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									
	Received in Calendar	Number of Plan Level Claims with DOS in 2021 That Were Also Denied	Claims with DOS in 2021 That Were Also Denied Due to Prior Authorization or Referral Required in	That Were Also Denied Due to an Out-Of- Network Provider/Claims in		That Were Also Denied Due to Lack of Medical Necessity, <u>excluding</u>	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health <u>only</u> , 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.)
27603CA1330004	63,167	3,795	0	0	1,927	N/A	N/A	1,868	
27603CA1560001	36,079	4,293	0	0	238	N/A	N/A	4,055	