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 +

button or CD1 + Shift + F.

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

	Centers for Medicare & Medicaid Services (CMS) Qualified Health Plan (QMP) Transparency in Coverage Reporting																
									n Year 2025								
Man Level Data																	
										Number of Plan Level			Number of Plan Level				
							Number of Plan Level	Number of Plan Level		Claims with DOS in	Number of Plan Level		Claims with DOS in	Claims with DOS in			
	Number of Plan Level In						Claims with DOS in	Claims with DOS in	Number of Plan Level	2023 That Were Also	Claims with DOS in	Number of Plan Level	2023 That Were Also	2023 That Were Also	Number of Plan Level	Number of Plan Level	
	Network Claims with	Number of Plan Level In	Number of Plan Level In	Number of Plan Level	Number of Plan Level	Number of Plan Level	2023 That Were Also	2023 That Were Also	Claims with DOS in	Denied Due to Lack of	2023 That Were Also	Claims with DOS in	Denied Due to Member	Denied Due To	Claims with DOS in	Claims with DOS in	
	Date(s) of Service (DOS)	Network Claims with	Network Claims with	Out-of-Network Claims	Out-of-Network Claims	Out-of-Network Claims	Denied Due to Prior	Denied Due to an Out-	2023 That Were Also	Medical Necessity,	Denied Due to Lack of	2023 That Were Also	Not Covered During All	Investigational,	2023 That Were Denied	2023 That Were Also	
	in 2023 That Were Also	DOS in 2023 That Were	DOS in 2023 That Were	with DOS in 2023 That	with DOS in 2023 That	with DOS in 2023 That	Authorization or	Of-Network	Denied Due to	excluding Behavioral	Medical Necessity,	Denied Due to Enrollee	or Part of Date of	Experimental, or	Due to Administrative	Denied for "Other"	
	Received in Calendar	Also Denied in Calendar	Also Resubmitted in	Were Also Received in	Were Also Denied in	Were Also Resubmitted	Referral Required in	Provider/Claims in	Exclusion of a Service in	Health in Calendar Year	Behavioral Health only	Benefit Limit Reached	Service in Calendar	Cosmetic Procedure in	Reasons in Calendar	Reasons in Calendar	Notes: (Please enter any
Plan ID*	Year 2023*	Year 2023*	Calendar Year 2023*	Calendar Year 2023*	Calendar Year 2023*	in Calendar Year 2023*	Calendar Year 2023*	Calendar Year 2023*	Calendar Year 2023*	2023*	in Calendar Year 2023*	in Calendar Year 2023*	Year 2023*	Calendar Year 2023*	Year 2023*	Year 2023*	comments/notes here.)
20523CA0110001	2,118	597	154	185	102	10	14	81	0	0	0	271	18	0	99	441	
20523CA0110012	7,177	1,921	691	1,407	710	76	177	457	17	0	0	1,157	158	1	523	1,370	
20523CA0110015	7.033	2.130	655	990	460	39	184	229	10	0	0	1.195	100	0	414	1.541	
20523CA0110019	116	63	10	21	21	7	13	26	0	0	0	23	1	1	0	41	
20523CA0110025	2,829	924	346	478	318	35	80	122	4	0	0	549	25	0	266	669	
20523CA0110035	24,011	6,557	2,377	4,372	2,082	239	708	933	85	0	4	4,470	452	20	1,486	4,571	