All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F. Appendix A1. Transparency in Coverage Reporting by Qualified Health Plan Issuers - Plan Year 2023

OMB Control # 0938-1310 Expiration Date: XX/XX/20XX

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.								

All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F.

All plan IDs submitted via Plans & Benefits Template(s) must be included in this template.

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Plan Year 2023										
Plan Level Data										
			Number of Plan Level	Number of Plan Level		Number of Plan Level	Number of Plan Level			
			Claims with DOS in 2021	Claims with DOS in 2021	Number of Plan Level	Claims with DOS in 2021	Claims with DOS in 2021			
	Number of Plan Level		That Were Also Denied	That Were Also Denied	Claims with DOS in 2021	That Were Also Denied	That Were Also Denied	Number of Plan Level		
	Claims with DOS in 2021	Number of Plan Level	Due to Prior	Due to an Out-Of-	That Were Also Denied	Due to Lack of Medical	Due to Lack of Medical	Claims with DOS in 2021		
	That Were Also	Claims with DOS in 2021	Authorization or	Network	Due to Exclusion of a	Necessity, excluding	Necessity, Behavioral	That Were Also Denied		
	Received in Calendar	That Were Also Denied	Referral Required in	Provider/Claims in	Service in Calendar Year	Behavioral Health in	Health only, in Calendar	for "Other" Reasons in	Notes: (Please enter any	
Plan ID*	Year 2021*	in Calendar Year 2021*	Calendar Year 2021*	Calendar Year 2021*	2021*	Calendar Year 2021*	Year 2021*	Calendar Year 2021*	comments/notes here.)	
1	1	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		1	1	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		