CMS Center for Consumer Information & Insurance Oversight (CCIIO), Health Insurance Exchange Public Use Files (Exchange PUF) Data Dictionary for Transparency in QHP Coverage PUF

1. Overview of the Transparency in QHP Coverage PUF

The Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information & Insurance Oversight (CCIIO) publishes the Transparency in Qualified Health Plan (QHP) Coverage Public Use File (PUF) in order to increase access to QHP issuer data reported pursuant to section 1311(e)(3) of the Affordable Care Act. The Transparency in QHP Coverage PUF includes data on QHPs and Stand-alone Dental Plans (SADPs) offered in states with Federally-Facilitated Exchanges (FFEs) including states performing plan management functions, and State-based Exchanges that rely on the federal information technology platform for QHP eligibility and enrollment (SBE-FPs).

The data dictionary describes the variables contained in the Transparency in QHP Coverage PUF. Each record relates to the coverage at the issuer level. The Transparency in QHP Coverage PUF separates issuer- and plan-level claims data into three different tabs by plan type: specifically, Individual QHPs, Individual SADPs and Small Business Health Options Program (SHOP) small group QHPs.

The Transparency in QHP Coverage PUF is available for plan years 2017-2022. The 2017 Transparency PUF reflects data from plan year 2015, 2018 reflects data from plan year 2016, 2019 reflects data from plan year 2017, 2020 reflects data from plan year 2018, and 2021 reflects data from plan year 2019. For the plan year 2022 Transparency in QHP Coverage PUF, CCIIO collected and reviewed issuer claims and denials data from plan year 2020. Therefore, the plan year 2022 PUF will reflect data from plan year 2020.

2. Variable Attributes

Variable Name:	State
Variable Definition:	Two-character state abbreviation indicating the state where the issuer offers coverage on the Exchange
Data Type:	Text
Variable Label:	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:	Issuer Name
Variable Definition:	Name of the company issuing the plan
Data Type:	Text
Variable Label:	Issuer Name
Allowable Values:	Free text
Data Source:	Issuer

Field Name from Data Source:	N/A
Comments:	N/A

Variable Name:	Issuer ID
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:	Issuer
Field Name from Data Source:	N/A
Comments:	N/A

Variable Name:	New or Returning Issuer Status
Variable Definition:	Indication of whether issuer is new or returning to the Exchange for PY2022.
Data Type:	Text
Variable Label:	Is_Issuer_New_to_Exchange? (Yes_or_No)
Allowable Values:	Yes; No
Data Source:	Issuer
Field Name from Data Source:	Was this Issuer on the Exchange in 2020?
Comments:	N/A

Variable Name:	SADP Only
Variable Definition:	Indication of whether issuer is a Stand Alone Dental Plan (SADP) issuer
Data Type:	Text
Variable Label:	SADP_Only? (Yes or No)
Allowable Values:	Yes; No
Data Source:	Issuer
Field Name from Data Source:	SADP Only?
Comments:	N/A

Variable Name:	2022 Plan ID
Variable Definition:	Fourteen-digit PY2022 plan ID
Data Type:	Text
Variable Label:	Plan_ID
Allowable Values:	Free text
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	N/A

Variable Name:	Medical or Dental Plan Type
Variable Definition:	Indication of whether plan is medical or dental
Data Type:	Text
Variable Label:	QHP/SADP
Allowable Values:	QHP; SADP
Data Source:	System-generated field
Field Name from Data Source	QHP/SADP
Comments:	N/A

Variable Name:	Plan Type
Variable Definition:	Indication of plan type
Data Type:	Text
Variable Label:	Plan_Type
Allowable Values:	EPO; HMO; Indemnity; PPO; POS
Data Source:	System-generated field
Field Name from Data Source:	Plan Type
Comments:	N/A

Variable Name:	Plan Metal Level
Variable Definition:	Indication of plan metal level
Data Type:	Text
Variable Label:	Metal_Level
Allowable Values:	Platinum, Gold, Silver, Bronze, Catastrophic
Data Source:	System-generated field
Field Name from Data Source:	Metal Level
Comments:	N/A

Variable Name:	URL Claims Payment Policies & other Information
Variable Definition:	URL link to policies on issuer websites
Data Type:	Text
Variable Label:	URL_Claims_Payment_Policies
Allowable Values:	Free text
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Record relates to coverage at the issuer level.

Variable Name:	Number of Claims Received in Calendar Year
Variable Definition:	Number of claims received by an issuer asking for a payment or reimbursement by or on behalf of an in-network health care provider (such as a hospital, physician, or pharmacy) that is contracted to be part of the network for an issuer (such as an HMO or PPO). Claims are counted by date of service (DOS).
Data Type:	Text

Variable Label:	Issuer_Claims_Received
Allowable Values:	Numbers
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange. This applies to each plan year; the data reported is 2015-2020.

Variable Name:	Number of Claims Denials

Variable Definition:	Number of claims received by an issuer asking for a payment or reimbursement by or on behalf of an in-network health care provider (such as a hospital or doctor) that is contracted to be part of the network for an issuer (such as an HMO or PPO) that the issuer subsequently denied. This applies to each plan year, the data reported is 2015-2020.
	• Any individual line of service within a bill for services (medical and pharmacy, including pharmacy point of sale).
	• Include claims for all QHPs in FFEs and SBE-FPs that fall under the reported HIOS ID. If the Issuer has more than HIOS ID, it should submit a separate spreadsheet for each HIOS ID.
	• Does not include claims that were pended for additional information and subsequently paid.
	• Does not include out-of-network claims.
	• Includes <u>all</u> denials in the total number of claims denied in calendar year. This includes, but not limited to:
	  ○ Pediatric vision and dental denials;
	  ○ Partial denials;
	  ○ Denials due to ineligibility;
	  ○ Denials due to incorrect submission;
	  ○ Denials for incorrect billing; and
	  ○ Duplicate claims.

Data Type:	Text
Variable Label:	Issuer_Claims_Denials
Allowable Values:	Numbers
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange. This applies to each plan year; the data reported is 2015-2020.

Variable Name:	Number of Internal Appeals Filed
Variable Definition:	Number of requests by the insured for internal reviews of grievances involving adverse determinations. An internal review is a process by which the insured may have an adverse determination reviewed by the issuer with respect to a denial of an admission, availability of care, continued stay, or health care service for a covered person. This applies to each plan year, the data reported is 2015-2020.
Data Type:	Text
Variable Label:	Issuer_Internal_Appeals_Filled
Allowable Values:	Numbers
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange. This applies to each plan year; the data reported is 2015-2020.

Variable Name:	Number of Internal Appeals Overturned
Variable Definition:	Number of final adverse determinations overturned upon request for internal review. An internal review is a process by which the insured may have an adverse determination reviewed by the issuer with respect to a denial of an admission, availability of care, continued stay, or health care service for a covered person. All overturned internal appeals must be included, including those overturned in whole or in part. This applies to each plan year, the data reported is 2015-2020.
Data Type:	Text
Variable Label:	Issuer_Number_of_Internal_Appeals_Overturned
Allowable Values:	Numbers
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange. This applies to each plan year; the data reported is 2015-2020.

Variable Name:	Percent of Internal Appeals Overturned
Variable Definition:	Percentage of adverse benefit determinations Overturned (# internal appeals overturned/# of internal appeals filed) by plan/issuer in favor of the beneficiary. This applies to each plan year, the data reported is 2015-2020.
Data Type:	Text
Variable Label:	Issuer_Percent_Internal_Appeals_Overturned
Allowable Values:	Numbers
Data Source:	Issuer
Field Name from Data Source:	N/A

Comments:	Issuer-level data at the State level, for all QHPs on Exchange. This applies to each plan year; the data reported is 2015-2020.

Variable Name:	Number of External Appeals Filed
Variable Definition:	Number of requests by the insured for appeals on final adverse determinations to an external review organization. This applies to each plan year, the data reported is 2015-2020.
Data Type:	Text
Variable Label:	Issuer_External_Appeals_Filed
Allowable Values:	Numbers
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange. This applies to each plan year; the data reported is 2015-2020.

Variable Name:	Number of External Appeals Overturned
Variable Definition:	Number of final adverse determinations overturned upon request for external review, in whole or in part. This applies to each plan year, the data reported is 2015-2020.
Data Type:	Text
Variable Label:	Issuer_Number_External_Appeals_Overturned
Allowable Values:	Numbers
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange. This applies to each plan year; the data reported is 2015-2020.

Variable Name:	Percent of External Appeals Overturned
Variable Definition:	Percent of final adverse determinations overturned (# external appeals overturned/# of external appeals filed) upon request for external review. This applies to each plan year, the data reported is 2015-2020.
Data Type:	Text
Variable Label:	Issuer_Percent_External_Appeals_Overturned
Allowable Values:	Numbers
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange. This applies to each plan year; the data reported is 2015-2020.

Variable Name:	Number of Plan Level Claims with DOS in 2020 That Were Also Received in Calendar Year 2020
Variable Definition:	Plan level number of claims received by an issuer asking for a payment or reimbursement by or on behalf of an in-network health care provider (such as a hospital, physician, or pharmacy) that is contracted to be part of the network for an issuer (such as an HMO or PPO). Claims are counted by DOS. For PY 2022 PUF, data is measured January 1, 2020-December 31, 2020.
Data Type:	Text
Variable Label:	Plan_Number_Claims_Received
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the State level, for all QHPs on Exchange. Plan level submission required starting in PY 2020. PY 2022 data is measured January 1, 2020-December 31, 2020.

Variable Name:	Number of Plan Level Claims with DOS in 2020 That Were Also Denied in Calendar Year 2020
Variable Definition:	Number of plan level claims asking for a payment or reimbursement by or on behalf of an in-network health care provider (such as a hospital or doctor) that is contracted to be part of the network for an issuer (such as an HMO or PPO) that the issuer subsequently denied. For PY 2022 PUF, data is measured January 1, 2020 - December 31, 2020.
Data Type:	Text
Variable Label:	Plan_Number_Claims_Denied
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the State level, for all QHPs on Exchange. Plan level submission required starting in PY 2020. PY 2022 data is measured January 1, 2020-December 31, 2020.

Variable Name:	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Prior Authorization or Referral Required in Calendar Year 2020
Variable Definition:	Number of plan level in-network non-emergency claims for service that required prior/pre-authorization, referral, prior approval, or precertification that were denied. For PY 2022 PUF, data is measured January 1, 2020 - December 31, 2020.
Data Type:	Text
Variable Label:	Plan_Number_Claims_Denied_Referral_Required

Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the State level, for all QHPs on Exchange. Plan level submission required starting in PY 2020. PY 2021 data is measured January 1, 2020-December 31, 2020.

Variable Name:	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to an Out-Of-Network Provider Claims in Calendar Year 2020
Variable Definition:	Number of plan level claims denied for services from outside of the plan's network of healthcare providers when the plan has a closed network. For PY 2022 PUF, data is measured January 1, 2020 - December 31, 2020.
Data Type:	Text
Variable Label:	Plan_Number_Claims_Denied_Out_of_Network
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the State level, for all QHPs on Exchange. Plan level submission required starting in PY 2020. PY 2022 data is measured January 1, 2020-December 31, 2020.

Variable Name:	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2020.
Variable Definition:	Total number of claims denied due to limitations or exclusions of certain services, test, treatment, admissions, supplies, etc. that are excluded, not covered, and/or limited under the plan, including claims denied as a result of a drug not being on the formulary. For PY 2022 PUF, data is measured January 1, 2020 - December 31, 2020.
Data Type:	Text
Variable Label:	Plan_Number_Claims_Denied_Services_Excluded
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the State level, for all QHPs on Exchange. Plan level submission required starting in PY 2020. PY 2022 data is measured January 1, 2020 - December 31, 2020.

Variable Name:	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, excluding Behavioral Health in Calendar Year 2020
Variable Definition:	Number of in-network plan level claims denied for healthcare services or supplies that do not meet the accepted standards to diagnose or treat an illness, injury condition, disease, or its symptoms related to medical services. For PY 2022 PUF, data is measured January 1, 2020 - December 31, 2020.
Data Type:	Text
Variable Label:	Plan_Number_Claims_Denied_Not_Medically_Necessary_Excl_Behavioral_Health
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the State level, for all QHPs on Exchange. Plan level submission required starting in PY 2020. PY 2022 data is measured January 1, 2020 -December 31, 2020.

Variable Name:	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, including Behavioral Health only in Calendar Year 2020
Variable Definition:	Number of in-network plan level claims denied for healthcare services or supplies that do not meet the accepted standards to diagnose or treat an illness, injury condition, disease, or its symptoms related to medical services, related to behavioral/mental health. For PY 2022 PUF, data is measured January 1, 2020 - December 31, 2020.
Data Type:	Text
Variable Label:	Plan_Number_Claims_Denied_Not_Medically_Necessary_Incl_Behavioral_Health
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the State level, for all QHPs on Exchange. Plan level submission required starting in PY 2020. PY 2022 data is measured January 1, 2020 -December 31, 2020.

Variable Name:	Number of Plan Level Claims with DOS in 2020 That Were Also Denied for “Other” Reasons in Calendar Year 2020
Variable Definition:	Number of in-network plan level denial of claims rejected for any reason not enumerated in another denial category. For PY 2022 PUF, data is measured January 1, 2020 - December 31, 2020.
Data Type:	Text

Variable Label:	Plan_Number_Claims_Denied_Other
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the State level, for all QHPs on Exchange. Plan level submission required starting in PY 2020. PY 2022 data is measured January 1, 2020 -December 31, 2020.

Variable Name:	Financial Information
Variable Definition:	URL link to prior calendar year issuer-level information about premiums, assets, and liabilities
Data Type:	Text
Variable Label:	Financial_Information
Allowable Values:	Free text
Data Source:	National Association of Insurance Commissioners
Field Name from Data Source:	N/A
Comments:	Record relates to coverage at the issuer level. The information provided in the URL link reflects financial information that is current as of the date of initial publication of the PUF.

Variable Name:	Rate Review
Variable Definition:	URL link to issuer rate review information
Data Type:	Text
Variable Label:	Rate_Review
Allowable Values:	Free text
Data Source:	Healthcare.gov
Field Name from Data Source:	N/A
Comments:	Record relates to coverage at the issuer level. The information provided in the URL link reflects rate review information that is current as of the date of initial publication of the PUF.

Variable Name:	Enrollment Data
Variable Definition:	Plan level enrollment numbers, as measured by the total number of unique consumers with a least one non-canceled plan selection during the calendar year two years prior to the PUF's plan year (e.g., in the PY 2022 PUF, enrollment data is from 2020). Consumers that had multiple enrollments were counted once.
Data Type:	Text
Variable Label:	Enrollment_Data
Allowable Values:	Numerical
Data Source:	CMS
Field Name from Data Source:	N/A

Comments:	Plan-level enrollment data for 2019-2020 is available in the PY 2021-2022 PUFs. Issuer-level enrollment data for 2015-2018 is available in the PY 2017-2020 PUFs and includes all on-Exchange QHPs for the given issuer.

Variable Name:	Disenrollment Data
Variable Definition:	The total number of unique consumers who only have a canceled plan selection(s) without coverage during the calendar year two years prior to the PUF's plan year (e.g., in the PY 2022 PUF, disenrollment data is from 2020). Consumers that had multiple cancelations were counted once. In some plans, there were more disenrollments than ever enrolled plan selections. This occurred when a greater number of consumers selected a plan and never paid for the plan than consumers that effectuated coverage in the plan.
Data Type:	Text
Variable Label:	Disenrollment_Data
Allowable Values:	Numerical
Data Source:	CMS
Field Name from Data Source:	N/A
Comments:	Plan-level disenrollment data for 2019-2020 is available in the PY 2021-2022 PUFs. Issuer-level disenrollment data for 2015-2018 is available in the PY 2017-2020 PUFs and includes all on-Exchange QHPs for the given issuer.