

Hospital Price Transparency

VOLUNTARY MACHINE-READABLE FILE
SAMPLE FORMAT DATA DICTIONARY

Guidance

June 2023
(Version 1.1)

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Voluntary Hospital Price Transparency Machine-Readable File Sample Format Data Dictionary (Version 1.1)

Revision History – Version 1.1

REVISIONS AND CHANGES DESCRIPTION (since previous version)
--

Combined the CSV Tall and Wide data dictionaries
--

Removed recommendation to insert “-1” in place of a blank cell in CSV sample formats
--

Clarified the use of commas as a delimiter for CSV sample formats

Updated data element categories for consistency

Updated the ‘Payer-Specific Negotiated Charge: Dollar Amount’ data element CSV Tall Header to ‘standard charge negotiated_dollar’

Updated the ‘Payer-Specific Negotiated Charge: Percent’ data element CSV Tall Header to ‘standard charge negotiated_percent’
--

Removed “capitation” as a valid value for the ‘Contracting Method’ data element

Changed the ‘Contracting Method’ data element valid value of “percent of total billed charge” to “percent of total billed charges”
--

Clarified data element definitions and examples of values

Added “other” contracting method example
--

Added Table of Contents

Added Appendix A: How to Read This Data Dictionary
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Added Appendix B: Contracting Method Definitions and Examples

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Overview

Under the hospital price transparency regulations (45 CFR 180), hospitals must make public a list of the standard charges the hospital has established for the items and services it provides. CMS requires hospitals to make this information available to the public in two ways: 1) a display of all hospital standard charges for all items and services in a single comprehensive machine-readable file (MRF) (45 CFR 180.50); and 2) a display of hospital standard charges for 300 shoppable services in a consumer-friendly format (45 CFR 180.60).

To assist hospitals in satisfying the MRF requirements found at 45 CFR 180.50 (the first of the two requirements), the Centers for Medicare and Medicaid Services (CMS) has provided several Machine-Readable File (MRF) sample formats. The use of a sample format by a hospital is voluntary. The sample formats are: 1) a JSON schema; 2) a CSV “wide” format; and 3) a CSV “tall” format. The sample formats were developed based on input and recommendations provided to CMS from the Health FFRDC, who convened an independent technical expert panel comprised of industry experts including hospitals, researchers, and technology innovators. This data dictionary is an educational supplement to the sample formats designed to illustrate and explain how to incorporate hospital data into the sample formats. For each data element, this data dictionary contains expected CSV column headers and JSON attribute naming conventions, along with definitions, data types, format, and valid values that may be used to populate the template.

Developers of the MRF files should consider and adopt any established standards and industry norms for the creation of JSON and CSV files. For more information on the JSON schema standards visit <https://www.json.org/json-en.html>, <https://json-schema.org/> and visit <https://www.rfc-editor.org/rfc/rfc4180> for CSV. Additional details and instructions specific to JSON may be found in the JSON schema. The CSV format can be disclosed in either a “wide” or “tall” format and should be saved as plaintext data separated by commas (“,”) and not other delimiters (i.e., the CSV headers utilize pipes “|” to separate information, so your hospital should not use pipes as the delimiter to separate data). Additionally, for CSV formats, if any values include commas, you should enclose that text in quotation marks. If hospitals do not have applicable data, leave the data element value blank and do not insert any indicator (e.g., “N/A”). Hospitals may insert language in the “Additional Notes” data elements to explain that blank cells indicate there is no applicable data available.

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Data elements and instructions

Data Element:	<i>Hospital Name</i>
CSV Tall Header:	hospital_name
CSV Wide Header:	hospital_name
JSON Attribute:	hospital_name
Data Element Definition:	The legal business name of the hospital associated with the file.
Data Type:	String
Format:	Alphanumeric
Valid Values:	Any string
CSV Instructions:	none
Example Value:	West Mercy Hospital
Regulatory Requirement:	45 CFR § 180.50 (a)(2)

Data Element:	<i>Hospital File Date</i>
CSV Tall Header:	last_updated_on
CSV Wide Header:	last_updated_on
JSON Attribute:	last_updated_on
Data Element Definition:	Date on which the file was last updated.
Data Type:	Date
Format:	ISO 8601 extended format
Valid Values:	Any string
CSV Instructions:	Use: YYYY-MM-DD. Do not include time.
Example Value:	2022-01-01
Regulatory Requirement:	45 CFR § 180.50 (e)

Data Element:	<i>Version</i>
CSV Tall Header:	version
CSV Wide Header:	version
JSON Attribute:	version
Data Element Definition:	The version of the sample format used.
Data Type:	String
Format:	Alphanumeric
Valid Values:	Any string
CSV Instructions:	No action needed from user. This version is prepopulated in the CSV template.

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Example Value: 1.0.0
Regulatory Requirement: none

Data Element: *Hospital Location*
CSV Tall Header: hospital_location
CSV Wide Header: hospital_location
JSON Attribute: hospital_location
Data Element Definition: The unique name of the hospital location absent any acronyms.
Data Type: String
Format: Alphanumeric
Valid Values: Any string
CSV Instructions: If the MRF contains identical standard charges for multiple hospital locations, list each location and separate the name of each location with a "|".
Example CSV Value: Lakeview Hospital | Lakeview Hospital Surgical Center
Regulatory Requirement: 45 CFR § 180.50 (d)(2)

Data Element: *Hospital Financial Aid Policy*
CSV Tall Header: financial_aid_policy
CSV Wide Header: financial_aid_policy
JSON Attribute: financial_aid_policy
Data Element Definition: The hospital's financial aid policy, also known as charity care, that is applied to items and services. This may include cash price policies that are non-standard such as prices that are tiered, based on income levels, or other requirements.
Data Type: String
Format: Alphanumeric
Valid Values: Any string
CSV Instructions: This information may be displayed as either a description or as a link to the financial aid or cash price policy on the hospital's website.
Example Value: "Payment plans are available and/or a patient can be put on a sliding scale, which would allow a percentage of assistance depending on their eligibility."
Regulatory Requirement: none

Data Element: *Hospital Licensure Information*
CSV Tall Header: license_number | [state]

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Example Tall Header:	license_number IN
CSV Wide Header:	license_number [state]
Example Wide Header:	license_number IN
JSON Attribute:	license_information
Data Element Definition:	The hospital license number and the licensing state or territory's two-letter abbreviation for the hospital location(s).
Data Type:	String
Format:	Alphanumeric
Valid Values:	Any string
CSV Instructions:	none
Example Value:	22-005106-1
Regulatory Requirement:	45 CFR § 180.50 (a)(2)
Data Element:	<i>Item or Service Description</i>
CSV Tall Header:	description
CSV Wide Header:	description
JSON Attribute:	description
Data Element Definition:	Description of each item or service (defined at 45 CFR 180.20) provided by the hospital that corresponds to the standard charge the hospital has established.
Data Type:	String
Format:	Alphanumeric
Valid Values:	Any string
CSV Instructions:	If values contain commas (,), e.g., "OR time, 15 min", ensure that the value is wrapped in quotations ("").
Example Value:	"OR time, 15 min"
Regulatory Requirement:	45 CFR § 180.50 (b)(1)
Data Element:	<i>Code</i>
CSV Tall Header:	code [i]
Example Tall Header:	code 1
CSV Wide Header:	code [i]
Example Wide Header:	code 1
JSON Attribute:	code
Data Element Definition:	Any code used by the hospital for purposes of accounting or billing for the item or service.
Data Type:	String
Format:	Alphanumeric

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Valid Values:	Any string
CSV Instructions:	This data element repeats for as many different codes are required to define the established standard charge. The “i” in the CSV header is a placeholder to be replaced with numbers starting at “1”, increasing by one to however many columns of codes are needed, and matching the associated code type header. If two code and code type combinations are needed, the first code header is “code 1” and the second header is “code 2”.
Example Value:	99231
Regulatory Requirement:	45 CFR 180.50 (b)(7)
Data Element:	<i>Code Type</i>
CSV Tall Header:	code [i] type
Example Tall Header:	code 1 type
CSV Wide Header:	code [i] type
Example Wide Header:	code 1 type
JSON Attribute:	type
Data Element Definition:	The associated coding type for the ‘Code’ data element. Examples include Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), National Drug Code (NDC), Revenue Center (RC) code, and others.
Data Type:	Enum
Format:	String
Valid Values:	CPT, HCPCS, ICD, MS-DRG, R-DRG, S-DRG, APS-DRG, AP-DRG, APR-DRG, APC, NDC, HIPPS, LOCAL, EAPG, CDT, RC, CDM
CSV Instructions:	This data element repeats for as many different codes are required to define the established standard charge. The “i” in the CSV header is a placeholder to be replaced with numbers starting at “1”, increasing by one to however many columns of codes are needed, and matching the associated code type header. If two code and code type combinations are needed, the first code type header is “code 1 type” and the second header is “code 2 type”. The value "LOCAL" should be used in conjunction with another billing code for that item or service. However, if no other code types are available for a particular item or service, "LOCAL" may be used as a valid value.
Example Value:	CPT
Regulatory Requirement:	45 CFR 180.50 (b)(7)
Data Element:	<i>Billing Class</i>
CSV Tall Header:	billing_class

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CSV Wide Header: billing_class
JSON Attribute: billing_class
Data Element Definition: The type of billing for the item/service at the established standard charge.
Data Type: Enum
Format: String
Valid Values: Professional, Facility
CSV Instructions: none
Example Value: Professional
Regulatory Requirement: none

Data Element: *Setting*
CSV Tall Header: setting
CSV Wide Header: setting
JSON Attribute: setting
Data Element Definition: The place (inpatient, outpatient, or both) where the item or service is provided for the associated standard charge amount.
Data Type: Enum
Format: String
Valid Values: inpatient, outpatient, both
CSV Instructions: none
Example Value: inpatient
Regulatory Requirement: 45 CFR § 180.50 (b)(2-6)

Data Element: *Drug Unit of Measurement*
CSV Tall Header: drug_unit_of_measurement
CSV Wide Header: drug_unit_of_measurement
JSON Attribute: unit
Data Element Definition: The unit value that corresponds to the established standard charge for drugs.
Data Type: Numeric
Format: Float
Valid Values: Positive numbers
CSV Instructions: Enter the unit value, or amount, of the drug for that particular standard charge. If the description of the drug is “aspirin 81mg chewable tablet – each” then the drug unit value is “1” and the type of measurement is “UN” since the standard charge is established per tablet.

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Example Value:	1
Regulatory Requirement:	none
Data Element:	<i>Drug Type of Measurement</i>
CSV Tall Header:	drug_type_of_measurement
CSV Wide Header:	drug_type_of_measurement
JSON Attribute:	type
Data Element Definition:	The measurement type that corresponds to the established standard charge for drugs.
Data Type:	Enum
Format:	String
Valid Values:	GR, ME, ML, UN
CSV Instructions:	Valid values include GR – Gram, ME – Milligram, ML – Milliliter, and UN – Unit. If the description of the drug is “aspirin 81mg chewable tablet – each” then the drug unit value is “1” and the type of measurement is “UN” since the standard charge is established per tablet.
Example Value:	UN
Regulatory Requirement:	none
Data Element:	<i>Modifiers</i>
CSV Tall Header:	modifiers
CSV Wide Header:	modifiers
JSON Attribute:	modifiers
Data Element Definition:	Modifiers indicate that a service or procedure performed has been altered by some specific circumstance, but not changed in its definition or code. They are used to add information or change the description of service to improve accuracy or specificity.
Data Type:	String
Format:	Alphanumeric
Valid Values:	Any string
CSV Instructions:	Use when an established standard charge is dependent on a modifier code. If multiple modifier codes are applied to the same item or service, enter them all in a single cell but separate each modifier with a pipe “ ”.
Example Value:	50 62
Regulatory Requirement:	45 CFR 180.50 (b)(7)
Data Element:	<i>Gross Charge</i>

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CSV Tall Header:	standard_charge gross
CSV Wide Header:	standard_charge gross
JSON Attributes:	gross_charge
Data Element Definition:	Gross charge is the charge for an individual item or service that is reflected on a hospital's chargemaster, absent any discounts (see 45 CFR 180.20).
Data Type:	Numeric
Format:	Float
Valid Values:	Positive numbers
CSV Instructions:	Indicate the gross charge established by your hospital. Insert numeric values only; do not insert a dollar sign.
Example Value:	9999.99
Regulatory Requirement:	45 CFR § 180.50 (b)(2)
Data Element:	<i>Discounted Cash Price</i>
CSV Tall Header:	standard_charge discounted_cash
CSV Wide Header:	standard_charge discounted_cash
JSON Attributes:	discounted_cash
Data Element Definition:	Discounted cash price is defined as the charge that applies to an individual who pays cash (or cash equivalent) for a hospital item or service (see 45 CFR 180.20).
Data Type:	Numeric
Format:	Float
Valid Values:	Positive numbers
CSV Instructions:	Indicate the standard cash discounted price established by your hospital. Use the 'Hospital Financial Aid Policy' data element to enter any non-standard cash discounted prices or charity care.
Example Value:	9999.99
Regulatory Requirement:	45 CFR § 180.50 (b)(6)
Data Element:	<i>Payer Name</i>
CSV Tall Header:	payer_name
CSV Wide Header:	Not Applicable for CSV wide format
JSON Attribute:	payer_name
Data Element Definition:	The name of the third-party payer that is, by statute, contract, or agreement, legally responsible for payment of a claim for a healthcare item or service. (45 CFR § 180.20)
Data Type:	String
Format:	Alphanumeric

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Valid Values:	Any string
CSV Instructions:	Only applies to the CSV Tall sample format and JSON schema. We recommend that hospitals use the full name of the payer organization, absent any abbreviations.
Example Value:	Payer_A
Regulatory Requirement:	45 CFR § 180.50(b)(3)
Data Element:	<i>Plan Name</i>
CSV Tall Header:	plan_name
CSV Wide Header:	Not Applicable for CSV wide format
JSON Attribute:	plan_name
Data Element Definition:	The name of the payer's specific plan associated with the standard charge.
Data Type:	String
Format:	Alphanumeric
Valid Values:	Any string
CSV Instructions:	Only applies to the CSV Tall sample format and JSON schema.
Example Value:	Standard PPO
Regulatory Requirement:	45 CFR § 180.20
Data Element:	<i>Payer-Specific Negotiated Charge: Dollar Amount</i>
CSV Tall Header:	standard_charge negotiated_dollar
CSV Wide Header:	standard_charge [payer_name] [plan_name]
Example Wide Header:	standard_charge Payer_A Standard PPO
JSON Attribute:	standard_charge
Data Element Definition:	Payer-specific negotiated charge (expressed as a dollar amount) that a hospital has negotiated with a third-party payer for the corresponding item or service.
Data Type:	Numeric
Format:	Float
Valid Values:	Positive numbers
CSV Instructions:	Each payer-specific negotiated charge must be clearly associated with the name of the third-party payer and plan. We recommend that hospitals use the full name of the payer organization as stated in the contract. For CSV wide formats, replace [payer_name] and [plan_name] placeholders with the payer and plan name associated with the standard charge.
Example Value:	9999.99
Regulatory Requirement:	45 CFR § 180.50 (b)(3)

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Data Element:	<i>Payer-Specific Negotiated Charge: Percentage</i>
CSV Tall Header:	standard_charge negotiated_percent
CSV Wide Header:	standard_charge [payer_name] [plan_name] percent
Example Wide Header:	standard_charge Payer_A Standard PPO percent
JSON Attribute:	standard_charge_percent
Data Element Definition:	Payer-specific negotiated charge (expressed as a percentage) that a hospital has negotiated with a third-party payer for the corresponding item or service.
Data Type:	Numeric
Format:	Float
Valid Values:	Positive numbers
CSV Instructions:	This field should be used only when the payer-specific negotiated charge cannot otherwise be displayed as a single dollar amount. This data element will contain the numeric representation of the percentage as a whole number (70.5% is to be entered as “70.5” and not “.705”).
Example Value:	70.5
Regulatory Requirement:	45 CFR § 180.50 (b)(3)

Data Element:	<i>De-identified Minimum Negotiated Charge</i>
CSV Tall Header:	standard_charge min
CSV Wide Header:	standard_charge min
JSON Attribute:	minimum
Data Element Definition:	De-identified minimum negotiated charge is the lowest that a hospital has negotiated with all third-party payers for an item or service (see 45 CFR 180.20).
Data Type:	Numeric
Format:	Float
Valid Values:	Positive numbers
CSV Instructions:	Insert the de-identified minimum negotiated charge that applies to each corresponding item or service that is associated with a payer-specific negotiated charge that is expressed in dollars.
Example Value:	9999.99
Regulatory Requirement:	45 CFR § 180.50 (b)(4)

Data Element:	<i>De-identified Maximum Negotiated Charge</i>
CSV Tall Header:	standard_charge max
CSV Wide Header:	standard_charge max

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JSON Attribute:	maximum
Data Element Definition:	De-identified maximum negotiated charge is defined as the highest charge that a hospital has negotiated with all third-party payers for an item or service (see 45 CFR 180.20).
Data Type:	Numeric
Format:	Float
Valid Values:	Positive numbers
CSV Instructions:	Insert the de-identified maximum negotiated charge that applies to each corresponding item or service that is associated with a payer-specific negotiated charge that is expressed in dollars.
Example Value:	9999.99
Regulatory Requirement:	45 CFR § 180.50(b)(5)

Data Element:	<i>Contracting Method</i>
CSV Tall Header:	standard_charge contracting_method
CSV Wide Header:	standard_charge [payer_name] [plan_name] contracting_method
Example Wide Header:	standard_charge Payer_A Standard PPO contracting_method
JSON Attribute:	contracting_method
Data Element Definition:	The type of contract arrangement used to establish the payer-specific negotiated charge.
Data Type:	Enum
Format:	String
Valid Values:	case rate, fee schedule, percent of total billed charges, per diem, other
CSV Instructions:	Select the value that most closely represents the contracting method for the payer-specific negotiated charge associated with the item or service. If the contracting method isn't represented in the definitions, select 'Other' and enter a detailed explanation of the contracting arrangement in the 'Additional Generic Notes' for the CSV Tall sample format or the 'Additional Payer-Specific Notes' for the CSV Wide sample format.
Example Value:	case rate
Regulatory Requirement:	none

Data Element:	<i>Additional Generic Notes</i>
CSV Tall Header:	additional_generic_notes
CSV Wide Header:	additional_generic_notes
JSON Attribute:	additional_generic_notes

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Data Element Definition:	A free text data element to help explain any of the data including standard charges based on algorithms, blank values due to no applicable data, or other contextual information that aids in the comprehension of the standard charges.
Data Type:	String
Format:	Alphanumeric
Valid Values:	Any string
CSV Instructions:	If using the CSV Tall sample format, include both payer-specific and general information about the item or service. If using the CSV Wide sample format, insert general additional information into the 'Additional Generic Notes' data element and separate the payer-specific information into the 'Additional Payer-Specific Notes'. General additional notes related to multiple items and services do not need to be repeated in every row if it's clear in which situations the additional notes apply.
Example Value:	"The Payer A Plan 1 contract is based on percent of billed charges and therefore there are no dollar amount negotiated charges associated with this plan."
Regulatory Requirement:	none
Data Element:	<i>Additional Payer-Specific Notes</i>
CSV Tall Header:	Not applicable for CSV Tall format
CSV Wide Header:	additional_payer_notes [payer_name] [plan_name]
Example Wide Header:	additional_payer_notes Payer_A Standard PPO
JSON Attribute:	additional_payer_notes
Data Element Definition:	A free text data element to help explain any of the data in the file that is related to a payer-specific negotiated charge. If a payer-specific negotiated charge can only be expressed as an algorithm, the algorithm should be indicated here.
Data Type:	String
Format:	Alphanumeric
Valid Values:	Any string
CSV Instructions:	Only applies to the CSV Wide sample format and JSON schema. The header repeats for as many payers and plans with which the hospital has negotiated a payer-specific standard charge for items or services.
Example Value:	"The standard charge is calculated based on the procedure MS-DRG base rate of \$45,004 plus a variable revenue code billed at 50

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percent of gross charge plus the cost of the implant billed at 80 percent of the gross charge.”

Regulatory Requirement: none

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Appendix A: How to Read This Data Dictionary

Below is a glossary of terms to aid in the comprehension of this data dictionary. Additional guidance, including a frequently asked questions document, the JSON schema, and CSV sample formats, may be found at www.cms.gov/hospital-price-transparency/resources.

Data Element: Indicates the category of data you must display in the file.

CSV Tall Header: Indicates the exact column header value that you must use in the CSV 'Tall' format.

Example Tall Header: Provides an example of a dynamic CSV 'Tall' header if it incorporates hospital-specific information.

CSV Wide Header: Indicates the exact column header value that you must use in the CSV 'Wide' format.

Example Wide Header: Provides an example of a dynamic CSV 'Wide' header if it incorporates hospital-specific information. For example, your hospital is likely to have many payers and plans, so multiple columns are needed to display payer-specific negotiated charges.

JSON Attribute: Indicates the exact attribute that you must use in the JSON format.

Data Element Definition: A description of the information expected in a field and its function in the MRF.

Data Type: Indicates the type of data that you can insert into a field below the CSV header or associate with the JSON attribute including:

- "Numeric" indicates only numbers are permitted.
- "Enum" indicates that you must choose from a set of predefined constants that are listed in the 'valid values' section.
- "Date" indicates a date must be inserted in the field.
- "String" indicates a series of letters/characters, numbers, symbols, and spaces are allowed values.

Format:

- "Alphanumeric" indicates that both numbers and letters are permitted.
- "ISO 8601 format" indicates the data must be displayed in the International Organization for Standardization (ISO) date and time format. The ISO 8601 extended format is a standard way to express a calendar date in which the year comes first, followed by the month and then the day, separated by a dash. For example, July 5, 2024, would look like this: 2024-07-05.
- "Float" indicates that the numeric value you enter may contain a decimal point.

Valid Values: Indicates acceptable data that you may insert into a field. These values are either 1) from a list of predefined constants from which you must choose, or 2) "any string" which indicates you may insert any letters, words, or other characters that are necessary.

CSV Instructions: Provides additional instructions for displaying data when using a CSV format.

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Example Value: Provides an example of a valid value that can be inserted into the field.

Regulatory Requirement: Provides the regulatory citation if the data element is required to be displayed.

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Appendix B: Contracting Method Definitions and Examples

The 'Contracting Method' data element is the type of contract arrangement associated with the payer-specific negotiated charge. Below are definitions for the valid values for the 'Contracting Method' data element and illustrative examples for how to represent these unique contracting scenarios in combination with other data elements.

- **Case Rate**: A flat rate for a package of items and services triggered by a diagnosis, treatment, or condition for a designated length of time. Additional information about the case rate arrangement can be entered into the 'Additional Generic Notes' data element in the CSV Tall Format or the 'Additional Payer-Specific Notes' data element in the CSV Wide Format.
- **Fee Schedule**: The standard charge is based on a fee schedule. Examples of common fee schedules include Medicare, Medicaid, commercial payer, and workers compensation. The dollar amount that is based on the indicated fee schedule should be entered into the 'Payer-Specific Negotiated Charge: Dollar Amount' data element. For standard charges based on a percentage of a known fee schedule, the dollar amount should be calculated and entered in the 'Payer-Specific Negotiated Charge: Dollar Amount' data element.
- **Percent of Total Billed Charges**: The payer-specific negotiated charge is based on a percentage of the total billed charges for an item or service. This percentage may vary depending on certain pre-determined criteria being met. Additional information should be entered in 'Additional Generic Notes' data element in the CSV Tall Format or the 'Additional Payer-Specific Notes' data element in the CSV Wide Format.
- **Per Diem**: The per day charge for the described item or service. Enter tier rates as a separate distinct service description, if applicable, otherwise enter this information in the 'Additional Generic Notes' data element in the CSV Tall Format or the 'Additional Payer-Specific Notes' data element in the CSV Wide Format. For example, "Service A 1-3 days" and "Service A 4-7 days."
- **Other**: If the contracting method for a particular item or service cannot be described by one of the types of contracting methods above, select 'Other' and enter a detailed explanation of the contracting arrangement in the 'Additional Generic Notes' data element. For example, a hospital contract may include a capitated arrangement with prospective payments that encompass a broad array of services. This may be comprehensive care for an entire group or the total cost of care for treating a primary condition (e.g., diabetes) or a limited set of specialty services (e.g., primary care or behavioral health). Describe this arrangement in the 'Additional Generic Notes' data element in the CSV Tall Format or the 'Additional Payer-Specific Notes' data element in the CSV Wide Format.

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Case Rate

If the standard charge is a case rate coupled with an additional amount determined by an algorithm (e.g., \$5000 plus 60% of the total implant cost), post the case rate in the 'Payer-Specific Negotiated Charge: Dollar Amount' and use the appropriate additional notes data element for the CSV Tall and Wide formats to enter the additional algorithm, i.e., "plus 60% of total implant cost."

Case Rate CSV Tall Format Example

<i>Description</i>	<i>payer_name</i>	<i>plan_name</i>	<i>standard_charge / gross</i>	<i>standard_charge / negotiated_dollar</i>	<i>standard_charge / contracting_method</i>	<i>additional_generic_notes</i>
Procedure X	Payer_A	Plan_1		5000	case rate	+ 50% of implant cost
Procedure Y	Payer_A	Plan_1		5000	case rate	+ 60% of implant cost
Implantable device 1	Payer_A	Plan_1	500			
Implantable device 2	Payer_A	Plan_1	750			

Case Rate CSV Wide Format Example

<i>Description</i>	<i>standard_charge / gross</i>	<i>standard_charge / Payer_A / Plan_1</i>	<i>standard_charge / Payer_A / Plan_1 / contracting_method</i>	<i>additional_payer_notes / Payer_A / Plan_1</i>
Procedure X		5000	case rate	+ 50% of total implant cost
Procedure Y		5000	case rate	+ 60% of total implant cost
Implantable device 1	500			
Implantable device 2	750			

Voluntary Hospital Price Transparency Machine-Readable File Sample Format Data Dictionary (Version 1.1)

Fee Schedule

In this example, the contract indicates that for Procedure X, the hospital is reimbursed at 150% of the Hospital's own Medicare reimbursement rate. The dollar amount of the 150% is required to be calculated and entered in the 'Payer-Specific Negotiated Charge: Dollar Amount' data element (in this example, that is \$5000). The 'Payer-Specific Negotiated Charge: Percentage' data element may also be populated with the percent and the appropriate additional notes data elements for the CSV Tall and Wide formats may reference the fee schedule the negotiated charge is based on to provide additional context for consumers of the file.

Fee Schedule CSV Tall Format Example

<i>Description</i>	<i>payer_name</i>	<i>plan_name</i>	<i>standard_charge negotiated_dollar</i>	<i>standard_charge contracting_method</i>	<i>standard_charge negotiated_percent</i>	<i>additional_generic_notes</i>
Procedure X	Payer_A	Plan_1	5000	fee schedule	150	150% of Hospitals Specific Medicare Reimbursement Rate

Fee Schedule CSV Wide Format Example

<i>Description</i>	<i>standard_charge Payer_A Plan_1</i>	<i>standard_charge Payer_A Plan_1 contracting_method</i>	<i>standard_charge Payer_A Plan_1 percent</i>	<i>additional_payer_notes Payer A Plan_1</i>
Procedure X	5000	fee schedule	150	150% of Hospitals Specific Medicare Reimbursement Rate

Percent of Total Billed Charge

In scenarios where contracts are structured such that specific service packages are reimbursed based on a percentage of the total billed gross charges (where the total billed charge is different for each person in the payer's plan), indicating a payer-specific negotiated charge as a dollar amount may not be possible. The negotiated percentage is entered in the 'Payer-Specific Negotiated Charge: Percentage' data element. In this example, Procedure X is reimbursed at 75% of total billed charge. Enter the percent as a whole number, "75", and not "0.75" or "75%".

Voluntary Hospital Price Transparency Machine-Readable File Sample Format Data Dictionary (Version 1.1)

Percent of Total Billed Charge CSV Tall Format Example

Description	payer_name	plan_name	standard_charge / negotiated_dollar	standard_charge / negotiated_percent	standard_charge / contracting_method
Procedure X	Payer_A	Plan_1		75	percent of total billed charges

Percent of Total Billed Charge CSV Wide Format Example

Description	standard_charge / Payer_A / Plan_1	standard_charge / Payer_A / Plan_1 / percent	standard_charge / Payer_A / Plan_1 / contracting_method
Procedure X		75	percent of total billed charges

Per Diem

Per diem arrangements often have different contractual reimbursement rates depending on the number of days for the service. In the below example “Procedure X” has three different rates depending on the number of days. The first three days are a \$5,000 standard charge, the next four days are a \$6,000 charge, and any amount of time after is \$7,000. This can be represented as follows:

Per Diem CSV Tall Format Example

Description	payer_name	plan_name	standard_charge / negotiated_dollar	standard_charge / contracting_method	additional_generic_notes
Procedure X days 1-3	Payer_A	Plan_1	5000	per diem	Per diem cost for the first three days of hospitalization.
Procedure X days 4-7	Payer_A	Plan_1	6000	per diem	Per diem cost for days 4-7.
Procedure X days 8+	Payer_A	Plan_1	7000	per diem	Per diem cost for 8+ days.

Voluntary Hospital Price Transparency Machine-Readable File Sample Format Data Dictionary (Version 1.1)

Per Diem CSV Wide Format Example

<i>Description</i>	<i>standard_charge / Payer_A / Plan_1</i>	<i>standard_charge / Payer_A / Plan_1 / contracting_method</i>	<i>additional_payer_notes / Payer A / Plan_1</i>
Procedure X days 1-3	5000	per diem	Per diem cost for the first three days of hospitalization.
Procedure X days 4-7	6000	per diem	Per diem cost for days 4-7.
Procedure X days 8+	7000	per diem	Per diem cost for 8+ days.

Other Contracting Methods

There are likely to be scenarios where a contracting method for an item or service does not fall into one of the standard arrangements. For a contracting method that doesn't match any of the examples described above, select "other" for the contracting method value and enter the dollar amount in the 'Payer-Specific Negotiated Charge: Dollar Amount' data element if possible and explain the arrangement in the appropriate additional notes data elements for the CSV Tall and Wide formats. The details of these arrangements do not need to be repeated if it's clear for which items and services the notes apply (see example #2 below).

Other Contracting Method CSV Tall Format Example #1

<i>Description</i>	<i>payer_name</i>	<i>plan_name</i>	<i>standard_charge / negotiated</i>	<i>standard_charge / contracting_method</i>	<i>additional_generic_notes</i>
Procedure X	Payer_A	Plan_1	5000	other	"Alternative payment model with a retrospective contract payment for quality measures, with a base rate of \$5000."

Other Contracting Method CSV Wide Format Example #1

<i>Description</i>	<i>standard_charge / Payer_A / Plan_1</i>	<i>standard_charge / Payer_A / Plan_1 / contracting_method</i>	<i>additional_payer_notes / Payer A / Plan_1</i>
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Voluntary Hospital Price Transparency Machine-Readable File Sample Format Data Dictionary (Version 1.1)

Procedure X	5000	other	“Alternative payment model with a retrospective contract payment for quality measures, with a base rate of \$5000.”
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Other Contracting Method CSV Tall Format Example #2

<i>Description</i>	<i>payer_name</i>	<i>plan_name</i>	<i>standard_charge / negotiated_dollar</i>	<i>standard_charge / contracting_method</i>	<i>additional_generic_notes</i>
Procedure X	Payer_A	Plan_1		Other	This service is part of a \$500 prospective per member per month payment for the comprehensive total cost of care. There are no established negotiated standard charges. This applies to all Payer A Plan 1 items and services with capitation as the contracting method.
Procedure Y	Payer_A	Plan_1		Other	
Procedure Z	Payer_A	Plan_1		Other	

Other Contracting Method CSV Wide Format Example #2

<i>Description</i>	<i>standard_charge / Payer_A Plan_1</i>	<i>standard_charge / contracting_method Payer_A Plan_1</i>	<i>additional_payer_notes Payer_A Plan_1</i>
Procedure X		Other	This service is part of a \$500 prospective per member per month payment for the comprehensive total cost of care. There are no established negotiated standard charges. This applies to all Payer A Plan 1 items and services with capitation as the contracting method.

Voluntary Hospital Price Transparency Machine-Readable File Sample Format Data Dictionary (Version 1.1)

<i>Description</i>	<i>standard_charge / Payer_A Plan_1</i>	<i>standard_charge / contracting_method /Payer_A Plan_1</i>	<i>additional_payer_notes / Payer_A Plan_1</i>
Procedure Y		Other	
Procedure Z		Other	