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
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Plan Level Data										
Plan ID*		Number of Plan Level 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	Claims with DOS in 2020 That Were Also Denied	Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, <i>excluding</i> Behavioral Health in	Due to Lack of Medical Necessity, Behavioral Health <i>only</i> , in Calendar	Number of Plan Level Claims with DOS in 2020 That Were Also Denied	Notes: (Please enter any comments/notes here.)	
62683CA0010004	189,778	40,583	50	11	27,564		N/A	12,969		
62683CA0030004	227,060	66,160	2,248	6,325	32,216	0	N/A	73		