

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**

General Information
Was this Issuer on the Exchange in 2020?*
SADP Only?*
Issuer HIOS ID*
Issuer Level Data
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*
Notes:
Please enter any comments/notes here.

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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
79962
418,262
52,899
96
66
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