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UNITED STATES GENERAL ACCOUNTING OFFICE  
WASHINGTON, D.C. 20548

HUMAN RESOURCES  
DIVISION

NOVEMBER 30, 1984

B-217195

The Honorable John Heinz  
Chairman, Special Committee on Aging  
United States Senate

Dear Mr. Chairman:

Subject: GAO Aging Activities in Fiscal Year 1984  
(GAO/HRD-85-27)

On October 17, 1984, you requested us to submit a report describing our fiscal year 1984 activities regarding older Americans. The enclosures respond to your request.

Enclosure I lists 41 issued reports (22 with summary information), and enclosure II lists 72 assignments in process as of September 30, 1984. As discussed in enclosure III, at the end of fiscal year 1984, 40.5 percent of our workforce was age 40 and over. Our employment policies prohibited age discrimination, and we continue to provide individual retirement counseling and preretirement seminars.

Sincerely yours,

Richard L. Fogel  
Director

Enclosures - 3

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GENERAL ACCOUNTING OFFICE ELDERLY RELATED REPORTSISSUED FROM OCTOBER 1, 1983, THROUGH SEPTEMBER 30, 1984MEDICAID AND NURSING HOME CARE:  
COST INCREASES AND THE NEED FOR  
SERVICES ARE CREATING PROBLEMS  
FOR THE STATES AND THE ELDERLY  
(GAO/IPE-84-1, OCT. 21, 1983)

Nursing home care is the most expensive component of Medicaid: the majority of the nation's elderly who are in nursing homes rely on this federal and state program to pay for their care. GAO found, however, that the availability of nursing home service varied widely from state to state. Some elderly were unable to gain access to nursing homes, and others appeared to use them unnecessarily.

GAO found two conflicting trends in the national data on nursing homes. The first involved a growing need for services: the elderly who resided in nursing homes were becoming increasingly disabled and dependent, while the number who may need to enter them in the next decade is likely to increase. The second is that most states are trying to keep their Medicaid costs down by limiting reimbursement or the supply of beds or both.

Recent policy changes may sharpen this conflict. The new federal Medicare hospital reimbursement system may unintentionally increase the problems of Medicaid patients waiting in hospitals for nursing home beds. Federal and state cost containment efforts may diminish the quality of nursing home care. Moreover, there are gaps in basic data on (1) program differences among the states, (2) the use of and need for services nationally, and (3) the actual number of hospitalized patients awaiting nursing home beds. These data gaps undermine efforts to predict the effects of policy changes on Medicaid expenditures and on the provision of nursing home care to the nation's elderly.

LEGISLATIVE CHANGES NEEDED TO  
FINANCIALLY STRENGTHEN SINGLE  
EMPLOYER PENSION PLAN INSURANCE  
PROGRAM (GAO/HRD-84-5,  
NOV. 14, 1983)

The federal insurance program for single employer (sponsor) pension plans administered by the Pension Benefit Guaranty Corporation (PBGC) was created by the Employee Retirement Income

Security Act of 1974. At the end of fiscal year 1982, the program reported a \$333 million deficit because claims from terminating plans accumulated faster than they could be financed from premiums. PBGC estimated that unless premiums were increased this deficit could increase to an estimated \$938 million by fiscal year 1987.

Claims result primarily from bankrupt sponsors who are unable to continue funding pension plans. However, other circumstances also contributed to the increasing deficit: (1) full insurance coverage was generally provided for benefits granted retroactively for past service that have received limited sponsor funding; (2) minimum plan contributions by sponsors were deferred with Internal Revenue Service (IRS) approval and remain unpaid upon plan termination; and (3) authority to recover unfunded pension liability for plans from sponsors was limited.

This report contained recommendations to the Congress to financially strengthen the program.

HOSPITAL MERGER INCREASED MEDICARE  
AND MEDICAID PAYMENTS FOR CAPITAL  
COSTS (GAO/HRD-84-10, DEC. 22, 1983)

In 1981, the Hospital Corporation of America (HCA) acquired the assets of Hospital Affiliates International, Inc. During the first year after the acquisition, the overall costs of the acquired hospitals increased because of the acquisition by a net amount of about \$55 million attributable to changes in interest, depreciation, and home office expenses. A portion of the increased costs was allocated to the Medicare and Medicaid programs.

In accounting for cost items associated with the acquisition, HCA used a number of methods that GAO questioned under Medicare reimbursement principles (which are also generally used by Medicaid). These methods generally increased the amount claimed for reimbursement under Medicare and Medicaid.

ANALYSIS OF THE GRACE COMMISSION'S  
MAJOR PROPOSALS FOR COST CONTROL  
(JOINT STUDY BY THE CONGRESSIONAL  
BUDGET OFFICE AND GAO, FEB. 28, 1984)

This report was prepared in response to a request by both the House and Senate Committees on the Budget for an evaluation of the proposals made by the President's Private Sector Survey on Cost Control, also known as the Grace Commission. The report

focuses on the recommendations that the Grace Commission estimated would have major budgetary savings and did not cover all of its proposals. The analysis of the major recommendations included estimates of the possible budget effects for fiscal years 1985-89, the likely effect on the federal programs involved, and the actions necessary to implement the proposals.

In accordance with the Congressional Budget Office's mandate to provide objective and impartial analysis to the Congress, the agency took no position on the relative merits of the Grace Commission's recommendations. However, GAO's views on the merits of the recommendations were included in a number of instances where GAO's prior or ongoing work permitted.

INFORMATION ON THE SENIOR COMMUNITY  
SERVICE EMPLOYMENT PROGRAM AND THE  
PROPOSED TRANSFER TO THE DEPARTMENT  
OF HEALTH AND HUMAN SERVICES  
(GAO/HRD-84-42, MAR. 12, 1984)

In June 1983 the administration proposed to transfer the administrative responsibility for the Senior Community Service Employment Program from the Department of Labor to the Administration on Aging within the Department of Health and Human Services (HHS). The administration believed that the transfer of this program would permit more effective coordination and delivery of services to older Americans.

Reported program data indicate that the program was successfully meeting quantifiable goals established by legislation or Labor regulations. Also, GAO found no studies, evaluations, or other documentary evidence to indicate that program effectiveness and coordination would increase, if moved. Neither GAO's study nor others indicated there were serious problems with current program operations.

This report also answered specific questions raised on program operations.

IMPROVED ADMINISTRATION OF  
SPECIAL SURPLUS DAIRY PRODUCT  
DISTRIBUTION PROGRAM NEEDED  
(GAO/RCED-84-58, MAR. 14, 1984)

To help reduce inventories of surplus dairy products, the Department of Agriculture began providing states with products for distribution to the needy in December 1981; through September 1983, 510 million pounds of cheese and 174 million pounds of butter were distributed nationwide.

Because national guidelines were not provided, some states lacked adequate procedures to ensure that only the needy participated in the program. As a result, program administration varied widely, abuses occurred, and displacement of commercial sales was greater than necessary. Displaced sales added to the surpluses the Department bought and stored. Lacking empirical data, GAO estimated the amount of cheese sales that would have been displaced in eight states under stipulated conditions. If the assumed conditions had existed, GAO estimated that about 30 percent of the cheese distributed displaced sales.

The Department issued interim regulations implementing program changes required by recent legislation. GAO recommended that the final regulations be more specific to deal with the major issues discussed in its report.

NEED TO BETTER ASSESS CONSEQUENCES  
BEFORE REDUCING TAXPAYER ASSISTANCE  
(GAO/GGD-84-13, APR. 5, 1984)

In recent years, as part of an overall effort to deal with escalating federal budget deficits, the administration has sought to reduce the amounts spent by IRS on taxpayer assistance activities. As a result, the availability of telephone and walk-in assistance had declined. Despite that decline, the administration proposed to further reduce IRS' taxpayer assistance programs in fiscal years 1983 and 1984. The Congress reacted unfavorably to these proposals, in part because of insufficient information on potential effects--not the least of which could be a decline in tax compliance levels. During each of those fiscal years, the Congress directed IRS to operate taxpayers assistance programs at prior year staffing and funding levels.

This report provided the Congress with some of the information it needed to decide the level of funding for this program. It also recommended steps IRS could take to (1) provide the Congress with better information to evaluate the potential impact of further assistance program reductions and (2) continue improving the cost effectiveness of its telephone and walk-in assistance activities.

IRS agreed with the report's conclusions and recommendations.

VETERANS ADMINISTRATION CENTRAL OFFICE  
NEEDS TO EXERCISE BETTER OVERSIGHT OF  
CARDIAC PACEMAKER RECALLS  
(GAO/HRD-84-33, APR. 16, 1984)

While Veterans Administration (VA) medical centers receive notification of recalls of defective pacemakers from several sources, stronger central office oversight was needed to insure that (1) patients were informed of pacemaker recalls or the reasons for not informing them are documented in their medical records and (2) actions taken in response to recalls were in accordance with central office guidance and documented in the patients' medical records. The VA medical centers GAO visited were not effectively managing pacemaker recalls. The medical centers had not (1) removed critically unreliable pacemakers from some pacemaker-dependent patients, (2) recorded information about the recalls in the patients' medical records, or (3) informed the patients that their pacemakers had been recalled or documented reasons why they did not inform patients.

FEDERAL AND STATE LIABILITY FOR  
INACCURATE PAYMENTS OF FOOD STAMP,  
AFDC, AND SSI PROGRAM BENEFITS  
(GAO/RCED-84-155, APR. 25, 1984)

To reduce benefits errors, systems have been established to hold state and federal organizations financially liable (sanctions) for excessive errors in the day-to-day administration of the Food Stamp, Aid to Families with Dependent Children (AFDC), and Supplemental Security Income (SSI) programs. GAO found that:

- Error rate limits above which sanctions can be imposed have varied by year, by program, and from state to state for the same program. These variations will continue but not to the extent that previously existed. For fiscal year 1985 and thereafter, the target rates for the AFDC, SSI, and Food Stamp programs will be 3, 4, and 5 percent, respectively.
- The Food Stamp system resulted in proportionately smaller sanctions because of (1) its higher target error rate and (2) its specific procedures for calculating sanction amounts based on a percentage of federally reimbursed administrative costs instead of the amount of benefits issued as in the AFDC and SSI programs.

--States had not reimbursed the federal government for any sanction amounts. A major reason was that the Department of Agriculture and HHS had waived states' liability based on their promises to take corrective action. In contrast, the federal government has paid or acknowledged owing about \$161 million for excessive overpayments of federally administered, state-financed SSI benefits.

EXPANDED FEDERAL AUTHORITY NEEDED  
TO PROTECT MEDICARE AND MEDICAID  
PATIENTS FROM HEALTH PRACTITIONERS  
WHO LOSE THEIR LICENSES  
(GAO/HRD-84-53, MAY 1, 1984)

Medicare and Medicaid patients were being treated in some states by health practitioners whose licenses were revoked or suspended by another state's licensing board because they did not meet minimum professional standards. This occurred because practitioners moved to another state where they had a license and continued to practice. Such practitioners were able to treat Medicare and Medicaid patients because HHS does not have the authority to exclude them from these programs based on state licensing board findings and actions. This raises questions about the quality of care provided to patients using these programs.

Overall, GAO identified several gaps in HHS' exclusion authority which could result in, among other things, practitioners who are excluded from either Medicare or Medicaid continuing to participate in the other program or practitioners who lose their licenses to practice in one state relocating to another state and participating in the programs. HHS planned to seek legislation to close some of the gaps, but HHS still would not have authority to exclude practitioners nationwide when they lose their license because of a state board's actions. GAO believed that HHS could better ensure that federal beneficiaries receive services only from qualified practitioners if it obtained the expanded exclusion authority.

ASSESSMENT OF SPECIAL RULES  
EXEMPTING EMPLOYERS WITHDRAWING  
FROM MULTIEMPLOYER PENSION PLANS  
FROM WITHDRAWAL LIABILITY  
(GAO/HRD-84-1, MAY 14, 1984)

The Multiemployer Pension Plan Amendments Act of 1980 generally made employers withdrawing from plans liable for their portion of the plans' unfunded vested benefits, which is the

excess of benefits earned by all plan participants over the plans' assets. However, special rules apply to employers contributing to construction and entertainment industry plans which generally exempt them from the withdrawal liability. A limited exemption is also available to qualified trucking industry plans.

The Congress established the construction industry special withdrawal liability rules in the belief that a withdrawal from a construction pension plan would not typically harm the plan's contribution base unless the withdrawn employer continues to do similar work in the same area. GAO believed that the special withdrawal liability rules were working in a manner envisioned by the Congress. The plans' generally adequate funding levels provide reasonable protection to the plans and the Pension Benefit Guaranty Corporation, a government corporation, which insures the plans' benefits.

GAO also believed the limitation on the exemption for the trucking industry is appropriate because trucking plans are not as sound financially as construction plans. GAO sample data were not sufficient to reach a conclusion on special rules for entertainment plans.

VETERANS ADMINISTRATION JUSTIFICATION  
FOR TWO NURSING HOME CARE CONSTRUCTION  
PROJECTS IN ITS FISCAL YEAR 1985  
BUDGET REQUEST (GAO/HRD-84-66,  
MAY 15, 1984)

The 120-bed, \$5.4 million project planned by VA for Alexandria, Louisiana, appeared to be needed. The 60-bed, \$5.2 million project planned for Providence, Rhode Island, did not appear to be needed. VA did not adequately consider local needs and resources which indicated that the Providence area will have an ample supply of community and state home beds to meet veterans' nursing home needs in 1990.

IMPROVED PROCESSES NEEDED TO INSURE  
TIMELY BENEFIT PAYMENTS TO  
PARTICIPANTS OF SINGLE EMPLOYER  
PENSION PLANS (GAO/HRD-84-58,  
MAY 31, 1984)

The Pension Benefit Guaranty Corporation, created by the Employee Retirement Income Security Act of 1974, insures the benefits of participants in single employer (sponsor) private



pension plans. PBGC is responsible under the act for determining whether terminated plans have sufficient assets to pay guaranteed benefits and assuring timely and uninterrupted benefit payments. PBGC reviews termination data, authorizes administrators of sufficient plans to arrange participants' benefit payments, and assumes responsibility for insufficient plans to pay participants' benefits directly.

Both processes take time, and participants' benefit payments are sometimes delayed. Although PBGC was making improvements, GAO identified further opportunities for reducing delays and improving administration by establishing procedures that (1) focus management attention on restoring monthly benefit payments for participants of insufficient plans, (2) streamline processes for reviewing sufficient plans by using sufficiency determinations by actuaries in lieu of PBGC reviews, and (3) use address records of other federal agencies to locate participants not found from plan records.

COMPARISON OF RETIREMENT BENEFITS  
FOR W.R. GRACE & COMPANY AND  
CIVIL SERVICE EMPLOYEES  
(GAO/OCG-84-1, JUNE 12, 1984)

GAO compared the first year and lifetime benefits offered by W.R. Grace & Company and the federal civil service retirement system (CSRS). In its analysis, GAO compared benefits that the two retirement programs would pay to four categories of Grace Company and federal employees, retiring with the same age, years of service, and salary characteristics.

Grace employees receive retirement benefits from a savings plan established in 1976 as well as social security and a pension plan. Civil service employees receive benefits from CSRS only.

This report showed that the Grace retirement program offers potentially greater benefits than CSRS for most civil service employees, while others could receive greater benefits from CSRS. However, these comparisons should not be the sole basis for reaching conclusions about the overall generosity of either CSRS or private sector programs. To do so would require benefit comparisons with a cross section of all private sector retirement programs and consideration of all plan provisions.

FEATURES OF NONFEDERAL  
RETIREMENT PROGRAMS  
(GAO/OCG-84-2, JUNE 26, 1984)

This report depicted the prevailing features of nonfederal retirement programs as shown by selected studies and/or data bases. Pension plans and capital accumulation plans were analyzed to assist the Congress in its efforts to design new retirement programs for federal employees covered by social security.

STATES FUND AN EXPANDED RANGE OF  
ACTIVITIES UNDER LOW-INCOME HOME  
ENERGY ASSISTANCE BLOCK GRANT  
(GAO/HRD-84-64, JUNE 27, 1984)

The low-income home energy assistance (LIHEA) block grant expanded states' flexibility and authority and permitted funds to be used for a broader range of activities not previously permitted. Unlike other block grants created under the Omnibus Budget Reconciliation Act of 1981, LIHEA received increased appropriations over the level established for the prior program to assist eligible households in meeting the costs of home energy. While heating assistance continued to account for the bulk of expenditures in most states, the majority of the 13 states GAO visited used their new authority to provide weatherization, transfer energy assistance funds to other block grants, and carry over funds to the following year. In addition, states gave increased emphasis to energy crisis assistance. Few changes were made to program management procedures.

Overall, state executive and legislative branch officials found the block grant less burdensome and more desirable than the prior program. However, about half the interest groups viewed the block grant as a less desirable method of funding energy assistance programs.

SOCIAL SECURITY ADMINISTRATION'S  
DATA COMMUNICATIONS CONTRACTS WITH  
PARADYNE CORPORATION DEMONSTRATE THE  
NEED FOR IMPROVED MANAGEMENT CONTROLS  
(GAO/IMTEC-84-15, JULY 9, 1984)

In 1981, the Social Security Administration (SSA) entered into a \$115 million contract--the largest in the agency's history--with the Paradyne Corporation to install over 1,800 data communications terminals in 1,350 Social Security offices nationwide. A second contract with Paradyne, designed to enhance the data transmission capabilities of the Paradyne terminals, was signed in September 1982 and terminated in April 1983.

Due to numerous inadequacies in the agency's management of these contracts, a 1982 internal structural realignment which weakened internal controls over the acquisition of data communications equipment, and inadequate oversight by both HHS and the General Services Administration, SSA acquired a data communications system which did not begin consistently meeting contractual performance requirements until nearly 2 years after the first terminals were installed.

VETERANS ADMINISTRATION JUSTIFICATION  
FOR CONSTRUCTION OF NURSING HOME CARE  
FACILITIES AT DURHAM, NORTH CAROLINA,  
AND PRESCOTT, ARIZONA (GAO/HRD-84-84,  
JULY 31, 1984)

The proposed 120-bed nursing home care project at Durham, estimated to cost \$8.8 million, appeared to be needed. VA data on the Prescott project supported a need for a 60-bed nursing home care project rather than the 120-bed, \$8.3 million project requested in VA's fiscal year 1985 budget submission. However, in justifying the 120-bed Durham project, VA did not adequately consider the number of community nursing home care beds potentially available in the Prescott service area by 1990.

INCOMPLETE PARTICIPANT DATA AFFECT  
RELIABILITY OF VALUES PLACED BY  
ACTUARIES ON MULTIEMPLOYER  
PENSION PLANS (GAO/HRD-84-38,  
SEPT. 6, 1984)

Pension plan participant data (age, years of service, and gender) are crucial in determining the actuarial value of pension plans. GAO found, however, that many multiemployer pension plans lacked complete participant data, causing liabilities and costs of some plans to be understated or overstated by millions of dollars. Accordingly, GAO recommended that the Secretary of Labor issue regulations providing guidance for the maintenance of participant data by pension plans and expand its enforcement program, in cooperation with IRS, to ensure that participant data are obtained.

Actuaries usually disclose the extent of missing participant data, but few indicate whether such omissions affect the accuracy of the actuarial valuations. GAO recommended that the Joint Board for the Enrollment of Actuaries--a board appointed by the Secretaries of Labor and the Treasury which establishes standards and qualifications of actuaries who certify pension plan data--promote action by and work in cooperation with the

actuarial profession to develop criteria and standards for disclosing the potential effect of material amounts of missing participant data on the reliability of actuarial valuations.

DELAYS IN RECOMPUTING SOCIAL SECURITY  
BENEFITS CAUSE UNDERPAYMENTS FOR  
EXTENDED PERIODS (GAO/HRD-84-71,  
SEPT. 13, 1984)

Social Security benefits are based on a worker's prior earnings. SSA's policy is to review beneficiary earnings records annually because recent earnings not included in previous benefit computations may increase benefits. This review and subsequent payment of corrected benefits is called the Automatic Earnings Reappraisal Operation (AERO). The time required for AERO has increased dramatically--from the 16 months it generally took before 1978 to a high of 42 months in 1979 and 1980. GAO estimated, based on available 1979 and 1980 reported earnings, that SSA underpaid at least 2.5 million beneficiary cases by at least \$1.98 billion. For the cases GAO reviewed, an average of 34 months elapsed until the underpayments were rectified. Difficulties in implementing a newly legislated annual wage reporting system for 1978 earnings, competition from other programs, and the need to implement several new legislative mandates have caused the delays.

SSA expects AERO for 1981 and 1982 earnings to be completed within 32 months. While further improvement is expected, resolution of AERO delays is tied closely to SSA's efforts to comprehensively modernize its data processing systems. This is a complex task, and it was too early for GAO to predict when, and to what extent, systems modernization will influence processing time.

USE OF SEPARATE CARRIER TO PROCESS  
MEDICARE CLAIMS FOR RAILROAD  
RETIREMENT BENEFICIARIES  
(GAO/HRD-84-54, SEPT. 26, 1984)

This report updated the findings and conclusions of a previous GAO report ("More Can Be Done to Achieve Greater Efficiency in Contracting for Medicare Claims Processing," HRD-79-76, June 29, 1979). That report recommended that the Medicare claims for physicians and other medical services applicable to beneficiaries of the Railroad Retirement Board be processed by the same contractors that process such claims for most other Medicare beneficiaries. Since the inception of Medicare, the claims of the railroad beneficiaries have been processed by

a separate carrier. GAO believed that its earlier recommendation was still valid and would result in estimated annual savings of about \$6 million.

THE DEPARTMENT OF LABOR'S HANDLING  
OF THE INVESTIGATION AND LITIGATION  
OF ALLEGED ABUSES OF THE SOUTHERN  
NEVADA CULINARY WORKERS AND  
BARTENDERS PENSION TRUST FUND  
(GAO/HRD-84-60, SEPT. 28, 1984)

The Department of Labor's investigation and litigation of alleged abuses of the Southern Nevada Culinary Workers and Bartenders Pension Trust Fund (the Trust) resulted in one of the major suits brought to date under the Employee Retirement Income Security Act (ERISA) of 1974. ERISA was the first comprehensive legislation passed regulating private pension plans. Under its ERISA responsibilities, Labor investigated certain allegations made against the Trust, substantiated the alleged problems, and initiated civil litigation against the Trust trustees and others.

This report responded to questions raised regarding Labor's handling of the investigation and litigation of the alleged abuses of the Trust.

LETTER REPORTS

Dual Compensation Is Paid When Military Reservists Do Not Waive VA Disability Benefits (GAO/HRD-84-13, Nov. 18, 1983).

VA Can Reduce Payments by Ensuring That Veterans Receive Scheduled Reexaminations (GAO/HRD-84-14, Dec. 8, 1983).

Review of Medicare Duplicate Payments at Kansas City Blue Shield (Dec. 22, 1983).

Coordination Between the Departments of Labor and Justice in Investigating Criminal Activities of Labor Unions and Employee Pension and Welfare Benefit Funds (GAO/HRD-84-9, Jan. 24, 1984).

Information on Medicare's Administrative Sanction Process As It Relates to a Practitioner (GAO/HRD-84-30, Jan. 30, 1984).

Inadequate Controls Over Medicare Payments for Once-In-A-Lifetime Physician Procedures (GAO/HRD-84-23, Feb. 13, 1984).

Analysis of Medicare Durable Medical Equipment Claims in Georgia, Idaho, and Southern California (GAO/HRD-84-40, Feb. 13, 1984).

The Congress Could Consider Changing the Effective Date Provision for VA Disability Pension Awards (GAO/HRD-84-15, Feb. 17, 1984).

Medicare Reimbursements for Conventional Eyeglasses (GAO/HRD-84-44, Mar. 7, 1984).

Annual Report Required by the District of Columbia Retirement Reform Act, as Amended (GAO/GGD-84-64, Mar. 30, 1984).

Life Insurance Program Of the Veterans Administration (GAO/HRD-84-56, Apr. 12, 1984).

GAO Views on the Methodology Used in an SSA Title II Study of Representative Payment (GAO/HRD-84-34, May 18, 1984).

Do Skilled Nursing Facilities Have Enough Wheelchairs to Meet Their Patients' Needs? (GAO/HRD-84-69, June 12, 1984).

Payments to Ambulatory Surgical Centers Are Higher Than Intended by HCFA (GAO/HRD-84-67, July 12, 1984).

New York Requires Employed Medicaid Recipients to Enroll in Employer-Sponsored Health Insurance (GAO/HRD-84-86, Aug. 10, 1984).

Proposal to Improve Identification of Medicare Part B Duplicate Payments (GAO/HRD-84-88, Aug. 17, 1984).

Additional Information on the Social Security Administration's Management of Data Communication Contracts With Paradyne Corporations (GAO/IMTEC-84-23, Aug. 27, 1984).

Reimbursing Physicians Under Medicare on the Basis of Their Specialty (GAO/HRD-84-94, Sept. 27, 1984).

Excessive Respiratory Therapy Cost and Utilization Data Used in Setting Medicare's Prospective Payment Rates (GAO/HRD-84-90, Sept. 28, 1984).

GENERAL ACCOUNTING OFFICE AUDITS IN  
PROCESS WHICH CONCERN THE ELDERLY

- Audit of Pension Benefit Guaranty Corporation's financial statements for fiscal year ending September 30, 1984.
- Audit of fiscal year 1984 financial statements of the Civil Service retirement system.
- Survey regarding the impact of the changing fee structure for financial services on consumers and small businesses.
- \*Survey of OPM's processing time of retirement claims and related annuitant inquiries.
- \*Survey of Federal Group Life Insurance Program.
- \*Review of benefit levels in nonfederal retirement programs.
- \*Review of options for special early retirement provisions.
- Examination of using productivity measures to develop field staff budgets for Social Security field operations.
- Productivity of claims processing in the Social Security Administration's Atlanta region.
- \*Evaluation of the Veterans Administration's Compensations and Pension system.
- \*Evaluation of VA's decentralized hospital computer program.
- An inventory and analysis of retirement-related models.
- Women's retirement decisionmaking.
- Evaluation of Low-income Weatherization Program.
- \*Issues relating to elderly housing programs.
- \*Review of section 202--housing for the elderly and handicapped loan selection process.

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\*Being performed at the request of Committees or Members of Congress.

- Survey of hospital utilization review under the Federal Employees Health Benefits Program.
- Survey of Medicaid claims processing (Medicaid Management Information Systems).
- \*Follow-up review of intermediary audits of Medicare home health services.
- Survey of Medicaid long term care quality of care issues.
- Survey to identify major Medicaid issues.
- Survey of the cost effectiveness of Medicaid home and community based services.
- Survey of state cost reporting under Medicaid home and community based services waivers.
- Survey of the Arizona Health Care Cost Containment System.
- Survey of the implementation and cost effectiveness of Medicaid freedom of choice waivers.
- \*Survey of patient abuse and possible Medicare fraud at Crestwood Manor, Modesto, California.
- Review of physician reimbursement in the End-Stage Renal Dialysis Program.
- Review of Medicaid reimbursement systems for nursing homes.
- Review of the utilization of intensive care units by Medicare patients.
- Review of Medicare's controls over payments for prosthetic lenses.
- \*Survey of purchasing arrangements under hospital full-service management contracts.
- \*Review of the cost of cardiac pacemakers and related services under Medicare.
- Review of third-party liability for Medicaid claims.

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\*Being performed at the request of Committees or Members of Congress.



- \*Follow-up on implementation of Medicare regulations for paying for durable medical equipment.
- Review to identify what can be done to contain total health care costs.
- \*Analysis of a bill to amend title XVII to provide for the prospective reimbursement of home health care.
- \*Monitoring HCFA's Hospice Program Evaluation Project as required by TEFRA.
- Review of alcohol abuse detoxification and rehabilitation services under Medicare.
- \*Review of effect on Medicare/Medicaid costs of hospital conversions from not-for-profit to proprietary status.
- Survey of intermediary audits of hospital costs reports.
- \*Review of HCFA's Health Maintenance Organization Demonstration Projects in South Florida.
- \*Data on relationships of physicians' gross and net income by specialty, by place of service, and by source.
- Evaluation of Medicare's hospital admission monitoring systems.
- Survey of rebundling and unbundling of nonphysician services provided to hospital inpatients.
- Survey of Medicare as a secondary payer of claims.
- Survey of the medical necessity for joint replacements under Medicare.
- \*An inquiry regarding Medicare part B beneficiary appeals process.
- Review of HCFA's implementation of the Federal Managers' Financial Integrity Act--the second year.
- Containing health care costs.

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\*Being performed at the request of Committees or Members of Congress.

- Survey of Veterans Administration's directly operated and contract Nursing Home Care Programs.
- Review of federal agencies' need for current wage data in administering entitlement programs.
- Review of beneficiary compliance with SSA reporting requirements.
- Impact of trends in aging on entitlement programs and federal expenditures.
- \*Review of the general rules for employers' multiemployer pension plan withdrawal liability.
- \*Impact of Multiemployer Amendments on pension benefits.
- \*Review of reorganization provisions of the Multiemployer Pension Plan Amendments Act.
- \*Review of multiemployer pension plans' financial and statistical data gathered during MPPAA study.
- \*Survey of PBGC management activities.
- \*Assessment of federal pension insurance policy.
- \*Study of volume providers of medical examinations for the Social Security Disability Insurance Program.
- The evaluation of cardiovascular impairments under SSA and VA disability.
- Development of a strategy to address the design of disability compensation programs in the United States.
- \*Should SSA's disability programs be placed under complete federal management.
- Survey of VA unemployability compensation awards.
- Survey to determine the economic status of service-connected disabled veterans to assess the appropriateness of benefit levels.

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\*Being performed at the request of Committees or Members of Congress.

- Review of DOD and VA controls for offsetting VA compensation for certain DOD pay items.
- \*Use of contractor hearing reporters to replace hearing assistants in assisting the Social Security Administration law judges.
- \*Review of the modernization/relocation of the Allen Park Veterans Administration Medical Center.
- \*Review to update the Department of Labor's overseeing the management of Teamster's Pension and Health and Welfare Funds.
- \*Administration and enforcement of nondiscrimination provisions of the Revenue Sharing Act.
- \*Survey of employees' claims for workers' compensation benefits for asbestos related diseases; claims filed under the Longshoremen's and Harbor Workers' Compensation Act.
- \*Administration of and veterans' participation in the Veterans Administration Beneficiary Travel Program.

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\*Being performed at the request of Committees or Members of Congress.

GENERAL ACCOUNTING OFFICE ACTIVITIESAFFECTING THE ELDERLY

GAO appointed 858 persons to permanent and temporary positions during fiscal year 1984. Of that number 145 were age 40 and older. As of September 30, 1984, GAO had 2,309 persons 40 and older (40.5 percent of its work force) on the rolls.

GAO employment policies prohibit discrimination based on age. GAO's Civil Rights Office continues to provide information and advice to persons regarding allegations of age discrimination.

GAO continues to provide individual retirement counseling and preretirement seminars for employees nearing retirement age. The seminars and counseling are intended to assist employees in:

- Calculating retirement income available through the Civil Service and Social Security systems and in understanding options involving age, grade, and years of service.
- Understanding health insurance and survivor benefit plans.
- Acquiring information helpful in planning a realistic budget based on income, tax obligations, and benefits and in making decisions concerning legal matters.
- Gaining insights and perspectives on adjustments to retirement.
- Increasing awareness of the community resources which might support preretirement planning, second careers, and financial planning.
- Increasing awareness of lifestyle options during the transition from work to retirement.