All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + L 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																	
							Number of Plan Level	Number of Plan Level		Number of Plan Level	Number of Plan Level		Number of Plan Level	Number of Plan Level			
	Number of Plan Level In-							Claims with DOS in 2024							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	
	Date(s) of Service (DOS)														That Were Denied Due		
	in 2024 That Were Also	DOS in 2024 That Were	DOS in 2024 That Were	with DOS in 2024 That	with DOS in 2024 That	with DOS in 2024 That	Authorization or			Necessity, excluding						That Were Also Denied	
			Also Resubmitted in			Were Also Resubmitted			Service in Calendar Year		Health only, in Calendar		Part of Date of Service		Reasons in Calendar	for "Other" Reasons in	Notes: (Please enter any
Plan ID*	Year 2024*	Year 2024*	Calendar Year 2024*	Calendar Year 2024*		in Calendar Year 2024*		Calendar Year 2024*	2024*				in Calendar Year 2024*	Calendar Year 2024*			comments/notes here.)
17579CA018000101	2,363	629	0	23	23	0	6	23	210	0	0	0	0	0	0	413	RX Claim Data Only
17579CA020000101	2,606	554	0	82	82	0	26	82	95	0	0	0	0	0	0	433	RX Claim Data Only
17579CA022000101	5,436	1,274	0	46	46	0	55	46	292	0	0	0	0	0	0	927	RX Claim Data Only
17579CA022000104	4,149	1,003	0	31	31	0	27	31	185	0	0	0	0	0	0	791	RX Claim Data Only
17579CA022000105		1,796	0	75	75	0	21	75	391	0	0	0	0	0	0	1,384	RX Claim Data Only
17579CA022000106	3,079	766	0	26	26	0	1	26	120	0	0	0	0	0	0	645	RX Claim Data Only
17579CA023000101	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	RX Claim Data Only
17579CA024000101	16,028	3,842	0	365	365	0	89	365	751	0	0	0	0	0	0	3,002	RX Claim Data Only
17579CA025000101	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	RX Claim Data Only
17579CA027000101		229	0	8	8	0	21	8	62	0	0	0	0	0		146	RX Claim Data Only
17579CA029000101		398	0	19	19	0	7	19	74	0	0	0	0	0		317	RX Claim Data Only
17579CA031000101		630	0	51	51	0	9	51	209	0	0	0	0	0	0	412	RX Claim Data Only
17579CA031000104		267	0	5	5	0	0	5	61	0	0	0	0	0	0	206	RX Claim Data Only
17579CA031000105		904	0	94	94	0	16	94	180	0	0	0	0	0	0	708	RX Claim Data Only
17579CA031000106		203	0	19	19	0	23	19	28	0	0	0	0	0	0	152	RX Claim Data Only
		1,119	0	146	146	0	17	146	311	0	0	0	0	0	0	791	RX Claim Data Only
17579CA052000101		621	0	163	163	0	46	163	225	0	0	0	0	0	0	350	RX Claim Data Only
17579CA054000101		195	0	24	24	0	2	24	46	0	0	0	0	0	0	147	RX Claim Data Only
17579CA054000102	73	12	0	0	0	0	0	0	8	0	0	0	0	0	0	4	RX Claim Data Only
17579CA063000101	7	1	0	5	5	0	0	5	0	0	0	0	0	0	0	1	RX Claim Data Only
17579CA064000101	27	10	0	1	1	0	0	1	2	0	0	0	0	0	0	8	RX Claim Data Only