In compliance with The Transparency in Coverage Final Rule, issued in 2020, effective beginning July 1, 2022, health plans and health insurance issuers must publish two separate Machine-Readable Files (MRFs) containing In-Network and Out-Of-Network details. Mitel is pleased to provide the following information for the public.

The final rule was released by the Internal Revenue Service, Department of the Treasury; Employee Benefits Security Administration, Department of Labor; Centers for Medicare & Medicaid Services, Department of Health and Human Services.

The rule requires most group health plans, individual insurance (on and off the Marketplace) and health insurance issuers to disclose price and cost-sharing information to participants, beneficiaries, and enrollees. Pricing to include negotiated rates, billed charges and allowed amounts paid for out-of-network providers, and the negotiated rate and historical net price for prescription drugs (this file has been deferred until further rulemaking). The files will contain the following details:

- In-Network: Negotiated rates for all covered items and services between the plan or issuer and in-network providers

- Out-of-Network: Allowed amount paid to, and billed charges from, out-of-network providers for all covered services within a 90-day period Historical actual billed and allowed amounts for cover items or services incurred by out-of-network providers during the 90 days beginning 180 days prior to the publication date of the file.

The links provided below by each carrier lead to the MRFs that are made available in response to the new health plan Transparency in Coverage Final Rule. The MRFs are formatted to allow participants, researchers, regulators, and application developers to easily access and analyze data.

Please review the carrier sites below and direct any additional questions to the applicable carrier.

Blue Cross Blue Shield PPO   *Kaiser Permanente PPO*

Full details and the Transparency in Coverage Final Rule can be found here.