Transparency in Coverage

Consumer Price Transparency Tools (CPTT) External Frequently Asked Questions

4/12/23

United Healthcare

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Transparency in Coverage Overview

What are the key elements of the Transparency Rule? Update 4/11/21

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 prescriptions drugs. Data in machine-readable files must be updated monthly.

- **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 ruling stipulates a web based internet tool be made available 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.

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

Consumer Price Transparency 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 4/15/21

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? New 4/8/21

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).

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? Update 12/6/22

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.

The machine-readable files are not intended to be utilized for the cost estimation tool as these files are from the perspective of the payer. The cost estimation tool is for the member and considers not only provider rates but also a member's plan benefits, eligibility and accumulators.

Isn't this just another example of why some advocate for a single-payer system? New 6/27/22

No. Providing access to actionable quality and cost information will help individuals seek affordable, quality care while driving down overall health care costs. In fact, providing health care prices to people, health care professionals and other stakeholders could reduce U.S. health care spending by more than $100 billion over the next decade, according to a report by the Gary and Mary West Health Policy Center.

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's, 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.

Consumer Price Transparency Tools (CPTT)— Transparency Rule

The Consumer Price Transparency 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 9/1/22

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 when the member request it, the information must be provided in writing.

The member must call customer services using the number on their ID card to request the estimate in writing.

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 allow the members shop and compare health care costs before receiving care.

What is the timing for the tool to have available services? Update 9/1/22

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 9/1/22

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 is UnitedHealthcare approach to Consumer Price Transparency Tool (CPTT) enhancements being made and when is the enhanced tool will be available? Update 4/12/23

The CPTT tool for the 500 items and services outlined by the Tri-Agencies was released for members on Jan. 1, 2023. Then the tool will include all items and services on Jan. 1, 2024, unless the agencies modify the date.

- For those UnitedHealthcare entities that use myuhc.com, members will have the myuhc.com experience.
- For those UnitedHealthcare entities that do not use myuhc.com, UnitedHealthcare has created a cost estimation tool for the 500 services. The tool will be integrated with the portals used by those members. For example: UMR, Sierra.

What is available for members to use the CPTT and Cost Estimation tool? New 1/25/23

UnitedHealthcare implemented the provision on 1/1/2023 for the 500 shoppable services:

1. For customers who use myuhc.com – their access has not changed. They are still able to search for cost estimates as they were previously but now with the addition of the 500 shoppable services and provision requirements
2. For customers who do not have access to myuhc.com – a cost estimation tool was created specific to the 500 shoppable services and is available to those members as stand-alone or embedded links to their portal experiences (e.g., umr.com)
3. Customer advocate teams also have access to the cost estimation tool to facilitate written cost estimates for members should they call and request

Will UnitedHealthcare provide members with a written cost share estimate? Update 12/7/22

Yes, if the member calls customer service and requests the cost share estimate in writing for one of the 500 shoppable services.

If the member has digital paperless preferences on file, the estimate is emailed. If not, a physical letter is sent.

Note: The member may print the cost share estimate directly from the cost estimate tool or myuhc.com. It is only when the member wants the estimate in writing with logo and branding applied would they need to call customer service.

How does the member access the cost estimation tool? Update 12/7/22

The members who use myuhc.com today, would continue to access the application in the same manner (e.g., HealthSafe ID or Single Sign-on from their portal).

For those members who don't use myuhc.com today but have access to a cost estimation tool on 1/1/2023 their "Big 5" is entered.

Note: the "Big 5" represents their first name, last name, DOB, group and member number.

What enhancements and additional detail is UnitedHealthcare planning for the Consumer Price Transparency Tool required on 1/1/23? Update 12/7/22

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.

There are two approaches for CPTT that address the 1/1/23 regulatory requirements of 500 shoppable services.

1. **myuhc.com:** Existing cost estimation within myuhc.com is unchanged and will retain existing care paths, in addition to the 500 shoppable services. This applies to members who use myuhc.com today. To receive the cost estimate in writing with the UHC logo/brand the member must call Customer Service.
2. **Cost Estimation Tool:** A stand-alone cost estimation tool for the 500 shoppable services only. Care paths will not be available. This applies to members and portals that currently do not use myuhc.com for cost estimation. The cost estimation tool supports customer advocates generating the members request to receive the information in writing.

   Note: The member may print the cost share estimate directly from the cost estimate tool or myuhc.com. It is only when the member wants the estimate in writing with logo and branding applied would they need to call customer service.

What are the search capabilities in the Consumer Price Transparency tool? Update 12/7/22

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

- 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)

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.

Note: myuhc.com will continue to provide cost estimates for existing care paths, otherwise referred to as episodes of care.

What are care paths on myuhc.com and why are they not on the cost estimation tool? Update 4/12/23

A care path is a complete episode of care, across multiple healthcare encounters. For example, a knee replacement care path will include the surgery for knee replacement, but also will include the pre-/post-op visits, imaging, and physical therapy. This gives members a more complete view of their expected costs and does not change from what UHC does currently – how the results are displayed effective 1/1/2023 does change and displays not the listing of services but displays for the member's cost estimates for the service searched.

The cost estimation tool does not support care paths. It provides a cost estimate for the individual 500 shoppable services only.

Why am I not able to search for a service on the cost estimation tool? New 12/7/22

If you are a member using the cost estimation tool, you will only be able to search for one of the 500 shoppable services beginning 1/1/2023.

An error message noting the cost estimation service is not available at this time is displayed when a member searches for a service that is not one of the 500 items and services.

Why is there no provider listed for an out-of-network estimate on the cost estimation tool or myuhc.com? New 12/7/22

When the estimate is calculated for a particular provider, it compares the estimate to Geographic 25th, 50th and 75th percentiles. That is how it determines whether to generate above or below average cost verbiage

- Only UHC claims are used in the pull to derive average costs. UMR claims for leased or domestic contract providers are excluded.
- UMR uses the UHN networks for much of their claims/business – the only claims that are actually not represented are leased networks and domestic contract providers. The amount of claims from the leased networks and domestic providers is most likely statistically insignificant to change what average cost derivation

Reminder: The provider search is not a provider directory

Why am I not able to receive a cost estimate and being directed to call customer service? New 12/7/22

The member may receive the error message when the members benefit, and eligibility information is not available. “We apologize for the inconvenience. We are unable to locate benefit or provider information to complete this request. Please call the member phone number on your health ID card.”

Examples are when the member has a capitated or delegated arrangement, when another vendor provides the service, or when manual special processing instructions apply.

What is a capitated or delegated arrangement and why is the member not able to receive a cost estimate? New 12/7/22

The amount is based on what the provider charges for the service. UHG does not have the negotiated rate in our system for that provider's contract.

What are manual special processing instructions? New 12/7/22

The members benefit details are not always available in our systems. Customer service advocates supply benefit details to the member in these isolated circumstances.

How do I perform a new search when the existing code or service is still displayed? Update 4/12/23

Updated the “Back”, "Forward", and "Refresh" buttons on the browser to be more intuitive for the user and move them back, forward a page within the estimate instead of moving them completely out of the session.

What if I can't find a service? Update 4/12/23

To ensure a service is found the member must search using the billing code or service names

What happens I no results are returned? New 12/7/22

Please refresh the browser. All browsers other than Internet Explorer are supported. If the error persists, please contact your customer service advocate.

Note: if a member does not have benefits coverage (e.g., out-of-network or a particular service) a no results found message, or a similar message would display to the member.

Why is my plan summary information incorrect? Update 4/12/23

The plan summary reflects the individual deductible and out-of-pocket (OOP) maximum. Where applicable the family plan summary is also displayed.

Are the cost estimation tools available to prospective members? New 12/7/22

No. Only active members have access to the cost estimation tool or myuhc.com depending on their experience. Active members must authenticate (have valid log-in credentials) to access the tools and receive a cost share estimate.

Do Surest members use the cost estimation tool? New 12/7/22

Surest (formerly BIND) members have access to the Surest cost estimation tool as a part of their portal experience. Surest customer service supports members with inquiries and request for a written cost share estimate.

What is the source of truth for in-network (INN) and out-of-network (OON) cost estimates? New 12/7/22

INN providers - contracted rates are accessed from provider source systems

OON providers – allowed amounts are based within claims source systems and a geographical service area based on the member search radius is applied.

Reminder: The members plan benefits, eligibility and accumulators are applied when the cost estimate is returned.

Is the member able to print the cost share estimate? New 12/7/22

Yes, the member can print the cost estimate directly from the screen. The printout would look exactly like the screen with the disclaimers added. If the member would like a written estimate with logo and branded letterhead, they must call customer service and request the printout.

What are the benefits of the Consumer Price Transparency tools? Update 9/1/22

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.

Are clients able to host the myuhc.com link on their own websites?

No. Members will have to register/log-on for personalized Cost Estimates.

Are 3rd party leased networks that UMR supports in scope for the Consumer Price Transparency Tool (CPTT)? Update 9/1/22

Yes. Where UMR provides these services and UnitedHealthcare has access to the information, they cost estimates will be available in the CPTT.

Is the Puerto Rico leased network in scope for CPTT? Update 9/1/22

Yes.

Scope for CPTT - What's included or not

Who is in scope for compliance with the Rule? Update 9/1/22

The Transparency in Coverage Rule applies to health insurers in the individual and group markets and to group health plans. Exchange plans, grandfathered, Transitional Relief plans (sometimes called "grandmother" coverage) plans and short-term limited benefit plans are also included. Excepted benefit plans are NOT included.

What is a grandfathered plan or a Transitional Relief plan? Update 9/1/22

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 they plan is otherwise permitted by state law.

Grandfathered are not required for machine-readable files.

What health plans are not covered under the Transparency Rule? Update 9/1/22

The following plans are not covered under the rule as defined by the government:

- Excepted benefits (e.g., standalone vision, dental, and hearing plans)
- Retiree only plans
- Flexible Spending Accounts (FSA), Health Reimbursement Accounts (HRA) and Health Savings Accounts (HSA)
- Medicare
- Medicaid

When dental or vision are integrated with the medical plan, would they be included in the consumer cost transparency requirement? Update 4/12/23

Yes. These will apply once all items and services are included beginning 1/1/24.

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 UnitedHealthcare Global Solutions business travel plans in scope? Update 5/5/22

No. Business travel plans are not included in the Transparency Rule requirements.

Price Comparison Tool —Consolidated Appropriations Act Requirement

Based on Tri Agency FAQ 49 that was released in August 2021, the CAA member price tool has now been removed as duplicative and is included in the Transparency in Coverage Consumer Price Transparency Tool provision beginning on and after January 1, 2023, and 2024.

UnitedHealthcare Current Support for Price Comparison

How will you use price transparency as an opportunity to improve the consumer experience? New 6/1/21

UnitedHealth Group has long supported actionable price and quality transparency for consumers. UnitedHealthcare currently offers industry leading transparency tools to a significant portion of UnitedHealthcare's business. To prepare for the new 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, consistent with the requirements if and when they become effective.

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

How does UnitedHealthcare's approach to cost estimation work today? Update 9/1/22

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.

How does UnitedHealthcare provide telephonic support for members? New 6/21/21

Currently, 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.

This support does not require a dedicated team to provide the tool and assist with its use since all UnitedHealthcare service teams provide support for transparency tools available via our member website, myuhc.com, and mobile tools.

How does a member search for cost estimate for services? Update 9/2/22

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.

How can a member change their search for a cost estimate, e.g., a different provider, different radius? Update 4/12/23

A member can refine or begin a new search using the back buttons within the cost estimation tool or myuhc.com

How does a member access the cost estimation tool? Update 4/12/23

A member accesses myuhc.com for find care and costs (FCC) Find Price and Care today is the same way they did prior to the Transparency in Coverage regulation.

A member accesses the cost estimation tool by entering their Big 5 key information. For example: first name, last name, DOB, etc.

Does UnitedHealthcare charge for using the CPTT? Update 9/2/22

No. Refer to your existing administrative agreement. There are no additional costs included for this tool.

Logistics and Process for CPTT

Will you incorporate external data (e.g., PBM, specialty network, etc.) into the platform? Updated 9/1/22

For 1/1/2023 a specified list of items and services are required and then all items and services for 1/1/2024.

UnitedHealthcare will have a price transparency tool available for all UnitedHealthcare platforms, pricing structures, and plan designs for individuals and their authorized representatives consistent with the requirements beginning on and after 1/1/23.

Does UnitedHealthcare support a mobile cost estimate tool experience? Update 4/12/23

Currently, the tool is available online through the portals.

Legislation states if you do not have a web based tool, you must have an app. In the future

UnitedHealthcare is in the process of putting this information on a UnitedHealthcare app.

Do you have screen shots of the before and after? New 9/2/22

Screen shots are not currently available.

Disclosure Requirement

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 bunded 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.

Network and Negotiation Strategies

How will insights on market pricing affect provider contract negotiation strategies? New 6/1/21

UnitedHealthcare shares national contracting guidelines with the local health plan contracting staff who may tailor these recommendations to reflect the local environment. As they prepare their negotiating strategy, the local contracting staff considers our national guidelines, the competitive situation in the local marketplace and our internally developed pricing tools in order to develop a fair reimbursement rate designed specifically for the local market. The bottom line is that our contracting process is fact-based and capitalizes on both our national strengths and our local market knowledge and expertise to satisfy our customers' needs. Our contracting efforts are designed to:

- Increase customer access by maintaining a variety and generous choice of physicians, other providers, and facilities
- Establish positive and supportive relationships with physicians to promote the delivery of quality health care to all of our customers
- Reimburse physicians only for those services actually rendered and only for services that are medically appropriate
- Achieve the most favorable price through fixed, negotiated rates

What are the implications of transparency requirements for value-based care arrangements (compared to fee-for-service)? New 4/12/23

UnitedHealthcare is evaluating how value-based care arrangements will be disclosed as required by the transparency requirements. Transparency requirements under the CAA do not make special provision for value-based care arrangements vs. fee-for-service.

UnitedHealthcare Approach

Will UnitedHealthcare support the transparency rule requirements? Update 9/1/21

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.

UnitedHealthcare provides support for machine-readable rate files and price transparency tools are available for all UnitedHealthcare platforms, pricing structures, and plan designs for individuals and their authorized representatives at the appropriate time.

Pharmacy Approach for Integrated Pharmacy

What are the requirements for prescription drugs? Update 8/30/22

The Rule includes requirements for prescription drugs for both the Machine-Readable Files and the CPTT.

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.

For Consumer Price Transparency Tool 1/1/2023 effective date 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.

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.

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

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.

Optum Behavioral for Carve Out customers

Is Optum planning to provide clients with Machine Readable files for carve-out behavioral health arrangements? New 6/13/22

Optum – Behavioral Health is:

- creating Machine readable files on behalf of Optum Behavioral Direct ASO Employer Clients (BH Carve out clients) and hosting the files on the Optum Transparency Website
- creating Machine readable files on behalf of Behavioral Payer Clients and sending them to clients via ECG, the client is responsible to host the Machine-Readable file on their website

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 determine 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.

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.

What is meant by “make available” to the public? Will plans post these on their own websites? Update 7/20/21

Currently there is no mention of a government website; our understanding is that files may be made available on any public portal using the naming convention provided on GitHub. Files may not be password protected and be readily available to anyone who wishes to review the data, including the Tri - Agencies. We anticipate that users will access the data using a web crawler application.

Who may use the data and for what purpose? Does OptumRx feel consumers will actually leverage these files for pricing information? Update 7/20/21

OptumRx believes the intent of the regulation is for these files to be consumed by third parties and consumer advocacy groups so they can create transparency tools for plan sponsors. This data in the machine-readable files can provide opportunities for detailed research studies, data analysis, and offer third party developers and innovators the ability to create solutions to help drive additional price comparison and consumerism in the health care market.

Given the complex nature of PBM industry pricing and these files, which are in a JSON format, consumers are not likely to use these files directly. The member price comparison tool will be more user-friendly and intended for consumer use.

Does anyone that wants to access the machine-readable file have to open a user account? Update 7/20/21

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.

What is the process to capture my client's desired service level? Where will this information be stored as the Source of Truth? Update 7/20/21

Account management teams will directly engage clients to confirm their desired service levels. OptumRx will provide training and resources to support these discussions in the July timeframe.

What do the reports look like? Does OptumRx have samples? Update 7/20/21

OptumRx is finalizing the automation and production of the files and the final machine-readable report. The report itself will follow HHS's required file format. Clients may look at GitHub for reference as the tri-agency has posted the format and a sample file on their public GIT hub site. https://github.com/CMSgov/price-transparency-guide

We will share samples in the next few weeks.

How often are the readable files updated since our contract management team makes changes based on pricing guarantees? Update 7/20/21

Files are only required to be updated monthly and therefore are point in time only. Specific dates are yet to be determined.

Is there a data dictionary available to share with clients and consultants so they understand how OptumRx defined each of the required data and pricing elements? Update 7/20/21

Yes, OptumRx is creating a data dictionary that documents the definition and source of truth resource for each data and pricing requirement. This will be made available to clients and consultants once finalized.

Do you anticipate charging costs/fees for the required data? Update 7/20/21

Yes. There will be fees based on the service level selected by the client. OptumRx is still evaluating the costs/fees associated with accessing the data and will share more information in the next couple of weeks.

How will clients be billed for this service? Update 7/20/21

OptumRx plans to leverage our existing data file transfer billing process to bill clients for these fees. More information will be shared on the details in the coming weeks.

How will OptumRx support these requirements? Update 7/20/21

OptumRx will support our clients with creation of machine-readable files. GitHub is a shared platform for the purpose of sharing code and changes to it over time. We are working on our approach to file generation and how to most efficiently scale the reporting given the number of clients and volume of plans we support.

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 that will need to come from clients (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 in the process of determining a solution for ongoing data management processes to ensure this is updated as changes occur throughout the year.

OptumRx will be offering clients different service levels to support their compliance to the Rule. The files OptumRx generates either for transfer to clients or for directly posting will not be password protected.

Does OptumRx anticipate the need to update client contracts to meet transparency obligations? Update 7/20/21

If a client wishes to delegate transparency reporting obligations to OptumRx, specific, transparency-rule related language will need to be added to the contract. The OptumRx legal team is working on a sample amendment for clients to delegate this function to OptumRx.

Are there any unique challenges to providing the prescription drug machine-readable file for January 1, 2022? Update 8/24/21

Based on our work to date, the greatest challenge is the complexity of the data and “stitching” the data elements together into one file in an automated, scalable manner to support the volume of clients OptumRx serves. Based on recent guidance, the pharmacy machine-readable file requirement is no longer January 1, 2022. New rule making and implementation schedule will be released in the future.

However, we are well underway in determining this process and feel confident in our plan to support clients with the required reporting. We have confirmed the source for all required data elements except for plan-specific items such as Client EIN, HIOS number, plan names and identifiers. OptumRx does not consistently capture and store these data element from clients. We are working on a solution whereby clients would provide a crosswalk with the necessary fields to OptumRx for us to map into the overall final reports. The solution will also include ongoing management for plan changes throughout the year.

In addition, clients will be required to advise us how they would need their data aggregated to align with the HIOS / EIN ID's.

Can you describe the coordination that will occur if a client has carved out pharmacy to OptumRx and has medical coverage through an OptumRx affiliated organization? In these situations, would you anticipate one set of transparency tools (combining medical and pharmacy) or two? Update 7/20/21

The data required to be published by clients is at an NDC/ Provider NPI level. Data from medical providers could be appended to data from pharmacy providers, or CMS could allow multiple files to be published that delineates the two types of providers under the same EIN/

HIOS ID.

OptumRx plans to produce a pharmacy-only file.

Do you expect public disclosure of plan negotiated drug prices will lead to less competitive pricing and rates in the future? Update 7/20/21

OptumRx is fully committed to ensuring that our clients remain in compliance and that rates/pricing remain competitive as it is in the best interest of our members. As more information is available on the implications of Transparency regulations, OptumRx will keep you informed.