WISCONSIN HOSPITAL ASSOCIATION
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Price Transparency Changes Coming in 2026: What Hospitals Need to Know

To support hospitals in meeting new requirements, the Centers for Medicare & Medicaid Services (CMS) has updated its Hospital Price Transparency GitHub repository. The repository now includes revised CSV templates, detailed data dictionaries, schema documentation for Version 3.0 specifications and validation tools that allow hospitals to check compliance before publishing their files. These resources are intended to streamline implementation and reduce the risk of errors as hospitals prepare for the new standards.

Hospitals across the country will soon face updates to federal price transparency requirements. Under the CY 2026 Hospital Outpatient Prospective Payment System (OPPS) Final Rule, CMS is introducing new standards aimed at improving consistency and comparability of pricing data for patients and payers. These changes take effect Jan. 1, 2026, with enforcement beginning April 1, 2026.

Stakeholders, including the Wisconsin Hospital Association (WHA) and the American Hospital Association (AHA), have raised concerns about the complexity and operational impact of these requirements. While WHA supports the goal of enhancing hospital price transparency, the association is concerned with newly proposed requirements for hospitals to calculate and report the 10th percentile, median and 90th percentile allowed amounts. WHA notes that existing hospital price transparency data already enables third-party groups to aggregate and analyze machine-readable files (MRFs) to provide comparative pricing insights, particularly for high-volume services and standardized payer arrangements. From WHA's perspective, hospitals have fulfilled their obligation by making pricing data publicly available in the required format and additional regulations may impose unnecessary burdens without clear added value.

The rule expands what hospitals must disclose in their MRFs. In addition to standard charges and payer-specific negotiated rates, hospitals will now be required to include percentile-based allowed amount data elements whenever negotiated charges are based on percentages or algorithms. Specifically, hospitals must report the median allowed amount, the 10th and 90th percentile allowed amounts and the count of allowed amounts used in calculations. These figures must be derived from electronic remittance advice (ERA) data or an equivalent source, ensuring accuracy and uniformity nationwide. CMS has also strengthened attestation requirements, requiring a senior official, such as a CEO, to certify the completeness and accuracy of posted data.

WHA is committed to helping our members navigate these changes. Our Price Transparency resource page offers policy updates, compliance guidance and best practices to ensure hospitals remain ahead of regulatory requirements.

Contact WHA Senior Vice President of Finance and COO Molly Wiegel with questions or for assistance in preparing for these changes.

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Caring for Wisconsin's Caregivers Well-Being First Champion Challenge for Credentialing Kickoff

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