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 79279 303,584 43,992 8 5 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**

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*
79279PA0080001	27,124	4,067	136
79279PA0080004	10,713	1,511	45
79279PA0080006	55,722	7,769	329
79279PA0080008	76,986	11,164	353
79279PA0090001	7,852	1,319	38
79279PA0090002	72,118	10,894	572
79279PA0100001	2,807	407	4
79279PA0110001	10,599	1,346	29
79279PA0120001	9,027	1,224	80
79279PA0130001	26,674	3,717	116
79279PA0130002	2,215	322	15
79279PA0130003	1,747	252	23
79279PA0130005	N/A	N/A	N/A
79279PA0140001	N/A	N/A	N/A
79279PA0150001	N/A	N/A	N/A
79279PA0160001	N/A	N/A	N/A
79279PA0170001	N/A	N/A	N/A
79279PA0080010	N/A	N/A	N/A
79279PA0080011	N/A	N/A	N/A
79279PA0080012	N/A	N/A	N/A
79279PA0090003	N/A	N/A	N/A
79279PA0090004	N/A	N/A	N/A
79279PA0130004	N/A	N/A	N/A
79279PA0140002	N/A	N/A	N/A
79279PA0150002	N/A	N/A	N/A
79279PA0260001	N/A	N/A	N/A
79279PA0270001	N/A	N/A	N/A
	1		

lidate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F. his template.

Plan	Year 2023		
Plan Level Data			
Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to an Out-Of-	Number of Plan Level Claims with DOS in 2021 That Were Also Denied	Number of Plan Level Claims with DOS in 2021 That Were Also Denied Due to Lack of Medical	Number of Plan Level Claims with DOS in 2021 That Were Also Denied 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 <u>only</u> , in Calendar
Calendar Year 2021*	2021*	Calendar Year 2021*	Year 2021*
777	351	49	4
236	130	19	0
1,271	567	100	1
2,129	839	152	3
177	99	12	0
2,097	894	132	2
94	34	6	0
281	104	17	0
268	84	19	4
603	256	49	0
62	38	3	0
37	20	5	0
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.)
3,405	
1,254	
6,539	
9,468	
1,148	
8,837	
356	
1,157	
996	
3,229	
238	
201	
N/A	
