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 2021

1 1011 1-011 = 4-12									
Plan Level Data									
			Number of Plan Level	Number of Plan Level		Number of Plan Level	Number of Plan Level		
			Claims with DOS in 2019	Claims with DOS in 2019	Number of Plan Level	Claims with DOS in 2019	Claims with DOS in 2019		
	Number of Plan Level		That Were Also Denied	That Were Also Denied	Claims with DOS in 2019	That Were Also Denied	That Were Also Denied	Number of Plan Level	
	Claims with DOS in 2019	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 2019	
	That Were Also	Claims with DOS in 2019	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 Calendar	for "Other" Reasons in	Notes: (Please enter any
Plan ID*	Year 2019*	in Calendar Year 2019*	Calendar Year 2019*	Calendar Year 2019*	2019*	Calendar Year 2019*	Year 2019*	Calendar Year 2019*	comments/notes here.)
	91,561	9,070	334	0	152	0	0	8,584	