



# Transparency in Coverage

**External Frequently Asked Questions**

12/6/21

United  
Healthcare

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## Resources

External - these are publicly available or UHG information posted on [uhc.com](https://www.uhc.com).

CMS Transparency in Coverage [Final Rule Fact Sheet](#)

[List of the 500 items and services in the 2023 tool](#)

[Tri Agency FAQ 49](#)

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## Transparency in Coverage Overview

### What are the key elements of the Transparency Rule? **Update 9/1/21**

On November 12, 2020, the Departments of Health and Human Services, Labor and the Treasury finalized the Transparency in Coverage Rule that requires health insurers and group health plans to create a member-facing price comparison tool and post publicly available machine-readable files that include in-network negotiated payment rates and historical out-of-network charges for covered items and services, including prescription drugs. Data in machine-readable files must be updated monthly.

- **Publicly Available Machine-Readable Files:** Insurers and plans will be required to make available to the public — including consumers, researchers, employers, and third-party developers — machine-readable files disclosing detailed information on the costs of covered items and services including prescription drug pricing, as follows:
  1. Negotiated rates for in-network providers (delayed enforcement to 7/1/22)
  2. Historical allowed amounts and billed charges for out-of-network providers (delayed enforcement to 7/1/22)
  3. Negotiated rates and historic net prices for prescription drugs (delay pending rulemaking)

- **Consumer Price Transparency Tool:**

The Transparency in Coverage rule requires insurers and plans to create online consumer tools that include personalized information regarding members' cost-sharing responsibilities for covered items and services, including prescription drugs. The tool must be an internet-based cost estimator tool, like the UnitedHealthcare App, or My Script Finder albeit with additional requirements, to estimate personal cost-share liability for both medical and prescription drugs.

The tools must:

- Permit members to search based on billing code or description
- Allow members to compare costs across both in-network and out-of-network providers
- Inform members of any accumulated deductible or other out-of-pocket expenditures to date
- List any factors that impact the cost such as service location or drug dosage
- Provide cost estimates in paper format at the member's request

Beginning with plan years on or after January 1, 2023, the cost estimator tool must disclose information on 500 items, services and prescription drugs identified in the final rule. Starting with plan years on and after January 1, 2024, the tool must list all covered items and services including prescription drugs.

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### What is the effective date for compliance with the Rule? **Update 9/1/21**

**Publicly Available Machine-Readable Files:** Effective for **plan years on and after January 1, 2022**, insurers and plans must disclose to the public, among other data, negotiated prices and historical net plan allowable amount for all covered items and services including prescription drugs.

**Important Change** — Based on guidance released on August 20, 2021, the publication enforcement date for the in and out of network machine readable files is July 1, 2022. And the effective date for the pharmacy machine readable file is pending additional rulemaking.

### Member Price Comparison Tool:

Effective for **plan years beginning on and after January 1, 2023**, insurers and plans must provide members with real-time benefit cost estimator tools that allow members and consumers to understand and compare their personalized out-of-pocket costs for covered in-network and out-of-network services. The price comparison tool must list 500 items, services, and prescriptions drugs identified in the final rule. The list is primarily for medical items and services for January 1, 2023.

Effective for **plan years beginning on and after January 1, 2024**, insurers and plans must provide members with real-time benefit cost estimator tools that provide costs for all covered medical items, services and drugs that allow members and consumers to understand and compare their personalized out-of-pocket costs for in-network and out-of-network services.

### Does the rule apply to insurers and group health plans? **New 4/14/21**

Yes. The rule applies directly to health insurers and to group health plans. The health insurer is responsible for implementing the requirements for fully insured group health plans.

A self-funded group health plan may contract with a third-party administrator to implement some or all requirements of the rule on behalf of the plan.

### Can insurers support the compliance requirements for a group health plan? **Update 4/14/21**

Yes. While the Transparency in Coverage Rule applies directly to group health plans, an issuer or third-party administrator (TPA) may support the compliance requirements for the group health plan.

### Doesn't the rule violate HIPAA or other security or privacy rules? **New 4/8/21**

No. The Transparency Final Rule did not alter existing state and federal privacy or security requirements, including the requirements under the Health Insurance Portability and Accountability Act (HIPAA). The transparency final rule does not require the public disclosure of protected personal health information (PHI).

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### **How will the Transparency Rule be enforced? New 4/8/21**

**Insured plans** — for the most part states have the primary enforcement authority. The Department of Health and Human Services (HHS) will enforce the rule if a state fails to do so.

**ERISA plans** — the Department of Labor (DOL) has primary enforcement authority over group health plans subject to ERISA.

### **Do the machine-readable files need to directly relate to the shoppable items and services in the price comparison tool? New 4/8/21**

No. There is no requirement in the rule that a crosswalk is required between the data displayed in the machine-readable files and the price comparison tool because the price comparison tool is member specific.

## **Scope - What's included or not**

### **Who is in scope for compliance with the Rule? New 4/8/21**

The Transparency in Coverage Rule applies to health insurers in the individual and group markets and to group health plans. Exchange plans and Transitional Relief plans (sometimes called “grandmother” coverage) plans are also included. The rule does not apply to grandfathered plans, excepted benefit plans and short-term limited durations plans.

### **What is a grandfathered plan or a Transitional Relief plan? New 4/8/21**

Grandfathered plans are those that were in place prior to the March 23, 2010 enactment of the Affordable Care Act (ACA). Grandfathered plans are exempt from many ACA requirements provided no significant changes are made to the plan design. A health plan must disclose whether it considers itself a grandfathered plan.

Transitional Relief plans became effective after the ACA enactment and do not comply with certain ACA provisions. Federal regulators have allowed these plans to renew under a non-enforcement policy on an annual basis if the plan is otherwise permitted by state law.

### **What health plans are not covered under the Transparency Rule? New 4/8/21**

The following plans are not covered under the rule:

- Grandfathered plans
- Excepted benefits (e.g., standalone vision, dental, and hearing plans)
- Retiree only plans
- Short term limited duration (STLD) plans

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- Flexible Spending Accounts (FSA), Health Reimbursement Accounts (HRA) and Health Savings Accounts (HSA)
- Medicare
- Medicaid

Customers should consult their own counsel on whether a plan is not covered.

Note: the rule does apply to Transitional Relief plans.

**When dental or vision are integrated with the medical plan, would they be included in the machine-readable file requirement? New 4/8/21**

Yes.

While the rule does not apply to excepted benefits such as standalone dental or vision coverage, if those benefits are integrated with the medical plan, they would be subject to the rule.

**Are non-ERISA self-funded plans included in the Transparency Rule requirements? New 4/8/21**

Yes, subject to potential government immunities, non-ERISA self-funded plans are impacted and must meet the requirements for both machine-readable files and price comparison tool. Clients should always discuss the issue with their legal counsel.

**Are tribal plans included in the Transparency Rule requirements? New 4/8/21**

Yes, subject to potential sovereign government immunity, if a tribe's health plan is organized under the Employee Retirement Income Security Act (ERISA) or the Public Health Services Act (PHSA), the tribal plan would be subject to transparency requirements. Clients should always discuss the issue with their legal counsel.

**Does information from secondary networks need to be included in the in-network machine-readable file? Update 9/1/21**

It depends on how the provider is classified and priced for the plan - in-network or out-of-network. If the custom network providers (CSP, GSP) are considered in-network, their rates should be included in the in-network file.

If the rates are in our UHC source system, the rate would be included in the network machine-readable file.

**If an out-of-network vendor negotiates a rate is this considered out-of-network and would it be part of out-of-network file? Update 9/1/21**

It depends on how the provider is classified and priced for the plan - in-network or out-of-network. If a network vendor negotiates rates that are considered in-network, their rates should be included in the in-network file.

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**Are UnitedHealthcare Global Solutions expatriate health insurance plans in scope? New 4/8/21**

No. Expatriate plans are not included in the Transparency Rule requirements.

**Are UnitedHealthcare Global Solutions business travel plans in scope? New 4/8/21**

No. Business travel insurance is an excepted benefit and therefore not included.

## **Customer Communication and Timing**

**How and when will updates on your compliance with the various requirements of the Transparency in Coverage rule be disseminated to clients? Update 9/1/21**

New laws impacting UnitedHealthcare and customers businesses are communicated as appropriate including providing periodic summaries to our self-funded customers with respect to new laws or changes to existing laws that impact group health plans. UnitedHealthcare periodically provides educational information about significant legal developments to our customers.

In addition, UnitedHealthcare may provide recommendations to our self-funded customers on benefit design changes that may be required to comply with certain federal mandates, including but not limited to the reforms under the Affordable Care Act and Transparency in Coverage.

UnitedHealthcare cannot provide legal advice to customers/plan sponsors and continues to recommend customers/plan sponsors consult with their legal experts regarding their legal requirements.

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## Publicly Available Machine-Readable Files

### When are the machine-readable files required to be available? **Update 10/20/21**

These files are required to be made public for plan years that begin on or after July 1, 2022.

### What are the requirements for January 1, 2022? **Update 9/1/21**

Tri Agency FAQ 49 made some modification to the implementation date and deferred enforcement for the INN and OON machine-readable files to 7/1/2022. The pharmacy machine-readable file is pending additional rulemaking.

Each insurer and health plan must provide three separate machine-readable files that include detailed pricing information. These files must be available at no cost and be updated monthly. The files must also include billing codes used to identify the item or service such as the Current Procedural Terminology (CPT) code, Health Common Procedure Coding System (HCPCS) code, Diagnosis-Related Group (DRG) code or the National Drug Code (NDC) or other common identifiers.

**In-Network Rates.** Must show negotiated rates for all covered in-network items and services.

**Out-of-Network Historical Rates.** Must show both the historical payments to, and billed charges from, out-of-network providers for all covered items, services, and prescription drugs. Data does not have to be reported if the provider has fewer than 20 claims for the item or service during the reporting period.

**Prescription Drugs (delayed pending rulemaking).** Must detail the in-network negotiated rates and historical net prices for all covered prescription drugs by plan or issuer at the pharmacy location level.

The historical prices are for the 90-day time-period that begins 180 days prior to the file publication date.

### How must the data be displayed? **Update 9/1/21**

Data files must be displayed in a standardized format and must be updated monthly.

Based on the technical guidance issued by the Centers for Medicare and Medicaid Services (CMS), we know that the file CAN NOT be a PDF or Excel document.

UnitedHealthcare is using JSON as the final file format.

### What determines the historical files? **New 10/28/21**

The historical prices are for the 90-day time-period that begins 180 days prior to the machine-readable file publication date.

### Where will UnitedHealthcare publish the machine-readable files? **New 10/28/21**

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The machine-readable files will be posted on a publicly available site called [transparency-in-coverage.uhc.com](https://transparency-in-coverage.uhc.com), which will be available by July 1, 2022.

**Will you build and manage the publicly accessible website with all required machine-readable files on behalf of your employer clients? Update 9/1/21**

Yes. UnitedHealthcare will create, generate, and publish files on behalf of customers for which UnitedHealthcare has rates in our systems unless otherwise directed by the client.

**Will you only provide your data, or will your platform allow for merging other vendor's data (e.g., PBM, specialty network, etc.)? Update 10/12/21**

To prepare for the new rule, we are working to ensure that a price transparency tool and machine-readable rate files are available for all UnitedHealthcare platforms, pricing structures, and plan designs for individuals and their authorized representatives at the appropriate time, consistent with the requirements if and when they become effective.

We are dedicated to working with our employer-sponsored health plan customers to discuss any specific reporting needs.

By July 1, 2022, UnitedHealthcare will create and publish the files for medical plans (at this time the pharmacy MRF are delayed pending additional rulemaking). UnitedHealthcare will create files at the product level for all customers that have a standard product that is searchable at the plan level.

Examples: Information/data will be searchable in one file at the plan level. HSA with Choice Plus with no network customizations. PPO Options on UMR. UnitedHealthcare will include custom networks that are in our source files where we pay the claims.

UnitedHealthcare will not accept raw data or machine-readable files from others (e.g., vendors, other carriers) or merge data to create or publish a single file. In addition, create and send raw data for file creation or publication. Finally, UHC will not customize data elements contained in the files

**Can self-funded customer choose to post their machine-readable files on their own websites, and have their files suppressed from the public UHC site? New 10/15/21**

Yes.

**Can a self-funded customer make their customer file available to a vendor or consultant? New 10/15/21**

The data that is in the machine-readable files will be publicly available data. Therefore, it is available to whoever wishes to access it.

**Will OptumRx provide one consolidated prescription drug file for UnitedHealthcare and another carrier's prescription drug file or will there be two separate files? Update 9/1/21**

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**OptumRx will provide files to the vendor they are contracted with** and is unable to consolidate the files under separate Carriers into a single file. There are no regulations requiring a single file to be created and both files can be published.

We do **NOT** accept or provide files for carve out PBMs where UnitedHealthcare does not have the data in our source files.

Based on FAQ 49, the requirement for the pharmacy machine-readable file to be published by 7/1/2022, is on hold pending additional rulemaking.

### **Will you only provide your data, or will your platform allow for merging other vendor's data (e.g., PBM, specialty network, etc.)? Update 9/1/21**

To prepare for the new rule, we are working to ensure that a price transparency tool and machine-readable rate files are available for all UnitedHealthcare platforms, pricing structures, and plan designs for individuals and their authorized representatives at the appropriate time, consistent with the requirements if and when they become effective. We are dedicated to working with our employer-sponsored health plan customers to discuss any specific reporting needs.

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We do **NOT** accept or provide files for carve out PBMs where UnitedHealthcare does not have the data in our source files.

Based on FAQ 49, the requirement for the pharmacy machine-readable file to be published by 7/1/2022, is on hold pending additional rulemaking.

### **How often will data be updated? New 5/21/21**

Files will be updated in accordance with regulation requirements.

### **When will your platform be ready to launch? Will you indemnify the plan for any penalties caused by a delayed launch? New 5/21/21**

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The customer's negotiated indemnification provisions would apply for services covered under the Administrative Services Agreement. UnitedHealthcare intends to be compliant with regulatory implementation dates. The customer's negotiated indemnification provisions would apply for services covered under the Administrative Services Agreement.

**How will UnitedHealthcare keep up to date with any changes to the repository? New 5/21/21**

UnitedHealthcare will continue to closely monitor the legal and regulatory landscape for new developments and will share additional information as it is made available.

UnitedHealthcare will follow standard quality and control operations to ensure file and data accuracy as changes are identified.

**How will employers be able to direct inquiries to the website (i.e., can it be direct or via a link on the employer's site)? Update 7/30/21**

UnitedHealthcare will make the machine-readable files accessible via a website in compliance of the regulation. Employer groups can access the files through the publicly available link or link it to their website.

**Are there any legislative requirements around how the data is to be published? Update 9/1/21**

The Departments require a plan or issuer to make the required machine-readable files available on an internet website and:

- The files must be accessible free of charge
- Cannot require the user to establish a user account, password, or other credentials
- Cannot require the user to submit any personal identifying information such as a name, email address, or telephone number.

The Departments also proposed to allow plans and issuers flexibility to publish the files in the locations of their choosing based upon their knowledge of their website traffic and the website location where the machine-readable files would be readily accessible by the intended users.

There are existing requirements under other regulations such as ADA regarding font size, accessibility, and security settings (e.g., protection malware).

**Can the files also be hosted on a third-party site? Update 9/1/21**

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Yes, files may be hosted on a third-party site. UnitedHealthcare's self-funded customers can expect timely and relevant information regarding potential administrative costs as more details become available.

A plan administrator or issuer may also contract with a third-party website to post the files. However, if the files are hosted on a third-party site, the plan or issuer must also provide a link on its own website to the location where the file is made publicly available.

**If you will not build and manage the publicly accessible website, will you provide the flat data files (e.g., in-network rates, allowed amounts, prescription drugs) for the employer to set up the website or contract with a third-party vendor to set it up in the format necessary to meet the final rules? Update 9/1/21**

UnitedHealthcare will create, generate, and publish files where we have data in our source files on behalf of customers unless otherwise directed by the client.

**Is the website where the machine-readable files available now? Update 9/1/21**

The website is not available at the present time. We will comply with the relevant provisions of the Transparency in Health Care Coverage Final Rule **by the individual compliance dates**. The required disclosures will be available to our customers and plan participants.

We will continue to closely monitor the legal and regulatory landscape for new developments and will share additional information with you as it is available.

**Will UnitedHealthcare support grandfathered plan compliance? New 6/1/21**

UnitedHealthcare will comply with the relevant provisions of the Transparency in Health Care Coverage Final Rule by the individual due dates for compliance. The required disclosures will be available to our customers and plan participants.

**Which data file format (e.g., JSON, XML, YAML, etc.) will be used? Update 7/30/21**

Final data final format is JSON.

**Will UnitedHealthcare be compliant with the standard file naming convention. New 5/21/21**

UnitedHealthcare intends to be compliant.

**How will UnitedHealthcare keep any changes made to the data files up to date? New 5/21/21**

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UnitedHealthcare will follow standard quality and control operations to ensure file and data accuracy as changes are identified.

**How will UnitedHealthcare provide the data files to the employer if requested? FTP site, secure file sharing (HTTPS), other? New 5/21/21**

UnitedHealthcare has not made the determination yet; but will communicate once the decision is finalized.

**When will the first set of data be made available for consumption? New 5/21/21**

UnitedHealthcare intends to be compliant with the regulatory implementation date.

**How frequently can you provide data updates? New 5/21/21**

UnitedHealthcare intends to be compliant with the regulatory implementation date.

**How will UnitedHealthcare respond to questions regarding any missing values such as NPI, procedure codes, etc.? New 5/21/21**

Customers should follow the standard process and engage their Account Management Team for inquiries.

**Who may use the data and for what purpose? New 4/8/21**

Third-party use of the data in the machine-readable files is not controlled by UnitedHealthcare.

**Will we charge customers for creating the machine-readable files? New 4/8/21**

UnitedHealthcare will create machine-readable files for all fully insured plan as designated under the Transparency in Coverage Rule.

For self-funded customers using a UnitedHealthcare network will create machine-readable files as designated under the Transparency in Coverage Rule. Any additional administrative costs are yet to be determined.

For self-funded customers where UnitedHealthcare processes the claims and provides a customer specific network, UnitedHealthcare will post the files. Any additional administrative costs are yet to be determined.

For self-funded customers that have plans with custom networks, please discuss your needs related to compliance with the final Transparency in Coverage rule with your UnitedHealthcare representative. These requests will be considered on a case by case basis.

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Self-funded customers can expect timely and relevant information regarding potential administrative costs as more details become available.

### **Does anyone wanting to access the machine-readable file have to open a user account?**

**New 4/8**

No. Files must be accessible free of charge, without having to establish a user account, password, or other credentials, and without having to submit any personal identifying information such as a name, email address, or telephone number.

### **How should prescription drugs be reported? Update 9/1/21**

At this time, the pharmacy machine-readable file has been delayed pending additional rulemaking. Once the rulemaking comes through, likely in 2022, the following has been described as part of what will need to be included. However, it could change.

Covered prescription drugs that are purchased on in-network basis should be included in the Prescription Drug File.

Covered prescription drugs that are purchased out-of-network should be included in the out-of-network machine-readable file.

The Prescription Drug data should include:

- strength, dosage, and formulation level at the first 9-digit NDC level,
- dollar amount of negotiated rate for each in-network pharmacy,
- the pharmacy tax ID number (TIN), place of service code, NPI, and
- amount the issuer or health plan paid for the prescription drug including any allocated price concessions, rebate, discounts, chargebacks, fees.

### **Will existing customer reporting change or be comparable to the published MRF's? New 10/18/21**

Existing customer reporting will not change by the publishing of MRF's. The data that is included in customer specific reports is based on data that is disparate from the data in the MRF's and therefore is not comparable.

- MRF's do not take into consideration customer specific benefits.
- Transparency in Coverage rules have different requirements regarding the data content.

For more information on MRF data, users may review the disclaimers on the site once the MRF are published. These disclaimers will provide additional information regarding the content in the MRF's.

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**What support is available for customers with a PBM other than OptumRx? Update 9/1/21**

UnitedHealthcare will not support PBM network requests to post machine-readable files on their behalf.

**If an ASO client is being audited by regulators and requests UHC's assistance, will UHC support ASO clients in response to the audit of MRFs in this situation? New 12/6/21**

Transparency in Coverage guidance continues to evolve via technical guidance such as the implementation guidelines on the CMS GitHub website. Accordingly, UnitedHealthcare has determined that it would not be appropriate to participate in voluntary readiness audits by clients, individual brokers, or consultants at the current time.

UnitedHealthcare intends to be compliant with regulatory implementation requirements for the Transparency in Coverage Rule and to cooperate with regulator-led audits as necessary. UnitedHealthcare is compliant with existing industry-standard audit protocols such as SAS70, SOX/SOC etc.

**Does this align to the language in the External Audit statement "...to cooperate with regulator-led audits as necessary."? New 12/6/21**

Yes

## MRF and Custom Networks

**Can you confirm that Teladoc and other contracted Virtual Visit providers are part of our MRF - whether the customer has a direct relationship or not? Update 9/1/21**

Teledoc, AmWell and Doctors on Demand are network providers. Rates will be included in the MRFs.

For clients with a direct relationship with Teledoc, built as a client specific network (CSP, GSP) in UnitedHealthcare's systems, for which we pay the claims, the rates will be included in the MRFs.

**Will data for a client custom network be included in the machine-readable files? Update 9/1/21**

We will include a client specific network (GSP, CSP) if the data is in our system and we pay the claims.

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## Consumer Price Transparency Tools for Members — Transparency Rule

*The Cost Comparison Tools under the Transparency Rule begin to go in to effect on and after January 1, 2023.*

### **What must be included in the Consumer Price Transparency tool? Update 9/1/21**

The tool must make available to participants, beneficiaries and enrollees or their authorized representative personalized out-of-pocket cost information as well as the underlying negotiated rates for all covered health care items and services including prescription drugs. The information must be available through an internet-based self-service tool and if requested in paper form.

Most consumers will be able to get real-time and accurate estimates of their cost-sharing liability for health care items and services from different providers. The tool requirements may allow the members to:

- Understand how costs for covered health care items and services are determined by their plan, and
- Shop and compare health care costs before receiving care.

### **What is the timing for the tool to have available services? Update 9/1/21**

Starting with plan years beginning on or after January 1, 2023, insurers and plans must make the tool available for 500 shoppable items, services and drugs identified in the rule. For the first year, most of these required services are medical.

All covered items, services, and drugs will be required to be included in the consumer price transparency tools for plan years that begin on or after January 1, 2024.

### **What is meant by all items and services? Update 9/1/21**

Beginning on and after January 1, 2024, the disclosure requirement for the cost comparison tool expands to all medical care covered by the insurer or plan including charges in connection with office visits, virtual care, medical tests, durable medical equipment, and prescription drugs.

### **What are the search capabilities in the Consumer Price Transparency tool? Update 9/1/21**

Information will be available at no cost either through an internet self-service tool or can be mailed/emailed to a member who requests estimates in writing.

Members must be able to search for covered items and services by:

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- Billing code or descriptive term (e.g., rapid flu test),
- Provider/pharmacy name, and
- Other factors relevant to determine cost sharing (e.g., facility name, service location, network, tiering, dosage).

The consumer can adjust their search or prioritize the results based on geographic proximity of providers and the estimated cost share liability for the item/services/drug if there are multiple results.

### **What are the benefits of the Consumer Price Transparency tools? Update 9/1/21**

Today's consumers have more of a vested interest in understanding the cost of care and have more options, making it important for consumers to understand the cost of services and their share of the cost before they have the service.

According to the federal agencies, the transparency in coverage requirements may provide the following consumer benefits:

- Enables consumers to evaluate health care options and to make cost-conscious decisions.
- Strengthens the support consumers receive from stakeholders that help protect and engage consumers.
- Reduces potential surprises in relation to individual members' out-of-pocket costs for health care services.
- Creates a competition that may narrow price dispersion for the same items and services in the same health care markets.
- Potentially lowers overall health care costs.

UnitedHealthcare provides these types of transparency tools to members to support the member optimizing their benefits and help the member to access lower cost, more affordable health care services.

### **Does the Consumer Price Transparency Tool need to allow the customer to enter into the criteria they only want to search for INN or OON if the user does not include the provider's name in the search for an estimate? New 10/8/21**

According to the regulations, the self-service tool must allow users to search for cost-sharing information for a covered item or service by inputting the name of a specific in network provider in conjunction with a billing code or descriptive term, as well as other relevant factors like location of service, facility name, or dosage.

The final rules require refining and reordering search results only for in-network providers, as the Departments are of the view that doing so for out-of-network providers would be too burdensome at this stage. The Departments expect that in order for beneficiaries, participants, and enrollees to search for out-of-network providers, they would have to input, at minimum, the billing code or name of an item or service and the geographical location of the provider.

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**For machine-readable files, pharmacy was paused pending more guidance, so will the Consumer Price Transparency tool require pharmacy estimates for in- and out-of-network items and services? New 10/8/21**

The Tri-Agencies only postponed the MRF requirements for Rx. The Consumer Cost Transparency regulations related to Rx would follow the existing timeline.

**Are Grandfathered health plans in scope for the consumer price tool component? New 10/8/21**

No. Grandfathered plans are not required to comply with the consumer price tool section of the CAA.

**Are 3rd party leased networks that UMR supports in scope for the Consumer Price Transparency Tool (CPTT)? New 12/6/21**

Yes, they are services that are being provided and we are working to include these in the CPTT.

**Is the Puerto Rico leased network in scope for CPTT? New 12/6/21**

Yes, they are services that are being provided and we are working to include these in the CPTT.

## Price Comparison Tool –Consolidated Appropriations Act Requirement

*Based on Tri Agency FAQ 49, the Price Comparison Tools under the Consolidated Appropriations Act, which had been scheduled to begin to go in to effect on and after January 1, 2022, are now no longer in effect since they are duplicative of the consumer price transparency tool requirements under Transparency in Coverage Rule.*

**While the Consolidated Appropriations regulations and statutes have slightly different requirements that the final guidance should clarify, do you intend to build and manage CAA price comparison tool on behalf of your employer clients? Updated 9/1/21**

The CAA member price tool has now been removed as duplicative and is included in the Transparency in Coverage rule beginning on and after January 1, 2023 and 2024.

**Will you incorporate external data (e.g., PBM, specialty network, etc.) into the platform? Updated 9/1/21**

To prepare for the new rule, we are working to ensure that a price transparency tool is available for all UnitedHealthcare platforms, pricing structures, and plan designs for individuals and their authorized representatives at the appropriate time, consistent with the requirements if and when they become effective. These will be available under the Transparency in Coverage Rule beginning on and after 1/1/23.

UnitedHealthcare is continuing to develop tools for those state exchanges requiring a tool in 2022.

**Will you be able to comply with requests by phone/email or requests for paper copies within the timeframe required? Updated May 25**

UnitedHealthcare intends to be compliant with regulatory implementation requirements.

**Will UnitedHealthcare provide the required price transparency tool, both via phone and online? Update 9/1/21**

When required beginning on and after 1/1/23, a group plan must offer price transparency guidance via phone or a web-based service tool. This tool must allow an enrollee to be able to compare cost across network providers in a specific geographic region for the current year for specific items or services.

There are federal rules and processes yet to be developed, and questions about scope and applicability as it relates to state laws have yet to be answered. UnitedHealthcare will continue to provide updates as details are released. As with other federal and state laws, UnitedHealthcare is committed to complying with the new requirements and to keep our customers informed on UnitedHealthcare's approach and options for self-funded arrangements.

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Today, the transparency tools on our member website, **myuhc.com** help members to comparison shop for health services and understand how costs differ from doctor to doctor. With **myuhc.com** and the mobile app, members can evaluate health care costs for an entire episode of care and make the choices that best suit their budget. These tools are currently available to most members.

### **How does UnitedHealthcare's cost comparison tool work today? Update 9/1/21**

Currently, UnitedHealthcare provides episode-of-care estimates composed of one or more treatment steps occurring over time, and each treatment step may include one or more procedures. Rather than searching by procedure and then having to assemble all the procedures to get an estimate, members can compare and understand steps and costs in the treatment(s) they are evaluating.

Using the most accurate methodology for calculating costs, estimates are based on provider fee schedules, which are in turn based on UnitedHealthcare-contracted rates. In the small number of cases when that information is not available, estimates are based on historical claims with the care provider.

Estimates also reflect the member's health plan benefits and display member cost share based on the member's plan design and real-time progress towards deductibles and out-of-pocket maximums. Members can also evaluate available quality and efficiency information for network physicians by following links provided in their search results. Encouraging consumers to visit high-quality health care providers has important implications for individuals, employers, and the health care system.

Collaboration with care providers is critically important when building cost estimators and other consumer support tools to ensure they enhance the overall patient experience – and accurately portray expected costs and treatment options – rather than focus solely on costs.

Real-time integration with core systems helps our service advocates support members who call to discuss the cost estimates. Our advocates are qualified representatives who will be available to provide direct, hands-on guidance, as they see the same cost information as the members.

UnitedHealthcare will use our expertise and experience as we develop the price transparency tools required under the Transparency in Coverage Rule in 2023 and 2024.

### **What internet website will be used for the price transparency tool, and will self-funded groups need to provide their own website to link to the tool or will UnitedHealthcare provide the tool site? Update 9/1/21**

UnitedHealthcare's existing transparency tools are available on our member website, myuhc.com, provide a personalized member experience with search results that integrate health and financial information, such as deductible and coinsurance amounts, benefit design and guidance specific to the member and their plan design. Members can comparison shop for health services and understand how costs differ from doctor to doctor. Our integrated suite of transparency tools is available to members on myuhc.com and via our mobile app, which provides instant access to member's critical health information anytime, anywhere

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## Disclosure Requirements

### What information must be provided to the members in the health plan? **New 4/8/21**

Beginning with plan years on and after 1/1/2023, issuers and self-funded plans are required to provide members with the following information.

- An estimate of cost share responsibility: The member's cost share for an item or service covered under the plan.
- Accumulated amounts: Any accrued deductible or out of pocket payment amount including the items and services that accrued under the plan.
- Negotiated rates: based on network provider payments for items and services.
- Out-of-network allowed amount: max a plan would pay and out-of-network provider for a covered item or service.
- Content list of items and services: for bundled services a list of each covered item and service plus the costs for bundled services.
- Notice of prerequisites to coverage: health plans must inform the member if an item or service is subject to medical management requirements including prior authorization, concurrent review, step therapy.
- Disclosure notice that the tool is providing an estimate and that actual costs may vary.

### What is required in the disclosure notice? **New 4/8/21**

The issuer and the self-funded health plan must provide the following disclosures in plain language:

- Information disclosing that out-of-network providers may balance bill the individual member for the difference between what the provider billed and the member's cost share amount (copayment, deductible or coinsurance) if and when balance billing is permitted under state or federal law.
- A statement that the actual charge may be different from the estimate.
- A statement that the cost share estimate is not a guarantee of coverage.
- Information on whether the copay counts toward the deductible and the out-of-pocket max.

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## UnitedHealthcare Approach

### **Will UnitedHealthcare support the transparency rule requirements? Update 4/9/21**

UnitedHealth Group is committed to compliance with the laws and regulations applicable to our business and intends to comply with the requirements of the rules.

UnitedHealth Group has long supported actionable price and quality transparency for consumers and currently offers transparency tools to a significant portion of our business.

To prepare for the new Transparency in Coverage rule, UnitedHealthcare is working to ensure a price transparency tool and machine-readable rate files are available for all UnitedHealthcare platforms, pricing structures, and plan designs for individuals and their authorized representatives at the appropriate time.

### **Is UnitedHealthcare prepared to support customer compliance with the new law? Update 7/20/21**

Yes. UnitedHealthcare will support customers in complying with the new rule.

- Create and publish the files for medical and pharmacy plans (by product, searchable by plan).
- Create files at the product level for all customers that have a standard product that is searchable at the plan level.

Self-funded customers that have plans with custom networks should discuss their needs related to compliance with the final Transparency in Coverage rule with their UnitedHealthcare representative. These requests will be considered on a case by case basis.

On January 1, 2022, UnitedHealthcare will not have the capability to support creation or acceptance of raw data for file creation or publication.

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## Self-funded Customer Support

UnitedHealthcare is committed to helping customers comply with the new rule. **Update 9/1/21**

UnitedHealthcare will create, generate, and publish the in- and out-of-network machine-readable files for our customers including self-funded customers. The files will be effective for plan years on and after Jan. 1, 2022. These will be available on a publicly available website effective July. 1, 2022 and monthly thereafter.

The pharmacy machine-readable file will be available once the new guidance outlines the requirements and timing. As outlined in FAQ 49, this file is no longer required at the same time as the other two files.

UnitedHealthcare is going to create, generate and publish the machine-readable files for our clients.

### Is UnitedHealthcare prepared to support customer compliance with the new law? **Update 9/1/21**

Yes. UnitedHealthcare will support customers in complying with the new rule.

UnitedHealthcare is committed to supporting our self-funded customers' requirements to provide machine-readable files at no cost by the regulatory implementation dates, including:

- Create and publish the files for medical plans.

Note: UnitedHealthcare plans to create and publish the in- and out-of-network MRF on the 7/1/22 enforcement date. The files will be effective for plan years on and after 1/1/22.

- Create and publish the files for Rx plans once additional rulemaking is provided.
- Create files at the product level for all customers that have a standard product that is searchable at the plan level.

Examples: Information/data will be searchable in one file at the plan level. HSA with Choice Plus with no network customizations. PPO Options on UMR.

- Support custom network (GSP and CSP) where UnitedHealth pays claims.
- Meet regulatory implementation dates.

UnitedHealthcare can support certain customized services including creating the monthly files and making them available for publication by the customer. Self-funded customers should contact their UnitedHealthcare representative to determine if a fee applies.

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Certain services will not be available for July 1, 2022, including creating and sending raw data for file creation or publication of machine-readable files, accepting raw data or machine-readable files from others (e.g. vendors, other carriers), and merging data to create the file or publish customized data elements contained in the files.

Important change based on FAQ49 - the pharmacy machine-readable file is not required until additional rule making is issued.

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## Pharmacy Approach for Integrated Pharmacy

### What are the requirements for prescription drugs? Update 9/1/21

The Rule includes requirements for prescription drugs for both the Machine-Readable Files and the Member Price Comparison Tool. Based on the FAQ 49 released on August 20, 2021, the timetable for the Rx machine readable file will be determined when additional guidance and rulemaking is released. More to come on the implementation date at that time.

**Publicly Available Pharmacy Machine-Readable Files delayed pending additional rulemaking:** Plans will be required to make available to the public without password protection, including consumers, researchers, employers, and third-party developers, machine-readable files disclosing detailed drug pricing. For drugs, this means payment rates to in-network pharmacies and historical net prices including rebates.

The Rule requires the machine-readable file to include the “Average Historical Net Price” which is an aggregation of what could be multiple price points over time, and the “Negotiated Price” which is OptumRx’s contractual agreement with pharmacies.

The file must be updated monthly for each plan each client offers that includes negotiated pharmacy rates.

The prescription drug files must be provided for each plan offered by each client that includes the applicable negotiated pharmacy rate in effect for the current pharmacy contract period, and data for the 90-day period beginning 180 days before the file publication date with plan net paid amount (i.e., inclusive of rebates, discounts, chargebacks, fees, and other price concessions) for each contracted pharmacy by NDC.

**Consumer Price Transparency Tool:** Plans will be required to offer an Internet-based cost estimator tool, like OptumRx’s MyScript Finder, to estimate personal cost-share liability for both medical and Rx drugs. The tool must include the pharmacy’s negotiated rate with OptumRx at varied drug dosage levels including designs that may be applicable to the member (e.g., accumulators, in-network/OON, Prior Authorization, Step Therapy).

The member facing price comparison tool is required to have member out-of-pocket cost sharing, member accumulated deductibles or out-of-pockets, pharmacy negotiated rates, and allowed amounts for each drug for each pharmacy within the network.

By 1/1/2023, a subset of 500 services are required; almost all of which are medical and not applicable to prescription drugs. By 1/1/2024, the tool must list all services including prescription drugs.

### How will UHC support its clients with compliance to the prescription drug components of the Rule? Update 9/1/21

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Based on the FAQ 49 released on August 20, 2021, the timetable for the Rx machine readable file will be determined when additional guidance and rulemaking is released. More to come on the implementation date at that time.

UnitedHealthcare will partner with OptumRx to ensure readiness to support compliance with components of the Rule.

**Machine-Readable Files:** for the machine-readable files, a core work team has been established, business requirements are documented, and an IT analysis team is engaged in the work. The necessary data elements for reporting have been identified and report prototype is being built. However, until additional rulemaking is in place, the pharmacy MRF is delayed.

**Member Cost Comparison Tool:** OptumRx is a market leader in providing actionable, consumer-relevant cost and quality information through consumer and physician tools to improve informed decision-making. We are assessing the price comparison tools to ensure compliance with all aspects of the Rule beginning 1/1/23 and 1/1/24. Note that the required elements for 1/1/2023 appear to be primarily medical services.

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## OptumRx Support for Direct Pharmacy (Carve-out) customers

### Will OptumRx support clients with the machine-readable reporting and data posting requirements? **Update 8/24/21**

Yes. OptumRx will support our clients with creation of machine-readable files. We are working on our approach to file generation and how to most efficiently scale reporting given the number of clients and volume of plans we support. Based on Tri Agency FAQ 49 released on August 20, 2021, the actual date for implementation of the pharmacy machine-readable file will be determined when additional rule making comes out. More to come on timing at that time.

A core work team has been established, business requirements are documented, and our IT analysis team is engaged in the work. We have identified the necessary data elements for reporting and posting and building a report prototype. OptumRx has defined its sources for all but a few of the required data elements (e.g., employer TIN and HIOS IDs). We are working on our plan to support this gap, likely through a crosswalk file provided to OptumRx from the client.

OptumRx is currently proposing three different service levels to support clients with their compliance to the Rule as summarized below.

#### **Advanced:**

- Collation of Client data with OptumRx data
- Aggregate the data into the required layout per Appendix 4 requirements
- Audit and data quality check
- Provide data dictionary
- Data may be requested in csv or converted to a machine-readable format (JSON file)
- Client is responsible to display on a public website

#### **Premium: End to end solution includes:**

- Collation of Client data with OptumRx data
- Aggregate the data into the required layout per Appendix 4 requirements
- Audit and provide quality check
- Provide data dictionary
- OptumRx creates machine readable JSON file and hosts data on a public website
- OptumRx is highlighted as “Name of Reporting Entity” on file and will receive and respond to questions
- Provide client with display URL for their portals
- Maintain and publish the monthly updates.

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**Complex: Non-standard processing/formatting solution for health plan and TPA clients with downstream plan sponsors. Product addresses:**

- Client with contract arrangements or pricing inputs not in OptumRx preview
- Additional crosswalk activities with client to complete file processing
- IT/Ops support outside of standard operating procedures

More information will be shared this summer on the approach to client engagement and capturing client-specific desired service levels.

**What if my client wants services outside of the standard service levels OptumRx is offering? Are we able to customize our approach? Update 7/20/21**

OptumRx may be able to accommodate certain levels of customization for select large employers and health plan clients. Customization will require an additional implementation fee and OptumRx will review the ability to support custom requests on a case by case basis.

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