Health Insurance Exchange Public Use Files (Exchange PUFs) Frequently Asked Questions (FAQs)

Updated: October 28, 2026

Q1. Can you provide us with information that we can use to calculate rates?

A1. Data that can be used to calculate rates is available in the Rates and Business Rules PUFs on the Health Insurance Exchange PUFs webpage. Qualified Health Plans (QHPs) are required to comply with either federal or applicable state rating curves. For additional information about rating curves and tobacco rating rules please see the 2013 Final Rule on Market Rules and Rate Review,[1] 2013 Sub-Regulatory Guidance Regarding Age Curves, Geographic Rating Areas and State Reporting and 2016 Final Guidance Regarding Age Curves and State Reporting. For information on applicable state age curves, please see State Specific Rating Variations.

Q2. Given that some files (Rate PUF/Benefits and Cost Sharing PUF) in the Health Insurance Exchange PUFs exceed the size limits for Microsoft Excel, how can I view their entire contents?

A2. Microsoft Excel worksheets cannot exceed 1,048,576 rows, and the size of the workbook is limited based on available memory of the computer you are using to open the files. The Rate PUF and Benefits and Cost Sharing PUF exceed this limit; therefore, when attempting to open either of these files directly in Excel, the user will receive an error indicating that the file has not loaded completely.

To view the entire contents of these files you may open them using a statistical or database program such as SAS, Stata, SPSS, or Microsoft Access using the program's import feature and consulting the program's user documentation. You may also view the contents of these files by segmenting the file using Notepad or another text editor.

Q3. Does CMS provide summary data related to health plans and consumer enrollment?

A3. For summary data related to consumer enrollment please refer to CMS' Health Insurance Exchange Open Enrollment Period Public Use Files. Enrollment data is also contained in the Transparency in Coverage PUF. Users of the Health Insurance Exchange PUF data should review the associated Data Dictionary documents at Health Insurance Exchange PUFs to guide their research questions and activities.

[1] The applicable 2013 Final Rule on Market Rules and Rate Review is codified at 45 C.F.R. §147.102, which can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=se45.1.147_1102&rgn=div8

Q4. Where can I find a list of plans that shows service area coverage for each plan?

A4. The Service Area PUF contains data about the service area including counties and zip codes covered by each issuer that offers plans on HealthCare.gov. Each issuer is identified by a unique five digit issuer ID. The Plan Attributes PUF shows the service area associated with each plan. You can use the information contained in both files to determine which plans are available in a county. You can also identify county and service area coverage using the QHP Landscape Files available on the HealthCare.gov Researchers and Issuers webpage.

Q5. Where can I get information on the Unified Rate Review public use file?

A5. The Unified Rate Review public use files are available at Rate Review Data. Questions related to the URR data should be directed to RateReview@hhs.gov.

Q6. How can I learn more about using the HealthCare Finder API?

A6. Please visit the HealthCare Finder API webpage for more information and answers to frequently asked questions.

Q7. How can I join PUFs using the Plan ID crosswalk to make a comparison across two or more years?

A7. To join data across two or more years, the key unique identifying variable is the plan ID. For example, you can link 2026 to 2027 data for most plans using the plan ID as the unique identifier. However, for a small minority of plans, the plan ID for the same plan was changed between 2026 and 2027. To identify these plans, you will need to filter the Plan ID Crosswalk file's "ReasonforCrosswalk" field to "1," which indicates a 2026 plan that has been crosswalked to the same plan for 2027, but that the 2027 plan has a different plan ID. Note that the Plan ID Crosswalk PUF for PY2027 reflects crosswalks for all plans offered during 2026, including crosswalks from one issuer to another issuer.

CMS uses the Plan ID Crosswalk file to support automatic re-enrollment transactions to issuers for enrollees in Exchanges that use the Federal platform for eligibility and enrollment, including Federally facilitated Exchanges, who do not actively select a different QHP or cancel their coverage during open enrollment. For more information on Plan ID Crosswalk, please refer to the Plan ID Crosswalk template instructions at: Plan Crosswalk.

Q8. How can I join information across the different PUFs? Do all the files contain the same unit of data?

A8. Not all the PUFs report the same unit of information by file row. Some files contain information at the plan level while others contain information at the issuer-level (See table below for more information). The Benefits and Cost Sharing PUF and the Plan Attributes PUF also contain information specific to the cost sharing variance level. For PUFs with plan-level data such as the Rate PUF, the information applies to all cost share variance levels.

File Name	Level of data
Benefits and Cost Sharing	Plan Variant
Rate	Plan
Plan Attributes	Plan Variant
Business Rules	Plan
Service Area	Issuer
Network	Issuer
Plan ID Crosswalk	Plan
Machine-readable URL	Issuer
Transparency in Coverage	Plan
Quality	Plan
Nationwide Quality Rating System	Product
Enrollee Survey	Product

Q9. Where can I access machine-readable data?

A9. Machine-readable data is plan data in a format that can be understood by a computer. This data is formatted in RDF, XML or JSON. The Machine-readable URL PUF provides the URL locations of issuer's JSON formatted machine-readable network provider and formulary data.

Q10. Why are there blank values in some of the PUFs?

A10. The data in the PUFs come from the information provided in the QHP Application templates that issuers complete and submit to CMS. Due to specific characteristics of an issuer or plan submission as well as conditional logic in the templates, variables that are not populated in the templates will appear blank in the PUFs. Please refer to the PUF data dictionaries for guidance on interpreting blank values by data variable. For more information on QHP Application templates, please refer to QHP Application Materials.

Q11. How can I connect rating areas in the PUFs with corresponding county FIPs codes?

A11. The Rate PUF contains rates for geographic rating areas. Information on the counties corresponding with a geographic rating area can be found at State Specific Geographic Rating Areas. For

information on the corresponding FIPS code associated with a county, please refer to the U.S. Census Bureau's documentation of FIPS codes at Geographic Reference Files.

Q12. Where can I find information on QHPs and SADPs in State-based Exchange (SBE) states?

A12. Information on QHPs and SADPs in SBE states can be found in the SBE Exchange PUFs available at Health Insurance State-based Exchange Public Use Files. Questions regarding SBE PUFs data can be directed to SBM_PublicUseFiles@cms.hhs.gov.

Q13. What are the differences between the QHP Landscape files and Exchange PUFs?

A13. The Health Insurance Exchange PUFs contain comprehensive data on QHP and SADPs whose primary audience is researchers and others with an interest in conducting analyses of Exchange plans. The PUF files are intended to provide detailed information about QHPs and SADPs offered on HealthCare.gov, including information about essential health benefits, plan design, cost sharing, rates, rating business rules, and service area.

The QHP Landscape files, in contrast, are intended to provide a snapshot of available QHPs and SADPs at the county level, providing basic plan information on benefits, premiums and cost sharing, among other items. To make individual purchasing decisions, consumers should access HealthCare.gov, which displays plan information that is tailored to an individual's age, income, location, tobacco use, and other key characteristics.

Differences in the plan counts between the QHP Landscape files and Exchange PUFs are due to different inclusion criteria between the two sets of files. The Exchange PUFs include data on certified off-exchange SADPs while the QHP Landscape files do not.

Q14. What is the difference between the Quality PUF and the Nationwide Quality Rating System PUF?

A14. The Quality PUF (Qual-PUF) provides the global and summary indicator star ratings assigned to plans available on HealthCare.gov, including those operating in Federally-facilitated Exchanges and State-based Exchanges using the Federal platform for eligibility and enrollment. The Nationwide Quality Rating System PUF (NatQRS-PUF) provides global, summary indicator, domain, and composite star ratings, as well as raw measure rates and denominators for reporting units (combination of issuer, state, and product type) that were eligible for scoring in the ratings year. The Nationwide QRS PUF includes reporting units operating in Federally-facilitated Exchanges and State-based Exchanges. The Enrollee Survey PUF (ES-PUF) provides the full QHP Enrollee Experience Survey results including survey questions and composites not included in the QRS. The Enrollee Survey PUF provides the score and proportion of responses (for example, the percentage of respondents answering ''Never'' or ''Sometimes'') for every survey question and composite as well as demographic information such as employment status, race and ethnicity, and age at the reporting unit level.

Q15. How can I identify a standardized plan option from a non-standardized plan option?

A15. Beginning Plan Year (PY) 2023, the Plan Attributes PUF includes a variable titled "DesignType" that identifies whether an individual market QHP is a standardized plan option or a non-standardized plan option. Standardized plan options are plans with standardized cost-sharing features for select services. A standardized plan option will have a state-specific value of Design Type 1, Design Type 2, or Design Type 3. A non-standardized plan option will have a value of "Not Applicable." For more information on standardized plan option requirements, refer to the HHS Notice of Benefit and Payment Parameters for 2027 final rule.

Note that the "DesignType" field is also reported in the PY2017 through PY2020 Plan Attributes PUFs as an indicator of whether a QHP has a Standardized Plan Design, according to requirements specific to these plan years. The prior requirements for Standardized Plan Design are different than those for standardized plan options which became effective for PY2023 and are reported only in the PY2023 through PY2027 Plan Attributes PUFs.