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 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		Claims with DOS in	Claims with DOS in			
	Number of Plan Level					Number of Plan Level	Claims with DOS in	Claims with DOS in	Number of Plan Level	2022 That Were Also	2022 That Were Also	Number of Plan Level	2022 That Were Also	2022 That Were Also	Number of Plan Level	Number of Plan Level	
	In-Network Claims with	Number of Plan Level	Number of Plan Level	Number of Plan Level	Number of Plan Level	Out-of-Network Claims	2022 That Were Also	2022 That Were Also	Claims with DOS in	Denied Due to Lack of	Denied Due to Lack of	Claims with DOS in	Denied Due to	Denied Due To	Claims with DOS in	Claims with DOS in	
	Date(s) of Service	In-Network Claims with	In-Network Claims with	Out-of-Network Claims	Out-of-Network Claims	with DOS in 2022 That	Denied Due to Prior	Denied Due to an Out-	2022 That Were Also	Medical Necessity,	Medical Necessity,	2022 That Were Also	Member Not Covered	Investigational,	2022 That Were	2022 That Were Also	
	(DOS) in 2022 That	DOS in 2022 That Were	DOS in 2022 That Were	with DOS in 2022 That	with DOS in 2022 That	Were Also	Authorization or	Of-Network	Denied Due to	<i>excluding</i> Behavioral	Behavioral Health	Denied Due to Enrollee	During All or Part of	Experimental, or	Denied Due to	Denied for "Other"	
	Were Also Received in	Also Denied in	Also Resubmitted in	Were Also Received in	Were Also Denied in	Resubmitted in	Referral Required in	Provider/Claims in	Exclusion of a Service	Health in Calendar	only, in Calendar Year	Benefit Limit Reached	Date of Service in	Cosmetic Procedure in	Administrative Reasons	Reasons in Calendar	Notes: (Please enter any
Plan ID*	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.)
18126CA0010001	155,652	34,326	17,228	17,713	10,691	1,976	6,102	1,813	21,611	940	85	13,549	619	859	24,862	19,154	
18126CA0010002	113,320	27,128	12,475	17,793	11,320	2,581	4,908	2,193	16,513	500	63	10,454	336	774	17,058	18,645	
18126CA0010003	314,520	75,197	35,656	52,586	33,427	7,899	13,122	5,771	46,610	1,422	339	30,281	623	1,966	50,969	52,801	
18126CA0010004	19,585	4,455	2,077	3,584	2,262	507	592	374	2,818	81	7	1,935	50	94	3,423	3,101	
18126CA0010005	228	83	29	75	50	14	13	15	5	0	0	3	0	20	29	74	