

APPENDIX G—SAMPLE FRAME FILE LAYOUT

SAMPLE FRAME FILE LAYOUT FOR 2017 QHP ENROLLEE SURVEY

An individual sample frame must be generated for each reporting unit (i.e., do not combine reporting units into a single file) and must include a single record for each enrollee that meets the eligibility requirements outlined in the *2017 QHP Enrollee Survey Quality Assurance Guidelines and Technical Specifications*. The sample frame must be specific to a given reporting unit (unique state-product type for each QHP issuer) and must **not** be combined with other product lines or products. The following data elements must be included for each enrollee included in the sample frame. QHP issuers must attempt to populate the sample frame file layout to the extent possible; missing data should be the exception. All entries should be left justified.

| Variable | Type | Field Position Length | Field Position Start | Field Position End | Description | Valid Values |
|-----------------------|------|-----------------------|----------------------|--------------------|---|--|
| QHP Issuer Legal Name | Char | 60 | 1 | 60 | Legal name of the issuer of the QHP in which the individual is enrolled, specific to the state in which the QHP is operating. | Note: This variable must be identical for all enrollees included in the sample frame and must not be blank. |
| Product Line | Num | 1 | 61 | 61 | | 3 = Marketplace Note: A valid value is required for every enrollee in the record. |
| Product Type | Num | 1 | 62 | 62 | Name of the product type under which the enrollee's QHP falls. | 1 = Health Maintenance Organization (HMO) 2 = Point of Service (POS) 3 = Preferred Provider Organization (PPO) 4 = Exclusive Provider Organization (EPO) Note: A valid value is required for every enrollee in the record. QHP issuers may not combine product types. This variable must be identical for all enrollees included in the sample frame. |

| Variable | Type | Field Position Length | Field Position Start | Field Position End | Description | Valid Values |
|----------------------------|------|-----------------------|----------------------|--------------------|---|---|
| Subscriber ID | Char | 25 | 63 | 87 | Subscriber or family ID number, which is the common ID for the subscriber and all dependents. Each issuer can decide on the format for this ID. | |
| Enrollee Unique ID | Char | 25 | 88 | 112 | Unique enrollee ID. This ID differentiates between individuals when family members share the Subscriber ID. Each issuer can decide the format for this ID, as long as it uniquely identifies the enrollee and can be linked back to the issuer's records. | |
| Enrollee First Name | Char | 25 | 113 | 137 | Enrollee first name | |
| Enrollee Middle Initial | Char | 1 | 138 | 138 | Enrollee middle initial | |
| Enrollee Last Name | Char | 25 | 139 | 163 | Enrollee last name | |
| Enrollee Gender | Num | 1 | 164 | 164 | | 1 = Male 2 = Female 9 = Missing/Not Available Note: A valid value is required for every enrollee in the record. |
| Enrollee Date of Birth | Num | 8 | 165 | 172 | | MMDDYYYY |
| Enrollee Mailing Address 1 | Char | 50 | 173 | 222 | Street address or post office box | |
| Enrollee Mailing Address 2 | Char | 50 | 223 | 272 | Mailing address 2nd line (if needed) | |
| Enrollee City | Char | 30 | 273 | 302 | | |
| Enrollee State | Char | 2 | 303 | 304 | 2-character Postal Service state abbreviation | |

| Variable | Type | Field Position Length | Field Position Start | Field Position End | Description | Valid Values |
|-------------------|------|-----------------------|----------------------|--------------------|---|---|
| Enrollee Zip Code | Num | 5 | 305 | 309 | 5-digit number | |
| Enrollee Phone 1 | Num | 10 | 310 | 319 | 3-digit area code plus 7-digit phone number; No separators or delimiters | |
| Flu Flag | Num | 1 | 320 | 320 | Flu Vaccinations for Adults Ages 18-64 Eligibility Flag coded based on enrollee's age as of July 1, 2016. | <p>1 = Eligible (the member was born on or between July 2, 1951, and July 1, 1998)</p> <p>2 = Ineligible (the member was born before July 2, 1951, or after July 1, 1998)</p> <p>Note: A valid value is required for every enrollee in the record.</p> |
| Enrollee Age | Num | 2 | 321 | 322 | Enrollee age as of December 31, 2016. | <p>Numeric, 2-digit variable.</p> <p>For enrollees age 80 years and older, code as 80. For example, an enrollee who is 89 years of age as of December 31, 2016, will be coded 80.</p> <p>Note: A valid value is required for every enrollee in the record.</p> |
| Issuer ID | Num | 5 | 323 | 327 | Unique HIOS issuer ID number. | <p>Note: A valid value is required for every enrollee in the record. This variable must be identical for all enrollees included in the sample frame.</p> |

| Variable | Type | Field Position Length | Field Position Start | Field Position End | Description | Valid Values |
|-------------------|------|-----------------------|----------------------|--------------------|--|---|
| QHP State | Char | 2 | 328 | 329 | State associated with the QHP issuer. This variable is different than Enrollee State. | 2-character Postal Service state abbreviation. Note: A valid value is required for every enrollee in the record. This variable must be identical for all enrollees included in the sample frame. |
| Reporting Unit ID | Char | 12 | 330 | 341 | Reporting unit ID. It is made up of the following parts (with a hyphen separating each part): 5-digit Issuer ID, 2-character QHP State postal code, and 3-character Product Type. | 5-digit Issuer ID= Issuer ID variable. 2-character QHP state postal code=QHP State variable. 3-character product type=Product Type (HMO, POS, PPO, EPO) variable. For example: 12345-TX-PPO. Note: A valid value is required for every enrollee in the record. This variable must be identical for all enrollees included in the sample frame and the components of this variable must match the reported values for the Issuer ID, QHP State, and Product Type variables. |

| Variable | Type | Field Position Length | Field Position Start | Field Position End | Description | Valid Values |
|-----------------------|------|-----------------------|----------------------|--------------------|--|--|
| Standard Component ID | Char | 14 | 342 | 355 | Unique HIOS identifier for the QHP in which the individual is enrolled. This number can be found in HIOS and is also referred to as a “Plan ID – Standard Component” and is a 14-character combination of 5-digit Issuer ID, 2-character QHP State, product, and plan identifiers. All characters, except the 6 th and 7 th characters, will be numeric. | For example: 12345AZ0010001. 5-digit Issuer ID= Issuer ID variable. 2-character QHP state postal code=QHP State variable. Note: A valid value is required for every enrollee in the record. The components of this variable must match the reported values for the Issuer ID and QHP State variables. If this value is unavailable, QHP issuers use the dummy variable “99999XX9999999”. |
| Metal Level | Num | 1 | 356 | 356 | Metal level associated with enrollee’s QHP. | 1 = Platinum 2 = Gold 3 = Silver 4 = Bronze 5 = Catastrophic 9 = Missing Note: A valid value is required for every enrollee in the record. |

| Variable | Type | Field Position Length | Field Position Start | Field Position End | Description | Valid Values |
|----------------------------|------|-----------------------|----------------------|--------------------|--|--|
| Variant ID | Char | 2 | 357 | 358 | Cost-sharing variant ID associated with enrollee's QHP. Variant IDs 02 and 03 are for federally recognized tribes and eligible Alaska Natives with incomes above 300% of the federal poverty line. | 01 = Exchange variant (No CSR) 02 = Zero Cost Sharing Plan Variation 03 = Limited Cost Sharing Plan Variation 04 = 73% Actuarial Value (AV) Level Silver Plan CSR 05 = 87% AV Level Silver Plan CSR 06 = 94% AV Level Silver Plan CSR 09 = Missing Note: A valid value is required for every enrollee in the record. Only the Variant IDs listed above can be included in the sample frame. Do NOT include enrollees in QHPs offered outside the Marketplace (off-Marketplace health plans) or in non-QHPs, which are designated by HIOS Variant ID 00. Note: Variant IDs of 09=Missing remain in the sample frame; the enrollee is assumed to be eligible (in an on-Marketplace health plan) unless there is evidence to suggest otherwise. |
| Spoken Language Preference | Num | 1 | 359 | 359 | Enrollee's preferred spoken language. | 1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing |

| Variable | Type | Field Position Length | Field Position Start | Field Position End | Description | Valid Values |
|---------------------------------|------|-----------------------|----------------------|--------------------|---|---|
| Written Language Preference | Num | 1 | 360 | 360 | Enrollee's preferred written language. | 1 = English 2 = Spanish 3 = Chinese 4 = Other 9 = Missing |
| APTC Eligibility Flag | Num | 1 | 361 | 361 | Indicates if enrollee qualified for an advance premium tax credit (APTC), with or without a cost-sharing reduction. | 1 = Yes 2 = No 9 = Missing |
| Plan Marketing Name | Char | 250 | 362 | 611 | The common name of the QHP in which the individual is enrolled; this is the name a consumer would see on a Marketplace website when enrolling or might see on their bill. | If missing, use "Unavailable". |
| Medicaid Expansion QHP Enrollee | Num | 1 | 612 | 612 | QHPs operating in Arkansas or Iowa should indicate whether the QHP enrollee is enrolled in the QHP as part of a Section 1115 Medicaid Expansion program. All QHPs offered outside of Arkansas or Iowa should use the "Not Applicable" code (9). | 1 = Yes 2 = No 3 = Missing 9 = Not Applicable, QHP outside of Arkansas or Iowa |

| Variable | Type | Field Position Length | Field Position Start | Field Position End | Description | Valid Values |
|------------------|------|-----------------------|----------------------|--------------------|---|--|
| Reporting Status | Num | 1 | 613 | 613 | <p>This variable is an identifier to determine whether a particular reporting unit is eligible for reporting as part of the Quality Rating System. Only plans that began offering coverage within a state's Marketplace in Plan Year 2015 or before are eligible for public reporting.</p> <p>This variable is based on the plan year (2015 or 2016) the QHP issuer began offering the Reporting Unit within the state's Marketplace. The Standard Component ID is not used to determine this variable.</p> <p>For example, if the Reporting Unit began offering within a state's Marketplace in Plan Year 2015, and have added new Standard Component IDs or products in 2016, the Reporting Unit should still be considered as operating in Plan Year 2015.</p> <p>Please refer to section IX (Data Analysis and Public Reporting) of the QAG for more information.</p> | <p>1 = Issuer began offering this product type within state's Marketplace in Plan Year 2015 or before</p> <p>2 = Issuer began offering this product type within state's Marketplace in Plan Year 2016</p> <p>9 = Missing</p> |