

All fields with an asterisk ( \* ) are required. To validate the template, press Validate button or Ctrl + Shift + I. To final

**Centers for Medicare & Medicaid Services (CMS) Qualified Health Plan (QHP) Tr  
Plan Year 2022 v2.1**

<b>General Information</b>
Was this Issuer on the Exchange in 2020?*
SADP Only?*
Issuer HIOS ID*
<b>Issuer Level Data</b>
Number of Issuer Level Claims with Date(s) of Service (DOS) in 2020 That Were Also Received in Calendar Year 2020*
Number of Issuer Level Claims with DOS in 2020 That Were Also Denied in Calendar Year 2020*
Number of Issuer Level Internal Appeals Filed in Calendar Year 2020*
Number of Issuer Level Internal Appeals Overturned from Calendar Year 2020 Appeals*
Number of Issuer Level External Appeals Filed in Calendar Year 2020*
Number of Issuer Level External Appeals Overturned from Calendar Year 2020 Appeals*
<b>Notes:</b>
Please enter any comments/notes here.

PRA Disclosure Statement: PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1310. The time required to complete this information collection is estimated to average 2520 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

OMB control number: 0938-1310/Expiration date: 04/22/2022  
ize the template, press Finalize button or Ctrl + Shift + F.  
**ansparency in Coverage Reporting**

Yes
No
86199
34,524
12,337
5
5
0
0

All fields with an asterisk ( \* ) are required. To validate the template, press Va  
All plan IDs submitted via Plans & Benefits Template(s) must be included in the  
**Centers for Medicare & Medicaid**

Plan ID*	Number of Plan Level Claims with DOS in 2020 That Were Also Received in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Prior Authorization or Referral Required in Calendar Year 2020*
86199PA0010004	7,752	3,049	462
86199PA0010006	809	289	35
86199PA0010012	6,457	2,385	538
86199PA0010022	844	226	38
86199PA0010025	887	333	129
86199PA0010028	N/A	N/A	N/A
86199PA0010030	N/A	N/A	N/A
86199PA0010031	N/A	N/A	N/A
86199PA0010032	N/A	N/A	N/A
86199PA0010033	N/A	N/A	N/A
86199PA0010034	N/A	N/A	N/A
86199PA0010035	N/A	N/A	N/A
86199PA0020004	5,263	1,870	427
86199PA0020006	1,256	487	115
86199PA0020016	N/A	N/A	N/A
86199PA0020022	N/A	N/A	N/A
86199PA0020025	854	208	32
86199PA0020028	N/A	N/A	N/A
86199PA0020030	N/A	N/A	N/A
86199PA0020031	N/A	N/A	N/A
86199PA0020032	N/A	N/A	N/A
86199PA0020033	N/A	N/A	N/A
86199PA0020034	N/A	N/A	N/A
86199PA0020035	N/A	N/A	N/A
86199PA0030001	N/A	N/A	N/A
86199PA0030002	N/A	N/A	N/A
86199PA0030003	N/A	N/A	N/A
86199PA0030004	N/A	N/A	N/A
86199PA0030007	N/A	N/A	N/A
86199PA0030008	N/A	N/A	N/A
86199PA0040001	N/A	N/A	N/A
86199PA0040002	N/A	N/A	N/A

86199PA0040003	N/A	N/A	N/A
86199PA0040004	N/A	N/A	N/A
86199PA0040007	N/A	N/A	N/A
86199PA0040008	N/A	N/A	N/A
86199PA0030012	N/A	N/A	N/A
86199PA0030016	N/A	N/A	N/A
86199PA0030009	N/A	N/A	N/A
86199PA0030010	N/A	N/A	N/A

Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F. This template.

## Medicaid Services (CMS) Qualified Health Plan (QHP) Transparency in Coverage Reporting

## Plan Year 2022

## Plan Level Data

[illegible]

N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

[illegible]

N/A	
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