*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 2022

Plan Level Data

Plan ID*	Number of Plan Level Claims with DOS in 2020 That Were Also Received in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Prior Authorization or Referral Required in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to an Out-Of-Network Provider/Claims in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, ***excluding*** Behavioral Health in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health ***only***, in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied for "Other" Reasons in Calendar Year 2020*	Notes: (Please enter any comments/notes here.)
40513CA0380001	38,709	2,572	702	0	81	0	0	1,789	
40513CA0380002	21,246	1,181	480	0	27	0	0	674	
40513CA0380003	169,236	10,646	3,617	0	321	2	0	6,706	
40513CA0380004	59,888	3,752	1,306	0	129	2	0	2,315	
40513CA0380005	27,963	2,096	922	0	76	1	0	1,097	
40513CA0380006	0	0	0	0	0	0	0	0	
40513CA0380013	26,852	1,580	560	0	48	0	0	972	