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 2023

Plan Level Data									
Plan ID*		Number of Plan Level Claims with DOS in 2021 That Were Also Denied	Claims with DOS in 2021 That Were Also Denied Due to Prior Authorization or Referral Required in			Claims with DOS in 2021 That Were Also Denied Due to Lack of Medical Necessity, <u>excluding</u> Behavioral Health in	That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health <i>only</i> , in	Number of Plan Level Claims with DOS in 2021 That Were Also Denied for "Other" Reasons in	Notes: (Please enter any comments/notes here.)
40513CA0380001	74,029	4,592	1,047	0	10	13	0	3,522	
40513CA0380002	44,356	2,960	771	0	14	0	0	2,175	
40513CA0380003	362,102	23,627	5,152	0	44	54	0	18,377	
40513CA0380004	150,589	10,246	1,801	0	25	48	0	8,372	
40513CA0380005	58,333	4,468	994	0	2	6	0	3,466	
40513CA0380006	11,835	804	182	0	2	8	0	612	
40513CA0380013	50,357	2,995	615	0	12	0	0	2,368	