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										
	Received in Calendar	Number of Plan Level Claims with DOS in 2020 That Were Also Denied	Claims with DOS in 2020 That Were Also Denied Due to Prior Authorization or Referral Required in	Due to an Out-Of- Network Provider/Claims in	Claims with DOS in 2020 That Were Also Denied	Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, <u>excluding</u>	Due to Lack of Medical Necessity, Behavioral Health <i>only</i> , in Calendar	Number of Plan Level Claims with DOS in 2020 That Were Also Denied	Notes: (Please enter any comments/notes here.)	
47579CA019000101	253	37	22	0	0	0	0	15		
47579CA021000101	661	118	3	22	0	0	0	93		
47579CA023000101	498	116	16	0	3	0	0	97		
47579CA025000101	317	133	0	81	0	0	0	52		
47579CA028000101	60	11	0	0	0	0	0	11		
47579CA030000101	12	3	0	0	0	0	0	3		
47579CA032000101	309	96	30	0	0	0	0	66		
47579CA034000101	73	5	0	0	0	0	0	5		
47579CA055000101	1	0	0	0	0	0	0	0		
	1	·		1	1	·	1	1		