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Division

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**Veterans' Affairs and
Military Health Care Issue
Area**

Active Assignments

100

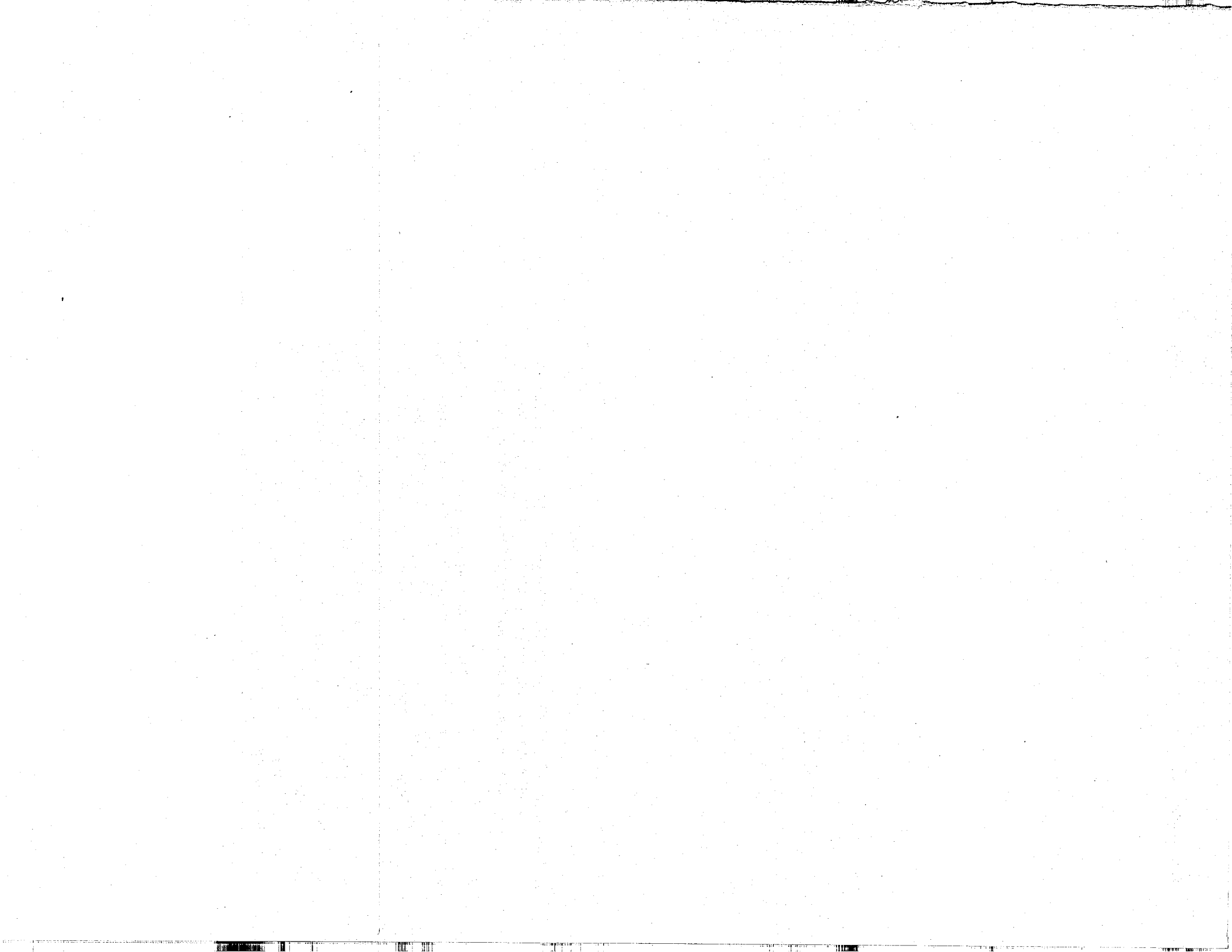


Foreword

This report was prepared primarily to inform Congressional members and key staff of ongoing assignments in the General Accounting Office's Veterans' Affairs and Military Health Care issue area. This report contains assignments that were ongoing as of August 17, 1998, and presents a brief background statement and a list of key questions to be answered on each assignment. The report will be issued quarterly.

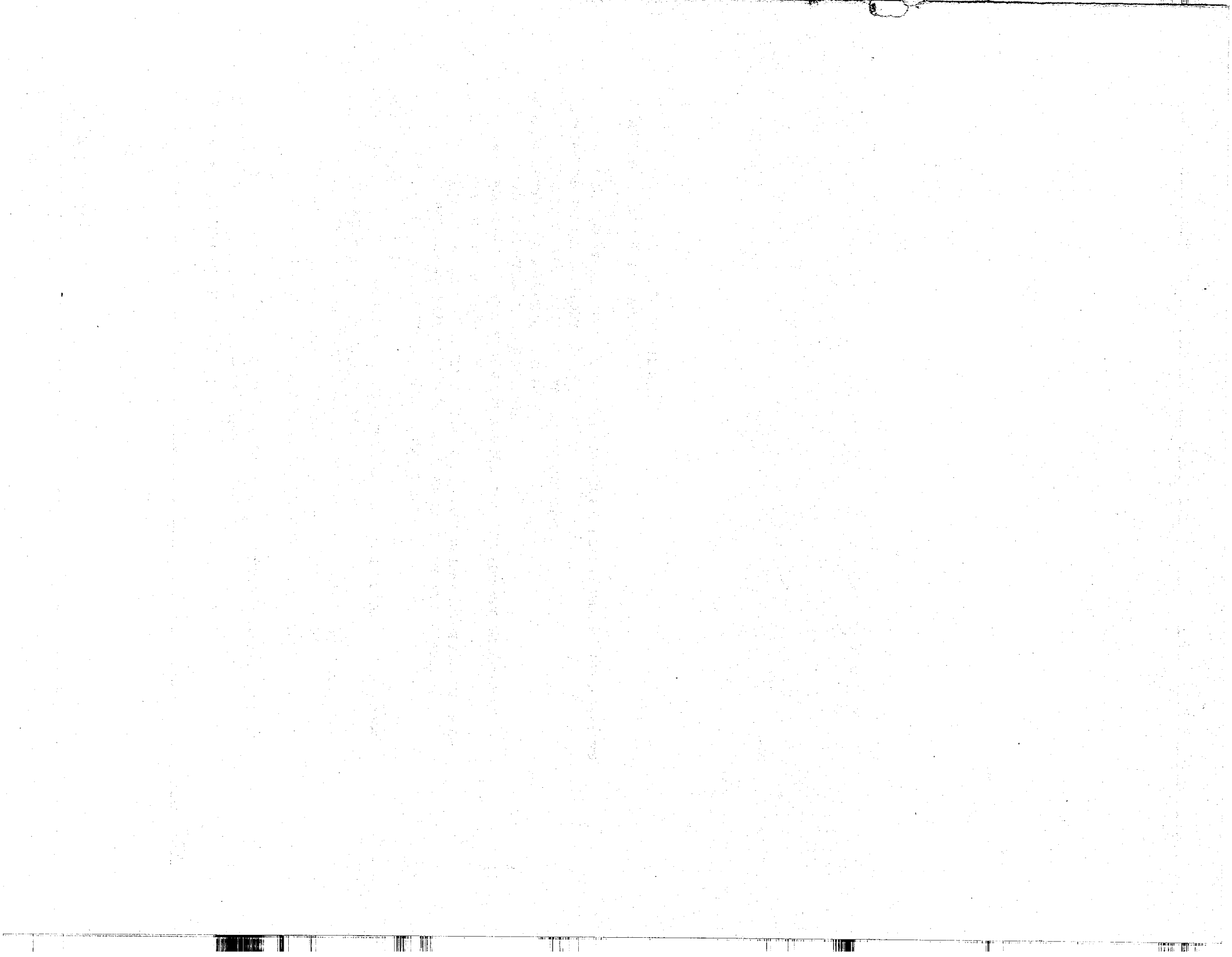
This report was compiled from information available in GAO's internal management information systems. Because the information was downloaded from computerized data bases intended for internal use, some information may appear in abbreviated form.

If you have questions or would like additional information about assignments listed, please contact Stephen Backhus, Director, on (202) 512-7111; or Cynthia Bascetta, Associate Director, on (202) 512-7207.



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Veterans' Affairs & Military Health Care

IMPROVING MANAGEMENT AND ACCOUNTABILITY

TITLE: PERSIAN GULF ILLNESSES AND VA TREATMENT (101606)

KEY QUESTIONS : Many of the 697,000 veterans who served in the Persian Gulf War (PGW), report an array of physical symptoms including fatigue, skin rashes, headaches, muscle and joint pain, memory loss, shortness of breath, and sleep disturbance that they attribute to their service in the Gulf. The actual number of veterans affected by such symptoms is not known and some veterans complain that Department of Veterans Affairs' (VA) diagnosis and treatment are not coordinated and consistently available. We were requested to determine (1) how many veterans VA and DOD report as suffering from PGW-related illnesses, (2) how VA diagnoses, counsels, treats, and monitors PGW veterans and the health problems they report, and (3) veterans' satisfaction with the health care they receive from VA.

TITLE: EVALUATION OF MANAGED CARE SUPPORT CONTRACTORS' CLAIMS PROCESSING PERFORMANCE UNDER TRICARE (101614)

KEY QUESTIONS : In response to our February 1998 report on physician reimbursement under TRICARE (GAO/HEHS-98-80), we have been asked to evaluate the claims processing performance of TRICARE's managed care support contractors (MCSC). Our evaluation will identify the issues and problems associated with 1) processing claims in a timely manner, 2) processing claims accurately, and 3) using ClaimCheck to edit TRICARE claims.

TITLE: REVIEW OF HEALTH CARE FRAUD WITHIN THE MILITARY HEALTH CARE SYSTEM (101621)

KEY QUESTIONS : The Senate Armed Services Committee Report (105-189) to the National Defense Authorization Bill (S. 2060) for fiscal year 1999 directs GAO to study and report on (1) the extent of health care fraud within the military health care system and (2) the status of the Department of Defense (DOD) health care anti-fraud initiatives, and (3) identify initiatives and incentives that could enhance continued anti-fraud efforts within DOD. The committee is concerned that health care fraud burdens DOD with significant financial loss and threatens the quality of care delivered. The DOD Inspector General estimates annual losses to the government to be between \$600 million and \$1.2 billion.

TITLE: REVIEW OF VA COMPENSATION AND PENSION QUALITY ASSURANCE PROGRAMS (105757)

KEY QUESTIONS : VA delivers compensation and pension (C&P) benefits to over 3 million veterans and their dependents through an extensive regional office structure. Accurate and effective C&P claims processing by regional offices and actions taken by these offices and VA central office to minimize processing errors and inefficiencies have been subjects of continuing concern to veterans and the Congress. Q1 What are the most common claims processing errors made by regional offices? Q2 Do regional office and central office quality assurance programs effectively identify and reduce errors? Q3 Are lessons learned and best practices disseminated to and adopted by regional offices?

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TITLE: COMPARISON OF VA PHYSICIAN LICENSING AND SCREENING WITH FEDERAL AND NONFEDERAL SECTORS AND THE IMPACT OF H.R. 2338 ON VA (406151)

KEY QUESTIONS : Concerned that VA physician and registered nurse license requirements may be insufficient as a means of identifying unqualified physicians and nurses, legislation has been introduced to change VA's license requirements. The requester is also interested in employment requirements used by other federal and nonfederal health care systems which offer additional protections when employing physicians. Q1. What are the possible effects of the proposed legislation (H.R. 2338) to change VA physician and registered nurse license requirements? Q2. What are VA's physician employment requirements and processes? Q3. How do VA's employment requirements compare to other federal and nonfederal health care systems?

TITLE: CENTRAL ALABAMA VETERANS HEALTH CARE SYSTEM INTEGRATION IMPLEMENTATION PLAN (406152)

KEY QUESTIONS : VA developed a plan to consolidate medical services in Montgomery and Tuskegee, AL and submitted it to the Subcommittee on June 11, 1998. As directed by the subcommittee, GAO will assess whether VA's plan contains the critical information necessary to understand the consolidation of the Montgomery and Tuskegee, AL services.

REFORMING VA AND DOD

TITLE: EVALUATION OF DOD'S MEDICARE SUBVENTION DEMONSTRATION (101607)

KEY QUESTIONS : The Balanced Budget Act of 1997 authorizes DOD to conduct a 3 year test of Medicare Subvention beginning January 1998, under which the Health Care Financing Administration will provide payments to DOD for Medicare-eligible retirees enrolled in DOD's TRICARE Prime health maintenance organization (HMO). The Act requires GAO to report annually on financial and program issues that include the following: To what extent has the test resulted in costs or savings to Medicare and DOD? What effect has the test had on military medical readiness and training? What has been the impact of the test on access to care for beneficiaries enrolled in the program and others? What health care plans were the primary health care sources for participants? How has the program impacted private health care providers?

TITLE: FEASIBILITY OF POOLING RESOURCES OF THE DEPARTMENT OF DEFENSE AND VETERANS ADMINISTRATION TO CREATE A FULLY-FUNCTIONAL VETERANS' HEALTH CARE WING AT THE U.S. NAVAL HOSPITAL ON GUAM (101612)

KEY QUESTIONS : Concerned about the level of medical care provided to veterans on Guam, several House members asked that GAO study the feasibility of establishing a veterans' health care wing at the U.S. Naval Hospital on Guam. (1) What authority/responsibility do VA and DOD have for providing care to veterans and retirees residing on Guam and how are they fulfilling this responsibility? (2) Has the availability of care to veterans and retirees on Guam changed in the past and is it likely to change in the future? (3) What will be the future demand for inpatient health care for veterans residing on Guam? (4) What is the range of costs for several sizes of a veterans ward at the Naval Hospital? (5) What other possible options exist to meet medical care needs for veterans?

Veterans' Affairs & Military Health Care

TITLE: REQUIREMENT FOR MILITARY TREATMENT FACILITIES IN THE NATIONAL CAPITOL REGION (101615)

KEY QUESTIONS : With forces and budgets declining, DOD has consolidated some health care and support services among military medical treatment facilities (MTFs) in the National Capitol Area (NCA). The 1998 Defense Authorization Act requires GAO to evaluate the need for NCA facilities, addressing geography, facilities, integrated residencies, and medical environment, and to evaluate the coordination of services among the MTFs to most efficiently serve active duty and other beneficiaries. Also, cognizant congressional offices have asked what would be the best overall structure for managing and coordinating the use of NCA MTF resources. Q1) What are the NCA MTF requirements? Q2) How can health care in the NCA facilities be better managed and coordinated to more efficiently serve NCA beneficiaries?

TITLE: VISN/VERA IMPACTS ON VA HEALTH CARE (406146)

KEY QUESTIONS : VA created 22 Veterans Integrated Service Networks (VISN) as the basic management unit for health care. VA also implemented the Veterans Equitable Resource Allocation (VERA) system to more equitably allocate resources. As a result, some VISNs are losing resources and all VISNs have adopted methods to allocate resources to facilities. The requesters have concerns that veterans' access to care is decreasing and that VISN allocation methods may be inappropriate in VISN 3 (Bronx) and VISN 4 (Pittsburgh). Q1 Has access to services increased or decreased in VISNs 3, 4, and their facilities? Q2 How does this compare to national VA changes? Q3 What roles have VERA and other VA initiatives played in these changes? Q4 Is VA adequately monitoring changes in access and VISN allocation methods?

MOVING TO MANAGED CARE STRATEGIES

TITLE: REVIEW OF ACCESS ISSUES IN THE MILITARY HEALTH SYSTEM (101613)

KEY QUESTIONS : Following our February 1998 testimony on the effectiveness of TRICARE, we were asked to evaluate beneficiaries' access to care in the military health system. Although TRICARE is intended to improve access to care, beneficiaries continue to express concerns about their access to military facilities and network physicians. 1) What impact does TRICARE have on beneficiaries' access to care in the military health system? 2) To what extent is access to care under TRICARE meeting beneficiaries' expectations?

SERVING SPECIAL POPULATIONS

TITLE: REVIEW OF VA'S HOMELESS PROGRAMS AND RELATED EFFORTS TO MEET THE NEEDS OF HOMELESS VETERANS (406150)

KEY QUESTIONS : Veterans are generally considered to constitute about one-third of the homeless population. Many of the homeless have multiple social and medical needs and homeless veterans, in particular, suffer disproportionately from substance abuse and mental health problems. In 1987, VA established two programs to assist homeless veterans, the Health Care for Homeless Vets, and Domiciliary Care for Homeless Vets. The impact of these programs and VA efforts to assist homeless veterans is unclear. (1) What are the various programs and approaches VA uses to assist homeless veterans? (2) How does VA assess the effectiveness of its homeless programs? (3) What other options or approaches are available to address homeless veterans' needs and reduce homelessness among the nation's veterans?

OTHER ISSUE AREA WORK - VAMH

Veterans' Affairs & Military Health Care

TITLE: FUNDING AND ACCESS TO AIDS DRUGS (108305)

KEY QUESTIONS : 1. What are the sources, amounts, and purposes of HIV and AIDS treatment funds from the HHS budget? 2. To what extent are the funding uses similar? 3. What additional demands will be placed for federal HIV/AIDS funding for protease inhibitors? 4. How does access to drug therapies differ among state AIDS drug programs?



