, implying that their standard charges file did not include all accepted plans.

We estimate that:

- 403 hospitals (80.6% of the 500) did not publish payer-specific negotiated charges “clearly associated with the names of each third-party payer and plan” as required by the rule.
- 258 hospitals (51.6% of the 500) did not publish any negotiated rates at all.
- 198 hospitals (39.6% of the 500) did not publish any discounted cash prices.

300 Shoppable Services List Compliance

We reviewed each hospital for compliance with the requirement to publish 300 shoppable procedures and services displayed in either a consumer-friendly list or a price estimator tool. We estimate that:

- 96 hospitals (19.2%) presented 300 shoppable services in a consumer-friendly display for customary charges. However, a significant number of these hospitals presented incomplete data fields and were therefore noncompliant.
- 378 hospitals (75.6%) published a price estimator tool. Out of these 378, 41 (10.9%) of them did not allow the user to see the discounted cash price.

The design of the price estimator tools also obfuscated the researcher's ability to confirm and audit that all of the 300 shoppable services were available through the price estimator tool. Price estimator tools were inconsistent and severely limited researchers' ability to investigate compliance.

Discussion: Six months have passed since the hospital price transparency rule took effect. As of the date of this publication, our analysis suggests that the vast majority of hospitals are not complying with the rule. These findings align with previous research indicating that hospitals are undermining the rule

with incomplete information,⁴ burdensome access restrictions, code to block prices from being displayed on search engines, and tools to obfuscate access to mobile app developers and to patients.⁵ The price estimator tool is particularly problematic and restrictive, as it does not allow for meaningful, easily accessible comparison of discounted cash prices and prices across payers and plans. See Appendix B for more details on the challenges presented by the online tools.

This widespread noncompliance and inability for patients to access meaningful price data suggest the need for:

1. *Stricter penalties for noncompliance and vigorous enforcement of the rule:* The penalty for noncompliance is currently \$300 per hospital per day, and in the rule, the Department of Health and Human Services (HHS) estimates the cost of compliance to be \$11,898.60 per hospital per year. Both of these amounts are de minimis to most hospitals. Scaling the penalty to \$300 per hospital *per bed* per day and robustly enforcing the rule will result in a meaningful financial incentive for hospitals to fully comply, while providing proportional fairness to smaller and rural hospitals.
2. *Enhanced requirements for the list of 300 shoppable services:* To address the barriers to accessing prices for the 300 shoppable services via both the list and the tool, we suggest HHS require a consumer-friendly, human-readable file *as well as* a comprehensive tool that allows patients to see all prices (discounted cash prices and insured rates across all payers and plans). We suggest that HHS require these data to be easily accessible and without barriers, including but not limited to that the data can be accessed free of charge, without having to establish a user account or password, and without having to submit Personally Identifiable Information (PII).
3. *Requirements for actual prices, not estimates.* Instead of a price estimator tool, we suggest a regulatory evolution of the price estimator tool to move toward guaranteed price quotes instead of price estimates.
4. *Requirements for clear pricing data standards.* Implementing clear pricing standards will shift the power to consumers and businesses facing the continuing squeeze of soaring healthcare costs by unleashing actual price information. With this data, technology innovators and search engines are eager to usher in online shopping tools and other services that will allow for price comparison and competition.

We applaud the 28 hospitals that we estimated to be in compliance with the rule. Widespread availability of hospital pricing data in full compliance with the rule, combined with the *Transparency in Coverage Rule* effective on Jan. 1, 2022, will unleash the benefits of competition to foster a functional marketplace in healthcare and health coverage, enabling improved consumer healthcare choices and superior employer- and union-sponsored healthcare benefits for millions of Americans.

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⁴ Early Hospital Compliance With Federal Requirements for Price Transparency, *JAMA Intern Med.* June 14, 2021.

⁵ McGinty T, Mathews, AW, Evans M. Hospitals hide prices on web, undermining disclosure rule. *The Wall Street Journal.* March 23, 2021: A1, A5.

APPENDIX A: Compliant Hospitals (out of the 500 sampled)

Hospital	City	State	Compliance
Androscoggin Valley Hospital	Berlin	NH	Compliant
Baptist Medical Center Jacksonville	Jacksonville	FL	Compliant
Baptist Memorial Hospital - Attala	Kosciusko	MS	Compliant
Baptist Memorial Hospital - Booneville	Booneville	MS	Compliant
Baptist Memorial Hospital - Collierville	Collierville	TN	Compliant
Baptist Memorial Hospital - DeSoto	Southaven	MS	Compliant
Baptist Memorial Hospital - Golden Triangle	Columbus	MS	Compliant
Baptist Memorial Hospital - North Mississippi	Oxford	MS	Compliant
Baptist Memorial Hospital - Union City	Union City	TN	Compliant
Baptist Memorial Hospital - Union County	New Albany	MS	Compliant
Beth Israel Main Campus	Boston	MA	Compliant
Brigham and Women's - Main Campus	Boston	MA	Compliant
Cheyenne Regional Medical Center	Cheyenne	WY	Compliant
Cleveland Clinic	Cleveland	OH	Compliant
Cleveland Clinic Florida	Weston	FL	Compliant
Exeter Hospital	Exeter	NH	Compliant
Lovelace Medical Center	Albuquerque	NM	Compliant
Mass General Hospital - Boston	Boston	MA	Compliant
Mayo Clinic	Rochester	MN	Compliant
Munsen Medical Center	Traverse City	MI	Compliant
Northeastern Nevada Regional Hospital	Elko	NV	Compliant
Northwestern Memorial Hospital	Chicago	IL	Compliant
Raleigh General Hospital	Beckley	WV	Compliant
St. Joseph Regional Medical Center	Lewiston	ID	Compliant
Temple University Hospital	Philadelphia	PA	Compliant
University of Colorado Hospital	Aurora	CO	Compliant
University of Michigan Hospitals and Health Centers	Ann Arbor	MI	Compliant
Vidant Medical Center	Greenville	NC	Compliant

APPENDIX B: ISSUES WITH AUDITABILITY OF THE 300 SHOPPABLE PRICE ESTIMATOR TOOLS

First, our analysts were not able to verify whether each hospital is including prices for *all* items and services offered by the hospital as well as for *all* payers and plans for the 300 shoppable price estimator tools.

Second, numerous issues with price estimator tools raise significant barriers to any attempt to completely audit and assess full compliance with the rule. These issues also highlight a few of the ways that hospitals frustrate the efforts of patients to obtain access to price information:

1. Patients often must submit Personally Identifiable Information (PII) to receive a price estimate (see screenshot at right).
2. Users of these tools are unable to view (or scroll through) a single price list for all 300 shoppable services (or even the 70 mandated by CMS), so our analysts were unable to verify that a complete list is available.
3. Many versions of the estimator tool discriminate against uninsured patients and those wishing to pay cash, since they are not able to access cash (self-pay) prices.
4. Many tools have a disclaimer that the actual price may vary from the estimate provided by the tool.

We suggest the following modifications in future rulemaking to address the significant limitations of online 'price estimator' tools:

1. Require that price quotes from the tool be “easily accessible and without barriers, including but not limited to that the data can be accessed free of charge, without having to establish a user account or password, and without having to submit Personally Identifiable Information PII.” This language matches the requirements for the standard charge list.
2. Require a consumer-friendly, human-readable file as well as a comprehensive tool for patients to access and compare real prices (not estimates) across all 300 shoppable services.
3. Clarify that the file and tool must allow patients to easily see all actual prices – discounted cash prices and insured prices across all payers and plans, and not be limited to the price within the patient’s individual plan.
4. Instead of encouraging a disclaimer, require hospitals to stand behind their prices, to provide patients with financial certainty and recourse if they have been overcharged or erroneously billed.

Example of estimator tool requiring PII
(North County Hospital)

Service Selection	
Service Category:	<input type="text"/>
Service:	<input type="text" value="Please choose a service category"/>
Service Description:	<input type="text"/>
Estimated Date of Service:	<input type="text"/> (MM/DD/YYYY)
Insurance Type:	<input type="text" value="All Payers"/>

Patient Information	
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Date of Birth:	<input type="text"/> (MM/DD/YYYY)
Gender:	<input type="text" value="Unspecified"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
ZIP Code:	<input type="text"/>
Phone Number:	<input type="text"/>

Insurance Information	
<input checked="" type="radio"/> I have insurance and I know my information	
<input type="radio"/> I don't have Insurance	
Insurance Selection:	<input type="text" value="Other Insurance"/>
Insurance Company Name:	<input type="text"/>
Insurance Group Number:	<input type="text"/>
Insurance Member ID Code:	<input type="text"/>
Remaining Deductible Amount:	<input type="text"/> (ex: \$)
Copayment Amount:	<input type="text"/> (ex: \$)
Coinsurance Percentage:	<input type="text"/> (ex: %)
Remaining Out of Pocket Max:	<input type="text"/> (ex: \$)

APPENDIX C: Semi-Annual Hospital Price Transparency Compliance Report Evaluation Data

LEGEND

To be fully compliant, a Hospital must have:

- A Complete Machine-Readable Standard Charges File; and
- Either:
 - A consumer friendly '300 Shoppable Services List'; or
 - An online Price Estimator Tool

A Complete Machine-Readable Standard Charges File must have the following:

NOTE: Any hospital that failed to meet any one of the following criteria (with a 'no' answer to any of the questions) was found to have an incomplete machine-readable standard charges file and was found to be NONCOMPLIANT.

CRITERIA	DESCRIPTION
Codes	Did the hospital post all codes used by the hospital for accounting or billing (e.g. CPT, DRG, HCPS) for each of its items and services?
Gross Charge	Did the hospital post gross charges that apply to each individual item or service?
Discounted Cash Price	Did the hospital post discounted cash prices that apply to each individual item or service?
Negotiated Min	Did the hospital post the de-identified minimum negotiated charge for each individual item or service?
Negotiated Max	Did the hospital post the de-identified maximum negotiated charge for each individual item or service?
Negotiated Rates	Did the hospital post the payer-specific negotiated charge that applies to each item or service, for each plan identified?
Payer and Plan	Did the hospital post all payer-specific negotiated charges (for all payers and plans at the hospital) in a manner clearly associated with the name of the third-party payer and plan?

We also analyzed each hospital for the following criteria regarding 'shoppable services':

NOTE: If a hospital's Standard Charges File satisfied each of the above criteria, but it did not also offer either a '300 Shoppable Service List' or an online Price Estimator Tool, it was found to be NONCOMPLIANT.

CRITERIA	DESCRIPTION
300 Shoppable Service	Did the hospital post a list of 300 shoppable services?
Price Estimator Tool (PET)	Did the hospital post a link to a functional price estimator tool?
PET Provides Cash Price	If the hospital has a price estimator tool, does it provide cash prices for items or services that are accessible by an uninsured person?

If a hospital was found to have both a complete machine-readable file of standard charges, and either a 300 Shoppable Service list or PET, it was found to be COMPLIANT.

Hospital	City	State	Compliance	Complete Standard Charge File												Explanation	Review Date
				Codes	Gross Charge	Discounted Cash Price	Negotiated Min	Negotiated Max	Payer and Plan	300 Shoppable List	Price Estimate Tool (PET)	PET Provides Cash Price	PET Serves Uninsured				
Alaska Regional Hospital	Anchorage	AK	Noncompliant	N	Y	Y	N	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and undiscounted cash price.	6/9	
Bartlett Regional	Juneau	AK	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for major payers.	6/9	
Central Peninsula General	Soldotna	AK	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for major payers.	6/9	
Fairbanks Memorial	Fairbanks	AK	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Standard charges file is missing specific plans for some major payers.	7/2	
Mat-Su Regional	Mantanuska-Sus	AK	Noncompliant	N	N	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for major payers such as Aetna, Cigna and UHC as well as CPT codes.	6/9	
North Star Hospital	Anchorage	AK	Noncompliant	N	Y	Y	N	Y	Y	N	N	Y	N	N	The standard charge file only has four services and does not include the cash price, while the price estimator tool does not offer prices for the uninsured.	6/2	
Petersburg Medical Center	Petersburg	AK	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for major payers.	6/10	
Providence Alaska MC	Anchorage	AK	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	Y	Y	Standard charges file only contains gross charge and cash price, which is a flat percentage.	7/2	
Providence Kodiak Island Medical Center	Kodiak	AK	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	Y	Y	Standard charges file does not contain the de-identified min and max, as well as all negotiated Payer and plan rates.	6/10	
Providence Seward Medical & Care Center	Seward	AK	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	Y	Y	Standard charges file does not contain the de-identified min and max, as well as all negotiated Payer and plan rates.	6/10	
Providence Valdez Medical Center	Valdez	AK	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	Y	Y	Standard charges file does not contain the de-identified min and max, as well as all negotiated Payer and plan rates.	6/10	
South Peninsula Hospital	Homer	AK	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file does not contain the specific plan negotiated rates.	6/9	
Yukon-Kuskokwim Regional	Bethel	AK	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	N	N	standard charge file is missing specific plans for major payers and the price estimator tool does not provide any estimates.	6/10	
Ascension St. Vincents Birmingham	Birmingham	AL	Noncompliant	N	Y	N	N	Y	Y	Y	N	Y	Y	Y	Failing to provide every required standard charge for each item and service based off of identifying code.	5/27	
Brookwood Baptist Medical Center	Homewood	AL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file does not include all negotiated rates.	5/27	
Grandview Medical Center	Birmingham	AL	Noncompliant	N	N	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing CPT codes and specific plan names for major payers.	5/27	
UAB Hospital	Birmingham	AL	Noncompliant	N	Y	Y	N	N	N	Y	Y	N	Y	Y	Standard charges file is missing cash price and de identified min/max.	6/10	
Baptist Health Medical Center	Little Rock	AR	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for some major payers.	7/2	
UAMS Medical Center	Little Rock	AR	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for some major payers.	6/11	
Washington Regional Medical Center	Fayetteville	AR	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for some major payers.	6/10	
Abrazo Arizona Heart Hospital	Phoenix	AZ	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for major payers.	6/9	
Abrazo Arrowhead Hospital	Glendale	AZ	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file does not include both payer and specific plan for negotiated rates.	6/1	
Abrazo Central Campus	Phoenix	AZ	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for major payers.	7/2	
Abrazo Mesa Hospital	Mesa	AZ	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	Failure to post the Standard charges file or price estimate list / tool.	7/2	
Abrazo Scottsdale Campus	Phoenix	AZ	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for major payers.	6/9	
Abrazo Surprise Hospital	Surprise	AZ	Noncompliant	N	N	N	N	N	N	N	N	Y	Y	Y	Standard charges file found.	7/2	
Abrazo West Campus	Goodyear	AZ	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for major payers.	6/9	
Arizona Spine and Joint Hospital	Mesa	AZ	Noncompliant	N	Y	Y	Y	N	Y	Y	N	N	Y	N	standard charge file does not have rates for the de-identified negotiated min rate, does not list specific plan data, and the estimator tool doesn't give cash rates.	6/9	
Banner - University Medical Center Phoenix	Phoenix	AZ	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Standard charges file is a tool, not a machine readable file.	6/1	

Hospital	City	State	Compliance	Complete Standard Charge File												Explanation	Review Date
				Codes	Gross Charge	Discounted Cash Price	Negotiated Min	Negotiated Max	Payer and Plan	300 Shoppable List	Price Estimate Tool (PET)	PET Provides Cash Price	PET Serves Uninsured				
Chandler Regional Medical Center	Chandler	AZ	Noncompliant	N	N	Y	N	N	N	N	N	Y	Y	Y	Posted standard charge file is only a chargemaster.	6/1	
Mayo Clinic Hospital	Phoenix	AZ	Noncompliant	N	Y	Y	N	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing cash prices and not all plan names are identified.	7/2
Saint Josephs Hospital and Medical Center	Phoenix	AZ	Noncompliant	N	N	Y	N	N	N	N	N	Y	Y	Y	Only posted chargemaster, not Standard charges file.	6/1	
Adventist Health St. Helena	Saint Helena	CA	Noncompliant	N	Y	Y	N	N	N	N	N	N	N	N	Standard charges file appears to be chargemaster and only includes CPT codes and gross charge. No shoppable list or price estimate tool.	6/7	
Aurora Santa Rosa Hospital	Santa Rosa	CA	Noncompliant	N	N	Y	Y	Y	Y	N	N	N	N	N	Standard charges file is missing all negotiated rates and most all CPT codes. It is only 12 services long.	6/7	
Cedars-Sinai Medical Center	Los Angeles	CA	Noncompliant	N	Y	Y	N	Y	Y	Y	Y	N	Y	N	Standard charges file is missing cash price. Price estimate tool does not serve uninsured.	7/2	
Petaluma Valley Hospital	Petaluma	CA	Noncompliant	N	N	N	N	N	N	N	N	Y	Y	Y	Could not locate price transparency information.	6/7	
Sonoma Valley Hospital	Sonoma	CA	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Standard charges file does not include both Payer and specific plan for negotiated rates for each item/service.	6/7	
Stanford Hospital	Stanford	CA	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file appears to obfuscate data with respect to de identified min/max values as well as all negotiated rates.	6/7
UC Davis Medical Center	Sacramento	CA	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file obfuscates negotiated rates, de identified min/max and the self pay/cash price.	6/7
UCSF Helen Diller Medical Center at Parnassus Heights	San Francisco	CA	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file obfuscates negotiated rates and de identified min/max values.	6/7
Good Samaritan	Lafayette	CO	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file appears to obfuscate negotiated rates.	6/2
Porter Adventist Hospital	Denver	CO	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Standard charges includes major payers but not specific plan names.	6/2
Presbyterian/St. Luke's Medical Center	Denver	CO	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	Standard charges only includes gross charge and undiscounted cash price.	6/2
Rose Medical Center	Denver	CO	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	Standard charges only includes gross charge and undiscounted cash price.	6/2
SCL Health St. Joseph Hospital	Denver	CO	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file appears to obfuscate negotiated rates as significant amounts of data is missing.	7/2
Sky Ridge	Lone Tree	CO	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	Standard charges only includes gross charge and undiscounted cash price.	6/2
St. Francis Medical Center	Colorado Spring	CO	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Standard charges includes major payers but not specific plan names.	6/2
Swedish Hospital	Englewood	CO	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	Standard charges only includes gross charge and undiscounted cash price.	6/2
University of Colorado Hospital	Aurora	CO	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		7/5
Hartford Hospital	Hartford	CT	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major payers but not specific plan names. Assumed to be missing data because many negotiated rates values are zero.	6/7
Navance Health Danbury Hospital	Danbury	CT	Noncompliant	N	Y	Y	N	N	N	Y	N	Y	N	N	N	Standard charges file does not list specific plans and the de identified min/max is not listed for every item/service.	6/7
Saint Francis Hospital and Medical Center	Hartford	CT	Noncompliant	N	Y	Y	N	Y	Y	N	N	Y	N	N	N	Standard charges file does not list Payer names and specific plans. Shoppable list is missing data.	6/7
Yale New Haven Hospital	New Haven	CT	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major payers but not specific plan names.	6/7
BridgePoint Hospital of Washington - Capitol Hill	Washington	DC	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	N	Only posted chargemaster, not Standard charges file.	7/2
BridgePoint Hospital of Washington - National Harbor	Washington	DC	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	N	Only posted chargemaster, not Standard charges file.	6/2
Children's National Medical Center	Washington	DC	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	Failed to provide gross charge, cash price, and all negotiated rates	6/3
George Washington University Hospital	Washington	DC	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Does not provide complete payer and plan data.	6/3
Hospital for Sick Children	Washington	DC	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	N	No price transparency data found	6/3

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				Codes	Gross Charge	Discounted Cash Price	Negotiated Min	Negotiated Max	Payer and Plan	300 Shoppable List	Price Estimate Tool (PET)	PET Provides Cash Price	PET Services Unmeasured				
Howard University Hospital	Washington	DC	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges includes major payers but not specific plan names.	6/3	
MedStar Georgetown University Hospital	Washington	DC	Noncompliant	N	N	Y	N	Y	Y	Y	Y	N	N	N	Standard charges file is missing CPT codes and cash prices while the shoppable services list omits plan names for many payers.	7/2	
MedStar National Rehabilitation Hospital	Washington	DC	Noncompliant	N	N	Y	N	Y	Y	Y	Y	N	N	N	Standard charges file missing CPT codes and cash price.	6/3	
MedStar Washington Hospital Center	Washington	DC	Noncompliant	N	N	Y	N	Y	Y	Y	Y	N	N	N	Standard charges file missing CPT codes and cash price.	6/3	
Sibley Memorial Hospital	Washington	DC	Noncompliant	N	Y	Y	N	Y	Y	Y	Y	N	Y	Y	Cash price is not provided	6/3	
St. Elizabeths Hospital	Washington	DC	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	No standard charges or shoppable services data.	7/3	
United Medical Center	Washington	DC	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges includes major payers but not specific plan names.	6/2	
Alfred I. duPont Hospital for Children & Nemours Children's Clinic	Wilmington	DE	Noncompliant	N	Y	Y	N	Y	Y	Y	Y	N	Y	Y	Standard charges file is missing cash prices.	6/3	
Bayhealth Hospital, Kent Campus	Dover	DE	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Standard charges file is missing all negotiated rates.	6/15	
Bayhealth Hospital, Sussex Campus	Milford	DE	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Standard charges file is missing all negotiated rates.	6/15	
Beebe Healthcare	Lewes	DE	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	Standard charges file is a tool, not a machine readable file. Doesn't show all rates for each item/service when search.	6/3	
Christiana Hospital	Newark	DE	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	N	Standard charges is a downloadable tool, but limits download capacity from search criteria.	7/3	
Delaware Psychiatric Center	New Castle	DE	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	No price transparency data.	6/3	
Dover Behavioral Health System	Dover	DE	Noncompliant	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	Standard charge has no codes. Missing cash price. Lists a single shoppable service.	6/3	
Encompass Health Rehabilitation Hospital of Middletown	Middletown	DE	Noncompliant	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	Generally compliant. Assumed to be missing lots of data for negotiated rates due to amount of NA. Missing CPT codes.	6/3	
MeadowWood Behavioral Health Hospital	New Castle	DE	Noncompliant	N	N	Y	N	N	N	N	N	Y	N	N	Doesn't provide negotiated rates per provider or deidentified rates for standard charges	7/3	
Rockford Center	Newark	DE	Noncompliant	N	N	Y	N	Y	Y	Y	Y	Y	N	N	Standard charge has no codes. Missing cash price. Lists a single shoppable service	6/3	
Saint Francis Healthcare	Wilmington	DE	Noncompliant	N	Y	Y	N	Y	Y	N	N	Y	Y	Y	Missing discounted cash price and negotiated rates for insurances. Missing negotiated rates for specific payer and plan.	6/3	
Select Specialty Hospital - Wilmington	Wilmington	DE	Noncompliant	N	Y	Y	N	N	N	N	N	Y	N	N	standard charge file provides no negotiated rates.	6/3	
SUN Behavioral Health - Delaware	Georgetown	DE	Noncompliant	N	N	Y	Y	N	N	Y	N	N	N	N	standard charge file provides no CPT codes and no detailed rates for payer AND plan.	6/3	
TidalHealth Nanticoke	Seaford	DE	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	N	N	No negotiated rates for different payers and plans.	6/3	
Wilmington Hospital	Wilmington	DE	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	N	N	Standard charges is a tool, and download limits capacity from search criteria.	7/3	
Advent Health Carrolwood	Tampa	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Standard charges file omits many large commercial payers and rates and payers and plans the insurance's accepted page of their website states they accept.	6/7	
Advent Health Connerton	Land O'Lakes	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Standard charges file omits many large commercial payers and rates and payers and plans the insurance's accepted page of their website states they accept.	6/7	
Advent Health Dade City	Dade City	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Standard charges file omits many large commercial payers and rates and payers and plans the insurance's accepted page of their website states they accept.	6/7	
Advent Health Heart of Florida	Davenport	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Standard charges file omits many large commercial payers and rates and payers and plans the insurance's accepted page of their website states they accept.	6/7	
Advent Health North Pinellas	Tarpon Springs	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Standard charges file omits many large commercial payers and rates and payers and plans the insurance's accepted page of their website states they accept.	6/7	
Advent Health Wauchula	Wauchula	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Standard charges file omits many large commercial payers and rates and payers and plans the insurance's accepted page of their website states they accept.	6/7	
Advent Health Wesley Chapel	Wesley Chapel	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Standard charges file omits many large commercial payers and rates and payers and plans the insurance's accepted page of their website states they accept.	6/7	

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Advent Health Zephyrhills	Zephyrhills	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file omits many large commercial payers and rates and payers and plans the insurance's accepted page of their website states they accept.	6/7	
Advent Health Orlando	Orlando	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file omits many large commercial payers and rates and payers and plans the insurance's accepted page of their website states they accept.	5/29	
Advent Health Tampa	Tampa	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file omits many large commercial payers and rates and payers and plans the insurance's accepted page of their website states they accept.	6/7	
Ascension St. Vincent's Riverside Hospital	Jacksonville	FL	Noncompliant	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	Y	Provides Gross and Cash price per CDM code, but fails to provide the same per CPT and DRG Code. Failing to provide every charge for each item based off CPT code.	6/10	
Ascension St. Vincent's Southside Hospital	Jacksonville	FL	Noncompliant	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	Y	Provides Gross and Cash price per CDM code, but fails to provide the same per CPT and DRG Code. Failing to provide every charge for each item based off CPT code.	6/10	
Baptist Medical Center Jacksonville	Jacksonville	FL	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/5	
Bartow Regional Medical	Bartow	FL	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only contains a service description and price.	7/3	
Baycare Alliant Hospital	Dunedin	FL	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only contains a service description and price.	7/3	
Bayfront Health Brooksville	Brooksville	FL	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file only includes major payers and not specific plans.	6/3	
Bethesda Hospital East	Boynton Beach	FL	Noncompliant	N	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Standard charges file does not have all of the required charges for MS DRG services.	6/2	
Bethesda Hospital West	Boynton Beach	FL	Noncompliant	N	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Standard charges file does not have all of the required charges for MS DRG services.	6/2	
Blake Medical Center	Bradenton	FL	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	Standard charges file is missing de identified min/max and all negotiated rates.	6/3	
Cleveland Clinic Florida	Weston	FL	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/3	
Delray Medical Center	Delray Beach	FL	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file does not include both Payer and plan name for every item and service but states negotiated rate is for "other HP's."	6/2	
Desoto Memorial Hospital	Arcadia	FL	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Only posted chargemaster, not Standard charges file.	6/3	
Doctors Hospital of Sarasota	Sarasota	FL	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and undiscounted cash price.	6/3	
Encompass Health Rehabilitation Hospital of Largo	Largo	FL	Noncompliant	N	N	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file is omitting DRG codes and contains less than 1000 CPT codes, and the shoppable service list is omitting the cash price.	#####	
Encompass Health Rehabilitation Hospital of Sarasota	Sarasota	FL	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file is assumed to be missing significant data for negotiated rates due to amount of NA. Need specific plan names.	6/3	
Halifax Health Medical Center of Daytona Beach	Daytona Beach	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file is four lists and none have all five required charges.	6/3	
Halifax Health Medical Center of Port Orange	Port Orange	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file is four lists and none have all five required charges.	6/3	
Halifax Health/UF Health - Medical Center of Deltona	Deltona	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file is four lists and none have all five required charges.	6/3	
Holy Cross Health	Fort Lauderdale	FL	Noncompliant	N	Y	Y	N	Y	Y	N	N	Y	N	N	N	Standard charges file fails to include all negotiated rates and cash prices and the 300 shoppable service list fails to contain negotiated rates and cash price.	7/3	
Jackson Memorial Hospital	Miami	FL	Noncompliant	N	N	Y	Y	Y	Y	Y	N	N	N	N	N	Standard charges file only includes major Payer and not specific plans.	5/29	
JFK Medical Center	Atlantis	FL	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and undiscounted cash price.	6/3	
Johns Hopkins All Children's Hospital	St. Petersburg	FL	Noncompliant	N	Y	Y	Y	N	N	Y	Y	N	Y	Y	Y	Standard charges file missing data for de identified min/max values that have negotiated rate prices. IP tab lists average, not gross, charge.	6/8	
Lake City Medical Center	Lake City	FL	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges only includes gross charge and undiscounted cash price.	6/3	
Lakeland Regional Health Medical Center	Lakeland	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file is missing negotiated rates.	7/3	
Lakewood Ranch Medical Center	Lakewood Ranch	FL	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file only includes major payers and not specific plans.	6/3	
Manatee Memorial Hospital	Bradenton	FL	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file only includes major payers and not specific plans.	6/3	

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Mayo Clinic Hospital in Florida	Jacksonville	FL	Noncompliant	N	Y	Y	N	Y	Y	Y	Y	N	Y	Y	Y	Standard charges file is missing cash prices.	6/3	
Mease Dunedin Hospital	Dunedin	FL	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only contains a service description and price.	7/3	
Medical Center of Trinity	Trinity	FL	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and undiscounted cash price.	7/3	
Morton Plant Hospital	Clearwater	FL	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only contains a service description and price.	7/3	
Orlando Regional Medical Center	Orlando	FL	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only includes gross charge.	6/3	
Sarasota Memorial Hospital	Sarasota	FL	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Only posted chargemaster, not Standard charges file.	6/3	
South Bay Hospital	Sun City	FL	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and undiscounted cash price.	6/3	
South Florida Baptist Hospital	Plant City	FL	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only contains a service description and price.	7/3	
South Miami Hospital	South Miami	FL	Noncompliant	N	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Standard charges file does not have all of the required charges for MS DRG services.	6/2	
Tampa General Hospital	Tampa	FL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file obfuscates all negotiated rates with bundled and is missing gross, cash and min/max values for many items and services.	5/29	
UF Health Shands Hospital	Gainesville	FL	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file only includes major Payer and not specific plans.	5/29	
Venice Regional Bayfront	Venice	FL	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major payers but is missing specific plan names.	6/3	
Winter Haven Hospital	Winter Haven	FL	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only includes gross charge.	7/3	
Emory University Hospital	Atlanta	GA	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file does not include all negotiated rates.	6/2	
Grady Memorial Hospital	Atlanta	GA	Noncompliant	N	Y	Y	N	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for some major payers. Cash price needs to be listed as undiscounted cash price for each item/service.	6/10	
Kennestone Hospital	Marietta	GA	Noncompliant	N	Y	N	N	Y	Y	N	N	N	Y	Y	Y	Standard charges file only contains minimum and maximum.	6/10	
Northeast Georgia Medical Center	Gainesville	GA	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Only posted chargemaster. No standard charges.	6/10	
Northside Hospital Atlanta	Atlanta	GA	Noncompliant	N	N	Y	N	N	N	N	N	N	N	N	N	Only posted chargemaster. No standard charges.	7/3	
Piedmont Atlanta Hospital	Atlanta	GA	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Only posted chargemaster. No standard charges.	6/3	
Adventist Health Castle	Kailua	HI	Noncompliant	N	Y	Y	N	N	N	N	N	N	N	N	N	Standard charges file appears to be the chargemaster and only includes codes and gross charge.	6/8	
Queens Medical Center	Honolulu	HI	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Standard charges file is missing specific plans for major payers. No shoppable services list or price estimate tool.	6/10	
Iowa Methodist Medical Center	Des Moines	IA	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only includes gross price.	6/8	
Mary Greeley Medical Center	Ames	IA	Noncompliant	N	Y	N	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file has a cash price and a self pay discounted price, but no gross charge. Missing all negotiated rates.	6/8	
MercyOne Des Moines Medical Center	Des Moines	IA	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file appears to be chargemaster.	7/4	
St. Luke's Hospital	Cedar Rapids	IA	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only includes gross price.	6/8	
University of Iowa	Iowa City	IA	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file is missing de identified min/max values and negotiated rates.	6/8	
Kootenai Health Coeur D'Alene	Coeur D'Alene	ID	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major payers but not specific plans.	6/8	
Portneuf Medical Center	Pocatello	ID	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	The "display" value of the website container that contains CMS compliance data is set to "none." Turned off visibility from back end.	6/10	
St. Alphonsus Regional Medical Center	Boise	ID	Noncompliant	N	N	Y	N	N	N	Y	N	Y	Y	Y	Y	Standard charges file does not list specific plans and the de identified min/max is not listed for every item/service. No cash prices.	6/8	

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St. Joseph Regional Medical Center	Lewiston	ID	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/4	
St. Luke's Regional Medical Center	Boise	ID	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file only includes codes, gross price and cash price.	6/8	
Advocate Christ Medical Center	Oak Lawn	IL	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	Link leads to page not found.	6/10	
Advocate Good Samaritan Hospital	Downers Grove	IL	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only includes CPT codes and gross charge.	5/28	
Carle Foundation Hospital	Urbana	IL	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only includes codes, the gross charge, and undiscounted cash price.	7/4	
Edward Hospital - Main Campus	Naperville	IL	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Standard charges file is missing data because there are significant amount of zeros.	6/15	
Evanston Hospital	Evanston	IL	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	N	Only a chargemaster posted.	6/10	
Loyola University Medical Center	Hines	IL	Noncompliant	N	Y	Y	N	Y	Y	N	N	Y	N	N	N	standard charge file generalizes negotiated rates to commercial, government and auto/workers. Missing significant amounts of data and all cash price values.	6/2	
Northwestern Memorial Hos	Chicago	IL	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/4	
Rush University Medical Center	Chicago	IL	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file is missing negotiated rates.	6/2	
University of Chicago Medical Center	Chicago	IL	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only includes the gross charge.	7/4	
Indiana University Health Medical Center	Indianapolis	IN	Noncompliant	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Standard charges file has an average charge instead of a gross charge. The negotiated rates are listed as percentages.	6/11	
Shawnee Mission Medical Center	Merriam	KS	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file does not include negotiated rates for every item and service on the list.	6/8	
St. Luke's Hospital of Kansas City	Kansas City	KS	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file is missing negotiated rates.	6/8	
Stormont Vail Hospital	Topeka	KS	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing some specific plan names.	6/8	
University of Kansas Hospital	Kansas City	KS	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file is missing de identified min/max values and negotiated rates.	6/8	
Norton Hospital	Louisville	KY	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file is a tool, not a machine readable file. Missing commercial payers and plan names.	6/11	
Ochsner Medical Center	New Orleans	LA	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file omits many large commercial payers and rates, payers and plans the insurance's accepted page of their website states they accept.	6/11	
Beth Israel Main Campus	Boston	MA	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/4	
Boston Children's Hospital	Boston	MA	Noncompliant	N	Y	Y	N	N	N	N	N	Y	N	N	N	Standard charges file does not have negotiated rates for every item/service.	6/9	
Brigham and Women's - Main Campus	Boston	MA	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/6	
Mass General Hospital - Boston	Boston	MA	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/6	
NE Baptist	Boston	MA	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	standard charge file is missing all negotiated rates including the de-identified min and max, and the discounted cash price.	6/9	
Shriners Hospital for Children	Boston	MA	Noncompliant	N	N	Y	Y	N	N	N	N	N	N	N	N	Standard charge file prices out only 864 codes, omits the de-identified min and max, and most of the payer and plan rates, and no shoppable services list or tool.	7/4	
University of Maryland Medical Center	Baltimore	MD	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file only contains gross charge and cash price.	6/11	
Central Maine Medical Center	Lewiston	ME	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	Only posted chargemaster.	6/10	
Eastern Main Medical Center	Bangor	ME	Noncompliant	N	Y	Y	N	N	N	N	N	Y	N	N	N	Standard charges and shoppable services lists are missing de identified min/max and negotiated rates.	6/8	
Maine Medical Center	Portland	ME	Noncompliant	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Standard charges file is a tool, not a machine readable file.	6/8	
MaineGeneral Medical Center	Augusta	ME	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plan names.	6/8	

Hospital	City	State	Compliance	Complete Standard Charge File												Explanation	Review Date
				Codes	Gross Charge	Discounted Cash Price	Negotiated Min	Negotiated Max	Payer and Plan	300 Shoppable List	Price Estimate Tool (PET)	PET Provides Cash Price	PET Serves Uninsured				
Mid Coast Hospital	Brunswick	ME	Noncompliant	N	N	N	N	N	N	N	N	Y	N	N	N	Standard charges file is a tool, not a machine readable file.	6/10
Southern Maine Healthcare	Biddeford	ME	Noncompliant	N	N	N	N	N	N	N	N	Y	N	N	N	Standard charges file is a tool, not a machine readable file.	6/10
St. Joseph Hospital	Bangor	ME	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plan names.	6/3
Ascension Providence Hospital Southfield	Southfield	MI	Noncompliant	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	Y	Missing gross charge and discounted cash price for CPT and DRG coded items.	6/10
Beaumont Hospital - Royal Oak	Royal Oak	MI	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Standard charges file is missing data because there are significant amount of zeros.	6/2
Beaumont Hospital Troy	Troy	MI	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Standard charges file is missing data because there are significant amount of zeros.	6/10
Henry Ford Hospital	Detroit	MI	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file does not include specific plan for all Payer negotiated rates.	7/2
Munsen Medical Center	Traverse City	MI	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N		7/6
Spectrum Health Butterworth Hospital	Grand Rapids	MI	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only contains CPT codes and gross charge.	6/2
St. Joseph Mercy Ann Arbor	Ypsilanti	MI	Noncompliant	N	Y	Y	N	Y	Y	N	N	N	Y	Y	Y	Standard charges file appears to be missing data for all charges and generalizes "Commercial" for all negotiated rates.	6/2
University of Michigan Hospitals and Health Centers	Ann Arbor	MI	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/2
Abbott Northwestern Hospital	Minneapolis	MN	Noncompliant	N	Y	Y	N	Y	Y	Y	Y	N	Y	Y	Y	Standard charges file is missing cash price data for many services. Appears to be missing data due to significant amount of N/A.	6/3
Mayo Clinic	Rochester	MN	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/4
Mercy Hospital Coon Rapids	Coon Rapids	MN	Noncompliant	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Standard charges file is missing cash price data and the de identified min/max values are the same.	6/8
Saint Cloud Hospital	Saint Cloud	MN	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Standard charges file is missing some specific plans for major payers, as "commercial" is a category not a specific plan.	6/8
St. Mary's Medical Center	Duluth	MN	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing some specific plans for major payers like Humana and Preferred One, as "commercial" is a category not a specific plan.	6/8
Barnes-Jewish Hospital	Saint Louis	MO	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	N	Standard charges file is a tool, not a machine readable file, with no data. Price estimator is a non compliant form.	6/11
Baptist Memorial Hospital - Attala	Kosciusko	MS	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/6
Baptist Memorial Hospital - Booneville	Booneville	MS	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/6
Baptist Memorial Hospital - Calhoun	Calhoun City	MS	Noncompliant	N	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	On the standard charges file, 4 out of 5 sampled of the 70 CMS mandated CPT codes were not found.	7/5
Baptist Memorial Hospital - DeSoto	Southaven	MS	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		6/10
Baptist Memorial Hospital - Golden Triangle	Columbus	MS	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/6
Baptist Memorial Hospital - North Mississippi	Oxford	MS	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/6
Baptist Memorial Hospital - Union County	New Albany	MS	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	On the shoppable services list, 3 out of 5 sampled of the 70 CMS mandated CPT codes were not found.	7/6
Baptist Memorial Hospital-Leake	Carthage	MS	Noncompliant	N	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	On the standard charges file, 3 of 5 CMS mandated CPT codes were not found in spot-check, yet prices for all 3 appeared in hospital's estimator.	7/5
Baptist Memorial Hospital-Yazoo	Yazoo City	MS	Noncompliant	N	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	On the standard charges file, 3 of 5 CMS mandated CPT codes were not found in spot-check, yet prices for all 3 appeared in hospital's estimator.	7/6
Forrest General Hospital	Hattiesburg	MS	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plan names for negotiated rates.	6/9
Laird Hospital	Union	MS	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file missing specific plan names for major payers like Cigna, BCBS MS and Tricare.	6/9
Memorial Hospital at Gulfport	Gulfport	MS	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	Standard charges file required submission of form with personal information to download.	6/9

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North Mississippi Medical Center	Tupelo	MS	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Could not locate a Standard charges file.	7/4
Rush Foundation Hospital	Meridian	MS	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y				Standard charges file missing specific plan names for major payers like Cigna, BCBS MS and Tricare.	6/9
Saint Dominic-Jackson Memorial Hospital	Jackson	MS	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	N	N	N				Shoppable services link doesn't work. Standard charges file appears to be missing some specific plan names.	6/9
Scott Regional Hospital	Morton	MS	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y				Standard charges file missing specific plan names for major payers like Cigna, BCBS MS and Tricare.	6/9
The Specialty Hospital of Meridian	Meridian	MS	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y				Only posted chargemaster.	6/3
University of Mississippi Medical Center	Jackson	MS	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y				Standard charges file missing specific plan names for major payers. Not a single file, split into three lists.	7/5
Benefis Health System	Great Falls	MT	Noncompliant	N	Y	Y	Y	N	N	N	N	N	N	N	N	N			Standard charges file only includes gross charge and cash price. Could not find estimate tool or shoppable list.	6/8
Billings Clinic Hospital	Billings	MT	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y				Standard charges file only includes CPT codes and gross charge for labs, facility and professional services.	6/8
Providence Saint Patrick Hospital	Missoula	MT	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y				Standard charges file is missing de identified min/max and all negotiated rates.	6/8
Saint Vincent Healthcare	Billings	MT	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y				Standard charges file is missing data because there are significant amount of zeros.	6/8
Advent Health Hendersonville	Hendersonville	NC	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y				Standard charges file does not have negotiated rates for every item/service.	6/7
Atrium Health Carolinas Medical Center	Charlotte	NC	Noncompliant	N	Y	Y	N	Y	Y	Y	N	N	Y	Y	Y				Standard charges file does not include cash rates.	5/28
Duke University Hospital	Durham	NC	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y				Standard charges file includes major payers but not specific plan names.	5/28
Haywood Regional Medical Center	Clyde	NC	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y				Standard charges file link goes to page not found.	6/10
Mission Hospital	Asheville	NC	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y				Standard charges file only includes gross charge and undiscounted cash price.	6/2
Moses Cone Hospital	Greensboro	NC	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y				Standard charges file appears to have large sections of obfuscated data.	6/2
Novant Health Presbyterian Medical Center	Charlotte	NC	Noncompliant	N	Y	N	N	Y	Y	Y	N	N	Y	Y	Y				Standard charges file omits the gross charges and cash prices for most DRG and CPT codes. It also includes major payers but not specific plans. Data obfuscated.	7/5
Pardee Hospital	Hendersonville	NC	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N				Standard charges file is a tool not a machine readable file. Can only search by Payer, no plans.	6/7
UNC Rex Healthcare	Raleigh	NC	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N				Standard charges file is a tool not a machine readable file.	5/28
Vidant Medical Center	Greenville	NC	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y				Standard charges file is missing de identified min/max values.	7/5
Altru Hospital	Grand Forks	ND	Noncompliant	N	Y	Y	N	N	N	Y	N	N	Y	Y	Y				Standard charges file is missing cash prices, the de identified min/max, as well as some plan names.	5/27
CHI St. Alexius Health	Bismarck	ND	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y				Standard charges file only includes CPT codes and gross price.	5/27
Sanford Medical Center - Bismarck	Bismarck	ND	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y				Standard charges file is missing specific plan names for major payers.	6/3
Sanford Medical Center Fargo	Fargo	ND	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y				Standard charges file is missing specific plan names for major payers.	6/3
Trinity Hospital	Minot	ND	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N				Standard charges file is missing Payer and specific plan names.	5/27
Bryan Medical Center	Lincoln	NE	Noncompliant	N	Y	Y	N	Y	Y	Y	N	N	Y	Y	Y				Standard charges file does not include cash price or specific plan names for negotiated rates.	7/5
Creighton University Medical Center - Bergan Mercy	Omaha	NE	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y				Standard charges file appears to be chargemaster. Only includes codes and gross charges.	6/8
Great Plains Health	North Platte	NE	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y				Standard charges file is missing specific plan names for major payers.	6/10
Methodist Hospital	Omaha	NE	Noncompliant	N	N	Y	N	N	N	N	N	Y	Y	Y	Y				Standard charges file is the chargemaster and only includes gross price. Shoppable list is missing negotiated rates.	6/8

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				Codes	Gross Charge	Discounted Cash Price	Negotiated Cash Price	Negotiated Min	Negotiated Max	Payer and Plan	300 Shoppable List	Price Estimate Tool (PET)	PET Provides Cash Price	PET Serves Uninsured				
University of Nebraska Medical Center	Omaha	NE	Noncompliant	N	Y	Y	N	Y	Y	Y	Y	N	Y	Y	Y	Standard charges file is missing cash prices.	6/3	
Alice Peck Day Memorial Hospital	Lebanon	NH	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charge file does not contain minimum and maximum rates as well as negotiated Payer / plan rates.	7/5	
Androscoggin Valley Hospital	Berlin	NH	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/8	
Catholic Medical Center	Manchester	NH	Noncompliant	N	Y	Y	N	Y	Y	N	N	Y	N	N	N	Standard charge file does not contain complete negotiated Payer / plan rates and price estimate tool does not allow for cash prices.	6/3	
Cheshire Medical Center	Keene	NH	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charge file does not contain the negotiated minimum or maximum as well as complete negotiated Payer / plan rates.	6/3	
Concord Hospital	Concord	NH	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file missing specific plans for some major payors like Aetna, Cigna, United and AmeriHealth.	6/3	
Cottage Hospital	Woodsville	NH	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Standard charges file is missing data because there are significant amount of zeros.	6/3	
Dartmouth-Hitchcock Medical Center	Lebanon	NH	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charge file does not contain the negotiated minimum or maximum as well as complete negotiated Payer / plan rates.	7/5	
Elliot Hospital	Manchester	NH	Noncompliant	N	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	Standard charge file is not machine-readable and no data is available for shoppable service prices.	6/3	
Encompass Health Rehabilitation Hospital of Concord	Concord	NH	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charge file does not contain complete Payer / plan rates and the 300 shoppable service list does not contain the gross or cash price, or all negotiated rates.	6/3	
Exeter Hospital	Exeter	NH	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/5	
Franklin Regional Hospital	Franklin	NH	Noncompliant	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Standard charges file is a tool, not a machine readable downloadable file.	6/15	
Frisbie Memorial Hospital	Rochester	NH	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	Standard charge file does not contain the negotiated minimum and maximum or any negotiated Payer / plan rates. The price estimator tool does not give estimates for	6/3	
Hampstead Hospital	Hampstead	NH	Noncompliant	N	N	Y	Y	Y	Y	Y	Y	N	N	N	N	No 300 shoppable service price list or tool.	6/3	
Huggins Hospital	Wolfeboro	NH	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Does not include all negotiated payer / plan rates on standard charges file and does not allow for estimates for the uninsured.	6/3	
Lakes Region General Hospital	Laconia	NH	Noncompliant	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Standard charges file is a tool, not a machine readable downloadable file.	7/4	
Littleton Regional Healthcare	Littleton	NH	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	Standard charges file is a tool, not a machine readable file. Price data for major payers is missing for many services.	7/4	
Monadnock Community Hospital	Peterborough	NH	Noncompliant	N	Y	Y	N	Y	Y	N	N	N	Y	Y	Y	Standard charge file does not include cash price and contains incomplete negotiated Payer / plan specific rates.	6/3	
New Hampshire Hospital	Concord	NH	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	N	No standard charge file or price estimate list or tool.	6/3	
New London Hospital	New London	NH	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	The standard charge file does not list the negotiated minimum or maximum or negotiated Payer / plan rates.	6/3	
Northeast Rehabilitation Hospital	Salem	NH	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	N	N	N	The standard charge file does not list the negotiated minimum or maximum or negotiated Payer / plan rates.	6/3	
Northeast Rehabilitation Hospital at Southern New Hampshire Medical Center	Nashua	NH	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	N	N	N	The standard charge file and 300 shoppable list does not list any minimum and maximum or negotiated Payer / plan rates.	7/4	
Northeast Rehabilitation Hospital at The Elliot	Manchester	NH	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	N	N	N	The standard charge file and 300 shoppable list does not list any minimum and maximum or negotiated Payer / plan rates.	6/3	
Northeast Rehabilitation Hospital in Portsmouth	Portsmouth	NH	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	N	N	N	The standard charges file and 300 shoppable list does not list any minimum and maximum or negotiated Payer / plan rates.	6/3	
Parkland Medical Center	Derry	NH	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	standard charge file does not list min and max rates or all negotiated Payer/plan rates and the price estimate tool does not give cash price for uninsured.	6/3	
Portsmouth Regional Hospital	Portsmouth	NH	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	standard charge file does not list min and max rates or all negotiated Payer/plan rates and the price estimate tool does not give cash price for uninsured.	6/3	
Saint Joseph Hospital	Nashua	NH	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	standard charge file does not list CPT codes, cash price, or the minimum and maximum and negotiated Payer/plan rates.	6/3	
Southern New Hampshire Medical Center	Nashua	NH	Noncompliant	N	N	N	N	N	N	N	N	Y	Y	N	N	Standard charge file and price estimator tool / list keeps saying "no data has been published to this site."	6/3	
Spere Memorial Hospital	Plymouth	NH	Noncompliant	N	Y	Y	N	Y	Y	N	N	N	Y	Y	Y	Standard charges file is missing the discounted cash prices, most negotiated rates, and some plans names.	7/8	

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The Memorial Hospital	North Conway	NH	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	Was not able to find pricing information.	6/3	
Upper Connecticut Valley Hospital	Colebrook	NH	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	Was not able to find a standard charge file.	6/3
Hackensack University Medical Center/Hackensack Meridian	Hackensack	NJ	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	No Standard charges file.	5/27
Morristown Medical Center	Morristown	NJ	Noncompliant	N	Y	Y	N	N	N	Y	N	N	Y	Y	Y	Standard charges file does not include cash price, de identified min/max values or negotiated rates.	5/27
Robert Wood Johnson University Hospital	New Brunswick	NJ	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	N	N	Standard charges file does not include cash price, de identified min/max values or negotiated rates. Price estimator tool does not include cash prices.	7/4
Saint Barnabas Medical Center	Livingston	NJ	Noncompliant	N	Y	Y	N	N	N	N	N	N	N	N	N	Standard charges file only contains gross charge.	5/27
Valley Hospital	Ridgewood	NJ	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	No Standard charges file.	5/27
Lovelace Medical Center	Albuquerque	NM	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/8
Memorial Medical Center	Las Cruces	NM	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	N	Charges list link leads to page not found.	6/10
Mountain View Regional Medical Center	Las Cruces	NM	Noncompliant	N	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing CPT codes and some specific plans for major payers.	6/10
Presbyterian Hospital	Albuquerque	NM	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing some specific plan names for major payors like Aetna and United, as commercial is not a specific plan name.	6/10
San Juan Regional Medical Center	Farmington	NM	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file is missing specific plans names for major payers and appears to be missing some CPT codes.	6/10
St. Vincent Regional Medical Center	Santa Fe	NM	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file only includes negotiated rates for medicare and medicaid.	7/5
UNM Hospital	Albuquerque	NM	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing some de identified minimum values and specific plan names.	6/8
AMG Specialty Hospital - Las Vegas	Las Vegas	NV	Noncompliant	N	Y	Y	N	N	N	N	N	N	N	N	N	standard charge file does not contain the gross charge, cash price, min and max, and all negotiated Payer / plan rates and no price estimate list or tool.	6/3
Banner Churchill Community Hospital	Fallon	NV	Noncompliant	N	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Standard charge and shoppable list does not contain the discounted cash price. It is a tool, not a downloadable machine readable file.	6/3
Battle Mountain General Hospital	Battle Mountain	NV	Noncompliant	N	N	Y	N	N	N	N	N	N	N	N	N	Only posted chargemaster. No standard charges.	6/3
Boulder City Hospital	Boulder City	NV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	standard charge file does not contain specific plans for some major payers like Aetna and Humana.	7/4
Carson Tahoe Continuing Care Hospital	Carson City	NV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file includes major Payer but not specific plan names. Shoppable services list only includes services, no prices.	6/6
Carson Tahoe Regional Medical Center	Carson City	NV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file includes major Payer but not specific plan names. Shoppable services list only includes services, no prices.	6/6
Carson Tahoe Sierra Surgery Hospital	Carson City	NV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file includes major Payer but not specific plan names. Shoppable services list only includes services, no prices.	6/6
Carson Valley Medical Center	Gardnerville	NV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major Payer but not specific plan names for all payers like Aetna. Missing some rates and CPT codes.	6/6
Centennial Hills Hospital Medical Center	Las Vegas	NV	Noncompliant	N	Y	N	Y	N	N	N	N	N	Y	Y	Y	Standard charges file obfuscates data with respect to de identified min/max values and all negotiated rates and omits the gross and cash price for DRG codes.	7/4
Children's Hospital of Nevada	Las Vegas	NV	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	Could not locate any price transparency data.	6/6
Desert Parkway Behavioral Healthcare Hospital	Las Vegas	NV	Noncompliant	N	N	Y	Y	Y	Y	N	N	N	N	N	N	Standard charges file does not include CPT codes or any negotiated rates.	6/6
Desert Springs Hospital Medical Center	Las Vegas	NV	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file obfuscates data with respect to de identified min/max values and all negotiated rates.	6/6
Desert View Hospital	Pahrump	NV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file includes major Payer but not specific plan names.	6/6
Dignity Health - Saint Rose Dominican Sahara Campus	Las Vegas	NV	Noncompliant	N	N	Y	N	N	N	N	N	N	N	N	N	Standard charges file only includes chargemaster	7/4
Dignity Health - St. Rose Dominican Rose de Lima Campus	Henderson	NV	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file is just the chargemaster.	6/6

Hospital	City	State	Compliance	Complete Standard Charge File													Explanation	Review Date
				Codes	Gross Charge	Discounted	Negotiated Cash Price	Negotiated Min	Negotiated Max	Payer and Plan	300 Shoppable List	Price Estimate Tool (PET)	PET Provides Cash Price	PET Serves Uninsured				
Dignity Health - St. Rose Dominican Siena Campus	Henderson	NV	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file is just the chargemaster.	6/6	
Dignity Health Rehabilitation Hospital	Henderson	NV	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and omits many codes.	7/4	
Dignity Health Saint Rose Dominican North Las Vegas Campus	North Las Vegas	NV	Noncompliant	N	N	Y	N	N	N	N	N	N	N	N	N	Standard charges file only includes gross charge.	6/6	
Dignity Health St. Rose Dominican's Blue Diamond Campus	Las Vegas	NV	Noncompliant	N	N	Y	N	N	N	N	N	N	N	N	N	Standard charges file only includes gross charge.	7/4	
Dignity Health-Saint Rose Dominican, West Flamingo Campus	Las Vegas	NV	Noncompliant	N	N	Y	N	N	N	N	N	N	N	N	N	Standard charges file only includes gross charge.	7/4	
Dignity Health-St. Rose Dominican San Martin Campus	Las Vegas	NV	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file is just the chargemaster.	6/6	
Encompass Health Rehabilitation Hospital of Henderson	Henderson	NV	Noncompliant	N	N	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file and shoppable services list obfuscated many of the negotiated rate prices.	6/6	
Encompass Health Rehabilitation Hospital of Las Vegas	Las Vegas	NV	Noncompliant	N	N	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file and shoppable services list obfuscated many of the negotiated rate prices.	6/6	
Encompass Health Rehabilitation of Desert Canyon	Las Vegas	NV	Noncompliant	N	N	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file and shoppable services list obfuscated many of the negotiated rate prices.	6/6	
Grover C. Dils Medical Center	Caliente	NV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Standard charges file includes major payers but does not list specific plans for every Payer.	6/6	
Henderson Hospital	Henderson	NV	Noncompliant	N	Y	N	Y	N	N	N	N	N	Y	Y	Y	Standard charges file obfuscates data with respect to de identified min/max values and all negotiated rates and fails to report gross and cash prices for DRGs.	7/4	
Horizon Specialty Hospital of Henderson	Las Vegas	NV	Noncompliant	N	N	Y	N	N	N	N	N	Y	N	N	N	Standard charges appears to be the chargemaster and the shoppable services list only includes a singular insurance negotiated raily rate and no other data.	6/6	
Horizon Specialty Hospital of Las Vegas	Las Vegas	NV	Noncompliant	N	N	Y	N	N	N	N	N	Y	N	N	N	Standard charges appears to be the chargemaster and the shoppable services list only includes a singular insurance negotiated raily rate and no other data.	6/6	
Humboldt General Hospital	Winnemucca	NV	Noncompliant	N	Y	N	Y	N	N	N	N	N	N	N	N	Standard charges file only includes self pay and codes and labels a singular price as both the de identified min/max value.	6/6	
Incline Village Community Hospital	Incline Village	NV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Standard charges file is missing some specific plans for major payers.	7/4	
Kindred Hospital - Las Vegas (Sahara)	Las Vegas	NV	Noncompliant	N	N	Y	N	N	N	N	N	Y	N	N	N	Standard charges file appears to be the chargemaster. Appear to have something akin to shoppable services list but it does not contain required charges.	6/6	
Kindred Hospital Las Vegas - Flamingo	Las Vegas	NV	Noncompliant	N	N	Y	N	N	N	N	N	Y	N	N	N	Standard charges file appears to be the chargemaster. Appear to have something akin to shoppable services list but it does not contain required charges.	6/6	
Mesa View Regional Hospital	Mesquite	NV	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file appears to be the chargemaster.	6/6	
Mount Grant General Hospital	Hawthorne	NV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file includes major payers but not specific plan name.	7/4	
MountainView Hospital	Las Vegas	NV	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	Standard charges file only contains gross charge and undiscounted cash price and is missing some CPT codes.	6/6	
North Vista Hospital	North Las Vegas	NV	Noncompliant	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file obfuscates payer and plan data as the website shows 51 payers but the file only lists 18 payers.	7/6	
Northeastern Nevada Regional Hospital	Elko	NV	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/6	
Northern Nevada Adult Mental Health Services	Sparks	NV	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	N	No price transparency data found.	6/6	
Northern Nevada Medical Center	Sparks	NV	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file omits de-identified min/max and all negotiated rates. The gross and cash prices are missing from all DRGs and some CPTs.	7/5	
PAM Rehabilitation Hospital of Centennial Hills	Las Vegas	NV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file is a tool, not a machine readable file. Significant data missing in all categories, including listing of specific plans for major payer.	6/6	
PAM Specialty Hospital of Las Vegas	Las Vegas	NV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file is a tool, not a machine readable file. Significant data missing in all categories, including listing of specific plans for major payer.	6/6	
PAM Specialty Hospital of Sparks	Sparks	NV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file is a tool, not a machine readable file. Significant data missing in all categories, including listing of specific plans for major payer.	6/6	
Pershing General Hospital	Lovelock	NV	Noncompliant	N	N	Y	N	N	N	N	N	N	N	N	N	Standard charges file appears to be the chargemaster.	6/6	
Reno Behavioral Healthcare Hospital	Reno	NV	Noncompliant	N	N	Y	Y	Y	Y	N	N	N	N	N	N	Standard charges file only contains 23 services and does not list any negotiated rates and only two CPT codes.	7/5	

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				Codes	Gross Charge	Discounted Cash Price	Negotiated Min	Negotiated Max	Payer and Plan	300 Shoppable List	Price Estimate Tool (PET)	PET Provides Cash Price	PET Serves Uninsured					
Renown Children's Hospital	Reno	NV	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	No Standard charges file found.	6/10	
Renown Regional Medical Center	Reno	NV	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file is missing all negotiated rates.	6/6	
Renown Rehabilitation Hospital	Reno	NV	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file is missing all negotiated rates.	6/6	
Renown South Meadows Medical Center	Reno	NV	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file is missing all negotiated rates.	6/6	
Saint Mary's Regional Medical Center	Reno	NV	Noncompliant	N	Y	Y	N	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing cash prices and does not include specific plans major payors. These rates are not posted for each item/service.	6/6	
Sana Behavioral Health Hospital-Las Vegas	Las Vegas	NV	Noncompliant	N	Y	Y	Y	N	N	Y	N	N	N	N	N	Standard charges file is missing the de identified min/max values as well as including specific plan names with the major payers listed.	6/6	
Seven Hills Hospital	Henderson	NV	Noncompliant	N	N	Y	N	N	N	N	N	Y	N	N	N	Standard charges file has no labels just procedure descriptions and what appears to be gross price. Shoppable services list has missing data.	6/6	
South Lyon Medical Center	Yerington	NV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file is missing some CPT codes and does not include all negotiated rates along with specific plan names.	6/6	
Southern Hills Hospital & Medical Center	Las Vegas	NV	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	Standard charges file only includes gross price and undiscounted cash price.	6/6	
Spring Mountain Sahara	Las Vegas	NV	Noncompliant	N	N	Y	N	Y	Y	Y	N	N	Y	N	N	Standard charges file is missing CPT codes, cash prices and specific plan names. The list is only 8 services. Shoppable list functions like estimate tool.	7/5	
Spring Mountain Treatment Center	Las Vegas	NV	Noncompliant	N	N	Y	N	Y	Y	Y	N	N	Y	N	N	Standard charges file is missing CPT codes, cash prices and specific plan names. The list is only 8 services. Shoppable list functions like estimate tool.	6/6	
Spring Valley Hospital Medical Center	Las Vegas	NV	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file obfuscates data with respect to de identified min/max as well as negotiated rates.	6/6	
Summerlin Hospital Medical Center	Las Vegas	NV	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file obfuscates data with respect to de identified min/max as well as negotiated rates through "packaged."	6/6	
Sunrise Children's Hospital	Las Vegas	NV	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	N	No price transparency functional links.	6/6	
Sunrise Hospital & Medical Center	Las Vegas	NV	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and undiscounted cash price and is missing many CPT codes.	7/5	
University Medical Center	Las Vegas	NV	Noncompliant	N	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Standard charges file includes both payor and plan but a significant portion of the negotiated rate prices for both IP and OP are zero.	6/18	
Valley Hospital Medical Center	Las Vegas	NV	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file obfuscates data with respect to de identified min/max as well as negotiated rates through use of "packaged."	6/6	
West Hills Hospital	Reno	NV	Noncompliant	N	N	Y	N	Y	Y	Y	N	N	Y	N	N	Standard charges file is missing CPT codes, cash prices and specific plan names. List is only 10 services. Shoppable list functions as a tool.	6/6	
William Bee Ririe Hospital	Ely	NV	Noncompliant	N	Y	Y	Y	N	Y	Y	Y	N	N	N	N	Missing de identified max and min.	6/3	
Willow Springs Center	Reno	NV	Noncompliant	N	N	Y	N	N	N	N	N	N	N	N	N	Standard charges file does not include cash prices or any negotiated rates. Not labeled.	7/5	
Albany Medical Center	Albany	NY	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file does not include specific plan for all Payer negotiated rates. More negotiated rates in shoppable than listed in standard list.	6/15	
Buffalo General Medical Center	Buffalo	NY	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	No standard charge file, just chargemaster.	6/3	
Cayuga Medical Center	Ithaca	NY	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plan names for major payers.	6/3	
Guthrie Hospital	Corning	NY	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	standard charge file only contains the gross charge. Tool, not downloadable machine readable file.	6/3	
John R. Oishei Children's Hospital	Buffalo	NY	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Incomplete standard charges file with only codes and the gross price.	7/5	
Lenox Hill Hospital	New York	NY	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Only posted chargemaster. No standard charges.	5/17	
Long Island Jewish Medical Center	New Hyde Park	NY	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Only posted chargemaster. No standard charges.	5/17	
Maimonides Medical Center	Brooklyn	NY	Noncompliant	N	N	Y	N	N	N	N	N	N	N	N	N	Only posted chargemaster. No standard charges.	5/17	
Memorial Sloan-Kettering Cancer Center	New York	NY	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	Standard charges file requires submission of form with name and email prior to access.	5/17	

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				Codes	Gross Charge	Discounted	Negotiated Cash Price	Negotiated Min	Negotiated Max	Payer and Plan	300 Shoppable	Price Estimate List	PE T Provides Tool (PE T)	PE T Provides Cash Price	PE T Serves Uninsured			
Mercy Hospital - Buffalo	Buffalo	NY	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	The standard charge file does not contain the cash price, negotiated minimum and maximum and no negotiated Payer / plan rates.	7/5	
Montefiore Medical Center	Bronx	NY	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	standard charge file does not contain minimum and maximum rates as well as negotiated Payer / plan rates.	6/15	
Mount Sinai Beth Israel Hospital	New York	NY	Noncompliant	N	Y	Y	Y	N	N	N	N	N	N	N	N	Standard charges only contains gross charge, cash price and CPT codes.	6/15	
Mount Sinai Hospital	New York	NY	Noncompliant	N	Y	Y	Y	N	N	N	N	N	N	N	N	Standard charges only contains gross charge, cash price and CPT codes.	6/15	
New York Presbyterian/Weill Cornell Medical Center	New York	NY	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	N	N	N	Standard charges file obfuscates data.	6/15	
North Shore University Hospital	Manhasset	NY	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file does not include specific plans for major payers like United, Cigna, Aetna.	6/15	
NYU Langone Tisch Hospital	New York	NY	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	N	N	standard charge file only contains the gross charge and the price estimator tool will not provide a self pay price.	6/3	
NYU Winthrop Hospital/NYU Langone Hospital - Long Island	Mineola	NY	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	N	N	standard charge file only contains the gross charge and the price estimator tool will not provide a self pay price. File given in HTML, not CSV, JSON or XML.	6/3	
Sisters of Charity Hospital of Buffalo	Buffalo	NY	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	The standard charge file does not contain the cash price, negotiated minimum and maximum and no negotiated Payer / plan rates.	6/3	
Stony Brook University Hospital	Stony Brook	NY	Noncompliant	N	Y	Y	N	N	N	N	N	N	N	N	N	standard charge file only contains the gross charge and there is no price estimate list or tool.	6/3	
Good Samaritan Hospital	Cincinnati	OH	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	No standard charge file.	7/5	
Mercy Health - Saint Anne Hospital	Toledo	OH	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	No standard charge file.	6/3	
MetroHealth Medical Center	Cleveland	OH	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file omits many accepted payer names.	7/6	
ProMedica Toledo Hospital	Toledo	OH	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	No standard charge file.	6/3	
Shriners Hospitals for Children - Cincinnati	Cincinnati	OH	Noncompliant	N	Y	Y	Y	N	N	Y	N	N	N	N	N	standard charge file does not contain all Payer/plan data and there is no cost estimate list or tool.	6/3	
The Cleveland Clinic	Cleveland	OH	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/2	
University of Cincinnati Medical Center	Cincinnati	OH	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	standard charge file does not contain the cash price, negotiated minimum or maximum, and does not have complete negotiated Payer / plan rates.	6/3	
OU Health- University of Oklahoma Medical Center	Oklahoma City	OK	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only contains the gross charge.	6/11	
Asante Rogue Regional Medical Center	Medford	OR	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file omits data for major payers and plans.	7/6	
Legacy Emanuel Medical Center	Portland	OR	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file only contains gross charge and cash price.	5/30	
OHSU Hospital	Portland	OR	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major payers but not specific plans.	7/5	
Providence Portland Medical Center	Portland	OR	Noncompliant	N	N	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file appears to be chargemaster and only contains gross charge and cash price.	5/30	
Providence St. Vincent Medical Center	Portland	OR	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file only contains gross charge and cash price.	5/30	
Salem Hospital	Salem	OR	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major payers but not specific plans.	5/30	
St Charles Medical Center	Bend	OR	Noncompliant	N	Y	N	Y	N	N	Y	Y	N	Y	Y	Y	Standard charges file has no labels for numerical values/prices. The consumer friendly file link opens to page not found.	6/18	
Abington Hospital - Jefferson Health	Abington	PA	Noncompliant	N	Y	N	N	N	N	N	Y	N	Y	Y	Y	Need single machine readable file. Pricing information is not listed or labeled in a consumer friendly way.	7/5	
Allegheny General Hospital	Pittsburgh	PA	Noncompliant	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N		7/8	
Einstein Medical Center Philadelphia	Philadelphia	PA	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for some major payers.	6/3	
Geisinger Medical Center	Danville	PA	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plan names for some major payers like Cigna and Aetna.	6/10	

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Hospital of the University of Pennsylvania	Philadelphia	PA	Noncompliant	N	Y	Y	N	N	N	Y	N	N	Y	Y	Y	Standard charges file is not a single file but three lists. Missing cash prices, de identified min/max and some specific plans for major payers like Cigna and United.	6/9	
Lehigh Valley Hospital - Cedar Crest	Allentown	PA	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	Charges list is an estimate tool.	7/5	
Penn Presbyterian Medical Center	Philadelphia	PA	Noncompliant	N	Y	Y	N	N	N	Y	N	N	Y	Y	Y	Standard charges file is not a single file but three lists. Missing cash prices, de identified min/max and some specific plans for major payers like Cigna and United.	6/9	
Reading Hospital	West Reading	PA	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file does not list prices for negotiated rates. Mix of percentages, DRGs, per day, per visit, case type.	6/10	
Saint Clair Hospital	Pittsburgh	PA	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Standard charges file is missing specific plan names for major payors.	6/2	
Saint Luke's University Hospital - Bethlehem	Bethlehem	PA	Noncompliant	N	Y	N	Y	Y	Y	N	N	N	Y	N	N	Standard charges file includes avg charges, not gross charge or the upfront negotiated rate. List is split into inpatient and outpatient, needs to be single machine readable file.	6/10	
Temple University Hospital	Philadelphia	PA	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/5	
Thomas Jefferson University Hospital - Center City Campus	Philadelphia	PA	Noncompliant	N	Y	N	N	N	N	N	Y	N	Y	Y	Y	Need single machine readable file. Pricing information is not listed or labeled in a consumer friendly way.	6/10	
UPMC Magee-Womens Hospital	Pittsburgh	PA	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for some major payers.	6/14	
UPMC Shadyside	Pittsburgh	PA	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for some major payers.	6/14	
Kent Hospital	Warwick	RI	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing some de identified min values and specific plan names for major payers like Cigna and UHC, as "commercial" is not a plan.	6/8	
Miriam Hospital	Providence	RI	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	Unable to open zip file containing standard charges. "Operation not permitted"	6/10	
Newport Hospital	Newport	RI	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	Unable to open zip file containing standard charges. "Operation not permitted"	6/10	
Our Lady of Fatima Hospital	North Providence	RI	Noncompliant	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	N	Pricing for DRG codes is not found in the standard charges file.	7/5	
Rhode Island Hospital	Providence	RI	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	Unable to open zip file containing standard charges. "Operation not permitted"	7/5	
Roger Williams Medical Center	Providence	RI	Noncompliant	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	N	Pricing for DRG codes is not found in the standard charges file.	7/6	
South County Hospital	Wakefield	RI	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plan names for major payers, as commercial is not a specific plan.	6/10	
Bon Secours St. Francis Health System - Greenville	Greenville	SC	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Only posted chargemaster. No standard charges.	6/2	
Grand Strand Regional Medical Center	Myrtle Beach	SC	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and undiscounted cash price.	6/2	
Lexington Medical Center	West Columbia	SC	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Only posted chargemaster. No standard charges.	6/2	
MUSC Health University Medical Center	Charleston	SC	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plans for major payers like Aetna.	5/27	
Spartanburg Medical Center	Spartanburg	SC	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Only posted chargemaster. No standard charges.	7/5	
Avera Heart Hospital of South Dakota	Sioux Falls	SD	Noncompliant	N	Y	N	N	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes an average charge instead of gross charge and is missing cash price and specific plan names for major payers.	6/10	
Avera McKennan Hospital & University Health Center	Sioux Falls	SD	Noncompliant	N	Y	N	N	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes an average charge instead of gross charge and is missing cash price and specific plan names for major payers.	6/8	
Avera Sacred Heart Hospital	Yankton	SD	Noncompliant	N	Y	N	N	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes an average charge instead of gross charge and is missing cash price and specific plan names for major payers.	6/10	
Avera Saint Luke's Hospital	Aberdeen	SD	Noncompliant	N	Y	N	N	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes an average charge instead of gross charge and is missing cash price and specific plan names for major payers.	6/8	
Black Hills Surgical Hospital	Rapid City	SD	Noncompliant	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Standard charges file is missing significant data for negotiated rates.	7/5	
Monument Health Rapid City Hospital	Rapid City	SD	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing some gross and cash prices as well as Payer and plan name for negotiated rates.	6/8	
Sanford USD Medical Center	Sioux Falls	SD	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Standard charges file is missing plan names. Just lists medicare, medicaid or commercial.	6/8	

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				Codes	Gross Charge	Discounted Cash Price	Negotiated Cash Price	Negotiated Min	Negotiated Max	Payer and Plan	300 Shoppable List	Price Estimate Tool (PET)	PET Provides Cash Price	PET Services Unmeasured			
Ascension Saint Thomas Dekalb	Smithville	TN	Noncompliant	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	Y	Failing to provide every required standard charge for each item and service based off of identifying code.	6/10
Ascension Saint Thomas Hickman	Centerville	TN	Noncompliant	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	Y	Failing to provide every required standard charge for each item and service based off of identifying code.	6/10
Ascension Saint Thomas Highlands	Sparta	TN	Noncompliant	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	Y	Failing to provide every required standard charge for each item and service based off of identifying code.	7/5
Ascension Saint Thomas Hospital Midtown	Nashville	TN	Noncompliant	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	Y	Failing to provide every required standard charge for each item and service based off of identifying code.	6/10
Ascension Saint Thomas River Park	McMinnville	TN	Noncompliant	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	Y	Failing to provide every required standard charge for each item and service based off of identifying code.	6/10
Ascension Saint Thomas Rutherford	Murfreesboro	TN	Noncompliant	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	Y	Failing to provide every required standard charge for each item and service based off of identifying code.	6/10
Ascension Saint Thomas Stones River	Woodbury	TN	Noncompliant	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	Y	Failing to provide every required standard charge for each item and service based off of identifying code.	6/10
Ascension Saint Thomas West	Nashville	TN	Noncompliant	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	Y	Failing to provide every required standard charge for each item and service based off of identifying code.	7/5
Baptist Memorial Hospital - Carroll County	Huntingdon	TN	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Cash prices are missing for CPT codes on the standard charges file and omits many payer and plans.	7/6
Baptist Memorial Hospital - Collierville	Collierville	TN	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/6
Baptist Memorial Hospital - Memphis	Memphis	TN	Noncompliant	N	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Cash and gross charges are missing from the standard charges file for CPT codes.	7/6
Baptist Memorial Hospital - Tipton	Covington	TN	Noncompliant	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Cash price is missing for 4 of 5 spot-checked CPT codes.	7/6
Baptist Memorial Hospital - Union City	Union City	TN	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/5
Baptist Memorial Hospital for Women	Memphis	TN	Noncompliant	Y	Y	Y	N	Y	Y	Y	Y	N	N	N	N	Cash prices are missing for the spot checked CPT codes from the set of services mandated by CMS and there is no price estimator tool.	7/6
Baptist Memorial Restorative Care Hospital	Memphis	TN	Noncompliant	N	N	N	N	N	N	N	N	N	N	N	N	Not listed with other Baptist Memorial resources.	6/10
Behavioral Health of Rocky Top	Rocky Top	TN	Noncompliant	N	Y	Y	Y	N	N	N	N	N	N	N	N	Standard charges file only contains gross charge and cash price.	6/7
CHI Memorial Hospital Chattanooga	Chattanooga	TN	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file appears to be chargemaster and only contains gross charge and CPT codes.	6/7
Erlanger Baroness Hospital	Chattanooga	TN	Noncompliant	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Generally compliant but missing gross price for many items/services. De identified min/max is a percentage for many items/services.	7/5
Jackson-Madison County General Hospital	Jackson	TN	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file has obfuscated some negotiated rates.	6/7
Johnson City Medical Center	Johnson City	TN	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing data with respect to negotiated rates.	6/7
Methodist University Hospital	Memphis	TN	Noncompliant	N	N	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges appears to be chargemaster and only contains gross charge.	6/7
Parkridge Medical Center	Chattanooga	TN	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	Standard charges file only contains some CPT codes, gross charge and cash price.	6/7
Saint Francis Hospital Memphis	Memphis	TN	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing Payer and plan name of some negotiated rates. States "other HPs."	7/5
TriStar Centennial Medical Center	Nashville	TN	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and undiscounted cash price. Missing some CPT codes.	6/7
University of Tennessee Hospital	Knoxville	TN	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	Website only lists chargemaster.	6/10
Vanderbilt University Medical Center	Nashville	TN	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	The standard charge file does not contain the cash price, the negotiated minimum and maximum, or any negotiated Payer / plan rates.	6/3
Ascension Providence	Waco	TX	Noncompliant	N	Y	N	N	Y	Y	Y	N	N	Y	Y	Y	Failing to provide every required standard charge for each item and service based off of identifying code.	6/3
Baptist Medical Center	San Antonio	TX	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing negotiated rates and specific plan names as it states "Other HPs."	7/5
Baylor Scott & White Medical Center Temple	Temple	TX	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing specific plan names for some major payers like Aetna, Cigna, Tricare and United.	6/10

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Baylor St. Luke's Medical Center	Houston	TX	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Only posted chargemaster. No standard charges.	6/2	
Baylor University Medical Center	Dallas	TX	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file obfuscates significant amount of pricing and negotiated rates data.	6/2	
CHRISTUS Mother Frances Hospital - Tyler	Tyler	TX	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file does only includes medicare and medicaid rates.	6/3		
Corpus Christi Medical Center Doctors Regional	Corpus Christi	TX	Noncompliant	N	Y	Y	N	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and undiscounted cash price.	7/5		
Covenant Medical Center	Lubbock	TX	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	Y	Y	Standard charges file only includes gross charge and cash price as a flat percentage.	6/9		
Harris Health Ben Taub	Houston	TX	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	N	N	Standard charges file is missing all negotiated rates.	6/2		
HCA Houston Healthcare Kingwood	Kingwood	TX	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and undiscounted cash price.	6/10		
Houston Methodist - Texas Medical Center	Houston	TX	Noncompliant	N	N	Y	N	N	N	N	N	N	N	N	Only posted chargemaster. No standard charges.	6/2		
Houston Methodist Sugar Land	Sugar Land	TX	Noncompliant	N	N	Y	N	N	N	N	N	Y	Y	Y	Only posted chargemaster. No standard charges.	7/5		
Las Palmas Medical Center	El Paso	TX	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and undiscounted cash price.	6/9		
Medical City Dallas	Dallas	TX	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and undiscounted cash price.	6/9		
Memorial Hermann - Texas Medical Center	Houston	TX	Noncompliant	N	N	Y	N	N	N	N	N	Y	Y	Y	Only posted chargemaster. No standard charges.	6/2		
Parkland Hospital	Dallas	TX	Noncompliant	N	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Standard charges file is a tool that can be downloaded but significant data is omitted for the de identified min/max values.	6/18		
Rio Grande Regional Hospital	McAllen	TX	Noncompliant	N	Y	Y	N	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and undiscounted cash price.	7/5		
Saint Davids North Austin Medical Center	Austin	TX	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	N	N	Standard charges file only includes gross charge and undiscounted cash price. Missing some CPT codes.	6/9		
Southwest General Hospital	San Antonio	TX	Noncompliant	N	N	Y	N	N	N	N	N	Y	Y	Y	Standard charges file only includes gross price.	6/3		
Texas Children's Hospital	Houston	TX	Noncompliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Price estimator tool does not offer cash prices and fails the uninsured.	6/3		
The University of Texas M. D. Anderson Cancer Center	Houston	TX	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	Y	Y	Standard charges file is not a single file. Multiple lists.	6/2		
The University of Texas Medical Branch Galveston	Galveston	TX	Noncompliant	N	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file does not include negotiated rates.	7/5		
UT Southwestern Medical Center	Dallas	TX	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Standard charges file includes major payers but not specific plans.	6/2		
Intermountain Medical Center	Murray	UT	Noncompliant	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	No cash prices for any DRGs are provided on the standard charges file and there are no cash prices for 3 of 5 spot checked CMS mandated CPT codes.	7/6		
Intermountain St. George Regional Hospital	St. George	UT	Noncompliant	N	N	N	N	Y	Y	Y	N	Y	N	N	Standard charges file is missing cash price and de identified min/max.	5/27		
McKay-Dee Hospital	Ogden	UT	Noncompliant	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	No cash prices for any DRGs are provided on the standard charges file and there are no cash prices for 4 of 5 spot checked CMS mandated CPT codes.	7/6		
University of Utah Hospital	Salt Lake City	UT	Noncompliant	N	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file only includes CPT codes and gross price.	7/5		
Utah Valley Hospital	Provo	UT	Noncompliant	N	Y	N	N	Y	Y	Y	Y	Y	N	N	Standard charges file omits cash prices and gross charges for any DRG codes.	7/6		
Carilion Roanoke Memorial Hospital	Roanoke	VA	Noncompliant	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	Standard charges file includes min/max/median values for gross charge and cash price.	6/10		
Centra Virginia Baptist Hospital	Lynchburg	VA	Noncompliant	N	N	N	N	N	N	N	N	Y	Y	Y	Could not locate Standard charges file.	6/10		
Chippenham Hospital	Richmond	VA	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	Y	Y	Standard charges file only includes gross price and undiscounted cash price.	6/1		
Inova Fairfax Hospital	Annandale	VA	Noncompliant	N	Y	Y	Y	N	N	N	N	Y	Y	Y	Standard charges file is missing all negotiated rates and the de identified min/max values.	7/5		

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Sentara Norfolk General Hospital	Norfolk	VA	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	Only posted chargemaster. No Standard charges file.	6/10	
UVA University Hospital	Charlottesville	VA	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only includes CPT codes and gross charge.	6/1	
VCU Medical Center	Richmond	VA	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only has medicare and medicaid negotiated rates.	6/1	
Brattleboro Memorial Hospital	Brattleboro	VT	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Only posted chargemaster. No standard charges.	6/2	
Central Vermont Medical Center	Berlin	VT	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Standard charges file includes major payers but not specific plans.	7/5	
Copley Hospital	Morrisville	VT	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	Standard charges file only includes three payers for negotiated rates. Missing significant data.	6/2	
Gifford Medical Center	Randolph	VT	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	Both lists do not include complete plan pricing for Cigna and Harvard Pilgrim.	6/3	
Grace Cottage Hospital	Townshend	VT	Noncompliant	N	Y	Y	Y	N	N	Y	N	Y	N	N	N	Standard charges file includes major payers but not specific plans for all rates and is missing de identified min/max values.	6/2	
Mount Ascutney Hospital and Health Center	Windsor	VT	Noncompliant	N	N	N	N	N	N	N	N	Y	N	N	N	Cannot find a Standard charges file and the 300 shoppable service list is a tool and only shows the cash price.	6/3	
North Country Hospital	Newport	VT	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing data for negotiated rates.	7/5	
Northeastern Vermont Regional Hospital	Saint Johnsbury	VT	Noncompliant	N	N	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file only includes gross charge and discounted cash price.	6/2	
Northwestern Medical Center	Saint Albans	VT	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only includes CPT codes and gross charge.	6/2	
Porter Medical Center	Middlebury	VT	Noncompliant	N	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	No shoppabler services list or price estimate tool.	6/2	
Rutland Regional Medical Center	Rutland	VT	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major payers but not specific plans for all rates.	6/2	
Southwestern Vermont Medical Center	Bennington	VT	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major payers but not specific plans for all rates.	7/5	
Springfield Hospital	Springfield	VT	Noncompliant	N	Y	Y	Y	Y	Y	N	N	N	N	N	N	The standard charge file does not contain complete negotiated rates or Payer and plan data and there is no price estimator list or tool available.	6/3	
The University of Vermont Medical Center	Burlington	VT	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major payers but not specific plans.	6/2	
Swedish Medical Center First Hill Campus	Seattle	WA	Noncompliant	N	Y	Y	Y	N	N	N	N	N	Y	Y	Y	Standard charges file only includes gross charges and discounted cash price as a flat percentage.	6/11	
Ascension Columbia St. Mary's Hospital Milwaukee	Milwaukee	WI	Noncompliant	N	Y	N	N	Y	Y	Y	N	N	Y	Y	Y	Failing to provide every required standard charge for each item and service based off of identifying code.	6/2	
Aurora St. Luke's Medical Center	Milwaukee	WI	Noncompliant	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Failing to provide negotiated rates for DRG codes.	7/5	
Froedtert Hospital	Wauwatosa	WI	Noncompliant	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Failing to provide standard charges for all 42 contracted payer and plans.	7/6	
UW Health University Hospital	Madison	WI	Noncompliant	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Omitted DRG codes from the standard charges file.	7/6	
Berkeley Medical Center	Martinsburg	WV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major payers but not specific plans for all rates. There appears to be missing data.	6/10	
Camden Clark Medical Center	Parkersburg	WV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major payers but not specific plans for all rates. There appears to be missing data.	6/2	
Charleston Area Medical Center Memorial Hospital	Charleston	WV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major payers but not specific plans for all rates.	7/5	
Princeton Community Hospital	Princeton	WV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file is missing negotiated rates for some specific plans.	6/6	
Raleigh General Hospital	Beckley	WV	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/6	
Saint Marys Medical Center	Huntingdon	WV	Noncompliant	N	Y	Y	N	N	N	N	N	N	Y	Y	Y	Standard charges file only includes gross price.	6/10	
Thomas Memorial Hospital	South Charleston	WV	Noncompliant	N	N	N	N	N	N	N	N	N	Y	Y	Y	List of charges is an estimate tool. No true Standard charges file.	6/6	

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United Hospital Center	Bridgeport	WV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major payers but not specific plans for all rates. There appears to be missing data.	7/5	
West Virginia University Hospital	Morgantown	WV	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Standard charges file includes major payers but not specific plans for all rates. There appears to be missing data.	6/10	
Campbell County Memorial Hospital	Gillette	WY	Noncompliant	N	Y	N	Y	N	N	Y	N	N	Y	Y	Y	Standard charges file includes an average gross charge and is missing de identified min/max values as well as specific plans for major payers.	6/10	
Cheyenne Regional Medical Center	Cheyenne	WY	Compliant	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y		7/5	
Cody Regional Health	Cody	WY	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Standard charges file is missing specific plan names.	6/8	
Sheridan Memorial Hospital	Sheridan	WY	Noncompliant	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Standard charges file is missing specific plan names.	7/5	
Wyoming Medical Center	Casper	WY	Noncompliant	N	Y	Y	Y	N	N	Y	Y	Y	N	N	N	Standard charges file includes percentages for de identified min/max and negotiated rate values.	6/8	