

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
45127
1,568,685
135,229
623
440
23
8

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 th

**Centers for Medicare & Medi**

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*
45127PA0020008	695,196	63,071	2,170
45127PA0020013	522,058	42,305	1,547
45127PA0020020	351,379	29,853	24,100
45127PA0030001	11	0	0
45127PA0050001	41	0	0
45127PA0020022	N/A	N/A	N/A
45127PA0140004	N/A	N/A	N/A
45127PA0020026	N/A	N/A	N/A
45127PA0140005	N/A	N/A	N/A
45127PA0020025	N/A	N/A	N/A
45127PA0020027	N/A	N/A	N/A
45127PA0140002	N/A	N/A	N/A
45127PA0020024	N/A	N/A	N/A
45127PA0020028	N/A	N/A	N/A
45127PA0020029	N/A	N/A	N/A
45127PA0140011	N/A	N/A	N/A
45127PA0140010	N/A	N/A	N/A
45127PA0140009	N/A	N/A	N/A
45127PA0140007	N/A	N/A	N/A
45127PA0140006	N/A	N/A	N/A
45127PA0020031	N/A	N/A	N/A
45127PA0020033	N/A	N/A	N/A
45127PA0030005	N/A	N/A	N/A



Number of Plan Level Claims with DOS in 2020 That Were Also Denied for "Other" Reasons in Calendar Year 2020*	Notes: (Please enter any comments/notes here.)
10,972	
7,154	
4,390	
0	SADP
0	SADP
N/A	
N/A	
N/A	
N/A	
N/A	
N/A	
N/A	
N/A	
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N/A	