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TRANSPARENCY IN COVERAGE RULE MACHINE READABLE FILES OVERVIEW AND FAQS

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CONTENTS

CONTENTS 1

FREQUENTLY ASKED QUESTIONS 2

- What are the mandate requirements? 2
- What plans are covered? 2
- What plans are not covered? 2
- What is the purpose of the files? 2
- What is Table of Contents (TOCs) file? 3
- How do users search for a reporting plan? 3
- How to download the MRF's from search results? 3
- What version of the CMS schema is being used? 4
- How to read the data? 4
- Why are Out-of-State Providers appearing on the results? 4
- How to interpret the data? 4
- What file formats are supported? 5
- What are the system requirements to download the file and what browser types/versions are supported? 5
- How often is the data refreshed? 5
- How to contact us for additional inquiries? 5

GLOSSARY 7

MASSACHUSETTS

FREQUENTLY ASKED QUESTIONS

What are the mandate requirements?

The Federal Government's Transparency in Coverage rule directs plans and issuers to make public, Machine-Readable Files (MRFs) containing certain pricing information for consumption by organizations. These machine-readable files include negotiated rates for in-network providers and allowed amounts and historical billed charges for out-of-network providers.

What plans are covered?

The mandate requires plans to provide for organizations in-network and allowed amounts rates for the below plans categories:

- Health plans – Individual and group plans
- Self-Insured plans

What plans are not covered?

The below plans have been excluded from the mandate requirements:

- Grandfathered plans
- Excepted benefits (e.g., standalone vision, dental, and hearing plans)
- Retiree only plans
- Short term limited duration (STLD) plans
- Medicare plans

What is the purpose of the files?

The new Machine-Readable Files available through the BCBSMA Transparency in Coverage MRF page help organizations access important information about our plans. Please refer to **'How to read the data?'** for important instructions.

We are committed to helping our Accounts and Members understand the cost of their health care services. That is why BCBSMA is working hard to develop tools that help people easily access and compare out-of-pocket costs, doctors' ratings and reviews as well as know if their preferred health care provider is in-network, without hassle. Starting next year our Members will have access to new tools designed with them in mind where they can easily estimate costs for services through an user friendly interface.

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What is Table of Contents (TOCs) file?

The table of contents file combines multiple in-network/ allowed amounts rate files into a single index file. The Plans that have same negotiated data (allowed amounts) can be grouped into a single array within the table of content file.

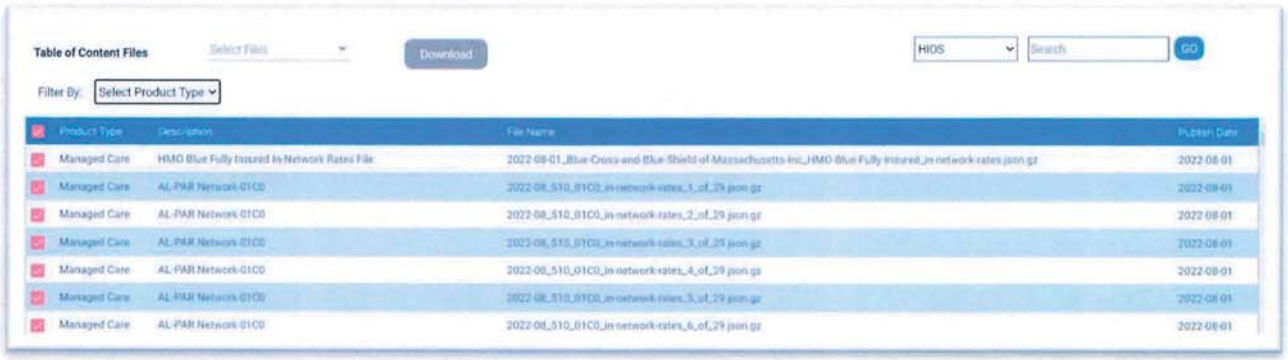
Users will be able to choose the between "Fully Insured" files and "Self-Insured" TOC's by clicking on the "Select Files" dropdown. Clicking on "Download" shall download the chosen TOC's.

How do users search for a reporting plan?

Users can search for files using either the EIN or the HIOS ID for the plan

How to download the MRF's from search results?

- Search for an MRF associated to a plan using the EIN/HIOS in the "Select Plan Type" field
- Search results display available files



What version of the CMS schema is being used?

BlueCross MA will deliver the MRF files in the expected format that CMS requires. Due to time constraints, CMS' last set of changes to add modifier values and update of the negotiate rate type to include percent of charges, is scheduled to be delivered in our October 2022 files, making it schema version 0.10.3. We are committed to ongoing support and updates to the machine-readable files.

How to read the data?

The information contained in this Machine-Readable File may be difficult to access without certain technology, and organizations seeking to use the data should do so with the support of their organization's technical resource.

- **Downloading the data**

  These files may be large and require a computer that can download at least up to 1TB (terabyte) of data. Most modern hard drives store half of this amount of data. Therefore, attempting to open or download such large files may cause performance issues resulting in downloads that could take hours, days or weeks or failed downloads depending on the file size and hard drive combination. For reference: 1TB = 243 high-definition streaming movies (average 2 hours per movie).

- **Data Format**

  As mandated by the regulations, the data is provided in JSON format which would be less familiar to non-technical individuals. The regulations expressly prohibit us from providing this data in other formats; furthermore, "Microsoft Word, Microsoft Excel, and PDF files are proprietary and are not acceptable" as specified by CMS in their Technical Clarification.

Why are Out-of-State Providers appearing on the results?

Our members receive provider services both in and out of state. We recommend including out-of-state providers for completeness so that accounts/ members can understand the cost of their healthcare services regardless of where the service is being provided.

Although not recommended, users who do not wish to see costs related to Out-of-State providers will be able to uncheck the relevant files prior to downloading the MRF's.

How to interpret the data?

Machine-readable files published by Blue Cross MA conform to the technical implementation guide and schema version 0.10.3 published by CMS on their GitHub site.

If you are looking for member-specific benefit information, view our MyBlue site

BCBSMA strives for data accuracy with regard to machine readable files available on this website. This data set is evolving, and BCBSMA recognizes certain information in files posted from July 2022 onward may be inaccurate or incomplete. BCBSMA is working diligently to correct these issues as they are identified

What file formats are supported?

- File format mandated by CMS for the MRF files is JSON (JavaScript Object Notation)
- Can be downloaded and read using a JSON viewer

What are the system requirements to download the file and what browser types/versions are supported?

- Chrome -Version 99.0.4844.74
- Edge - Version 99.0.1150.39
- Firefox - Version 98.0.1
- Internet bandwidth Greater than 100 MBPS
- RAM - 8 GB
- Internal storage – A minimum of 1 TB
- Pop up Blockers – Ensure pop up blockers are disabled to allow for all the INN/OON files to be downloaded successfully
- Opening .gz extension files – Opensource tool ***7Zip*** required to extract/decompress the .gz format files.

How often is the data refreshed?

- Monthly refresh
- Published date to specify date the files were refreshed on the site

How to contact us for additional inquiries?

Please send us an email to MRF@bcbsma.com for any inquiries related to the TOC's / Machine Readable Files.

GLOSSARY

SL NO	FREQUENTLY USED TERMS	DESCRIPTION
1	In-Network Negotiated (INN) Rates file	The negotiated rate, reflected as a dollar amount, for an in-network provider or providers for a requested covered item or service.
2	Out-Of-Network (OON)Allowed Amounts File	• The maximum amount a group health plan or health insurance issuer would pay for a covered item or service furnished by an out-of-network provider. • Historical allowed amounts and billed charges for out-of-network providers (Allowed amount rates for covered amounts and services). • Allowed amounts file leverages claims across the book of business for the network. • Each allowed amounts file shall be based on 90 days' worth of claims data for a provider ○ There must be a minimum of 20 claims for a service/provider combo before an Allowed amounts file is generated for a specific service/provider combination.

3	Reporting plans	Reporting plan information includes the below details:
		• The plan name and name of plan sponsor and/or insurance company
		• The plan id type whether it is of type EIN or HIOS - plan ID based on the plan id type will be the value of the EIN or HIOS.
		• The plan_market_type:
		  a. Group
		  b. Individual

4	EIN	• Employer Identification Number (EIN) • A 9-digit Identification number assigned by the IRS to employers / corporations/ nonprofits (XX-XXXXXXX)- (**do not include hyphen while searching using the EIN on this site**) • One of the allowed search parameters on the site to search for the relevant reporting plans in-network / allowed amounts file • Can be used to identify a plan if HIOS ID not assigned to a plan • Self-Insured accounts should always search for their plans by the EIN
5	HIOS	• Health Insurance Oversight System (HIOS) identifier • 14 digit plan identifier that uniquely identifies each qualified health plan approved by CMS. • One of the allowed plan_ID_types to locate plan specific in-network / allowed amounts file from the table of contents.

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