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			
75729			
65,123			
12,135			
10			
7			
0			
0			

Centers for Medicare & Medi

			Number of Plan Level
			Claims with DOS in 2021
	Number of Plan Level		That Were Also Denied
	Claims with DOS in 2021	Number of Plan Level	Due to Prior
	That Were Also	Claims with DOS in 2021	Authorization or
	Received in Calendar	That Were Also Denied	Referral Required in
Plan ID*	Year 2021*	in Calendar Year 2021*	Calendar Year 2021*
75729PA0012647	2,424	366	54
75729PA0012651	1,565	325	126
75729PA0012655	20,032	3,674	916
75729PA0012657	3,064	559	153
75729PA0012664	349	63	14
75729PA0012668	515	147	101
75729PA0012672	4,800	960	188
75729PA0012674	657	78	4
75729PA0012681	997	181	10
75729PA0012685	4,049	847	120
75729PA0012689	16,799	2,790	538
75729PA0012691	4,560	1,124	363
75729PA0012702	520	107	5
75729PA0012706	498	131	28
75729PA0012710	3,679	695	78
75729PA0012712	615	88	4

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icaid Services (CMS) Qualified Health Plan (QHP) Transparency in Coverage Reporting Plan Year 2023

Plan Level Data Number of Plan Level Number of Plan Level Number of Plan Level Claims with DOS in 2021 Number of Plan Level Claims with DOS in 2021 Claims with DOS in 2021 That Were Also Denied Claims with DOS in 2021 That Were Also Denied That Were Also Denied Due to an Out-Of-That Were Also Denied Due to Lack of Medical Due to Lack of Medical Network Due to Exclusion of a Necessity, *excluding* Necessity, Behavioral Provider/Claims in Service in Calendar Year Behavioral Health in Health only, in Calendar 2021* Year 2021* Calendar Year 2021* Calendar Year 2021*

Number of Plan Level	
Claims with DOS in 2021	
That Were Also Denied	
for "Other" Reasons in	Notes: (Please enter any
Calendar Year 2021*	comments/notes here.)
293	,
271	
5,932	
434	
55	
135	
694	
58	
125	
681	
2,179	
963	
94	
116	
510	
79	