*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 2023

Plan Level Data									
Plan ID*	Number of Plan Level Claims with DOS in 2021 That Were Also Received in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Prior Authorization or Referral Required in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to an Out-Of-Network Provider/Claims in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Lack of Medical Necessity, *excluding* Behavioral Health in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health *only* , in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied for "Other" Reasons in Calendar Year 2021*	Notes: (Please enter any comments/notes here.)
18126CA0010001	179,081	48,016	6,646	10,527	18,314	1,121	117	38,429	
18126CA0010002	191,281	53,215	9,346	13,973	23,936	1,625	171	40,489	
18126CA0010003	625,765	166,876	23,394	38,740	79,193	3,615	264	125,373	
18126CA0010004	47,385	12,251	1,966	4,453	5,285	478	27	9,490	
18126CA0010005	322	110	27	85	28	1	0	110	