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 2024

Plan Level Data																	
Plan ID*	Date(s) of Service (DOS) in 2022 That Were Also Received in	In-Network Claims with DOS in 2022 That Were Also Denied in	In-Network Claims with DOS in 2022 That Were Also Resubmitted in	Out-of-Network Claims with DOS in 2022 That Were Also Received in	Number of Plan Level Out-of-Network Claims with DOS in 2022 That Were Also Denied in Calendar Year 2022*	with DOS in 2022 That Were Also Resubmitted in	Claims with DOS in 2022 That Were Also	2022 That Were Also Denied Due to an Out- Of-Network Provider/Claims in	Number of Plan Level Claims with DOS in 2022 That Were Also	Claims with DOS in 2022 That Were Also Denied Due to Lack of Medical Necessity, excluding Behavioral Health in Calendar	Denied Due to Lack of Medical Necessity, Behavioral Health	Number of Plan Level	2022 That Were Also Denied Due to Member Not Covered During All or Part of Date of Service in	Claims with DOS in 2022 That Were Also Denied Due To Investigational, Experimental, or Cosmetic Procedure in	Number of Plan Level Claims with DOS in 2022 That Were Denied Due to	Number of Plan Level Claims with DOS in 2022 That Were Also Denied for "Other" ns Reasons in Calendar * Year 2022*	Notes: (Please enter any comments/notes here.)
27603CA1330004		4,173	3.909	36,274	3,612	1,662	0	2	3.845	0	N/A	0	0	0	0	5,262	commence, notes here.,
	- /	8,197	1,215	208	201	3	0	0	611	0	N/A	0	0	0	0	8,520	