



On October 29, 2020, in response to President Trump's executive order on Improving Price and Quality Transparency in American Healthcare, CMS Released its Transparency in Coverage Final Rules ("TIC Final Rules") which require, among other things, non-grandfathered group health plans and health insurance issuers offering health insurance in the individual and group markets to make available to the public (including stakeholders such as consumers, researchers, employers, and third-party developers) three separate machine-readable files including detailed pricing information related to (1) negotiated rates for all covered items and services between the plan or issuer and in-network providers, (2) historical payments to, and billed charges from, out of network providers (a minimum of 20 entries must be available to ensure privacy), and (3) the in-network negotiated rates and historical net prices for all covered prescription drugs by plan or issuer at the pharmacy location level.

Medical Mutual has posted this information. [Click here to view.](#)

These files will be updated monthly and include negotiated rates for all in-network providers, and allowed amounts and historical billed charges for out of network providers. At this time, the TIC rule's requirement to post pharmacy cost information has been deferred to an undetermined time.

If you have any questions, please contact Danielle Williams (dwilliams@gcada.org) at your Association. Thank you for your continued support.