Center for Medicare & Medicaid Services (CMS) Qualified Health Plan Transparency in Coverage Reporting Plan Year 2020

Please complete the fields below, following the instructions in the Transparency in Coverage QHP Issuer Instruction Guide.

General Information				2020 Plan Data: Reporting of all fields is required for 2020						
										Number of Plan
					Number of Plan Level	Number of Plan Level		Number of Plan Level	Number of Plan Level	Level Claims with
			Number of Plan		Claims with DOS in	Claims with DOS in	Number of Plan Level	Claims with DOS in 2019	Claims with DOS in 2019	DOS in 2019 That
			Level Claims with	Number of Plan	2019 That Were Also	2019 That Were Also	Claims with DOS in	That Were Also Denied	That Were Also Denied	Were Also Denied
			DOS in 2019 That	Level Claims with	Denied Due to Prior	Denied Due to an Out-	2019 That Were Also	Due to Lack of Medical	Due to Lack of Medical	for "Other"
			Were Also Received	DOS in 2019 That	Authorization or	Of- Network	Denied Due to	Necessity, excluding	Necessity, Behavioral	Reasons in
Issuer HIOS			in Calendar Year	Were Also Denied in	Referral Required in	Provider/Claims in	Exclusion of a Service	Behavioral Health in	Health only, in Calendar	Calendar Year
ID	2020 Plan ID	State	2019	Calendar Year 2019	Calendar Year 2019	Calendar Year 2019	in Calendar Year 2019	Calendar Year 2019	Year 2019	2019
27603	27603CA1500005	CA	90,286	17,870	1,037	453	10,703	45	0	6,084
27604	27603CA1500006	CA	1,574,469	310,795	13,781	5,458	170,980	746	20	125,273
27605	27603CA1500007	CA	10,977	1,432	191	49	902	47	0	292
27606	27603CA1500008	CA	24,729	5,647	502	97	3,048	21	0	2,076
27607	27603CA1500009	CA	279,482	46,502	1,697	825	28,407	116	1	16,279
27608	27603CA1500010	CA	116,976	19,074	823	599	11,828	115	0	6,304

Notes
Notes: (Please enter any
comments/notes here.)