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	P	an	Year	2022
----------------	---	----	------	------

Plan Level Data											
Plan ID*	Received in Calendar	Number of Plan Level Claims with DOS in 2020 That Were Also Denied	Due to Prior Authorization or	That Were Also Denied 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	Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, <u>excluding</u> Behavioral Health in	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health <u>only</u> , in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied	Notes: (Please enter any comments/notes here.)		
	279,096	29,464	652	657	1,186	0	0	27,626			