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 IBs 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 2025																	
Plan Levil Data																	
										Number of Plan Level			Number of Plan Level				
								Number of Plan Level		Claims with DOS in			Claims with DOS in				
	Number of Plan Level In														Number of Plan Level		
					Number of Plan Level			2023 That Were Also			2023 That Were Also		Denied Due to Member			Claims with DOS in	
	Date(s) of Service (DOS)							Denied Due to an Out-			Denied Due to Lack of				2023 That Were Denied		
	in 2023 That Were Also										Medical Necessity,				Due to Administrative		
					Were Also Denied in						Behavioral Health only				Reasons in Calendar		Notes: (Please enter any
Plan ID*	Year 2023*	Year 2023*	Calendar Year 2023*		Calendar Year 2023*	in Calendar Year 2023*	Calendar Year 2023*	Calendar Year 2023*	Calendar Year 2023*	2023*	in Calendar Year 2023*	in Calendar Year 2023*	Year 2023*	Calendar Year 2023*	Year 2023*	Year 2023*	comments/notes here.)
27603CA1330004	64,107	3,836	4,158	49,495	4,624	1,927	0	0	4,496	0	N/A	0	0	0	0	3,964	
27603CA1560001	18,540	11,564	1,160	388	356	2	0	0	1,002	0	N/A	0	0	0	0	10,918	
														1			
														1			1