# Health (2020)

## INTERROGATORIES

| | | Response (Yes/No) | Comments |
|---|---|---|---|
| 01 | In-Exchange - Does the company have Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic, or student data to report? (Y/N) | | -- |
| 02 | In-Exchange - Does the company have Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies data to report? (Y/N) | | -- |
| 03 | In-Exchange - Does the company have Catastrophic data to report? (Y/N) | | -- |
| 04 | In-Exchange - Does the company have Multi-State (Individual) data to report? (Y/N) | | -- |
| 05 | In-Exchange - Does the company have Multi-State (Small Group) data to report? (Y/N) | | -- |
| 06 | In-Exchange - Number of small groups in-force at the end of the reporting period. | -- | |
| 07 | In-Exchange - Does the company have an additional voluntary level of review for grievances? (Y/N) | | -- |
| 08 | In-Exchange Comments. | -- | Comment (if necessary) |
| 09 | Out-of-Exchange - Does the company have Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic, or student data to report? (Y/N) | | -- |
| 10 | Out-of-Exchange - Does the company have Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies data to report? (Y/N) | | -- |
| 11 | Out-of-Exchange - Does the company have Grandfathered or Transitional plan data to report? (Y/N) | | -- |
| 12 | Out-of-Exchange - Does the company have Catastrophic data to report? (Y/N) | | -- |
| 13 | Out-of-Exchange - Does the company have Large Group comprehensive major medical and managed care (Minimum Essential Coverage policies) data to report? (Y/N) | | -- |
| 14 | Out-of-Exchange - Does the company have Student Coverage data to report? (Y/N) | | -- |
| 15 | Out-of-Exchange - Number of small groups in-force at the end of the reporting period. | -- | |
| 16 | Out-of-Exchange - Number of large groups in-force at the end of the reporting period. | -- | |
| 17 | Out-of-Exchange - Does the company have an additional voluntary level of review for grievances? (Y/N) | | -- |
| 18 | Out-of-Exchange Comments. | -- | Comment (if necessary) |

## IN-EXCHANGE

| | | Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student | | | | | Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies | | | | | Catastrophic | Multi-State(Individual) | | | | | Multi-State (Small Group) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Bronze | Silver | Gold | Platinum | Total | Bronze | Silver | Gold | Platinum | Total | | Bronze | Silver | Gold | Platinum | Total | Bronze | Silver | Gold | Platinum | Total |
| **Policy Administration** | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Earned premiums for Reporting Year. | | | | | | | | | | | | | | | | | | | | | |
| 20 | Number of new policies issued during the period. | | | | | | -- | -- | -- | -- | -- | | | | | | | -- | -- | -- | -- | -- |
| 21 | Number of policies renewed during the period. | | | | | | -- | -- | -- | -- | -- | | | | | | | -- | -- | -- | -- | -- |
| 22 | Member months for policies issued during the period. | | | | | | | | | | | | | | | | | | | | | |
| 23 | Member months for policies renewed during the period. | | | | | | | | | | | | | | | | | | | | | |
| 24 | Number of policy terminations and cancellations initiated by the policyholder. | | | | | | -- | -- | -- | -- | -- | | | | | | | -- | -- | -- | -- | -- |
| 25 | Number of policy terminations and cancellations due to non-payment of premium. | | | | | | -- | -- | -- | -- | -- | | | | | | | -- | -- | -- | -- | -- |


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| | | Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student | | | | | Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies | | | | | Catastrophic | Multi-State(Individual) | | | | | Multi-State (Small Group) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Bronze | Silver | Gold | Platinum | Total | Bronze | Silver | Gold | Platinum | Total | | Bronze | Silver | Gold | Platinum | Total | Bronze | Silver | Gold | Platinum | Total |
| 26 | Number of insured lives impacted on terminations and cancellations initiated by the policyholder. | | | | | | | | | | | | | | | | | | | | | |
| 27 | Number of insured lives impacted on policies terminated and cancelled due to non-payment. | | | | | | | | | | | | | | | | | | | | | |
| 28 | Number of rescissions. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 29 | Number of insured lives impacted by rescissions. | | | | | | | | | | | | | | | | | | | | | |
| **Prior Authorizations (Prospective Utilization Review Requests) Excluding Pharmacy** | | | | | | | | | | | | | | | | | | | | | | |
| 30 | Number of prior authorizations requested. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 31 | Number of prior authorizations approved. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 32 | Number of prior authorizations denied. | | | | | | | | | | | | | | | | | | | | | |
| 33 | Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders. | | | | | | | | | | | | | | | | | | | | | |
| 34 | Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders denied. | | | | | | | | | | | | | | | | | | | | | |
| 35 | Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders approved. | | | | | | | | | | | | | | | | | | | | | |
| **Prior Authorizations (Prospective Utilization Review Requests) Pharmacy Only** | | | | | | | | | | | | | | | | | | | | | | |
| 36 | Number of prior authorizations requested. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 37 | Number of prior authorizations approved. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 38 | Number of prior authorizations denied. | | | | | | | | | | | | | | | | | | | | | |
| **Claims Administration (Excluding Pharmacy)** | | | | | | | | | | | | | | | | | | | | | | |
| 39 | Number of claims received. | | | | | | | | | | | | | | | | | | | | | |
| 40 | Number of claims submitted by network providers. | | | | | | | | | | | | | | | | | | | | | |
| 41 | Number of claims submitted by out-of-network providers. | | | | | | | | | | | | | | | | | | | | | |
| 42 | Number of claim denials for in-network claims. | | | | | | | | | | | | | | | | | | | | | |
| 43 | In-network claims denied within 0-30 days. | | | | | | | | | | | | | | | | | | | | | |
| 44 | In-network Claims denied within 31-60 days. | | | | | | | | | | | | | | | | | | | | | |
| 45 | In-network Claims denied within 61-90 days. | | | | | | | | | | | | | | | | | | | | | |
| 46 | In-network Claims denied beyond 90 days. | | | | | | | | | | | | | | | | | | | | | |
| 47 | Number of in-network denied, rejected or returned - Claims Submission Coding Error(s). | | | | | | | | | | | | | | | | | | | | | |
| 48 | Number of in-network denied, rejected or returned - Prior Authorization Needed. | | | | | | | | | | | | | | | | | | | | | |


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| | | Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student | | | | | Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies | | | | | Catastrophic | Multi-State(Individual) | | | | | Multi-State (Small Group) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Bronze | Silver | Gold | Platinum | Total | Bronze | Silver | Gold | Platinum | Total | | Bronze | Silver | Gold | Platinum | Total | Bronze | Silver | Gold | Platinum | Total |
| 49 | Number of in-network denied, rejected or returned - Non-Covered Benefit or Benefit Limitation. | | | | | | | | | | | | | | | | | | | | | |
| 50 | Number of in-network denied, rejected or returned - Not Medically Necessary (Excluding Behavioral Health Benefits) | | | | | | | | | | | | | | | | | | | | | |
| 51 | Number of in-network denied, rejected or returned - Not Medically Necessary (Behavioral Health Benefits Only). | | | | | | | | | | | | | | | | | | | | | |
| 52 | Number of claim denials for out-of-network claims. | | | | | | | | | | | | | | | | | | | | | |
| 53 | Out-of-network claims denied within 0-30 days. | | | | | | | | | | | | | | | | | | | | | |
| 54 | Out-of-network Claims denied within 31-60 days. | | | | | | | | | | | | | | | | | | | | | |
| 55 | Out-of-network Claims denied within 61-90 days. | | | | | | | | | | | | | | | | | | | | | |
| 56 | Out-of-network Claims denied beyond 90 days. | | | | | | | | | | | | | | | | | | | | | |
| 57 | Number of out-of-network denied, rejected or returned - Claims Submission Coding Error(s). | | | | | | | | | | | | | | | | | | | | | |
| 58 | Number of out-of-network denied, rejected or returned - Prior Authorization Needed. | | | | | | | | | | | | | | | | | | | | | |
| 59 | Number of out-of-network denied, rejected or returned - Non-Covered Benefit or Benefit Limitation. | | | | | | | | | | | | | | | | | | | | | |
| 60 | Number of out-of-network denied, rejected or returned - Not Medically Necessary (Excluding Behavioral Health Benefits) | | | | | | | | | | | | | | | | | | | | | |
| 61 | Number of out-of-network denied, rejected or returned - Not Medically Necessary (Behavioral Health Benefits Only). | | | | | | | | | | | | | | | | | | | | | |
| 62 | Number of paid claims for in-network services. | | | | | | | | | | | | | | | | | | | | | |
| 63 | In-network claims paid within 0-30 days. | | | | | | | | | | | | | | | | | | | | | |
| 64 | In-network claims paid within 31-60 days. | | | | | | | | | | | | | | | | | | | | | |
| 65 | In-network claims paid within 61-90 days. | | | | | | | | | | | | | | | | | | | | | |
| 66 | In-network claims paid beyond 90 days. | | | | | | | | | | | | | | | | | | | | | |
| 67 | Number of paid claims for out-of-network services. | | | | | | | | | | | | | | | | | | | | | |
| 68 | Out-of-network claims paid within 0-30 days. | | | | | | | | | | | | | | | | | | | | | |
| 69 | Out-of-network claims paid within 31-60 days. | | | | | | | | | | | | | | | | | | | | | |
| 70 | Out-of-network claims paid within 61-90 days. | | | | | | | | | | | | | | | | | | | | | |
| 71 | Out-of-network claims paid beyond 90 days. | | | | | | | | | | | | | | | | | | | | | |
| 72 | Claims Paid. | | | | | | | | | | | | | | | | | | | | | |
| 73 | Insured/beneficiary co-payment responsibility. | | | | | | | | | | | | | | | | | | | | | |
| 74 | Insured coinsurance responsibility. | | | | | | | | | | | | | | | | | | | | | |
| 75 | Insured deductible responsibility. | | | | | | | | | | | | | | | | | | | | | |


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| | | Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student | | | | | Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies | | | | | Catastrophic | Multi-State(Individual) | | | | | Multi-State (Small Group) | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Bronze | Silver | Gold | Platinum | Total | Bronze | Silver | Gold | Platinum | Total | | Bronze | Silver | Gold | Platinum | Total | Bronze | Silver | Gold | Platinum | Total |
| **Claims Administration (Pharmacy Only)** | | | | | | | | | | | | | | | | | | | | | | |
| 76 | Number of claims received. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 77 | Number of claim denials for in-network claims. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 78 | Number of claim denials for out-of-network claims. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 79 | Number of paid claims for in-network services. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 80 | Number of paid claims for out-of-network services. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 81 | Claims Paid. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 82 | Insured/beneficiary co-payment responsibility. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 83 | Insured coinsurance responsibility. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 84 | Insured deductible responsibility. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| **Consumer Requested Internal Reviews (Grievances - Including Pharmacy)** | | | | | | | | | | | | | | | | | | | | | | |
| 85 | Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.) | | | | | | | | | | | | | | | | | | | | | |
| 86 | Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.) | | | | | | | | | | | | | | | | | | | | | |
| 87 | Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.) | | | | | | | | | | | | | | | | | | | | | |
| 88 | Number of customer requests for internal reviews of grievances not involving adverse determinations. | | | | | | | | | | | | | | | | | | | | | |
| **Consumer Requested External Reviews (Including Pharmacy)** | | | | | | | | | | | | | | | | | | | | | | |
| 89 | Number of customer requested appeals on final adverse determinations to an external review organization. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 90 | Number of final adverse determinations upheld upon request for external review. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |
| 91 | Number of final adverse determinations overturned upon request for external review. | -- | -- | -- | -- | | -- | -- | -- | -- | | | -- | -- | -- | -- | | -- | -- | -- | -- | |


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## OUT-OF-EXCHANGE

| | | Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student | | | | | Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies | | | | | Grandfathered/Transitional Plans | | | | Catastrophic | All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies | For Student Coverage |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Bronze | Silver | Gold | Platinum | Total | Bronze | Silver | Gold | Platinum | Total | Large Group | Small Group | Individual | Total | | | |
| **Policy Administration** | | | | | | | | | | | | | | | | | | |
| 92 | Earned premiums for Reporting Year. | | | | | | | | | | | | | | | | | |
| 93 | Number of new policies issued during the period. | | | | | | -- | -- | -- | -- | -- | | -- | | -- | | | |
| 94 | Number of policies renewed during the period. | | | | | | -- | -- | -- | -- | -- | | -- | | -- | | | |
| 95 | Member months for policies issued during the period. | | | | | | | | | | | | | | | | | |
| 96 | Member months for policies renewed during the period. | | | | | | | | | | | | | | | | | |
| 97 | Number of policy terminations and cancellations initiated by the policyholder. | | | | | | -- | -- | -- | -- | -- | | -- | | -- | | | |
| 98 | Number of policy terminations and cancellations due to non-payment of premium. | | | | | | -- | -- | -- | -- | -- | | -- | | -- | | | |
| 99 | Number of insured lives impacted on terminations and cancellations initiated by the policyholder. | | | | | | | | | | | | | | | | | |
| 100 | Number of insured lives impacted on policies terminated and cancelled due to non-payment. | | | | | | | | | | | | | | | | | |
| 101 | Number of rescissions. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| 102 | Number of insured lives impacted by rescissions. | | | | | | | | | | | | | | | | | |
| **Prior Authorizations (Prospective Utilization Review Requests) Excluding Pharmacy** | | | | | | | | | | | | | | | | | | |
| 103 | Number of prior authorizations requested. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| 104 | Number of prior authorizations approved. | | | | | | | | | | | | | | | | | |
| 105 | Number of prior authorizations denied. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| 106 | Number of prior authorizations requested for mental health benefits, behavioral health benefits, and substance use disorders. | | | | | | | | | | | | | | | | | |
| 107 | Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders denied. | | | | | | | | | | | | | | | | | |
| 108 | Number of prior authorizations for mental health benefits, behavioral health benefits, and substance use disorders approved. | | | | | | | | | | | | | | | | | |
| **Prior Authorizations (Prospective Utilization Review Requests) Pharmacy Only** | | | | | | | | | | | | | | | | | | |
| 109 | Number of prior authorizations requested. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| 110 | Number of prior authorizations approved. | | | | | | | | | | | | | | | | | |
| 111 | Number of prior authorizations denied. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |


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| | | Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student | | | | | Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies | | | | | Grandfathered/Transitional Plans | | | | Catastrophic | All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies | For Student Coverage |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Bronze | Silver | Gold | Platinum | Total | Bronze | Silver | Gold | Platinum | Total | Large Group | Small Group | Individual | Total | | | |
| **Claims Administration(Excluding Pharmacy)** | | | | | | | | | | | | | | | | | | |
| 112 | Number of claims received. | | | | | | | | | | | | | | | | | |
| 113 | Number of claims submitted by network providers. | | | | | | | | | | | | | | | | | |
| 114 | Number of claims submitted for by out-of-network providers. | | | | | | | | | | | | | | | | | |
| 115 | Number of claim denials for in-network claims. | | | | | | | | | | | | | | | | | |
| 116 | In-network claims denied within 0-30 days. | | | | | | | | | | | | | | | | | |
| 117 | In-network Claims denied within 31-60 days. | | | | | | | | | | | | | | | | | |
| 118 | In-network Claims denied within 61-90 days. | | | | | | | | | | | | | | | | | |
| 119 | In-network Claims denied beyond 90 days. | | | | | | | | | | | | | | | | | |
| 120 | Number of in-network denied, rejected or returned - Claims Submission Coding Error(s). | | | | | | | | | | | | | | | | | |
| 121 | Number of in-network denied, rejected or returned - Prior Authorization Needed. | | | | | | | | | | | | | | | | | |
| 122 | Number of in-network denied, rejected or returned - Non-Covered Benefit or Benefit Limitation. | | | | | | | | | | | | | | | | | |
| 123 | Number of in-network denied, rejected or returned - Not Medically Necessary (Excluding Behavioral Health Benefits). | | | | | | | | | | | | | | | | | |
| 124 | Number of in-network denied, rejected or returned - Not Medically Necessary (Behavioral Health Benefits Only). | | | | | | | | | | | | | | | | | |
| 125 | Number of claim denials for out-of-network claims. | | | | | | | | | | | | | | | | | |
| 126 | Out-of-network claims denied within 0-30 days. | | | | | | | | | | | | | | | | | |
| 127 | Out-of-network Claims denied within 31-60 days. | | | | | | | | | | | | | | | | | |
| 128 | Out-of-network Claims denied within 61-90 days. | | | | | | | | | | | | | | | | | |
| 129 | Out-of-network Claims denied beyond 90 days. | | | | | | | | | | | | | | | | | |
| 130 | Number of out-of-network denied, rejected or returned - Claims Submission Coding Error(s). | | | | | | | | | | | | | | | | | |
| 131 | Number of out-of-network denied, rejected or returned - Prior Authorization Needed. | | | | | | | | | | | | | | | | | |
| 132 | Number of out-of-network denied, rejected or returned - Non-Covered Benefit or Benefit Limitation. | | | | | | | | | | | | | | | | | |
| 133 | Number of out-of-network denied, rejected or returned - Not Medically Necessary (Excluding Behavioral Health Benefits) | | | | | | | | | | | | | | | | | |
| 134 | Number of out-of-network denied, rejected or returned - Not Medically Necessary (Behavioral Health Benefits Only). | | | | | | | | | | | | | | | | | |
| 135 | Number of paid claims for in-network services. | | | | | | | | | | | | | | | | | |
| 136 | In-network claims paid within 0-30 days. | | | | | | | | | | | | | | | | | |


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| | | Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student | | | | | Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies | | | | | Grandfathered/Transitional Plans | | | | Catastrophic | All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies | For Student Coverage |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Bronze | Silver | Gold | Platinum | Total | Bronze | Silver | Gold | Platinum | Total | Large Group | Small Group | Individual | Total | | | |
| 137 | In-network claims paid within 31-60 days. | | | | | | | | | | | | | | | | | |
| 138 | In-network claims paid within 61-90 days. | | | | | | | | | | | | | | | | | |
| 139 | In-network claims paid beyond 90 days. | | | | | | | | | | | | | | | | | |
| 140 | Number of paid claims for out-of-network services. | | | | | | | | | | | | | | | | | |
| 141 | Out-of-network claims paid within 0-30 days. | | | | | | | | | | | | | | | | | |
| 142 | Out-of-network claims paid within 31-60 days. | | | | | | | | | | | | | | | | | |
| 143 | Out-of-network claims paid within 61-90 days. | | | | | | | | | | | | | | | | | |
| 144 | Out-of-network claims paid beyond 90 days. | | | | | | | | | | | | | | | | | |
| 145 | Claims Paid. | | | | | | | | | | | | | | | | | |
| 146 | Insured/beneficiary co-payment responsibility. | | | | | | | | | | | | | | | | | |
| 147 | Insured coinsurance responsibility. | | | | | | | | | | | | | | | | | |
| 148 | Insured deductible responsibility. | | | | | | | | | | | | | | | | | |
| **Claims Administration (Pharmacy Only)** | | | | | | | | | | | | | | | | | | |
| 149 | Number of claims received. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| 150 | Number of claim denials for in-network claims. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| 151 | Number of claim denials for out-of-network claims. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| 152 | Number of paid claims for in-network services. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| 153 | Number of paid claims for out-of-network services. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| 154 | Claims Paid. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| 155 | Insured/beneficiary co-payment responsibility. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| 156 | Insured coinsurance responsibility. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| 157 | Insured deductible responsibility. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| **Consumer Requested Internal Reviews (Grievances - Including Pharmacy)** | | | | | | | | | | | | | | | | | | |
| 158 | Number of customer requests for internal reviews of grievances involving adverse determinations (Do not include additional voluntary levels of reviews.) | | | | | | | | | | | | | | | | | |
| 159 | Number of adverse determinations upheld upon request for internal review (Do not include additional voluntary levels of reviews.) | | | | | | | | | | | | | | | | | |
| 160 | Number of adverse determinations overturned upon request for internal review (Do not include additional voluntary levels of reviews.) | | | | | | | | | | | | | | | | | |
| 161 | Number of customer requests for internal reviews of grievances not involving adverse determinations. | | | | | | | | | | | | | | | | | |


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# Health (2020)

| | | Individual Health insurance coverage other than transitional, grandfathered, multi-state, catastrophic or student | | | | | Small Group Health insurance coverage other than transitional, grandfathered, or multi-state policies | | | | | Grandfathered/Transitional Plans | | | | Catastrophic | All Large Group comprehensive major medical and managed care (Minimum Essential Coverage) policies | For Student Coverage |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Bronze | Silver | Gold | Platinum | Total | Bronze | Silver | Gold | Platinum | Total | Large Group | Small Group | Individual | Total | | | |
| **Consumer Requested External Reviews (Including Pharmacy)** | | | | | | | | | | | | | | | | | | |
| 162 | Number of customer requested appeals on final adverse determinations to an external review organization. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| 163 | Number of final adverse determinations upheld upon request for external review. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |
| 164 | Number of final adverse determinations overturned upon request for external review. | -- | -- | -- | -- | | -- | -- | -- | -- | | | | | | | | |


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