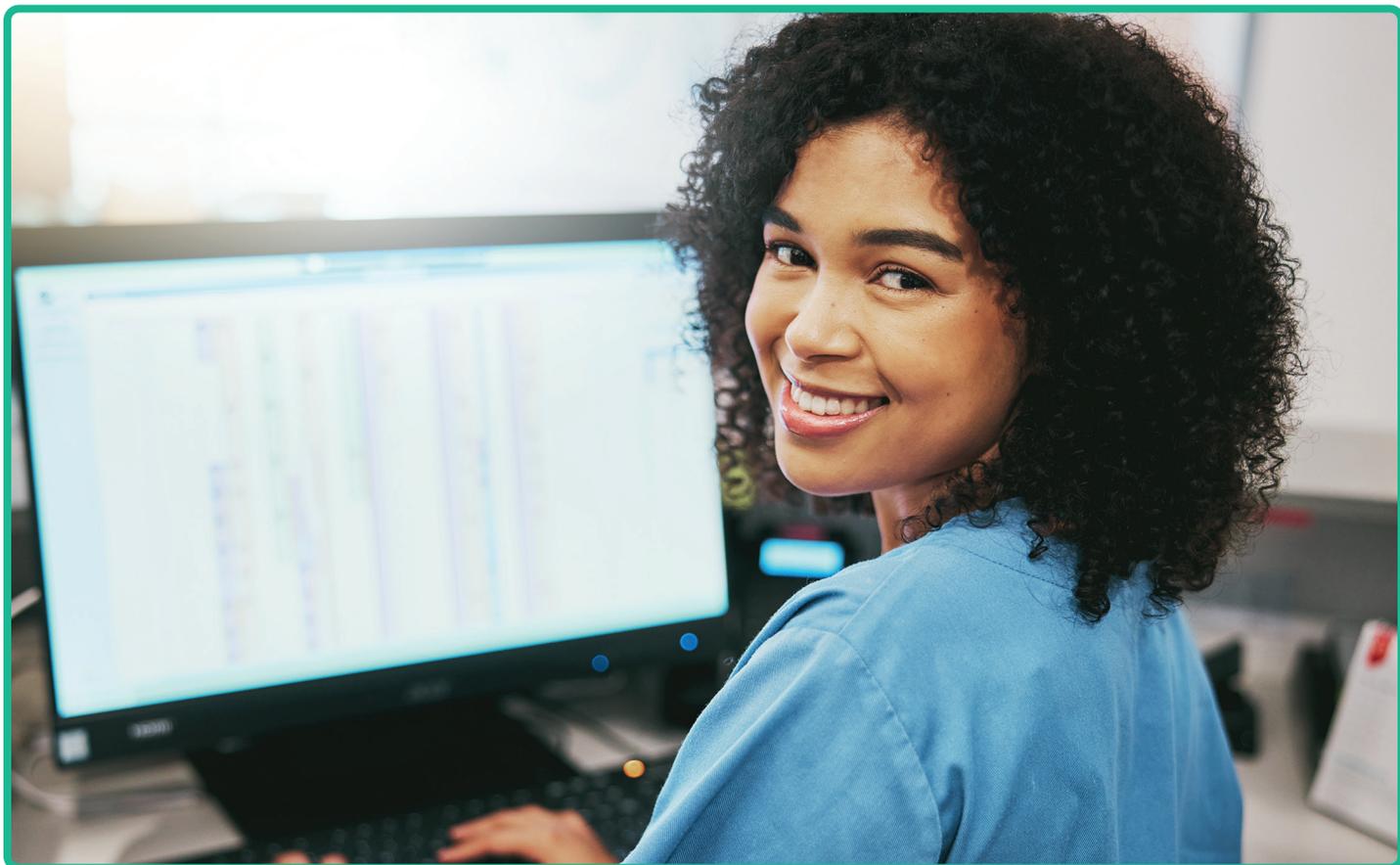




Hospital Price Transparency



What's Changed?

Effective January 1, 2026, we:

- Removed the estimated allowed amount and replaced with new allowed amount data elements (page 4)
- Updated the machine-readable file (MRF) attestation requirements (page 4)
- Required inclusion of the organizational NPIs in the MRFs (page 4)
- Reduced civil monetary penalties (CMPs) when a hospital waives its right to an administrative law judge (ALJ) hearing (page 5)

Substantive content changes are in dark red.

In February 2025, the White House issued an [executive order](#) to empower consumers with clear, accurate, and actionable [health care pricing information](#).

CMS is committed to providing consumers with the information they need to make informed decisions about their health care. Hospital price transparency:

- Stimulates provider competition
- Empowers health care consumers
- Lowers health care costs

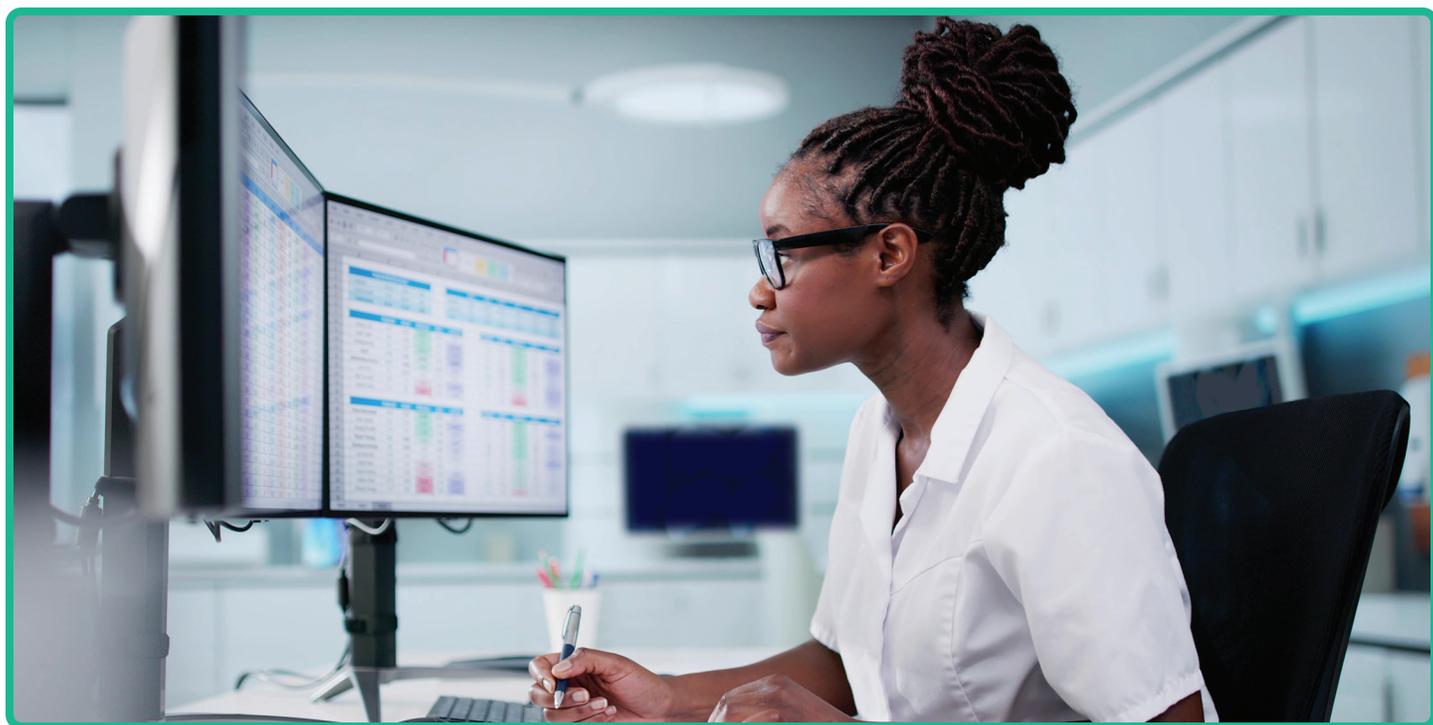
Price transparency helps lower health care costs and helps consumers and employers get the best deal on health care by increasing competition among providers.

The [Hospital Price Transparency Final Rule](#) requires every U.S. hospital to give clear, accessible pricing information about the items and services it provides. Hospitals must display this information on a publicly available website in 2 ways:

1. A **comprehensive machine-readable file** (MRF) with all items and services
2. A **consumer-friendly display** of shoppable services

Displaying this information helps make sure that consumers can find payer-specific charges for any item or service the hospital provides and in a user-friendly, plain language display of pricing information for certain hospital services. This makes it easier for consumers to:

- Shop and compare prices across hospitals
- Assess the cost before getting care



Hospital Compliance

Does This Apply to My Hospital?

Hospital price transparency requirements apply to all hospitals licensed and operating in the U.S. (or U.S. institutions that are otherwise approved as meeting applicable licensing requirements):

- For the definition of a hospital, visit [45 CFR 180.20](#)
- For information about the hospitals that we deem already compliant with the hospital price transparency requirements, visit [45 CFR 180.30\(b\)](#)

What Do Hospitals Need to Post?

You must post standard hospital charges in 2 ways:

1. **MRF:** A single digital file that conforms to a required CMS template (JSON or CSV format **and** data specifications) containing payer-negotiated standard charges for all hospital-provided items and services, including:
 - Gross charges
 - Discounted cash prices
 - Payer-specific negotiated charges
 - De-identified minimum and maximum negotiated charges
2. **Consumer-friendly display of shoppable services:** A display of at least 300 shoppable services (or as many as the hospital provides, if fewer than 300), meaning services that a patient can schedule in advance. This display must:
 - Include plain-language descriptions of the services
 - Group the services with ancillary services
 - Provide the discounted cash prices, payer-specific negotiated charges, and de-identified minimum and maximum negotiated charges

As an alternative, hospitals may instead offer an internet-based price estimator (PE) tool as the consumer-friendly display of shoppable services. If your hospital chooses to offer a PE tool, you must make sure that the tool allows health care consumers to, at the time they use the tool, get an estimate of the amount that the hospital anticipates the individual would be obligated to pay. [45 CFR 180.60\(a\)\(2\)](#) has more detail on the requirements for maintaining a PE tool.

CY 2026 Hospital Price Transparency Policy Changes

Effective January 1, 2026, we removed the estimated allowed amount data element and replaced it with 4 allowed amount data elements:

- Median Allowed Amount
- 10th Percentile Allowed Amount
- 90th Percentile Allowed Amount
- Count of Allowed Amounts

When a payer-specific negotiated charge is based on a percentage or algorithm, a hospital must encode the:

- Median, 10th percentile, and 90th percentile allowed amounts in dollars
- Count of allowed amounts that it used to calculate the median, 10th percentile, and 90th percentile allowed amount [data elements](#)

To calculate and encode the allowed amount data elements, a hospital must use electronic data interchange (EDI) 835 electronic remittance advice (ERA) or an alternative, equivalent source of remittance data and reference a lookback period of no less than 12–15 months before posting the MRF for the median allowed amount, 10th and 90th percentile allowed amounts, and count of allowed amounts.

[45 CFR 180.50](#) has more information.

We've replaced the MRF Affirmation Statement with an Attestation Statement data element stating:

- That, to the best of its knowledge and belief, the hospital has included all applicable standard charge information according to the requirements of [45 CFR 180.50](#), and that the information encoded is true, accurate, and complete as of the date in the file
- That the hospital has included all applicable payer-specific negotiated charges that can be expressed as a dollar amount
- For payer-specific negotiated charges that can't be expressed as a dollar amount in the MRF or aren't knowable in advance, that the hospital has included all available information the public needs to derive a dollar amount, including, but not limited to, the specific fee schedule or components

Hospitals must encode in the MRF the name of the hospital chief executive officer, president, or senior official designated to oversee the encoding of true, accurate, and complete data.

Additionally, effective January 1, 2026, hospitals must encode their organizational, or Type 2, NPIs in the MRFs. Hospitals must report, in a newly created general data element in the MRF, any Type 2 NPIs that are associated with a primary taxonomy code starting with "28" (indicating hospital) or "27" (indicating hospital unit) and that are active as of the date of the most recent update to the standard charge information.

All hospital price transparency requirements finalized in the CY 2026 Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) final rule are effective as of January 1, 2026, and we'll start enforcing new and updated requirements on April 1, 2026.

How Can I Make Sure My MRF Conforms to the Requirements Finalized in the 2026 OPPS and ASC Final Rule?

Use the [Data Dictionary GitHub Repository](#) webpage to get:

- CMS MRF templates and Data Dictionaries
- Technical instructions for encoding required standard charge information
- Technical support

Check your work using [Hospital Price Transparency Tools](#).

Review the [hospital price transparency resources](#) webpage for links to FAQs, how-to guides, templates, and webinars.

How Does CMS Monitor & Enforce Price Transparency?

We identify hospitals to review based on a web scraper tool and by investigating complaints the public submits to us. Each month we perform at least 200 comprehensive hospital reviews quickly, accurately, and consistently.

We have several [resources](#) to help hospitals meet accessibility and MRF requirements, including:

- The MRF naming wizard, which names your file in accordance with CMS's requirements.
- The TXT file generator, which helps hospitals create the required cms-hpt.txt file that supports automated searches for MRFs.
- The online validator, which tests files to make sure MRFs meet CMS template layout and data specifications and enables hospitals to identify and fix errors before publication. An alert may be generated when your MRF meets technical specifications for form and manner but may not be compliant with all requirements.

For hospitals that don't comply, CMS may:

- Issue a warning
- Request a corrective action plan
- Impose a [civil monetary penalty](#) (CMP) and publicize it on a CMS website

Consistent with established policies, we address noncompliance with swift enforcement.

Note: Starting January 1, 2026, under certain conditions, we may reduce the amount of a CMP by 35% when a hospital waives its right to an administrative law judge (ALJ) hearing. [45 CFR 180.90\(c\)\(4\)](#) has more information.

For more information, visit:

- [45 CFR 180 Subpart C](#)
- [Hospital Price Transparency Enforcement Updates](#)
- [CY 2026 Hospital Price Transparency Policy Changes](#)

All our compliance actions are public and transparent:

- View the [CMS enforcement actions to date](#) webpage
- Get a list of [hospitals that have been issued CMPs](#)
- Find information on how to appeal a CMP at [45 CFR 180 Subpart D](#)

Patient Information

What Do My Patients Need to Know?

We believe patients should be able to find out, long before they get a medical bill, roughly how much a hospital will charge for the items and services it provides. Price transparency gives patients the information they need to make financial decisions about their health care.

Encourage your patients to:

- **Review the Data:** Hospitals must post standard charges in a consumer-friendly format for services like X-rays, outpatient visits, imaging and lab tests, and bundled services (like a colonoscopy). When they need an item or service, your patients can look for a hospital's consumer-friendly display of shoppable services (like a PE tool) on the hospital's website.
- **Be Informed:** Before getting care, your patients can get information about the possible hospital charges for their care. They can also use the [Care Compare](#) tool to find information about the quality of care at over 4,000 Medicare-certified hospitals.
- **Shop Around:** Price transparency gives patients the power to compare prices. Your patients can use this information to find a hospital that meets their needs.

If a patient can't find a hospital's standard charges online, they can [submit a complaint](#).

Learn more at the [Hospital Price Transparency](#) webpage.

Resources

- Visit our [Resources](#) for information to support your hospital's implementation efforts, including webinars, FAQs, regulations, checklists, and more.
- Questions? Email the [hospital price transparency team](#).



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