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United States General Accounting Office  
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# Preface

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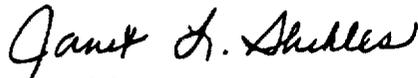
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Janet L. Shikles  
Assistant Comptroller General  
Health, Education, and Human Services Division  
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# New Releases

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## Health

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**Foreign Physicians: Exchange Visitor Program Becoming Major Route to Practicing in U.S. Underserved Areas** (Report, GAO/HEHS-97-26, Dec. 30, 1996).  
Contact: Frank C. Pasquier, (206) 287-4861

U.S. communities that need physicians are increasingly tapping an exchange visitor program created to train doctors from other countries. Rather than returning home after completing their training, these physicians can receive waivers at the request of federal agencies and states if they agree to practice in underserved areas. The growing use of these waivers is not being managed as a program, federal efforts to address physician shortages are not coordinated among federal agencies or with the states, monitoring to ensure physicians fulfill their agreements remains spotty, and there is limited accountability in terms of whether the physicians target their efforts to that part of the population that is underserved or serve others in their areas instead. If the Congress wants medical underservice in this country to continue to be addressed through the use of these waivers, it should consider requiring the use of waivers be managed as a program.

**Skilled Nursing Facilities: Approval Process for Certain Services May Result in Higher Medicare Costs** (Report, GAO/HEHS-97-18, Dec. 20, 1996). Contact:  
Thomas Dowdal, (202) 512-6588; Sandra K. Isaacson, (202) 512-7174

Medicare limits the amounts it will pay for the room, board, and general nursing care skilled nursing facilities (SNF) provide to beneficiaries. But SNFs that incur higher costs because they provided atypical services (such as ventilator care) to Medicare patients can request exceptions to these limits. The process for reviewing these waiver requests, however, does not ensure that SNFs actually provide atypical services. In effect, SNFs only need to show that their average routine costs are above the Medicare limits; the review process does not determine whether these higher costs result from beneficiaries needing more expensive care or simply from inefficiency. In the four states GAO studied, SNFs with and without exceptions were found to be caring for similar Medicare patients and providing similar services.

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**Social Security, Disability, Welfare**

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**Aging Issues: Related GAO Reports and Activities in Fiscal Year 1996 (Report, GAO/HEHS-97-41, Dec. 31, 1996). Contact: Diana S. Eisenstat, (202) 512-5562**

This report summarizes all of GAO's fiscal year 1996 products and all ongoing work on programs and issues affecting older Americans and their families, including employment, health care, housing, income security, and veterans' issues.

**SSA Disability Redesign: Focus Needed on Initiatives Most Crucial to Reducing Costs and Time (Report, GAO/HEHS-97-20, Dec. 20, 1996). Contact: Michael T. Blair, Jr., (404) 679-1944**

The Social Security Administration's (SSA) plan to redesign its disability claims process is a valid attempt to address fundamental problems, but as of July, SSA had not completed any of the initiatives in its plan and had not begun the testing for 14 of 19 of the initiatives to determine whether proposed changes will achieve the desired results. Some initiatives have expanded in scope and their time frames have lengthened, delaying implementation and increasing the risk of disruption from turnover among senior executives. Meanwhile, stakeholder support has eroded. To increase the redesign's likelihood of success, the Commissioner of SSA should select the initiatives most crucial to cutting claims-processing time and costs and combine them into an integrated process to be tested at a few sites and evaluated before full-scale implementation begins.

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**Child Support Enforcement: Early Results on Comparability of Privatized and Public Offices** (Report, GAO/HEHS-97-4, Dec. 16, 1996). Contact: David P. Bixler, (202) 512-7201

To meet growing demands with constrained resources, many states are contracting with private firms to provide child support enforcement services; 15 states, in fact, have fully privatized selected local child support enforcement offices. In three comparisons, fully privatized offices performed at least as well as or, in some instances, better than government-staffed offices in locating noncustodial parents, establishing paternity and support orders, and collecting support owed. Cost-effectiveness varied, however. Because full-service privatization is relatively new in child support enforcement, additional evaluation of performance and cost-effectiveness will be needed over the long term.

**SSA Benefit Statements: Well Received by the Public but Difficult to Comprehend** (Report, GAO/HEHS-97-19, Dec. 5, 1996). Contact: Cynthia Fagnoni, (202) 512-7202

SSA is required to provide yearly Personal Earnings and Benefit Estimate Statements to workers who have reached age 60; beginning in the year 2000, the statement must go to every U.S. worker aged 25 and older. The statement's design makes it difficult for the reader to locate and understand important information, and feedback from the public indicates that readers are confused by the statement's explanations of several important points. SSA is considering redesigning the statement to cut printing costs but also needs to improve the statement's design and simplify explanations. SSA should also evaluate and test alternative formats.

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## **Veterans' Affairs and Military Health Care**

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**VA Health Care: Better Data Needed to Effectively Use Limited Nursing Home Resources** (Report, GAO/HEHS-97-27, Dec. 20, 1996). Contact: George F. Poindexter, (202) 512-7213

The Department of Veterans Affairs (VA) provides nursing home care through state and community facilities as well as its own nursing homes. VA's reported cost for providing care in its own nursing homes is considerably higher than its cost for care provided through state and community facilities, though precise cost differences cannot be determined because of weaknesses in VA's cost data. Differences have also been noted in the quality of care veterans receive in the various kinds of nursing homes with VA facilities appearing to provide more comprehensive care. To meet expected increases in demand with limited resources, VA needs accurate and complete information on the costs of nursing home services it provides or purchases, better information on the availability of community nursing home beds, and information on the competitiveness of its reimbursement rates.

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Foreign Physicians: Exchange Visitor Program Becoming Major Route to Practicing in U.S. Underserved Areas (Report, GAO/HEHS-97-26, Dec. 30, 1996).

Skilled Nursing Facilities: Approval Process for Certain Services May Result in Higher Medicare Costs (Report, GAO/HEHS-97-18, Dec. 20, 1996).

Children's Health Insurance Program, 1996 (Letter, GAO/HEHS-97-40R, Dec. 3, 1996).

Private Health Insurance: Millions Relying on Individual Market Face Cost and Coverage Trade-Offs (Report, GAO/HEHS-97-8, Nov. 25, 1996).

Rural Health Clinics: Rising Program Expenditures Not Focused on Improving Care in Isolated Areas (Report, GAO/HEHS-97-24, Nov. 22, 1996).

Public Health: A Health Status Indicator for Targeting Federal Aid to States (Report, GAO/HEHS-97-13, Nov. 13, 1996).

Federal Tort Claims Act Coverage (Letter, GAO/HEHS-97-32R, Nov. 5, 1996).

Medicare: HCFA Should Release Data to Aid Consumers. Prompt Better HMO Performance (Report, GAO/HEHS-97-23, Oct. 22, 1996).

Medicare Drug and Nutrient Prices (Letter, GAO/HEHS-97-22R, Oct. 11, 1996).

Drug and Alcohol Abuse: Billions Spent Annually for Treatment and Prevention Activities (Report, GAO/HEHS-97-12, Oct. 8, 1996).

Long-Term Care: Some States Apply Criminal Background Checks to Home Care Workers (Report, GAO/PEMD-96-5, Sept. 27, 1996).

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Managed Care Initiatives (Letter, GAO/HEHS-96-153R, Sept. 25, 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).

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## **Education**

Intercollegiate Athletics: Status of Efforts to Promote Gender Equity (Report, GAO/HEHS-97-10, Oct. 25, 1996).

States' Average College Tuition (Letter, GAO/HEHS-96-213R, Sept. 19, 1996).

Education and Labor: Information on the Departments' Field Offices (Report, GAO/HEHS-96-178, Sept. 16, 1996).

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## **Employment**

OSHA's Inspection Database (Letter, GAO/HEHS-97-43R, Dec. 30, 1996).

Information on the Davis-Bacon Act (Letter, GAO/HEHS-97-30R, Oct. 30, 1996).

Education and Labor: Information on the Departments' Field Offices (Report, GAO/HEHS-96-178, Sept. 16, 1996).

Federal Labor Relations: Official Time Used for Union Activities (Testimony, GAO/T-GGD-96-191, Sept. 11, 1996).

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

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## **Social Security, Disability, and Welfare**

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Aging Issues: Related GAO Reports and Activities in Fiscal Year 1996 (Report, GAO/HEHS-97-41, Dec. 31, 1996).

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SSA Benefit Statements: Well Received by the Public but Difficult to Comprehend (Report, GAO/HEHS-97-19, Dec. 5, 1996). Testimony on same topic (GAO/T-HEHS-96-210, Sept. 12, 1996).

Appealed Disability Claims: Despite SSA's Efforts, It Will Not Reach Backlog Reduction Goal (Report, GAO/HEHS-97-28, Nov. 21, 1996).

Supplemental Security Income: SSA Is Taking Steps to Review Recipients' Disability Status (Report, GAO/HEHS-97-17, Oct. 30, 1996).

Child Support Enforcement: Reorienting Management Toward Achieving Better Program Results (Report, GAO/HEHS/GGD-97-14, Oct. 25, 1996).

Child Support Enforcement: States' Experience With Private Agencies' Collection of Support Payments (Report, GAO/HEHS-97-11, Oct. 23, 1996).

Social Security Disability: Alternatives Would Boost Cost-Effectiveness of Continuing Disability Reviews (Report, GAO/HEHS-97-2, Oct. 16, 1996).

Social Security Disability: Improvements Needed to Continuing Disability Review Process (Report, GAO/HEHS-97-1, Oct. 16, 1996).

Private Pensions: Most Employers That Offer Pensions Use Defined Contribution Plans (Report, GAO/GGD-97-1, Oct. 3, 1996).

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Social Security: Union Activity at the Social Security Administration (Report, GAO/HEHS-97-3, Oct. 2, 1996).

SSA Disability Redesign: More Testing Needed to Assess Feasibility of New Claim Manager Position (Report, GAO/HEHS-96-170, Sept. 27, 1996).

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).

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).

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## **Veterans' Affairs and Military Health Care**

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VA Health Care: Better Data Needed to Effectively Use Limited Nursing Home Resources (Report, GAO/HEHS-97-27, Dec. 20, 1996).

Substance Abuse Treatment: VA Programs Serve Psychologically and Economically Disadvantaged Veterans (Report, GAO/HEHS-97-6, Nov. 5, 1996).

VA Health Care: Improving Veterans' Access Poses Financial and Mission-Related Challenges (Report, GAO/HEHS-97-7, Oct. 25, 1996).

VBA Information Technology Investment (Letter, GAO/AIMD-97-10R, Oct. 18, 1996).

VA Health Care: Opportunities to Significantly Reduce Outpatient Pharmacy Costs (Report, GAO/HEHS-97-15, Oct. 11, 1996).

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).

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