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

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	Pian tee/ Data											
Pian Level Data												
Plan ID*	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	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to an Out-Of- Network Provider/Claims in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Exclusion of a Service in Calendar Year	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 <i>only</i> , in Calendar Year 2021*		Notes: (Please enter any comments/notes here.)			
	+								_			
	+								_			
	322,676	27,863	709	14,734	3,194	0	0		Medical Claims			
	60	3			r-	Γ.	1		Vision Claims			
	1,358	319	151	24	2	1			Dental Claims			
	195,819	58,043	2,784	6,007	20,745			34,514	Pharmacy Claims			
							_					
	519,913	86,228	3,644	20,765	23,941	1	U	47,921	TOTAL			
	+											