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	That Were Also Denied Due to Prior Authorization or Referral Required in	Due to an Out-Of- Network Provider/Claims in		Necessity, <u>excluding</u>	That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health <u>only</u> , in	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.)
62683CA0040004	4,948	1,594	53	223	744	0	N/A	797	
62683CA0040002	93	21	2	3	14	0	N/A	5	
62683CA0020002	161	12	0	0	8	0	N/A	4	
62683CA0020004	14,782	2,743	8	0	1,850	0	N/A	885	