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
	o Internal appeals overturned; o External appeals filed; and o External appeals overturned.

Plan Level Claims Data	Issuers will provide:
	• In-network:
	  o Claims received;
	  o Claims resubmitted; and
	  o Claims denied.
	• Out-of-network:
	  o Claims received;
	  o Claims resubmitted; and
	  o Claims denied.

Plan Level Claim Denial Data	Issuers will provide:
	• Claim denial reasons:
	  o Enrollment status;
	  o Benefit limit reached;
	  o Investigational, cosmetic, or experimental procedure;
	  o Prior authorization or referral required;
	  o Exclusion of service;
	  o Medical necessity, excluding behavioral health;
	  o Medical necessity, behavioral health only;
	  o Out of network provider/claims;
	  o Administrative; and
	  o Other.