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 Year 2023 Plan Level Data									
Flan Level Data									
Plan ID*		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	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2021*	Due to Lack of Medical 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.)
70285CA8120052	502	56	0	0	34	1	0	21	
70285CA8120053	5,135	622	0	0	430	16	0	176	
70285CA8120054	794	143	0	0	83	6	0	54	
70285CA8120055	1,743	196	0	0	114	5	0	77	
70285CA8120056	2,326	322	0	0	249	14	0	59	
70285CA8120057	962	156	0	0	110	4	0	42	
70285CA8120058	407	48	0	0	31	0	0	17	
70285CA8120059	611	129	0	0	90	6	0	33	
70285CA8120060	2,235	245	0	0	186	9	0	50	
70285CA8120061	2,237	241	0	0	175	0	0	66	
70285CA8120062	770	119	0	0	78	10	0	31	
70285CA8120063	91	12	0	0	7	0	0	5	
70285CA8120064	822	102	0	0	66	3	0	33	
70285CA8120065	4,026	450	0	0	297	15	0	138	
70285CA8120066	4,594	674	0	0	413	33	0	228	
70285CA8120067	4,482	662	0	0	405	78	0	179	
70285CA8120068	2,995	422	0	0	252	13	0	157	
70285CA8120069	3,340	457	0	0	309	12	0	136	
70285CA8130051	86,185	20,460	0	0	6,107	1,174	0	13,179	
70285CA2222222	151	16	0	0	11	0	0	5	Invalid Plan Id
		-			-		-	-	
		-			-		-	-	