



Transparency in Coverage

Machine Readable Files

External Frequently Asked Questions

3/2/24

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](#)

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

[Tri Agency FAQ 49](#)

[Tri Agency FAQ 53 – April 2022](#)

[Tri Agency FAQs 55 – August 2022](#)

[Tri Agency FAQ 61](#)



FAQ 61.pdf

[Transparency in Coverage Page on \[uhc.com\]\(https://www.uhc.com\)](#)

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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 are 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 – refer to [FAQ 61](#))
- **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.

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Will UnitedHealthcare be compliant with the Transparency in Coverage Rule for machine readable files and consumer price transparency tool? Update 9/16/22

Compliance with the laws and regulations applicable to our business is a fundamental commitment of UnitedHealth Group, and we intend to comply with the requirements of the new rules.

Can UnitedHealthcare confirm the base ASO fee includes compliance with all applicable provisions of the Transparency in Coverage Final Rule and Consolidated Appropriations Act, 2021, and associated deliverables (included but not limited to: machine readable files, Consumer Price Transparency Tool, RxDC reporting, ID card updates, etcetera)? Update 12/13/22

- Our fees cover what we currently understand via the law and published rules released to date.
- The government continues to publish and clarify the rules of compliance.
- UHC will do what we can to accommodate changes without impacting fees. That being said, we reserve the right to adjust fees if there are changes to compliance requirements that result in meaningful cost impact.
- Should a fee adjustment be necessary UHC commits to being transparent with our clients regarding such impact and the basis for fee increase.

Is UnitedHealthcare prepared to support customer compliance with the new law? Update 12/29/23

Yes. UnitedHealthcare supports customers in complying with the new rule, regardless of their program construct.

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

UnitedHealthcare creates and publishes the files for medical plans monthly (at this time the pharmacy MRF are delayed pending additional **technical requirements and implementation timelines**).

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 does not accept raw data or machine-readable files from others (e.g., vendors, other carriers) to merge data to create or publish a single file. In addition,

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UnitedHealthcare does not create and send raw data for file creation or publication. Finally, UHC will not customize data elements contained in the files.

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

UnitedHealthcare will also work with the provider community to evaluate and assess relevant contractual and operating implications.

By leveraging the full capabilities of UnitedHealth Group, UnitedHealthcare is meeting the requirements of the new rule while bringing differentiated value to our customers and members and reducing the total cost of care.

What is the effective date for compliance with the Rule? **Update 12/29/23**

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. The effective date for the pharmacy machine readable file is pending additional **technical requirements and implementation timelines**

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 4/14/21**

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.

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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).

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.

FAQ 65 HSS and Treasury

[FAQ 65](#) covers HHS and Treasury ACA guidance for health insurance plans and issuers that addresses how to comply with the cost-sharing disclosure requirements of the Transparency in Coverage Final Rules with regard to items and services with extremely low utilization.

Does UnitedHealthcare meet the requirements outlined in FAQ 65? New 3/1/24

UnitedHealthcare is compliant with the Transparency in Coverage Rule and FAQ 65, including the provisions related to Machine Readable Files (MRFs) and the Consumer Cost Transparency Tool (CPTT) provisions.

If utilization is low, what information is shared with the individual using the cost estimation tool? New 3/1/24

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In situations where utilization is low based on review of relevant claims data the cost estimation tool and myuhc.com use disclaimer message including but not limited to:

We did not have enough claim information to provide an estimate for the service from an out-of-network provider. Please contact the provider.	Display messaging on the OON estimate screen when we cannot generate an OON estimate so that the member will know they need to contact the provider for additional information regarding the cost for the service
We apologize for the inconvenience. We are unable to provide an estimate at this time. Please call the member phone number on your health plan ID card.	When a user searches for a service and no rates are returned due to the unavailability of cost data for that service, display informative messaging on the Cost Estimation Tool to inform members/advocates that we are unable to return an estimate. Display message to members when a network is not defined for the member and they select the option to obtain an in-network geo average cost. If there is no in-network geo average cost available for that service, the following message will be displayed

This messaging is also available to customer service advocates, to support the member should they call and look for assistance (e.g., review of relevant benefits.)

Customer Communication and Timing

Will UnitedHealthcare support the transparency rule requirements? Update 5/8/23

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.

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.

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

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? **Update 7/1/22**

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.

Note: All Grandfathered plans are included in the UnitedHealthcare MRFs even though the Fed rules have descoped them. To ensure compliance with state legislation in TX we are now including as we are unable to identify at the member level. As a reminder the MRFs are at the plan and product level for providers.

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 9/12/22**

The following plans are not covered under the rule:

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

- Grandfathered plans (Important: grandfathered and transitional relief plans/grandmother are in scope for CPTT)
- Excepted benefits (e.g., standalone vision, dental, and hearing plans)
- Retiree only plans
- Short term limited duration (STLD) plans
- Flexible Spending Accounts (FSA), Health Reimbursement Accounts (HRA) and Health Savings Accounts (HSA)
- Medicare
- Medicaid

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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 Surest (BIND) and UMR included in the machine-readable files that will be posted? [Update 4/12/23](#)

Yes, any plans where UnitedHealthcare pays the claims are included in the files, this includes Surest and UMR and other nonintegrated UHC plans.

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.

Is Global expatriate business included in Transparency rules? [New 4/11/22](#)

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

However, If they have standard products like choice, choice plus, options, etc. their data would have already been included in the files we are producing under UHIC and UHC of NY which are the two legal entities that the Global expatriate team does business under.

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

Are grandfathered plans in scope? Update 8/4/22

All Grandfathered plans are included in the MRFs even though the Tri-Agency rule has descoped them. To ensure compliance with state legislation in TX we are now including as we are unable to identify at the member level. As a reminder the MRFs are at the plan and product level for providers.

Are customer and group specific providers (CSP/GSP) included? New 7/1/22

UnitedHealthcare to create and publish MRFs where UnitedHealthcare has access to the data.

Accessing MRF

Do the MRF comply with the requirements outlined in the Transparency in Coverage Rule? Update 5/8/23

- UnitedHealthcare implemented the machine-readable file (MRF) requirements consistent with the rules and guidance we have received to date.
- MRFs are in a format compliant with the “Transparency in Coverage” regulatory requirements and CMS guidance.
- UnitedHealthcare created a public website for MRFs for its fully insured and self-funded clients (<https://transparency-in-coverage.uhc.com>).
- The website is available without authentication, as required under the “Transparency in Coverage” rule.
- MRFs were posted for July 1, 2022. The files are updated the first workday of each month as a part of our standard business process and in compliance with the new rules.

What is the link to the public website and requirements for posting link? New 7/1/22

Public Website: <https://transparency-in-coverage.uhc.com>

1. UnitedHealthcare is publishing ASO and FI insured files on our public website.

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2. ASO clients that have a public website are still required to post a link to their website
3. ASO clients that do not have their own public website should refer to their internal legal and compliance teams

How do I locate my file? Update 12/29/23

External instructions are provided under related links. These Transparency in coverage MRF site enhancement user instructions may be shared with brokers, consultants and customers who may be looking for MRF data.

The MRF website automatically opens with the “Index file” selected as the default display. This means that only the index files are displayed when the website opens. The In Network (negotiated rates) and Out of Network (allowed amount) files are all still there, simply “unselect” the index files and then all files are displayed.

Note: Index files include links to all in-network (negotiated rate) and out-of-network (allowed amount) files, as applicable.

The Ctrl + F function is available to locate information on this as it is on any public website.

- To locate a **self-funded client’s index file** on the public website, like any public website, use Ctrl _ F and type in the customers’ name
EX: 2022-07-01_**customer-name-index**.json
- To locate the information for **fully insured groups**, the information is not by employer name. Rather it’s in the aggregate and legal entity.
Ex: **UnitedHealthcare-Insurance-Company-index**.json

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```

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        "plan_name": "NATIONAL PPO",
        "plan_id": "942404110",
        "plan_id_type": "EIN",
        "plan_market_type": "group"
      }
    ],
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        "description": "in-network files",
        "location": "https://uhc-tic-mrf.azureedge.net/public-mrf/2023-02-01/2023-02-01_United-HealthCare-Services--Inc-_Third-Party-Administrator_Apple_CSP-911-C207_in-network-rates.json.gz"
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      }
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    }
  }

```

External instructions may be obtained from your UnitedHealthcare representative.

What app does the client use to open the .JSON file? **Update 7/11/22**

There are many open and free applications available to open a JSON file. For example: One can use Notebook, Adobe, etc.

Utilize Google Search to identify free applications supporting the download and viewing of JSON files. UnitedHealthcare does not recommend any specific application.

Why is my file incorrect? **New 7/1/22**

Files are updated on a monthly basis with the most current data in our systems. Refer to posted disclaimers.

What if the legal reporting entity for the client is wrong? **Update 9/13/22**

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Files are posted and updated with the most current data in our systems. If the legal entity is incorrect, it must be corrected in the source application.

Why is my OON file blank? New 8/4/22

If there is not the required amount of information (20 claims per provider based on 180-day lookback and 90 days forward, there will not be any data. Inside the file it would have two open brackets with no data.

We are required to publish the file based on the rule. The file, however, does not have any data in it.

Each unique combination of allowed amounts and billed charges for each out-of-network provider, and their associated Place of Service Code, provider NPI, and provider TIN must be reported. Historical payment amounts connected to fewer than 20 claims for payment would be omitted from the machine-readable file containing out-of-network allowed amounts and historical billed charges (the Allowed Amount File).

How do I open the files? Update 5/8/23

UnitedHealthcare is providing the files in a JSON format. We are not providing alternate formats or software to access the files.

Utilize Google Search to identify free applications supporting the download and viewing of JSON files. UnitedHealthcare does not recommend any specific application.

Files are in JSON format and designed to be machine readable files since the data can be in excess of 100GB. Therefore, usage by the average consumer computer may not be feasible. For technical guidance please visit: <https://www.cms.gov/healthplan-price-transparency/resources>.

What is the format and location of the UnitedHealthcare files? New 7/1/22

Machine-readable files (MRFs) are in a format compliant with the “Transparency in Coverage” regulatory requirements and CMS guidance. The MRF files are on the public website [Transparency in Coverage \(uhc.com\)](https://www.uhc.com/transparency-in-coverage)

How do I locate the information for self-funded groups? Update 8/4/22

1. An employer may locate and view their Machine-Readable File information
 - a. Ctrl-F on keyboard will give you a search bar
 - b. Type in the employer’s name and the associated MRFs appear
- EX: 2022-07-01_**customer-name-choice-plus**_in-network-rates.json

Note: use the hyphens when searching for customer files.

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Who can I call for assistance? **New 7/1/22**

If you need assistance, please contact your UnitedHealthcare account team.

When will new customers see data for their MRF? **Update 12/29/23**

If the new client information and claim activity was in our UnitedHealthcare source systems in time for the files to be sent to us by the 10th of the month, then they would be included for the publication of in-network MRFs.

For out-of-network (OON), the regulation states the timeframe for claims to be pulled for the file is 180 days back and 90 days forward. What this means for OON is:

- **For fully-insured clients:** They would be included automatically where the legal entity is UnitedHealthcare Services, Inc. and products like ChoicePlus (The new client would see what all clients would see. Fully insured is aggregated and not specific to customer.)
- **For self-funded/ASO clients:** The earliest, based on the timeframe, clients would begin to see an OON file is June of 2023.

Will UnitedHealthcare retain the MRF data and if so for what amount of time? **New 7/1/22**

Files are externally available for the current month only. After that UnitedHealthcare will retain all MRF for a period of 7 years. Files will be purged after 7 years.

UnitedHealthcare will not support customer requests to retrieve archive files. We encourage customers who would like to keep copies of the MRFs to download the files month to month.

MRF UHC and Industry Support

Is UnitedHealthcare compliant with the “Transparency in Coverage” machine-readable file phase at a federal and state level? **New 6/28/22**

Yes. UnitedHealthcare implements the machine-readable file (MRF) requirements consistent with the rules and guidance we have received to date. The guidance is available on the [CMS GitHub](#) site.

What is the format and location of the UnitedHealthcare files? **New 6/28/22**

Machine-readable files (MRFs) are in a format compliant with the “Transparency in Coverage” regulatory requirements and CMS guidance. UnitedHealthcare has created a public website for machine-readable files (MRFs) for its fully insured and self-funded clients (<https://transparency-in-coverage.uhc.com>). The website is publicly available without authentication, as required under the “Transparency in Coverage” rule.

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When will UnitedHealthcare update its MRFs in the future? New 6/28/22

Machine-readable files (MRFs) were posted for the July 1, 2022, compliance date and will be updated the first workday of each month as a part of our standard business process and in compliance with the new rules.

Does UnitedHealthcare support this new rule? New 6/28/22

For more than a decade, UnitedHealthcare has provided people with access to quality and cost information so they may make more informed decisions when accessing care. Providing access to actionable information is critical if we are going to help individual seek affordable, quality care while driving down 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.

This rule will enable hospitals, employers, and industry analysts to compare UnitedHealthcare's negotiated rates with other carriers' rates for hundreds of care services. How will UnitedHealthcare compare with its competitors? New 6/28/22

The individual prices per service/CPT codes does not reflect what people actually pay for these services, as this is a database and does not take into account the contracted rates for entire episodes of care and other factors. Price comparison tools are available that can provide more customized price comparisons by regions and care needs, including UnitedHealthcare's cost estimator tool.

How does this compare to the Hospital Transparency rule? Will it be more useful? Update 9/8/22

Like the Hospital Transparency requirements, MRF is a set of files based on per-service charges, which does not reflect what members pay based on their plan benefits and care provider contracts. We encourage our members to utilize our cost-estimator tools to get specific costs based on their health plan benefits.

Why is there such variation in carrier rates for individual health care services? Update 9/8/22

Per-service charges do not reflect what members pay, as the file does not show contracted rates for entire episodes of care or progressive agreements that pay providers based on the value of services they provide (i.e., value-based contracts, accountable care organizations, and capitation).

Benefit design plays a large role on member costs but is not reflected in files. Tiered networks, preferred providers (PLN) and other factors influence the cost people pay. Additionally, some services are paid on "lesser of" language, meaning the provider pays the lesser of billed charges, cash price, negotiated rate, etc.

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Health insurers see their care provider networks as “proprietary assets.” How will this change with the Hospital Transparency rule and the “Transparency in Coverage” rules?
New 6/28/22

While these files provide data on specific codes, they do not reflect the full value of the contract we have signed with the provider.

- We don’t judge the value of a contract based on specific codes but rather on the full financial impact of the contract both on affordability for customers as well as fair market revenues for the care providers.
- The rates we set with care providers are based both on market prices, as well as the needs of our customers and members using those facilities.
- Our goal is to reach an agreement that addresses costs and care across the entire provider or facility contract, so our negotiated rates depend on the services most used at those facilities or by those care providers.
- The majority of providers have already posted the rates we pay them per the provider transparency requirements, and those postings have not changed the dynamics of our negotiations with provider groups.

The “Transparency in Coverage” rule also includes pharmacy costs. Will UnitedHealthcare’s pharmacy benefits manager Optum Rx provide the needed data and support? **Update 12/29/23**

The federal government has delayed the Pharmacy machine readable file pending additional rulemaking.

- Update: On September 27th, 2023, [FAQ 61](#) was released indicating the Departments are rescinding the deferred enforcement of the prescription drug machine-readable file requirements. The Departments further indicate that they intend to develop technical requirements and an implementation timeline in future guidance.
- Optum RX will be responsible for the creation of these files and will coordinate with UHC on those requirements when they are provided.

The “Transparency in Coverage” rule also includes behavioral health costs. Will UnitedHealthcare’s behavioral health manager Optum Behavioral Health provide the needed data and support? **Update 9/8/22**

Yes. UnitedHealthcare collaborates with Optum Behavioral Health to ensure that its benefits and costs are included and are accurate.

When are the machine-readable files required to be available? **Update 8/8/22**

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

These files have been posted beginning on the enforcement date of July 1, 2022 at <https://transparency-in-coverage.uhc.com/> and are updated monthly by the first business day of each month.

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What are the requirements for January 1, 2022? Update 12/29/23

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. Per Tri Agency FAQ 61, the pharmacy machine-readable file is pending additional technical requirements and implementation timelines.

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.

1. **In-Network Rates.** Must show negotiated rates for all covered in-network items and services.
2. **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.

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

3. **Prescription Drugs.** On September 27th, 2023, [FAQ 61](#) was released indicating the Departments are rescinding the deferred enforcement of the prescription drug machine-readable file requirements. The Departments further indicate that they intend to develop technical requirements and an implementation timeline in future guidance.

Optum RX will be responsible for the creation of these files and will coordinate with UHC on those requirements when they are provided.

How must the data be displayed? Update 12/29/23

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), the file CAN NOT be a PDF or Excel document.

UnitedHealthcare is using JSON as the final file format.

How do I open the files? New 7/1/22

UnitedHealthcare is providing the files in a JSON format. We are not providing alternate formats or software to access the files.

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What do the files look like and how can a person access them? Update 12/29/23

- MRF are JSON formatted and designed specifically for automated robots to “scrape” and download the data to then be placed in an application. A person may review the files in Notepad if their computer is large enough for the file.
- Choice and Choice plus files are currently an average of 86GB of data. The average consumer’s computer is unlikely be able to download or search that much data.
- In order to find the rate for a provider, a person would need to know their NPI or TIN (there is no name).

Please note: The CPTT tool which was effective 1/1/23 and then updated with all items and services is designed for members and would be a much better tool. There are other tools available for members now on the member portals.

What does it mean if there are closed brackets in the allowed amounts MRF? New 7/5/22

Each unique combination of allowed amounts and billed charges for each out-of-network provider, and their associated Place of Service Code, provider NPI, and provider TIN must be reported. Historical payment amounts connected to fewer than 20 claims for payment would be omitted from the machine-readable file containing out-of-network allowed amounts and historical billed charges (the Allowed Amount File).

Therefore, files with closed brackets and no data means the required thresholds were not met.

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.

How long will the medical claims history be retained for the MRF? Will it be purged after a certain period of time? Update 12/29/23

UnitedHealthcare publishes updated MRFs on a monthly basis, replacing the prior month’s file online. This occurs by the first business day of each month.

There is no additional information from the agencies at this time related to retention of the prior month’s file.

At this time UnitedHealthcare position is to retain the MRFs for a total of 7 years. The first month its available on the public website, the remaining 6 years and 11 months it’s archived.

We are not supporting archiving files for customers who post their own files. Clients who wish to keep the monthly files should save them on their own site.

In addition, UnitedHealthcare will not support customer requests to retrieve archive files. We encourage customers who would like to keep copies of the MRFs to download the files month to month.

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Will you build and manage the publicly accessible website with all required machine-readable files on behalf of your employer clients? Update 8/8/22

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.

If a self-funded client does not have a publicly accessible website, they need to consult their own legal counsel.

Will you only provide your data, or will your platform allow for merging other vendor's data (e.g., PBM, specialty network, etc.)? Update 12/29/23

To prepare for the new rule, we are working to ensure that 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 working with our employer-sponsored health plan customers to discuss any specific reporting needs.

UnitedHealthcare creates and publishes the files for medical plans (at this time the pharmacy MRF is delayed pending additional **technical requirements and implementation timelines**). 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.

The files are publicly available and posted at transparency-in-coverage.uhc.com.

UnitedHealthcare does 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.

UnitedHealthcare does not provide or support client-requested (non-regulatory) audits of MRFs.

Can self-funded customers choose to post their machine-readable files on their own websites, and have their files suppressed from the public UHC site? Update 12/29/23

Yes. If a client chooses to post their own files on their publicly available website, UnitedHealthcare will suppress the data. ASO clients are accountable for posting their MRFs publicly if they elect to opt out from the UHC website. The ASO must retrieve the data monthly from the UHC website and post it to their site(s) directly.

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Can a self-funded customer make their customer file available to a vendor or consultant? Update 8/8/22

The machine-readable files are publicly available. Therefore, it is available to whoever wishes to access it.

Is there an agreement that must be signed stipulating how a vendor can and cannot use and/or profit from the data in the file? Update 8/8/22

The machine-readable files are publicly available data. Therefore, UnitedHealthcare will not add contractual language that prevents its use by vendors of the clients.

Separate from the machine-readable file data, UnitedHealthcare's data resources team within Underwriting will still field requests for specific releases of claims data to customers under the restrictive terms of NDAs.

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 12/29/23

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 technical requirements and implementation timelines.

Update: On September 27th, 2023 FAQ 61 was released indicating the Departments are rescinding the deferred enforcement of the prescription drug machine-readable file requirements. The Departments further indicate that they intend to develop technical requirements and an implementation timeline in future guidance.

Optum RX will be responsible for the creation of these files and will coordinate with UHC on those requirements when they are provided.

How often will data be updated? Update 8/8/22

Files are updated monthly in accordance with regulatory requirements.

When will your platform be ready to launch? Will you indemnify the plan for any penalties caused by a delayed launch? Update 8/8/22

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

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How will UnitedHealthcare keep up to date with any changes to the machine-readable files? Update 8/8/22

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 4/11/21

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. However, UnitedHealthcare is not supporting inquiries.

Disclaimers are available on the public website for reference.

Are there any legislative requirements around how the data is to be published? Update 8/8/22

The Tri-Agencies 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.

Can the files also be hosted on a third-party site? Update 8/8/22

Yes, files may be hosted on a third-party site.

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

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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.

What is the estimated MRF file size? Update 8/8/22

Files are in a JSON format and may contain millions of lines of data and be up to 1 terabyte (TB) in size. Please consider your system's capacity and memory when downloading these files.

Will UnitedHealthcare support grandfathered plan compliance? Update 8/8/22

All Grandfathered plans are included in the MRFs even though the Tri-Agency rule has descoped them. To ensure compliance with state legislation in TX we are now including as we are unable to identify at the member level. As a reminder the MRFs are at the plan and product level for providers.

Will UnitedHealthcare be compliant with the standard file naming convention. New 8/19/22

UnitedHealthcare is compliant.

To locate a **self-funded client** on the public website, like any public website, use Ctrl _ F and type in the customers' name

- EX: 2022-07-01_**customer-name-choice-plus_in-network-rates**.json

To locate the information for **fully insured groups**, the information is not by employer name. Rather it's in the aggregate and formatted legal entity, network/product, and INN or OON

- Ex: **unitedhealthcare-of-colorado-choice-plus-INN-rates**.json

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

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

How frequently can you provide data updates? Update 8/18/22

UnitedHealthcare intends to update machine-readable files monthly on the first business day each month as required under the regulations.

How will UnitedHealthcare respond to questions regarding any missing values such as NPI, procedure codes, etc.? Update 8/19/22

Customers should follow the standard process and engage their Account Management Team for inquiries. The response time for inquiries is 5 to 7 business days.

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Inquiries must contain the following information:

- Legal entity name
- Plan - example: choice-plus
- MRF type negotiated rate (INN) or allowed amount (OON)
- Monthly MRF file date pertaining to issue. Example: 8/1/22, 9/1/22
- Detail description of the issue and what was expected

Who may use the data and for what purpose? Update 8/19/22

The files are public information. 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? Update 8/19/22

At this time there are no charges for the creation and publication of machine-readable files.

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

For self-funded customers where UnitedHealthcare processes the claims and provides a customer specific network, UnitedHealthcare will post the files.

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

New 4/8/21

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.

How should prescription drugs be reported? Update 12/29/23

At this time, the pharmacy machine-readable file has been delayed pending additional technical requirements and implementation timelines. Refer to [FAQ 61](#).

Will existing customer reporting change or be comparable to the published MRF's? Update 8/19/22

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, review the disclaimers on the MRF public web site.

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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 UnitedHealthcare provide a Transparency in coverage MRF performance guarantee? 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 support the inclusion of Performance Guarantees at this time. UnitedHealthcare intends to be compliant with regulatory implementation requirements for the Transparency in Coverage Rule.

Will clients be able to link directly to their specific files in the UHC link? New 5/17/22

The rule requires a group plan to have a link on their website to the MRFs – either a platform hosted by the group plan or by a TPA/insurer. There is not requirement for that link to go **directly** to the plan's MRFs. In other words, if the link goes to the UnitedHealthcare public site and from there you can search for the customer's MRFs, the requirements are satisfied.

What is the penalty for non-compliance on machine readable files? New 5/17/22

The penalty was set out in existing law (Public Health Service Act and ERISA) - \$100 per day per impacted individual.

Will UnitedHealthcare produce MRFs for a termed customer? New 5/31/22

The regulation applies to plans that are "active" on or after 1/1/22. Once a client terms that plan is no longer considered active. Therefore, we would not be responsible to produce a file.

How does UnitedHealthcare provide the data files to the employer if requested? Update 8/19/22

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Clients who elect to opt out from having their files posted to the UHC public site are provided a dedicated link, which must be authenticated with a HealthSafe ID, to retrieve the files. Clients who opt out are accountable for retrieving and posting the files on their own site on a monthly basis to be in compliance.

MRF Requirements, Process and UHC Support

What are fully insured groups and ASO groups requirements? Update 1/22/24

UnitedHealthcare posts an MRF public website in accordance with the Transparency in Coverage rule.

- UnitedHealthcare publishes ASO and FI insured files on our public website — This site is <https://transparency-in-coverage.uhc.com/>.
- The Transparency in Coverage Rule does not require FI clients to post the UHC MRF public website on their own website.
- ASO clients that have a public website are still required to post a link. CMS just recognized that there are some ASO clients that do not have public facing websites.
- We believe our existing contract language with ASO clients already indicates that we are responsible to comply with all applicable federal and state regulations, which includes the machine readable files.

What is the link to the public website and requirements for posting link? Update 7/1/22

Public Website: <https://transparency-in-coverage.uhc.com>

- UnitedHealthcare is publishing ASO and FI insured files on our public website.
- ASO clients that have a public website are still required to post a link to their website
- ASO clients that do not have their own public website should refer to their internal legal and compliance teams

Do fully insured customers have to post a link on their website if UHC posts the link on the UHC site? New 9/19/22

For MRFs, there is a form letter created and available on Connect to Market to confirm UHC is posting on a public website on behalf of the fully insured clients

Do self-funded groups have to post the link on their website if UHC posts the link on the UHC site? New 9/19/22

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For UMR or other self-funded clients, we continue to post the MRFs on our public website in compliance with the rule. The self-funded client is still required to post the link to their public website.

If the client does not have a public website, updated guidance states that the client may reach out to the business to request a written agreement to host their MRFs on the health plan website. UnitedHealthcare is not actively promoting or offering this opportunity and conversations should be facilitated directly with the client and their respective account management teams.

What do fully insured groups need to do to prepare for MRF? Update 5/2/22

Nothing. UnitedHealthcare prepares and posts the files for fully insured groups. They are not required to take any action.

Remember, the fully insured files do not have the customer's name in them. They are posted by legal entity and plan/network. For example: *UnitedHealthcare of Colorado, UHC Choice plus, in network.*

What are self-funded customers responsible for under the Transparency in Coverage Rule? Update 5/2/22

The regulation requires self-funded customers accessing the UnitedHealthcare public MRF website to add the URL to their own public website.

A self-funded customer who has opted out (suppressed) their data for the UnitedHealthcare public MRF website must take the following action:

1. Create a OneHealthcare ID to access the website
2. Retrieve (pull-down) their customer specific MRFs each month
3. Post and make publicly available their customer-specific MRFs on a public website. This public site may be their own or one from any consultant/vendor/third party they may have independently contracted with

Does there need to be a written agreement in place to validate that UHC will provide these services for our FI Clients? New 5/17/22

UnitedHealthcare is providing Machine Readable Files for our insured clients. UnitedHealthcare's existing agreements accommodate the nature of this responsibility as it pertains to our insured arrangements and UnitedHealthcare's obligations.

What support is available for ASO groups? Update 12/29/23

By July 1, 2022, UnitedHealthcare will create and publish the files for medical plans (at this time the pharmacy MRF are delayed pending additional technical requirements and implementation timelines).

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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.

The files will be publicly available and posted at transparency-in-coverage.uhc.com.

ASO clients who choose to post their MRFs on their own websites, and have their files suppressed from the public UHC site. The expectation is that the ASO client MRFs are retrieved by the client directly.

What if a customer does not have a publicly available website? Update 8/30/22

If a group health plan does not have its own public website, nothing in the Transparency in Coverage Final Rules requires the plan to create its own website for the purposes of providing a link to a location where the machine-readable files are publicly available. Instead, a plan may satisfy the requirements by entering into a written agreement under which a service provider (such as a TPA) posts the machine-readable files on its public website on behalf of the plan.

Does UnitedHealthcare build a publicly available website for the customer? New 5/5/22

No. The customer would be responsible for creating a website or adding link to publicly available location on their current website.

What link does a ASO customer post on their public website? Update 9/29/23

The link used for the Machine Readable files is transparency-in-coverage.uhc.com.

What app does the clients use to open the .JSON file? Update 7/11/22

There are many open and free applications available to open a JSON file. For example: One can use Notebook, Adobe, etc. Utilize Google Search to identify free applications supporting the download and viewing of JSON files. UnitedHealthcare is not defining or prescribing any particular one.

Will files differ by employer for the same network? For example, if multiple employers have the same network (e.g., Choice Plus), will the only difference between their files be the EIN? New 5/17/22

ASO employers aligned to the same network products, for example Choice Plus, will be aligned to the required details of each network arrangement. The employer name and EIN will identify the employer groups aligned to each file. UnitedHealthcare will produce a file for each ASO

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customer because the name of the customer is part of the file nomenclature, so even though the data may be the same it will be a new file due to a change in the file nomenclature.

With MRF, how will UnitedHealthcare handling COEs in the file i.e., if they have transplant or cancer COE through Optum? New 6/11/22

Where UnitedHealthcare has a carve-in /integrated relationship with Optum and those COE rates are in our systems - their rates are included in our MRFs.

For MRF negotiated in-network rate — does that apply for all network products, i.e., choice plus, core, nexus, etc.? New 6/11/22

Yes. MRF data includes all products for the commercial business.

What if and group health plan or health insurance issuer makes an error or omission in disclosure but acts in good faith? New 1/22/24

The proposed rules included a special applicability provision to address circumstances in which a group health plan or health insurance issuer, acting in good faith, makes an error or omission in its disclosures. Specifically, a plan or issuer would not fail to comply with the proposed rules solely because it, acting in good faith and with reasonable diligence, made an error or omission in a disclosure, provided that the plan or issuer corrects the information as soon as practicable.

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 8/30/22

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

For clients with a direct relationship with Teladoc that is built as a client specific network (CSP, GSP) and UnitedHealthcare s the claims, the rates will be included in the MRFs.

Is a client's custom network data included in the machine-readable files? Update 9/1/21

Yes. UnitedHealthcare includes a client specific network (GSP, CSP) if the data is in our system, and we pay the claims.

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How will UnitedHealthcare handle leased networks for machine readable files? New 3/16/22

UnitedHealthcare has five leased networks. Four are loaded at CSPs and the providers are in our system. One is a leased network in Puerto Rico. They will post the required MRF on their website and UnitedHealthcare will reference or link to the rates for the required files.

MRF and State Requirements

What is the state of South Dakota's requirement for publishing pharmacy machine readable files? Update 4/11/22

The South Dakota files were posted and continue to be posted monthly.

What is the state of Texas requirement for grandfathered and short-term limited-duration (STLD) MRF? Update 8/30/22

Although in most states grandfathered plans or STLD plans are exempt from the Transparency in Coverage rule, Texas requires both to be included in the machine-readable files. The files posted to the public website are compliant with this Texas state requirement.

Medical Loss Ratio (MLR)

How will this impact UnitedHealthcare's medical loss ratios? New 6/27/22

Beginning with the 2020 MLR reporting year (reports filed in 2021), insurers are allowed to credit funds spent to implement and comply with the transparency rule toward the medical loss ratio (MLR) calculation. At this time, we are waiting for further guidance from the U.S. Department of Health and Human Services on how our investment and maintenance costs can be allocated toward our MLR and will communicate HHS direction once it is released.

Can insurers with fully insured plans that result in savings be included in Medical Loss Ratio? New 4/8/21

HHS allows issuers that incentivize consumers to shop for services from lower-cost, higher-value providers, and that share the resulting savings with consumers, to take credit for the payments in their medical loss ratio (MLR) calculations. This helps to ensure that insurers would not be required to pay MLR rebates based on a plan design that would provide a benefit to consumers that is not currently captured in any existing MLR revenue or expense category. This supports insurers to offer new or different value-based plan designs that support competition and consumer engagement in the health care market.

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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)? **Update 5/8/23**

Transparency requirements under the CAA do not make special provision for value-based care arrangements vs. fee-for-service.

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MFR Safe Harbor

Will the Departments continue to maintain an "enforcement safe harbor" as described in FAQs Part 53? **New 10/3/23**

Not at this time. In issuing FAQs Part 53, the Departments did not intend to provide a categorical exception to enforcement of the requirements of the TiC Final Rules. Instead, the Departments intended to make clear that an exercise of enforcement discretion might be warranted in circumstances where it was extremely difficult or impossible for a plan or issuer to determine and report an applicable rate for specific items or services provided under "percentage-of-billed-charges" contracts if an exact dollar amount cannot be determined for an item or service prospectively.

The Departments are rescinding the statement of enforcement discretion provided in FAQs Part 53. The Departments now clarify that whether a plan or issuer is able to comply with the requirement to disclose certain rates as dollar amounts is a fact-specific determination; therefore, the Departments intend to exercise enforcement discretion with respect to this requirement on a case-by-case basis, without any categorical "safe harbor."

The Departments noted that they unlikely to pursue enforcement action if a plan or issuer can demonstrate that compliance with the relevant provisions of the TiC Final Rules would have been extremely difficult or impossible, including, but not limited to, for the reasons stated in FAQs Part 53.

Plans and issuers that are unable to determine dollar amounts for the in-network rate element should continue to follow the existing technical guidance on GitHub for percentage-of-billed-charges arrangements located here: <https://github.com/CMSgov/price-transparency-guide/tree/master/schemas/in-network-rates#negotiated-price-object>.

Pharmacy Approach for Integrated Pharmacy

What are the requirements for prescription drugs? Update 12/29/23

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 federal 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. Refer to FAQ 61 for current guidance.

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 (CPTT) 1/1/2023 effective date a subset of 500 services is 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 plan 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.

While this FAQ focuses on the federal rule, several state regulations replicating the federal rule’s machine-readable file requirements have gone live or will in the future. South Dakota was implemented 1/1/23 and Texas will be implemented 1/1/24.

How will UHC support its clients with compliance to the prescription drug components of the Rule? Update 6/30/23

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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 **technical requirements and implementation timelines** 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. OptumRx has completed a thorough analysis of our price comparison tool and are now building out solutions to bridge the gaps between the regulation and current functionality.

Optum Behavioral Carve Out

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 6/30/23](#)

Yes. OptumRx has multiple avenues to support our clients with creation of machine-readable files. While FAQ 49, released on August 20th, 2021, delayed implementation of the pharmacy files, pending further **technical requirements and implementation timelines**, we continued building out our process and have identified way to efficiently scale the reporting for the large number of clients and large volume of data required to build out the files. Our process has also

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been developed in modular fashion which will allow us to assess and incorporate new requirements that result from the pending future rulemaking.

At this time, Optum Rx has developed three different support options for our clients to assist in compliance to the Rule. Optum Rx may update these offerings as necessary to address requirements in any future rulemaking.

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
- Client is responsible to display on a public website

What if my client wants services outside of the standard service levels OptumRx is offering? Are we able to customize our approach? Update 6/30/23

Optum Rx 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 Optum Rx will review the ability to support custom requests on a case-by-case basis.

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What is meant by “make available” to the public? Will plans post these on their own websites? Update 6/30/23

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 Optum Rx feel consumers will actually leverage these files for pricing information? Update 6/30/23

Optum Rx 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. The 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 the content of the files and the associated file format, which are in a JSON, 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 6/30/23

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 6/30/23

Account management teams will directly engage clients to confirm their desired service levels. Optum Rx will provide training and resources to support these discussions four to six months prior to the federal rule going live. For any state-specific rules, training will also be targeted four to six months prior to the implementation date.

What do the reports look like? Does OptumRx have samples? Update 6/30/23

The screenshot below shows what the JSON machine-readable file on the left-hand side of the screen. On the right side of the screen, we have provided an explanation of the data elements within the file. Sample files are available upon request.

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The diagram illustrates a JSON structure for a plan and its associated data. The JSON is organized into three main sections, each with a corresponding callout box:

- Header Details:** This section contains plan-level information such as "reporting_entity_name", "reporting_entity_type", "plan_name", "plan_id", "plan_market_type", and "last_updated_on".
- Drug:** This section contains drug-specific information, including "drug_name", "drug_type", "ndc", "prices", and "pharmacies".
- Pharmacy Details:** This section contains pharmacy-specific information, including "pharmacy_id_type", "pharmacy_ids", "historical_net_price", "negotiated_rate", "dispensing_fee", "transaction_fee", "tin", "service_code", and "pharmacies".

Arrows point from the callout boxes to the corresponding sections in the JSON structure. The JSON structure is as follows:

```

{
  "reporting_entity_name": "OptumRx",
  "reporting_entity_type": "PBM",
  "plan_name": "Atlas Goal plan",
  "plan_id": "12345XX9876543",
  "plan_market_type": "Group",
  "last_updated_on": "2020-08-27",
  "drug": {
    "drug_name": "Simvastatin",
    "drug_type": "generic",
    "ndc": "167290004",
    "prices": [
      {
        "historical_net_price": 0.01,
        "historical_net_reporting_period": "2020-08-28",
        "negotiated_rate": 0.1,
        "administrative_fee": 0.02,
        "dispensing_fee": 2,
        "transaction_fee": 0.005,
        "tin": "11-111111",
        "service_code": "01",
        "pharmacies": [
          {
            "pharmacy_id_type": "npi",
            "pharmacy_ids": [ 111111111, 222222222, 333333333, 444444444 ]
          }
        ]
      }
    ],
    "pharmacies": [
      {
        "historical_net_price": 0.05,
        "historical_net_reporting_period": "2020-08-28",
        "negotiated_rate": 0.5,
        "administrative_fee": 0.02,
        "dispensing_fee": 2,
        "transaction_fee": 0.005,
        "tin": "22-222222",
        "service_code": "01",
        "pharmacies": [
          {
            "pharmacy_id_type": "npi",
            "pharmacy_ids": [ 999999999, 888888888 ]
          }
        ]
      }
    ]
  }
}

```

Below the JSON structure, there are two tables summarizing the options for plan details and pharmacy details.

Plan details in Header	Options	Sample JSON
Option1	Single HIOS ID	"plan_id_type": "HIOS", "plan_id": "12345XX9876543",
Option2	Single EIN	"plan_id_type": "EIN", "plan_id": "12-345789",
Option3	Multiple HIOS	"plan_id_type": "HIOS", "plan_id": "[12345XX9876543, 12345YY9876549, 12345ZZ9876540]",
Option4	Multiple EIN	"plan_id_type": "EIN", "plan_id": "[123456789, 888888888, 999-99-9999]",
Option 5	Multiple Plan Market Type	"plan_market_type": "Group" or "Individual"

Pharmacy Details	Options	Sample JSON
Option1	NPI (can provide a single NPI or a list of NPI) ex: CVS	"pharmacy_id_type": "npi", "pharmacy_ids": [1194747865, 1205930054]
Option2	Chain Codes (Can be a single or multiple Chain codes) Ex:CVS	"pharmacy_id_type": "chain code", "pharmacy_ids": [00039,00207]
Option3	Combination of option 1 or 2	For a same drug we can use chain codes for CVS and for independents we can list the prices at NCPDP/NPI level

How often are the readable files updated since our contract management team makes changes based on pricing guarantees? Update 6/30/23

Files are only required to be updated monthly and therefore are point in time only.

Is there a data dictionary available to share with clients and consultants so they understand how Optum Rx defined each of the required data and pricing elements? Update 6/30/23

Yes, Optum Rx has created a data dictionary that documents the definition and source of truth resource for each data and pricing requirement.

Do you anticipate charging costs/fees for the required data? Update 6/30/23 Yes. There will be fees based on the service level selected by the client. Pricing will be published upon release of the updated federal rule for the prescription drug machine-readable files.

How will clients be billed for this service? Update 6/30/23 Optum Rx plans to leverage our existing data file transfer billing process to bill clients for these fees. Clients should be able to view the billing details in their monthly invoicing, under Activity Code TCMRF.

How will OptumRx support these requirements? Update 12/29/23

Optum Rx has multiple avenues to support our clients with creation of machine-readable files. While FAQ 49, released on August 20th, 2021, delayed implementation of the pharmacy files, pending further technical requirements and implementation timelines, we continued building out

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our process and have identified way to efficiently scale the reporting for the large number of clients and large volume of data required to build out the files. Our process has also been developed in modular fashion which will allow us to assess and incorporate new requirements that result from the pending future rule-making.

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 6/30/23

If a client wishes to delegate transparency reporting obligations to OptumRx, a contract Addendum will be required. Sample addendums are available upon request. The federal transparency reporting is treated separately from state transparency reporting, therefore separate addendums and pricing may apply.

Can you describe the coordination that will occur if a client has carved out pharmacy to Optum Rx and has medical coverage through an Optum Rx affiliated organization? In these situations, would you anticipate one set of transparency tools (combining medical and pharmacy) or two? Update 6/30/23 The data required in the medical machine-readable files differs from the pharmacy machine-readable files. Due to this variance, Optum Rx plans to produce a pharmacy-only file and the OptumRx affiliated organization will produce their own set of In-Network and Out-of-Network files. As such, clients would have three files in total, two from the medical vendor and one from Optum Rx. If Optum Rx and the medical vendor are hosting the files on a public portal, there will be two URLs that will be required to access all of the data.

Do you expect public disclosure of plan negotiated drug prices will lead to less competitive pricing and rates in the future? Update 6/30/23 Optum Rx 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, Optum Rx will keep you informed.

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