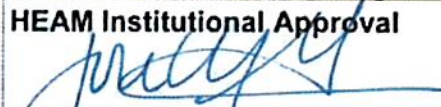
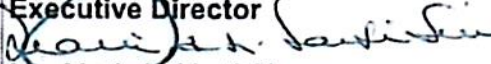


INSTITUTIONAL POLICY HOSPITAL PRICE TRANSPARENCY (45 CFR Part 180)

Policy Name	HOSPITAL PRICE TRANSPARENCY	Effective Date: October 2026
Policy Number	ADM_TR_CMS	Next Review: January 2027
Prepared / Reviewed by:  Ms. Delmis Pagán Ocasio Prepared by PCCE-SEAM Ms. Milagros Matos Reviewed by Billing and Collections Management  Mr. Ricardo Hernández Reviewed by IT Management  Atty. Alejandro Ramírez Díaz Legal Counsel	HEAM Institutional Approval  Mr. José M. Gómez Chair, Board of Directors  Jorge L. Malta Serrano, MHSA Executive Director  Ms. María L. Martí Sierra Director, Finance Department	*Revision Date: October 2026 <i>* This policy shall be reviewed at least annually and whenever changes in CMS regulations or hospital operations warrant a review.</i>
Related Policies	Fraud, Waste and Abuse (FWA) Policy; Internal Audit Policy; Quality Assessment and Performance Improvement (QAPI) Policy	

INTRODUCTION

Hospital Español Auxilio Mutuo de Puerto Rico, Inc. (HEAM) is committed to transparency, institutional integrity, administrative accountability, and compliance with applicable laws and regulations. Accordingly, HEAM establishes this Institutional Hospital Price Transparency Policy in accordance with the requirements of the Centers for Medicare & Medicaid Services (CMS) under 45 CFR Part 180.

This policy establishes a consistent institutional framework for collecting, reviewing, validating, publishing, updating, and overseeing hospital service pricing information. It also defines responsibilities and coordination procedures among Patient Billing and Collections, Information Technology (IT), Hospital Administration, the Corporate Compliance and Ethics Program (PCCE-SEAM), Legal Counsel, and the Board of Directors to support the completeness, accuracy, accessibility, and timeliness of information made available to the public.

Through this policy, the Hospital reaffirms its commitment to a culture of continuous compliance, patient transparency, and public trust by ensuring that hospital pricing information is disclosed clearly, promptly, in a verifiable manner, and in accordance with applicable federal requirements.

This policy also strengthens internal controls and institutional oversight mechanisms.

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PURPOSE

To establish a permanent, verifiable, and auditable process for collecting, reconciling, validating, obtaining internal approval of, publishing, updating, and monitoring standard charges and information on Shoppable services in accordance with 45 CFR Part 180.

SCOPE

This policy applies to each hospital location subject to the Hospital Price Transparency requirements and to all departments involved in data management, contracting, billing, coding, technology, publication, legal review, and governance. Where a location reports separate data, that location shall be appropriately identified, and its information shall be published as required by 45 CFR § 180.50.

REGULATORY FRAMEWORK

- **45 CFR §§ 180.20, 180.40, 180.50, and 180.60: definitions, standard charges, machine-readable files (MRFs), and disclosure of Shoppable services.**
- **45 CFR §§ 180.70–180.90: monitoring, corrective action plans, and penalties for noncompliance.**
- **Calendar Year (CY) 2026 OPPS/ASC Final Rule and the CMS data dictionary and templates in effect on the date of publication; applicable 2026 requirements became subject to enforcement on April 1, 2026.**

THIS POLICY ESTABLISHES THE FOLLOWING:

1. Hospital Administration, under the oversight of the Board of Directors, shall ensure that appropriate resources and accountability mechanisms are in place to implement this policy. PCCE-SEAM shall monitor, track, and assess compliance in coordination with the relevant operational and technical departments.
2. The Hospital shall use the current official CMS templates and technical specifications, together with CMS validation tools, to prepare and publish the machine-readable file (MRF) and disclose Shoppable services in accordance with applicable regulatory requirements.
3. Mandatory principles and requirements:
 - A comprehensive, publicly accessible MRF, prepared using the applicable CMS CSV Tall, CSV Wide, or JSON template, containing all items and services subject to disclosure. An internal PDF or spreadsheet does not replace the required MRF.
 - A consumer-friendly display of at least 300 Shoppable services, if the Hospital provides that many: the CMS-specified services, from among the 70 designated services, that the Hospital offers, supplemented by enough additional hospital-selected services to reach 300. If the Hospital provides fewer than 300 eligible services, all applicable services shall be displayed under § 180.60. Alternatively, the Hospital may use an estimator tool that meets all applicable regulatory conditions.

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- Free public access without prohibited barriers, including a “Price Transparency” footer link to the MRF source page and a TXT file at the root of the website domain containing the information required by CMS.
- Review and update the information at least annually, and sooner when contractual, operational, coding, or regulatory changes affect the accuracy of the published data; document update dates and file versions.
- No finding may be reported as corrected without verifiable evidence. Certification of incomplete, unreconciled, or unverified data is prohibited.

ROLES, RESPONSIBILITIES, AND AUTHORITY

Governing Body / Department	Primary Responsibility	Minimum Evidence
HEAM Board of Directors	• Oversee material risks and performance metrics • Require action plans, resources, and accountability • Consider escalating significant compliance issues. This oversight does not replace operational validation.	Minutes, reports, and resolutions
Hospital Administration / HEAM	• Responsible for policy execution • Designate accountable personnel and the authorized attesting official; • Approve resources, timelines, and institutional decisions • Ensure that CAPs are signed and applicable regulatory certifications are completed.	Written designations, approvals, and signatures
Billing and Collections / Coding	• Ensure the completeness and accuracy of source data, current codes, the chargemaster, discounted cash prices, and charges (CPT, Tariffs, out-of-pocket, discounts) • Coordinate the reconciliation of contracts and amendments by payer and plan.	Reconciliations, exceptions, and data certification
Contracting / Finance (as applicable)	• Confirm contracts, payers, plans, rate methodologies, and effective dates • Validate allowed amounts against authorized remittance data.	Contract records and reconciliation documentation
IT / Development / Website	• Convert only approved data using the current template • Run the CMS validator • Publish the MRF, TXT file, source URL, and footer link • Verify accessibility and availability.	Validator reports, URLs, screenshots, and deployment records

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PCCE-SEAM	- Interpret and monitor regulations. - Coordinate the CAP matrix, training, evidence tracking, exception review, and reporting to Hospital Administration and the Board. This function does not replace pricing certification or IT testing.	CAP matrix, reports, records, and alerts
Legal Counsel	Review notices, disclaimers, access restrictions, contracts, and higher-risk regulatory communications.	Documented legal review and approval

INSTITUTIONAL PROCEDURE

1. Initiation of the Publication Cycle and Data Collection

- Hospital Administration shall designate, in writing, a publication cycle leader, a primary and alternate contact for each department, a schedule, and the applicable hospital location. Billing shall obtain service catalogs, codes, and system data from official sources; Contracting/Finance shall provide current contracts, rates, and related methodologies. Source systems and data cutoff dates shall be documented.

2. Data Cleansing and Reconciliation

- Billing and Coding shall validate CPT/HCPCS/DRG/ICD-10-PCS codes, descriptions, gross charges, discounted cash prices, payers and plans, negotiated rates, de-identified minimum and maximum negotiated charges, and ancillary services. Outliers, expired codes, discrepancies between contracts and systems, and services not offered shall be reviewed. Each exception shall have a documented resolution or rationale.

3. CMS 2026 Template and Specific Data Requirements

- IT shall use only the applicable CMS templates and data dictionary: CSV Tall, CSV Wide, or JSON. Required fields, as applicable, include the data update date, template version, hospital name, location and address, organizational Type 2 NPI, codes and descriptions, service setting, standard charges, and payer and plan information. The MRF shall include the required attestation statement and the name of the CEO, President, or designated senior official, as provided under § 180.50. For negotiated charges based on percentages or algorithms, the median, 10th percentile, 90th percentile, and count of allowed amounts shall be included where required and calculated from remittance data for the applicable regulatory period. All information must be true, accurate, and complete before certification.

4. Shoppable Services

- Billing shall prepare an inventory of the 70 CMS-specified services, indicating which services are and are not furnished by the Hospital, and shall select additional commonly provided services to reach 300, where applicable. The inventory shall contain codes, plain-language descriptions, ancillary services, locations, payer and plan information, and required prices. Completion of a code review does not

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constitute rate validation unless reconciliations have been completed and the responsible parties have signed off.

5. Internal Controls and Publication Approval

- Billing shall sign an internal certification addressing data accuracy and contractual reconciliation, identifying any exceptions. IT shall certify the file format, integrity of the data received, links, availability, and technical validation results. Legal Counsel shall review applicable disclosures, and PCCE-SEAM shall verify that supporting evidence has been retained. Hospital Administration shall authorize publication. The CMS-designated official shall provide the required attestation only when it is adequately supported by documentation.

6. Publication and Testing

- IT shall generate the filename in accordance with CMS requirements; verify the TXT file contents and its placement at the root of the website domain; identify the hospital location, MRF source-page URL, direct MRF URL, and hospital point of contact; and implement the "Price Transparency" footer link. IT shall run the CMS validator for the applicable specification version, correct errors, and review warnings. Testing shall cover anonymous public access, direct downloads, file integrity, and automated retrieval without prohibited access barriers.

7. Ongoing Monitoring, Changes, and Contingencies

- IT shall perform scheduled accessibility and URL checks and issue alerts for interruptions. Billing shall promptly communicate material changes in codes, charges, or contracts. A material failure shall trigger incident logging; notification to Hospital Administration and PCCE-SEAM; legal assessment, when necessary; corrective action with an assigned owner and due date; and retesting. A mandatory disclosure shall not be replaced by an "Under Construction" page.

8. Compliance Documentation and Recordkeeping

- A controlled repository shall retain source data, reconciliations, the 300-service inventory, CSV/JSON versions, file hashes or identifiers, complete validator reports, evidence of public-access testing, TXT file and footer evidence, signed certifications, training records, CMS correspondence, meeting minutes, and institutional decisions. Retention periods shall follow institutional policy and applicable legal requirements. Prior versions shall be preserved for traceability.

OPERATIONAL CONTROL MATRIX

Control / Test	Responsible Executor	Reviewer / Approver	Frequency
Codes, charges, and contracts	Billing / Coding / Contracting	Billing Director	Before publication and upon changes
MRF and CMS 2026 data fields	IT	Billing validates data; PCCE verifies evidence	Every version
CMS validator: errors and warnings	IT	Project Lead / PCCE	Every publication

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TXT, footer, URL, and public access	IT / Web	IT Lead	At publication and periodically
Shoppable and ancillary services	Billing	Billing Director	At least annually and upon changes
Legal notices and access restrictions	Legal Counsel	Hospital Administration	Before publication and whenever notices change
Risk report / CAP when applicable	PCCE-SEAM	PCCE-SEAM Committee	Before declaring compliance; annually; or upon updates to applicable CFR provisions

NONCOMPLIANCE MANAGEMENT AND COMMUNICATIONS WITH CMS

- Upon an audit, warning, request for a corrective action plan (CAP), or new finding, PCCE-SEAM shall open a finding log identifying the reference number, regulatory provision, responsible department, root cause, corrective action, due date, owner, evidence, and status.
- Hospital Administration shall ensure that any required CAP is signed and submitted within the applicable deadline. A finding shall be designated “corrected” only after the responsible departments have verified compliance with the requirement in the live production environment and retained supporting evidence.
- All communications with CMS shall be coordinated through PCCE-SEAM or its designee, with copies provided to the Chair of the HEAM Board of Directors and the Hospital Administrator.

TRAINING, AUDITING, AND CONTINUOUS IMPROVEMENT

- Personnel from Billing, IT, Hospital Administration, and other participating departments shall receive initial training, additional training following material regulatory changes, and periodic instruction under the institutional training plan.
- PCCE-SEAM shall retain attendance records and training materials. Self-assessments and sample-based testing of data and links shall be conducted. Material findings and exceptions shall be escalated to Hospital Administration and, where appropriate, the Board of Directors.

GOVERNANCE PERFORMANCE INDICATORS

- Percentage of findings whose closure has been verified against CMS requirements.
- Percentage of codes and rates reconciled and certified; number of open issues and age of unresolved issues.
- Percentage of technical validation tests passed.
- MRF/TXT file downtime and time to restoration.
- Compliance with annual update requirements and applicable regulatory changes.
- Percentage of required training sessions completed and documented.

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APPENDIX A. PRE-PUBLICATION CHECKLIST

- Billing data and contracts reconciled; exceptions resolved or documented.
- Seventy CMS-specified services reviewed and 300 applicable shoppable services verified.
- Current CMS template and applicable 2026 data fields completed, including the attestation by the authorized official.
- CMS validator run; errors corrected; warnings analyzed and documented.
- TXT file placed at the domain root; direct MRF URL, source page, hospital contact, and hospital name verified.
- "Price Transparency" footer link verified to point to the correct page; barrier-free public access confirmed.
- Publication approvals and certifications recorded; evidence captured and archived.

APPENDIX B. OFFICIAL REFERENCES

- 45 CFR Part 180: <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-E/part-180>
- CMS Hospital Price Transparency: <https://www.cms.gov/priorities/key-initiatives/hospital-price-transparency/hospitals>
- CMS Data Dictionary and Templates: <https://github.com/CMSgov/hospital-price-transparency>
- CMS HPT Tools / Online Validator: <https://cmsgov.github.io/hpt-tool/>
- CMS MRF Guidance (updated December 2025): <https://www.cms.gov/files/document/steps-machine-readable-file.pdf>