

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 2023 v3.0

General Information
Was this Issuer on the Exchange in 2021?*
SADP Only?*
Issuer HIOS ID*
Issuer Level Data
Number of Issuer Level Claims with Date(s) of Service (DOS) in 2021 That Were Also Received in Calendar Year 2021*
Number of Issuer Level Claims with DOS in 2021 That Were Also Denied in Calendar Year 2021*
Number of Issuer Level Internal Appeals Filed in Calendar Year 2021*
Number of Issuer Level Internal Appeals Overturned from Calendar Year 2021 Appeals*
Number of Issuer Level External Appeals Filed in Calendar Year 2021*
Number of Issuer Level External Appeals Overturned from Calendar Year 2021 Appeals*
Notes:
Please enter any comments/notes here.

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OMB control number: 0938-1310/Expiration date: 04/22/2022
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ansparency in Coverage Reporting

Yes
No
98517
44,467
1,445
1
0
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 2021 That Were Also Received in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Prior Authorization or Referral Required in Calendar Year 2021*
98517PA0010002	2,211	47	0
98517PA0010003	7,623	213	0
98517PA0010005	12,081	449	13
98517PA0010006	2,595	58	0
98517PA0010008	8,598	291	10
98517PA0010011	827	20	0
98517PA0010013	9,463	340	22
98517PA0010014	1,069	27	0
98517PA0010035	N/A	N/A	N/A
98517PA0010021	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
98517PA0010030	N/A	N/A	N/A
98517PA0010036	N/A	N/A	N/A
98517PA0010037	N/A	N/A	N/A
98517PA0010029	N/A	N/A	N/A
98517PA0010012	N/A	N/A	N/A
98517PA0010045	N/A	N/A	N/A
98517PA0010050	N/A	N/A	N/A
98517PA0010051	N/A	N/A	N/A
98517PA0010052	N/A	N/A	N/A
98517PA0010053	N/A	N/A	N/A

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Medicaid Services (CMS) Qualified Health Plan (QHP) Transparency in Coverage Reporting

Plan Year 2023

Plan Level Data

Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to an Out-Of-Network Provider/Claims in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Lack of Medical Necessity, <u>excluding</u> Behavioral Health in Calendar Year 2021*	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health <u>only</u> , in Calendar Year 2021*
246	1	0	2
1,015	15	0	8
1,350	32	0	30
251	18	0	3
1,045	9	0	16
115	1	0	0
944	3	0	29
55	8	0	0
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 2021 That Were Also Denied for "Other" Reasons in Calendar Year 2021*	Notes: (Please enter any comments/notes here.)
47	
213	
449	
58	
291	
20	
340	
27	
N/A	
N/A	
N/A	
N/A	
N/A	
N/A	
N/A	
N/A	
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N/A	
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