

Healthcare Pricing Transparency Dataset

HPTD v1.0 — Business Glossary

Business Glossary

Machine-Readable File (MRF)

A digital file published by hospitals under CMS price transparency rules containing standard charges for all items and services.

Transparency in Coverage (TiC)

CMS rule requiring health insurers to publish machine-readable files of negotiated rates for all covered services.

Chargemaster

A hospital's master list of prices for all services, also called the Charge Description Master (CDM); typically the highest price before any discounts.

Negotiated Rate

The contractually agreed-upon rate between a payer and a provider for a specific service, typically lower than the chargemaster rate.

Medicare Allowable Rate

The amount CMS will pay for a service under Medicare; used as the primary benchmark for healthcare pricing comparisons.

CPT Code

Current Procedural Terminology — a standardized code set maintained by the AMA used to describe medical, surgical, and diagnostic services.

HCPCS Code

Healthcare Common Procedure Coding System — CMS codes for services not covered by CPT, including DME, drugs, and supplies.

Rate vs Medicare

The ratio of a negotiated or chargemaster rate to the Medicare allowable rate; a value of 2.0 means the rate is 200% of Medicare.

Price Spread

The difference between the maximum and minimum negotiated rates for the same service across payers or providers.

FAIR Health

An independent nonprofit that maintains a database of privately billed healthcare charges and reimbursements used as commercial benchmarks.

Turquoise Health

A commercial data company that aggregates and normalizes hospital price transparency MRF data.

Cash Price

The price a hospital charges a patient who pays out-of-pocket without using insurance.

Discounted Cash Price

A reduced cash price offered to self-pay patients, typically 30–50% below the standard cash price.

Savings Opportunity

The potential cost savings from renegotiating rates from current levels to the median commercial benchmark.

Network Status

Whether a provider is contracted (in-network) or non-contracted (out-of-network) with a specific health plan.