

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 v6.0

General Information	
Was this Issuer on the Exchange in 2024?*	Yes
SADP Only?*	Yes
Issuer HIOS ID*	97389
Issuer Level Data	
Number of Issuer Level In-Network Claims with Date(s) of Service (DOS) in 2024 That Were Also Received in Calendar Year 2024 *	1,410
Number of Issuer Level In-Network Claims with DOS in 2024 That Were Also Denied in Calendar Year 2024 *	2
Number of Issuer Level In-Network Claims with DOS in 2024 That Were Also Resubmitted in Calendar Year 2024 *	6
Number of Issuer Level Out-of-Network Claims with DOS in 2024 That Were Also Received in Calendar Year 2024 *	0
Number of Issuer Level Out-of-Network Claims with DOS in 2024 That Were Also Denied in Calendar Year 2024 *	0
Number of Issuer Level Out-of-Network Claims with DOS in 2024 That Were Also Resubmitted in Calendar Year 2024 *	0
Number of Issuer Level Internal Appeals Filed in Calendar Year 2024 *	0
Number of Issuer Level Internal Appeals Overturned from Calendar Year 2024 Appeals *	0
Number of Issuer Level External Appeals Filed in Calendar Year 2024 *	0
Number of Issuer Level External Appeals Overturned from Calendar Year 2024 Appeals *	0
Notes:	
Please enter any comments/notes here.	

PRA Disclosure Statement: PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1310. The time required to complete this information collection is estimated to average 2520 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).