CMS Center for Consumer Information & Insurance Oversight (CCIIO), Health Insurance Exchange Public Use Files (Exchange PUFs) Data Dictionary for Quality PUF

1. Overview of the Quality PUF

The Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information & Insurance Oversight (CCIIO) publishes the Exchange PUFs in order to improve transparency and increase access to data on Qualified Health Plans (QHPs) and Stand-alone Dental Plans (SADPs) offered in the individual market and Small Business Health Options Program (SHOP). The PUFs include data from states with Federally-facilitated Exchanges (FFEs), which include states with State Partnership Exchanges (SPEs), and State-based Exchanges that rely on the federal information technology platform for QHP eligibility and enrollment functionality (SBE-FPs). The Exchange PUFs also include data on Multi-State Plans (MSPs) and certified off-exchange SADPs. The PUFs do not include data from SBEs that do not rely on the federal platform for QHP eligibility and enrollment functionality.

The Quality PUF (Quality-PUF) is one of the files that make up the Exchange PUFs. The plan year 2017 Quality-PUF contains plan-level data on quality rating information for issuers from Virginia and Wisconsin, gathered by the CMS Center for Clinical Standards and Quality (CCSQ). These data originate from the Quality Rating System (QRS) star ratings and QHP Enrollee Survey results for QHPs offered through Exchanges, or were generated by CCIIO for use in data processing (i.e., system-generated).

This data dictionary describes the variables contained in the Quality-PUF. Each record reports quality ratings of an issuer's insurance plan. The Quality-PUF is currently available for plan year 2017.

2. Variable Attributes

Variable Name:	IssuerID
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:	System-generated field
Field Name from Data Source:	Issuer ID
Comments:	Only issuers from Virginia and Wisconsin are included for plan year 2017.

Variable Name:	PlanID
Variable Definition:	Fourteen-character alpha-numeric code that identifies an insurance plan within HIOS
Data Type:	Text
Variable Label:	Plan ID
Allowable Values:	Free text

Data Source:	System-generated field
Field Name from Data Source:	Plan ID
Comments:	N/A

Variable Name:	GlobalRatingValue
Variable Definition:	A calculated score only if the Clinical Quality Management summary indicator has a score and at least one of the other two summary indicators has a score
Data Type:	Text
Variable Label:	Global Rating Value
Allowable Values:	1
	2
	3
	4
	5
	NR
Data Source:	Provided by Center for Clinical Standards and Quality
Field Name from Data Source:	N/A
Comments:	A value of NR indicates a score was not calculated

Variable Name:	EnrolleeExperienceRatingValue
Variable Definition:	A summary indicator score used to calculate the Global Rating Value, based on a compilation of QRS Domains such as Access, Care Coordination, and Doctor and Care
Data Type:	Text
Variable Label:	Enrollee Experience Rating Value
Allowable Values:	1
	2
	3
	4
	5
	NR
Data Source:	Provided by Center for Clinical Standards and Quality
Field Name from Data Source:	N/A
Comments:	A value of NR indicates a score was not calculated

Variable Name:	PlanEfficiencyAffordabilityManagementRatingValue
Variable Definition:	A summary indicator score used to calculate the Global Rating Value, based on a compilation of QRS Domains such as Efficiency & Affordability and Plan Service
Data Type:	Text
Variable Label:	Plan Efficiency Affordability and Management Rating Value

Allowable Values:	1
	2
	3
	4
	5
	NR
Data Source:	Provided by Center for Clinical Standards and Quality
Field Name from Data Source:	N/A
Comments:	A value of NR indicates a score was not calculated

Variable Name:	ClinicalQualityManagementRatingValue
Variable Definition:	A summary indicator score used to calculate the Global Rating Value, based on a compilation of QRS Domains such as Clinical Effectiveness, Patient Safety, and Prevention
Data Type:	Text
Variable Label:	Clinical Quality Management Rating Value
Allowable Values:	1
	2
	3
	4
	5
	NR
Data Source:	Provided by Center for Clinical Standards and Quality
Field Name from Data Source:	N/A
Comments:	A value of NR indicates a score was not calculated

Variable Name:	NotRatedReason_GlobalRatingDesc
Variable Definition:	A description of why a global rating from the three summary indicator scores cannot be calculated
Data Type:	Text
Variable Label:	Not Rated Reason (Global Rating Description)
Allowable Values:	Not Rated
	New-Ineligible for Scoring
Data Source:	Provided by Center for Clinical Standards and Quality
Field Name from Data Source:	N/A
Comments:	Blank values indicate a score was calculated

Variable Name:	NotRatedReason_EnrolleeExperienceRatingDesc
Variable Definition:	A description of why a summary indicator score for enrollee experience cannot be calculated
Data Type:	Text
Variable Label:	Not Rated Reason (Enrollee Experience Rating Description)
Allowable Values:	Not Rated
	New-Ineligible for Scoring

Data Source:	Provided by Center for Clinical Standards and Quality
Field Name from Data Source:	N/A
Comments:	Blank values indicate a score was calculated

Variable Name:	NotRatedReason_PlanEfficiencyAffordabilityManagementRatingDesc
Variable Definition:	A description of why a summary indicator score for plan efficiency affordability and management cannot be calculated
Data Type:	Text
Variable Label:	Not Rated Reason (Plan Efficiency Affordability and Management Rating Description)
Allowable Values:	Not Rated New-Ineligible for Scoring
Data Source:	Provided by Center for Clinical Standards and Quality
Field Name from Data Source:	N/A
Comments:	Blank values indicate a score was calculated

Variable Name:	NotRatedReason_ClinicalQualityManagementRatingDesc
Variable Definition:	A description of why a summary indicator score for clinical quality management cannot be calculated
Data Type:	Text
Variable Label:	Not Rated Reason (Clinical Quality Management Rating Description)
Allowable Values:	Not Rated New-Ineligible for Scoring
Data Source:	Provided by Center for Clinical Standards and Quality
Field Name from Data Source:	N/A
Comments:	Blank values indicate a score was calculated