

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?*	
SADP Only?*	
Issuer HIOS ID*	
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 *	
Number of Issuer Level In-Network Claims with DOS in 2024 That Were Also Denied in Calendar Year 2024 *	
Number of Issuer Level In-Network Claims with DOS in 2024 That Were Also Resubmitted in Calendar Year 2024 *	
Number of Issuer Level Out-of-Network Claims with DOS in 2024 That Were Also Received in Calendar Year 2024 *	
Number of Issuer Level Out-of-Network Claims with DOS in 2024 That Were Also Denied in Calendar Year 2024 *	
Number of Issuer Level Out-of-Network Claims with DOS in 2024 That Were Also Resubmitted in Calendar Year 2024 *	
Number of Issuer Level Internal Appeals Filed in Calendar Year 2024 *	17
Number of Issuer Level Internal Appeals Overturned from Calendar Year 2024 Appeals *	11
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.	

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