

## STUART GUTERMAN

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## EXPERIENCE

### **May 2005/Present—Senior Program Director, Program on Medicare’s Future, The Commonwealth Fund, Washington, DC**

Responsible for developing and implementing the Commonwealth Fund’s research agenda related to Medicare issues and Medicare’s role in achieving a high performance health system; the development, management, and review of grants to be funded under the Program on Medicare’s Future; and analyses related to the current performance and future improvements in the Medicare program and the health system overall. Works with grantees to facilitate and conduct project activities and produce reports and other project deliverables, and disseminate the results to policymakers. Conducts and coordinates intramural research and analysis to help make Medicare more effective and efficient, produces written products and makes presentations to highlight and discuss important issues, and advises the President and other senior officials of the Commonwealth Fund on issues related to Medicare and its broader role in the health system.

### **July 2002/April 2005—Director, Office of Research, Development, and Information, Center for Medicare & Medicaid Services, Baltimore, MD**

Director of an office with a staff of 160, responsible for research on all aspects of the Medicare, Medicaid, and State Children’s Health Insurance Program and evaluation of Medicare and Medicaid demonstration projects, design, implementation, and analysis of the Medicare Current Beneficiary Survey and the Health Outcomes Survey, and development, design, and implementation of Medicare demonstration projects. In addition, ORDI was responsible for analyses that support the policy development and decision process, development of the CMS Strategic Plan, and production of the quarterly Health Care Financing Review, as well as the annual Medicare and Medicaid Statistical Supplement and Data Compendium and other statistical publications.

**December 2000/July 2002—Senior Analyst, Division of Health and Human Resources, Congressional Budget Office, Washington, D.C.**

Conducted analyses on a variety of issues related to Medicare financing and payment policy, including payments to fee-for-service providers and the pattern of costs across Medicare beneficiaries and over time. Projects included analyzing the structure, impact, and interaction of prospective payment systems under Medicare and examining the distribution of Medicare costs and factors that may identify beneficiaries with high costs.

**March 1999/December 2000—Principal Research Associate, Health Policy Center, The Urban Institute, Washington, D.C.**

Conducted research on Medicare payment for hospital and other facility-based services, Medicare managed care, Medicaid, and uncompensated care. Projects included the impact of the Balanced Budget Act of 1997 on hospitals and across the states, hospital financial viability in the new health care financing environment, responses of safety net hospitals to recent changes in public and private payment policies, federal policy on graduate medical education and teaching hospitals, Medicare payment policy for long-term care hospitals, innovative uses of Medicaid disproportionate share funds to expand local access to care for the uninsured in selected communities, and risk adjustment in a competitive Medicare system with premium support.

**October 1997/February 1999—Deputy Director, Medicare Payment Advisory Commission, Washington, D.C.**

Supervised staff of 33 for Commission created to advise Congress on Medicare payment issues. Responsibilities included providing information and analysis and developing policy options related to Medicare+Choice initiatives and traditional fee-for-service payment to hospitals, other facilities, and physicians. Also examined access and quality issues arising from payment methodologies, as well as information requirements for effective operation of the program.

**October 1990/September 1997—Deputy Executive Director, Prospective Payment Assessment Commission, Washington, D.C.**

Directed, coordinated, and performed analytic activities related to Medicare payment for facility-based services. Major involvement in development of analytic agenda for Commission with staff of 25, formulation of approaches used in analyses, and coordination of intramural and extramural resources. Primary responsibilities included developing annual recommendations to Congress on updates to Medicare hospital payment rates, refinement of the diagnosis-related groups used in Medicare's prospective payment system (PPS), evaluation of hospital-level factors used to adjust PPS payment, and investigation of the impacts of PPS on hospital financial status. Also responsible for the Commission's analyses of Medicaid payment issues and issues related to hospital payment reform.

**October 1988/October 1990—Senior Health Policy Analyst, Prospective Payment Assessment Commission, Washington, D.C.**

Conducted intramural research on PPS, supervised extramural research, and helped develop policy recommendations to Secretary of Health and Human Services and to Congress on revisions and refinements to the payment system.

**October 1987/October 1988—Chief of Institutional Studies, Office of Research, Health Care Financing Administration, Baltimore, Maryland**

Responsible for HCFA's hospital payment research, supervising staff of 7 professionals. Specific responsibilities included coordination of the evaluation of PPS, including lead authorship of annual report to Congress submitted by Secretary of Health and Human Services. This involved conduct and supervision of intramural and extramural research projects concerning impact of PPS on hospitals, other (non-Medicare) payers for inpatient hospital services, other (non-hospital) providers of health care to Medicare beneficiaries, and financial status of the Medicare program.

Also conducted other projects to investigate refinements in the Medicare payment system, particularly with regard to the payment of unusually long and/or expensive cases (outliers) under PPS. In addition, was responsible for projects investigating increase in Medicare case-mix index over time, determinants of variation in cost of care for Medicare cases, and impact of rural hospital closures under PPS.

Served as Chair of HCFA's Hospital Payment Research Grants Review Panel, with responsibility for review of grant applications totaling more than \$10 million annually.

**January 1984/October 1987—Health Economist, Office of Research, Health Care Financing Administration, Baltimore, Maryland**

Conducted intramural research and supervised extramural research on Medicare hospital payment and its impacts.

**June 1981/January 1984—Health Economist, Naval Medical Data Services Center, Bethesda, Maryland.**

Responsibility for studies of distribution of workload and allocation of resources among 36 Navy hospitals and over 1,000 Navy clinics throughout the world. Included production of a quarterly report of trends in workload for the Surgeon General, U.S. Navy, participation in epidemiological analyses of the incidence of specific types of illness and diseases among enlisted Navy personnel, dependents, and retirees for the Naval Medical Command, U.S. Department of Defense.

**October 1978/May 1981—Senior Project Analyst, Applied Management Sciences, Inc., Silver Spring, Maryland.**

Major responsibility for study of determinants of health care utilization, conducted for the Bureau of Health Professions, U.S. Department of Health and Human Services. Study included investigation of factors affecting household demand for health care, analysis of the market for physician services, and a description of the relationship between the incidence of selected medical conditions and the utilization of health care.

Also participated in several additional analyses, including assessment of the demand and supply of allied health personnel conducted for Bureau of Health Professions and evaluation of the effects of the Middle Income Student Assistance Act, conducted for Office of Program Evaluation, U.S. Department of Education.

**EDUCATION**

Ph.D. Candidate in Economics, State University of New York, Stony Brook, New York, December 1975.

M.A. in Economics, Brown University, Providence, Rhode Island, June 1973.

A.B. in Economics (with Departmental High Honors), Rutgers College, New Brunswick, New Jersey, June 1972.

**MISCELLANEOUS PROFESSIONAL ACTIVITIES**

Member of National Academy of Social Insurance, AcademyHealth, American Economic Association, American Public Health Association

Reviewer for Health Affairs, Milbank Quarterly, Inquiry, Health Services Research, New England Journal of Medicine, and other journals

Executive Editor, Health Care Financing Review, July 2002-April 2005

## **CONGRESSIONAL TESTIMONY AND SELECTED PRESENTATIONS**

“Pay-for-Performance in Medicare: Overview of Changes and Updates from CMS.” Moderator of session at World Congress Leadership Summit on Healthcare Quality and Pay-for-Performance, Boston, MA. (August 6, 2007)

“Measuring and Improving US Healthcare Efficiency: A Systems Perspective.” Presentation at World Congress Leadership Summit on Healthcare Quality and Pay-for-Performance, Boston, MA. (August 6, 2007)

“Current Issues in Medicare.” Presentation to the Office of the Inspector General, US Department of Health and Human Services, Washington, DC. (June 6, 2007)

“Medication Use by Aged & Disabled Medicare Beneficiaries Across the Spectrum of Morbidity.” Moderator of session at AcademyHealth Annual Research Meeting, Orlando, FL. (June 5, 2007)

“Medicare Advantage Private Plans: Costs & Benefits in 2007.” Moderator of session at AcademyHealth Annual Research Meeting, Orlando, FL. (June 3, 2007)

“Producing Evidence for Better Decision-Making.” Moderator of session at Avalere Health Evidence-Based Medicine Conference, Washington, DC. (May 22, 2007)

“Enhancing Value in Medicare: Chronic Care Initiatives to Improve the Program.” Testimony before the US Senate Special Committee on Aging. (May 9, 2007)

“Current Status and Emerging Issues in Medicare Part D.” Moderator of session at World Congress Leadership Summit on Medicare, Arlington, VA. (May 7, 2007)

“Medicare Payment Issues.” Moderator of session at World Healthcare Congress, Washington, DC. (April 24, 2007)

“Pay-for-Performance: You Get What You Pay For, So Why Not Pay For What You Want?” Presentation to National Institute of Health Policy, Health Policy Seminar, Washington, DC. (April 16, 2007)

“Medicare: Current Issues Before Congress.” Presentation to Commission on a High-Performance Health System, San Francisco, CA. (March 28, 2007)

“Forecasting the Future: Medicare.” Presentation to Health Executives Network, Washington, DC. (February 23, 2007)

“Producing Evidence for Better Decision-Making.” Presentation to Medical Technology Leadership Conference, Washington, DC. (February 15, 2007)

“Scan of the Operating Environment for Hospitals.” Presentation to Cardinal Health, Inc. Hospital Briefing, Washington, DC. (January 31, 2007)

“Enhancing Value in Medicare.” Moderator of session at Bipartisan Congressional Retreat, Miami, FL. (January 14, 2007)

“The Medicare Drug Benefit at the End of the First Year: How Has It Done?” Presentation at the Gerontological Society of America annual meetings, Dallas, TX. (November 19, 2006)

“Current Issues in Medicare.” Presentation to meeting of the Harvard/Kennedy School Health Care Delivery Project, Cambridge, MA. (October 27, 2006)

“Medicare at 40+: Current Trends and Future Prospects.” Presentation at the Third National Medicare Congress, Washington, DC. (October 16, 2006)

“The Continuum of Care: Keeping Healthy People Healthy and Sick People from Getting Sicker.” Presentation at Grantmakers in Aging/National Council on Aging/Grantmakers in Health Medicare Webinar. (October 4, 2006)

“The Medicare Program: Ensuring Access to Quality Care for America’s Elderly and Disabled.” Presentation to Harkness Fellowships in Health Care Policy 2006-2007 Orientation Seminar, New York, NY. (September 12, 2006)

“Access to Quality Health Care: Medicare Part D.” Presentation to Maryland Association of Counties, Ocean City, MD. (August 17, 2006)

“Medicare Physician Payment: Are We Getting What We Pay For? Are We Paying For What We Want?” Testimony before the House Energy & Commerce Committee, Subcommittee on Health. (July 25, 2006)

“The Potential Impact of the New Prescription Drug Benefit on Medicare Beneficiaries.” Presentation at AcademyHealth Annual Research Meeting, Seattle, WA. (June 27, 2006)

“Enrolling Dual-Eligibles in Medicare Savings Programs and Part D.” Co-Moderator at Alliance for Health Reform Briefing. (June 12, 2006)

“Medicare at 40: Past, Present, and Future.” Presentation to United Jewish Communities Domestic Affairs Pillar Retreat, New York, NY (June 5, 2006)

“Medicare Advantage: Early Views and Trendspotting.” Co-Moderator at Alliance for Health Reform Briefing. (May 19, 2006)

“Medicare Demonstration Models for High Cost Beneficiaries with Chronic Illness.”  
Presentation at United Kingdom Study Tour Visit, New York, NY. (May 15, 2006)

“Dialogue on Medicare.” Presentation at National Institute of Health Policy Washington Health Policy Seminar, Washington, DC. (May 8, 2006)

“Paying for Performance: You Get What You Pay For, So Why Not Pay For What You Want?”  
Presentation at American Geriatrics Society Annual Meeting, Chicago, IL. (May 5, 2006)

“Paying for Performance: What Are We Paying For? What Will We Get?” Presentation to The Commonwealth Fund Board of Directors’ Annual Retreat, Washington, DC. (April 10, 2006)

“Medicare Part D: What Are the Concerns?” Presentation at Association of Health Care Journalists meeting, Houston, TX. (March 17, 2006)

“Medicare Part D Update.” Presentation at National Medical Association National Colloquium on African-American Health, Fairfax, VA. (March 13, 2006)

“The American Health Care System: In Need of a New (Set of) Paradigm(s).” Presentation to Quality Partners of Rhode Island meeting on Health System Redesign, Providence, RI. (January 18, 2006)

“Medicare 2006: Implementing the Drug Benefit.” Presentation at Bipartisan Congressional Retreat, Aventura, FL. (January 13, 2006)

“Medicare: Looking Ahead.” Presentation at Congressional Staff Retreat, Baltimore, MD. (January 6, 2006)

“Preparing for the Storm: What Issues Will Need to be Addressed as Part D Rolls In?” Co-Moderator of Alliance for Health Reform Roundtable, Washington, DC. (December 5, 2005)

“The Medicare Prescription Drug Benefit: What Are the Concerns?” Presentation at the Gerontological Society of America annual meetings, Orlando, FL. (November 19, 2005)

“Quality Under the Medicare Prescription Drug Benefit: What Are the Concerns?” Presentation to the Second National Medicare Prescription Drug Congress, Washington, DC. (November 1, 2005)

“Medicare at 40: Past, Present, and Future.” Presentation at AcademyHealth Health Policy Orientation, Washington, DC. (October 24, 2005)

“Electronic Health Records: What Are the Policy Implications?” Presentation to Physicians’ Alliance for Quality, Houston, TX. (October 19, 2005)

“Medicare’s Future: What Are the Important Issues?” Presentation to Harkness Fellowships in Health Care Policy 2005-2006 Orientation Seminar, New York, NY. (September 20, 2005)

“Incentives to Promote Quality Under Medicare.” Presentation at AcademyHealth Annual Research Meeting, Boston, MA. (June 27, 2005)

“Disease Management in Germany: Lessons for the U.S.” Presentation at AcademyHealth Annual Research Meeting, Boston, MA. (June 26, 2005)

“The Medicare Modernization Act and Drug Quality.” Presentation at Commonwealth Fund Quality Improvement Colloquium, Washington, DC. (June 21, 2005)

“Incentives to Promote Quality Under Medicare.” Presentation at Greater New York Hospital Association Conference on Consumerism and Pay-for-Performance, New York, NY. (June 8, 2005)

“Incentives to Promote Quality Under Medicare.” Presentation at Health Resources and Services Administration State Planning Grants Meeting, Bethesda, MD. (June 6, 2005)

“Incentives to Promote Quality Under Medicare.” Presentation at Health Care Compliance Association Audioconference on Pay-for-Performance. (May 24, 2005)

“Incentives to Promote Quality Under Medicare.” Presentation to Southwest/Gulf Coast Home Care Coalition, New Orleans, LA. (May 12, 2006)

“Incentives to Promote Quality Under Medicare.” Presentation to National Association for Home Care, Washington, DC. (April 9, 2005)

“Incentives to promote Quality Under Medicare.” Presentation to American Academy of Ophthalmology, Washington, DC. (April 8, 2005)

“Update on Medicare’s Disease Management and Chronic Care Activities.” Presentation at World Congress Leadership Summit on Disease Management and Chronic Care for Employers and Public Purchasers, Washington, DC. (April 4, 2005)

“Update on Medicare Pay-for-Quality Demonstration Projects.” Presentation at America’s Health Insurance Plans Health Policy Meeting, Washington, DC. (March 7, 2005)

“Incentives to Promote Quality Under Medicare.” Presentation at National Quality Forum conference on Paying for Performance, Ashburn, VA. (March 1, 2005)

“Medicare Demonstration Projects Mandated by the MMA.” Presentation to the CMS Atlanta Provider Conference, Atlanta, GA. (February 10, 2005 and February 25, 2005)

“Incentives to Promote Quality Under Medicare.” Presentation at Meeting of DC Bar Association Health Section, Washington, DC. (February 8, 2005)

“Incentives to Promote Quality Under Medicare.” Presentation at World Healthcare Congress, Boston, MA. (February 1, 2005)

“Incentives to Promote Quality Under Medicare.” Presentation at California Medical Association Leadership Academy. (November 19, 2004)

“Incentives to Promote Quality Under Medicare.” Presentation at Hospital Association of New York State Meeting on Pay for Performance. (November 2, 2004)

“Update on Medicare’s Disease Management and Chronic Care Activities.” Presentation at America’s Health Insurance Plans Medicare and Medicaid Conference. (October 20, 2004)

“Incentives to Promote Quality Under Medicare.” Presentation to National Institute of Health Policy Policy Fellows. (September 27, 2004)

“Incentives to Promote Quality Under Medicare.” Presentation to Institute of Medicine Committee on Benefits, Payment, and Performance Improvement. (August 4, 2004)

“Incentives to Promote Quality Under Medicare.” Presentation at Second Annual World Congress Leadership Summit on Healthcare Quality and Pay-for-Performance Contracting. (August 2, 2004)

“Incentives to Promote Quality Under Medicare.” Presentation to Healthcare Financial Management Association US/UK Group. (July 29, 2004)

“Medicare’s Disease Management Activities.” Presentation to Centers for Medicare & Medicaid Services Regional Administrators. (July 13, 2004)

“Incentives to Promote Quality Under Medicare.” Presentation at Disease Management Conference sponsored by Jefferson Medical College. (June 30, 2004)

“CMS Data Sources.” Moderator for session at AcademyHealth Annual Research Meeting. (June 7, 2004)

“Centers for Medicare & Medicaid Services: Research Agenda.” Presentation at AcademyHealth Annual Research Meeting. (June 6, 2004)

“Update on Medicare Disease Management Demonstration Projects.” Presentation at Princeton Conference sponsored by the Robert Wood Johnson Foundation. (May 20, 2004)

“Incentives to Promote Quality Under Medicare.” Presentation at Pay-for-Performance Conference sponsored by the Health Alliance Plan. (May 19, 2004)

“Update on Medicare Disease Management Demonstration Projects.” Presentation at National Managed Health Care Conference. (May 6, 2004)

“CMS’s Use of Information to Encourage Quality Improvement.” Presentation at Federal Trade Commission Conference on Healthcare Information. (April 16, 2004)

“Incentives to Promote Quality Under Medicare.” Presentation to New York State Bar Association, Health Section meeting. (January 28, 2004)

“Update on Medicare Disease Management Demonstration Projects.” Presentation at Jefferson Medical College. (January 14, 2004)

“Outlook on Outcomes of Medicare Demonstration Projects.” Presentation at conference sponsored by SRI. (December 1, 2003)

“Medicare and Disease Management.” Presentation at Geisinger Clinic. (November 18, 2003)

“ROI Expectations of Medicare Demonstration Projects.” Presentation at conference sponsored by SRI (November 10, 2003)

“ORDI’s Research Agenda.” Presentation to CMS San Francisco Regional Office. (November 10, 2003)

“Disease Management in Traditional Medicare.” Testimony before the U.S. Senate Special Committee on Aging. (November 4, 2003)

“Medicare Payment: Where is it Now and Where is it Headed?” Presentation at Foresight Seminar on Capitol Hill. (October 30, 2003)

“The Physician Group Practice Demonstration.” Presentation to CMS’ Practicing Physician Advisory Committee. (September 15, 2003)

“Medicare Disease Management.” Online presentation for Joint Commission on Accreditation of Healthcare Organizations. (August 27, 2003)

“Medicare Disease Management.” Presentation to AARP Policy Committee. (July 15, 2003)

“Restructuring Medicare.” Participant in Policy Roundtable at AcademyHealth Annual Research Meeting. (June 28, 2003)

“CMS’ Research Agenda.” Presentation at AcademyHealth Annual Research Meeting. (June 27, 2003)

“CMS Data Sources.” Moderated session at AcademyHealth Annual Research Meeting. (June 27, 2003)

“Establishing Incentives for Provider Quality Improvement.” Presentation at conference sponsored by Institute for International Research. (June 25, 2003)

“Medicare Prospective Payment: Pros and Cons of Administered Pricing.” Presentation at Research Triangle Institute Seminar Series. (June 11, 2003)

“Using Information to Encourage Quality Care.” Testimony to Federal Trade Commission staff. (May 29, 2003)

“Medicare Disease Management.” Presentation to Disease Management Association of America. (May 12, 2003)

“Creating Payment Systems to Reward Quality.” Presentation to American Association of Health Plans. (May 2, 2003)

“Disease Management in Medicare.” Testimony before the U.S. House of Representatives, Committee on Ways and Means, Subcommittee on Health. (February 25, 2003)

"Putting Medicare in Context: BBA (and BBRA) Changes and Hospital Financial Performance." Presentation at National Health Policy Forum Workshop on Hospital-Based Health Care Systems in Transition: The Post-BBA Era. (April 27, 2000)

"Teaching Hospitals in a Changing Payment Environment." Presentation at meeting of the Association of American Medical Colleges/Council of Teaching Hospitals Administrative Board. (September 23, 1999)

"Hospital Margins: What's the Fuss About?" Presentation at National Health Policy Forum on Margins as Measures: Gauging Hospitals' Financial Health. (March 30, 1999)

"Medicare Payment Policies for Disproportionate Share Hospitals and Graduate Medical Education: Unintended Effects." Discussant at American Enterprise Institute Health Policy Discussion. (March 19, 1999)

## **PAPERS, REPORTS, AND PUBLICATIONS**

Davis, K. and Guterman, S. "Rewarding Excellence and Efficiency in Medicare Payment." Milbank Quarterly, (85,3) September 2007.

Neuman, P., Stollo, M.K., Guterman, S., Rogers, W.H., Li, A., Rodday, A.C., Safran, D.G. "Medicare Prescription Drug Benefit Progress Report: Findings from a 2006 National Survey of Seniors." Health Affairs Web Exclusive, August 2007.

Guterman, S. and Serber, M.P. "Enhancing Value in the Medicare Program: Demonstrations and Other Initiatives to Improve Medicare." The Commonwealth Fund Commission on a High Performance Health System, January 2007.

Davis, K., Schoen, C., Guterman, S., Shih, T., Schoenbaum, S.C., and Weinbaum, I. "Slowing the Growth of U.S. Health Care Expenditures: What Are the Options?" The Commonwealth Fund Commission on a High Performance Health System, January 2007.

Holmgren, A.L., Davis, K., Guterman, S., and Scholl, B. "Health Care Opinion Leaders' Views on Priorities for the New Congress." The Commonwealth Fund Commission on a High Performance Health System Data Brief, January 2007.

Biles, B., Nicholas, L.H., Cooper, B.S., Adrion, E., and Guterman, S. "The Cost of Privatization: Extra Payments to Medicare Advantage Plans—Updated and Revised" The Commonwealth Fund, November 2006.

Biles, B., Nicholas, L., and Guterman, S. "Medicare Beneficiary Out-of-Pocket Costs: Are Medicare Advantage Plans a Better Deal?" The Commonwealth Fund, May 2006.

Guterman, S. "Specialty Hospitals: A Problem or a Symptom?" Health Affairs (25,1) January/February 2006.

Guterman, S. "U.S. and German Case Studies in Chronic Care Management: An Overview." Health Care Financing Review (27,1) Fall 2005.

Guterman, S., Nelson, R., Rollow, W.C., and Roman, S.H. "Initiatives to Improve the Quality of Care for Medicare Beneficiaries," in Nash, D.B. and Goldfarb, N.I. The Quality Solution: The Stakeholder's Guide to Improving Health Care Jones and Bartlett Publishers: Sudbury, MA, 2005.

Guterman, S. "Financing Teaching Hospital Missions." Health Affairs (22,6) November/December 2003.

Brennan, N., Guterman, S., and Zuckerman, S. The Health Care Safety Net: An Overview of Hospitals in Five Markets Kaiser Commission on Medicaid and the Uninsured: Washington, DC, April 2001.

Coughlin, T., Guterman, S., Bruen, B., and Lutzky, A. The Medicaid DSH Program and Providing Health Care Services to the Uninsured: A Look at Five Programs Urban Institute Health Policy Center: Washington, DC, March 2001.

Guterman, S. "Financing Graduate Medical Education: A Federal Perspective." in Greenberg, H. and Raymond, S. (eds.) Medical Education Meets the Marketplace: What Mix of Tradition and Innovation Can We Afford? New York Academy of Sciences: New York, NY, 2000.

Ashby, J., Guterman, S., and Greene, T. "An Analysis of Hospital Productivity and Product Change." Health Affairs (19,5) September/October 2000.

Guterman, S. "Putting Medicare In Context: How Does the Balanced Budget Act Affect Hospitals?" Urban Institute Health Policy Center: Washington, DC, July 2000.

Guterman, S. "Risk Adjustment in a Competitive Medicare System with Premium Support." in Moon, M. (ed.) Competition with Constraints: Challenges Facing Medicare Reform Urban Institute Press: Washington, DC, 2000.

Altman, S.H. and Guterman, S. "The Hidden U.S. Healthcare Safety Net: Will It Survive?" in Altman, S.H., et al. (ed.) The Future U.S. Healthcare System: Who Will Care for the Poor and Uninsured? Health Administration Press: Chicago, IL, 1998.

Guterman, S. "The Balanced Budget Act of 1997: Will Hospitals Take a Hit on Their PPS Margins?" Health Affairs (17,1) January/February 1998.

Mark, T.L., et al. "Hospital-Physician Arrangements and Hospital Financial Performance," Medical Care (36,1) January 1998.

Medicare Payment Advisory Commission. Urban Critical Access Hospitals. Medicare Payment Advisory Commission Congressional Report: Washington, DC, December 1997.

Guterman, S. "History and Current Status of Medicare Graduate Medical Education Funding." in Institute of Medicine, On Implementing a National Graduate Medical Education Trust Fund. National Academy Press: Washington, DC, 1997.

Ashby, J., et al. State Variation in the Resource Costs of Treating Aged Medicare Beneficiaries. Prospective Payment Assessment Commission Intramural Report No. I-96-01: Washington, DC, June 1996.

Guterman, S., et al. "Hospital Cost Growth Down." Health Affairs (15,3) Fall 1996.

Guterman, S., et al. The Relationship of Hospital Costs and Payment by Source of Revenue, 1980-1991. Prospective Payment Assessment Commission Intramural Report No. I-95-01: Washington, DC, October 1995.

Bradley, T., et al. Analysis of Medicaid Disproportionate Share Payment Adjustments. Prospective Payment Assessment Commission Congressional Report No. C-94-01: Washington, DC, January 1994.

Prospective Payment Assessment Commission. Global Budgeting: Design and Implementation Issues. Prospective Payment Assessment Commission Technical Report No. C-93-01: Washington, DC, July 1993.

Fama, T. and Guterman, S. "The Effect of the OBRA 1989 Payment Provision for Small Rural Medicare-Dependent Hospitals." Prospective Payment Assessment Commission Technical Report No. I-92-02: Washington, DC, July 1992.

Williams, D., et al. "Winners and Losers Under PPS." Prospective Payment Assessment Commission Technical Report No. I-92-01: Washington, DC, June 1992.

Prospective Payment Assessment Commission. Optional Hospital Payment Rates for Private Payers Based on Medicare's Methods. Prospective Payment Assessment Commission Technical Report No. C-92-02: Washington, DC, March 1992.

Prospective Payment Assessment Commission. Medicaid Hospital Payment. Prospective Payment Assessment Commission Technical Report No. C-91-02: Washington, DC, October 1991.

Prospective Payment Assessment Commission. The Commission's Views on Capital Payment Policy. Prospective Payment Assessment Commission Technical Report No. C-91-01: Washington, DC, May 1991.

Guterman, S., et al. "Experience with a DRG-Based Prospective Payment System." in Fetter, R.B. (ed.), DRGs: Their Design and Development. Health Administration Press: Washington, DC, 1991.

Guterman, S., et al. "Medicare-Dependent Hospitals Under PPS." Prospective Payment Assessment Commission Technical Report I-90-01: Washington, DC, June 1990.

Guterman, S., Altman, S.H., and Young, D.A. "Hospitals' Financial Performance in the First Five Years of PPS." Health Affairs (9,1) Spring 1990.

U.S. Department of Health and Human Services. Review of the Impact of Outlier and Transfer Payment Policy Upon Rural Hospitals. Washington, DC, May 1988.

Guterman, S. et al. "The First Three Years Of Medicare Prospective Payment: An Overview." Health Care Financing Review (9,3) Spring 1988.

U.S. Department of Health and Human Services. Report to Congress on the Impact of the Medicare Hospital Prospective Payment System: 1985 Annual Report. HCFA Publication No. 03251: Washington, DC, August 1987.

U.S. Department of Health and Human Services. Report to Congress on the Impact of the Medicare Hospital Prospective Payment System: 1984 Annual Report. HCFA Publication No. 02321: Washington, DC, August 1986.

Guterman, S. "A Descriptive Analysis of the PPS Outlier Payment Policy." Paper presented at the annual meetings of the Association for Health Services Research: Boston, Massachusetts, June 1986.

Guterman, S. and Dobson, A. "The Impact of the Medicare Prospective Payment System for Hospitals." Health Care Financing Review (7,3) Spring 1986.

Guterman, S., Deane, R.T., and Sloan, F.A. "Quality-Adjusted Prices and Local Market Conditions: The Determination of Physician Fees." Paper presented at the annual meetings of the Allied Social Science Associations: New York, New York, December 1982.

Guterman, S., Pasternack, M., and Hellman, L.P. "Trends in Productivity at Navy Hospitals." Report for the Surgeon General, U.S. Navy: Washington, DC, November 1981.

Applied Management Sciences, Inc. "Development of Prototype Systems for Generating Alternative Allied Health Manpower Requirements Estimates." Report for the Bureau of Health Professions, U.S. Department of Health and Human Services: Silver Spring, Maryland, June 1981.

Smith, M., Puma, M., and Guterman, S. "Reducing the Financial Burden of Higher Education: An Assessment of the Middle Income Student Assistance Act." Paper presented at the annual meetings of the American Educational Research Association: Los Angeles, California, April 1981.

Guterman, S., Langwell, K.M., and Deane, R.T. "Utilization of Dental Services at Zero Price and Full Price: A Comparative Analysis of Two Groups." Paper presented at the annual meetings of the Allied Social Science Associations: Denver, Colorado, September 1980.

Applied Management Sciences, Inc. "MISAA Impact Analysis." Report for the Office of Program Evaluation, U.S. Department of Education: Silver Spring, Maryland, September 1980.

Applied Management Sciences, Inc. "An Analysis of Determinants of Health Care Utilization." Report for the Bureau of Health Professions, U.S. Department of Health and Human Services: Silver Spring, Maryland, July 1980.

Applied Management Sciences, Inc. "Market Conditions and Provider Response." Report for the Bureau of Health Manpower, U.S. Department of Health, Education, and Welfare: Silver Spring, Maryland, January 1980.

Applied Management Sciences, Inc. "Effects of Sources of Payment on Health Services Demand." Report for the Bureau of Health Manpower, U.S. Department of Health, Education, and Welfare: Silver Spring, Maryland, August 1979.

Guterman, S. "Issues in the Measurement of Public Sector Output." Paper prepared for the New York State Commission on Productivity in the Public Sector: Stony Brook, New York, September 1977.

Suffolk County (New York) Department of Health Services, Office of Research and Evaluation. "Availability and Accessibility of Health Care: Southold and Shelter Island." Report for the New York State Department of Health Services: Hauppauge, New York, November 1974

Guterman, S. "Rehabilitation of Newark, New Jersey: Minimum Social Value." Senior honors thesis, Rutgers College: New Brunswick, New Jersey, May 1972.