

FOREWORD

The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare program and programs administered by States such as Medicaid and the State Children's Health Insurance Program (SCHIP). CMS oversees insurance regulation, the survey and certification of health care facilities, and the Clinical Laboratory Improvements Amendments. We serve one in four seniors, children, people with end stage renal disease, and people with disabilities. We also provide beneficiaries with information about our programs, Medigap options, consumer research, and grievance and appeals processes.

CMS directs roughly 600 individual research, demonstration, and evaluation projects. Our research helps us to identify future trends that may influence our programs, meet the needs of vulnerable populations, and examine the cost effectiveness of our policies. Demonstration projects test, for example, how a new payment system, preventive service or health promotion campaign actually affects our programs, beneficiaries, States, and providers. Evaluation projects validate our research and demonstration findings and help us monitor the effectiveness of Medicare, Medicaid, and SCHIP.

One of the Agency's challenges is to develop and implement new health care payment approaches and financing policies and to evaluate the impact of our programs. Another is how to modernize Medicare from a medical acute care model to a comprehensive health care model that encourages healthy aging. CMS strives to meet the challenges of short-term health policy needs with a long-term perspective to provide meaningful information and analyses responsive to the needs of our programs and customers. CMS, together with States, contractors, grantees, and other Federal agencies, is committed to research and demonstrations aimed at improving our programs, ensuring the quality of care and providing modern health care services.

Congress created Medicare and Medicaid in 1965. Medicare originally provided health care coverage to Americans over the age of 65. In 1972, the program was expanded to Americans living with disabilities and people with end stage renal disease. Medicaid is a joint Federal-State program that provides health care coverage to the aged, blind, people with disabilities, and low-income families with children under 21.

CMS research both anticipates the future of our programs, and reflects the Agency's legislative and operational responsibilities. More recent legislation includes:

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provided for improved continuity or "portability" of group health plan coverage and for group health insurance provided through employment or through the individual insurance market. CMS regulates the small and individual private health insurance markets and national administrative simplification standards for all electronic health care transactions.
- The Balanced Budget Act of 1997 (BBA) established Medicare+Choice as Part C of the Medicare program, creating an array of new managed care and other health plan choices for beneficiaries, in addition to a coordinated open enrollment process.
- The BBA also created the State Children's Health Insurance Program (SCHIP) which is designed to assist those working families with incomes too high for Medicaid but too low to be able to afford private health insurance.
- The Balanced Budget Refinement Act of 1999 made numerous changes to the Medicare program aimed at reducing the impact of the payment reductions to providers in the BBA, stabilized the SCHIP allotment formula and modified the Medicaid Disproportionate Share Hospital program.

- The Ticket to Work and Work Incentives Improvement Act of 1999 expanded the availability of Medicare and Medicaid for certain beneficiaries with disabilities who return to work. The New Freedom Initiative announced by President Bush on February 1, 2001 is part of a nationwide effort to remove barriers to community living for people with disabilities.
- In 2000, the Benefits Improvement and Protection Act made numerous changes to the Medicare, Medicaid and SCHIP programs.

The Office of Research, Development, and Information prepares the annual *Active Projects Report: Research and Demonstrations in Health Care Financing* to inform CMS customers of our research. It inventories both intramural projects conducted by CMS staff and extramural projects conducted by contractors, grantees, and other awardees with CMS support. While most of the extramural projects are funded from CMS's research, demonstration, and evaluation budget, some of the quality-related studies conducted by Quality Improvement (formerly Peer Review) Organizations are supported by other CMS budgets.

The 2003 edition of the *Active Projects Report* provides basic information on CMS research, demonstration and evaluation projects active from January 1 through December 31, 2002. It is organized by theme:

- Theme 1: Monitoring and Evaluating CMS Programs;
- Theme 2: Improving Managed Care Payment and Delivery;
- Theme 3: Improving Fee-For-Service Payment and Delivery;
- Theme 4: Future Trends Influencing Our Programs;
- Theme 5: Strengthening Medicaid, State Children's Health Insurance Program (SCHIP), and State Programs;
- Theme 6: Meeting the Needs of Vulnerable Populations;
- Theme 7: Outcomes, Quality and Performance; and
- Theme 8: Building Research Capacity.

The Active Projects Report presents a brief description of each project and its status as of December 31, 2002. The abstracts provide an identification number, the project title, the CMS project officer name, the awardee, funding, and the period of performance. Several indices are provided at the back of this book to help readers locate information regarding specific projects - organized by project title, project officer, principal investigator, awardee organization, State and legislative mandate summary. More detailed information regarding specific projects may be obtained from CMS project officers directly.

This is the twenty-third edition of *The Active Projects Report*. For more information, please visit the CMS website at www.cms.hhs.gov.

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