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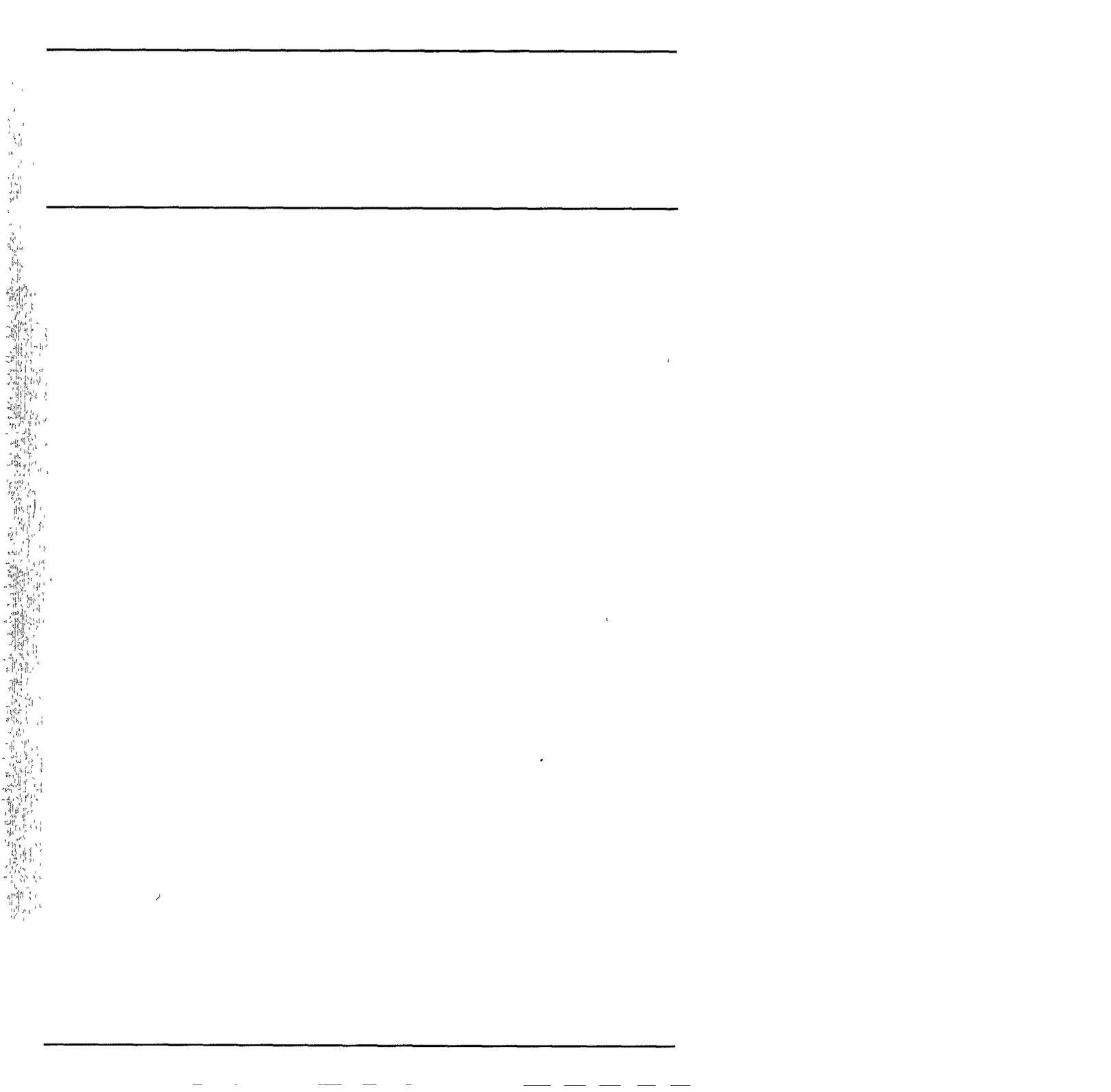
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Preface

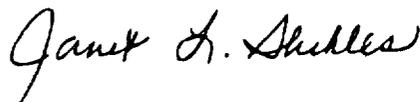
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New Releases

Health

Medicaid: States' Efforts to Educate and Enroll Beneficiaries in Managed Care (Report, GAO/HEHS-96-184, Sept. 17, 1996). Contact: Kathryn G. Allen, (202) 512-7059

To help control costs and expand access to health care, 48 states have implemented some type of Medicaid managed care program, but allegations in some states of marketing and enrollment abuses have become an increasing concern. Four states that are viewed as having effective enrollment programs--Minnesota, Missouri, Ohio, and Wisconsin--restrict certain types of marketing practices and make considerable efforts to help beneficiaries understand how managed care works and how to make the complex decisions involved with selecting a managed care organization. To better assess the effectiveness of their education and enrollment efforts, states might explore using analyses of complaints and voluntary disenrollment patterns as well as well-designed customer surveys.

Maternity Care: Appropriate Follow-Up Services Critical With Short Hospital Stays (Report, GAO/HEHS-96-207, Sept. 11, 1996). Contact: Rosamond Katz, (202) 512-7148

The dramatic increase in 1-day hospital stays for newborns and their mothers since 1980 has focused public debate over maternity care on the appropriate length of stay. Research on the safety of short postpartum stays is inconclusive. The critical issue, however, is whether those who are discharged early receive all necessary services, particularly follow-up visits. Some hospitals and some health plans with early discharge policies ensure that a full range of services is provided, including prenatal assessment and education, and follow-up care by a properly trained professional at the mothers' homes or in clinics within 72 hours of discharge. But other plans may not provide all recommended services, relying instead, for instance, on telephone hotlines.

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Medigap Insurance: Alternatives for Medicare Beneficiaries to Avoid Medical Underwriting (Report, GAO/HEHS-96-180, Sept. 10, 1996).
Contact: Thomas Dowdal, (202) 512-6588

Most Medicare beneficiaries obtain private Medigap insurance to help cover out-of-pocket health care costs. Federal law guarantees that beneficiaries can purchase Medigap coverage during the first 6 months after their 65th birthdays. But if they later decide to change Medigap policies, insurers may take their health status or history into account in deciding whether to sell a policy. Although beneficiaries have alternatives to policies that entail underwriting, there is no federal requirement that these alternatives be available in the future. If the Congress wishes to ensure that alternatives exist, it could amend federal Medigap law to require guaranteed-issue policies for those who have been continuously covered by Medigap insurance. The Congress also could extend this protection to beneficiaries whose employer-sponsored retiree health plans are terminated or curtailed and who must or choose to leave their health maintenance organizations.

Medicaid: Oversight of Institutions for the Mentally Retarded Should Be Strengthened (Report, GAO/HEHS-96-131, Sept. 6, 1996). Contact:
Bruce D. Layton, (202) 512-6837

Despite federal standards, federal and state oversight, and continuing Justice Department investigations, serious quality-of-care deficiencies continue to occur in some large public intermediate care facilities for the mentally retarded. To improve its oversight of these facilities, the Health Care Financing Administration should assess the effectiveness of its new survey approach in ensuring that serious deficiencies are identified and corrected; take steps to address the potential conflict of interest that occurs when states are both the operators and inspectors of the facilities; and determine whether a wider range of enforcement mechanisms would more effectively correct serious deficiencies and prevent their recurrence.

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Education

Education and Labor: Information on the Departments' Field Offices
(Report, GAO/HEHS-96-178, Sept. 16, 1996). Contact: Sigurd R. Nilsen,
(202) 512-7003

In recent years, the Departments of Education and Labor have begun looking at whether they can streamline their field operations. Of their combined \$66 billion budget in fiscal year 1995, they spent about \$867 million to support the operations of 1,146 regional, area, and district offices in 438 cities and towns throughout the 50 states. Of those field offices, 72 were Education; the rest, Labor. Roughly two-thirds of Education's staff are based in Washington, D.C., while most of Labor's are in the field. About three-quarters of the departments' field office spending was for staff salaries and benefits. Roughly one in four of the offices was in a federal region city and that staff were specialized according to the offices' particular missions.

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Education and Labor: Information on the Departments' Field Offices
(Report, GAO/HEHS-96-178, Sept. 16, 1996). Contact: Sigurd R. Nilsen,
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See description under "Education."

People With Disabilities: Federal Programs Could Work Together More Efficiently to Promote Employment (Report, GAO/HEHS-96-126, Sept. 3, 1996). Contact: Charles Jeszeck, (202) 512-7036

The federal government funds a broad range of services to assist the millions of people with disabilities. This effort is diffuse, however, with federal assistance provided through 130 programs in 19 federal agencies. For many of these programs, service delivery filters down to numerous public and private agencies at the state and local levels. A renewed focus by federal agencies on improving coordination would be a useful step toward improving services and enhancing the customer orientation of their programs. Several state and local initiatives have shown promise in reducing duplication and service gaps while saving agencies money. Federal agencies have an opportunity to learn from and support such innovative solutions.

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Social Security, Disability, Welfare

SSA Disability Redesign: More Testing Needed to Assess Feasibility of New Claim Manager Position (Report, GAO/HEHS-96-170, Sept. 27, 1996). Contact: Michael T. Blair, Jr., (404) 679-1944

The Social Security Administration (SSA) is redesigning its disability claims process to make it more customer focused and efficient. A key element in the redesign is the establishment of disability claim manager (DCM) positions; DCMs would have total responsibility for adjudicating disability claims and authorizing the payment of benefits. SSA and state disability determination service managers and staff have raised many concerns about the position's feasibility. Plans to test the position are limited in two significant ways: the test will not evaluate all of the duties anticipated for DCMs and may not yield all of the appropriate data needed. SSA should assess current testing efforts and ensure that it gets the best possible information for making decisions about the position, including whether to increase the number of DCM test positions and whether to make the DCM position permanent.

Social Security Administration: Effective Leadership Needed to Meet Daunting Challenges (Report, GAO/HEHS-96-196, Sept. 12, 1996). Testimony on same topic (GAO/T-OCG-96-7, July 25, 1996). Contact: Cynthia M. Fagnoni, (202) 512-7202

SSA is ahead of many federal agencies in managing for results and improving financial accountability. Nevertheless, it faces dramatic challenges: funding future retirement benefits under conditions that could exhaust the Social Security trust funds by 2029, rethinking disability processes and programs, combating fraud and abuse, and restructuring how work is performed and services delivered. To succeed, SSA must continue strengthening its research, policy analysis, and evaluation capabilities. It must redesign its disability claims process and place greater emphasis on return to work. And it must meet growing workloads with

reduced resources by managing technology investments and its workforce and by making difficult decisions on how best to deliver services in the future.

People With Disabilities: Federal Programs Could Work Together More Efficiently to Promote Employment (Report, GAO/HEHS-96-126, Sept. 3, 1996). Contact: Charles Jeszeck, (202) 512-7036

See description under "Employment."

Veterans' Affairs and Military Health

VA Health Care: Issues Affecting Eligibility Reform Efforts (Report, GAO/HEHS-96-160, Sept. 11, 1996). Contact: James R. Linz, (202) 512-7110

The evolution of the Department of Veterans Affairs (VA) health care over the past 60 years has created a myriad of complex eligibility rules. These rules frustrate veterans, who cannot understand what services they can get from VA, and VA physicians and administrators, who have to interpret the eligibility provisions. This report analyzes major reform proposals and identifies major issues that could be considered in developing future reform proposals. In addition, it discusses several approaches that could be pursued that would limit the effect of eligibility reform on the budget deficit. These approaches generally limit the number of veterans given expanded benefits, narrow the range of benefits added, or increase cost sharing to offset the costs of added benefits.

VA Health Care: Travis Hospital Construction Project Is Not Justified (Report, GAO/HEHS-96-198, Sept. 3, 1996). Contact: Paul Reynolds, (202) 512-7109

VA's request that the Congress fund a \$211 million hospital construction project at the David Grant Medical Center at Travis Air Force Base in Fairfield, California, is unjustified. Significant changes have occurred in the health care marketplace and in the way VA delivers care in the 4 years since the project was planned, but VA has not revised its plans accordingly. The construction of 170 new hospital beds and an 85,000-visit outpatient clinic is not justified on the basis of current and expected workload, and lower cost alternatives are available. GAO recommended that the Congress deny VA's request for funds to construct additional hospital beds at Travis and suggested the Congress consider directing VA to construct only a smaller outpatient clinic.

Vocational Rehabilitation: VA Continues to Place Few Disabled Veterans in Jobs (Report, GAO/HEHS-96-155, Sept. 3, 1996). Contact: Irene Chu, (202) 512-7101

Despite 1980 legislation requiring VA to focus its rehabilitation programs on finding disabled veterans suitable employment and subsequent GAO reports recommending that VA implement this legislation, VA continues to place few veterans in jobs. Instead, VA continues primarily to send veterans to training, particularly to higher education programs. New program leadership recognizes the need to refocus the program on employment and has taken steps to improve effectiveness. The success of VA's efforts will depend on which initiatives VA adopts and how they are implemented.

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Managed Care Initiatives (Letter, GAO/HEHS-96-153R, Sept. 23, 1996).

CDC's National Immunization Survey: Methodological Problems Limit Survey's Utility (Report, GAO/PEMD-96-16, Sept. 19, 1996).

Medicare: Private-Sector and Federal Efforts to Assess Health Care Quality (Testimony, GAO/T-HEHS-96-215, Sept. 19, 1996).

Prescription Drug Pricing: Implications for Retail Pharmacies (Testimony, GAO/T-HEHS-96-216, Sept. 19, 1996).

Medicaid: States' Efforts to Educate and Enroll Beneficiaries in Managed Care (Report, GAO/HEHS-96-184, Sept. 17, 1996).

Prescription Drugs: Implications of Drug Labeling and Off-Label Drug Use (Testimony, GAO/T-HEHS-96-212, Sept. 12, 1996).

Maternity Care: Appropriate Follow-Up Services Critical With Short Hospital Stays (Report, GAO/HEHS-96-207, Sept. 11, 1996).

Medigap Insurance: Alternatives for Medicare Beneficiaries to Avoid Medical Underwriting (Report, GAO/HEHS-96-180, Sept. 10, 1996).

Medicaid: Oversight of Institutions for the Mentally Retarded Should Be Strengthened (Report, GAO/HEHS-96-131, Sept. 6, 1996).

Blue Cross and Blue Shield: Change in Pharmacy Benefits Affects Federal Employees (Testimony, GAO/T-HEHS-96-206, Sept. 5, 1996).

Fraud and Abuse: Providers Excluded From Medicaid Continue to Participate in Federal Health Programs (Testimony, GAO/T-HEHS-96-205, Sept. 5, 1996).

Health Insurance Regulation: Varying State Requirements Affect Cost of Insurance (Report, GAO/HEHS-96-161, Aug. 19, 1996).

Medicare: Early Resolution of Overcharges for Therapy in Nursing Homes Is Unlikely (Report, GAO/HEHS-96-145, Aug. 16, 1996).

Medicaid Managed Care: Serving the Disabled Challenges State Programs (Report, GAO/HEHS-96-136, July 31, 1996).

Consumer Health Informatics: Emerging Issues (Report, GAO/AIMD-96-86, July 26, 1996). Testimony on same topic (GAO/T-AIMD-96-134, July 26, 1996).

Medicaid: Waiver Program for Developmentally Disabled Is Promising But Poses Some Risks (Report, GAO/HEHS-96-120, July 22, 1996).

Blue Cross FEHBP Pharmacy Benefits (Letter, GAO/HEHS-96-182R, July 19, 1996).

Substance Abuse Surveys (Letter, GAO/HEHS-96-179R, July 19, 1996).

NIH Extramural Clinical Research: Internal Controls Are Key to Safeguarding Phase III Trials Against Misconduct (Report, GAO/HEHS-96-117, July 11, 1996).

Medicaid and Uninsured Children, 1994 (Letter, GAO/HEHS-96-174R, July 9, 1996).

Health Insurance for Children: Private Insurance Coverage Continues to Deteriorate (Report, GAO/HEHS-96-129, June 17, 1996).

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Prescription Drugs and Medicaid: Automated Review Systems Can Help Promote Safety, Save Money (Report, GAO/AIMD-96-72, June 11, 1996).

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Medicaid Funding Formula Changes (Letter, GAO/HEHS-96-164R, June 10, 1996).

Cocaine Treatment: Early Results From Various Approaches (Report, GAO/HEHS-96-80, June 7, 1996).

Education

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Federal Downsizing: Better Workforce and Strategic Planning Could Have Made Buyouts More Effective (Report, GAO/GGD-96-62, Aug. 26, 1996).

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Federal Employers' Liability Act: Issues Associated With Changing How Railroad Work-Related Injuries Are Compensated (Report, GAO/RCED-96-199, Aug. 15, 1996).

Unemployment Insurance: Millions in Benefits Overpaid to Military Reservists (Report, GAO/HEHS-96-101, Aug. 5, 1996).

Davis-Bacon Wage Determinations (Letter, GAO/HEHS-96-177R, July 17, 1996).

Job Corps: Where Participants Are Recruited, Trained, and Placed in Jobs (Report, GAO/HEHS-96-140, July 17, 1996).

Davis-Bacon Act: Process Changes Could Address Vulnerability to Use of Inaccurate Data in Setting Prevailing Wage Rates (Testimony, GAO/T-HEHS-96-166, June 20, 1996).

Davis-Bacon Job Targeting (Letter, GAO/HEHS-96-151R, June 3, 1996).

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Testimony on same topic (GAO/T-OCG-96-7, July 25, 1996).

SSA Benefit Statements: Statements Are Well Received by the Public but Difficult to Comprehend (Testimony, GAO/T-HEHS-96-210, Sept. 12, 1996).

SSA Disability Reengineering: Project Magnitude and Complexity Impede Implementation (Testimony, GAO/T-HEHS-96-211, Sept. 12, 1996).

People With Disabilities: Federal Programs Could Work Together More Efficiently to Promote Employment (Report, GAO/HEHS-96-126, Sept. 3, 1996).

Supplemental Security Income: SSA Efforts Fall Short in Correcting Erroneous Payments to Prisoners (Report, GAO/HEHS-96-152, Aug. 30, 1996).

Supplemental Security Income: Administrative and Program Savings Possible by Directly Accessing State Data (Report, GAO/HEHS-96-163, Aug. 29, 1996).

Federal Employees' Compensation Act: Issues Associated With Changing Benefits for Older Beneficiaries (Report, GAO/GGD-96-138BR, Aug. 14, 1996).

401(k) Pension Plans: Many Take Advantage of Opportunity to Ensure Adequate Retirement Income (Report, GAO/HEHS-96-176, Aug. 2, 1996).

Impoundments: Proposed Deferral of Funds for Social Security Administration Administrative Expenses (Report, GAO/OGC-96-25, July 26, 1996).

SSA Funds for Policy Research (Letter, GAO/HEHS-96-171R, July 15, 1996).

Social Security Disability: Backlog Reduction Efforts Under Way; Significant Challenges Remain (Report, GAO/HEHS-96-87, July 11, 1996).

SSA Disability: Return-to-Work Strategies From Other Systems May Improve Federal Programs (Report, GAO/HEHS-96-133, July 11, 1996).

Welfare Waivers Implementation: States Work to Change Welfare Culture, Community Involvement, and Service Delivery (Report, GAO/HEHS-96-105, July 2, 1996).

Social Security: Disability Programs Lag in Promoting Return to Work (Testimony, GAO/T-HEHS-96-147, June 5, 1996).

Social Security: Union Activity at the Social Security Administration (Testimony, GAO/T-HEHS-96-150, June 4, 1996).

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Wartime Medical Care: DOD Is Addressing Capability Shortfalls, but Challenges Remain (Report, GAO/NSIAD-96-224, Sept. 25, 1996).

VA Health Care: Issues Affecting Eligibility Reform Efforts (Report, GAO/HEHS-96-160, Sept. 11, 1996).

VA Health Care: Travis Hospital Construction Project Is Not Justified (Report, GAO/HEHS-96-198, Sept. 3, 1996).

Vocational Rehabilitation: VA Continues to Place Few Disabled Veterans in Jobs (Report, GAO/HEHS-96-155, Sept. 3, 1996).

VHA's Management Improvement Initiative (Letter, GAO/HEHS-96-191R, Aug. 30, 1996).

VA Construction Contract Award Delays (Letter, GAO/HEHS-96-188R, Aug. 9, 1996).

VA Health Care: Opportunities for Service Delivery Efficiencies Within Existing Resources (Report, GAO/HEHS-96-121, July 25, 1996).

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Wartime Medical Care: Personnel Requirements Still Not Resolved (Report, GAO/NSIAD-96-173, June 28, 1996).

Veterans' Health Care: Challenges for the Future (Testimony, GAO/T-HEHS-96-172, June 27, 1996).

Software Capability Evaluation: VA's Software Development Process Is Immature (Report, GAO/AIMD-96-90, June 19, 1996).

Veterans Benefit Modernization: Management and Technical Weaknesses Must Be Overcome If Modernization Is to Succeed (Testimony, GAO/T-AIMD-96-103, June 19, 1996).

Defense Health Care: New Managed Care Plan Progressing, but Cost and Performance Issues Remain (Report, GAO/HEHS-96-128, June 14, 1996).

VA Health Care: Opportunities to Reduce Outpatient Pharmacy Costs (Testimony, GAO/T-HEHS-96-162, June 11, 1996).

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