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 Also 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.)
70285CA8120052	3,208	2,540	26	708	708	7	0	0	450	25	0	0	0	0	130	2,765	
70285CA8120053	31,892	26,515	64	1,469	1,447	0	0	0	3,683	280	0	0	0	0	1,245	23,936	
70285CA8120054	2,086	1,525	10	104	104	0	0	0	233	8	0	0	2	0	56	1,375	
70285CA8120055	6,932	5,446	44	505	505	4	0	0	845	75	0	0	0	0	267	5,034	
70285CA8120056	7,632	6,257	32	388	388	0	0	0	789	59	0	0	5	0	333	5,751	
70285CA8120057	3,504	2,462	0	304	292	13	0	0	215	19	0	0	2	0	113	2,468	
70285CA8120058	1,033	667	15	117	117	0	0	0	98	3	0	0	0	0	31	675	
70285CA8120059	2,077	1,404	0	123	123	0	0	0	239	32	0	0	0	0	47	1,242	
70285CA8120060	13,538	10,415	29	615	612	1	0	0	1,343	139	0	0	0	0	553	9,500	
70285CA8120061	8,425	6,421	19	610	610	0	0	0	833	65	0	0	0	0	502	6,070	
70285CA8120062	6,029	5,043	22	499	499	2	0	0	600	62	0	0	0	0	191	4,886	
70285CA8120063	361	124	1	18	18	0	0	0	20	3	0	0	0	0	5	121	
70285CA8120064	6,304	5,011	49	395	388	5	0	0	306	61	0	0	0	0	117	5,028	
70285CA8120065	26,010	20,886	109	1,499	1,485	10	0	0	2,036	290	0	0	1	0	1,108	19,972	
70285CA8120066	33,633	25,659	184	2,265	2,205	9	0	0	2,738	274	0	0	1	0	1,425	24,660	
70285CA8120067	34,818	27,465	119	1,975	1,929	21	0	0	3,777	329	0	0	0	0	1,542	25,125	
70285CA8120068	23,049	18,266	123	1,201	1,190	10	0	0	2,340	227	0	0	0	0	964	16,842	
70285CA8120069	30,285	24,929	130	1,104	1,090	8	0	0	2,876	315	0	0	0	2	1,213	22,752	
70285CA8130051	186,423	35,507	2,920	96,018	22,652	1,237	0	0	18,217	4,270	0	5,105	5,476	2	16,099	26,531	