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# Preface

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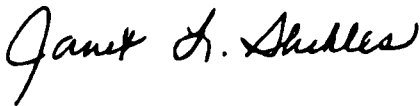
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Janet L. Shikles  
Assistant Comptroller General  
Health, Education, and Human Services Division  
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# New Releases

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## Health

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

**Contact: Michael Gutowski, (202) 512-7128**

State health insurance regulation imposes requirements on health plans offered by insurers that employers' self-funded health plans do not have. Although these requirements benefit consumers, they also add costs to insured health plans. The extent to which these requirements increase insured health plans' costs compared with those of self-funded plans varies by state, depending on the nature and scope of each state's regulations and on health plans' typical operating practices. The costs associated with state requirements fall largely on small employers because they are more likely to purchase health coverage subject to state regulation, whereas large employers are more likely to have self-funded plans. But this may be changing as some small employers begin to self-fund, partly to avoid state regulation and taxation of their health plans. Whether this trend will continue, and at what rate, is unclear.

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

**Contact: Barry Tice, (202) 512-7119**

Despite the efforts of the Health Care Financing Administration (HCFA) to curtail excessive claims, occupational and speech therapy providers continue to bill Medicare high charges for services to nursing home patients. To correct this problem, HCFA needs to (1) implement salary equivalency guidelines for the therapists and (2) define the units used in billing Medicare, whether by procedure or by time spent with a patient. Although HCFA estimates the introduction of such salary guidelines could save \$1.4 billion over 7 years, efforts to put such guidelines in place through the administrative process have yet to succeed. Legislation appears to be the most practical way to achieve this objective and thus enable Medicare to avoid continuing excessive payments for overpriced services.

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## Education

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### **School Finance: Options for Improving Measures of Effort and Equity in Title I** (Report, GAO/HEHS-96-142, Aug. 30, 1996).

Contact: Eleanor Johnson, (202) 512-7209

Created by the Congress in 1994, the Education Finance Incentive Program was meant to help reduce disparities in per pupil funding for elementary and secondary education within each state by encouraging states to have more equitable education finance systems. The allocation formula used to distribute grants under the program, however, tends to penalize many higher poverty states and school districts. The effort and equity measures in the formula could be improved--without penalizing high-poverty states--to more efficiently reward states that increase their level of fiscal effort in raising education revenue or that successfully diminish spending disparities among school districts.

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### **Higher Education: Tuition Increasing Faster Than Household Income and Public Colleges' Costs** (Report, GAO/HEHS-96-154, Aug. 15, 1996).

Contact: Joseph J. Eglin, Jr., (202) 512-7009

College has become less affordable as tuition increases at 4-year public colleges and universities have outpaced the growth of median household income as well as the colleges' own costs. The two factors most responsible for the increase in tuition have been the schools' rising expenditures and their greater dependency on tuition for revenue. To deal with students' increasing financial burden, colleges have undertaken a variety of initiatives, such as holding down tuition charges, offering tuition prepayment and other savings plans, and expediting students' progress toward completing their degrees. Because many of these initiatives are new, little has been done to analyze their effectiveness.

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## **Employment**

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### **Occupational Safety and Health: Violations of Safety and Health Regulations by Federal Contractors (Report, GAO/HEHS-96-157, Aug. 23, 1996). Contact: Charles A. Jeszeck, (202) 512-7036**

The federal government awarded \$38 billion in contracts in fiscal year 1994 to at least 261 companies that owned worksites where safety and health hazards had been identified; 35 fatalities and 85 injuries occurred at these worksites. The number and nature of violations cited suggest that workers were at substantial risk of injury or illness in some workplaces of these contractors. GAO recommended that the Occupational Safety and Health Administration (OSHA) share safety and health records of federal contractors with agency awarding and debarring officials to help improve contractor compliance with federal health and safety regulations. Also, contractors might be more attentive to their safety and health practices if OSHA gave priority to inspecting high-hazard workplaces operated by federal contractors.

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### **Unemployment Insurance: Millions in Benefits Overpaid to Military Reservists (Report, GAO/HEHS-96-101, Aug. 5, 1996). Contact: Charles A. Jeszeck, (202) 512-7036**

Most claimants receiving Unemployment Insurance (UI) benefits are required to report any income they get from participation in the national Reserve forces so that their UI payments can be reduced accordingly. Analysis of UI benefit and Reserve data from seven states, however, shows that some reservists are receiving improper benefit payments from state UI programs amounting to millions of dollars each year. In addition to notifying reservists of their income-reporting responsibilities, changes in how states gather information about claimants' wages and improvements in state access to Reserve payroll and personnel data could reduce UI benefit overpayment.

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

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### **Supplemental Security Income: SSA Efforts Fall Short in Correcting Erroneous Payments to Prisoners (Report, GAO/HEHS-96-152, Aug. 30, 1996). Contact: Diana Eisenstat, (202) 512-7215**

Because prisoners' basic needs are met by the institutions that house them, they are ineligible for Supplemental Security Income (SSI) payments—benefits intended to help meet the basic needs of people who are aged, blind, or disabled. In the jail systems GAO reviewed, however, prisoners had received \$5 million in erroneous SSI payments. These payments were made because Social Security Administration (SSA) field offices did not regularly obtain information on prisoners from county and local jails, recipients did not report their incarceration as required, and SSA's efforts to periodically verify continued eligibility for SSI were sometimes ineffective. SSA began an initiative in 1995 to better use existing procedures to detect prisoners receiving SSI. While it is too early to evaluate the effectiveness of these efforts, they could be more comprehensive. SSA is obtaining information on current prisoners and new admissions but is not pursuing information on SSI recipients who were incarcerated in prior years.

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### **Supplemental Security Income: Administrative and Program Savings Possible by Directly Accessing State Data (Report, GAO/HEHS-96-163, Aug. 29, 1996). Contact: Roland Miller III, (202) 512-7246**

SSA could administer the SSI program more efficiently and, more importantly, prevent or more quickly detect millions of dollars in overpayments if information needed for claims processing were available immediately on-line during initial and subsequent assessments of eligibility. At field offices where SSA is testing direct access to state income information, staff have been able to process claims more efficiently, thus reducing administrative costs, according to preliminary results. As SSA implements on-line access nationwide, it should begin using that access to detect overpayments and ensure that clients receive only those benefits to which they are entitled.

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**401(k) Pension Plans: Many Take Advantage of Opportunity to Ensure Adequate Retirement Income (Report, GAO/HEHS-96-176, Aug. 2, 1996).**  
**Contact: Jane L. Ross, (202) 512-7215**

Almost half of all workers and nearly two-thirds of workers nearing retirement age are covered by a pension plan to help fill the gap between Social Security and an adequate retirement income. One in four workers with pension coverage participates in a 401(k) plan, which lets workers decide how much of their salaries is deferred until retirement and may allow workers to direct how their 401(k) funds are invested. On average, workers covered by a 401(k) plan contribute about 7 percent of their salaries; 80 percent also receive matching contributions from their employers that average about 5 percent of their salaries. Workers with higher income or college educations tend to contribute a higher proportion of their salaries than lower income or less educated workers. More than half of workers who never graduated from high school and are nearing retirement age have no pension coverage.

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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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Medicaid Formula Transition (Letter, GAO/HEHS-96-169R, June 12, 1996).

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

Analysis of "Florida's Fair Share" (Letter, GAO/HEHS-96-168R, June 10, 1996).

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).

Practice Guidelines: Managed Care Plans Customize Guidelines to Meet Local Interests (Report, GAO/HEHS-96-95, May 30, 1996).

Psychiatric Hospital Oversight (Letter, GAO/HEHS-96-132R, May 24, 1996).

Food Safety: Reducing the Threat of Foodborne Illness (Testimony, GAO/RCED-96-185, May 23, 1996).

Cholesterol Treatment: A Review of the Clinical Trials Evidence (Report, GAO/PEMD-96-7, May 14, 1996).

Food Safety: Information on Foodborne Illnesses (Report, GAO/RCED-96-96, May 8, 1996).

Federal Personnel: Issues on the Need for the Public Health Service's Commissioned Corps (Report, GAO/GGD-96-55, May 7, 1996).

FDA Review Times (Testimony, GAO/T-PEMD-96-9, May 2, 1996).

Health Care Fraud: Information-Sharing Proposals to Improve Enforcement Efforts (Report, GAO/GGD-96-101, May 1, 1996).

Medicare Insured Groups (Letter, GAO/HEHS-96-93R, May 1, 1996).

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**School Finance: Options for Improving Measures of Effort and Equity in Title I** (Report, GAO/HEHS-96-142, Aug. 30, 1996).

**Higher Education: Tuition Increasing Faster Than Household Income and Public Colleges' Costs** (Report, GAO/HEHS-96-154, Aug. 15, 1996).

**Department of Education: Status of Actions to Improve the Management of Student Financial Aid** (Report, GAO/HEHS-96-143, July 12, 1996).

**School Facilities: Profiles of School Condition by State** (Report, GAO/HEHS-96-148, June 24, 1996).

**School Facilities: America's Schools Report Differing Conditions** (Report, GAO/HEHS-96-103, June 14, 1996).

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

**Public Education: Issues Involving Single-Gender Schools and Programs** (Report, GAO/HEHS-96-122, May 28, 1996).

**DOD Dependents Schools: Cost Issues Associated With the Special Education Program** (Report, GAO/HEHS-96-77, May 13, 1996).

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## **Employment**

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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).

Occupational Safety and Health: Violations of Safety and Health Regulations by Federal Contractors (Report, GAO/HEHS-96-157, Aug. 23, 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).

Davis-Bacon Act: Process Changes Could Raise Confidence That Wage Rates Are Based on Accurate Data (Report, GAO/HEHS-96-130, May 31, 1996).

Federal Downsizing: The Status of Agencies' Workforce Reduction Efforts (Testimony, GAO/T-GGD-96-124, May 23, 1996).

National Service Programs: AmeriCorps\*USA—First-Year Experience and Recent Program Initiatives (Testimony, GAO/T-HEHS-96-146, May 21, 1996).

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**Employment Training: Successful Projects Share Common Strategy** (Report, GAO/HEHS-96-108, May 7, 1996). Testimony on same topic (GAO/T-HEHS-96-127, Apr. 18, 1996).

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

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**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).

**Social Security Administration: Effective Leadership Needed to Meet Daunting Challenges** (Testimony, GAO/T-OCG-96-7, July 25, 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).

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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).

Supplemental Security Income: Noncitizen Caseload Continues to Grow (Testimony, GAO/T-HEHS-96-149, May 23, 1996).

Children Receiving SSI by State (Letter, GAO/HEHS-96-144R, May 15, 1996).

Food Stamp Program: Focus Group Research and Procurement Problems (Testimony, GAO/T-RCED-96-157, May 8, 1996).

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## **Veterans Affairs and Military Health**

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).

Readjustment Counseling Service: Vet Centers Address Multiple Client Problems, but Improvement Is Needed (Report, GAO/HEHS-96-113, July 17, 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).

Nonphysician Specialists (Letter, GAO/HEHS-96-135R, May 29, 1996).

Veterans' Compensation: Evidence Considered in Persian Gulf War Undiagnosed Illness Claims (Report, GAO/HEHS-96-112, May 28, 1996).

Defense Health Care: Medicare Costs and Other Issues May Affect Uniformed Services Treatment Facilities' Future (Report, GAO/HEHS-96-124, May 17, 1996).

Defense Health Care: Effects of Mandated Cost Sharing on Uniformed Services Treatment Facilities Likely to Be Minor (Report, GAO/HEHS-96-141, May 13, 1996).

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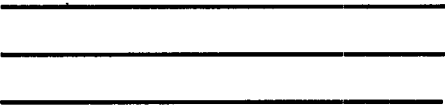
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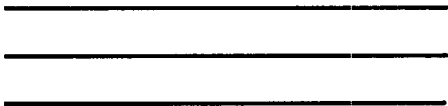
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