Machine Readable Files

MultiPlan's Approach to Providing Information Needed to Comply With the Transparency in Coverage Rule
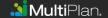
April 5, 2022

MultiPlan's Approach

Facilitating compliance while recognizing our role as a network for lease

- MultiPlan's MRFs will follow CMS schema v1.0.0 which was posted on March 1, 2022, and reflects the guidance given by CMS at that time.

- MultiPlan also has adopted two changes CMS communicated at its 3/16/22 webinar which have the affect of significantly reducing file size: we will separate provider demographic information and related rate information into separate files, and we will reflect the new negotiation type value "percentage" as it relates to professionals, but not institutions.

- We will evaluate other 3/16 guidance such as the new negotiation type value "per diem" and the "percentage" value as it relates to institutions – as well as other CMS changes that are likely to be announced – for incorporation after the July 1, 2022 enforcement date.

- MultiPlan networks are leased by health plans and administrators in a variety of configurations. We make the rate information available by network without customization. We anticipate each payor will incorporate our data into their plan-specific files.

- Similarly, we make the out-of-network allowed information available by cost management service without customization or combination.

- Because we are not a health plan, some of the fields in the CMS schema (e.g., HIOS) are not applicable to MultiPlan and are left unpopulated in the files. We also have left unpopulated most fields that are not required. Our definition will indicate "empty string" in these instances.

About the Schema

For 2022, the respective data elements for the Negotiated Rates for In-Network Providers fall into five general categories:

- General Information
- Identification of Plan or Coverage
- Identification of Providers
- Negotiated Rates
- Identification of Items & Services

CMS breaks down the required MRF schema (v1.0.0) as follows:

- In-Network File
- In-Network Object
- Bundle Code Object
- Covered Services Object
- Negotiated Rate Details Object
- Providers Object
- Tax Identifier Object
- Provider Reference Object
- Negotiated Price Object

Each schema section is shown on the following pages

In-Network Files

Network	GlobalScape MRF Folder Name	MRF Name (file)*
PHCS Network	MRF_PHCS	MPI_PHCS_innetworkrates_<YYYYMMDD>.json
Beech Street Primary Network	MRF_BeechStreet	MPI_Beech_innetworkrates_<YYYYMMDD>.json
HealthEOS Network (incl. Plus)	MRF_HEOS	MPI_HEOS_innetworkrates_<YYYYMMDD>.json
HMA Networks (AMN, RAN, HMN)	MRF_HMA	MPI_HMA_innetworkrates_<YYYYMMDD>.json
MultiPlan Network (when primary)	MRF_MultiPlanPrimary	MPI_MPI_innetworkrates_<YYYYMMDD>.json
PHCS Practitioner + Ancillary	MRF_PHCSPracAncil	MPI_PHCPA_innetworkrates_<YYYYMMDD>.json
MultiPlan Practitioner + Ancillary	MRF_MultiPlanPracAncil	MPI_MPIPA_innetworkrates_<YYYYMMDD>.json
In-Network Test Files	MRF_InNetwork_Test	MPI_TEST_innetworkrates_<YYYYMMDD>.json

* Please note: the MRF names are slightly different than the CMS naming standard due to internal MultiPlan file transfer requirements. For single plan files, the CMS naming convention is <YYYY-MM-DD>_<payer or issuer name>_<plan name>_<file type name>.<file extension>. Addtional information and examples can be found here https://github.com/CMSgov/price-transparency-guide by scrolling down the page.

In-Network File v1.0.0

Field	Name	Type	Definition	Required	MultiPlan Definition
reporting_entity_name	Entity Name	String	The legal name of the entity publishing the machine-readable file.	Yes	MultiPlan Inc.
reporting_entity_type	Entity Type	String	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).	Yes	Third Party
plan_name	Plan Name	String	The plan name and name of plan sponsor and/or insurance company.	No	Network name
plan_id_type	Plan Id Type	String	Allowed values: "EIN" and "HIOS"	No	Empty string
plan_id	Plan ID	String	The 14-digit Health Insurance Oversight System (HIOS) identifier, or, if the 14-digit HIOS identifier is not available, the 5-digit HIOS identifier, or if no HIOS identifier is available, the Employer Identification Number (EIN) for each plan or coverage offered by a plan or issuer.	No	Empty string
plan_market_type	Market Type	String	Allowed values: "group" and "individual"	No	Group
in_network	In-Network Negotiated Rates	Array	An array of in-network object types	Yes	Array, see below
provider_references	Provider References	Array	An array of provider reference object types.	No	Array, see below
last_updated_on	Last Updated On	String	The date in which the file was last updated. Date must be in an ISO 8601 format (e.g. YYYY-MM-DD)	Yes	Last monthly update date
version	Version	String	The version of the schema for the produced information	No	Schema version

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In-Network Object

In-Network Object

Field	Name	Type	Definition	Required	MultiPlan Definition
negotiation_arrangement	Negotiation Arrangement	String	An indication as to whether a reimbursement arrangement other than a standard fee-for-service model applies. Allowed values: "ffs", "bundle" or "capitation".	Yes	Approved values
name	Name	String	This is name of the item/service that is offered	Yes	Approved values
billing_code_type	Billing Code Type	String	Common billing code types. Please see a list of the currently allowed codes at the bottom of this document.	Yes	Approved values
billing_code_type_version	Billing Code Type Version	String	There might be versions associated with the billing_code_type. For example, Medicare's current (as of 5/24/21) MS-DRG version is 37.2	Yes	Appropriate version
billing_code	Billing Code	String	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. If a custom code is used for billing_code_type, please refer to custom billing code values	Yes	Appropriate codes
description	Description	String	Brief description of the item/service	No*	Empty string
negotiated_rates	Negotiated Rates	Array	This is an array of negotiated rate details object types	Yes	Array, see below
bundled_codes	Bundled Codes	Array	This is an array of bundle code objects. This array contains all the different codes in a bundle if bundle is selected for negotiation_arrangement	No	Empty string
covered_services	Covered Service	Array	This is an array of covered services objects. This array contains all the different codes in a capitation arrangement if capitation is selected for negotiation_arrangement	No	Empty string

* Please note this field was not required in v1.0.0 README schema on March 1, 2022.

Bundled Code Object & Covered Services Objects

Bundle Code Object (related array not CMS required)

Field	Name	Type	Definition	Required	MultiPlan Definition
billing_code_type	Billing Code Type	String	Common billing code types. Please see a list of the currently allowed codes at the bottom of this document.	Yes	Empty string
billing_code_type_version	Billing Code Type Version	String	There might be versions associated with the billing_code_type. For example, Medicare's current (as of 5/24/21) MS-DRG version is 37.2	Yes	Empty string
billing_code	Billing Code	String	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. If a custom code is used for billing_code_type, please refer to custom billing code values	Yes	Empty string
description	Description	String	Brief description of the item/service	Yes	Empty string

Covered Services Object (related array not CMS required)

Field	Name	Type	Definition	Required	MultiPlan Definition
billing_code_type	Billing Code Type	String	Common billing code types. Please see a list of the currently allowed codes at the bottom of this document.	Yes	Empty string
billing_code_type_version	Billing Code Type Version	String	There might be versions associated with the billing_code_type. For example, Medicare's current (as of 5/24/21) MS-DRG version is 37.2	Yes	Empty string
billing_code	Billing Code	String	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. If a custom code is used for billing_code_type, please refer to custom billing code values	Yes	Empty string
description	Description	String	Brief description of the item/service	Yes	Empty string

Negotiated Rate Details, Providers & Tax Identifier Objects

Negotiated Rate Details Object

Field	Name	Type	Definition	Required	MultiPlan Definition
negotiated_prices	Negotiated Prices	Array	An array of negotiated price objects defines information about the type of negotiated rate as well as the dollar amount of the negotiated rate	Yes	Array, see below
provider_groups	Provider Groups	Array	The providers object defines information about the provider and their associated TIN related to the negotiated price.	No	Provider Info
provider_references	Provider References	Array	An array of provider_group_ids defined in the provider reference Object.	No	Array, see below

Providers Object

Field	Name	Type	Definition	Required	MultiPlan Definition
npi	NPI	Array	An array of individual (type 1) provider identification numbers (NPI).	Yes	Array
tin	Tax Identification Number	Object	The tax identifier object contains tax information on the place of business	Yes	9-digit TIN

Tax Identifier Object

Field	Name	Type	Definition	Required	MultiPlan Definition
type	type	String	Allowed values: "ein" and "npi".	Yes	EIN
value	value	String	Either the unique identification number issued by the Internal Revenue Service (IRS) for type "ein" or the provider's npi for type "npi".	Yes	TIN or NPI

Provider Reference Object

Field	Name	Type	Definition	Required	MultiPlan Definition
provider_group_id	Provider Group Id	Number	The unique, primary key for the associated provider_group object	Yes	Group ID
provider_groups	Provider Groups	Array	The providers object defines information about the provider and their associated TIN related to the negotiated price.	No	Array, see above
location	Location	String	A fully qualified domain name on where the provider group data can be downloaded. The file must validate against the requirements found in the provider reference. Examples can be found here that would link to a valid provider reference file such as one found here.	No	Fully qualified domain name

Additional Notes Concerning provider_group, location: Either a provider_group or location attribute will be required in the Provider Reference Object.

Negotiated Price Object

Field	Name	Type	Definition	Required	MultiPlan Definition
negotiated_type	Negotiated Type	String	There are a few ways in which negotiated rates can happen. Allowed values: "negotiated", "derived", and "fee schedule", "percentage", and "per diem". See additional notes. D	Yes	Approved values
negotiated_rate	Negotiated Rate	Number	The dollar or percentage amount based on the negotiation_type	Yes	Negotiated rate
expiration_date	Expiration Date	String	The date in which the agreement for the negotiated_price based on the negotiated_type ends. Date must be in an ISO 8601 format (e.g. YYYY-MM-DD). See additional notes.	Yes	Evergreen
service_code	Place of Service Code	An array of two-digit strings	The CMS-maintained two-digit code that is placed on a professional claim to indicate the setting in which a service was provided. When attribute of billing_class has the value of "professional", service_code is required.	No	Approved values
billing_class	Billing Class	String	Allowed values: "professional", "institutional"	Yes	Approved values
billing_code_modifier	Billing Code Modifier	Array	An array of strings. There are certain billing code types that allow for modifiers (e.g. The CPT coding type allows for modifiers). If a negotiated rate for a billing code type is dependent on a modifier for the reported item or service, then an additional negotiated price object should be included to represent the difference.	No	Approved values
additional_information	Additional Information	String	The additional information text field can be used to provide context for negotiated arrangements that do not fit the existing schema format. Please open a Github discussion to ask a question about your situation if you plan to use this attribute.	No	Additional information where available

About the Schema

For 2022, the respective data elements for the Historical Allowed Amounts and Billed Charges for Out-of-Network Providers fall into five general categories:

- General Information
- Identification of Plan or Coverage
- Identification of Providers
- Historical OON Allowed Amounts
- Identification of Items & Services

CMS breaks down the required MRF schema as follows:

- Out-of-Network Allowed Amount File
- Out-of-Network Object
- Allowed Amounts Object
- Tax Identifier Object
- Out-of-Network Payment Object
- Additional Notes
- Provider Object

Each section is shown on the following pages

Out-of-Network Files

Service	GlobalScape MRF Folder Name	MRF Name (file)*
Data iSight	MRF_Data_iSight	MPI_DiS_allowedamounts_<YYYYMMDD>.json
Viant (IPR/OPR)	MRF_IPROPR	MPI_IPROPR_allowedamounts_<YYYYMMDD>.json
Negotiation Services (incl. Globals & SRA)	MRF_Negotiations	MPI_Negotiations_allowedamounts_<YYYYMMDD>.json
HST Medicare-based pricing	MRF_HST	MPI_HST_allowedamounts_<YYYYMMDD>.json
MultiPlan Network, Beech Street, IHP	MRF_MultiPlanBeechIHP	MPI_MPIBeechIHP_allowedamounts_<YYYYMMDD>.json
Out-of-Network Test Files	MRF_OutOfNetwork_Test	MPI_TEST_allowedamounts_<YYYYMMDD>.json

* Please note: the MRF names are slightly different than the CMS naming standard due to internal MultiPlan file transfer requirements. For single plan files, the CMS naming convention is <YYYY-MM-DD>_<payer or issuer name>_<plan name>_<file type name>.<file extension>. Additional information and examples can be found here https://github.com/CMSgov/price-transparency-guide by scrolling down the page.

Out-of-Network Allowed Amount File v1.0.0

Field	Name	Type	Definition	Required	MultiPlan Definition
reporting_entity_name	Entity Name	String	The legal name of the entity publishing the machine-readable file.	Yes	MultiPlan Inc.
reporting_entity_type	Entity Type	String	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).	Yes	Third Party
plan_name	Plan Name	String	The plan name and name of plan sponsor and/or insurance company.	No	Network name
plan_id_type	Plan Id Type	String	Allowed values: "EIN" and "HIOS"	No	Empty string
plan_id	Plan ID	String	The 14-digit Health Insurance Oversight System (HIOS) identifier, or, if the 14-digit HIOS identifier is not available, the 5-digit HIOS identifier, or if no HIOS identifier is available, the Employer Identification Number (EIN)for each plan or coverage offered by a plan or issuer.	No	Empty string
plan_market_type	Market Type	String	Allowed values: "group" and "individual"	No	Group
out_of_network	Out Of Network	Array	An array of out-of-network object types	Yes	Array, see below
last_updated_on	Last Updated On	String	The date in which the file was last updated. Date must be in an ISO 8601 format (e.g. YYYY-MM-DD)	Yes	Last monthly update date
version	Version	String	The version of the schema for the produced information	No	Schema version

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Out-of-Network Object

Out-of-Network Object

Field	Name	Type	Definition	Required	MultiPlan Definition
name	Name	String	The name of each item or service for which the costs are payable, in whole or in part, under the terms of the plan or coverage.	Yes	Approved values
billing_code_type	Billing Code Type	String	Common billing code types. Please see a list of the currently allowed codes at the bottom of this document.	Yes	Approved values
billing_code	Billing Code	String	The billing_code_type code for the item/service	Yes	Appropriate codes
billing_code_type_version	Billing Code Type Version	String	There might be versions associated with the billing_code_type. For example, Medicare's current (as of 5/24/21) MS-DRG version is 37.2	Yes	Appropriate version
description	Description	String	Brief description of the item or service. In the case of items and services that are associated with common billing codes (such as the HCPCS codes), the codes' associated short text description may be provided. In the case of NDCs for prescription drugs, the plain language description must be the proprietary and nonproprietary names assigned to the NDC by the FDA	Yes	Empty string
allowed_amounts	Rates	Array	An array of allowed amounts objects.	Yes	Array, see below

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Allowed Amounts & Tax Identifier Objects

Allowed Amounts Object

Field	Name	Type	Definition	Required	MultiPlan Definition
tin	Tax Identification Number	Object	The tax identifier object contains tax information on the place of business	Yes	9-digit TIN/repriced TIN
service_code	Place of Service Code	An array of two-digit strings	The CMS-maintained two-digit code that is placed on a professional claim to indicate the setting in which a service was provided. When attribute of billing_class has the value of "professional", service_code is required.	No	Approved values
billing_class	Billing Class	String	Allowed values: "professional", "institutional"	Yes	Approved values
payments	Payments	Array	An array of out-of-network payments objects	Yes	Array, see below

Tax Identifier Object

Field	Name	Type	Definition	Required	MultiPlan Definition
type	type	String	Allowed values: "ein" and "npi".	Yes	EIN
value	value	String	Either the unique identification number issued by the Internal Revenue Service (IRS) for type "ein" or the provider's npi for type "npi".	Yes	TIN*

* Please note with an out-of-network claim MultiPlan is not able to identify if a SSN is being used as a TIN

Out-of-Network Payments & Provider Objects

Out-of-Network Payments Object

Field	Name	Type	Definition	Required	MultiPlan Definition
allowed_amount	Allowed Amount	Number	The allowed amount must be reported as the actual dollar amount the plan or issuer paid to the out-of-network provider for a particular covered item or service, plus the participant's, beneficiary's, or enrollee's share of the cost. See additional notes.	Yes	Median $ amount
billing_code_modifier	Billing Code Modifier	Array	An array of strings. There are certain billing code types that allow for modifiers (e.g. The CPT coding type allows for modifiers). If a negotiated rate for a billing code type is dependent on a modifier for the reported item or service, then an additional negotiated price object should be included to represent the difference.	No	Approved values
providers	Providers	Array	An array of provider objects	Yes	Array, see below

Provider Object

Field	Name	Type	Definition	Required	MultiPlan Definition
billed_charge	Billed Charge	Number	The total dollar amount charges for an item or service billed to a plan or issuer by an out-of-network provider.	Yes	Median $ amount
npi	National Provider Identifier	Array	An array of provider identification numbers (NPI)	Yes	Array

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