



## New TiC Rules and FAQ Improve Machine Readable Files

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On October 6, 2026, the Departments of the Treasury, Labor, and Health and Human Services (collectively, “the Departments”) published final Transparency in Coverage (“TiC”) rules (“2026 final rules”) that amend the 2020 final TiC rules (“2020 rules”) applicable to non-grandfathered medical plans. The final rule updates the 2020 rules to improve the:

- Standardization and reliability of the in-network rates and out-of-network allowed amount machine readable files (“MRFs”), and
- Accessibility of pricing disclosures to participants and beneficiaries.

Subsequently, the Departments published [FAQ 75](#) to further clarify the 2026 final rules.

### ■ Background

Under the 2020 rules, group health plans and health insurance carriers must make public MRFs that disclose:

1. in-network rates;
2. out-of-network allowed amounts and billed charges; and
3. negotiated rates and historical net prices for covered prescription drugs.

While (1) and (2) above went into effect on July 1, 2022, the prescription drug MRF was delayed. In [FAQ 61](#), the Departments announced that the enforcement deferral for the prescription drug MRF was rescinded and that additional guidance would be issued in order for plans and carriers to comply with this requirement. To date, that guidance has not been released.

In addition, the 2020 rules implemented requirements for plans and carriers to provide a price comparison tool with price estimates of all common health care items and services.

The Departments and other stakeholders identified several barriers to fully achieving the goals of the 2020 rules with respect to transparency. The 2026 final rules attempt to improve the access and usability of these files.

## ■ In-Network Rate and Out-of-Network Allowed Amounts MRFs

The 2026 rules finalize several changes to the MRF requirements. Many of these changes impact the content of the files, including organizing the files by provider network (instead of plan) and removing provider/service combinations that are unlikely to occur. Technical guidance for new schemas for the in-networks and out-of-network MRFs will be released in February 2027.

Specifically, the final rule amends the MRF requirements by modifying the required data elements of the in-network rate and out-of-network allowed amount MRFs, requiring additional Utilization, Taxonomy, and Text files, and standardizing MRF formats, among other things. Schema version 1.0 of the new Utilization, Taxonomy, and Text files will be released on or around June 1, 2027 (Phase 2). Many of these changes will be handled by the service provider who builds and develops these files.

However, there are some significant changes that plan sponsors should be aware of:

- **MRF Updates.** The in-network and out-of-network MRFs will be updated quarterly instead of monthly. **This change takes effect April 1, 2027.**
  - **New Contextual Files.** The final rules include a new Utilization file, Taxonomy file and Text file (described below). Briefly,
    - The Utilization file will include all providers who have submitted and received reimbursement for at least one claim for a covered item or service for the most recent plan year ending six months before the posting of the file. **The Utilization file must be published annually on July 1st of each year beginning on July 1, 2028.**
    - The internal taxonomy mapping (i.e., provider specialty classification) will be posted in a new Taxonomy file. **The Taxonomy file must be published on October 1, 2027, and on the first day of each calendar year quarter thereafter.**
  - **Attestation.** The MRFs must include an attestation that confirms “to the best of its knowledge and belief,” the plan (or carrier) has included all applicable information in accordance with the final rules, and the information is true, accurate, and complete as of the date included in the file. The attestation must encode the name of the plan or carrier’s Chief Executive Officer (“CEO”), President or senior official designated to oversee the encoding of true, accurate, and complete data. **This provision is effective March 6, 2027.**
    - **Third-party support for attestation.** Importantly, the 2026 final rules permit a plan to satisfy this requirement by entering into a written agreement under which another party (such as a third-party administrator (“TPA”)) makes the attestation on behalf of the plan and encodes the name of the third-party’s CEO, President, or senior official designated to oversee this process.
- Note.** Employers sponsoring group health plans (fully insured and self-funded) will likely want to delegate this responsibility to the carrier or TPA.
- **Text File and Website Posting.** Plans must post their MRFs on a public facing website without access restrictions. The new rules make these files easier to locate by requiring a plain Text File that includes the source page URL for the website hosting the MRF, contact information, and a direct link to the URL. In addition, the 2026 rules add a “footer requirement” to improve the findability of the website hosting the files. The footnote must be included on the plan or carrier website and

- labeled “Price Transparency” or “Transparency in Coverage.” **Text MRFs must be published on October 1, 2027, and within 7 days of any updates.**
- If the MRFs are hosted on a service provider’s website and the plan or carrier maintains a public website and chooses not to also post the files separately on its own public website, the plan or carrier is required to provide a link on its own public website to the location where the files are made publicly available. This requirement would not apply to a public website maintained by an employer or plan sponsor.

#### *What about the prescription drug (“Rx”) MRFs?*

There is a third MRF required under the TiC rules for pharmacy benefits. While there is some guidance regarding the Rx MRF in the 2026 final rule (e.g., it will remain on a monthly update schedule), the Departments are still considering comments received on the request for information regarding this requirement.

On October 7, 2026, the Departments issued FAQ 75 providing further insight on the new MRF requirements and information on the Rx MRF. According to the guidance, the Departments will begin development of the schema version for the Rx file in November 2026 and expect to release the final version in May 2027. Plans and carrier will be expected to publish the Rx MRF in December 2027, and monthly thereafter. Further guidance is expected. According to the final rule, “The Departments plan to begin working to implement the prescription drug file in short order.”

## ■ Disclosure to Participants and Beneficiaries

The 2020 rules require group health plans (and health insurance carriers) to make available cost-sharing information to participants and beneficiaries through an online self-service tool or paper, upon request. This information must be provided with certain notices that include certain explanatory information and include the limitations on the information disclosed.

Under the 2026 rules:

- Cost-sharing information required to be made available through an internet-based tool or on paper, upon request, must also be available over the phone, upon request. The phone number should be provided on physical or electronic plan identification cards so that participants may obtain accurate plan pricing information by phone.
- Information provided must be accurate at the time of the request and must be provided at the time of the request.
- A group health plan (or carrier) may limit the number of providers with respect to which cost-sharing information for covered items and services is provided to no fewer than 20 providers per day.
- The balance billing protection statement that accompanies any cost-sharing disclosure must be updated for certain protections under the No Surprises Act.
- A plan that satisfies the TiC cost-sharing disclosure requirements (online, paper, and phone) is deemed to satisfy the No Surprises Act price comparison tool requirement.

These changes take effect for plan years beginning on or after January 1, 2027.

## ■ Who Is Responsible

With respect to the obligations described above:

- **Fully insured plans.** If the carrier and plan sponsor have a written agreement under which the carrier agrees to provide this information, the carrier is responsible for violations of this requirement. To have the carrier attest to the accuracy of MRFs, this written agreement is needed.
- **Self-funded plans (including level-funded).** The plan sponsor may enter into a written agreement with a TPA or other third-party (e.g., pharmacy benefit manager (“PBM”)) to provide this information. The plan, however, remains responsible for any non-compliance by the third party. To have a third-party attest to the accuracy of MRFs, this written agreement is needed.

## ■ Employer Action

While the amendments substantially change the data required to be included in MRFs, the changes are primarily technical in nature and will generally be implemented by carriers, TPAs, or other vendors who are contractually responsible for maintaining TiC disclosures. In addition, service providers will need to support requests for pricing information via telephone.

Employers with fully insured plans should:

- Confirm in writing that the carrier will be responsible for compliance with the 2026 rules on behalf of the fully insured plan. This includes the attestation requirement and posting the MRFs to the carrier's website.

Employers with self-funded (including level funded) plans should:

- Discuss the 2026 rules with TPAs to verify the TPA will comply with updated MRF requirements, including posting the MRFs, publicly, updating quarterly as required, required attestations and other obligations.
- Update any written agreements with TPAs (generally, the ASO agreement) to encompass the changes under the 2026 rules including having the TPA attest to MRF compliance (vs. the plan sponsor) and post the MRFs on behalf of the plan.

In addition, all plans should await further guidance on the prescription drug MRF.