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	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	Claims with DOS in 2024	Number of Plan Level	Claims with DOS in 2024	Claims with DOS in 2024	Number of Plan Level	Claims with DOS in 2024	Claims with DOS in 2024			
									That Were Also Denied									
			Network Claims with DOS in 2024 That Were										That Were Also Denied Due to Enrollee Benefit				Claims with DOS in 2024 That Were Also Denied	
			Also Denied in Calendar			Were Also Denied in					Behavioral Health in				Cosmetic Procedure in		for "Other" Reasons in	Notes: (Please enter any
Plan	ID*	Year 2024*	Year 2024*	Calendar Year 2024*	Calendar Year 2024*	Calendar Year 2024*	in Calendar Year 2024*	Calendar Year 2024*	Calendar Year 2024*	2024*	Calendar Year 2024*	Year 2024*	Calendar Year 2024*	in Calendar Year 2024*	Calendar Year 2024*	Year 2024*	Calendar Year 2024*	comments/notes here.)
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