Centers for Medicare and Medicaid Services Response to Public Comments Received for CMS-10707/OMB control number # 0938-1369

The Centers for Medicare and Medicaid Services (CMS) received 17 public submissions from consumer and patient advocacy organizations, professional trade associations, hospitals and hospital associations on the Hospital Price Transparency Information Collection Requests (CMS-10707, OMB 0938-1369) issued in the CY 2026 OPPS/ASC proposed rule (90 FR 33476) (07/17/2025).

We combined the public submissions into 1 aggregated comment and provided response in the document below.

Comment: While many commenters indicated that our proposed changes to the HPT requirements outlined in the CY 2026 OPPS/ASC proposed rule and/or the HPT requirements in general are burdensome, as discussed in prior sections of the final rule with comment period, only several commenters commented on our specific burden estimates for these information collections. Several commenters stated that CMS's projected annual burden estimate was underestimated, noting an undefined, but "significantly higher" burden and cost to implement the proposed policies. A few commenters stated that hospitals that contract with outside vendors or consultants to update their MRFs on an annual basis, do so at a cost of $10,000 to $30,000 per hospital and those without vendor support report needing 5 to 30 full-time-equivalents (FTEs) to update their MRFs on an annual basis. One commenter indicated that they recently updated their MRF to meet the annual update requirement and it required 5 times the amount of hours CMS estimated for the annual burden estimates. One commenter indicated that hospitals incur annual vendor fees of up to $250,000 to update their MRFs and that even with vendor support, hospitals may have 3 FTEs spend an entire month developing and validating their MRFs.

Similarly, several commenters indicated that CMS' one-time burden estimate to encode the new data elements in the MRF as proposed in the CY 2026 OPPS/ASC proposed rule was underestimated. A few commenters maintained that they expect to spend $20,000-$30,000 to elicit vendor support to encode the new data elements in the MRF by the January 1, 2026, effective date proposed in the CY 2026 OPPS/ASC proposed rule. One commenter indicated they believe they will need to spend thousands of dollars per hospital to hire a third-party vendor or devote an internal "project management team" to support the encoding of the new data elements. One commenter incorrectly stated that we estimated a one-time burden estimate of 20 hours to implement the new HPT requirements, at a cost of $1,598.90, and that this estimate significantly understated the real cost of implementing the proposals. One commenter indicated they had already spent more than the cost of the entire one-time burden estimate in just reviewing the proposed rule.

Response: We appreciate commenters' concerns and the varying range of estimates provided by commenters suggests that hospitals have different operational and administrative processes and systems that impact the projected burden of encoding the new data elements and meeting the requirement to update the MRF annually. To address this variability, we allow hospitals to choose which CMS MRF template format they use, providing hospitals some flexibility to select the least burdensome format and layout to develop and update their MRF. We expect that, as indicated in the CY 2026 OPPS/ASC proposed rule, more than a year after the implementation of

the CMS MRF standard template, some hospitals have well developed automated processes in place that they leverage to minimize the burden associated with making hospital standard charge information public in their current MRFs. Additionally, as discussed in more detail in prior sections of this final rule with comment period and as with previous HPT rulemaking, we will provide technical guidance and examples of how to encode the new data elements we are finalizing in this rule on the CMS Hospital Price Transparency – Data Dictionary GitHub Repository, as well as guidance on the HPT resources page on the CMS website to further minimize the burden to hospitals.

Moreover, in order to further reduce burden, as discussed in more detail in prior sections of the final rule with comment period, we are delaying enforcement of our requirements to encode the new data elements in the MRF. Specially, we are finalizing at § 180.50, the removal of the estimated allowed amount, disclosure of the 10th percentile, median, 90th percentile allowed amounts and the count of allowed amounts, the attestation requirements, and the requirement to encode hospital NPIs effective January 1, 2026. However, we will delay enforcement of these finalized revisions until April 1, 2026. We believe this 3-month enforcement delay will provide hospitals with sufficient additional time to encode the new data elements and review their MRFs prior to making them public online.

We continue to believe that increased standardization and comparability of the MRFs benefit consumers of the MRF, and that this benefit outweighs the burden imposed by these requirements. However, we are swayed by commenters that suggested we underestimated the one-time burden of encoding the new data elements in the MRF. Therefore, we have increased the one-time burden estimate for the General and Operations Manager and Business Operations Specialist labor categories by doubling those estimates in this final rule with comment period. Additionally, we have also added one-time and annual burden estimates for Chief Executives in response to comments on the "Modification to the MRF Affirmation Statement" section of the CY 2026 OPPS/ASC proposed rule, addressed in an earlier section of this final rule with comment period, that suggested we failed to account for the burden for the hospital chief executive officer, president, or senior official designated to oversee the encoding of true, accurate, and complete data in the MRF to review and attest to the information. However, we have retained our existing annual burden estimates for the General and Operations Manager and Business Operations Specialist labor categories as we believe it is reasonable to assume that the burden to hospitals for encoding the new data elements finalized in this rule will lessen with subsequent annual updates to the MRF once hospitals have developed standardized processes and procedures for doing so such that increasing the annual burden estimates for these labor categories is unnecessary.

Final Action: After consideration of public comments, we are increasing both our one-time and annual burden estimates. To implement the encoding of the new data elements we are finalizing in the final rule with comment period, we now estimate that it will take a Business Operations Specialist (BLS 13-1000), on average, 8 hours (at a cost of $87.52 per hour) to develop and update the necessary processes and procedures and develop the requirements to implement the proposed data elements and a General and Operations Managers (BLS 11-1021), on average, 2 hours (at a cost of $128.00 per hour) to review the updates, and a Chief Executive (BLS 11-1011) 2 hours (at a cost of $252.82) to review and attest to the accuracy and completeness of the data in the MRF. Therefore, we believe the one-time burden estimate to be 88,992 hours for all

hospitals (12 hours × 7,416 hospitals) at a cost of $10,840,708.80 (7,416 hospitals × [($87.52 × 8 hours) + ($128.00 × 2 hours) + ($252.82 × 2 hours]); see Table 1.

TABLE 1: SUMMARY OF ONE-TIME BURDEN FOR THE INFORMATION COLLECTIONS IN THE CY 2026 OPPS/ASC FINAL RULE

Regulation section	OMB control no.	Number of respondents	Number of responses	Burden per response (hours)	Total annual burden (hours)	Total labor cost of reporting ($)
§ 180.50	0938-1369	7,416	7,416	12	88,992	$10,840,708.80

Additionally, we still estimate it will take a General and Operations Manager (BLS 11-1021), 2 hours (at a cost of $128.00 per hour) per hospital to review and determine updates in compliance with requirements. We still estimate the ongoing time for a Business Operations Specialist (BLS 13-1000), to be 40 hours (at a cost of $87.52 per hour) per hospital, to identify and gather the required data elements on an annual basis. We still estimate that it will take a Computer System Administrator (BLS 15-1244) 12 hours (at a cost of $97.30 per hour). to maintain and post the MRF in a manner that conforms to the CMS standard template. However, we now estimate it will take a Chief Executive (BLS 11-1011) 2 hours (at a cost of $252.82) to review and attest to the accuracy and completeness of the data in the MRF prior to posting the MRF online, which now brings the total burden per hospital to 56 hours. Therefore, we estimate a total annual burden of 415,296 hours for all hospitals (7,416 hospitals × 56 hours) at a cost of $40,269,176.60 (7,416 hospitals × [($128/hour × 2 hours) + ($87.52/hour × 40 hours) + ($97.30/hour × 12 hours) + ($252.82/hour × 2 hours]); see Table 2.

TABLE 2: SUMMARY OF ANNUAL BURDEN FOR THE INFORMATION COLLECTIONS IN THE CY 2026 OPPS/ASC FINAL RULE

Regulation section	OMB control no.	Number of respondents	Number of responses	Burden per response (hours)	Total annual burden (hours)	Total labor cost of reporting ($)
§ 180.50	0938-1369	7,416	7,416	56	415,296	$40,269,176.60