OEI Inspection Reports

FISCAL YEAR 1995

Office of Inspector General
Office of Evaluation and Inspections

INTRODUCTION

The Office of Evaluation and Inspections is now well into its second decade, after reaching the end of the first in March 1995. This annual compendium of inspection reports, which has been produced since 1988, contains short summaries of the major reports issued by OEI in Fiscal Year 1995, as well as a subject index of all OEI final reports. The OEI is one of the four main components within the Department of Health and Human Service's Office of Inspector General. The Office of Evaluation and Inspections conducts short-term evaluations--known as inspections--of the Department's programs and policies in order to assure that they are running as effectively and efficiently as possible. The OEI's inspection reports, such as those written up here, contain recommendations that result in cost savings, improved program effectiveness, and improved quality of services provided to Health and Human Services beneficiaries. In addition, they frequently help programs protect against fraud and abuse.

The Office of Evaluation and Inspections has undergone significant changes during FY 1995. In April, the Social Security Administration became an agency independent of the Department of Health and Human Services, taking staff and resources from OEI. About one-fourth of OEI's inspections work had been devoted to SSA-related issues. In addition, the Office of Inspector General undertook a major anti-fraud and abuse initiative in June, called "Operation Restore Trust" (ORT). ORT was set up to examine fraud and abuse in the health care industry of certain States, specifically dealing with durable medical equipment in nursing homes and home health care.

The OEI reported more than $1.5 billion in savings to the taxpayer in the OIG's Semiannual Reports for Fiscal Year 1995. These savings resulted from actions taken by the administration, Congress, and the Department's programs in response to our recommendations to change legislation, regulations, or policy. A number of reports listed in this document have the potential--if their recommendations are accepted and acted on--of producing additional savings in future years.

The write-ups in this compilation report emphasize the findings and/or recommendations of the inspections, rather than background or methods. They are divided into three main sections: the Health Care Financing Administration, the Public Health Service, and the Administration on Children and Families. The second half of this document is a subject index of all major OEI final reports released since the organization's creation in 1985.

For more information on the organization, or copies of specific reports mentioned in this document, write or call:

Deputy Inspector General for
Evaluation and Inspections
Room 5660
Wilber J. Cohen Building
Washington, DC 20201
(202) 619-0480

Or call any of the individual regional offices listed in the back of this document.

TABLE OF CONTENTS

HEALTH CARE FINANCING ADMINISTRATION

HEALTH CARE FINANCING ADMINISTRATION

MEDICARE

Coverage of Enteral Nutrition Therapy: Medicare and Other Payers
OEI-03-94-00020 May 1995

This report describes and compares Medicare and other payers' coverage policies for enteral nutrition therapy. It was conducted at the request of HCFA to assist them in the revision and standardization of Medicare policy for enteral nutrition therapy.

The inspection found that most payers surveyed routinely cover enteral nutrition therapy. Compared to other payers, Medicare's coverage requirements are similar in some areas and more restrictive than others. For example, like Medicare, the majority of other payers do not routinely cover cognitive disorders such as Alzheimer's disease. However, other payers will cover patients with a functioning gastrointestinal tract with special nutrient/metabolic needs, whereas Medicare will not. Medicare policy requires specific documentation for items such as pumps, product category and caloric intake, whereas other payers do not. The work is continuing. The OIG will review how other payers price enteral nutrition products and compare their units of pricing, payment mechanisms, and supplier networks to Medicare's policy. This report was part of Operation Restore Trust.

Oxygen Concentrator Services
OEI-03-91-01710 November 1994

This report describes the nature and extent of services provided to Medicare beneficiaries who use oxygen concentrators. The report found that some beneficiaries receive extensive services while others receive few. Many beneficiaries did not receive services endorsed by national organizations. We believe that Medicare policies contribute to this wide variation in support services. This study recommended that HCFA produce a strategy to ensure that beneficiaries receive necessary care and support in connection with their oxygen therapy.

The HCFA concurred with our recommendation and believes that the supplier standards newly in place for durable medical equipment suppliers, in combination with educational outreach to providers and beneficiaries, will address the problem. In their comments to our report, the National Association for Medical Equipment Services, the Health Industry Distributors Association, and the American Association for Respiratory Care supported the establishment of minimum service requirements for suppliers. We suggested that HCFA work with industry and beneficiary groups before committing to a strategy to implement our recommendation.

Marketing of Incontinence Supplies
OEI-03-94-00772
Questionable Medicare Payments for Incontinence Supplies
OEI-03-94-00770 December 1994

Two related inspection reports examined the issue of payments for incontinence supplies. Medicare allowances for incontinence supplies more than doubled in 3 years, despite a drop in the number of beneficiaries using these supplies. Questionable billing practices may account for almost half of incontinence allowances in 1993, and information from nursing homes indicates that suppliers engage in questionable marketing practices. Beneficiaries may be receiving unnecessary or noncovered supplies, and nursing homes report that some suppliers present them with false or misleading information about Medicare coverage for these items.

A policy change proposed by HCFA will probably address questionable billing practices. As a result of this study, the OIG plans to initiate an audit to determine if any overpayments are involved. Additionally, the OIG will undertake a national investigation of questionable practices conducted by specific suppliers.

Nonprofessional Services in Skilled Nursing Facilities
OEI-06-92-00864 June 1995

This report examines the appropriateness of allowing Part B payment for non-professional services covered by the skilled nursing facility (SNF) benefit. We found that over $102 million was paid by Medicare under Part B for items such as enteral nutrition, incontinence supplies, and surgical dressings in 1992, for beneficiaries during Medicare-covered SNF stays. Such services are billable to Part A as well as Part B. We recommended that HCFA develop a legislative recommendation to prohibit entities other than the SNF from seeking coverage for such items on behalf of persons in Part A covered stays. We also recommended that HCFA clarify regulations regarding dietary services required to be provided by nursing homes to include parenteral and enteral nutrition services.

Payment for Durable Medical Equipment Billed During Skilled Nursing Facility Stays
OEI-06-92-00860
Medicare Services Provided to Residents of Skilled Nursing Facilities
OEI-06-92-00863 October 1994

These two reports represent the first of a series of products resulting from the OIG's initiative to examine services and supplies provided to Medicare beneficiaries residing in nursing homes. One provides an overview of payments made under Medicare Part B for beneficiaries in a Medicare covered stay in a skilled nursing facility, and identifies issues needing further analysis. The other describes $10.8 million in improper payments made in 1992 for durable medical equipment on behalf of such beneficiaries. Additional work will examine other issue areas. HCFA agreed with our recommendations to prevent

further inappropriate payments for durable medical equipment. More importantly, HCFA agreed with the overall thrust of our reports--that as many services as possible should be bundled into the nursing home per diem payment rate. The OEI and HCFA are working together toward this end, which will probably require a legislative change.

The Physician's Role in Home Health Care
OEI-02-94-00170 June 1995

Physicians are most involved in referring patients for home health care, approving plans of care, and monitoring the progress of complex patients. They are less involved in coordinating services, visiting patients at home, and participating in interdisciplinary conferences. Home health agencies and physicians both identify some obstacles and issued related to the physician role. These pertain to communications, paperwork, physician awareness and education, and the overall intensity of physician involvement. The report recommended that HCFA continue its efforts to change the plan of care to ensure it conveys only critical information to caregivers and relieves unnecessary burden from physicians. The report also recommended that HCFA strengthen its efforts to educate both agencies and physicians about its policies regarding the physician's role in home health care. This report was part of Operation Restore Trust.

Home Health Agencies: Alternative Coverage and Payment Policies
OEI-12-94-00180 May 1995

This purpose of this report was to provide information to HCFA on how selected payers structure and manage their home health benefit. The inspection found that home health benefits in other plans are generally similar to the Medicare home health benefit. The report also found that other payers use different approaches to control home health expenditures, such as setting limits on home health benefits, targeting benefits toward intensive or special needs patients, and case management. The practices of other payers could provide potential ideas for reforming or managing Medicare's home health benefit. While the report does not make any recommendations, it does suggest further study of some of these practices. This report was part of Operation Restore Trust.

Variation Among Home Health Agencies in Medicare Payments for Home Health Services
OEI-04-93-00260 July 1995

This inspection describes the variation in average reimbursement per beneficiary for 6,803 home health agencies (HHAs) for 1993, and assesses possible causes of the variation. Based on the analysis of the variation among 6,803 HHAs in average reimbursement per beneficiary, we found: 1) the highest reimbursement group of HHAs received, on average, five times the amount of Medicare reimbursement per beneficiary as the lower group. 2) Average reimbursement per visit was similar among HHAs, but the number of visits varied widely. 3) Higher reimbursement HHAs tended to be proprietary for-profit, non-affiliated organizations which provided seven times more aide visits as the lower

reimbursement group. 4) Differences in quality of service and beneficiary characteristics did not appear to explain the variation in average reimbursement.

The report recommended that HCFA intensify its efforts to scrutinize claims submitted by high-cost agencies and explore ways to prevent unscrupulous agencies from engaging in abusive practices. Controlling the number of home health care visits would save billions of Medicare dollars. If all home health agencies averaged 33 visits per beneficiary in 1995, as did almost 2/3rds of the HHAs in our analysis, Medicare would save nearly $5 billion, based on estimated total expenditures of $14.4 billion.

Geographical Variation in Visits Provided by Home Health Agencies
OEI-04-93-00262 September 1995

Home health agencies in 19 states exceeded the national average of 50.4 visits per beneficiary. Agencies in the southeastern region averaged the most visits per beneficiary, and those in four southeaster states averaged twice as many as agencies in all other states. Home health agencies serviced by regional home health intermediaries located in the southeast had more visits per beneficiary, on average, than those serviced by all other intermediaries, regardless of where in the country the agencies were located. In a previous report, we recommended that HCFA take action to eliminate inappropriate variation in Medicare reimbursement among home health agencies. Specifically, we suggested that HCFA target high-visit agencies for further review. We believe the information in this report will assist HCFA in implementing that recommendation. We also believe that the variation in number of visits by State and regions raises questions about the uniformity of oversight among state survey agencies, HCFA regional offices, and regional home health intermediaries. OEI plans to continue the analysis of these and related questions under Operation Restore Trust.

CLIA's Impact on the Availability of Laboratory Services
OEI-05-94-00130 June 1995

This inspection concerned whether the Clinical Laboratory Improvement Amendments of 1988 (CLIA) have restricted the availability of laboratory services. The inspection found that since passage of CLIA in 1988, volume, number of tests per patient, and expenditures have rapidly increased. Growth seems to have slowed after implementation in 1992, but data is incomplete. It appears that CLIA has not affected physician ability to secure laboratory services. All of the physicians contacted in the study indicated that they had access to laboratory services. The availability of laboratory services to patients living in rural areas also appears not to have been restricted by CLIA. Physicians who changed their in-office laboratory operations were influenced by factors broader than CLIA. These factors include other government regulations and non-government factors, such as practice sales/mergers and the rise of managed care.

Beneficiary Perspectives of Medicare Risk HMOs
OEI-06-91-00730 April 1995

This report describes beneficiaries' perspectives of the Medicare risk health maintenance organization (HMO) experience. We surveyed current enrollees and recent disenrollees of Medicare risk HMOs. Generally, the majority of beneficiary responses indicate Medicare risk HMOs provide adequate service access: care that maintained or improved the health, timely appointments, good access to Medicare covered services and to hospital, specialty and emergency care, and sympathetic personal treatment. However, three items need immediate exploration: better informing of beneficiaries about their appeal rights, carefully examining service access problems reported by disabled/ESRD beneficiaries, and monitoring HMOs for inappropriate screening of beneficiaries' health status at application. Other service access issues meriting examination by HCFA in the near future concern some beneficiaries' perceptions of problems with making routine appointments, declining health caused by HMO care, and HMOs' refusal to provide certain services.

Medicare Risk HMOs: Beneficiary Enrollment and Service Access Problems
OEI-06-91-00731 April 1995

This report describes how data which is specific to individual HMOs can be used to identify the most intense and widespread distribution and service access problems. The most intense HMO-level problems we found were beneficiaries being asked inappropriate health questions at application; not being aware of appeal rights; and perceiving that doctors did not take complaints seriously. We also found that HMO model type and profit status significantly affected beneficiaries' responses. The report concluded that HMO-level analysis is useful in determining problem distribution, especially as a signal for either program-wide monitoring or targeting specific HMOs. Since a problem may be pervasive but not critical, we suggested that HCFA establish acceptable tolerance ranges to determine intensity and examine the effect of structural factors on beneficiaries' perceptions.

Beneficiary Perspectives of Medicare Risk HMOs: Summary Report
OEI-06-91-00736 March 1995
Individual Profiles of Medicare Risk HMOs
OEI-06-91-00733 April 1995

The summary report cited here describes beneficiaries' perspectives of the Medicare risk HMO experience. It is a summary of the more detailed technical report, "Beneficiary Perspectives of Medicare Risk HMOs" (OEI-06-91-00730). The report, "Individual Profiles of Medicare Risk HMOs" information gathered from our HMO beneficiary survey is used to profile various aspects of HMO performance from the beneficiary's perspective, and it provides HCFA-specific data on the 45 Medicare risk HMOs sampled for the beneficiary survey.

Medicare Beneficiary Satisfaction: 1994
OEI-04-93-00140 June 1995

This report is based on a national survey of randomly selected beneficiaries. Overall, beneficiaries reported positive experiences. More than 75 percent thought the program was understandable, and more than 80 percent were satisfied with the services carriers provided. Compared to prior years, the inspection showed several positive changes in the Medicare program. For example, the percent of beneficiaries expressing a problem with claims processing decreased by 50 percent in the last 3 years.

However, the survey revealed some areas of concern. Some beneficiaries have problems understanding Medicare payments for home health and hospital services. Further, 30 percent of the beneficiaries who tried to call their carriers were unable to reach their carriers within two tries. Almost a third were not aware of their appeal rights, and one-fourth did not know that Medicare limits what physicians can charge for a specific service. Finally, almost two-thirds did not know Medicare paid for second surgical opinions. The report recommends that HCFA develop a plan for improving beneficiary satisfaction and understanding in the trouble areas mentioned above. HCFA concurred with the recommendation.

Beneficiary Awareness of HCFA Publications
OEI-04-93-00141 June 1995

The purpose of this inspection was to determine Medicare beneficiary awareness of booklets HCFA publishes to assist beneficiaries with health care decisions. The inspection found that most beneficiaries were aware of the Medicare Handbook, that awareness of the Medigap guide increased since 1993, that awareness of the nursing home guide was about the same in 1993 and 1994, and that few beneficiaries were aware of other HCFA publications. The report recommended that HCFA continue their current efforts, as well as experiment with new methods, to develop a more effective strategy to increase beneficiary awareness of their publications.

Hospital Closure: 1993
OEI-04-94-00120 June 1995

The OIG has previous released six reports describing the nationwide phenomenon of hospital closure in 1987 through 1992. The extent, characteristics and impact of hospital closure in 1993 were similar to those found for hospitals that closed in the previous 6 years. Forty-two hospitals closed in 1993, continuing a downward trend in the annual number of closures. Most were small and had low occupancy, and few patients were effected. Although residents of a few communities had to travel greater distances for hospital care, all but eight communities had emergency and inpatient medical care available within 20 miles of a closed hospital.

Trends in Rural Hospital Closure: 1987-1993
OEI-04-95-00050 August 1995

Hospital closure over the last decade has generated much public and congressional concern about access to care. However, this report states that the rate of urban hospital closures has generally decreased during 1987 to 1993. Public hospitals closed at a lower rate than did private non-profit and private for-profit hospitals. Urban hospital and emergency care was available nearby to most communities where a hospital closed. More than half of the closed hospital facilities are being used for health related services.

Monitoring Medicare Contractor Performance: A New Approach
OEI-01-93-00160 August 1995

This inspection provides an early, preliminary assessment of the new approach that HCFA used in 1994 to evaluate Medicare contractor performance in medical review and in fraud and abuse activities. Our inspection showed that, based on early experience, the new approach has improved HCFA's ability to assess contractor performance in medical review and in fraud and abuse. However, HCFA has not yet made full use of the information gathered in these medical reviews to further contractors' ability to safeguard Medicare payments. The report recommended that HCFA central office obtain information from the regional offices to see how they are monitoring contractor improvement plans that arose from these reviews. In addition, HCFA should develop a general format for key information to be contained in the written reports. Finally, HCFA should prepare an analysis of effective practices identified in this review and share this analysis with contractors. Both HCFA and ASPE concurred with these recommendations.

Physician Use of New Visit Codes
OEI-04-92-01060 May 1995

This inspection report concerned physician use of new visit codes adopted by HCFA in 1992. Medicare payments to physicians are based on those codes. However, because of difficulties in understanding code definitions, both Medicare carriers and physicians had difficulty selecting appropriate codes. Further, carriers surveyed for the study had taken virtually no action against physicians for submitting improperly coded claims. The findings are preliminary because of a low response rate from the physicians surveyed. However, the data from the carriers and the few physicians who responded raise concerns about the accuracy of physician coding. The HCFA staff expect that additional guidelines issued since the survey will result in more accurate use of the codes. Further studies are planned on this matter.

Understanding Medical Benefits: The Explanation of Medicare Part B Benefits
OEI-01-93-00120 April 1995

Beneficiaries appear to understand most of the information on the explanation of Medicare Part B benefits (EOMB), but their understanding varies among different categories of

information with basic descriptive information highest and follow-up actions lowest. Beneficiaries regard the explanation as no more or less difficult to understand than other mailed notices. HCFA concurred with the recommendation to build on its prior efforts to improve the EOMB focusing on information with follow-up implications for the beneficiary. We offered to work with them in future evaluations of their new Medicare Summary Notice.

The Impact of OBRA 1990 on State Regulation of Medigap Insurance
OEI-09-93-00230 March 1995

States' implementation of the 1990 Medigap reforms has substantially improved their regulation of Medigap insurance. Many States have adopted standards that exceed those required by OBRA 1990. Most respondents think the Federal/State collaboration to implement OBRA 1990 was effective. We found, however, concerns about the adequacy of HCFA's support for the information, counseling, and assistance program, and the usefulness of the Medigap complaints data base system as an analytical tool. The report recommended that HCFA implement plans for direct regional office assistance to information, counseling, and assistance grantees; improve the complaints data base system; and work with the National Association of Insurance Commissioners and States to encourage States to adopt consumer safeguards exceeding the minimum standards. HCFA concurred fully with the recommendations.

1990 Medigap Reforms and the Implication for Long-Term Care Insurance
OEI-09-93-00231 October 1994

This inspection was conducted to share the views of insurance regulators, insurers, and consumer advocates about extending the 1990 Omnibus Budget Reconciliation Act (OBRA 1990) Medigap insurance reforms to long-term care (LTC) insurance. Almost 60 percent of respondents believe reforms similar to the OBRA 1990 reforms could be applied to improve LTC insurance. They believe standardization of the benefits and terminology in LTC policies would enable consumers to compare policies and would reduce the inappropriate marketing and sales practices now seen in the LTC market.

MEDICAID

Medicaid Overpayments for Postpartum Care to Undocumented Aliens
OEI-07-95-00010 November 1994

For those aliens who are not lawfully admitted to the US, Medicaid payments may be made only for an emergency condition. Federal financial participation (FFP) is not available for routine prenatal or postpartum care. In conducting a review of the Systematic Alien Verification for Entitlements program, used by States to verify the immigration status of alien applicants for AFDC and Medicaid, OEI analyzed a sample of client case files in four States. During the course of the study, we were informed by

county case workers in California that the Medicaid program covers prenatal and postpartum care for undocumented aliens. The California Department of Health Services notified us that the State does not cover prenatal care for undocumented aliens under Medicaid, but does cover postpartum care. We then identified a similar situation in Illinois. The two other States in our sample, Florida and Texas, were not paying for routine pregnancy services for undocumented aliens.

The HCFA informed OEI that it intends to issue a notice to all its regional offices to assure that Federal Medicaid funding is claimed only for emergency labor and delivery services provided to pregnant undocumented aliens. We further suggested that HCFA systematically contact all States to determine where overpayments have been made for pregnancy-related care for undocumented aliens because of confusion in State policy, and initiate recovery of all such overpayments.

Medicaid Drug Use Review Programs: Lessons Learned by States
OEI-01-92-00800 May 1995

This report focuses on State Medicaid agencies' experiences in carrying out the requirements set forth in the Omnibus Budget Reconciliation Act of 1990. The report identifies nine lessons learned by the States. In each case, we offer a rationale for why the lesson is of importance and then specify actions taken in individual States that will help illustrate the lesson. The lessons address prospective reviews conducted at the time of drug dispensing, retrospective reviews conducted after drug claims have been paid, and educational outreach to foster more effective drug therapies. During the course of efforts to determine lessons learned, we became increasingly aware of eight major challenges confronting State drug use review (DUR) programs. We present them, without offering recommendations, but with the intent to stimulate thinking about how they might be constructively addressed. Among the challenges we address are those concerning efforts to afford adequate privacy safeguards, to avoid excessive dependence on vendors, to address the inaccuracies and incompleteness of Medicaid claims data, and to assess the implications of managed care for DUR programs.

Medicaid Estate Recovery Programs
OEI-07-92-00880 March 1995

Twenty-seven states have recovery programs and mature recovery programs are generally successful and cost-effective. In addition, real property provides the largest potential source for Medicaid recoveries and that out of state assets are not routinely investigated. The OIG recognizes the efforts that HCFA is making to assist the States in making recoveries, and offers our study results to reinforce HCFA's own initiatives. This report recommended that HCFA develop performance indicators to track States' progress in implementing the OBRA 93 requirements, target mechanisms for recovery that have high dollar payoff, and closely monitor States' progress in obtaining enabling State legislation to implement OBRA 93. HCFA concurred with the recommendations.

PUBLIC HEALTH SERVICE

Physician Participation in the Vaccines for Children Program
OEI-04-93-00320 June 1995

This inspection identified issues affecting physician participation in the Vaccines for Children (VFC) program. Some factors that could discourage or impede vaccine delivery systems include excessive paperwork and inefficient delivery systems. Recently established maximum allowable payment rates for administering vaccines could remove a potential barrier to physician participation. The report recommended that the Centers for Disease Control and Prevention continue to develop efficient and reliable vaccine accountability mechanisms, and continue to explore alternative vaccine delivery systems. The Assistant Secretary for Health concurred with our recommendations, and reported that CDC is developing an accountability system for the VFC program that balances the need for accountability with a system that encourages physician participation. Further, the CDC is committed to establishing a delivery system for States who do not choose to deliver vaccines themselves.

Area Health Education Centers: A Role in Enhancing the Rural Practice Environment
OEI-01-93-00570 May 1995

This inspection examined the role that Area Health Education Centers (AHECs) play and can play in providing support services for health care practitioners in rural areas. The inspection revealed that AHECs are enhancing rural practitioners' access to health care information by linking them with medical library resources, and that AHECs are responding to the needs of both physician and nonphysician practitioners for continuing education. The study also found, however, that AHECs are missing opportunities to education practitioners about innovations in health care delivery, such as clinical practice guidelines and managed care. The study revealed that AHECs are beginning to use telecommunications to support isolated practitioners, but they are not yet taking advantage of this technology's full potential. The report recommended that PHS strengthen the role of AHECs by facilitating their ability to focus support services on three areas: clinical practice guidelines, managed care, and telecommunications. PHS agreed with the recommendations.

Services to Persons with Co-occurring Mental Health and Substance Abuse Disorders: Provider Perspectives
OEI-05-94-00150
Services to Persons with Co-Occurring Mental Health and Substance Abuse Disorders: Program Descriptions
OEI-05-94-00151 June 1995

For this inspection, staff were contacted who work directly with individuals with both mental health and substance abuse disorders in 30 programs located in 20 states. Their effectiveness working with these clients, who are often seriously ill, is reportedly

hampered by a lack of formal education, training, or prior experience related specifically to these co-occurring disorders. The report recommended that PHS develop a plan to use its education, training, and technical resources more effectively to increase knowledge about these co-occurring disorders and their treatment among clinicians, other professionals, and service providers. PHS concurred with the recommendation.

Hospital Reporting to the National Practitioner Data Bank
OEI-01-94-00050 February 1995

About 75 percent of all hospitals in the United States never reported an adverse action taken against practitioners to the National Practitioner Data Bank, and State-by-State variation in reporting rates is considerable. The OIG conducted this inspection in response to a request from PHS to determine how hospitals are responding to their legal obligation to report adverse actions to the Data Bank. The report recommended that PHS support further inquiry to foster a better understanding of the factors influencing hospital reporting to the Data Bank and sponsor a conference to focus attention on issues influencing such reporting. The OIG also recommended that PHS work with HCFA to ensure that the Joint Commission on Accreditation of Healthcare Organizations assesses more fully hospitals' compliance with the law. The PHS and HCFA have agreed to prepare a joint letter that will be sent to the Joint Commission urging it to devote greater attention to hospital compliance with the Data Bank law.

National Practitioner Data Bank Reports to Hospitals: Their Usefulness and Impact
OEI-01-94-00030
National Practitioner Data Bank Reports to Managed Care Organizations: Their Usefulness and Impact
OEI-01-94-00032 April 1995

These two related reports were conducted at the request of the Health Resources and Services Administration of PHS. They asked us to update our 1993 report on the usefulness and impact of Data Bank reports to hospitals and to consider the Data Banks relevance to managed care organizations. The inspections indicate that the great majority of the hospital and managed care officials find the Data Bank reports to be useful, though these officials do not often use the reports as a basis for actually changing privileging decisions. We stress that any assessment of the usefulness and impact of the Data Bank will depend heavily on one's expectations of the Data Bank. In that context, we believe that the Data Bank serves as a reliable, centralized source of information and often serves as a unique mechanism to help protect the public from incompetent and/or unprofessional practitioners.

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act: Examples of Local Coordination
OEI-05-93-00335
The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act: Local Implementation Issues
OEI-05-93-00336 June 1995

These two related reports describe the accomplishments of seven Ryan White grantees and problems they still face providing services to those infected by HIV/AIDS. The inspection found that Ryan White funds provided for increased services and established new networks to combat HIV/AIDS. At the same time, there were new, emerging populations infected by the disease who pose service delivery problems for the grantees. We found that little program outcome evaluation has been undertaken at either the local or national level. The reports recommended that the Health Resources and Services Administration work with grantees to address problems serving the emerging populations with HIV/AIDS. We also recommended that PHS develop practical ways to measure whether overall program goals are being accomplished.

State Oversight of Tobacco Sales to Minors
OEI-02-94-00270 April 1995

This inspection was conducted in response to a request from Congress to provide an overview of the States' implementation of Section 1926 of the Public Health Service Act. The report describes the States' progress in enforcing their laws that prohibit the sale and distribution of tobacco products to minors and in conducting inspections to monitor vendor compliance with these laws. Eighty-five percent of the States report that they have conducted required inspections, but few did them in a manner consistent with the proposed regulations. A majority of the States report not having statewide enforcement. In fact, 30 percent have no enforcement at all. Many report obstacles in their attempts to perform inspections, especially a lack of technical assistance. We concluded that PHS's planned technical assistance guide and subsequent conference will be extremely helpful to the States. PHS plans to provide this assistance upon the release of the final regulations.

Investigational Devices: Four Case Studies
OEI-05-94-00100 April 1995

The OIG uncovered problems with the distribution and accountability of investigational medical devices outside of approved clinical trials. Our case studies identified potential weaknesses in the oversight of clinical trails at local sites, including problems with oversight by institutional review boards and the informed consent process. This study was requested by FDA; they agreed to take whatever actions they find warranted to assure that the investigational device studies are conducted in compliance with all applicable Federal laws and rules.

Federal Approaches to Funding Public Health Programs
OEI-01-94-00160 July 1995

Prepared at the request of PHS, this report provides an overview of the advantages and disadvantages of categorical and block grants as presented in the professional literature. It also outlines a research and demonstration strategy that PHS could undertake that would be responsive to the President's interest in block grant funding for many PHS programs. The literature indicates that at various times block grants have contributed to greater administrative efficiency, more integrated management systems, and even increased State and local spending. But the evidence in these areas was limited. It was even more limited on questions concerning the effect of block grants on administrative costs, service delivery, responsiveness to State and local spending, and targeting services to the needed. The report recommended that PHS develop a strategy to use performance indicators in ways that allow grantees substantial discretion in using Federal funds, at the same time, hold them sufficiently accountable for their performance. PHS agreed with the recommendations, noting the "Performance Partnerships Grants" programs proposed to the Congress and another initiative to establish and use performance measures.

Clinical Practice Guidelines Sponsored by the Agency for Health Care Policy and Research: Early Experiences in Clinical Settings
OEI-01-94-00250
Early Experiences with Clinical Practice Guidelines Sponsored by the Agency for Health Care Policy and Research: Case Descriptions
OEI-01-94-00251 September 1995

Twenty percent of the nursing homes, small nonteaching hospitals, and health maintenance organizations with staff-model components that were surveyed for this study reported having used one or more of the 6 guidelines about which we inquired; an additional 12 percent reported that they plan to do so. The reports recommended that PHS develop and implement systematic mechanisms for obtaining objective feedback about guideline use. As part of this effort, PHS should sponsor regular surveys of health care organizations to produce projectable indicators gauging changes over time in the extent of guideline use. The report also recommended that PHS determine more effective ways to promote familiarity with, and use of, the guidelines and that PHS make increased technical support available to guideline users.

Surveying Staff to Identify Unnecessary Internal Controls: Methodology and Results
OEI-09-94-00211 February 1995

In 1993, President Clinton signed an Executive Order which required that all executive departments and agencies eliminate 50 percent of their internal controls by 1996. Within HHS, the OIG was asked to assist in identifying duplicative or unnecessary controls and requirements. This inspection was set up to develop and test a prototype that agencies could use to identify unduly burdensome or unnecessary internal controls. The methodology was tested on staff working for PHS agencies in California. In the study,

staff identified 260 internal controls that they believe are unduly burdensome or unnecessary. Most of the unnecessary controls pertain to approvals and the need for delegations of authority. Approximately 96 percent of participants in the study believed that focus groups are useful for identifying unnecessary internal controls. The study concluded that focus groups are an effective means of identifying unnecessary internal controls and that agencies' efforts to reduce internal controls are incomplete without field staff input. This report is the first phase of a three-part inspection.

ADMINISTRATION FOR CHILDREN AND FAMILIES

AFDC Pre-Eligibility Fraud Investigative Units
OEI-04-91-00101 March 1995

In Fiscal Year 1991, the Aid to Families with Dependent Children program paid about $20.7 billion in Federal and State funds to about 12.5 million people. The Administration for Children and Families estimated that about $1 billion of the funds were inappropriate payments. This inspection was conducted to determine whether local pre-eligibility fraud investigative units are effective in preventing inappropriate payments of AFDC. The study found that pre-eligibility fraud investigative units effectively prevent inappropriate AFDC payments. The costs and savings information provided by the 39 sampled offices showed more than $8 saved for every $1 spent operating the unit. The report recommended that ACF encourage and help all States establish pre-eligibility fraud investigative units by 1) disseminating information on these units to States and localities that lack them, and 2) offering technical assistance to States interested in establishing pre-eligibility fraud investigative units.

AFDC Payments After Death
OEI-04-91-00040 November 1994

This report concerns whether AFDC payments were made after the death of recipients. The study analyzed a probe sample of 54 suspicious cases with dates of death in 1992. We found that none of the recipients in the sample were receiving AFDC at the time of their deaths. Furthermore, the universe of AFDC recipient deaths is so small that widespread payments after death are not likely. Consequently, the inspection is being closed without further analysis.

Independent Living Program for Foster Care Youths: Strategies for Improved ACF Management and Program Reporting
OEI-01-93-00090 November 1994

This inspection was requested by ACF to assist in identifying approaches for improving its management of the Independent Living Program, which recently received permanent reauthorization. We recommended that ACF restructure the application and program reporting procedures for the Independent Living program, and that ACF focus these efforts on information sharing. We identify a series of options for improvement for ACF's consideration in implementing these recommendations.

Welfare Administrative Costs
OEI-05-91-01080 February 1995

"Welfare Administrative Costs" presents five alternative options for reimbursing administrative costs in the Medicaid, AFDC, and Food Stamp programs. The current cost reimbursement system for welfare administrative costs creates unnecessary documentation

and accounting burdens, results in unexplained disparities among States, and allows for unpredictable Federal expenditures. We believe that it should be replaced by a system that provides adequate funding for States, incentives for efficient operations, decreased Federal monitoring and oversight, and predictable Federal expenditures. The options presented in this report are a good place to begin in developing a new welfare administrative cost system.

State Use of Special Needs Adoption Funds for Nonrecurring Costs
OEI-06-94-00560 August 1995

The ACF was concerned that State adoption agencies may not be fully utilizing the special needs adoption nonrecurring costs provisions of the Social Security Act. In response, we surveyed State adoption officials by mail regarding their State's use of Federal matching funds to reimburse adopting parents of special needs children for nonrecurring expenditures such as court costs and attorney fees. The inspection found that most States utilize special needs adoption nonrecurring funds, but that this is not always reflected on their Federal reporting forms. At least 17 percent more funds were spent in FY 1994 than were reported as special needs adoption nonrecurring costs. However, most States were not proactive in informing parents that their nonrecurring special needs adoption costs could be reimbursed. And four States reported not using Federal matching funds.

Review and Adjustment of IV-D Child Support Orders
OEI-07-92-00990 April 1995

This inspection revealed that all State Child Support Enforcement agencies have written procedures and guidelines in place to process review and adjustment cases. However, two-thirds of the agencies acknowledge they are behind in processing these cases. The report makes no recommendations. ACF has already taken steps to assist child support agencies in implementing their review and adjustment: communicating with and assisting those agencies that could be encountering problems in the advancement of their automated systems; working with the appropriate States in the transition to the Uniform Interstate Family Support Act in anticipation of a Federal mandate requiring its enactment; and providing the training and guidance that has been beneficial towards States moving to implement a fully operational review and adjustment process.

Participants Rate the JOBS Program 1994
OEI-06-93-00560 March 1995

A strong majority of participants gave high ratings to both the overall JOBS program and also to those specific activities and support services in which they participated. Most participants would recommend the program to friends or relatives and felt it would help them get off welfare. Nevertheless, some participants said they did not receive, or had problems utilizing, needed services. They services most mentioned among those needed, but not received, were transportation, child care, education, and vocational/technical training.

State Income and Eligibility Verification Systems: State Profiles
OEI-06-92-00081
State Income and Eligibility Verification Systems: Summary of Literature
OEI-06-92-00082 October 1994

The State Income and Eligibility Verification Systems (IEVS) was established by Congress in the 1984 Deficit Reduction Act to reduce errors in determining eligibility and benefit levels in the Food Stamp, AFDC, and Medicaid programs. The implementing regulations require State agencies to compare income reported by program applicants and recipients from several data sources, including those of the Internal Revenue Service, the Social Security Administration, and the States themselves.

In previous studies, we found that State IEVS practices and levels of matching success and efficiency varied considerably. Nevertheless, the most promising approach to improving the cost-effectiveness of matching systems seemed to be through the initiative and experimentation of individual States. For this reason, OEI decided to compile the information gathered from its reviews of State practices in an easy-to-read reference document and share it among the States and Federal agencies as they exchange views and attempt to improve computerized eligibility verification.

AN INDEX OF

OEI INSPECTION REPORTS:

1985-1995

OEI INSPECTION REPORTS -- SUBJECT INDEX

Acquired Immune Deficiency Syndrome (AIDS) (see also: Ryan White)

Aid to Families with Dependent Children (AFDC)

Area Agencies on Aging

Asset Testing

Asset Transfer (see: Financial Arrangements)

Billing

Birth Certificates

Board and Care

Canada

Carotid Endarterectomy

Carriers (see also: MSP)

Cataracts (see also: IOLs, Surgery)

Child Care

Child Support Enforcement (CSE)

Child Welfare (see also: Foster Care, AFDC)

Chiropractic

Cholesterol Screening

Civil Monetary Penalties

Client/Customer Surveys

Coding (see also: DRG)

Colleges and Universities

Community Health

Compendium/Summary Reports

A Compendium of Reports and Literature on Coding of Physician Services . . . . . (OEI-03-91-00921; 5/94)

Summary of OIG Activities on Medicare . . . . . (OEI-12-93-00010; 6/93)

Summary Of OIG Activities on Medicaid . . . . . (OEI-12-92-00550; 6/93)

A Review of HHS Children's Programs . . . . . (OEI-12-91-01510; 3/92)

Computer Security

State Computer Security . . . . . (OAI-02-88-00630; 12/88)

Consensus Development Program

The NIH Consensus Development Program: Dissemination of Findings Through Medical School Continuing Education Activities . . . . . (OEI-01-91-01760; 2/94)

Consultation

Medicare Physician Consultation Services . . . . . (OAI-02-88-00650; 6/88)

Contractors

Electronic Media Claims and Contractors' For-Profit Subsidiaries . . . . . (OEI-12-91-01410; 7/92)

Health Services Brokers: A Monograph . . . . . (OEI-05-89-00410; 10/90)

Cooperative Administrative Support Units (CASU)

Cooperative Administrative Support Unit (CASU) Program: Executive Report–An Assessment by Users and Local Officials . . . . . (OAI-06-89-00860; 7/89)

CASU: User and Management Perceptions . . . . . (OAI-06-89-00863; 7/89)

CASU: Local Management and Governing Officials . . . . . (OAI-06-89-00862; 7/89)

CASU: User Assessment of Services . . . . . (OAI-06-89-00861; 7/89)

Cooperative Research and Development Agreements (CRADA)

Technology Transfer and the Public Interest: Cooperative Research and Development Agreements at NIH . . . . . (OEI-01-92-01100; 11/93)

Coronary Artery Bypass Graft (CABG) Surgery

Coronary Artery Bypass Graft Surgery . . . . . (OAI-09-86-00076; 7/93)

Cost Sharing

Crack Babies (see: Substance Abuse, Child Welfare)

Credit Balances

Dental and Dentists

Devices (see Medical Devices and Equipment)

Diagnosis Related Groups (DRGs)

Dialysis (see: ESRD)

Disability

Disaster Relief

Discharge (see: Dumping)

Discretionary Grants

Drug Abuse (see: Substance Abuse)

Drugs and Drug Industry

Eligibility

State Income and Eligibility Verification Systems: State Profiles . . . . . (OEI-06-92-00081; 10/94)

State Income and Eligibility Verification Systems: Summary of Literature . . . . . (OEI-06-92-00082; 10/94)

Reforms Are Needed In State Income and Eligibility Verification Systems . . . . . (OEI-06-92-00080; 7/94)

Medicare Entitlement Age . . . . . (OEI-07-91-01600; 8/93)

AFDC Pre-Eligibility Verification Measures . . . . . (OEI-04-91-00100; 8/93)

AFDC Pre-Eligibility Fraud Investigative Units . . . . . (OEI-04-91-00101; 3/95)

Catalogue of Automated Front-End Eligibility Verification Techniques . . . . . (OAI-85-H-51; 9/85)

Eligibility Errors Resulting in Misspent Funds in the Medicaid Program . . . . . (OAI-04-87-00014; 5/88)

Emergency Rooms

Medicare's Reimbursement for Interpretations of Hospital Emergency Room X-Rays . . . . . (OEI-02-89-01490; 7/93)

Specialty Coverage in Hospital Emergency Departments . . . . . (OEI-01-91-00771; 8/92)

Use of Emergency Rooms by Medicaid Recipients . . . . . (OEI-06-90-00180; 3/92)

Controlling Emergency Room Use: State Medicaid Reports . . . . . (OEI-06-90-00181; 3/92)

Employee Retirement Income Security Act (ERISA) (see also: Insurance)

Effect of ERISA on State Insurance Laws . . . . . (OEI-12-91-01420; 8/91)

Employer Group Health Insurance (EGHP) (see also: Insurance)

Medicaid Payments of Premiums for Employer Group Health Insurance . . . . . (OEI-04-91-01050; 5/94)

Medicare as a Secondary Payment Source: Medicare Beneficiaries Covered by Employer Group Health Plans . . . . . (OAI-07-86-00091; 3/88)

Endoscopies

Medicare Coverage of Endoscopic Examination of the Lower Gastrointestinal Tract . . . . . (OAI-02-88-00090; 5/89)

End-Stage Renal Disease (ESRD)

Estate Recovery (see: Financial Arrangements)

Ethics

F

Family Support Act

Federal Grant Funds

Financial Arrangements

Food and Drug Administration (FDA) (see: Drugs and Drug Industry, Food Safety)

Food Safety

Foster Care (see also: Child Welfare)

Fragmented Billing

Fraud (see also: Eligibility)

State Investigation of Fraud in the AFDC Program . . . . . (OAI-04-86-00066; 12/87)

Birth Certificate Fraud . . . . . (OAI-02-86-00001; 3/88)

Computer-Related Fraud in Government Agencies:
Perpetrator Interviews . . . . . (OAI-02-85-00009; 5/85)

Freedom of Information Act (FOIA)

Charges and Costs for Freedom of Information Act Requests . . . . . (PCIE Report; 1/87)

Head Start

Migrant Head Start Grantees: Perspectives and Challenges . . . . . (OEI-09-91-00761; 12/93)

Head Start Expansion: Grantee Experiences . . . . . (OEI-09-91-00760; 5/93)

Evaluating Head Start Expansion Through Performance Indicators . . . . . (OEI-09-91-00762; 5/93)

Readiness to Expand Head Start Enrollment . . . . . (OEI-02-91-00741; 8/91)

Head Start Self Assessment . . . . . (OEI-04-89-00790; 2/91)

Dysfunctional Families in the Head Start Program . . . . . (OEI-09-89-01000; 12/89)

Grantee Compliance with Head Start Statutory
Administrative Cost Limit . . . . . (OAI-06-86-00069; 12/86)

Health Care Providers

Enhancing the Utilization of Nonphysician Health Care Providers . . . . . (OEI-01-90-02070; 5/93)

Enhancing the Utilization of Nonphysician Health Care Providers:
Three Case Studies . . . . . (OEI-01-90-02071; 5/93)

Health Education Assistance Loan (HEAL)

Use of Medicare Offset Agreements and Exclusions for
National Health Service Corps and Health Education
Assistance Loan Defaulters . . . . . (OEI-02-91-00550; 12/91)

Health Education Assistance Loan (HEAL) (OEI-02-90-00980; 2/91)

Health Education Assistance Loan Program . . . . . (OAI-03-85-00047; 12/85)

Health Maintenance Organizations (HMOs)

Health Professional Shortage Areas

Healthy Difference

Hill-Burton Program (see also: Hospitals, Dumping)

Home Health

Homelessness

Homeless Prevention Programs . . . . . (OEI-07-90-00100; 2/91)

State Programs to Provide Shelter and Temporary Housing for Families . . . . . (OAI-07-89-01300; 6/89)

Homeless Families and Access to AFDC . . . . . (OEI-05-91-00061; 10/92)

Emergency Shelters for Homeless Families . . . . . (OEI-07-91-00400; 10/92)

State and Local Perspectives on the McKinney Act . . . . . (OEI-05-90-01090; 12/90)

Hospitals

Trends in Rural Hospital Closure . . . . . (OEI-04-92-00441; 7/93)

Successful Initiatives After Hospital Closure . . . . . (OEI-04-92-00730; 7/93)

Medical Assistance Facilities . . . . . (OEI-04-92-00731; 7/93)

Hospital Reporting to the National Practitioner Data Bank . . . . . (OEI-01-94-00050; 2/95)

National Practitioner Data Bank: Usefulness and Impact of Reports to Hospitals . . . . . (OEI-01-90-00520; 2/93)

Specialty Coverage in Hospital Emergency Departments . . . . . (OEI-01-91-00771; 8/92)

State Prohibitions on Hospital Employment of Physicians: California Data . . . . . (OEI-01-91-00772; 2/92)

State Prohibitions on Hospital Employment of Physicians . . . . . (OEI-01-91-00770; 11/91)

Hospital Reporting of Adverse Drug Reactions . . . . . (OEI-12-90-01000; 8/91)

Effects of Hospital Mergers on Costs, Revenues, and Patient Volume . . . . . (OEI-12-90-02450; 7/92)

Financial Arrangements Between Hospitals and Hospital-Based Physicians . . . . . (OEI-09-89-00330; 10/91)

The Effects of Hospital Mergers on the Availability of Services . . . . . (OEI-04-90-02400; 3/91)

Effects of 1988 Rural Hospital Closures on Access to Medical Care . . . . . (OEI-04-89-00742; 8/90)

Hospital Closure: 1993 . . . . . (OEI-04-94-00120; 1/95)

Hospital Closure: 1992 . . . . . (OEI-04-92-00500; 3/94)

Hospital Closure: 1991 . . . . . (OEI-04-92-00440; 12/92)

Hotline

Human Immunodeficiency Virus (HIV) (see: AIDS)

Immigrants (see also: SLIAG)

Immunization

The Role of the Federal Maternal and Child Health Bureau in Preschool Immunizations ..... (OEI-06-91-01180; 11/93)

The National Vaccine Injury Compensation Program: A Program Review ..... (OEI-02-91-01460; 12/92)

Income Eligibility Verification System (IEVS) (see: Eligibility)

Incontinence

Marketing of Incontinence Supplies ..... (OEI-03-94-00770; 12/94)

Questionable Medicare Payments for Incontinence Supplies ..... (OEI-03-94-00772; 12/94)

Independent Living Program (see also: Foster Care)

Independent Living Program for Foster Care Youths: Strategies for Improved ACF Management and Program Reporting .... (OEI-01-93-00090; 11/94)

Indian Health (see: Native Americans)

Injury Control (see also: Management Reviews)

Injury Control ..... (OEI-02-92-00310; 11/91)

Insurance (see also: Carriers, MSP)

The Impact of OBRA 1990 on State Regulation of Medigap Insurance ..... (OEI-09-93-00230; 3/95)

1990 Medigap Reforms and the Implication for Long-Term Care Insurance ..... (OEI-09-93-00231; 10/94)

State Regulation of Long-Term Care Insurance: State-by-State Analysis ..... (OEI-09-91-00701; 7/91)

State Regulation of Long-Term Care Insurance ..... (OEI-09-91-00700; 5/91)

Medical Malpractice Insurance and the Community Health Centers ..... (OEI-01-91-01550; 12/91)

Effect of ERISA on State Insurance Laws ..... (OEI-12-91-01420; 8/91)

Internal Controls (see also: Management Reviews)

Surveying Staff to Identify Unnecessary Internal Controls: Methodology and Results ..... (OEI-09-94-00210; 3/95)

International Medical Centers

Intraocular Lenses (IOLs) (see also: Cataracts)

Job Opportunities and Basic Skills (JOBS)

Laboratories

Licensure (see: Medical Boards and Licensure)

Liver Biopsies

Lower Extremity Arteries

Malpractice

Mammography

Managed Care (see also: School-Based Health, HMOs)

Management Reviews

Marketing

McKinney Act (see also: Homelessness)

State and Local Perspectives on the McKinney Act . . . . . (OEI-05-90-01090; 12/90)

Medicaid Fraud Control Units (see: Fraud)

Medicaid Hassle

Medicaid Hassle: State Responses to Physician Complaints . . . . . (OEI-01-92-00100; 3/92)

Medical Boards and Licensure

The Peer Review Organizations and State Medical Boards: A Vital Link . . . . . (OEI-01-92-00530; 4/93)

The Licensure of Out-of-State Dentists . . . . . (OEI-01-92-00820; 8/93)

State Dental Boards and Dental Discipline . . . . . (OEI-01-92-00821; 8/93)

National Practitioner Data Bank: Usefulness and Impact of Reports to State Licensing Boards . . . . . (OEI-01-90-00523; 3/93)

State Medical Boards and Quality-of-Care Cases: Promising Approaches . . . . . (OEI-01-92-00050; 2/93)

Federal Initiatives to Improve State Medical Boards' Performance . . . . . (OEI-01-93-00020; 2/93)

Performance Indicators, Annual Reports, and State Medical Discipline: A State-by-State Review . . . . . (OEI-01-89-00563; 7/91)

Quality Assurance Activities of Medical Licensure Authorities in the United States and Canada . . . . . (OEI-01-89-00561; 2/91)

State Medical Boards and Medical Discipline . . . . . (OEI-01-89-00560; 9/90)

State Medical Boards and Medical Discipline: A State-by-State Review . . . . . (OEI-01-89-00562; 8/90)

State Discipline of Pharmacists . . . . . (OEI-01-89-89020; 8/90)

State Licensure and Discipline of Optometrists . . . . . (OAI-01-88-00582; 2/89)

State Licensure and Discipline of Chiropractors . . . . . (OAI-01-88-00581; 1/89)

State Licensure and Discipline of Podiatrists . . . . . (OAI-01-88-00583; 12/88)

State Licensure and Discipline of Dentists . . . . . (OAI-01-88-00580; 8/88)

Medical Licensure and Discipline . . . . . (OAI-01-86-00064; 6/86)

Medical Devices and Equipment

Medical Discipline (see: Medical Boards)

Medical Labs (see: Laboratories)

Medical Practice Guidelines

The NIH Consensus Development Program: Dissemination of Findings Through Medical School Continuing Education Activities . . . . . (OEI-01-91-01760; 2/94)

Medicare Certification

Mammography Facilities' Reasons for Not Pursuing Medicare Certification . . . . . (OEI-05-92-00301; 4/94)

Medicare Prepayment Review

Medicare Prepayment Review: Fair Hearings . . . . . (OEI-07-89-01680; 12/91)

Medicare Prepayment Review: MSP Procedures at Carriers . . . . . (OEI-07-89-01683; 8/91)

Medicare Provider Numbers

Carrier Assignment of Medicare Provider Numbers . . . . . (OEI-06-89-00871; 4/92)

Carrier Maintenance of Medicare Provider Numbers . . . . . (OEI-06-89-00870; 6/91)

Medicare Secondary Payer (MSP)

Medicare Secondary Payer: Effectiveness of First Claim Development . . . . . (OEI-07-90-00763; 11/91)

Medicare Prepayment Review: MSP Procedures at Carriers . . . . . (OEI-07-89-01683; 8/91)

Extent of Unrecovered Medicare Secondary Payer Funds . . . . . (OEI-07-90-00760; 8/91)

Medicare Secondary Payer: Effectiveness of Current Procedures . . . . . (OEI-07-90-00761; 8/91)

Medicare as a Secondary Payment Source: Medicare Beneficiaries Covered by Employer Group Health Plans . . . . . (OAI-07-86-00091; 3/88)

Medicare as a Secondary Payment (MSP) Source: Automobile Accident Related Claims . . . . . (OAI-07-86-00017; 2/88)

Medicare as a Secondary Payment Source: End Stage Renal Disease . . . . . (OAI-07-86-00092; 1/88)

MSP ESRD: Massachusetts . . . . . (OAI-01-86-00103; 8/86)

MSP Working Aged: Colorado . . . . . (OAI-07-86-00071; 7/86)

MSP Working Aged: Missouri . . . . . (OAI-07-86-00079; 7/86)

National Health Service Corps

National Medical Expenditure Survey

National Practitioner Data Bank

Native Americans

Nonphysician Health Care (see: Health Care Providers)

Nursing

Nursing Homes (see also: Skilled Nursing Facilities)

Offset Agreements

Older Americans Act (see also: Aging)

Ombudsman Programs (see also: Aging)

Optometrists

Organs and Organ Transplants

Parenteral Nutrition

Paternity Establishment (see also: CSE)

Patient Advance Directives

Patient Denial Notices

Patient Referral

Peer Review Organizations (PROs)

Performance Indicators

Perinatal (see: Pregnancy)

Personnel/Staff

Pharmacists (see also: Drugs and Drug Industry)

Pharmacy (see: Drugs and Drug Industry, Pharmacists)

Physical Therapy

Physician Credentials

Physician Offices (see also: Surgery)

Physician Services

Pocket Dopplers (see: Transcranial Dopplers, Medical Devices and Equipment)

Podiatrists

Pregnancy

Prenatal (see: Pregnancy)

Preprocedure Review (see: Surgery)

Proprietary Schools

The JOBS Program and Proprietary Schools . . . . . (OEI-02-91-00210; 3/92)

Psychiatric

Medicare Outpatient Psychiatric Services . . . . . (OAI-09-86-00056; 11/85)

Q

Quality of Care (see: Surgery, Laboratories, Hospitals, Medical Boards and Discipline)

R

Refugees

The Refugee Matching Grant Program: Balancing Flexibility and Accountability . . . . . (OEI-09-92-00060; 8/94)

Reimbursement, Medicare (see: Carriers, MSP, Surgery, PROs, Physician Services, Medical Devices and Equipment)

Respite Care

Respite Care Services for Foster Parents . . . . . (OEI-04-93-00070; 8/94)

Respite Care Services for Foster Parents: Six Case Studies . . . . . (OEI-04-93-00071; 8/94)

Ryan White CARE Act (see also: AIDS)

The Ryan White CARE Act: Funding Formulas and Program Expenditures . . . . . (OEI-05-93-00330; 4/94)

The Ryan White CARE Act: FY 1992 Title I and Title II Expenditures . . . . . (OEI-05-93-00331; 4/94)

The Ryan White CARE Act: Special Projects of National Significance . . . . . (OEI-05-93-00332; 4/94)

The Ryan White CARE Act: Consortia Activities . . . . . (OEI-05-93-00333; 4/94)

The Ryan White CARE Act: Technical Report of 1992 Expenditures . . . . . (OEI-05-93-00334; 4/94)

Satisfaction Surveys (see: Client/Customer Surveys)

School-Based Health (see also: Managed Care)

Scientific Misconduct

Seatlift Chairs (see: Medical Equipment and Supplies)

Second Opinion (see: Surgery)

Services Integration

Skilled Nursing Facilities (SNFs) (see also: Nursing Homes)

Smokeless Tobacco (see: Tobacco)

Social and Economic Development Strategies (SEDS) (see also: Native Americans)

Social Security Records

Using Social Security Records to Detect Inappropriate Medicare Payments for Work-Related Disability Expenses . . . . . (OEI-06-89-00903; 8/94)

Standardized Formats

Standardized Formats Pilot Test . . . . . (OAI-0?-86-00083; 5/86)

State Legalization Impact Assistance Grants (SLIAG) (see also: Immigrants)

Medicaid Overpayments for Post-Partum Care to Undocumented Aliens . . . . . (OEI-07-95-00010; 11/94)

Implementation of the State Legalization Impact Assistance Grants Under the Immigration Reform and Control Act of 1986: Overview . . . . . (OEI-07-88-00440; 2/90)

Implementation of the State Legalization Impact Assistance Grants Under the Immigration Reform and Control Act of 1986: Arizona . . . . . (OEI-07-88-00441; 1/90)

Implementation of the State Legalization Impact Assistance Grants Under the Immigration Reform and Control Act of 1986: California . . . . . (OEI-07-88-00442; 1/90)

Implementation of the State Legalization Impact Assistance Grants Under the Immigration Reform and Control Act of 1986: Massachusetts . . . . . (OEI-07-88-00447; 1/90)

Implementation of the State Legalization Impact Assistance Grants Under the Immigration Reform and Control Act of 1986: Washington . . . . . (OEI-07-88-00450; 1/90)

Implementation of the State Legalization Impact Assistance Grants Under the Immigration Reform and Control Act of 1986: Colorado . . . . . (OEI-07-88-00443; 10/89)

Implementation of the State Legalization Impact Assistance Grants Under the Immigration Reform and Control Act of 1986: District of Columbia . . . . . (OEI-07-88-00444; 10/89)

Implementation of the State Legalization Impact Assistance Grants Under the Immigration Reform and Control Act of 1986: Illinois . . . . . (OEI-07-88-00446; 10/89)

Implementation of the State Legalization Impact Assistance Grants Under the Immigration Reform and Control Act of 1986: New York . . . . . (OEI-07-88-00448; 10/89)

Implementation of the State Legalization Impact Assistance Grants Under the Immigration Reform and Control Act of 1986: Texas . . . . . (OEI-07-88-00449; 10/89)

Steroids

Adolescent Steroid Use . . . . . (OEI-06-90-01080; 2/91)

Adolescents and Steroids: A User Perspective . . . . . (OEI-06-89-01081; 8/90)

Substance Abuse

Measuring Drug Abuse Treatment Costs . . . . . (OEI-04-91-00430; 12/92)

Indian Alcohol and Substance Abuse: Legislative Intent and Reality . . . . . (OEI-09-92-00010; 10/92)

Youth and Alcohol: Drinking and Crime . . . . . (OEI-09-92-00260; 4/92)

Youth and Alcohol: Dangerous and Deadly Consequences . . . . . (OEI-09-92-00261; 4/92)

Alcohol, Drug, and Mental Health Services for Homeless Individuals . . . . . (OEI-05-91-00062; 3/92)

Youth and Alcohol: Summary of Research–Alcohol Advertising's Effect on Youth . . . . . (OEI-09-91-00651; 1/92)

Youth and Alcohol: A Sample of Enforcement and Prevention Programs . . . . . (OEI-09-91-00656; 12/91)

Youth and Alcohol: Controlling Alcohol Advertising that Appeals to Youth . . . . . (OEI-09-91-00654; 10/91)

Youth and Alcohol: Laws and Enforcement–Compendium of State Laws . . . . . (OEI-09-91-00655; 10/91)

Youth and Alcohol: Laws and Enforcement–Is the 21-Year-Old Drinking Age a Myth? . . . . . (OEI-09-91-00650; 9/91)

Alcohol, Drug, and Mental Health Services for Pregnant Addicts . . . . . (OEI-05-91-00064; 8/91)

Drug Abuse Treatment Waiting List Reduction Grant Program . . . . . (OEI-02-90-00420; 8/91)

Youth and Alcohol: A National Survey–Drinking Habits, Access, Attitudes, and Knowledge . . . . . (OEI-09-91-00652; 6/91)

Youth and Alcohol: A National Survey–Do They Know What They're Drinking? . . . . . (OEI-09-91-00653; 6/91)

Spit Tobacco and Youth: Additional Analysis . . . . . (OEI-06-92-00501; 6/93)

Suicide

Surgery

Technology Transfer

Tobacco

Transcranial Dopplers (see also: Medical Devices and Equipment)

Transfers (see: Dumping)

Transportation (see: Ambulance)

User Fees

Vaccine Injury Compensation Program (see: Immunization)

Veterans Affairs, Dept. of

X-Rays

OEI REGIONAL OFFICES

Region I:	JFK Federal Building Room 2475 Boston, MA 02203 (617-565-1050
Region II:	26 Federal Plaza Room 38-100 New York, NY 10278 (212) 264-5295
Region III:	3535 Market Street Room 4150 Philadelphia, PA 19104 (215) 596-0609
Region IV:	101 Marietta Tower Suite 1403 Atlanta, GA 30323 (404) 331-4108
Region V:	105 West Adams Street 23rd Floor Chicago, IL 60603 (312) 353-9867
Region VI:	1100 Commerce Street Room 4B5 Dallas, TX 75242 (214) 767-3310
Region VII:	601 East 12th Street Room 284B Kansas City, MO 64106 (816) 426-5959
Region IX:	50 United Nations Plaza Room 161 San Francisco, CA 94102 (415) 556-6830