*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.)
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	