

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
86199
32,461
14,443
26
18
0
0

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All plan IDs submitted via Plans & Benefits Template(s) must be included in the
Centers for Medicare & Medicaid

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*
86199PA0010004	10,210	4,649	761
86199PA0010022	5,341	2,235	352
86199PA0010025	8,976	4,111	1,324
86199PA0010028	N/A	N/A	N/A
86199PA0010031	N/A	N/A	N/A
86199PA0010032	N/A	N/A	N/A
86199PA0010034	N/A	N/A	N/A
86199PA0010035	N/A	N/A	N/A
86199PA0010037	N/A	N/A	N/A
86199PA0010039	N/A	N/A	N/A
86199PA0010040	N/A	N/A	N/A
86199PA0020004	4,441	1,994	312
86199PA0020022	1,901	770	90
86199PA0020025	1,592	684	260
86199PA0020028	N/A	N/A	N/A
86199PA0020031	N/A	N/A	N/A
86199PA0020034	N/A	N/A	N/A
86199PA0020035	N/A	N/A	N/A
86199PA0020036	N/A	N/A	N/A
86199PA0020037	N/A	N/A	N/A
86199PA0020039	N/A	N/A	N/A
86199PA0020040	N/A	N/A	N/A
86199PA0030003	N/A	N/A	N/A
86199PA0030004	N/A	N/A	N/A
86199PA0030007	N/A	N/A	N/A
86199PA0030008	N/A	N/A	N/A
86199PA0030017	N/A	N/A	N/A
86199PA0030018	N/A	N/A	N/A
86199PA0030019	N/A	N/A	N/A
86199PA0040003	N/A	N/A	N/A
86199PA0040004	N/A	N/A	N/A
86199PA0040007	N/A	N/A	N/A

[illegible]

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

Plan Year 2023

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[illegible]

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