All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F.

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

Plan Year 2026

| Validate |
| Finalize |

General Information	
Was this Issuer on the Exchange in 2024?*	
SADP Only?*	
Issuer HIOS ID*	
Issuer Level Data	
Number of Issuer Level In-Network Claims with Date(s) of Service (DOS) in 2023 That Were Also Received in Calendar Year 2024*	
Number of Issuer Level In-Network Claims with DOS in 2023 That Were Also Denied in Calendar Year 2024*	
Number of Issuer Level In-Network Claims with DOS in 2023 That Were Also Resubmitted in Calendar Year 2024*	
Number of Issuer Level Out-of-Network Claims with DOS in 2023 That Were Also Received in Calendar Year 2024*	
Number of Issuer Level Out-of-Network Claims with DOS in 2023 That Were Also Denied in Calendar Year 2024*	
Number of Issuer Level Out-of-Network Claims with DOS in 2023 That Were Also Resubmitted in Calendar Year 2024*	
Number of Issuer Level Internal Appeals Filed in Calendar Year 2024*	
Number of Issuer Level Internal Appeals Overturned from Calendar Year 2024 Appeals*	
Number of Issuer Level External Appeals Filed in Calendar Year 2024*	
Number of Issuer Level External Appeals Overturned from Calendar Year 2024 Appeals*	
Notes:	
Please enter any comments/notes here.	

All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F.
All plan IDs submitted via Plans & Benefits Template(s) must be included in this template.

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

Plan Year 2026

Plan Level Data

Plan ID*	Number of Plan Level In-Network Claims with Date(s) of Service (DOS) in 2024 That Were Also Received in Calendar Year 2024*	Number of Plan Level In-Network Claims with DOS in 2024 That Were Also Denied in Calendar Year 2024*	Number of Plan Level In-Network Claims with DOS in 2024 That Were Also Resubmitted in Calendar Year 2024*	Number of Plan Level Out-of-Network Claims with DOS in 2024 That Were Also Received in Calendar Year 2024*	Number of Plan Level Out-of-Network Claims with DOS in 2024 That Were Also Denied in Calendar Year 2024*	Number of Plan Level Out-of-Network Claims with DOS in 2024 That Were Also Resubmitted in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Prior Authorization or Referral Required in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Denied Due to an Out-Of-Network Provider/Claims in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Lack of Medical Necessity, excluding Behavioral Health in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health only, in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Enrollee Benefit Limit Reached in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Member Not Covered During All or Part of Date of Service in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due To Investigational, Experimental, or Cosmetic Procedure in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Denied Due to Administrative Reasons in Calendar Year 2024*	Number of Plan Level Claims with DOS in 2024 That Were Also Denied for "Other" Reasons in Calendar Year 2024*	Notes: (Please enter any comments/notes here.)