

**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							
Issuer HIOS ID	2020 Plan ID	State	Number of Plan Level Claims with DOS in 2019 That Were Also Received in Calendar Year 2019	Number of Plan Level Claims with DOS in 2019 That Were Also Denied in Calendar Year 2019	Number of Plan Level Claims with DOS in 2019 That Were Also Denied Due to Prior Authorization or Referral Required in Calendar Year 2019	Number of Plan Level Claims with DOS in 2019 That Were Also Denied Due to an Out-Of-Network Provider/Claims in Calendar Year 2019	Number of Plan Level Claims with DOS in 2019 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2019	Number of Plan Level Claims with DOS in 2019 That Were Also Denied Due to Lack of Medical Necessity, excluding Behavioral Health in Calendar Year 2019	Number of Plan Level Claims with DOS in 2019 That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health only, in Calendar Year 2019	Number of Plan Level Claims with DOS in 2019 That Were Also Denied for "Other" Reasons in Calendar Year 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.)