Machine-Readable Files: Data Schemas (version 2.0)

In accordance with Tex. Ins. Code §1662.107 and 28 Tex. Admin. Code §21.5503, an issuer's machine-readable files must include data elements consistent with the data schemas described here.

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The data schemas contained in this document are based on schemas published by the Centers for Medicare and Medicaid Services (CMS), on the following web pages, as of October 1, 2025, with the exception of the Rx File Schema, which is based on the Rx File Schema published as of March 31, 2022:

github.com/CMSgov/price-transparency-guide/tree/master/schemas/table-of-contents;

github.com/CMSgov/price-transparency-guide/tree/master/schemas/in-network-rates;

github.com/CMSgov/price-transparency-guide/tree/master/schemas/allowed-amounts;

github.com/CMSgov/price-transparency-guide/tree/master/schemas/prescription-drugs;

Table of Contents File Schema (version 2.0)

The Table of Contents File is an optional file that can be leveraged to significantly decrease file sizes of the required machine-readable files.

Field	Name	Type	Definition	Required
reporting_entity_name	Entity Name	String	The legal name of the entity publishing the machine-readable file.	Yes
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
reporting_structure	Reporting Structure	Array	An array of reporting structure object types.	Yes
last_updated_on	Last Updated On	String	The date in which the file was last updated. Date must be in an ISO 8601 format (i.e. YYYY-MM-DD).	Yes
version	Version	String	The version of the schema for the produced information.	Yes

Reporting Structure Object

The Reporting Structure object maps associated plans to their in-network and allowed amount files.

Field	Name	Type	Definition	Required
reporting_plans	In-Network Plans	Array	An array of reporting plan object types.	Yes
in_network_files	In Network File List	Array	An array of file location objects contains the location of the in-network file for the associated reporting plan object.	No
allowed_amount_file	Allowed Amount File List	Object	The file location object contains the location of the allowed amounts file for the associated reporting plan object.	No

Additional Notes Concerning `in_network_files` and `allowed_amount_file`

At least one of these attributes need to be present in the `reporting_structure` object. The location of the files defined in `in_network_files` and `allowed_amount_file` are required to be valid in-network and allowed amounts files.

Reporting Plans Object

Field	Name	Type	Definition	Required
plan_name	Plan Name	String	The plan's name.	Yes
issuer_name	Issuer Name	String	The name of the plan's issuer.	Yes
plan_id_type	Plan Id Type	String	Allowed values: "ein" and "hios".	Yes
plan_id	Plan ID	String	If the `plan_id_type`'s value 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 `plan_id_type`'s value is "EIN", the Employer Identification Number (EIN) of the plan sponsor.	Yes
plan_sponsor_name	Plan Sponsor Name	String	If the `plan_id_type` is "ein", the common business name of the plan sponsor is required.	No
plan_market_type	Market Type	String	Allowed values: "group" and "individual".	Yes

File Location Object

Field	Name	Type	Definition	Required
description	Description	String	Description of the file included.	Yes
location	Description	String	A full HTTPS URL indicating where the data file can be downloaded.	Yes

See example.

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In-Network File Schema (version 2.0)

Field	Name	Type	Definition	Required
reporting_entity_name	Entity Name	String	The legal name of the entity publishing the machine-readable file.	Yes
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
issuer_name	Issuer Name	String	The name of the plan's issuer.	No
plan_name	Plan Name	String	The plan's name.	No
plan_id_type	Plan Id Type	String	Allowed values: "EIN" and "HIOS".	No
plan_id	Plan ID	String	If the `plan_id_type`'s value 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 `plan_id_type`'s value is "EIN", the Employer Identification Number (EIN) of the plan sponsor.	No

Field	Name	Type	Definition	Required
plan_sponsor_name	Plan Sponsor Name	String	If the `plan_id_type` is "EIN", the common business name of the plan sponsor.	No
plan_market_type	Market Type	String	Allowed values: "group" and "individual".	No
in_network	In-Network Negotiated Rates	Array	An array of in-network object types.	Yes
provider_references	Provider References	Array	An array of provider reference object types.	No
last_updated_on	Last Updated On	String	The date in which the file was last updated. Date must be in an ISO 8601 format (i.e. YYYY-MM-DD).	Yes
version	Version	String	The version of the schema for the produced information.	Yes

Additional Notes Concerning `plan_name`, `plan_id_type`, `plan_id`, `plan_market_type`, `issuer_name`, `plan_sponsor_name`

These attributes are not required for files that will be reporting multiple plans per file but ARE REQUIRED for single plans that are being reported that do not wish to create a table-of-contents file. For payers/issuers that will be reporting multiple plans per file, these attributes will be required in a table-of-contents file.

In-Network Object

This type defines an in-network object.

Field	Name	Type	Definition	Required
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
name	Name	String	This is name of the item/service that is offered.	Yes
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
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. If there is no version available for the `billing_code_type`, use the current plan's year `YYYY` that is being disclosed.	Yes
severity_of_illness	Severity Of Illness	String	Various DRG billing code type negotiated rates are dependent on a severity of illness (SOI). If a DRG's negotiated rates is based on a SOI, the SOI value is to be included.	No

Field	Name	Type	Definition	Required
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
description	Description	String	Brief description of the item/service.	Yes
negotiated_rates	Negotiated Rates	Array	This is an array of negotiated rate details object types.	Yes
bundled_codes	Bundled Codes	Array	This is an array of contained billing code objects. This array contains all the different codes in a bundle if `bundle` is selected for `negotiation_arrangement.`	No
covered_services	Covered Service	Array	This is an array of contained billing code objects. This array contains all the different codes in a capitation arrangement if `capitation` is selected for `negotiation_arrangement.`	No

Contained Billing Code Object

Field	Name	Type	Definition	Required
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
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. If there is no version available for the `billing_code_type`, use the current plan's year `YYYY` that is being disclosed.	Yes
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
description	Description	String	Brief description of the item/service.	Yes

Negotiated Rate Details Object

This type defines a negotiated rate object.

Field	Name	Type	Definition	Required
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
provider_references	Provider References	Array	An array of `provider_group_ids` defined in the provider reference object.	Yes

Providers Object

Field	Name	Type	Definition	Required
npi	NPI	Array	An array of National Provider Identifiers (NPIs). The NPI array attribute can contain a mix of Type 1 and Type 2 NPIs, both of which must be provided, if available. In contractual arrangements with Type 2 NPIs where Type 1 NPIs are unknown or otherwise unavailable, only the Type 2 NPIs must be reported.	Yes
tin	Tax Identification Number	Object	The tax identifier object contains tax information on the place of business.	Yes

Tax Identifier Object

Field	Name	Type	Definition	Required
type	Type	String	Allowed values: "ein" and "npi".	Yes
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
business_name	Business Name	String	The common business name that is associated with the EIN reported for the `value` attribute. This field is only required if the `value` attribute has the value of `ein`.	No

Additional Notes

For most businesses reporting cases, a tax identification number (tin) is used to represent a business. There are situations where a provider's social security number is still used as a tin. In order to keep private personally identifiable information out of these files, substitute the provider's npi number for the social security number. When a npi number is used, it is assumed that the provider would otherwise be reporting by their social security number.

Important: The `tin.value` field must contain a valid 10-digit NPI (starting with 1-9) when `tin.type` is "npi", or a valid EIN format when `tin.type` is "ein". The value "0" is NOT a valid `tin.value`.

In contractual arrangements that are only made at the TIN level, where NPIs are unknown or otherwise unavailable, the value `0` should be reported for the `npi` **array field** (e.g., "`npi: [0]`), NOT in the `tin.value` field. In contractual arrangements where both the NPI and TIN are available, both are required to be disclosed.

Provider Reference Object This type defines a provider reference object. This object is used in the `provider_references` array found on the root object of the in-network schema. The Provider Group Id is a unique integer ID that is defined by the user to be referenced in the Negotiated Rate Details Object in the `provider_references` array. An example of using provider references can be found in the definition of provider reference objects and then the usages of the `provider_group_id`s in the negotiated rate object.

Field	Name	Type	Definition	Required
provider_group_id	Provider Group Id	Number	The unique, primary key for the associated `provider_group` object.	Yes
network_name	Network Name	Array	An array of strings. The issuer's common provider network name that the provider group is part of.	Yes
provider_groups	Provider Groups	Array	The providers object defines information about the provider and their associated TIN related to the negotiated price.	Yes

Negotiated Price Object

The negotiated price object contains negotiated pricing information on the type of negotiation for the covered item or service.

Field	Name	Type	Definition	Required
negotiated_type	Negotiated Type	String	There are a few ways in which negotiated rates can happen. Allowed values: "negotiated", "derived", "fee schedule", "percentage", and "per diem". See additional notes.	Yes
negotiated_rate	Negotiated Rate	Number	The dollar or percentage amount based on the `negotiation_type`.	Yes
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 (i.e. YYYY-MM-DD). See additional notes.	Yes
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 the attribute of `billing_class` has the value of "professional", `service_code` is required.	No
billing_class	Billing Class	String	Allowed values: "professional", "institutional", "both".	Yes

Field	Name	Type	Definition	Required
setting	Setting	String	Allowed values: "inpatient", "outpatient", "both".	Yes
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
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 Notes

For `negotiated_type` there are five allowable values: "negotiated", "derived", "fee schedule", "percentage", and "per diem". The value are defined as:

- `negotiated`: If applicable, the negotiated rate, reflected as a dollar amount, for each covered item or service under the plan or coverage that the plan or issuer has contractually agreed to pay an in-network provider, except for prescription drugs that are subject to a fee-for-service reimbursement arrangement, which must be reported in the prescription drug machine-readable file. If the negotiated rate is subject to change based upon participant, beneficiary, or enrollee-specific characteristics, these dollar amounts should be reflected as the base negotiated

rate applicable to the item or service prior to adjustments for participant, beneficiary, or enrollee-specific characteristics.

- `derived`: If applicable, the price that a plan or issuer assigns to an item or service for the purpose of internal accounting, reconciliation with providers or submitting data in accordance with the requirements of 45 CFR 153.710(c).
- `fee schedule`: If applicable, the rate for a covered item or service from a particular in-network provider, or providers that a group health plan or health insurance issuer uses to determine a participant's, beneficiary's, or enrollee's cost-sharing liability for the item or service, when that rate is different from the negotiated rate.
- `percentage`: If applicable, the negotiated percentage value for a covered item or service from a particular in-network provider for a percentage of billed charges arrangement. Note: percentage values entered into the `negotiated_rate` attribute are to be a whole number percentage of the negotiated arrangement (i.e. 40.5% should be entered as 40.5 and not .405).
- per diem: If applicable, the per diem daily rate, reflected as a dollar amount, for each covered item or service under the plan or coverage that the plan or issuer has contractually agreed to pay an in-network provider.

For `expiration_date`, there may be a situation when a contract arrangement is "evergreen". For evergreen contracts that automatically renew on a date provided in the contract, the expiration date you include should be the day immediately before the day of the automatic renewal.

In situation where there is not expiration date (see discussion here), the value `9999-12-31` would be entered.

For `service_code`, if a negotiated rate for either "professional", "institutional", or "both" `billing_class` is the same for all `service_codes`, the custom value of `CSTM-00` can be used to avoid listing all possible service codes.

See example.

Additional Notes Concerning `billing_code_type`

Negotiated rates for items and services can come from a variety of billing code standards. The list of possible allowed values is in the following table with the name of the standard and the values representing that standard that would be expected if being reported on. For standards that are used for negotiated rate that are not in the following table, please open a discussion to potentially add a new standard to the table.

There are custom `billing_code_types` defined for the Transparency in Coverage rule. These coding types are prefixed with `CSTM-`. These coding types are meant to help with generic reporting. The complete list can be found in the following table.

Standard Name	Reporting Value	Additional Information
Current Procedural Terminology	CPT	American Medical Association
National Drug Code	NDC	FDA NDC Background
Healthcare Common Procedural Coding System	HCPCS	CMS HCPCS
Revenue Code	RC	What is a revenue code
International Classification of Diseases	ICD	ICD background
Medicare Severity Diagnosis Related Groups	MS-DRG	CMS DRGs
Refined Diagnosis Related Groups	R-DRG	
Severity Diagnosis Related Groups	S-DRG	
All Patient, Severity-Adjusted Diagnosis Related Groups	APS-DRG	
All Patient Diagnosis Related Groups	AP-DRG	
All Patient Refined Diagnosis Related Groups	APR-DRG	AHRQ documentation
Ambulatory Payment Classifications	APC	APC background information
Local Code Processing	LOCAL	
Enhanced Ambulatory Patient Grouping	EAPG	EAPG
Health Insurance Prospective Payment System	HIPPS	HIPPS

Standard Name	Reporting Value	Additional Information
Current Dental Terminology	CDT	CDT
Custom Code Type: All	CSTM-ALL	This is a custom coding type defined for the Transparency in Coverage rule. This value represents all possible coding types under the contractual arrangement.

Additional Notes Concerning `billing_code`

The following are custom defined billing codes that can be applied to any `billing_code_types`:

Reporting Value	Additional Information
CSTM-00	Represents all possible `billing_code` values for the defined `billing_code_type`. Typically this can be used when a negotiated arrangement applies to all codes under a `billing_code_type`.

See examples.

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Out-Of-Network Allowed Amount File Schema (version 2.0)

Field	Name	Type	Definition	Required
reporting_entity_name	Entity Name	String	The legal name of the entity publishing the machine-readable file.	Yes
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
issuer_name	Issuer Name	String	The name of the plan's issuer.	No
plan_name	Plan Name	String	The plan's name.	No
plan_id_type	Plan Id Type	String	Allowed values: "EIN" and "HIOS".	No
plan_id	Plan ID	String	The 10-digit Health Insurance Oversight System (HIOS) identifier, or, if the 10-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

Field	Name	Type	Definition	Required
plan_sponsor_name	Plan Sponsor Name	String	If the `plan_id_type` is "EIN", the common business name of the plan sponsor.	No
plan_market_type	Market Type	String	Allowed values: "group" and "individual".	No
out_of_network	Out Of Network	Array	An array of out-of-network object types.	Yes
last_updated_on	Last Updated On	String	The date in which the file was last updated. Date must be in an ISO 8601 format (i.e. YYYY-MM-DD).	Yes
version	Version	String	The version of the schema for the produced information.	Yes

Additional Notes Concerning `plan_name`, `plan_id_type`, `plan_id`, `plan_market_type`, `issuer_name`, `plan_sponsor_name`

These attributes are not required for files that will be reporting multiple plans per file but ARE REQUIRED for single plans that are being reported that do not wish to create a table-of-contents file. For payers/issuers that will be reporting multiple plans per file, these attributes will be required in a table-of-contents file.

Out Of Network Object

The out-of-network object contains information related to the service that was provided out-of-network.

Field	Name	Type	Definition	Required
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
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
billing_code	Billing Code	String	The `billing_code_type` code for the item/service.	Yes
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. If there is no version available for the `billing_code_type`, use the current plan's year `YYYY` that is being disclosed.	Yes

Field	Name	Type	Definition	Required
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
allowed_amounts	Rates	Array	An array of allowed amounts objects.	Yes

Allowed Amounts Object

The allowed amounts object documents the entity or business and service code where the service was provided out-of-network.

Field	Name	Type	Definition	Required
tin	Tax Identification Number	Object	The tax identifier object contains tax information on the place of business.	Yes
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 the attribute of `billing_class` has the value of "professional", `service_code` is required.	No
billing_class	Billing Class	String	Allowed values: "professional", "institutional".	Yes
payments	Payments	Array	An array of out-of-network payments objects.	Yes

Tax Identifier Object

Field	Name	Type	Definition	Required
type	Type	String	Allowed values: "ein" and "npi".	Yes
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

Additional Notes

For most businesses reporting cases, a tax identification number (tin) is used to represent a business. There are situations where a provider's social security number is still used as a tin. In order to keep private personally identifiable information out of these files, substitute the provider's npi number for the social security number. When a npi number is used, it is assumed that the provider would otherwise be reporting by their social security number.

Out-Of-Network Payment Object

The payment object documents the allowed amounts the plan has paid for the service that was provided out-of-network.

Field	Name	Type	Definition	Required
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
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
providers	Providers	Array	An array of provider objects.	Yes

Additional Notes

The `allowed_amount` is each unique allowed amount, reflected as a dollar amount, that a plan or issuer paid for a covered item or service furnished by an out-of-network provider during the 90-day time period that begins 180 days prior to the publication date of the machine-readable file. To protect patient privacy, a plan or issuer must not provide out-of-network allowed amount data for a particular provider and a particular item or service when compliance would require the plan or issuer to report out-of-network allowed amounts paid in connection with fewer than 20 different claims for payment. Issuers, service providers, or other parties with which the plan or issuer has contracted may aggregate out-of-network

allowed amounts for more than one plan or insurance policy or contract. If information is aggregated, the 20 minimum claims threshold applies at the plan or issuer level.

Provider Object

The provider object defines the list of NPIs and their billed charges for the service provided out-of-network.

Field	Name	Type	Definition	Required
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
npi	National Provider Identifier	Array	An array of provider identification numbers (NPI).	Yes

Additional Notes Concerning billing_code_type

Negotiated rates for items and services can come from a variety of billing code standards. The list of possible allowed values is in the following table with the name of the standard and the values representing that standard that would be expected if being reported on. For standards that are used for negotiated rate that are not in the following table, please open a discussion to potentially add a new standard to the table.

Standard Name	Reporting Value	Additional Information
Current Procedural Terminology	CPT	American Medical Association
National Drug Code	NDC	FDA NDC Background
Healthcare Common Procedural Coding System	HCPCS	CMS HCPCS

Standard Name	Reporting Value	Additional Information
Revenue Code	RC	What is a revenue code
International Classification of Diseases	ICD	ICD background
Medicare Severity Diagnosis Related Groups	MS-DRG	CMS DRGs
Refined Diagnosis Related Groups	R-DRG	
Severity Diagnosis Related Groups	S-DRG	
All Patient, Severity-Adjusted Diagnosis Related Groups	APS-DRG	
All Patient Diagnosis Related Groups	AP-DRG	
All Patient Refined Diagnosis Related Groups	APR-DRG	AHRQ documentation
Ambulatory Payment Classifications	APC	APC background information
Local Processing	LOCAL	
Enhanced Ambulatory Patient Grouping	EAPG	EAPG
Health Insurance Prospective Payment System	HIPPS	HIPPS
Current Dental Terminology	CDT	CDT

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Rx File Schema (version 1.1)

This schema describes the Rx attributes that are necessary for the drug flat file.

Field	Name	Type	Definition	Required
reporting_entity_name	Entity Name	String	The legal name of the entity publishing the machine-readable file.	Yes
reporting_entity_type	Entity Type	String	The type of entity that is publishing the machine-readable file (e.g., 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
plan_name	Plan Name	String	The plan name and name of plan sponsor and/or insurance company (e.g., "Maximum Health Plan: Alpha Insurance Group").	Yes
plan_id_type	Plan ID Type	String	Allowed values: "EIN" and "HIOS".	Yes
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 coverage option offered by a plan or issuer.	Yes

Field	Name	Type	Definition	Required
plan_market_type	Market Type	String	Allowed values: "group" and "individual".	Yes
drugs	Drugs	Array	An array of drug information objects.	Yes
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

Drug Object

This type defines a drug object.

Field	Name	Type	Definition	Required
drug_name	Drug Name	String	The proprietary and nonproprietary name assigned to the National Drug Code (NDC) by the Food and Drug Administration (FDA).	Yes
drug_type	Drug Type	String	Allowed values: "branded", "generic", or "biosimilar".	Yes
ndc	National Drug Code	String	A unique 10-digit or 11-digit, 3-segment number assigned by the FDA, which provides a universal product identifier for drugs in the United States. Data reporting will be on the **first 8 digits** of the full 10-digit or 11-digit NDCs. The last 2 digits of the full 10-digit or 11-digit NDC specify quantity and do not have an impact on the negotiated rate or historic net price.	Yes
prices	Prices	Array	An array of drug price objects.	Yes

Drug Price Object

This type defines a drug price object.

Field	Name	Type	Definition	Required
historical_net_price	Historical Net Price	Number	The retrospective average amount paid, reflected as a dollar amount, by a plan or issuer to an in-network provider for a prescription drug. See Additional Notes.	Yes
historical_net_reporting_period	Historical Net Price Reporting Period	String	The date in which the reporting period for the historical_net_price ended. Date must be in an ISO 8601 format (e.g., YYYY-MM-DD).	Yes
negotiated_rate	Negotiated Rate	Number	The amount, reflected as a dollar amount, that a plan or issuer has contractually agreed to pay an in-network provider. See Additional Notes.	Yes
administrative_fee	Administrative Fee	Number	The fee, reflected as a dollar amount, charged by the Pharmacy Benefit Manager to the plan or issuer for administrating each prescription. This fee must be reflected separately only for the negotiated rate data element.	Yes

Field	Name	Type	Definition	Required
dispensing_fee	Dispensing Fee	Number	The fee, reflected as a dollar amount, for dispensing a prescription applied at the point of sale. This fee must be reflected separately only for the negotiated rate data element.	Yes
transaction_fee	Transaction Fee	Number	Any fees, reflected as a dollar amount, assessed when processing a prescription that is not associated with the administrative or dispensing fee. This fee must be reflected separately only for the negotiated rate data element.	Yes
tin	Tax Identification Number	String	The unique identification number issued either by the Social Security Administration or by the Internal Revenue Service (IRS).	Yes
service_code	Place of Service Code	String	The CMS-maintained two-digit code that is placed on a professional claim to indicate the setting in which a service was provided.	Yes

Field	Name	Type	Definition	Required
npi	National Provider Identifier	Array	An array of type 1 individual national provider identification numbers (NPI).	No
Pharmacies	Pharmacies	Array	A list of different pharmacies objects that have specific negotiated rates for the specific NDC.	No

Additional Notes

The historical_net_price is the average dollar price for the 90-day period beginning 180 days before the file publication date, including any in-network pharmacy or other prescription drug dispenser, for a prescription drug, inclusive of any reasonably allocated rebates, discounts, chargebacks, fees, and any additional price concessions received by the plan or issuer with respect to the prescription drug or prescription drug service. The historic net price must be reported at the billing unit level as defined by the NCPDP. The standard contains three units: each "EA," milliliter "ML," or gram "GM."

Further notes for reasonable allocation of rebates, discounts, chargebacks, fees, and any additional price concessions.

- If the total amount of the price concession is known to the plan or issuer on the file publication date, then rebates, discounts, chargebacks, fees, and other price concessions must be reasonably allocated by total known dollar amount.

If the total amount of the price concession is not known to the plan or issuer on the file publication date, then rebates, discounts, chargebacks, fees, and other price concessions should be reasonably allocated using a good faith, reasonable estimate of the average price concessions based on the rebates, discounts, chargebacks, fees, and other price concessions received over a time period prior to the current reporting period and of equal duration to the current reporting period.

The negotiated_rate is the rate agreed to pay an in-network provider, including an in-network pharmacy or other prescription drug dispenser, whether directly or indirectly, including through a third-party administrator or pharmacy benefit manager, for prescription drugs. The negotiated rate must be reported at the billing unit level as defined by NCPDP. The standard contains three units "EA," "ML," or "GM." Fees that are assessed at the point of sale must be reflected separately as a dollar amount (see Dispensing Fee, Administrative Fee, and Transaction Fee data elements).

Fees that are assessed at the point of sale must be reflected separately as a dollar amount
(see dispensing_fee, administrative_fee, and transaction_fee data elements).

Pharmacies Object

Different types of pharmacies that have the specific negotiated rate and historical net price for the defined pharmacy_id_type.

Field	Name	Type	Definition	Required
pharmacy_id_type	Provider ID Type	String	Allowed values: "NCPDP ID", "NCPDP Chain Code", or "NPI". Note: NPIs must be of type 2 to be included in pharmacy_ids.	Yes
pharmacy_ids	Pharmacy IDs	Array	The pharmacy identifier based on the pharmacy_id_type. See Additional Notes.	Yes

Additional Notes

The pharmacy_ids element is dependent on the pharmacy_id_type. The following pharmacy_id_type values are allowed:

- NCPDP ID – The National Council for Prescription Drug Programs (NCPDP) ID – The unique 7-digit number assigned by the NCPDP to every licensed pharmacy and non-Pharmacy Dispensing Site (NPDS) in the United States and its territories. This number represents a unique pharmacy entity or line of business and is used to identify licensed pharmacies and NPDSs to insurance companies, health care providers, and other entities.
- NCPDP Chain Code – The NCPDP Chain Code – The ID number provided by the NCPDP that represents a group of pharmacies under the same ownership. If the plan or issuer includes the NCPDP Chain Code, it must also include the NCPDP IDs for each pharmacy that is represented in the group of pharmacies that are identified by the NCPDP Chain Code.
- NPI – The NPI Type 2 – The unique 10-digit identification number issued to a provider by CMS for an organization of health care providers, such as a medical group or pharmacy.

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