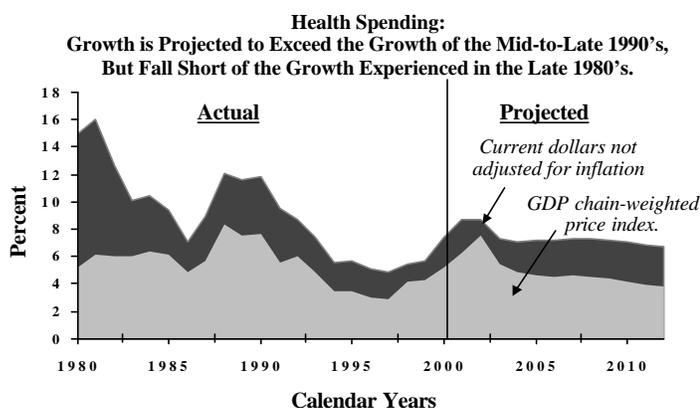


## Theme 8: Building Research Capacity

CMS's research budget supports a variety of activities to increase the efficiency of our research and demonstration program and to meet the crosscutting research needs of the wider health research community. These activities include assisting the infrastructure of health services research and providing tools to support CMS's research program. One example is the Research Data Assistance Center (ResDAC) that was developed to assist new researchers in developing familiarity and use of CMS's massive databases for research on Medicare and Medicaid issues. Another example is the Medicare Current Beneficiary Survey (MCBS)—the only comprehensive source of information on the health status, health care use and expenditures, health insurance coverage, and socioeconomic and demographic characteristics of the entire spectrum of Medicare beneficiaries. CMS is also building research capacity through demonstration projects to develop, implement, and evaluate a culturally-sensitive, multi-faceted pilot program that seeks to improve disease screening knowledge, attitudes, and health care practices in a high risk population of poor and elderly minority populations.



### 96-049 Tabulate Data from the National Employer Health Insurance Survey

**Project Officer:** Katharine Levit  
**Period:** September 1996–February 2002  
**Awardee:** CHD Research Associates  
**Funding:** \$130,572

**Description:** This project supports a range of programming, analytical, and statistical application skills needed for a wide range of tasks related to research activities. This task explores and tabulates data from the National Employer Health Insurance Survey and other surveys. The aim is to produce basic descriptive data on private health insurance. These data provide the basis for the "private health insurance" accounts within the national, State and age-based health accounts.

**Status:** Project extended through February 2002.

### 97-014 Hospital Cost Monitoring

**Project Officer:** Benson Dutton  
**Period:** April 1997–January 2003  
**Awardee:** American Hospital Association  
**Funding:** \$692,330

**Description:** The purpose of this project is to replace the data collected by American Hospital Association (AHA) through the National Monthly Hospital Panel Survey (NMHPS) with the National Hospital Indicators Survey (NHIS). These data will be used for research, actuarial studies and policy development efforts that involve cost, expenditure, service and utilization analyses. The AHA annually collects data on hospitals using the NMHPS and NHIS. The quarterly hospital survey summary statistics (national by Census division and by AHA bed size) contain information on items such as: hospital beds, inpatient and outpatient utilization, revenue and expenses, and utilization for inpatients 65 years old and older.

**Status:** This is the fourth in a series commencing in 1980 (contract numbers 500-80-0066, 500-87-0039 and 500-92-0003). The annual survey of hospital data is delivered annually in December for the preceding year. Results through the 1st Quarter 2001 have been delivered.

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### 97-025 Expansion of Special Policy Analysis Model (SPAM) - II

**Project Officer:** Sally Burner  
**Period:** September 1997–September 2002  
**Awardee:** Actuarial Research Corporation  
**Funding:** \$1,919,199

**Description:** This project continues the development of the micro-simulation model used to support health policy analyses begun under contract 500-92-0042 "Expansion of Special Policy Analysis Model." The model is used by CMS to analyze the impacts of changes in the U.S. health care financing and delivery system and to provide support for the expanded requirements resulting from the Health Insurance Portability and Accountability Act of 1996.

**Status:** This is a long-term support project for CMS' Office of the Actuary. The micro-simulation model is being continually updated. It is a working tool that is used on an on-going basis.

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### 99-060 Programming Support for Development of the Surveillance, Epidemiology, and End Results (SEER)-Medicare Database

**Project Officer:** Gerald Riley  
**Period:** June 1999–September 2002  
**Awardee:** CHD Research Associates  
**Funding:** \$357,242

**Description:** This project provides programming support for the Surveillance, Epidemiology, and End Results (SEER)-Medicare data base. The SEER-Medicare data base has been in existence since 1991 and is the collaborative effort of the National Cancer Institute (NCI), the SEER registries, and CMS to create a large population-based source of information for cancer-related epidemiologic and health services research. The creation of the linked files requires matching persons reported to the SEER registries with a master file of Medicare enrollment to determine which persons appearing in the SEER data are entitled to Medicare. For persons found to be Medicare enrollees, their Medicare utilization claims are appended to their SEER record. The instant programming services are for the update and

maintenance of the SEER-Medicare data, analyses related to the SEER-Medicare data, and analyses related to other Medicare program studies. CMS and NCI are both providing funds for this effort.

**Status:** The contractor has extracted Medicare claims data for 1999 and has obtained various Medicare files for a cancer-free control group. Plans are being formulated to update the SEER-Medicare link.

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### 99-094 Improving Managed Care Outcomes Using Medicare Health Outcomes Survey Data

**Project Officer:** Sonya Bowen  
**Period:** May 2000–October 2002  
**Awardee:** Health Services Advisory Group  
**Funding:** \$1,529,185

**Description:** This project provides data cleaning, scoring, and performance profiling of (HOS) data collection. It trains managed care plans and Quality Improvement Organizations (QIO, formerly Peer Review Organizations ) in the use of functional status measures and best practices for improving care. It also provides technical assistance for QIOs and plan interventions designed to improve functional status. Fiscal year 2002 will mark the release of HOS functional change scores for cohort 1 to plans, QIOs, and the public.

**Status:** The cohort 1 performance measurement reports were released to QIOs and plans in December 2001. A public release of data is expected in February 2002. Two-year functional status change scores and performance profiles for each plan have been developed from a merged cohort 1 baseline and remeasurement data set. Round 4 data submission, cleaning, and analysis from the 2001 HOS field administration will be completed in early 2002. Round 5 will be completed in late 2002. A national Quality Improvement System for Managed Care (QISMIC) pilot project, using HOS data to target beneficiaries at high risk for depression, continues. A conference is planned for the fall in Baltimore.

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**99-061 Programming Support for the Development of the Surveillance, Epidemiology, and End Results (SEER)-Medicare Database to Examine the Hospice Benefit among Aged Medicare Beneficiaries**

**Project Officer:** Linda Greenberg  
**Period:** September 1999–September 2002  
**Awardee:** CHD Research Associates  
**Funding:** \$49,998

**Description:** This project provides programming services for the development of an analytic file of hospice services using the updated Surveillance, Epidemiology, and End Results (SEER)-Medicare database. The SEER-Medicare database has been in existence since 1991 and is the collaborative effort of the National Cancer Institute, the SEER registries, and CMS to create a large population-based source of information for cancer-related epidemiologic and health services research. The creation of the linked files requires matching persons reported to the SEER registries with a master file of Medicare enrollment to determine which persons appearing in the SEER data are entitled to Medicare. Preliminary analyses of the use of hospice services among elderly beneficiaries diagnosed with cancer suggest some differences by age, race, income, and HMO status. This project expands preliminary analyses beyond colorectal and lung cancer cases diagnosed in 1992 and 1993 to include more cases from the updated Medicare-SEER database. We will examine the sociodemographic determinants of hospice use among all decedent cancer patients, ages 65 and older, and expenditure patterns of users and nonusers of hospice care. Additionally, analyses will focus on differences among cancer patients enrolled in health maintenance organizations (HMO) and fee for service (FFS).

**Status:** The preliminary analyses have begun.

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**00-048 International Comparative Data and Analysis of Health Care Financing and Delivery Systems - II**

**Project Officer:** Melvin Ingber  
**Period:** August 2000–August 2005  
**Awardee:** Organization for Economic Cooperation and Development  
**Funding:** \$379,325

**Description:** The Organization for Economic Cooperation and Development (OECD) has developed a unique database that contains information on health care financing and use in industrialized Western nations. This project obtains these data on an ongoing basis, updates and expands them, and provides a series of papers that analyze the trends in Western-developed nations and their policy relevance to the United States. These data are the source of statistics comparing health spending (usually expressed as a percentage of gross domestic product, or in U.S. dollars per capita) in the United States and other Western developed nations.

**Status:** The project is in progress and OECD has provided their last updated and enhanced database in CD-ROM format in August 2001. OECD will be providing the updated database in both CD-ROM and the Excel file format annually, in addition to the analytical papers, as approved under the contract budget.

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**96-221 Feasibility Study to Improve the Detection and Prevention of Duplicate and Near Duplicate Claims**

**Project Officer:** Renee Hildt  
**Period:** September 2001–May 2002  
**Awardee:** Jing Xing Technologies  
**Funding:** \$49,993

**Description:** This is a project to write a requirements analysis that Medicare can use to prevent and detect duplicate and near duplicate claims. The project will also examine what would be necessary to implement them, obstacles that must be overcome, and the likelihood that implementing the requirements will reduce duplicate and near duplicate claims submission.

and payment. The project must formulate a strategy that will focus on preventing duplicate and near duplicate claims submission, detecting duplicate and near duplicate claims once they have been submitted, and addressing duplicate and near duplicate claims once they are detected.

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

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#### 01-234 Programming Support for Studies of the Medicare Disabled Population

**Project Officer:** Gerald Riley  
**Period:** July 2001–July 2002  
**Awardee:** CHD Research Associates  
**Funding:** \$39,945

**Description:** This provides programming assistance to CMS in connection with the linkage of Medicare records to administrative data from the Social Security Administration. It also assists with the extraction of Medicare claims and enrollment data for beneficiaries in the linked sample. And, finally it helps build analytic files for studies of the disabled population.

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

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#### 01-240 Econometric Forecasting and Economic Services - II

**Project Officer:** Shannon Martin  
**Period:** April 2001–April 2006  
**Awardee:** DRI  
**Funding:** \$350,000

**Description:** This project provides econometric forecasting and economic services. It also will provide forecasts of various CMS input price indexes for use in updating payments in the various PPS systems. The contract also provides for various other econometric and economic services.

**Status:** This project continues year-to-year since it provides basic support for our actuarial estimates used in operating the Medicare program. The previous contract was 500-96-0354 and was replaced after its 5-year term expired.

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#### 01-248 Data from National Rx Audit Databases - II

**Project Officer:** Jean Stiller  
**Period:** September 2001–September 2002  
**Awardee:** IMS America  
**Funding:** \$25,000

**Description:** This contract purchased data from the contractor's National Prescription Audit; total prescription counts, number of new prescriptions, number of refill prescriptions, pharmaceutical acquisition dollars and total retail dollars.

**Status:** Data were received on time.

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#### 01-249 Survey Result from the Retail Method of Payment Database - II

**Project Officer:** Jean Stiller  
**Period:** September 2001–September 2002  
**Awardee:** IMS America  
**Funding:** \$20,000

**Description:** This contract purchased data – retail sales of prescription drugs by State and by method of payment.

**Status:** Data were received.

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#### 01-261 Preparation of Analytic Data for the National, State, and Age Health Accounts Data Analysis

**Project Officer:** Anne Martin  
**Period:** August 2001–August 2002  
**Awardee:** Fu Associates  
**Funding:** \$40,000

**Description:** The National Health Accounts are produced annually to provide policy makers, analysts and researchers with historical information and projections about health care spending. These accounts include estimates of spending by service type (e.g., hospital care, physician services, nursing home care) and by broad funding source (e.g., Medicare, Medicaid, private health insurance). Periodically, health account estimates are also prepared by geographic area and by age cohort. As with the National Health Accounts, the State and age health accounts provide information useful in understanding and framing policy issues. This project prepares the data for the analyses.

**Status:** This project is in the early stages of data preparation.

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#### 01-266 Support for the Redesign of the Medicaid Statistical Information System

**Project Officer:** Al Celentano  
**Period:** September 2001–September 2002  
**Awardee:** Data Computer Corporation of America  
**Funding:** \$199,993

**Description:** These funds support the 1999 Standard Medicaid Research File (SMRF) construction and the development of supplemental reports through "Data Marts" in the CMS Data Warehouse structure. These will involve EPSDT, SCHIP and Drug Rebate reporting systems.

**Status:** This represents only partial funding for a project that is already underway.

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#### 01-273 Conversion of Medicaid Statistical Information System to a DB2 Database

**Project Officer:** Al Celentano  
**Period:** September 2001–September 2002  
**Awardee:** IBM  
**Funding:** \$2,699,710

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#### 01-276 Descriptive Statistical Data on Health Maintenance Organizations

**Project Officer:** Katharine Levit  
**Period:** July 2001–September 2002  
**Awardee:** InterStudy Publications  
**Funding:** \$16,805

**Description:** This is a license to use a series of databases:

- The Competitive Edge-HMO Database,
- National HMO Financial Database, and
- MED/OPS Database.

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#### 01-278 Time Series Data on Nonprescription Drugs

**Project Officer:** Katharine Levit  
**Period:** March 2001–September 2002  
**Awardee:** Kline & Company  
**Funding:** \$2,500

**Description:** Manufacturer and retail sales data of over-the-counter drugs and sundries. These data are used in the development of expenditure estimates for the National Health Accounts.

**Status:** These data are purchased at regular intervals.

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#### 99-147 Meeting Support Arrangements

**Project Officer:** Sydney Galloway  
**Period:** September 1999–September 2002  
**Awardee:** AFYA  
**Funding:** \$119,404

**Description:** This project provides meeting support for CMS or ORDI meetings that involve participants and/or observers from the public or private sector. The immediate concern will be the usability and arrangement of web-based information on the CMS research program and on the statistics about CMS programs.

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**99-073 Assessing the Impact of a Comprehensive School-Based Health, Educational, and Social Services Program for Pregnant Adolescents on Their Pregnancy Outcomes and the Health of Their Children**

**Project Officer:** Richard Bragg  
**Period:** September 1999–June 2002  
**Awardee:** Morgan State University  
**Funding:** \$249,287

**Description:** This project will assess the impact of the Laurence G. Paquin Middle/High School, a school-based comprehensive program in health, education, and social services, by comparing the students in the Paquin Program with pregnant teens in other parts of the Baltimore City educational system. It will seek to undertake a comprehensive evaluation of the Paquin School Program in order to assess its impact on the pregnancy outcomes of the pregnant adolescents and on the health of their children. The goal of the proposed project is to assess the impact of an existing school-based comprehensive program in health, educational, and social services for pregnant and/or parenting adolescents on the pregnancy outcomes and health and nutritional status of their infants and children. The project will test several hypotheses with respect to the impact of the Paquin School Program on the adolescents' pregnancy outcomes.

**Status:** This project, which was awarded under HCFA's grant program for Historically Black Colleges and Universities (HBCU) Health Services Research Grant, is in progress.

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**99-074 Medicaid Managed Care Quality and Costs Among Black and White Adults with Diabetes Mellitus**

**Project Officer:** Richard Bragg  
**Period:** September 1999–February 2002  
**Awardee:** Morehouse, School of Medicine  
**Funding:** \$157,609

**Description:** This project is a retrospective analysis of State Medicaid claims data relating to diabetes mellitus treatment under the managed care program. The goals

of this project are to assess the quality of care and the value of a type of Medicaid managed care plan compared to non-managed care. The study provides an in-depth discussion of: 1) the patterns of access of care for diabetes mellitus under managed care; 2) the risk of diabetes-related hospitalizations; 3) the risk of acute complications; and 4) the costs of diabetes care among Black and White adult Medicaid beneficiaries enrolled in the Georgia Better Health Care Practice.

**Status:** This project, which was awarded under CMS's grant program for Historically Black Colleges and Universities Health Services Research, is continuing.

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**00-075 Efficacy of a Culturally Sensitive Health Promotion Program To Improve Exercise and Dietary Behaviors in African American Elders with Hypertension**

**Project Officer:** Richard Bragg  
**Period:** September 2000–September 2002  
**Awardee:** Southern University and A&M College, School of Nursing  
**Funding:** \$205,142

**Description:** The project is to test the efficacy of a culturally sensitive health promotion program that seeks to improve exercise and diet, two behaviors important in controlling hypertension in African American elders with hypertension. The project will compare the impact of outcomes of: knowledge, efficacy expectations and outcomes (beliefs about performing exercise and dietary behaviors), and change on exercise and dietary behaviors of elders who participate in one of two versions of a health promotion program. The first year will be conducted in Baton Rouge, Louisiana and the second year in Jackson, Mississippi, under the coordination of the two participating universities. The intervention will be conducted at public housing complexes and involve resident coordinators who would serve as liaisons between participants and researchers.

**Status:** Data is collected at baseline and remeasured at 3 and 6 months on nine variables. This project, which was awarded under CMS's grant program for Historically Black Colleges and Universities, is in progress.

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#### 00-072 Health Promotion in the African American Community: A Computer-Based Nutrition Program

**Project Officer:** Richard Bragg  
**Period:** September 2000–September 2002  
**Awardee:** Prairie View A&M University  
**Funding:** \$231,008

**Description:** The purpose of the study is to investigate the effectiveness of a computer-based nutrition education program by African American adults in community settings as compared to traditional methods of instruction. A research team of faculty and nursing students will implement project activities (based on health promotion behaviors) using an interactive multimedia computer program to teach nutrition to African American adults. The investigators will validate the feasibility of computer-based intervention strategies and materials designed to teach African American adults about nutrition in a community setting when compared to traditional methods of instruction. The project goals are: 1) to form collaborative partnerships within minority communities in need of health promotion focusing on nutrition, 2) to examine the difference in outcomes of health education using a computer based delivery method when compared to traditional methods, and 3) to determine the feasibility of using a computer-based education program to teach health promotion to African American adults in urban community settings.

**Status:** This project, which was awarded under HCFA's grant program for Historically Black Colleges and Universities, is in progress.

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#### 00-073 Increasing Breast Cancer Screening in African American Women: A Community Pilot Project

**Project Officer:** Richard Bragg  
**Period:** September 2001–September 2002  
**Awardee:** Meharry Medical College  
**Funding:** \$249,980

**Description:** The study seeks to determine the extent to which breast cancer screening can be increased and breast cancer can be prevented among low income and elderly African-American women using a combination of culturally appropriate strategic approaches that are implemented through a coordinated community effort. The main goal is to develop, implement, and evaluate a culturally-sensitive, multi-faceted pilot program that seeks to improve breast cancer screening knowledge, attitudes, and practices in a high risk population of poor and elderly African American women.

This 2-year demonstration is a collaborative venture between Meharry's Cancer Control Research Unit, the East Nashville Family Health Care Group, the Community Coalition for Minority Health, the Middle Tennessee Breast and Cervical Cancer Screening Coalition, and other selected organizations and individuals in the East Nashville Community of Tennessee.

**Status:** This project was awarded under CMS's grant program for Historically Black Colleges and Universities. The research project is in its second year.

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#### 00-074 Reducing Hospitalization and Rehabilitation Medicaid Costs in African American Teens with Spinal Cord Injuries Who Survive Teen Violence

**Project Officer:** Richard Bragg  
**Period:** September 2000–September 2002  
**Awardee:** Southern University and A&M College  
**Funding:** \$250,000

**Description:** The main goal of this demonstration is to study the major contributions to the Medicaid cost for re-hospitalization and rehabilitation associated with spinal cord injury (SCI) of African American survivors of teen violence. The specific objectives of the project are to: 1) identify Medicaid costs for the first year following the injury and subsequent 5 years, 2) collect data regarding the current state of followup care, 3) reduce preventable hospitalization costs by the improved access to quality care and comprehensive followup of SCI, 4) use the findings of the study to develop a case management model for reducing Medicaid costs in this population, and 5) conduct intervention activities to reach out to teens in the Teen Outreach Program to help prevent violence and injury. The 2-year intervention study uses a quasi-experimental pre-test and post-test design with a convenience sample of 60 teens in Louisiana. Teens will be exposed to a multi-component intervention treatment, and compared with a control group of similar matched cases of teens with SCI from Maryland.

**Status:** This project was awarded under CMS's grant program for Historically Black Colleges and Universities. The project is in its second year.

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#### 01-245 Increasing Mammography Screening Among African American Females in Rural Areas: An Educational Intervention Program

**Project Officer:** Richard Bragg  
**Period:** September 2001–September 2003  
**Awardee:** Tuskegee University  
**Funding:** \$120,282

**Description:** The goal of the project is to increase mammography screening among African-American females. The objectives are to 1) evaluate the effectiveness of breast cancer screening education program on mammography rates among African-American females age 40 and over living in rural communities, 2) increase breast self-examination and mammography rates among African-American females age 40 and over living in rural areas of Alabama, 3) evaluate whether the project has more or less of an

impact among women who have a family history of breast cancer, and 4) compare the results of a rural education intervention project with the same project previously delivered in an urban setting. The project is being implemented in two counties in the Tuskegee, Alabama area; Macon and Greene. The population of these counties is predominantly African-American, 86 percent and 81 percent respectively. The educational level is low, with approximately 50 percent having earned a high school diploma. In addition, the only hospital is the Veterans Medical Center and residents must travel up to 30 miles to receive secondary care. Poverty levels are high, there is a significant vulnerable population and many residents are uninsured and receiving public assistance.

**Status:** Collaborations have been formed with the Ministerial Alliance of Black Churches which will host the project, the Office of Minority Health in the Alabama State Department of Health, and the Cancer Prevention Program to provide free mammograms. Tuskegee University National Center for Bioethics and Research in Health Care will provide administrative support and guidance.

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#### 01-244 Strategies to Improve Prostate Cancer Screening Rates Among African-American Men in the Baltimore Metro Area

**Project Officer:** Richard Bragg  
**Period:** September 2001–September 2003  
**Awardee:** Morgan State University  
**Funding:** \$121,765

**Description:** The overall goal of the project is to increase the number of African-American men, forty (40) years and older, who participate in routine screening for prostate cancer each year. The objectives are 1) to determine through focus groups, barriers and enablers to routine screening for prostate cancer among African-American men in the Baltimore Metro Area, 2) to increase the knowledge of African-American men about prostate health and prostate cancer, through a health education program, as measured by a pre and post-test and 3) to change the behavior of African-American men relative to routine screening for prostate

cancer, by increasing the number who participate in regular screening. The project will be conducted in two phases in three counties in the Baltimore metropolitan area. In Phase I qualitative data will be collected on barriers and enablers to prostate cancer screening from participants in ten focus groups conducted in three targeted counties. In Phase II the planning and implementation of an education intervention program will utilize the "train-the-trainer" model.

**Status:** The pre/post test survey has been completed.

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#### 01-243 **Diabetes: Factors Influencing Self-Care Among African Americans in Rural and Urban Populations**

**Project Officer:** Richard Bragg  
**Period:** September 2001–September 2003  
**Awardee:** University of the District of Columbia  
**Funding:** \$124,320

**Description:** The purpose of this project is to identify, assess, and evaluate knowledge about diabetes prevention, self care (compliance), and locus of control behaviors among a population of urban and rural African Americans 45 years and older living in Baltimore, MD, the District of Columbia, and Petersburg, VA. Individuals will be recruited from free clinics, practitioners, senior citizens centers, and faith based organizations. The multi-phase project will identify at-risk diabetics (diabetics with self-care deficits) and initiate specific sensitive interventions to decrease risk factors associated with diabetes complications and to improve self-care. The aim of the project is to identify high-risk type-2 diabetics, develop intervention strategies that are culturally sensitive, and provide an educational curriculum (regarding diabetes and self-care behavior) that recognized the impact of culture in disease management. These interventions will target three areas: health promotion, outreach, and diabetes care.

**Status:** Four historically black colleges and universities collaborate on this project: The University of the District of Columbia, Morgan State University, Coppin State College and Virginia State University.

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#### 01-251 **Grants Writing Workshop for Historically Black Colleges and Universities' Researchers - II**

**Project Officer:** Richard Bragg  
**Period:** June 2001–January 2002  
**Awardee:** Tennessee State University  
**Funding:** \$25,000

**Description:** This small project is designed to increase the number of well-trained competitive minority researchers. The specific objectives of this workshop are to: 1) train Historically Black Colleges and Universities (HBCU) researchers to develop fundable research proposals relative to understanding and improving certain aspects of minority health status, 2) develop an HBCU network of cross-institutional collaborators in health services research, 3) explore methods of increasing minority participation in research populations, 4) examine successful grants that have been written to learn more about the mechanics of writing a fundable grant proposal, and 5) enhance the capacity of HBCU researchers to work with CMS.

**Status:** The workshop is being planned.

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#### 01-255 **HBCU's Health Services Research Network Strategic Planning Workshop - Improving Health Outcomes and Minimizing Health Disparities in the African American Population**

**Project Officer:** Richard Bragg  
**Period:** July 2001–March 2002  
**Awardee:** Bowie State University, Department of Nursing, Center for Learning and Technology  
**Funding:** \$25,000

**Description:** This workshop is to address the nature and scope of the HBCU Health Services Network as it relates to the existing health disparities in the African American communities. It will discuss current knowledge, strategies to address health disparities,

gaps in the knowledge, clarify the role of the HBCU Network, identify research needs, and make recommendations to improve the health outcomes of African Americans.

**Status:** The workshop was held in December 2001. The final report is in preparation.

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#### 99-075 Transcultural Case Management (TCM) Integrated HIV Health Care and Support Services

**Project Officer:** Richard Bragg  
**Period:** September 1999–March 2002  
**Awardee:** University of Texas Health Science Center at Houston  
**Funding:** \$228,248

**Description:** The project is implementing a Transcultural Case Management (TCM) model that will increase access, utilization of services, and better the quality of care for human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) clients of Hispanic descent who live in the U.S.-Mexico border region. The TCM will create a network of services and referral relationships among private and public agencies collaborating on this project. The ultimate aim is to decrease the costs of these patients by decreasing hospital days and improve satisfaction with care through the use of community health workers. The transcultural approach to health care proposes to deliver holistic care within a framework of attention and respect to differences and similarities in cultural values, beliefs, and lifestyles among different border populations. Its goal is to contribute to a patient's health and well being by providing culturally congruent, competent, and compassionate care.

**Status:** This project, which was awarded under CMS's grant program for Hispanic Health Services Research Grant, is continuing.

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#### 99-072 Cervical and Breast Cancer Screening for Post-Reproductive Age Hispanic Women Residing Near the U.S.-Mexico Border

**Project Officer:** Richard Bragg  
**Period:** September 1999–May 2002  
**Awardee:** University of Arizona, Arizona Board of Regents  
**Funding:** \$263,281

**Description:** The study, which focuses on the border community of Douglass/Sulphur Springs Valley in Arizona, highlights the immense and unique health problems that plague the U.S.-Mexico border region. The U.S.-Mexico border area in general and the Arizona (U.S.)-Sonora (Mexico) border area in particular has had a history of economic ties and the sharing of physical, economic ties, cultural, and health characteristics. Some of the main contributing factors associated with the myriad of health problems in the region include: poverty, unavailability, and accessibility of preventive health and treatment services. Of particular interest to the researchers is the preventive value of screening for cervical and breast cancers associated with Hispanic women who live in a border community (Douglass) on the U.S.-Mexico border. This study will allow the researcher to address these problems by using a 2-year community-based cohort intervention study, and gather information relating to utilization and barriers to utilization of breast and cervical cancer screening services.

**Status:** This project, which was awarded under CMS's grant program for Hispanic Health Services Research,

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#### 99-078 Hispanic Health Services Utilization: Defining and Exploring Disparities

**Project Officer:** Richard Bragg  
**Period:** September 2000–September 2002  
**Awardee:** Massachusetts General Hospital  
**Funding:** \$194,968

**Description:** The study will use the 1996 HealthCare Cost and Utilization Project State Inpatient Database (merged with the American Hospital Association Annual Survey of Hospitals) and Census data to examine the differences in utilization of diagnostic and therapeutic health services between Hispanics and Whites in three States, California, New York, Florida. The purpose of this project is: 1) To quantitatively define diagnostic and therapeutic health service utilization for Hispanics versus non-Hispanic Whites along a set of five specific clinical conditions (cardiovascular disease, cerebrovascular disease, epilepsy, peptic ulcer disease/gastritis, and benign gynecologic conditions); and 2) to qualitatively explore a variety of hypotheses as to why disparities in diagnostic and therapeutic health services exist (barriers to doctor-patient communication, patient perception of the role of the physician, sociocultural variations in presentation of symptoms and patient preferences, and physician bias).

**Status:** This project, which was awarded under the CMS's grant program for Hispanic Health Services Research, is in progress. It was originally awarded to Weill Medical College of Cornell University, but, with the relocation of the Principal Investigator, was moved to Mass General in May 2002.

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#### 00-078 **A Systematic Approach to Improving Pap Smear Screening Rates Among Hispanic/Latina Women in Managed Medicaid Systems**

**Project Officer:** Richard Bragg  
**Period:** September 2000–September 2002  
**Awardee:** California State University, Fresno Foundation, College of Health and Human Services, Grants and Research  
**Funding:** \$218,646

**Description:** One major reason for high rates of cervical cancer in Hispanic/Latino women is the under-utilization of pap smear screening. This project identifies barriers to pap smear screening facing Hispanic/Latina women within a Medicaid managed

care system. Specifically, the goals of this project are to: 1) identify the alterable barriers to Pap smear screening facing Latina women, 2) measure the proportion of Latina women who are screened for cervical cancer; and 3) design a comprehensive community-based outreach and health education intervention strategy to improve the cervical cancer screening rates among the Latina population. Participants are from four large community health centers (urban vs rural) that serve predominately Hispanics in the Central Valley and the Blue Cross Managed Medicaid system.

**Status:** This project was awarded under CMS's grant program for Hispanic Health Services Research. The project is in its second year.

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#### 01-247 **Understanding the Role of Culture in the Access and Utilization of Telemedicine Health Services Among Hispanic, Native Americans, and White non-Hispanic Populations**

**Project Officer:** Richard Bragg  
**Period:** September 2000–September 2003  
**Awardee:** University of Arizona, Cancer Center  
**Funding:** \$249,283

**Description:** The objectives of the study are to: 1) identify if telemedicine increases or decreases the number of clinic encounters between patient and clinician at the same rate for Mexican American, Navajo, and non-Hispanic White populations, 2) examine if telemedicine alters the type or complexity of the clinical encounter at the same level for these populations, 3) assess if telemedicine affects the cost of providing clinical services for the management of chronic and/or rehabilitative conditions at the same amount for these populations, 4) examine if telemedicine affects patient compliance (e.g., taking medications as prescribed, doing exercise as instructed, etc) at the same level for these populations, 5) assess if minority patients perceive that cultural competency is an important factor in the delivery of telemedicine services such that it may impact utilization of these services, and 6) examine how telemedicine impacts the quality of life for these populations.

**Status:** The project was awarded under CMS's Hispanic Health Services Research Grant Program. The research project is in its second year.

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#### 00-076 Intergenerational HIV Prevention Intervention for Latina Women

**Project Officer:** Richard Bragg  
**Period:** September 2000–September 2002  
**Awardee:** University of California at San Francisco  
**Funding:** \$250,075

**Description:** This project seeks to develop an intergenerational human immunodeficiency virus (HIV) prevention intervention that addresses barriers to access of HIV services, and that provides a benchmark for the level of quality that Latina HIV prevention services can achieve. The project brings together Latino researchers and community providers to design, pilot, and evaluate a community based, culturally-targeted HIV prevention intervention for Latina women. It is a combination of 1) a series of qualitative data collection from interviews with focus groups, 2) the development of HIV prevention intervention curriculum, and 3) pilot testing HIV prevention intervention curriculum with Latinas in the San Francisco metropolitan area. The focus groups and individual interviews with Latina women aged 18 to 45 years old will serve to assess perceptions of HIV risk and barriers to prevention of HIV, and to evaluate the process, the generalizability and initial impact of the intervention across health delivery systems.

**Status:** This project was awarded under CMS's grant program for Hispanic Health Services Research. The project is in its second year.

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#### 00-079 Identification of Risk Factors, Barriers, and Severity for Emergency Room Asthma in Puerto Rico

**Project Officer:** Richard Bragg  
**Period:** September 2000–March 2003  
**Awardee:** Ponce School of Medicine  
**Funding:** \$250,075

**Description:** The goal of this project is to improve intervention strategies and treatment outcomes for severe asthmatics in Puerto Rico. The project will define the prevalence of moderate and severe asthma, study the demographic characteristics, investigate the seasonal trends of Emergency Room (ER) use, study the quality of life, and identify potential educational and intervention programs. The study will include chart review to determine whether the patient had an actual diagnosis of asthma, prescribed treatment, age, sex, peak flow, asthma history, duration of attack, treatment with beta-antagonist nebulizers or steroids, referrals, and follow up appointment.

**Status:** This project was awarded under CMS's grant program for Hispanic Health Services Research. The project is in its second year.

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#### 01-147 The Effectiveness of Insuring Uninsured Latino Children Using Community-Based Case-Managers: A Randomized Trial

**Project Officer:** Richard Bragg  
**Period:** September 2001–September 2003  
**Awardee:** Boston Medical Center Corporation  
**Funding:** \$125,000

**Description:** The specific aim of this research is to conduct a randomized trial to evaluate whether community-based case managers are more effective than traditional methods in insuring uninsured children. Based on this aim, the project will examine or test four hypotheses: 1) A significantly higher proportion of uninsured children randomized to a community-based case manager will obtain health insurance. 2) The mean duration of time in obtaining health insurance coverage will be significantly shorter for uninsured children with a community-based case manager compared with those obtaining insurance through traditional methods. 3) A significantly greater proportion of uninsured children who obtain health insurance through community-based case managers will continuously be insured over a 1-year period compared with uninsured children who obtain insurance through traditional methods. 4) Parental satisfaction (or patient satisfaction, in the case of adolescents living in shelters/group homes) with the

process of obtaining health insurance will be significantly higher among uninsured children randomized to community-based case managers compared with those randomized to traditional methods of obtaining insurance.

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

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#### 01-146 Medication Analysis in Mexican American Aged

**Project Officer:** Richard Bragg  
**Period:** September 2001–September 2003  
**Awardee:** University of Texas Health Science Center at San Antonio  
**Funding:** \$110,000

**Description:** The project's primary aim is to understand the extent of suboptimal medication use in elderly Mexican Americans. The objectives are to: 1) Estimate baseline prevalence and 2 year incidence of suboptimal prescription use. 2) Identify baseline characteristics of subjects who report suboptimal prescribed medication use. 3) Assess the association between suboptimal medication use and morbidity and mortality 2 and 4 years after the baseline survey. Assess the association between suboptimal prescription drug use and use of health services 2 and 4 years after the baseline survey.

**Status:** This is a newly initiated project.

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#### 01-149 Studying Migrant and Seasonal Farm Workers

**Project Officer:** Richard Bragg  
**Period:** September 2001–September 2003  
**Awardee:** Michigan State University  
**Funding:** \$123,200

**Description:** This two year cross-sectional pilot study among migrant and seasonal farm workers will provide data and information on socio-demographics, housing conditions, work conditions, self-reported and doctor-

reported health conditions, health services needs, and utilization. This research study will utilize a need assessment strategy (500 subjects) to: 1) Produce a comprehensive profile of the medical health needs of migrant and seasonal farm workers in Northern Michigan. 2) Identify the types of services required and general practice among migrant and seasonal farm workers in Northern Michigan. 3) Determine the association between the health needs of farm workers, types of services required, and health services utilization rates in the population.

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

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#### 01-252 Grants Writing Workshop for Hispanic Researchers - II

**Project Officer:** Richard Bragg  
**Period:** July 2001–May 2002  
**Awardee:** Stanford University, School of Medicine, Hispanic Center for Excellence  
**Funding:** \$25,000

**Description:** The purpose of this project is to increase the capacity of Hispanic faculty, fellows, and scholars conducting health care services research. This is a 2-day workshop aimed at training Hispanic faculty, fellows, and scholars on how to successfully write health services research grants. The project objectives are to increase the number of Hispanic researchers applying for and receiving health services research grants, and to increase the number of grants on Hispanic health services topics.

**Status:** The workshop is being planned.

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#### 01-256 Health Disparities in the Hispanic American Community: Analysis, Recommendations, and Strategies

**Project Officer:** Richard Bragg  
**Period:** June 2001–January 2002  
**Awardee:** Massachusetts General Hospital - Harvard Medical School - Institute for Health Policy  
**Funding:** \$25,000

**Description:** This project develops a plan to address health disparities in the Hispanic American communities. Recommendations and strategies for shaping a future research agenda regarding health disparities in this population will be a product of this work.

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**01-271 Hispanic Technical Assistance Workshop on Accessing, Utilizing, and Understanding HCFA's Medicare/Medicaid Data for Hispanic American Health Professionals/Researchers - Mid Atlantic Region"**

**Project Officer:** Richard Bragg  
**Period:** July 2001–March 2002  
**Awardee:** Howard University, College of Medicine  
**Funding:** \$25,000

**Description:** This project will 1) increase the number of under-represented Hispanic American investigators with the basic skills needed to begin collaborating in or conducting minority research that uses CMS data sets; 2) orient these researchers to CMS's data sets; 3) provide for their education in the acquisition of such data and in their content, file layouts and data field definitions; 4) provide hands-on experience with such data; 5) increase the technical skills and; 6) encourage cross-institutional collaboration.

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**00-008 Impact of Managed Care upon Medicaid Women and Newborns**

**Project Officer:** Spike Duzor  
**Period:** January 2000–May 2002  
**Awardee:** University of Rochester, School of Medicine, Department of Community and Preventive Medicine  
**Funding:** \$24,048

**Description:** The overall objective of this project was to examine the influence of a managed care program upon the processes and outcomes of care related to delivery for mothers and newborns covered by Medicaid. The amount and type of care received, and outcomes experienced by women and their newborns

was compared between those enrolled in Medicaid managed care (MMC) and those in traditional fee-for-service Medicaid (FFSM) plans. In addition, trends over time and characteristics of MMC enrollees were examined. Information regarding socioeconomic and demographic characteristics, processes of care related to delivery and birth outcomes, were collected for the years 1992-1997. Two primary sources of data were used: a perinatal database (created from electronic birth certificates), and the New York State Medicaid administrative claims and enrollment files.

**Status:** The grant period expired and a dissertation was not received.

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**01-043 How Do Variations in Treatment of Ductal Carcinoma In Situ (DCIS) Affect Outcomes**

**Project Officer:** Spike Duzor  
**Period:** February 2001–May 2002  
**Awardee:** University of Rochester, School of Medicine  
**Funding:** \$31,267

**Description:** This project examines the effects of geographic and temporal variation in the treatment and evaluation of women diagnosed with Ductal Carcinoma In Situ (DCIS). It tests three major hypotheses:

- there is statistically significant geographic and temporal variation in the treatment of women with ductal carcinoma in situ, both in type of surgery (mastectomy or breast-conserving surgery) and use of radiotherapy;
- practice patterns vary by region in the inappropriate use of radiologic tests to find metastatic disease in women diagnosed with DCIS, (which is not metastatic); and
- variation in treatment of DCIS has consequences for rates of recurrence to DCIS and invasive breast cancer. The study measures the geographic variation and the impact region effects have on patient outcomes for women age 65 and older.

**Status:** Dissertation grants do not require progress reports. The student has submitted the dissertation as the "final report."

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#### 01-044 Prescription-Filling Problems in the Medicare Population

**Project Officer:** Spike Duzor  
**Period:** February 2001–June 2002  
**Awardee:** University of Maryland, Baltimore County  
**Funding:** \$25,802

**Description:** The project examines why some Medicare beneficiaries have problems filling their prescriptions while others do not. There are three study aims: 1) The examination of people who report problems, the medications that they do not fill and the reasons for not filling; 2) the comparison of people with prescription-filling problems to those without such problems on socioeconomic variables; and 3) the comparison of prescriptions not filled to those filled by drug class and medical necessity. The work uses a behavioral model that describes access to medical care as a function of predisposing, enabling and need factors. It is hypothesized that prescription-filling problems decrease with greater levels of medical need, increase with diminished enabling resources and decrease with a predisposition toward accessing health care services. The project will use the Access to Care and Cost and Use files of the Medicare Current Beneficiary Survey (1996-1998).

**Status:** Dissertation grants do not require progress reports. The student is working on the project and is expected to submit the dissertation as the "final report."

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#### 01-045 Effect of Payment Methods on Rehabilitation Care in Nursing Homes

**Project Officer:** Spike Duzor  
**Period:** February 2001–February 2002  
**Awardee:** University of Michigan, School of Public Health  
**Funding:** \$25,238

**Description:** The study will assess the effect of payment methods on the delivery of ancillary rehabilitation therapy to nursing home residents. Three payment methods for nursing homes are retrospective

cost-based, prospective flat rate, and case-mix. Each has a difference economic incentive for providers to deliver care. Many residents require specialized rehabilitation therapy. Both access to rehabilitation and the intensity of rehabilitation care are proposed as dependent variables. Multivariate regression analyses are proposed to control for resident-level need, facility characteristics, and nursing home market conditions.

**Status:** The dissertation has been received.

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#### 01-046 Long-Term Job Lock Revisited: Estimating the Effect of Federal Health Insurance Portability Legislation on Job Transitions for Sick Individuals, 1996-1999

**Project Officer:** Spike Duzor  
**Period:** February 2001–February 2002  
**Awardee:** University of California at Berkeley  
**Funding:** \$32,400

**Description:** This project measures the direct impact of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) on job mobility. The purpose of HIPAA was to increase job mobility of sick individuals by reducing job lock associated with pre-existing conditions periods, thereby significantly reducing the ability of insurers to impose such restrictions. The project has an asymmetric information screening model that predicts HIPAA should increase opportunities for sick individuals relative to health individuals and full information labor supply/demand model that predicts the opposite result. It uses March Current Population Survey data from 1996-1999 to exploit HIPAA as a Federal quasi-experiment via difference-in-difference-in-differences to determine whether the evidence is consistent with either model.

**Status:** Dissertation grants do not require progress reports. The student is working on the project and is expected to submit the dissertation as the "final report."

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### 01-047 HealthChoice: The Impact of Mandated Managed Care on Emergency Department Utilization in the State of Maryland

**Project Officer:** Spike Duzor  
**Period:** February 2001–February 2002  
**Awardee:** University of Maryland, Baltimore County  
**Funding:** \$32,400

**Description:** This study evaluates Maryland Medicaid beneficiaries' access into managed care organizations pre- and post-implementation of HealthChoice, a capitated managed care program operating under a 1115 demonstration waiver. The study will determine the effect of HealthChoice on the likelihood of using specific health services; emergency department and primary care visits. Emergency department visits for ambulatory care sensitive conditions serve as indicators that access problems or deficiencies in ambulatory outpatient management may be occurring, while primary care visits for ambulatory care sensitive conditions serve as indicators that access to managed care plans is occurring. Four years of Maryland Medicaid claims and encounter data are used. Logistic regression analysis on the population is used to determine the effect of HealthChoice, and other sociodemographic and health care delivery system variables on the likelihood of using emergency and primary care health services.

**Status:** Dissertation grants do not require progress reports. The student is working on the project and is expected to submit the dissertation as the "final report."

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### 01-048 Incontinence Morbidity, Adjustment to Illness, and Quality of Life after Prostatectomy

**Project Officer:** Spike Duzor  
**Period:** February 2001–February 2002  
**Awardee:** University of Maryland, Baltimore County  
**Funding:** \$31,962

**Description:** The study examines the influence of urinary incontinence on adjustment to illness and quality of life in men one year after prostatectomy. A

cross-sectional survey design with 156 subjects will be used to answer three questions: 1) What portion of the variance in psychosocial adjustment to illness is explained by urologic morbidity when controlling for the type of surgery, race, practice of Kegala exercise, and comorbidities in incontinent men post prostatectomy 2) How much of the variance in quality of life is explained by urologic morbidity? 3) Is there a significant difference in quality of life in middle aged and elder men in the 12-18 months after surgery? Multivariate analysis techniques including hierarchical multiple regression and factorial analysis of variance will be used on these data.

**Status:** Dissertation grants do not require progress reports. The student is working on the project and is expected to submit the dissertation as the "final report."

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### 01-049 Effects of Health Care Provider Affiliations on Patient Treatment and Outcomes

**Project Officer:** Carl Hackerman  
**Period:** February 2001–February 2002  
**Awardee:** Stanford University  
**Funding:** \$24,772

**Description:** This project studies the natures and effects of two types of provider alliances: multi-hospital systems and hospital-physician affiliations. It assesses the impact of multi-hospital systems on the nature of care provided and ultimately on patient outcomes. The available data on multi-hospital systems will be improved by placing systems into meaningful categories. Regression analysis is used to determine the effects of systems membership on the treatment, costs, and mortality of Medicare patients, as well as on the use–treatment technologies. Lastly, it will determine whether system effects vary by system type. In the area of hospital-physician affiliations, the project will examine the characteristics associated with the growth and evolution of various types of affiliations. Using the American Hospital Association and Medicare data, an analysis will be done on whether these affiliations have had an impact on the types of treatment provided, the costs of treatment to Medicare (inpatient, outpatient and physician), and mortality.

**Status:** The dissertation has been completed and received by CMS.

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### 01-050 **Determinants of Influenza Vaccination Timing**

**Project Officer:** Spike Duzor  
**Period:** February 2001–February 2002  
**Awardee:** Johns Hopkins University  
**Funding:** \$31,807

**Description:** This study uses both cross-sectional and survival analyses to examine three aims among the US elderly population: 1) Determine whether the receipt and timing of influenza vaccination affect the individual risk of hospitalization rate due to influenza and its complications during the same influenza season. 2) Assess how the risks of influenza affect influenza vaccination timing. These risks are exemplified by (a) a chronic disease which will increase the risk of influenza and its complications and (b) influenza epidemic activity level. 3) Explore whether there is a difference in influenza vaccination timing between those receiving other medical care, a proxy for a lower time cost for vaccination, in addition to influenza vaccination and those who do not.

**Status:** Dissertation grants do not require progress reports. The student is working on the project and is expected to submit the dissertation as the "final report."

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### 01-051 **Risk Factors Unique to Early Onset Pneumonias**

**Project Officer:** Spike Duzor  
**Period:** February 2001–April 2002  
**Awardee:** San Diego State University Foundation, College of Health and Human Services  
**Funding:** \$31,666

**Description:** This study will seek to determine those risk factors that are unique to early onset pneumonias (EOP). This is a matched case control study with a 1:3 case to control ratio in which cases, patients with EOP, are compared to controls with late onset pneumonias (LOP). Variables of interest include

patient characteristics, injury characteristics, and care experiences after admission. Univariable analysis will employ Mantel-Haenszel calculations for matched samples for categorical variables and conditional logistic regression for continuous variables. Multivariable analysis will be made with conditional logistic regression modeling.

**Status:** Dissertation grants do not require progress reports. The student is working on the project and is expected to submit the dissertation as the "final report."

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### 02-023 **A Longitudinal Study of Health Coverage Transitions Between the Years of 59 and 67; The Risk of Being Uninsured and Underinsured**

**Project Officer:** Spike Duzor  
**Period:** February 2002–January 2003  
**Awardee:** Syracuse University  
**Funding:** \$26,055

**Description:** This longitudinal study will look at the risk of being uninsured or lacking sufficient coverage between the years of 59 and 67. Using the Health and Retirement Survey, the analysis will include descriptive models of the health insurance coverage of people aged 59 to 67 years, regression models of the determinants of health insurance coverage over the six year period, and hazard models of the risk of losing coverage before Medicare eligibility and not having sufficient coverage after Medicare eligibility. The project will focus on the insurance coverage of subgroups, such as women and minorities, and on insurance coverage changes after certain life events, like early retirement, losing a spouse, or Medicare eligibility.

**Status:** A copy of the dissertation is expected in 2003.

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### 02-024 Effects of State Medicaid Policies on Elderly Persons' Savings Patterns and Long Term Care

**Project Officer:** Spike Duzor  
**Period:** February 2002–January 2003  
**Awardee:** University of North Carolina at Chapel Hill, Office of Research Services, for Department of Health Policy and Administration  
**Funding:** \$20,659

**Description:** The objective of this study is to investigate the influence of health and variations in State Medicaid policies on the savings patterns and long-term care (LTC) decisions of elderly persons who anticipate the need for LTC. This study will use a dynamic, stochastic model to examine the effect of variations in these rules across States on the decumulation or accumulation of savings and on the LTC decisions of the elderly. Specific questions are: 1) What is the extent to which the elderly must impoverish themselves in order to obtain Medicaid eligibility; 2) are the middle class elderly transferring, sheltering, or under-reporting assets in order to qualify for Medicaid coverage or are they accumulating wealth to avoid the need for Medicaid coverage because of welfare aversion; 3) what are the effects of Medicaid on the probability of entering a nursing home and on the amounts of formal and informal care provided to elderly persons in the community; and 4) what is the price sensitivity of the demand for formal care and the demand for institutional care other respective price of care.

**Status:** A copy of the dissertation is expected in 2003.

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### 02-025 Medicare Health Maintenance Organizations Withdrawals and Modifications

**Project Officer:** Spike Duzor  
**Period:** February 2002–January 2003  
**Awardee:** University of Minnesota, School of Public Health  
**Funding:** \$32,400

**Description:** The objective of the proposed research study is to model the decision processes of health maintenance organizations (HMOs) that offer Medicare+Choice (M+C) plans and to identify the factors associated with the HMO's decisions regarding their M+C plans for the following contract year. Specifically, the purpose of this study is to identify the factors associated with the following HMO decisions: 1) whether or not to renew the M+C contract in a geographic area; 2) whether or not to reduce the number of counties defined by the M+C contract; 3) whether or not to change the level of supplemental benefits, change the premium, or both; and 4) whether or not to change the configuration of M+C plans offered. HMO decisions will be modeled for 1999-2000 and 2000-2001. The analysis will use secondary data from CMS, Interstudy, the Area Resource File, and from the Bureau of Labor Statistics. The study design is a 2 stage analysis, and the unit of analysis is a county.

**Status:** A copy of the dissertation is expected in 2003.

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### 02-026 Using Risk Sharing and Risk Adjustment Strategies for Dealing with the Tradeoff Between Selection and Efficiency

**Project Officer:** Spike Duzor  
**Period:** February 2002–January 2003  
**Awardee:** Boston University, Graduate School of Arts and Sciences, Department of Economics  
**Funding:** \$30,055

**Description:** This study will develop a model of optimal payment policy to health plans in which regulators choose risk adjustment, risk sharing, and outlier threshold parameters in order to optimize an objective function which reflects a tradeoff between efficiency and access measures. Data from the Medicare 5 percent Standard Analytical File (SAF, 1996-1997) will be used to empirically evaluate the effectiveness of these risk-adjustment and risk-sharing strategies, and compare the results with other empirical studies. The Medicare Current Beneficiary Survey (MCBS, 1996-1999) will be used to empirically

examine the relationship between cost information and taste variables. The goal is to better understand the factors driving health plan choice, especially the correlation between taste variables and cost variables drive selection, and whether there are any changes over time. The study will also explore whether Medicare+Choice (M+C) health maintenance organizations (HMOs) deferentially select aged versus disabled enrollees in response to payment incentives. Analysis will use county-level data available from CMS and the Area Resource File.

**Status:** A copy of the dissertation is expected in 2003.

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#### 0-027 Relationships Between Nursing Staff and Resident Quality of Care and Quality of Life

**Project Officer:** Spike Duzor  
**Period:** February 2002–January 2003  
**Awardee:** University of Minnesota, School of Public Health  
**Funding:** \$32,400

**Description:** This study investigates how nurse staffing affects quality of life (QOL) and quality of care (QOC) for nursing home residents. The independent variables are: 1) nursing staff to resident ratios; 2) turnover/stability rates; and 3) extent of nursing pool use (as opposed to payroll). The staff ratios are calculated separately for registered nurses, licensed practical nurses, and certified nursing assistants (CNA). Turnover and pool use are calculated separately for licensed personnel and CNAs. Facility level control variable are ownership, percentage of Medicaid residents, stability of administrator tenure, and (for QOL) activity personnel to resident ratios. QOL is defined as 9 selected quality indicators, (for example, bedsores, falls, and urinary tract infections), which will be risk adjusted. The study uses four sources of data: 1) a CMS national survey using personal interviews with nursing home residents; 2) Minimum Data Set (MDS) data for the same nursing home residents, one year prior to interview; 3) the On-Line Survey and Certification Assessment Review (OSCAR) nursing home staffing data; and 4) an administrative survey developed specifically for this dissertation.

**Status:** A copy of the dissertation is expected in 2003.

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#### 02-028 Evaluating Health System Performance: Access and Quality of Care for Acute Cardiac Events in the Rural Medicare Population

**Project Officer:** Spike Duzor  
**Period:** February 2002–January 2003  
**Awardee:** Ohio State University Research Foundation  
**Funding:** \$30,240

**Description:** This descriptive cross sectional study will utilize data from the Medicare Current Beneficiary Survey (MCBS) to examine current practice of treating the rural elderly diagnosed with acute myocardial infarction (AMI). The study will compare the characteristics of those who receive their treatment for AMI at a hospital that performs a high volume of interventional cardiac procedures with those who receive treatment in low volume hospitals. Claims data will be used to construct a chain of events surrounding a critical cardiac diagnosis. STATA for the Provider of Services database will describe the volume of cardiac interventions accomplished at treating hospitals. The Behavioral Model of Healthcare Utilization provides the structure for the study—namely, an examination of present practices to determine the extent to which perceived or evaluated need, rather than predisposing characteristics of enabling resources, determines access to health care services.#

**Status:** A copy of the dissertation is expected in 2003.

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#### 02-029 Caregiving from the Care Recipient Perspective: Influence of Caregiving on Health and Use of Health Services

**Project Officer:** Spike Duzor  
**Period:** February 2002–January 2003  
**Awardee:** Johns Hopkins University  
**Funding:** \$31,536

**Description:** The goal of this research is to investigate the influence of informal care arrangements on health and health services use among a group of elderly, moderately to severely disabled women. The proposed study will address the following specific aims: 1) to evaluate the association between intensity of assistance, diversity of caregiver resources, and promotion of care recipient independence with perceived adequacy of the care arrangement (at baseline); 2) to identify care arrangement characteristics at baseline that are longitudinally associated with stability or improvement in care recipient task functioning and mental health and lower risk of mortality; and 3) to evaluate the longitudinal impact of baseline care arrangement characteristics on health services utilization outcomes. The study draws upon data from the Women's Health and Aging Study (WHAS), the Women's Health and Aging Caregiving Survey, and administrative data from the Medicare program.

**Status:** A copy of the dissertation is expected in 2003.

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#### 98-259 Tabulating Medicare Current Beneficiary Survey (MCBS) Data by Type of Service and Age Group

**Project Officer:** Helen Lazenby  
**Period:** April 1998–February 2002  
**Awardee:** CHD Research Associates  
**Funding:** \$49,604

**Description:** This task order explored the Medicare Current Beneficiary Survey Cost and Use files. It tabulated data from the sample files to produce inflated descriptive data by type of service and age group for the institutionalized and non-institutionalized aged population and Medicare's disabled population. This task order also examined the possibility of producing separate service/age group estimates for the Medicare fee-for-service and Medicare managed care enrollees. These data provided the basis for estimates of personal health care spending by age group within the National Health Accounts.

**Status:** Complete.

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#### 99-116 Medicare Current Beneficiary Survey - II

**Project Officer:** Frank Eppig  
**Period:** September 1999–September 2004  
**Awardee:** Westat Corporation  
**Funding:** \$12,925,094

**Description:** The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a representative sample of the Medicare population designed to aid CMS's administration, monitoring, and evaluation of the Medicare program. The survey is focused on health care use, cost, and sources of payment. Additionally, the MCBS is the only source of multidimensional person-based information about the characteristics of the Medicare population and their access to and satisfaction with Medicare services.

**Status:** The MCBS has been in the field continuously since the fall of 1991. It is currently in its 29th round of interviewing. To date, public use data files are available for 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, and 1999.

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#### 01-216 Analysis of Medicare Current Beneficiary Survey (MCBS) Data: Phase III

**Project Officer:** Sherry Terrell  
**Period:** May 2001–May 2003  
**Awardee:** Research Triangle Institute, (NC)  
**Funding:** \$217,132

**Description:** This project evaluates CMS's success in providing information to each Medicare beneficiary about the Medicare program and promoting the beneficiary's informed choice. Information provided covers benefits, beneficiary liability, premiums, supplemental benefits, a list of plans in the service area and comparison of plan options, quality and performance. This task order analyzes Medicare beneficiary baseline knowledge data, which have been most recently collected through the Medicare Current Beneficiary Survey (MCBS). Analysis of the MCBS baseline data supports monitoring, reporting, accountability and evaluation activities necessary to determine whether the new CMS programs are working as intended.

**Status:** These analyses continue and build on the prior analyses of the CY 1995-1999 MCBS data including Round 23 (knowledge supplement) and Round 24 (beneficiary need supplement) under previous task order 500-95-0061/04.

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#### 01-246 Impact of Nonresponse of MCBS Estimates

**Project Officer:** Gerald Adler  
**Period:** September 2001–September 2002  
**Awardee:** Health Economics Research  
**Funding:** \$220,233

**Description:** This task is to conduct methodological studies on data from the Medicare Current Beneficiary Survey (MCBS) in order to: 1) inform project management of improvements that may be made in the design of the study, and 2) inform users of data characteristics that may be important to their analyses. The goal of this activity is to make available the highest quality MCBS data and to facilitate the highest quality analyses. All surveys are subject to several forms of nonresponse, defined generally as the failure to obtain complete measurements on the survey sample. These include unit nonresponse, in which a sample member fails to be interviewed, and item nonresponse, in which certain answers are missing in an otherwise completed questionnaire. In addition, in longitudinal surveys, there is the potential for respondents to respond partially, participating in some rounds of the survey and not in others. This project is intended to produce a thorough documentation and analysis of the degree of nonresponse bias experienced by the MCBS, reasons for and demographic correlates of nonresponse, consequences of nonresponse rates for analyses of MCBS data, and ways in which the impact of nonresponse may be reduced or mitigated.

**Status:** The project is just getting underway.

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#### 01-145 Research and Demonstrations Projects Searchable Database: Stage Two, Improvement, Enhancements, and Implementation

**Project Officer:** Linda Lebovic  
**Period:** September 2001–November 2002  
**Awardee:** IQ Solutions, Inc.  
**Funding:** \$128,816

**Description:** This task order takes the work of a previous task, "Health Care Financing Research and Demonstration Projects Searchable Internet Database" through the next logical steps. These involve a careful beta test of the revised database, revision as dictated by this test, retesting, and secondary revision, preparation for access by an audience beyond the Office of Strategic Planning, and the addition of documents and references as appropriate. The Office of Strategic Planning (OSP) has developed a database of research and demonstration projects, both intramural and extramural. In the previous task the revision of this database from a single file into a relational database was begun. This first task carried the work into the initial testing of the revised database with OSP staff. The object is to make the information available to individuals who are not familiar with the manipulation of a database held in Microsoft Access, which is the standard software for the Centers for Medicare & Medicaid Services (CMS, formerly known as HCFA). In this process it became apparent that it would be necessary to carry the testing through several stages or waves before the ultimate objective of public access is obtained. One of the missing elements that was found is the absence of electronic access to abstracts of or full copies of reports and articles that come from or relate to individual projects. Much of this is due to the absence of electronic versions. Thus, this task will take us through the second wave/test, a "beta" test, and make available some, but not all, of the related reports/articles in electronic format.

**Status:** The first version of the revised database structure was completed in mid-November and supplied to staff most involved with the maintenance of the core/fixed information for testing. The second

version was developed based on comments from use of the initial/first version and was displayed to a larger group of OSP staff in late December. This second version was placed on a shared drive in the OSP server so staff from throughout OSP could use it and comment on needed changes. In early January, 2002 the effort will be shifted to use of the database to produce the first draft of the "Active Projects Report, 2002."

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#### 00-171 Support for Research and Analytic Activities - IQ Solutions, Inc.

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** IQ Solutions, Inc.  
**Funding:** \$0

**Description:** This project provides support for CMS's research and analytic program. Specifically, it will support project design and operation, dissemination and distribution of results, and data related activities. The base award was for 1 year with a maximum of 4 option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: (TO#1) Support for Research and Analytic Activities; (TO#2) Active Projects Report: Reconsideration, Revision, and Production Improvements; (TO#3) Research and Demonstration Projects Searchable Database; Stage Two Improvement, Enhancements, and Implementation. Individual tasks are described separately.

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#### 00-172 Support for Research and Analytic Activities - ANASYS

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** ANASYS  
**Funding:** \$0

**Description:** This project provides research and analytic resources with special focus on the automated data processing (ADP) area. The contract is to supply design, development, and implementation resources with emphasis on data acquisition, programming, data editing, data development, data transmission, data analysis, file development, analysis, data and file documentation in support of research, analytic and demonstration projects. CMS's research and analytic and demonstration projects require technical support with their design, development and implementation, particularly computer and related analytical support services to access, assemble, manipulate, process and develop data and files. The data files include those related to the Medicare and Medicaid programs or their operation, as well as those from CMS contracts and grants or from private sector contributors.

**Status:** This base contract awarded in September 2000 expired in September 2001. Tasks awarded to date are: (TO#1) Health Care Financing Review Index. Individual tasks are described separately.

#### RESEARCH, ANALYSIS, DEMONSTRATION, AND SURVEY TASK ORDER CONTRACT – POLICY ANALYSIS

This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this policy analysis specialty area contract, CMS may award task orders for projects that involve the analysis of policy questions, often within short timeframes, to provide the Government with information and options to guide decisions related to important or urgent policy issues. The base award was for 1 year with a maximum of 4 option years.

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#### 00-136 Research, Analysis, Demonstration, and Survey Task Order Contract – Policy Analysis - Brandeis

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** Brandeis University, Heller Graduate School, Institute for Health Policy  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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**00-137 Research, Analysis, Demonstration, and Survey Task Order Contract – Policy Analysis - C.N.A.**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** C.N.A. Corporation  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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**00-141 Research, Analysis, Demonstration, and Survey Task Order Contract – Policy Analysis - UI**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** Urban Institute  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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**00-135 Research, Analysis, Demonstration, and Survey Task Order Contract – Policy Analysis - Barents**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** Barents Group  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in

September 2000. There are no tasks awarded to date.

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**00-133 Research, Analysis, Demonstration, and Survey Task Order Contract – Policy Analysis - Abt**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** Abt Associates  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: (TO#1) Medicare Behavioral Health Cost and Use Study. Individual tasks are described separately.

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**00-139 Research, Analysis, Demonstration, and Survey Task Order Contract – Policy Analysis - Medstat**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** MEDSTAT Group (DC)  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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**00-134 Research, Analysis, Demonstration, and Survey Task Order Contract – Policy Analysis - ARC**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** Actuarial Research Corporation  
**Funding:** \$0

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date: (TO# 1) Data Collection to Support Policy Analysis of Choices

Offered to Medicare+Choice Enrollees and Choices Made by Enrollees. Individual tasks are described separately.

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#### 00-138 Research, Analysis, Demonstration, and Survey Task Order Contract – Policy Analysis - MPR

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** Mathematica Policy Research, (Princeton)  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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#### 00-140 Research, Analysis, Demonstration, and Survey Task Order Contract – Policy Analysis - RTI

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** Research Triangle Institute, (NC)  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: (TO# 1) Market Area Selection and Data Development for Medicare Fee-for Service Reform. Individual tasks are described separately.

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### RESEARCH, ANALYSIS, DEMONSTRATION, AND SURVEY TASK ORDER CONTRACT – MEDICARE RESEARCH AND DEMONSTRATIONS

This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicare R&D specialty area contract, CMS may award task orders for projects that involve a range of

research and demonstration activities. These projects will relate to the Medicare, Medicaid, Child Health programs, the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1 year with a maximum of 4 option years.

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#### 00-144 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicare Research and Demonstrations - CHPR

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** Center for Health Policy Research, University of Colorado  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: (TO #1) Improving Protocols for Home Health Agency Assessment in the Survey Process. Individual tasks are described separately.

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#### 00-143 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicare Research and Demonstrations - UI

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** Urban Institute  
**Funding:** \$0

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: (TO# 1) Next Generation Medicare Managed Care Payment System; and (TO#2) Assessment, Refinement and Analysis of PPS for SNF's. Individual tasks are described separately.

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**00-142 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicare Research and Demonstrations - RTI**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** Research Triangle Institute, (NC)  
**Funding:** \$0

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: (TO#1) Assessment of Medicare Prescription Drugs and Coverage Policies; (TO#2) Questionnaire Development and Cognitive Testing Using Item Response Theory; (TO#3) Analysis of Medicare Beneficiary Baseline Knowledge Data Using the Medicare Current Beneficiary Survey - Phase 3; and (TO#4) Development of Quality Indicators for Inpatient Rehabilitation. Individual tasks are described separately.

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**00-149 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicare Research and Demonstrations - Brandeis**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** Brandeis University, Heller Graduate School, Institute for Health Policy  
**Funding:** \$1,000

**Status:** This is the base task order contract awarded in September 2000. Tasks awarded to date are: (TO #1) Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities Project. Individual tasks are described separately.

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**00-146 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicare Research and Demonstrations - URREA**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** University Renal Research and Education Association  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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**00-155 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicare Research and Demonstrations - Barents**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** Barents Group  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: (TO #1) Report to Congress: State Licensure and Certification Standards and Respiratory Therapy Competency Examinations; (TO #2) Implementation Support for the Medicare Participating Centers of Excellence Demonstration; (TO #3) Assessment of Medicare and You Education Program; (TO #4) Impact of Medicare Plus Choice Lock-In Provision; (TO #5) American Indian/Alaska Native Eligibility and Enrollment in Medicaid, SCHIP, and Medicare. Individual tasks are described separately.

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**00-147 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicare Research and Demonstrations - Wisconsin**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** University of Wisconsin - Madison  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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**00-148 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicare Research and Demonstrations - HER**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** Health Economics Research  
**Funding:** \$1,000

**Status:** This is the base task order contract awarded in September 2000. Tasks awarded to date are: (TO #1) Environmental Scanning for: Selective Contracting Practices with Efficient (Qualified) Physicians and Physician Group Practices; Profiling Techniques; Incentive Payments; and Barriers to Selective Contracting; (TO #2) Evaluation of BBA Impacts on Medicare Delivery and Utilization of inpatient and Outpatient Rehabilitation Therapy Services; (TO #3) MHSPE Pilot Survey and Analysis. Individual tasks are described separately.

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**00-154 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicare Research and Demonstrations - ARC**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** Actuarial Research Corporation  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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**00-145 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicare Research and Demonstrations - Rand**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** RAND Corporation  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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**00-152 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicare Research and Demonstrations - Medstat**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** MEDSTAT Group (DC)  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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**00-151 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicare Research and Demonstrations - MPR**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** Mathematica Policy Research, (Princeton)  
**Funding:** \$1,000

**Status:** This is the base task order contract awarded in September 2000. Task orders awarded to date is: (TO #1) Evaluation of PACE as a Permanent Program and a For-Profit Demonstration. Individual tasks are described separately.

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**00-153 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicare Research and Demonstrations - C.N.A.**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** C.N.A. Corporation  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: (TO#1) Integrated Chronic Disease Quality Performance Measurement at the Physician Level; and (TO#2) Improving Nursing Home Enforcement. Individual tasks are described separately.

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**00-150 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicare Research and Demonstrations - Abt**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** Abt Associates  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: (TO: #1) Quality Monitoring for Centers of Excellence Demo; (TO #2) Evaluation of Private Fee for Service Plans in the Medicare Plus Choice Program; and (TO #3) Studies in Home Health Case Mix. Individual tasks are described separately.

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**RESEARCH, ANALYSIS, DEMONSTRATION, AND SURVEY TASK ORDER CONTRACT – MEDICAID RESEARCH AND DEMONSTRATIONS**

This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicaid R&D specialty area contract, CMS may award task orders for projects that involve a range of research and demonstration activities. These projects will relate to the Medicare, Medicaid, Child Health programs, the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1 year with a maximum of 4 option years.

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**00-160 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicaid Research and Demonstrations - Rand**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** RAND Corporation  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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**00-157 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicaid Research and Demonstrations - UI**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** Urban Institute  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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**00-156 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicaid Research and Demonstrations - RTI**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** Research Triangle Institute, (NC)  
**Funding:** \$0

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: (TO# 1) Evaluation of the BadgerCare Medicaid Demonstration; and (TO# 2) Research on Systems Changes in Long Term Care. Individual tasks are described separately.

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**00-165 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicaid Research and Demonstrations - C.N.A.**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** C.N.A. Corporation  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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**00-163 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicaid Research and Demonstrations - Lewin**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** Lewin Group  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: (TO #1) Medicaid Payment Accuracy Review Systems. Individual tasks are described separately.

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**00-159 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicaid Research and Demonstrations - MPR**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** Mathematica Policy Research, (DC)  
**Funding:** \$0

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: (TO# 01) Disabled and Special Needs Populations: Examining Enrollment, Utilization, and Expenditures. Individual tasks are described separately.

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**00-158 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicaid Research and Demonstrations - HER**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2002  
**Awardee:** Health Economics Research  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: (TO #1) Diabetes Care Across the Life Span for Medicaid Beneficiaries: Gender and Racial Differences; and (TO #2) Evaluation of the Demonstration to Maintain Independence and Employment and the Maine Section 1115 HIV/AIDS Waiver (TWWIA). Individual tasks are described separately.

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**00-161 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicaid Research and Demonstrations - Abt**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** Abt Associates  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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**00-162 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicaid Research and Demonstrations - MedStat**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** MEDSTAT Group (DC)  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: 01 "Next Generation Medicare Managed Care Payment System." Individual tasks are described separately.

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**00-164 Research, Analysis, Demonstration, and Survey Task Order Contract – Medicaid Research and Demonstrations - CHPR**

**Project Officer:** Jackie Wiegman  
**Period:** September 2000–September 2003  
**Awardee:** Center for Health Policy Research, University of Colorado  
**Funding:** \$1,000

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are no tasks awarded to date.

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**01-166 Active Projects Report; Reconsideration, Revision, and Production Improvements**

**Project Officer:** Linda Lebovic  
**Period:** September 2001–September 2002  
**Awardee:** IQ Solutions, Inc.  
**Funding:** \$54,316

**Description:** The Office of Research, Development and Information and its predecessor organizations have annually published a book showing the extant research and demonstration projects, both intramural and extramural. The current edition is entitled Active Projects Report: 2001. The structure and presentation format of this publication has not been seriously reviewed for over 10 years. This project takes a careful look at the way this information is presented, i.e., the format and content of the publication, to see if a revision will make the information more accessible to users. This is accompanied by the need to improve the capacity for actual production of the annual book. The first draft copy should generate directly from the database that holds the project information; and the process by which the data on each project is made current needs to be carefully examined and automated to the greatest extent possible. These last two items are directly related to our need to reduce the labor involved first, in updating the information and second, in the actual production of the book.

**Status:** The overall presentation of the "Active Projects Report" has been reviewed and compared to other, like, publications. Of interest was the finding that there are very few regular publications that display summary information on research projects underway. Also, this general review stimulated the idea that perhaps indicative charts should be intermingled with the descriptions of projects. On the detailed layout of the contents, it was determined that the existing two column format was the most comfortable for the material. Suggestions were made for some font and page layout changes that should improve readability. This process was nearly complete in late December in time to begin detailed programming so that the 2002 version of the "Active Projects Report" could be produced in the new format.

## ANALYSIS OF LARGE DATA SETS TASK ORDER CONTRACT

This is the base contract under which task orders can be awarded for a wide range of general analysis of data activities. These projects will relate to: Medicare, Medicaid, Managed Care, Long Term Care, children's health insurance, low income and uninsured programs; financing and delivery of health services or quality and appropriateness of health services, and various other associated topics. The contractor can be required to perform tasks involving the analysis of data to assist health care financing research studies or projects. The contractor must have, or must be able to acquire, the resources and expertise to perform these functions on an almost immediate basis. Examples of functions required to be performed under this task order contract are: acquiring and analyzing data; assisting in providing technical assistance or training; pilot testing; framing and designing a project; convening technical expert groups or panels; developing options or issue papers with interim and final reports; conducting actuarial, statistical, and other analyses; preparing administrative clearance packages; meeting with government and non-government groups; abstracting records and other claims/forms; and making presentations when necessary, preparing papers and articles, disseminating findings, literature reviews, etc.

**Status:** This is the base contract on which subsequent task orders are awarded. It remains active as long as a single task is underway.

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### 01-140 Analysis of Large Data Sets Task Order Contract - Econometrica

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Econometrica, Inc.  
**Funding:** \$1,000

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### 01-132 Analysis of Large Data Sets Task Order Contract - Acumen

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Acumen, LLC  
**Funding:** \$1,000

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### 01-133 Analysis of Large Data Sets Task Order Contract - HER

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Health Economics Research  
**Funding:** \$1,000

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### 01-134 Analysis of Large Data Sets Task Order Contract - ARC

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Actuarial Research Corporation  
**Funding:** \$1,000

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### 01-135 Analysis of Large Data Sets Task Order Contract - McDonald

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Walter R. McDonald & Associates, Inc.  
**Funding:** \$1,000

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### 01-136 Analysis of Large Data Sets Task Order Contract - JEN

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** JEN Associates, Inc.  
**Funding:** \$1,000

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**01-137 Analysis of Large Data Sets Task Order Contract - QRS**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Quality Resources Systems  
**Funding:** \$1,000

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**01-138 Analysis of Large Data Sets Task Order Contract - Anasys**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** ANASYS  
**Funding:** \$1,000

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**01-139 Analysis of Large Data Sets Task Order Contract - Klemm**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Klemm Analysis Group, Inc.  
**Funding:** \$1,000

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**01-141 Analysis of Large Data Sets Task Order Contract - Jing Xing**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Jing Xing Technologies  
**Funding:** \$1,000

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**DESIGN AND CONDUCT OF SURVEY TASK ORDER CONTRACTS**

This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this specialty area contract, CMS may award task orders for projects that involve: general survey design and planning; data collection and methodological

research; designing and pilot testing questionnaires and other kinds of data collection instruments; conducting general population survey(s) of all kinds including surveys of subsets of the general population; such as the elderly, Medicare and Medicaid recipients (dual eligible beneficiaries), uninsured, and low income families with small children. The base award was for 1 year with a maximum of 4 option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2001. There are no tasks awarded to date.

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**01-119 Design and Conduct of Survey Task Order Contracts - Hope**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Project Hope, Center for Health Affairs  
**Funding:** \$1,000

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**01-124 Design and Conduct of Survey Task Order Contracts - Gallup**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** The Gallup Organization, Government Division  
**Funding:** \$1,000

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**01-131 Design and Conduct of Survey Task Order Contracts - Analytical Sci**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Analytical Science  
**Funding:** \$1,000

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**01-130 Design and Conduct of Survey Task  
Order Contracts - Jing Xing**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Jing Xing Technologies  
**Funding:** \$1,000

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**01-129 Design and Conduct of Survey Task  
Order Contracts - HER**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Health Economics Research  
**Funding:** \$1,000

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**01-128 Design and Conduct of Survey Task  
Order Contracts - Anasys**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** ANASYS  
**Funding:** \$1,000

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**01-127 Design and Conduct of Survey Task  
Order Contracts - MPR**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Mathematica Policy Research, (DC)  
**Funding:** \$1,000

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**01-125 Design and Conduct of Survey Task  
Order Contracts - AIR**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** American Institute for Research  
**Funding:** \$1,000

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**01-123 Design and Conduct of Survey Task  
Order Contracts - Abt**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Abt Associates  
**Funding:** \$1,000

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**01-122 Design and Conduct of Survey Task  
Order Contracts - Westat**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Westat Corporation  
**Funding:** \$1,000

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**01-121 Design and Conduct of Survey Task  
Order Contracts - NORC**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** NORC  
**Funding:** \$1,000

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**01-120 Design and Conduct of Survey Task  
Order Contracts - RTI**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** Research Triangle Institute, (NC)  
**Funding:** \$1,000

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**01-126 Design and Conduct of Survey Task  
Order Contracts - RAND**

**Project Officer:** Jackie Wiegman  
**Period:** September 2001–September 2002  
**Awardee:** RAND Corporation  
**Funding:** \$1,000

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### 02-080 ADP Services Supporting Research, Analysis and Demonstration Activities—Base Contract

**Project Officer:** Jackie Wiegman  
**Period:** September 2002–September 2007  
**Awardee:** CHD Research Associates  
**Funding:** \$0

**Description:** CMS's research, analytic and demonstration projects require computer and related support services to access, manipulate, process and develop data and files. The data files include those derived from the Medicare and Medicaid programs as well as those from CMS contracts and grants or from other sources. Current and anticipated internal resources are insufficient to handle the range and quantity of requirements that arise from these project and from projects that will occur in the future.

**Status:** In AGG 4/1/02.

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### 02-053 Evaluation of the Dialysis Facility Compare Website

**Project Officer:** Eileen Zerhusen  
**Period:** September 2002–September 2003  
**Awardee:** Research Triangle Institute, (DC)  
**Funding:** \$524,141

**Description:** This project will evaluate the usefulness of the quality and descriptive information on the Dialysis Facility Compare (DFC) Web site for patients with End Stage Renal Disease (ESRD), families of patients with ESRD, ESRD professionals, members of the ESRD industry, and other stakeholders.

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### 98-277 Implementing the HEDIS® Medicare Health Outcomes Survey

**Project Officer:** Chris Haffer  
**Period:** September 1998–October 2002  
**Awardee:** National Committee for Quality Assurance  
**Funding:** \$476,678

**Description:** The Medicare Outcomes Survey (HOS) is the first outcome measure and largest survey used by CMS and was implemented in 1998. The survey is fielded nationally as a Health Plan Employer Data Set (HEDIS®) measure. It is a longitudinal, self-administered survey which utilized the SF-36 (assesses physical and mental functioning) and additional case mix adjustment variables. Each year, survey data are collected for a new sample (cohort) of Medicare managed care beneficiaries. Members that respond to the baseline survey are resurveyed two years later in a followup. The goals of the Medicare HOS are 1) to help beneficiaries make informed health care choices and 2) to promote quality improvement based on competition. This project manages the collection and transmittal of the data to CMS and supports the technical development of the Medicare HOS measure. The survey is actually administered through a group of certified vendors.

**Status:** Cohort four baseline data and cohort two remeasurement data were successfully collected from over 200,000 beneficiaries in 2001. Survey vendors will be certified in February 2002. The fielding of cohort 5 baseline and cohort 3 remeasurement will occur in spring 2002.

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### 99-140 Medicare Health Outcomes Survey Applied Research Center

**Project Officer:** Patricia Wright-Gaines  
**Period:** September 1999–October 2002  
**Awardee:** Health Services Advisory Group  
**Funding:** \$1,529,185

**Description:** This is a special study to support the implementation of the Medicare Health Outcomes Survey (HOS). The project produces special reports, public use files, analytical support, and consultative technical assistance. It uses HOS baseline and followup data supplemented by other data sources.

**Status:** In 2001, the first public use file was created from the cohort 1 baseline data. Subsequent public use files will be released in 2002. Technical reports were produced of the health status of disabled and dual eligible Medicare beneficiaries, enrollment duration, and a comparison of proxy respondents to

self-respondents. Other special reports, including incidence of depression, are in various stages of production. Activities underway in 2002 include an evaluation of Medicare+Choice plans from cohort 1 that have outlier scores for the Mental Health Component Summary and the redesign and support of the Medicare HOS page on CMS's web site.

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#### 02-074 Active Project Report: Annual Production

**Project Officer:** Linda Lebovic  
**Period:** June 2002–June 2003  
**Awardee:** IQ Solutions, Inc.  
**Funding:** \$29,000

**Description:** The "Active Projects Report" is an annual publication listing research and demonstration projects funded by the Centers for Medicare and Medicaid Services. Until the 2001 edition, this was done by intramural staff at substantial expense [measured in staff hours]. As of the 2002 edition, the first draft now generates directly from the database that holds research and demonstration project information. This copy needs to be edited and readied for printing. This project has two purposes for future editions: 1) to produce the book, including a template to convert the database file to print-ready copy and 2) to do so more efficiently than through the use of intramural staff.

**Status:** This is an annual publication.

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#### 02-075 Convert CMS Research Results to Consistent Standardized Architecture to Support Web-Based Dissemination (with two Options)

**Project Officer:** Eric Katz  
**Period:** June 2002–June 2003  
**Awardee:** IQ Solutions, Inc.  
**Funding:** \$51,000

**Description:** This project provides review, assessment and planning activities that support CMS's building a web-based capacity to disseminate the findings of our research and the information. Some of the preparatory work which makes this possible has already been done for some of our products, e.g., the Health Care Financing Review, and moving the database on research and demonstration projects to a web-based application.

**Status:** In ORDI clearance process March 25, 2002.