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 6

Improving the Health of Our Beneficiary Population

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

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Theme 6: Improving the Health of Our Beneficiary Population

Summary: CMS's programs provide health care financing for some of the Nation's most vulnerable populations. Six percent of Medicare beneficiaries account for 50 percent of Medicare spending. Two groups of beneficiaries with extensive health care needs—those over age 85 and those with end stage renal disease (ESRD)—are the two fastest growing segments of the Medicare population. As medical advances provide more effective treatments for devastating illnesses, many people will live longer, healthier lives, and will be at risk of acquiring other diseases or long-term chronic conditions. Health care purchasers and providers will be challenged to develop innovative ways to provide high-quality, cost-effective care for people with long-term chronic conditions.

Aging in Place: A New Model for Long-Term Care

Project No: 18-C-91036/07
Project Officer: Melvin Ingber
Period: June 1999 to June 2004
Funding: $2,000,000
Principal Investigator: Karen Dorman Marek
Award: Cooperative Ageement
Awardee: Curators of the University of Missouri, Office of Sponsored Program Administration, University of Missouri - Columbia, Sinclair School of Nursing
310 Jesse Hall
Columbia, MO 65211

Description: The goal of the "Aging in Place" model of care for frail elderly is to allow elders to remain in their homes as they age, rather than requiring frequent moves to allow for more intensive care if and when it becomes necessary. Although a planned element of the program is a new senior housing development, the program currently targets elderly residents of existing congregate housing.

Status: As a result of changes to the study plan, the applicant requested an increase in the first-year award with a corresponding reduction in the Years 2-4 awards and no change in the total budget. This change was approved. ■

Airway Clearance for Prevention of Chronic Obstructive Pulmonary Disease (COPD) Exacerbations

Project No: 18-P-91858/03-01
Project Officer: Carl Taylor
Period: September 2003 to September 2004
Funding: $99,350
Principal Investigator: Gregory Diette
Award: Grant
Awardee: Johns Hopkins University School of Medicine
720 Rutland Avenue
Baltimore, MD 21205

Description: Approximately 60-70 percent of patients with minor to severe COPD have chronic cough and phlegm, and recent evidence shows that chronic mucus hypersecretion is associated with greater decline in lung function, increased airways reactivity, more frequent respiratory infections, and exacerbations and increased mortality. This study hypothesized that mechanical airway clearance techniques will diminish exacerbations of COPD, thereby improving respiratory health status. The specific aim of this proposal was to conduct a pilot study that is a randomized, masked clinical trial of one form of mechanical airway clearance, high frequency chest wall oscillation (HFCWO) with a pneumatic vest to determine if we can reduce the rate of COPD exacerbations. The information gained from this pilot would inform the planning of a larger, national multi-center trial that would provide definitive evidence of the efficacy of HFCWO to prevent COPD exacerbations. This study design called for randomly assignment of 50 subjects to 1 of 2 groups. The active treatment group used a conventional vest (HFCWO) for 12 weeks, and the control group was assigned to use a sham (deactivated) version of the vest. The primary study outcome will be reduction in COPD exacerbations. The secondary outcomes measured include quality of life, functional capacity, lung function, and health care use.

Status: The grant has received a one-year no-cost extension through September 29, 2005. ■

American Indian/Alaska Native Eligibility and Enrollment in Medicaid, the State Childrens Health Insurance Program (SCHIP), and Medicare

Project No: 500-00-0037/05
Project Officer: Arthur Meltzer
Period: September 2001 to November 2003
Funding: $898,353
Principal Investigator: Kathryn Langwell
Mary Laschober
Award: Task Order (RADSTO)
Awardee: Bearing Point
1676 International Drive
McLean, VA 22102-4828

Description: The primary objectives of this project – conducted jointly by Project HOPE Center for Health Affairs, Bearing Point Consulting, and Social and Scientific Systems, with assistance from six American Indian/Alaska Native (AI/AN) consultants and a nine-member Technical Expert Panel – were to: (1) estimate eligibility of AI/ANs for enrollment in Medicaid, SCHIP, and Medicare; (2) develop estimates of the number of AI/ANs in Medicaid, SCHIP, and Medicare; (3) estimate the gap between eligibility and enrollment for AI/ANs, by State and Sub-State areas; and (4) conduct in-depth case studies in 15 States to identify barriers to enrollment and effective strategies for increasing enrollment in these programs.

The project focused on eligibility and enrollment issues in 15 States: AK, AZ, CA, MI, MN, MT, ND, NM, NY, OK, OR, SD, UT, WA, and WI. Eligibility and enrollment estimates were made at the State and county levels using a variety of data sources including the 2000 U.S. Census and data from Indian Health Service (IHS) and CMS. Due to various methodological issues, meaningful estimates of eligibility and enrollment could not be generated. Site visits were conducted in 10 states to examine enrollment barriers so that CMS may develop new education and outreach initiatives to increase enrollment of AI/ANs in Medicaid, SCHIP, and Medicare. The case studies involved interviews with Tribal leaders, Tribal Health Directors, IHS Area Medical Directors, State Medicaid officials, Urban Health Center Directors, community health representatives, and eligibility and outreach workers, among others. The site visit portion of the project was successful in identifying self-reported barriers to enrollment in Medicaid, SCHIP, and Medicare, as well as in highlighting strategies to further outreach and assistance to help people enroll in these programs.

Status: Complete. Four reports have been generated and are available through the CMS website: data report, individual site visit report, summary site visit report, and final data-site visit report. ■

Cervical Cancer Mortality - A Marker for the Health of Poor and Underserved Women

Project No: 961-3-P44002
Project Officer: Diana Ayres
Period: August 2003 to December 2004
Funding: $18,000
Principal Investigator: Dawn FitzGerald
Gladys Hunt
Award: PRO Contract Special Study with QIO
Awardee: QSource Center for Healthcare Quality
3175 Lenox Park Blvd. - Suite 309
Memphis, TN 38115-4291

Description: The primary objective of the study was to compare county-level cervical cancer screening rates between the U.S. and specific populations in the following States: Kentucky, Alabama, Louisiana, West Virginia, and Mississippi. The secondary objectives were to compare these populations to other State and national rates and to determine the feasibility of providing quantitative evidence that shows the relationship of high mortality with low screening rates for African-American beneficiaries in the Deep South and Caucasians in Appalachia.

Status: The project is completed. A final report was delivered in November 2004. ■

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change the dynamics and momentum of this financing strategy. ■

Racial Disparities in Health Services Among Medicaid Pregnant Women, (Multi-State) Analysis

Project No: 500-96-0018/02
Project Officer: M. Beth Benedict
Period: September 2000 to September 2005
Funding: $430,779
Principal Investigator: Norma Gavin
Award: Task Order
Awardee: Research Triangle Institute, (NC)
PO Box 12194, 3040 Cornwallis Road
Research Triangle Park, NC 27709-2194

Description: The study examines pregnancy and delivery-related health care service use among Medicaid pregnant women in four racially diverse states during the mid 1990s to determine how successful the States efforts were in eliminating racial barriers to care within Medicaid. The first paper investigates racial differences in demographic, Medicaid enrollment, and medical risk factors associated with disparities in health service use, and whether race/ethnicity had an independent effect on use after controlling for these factors. Another aspect of the study was to examine differences across race/ethnicity in geographic dimensions of provider supply, and the effects of these differences on prenatal care utilization. Also included was an investigation of racial disparities in two maternal outcomes – cesarean section delivery and hospital readmissions in the first three months following delivery. Most race/ethnicity research reports black and white disparities among pregnant women. Few studies provide information on both pre-natal and post-natal care, comorbidities, and complications and also show results for Hispanic and Asian American women. This study looked at all of these areas. The study populations were women who had a live birth in 1995 in Florida, Georgia and New Jersey; and in 1997 in Texas.

Status: The project results have been delivered to CMS. Manuscripts have been submitted to peer review journals and some have been published. A number of special-focused analyses are being conducted. ■

Study of Paid Feeding Assistant Programs

Project No: 500-00-0049/02
Project Officer: Susan Joslin
Period: September 2004 to March 2006
Funding: $299,961
Principal Investigator: Terry Moore
Award: Task Order (RADSTO)
Awardee: Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138-1168

Description: A critical shortage of certified nurse aides in many parts of the country has resulted in a need for staff that are specially trained to help residents eat at mealtimes; to supplement, but not replace certified nurses aides. Nurse aides and other nursing staff receive training so that they are able to feed residents with all kinds of feeding problems. States must approve the training programs for feeding assistants using the Federal requirments as mimimum standards.

Status: The project is underway. ■

Comprehensive Model of Practical and Emotional Support Service, A

Project No: 18-P-91860/09-01
Project Officer: Marge Sciulli
Period: September 2003 to September 2004
Funding: $322,888
Principal Investigator: Hywel Sims
Award: Grant
Awardee: The Breast Cancer Fund
2107 O'Farrell Street
San Francisco, CA 94115

Description: The Breast Cancer Fund (TBCF) and Shanti, a San Francisco-based non-profit organization, have joined together with a consortium of breast cancer and HIV/AIDS service providers to create Lifelines. The goal of this program is to increase the quality of life for under-served females living with breast cancer, by addressing barriers that impact their ability to access care and treatment. The goal of this grant is to increase capacity to reach additional females in the Bay Area, where breast cancer rates are significantly higher than the rest of the country. The additional resources will enable Lifelines to expand into a national model that raises the standard of health care for poor and uninsured females with breast cancer nationwide, building on the service delivery systems that are already in place in each community.

Status: The budget period of the project is scheduled for September 1, 2003 to August 31, 2004, with a financial status report due to CMS no later than 90 days after the end of the budget period. A written progress report is due to CMS no later than 30 days after the end of the budget period. The CMS project officer spoke with the grantee regarding financial issues and referred him to the CMS grants officer for any questions regarding funding.

A 3-month no-cost extension was granted with an expiration date of December 29, 2004. A draft progress report was submitted on January 25, 2005 for review. Comments on the report were sent on January 28, 2005. A final report is being prepared. ■

Consumer Directed Durable Medical Equipment Demonstration Project

Project No: 95-C-90922/06
Project Officer: Michael Henesch
Period: September 2000 to December 2005
Funding: $150,000
Principal Investigator: Carla Lawson
Award: Cooperative Agreement
Awardee: Ability Resources Inc.
823 S. Detroit, Suite 110
Tulsa, OK 74120

Description: This demonstration supports the U.S. Department of Educations Center for Independent Living projects. A Center for Independent Living (CIL) is a local consumer-led organization devoted to helping people with disabilities live and work within their communities. This CMS demonstration helps Medicare beneficiaries with disabilities exercise greater choice and control in meeting their personal needs for wheelchairs and other durable medical equipment (DME). Goals of the projects include treating individuals with disabilities with dignity, providing the necessary tools to live and work more independently, and assisting people with disabilities to be successfully employed. CMS and the Department of Education will share any innovations and best practices identified under the demonstration project.

The demonstration utilizes prior authorization as an added benefit. A beneficiary may spend up to the approved authorized payment level to purchase a wheelchair of his/her choice and to negotiate a price with the vendor. Once payment is authorized, a credit account is maintained with funds that the beneficiary may draw upon to acquire the selected wheelchair, with any unspent balance available for additional features, maintenance or for other wheelchair-related needs.

Status: Since the inception of the demonstration, the number of prescriptions that have been filled is low. None of the claims have resulted in a savings account for the consumer. Abt Associate, Inc. prepared an interim evaluation that found that the negotiation aspect of the demonstration has met resistance from vendors. Vendors indicate that profit margins are small and find that after spending time with the consumer he will then deal elsewhere. The most significant incentive for vendors to participate appears to be the prior authorization benefit. In some states, there has been a coordination issue with Medicaid. Even though Medicaid is the secondary payer, it requires a prior authorization process that ties the consumer to the vendor who submits the paperwork. Thus, after receiving prior authorization from Medicaid, the consumer cannot negotiate with other vendors to find the best price for the equipment. This negated some key aspects of the demonstration

for dual eligible consumers in certain states. We have modified the original design to eliminate the firewall provision. This acted as a barrier between the CIL and the consumer. Sites felt that the fact that the consumer was provided with prior approval amounts directly by mail was beneficial. However, the sites felt that the CILs should be copied with the prior authorization letter. It was believed that this would facilitate follow-up, continued opportunity to collaborate, and allow them to better act as an advocate for the consumer. The evaluation did find that educating beneficiaries has been a very positive aspect of the demonstration. This has been accomplished by developing educational materials about choices in wheelchairs and accessories and by assisting in a thorough seating evaluation that the consumer believes has helped him obtain the best chair for him. Another reported benefit has been the consumer feeling more fully involved in the purchasing process. ■

Consumer Directed Durable Medical Equipment Demonstration Project

Project No: 95-C-90921/01
Project Officer: Michael Henesch
Period: September 2000 to December 2005
Funding: $150,000
Principal Investigator: Robert Bailey
Award: Cooperative Ageement
Awardee: Center for Living and Working
484 Main Street, Suite 345
Worchester, MA 01668

Description: This demonstration supports the U.S. Department of Educations Center for Independent Living projects. A Center for Independent Living is a local consumer-led organization devoted to helping people with disabilities live and work within their communities. This CMS demonstration helps Medicare beneficiaries with disabilities exercise greater choice and control in meeting their personal needs for wheelchairs and other durable medical equipment (DME). Goals of the projects include treating individuals with disabilities with dignity, providing the necessary tools to live and work more independently, and assisting people with disabilities to be successfully employed. CMS and the Department of Education will share any innovations and best practices identified under the demonstration project.

The demonstration utilizes prior authorization as an added benefit. A beneficiary may spend up to the approved authorized payment level to purchase a wheelchair of his/her choice and to negotiate a price with the vendor. Once payment is authorized, a credit account is maintained with funds that the beneficiary may draw upon to acquire the selected wheelchair, with any unspent balance available for additional features, maintenance or for other wheelchair related needs.

Status: Since the inception of the demonstration, five prescriptions have been filled. None of the claims have resulted in a savings account for the consumer. The negotiation aspect of the demonstration has met resistance from vendors. They indicate that profit margins are small and find that after spending time with the consumer he will deal elsewhere. The most significant incentive for vendors to participate appears to be the prior authorization benefit. In some states, there has been a coordination issue with Medicaid. Even though Medicaid is the secondary payer, it requires a prior authorization process that ties the consumer to the vendor who submits the paperwork. Thus, after receiving prior authorization from Medicaid, the consumer cannot negotiate with other vendors to find the best price for the equipment. This negated some key aspects of the demonstration for dual eligible consumers in certain states. We have modified the original design to eliminate the firewall provision. This acted as a barrier between the CIL and the consumer. Sites felt that the fact that the consumer was provided with prior approval amounts directly by mail was beneficial. However, the sites felt that the CILs should be copied with the prior authorization letter. It was believed that this would facilitate follow-up, continued opportunity to collaborate, and allow them to better act as an advocate for the consumer. ■

Consumer Directed Durable Medical Equipment Demonstration Project

Project No: 95-C-90917/01
Project Officer: Michael Henesch
Period: September 2000 to December 2005
Funding: $150,000
Principal Investigator: Kathryn Goodwin
Award: Cooperative Ageement
Awardee: Alpha One Center for Independent Living
127 Main Street
South Portland, ME 04106

Description: This demonstration supports the U.S. Department of Educations Center for Independent Living projects. A Center for Independent Living is a local consumer-led organization devoted to helping people with disabilities live and work within their communities. This CMS demonstration helps Medicare beneficiaries with disabilities exercise greater choice and control in meeting their personal needs for wheelchairs and other durable medical equipment (DME). Goals of the projects

other disease management demonstrations that are in the planning stages.

Under this task order, the major tasks are:

1. Providing general technical support to CMS in the anlysis of rate proposals and assistance in calculating the appropriate payment rates (both initial and annual updates) for the selected projects,

2. Educating of demonstration sites regarding payment calculations, billing processes and requirements, and budget neutrality requirements,

3. Monitoring payments and Medicare expenditures to assure budget neutrality, including designing data collection processes for use in collecting and warehousing necessary data elements from sites and CMS administrative records for assessing performance.

4. Performing financial analysis to assist in the financial settlement and reconciliation.

Status: The project is underway. LifeMasters began enrolling benificaries in January 2005. ■

Payment Development, Implementation, and Monitoring Support for the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) Disease Management Demonstrations

Project No: 500-00-0036/01
Project Officer: J. Donald Sherwood
Period: September 2002 to September 2007
Funding: $435,557
Principal Investigator: C. William Wrightson
Award: Task Order (RADSTO)
Awardee: Actuarial Research Corporation
6928 Little River Turnpike, Suite E
Annandale, VA 22003

Description: The purpose of this task is to support CMS in implementing a demonstration project in three or more sites to provide disease management services to Medicare beneficiaries with advance stages of congestive heart failure, coronary heart disease, and/or diabetes. Specifically, this project 1) provides general technical support in the analysis of rate proposals and assistance in calculating the appropriate payment rates (both initial and annual updates) for the selected projects; 2) educates demonstration sites regarding payment calculations, billing processes and requirements, and budget neutrality requirements; 3) monitors payments and Medicare expenditures to assure budget neutrality, including designing data collection processes for use in collecting and warehousing necessary data elements from sites and CMS administrative records for assessing performance; and 4) performs financial analysis to assist in the financial settlement and reconciliation.

Status: This project is in the third year. The contractor has developed monthy rates for the three BIPA demonstration projects. The contractor is providing the projects with Medicare claims information on the beneficiaries that are enrolled in the Disease Management treatment group on a regular basis. The contractor is monitoring the Medicare claims for both treatment and control groups and is developing a format for allowing the project to monitor their progress in maintaining budget neutrality. ■

Public-Private Partnership to Promote Reverse Mortgages for Long-Term Care, A

Project No: 18-P-91844/03-01
Project Officer: Tom Kornfield
Period: September 2003 to May 2004
Funding: $295,000
Principal Investigator: James P. Firman
Barbara Stucki
Award: Grant
Awardee: The National Council on the Aging
300 D Street, SW
Washington, DC 20024

Description: This project combines research, consumer surveys, and discussions with experts to identify cost-effective government interventions and other incentives that can facilitate the use of reverse mortgages by the elderly to finance long-term care through the purchase of long-term care insurance or long-term care services. Reverse mortgages are a special type of loan that allows people age 62 or over to convert equity in their home into cash.

Status: A final report was submitted to CMS and posted on the CMS website in January 2005. This report outlines the rationale for increasing the use of reverse mortgages for financing long-term care and identifies areas where government interventions may be able to stimulate the market. The analysis examines the unique ways that seniors treat home equity that may make this asset both useful and difficult to fund in-home services and supports. The report identifies limitations with the current products, along with new innovations that could make reverse mortgages a more attractive option for impaired, older homeowners. It also includes recommendations for administrative action, regulatory changes, and demonstration programs that can help

demonstration period. The evaluation also assesses the use of systems for administration, claims processing and payment, and the routine monitoring of quality of care. The evaluation consists, in part, of a pre/post quasi-experimental, matched pairs design with a 1-year follow-up of a maximum of 3,600 treatment enrollees and 3,600 comparison group subjects. Data collection is expected to include diagnostic and clinical outcome information from treatment and control patient physicians and the treatment program, supplemented by medical record review, patient surveys, program case studies, and Medicare claims data. Allowances are made to provide additional payments to the patients' physicians for information reporting.

Status: In September 2001, the evaluation was expanded to include a longer follow-up period of treatment and control patients, and to include a critical review of literature of all lifestyle modification programs worldwide. In September 2003, following the implementation of new enrollment criteria, the contract was expanded to include another matched control group of beneficiaries that have had cardiac rehabilitation as part of traditional treatment. In addition, the evaluation was expanded to include a study of the Medicare cardiac rehabilitation benefit. ■

Medicare Lifestyle Modification Program Demonstration: Quality Monitoring and Review

Project No: 500-02-0012
Project Officer: Armen Thoumaian
Period: July 1999 to July 2007
Funding: $1,886,912
Principal Investigator: Josi Maulik
Award: Task Order (ADP Support)
Awardee: Delmarva Foundation for Medical Care
9240 Centreville Road
Easton, MD 21601-7098

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999, to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to provide one of two nationally known treatment models: The Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute, or The Cardiac Wellness Expanded Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites offering either model will be able to enroll up to 1,800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS. This project provides continuous quality monitoring of the demonstration sites to assure the health and safety of participating Medicare patients.

Status: The demonstration was implemented October 1, 1999. On November 28, 2000, the enrollment criteria were amended to include patients with less severe cardiovascular disease. In accordance with Public Law 106-554, the Consolidated Appropriations Act (2001), the Cardiac Wellness lifestyle program of the Mind/Body Medical Institute (M/BMI) was incorporated into the overall demonstration. The same law provided a mandate for a 4-year treatment period beginning November 13, 2000. On May 3, 2002, enrollment criteria were again amended to include patients with moderate cardiovascular disease and the demonstration enrollment period was extended to February 28, 2005 with treatment under the demonstration ending in 2006. In February, 2005, the demonstration was extended another year with treatment now ending February 28, 2007. There are currently 13 sites offering the Dr. Dean Ornish Program and 6 sites offering the Cardiac Wellness Expanded Program. ■

Payment Development, Implementation and Monitoring for the BIPA Disease Management Demonstration

Project No: 500-00-0036/02
Project Officer: J. Donald Sherwood
Period: September 2004 to September 2009
Funding: $1,046,038
Principal Investigator: C. William Wrightson
Award: Task Order (RADSTO)
Awardee: Actuarial Research Corporation
6928 Little River Turnpike, Suite E
Annandale, VA 22003

Description: The purpose of this task order is to provide support to the Centers for Medicare & Medicaid Services (CMS) in implementing and monitoring demonstrations projects that provide disease management services to Medicare beneficiaries. These demonstrations include the LifeMasters Disease Management Demonstration for dually-eligible Medicare beneficiaries, and several

include treating individuals with disabilities with dignity, providing the necessary tools to live and work more independently, and assisting people with disabilities to be successfully employed. CMS and the Department of Education will share any innovations and best practices identified under the demonstration project.

The demonstration utilizes prior authorization as an added benefit. A beneficiary may spend up to the approved authorized payment level to purchase a wheelchair of his/her choice and to negotiate a price with the vendor. Once payment is authorized, a credit account is maintained with funds that the beneficiary may draw upon to acquire the selected wheelchair, with any unspent balance available for additional features, maintenance or for other wheelchair related needs.

Status: Since the inception of the demonstration, five prescriptions have been filled. None of the claims have resulted in a savings account for the consumer. The negotiation aspect of the demonstration has met resistance from vendors. They indicate that profit margins are small and find that after spending time with the consumer he will deal elsewhere. The most significant incentive for vendors to participate appears to be the prior authorization benefit. In some states, there has been a coordination issue with Medicaid. Even though Medicaid is the secondary payer, it requires a prior authorization process that ties the consumer to the vendor who submits the paperwork. Thus, after receiving prior authorization from Medicaid, the consumer cannot negotiate with other vendors to find the best price for the equipment. This negated some key aspects of the demonstration for dual eligible consumers in certain states. We have modified the original design to eliminate the firewall provision. This acted as a barrier between the CIL and the consumer. Sites felt that the fact that the consumer was provided with prior approval amounts directly by mail was beneficial. However, the sites felt that the CILs should be copied with the prior authorization letter. It was believed that this would facilitate follow-up, continued opportunity to collaborate, and allow them to better act as an advocate for the consumer. ■

Consumer Directed Durable Medical Equipment Demonstration Project

Project No: 95-C-90916/03
Project Officer: Michael Henesch
Period: September 2000 to December 2005
Funding: $150,000
Principal Investigator: Amy VanDyke
Award: Cooperative Ageement
Awardee: Center for Independent Living of Southwest Pennsylvania
7110 Penn Avenue
Pittsburgh, PA 15208-2434

Description: This demonstration supports the U.S. Department of Educations Center for Independent Living projects. A Center for Independent Living is a local consumer-led organization devoted to helping people with disabilities live and work within their communities. This CMS demonstration helps Medicare beneficiaries with disabilities exercise greater choice and control in meeting their personal needs for wheelchairs and other durable medical equipment (DME). Goals of the projects include treating individuals with disabilities with dignity, providing the necessary tools to live and work more independently, and assisting people with disabilities to be successfully employed. CMS and the Department of Education will share any innovations and best practices identified under the demonstration project.

The demonstration utilizes prior authorization as an added benefit. A beneficiary may spend up to the approved authorized payment level to purchase a wheelchair of his/her choice and to negotiate a price with the vendor. Once payment is authorized, a credit account is maintained with funds that the beneficiary may draw upon to acquire the selected wheelchair, with any unspent balance available for additional features, maintenance or for other wheelchair related needs.

Status: Since the inception of the demonstration, five prescriptions have been filled. None of the claims have resulted in a savings account for the consumer. The negotiation aspect of the demonstration has met resistance from vendors. They indicate that profit margins are small and find that after spending time with the consumer he will deal elsewhere. The most significant incentive for vendors to participate appears to be the prior authorization benefit. In some states, there has been a coordination issue with Medicaid. Even though Medicaid is the secondary payer, it requires a prior authorization process that ties the consumer to the vendor who submits the paperwork. Thus, after receiving prior authorization from Medicaid, the consumer cannot negotiate with other vendors to find the best price for the equipment. This negated some key aspects of the demonstration for dual eligible consumers in certain states. We have modified the original design to eliminate the firewall provision. This acted as a barrier between the CIL and the consumer. Sites felt that the fact that the consumer was provided with prior approval amounts directly by mail was beneficial. However, the sites felt that the CILs should be copied with the prior authorization letter. It was believed that this would facilitate follow-up, continued opportunity to collaborate, and allow them to better act as an advocate for the consumer. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries

Project No: HCFA-00-1223
Project Officer: Cynthia Mason
Period: September 2000 to March 2005
Funding: $1,768,000
Principal Investigator: Bradley Smith, Denise Marshall
Award: GSA Order
Awardee: Bearing Point, 1676 International Drive, McLean, VA 22102-4828

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. Fifteen sites were selected to participate in this 4-year demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project is allowing CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the project focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: The project sites began implementing the project in April 2002. By September 2002, all 15 sites had initiated enrollment. The first Report to Congress, due in the spring of 2004, is under review. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- Arizona

Project No: 95-C-91318/09
Project Officer: Ronald Lambert
Period: August 2002 to June 2006
Funding: $0
Principal Investigator: Beth Hale
Award: Cooperative Agreement
Awardee: Hospice of the Valley, 3238 North 16th Street, Phoenix, AZ 85016

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: Hospice of the Valley is offering an urban case management program to Medicare beneficiaries in Maricopa County, Arizona, with significant chronic illness. Targeting beneficiaries with various chronic conditions, the program focuses on providing and coordinating chronic and palliative care. The site began enrolling beneficiaries and providing coordinated care services in August 2002. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- Baltimore Maryland

Project No: 95-C-91348/03
Project Officer: Ronald Lambert
Period: April 2002 to March 2006
Funding: $45,100
Principal Investigator: Nancy Fisher
Award: Cooperative Agreement
Awardee: Erickson Retirement Communities, Inc., 701 Maiden Choice Lane, Baltimore, MD 21228

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population, but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Wheeling Site

Project No: 95-W-00135/03
Project Officer: Armen Thoumaian
Period: June 2002 to February 2007
Funding: $0
Principal Investigator: Joe Slavic
Award: Waiver-Only Project
Awardee: Howard Long Wellness Center At Wheeling Hospital, 800 Medical Park, Wheeling, WV 26003

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation extended until February 28, 2007. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Windber Site

Project No: 95-W-00134/03
Project Officer: Armen Thoumaian
Period: October 2002 to February 2007
Funding: $0
Principal Investigator: Sean O'Dowd
Award: Waiver-Only Project
Awardee: Windber Medical Center, 600 Somerset Avenue, Windber, PA 15963

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation was extended until February 28, 2007. ■

Medicare Lifestyle Modification Program Demonstration Evaluation

Project No: 500-95-0060/02
Project Officer: Armen Thoumaian
Period: September 2000 to May 2007
Funding: $3,867,906
Principal Investigator: Donald Shepard, William B. Stason
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 evaluates the health outcomes and cost effectiveness of the Medicare Lifestyle Modification Program Demonstration for Medicare beneficiaries with coronary artery disease (CAD). The demonstration tests the feasibility and cost effectiveness of providing payment for cardiovascular lifestyle modification program services to Medicare beneficiaries. The goal of the evaluation is to provide an assessment of the health benefit and cost-effectiveness of treatment for Medicare beneficiaries with CAD who enroll in the 12-month cardiovascular lifestyle modification programs at the demonstration sites. The evaluation of the demonstration assesses the overall performance of the demonstration sites, including the quality of health care delivery over the course of the

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Princeton Site

Project No: 95-W-00141/03
Project Officer: Armen Thoumaian
Period: November 2002 to February 2005
Funding: $0
Principal Investigator: Cindy Gillspie
Award: Waiver-Only Project
Awardee: Princeton Community Hospital
P.O. Box 1369
Princeton, WV 24740-1369

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: The site has ended participation. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Rockford Site

Project No: 95-W-00145/05
Project Officer: Armen Thoumaian
Period: April 2000 to June 2004
Funding: $0
Principal Investigator: Jennifer Tucek
Award: Waiver-Only Project
Awardee: Swedish American Heart and Vascular Center
209 Ninth Street
Rockford, IL 61104

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: The site has ended participation. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Trexeltown Site

Project No: 95-W-00180/03
Project Officer: Armen Thoumaian
Period: March 2004 to February 2007
Funding: $0
Principal Investigator: Kim Sterk
Award: Waiver-Only Project
Awardee: Lehigh Valley Hospital
6900 Hamilton Blvd.
Trexeltown, PA 18087

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation is extended until February 28, 2007. ■

to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B, and requires that the projects' payment methodology be budget neutral.

Status: Erickson Retirement Communities, Incorporated, has implemented an urban case management program targeting beneficiaries with congestive heart failure, chronic obstructive pulmonary disease, coronary artery disease, hypertension, or diabetes living at Charlestown and Oak Crest Village Retirement Communities located in Baltimore County, Maryland, and at Riderwood Village in Silver Spring, Maryland. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- Florida

Project No: 95-C-91325/03
Project Officer: Ronald Lambert
Period: September 2002 to June 2006
Funding: $63,000
Principal Investigator: Michael Wall
Award: Cooperative Ageement
Awardee: Quality Oncology, Inc.
1430 Spring Hill Road, Suite 106
McLean, VA 22124

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population, but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: Quality Oncology, Incorporated, of McLean, Virginia, has implemented an urban disease management program focusing on beneficiaries with cancer in Broward County, Florida and the surrounding areas. The site began enrolling beneficiaries and providing coordinated care services in September 2002. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- Houston Texas

Project No: 95-C-91351/05
Project Officer: John Pilotte
Period: June 2002 to May 2006
Funding: $82,350
Principal Investigator: James O'Leary
Award: Cooperative Ageement
Awardee: CorSolutions Medical, Inc.
9500 W. Bryn Mawr Avenue
Rosemont, IL 60018

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population, but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: CorSolutions Medical, Inc., of Rosemont, Illinois, has implemented an urban disease management program targeting beneficiaries in Texas with high-risk congestive heart failure. The site began enrolling beneficiaries and providing coordinated care services in June 2002. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- Iowa

Project No: 95-C-91340/07
Project Officer: Sid Mazumdar
Period: April 2002 to March 2006
Funding: $50,000
Principal Investigator: Nancy Halford
Award: Cooperative Ageement
Awardee: Mercy Medical Center - North Iowa
1000 N. Fourth Street, NW
Mason City, IA 50401

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: Mercy Medical Center of Mason City, Iowa, has implemented a rural case management program targeting beneficiaries in northern Iowa with various chronic conditions. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- Mahomet, Illinois

Project No: 95-C-91315/05
Project Officer: Dennis Nugent
Period: April 2002 to March 2006
Funding: $149,943
Principal Investigator: Cheryl Schraeder
Award: Cooperative Ageement
Awardee: Carle Foundation Hospital
307 East Oak #3, PO Box 718
Mahomet, IL 61853

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population, but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: The Carle Foundation Hospital of Mahomet, Illinois, has implemented a rural case management program targeting beneficiaries with various chronic conditions in eastern Illinois. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- Maine

Project No: 95-C-91314/01
Project Officer: Sid Mazumdar
Period: April 2002 to March 2006
Funding: $138,720
Principal Investigator: John LaCasse
Award: Cooperative Ageement
Awardee: Medical Care Development
11 Parkwood Drive
Augusta, ME 04330

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Omaha Site

Project No: 95-W-00136/07
Project Officer: Armen Thoumaian
Period: June 2002 to February 2006
Funding: $0
Principal Investigator: Sandy Barta, MS, RN
Award: Waiver-Only Project
Awardee: Alegent Bergan Mercy Medical Center
7710 Mercy Road, BMPC, LL
Omaha, NE 68122

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site ended participation. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Pittsburgh

Project No: CSQ-00-0012
Project Officer: Armen Thoumaian
Period: August 2003 to October 2004
Funding: $0
Principal Investigator: Amy Wilhelm
Award: Service Agreement
Awardee: Highmark Blue Cross/Blue Shield
120 5th Avenue
Pittsburgh, PA 15222

Description: The Medicare Lifestyle Modification Program Demonstration is a 4-year payment project implemented to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. The demonstration is being implemented at participating sites licensed by the Dr. Dean Ornish Program for Reversing Heart Disease®. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites will receive 80 percent of a total negotiated fixed payment amount for a 12-month program. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Management in the Office of Financial Management.

Status: Site ended participation. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Pittsburgh

Project No: 95-W-00131/03
Project Officer: Armen Thoumaian
Period: August 2003 to February 2007
Funding: $0
Principal Investigator: David Seigneur
Award: Waiver-Only Project
Awardee: Allegheny General Hospital
320 North Avenue
Pittsburgh, PA 15212

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation was extended until February 28, 2007. ■

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation was extended until February 18, 2007. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Morgantown Site

Project No: 95-W-00144/03
Project Officer: Armen Thoumaian
Period: May 2002 to February 2007
Funding: $0
Principal Investigator: David Harshbarger
Award: Waiver-Only Project
Awardee: West Virginia University Hospital
Medical Center Drive
Morgantown, WV 26506-8120

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation was extended until February 28, 2007. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - New Castle Site

Project No: 95-W-00142/03
Project Officer: Armen Thoumaian
Period: June 2003 to February 2007
Funding: $0
Principal Investigator: Joyan L. Urda
Award: Waiver-Only Project
Awardee: Jameson Health System
1211 Wilmington Avenue, Room 430
New Castle, PA 16105

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation was extended until February 28, 2007. ■

to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: Medical Care Development of Augusta, Maine, has implemented a rural disease management program targeting beneficiaries in Maine with congestive heart failure or post-acute myocardial infarction. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- Missouri

Project No: 95-C-91345/01
Project Officer: Ronald Lambert
Period: August 2002 to June 2006
Funding: $150,000
Principal Investigator: John Lynch
Award: Cooperative Ageement
Awardee: Washington University Physician Network
660 South Euclid Avenue, Campus Box 8066
St. Louis, MO 63110

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population, but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: Washington University of St. Louis, Missouri, with American Healthways of Nashville, Tennessee, has implemented an urban case management program targeting beneficiaries in St. Louis with various chronic conditions. The site began enrolling beneficiaries and providing coordinated care services in August 2002. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- New York, NY

Project No: 95-C-91357/02
Project Officer: Dennis Nugent
Period: June 2002 to May 2006
Funding: $150,000
Principal Investigator: Nancy Mintz
Award: Cooperative Ageement
Awardee: The Jewish Home and Hospital for the Aged
120 West 106th Street
New York, NY 10025

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: The Jewish Home and Hospital for the Aged has implemented an urban case management program targeting beneficiaries with various chronic conditions in New York City. The site began enrolling beneficiaries and providing coordinated care services in June 2002. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- Northern California

Project No: 95-C-91352/02
Project Officer: John Pilotte
Period: July 2002 to June 2006
Funding: $150,000
Principal Investigator: Michael Cox
Award: Cooperative Ageement
Awardee: QMED
25 Christopher Way
Eatontown, NJ 07724

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population, but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: QMED, Inc., Eatontown, New Jersey, has implemented an urban disease management program targeting beneficiaries in northern California with coronary artery disease. The site began enrolling beneficiaries and providing coordinated care services in July 2002. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- Pennsylvania

Project No: 95-C-91360/03
Project Officer: Cynthia Mason
Period: April 2002 to March 2006
Funding: $0
Principal Investigator: Kenneth Coburn
Award: Cooperative Ageement
Awardee: Health Quality Partners
875 N. Easton Road
Doylestown, PA 18901

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: Health Quality Partners of Doylestown, Pennsylvania, has implemented an urban and rural disease management program targeting beneficiaries in eastern Pennsylvania with various chronic conditions. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- Richmond, Virginia

Project No: 95-C-91319/03
Project Officer: Cynthia Mason
Period: April 2002 to March 2006
Funding: $75,448
Principal Investigator: Michael Matthews
Award: Cooperative Ageement
Awardee: CenVaNet
2201 W. Broad Street, Suite 202
Richmond, VA 23220

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide

cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation extended until February 28, 2007. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Kearney Site

Project No: 95-W-00143/07
Project Officer: Armen Thoumaian
Period: May 2001 to February 2006
Funding: $0
Principal Investigator: Thomas McLeod
Award: Waiver-Only Project
Awardee: Good Samaritan Health Systems
10 East 31st Street, P.O. Box 1990
Kearney, NE 68848-1990

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site ended participation. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Martinsburg Site

Project No: 95-W-00138/03
Project Officer: Armen Thoumaian
Period: April 2002 to June 2005
Funding: $0
Principal Investigator: Dana DeJarnett
Award: Waiver-Only Project
Awardee: Wellness Center at City Hospital
2000 Foundation Way, Suite 1200
Martinsburg, WV 25401

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: The site has ended participation. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Monongahela Site

Project No: 95-W-00133/03
Project Officer: Armen Thoumaian
Period: May 2003 to February 2007
Funding: $0
Principal Investigator: Randall Komacko, MPT
Award: Waiver-Only Project
Awardee: Monongahela Valley Hospital
1163 Country Club Road
Monongahela, PA 15063

1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: The site has ended participation. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Erie Site

Project No: 95-W-00151/03
Project Officer: Armen Thoumaian
Period: August 2003 to February 2007
Funding: $0
Principal Investigator: Walter Horner
Award: Waiver-Only Project
Awardee: Hamot Medical Center
3330 Peach Street, Suite 211
Erie, PA 16508

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation extended until February 28, 2007. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Greensburg Site

Project No: 95-W-00181/03
Project Officer: Armen Thoumaian
Period: July 2003 to February 2007
Funding: $0
Principal Investigator: Nancy Urick
Award: Waiver-Only Project
Awardee: Westmoreland Regional Hospital
532 Pittsburgh Street
Greensburg, PA 15601

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: This site's participation is extended until February 28, 2007. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Huntington Site

Project No: 95-W-00140/03
Project Officer: Armen Thoumaian
Period: November 2002 to February 2007
Funding: $0
Principal Investigator: Mona Wilson
Award: Waiver-Only Project
Awardee: St. Mary's Medical Center
2900 1st Avenue
Huntington, WV 25702

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of

case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: CenVaNet, Incorporated of Richmond, Virginia, has implemented an urban case management program targeting beneficiaries with various chronic conditions in the metropolitan Richmond area. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- South Dakota

Project No: 95-C-91362/08
Project Officer: Sid Mazumdar
Period: June 2002 to May 2006
Funding: $0
Principal Investigator: David Kuper
Award: Cooperative Agreement
Awardee: Avera McKennan Hospital
800 East 21st St
Sioux Falls, SD 57105

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: Avera McKennan Hospital of Sioux Falls, South Dakota, has implemented a rural disease management program targeting beneficiaries in South Dakota, Iowa, and Minnesota. The site began enrolling beneficiaries and providing coordinated care services in June 2002. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- University of Maryland

Project No: 95-C-91349/03
Project Officer: Dennis Nugent
Period: June 2002 to May 2006
Funding: $0
Principal Investigator: Stephen Gottlieb
Award: Cooperative Agreement
Awardee: University of Maryland, School of Medicine
22 South Greene Street
Baltimore, MD 21201-1595

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: The University of Maryland School of Medicine has implemented an urban disease management program targeting beneficiaries with congestive heart failure in Baltimore, Maryland. The site began enrolling beneficiaries and providing coordinated care services in June 2002. ■

Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries -- Washington, DC

Project No: 95-C-91367/03
Project Officer: John Pilotte
Period: June 2002 to May 2006
Funding: $0
Principal Investigator: James Welsh
Award: Cooperative Ageement
Awardee: Georgetown University
1707 L Street, NW, Suite 900
Washington, DC 20036

Description: This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population, but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

Status: Georgetown University Medical Center - Washington, DC, has implemented a program providing disease management services for Medicare FFS beneficiaries with congestive heart failure residing in the District of Columbia and suburban Maryland. The site began enrolling beneficiaries and providing coordinated care services in June 2002. ■

Daycare, Respite Care, Emergency Services, and Social Services to HIV-Infected Children

Project No: 18-P-91854/04-01
Project Officer: Jean Close
Period: September 2003 to September 2004
Funding: $99,350
Principal Investigator: Elizabeth Dupont
Award: Grant
Awardee: Hope House Daycare
23 S. Idlewild
Memphis, TN 38174-1437

Description: Hope House Day Care offers day care services for children age 6 weeks to 5 years of age with HIV/AIDS. The objectives of the Hope House Project include:

(1) Providing therapeutic day care and drop-in respite care.

(2) Providing material support, transportation, and emotional support to children and their families.

(3) Coordinating services for families.

(4) Preparing pre-school children for entry into kindergarten.

Status: The project is complete. ■

Demonstration to Improve Direct Service Community Workforce

Project No: 11-P-92187/01-01
Project Officer: Sue Knefley
Period: September 2003 to September 2006
Funding: $1,403,000
Principal Investigator: Elise Scala
Award: Grant
Awardee: State of Maine/Governor's Office of Health Policy & Finance,
#1 State House Station
Augusta, ME 04333-0001

Description: The Demonstration to Improve the Direct Service Community Workforce grant initiative is part of the President's New Freedom Initiative to eliminate barriers to equality and grant a "New Freedom" to children and adults of all ages who have a disability or long-term illness so that they may live and prosper in their communities. CMS awarded five demonstration grants, which run from September 30, 2003 to September 29, 2006, to assist States and others to develop innovative programs and strategies that improve recruitment, and the retentions of direct service workers.

Status: This project is underway. ■

for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation was extended until February 28, 2007. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Charleston Site

Project No: 95-W-00137/03
Project Officer: Armen Thoumaian
Period: May 2002 to February 2007
Funding: $0
Principal Investigator: Ed Haver
Award: Waiver-Only Project
Awardee: Charleston Area Medical Center
3200 MacCorkle Avenue, SE
Charleston, WV 25304

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to provide one of two nationally known treatment models: The Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation was extended until February 28, 2007. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Clarksburg Site

Project No: 95-W-00139/03
Project Officer: Armen Thoumaian
Period: March 2002 to February 2007
Funding: $0
Principal Investigator: Toni Marascio
Award: Waiver-Only Project
Awardee: United Hospital Center
#3 Hospital Plaza
Clarksburg, WV 26301

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation was extended until February 28, 2007. ■

Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Dubois Site

Project No: 95-W-00132/03
Project Officer: Armen Thoumaian
Period: July 2003 to April 2005
Funding: $0
Principal Investigator: Michelle Sedor
Award: Waiver-Only Project
Awardee: DuBois Regional Medical Center
100 Hospital Avenue
DuBois, PA 15801

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1,

Status: Site participation extended until February 28, 2007. ■

Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - South Bend Site

Project No: 95-W-00178/05
Project Officer: Armen Thoumaian
Period: August 2001 to February 2007
Funding: $0
Principal Investigator: Colleen Milling
Award: Waiver-Only Project
Awardee: St. Joseph Regional Medical Center
801 E. LaSalle Ave
South Bend, IN 46617

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Cardiac Wellness Extended Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites under this model will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation extended until February 28, 2007. ■

Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Tacoma Site

Project No: 95-W-00149/10
Project Officer: Armen Thoumaian
Period: March 2003 to February 2007
Funding: $0
Principal Investigator: Dr. Mary Dean
Award: Waiver-Only Project
Awardee: MultiCare Health System
Cardiac Wellness Program
Tacoma, WA 98405

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Cardiac Wellness Extended Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites under this model will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation extended until February 28, 2007. ■

Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Warwick Site

Project No: 95-W-00146/01
Project Officer: Armen Thoumaian
Period: September 2001 to February 2007
Funding: $0
Principal Investigator: Barbara Haydon
Award: Waiver-Only Project
Awardee: Care New England Wellness Center
2191 Post Rd
Warwick, RI 02886

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Cardiac Wellness Extended Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites under this model will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount

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Demonstration to Improve Direct Service Community Workforce

Project No: 95-P-92214/04-01
Project Officer: Sue Knefley
Period: September 2003 to September 2006
Funding: $1,403
Principal Investigator: Roy Burnette
Linda Kendall-Fields
Award: Grant
Awardee: Pathways for the Future, Inc.
525 Mineral Springs Drive
Sylva, NC 28779

Description: The Demonstration to Improve the Direct Service Community Workforce grant initiative is part of the President's New Freedom Initiative to eliminate barriers to equality and grant a "New Freedom" to children and adults of all ages who have a disability or long-term illness so that they may live and prosper in their communities. CMS awarded five demonstration grants, which run from September 30, 2003 to September 29, 2006, to assist States and others to develop innovative programs and strategies that improve recruitment, and the retentions of direct service workers.

Status: This project is underway. ■

Demonstration to Improve Direct Service Community Workforce

Project No: 95-P-92168/03-01
Project Officer: Sue Knefley
Period: September 2003 to September 2006
Funding: $680,500
Principal Investigator: Mark Bernstein
Award: Grant
Awardee: University of Delaware
College of Human Services/EPP/CDS, New Castle County
Newark, DE 19716

Description: The Demonstration to Improve the Direct Service Community Workforce grant initiative is part of the President's New Freedom Initiative to eliminate barriers to equality and grant a "New Freedom" to children and adults of all ages who have a disability or long-term illness so that they may live and prosper in their communities. CMS awarded five demonstration grants, which run from September 30, 2003 to September 29, 2006, to assist States and others to develop innovative programs and strategies that improve recruitment, and the retentions of direct service workers.

Status: This project is underway. ■

Demonstration to Improve Direct Service Community Workforce

Project No: 11-P-92189/06-01
Project Officer: Sue Knefley
Period: September 2003 to September 2006
Funding: $1,403
Principal Investigator: Tony Cahill
Bobbi Britt
Award: Grant
Awardee: New Mexico Department of Health
Long Term Services Division
1190 St. Francis Drive
Santa Fe, NM 87502-6110

Description: The Demonstration to Improve the Direct Service Community Workforce grant initiative is part of the President's New Freedom Initiative to eliminate barriers to equality and grant a "New Freedom" to children and adults of all ages who have a disability or long-term illness so that they may live and prosper in their communities. CMS awarded five demonstration grants, which run from September 30, 2003 to September 29, 2006, to assist States and others to develop innovative programs and strategies that improve recruitment, and the retentions of direct service workers.

Status: This project is underway. ■

Demonstration to Improve Direct Service Community Workforce

Project No: 95-P-92225/03-01
Project Officer: Sue Knefley
Period: September 2003 to September 2006
Funding: $680,500
Principal Investigator: Angela King
Award: Grant
Awardee: Volunteers of America, Inc.
National Office, 1660 Duke Street
Alexandria, VA 22314

Description: The Demonstration to Improve the Direct Service Community Workforce grant initiative is part of the President's New Freedom Initiative to eliminate

barriers to equality and grant a "New Freedom" to children and adults of all ages who have a disability or long-term illness so that they may live and prosper in their communities. CMS awarded five demonstration grants, which run from September 30, 2003 to September 29, 2006, to assist States and others to develop innovative programs and strategies that improve recruitment, and the retentions of direct service workers.

Status: This project is underway. ■

Design, Development, and Implementation of an Improved Medicare Outpatient End Stage Renal Disease Prospective Payment System

Project No: 500-96-0007/03
Project Officer: William Cymer
Carolyn Rimes
Period: September 2000 to September 2005
Funding: $3,439,258
Principal Investigator: Robert Wolfe
Award: Task Order

Awardee: Michigan Public Health Institute
2465 Woodlake Circle, Suite 140
Okemos, MI 48864

Description: This project involves research to design, develop, test, and aid in the implementation of a fully bundled outpatient end stage renal disease prospective payment system (ESRD PPS). A fully bundled ESRD PPS would expand the routine maintenance dialysis services currently reimbursed under the composite payment system to include separately billable laboratory tests and drugs. Phase I of this research, a feasibility phase, has been completed and is described in the contractor's August 2002 report. That report concludes that current data sources available to CMS are adequate for proceeding with the development of a bundled ESRD PPS, that case mix may be an important variable for risk adjusting payments, and that available data provide a sound basis for monitoring patient outcomes in a revised payment system. Phase II of this research is currently underway and is expected to result in the development of case mix adjusted payment options in the context of a fully bundled ESRD PPS.

This project also explored the development of a "basic" or limited case mix adjustment to the current composite payment system, as required in accordance with section 623(d) of Pub. L. 108-173. That research resulted in CMS's implementation of a basic case mix adjustment to the ESRD composite rates beginning April 1, 2005.

Status: In progress. ■

Development and Validation of Measures and Indicators of the Quality Appropriateness of Services Rendered in Post-Acute and LTC Settings

Project No: 500-95-0062/04
Project Officer: Zhoowan Jackson
Period: September 1998 to March 2004
Funding: $9,050,430
Principal Investigator: Terry Moore
Award: Task Order
Awardee: Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138-1168

Description: This project is developing and validating a comprehensive set of performance measures and indicators of quality for institutional post-acute and long-term care settings. The post-acute settings involved include skilled nursing facility short-stay units, inpatient rehabilitation facilities (which include hospital-based rehabilitation units), and long-term care hospitals. Performance measures will be standardized across provider types, in order to allow necessary comparisons to be made about outcomes of care. Performance measures may also be used within CMS' regulatory quality monitoring programs to inform quality improvement activities, to provide information to consumers, and to provide information to payers of health care for use in evaluating the quality and care delivery. The use of quality measures and indicators, such as those to be developed under this project, will allow CMS to determine objectively the value of the care it purchases by providing a valid measurement of the care furnished by Medicare-participating providers.

Status: The project has reviewed the existing literature and identified quality indicators for further testing and analysis. At the end of the review process, 22 quality indicators (QI) were recommended, with minor modifications, for general use by CMS in determining the quality of nursing home care. Three of these QIs were posted on the Nursing Home Compare website in February 2001 as part of CMS's outreach effort to allow beneficiaries and the public to make informed decisions about their care. The project team also developed four sets of draft quality indicators in the areas of chronic care, post-acute care, medication use, and facility "descriptors". These QIs were posted on the awardee's website from October to December of 2000 in order to gather comments and feedback from the industry and interested parties. Based on the comments and feedback received a final set of nine new long-term care QIs and eight post-acute QIs were developed. The team is currently involved in the validation of these measures as well as preparing eleven of these measures (nine long-

Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Nashville Site

Project No: 95-W-00176/04
Project Officer: Armen Thoumaian
Period: December 2001 to February 2007
Funding: $0
Principal Investigator: Diane Drennan
Award: Waiver-Only Project
Awardee: Baptist Hospital
Nashville, TN

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Cardiac Wellness Extended Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites under this model will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation extended until February 28, 2007. ■

Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Portsmouth Site

Project No: 95-W-00148/03
Project Officer: Armen Thoumaian
Period: January 2002 to January 2005
Funding: $0
Principal Investigator: Brenda Alexander
Award: Waiver-Only Project
Awardee: Bon Secours - Maryview Hospital
3636 High Street
Portsmouth, VA 23707

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Cardiac Wellness Extended Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites under this model will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: The site has ended participation. ■

Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Richmond Site

Project No: 95-W-00179/03
Project Officer: Armen Thoumaian
Period: October 2002 to February 2007
Funding: $0
Principal Investigator: Sherri Strickler
Award: Waiver-Only Project
Awardee: Bon Secours Richmond Health System
5801 Bremo Road
Richmond, VA 23226

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Cardiac Wellness Extended Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites under this model will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Description: Mauli Ola ("spirit of life") is an intensive and comprehensive community-wide outreach and preventive health program. It aims to increase positive motivators at both the individual and community levels through deliberate efforts to encourage individuals, families, and the community to reassess and, where appropriate, recreate culturally relevant health and healing paradigms. Mauli Ola strategies include: (1) culturally reinforced and medically sound outreach and health awareness; (2) health screening, early detection, and referral; and (3) health education, family nutrition, and exercise programs. The target population is the entire Waimanalo ahupua'a (a traditional Hawaiian integrated, self-sustaining, geographically-defined community), comprised largely of Native Hawaiians, and other American Asian/Pacific Islanders, located in a rural agricultural area of southeast Oahu, Hawaii.

Status: During the fourth year of the project, 1635 individuals were screened for diabetes, cholesterol, and other risk factors for cardiovascular disease, 917 for the first time. A total of 4315 screenings to 3300 people have been screened since the program began in 2000. Screenings have identified 162 newly diagnosed diabetics in addition to 234 already known to have diabetes. Of those screened, 34% had blood pressure above 140/90, 23 percent had elevated total cholesterol (>200 mg/dl) and 54 percent had body mass index over 27. The week-long education program which began in the summer of 2003, focuses on healthy lifestyles and includes meal preparation demonstrations; 129 families have participated. ■

Medicare Case Management Demonstration for Congestive Heart Failure (CHF) and Diabetes Mellitus (DM)

Project No: 95-W-00078/06
Project Officer: Ronald Lambert
Period: November 2001 to November 2004
Funding: $0
Principal Investigator: Diane Fields
Award: Cooperative Ageement
Awardee: Lovelace Health Systems
2309 Renard Place, SE
Albuquerque, NM 87106

Description: This demonstration tests whether a case management program can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population, but account for a major proportion of Medicare expenditures. The demonstration site provides case management services to high-cost, high-risk Medicare FFS beneficiaries with CHF and DM. The project targets chronically ill Medicare beneficiaries that are eligible for both Medicare Parts A and B, and requires that the projects' payment methodology be budget neutral.

Status: The site began enrolling beneficiaries and providing case management services in November 2001. The project is scheduled to end October 31, 2004. ■

Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Chestnut Hill Site

Project No: 95-W-00150/01
Project Officer: Armen Thoumaian
Period: June 2001 to February 2007
Funding: $0
Principal Investigator: Aggie Casey
Award: Waiver-Only Project
Awardee: Mind/Body Medical Institute
824 Boylston Street
Chestnut Hill, MA 02467

Description: The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Cardiac Wellness Extended Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites under this model will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

Status: Site participation extended until February 28, 2007. ■

term care indicators and four post-acute indicators) for public reporting in six pilot states beginning in April 2002. A set of measures are expected to be posted on Medicare.gov for all nursing homes in the US beginning October 2002. ■

Diabetes Care Across the Life Span for Medicaid Beneficiaries: Gender and Racial Differences

Project No: 500-00-0046/01
Project Officer: M. Beth Benedict
Period: August 2001 to July 2005
Funding: $214,592
Principal Investigator: Anupa Bir
Award: Task Order (RADSTO)
Awardee: Research Triangle Institute, (MA)
411 Waverley Oaks Road, Suite 330
Waltham, MA 02452-8414

Description: This project assists CMS in understanding the magnitude and patterns of utilization of health care services for beneficiaries with diabetes between the ages of 10 and 64 years in 4 States (Florida, Georgia, Michigan and New Jersey) from 1996 - 1998. Chronic diseases contribute significantly to the morbidity and mortality of Americans. Diabetes is a chronic disease of both childhood and adulthood. It is the seventh leading cause of death in this country. However, because diabetes frequently goes undiagnosed, the true burden of this disease is actually not known. The Centers for Disease Control and Prevention (CDC) estimate that the number of persons with undiagnosed diabetes is over 5 million.

At the present time, it has been estimated that 10.3 million people have been diagnosed with diabetes in the United States. Although diabetes is more prevalent in the aged, current research has shown that the risk of developing Type II diabetes for children and young adults is increasing. The rising incidence and prevalence of Type II diabetes in the younger ages is believed to be related to several factors such as the onset of puberty; overweight and obesity; and lack of physical activity. It has been proposed that future diabetes research be directed towards elucidating the genetic and behavioral aspects of obesity. With more and more young people suffering from this chronic disease, one can expect an increased burden in the future as these individuals grow older. Identifying potential racial disparities and working towards eliminating these disparities is a key focus for CMS. Although, some of the risk factors for diabetes cannot be modified (age, race, gender, etc.), there are risk factors that can be modified, such as level of physical activity, diet, and weight. However, the research has shown that certain cultures or racial/ethnic groups view weight gain and body image in different ways. Therefore, culturally relevant interventions must be developed to change these behaviors. To improve the health care delivered to our beneficiaries, CMS needs to better understand the racial/ethnic composition of its Medicaid beneficiaries. Further, as CMS strives to make inroads in developing cultural competency in the way it administers its programs, having more detailed information on the racial/ethnic composition of its beneficiaries is imperative. The current project will complement the research that we are conducting on diabetes care in the Medicare population. It will provide information on diabetes in children, youth, and/or non-elderly adults who are Medicaid beneficiaries. Thus, findings from this analytic study will assist in setting new directions for future studies and program activities related to diabetes education, prevention, and treatment to improve access and health outcomes for our beneficiaries in the Medicaid Program.

Status: This project is in the final stages. ■

Disease Management for Severely Chronically Ill Medicare Beneficiaries - California

Project No: 95-W-00089/09
Project Officer: J. Donald Sherwood
Period: February 2004 to January 2007
Funding:
Principal Investigator:
Award: Contract
Awardee: Pacificare Health Systems, Inc.
3120 Lake Center Drive Santa Ana, CA 92704

Description: The HeartPartners Group, which is a joint venture between PacifiCare, QMed, and Alere Medical, will provide services to beneficiaries in the States of California and Arizona. The purpose of this demonstration is to evaluate how disease management organizations can improve the health outcomes of specific Medicare beneficiaries diagnosed with advanced-stage congestive heart failure, diabetes, or coronary heart disease, while providing sufficient savings to the Medicare program to at least cover the expense of the disease management services. Included in this demonstration is the payment of all costs for prescription drugs whether or not they relate to the chronic health condition. This project will cover up to 30,000 lives at a time.

Status: Started enrollment effective February 1, 2004 ■

Disease Management for Severely Chronically Ill Medicare Beneficiaries - Louisiana

Project No: 95-W-00087/05
Project Officer: Linda Colantino
Period: January 2004 to May 2007
Funding: $0
Principal Investigator:
Award: Cooperative Ageement
Awardee: CorSolutions Medical, Inc.
9500 W. Bryn Mawr Avenue
Rosemont, IL 60018

Description: CorSolutions Inc. will serve beneficiaries residing in the Shreveport – New Orleans corridor of Louisiana.

Status: Started enrollment effective June 1, 2004 ■

Disease Management for Severely Conronically Ill Medicare Beneficiaries - Texas

Project No: 95-W-00088/03
Project Officer: Juliana Tiongson
Period: April 2004 to March 2007
Funding:
Principal Investigator:
Award: Contract
Awardee: XLHealth Corporation
Baltimore, MD

Description: XLHealth Corporation serves beneficiaries throughout the metropolitan areas of Texas.

Status: Started enrollment effective April 1, 2004 ■

Evaluation of Capitated Disease Management Demonstration

Project No: 500-00-0033/03
Project Officer: Lorraine Johnson
Period: September 2003 to September 2005
Funding: $881,200
Principal Investigator: Robert Schmitz
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 evaluate the effectiveness of Medicare Capitated Disease Management Demonstration for beneficiaries with chronic medical conditions such as stroke, congestive heart failure, and diabetes; people who receive both Medicare and Medicaid (Dual Eligibles); or frail elderly patients that would benefit from a greater coordination of services.

This demonstration uses disease management interventions and payment for services based on full capitation with risk sharing options to: (1) improve the quality of services furnished to specific eligible beneficiaries, including the dual eligible and frail elderly; (2) manage expenditures under Part A and Part B of the Medicare program; and (3) encourage the formation of specialty plans that market directly to Medicare's sickest beneficiaries.

Status: The project design is on hold and is pending approval of the demonstration. ■

Evaluation of End Stage Renal Disease (ESRD) Disease Management DM)

Project No: 500-00-0028/02
Project Officer: Joel Greer
Period: September 2003 to September 2006
Funding: $619,911
Principal Investigator: Frederich Port, M.D.
Award: Task Order (RADSTO)
Awardee: University Renal Research and Education Association
315 West Huron, Suite 260
Ann Arbor, MI 48103

Description: This Task Order is for an independent evaluation of the ESRD-DM Demonstration (DMD) that will examine case-mix, patient satisfaction, outcomes, quality of care, and costs and payments. The Request for Proposals for providers to participate in the DMD was published in the Federal Register on June 4, 2003. The DMD will enroll Medicare beneficiaries with ESRD into fully capitated ESRD disease management organizations. The evaluation contractor will work with the DM sites to collect and analyze data to measure clinical, quality of life, and economic outcomes. When the DM sites are selected, the evaluation team will work with them to design and implement data collection instruments and mechanisms.

Description: This project was mandated as a four year demonstration by Congress in the Balanced Act of 1997. In the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Congress authorized an extension of the demonstration for an additional four years. The project focuses on Medicare beneficiaries with diabetes because of the high prevalence, cost, and complexity of this condition. It also focuses on beneficiaries living in federally designated, medically underserved areas in order to demonstrate that obstacles to bridging the "digital divide" in health care are not intrinsic to the targeted population. The project involves a consortium of health care delivery organizations in New York City (urban component) and upstate New York (rural component), industry partners who are providing hardware, software, technology, and communication services, and the American Diabetes Association, which is providing the educational web site for the project. The consortium is led by Columbia University. Intervention participants receive a home telemedicine unit (HTU) which facilitates uploading of clinical data, interaction with a nurse case manager, and patient education.

Status: In Phase I (February 28, 2000 - February 27, 2004) of the demonstration, the first 9 months of the project were devoted to technical implementation, field testing, personnel training, and development of the evaluation instruments and procedures. Subject enrollment began in the latter part of 2000. As of September 2002, recruitment was completed and approximately 1,665 beneficiaries were enrolled and randomized. Overall acceptability of the home telemedicine unit among participants was positive. During Phase II (February 28, 2004 - February 27, 2008), as of March 23, 2005 second generation HTUs were developed, tested, and initial deployment begun to install them in the homes of participants. The experience to date indicates that large-scale home telemedicine as a strategy for disease management is technically feasible, can be performed in a fashion that meets current requirements for health care data security and the Health Insurance Portability and Accountability Act and is acceptable to those who agree to participate. Regardless, this does not preclude the extent of training and reinforcement often necessary under these circumstances to elevate enrollees to an active and participatory level. Evidence does indicate that some Medicare beneficiaries living in federally designated medically underserved areas, for reasons such as language barriers, lack of education, and various other socioeconomic indications, are unable or unwilling to use computers or the world wide web to obtain health care information and health care services. ■

Integrated Chronic Disease Quality Performance Measurement at the Physician Level

Project No: 500-00-0035/01
Project Officer: Pauline Karikari-Martin
Period: September 2001 to October 2005
Funding: $1,519,992
Principal Investigator: Linda May
Award: Task Order (RADSTO)
Awardee: C.N.A. Corporation
4825 Mark Center Drive
Alexandria,VA 22311-1850

Description: This project is to assist CMS in developing efficiency measures at the physician office level. This project will help to define efficiency using cost of care and quality of care measures for chronic disease and prevention using existing clinical performance measures and survey tools to abstract data that will be used to model these concepts. Performance measurement supports CMS program management and policy development purposes such as quality improvement in the Quality Improvement Organizations program, demonstration of accountability, and value-based purchasing. The primary vehicle for this initial work is applying knowledge gained using the existing clinical performance measures and survey tools at the physician office level to develop a framework developing efficieny measures for quality of care in the ambulatory care setting.

Status: This project is underway. ■

Mauli Ola (Spirit of Life) Project

Project No: 18-P-91142/09
Project Officer: Mary Kapp
Period: September 2000 to September 2005
Funding: $2,500,000
Principal Investigator: Charman Akina
Award: Grant
Awardee: Waimanalo Health Center
41-1347 Kalanianaole Highway
Waimanalo, HI 96795

and seniors in the lower county area. Together, these six new or expanded program services will target vulnerable subgroups of all ages. Quantitative and descriptive data are to be collected. This service-delivery expansion program is congressionally mandated.

Status: As of spring 2005, the Buck's County Projects are still running, under a

no-cost extension from CMS, due to a rather late start-up in the initial year. The projects appear to have been successful, having met and/or exceeded patient target numbers across the various projects. ■

Influenza and Pneumococcal Analytic Reports

Project No: 500-96-0516/02
Project Officer: Lawrence LaVoie
Period: September 1996 to May 2005
Funding: $698,924
Principal Investigator: Celia H. Dahlman
Edward Fu
Award: Task Order (ADP Support)
Awardee: CHD Research Associates
5515 Twin Knolls Road #322
Columbia, MD 21045

Description: This project develops a research database using CMS Medicare claims data to study the epidemiology of influenza (flu) and pneumococcal vaccination (PPV). One goal is to promote vaccinations by health-care providers, and to support coverage for Medicare beneficiaries. For example, Medicare claims records for PPV are extracted and merged to create a beneficiary-level PPV research file used to generate annual and cumulative immunization rates. Using both the PPV file and flu immunization data file, a series of national and State-specific statistics are produced. Medicare utilization and enrollment data are linked with the PPV and flu files data to analyze immunization rates of high-risk beneficiaries.

Status: A PPV research file update with 2000 Medicare claims has been completed. National and State-specific statistics, based on analysis of 1999 Medicare claims, have been published in tables and reports and posted on CMS's website, http://www.hcfa.gov/quality. ■

Influenza Treatment Demonstration

Project No: ORDI-05-0001
Project Officer: James Coan
Period: December 2004 to May 2005
Funding: $0
Principal Investigator:
Award: Waiver-Only Project
Awardee: Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Description: CMS has undertaken a demonstration project to measure the impact of providing coverage for certain anti-viral drugs to treat and/or prevent influenza.

The Influenza Treatment Demonstration provided coverage to Medicare beneficiaries for Food and Drug Administration (FDA)- approved drugs for the treatment and targeted prevention of influenza. Specifically, under this demonstration, Medicare covered certain anti-viral drugs when furnished:

• To a beneficiary with symptoms of influenza;

• As a prophylaxis for a beneficiary exposed to a person with a diagnosis of influenza; or

• To a beneficiary in an institution where there has been an outbreak of influenza.

However, the demonstration does not cover these anti-viral drugs for general prophylactic use. **Status:** The demonstration will operate between January 1, 2005 through May 31, 2005. ■

Informatics for Diabetes Education and Telemedicine Demonstration (IDEATel)

Project No: 95-C-90998/06
Project Officer: Diana Ayres
Period: February 2000 to February 2008
Funding: $60,000,000
Principal Investigator: Steven Shea
Award: Cooperative Ageement
Awardee: Columbia University
630 West 168th St, PH 9 East, Room 105
New York, NY 10706

Status: The evaluator is waiting for the DM sites to begin operation. ■

Evaluation of Phase I of Voluntary Chronic Care Improvement

Project No: 500-00-0022/02
Project Officer: Mary Kapp
Period: September 2004 to September 2010
Funding: $2,662,583
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 independently evaluate chronic care improvement programs implemented under the developmental phase (Phase I) of the Voluntary Chronic Care Improvement Under Traditional Fee-for-Service Medicare initiative as authorized by Section 721 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Pub.Law 108-173).

Status: The project is underway. ■

Evaluation of Programs of Coordinated Care and Disease Management

Project No: 500-95-0047/09
Project Officer: Carol Magee
Period: September 2000 to September 2005
Funding: $3,018,839
Principal Investigator: Randall S. Brown, Ph.D.
Award: Task Order
Awardee: Mathematica Policy Research, (DC)
600 Maryland Avenue, SW, Suite 550
Washington, DC 20024-2512

Description: This 5-year evaluation project will describe and assess sixteen

congressionally-mandated Medicare Coordinated Care Demonstration Programs, each providing a particular set of coordinated care interventions to fee-for-service (FFS) Medicare beneficiaries with one or more selected chronic illnesses (e.g., Diabetes, Chronic Obstructive Pulmonary Disease, Asthma, Hypertension, Hyperlipidemia, Stroke, Renal or Hepatic Disease, Coronary Artery Disease, Cancer). Demonstration of the effectiveness of programs of care coordination or management has historically been complicated by wide variations in program staff, funding mechanisms, interventions and stated goals. The Balanced Budget Act of 1997 mandated demonstrations in separate program sites to implement approaches to coordinated care of chronic illnesses, along with an independent evaluation, for CMS to investigate the potential of care coordination and/or case management to improve care quality and control costs in the Medicare FFS Program. An evaluation of best practices in coordinated care and a study of demonstration design options were conducted.

The 16 CMS-funded demonstration programs being studied as a part of this evaluation vary widely with respect to the demographics, medical, and social situations of the target population, intensity of services offered, interventions under study, type(s) of health care professionals delivering the interventions, and other factors. Each demonstration program has a randomized design, with a treatment arm and a 'usual care' arm. The evaluation can thus test each unique program's effects upon patient outcome(s)/well-being, patient satisfaction, provider behavior and satisfaction, and Medicare claims - attributable to particular methods of managing care in the FFS Medicare environment, and as compared to the respective "usual care," non-intervention patient group.

The overall goals of this evaluation are to identify those characteristics of the programs of coordinated care under study that have the greatest impact on health care quality and cost and to identify the target populations most likely to benefit from such programs. In addition to analysis plans specific to each program/site, the evaluation contractor will conduct a process analysis to describe the interventions in detail, with a key goal of assessing what factors account for program success or failure. The study will include successive case studies of each of the 16 sites, interim and final site specific reports, two interim summary reports, two Reports to Congress (based upon the interim summary reports), and a final summary report.

Status: Subsequent to receiving the Office of Management and Budget approval, the evaluation contractor held initial conference calls and then visited the majority of the 16 Demonstration sites over 2 years to amass data concerning their programs as actually implemented at 3 months into the demonstrations and their status as of 12 months post-startup. A number of these individual site reports have been completed and are available from the evaluation project officer. The First Interim Summary report and the First Report to Congress have just been completed. The First Report to Congress has been released and is available. There is wide

disparity in the enrollment success of the various sites, and locating and convincing patients to enroll has been harder overall than anticipated. The first of two waves of patient satisfaction interviews (n=3,315) was completed in October for patients 7 to 12 months following their respective enrollment. Similarly, the first of two waves of physician provider interviews (n=350) was completed in October 2004.

As of spring 2005, both the random patient survey (two waves) covering the majority (larger) of the sites, as well as the random physician survey, have been completed and data are being analyzed. The second round of individual site reports (16) has just been completed, covering implementation and patient data through approximately the first 12-months of operation. All sites have been interviewed and data has been collected covering the second year (months 13 - 24) of operation. Individual site reports will be provided to CMS, throughout March, April, and May 2005. A draft of a second (biennial) Report to Congress, synthesizing the experiences of the widely varying programs, will be prepared and submitted to CMS in summer of 2005.

Due to the impending, likely extension (2 more years) of the demonstration - for a majority of the program sites - a modification is being planned to extend this evaluaton contract, adding a 3rd Report to Congress to be due in 2007. ■

Evaluation of Programs of Disease Management (Phase I and Phase II)

Project No: 500-00-0033/02
Project Officer: Lorraine Johnson
Period: September 2002 to February 2008
Funding: $1,908,308
Principal Investigator: Randall S. Brown, Ph.D.
Award: Task Order (RADSTO)
Awardee: Mathematica Policy Research, (DC)
600 Maryland Avenue, SW, Suite 550
Washington, DC 20024-2512

Description: The objective of the evaluation is to assess the effectiveness of disease management programs for serious chronic medical conditions, such as advanced stage diabetes and congestive heart failure. Although the participating demonstration sites may also vary by classification of disease severity, the availability of a pharmacy benefit, population targeted, scope of patient care covered, type of comparison group and other factors, they will have in common the goal of improving quality and reducing cost of health care received by chronically ill Medicare beneficiaries through specific services targeted to the management of a particular medical condition. The evaluation will study the independent effects of both the disease management program and a drug benefit, as well as any interaction between the two.

Status: The project is underway. ■

Evaluation of the Informatics, Telemedicine, and Education Demonstration

Project No: 500-95-0055/05
Project Officer: Carol Magee
Period: September 2000 to July 2005
Funding: $1,419,493
Principal Investigator: Lorenzo Moreno
Arnold Chen
Award: Task Order
Awardee: Urban Institute
2100 M Street, NW
Washington, DC 20037

Description: The Balanced Budget Act of 1997 mandates a single, 4-year demonstration project using an eligible health care provider telemedicine network. The demonstration involves the application of high-capacity computing and advanced telemedicine networks to the task of improvement of primary care and prevention of health complications in Medicare beneficiaries with diabetes mellitus. This project evaluates the impact of using telemedicine and medical informatics on improving access of Medicare beneficiaries to health care services, on reducing the costs of such services, and on improving the quality of life of beneficiaries. The Informatics, Telemedicine, and Education Demonstration project uses specially modified home computers, or home telemedicine units (HTU) linked to a Clinical Information System, and studies beneficiaries residing in medically under-served rural or medically under-served inner-city areas. The HTUs in patients homes allow video conferencing, access to health information and access to medical data, in both Spanish and English. The demonstration project is being conducted as a randomized, controlled clinical trial. Impact of the telemedicine intervention on health outcomes will be evaluated by comparing health outcome measures of the intervention group to a control group.

Status: As of March 2005, a draft of the upcoming Report to Congress (comprising the final report on Phase I, i.e., the first 4 years of the IDEATel demonstration) is under CMS review, expected to be submitted to Congress in summer 2005. This Phase I evaluation contract ends in July 2005. (Note: Since the IDEATel demonstration

Improving Diabetes Outcomes Using the Care Model In An Urban Network

Project No: 18-P-91850/05-02
Project Officer: DAVID Greenberg
Period: September 2003 to September 2005
Funding: $74,428
Principal Investigator: Leon Fogelfeld
Bonnie Lubin
Award: Grant
Awardee: Cook County, Bureau of Health Services
1900 W. Polk St
Chicago, IL 60612
Hektoen Institute for Medical Research
2100 West Harrison
Chicago, IL 60612

Description: This initiative is using the Care Model to improve the well being of diabetic patients enrolled with the Cook County Bureau of Health Services by reducing complications from Type 2 diabetes as well as preventing the onset of Type 2 diabetes in pregnant women with gestational diabetes. Populations with the highest prevalence of the disease and significant barriers to self-management, including underserved African-Americans and Latinos with Limited English Proficiency, have been targetted. This project provides an opportunity for the leadership team and local site-based teams to gain collective experience with the Care Model. Upon completion of the project, the Bureau will have a more highly developed, sustainable structure to support local primary care teams in overcoming barriers to adherence to clinical practice guidelines in chronic and preventive care services. All participating sites have assembled teams of site leaders, professional, and clinical staff, who have selected measurable patient outcome objectives and are working to achieve those objectives with the support of two on-site clinical coordinators. In the second project year, the grantee intends to expand the focus of the project to address Pre-diabetes and the Metabolic Syndrome.

Status: This project has been continued for the period September 30, 2004 through September 29, 2005. ■

Increasing Access to Health Care for Bucks County Residents

Project No: 18-C-91506/03-02
Project Officer: Carol Magee
Period: September 2002 to September 2005
Funding: $2,339,750
Principal Investigator: Sally Fabian
Award: Grant
Awardee: Bucks County Health Improvement Project, Inc.
1201 Langhorne-Newton Rd
Langhorne, PA 19047

Description: Please refer to Project number 18-P-91506/3-01 for all information regarding the 3-year Bucks County grant plus the supplemental funding (18-C-91506/3-02) awarded in the last 2 years.

Status: As of spring of 2005, the Bucks County Projects are still running, under a no-cost extension from CMS, due to a rather late start-up in the initial year. The projects appear to have been successful, having met and/or exceeded their patient target numbers across the various projects. ■

Increasing Access to Health Care for Bucks County Residents

Project No: 18-P-91506/03
Project Officer: Carol Magee
Period: September 2001 to September 2005
Funding: $1,843,000
Principal Investigator: Sally Fabian
Award: Grant
Awardee: Bucks County Health Improvement Project, Inc.
1201 Langhorne-Newton Rd
Langhorne, PA 19047

Description: The project is entirely directed toward increasing access to health care for targeted vulnerable populations. Five of the Bucks County Health Improvement Project programs are already operating and will expand services to include patients in need of dental network, medication assistance, State Children's Health Insurance Program (SCHIP) outreach, adolescent mental health counseling, and influenza vaccination. A sixth program will be a new service facility comprised of two community health care clinics for low-income adults

the demonstration is limited to no more than 15,000 beneficiaries.

Status: The demonstration was implemented October 4, 2004 in Colorado, Massachusetts, and Missouri. Abt Associates is the implementation contractor for the demonstration. ■

Implementation of the Racial and Ethnic Adult Disparities Immunization Initiative (READII) Survey

Project No: 500-00-0032/05
Project Officer: Susan Arday
Period: September 2002 to September 2005
Funding: $1,135,578
Principal Investigator: Pamela Giambo, Katherine Ballard-LeFauve, Pascale Wortley
Award: Task Order (RADSTO)
Awardee: Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138-1168

Description: CMS and the Centers for Disease Control and Prevention (CDC) are working with five demonstration sites to improve influenza and pneumococcal vaccination rates in African-American and/or Hispanic communities. This contract implements the READII Survey which is administered to a sample of elderly, community-dwelling Medicare beneficiaries randomly selected from each of the five demonstration sites. Information is collected via a telephone survey to evaluate the impact of the Racial and Ethnic Adult Disparities in Immunization Initiative (READII). The demonstration sites use a coalition of public health professionals and medical providers to develop a community-based plan that will identify African-American and Hispanic individuals in Medicare who are 65 years of age or over in need of influenza and pneumococcal vaccinations and offer these immunization services to them. The five demonstration sites are: Chicago, IL; Bexar County,TX; Milwaukee, WI; Monroe County, NY; and selected counties in rural Mississippi. Specific activities include, but are not limited to: (A) drawing a random sample of cases from the Medicare Enrollment Database; (B) obtaining telephone numbers for those cases using telephone-address match vendors and Directory Assistance; (C) sending out advance (prenotification) letters with postage-paid return postcards; (D) conducting telephone interviews over an 8-12 week period; (E) conducting interviews in English and Spanish; (F) obtaining at least 400 completed interviews per subgroup (White and African-American and/or Hispanic) at each demonstration site; and (G) targeting a response rate of 60 percent or higher (after excluding those for whom a telephone number could not be obtained).

Status: Demonstration project activities began in September 2002 and will continue for a 3-year period. Evaluation measures include outcome (proportion immunized) and process (change in knowledge). The intra-agency agreement (IAA) initially covered a 12-month period from September 12, 2002 through September 14, 2003, during which time the first round of the READII Survey was conducted and data were collected from February through May 2003. At the discretion of both CMS and CDC, a second round of READII Survey activities occurred over the 12-month period from September 15, 2003 until September 29, 2004. The second round of the READII Survey was conducted, and data was collected from February through May 2004. At the discretion of both CMS and CDC, a third round of READII Survey activities is taking place over the 12-month period starting on September 30, 2004 and running until September 29, 2005. The third round of the READII Survey will be conducted, and data will be collected from February through May 2005. ■

Implementation Support for the Quality Incentive Payment of the ESRD Disease Management Demo

Project No: 500-00-0028/03
Project Officer: Sid Mazumdar
Henry Bachofer**Period:** September 2004 to September 2006
Funding: $1,921,082
Principal Investigator: Frederich Port, M.D.
Award: Task Order (RADSTO)
Awardee: University Renal Research and Education Association
315 West Huron, Suite 260
Ann Arbor, MI 48103

Description: The purpose of this project is implementation support for the Quality Incentive Payment of the ESRD Disease Management Demonstration and implementation and support for an Advisory Board for the ESRD Bundled Case-Mix Adjusted Demonstration, mandated by Section 623(e) of MMA.

Status: The project is underway. ■

has been extended by Congress for another 4 years, from February 2004 through February 2008 - for a total of 8 years duration for the demonstration - a second evaluation contract has been awarded to the contractor that performed all of the work for this Phase I evaluation. That additional 4-year evaluation contract, covering the Phase II years 5 through 8 of IDEATel, as well as summarizing the demonstration's entire 8 years, is listed separately as contract # 500-2004-00022C.) ■

Evaluation of the Informatics, Telemedicine, and Education Demo

Project No: HHSM-500-2004-00022C
Project Officer: Carol Magee
Period: September 2004 to September 2008
Funding: $970,711
Principal Investigator: Lorenzo Moreno, Arnold Chen
Award: Contract

Awardee: Mathematica Policy Research, (Princeton)
600 Alexander Park, PO Box 2393
Princeton, NJ 08543-2393

Description: This contract for a second 4-year evaluation (Phase II, 2004 - 2008) of the IDEATel telemedicine diabetes demonstration (both of which were extended by the MMA 2003 into a Phase II, covering an additional 4 years) is essentially a follow-on of the evaluation done during Phase I of IDEATel, 2000 - 2004 (under the BBA 1997). Please refer to the Phase I evaluation contract (# 500-95-0055, TO 5) for background information.

This Phase II evaluation will not only cover the 4 years of IDEATel's Phase II progress and outcomes between 2004 and 2008, but will also provide summary evaluation results across the entire 8 years of the demonstration's existence.

Status: This Phase II evaluation project is well underway. The first round of Phase II on-site interviews has been completed in New York with key demonstration personnel, including nurse case-managers as well as mid and top-level administrative, technical, and medical/scientific project staff. These interviews have identified key changes made for Phase II in the technology of the intervention (i.e., the appearance and function of the Home Telemedicine Units in treatment patients' homes). Additional enrollees will number less than 600 during Phase II, while approximately 1,100 enrollees from Phase I have been retained to continue on into Phase II. ■

Evaluation of Wheel Chair Purchasing in the Consumer-Directed Durable Medical Equipment (CD-DME) Demonstration and Other Fee-For-Service and Managed Care Settings

Project No: 500-00-0032/06
Project Officer: Linda Smith
Period: September 2002 to September 2004
Funding: $419,501
Principal Investigator: Debra Frankel
Award: Task Order (RADSTO)
Awardee: Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138-1168

Description: The purpose of this task order is to conduct a preliminary case-study evaluation of a four-site initiative. The descriptive evaluation will compare and contrast the purchasing of wheelchair equipment in these sites with those utilized in fee-for-service and in managed care models which serve people with disabilities. The study will propose further evaluation design options for CMS consideration and related feasibility studies of other DME. This initiative tests, at a local level, an important collaboration between the Department of Health and Human Services and the Department of Education intended to improve beneficiary access and satisfaction with the purchase and maintenance of wheelchair equipment.

Status: A case study report on the first year of project implementation has been accepted. The demonstration has ended. The contractor is now preparing reports on other DME coverage issues pertaining to mandated consumer service standards mandated in the Medicare Modernization Act of 2003. ■

Hanuula Community Diabetes Screening Program

Project No: 18-P-92309/09-01
Project Officer: Mary Kapp
Period: September 2004 to March 2006
Funding: $987,317
Principal Investigator: Charman Akina
Award: Grant

Awardee: Waimanalo Health Center
41-1347 Kalanianaole Highway
Waimanalo, HI 96795

Description: This grant will provide diabetes and related risk factor health screening, as well as relevant health educational and behavioral intervention services, to the geographically isolated, mostly-Samoan community of Hauula, Oahu.

Status: The project is underway. ■

Health Aging/Medicare Stop Smoking Program

Project No: 500-98-0281
Project Officer: James Coan
Period: October 1998 to June 2005
Funding: $14,000,000
Principal Investigator: Laurence Rubenstein
Greoffrey Joyce
Award: Contract
Awardee: RAND Corporation
1700 Main Street, P.O. Box 2138
Santa Monica, CA 90407-2138

Description: This demonstration is testing the effect of Medicare reimbursement for smoking cessation interventions among Medicare beneficiaries who smoke in seven States. Based on an evidence report by RAND, the demonstration is evaluating the effectiveness and cost effectiveness of reimbursement for three interventions for smoking cessation compared to "usual care". The interventions are: (1) reimbursement for provider cessation counseling, alone, (2) reimbursement for provider cessation counseling plus the use of bupropion (Zyban) or nicotine patches, and (3) demonstration supported telephone-base cessation counseling with and without nicotine patches. Usual care includes written material, only. The demonstration sites include Alabama, Florida, Ohio, Missouri, Oklahoma, Nebraska, and Wyoming.

Status: RAND is currently evaluating the responses from participants to a 12-month follow-up questionnaire to compare against baseline information collected at the time of enrollment and responses to a 6-month follow-up questionnaire. Responses will help determine which intervention had the greatest impact on cessation among 7,354 participants. Response rates appear to be high and a final report is expected in June 2005. ■

Health Disparities: Measuring Health Care Use and Access for Racial/Ethnic Populations

Project No: 500-00-0024/08
Project Officer: Arthur Meltzer
Period: December 2004 to March 2005
Funding: $312,670
Principal Investigator: Arthur Bonito
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 task order contract is to analyze health care access trends among minority beneficiaries. Detailed data tables and narrative descriptions will be prepared that highlight major trends in health care access and utilization for Whites, African-Americans, Hispanics, Asians and Pacific Islanders, and American Indians/Alaska Natives. This contract also will focus on examining the accuracy and completeness of race/ethnicity data in the Medicare enrollment database. Results of this contract will provide a better understanding of access to care and utilization of health care services among racial/ethnic populations.

Status: The project is ongoing. ■

Healthy Aging: Senior Risk Reduction Demonstration

Project No: 500-00-0034/01
Project Officer: Pauline Lapin
Period: September 2002 to September 2005
Funding: $2,245,253
Principal Investigator: Ron Goetzel
Award: Task Order (RADSTO)
Awardee: MEDSTAT Group (DC - Conn. Ave.)
4301 Connecticut Ave., NW, Suite 330
Washington, DC 20008

Description: The purpose of this contract was to design the Senior Risk Reduction Demonstration and identify opportunities for promoting healthy aging in Medicare. The Senior Risk Reduction Demonstration (SRRD) will test whether private sector approaches to health management and risk reduction, which have been shown to be effective for reducing risk factors and health care costs, can be translated to the Medicare program. The intervention to be tested in the SRRD consists of a health risk appraisal followed by tailored ongoing interventions delivered either by mail, telephone, or Internet. A report on healthy aging strategies and exploratory analyses using databases including the Medicare Current Beneficiary Survey and General Motors database are other work activities under this contract.

Status: The Senior Risk Reduction Demonstration was designed and has not yet been approved for implementation. Exploratory analyses are underway and shall be completed in Fall 2005. ■

Heart Failure Home Care

Project No: 18-C-91509/03-02
Project Officer: John Pilotte
Period: September 2001 to September 2006
Funding: $2,800,000
Principal Investigator: Arthur Feldman, MD
Ozlem Soran, MD
Award: Cooperative Ageement
Awardee: University of Pittsburgh, Office of Research
350 Thackeray Hall
Pittsburgh, PA 15260

Description: This project seeks to use integrated nursing services and technology to implement daily monitoring of congestive heart failure patients in under-served populations in accordance with established clinical guidelines. The demonstration tests the clinical and economic effectiveness of the Alere Day Link Home Monitoring Device in Medicare beneficiaries from under-served population groups receiving care in community-based practices who are diagnosed with congestive heart failure and who have had a hospitalization within the last 6 months. The primary hypothesis is that the addition of this device to standard management of heart failure will reduce 6-month heart failure hospitalization rates, cardiovascular death, and decrease length of hospital stay for heart failure.

Status: The site began enrollment in 2003 and has enrolled over 200 patients. ■

Home Health Demonstrations: Technical Support

Project No: 500-00-0032/09
Project Officer: Armen Thoumaian
Period: July 2004 to February 2009
Funding: $1,331,399
Principal Investigator: Henry Goldberg
Award: Task Order (RADSTO)
Awardee: Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138-1168

Description: The purpose of the Home Health Demonstrations Technical Support contract is to assist CMS with the design, implementation, and operation of the Demonstration Project to clarify the Definition of Homebound, Section 702 of the Medicare Modernization Act of 2003 (MMA), now called the Home Health Independence Demonstration, and the Demonstration Project for Medical Adult Day Care Services, Section 703 of the MMA.

Status: The 2-year Home Health Independence Demonstration was implemented beginning October 1, 2004. Implementation of the Medical Adult Day Services Demonstration is expected to begin by January 2006. ■

Home Health Independence Demonstration

Project No: ORDI-05-0004
Project Officer: Armen Thoumaian
Claudia Lamm
Kathleen Connors De Laguna
Period: October 2004 to October 2006
Funding: $900,000
Principal Investigator: Henry Goldberg
Deborah Deitz
Award: Task Order (RADSTO)
Awardee: Abt Associates, Inc.
55 Wheeler Street
Cambridge, MA 02138-1168

Description: Section 702 of the MMA states that the Secretary shall conduct a 2-year demonstration in three States (representing the Northeast, the Midwest, and the West). Medicare beneficiaries with chronic conditions of a specific nature are deemed to be homebound, without regard to purpose, frequency, or duration of absences from home, for the purpose of receiving home health services under the Medicare Program. Enrollment under