Hospital Price Transparency Rules Compliance Comparison Chart for Machine-Readable Files*

Category	PatientRightsAdvocate.org Compliance Criteria	CMS Requirements	Requirements Match?
Codes	Did the hospital post one or more of the mandated codes used by the hospital for accounting or billing (e.g. CPT, HCPCS, DRG, NDC) for each of its items and services?	Include any code used by your hospital for purposes of accounting or billing for the item or service, including, but not limited to, the CPT code, the HCPCS code, the DRG, or other commonly used payer identifier	**YES**
Gross Charge	Did the hospital post gross charges for at least 50 percent of the items and services identified?	The 50% requirement is nowhere in CMS regulation or guidance. In fact, CMS gives examples in which it may be appropriate to have blanks for gross charges (see here), depending on the file layout selected.	**NO**
Discounted Cash Price	Did the hospital post discounted cash prices for at least 50 percent of the items and services identified?	The 50% requirement is nowhere in CMS regulation or guidance. Additionally, per CMS, "If you have not established a standard charge for an item or service across all payers, we recommend you use an indicator such as "N/A" instead of a blank space." (Source here).	**NO**
Negotiated Min	Did the hospital post the de-identified minimum negotiated charge for at least 50 percent of the items and services identified?	The 50% requirement is nowhere in CMS regulation or guidance. Hospitals have numerous items and services in their charge masters that are not covered by negotiated contract arrangements.	**NO**
Negotiated Max	Did the hospital post the de-identified maximum negotiated charge for at least 50 percent of the items and services identified?	The 50% requirement is nowhere in CMS regulation or guidance. Hospitals have numerous items and services in their charge masters that are not covered by negotiated contract arrangements.	**NO**
Negotiated Rates	Did the hospital post the payer-specific negotiated charge that applies to each item or service, for at least 50 percent of the items and services identified?	The 50% requirement is nowhere in CMS regulation or guidance. Hospitals have numerous items and services in their charge masters that are not covered by negotiated contract arrangements.	**NO**
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 specific plan, for at least two payers including Blue Cross Blue Shield, United, Cigna, Anthem, or Humana?	CMS requires that hospitals post negotiated charges for all third-party payers which with the hospital has a contract. However, it is impossible for PatientRightsAdvocate.org to know which services the hospital and each payer have covered in their contracts.	**PARTIALLY**

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