

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
33709
667,284
80,989
160
98
0
0

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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*
33709PA0940001	27,344	3,487	166
33709PA0940002	55,121	6,595	335
33709PA0940003	13,149	1,389	45
33709PA0940004	61,214	6,586	312
33709PA0940005	51,729	6,115	378
33709PA0940006	73,692	8,265	449
33709PA0950002	104,455	12,208	618
33709PA0960001	1,265	136	3
33709PA0970001	8,490	1,161	32
33709PA0970002	18,929	2,696	81
33709PA0970003	3,972	425	10
33709PA0970004	19,669	2,543	97
33709PA0970005	15,705	2,182	89
33709PA0970006	34,048	4,535	225
33709PA0980001	392	75	17
33709PA0980002	48,735	6,726	363
33709PA0990001	461	57	1
33709PA1000001	9,528	1,337	146
33709PA1000002	23,494	2,973	192
33709PA1000003	10,589	1,215	98
33709PA1000004	4,007	525	42
33709PA1000005	11,350	1,505	181
33709PA1000006	16,583	1,840	245
33709PA1010002	18,779	2,205	147
33709PA1020001	578	93	7
33709PA0860001	910	126	2
33709PA0860002	854	88	4
33709PA0860007	820	109	3
33709PA0860008	902	139	12
33709PA0860011	464	87	0
33709PA0860012	1,176	112	7
33709PA0870001	7,537	827	25

33709PA0870002	3,175	311	13
33709PA0870007	3,342	485	22
33709PA0870008	3,730	477	13
33709PA0870011	1,326	191	6
33709PA0870012	4,674	548	25
33709PA0880001	866	96	2
33709PA0890001	4,040	477	36
33709PA1040001	107	32	8
33709PA1050001	83	10	0
33709PA1120001	0	0	0
33709PA1120002	0	0	0
33709PA1130001	0	0	0
33709PA1130002	0	0	0
33709PA1130005	0	0	0
33709PA1150001	0	0	0
33709PA1150002	0	0	0
33709PA1150005	0	0	0
33709PA1160001	0	0	0
33709PA1160004	0	0	0
33709PA1160005	0	0	0
33709PA1170001	0	0	0
33709PA1170004	0	0	0
33709PA1170005	0	0	0
33709PA1180001	0	0	0
33709PA1180003	0	0	0
33709PA1340001	0	0	0
33709PA1350001	0	0	0
33709PA1360001	0	0	0
33709PA1370001	0	0	0
33709PA1370002	0	0	0
33709PA1380001	0	0	0
33709PA1390001	0	0	0
33709PA1400001	0	0	0
33709PA1410001	0	0	0
33709PA1410002	0	0	0
33709PA1410004	0	0	0
33709PA1420001	0	0	0
33709PA1420002	0	0	0
33709PA1420004	0	0	0
33709PA1430001	0	0	0
33709PA1440001	0	0	0
33709PA1450001	0	0	0
33709PA1460001	0	0	0
33709PA1470001	0	0	0
33709PA1480001	0	0	0
33709PA1480002	0	0	0
33709PA1480004	0	0	0



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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*
682	397	0	0
1,102	766	0	47
293	120	0	0
999	804	0	1
948	666	0	0
1,670	827	0	0
2,934	1,294	0	0
24	17	0	0
254	124	0	1
457	231	0	0
82	44	0	0
310	217	0	0
216	190	0	1
657	344	0	0
80	5	0	0
1,033	519	0	0
14	3	0	0
18	107	0	0
30	309	0	0
33	120	0	1
5	44	0	0
20	136	0	0
20	167	0	0
35	190	0	0
0	7	0	0
6	9	0	0
16	8	0	0
17	13	0	0
62	6	0	0
1	6	0	0
11	14	0	0
160	37	0	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.)
2,830	
5,280	
1,173	
5,298	
4,917	
6,771	
9,931	
116	
977	
2,310	
363	
2,167	
1,844	
3,856	
53	
5,651	
52	
1,030	
2,392	
971	
427	
1,132	
1,376	
1,825	
79	
110	
75	
83	
63	
81	
85	
620	



