

Provider Update

This update contains pertinent information about changes that will impact the Johns Hopkins HealthCare provider network.

Federal Transparency in Coverage Rules Now in Effect for Johns Hopkins Employer Health Programs (EHP)

Effective Date: Immediately

Health Plans Affected: Johns Hopkins Employer Health Programs (EHP)

Type of Change: Federal Requirements for Cost and Benefit Transparency

Explanation of Change:

The federal Transparency in Coverage rules require Johns Hopkins EHP to post pricing information for covered items and services. This pricing information can be used by third parties, such as researchers and application developers to help consumers better understand the costs associated with their health care. This makes any confidentiality provisions regarding rates in the contract non-enforceable.

The Transparency in Coverage rules require the disclosure of price and benefit information directly to consumers and to the public. The initial requirements for 2022 include providing Machine-Readable Files containing the following sets of costs for items and services:

- Negotiated rates for in-network providers
- Historical allowed amounts and billed charges for out-of-network providers
- Negotiated rates and historic net prices for prescription drugs

More requirements, such as a price comparison tool, will go into effect in 2023 and 2024.

The Departments of Labor, HHS, and Treasury are of the view that transparency in health coverage requirements will strengthen the United States' health care system by giving health care consumers, researchers, regulators, lawmakers, health innovators and other health care stakeholders the information they need to make, or assist others in making, informed decisions about health care purchases. More information can be found at [cms.gov/healthplan-price-transparency*](https://www.cms.gov/healthplan-price-transparency).

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