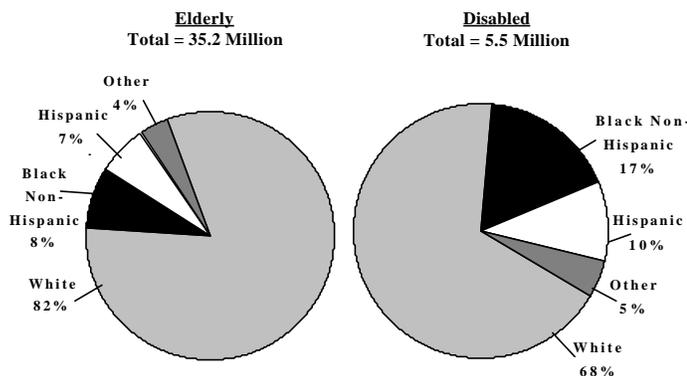


Theme 6: Meeting the Needs of Vulnerable Populations

A special focus of this research area is the demonstration of coordinated care models that integrate the range of services available to persons who are dually eligible for Medicare and Medicaid. Development of a risk adjustment system to support capitated payment for dual eligibles is a key element of this activity. We are implementing and evaluating demonstrations for the dually eligible population and exploring ways to improve coordination between the Medicare and Medicaid programs. Our research and demonstration projects are investigating disparities in clinical treatment for chronic disease, by gender and race/ethnicity to achieve improved health outcomes for vulnerable populations by targeting policies, programmatic changes, education, and outreach activities.

Minority Beneficiaries are Disproportionately Represented Among the Disabled



Source: CMS, Office of Research, Development, and Information: Data from the Medicare Current Beneficiary Survey (MCBS) 2000 Access to Care Files.

95-089 State of Minnesota Senior Health Options (MSHO) Project

Project Officer: Susan Radke
Period: April 1995–December 2004
Awardee: Minnesota, Department of Human Services
Funding: \$0

Description: In April 1995, the State of Minnesota was awarded Medicare and Medicaid waivers for a 5-year demonstration designed to test delivery systems that integrate long-term care and acute-care services for elderly dual eligibles. Under this demonstration, the State is being treated as a health plan that contracts with CMS to provide services, and provides those services through subcontracts with three health care plans. The State targets the elderly dually-entitled and Medicaid eligible only population that reside in the ten county St Paul/Minneapolis metropolitan area. Elderly Medicaid eligibles required to enroll in the State's

current section 1115 Prepaid Medical Assistance Program (PMAP) demonstration have the option to enroll in the Minnesota Senior Health Options (MSHO) Project. The MSHO project provides additional long-term care and Medicare benefits to basic PMAP benefits. The State is continuing its current administration of the Medicaid-managed care program while incorporating some Medicare requirements that apply directly to the health plans with which the State would subcontract for MSHO.

Status: CMS approved the State's request to extend MSHO and expand eligibility criteria to include persons under the age of 65 with disabilities. The expansion program titled, Minnesota Disability Health Options Program (MnDHO) and includes both disabled dual eligible beneficiaries and Medicaid eligible only beneficiaries. Administration of this program is similar to MSHO and the State currently contracts with one health plan to provide services to the disabled population. The MSHO extension and MnDHO expansion are approved through the period of October 2001 through December 2004.

97-218 Multi-State Evaluation of Dual Eligibles Demonstrations

Project Officer: Noemi Rudolph
Period: September 1997–September 2005
Awardee: University of Minnesota, (Wash Ave)
Funding: \$5,623,414

Description: This evaluation is designed to assess the impact of dual eligible demonstrations in the States of

Minnesota, Wisconsin and New York. Analyses will be conducted for each State and across States. The quasi-experimental design will utilize surveys, case studies, and Medicare and Medicaid data for analysis. Major issues to be examined include the use of a capitated payment strategy to expand services while reducing/controlling costs, the use of case management techniques and utilization management to coordinate care and improve outcomes, and the goal of responding to consumer preferences while encouraging the use of noninstitutional care. A universal theme to be developed is the difference between managing and integration.

Status: Surveys of beneficiaries and their families have been completed in Minnesota and Wisconsin. The surveys gathered information on several areas including satisfaction, the use of formal and informal care, and informal caregiver burden. Three Annual Reports and two case study reports have been submitted to CMS. The New York demonstration received its waivers in September 1999 and is still working through pre-implementation issues prior to the start of enrollment. Due to the delay in implementing the dual eligible demonstrations within the scope of this project, the period of performance was extended at no cost to the government from September 2002 through September 2005.

98-202 Multi-State Dual Eligible Data Base and Analysis Development

Project Officer: William Clark
Period: September 1997–September 2002
Awardee: Mathematica Policy Research, (Princeton)
Funding: \$2,135,418

Description: This project will use available Medicare/Medicaid-linked Statewide data in 10-12 States to develop a uniform database that can be used by States and the Federal government to improve the efficiency and effectiveness of the acute- and long-term-care services to persons eligible for both Medicare and Medicaid (dual eligible). It will also conduct analyses derived from these data to strengthen the ability to develop risk-adjusted payment methods and deepen the understanding of Medicare-Medicaid

program interactions as they relate to access, costs and quality of service. Finally, it will recommend longer-range options that will improve the usefulness of the database for operational and policy purposes.

Status: The project is constructing a multi-State dual eligible database and using these data for analyses. Two years of the database have been constructed. However, the third year of Medicaid data has been unavailable for inclusion in the database due to problems external to this contract. Preliminary descriptive reports are being prepared with the 2 years of data, and research studies continue.

99-115 Continuing Care Network Demonstration, Technical Assistance and Third Party Assessments

Project Officer: Noemi Rudolph
Period: September 1999–June 2002
Awardee: Community Coalition for Long Term Care
Funding: \$556,757

Description: This is part of a multi-year technical assistance and third party assessment for the Continuing Care Network (CCN) demonstration project in Monroe County. Specific objectives include: 1) analyzing and comparing Medicare+Choice capitation methodology with the CCN demonstration risk-adjusted payment model; 2) collecting assessment data; designing and empirically testing a Medicare and Medicaid risk/savings sharing model, and 4) examining CCN strategies for outreach/education, marketing, and enrollment especially as it pertains to the frail and dual eligibles.

Status: Deliverables submitted by the project include a databook and three reports: the Monroe County Medicare-Medicaid Integrated Database Databook, Determinants of Medicare and Medicaid Spending and the Implications for Risk Adjustment: Initial Report, and Pre-Demonstration Focus Groups: The Challenges of Attracting, Enrolling and Retaining Impaired and Dually Eligible Seniors in a Comprehensive Managed Care Program (Final Report), and Determinants of Medicare and Medicaid Spending and the Implications for Risk Adjustment (Final Report). Demonstration implementation issues have impacted the progress of

this project. Due to budget limitations, this technical assistance project will phase out in the summer of 2002.

99-114 Continuing Care Network Demonstration

Project Officer: Noemi Rudolph
Period: September 1999–September 2005
Awardee: New York, Department of Health, Bureau of Continuing Care Initiatives
Funding: \$0

Description: This is a 5-year demonstration designed to test the efficiency and the effectiveness of financing and delivery systems that integrate primary, acute, and long-term care services under combined Medicare and Medicaid capitation payments based on functional status. The Continuing Care Networks (CCNs) will enroll, over a five-year period, at least 10,000 Medicare-only and dually eligible beneficiaries who are 65 or older in Monroe County, New York. This population will include those residing in nursing facilities, the nursing-home certifiable living in the community, and the unimpaired. A limited chronic care benefit will be available to all who join the CCN as community-based unimpaired participants on enrollment. This is a voluntary program for both Medicare and dually eligible beneficiaries.

Status: The demonstration has experienced several implementation issues and therefore has not begun enrollment to date.

99-041 Case Studies of Managed Care Arrangements for Dual Eligible Beneficiaries

Project Officer: William Clark
Period: August 1999–February 2002
Awardee: Health Economics Research
Funding: \$367,135

Description: The purpose of this project is to obtain greater knowledge of the dynamics of Medicare and Medicaid coordination of eligibility, benefits, and services at the health plan level. It will provide

preliminary identification of issues that CMS, States, health plan contractors, and beneficiaries should prioritize and address. It will identify exemplary and routine approaches implemented by health plans for further consideration and potential adoption by others. Four market areas were selected for the studies: Portland, Oregon; Philadelphia, Pennsylvania; Miami, Florida; and Los Angeles, California. Beneficiary focus groups also will be convened to obtain beneficiary perceptions and experiences in using Medicare and Medicaid benefits in their managed care plans.

Status: Focus group activities in 2001 are completed.

99-056 Development and Validation of a Performance Measure Set for the Evaluation of Medicaid Services Rendered to People with Developmental Disabilities

Project Officer: Elizabeth Couchoud
Period: September 1999–September 2002
Awardee: Research Triangle Institute, (NC)
Funding: \$793,190

Description: This project is to select and validate a performance measure set that will be used to evaluate the quality and appropriateness of Medicaid services rendered to people with developmental disabilities. It is expected that the measure set developed will be useful within CMS's regulatory quality monitoring programs and to inform quality improvement activities. The measure set will also be available to provide information to consumers, to provide information on system wide strengths and weaknesses, and to provide information to payers of health care, including CMS, States, and private payment sources for use in evaluating the quality and value of services. This project will first recommend and then alpha test a performance measure set to determine its utility and feasibility for use in intermediate care facilities/mentally retarded (ICFs/MR).

Status: The selection of indicators and alpha test took place in calendar year 2001.

00-131 **Disabled and Special Needs Populations: Examining Enrollment, Utilization and Expenditures**

Project Officer: James Hawthorne
Period: September 2000–September 2003
Awardee: Mathematica Policy Research, (Princeton)
Funding: \$1,024,697

Description: The purpose of this project is to create a linked database that combines information from the Social Security Administration's (SSA) administrative data with CMS Medicaid data. It complements and builds upon activities related to these special needs populations by other components in the Department of Health and Human Services. Specifically, the project will 1) link CMS Medicaid and SSA disability data; 2) provide baseline data on enrollment, utilization, and payments for disabled and special needs enrollees in Medicaid; and 3) conduct research on policy issues related to these groups of enrollees. Of special interest will be the information on "reason for disability." At completion, the project will deliver a database that provides the opportunity for special studies and analyses designed to answer particular questions about the disabled and special needs populations, e.g., their health care needs and utilization and the costs of providing their health care. It will also provide special studies on questions of particular interest.

Status: The project has identified selected study objectives and has been negotiating with SSA to obtain data from their systems.

01-215 **Assessment of State Database Capacity and Development of Prototype Performance Monitoring System**

Project Officer: Joe Razes
Period: September 2001–August 2002
Awardee: Oregon Health and Science University
Funding: \$296,037

Description: The goal of this project is to lay the groundwork for the development of a national database that will integrate relevant Medicaid buy-in administrative data sets for future analysis. This project collects, analyzes, and interprets data regarding States' Medicaid health systems development activities for individuals with disabilities and will develop a performance monitoring tool. This tool would be used by States in evaluating the success of their buy-in programs. Recent legislation has offered States unprecedented opportunities to use Medicaid as a vehicle for supporting the competitive employment of people with disabilities. This project also will support the identification and reporting of performance measures and benchmarks for use in evaluating the effectiveness of Medicaid buy-in programs.

Status: This project is in the startup phase.

01-262 **Demonstration Project to Establish an Independent Investigative Unit for Deaths and Abuse of the Disabled**

Project Officer: Mary Clarkson
Period: September 2001–September 2002
Awardee: Equip for Equality
Funding: \$150,000

Description: This project established an in-house investigative unit to review deaths and other serious incidents of abuse or neglect of persons with disabilities. It will develop criteria for selecting cases to be directly investigated, and examine existing investigations systems to determine whether incidents of neglect are reviewed across all settings. A voluntary pro bono Medical Review Board will review cases flagged and provide advice on cases deserving investigation. An Advisory Committee with representatives from major Illinois State governmental units responsible for investigations will participate in developing criteria to be used in selecting incidents to investigate. It will also insure that emphasis is placed on areas that are not duplicative of current Federal and State efforts to insure recipient safety. Finally, the project will engage in public awareness activities.

Status: The project is in its early stages.

01-142 Medicare Behavioral Health Cost and Use Study

Project Officer: James Hawthorne
Period: July 2001–July 2002
Awardee: Abt Associates
Funding: \$244,659

Description: This project is developing a systematic process for monitoring Medicare expenditures for beneficiaries with behavioral health disorders. Information from the Medicare Enrollment Data Base (EDB) and from Medicare claims files will be used to identify and categorize beneficiaries in terms of relevant indicators of behavioral health problems. Utilization and expenditures for these beneficiaries will then be compared to those of other Medicare beneficiaries.

Status: At present, the project focuses only on Medicare expenditures. Subsequent projects however, will include an examination of Medicaid expenditures for dually eligible beneficiaries and the relationship between both Medicare and Medicaid expenditures and disability status under the Social Security Disability Insurance program.

02-062 Implementation of the READII Survey

Project Officer: Susan Arday
Period: September 2002–September 2003
Awardee: Abt Associates
Funding: \$350,000

Description: CMS and the Centers for Disease Control and Prevention (CDC) are working with five demonstration sites to improve influenza and pneumococcal vaccination rates in African-American and/or Hispanic communities. This contract will implement the READII Survey to a sample of Medicare beneficiaries randomly selected from each of the five demonstration sites. Information will be collected via a telephone survey to evaluate the impact of the Racial and Ethnic Adult Disparities in Immunization Initiative. The demonstration sites use a coalition of public health professionals and medical providers to develop a community-based plan that will identify African-American and Hispanic individuals,

who are 65 years of age and older in need of influenza and pneumococcal vaccinations, and offer these immunization services to them. The five demonstration sites are: Chicago, IL, Bexar County, TX, Milwaukee, WI, Monroe County, NY, and selected counties in rural Mississippi.

Status: The five demonstration sites are: Chicago, Illinois; Bexar County, Texas; Milwaukee, Wisconsin; Monroe County, New York; and selected counties in rural Mississippi.

00-174 Diabetes Care Across the Life Span for Medicaid Beneficiaries: Gender and Racial Differences

Project Officer: Rosemarie Hakim
Period: August 2001–January 2003
Awardee: Health Economics Research
Funding: \$214,592

Description: This project complements the research CMS is conducting on diabetes care in the Medicare population. It will provide information on diabetes in children, youth and/or adults who are Medicaid beneficiaries. It supports CMS to better understand the magnitude and patterns of utilization of health care services for beneficiaries with diabetes, and specifically the racial/ethnic composition of beneficiaries so that culturally relevant interventions can be developed to improve access and health outcomes. Findings from this analytic study will assist in setting new directions for future studies and program activities related to diabetes education, prevention and treatment to improve access and health outcomes for our beneficiaries in the Medicaid program.

Status: This project is in the startup phase.

01-167 American Indian/Alaska Native Eligibility and Enrollment in Medicaid, the State Children's Health Insurance, and Medicare

Project Officer: Linda Greenberg
Period: September 2001–September 2003
Awardee: Barents Group
Funding: \$898,353

Description: In 1998, national goals were established to eliminate health disparities by the year 2010 in six areas: infant mortality; cancer screening and management; cardiovascular disease; diabetes; HIV/AIDS rates; and child and adult immunization levels. This project is one part of a larger effort to eliminate health disparities. It will assess eligibility and enrollment of American Indians/Alaska Natives (AI/AN) in Medicaid, the State Children's Health Insurance Program (SCHIP), and Medicare and determine the proportion of the eligible AI/AN population enrolled in Medicaid, SCHIP, and Medicare. Analyses will be conducted using the latest available eligibility and enrollment data from State Medicaid and SCHIP programs, and the Medicare program. Data on the AI/AN population will also be identified using U.S. Census data on a State- and county-level basis, and other possible databases. One of the aims of this study is to identify geographic areas of low enrollment in Medicaid, SCHIP, and Medicare so that HCFA may more effectively engage in culturally-specific education and outreach efforts.

Status: In progress.

01-151 Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities Project

Project Officer: Diane Merriman
Period: September 2001–November 2002
Awardee: Brandeis University, Heller Graduate School, Institute for Health Policy
Funding: \$835,533

Description: The purpose of this project is to identify promising models of cancer prevention, detection and comprehensive care that promote health and appropriate utilization of Medicare covered services, in order to help eliminate health care disparities among Medicare beneficiaries. This project will evaluate best practices in the private sector, community programs, and academic research. Emphasis is being placed on interventions that promote primary prevention, such as

programs that influence behavioral risk factors; secondary prevention interventions that promote the use of clinical preventive and screening services; and interventions that may include treatment. CMS plans at least 9 demonstration projects in specified target groups for the purpose of developing models and evaluating methods that: 1) improve the quality of items and services; 2) improve clinical outcomes, satisfaction, quality of life, and appropriate use of Medicare-covered services and referral patterns; 3) eliminate disparities in the rate of preventive cancer screening measures; and 4) promote collaboration with community-based organizations to ensure cultural competency of health care professionals and linguistic access for persons with limited English proficiency.

Status: The "Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities Project" is a multi-year project that has two phases. The first phase involves producing an evidence report that will synthesize evidence/best practices on intervention models that promote primary and secondary prevention interventions among the targeted ethnic and racial minority populations. The focus of these reports will be the interventions; i.e., what steps, conditions or actions are necessary for success, and their relevance to the Medicare program. The second phase involves the design and implementation of behavioral risk factor reduction and health promotion demonstrations.

01-263 A Plan to Address Health Disparities in the African American Communities

Project Officer: Richard Bragg
Period: June 2001–January 2002
Awardee: Eleanor Walker, Ph.D.
Funding: \$25,000

Description: This project will develop recommendations and strategies for shaping a future research agenda regarding health disparities in the African American population.

Status: The project is complete.

01-265 American Indian/Alaskan Native Consultation on Health Disparities Research

Project Officer: Linda Greenberg
Period: July 2001–January 2002
Awardee: Debra Buckwald, MD
Funding: \$25,000

Description: This project will assist in the development of a strategic research plan to address health disparities in these populations. It will develop recommendations and strategies for shaping a future research agenda regarding health disparities.

Status: The project is complete.

01-288 Minority Health: Asian American Research

Project Officer: Richard Bragg
Period: June 2001–January 2002
Awardee: Elena Yu
Funding: \$25,000

Description: This project developed a plan to address health disparities in the Asian American community.

Status: The project is complete.

00-092 Examining Gender and Racial Disparities Among Medicare Beneficiaries with Chronic Diseases

Project Officer: Marsha Davenport
Period: September 2000–March 2002
Awardee: Health Economics Research
Funding: \$177,442

Description: This project is an analytic study using the Medicare administrative claims files to expand CMS's knowledge base in the area of women's health and chronic diseases. Findings from this project will assist CMS in targeting policies, programmatic changes, education, outreach, and research and demonstration projects to achieve improved health outcomes for female Medicare beneficiaries. Diseases such as arthritis, asthma, chronic obstructive

pulmonary disease (COPD) and other respiratory conditions, cancers, diabetes, heart disease, hypertension, osteoporosis, and stroke comprise the major categories of chronic conditions affecting persons age 65 and older. For women, cardiovascular disease is responsible for more deaths than almost all of the leading causes of death, including cancer. Recent studies have identified disparities in treatment for heart disease both by gender and race/ethnicity. There are a growing number of racial and ethnic groups in this country who appear to be disproportionately sharing the burden of these chronic diseases.

Status: Analysis on stroke (hemorrhagic; ischemic; and transischemic attacks) and co-morbid diseases is in progress.

00-069 Health Disparities: Longitudinal Study of Ischemic Heart Disease Among Aged Medicare Beneficiaries

Project Officer: Linda Greenberg
Period: September 2000–September 2002
Awardee: Health Economics Research
Funding: \$282,157

Description: The purpose of this project is to assess the use of Medicare covered services among Medicare beneficiaries with ischemic heart disease (IHD) based on sociodemographic characteristics (e.g., race/ethnicity, sex, age, socioeconomic status). This is being done using a longitudinal database comprised of 1997-1999 data that links Medicare enrollment and claims data with small-area geographic data on income (e.g., U.S. Census data or other private data sources). The advantage of a longitudinal database is that it provides data at multiple time points during a person's life. Information is being used to compare the incidence of disease and the outcomes of diagnostic and surgical procedures for IHD across racial/ethnic groups, socioeconomic status, and geographic areas. The unique aspect of this contract is that it examines cardiovascular care among Whites, Blacks, Hispanics, Asians, and American Indians/Alaskan Natives. This project addresses a HHS initiative to eliminate health disparities, which is one of the goals of Healthy People 2010.

Status: A Final Design and Analytic Report was completed in June 2001. Using the longitudinal Part A database, a draft report on provides preliminary results including data on admission rates, mortality rates, readmission rates, and inpatient procedure rates for IHD patients. It also characterizes the types of hospitals IHD patients go to when first admitted for IHD. This report is the first in a series of reports.

00-093 Racial Disparities in Health Services Among Medicaid Pregnant Women, (Multi-State) Analysis

Project Officer: M. Beth Benedict
Period: September 2000–September 2002
Awardee: Research Triangle Institute, (NC)
Funding: \$430,779

Description: This is a study of associations between pregnancy-related care and outcomes, and the ethnic and racial characteristics of women who had a Medicaid covered delivery during calendar year 1995. The study examines the use of Medicaid expenditures from health services from the initial prenatal care visit through the delivery and into the first three postnatal months. Specific prenatal care markers being considered include delayed prenatal care, no prenatal care, and an insufficient total number of prenatal care visits for a full-term, normal pregnancy. For each of the health care utilization analyses, expenditure is being analyzed.

Status: During year 1 of the project, analysis files were constructed and preliminary analyses completed on population use and expenditures in prenatal care for three of the four States. In year 2, the project is continuing the analyses.

00-121 Health Status and Quality of Life for Women with Diabetes: Data from the Medicare Current Beneficiary Survey

Project Officer: Marsha Davenport
Period: September 2000–September 2002
Awardee: CHD Research Associates
Funding: \$92,490

Description: This project develops a database, creates analytic files, and provides programming and analytic support for studies on beneficiaries with diabetes from the Medicare Current Beneficiary Survey (MCBS). These studies will focus on gender and racial/ethnic differences for respondents in the MCBS who reported having had a diagnosis of diabetes. Through creating a database and analytic files, studies on Medicare beneficiaries with diabetes can be conducted using several years of data from the MCBS. Important issues related to health, health status, co-morbid conditions, functional status, disability, and quality of life, as well as costs and utilization of health care services, can be examined.

Status: Preliminary descriptive data analyses, both unweighted and weighted, were completed for the demographic characteristics of beneficiaries with diabetes from MCBS. Additional analyses are planned to compare the persons with diabetes to beneficiaries without diabetes on such variables as risk factors, activities of daily living and instrumental activities of daily living, co-morbid diseases, medications, and use of preventive services. Future analyses will also include data from the Medicare claims files to study the use of appropriate services for the management of diabetes.

02-054 Health Disparities: Measuring Health Care Use and Access for Racial/Ethnic Populations

Project Officer: Linda Greenberg
Period: September 2002–September 2003
Awardee: Research Triangle Institute, (DC)
Funding: \$284,870

Description: The purpose of this project is to analyze health care access trends among minority beneficiaries and determine whether and the extent to which health care disparities exist among minority populations including those who have not previously been studied using Medicare data. In addition, this project will focus on examining the accuracy and completeness of race/ethnicity data in the Medicare enrollment database.

Status: This project is in the startup phase.