OMB control number: 0938-1310/Expiration date: XX/XX/20XX

Centers for Medicare & Medicaid Services (CMS) Qualified Health Plan (QHP) Transparency in Coverage Reporting Plan Year 20XX

Please complete the fields below, following the instructions in the Transparency in Coverage QHP Issuer Instruction Guide.

General Information	
Was this plan on the Exchange in 20XX?	
Issuer Name	
Issuer D/B/A, if Applicable	
Issuer HIOS ID	
Plan ID	
Issuer Point of Contact Name	
Issuer Point of Contact E-mail Address	
Issuer Point of Contact Phone Number	
Issuer Backup Point of Contact	
Issuer Backup Point of Contact E-mail Address	
Issuer Backup Point of Contact Phone Number	
20XX Issuer Data: Reporting of all fields is <u>required</u> for 20XX	
Claims Payment Policies & Other Information URL	
Number of Claims Received in Calendar Year 20XX for Services Rendered in 20XX	
Number of Claims Denied in Calendar Year 20XX	
Number of Internal Appeals Filed in Calendar Year 20XX	
Number of Internal Appeals Overturned from Calendar Year 20XX Appeals	
Number of External Appeals Filed in Calendar Year 20XX	
Number of External Appeals Overturned from Calendar Year 20XX Appeals	
Notes: (Please enter any comments/notes here.)	

PRA Disclosure Statement: PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 938-1310. The time required to complete this information collection is estimated to average 2520 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments contenting the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure***** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1.855-889-425).

Center for Medicare & Medicaid Services (CMS) Qualified Health Plan Transparency in Coverage Reporting Plan Year 20XX Please complete the fields below, following the instructions in the Transparency in Coverage QHP Issuer Instruction Guide.

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General Information		20XX Plan Data: Reporting of all fields is required for 20XX						Notes			
				Number of Claims							
				Denied Due to	Number of Claims	Number of Claims	Number of Claims Denied	Number of Claims Denied			
				Referral or Prior	Denied Due to Out Of	Denied Due to	Due to Not Medically	Due to Not Medically	Number of Claims		
			Number of Claims	Authorization	Network	Services Excluded or	Necessary, excluding	Necessary, including	Denied Due to		
Issuer HIO	S		Denied in Calendar	Required in Calendar	Provider/Claims in	Not Covered in	Behavioral Health in	Behavioral Health in	Other in Calendar	Notes: (Please enter any	
ID	Plan ID	State	Year 20XX	Year 20XX	Calendar Year 20XX	Calendar 20XX	Calendar Year 20XX	Calendar Year 20XX	Year 20XX	comments/notes here.)	