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									
	Number of Plan Level Claims with DOS in 2020 That Were Also Received in Calendar	Number of Plan Level Claims with DOS in 2020 That Were Also Denied in Calendar	2020 That Were Also Denied Due to Prior Authorization or Referral Required in	1		2020 That Were Also Denied Due to Lack of Medical Necessity, <u>excluding</u> Behavioral Health in Calendar Year			Notes: (Please enter any
Plan ID* 97389CA0040001	Year 2020*	Year 2020*	Calendar Year 2020*	Calendar Year 2020*	Calendar Year 2020*	2020*	in Calendar Year 2020* N/A	Year 2020*	comments/notes here.)
97389CA0040001 97389CA0030001	0	0	0	0	0	0	N/A	0	