## 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 2024

Plan Level Data																	
							Number of Plan Level	Number of Plan Level			Number of Plan Level Claims with DOS in		Number of Plan Level Claims with DOS in	Number of Plan Level Claims with DOS in			
	Number of Plan Level					Number of Plan Level						Number of Plan Level		2022 That Were Also	Number of Plan Level	Number of Plan Level	
		Number of Plan Level	Number of Plan Level	Number of Plan Level							Denied Due to Lack of			Denied Due To		Claims with DOS in	
	Date(s) of Service	In-Network Claims with	In-Network Claims with	Out-of-Network Claims	Out-of-Network Claims	with DOS in 2022 That	Denied Due to Prior	Denied Due to an Out-	2022 That Were Also	Medical Necessity,	Medical Necessity,	2022 That Were Also	Member Not Covered	Investigational,	2022 That Were	2022 That Were Also	
	(DOS) in 2022 That			with DOS in 2022 That			Authorization or					Denied Due to Enrollee		Experimental, or		Denied for "Other"	
	Were Also Received in	Also Denied in	Also Resubmitted in	Were Also Received in	Were Also Denied in	Resubmitted in	Referral Required in	Provider/Claims in	Exclusion of a Service	Health in Calendar	only , in Calendar Year	Benefit Limit Reached	Date of Service in	Cosmetic Procedure in	Administrative Reasons	Reasons in Calendar	Notes: (Please enter any
Plan ID*	Calendar Year 2022*	Calendar Year 2022*	Calendar Year 2022*	Calendar Year 2022*	Calendar Year 2022*	Calendar Year 2022*	Calendar Year 2022*	Calendar Year 2022*	in Calendar Year 2022*	Year 2022*	2022*	in Calendar Year 2022*	Calendar Year 2022*	Calendar Year 2022*	in Calendar Year 2022*	Year 2022*	comments/notes here.)
	266,349	43,474	12,196	48,955	10,365	824	1,555	16,516	467	0	0	2	27	0	34,231	7,931	Medical Claims
	44	0	0	1	1	0	0	1	0	N/A	N/A	0	0	0	0	0	Pediatric Vision Claims
	1,426	165	0	29	29	0	92	29	3	4	N/A	0	7	N/A	47	12	Pediatric Dental Claims
	202,818	48,429	60,381	7,037	7,024	1,760	3,851	9,338	23,984	N/A	N/A	N/A	6,062	6,062	562	36,529	Pharmacy Claims