Transparency in Coverage: Key Regulatory Changes

EXECUTIVE SUMMARY | OCTOBER 11, 2026

Overview. The Departments of HHS, Labor, and Treasury have issued a final Transparency in Coverage rule affecting commercial insurers and employer-sponsored plans. The changes are intended to improve the usability and accuracy of negotiated-rate disclosures while easing reporting burdens. The rule is final, not proposed.

1. **Network-level rate reporting:** Negotiated reimbursement rates will be reported by provider network rather than separately for each insurance plan, reducing duplication and making rates more comparable.
2. **More precise network and product identification:** Disclosures will include clearer identifiers for plan product types, networks, and related information to support meaningful comparisons of negotiated rates.
3. **Removal of implausible rate records:** Insurers must exclude provider-service combinations unlikely to generate reimbursement, reducing misleading records and file sizes.
4. **Broader out-of-network disclosure:** The minimum claims threshold for reporting out-of-network allowed amounts falls from 20 to 11, with a longer historical measurement period.
5. **Additional supporting data and certification:** Required information on provider utilization and specialty taxonomy, together with accuracy and completeness certification, should make disclosed pricing data more reliable.
6. **Quarterly machine-readable updates:** In-network and out-of-network machine-readable files may be refreshed quarterly instead of monthly, lowering insurer administrative costs but slowing visibility into rate changes.
7. **Expanded access to individual cost estimates:** Plans must make personalized cost-sharing estimates available by telephone, alongside existing online and paper channels, and improve how users find machine-readable files.

Implementation. The rule takes effect December 7, 2026; telephone cost-estimate provisions generally apply for plan years beginning January 1, 2027, and machine-readable-file provisions phase in during 2027.

Source: Federal Register, Transparency in Coverage (2026-20447). View final rule