



Transparency in Coverage

External Frequently Asked Questions

4/13/23

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](#)

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Transparency in Coverage Overview

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.

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 will be 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)

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- **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 tool must be an internet-based cost estimator tool, like the UnitedHealthcare App, or My Script Finder albeit with additional requirements, to estimate personal cost-share liability for both medical and prescription drugs.

The tools must:

- Permit members to search based on billing code or description
- Allow members to compare costs across both in-network and out-of-network providers
- Inform members of any accumulated deductible or other out-of-pocket expenditures to date
- List any factors that impact the cost such as service location or drug dosage
- Provide cost estimates in paper format at the member's request

Beginning with plan years on or after January 1, 2023, the cost estimator tool must disclose information on 500 items, services and prescription drugs identified in the final rule. Starting with plan years on and after January 1, 2024, the tool must list all covered items and services including prescription drugs.

What is the effective date for compliance with the Rule? [Update 9/1/21](#)

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. And the effective date for the pharmacy machine readable file is pending additional rulemaking.

Member Price Comparison 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

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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.

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.

Customer Communication and Timing

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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 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

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.

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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

Accessing MRF after launch

July 1, 2022, MRF Roll-Out New 7/1/22

- 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 will be 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.
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

What if I am not able to locate my file? Update 9/13/22

Let your customer know:

1. The site is live
2. As data is available files are published and at a minimum of monthly in compliance the Transparency in Coverage Rule

Also, if you are trying to locate your company name put in one word in name or if two words use a hyphen between the word. For example: ABCServices or ABC-Services.

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```

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        "plan_id": "942404110",
        "plan_id type": "EIN",
        "plan market type": "group"
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      {
        "description": "in-network files",
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    }
  }

```

How will search change beginning March 1, 2023? [Update 3/2/23](#)

The MRF website will automatically open with the index file category selected.

This means that only the index files will be displayed when the website opens. The In Network (negotiated rates) and Out of Network (allowed amount) files are all still there, you will just “unselect” the index files and then all files will display.

What website enhancements were made to the machine-readable files to make searching for the customer’s MRF data easier and faster to access? [New 3/20/23](#)

Effective March 1, UnitedHealthcare’s [transparency in coverage website](#) was enhanced to make searching for MRF data easier and faster to access. External instructions are provided.

Users will now see the default display is set to “Index file.” This change allows for a quicker response time on the website and customers’ initial machine-readable file (MRF) data to load

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

External instructions may be obtained from your UnitedHealthcare representative.

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 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

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 7/18/22

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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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>.

Note: Account Managers – please refrain from using Service Now for issues related to the download and opening of JSON files as there is no additional information or technical assistance available. FAQ’s are periodically updated should new or updated information become available.

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

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 name and the associated MRFs will appear
- EX: 2022-07-01_**customer-name-choice-plus**_in-network-rates.json

Note: use the hyphens when searching for customer file.

How do I locate the information for fully insured groups? New 8/4/22

Fully insured is not by employer name. The files are formatted by legal entity, network/product, and INN or OON

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

When will UnitedHealthcare update its MRFs in the future? New 7/1/22

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

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 date for their MRF? New 1/25/23

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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.

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

All Grandfathered plans are included in the MRFs even though the Tri-Agency rule has descopeed 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.

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 is implementing 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

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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.

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

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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.

The “Transparency in Coverage” rule also includes pharmacy costs. Will UnitedHealthcare’s pharmacy benefits manager Optum Rx provide the needed data and support? Update 9/8/22

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

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.

What are the requirements for January 1, 2022? Update 8/8/22

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. **The pharmacy machine-readable file is pending additional rulemaking.**

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

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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 (delayed pending rulemaking).** Must detail the in-network negotiated rates and historical net prices for all covered prescription drugs by plan or issuer at the pharmacy location level.

How must the data be displayed? **Update 9/1/21**

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), we know that 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.

What do the files look like and how can a person access them? **Update 8/19/22**

- 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).
- A sample of that the data will look like the lines below that may go on for millions of lines.
- `{"billing_code": "0119U", "billing_code_type": "CPT", "billing_code_type_version": "2020", "negotiation_arrangement": "ffs", "name": "CARDIOLOGY CERAMIDES LIQ CHROM TANDEM MS PLASMA", "description": "Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events", "negotiated_rates": [{"provider_references": [5362], "negotiated_prices": [{"negotiated_rate": 50.26, "service_code": ["11"], "negotiated_type": "negotiated", "expiration_date": "9999-12-31", "billing_class": "professional"}]}, {"provider_references": [16079], "negotiated_prices": [{"negotiated_rate": 29.32, "service_code": ["11"], "negotiated_type": "negotiated", "expiration_date": "9999-12-31", "billing_class": "professional"}]}, {"provider_references": [33714], "negotiated_prices": [{"negotiated_rate": 83.76, "service_code": ["11"], "negotiated_type": "negotiated", "expiration_date": "9999-12-31", "billing_class": "professional"}]}`

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999-12-31", "billing_class": "professional"}}, {"provider_references": [31931], "negotiated_prices": {"negotiated_rate": 75.38, "service_code": ["11"], "negotiated_type": "negotiated", "expiration_date": "999-12-31", "billing_class": "professional"}}, {"provider_references": [10787], "negotiated_prices": {"negotiated_rate": 83.76, "service_code": ["11"], "negotiated_type": "negotiated", "expiration_date": "999-12-31", "billing_class": "professional"}}, {"provider_references": [11915], "negotiated_prices": {"negotiated_rate": 50.26, "service_code": ["11"], "negotiated_type": "negotiated", "expiration_date": "999-12-31", "billing_class": "professional"}}, {"provider_references": [13782], "negotiated_prices": {"negotiated_rate": 50.26, "service_code": ["11"], "negotiated_type": "negotiated", "expiration_date": "999-12-31", "billing_class": "professional"}}, {"provider_references": [26016], "negotiated_prices": {"negotiated_rate": 35.18, "service_code": ["11"], "negotiated_type": "negotiated", "expiration_date": "999-12-31", "billing_class": "professional"}}, {"provider_references": [25821], "negotiated_prices": {"negotiated_rate": 46.07, "service_code": ["11"], "negotiated_type": "negotiated", "expiration_date": "999-12-31", "billing_class": "professional"}}, {"provider_references": [36631], "negotiated_prices": {"negotiated_rate": 104.7, "service_code": ["11"], "negotiated_type": "negotiated", "expiration_date": "999-12-31", "billing_class": "professional"}}, {"provider_references": [9542], "negotiated_prices": {"negotiated_rate": 35.18, "service_code": ["11"], "negotiated_type": "negotiated", "expiration_date": "999-12-31", "billing_class": "professional"}}, {"provider_references": [13115], "negotiated_prices": {"negotiated_rate": 35.18, "service_code": ["11"], "negotiated_type": "negotiated", "expiration_date": "999-12-31", "billing_class": "professional"}}

Please note: The CPTT tool which is effective 1/1/23 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 program can MRF be viewed in? [Update 6/28/22](#)

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A person may review the files in Notepad if their computer is large enough for the file. However, files are very large and the average consumer's computer is unlikely be able to download or search that much data.

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.

Where will UnitedHealthcare publish the machine-readable files? Update 8/8/22

The machine-readable files are posted on a publicly available site called transparency-in-coverage.uhc.com as of July 1, 2022.

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

How long will the medical claims history be retained for the MRF? Will it be purged after a certain period of time? Update 8/8/22

UnitedHealthcare publish updated MRFs on a monthly basis, replacing the prior month's file online. This will occur 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 available on the public website, the remaining 6 years and 11 months in archive.

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.

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 they own legal counsel.

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Will you only provide your data, or will your platform allow for merging other vendor's data (e.g., PBM, specialty network, etc.)? Update 8/8/22

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.

By July 1, 2022, UnitedHealthcare will create and publish the files for medical plans (at this time the pharmacy MRF is delayed pending additional rulemaking). 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 8/8/22

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 posted to their sites directly.

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 is publicly available data. Therefore, UnitedHealthcare will not add contractual language that prevents its use by vendors of the clients.

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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 9/1/21

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 rulemaking.

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

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.

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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 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.

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Which data file format (e.g., JSON, XML, YAML, etc.) will be used? Update 7/30/21

Final data format is JSON.

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 its 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.

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.

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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 8/19/22

At this time, the pharmacy machine-readable file has been delayed pending additional rulemaking.

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.

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.

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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.

Will 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 will UnitedHealthcare provide the data files to the employer if requested? **Update 8/19/22**

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.

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MRF preparing for July 1 enforcement date

What are fully insured groups and ASO groups requirements to make the MRF available?

Update 1/25/23

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

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 name in them. They will be 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

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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 5/2/22

By July 1, 2022, UnitedHealthcare will create and publish the files for medical plans (at this time the pharmacy MRF are delayed pending additional rulemaking). 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 must have confirmed this by May 15. Our expectation is that the ASO client MRFs will be retrieved by the client directly.

What if a customer does not have a publicly available website? New 5/2/22

The requirement is to make the link available on a publicly accessible website. If they do not have one, the customer should discuss the requirement with their company legal counsel. UnitedHealthcare does not provide legal guidance.

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 5/4/22

The link that will be used for the Machine Readable files is transparency-in-coverage.uhc.com and will be made public 7/1/22.

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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.

When will the files be posted by each month? New 5/11/22

The files will be updated and posted by the first of each month.

Does UHC have any additional insight or direction on records retention of the monthly file? Update 6/10/22

Files will be posted and available for the current month and retained in accordance with our records retention policies. If a customer wishes to retain the files, they will need to do so by downloading and saving the files each month.

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 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 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.

Are BIND and UMR included in the machine-readable files? New 5/17/22

Yes. BIND and UMR plans where UHC pays the claims are included in the machine-readable files on transparency-in-coverage.uhc.com that will begin to be available monthly by 7/1/22.

For groups that renew after 7/1, For example 8/1 or 9/1 do they have to comply with MRF posting on 7/1 or on their renewal if they renew between 8/1 and 12/1/2022? New 6/11/22

Clients renewing regardless of month, as long as their account is active and the data resides in our systems, are included in our MRFs. MRFs must be posted on 7/1/22 and monthly thereafter.

Can the link to the MRF be sent out in an email by the self-funded customer, if they do not have a website? New 6/11/22

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These files must be publicly available via website or some other public site. Customers will need to find solution. Customer should discuss with their own counsel.

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.

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 9/1/21

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

For clients with a direct relationship with Teledoc, built as a client specific network (CSP, GSP) in UnitedHealthcare's systems, for which we pay the claims, the rates will be included in the MRFs.

Will data for a client custom network be included in the machine-readable files? Update 9/1/21

We will include a client specific network (GSP, CSP) if the data is in our system and we pay the claims.

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.

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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.

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Consumer Price Transparency Tools (CPTT)— Transparency Rule

The Consumer Price Transparency Tools under the Transparency Rule begin to go in to effect on and after January 1, 2023.

What must be included in the Consumer Price Transparency tool? Update 9/1/22

The tool must make available to participants, beneficiaries and enrollees or their authorized representative personalized out-of-pocket cost information as well as the underlying negotiated rates for all covered health care items and services including prescription drugs. The information must be available through an internet-based self-service tool and when the member request it, the information must be provided in writing.

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

Most consumers will be able to get real-time and accurate estimates of their cost-sharing liability for health care items and services from different providers. The tool requirements may allow the members shop and compare health care costs before receiving care.

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

Starting with plan years beginning on or after January 1, 2023, insurers and plans must make the tool available for 500 shoppable items, services and drugs identified in the rule. For the first year, most of these required services are medical.

All covered items, services, and drugs will be required to be included in the consumer price transparency tools for plan years that begin on or after January 1, 2024.

What is meant by all items and services? Update 9/1/22

Beginning on and after January 1, 2024, the disclosure requirement for the cost comparison tool expands to **all** medical care covered by the insurer or plan including charges in connection with office visits, virtual care, medical tests, durable medical equipment, and prescription drugs.

What is UnitedHealthcare approach to Consumer Price Transparency Tool (CPTT) enhancements being made and when the enhanced tool will be available? Update 12/7/22

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

- For those UnitedHealthcare entities that use myuhc.com, members will have the myuhc.com experience.

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

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

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

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

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

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

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

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

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

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

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

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

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

The Transparency in Coverage rule requires insurers and plans to create online consumer tools that include personalized information regarding members' cost-sharing responsibilities for covered items and services, including prescription drugs.

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

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

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

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

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

- Billing code or descriptive term (e.g., rapid flu test),
- Provider/pharmacy name, and
- Other factors relevant to determine cost sharing (e.g., facility name, service location)

The consumer can adjust their search or prioritize the results based on geographic proximity of providers and the estimated cost share liability for the item/services/drug if there are multiple results.

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

What are care paths on myuhc.com and why are they not on the cost estimation tool? New 12/7/22

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

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

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

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

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

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

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

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

Reminder: The provider search is not a provider directory

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

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

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

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

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

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

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

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How do I perform a new search when the existing code or service is still displayed?

New 12/7/22

Select the "X" within the search field to clear the prior results and begin a new search.

What if I can't find a service? **New 12/7/22**

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

Example: if looking for a doctor's visit, the member must include the apostrophe to return a more accurate list of services to choose from

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

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

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

Why is my plan summary information incorrect? **New 12/7/22**

The plan summary is always going to reflect the individual deductible and out-of-pocket (OOP) maximum not the family deductible or OOP. Where the member only has a group deductible and OOP Max - the plan summary will display as the deductible is met with a \$0 but results would display for OOP related to the family.

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

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

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

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

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

INN providers - contracted rates are accessed from provider source systems

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

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

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

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

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

Today's consumers have more of a vested interest in understanding the cost of care and have more options, making it important for consumers to understand the cost of services and their share of the cost before they have the service.

According to the federal agencies, the transparency in coverage requirements may provide the following consumer benefits:

- Enables consumers to evaluate health care options and to make cost-conscious decisions.
- Strengthens the support consumers receive from stakeholders that help protect and engage consumers.
- Reduces potential surprises in relation to individual members' out-of-pocket costs for health care services.
- Creates a competition that may narrow price dispersion for the same items and services in the same health care markets.
- Potentially lowers overall health care costs.

UnitedHealthcare provides these types of transparency tools to members to support the member optimizing their benefits and help the member to access lower cost, more affordable health care services.

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

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

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

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

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

Yes.

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Scope for CPTT - What's included or not

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

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

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

Grandfathered plans are those that were in place prior to the March 23, 2010, enactment of the Affordable Care Act (ACA). Grandfathered plans are exempt from many ACA requirements provided no significant changes are made to the plan design. A health plan must disclose whether it considers itself a grandfathered plan.

Transitional Relief plans became effective after the ACA enactment and do not comply with certain ACA provisions. Federal regulators have allowed these plans to renew under a non-enforcement policy on an annual basis if they plan is otherwise permitted by state law.

Grandfathered are not required for machine-readable files.

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

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

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

When dental or vision are integrated with the medical plan, would they be included in the machine-readable file requirement? Update 9/1/22

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

While the rule does not apply to excepted benefits such as standalone dental or vision coverage, if those benefits are integrated with the medical plan, they would be subject to the rule.

Are non-ERISA self-funded plans included in the Transparency Rule requirements? New 4/8/21

Yes, subject to potential government immunities, non-ERISA self-funded plans are impacted and must meet the requirements for both machine-readable files and price comparison tool. Clients should always discuss the issue with their legal counsel.

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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.

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Price Comparison Tool –Consolidated Appropriations Act Requirement

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

UnitedHealthcare Current Support for Price Comparison

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

UnitedHealth Group has long supported actionable price and quality transparency for consumers. UnitedHealthcare currently offers industry leading transparency tools to a significant portion of UnitedHealthcare's business. To prepare for the new rule, UnitedHealthcare is working to ensure a price transparency tool and machine-readable rate files are available for all UnitedHealthcare platforms, pricing structures, and plan designs for individuals and their authorized representatives at the appropriate time, consistent with the requirements if and when they become effective.

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

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

Currently, UnitedHealthcare provides episode-of-care estimates composed of one or more treatment steps occurring over time, and each treatment step may include one or more procedures. Rather than searching by procedure and then having to assemble all the procedures to get an estimate, members can compare and understand steps and costs in the treatment(s) they are evaluating.

Using the most accurate methodology for calculating costs, estimates are based on provider fee schedules, which are in turn based on UnitedHealthcare-contracted rates. In the small number of cases when that information is not available, estimates are based on historical claims with the care provider.

Estimates also reflect the member's health plan benefits and display member cost share based on the member's plan design and real-time progress towards deductibles and out-of-pocket maximums. Members can also evaluate available quality and efficiency information for network physicians by following links provided in their search results. Encouraging consumers to visit high-quality health care providers has important implications for individuals, employers, and the health care system.

Collaboration with care providers is critically important when building cost estimators and other consumer support tools to ensure they enhance the overall patient experience – and accurately portray expected costs and treatment options – rather than focus solely on costs.

Real-time integration with core systems helps our service advocates support members who call to discuss the cost estimates. Our advocates are qualified representatives who will be available to provide direct, hands-on guidance, as they see the same cost information as the members.

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UnitedHealthcare will use our expertise and experience as we develop the price transparency tools required under the Transparency in Coverage Rule in 2023 and 2024.

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

Currently, our service advocates support members who call to discuss the cost estimates. Our advocates are qualified representatives who will be available to provide direct, hands-on guidance, as they see the same cost information as the members.

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

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

According to the regulations, the self-service tool must allow users to search for cost-sharing information for a covered item or service by inputting the name of a specific in network provider in conjunction with a billing code or descriptive term, as well as other relevant factors like location of service, facility name, or dosage.

The final rules require refining and reordering search results only for in-network providers, as the Departments are of the view that doing so for out-of-network providers would be too burdensome at this stage.

The Departments expect that in order for beneficiaries, participants, and enrollees to search for out-of-network providers, they would have to input, at minimum, the billing code or name of an item or service and the geographical location of the provider.

How can a member change their search for a cost estimate, e.g., a different provider, different radius? Update 9/2/22

How does a member access the cost estimation tool? Update 9/2/22

The way a member accesses Find Price and Care today is the same way they access the tool.

If a member uses the cost estimation tool, then the member would enter their Big 5 key information. For example: first name, last name, DOB, etc.

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

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

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Logistics and Process for CPTT

Will you incorporate external data (e.g., PBM, specialty network, etc.) into the platform?

Updated 9/1/22

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

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

Does UnitedHealthcare support a mobile cost estimate tool experience? New 9/2/22

Not at this time. The tool will be available online through the portals.

Legislation states if you do not have a web based tool, you must have an app. In the future UnitedHealthcare may look to enhancements including putting it on a UnitedHealthcare app.

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

Screen shots are not currently available.

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Disclosure Requirement

What information must be provided to the members in the health plan? **New 4/8/21**

Beginning with plan years on and after 1/1/2023, issuers and self-funded plans are required to provide members with the following information.

- An estimate of cost share responsibility: The member's cost share for an item or service covered under the plan.
- Accumulated amounts: Any accrued deductible or out of pocket payment amount including the items and services that accrued under the plan.
- Negotiated rates: based on network provider payments for items and services.
- Out-of-network allowed amount: max a plan would pay and out-of-network provider for a covered item or service.
- Content list of items and services: for bundled services a list of each covered item and service plus the costs for bundled services.
- Notice of prerequisites to coverage: health plans must inform the member if an item or service is subject to medical management requirements including prior authorization, concurrent review, step therapy.
- Disclosure notice that the tool is providing an estimate and that actual costs may vary.

What is required in the disclosure notice? **New 4/8/21**

The issuer and the self-funded health plan must provide the following disclosures in plain language:

- Information disclosing that out-of-network providers may balance bill the individual member for the difference between what the provider billed and the member's cost share amount (copayment, deductible or coinsurance) if and when balance billing is permitted under state or federal law.
- A statement that the actual charge may be different from the estimate.
- A statement that the cost share estimate is not a guarantee of coverage.
- Information on whether the copay counts toward the deductible and the out-of-pocket max.

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UnitedHealthcare Approach

Will UnitedHealthcare support the transparency rule requirements? Update 4/9/21

UnitedHealth Group is committed to compliance with the laws and regulations applicable to our business and intends to comply with the requirements of the rules.

UnitedHealth Group has long supported actionable price and quality transparency for consumers and currently offers transparency tools to a significant portion of our business.

To prepare for the new Transparency in Coverage rule, UnitedHealthcare is working to ensure a price transparency tool and machine-readable rate files are available for all UnitedHealthcare platforms, pricing structures, and plan designs for individuals and their authorized representatives at the appropriate time.

Is UnitedHealthcare prepared to support customer compliance with the new law? Update 7/20/21

Yes. UnitedHealthcare will support customers in complying with the new rule.

- Create and publish the files for medical and pharmacy plans (by product, searchable by plan).
- Create files at the product level for all customers that have a standard product that is searchable at the plan level.

Self-funded customers that have plans with custom networks should discuss their needs related to compliance with the final Transparency in Coverage rule with their UnitedHealthcare representative. These requests will be considered on a case by case basis.

On January 1, 2022, UnitedHealthcare will not have the capability to support creation or acceptance of raw data for file creation or publication.

Will UnitedHealthcare retain the MRF data and if so for what amount of time? Update 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.

If a provider terminates with UnitedHealthcare does the inclusion of that data terminate immediately? New 3/16/22

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No. Rates for a provider that is no longer active with UnitedHealthcare remains in the MRF one month following the termination of the provider contract.

For OON provider groups or facilities do the machine readable files use social security numbers (SSN), tax id numbers (TIN) or NPI? New 3/16/22

The OON MRF will include NPI for all providers regardless of whether the SSN or TIN was provided. Per CMS clarification the SSN is considered personally identifiable information and therefore will not be used by UnitedHealthcare.

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.

Self-funded Customer Support

UnitedHealthcare is committed to helping customers comply with the new rule. **Update 9/1/21**

UnitedHealthcare will create, generate, and publish the in- and out-of-network machine-readable files for our customers including self-funded customers. The files will be effective for plan years on and after Jan. 1, 2022. These will be available on a publicly available website effective July. 1, 2022 and monthly thereafter.

The pharmacy machine-readable file will be available once the new guidance outlines the requirements and timing. As outlined in FAQ 49, this file is no longer required at the same time as the other two files.

UnitedHealthcare is going to create, generate and publish the machine-readable files for our clients.

Is UnitedHealthcare prepared to support customer compliance with the new law? **Update 9/1/21**

Yes. UnitedHealthcare will support customers in complying with the new rule.

UnitedHealthcare is committed to supporting our self-funded customers' requirements to provide machine-readable files at no cost by the regulatory implementation dates, including:

- Create and publish the files for medical plans.

Note: UnitedHealthcare plans to create and publish the in- and out-of-network MRF on the 7/1/22 enforcement date. The files will be effective for plan years on and after 1/1/22.

- Create and publish the files for Rx plans once additional rulemaking is provided.
- 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.

- Support custom network (GSP and CSP) where UnitedHealth pays claims.
- Meet regulatory implementation dates.

UnitedHealthcare can support certain customized services including creating the monthly files and making them available for publication by the customer. Self-funded customers should contact their UnitedHealthcare representative to determine if a fee applies.

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Certain services will not be available for July 1, 2022, including creating and sending raw data for file creation or publication of machine-readable files, accepting raw data or machine-readable files from others (e.g., vendors, other carriers), and merging data to create the file or publish customized data elements contained in the files.

Important change based on FAQ49 - the pharmacy machine-readable file is not required until additional rule making is issued.

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Pharmacy Approach for Integrated Pharmacy

What are the requirements for prescription drugs? Update 9/1/21

The Rule includes requirements for prescription drugs for both the Machine-Readable Files and the Member Price Comparison Tool. 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.

Publicly Available Pharmacy Machine-Readable Files delayed pending additional rulemaking: Plans will be required to make available to the public without password protection, including consumers, researchers, employers, and third-party developers, machine-readable files disclosing detailed drug pricing. For drugs, this means payment rates to in-network pharmacies and historical net prices including rebates.

The Rule requires the machine-readable file to include the “Average Historical Net Price” which is an aggregation of what could be multiple price points over time, and the “Negotiated Price” which is OptumRx’s contractual agreement with pharmacies.

The file must be updated monthly for each plan each client offers that includes negotiated pharmacy rates.

The prescription drug files must be provided for each plan offered by each client that includes the applicable negotiated pharmacy rate in effect for the current pharmacy contract period, and data for the 90-day period beginning 180 days before the file publication date with plan net paid amount (i.e., inclusive of rebates, discounts, chargebacks, fees, and other price concessions) for each contracted pharmacy by NDC.

Consumer Price Transparency Tool: Plans will be required to offer an Internet-based cost estimator tool, like OptumRx’s MyScript Finder, to estimate personal cost-share liability for both medical and Rx drugs. The tool must include the pharmacy’s negotiated rate with OptumRx at varied drug dosage levels including designs that may be applicable to the member (e.g., accumulators, in-network/OON, Prior Authorization, Step Therapy).

The member facing price comparison tool is required to have member out-of-pocket cost sharing, member accumulated deductibles or out-of-pockets, pharmacy negotiated rates, and allowed amounts for each drug for each pharmacy within the network.

By 1/1/2023, a subset of 500 services are required; almost all of which are medical and not applicable to prescription drugs. By 1/1/2024, the tool must list all services including prescription drugs.

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

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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 rulemaking is in place, the pharmacy MRF is delayed.

Member Cost Comparison Tool: OptumRx is a market leader in providing actionable, consumer-relevant cost and quality information through consumer and physician tools to improve informed decision-making. We are assessing the price comparison tools to ensure compliance with all aspects of the Rule beginning 1/1/23 and 1/1/24. Note that the required elements for 1/1/2023 appear to be primarily medical services.

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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 8/24/21**

Yes. OptumRx will support our clients with creation of machine-readable files. We are working on our approach to file generation and how to most efficiently scale reporting given the number of clients and volume of plans we support. Based on Tri Agency FAQ 49 released on August 20, 2021, the actual date for implementation of the pharmacy machine-readable file will be determine when additional rule making comes out. More to come on timing at that time.

A core work team has been established, business requirements are documented, and our IT analysis team is engaged in the work. We have identified the necessary data elements for reporting and posting and building a report prototype. OptumRx has defined its sources for all but a few of the required data elements (e.g., employer TIN and HIOS IDs). We are working on our plan to support this gap, likely through a crosswalk file provided to OptumRx from the client.

OptumRx is currently proposing three different service levels to support clients with their compliance to the Rule as summarized below.

Advanced:

- Collation of Client data with OptumRx data
- Aggregate the data into the required layout per Appendix 4 requirements
- Audit and data quality check
- Provide data dictionary
- Data may be requested in csv or converted to a machine-readable format (JSON file)
- Client is responsible to display on a public website

Premium: End to end solution includes:

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- Collation of Client data with OptumRx data
- Aggregate the data into the required layout per Appendix 4 requirements
- Audit and provide quality check
- Provide data dictionary
- OptumRx creates machine readable JSON file and hosts data on a public website
- OptumRx is highlighted as “Name of Reporting Entity” on file and will receive and respond to questions
- Provide client with display URL for their portals
- Maintain and publish the monthly updates.

Complex: Non-standard processing/formatting solution for health plan and TPA clients with downstream plan sponsors. Product addresses:

- Client with contract arrangements or pricing inputs not in OptumRx preview
- Additional crosswalk activities with client to complete file processing
- IT/Ops support outside of standard operating procedures

More information will be shared this summer on the approach to client engagement and capturing client-specific desired service levels.

What if my client wants services outside of the standard service levels OptumRx is offering? Are we able to customize our approach? Update 7/20/21

OptumRx may be able to accommodate certain levels of customization for select large employers and health plan clients. Customization will require an additional implementation fee and OptumRx will review the ability to support custom requests on a case by case basis.