



5 Things to Know About The Trump Administration's Final Transparency in Coverage Rule

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1

The Trump administration's 2026 Transparency in Coverage (TiC) final rule intends to address three main challenges associated with the original 2020 TiC rule: inaccessibility of the required data files, ambiguity and lack of context associated with the data, and misalignment with the Hospital Price Transparency rules. Under the 2020 TiC, insurers are required to provide three data files: on in-network negotiated rates, on allowable amounts for out-of-network claims, and on prescription drugs. The 2026 TiC final rule makes changes to requirements for the in-network and out-of-network files.

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For the in-network file, the administration finalized provisions to eliminate “ghost rates,” or included rates for improbable service and provider combinations, like a podiatrist conducting open-heart surgery. Plans will use internal rules to determine which rates to exclude from the file, and will also be required to provide new Taxonomy and Utilization files to add context and improve file usability. Plans will also be allowed to provide one in-network file per provider network rather than for each plan or policy, and the file cadence was reduced from monthly to quarterly.

3

For the out-of-network file, the final rule seeks to address a lack of usable data by decreasing the reporting threshold from 20 claims to 11 claims, extending the reporting window from 90 days to six months, and requiring plans to aggregate data by insurance market type. These changes are expected to increase the amount of data reported in the out-of-network files. As with the in-network file, reporting cadence for the out-of-network file was reduced from monthly to quarterly.

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Most of the TiC final rule focuses on the data files plans are required to publicly post, but the rule will also require plans to provide cost-sharing information to consumers by phone in addition to online tools.

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The rule could save \$174.5 million dollars annually beginning in the second year, which the administration attributes to reduced burden for plans. The rule's changes to the in-network and out-of-network files will go into effect five months post-rule publication, and 11 months post-publication for the new contextual file requirements, like the Taxonomy and Utilization files. Notably, the TiC final rule **does not make changes to requirements for plans' prescription drug files**. The administration intends to develop a framework for those files later this year with a targeted May 2027 finalization date.