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 2022									
Plan Level Data									
Plan ID*	Received in Calendar	Claims with DOS in 2020 That Were Also Denied	Claims with DOS in 2020 That Were Also Denied Due to Prior Authorization or Referral Required in	Due to an Out-Of- Network Provider/Claims in	Number of Plan Level Claims with DOS in 2020 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>	Due to Lack of Medical Necessity, Behavioral Health <u>only</u> , in Calendar	Number of Plan Level Claims with DOS in 2020 That Were Also Denied	Notes: (Please enter any comments/notes here.)
62683CA0040004	2,693	648	27	188	346	0	N/A	275	
62683CA0040002	122	32	18	3	14	0	N/A	0	
62683CA0020002	83	9	0	0	4	0	N/A	5	
62683CA0020004	9,884	1,937	4	0	1,938	0	N/A	610	