

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
33709
1,030,350
125,799
159
71
2
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*
33709PA0940002	73,013	8,103	283
33709PA0940004	35,046	3,770	190
33709PA0940005	74,061	8,193	279
33709PA0940006	122,817	13,305	438
33709PA0950001	11,921	1,569	105
33709PA0950002	122,382	13,696	644
33709PA0960001	1,900	285	6
33709PA0970002	20,675	3,277	75
33709PA0970004	7,088	1,045	31
33709PA0970005	21,770	3,287	94
33709PA0970006	42,516	6,214	174
33709PA0980001	5,751	919	19
33709PA0980002	29,768	4,231	176
33709PA0990001	372	77	0
33709PA1000002	29,420	3,894	131
33709PA1000004	2,663	256	16
33709PA1000005	23,092	2,656	201
33709PA1000006	34,754	3,777	377
33709PA1010001	5,196	604	25
33709PA1010002	32,370	3,788	255
33709PA1020001	434	47	1
33709PA1120001	3,140	411	16
33709PA1120002	2,950	463	25
33709PA1120004	14,425	1,623	88
33709PA1130001	2,505	381	17
33709PA1130002	191	21	0
33709PA1130004	4,143	648	34
33709PA1140001	2,226	285	28
33709PA1140002	552	61	6
33709PA1140004	7,869	913	66
33709PA0870001	65,909	8,152	307
33709PA0870002	12,503	1,428	72

33709PA0870007	26,910	4,056	151
33709PA0870012	69,303	8,375	409
33709PA0890001	58,891	7,595	397
33709PA0890002	8,745	1,177	63
33709PA1040001	1,162	205	4
33709PA1150001	3,074	477	18
33709PA1150002	3,194	419	25
33709PA1150004	24,540	2,990	145
33709PA1210001	2,924	455	30
33709PA1210002	1,832	278	22
33709PA1210004	7,053	988	61
33709PA1210005	4,410	716	32
33709PA1220001	69	14	1
33709PA1220002	284	19	0
33709PA1220004	846	124	3
33709PA1230001	138	22	0
33709PA1230002	3,477	507	13
33709PA1240001	76	3	0
33709PA1130005	N/A	N/A	N/A
33709PA1150005	N/A	N/A	N/A
33709PA1160001	N/A	N/A	N/A
33709PA1160004	N/A	N/A	N/A
33709PA1160005	N/A	N/A	N/A
33709PA1170001	N/A	N/A	N/A
33709PA1170004	N/A	N/A	N/A
33709PA1170005	N/A	N/A	N/A
33709PA1180001	N/A	N/A	N/A
33709PA1180003	N/A	N/A	N/A
33709PA1340001	N/A	N/A	N/A
33709PA1350001	N/A	N/A	N/A
33709PA1360001	N/A	N/A	N/A
33709PA1370001	N/A	N/A	N/A
33709PA1370002	N/A	N/A	N/A
33709PA1380001	N/A	N/A	N/A
33709PA1390001	N/A	N/A	N/A
33709PA1400001	N/A	N/A	N/A
33709PA1410001	N/A	N/A	N/A
33709PA1410002	N/A	N/A	N/A
33709PA1410004	N/A	N/A	N/A
33709PA1420001	N/A	N/A	N/A
33709PA1420002	N/A	N/A	N/A
33709PA1420004	N/A	N/A	N/A
33709PA1430001	N/A	N/A	N/A
33709PA1440001	N/A	N/A	N/A
33709PA1450001	N/A	N/A	N/A
33709PA1460001	N/A	N/A	N/A
33709PA1470001	N/A	N/A	N/A

33709PA1480001	N/A	N/A	N/A
33709PA1480002	N/A	N/A	N/A
33709PA1480004	N/A	N/A	N/A
33709PA1490001	N/A	N/A	N/A
33709PA1490002	N/A	N/A	N/A
33709PA1490004	N/A	N/A	N/A
33709PA1500001	N/A	N/A	N/A
33709PA1500002	N/A	N/A	N/A
33709PA1510001	N/A	N/A	N/A
33709PA1520001	N/A	N/A	N/A
33709PA1530001	N/A	N/A	N/A
33709PA1540001	N/A	N/A	N/A
33709PA1550001	N/A	N/A	N/A
33709PA0870013	N/A	N/A	N/A
33709PA0870014	N/A	N/A	N/A
33709PA0870015	N/A	N/A	N/A
33709PA0890003	N/A	N/A	N/A
33709PA0890004	N/A	N/A	N/A
33709PA0940007	N/A	N/A	N/A
33709PA0940008	N/A	N/A	N/A
33709PA0940009	N/A	N/A	N/A
33709PA0950003	N/A	N/A	N/A
33709PA0950004	N/A	N/A	N/A
33709PA0970007	N/A	N/A	N/A
33709PA0970008	N/A	N/A	N/A
33709PA0970009	N/A	N/A	N/A
33709PA0980003	N/A	N/A	N/A
33709PA0980004	N/A	N/A	N/A
33709PA1000007	N/A	N/A	N/A
33709PA1010003	N/A	N/A	N/A
33709PA1120003	N/A	N/A	N/A
33709PA1130003	N/A	N/A	N/A
33709PA1140003	N/A	N/A	N/A
33709PA1150003	N/A	N/A	N/A
33709PA1160002	N/A	N/A	N/A
33709PA1160003	N/A	N/A	N/A
33709PA1160006	N/A	N/A	N/A
33709PA1160007	N/A	N/A	N/A
33709PA1170002	N/A	N/A	N/A
33709PA1170003	N/A	N/A	N/A
33709PA1180002	N/A	N/A	N/A
33709PA1180004	N/A	N/A	N/A
33709PA1210003	N/A	N/A	N/A
33709PA1220003	N/A	N/A	N/A
33709PA1230003	N/A	N/A	N/A
33709PA1340002	N/A	N/A	N/A
33709PA1350002	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*
1,460	942	140	2
882	388	81	2
1,178	830	129	19
2,093	1,439	290	4
323	162	31	2
2,291	1,431	317	5
36	31	4	0
306	232	33	0
91	67	6	0
301	217	28	2
699	384	73	33
76	66	11	0
481	293	48	2
9	6	2	0
18	322	65	3
7	32	3	0
24	161	59	1
52	292	64	18
2	61	12	0
29	315	71	1
0	6	1	0
186	54	12	0
87	65	4	0
408	185	33	0
87	21	10	0
2	1	1	0
132	43	5	0
2	18	3	0
1	3	1	1
45	101	33	1
445	749	173	3
85	110	19	2







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.)
6,731	
3,106	
6,929	
11,125	
1,267	
11,275	
244	
2,937	
941	
2,939	
5,522	
822	
3,704	
69	
3,373	
205	
2,232	
3,022	
506	
3,145	
39	
329	
368	
1,315	
332	
19	
565	
236	
49	
712	
6,919	
1,224	





