RevSpring Connect for Payers, Cost
Price Transparency Data Specification
Scenario 1 Customers v6-DRAFT SUBJECT TO CHANGE
©2026, RevSpring | Confidential

RevSpring generates in-network MRFs from your TiC data. An adapter may create the standardized files from your source extracts. Cost and externally hosted files apply only when included in your service.

CMS Schema 3.0 and our v6 input are drafts, not an implemented delivery contract. New field IDs are logical, not final physical positions; some rate and supporting-input mappings remain open. Do not submit this layout until the format and rollout are agreed. Yellow identifies proposed new or changed fields.

For each applicable file, field requirements apply within that file, not to clients who do not use it. Flat files are pipe-delimited without headers and follow the filename and control-file conventions.

Legend: R = required; C = conditional; O = optional; NA = not applicable; TBD = unresolved. Proposed default or synthetic metadata is for testing only; hosting requires confirmed client data.

File / worksheet	Purpose	When applicable
REQUIRED FILES		
CONTROL_FILE	Manifest with each file, record count and spec version.	Send last after the data set.
PLAN_DETAILS	Plan, product, network or market association using MRF_Key.	Every delivery.
NTWK_MAPPING	Stable network IDs, public names and arrangements.	Every delivery.
NTWK_PROVIDERGRPCNTRCT	Network-to-provider-group and rate-group crosswalk.	Every delivery.
PROVIDER_IDENTIFIERS	Provider groups; the v6 layout removes the legacy NCK.	Every delivery.
INNETWORK_NEGOTIATED_RATE	Rates, including negotiated type and place of service.	Every delivery.
BILLING_CODES	Billing-code names and descriptions.	Every delivery.
POS_MAPPING	Place-of-service collection mappings.	Every delivery.
ATTESTATION	Attester and statements for the hosted files.	Every delivery.

CONDITIONAL FILES		
EXTERNAL_MRF_MAPPING	Network/market-to-hosted-file mapping.	When payer/vendor files are included in the MRFs or Cost.
COVERED_BUNDLED_BILLING_CODES	Billing codes contained in bundled/capitation arrangements.	When you have bundled or capitation rates.
OUTOFNETWORK_ALLOWED_AMOUNT	Cost out-of-network maximum allowed amounts.	When your Cost service uses out-of-network maximums.
REFERENCE		
Change Log	Version history.	Reference.

CLIENTCODE_CONTROL_FILE_YYYYMMDD_HH24mmss.txt							
Field ID	Required (R)	Field Name	Length	Type	Valid Values / Format	Description and Notes	RevSpring Guidance
1	R	Full_File_Name	120	Character		Full name of the file including extention	
2	R	Record_Count	120	Character		The number of records included in the extract	Record_Count for JSON files can be
3	R	DataSpec_Version	120	Character	e.g 4.5	version.	
4	R	File Type	120	Character	TXT, JSON	Compliant JSON files	

<CLIENTCODE>_PLAN_DETAILS_YYYYMMDD_HH24mmss.txt | DRAFT v6: logical fields; delivery order TBD

Field ID (logical)	MRF hosting: R / C / O / NA	Member Cost Search: R / C / O / NA	Field Name	Length	Type	Valid Values / Format	Description and Notes	Additional Documentation Reference	Matched with Provider	Search Reviews Customer Data Specification	CMS MRF Field	CMS MRF Field Name / Location	Application Usage	RevSpring Guidance
1	R	R	Insurer_Code	20	Character	<CLIENTCODE>_I	Work with RevSpring Connect for Payers to get the assigned insurer code.	See Transparency in Cost Companion Guide for description on joining MRF to R	Yes	CLIENTCODE_PROVIDER_EXTRACTDATE.txt, Field Name = "Insurer Code"	No			
2	R	R	Client_Brand_Code	20	Character	Connect for Payers Brand_Code	Work with your Customer Success Partner to get the assigned brand code. To match with SAML BRANDCODE and to determine where the MRF will be hosted. Also allows for brand specific configurations.		Yes	CLIENTCODE_PLANMENULINK_EXTRACTDATE.txt, Field Name = "Sub Client Code"	No			
3	R	R	MRF_Key	TBD	Character	I/IO: Network_ID; O: Market_Segment	Replaces Plan_Collection_Key. One row per plan, product, MRF_Type and MRF_Key. The same MRF_Key may serve several plans; Cost use applies to this shared MRF feed.				No			
4	R	NA	Reporting_Entity_Name	120	Character		The legal name of the entity publishing the machine-readable file.				Yes	table-of-contents file, "reporting_entity.name" in-network rates file, "reporting_entity.name"		
5	R	NA	Reporting_Entity_Type	120	Character	group_health_plan, health_insurance_issuer, third_party_administrator, claims_clearinghouse, other_third_party	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	Draft note: Draft 3.0 reporting-entity enum. Accepted input casing and normali			Yes	table-of-contents file, "reporting_entity.type" in-network rates file, "reporting_entity.type"		
6	R	R	MRF_Type	3	Character	I, O or IO	For RevSpring to determine if MRF_Key is applicable for in-network, out-of-network or both. Each plan/product/network or market association should be unique.	Draft note: I/IO associates the plan with a network; O associates it with its market. An IO row covers both network and out-of-network coverage.			No			
7	NA	R	Product_Code	120	Character		Determines unique products sent in provider search data feed; Same product-code that is passed in member SAML to get in-network providers	See Transparency In Cost Companion Guide for description on joining MRF to RevSpring Connect for Payers Draft note: Determines unique products sent in provider search data feed; Same product-code that is passed in member SAML to get in-network providers. Must match the provider-data product code; Cost links providers to rates through it.	Yes	CLIENTCODE_PROVIDER_EXTRACTDATE.txt, Field Name = "Product Code"	No			
8	R	NA	Plan_ID	14	Character	HIOS: 10-character plan ID, or 5-digit issuer fallback; EIN: 9 digits, with or without a hyphen	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.	See Transparency In Coverage Companion Guide for details decryption on CMS plan reporting requirements. Draft note: Preserve a valid 10-character HIOS plan ID. Use the 5-digit issuer fallback only when the plan ID is unavailable; EIN is used when HIOS is unavailable.			Yes	table-of-contents file, "plans[].plan.plan_identifier.hios" or "plans[].plan.plan_identifier.ein"		
9	R	NA	Plan_ID_Type	20	Character	"HIOS" or "EIN" Note conditionally required field of Plan_Sponsor_Name when this value is "EIN". **Case sensitive value per CMS. Provide in the case format shown.	Describes the plan ID type as either HIOS or EIN				Yes	table-of-contents file: selects "plan_identifier.hios" or "plan_identifier.ein"; not published as a value		
10	R	NA	Plan_Name	120	Character		The plan name and name of plan sponsor and/or insurance company e.g. Maximum Health Plan.				Yes	table-of-contents file, "plans[].plan.plan_name"		
11	R	NA	Plan_Market_Type	120	Character	"group" or "individual". **Case sensitive value per CMS. Provide in the case format shown.	Describes the plan market type as either group or individual plan	CMS 3.0 draft ToC output: market types			Yes	table-of-contents file, "plans[].plan.plan_market_type"		
12	R	NA	Payer_or_Issuer_Name	120	Character	This value is used in the TOC file name - collection issuer name for the multiple plans.	To create a unique TOC/Table Of Contents file name. One payer/issuer can have multiple plans, networks and markets. Together with Insurer_Code, Client_Brand_Code and Reporting_Entity_Name, this value determines the table of contents.	Draft note: Identifies the plan's payer/issuer and helps determine its table of contents. When Plan_Issuer_Name is blank, this value is also the plan issuer.			No			
13	O	NA	Plan_Issuer_Name	120	Character		The name of the plan's issuer - local to individual plan when multiple plans are aggregated. This value is an individual plan's level issuer name if any and is in the TOC contents. If not used then Payer_or_Issuer_Name will be used.				Yes	table-of-contents file, "plans[].plan.issuer_name"		
14	C	NA	Plan_Sponsor_Name	120	Character		This value is required when the Plan_ID_Type is "EIN".				Yes	table-of-contents file, "plans[].plan.plan_identifier.plan_sponsor_name"		
15	R	NA	Market_Segment	TBD	Character	individual, small_group, large_group, self_insured	Required for every MRF plan. Identifies its out-of-network market and is part of the plan's identity.	CMS 3.0 draft ToC output: market segments			Yes	table-of-contents file, "plans[].plan.market_segment" and the "allowed_amount_files" key		
16	C	NA	Product_Type	TBD	Character	hmo (health maintenance organization) ppo (preferred provider organization) epo (exclusive provider organization) pos (point of service) hdhp (high deductible health plan) indemnity	Product type describes the plan's benefit design, not its network. Supply exactly one of Product_Type or Product_Type_Description. Listed lowercase values are for CMS output; client input casing and mapping remain open.	CMS 3.0 draft ToC output: product types			Yes	table-of-contents file, "plans[].plan.product_type"		
17	C	NA	Product_Type_Description	TBD	Character	Free text	Use only when none of the listed product types describes the plan. Supply exactly one of Product_Type or Product_Type_Description.	CMS 3.0 draft ToC output: allowed Product_Type values			Yes	table-of-contents file, "plans[].plan.product_type_description"		
18	C	C	Network_ID	100	Character	Proposed: [A-Za-z0-9_.-], maximum 100 characters	Required on I/IO rows and present in NTWK_MAPPING; blank on O rows. This ID identifies a real, stable network. Cost links providers by Product_Code, not Network_ID; whether it must match provider-data network codes is open.				Yes	table-of-contents file, "plans[].network_references[].network_id"		
19	C	NA	Precedence	TBD	Integer	Positive integer; 1 first	Required on I/IO rows, blank on O. The order of a plan's networks, unique within the plan. Example: if a plan uses Network A before Network B, assign A=1 and B=2. Whether products must share the same network, rank and tier is proposed and under review. Not Cost file precedence.				Yes	table-of-contents file, "plans[].network_references[].precedence"		

20	O	NA	Tier	TBD	Integer	Positive integer	Optional on I/IO rows, blank on O. Matching a plan's network tiers across products is proposed and under review. Client-supplied MRF Table of Contents metadata; not read from or matched against provider-data/Ocho tiers. Cost does not use it.		Yes	table-of-contents file, "plans[].network_references[].tier"
21	C	NA	Tier_Label	TBD	Character	Required when Tier is populated	Supply the label with Tier and leave it blank without Tier under the proposed input rule; blank on O rows. It is not matched against provider-data/Ocho tiers.		Yes	table-of-contents file, "plans[].network_references[].tier_label"
22	O	NA	Group_Number	TBD	Character	Employer group number	Optional plan attribute, not a plan identity field or a specialty-exclusion requirement. Repeat consistently for the plan. Encoding multiple numbers is undecided.		Yes	table-of-contents file, "plans[].plan.group_numbers[]"

<CLIENTCODE>_NTWK_MAPPING_YYYYMMDD_HH24mmss.txt | DRAFT v6: logical fields; order TBD												
Field ID (logical)	Required (R) / Conditional (C) / Optional (O) / NA	Field Name	Length	Type	Valid Values / Format	Description and Notes	Additional Documentation Reference	Matched Search Reviews Customer Data Specification with Provider	Corresponding Field	CMS MRF Field	CMS MRF Field Name / Location	Application Usage	RevSpring Guidance
1	R	Insurer_Code		20 Character	<CLIENTCODE>_I	Work with RevSpring Connect for Payers to get the assigned insurer_code				No			
2	R	Network_ID		100 Character	Proposed: [A-Za-z0-9._-], maximum 100 characters	A real, stable public network identifier; never reuse it for another network. The length and character limits are our proposed input rule, not a CMS rule.				Yes	table-of-contents file, "networks[].network.network_id" in-network rates file, "network.network_id"		
3	R	Network_Name		120 Character	Public network name	The issuer's common provider network name that the provider group is part of.	Draft note: One row per Network_ID and name. Aliases of the same network share its ID; different networks need different IDs.			Yes	table-of-contents file, "networks[].network.network_name[]" in-network rates file, "network.network_name[]"		
4	R	Negotiated_By_Name	TBD	Character	Name of entity negotiating the network	Required for every network, including own networks: the payer's name when the payer owns the network (for example, the payer's name for a payer-owned network), otherwise the owner of the rented network. Use the same name on every row for a Network_ID.				Yes	table-of-contents file, "networks[].negotiated_by.name"		
5	C	Arrangement	TBD	Character	own, rented, carve_out_vendor, host_plan, plan_sponsor_direct	Supply exactly one of Arrangement or Arrangement_Description. Repeat it consistently for a network.	CMS 3.0 draft ToC output: allowed Arrangement val			Yes	table-of-contents file, "networks[].negotiated_by.arrangement"		
6	C	Arrangement_Description	TBD	Character	Free text	Supply instead of Arrangement when the listed values do not describe the relationship.	CMS 3.0 draft ToC output: allowed Arrangement val			Yes	table-of-contents file, "networks[].negotiated_by.arrangement_description"		

NTWK_PROVIDERGRPCNTRCT | DRAFT v6: replaces PCK crosswalk; order TBD												
Field ID (logical)	Required (R) / Conditional (C) / Optional (O) / NA	Field Name	Length	Type	Valid Values / Format	Description and Notes	Additional Documentation Reference	Matched Search Reviews Customer Data Specification with Corresponding Field	CMS MRF Field	CMS MRF Field Name / Location	Application Usage	RevSpring Guidance
1	R	Insurer_Code	20	Character	<CLIENTCODE>_I	Assigned insurer code.			No			
2	R	Network_ID	100	Character	Exists in NTWK_MAPPING	The network that contracts with the provider group; replaces Plan_Collection_Key.			Yes	table-of-contents file, "networks[].network.network_id" in-network rates file, "network.network_id"		
3	R	Provider_Group_Contract_Key	120	Character	Exists in PROVIDER_IDENTIFIERS	Identifies the provider group on this network. Include only groups contracted to this network.			No			
4	O	Rate_Group_Key	120	Character	Key used in INNETWORK_NEGOTIATED_RATE	When blank, use Provider_Group_Contract_Key to join rates. A network/provider group can have multiple rate keys; compare complete sets and provider membership before combining legacy groups.			No			

<CLIENTCODE>_PROVIDER_IDENTIFIERS_YYYYMMDD_HH24mmss.txt | DRAFT v6: NCK removed; order TBD

Field ID (logical)	MRF & Cost, Required (R) / Conditional (C)	Field Name	Length	Type	Valid Values / Format	Description and Notes	Additional Documentation Reference	Matched with Provider data for RevSpring Connect for Payers	Search Reviews Customer Data Specification Corresponding Field	CMS MRF Field	CMS MRF Field Name / Location	Application Usage	RevSpring Guidance
1	R	Update_Type	1	Character	A for Add , D for Delete	"A" for all records in case of FULL file. "A", "D" for delta file. "A" Adds new provider record. "D" Deletes the provider record. If client wants to change any of attributes for the existing provider, client should send previous record with "D" to delete and send new provider record with "A" to add.				No			
2	R	Insurer_Code	20	Character	<CLIENTCODE>_I	Work with RevSpring Connect for Payers to get the assigned insurer_code	See Cost Companion Guide for description on joining MRF to RevSpring Connect for Payers	Yes	CLIENTCODE_PROVIDER_EXTRACTDATE.txt, Field Name = "Insurer Code"	No			
3	R	Provider_Key	120	Character	Client assigned unique provider identifier	This key will be used by HSQ to match providers sent by client in other data files in claims data feed and provider data feed	See Cost Companion Guide for description on joining negotiated rates to providers in RevSpring Connect for Payers	Yes	CLIENTCODE_PROVIDER_EXTRACTDATE.txt, Field Name = "Provider Key"	No			
4	O	Location_Key	120	Character	Client assigned unique provider identifier	This key will be used by RevSpring Connect for Payers to match provider locations sent by the client in the Price Tranparency Data Specification to the provider locations sent in the Search Reviews Customer Data Specification. This field is not required however, if location-key is not provided, matching will only occur via the provider-key. As a result, the provider level rates will be applied to all the provider locations sent in the provider data feed. This means the RevSpring Connect for Payers Cost tool will display the matched rate for ALL locations for the matched provider rather than a specific provider/location pair.		Yes	CLIENTCODE_PROVIDER_EXTRACTDATE.txt, Field Name = "Location Key"	No			
5	C	Provider_TIN	120	Character	Either the unique identification number issued by the Internal Revenue Service (IRS) for type "ein" or the provider's npi for type "npi".	TIN required when it is not SSN. In case of SSN , leave it blank , RevSpring Connect for Payers will substitute it with NPI as per CMS requirement	See Cost Companion Guide for detailed description about CMS's TIN requirements.			Yes	in-network rates file, "provider_references[].provider_groups[].tin.ein" (or ".tin.npi" for an NPI-identified group)		
6	R	Provider_NPI	20	Character	NPI should be 10 digits long or "0"	NPIs (Individual Provider uses Type 1 and Facilities uses Type 2 are required to report in-Network service rates.				Yes	in-network rates file, "provider_references[].provider_groups[].npi[]" (or ".tin.npi" for an NPI-identified group)		
7	R	Provider_Group_Contract_Key	120	Character		Client should assign unique key to group of providers performing group of services at one or more place of services for a specific rate.	See Cost Companion Guide for detailed description of how the provider group contract key can map a group of providers to a negotiated rate.			No			
8	R	Expiration_Date	8	Character	Date must be in YYYYMMDD. Default to 99991231 for evergreen contracts	The date in which the agreement for the negotiated price based on the negotiated type ends for a given 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.				No			
9	C	Business_Name	120	Character		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. Tin_type = "EIN"				Yes	in-network rates file, "provider_references[].provider_groups[].tin.business_name" (required with EIN)		

<CLIENTCODE>_INNETWORK_NEGOTIATED_RATE_YYYYMMDD_HH24mmss.txt | v6 DRAFT: output mapping open

Field ID (position)	MRF & Cost, Required (R) / Conditional (C)	Field Name	Length	Type	Valid Values / Format	Description and Notes	Additional Documentation Reference	Matched with Provider data for HSQ One	Search Reviews Customer Data Specification	CMS MRF Field	CMS MRF Field Name / Location	Application Usage	RevSpring Guidance
1	R	Update_Type	1	Character	A for Add , D for Delete	"A" for all records in case of FULL file. "A", "D" for delta file. "A" Adds new negotiated rate for a given plan, provider, place of service and billing-code. "D" Deletes the previous negotiated rate for a given plan, provider, place of service and billing-code. If client wants to change any of attributes for the existing negotiated rates, they should send previous record with "D" to delete and send new negotiated record with "A" to add.				No			
2	R	Insurer_Code	20	Character	<CLIENTCODE>_I	Work with RevSpring Connect for Payers to get the assigned insurer_code			DER_DATA.CUSTOMER_DATA_SPEC txt, Field Name = "Insurer Code"	No			
3	R	Provider_Group_Contract_Key	120	Character	Client Assigned Key	Client should assign unique key to group of providers performing group of services at one or more place of services for a specific rate. ** Note that Provider_Group_Contract should be defined at the Billing_Class level. In other words, Billing_Class should be either "professional" or "institutional" for all records for a given Provider_Group_Contract Key.	See Transparency in Cost Companion Guide for deta	Yes		No			
4	R	Negotiation_Arrangement	20	Character	"ffs", "bundle", or "capitation" **Case sensitive value per CMS. Provide in the case format shown.	An indication as to whether a reimbursement arrangement other than a standard fee-for-service model applies.	CMS 3.0 draft in-network output: arrangement value			Yes	in-network rates file, "in_network[].negotiation_arrangement"		
5	R	Billing_Code_Type	20	Character	Refer to the CMS link in description for the list of valid values for this field.	Common billing code types. Please see a list of the currently allowed codes in th	Existing reference (click Description): https://gith			Yes	in-network rates file, "in_network[].billing_code_type"		
6	R	Billing_Code_Type_Ver	80	Character		There might be versions associated with the billing_code_type. For example, Medicare is currently using ICD's version 10				Yes	in-network rates file, "in_network[].billing_code_type_version"		
7	R	Billing_Code	20	Character	Valid billing code for "ffs". Valid bundled billing code for "bundle" type.	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.				Yes	in-network rates file, "in_network[].billing_code"		
8	C	Covered_Bundle_Key	120	Character	Client assigned unique covered bundled key.	For the "bundle" or "capitation" negotiation arrangement , this key maps to the collection of individual Billing_Codes in the bundled or capitation arrangement sent in covered_bundled_billing_codes file				No			
9	C	POS_Collection_Key	120	Character	Client Assigned Key	For MRFS: Required if billing_class is "professional" and optional, if billing_class is "institutional". For Cost IndeX: Required for all billing_class. If none is supplied for billing_class = "institutional", then the default POS codes of 11,21, 22 will be used. Joins with POS Mapping file to get all POS codes that share the same negotiated rates for a given service	Draft note: Joins POS_MAPPING. In the draft 3.0 output, professional and both billing classes need valid service codes; institutional prices may omit them. Cost POS requirements depend on the existing feed.			Yes	in-network rates file, groups "service_code_sets[].service_code[]" and generated "negotiated_prices[].service_code_set_id" references		
10	R	Negotiated_Type	20	Character	"negotiated", "derived", "fee schedule" , "percentage" or "per diem" **Case sensitive value per CMS. Provide in the case format shown.	• 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, • 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. Common arrangements for this type include percentage of billed contracts. • 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.	The listed v5 values are the current input baseline. C			Yes	in-network rates file, "in_network[].negotiated_rates[].negotiated_prices[].negotiated_type"		
11	R	Negotiated_Rate		Decimal	The dollar amount based on the Negotiated_Type. A non-negative number with 0 or 2 decimal places and no dollar signs, percentage signs, commas, or leading zeroes. In case of "percentage" type, this is how the dollar amount will be mapped in the user interface: .05 ==> .05% .5 ==> .5% 5 ==> 5% 50.5 ==> 50.5%					Yes	in-network rates file, "in_network[].negotiated_rates[].negotiated_prices[].negotiated_rate"		

12	O	Modifier	2	Character	Valid CMS modifier code	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.	See Cost Companion Guide for additional information about CMS's view on the use of modifiers as well as other elements that affect pricing.	Yes	in-network rates file, "in_network[].negotiated_rates[].negotiated_prices[].billing_code_modifiers[]"
13	R	Billing_Class	120	Character	"professional" or "institutional" or "both" **Case sensitive value per CMS. Provide in the case format shown.	To distinguish negotiated rates between "professional" and "institutional" codes. Institutional codes do not require the place of service mapping. ** Note that Provider_Group_Contract should be defined at the Billing_Class level. In other words, Billing_Class should be either "professional" or "institutional" for all records for a given Provider_Group_Contract Key.	CMS 3.0 draft in-network output: billing classes	Yes	in-network rates file, "in_network[].negotiated_rates[].negotiated_prices[].billing_class"
14	R	Expiration_Date	8	Character	Date must be in YYYYMMDD. Default to 99991231 for evergreen contracts	The date in which the agreement for the negotiated price based on the negotiated type ends for a given 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.		Yes	in-network rates file, "in_network[].negotiated_rates[].negotiated_prices[].expiration_date"
15	O	Negotiation_Arrangement_Description	120	Character		The additional information text field can be used to provide context for negotiated arrangements that do not fit the existing schema format.		No	
16	R	Setting	10	Character	Allowed values: "inpatient", "outpatient", "both"	This value indicates the care environment to which service or negotiated rate applies.	CMS 3.0 draft in-network output: setting values	Yes	in-network rates file, "in_network[].negotiated_rates[].negotiated_prices[].setting"
17	C	Severity_of_Illness	20	Character	Suggested values: 1: Minor 2: Moderate 3: Major 4: Extreme	Required value if the Billing_Code_Type is APR-DRG. If the negotiated rate is based on the severity of illness then the severity of illness value is to be included. While the field allows for Severity of Illness values of up to 20 characters in length, minimizing the length can reduce the impact of this added field on the size of the MRF.		Yes	in-network rates file, "in_network[].severity_of_illness"

<CLIENTCODE>_BILLING_CODES_YYYYMMDD_HH24mmss.txt | Existing input; confirm the applicable source													
Field ID (position)	MRF & Cost, Required (R) / Conditional (C)	Field Name	Length	Type	Valid Values / Format	Description and Notes	Additional Documentation Reference	Matched with Provider data for RevSpring Connect for Payers	Search Reviews Customer	CMS MRF Field	CMS MRF Field Name / Location	Application Usage	RevSpring Guidance
1	R	Billing_Code	20	Character		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.	Draft note: Include the billing codes used by generated rates. Match code, type and version to INNETWORK_NEGOTIATED_RATE: a configured version-ignore option is an exception.			Yes	in-network rates file, "in_network[].billing_code" and "bundled_codes[].billing_code"		
2	R	Billing_Code_Type	20	Character	Refer to the CMS link in description for the list of valid values for this field.	Common billing code types. Please see a list of the currently allowed codes in the external reference. https://github.com/CMSgov/price-transparency-guide/tree/master/schemas/in-network-rates#additional-notes-concerning-billing_code_type	CMS 3.0 draft in-network output: billing code types			Yes	in-network rates file, "in_network[].billing_code_type" and "bundled_codes[].billing_code_type"		
3	R	Billing_Code_Type_Ver	80	Character		There might be versions associated with the billing_code_type. For example, Medicare is currently using ICD's version 10				Yes	in-network rates file, "in_network[].billing_code_type_version" and "bundled_codes[].billing_code_type_version"		
4	R	Billing_Code_Name	120	Character		Generic Name for the billing code (e.g. Knee Replacement)				Yes	in-network rates file, "in_network[].description" and "bundled_codes[].description"		
5	R	Billing_Code_Type_Description	120	Character		Brief description of the item/service (e.g. Arthroplasty, knee condyle and plateau, medial and lateral compartments)				No			

<CLIENTCODE>_POS_MAPPING_YYYYMMDD_HH24mmss.txt | Existing input; apply when your feed uses POS												
Field ID (position)	MRF & Cost, Required (R) / Conditional (C)	Field Name	Length	Type	Valid Values / Format	Description and Notes	Additional Documentation Reference	Matched with Provider	Search Reviews Customer Data Specification Corresponding Field	CMS MRF Field	CMS MRF Field Name / Location	Application Usage	RevSpring Guidance
1	R	Insurer_Code	20	Character	<CLIENTCODE>_I	Work with RevSpring Connect for Payers to get the assigned insurer_code		Yes	CLIENTCODE_PROVIDER_EXTRACTDATE.txt, Field Name = "Insurer Code"	No			
2	R	POS_Collection_Key	120	Character	Client assigned unique key	Used to group the POS/Place Of Service codes that have the same negotiated rate for a given item or service	See the Transparency in Cost Companion Guide for			Yes	in-network rates file, groups "service_code_sets[].service_code[]" and generated "negotiated_prices[].service_code_set_id" references		
3	R	Place_Of_Service_Code	7	Character	Valid CMS Place of Service Code or default code, "CSTM-00"	The CMS-maintained two-digit code that is placed on a professional claim to indicate the setting in which a service was provided. This value maps to both the INNETWORK_NEGOTIATED_RATE value and the OUTOFNETWORK_ALLOWED_AMOUNT value	https://www.cms.gov/Medicare/Coding/place-of-			Yes	in-network rates file, "service_code_sets[].service_code[]" or "negotiated_prices[].service_code[]"		

ATTESTATION | DRAFT: reporting entity; wire format is not finalized												
Field ID (logical)	Required (R) / Conditional (C) / Optional (O) / NA	Field Name	Length	Type	Valid Values / Format	Description and Notes	Additional Documentation Reference	Matched with Provider	Search Reviews Customer Data Specification Corresponding Field	CMS MRF Field	CMS MRF Field Name / Location	Application Usage	RevSpring Guidance
1	R	Reporting_Entity_Name	NA	Character	Published reporting entity	Identifies the attestation for files published for this entity.				Yes	table-of-contents file and in-network rates file, "reporting_entity.name"		
2	R	attester_name	NA	Character	Responsible official's name	The CEO, president, or senior official designated to oversee encoding of true, accurate, and complete data for the plan or issuer, or for a party attesting on its behalf under a written agreement. The client confirms who is authorized.				Yes	ToC and in-network rates files, "attestation.attester.name"		
3	R	attester_title	NA	Character	Responsible official's title	The draft output includes the attester's title. Input naming and delivery are undecided.				Yes	ToC and in-network rates files, "attestation.attester.title"		
4	O	attester_organization	NA	Character	Attester's organization, if applicable	Legal name of the official's organization. Optional in the current CMS output draft; input naming and delivery are undecided.				Yes	ToC and in-network rates files, "attestation.attester.organization"		
5	O	citation_for_statement	NA	Character	Applicable regulation(s)	Client confirms whether Treasury, DOL and/or HHS applies. Each selected statement is published verbatim and confirms accuracy as of last_updated_on. Blank-means-all and multiple-citation encoding are proposed and open.	CMS 3.0 draft ToC output: verbatim statements, not			Yes	ToC and in-network rates files, "attestation.statements[]" (selected regulation becomes its verbatim CMS statement)		

EXTERNAL_MRF_MAPPING | DRAFT v6: logical fields; filename and order TBD												
Field ID (logical)	Required (R) / Conditional (C) / Optional (O) / NA	Field Name	Length	Type	Valid Values / Format	Description and Notes	Additional Documentation Reference	Matched Search Reviews Customer Data Specification with Provider	Corresponding Field	CMS MRF Field	CMS MRF Field Name / Location	Application Usage	RevSpring Guidance
1	R	insurerCode		20 Character	<CLIENTCODE>_I	Assigned insurer code.				No			
2	R	mrfKey	TBD	Character	I/MI/CI: Network_ID; O: Market_Segment	Replaces planCollectionKey. For I/MI MRFs, the network must be in NTWK_MAPPING.				Yes	table-of-contents file, "networks[].network.network_id" for in-network files; "allowed_amount_files.<market_segment>" key for out-of-network files		
3	R	mrfType		3 Character	I, O, MI or CI	Type of MRF: I = In-network (MRF and Cost); O = Out-of-network; MI = In-network (MRF only); CI = In-network (Cost only).	In phase 2 this will be expanded to handle Rx, Tx, Ut, Txt			No			
4	C	reportingEntityName	TBD	Character	A PLAN_DETAILS reporting entity; required for hosted files, blank for CI/Cost-only	The reporting entity responsible for the file we host or link. A file shared by two entities needs one row per entity. Leave blank for CI/Cost-only use.				Yes	table-of-contents file, "reporting_entity.name"		
5	C	externalMrfUrl	TBD	Character	Full URL of a file the client hosts	Unchanged from v5; the table of contents links it as given. Each row has exactly one of externalMrfUrl or externalMrfFileName.				Yes	table-of-contents file, "networks[].in_network_files[].location" or "allowed_amount_files.<market_segment>.location"		
6	C	externalMrfFileName	TBD	Character	Filename of a file delivered to us	Proposed one-file-per-row mapping for files we host. How to represent multiple 3.0 network segments is still open.				Yes	table-of-contents file, "networks[].in_network_files[].location" or "allowed_amount_files.<market_segment>.location" (after hosting)		
7	C	externalMrfDescription	TBD	Character	Required for hosted I, MI and O files	Description of the external MRF. Required for I, MI and O files used for hosted MRFs.				Yes	table-of-contents file, "networks[].in_network_files[].description" or "allowed_amount_files.<market_segment>.description"		
8	O	productCode	TBD	Character	Product_Code from PLAN_DETAILS	For Cost, joins this file to PLAN_DETAILS on MRF_Key and Product_Code; blank feeds every product on the MRF_Key.				No			
9	C	precedenceForCost	TBD	Number	Rank among overlapping files; 1 first	For Cost, required only when more than one file maps to the same MRF_Key and product (blank productCode counts as every product). Existing external-file precedence is disabled by default; the product-scoped v6 mapping is proposed, not implemented. This is separate from PLAN_DETAILS.Precedence, which orders a plan's published networks. Example: one CI file for product P1, leave blank; two CI files for P1 mapped to the same MRF_Key, rank them 1 and 2.				No			

<CLIENTCODE>_COVERED_BUNDLED_BILLING_CODES_* | Existing input; client filename varies												
Field ID (position)	Required (R) / Conditional (C) / Optional (O) / NA	Field Name	Length	Type	Valid Values / Format	Description and Notes	Additional Documentation Reference	Matched Search Reviews Customer Data Specification with Corresponding Field	CMS MRF Field	CMS MRF Field Name / Location	Application Usage	RevSpring Guidance
1	R	Insurer_Code	20	Character	<CLIENTCODE>_I	Assigned insurer code.			No			
2	R	Covered_Bundled_Billing_Key	120	Character	Client-assigned key	Matches Covered_Bundle_Key on the negotiated rate and groups the covered service codes.			No			
3	R	Billing_Code	20	Character	Covered service code	A code in the bundle.			Yes	in-network rates file, "in_network[].bundled_codes[].billing_code"		
4	R	Billing_Code_Type	20	Character	Valid billing code type	The code's type.	CMS 3.0 draft in-network output: billing code types		Yes	in-network rates file, "in_network[].bundled_codes[].billing_code_type"		
5	R	Billing_Code_Type_Ver	80	Character	Version of the billing code type	The code's type version.			Yes	in-network rates file, "in_network[].bundled_codes[].billing_code_type_version"		

<CLIENTCODE>_OUTOFNETWORK_ALLOWED_AMOUNT_YYYYMMDD_HH24mmss.txt | Cost out-of-network maximum allowed amounts										
Field ID (position)	Cost, Required (R) / Conditional (C)	Field Name	Length	Type	Valid Values / Format	Description and Notes	Additional Documentation Reference	Matched with Provider data for	Search Reviews Customer	Application Usage	RevSpring Guidance
1	R	Update_Type	1	Character	A for Add						
2	R	Insurer_Code	20	Character	<CLIENTCODE>_I	Work with RevSpring Connect for Payers to get the assigned insurer_code		Yes	Name = "Insurer Code"		
3	R	Product_Code	120	Character	Valid product-code that matches with SAML product-code or "ALL" **Send "ALL" for product-code when the allowed-amount for a given billing-code maps to all the products.	Identifies the member product whose Cost estimates use this allowed amount. Do not mix ALL and specific-product rows in one input; ALL requires PLAN_DETAILS.					
4	R	Billing_Code_Type	20	Character	CPT, HCPCS, ICD, MS-DRG, R-DRG, S-DRG, APS-DRG, AP-DRG, APR-DRG, APC, NDC, HIPPS, LOCAL, EAPG, CDT, RC, CSTM-ALL	Billing code system for the out-of-network item or service.					
5	R	Billing_Code_Type_Ver	80	Character		There might be versions associated with the billing_code_type. For example, Medicare is currently using ICD's version 10					
6	R	Billing_Code	20	Character	Valid billing code based on billing code type	The billing code for the out-of-network item or service.					
7	C	POS_Collection_Key	120	Character	Client Assigned Key	Joins POS_MAPPING for Cost. Required for professional; a professional row without matching POS codes is not included. Confirm other Cost feed requirements.					
8	C	Allowed_Amount_Type	120	Character	"amount" or "percentage" (case-insensitive)	Type of allowed amount. Current validation rejects a blank value; confirm whether your feed fills it before validation.					
9	R	Allowed_Amount		Decimal	Non-negative amount or percentage based on Allowed_Amount_Type; no dollar signs or commas. For "percentage", .05 = .05%, .5 = .5%, 5 = 5%, and 50.5 = 50.5%.	Out-of-network maximum allowed amount for the Cost self-service tool. A blank or negative amount is invalid.					
10	O	Client_Region_Key	120	Character		If the OON max varies by region, send max allowed amout at region level (Zip code). RevSpring Connect for Payers will use client_region_key to join with OON_region_xwalk file to show region specific OON max allowed amount in self-service tool for the given item or service. If the Client_Region_Key is empty, the rate is not at all limited by any Zip Code. ***If the allowed amount does not vary by region for any of the items or services, the region_xwalk file does not need to be sent.						
11	O	Modifier	2	Character	Valid billing modifier code	A procedure code modifier. e.g. 26 is for Professional component TC is for technical component. This field is not used in transforming the cost estimate.					
12	O	Billing_Class	120	Character	"professional" or "institutional" (case-insensitive)	Identifies the professional or institutional service class. Confirm the Cost behavior for a blank value with your feed configuration.					

Name	Date	Change Log Entry	Version Change
Blake Hice	20261109	**Scenario 1 v6 / 3.0 draft; proposed inputs and open decisions are not an implemented delivery contract.**	v6-DRAFT
Kathleen Freitag	20260317	**Updated Severity_of_Illness description to be more specific about DRG code.Updated Billing_Class description to reflect su**	5.03
Kathleen Freitag	20251204	**Updated Ntwk_Collection_Key descriprion for optimal data processing guidance.**	5.02
Kathleen Freitag	20251117	**Updated Length of Place_of_Service_Code to include new value of 7 to accommodate for CSTM-00 value.**	5.01
Kathleen Freitag	20251016	**Added fields and files to support CMS Price Transparency Data Schema 2.0Updated PLAN_DETAILS file with followingAdde**	5.00
Kathleen Freitag	20250625	**Separated supplemental files from required files.Updated header rows for each tab, tab names, and changed Intro tab**	4.99
Seth Anderson	20240923	**Plan_Detail tab: Updated the Client_Brand_Code field description and required (R) setting.**	4.90
Seth Anderson	20240329	**Application Files tab: Rebranded the graphics.**	4.80
Seth Anderson	20240304	Updated branding, colors, font, and graphics.	4.80
Seth Anderson	20230831	Validation_Checks tab: added "CSTM-00" as valid value for place_of_service_code.	4.80
Seth Anderson	20230525	outofnetwork_allowed_amount.	4.70
Thulasi Mavureddipatty	20221114	Updated tabs as follows:Out-of-Network Allowed Amount tab: Corrected Allowed_Amount_Type field requirement to "Optional	4.60
Thulasi Mavureddipatty	20221017	OutOfNetwork_Allowed_Amount.	4.50
Thulasi Mavureddipatty	20220812	Validation_Checks: Includes field level validations done on price transparency data.	4.40
Jason Feinberg	20220627	External_MRF_Mapping: MRF_Type, row 8 fixed typo Provdier to Provider.	4.30
Ryen Sherwood	20220613	for required files for other scenarios.	4.20
Thulasi Mavureddipatty	20220420	Plan_Details: Plan_Collection_Key description is updated. It is always required to join with other data files	4.20
Thulasi Mavureddipatty	20220420	Provider_Identifiers: Typo corrected to increase the Provider_Group_Contract_Key length from 20 to 120	4.20
Thulasi Mavureddipatty	20220420	External_MRF_Mapping: Example added to External_MRF_Filename_Pattern description.	4.20
Thulasi Mavureddipatty	20220420	clients to group the provider group contracts separately from plan-collection-key in plan-details	4.20
Thulasi Mavureddipatty	20220420	Plan_Details: Plan-id description updated to align with CMS spec change	4.20
Thulasi Mavureddipatty	20220420	Billing_Class.	4.20
Thulasi Mavureddipatty	20220323	Blue Plan specific new file added : Blue_Host_Network_Mapping	4.10
Thulasi Mavureddipatty	20220323	Blue Plan specific new file added : Blue_Home_Plan_Mapping	4.10
Thulasi Mavureddipatty	20220323	Application tab updated to include two new files. Blue_Host_Network_Mapping & Blue_Home_Plan_Mapping	4.10
Thulasi Mavureddipatty	20220323	Application tab updated to include Blue Exchnage Hub Integration diagram	4.10
Thulasi Mavureddipatty	20220307	New file added : PlanCollectn_ProvGrpCntrct_Xwk	4.00
Thulasi Mavureddipatty	20220307	Plan_Collection_Key : Description updated	4.00
Thulasi Mavureddipatty	20220307		4.00
Thulasi Mavureddipatty	20220307	New field added : Negotiation_Arrangement_Description	4.00
Thulasi Mavureddipatty	20220307	MRF_File_Pattern : Typo in description corrected	4.00
Thulasi Mavureddipatty	20220307	Additional Clarification added to OON Allowed Amount File	4.00
Thulasi Mavureddipatty	20220307	HealthSparq Data Spec Model updated	4.00
Thulasi Mavureddipatty	20220216	these files are required.	3.10
Thulasi Mavureddipatty	20220215	to field description.	3.10
Thulasi Mavureddipatty	20220211	Also added additional context (content with astrisk) to description of Allowed_Amount field	3.10
Keith LoMurray	20220203	Covered_Bundled_Key requirement changed to Conditional	3.00
Keith LoMurray	20220203	Region_Xwalk file requirement updated from Optional to Conditional.	3.00
Keith LoMurray	20220130	notes	3.00
Keith LoMurray	20220130	Added HealthSparq Data Specification Model	3.00
Keith LoMurray	20220130	Plan_Collection_Key Added	3.00

Keith LoMurray	20220130	Provider_Location_Details tab Removed	3.00
Keith LoMurray	20220130	Expiration_Date Added	3.00
Keith LoMurray	20220130	External_MRF_Description Added	3.00
Keith LoMurray	20220130	Signficant enhancements related to the MRF Data Specification Companion Guide	3.00
Keith LoMurray	20220130	Entity Relationship Diagram (ERD) iamge updated	3.00
Thulasi Mavureddipatty	20211203	Description changed in all provider-Tin fields: TIN required when it is not SSN. In case of SSN , leave it blank , HealthSparq will	2.30
Thulasi Mavureddipatty	20211203	Provider_Identifier :	2.30
Thulasi Mavureddipatty	20211203	Billing_Class field is added	2.30
Thulasi Mavureddipatty	20211203	Provider_Location_Details : Provider-Tin description updated	
Thulasi Mavureddipatty	20211203	changes in data.	2.30
Thulasi Mavureddipatty	20211029	(tab) references, hid (Rx) column D and removed Rx references from relationship diagram.	2.20
Thulasi Mavureddipatty	20211022	Fields have been rearranged to align with the CMS MRF Spec changes.	2.20
Thulasi Mavureddipatty	20211022	for.	2.20
Thulasi Mavureddipatty	20211022	If there are more than one leased networks for the same Plan_Collection_Key, send the order of precedence.	2.20
Thulasi Mavureddipatty	20211022	All Files: CMS MRF column is added to most of the files and fields that will be reported in MRF File are called out.	2.20
Thulasi Mavureddipatty	20210928	encrypted SSN in place of TIN.	2.10
Thulasi Mavureddipatty	20210819	plan-id	2.10
Thulasi Mavureddipatty	20210819	Provider_Identifiers: Provider/location identifiers matching requirement is called out	2.10
Thulasi Mavureddipatty	20210819	Provider_Location_Details: Provider/location identifiers matching requirement is called out	2.10
Thulasi Mavureddipatty	20210816	Par_Natl_Network_Mapping: new field MRF-Type added	2.10
Thulasi Mavureddipatty	20210816	Par_Natl_Network_Mapping: Fields 9-14 changed from required to optional	2.10
Thulasi Mavureddipatty	20210816	Par_Natl_Network_Mapping: MRF Filename changed to Filename pattern	2.10
Thulasi Mavureddipatty	20210810	Provider_Location_Details: TIN and NPI are added as optional fields	2.0
Thulasi Mavureddipatty	20210810	Provider_Identifiers: Provider Name Suffix field added	2.00
Thulasi Mavureddipatty	20210809	<CLIENTCODE>_PROVIDER_LOCATION_DETAILS_YYYYMMDD_HH24mmss.txt.	2.00
Thulasi Mavureddipatty	20210727	Plan_Details file: Plan_Name & Plan_Sponsor_Or_Issuer_Name added	1.40
Thulasi Mavureddipatty	20210727	All tabs updated to show if HSQ supports full file or both full and incremental files	2.00
Thulasi Mavureddipatty	20210727	Provider_Identifiers: Location_Key field removed	2.00
Thulasi Mavureddipatty	20210727	Provider_Location_Details: Provider_Key field added	2.00
Thulasi Mavureddipatty	20210727	InNetwork_Negotiated_Rate: NPI and TIN are added. Inline descriptions are added about the matching keys	2.00
Thulasi Mavureddipatty	20210727	the matching keys	2.00
Thulasi Mavureddipatty	20210727	Control File added	2.00
Thulasi Mavureddipatty	20210727	Application_Files: Control File requirement is called out	2.00
Thulasi Mavureddipatty	20210624	Plan_Details tab: Plan_Code in place of SAML_Product_Code	1.30
Thulasi Mavureddipatty	20210624	Entity relationship diagram (Application_Files tab) updated to include plan-collection-key and pos-collection-key	1.30
Thulasi Mavureddipatty	20210621	New file: Par Natl Network Mapping	1.30
Thulasi Mavureddipatty	20210621	plan_collection_key in place of plan_id	1.30
Thulasi Mavureddipatty	20210621	New file: POS_Mapping	1.30
Thulasi Mavureddipatty	20210621	POS_Collection_Key in place of POS	1.30
Thulasi Mavureddipatty	20210621	Reporting Entity Name and Type fields are added to Plan File	1.30
Thulasi Mavureddipatty	20210617	Client_provider_Key changed to provider_key	1.30
Thulasi Mavureddipatty	20210617	Client_location_Key changed to location_key	1.30
Thulasi Mavureddipatty	20210606	Location_key(optional) added to Prescription_Drug_Contract file	1.20

Thulasi Mavureddipatty	20210526	aggrements and should be blank for "Capitation" aggrement.	1.10
Thulasi Mavureddipatty	20210526	InNetwork_Negotiated_Rate: Capitation_name and Capitation_description fields added	1.10
Thulasi Mavureddipatty	20210526	aggrements and should be blank for "Capitation" aggrement.	1.10
Thulasi Mavureddipatty	20210526	InNetwork_Negotiated_Rate:Bundle-Key name changes to covered-bundle-key.	1.10
Thulasi Mavureddipatty	20210526	Bundled_Billing_Codes tab name change to covered-bundled-billing_codes	1.10
Thulasi Mavureddipatty	20210526	Covered-bundled-billing_codes:Bundle-Key name changes to covered-bundle-key.	1.10
Thulasi Mavureddipatty	20210526	Application_File:ERD updated to change bundle_key to covered-bundle-key.	1.10
Thulasi Mavureddipatty	20210520	Billing-Code-Master : NDC is added to list of billing-code-types	
Thulasi Mavureddipatty	20210507	InNetwork_Negotiated_Rate: Bundled-Billing_key description is updated	1.00
Thulasi Mavureddipatty	20210507	New column added to all the files to indicate if the column will be matched with provider data to support HSQ One	1.00
Thulasi Mavureddipatty	20210507	domain	1.00
Thulasi Mavureddipatty	20210430	Application tab updated with OON column and also mentions claims data feed as a data source	1.00
Thulasi Mavureddipatty	20210430	Bundle-key reference is removed from OON Max file.	1.00
Thulasi Mavureddipatty	20210415	Bundled-Key added to INNetwork Negotiate and Bundled Billing code files	1.00
Thulasi Mavureddipatty	20210415	Bundled-Code,Bundled-Type and Bundled-Type-Version fields are removed from bundled-billing-code file	1.00
Thulasi Mavureddipatty	20210415	Optionl Modifier field added to InNetwork negotiated and OON Max files	1.00
Thulasi Mavureddipatty	20210415	OON_Region_Xwalk file (that maps region-key to zip-codes)added	1.00
Thulasi Mavureddipatty	20210415	Region-key added to OON-Max-allowed-amount file	1.00
Thulasi Mavureddipatty	20210415	Historical rate is removed from prescription drug file	1.00
Thulasi Mavureddipatty	20210402	MRF, we will use claims data and we only need service level Max allowed amount for OON to support self service tool.	1.00
Thulasi Mavureddipatty	20210331	OutOfNetwork_Allowed_Amount : Billed Amount filed added	1.00
Thulasi Mavureddipatty	20210331	InNetwork_Negotiated_Rate: Effective_Date added	1.00
Thulasi Mavureddipatty	20210331	type and value. File name changed from Provider_Identifiers to Provider_Location	1.00
Thulasi Mavureddipatty	20210331	Location_key(optional) added to INNetwork and OutofNetwork files	1.00
Thulasi Mavureddipatty	20210330	Plan_Details file: plan_id_type changed from optional to required	1.00
Thulasi Mavureddipatty	20210330	Plan_Details file: Plan_Market_Name changed from required to optional	1.00
Thulasi Mavureddipatty	20210330	InNetwork_Service_Rate file name changed to InNetwork_Negotiated_Rate. File description is added	1.00
Thulasi Mavureddipatty	20210330	OutOfNetwork_Allowed_Amount : Description changed for Allowed_Amount and OON_Formula	1.00

Ryen Sherwood	20210330	Added Field ID column and corresponding ID for each row.	1.00

Thulasi Mavureddipatty	20210319	Historical Net price and reporting period end date added to Prescription drug rate tab	1.00
Thulasi Mavureddipatty	20210301	Out-of-Network Allowed Amount file added	1.00
Thulasi Mavureddipatty	20210301	Prescription_DrugContract file added	1.00
Thulasi Mavureddipatty	20210301	Drug_Contract_ID added to Prescription_DrugRate file	1.00
Thulasi Mavureddipatty	20210301	Decriptions updated for all the files	1.00
Thulasi Mavureddipatty	20210301	Overview tab updated with list of files	1.00
Thulasi Mavureddipatty	20210223	Out-of-Network Allowed Amount file description updated	1.00
Thulasi Mavureddipatty	20210128	Initial Version	1.00