*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

Plan ID*	Number of Plan Level Claims with DOS in 2020 That Were Also Received in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Prior Authorization or Referral Required in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to an Out-Of-Network Provider/Claims in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, ***excluding*** Behavioral Health in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health ***only*** , in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied for "Other" Reasons in Calendar Year 2020*	Notes: (Please enter any comments/notes here.)
27603CA1330004	59,682	2,959	0	0	1,354	0	N/A	1,605	
27603CA1560001	10,290	1,196	0	0	8	0	N/A	1,188	