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The Richards Group

The charges listed would include “the gross charges, payer-specific negotiated charges, the amount the hospital is willing to accept in cash from a patient, and the minimum and maximum negotiated charges,” according to the release.

As part of the final rule, CMS was granted more authority over enforcement. Specifically, the department has greater capability to audit hospitals and issue fines of $300 per day to those who are noncompliant.

What’s next?

The rule won’t be effective until January 2021. In that time, hospitals will be working to make the applicable data available online, if it isn’t already.

On Friday, Nov. 15, 2019, the Trump administration released its [final rule](https://www.hhs.gov/about/news/2019/11/15/trump-administration-announces-historic-price-transparency-and-lower-healthcare-costs-for-all-americans.html) regarding hospital price transparency. This final rule will take effect Jan. 1, 2021, a year later than originally proposed.

The Centers for Medicare and Medicaid Services (CMS) had been listening to feedback on a [proposed version](https://www.cms.gov/newsroom/fact-sheets/cy-2020-medicare-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center) of the rule for the past four months, culminating in this latest update.

What’s included in the final rule?

Hospitals will now be required to provide easily accessible billing information to patients. This means having all standard charges available online and in one single data file that can be “read by other computer systems,” according to a CMS press release.

Final Rule on Hospital Price Transparency Released

Recently, the Departments of Labor (DOL) and Health and Human Services (HHS) issued an [updated template and related materials](https://www.cms.gov/cciio/Resources/forms-reports-and-other-resources/index.html%22%20%5Cl%20%22Summary%20of%20Benefits%20and%20Coverage%20and%20Uniform%20Glossary) for the summary of benefits and coverage (SBC). These materials are required to be used for plan years beginning on or after Jan. 1, 2021. This means that the updated template must be used for the 2021 plan year’s open enrollment period.

The SBC is a concise document providing simple and consistent information about health plan benefits and coverage.

Employers should prepare to use the new SBC template and related materials for the 2021 plan year. Prior to the beginning of the 2021 plan year:

* Self-funded plan sponsors should ensure that they use the new template.
* Employers with insured plans should make sure the carrier is providing the correct version of the template.

For more information, contact The Richards Group today.

New Summary of Benefits and Coverage Template Will Be Required for 2021

**[JANUARY](https://www.govinfo.gov/content/pkg/FR-2019-01-24/pdf/2019-00077.pdf) 2020**

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