

## Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information and Insurance Oversight (CCIIO)

### State-based Exchange Public Use Files (SBE PUF) Data Dictionary for PY 2020 Benefits and Cost Sharing PUF

#### Overview of PY 2020 Benefits and Cost Sharing PUF

CMS CCIIO is releasing the State-based Exchange (SBE) PUF to improve the transparency and increase access to the SBE data. The SBE PUF includes Qualified Health Plans (QHPs) and stand-alone dental plans (SADPs) offered in states which operate their own Marketplaces that do not rely on the Federal information technology platform for QHP eligibility and enrollment functionality. This includes states which operate their own Small Business Health Options Programs (SHOP).

The Benefits and Cost Sharing PUF (BeneCS-PUF) is one of the six files that make up the SBE PUF. The BeneCS-PUF contains plan level data on essential health benefits, coverage limits, and cost sharing for each QHP and SADP. These data 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 and were provided by the National Association of Insurance Commissioners (NAIC) by extracting the information from their System for Electronic Rate and Form Filing (SERFF).

This data dictionary describes the variables contained in the BeneCS-PUF file for each SBE. Each record relates to the coverage of a single benefit by one issuer's insurance plan. The BeneCS-PUF is available for SBEs for plan year (PY) 2020.

#### Variable Attributes

Field	Content
<b>Variable Name (PUF Header):</b>	BusinessYear (BUSINESS YEAR)
<b>Variable Definition:</b>	Year for which plan provides coverage to enrollees
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Business Year
<b>Allowable Values:</b>	2020
<b>Data Source:</b>	System-generated field
<b>Comments:</b>	N/A
<b>Variable Name (PUF Header):</b>	StateCode (STATE CODE)
<b>Variable Definition:</b>	Two-character state abbreviation indicating the state where the plan is offered
<b>Data Type:</b>	Text
<b>Variable Label:</b>	State Code

Field	Content
<b>Allowable Values:</b>	All state abbreviations for those states that operate SBEs
<b>Data Source:</b>	System-generated field
<b>Comments:</b>	N/A
<b>Variable Name (PUF Header):</b>	IssuerID (ISSUER ID)
<b>Variable Definition:</b>	Five-digit numeric code that identifies the issuer organization in the Health Insurance Oversight System (HIOS)
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Issuer ID
<b>Allowable Values:</b>	Free text
<b>Data Source:</b>	Template field
<b>Comments:</b>	N/A
<b>Variable Name (PUF Header):</b>	SourceName (SOURCE NAME)
<b>Variable Definition:</b>	Categorical identifier of source of the data import
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Source Name
<b>Allowable Values:</b>	SERFF
<b>Data Source:</b>	System-generated field
<b>Comments:</b>	SERFF is the only source used data in the SBE PUF
<b>Variable Name (PUF Header):</b>	VersionNum (VERSION NUMBER)
<b>Variable Definition:</b>	Integer Value for version of data import
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Version Number
<b>Allowable Values:</b>	Free text
<b>Data Source:</b>	System-generated field
<b>Comments:</b>	N/A
<b>Variable Name (PUF Header):</b>	ImportDate (IMPORT DATE)
<b>Variable Definition:</b>	Date of the Data Import
<b>Data Type:</b>	Date/Time

Field	Content
<b>Variable Label:</b>	Import Date
<b>Allowable Values:</b>	Free text
<b>Data Source:</b>	System-generated field
<b>Comments:</b>	N/A
<b>Variable Name (PUF Header):</b>	StandardComponentID (STANDARD COMPONENT ID)
<b>Variable Definition:</b>	<p>Fourteen-character alpha-numeric code that identifies an insurance plan within HIOS. The Standard Component ID is made up of the following:</p> <ul style="list-style-type: none"> <li>• A five-digit Issuer ID (HIOS)</li> <li>• Two-character State ID</li> <li>• Three-digit Product Number</li> <li>• Four-digit Standard Component Number</li> </ul>
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Standard Component ID
<b>Allowable Values:</b>	Free text
<b>Data Source:</b>	Template field
<b>Comments:</b>	N/A
<b>Variable Name (PUF Header):</b>	PlanID (PLAN ID)
<b>Variable Definition:</b>	<p>The Plan ID Identifies an insurance plan's cost sharing reduction (CSR) variant within HIOS and is comprised of the 14 - digit HIOS Standard Component ID and the 2-digit variant, where "00" is for off Exchange plans and "01 - 06" is for on - Exchange plans).</p>
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Plan ID (Standard Component ID with variant)
<b>Allowable Values:</b>	Free text
<b>Data Source:</b>	Template field
<b>Comments:</b>	<p>Prepopulated in template; variant identification follows these rules. See CSR Variation Type for name.</p> <ul style="list-style-type: none"> <li>• 00 = off-Exchange variant</li> <li>• 01 = on-exchange variant, or standard plan</li> <li>• 02 = Zero Cost Sharing Plan Variation</li> <li>• 03 = Limited Cost Sharing Plan Variation</li> <li>• 04 = 73% AV Level Silver Plan Cost-sharing Reduction (CSR) plan variant</li> <li>• 05 = 87% AV Level Silver Plan CSR</li> <li>• 06 = 94% AV Level Silver Plan CSR</li> </ul> <p><a href="https://www.qhpcertification.cms.gov/s/Plans%20and%20Benefits%20FAQs">https://www.qhpcertification.cms.gov/s/Plans%20and%20Benefits%20FAQs</a></p>

Field	Content
<b>Variable Name (PUF Header):</b>	BenefitName (BENEFIT NAME)
<b>Variable Definition:</b>	Name assigned to a benefit
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Benefit Name
<b>Allowable Values:</b>	Free text
<b>Data Source:</b>	Template field
<b>Comments:</b>	N/A
<b>Variable Name (PUF Header):</b>	IsEHB (IS EHB)
<b>Variable Definition:</b>	Categorical indicator of whether benefit is considered an essential health benefit
<b>Data Type:</b>	Text
<b>Variable Label:</b>	EHB Indicator
<b>Allowable Values:</b>	Yes Blank
<b>Data Source:</b>	Template Field
<b>Comments:</b>	Blank values are equivalent to No
<b>Variable Name (PUF Header):</b>	IsStateMandate (IS STATE MANDATE)
<b>Variable Definition:</b>	Categorical indicator of whether benefit is required by state
<b>Data Type:</b>	Text
<b>Variable Label:</b>	State Required Benefit Indicator
<b>Allowable Values:</b>	Yes Blank
<b>Data Source:</b>	Template Field
<b>Comments:</b>	Blank values are equivalent to No
<b>Variable Name (PUF Header):</b>	IsCovered (IS COVERED)
<b>Variable Definition:</b>	Categorical indicator of whether benefit is covered by the insurance plan
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Is this Benefit Covered?
<b>Allowable Values:</b>	<ul style="list-style-type: none"> <li>• Covered</li> <li>• Not Covered (or Blank)</li> </ul>
<b>Data Source:</b>	Template field

Field	Content
<b>Comments:</b>	Blank values are equivalent to Not Covered
<b>Variable Name (PUF Header):</b>	QuantLimitOnSvc (QUANTITY LIMIT ON SVC)
<b>Variable Definition:</b>	Categorical indicator of whether benefit has a quantitative limit
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Quantitative Limit on Service
<b>Allowable Values:</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No (or Blank)</li> </ul>
<b>Data Source:</b>	Template field
<b>Comments:</b>	This field is only required for covered benefits; blank values are equivalent to No
<b>Variable Name (PUF Header):</b>	LimitQty (LIMIT QUANTITY)
<b>Variable Definition:</b>	Numeric value for coverage limit on the benefit
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Limit Quantity
<b>Allowable Values:</b>	Free text
<b>Data Source:</b>	Template Field
<b>Comments:</b>	This field is required if QuantLimitOnSvc field equals Yes
<b>Variable Name (PUF Header):</b>	LimitUnit (LIMIT UNIT)
<b>Variable Definition:</b>	The unit of measure for the coverage limit on the benefit
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Limit Unit

Field	Content
<b>Allowable Values:</b>	<ul style="list-style-type: none"> <li>• Hours per week</li> <li>• Hours per month</li> <li>• Hours per year</li> <li>• Days per week</li> <li>• Days per month</li> <li>• Days per year</li> <li>• Months per year</li> <li>• Visits per week</li> <li>• Visits per month</li> <li>• Visits per year</li> <li>• Lifetime visits</li> <li>• Treatments per week</li> <li>• Treatments per month</li> <li>• Lifetime treatments Lifetime admissions</li> <li>• Procedures per week</li> <li>• Procedures per month</li> <li>• Procedures per year</li> <li>• Lifetime procedures</li> <li>• Dollar per year</li> <li>• Dollar per visit</li> <li>• Days per admission</li> <li>• Procedures per episode</li> </ul>
<b>Data Source:</b>	Template field
<b>Comments:</b>	This field is required if QuantLimitOnSvc field equals Yes
<b>Variable Name (PUF Header):</b>	Minimum Stay (MINIMUM STAY)
<b>Variable Definition:</b>	Numeric value for the minimum number of hours of in-patient care that a person must be provided for this benefit
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Minimum Stay
<b>Allowable Values:</b>	Free text
<b>Data Source:</b>	Template field
<b>Comments:</b>	This field is optional; blanks indicate a value was not provided
<b>Variable Name (PUF Header):</b>	Exclusions (EXCLUSIONS)
<b>Variable Definition:</b>	The list of services or diagnoses that are excluded from the benefit
<b>Data Type:</b>	Text

Field	Content
<b>Variable Label:</b>	Exclusions
<b>Allowable Values:</b>	Free text
<b>Data Source:</b>	Template field
<b>Comments:</b>	This field is optional; blanks indicate a value was not provided; field could be truncated at 256 characters is exported to Excel or Access
<b>Variable Name (PUF Header):</b>	Explanation (EXPLANATION)
<b>Variable Definition:</b>	Notes provided to further clarify benefit coverage limits or exclusions
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Benefit Explanation
<b>Allowable Values:</b>	Free text
<b>Data Source:</b>	Template field
<b>Comments:</b>	This field is optional; blanks indicate a value was not provided; field could be truncated at 256 characters if exported to Excel or Access
<b>Variable Name (PUF Header):</b>	EHBVarReason (EHB VAR REASON)
<b>Variable Definition:</b>	The justification for not using the prepopulated EHB benefit information from the template
<b>Data Type:</b>	Text
<b>Variable Label:</b>	EHB Variance Reason
<b>Allowable Values:</b>	<ul style="list-style-type: none"> <li>• Above EHB</li> <li>• Substituted</li> <li>• Substantially Equal</li> <li>• Using Alternative Benchmark</li> <li>• Other Law/Regulation</li> <li>• Additional EHB Benefit</li> <li>• Dental Only Plan Available</li> </ul>
<b>Data Source:</b>	Template Field
<b>Comments:</b>	This field is only required if the issuer made changes to the prepopulated template values
<b>Variable Name (PUF Header):</b>	IsSubjToDedTier1 (IS SUBJECTED TO DED TIER 1)
<b>Variable Definition:</b>	Categorical indicator of whether the enrollee is required to pay a Tier 1 deductible for this benefit
<b>Data Type:</b>	Text

Field	Content
<b>Variable Label:</b>	Is Subject to Deductible Tier 1
<b>Allowable Values:</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<b>Data Source:</b>	Template field
<b>Comments:</b>	This field is not used for 2016 datasets
<b>Variable Name (PUF Header):</b>	IsSubjToDedTier2 (IS SUBJECTED TO DED TIER 2)
<b>Variable Definition:</b>	Categorical indicator of whether the enrollee is required to pay a Tier 2 deductible for this benefit
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Is Subject to Deductible Tier 2
<b>Allowable Values:</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<b>Data Source:</b>	Template field
<b>Comments:</b>	This field is not used for 2016 datasets
<b>Variable Name (PUF Header):</b>	IsExclFromInnMOOP (IS EXCLUDED FROM INN MOOP)
<b>Variable Definition:</b>	Categorical indicator of whether the cost associated with this benefit is excluded from the in-network maximum out-of-pocket payment total
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Is Excluded from In Network MOOP
<b>Allowable Values:</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<b>Data Source:</b>	Template field
<b>Comments:</b>	N/A
<b>Variable Name (PUF Header):</b>	IsExclFromOonMOOP (IS EXCLUDED FROM OON MOOP)
<b>Variable Definition:</b>	Categorical indicator of whether the cost associated with this benefit is excluded from the out of network maximum out-of-pocket payment total
<b>Data Type:</b>	Text
<b>Variable Label:</b>	Is Excluded from Out of Network MOOP
<b>Allowable Values:</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<b>Data Source:</b>	Template field
<b>Comments:</b>	N/A



