*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 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*	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, ***excluding*** 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 ***only*** , in Calendar Year 2021*	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.)
10544CA0080001	28,118	810	21	1,458	41	0	42	810	
10544CA0090001	53,667	2,181	91	1,821	78	0	139	2,181	
10544CA0100001	175,760	5,453	267	5,090	203	0	399	5,453	
10544CA0110001	295,785	9,454	273	10,883	382	0	505	9,454	
10544CA0120001	735,650	22,195	1,256	17,332	838	0	1,959	22,195	
10544CA0320004	31,783	1,128	30	1,122	47	0	91	1,128	