FAQS ABOUT THE AFFORDABLE CARE ACT IMPLEMENTATION PART 76

November 17, 2026

Set out below are Frequently Asked Questions (FAQs) regarding implementation of certain provisions of the Affordable Care Act (ACA). These FAQs were jointly prepared 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#Affordable_Care_Act), these FAQs answer questions from stakeholders to help people understand the law and promote compliance.

Transparency in Coverage Machine-readable Files

The Transparency in Coverage (TiC) Final Rules were published on November 12, 2020 (the 2020 TiC Final Rules).[1] The 2020 TiC Final Rules require non-grandfathered group health plans and health insurance issuers offering non-grandfathered group or 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 (In-network Rate File, Allowed Amount File, and Rx File, also referred to as MRFs). The MRF requirements of the 2020 TiC Final Rules apply for plan years (in the individual market, policy years) beginning on or after January 1, 2022.[2]

With respect to prescription drug reporting, the 2020 TiC Final Rules require two primary disclosures in the Rx File.[3] The first is negotiated rates with respect to each covered prescription drug (indicated by a National Drug Code (NDC)) that is furnished by an in-network provider, including an in-network pharmacy or other prescription drug dispenser. The second is historical net prices for each covered prescription drug (indicated by an NDC) that is furnished by an in-network provider and associated with the 90-day time period that begins 180 days prior to the publication date of the MRF for each provider-specific historical net price that applies to each NDC. Plans and issuers must omit such data in relation to a particular NDC and provider when the historical net price is calculated using fewer than 20 different claims for payment.

The Departments deferred enforcement of the requirement in the 2020 TiC Final Rules that plans and issuers publish MRFs relating to prescription drug pricing until further rulemaking.[4] The

[1] 85 FR 72158 (Nov. 12, 2020). OMB Control Number 0938-1429.
[2] The Departments deferred enforcement of the requirement to publish the in-network rate and out-of-network allowed amount MRFs until July 1, 2022. *See* FAQs About Affordable Care Act and Consolidated Appropriations Act, 2021 Implementation 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.
[3] 26 CFR 54.9815-2715A3(b)(1)(iii), 29 CFR 2590.715-2715A3(b)(1)(iii), and 45 CFR 147.212(b)(1)(iii).
[4] 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-

Departments subsequently rescinded that policy and stated that the Departments would address enforcement decisions under the relevant requirements of the 2020 TiC Final Rules on a case-by-case basis, as the facts and circumstances warrant.[5]

The Departments published amended TiC Final Rules on October 6, 2026 (the 2026 TiC Final Rules).[6] The provisions of the 2026 TiC Final Rules that apply to the Rx File include:

- The provisions to increase findability of the MRFs:
    - The requirement that plans and issuers publish a plain text file in .txt format in the root folder of a plan's or issuer's website that contains a source page Uniform Resource Locator (URL) that hosts the MRFs, a direct link to the URL for the MRFs, and contact information for an individual or group dedicated to receiving and responding to inquiries and issues related to the MRFs;[7] and
    - A link in the footer on the home page of the plan's or issuer's website, as well as any page of the website that features a footer that is labeled "Price Transparency" or "Transparency in Coverage" and links directly to the publicly available web page that hosts the link to the MRFs.[8]
- The requirement that plans and issuers publish their Rx Files in a single, non-proprietary, open standards format[9]—designated as JavaScript Object Notation (JSON) in FAQs Part 75[10]—and discussed in question five below.
- The requirement that plans and issuers include an attestation and the name of a chief executive officer, president, or senior official designated to oversee the encoding of true, accurate, and complete data as part of the Rx File, to ensure the information encoded is true, accurate, and complete as of the date in the file.[11]

As set forth in the preamble to the 2020 TiC Final Rules,[12] 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 Transparency Guide[13] hosts the repository of MRF schemas and provides a space for the Departments to collaborate with industry, including regulated entities and third-party developers, to ensure plans and issuers can meet the public disclosure data requirements for various contracting models.

This guidance specifies the Departments' process for releasing schema version 1.0 of the Rx File.

FAQs/Downloads/FAQs-Part-49.pdf.

[5] FAQs About Affordable Care Act Implementation 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.

[6] 91 FR 63748 (Oct. 6, 2026).

[7] 26 CFR 54.9815-2715A3(b)(2)(iii), 29 CFR 2590.715-2715A3(b)(2)(iii), and 45 CFR 147.212(b)(2)(iii).

[8] 26 CFR 54.9815-2715A3(b)(3)(iii), 29 CFR 2590.715-2715A3(b)(3)(iii), and 45 CF.R 147.212(b)(3)(iii).

[9] 26 CFR 54.9815-2715A3(b)(3)(i), 29 CFR 2590.715-2715A3(b)(3)(i), and 45 CFR147.212(b)(3)(i).

[10] FAQs About Affordable Care Act Implementation Part 75 (FAQs Part 75) (Oct. 7, 2026), available at https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/aca-part-75 and https://www.cms.gov/files/document/faqs-part-75.pdf.

[11] 26 CFR 54.9815-2715A3(b)(1)(iv), 29 CFR 2590.715-2715A3(b)(1)(iv), and 45 CFR 147.212(b)(1)(iv).

[12] 85 FR 72158 (Nov. 12, 2020). OMB Control Number 0938-1429.

[13] Available at https://github.com/CMSgov/price-transparency-guide/.

Q1: When will plans and issuers be expected to begin publishing Rx Files in accordance with Rx Schema 1.0?

Plans and issuers are expected to publish Rx Files in accordance with Rx Schema 1.0 by December 31, 2027.

Q2: How often do plans and issuers have to publish Rx Files?

Rx Files must be published on a monthly basis as established in the 2020 TiC Final Rules. While the 2026 TiC Final Rules require plans and issuers to publish the In-network Rate and Allowed Amount MRFs on a quarterly basis, the 2026 TiC Final Rules did not modify the monthly publication frequency for the Rx File.

Q3: What will the process be for releasing the Rx File schema specifications?

The Departments will follow the same process as was used for schema versions 1.0, 2.0, and 3.0 of the In-network Rate and Allowed Amount Files—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 the Rx Schema 1.0 in JSON. When decisions are reached on GitHub, the Departments will provide the policy context and explanation of the requirements in plain language on the Transparency in Coverage Technical Clarifications webpage[14] on the Transparency in Coverage website.[15] The Departments will also host a series of webinars[16] throughout the iteration process to explain the schema elements, take questions, and provide technical assistance to file developers.

Q4: When will the Departments release technical guidance for the Rx File?

The Departments expect to begin development of schema version 1.0 for the Rx File on GitHub on or around November 17, 2026. Interested parties may provide feedback on the draft schema at https://github.com/CMSgov/price-transparency-guide/. Schema version 1.0 for the Rx File will be released on or around May 28, 2027.

Q5: In what file format do plans and issuers need to publish their Rx Files?

The 2026 TiC Final Rules require plans and issuers to make MRFs available in a single, non-proprietary, open standards format, in a form and manner specified in guidance issued by the Departments, unless otherwise required.[17] The Departments specified JSON as the single, non-proprietary, open standards format for MRFs in FAQs Part 75. The Departments will provide draft schemas in JSON format to assist plans and issuers in developing their MRFs.

[14] Available at https://www.cms.gov/healthplan-price-transparency/resources/technical-clarification.
[15] Available at https://www.cms.gov/priorities/key-initiatives/healthplan-price-transparency.
[16] Available at https://www.cms.gov/healthplan-price-transparency/resources/webinars.
[17] 26 CFR 54.9815-2715A3(b)(3)(i), 29 CFR 2590.715-2715A3(b)(3)(i), and 45 CFR 147.212(b)(3)(i).