

**Centers for Medicare & Medicaid Services (CMS) Qualified Health Plan (QHP) Transparency in Coverage Reporting
Plan Year 2019**

Please complete the fields below, following the instructions in the Transparency in Coverage QHP Issuer Instruction Guide.

General Information	
Was this plan on the Exchange in 2017?	
Issuer Name	
Issuer D/B/A, if Applicable	
Issuer HIOS ID	
Issuer Point of Contact Name	
Issuer Point of Contact E-mail Address	
Issuer Point of Contact Phone Number	
Issuer Backup Point of Contact	
Issuer Backup Point of Contact E-mail Address	
Issuer Backup Point of Contact Phone Number	
2019 Data: Reporting of all fields is required for 2019	
Claims Payment Policies & Other Information URL	
Number of Claims Received in Calendar Year 2017 for Services Rendered in 2017	
Number of Claims Denied in Calendar Year 2017	
Number of Internal Appeals Filed in Calendar Year 2017	
Number of Internal Appeals Overturned from Calendar Year 2017 Appeals	
Number of External Appeals Filed in Calendar Year 2017	
Number of External Appeals Overturned from Calendar Year 2017 Appeals	
Notes: (Please enter any comments/notes here.)	

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 0938-1187, expiration date is xx/xx/xxxx. The time required to complete this information collection is estimated to take up to 282.25 hours per issuer per year, including the time to review instructions, gather the information 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.