

CMS Center for Consumer Information & Insurance Oversight (CCIIO), Health Insurance Marketplace Public Use Files (Marketplace PUF) Data Dictionary for Benefits and Cost Sharing PUF

1. Overview of the Benefits and Cost Sharing PUF

The Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information & Insurance Oversight (CCIIO) is releasing the Marketplace PUF in order to improve transparency and increase access to the Marketplace data. The Marketplace PUF includes data on Qualified Health Plans (QHPs) and Stand-alone Dental Plans (SADPs) offered in states with Federally-facilitated Marketplaces (FFM), which include states with State Partnership Marketplaces (SPM), Federally-facilitated Small Business Health Options Programs (FF-SHOP) and State-based Marketplaces (SBM) that rely on the federal information technology platform for QHP eligibility and enrollment functionality. The Marketplace PUF also includes data on Multi State Plans (MSPs). The Marketplace PUF does not include data from SBMs that do not rely on the federal platform for QHP eligibility and enrollment functionality.

The Benefits and Cost Sharing PUF (BenCS-PUF) is one of the seven files that make up the Marketplace PUF. The BenCS-PUF contains plan-level data on essential health benefits, coverage limits, and cost sharing for each QHP and SADP. These data either originate from the Plans & Benefits template (i.e., template field), an Excel-based form used by issuers to describe their plans in the QHP/SADP application process, or were generated by CCIIO for use in data processing (i.e., system-generated).

This data dictionary describes the variables contained in the BenCS-PUF. Each record relates to the coverage of a single benefit by one issuer’s insurance plan. The BenCS-PUF is available for plan year 2014, plan year 2015, and plan year 2016.

2. Variable Attributes

<i>Variable Name:</i>	BusinessYear
<i>Variable Definition:</i>	Year for which plan provides coverage to enrollees
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Business Year
<i>Allowable Values:</i>	2014 2015 2016
<i>Data Source:</i>	System-generated field
<i>Field Name from Data Source:</i>	Business Year
<i>Comments:</i>	N/A

<i>Variable Name:</i>	StateCode
<i>Variable Definition:</i>	Two-character state abbreviation indicating the state where the plan is

Data Type: offered
Variable Label: Text
Variable Definition: State Code
Allowable Values: All 50 state abbreviations + 9 territory abbreviations
Data Source: System-generated field
Field Name from Data Source: State Code
Comments: N/A

Variable Name: IssuerId
Variable Definition: Five-digit numeric code that identifies the issuer organization in the Health Insurance Oversight System (HIOS)
Data Type: Text
Variable Label: Issuer ID
Allowable Values: Free text
Data Source: System-generated field
Field Name from Data Source: Issuer ID
Comments: N/A

Variable Name: SourceName
Variable Definition: Categorical identifier of source of data import
Data Type: Text
Variable Label: Source Name
Allowable Values: HIOS
SERFF
OPM
Data Source: System-generated field
Field Name from Data Source: Source Name
Comments: N/A

Variable Name: VersionNum
Variable Definition: Integer value for version of data import
Data Type: Text
Variable Label: Version Number
Allowable Values: Free text
Data Source: System-generated field
Field Name from Data Source: Version Number
Comments: N/A

Variable Name: ImportDate
Variable Definition: Date of data import
Data Type: Date/Time
Variable Label: Import Date
Allowable Values: Free text
Data Source: System-generated field

<i>Field Name from Data Source:</i>	Import Date
<i>Comments:</i>	N/A

<i>Variable Name:</i>	IssuerId2
<i>Variable Definition:</i>	Five-digit numeric code that identifies the issuer organization in HIOS
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Issuer ID
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	HIOS Issuer ID
<i>Comments:</i>	Equal to IssuerId field

<i>Variable Name:</i>	StateCode2
<i>Variable Definition:</i>	Two-character state abbreviation indicating the state where the plan is offered
<i>Data Type:</i>	Text
<i>Variable Label:</i>	State Code
<i>Allowable Values:</i>	All 50 state abbreviations + 9 territory abbreviations
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Issuer State
<i>Comments:</i>	Equal to StateCode field

<i>Variable Name:</i>	StandardComponentId
<i>Variable Definition:</i>	Fourteen-character alpha-numeric code that identifies an insurance plan within HIOS
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Plan ID
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	HIOS Plan ID (Standard Component)
<i>Comments:</i>	N/A

<i>Variable Name:</i>	PlanId
<i>Variable Definition:</i>	Seventeen-character alpha-numeric code that identifies an insurance plan's cost sharing reduction variant within HIOS
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Plan ID (Standard Component ID with Variant)
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field

Field Name from Data Source: HIOS Plan ID (Standard Component + Variant)

Comments: Character count includes '-'

Variable Name: BenefitName

Variable Definition: Name assigned to benefit

Data Type: Text

Variable Label: Benefit Name

Allowable Values: Free text

Data Source: Template field

Field Name from Data Source: Benefits

Comments: N/A

Variable Name: CopayInnTier1

Variable Definition: Dollar amount for In Network Copay for Tier 1 for a benefit

Data Type: Text

Variable Label: Copay In Network (Tier 1)

Allowable Values: No Charge

No Charge after deductible

\$X Copay

\$X Copay after deductible

\$X Copay before deductible

\$X Copay per Day

\$X Copay per Stay

\$X Copay per Day after deductible

\$X Copay per Stay after deductible

\$X Copay per Day before deductible

\$X Copay per Stay before deductible

Not Applicable

Data Source: Template field

Field Name from Data Source: Copay In Network (Tier 1)

Comments: This field is only required for covered benefits; field will usually be blank for benefits that are not covered but could contain a value; copay amount applies to each enrollee

Variable Name: CopayInnTier2

Variable Definition: Dollar amount for In Network Copay for Tier 2 for a benefit

Data Type: Text

Variable Label: Copay In Network (Tier 2)

Allowable Values: No Charge

No Charge after deductible

\$X Copay

\$X Copay after deductible

	\$X Copay before deductible
	\$X Copay per Day
	\$X Copay per Stay
	\$X Copay per Day after deductible
	\$X Copay per Stay after deductible
	\$X Copay per Day before deductible
	\$X Copay per Stay before deductible
	Not Applicable
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Copay In Network (Tier 2)
<i>Comments:</i>	This field is only required for covered benefits and plans with multiple in network tiers; field will usually be blank for benefits that are not covered but could contain a value; copay amount applies to each enrollee

<i>Variable Name:</i>	CopayOutofNet
<i>Variable Definition:</i>	Dollar amount for Out of Network Copay for a benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Copay Out of Network
<i>Allowable Values:</i>	No Charge
	No Charge after deductible
	\$X Copay
	\$X Copay after deductible
	\$X Copay before deductible
	\$X Copay per Day
	\$X Copay per Stay
	\$X Copay per Day after deductible
	\$X Copay per Stay after deductible
	\$X Copay per Day before deductible
	\$X Copay per Stay before deductible
	Not Applicable
<i>Data Source:</i>	Template field
<i>Field Name from Data Source:</i>	Copay Out of Network
<i>Comments:</i>	This field is only required for covered benefits; field will usually be blank for benefits that are not covered but could contain a value; copay amount applies to each enrollee

<i>Variable Name:</i>	CoinsInnTier1
<i>Variable Definition:</i>	Numeric value for In Network Coinsurance percentage for Tier 1 for a benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Coinsurance In Network (Tier 1)

Allowable Values: No Charge
No Charge after deductible
X%
X% Coinsurance after deductible
Not Applicable

Data Source: Template field

Field Name from Data Source: Coinsurance In Network (Tier 1)

Comments: This field is only required for covered benefits; field will usually be blank for benefits that are not covered but could contain a value; coinsurance amount applies to each enrollee

Variable Name: CoinsInnTier2

Variable Definition: Numeric value for In Network Coinsurance percentage for Tier 2 for a benefit

Data Type: Text

Variable Label: Coinsurance In Network (Tier 2)

Allowable Values: No Charge
No Charge after deductible
X%
X% Coinsurance after deductible
Not Applicable

Data Source: Template field

Field Name from Data Source: Coinsurance In Network (Tier 2)

Comments: This field is only required for covered benefits and plans with multiple in network tiers; field will usually be blank for benefits that are not covered but could contain a value; coinsurance amount applies to each enrollee

Variable Name: CoinsOutofNet

Variable Definition: Numeric value for Out of Network Coinsurance percentage for a benefit

Data Type: Text

Variable Label: Coinsurance Out of Network

Allowable Values: No Charge
No Charge after deductible
X%
X% Coinsurance after deductible
Not Applicable

Data Source: Template field

Field Name from Data Source: Coinsurance Out of Network

Comments: This field is only required for covered benefits; field will usually be blank for benefits that are not covered but could

contain a value; coinsurance amount
applies to each enrollee

Variable Name: IsEHB
Variable Definition: Categorical indicator of whether benefit is considered an essential health benefit
Data Type: Text
Variable Label: EHB Indicator
Allowable Values: Yes
 blank
Data Source: Template field
Field Name from Data Source: EHB
Comments: Blank values are equivalent to No

Variable Name: IsStateMandate
Variable Definition: Categorical indicator of whether benefit is required by state
Data Type: Text
Variable Label: State Required Benefit Indicator
Allowable Values: Yes
 blank
Data Source: Template field
Field Name from Data Source: State-Required Benefit
Comments: Blank values are equivalent to No

Variable Name: IsCovered
Variable Definition: Categorical indicator of whether benefit is covered by the insurance plan
Data Type: Text
Variable Label: Is this Benefit Covered?
Allowable Values: Covered
 Not Covered (or blank)
Data Source: Template field
Field Name from Data Source: Is this Benefit Covered?
Comments: Blank values are equivalent to Not Covered

Variable Name: QuantLimitOnSvc
Variable Definition: Categorical indicator of whether benefit has a quantitative limit
Data Type: Text
Variable Label: Quantitative Limit on Service
Allowable Values: Yes
 No (or blank)
Data Source: Template field
Field Name from Data Source: Quantitative Limit on Service
Comments: This field is only required for covered

benefits; blank values are equivalent to No

Variable Name: LimitQty
Variable Definition: Numeric value for coverage limit on the benefit
Data Type: Text
Variable Label: Limit Quantity
Allowable Values: Free text
Data Source: Template field
Field Name from Data Source: Limit Quantity
Comments: This field is required if QuantLimitOnSvc field equals Yes

Variable Name: LimitUnit
Variable Definition: The unit of measure for the coverage limit on the benefit
Data Type: Text
Variable Label: Limit Unit
Allowable Values: Hours per week
Hours per month
Hours per year
Days per week
Days per month
Days per year
Months per year
Visits per week
Visits per month
Visits per year
Lifetime visits
Treatments per week
Treatments per month
Lifetime treatments
Lifetime admissions
Procedures per week
Procedures per month
Procedures per year
Lifetime procedures
Dollar per year
Dollar per visit
Days per admission
Procedures per episode
Data Source: Template field
Field Name from Data Source: Limit Unit
Comments: This field is required if QuantLimitOnSvc field equals Yes

Variable Name: MinimumStay

Variable Definition: Numeric value for the minimum number of hours of in-patient care that a patient must be provided for this benefit

Data Type: Text

Variable Label: Minimum Stay

Allowable Values: Free text

Data Source: Template field

Field Name from Data Source: Minimum Stay

Comments: This field is optional; blanks indicate a value was not provided

Variable Name: Exclusions

Variable Definition: The list of services or diagnoses that are excluded from the benefit

Data Type: Text

Variable Label: Exclusions

Allowable Values: Free text

Data Source: Template field

Field Name from Data Source: Exclusions

Comments: This field is optional; blanks indicate a value was not provided; field could be truncated at 256 characters if exported to Excel or Access

Variable Name: Explanation

Variable Definition: Notes provided to further clarify benefit coverage limits or exclusions

Data Type: Text

Variable Label: Benefit Explanation

Allowable Values: Free text

Data Source: Template field

Field Name from Data Source: Benefit Explanation

Comments: This field is optional; blanks indicate a value was not provided; field could be truncated at 256 characters if exported to Excel or Access

Variable Name: EHBVarReason

Variable Definition: The justification for not using the prepopulated EHB benefit information from the template

Data Type: Text

Variable Label: EHB Variance Reason

Allowable Values: Above EHB
Substituted
Substantially Equal
Using Alternate Benchmark
Other Law/Regulation
Additional EHB Benefit
Dental Only Plan Available

Data Source: Template field

Field Name from Data Source: EHB Variance Reason

Comments: This field is only required if the issuer made changes to the prepopulated template values

Variable Name: IsSubjToDedTier1

Variable Definition: Categorical indicator of whether the enrollee is required to pay a Tier 1 deductible for this benefit

Data Type: Text

Variable Label: Is Subject to Deductible Tier 1

Allowable Values: Yes
No

Data Source: Template field

Field Name from Data Source: Subject to Deductible (Tier 1)

Comments: This field is only available for the 2014 and 2015 datasets.

Variable Name: IsSubjToDedTier2

Variable Definition: Categorical indicator of whether the enrollee is required to pay a Tier 2 deductible for this benefit

Data Type: Text

Variable Label: Is Subject to Deductible Tier 2

Allowable Values: Yes
No

Data Source: Template field

Field Name from Data Source: Subject to Deductible (Tier 2)

Comments: This field is only available for the 2014 and 2015 datasets.

Variable Name: IsExclFromInnMOOP

Variable Definition: Categorical indicator of whether the cost associated with this benefit is excluded from the in network maximum out-of-pocket payment total

Data Type: Text

Variable Label: Is Excluded from In Network MOOP



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Allowable Values: Yes
No
Data Source: Template field
Field Name from Data Source: Excluded from In Network MOOP
Comments: N/A

Variable Name: IsExclFromOonMOOP
Variable Definition: Categorical indicator of whether the cost associated with this benefit is excluded from the out of network maximum out-of-pocket payment total
Data Type: Text
Variable Label: Is Excluded from Out of Network MOOP
Allowable Values: Yes
No
Data Source: Template field
Field Name from Data Source: Excluded from Out of Network MOOP
Comments: N/A

Variable Name: RowNumber
Variable Definition: Integer value for template row number associated with this data record
Data Type: Text
Variable Label: Row Number
Allowable Values: Free text
Data Source: System-generated field
Field Name from Data Source: RowNumber
Comments: Unavailable for some templates