# FAQS ABOUT AFFORDABLE CARE ACT IMPLEMENTATION PART 70

May 22, 2025

Set out below are Frequently Asked Questions (FAQs) regarding implementation of certain provisions of the Affordable Care Act (ACA). These FAQs have been prepared jointly by the Departments of Labor, Health and Human Services, and the Treasury (collectively, the Departments). Like previously issued FAQs (available at https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/aca-implementation-faqs and https://www.cms.gov/marketplace/resources/fact-sheets-faqs), these FAQs answer questions from stakeholders to help people understand the law and promote compliance.

## Transparency in Coverage Machine-readable Files

The Departments issued the Transparency in Coverage Final Rules (TiC Final Rules) on November 12, 2020.[1] The TiC Final Rules, in part, require non-grandfathered group health plans and health insurance issuers offering non-grandfathered group and individual health insurance coverage to disclose on a public website information regarding in-network provider rates for covered items and services, out-of-network allowed amounts and billed charges for covered items and services, and negotiated rates and historical net prices for covered prescription drugs in three separate machine-readable files (MRFs).[2] The MRF requirements of the TiC Final Rules are applicable for plan years (in the individual market, policy years) beginning on or after January 1, 2022.[3]

As set forth in the preamble to the TiC Final Rules,[4] the Departments issue technical implementation guidance for the MRFs on GitHub in the form of schemas. Schemas provide the technical data formats for the MRFs. GitHub is an online hosting platform for development and source code management that permits version control. The CMS GitHub project for Price

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[1] 85 FR 72158 (Nov. 12, 2020). OMB Control Number 0938-1429.
[2] The Departments deferred enforcement of the TiC Final Rules' requirement that plans and issuers publish machine-readable files relating to prescription drug pricing pending further rulemaking in FAQs Part 49. *See* FAQs About Affordable Care Act and Consolidated Appropriations Act, 2021 Implementation Part 49 (FAQs Part 49) (Aug. 20, 2021), Q1, available at: https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-49.pdf and https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-Part-49.pdf. In FAQs Part 61, the Departments rescinded Q1 of FAQs Part 49, which had expressed the Departments' general policy of deferring enforcement of the TiC Final Rules' prescription drug machine-readable file requirement pending further consideration in a future rulemaking. The Departments indicated they intend to develop technical requirements and an implementation timeline for the prescription drug file in future guidance. *See* FAQs About Affordable Care Act Implementation Part 61 (FAQs Part 61) (Sept. 27, 2023), Q1, available at: https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-61 and https://www.cms.gov/files/document/faqs-about-affordable-care-act-implementation-part-61.pdf.
[3] The Departments deferred enforcement of the TiC Final Rules' requirement to publish the In-network Rate and Allowed Amounts Files from January 1, 2022, until July 1, 2022. *See* Affordable Care Act Implementation FAQs Part 49, (Aug. 20, 2021), Q2, available at: https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-49.pdf and https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-Part-49.pdf.
[4] 85 FR 72158, 72221.

Transparency Guide[5] hosts the repository set of schemas and provides a space for the Departments to collaborate with industry, including regulated entities and third-party developers, to ensure the file formats can meet the public disclosure data requirements for various plan and contracting models.

After a period of stakeholder collaboration on GitHub following the publication of the TiC Final Rules in November 2020, the Departments finalized schema version 1.0 on March 1, 2022. The Departments began enforcing schema version 1.0 on July 1, 2022. Since that date, the Departments have continued to receive stakeholder feedback on schema optimizations to promote more effective disclosure of pricing information. This has led to the release of subsequent versions of the schemas with optional enhancements.

On February 25, 2025, the President issued Executive Order (E.O.) 14221, "Making America Healthy Again by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing Information,"[6] which directs the Secretaries of the Treasury, Labor, and HHS to take steps to strengthen the implementation and enforcement of healthcare transparency regulations issued pursuant to E.O. 13877,[7] including the TiC Final Rules, by ensuring standardized, easily comparable data across hospitals and health plans and transparent reporting of complete, accurate, and meaningful data.

The Departments are committed to the continued improvement of the MRFs and have identified several areas for strengthening disclosure requirements. The Departments intend to address concerns regarding the MRFs related to accessibility due to file size, data integrity, and a lack of critical context that limits full transparency. As an important step towards fulfilling the promise of radical transparency and in response to E.O. 13877, the Departments intend to release schema version 2.0, which will implement revised technical requirements for the in-network file and out-of-network allowed amount and billed charges file. In particular, schema version 2.0 will reduce file size by requiring exclusion of duplicative data, reducing unnecessary data fields, and will include updates to better contextualize the data, making it more meaningful to ultimately achieve greater transparency. The Departments are also considering rulemaking to further refine and improve upon the MRF requirements under the TiC Final Rules.

With respect to schema version 2.0, the Departments anticipate that optimizations to the technical requirements will implement, but not be limited to, the following improvements:

- Decrease duplicative data within the files by requiring provider groups to be listed once and only referenced throughout the file instead of redefining each provider group for each negotiated rate
- Reduce the total number of files by requiring the use of a Table of Contents file for plans or policies that share negotiated rates
- Reduce data redundancy within the files by requiring, as applicable, the reporting of a custom place-of-service code for prices that apply to all locations instead of listing all places of service for each negotiated rate

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[5] *See* https://github.com/CMSgov/price-transparency-guide/.
[6] Exec. Order No. 14221, 90 Fed. Reg. 11005 (Feb. 25, 2025).
[7] Exec. Order No. 13877, 84 Fed. Reg. 30849 (June 24, 2019).

- Allow users to navigate the data more effectively by requiring clear disclosure of the applicable provider network information

**Q1: What will the process be for updating the schema version 2.0 specifications?**
The Departments will follow the same process for developing schema version 2.0 as took place for schema version 1.0, engaging industry in collaboration on GitHub beginning with the release of this guidance. The Departments will introduce new schema elements and reporting requirements, request feedback on the discussion board, and diagram examples of files in the new format. When decisions are finalized on GitHub, the Departments will provide the policy context and explanation of the changes in plain language on the Transparency in Coverage website[8] on the Transparency in Coverage Technical Clarifications webpage.[9] The Departments will also host a series of webinars[10] throughout the iteration process to explain the changes, take questions, and provide technical assistance to file developers.

**Q2: When will the Departments finalize the technical guidance for schema version 2.0?**
The Departments intend to finalize schema version 2.0 on October 1, 2025. On this date, plans and issuers will be able to access the finalized updated schema version 2.0 technical requirements for the in-network rate and out-of-network allowed amount and billed charges MRFs on GitHub. Links to the implementation guidance on GitHub are available on the Transparency in Coverage Resources webpage.[11]

**Q3: When will schema version 2.0 be applicable?**
The Departments intend to finalize schema version 2.0 on October 1, 2025, and to give plans and issuers approximately four months to complete the necessary updates to build files compliant with schema version 2.0. Starting February 2, 2026, compliance with the requirement that plans and issuers publicly disclose information related to in-network rates and out-of-network allowed amounts and billed charges will be assessed using schema version 2.0. Until that date, plans and issuers are expected to continue complying with the requirements of the TiC Final Rules using schema version 1.0.

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[8] *See* https://www.cms.gov/priorities/key-initiatives/healthplan-price-transparency.
[9] *See* https://www.cms.gov/healthplan-price-transparency/resources/technical-clarification.
[10] *See* https://www.cms.gov/healthplan-price-transparency/resources/webinars.
[11] *See* https://www.cms.gov/healthplan-price-transparency/resources.