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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.


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.

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.


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.
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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See description under "Education."


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.

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.

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.

See description under “Employment.”
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'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.

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.
June—September 1996

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**Health**


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


**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).


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


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


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

Education


Higher Education: Ensuring Quality Education From Proprietary Institutions (Testimony, GAO/T-HEHS-96-158, June 6, 1996).


Social Security, Disability, and Welfare


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


Veterans’ Affairs and Military Health


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


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

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