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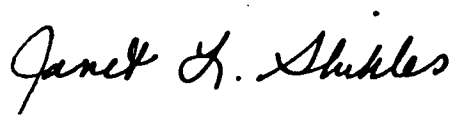
Preface

The General Accounting Office (GAO), an arm of the Congress, was established to independently audit government agencies. GAO's Health, Education, and Human Services (HEHS) Division reviews the government's health, education, employment, social security, welfare, and veterans programs administered in the Departments of Health and Human Services, Labor, Education, Veterans Affairs, and some other agencies.

This booklet lists the GAO products issued on these programs. It is divided into two major sections:

- Most Recent GAO Products: This section identifies reports and testimonies issued during the past 2 months and provides summaries for selected key products.
- Comprehensive 2-Year Listings: This section lists all products published in the last 2 years, organized chronologically by subject as shown in the table of contents. When appropriate, products may be included in more than one subject area.

You may obtain single copies of the products free of charge, by telephoning your request to (202) 512-6000 or faxing it to (301) 258-4066. Additional ordering details, as well as instructions for getting on our mailing list, appear at the end of this booklet.



Janet L. Shikles
Assistant Comptroller General

Contents

Abbreviations

AIDS	acquired immunodeficiency syndrome
CDC	Centers for Disease Control and Prevention
CDR	continuing disability review
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CRS	Congressional Research Service, Library of Congress
DEA	Drug Enforcement Agency
DC	District of Columbia
DOD	Department of Defense
DOE	Department of Energy
EEO	Equal Employment Opportunity
EEOC	Equal Employment Opportunity Commission
ERISA	Employee Retirement Income Security Act of 1974
ESEA	Elementary and Secondary Education Act
FDA	Food and Drug Administration
GAO	General Accounting Office
HEAF	Higher Education Assistance Foundation, Department of Education

HEHS	Health, Education, and Human Services Division, GAO
HCFA	Health Care Financing Administration
HealthPASS	Philadelphia Accessible Services System
HHS	Department of Health and Human Services
HMO	health maintenance organization
HRD	Human Resources Division, U.S. General Accounting Office
INS	Immigration and Naturalization Service
IRS	Internal Revenue Service
JOBS	Job Opportunities and Basic Skills program
JTPA	Job Training Partnership Act
NAGB	National Assessment Governing Board, Department of Education
OBRA	Omnibus Budget Reconciliation Act of 1990
PBGC	Pension Benefit Guarantee Corporation
PATH	Projects for Assistance in Transition from Homelessness
PFIA	Pension Funding Improvement Act of 1993
PPA	Pension Protection Act
RPA	Retirement Protection Act of 1993
SBA	Small Business Administration
SEA	state education agency
SSA	Social Security Administration
SSI	Supplemental Security Income
UMWA	United Mine Workers of America Combined Benefit Fund
VA	Department of Veterans Affairs
VAMC	Vetarans Affairs Medical Center
WARN	Worker Adjustment and Retraining Notification Act
WIC	Special Supplemental Food Program for Women, Infants, and Children

Most Recent GAO Products (September - October 1994)

Health

Selected Summaries

Medical Education: Curriculum and Financing Strategies Need to Encourage Primary Care Training (Report, 10/21/94, GAO/HEHS-95-9).

Choice of career paths in medicine is associated with the characteristics of students admitted to medical schools and with the curriculum and training opportunities they receive during their medical education. We found that some features of medical schools were associated with an increased likelihood that students would go into primary care. Foremost among these was whether the medical school had a family practice department—students who attended schools with family practice departments were more likely to pursue primary care than students who attended schools without such departments. The way residency training is financed contributes to a specialist orientation for the clinical education of medical students.

Medicare: Referrals to Physician-Owned Imaging Facilities Warrant HCFA's Scrutiny (Report, 10/20/94, GAO/HEHS-95-2).

Florida physicians with a financial interest in joint-venture imaging centers had higher referral rates for almost all types of imaging services than other Florida physicians. Florida physicians with imaging facilities in their offices, group practices, or other practice settings also had high imaging rates compared with those of other physicians. The Department of Health and Human Services (HHS) has not yet finalized the regulations or procedures needed to implement and enforce the OBRA 1993 self-referral restrictions as they apply to physicians with a financial interest in joint ventures.

Family Planning Clinics: Strain of Norplant's High Up-Front Costs Has Subsided (Report, 10/7/94, GAO/HEHS-95-7).

When Norplant was first introduced in the United States in 1990, its high up-front cost made it difficult for Title X clinics to provide Norplant to all clients requesting it. To help meet the initial demand for the implant, HHS, the states, and Title X grantees took action soon after Norplant's introduction to lessen Norplant's budgetary burden on family planning clinics. HHS allowed the clinics to limit Norplant services based on budget constraints, and permitted Title X grantees to concentrate Norplant

services in magnet or hub locations into which clinics could channel patients. The subsequent decline in demand for Norplant appears to be due to the fact that it lasts 5 years and is reported to have adverse side effects. Further, women have turned to another more recently introduced injectable contraceptive that does not involve surgery.

Health Care: Employers Urge Hospitals to Battle Costs Using Performance Data Systems (Report, 10/3/94, GAO/HEHS-95-1).

In the communities GAO reviewed, the introduction of severity-adjusted performance measurement systems has given hospitals an impetus to initiate efficiency improvements. Employer coalitions in Cincinnati, Cleveland, and Orlando have made severity-adjusted performance measurement systems an important element of their communities' cost containment strategies. In the communities GAO examined, hospitals generally regard the systems as one of several useful internal tools for identifying efficiency problems. Hospitals, physicians, and experts in the field of outcomes research caution employers that the results of these systems should not be the sole guide for health care purchasing decisions.

Health Care Reform: Considerations for Risk Adjustment Under Community Rating (Report, 9/22/94, GAO/HEHS-94-173).

Unless payments received by insurers are risk adjusted, the goal of community rating—to have affordable, comprehensive health insurance available to those who need it most—may be compromised. Community rating creates strong incentives for insurers to avoid the less healthy, undermining the intent of community rating to expand access to those same beneficiaries. The federal government has more than a decade of risk adjustment experience through Medicare's risk contract program for health maintenance organizations (HMO). However, the various reform proposals do not replicate many characteristics of the Medicare program. Therefore, lessons from Medicare experience with risk adjustment for health care reform need to be drawn cautiously.

Other Health Products

Health Care Reform: "Report Cards" Are Useful but Significant Issues Need to Be Addressed (Report, 9/29/94, GAO/HEHS-94-219).

Health and Safety: Protecting Workers and the Public Continues to Challenge DOE (Testimony, 9/22/94, GAO/T-RCED-94-283).

Nuclear Health and Safety: Consensus on Acceptable Radiation Risk to the Public Is Lacking (Report, 9/19/94, GAO/RCED-94-190).

Long-Term Care Reform: States' Views on Key Elements of Well-Designed Programs for the Elderly (Report, 9/6/94, GAO/HEHS-94-227).

Small Business: SBA's Health Care Reform Activities (Report, 9/6/94, GAO/RCED-94-240).

Medicare: Changes to HMO Rate Setting Method Are Needed to Reduce Program Costs (Report, 9/2/94, GAO/HEHS-94-119).

Education

Selected Summaries

Early Childhood Programs: Multiple Programs and Overlapping Target Groups (Report, 10/31/94, GAO/HEHS-95-4FS).

GAO found that in federal fiscal years 1992 and 1993, the federal government funded over 90 early childhood programs in 11 federal agencies and 20 offices. Of these programs, we identified 34 as key programs. These key programs provided services to at least 2 million children below age 5 and spent at least $3.66 billion in federal fiscal year 1992. However, data are limited on the exact number of children served and the dollars spent on children below age 5. Although these programs have some similarities, they may target different populations, use different eligibility criteria, and provide a different mix of services to children and their families.

Education Finance: Extent of Federal Funding in State Education Agencies (Report, 10/14/94, GAO/HEHS-95-3).

In fiscal year 1993, although the federal government only provided about 7 percent of elementary and secondary school funding, states relied on federal support for 41 percent of the funding and 41 percent of the staff for their state education agencies (SEAs). However, the situation is complex and comparisons among SEAs based solely on their total federal share of funding and staff can be misleading. Using the core of 10 federal programs common to nearly all SEAs, the extent of funding retained for state-level operations—primarily oversight, technical assistance and training related

to specific federal programs—was 29 percent. Overall, states reserved a greater share of federal than state funds for state-level operations—by a ratio of 4 to 1. This difference may be due, state officials report, to the administrative and regulatory requirements imposed by federal programs.

Precollege Math and Science Education: Department of Energy's Precollege Program Managed Ineffectively (Report, 9/13/94, GAO/HEHS-94-208).

Although the Department of Energy invested more than $50 million in precollege education in fiscal years 1990-93, it did not effectively oversee or direct the program. To compound problems, Energy did not link budget decisions to project evaluation results. As a result, Energy had not evaluated almost half of its 17 most resource-intensive projects at the time of our review; for those projects with evaluation reports, all were inadequate. In addition, it is doubtful whether Energy's precollege program will help achieve National Education Goal 5. In this regard, Energy's projects typically do not focus on student achievement, which is central to achieving this goal. During our review, Energy indicated recognition of the need to pay closer attention to managing its precollege program.

Other Education Products

Pell Grant Costs (Letter, 9/28/94, GAO/HEHS-94-215R).

Youth Training (Letter, 9/6/94, GAO/PEMD-94-32R).

Employment

Employment Products

U.S. Postal Service: Labor-Management Problems Persist on the Workroom Floor (Volume I) (Report, 9/29/94, GAO/GGD-94-201A).

Multiple Employment Training Programs: Basic Program Data Often Missing (Testimony, 9/28/94, GAO/T-HEHS-94-239).

Equal Employment Opportunity: Displacement Rates, Unemployment Spells, and Reemployment Wages by Race (Report, 9/16/94, GAO/HEHS-94-229FS).

Social Security and Welfare

Selected Summaries

Private Pensions: Funding Rule Change Needed to Reduce PBGC's Multibillion Dollar Exposure (Report, 10/5/94, GAO/HEHS-95-5).

The current funding rules for underfunded plans are not working well. Despite the intent of the Pension Protection Act (PPA) in 1987 that funding in underfunded plans be improved, in 1990 sponsors of most underfunded plans in our sample made no additional contributions to reduce underfunding. The proposed Pension Funding Improvement Act of 1993 (PFIA) would actually reduce the percentage of sponsors making increased contributions to their underfunded plans. The administration's proposed Retirement Protection Act of 1993 (RPA) would increase the percentage of underfunded plan sponsors making additional contributions to about 50 percent. Under both bills, most affected sponsors would make substantially larger contributions. However, we believe additional changes are necessary to improve funding in most underfunded plans.

Other Social Security & Welfare Products

Financial Audit: House Child Care Center—Fiscal Years Ended 9-30-93, 9-30-92, and Month Ended 9-30-91 (Report, 10/14/94, GAO/AIMD-95-2).

Child Care: Current System Could Undermine Goals of Welfare Reform (Testimony, 9/20/94, GAO/T-HEHS-94-238).

Social Security Administration: Risks Associated With Information Technology Investment Continue (Report, 9/19/94, GAO/AIMD-94-143).

Social Security: GAO's Analysis of the Notch Issue (Testimony, 9/16/94, GAO/T-HEHS-94-236).

Social Security: Rapid Rise in Children on SSI Disability Rolls Follows New Regulations (Report, 9/9/94, GAO/HEHS-94-225).

Social Security: Trust Funds Can Be More Accurately Funded (Report, 9/2/94, GAO/HEHS-94-48).

Veterans Affairs and Military Health

Selected Summaries

VA/DOD Health Care: More Guidance Needed to Implement CHAMPUS-Funded Sharing Agreements (Report, 10/28/94, GAO/HEHS-95-15).

In February 1994, after nearly 3 years of negotiation, the Department of Veterans Affairs (VA) and the Department of Defense (DOD) agreed on a framework for VA to treat Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)-eligible beneficiaries and receive reimbursement from CHAMPUS funds. The first sharing agreement using CHAMPUS funds to buy VA services in noncatchment areas was signed by DOD and the Asheville, North Carolina, Vetarans Affairs Medical Center (VAMC) officials. Although the Asheville VAMC began treating CHAMPUS patients in February 1994, neither DOD nor VA has conducted a systemwide search to identify other opportunities for sharing agreements. Within catchment areas, we found that DOD hospital commanders have not used CHAMPUS funds for sharing agreements between their hospitals and VA hospitals and, consequently, potential sharing opportunities have been missed.

Veterans' Health Care: Use of VA Services by Medicare-Eligible Veterans (Report, 10/24/94, GAO/HEHS-95-13).

Medicare-eligible veterans make substantial use of VA services not extensively covered under Medicare. Our analysis suggests that many Medicare-eligible veterans turn to VA specifically to obtain several of these services, particularly prescription drugs, inpatient psychiatric care, and long-term nursing care. Changes in Medicare or veterans health benefits made as a result of health care reform could significantly affect future demand for VA health care services.

Other Veterans and Military Health Products

Veterans' Health Care: Implications of Other Countries' Reforms for the United States (Report, 9/27/94, GAO/HEHS-94-210BR).

Veterans' Benefits: Lack of Timeliness, Poor Communication Cause Customer Dissatisfaction (Report, 9/20/94, GAO/HEHS-94-179).

Health (Comprehensive 2-Year Listing)

Access and Infrastructure

Health Care: Federal and State Antitrust Actions Concerning the Health Care Industry (Report, 8/5/94, GAO/HEHS-94-220).

Health Professions Education: Role of Title VII/VIII Programs in Improving Access to Care Is Unclear (Report, 7/8/94, GAO/HEHS-94-164).

Health Reform: Purchasing Cooperatives Have an Increasing Role in Providing Access to Insurance (Testimony, 6/30/94, GAO/T-HEHS-94-196). Report on same topic (5/31/94, GAO/HEHS-94-142).

Primary Care Physicians: Managing Supply in Canada, Germany, Sweden, and the United Kingdom (Report, 5/18/94, GAO/HEHS-94-111).

Health Care Access: Innovative Programs Using Nonphysicians (Report, 8/27/93, GAO/HRD-93-128).

Nonprofit Hospitals: For-Profit Ventures Pose Access and Capacity Problems (Report, 7/22/93, GAO/HRD-93-124).

Organ Transplants: Increased Effort Needed to Boost Supply and Ensure Equitable Distribution of Organs (Report, 4/22/93, GAO/HRD-93-56). Testimony on same topic (4/22/93, GAO/T-HRD-93-17).

Indian Health Service: Basic Services Mostly Available; Substance Abuse Problems Need Attention (Report, 4/9/93, GAO/HRD-93-48).

Health Care: Rochester's Community Approach Yields Better Access, Lower Costs (Report, 1/29/93, GAO/HRD-93-44).

Emergency Departments: Unevenly Affected by Growth and Change in Patient Use (Report, 1/4/93, GAO/HRD-93-4).

District of Columbia: Barriers to Medicaid Enrollment Contribute to Hospital Uncompensated Care (Report, 12/29/92, GAO/HRD-93-28).

Bone Marrow Transplants: National Program Has Greatly Increased Pool of Potential Donors (Report, 11/4/92, GAO/HRD-93-11).

Employee and Retiree Health Benefits

Early Retiree Health: Health Security Act Would Shift Billions in Costs to Federal Government (Report, 7/21/94, GAO/HEHS-94-203FS).

Retiree Health Plans: Health Benefits Not Secure Under Employer-Based System (Report, 7/9/93, GAO/HRD-93-125).

Family and Medical Leave Cost Estimate (Letter, 2/1/93, GAO/HRD-93-14R).

Federal Health Benefits Program: Analysis of Contingency and Special Reserves (Report, 12/4/92, GAO/GGD-93-26).

Financing

Health Care: Employers Urge Hospitals to Battle Costs Using Performance Data Systems (Report, 10/3/94, GAO/HEHS-95-1).

Hospital Compensation: Nationally Representative Data on Chief Executives' Compensation (Report, 8/16/94, GAO/HEHS-94-189).

Health Insurance For The Elderly: Owning Duplicate Policies Is Costly and Unnecessary (Report, 8/3/94, GAO/HEHS-94-185).

Indian Health Service: Efforts to Recruit Health Care Professionals (Report, 7/7/94, GAO/HEHS-94-180FS).

Health Care: Antitrust Enforcement Under Maryland Hospital All-Payer System (Report, 4/27/94, GAO/HEHS-94-81).

Blue Cross and Blue Shield: Experiences of Weak Plans Underscore the Role of Effective State Oversight (Report, 4/13/94, GAO/HEHS-94-71).

Medigap Loss Ratios, First 2 Years (Letter, 4/4/94, GAO/HEHS-94-131R).

Medical Review Saving (Letter, 2/28/94, GAO/HEHS-94-93R).

Medigap Insurance: Insurers' Compliance With Federal Minimum Loss Ratio Standards, 1988-91 (Report, 2/7/94, GAO/HEHS-94-47).

Health Insurance Regulation: Wide Variation in States' Authority, Oversight, and Resources (Report, 12/27/93, GAO/HRD-94-26). Testimony on same topic (11/5/93, GAO/T-HRD-94-55).

Hospitals: Chief Executives' Compensation (Testimony, 12/7/93, GAO/T-HRD-94-70).

Health Insurance: California Public Employees' Alliance Has Reduced Recent Premium Growth (Report, 11/22/93, GAO/HRD-94-40).

1993 German Health Reforms: Initiatives Tighten Cost Controls (Testimony, 10/13/93, GAO/T-HRD-94-2). Report on same topic (7/7/93, GAO/HRD-93-103).

1993 German Health Reforms: New Cost Control Initiatives (Report, 7/7/93, GAO/HRD-93-103). Testimony on same topic (10/13/93, GAO/T-HRD-94-2).

Health Insurance: Remedies Needed to Reduce Losses From Fraud and Abuse (Testimony, 3/8/93, GAO/T-HRD-93-8).

Health Insurance: Legal and Resource Constraints Complicate Efforts to Curb Fraud and Abuse (Testimony, 2/4/93, GAO/T-HRD-93-3). Report on same topic (5/7/92, GAO/HRD-92-69). Testimony on same topic (5/7/92, GAO/T-HRD-92-29).

Health Care: Rochester's Community Approach Yields Better Access, Lower Costs (Report, 1/29/93, GAO/HRD-93-44).

Removal of Breast Implants (Letter, 12/7/92, GAO/HRD-93-5R).

Health Care Reform Related Issues

Health Care Reform: "Report Cards" Are Useful but Significant Issues Need to Be Addressed (Report, 9/29/94, GAO/HEHS-94-219).

Health Care Reform: Considerations for Risk Adjustment Under Community Rating (Report, 9/22/94, GAO/HEHS-94-173).

Small Business: SBA's Health Care Reform Activities (Report, 9/6/94, GAO/RCED-94-240).

Early Retiree Health: Health Security Act Would Shift Billions in Costs to Federal Government (Report, 7/21/94, GAO/HEHS-94-203FS).

Health Security Act: Analysis of Veterans' Health Care Provisions (Report, 7/15/94, GAO/HEHS-94-205FS).

Health Care Reform: Potential Difficulties in Determining Eligibility for Low-Income People (Report, 7/11/94, GAO/HEHS-94-176).

Veterans' Health Care: Efforts to Make VA Competitive May Create Significant Risks (Testimony, 6/29/94, GAO/T-HEHS-94-197).

Health Reform: Purchasing Cooperatives Have an Increasing Role in Providing Access to Insurance (Testimony, 6/30/94, GAO/T-HEHS-94-196). Report on same topic (5/31/94, GAO/HEHS-94-142).

Federal Administrative Costs Under Health Security Act (Letter, 6/15/94, GAO/HEHS-94-187R).

Health Care Reform: Proposals Have Potential to Reduce Administrative Costs (Report, 5/31/94, GAO/HEHS-94-158).

Health Care Reform: School-Based Health Centers Can Promote Access to Care (Report, 5/13/94, GAO/HEHS-94-166).

VA and the Health Security Act (Letter, 5/9/94, GAO/HEHS-94-159R).

VA Health Care Reform: Financial Implications of the Proposed Health Security Act (Testimony, 5/5/94, GAO/T-HEHS-94-148).

Health Care Alliances: Issues Relating to Geographic Boundaries (Report, 4/8/94, GAO/HEHS-94-139). Testimony on same topic (2/24/94, GAO/T-HEHS-94-108).

Health Care Reform: How Proposals Address Fraud and Abuse (Testimony, 3/17/94, GAO/T-HEHS-94-124).

Health Care in Hawaii: Implications for National Reform (Testimony, 3/16/94, GAO/T-HEHS-94-123). Report on same topic (2/11/94, GAO/HEHS-94-68).

Health Care Reform: Supplemental and Long-Term Care Insurance (Testimony, 11/9/93, GAO/T-HRD-94-58).

Health Insurance: How Health Care Reform May Affect State Regulation (Testimony, 11/5/93, GAO/T-HRD-94-55).

Veterans' Health Care: Potential Effects of Health Financing Reforms on Demand for VA Services (Testimony, 3/31/93, GAO/T-HRD-93-12).

Veterans' Health Care: Potential Effects of Health Reforms on VA Construction (Testimony, 3/3/93, GAO/T-HRD-93-7).

Transition Series: Health Care Reform (Report, 12/92, GAO/OCG-93-8TR).

HHS Public Health Service Agencies

Food and Drug Administration: Carrageenan Food Additive From the Philippines Conforms to Regulations (Report, 8/2/94, GAO/HEHS-94-141).

FDA User Fees: Current Measures Not Sufficient for Evaluating Effect on Public Health (Report, 7/22/94, GAO/PEMD-94-26).

FDA Regulation: Compliance by Dietary Supplement and Conventional Food Establishments (Report, 6/13/94, GAO/HEHS-94-134).

FDA Drug Enforcement Actions (Letter, 5/6/94, GAO/HEHS-94-136R).

Safe Medical Devices (Letter, 2/10/94, GAO/HEHS-94-86R).

FDA Safety Devices (Letter, 2/2/94, GAO/HEHS-94-90R).

CDC Activities Are Appropriate and Non-Duplicative (Letter, 8/30/93, GAO/HRD-93-32R).

FDA Regulation of Dietary Supplements (Letter, 7/2/93, GAO/HRD-93-28R).

Hospital Sterilants: Insufficient FDA Regulation May Pose a Public Health Risk (Report, 6/14/93, GAO/HRD-93-79).

Alleged Lobbying Activities: Office for Substance Abuse Prevention (Report, 5/4/93, GAO/HRD-93-100).

FDA Premarket Approval: Process of Approving Lodine as a Drug (Report, 4/12/93, GAO/HRD-93-81).

Public Health Service: Evaluation Set-Aside Has Not Realized Its Potential to Inform the Congress (Report, 4/8/93, GAO/PEMD-93-13).

Long-Term Care

Long-Term Care Reform: States' Views on Key Elements of Well-Designed Programs for the Elderly (Report, 9/6/94, GAO/HEHS-94-227).

Long-Term Care: Other Countries Tighten Budgets While Seeking Better Access (Report, 8/30/94, GAO/HEHS-94-154).

Survey of Long-Term Care for the Elderly (Letter, 7/21/94, GAO/HEHS-94-214R).

Long-Term Care Reform: Program Eligibility, States' Service Capacity, and Federal Role in Reform Need More Consideration (Testimony, 4/14/94, GAO/T-HEHS-94-144).

Long-Term Care: The Need for Geriatric Assessment in Publicly Funded Home and Community-Based Programs (Testimony, 4/14/94, GAO/T-PEMD-94-20).

Long-Term Care: Demography, Dollars, and Dissatisfaction Drive Reform (Testimony, 4/12/94, GAO/T-HEHS-94-140).

Long-Term Care: Status of Quality Assurance and Measurement in Home and Community Based Services (Report, 3/31/94, GAO/PEMD-94-19).

Long-Term Care: Support for Elder Care Could Benefit the Government Workplace and the Elderly (Report, 3/4/94, GAO/HEHS-94-64).

Long-Term Care: Private Sector Elder Care Could Yield Multiple Benefits (Report, 1/31/94, GAO/HEHS-94-60).

Health Care Reform: Supplemental and Long-Term Care Insurance (Testimony, 11/9/93, GAO/T-HRD-94-58).

Long-Term Care Insurance: High Percentage of Policyholders Drop Policies (Report, 8/25/93, GAO/HRD-93-129).

VA Health Care: Potential for Offsetting Long-Term Care Costs Through Estate Recovery (Report, 7/27/93, GAO/HRD-93-68).

Long-Term Care Forum (Discussion Paper, 7/13-14/93, GAO/HRD-93-1-SP).

Long-Term Care Insurance: Tax Preferences Reduce Costs More for Those in Higher Tax Brackets (Report, 6/22/93, GAO/GGD-93-110).

Massachusetts Long-Term Care (Letter, 5/17/93, GAO/HRD-93-22R).

Long-Term Care Case Management: State Experiences and Implications for Federal Policy (Report, 4/6/93, GAO/HRD-93-52).

Malpractice

Medical Malpractice Insurance Options (Letter, 2/28/94, GAO/HEHS-94-105R).

Medical Malpractice: Maine's Use of Practice Guidelines to Reduce Costs (Report, 10/25/93, GAO/HRD-94-8).

Medical Malpractice: Estimated Savings and Costs of Federal Insurance at Health Centers (Report, 9/24/93, GAO/HRD-93-130).

Medical Malpractice: Medicare/Medicaid Beneficiaries Account for a Relatively Small Percentage of Malpractice Losses (Report, 8/11/93, GAO/HRD-93-126).

Medical Malpractice: Experience With Efforts to Address Problems (Testimony, 5/20/93, GAO/T-HRD-93-24).

Health Information Systems: National Practitioner Data Bank Continues to Experience Problems (Report, 1/29/93, GAO/IMTEC-93-1).

Managed Care

Managed Health Care: Effect on Employers' Costs Difficult to Measure (Testimony, 2/2/94, GAO/T-HEHS-94-91). Report on same topic (10/19/93, GAO/HRD-94-3).

Managed Health Care: Effect on Employers' Costs Difficult to Measure (Report, 10/19/93, GAO/HRD-94-3).

Medicaid Managed Care: Healthy Moms, Healthy Kids—A New Program for Chicago (Report, 9/7/93, GAO/HRD-93-121).

Defense Health Care: Lessons Learned From DOD's Managed Health Care Initiative (Testimony, 5/10/93, GAO/T-HRD-93-21).

Medicaid: HealthPASS—An Evaluation of a Managed Care Program for Certain Philadelphia Recipients (Report, 5/7/93, GAO/HRD-93-67).

Medicaid: States Turn to Managed Care to Improve Access and Control Costs (Report, 3/17/93, GAO/HRD-93-46). Testimony on same topic (3/17/93, GAO/T-HRD-93-10).

Medicare and Medicaid

Veterans' Health Care: Use of VA Services by Medicare-Eligible Veterans (Report, 10/24/94, GAO/HEHS-95-13).

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Medicare: Changes to HMO Rate Setting Method Are Needed to Reduce Program Costs (Report, 9/2/94, GAO/HEHS-94-119).

Medicaid: Changes in Best Price for Outpatient Drugs Purchased by HMOs and Hospitals (Report, 8/5/94, GAO/HEHS-94-194FS).

Medicaid Long-Term Care: Successful State Efforts to Expand Home Services While Limiting Costs (Report, 8/11/94, GAO/HEHS-94-167).

Medicare: HCFA's Contracting Authority for Processing Medicare Claims (Report, 8/2/94, GAO/HEHS-94-171).

Medicaid: States Use Illusory Approaches to Shift Program Costs to Federal Government (Report, 8/1/94, GAO/HEHS-94-133).

Medicare: Technology Assessment and Medical Coverage Decisions (Report, 7/20/94, GAO/HEHS-94-195FS).

Medicare Transportation Benefits (Letter, 7/8/94, GAO/HEHS-94-184R).

Medicare: Shared System Conversion Led to Disruptions in Processing Maryland Claims (Report, 5/23/94, GAO/HEHS-94-66).

Medicaid Prenatal Care: States Improve Access and Enhance Services, but Face New Challenges (Report, 5/10/94, GAO/HEHS-94-152BR).

Medicare/Medicaid: Data Bank Unlikely to Increase Collections From Other Insurers (Report, 5/6/94, GAO/HEHS-94-147). Testimony on same topic (5/6/94, GAO/T-HEHS-94-162).

Medicare: Graduate Medical Education Payment Policy Needs to be Reexamined (Report, 5/5/94, GAO/HEHS-94-33).

Medicare: Inadequate Review of Claims Payments Limits Ability to Control Spending (Report, 4/29/94, GAO/HEHS-94-42).

Medicare: Impact of OBRA-90's Dialysis Provision on Providers and Beneficiaries (Report, 4/25/94, GAO/HEHS-94-65).

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Major Contributors

David W. Bieritz
Susan Y. Higgins
James L. Kirkman
Tara J. Toliver
Stephen F. Palincsar

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