

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 2021**

Plan Level Data									
Plan ID*	Number of Plan Level Claims with DOS in 2019 That Were Also Received in Calendar Year 2019*	Number of Plan Level Claims with DOS in 2019 That Were Also Denied in Calendar Year 2019*	Number of Plan Level Claims with DOS in 2019 That Were Also Denied Due to Prior Authorization or Referral Required in Calendar Year 2019*	Number of Plan Level Claims with DOS in 2019 That Were Also Denied Due to an Out-Of-Network Provider/Claims in Calendar Year 2019*	Number of Plan Level Claims with DOS in 2019 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2019*	Number of Plan Level Claims with DOS in 2019 That Were Also Denied Due to Lack of Medical Necessity, <u>excluding</u> Behavioral Health in Calendar Year 2019*	Number of Plan Level Claims with DOS in 2019 That Were Also Denied Due to Lack of Health <u>only</u> , in Calendar Year 2019*	Number of Plan Level Claims with DOS in 2019 That Were Also Denied for "Other" Reasons in Calendar Year 2019*	Notes: (Please enter any comments/notes here.)
40513CA0400001	1,286	126	75	0	3	0	0	48	
40513CA0400002	3,165	206	84	0	7	0	0	115	
40513CA0400003	369	79	50	0	0	0	0	29	
40513CA0400004	1,241	108	36	0	10	0	0	62	
40513CA0400005	1,619	89	37	0	1	0	0	51	
40513CA0400007	780	84	9	0	8	0	0	67	
40513CA0400009	204	17	6	0	1	0	0	10	
40513CA0400020	1,088	82	36	0	0	0	0	46	
40513CA0400021	210	24	8	0	1	0	0	15	
40513CA0400022	3	0	0	0	0	0	0	1	
40513CA0400024	2	0	0	0	0	0	0	0	
40513CA0400025	4	0	0	0	0	0	0	0	
40513CA0400028	1	0	0	0	0	0	0	0	
40513CA0400031	124	9	0	0	0	0	0	9	