

TRANSPARENCY IN COVERAGE FINAL RULE (CMS-9882-F) · PUBLISHED OCTOBER 6, 2026

Soon, an executive will sign for your pricing data. Can they stand behind it?

Beginning March 6, 2027, every In-network Rate File and Allowed Amount File must carry an attestation that the data is true, accurate, and complete, encoded with the name of the plan’s or issuer’s chief executive officer, president, or designated senior official.

The duty to publish accurate prices has not changed. What changed is that a named person now certifies it, file by file, every quarter.

WHAT THE FINAL RULE REQUIRES

Executive attestation

Each machine-readable file (MRF) must state that, to the best of the plan’s or issuer’s knowledge and belief, all required information is included and the encoded data is true, accurate, and complete as of the file date, with the designated executive’s name encoded in the file. A self-funded plan may delegate the attestation to its TPA only by written agreement.

Why the Departments acted

The rule cites the Departments’ own analysis of MRF data: multiple rate schedules for the same provider, multiple rates for the same service, missing or incorrect data, and invalid or non-standard codes. The attestation mirrors the Hospital Price Transparency model and is meant to increase public confidence in the disclosures.

Cleaner, smaller, more frequent files

Network-level reporting replaces plan-level duplication. Provider-rate combinations that would never be paid must be excluded. Rates must be dollar amounts, not percentages of billed charges. Files move to a quarterly cadence in a single open-standards format, with new Taxonomy and Utilization Files for context.

KEY DATES

EFFECTIVE DATE	PLAN YEARS ON OR AFTER	PHASE 1	PHASE 2
Dec 7, 2026 Final rule takes effect. Current MRF requirements continue to apply until each applicability date.	Jan 1, 2027 Cost-sharing information available by phone. Self-service tool compliance also satisfies the No Surprises Act (NSA) price comparison tool requirement.	Mar 6, 2027 Attestation applies. Network-level files, excluded provider-rate combinations, dollar-amount rates, quarterly cadence, single file format, Allowed Amount by market type.	Sep 6, 2027 Taxonomy File, Text File and footer link for findability. First Utilization File posting July 1, 2028, then annually.

SIX QUESTIONS THE ATTESTER SHOULD BE ABLE TO ANSWER BEFORE SIGNING

- 1 **Do published rates reconcile to adjudicated claims?** The attestation is to accuracy. The only objective test of accuracy is the allowed amount actually paid.
- 2 **Have provider-rate combinations that will never be paid been excluded?** Phantom rates are now a compliance defect, not a file-size nuisance.
- 3 **Is every network reported once, with a common name and identifier?** Duplicated plan-level files no longer satisfy the rule.
- 4 **Are any rates still expressed as a percentage of billed charges?** Dollar amounts are required.
- 5 **Can the files be regenerated and re-attested quarterly without manual rework?**
- 6 **Who signs, and is the delegation documented?** For self-funded plans, the TPA attests only under a written agreement.

Enforcement did not change. Exposure did.

The rule does not create a new penalty. It attaches an executive's name to files that regulators, employers, researchers, and competitors already download and compare. The Departments stated they will take ongoing monitoring of MRF data into account for future action.

The commercial exposure is more immediate: employer clients and advisors already benchmark network rates from MRF data. An attested file that does not match paid claims becomes a renewal conversation, not only a compliance one.

HOW TALON HELPS · VALIDATION BEYOND SCHEMA COMPLIANCE

A file can conform to the schema and still fail the attester.

Schema conformity proves a file is structured correctly. It does not prove the prices inside it are real. TALON validates, curates, generates, publishes, and monitors machine-readable files across 99.9% of the payer market, and tests the prices in them against 25B+ adjudicated claim records. That is the evidence an executive needs before signing.

SCHEMA

Is the file technically structured correctly?

DATA QUALITY

Are provider, rate, and service relationships usable?

PRICING USABILITY

Can the data reliably support a member's cost estimate, an employer's benchmark, or an executive's attestation?

Most validation stops at the first question. The attestation is about the third.

TALON ACROSS THE MRF LIFECYCLE

Validate

Curate and Remediate

Generate

Publish and Host

Monitor

1 Validate

Schema and quality-rule checks: CMS schema conformity, NPI and provider identifier validity, zero-dollar and anomalous rates, extreme rate distributions within a single code, place-of-service and service relationship checks, high-frequency default values, expired prices, and missing negotiated rates. Every finding links to its exact location in the file.

2 Curate and Remediate

Fix defects at the source. Provider entity management, rate and provider normalization, filtering of unusable pricing data, exception management, anomaly investigation, and ongoing backtesting of curated prices against paid claims.

3 Generate

Automated MRF production from the core administration platform: source-data ingestion, transformation and mapping, provider and negotiated-rate processing, schema conformity, and automated quality controls built to the Phase 1 requirements for network-level files, excluded provider-rate combinations, and dollar-only rates.

4 Publish and Host

Compliant quarterly publication and hosting without adding infrastructure burden, with the attestation statement and designated executive encoded in each file.

5 Monitor

Recurring validation, file-freshness monitoring, quality dashboards, trend analysis, and investigation workflows, so findings reach the attester before the next quarterly signature, not after.

WHAT TALON VALIDATION SURFACES

Provider identifier validity

Rate spreads within a single code

Zero-dollar and placeholder rates

Required-field completeness

Expired prices

Provider-rate combinations with no observed utilization

TALON validation is built to improve pricing usability and the member experience. It gives a designated executive evidence about the files. It is not a legal compliance audit and does not replace counsel's review of the attestation.

FINDINGS IN PRACTICE

From a six-month TALON review of one national carrier's published file set (carrier withheld). Fewer than 1% of files passed error-free.

300+

Files reviewed monthly

0.7%

Zero-dollar rates

2.7%

Prices past expiration

12x

Median-to-P95 rate spread

Every one of these would be inside a file an executive is now asked to certify as true, accurate, and complete.

ONE PLATFORM. THREE WAYS TO ENGAGE.

Strengthen the MRF operating model you already run.

The attestation does not require a plan to change who produces its files. It requires the plan to know what is in them. TALON fits the model in place.

IN-HOUSE

You generate. We assure.

- Independent validation and quality dashboards
- File-level reports, every cycle, delivered ahead of attestation
- Pilot review during vendor or platform transitions

HYBRID

Keep what works. We run the rest.

- Curation and exception remediation
- Publication, hosting, or monitoring
- No rip and replace, no disruption to the current pipeline

FULLY MANAGED

TALON runs the lifecycle end to end.

- Automated generation from the core administration platform
- Compliant quarterly publication and hosting
- Continuous monitoring, every cycle

Every engagement includes: a Quality Dashboard with issuer-level scoring and trend visibility, CSV and JSON file-level reports linking each finding to its exact location, and prioritized remediation guidance your team or ours can execute against.

■ WHERE THIS HAS ALREADY WORKED • PROVIDENCE HEALTH PLAN

45d → <1d

MRF cycle time

13 → 1

Fully automated pipeline

2.4x ROI

In technology spend

4 FTEs

Redeployed to higher-value work

Providence's MRF production cycle had stretched beyond the 30-day update window. TALON automated monthly file generation, integrated with the core administration platform, and the same pricing data now feeds the member shopping experience in MyMedicalShopper™. One pipeline serves compliance, members, and employer reporting.

For a plan evaluating its current transparency tool, the test is simple: does the vendor display prices, or does it also prove them?

■ HOW TALON’S ROADMAP ALIGNS WITH TRANSPARENCY IN COVERAGE 2.0

RULE CHANGE	WHAT TALON CLIENTS CAN EXPECT
Network-level In-network Rate Files, single open-standards format	Ingestion and pricing continue through the Phase 1 transition; the pipeline is schema-driven and updated as CMS publishes technical guidance.
Excluded provider-rate combinations and dollar-only rates	Fewer phantom rates improve the signal TALON already filters for. Backtesting identifies where exclusion logic removed rates that are in fact being paid.
Taxonomy File and Utilization File (Phase 2)	Both contextual files ingested to sharpen provider-service matching and flag listed providers with no utilization.
Quarterly cadence and executive attestation	Validation findings and backtesting summaries delivered ahead of each quarterly attestation.
Prescription Drug File (CMS: schema work from Nov 2026, publication expected Dec 2027)	TALON is tracking schema development and evaluating how pharmacy pricing connects to the medical price experience members already use.

Request an Attestation Readiness Review.

TALON ingests your current In-network Rate and Allowed Amount files, reconciles a sample against your paid claims, scores the files across the dimensions the rule targets, and returns a findings report your designated executive can read before signing. A 20-minute diagnostic conversation, in advance of March 6, 2027.

START THE REVIEW



This document reflects TALON's interpretation of the 2026 Transparency in Coverage final rule (CMS-9882-F, 91 FR 63748, October 6, 2026) and is not legal advice. Regulatory requirements should be evaluated against the final rule, applicable federal guidance, and an organization's specific circumstances. Platform figures are current as of September 2026. Providence Health Plan results reflect that client's engagement and are not a projection for any other organization.