OMB Control # 0938-1310
Expiration Date: XX/XX/20XX

Transparency in Coverage Reporting by Qualified Health Plan Issuers

Appendix B2 – PY24-PY25 QHP Public Use File

Issuers do not need to provide data elements marked with an asterisk (*), as CMS will provide those elements.

Data Element Name	Data Element Description
Issuers Name	The issuer's full legal name, as submitted in the Qualified Health Plan (QHP) application.
Issuer D/B/A, if Applicable	Business name(s) under which issuer offers QHP(s) on the Federally-facilitated Marketplace, if different from Issuer Name.
Issuer ID	The issuer's 5-digit Health Insurance Oversight System (HIOS) ID.
Plan ID	The issuer's 14-alpha-numeric ID.
Claims Payment Policies and Practices and Other Information URL	Issuers will provide one URL link titled "Transparency in Coverage" to policies on their main websites on: out-of-network liability and balance billing; enrollee claims submission; grace periods and claims pending; retroactive denials; recoupment of overpayments; medical necessity and prior authorization timeframes and enrollee responsibilities; drug exception timeframes and enrollee responsibilities; explanation of benefits (EOB); and coordination of benefits (COB), as explained in Section V of the Supporting Statement and Appendix C.
Periodic Financial Disclosure*	URL link to National Association of Insurance Commissioners (NAIC) web page listing issuer premium receipts, assets, and liabilities in dollar amounts.
Data on Enrollment*	Issuer-level enrollment numbers as derived from the Federally-facilitated Exchange (CMS data).
Data on Disenrollment*	Issuer-level disenrollment numbers as derived from the Federally-facilitated Exchange (CMS data).

Issuer Level Claims Data	Issuers will provide:
	• In-network:
	  ○ Claims received;
	  ○ Claims resubmitted; and
	  ○ Claims denied.
	• Out-of-network:
	  ○ Claims received;
	  ○ Claims resubmitted; and
	  ○ Claims denied.
	• Appeals:
	  ○ Internal appeals filed;

Data Element Name	Data Element Description
	○ Internal appeals overturned; ○ External appeals filed; and ○ External appeals overturned.
Plan Level Claims Data	Issuers will provide: • In-network: ○ Claims received; ○ Claims resubmitted; and ○ Claims denied. • Out-of-network: ○ Claims received; ○ Claims resubmitted; and ○ Claims denied.
Plan Level Claim Denial Data	Issuers will provide: • Claim denial reasons: ○ Enrollment status; ○ Benefit limit reached; ○ Investigational, cosmetic, or experimental procedure; ○ Prior authorization or referral required; ○ Exclusion of service; ○ Medical necessity, excluding behavioral health; ○ Medical necessity, behavioral health only; ○ Out of network provider/claims; ○ Administrative; and ○ Other.