

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**

<b>General Information</b>
Was this Issuer on the Exchange in 2021?*
SADP Only?*
Issuer HIOS ID*
<b>Issuer Level Data</b>
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*
<b>Notes:</b>
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
45127
1,265,956
208,994
542
362
13
3

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*
45127PA0020008	468,964	72,478	4,375
45127PA0020013	272,265	42,281	2,790
45127PA0020020	188,969	30,077	1,599
45127PA0030001	5,963	1,443	0
45127PA0050001	2,656	466	0
45127PA0020022	43,702	8,167	719
45127PA0140004	25,997	6,083	499
45127PA0020026	170,188	32,070	2,767
45127PA0140005	9,442	1,790	68
45127PA0020025	26,292	3,980	132
45127PA0020027	3,908	540	34
45127PA0140002	12,717	2,695	246
45127PA0020024	34,893	6,924	562
45127PA0020028	N/A	N/A	N/A
45127PA0020029	N/A	N/A	N/A
45127PA0140011	N/A	N/A	N/A
45127PA0140010	N/A	N/A	N/A
45127PA0140009	N/A	N/A	N/A
45127PA0140007	N/A	N/A	N/A
45127PA0140006	N/A	N/A	N/A
45127PA0020031	N/A	N/A	N/A
45127PA0020033	N/A	N/A	N/A
45127PA0030005	N/A	N/A	N/A
45127PA0030006	N/A	N/A	N/A



