Daley, Garfield (HHS/ASPA)

From:

adamico@kff.org

Sent: To:

Wednesday, April 13, 2011 1:54 PM OS FOIA Request (HHS\ASPA)

Subject:

Online FOIA Request

CMS

The following is the content of your FOIA request:

APR 2 5 2011

Title: Mr.

First name: Anthony

04525011JO91 E01

Middle initial: Last name: Damico

Organization/Affiliation: Kaiser Family Foundation Address 1: 1330 G St NW Address 2:

City: Washington

State: DC Zip code: 20005

Daytime phone number: 2025965331

Fax number:

Email address: adamico@kff.org

Operating Division(s): Centers for Medicare & Medicaid Services (CMS)

Staff Division(s): Office of Consumer Information and Insurance Oversight (OCIIO)

Name and type of documents:

The Kaiser Family Foundation's research staff would like to formally request the entire source data behind the website http://finder.healthcare.gov/ used for the upcoming March 2011 update. We would like the full database file driving the website that displays "Health Insurance Plans for Individuals & Families" – all plans available, by zip code and age in the non-group market. Although an individual consumer may type in his or her zip code and personal family profile in order to view each of the individual market private plans available in the area, we would like to view the source file driving the entire website, at the zip code-level, shown by each available family composition and health status (including but not limited to other factors like tobacco use). We would like this source data file to include each of the fields presented to the consumer using the finder.healthcare.gov website (listed below), as well as the **plan enrollment** (not presented on the website) for any plans where the data is available. Where plan data is not available, we would like to know the number of plans missing data, what data is missing, the number of enrollees in these plans, and the state(s) associated with each plan. We would like to receive both portal-plan enrollment and portal-product enrollment where possible.

Official name of the health plan; Parent company of the health plan; Maximum Out-of-Pocket Costs for Individual; Annual Deductible for Individual; Doctor Choice; Prescription Drug Coverage; Monthly Premium Estimate; "Premiums start at" figure; Whether the "starting premium" is a preferred premium or a standard premium; What percent of people pay more than the "starting" premium estimate based on health status; What percent received condition waivers; What percent of those offered a starting or standard premium received condition waivers; What percent received surcharge quotes; What percent of applicants were denied; Out-of-Network caveats; Coverage Limits; Excluded services; HSA eligibility; Permission needed from Primary Care Doctor to see a specialist; Authorization needed to see Out-of-Network doctor; Excluded Services; Doctor's plan network; Health plan website; Health plan phone number; Cost sharing amounts: Primary care, Specialty, Outpatient visits; Periodic checkup Copays; Hospitalization Copays; Minor surgery Copays; Emergency room fees; Generic Coverage; Brand Drugs; Non-formulary Drugs; Other Coverage Tiers; Mail Order Drugs; Drug

Deductibles; Drug Formulary Website; Mental Health Coverage; Substance Abuse Coverage; Prenatal and postnatal care; Labor & Delivery hospital stay; Well Baby Care. We would like the full data file - the source file driving this entire website - with each of the above fields at the zip code- and family composition (age/gender/etc.)-level. The data will be updated regularly with new information from insurance plans in the non-group market. We would also like the data for small businesses, including monthly premium estimates. In addition, if available on the website, we would like information on the Medicaid program and Children's Health Insurance Program (CHIP), including information about premium and cost sharing for services covered under each program, and information about medical and non-medical services offered in each program, and services operated under section 1115(a) demonstrations in each state.

Identify the date range of the documents:

Start date: End date:

Expedited Processing:

Please describe your justification for expedited processing:

Payment of fees: \$251.00 - \$500.00

Fee waiver/reduction in fees:

OFFICE OF THE ASSISTANT SECRETARY FOR PUBLIC AFFAIRS FREEDOM OF INFORMATION REQUEST TRACKING SHEET

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