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*		That Were Also Denied in Calendar Year 2021*	•	,	Service in Calendar Year 2021*	Behavioral Health in Calendar Year 2021*	Health <u>only</u> , in Calendar Year 2021*	for "Other" Reasons in Calendar Year 2021*	Notes: (Please enter any comments/notes here.)
84138CA0040001		943	11	176		N/A	N/A	747	