

MELINDA J. BEEUWKES BUNTIN

RAND Washington Office
1200 South Hayes Street
Arlington, VA 22202-5050
(703) 413-1100 ext. 5581
Email: buntin@rand.org

Home:
3218 Macomb St. NW
Washington DC 20008
(202) 363-9609
mbbuntin@gmail.com

EDUCATION

Harvard University

Ph.D. in Health Policy, June 2000

Concentration: Economics

Dissertation: "Competition and Payment Systems under Medicare."

The dissertation examined the effect of benefit design on risk selection in Medicare HMOs, compared alternative econometric methods for modeling health care costs, and empirically evaluated methods of risk adjustment for the terminally ill.

Dissertation Committee: Joseph Newhouse (chair), Richard Frank, and Katherine Swartz

Princeton University, Woodrow Wilson School of Public and International Affairs

A.B. *magna cum laude*, June 1993

EMPLOYMENT HISTORY

Associate Director, Economics, Finance, and Organization, RAND Health, 2007-present

Director, Public Sector Initiatives, RAND Health, 2006-present

Co-Director, Bing Center for Health Economics, 2006-Dec. 2007

Co-Director, RAND Center for Health Care Organization, Economics, and Financing, 2004-2006

Senior Economist, RAND, 2007-present

Economist, RAND, 2003-2006

Associate Economist, RAND, 2000-2003

Research Assistant, Department of Health Care Policy, Harvard Medical School, 1996-2000

Analyst, Lewin-VHI (now The Lewin Group), Fairfax, VA, 1995

Research Assistant, Lewin-VHI, Fairfax, VA, 1993-1994

MEMBERSHIPS AND PROFESSIONAL SERVICES

Study Reviewer, Health Services Organization and Delivery (HSOD) study section, National Institutes of Health, June 2009

Abstract Selection Committee, Medicare Theme. AcademyHealth, 2009 Annual Research Conference

Abstract Selection Committee, Best Abstract Award. AcademyHealth, 2009 Annual Research Conference

Editorial Board Member, *Health Services Research* (effective December, 2008)

Program Committee, Association for Public Policy Analysis and Management, March 2008

Content Expert, California Health Benefits Review Program (CHBRP), Policy Considerations Relevant to Senate Bill 1522 Coverage Choice Categories, June 2008

Conference Theme Leader, "Consumer Choice and Decision Making", AcademyHealth 2008 Annual Research Conference

Content Expert, California Health Benefits Review Program (CHBRP), Analysis of Assembly Bill 12134, "Waiver of Benefits," November 2007

Elected Member, National Academy of Social Insurance (2007 - present)

Abstract Selection Committee, Private Health Insurance Theme, AcademyHealth 2007 Research Conference

SGR Technical Panel, June 12, 2006. Medicare Payment Advisory Commission
 American Society of Health Economists (2005 – present)
 The Gerontological Society of America (2005- present)
 Steering Committee, AcademyHealth, Health Economics Interest Group (2005-2007)
 JOINTS I and II Studies Policy Advisory Panel. National Rehabilitation Center (2005-2008)
 International Health Economics Association (2001 - present)
 John A. Hartford Foundation National Advisory Panel, “Building Interdisciplinary Geriatric Health
 Care Research Centers” Initiative (2004-present)
 Academy Health (1995 - present)

FELLOWSHIPS AND AWARDS

RAND Silver Merit Bonus, *July 2009*
 AcademyHealth 2009 Annual Research Meeting Most Outstanding Medicare Abstract, *June 2009*
 AcademyHealth 2009 Annual Research Meeting Most Outstanding Abstract in Health Care Markets
 & Competition, *June 2009*
 RAND President’s Award, *January 2006*
 RAND Silver Merit Bonus, *July 2003*
 Sloan Foundation Dissertation Fellowship, *September 1997-June 2000*
 Harvard University Graduate School of Arts and Sciences Summer Dissertation
 Fellowship, *Summer 1998*
 Agency for Health Care Policy and Research Training Grant, *September 1995-June 1997*

RAND PROJECTS

Implementing a National Insurance Connector

The Commonwealth Fund 8/1/08 – 12/31/09
 Principal Investigator \$214,066

This project explores the potential designs for and effects of, implementing a national health insurance pooling system, or “Connector,” in the United States. Such a Connector would likely operate within a framework for universal coverage and would offer businesses and individuals a structured choice of health insurance plans.

Post Acute Costs and Outcomes after Medicare’s Reimbursement Changes

National Institute on Aging R01 3/1/08 – 2/28/11
 Principal Investigator \$1,396,451

Our objectives for this project include examining: How changes in payment systems affected overall payments for, costs of, and outcomes of episodes of post-acute care for Medicare patients discharged alive from an acute care stay in a hospital; The determinants of choice of PAC setting, and how they are affected by patient characteristics, discharging hospital characteristics, PAC facility characteristics and payment policy changes; The extent to which payment policy changes affected clinical and financial outcomes of interest through changes in the sites where patients received care versus changes in outcomes conditional on care sites.

Health Care Use and Quality in High-Deductible and 'Consumer-Directed' Health Plans

California HealthCare Foundation and Robert Wood Johnson Foundation 3/8/06– 2/28/10
 Principal Investigator \$4,069,475

This project is investigating how new health insurance benefit designs incorporating financial incentives and information intended to help patients make more cost-conscious health care decisions influence the amount, type, and quality of care used, and how responses differ across population groups, particularly the sick and the poor.

Completed Projects

Comprehensive Assessment of Reform Efforts (COMPARE)

RAND Corporation internal funding and donations
Team Co-Leader (Co-Leader Dana Goldman)

9/26/05 – 4/30/09

RAND's COMPARE project is evaluating the outlook for the U.S. health care system over the next 20 years if there is no change in the current course, then comparing the relative effects of reform proposals along dimensions including spending, health, affordability, reliability, and patient-centeredness. We will provide facts that policymakers and the public can use to weigh the pros and cons of available policy choices.

Health Savings Accounts- Understanding and Improving their Value for Older Americans

American Association of Retired Persons
Principal Investigator

10/28/08 - 12/31/08

\$75,000

This project examines the use of health savings accounts (HSAs) as a way of allowing individuals to save money toward health care costs. Often coupled with a high-deductible health plan (HDHP) HSAs are one element of consumer-directed health care designed to make consumers more aware of the costs associated with health care, encourage them to be more value-conscious when they do use health care services.

Sustainable Growth Rate: What Areas of Physician Spending are Growing Rapidly and Why?

Assistant Secretary for Planning and Evaluation (ASPE)
Principal Investigator

9/15/07 – 12/12/08

\$298,551

Rapid growth in the use of physicians' services paid for by Medicare has generated concern about the methods used to update payment rates for those services and about Medicare's ability to finance the health care needs of the country's growing elderly and disabled population. The primary goal of this research project was to analyze the physicians' services that have seen the most rapid increases in volume in recent years.

Rising Medicare Expenditures for the Oldest Medicare Beneficiaries

National Institute on Aging
Investigator

8/1/05 – 9/30/08

\$24,942

This research project is documenting and attempting to explain the dynamic interactions between declining disability, increased treated prevalence of disease, technological change and Medicare expenditures for the oldest Medicare beneficiaries.

Randomized Trial of Care Management to Improve End of Life Care

Veterans Administration IIR 02-294-1
Health Economist (Principal Investigator: Ken Rosenfeld)

1/01/04– 2/31/08

\$280,000

This RCT is evaluating the effectiveness of a nurse case manager-based palliative care program in improving quality of care for patients with less than one-year life expectancy. Dr. Beeuwkes Buntin will be evaluating the costs of the program and any savings associated with it.

Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) Monitoring, Access, and Refinements

CMS
Principal Investigator

9/30/04-12/30/06

\$1,192,356

Under this project, we analyzed access to, costs of, and outcomes of post-acute care following the implementation of prospective payment. We also provided CMS with specific recommendations for refining the IRF PPS.

Hospice Cost Functions

Medicare Payment Advisory Commission 9/23/05 – 4/19/06
Principal Investigator \$149,000

This project explored potential changes to the Medicare hospice payment system, with a particular focus on case-mix adjustment.

Consumer-Directed Health Plans and Health Care Use and Quality: Planning Study

California Health Care Foundation 11/15/04-1/31/06
Co-Principal Investigator (Co-PI: Susan Marquis) \$215,133

The overall goal of this project was to develop a detailed design with which to study the effect of consumer-directed health benefit plans on health care use, the quality and appropriateness of care received, and on disparities in access to care. Our final product was a detailed proposal and budget for a complete study of the effects of consumer-directed health plan features on health care use and quality.

Comparison of Medicare Spending For Beneficiaries With Lower Extremity Joint Replacement

Medicare Payment Advisory Commission 9/24/04-4/30/05
Principal Investigator \$151,604

We compared the costs and outcomes of Medicare patients undergoing lower extremity joint replacement surgery who receive post-acute care in different settings, including inpatient rehabilitation facilities and skilled nursing facilities.

Pilot Test of Linking the Health and Retirement Survey to Long Term Care Minimum Data Set

University Of Michigan 7/01/04– 12/31/05
Principal Investigator \$99,996

This study pilot tested linking the Health and Retirement Survey (HRS) to the Long Term Care Minimum Data Set (MDS), an administrative data source on nursing home patients collected by the Centers for Medicare and Medicaid services.

Evaluation of Corporate Disease Management Program

Wellpoint Health Systems 10/1/02-6/30/06
Health Economist (Principal Investigator: Nicole Lurie) \$300,000

We evaluated a randomized controlled trial of disease management for diabetes, asthma, and congestive heart failure.

Reaching the Uninsured through the Individual Market for Health Insurance

California Healthcare Foundation 11/1/01-10/01/05
Investigator (Principal Investigator: Susan Marquis) \$2,899,817

This project studied the role the individual insurance market in California plays in covering the non-poor population; investigated the factors that influence consumer decisions to participate in the individual market; and assessed how changes in price, benefits design, and public policies might affect that role and the number of uninsured.

Design, Development, Implementation, Monitoring and Refinement of Prospective Payment System for Inpatient Rehabilitation, Phase II

Centers for Medicare and Medicaid Services 9/1/01-9/30/04

Principal Investigator as of 9/30/02 \$5,908,651
(Co-Principal Investigator: Grace Carter)

The purpose of this project was to help the Centers for Medicare and Medicaid Services to design, develop, implement, monitor, and refine a case-based prospective payment system for rehabilitation facilities providing services to Medicare beneficiaries.

Assessing Variations in Managed Care Plan Performance and Selective Enrollment of Medicare Beneficiaries

Harvard University/Commonwealth Fund 11/2/00-6/30/01
Principal Investigator \$25,000

We analyzed the extent to which managed care plans select healthier Medicare enrollees, either by the way they define their service area or by selection of beneficiaries within areas.

Utilization of Physicians' Services

AHRQ 10/23/00-06/01/02
Investigator and Project Director \$299,486
(Principal Investigator: Paul Shekelle)

The primary objective of this study was to identify the determinants of changes in the use of physicians' services by Medicare beneficiaries during the mid-1990s.

OTHER PROJECTS

The Impact of Medicare Financing Methods on End-of-Life Care

RWJ Foundation 4/1/99-3/30/00
Investigator (Principal Investigator: Haiden Huskamp)

This project assessed the role of Medicare financing and coverage policies in facilitating and creating barriers to effective end of life care.

Risk Adjustment under Medicare

The Commonwealth Fund 6/1/96 – 6/1/00
Investigator (Principal Investigator: Joseph Newhouse)

This project tracked the development and implementation of risk adjusters for the Medicare + Choice program and evaluated their ability to predict the costs of the terminally ill.

PEER-REVIEWED PUBLICATIONS

Nancy Nicosia, Elaine Reardon, Karl Lorenz, Joanne Lynn, Melinda Beeuwkes Buntin. "The Medicare Hospice Payment System: A Consideration of Potential Refinements" *Forthcoming in Health Care Financing Review*.

Melinda Beeuwkes Buntin, Carrie Hoverman Colla, José J. Escarce. "Effects of Payment Changes on Trends in Post-Acute Care" *Health Services Research*. Volume 44, Issue 4: 1188-1210 (August 2009)

Melinda Beeuwkes Buntin, Arvind Jain, Soeren Mattke, Nicole Lurie. "Who Gets Disease Management?" *Journal of General Internal Medicine*. Volume 24, Number 5: 649-655 (May 2009)

Carrie Hoverman, Lisa R. Shugarman, Debra Saliba, Melinda Beeuwkes Buntin. "Use of Post-Acute Care by Nursing Home Residents Hospitalized for Stroke or Hip Fracture: How Prevalent and to what end?" *Journal of American Geriatrics Society*, Volume 56, Number 8: 1490-1496(7) (August 2008).

- Neeraj Sood, Melinda Beeuwkes Buntin, José J. Escarce. “Does How Much and How You Pay Matter? Evidence from the Inpatient Rehabilitation Facility Prospective Payment System.” *Journal of Health Economics*, Volume 27, Number 4: 1046-1059 (July 2008)
- M. Susan Marquis, Melinda Beeuwkes Buntin, José J. Escarce. “The Role of Product Design in Consumers’ Choices in the Individual Insurance Market.” *Health Services Research*, 42 (6) 2194-2223 (December 2007)
- M. Susan Marquis Melinda Beeuwkes Buntin; José J. Escarce, Kanika Kapur. “What is the Right Price of Health Insurance: A Rejoinder.” *Health Services Research*, 42(6) 2230-2232 (December, 2007)
- Melinda Beeuwkes Buntin. “Access to Post-Acute Rehabilitation.” *Archives of Physical Medicine and Rehabilitation*, Volume 88, Number 11 (November 2007).
- Susan M. Paddock, José J. Escarce, Orla Hayden, Melinda Beeuwkes Buntin. “Did the Medicare Inpatient Rehabilitation Facility Prospective Payment System Result in Changes in Relative Patient Severity and Relative Resource Use?” *Medical Care* 45 (2): 123-129 (February 2007).
- Melinda Beeuwkes Buntin, Cheryl Damberg, Amelia Haviland, Kanika Kapur, Nicole Lurie, Roland D. McDevitt, M. Susan Marquis. “Consumer-Directed Health Care: Early Evidence About Effects on Cost and Quality.” *Health Affairs Web Exclusive*, 24 October 2006, <http://content.healthaffairs.org/cgi/reprint/hlthaff.25.w516v1>.
- M. Susan Marquis, Melinda Beeuwkes Buntin. “How Much Risk Pooling Is There in the Individual Insurance Market?” *Health Services Research* 41 (5): 1782-1800 (October 2006).
- M. Susan Marquis, Melinda Beeuwkes Buntin, José J. Escarce, Kanika Kapur, Thomas A. Louis, Jill M. Yegian. “Consumer Decision Making in the Individual Health Insurance Market,” *Health Affairs Web Exclusive*, 2 May 2006, <http://content.healthaffairs.org/cgi/content/full/hlthaff.25.w226v1/DC1>.
- Melinda Beeuwkes Buntin, Grace Carter, Orla Hayden, Carrie Hoverman, Susan Paddock, Barbara Wynn. “IRF Care Use Before and After Implementation of the IRF PPS.” RAND TR-257-CMS. (February 2006).
- Susan Paddock, Jose Escarce, Orla Hayden, Melinda Beeuwkes Buntin. “Changes in IRF Patient Severity Following Implementation of the IRF PPS.” RAND TR-258-CMS. (February 2006).
- Melinda B. Buntin. “Commentary: Rigorous Disease Management Evaluation”. *Journal of Evaluation in Clinical Practice* 12 (2): 121—123 (2006).
- M. Susan Marquis, Melinda Beeuwkes Buntin, José J. Escarce, Kanika Kapur, Thomas A. Louis. “Is the Individual Market More than a Bridge Market? An Analysis of Disenrollment Decisions.” *Inquiry* 42 (4): 381-96 (Winter 2005/2006).
- M. Susan Marquis, Melinda Beeuwkes Buntin, Kanika Kapur, and Jill M. Yegian. “Using Contingent Choice Methods to Assess Consumer Preferences About Health Plan Design.” *Applied Health Economics and Health Policy* 4 (2): 77-86 (2005).
- Melinda Beeuwkes Buntin, José J. Escarce, Carrie Hoverman, Susan M. Paddock, Mark Totten, Barbara O. Wynn. “Effects of Payment Changes on Trends in Access to Post-Acute Care.” RAND TR-259-CMS. (October 2005).

- Melinda Beeuwkes Buntin, Anita Datar Garten, Susan Paddock, Debra Saliba, Mark Totten and José Escarce. "How Much is Post-Acute Care Use Affected by Its Availability?" *Health Services Research* 40(2): 413-434 (April 2005).
- Susan M. Paddock, Barbara O. Wynn, Grace M. Carter, and Melinda Beeuwkes Buntin. "Identifying and Accommodating Statistical Outliers When Setting Prospective Payment Rates for Inpatient Rehabilitation Facilities." *Health Services Research* 39(6p1): 1859-1879 (December 2004).
- Melinda Beeuwkes Buntin, M. Susan Marquis, Jill M. Yegian. "The Role of the Individual Health Insurance Market and Prospects for Change." *Health Affairs* 23(6): 79-90 (November/December 2004).
- M. Susan Marquis, Melinda Beeuwkes Buntin, Jose J. Escarce, Kanika Kapur, Jill M. Yegian. "Subsidies and the Demand for Individual Health Insurance in California." *Health Services Research* 39(5): 1547-1570 (October 2004).
- Daniel A. Relles, Gregory K. Ridgeway, Grace M. Carter and Melinda Beeuwkes Buntin. "Possible Refinements to the Construction of Function-Related Groups for the Inpatient Rehabilitation Facility Prospective Payment System." RAND TR-207-CMS. (August 2005).
- Melinda J. Beeuwkes Buntin and Alan Zaslavsky. "Too Much Ado about Two-Part Models and Transformation: Comparing Methods of Modeling Medicare Expenditures." *Journal of Health Economics* 23(3): 525-542 (May 2004).
- Melinda J. Beeuwkes Buntin, José J. Escarce, Dana Goldman, Hongjun Kan, Miriam J. Laugesen, and Paul Shekelle. "Increased Medicare Expenditures for Physicians' Services: What are the causes?" *Inquiry* 41(1): 83-94 (Spring 2004).
- Melinda J. Beeuwkes Buntin, Alan M. Garber, Mark McClellan and Joseph P. Newhouse. "The Costs of Decedents In The Medicare Program: Implications for Payments to Medicare+Choice Plans?" *Health Services Research* 39(1): 111-130 (February 2004).
- Melinda Beeuwkes Buntin, José J. Escarce, Kanika Kapur, Jill M. Yegian, and M. Susan Marquis. "Trends and Variability in Individual Insurance Products in California." *Health Affairs (Web Exclusive)* 3, 449-459 (September 2003).
- Melinda J. Beeuwkes Buntin and Haiden Huskamp. "What Is Known About the Economics of End-of-Life Care for Medicare Beneficiaries?" *The Gerontologist* 42 (Special Issue III), 40-8 (October 2002).
- Joseph P. Newhouse, Howard Bailit, Melinda Beeuwkes Buntin, et al, "Managed Care: An Industry Snapshot," *Inquiry* 39(3): 207-220 (Fall, 2002).
- Alan Zaslavsky and Melinda J. Beeuwkes Buntin, "Using Survey Measures to Assess Risk Selection Among Medicare Managed Care Plans." *Inquiry* 39(2): 138-151 (2002).
- Grace M. Carter, Melinda Beeuwkes Buntin, Orla Hayden, Susan M. Paddock, Daniel A. Relles, Greg Ridgeway, Mark E. Totten, and Barbara O. Wynn. "Analyses for the Initial Implementation of the Inpatient Rehabilitation Facility Prospective Payment System." Santa Monica, CA: RAND, MR-1500-CMS. (2002).
- Patricia Keenan, Melinda J. Beeuwkes Buntin, Thomas McGuire, and Joseph P. Newhouse. "The Prevalence of Formal Risk Adjustment in Health Plan Purchasing." *Inquiry* 38(3): 245-259 (Fall 2001).
- Haiden Huskamp, Melinda J. Beeuwkes Buntin, Virginia Wang, and Joseph P. Newhouse. "Providing Care at the End of Life: Do Medicare Rules Impede Good Care?" *Health Affairs* 20(3): 204-211 (May/June 2001).

Melinda Beeuwkes Buntin and Joseph P. Newhouse. "Paying Medicare Managed Care Plans." *Generations* 22(2): 37-42 (1998).

David Blumenthal and Melinda Beeuwkes Buntin. "Carve-Outs: Definition, Experience, and Choice Among Candidate Conditions." *The American Journal of Managed Care* 4(SP): SP45-SP58 (1998).

Joseph P. Newhouse, Melinda J. Beeuwkes Buntin, and John D. Chapman. "Risk Adjustment and Medicare: Taking a Closer Look." *Health Affairs* 16 5): 26-43 (September/October 1997).

OTHER PUBLICATIONS

Melinda Beeuwkes Buntin "Consumer-Directed Health Plans: What are they, what do we know about their effects, and can they enhance value?" Institute of Medicine of the National Academies, *Forthcoming online report*.

Melinda Beeuwkes Buntin and David Cutler "The Two Trillion Dollar Solution: Saving Money by Modernizing the Health Care System" *Center for American Progress*. Available at: http://www.americanprogress.org/issues/2009/06/2trillion_solution.html (June 2009)

Melinda B. Buntin, José J. Escarce, Dana Goldman. Letter to Editor regarding "Use of Physicians' Services for Medicare Beneficiaries." *New England Journal of Medicine*, Volume 357: 617-619 (August 9, 2007).

Melinda Beeuwkes Buntin, Cheryl Damberg, Amelia Haviland, Nicole Lurie, Kanika Kapur, and M. Susan Marquis. "Consumer-Directed" Health Plans: Implications for Health Care Quality and Cost" *California Health Care Foundation*. Available at: <http://www.chcf.org/documents/insurance/ConsumerDirHealthPlansQualityCost.pdf>. (June 2005).

Nicole Lurie and Melinda Beeuwkes Buntin. "Health Disparities and The Quality of Ambulatory Care." *New England Journal of Medicine* (Editorial) 347(21):1709-1710 (2002).

Joseph P. Newhouse, Melinda J. Beeuwkes Buntin, and John D. Chapman. "Risk Adjustment and Medicare [Revised and Updated Version]." *The Commonwealth Fund*, (1999).

Melinda Beeuwkes Buntin and Joseph P. Newhouse. "Employer Purchasing Coalitions and State Experiences with Risk Adjustment." *The Commonwealth Fund*, (1998).

Melinda Beeuwkes Buntin and David Blumenthal. "Carve-Outs for Medicare: Possible Benefits and Risks" in Robert Reischauer, Stuart Butler, and Judith Lave, eds., *Medicare: Preparing for the Challenges of the 21st Century*, Brookings Institution Press, pp. 152-184, (1998).

MANUSCRIPTS AND PUBLICATIONS UNDER REVIEW

Melinda Beeuwkes Buntin, Steven Zuckerman, Robert Berenson, Anant Patel, Teryl Nuckols. "Volume Growth in Medicare: An Investigation of Ten Physicians' Services" RAND WR-6310-ASPE, (March 2009).

Joanne Yoong, Alison Cuellar, Erin Murphy, and Melinda Beeuwkes Buntin. "HSAs: Understanding Their Value for Older Adults." PM-3324-AARP. *December 2008*.

Melinda Beeuwkes Buntin, Baoping Shang, and Dana Goldman. "Treatment Intensity and Health Care Cost Growth among the Elderly." *Manuscript, December 2008*.

Melinda Beeuwkes Buntin, Partha Deb, Jose Escarse, Susan Paddock, Neeraj Sood, Carrie Hoverman Colla “Constraining Growth in Medicare Costs: Should Medicare Target where Beneficiaries Receive Post-Acute Care?” *Under revision for resubmission.*

Geoffery Joyce, Lindsay Sabik, Melinda Beeuwkes Buntin. “Redesigning Insurance Benefits to Promote Healthy Behaviors.” *COMPARE Working Paper: January 2007.*

Melinda Beeuwkes Buntin and Jeannette A. Rogowski, “Discussants’ remarks: Gathering critical information about the health coverage of the elderly.” In Potter, D.E.B., and Vistnes, Jessica (editors). *Health Insurance for the Elderly - Issues in Measurement Workshop, April 2003: Meeting Summary, Commissioned Papers and Discussant’s Remarks.* Agency for Healthcare Research and Quality Working Paper No. 06003, March 2006, <http://www.gold.ahrq.gov/pdf/72.pdf>

Melinda Beeuwkes Buntin, Partha Deb, José Escarse, Carrie Hoverman, Susan Paddock, Neeraj Sood. “Comparison of Medicare Spending and Outcomes for Beneficiaries with Lower Extremity Joint Replacements.” RAND Working Paper, *June 2005.*
http://www.rand.org/pubs/working_papers/2005/RAND_WR271.pdf

Melinda J. Beeuwkes Buntin. “Risk Selection and Product Differentiation Among Medicare HMOs.” *Under revision for the Journal of Health Economics.*

Melinda J. Beeuwkes Buntin, Jose Escarse, Dana Goldman, Hongjun Kan, Miriam Laugesen, and Paul Shekelle. “Determinants of Increases in Medicare Expenditures for Physicians’ Services.” *EPC Report to the Agency for Health Care Research and Quality. July, 2002.*

Melinda J. Beeuwkes Buntin. “Using Medicare Claims to Identify Private-Pay and Medicaid Residents of Nursing Homes.” *May 12, 2002.*

Emmett Keeler, James Bigelow, Melinda Buntin, Janet Lynch, Robin Meili, Rebecca Nolind, and Michael Schoenbaum. “Potential Business Benefits of Health Care Quality Improvement Program (HCQIP) Projects: Literature Review.” *June 21, 2001.*

PRESENTATIONS

Session Chair “Medicare Advantage Resurgent.” AcademyHealth Annual Conference, Chicago, IL, June 28-20, 2009

Session Chair “Investigating the Causes of Medicare Spending Growth.” AcademyHealth Annual Conference, Chicago, IL, June 28-20, 2009

“Effects of ‘Consumer-Directed’ Plan Designs on Health Care Costs, Utilization, and Quality.” Invited speaker, Yale University School of Public Health, New Haven, CT, April 20, 2009

“Coverage and Cost Implications of Health Insurance Reforms.” Presenter. ASSA/AEA 2009 Annual Conference (AEA/HERO), San Francisco, CA. January 2-4, 2009

“Ollie Randall Symposium: “Perspectives on Nursing Home Quality,” (Award Winner) Chair and presenter. GSA 61st Annual Scientific Meeting, National Harbor, Maryland, November 22, 2008.

“Value in Health Care: Accounting for Cost, Quality, Safety, Outcomes and Innovation.” Presenter, Institutes of Medicine Workshop (IOM), Washington, D.C. November 17-18.

“The Next Decade - What Are the Big Policy Challenges?” Panel Leader. Thirtieth Annual APPAM Research Conference, Los Angeles, CA, November 6-8, 2008.

“Consumer Choices in Health Care.” Session Chair. AcademyHealth 2008 Annual Research Meeting (ARM), Washington, DC, June 8-10, 2008.

“The Evolution of Consumer-Driven Health Plans: What are they and what we know about their effects?” Roundtable, AARP, Washington, DC, March 31, 2008.

“Statistical and economic perspectives on utilization, costs, and cost-effectiveness,” and “Alternative estimators for cost data.” Speaker. 2008 International Conference on Health Policy Statistics, Philadelphia, PA, January 17-18, 2008.

“Who Pays for Health Care? Burdens and Choices.” Chair. Twenty-Ninth Annual APPAM Research Conference, Washington, DC, November 8, 2007.

“Policy and Research Track: RAND Research on Consumer Directed Health Plans.” Featured Faculty Member. Second National Consumer Drive Healthcare Summit, Washington, DC, September 26, 2007.

“Costs and Outcomes of Stroke and Hip Fracture Across Post-Acute Care Sites.” (Presented in absentia) International Health Economics Association Conference. July 9, 2007.

“Assets, Wealth, and Health Care.” (Discussant in absentia) International Health Economics Association Conference. July 9, 2007.

“Demand for High-Deductible and Consumer-Directed Health Plans,” Presenter, AcademyHealth Annual Research Meeting, Orlando, FL, June 3-5, 2007.

“Access to Post-Acute Rehabilitation.” Plenary Speaker. Symposium on Post-Acute Rehabilitation: State of the Science. February 12, 2007.

“Hospice & the Challenge of Improving End-of-Life Care”– AcademyHealth Annual Research Conference, Panel Chair, June 25-27, 2006.

“Major Changes in Benefit Design: A Plausible Way to Control Health Care Costs?” Robert Wood Johnson Foundation Invitational Conference. Panelist. May 17, 2006.

“Should healthcare be conditional on prudent behavior? West Virginia Medicaid’s personal responsibility contract.” Conference sponsored by the Harvard University Program in Ethics and Health, Boston, MA, April 26-28, 2007.

“The Medicare Hospice Payment System: A Preliminary Consideration of Potential Refinements” Testimony before the Medicare Payment Advisory Commission, March 10, 2006.

“Health Savings Accounts and Tax Subsidies: How Effective Can They Be?” Discussant. American Enterprise Institute for Public Policy Research, Health Policy Discussion, November 18, 2005.

“The Market for Individual Health Insurance.” Session Organizer. “Does the Individual Market Provide More than Bridge Coverage and How Much Risk Pooling is there within it?” Presenter. 6th World Congress of the International Health Economics Association Conference, Barcelona, Spain, July 10-13, 2005.

“Medicare’s Prospective Payment Systems for Post-Acute Care.” Session Organizer. “Cost and Outcomes of Joint Replacement Across Post-Acute Care Sites.” Presenter. 6th World Congress of the International Health Economics Association Conference, Barcelona, Spain, July 10-13, 2005.

“How Much Pooling is there in the Individual Insurance Market.” Presenter. 2004 Academy Health Annual Research Meeting, Boston, MA, June 25, 2005.

“Comparing Outcomes for Hip or Knee Replacements Across Settings.” Testimony before the Medicare Payment Advisory Commission, April 21, 2005.

“Issues in Care Decisions for Frail Elders”. Presenter-“How Much is Post-Acute Care Use Affected by Its Availability + Accessibility?” The Gerontological Society of America 57th Annual Scientific Meeting, Washington, DC. November 21, 2004.

“Medical Expenses and Health in Older Age”. Discussant. The Gerontological Society of America 57th Annual Scientific Meeting, Washington, DC. November 20, 2004.

“Health Care Costs.” Presenter. National Press Foundation Program - “Making Sense of Health Care Policy.” Washington, DC, September 13, 2004.

“Health Economics: Quality, Cost, and Labor Supply.” Discussant. American Economic Association Meeting, San Diego, CA, January 5, 2004.

“Medicare Payments for Physicians’ Services: Determinants of Increases 1993-1998.” Testimony before the Medicare Payment Advisory Commission, September 12, 2003.

“Paying for Medicare: The Impact of Medicare’s Old & New Prospective Payment Systems.” Presenter. 2003 AcademyHealth Annual Research Meeting, Nashville, TN, June 29, 2003.

“Who Goes Where for Post-Acute Care?” Presenter. 4th World Congress of the International Health Economics Association Conference, San Francisco, CA, June 15-18, 2003.

“Incentive-Compatible Guaranteed Renewable Health Insurance Premiums.” Discussant. VA-RAND Health Economics Conference, Santa Monica, CA, April 2003.

“Gathering critical information about the health coverage of the elderly.” Health Insurance for the Elderly - Issues in Measurement Workshop Sponsored by The Federal Interagency Forum on Aging Related Statistics and the Agency for Healthcare Research and Quality, April 2003.

“What Is Known About the Economics of End-of-Life Care for Medicare Beneficiaries?” Presenter. NIH Integrative Conference on End of Life Research, Rockville, MD, October 22-23, 2001.

“Risk Selection and Product Differentiation Among Medicare HMOs.” Presenter. The American Economics Association Annual Meeting, New Orleans, LA, January 6, 2001.

“Financing Care at the End-of-Life.” Presenter. Project on Death in America Meeting on the Economics and Financing of End-of-Life Care, Washington D.C., October 21, 1998.

UPCOMING PRESENTATIONS

“Evidence Based Policy Making in the Post-Bush/Clinton Era” Discussant. Thirty-First Annual APPAM Research Conference, Washington, DC, November 5-7, 2009.

REVIEWER SERVICE

Archives of Physical Medicine and Rehabilitation (2009)

Commonwealth Fund (2007)

Congressional Budget Office (2007)

Forum for Health Economics and Policy (2006)
Health Affairs (2001, 2004, 2005, 2006, 2007, 2008, 2009)
Health Care Financing Review (2006)
Health Economics (2002, 2005)
Health Services Research (2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009)
Inquiry (2000, 2001, 2002, 2004, 2008)
International Journal of Health Care Finance and Economics (2004)
Journal of the American Medical Association (2006, 2007, 2008, 2009)
Journal of Psychosomatic Research (2006)
Robert Wood Johnson Foundation, Health Care Financing and Organization Program (2008)
Medical Care (2005, 2006, 2007, 2008)
The American Journal of Managed Care (2008)
The Gerontologist (2002, 2003, 2007)
The Journal of Health Economics (2000, 2002, 2005, 2007, 2009)
The Milbank Quarterly (2001, 2009)

SELECTED MEDIA

RADIO

Urban Journal Radio, Interview with Kevin Murphy, June 2009
NPR News Day to Day, Interview July 2007
Marketplace Radio, Interview, April 2007
Washington Post Radio, Interview, October 2006

NEWSPAPER/MAGAZINE

Employee Benefit News, Quoted, August 2007
San Jose Mercury News, Quoted, February 2007
SHRM Magazine, Quoted, December 2006
Milwaukee Journal Sentinel, Quoted, November 2006
Investor's Business Daily, Quoted, November 2006
Time Magazine, Quoted, November 2006
The New York Times, Quoted, November 2006
The Post Standard, Syracuse, NY, Quoted, October 2006
Inside Consumer-Directed Care, Quoted, October 2006
Business Insurance, Quoted, October 2006
HealthDay.com, Quoted, October 2006
The Washington Post, Quoted, October 2006