

10/7/26 Alert 2026-08

Employee Benefits Compliance

Final Rule Updates Price Transparency Requirements

Introduction

On October 5, 2026, the U.S. Departments of Labor, Health and Human Services, and Treasury (the Departments) published a [final rule](#) updating the Transparency in Coverage (TiC) requirements for non-grandfathered group health plans and health insurance issuers. The final rule is intended to make healthcare pricing information more reliable, accessible, and meaningful, with the new requirements subject to separate effective dates beginning January 1, 2027. The rule finalizes a proposed rule issued in December 2025 and builds upon the existing TiC framework, with changes largely focused on the structure and cadence of machine-readable files (MRFs). While most of the changes will be handled by carriers and TPAs, plan sponsors should understand the changes and confirm their applicable vendors are prepared to comply with the new requirements.

Background

Transparency in Coverage

The Departments finalized the original TiC rules in 2020, requiring non-grandfathered group health plans and health insurance issuers to provide participants with cost-sharing information and make certain negotiated-rate and out-of-network payment information publicly available through MRFs. These rules were subsequently incorporated into the broader federal price transparency framework established under the No Surprises Act (NSA), which includes similar requirements for providing participants with cost-sharing information.

The newly issued final rule represents the next phase of that framework. It follows Executive Order 14221, "[Making America Health Again by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing Information](#)," which directed the Departments to take additional steps to improve the availability and accuracy of MRF disclosures. In response, the final rule implements additional regulatory steps to eliminate useless data and improve the overall accuracy and accessibility of healthcare pricing information. Regulators envision that plan sponsors will leverage this increased transparency to negotiate better pricing for their plans and pass those savings along to participants, directly or indirectly. To learn more about the broader transparency requirements, see our [Transparency Rules Compliance Insight](#) and [Transparency Deadlines and Compliance Checklist](#).

Key Provisions of the Final Rule

Cost-Sharing Information Available by Phone – Effective for Plan Years Beginning on or After January 1, 2027

The final rule aligns the TiC rules with the NSA's requirement to make personalized cost-sharing information available to participants by phone, in addition to the existing online self-service tool and paper options. While this requirement applies for plan years beginning on or after January 1, 2027, most plans should already have processes in place to provide this information by phone. Nevertheless, employer plan sponsors should confirm compliance with their carrier or TPA.

Changes to MRFs – Applicable March 6, 2027

The final rule makes several changes to the MRF requirements, including moving the in-network rate file from the plan level to the provider-network level. This change aligns with how hospital price transparency data is typically reported and is intended to reduce the size of these files and improve their usability. The Departments also reduced the reporting cadence for the in-network rate file and allowed amount file from monthly to quarterly. This change reduces the operational burden and ongoing maintenance expenses for plans while giving data users adequate time to analyze the data.

New Attestation Requirement – Applicable March 6, 2027

Beginning March 6, 2027, plans and issuers must attest that their MRFs are accurate and complete to the best of their knowledge and belief. Similar to existing hospital price transparency rules, a senior executive (such as the CEO or President) must sign off on the data and be named within the data file to certify its accuracy. Notably, plans may satisfy this requirement by entering into a written agreement with the carrier, TPA, or other third party that prepares and publishes the MRFs on the plan's behalf. Self-funded health plans should confirm that their TPA agreement addresses responsibility for the MRFs and the new attestation requirement.

New Files and Website Requirements – Applicable September 6, 2027

The final rule requires the creation of several new file types to provide additional context related to health plan pricing data: a utilization file, a taxonomy file, and a text file. (The proposed rule included a change log file requirement, which was not ultimately adopted in the final rule.) Together, these new files serve as a data filter and directory, enabling users to better navigate MRF disclosures while isolating and eliminating irrelevant pricing data. These requirements generally apply beginning September 6, 2027, although the initial posting dates vary by file. The taxonomy file and text file will begin with the quarterly posting due October 1, 2027, while the utilization file has a later initial posting

date of July 1, 2028, after which it must be updated and posted annually. Plans must also include a website link in the footer of their website homepage labeled "Price Transparency" or "Transparency in Coverage" that directs users to the MRFs beginning with the quarterly posting due October 1, 2027.

Takeaway for Employer Plan Sponsors

For most employer plan sponsors, compliance with the requirements set forth in the final rule will fall to the carrier or TPA. However, because plan sponsors ultimately retain responsibility for compliance, proactively managing their vendor compliance is critical. Plan sponsors should contact their carrier or TPA to confirm that they are prepared to implement these new requirements by the applicable deadlines. Self-funded plan sponsors should also confirm that their TPA agreement address responsibility for the MRFs and the new attestation requirement.

Disclaimer: This material is provided for informational purposes only based on our understanding of applicable guidance in effect at the time and without any express or implied warranty as to its accuracy or any responsibility to provide updates based on subsequent developments. This material should not be construed as legal or tax advice or as establishing a privileged attorney-client relationship. Clients should consult with and rely on their own independent legal, tax, and other advisors regarding their particular situations before taking action. These materials and related content are also proprietary and cannot be further used, disclosed or disseminated without express permission.