All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + 1. 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*	Date(s) of Service (DOS) in 2024 That Were Also Received in Calendar	Number of Plan Level In- Network Claims with DOS in 2024 That Were Also Denied in Calendar	Network Claims with DOS in 2024 That Were Also Resubmitted in	Out-of-Network Claims with DOS in 2024 That	Out-of-Network Claims with DOS in 2024 That Were Also Denied in	Number of Plan Level Out-of-Network Claims with DOS in 2024 That Were Also Resubmitted	That Were Also Denied Due to Prior Authorization or Referral Required in	Claims with DOS in 2024 That Were Also Denied Due to an Out-Of- Network Provider/Claims in	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Exclusion of a Service in Calendar Year	That Were Also Denied Due to Lack of Medical Necessity, <u>excluding</u>	Claims with DOS in 2024 That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health only, in Calendar	Number of Plan Level Claims with DOS in 2024 That Were Also Denied Due to Enrollee Benefit Limit Reached in	That Were Also Denied Due to Member Not	Claims with DOS in 2024 That Were Also Denied Due To Investigational, Experimental, or Cosmetic Procedure in	Claims with DOS in 2024 That Were Denied Due to Administrative Reasons in Calendar	Number of Plan Level Claims with DOS in 2024 That Were Also Denied for "Other" Reasons in Calendar Year 2024*	Notes: (Please enter any
27603CA1330004						1.210	21	23	5.454	0	N/A	0	0	O	0	3,643	commency/notes nere./
27603CA1560001					2,489		2,058	1,785	5,133	0	N/A	0	0	0	0	19,663	
L	1	1	l	1	l	l	1	1	1		1		1		1	l	