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.

Plan ID*

97389CA0040001 89 97389CA0030001 0

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

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								Plar	Year 2024								
	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		Claims with DOS in				Claims with DOS in			
	Number of Plan Level					Number of Plan Level		Claims with DOS in							Number of Plan Level	Number of Plan Level	
		Number of Plan Level	Number of Plan Level	Number of Plan Level						Denied Due to Lack of						Claims with DOS in	
				Out-of-Network Claims						Medical Necessity,			Member Not Covered			2022 That Were Also	
				with DOS in 2022 That						<u>excluding</u> Behavioral	•	Denied Due to Enrollee				Denied for "Other"	
	•									_							Natas /Diagra automan
	Were Also Received in			Were Also Received in			Referral Required in			Health in Calendar					Administrative Reasons		Notes: (Please enter any
	Calendar Year 2022*	Calendar Year 2022*	Calendar Year 2022*	Calendar Year 2022*	Calendar Year 2022*	Calendar Year 2022*	Calendar Year 2022*	Calendar Year 2022*	in Calendar Year 2022*	Year 2022*	2022*	in Calendar Year 2022*	Calendar Year 2022*	Calendar Year 2022*	in Calendar Year 2022*	Year 2022*	comments/notes here.)
001	89	0	0	0	0	0	N/A	0	0	0	N/A	0	0	0	0	0	
001	0	0	0	0	0	0	N/A	0	0	0	N/A	0	0	0	0	0	