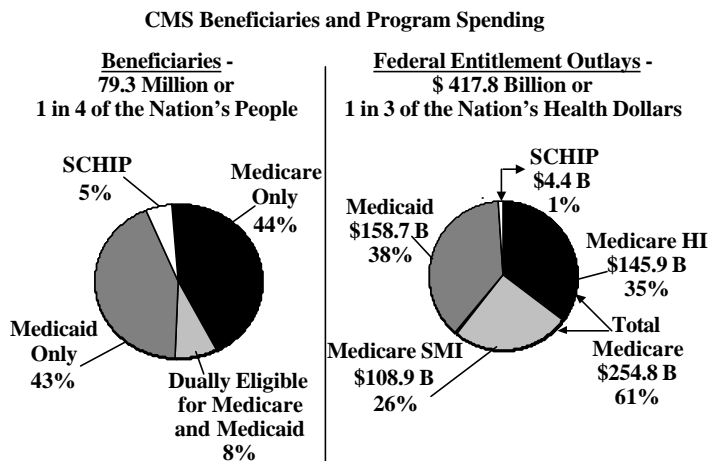


Theme 1: Monitoring and Evaluating CMS Programs

As the United States health care system continues to change, there is an ongoing need to monitor and evaluate the performance of the programs CMS administers. Beyond traditional measures of performance, like cost containment, quality, health outcomes, and access to care, we attempt to measure various beneficiary-focused attributes, such as knowledge of health behaviors. In our monitoring, we track how well Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP) meet the needs of specific groups of beneficiaries, including vulnerable populations. Our research also examines more specific policy issues. For example, as Medicare and Medicaid continue to pursue managed care options, we examine the cost-effectiveness and quality of managed care, as well as beneficiary satisfaction. CMS monitors and evaluates the impact of Medicaid, welfare reform, SCHIP, and our beneficiary information program on beneficiaries. CMS is committed to evaluating our programs to gain new insights into how they can perform better. These insights inform our regulatory, administrative, and legislative policymaking.



Source: FY 2003 President's Budget.

01-114 Evaluation of Balanced Budget Amendment (BBA) Impacts on Medicare Delivery and Utilization of Inpatient and Outpatient Rehabilitation Therapy Services

Project Officer: Philip Cotterill
Period: September 2001–December 2004
Awardee: Health Economics Research
Funding: \$998,540

Description: This project studies the impact of the Balanced Budget Act of 1997 (BBA) on the delivery and utilization of inpatient and outpatient rehabilitation therapy services to Medicare beneficiaries. Many of the BBA changes, some already implemented and others still under development, directly affect payment for

rehabilitation therapy services. These policies include per beneficiary therapy limits applicable to certain outpatient settings, skilled nursing facility prospective payment system, home health agency prospective payment system, inpatient rehabilitation facility prospective payment system, long term care hospital prospective payment system, and outpatient therapy prospective payment system. This project will study the period 2000-2003, and will study changes in beneficiary access and utilization of therapy services across all these settings with special attention to changes in one or more settings that follow a payment change in another setting.

Status: This is a continuation and extension of previous work, "Medicare Post-Acute Care: Evaluation of BBA Payment Policies and Related Changes" (contract 500-96-0006/04), which covered the period 1996-1999.

02-079 Design and Implementation of a Targeted Beneficiary Survey on Access to Physician Services Among Medicare Beneficiaries

Project Officer: Renee Mentnech
Period: September 2002–September 2003
Awardee: Mathematica Policy Research, (DC)
Funding: \$0

Description: The purpose of this project is to design and implement a targeted, short, beneficiary survey on access to physician services among Medicare beneficiaries. The intent of this targeted survey is to enhance the ability of CMS to determine, on as close to a real time basis as possible, whether Medicare beneficiaries are experiencing access problems in specific geographic areas.

01-144 Evaluation of Private Fee-for-Service Plans in the Medicare+Choice Program

Project Officer: Nancy Zhang
Period: September 2001–September 2004
Awardee: Abt Associates
Funding: \$1,407,867

Description: The purpose of this project is to evaluate the new private fee-for-service (PFFS) option available under the Medicare+Choice (M+C) program. The evaluation will use a combination of primary and secondary data sources to evaluate the effects of the option on beneficiaries and program costs. Primary data will be collected through site visits to participating plans and beneficiary surveys. The PFFS plan option is one of the new types of organizations provided for under the M+C provisions. The project involves the Sterling Plan, which has been available to beneficiaries since July, 2000 and captures many beneficiaries who were previously enrolled in an M+C plan that withdrew from the program and for whom this plan is the only M+C option available. Analytic issues to be addressed in the evaluation can be grouped into three broad categories: 1) beneficiary analyses (enrollment, beneficiary experiences with the plan, utilization); 2) Medicare program impacts (payment); and 3) plan and provider impacts (market, program administration, participation).

Status: This newly initiated project is in the startup phase.

01-116 Evaluation of the Impact on Beneficiaries of the Medicare+Choice Lock-in Provision

Project Officer: Mary Kapp
Period: September 2001–September 2004
Awardee: Barents Group
Funding: \$380,298

Description: This project will explore the impact on Medicare beneficiaries of the lock-in provision of the Balanced Budget Act of 1997 (BBA). The lock-in provision places limits on the frequency, timing and circumstances under which Medicare+Choice (M+C) enrollment elections can be made. These changes are phased in over a 2-year period beginning January 1, 2002. The purpose of this project is to: 1) examine the current (pre-lock-in) patterns of enrollment and disenrollment in M+C using existing CMS administrative data; 2) design a methodology to quantify the impact on Medicare beneficiaries of the lock-in provision; and 3) analyze the impact on beneficiaries of the first year of the lock-in provision.

Status: The project is in its developmental stage.

00-052 Evaluation of the Qualified Medicare Beneficiary (QMB) and the Specified Low-Income Medicare Beneficiary (SLMB) Programs

Project Officer: Noemi Rudolph
Period: September 1999–November 2002
Awardee: Health Economics Research
Funding: \$1,466,933

Description: This project is designed to evaluate quantitatively and qualitatively the Qualified Medicare Beneficiary (QMB) and the Specified Low-Income Medicare Beneficiary (SLMB) Programs in the following areas: 1) the motivations and perceptions of enrollees and nonenrollees, 2) reasons for State variation in enrollment patterns, 3) the impact of enrollment on Medicare and Medicaid costs and service use, and 4) the impact of enrollment on out-of-pocket costs of eligible individuals. Primary data collection activities will include: a survey of a national sample of QMB and SLMB enrollees and of eligible

non-enrollees, focus groups of enrollees and non-enrollees, a survey of State agencies, and case study interviews with officials from agencies and advocacy groups. Secondary data sources include: the Medicare Current Beneficiary Survey, the Medicare National Claims History file, the Medicaid Statistical Information System, Third Party Buy-In file, and the Medicare Enrollment Database. Descriptive and multivariate analyses will be conducted with the primary and secondary data.

Status: In September 2000, this project was modified to include case-study evaluations of State programs under the Building Partnerships for Innovative Outreach and Enrollment of Dual Eligibles grants. The period of performance for the evaluation project was also extended from September 2002 to December 2002 to cover the period of the grants. In early 2001, this project was modified to include a study on limitation on State payment for Medicare cost-sharing affecting access to services for Qualified Medicare Beneficiaries.

99-069 Evaluation of the State Child Health Insurance Program

Project Officer: Rosemarie Hakim
Period: July 1999–July 2004
Awardee: Mathematica Policy Research, (DC)
Funding: \$4,256,094

Description: This project evaluates the State Children's Health Insurance Program (SCHIP). It examines and tracks the impact of SCHIP in reducing the numbers of low-income uninsured children. States are required to report and assess the operation of their children's health insurance programs. This project involves a summary and analysis of the State evaluations and an analysis of external SCHIP-related activities (meta-analysis). It will also analyze the effect of SCHIP on enrollment expenditures and use of services in Medicaid and State health programs and evaluate stand-alone and Medicaid expansion programs, including the effectiveness of their outreach activities, and the quality of care.

Status: Evaluation is in its third year. The SCHIP Report to Congress was submitted. Current work involves case studies of eight States as well as continuing monitoring and evaluating the effect of SCHIP in 50 States, the Territories, and the District of Columbia.

98-224 Home & Community-based Services Study

Project Officer: Susan Radke
Period: September 1998–March 2003
Awardee: Lewin Group
Funding: \$2,308,371

Description: The purpose of this project is to design and implement a study of the impact of Medicaid home and community-based service (HCBS) programs on quality of life, quality of care, utilization, and cost. The scope of the study includes both Medicaid home and community-based service waiver programs as well as other Medicaid-funded long-term care services. The research project will study the Medicaid financing and delivery of services to older and younger people with disabilities in six States, and the Medicaid financing and delivery of services for individuals with mental retardation and developmental disabilities in six other States. One goal of the research is to assist Federal and State policy makers in gaining further knowledge about: 1) how Medicaid HCBS program funds are currently used; 2) how policies affect costs, access to care, and quality of services; and 3) key program design features that are helpful to achieving cost-effective use of program services.

Status: The 12 State site visits in phase one of the study are approved Phase two is currently in progress. The Office of Management and Budget (OMB) approved the Medicaid recipient survey, which was fielded late December 2001 to early January 2002.

00-124 Medicaid Prescription Drug Data

Project Officer: David Baugh
Period: September 2000–August 2002
Awardee: CHD Research Associates
Funding: \$74,971

Description: This project supports intramural research by preparing tabulated data using State Medicaid Research File data from 1996, 1997, and 1998. Based on earlier findings, this work examines the mix of prescription drugs that are being provided to Medicaid enrollees. The intramural project profiles use and expenditure by eligibility group based on prescription drug mix. It also identifies which drug categories are most utilized and which are the most expensive. A cross-sectional design is being used. Approximately five to seven States will be individually viewed and subsequently compared.

Status: Specifications for creating a prototype of the tabulated data have been created and work is underway.

01-210 Home Health Data Link

Project Officer: Ann Meadow
Period: September 2001–September 2002
Awardee: Fu Associates
Funding: \$300,000

Description: This task is developing a working home health data management linking system with capabilities to link data from the Outcome and Assessment Information Set (OASIS) repository with patient level data from a variety of CMS data files. The Data Link will be made available to all CMS components and their contractors to meet individual data extract needs. This Data Link will create a multipurpose home health-linked file to supply the most frequently needed data extracts in a cost-efficient manner. The multipurpose home health-linked file will be comprised of the most utilized/requested/needed merged home health-related data. This file will include episode-level information from the national OASIS repository which has been linked with inpatient, outpatient, physician, and home health claims data; skilled nursing home data from the Minimal Data Set (MDS), and data from the Online Survey Certification and Reporting System/Quality Improvement Evaluation System (OSCAR/QIES).

Status: This newly initiated project is in the startup phase.

00-068 Activities Prior to the Construction of State Medicaid Research Files (SMRFs) for 1996-1998

Project Officer: David Baugh
Period: September 2000–August 2002
Awardee: Mathematica Policy Research, (DC)
Funding: \$441,771

Description: This project supports Medicaid eligibility and services claims experts collecting missing information in the Medicaid Statistical Information System (MSIS) files. Code maps and crosswalks are developed to incorporate essential information into CMS's State Medicaid Research File (SMRF) data. The purpose of this project is to increase the validity and consistency of SMRF data and improve the usefulness of these data for policy analysis and research, in particular for the evaluation of the impact of Welfare Reform on Medicaid. The SMRF database and file layouts were developed in 1992 and 1993. Data from the Medicaid Statistical Information System (MSIS) files for each participating State was then converted into SMRF data. This project will: 1) map eligibility codes into standard SMRF codes, 2) revise claims adjustment scenarios to create final action events (e.g. stays and visits), 3) map type of service codes into standard SMRF codes, 4) prepare a delivery indicator to mark the person-summary record of each woman who delivered, 5) create SMRF outpatient and prescription drug files, 6) add other data elements to SMRF, 7) link SMRF eligibility data to the Medicare Enrollment Data Base, and 8) conduct validation activities for the SMRF data.

Status: Work is nearly complete for 1996 to 1998 SMRF data files. The project was modified to support continued development of the 1999 data. For 1999 and later years, the data has a new name, the Medicaid Analytic eXtract (MAX).

00-066 Design and Test of Evidence-Based Communications Strategies to Increase Consumer Awareness and Understanding of Long-Term Care Options

Project Officer: Ted Chiappelli
Period: September 2000–March 2003
Awardee: MEDSTAT Group (DC)
Funding: \$7,095,615

Description: The object of this program will be to provide Medicare beneficiaries with information about their long-term care options, information on Medicaid long-term care policy, service delivery options and how to access information and assistance. This project will 1) document what is known about consumer understanding of long-term care issues in order to help beneficiaries with awareness of and how to provide useful and understandable information, 2) pilot test a variety of culturally competent, community-based communication and assessment activities related to long-term care planning and treatment options, 3) have ongoing evidence-based assessments of pilot activities, and 4) have ongoing reporting on the formative research and assessments.

Status: The contractor is preparing to launch the campaigns in the sites. They are at the halfway point, having completed all formative research including the environmental scans and testing. There will be four sites: Fresno, Delaware, West Palm Beach, and Milwaukee. Precampaign surveys to establish baseline information are underway in all four sites. The evidence-based communications activities will be conducted January–October 2002. This will be followed by post-campaign evaluation surveys and process measures. Analysis pursuant to delivery of evidence-based national strategy is due in March of 2003.

01-115 Assessment of Medicare & You Education Program

Project Officer: Lori Teichman
Period: September 2001–April 2004
Awardee: Barents Group
Funding: \$1,777,640

Description: This project assesses how well CMS is communicating with Medicare beneficiaries, caregivers and partners. As part of the National Medicare Education Program (NMEP), CMS provides information to beneficiaries about the Medicare program and their Medicare+Choice options. The NMEP employs numerous communication vehicles to educate beneficiaries and help them make more informed decisions concerning: Medicare program benefits; health plan choices; supplemental health insurance; rights, responsibilities, and protections; and health behaviors. The goal of NMEP is to ensure that beneficiaries receive accurate, reliable information; have the ability to access information when they need it; understand the information needed to make informed choices; and perceive the NMEP (and the Federal government and its private sector partners) as trusted and credible sources of information.

Status: Work began in September 2001. The Medicare&You Regional Survey will be fielded in January 2002 through April 2002. The New Enrollee Survey is scheduled to start in late April 2002. The mystery shopping tasks (SHIPS and 1-800-MEDICARE) were pilot tested in December 2001. Site visits (data collection) for the partners' assessment, the needs/gaps assessment and the return on investment assessment is underway. Data is being processed on an ongoing basis for the audience feedback forms and the Medicare&You handbook postcards.

99-031 Telephone Customer Service Strategy–Customer Satisfaction

Project Officer: Lori Teichman
Period: May 1999–March 2002
Awardee: Lewin Group
Funding: \$1,767,167

Description: This project provides assistance in developing and implementing a nationwide survey of customer satisfaction with telephone service provided by CMS's Medicare contractors. It will provide technical guidance and support in the development and implementation of a customer satisfaction methodology and put in place processes that will yield specific and standardized measures of customer satisfaction. The project focuses on the extent to which

the caller is satisfied with the services provided, including the professionalism and courtesy of the customer services representatives, ease of use of the telephone system, and overall quality of service.

Status: A recommendation was developed on the feasibility of an independent beneficiary satisfaction survey for call centers. The survey was developed, piloted and implemented by telephone. Finally, a conference was developed and held on telephone customer service.

99-028 Expanded Evaluation of Medicare & You Handbook: 2000

Project Officer: Sherry Terrell
Period: March 1999–June 2002
Awardee: Research Triangle Institute, (NC)
Funding: \$1,086,060

Description: The purpose of this project was to establish national measures of Medicare beneficiaries' knowledge of the basic Medicare program and their understanding of new Medicare+Choice options available under the Balanced Budget Act of 1997. The objectives of the project supported and provided feedback for monitoring and continuous quality improvement of National Medicare Education Program (NMEP) informational materials directed to the Medicare population. To achieve these objectives, the study evaluated the NMEP's Medicare&You Handbook: 2000 and selected information distribution channels such as the 1-800-MEDICARE toll free telephone line using a beneficiary program knowledge index. Additionally the effects of payments incentives to complete questionnaires and single mailing versus repeated mailings were tested.

Status: This project has been completed. The financial incentive payment experiment was found to have a significant effect on beneficiary response to the survey at each stage of data collection, ranging from 18.2 percentage to 8.3-percentage point differences. Repeated exposure to the handbook increased awareness. The multivariate analyses found the effect of receiving and reading the handbook on beneficiary program knowledge was modest but significant. Overall, beneficiaries who read the handbook demonstrated 12 percentage points higher knowledge

scores about the Medicare program than those who did not receive the handbook or those who received but did not read it. The Medicare&You Handbook: 2000 has been successful in achieving multiple NMEP goals. The following reports are available from the National Technical Information Service, "Focus Group Results from the National Evaluation of Medicare and You 2000 Handbook: Beneficiaries (February 15, 2001)," Accession Number PB2001-103722, "Focus Group Results from the National Evaluation of Medicare and You 2000 Handbook: Non-Beneficiary Helpers (February 15, 2001)," Accession Number PB2001-103723.

98-255 Performance Assessment of Web Sites

Project Officer: Barbara Crawley
Period: August 1998–April 2003
Awardee: Barents Group
Funding: \$1,317,513

Description: This project is: a) evaluating; b) setting up an ongoing system for feedback from consumers and c) making recommendations for future changes to the consumer oriented Web site www.medicare.gov. The Web site was established by CMS to service Medicare beneficiaries and their caregivers. Other potential users of the site include researchers and advocacy groups.

Status: Several of the strategies used to assess the website have ended. While the bounce-back form on the website has been temporarily removed, data from the bounce-back survey and the other assessment strategies, including focus groups and expert reviews, are being compiled. Work is continuing to improve and update the website using the data gathered from the multi-faceted assessment.

96-080 HCFA On-Line: Market Research for Beneficiaries-I

Project Officer: Julie Franklin
Period: April 1996–December 2003
Awardee: Barents Group
Funding: \$6,344,124

Description: CMS implemented a market research program to provide ongoing assessment of the information needs of our beneficiaries. It examined what information beneficiaries want and need and how such information can best be communicated to them. The Agency placed special emphasis on understanding the requirements of subgroups who may have special communication needs (e.g., vision-impaired or non-English-speaking beneficiaries). The project consisted of multiple phases, including conducting inventories of existing information on communication strategies relevant for beneficiaries, conducting focus groups to explore the information needs of beneficiaries, and collecting and analyzing survey data on information needs in beneficiary populations. This research will be used to help guide the development of CMS's communication strategy.

Status: A large series of focus groups have been conducted with the general population of Medicare beneficiaries including a number with special groups. An inventory of groups that work with beneficiaries is complete and includes information from approximately 170 organizations. Examples of such groups are advocacy organizations, social service providers, health care providers, government agencies, and Medicare carrier and other insurance organizations. In addition, a special supplement to the Medicare Current Beneficiary Survey was used to collect information on the information needs and preferences of beneficiaries.

99-063 HCFA On-Line: Market Research for Beneficiaries-II

Project Officer: Julie Franklin
Period: September 1999–December 2003
Awardee: Barents Group
Funding: \$14,367,373

Description: This project serves as a vehicle to conduct a variety of social marketing research with Medicare beneficiaries. The project is committed to carrying out targeted projects that document consumer reality through consumer research. Topics of the research are generally focused around communicating program benefits, appeal rights, health plan and provider choices, and treatment options to people with

Medicare. Specific work has been done on existing Medicare publications, regulations, policies, developing message strategies and communication plans, monitoring desired behaviors, and evaluating the process.

Status: This is an extension of the work begun under 500-95-0057/02. This contract continues to conduct social marketing research on specifically identified initiatives that involve communication with Medicare beneficiaries.

06-173 Beneficiary Knowledge: Questionnaire Item Development and Cognitive Testing Using Item Response Theory

Project Officer: Sherry Terrell
Period: May 2001–May 2004
Awardee: Research Triangle Institute, (NC)
Funding: \$268,853

Description: This project evaluates the effectiveness of the National Medicare Education Program (NMEP), CMS's primary information and education program. The evaluation focuses on the objectives of the NMEP: to 1) provide beneficiary access to information, 2) raise beneficiary awareness that information is available, 3) heighten awareness of some basic Medicare+Choice messages, and, 4) communicate information useful for making informed health services decisions. A substantial pool of Medicare beneficiary knowledge questions and tests cognitive reliability and validity of the items, assuring a consistent Medicare knowledge index over time. The content categories cover both core knowledge areas that generally remain consistent from year to year, as well as supplemental topics that may change more frequently. Medicare beneficiary knowledge data collected through the Medicare Current Beneficiary Survey (MCBS) will constitute the starting pool of questionnaire items. Item Response Theory (IRT) methodology is used to evaluate measures of knowledge and validate items in the MCBS knowledge index.

Status: This contract was modified to extend the period of performance through May 2004.

99-080 Implementation of Consumer Assessments of Health Plans Disenrollment Survey

Project Officer: Christine Smith-Ritter
Period: September 1999–November 2002
Awardee: University of Wisconsin - Madison
Funding: \$4,458,022

Description: This project implements the Medicare managed care version of the Consumer Assessments of Health Plans (CAHPS) Disenrollment Survey. This is a survey of a sample of Medicare beneficiaries who have disenrolled from each Medicare+Choice contracting health plan eligible for inclusion in the study sample. CMS sponsored the development of a disenrollment version of the CAHPS survey (the Medicare CAHPS Disenrollment Survey), a Medicare fee-for-service version of CAHPS, and formats for reporting survey results that are easy for beneficiaries to understand in order to encourage beneficiary use of quality information. All three surveys include comparably worded questions on such topics as coordination of care, referrals to specialists, ease of obtaining needed care, patient/physician interaction, relations with office staff, customer service, and ease of obtaining specialty services and equipment.

Status: Multivariate analysis to group the reasons for reporting has been completed and additional subgroup and casemix analysis is underway. Annual health plan reports, interim 2001 reports, and consumer reporting of 2000 disenrollment rates and results have been mailed out or made public. The CAHPS effort is a 5-year cooperative agreement between the Federal agencies and three grantees, headed by the Agency for Healthcare Research and Quality.

97-265 Implementation of the Medicare Consumer Assessment of Health Plans Survey

Project Officer: Amy Heller
Period: September 1997–September 2002
Awardee: Barents Group
Funding: \$25,592,481

Description: This project implements the Medicare version of the Consumer Assessments of Health Plans survey (CAHPS) in all Medicare risk and cost managed care plans. The primary purpose of the survey is to collect, analyze, and disseminate information to Medicare beneficiaries to help them choose among plans. It will also be used with other available data to monitor and evaluate the quality of care and relative performance of managed care plans, and to compare the satisfaction of beneficiaries in the managed care and fee-for-service systems. It is a nationwide satisfaction survey of Medicare beneficiaries, currently enrolled and recently disenrolled, from their managed care plans which proportionately samples a cross-section of Medicare managed care enrollees stratified by plan to assess their level of satisfaction with access, quality of care, plans' customer service, resolution of complaints, and their utilization experience.

Status: The survey completed it's 5th year of data collection at the end of December. The unadjusted response rate is 82 percent with 127,654 surveys returned by mail and 28,042 surveys completed by telephone. For the past three years, the survey has achieved a response rate greater than 80 percent. Since this is an ongoing effort, the survey was rebid in early spring of 2002.

00-043 National Implementation of Medicare Consumer Assessment of Health Plans Study - Fee-for-Service (CAHPS-FFS) Survey

Project Officer: Edward Sekscenski
Period: August 2000–August 2002
Awardee: University of Wisconsin - Madison
Funding: \$7,378,706

Description: This project implements the Medicare Consumer Assessments of Health Plans Fee-For-Service (CAHPS-FFS) survey. Since 1998, CMS has collected information on consumer satisfaction and health services experiences of beneficiaries enrolled in managed care health plans through annual implementation of the CAHPS survey in those plans. Since 2000, CMS has surveyed a cross-section of Medicare FFS enrollees using a CAHPS questionnaire designed to assess their satisfaction and experiences with regards to health care access, quality of care,

customer service, and services utilization. The primary purpose of both CAHPS surveys is to collect, analyze, and disseminate information to beneficiaries to help them in choosing between managed care health plans in the Medicare+Choice program and the Original FFS Medicare Plan program. Survey results also are used (together with clinical quality information and other available data) to monitor and evaluate the quality of care and relative performance of the Medicare program and assist in development of quality improvement initiatives for services delivered to Medicare beneficiaries.

Status: A contract modification to the CAHPS-FFS project, added in 2001, also permits development and testing of a CAHPS survey to be fielded among beneficiaries enrolled in private Medicare FFS health plans. Full implementation of this new component to the CAHPS-FFS Survey was added in Fall 2002 with reporting of information from this component to begin Fall 2003.

00-029 Development of Databases, Data Processing, Data Analysis and Table Construction for Skilled Nursing Facility Refinement Project

Project Officer: Carolyn Rimes
Period: May 2000–March 2002
Awardee: Jing Xing Technologies
Funding: \$324,203

Description: This project uses files created for analysis to construct a file that presents the previous and newly created resource utilization groups for the purpose of analyzing the impact of the refined resource utilization groups on the skilled nursing facilities prospective payment system (SNF-PPS). SNF-PPS is a case-mix adjusted and wage-adjusted per diem payment system covering routine, ancillary, and capital costs. The development of the system was primarily based on administrative and staff time data, therefore one of these areas is ancillary care. CMS previously commissioned a study to explore possible refinements to the resource utilization groups. The study focused on the possible impact of ancillary care services on the resource utilization groups and detailed analysis of the more extensive care groups.

Status: The primary work is completed and is reflected in a paper prepared by Dr. Brian Fries, entitled "Analysis for SNF Refinement Project."

93-061 Economic and Cost-Effectiveness Studies for the U.S. Renal Data System

Project Officer: Joel Greer
Period: July 1993–September 2002
Awardee: National Institute of Diabetes and Digestive and Kidney Diseases
Funding: \$1,657,075

Description: This interagency agreement (IAA) provided funds to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) to support programmatic, economic, and cost-effectiveness studies by the coordinating center for the U.S. Renal Data System (USRDS). NIDDK contracted with the University of Michigan to be the coordinating center for 5 years. The IAA called for the coordinating center to conduct cost or cost-effectiveness components for at least four existing data studies and for one special study focused on economic issues each year.

Status: The IAA is completed. The USRDS published discussions, analyses, and data tables on cost and cost-effectiveness in the 1995, 1996, 1997, 1998 and 1999 USRDS Annual Data Reports. These reports are available from the National Technical Information Service (NTIS), on the Internet, and on CD-ROM. The NTIS accession number for the 1995 report is PB95-271391; the accession number for the 1996 report is PB97-111041; the 1997 through 1999 reports are replicated in their entirety on the Internet at <http://usrds.org> and also are available for minimal cost on CD-ROM. A new interagency agreement with NIDDK will provide support for an Economics Special Studies Center for the new five-year USRDS contract.

00-031 Assess the Impact of Requiring Parity for Mental Health

Project Officer: Frederick Thomas III
Period: June 2000–September 2003
Awardee: Office of the Assistant Secretary for Planning and Evaluation
Funding: \$100,000

Description: This agreement supports an evaluation of the impact of requiring parity for mental health and substance abuse benefits within the Office of Personnel Management's (OPM) Federal Employees Health Benefits Program (FEHBP). For several years OPM has been interested in improving the mental health and substance abuse benefit in the FEHBP. OPM was directed to achieve full parity for these benefits by January 2001. There is substantial interest by various stakeholders in learning as much as possible about the effects of this change in coverage—particularly, the impact on access, utilization, quality and costs.

Status: Data collection and study design activities are in process.

02-058 Improving the Consistency of the Nursing Home Survey Process

Project Officer: Marvin Feuerberg
Period: September 2002–September 2003
Awardee: RAND Corporation
Funding: \$248,355

Description: The purpose of this project is to assess the problem of inconsistency in the survey process and systematically link that assessment to specific policy and programmatic options for improvement. Specifically, the project will have four major components: 1) empirical assessment of variability and consistency of survey process; 2) identification of those aspects of inconsistency that are most troublesome; 3) empirical assessment of the most important causes of inconsistency; and 4) policy and programmatic options for improvement.

01-250 United States Renal Data Registry - II

Project Officer: Joel Greer
Period: March 2001–March 2003
Awardee: National Institute of Diabetes and Digestive and Kidney Diseases
Funding: \$184,251

Description: This agreement provides support for the National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK, National Institutes of Health or NIH) contract with the Economic Studies Center of the United States Renal Data System (USRDS). This aspect of the USRDS work is for the conduct of cost effectiveness and other economic studies relevant to End Stage Renal Disease (ESRD). One special and four existing studies are supported annually by this project.

Status: This is an ongoing relationship between CMS and NIDDK.

02-076 Evaluation of the Illinois State Pharmacy Assistance Program

Project Officer: Rosemarie Hakim
Period: September 2002–September 2005
Awardee: Brandeis University, Heller Graduate School, Institute for Health Policy
Funding: \$1,199,884

Description: This project will be an important first look at providing drug coverage to large numbers of Medicare beneficiaries. The goals of this project are to develop an understanding of the administration of a prescription drug benefit program and to developing an estimate of the cost effectiveness of providing prescription drug coverage to elderly beneficiaries. Specifically, it will conduct a descriptive evaluation, a cost-effectiveness analysis, and other analyses of specific aspects of the Illinois prescription drug demonstration.