

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.

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
ize the template, press Finalize button or Ctrl + Shift + F.
ansparency in Coverage Reporting

Yes
No
16322
2,554,380
118,505
43
5
4
0

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 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*
16322PA0050111	1,125	93	66
16322PA0050112	895	80	23
16322PA0040026	245	8	0
16322PA0050100	104,859	5,145	1,668
16322PA0050101	79,591	3,783	778
16322PA0040024	118,732	5,733	104
16322PA0040039	118,732	5,733	104
16322PA0050105	274	274	185
16322PA0050108	262	262	209
16322PA0040025	36	36	11
16322PA0050104	187,849	7,058	1,494
16322PA0050031	138,778	5,106	949
16322PA0040008	156,334	6,531	64
16322PA0040040	156,334	6,531	64
16322PA0050121	1,997	1,997	1,409
16322PA0050120	1,446	1,446	1,019
16322PA0040037	243	243	70
16322PA0040041	243	243	70
16322PA0050124	166	166	112
16322PA0050125	98	98	70
16322PA0040047	44	44	0
16322PA0050106	377,714	17,089	4,947
16322PA0050033	297,543	13,758	3,511
16322PA0040010	405,420	18,524	453
16322PA0040042	405,420	18,524	453
16322PA0050131	N/A	N/A	N/A
16322PA0050126	N/A	N/A	N/A
16322PA0040048	N/A	N/A	N/A
16322PA0040049	N/A	N/A	N/A
16322PA0050130	N/A	N/A	N/A
16322PA0050129	N/A	N/A	N/A
16322PA0050127	N/A	N/A	N/A

