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	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	Claims with DOS in 2021	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Lack of Medical Necessity, <u>excludina</u> Behavioral Health in Calendar Year 2021*	That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health <i>only</i> , 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.)
92815CA0010004	166,106	82,287	1,570	3,975	16,644	0	0	60,354	
92815CA0010005	503	266	0	9	43	0	0	214	
92815CA0010006	76,467	36,619	1,693	2,642	7,600	0	0	24,956	
92815CA0010007	167,482	78,079	2,471	3,330	16,793	0	0	56,013	
92815CA0010008	643,650	303,183	7,470	9,253	72,626	0	0	214,813	