

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  
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**ansparency in Coverage Reporting**

Yes
No
75729
89,148
14,875
17
9
1
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 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*
75729PA0012647	1,112	207	31
75729PA0012648	98	12	0
75729PA0012649	333	35	0
75729PA0012650	230	12	0
75729PA0012651	1,084	229	61
75729PA0012652	1,732	428	25
75729PA0012653	1,505	171	4
75729PA0012654	2,144	402	82
75729PA0012655	16,224	2,633	357
75729PA0012656	6,289	1,173	196
75729PA0012657	2,847	438	61
75729PA0012658	933	138	14
75729PA0012699	2,018	438	112
75729PA0012664	194	37	0
75729PA0012665	10	1	0
75729PA0012666	88	11	0
75729PA0012667	457	66	12
75729PA0012668	859	179	23
75729PA0012669	522	64	12
75729PA0012670	485	69	5
75729PA0012671	640	105	12
75729PA0012672	6,704	1,213	148
75729PA0012673	1,916	382	30
75729PA0012674	857	174	64
75729PA0012675	240	23	0
75729PA0012700	998	147	13
75729PA0012681	279	33	0
75729PA0012682	154	13	0
75729PA0012683	110	10	2
75729PA0012684	1,091	180	47
75729PA0012685	2,257	348	52
75729PA0012686	1,537	202	1



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**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 Denied Due to an Out-Of-Network Provider/Claims in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, <u>excluding</u> Behavioral Health in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health <u>only</u> , in Calendar Year 2020*
9	18	3	0
3	4	0	0
1	11	1	0
0	5	1	0
9	38	1	0
15	36	9	0
1	7	2	0
14	55	2	11
51	327	49	10
18	139	12	1
25	70	1	0
3	39	2	0
10	75	0	0
0	0	1	0
0	0	0	0
0	1	0	0
0	8	0	0
8	8	2	0
1	10	0	0
0	2	1	0
1	9	0	7
52	186	12	2
9	32	0	0
5	7	3	0
0	8	0	0
3	9	12	0
2	4	0	0
5	2	0	0
0	0	0	0
0	49	2	0
9	67	3	0
1	22	1	0



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.)
186	
8	
23	
6	
190	
379	
162	
334	
2,241	
1,017	
367	
96	
362	
36	
1	
10	
58	
168	
54	
66	
89	
1,010	
348	
163	
15	
126	
28	
11	
10	
129	
270	
179	

