

Machine Readable Files

Transparency in Coverage Rule



Health Plan Responsibility

DESCRIPTION

Health plans must make publicly available three machine-readable files in a standardized format updated monthly.

- Health Plan will generate In-Network, Out-Of-Network and Prescription Drug files
- Files will be hosted on a public website
- No cost will be associated to hosting files

Effective Date: January 1, 2022 | Enforcement Date: July 1, 2022

IN-NETWORK
NEGOTIATED RATES

```

{
  "reporting_entity_name": "XXXXXXXXXX",
  "reporting_entity_type": "HMO",
  "reporting_plans": [
    {
      "plan_name": "XXXXXXXXXX",
      "plan_id_type": "Hios",
      "plan_id": "1111111111",
      "plan_market_type": "Individual"
    },
    {
      "plan_name": "XXXXXXXXXX",
      "plan_id_type": "Hios",
      "plan_id": "0000000000",
      "plan_market_type": "Individual"
    }
  ],
  "last_updated_on": "2020-08-27",
  "version": "1.0.0",
  "in_network": [
    {
      "negotiation_arrangement": "bundle",
      "name": "Total Knee Replacement",
      "billing_code_type": "ICD",
      "billing_code_type_version": "9",
      "billing_code": "81.54",
      "description": "total knee replacement",
      "negotiated_rates": [

```

OUT-OF-NETWORK
ALLOWED AMOUNTS

```

{
  "reporting_entity_name": "XXXXXXXXXX",
  "reporting_entity_type": "HMO",
  "reporting_plans": [
    {
      "plan_name": "XXXXXXXXXX",
      "plan_id_type": "Hios",
      "plan_id": "1111111111",
      "plan_market_type": "Individual"
    },
    {
      "plan_name": "XXXXXXXXXX",
      "plan_id_type": "Hios",
      "plan_id": "0000000000",
      "plan_market_type": "Individual"
    }
  ],
  "last_updated_on": "2020-08-27",
  "version": "1.0.0",
  "out_of_network": [
    {
      "name": "Established Patient Office or Other Outpatient Services",
      "billing_code_type": "CPT",
      "billing_code_type_version": "2020",
      "billing_code": "99214",

```

IN-NETWORK
PRESCRIPTION DRUGS

```

{
  "reporting_entity_name": "XXXXXXXXXX",
  "reporting_entity_type": "HMO",
  "plan_name": "XXXXXXXXXX",
  "plan_id_type": "HIO5",
  "plan_id": "12345XXXX876543",
  "plan_market_type": "Individual",
  "last_updated_on": "2020-08-27",
  "drugs": [
    {
      "drug_name": "Simvastatin",
      "drug_type": "generic",
      "ndc": "16729-004",

```

DEFERRED

Machine Readable Files – What Information is in the Files?

> In-Network Negotiated Rates

- ❖ Negotiated rates for items and services of contracted providers.
- ❖ Rates can be published in a dollar amount or percentage (%) amount based on negotiation type.
- ❖ Protected Health Information or Personally Identifiable Information is not shared in this file.

> Out-of-Network Allowed Amounts

- ❖ Rates for services and items furnished by out-of-network providers.
- ❖ Historical payments with more than 20 claims in the first 90 day of the preceding 180 days.
- ❖ Protected Health Information or Personally Identifiable Information is not shared in this file.

Machine Readable Files - How to Locate Files?



Navigate to website: mrfdata.hmhs.com*

**Please note that this link will be activated July 1, 2022*



Search “Plan Type” with Employer Identification Number (EIN) within the Table of Contents



Click on the URL for “In-Network” or “Allowed Amount”

Example

```

1  {
2    "reporting_entity_name": "n",
3    "reporting_entity_type": "n",
4    "reporting_structure": [{
5      "reporting_plans": [{
6        "plan_name": "n",
7        "plan_id_type": "n",
8        "plan_id": "1111111111",
9        "plan_market_type": "individual"
10     }],
11     "plan_name": "n",
12     "plan_id_type": "n",
13     "plan_id": "0000000000",
14     "plan_market_type": "individual"
15   }],
16   "in_network_files": [{
17     "description": "in-network file",
18     "location": "https://www.some_site.com/files/in-network-file-123456.json"
19   }],
20   "description": "behavioral in-network shared file",
21   "location": "https://www.some_site.com/files/behavioral-health-0000.json"
22 }],
23 "allowed_amount_file": {
24   "description": "allowed amount file",
25   "location": "https://www.some_site.com/files/allowed-amount-file-987665.json"
26 }
27 },{
28 "reporting_plans": [{
29   "plan_name": "n",
30   "plan_id_type": "n",
31   "plan_id": "3333333333",
32   "plan_market_type": "group"
33 }],
34 "in_network_files": [{
35   "description": "in-network file",
36   "location": "https://www.some_site.com/files/chip-in-network-file.json"
37 }],
38 "allowed_amount_file": {
39   "description": "allowed amount file",
40   "location": "https://www.some_site.com/files/chip-allowed-amount-file.json"
41 }
42 }
43 }
44

```

Price Comparison Tools

Transparency in Coverage Rule



Health Plan Responsibility

DESCRIPTION

Health plans must make available personalized cost information, the underlying negotiated rates for all covered items and services and out-of-network (OON) allowed amounts through a self-service tool and in paper form upon request.

- Will include the 500 shoppable services
- Price comparison tool will be available on member portal and include personalized cost information
- Telephonic requests will be accommodated
- No cost will be associated to hosting files

Effective Date: January 1, 2023 | Enforcement Date: January 1, 2023

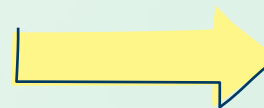


Employer Responsibility — Educate employees about self-service tools



JANUARY 1, 2023

An initial list of 500 shoppable services as determined by the Departments



JANUARY 1, 2024

The remainder of all items and services

Pharmacy Cost Reporting

Consolidated Appropriations Act



Health Plan Responsibility

DESCRIPTION

Requires Plans to submit annually to the tri-agencies a report detailing top drivers of prescription drug costs.

- Health Plan will be prepared to support this required reporting once additional regulations or further guidance is issued.

Effective Date: December 27, 2021 | **Enforcement Date:** December 27, 2022



Employer Responsibility — If pharmacy is carved out, coordinate with PBM



- The 50 most frequently dispensed brand prescription drugs and the total number of paid claims for each drug
- The 50 most costly prescription drugs by total annual spending and the annual amount spent for each drug
- The 50 prescription drugs with the greatest increase in plan expenditures over the preceding the plan year



- Total spending on health care services broken down by the type of cost
- Average monthly premium, including a breakdown of amounts paid by employers, participants and beneficiaries (where applicable)



- Any impact on premiums by rebates, fees, and other remuneration paid by drug manufacturers to the plan, its administrators or service providers, with respect to prescription drugs
- Any reduction in premiums and out-of-pocket costs associated with rebates, fees, or other remuneration

Advanced Explanation of Benefits — *Deferred*

Consolidated Appropriations Act



Health Plan Responsibility

DESCRIPTION

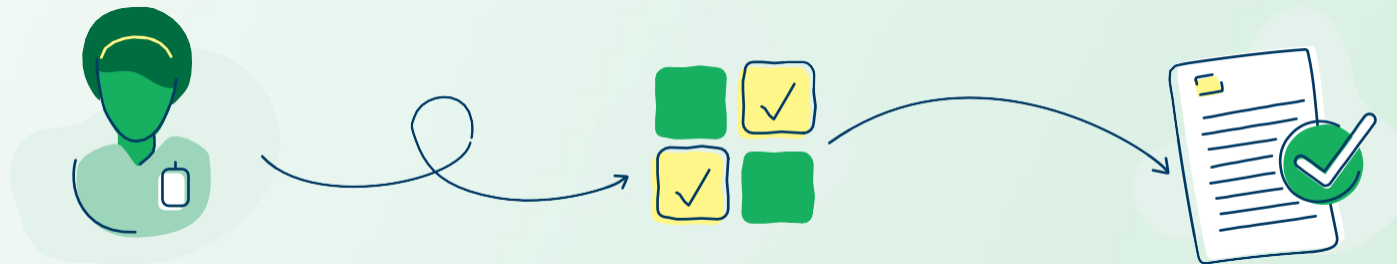
Health plans are required to provide an advance explanation of benefits (“EOB”) for scheduled services.

- Since we anticipate the tri-agencies to release data transfer standards, solution to be finalized once additional notice-and-comment rulemaking is published.

Effective Date: January 1, 2022 | Enforcement Date: Deferred



Employer Responsibility — Educate employees about new EOB



Provider submits AEOB request for scheduled service.

Insurer processes request, determines estimated cost and distributes AEOB.

Member receives AEOB.