

Compliance Overview

Highlights

Enforcement Dates

- MRF requirements were generally applicable for plan years beginning on or after Jan. 1, 2022.
- Federal agencies deferred enforcement of the first and second MRFs related to disclosing in-network and out-of-network data until July 1, 2022.
- Enforcement of the third MRF relating to prescription drugs was temporarily delayed, but the delay has been rescinded. Under FAQs issued Oct. 7, 2026, plans and issuers are expected to publish this MRF starting in **Dec. 2027** and monthly thereafter.
- Changes to the MRF requirements **will apply in phases beginning in 2027** pursuant to a 2026 final rule.

Covered Plans

- The rules apply to group health plans and health insurance issuers in the individual and group markets.
- The rules are not applicable to grandfathered plans, excepted benefits and account-based plans, such as HRAs, FSAs and HSAs.



Health Care Transparency: Posting Machine-readable Files

The [Transparency in Coverage Final Rules](#) (TiC Final Rules) require group health plans and health insurance issuers to disclose on a public website detailed pricing information in **three separate machine-readable files (MRFs)**. Specifically, the following information must be disclosed:

- First file: In-network provider negotiated rates for covered items and services (the **"In-network Rate File"**);
- Second file: Historical payments to and billed charges from out-of-network providers (the **"Allowed Amount File"**); and
- Third file: In-network negotiated rates and historical net prices for covered prescription drugs (the **"Prescription Drug File"**).

The files must be publicly available and accessible free of charge without any restrictions. Health plans and issuers must periodically update the information required to be included in each MRF to ensure it remains accurate. Most employers rely on their insurance carriers, third-party administrators (TPAs) or pharmacy benefit managers (PBMs) to provide the MRFs.

On Oct. 6, 2026, federal agencies published a [final rule](#) revising the MRF requirements, **including new file types. The changes apply in phases, beginning in 2027, and are discussed below.**

Links and Resources

- [TiC Final Rules](#) from November 2020
- [FAQ guidance](#) from September 2023 ending certain enforcement relief for providing the MRFs
- [Final rule](#) from October 2026 that updates the TiC Final Rules and revises MRF requirements
- [FAQ guidance](#) from October 2026 explaining the timeline and format for updated MRFs

Provided by **Parrott Benefit Group**

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Machine-readable Files (MRFs)

The In-network Rates, Allowed Amounts, and Prescription Drug Files must be disclosed as machine-readable files. The TiC Final Rules define “**machine-readable file**” as a digital representation of data or information in a file that can be imported or read by a computer system for further processing without human intervention while ensuring no lost semantic meaning. This ensures the MRF can be imported or read by a computer system without those processes resulting in alterations to the ways data and commands are presented in the file. A plan or issuer’s file will be acceptable so long as it includes all required data elements mandatory for the respective file and is formatted in a manner consistent with technical implementation guidance.

To promote standardization, the October 2026 final rule **requires plans and issuers to publish their MRFs in a single format beginning March 6, 2027**. FAQs issued on Oct. 7, 2026 confirm that **JSON is the specified format** in which plans and issuers should publish their MRFs, with the exception of the Text File which is required to be published in .txt format.

Nonduplication Rule

Most employers rely on their carriers or third-party service providers, such as TPAs or PBMs, to satisfy the MRF disclosure requirements. Accordingly, the TiC Final Rules include a special rule to streamline the provision of the required disclosures and avoid unnecessary duplication. The special rule has different implications depending on the type of health plan:

- **Fully insured plans:** A fully insured group health plan satisfies the MRF requirements if the issuer offering the coverage is required to provide the information pursuant to a written agreement between the plan and issuer. **Accordingly, if a plan sponsor and an issuer enter into a written agreement under which the issuer agrees to provide the information required and the issuer fails to provide full or timely information, then the issuer, not the plan, has violated the TiC Final Rules’ disclosure requirements.**
- **Self-insured plans:** A self-insured group health may satisfy the MRF requirements by entering into a written agreement under which another party (such as a TPA) will make public the required information. But the plan must monitor the other party to ensure the entity is providing the required disclosures. **It is ultimately the responsibility of the health plan to ensure that the third party provides the required information.**

Website Posting

[FAQs](#) from August 2022 clarified that nothing in the TiC Final Rules requires health plans to create their own website for the purposes of providing a link to a location where the MRFs are publicly available, where the group health plan does not have its own public website or the plan sponsor (e.g., the employer) maintains a public website, but the group health plan sponsored by the employer does not.

Instead, a plan may satisfy the MRF disclosure requirements by entering into a written agreement under which a service provider (such as a TPA) posts the MRFs on its public website on behalf of the plan. To the extent a service provider posts the required information on its public website on behalf of a plan, the plan satisfies the requirements with respect to posting the information on a public website if the service provider makes the information available in the required manner, regardless of whether the group health plan has a public website. Notwithstanding this clarification, if a plan enters into an agreement under which a service provider agrees to post the MRFs on its public website on behalf of the plan, and the service provider fails to do so, the plan violates the MRF disclosure requirements.

The October 2026 final rule adds new findability requirements, which will apply beginning Sept. 6, 2027. Specifically, plans and issuers must publish a plain text file (.txt file) located in the root folder of their website (or under certain circumstances, for another party to publish the file on its public website on their behalf) with information on the specific location of the MRFs. This file must also include contact information, including a monitored email address for an individual or group dedicated to receiving and responding to inquiries and issues related to the MRFs. In addition, plans and issuers

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will be required to add a link in the footer of the homepage of their website titled “Price Transparency” or “Transparency in Coverage” that routes directly to the publicly available webpage that hosts the MRFs.

Recent Developments

Final Rule to Improve Transparency

On Oct. 6, 2026, the Departments published a [final rule](#) to improve price transparency disclosure requirements for non-grandfathered group health plans and health insurance issuers under the TiC Final Rules, consistent with President Donald Trump’s [executive order](#) from February 2025 on improving health care price transparency. According to the Departments, the changes will improve the standardization, accuracy and accessibility of the In-network Rate and Allowed Amount Files by reducing file complexity and size and making the data more usable. Beginning **March 6, 2027**, these files must be updated quarterly (Jan. 1, April 1, July 1 and Oct. 1) rather than monthly. Beginning **Sept. 6, 2027**, the final rule also adds a Taxonomy File and a Utilization File, with the Utilization File posted annually starting **July 1, 2028**. To improve the findability of all MRFs, plans and issuers must also publish a Text File with contact information and a footer with website URLs. More details on the final rule’s MRF revisions are available in CMS’s [fact sheet](#).

Implementation FAQs and New Posting Schedule

On Oct. 7, 2026, the Departments issued [Implementation FAQs](#) setting the timeline for the updated MRFs, the required MRF format and the timeline for the Prescription Drug File. **Until April 1, 2027, plans and issuers are expected to continue complying with the 2020 TiC Final Rule.**

Plans and issuers are required to publish the updated MRFs on the following schedule:

- **In-network Rate and Allowed Amount Files:** These move from monthly to quarterly posting. The first updated MRFs must be published on **April 1, 2027**, and quarterly thereafter (i.e., July 1, 2027, Oct. 1, 2027, Jan. 1, 2028, and April 1, 2028);
- **Taxonomy File:** This new file must be published on **Oct. 1, 2027**, and quarterly thereafter;
- **Text File:** This new file must be published on **Oct. 1, 2027**, and within seven calendar days of any updates; and
- **Utilization File:** This new file must be published annually on July 1, beginning **July 1, 2028**.

In addition, plans and issuers will be expected to publish the **Prescription Drug File starting in December 2027** and monthly thereafter. The Departments had previously delayed enforcement of this requirement but rescinded that delay in Sept. 2023.

Prior Enforcement Safe Harbor for In-Network Rates

In April 2022, the Departments issued [FAQs](#) providing an enforcement safe harbor for in-network rates that are not expressed as a dollar amount. However, the Departments’ [FAQs](#) from Sept. 27, 2023, rescinded this safe harbor, stating that the Departments did not intend to provide a categorical exception to the MRF posting requirements, and clarifying that whether a plan or issuer can comply with the requirement to disclose certain rates as dollar amounts is a fact-specific determination. Thus, the Departments intend to exercise enforcement discretion with respect to this requirement on a case-by-case basis.