

FAQs Clarify Posting Requirement for Machine-readable Files

On Aug. 19, 2022, federal agencies released <u>FAQs</u> implementing certain health care transparency requirements, including the requirement that health plans and health insurance issuers disclose on a public website detailed pricing information in three separate machine-readable files (MRFs). The files must be publicly available and accessible free of charge without any restrictions.

Health Plans Without Public Websites

The FAQs address the common situation where a group health plan does not have its own public website for posting the MRFs (or providing a link to where the MRFs are publicly available). According to the FAQs, health plans are not required to create their own public website for purposes of providing (or linking to) the MRFs. This guidance applies even when an employer maintains its own public website but does not have a public website for its health plan.

The FAQs clarify that a plan may satisfy the MRF disclosure requirements by entering into a written agreement under which a service provider (such as a TPA) posts the MRFs on its public website on behalf of the plan. However, employers should monitor their service providers to ensure they comply with this requirement. According to the FAQs, a health plan violates the MRF disclosure requirements if its service provider fails to comply with a written agreement requiring it to publicly post the MRFs on the plan's behalf.

Enforcement Dates

While the MRF requirements are applicable for plan years beginning on or after Jan. 1, 2022, federal agencies deferred enforcement of the first and second MRFs related to disclosing in-network and out-of-network data until July 1, 2022. Enforcement of the third MRF relating to prescription drugs is delayed until further notice.

Provided to you by Woodruff Sawyer

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MRF Disclosure Requirement

The following must be disclosed:

- First file: In-network provider negotiated rates for covered items and services (the "Innetwork Rate File");
- Second file: Historical payments to and billed charges from outof-network providers (the "Allowed Amount File"); and
- Third file: In-network negotiated rates and historical net prices for covered prescription drugs (the "Prescription Drug File"). This particular MRF requirement is delayed until further notice.

If a service provider agrees to post the MRFs on its website on the plan's behalf and they fail to do so, the plan violates the MRF disclosure requirements.

