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) is releasing 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 issuers in the FFEs where states perform plan management functions, and State-based Exchanges on the Federal Platform for eligibility and enrollment (SBE-FPs).

The data dictionary describes the variables contained in the Transparency in QHP Coverage PUF. Each record relates to coverage at the issuer or plan 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 2017-2027. PUF data always reflect data from the plan year that was two years prior. Therefore, the plan year 2027 PUF contains data from plan year 2025. This is because complete plan year 2026 data do not exist when issuers submit the PUF data to CMS (for example, during summer 2026 for plan year 2027). Please note that, beginning with the PY 2027 Transparency in Coverage PUF Data Dictionary, Variable Name and Variable Label have been applied opposite the previous convention, so as to ensure consistency with other Exchange PUF documentation.

2. Variable Attributes

Variable Name:	Individual/SHOP
Variable Definition:	Indication of whether the plan is offered in the Individual or SHOP Marketplace.
Data Type:	Text
Variable Label:	Individual or SHOP Plan
Allowable Values:	Free Text
Data Source:	System-generated field
Field Name from Data Source:	Market_Coverage
Comments:	N/A

Variable Name:	Exchange_Type
Variable Definition:	Indication of the exchange type of the state where the issuer is offering plans.
Data Type:	Text
Variable Label:	Exchange Type
Allowable Values:	Free Text
Data Source:	System-generated field
Field Name from Data Source:	Exchange Type
Comments:	N/A

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
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:	Is_Issuer_New_to_Exchange? (Yes_or_No)
Variable Definition:	Indication of whether issuer is new or returning to the Exchange for PY2026.

Data Type:	Text
Variable Label:	New or Returning Issuer Status
Allowable Values:	Yes; No
Data Source:	Issuer
Field Name from Data Source:	Was this Issuer on the Exchange in 2025?
Comments:	N/A

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

Variable Name:	Plan_ID
Variable Definition:	Fourteen-digit PY2027 plan ID.
Data Type:	Text
Variable Label:	2027 Plan ID
Allowable Values:	Free text
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	N/A

Variable Name:	QHP or SADP?
Variable Definition:	Indication of whether the plan is medical or dental.
Data Type:	Text
Variable Label:	Medical or Dental Plan Type
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:	Metal_Level
Variable Definition:	Indication of plan metal level.
Data Type:	Text
Variable Label:	Plan 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
Variable Definition:	URL link to policies on issuer websites.
Data Type:	Text
Variable Label:	URL Claims Payment Policies & other Information
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:	Issuer_Pre_Service_Benefit_Requests_Received
Variable Definition:	Number of issuer-level requests received from an enrollee or provider for prospective coverage of care or services before the care or services were provided. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Issuer Level Pre-Service Benefit Requests Received in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the state level, for all applicable QHPs on the Exchange. New variable for the PY2027 PUF.

Variable Name:	Issuer_Pre_Service_Benefit_Requests_Denied
Variable Definition:	Number of issuer-level requests received from an enrollee or provider for prospective coverage of care or services before the care or services were provided that the issuer subsequently denied. These data are reported for plan year 2025.
Data Type:	Text

Variable Label:	Number of Issuer Level Pre-Service Benefit Requests Denied in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the state level, for all applicable QHPs on the Exchange. New variable for the PY2027 PUF.

Variable Name:	Issuer_Claims_Received_In_Network
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). These data are reported for plan years 2022-2025.
Data Type:	Text
Variable Label:	Number of Issuer Level In-Network Claims with DOS in 2025 That Were Also Received in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange. 2015-2021 Issuer-level claims received and denied are aggregated by network status.

Variable Name:	Issuer_Claims_Received_Out_Of_Network
Variable Definition:	Number of issuer-level out-of-network claims received that asked for a payment or reimbursement by or on behalf of a health care provider (such as a hospital, physician, or pharmacy) that is not contracted to be part of a network (such as an HMO or PPO). These data are reported for plan years 2022-2025.
Data Type:	Text
Variable Label:	Number of Issuer Level Out-of-Network Claims with DOS in 2025 That Were Also Received in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the state level, for all QHPs on Exchange. 2015-2021 Issuer-level claims received and denied are aggregated by network status.

Variable Name:	Issuer_Claims_Denied_In_Network
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. These data are reported for plan years 2022-2025.
Data Type:	Text
Variable Label:	Number of Issuer Level In-Network Claims with DOS in 2025 That Were Also Denied in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange. 2015-2021 Issuer-level claims received and denied are aggregated by network status.

Variable Name:	Issuer_Claims_Denied_Out_Of_Network
Variable Definition:	Number of issuer-level out-of-network claims you received that asked for a payment or reimbursement by or on behalf of a health care provider (such as a hospital, physician, or pharmacy) that is not contracted to be part of your network (such as an HMO or PPO) that you subsequently denied. These data are reported for plan years 2022-2025.
Data Type:	Text
Variable Label:	Number of Issuer Level Out-of-Network Claims with DOS in 2025 That Were Also Denied in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the state level, for all QHPs on Exchange. 2015-2021 Issuer-level claims received and denied are aggregated by network status.

Variable Name:	Issuer_Claims_Resubmitted_In_Network
Variable Definition:	Number of issuer–level in-network claims that were resubmitted one or more times after initial submission by or on behalf of a 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). These data are reported for plan years 2022-2025.
Data Type:	Text
Variable Label:	Number of Issuer Level In-Network Claims with DOS in 2025 That Were Also Resubmitted in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the state level, for all QHPs on Exchange. Issuer-level resubmitted claims data were first reported in the PY2024 PUF.

Variable Name:	Issuer_Claims_Resubmitted_Out_Of_Network
Variable Definition:	Number of issuer-level out-of-network claims that were submitted one or more times after initial submission by or on behalf of a health care provider (such as a hospital or doctor) that is not contracted to be part of the network for an issuer (such as an HMO or PPO). These data are reported for plan years 2022-2025.
Data Type:	Text
Variable Label:	Number of Issuer Level Out-of-Network Claims with DOS in 2025 That Were Also Resubmitted in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the state level, for all QHPs on Exchange. Issuer-level resubmitted claims data were first reported in the PY2024 PUF.

Variable Name:	Issuer_Internal_Appeals_Pre_Service_Benefit_ Requests_Filed
Variable Definition:	Number of requests received by the issuer for internal review of adverse pre-service benefit determinations. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Issuer Level Internal Appeals of Pre-Service Benefit Requests Filed in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the state level, for all applicable QHPs on the Exchange. New variable for the PY2027 PUF.

Variable Name:	Issuer_Number_Internal_Appeals_Pre_Service_Benefit_Requests_Overturned
Variable Definition:	Number of adverse pre-service benefit determinations overturned, in whole or in part, upon request for internal review. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Issuer Level Internal Appeals of Pre-Service Benefit Requests Overturned from Calendar Year 2025 Appeals
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the state level, for all applicable QHPs on the Exchange. New variable for the PY2027 PUF.

Variable Name:	Issuer_External_Appeals_Pre_Service_Benefit_Requests_Filed
Variable Definition:	Number of requests received for external review of final adverse pre-service benefit determinations by an external review organization. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Issuer Level External Appeals of Pre-Service Benefit Requests Filed in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the state level, for all applicable QHPs on the Exchange. New variable for the PY2027 PUF.

Variable Name:	Issuer_External_Appeals_Pre_Service_Benefit_Requests_Overturned
Variable Definition:	Number of final adverse pre-service benefit determinations overturned, in whole or in part, upon request for external review. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Issuer Level External Appeals of Pre-Service Benefit Requests Overturned from Calendar Year 2025 Appeals

Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the state level, for all applicable QHPs on the Exchange. New variable for the PY2027 PUF.

Variable Name:	Issuer_Internal_Appeals_Filled
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; these data are reported for 2015-2025.
Data Type:	Text
Variable Label:	Number of Issuer Level Internal Appeals of Claims Filed in Plan Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the state level, for all QHPs on Exchange.

Variable Name:	Issuer_Number_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; these data are reported for 2015-2025.
Data Type:	Text
Variable Label:	Number of Issuer-Level Internal Appeals of Claims Overturned from Plan Year 2025 Appeals
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange.

Variable Name:	Issuer_Percent_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 are reported for 2015-2025.
Data Type:	Text
Variable Label:	Percent of Internal Appeals Overturned
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange.

Variable Name:	Issuer_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, these data are reported for 2015-2025.
Data Type:	Text
Variable Label:	Number of Issuer-Level External Appeals of Claims Filed in Plan Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange.

Variable Name:	Issuer_Number_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, these data are reported for 2015-2025.
Data Type:	Text
Variable Label:	Number of Issuer-Level External Appeals of Claims Overturned from Plan Year 2025 Appeals
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange.

Variable Name:	Issuer_Percent_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; these data are reported for 2015-2025.
Data Type:	Text
Variable Label:	Percent of External Appeals Overturned
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange.

Plan-Level Data Applicability:	Plans that were off-Exchange or did not exist in PY2025 report N/A for plan-level data fields. All other applicable plans report a numerical value; zero is acceptable.
Behavioral Health and Non-Behavioral Health Claims:	For the PY2027 PUF, plan-level claims received, denied, and resubmitted are categorized as non-behavioral health or behavioral health-only claims and are reported separately for in-network and out-of-network services. Non-behavioral health claims relate to medical or surgical diagnoses and exclude claims or payments for benefits associated with mental health or substance use disorders. Behavioral health-only claims relate to mental health or substance use disorders. Both categories include applicable medical and pharmacy claims, including pharmacy point-of-sale claims.

Variable Name:	Plan_Number_Claims_Received_In_Network_ Non_Behavioral_Health
Variable Definition:	Number of plan-level non-behavioral health claims received that requested payment or reimbursement by or on behalf of an in-network health care provider. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level In-Network Non-Behavioral Health Claims with DOS in 2025 That Were Also Received in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the state level, for all applicable QHPs on the Exchange. 2015-2021 Plan-level claims received and denied are aggregated by network status and behavioral health status. 2022-2024 Plan-level claims

	received and denied are disaggregated by network status but aggregated by behavioral health status.

Variable Name:	Plan_Number_Claims_Denied_In_Network_ Non_Behavioral_Health
Variable Definition:	Number of plan-level non-behavioral health claims received that requested payment or reimbursement and that the issuer subsequently denied by or on behalf of an in-network health care provider. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level In-Network Non-Behavioral Health Claims with DOS in 2025 That Were Also Denied in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the state level, for all applicable QHPs on the Exchange. 2015-2021 Plan-level claims received and denied are aggregated by network status and behavioral health status. 2022-2024 Plan-level claims received and denied are disaggregated by network status but aggregated by behavioral health status.

Variable Name:	Plan_Number_Claims_Resubmitted_In_ Network_Non_Behavioral_Health
Variable Definition:	Number of plan-level non-behavioral health claims that were resubmitted one or more times after initial submission by or on behalf of an in-network health care provider. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level In-Network Non-Behavioral Health Claims with DOS in 2025 That Were Also Resubmitted in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the state level, for all applicable QHPs on the Exchange. 2022-2024 Plan-level claims resubmitted are aggregated by behavioral health status.

Variable Name:	Plan_Number_Claims_Received_In_ Network_Behavioral_Health_Only

Variable Definition:	Number of plan-level behavioral health-only claims received that requested payment or reimbursement by or on behalf of an in-network health care provider. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level In-Network Behavioral Health-Only Claims with DOS in 2025 That Were Also Received in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the state level, for all applicable QHPs on the Exchange. 2015-2021 Plan-level claims received and denied are aggregated by network status and behavioral health status. 2022-2024 Plan-level claims received and denied are disaggregated by network status but aggregated by behavioral health status.

Variable Name:	Plan_Number_Claims_Denied_In_ Network_Behavioral_Health_Only
Variable Definition:	Number of plan-level behavioral health-only claims received that requested payment or reimbursement and that the issuer subsequently denied by or on behalf of an in-network health care provider. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level In-Network Behavioral Health-Only Claims with DOS in 2025 That Were Also Denied in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the state level, for all applicable QHPs on the Exchange. 2015-2021 Plan-level claims received and denied are aggregated by network status and behavioral health status. 2022-2024 Plan-level claims received and denied are disaggregated by network status but aggregated by behavioral health status.

Variable Name:	Plan_Number_Claims_Resubmitted_In_ Network_Behavioral_Health_Only
Variable Definition:	Number of plan-level behavioral health-only claims that were resubmitted one or more times after initial submission by or on behalf of an in-network health care provider. These data are reported for plan year 2025.

Data Type:	Text
Variable Label:	Number of Plan Level In-Network Behavioral Health-Only Claims with DOS in 2025 That Were Also Resubmitted in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the state level, for all applicable QHPs on the Exchange. 2022-2024 Plan-level claims resubmitted are aggregated by behavioral health status.

Variable Name:	Plan_Number_Claims_Received_Out_Of_Network_Non_Behavioral_Health
Variable Definition:	Number of plan-level non-behavioral health claims received that requested payment or reimbursement by or on behalf of an out-of-network health care provider. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level Out-of-Network Non-Behavioral Health Claims with DOS in 2025 That Were Also Received in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the state level, for all applicable QHPs on the Exchange. 2015-2021 Plan-level claims received and denied are aggregated by network status and behavioral health status. 2022-2024 Plan-level claims received and denied are disaggregated by network status but aggregated by behavioral health status.

Variable Name:	Plan_Number_Claims_Denied_Out_Of_Network_Non_Behavioral_Health
Variable Definition:	Number of plan-level non-behavioral health claims received that requested payment or reimbursement and that the issuer subsequently denied by or on behalf of an out-of-network health care provider. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level Out-of-Network Non-Behavioral Health Claims with DOS in 2025 That Were Also Denied in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A

Comments:	Plan-level data at the state level, for all applicable QHPs on the Exchange. 2015-2021 Plan-level claims received and denied are aggregated by network status and behavioral health status. 2022-2024 Plan-level claims received and denied are disaggregated by network status but aggregated by behavioral health status.

Variable Name:	Plan_Number_Claims_Resubmitted_Out_ Of_Network_Non_Behavioral_Health
Variable Definition:	Number of plan-level non-behavioral health claims that were resubmitted one or more times after initial submission by or on behalf of an out-of-network health care provider. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level Out-of-Network Non-Behavioral Health Claims with DOS in 2025 That Were Also Resubmitted in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the state level, for all applicable QHPs on the Exchange. 2022-2024 Plan-level claims resubmitted are aggregated by behavioral health status.

Variable Name:	Plan_Number_Claims_Received_Out_ Of_Network_Behavioral_Health_Only
Variable Definition:	Number of plan-level behavioral health-only claims received that requested payment or reimbursement by or on behalf of an out-of-network health care provider. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level Out-of-Network Behavioral Health-Only Claims with DOS in 2025 That Were Also Received in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the state level, for all applicable QHPs on the Exchange. 2015-2021 Plan-level claims received and denied are aggregated by network status and behavioral health status. 2022-2024 Plan-level claims received and denied are disaggregated by network status but aggregated by behavioral health status.

Variable Name:	Plan_Number_Claims_Denied_Out_Of_Network_ Behavioral_Health_Only
Variable Definition:	Number of plan-level behavioral health-only claims received that requested payment or reimbursement and that the issuer subsequently denied by or on behalf of an out-of-network health care provider. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level Out-of-Network Behavioral Health-Only Claims with DOS in 2025 That Were Also Denied in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the state level, for all applicable QHPs on the Exchange. 2015-2021 Plan-level claims received and denied are aggregated by network status and behavioral health status. 2022-2024 Plan-level claims received and denied are disaggregated by network status but aggregated by behavioral health status.

Variable Name:	Plan_Number_Claims_Resubmitted_ Out_Of_Network_Behavioral_Health_Only
Variable Definition:	Number of plan-level behavioral health-only claims that were resubmitted one or more times after initial submission by or on behalf of an out-of-network health care provider. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level Out-of-Network Behavioral Health-Only Claims with DOS in 2025 That Were Also Resubmitted in Calendar Year 2025
Allowable Values:	Numerical
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Plan-level data at the state level, for all applicable QHPs on the Exchange. 2022-2024 Plan-level claims resubmitted are aggregated by behavioral health status.

Plan-Level Claims Denial Reasons:	Plan-level denial-reason variables report incidences of claim denials occurring throughout the life of a claim. A claim may be denied more than once and for more than one reason. Therefore, a claim may be counted more than once within a denial-reason category and may be

	counted in more than one denial-reason category. Except for claims denied due to an out-of-network provider, denial-reason data are reported separately for in-network and out-of-network claims.

Variable Name:	Plan_Number_Claims_Denied_Referral_Required_In_Network
Variable Definition:	Number of in-network plan level non- emergency claims for service that required prior/pre-authorization, referral, prior approval, or precertification that were denied. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level In-Network Claims with DOS in 2025 That Were Also Denied Due to Prior Authorization or Referral Required in Calendar Year 2025
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. 2018-2024 Plan-level claims denied due to prior authorization or referral required are aggregated by network status.

Variable Name:	Plan_Number_Claims_Denied_Referral_Required_Out-Of_Network
Variable Definition:	Number of out-of-network plan level non- emergency claims for service that required prior/pre-authorization, referral, prior approval, or precertification that were denied. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level Out-of-Network Claims with DOS in 2025 That Were Also Denied Due to Prior Authorization or Referral Required in Calendar Year 2025
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. 2018-2024 Plan-level claims denied due to prior authorization or referral required are aggregated by network status.

Variable Name:	Plan_Number_Claims_Denied_Due_To_Out_Of_Network

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. This applies to each plan year; these data are reported for 2018-2025.
Data Type:	Text
Variable Label:	Number of Plan Level Claims with DOS in 2025 That Were Also Denied Due to an Out-Of-Network Provider Claims in Calendar Year 2025
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.

Variable Name:	Plan_Number_Claims_Denied_Service_Excluded_In_Network
Variable Definition:	Total number of in-network 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. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level In-Network Claims with DOS in 2025 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2025.
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. 2018-2024 Plan-level claims denied due to exclusion of a service are aggregated by network status.

Variable Name:	Plan_Number_Claims_Denied_Services_Excluded_Out_Of_Network
Variable Definition:	Total number of out-of-network 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. These data are reported for plan year 2025.
Data Type:	Text

Variable Label:	Number of Plan Level Out-Of-Network Claims with DOS in 2025 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2025.
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. 2018-2024 Plan-level claims denied due to exclusion of a service are aggregated by network status.

Variable Name:	Plan_Number_Claims_Denied_Not_Medically_ Necessary_Excluding_Behavioral_Health_In_Network
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. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level In-Network Claims with DOS in 2025 That Were Also Denied Due to Lack of Medical Necessity, excluding Behavioral Health in Calendar Year 2025
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. 2018-2024 Plan-level claims denied due to lack of medical necessity are aggregated by network status.

Variable Name:	Plan_Number_Claims_Denied_Not_Medically_ Necessary_Excluding_Behavioral_Health_Out_Of_Network
Variable Definition:	Number of out-of-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. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level Out-of-Network Claims with DOS in 2025 That Were Also Denied Due to Lack of Medical Necessity, excluding Behavioral Health in Calendar Year 2025

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. 2018-2024 Plan-level claims denied due to lack of medical necessity are aggregated by network status.

Variable Name:	Plan_Number_Claims_Denied_Not_Medically_ Necessary_Behavioral_Health_Only_In_Network
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. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level In-Network Claims with DOS in 2025 That Were Also Denied Due to Lack of Medical Necessity, including Behavioral Health only in Calendar Year 2025
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. 2018-2024 Plan-level claims denied due to lack of medical necessity are aggregated by network status.

Variable Name:	Plan_Number_Claims_Denied_Not_Medically_ Necessary_Behavioral_Health_Only_Out_Of_Network
Variable Definition:	Number of out-of-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. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level Out-of-Network Claims with DOS in 2025 That Were Also Denied Due to Lack of Medical Necessity, including Behavioral Health only in Calendar Year 2025
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. 2018-2024 Plan-level claims denied due to lack of medical necessity are aggregated by network status.

Variable Name:	Plan_Number_Claim_Denied_Due_To_Enrollee_Benefit_Limit_Reached_In_Network
Variable Definition:	Number of in-network plan level claims denied due to the beneficiary reaching an annual benefit limit. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level In-Network Claims with DOS in 2025 That Were Also Denied Due to Enrollee Benefit Limit Reached in Calendar Year 2025
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. 2022-2024 Plan-level claims denied due to enrollee benefit limit reached are aggregated by network status.

Variable Name:	Plan_Number_Claim_Denied_Due_To_Enrollee_Benefit_Limit_Reached_Out_Of_Network
Variable Definition:	Number of in-network plan level claims denied due to the beneficiary reaching an annual benefit limit. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level Out-of-Network Claims with DOS in 2025 That Were Also Denied Due to Enrollee Benefit Limit Reached in Calendar Year 2025
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. 2022-2024 Plan-level claims denied due to enrollee benefit limit reached are aggregated by network status.

Variable Name:	Plan_Number_Claim_Denied_Due_To_Member_Not_Covered_In_Network
Variable Definition:	Number of in-network plan level claims denied

	due to beneficiary's enrollment status at the time services were rendered. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level In-Network Claims with DOS in 2025 That Were Also Denied Due to Member Not Covered During All or Part of Date of Service in Calendar Year 2025
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. 2022-2024 Plan-level claims denied due to member not covered during all or part of date of service are aggregated by network status.

Variable Name:	Plan_Number_Claim_Denied_Due_To_Member_Not_Covered_Out_Of_Network
Variable Definition:	Number of out-of-network plan level claims denied due to beneficiary's enrollment status at the time services were rendered. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level Out-of-Network Claims with DOS in 2025 That Were Also Denied Due to Member Not Covered During All or Part of Date of Service in Calendar Year 2025
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. 2022-2024 Plan-level claims denied due to member not covered during all or part of date of service are aggregated by network status.

Variable Name:	Plan_Number_Claim_Denied_Due_To_Investigational_Experimental_Cosmetic_Procedure_In_Network
Variable Definition:	Number of in-network plan level claims denied due to the procedure being investigational, cosmetic, or experimental. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level In-Network Claims with DOS in 2025 That Were Also Denied Due to Investigational,

	Experimental, or Cosmetic Procedure in Calendar Year 2025
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. 2022-2024 Plan-level claims denied due to investigational, experimental, or cosmetic Procedure are aggregated by network status.

Variable Name:	Plan_Number_Claim_Denied_Due_To_Investigational_Experimental_Cosmetic_Procedure_Out_Of_Network
Variable Definition:	Number of out-of-network plan level claims denied due to the procedure being investigational, cosmetic, or experimental. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level Out-of-Network Claims with DOS in 2025 That Were Also Denied Due to Investigational, Experimental, or Cosmetic Procedure in Calendar Year 2025
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. 2022-2024 Plan-level claims denied due to investigational, experimental, or cosmetic Procedure are aggregated by network status.

Variable Name:	Plan_Number_Claim_Denied_Due_To_Administrative_Reason_In_Network
Variable Definition:	Number of in-network plan level claims denied due to administrative reasons, such as: - Duplicate Claim - Missing/Insufficient Information - Untimely Claim Filing - Billing Provider Not Approved - Coordination of Benefit - Inconsistent Procedure Code/Diagnosis - Workers Comp/Liability Issue - Paid by Auto or Other Insurance - Unable to identify patient. These data are reported for plan year 2025.
Data Type:	Text

Variable Label:	Number of Plan Level In-Network Claims with DOS in 2025 That Were Also Denied for Administrative Reasons in Calendar Year 2025
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. 2022-2024 Plan-level claims denied due to administrative reasons are aggregated by network status.

Variable Name:	Plan_Number_Claim_Denied_Due_To_Administrative_Reason_Out_Of_Network
Variable Definition:	Number of out-of-network plan level claims denied due to administrative reasons, such as: - Duplicate Claim - Missing/Insufficient Information - Untimely Claim Filing - Billing Provider Not Approved - Coordination of Benefit - Inconsistent Procedure Code/Diagnosis - Workers Comp/Liability Issue - Paid by Auto or Other Insurance - Unable to identify patient. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level Out-of-Network Claims with DOS in 2025 That Were Also Denied for Administrative Reasons in Calendar Year 2025
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. 2022-2024 Plan-level claims denied due to administrative reasons are aggregated by network status.

Variable Name:	Plan_Number_Claims_Denied_Other_In_Network
Variable Definition:	Number of in-network plan level denial of claims rejected for any reason not enumerated in another denial category. These data are reported for plan year 2025.
Data Type:	Text

Variable Label:	Number of Plan Level In-Network Claims with DOS in 2025 That Were Also Denied for “Other” Reasons in Calendar Year 2025
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. 2018-2024 Plan-level claims denied due to other reasons are aggregated by network status.

Variable Name:	Plan_Number_Claims_Denied_Other_Out_Of_Network
Variable Definition:	Number of out-of-network plan level denial of claims rejected for any reason not enumerated in another denial category. These data are reported for plan year 2025.
Data Type:	Text
Variable Label:	Number of Plan Level Out-of-Network Claims with DOS in 2025 That Were Also Denied for “Other” Reasons in Calendar Year 2025
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. 2018-2024 Plan-level claims denied due to other reasons are aggregated by network status.

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:	Average_Monthly_Enrollment
Variable Definition:	The average monthly number of enrollees who had effectuated coverage during the 2025 plan year. This metric is calculated by summing the member months of effectuated enrollment and dividing this sum by 12; partial months of coverage are prorated.
Data Type:	Text
Variable Label:	Average Monthly Enrollment
Allowable Values:	Free text
Data Source:	CMS
Field Name from Data Source:	N/A
Comments:	2015-2018 enrollment data reported at Issuer-level, for all QHPs on Exchange. 2015-2020 data reflect plan-level enrollment numbers. Enrollment is measured by non-cancelled plan selections, based on the end of the prior calendar year's information.

Variable Name:	Average_Monthly_Disenrollment
Variable Definition:	The average monthly number of enrollees who both 1. had effectuated coverage during the 2025 plan year, and 2. terminated their coverage in the given plan or issuer-county combination prior to the end of the plan year. This metric is a subset of the Average Monthly Enrollment.
Data Type:	Text
Variable Label:	Average Monthly Disenrollment
Allowable Values:	Free text
Data Source:	CMS
Field Name from Data Source:	N/A
Comments:	2015-2018 disenrollment data reported at Issuer-level, for all QHPs on Exchange. 2015-2020 data reflect plan-level disenrollment numbers. Disenrollment is measured by cancelled plan selections, based on the end of the prior calendar year's information.
