



CMS Center for Consumer Information & Insurance Oversight (CCIIO), State-based Marketplace Public Use Files (SBM 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 and Insurance Oversight (CCIIO) is releasing the State-Based Marketplace (SBM) PUF in order to improve the transparency and increase access to the SBM data. The SBM PUF includes data on 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 SBM 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 SBM. Each record relates to the coverage of a single benefit by one issuer's insurance plan. The BeneCS-PUF is available for SBMs for 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>	2016
<i>Data Source:</i>	System-generated field
<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 offered
<i>Data Type:</i>	Text
<i>Variable Label:</i>	State Code
<i>Allowable Values:</i>	All state abbreviations for those states that operate SBMs



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<i>Variable Label:</i>	State Code
<i>Data Source:</i>	System-generated field
<i>Comments:</i>	N/A
<i>Variable Name:</i>	IssuerID
<i>Variable Definition:</i>	Five-digit numeric code that identifies the issuer organization in the Health Insurance Oversight System (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>Comments:</i>	N/A
<i>Variable Name:</i>	SourceName
<i>Variable Definition:</i>	Categorical identifier of source of the data import
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Source Name
<i>Allowable Values:</i>	SERFF
<i>Data Source:</i>	System-generated field
<i>Comments:</i>	SERFF is the only source used data in the SBM PUF
<i>Variable Name:</i>	VersionNum
<i>Variable Definition:</i>	Integer Value for version of data import
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Version Number
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	System-generated field
<i>Comments:</i>	N/A
<i>Variable name:</i>	ImportDate
<i>Variable Definition:</i>	Date of the Data Import
<i>Data Type:</i>	Date/Time
<i>Variable Label:</i>	Import Date
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	System-generated field
<i>Comments:</i>	N/A
<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>	Standard Component ID
<i>Allowable Values:</i>	Free text



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<i>Data Source:</i>	Template field
<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
<i>Comments:</i>	Character count includes '-'
<i>Variable Name:</i>	BenefitName
<i>Variable Definition:</i>	Name assigned to a benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Benefit Name
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name:</i>	CopayInnTier1
<i>Variable Definition:</i>	Dollar amount for In Network Copay for Tier 1 for a benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Copay In Network (Tier 1)
<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>Comments:</i>	This field 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>	CopayInnTier2



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<i>Variable Definition:</i>	Dollar amount for In Network Copay for Tier 2 for a benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Copay In Network (Tier 2)
<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>Comments:</i>	This field is only required for covered benefits and plans with multiple 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>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)
<i>Allowable Values:</i>	No Charge No Charge after deductible X% X% Coinsurance after deductible Not applicable
<i>Data Source:</i>	Template Field
<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; coinsurance amount applies to each enrollee

<i>Variable Name:</i>	CoinsInnTier2
<i>Variable Definition:</i>	Numeric value for In Network Coinsurance percentage for Tier 2 for a benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Coinsurance In Network (Tier 2)
<i>Allowable Values:</i>	No Charge No Charge after deductible X% X% Coinsurance after deductible Not applicable
<i>Data Source:</i>	Template field
<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; coinsurance amount applies to each enrollee

<i>Variable Name:</i>	CoinsOutofNetwork
<i>Variable Definition:</i>	Numeric value for Out of Network Coinsurance percentage for a benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Coinsurance Out of Network
<i>Allowable Values:</i>	No Charge No Charge after deductible X% X% after deductible Not Applicable
<i>Data Source:</i>	Template Field



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<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; coinsurance amount applies to each enrollee
<i>Variable Name:</i> <i>Variable Definition:</i> <i>Data Type:</i> <i>Variable Label:</i> <i>Allowable Values:</i>	IsEHB Categorical indicator of whether benefit is considered an essential health benefit Text EHB Indicator Yes Blank
<i>Data Source:</i> <i>Comments:</i>	Template Field Blank values are equivalent to No
<i>Variable Name:</i> <i>Variable Definition:</i> <i>Data Type:</i> <i>Variable Label:</i> <i>Allowable Values:</i>	IsStateMandate Categorical indicator of whether benefit is required by state Text State Required Benefit Indicator Yes Blank
<i>Data Source:</i> <i>Comments:</i>	Template Field Blank values are equivalent to No
<i>Variable Name:</i> <i>Variable Definition:</i> <i>Data Type:</i> <i>Variable Label:</i> <i>Allowable Values:</i>	IsCovered Categorical indicator of whether benefit is covered by the insurance plan Text Is this Benefit Covered? Covered Not Covered (or Blank)
<i>Data Source:</i> <i>Comments:</i>	Template field Blank values are equivalent to Not Covered
<i>Variable Name:</i> <i>Variable Definition:</i> <i>Data Type:</i> <i>Variable Label:</i> <i>Allowable Values:</i>	QuantLimitOnSvc Categorical indicator of whether benefit has a quantitative limit Text Quantitative Limit on Service Yes No (or Blank)
<i>Data Source:</i> <i>Comments:</i>	Template fieldq This field is only required for covered benefits; blank values are equivalent to No



<i>Variable Name:</i>	LimitQty
<i>Variable Definition:</i>	Numeric value for coverage limit on the benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Limit Quantity
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template Field
<i>Comments:</i>	This field is required if QuantLimitOnSvc field equals Yes
<i>Variable Name:</i>	LimitUnit
<i>Variable Definition:</i>	The unit of measure for the coverage limit on the benefit
<i>Data Type:</i>	Text
<i>Variable Limit:</i>	Limit Unit
<i>Allowable Values:</i>	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
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is required if QuantLimitOnSvc field equals Yes
<i>Variable Name:</i>	Minimum Stay



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<i>Variable Definition:</i>	Numeric value for the minimum number of hours of in-patient care that a person must be provided for this benefit
<i>Data Type:</i>	Text
<i>Variable label:</i>	Minimum Stay
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is optional; blanks indicate a value was not provided
<i>Variable Name:</i>	Exclusions
<i>Variable Definition:</i>	The list of services or diagnoses that are excluded from the benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Exclusions
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is optional; blanks indicate a value was not provided; field could be truncated at 256 characters is exported to Excel or Access
<i>Variable Name:</i>	Explanation
<i>Variable Definition:</i>	Notes provided to further clarify benefit coverage limits or exclusions
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Benefit Explanation
<i>Allowable Values:</i>	Free text
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is optional; blanks indicate a value was not provided; field could be truncated at 256 characters if exported to Excel or Access
<i>Variable Name:</i>	EHBVarReason
<i>Variable Definition:</i>	The justification for not using the prepopulated EHB benefit information from the template
<i>Data Type:</i>	Text
<i>Variable Label:</i>	EHB Variance Reason
<i>Allowable Values:</i>	Above EHB Substituted Substantially Equal Using Alternative Benchmark Other Law/Regulation Additional EHB Benefit Dental Only Plan Available
<i>Data Source:</i>	Template Field



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<i>Comments:</i>	This field is only required if the issuer made changes to the prepopulated template values
<i>Variable Name:</i> <i>Variable Definition:</i>	IsSubjToDedTier1 Categorical indicator of whether the enrollee is required to pay a Tier 1 deductible for this benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Is Subject to Deductible Tier 1
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is not used for 2016 datasets
<i>Variable Name:</i> <i>Variable Definition:</i>	IsSubjToDedTier2 Categorical indicator of whether the enrollee is required to pay a Tier 2 deductible for this benefit
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Is Subject to Deductible Tier 2
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Comments:</i>	This field is not used for 2016 datasets
<i>Variable Name:</i> <i>Variable Definition:</i>	IsExclFromInnMOOP Categorical indicator of whether the cost associated with this benefit is excluded from the in network maximum out-of-pocket payment total
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Is Excluded from In Network MOOP
<i>Allowable Values:</i>	Yes No
<i>Data Source:</i>	Template field
<i>Comments:</i>	N/A
<i>Variable Name:</i> <i>Variable Definition:</i>	IsExclFromOonMOOP Categorical indicator of whether the cost associated with this benefit is excluded from the out of network maximum out-of-pocket payment total
<i>Data Type:</i>	Text
<i>Variable Label:</i>	Is Excluded from Out of Network MOOP
<i>Allowable Values:</i>	Yes



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Data Source:

No

Comments:

Template field

N/A