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April 2010

Evaluation of the Extended Medicare Care Management for High Cost Beneficiaries (CMHCB) Demonstration

First Annual Report

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**Evaluation of the Extended Medicare Care Management for
High Cost Beneficiaries (CMHCB) Demonstration**

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CMS Contract No. 500-2005-00029I

April 2010

This project was funded by the Centers for Medicare & Medicaid Services under contract no. 500-2005-00029I. The statements contained in this report are solely those of the authors and do not necessarily reflect the views or policies of the Centers for Medicare & Medicaid Services. RTI assumes responsibility for the accuracy and completeness of the information contained in this report.

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**MONTHLY TECHNICAL PROGRESS REPORT
MARCH 2010
NO. 11**

Task Order Title: Evaluation of the Extended Medicare Care Management for High Cost Beneficiaries (CMHCB) Demonstration

Period of Performance: 04/28/2009-04/27/2013

RTI Project Number: 0209853.018

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I. Introduction

This report describes progress achieved over the last month and planned activities for next month. In addition, we provide documentation of project activities conducted during the first year of the project, so that this report serves as our first annual report for the project. The Project Officer is David Bott and the RTI Principal Investigator is Nancy McCall. Supplements to this report are available from the CMS Project Officer upon request

II. Summary of Progress toward Completion

Kick-Off Meeting

- CMS, RTI, and ARC staff held a kick-off conference call on May 11, 2009 to review each of the expansion/extension populations and develop a plan for creating the comparison populations.

Development of Comparison Group Populations

- Healthy Buddy West
 - RTI submitted a draft Health Buddy West—Phase 2 Extension Comparison Group Selection memo on October 23, 2009.

- RTI revised the memo based on CMS’s minor comments and the report was resubmitted on February 4, 2010. This report is now considered final and is in Supplement A.
- The comparison group for the extension was selected. Matching to the intervention group was done on the basis of disease configurations for the five major diagnoses. Per beneficiary per month (PBPM) costs for the two groups differed by only \$70.
- The Health Buddy West comparison group finder file was sent to ARC on September 23, 2009—TI10.HIGHCOST.HBWEST.PHASE2.COMPY.
- Healthy Buddy East
 - RTI reviewed the Health Buddy East proposal and compiled updated information on beneficiaries in the Bronx, Queens, and Brooklyn. A memo was prepared and revised recommending additional comparison ZIP codes for the expansion in New York City.
 - Extension: RTI examined the suitability of using the same TINs for the extension as were used in Phase I.
 - Expansion: RTI identified TINS for the expansion area and examined whether there were adequate TINs in that area.
 - RTI is drafting one memo describing both the original and expansion selections.
 - The Health Buddy East comparison group finder file was sent to ARC on November 20, 2009—TI10.HICUP.HBEAST.PHASE2.TXT.
 - After discussing the implications of minor differences in the dates of the EDB pulls done by ARC and RTI, a memorandum describing both the extension and expansion area comparison group selections was submitted on March 31, 2010. This document is in Supplement B.
- MGH Propensity Model
 - RTI and CMS discussed the option of using propensity scores to select the comparison group for the MGH Phase 2 evaluation rather than the tertile matching approach based on HCC risk scores and Medicare expenditure strata that had been used in Phase 1. RTI suggested testing the proposed procedure using data from the Phase 1 refresh. RTI submitted a memorandum summarizing the results of the refresh testing on October 29, 2009. This memorandum described of the development of the propensity score model and examined the scores separately for the intervention group, the original pool of potential comparison group members, and the comparison group that had originally been selected for the refresh. The memo then illustrated how the model could be applied to select an alternative refresh comparison group. The results suggested

that the propensity method produced better covariate balance between the intervention and comparison groups than matching for the refresh population.

- After reviewing the memo, two changes requested by MGH were made in the model specification. First, the number of annual hospitalizations was capped at 5 or more to minimize the influence of extreme values. Only 1.9% of the cases had 6 or more hospitalizations during the year. Second, county indicators were added to capture the effects of any regional differences.
- MGH Extension
 - The intervention group for the extension was expected to have approximately 1,800 members. MGH requested that this group be broken into two stages, each consisting of 900 beneficiaries. The identification of the Stage 2 extension group is to be deferred until late 2010.
 - Propensity score analyses using the revised specification were conducted for the Stage 1 extension. A memorandum describing these analyses and the characteristics of the comparison group that was constructed was submitted to CMS on February 2, 2010 and accepted as final. This document is in Supplement C.
 - The MGH extension comparison group finder file was sent to ARC on February 3, 2010—TI10.HIGHCOST.MGH.PHASE2.SAMPV1.
- MGH Expansion
 - After Phase 2 had begun, MGH made a request to expand its program to two hospitals affiliated with the Partners Health Care system—Brigham and Women’s Hospital and North Shore Medical Center—instead of the one hospital requested during CMS’ deliberations on extension.
 - To implement the expansion, MGH asked to add more primary care practices, inpatient facilities, and counties to its target area in order to increase the size of its intervention group. RTI discussed the implications of this request with CMS. After reviewing data on the number of affected beneficiaries, CMS determined that MGH would be allowed to add several group practices and inpatient facilities, but would not be permitted to expand into new counties.
 - MGH requested that separate comparison groups be identified for Brigham and Women’s Hospital and North Shore Medical Center so they could conduct separate evaluations of each center. RTI received a file on March 23, 2010, containing updated claims data for the 2,327 intervention group members served by the two new hospitals and for the potential comparison pool residing in the five-county target area.

- RTI is in the process of reviewing the claims data to assess the feasibility of constructing separate comparison groups for each hospital.

Site Visits

- RTI conducted the first visit to the Health Buddy Consortium (HBC) during the extension period (third trip since the start of the Demonstration) that included an in-person visit to Wenatchee Valley Medical Center (WVMC) in Wenatchee, Washington on October 6, 2009. During the site visit, RTI staff met with representatives from Robert Bosch Health Care (RBHC, formerly known as the Health Hero Network), the owners and developers of the Health Buddy technology; clinical and managerial staff from WVMC; and a representative of the American Medical Group Association (AMGA). RTI staff also conducted a telephone conference call with RBHC and Bend Memorial Clinic (BMC) staff in Bend, Oregon on October 15, 2009. Nancy McCall and Nancy Lenfestey conducted this site visit.
- A draft of the HBC site visit report was submitted to CMS on January 5, 2010. This report is in Supplement D.
- RTI conducted the first visit to VillageHealth’s Key to Better Health (KTBH) program during the Phase II extension period (third site visit trip since the start of the Care Management for High Cost Beneficiaries (CMHCB) demonstration). The site visit included an in-person meeting with the management team and key staff from VillageHealth (VH; formerly RMS) and the KTBH program. The meeting was held on October 20, 2009 at the KTBH’s program office in Freeport, New York. Nancy McCall and Nancy Lenfestey conducted this site visit.
- A draft of the KTBH site visit report was submitted to CMS on March 17, 2010. This report is found in Supplement E.

Evaluation Design Report

- RTI is using information obtained during the Phase I demonstration to refine the CMHCB Phase II evaluation design.

III. Problems Encountered to Date

- The selection of the comparison populations, in particular, the propensity score matching analyses and methodology for MGH has consumed more resources than originally estimated. RTI believes that the resources devoted to the propensity score matching has helped inform CMS in its efforts to select appropriate comparison populations.

IV. Impact of Problems on Costs and Date of Completion

- RTI has informed CMS that reallocation of resources from other planned activities or additional funds will be required to complete all comparison group selection activities.

V. Activities Planned During the Next Month

- RTI project staff will participate in a monthly project review conference call with the CMS project officer.
- RTI will:
 - Review the adequacy of the comparison pool for the two MGH expansion hospitals, and begin work on the propensity models for each hospital.
 - Submit the final First Annual Report.