

Centers for Medicare & Medicaid Services (CMS) Qualified Health Plan (QHP) Transparency in Coverage Reporting
Plan Year 20XX

Please complete the fields below, following the instructions in the Transparency in Coverage QHP Issuer Instruction Guide.

General Information	
Was this plan on the Exchange in 20XX?	
Issuer Name	
Issuer D/B/A, if Applicable	
Issuer HIOS ID	
Plan ID	
Issuer Point of Contact Name	
Issuer Point of Contact E-mail Address	
Issuer Point of Contact Phone Number	
Issuer Backup Point of Contact	
Issuer Backup Point of Contact E-mail Address	
Issuer Backup Point of Contact Phone Number	
20XX Issuer Data: Reporting of all fields is required for 20XX	
Claims Payment Policies & Other Information URL	
Number of Claims Received in Calendar Year 20XX for Services Rendered in 20XX	
Number of Claims Denied in Calendar Year 20XX	
Number of Internal Appeals Filed in Calendar Year 20XX	
Number of Internal Appeals Overturned from Calendar Year 20XX Appeals	
Number of External Appeals Filed in Calendar Year 20XX	
Number of External Appeals Overturned from Calendar Year 20XX Appeals	
Notes: (Please enter any comments/notes here.)	

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