

Plan Crosswalk Template v12.0

Issuer Information

HIOS Issuer ID*	
Issuer State*	
Market Coverage*	
Dental Only Plan*	

2022 HIOS Plan ID (Standard Component)	Crosswalk Level	Counties Crosswalked at Zip Level
Required	Required: Indicate whether you would like to crosswalk your 2022 to 2023 Plan IDs at the plan, county or zip code level.	Required if user indicates Crosswalked at the Zip Level for one or more counties.

Actions

- 1. Import 2022 Plans & Benefits Template and Service Area Template**
 Please save your completed 2022 Plans & Benefits Template and Service Area Template to a folder on your harddrive and then select the button below to import the data.
- 2. Create "2023 Crosswalk Tab"**
 Select the button below to create the 2023 Crosswalk Tab based upon your entry.
- 3. Validate Data**
 Select the button below to validate information entered into all tabs. **Warning:** Depending on data size, validation may take several minutes.
- 4. Finalize Template**
 Select the button below to export data to XML file.

PRA DISCLOSURE:

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/20XX. The time required to complete this information collection is estimated to take up to 24.50 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. ****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 Nicole Levesque at Nicole.Levesque@cms.hhs.gov.

2022 HIOS Plan ID (Standard Component)	Service Area ID	Service Area Name	2022 State	County Name	Partial County	Service Area Zip Code(s)
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