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									
Plan Level Data									
Plan ID*	Received in Calendar	Claims with DOS in 2020	Authorization or Referral Required in	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	Due to Lack of Medical Necessity, <u>excluding</u>	That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health <u>only</u> , in Calendar	Number of Plan Level Claims with DOS in 2020 That Were Also Denied	Notes: (Please enter any comments/notes here.)
27603CA1150036	100,496	33,071	1,938	1,337	13,682	1	12	16,101	
27603CA1150037	47,462	15,038	1,233	711	6,081	1	11	7,001	
27603CA1150038	15,230	4,514	207	403	1,588	19	4	2,293	
27603CA1150039	33,000	11,403	695	242	4,550	2	0	5,914	
27603CA1150040	29,907	10,708	384	573	3,922	13	0	5,816	
27603CA1500005	298,608	59,159	3,535	1,246	29,880	276	1	24,221	
27603CA1500006	1,700,557	325,761	16,518	4,409	160,146	1,843	51	142,794	
27603CA1500007	13,982	1,896	161	59	934	12	0	730	
27603CA1500008	34,040	7,201	350	200	3,361	32	8	3,250	
27603CA1500009	230,282	39,815	1,837	1,069	19,654	296	22	16,937	
27603CA1500010	168,053	28,505	1,759	568	13,770	165	9	12,234	