U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Research, Development, and Information
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Baltimore, Maryland 21244-1850

2006 Edition

Active Projects Report

Research and Demonstrations in Health Care Financing

Theme 1

Monitoring and Evaluating CMS Programs

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

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Theme 1

Theme 1: Monitoring and Evaluating CMS Programs

Summary: Information gained from evaluation studies plays an important role in planning for the future of CMS's programs. Program evaluation information is used to guide and inform both current and future planning. The policies and procedures of CMS's programs can have far-reaching effects on the broader health care system. Program evaluations provide CMS with information to monitor, evaluate, and refine aspects of our programs. This information is used to identify critical health care issues and to develop the best available strategies for addressing those issues. CMS's program evaluation efforts provide information and descriptive statistics on the infrastructure of the health system; populations of health care users; service and expenditure patterns; variations in costs, quality, and access to care; and the effects of CMS's program changes on beneficiaries.

Assess the Impact of Requiring Parity for Mental Health

Project No: HCFA-IA-00-100
Project Officer: Frederick Thomas
Period: June 2000 to September 2004
Funding: $100,000
Principal Investigator: Cille Kennedy, Ph.D.
Award: Inter-agency Agreement
Awardee: Office of the Assistant Secretary for Planning and Evaluation
200 Independence Avenue, SW
Washington, DC 20201-0001

Description: This agreement supports an evaluation of the impact of requiring parity for mental health and substance abuse benefits within the Office of Personnel Management's (OPM) Federal Employees Health Benefits Program (FEHBP). For several years OPM has been interested in improving the mental health and substance abuse benefit in the FEHBP. OPM has now been directed to achieve full parity for these benefits by January 2001. There is substantial interest in various stakeholders in learning as much as possible about the effects of this change in coverage; particularly, the impact on access, utilization, quality, and costs.

Status: Data collection and study design activities are in process. A preliminary report is being reviewed by the involved funding agencies. ■

Assessment of the Medicare & You Education Program

Project No: 500-00-0037/03
Project Officer: Lori Teichman
Period: September 2001 to December 2005
Funding: $8,324,391
Principal Investigator: Keith Cherry
Award: Task Order (RADSTO)
Awardee: Bearing Point
1676 International Drive
McLean, VA 22102-4828

Description: This project assesses how well CMS is communicating with Medicare beneficiaries, caregivers, and partners. As part of the National Medicare Education Program (NMEP), CMS provides information to beneficiaries about the Medicare Program and their Medicare+Choice options. The NMEP employs numerous communication vehicles to educate beneficiaries and help them make more informed decisions concerning: Medicare Program benefits; health plan choices; supplemental health insurance; rights, responsibilities, and protections; and health behaviors. The goal of NMEP is to ensure that beneficiaries receive accurate, reliable information; have the ability to access information when they need it; understand the information needed to make informed choices; and perceive the NMEP (and the Federal Government and its private sector partners) as trusted and credible sources of information.

Status: Work began in September 2001. The following subtasks are completed: The Medicare & You Regional Survey, REACH Partnership Report, The Medicare & You Handbook 2002 Postcard Feedback Report, REACH Audience Feeback Forms Report (2002 and 2003), the REACH Needs/Gaps Assessment Report, and the REACH Return on Investment Reports (2002 and 2003). Work continues on the following: The Medicare

New Enrollee Survey, 1-800-MEDICARE Mystery Shopping, SHIPs Mystery Shopping, Nursing Home Quality Improvement Initiative, REACH Case Studies, REACH work plan and partnership databases, and NMEP Case Studies. Work is also being done on: the Medicare-Approved Prescription Discount Drug Card Program Assessments (1) Review of Informational Materials, and (2) Mystery Shopping to Approved Sponsors. ■

Beneficiary Knowledge: Questionnaire Item Development and Cognitive Testing Using Item Response Theory

Project No: 500-00-0024/02a
Project Officer: Noemi Rudolph
Period: May 2001 to August 2005
Funding: $227,149
Principal Investigator: Lauren McCormack
Award: Task Order (RADSTO)
Awardee: Research Triangle Institute, (NC)
PO Box 12194, 3040 Cornwallis Road
Research Triangle Park, NC 27709-2194

Description: Questions on the Medicare Current Beneficiary Survey (MCBS) have changed from year to year to address the newest features of the Medicare health plans and to adapt to changing priorities and goals of CMS. However, the changing content makes it difficult to measure improvement or decline in beneficiary knowledge from year to year and therefore to evaluate the effectiveness of the National Medicare Education Program (NMEP). The purpose of this project is to develop a substantial pool of Medicare beneficiary knowledge questions and to test cognitive reliability and validity of these items thereby assuring a consistent Medicare knowledge index over time. The principles of Item Response Theory will be used in the development of the questions and the Medicare knowledge index.

This project will also plan and conduct a symposium on the normative standards and limits of beneficiary knowledge of the Medicare Program. The goals of the symposium will be to engage national experts in discussing how much Medicare beneficiaries can be expected to know about the program, to identify key deficits and critical messages, and to determine how the NMEP or its messages might be revised in response to these findings.

Status: The knowledge questions were fielded in the MCBS in Spring 2003. The final report, "Measuring Knowledge and Health Literacy Among Medicare Beneficiaries" is available at http://www.cms.hhs.gov/researchers/projects/ in the CMS website. The symposium was held in November 2004. ■

Collection and Analysis of Information and Analysis of State and Federal Policies Concerning the Use of Annuities to Shelter Assets in State Medicaid Programs

Project No: 500-00-0053/02
Project Officer: Roy Trudel
Period: September 2003 to January 2005
Funding: $317,984
Principal Investigator: Robert Levy
Award: Task Order (RADSTO)
Awardee: C.N.A. Corporation
4825 Mark Center Drive
Alexandria, VA 22311-1850

Description: The purpose of this contract is to provide funding for a project that will: identify and document instances of the use of annuities as a means to shelter assets for Medicaid eligibility and provide increased income and assets to community spouses of institutionalized individuals in state Medicaid Programs; estimate the frequency and costs to the Federal and State Governments of the use of annuities in making people eligible for the Medicaid Pogram; and assist in the development of Federal policy options related to the use of annuities that will support state attempts to preserve the financial viability of their Medicaid Programs.

Status: The contractor has submitted a final report on the project. We expect that the report will be available on the CMS website early in July 2005. ■

Design and Implementation of a Targeted Beneficiary Survey on Access to Physician Services Among Medicare Beneficiaries

Project No: 500-01-0025/01
Project Officer: Renee Mentnech
Period: September 2002 to December 2004
Funding: $996,692
Principal Investigator: Marsha Gold
Award: Task Order (ADDSTO)
Awardee: Mathematica Policy Research, (DC)
600 Maryland Avenue, SW, Suite 550
Washington, DC 20024-2512

Study of the Impact of Boren Amendment Repeal

Project No: 500-95-0060/03
Project Officer: Paul Boben
Period: September 2000 to December 2003
Funding: $451,129
Principal Investigator: Christine Bishop
Award: Task Order
Awardee: Brandeis University, Heller Graduate School, Institute for Health Policy
415 South Street, P.O. Box 9110
Waltham, MA 02254-9110

Description: The purpose of this project is to study the impact of the repeal of the Boren Amendment on Medicaid beneficiaries' access to care in hospitals, nursing facilities (NF), and intermediate care facilities for the mentally retarded (ICF/MR), and the quality of care available to them at those facilities. The study will examine rate setting methodologies to learn whether States have changed their methods of payment since the repeal of the Boren Amendment and whether these changes have affected access to care or quality of care received by Medicaid beneficiaries. The results will form the basis for a Report to Congress, as mandated by Section 4711(b) of the Balanced Budget Act of 1977.

Status: This contract has ended. A Report to Congress on the findings was submitted on December 16, 2003. ■

Telephone Customer Service Strategy -- Customer Satisfaction

Project No: 500-95-0059/05
Project Officer: Lori Teichman
Period: May 1999 to February 2005
Funding: $2,334,300
Principal Investigator: Joan DaVanzo
Award: Task Order
Awardee: Lewin Group
3130 Fairview Park Drive, Suite 800
Falls Church, VA 22042

Description: This project provides assistance in developing and implementing a nationwide survey of customer satisfaction with telephone service provided by CMS's Medicare contractors. It will provide technical guidance and support in the development and implementation of a customer satisfaction methodology, and put in place processes that will yield specific and standardized measures of customer satisfaction. The project focuses on the extent to which the caller is satisfied with the services provided, including the professionalism and courtesy of the customer services representatives, ease of use of the telephone system, and overall quality of service.

Status: A recommendation was developed on the feasibility of an independent beneficiary satisfaction survey for call centers. The survey was developed, piloted and implemented by telephone. Finally, a conference was developed and held on telephone customer service. The survey has been used for 1-800-MEDICARE call centers, Medicare fee-for-service contractors, three Medicare pilot programs, and most recently, to assess satisfaction with inquiries for the Medicare-approved discount drug card and questions about preventive services. ■

make choices. We have also expanded the scope of quality of care information to include information about providers such as dialysis facilities, nursing homes, home health agencies, and hospitals (see www.medicare.gov/NHCompare/home.asp, www.cms.hhs.gov/researchers/projects/APR/09-theme7.pdf, Volume 23, number 4, of the Health Care Financing Review [www.cms.hhs.gov/review/02summer/default.asp], and, for hospital information, www.dfmc.org/html/hiw/). Finally, we have also expanded in the area of supporting infrastructure for informed choice (see www.cms.hhs.gov/researchers/projects.asp). That is, CMS has launched the 1-800-Medicare call center and the Medicare Personal Plan Finder (see www.medicare.gov/MPPF/home.asp) in addition to supporting the role of State Health Insurance Assistance Programs in counseling beneficiaries about health plan choices. Similarly, the Quality Improvement Organizations have begun addressing the roles that discharge planners, physicians, nurses, social workers, and others play in supporting the decisions that patients and their caregivers make about providers. Physicians are a particularly interesting group in that they are not only information.

Status: Qualitative research on the role of physicians as intermediaries for patients around hospital quality data is partially complete. A survey of physicians and the impact of CMS's Hospital Compare website on them is being planned. Qualitative research on the potential role of Geriatric Care Managers as information intermediaries around nursing home and home health quality is partially complete. ■

State Health Insurance Assistance Program Data Collection and Performance Measurement System

Project No: 500-00-0032/12
Project Officer: Marilyn Maultsby
Period: September 2004 to September 2005
Funding: $323,468
Principal Investigator: Yvonne Abel
Award: Task Order (RADSTO)
Awardee: Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138-1168

Description: The purpose of this project is to further refine the current SHIP reporting system and implement a performance measurement process. In addition, the contractor will generate SHIP performance reports based on data gathered for the most recent 6-month reporting periods. They will provide technical assistance to SHIP programs on their data reporting systems, and analyze the SHIP Basic Grant distribution formula to determine whether it results in effectively funding the SHIP programs to meet the goal set forth in the enabling legislation.

Status: The project is underway. Several tasks have been completed, including:

1. Developed design for enhanced performance measurement system.

2. Built enhanced performance measurement system--updated NPR forms to reflect MMA; and have begun full implementation of revised system for data submissions - Abt being initial point of review and communication with SHIPs.

3. Have begun training SHIPs on revised forms--Led national training for all SHIP directors; now training local counselors.

4. Devised instruction manual for use of NPR forms.

5. Generated performance measurement reports for periods ending September 30, 2003; March 31, 2004; and September 30, 2004.

5. Posted reports on SHIP Web site.

6. Provided and continue to provide technical assistance to SHIPs; troubleshooting; telephone support; and training to SHIPs.

7. Coordinated with SHIP Resource Center on SHIP NPR training.

8. Worked with SHIP Performance Assessment Workgroup on revised NPR forms.

9. Provided project management through conference calls.

10. Has met with CMS staff at CMS twice to discuss projects.

11. Staffed HELP Desk at SHIP Annual Conference in Annapolis in May 2005.

11. Has begun collecting SHIP data for period ending March 31, 2005.

12. Has begun revisions to the cost savings algorithm.

13. Met with OIG staff on SHIP study they are conducting.

14. Worked with sub-contractor, Emagination, to revise the NPR forms and NPR Web site pages for July 1, 2005 launch.

15. Have begun to work with states to modify proprietary systems to comply with revisions to NPR forms and schedule of reporting. ■

Description: The purpose of this project is to design and implement a targeted, short beneficiary survey on access to physician services among Medicare beneficiaries. The intent of this targeted survey is to enhance the ability of CMS to determine, in real-time or as close as possible, whether Medicare beneficiaries are experiencing access problems in specific geographic areas.

Status: The first round of the survey was implemented in 11 market areas during the spring of 2003. The market areas included the state of Alaska and areas around Phoenix, Arizona; San Diego, California; San Francisco, California; Denver, Colorado, Tampa, Florida; Springfield, Missouri; Las Vegas, Nevada; Brooklyn, New York; Ft. Worth, Texas; and Seattle, Washington. The second round of the survey was administered in these same market areas during the spring of 2004. A final report has been submitted. ■

Disabled and Special Needs Populations: Examining Enrollment, Utilization, and Expenditures

Project No: 500-00-0047/01
Project Officer: James Hawthorne
Period: September 2000 to July 2006
Funding: $1,024,697
Principal Investigator: Carol Irvin
Award: Task Order (RADSTO)
Awardee: Mathematica Policy Research, (Princeton)
600 Alexander Park, PO Box 2393
Princeton, NJ 08543-2393

Description: The purpose of this project is to create a linked database that combines information from the Social Security Administration's (SSA) administrative data with CMS Medicaid and Medicare data. It complements and builds upon activities related to these special needs populations by other components of the Department of Health and Human Services. One group of studies will link Medicaid and SSA data in order to examine enrollment dynamics between Medicaid and the Supplemental Security Income and the Social Security Disability Insurance Programs and to determine whether inter-program enrollment dynamics vary by characteristics of enrollees—such as work status, disabling condition, severity of condition, state of residence, race/ethnicity, or age group.

Using the same data, another study will help CMS develop a more complete understanding of children with special health care needs enrolled in the Medicaid program. Specifically the study will develop estimates of the number of children with special health care needs enrolled in Medicaid, as this population is defined by the Balanced Budget Act of 1997 interim rule, their demographic characteristics, and utilization and expenditure patterns. A final study will link SSA disability data, Medicare, and Medicaid data for a sample of Medicare beneficiaries with behavioral health problems. The purpose of this study is to develop a much more complete understanding of utilization and expenditures for Medicare beneficiaries with behavioral health disorders.

Status: As of March 2005, the project has obtained the necessary data from SSA and the contractor is in the process of linking the SSA and Medicaid data. An additional analysis of the cost and use of services by individuals with behavioral health disorders has been added to the project. ■

Evaluation of Balanced Budget Act (BBA) Impacts on Medicare Delivery and Utilization of Inpatient and Outpatient Rehabilitation Therapy Services

Project No: 500-00-0030/02
Project Officer: Philip Cotterill
Period: September 2001 to December 2005
Funding: $1,028,631
Principal Investigator: Barbara Gage
Award: Task Order (RADSTO)
Awardee: Research Triangle Institute, (MA)
411 Waverley Oaks Road, Suite 330
Waltham, MA 02452-8414

Description: This project studies the impact of the Balanced Budget Act of 1997 (BBA) on the delivery and utilization of inpatient and outpatient rehabilitation therapy services to Medicare beneficiaries. Many of the BBA changes, some already implemented and others still under development, directly affect payment for rehabilitation therapy services. These policies include per beneficiary therapy limits applicable to certain outpatient settings, skilled nursing facility prospective payment system, home health agency prospective payment system, inpatient rehabilitation facility prospective payment system, long-term care hospital prospective payment system, and outpatient therapy prospective payment system. This project will study the period 2000 to

2003 and will study changes in beneficiary access and utilization of therapy services across all these settings with special attention to changes in one or more settings that follow a payment change in another setting.

Status: This is a continuation and extension of previous work, "Medicare Post-Acute Care: Evaluation of BBA Payment Policies and Related Changes" (contract number 500-96-0006/04), which covered the period 1996 to 1999. The final report, expected by December 2005, will comprise five separate reports: a report on changes in the use of post-acute providers over the period 1996 to 2003; an analysis of changes in post-acute episodes, 1996 to 2002, that contains separate models of inpatient and ambulatory post-acute use; an analysis of changes in the use of inpatient rehabilitation facilities (IRFs), 2000 to 2003; an analysis that attempts to develop patient condition and severity level measures that can be used to differentiate IRFs; and a report on changes in types of providers of rehabilitation services. ■

Evaluation of Private Fee-for-Service Plans in the Medicare Advantage (Former Medicare+Choice) Program

Project No: 500-00-0032/02
Project Officer: Nancy Zhang
Period: September 2001 to February 2005
Funding: $1,407,867
Principal Investigator: David Kidder
Award: Task Order (RADSTO)
Awardee: Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138-1168

Description: The purpose of this project is to evaluate the new private fee-for-service option available under the Medicare Advantage (former Medicare+Choice) Program. The evaluation uses a combination of primary and secondary data sources to evaluate the effects of the option on beneficiaries and program. Primary data has been collected through site visits to participating plans, telephone interview of stakeholders, and beneficiary surveys. Analytic issues to be addressed in the evaluation can be grouped into three broad categories: (1) beneficiary analyses (enrollment, beneficiary experiences with the plan, utilization); (2) Medicare Program impacts; and (3) plan and provider impacts (market, program administration, participation, etc).

Status: The final report is in the review process. It includes the reports on site visit to participating plans, a national enrollee/nonenrollee survey, telephone interviews with stakeholders, and an enrollment analysis using secondary data. ■

Evaluation of QMB and SLMB Programs

Project No: 500-95-0058/08
Project Officer: Noemi Rudolph
Period: September 1999 to September 2003
Funding: $1,549,538
Principal Investigator: Janet Mitchell
Susan Haber
Award: Task Order
Awardee: Research Triangle Institute, (MA)
411 Waverley Oaks Road, Suite 330
Waltham, MA 02452-8414

Description: This project is designed to evaluate quantitatively and qualitatively the Qualified Medicare Beneficiary (QMB), and the Specified Low-Income Medicare Beneficiary (SLMB) programs in the following areas: (1) the motivations and perceptions of enrollees and nonenrollees, (2) reasons for State variation in enrollment patterns, (3) the impact of enrollment on Medicare and Medicaid costs and service use, (4) the impact of enrollment on out-of-pocket costs of eligible individuals, (5) the impact of State programs under the Building Partnerships for Innovative Outreach and Enrollment and Outreach of Dual Eligibles grants, and (6) the effect on access to care for QMBs due to limitation on state payments for Medicare cost-sharing. The analyses will draw on a beneficiary survey, focus groups of beneficiaries and social service professionals, a survey of State Medicaid Agencies, case-study interviews, the Medicare Current Beneficiary Survey, Medicare claims and eligibility data, and the Third Party Buy-in file.

Status: The project ended September 30, 2003. Final reports for the overall evaluation and case-study evaluation of the State programs are located at http://www.cms.hhs.gov/researchers/projects/. Major findings include:

• Lack of awareness, not motivation, is the main reason eligible beneficiaries do not enroll, and personal assistance is key to successfully educating and enrolling beneficiaries into the Medicare Savings Programs.

• Enrollment in the QMB/SLMB Programs increases utilization of medical care services for low-income Medicare beneficiaries. The benefit is greatest for those entitled to full Medicaid benefits.

• Although the QMB/SLMB Programs provide substantial protection from out-of-pocket costs, most

and the Original FFS Medicare Plan program. Survey results also are used (together with clinical quality information and other available data) to monitor and evaluate the quality of care and relative performance of the Medicare program and assist in development of quality improvement initiatives for services delivered to Medicare beneficiaries.

Status: A contract modification to the CAHPS-FFS project, added in 2001, also permits development and testing of a CAHPS survey to be fielded among beneficiaries enrolled in private Medicare FFS health plans. Full implementation of this new component to the CAHPS-FFS Survey is planned for Fall 2002 with reporting of information from this component to begin Fall 2003. ■

Patterns of Injury in Medicare and Medicaid Beneficiaries

Project No: 500-95-0060/04
Project Officer: M. Beth Benedict
Period: September 2000 to February 2005
Funding: $715,991
Principal Investigator: Deborah Garnick
Award: Task Order
Awardee: Brandeis University, Heller Graduate School, Institute for Health Policy
415 South Street, P.O. Box 9110
Waltham, MA 02254-9110

Description: This project is a descriptive study of the impact of injuries, including an analysis of specific types of injuries, on Medicare and Medicaid populations. The study will examine the impact of injuries (unintentional and intentional) on health care costs, income, productivity, mortality and morbidity, especially among persons in vulnerable populations.

Status: An overview of injuries among elderly Medicare beneficiaries has been completed. Also completed are tables that describe the number and costs of injuries to Medicare elderly beneficiaries in total and broken down by age, gender, race/ethnicity, urban/rural status, region, long-term care status, and type of service. Much of the Medicare findings are posted on the CMS Web site.

The Medicaid children's analyses have also been completed. Manuscripts are under development. Work is underway to post these findings on the CMS Web site. The contract closed at the end of February 2005. ■

Physician Referral Patterns to Specialty Hospitals

Project No: 500-00-0024/12
Project Officer: Frederick Thomas
Period: July 2004 to December 2005
Funding: $499,503
Principal Investigator: Jerry Cromwell
Award: Task Order (RADSTO)
Awardee: Research Triangle Institute, (NC)
PO Box 12194, 3040 Cornwallis Road
Research Triangle Park, NC 27709-2194

Description: The purpose of this project is to conduct a study of the referral patterns and benefits of speciality hospitals as required under section 507 of the MMA. The study will be used to help determine whether the 18-month moratorium (which expires June 2005) on physician referrals to speciality hospitals in which they hold an ownership interest should be lifted, extended, or made permanent.

Status: The project is underway. ■

Public Reporting and Provider and Health Plan Quality of Care

Project No: 500-00-0024/14
Project Officer: David Miranda
Period: September 2003 to June 2006
Funding: $878,997
Principal Investigator: Shulamit Bernard
Award: Task Order (RADSTO)
Awardee: Research Triangle Institute, (NC)
PO Box 12194, 3040 Cornwallis Road
Research Triangle Park, NC 27709-2194

Description: The Balanced Budget Act of 1997 mandated that CMS provide beneficiaries with information to make better health plan choices, including information about the quality of care provided by health plans (see www.medicare.gov/mphCompare/home.asp and Volume 23, Number 1 [www.cms.hhs.gov/review/01fall/default.asp] and Volume 22, Number 3 [www.cms.hhs.gov/review/01spring/default.asp] of the Health Care Financing Review). Since that time, CMS has expanded these efforts in at least three areas. We have begun looking at the particular needs of vulnerable populations for information about quality of care, and to help them

Medicare Contractor Provider Satisfaction Survey

Project No: 500-01-0020/04
Project Officer: Gladys Valentin
Period: September 2004 to September 2006
Funding: $342,482
Principal Investigator: Vasudha Narayanan
Award: Task Order (ADDSTO)
Awardee: Westat Corporation
1650 Research Boulevard
Rockville, MD 20850

Description: CMS needs standard data about Medicare provider's satisfaction with their Medicare Fee-for-Service (FFS) contractors, who are charged with all Medicare claims processing and related activities on behalf of the Agency. The Survey will be used as a mechanism for evaluating and improving Medicare providers' satisfaction with their Medicare FFS contractors. The results will provide CMS with a comprehensive review of contractor-provider business relations from the prospective customer or Provider. The information will help the Agency appropriately address provider concerns about Medicare Contractors' performance, aid in business/contracting decisions, and assist for guide contractors in identifying/implementing "best practices" or process improvement initiatives.

Status: The project is underway. ■

Medicare Current Beneficiary Survey

Project No: 500-2004-00006C
Project Officer: Frank Eppig
Period: February 2004 to February 2009
Funding: $27,702,747
Principal Investigator: Richard Apodaca
Award: Contract
Awardee: Westat Corporation
1650 Research Boulevard
Rockville, MD 20850

Description: The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a representative sample of the Medicare population designed to aid CMS' administration, monitoring, and evaluation of the Medicare Program. The survey is focused on health care use, cost, and sources of payment. Data from the MCBS will enable CMS to:

• Determine sources of payment for all medical services used by Medicare beneficiaries, including copayments, deductibles, and noncovered services.

• Develop reliable and current information on the use and cost of services not covered by Medicare (e.g., prescription drugs and long-term care).

• Ascertain all types of health-insurance coverage and relate coverage to sources of payment.

• Monitor the financial effects of changes in the Medicare Program.

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 38th round of interviewing. To date, public use data files are available for 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, and 2002. ■

National Implementation of Medicare Consumer Assessment of Health Plans Study - Fee-for-Service (CAHPS-FFS) Survey

Project No: 500-95-0061/07
Project Officer: Edward Sekscenski
Period: August 2000 to December 2005
Funding: $7,378,706
Principal Investigator: Bridget Booske
Award: Task Order
Awardee: University of Wisconsin - Madison
750 University Avenue
Madison, WI 53706

Description: This project implements the Medicare Consumer Assessments of Health Plans -Fee-For-Service (CAHPS-FFS) survey. Since 1998, CMS has collected information on consumer satisfaction and health services experiences of beneficiaries enrolled in managed care health plans through annual implementation of the CAHPS survey in those plans. Since 2000, CMS has surveyed a cross-section of Medicare FFS enrollees using a CAHPS questionnaire designed to assess their satisfaction and experiences with regards to health care access, quality of care, customer service, and services utilization. The primary purpose of both CAHPS surveys is to collect, analyze, and disseminate information to beneficiaries to help them in choosing between managed care health plans in the Medicare+Choice program

enrollees continue to incur some out-of-pocket costs, particularly SLMBs.

• Reductions in the percent of Medicare cost-sharing paid by Medicaid decreased the probability that a dually eligible beneficiary will have an outpatient physician visit and decreased the likelihood that a dual eligible would receive any outpatient mental health treatment. However, the impacts are relatively small and their effect on health outcomes is unknown. ■

Evaluation of the Dialysis Facility Compare Website

Project No: 500-00-0024/07
Project Officer: Eileen Zerhusen
Period: September 2002 to November 2004
Funding: $1,524,768
Principal Investigator: Michael Trisolini
Award: Task Order (RADSTO)
Awardee: Research Triangle Institute, (NC)
PO Box 12194, 3040 Cornwallis Road
Research Triangle Park, NC 27709-2194

Description: This project will evaluate the usefulness of the quality and descriptive information on the Dialysis Facility Compare (DFC) Website for patients with End Stage Renal Disease (ESRD), families of patients with ESRD, ESRD professionals, members of the ESRD industry and other stakeholders. Testing and revisions to the website continue and the testing and addition of new quality measures is planned.

Status: The contract was extended to November 30, 2004 to allow for stakeholders' input and for development and testing of new information to be placed on the DFC Web site. The contract was extended again to April 30, 2006, and we continue to test and revise the DFC tool. Additional work has also been done to support the ESRD Quality Initiative. ■

Evaluation of the Home and Community Based Waiver Program

Project No: 500-96-0005/03
Project Officer: Susan Radke
Period: September 1998 to September 2006
Funding: $3,387,017
Principal Investigator: Lisa Maria Alecxih
Award: Task Order
Awardee: Lewin Group
3130 Fairview Park Drive, Suite 800
Falls Church, VA 22042

Description: The purpose of this project is to design and implement a study of the impact of Medicaid home and community based service (HCBS) programs on quality of life, quality of care, utilization, and cost. The scope of the study includes both Medicaid home- and community-based service waiver programs as well as other Medicaid-funded long-term care services. The research project will study the Medicaid financing and delivery of services to older and younger people with disabilities (A/D) in six States, and the Medicaid financing and delivery of services for individuals with mental retardation and developmental disabilities (MR/DD) in six other States. The goal of this research is to assist Federal and State policy makers in gaining further knowledge about: (1) how Medicaid HCBS program funds are currently used; (2) how policies affect costs, access to care, and quality of services; and (3) key program design features that are helpful to achieving cost-effective use of program services.

Status: The 12 State site visits in phase one of the study are were completed. The reports were published and are located on the CMS and HCBS websites. Phase two is currently in progress.

The Office of Management and Budget (OMB) approved the Aged and Disabled HCBS recipient survey, which was fielded in 2004. The Lewin Group, Inc. and its subcontractors are currently analyzing the Aged/Disabled survey data and collecting corresponding MSIS data to link with the survey results. The scope of work for this evaluation was amended on the MR/DD component of the study to utilize existing data from the National Core Indicators Project. Lewin and its subcontractors are currently analyzing the National Core Indicators Survey results. ■

Evaluation of the Impact on Beneficiaries of the Medicare+Choice Lock-in Provision

Project No: 500-00-0037/04
Project Officer: Mary Kapp
Period: September 2001 to September 2004
Funding: $380,298
Principal Investigator: Mary Laschober
Award: Task Order (RADSTO)
Awardee: Bearing Point
1676 International Drive
McLean, VA 22102-4828

Description: This project will explore the impact on Medicare beneficiaries of the lock-in provision of the Balanced Budget Act of 1997 (BBA). The lock-in provision places limits on the frequency, timing, and circumstances under which Medicare+Choice (M+C) enrollment elections can be made.

These changes will be phased in over a 2-year period beginning January 1, 2002. The purpose of this project is to: (1) examine the current (pre-lock-in) patterns of enrollment and disenrollment in M+C using existing CMS administrative data; (2) design a methodology to quantify the impact on Medicare beneficiaries of the lock-in provision; and (3) analyze the impact on beneficiaries of the first year of the lock-in provision.

Status: The project is completed. ■

Evaluation of the State Child Health Insurance Program

Project No: 500-96-0016/03
Project Officer: Susan Radke
Period: July 1999 to February 2006
Funding: $4,256,094
Principal Investigator: Margo Rosenbach
Award: Task Order
Awardee: Mathematica Policy Research, (DC)
600 Maryland Avenue, SW, Suite 550
Washington, DC 20024-2512

Description: This project evaluates the State Childrens Health Insurance Program (SCHIP). It examines and tracks the impact of SCHIP in reducing the numbers of low-income uninsured children. States are required to report and assess the operation of their childrens health insurance programs. This project involves a summary and analysis of the State evaluations and an analysis of external SCHIP-related activities (meta-analysis). It will also analyze the effect of SCHIP on enrollment expenditures and use of services in Medicaid and State health programs; and evaluate stand-alone and Medicaid expansion programs, including the effectiveness of their outreach activities and the quality of care.

Status: Evaluation is in its fifth year. The SCHIP Report to Congress was submitted. Current work involves case studies of eight States as well as continuing monitoring and evaluating the effect of SCHIP was completed and published on the CMS website as well as the Dental Access Report. MPR is continuing to track the progress of the SCHIP program as it continues to grow and mature. MPR continues to complete the Synthesis of State evaluations and annual reports, evaluation of the effect of SCHIP on uninsured rates, collection and review of external studies, development and analysis of performance measures, and tracking of SCHIP enrollment. New tasks include a quantitative study of outreach in selected States, and a quantitative study regarding an analysis of access and utilization. The Outreach Study is completed. ■

Examining Long-Term Care Episodes and Care History for Medicare Beneficiaries

Project No: 500-00-0025/03
Project Officer: William Buczko
Period: September 2002 to September 2006
Funding: $649,958
Principal Investigator: Stephanie Maxwell
Timothy Waidman
Award: Task Order (RADSTO)
Awardee: Urban Institute
2100 M Street, NW
Washington, DC 20037

Description: This project studies longitudinal patterns of care of elderly beneficiaries with likely long-term care needs and the progress of groups of beneficiaries with similar health/functional status who remain in the community or who move from the community to institutional settings, as well as within institutional settings. It will develop a research model and conduct studies based on this model to assess the progress of beneficiaries with similar medical conditions, functional status, and long-term care needs through the health-care delivery system. It will address key factors influencing the delivery of care such as insurance coverage, types of services used, processes leading to institutionalization, and costs of care.

CMS also sponsors the Medicare CAHPS Disenrollment Reasons Survey. The purpose of the Reasons Survey is to collect data about the reasons why Medicare beneficiaries leave their M+C health plans. Although data from the Reasons Survey are analyzed on an annual basis, sampling and data collection are conducted on a quarterly basis. The Reasons Survey has been conducted for CMS each year since 2000 and survey results can be found on Medicare's website, www.Medicare.gov, through Medicare Health Plan Compare and Medicare Personal Plan Finder.

FFS CAHPS: CMS also developed a Medicare version of the CAHPS survey for beneficiaries enrolled in Original Medicare (FFS-CAHPS). CMS began implementation of this survey in fall 2000 and has just completed the third annual nationwide administration. The results of both surveys are case-mix adjusted to account for differences in the FFS and managed care populations and reported together through the Handbook and on Medicare's website, www.Medicare.gov, through Medicare Health Plan Compare and Medicare Personal Plan Finder.

Status: The survey is conducted annually in the fall. ■

Investigation of Increasing Rates of Hospitalization for Ambulatory Care Sensitive Conditions among Medicare Beneficiaries

Project No: 500-00-0024/09
Project Officer: Mary Kapp
Period: September 2002 to December 2004
Funding: $172,671
Principal Investigator: Nancy McCall
Award: Task Order (RADSTO)
Awardee: Research Triangle Institute, (NC)
PO Box 12194, 3040 Cornwallis Road
Research Triangle Park, NC 27709-2194

Description: The purpose of this project is to examine trends in the rates of inpatient hospital care of the elderly for ambulatory care sensitive conditions (ACSC) or avoidable hospitalizations. This project uses existing Medicare data to examine the nature of the increases in ACSC hospitalizations, identify the sub-populations most affected, and explore more fully the reasons for these trends, with particular emphasis on policy issues which offer promise to reverse the trends. CMS data also provide sufficient sample size to permit investigation of supply factors, access issues, and geographic patterns.

Status: This project has been completed. The final report is available here:

http://www.cms.hhs.gov/researchers/reports/2004/McCall.pdf ■

Medicaid Statistical Information System(MSIS) Expansion and Data Quality Support

Project No: 500-00-0047/04
Project Officer: Donald Tabor
Period: September 2003 to September 2005
Funding: $716,648
Principal Investigator: Suzanne Dodds
Award: Task Order (RADSTO)
Awardee: Mathematica Policy Research (Cambridge)
50 Church Street
Cambridge, MA 02138-3726

Description: The contractor will provide technical support to states during the Medicaid Statistical Information System (MSIS) implementation period to proactively encourage good state understanding of the MSIS. The contractor will use validation tools developed under a previous contract to analyze the quality of the data after it is received at CMS. The contractor will also support the analysis of Medicaid Data and work directly with States to isolate root causes of quality problems and identify possible solutions. The contractor will also work with the states to support state application and implementation efforts.

Status: Mathematica continues to peform technical support for the quality of State-submitted MSIS data by performing validation reviews of these data using programs developed under previous tasks and refined in recent tasks. They continue to work with States to improve the ongoing quality of their data submissions, addressing coding issues associated with encounter data, as well as fee-for-service data, and facilitating revised coding which may result from recently implemented Health Insurance Portability and Accountability Act implementation.

Task Order 4 of this contract is forward-funded and, effective fiscal year 2004 (October 2003), a sole source contract with a base plus four option years has been awarded. The subject matter work on this project is ongoing, and a re-procurement is scheduled to exercise an option for 2005. ■

Status: Data collection and study design activities are in progress. ■

Implementation of the Medicare Consumer Assessment of Health Plans Survey

Project No: 500-95-0057/05
Project Officer: Amy Heller, PhD
Period: September 1997 to September 2005
Funding: $25,592,481
Principal Investigator: John Rauch
Award: Task Order
Awardee: Westat Corporation
1650 Research Boulevard
Rockville, MD 20850

Description: This project implements the Medicare version of the Consumer Assessments of Health Plans survey (CAHPS) in all Medicare risk and cost-managed care plans. The primary purpose of the survey is to collect, analyze, and disseminate information to Medicare beneficiaries to help them choose among plans. It will also be used with other available data to monitor and evaluate the quality of care and relative performance of managed-care plans, and to compare the satisfaction of beneficiaries in the managed-care and fee-for-service systems. It is a nationwide satisfaction survey of Medicare beneficiaries, currently enrolled and recently disenrolled, from their managed care plans which proportionately samples a cross-section of Medicare managed care enrollees stratified by plan to assess their level of satisfaction with access, quality of care, plans' customer service, resolution of complaints, and their utilization experience.

Status: The survey completed its 7th year of data collection at the end of December. The unadjusted response rate is 80 percent with approximately 117,000 surveys returned. For the past 3 years, the survey has achieved a response rate greater than 80 percent. ■

Implemention of Consumer Assessments of Health Plans Disenrollment Survey - Medicare Managed Care Version

Project No: 500-01-0020/02
Project Officer: Amy Heller, PhD
Period: August 2003 to August 2005
Funding: $5,499,739
Principal Investigator: W. Sherman Edwards
Award: Task Order (ADDSTO)
Awardee: Westat Corporation
1650 Research Boulevard
Rockville, MD 20850

Description: The Centers for Medicare & Medicaid Services (CMS) is an active participant in the CAHPS (Consumer Assessment of Health Plans) effort—a cooperative agreement headed by the Agency for Health Care Research and Quality to develop standardized instruments and reporting formats for providing comparative information to aid consumers in making more informed health plan choices. The core CAHPS survey instrument developed for the adult commercial population is currently used to assess the care provided by health plans covering over 123 million Americans. In 1997, CMS sponsored the development of a Medicare version of the CAHPS survey for enrollees (hereinafter referred to as the Medicare Managed Care CAHPS Survey (MMC-CAHPS)). CMS has just completed the seventh annual nationwide administration of MMC-CAHPS. CMS has funded three different Medicare versions of the CAHPS surveys to assess beneficiaries' experiences and ratings of care within the Medicare Program—Medicare+Choice (M+C) Assessment Survey, M+C Disenrollee Survey, and the Fee-for-Service (FFS) Survey.

Medicare CAHPS Disenrollment Survey: There are two different disenrollment surveys. In the fall of 2000, CMS began to conduct a separate annual survey of beneficiaries who voluntarily disenrolled from M+C organizations to gather information about their experiences with the plan they left. This survey is known as the Medicare CAHPS Disenrollment Assessment Survey. Results from the Disenrollment Assessment Survey are combined with those from the Enrollee Survey for reporting to the public and to plans. Reporting the information in this way provides a more accurate account of all Medicare beneficiaries' experiences with M+C organizations. CMS added the survey results from disenrollees to the overall survey results to ensure that positive survey results were not the result of CMS's continuous enrollment policy. References to the MMC-CAHPS survey refer to the combination of the MMC-CAHPS Enrollee Survey and the Disenrollment Assessment Survey.

Status: The Analytic Framework and Analysis Plan report was completed 10/04/2004 and is available on the ORDI website. Project data file construction has begun. Key activities for 2005 are: creation of the analytic file for the congestive heart failure (CHF) cohort; delivery of the CHF cohort file and documentation to CMS; Beginning development of the Nursing Home cohort data files; and Beginning the analysis of the CHF cohort data. ■

HCFA On-Line: Market Research for Beneficiaries -- I

Project No: 500-95-0057/02
Project Officer: Julie Franklin
Period: April 1996 to December 2003
Funding: $6,344,124
Principal Investigator: Kenneth Cahill
Award: Task Order
Awardee: Bearing Point
1676 International Drive
McLean,VA 22102-4828

Description: CMS implemented a market research program to provide ongoing assessment of the information needs of our beneficiaries. It examined what information beneficiaries want and need and, how such information can best be communicated to them. The Agency placed special emphasis on understanding the requirements of subgroups who may have special communication needs (e.g., vision-impaired or non-English-speaking beneficiaries). The project consisted of multiple phases, including conducting inventories of existing information on communication strategies relevant for beneficiaries, conducting focus groups to explore the information needs of beneficiaries, and collecting and analyzing survey data on information needs in beneficiary populations. This research will be used to help guide the development of CMS' communication strategy.

Status: A large series of focus groups have been conducted with the general population of Medicare beneficiaries including a number with special groups. An inventory of groups that work with beneficiaries is complete and includes information from approximately 170 organizations. Examples of such groups are advocacy organizations, social service providers, health care providers, government agencies, and Medicare carrier and other insurance organizations. In addition, a special supplement to the Medicare Current Beneficiary Survey was used to collect information on the information needs and preferences of beneficiaries. ■

HCFA On-Line: Market Research for Beneficiaries -- II

Project No: 500-95-0057/07
Project Officer: Julie Franklin
Period: September 1999 to December 2004
Funding: $14,488,131
Principal Investigator: Kenneth Cahill
Award: Task Order
Awardee: Bearing Point
1676 International Drive
McLean,VA 22102-4828

Description: This project serves as a vehicle to conduct a variety of social marketing research with Medicare beneficiaries. The project is committed to carrying out targeted projects that document consumer reality through consumer research. Topics of the research are generally focused around communicating program benefits, appeal rights, health plan and provider choices, and treatment options to people with Medicare. Specific work has been done on existing Medicare publications, regulations, policies, developing message strategies and communication plans, monitoring desired behaviors, and evaluating the process.

Status: This is an extension of the work begun under contract number 500-95-0057/02. This contract continues to conduct social marketing research on specifically identified initiatives that involve communication with Medicare beneficiaries. ■

Home Health Datalink File--Phase III

Project No: HHSM-500-2004-100153G
Project Officer: Ann Meadow
Period: September 2004 to November 2006
Funding: $270,000
Principal Investigator: Edward Fu
Award: Delivery Order
Awardee: Fu Associates
2300 Clarendon Boulevard, Suite 1400
Arlington,VA 22201

Description: The Balanced Budget Act of 1997 mandated dramatic changes in several areas of Medicare services, including the home health benefit. The Act mandated a home health prospective payment system (PPS), to be preceded by an interim payment system (IPS) until the PPS could be implemented. In place from late 1997 to October 2000, the IPS led to sharp

reductions in numbers of home health agencies and home health utilization by Medicare beneficiaries. Policymakers will want information on the full impact of this succession of changes. Therefore, data development for such studies is needed by the Department and will be in demand by external researchers and policymakers. Under this project, the contractor annually provides a comprehensive, data-analytic file covering the entire PPS period to date. The file serves the medium-term needs of policymakers regarding the Medicare home health benefit. In addition, the file will meet the internal needs of CMS and the Department in the areas of payment refinements, quality improvement, and program integrity. The contractor is also tasked with providing certain technical assistance and analytical programming support using the products of the contract. This project is a continuation of a data development effort originally begun in 2000 by CMS; it is currently funded in part by the Office of the Assistant Secretary for Planning and Evaluation under Interagency Agreement Number IA-04-133.

Status: Under the direction of CMS, the contractor conducted data analyses to refine specifications for the analytic files. In January 2005, the contractor delivered a 100 percent file of home health PPS payment episodes through June 2004 with detailed edited and derived variables summarizing utilization and payment information internal to the claim. Additional variables summarize information from external sources, including inpatient claims files, enrollment data, Area Resource File data, and Provider of Service File variables. The episodes are uniquely linked to several ancillary files containing details on related inpatient stays, OASIS and other patient assessments, and other information. The files are being used in several intramural and extramural studies and evaluations. An update of the file with additions and enhancements is to be delivered in early 2006. Specifications for adding additional linked files are under development. ■

Implementation of Consumer Assessments of Health Plans Disenrollment Survey

Project No: 500-95-0061/05
Project Officer: Amy Heller, PhD
Period: September 1999 to November 2005
Funding: $4,458,022
Principal Investigator: Judith Lynch
Award: Task Order

Awardee: Research Triangle Institute, (DC)
1615 M Street, NW, Suite 740
Washington, DC 20036-3209

Description: The Centers for Medicare & Medicaid Services (CMS) is an active participant in the CAHPS (Consumer Assessment of Health Plans) effort, a cooperative agreement headed by the Agency for Health Care Research and Quality to develop standardized instruments and reporting formats for providing comparative information to aid consumers in making more informed health plan choices. The core CAHPS survey instrument developed for the adult commercial population is currently used to assess the care provided by health plans covering over 123 million Americans. In 1997, CMS sponsored the development of a Medicare version of the CAHPS survey for enrollees (hereinafter referred to as the Medicare Managed Care CAHPS Survey (MMC-CAHPS)). CMS has just completed the seventh annual nationwide administration of MMC-CAHPS. CMS has funded three different Medicare versions of the CAHPS surveys to assess beneficiaries' experiences and ratings of care within the Medicare Program -- Medicare+Choice (M+C) Assessment Survey, M+C Disenrollee Survey and the Fee-for-Service (FFS) Survey.

Medicare CAHPS Disenrollment Survey: There are two different disenrollment surveys. In the fall of 2000, CMS began to conduct a separate annual survey of beneficiaries who voluntarily disenrolled from M+C organizations to gather information about their experiences with the plan they left. This survey is known as the Medicare CAHPS Disenrollment Assessment Survey. Results from the Disenrollment Assessment Survey are combined with those from the Enrollee Survey for reporting to the public and to plans. Reporting the information in this way provides a more accurate account of all Medicare beneficiaries' experiences with M+C organizations. CMS added the survey results from disenrollees to the overall survey results to ensure that positive survey results were not the result of CMS's continuous enrollment policy. References to the MMC-CAHPS survey refer to the combination of the MMC-CAHPS Enrollee Survey and the Disenrollment Assessment Survey.

CMS also sponsors the Medicare CAHPS Disenrollment Reasons Survey. The purpose of the Reasons Survey is to collect data about the reasons why Medicare beneficiaries leave their M+C health plans. Although data from the Reasons Survey are analyzed on an annual basis, sampling and data collection are conducted on a quarterly basis. The Reasons Survey has been conducted by RTI for CMS each year since 2000 and survey results can be found on Medicare's website, www.Medicare.gov, through Medicare Health Plan Compare and Medicare Personal Plan Finder.

Status: The project collects data annually. ■

Implementation of Consumer Assessments of Health Plans Disenrollment Survey

Project No: 500-01-0018/01
Project Officer: Amy Heller, PhD
Period: September 2003 to September 2008
Funding: $1,275,000
Principal Investigator: W. Sherman Edwards
John Rauch
Award: Task Order (ADDSTO)
Awardee: Westat Corporation
1650 Research Boulevard
Rockville, MD 20850

Description: The Centers for Medicare & Medicaid Services (CMS) is an active participant in the CAHPS (Consumer Assessment of Health Plans) effort—a cooperative agreement headed by the Agency for Health Care Research and Quality to develop standardized instruments and reporting formats for providing comparative information to aid consumers in making more informed health plan choices. The core CAHPS survey instrument developed for the adult commercial population is currently used to assess the care provided by health plans covering over 123 million Americans. In 1997, CMS sponsored the development of a Medicare version of the CAHPS survey for enrollees (hereinafter referred to as the Medicare Managed Care CAHPS Survey (MMC-CAHPS)). CMS has just completed the seventh annual nationwide administration of MMC-CAHPS. CMS has funded three different Medicare versions of the CAHPS surveys to assess beneficiaries' experiences and ratings of care within the Medicare Program—Medicare+Choice (M+C) Assessment Survey, M+C Disenrollee Survey and the Fee-for-Service (FFS) Survey.

Medicare CAHPS Disenrollment Survey: There are two different disenrollment surveys. In the fall of 2000, CMS began to conduct a separate annual survey of beneficiaries who voluntarily disenrolled from M+C organizations to gather information about their experiences with the plan they left. This survey is known as the Medicare CAHPS Disenrollment Assessment Survey. Results from the Disenrollment Assessment Survey are combined with those from the Enrollee Survey for reporting to the public and to plans. Reporting the information in this way provides a more accurate account of all Medicare beneficiaries' experiences with M+C organizations. CMS added the survey results from disenrollees to the overall survey results to ensure that positive survey results were not the result of CMS's continuous enrollment policy. References to the MMC-CAHPS survey refer to the combination of the MMC-CAHPS Enrollee Survey and the Disenrollment Assessment Survey. Westat conducts this portion of the disenrollmet survey.

CMS also sponsors the Medicare CAHPS Disenrollment Reasons Survey. The purpose of the Reasons Survey is to collect data about the reasons why Medicare beneficiaries leave their M+C health plans. Although data from the Reasons Survey are analyzed on an annual basis, sampling and data collection are conducted on a quarterly basis. The Reasons Survey has been conducted for CMS each year since 2000 and survey results can be found on Medicare's website, www.Medicare.gov, through Medicare Health Plan Compare and Medicare Personal Plan Finder. RT conducts this portion of the disenrollment survey.

Status: Conducted annually in the fall. ■

Implementation of NMEP Evaluation Studies/ Surveys

Project No: 500-01-0020/03
Project Officer: Suzanne Rotwein
Period: September 2003 to December 2005
Funding: $586,879
Principal Investigator: W. Sherman Edwards
Vasudha Narayanan
Award: Task Order (ADDSTO)
Awardee: Westat Corporation
1650 Research Boulevard
Rockville, MD 20850

Description: The purpose of these surveys is to continue the assessment of the NMEP (the National Medicare Education Program). The surveys contain core questions asked of people with Medicare since the beginning of the assessment in 1998, and ask additional questions intended to obtain quick feedback about CMS educational activities and gather needed information about new initiatives within CMS. This latest survey will be a national telephone survey of randomly selected people with Medicare. The instrument contains questions related to: (1) satisfaction with Medicare communication channels: the Medicare website, the 1-800-Medicare toll-free line, and the Medicare & You Handbook, (2) knowledge of general Medicare benefits and program characteristics, and where to look for Medicare information, and (3) knowledge of new Medicare initiatives such as Medicare Reform, the Medicare Prescription Drug Benefit, Quality Initiatives in Hospitals, Nursing Homes and Home Health Care, Customer Service, and choice and options in Medicare health care plans.