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*	Received in Calendar		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	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Exclusion of a Service in Calendar Year	Claims with DOS in 2021 That Were Also Denied Due to Lack of Medical Necessity, <u>excluding</u> Behavioral Health in	That Were Also Denied Due to Lack of Medical Necessity, Behavioral	Number of Plan Level Claims with DOS in 2021 That Were Also Denied	Notes: (Please enter any comments/notes here.)
62683CA0010004	272,186	58,033	92	21	36,910	0	N/A	21,031	
62683CA0030004	325,202	96,820	3,101	8,482	47,670	0	N/A	46,049	