Centers for Medicare & Medicaid Services (CMS) Qualified Health Plan (QHP) Transparency in Coverage Reporting
Plan Year 2021

					Plan Level Data				
Plan ID*	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*	Notes: (Please enter any comments/notes here.)
93689CA008000101	5	1	0	0	0	0	N/A	1	
93689CA011000101	163	15	0	0	0	0	N/A	15	
93689CA011000201	377	29	0	0	0	0	N/A	29	
93689CA012000101	194	16	0	0	0	0	N/A	16	
93689CA012000104	125	8	0	0	0	0	N/A	8	
93689CA012000105	487	29	0	0	0	0	N/A	29	
93689CA012000106	139	41	0	0	0	0	N/A	41	
93689CA012000401	402	39	0	0	0	0	N/A	39	
93689CA012000402	13	9	0	0	0	0	N/A	9	
93689CA012000501	15	0	0	0	0	0	N/A	0	
93689CA013000201	154	17	0	0	0	0	N/A	17	
93689CA015000101	163	15	0	0	0	0	N/A	15	
93689CA015000201	377	29	0	0	0	0	N/A	29	
93689CA016000101	194	16	0	0	0	0	N/A	16	
93689CA016000104	125	8	0	0	0	0	N/A	8	
93689CA016000105	487	29	0	0	0	0	N/A	29	
93689CA016000106	139	41	0	0	0	0	N/A	41	
93689CA016000201	402	39	0	0	0	0	N/A	39	
93689CA016000202	13	9	0	0	0	0	N/A	9	
93689CA016000301	15	0	0	0	0	0	N/A	0	
93689CA017000101	154	17	0	0	0	0	N/A	17	