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 79962 557,538 77,400 17 8 0 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** 

			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	
	Received in Calendar	That Were Also Denied	Referral Required in
Plan ID*	Year 2021*	in Calendar Year 2021*	Calendar Year 2021*
79962PA0190001	76,863	10,783	757
79962PA0190005	34,705	4,849	487
79962PA0190006	103,647	14,322	1,396
79962PA0190007	115,141	15,931	1,382
79962PA0200001	13,512	1,995	200
79962PA0200002	187,748	25,858	2,758
79962PA0210001	1,421	236	24
79962PA0220001	3,662	507	43
79962PA0220002	3,960	609	40
79962PA0220004	16,879	2,310	218
79962PA0220005	N/A	N/A	N/A
79962PA0230001	N/A	N/A	N/A
79962PA0240001	N/A	N/A	N/A
79962PA0190009	N/A	N/A	N/A
79962PA0200003	N/A	N/A	N/A
79962PA0200004	N/A	N/A	N/A
79962PA0220003	N/A	N/A	N/A
79962PA0270001	N/A	N/A	N/A
79962PA0270002	N/A	N/A	N/A
79962PA0270003	N/A	N/A	N/A
79962PA0270004	N/A	N/A	N/A
79962PA0270005	N/A	N/A	N/A
79962PA0280001	N/A	N/A	N/A
79962PA0280002	N/A	N/A	N/A
79962PA0280003	N/A	N/A	N/A
79962PA0290001	N/A	N/A	N/A
79962PA0290002	N/A	N/A	N/A
79962PA0300001	N/A	N/A	N/A
79962PA0300002	N/A	N/A	N/A
79962PA0310001	N/A	N/A	N/A
79962PA0310002	N/A	N/A	N/A
79962PA0320001	N/A	N/A	N/A

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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, <u>excluding</u>	Necessity, Behavioral
Provider/Claims in	Service in Calendar Year	Behavioral Health in	Health <b>only</b> , in Calendar
Calendar Year 2021*	2021*	Calendar Year 2021*	Year 2021*
563	1,121	193	2
244	363	114	2
641	1,147	261	13
862	1,319	341	4
93	200	34	0
1,265	2,346	580	21
9	25	6	0
36	63	9	0
281	48	17	0
169	155	60	1
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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

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.)
8,694	
3,881	
11,495	
12,853	
1,560	
20,130	
181	
392	
504	
1,876	
N/A	
