

Below please find the Spring 2008 edition of *News from ORDI*, a quarterly publication summarizing recent work undertaken in ORDI and the results we've produced. Highlights from this quarter's *News* include:

- Publication of the Spring 2008 edition of the *Health Care Financing Review*, CMS' journal of information, analysis, and research on a broad range of issues affecting the Medicare, Medicaid, and State Children's Health Insurance (SCHIP) programs.
- Release of Medicare Current Beneficiary Survey data files: 2006 Access to Care data files and 2005 Cost and Use data files.
- Grant programs for Historically Black Colleges and Universities and Hispanic Health Services Research.
- Program demonstrations and research projects. ORDI is developing and managing a number of demonstrations and research projects for CMS, some of which are summarized below.

I hope you find this information useful. For additional ORDI-related information, please visit our [web site](#).

Timothy P. Love

Director, Office of Research, Development, and Information



News from ORDI

Spring 2008

1. *Health Care Financing Review*

Since our last newsletter, ORDI released the Spring 2008 edition of the *Health Care Financing Review*, the agency's journal of information, analysis, and research on a broad range of health care financing and delivery issues. This issue was devoted to general topics, rather than a specific theme. Included are an article on Medicare disease management, an examination of medication patterns for Medicare beneficiaries with skilled nursing facility or long-term-care facility stays, and a report on access and satisfaction among children in Georgia's Medicaid and State Children's Health Insurance programs. Also featured are highlights from the ongoing Medicare Current Beneficiary Survey. Click [here](#) to view the Spring edition.

To request copies of the printed edition, please contact Patty Manger at 410-786-3253.

2. Medicare Current Beneficiary Survey (MCBS) – Access to Care 2006

ORDI has released the 2006 MCBS Access to Care data files. The MCBS is a continuous, multi-purpose panel survey consisting of a representative sample of the Medicare population, including both aged and disabled enrollees. The Access to Care files contain a variety of information about Medicare beneficiaries' demographic characteristics, health status and functioning, access to care, insurance coverage, financial resources, and potential family support collected by the MCBS. The 2006 Access to Care files also contain results from new Part D related questions added to the MCBS. In addition, a special new enrollee sample and questionnaire have been added to the MCBS to study the effects of the "Welcome to Medicare" benefit, which was added to the Medicare program on January 1, 2006. These "New Enrollee" versions of the 2006 Access to Care files have been generated separately from the regular files and are available upon request. Additional Access to Care data files are also available for calendar years 1991-1995.

For more information about MCBS, please visit www.cms.hhs.gov/mcbs.

3. Medicare Current Beneficiary Survey (MCBS) – Cost and Use 2005

ORDI has released the 2005 MCBS Cost and Use data files. While the MCBS Access to Care file is designed as a quick release file containing information directly reported in the survey, the MCBS Cost and Use data are put through a reconciliation process to compare health care services reported in the survey to CMS's administrative claims data. This process enables ORDI to produce a file with a more complete and accurate picture of both covered and non-covered health services received by Medicare beneficiaries as well as the amounts paid and sources of payment for these services. Additional MCBS Cost and Use data are available for calendar years 1992- 2004.

For more information about MCBS please visit www.cms.hhs.gov/mcbs.

4. Historically Black Colleges and Universities (HBCU) Grant Program

CMS has announced the availability of funds under its grant program to assist Historically Black Colleges and Universities (HBCUs) in conducting health services research. The purpose of the grant program is to support researchers in implementing health services research activities to meet the needs of diverse CMS beneficiary populations. The goals of the grant program are to: 1) encourage HBCU health services researchers to pursue research issues which impact the Medicare, Medicaid, and SCHIP programs, 2) assist CMS in implementing its mission focusing on health care quality and improvement for its beneficiaries, 3) assist HBCU researchers by supporting extramural research in health care capacity development activities for the African American communities, 4) increase the pool of HBCU researchers capable of implementing the research, demonstration, and evaluation activities of CMS, and 5) assist in fostering interuniversity communication and collaboration regarding African American health disparity issues.

A copy of the grant announcement and additional information on the HBCU grant program is available [here](#). You may also contact Richard Bragg at 410-786-7250.

5. Hispanic Health Services Research Grant Program

CMS has announced the availability of funds under its Hispanic Health Services Research Grant Program, to inform researchers of funding opportunities to conduct health services research affecting Hispanic American communities. This announcement seeks competitive applications for small applied research projects that relate to identifying and evaluating solutions for eliminating health disparities among Hispanic Americans. Investigators should be associated with a university, college, community-based health organization, or a professional association that has a health services research component. Researchers are expected to become involved in the design, implementation, and operation of research projects that address health care issues such as financing, delivery, access, quality, and barriers affecting the Hispanic American community. CMS is seeking these types of research projects because of the importance in finding solutions to the many difficult health issues that have a significant impact on the health of Hispanic Americans.

A copy of the grant announcement and additional information on the Hispanic Health Services Research grant program is available [here](#). You may also contact Richard Bragg at 410-786-7250.

6. Current Demonstrations and Research Projects

Acute Care Episode (ACE) Demonstration

The Acute Care Episode (ACE) demonstration will test the use of a bundled payment for both hospital and physician services for a select set of episodes of care to improve the quality of care delivered through Medicare fee-for-service.

The goal of the ACE demonstration is to use a global payment to better align the incentives for both types of providers, leading to better quality and greater efficiency in the care that is delivered. The demonstration will also test the effect that transparent price and quality information has on beneficiary choice and provider referrals for select inpatient care.

More information can be found [here](#). You may also contact Rachel Duguay at 410-786-654.

The Frontier Extended Stay Clinic (FESC) Demonstration

ORDI is initiating a demonstration project that will enhance essential emergency services to residents in the nation's most remote rural areas. The Frontier Extended Stay Clinic (FESC) Demonstration will implement section 434 of the Medicare Modernization Act,

allowing remote clinics to provide services to seriously or critically ill or injured patients when weather or other conditions prevent transfer to a hospital. Four of the six approved clinics are in Alaska, with one each in Washington and Montana. The demonstration will provide Medicare reimbursement, whereas currently these clinics are not reimbursed for extended stay services. According to the statute, an FESC must be located in a community which is at least 75 miles away from the nearest acute care hospital or critical access hospital, or which is inaccessible by public road.

Additional information on the demonstration can be found [here](#). You may also contact Sid Mazumdar at 410-786-6673.

Webinar on Succeeding in Physician Pay for Performance

What it takes for small practices to succeed in pay for performance was the subject of a webinar sponsored by the Robert Wood Johnson Foundation (RWJF) and the Agency for Healthcare Research and Quality (AHRQ) featuring physician leaders participating in CMS's Medicare Care Management Performance Demonstration and Physician Group Practice Demonstration, and RWJF/AHRQ's Rewarding Results pay-for-performance demonstrations. These clinical leaders discussed their organization's experience under the demonstrations and provided guidance, tools, and tips on how to redesign patient care, capture data necessary for reporting quality measures, and use that data at the point of care to transform care for Medicare beneficiaries.

The webinar recording and presentation slides can be accessed [here](#). You may also contact John Pilotte at 410-786-6558.

Electronic Health Record (EHR) Demonstration Project

More than 30 communities applied for a new demonstration project that will provide Medicare incentive payments to primary care physician practices that use certified electronic health records (EHR) to improve the quality of patient care. The demonstration will be implemented in two phases. CMS will begin working with the partners in Phase I communities over the coming months to develop site-specific recruitment strategies, and recruitment of physician practices will start in the fall. These activities will begin in 2009 for Phase II sites. The four communities selected for Phase I implementation are Louisiana; Maryland/Washington, D.C.; Pittsburgh, Pennsylvania (and surrounding counties); and South Dakota (and surrounding counties in Iowa, Minnesota, and North Dakota).

The EHR demonstration project is expected to reduce medical errors and improve the quality of care for an estimated 3.6 million Americans. Over a 5-year period, financial incentives will be provided to as many as 1,200 small- to medium-sized physician practices in 12 communities for using certified EHRs to improve quality, as measured by their performance on specific clinical quality measures.

The EHR demonstration project is a major step toward the President's goal of most Americans having access to a secure, interoperable electronic health record by 2014.

For more information about the EHR demonstration project, click [here](#). You may also contact Jody Blatt at 410-786-6921.

7. New Research Reports

“Evaluation of the Preferred Provider Organization (PPO) Demonstration Final Report”

Beginning January 1, 2003, CMS launched a 5-year PPO demonstration program. The goals of this demonstration were to expand the types of managed care products available to Medicare beneficiaries and test the impact of enhanced payment and risk sharing on the range of options and benefits available to beneficiaries. Research Triangle Inc. (RTI) conducted an evaluation of the demonstration for CMS and the final report is now available. The evaluation shows the demonstration succeeded in one of its major goals: a large number of national and regional companies offered a substantial number of plans in a wide variety of geographic areas. Although many plans were offered, enrollment and market share under the demonstration was modest. PPO enrollees were similar to other Medicare Advantage plan enrollees. They tended to be healthier than the average beneficiary in the traditional Medicare program. The demonstration was a precursor to the local and regional PPOs established by the Medicare Modernization Act of 2003, and many demonstration plans transitioned to Local PPOs in 2006.

The final report can be obtained by contacting the Project Officer, Penny Mohr, at 410-786-6502 or penny.mohr@cms.hhs.gov.

“Medicare Advantage Plan Availability, Premiums and Benefits, and Beneficiary Enrollment in 2006, Final Report”

This report evaluates important changes that occurred in the Medicare Advantage program (MA) in 2006. Enrollment in MA plans had declined in the early years of the decade but rebounded in response to the Medicare Modernization Act (MMA) payment increases taking effect in 2004. The MMA also mandated a major new benefit to the basic Medicare benefit package in 2006, the Part D prescription drug benefit. Beginning in 2006, most MA plans were required to offer at least one plan in an area with the standard Part D prescription drug benefit (or an actuarially equivalent benefit). This report addresses the changes to plan availability; plan premiums, benefits, and cost sharing; and enrollment in the MA program. The report is available [here](#)

For additional information, please contact Melissa Montgomery at 410-786-7596.

Release of Older Americans 2008: Key Indicators of Well-Being

Older Americans 2008, the fourth chartbook prepared by the Federal Interagency Forum on Aging Related Statistics (Aging Forum) since 2000, provides an updated, accessible compendium of indicators, drawn from the most reliable official statistics about the well-being of Americans primarily age 65 and over. The indicators are categorized into five broad areas—population, economics, health status, health risks and behaviors and health care. The 160-page report contains data on 38 key indicators—and a one-time special feature on health literacy.

The Forum—a consortium representing 15 agencies with responsibilities for Federal data collection or aging programs, including CMS—collects, interprets and updates these data and makes them available to government agencies, policymakers, the media and the public.

Older Americans 2008: Key Indicators of Well-Being is available online [here](#) and in limited quantities in print. Supporting data for each indicator, including complete tables, PowerPoint slides and source descriptions, are also available [here](#).

Single printed copies of *Older Americans 2008: Key Indicators of Well-Being* are available at no charge through the National Center for Health Statistics while supplies last. Requests may be made by calling 1-866-441-6247 or by sending an e-mail to nchsquery@cdc.gov. For multiple print copies, contact Forum staff director Kristen Robinson at (301) 458-4460 or send an e-mail request to agingforum@cdc.gov.

8. June 25 Satellite Broadcast – “Health Implications of Caregiving”

On Wednesday, June 25, from 1:00-2:30 p.m. EST, CMS will be offering a satellite broadcast to provide viewers with information on how caregiving impacts the health and wellbeing of the caregivers themselves. It will provide tips on self-care, approaches taken by several organizations to support family caregivers, and innovative programs that help caregivers take care of their own health. This program is geared towards those in the community who help caregivers identify and utilize resources that help them preserve and improve their own health. There are five ways to connect to this broadcast: steerable satellite dish, webcasting, streaming video, video conferencing, and audio line. Following the broadcast, starting at 2:30 p.m., there will be a live 30-minute Q&A session (via audio lines only) with the broadcast presenters.

To register and for more information on the broadcast, please click [here](#).

If you have any questions, please email caregivers@cms.hhs.gov.

Previous Listserv newsletters are available under the heading “ORDI Research News Listserv Archive” [here](#).