

All fields with an asterisk ( \* ) are required. To validate the template, press Va  
 All plan IDs submitted via Plans & Benefits Template(s) must be included in th

**Centers for Medicare & Medi**

Plan ID*	Number of Plan Level Claims with DOS in 2021 That Were Also Received in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Prior Authorization or Referral Required in Calendar Year 2021*
97389CA0040001	101	0	0
97389CA0030001	4	0	0

Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F.  
 This template.

**Medicaid Services (CMS) Qualified Health Plan (QHP) Transparency in Coverage Reporting**

**Plan Year 2023**

**Plan Level Data**

Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to an Out-Of-Network Provider/Claims in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Lack of Medical Necessity, <b><i>excluding</i></b> Behavioral Health in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health <b><i>only</i></b> , in Calendar Year 2021*
0	0	0	N/A
0	0	0	N/A

Number of Plan Level Claims with DOS in 2021 That Were Also Denied for "Other" Reasons in Calendar Year 2021*	Notes: (Please enter any comments/notes here.)
0	
0	