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																	
		Number of Plan Level In-	- Number of Plan Level In-			Number of Plan Level	That Were Also Denied	Claims with DOS in 2024 That Were Also Denied	Number of Plan Level Claims with DOS in 2024	That Were Also Denied	Claims with DOS in 2024 That Were Also Denied	Number of Plan Level Claims with DOS in 2024	That Were Also Denied	Claims with DOS in 2024 That Were Also Denied	Claims with DOS in 2024		
Plan ID*	in 2024 That Were Also Received in Calendar	DOS in 2024 That Were Also Denied in Calendar	Network Claims with DOS in 2024 That Were Also Resubmitted in Calendar Year 2024*	with DOS in 2024 That Were Also Received in	with DOS in 2024 That Were Also Denied in	with DOS in 2024 That Were Also Resubmitted	Authorization or Referral Required in	Network	Due to Exclusion of a Service in Calendar Year	Necessity, excluding	Necessity, Behavioral Health <u>only</u> , in Calendar	Due to Enrollee Benefit Limit Reached in	Covered During All or Part of Date of Service	Experimental, or	Reasons in Calendar	Claims with DOS in 2024 That Were Also Denied for "Other" Reasons in Calendar Year 2024*	Notes: (Please enter any
62683CA0040004	1,833	818	65	49	29	0	129	379	196	0	N/A	17	17	0	0	109	
62683CA0040002	30	8	0	0	0	0	0	4	0	0	N/A	1	0	0	0	3	