CMS Disclaimer–User Agreement

Transparency Public Use Files

The Centers for Medicare & Medicaid Services (CMS) is pleased to make the Transparency Public Use File (Transparency PUF) containing data related to Qualified Health Plans (QHPs), including Stand-alone Dental Plans (SADPs), sold on an Health Insurance Exchange available to the public as a free download. The Transparency PUF is intended to support studies requiring the use and analysis of plan data.

This disclaimer–user agreement details the sources and nature of the data, including potential limitations, and specifies the responsibility of the data user in regard to the processing and understanding of the data files. In addition to this Disclaimer–User Agreement, users should also read the Transparency PUF General File Documentation and the CMS Center for Consumer Information & Insurance Oversight (CCIIO), Health Insurance Exchange Public Use File (Exchange PUF) Data Dictionary for Transparency in QHP Coverage PUF.

The Transparency-PUF is available for plan years 2017 and 2018. The 2017 Transparency PUF reports data from plan year 2015 and the 2018 Transparency PUF reports data from plan year 2016.

Data accuracy: The Transparency PUF public data is derived from issuer data. It reflects information for plans sold through the Federally-facilitated Exchanges (FFEs), including FFEs where States perform plan management functions (SPEs), and State-based Exchanges on the Federal Platform (SBE-FPs). It is important to note that the 2018 Transparency PUF is the latest available and subject to change. CMS anticipates publishing a Transparency PUF on an annual basis. CMS does not guarantee 100% accuracy of all records and all fields. CMS publishes data limitations for their statistical data sources on the Internet. Users must familiarize themselves with the data limitations documents and accept the quality of the data they receive. Please read the Transparency PUF General File Documentation and Data Dictionary before conducting any analyses with the data.

Data integrity: It is the responsibility of each user to identify the information needed to satisfy the user's needs. Any alteration of the original data, including conversion to other media or other data formats, is the responsibility of the user. Data that have been manipulated or reprocessed by the user is the responsibility of the user. The user may not present or otherwise reference data that have been altered in any way as CMS data. CMS has no responsibility for the data after it has been converted, processed or otherwise altered. CMS has no responsibility for assisting users with converting the data to another format. The Data Dictionary for the PUF lists variables and their definitions.

CMS requests that users cite CMS as the data source in any publications or research based upon these data. Please use the following citation format when referencing the 2018 Health Insurance Exchange Transparency PUF:

Centers for Medicare & Medicaid Services. (2017). 2018 Transparency Public Use File [Data file and data dictionary]. Retrieved from https://www.cms.gov/CCIIO/Resources/Data-Resources/marketplace-puf.html

Additional terms and conditions: User acknowledges that CMS reserves the right to amend or modify this disclaimer-user agreement, and that future use of the Transparency PUF may be subject to revised or additional terms and conditions.

Disclaimers to be placed in the PUF:

Enrollment disclaimer: Data on enrollment reflect issuer level data for calendar year January 1, to December 31. The data provided is an aggregate number for plans sold by an issuer on the FFEs, including FFEs where States perform plan management functions, and SBE-FPs only. This information simply provides a raw number and is not a complete description of issuer or plan enrollment. Enrollment is not necessarily indicative of issuer strength or plan quality. Enrollment may change daily due to a variety of circumstances.

Disenrollment disclaimer: Data on disenrollment reflects issuer level data, for calendar year January 1 to December 31. The data provided is an aggregate number for plans sold by an issuer on the FFEs, including FFEs where States perform plan management functions, and SBE-FPs only. The data includes disenrollment for all reasons, including but not limited to failure to pay premiums and a consumer's voluntary decision to disenroll from a plan. This information simply provides a raw number and is not a complete description of an issuer or plan. Disenrollment is not necessarily indicative of issuer strength or plan quality.

Claims denials and appeals: Data on claims denials and appeals reflect issuer level data, for services rendered during the calendar year January 1 to December 31. The data provided is an aggregate number for plans sold by an issuer on the FFEs, including FFEs where States perform plan management functions, and SBE-FPs only. The data includes claims denials and appeals for all reasons. Issuers could deny claims for various reasons, including but not limited to duplicate claims submission, consumer not actually enrolled in the plan, lack of medical necessity, etc. This information simply provides a raw number and is not a complete description of an issuer or plan. Claims denials and number of appeals filed are not necessarily indicative of issuer strength or plan quality.