CMS Center for Consumer Information & Insurance Oversight (CCIIO), Health Insurance Marketplace Public Use Files (Marketplace 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) is releasing the Marketplace PUFs in order to improve transparency and increase access to the Marketplace data. The Marketplace PUFs include data on Qualified Health Plans (QHPs) and Stand-alone Dental Plans (SADPs) offered in states with Federally-facilitated Marketplaces (FFM), which include states with State Partnership Marketplaces (SPM), Federally-facilitated Small Business Health Options Programs (FF-SHOP) and State-based Marketplaces (SBM) that rely on the federal information technology platform for QHP eligibility and enrollment functionality. The Marketplace PUFs also include data on Multi State Plans (MSPs). The Marketplace PUFs do not include data from SBMs 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 Marketplace PUFs. The Quality-PUF contains plan-level data on the 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 Marketplaces, 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 relates to one issuer's insurance plan. The Quality-PUF is available for plan year 2017.

## 2. Variable Attributes

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|---|---|
| *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<br>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<br>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 |