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 | | | | | | | | | |
|-----------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| | | | | | | | | | |
| | | | Number of Plan Level | Number of Plan Level | | Number of Plan Level | Number of Plan Level | | |
| | | | Claims with DOS in 2021 | Claims with DOS in 2021 | Number of Plan Level | Claims with DOS in 2021 | Claims with DOS in 2021 | | |
| | Number of Plan Level | | That Were Also Denied | That Were Also Denied | Claims with DOS in 2021 | That Were Also Denied | That Were Also Denied | Number of Plan Level | |
| | Claims with DOS in 2021 | Number of Plan Level | Due to Prior | Due to an Out-Of- | That Were Also Denied | Due to Lack of Medical | Due to Lack of Medical | Claims with DOS in 2021 | |
| | That Were Also | Claims with DOS in 2021 | Authorization or | Network | Due to Exclusion of a | Necessity, excluding | Necessity, Behavioral | That Were Also Denied | |
| | Received in Calendar | That Were Also Denied | Referral Required in | Provider/Claims in | Service in Calendar Year | Behavioral Health in | Health only, in | for "Other" Reasons in | Notes: (Please enter any |
| Plan ID* | Year 2021* | in Calendar Year 2021* | Calendar Year 2021* | Calendar Year 2021* | 2021* | Calendar Year 2021* | Calendar Year 2021* | Calendar Year 2021* | comments/notes here.) |
| 70285CA1250001 | 41 | 41 | 0 | 0 | 0 | 0 | 0 | 41 | |
| 70285CA1270001 | 131 | 130 | 0 | 0 | 0 | 0 | 0 | 130 | |
| 70285CA1290001 | 825 | 825 | 0 | 0 | 0 | 0 | 0 | 825 | |
| 70285CA1310001 | 318 | 318 | 0 | 0 | 0 | 0 | 0 | 318 | |
| 70285CA1320001 | 110 | 110 | 0 | 0 | 0 | 0 | 0 | 110 | |
| 70285CA1350001 | 7 | 7 | 0 | 0 | 0 | 0 | 0 | 7 | |
| 70285CA4110001 | 218 | 88 | 0 | 0 | 48 | 0 | 0 | 40 | |
| 70285CA8040003 | 11 | 11 | 0 | 0 | 0 | 0 | 0 | 11 | |
| 70285CA8040006 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 4 | |
| 70285CA8040009 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | |
| 70285CA8040014 | = | 2 | 0 | 0 | 0 | 0 | 0 | 2 | |
| 70285CA8040015 | | 2 | 0 | 0 | 0 | 0 | 0 | 2 | |
| 70285CA8040017 | 17 | 17 | 0 | 0 | 0 | 0 | 0 | 17 | |
| 70285CA8040018 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | |
| 70285CA8040019 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 3 | |
| 70285CA8050015 | - | 2 | 0 | 0 | 0 | 0 | 0 | 2 | |
| 70285CA8050019 | | 2 | 0 | 0 | 0 | 0 | 0 | 2 | |
| 70285CA8060003 | | 98 | 0 | 0 | 0 | 0 | 0 | 98 | |
| 70285CA8060004 | | 8 | 0 | 0 | 0 | 0 | 0 | 8 | |
| 70285CA8060005 | | 3 | 0 | 0 | 0 | 0 | 0 | 3 | |
| 70285CA8060006 | , | 7 | 0 | 0 | 0 | 0 | 0 | 7 | |
| 70285CA8060007 | | 8 | 0 | 0 | 0 | 0 | 0 | 8 | |
| 70285CA8060009 | | 9 | 0 | 0 | 0 | 0 | 0 | 9 | |
| 70285CA8060012 | | 43 | 0 | 0 | 0 | 0 | 0 | 43 | |
| 70285CA8060015 | | 209 | 0 | 0 | 0 | 0 | 0 | 209 | |
| 70285CA8060016 | - | 8 | 0 | 0 | 0 | 0 | 0 | 8 | |
| 70285CA8060017 | | 191 | 0 | 0 | 0 | 0 | 0 | 191 | |
| 70285CA8060018 | | 21 | 0 | 0 | 0 | 0 | 0 | 21 | |
| 70285CA8060019 | | 27 | 0 | 0 | 0 | 0 | 0 | 27 | |
| 70285CA8150001 | | 34,437 | 7,515 | 44 | 5,765 | 48 | U | 25,731 | |
| 70285CA8150002 | , | 3,140 | 718 | 4 | 597 | 1 | 3 | 2,290 | |
| 70285CA8150003 | | 54,685 | 10,662 | 109 | 8,203 | 130 | b | 42,325 | |
| 70285CA8150004 | | 1,219 | 313 | 1 | 257 | 0 | U | 850 | |
| 70285CA8150005 | | 19,175 | 4,320 | 30 | 3,063 | 27 | 2 | 14,420 | |
| 70285CA8150006 | , | 404 | 140 | 0 | 81 | 3 | U | 280 | |
| 70285CA8150007 | | 5,673 | 1,079 | 9 | 854 | 3 n | 0 | 4,467 | |
| 70285CA8150008 | | 59 | 11 | 0 | 5 | o . | 0 | 50 | |
| 70285CA8230003 | | 14 | b | U | 6 | 0 | U | b | |
| 70285CA8230004 | | 13 | U 2 | U | 0 | 0 | U | 13 | |
| 70285CA8230007 | | 18 | 5 | U | 5 | 0 | U | 10 | |
| 70285CA8230008 | | 10 | 5 | 0 | - | 0 | 0 | 5 | |
| 70285CA8230009 | , | <u> </u> | 0 | 0 | 0 | 0 | 0 | 3 | |
| 70285CA8230013 | 142 | 41 | סן | υ | כן | U | υ | 35 | <u> </u> |

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|------------------|-------------------------|-------------------------|-------------------------|-------------------------|-----------------------|-----------------------------|-------------------------|-------------------------|--------------------------|
| | | | | | | | | | |
| | | | Number of Plan Level | Number of Plan Level | November of Diagrams | Number of Plan Level | Number of Plan Level | | |
| | | | Claims with DOS in 2021 | Claims with DOS in 2021 | Number of Plan Level | Claims with DOS in 2021 | Claims with DOS in 2021 | | |
| | Number of Plan Level | | That Were Also Denied | That Were Also Denied | | That Were Also Denied | That Were Also Denied | Number of Plan Level | |
| | Claims with DOS in 2021 | | Due to Prior | Due to an Out-Of- | | Due to Lack of Medical | Due to Lack of Medical | Claims with DOS in 2021 | |
| | That Were Also | Claims with DOS in 2021 | | Network | Due to Exclusion of a | Necessity, <u>excluding</u> | Necessity, Behavioral | That Were Also Denied | |
| | Received in Calendar | | · · | Provider/Claims in | | Behavioral Health in | Health <u>only</u> , in | for "Other" Reasons in | Notes: (Please enter any |
| Plan ID* | Year 2021* | in Calendar Year 2021* | Calendar Year 2021* | Calendar Year 2021* | 2021* | Calendar Year 2021* | Calendar Year 2021* | Calendar Year 2021* | comments/notes here.) |
| | 1,159 | | ** | 0 | 67 | 0 | 0 | 273 | |
| | 410 | 105 | 21 | 0 | 7 | 0 | 0 | 83 | |
| | 401 | 62 | 13 | 0 | 13 | 0 | 0 | 46 | |
| | 254 | 76 | 16 | 0 | | 0 | 0 | 55 | |
| | 52 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | |
| | 49 | 13 | 2 | 0 | | 0 | 0 | 11 | |
| | 4 | 0 | 0 | 0 | | 0 | 0 | 0 | |
| | 428 | 57 | 13 | 1 | | 0 | 0 | 40 | |
| | 1,049 | 374 | 27 | 0 | | 0 | 0 | 331 | |
| | 706 | 230 | 20 | 0 | 23 | 0 | 0 | 201 | |
| | 144 | 52 | 3 | 0 | - | 0 | 0 | 44 | |
| | 279 | 69 | 18 | 0 | 9 | 0 | 0 | 56 | |
| | 16 | 8 | 0 | U | 0 | 0 | U | 8 | _ |
| | 137 | 44 | 3 | 0 | | 0 | 0 | 32 | |
| 70285CA8230044 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | |
| | 152 | 26 | 2 | 0 | | 0 | 0 | 24 | |
| | 162 | 79 | 18 | 0 | 8 | 0 | 0 | 57 | |
| | 314 | 29 | 3 | 0 | 7 | 0 | 0 | 20 | |
| | 63 | 19 | 0 | 0 | = | 0 | 0 | 17 | |
| | 51 | 12 9 | 2 | 0 | 6 | 0 | 0 | 5 | |
| | 16 | 8 | 4 | 0 | 2 | - | 0 | 7 | |
| | 114 2.430 | 8 442 | 83 | 0 | 79 | 0 | 0 | 341 | |
| | , | 223 | | 0 | | 0 | 0 | - | |
| | 941 136 | 7 | 68 | 0 | | 0 | 0 | 145 | |
| | 796 | 276 | 76 | 0 | 63 | 0 | 0 | 199 | |
| | 456 | 99 | 17 | 0 | | 0 | 0 | 83 | |
| | 403 | 80 | 4 | 2 | | 0 | 0 | 50 | |
| | 536 | 108 | 25 | 0 | | 0 | 0 | 72 | - |
| | 87 | 4 | 1 | 0 | | 0 | 0 | 2 | - |
| | 847 | 141 | 22 | 1 | 26 | 0 | 0 | 105 | - |
| | 46 | 20 | | 0 | | 0 | 0 | 17 | |
| | 3,735 | 1,027 | 159 | 0 | - | 0 | 0 | 774 | |
| | 7,275 | 2,005 | 295 | 2 | | 0 | 0 | 1,662 | |
| | 3,149 | 838 | 117 | 3 | | 0 | 0 | 688 | |
| | 6.146 | 1.497 | 316 | 4 | | 0 | 1 | 1.096 | |
| | 9,183 | 2,574 | | 11 | | 0 | 0 | 2.049 | |
| | 15 | 3 | 2 | 0 | | 0 | 0 | 1 | |
| | 2,089 | 249 | 63 | 0 | 44 | 0 | 0 | 186 | |
| | 920 | 240 | | 0 | | 0 | 0 | 189 | |
| 70285CA8230073 2 | 2 | 0 | 0 | 0 | | 0 | 0 | 0 | |
| | 436 | 104 | 17 | 0 | - | 0 | 0 | 85 | |
| | 549 | 114 | 12 | 0 | | 0 | 0 | 95 | |
| | 107 | 18 | 13 | 0 | 3 | 0 | 0 | 15 | |
| | 524 | 68 | | 0 | 16 | 0 | 0 | 44 | |
| | 321 | 76 | 4 | 0 | 14 | 0 | 0 | 61 | |
| 70285CA8230078 | | | | | | | | | |
| | 196 | 33 | 13 | 0 | 5 | 0 | 0 | 17 | · · |

| Plan ID* 70285CA8230081 | Number of Plan Level Claims with DOS in 2021 That Were Also Received in Calendar Year 2021* | 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* | Claims with DOS in 2021 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 | Notes: (Please enter any comments/notes here.) |
|----------------------------------|---|--|--|---|--|---|---|--|--|
| 70285CA8230081 70285CA8230082 | , ' | 823 | 103 | 7 | 132 | 0 | 0 | 643 | |
| 70285CA8230082 70285CA8230083 | | 542 | 69 | 0 | 73 | 0 | 0 | 440 | |
| 70285CA8230084 | 4,645 | | 214 | 3 | 189 | 0 | 0 | 736 | |
| 70285CA8230085 | 4,868 | 1,287 | 247 | 13 | | 16 | 0 | 951 | |
| 70285CA8230087 | 133 | 63 | 4 | 0 | 4 | 0 | 0 | 59 | |
| 70285CA8230088 | 1,867 | 524 | 62 | 0 | 60 | 0 | 0 | 454 | |
| 70285CA8230089 | 325 | 84 | 23 | 0 | 17 | 0 | 0 | 58 | |
| 70285CA8230090 | 103 | 37 | 1 | 1 | 2 | 0 | 0 | 34 | |
| 70285CA8230091 | 395 | 106 | 17 | 0 | 7 | 0 | 0 | 99 | |
| 70285CA8230092 | 309 | 101 | 13 | 0 | 8 | 0 | 0 | 90 | |
| 70285CA8230093 | 73 | 19 | 5 | 0 | 2 | 0 | 0 | 15 | |
| 70285CA8230094 | 396 | 84 | 30 | 0 | 6 | 0 | 0 | 53 | |
| 70285CA8230095 | 237 | 39 | 8 | 0 | 8 | 0 | 0 | 30 | |
| 70285CA8230096 | 1,356 | 298 | 76 | 0 | 60 | 0 | 0 | 197 | |
| 70285CA8230097 | 68 | 29 | 1 | 0 | 0 | 0 | 0 | 28 | |
| 70285CA8230098 | 2,227 | 638 | 100 | 1 | 89 | 9 | 0 | 515 | |
| 70285CA8230099 | 4,485 | 1,366 | 163 | 0 | 154 | 0 | 0 | 1,146 | |
| 70285CA8230100 | 2,320 | 644 | 136 | 0 | 111 | 0 | 0 | 468 | |
| 70285CA8230101 | 3,265 | 873 | 155 | 0 | 158 | 0 | 0 | 648 | |
| 70285CA8230102 | 3,814 | 914 | 240 | 4 | 152 | 0 | 0 | 662 | |
| 70285CA0000000 | 304 | 85 | 20 | 0 | 16 | 0 | 0 | 68 | Invalid Plan ID |
| | | | | | | | | | |
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