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

Plai	1 Vear	2022

Plan Level Data												
		Claims with DOS in 2020 That Were Also Denied	That Were Also Denied Due to Prior Authorization or Referral Required in	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to an Out-Of- Network Provider/Claims in Calendar Year 2020*	Claims with DOS in 2020	That Were Also Denied Due to Lack of Medical Necessity, <u>excluding</u>	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 for "Other" Reasons in	Notes: (Please enter any comments/notes here.)			
92815CA0010004	75,734	27,599	874	690	12,419	24	0	13,643				
92815CA0010005	226	61	0	0	30	0	0	31				
92815CA0010006	56,600	23,509	1,087	926	6,800	60	0	14,670				
92815CA0010007	125,172	45,481	2,437	1,433	16,890	73	0	24,785				
92815CA0010008	494,015	179,359	6,180	3,160	66,849	292	1	102,973				