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									
		Number of Plan Level Claims with DOS in 2020 That Were Also Denied	Claims with DOS in 2020 That Were Also Denied Due to Prior Authorization or Referral Required in	Due to an Out-Of- Network Provider/Claims in	Claims with DOS in 2020 That Were Also Denied	Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, <i>excluding</i> Behavioral Health in	That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health <i>only</i> , in Calendar	Number of Plan Level Claims with DOS in 2020 That Were Also Denied	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	
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