

APPENDIX 5: The Change-Log Machine-Readable File Data Elements

The Departments of the Treasury, Labor, and Health and Human Services (the Departments) have issued the Transparency in Coverage proposed rules, which would require group health plans and health insurance issuers in the individual and group markets (plans and issuers) to disclose certain pricing information. Under the final rules, at 26 CFR 54.9815-2715A3(b), 29 CFR 2590.715-2715A3(b), and 45 CFR 147.212(b), a plan or issuer must disclose a Change-log File that identifies any changes made to the required information in the In-network Rate File since the immediately preceding published In-network Rate File. The table below identifies data elements that a plan or issuer is required to include in each machine-readable Change-log File.¹

DATA ELEMENT	DESCRIPTION
General Information	
Name of Reporting Entity ²	The legal name of the entity publishing the machine-readable file.
Type of Entity	The type of entity that is publishing the machine-readable file (a group health plan, health insurance issuer, or a third party with which the plan or issuer has contracted to provide the required information, such as a third-party administrator, a health care claims clearinghouse, or a health insurance issuer that has contracted with a group health plan sponsor).
Date of Last File Update	The date the machine-readable file was last updated.
Version	The version of the schema that the machine-readable file is based from.
Current File Location	A URL to the current quarter’s In-network Rate File.
Identification of Plan or Coverage	
Plan Name	The plan name.
Plan Sponsor Name	The name of the plan sponsor, if applicable.
Plan Identifier	If the Type of Plan Identifier is “HIOS,” the 10-digit Health Insurance Oversight System (HIOS) identifier, or, if the 10-digit HIOS identifier is not available, the 5-digit HIOS identifier. If the Type of Plan Identifier is “EIN,” the Employer Identification Number (EIN) of the plan sponsor.

¹ For more technical implementation guidance for this machine-readable file, please see the GitHub website space established by the Departments. GitHub is a website and cloud-based service that helps developers store and manage their code, as well as to track and control changes to their code. The GitHub space offers the Departments the opportunity to collaborate with industry, including regulated entities, and third-party developers to ensure the file format is adapted for reporting of the required public disclosure data for various plan and contracting models. The GitHub space is available at: github.com/CMSgov/price-transparency-guide.

² A plan or issuer may contract with a third party (such as a third-party administrator, a health care claims clearinghouse, or a health insurance issuer that has contracted with a group health plan sponsor) to satisfy the disclosure requirements, subject to the requirements in the final rules.

DATA ELEMENT	DESCRIPTION
Type of Plan Identifier	EIN or HIOS, as applicable.
Type of Plan Market	The type of market in which the plan is offered (individual, large group, small group, or self-insured group market coverage).
Type of Plan Product	The categorized product type of the plan. This could include Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), etc.
Issuer Name	The name of the plan's issuer.
Identification of Items and Services	
Billing Code	The code used by a plan or issuer or its in-network providers to identify health care items or services for purposes of billing, adjudicating, and paying claims for a covered item or service.
Type of Billing Code	The types of billing codes include the Current Procedural Terminology (CPT) code, Healthcare Common Procedure Coding System (HCPCS) code, Diagnosis-Related Group (DRG) code, National Drug Code (NDC), or other common payer identifiers.
Changes From the Previous In-Network Rate File	
Item or Service	Information that has been updated from the previous reporting period. For example, this information could include updated contracted rates for provider groups or a change negotiated arrangements.
Provider Information	Information identifying providers that have been added or removed from existing provider groups, changes in provider network names, or changes in common business names for provider groups.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1429. This information collection is necessary to implement the Transparency in Coverage requirements and to ensure that plans and issuers accurately document and disclose changes made to previously published in-network rate file. The information will be used to enhance transparency, facilitate regulatory monitoring, and ensure that updates to pricing data are accurately documented. The time required to complete this information collection is estimated to average 576 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and review and complete the information collection. This information collection is mandatory for group health plans or health insurance issuers offering group or individual health insurance coverage, as required under 26 CFR 54.9815-2715A3, 29 CFR 2590.715-2715A3, and 45 CFR 147.212. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.