

# New Peer-Reviewed Study Reveals 'Ghost Rates' Widespread in Federal Price Transparency Data

*Research by Simple Healthcare CEO highlights major data quality challenge in Transparency in Coverage files*

WASHINGTON, DC, UNITED STATES, December 8, 2025 /EINPresswire.com/ -- A new study published in Health Affairs Scholar finds that “ghost rates”, or negotiated prices listed for services that providers almost certainly never perform, are highly prevalent in insurer Transparency in Coverage (TiC) files, raising concerns about the usability of federal price transparency data.

The paper, “High Prevalence of Ghost Rates in Transparency in Coverage

Data,” authored by David Muhlestein, PhD, JD, CEO of Simple Healthcare, offers a comprehensive evaluation of the accuracy and usability of insurer-posted negotiated rate files. Muhlestein analyzed TiC data from 61 insurers and found that ghost rates dominate datasets across nearly all payers.

Key findings include:

- For the median insurer, 84.3 percent of all negotiated rates were ghost rates; the most common range (observed in 15 insurers) was 80 to 85 percent. Overall ranges varied from 12.6 to 97.3 percent.
- Across a combination of all 61 insurers, 91.8 percent of all the negotiated rates were ghost rates.
- Even among the 100 most common billing codes, which represent 1.1 percent of all data, 70.3 percent of the negotiated rates were ghost rates. Across insurers, the range was 6.3 to 89.8 percent.

“Price transparency has enormous potential, but only if stakeholders can trust the accuracy and



meaning of the data,” said David Muhlestein, CEO of Simple Healthcare. “This research shows that a substantial portion of reported negotiated rates reflect services that providers never actually deliver. These ghost rates make it difficult, or even impossible, to use the data to understand real reimbursement levels.”

The study explains how ghost rates are identified, why they appear so frequently in payer data, and how they undermine the usefulness of the TiC data. Muhlestein emphasizes the need for CMS to require payers to disclose volume information, so that users can easily distinguish meaningful negotiated rates from ghost rates.

The [full paper](#) is available through Health Affairs Scholar: “High Prevalence of Ghost Rates in Transparency in Coverage Data”

### About Simple Healthcare

Simple Healthcare is a research-driven data company dedicated to making healthcare pricing clear, accurate, and decision-grade. We transform decision-making by turning complex transparency files into validated datasets—filtering out duplicates, ghost rates, and other noise while enriching with comprehensive provider data—and pairing them with intuitive analytics tools and APIs for fast benchmarking, contract analysis, and market monitoring.

Led by experts in health economics, data engineering, and operations, we collaborate with payers, providers, employers, life sciences, and investors to advance the field through peer-reviewed publications, policy work, and practical guidance. Through our platform, data licensing, and publications, we accelerate the adoption of high-quality pricing insights at scale.

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