

Below please find the Summer 2007 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 Summer 2007 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 programs.
- 2007 edition of *CMS Statistics* is now available, as is the 2007 *Wallet Card*.
- *Medicaid Analytic eXtract (MAX) Chartbook*, a research tool and reference guide on Medicaid enrollees and their Medicaid experience, can be downloaded from our website.
- Newly available research reports on such timely topics as chronic care and impacts of MMA changes in our Medicare population.
- CMS was well-represented at the 2007 Academy Health Annual Research meeting. A list of CMS presentations, with links to presentation slides, is available on the CMS website.

I hope you find this information useful. For additional information on CMS activities, please visit the [CMS website](#). Information on research, data, statistics, and ORDI publications can be found [here](#), while demonstration-related items can be found [here](#).

Timothy P. Love
Director, Office of Research, Development, and Information



1. *Health Care Financing Review*

Since our last newsletter, ORDI published the Summer 2007 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. The Summer edition of the *Review* covers a number of general topics including the prescription drug plan, physician code creep, and dual eligibles. Click [here](#) to view the Summer edition. (There are also links on that page to previous issues.)

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

2. *CMS Statistics*

This useful publication provides significant summary information about health expenditures and CMS programs. The 2007 edition is available [here](#), along with links to previous editions. The hard copy version will soon be available and distributed to each component. If you find that you need additional copies, please contact George Lintzeris at 410-786-0166.

3. *Wallet Card*

CMS offers to researchers and other health care professionals a broad range of quantitative information on our programs. The 2007 Wallet Card presents an overview of data from CMS programs, as well as financial data, in a compact form. The electronic version of the Wallet Card is available [here](#). A limited number of laminated cards is also available. Please contact George Lintzeris at 410-786-0166 to request copies.

4. *Medicaid Analytic eXtract (MAX) Chartbook*

The *Medicaid Analytic eXtract (MAX) Chartbook* is a research tool and reference guide on Medicaid enrollees and their Medicaid experience in 2002. Developed for state Medicaid directors, policymakers, researchers, and others interested in the Medicaid program, the chartbook consists of illustrative graphs, descriptive text, and an extensive data appendix with summary national- and state-level information on enrollee demographic and eligibility characteristics, Medicaid service use, and Medicaid expenditures in 2002.

The chartbook summarizes the Medicaid program and the MAX data system. It also presents figures and tables that reflect the Medicaid population in 2002.

Chapter 2 profiles Medicaid enrollees and their Medicaid experience nationally, Chapter 3 presents state-level detail, and Chapters 4 through 6 provide supplementary information on special topic areas, including managed care, dual Medicare/Medicaid enrollees, and service use and expenditures by detailed type of service. An appendix contains source data tables for Chapters 3 through 6.

The *MAX Chartbook* (in PDF format) and its associated appendix tables (as zipped Excel files) can be downloaded from the CMS Medicaid Analytic eXtract web page [here](#). For additional information, please contact Dave Baugh at 410-786-7716.

5. Current Demonstrations

Medicare Care Management Performance Demonstration: In May and June, meetings were held in Massachusetts, Utah, California, and Arkansas to kick off the beginning of the Medicare Care Management Performance (MCMP) demonstration. The demonstration, which was authorized under section 649 of the Medicare Modernization Act, officially starts July 1st and is intended to improve the quality of care for chronically ill Medicare beneficiaries and encourage the adoption of electronic health records. Under this three year ‘pay for performance’ demonstration, primary care physicians will be eligible to earn financial incentives for performance on clinical quality measures relating to diabetes, congestive heart failure, coronary artery disease, and preventive health services. Practices that report the clinical quality data to CMS electronically from an electronic health record that is certified by the Certification Commission for Healthcare Information Technology (CCHIT) will be eligible to earn an additional incentive. Over the three year course of the demonstration, physicians will be eligible to earn up to \$38,500 and up to \$192,500 per practice.

For additional information, please contact Jody Blatt at 410-786-6921, or visit the demonstration website [here](#).

6. New Research Reports Published

- “Medicaid Populations with Chronic and Disabling Conditions: A Compilation of Data on Their Characteristics, Health Conditions, Service Use, and Medicaid Payments” by Carol V. Irvin and Christopher Johnson, Mathematica Policy Research Inc.

Description: *This report was authored under CMS contract 500-00-0047/01. The report is based on data for calendar years 1999 and 2000 from the Medicaid Analytical Extract System (MAX) and from*

the disability files of the Social Security Administration (SSA). These data were used to identify Medicaid beneficiaries with special health care needs and to examine their wide range of chronic and disabling conditions. The report contains an extensive set of tables describing the demographic characteristics, chronic conditions, service utilization, and Medicaid payments for enrollees aged 0 through 64. It also presents tables, based on information from the SSA, on the disabling conditions that qualified beneficiaries for the SSI and SSDI programs.

The report is available [here](#).

For more information contact: Jim Hawthorne at 410-786-6689.

- “Evaluation of Impacts of Medicare Modernization Act Changes on Dual Eligible Beneficiaries in Demonstration and Other Managed Care and Fee-For-Service Settings. Final Report on Task 5: Examination of the Changing Context for Dual Demonstration Contractors” by Walter Leutz, Ph.D.; Deborah Gurewich, Ph.D.; Cindy Thomas, Ph.D.; Marian Ryan; Christine Bishop, Ph.D.

Description: *This study was conducted under a contract from the Centers for Medicare & Medicaid Services (CMS) that had two aims: (1) describe best practices from 11 demonstration health plans operating in three states and offering comprehensive managed care to dual-eligible beneficiaries (eligible for both Medicare and Medicaid), and (2) assess the impact of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the MMA) on these plans and their members. This report addresses the particular focus on MMA impacts in three areas: finances/the bidding process, marketing, and prescription drugs.*

The report is available [here](#).

For more information, contact Bill Clark at 410-786-1484.

- “The Impact of Medicaid Expansions on Asthmatic Children” by Melissa A. Montgomery, Ph.D., Office of Research, Development, and Information, CMS.

Description: *The Balanced Budget Act (BBA) of 1997 (P.L. 105-33) established the State Children’s Health Insurance program (SCHIP) by amending the Social Security Act to create an insurance program for children that otherwise would not have had insurance. It specifically mandated that, by the year 2000, the states expand health assistance to meet the needs of low-income uninsured children.*

Because States implemented these expansions at different periods of time conditions comparable to a natural experiment exist. Thus, it becomes possible to analyze how changes in legislative rules affected the eligibility of the child.

Creation of the SCHIP program by the Medicaid expansion legislation was intended to ameliorate the problems associated with being uninsured. Children with chronic conditions have unique problems that are complicated by being uninsured. These children need primary care physicians actively controlling their conditions to maintain their health. Of all these illnesses that a child may have, the most common chronic condition is asthma, the center of this study and a national problem. Chronic asthma affects 5 million children in the United States and the incidence is rising, creating a large burden for families; however, when asthma is managed effectively it can prevent the incidence of childhood disability and even death. Furthermore, as these children age their chronic conditions can lead to other chronic illnesses in adulthood, lower educational attainment and lower economic productivity over time.

The expansion of Medicaid has clearly played an important role in the way that this condition is managed by our society. Utilizing the comprehensive Medical Expenditure Panel Survey (MEPS) compiled by the Agency for Health Care Research and Quality, this study investigates the relationship of the health status of asthmatic children to the insurance eligibility status of the individual child. Three basic research questions are asked in this research: 1) Did the expansions of national health policy of the 1990's affect the health status of children with asthma? 2) Were there changes in their health status over time? 3) Were these patterns of health status change for children with asthma the same as changes in health status for the majority population? Two models are used to answer these questions; cross-sectional models and fixed effects models for 1997 through 2000.

If interested in a copy of the report, please call Melissa Montgomery at 410-786-7569.

7. CMS at Academy Health

At the 2007 Academy Health Annual Research Meeting, numerous CMS researchers held sessions on topics ranging from the Medicare Health Outcomes Survey to pay for performance. Each year, CMS seeks to share key findings in research and policy with the community of health service researchers and policy analysts attending this meeting. A list of CMS presentations, with links to presentation slides, may be viewed [here](#). Other presentations from the

AcademyHealth Annual Research Meeting 2007 may be viewed at:
<http://www.academyhealth.org/arm/agenda/sunday.htm>

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