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	
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								Pla	n Level Data								
	Date(s) of Service	In-Network Claims with DOS in 2022 That Were	In-Network Claims with	Out-of-Network Claims with DOS in 2022 That	Number of Plan Level Out-of-Network Claims with DOS in 2022 That	Number of Plan Level Out-of-Network Claims with DOS in 2022 That Were Also	Claims with DOS in 2022 That Were Also Denied Due to Prior Authorization or	2022 That Were Also Denied Due to an Out- Of-Network	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, <i>excluding</i> Behavioral	•	Claims with DOS in 2022 That Were Also Denied Due to Enrollee	Denied Due to Member Not Covered During All or Part of	Claims with DOS in 2022 That Were Also Denied Due To Investigational, Experimental, or	2022 That Were	Claims with DOS in 2022 That Were Also Denied for "Other"	Notes: (Please enter any
Plan ID*	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.)
62683CA0040004	5,012	1,607	158	1,103	194	27	44	993	739	0	N/A	470	125	0	171	58	
62683CA0040002	112	23	14	9	2	3	1	5	12	0	N/A	2	1	0	2	5	
62683CA0020002	178	15	7	50	0	6	0	2	5	0	N/A	4	1	0	2	3	
62683CA0020004	17,289	3,125	819	784	0	162	10	313	1,228	0	N/A	774	143	0	390	580	