

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 Medical Necessity, Behavioral 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.)
40513CA0380001	25,745	1,529	359	0	94	0	0	1,076	
40513CA0380002	14,042	862	251	0	43	5	0	563	
40513CA0380003	73,075	4,640	1,323	0	241	0	0	3,076	
40513CA0380004	22,340	2,077	654	0	181	1	0	918	
40513CA0380005	9,449	801	267	0	27	0	0	507	
40513CA0380006	1,435	108	45	0	7	0	0	56	
40513CA0380013	17,501	1,164	404	0	47	3	0	710	