

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. fax	Marty Rouse to Melissa Skolfield et al. re: address (partial) (1 page)	05/25/2000	P6/b(6)
001b. letter	Teruko Matsunaga to Donna Shalala re: address and phone number (partial) (1 page)	05/07/2000	P6/b(6)
001c. agenda	re: The Sophrology Conference (partial) (1 page)	05/16/2000	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Devorah Adler
OA/Box Number: 20145

FOLDER TITLE:

Medicare Anniversary [Folder 1]

2012-0463-S

rc795

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

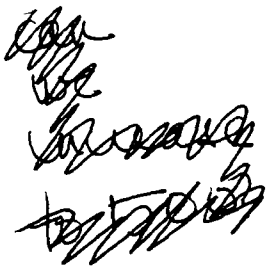
DEVORAH R. ADLER
Domestic Policy Council

Box 1 of 4

Files:

Rx Drugs and Internet
UPL
UPL
UPL
UPL
Anti-Trust
Anti-Trust
Evercare
Immigrant Benefit
Immigrant Benefit
Prescription Drugs and Internet
Rx Drugs and Internet
Asthma
Home Health
Kids GME
Kids GME
Kids GME
Kids GME
Kids GME
Asthma
Asthma
Asthma
Medicare Anniversary
Medicare Anniversary
Restraints
Restraints
Mental Health
Blood
Fraud
Fraud and Abuse
Fraud and Abuse
Fraud and Abuse

Enclosures filed in
Oversize Attachments # 20145
VARA # 17349

Region	What health screenings are planned?	How many beneficiaries will attend?	How many beneficiaries will undergo screenings?	What outside provider/advocacy groups are you working with?	How will your local event be publicized?
RO I	• Cholesterol • Blood Sugar • Blood Pressure • Bone Density <u>Possible Other Services:</u> • Pharmacists on hand to take a look at senior's prescriptions and let them know if there are any compatibility problems. • Nutritionists on hand to discuss healthy living, etc. • Staff from local health clinic(s) available to discuss services • Veterans' Administration booth, with representatives on hand to talk about VA eligibility, prescription benefits, etc. • Mass. Department of Public Health Information booth • Medicare Contractors	approximately 300 beneficiaries 	approximately 150 beneficiaries will utilize at least one screening offered.	• Regional Office, DHHS • Social Security Administration • AARP • Administration on Aging • Health Resources and Services Administration • Massachusetts Dept. of Elder Affairs (SHINE Program) • Massachusetts Dept. of Public Health • Medicare Advocacy Program • Visiting Nurses Association • Boston Neighborhood Health Clinic • Veterans' Administration • National Heritage Insurance Company (Medicare Carrier) • Associated Hospital Services of Maine (Medicare FI) • Massachusetts Peer Review Organization	• Since we have limited seating (400 maximum), we will not advertise this event to the public. Invitations will be issued through partners (AARP, SHINE Program, Senior Centers, etc.). • We will invite the media to "cover" the event. Media invited will include: ▪ major TV stations in New England ▪ some cable TV stations ▪ major newspapers ▪ wire services (local offices in Massachusetts) ▪ large radio news stations • If U.S. Senator Edward Kennedy, Massachusetts Governor Paul Cellucci, and/or Boston Mayor Thomas Menino are involved, we will coordinate media

	information booth (Carrier, FI, PRO) • SHINE (Massachusetts' SHIP Program) information booth				activities with their press offices (no invitations have been issued).
RO II	• Mammography, • eye exams, • blood pressure, and • blood sugar	up to 500 seniors from the NY/NJ metropolitan area	20% of the seniors will receive at least one type of screening. There will be other booths such as fitness, nutrition, health, and active lifestyle booths that would not offer screenings but hold individual consultations.	Regional Director's Office Administration on Aging State Health Ins. Assistance Programs Medicare Rights Center American Association of Retired Persons Health Resources & Services Administration Public Health Service	1) Press releases will be sent to all local media contacts to explain and highlight the event (including activities and celebrities) to raise awareness. 2) Some of the major local media will be directly contacted for input and ideas on how to encourage awareness to the public and to make it a media-worthy event. 3) We will also be working with the press liaisons at the Administration on Aging at the regional level and the Regional Director's office to best reach the existing media contacts, as well as advocacy groups (AARP, Medicare Rights Center), volunteer organizations, and other organizations (SHIPs, PHS, HRSA). 4) We will also inform seniors during the

					upcoming outreach events.
RO III	• Vision, • Blood Pressure, • Diabetes, • Nutritional Counseling, • Hearing, • Cholesterol	140 beneficiaries, the maximum capacity of the Philadelphia Senior Center <i>can we find a different site?</i>	50% or 70% beneficiaries will take advantage of at least one health screening offered	AARP and CARIE (Center for Advocacy for the Rights and Interests of the Elderly, a Philadelphia-based senior advocacy group). We will be contacting additional organizations once a date has been confirmed.	We will be contacting local print media outlets (community-based and senior publications), will be advertising in the Senior Center's monthly newsletter, and via posters/flyers placed throughout the Center and other Philadelphia area senior centers. We will also be working with AARP for publicity. At this point, we are not planning a large-scale publicity effort in the major newspapers and broadcast media because we are concerned about over-publicizing the event due to space considerations.
RO IV	We plan to ask each Medicare HMOs to promote one Medicare preventive benefit • colorectal, • PSA, • bone density scanning, and • diabetes).	250-275	66% participate in at least one health screening	AARP, Older Women's League, Atlanta Regional Commission, SSA	We will not advertise for attendance purposes. We will invite participants individually. Our advertisements will be directed to the media for coverage of the event. There is a specialty publication to media insiders in Atlanta. We

	We plan to have a separate booth staffed with RO Commissioned Corps staff promoting mammograms and demonstrating self-examination on a clinical model. Live screenings will be limited to hearing tests, blood pressure checks, and the like. We plan to ask the health department do as many as possible.				will put a "mark your calendar" notice in there, as well as a notice the day of the meeting so that media will come. We also plan to do an audio news release throughout the region.
RO V	• blood pressure, • glucose, and • diabetes testing. Additionally, we will provide nutritional counseling (as we have done in the past about the importance of hydration for seniors).	We are planning six events, one in each state in our region. We expect between 150 – 200 beneficiaries in Illinois and Ohio, and 100 at each of the other sites for a total of 800.	25%	All state SHIPs, AAA and PROs, Nationwide (Ohio), AdminaStar, Wis. Phys Services, Chicago Department on Aging, local SSA offices, local advocacy groups, local government agencies, local health departments, and provider groups located near the final site selections.	press releases, paid placement, and strategically scheduled radio interviews that will be coordinated into our regularly scheduled theme programs that we participate in each month: WMKV and WMVO in Ohio; WONX in Illinois, Indiana, and Wisconsin; KSTP and KLBB in Minnesota; and WJIM-AM in Michigan).

RO VI	We are working with the Dallas-Ft. Worth Hospital Council, the Dallas County Medical Society, the Dallas County Hospital District, and the University of Texas Southwestern Medical Center (host for the event). We have reserved two exhibit rooms, one for computer hook-ups, and the other for screening booths. We anticipate that the screenings provided will be those that can be done inside with a minimum of equipment.	225-240	40 to 60%	RD's office and AOA to secure participation from the various AAAs and senior centers in Dallas; we are also working (or plan to contact) with the following groups: Senior Citizens of Greater Dallas, the City of Dallas, Senior ACCESS, SeniorNet, AARP, Dallas-Ft. Worth Hospital Council, and the Dallas County Medical Society	Since our capacity is limited to 240 attendees, we will have limited publicity of the event and hope to focus our media energies on coverage of the event as it takes place.
RO VII	• Osteoporosis (finger check), • Cholesterol screening (depending on cost), • Blood pressure, • Height/Weight, • Glucose monitoring and • partner with American Cancer Society and Breast and Cervical Cancer Project with a booth with self-breast exam model	300	40%-50%	American Cancer Society, Health Midwest, AARP, Medicare carrier for the area, Medicare intermediary for the area, DMERC for the area, CLAIM (Missouri SHIP grantee) and SSA	We are planning on placing newspaper advertisements 1 to 2 weeks in advance in the Kansas City Star and Independence Examiner. Also, we would consider advertising in a senior publication in Independence, Missouri. We are going to solicit feature historical articles about Medicare and the celebration event for placement in

					newspapers the week before the event. We will solicit broadcast interviews on appropriate television and radio programs to both promote the event and provide education. We will write and distribute a media advisory to solicit media coverage at the event. We will encourage follow-up articles to be placed after the event.
RO VIII	• Mammograms, • Diabetes Education (by a dietician), • Heart Disease, and • Blood Pressure Testing	300-400	100-150 beneficiaries take part in some sort of the screening (that would be good)	State Medical Society AoA AARP SHIP Channel 9 news Denver Regional Council on Government Nursing Home ombudsman Older American Coalition	We have not determined our publicity yet. We are working with the local Channel 9 news to co-sponsor the event, and ultimately cover the event. We will also work with our partners listed above and determine what media channels they recommend. We should have more on this in a couple weeks.

RO LX	• cholesterol screenings, • blood glucose testing and • blood pressure checks. • We want to provide information on cancer screenings, • general nutrition, • exercise, and • wellness classes.	We are planning for approximately 300 beneficiaries. This number could increase if strong media sponsorship is obtained, and a health fair is scheduled to coincide with the event.	We estimate that one-third of the beneficiaries attending will utilize at least one offered screening.	California Medical Review Inc. National Heritage Ins Co. Calif. HealthCare Foundation American Association of Retired Persons Social Security Administration Health Insurance Counseling and Advocacy Program (SHIP) Administration on Aging Alameda County, Retired Senior Volunteer Program City of Oakland, Aging and Human Services **Additional Community-Based Organizations will be invited to participate	Distribute event publicity kits to TV and radio station representatives (including Native American, Hispanic, African American and Asian Stations). Send event publicity kit to daily and weekly newspapers in area (including Native American, Hispanic, African-American and Asian weekly newspapers). Send publicity materials to the disabled community's print media. Send event publicity materials to the local reading services for the blind. Send publicity materials to event partners, providers, employer groups and unions for distribution. Place advertisements in local papers in order to support the event.
-------	--	---	--	--	--

					Place advertisements in minority daily and weekly newspapers. Partner with a local TV Station. Partner with a local Newspaper. Call local health reporters and news desks to encourage them to cover the event.
RO X	• blood pressure & • cholesterol	About 300	15%	No providers contacted yet -- we are working with Senior Services in King County (includes all senior center managers and nutrition program managers), AARP, and the local SHIP	Limited mass media planned. Instead we are using a targeted approach to build attendance and generate media interest. We are working directly with senior center and nutrition site managers to have the event listed on their activity calendars. Free bus transportation will be provided to bring seniors to the event. Our plan is to build media interest in the event by contacting selected reporters in advance and arranging

					for interviews with the centenarian(s) and their sons/daughters in the weeks prior to the event in the comfort of their homes. Invite selected reporters to the event, focusing on the centenarians cutting the cake and getting a preventive service as good "photo ops." The media here is very HUMAN INTEREST oriented.
--	--	--	--	--	--



DEPARTMENT OF HEALTH & HUMAN SERVICES

Lynnette Williams

Deputy Assistant Secretary for Public Affairs

Phone: (202)690-7850

Fax: (202)690-5673

To: Deborah AdlerFax: 202/454-5557 Phone: 202/454-5707Date: 5/30/00 Total number of pages sent: 11

Comments:

Deborah -

Draft beneficiary kit info follows. I'm sending a complete kit via messenger. The ^{draft} charts ~~are~~ from the profile. ^{we also coming} Utilization figures on our key ~~best~~ preventive benefits have been requested. I'll forward those when I get them Friday.

Updated regional events summaries & the text of the profile due to you on Friday.

Lynnette

200 Independence Avenue, S.W., Bldg. HHH, Room 647-D, Washington, D.C. 20201

Draft

Checklist TO GOOD HEALTH

MEDICARE PREVENTIVE SERVICES

HOW OFTEN

COMPLETED

✓ Colorectal Cancer Screenings

Once a Year

☐

✓ Mammography

Once a Year

☐

women

✓ Pap Smear and Pelvic Exams

Once Every 3 Years

☐

men

✓ Prostate Cancer Screenings

☐

why?

✓ Vaccinations
 Flu
 Pneumonia
 Hepatitis B

Once a Year
 As Needed
 As Needed
 As Needed

☐
☐
☐
☐

✓ Bone Mass Measurement

Dependent on Health Status

☐

✓ Diabetes Monitoring

Dependent on Health Status

☐




Key Information

Primary Care Physician:

Medicare:

1-800-MEDICARE
1-800-633-4227

Medicare Internet
Information:

www.medicare.gov

Medicare/Insurance Number:

Key Family Contact:

Ambulance Services:

Allergies:

Other:

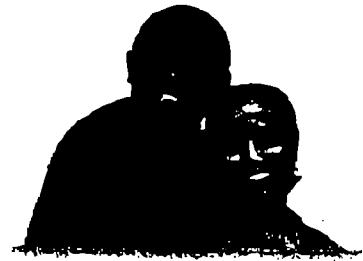
BOOKMARK

25 *Celebrating* MEDICARE

www.medicare.gov

1-800-MEDICARE
(1-800-633-4227)

TTY/TDD
(Hearing Impaired)
1-877-486-2048



CHECKLIST MEDICARE PAYS FOR:

- ✓ Colorectal Cancer Screenings
- ✓ Mammography
- ✓ Pap Smear and Pelvic Exams
- ✓ Prostate Cancer Screenings
- ✓ Vaccinations
Flu
Pneumonia
Hepatitis B
- ✓ Bone Mass Measurement
- ✓ Diabetes Monitoring



25
Celebrating
MEDICARE



MEDICARE



Medicare Questions?



HCFIA
Health Care Financing Administration



MEDICARE

A PROFILE

25
Celebrating
MEDICARE



25
Celebrating

M E D I C A R E

www.medicare.gov



(Outside)
Banner Design

*Locations to
subject to
change of
date because
of change*

Regional Office Specific Descriptions (including the core elements listed above):**Boston**

Location: JFK Library, Boston

Program content: 10:00 am – 3:00 pm ET program includes satellite downlink, panel discussion on Medicare issues, health prevention presentations, health fair, access to internet, box lunch, speech and recognition by key dignitaries. Expect 300 attendees; approximately 150 will receive at least one screening.

New York

Location: NYC, location TBD.

Program content: Time TBD; program includes satellite downlink, health fair with preventive health screenings, fitness and active lifestyle booths. Expect up to 500 attendees; approximately 20% will receive one type of screening.

Philadelphia

Location: Philadelphia Senior Center

Program content: 12:30 – 2:00pm ET program including satellite downlink, entertainment from ethnic dancers and Philadelphia Mummers, health booths and non-invasive health screenings, light refreshments. Expect up to 500 attendees; approximately 50-75% will receive one screening.

Atlanta

Location: Georgia Public Broadcasting Center, Atlanta

Program content: 9:00 am – 3:00 pm ET program includes satellite downlink, webcast of event, health promotion and screening booths, computers for internet access, fun booths, color guard and community band presentations. Expect 250-275 attendees; approximately 66% will receive at least one screening.

Chicago

Location: Events in each of six states TBD in conjunction with partners (SHIPs, AAA, Carriers, providers etc) Possibilities include: IL: PBS Station, Chicago; IN: Central Indianapolis YMCA; MI: Lansing Community College; MN: Mall of America; OH: VA Medical Center, Cincinnati; WI: University of Wisconsin at Kenosha

Program content: Time anticipated one hour before and up to two hours after satellite feed; programs include satellite downlinks (4-6 locations), interactive sessions on medicare.gov, dieticians promoting hydration, health screenings and booths, recognition of people who have served and benefited from Medicare. Expect 100-200 attendees per site for a total of 800 attendees; approximately 25% will receive one screening.

Dallas

Location: Southwestern Medical Center (Dallas)

Program content: Times TBD; program includes satellite downlink, exhibits and health fair including health screenings and hook-up to medicare.gov. Expect 225- 240 attendees; approximately 40-60% will receive at least one screening.

Kansas City

Location: Truman Library, Independence Missouri

Program content: 11:00 – 3:00 pm MT program including satellite uplink, panel of Medicare speakers moderated by local media figure, health fair with screenings, demo of medicare.gov. Expect 250-300 attendees; approximately 40-50% will receive one screening.

Denver

Location: The Arvada Center for the Arts and Humanities

Program content: 11:00 – 2:00 pm MT program including satellite downlink, speakers, workshops and booths on preventive screenings, preventive benefits and health issues (including diabetes education, exercise and nutrition, heart disease and blood pressure screening); Cake and ice cream social. Expect 300-400 attendees; approximately 100-150 will receive one screening.

San Francisco

Location: Oakland Museum

Program content: 9:00 am – 1:00 pm PT program including satellite downlink, health fair, and dignitaries/special guests, provide refreshments through partners. Expect 300 attendees; approximately 33% will receive at least one screening.

Seattle

Location: Puget Sound area TBD

Program content: 9:30 am -- 1:00 pm PT program including satellite downlink, luncheon with birthday cake, live demo of medicare.gov, exhibits/screenings and speakers. Expect 300 attendees; approximately 15% will receive screenings.

Proposal

**Beneficiary Outreach Folder
List of Contents****Selected Contents:****Important Medicare Information:**

1. Medicare.gov brochure
2. *Your Medicare Benefits* (use in lieu of M & Y 2000 book given that the new version will be out 9/00)
3. *Do You Need Help to Pay for Your Medicare Costs?*

Health, Well-being & Prevention Documents:

1. *Putting Prevention into Practice: Staying Healthy at 50+ (AIRQ material)*
2. Medicare Preventive Services...To Help Keep You Healthy (Updated for July)
3. Medicare Educational Material Request Form (Needs to be updated)
4. Colorectal Cancer: Breaking the Silence
5. There are two things you won't get from a flu shot
6. Pap Tests: A Healthy Habit for Life
7. Mammograms, Not Just Once, but for a Lifetime.

Possible New Items:

Given the discussion regarding creating a "new" prevention document for inclusion in the beneficiary kit and for the President to potentially recognize, and the limited timeframe in which to develop, clear, and produce a new piece, the P & P Office will develop a few products that meet the goals for the event.

A Few Options for Consideration:

1. Put together a half-page, front and back prevention piece that contains a checklist of preventive services that beneficiaries should access to stay healthy on one side and the other side would list the key questions that beneficiaries should ask their health provider to make good decisions. This document would borrow from existing HCFA/HHS approved text and the approach of Dr. Satcher's prescription pad. (The checklist can also be presented as a "Medicare Report Card for Good Health".)
2. Create a large-type bookmark (laminated) that lists key Medicare preventive services on one side and key numbers and resources for beneficiaries to get questions answered on the other side.

6/12-14

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF SCHEDULING & ADVANCE
Phone: (202) 690-6610; SWIFT-Fax: (202) 651-7419

BLUE SHEET

TO: Melissa Skolfield, ASPA ✓
Olivia Golden, ACF
John Eisenberg, AHRQ

FROM: Marty Rouse, Director of Scheduling & Advance

DATE SENT: 05/25/2000

DUE DATE: 5/30/00

Please assist us in responding to the attached correspondence by completing the following information. **It is most helpful if you fill in the "Comments" box.**

Upon completion, please return to the Office of Scheduling and Advance (Room 636H) **absolutely no later than** the above due date so that appropriate action may be taken. **Please fax your response to the SWIFT-Fax number noted above.**

Thank you for your assistance.

SPECIAL INSTRUCTIONS:	
-----------------------	--

Organization:	University of Kansas
Event Description:	Request for a videotaped interview as part of a grant awarded to the University of Kansas to be used for public educational purposes regarding people with disabilities on June 12-16, 2000 in Washington, DC
Event Date:	06/12/2000
Recommended Response:	ACCEPT <u>DECLINE</u> SURROGATE
If ACCEPT, please circle one:	VERY IMPORTANT 1 2 3 4 NOT SO IMPORTANT 5
If SURROGATE, indicate name(s):	who knows ??
Comments:	No. This is the most incomprehensible write I have ever read, & this would really bug her. ms
Recipient Conferred With:	

The University of Kansas

Special Education

05/09/00

Secretary Donna E. Shalala
US Department of Health and Human Services
200 Independence Ave, SW
Washington, DC

Honorable Donna Shalala:

I am writing to request an opportunity to interview you as part of a grant awarded to the University of Kansas, Department of Special Education. The OSERS-funded project, Secondary/Transition Preservice Outreach Project is a three-year grant designed to provide assistance to faculty and staff at participating colleges and universities by developing resources and facilitating adoption of content and strategies for preparing preservice special educators and related professionals to provide secondary special education and transition services. I have included an abstract of the grant for you to review.

An essential activity of our project involves creating web-based resources related to critical issues of transition and secondary special education, such as interagency systems for serving adolescents with disabilities, self-determination, social security, and linkages to adult services. Participating faculty and staff have identified interagency linkages as a critical first area in which we need to focus our efforts. While our intended audience for the web-based resources is the participating faculty and staff from a nine-state midwestern region, it is our intention to develop materials that all transition stakeholders can access (e.g., students, families, teachers, adult service providers). Our first session within the interagency and community systems topic is an overview of how to understand and navigate federal systems.

I am writing to request a brief interview with you, ideally videotaped, which we would include as a resource on our educational web-site. This site will be used by faculty and staff from participating colleges and universities to enhance their coursework and content regarding interagency and community systems for adolescents and adults with disabilities. In addition, it will not be a closed site; therefore, anyone interested in transition and interagency systems will have access to the information. This site will be used for public educational purposes only and will not in anyway be used as a private for-profit enterprise.

I will be traveling to Washington DC the week of June 12 for the National Transition Alliance Project Directors Meeting, and would like to schedule the interview that week if possible. Please let me know if you might be available. If you are not available during this week, it would be great to interview any of the staff from your agency whom you think would be appropriate. We plan to provide a short list of questions in advance, and the interview should take approximately one hour of your time.

We believe that by providing accessible, interactive information, individuals with disabilities and their families will be better served during the transition from school to adult life.

Thank you for your attention to this request. If you have any questions about this request or our project, please do not hesitate to contact me or the project co-directors, Dr. Mary E. Morningstar (mmorningstar@ukans.edu) or Dr. Jeannie Kleinhammer-Tramill (pjkt@falcon.cc.ukans.edu). We look forward to hearing from you soon.

Pattie Noonan
Transition Outreach Project
University of Kansas
785-864-0686
pnoonan@ukans.edu

enclosure: grant abstract

KU Secondary/Transition Preservice Training Outreach Grant

The goal of KU Transition Outreach Project is to develop, disseminate, and facilitate adoption of content and strategies for preparing preservice special educators and related professionals to provide secondary special education and transition services. The outreach model is based upon the Secondary/Transition Program at the University of Kansas, sponsored by the Department of Special Education and the Institute for Educational Research and Public Service (IERPS).

The design of this project involves collaborating with participating faculty and staff to support delivery of preservice transition content. A second major activity of the project is the implementation of a national policy analysis to assist universities and colleges in institutionalizing transition preservice training. Up to 15 universities and colleges from across Kansas and the midwest will develop strategies to provide quality transition preservice training. Participating schools may select one of four options available through the outreach effort:

- (1) Developing a master of education program in secondary special education/transition;
- (2) Creating a specialization within current special education certification programs leading to an emphasis in secondary special education/transition;
- (3) Designing and offering elective coursework in secondary special education/transition; and
- (4) Enhancing current course offerings with updated and easily accessible information on transition planning and services.

The Outreach Project will provide support and resources to IHEs in several ways, depending upon the option chosen. Providing support and resources will involve several specific activities including:

- (1) Meeting individually with each participating IHE to determine the most appropriate course of action and to provide ongoing technical assistance as needed;
- (2) Involving faculty in ongoing Faculty Development Institutes to enhance transition knowledge-base and collaboration among participating schools;
- (3) Analyzing state policies related to special education certification including how policies impact, enhance or deter the development of secondary special education/transition preservice training programs;
- (4) Developing written materials and modules as needed by the participating IHEs with possibilities including materials for full course offerings (e.g., syllabi, lecture notes, overheads, activities) to information and resources that could be infused within exiting coursework;
- (5) Developing web-based resources focusing on a website offering transition information, resources, training modules, a faculty discussion group, and possibly web-based courses;
- (6) Financial support to participating universities and colleges to defray costs associated with the planning and implementation of the outreach project. These funds will be available to support activities including: development of course materials and resource libraries, faculty meetings, attendance at the Faculty Development Institutes, and travel to meetings.
- (7) Organizing a Consumer Management Team that will include family members of individuals with disabilities, current and former students with disabilities, former secondary/transition preservice students, participating IHEs and

- representatives from other state agencies as deemed appropriate to ensure effective planning, implementation and evaluation of this project;
- (8) Working with a Technical Advisory Board consisting of representatives of KU's Academy for Linking Teacher Education to Advances in Research, South Central Regional Technology in Education Consortium, and the National Technical Assistance Center on Welfare Reform to assist in identifying and implementing state-of-art deliver systems;
 - (9) Collaborating with multiple agencies in the policy analysis, statewide dissemination of project activities, and planning for joint funding to continue the project; and
 - (10) Providing national dissemination of information related to personnel preparation in secondary/transition.

For more information about the Secondary/Transition Outreach Project, contact:

Mary E. Morningstar, Ph.D.
University of Kansas
Dept. of Special Education
3001 Dole
Lawrence, KS 66045
785/864-0682
mmorningstar@ukans.edu

Jeannie Kleinhammer-Tramill
University of Kansas
Institute on Educational Research and
Public Service
1 Bailey Hall
Lawrence, KS 66045
785/864-9630
pjkt@falcon.cc.ukans.edu

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF SCHEDULING & ADVANCE

Phone: (202) 690-6610; SWIFT-Fax: (202) 651-7419

BLUE SHEET

June

TO: Nancy Ann DeParle, HCFA
Steve Ottenstein, IOS
John Callahan, ASMB
Mary Beth Donahue, COS
Melissa Skolfield, ASPA ✓

FROM: Marty Rouse, Director of Scheduling & Advance

DATE SENT: 05/25/2000

DUE DATE: 5/30/00

Please assist us in responding to the attached correspondence by completing the following information. It is most helpful if you fill in the "Comments" box.

Upon completion, please return to the Office of Scheduling and Advance (Room 636H) **absolutely no later than** the above due date so that appropriate action may be taken. Please fax your response to the SWIFT-Fax number noted above.

Thank you for your assistance.

SPECIAL INSTRUCTIONS:	
-----------------------	--

Organization:	United States Office of Personnel Management
Event Description:	Would like to meet with the secretary along with 20-30 federal career executives from the Federal Executive Institute between June 1 and July 21, 2000.
Event Date:	06/09/2000
Recommended Response:	ACCEPT DECLINE SURROGATE
If ACCEPT, please circle one:	VERY IMPORTANT NOT SO IMPORTANT 1 2 3 4 5
If SURROGATE, indicate name(s):	
Comments:	Up to DES - but per. do as closed press or HHK. mg
Recipient Conferred With:	

*** RECEIVED ***
May 22, 2000 11:39:08 WS# 02
OFFICE OF THE SECRETARY
CORRESPONDENCE
CONTROL CENTER

United States
Office of
Personnel Management



The Federal Executive Institute
1301 Emmet Street
Charlottesville, Virginia 22903-4899
(804) 980-6200

May 21, 2000

Secretary Donna Shalala
Department of Health and Human Services
200 Independence Ave., SW, 6th Floor
Washington, DC

Dear Secretary Shalala:

I am writing to ask if you would be willing to meet with my class of federal career executives from the Federal Executive Institute during a lunch hour to have an off-the-record discussion about the future of leadership and career executives in government.

As you may know, for the last 32 years, the Office of Personnel Management has offered a four-week training course to career SES (Senior Executive Service) and GS-15 managers throughout the government. Under the leadership of Nancy-Ann DeParle, the Health Care Financing Administration (HCFA) began sending its recently recruited SES employees for the first time last year. I have the privilege of being one of the employees from HCFA to attend.

The four-week program is broken up into two weeks of self-assessment and personal development, followed by a two-month "inter-session," during which we are to expose ourselves to challenging leadership experiences outside of the Institute, and concluding with another two weeks of organizational development at the Institute.

During the two-month inter-session, as one of the leadership experiences, my class desires to meet with some of its political leadership. In particular, my class is keenly interested in spending a lunch hour with you to have a candid, off the record discussion about government leadership.

There would be approximately 20 - 30 of us depending upon schedules. We would make arrangements for a place to have lunch in Washington, DC, or if it is more convenient to your schedule we could arrange something at the Humphrey Building. Of course, we would pay for the expense of lunch. If possible we would like to meet with you for approximately an hour and a half. A half hour in order to get lunch and have brief introductions. Then we would ask that you make some brief opening remarks. We would hope and prefer that your remarks not be prepared but rather be informal and candid. Then the balance of the time would be for questions and answers. We can do this any day of the week, at your convenience, between June 1 and July 21, 2000.

If you can accommodate our interests, please get in touch with Gail Funke (who is our Program Chair and a Hunter College alumna) at the Federal Executive Institute at 804-980-6200, or myself at HCFA at (410) 786-6841 with the date and time you would be willing to join us. Then we would make all of the subsequent arrangements and notify you of the location. Hoping you can make time for us.

*** RECEIVED ***
May 22, 2000 11:39:08 WS# 02
OFFICE OF THE SECRETARY
CORRESPONDENCE
CONTROL CENTER

Sincerely yours,



Jeffrey Kang, MD, MPH

cc: Janice LaChance, Director, Office of Personnel Management
Nancy-Ann DeParle, Administrator, HCFA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF SCHEDULING & ADVANCE
Phone: (202) 690-6610; SWIFT-Fax: (202) 651-7419

BLUE SHEET

TO: Melissa Skolfield, ASPA ✓
Jeanette Takamura, AOA

FROM: Marty Rouse, Director of Scheduling & Advance

DATE SENT: 05/25/2000

DUE DATE: 6/1/00

8/24
Jacksonville IL

Please assist us in responding to the attached correspondence by completing the following information. **It is most helpful if you fill in the "Comments" box.**

Upon completion, please return to the Office of Scheduling and Advance (Room 636H) **absolutely no later than** the above due date so that appropriate action may be taken. **Please fax your response to the SWIFT-Fax number noted above.**

Thank you for your assistance.

SPECIAL INSTRUCTIONS:	
-----------------------	--

Organization:	Barton W. Stone Christian Home
Event Description:	Invitation to attend the NBA Barton W. Stone Christian Home Proclamation Tea for their care for the elderly on August 24, 2000 in Jacksonville, IL
Event Date:	08/24/2000
Recommended Response:	ACCEPT <u>DECLINE</u> SURROGATE
If ACCEPT, please circle one:	VERY IMPORTANT 1 2 3 4 5 NOT SO IMPORTANT
If SURROGATE, indicate name(s):	
Comments:	no. [and if AOA wants her to do the letter, they need to vet the org. & write it themselves.] ms
Recipient Conferred With:	



Barton W. Stone Christian Home

National Benevolent Association of the Christian Church (Disciples of Christ)

*** RECEIVED ***
May 16, 2000 10:27:20 WS# 02
OFFICE OF THE SECRETARY
CORRESPONDENCE
CONTROL CENTER

May 11, 2000

Donna Shalala
Department of Health & Human Services
200 Independence Ave. S.W.
Washington, D.C. 20201

Dear Ms. Shalala,

We at NBA Barton W. Stone Christian Home are planning a Proclamation Tea on August 24, 2000 at 2:00 PM in celebration of our 100th anniversary.

We would like your attendance, however if you cannot attend we would appreciate a proclamation letter from you in recognition of our longevity of existence and care for the elderly. The letters will be put in an album and will be on display at each event.

Sincerely,

Barbara Hannel, Executive Director
Events Committee

Mary Jennings

Evelyn Widner

Glenda Turner

Maryann Hayes

Chuck Roberts

Edith Simms

Jim Chambers



873 Grove Street • Jacksonville, IL 62650 • (217) 479-3400 • FAX (217) 243-8553



WHO WE ARE

We are known as the NBA (National Benevolent Association) Barton W. Stone Christian Home, a not for profit Home, which opened on March 4, 1901. It originally began in a temporary St. Louis facility in January 1900 with three elderly ladies as occupants. In 1901 it was moved to Jacksonville and there were six elderly ladies who made the move from St. Louis to the "Christian Old People's Home.

It became known as Barton W. Stone Christian Home in 1971. We now have occupancy room for 209 with programs for Cottages, Skilled, Sheltered, Intermediate Care.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001a. fax	Marty Rouse to Melissa Skolfield et al. re: address (partial) (1 page)	05/25/2000	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Devorah Adler
OA/Box Number: 20145

FOLDER TITLE:

Medicare Anniversary [Folder 1]

2012-0463-S
rc795

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

□

10/22-22

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF SCHEDULING & ADVANCE
Phone: (202) 690-6610; SWIFT-Fax: (202) 651-7419

BLUE SHEET

TO: Melissa Skolfield, ASPA ✓
Peggy Hamburg
David Hohman, OIA
Stephen Straus, NIH/NCCAM

FROM: Marty Rouse, Director of Scheduling & Advance

DATE SENT: 05/25/2000

DUE DATE: 6/1/00

Please assist us in responding to the attached correspondence by completing the following information. It is most helpful if you fill in the "Comments" box.

Upon completion, please return to the Office of Scheduling and Advance (Room 636H) **absolutely no later than the above due date** so that appropriate action may be taken. **Please fax your response to the SWIFT-Fax number noted above.**

Thank you for your assistance.

SPECIAL INSTRUCTIONS:	
-----------------------	--

Organization:	P6/(b)(6) [001a]
Event Description:	Invitation to address the 'Future of the Health Care and Social Security in the US' at the Japan Sophrology Association conference on October 20-22, 2000 in Washington, DC
Event Date:	10/20/2000
Recommended Response:	ACCEPT <u>DECLINE</u> SURROGATE
If ACCEPT, please circle one:	VERY IMPORTANT 1 2 3 4 5 NOT SO IMPORTANT
If SURROGATE, indicate name(s):	
Comments:	Not, no. [Plus, she's been on political track.] mg
Recipient Conferred With:	

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001b. letter	Teruko Matsunaga to Donna Shalala re: address and phone number (partial) (1 page)	05/07/2000	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Devorah Adler
OA/Box Number: 20145

FOLDER TITLE:

Medicare Anniversary [Folder 1]

2012-0463-S

rc795

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Ms. Teruko MATSUNAGA

P6(b)(6)

000167

May 7, 2000

The Honorable Donna Shalala
Secretary of Health and Human Services

RE: Demand of Lecture

Dear Secretary Shalala,

It is for me a great pleasure to write to you. I am the secretary to Dr. Akira Matsunaga, the President of the Japan Sophrology Association.

The Japan Sophrology Association is the conglomerate of Japanese medical and academic institutions, in which obstetricians, gynecologists, university professors, midwives, and nurses apply the Sophrology in prenatal education and delivery. Sophrology is the therapeutic study founded by Colombian Psychiatrist Dr. Alfonso Caicedo in 1960. The basic elements which consist the Sophrology are as follows; Meditation, Image-Training, Yoga, Zen, Autogenic-Training, Positive Thinking, Motherhood. The members of the Japan Sophrology Association induce this method in their mother-classes to fulfill the condition of the delivery, which has already materially been completed under current modern technology. Please refer to our Home Page <http://www.infobears.ne.jp/sophrojm> for further information.

The Japan Sophrology Association is going to organize the Washington Conference in October 20-22, 2000. The main purpose of the conference is 1) to diffuse the Sophrology applied in prenatal education, 2) to provide innovative theories and the advanced technology combined with the psychotherapeutic method.

We would appreciate it very much, if you could participate in this Washington Conference, as a special guest lecturer with the subject of the "Future of the Health Care and Social Security in the US". According to the genre of our Association, your further concept related with the obstetrics and gynecology is embraced.

In the same time, we would like to know if the HHS auditorium is available for this conference. Under your permission, the film taken in the Washington Conference will be projected in coming Annual Assembly of the Japan Sophrology Association in November 2000 in Osaka, Japan.

In looking forward to receiving your favorable answer, I send to you all my respect and reconnaissance. Best Regards,

Teruko Matsunaga
Teruko Matsunaga

523 001 03

The Japan Sophrology Association presents
The Sophrology Conference in Washington, D.C., 2000
October 20-22, 2000, Washington, DC

- Purpose:** 1) To diffuse the Sophrology applied in prenatal education, in while introducing the activities of the Japan Sophrology Association and its international correspondents.
2) To provide innovative theories and clinical solutions concerning Ob-Gyn and psychophysics, combined with advanced technology under deployment in the US.

Invited Lecturers:

- Dr. Akira Matsunaga, MD, President of the Japan Sophrology Association
Director of the Matsunaga Maternity Clinic
"Sophrologic Delivery"
- Dr. John Gepheart, MD, Professor, Johns Hopkins University
"Embryonic Research - Stem Cell Studies"
- The Honorable Donna Shalala, Secretary of Health and Human Services
"Future of Health Care and Social Security"
- The Honorable Tipper Gore *"Childcare reconsidered by Psychotherapy"*
Representative of the NIH Clinical Center, National Institutes of Health
*"Solutions for Women's Disorders -
Endometriosis, Lupus, Mood disorders, Premature
ovarian failure"*
- Dr. Richard S. Sackler, M.D., Director of the Purdue Pharma L.P.
*"Biomedicine and Alternative Medicine Induced in
Pharmacology"*

Special Remarks: The Honorable William Jefferson Clinton,
The President of the United States of America

Correspondents:

- Dr. Jean-Pierre Hubert, M.D. President of The European Faculty of
Sophrology (France)
- Dr. Alain Donnars, M.D. President of the Societe Francaise de la Sophrologie
(France)
- Dr. Mauricio Chavez Duarte, M.D. Representative of the FUNDEINSOS
(Colombia)
- Dr. Mariano Espinosa, M.D. Director of the School of Sophrology in
Pediatrics (Spain)
- Madame Elisabeth Raoul, Professor, Sophrologie Internationale Obstetricale et
Maternelle Globale (France)
- Dr. Isolina Alvez, Directrice of L'Ecole de Sophrologie au Portugal (Portugal)
- Dr. Natalie Lurina, Executive director of All Russian Professional
Psychotherapeutic League (Russia)
- Dr. In Sou Park, Superintendent to the Samsung Cheil Hospital & Womens's
Healthcare Center (Korea)

Members of the Japan Sophrology Association (RE: The Home Page of the
Japan Sophrology Association)
<http://www.infobears.ne.jp/sophrojm>

Initial Program:

Friday, October 20, 2000

Health and Human Services Auditorium
Chairman: The Executive Office of the Japan
Sophrology Association

- 9:00 – 9:05 Opening Address by the Ambassador of Japan
to the United States
9:05 – 9:35 Special Remarks by The Honorable William
Jefferson Clinton, The President of the United
States of America
9:35 - 9:50 Questions & Answers on Presidential Address
9:50 – 10:20 “*Childcare reconsidered by Psychotherapy*” by
The Honorable Tipper Gore
10:30 – 12:00 “*Sophrologic Delivery*” by Dr. Akira
Matsunaga, MD, President of the Japan
Sophrology Association
Director of the Matsunaga Maternity Clinic

Luncheon & Video Session

Introduction-film of L'Ecole de Sophrologie
au Portugal (Directrice: Dr Isolina Alvez) &
All Russian Professional Psychotherapeutic
League (Executive director: Dr. Natalie
Lurina), visited and filmed by the Japan
Sophrology Association

- 13:00 – 13:30 “*Future of Health Care and Social Security*”
by The Honorable Donna Shalala, Secretary of
Health and Human Services
13:40- 14:40 “*Embryonic Research – Stem Cell Studies*” by
Dr. John Gepheart, MD, Professor, Johns
Hopkins University
15:00 – 16:00 “*Solutions for Women's Disorders –
Endometriosis, Lupus, Mood disorders,
Premature ovarian failure*” by the
Representative of the NIH Clinical Center,
National Institutes of Health
16:10- 16:40 “*Biomedicine and Alternative Medicine
Induced in Pharmacology*” by Richard S.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001c. agenda	re: The Sophrology Conference (partial) (1 page)	05/16/2000	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Devorah Adler
OA/Box Number: 20145

FOLDER TITLE:

Medicare Anniversary [Folder 1]

2012-0463-S

rc795

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

*** RECEIVED ***
May 18, 2000 15:53:38 WS# 03
OFFICE OF THE SECRETARY
CORRESPONDENCE
CONTROL CENTER

Sackler, M.D., Director of the Purdue Pharma
L.P.

16:40 – 17:00 Synthetic Questions & Answers (Each
lecture is followed by 10minute-long
Questions & Answers)

19:00 – 21:00 Reception at Corcoran Gallery of Art

- Welcome Address by The Honorable
Anthony A. Williams, The Mayor of
Washington, DC
- Recital of National Anthem by Mrs.
Virginia Williams, the mother of Mayor
Williams
- Sophrologic Speakers' Corner
Free Speech Time by participants of
various fields over undefined themes

Note: The initial program might be able to alternated according to the convenience of the
invited guest lecturers

Saturday, October 21, 2000

9:00 Departure from Washington, DC to Maryland
10:00 – 11:30 Johns Hopkins University, Baltimore, MD
12:00 Lunch at Baltimore Harbor
14:00 Departure from Baltimore
15:00-17:00 NIH Clinical Center

Sunday, October 22, 2000

Optional Tours & Conferences

Headquarters of the Japan Sophrology Association

Matsunaga Maternity Clinic

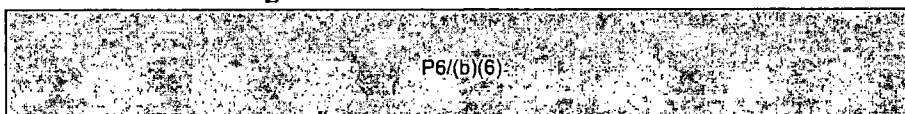
3-1-27, Tasaki, Kumamoto 860-0053 Japan

Tel: 81-96-322-5011, Fax: 81-96-322-5015, E-mail: sophrojm@infobears.ne.jp

Home Page <http://www.infobears.ne.jp/sophrojm>

Executive Office of the Sophrology Conference in Washington, D.C. 2000

Ms. Teruko Matsunaga



COOLC }

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF SCHEDULING & ADVANCE
Phone: (202) 690-6610; SWIFT-Fax: (202) 651-7419

BLUE SHEET

TO: Melissa Skolfield, ASPA
Richard Tarplin, ASL
Nancy Ann DeParle, HCFA
Mary Beth Donahue, COS

FROM: Marty Rouse, Director of Scheduling & Advance

DATE SENT: 05/25/2000

DUE DATE: 5/30/00

Please assist us in responding to the attached correspondence by completing the following information. It is most helpful if you fill in the "Comments" box.

Upon completion, please return to the Office of Scheduling and Advance (Room 636H) absolutely no later than the above due date so that appropriate action may be taken. Please fax your response to the SWIFT-Fax number noted above.

Thank you for your assistance.

SPECIAL INSTRUCTIONS:	
-----------------------	--

Organization:	Republican Mainstreet
Event Description:	Invitation to participate in a panel discussion on health care issues before Congress on June 14, 2000 at the Capitol Hill Club in Washington, DC
Event Date:	06/14/2000
Recommended Response:	ACCEPT <u>DECLINE</u> SURROGATE
If ACCEPT, please circle one:	VERY IMPORTANT 2 3 4 NOT SO IMPORTANT 1 2 3 4 5
If SURROGATE, indicate name(s):	NAMD
Comments:	I don't think she should do this, but ask Rich & let me know what he recommends - it looks more like NAMD than DES to me - esp since it's a panel & with Steelman. <i>hrs</i>
Recipient Conferred With:	

*** RECEIVED ***
May 22, 2000 16:47:18 WSH:03
OFFICE OF THE SECRETARY
CORRESPONDENCE
CONTROL CENTER



May 21, 2000

Honorable Donna Shalala, Secretary
Department of Health and Human Services
200 Independence Ave., SW
Suite 615S
Washington, D.C. 20201

Dear Secretary Shalala:

As executive director of the Republican Main Street Partnership – the largest organization of elected moderate Republicans in the country – it is an honor to invite you to participate in a panel discussion June 14 on one of the most important health care issues before the Congress – Prescription Drugs: From Politics to Policy.

It is my understanding that Steve Gunderson, who we are fortunate enough to have as a senior advisor to us, has also sent you a personal note requesting your participation. We at RMSP hope that you can find time in your busy schedule to join us at this worthwhile event.

The Republican Main Street Partnership, which has often been described as the Republican version of the DLC, is focused on issue research, discussion, and policy development from the pragmatic center of the Republican Party. One of the venues for pursuing these activities (and one of our most popular events) has been a monthly Business Breakfast Briefing panel discussion on a timely issue.

This month, Secretary William Daley joined Congressman Doug Bereuter and other panelists looking at U.S. – China relations in the decade ahead. Secretary Riley and other members of the Administration have also participated in previous panels as we seek to bring diverse, constructive ideas together with the goal of sound and equitable governing.

As I mentioned, our next such event will focus on the timely issue of prescription drugs and other panelists invited are: Representative Bill Thomas, subcommittee chair; Senator Bill Frist; Senator Olympia Snowe and Deborah Steelman of the private sector.

The Breakfast Briefing is Wednesday, June 14 at the Capitol Hill Club, 300 First Street, N.E. We begin with a continental breakfast and conversation from 8:00 to 8:30 a.m., followed by the panel discussion from 8:30 to 9:30. Each panelist normally makes an 8-10 minute presentation followed by Q&A. The audience of approximately 150 people includes Members of Congress and their key staff, government affairs representatives, other Washington policy leaders, and the media. It is clearly a meeting of pragmatic leaders (of both parties) committed to governing.

*** RECEIVED ***
May 22, 2000 16:47:18 WS# 03
OFFICE OF THE SECRETARY
CORRESPONDENCE
CONTROL CENTER



Honorable Donna Shalala
May 21, 2000

While I know of your hectic schedule, any thorough discussion on this issue would be lacking without your participation.

On behalf of Governor McKernan, Representative Mike Castle, Representative Amo Houghton, and the entire membership of the Partnership, I extend you our fondest hope that you might honor us with your attendance and participation on the panel. I look forward to hearing from you.

Sincerely yours,


Mary Joy Jameson
Executive Director

Cc: Steve Gunderson,
The Greystone Group

□

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF SCHEDULING & ADVANCE
Phone: (202) 690-6610; SWIFT-Fax: (202) 651-7419

BLUE SHEET

TO: Melissa Skolfield, ASPA ✓
Dave Garrison, IOS
Olivia Golden, ACF

FROM: Marty Rouse, Director of Scheduling & Advance

DATE SENT: 05/25/2000

DUE DATE: 6/1/00

6/1/00

Please assist us in responding to the attached correspondence by completing the following information. **It is most helpful if you fill in the "Comments" box.**

Upon completion, please return to the Office of Scheduling and Advance (Room 636H) **absolutely no later than the above due date** so that appropriate action may be taken. **Please fax your response to the SWIFT-Fax number noted above.**

Thank you for your assistance.

SPECIAL INSTRUCTIONS:	
Organization:	National Assn. of Community Action Agencies (NACAA)
Event Description:	Invitation to participate a National Town Hall Meeting hosted by the NACAA to address poverty in America on June 15, 2000 at the Marriott/Metro Center Hotel in Washington, DC
Event Date:	06/15/2000
Recommended Response:	ACCEPT <u>DECLINE</u> <u>SURROGATE</u>
If ACCEPT, please circle one:	VERY IMPORTANT NOT SO IMPORTANT 1 2 3 4 5
If SURROGATE, indicate name(s):	Golden or other ACF
Comments:	Nothing in it for her to speak to this group - she'll be trying to get ready to go out of town. ms
Recipient Conferred With:	



**The National Association of
Community Action Agencies (NACAA)**

"Helping People Help Themselves"

*** RECEIVED ***
May 24, 2000 14:41:55 WS# 02
OFFICE OF THE SECRETARY
CORRESPONDENCE
CONTROL CENTER

Executive Director
John Buckstead

Executive Board

Lois J. Carson, CCAP, President
Riverside, CA

Paul D. Dole, CCAP, 1st Vice President
Barbourville, KY

Bob Yopp, CCAP, 2nd Vice President
Jonesboro, AR

June J. Bailey, CCAP, 3rd Vice President
Altus, OK

Joyce J. Dorsey, Secretary
Atlanta, GA

MacDonald H. Stacks, Treasurer
Lancaster, PA

May 19, 2000

Donna E. Shalala
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

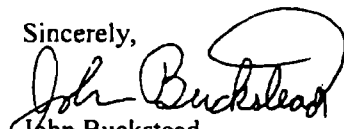
Dear Secretary Shalala:

I would like to invite you to a very important event. On June 15, 2000, the National Association of Community Action Agencies (NACAA) will host a National Town Hall Meeting as part of **Dialogue on Poverty 2000: Leading America to Community Action**. The Town Hall Meeting is one of the last steps in a process of developing a national agenda and action plan to address the causes and conditions of poverty in America. It will feature representatives from more than 30 states that held state and local dialogues and will be an opportunity for people from across the country to present ideas for ensuring adequate income, meeting basic needs, and securing safe and affordable housing. I have enclosed information about NACAA and Dialogue 2000 and a draft agenda, description of the program, and registration form for the Town Hall Meeting.

In 1996, in conjunction with the first National Dialogue on Poverty convened by the national network of Community Action Agencies, the first National Town Hall Meeting was held. It was attended by over 200 participants from across the country and its nationally covered news conference was addressed by Sargent Shriver and Dr. Joan Brown Campbell, General Secretary of the National Council of Churches. Town Hall Meeting '96 played a major role in focusing national attention on the most important issues in fighting poverty, and contributed substantially to the national action plan for Community Action that followed. Under NACAA's auspices, a National Policy Forum has been held every year since, fine-tuning the national agenda of Community Action. Now we are ready to hold the second national town hall meeting. We expect National Town Hall Meeting 2000 to have an even greater impact.

I hope you and/or members of your staff will be able to join us for this important dialogue, especially the news conference to open the event. I would be happy to discuss with you or your staff any aspect of National Town Hall Meeting 2000 and Dialogue 2000. I can be reached at 202-265-7546.

Sincerely,


John Buckstead
Executive Director

JB/eb
Enclosures



DEPARTMENT OF HEALTH & HUMAN SERVICES

Memo from Lynnette Williams

Deputy Assistant Secretary for Public Affairs

Date: 5/30

To: Deverah

☐ For necessary action
Date due: _____

☐ For your information

☐ Comments/Recommendations ☐ Please see me

Remarks:

Draft beneficiary kit
attached. The faxed
copies are the latest
version of the bookmark
checklist, but I wanted
you to get a sense of
them. Please send
comments to Bob
Josak.

Room 647-D, HHH Building, (202)690-7850, FAX (202)690-5673

Draft

Checklist TO GOOD HEALTH

**MEDICARE PREVENTIVE
SERVICES****HOW OFTEN****COMPLETED**✓ Colorectal Cancer
Screenings

Once a Year

☐

✓ Mammography

Once a Year

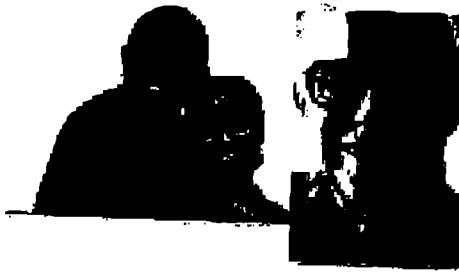
☐*women*✓ Pap Smear and
Pelvic ExamsOnce Every
3 Years☐✓ Prostate Cancer
Screenings

•

☐*men
why?*✓ Vaccinations
Flu
Pneumonia
Hepatitis BOnce a Year
As Needed
As Needed
As Needed☐
☐
☐
☐✓ Bone Mass
MeasurementDependent on
Health Status☐

✓ Diabetes Monitoring

Dependent on
Health Status☐



Key Information

Primary Care Physician:

Medicare:

1-800-MEDICARE
1-800-633-4227

**Medicare Internet
Information:**

www.medicare.gov

Medicare/Insurance Number:

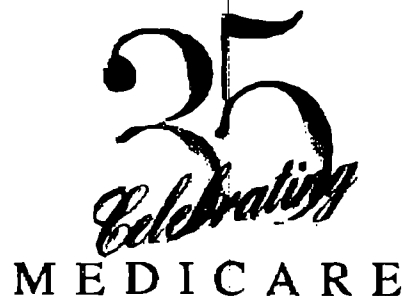
Key Family Contact:

Ambulance Services:

Allergies:

Other:

BOOKMARK



www.medicare.gov

1-800-MEDICARE
(1-800-633-4227)

TTY/TDD
(Hearing Impaired)
1-877-486-2048



CHECKLIST MEDICARE PAYS FOR:

- ✓ Colorectal Cancer Screenings
- ✓ Mammography
- ✓ Pap Smear and Pelvic Exams
- ✓ Prostate Cancer Screenings
- ✓ Vaccinations
Flu
Pneumonia
Hepatitis B
- ✓ Bone Mass Measurement
- ✓ Diabetes Monitoring



25
Celebrating
MEDICARE



MEDICARE



Medicare Questions?



HCFA
Health Care Financing Administration



MEDICARE

A PROFILE

25
Celebrating
MEDICARE



25
Celebrating

MEDICARE

www.medicare.gov



(Outside)
Banner Design

Locations so subject to change because of date change

Regional Office Specific Descriptions (including the core elements listed above):

Boston

Location: JFK Library, Boston

Program content: 10:00 am – 3:00 pm ET program includes satellite downlink, panel discussion on Medicare issues, health prevention presentations, health fair, access to internet, box lunch, speech and recognition by key dignitaries. Expect 300 attendees; approximately 150 will receive at least one screening.

New York

Location: NYC, location TBD.

Program content: Time TBD; program includes satellite downlink, health fair with preventive health screenings, fitness and active lifestyle booths. Expect up to 500 attendees; approximately 20% will receive one type of screening.

Philadelphia

Location: Philadelphia Senior Center

Program content: 12:30 – 2:00pm ET program including satellite downlink, entertainment from ethnic dancers and Philadelphia Mummers, health booths and non-invasive health screenings, light refreshments. Expect up to 500 attendees; approximately 50-75% will receive one screening.

Atlanta

Location: Georgia Public Broadcasting Center, Atlanta

Program content: 9:00 am – 3:00 pm ET program includes satellite downlink, webcast of event, health promotion and screening booths, computers for internet access, fun booths, color guard and community band presentations. Expect 250-275 attendees; approximately 66% will receive at least one screening.

Chicago

Location: Events in each of six states TBD in conjunction with partners (SHIPs, AAA, Carriers, providers etc) Possibilities include: IL: PBS Station, Chicago; IN: Central Indianapolis YMCA; MI: Lansing Community College; MN: Mall of America; OH: VA Medical Center, Cincinnati; WI: University of Wisconsin at Kenosha

Program content: Time anticipated one hour before and up to two hours after satellite feed; programs include satellite downlinks (4-6 locations), interactive sessions on medicare.gov, dieticians promoting hydration, health screenings and booths, recognition of people who have served and benefited from Medicare. Expect 100-200 attendees per site for a total of 800 attendees; approximately 25% will receive one screening.

Harriet

- pay for mammography
screenings

-

Dallas

Location: Southwestern Medical Center (Dallas)

Program content: Times TBD; program includes satellite downlink, exhibits and health fair including health screenings and hook-up to medicare.gov. Expect 225- 240 attendees; approximately 40-60% will receive at least one screening.

Kansas City

Location: Truman Library, Independence Missouri

Program content: 11:00 – 3:00 pm MT program including satellite uplink, panel of Medicare speakers moderated by local media figure, health fair with screenings, demo of medicare.gov. Expect 250-300 attendees; approximately 40-50% will receive one screening.

Denver

Location: The Arvada Center for the Arts and Humanities

Program content: 11:00 – 2:00 pm MT program including satellite downlink, speakers, workshops and booths on preventive screenings, preventive benefits and health issues (including diabetes education, exercise and nutrition, heart disease and blood pressure screening); Cake and ice cream social. Expect 300-400 attendees; approximately 100-150 will receive one screening.

San Francisco

Location: Oakland Museum

Program content: 9:00 am – 1:00 pm PT program including satellite downlink, health fair, and dignitaries/special guests, provide refreshments through partners. Expect 300 attendees; approximately 33% will receive at least one screening.

Seattle

Location: Puget Sound area TBD

Program content: 9:30 am – 1:00 pm PT program including satellite downlink, luncheon with birthday cake, live demo of medicare.gov, exhibits/screenings and speakers. Expect 300 attendees; approximately 15% will receive screenings.

**Beneficiary Outreach Folder
List of Contents**

Selected Contents:

Important Medicare Information:

1. Medicare.gov brochure
2. *Your Medicare Benefits* (use in lieu of M & Y 2000 book given that the new version will be out 9/00)
3. *Do You Need Help to Pay for Your Medicare Costs?*

Health, Well-being & Prevention Documents:

1. *Putting Prevention into Practice: Staying Healthy at 50+ (AHRQ material)*
2. Medicare Preventive Services...To Help Keep You Healthy (Updated for July)
3. Medicare Educational Material Request Form (Needs to be updated)
4. Colorectal Cancer: Breaking the Silence
5. There are two things you won't get from a flu shot
6. Pap Tests: A Healthy Habit for Life
7. Mammograms, Not Just Once, but for a Lifetime.

Possible New Items:

Given the discussion regarding creating a "new" prevention document for inclusion in the beneficiary kit and for the President to potentially recognize, and the limited timeframe in which to develop, clear, and produce a new piece, the P & P Office will develop a few products that meet the goals for the event.

A Few Options for Consideration:

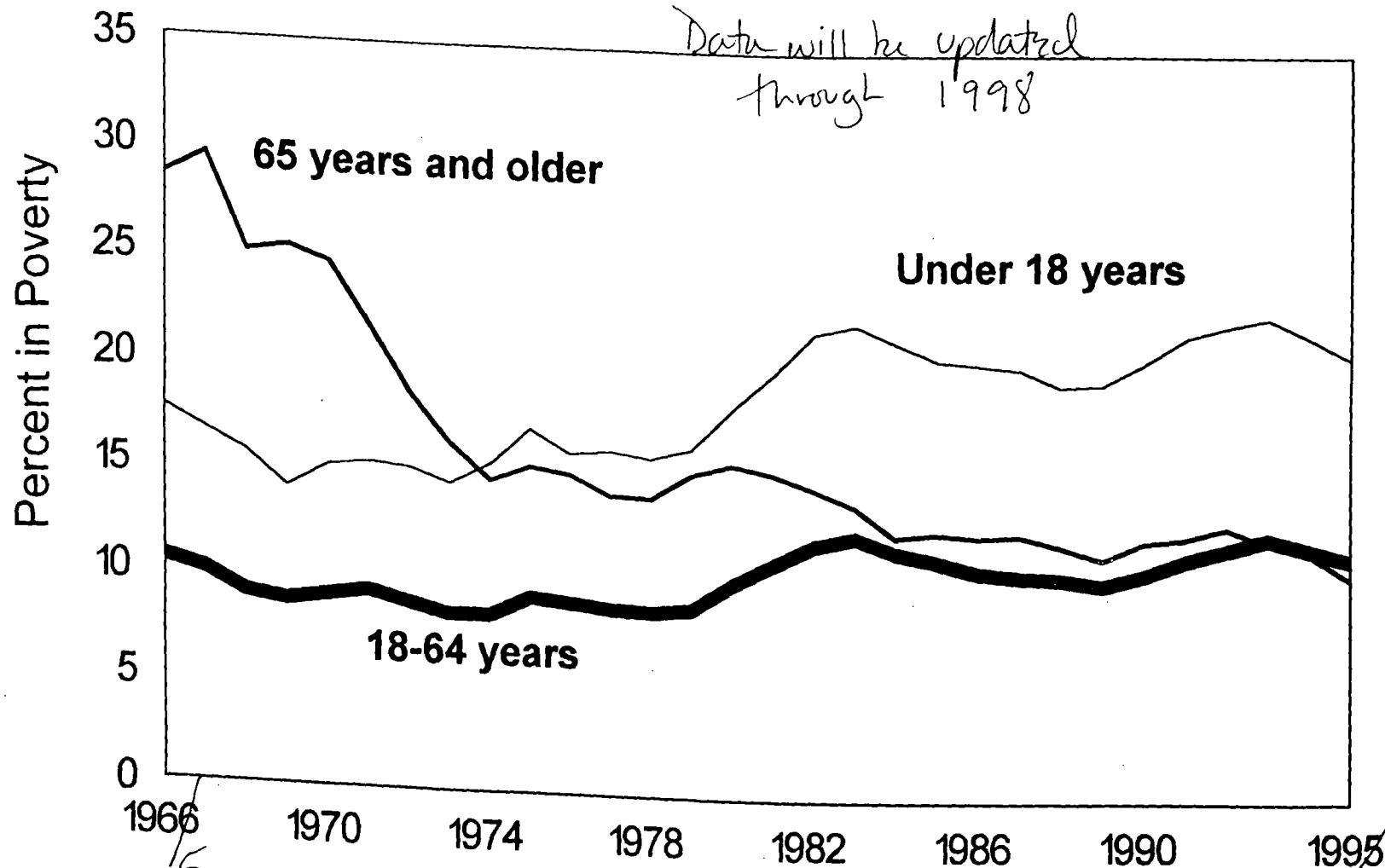
1. Put together a half-page, front and back prevention piece that contains a checklist of preventive services that beneficiaries should access to stay healthy on one side and the other side would list the key questions that beneficiaries should ask their health provider to make good decisions. This document would borrow from existing HCFA/HHS approved text and the approach of Dr. Satcher's prescription pad. (The checklist can also be presented as a "Medicare Report Card for Good Health".)
2. Create a large-type bookmark (laminated) that lists key Medicare preventive services on one side and key numbers and resources for beneficiaries to get questions answered on the other side.

Figure 1

5

POVERTY RATES BY AGE, 1966-1995

Improvements in Social Security and Medicare's coverage of health services are important factors in the decline of the elderly's poverty rate.



Source: U.S. Department of Commerce, Bureau of the Census, 1996.

Figure 5

Data for Figure 1

Table B-2. Poverty Status of People by Age, Race, and Hispanic Origin: 1959 to 1998

[Numbers in thousands. People as of March of the following year]

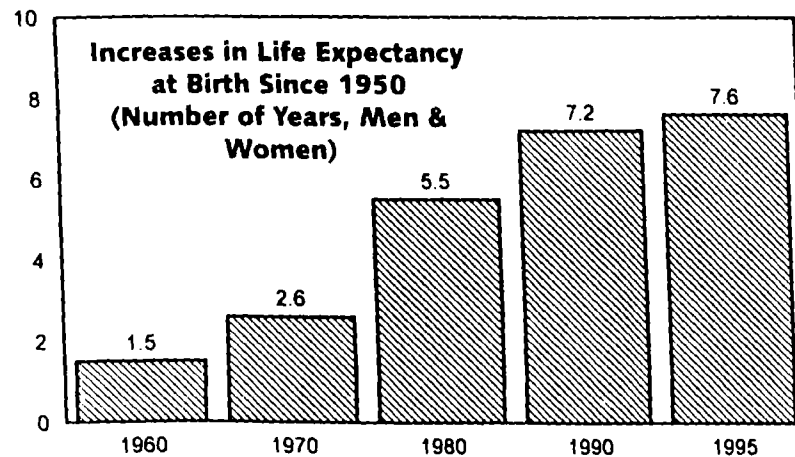
Year and characteristic	Under 18 years						18 to 64 years			65 years and over		
	All people			Related children in families			Total	Below poverty level		Total	Below poverty level	
	Total	Below poverty level		Total	Below poverty level			Number	Percent		Number	Percent
		Number	Percent		Number	Percent						
ALL RACES												
1998	71,338	13,467	18.9	70,253	12,845	18.3	167,326	17,623	10.5	32,394	3,386	10.5
1997	71,069	14,113	19.9	69,844	13,422	19.2	165,329	18,084	10.9	32,082	3,376	10.5
1996	70,650	14,463	20.5	69,411	13,764	19.8	163,691	18,638	11.4	31,877	3,428	10.8
1995	70,566	14,665	20.8	69,425	13,999	20.2	161,508	18,442	11.4	31,658	3,318	10.5
1994	70,020	15,289	21.8	68,819	14,610	21.2	160,329	19,107	11.9	31,267	3,663	11.7
1993	69,292	15,727	22.7	68,040	14,961	22.0	159,208	19,781	12.4	30,779	3,755	12.2
1992	68,440	15,294	22.3	67,256	14,521	21.6	157,680	18,793	11.9	30,430	3,928	12.9
1991	65,918	14,341	21.8	64,800	13,658	21.1	154,684	17,586	11.4	30,590	3,781	12.4
1990	65,049	13,431	20.6	63,908	12,715	19.9	153,502	16,496	10.7	30,093	3,658	12.2
1989	64,144	12,590	19.6	63,225	12,001	19.0	152,282	15,575	10.2	29,566	3,363	11.4
1988	63,747	12,455	19.5	62,906	11,935	19.0	150,761	15,809	10.5	29,022	3,481	12.0
1987	63,294	12,843	20.3	62,423	12,275	19.7	149,201	15,815	10.6	28,487	3,563	12.5
1986	62,948	12,876	20.5	62,009	12,257	19.8	147,631	16,017	10.8	27,975	3,477	12.4
1985	62,876	13,010	20.7	62,019	12,483	20.1	146,396	16,598	11.3	27,322	3,456	12.6
1984	62,447	13,420	21.5	61,681	12,929	21.0	144,551	16,952	11.7	26,818	3,330	12.4
1983	62,334	13,911	22.3	61,578	13,427	21.8	143,052	17,767	12.4	26,313	3,625	13.8
1982	62,345	13,647	21.9	61,565	13,139	21.3	141,328	17,000	12.0	25,738	3,751	14.6
1981	62,449	12,505	20.0	61,756	12,068	19.5	139,477	15,464	11.1	25,231	3,853	15.3
1980	62,914	11,543	18.3	62,168	11,114	17.9	137,428	13,858	10.1	24,686	3,871	15.7
1979	63,375	10,377	16.4	62,646	9,993	16.0	135,333	12,014	8.9	24,194	3,682	15.2
1978	62,311	9,931	15.9	61,987	9,722	15.7	130,169	11,332	8.7	23,175	3,233	14.0
1977	63,137	10,288	16.2	62,823	10,028	16.0	128,262	11,316	8.8	22,468	3,177	14.1
1976	64,028	10,273	16.0	63,729	10,081	15.8	126,175	11,389	9.0	22,100	3,313	15.0
1975	65,079	11,104	17.1	64,750	10,882	16.8	124,122	11,456	9.2	21,662	3,317	15.3
1974	66,134	10,156	15.4	65,802	9,967	15.1	122,101	10,132	8.3	21,127	3,085	14.6
1973	66,959	9,642	14.4	66,626	9,453	14.2	120,060	9,977	8.3	20,602	3,354	16.3
1972	67,930	10,284	15.1	67,592	10,082	14.9	117,957	10,438	8.8	20,117	3,738	18.6
1971	68,816	10,551	15.3	68,474	10,344	15.1	115,911	10,735	9.3	19,827	4,273	21.6
1970	69,159	10,440	15.1	68,815	10,235	14.9	113,554	10,187	9.0	19,470	4,793	24.6
1969	69,090	9,691	14.0	68,746	9,501	13.8	111,528	9,669	8.7	18,899	4,787	25.3
1968	70,385	10,954	15.6	70,035	10,739	15.3	108,684	9,803	9.0	18,559	4,632	25.0
1967	70,408	11,656	16.6	70,058	11,427	16.3	107,024	10,725	10.0	18,240	5,388	29.5
1966	70,218	12,389	17.6	69,869	12,146	17.4	105,241	11,007	10.5	17,929	5,114	28.5
1965	69,986	14,676	21.0	69,638	14,388	20.7	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
1964	69,711	16,051	23.0	69,364	15,736	22.7	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
1963	69,181	16,005	23.1	68,837	15,691	22.8	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
1962	67,722	16,963	25.0	67,385	16,630	24.7	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
1961	66,121	16,909	25.6	65,792	16,577	25.2	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
1960	65,601	17,634	26.9	65,275	17,288	26.5	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
1959	64,315	17,552	27.3	63,995	17,208	26.9	96,685	16,457	17.0	15,557	5,481	35.2
WHITE												
1998	56,016	8,443	15.1	55,126	7,935	14.4	138,061	12,456	9.0	28,759	2,555	8.9
1997	55,863	8,990	16.1	54,870	8,441	15.4	136,783	12,838	9.4	28,553	2,569	9.0
1996	55,606	9,044	16.3	54,599	8,488	15.5	135,586	12,940	9.5	28,464	2,667	9.4
1995	55,444	8,981	16.2	54,532	8,474	15.5	134,149	12,869	9.6	28,436	2,572	9.0
1994	55,186	9,346	16.9	54,221	8,826	16.3	133,289	13,187	9.9	27,985	2,846	10.2
1993	54,639	9,752	17.8	53,614	9,123	17.0	132,680	13,535	10.2	27,580	2,939	10.7
1992	54,110	9,399	17.4	53,110	8,752	16.5	131,694	12,871	9.8	27,256	2,989	11.0
1991	52,523	8,848	16.8	51,627	8,316	16.1	130,312	12,097	9.3	27,297	2,802	10.3
1990	51,929	8,232	15.9	51,028	7,696	15.1	129,784	11,387	8.8	26,898	2,707	10.1
1989	51,400	7,599	14.8	50,704	7,164	14.1	128,974	10,647	8.3	26,479	2,539	9.6

See footnotes at end of appendix.

Note: Prior to 1979, people in unrelated subfamilies were included in people in families. Beginning in 1979, people in unrelated subfamilies are included in all people but are excluded from people in families.

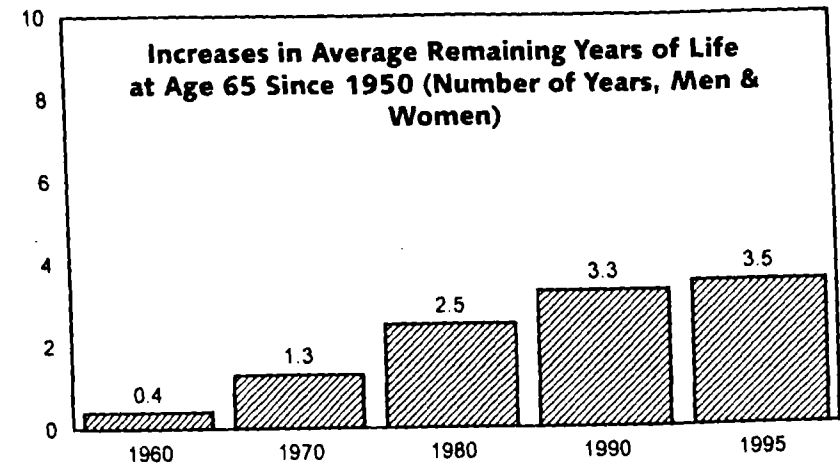
INCREASES SINCE 1950 IN LIFE EXPECTANCY AT BIRTH AND AVERAGE REMAINING YEARS OF LIFE AT AGE 65, 1950 - 2030 UNITED STATES

Over the past three decades, there has been significant progress in increasing life expectancy in the U.S.



Life Expectancy at Birth

Year	Men	Women
1950	65.6	71.1
1960	66.6	73.1
1970	67.1	74.7
1980	70	77.4
1990	71.8	78.8
1995	72.5	78.9



Life Expectancy at Age 65

Year	Men	Women
1950	12.8	15
1960	12.8	15.8
1970	13.1	17
1980	14.1	18.3
1990	15.1	18.9
1995	15.6	18.9

Source: National Center for Health Statistics, 1996/1997.

Figure 4

Data for Figure 2

Life Expectancy						
Life Expectancy at Birth:			Life Expectancy at Age 65:			
Year	Men	Women	Year	Men	Women	
1950	65.6	71.1	1950	12.8	15.1	
1960	66.7	73.2	1960	12.9	15.9	
1970	67.2	74.9	1970	13.1	17.1	
1980	69.9	77.5	1980	14	18.4	
1990	71.8	78.9	1990	15	19	
2000	73.9	79.6	2000	15.9	19.2	
2010	75.4	80.4	2010	16.4	19.4	
2020	76.4	81.1	2020	16.9	19.8	
2030	77.4	82	2030	17.5	20.4	

Source: Social Security Administration, Office of the Actuary

life expectancy at 65

1960 → 2000

men 3 years

women 3.3 years

Figure 3

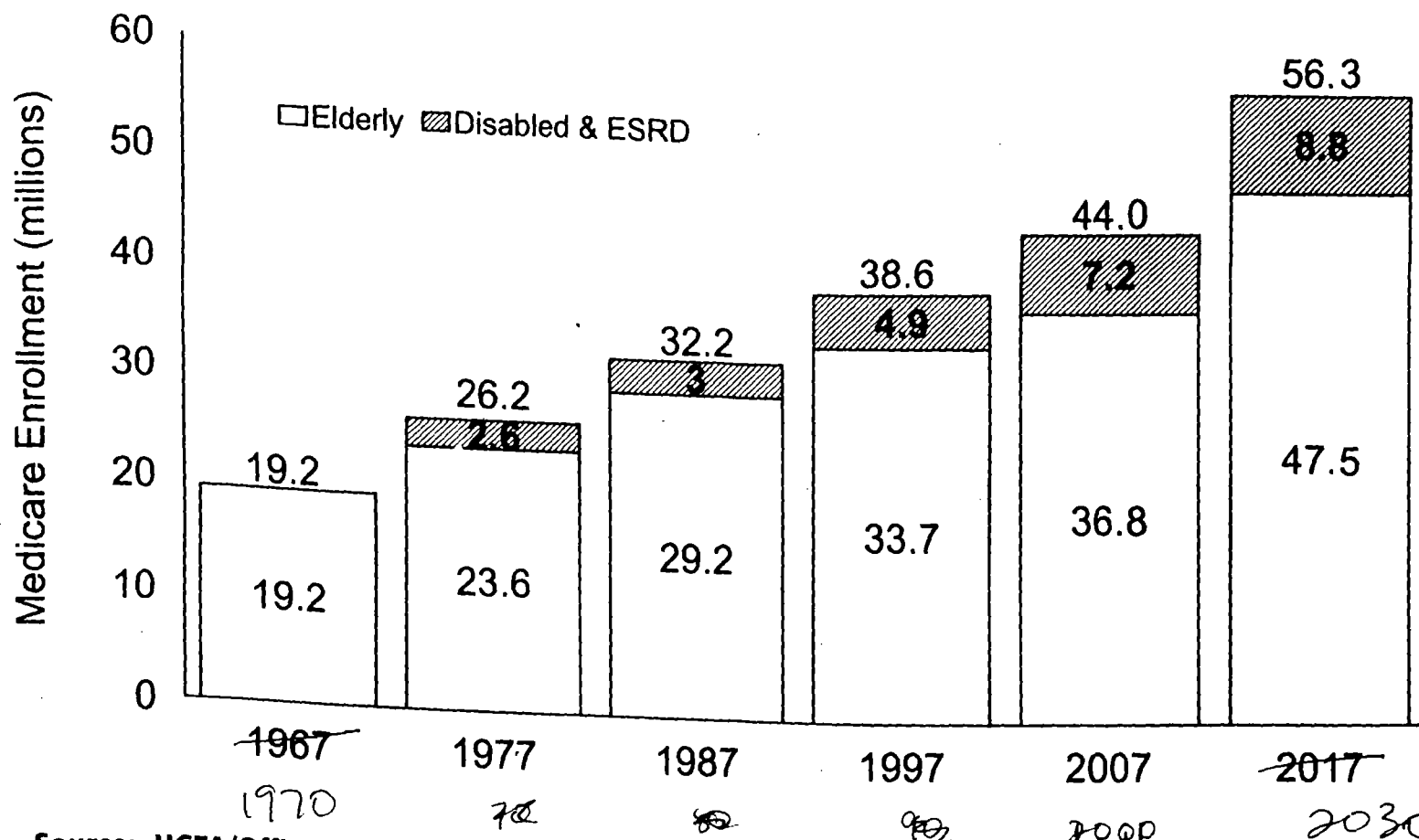
CY 1970 - 2030

NUMBER OF MEDICARE BENEFICIARIES, FY 1967-2017³⁰

~~In Fiscal Year 1997, 87 percent of Medicare beneficiaries were elderly and about 13 percent were disabled (including ESRD). Medicare beneficiaries with disabilities are expected to grow to almost 16 percent of beneficiaries in 2017.~~

2010

or
ESRD



Source: HCFA/Office of the Actuary.

every ten years

2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
2027
2028
2029
2030

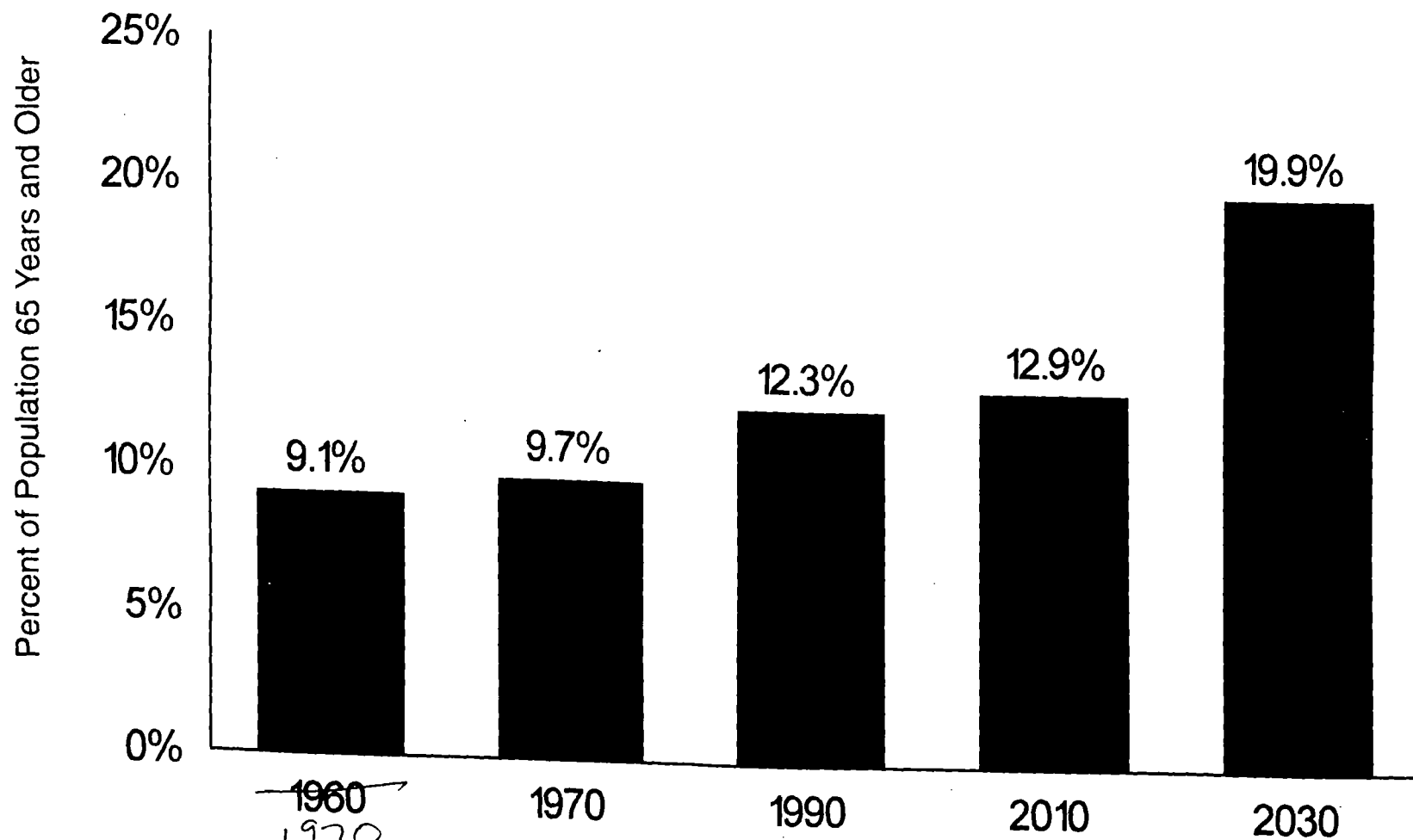
Figure 3

Figure 4

THE AGING OF THE U.S. POPULATION

The U.S. population will age rapidly through 2030, creating significant growth in the number of individuals eligible for Medicare.

1970 - 2030



Source: 1998 Annual Report of the Board of Trustees, Federal Old-Age and Survivors Insurance and Disability Insurance Trust Funds

SSA would be the source

Figure 2

Data for Figure 3 + 4

Medicare
Total

Medicare Enrollees and Social Security Area Population (in millions)

Calendar Year	Aged	Disabled + ESRD	SSA Area Population
1970	20.4	-	214.8
1980	25.5	3.0	235.2
1990	31.0	3.3	260.2
2000	34.4	5.5	285.5
2010	39.0	7.6	308.7
2020	52.6	8.9	331.2
2030	68.6	8.6	350.0

aged^a
% of population

aged + disab^a
% of population

20.4
28.5
34.3
39.9
46.6
61.5
77.2

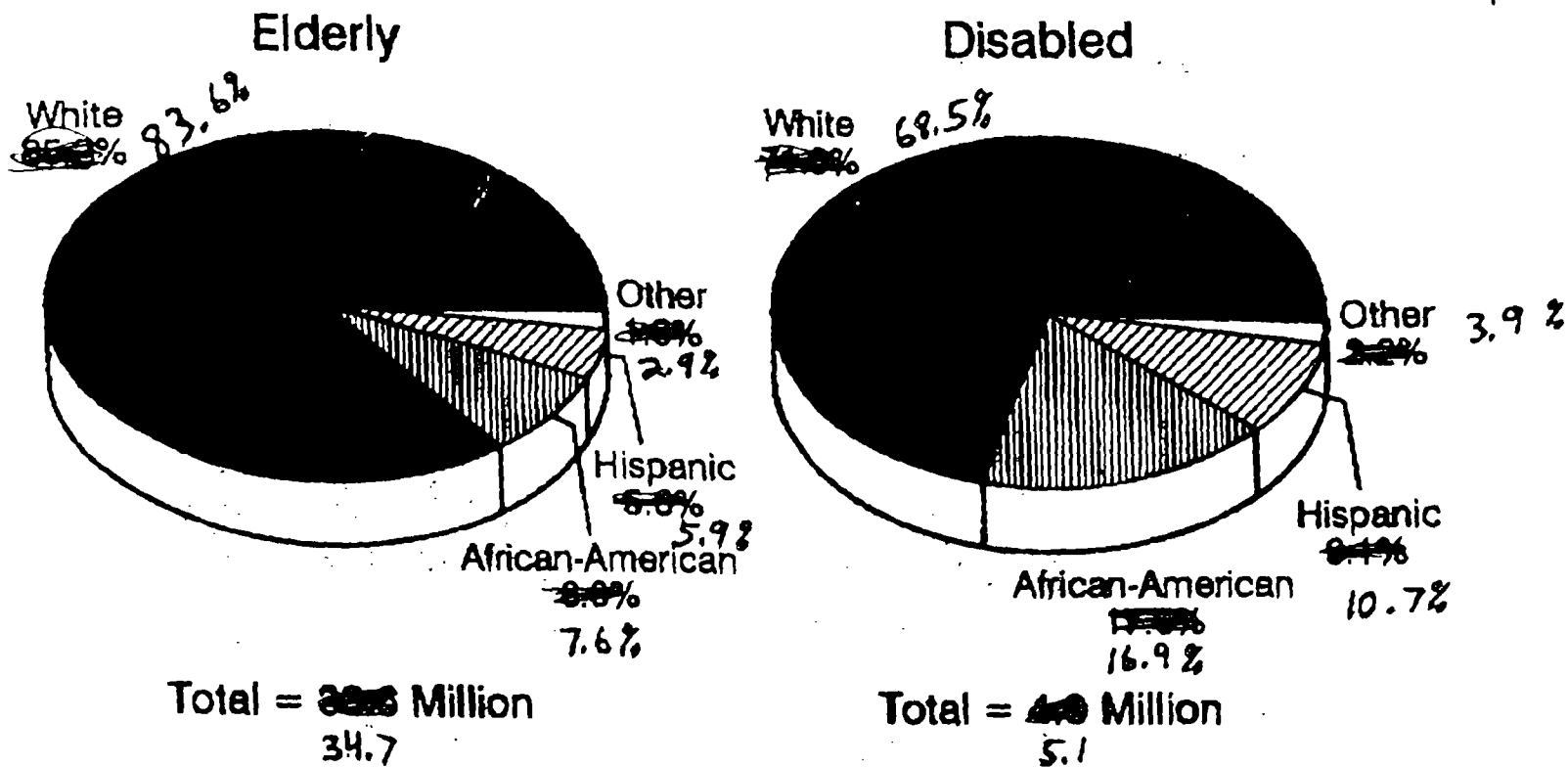
9.5 %
10.8 %
11.9 %
12.0 %
12.6 %
15.8 %
19.6

9.5 %
12.1 %
13.1 %
13.9 %
15.0 %
18.5 %
22.0 %

Source: Aged, disabled+ESRD enrollees - HCFA/Office of the Actuary
SSA area population - SSA/Office of the Actuary

Race/Ethnicity Distribution Of Medicare Beneficiaries, 1993

African-American And Hispanic Beneficiaries Are Disproportionately Represented Among The Disabled



Source: HCFA/Office of the Actuary; data from the Medicare Current Beneficiary Survey
Strategic Planning

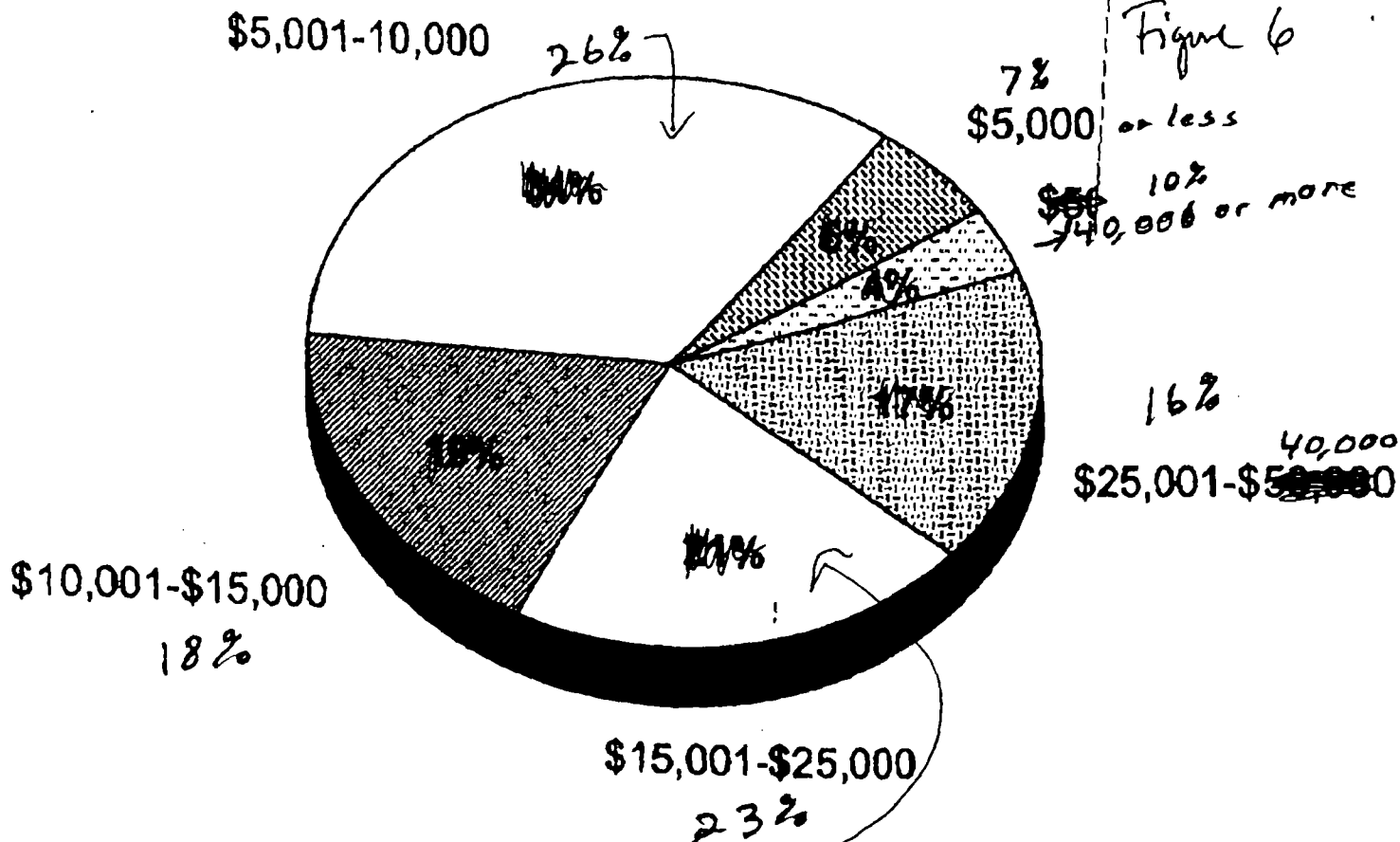
Figure 6

SHARE OF PROGRAM EXPENDITURES FOR FEE-FOR-SERVICE BENEFICIARIES BY INCOME, 1995

Seventy-four

Eighty percent of program expenditures are on behalf of individuals with annual income of \$25,000 or less.

1997



Source: HCFA/Office of Strategic Planning: data from the Medicare Current Beneficiary Survey.

Figure 11

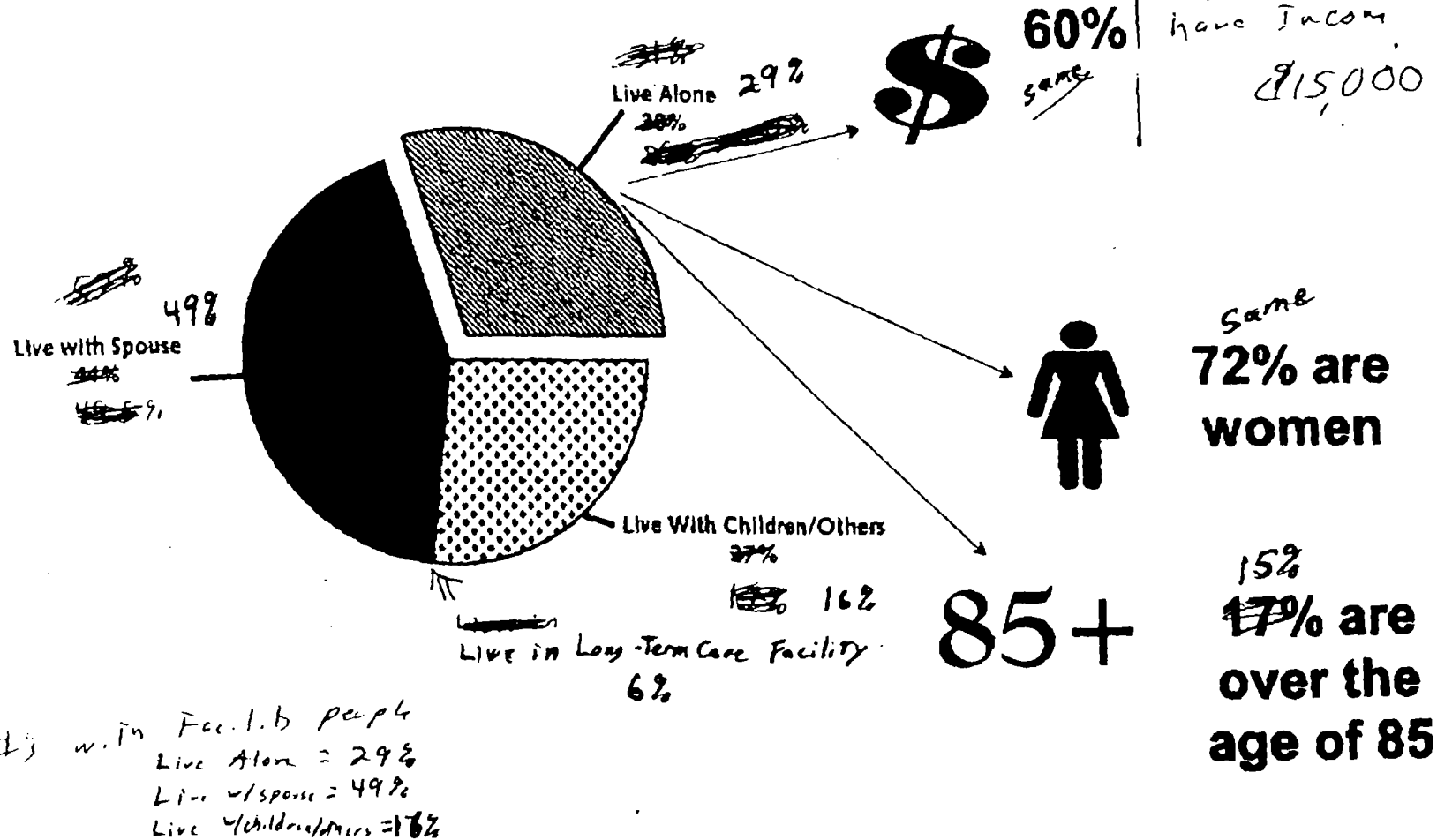
Figure 7

MEDICARE BENEFICIARIES WHO LIVE ALONE, ~~1996~~ 1998

old #s add to 100% which means they ignore Facility people.

Thirty percent of Medicare beneficiaries live alone.

I suggest adding Facility people to this chart.



Source: HCFA/Office of Strategic Planning; data from the Medicare Current Beneficiary Survey.

Live in Facility = 6%

Figure 12

Figure 8

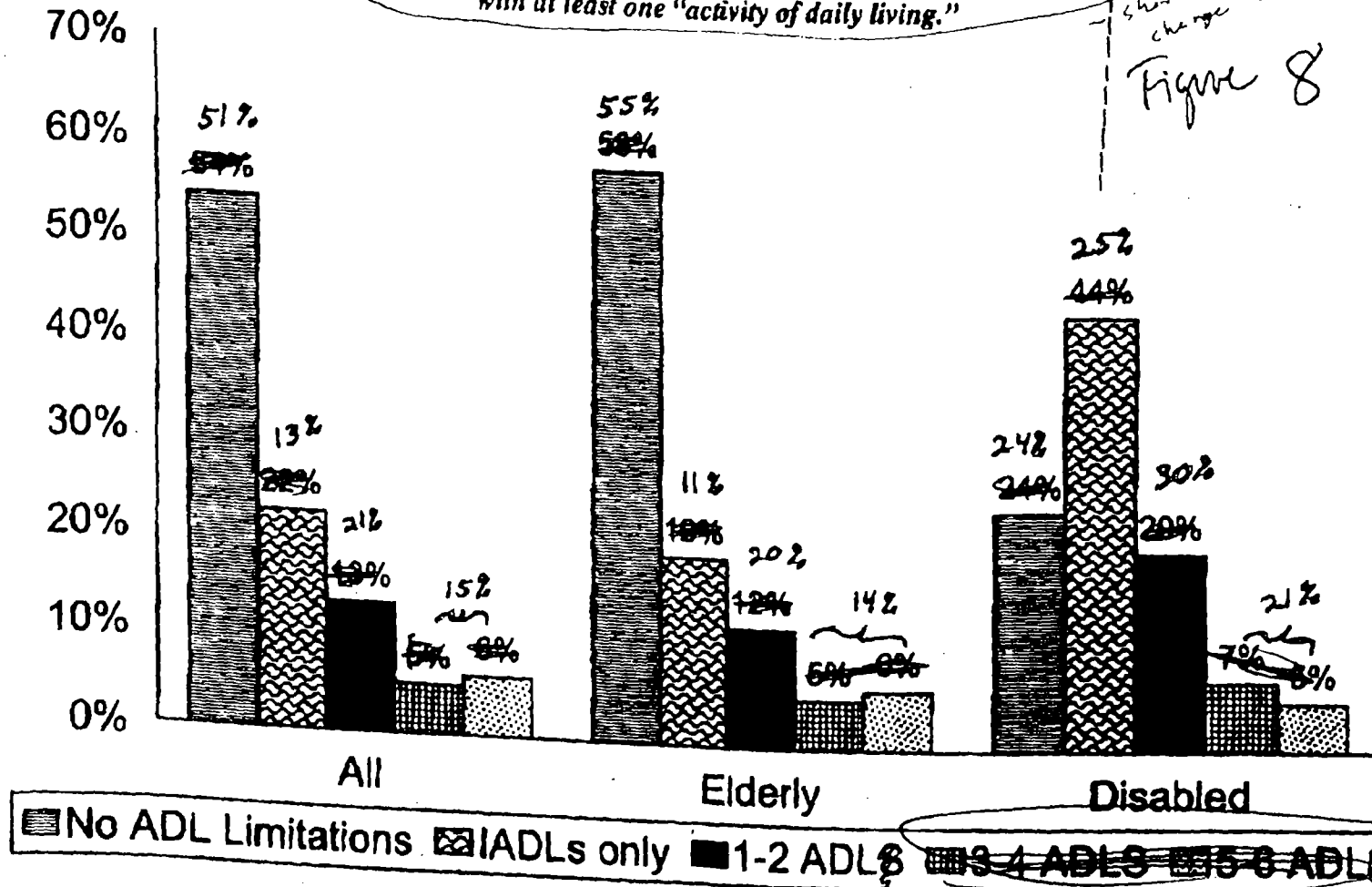
DISTRIBUTION OF MEDICARE ENROLLEES BY FUNCTIONAL STATUS, 1997

⁶⁰⁻⁷⁴
Nearly one-quarter of the Medicare population needs assistance with at least one "activity of daily living."

1998

should this change to include IADLs

Figure 8



Note: ADL - Activities of Daily Living (e.g., eating, bathing)
IADL - Instrumental Activities of Daily Living (e.g., shopping, use of phone, cleaning)

Source: HCFA/Office of Strategic Planning: data from the Medicare Current Beneficiary Survey.

3-6 ADLs - Little

Figure 13

Figure 9

Medicare Spending 1967-1999

[Line Chart showing spending growth over time]

3.3 *e*
~~4.7~~ Billion

1967

211,960
~~212,959~~ Billion

1999

Source: HCFA / Office of the Actuary

Medicare Trust Fund Disbursements (millions) - (Cash Flow)

Data for Figure 9

	TOTAL			Source: HI Trustee's Report, Table III-2			Source: SMI Trustee's Report, Table III-2			TOTAL			Source: HI Trustee's Report, Table III-1			Source: SMI Trustee's Report, Table III-1		
	Total	Benefits	Admin.	HI			SMI			Total	Benefits	Admin.	HI			SMI		
				Total	Benefits	Admin.	Total	Benefits	Admin.				Total	Benefits	Admin.	Total	Benefits	Admin.
	Calendar Year												Fiscal Year					
1966	1,202	1,019	183	999	891	108	203	128	75	3,396	3,172	224	2,597	2,508	89	799	664	135
1967	4,737	4,550	187	3,430	3,353	77	1,307	1,197	110	5,347	5,126	221	3,815	3,736	79	1,532	1,390	142
1968	5,980	5,697	283	4,278	4,179	99	1,702	1,518	184	6,598	6,299	299	4,758	4,654	104	1,840	1,645	195
1969	6,918	6,604	314	4,857	4,739	118	2,061	1,865	196	7,149	6,783	366	4,953	4,804	149	2,196	1,979	217
1970	7,493	7,099	394	5,281	5,124	157	2,212	1,975	237	7,875	7,477	398	5,592	5,442	150	2,283	2,035	248
1971	8,278	7,868	410	5,901	5,751	150	2,377	2,117	260	8,819	8,363	456	6,275	6,108	167	2,544	2,255	289
1972	9,117	8,643	474	6,503	6,318	185	2,614	2,325	289	9,479	9,039	440	6,842	6,648	194	2,637	2,391	246
1973	10,133	9,583	550	7,289	7,057	232	2,844	2,526	318	11,348	10,680	668	8,065	7,806	259	3,283	2,874	409
1974	13,099	12,417	682	9,371	9,099	272	3,728	3,318	410	14,782	14,118	664	10,612	10,353	259	4,170	3,765	405
1975	16,316	15,588	728	11,581	11,315	266	4,735	4,273	462	17,779	16,939	840	12,579	12,267	312	5,200	4,672	528
1976	19,301	18,420	881	13,679	13,340	339	5,622	5,080	542	4,805	4,584	221	3,404	3,315	89	1,401	1,269	132
1977	22,525	21,775	750	16,020	15,737	283	6,505	6,038	467	21,549	20,773	776	15,207	14,906	301	6,342	5,867	475
1978	25,933	24,914	999	18,178	17,682	496	7,755	7,252	503	25,218	24,263	955	17,862	17,411	451	7,356	6,852	504
1979	30,338	29,331	1,007	21,073	20,623	450	9,265	8,708	557	29,157	28,150	1,007	20,343	19,891	452	8,814	8,259	555
1980	36,821	35,699	1,122	25,576	25,064	512	11,245	10,635	610	35,024	33,934	1,090	24,287	23,790	497	10,737	10,144	593
1981	44,754	43,455	1,299	30,726	30,342	384	14,028	13,113	915	42,488	41,252	1,236	29,260	28,907	353	13,228	12,345	883
1982	52,371	51,086	1,285	36,144	35,631	513	16,227	15,455	772	50,424	49,149	1,275	34,864	34,343	521	15,560	14,806	754
1983	58,861	57,443	1,418	39,877	39,337	540	18,984	18,106	878	56,935	55,589	1,346	38,624	38,102	522	18,311	17,487	824
1984	64,338	62,918	1,520	43,886	43,257	629	20,552	19,661	891	62,481	60,949	1,532	42,109	41,476	633	20,372	19,473	899
1985	72,294	70,527	1,767	48,414	47,580	834	23,880	22,517	933	71,384	69,649	1,735	48,654	47,841	813	22,730	21,808	922
1986	77,721	75,997	1,724	50,422	49,758	664	27,299	26,319	1,060	75,901	74,187	1,716	49,685	49,018	667	26,218	25,169	1,049
1987	82,029	80,316	1,713	50,289	49,496	793	31,740	30,820	920	81,640	79,904	1,736	50,803	49,967	836	30,837	29,937	900
1988	88,562	86,487	2,075	53,332	52,517	815	35,230	33,970	1,260	87,676	85,704	1,972	52,729	52,022	707	34,947	33,682	1,265
1989	100,586	98,305	2,281	60,801	60,011	792	39,783	38,294	1,489	96,555	94,300	2,255	58,238	57,433	805	38,317	36,867	1,450
1990	110,984	108,707	2,277	66,997	66,239	758	43,987	42,468	1,519	109,708	107,410	2,298	66,686	65,912	774	43,022	41,498	1,524
1991	121,447	118,885	2,562	72,570	71,549	1,021	48,877	47,336	1,541	116,658	114,219	2,439	69,639	68,705	934	47,019	45,514	1,505
1992	135,846	133,155	2,691	85,016	83,895	1,121	50,830	49,260	1,570	132,263	129,411	2,852	81,975	80,784	1,191	50,288	48,627	1,661
1993	152,175	149,271	2,904	94,391	93,487	904	57,784	55,784	2,000	147,663	144,952	2,711	91,604	90,738	866	56,059	54,214	1,845
1994	164,862	161,900	2,962	104,545	103,282	1,263	60,317	58,618	1,699	162,494	159,541	2,953	102,770	101,535	1,235	59,724	58,006	1,718
1995	184,203	181,340	2,863	117,604	116,368	1,236	66,599	64,972	1,627	180,096	177,074	3,022	114,883	113,583	1,300	65,213	63,491	1,722
1996	200,337	197,230	3,107	129,929	128,642	1,297	70,408	68,598	1,810	194,264	191,264	3,000	125,317	124,088	1,229	68,947	67,176	1,771
1997	213,576	210,518	3,058	139,452	137,762	1,690	74,124	72,756	1,368	210,389	207,308	3,081	137,836	136,175	1,661	72,553	71,133	1,420
1998	213,402	210,115	3,287	135,772	133,990	1,782	77,630	76,125	1,505	213,412	210,324	3,088	137,140	135,487	1,653	76,272	74,837	1,435
1999	212,959	209,490	3,469	130,632	128,766	1,866	82,327	80,724	1,603	211,960	208,471	3,489	131,442	129,463	1,979	80,518	79,008	1,510

1/ Admin. expenses shown include those paid in fiscal years 1966 and 1967.

2/ CY and FY SMI admin. expenses include the impact of the Medicare Catastrophic Coverage Act.

3/ Benefit disbursements includes the impact of the transfer to HI of the SMI catastrophic coverage reserve fund.

Actual benefit payments for CY 93 are \$53,979 mil. (\$52,409 mil. for FY 93) & \$1,805 mil. was transferred.

4/ HI benefits for 1998 and 1999 include monies transferred to the SMI trust fund for home health agency costs, as provided for by P.L. 105-33. SMI benefits exclude these monies.

Medicare Spending
FY 1967 - FY 1999

Figure 10

WHERE THE MEDICARE DOLLAR WENT, 1980 AND 1996

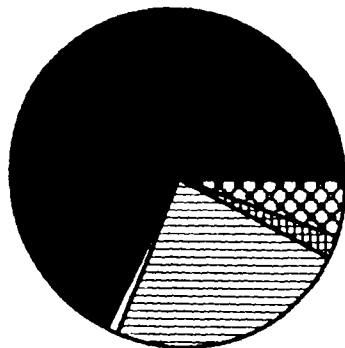
98

Medicare benefit expenditures are shifting away from inpatient hospitals toward other providers.

Inpatient Hospital

~~67.6%~~

67.4



SNF
1.1%

Physician *
~~23.8%~~

24.1

Outpatient Hospital *
5.3%

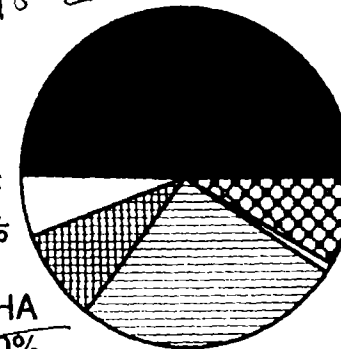
HHA
2.2%

1980

Inpatient Hospital

~~49.6%~~

48.2



SNF
~~5.6%~~

7.3

HHA
~~9.0%~~

6.2

Physician
~~26.3%~~

27.2

Outpatient Hospital + other
8.4% 9.8

Hospice
1.0% 1.2

1996

and other SNF
non-facility *

data 98

* The definition of these categories has changed over time, so they are not directly comparable over the period.

Source: HCFA/Office of the Actuary, 1997. Managed care spending is incorporated within the categories.

Handwritten signature/initials

Figure 23

From: Solomon Mussey
To: NDelew
Date: 4/28/00 5:03pm
Subject: Benefits by Type

The following are the benefits by type for 1980 and 1998. There are some small differences in the way some of the categories are defined, in particular the physician and outpatient hospital categories, so it is not quite an apples to apples comparison. In both cases, managed care is split into the other categories, although there was very little managed care in 1980.

1980:

Physician	24.1%
Outpatient hospital	5.3
HHA	2.2
SNF	1.1
Inpatient hospital	67.4

1998:

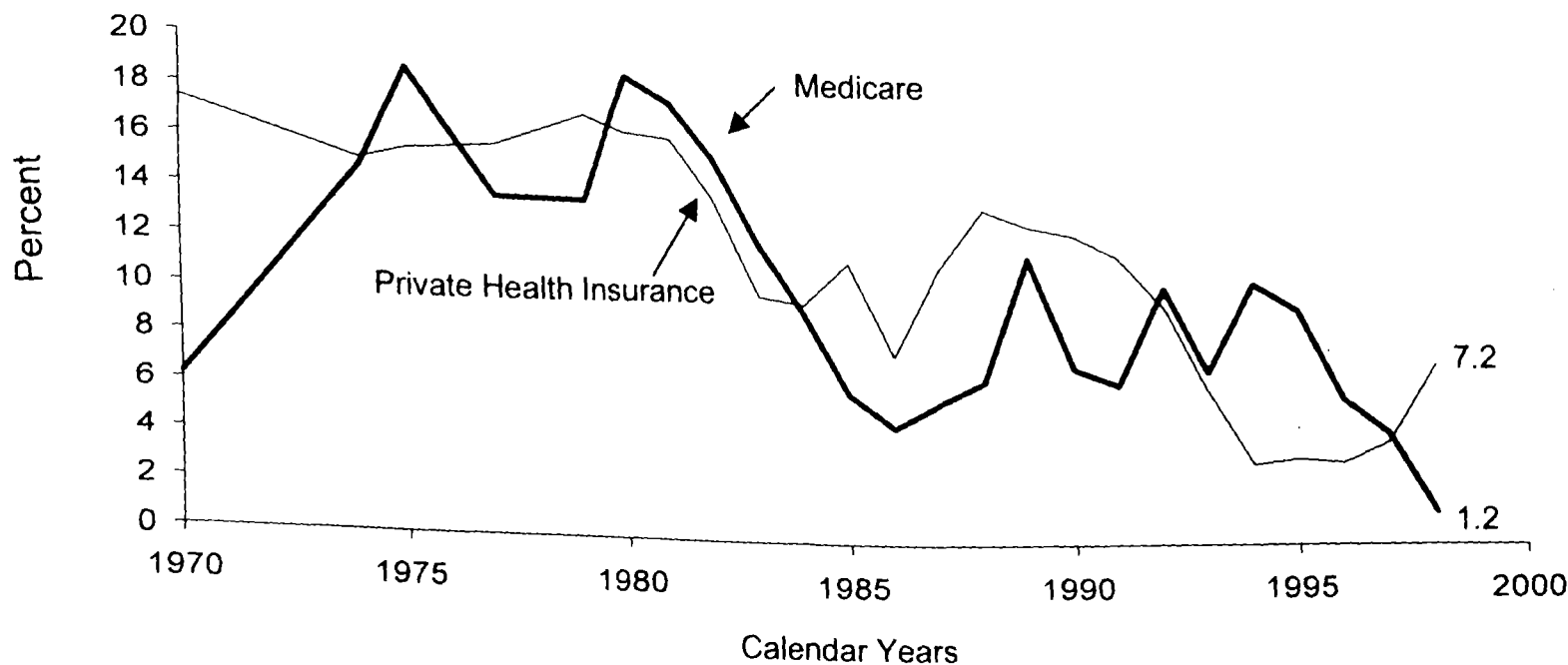
Physician and other SMI non-facility	27.2%
SMI hospital and other SMI facility	9.8
HHA	6.2
SNF	7.3
HI inpatient	48.2
Hospice	1.2

Let me know if you have any questions.

Figure 11

Figure 1.3 Growth in Per Enrollee Medicare and Private Health Insurance Benefits, 1970-1998

Medicare and private health insurance are the two largest payers of health care. In 1998, benefits per enrollee under Medicare increased 1.2 percent, while those under PHI increased 7.2 percent. This represents a reversal of trends experienced from 1992 to 1997.

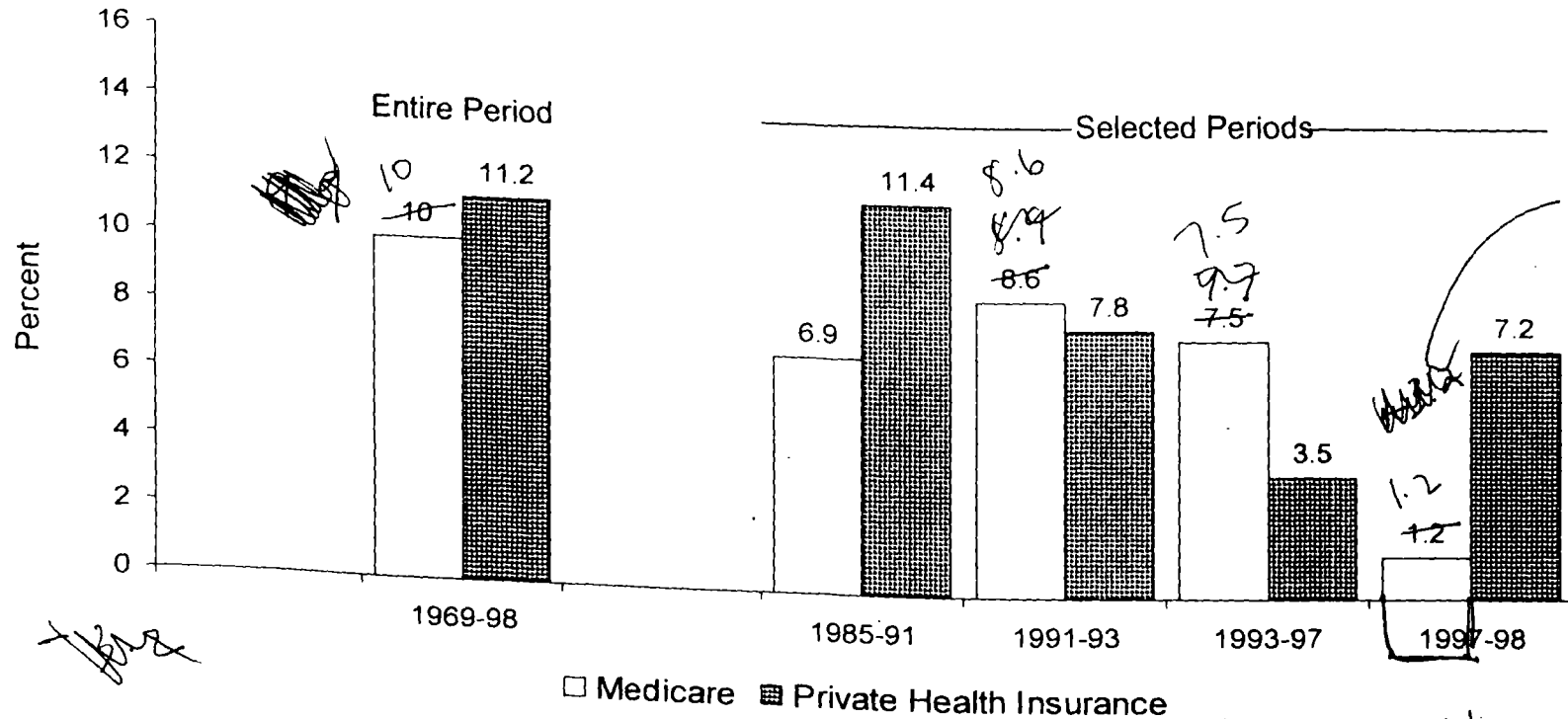


Source: Health Care Financing Administration, Office of the Actuary, National Health Statistics Group.

Figure 12

Figure 1.4 Average Growth in Per Enrollee Medicare and Private Health Insurance Benefits, by period, 1970-1998

Over the 1969-98 period, Medicare and PHI benefits have grown at similar rates--10 and 11.2% respectively. During selected periods, however, the growth rates have diverged dramatically.



Source: Health Care Financing Administration, Office of the Actuary, National Health Statistics Group.

make width proportionate to number of years

Figure 11

NHE98: Comparison of average growth in per enrollee Medicare and PHI benefits - data points for line graph and bar chart

	<u>Expenditures Per Population</u>	
	<u>Personal Hlth Care</u>	
	<u>Expenditures</u>	
	<u>Medicare</u>	<u>Private Health Insurance</u>
1970	6.3%	17.4%
1971	8.5%	10.3%
1972	8.2%	10.3%
1973	10.4%	11.2%
1974	14.8%	15.1%
1975	18.7%	15.5%
1976	16.5%	20.5%
1977	13.7%	15.8%
1978	12.9%	11.8%
1979	13.6%	17.0%
1980	18.6%	16.3%
1981	17.5%	16.1%
1982	15.4%	13.7%
1983	12.0%	9.9%
1984	9.3%	9.6%
1985	6.0%	11.3%
1986	4.7%	7.6%
1987	5.6%	11.0%
1988	6.5%	13.5%
1989	11.5%	12.8%
1990	7.0%	12.4%
1991	6.4%	11.5%
1992	10.3%	9.5%
1993	6.9%	6.1%
1994	10.4%	3.2%
1995	9.4%	3.4%
1996	5.8%	3.2%
1997	4.5%	4.1%
1998	1.2%	7.2%

	<u>Expenditures Per Population</u>	
	<u>Personal Hlth Care</u>	
	<u>Expenditures</u>	
	<u>Medicare</u>	<u>Private Health Insurance</u>

Average Annual Growth

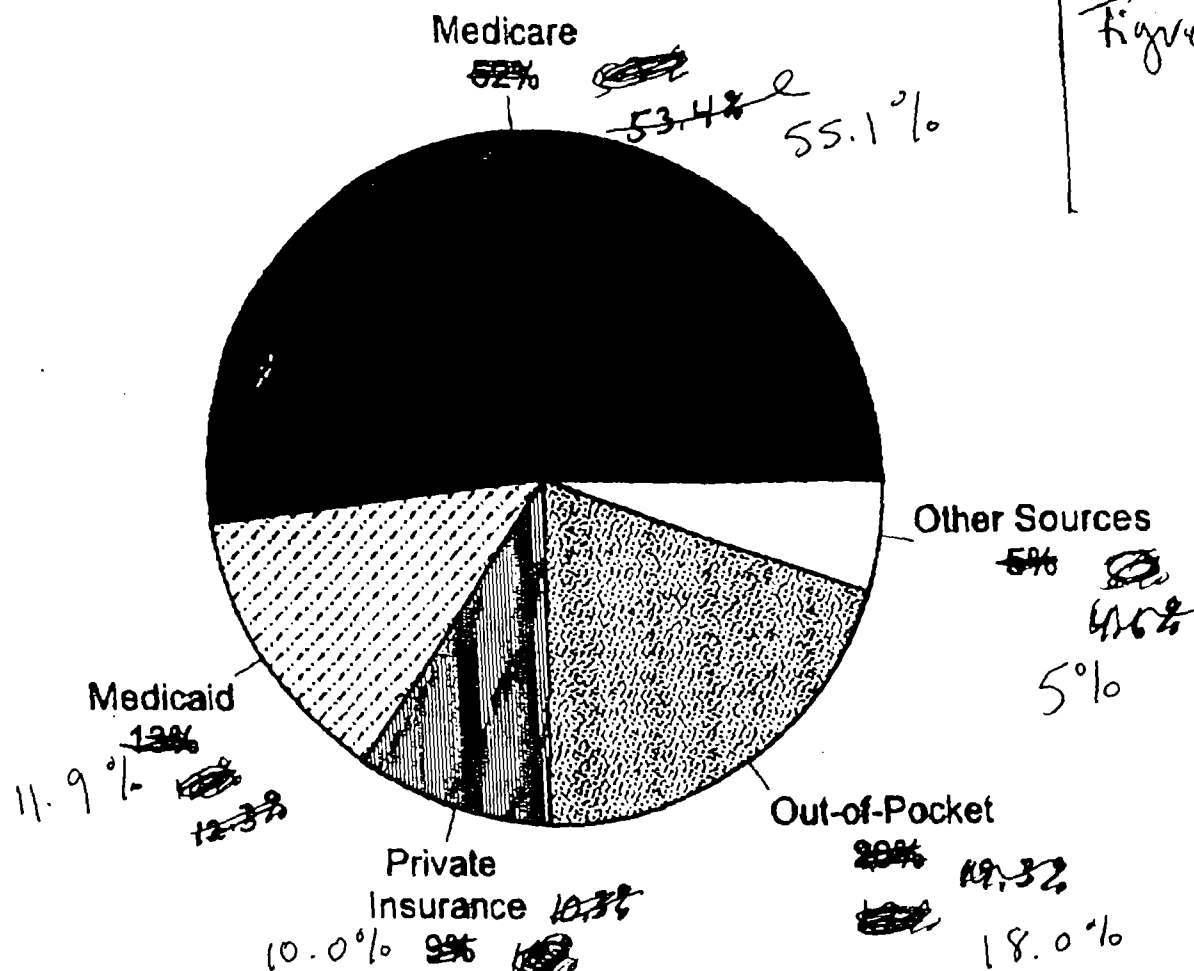
1969-98	10.0%	11.2%
1985-91	6.9%	11.4%
1991-93	8.6%	7.8%
1993-97	7.5%	3.5%
1997-98	1.2%	7.2%

Figure 12

SOURCES OF PAYMENT FOR MEDICAL SERVICES, ~~1994~~

1997

Medicare pays about half the total cost of beneficiaries' medical care.



Note: Out-of-pocket expenditures do not include Medicare Part B premiums or private insurance/HMO premiums.

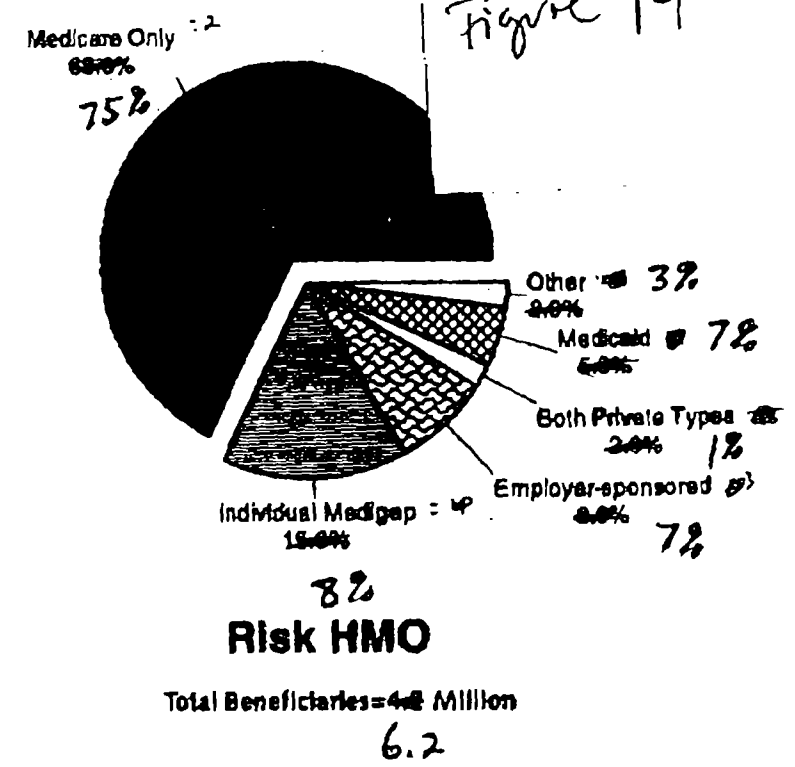
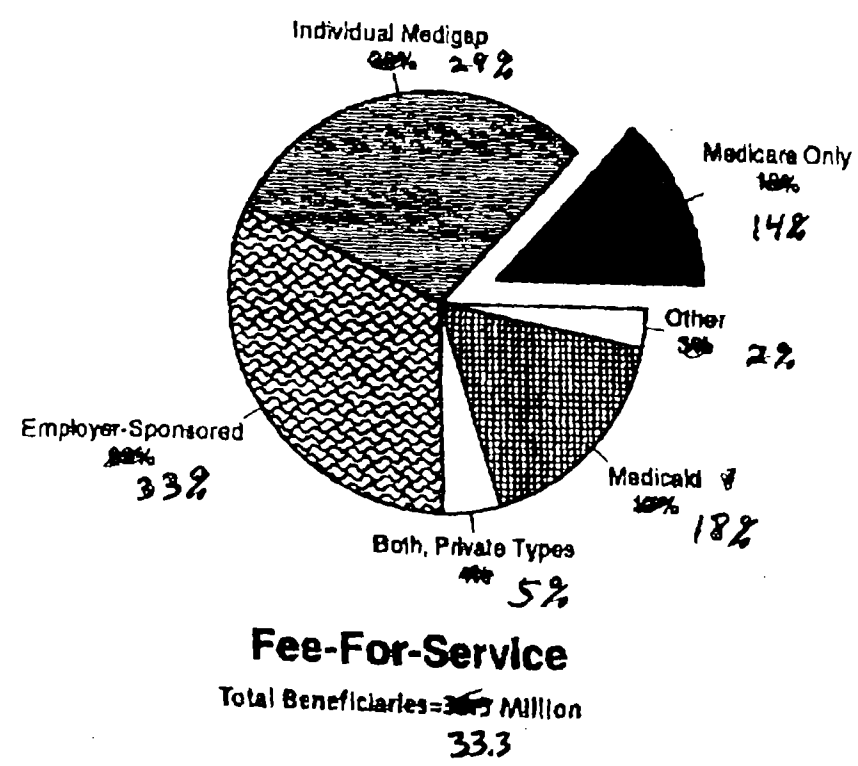
Source: HCFA/Office of Strategic Planning: data from the Medicare Current Beneficiary Survey.

Figure 31

Figure 14

TYPE OF SUPPLEMENTAL HEALTH INSURANCE HELD BY MEDICARE BENEFICIARIES, ~~1996~~ 1998

Most beneficiaries using fee-for-service have private, supplemental health plans; however, most elderly beneficiaries enrolled in managed care plans have no other supplemental coverage.



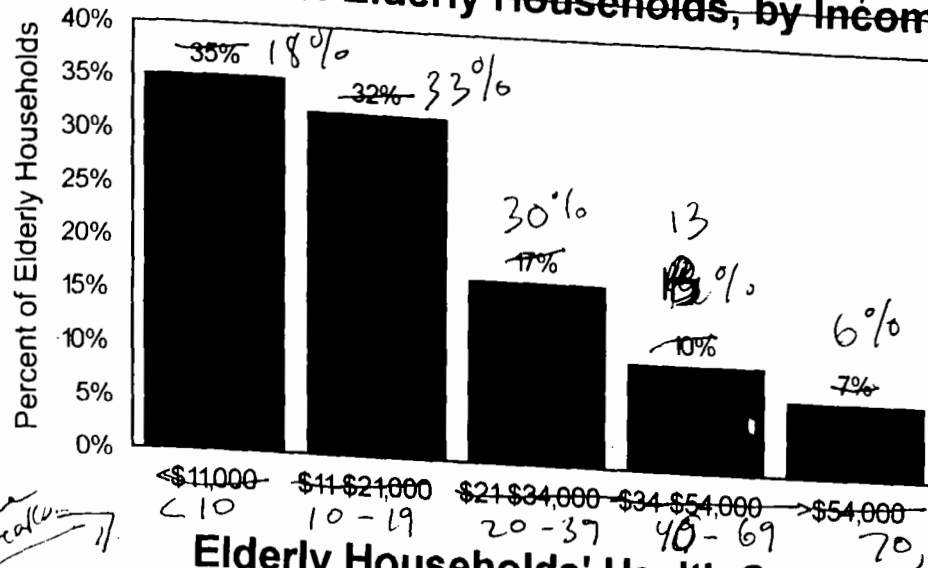
Source: HCFA/Office of Strategic Planning: data from the Medicare Current Beneficiary Survey.

Figure 32

SPENDING FOR HEALTH AS A PERCENTAGE OF INCOME, 1994

% of people in households headed by the elderly, 1998

~~Distribution of Elderly Households, by Income Quintile, 1994~~



~~Most Elderly Households Have Income Below \$21,000~~

Most Elderly Households Have Income Below

~~\$21,000~~

\$19,999

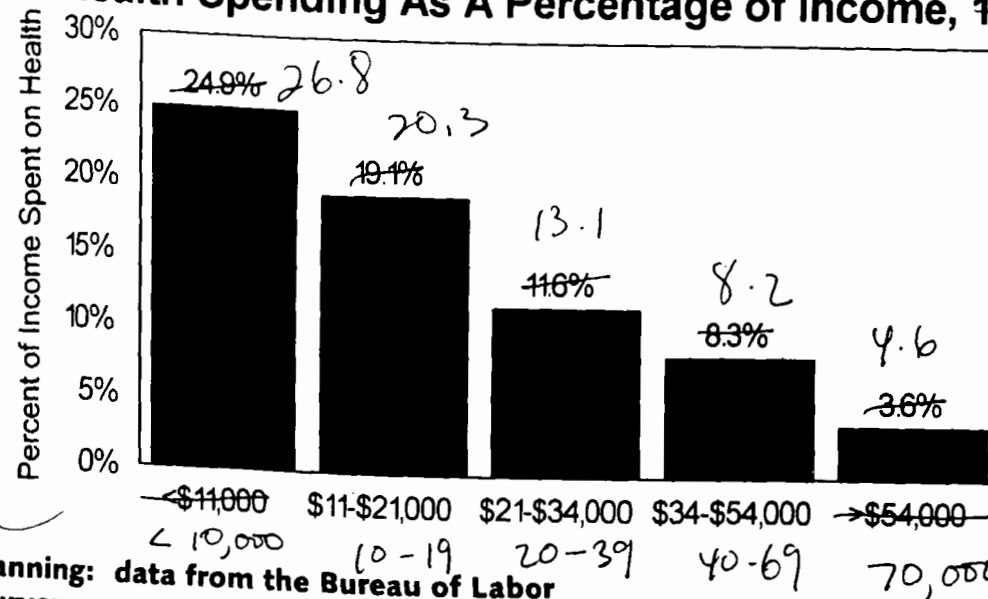
same break

Elderly Households' Health Spending As A Percentage of Income, 1994

The Elderly Poor Spend a Greater Proportion of their Income on Health

Arler -

98 data



Source: HCFA/Office of Strategic Planning: data from the Bureau of Labor Statistics, Consumer Expenditure Survey, 1997-98

Data for Figure 15

CES, 1997-98

Table 30. Consumer units with reference person age 65 and over

	Total	Complete reporting of income								
		<\$5000	\$5000- -9999	\$10000- 14999	\$15000- -19999	\$20000- -29999	\$30000- 39999	\$40000- 49999	\$50000- 69999	\$70000 +
# Units (in thous)	17,942	584	3,582	3,836	2,686	3,189	1,605	769	982	710
Avg # persons in consumer unit	1.7	1.5	1.3	1.4	1.8	1.9	2	2.1	2.3	2.6
1. Estimated total # persons (000)	30,501	876	4,657	5,370	4,835	6,059	3,210	1,615	2,259	1,846
sum check	30,726									
2.a. Avg. Income after taxes	22,764	2,529	7,764	12,029	17,049	23,602	32,979	41,441	53,963	104,467
Avg. annual expend.										
Health	2,993	2,171	1,836	2,499	3,380	3,524	3,480	3,668	4,203	4,808
Health as % of income		85.8	23.6	20.8	19.8	14.9	10.6	8.9	7.8	4.6
2.b. Aggregate: units times \$										
Income after taxes (000)	408,431,688	1,476,936	27,810,648	46,143,244	45,793,614	75,266,778	52,931,295	31,868,129	52,991,666	74,171,570
sum check	408,453,880									
Avg. annual expend.										
Health (000)	53,700,406	1,267,864	6,576,552	9,586,164	9,078,680	11,238,036	5,585,400	2,820,692	4,127,346	3,413,680
sum check	53,694,414									
Health as % of income		85.8	23.6	20.8	19.8	14.9	10.6	8.9	7.8	4.6

SOURCE: Bureau of Labor Statistics, Table 30 containing data from the Consumer Expenditure Survey 1997-98 (4/20/2000 received from Steve Henderson, 202-691-5124)
NOTE: Components of income and taxes are derived from "complete income reporters" only.

Combined Income groups					
<\$10000	\$10000- 19999	\$20000- 39999	\$40000- 69999	\$70000	
18.0	33.2	30.2	12.6	6	
5,533	10,205	9,269	3,874	1,846	
10,293	29,078	56,581	95,404	104,467	
4,007	5,879	7,004	7,871	4,808	
38.9	20.2	12.4	8.3	4.6	
29,287,584	91,936,858	128,198,073	84,859,795	74,171,570	
7,844,416	18,664,844	16,823,436	6,948,038	3,413,680	
26.8	20.3	13.1	8.2	4.6	

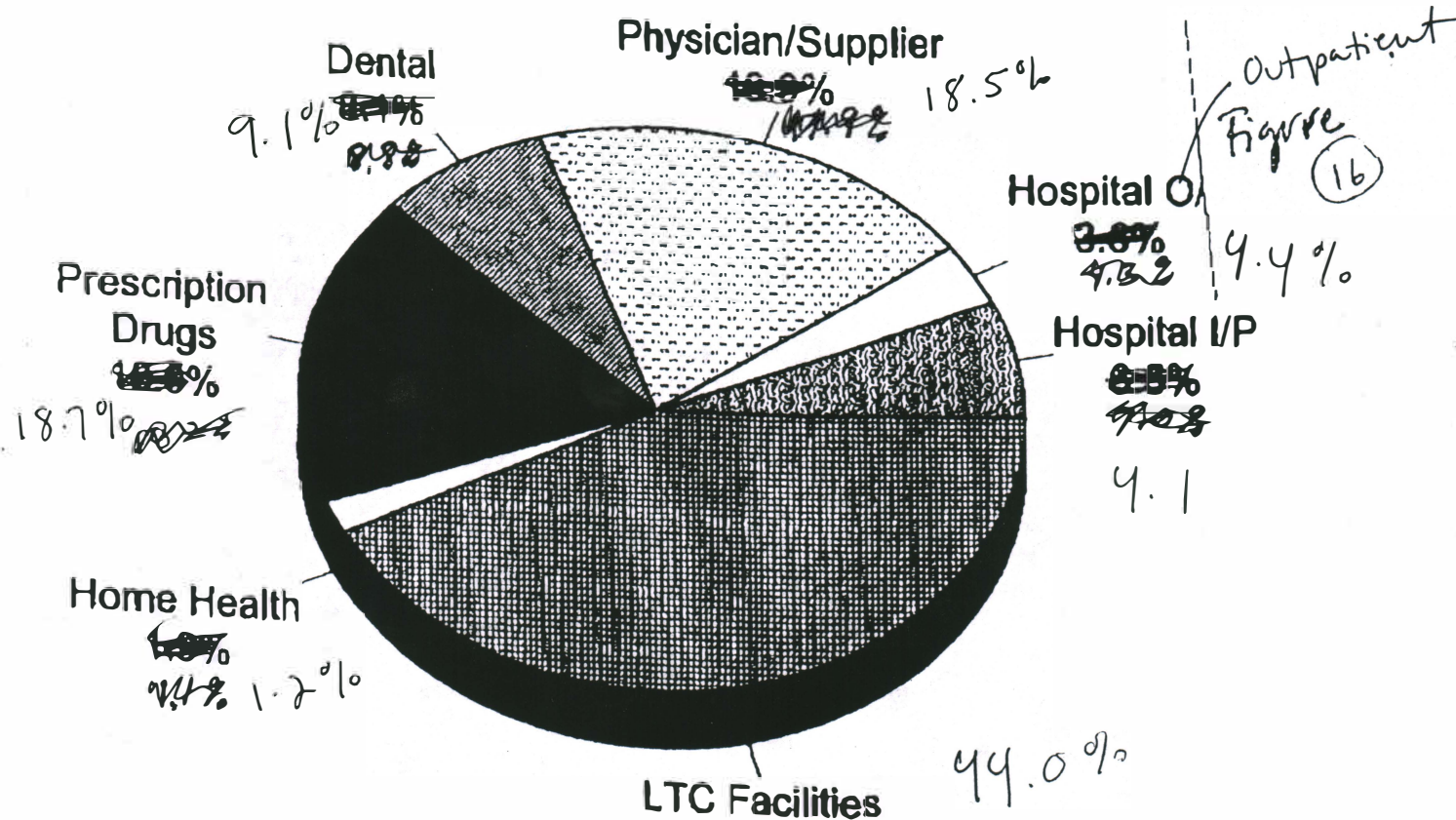
% of people in households
headed by elderly

% of income
spent
on
health

Figure 16

DISTRIBUTION OF BENEFICIARY OUT-OF-POCKET EXPENSES, ~~1993~~ 1997

Institutional long-term care (LTC) services account for the highest share of beneficiary out-of-pocket payments.



Total out-of-pocket expenditures = ~~154 billion~~ 142.22

66.8 Billion
check this

Note: Out-of-pocket expenditures do not include Medicare Part B premiums or private insurance/HMO premiums.
Source: HCFA/Office of Strategic Planning: data from the Medicare Current Beneficiary Survey.

Figure 40

Figure 17
Medicare Preventive Services Utilization 1993-1997, goal for 2010
% of Medicare beneficiaries using the service

[bar chart by service -- with bars for use in each year and 2010 goal]

Flu Pneumococcal Mammograms Colorectal Pap Smears Bone Mass Diabetes

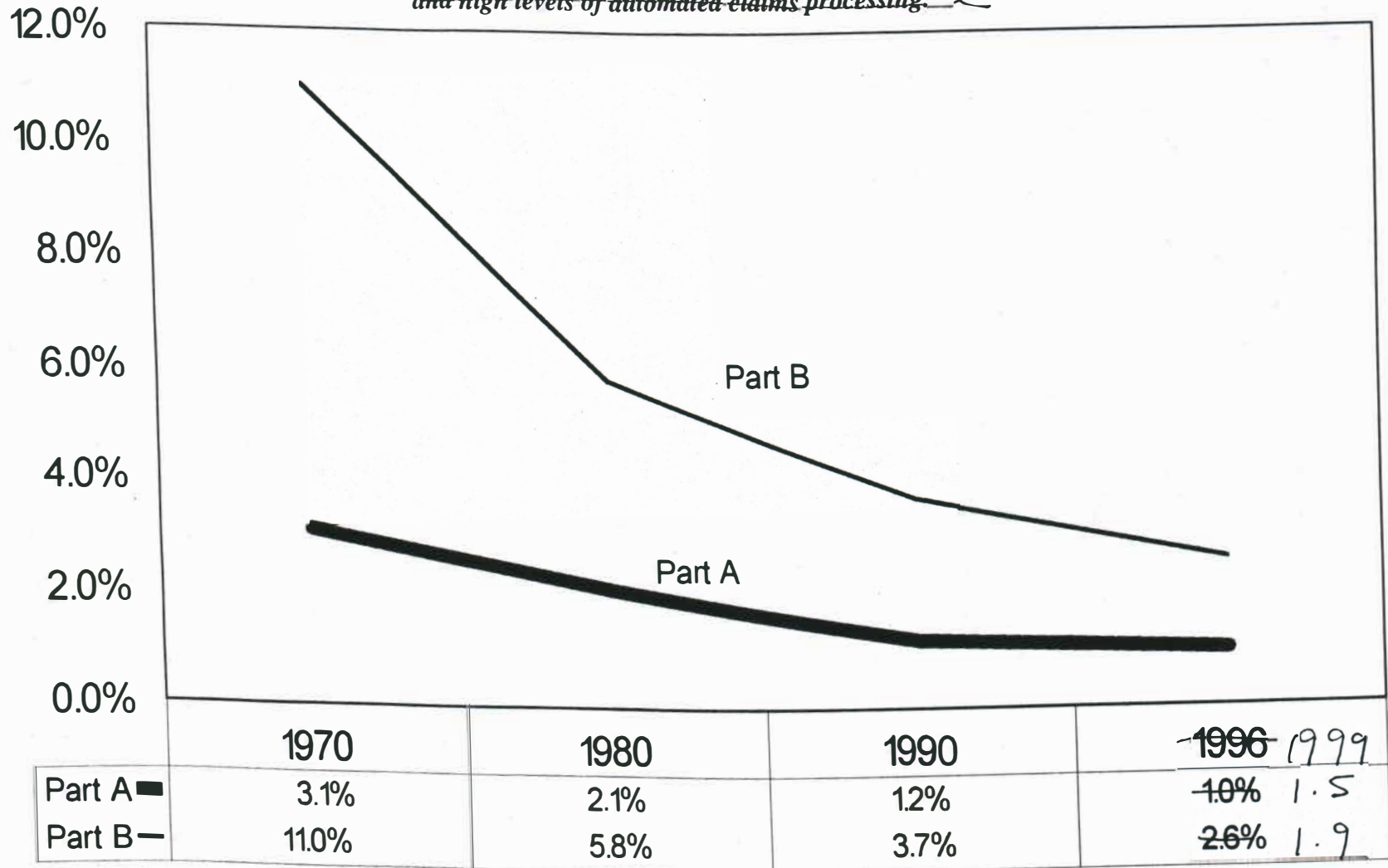
Note—prostate cancer screening was covered effective Jan 1, 2000. Data on use are not yet available.

Figure 18

FY 1970-1999

MEDICARE ADMINISTRATIVE EXPENSES AS A PERCENT OF BENEFIT PAYMENTS, FISCAL YEARS 1970-96 99

as % of total program spending
Medicare's administrative costs have been declining, reflecting greater efficiency through economies of scale and high levels of automated claims processing. *2*



Source: HCFA/Office of The Actuary.

cost per claim - CBS - Charlie B - Marguerite Knaf

Figure 30

Figure 19
Medicare Part A Claims Spending, Claims Workload, and Cost Per Claim.
FY 1988-FY1999

[Line chart, showing 2 lines---claims spending and number of claims in millions.
In a note below the bottom axis, show the cost per claim in dollars]

1988

1999

claims cost

of claims Data for Figure 19

Part A

FY 1988 - FACP FY 1989 - FACP FY 1990 - FACP

Total Costs			
Line 1 Bills Payment Costs	383,482,379	419,140,828	420,118,144
Claims Workload	116,954,679	133,341,997	146,068,583
Line 1 Unit Cost = (Line 1 Costs/Wkld)	74,482,138 \$1.57	81,162,476 \$1.64	89,084,888 \$1.64

Part B

Total Costs			
Line 1 Claims Payment Costs	720,400,354	846,273,593	915,531,072
Claims Workload	423,706,563	483,781,828	563,887,534
Line 1 Unit Cost = (Line 1 Costs/Wkld)	418,707,318 \$1.01	450,004,144 \$1.08	516,837,303 \$1.09

Note: These numbers were obtained from the Office of Financial Management.

cost per claim

Part A cost per claim

FY88 @ 1.57 74 million claims

FY89 1.64

FY90 1.64

FY91 1.56

FY92 1.67

FY93 1.59

FY94 1.48

FY95 1.33

FY96 1.27

97 1.20

98 .91

99 .84

75% change in cost per claim

147 million claims

50% increase in claims volume

FY 1991 - FACP FY 1992 - FACP FY 1993 - FACP FY 1994 - FACP FY 1995 - FACP FY 1996 - FACP

433,954,116	433,086,637	479,122,001	476,479,585	479,596,764	482,360,404
154,260,640	168,693,585	174,730,884	178,616,987	177,624,374	181,045,210
98,738,627	100,978,847	109,572,462	120,556,587	133,093,433	142,086,669
\$1.56	\$1.67	\$1.59	\$1.48	\$1.33	\$1.27

1,017,811,915	1,059,495,758	1,049,439,936	1,025,792,449	988,345,608	971,477,171
616,000,705	632,310,975	614,734,426	621,808,760	594,327,939	586,897,037
568,892,277	545,033,332	574,398,005	614,134,395	646,547,978	665,592,315
\$1.08	\$1.16	\$1.07	\$1.01	\$0.92	\$0.88

FY 1997 - FACP FY 1998 - FACP FY1999 - FACP*

489,642,324	526,492,084	591,829,228
179,659,091	131,699,586	123,631,946
149,959,847	145,155,573	147,804,911
\$1.20	\$0.91	\$0.84

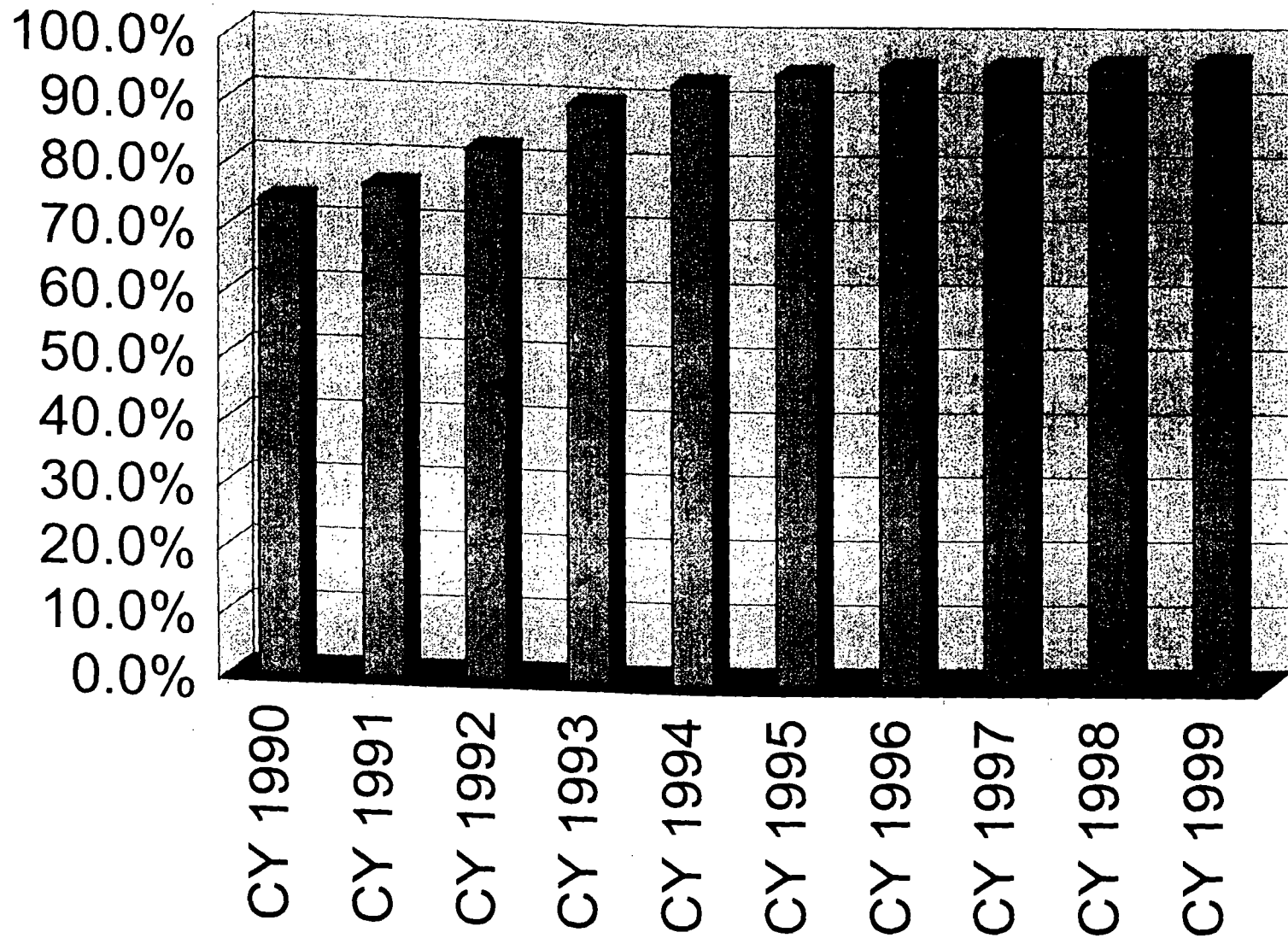
964,152,984	969,911,404	1,063,658,632
577,647,309	555,655,482	553,636,021
692,662,236	710,764,264	719,803,107
\$0.83	\$0.78	\$0.77

* - The 1999 FACP does not include a final count of all Y2K monies; nor does it reflect total costs associated with General American.

Figure 20

Fiscal Intermediary and Carrier Electronic Claims CY1990-CY1999^e
2 bars
[2 lines on the chart, one for Fiscal Intermediaries and one for Carriers]
CY1990 by year CY1999

Fiscal Intermediary EMC Rates



Part A FI

Data for
Figure 20

CY 1990	CY 1991	CY 1992	CY 1993	CY 1994	CY 1995	CY 1996	CY 1997	CY 1998	CY 1999
73.9%	76.6%	82.7%	90.0%	93.5%	95.2%	96.1%	96.3%	96.7%	97.1%

Carrier

Data for

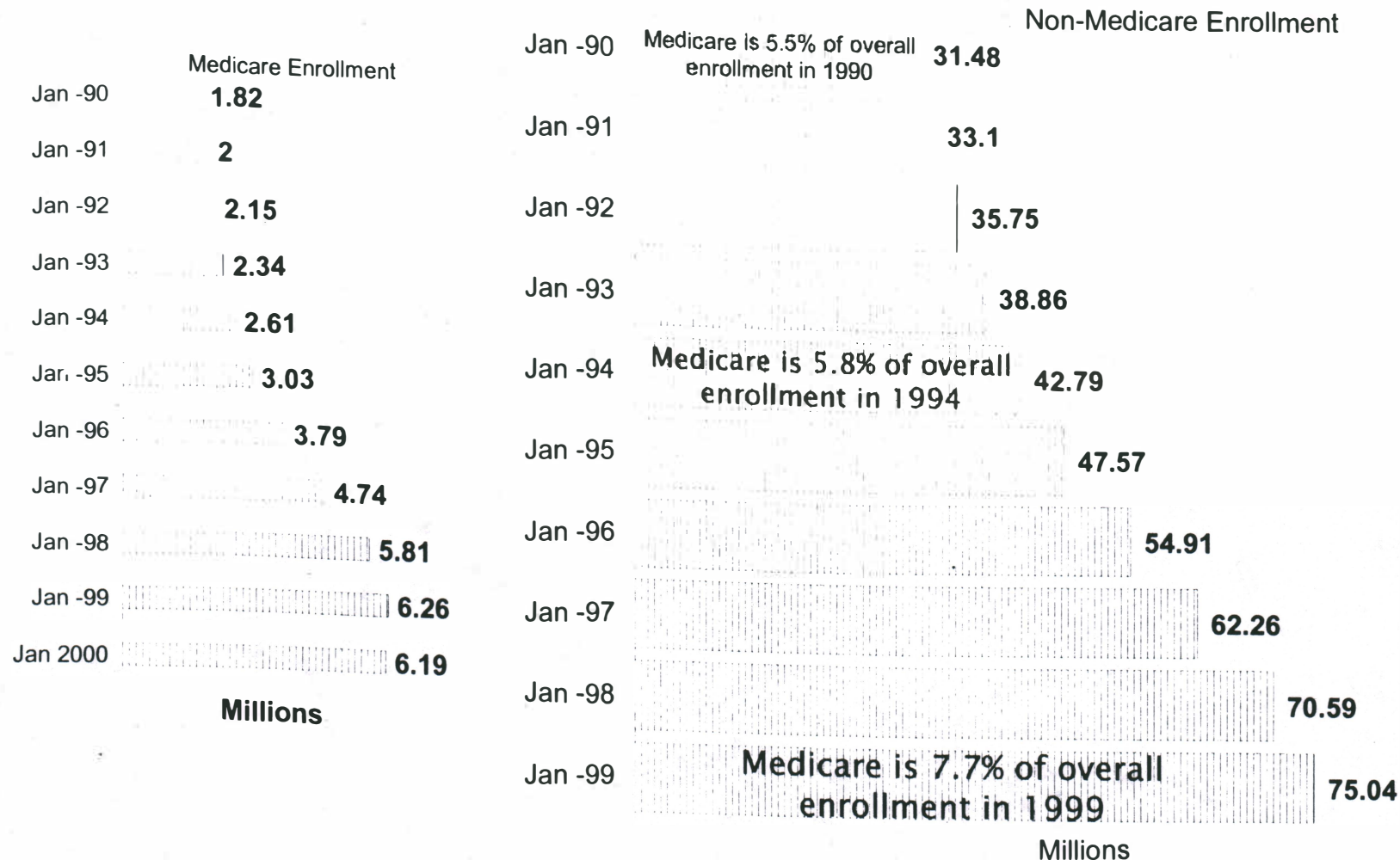
Figure 20

CY 1990	CY 1991	CY 1992	CY 1993	CY 1994	CY 1995	CY 1996	CY 1997	CY 1998	CY 1999
36.4%	42.8%	52.3%	64.6%	72.5%	76.8%	78.3%	80.0%	80.3%	80.7%

Figure 21

Figure 7.2 HMO Enrollment Growth, Medicare and Non-Medicare, 1990-1999

Enrollment in each sector grew in this decade. Medicare enrollment gradually became an increasingly higher percentage of overall enrollment, growing from 5.5% of total enrollment in 1990 to nearly 8% in 1999.

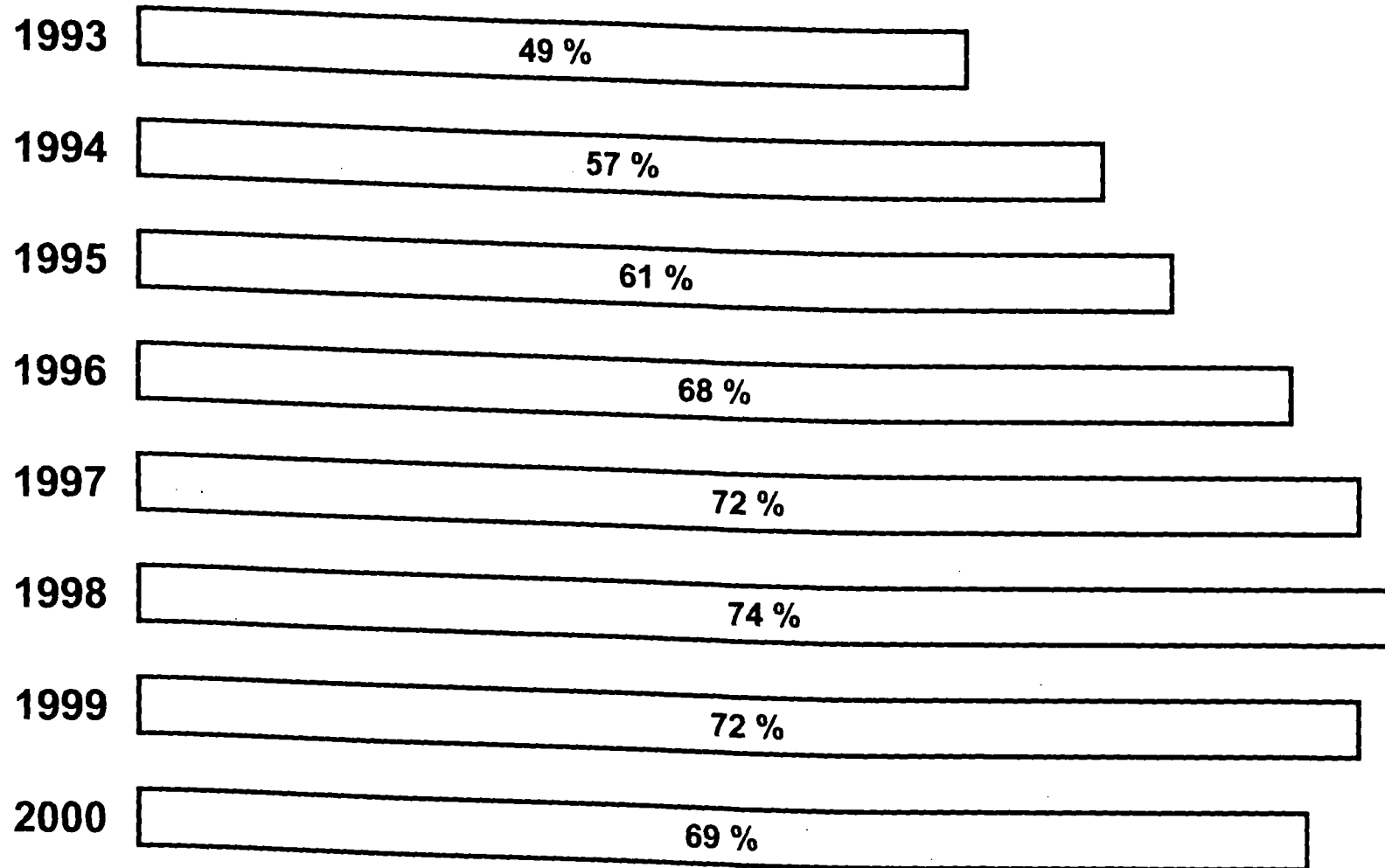


Source: Interstudy; HCFA Enrollment Data. Medicare enrollment numbers are for December of the preceding year, except in 1999, when January 1999 data are used. Non-Medicare numbers are Interstudy January numbers, less Medicare numbers.

Figure 22

Figure 7.3 Percent of Medicare Population with Access to at Least One Medicare Risk/M+C Plan, 1993 to 2000

Access increased by 50 percent from 1993 to 1998.

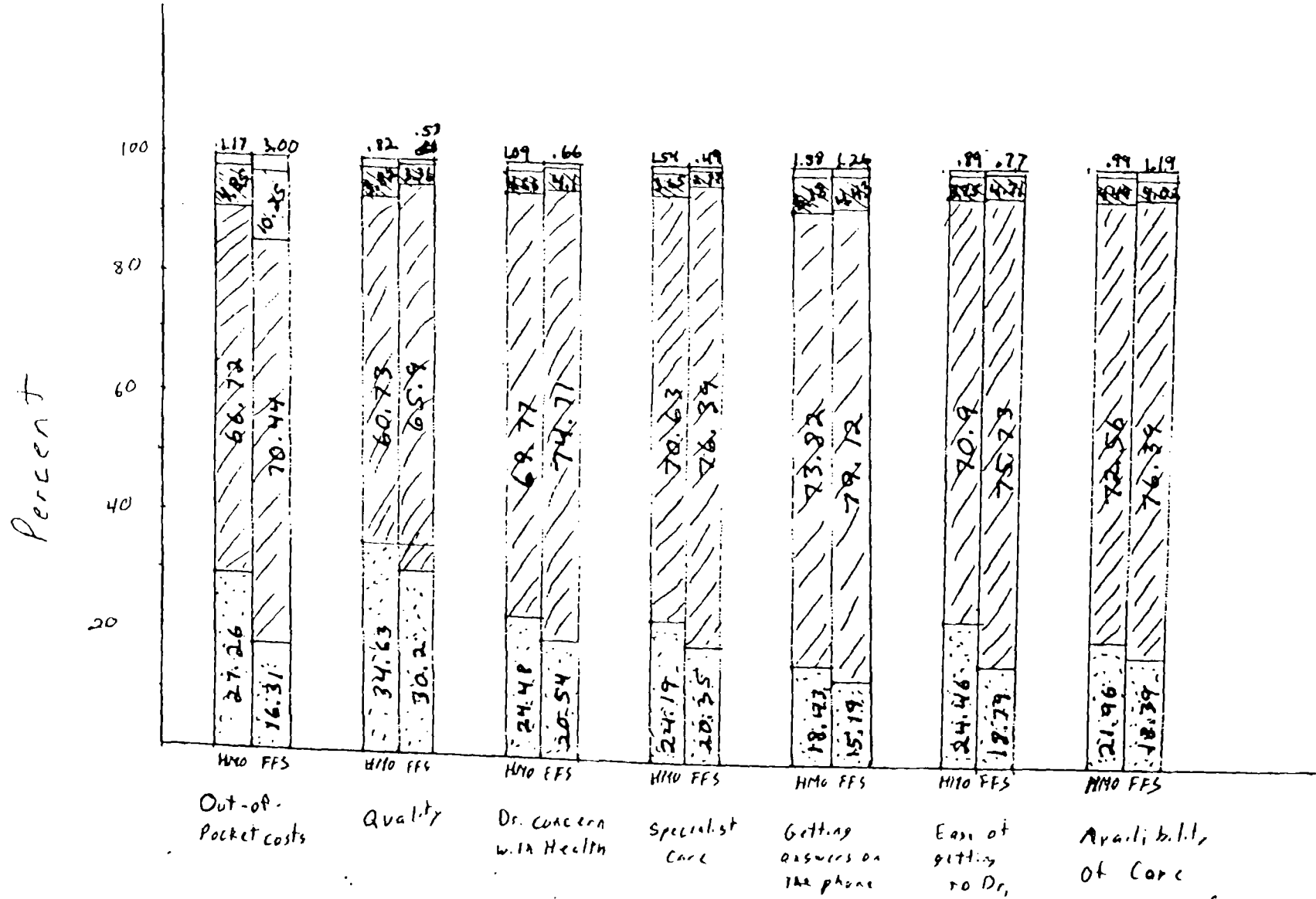


Source: OSP analysis of enrollment and service area data from HCFA Plan Information Control System. May differ from analyses based on Medicare Compare data.

Beneficiary Attitudes Towards HMO And Fee-For-Service, 1998

~~HCFA~~

Figure 23



Source: HCFA / Office of Strategic Planning: data from the Medicare Current Beneficiary Survey

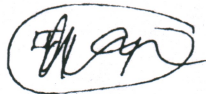
☐ Very Satisfied
 ☒ Satisfied
 ☒ Unsatisfied
 ☐ Very Unsatisfied

Beneficiary Attitudes towards HMOs And Fee-For-Service, 1998

Data for Figure

People	Out-of-pocket costs		Quality		Dr. Concern with health		Specialist Care		Getting answers on the phone		Ease of getting to Dr.		Availability of Care	
	Hmo	FFS	HMO	FFS	HMO	FFS	HMO	FFS	HMO	FFS	HMO	FFS	HMO	FFS
Very Satisfied	27.26	16.31	34.63	30.2	24.48	20.54	24.19	20.35	18.43	15.19	24.46	18.79	21.96	18.39
Satisfied	66.72	70.44	60.73	65.9	69.77	74.71	70.63	76.39	73.82	79.12	70.9	75.73	72.56	76.39
Unsatisfied	4.85	10.25	3.82	3.36	4.66	4.1	3.65	2.77	6.18	4.43	3.75	4.71	4.49	4.02
Very Unsatisfied	1.17	3	0.82	0.53	1.09	0.66	1.54	0.49	1.58	1.26	0.89	0.77	0.99	1.19
	100	100	100	100	100	100.01	100.01	100	100.01	100	100	100	100	99.99

Make into a stacked bar graph

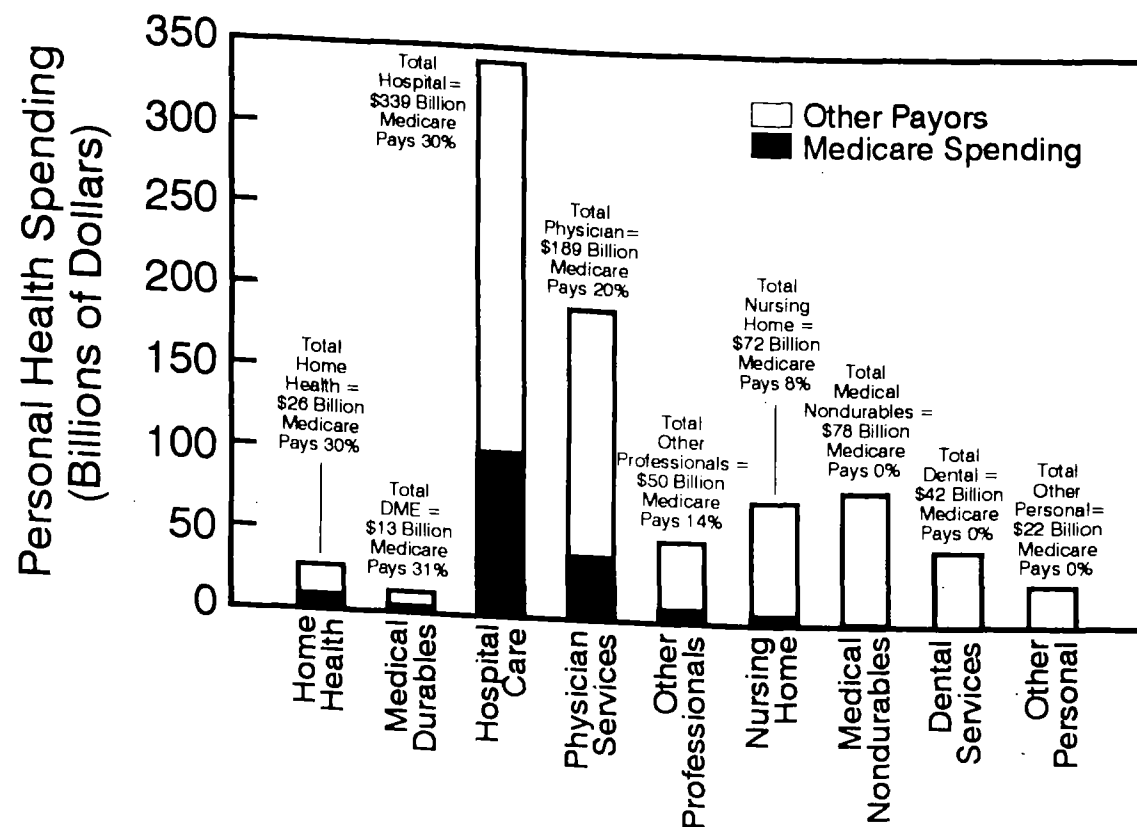
- See sample chart 

1

V

National Personal Health Expenditures By Type Of Service And Percent Medicare Pays, 1994

Total National Personal Health Spending In 1994 Was \$832 Billion;
Medicare Accounted For 20%



Source: HCFA/Office of the Actuary

1970, 98 actuals

1970 - Medicare Share

home health

other pers

NHE 1998: PERSONAL HEALTH CARE EXPENDITURES

LEVELS in \$Billions

	1998	1990	1985	1980	1975	1970
Personal Health Care	1,019	615	376	217	115	64
Medicare	210	109	70	36	16	7
All other payers	809	506	306	181	99	57
Medicare's share	20.6%	17.7%	18.6%	16.8%	13.7%	11.4%
Home Health Care	29	13	6	2	1	0
Medicare	10	3	2	1	0	0
All other payers	19	10	4	2	0	0
Medicare's share	35.6%	23.0%	28.3%	27.4%	30.9%	27.2%
Durable Medical Equipment	15	10	7	4	3	2
Medicare	6	3	1	0	0	0
All other payers	10	8	5	3	2	2
Medicare's share	38.1%	24.4%	19.0%	11.5%	4.8%	2.3%
Hospital Care	383	256	168	103	53	28
Medicare	124	69	49	26	12	5
All other payers	259	188	119	76	41	23
Medicare's share	32.4%	26.8%	29.1%	25.7%	22.0%	19.2%
Physician Services	230	146	84	45	24	14
Medicare	49	29	16	8	3	2
All other payers	180	117	67	37	21	12
Medicare's share	21.5%	20.0%	19.5%	17.6%	14.1%	12.2%
Other Professional Care	67	35	17	6	3	1
Medicare	9	3	1	1	0	0
All other payers	57	31	15	6	3	1
Medicare's share	13.7%	9.4%	8.3%	9.0%	7.3%	2.6%
Nursing Home Care	88	51	31	18	9	4
Medicare	10	2	0	0	0	0
All other payers	77	49	30	17	8	4
Medicare's share	11.9%	3.4%	1.5%	1.7%	2.5%	3.4%
Non-durable Medical Prod	122	60	37	22	13	9
Medicare 1/	1	0	0	0	0	0
All other payers	121	60	37	22	13	9
Medicare's share	1.0%	0.1%	0.1%	0.0%	0.0%	0.0%

EXHIBIT

Prescription Drugs	91	38	21	12	8	5
Medicare 1/	1	0	0	0	0	0
All other payers	89	38	21	12	8	5
Medicare's share	1.3%	0.2%	0.1%	0.0%	0.0%	0.0%
Other Non-durable Medical Prod	31	22	16	10	5	3
Medicare	0	0	0	0	0	0
All other payers	31	22	16	10	5	3
Medicare's share	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Dental Services	54	32	22	13	8	5
Medicare 1/	0	0	0	0	0	0
All other payers	54	32	22	13	8	5
Medicare's share	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Per1 Hlth Care	32	11	6	4	2	1
Medicare	0	0	0	0	0	0
All other payers	32	11	6	4	2	1
Medicare's share	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

SOURCE: HCFA/OFFICE OF THE ACTUARY, NATIONAL HEALTH STATISTICS GROUP

NOTE: Medicare coverage for disabled beneficiaries effective July 1, 1973

1/ Estimated share of capitated payments.