

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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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*
98517PA0010002	N/A	N/A	N/A
98517PA0010003	N/A	N/A	N/A
98517PA0010005	N/A	N/A	N/A
98517PA0010006	N/A	N/A	N/A
98517PA0010008	N/A	N/A	N/A
98517PA0010010	N/A	N/A	N/A
98517PA0010011	N/A	N/A	N/A
98517PA0010012	N/A	N/A	N/A
98517PA0010013	N/A	N/A	N/A
98517PA0010014	N/A	N/A	N/A
98517PA0010015	N/A	N/A	N/A
98517PA0010017	N/A	N/A	N/A
98517PA0010018	N/A	N/A	N/A
98517PA0010019	N/A	N/A	N/A
98517PA0010021	N/A	N/A	N/A
98517PA0010022	N/A	N/A	N/A
98517PA0010023	N/A	N/A	N/A
98517PA0010024	N/A	N/A	N/A
98517PA0010025	N/A	N/A	N/A
98517PA0010026	N/A	N/A	N/A
98517PA0010027	N/A	N/A	N/A
98517PA0010028	N/A	N/A	N/A
98517PA0010029	N/A	N/A	N/A
98517PA0010030	N/A	N/A	N/A
98517PA0010040	N/A	N/A	N/A
98517PA0010041	N/A	N/A	N/A
98517PA0010042	N/A	N/A	N/A
98517PA0010043	N/A	N/A	N/A
98517PA0010045	N/A	N/A	N/A

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is template.

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*
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
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
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
N/A	N/A	N/A	N/A
N/A	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.)
N/A	
N/A	
N/A	
N/A	
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