

Regional CE Oversight Report

The Regional Office (RO) coordinates all DDS Oversight report matters through the Centers for Disability. The RO prepares a written review of regional CE Oversight actions and provides an overview of DDS CE Oversight activities. The RO is responsible for reviewing the DDS CE Oversight reports including the DDS CE provider lists and fee schedules to ensure compliancy and identify areas that need support.

The RO will upload the Regional CE Oversight Report to the MPRO SharePoint site annually by the end of the calendar year, December 31.

Region:	ATLANTA
List of DDSs:	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
Report Period (Fiscal Year):	2014
Current Date:	December 16, 2014
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Social Insurance Program Specialist

1. Did the RO obtain all of the DDSs' CE Oversight reports? Provide explanation.

YES. All Atlanta Region DDSs made timely submissions of their Annual DDS CE Oversight Report to ODD MPRO SharePoint. The RO complimented the DDSs for their timely submissions.

2. Did the RO conduct any onsite visits at the DDSs? Provide explanation.

YES. The RO routinely conducts cumulative phases of the onsite reviews during periodic visits to the DDSs. Also, the RO conducts remote CE oversight reviews in some instances.

3. Did the RO accompany the DDSs on selected CE provider oversight visits to key or problem providers? Provide explanation.

YES. The RO accompanied the DDSs during some of the regularly scheduled oversight visits to key providers. During visits, the facilities were inspected and the providers' support staffs were interviewed.

4. Did the RO conduct periodic reviews of CE purchase practices in the DDSs? Provide explanation.

YES. The Disability Program Administrators' (DPAs) visits, frequent telephone contacts, and reviews of DDSs' spending plans included reviews of CE purchase practices. The DPAs collected and shared best practices, which were part of a CE rate plan that was developed in 2014.

5. Did the RO spot check the DDSs' list of CE providers against the HHS-OIG LEIE list to ensure CE providers were not federally excluded? Provide explanation.

YES. The RO conducted spot checks of the DDSs' lists of CE providers against the HHS-OIG LEIE list. The spot checks did not find any match. Additionally, spot checks were made to the website of State licensing boards. Current licensure was confirmed on each case checked.

6. Did the RO receive any request from the DDSs for an exemption to SSA's no-pay policy for missed CE appointments? If yes, did ODD provide approval?

NO. The RO did not receive any DDS request for exemption to SSA's no-pay policy for missed appointments.

7. Did the RO immediately alert the ODD of any complaint or other situation expected to: provoke public criticism; or result in press attention. Provide explanation.

YES. The RO alerted ODD immediately regarding a particular situation with a State CE provider that was a matter for concern. ODD provided timely information that the RO used to assist DDS in dealing with the situation.

8. Did the RO identify and provide any potential conflict of interest (COI) situations to the ODD for review? Provide explanation.

NO. The RO did not identify any potential conflict of interest situation. So, none was provided to ODD for review.

Please attach any additional information before submitting this form.

The FL DDS developed an electronic database of CE providers that automatically communicates with the State office involved with licensing. The application provides reminders to the DDS about license renewal documentation. The RO had a member to serve on the National CE Utilization Workgroup, which explored and shared methods for ensuring that CE purchases are appropriate.

Regional CE Oversight Report

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The RO will upload the Regional CE Oversight Report to the MPRO SharePoint site annually by the end of the calendar year, December 31.

Region:	Chicago
List of DDSs:	Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin
Report Period (Fiscal Year):	2014
Current Date:	January 5, 2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Program Expert

1. Did the RO obtain all of the DDSs' CE Oversight reports? Provide explanation.

Yes, the Medical Professional Relations Coordinator reviewed the reports thoroughly for policy compliance.



Revised, FHD Thornton On-site psych on-site Dr. Hasbani on-site Tri-State 2014.doc
On-site review f... Review (Colum... Review 08-21-1... review 0-13...

2. Did the RO conduct any onsite visits at the DDSs? Provide explanation.

Yes, One visit this year to Dr. Jeffrey Karr Ph.D in Chicago IL on March 6, 2014. (b) (6)

3. Did the RO accompany the DDSs on selected CE provider oversight visits to key or problem providers? Provide explanation.

No.

4. Did the RO conduct periodic reviews of CE purchase practices in the DDSs? Provide explanation.

Yes, Have been reviewing cases and doing reviews on cases CE Probe Study dealing with the purchasing of CEs on disability cases.

5. Did the RO spot check the DDSs' list of CE providers against the HHS-OIG LEIE list to ensure CE providers were not federally excluded? Provide explanation.

The Regional Office performed spot checks on the list of CE providers against HHS-OIG LEIE list to ensure CE providers were not federally excluded. As the LEIE is not current, we also checked the state medical board's sites to ensure CE providers were currently licensed and not suspended or expired.

6. Did the RO receive any request from the DDSs for an exemption to SSA's no-pay policy for missed CE appointments? If yes, did ODD provide approval?

NONE

7. Did the RO immediately alert the ODD of any complaint or other situation expected to: provoke public criticism; or result in press attention. Provide explanation.

The Chicago Regional office alerted ODD of any complaint that could provoke public criticism. All claimant complaints were sent to ODD. The DDSs investigated all complaints and appropriate action was taken.

8. Did the RO identify and provide any potential conflict of interest (COI) situations to the ODD for review? Provide explanation.

There were no conflict of interest situations this year. All DDSs ensure that all physicians were performing the CEs and no conflicts.

Please attach any additional information before submitting this form.

The Chicago Region DDSs MPROs perform an outstanding job on licensure check of our CE providers. They are very thorough and timely when any incidents occur at CEs. The Chicago Regional office also checks the CE fee schedule for any monetary changes and ensures fees are complaint with standards.

PHYSICAL CONSULTANT ONSITE REVIEW

(b) (6)

Pending Date **8/11/15**

Date of Visit **8/11/14**

Vender Code (b) (6)

CREDENTIALS

Current licensure checked: Yes No

<https://license.ohio.gov/lookup/default.asp>

OIG Fraud and Exclusions List checked: Yes No

<http://exclusions.oig.hhs.gov/>

Board Certification: Yes No

Remarks:

Name of Facility/Provider (b) (6)

Name of Doctor (b) (6)

Address (b) (6)

Other Office Locations (b) (6)

Types of Examinations Conducted: IM PM Ortho Neuro PEDS

Opth Speech PT/OT ENT/Audio

PROVIDER CLASSIFICATION

(b) (6)

TYPE OF REVIEW

PHYSICAL CONSULTANT ONSITE REVIEW

(b) (6)

Remarks: **Building located in (b) (6) Very nice building approx 15 years old with automatic doors and is wheelchair accessible. (b) (6)**

(b) (6)

FACILITIES

- Building: Single Office Professional Building
- Signage: Nameboard Street sign Number on building Signboard
- Landscaping/Upkeep: Acceptable Unacceptable
- Handicap Accessibility: Yes No
- Public Transportation: Yes No (if yes) Bus #
- Parking lot: Adequate Inadequate
- Entrance/Lobby: Yes No
 - If yes: Professional Clean Signboard
- Emergency Exit Signs: Yes No
- Restrooms: Public Clean Keyed Handicap Accessible

Remarks: (Brief description of building, ie age, construction, maintenance, appearance)

There is a public restroom located in the lobby area along with vending machines. There are plants in the hallway along with television and reading material. Very well maintained building.

WAITING ROOM

- Seating Capacity: **15**
- Size: Adequate Inadequate
- Cleanliness: Yes No
- Reception Area: Reception Window Sign-in Sheet
- Amenities: Pictures Plants Reading Material Children's Area
 - TV Music

Remarks: **Carpeted waiting area with open windows. Waiting area also has Bariatric chairs. Claimants will go to the windows that says (b) (6)**

EXAMINING ROOMS

Number of Rooms: **Several**

PHYSICAL CONSULTANT ONSITE REVIEW

Size: Adequate Inadequate
Cleanliness: Acceptable Unacceptable
Furniture: Appropriate: Yes No
Sufficient: Yes No
Gowns Provided: Yes No
Privacy: Adequate Inadequate
Remarks:

EQUIPMENT/LABORATORY TESTS

X-rays – Onsite: Yes No
(If no) Performed at
(If yes) Make/Model
Lab Work – Onsite: Yes No (if no) Performed at
Remarks:

ANCILLARY

	<u>YES</u>	<u>NO</u>	<u>MAKE/MODEL</u>
PFS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
EKG/ECG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Treadmill	<input type="checkbox"/>	<input type="checkbox"/>	
Doppler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
EMG	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Field	<input type="checkbox"/>	<input type="checkbox"/>	
Audiometer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
EEG	<input type="checkbox"/>	<input type="checkbox"/>	

Remarks: **Vendor will make arrangements for ancillary testing to be done at hospital (b) (6)**

EQUIPMENT AVAILABLE

Scale: Digital Set of Scales Maximum Weight: **400**
Height Chart: Yes No

PHYSICAL CONSULTANT ONSITE REVIEW

BP Cuff: Large Digital – Make/Model

Dynamometer: Yes No

Otoscope: Yes No

Remarks:

EYE CHART LOCATION

Adequate Lighting: Yes No

Correct distance: Yes No

Remarks:

STAFF

Receptionist’s Name(s): (b) (6)

Technician’s Name(s): (b) (6)

Staff on Duty: Yes No

General Appearance: Professional Attire Lab Coat Medical Smock

Business Casual Name Tag

Does the staff speak easy-to-understand English and/or the language of the claimant?

Yes No

DOCTOR’S PRIVATE OFFICE YES NO

(If yes) Adequate Inadequate

Credentials Displayed: Yes No

Remarks:

OFFICE PROTOCOL

Are claimants greeted in a friendly, professional manner? Yes No

What is the process for claimant identification? **Photo ID**

Did the physician obtain the claimant’s medical history? Yes No

How much time does the physician spend face-to-face with the claimant? **30 minutes**

Remarks: **Spoke with (b) (6), Office Manager re: late reports. (b) (6) states (b) (6)**

has been pushing the doctor(s) to be timely. (b) (6)

[Redacted]

[Redacted]

[Redacted]

PHYSICAL CONSULTANT ONSITE REVIEW

CLAIMANT IDENTIFICATION

Is the C/E provider including the claimant's physical description and claim number in the C/E report as required by DI 22510.015 A.7? Yes No

INFORMATION AND TECHNOLOGY

How is the C/E provider receiving their vouchers and background material?

Mail Fax eOR

How is the C/E provider submitting their reports?

Mail Fax ERE

In regards to the creation of the reports:

Is the C/E provider typing/producing his or her own reports or using a transcriptionist?

C/E provider does own reports Using Transcriptionist

If the C/E provider is using a computer/internet in any capacity, (to produce reports, obtain vouchers, view background material, store/save reports), is the computer password protected and/or encrypted? Yes No

If the C/E provider is using a transcriptionist that uses a computer/internet in any capacity, (to produce reports, obtain vouchers, view background material, store/save reports), is the computer password protected and/or encrypted? Yes No

If the C/E provider stores paper copies of the vouchers, reports, and/or background materials is the storage method secure, (locked cabinets, locked room, etc.)?

Yes No

Does the C/E provider understand the policies, regulations, and procedures regarding PII? Yes No

PHYSICAL CONSULTANT ONSITE REVIEW

Signature of Reviewer or Head of Review Team: (b) (6)

Date: 8/13/14

PHYSICAL CONSULTANT ONSITE REVIEW

(b) (6)

Pending Date **8/21/15**

Date of Visit **8/21/14**

Vender Code (b) (6)

CREDENTIALS

Current licensure checked: Yes No

<http://license.ohio.gov/lookup/default.asp>

OIG Fraud and Exclusions List checked: Yes No

<http://oig.hhs.gov/fraud/exclusions.html>

Board Certification: Yes No

Remarks:

Name of Facility/Provider

Name of Doctor (b) (6)

Address (b) (6)

Other Office Locations (b) (6)

Types of Examinations Conducted: IM PM Ortho Neuro

Opth Speech PT/OT ENT/Audio

PROVIDER CLASSIFICATION

(b) (6)

TYPE OF REVIEW

PHYSICAL CONSULTANT ONSITE REVIEW

(b) (6)

Remarks:

FACILITIES

- Building: Single Office Professional Building
- Signage: Nameboard Street sign Number on building Signboard
- Landscaping/Upkeep: Acceptable Unacceptable
- Handicap Accessibility: Yes No
- Public Transportation: Yes No (if yes) Bus # **Unknown**
- Parking lot: Adequate Inadequate
- Entrance/Lobby: Yes No
 - If yes: Professional Clean Signboard
- Emergency Exit Signs: Yes No
- Restrooms: Public Clean Keyed Handicap Accessible

Remarks: (Brief description of building, ie age, construction, maintenance, appearance)

Office is located (b) (6)

Restrooms are located in the basement of the building.

(b) (6) **Stairs and an elevator are available.**

WAITING ROOM

- Seating Capacity: **3 (Couch)**
- Size: Adequate Inadequate
- Cleanliness: Yes No
- Reception Area: Reception Window Sign-in Sheet
- Amenities: Pictures Plants Reading Material Children's Area
 - TV Music

Remarks: **The waiting room is of adequate size and is located within the** (b) (6)

but outside of the actual exam room. There is a large couch in the waiting area. (b) (6)

EXAMINING ROOMS

Number of Rooms: **1**

PHYSICAL CONSULTANT ONSITE REVIEW

Size: Adequate Inadequate

Cleanliness: Acceptable Unacceptable

Furniture: Appropriate: Yes No

Sufficient: Yes No

Gowns Provided: Yes No

Privacy: Adequate Inadequate

Remarks:

EQUIPMENT/LABORATORY TESTS

X-rays – Onsite: Yes No

(if no) Performed at

(if yes) Make/Model

Lab Work – Onsite: Yes No (if no) Performed at

Remarks: N/A

ANCILLARY

	<u>YES</u>	<u>NO</u>	<u>MAKE/MODEL</u>
PFS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
EKG/ECG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Treadmill	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Doppler	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
EMG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual Field	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Audiometer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
EEG	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Remarks: N/A

EQUIPMENT AVAILABLE

Scale: Digital Set of Scales

Maximum Weight: 0

Height Chart: Yes No

BP Cuff: Large Digital – Make/Model None

PHYSICAL CONSULTANT ONSITE REVIEW

Dynamometer: Yes No

Otoscope: Yes No

Remarks: N/A

EYE CHART LOCATION

Adequate Lighting: Yes No

Correct distance: Yes No

Remarks: N/A

STAFF

Receptionist's Name(s): None

Technician's Name(s): None

Staff on Duty: Yes No

General Appearance: Professional Attire Lab Coat Medical Smock
Business Casual Name Tag

Does the staff speak easy-to-understand English and/or the language of the claimant?

Yes No

DOCTOR'S PRIVATE OFFICE YES NO

(if yes) Adequate Inadequate

Credentials Displayed: Yes No

Remarks:

OFFICE PROTOCOL

Are claimants greeted in a friendly, professional manner? Yes No

What is the process for claimant identification? **(b) (6)** checks a picture ID of the (b) (6) and also paperwork from DDD. (b) (6) has also employed a shredding service that will shred PII in (b) (6) presence when needed.

Did the physician obtain the claimant's medical history? Yes No

How much time does the physician spend face-to-face with the claimant? **1.5-2 hours**

Remarks: **(b) (6) greets (b) (6):**

CLAIMANT IDENTIFICATION

Is the C/E provider including the claimant's physical description and claim number in the C/E report as required by DI 22510.015 A.7? Yes No

PHYSICAL CONSULTANT ONSITE REVIEW

Signature of Reviewer or Head of Review Team: **(b) (6)**

Date: **08/21/14**

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

(b) (6)

Pending Date 8/21/15

Date of Visit 8/21/14

Vender Code (b) (6)

CREDENTIALS

Current licensure checked: Yes No

<http://license.ohio.gov/lookup/default.asp>

OIG Fraud and Exclusions List checked: Yes No

<http://oig.hhs.gov/fraud/exclusions.html>

Board Certification: Yes No

Remarks:

Name of Facility/Provider

Name of Doctor (b) (6)

Address (b) (6)

Other Office Locations (b) (6)

Types of Examinations Conducted: Psychiatric Psychological

PROVIDER CLASSIFICATION

(b) (6)

TYPE OF REVIEW

(b) (6)

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Remarks:

FACILITIES

- Building: Single Office Professional Building
- Signage: Nameboard Street sign Number on building Signboard
- Landscaping/Upkeep: Acceptable Unacceptable
- Handicap Accessibility: Yes No
- Public Transportation: Yes No (if yes) Bus # **Unknown**
- Parking lot: Adequate Inadequate
- Entrance/Lobby: Yes No
 - If yes: Professional Clean Signboard
- Emergency Exit Signs: Yes No
- Restrooms: Public Clean Keyed Handicap Accessible
- Remarks: (Brief description of building, ie age, construction, maintenance, appearance)

(b) (6) office building is a brown, brick structure. The front of the building has a very large (b) (6) denoting the address. The parking lot and the entrance to the building is located in the rear. Elevators are available (b) (6)

WAITING ROOM

- Seating Capacity: **9**
- Size: Adequate Inadequate
- Cleanliness: Yes No
- Reception Area: Reception Window Sign-in Sheet
- Amenities: Pictures Plants Reading Material Children's Area
 - TV Music

Remarks: **Claimant's are directed to wait in the waiting room and at the appointment time, (b) (6) greets the claimant and escorts them to the interview room.**

INTERVIEW ROOMS

- Number of Rooms: **1**
- Size: Adequate Inadequate
- Cleanliness: Acceptable Unacceptable

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Furniture: Appropriate: Yes No

Sufficient: Yes No

Privacy: Adequate Inadequate

Remarks:

TESTING AREAS

Number of Rooms: **1**

Size: Adequate Inadequate

Cleanliness: Acceptable Unacceptable

Furniture: Appropriate: Yes No

Sufficient: Yes No

Privacy: Adequate Inadequate

Adequate lighting: Yes No

Remarks:

STAFF

Receptionist's Name(s): **None**

Tester's Name(s):

Staff on Duty: Yes No

General Appearance: Professional Attire Business Casual Name Tag

Does the staff speak easy-to-understand English and/or the language of the claimant?

Yes No

DOCTOR'S PRIVATE OFFICE YES NO

(if yes) Adequate Inadequate

Credentials Displayed: Yes No

Remarks:

OFFICE PROTOCOL

Are claimants greeted in a friendly, professional manner? Yes No

What is the process for claimant identification? **Picture ID's are checked.**

Did the physician obtain the claimant's medical history? Yes No

How much time does the physician spend face-to-face with the claimant? **80-120**

minutes

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Remarks: **(b) (6)** receives referrals via EOR and submits via ERE.

CLAIMANT IDENTIFICATION

Is the C/E provider including the claimant's physical description and claim number in the C/E report as required by DI 22510.015 A.7? Yes No

Signature of Reviewer or Head of Review Team: **(b) (6)**

Date: **08/21/2014**

DDS ONSITE REVIEW FORM

- A. Name of Facility/Provider: (b) (6)
- B. Address: (b) (6)
- C. Other office locations: (b) (6)
- D. **Types of examinations conducted:** Internal Medicine, pulmonary function test and pediatrician exams.
- E. **Provider has performed CEs for the DDS since:** (b) (6)
- F. **Provider contact: Name:** (b) (6) **Phone:** (b) (6)
- G. **Provider classification**
1. **Key Provider or top five CE provider by dollar volume:** (b) (6)
- H. **Reason for visit:**
(b) (6)
- I. **Facilities**
1. **Building**
- a. **Identifiability:** The building has a sign in front of the building and on the door of the building.
- b. **Cleanliness:** The office is clean.
- c. **Handicap accessibility:** The building has no stairs and the restrooms have handicap rails.
- d. **Public transportation:** There is public transportation (b) (6).
- e. **Parking lot:** The parking lot has handicap parking directly in front of the door of the building entrance.
- f. **Emergency exit signs:** There are exits signs directing claimant's and staff to all the exits outside of the building.

- g. **Rest rooms:** The restrooms are clean and were stocked with paper towel, toilet paper and soap.
- h. **Safe location for claimants to travel:** The location is clean and safe and surrounded by other local businesses.
- i. **Secure location for medical records and computer records:** No computers are used at this location. The doctor brings the charts for the exams that day. The chart starts with the doctor from (b) (6) locked trunk to (b) (6) medical assistant at the clinic. Then back to (b) (6) to conduct the exam and locked in (b) (6) briefcase until (b) (6) leaves. No charts are stored at this location.
- j. **Other (comments):**

2. Equipment/Laboratory tests

- a. **Onsite:** The pulmonary function test machine is brought in with the medical assistant (Easy one Model 2010). EKG machine is brought in to the office by the medical assistant (Edan SE-1200). Blood is drawn by the medical assistant.
- b. **Offsite:** Lab work is processed by Lab Corp.

J. Staff

- 1. **Professionalism:** The staff was wearing the appropriate clothing and presented themselves in a professional manner.
- 2. **Is claimant greeted timely?** The claimants were greeted in a timely manner.
- 3. **Does medical source speak any language other than English? If so, which language?** no
- 4. **Current licensing**
 - a. **Displayed:** The doctor license are not displayed but are available upon verbal request.
 - b. **On file at DDS:** DDS has a copy of the doctors license.

K. Scheduling

- 1. **What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty?**
The doctor has a daily maximum of 19 appointments .
- 2. **What are the minimum interval times that the CE provider schedules for an exam?**

The appointments are 20 to 30 minutes apart depending on the exam.

3. **What is the actual length of times for exams to be completed per visit?**
The actual length of time for exams are 25 to thirty minutes per person.

L. Procedures

1. **Privacy and confidentiality of claimant information?**
The charts are brought in with the doctor and returns to the doctor after vital signs and placed in an locked suit case. No records are stored at this facility.
2. **How and by whom is the claimant's medical history obtained?**
The doctor obtains the claimant history.
3. **How and by whom is the claimant's psychological history obtained?**
na
4. **How much time does the physician/psychologist spend face-to-face with the claimant?**
The doctor spends 25 to 30 minutes face to face with the claimant.
5. **Does the source certify that assistants meet appropriate licensing or certification requirements of the state?**
The clinic certify that the assistant meets the appropriate licensing or certification requirements.

M. Laboratories

1. **Diagnostic and lab tests**
 - a. **Performed by (if a nonphysician, state performer's qualifications):**
Blood is drawn by the medical assistant. The pulmonary function test & EKGs is conducted by the medical assistant.
 - b. **Interpreted by (if a nonphysician, state the interpreter's qualifications):**
The intpretation is conducted by the doctor.
2. **Turn-around timeliness, including both test results and interpretations:**
The turn - around timeliness is 48 hours.

N. Exit Interviews of Claimants:

Three claimant exit reviews where conducts on (b) (6), (b) (6) and (b) (6). The claimant's all verbalized having a pleasant experience. No complaints was shared.

O. Confidentiality of CE reports and office security:

There are no ce reports at this location they are typed up elsewhere and electronically submitted.

P. Describe electronic method provider uses to transmit report:
ERE

Q. Additional Information:

Reviewer: (b) (6) **Date:** 8/19/2014

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

(b) (6)

Pending Date **08/21/15**

Date of Visit **08/21/14**

Vender Code (b) (6)

CREDENTIALS

Current licensure checked: Yes No

<http://license.ohio.gov/lookup/default.asp>

OIG Fraud and Exclusions List checked: Yes No

<http://oig.hhs.gov/fraud/exclusions.html>

Board Certification: Yes No

Remarks:

Name of Facility/Provider

Name of Doctor (b) (6)

Address (b) (6)

Other Office Locations (b) (6)

Types of Examinations Conducted: Psychiatric Psychological

PROVIDER CLASSIFICATION

(b) (6)

TYPE OF REVIEW

(b) (6)

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Remarks:

FACILITIES

Building: Single Office Professional Building

Signage: Nameboard Street sign Number on building Signboard

Landscaping/Upkeep: Acceptable Unacceptable

Handicap Accessibility: Yes No

Public Transportation: Yes No (if yes) Bus # **8**

Parking lot: Adequate Inadequate

Entrance/Lobby: Yes No

If yes: Professional Clean Signboard

Emergency Exit Signs: Yes No

Restrooms: Public Clean Keyed Handicap Accessible

Remarks: (Brief description of building, ie age, construction, maintenance, appearance)

(b) (6). Handicap ramp is on the side of the building. (b) (6) answers the door and has the claimant wait in the waiting room. If Dr. can't answer door, there is a sign that directs people to wait in the waiting room for the doctor.

WAITING ROOM

Seating Capacity: **4**

Size: Adequate Inadequate

Cleanliness: Yes No

Reception Area: Reception Window Sign-in Sheet

Amenities: Pictures Plants Reading Material Children's Area

TV Music

Remarks: The waiting room has a table and 3 chairs. Magazines are available.

The room is small but provides adequate privacy from (b) (6) examination room.

INTERVIEW ROOMS

Number of Rooms: **1**

Size: Adequate Inadequate

Cleanliness: Acceptable Unacceptable

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Furniture: Appropriate: Yes No

Sufficient: Yes No

Privacy: Adequate Inadequate

Remarks:

TESTING AREAS

Number of Rooms: **same as interview room**

Size: Adequate Inadequate

Cleanliness: Acceptable Unacceptable

Furniture: Appropriate: Yes No

Sufficient: Yes No

Privacy: Adequate Inadequate

Adequate lighting: Yes No

Remarks:

STAFF

Receptionist's Name(s): **No additional staff; just (b) (6)**.

Tester's Name(s):

Staff on Duty: Yes No

General Appearance: Professional Attire Business Casual Name Tag

Does the staff speak easy-to-understand English and/or the language of the claimant?

Yes No

DOCTOR'S PRIVATE OFFICE YES NO

(if yes) Adequate Inadequate

Credentials Displayed: Yes No

Remarks:

OFFICE PROTOCOL

Are claimants greeted in a friendly, professional manner? Yes No

What is the process for claimant identification? **Photo ids and DDD paperwork are checked.**

Did the physician obtain the claimant's medical history? Yes No

How much time does the physician spend face-to-face with the claimant? **45-60 minutes**

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Remarks:

CLAIMANT IDENTIFICATION

Is the C/E provider including the claimant's physical description and claim number in the C/E report as required by DI 22510.015 A.7? Yes No

Signature of Reviewer or Head of Review Team: (b) (6)

Date: **08/21/14**

Regional CE Oversight Report

The Regional Office (RO) coordinates all DDS Oversight report matters through the Centers for Disability. The RO prepares a written review of regional CE Oversight actions and provides an overview of DDS CE Oversight activities. The RO is responsible for reviewing the DDS CE Oversight reports including the DDS CE provider lists and fee schedules to ensure compliancy and identify areas that need support.

The RO will upload the Regional CE Oversight Report to the MPRO SharePoint site annually by the end of the calendar year, December 31.

Region:	Dallas
List of DDSs:	Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
Report Period (Fiscal Year):	FY 2014
Current Date:	12/30/14
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Program Expert

1. Did the RO obtain all of the DDSs' CE Oversight reports? Provide explanation.

Each DDS in the Dallas Region uploaded their CE Oversight Report and fee schedule in a timely manner.

2. Did the RO conduct any onsite visits at the DDSs? Provide explanation.

The RO conducted an onsite visit to the Oklahoma DDS on May 20, 2014. See attached. Due to budget constraints, the DPAs conducted CE oversight reviews with the other states.



Oklahoma DDS RO
Onsite Visit FY2014.d

3. Did the RO accompany the DDSs on selected CE provider oversight visits to key or problem providers? Provide explanation.

RO accompanied an Oklahoma DDS PRO on a CE provider oversight visit on May 20, 2014. See attached.



4. Did the RO conduct periodic reviews of CE purchase practices in the DDSs? Provide explanation.

Yes.

In FY 2014, the RO hosted two Regional DDS conferences focusing on CE purchase practices. In addition, the RO did a study on states with higher than average CE rates in 2013-2014 and recommendations were made to targeted DDSs.

The RO PRC was involved in the National CE Utilization Probe until September 2014.

5. Did the RO spot check the DDSs' list of CE providers against the HHS-OIG LEIE list to ensure CE providers were not federally excluded? Provide explanation.

Yes. The RO conducted spot checks with each of the DDSs list of CE providers against the HHS-OIG LEIE list and found no matches. In addition, RO made spot checks to the State licensing boards.

6. Did the RO receive any request from the DDSs for an exemption to SSA's no-pay policy for missed CE appointments? If yes, did ODD provide approval?

No

7. Did the RO immediately alert the ODD of any complaint or other situation expected to: provoke public criticism; or result in press attention. Provide explanation.

Yes. Two CE providers were not properly licensed in one state. ODD provided assistance to resolve the situation in a timely manner.

8. Did the RO identify and provide any potential conflict of interest (COI) situations to the ODD for review? Provide explanation.

No

Please attach any additional information before submitting this form.

**Dallas Regional Office Review of
Oklahoma DDS Management of the CE Process
May 20-21, 2014**

The Dallas Regional Office visited the Oklahoma DDS for a Consultative Examination (CE) oversight visit on May 20-21, 2014. (b) (6), (b) (6), Professional Relations Officers (PRO), and (b) (6), Regional Professional Relations Coordinator, participated in onsite DDS visit.

The RO accompanied the PRO to an onsite visit with a CE provider.

A. DDS Quality Assurance Activities in the CE Process

1) *Does the DDS QA unit assure that only necessary CEs are ordered when reviewing CE reports for quality? What other areas does the QA unit cover to monitor DDS purchase of medical evidence?*

Yes, during random QA review selections. For CE outliers, QA may institute a special review prior to finalizing the CE order.

2) *Describe the method used for periodic review of CE reports.*

a) *Has the DDS established a system to assure the quality of CE reports?*

**Yes. DDS medical staff reviews all CEs for completeness and consistency.
DI 39454.400**

b) *How and by whom is the review results evaluated? What review criteria are used?*

See A(2a) above.

c) *If the CE report is inadequate or incomplete, how is this information conveyed to the provider? Is the provider asked to provide the necessary information previously omitted?*

PRO contact or MC contact as appropriate. DDS requests the provider to submit omitted information.

d) *What is the DDSs policy for handling CE providers who continue to submit CE reports of unacceptable quality?*

Phone contact is made to provider initially with a follow up letter or fax. DDS places the provider on 100% review and if problem persists, PRO or other staff as appropriate makes a visit. The use of the CE provider may be discontinued if no improvement is made after a specified time.

3) *Describe the selection process for reviewing CE reports under the Independent CE Report Review System.*

DDS PRO and MC staff reviews all initial exams and provider is given feedback. Periodic reviews are made of CE providers who are known to have deficient reports at times.

B. Fee Schedules

1) *Review policy for fee schedules in [DI 39545.600](#).*

Yes.

- 2) *Obtain copies of the current CE/MER fee schedules used by the DDS.*
The Regional Office maintains the current Oklahoma DDS fee schedule on iDALNET.
- 3) *Does the DDS use a fee schedule or do they pay "usual and customary" charges for medical services?*
Medicare Par rates
- 4) *Explain the methodology used to establish the rates of payment.*
Medicare Par Rates.
- 5) *Does the DDS or State use contracts or negotiated agreements to set rates? If yes, how does the process work?*
No.
- 6) *Does the DDS use a fee schedule established by any other agency(s) in the State?*
DDS uses the DRS (parent agency) fee schedule as a reference.
- 7) *Is the fee schedule reviewed annually?*
Yes.
- 8) *What types of information is used to analyze the need for making changes in the rate of payment (e.g., vendor requests, recruitment problems, surveys, etc.)?*
Recruitment problems, vendor requests, Medicare Par rates, DRS parent agency rates.
- 9) *Does the DDS use volume vendors? If so, was any discount from the DDS fees schedule negotiated? How much? Is the quality as good as other lower volume providers?*
Yes, the DDS uses volume vendors. No discount is given. The quality is generally the same.

C. Training and Review of New CE Providers

Describe the procedures for the training, and review of new CE providers. (Obtain a copy of the training outline or other materials given to new providers).

1) Training

- a) *What type of training is provided?*
Face to face with PRO. Followed up by phone calls and additional visits as needed. In addition, the DDS uses the CE Provider Seminar "Your Information Counts."
- b) *Who conducts it?*
Initial training is with the PRO. The CE Provider Seminar includes PRO, MC and administrative staff.
- c) *What training materials are furnished?*
The PRO at the time of recruitment provides the new vendor with a:
 - **Detailed overview of the CE program supplemented with the publications [Consultative Examinations: A guide for Health Professionals](#) and [Disability Evaluation Under Social Security](#); and**

- **Statement of Agreement, statement of confidentiality, memo of understanding and other training materials.**

d) *How is the quality of training evaluated?*

The DDS periodically has an additional PRO or administrative staff to attend the training to analyze the PRO giving the training. Participants are given seminar evaluations to complete.

e) *Are CE providers encouraged to submit reports electronically?*

Yes.

2) *Review of New Providers*

a) *What type of review is done? (Describe frequency, duration, method of sampling, and how data is collected.)*

The DDS reviews the first five to eight CE reports. However, the DDS extends the review period, if necessary to obtain acceptable CE reports.

b) *Who conducts the review?*

The PRO or Medical Administrator conducts the reviews.

c) *Are the providers given feedback on results of the reviews?*

Yes.

D. CE Scheduling Procedures and Controls

1) *Are CE scheduling procedures and controls designed to attain a good distribution of examinations and to prevent over scheduling.*

Yes.

2) *Does the CE authorization process:*

a) *Establish procedures for medical or supervisory approval of CE requests as required in regulations?*

Yes. CPT codes trigger review to be performed by supervisor/Medical staff.

b) *Include a medical review of CEs that order diagnostic tests or procedures that may involve significant risk as required in regulations?*

Yes. See D2(a).

3) *How is the determination made as to which CE provider will be used?*

Type of exam, distance from claimant, date of provider availability.

What consideration is given to the quality of the prior CE reports?

Some specialty exams are limited to particular providers that have a history of providing good exams.

What measures are taken to ensure that each CE provider on the panel is given an equitable number of referrals?

CE schedulers are limited to a certain number of exams that may be scheduled with an individual provider at each contact. DDS generates a weekly report showing the number of CEs schedule per vendor.

4) *Is the treating source used as the preferred source of the CE as required in regulations?*

Yes. A database contains the treating physicians that perform CEs for their own patients.

5) *If the treating source is not used for the CE, is the reason properly documented in the claims file on the case development summary?*

Yes. This is documented on the case development summary, or in eCAT.

6) *Are medical source statements requested?*

Yes.

7) *Are copies of the background material in the claims file sent to the CE source for review prior to the CE?*

Yes. The Examiner categorizes the appropriate records in the electronic folder, or identifies material in paper folders as necessary. The CE unit sends the background material with the contract for the provider to perform the CE.

8) *Is the DDS following the guides on CE scheduling intervals? If not, what precautions, if any, are taken to prevent over scheduling?*

Yes.

9) *No Shows/Cancellations*

a) *What follow-up procedures are followed to ensure the CE appointment is kept? Does the DDS remind the claimant of the CE several days before the examination?*

DDS mails reminder letters 8 to 10 days before the exam. In addition, two to three days in advance of the CE, the clerical staff, or examiner attempts a telephone call to confirm the claimant will attend the CE.

b) *Is the DDS notified that the appointment has been kept?*

Yes. The DDS requests providers confirm whether the claimant kept the CE appointment by using an “exam status” fax page provided along with the CE invoice.

c) *What is the rate of no-shows? Of cancellations? Are either paid for? If so, describe the payment policy.*

The DDS has a no-show rate of approximately 20-30 percent. The DDS does not pay for no-show appointments.

E. Integrity of Medical Evidence

1) *Are claimant identification controls in place and being used?*

Yes. A picture ID is required.

2) *Are the number of vouchers for purchased medical evidence being checked against the actual number of pieces of purchased medical evidence in file to ensure that all evidence is in file?*

Yes.

- 3) *Is hand-delivered evidence reviewed to assess its authenticity and are the steps in DI23025.010G followed if the source is questionable?*

Yes.

F. Recruiting Activities

- 1) *Is current CE panel adequate?*

Generally, yes.

- 2) *If inadequate, where are more providers needed? Specify geographical area and specialty.*

Orthopedic and neurology.

- 3) *Describe current recruitment activities, paying attention to how often they are carried out - on a continuing basis, or periodically?*

Recruitment activities are performed on a continuous basis.

- 4) *What are the sources of referral and how are these referrals handled?*

CE panelists, Medical and DDS staff refer potential vendors to the PRO.

- 5) *Are the credential check procedures in DI 39569.300 being followed?*

Yes.

G. Claimant Complaints

- 1) *Are all complaints investigated? By whom?*

Yes. The PRO investigates all claimant CE complaints.

- 2) *Is there a written procedure or standard form used to investigate complaints?*

The PRO tailors the investigation to the specific case situation. In general, investigations involve the following actions:

- **Review the CE report;**
- **Contact the CE provider;**
- **Inform DDS management and RO of potential news media and public relation situations.**

- 3) *Does the DDS handle the following?*

- a) **Congressional inquiries**

Yes. A designated staff person.

- b) **Claimant complaints**

Yes. The PRO handles claimant complaints.

- c) **Provider complaints**

Yes. The PRO handles provider complaints.

- 4) *Is the claimant given a response to his/her complaint on a timely basis?*

Yes. The goal is to have telephone contact within 24 hours.

5) *What remedial/corrective actions are taken with the CE providers?*

The PRO takes remedial and corrective actions with CE providers as necessary. The DDS tailors the actions to the situation.

6) *Does the DDS have procedures for handling threats and/or statements regarding suicide?*

Yes.

7) *What types of situations are referred to the RO?*

The DDS refers any situation involving threats, potential public criticism, or press attention to the RO.

H. Claimant Reactions to Key Providers

1) *Describe the procedures for obtaining claimant reactions to key providers to determine the quality of service.*

DDS sends a survey letter to the claimant requesting feedback. The DDS uses claimant complaints as an indicator of quality service.

2) *What type of claimant contacts is made; e.g., letter, telephone, or other personal contacts, such as RO exit interviews of claimants?*

The DDS contacts claimants following the claimant complaint process described in subsection G.

3) *Who makes these contacts and what criteria are used to determine if a contact is warranted?*

The PRO contacts the claimants.

4) *Is there a systematic plan for contacting claimants seen by all key providers?*

No.

I. List of Key Providers

1) *When visited during last fiscal year*

See Onsite review report

2) *By Whom?*

The PRO, administrative or other designated staff visits the key providers.

J. Onsite Reviews of CE Providers

1) *Provide a description of the procedures for the systematic onsite reviews of CE providers. Do they include verification from the source that all individuals who perform support services are properly licensed?*

The PRO completes POMS instructions during CE Onsite visits and inspections. The visits include the providers' verification that all support service staff are properly licensed.

2) *At a minimum, are the top five key providers reviewed? How often?*

The DDS typically reviews the top five key providers annually.

3) *Describe method for selecting non-key providers for review. How many reviews of non-key providers have been done in the last 12 months?*

Approximately 40-50% annually.

4) *Do the physicians or psychologists, as appropriate, participate in onsite reviews?*

The Medical consultant will participate, if needed.

5) *Review copies of all reports of onsite reviews to CE providers made in the past year.*

No

K. Contracting Out for Medical Services

Describe the procedures for determining the feasibility of contracting out for medical services with both large and small volume providers, including individual and group practices.

The DDS does not contract out medical services.

L. Records Maintenance

1) *Does the DDS maintain a separate file for each CE provider?*

Yes. The DDS includes all providers in one file if provider is a clinic.

2) *Do those files contain?*

The CE provider files contain the following when applicable.

a) Provider credentials;

b) Annual payments to the provider;

c) Complaints against the provider;

d) Results of investigations or complaints against the provider;

e) Reports of onsite reviews; and

f) Claimant reaction surveys.

3) *Does the DDS complete the "CE Oversight/Management Report" and send it to the RO?*

Yes.

(b) (6)

Professional Relations Coordinator

Dallas Region

Dallas Region
Oklahoma Onsite Provider Visit
May 2014

Date: **May 20, 2014**

A. Name and address of facility/provider: **(b) (6)**

B. Other office locations: **(b) (6)**

C. Types of examinations conducted: **Mental Status Exams**

D. Provider has performed consultative examinations (CEs) for DDS for **(b) (6)**

E. Provider contact name and phone number: **(b) (6)**

F. Provider classification

Key provider or top five CE provider by dollar volume

(b) (6)

G. Reason for visit: **(b) (6)**

H. Facilities

1. Building

a. Identifiability: **Good**

b. Cleanliness: **Excellent**

c. Safe location for claimants to travel: **Yes**

d. Handicap Accessibility: **Yes**

e. Public Transportation and Parking: **Adequate**

f. Emergency Exit Signs: **Easily visible**

g. Rest Rooms: **Good**

h. Secure location for medical records and computer records: **Yes**

2. Equipment/Laboratory Tests: **NA**

a. Onsite

b. Offsite

I. Staff

1. Professionalism: **Excellent**

2. Claimants greeted timely: **NA**

3. Current Licensing:

a. Displayed: **Yes**

b. On file at DDS: **Yes**

4. Does medical source speak any language other than English? **No**
If so, which language?

J. Scheduling

1. What is maximum number of CEs scheduled per medical source per day per specialty? **10**

2. What are minimum interval times that the CE provider schedules for an exam? **45 minutes**
3. What is actual length of time for exams to be completed per visit? **45 to 60 minutes**

K. Procedures

1. Privacy and confidentiality of claimant information: **Yes**
2. How and from who is the claimant's medical/psychological history obtained? **DDS - MER/ADL in EF and claimant**
3. How much time does the medical source spend face-to-face with the claimant? **45-60 minutes**
4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? **NA**

L. Laboratories: **NA**

1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)
2. Interpreted by (if by a non-physician, state the interpreter's qualifications).
3. Turnaround timeliness, including both the results of the tests and interpretations.

M. Exit Interviews of Claimants: Not done

N. Does provider transmit CE report electronically? If so, fax, website, C:D, etc.: **Website**

(b) (6)

PRC

Dallas Region

Regional CE Oversight Report

The Regional Office (RO) coordinates all DDS Oversight report matters through the Centers for Disability. The RO prepares a written review of regional CE Oversight actions and provides an overview of DDS CE Oversight activities. The RO is responsible for reviewing the DDS CE Oversight reports including the DDS CE provider lists and fee schedules to ensure compliancy and identify areas that need support.

The RO will upload the Regional CE Oversight Report to the MPRO SharePoint site annually by the end of the calendar year, December 31.

Region:	Denver
List of DDSs:	CO, MT, ND, SD, UT, WY
Report Period (Fiscal Year):	2014
Current Date:	12/24/14
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Disability Program Expert

1. Did the RO obtain all of the DDSs' CE Oversight reports? Provide explanation.

Not yet. I've been following up with Montana's PRO and DDS administrator for their report.

2. Did the RO conduct any onsite visits at the DDSs? Provide explanation.

I conducted one onsite CE review at the Wyoming DDS. That was the only travel authorized for me in FY 14. Other staff who travelled did not do onsite CE reviews.

3. Did the RO accompany the DDSs on selected CE provider oversight visits to key or problem providers? Provide explanation.

No. Budget did not permit travel.

4. Did the RO conduct periodic reviews of CE purchase practices in the DDSs? Provide explanation.

During my visit to the Wyoming DDS, I interviewed staff (supervisor, experienced examiner, new examiner, PRO) about their actual activities for CE purchase. Several CFD staff reviewed cases with CEs from States in our region, and then we had assistance from the Denver OQR in performing a study of CE practices in our States. I am serving on the CE utilization workgroup; therefore I've reviewed cases with CEs around the country.

5. Did the RO spot check the DDSs' list of CE providers against the HHS-OIG LEIE list to ensure CE providers were not federally excluded? Provide explanation.

Yes, I go to the site to spot check CE providers. This is a real "spot check;" I just do it from time to time.

6. Did the RO receive any request from the DDSs for an exemption to SSA's no-pay policy for missed CE appointments? If yes, did ODD provide approval?

No. We have approval in some States for a records' review fee.

7. Did the RO immediately alert the ODD of any complaint or other situation expected to: provoke public criticism; or result in press attention. Provide explanation.

No such situations arose.

8. Did the RO identify and provide any potential conflict of interest (COI) situations to the ODD for review? Provide explanation.

No.

Please attach any additional information before submitting this form.

January 2, 2015 addendum: Montana DDS posted their CE oversight report on December 31. It does not change any content of this report.

Regional CE Oversight Report

The Regional Office (RO) coordinates all DDS Oversight report matters through the Centers for Disability. The RO prepares a written review of regional CE Oversight actions and provides an overview of DDS CE Oversight activities. The RO is responsible for reviewing the DDS CE Oversight reports including the DDS CE provider lists and fee schedules to ensure compliancy and identify areas that need support.

The RO will upload the Regional CE Oversight Report to the MPRO SharePoint site annually by the end of the calendar year, December 31.

Region:	Kansas City Region
List of DDSs:	Iowa, Kansas, Missouri and Nebraska
Report Period (Fiscal Year):	FY14
Current Date:	December 22, 2014
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Disability Expert and Kansas City Region PRC

1. Did the RO obtain all of the DDSs' CE Oversight reports? Provide explanation.

Each DDS in our region provided their CE oversight report and fee schedule for FY14. The FY14 reports meet the necessary POMS requirements. These reports have been uploaded to the SharePoint.

2. Did the RO conduct any onsite visits at the DDSs? Provide explanation.

Yes. Regional practice allows the Professional Relations Coordinator (PRC) to perform onsite visits at two of the four states in our region each fiscal year. FY14, we visited Kansas and Nebraska.



Kansas DDS RO Onsite Visit 2014.doc



Nebraska - RO Onsite Visit 2014.doc

3. Did the RO accompany the DDSs on selected CE provider oversight visits to key or problem providers? Provide explanation.

No. The RO keeps in close contact with the DDSs and offers guidance as needed; however, with budgeting and staffing issues accompanying the DDSs on CE oversight visits was not

permissible.

4. Did the RO conduct periodic reviews of CE purchase practices in the DDSs? Provide explanation.

Yes.

- The RO completed CE reviews on several cases at the request of ODAR for necessity, accuracy and provider policy.
- The RO is currently involved with the CE Utilization Probe. Again, the purpose is to review for need, appropriate content, policy compliant and expedience to evaluate evidence used. This is a two-fold double blind study.

5. Did the RO spot check the DDSs' list of CE providers against the HHS-OIG LEIE list to ensure CE providers were not federally excluded? Provide explanation.

Yes. The PRC has conducted spot checks for the following providers within our region. The spot checks verified that the vendors are currently licensed and are absent from the List of Excluded Individuals/Entities (LEIE).

Iowa DDS:

Carroll Roland, Ph.D.; John Kuhnlein, DO; Roger Mraz, Ph.D.; Rosanna Jones Thurmond, Ph.D.; Harlan Stientjes, Ph.D.

Kansas DDS:

James Henderson, MD; Stanley Mintz, PHD; Melvin Berg, Ph.D; Dr. Michael Schwartz; Jason Neufeld, Ph.D.

Missouri:

John A. Keough, Ph.D.; Laretta V. Walker, Ph.D.; Lynn I. Lieberman, Ph.D.; David A. Lipsitz, Ph.D.

Nebraska:

Samuel Moessner, M.D.; Rebecca Schroeder, Ph.D.; Caroline Sedlacek; Matthew Hutt; Steven Saathoff, M.D.

6. Did the RO receive any request from the DDSs for an exemption to SSA's no-pay policy for missed CE appointments? If yes, did ODD provide approval?

No, not in FY14.

7. Did the RO immediately alert the ODD of any complaint or other situation expected to: provoke public criticism; or result in press attention. Provide explanation.

During FY14, we reported the following situations to ODD.

- **Situation 1:** In October 2014, the DDS doctor reviewed a case and the medical evidence provided by a Social Worker, questioning if this was an acceptable medical source. In researching a little further they discovered that the Social Workers license had been revoked. We worked with OGC to determine if DDS was obligated or barred from reporting this to the Board of Healing Arts. *OGC indicated there is no basis for the agency to disclose the information. The health and safety exception to the Privacy Act does not apply because*

there is no imminent threat to the health/safety or any individual. Additionally, there is no other legal authority or routing use that allows the agency/DDS to disclose to the Board of Healing Arts that the social worker's license has been revoked. Office of Public Disclosure (OPD) agreed.

- **Situation 2:** In September 2014, we worked with OGC regarding the release of a medical CE based on a subpoena from the Board of Healing Arts. The CE Provider was not allowed to release the report without proper authorization. An SSA-3288 was provided wanting a copy of the report and an interview with (b) (6). OGC verified the validity of the form presented and indicated that (b) (6) could informally discuss that one specific disability evaluation from July 2013, but could not provide a sworn statement.

8. Did the RO identify and provide any potential conflict of interest (COI) situations to the ODD for review? Provide explanation.

No, we have had some potential conflict of interest issues, but they were resolved without the input of ODD.

Please attach any additional information before submitting this form.

PRO Staffing:

- During FY14 the Regional PRC changed from (b) (6) to (b) (6)
- Kansas and Nebraska DDSs selected individuals to fill the PRO staffing vacancies.

PRC Activities and Unique Issues:

- Served as the Regional Electronic Records Express (ERE) and Health Information Technology (HIT) Coordinator; and
- Met with (b) (6) to discuss DDS Development and Regional CE Processes in an effort to better educate ALJs on the DDS process, requirements for CE documentation, locating electronic PRO resources, and the responsibilities of the DDSs in CE oversight.

**Kansas City Regional Office Review of
Kansas DDS Management of the CE Process
September 18, 2014**

The Kansas City Regional Office visited the Kansas DDS for a Consultative Examination (CE) oversight visit on September 18, 2014. (b) (6), Professional Relations Officer (PRO), and (b) (6), Regional Professional Relations Coordinator, participated in onsite DDS visit.

The RO did not accompany the PRO to an onsite visit with a CE provider.

A. DDS Quality Assurance Activities in the CE Process

- 1) *Does the DDS QA unit assure that only necessary CEs are ordered when reviewing CE reports for quality? What other areas does the QA unit cover to monitor DDS purchase of medical evidence?*

The QA unit and Managers perform end of line case reviews for new disability examiners. They also perform in line reviews on staff as necessary with the exception of 100% reviews for new disability examiners.

The experienced examiners use a “CE credit card” process, which sets limits on their CE spending. If an examiner over uses their CE credit card, QA starts a review of their CE purchases.

- 2) *Describe the method used for periodic review of CE reports.*
- a) *Has the DDS established a system to assure the quality of CE reports?*
Yes. The PRO and the Medical Administrator (MA) review the first reports submitted by new CE providers. Examiners, QA, and medical consultants (MC) notify the PRO of any CE issues as they arise throughout the disability process.
- b) *How and by whom is the review results evaluated? What review criteria are used?*
See A(2a) above.
- c) *If the CE report is inadequate or incomplete, how is this information conveyed to the provider? Is the provider asked to provide the necessary information previously omitted?*
If the provider has the information in their notes, the DDS asks the CE provider to submit the evidence or send in a statement covering the issue. If the provider does not have the information on hand, the DDS expects the provider to see the claimant again at no charge to obtain the information they missing from the CE report.
- d) *What is the DDSs policy for handling CE providers who continue to submit CE reports of unacceptable quality?*
The PRO and MA monitor CE reports. If quality of the reports remain unacceptable, the PRO contacts the CE providers either verbally, or with written feedback. The PRO and MA also give the provider additional training on preparing acceptable CE reports. The PRO continues to follow-up with the provider to ensure feedback has been implemented.

The DDS resumes 100 percent quality review of the providers CE reports. If the provider continues providing unacceptable CE reports, the DDS removes the CE provider from the panel.

- 3) *Describe the selection process for reviewing CE reports under the Independent CE Report Review System.*

See A(2) above for the current process. They continue to develop their review plan; they have ongoing reviews on 5% of the reports.

B. Fee Schedules

- 1) *Review policy for fee schedules in [DI 39545.600](#).*

The Kansas DDS follows the policy to establish its fee schedule.

- 2) *Obtain copies of the current CE/MER fee schedules used by the DDS.*

The Regional Office maintains the current Kansas DDS fee schedule on [KCNet](#).

- 3) *Does the DDS use a fee schedule or do they pay "usual and customary" charges for medical services?*

The DDS uses a fee schedule.

- 4) *Explain the methodology used to establish the rates of payment.*

The DDS uses a fee schedule based on Medicaid rates.

- 5) *Does the DDS or State use contracts or negotiated agreements to set rates? If yes, how does the process work?*

Yes. The Kansas DDS issues a fee for service agreement to the CE provider for each CE. The specified fees follow Medicaid fee schedule.

- 6) *Does the DDS use a fee schedule established by any other agency(s) in the State?*

No.

- 7) *Is the fee schedule reviewed annually?*

Yes. In addition, the DDS provides fee updates that occur during the year to the RO on a flow basis.

- 8) *What types of information is used to analyze the need for making changes in the rate of payment (e.g., vendor requests, recruitment problems, surveys, etc.)?*

The DDS uses the annual updates to Medicaid fees to determine the need for changing its fee schedule.

- 9) *Does the DDS use volume vendors? If so, was any discount from the DDS fees schedule negotiated? How much? Is the quality as good as other lower volume providers?*

Yes, the DDS uses volume vendors. The DDS does not negotiate fees lower than the fee schedule as the fees are already at the lowest level.

Negotiating rates different from the fee schedule would involve opening the CE process to the state government contract bidding process. The process would require the DDS to select the low bid regardless of DDS need.

C. Training and Review of New CE Providers

Describe the procedures for the training, and review of new CE providers. (Obtain a copy of the training outline or other materials given to new providers).

1) Training

a) *What type of training is provided?*

The PRO provides the training using training packages and feedback from reviewing the first 10 CE reports submitted by new providers.

Limited DDS travel funds prevents providing onsite training.

b) *Who conducts it?*

The PRO conducts the training for new physical CE providers. (b) (6), Medical Administrator for the DDS, conducts the training for mental CEs.

c) *What training materials are furnished?*

The PRO at the time of recruitment provides the new vendor with a:

- **Detailed overview of the CE program supplemented with the publications [Consultative Examinations: A guide for Health Professionals](#) and [Disability Evaluation Under Social Security](#);**
- **An explanation of fees;**
- **A PowerPoint presentation;**
- **W-9;**
- **Statement of Agreement; and**
- **Training packet that includes redacted samples of acceptable:**
 - *CE reports; and*
 - **Medical source statements (including ODAR forms HA-1151 and HA-1152, CE reports.**

d) *How is the quality of training evaluated?*

The DDS uses the quality of the CE reports received from new providers to measure the training quality.

e) *Are CE providers encouraged to submit reports electronically?*

Yes. Currently, about 25% of the providers are using ERE, and of those providers, the invoices are also paid through ERE.

2) Review of New Providers

a) *What type of review is done? (Describe frequency, duration, method of sampling, and how data is collected.)*

The DDS reviews the first 10 examinations. However, the DDS extends the review period, if necessary to obtain acceptable CE reports.

b) *Who conducts the review?*

The PRO or Medical Administrator conducts the reviews.

c) *Are the providers given feedback on results of the reviews?*

Yes.

D. CE Scheduling Procedures and Controls

1) *Are CE scheduling procedures and controls designed to attain a good distribution of examinations and to prevent over scheduling.*

Kansas uses a shared spreadsheet to attain a good distribution of examinations and to prevent over scheduling. (ERE providers are also included on the spreadsheet.)

2) *Does the CE authorization process:*

a) *Establish procedures for medical or supervisory approval of CE requests as required in regulations?*

Yes. When required by regulations, the DDS supervisor approves the CE request.

b) *Include a medical review of CEs that order diagnostic tests or procedures that may involve significant risk as required in regulations?*

Yes.

3) *How is the determination made as to which CE provider will be used? What consideration is given to the quality of the prior CE reports? What measures are taken to ensure that each CE provider on the panel is given an equitable number of referrals?*

The examiners request CEs choosing the exam type, area, and availability. The CE unit schedules the CEs. The CE unit monitors requests to help prevent overscheduling and ensure equitable distribution.

The Kansas DDS does utilize video conferencing for psychiatric and psychological CEs, which is especially beneficial for areas with limited resources.

The DDS considers the quality of prior CE reports to determine an acceptable volume of CEs for a provider. For example, the DDS lowers the volume of CEs for the provider in the shared CE scheduling program until quality improves.

4) *Is the treating source used as the preferred source of the CE as required in regulations?*

Yes. However, the majority of medical professionals refuse to perform CEs for their patients because of the potential effect on the doctor-patient relationship, as well as low fee schedules.

5) *If the treating source is not used for the CE, is the reason properly documented in the claims file on the case development summary?*

Yes. This is documented on the case development summary, or in eCAT on the DDE.

- 6) *Are medical source statements requested?*
Yes.
- 7) *Are copies of the background material in the claims file sent to the CE source for review prior to the CE?*
Yes. The Examiner categorizes the appropriate records in the electronic folder, or identifies material in paper folders as necessary. The CE unit sends the background material with the contract for the provider to perform the CE.
- 8) *Is the DDS following the guides on CE scheduling intervals? If not, what precautions, if any, are taken to prevent over scheduling?*
Yes.
- 9) *No Shows/Cancellations*
- a) *What follow-up procedures are followed to ensure the CE appointment is kept? Does the DDS remind the claimant of the CE several days before the examination?*
Reminder letters are mailed 10 days before the exam. In addition, one week in advance of the CE, the clerical staff, or examiner attempts a telephone call to confirm the claimant will attend the CE.
- b) *Is the DDS notified that the appointment has been kept?*
Yes. The DDS requests providers confirm whether the claimant kept the CE appointment.
- c) *What is the rate of no-shows? Of cancellations? Are either paid for? If so, describe the payment policy.*
The DDS has a no-show rate of approximately 10 percent and cancellation rate of about 12 percent. The DDS does not pay for no-show appointments.

E. Integrity of Medical Evidence

- 1) *Are claimant identification controls in place and being used?*
Yes.
- 2) *Are the number of vouchers for purchased medical evidence being checked against the actual number of pieces of purchased medical evidence in file to ensure that all evidence is in file?*
Yes.
- 3) *Is hand-delivered evidence reviewed to assess its authenticity and are the steps in DI23025.010G followed if the source is questionable?*
Yes. The DDS re-requests unsecured and hand-delivered evidence to ensure its integrity. If hand-delivered MER arrives that would allow the claim, the DDS processes the allowance and reviews the purchased MER later to ensure they issued a correct determination.

F. Recruiting Activities

1) *Is current CE panel adequate?*

No.

2) *If inadequate, where are more providers needed? Specify geographical area and specialty.*

The Kansas DDS needs providers for all specialties in the rural, southeastern Kansas. In addition, the Wichita, KS area needs a provider for psychological evaluations for children. The true shortage is for physical doctors in western Kansas and overall pediatric providers.

3) *Describe current recruitment activities, paying attention to how often they are carried out - on a continuing basis, or periodically?*

The PRO periodically issues mailers to potential providers to obtain their interest in participating in the CE program. The Medical Administrator assists with recruitment and has performed extensive emailing, including mass emails to behavioral psychologists.

Staffing shortages and limits on travel significantly hinder CE provider recruitment.

4) *What are the sources of referral and how are these referrals handled?*

CE panelists refer potential vendors to the Kansas DDS. The PRO contacts the referral to explain the program and determine the interest in providing CEs.

They are also emailing the CE interest page on the MER requests.

5) *Are the credential check procedures in DI 39569.300 being followed?*

Yes.

G. Claimant Complaints

1) *Are all complaints investigated? By whom?*

Yes. The PRO investigates all claimant CE complaints.

2) *Is there a written procedure or standard form used to investigate complaints?*

The PRO tailors the investigation to the specific case situation. In general, investigations involve the following actions:

- **Review the CE report;**
- **Contact the CE provider;**
- **Inform DDS management and RO of potential news media and public relation situations; and**
- **Inform the claimant of the investigation results in writing.**

3) *Does the DDS handle the following?*

a) **Congressional inquiries**

Yes. The Director of Operations handles Congressional inquiries.

b) **Claimant complaints**

Yes. The PRO handles claimant complaints.

c) **Provider complaints**

Yes. The PRO handles provider complaints.

- 4) *Is the claimant given a response to his/her complaint on a timely basis?*
Yes. The goal is to have telephone contact within 1-2 days and anything in writing within 1 week.
- 5) *What remedial/corrective actions are taken with the CE providers?*
The PRO or MA takes remedial and corrective actions with CE providers as necessary. The DDS tailors the actions to the situation.
- 6) *Does the DDS have procedures for handling threats and/or statements regarding suicide?*
Yes. The DDS uses the Automated Incident Report System.
- 7) *What types of situations are referred to the RO?*
The DDS refers any situation involving threats, potential public criticism, or press attention to the RO.

H. Claimant Reactions to Key Providers

- 1) *Describe the procedures for obtaining claimant reactions to key providers to determine the quality of service.*
The Kansas DDS continues to develop the process, but currently they send a survey to the claimant requesting feedback.

The DDS uses claimant complaints as an indicator of quality service.

- 2) *What type of claimant contacts is made; e.g., letter, telephone, or other personal contacts, such as RO exit interviews of claimants?*
The DDS contacts claimants following the claimant complaint process described in subsection G.
- 3) *Who makes these contacts and what criteria are used to determine if a contact is warranted?*
The PRO contacts the claimants.
- 4) *Is there a systematic plan for contacting claimants seen by all key providers?*
No.

I. List of Key Providers

- 1) *When visited during last fiscal year*
Limited visits were conducted in FY 2014 due to the loss of the PRO, transitioning of a new PRO, as well as budget constraints.

The current PRO visited:

- **Central Medical Consultants (James Henderson)**

They key providers for FY 2014:

- **Central Medical Consultants (James Henderson)**
- **Melvin Berg, PhD**
- **Michael Schwartz, PhD**
- **Stanley Mintz, PhD**

The previous PRO visited its top five key providers in August of 2013, listed as follows:

- **Central Medical Consultants (James Henderson)**
- **Stanley Mintz, Psychologist**
- **Dr. Michael Schwartz**
- **Jason Neufeld, Psychologist**
- **Gary Hackney, Psychologist**

2) *By Whom?*

The PRO visits the key providers.

J. Onsite Reviews of CE Providers

1) *Provide a description of the procedures for the systematic onsite reviews of CE providers. Do they include verification from the source that all individuals who perform support services are properly licensed?*

The PRO completes POMS instructions during CE Onsite visits and inspections. The visits include the providers' verification that all support service staff are properly licensed.

2) *At a minimum, are the top five key providers reviewed? How often?*

The DDS typically reviews the top five key providers annually; however, with the transition to a new PRO the DDS may not be able to achieve this goal. In addition, travel restrictions prevent additional onsite visits.

3) *Describe method for selecting non-key providers for review. How many reviews of non-key providers have been done in the last 12 months?*

The DDS selects non-key providers based on factors such as relocations, training needs, claimant feedback and the availability of travel funds. The PRO did not conduct onsite visits with non-key providers during the last 12 months due to the lack of travel funds.

Potential CE Provider:

- **New CE provider in Topeka – the location and building did not meet standards, so the visit was cancelled pending repairs.**

4) *Do the physicians or psychologists, as appropriate, participate in onsite reviews?*

Generally, MCs do not participate in CE onsite visits. The MA will participate, if needed.

5) *Review copies of all reports of onsite reviews to CE providers made in the past year.*

The RO reviewed copies of all onsite review reports during on-site visit.

K. Contracting Out for Medical Services

Describe the procedures for determining the feasibility of contracting out for medical services with both large and small volume providers, including individual and group practices.

The DDS does not pursue the feasibility of contracting out medical services. Contracting out the services would subject the CE program to the state's contract bidding rules, which would

require the DDS to grant the contract to the lower bidder. Such a contract would not consider the DDS needs.

L. Records Maintenance

1) *Does the DDS maintain a separate file for each CE provider?*
Yes. The DDS maintain most CE provider files electronically.

2) *Do those files contain?*

The CE provider files contain the following when applicable.

- a) **Provider credentials;**
- b) **Annual payments to the provider;**
- c) **Complaints against the provider;**
- d) **Results of investigations or complaints against the provider;**
- e) **Reports of onsite reviews; and**
- f) **Claimant reaction surveys.**

3) *Does the DDS complete the "CE Oversight/Management Report" and send it to the RO?*
Yes.

(b) (6)

Professional Relations Coordinator
Kansas City Region

RO Review of Nebraska DDS Management of the CE Process 06/18/2014

A. DDS Quality Assurance Activities in the CE Process

1. Does the DDS QA unit assured that only necessary CEs are ordered when reviewing CE reports for quality? What other areas does the QA unit cover to monitor DDS purchase of medical evidence?
Supervisors are required to approve CEs for new examiners, examiners on special reviews or unusual examinations. The NE DDS has a very experienced examiner staff with infrequent turnover, so most examiners order and approve CEs without supervisory approval. If the PRO feels certain tests are being inappropriately ordered or an examiner needs review, the system allows the PRO to automatically review by examiner, test, or provider as needed.
2. Describe the method used for periodic review of CE reports.
The examiners, supervisors and medical consultants are expected to constantly review the quality of the examinations and provide feedback to the PRO if there is a problem.
 - a. Has the DDS established a system to assure the quality of CE reports?
The medical consultants assist the PRO and call vendors when quality problems are noted and when the PRO feels a doctor to doctor contact is necessary. For routine quality issues, the PRO contacts the CE vendor herself.
 - b. How and by whom is the review results evaluated? What review criteria are used? **See A(2a) above**
 - c. If the CE report is inadequate or incomplete, how is this information conveyed to the provider? Is the provider asked to provide the necessary information previously omitted? **If the provider has the information in their notes, they are asked to submit the evidence or send in a statement covering the issue. If they do not have the information on hand, they are expected to see the claimant again for free to obtain the information they forgot to include in the report.**
 - d. What is the DDSs policy for handling CE providers who continue to submit CE reports of unacceptable quality?
They are removed from the panel if necessary.
3. Describe the selection process for reviewing CE reports under the Independent CE Report Review System.
See A(2) above. In addition, vendors with history of problems are periodically reviewed by the PRO to ensure quality remains high.

B. Fee Schedules

1. The Nebraska DDS follows the fee schedule policy in DI39545.600.
2. Obtain copies of the current CE/MER fee schedules used by the DDS.
Obtained.
3. Does the DDS use a fee schedule or do they pay "usual and customary" charges for medical services?
Fee Schedule, but will pay usual and customary if it is less than the fee schedule and the provider bills that amount.
4. Explain the methodology used to establish the rates of payment.
The Nebraska DDS fee schedule is based upon Medicare/Medicaid and Worker's Comp. rates. The schedule was last updated in 2007. Nebraska pays four vendors in western/northwest Nebraska above the fee schedule rate (approved by ODD). These sources serve an area that had no CE vendors until ODD approved the higher rates which added \$20 per exam.
5. Does the DDS or State use contracts or negotiated agreements to set rates? **No. Use of the word "contract" causes significant problems for the DDS with their fiscal personnel.**
6. Does the DDS use a fee schedule established by any other agency(s) in the State?
Medicare/Medicaid/Worker's Comp.
7. Is the fee schedule reviewed annually? **No – reviewed approximately every 2 years. See B(4) above.**

8. Does the DDS use volume vendors? **Yes**. Are any discounts offered to volume vendors? **No**. **Negotiating rates would involve state bids which would open bidding to any vendors and require acceptance of low bid regardless of DDS need.**

C. Training and Review of New CE Providers

Describe the procedures for the training, and review of new CE providers. (Obtain a copy of the training outline or other materials given to new providers).

The PRO at the time of recruitment provides the new vendor with a training packet. The physician, nurse or the office manager is given a detailed overview of the program. If local, the PRO does the training onsite, and the training lasts 1 to 2 hours. If the source is not local, the phone is used to answer vendor questions based upon the provided paper training materials.

1. What type of training is provided? **See C(1).**

2. Who conducts it? **PRO**

3. What training materials are furnished? **See C(1).**

4. How is the quality of training evaluated?

By the quality of the reports received from a new vendor. Additional training/guidance is given when the PRO reviews the new reports..

5. Are CE providers encouraged to submit reports electronically? **Yes**

Review of New Providers

1. What type of review is done? (Describe frequency, duration, method of sampling, and how data is collected.)

The standard review is 5 examinations, but this is extended if necessary. The PRO provides the feedback to the new sources.

2. Who conducts the review?

The PRO.

3. Are the providers given feedback on results of the reviews? **Yes**

D. CE Scheduling Procedures and Controls

1. Are CE scheduling procedures and controls designed to attain a good distribution of examinations and to prevent over scheduling. **Nebraska has a small population which helps prevent over-scheduling. Most vendors perform 2 or 3 exams per week. The scheduling unit ensures that proper time is scheduled to allow for the examinations. The Cornhusker system provides an automated report showing all scheduled exams by CE source over a given period of time. The PRO uses the report to ensure schedule times are appropriate.**

2. Does the CE authorization process:

a. Establish procedures for medical or supervisory approval of CE requests as required in regulations?

Yes. If approval is necessary, the supervisor approves CEs.

b. Include a medical review of CEs that order diagnostic tests or procedures that may involve significant risk as required in regulations? **Yes**

3. How is the determination made as to which CE provider will be used? What consideration is given to the quality of the prior CE reports? What measures are taken to ensure that each CE provider on the panel is given an equitable number of referrals?

The examiners choose the vendor to be used, but the schedulers monitor the process to see that exams can be scheduled sooner in other locations. The sources are happy with the current distribution of exams and have raised no complaints of inequity.

4. Is the treating source used as the preferred source of the CE as required in regulations? **Yes – the DDS case processing system forces the examiner to first check whether the treating source will perform the examination before scheduling an exam with a CE vendor.**

5. If the treating source is not used for the CE, is the reason properly documented in the claims file on the case development summary? **Yes – by the system.**

6. Are medical source statements requested? **Yes**

7. Are copies of the background material in the claims file sent to the CE source for review prior to the CE? **Yes – the scheduling staff feels the electronic folder makes this process much easier.**

8. Is the DDS following the guides on CE scheduling intervals? If not, what precautions, if any, are taken to prevent over scheduling? **Yes.**

9. No Shows/Cancellations

a. What follow-up procedures are followed to ensure the CE appointment is kept? Does the DDS remind the claimant of the CE several days before the examination?

The CE unit provides appointment reminder calls which the DDS attributes to reducing no-show rates from about 20 to 14 percent. The CE vendors report no-shows via fax at the end of each day. In addition, the CE unit attempts to fill cancelled appointments with new exams, as appropriate.

b. Is the DDS notified that the appointment has been kept? **Yes, see D.9.a above.**

c. What is the rate of no-shows? Of cancellations? Are either paid for? If so, describe the payment policy.

The DDS has a no-show rate of approximately 14 percent. The DDS does not track the cancellation rate because they try to fill the slots with new exams as appropriate. If the vendor requests payment, the DDS pays for missed examinations (\$35 for physical exams and \$75 for mental exams). Only half of the vendors ask for reimbursement for missed exams. ODD approved this no-show policy.

E. Integrity of Medical Evidence

1. Are claimant identification controls in place and being used? **Yes**

2. Are the number of vouchers for purchased medical evidence being checked against the actual number of pieces of purchased medical evidence in file to ensure that all evidence is in file? **Yes**

3. Is hand-delivered evidence reviewed to assess its authenticity and are the steps in DI23025.010G followed if the source is questionable? **The DDS always requests hand delivered evidence directly from the source because they have found a significant amount of hand delivered evidence is missing pages.**

F. Recruiting Activities

1. Is current CE panel adequate? **Yes.**

2. If inadequate, where are more providers needed? Specify geographical area and specialty. **Even though the panel is sufficient, the DDS plans CE provider recruiting in the rural middle of the state. The ability to use optometrists for vision examinations will assist in provider recruitment.**

3. Describe current recruitment activities, paying attention to how often they are carried out - on a continuing basis, or periodically? **The DDS has a period during FY 2014 without a PRO, which stopped recruitment activity. The DDS will resume its recruitment activities in FY 2015 once the new PRO is selected.**

4. What are the sources of referral and how are these referrals handled? **See (3) above**

5. Are the credential check procedures in DI 39569.300 being followed? **Yes**

G. Claimant Complaints

1. Are all complaints investigated? **Yes** By whom? **The PRO**

2. Is there a written procedure or standard form used to investigate complaints?

Individual letters since each situation is unique.

3. Does the DDS handle the following?

a. Congressional inquiries – **Yes, handled by Unit Supervisors.**

b. Claimant complaints – **Yes, handled by the PRO.**

c. Provider complaints - **Yes, handled by the PRO.**

4. Is the claimant given a response to his/her complaint on a timely basis? - **Yes**

5. What remedial/corrective actions are taken with the CE providers? **The problem is addressed as necessary – each situation differs.**

6. Does the DDS have procedures for handling threats and/or statements regarding suicide? – **Yes – the DDS uses the Automated Incident Report System.**

7. What types of situations are referred to the RO? **Anything weird or unique and all threats.**

H. Claimant Reactions to Key Providers

1. Describe the procedures for obtaining claimant reactions to key providers to determine if problems exist.

The DDS sends out questionnaires to all claimants who attend an examination during a chosen week (this is done twice per year). The response rate was about 50% this year. PRO provides feedback, including positive and negative, to the vendor. However, the DDS had a period without a PRO, which prevented mailing the questionnaires on the regular schedule in FY 2014.

2. What type of claimant contacts is made; e.g., letter, telephone, or other personal contacts, such as RO exit interviews of claimants? **Questionnaires.**

3. Who makes these contacts and what criteria are used to determine if a contact is warranted? **Contacts with vendors are made (both positive and negative) based upon the questionnaires.**

4. Is there a systematic plan for contacting claimants seen by all key providers? **All providers who saw a claimant during that week are covered. All key vendors would be included in this process.**

I. List of Key Providers

1. When visited during last fiscal year

The DDS will likely be unable to complete on-site visits with all key providers in FY 2014, because of the period without a PRO>

2. By Whom?

The PRO conducts the onsite visits for the DDS.

J. Onsite Reviews of CE Providers

1. Provide a description of the procedures for the systematic onsite reviews of CE providers. Do they include verification from the source that all individuals who perform support services are properly licensed?

POMS procedures completed during yearly CE Oversight review and inspection

2. At a minimum, are the top five key providers reviewed? **Yes** How often? **Normally on a yearly basis, but the period without a PRO in FY 2014 makes a visit to all key providers this year unlikely.**

3. Describe method for selecting non-key providers for review. How many reviews of non-key providers have been done in the last 12 months? **Review is done based upon need or when the PRO or ERE specialist is in the area visiting other sources/vendors. 10-15 non –key providers are visited on an average year, but most of these visits are quick visits with the doctor or their office manager and now a full review.**

4. Do the physicians or psychologists, as appropriate, participate in onsite reviews? **They would participate if necessary, but they usually do so by phone and not in person.**

5. Review copies of all reports of onsite reviews to CE providers made in the past year. **Completed during on-site visit.**

K. Contracting Out for Medical Services

1. Describe the procedures for determining the feasibility of contracting out for medical services with both large and small volume providers, including individual and group practices. **Not done due to state legal issues.**

a. Has the DDS targeted geographic areas within the State with high concentrations of claimants and specialists? Has the DDS negotiated a volume discount? **N/A.**

b. Was a survey done in these areas to determine what kinds of CEs are needed, and what types of specialists are available to meet those needs? **N/A.**

c. Has the State contacted these specialists to obtain a preliminary indication of provider willingness to bid at a discounted price in exchange for some or most of the expected CE needs in targeted areas? **N/A.**

d. What action was taken as a result of this study? **N/A.**

L. Records Maintenance

1. Does the DDS maintain a separate file for each CE provider? **Yes – many items kept electronically.**

2. Files contain: **Credentials, complaints, complaint results, statistical data, questionnaire results and Onsite reviews**

3. Does the DDS complete the "CE Oversight/Management Report" and send it to the RO? **Yes**

M. Onsite Review of CE Provider

During the time of visit, the DDS did not have a PRO. I did not attend an onsite review of a CE provider.

(b) (6)

Disability Program Administrator - Nebraska

Regional CE Oversight Report

The Regional Office (RO) coordinates all DDS Oversight report matters through the Centers for Disability. The RO prepares a written review of regional CE Oversight actions and provides an overview of DDS CE Oversight activities. The RO is responsible for reviewing the DDS CE Oversight reports including the DDS CE provider lists and fee schedules to ensure compliancy and identify areas that need support.

The RO will upload the Regional CE Oversight Report to the MPRO SharePoint site annually by the end of the calendar year, December 31.

Region:	Philadelphia
List of DDSs:	
Report Period (Fiscal Year):	2014
Current Date:	12/19/2014
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Coordinator

1. Did the RO obtain all of the DDSs' CE Oversight reports? Provide explanation.

Yes, via the SharePoint

2. Did the RO conduct any onsite visits at the DDSs? Provide explanation.

Yes. The DPAs visited each site in the region throughout the year and discuss CE oversight during those visits. The PRC personally visited Maryland, West Virginia, Pennsylvania, and Delaware during FY14

3. Did the RO accompany the DDSs on selected CE provider oversight visits to key or problem providers? Provide explanation.

No

4. Did the RO conduct periodic reviews of CE purchase practices in the DDSs? Provide explanation.

Yes. During the course of the year, several staff in the Center review cases for various purposes – quality oversight, policy questions received from the DDSs, random reviews of RMCs, Congressional Inquiries received from the RO, and other reasons. During these reviews, we always review with an

eye as to the appropriateness and necessity of CE purchases in those claims. Additionally, the PRC and one other staff member are participating in the ODP “CE Utilization Workgroup” that is reviewing CE practices nationwide – paying special attention to any cases reviewed from our own region.

5. Did the RO spot check the DDSs’ list of CE providers against the HHS-OIG LEIE list to ensure CE providers were not federally excluded? Provide explanation.

Yes. Whenever any Center DDS support staff *or the DPAs* review claims for any reason and there is a CE purchased in the file, as part of our review, we do an online check of the provider’s credentials.

6. Did the RO receive any request from the DDSs for an exemption to SSA’s no-pay policy for missed CE appointments? If yes, did ODD provide approval?

No. All of our states have standing exemptions granted years ago.

7. Did the RO immediately alert the ODD of any complaint or other situation expected to: provoke public criticism; or result in press attention. Provide explanation.

None arose this year.

8. Did the RO identify and provide any potential conflict of interest (COI) situations to the ODD for review? Provide explanation.

No.

Please attach any additional information before submitting this form.

Regional CE Oversight Report

The Regional Office (RO) coordinates all DDS Oversight report matters through the Centers for Disability. The RO prepares a written review of regional CE Oversight actions and provides an overview of DDS CE Oversight activities. The RO is responsible for reviewing the DDS CE Oversight reports including the DDS CE provider lists and fee schedules to ensure compliancy and identify areas that need support.

The RO will upload the Regional CE Oversight Report to the MPRO SharePoint site annually by the end of the calendar year, December 31.

Region:	San Francisco
List of DDSs:	Arizona, California, Hawaii, Nevada
Report Period (Fiscal Year):	FY 2015
Current Date:	12/22/2014
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Coordinator

1. Did the RO obtain all of the DDSs' CE Oversight reports? Provide explanation.

Yes. All reports have been uploaded to the MPRO SharePoint.

2. Did the RO conduct any onsite visits at the DDSs? Provide explanation.

Yes. Attached are the reports for the four visits we completed this year.



2014 CE Oversight
Stockton Report.docx



2014 CE Oversight
Sacramento Report.docx



2014 CE Oversight
Roseville Report.docx



2014 CE Oversight
Nevada Report.docx

3. Did the RO accompany the DDSs on selected CE provider oversight visits to key or problem providers? Provide explanation.

As a part of the onsite visit to the DDS we accompanied the DDS on selected CE provider oversight visits. Below is the list of CE providers we visited with the DDSs:

- (b) (6) (CA DDS Stockton Branch)
- QTC Medical Group (CA DDS Sacramento Branch)

- MSLA (CA DDS Roseville Branch)
- (b) (6) at the RBM Clinic (Nevada DDS)

4. Did the RO conduct periodic reviews of CE purchase practices in the DDSs? Provide explanation.

As a part of our review of CE purchase practices in FY 2014 SF Center for Disability conducted a study of 60 claims from Arizona, California, Hawaii and Nevada where CEs had been ordered. In conjunction with this review, we issued reminders on CE purchasing as a means to reduce the CE rate.

SF Region is also participating in the national CE Utilization workgroup that was established to examine whether the DDSs are in compliance with medical policy when purchasing CEs.

5. Did the RO spot check the DDSs' list of CE providers against the HHS-OIG LEIE list to ensure CE providers were not federally excluded? Provide explanation.

The PRC completed spot checks of CE providers for SF Region DDSs to ensure they were properly licensed. No issues were found.

The PRC completed spot checks of vendor files for CE providers to ensure the DDSs checked the HHS-OIG LEIE sanctions list for all providers during the fiscal year. During the review of files, it was found that the DDSs did not always document the file verifying the HHS-OIG LEIE check was completed. However, when checks were completed, no sanctions were found for any CE providers and DDSs were reminded to complete reviews annually and document the vendor file.

6. Did the RO receive any request from the DDSs for an exemption to SSA's no-pay policy for missed CE appointments? If yes, did ODD provide approval?

SF Region did not receive any request from the DDSs for an exemption to SSA's no-pay policy for missed CE appointments.

7. Did the RO immediately alert the ODD of any complaint or other situation expected to: provoke public criticism; or result in press attention. Provide explanation.

SF Region did not have any complaints or other situations expected to: provoke public criticism; or result in press attention.

8. Did the RO identify and provide any potential conflict of interest (COI) situations to the ODD for review? Provide explanation.

Below is the potential conflict of interest (COI) situations that the SF Region submitted to ODD for review in FY 2014 involving a CE provider in Arizona that was also working with an attorney to prepare cases for the ALJ level.



RE CE Provider
Working for Attorney

Please attach any additional information before submitting this form.

CE OVERSIGHT CA DDS Stockton Branch

Agenda

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) Stockton Branch on February 11-12, 2014. The CE oversight visit consisted of reviews of CE provider (CEP) files, interviews with various DDS staff, and a CE provider onsite visit with the Professional Relations Specialist (PRS). Topics discussed during the visit covered all items in [PM 00233.900 Exhibit 1](#) - Regional Office (RO) Guide for Evaluating Disability Determination Service (DDS) Management of the Consultative Examination (CE) Process.

Staff Participation

In addition to the PRS, (b) (6), I interviewed the Operations Support Bureau Chief (OSBC), one Team Manager (TM), two Disability Evaluation Analysts (DEAs), one Disability Hearing Officer (DHO), one Auditor, and two Program Technicians (PT).

The close out was held with (b) (6) (Branch Chief) and (b) (6) (Case Adjudication Bureau Chief).

The Stockton PRS has jurisdiction of the CE panel vendors in Antioch, Atwater, Brentwood, Concord, Davis, Elk Grove, Fairfield, French Camp, Lodi, Manteca, Napa, Petaluma, Pittsburg, Santa Rosa, Stockton, Tracy, Vacaville, Vallejo, and Woodland.

CE Oversight Review

A. DDS Quality Assurance (QA) Activities in the CE Process

Summary Findings:

This area was reviewed and no issues were noted. The Stockton Branch incorporates sufficient and appropriate quality assurance activities in their CE process.

B. Fee Schedules

Summary Findings:

The California fee schedule is based on Medi-Cal rates and is reviewed by the CA DDS Central Support Services Branch (CSSB) on an ongoing basis. Fee schedule changes or exemptions are considered based on the inability to hire certain specialists, or difficulty finding CEPs to do testing for existing fees. Each PRS in California reports their fee related issues to their PRS contact in the CSSB.

C. Training and Review of New CE Providers

Summary Findings:

This area was reviewed and no issues were noted.

The PRS is responsible for training new CEPs with assistance from the MCs as needed. Volume vendors provide their own internal training for new CEPs. For individual or small providers, the PRS sends training material to new CEPs and provides feedback to the CEP on the first five reports. The training material includes CE guidelines, sample CE reports, a link to Green Book, and other pertinent material/forms for the specific CEP.

The quality review of conditionally approved CEPs is handled by the PRS with MC assistance. When bringing on a new CEP, the PRS reviews the first five reports with the assistance of the appropriate MCs. Feedback and comments are shared with the CEP. If the first five reports are satisfactory, the PRS informs the Branch staff and CEP that the CEP is an approved provider and that it is ok to schedule CEs with that CEP. If improvement is needed in report quality, the PRS offers one-on-one training with an MC. The PRS and MC continue to work with the CEP until the quality improves and all issues are satisfactorily resolved or the decision is made to not add the vendor to the panel.

D. CE Scheduling Procedures and Controls (See [DI39545.250](#))

Summary Findings:

This area was reviewed and no issues were noted. The Stockton Branch has sufficient CE scheduling procedures and controls to effectively manage the Stockton Branch CEP pool. The Stockton Branch follows the policies and procedures for CE reviews, approval and ordering.

E. Integrity of Medical Evidence

Summary Findings:

This area was reviewed and no issues were noted. The Stockton Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Stockton Branch asks providers to check the claimant's ID which is noted in the CE report and if an ID is not available the provider includes a description of the claimant. Vouchers for purchased medical evidence are checked against the actual number of pieces of purchased medical evidence in file to ensure that all evidence is in file.

F. Recruiting Activities

Summary Findings:

This area was reviewed and one issue was noted. The PRS has the responsibility in the Branch for CEP recruitment. Staff and the OSBC state that their current CE panel is

CE Oversight Visit

mostly adequate with the primary need for specific specialties such as cardiology, rheumatology and psychiatry.

Recommendation:

- Continue recruiting activities for cardiology, rheumatology and psychiatry.

G. Claimant Complaints

Summary Findings:

This area was reviewed and no issues were noted. The Stockton Branch follows appropriate procedures for handling complaints.

H. Claimant Reactions to Key Providers

Summary Findings:

This area was reviewed and no issues were noted. The Stockton Branch uses surveys and exit interviews during CE provider onsite visits to obtain reactions to key providers.

I. List of Key Providers (See [DI 39545.100B.1.](#))

Summary Findings:

This area was reviewed and no issues were noted. The Stockton Branch appropriately tracks Key Providers.

J. Onsite Reviews of CE Providers

Summary Findings:

This area was reviewed and no issues were noted. The Stockton Branch performs sufficient and appropriate onsite review of CE providers, including Key Providers.

K. Contracting Out for Medical Services

Summary Findings:

This entire section is not applicable to Stockton Branch/CA DDS.

L. Records Maintenance

Summary Findings:

This area was reviewed and one issue was noted. The Stockton Branch has appropriate records maintenance processes and structures; however, the CE provider complaints were not stored in a central location.

CE Oversight Visit

Recommendation:

- Ensure documentation, including complaints, for each CEP is located in a central location. The following items should be included in a separate file (paper and/or electronic) for each provider:
 - Copies of provider credentials and the most recent license and sanctions checks.
 - Copies of all documentation (complaint letter, correspondence, CE report review notes, etc.) related to complaints.
 - All claimant feedback, both positive and negative.
 - Records from all onsite reviews to a CEP.

Conclusion

In general, the CE process is working well in the Stockton Branch. No major or notable issues were found with the CE process, quality issues related to the reports or the providers during the oversight visit. Two issues were noted involving the CE panel and file maintenance.

The CE panel is sufficient with the exception of cardiology, rheumatology and psychiatry. We recommend the PRS continue her recruiting activities for these specialties.

The PRS has a good paper and electronic system to maintain records for CE providers with the exception of the electronic folders for provider complaints; these folders were not maintained in a centralized location. The PRS moved the folders to a central location before the conclusion of my visit; therefore, no additional action is needed.

The PRS is very professional and dedicated in her role and stewardship of the CE panel and CE process. This is demonstrated in the quality of the CE panel and reports for the Stockton Branch.

Thank you to (b) (6), and the Stockton Branch for their time, cooperation, and hospitality during this CE oversight visit.

(b) (6)
Professional Relations Coordinator
Center for Disability, San Francisco Region

CE OVERSIGHT CA DDS Sacramento Branch

Agenda

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) Sacramento Branch on April 8-9, 2014. The CE oversight visit consisted of reviews of CE provider (CEP) files, interviews with various DDS staff, and a CE provider onsite visit with the Professional Relations Specialist (PRS). Topics discussed during the visit covered all items in [PM 00233.900 Exhibit 1](#) - Regional Office (RO) Guide for Evaluating Disability Determination Service (DDS) Management of the Consultative Examination (CE) Process.

Staff Participation

In addition to the PRS, (b) (6), I interviewed the Operations Support Bureau Chief (OSBC), one Team Manager (TM), two Disability Evaluation Analysts (DEAs), one Disability Hearing Officer (DHO), one Auditor, three Program Technicians (PT) and two medical consultants.

The close out was held with (b) (6) (Branch Chief), (b) (6) (OSBC), (b) (6) (CA DDS DPA) and DDS management staff.

The Sacramento PRS has jurisdiction of the CE panel vendors in Arcata, Clearlake, Crescent City, Eureka, Fort Bragg, Garberville, Gualala, Healdsburg, Lakeport, McKinleyville, Piercy, Redway, Sacramento, Ukiah, West Sacramento.

CE Oversight Review

A. DDS Quality Assurance (QA) Activities in the CE Process

Summary Findings:

This area was reviewed and no issues were noted. The Sacramento Branch incorporates sufficient and appropriate quality assurance activities in their CE process.

B. Fee Schedules

Summary Findings:

The California fee schedule is based on Medi-Cal rates and is reviewed by the CA DDS Central Support Services Branch (CSSB) on an ongoing basis. Fee schedule changes or exemptions are considered based on the inability to hire certain specialists, or difficulty finding CEPs to do testing for existing fees. Each PRS in California reports their fee related issues to their PRS contact in the CSSB.

C. Training and Review of New CE Providers

Summary Findings:

This area was reviewed and no issues were noted.

The PRS is responsible for training new CEPs with assistance from the MCs as needed. Volume vendors provide their own internal training for new CEPs. For individual or small providers, the PRS sends training material to new CEPs and provides feedback to the CEP on the first five reports. The training material includes CE guidelines, sample CE reports, a link to Green Book, and other pertinent material/forms for the specific CEP.

The quality review of conditionally approved CEPs is handled by the PRS with MC assistance. When bringing on a new CEP, the PRS reviews the first five reports with the assistance of the appropriate MCs. Feedback and comments are shared with the CEP. If the first five reports are satisfactory, the PRS informs the Branch staff and CEP that the CEP is an approved provider and that it is ok to schedule CEs with that CEP. If improvement is needed in report quality, the PRS offers one-on-one training with an MC. The PRS and MC continue to work with the CEP until the quality improves and all issues are satisfactorily resolved or the decision is made to not add the vendor to the panel.

D. CE Scheduling Procedures and Controls (See [DI39545.250](#))

Summary Findings:

This area was reviewed and no issues were noted. The Sacramento Branch has sufficient CE scheduling procedures and controls to effectively manage the Sacramento Branch CEP pool. The Sacramento Branch follows the policies and procedures for CE reviews, approval and ordering.

E. Integrity of Medical Evidence

Summary Findings:

This area was reviewed and no issues were noted. The Sacramento Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Sacramento Branch asks providers to check the claimant's ID which is noted in the CE report and if an ID is not available the provider includes a description of the claimant. Vouchers for purchased medical evidence are checked against the actual number of pieces of purchased medical evidence in file to ensure that all evidence is in file.

F. Recruiting Activities

Summary Findings:

This area was reviewed and one issue was noted. The PRS has the responsibility in the Branch for CEP recruitment. Staff stated that their current CE panel is mostly adequate

CE Oversight Visit

with the primary need for additional appointment availability for claimants that are near the California/Oregon border and have to be referred to MDSI in Oregon.

Recommendation:

- PRS will continue to intervene as needed and SF Region Professional Relations Coordinator (PRC) will contact the Seattle Region PRC to discuss possible resolutions.

G. Claimant Complaints

Summary Findings:

This area was reviewed and no issues were noted. The Sacramento Branch follows appropriate procedures for handling complaints.

H. Claimant Reactions to Key Providers

Summary Findings:

This area was reviewed and no issues were noted. The Sacramento Branch uses surveys to obtain reactions to key providers.

I. List of Key Providers (See [DI 39545.100B.1.](#))

Summary Findings:

This area was reviewed and no issues were noted. The Sacramento Branch appropriately tracks Key Providers.

J. Onsite Reviews of CE Providers

Summary Findings:

This area was reviewed and no issues were noted. The Sacramento Branch performs sufficient and appropriate onsite review of CE providers, including Key Providers.

K. Contracting Out for Medical Services

Summary Findings:

This entire section is not applicable to Sacramento Branch/CA DDS.

L. Records Maintenance

Summary Findings:

This area was reviewed and two issues were noted. The active/inactive CE provider files for Sacramento Branch are stored in the same location and three active CE

CE Oversight Visit

provider files of the fifteen reviewed did not have the most current licensure information in file.

Recommendations:

- Ensure documentation is updated timely for each CEP to ensure current licensure information is in file.
- Separate or annotate active/inactive CE provider files to ensure active files can be easily identified. The following items should be included in a separate file (paper and/or electronic) for each provider:
 - Copies of provider credentials and the most recent license and sanctions checks.
 - Copies of all documentation (complaint letter, correspondence, CE report review notes, etc.) related to complaints.
 - All claimant feedback, both positive and negative.
 - Records from all onsite reviews to a CEP.

Conclusion

In general, the CE process is working well in the Sacramento Branch. No major or notable issues were found with the CE process, quality issues related to the reports or the providers during the oversight visit. Two issues were noted involving the CE panel and file maintenance.

The CE panel is sufficient with the exception of areas near the California/Oregon border. Sacramento Branch/CA DDS has worked with the Oregon DDS to develop an assistance process but appointment availability is not sufficient. I recommend the PRS continue to work with the Oregon DDS. In addition, I will work with the Seattle Region PRC to assist with this issue.

The PRS had active and inactive CE provider files stored together and three of the active CE provider's files did not have the most recent license information. The PRS updated the files for the three CE providers before the conclusion of my visit and there was no issue of expired licensure. The PRS also indicated that she would reorganize the CE provider files to ensure files for active CE providers can be easily identified.

The PRS is very professional and dedicated in (b) (6) role and stewardship of the CE panel and CE process. This is demonstrated in the quality of the CE panel and reports for the Sacramento Branch

Thank you to (b) (6) and the Sacramento Branch for their time, cooperation, and hospitality during this CE oversight visit.

(b) (6)

Professional Relations Coordinator
Center for Disability, San Francisco Region

CE OVERSIGHT CA DDS Roseville Branch

Agenda

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) Roseville Branch on April 9-10, 2014. The CE oversight visit consisted of reviews of CE provider (CEP) files, interviews with various DDS staff, and a CE provider onsite visit with the Professional Relations Specialist (PRS). Topics discussed during the visit covered all items in [PM 00233.900 Exhibit 1](#) - Regional Office (RO) Guide for Evaluating Disability Determination Service (DDS) Management of the Consultative Examination (CE) Process.

Staff Participation

In addition to the PRS, (b) (6), I interviewed the Operations Support Bureau Chief (OSBC), one Team Manager (TM), two Disability Evaluation Analysts (DEAs), one Disability Hearing Officer (DHO), one Auditor, and three Program Technicians (PT).

The close out was held with (b) (6) (Branch Chief), (b) (6) (OSBC), (b) (6) (CA DDS DPA) and DDS management staff.

The Roseville PRS has jurisdiction of the CE panel vendors in Roseville, Citrus Heights, Rancho Cordova, Folsom, Placerville, Auburn, Grass Valley, Truckee, South Lake Tahoe, Susanville, Yuba City, Oroville, Paradise, Chico, Red Bluff, Redding, Mt. Shasta and Yreka.

CE Oversight Review

A. DDS Quality Assurance (QA) Activities in the CE Process

Summary Findings:

This area was reviewed and no issues were noted. The Roseville Branch incorporates sufficient and appropriate quality assurance activities in their CE process.

B. Fee Schedules

Summary Findings:

The California fee schedule is based on Medi-Cal rates and is reviewed by the CA DDS Central Support Services Branch (CSSB) on an ongoing basis. Fee schedule changes or exemptions are considered based on the inability to hire certain specialists, or difficulty finding CEPs to do testing for existing fees. Each PRS in California reports their fee related issues to their PRS contact in the CSSB.

C. Training and Review of New CE Providers

Summary Findings:

This area was reviewed and no issues were noted.

The PRS is responsible for training new CEPs with assistance from the MCs as needed. Volume vendors provide their own internal training for new CEPs. For individual or small providers, the PRS sends training material to new CEPs and provides feedback to the CEP on the first five reports. The training material includes CE guidelines, sample CE reports, a link to Green Book, and other pertinent material/forms for the specific CEP.

The quality review of conditionally approved CEPs is handled by the PRS with MC assistance. When bringing on a new CEP, the PRS reviews the first five reports with the assistance of the appropriate MCs. Feedback and comments are shared with the CEP. If the first five reports are satisfactory, the PRS informs the Branch staff and CEP that the CEP is an approved provider and that it is ok to schedule CEs with that CEP. If improvement is needed in report quality, the PRS offers one-on-one training with an MC. The PRS and MC continue to work with the CEP until the quality improves and all issues are satisfactorily resolved or the decision is made to not add the vendor to the panel.

D. CE Scheduling Procedures and Controls (See [DI39545.250](#))

Summary Findings:

This area was reviewed and no issues were noted. The Roseville Branch has sufficient CE scheduling procedures and controls to effectively manage the Roseville Branch CEP pool. The Roseville Branch follows the policies and procedures for CE reviews, approval and ordering.

E. Integrity of Medical Evidence

Summary Findings:

This area was reviewed and no issues were noted. The Roseville Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Roseville Branch asks providers to check the claimant's ID which is noted in the CE report and if an ID is not available the provider includes a description of the claimant. Vouchers for purchased medical evidence are checked against the actual number of pieces of purchased medical evidence in file to ensure that all evidence is in file.

F. Recruiting Activities

Summary Findings:

This area was reviewed and two issues were noted. The PRS has the responsibility in the Branch for CEP recruitment. Staff stated that their current CE panel is mostly adequate with the exception of cardiology and CE providers in remote areas. The PRS

CE Oversight Visit

will complete recruiting activities as needed. The PRS has worked with the medical community in the remote areas or surrounding areas to ensure appointments are available within a reasonable time frame and reasonable distance from the claimant's residence.

Recommendation:

- PRS will continue recruiting activities for cardiologist CE providers as needed.
- PRS will continue to intervene as needed to ensure that appointments are available for claimants in remote areas.

G. Claimant Complaints

Summary Findings:

This area was reviewed and no issues were noted. The Roseville Branch follows appropriate procedures for handling complaints.

H. Claimant Reactions to Key Providers

Summary Findings:

This area was reviewed and no issues were noted. The Roseville Branch uses surveys and phone contact with claimants to obtain reactions to key providers.

I. List of Key Providers (See [DI 39545.100B.1.](#))

Summary Findings:

This area was reviewed and no issues were noted. The Roseville Branch appropriately tracks Key Providers.

J. Onsite Reviews of CE Providers

Summary Findings:

This area was reviewed and no issues were noted. The Roseville Branch performs sufficient and appropriate onsite review of CE providers, including Key Providers.

K. Contracting Out for Medical Services

Summary Findings:

This entire section is not applicable to Roseville Branch/CA DDS.

L. Records Maintenance

Summary Findings:

This area was reviewed and one issue was noted. The Roseville Branch has appropriate records maintenance processes and structures; however, six CE provider files of the fifteen reviewed did not have the most current OIG LEIE sanctions check in file.

Recommendations:

- Ensure documentation is updated timely for each CEP to reflect OIG LEIE sanctions list is reviewed annually.

Conclusion

In general, the CE process is working well in the Roseville Branch. No major or notable issues were found with the CE process, quality issues related to the reports or the providers during the oversight visit. Two issues were noted involving the CE panel and file maintenance.

The CE panel is sufficient with the exception of cardiology and appointment availability in remote areas of California. I recommend the PRS continue to recruit for CE providers as needed and intervene as needed to ensure appointment availability in the remote parts of the state.

The PRS has an excellent paper and electronic system to maintain records for CE providers with the exception of documenting the OIG LEIE sanctions list reviews. However, the PRS updated all active CE providers' files with documentation of the OIG LEIE review to ensure all providers were current prior to the conclusion of my visit. The PRS also indicated she would ensure all files are updated annually. No additional action is needed.

I found the PRS's records maintenance system to be very well organized and easy to follow. I recommend the Roseville PRS share her records maintenance system with other CA DDS PRSs.

The PRS is very professional and dedicated in her role and stewardship of the CE panel and CE process. This is demonstrated in the quality of the CE panel and reports for the Roseville Branch

Thank you to (b) (6) and the Roseville Branch for their time, cooperation, and hospitality during this CE oversight visit.

(b) (6)

Professional Relations Coordinator
Center for Disability, San Francisco Region

CE OVERSIGHT NV DDS

Agenda

I conducted a Consultative Examination (CE) oversight visit to the Nevada Disability Determination Services (NV DDS) on September 9-11, 2014. The CE oversight visit consisted of reviews of CE provider (CEP) files, interviews with various DDS staff, and a CE provider onsite visit with the Medical Professional Relations Officer (MPRO). Topics discussed during the visit covered all items in [PM 00233.900 Exhibit 1](#) - Regional Office (RO) Guide for Evaluating Disability Determination Service (DDS) Management of the Consultative Examination (CE) Process.

Staff Participation

In addition to the MPRO, (b) (6), I interviewed one supervisor, one Disability Analysts, one Disability Hearing Officer (DHO), one Administrative Assistant/CE scheduler and one Medical Consultant.

The close out was held with (b) (6), Nevada DDS Administrator; (b) (6), Nevada DDS DPA; and DDS management staff.

CE Provider Onsite/Oversight Visit

The MPRO, (b) (6) (PRC backup) and I visited key CE provider (b) (6) at the RBM Clinic in Las Vegas, Nevada on September 10, 2014. No issues were noted with the CE provider during this visit.

CE Oversight Review

A. DDS Quality Assurance (QA) Activities in the CE Process

Summary Findings:

This area was reviewed and no issues were noted. The Nevada DDS incorporates sufficient and appropriate quality assurance activities in their CE process.

B. Fee Schedules

Summary Findings:

The Nevada fee schedule is based on Medicaid rates and is reviewed by the MPRO on an ongoing basis. Fee schedule changes or exemptions are considered based on the inability to hire certain specialists, or difficulty finding CEPs to do testing for existing fees.

C. Training and Review of New CE Providers

Summary Findings:

This area was reviewed and no issues were noted.

The MPRO is responsible for training new CEPs with assistance from the MCs as needed. Volume vendors provide their own internal training for new CEPs. For individual or small providers, the MPRO sends training material to new CEPs and provides feedback to the CEP on the first five reports. The training material includes CE guidelines, sample CE reports, a link to Green Book, and other pertinent material/forms for the specific CEP.

The quality review of conditionally approved CEPs is handled by the MPRO with MC assistance. When bringing on a new CEP, the MPRO reviews the first five reports with the assistance of the appropriate MCs. Feedback and comments are shared with the CEP. If the first five reports are satisfactory, the MPRO informs the staff and CEP that the CEP is an approved provider and that it is ok to schedule CEs with that CEP. If improvement is needed in report quality, the MPRO offers one-on-one training with an MC. The MPRO and MC continue to work with the CEP until the quality improves and all issues are satisfactorily resolved or the decision is made to not add the vendor to the panel.

D. CE Scheduling Procedures and Controls (See [DI39545.250](#))

Summary Findings:

This area was reviewed and no issues were noted. The Nevada DDS has sufficient CE scheduling procedures and controls to effectively manage the Nevada CEP pool. The Nevada DDS follows the policies and procedures for CE reviews, approval and ordering.

E. Integrity of Medical Evidence

Summary Findings:

This area was reviewed and no issues were noted. The Nevada DDS maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Nevada asks providers to check the claimant's ID which is noted in the CE report and if an ID is not available the provider includes a description of the claimant.

The Nevada DDS and Reno, Nevada field office are a part of a pilot program, which requires the FO to copy the ID of the claimant and include it in the file sent to the DDS. The copy of the ID is sent to the CE provider to compare the copy of the ID with the ID presented at the time of the CE appointment.

Vouchers for purchased medical evidence are checked against the actual number of pieces of purchased medical evidence in file to ensure that all evidence is in file.

F. Recruiting Activities

Summary Findings:

This area was reviewed and two issues was noted. The MPRO has the responsibility in the Branch for CEP recruitment. Staff stated that their current CE panel is mostly adequate with the exception Speech and Language Pathologist and providers in remote areas. Speech and Language exams sometimes are difficult to schedule but the MPRO continues to work to resolve this issue and delays are now minimal. The MPRO has worked with the medical community in the remote areas or surrounding areas to ensure appointments are available within a reasonable period and reasonable distance from the claimant's residence. The MPRO will complete recruiting activities as needed.

Recommendation:

- MPRO should continue to work with the Speech and Language CE providers as needed to minimize delays in scheduling.
- MPRO should continue to intervene as needed to ensure that appointments are available for claimants in remote areas.

G. Claimant Complaints

Summary Findings:

This area was reviewed and no issues were noted. The Nevada DDS follows appropriate procedures for handling complaints.

H. Claimant Reactions to Key Providers

Summary Findings:

This area was reviewed and no issues were noted. The MPRO monitors complaints/feedback from claimants, DDS staff, Medical Consultants and disability advocates. (b) (6) had found this provides sufficient information regarding key CE providers.

I. List of Key Providers (See [DI 39545.100B.1.](#))

Summary Findings:

This area was reviewed and no issues were noted. The Nevada DDS appropriately tracks key providers.

J. Onsite Reviews of CE Providers

Summary Findings:

This area was reviewed and no issues were noted. The Nevada DDS performs sufficient and appropriate onsite review of CE providers, including key providers.

K. Contracting Out for Medical Services

Summary Findings:

This entire section does not currently apply to the Nevada DDS.

L. Records Maintenance

Summary Findings:

This area was reviewed and two issues were noted. The Nevada DDS has appropriate records maintenance processes and structures; however, three CE provider files, of the ten reviewed, did not have the most current licensure information and all ten files did not have OIG LEIE sanctions documented in file. In part, the missing licensure information was due to two inactive CE provider files being stored with the active CE providers.

Recommendations:

- Separate or annotate active/inactive CE provider files to ensure active files can be easily identified.
- Ensure documentation is updated timely for each CEP to ensure current licensure information is in file.
- Ensure documentation is updated timely for each CEP to reflect OIG LEIE sanctions list is reviewed annually.

Conclusion

In general, the CE process is working well in the Nevada DDS. No major or notable issues were found with the CE process, quality issues related to the reports or the providers during the oversight visit. A few issues were noted involving the CE panel and file maintenance.

The CE panel is sufficient with the exception of delays for Speech and Language exams and appointment availability in remote areas of Nevada. I recommend the MPRO continue to recruit for CE providers as needed and intervene as needed to ensure appointment availability in the remote parts of the state.

Overall, I found the MPRO's records maintenance system to be well organized and easy to follow. Although the inactive and active CE provider files are stored separately, two of the 10 files I reviewed were for CE providers that were inactive CE providers and

CE Oversight Visit

licensure information did not need to be updated. The MPRO updated the file of the active CE provider before the conclusion of my visit and there was no issue of expired licensure. The files also excluded documentation of the OIG LEIE reviews. The MPRO updated all active CE providers' files with documentation of the OIG LEIE review to ensure all providers were current prior to the conclusion of my visit. The MPRO also indicated (b) (6) would ensure all files are updated annually. No additional action is needed.

The MPRO is very professional and dedicated in (b) (6) role and stewardship of the CE panel and CE process. This is demonstrated in the quality of the CE panel and reports for the Nevada DDS.

Thank you to (b) (6) and the Nevada DDS for their time, cooperation, and hospitality during this CE oversight visit.

(b) (6)
Professional Relations Coordinator
Center for Disability, San Francisco Region

From: (b) (6)
To: (b) (6)
Cc: (b) (6)
Subject: RE: CE Provider Working for Attorney in ALJ Case Prep
Date: Wednesday, March 26, 2014 8:57:39 AM

Good morning, (b) (6)

See [DI 39569.100 C.3](#):

COI procedure for Regional Office

Submit potential COI situations via email (with attachments, images, etc.) to the Office of Disability Programs for approval when you feel the circumstances are questionable.

We recommend sending your question to (b) (2). Please let us know what you find out.

Thanks!

(b) (6)

From: (b) (6)
Sent: Monday, March 24, 2014 5:27 PM
To: (b) (6)
Cc: (b) (6)
Subject: RE: CE Provider Working for Attorney in ALJ Case Prep

Hi (b) (6),

Thank you for your prompt response. In reviewing the Conflict of Interest information you provided we had additional questions. (b) (5)

(b) (5)

Thank you for your assistance in clarifying this issue.

(b) (6)
Program Expert

Center for Disability
San Francisco Region

(b) (6)

From: (b) (6)
Sent: Monday, March 24, 2014 11:52 AM
To: (b) (6)
Cc: (b) (6)
Subject: RE: CE Provider Working for Attorney in ALJ Case Prep

Hello (b) (6) Please see [CFR 404.1519q. Conflict of Interest](#).

I hope this helps.

Thanks!

(b) (6)

From: (b) (6)
Sent: Friday, March 21, 2014 2:43 PM
To: (b) (6)
Subject: CE Provider Working for Attorney in ALJ Case Prep

Hi (b) (6)

Arizona DDS has discovered that one of their CE providers is working for an attorney and preparing cases for the ALJ level, (b) (5)

[Redacted]

[Redacted]

Thank you,

(b) (6)

Center for Disability
San Francisco Region

(b) (6)

Regional CE Oversight Report

The Regional Office (RO) coordinates all DDS Oversight report matters through the Centers for Disability. The RO prepares a written review of regional CE Oversight actions and provides an overview of DDS CE Oversight activities. The RO is responsible for reviewing the DDS CE Oversight reports including the DDS CE provider lists and fee schedules to ensure compliancy and identify areas that need support.

The RO will upload the Regional CE Oversight Report to the MPRO SharePoint site annually by the end of the calendar year, December 31.

Region:	Seattle Region
List of DDSs:	Alaska, Oregon, Washington, and Idaho
Report Period (Fiscal Year):	FY14
Current Date:	December 16, 2014
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Program Expert

1. Did the RO obtain all of the DDSs' CE Oversight reports? Provide explanation.

The four DDSs from the Seattle Region have submitted their CE Oversight reports and fee schedules to the MPRO SharePoint site. The Seattle Regional Office Professional Coordinator (PRC) has reviewed the DDS management of the CE process to ensure each DDS adhere to SSA guidelines.

2. Did the RO conduct any onsite visits at the DDSs? Provide explanation.

Due to limited resources and travel restrictions, the PRC and program expert conduct only one CE visit. The PRC visited the AK DDS and evaluated their CE oversight management procedures according to PM 00233.900. Please see attached narrative of the visit.



[Untitled].pdf

3. Did the RO accompany the DDSs on selected CE provider oversight visits to key or problem providers? Provide explanation.

The Seattle RO PRC and program expert accompanied the Alaska DDS Professional Relations Officer (PRO) with five onsite visits of key CE providers.

4. Did the RO conduct periodic reviews of CE purchase practices in the DDSs? Provide explanation.

DPAs and PRC maintain ongoing oral and written communications with the DDS to remain involved in the DDSs management of the CE process. The Seattle Regional DPAs monitor the DDSs CE buy rate monthly and make it a topic of discussion during the DDS administrator meetings. Regional staff and DPAs conduct reviews of CE reports and purchase practices to determine compliance with established protocols.

The Seattle PRC participates in the national CE Utilization workgroup and reviews two claims each week for policy compliance with the purchase of CEs. The purpose of the workgroup is to explore reasons for the differences in purchase rates and to develop business process and or policy changes that will result in more consistency and appropriateness in the purchasing of consultative examinations and tests.

5. Did the RO spot check the DDSs' list of CE providers against the HHS-OIG LEIE list to ensure CE providers were not federally excluded? Provide explanation.

The PRC spot check the HHS-OIG LEIE website to ensure CE providers are properly licensed. Each DDSs has an established business process for credentialing and checking professional licensing on a regular basis.

6. Did the RO receive any request from the DDSs for an exemption to SSA's no-pay policy for missed CE appointments? If yes, did ODD provide approval?

No, the RO did not received any requests from the DDSs for an exemption to SSA's no-pay policy for missed CE appointments. All of our DDSs have a standing approval from ODD for payment of missed CEs.

7. Did the RO immediately alert the ODD of any complaint or other situation expected to: provoke public criticism; or result in press attention. Provide explanation.

ODD contacted the RO DPA earlier this year regarding complaints from a lawyer regarding a consultant in Yakima, WA. This has been an ongoing issue but the DDS has found on prior occasions the attorney's complaints were unfounded. We provided ODD the information requested.

8. Did the RO identify and provide any potential conflict of interest (COI) situations to the ODD for review? Provide explanation.

The DDSs have some MCs who also performed CEs. The RO is aware and has approved. These sources primarily provide services in areas where specialists are not available. The DDSs have safeguards in place to insure these MCs do not perform case reviews of these claims.

Please attach any additional information before submitting this form.

(b) (6) and I had the opportunity to meet with (b) (6), the Professional Relations Officer (PRO) in the Alaska DDS, to conduct onsite key provider visits and evaluate the DDSs' consultative examination (CE) oversight management procedures according to PM 00233.900. Five key provider visits and review of CE procedures were a primary focus for the Seattle Regional Office. Below are conclusions and recommendations were made following the DDS oversight visit. I have highlighted some specific action items that will require PRC or DPA follow-up or facilitation.

On the first day, (b) (6) and I met with a few of the AK DDS MCs, including the Chief Medical Consultant, (b) (6) is primarily responsible for the training and review of new CE providers. (b) (6) works with (b) (6) to review the quality of CEs the DDS receives. Any feedback is provided to the PRO for follow up. Other MCs and examiners are also expected to report issues with CE reports to the PRO. The DDS has an online feedback form the examiners and MCs use to provide feedback.

- I asked the MCs if they had any ideas to recruit new providers since Alaska has such a shortage of doctors willing to conduct consultative examinations. There is a group of Nurse Practitioners in Ketchikan that recently came aboard to conduct physical CEs. They are struggling to find an internal medicine provider in the Fairbanks area, and the PRO has been on three recruiting trips recently. but were successful finding two neurologists willing to conduct exams.
 - The MCs report that they try to assist with recruiting colleagues, but cite the “brain drain” issues the state faces and noted the WAMI program, which is a two-year clinical experience share for doctors in training between WA, AK, MT and ID.
 - VSD in Ketchikan is hosted by the DVR office. **Can SSA assist with getting a VSD in Bethel?** IHS uses a “health cart” for general exams using a video camera.
 - The MCs told a story about IHS practice of not bringing people to Bethel for an exam due to cost. They say it is easier in the eye of IHS to put people on public assistance.
- I asked for feedback about the ROMC assistance to the AK DDS, and was told that all is going well. There are no complaints and they appreciate the help. They did mention an RPC that was pending on a claim (b) (6) reviewed and assessed for the DDS. It was rebutted by the DDS, and the RPC Team has since rescinded the error.
- I asked if the MC staff reviewed cases for CE need or approval. The MC team views this as more of a policy issue than clinical, and noted the business process is to have the supervisors to make CE decisions. Special exams such as neuropsych evals and ABG levels require supervisor and MC approval.
- I asked the MC team about the CE reimbursement rates, specifically if they felt the “usual and customary” fee for service was reasonable. The MCs opine that the amount paid for exams is reasonable for the areas served, and they reimbursement rates were consistent with the costs for the state. “That’s what it costs to do business here.” They also noted that the DDS often

reimburses at a lower rate than what they know other providers charge. The MC panel agrees that the medical community and health care organizations in Alaska needs to step up.

- The MC group was asked about MER and HIT.
 - They noted that Peace Health has been hands-off with SSA—for CEs and in sending records. The DDS cannot commit to sending claimants for CEs on a regular basis (~25/yr) and would appreciate just getting x-rays. The Peace Health group seems very apprehensive about agreeing to assist SSA, despite multiple phone conversations with the PRO.
 - Providence has been sending records to Portland, OR due to storage problems, and it is taking “forever” to get records. One of the MCs has spoken with the Board at Providence and they are seeing improved results. I did let the DDS know that the Swedish-Providence Group is currently in talks with the HIT Team in ODD to become a HIT vendor. Although the group is primarily located in Washington State, I am sure there will be some Alaska involvement in the future.
 - Children’s Hospital has the only autism specialist in the state, and (b) (6) exams are great; however, it takes (b) (6) forever to send records—if at all. (b) (6) notes are frequently missing from Children’s Hospital records (presumably due to the time it takes to dictate (b) (6) records), and 80% of the DC cases in Alaska are allowed. Those records are key. (b) (6) (b) (6) has been doing child psych CEs for the DDS. I advised the PRO that a waiver for (b) (6) (b) (6) must be filed with the RO in order for (b) (6) to continue conducting CEs.
- The following issues and requests came about during the MC meeting:
 - (b) (6) conducted vision training before. There were a lot of questions after the training. The MCs would like additional training with the opportunity for a Q&A period afterward. **Perhaps this is something other MCs in the region would like to participate in. The ROMCs would join the presentation.**
 - One MC heard about some of the Seattle ROMCs working in other locations while out of town. (b) (6) had previously requested to work in the Seattle RO while in the area, but was told no. I told (b) (6) was not familiar with the request and had to defer that to (b) (6). I did tell (b) (6) I would follow up with that possibility in the future.
 - The DDS will submit a waiver request and rationale for (b) (6) to conduct child mental examinations for the DDS.
 - The ANMC MER payment issue was discussed. This has since been resolved with the assistance of OGC.
 - The DDS will submit an updated fee schedule for CE and No Show reimbursements.

- I asked the PRO about the percentage of No Shows in the state. (b) (6) said (b) (6) would work with (b) (6) to get us that information.
- The MCs requested that the DDS PRO put together a package for the MCs containing CE expectations and report requirements, PII/Disclosure policy. The MCs feel that if they know the CE expectations they can better provide feedback. The PII/Disclosure policy is simply for reference reminders.

Following the MC meeting, we had the opportunity to meet with (b) (6) who manages the fiscal business of the DDS CEs and MER. My goal was to discuss CE scheduling procedures and the authorization process, including No Shows, new CEs, etc.

- (b) (6) reiterated that many CEs require supervisor approval. Supervisors and QA will pull cases and give feedback on about one-quarter of the cases.
- MIDAS is limited in tracking CE provider schedules and rotation or CEs ordered. The clerical staff rotate duties weekly, which helps maintain the CE provider rotation schedule, but the provider's availability is the largest factor in CE rotation—especially since the DDS CE panel is so small.
- Treating sources are explored prior to ordering a CE. Background MER is sent to CE providers. The supervisors deal with the No Show, Cancellation, and Rescheduling request issues.
- CEs are scheduled timely (w/in 1 week of the request, but often next day), but travel arrangements can hold up CE scheduling.
- We discussed Alaska's history of pre-payment for medical records. The provider concerns that MER vendors originally had are no longer supported since the DDS is caught up on payment invoices. (b) (6) states there are a few vendors that require prepayment of records—this is unrelated to the previous delayed payment issues. The examiner will determine the necessity of the MER and weigh the cost of the MER vs. the cost of obtaining a CE to get the information needed to adjudicate. Adjudicators also work with the claimants first to see if the claimant can get records for DDS. (b) (6) estimates approximately 10% of their cases involve prepaid MER.
- I asked about payment of CE services, e.g. how do the clerks determine the proper fee rate? (b) (6) said that as long as No Show, Payment, and Cancellation are kept up to date in MIDAS, then the "F8" menu in MIDAS has all CE provider info. The clerks use this menu to verify payment or No Show rates. **The DDS fiscal information is input into the Alaska State system (Access?). The DDS would like the AK State system to interface with DCPS so they don't have to submit the data to the State separately.**
- The DDS does not have the volume to support contracts with CE providers; however, they have been successful in negotiating their own rates, some of which are lower than those of DVR payments. The DDS has also worked with locals to assist with CE travel. For example, a local pilot in a remote location had a contract with US Travel. The DDS was able to set up travel with this local pilot.

(b) (6) and I accompanied (b) (6) on onsite reviews of four of the five Alaska DDS Key providers. The PRO uses a template similar to the one used in DI 39545.525 Exhibit 1- Suggested Protocol for DDS Onsite Reviews of Consultative Examination (CD) Providers.

- (b) (6)
 - Willing to conduct evaluations for incarcerated claimants.
 - Very interested in conducting video CEs. (b) (6) notes VSD is desperately needed in Bethel and Barrow.
 - Bilingual in German.
 - (b) (6) is receptive to cultural differences in the Alaska population and often goes above and beyond to assist claimants. For example: (b) (6) has snacks and drinks in a refrigerator in (b) (6) office; (b) (6) provided claimants with rides to the airport; and is aware of cultural differences with testing and verbal scores in the Alaska Native population.
 - We had an interesting discussion about organic brain screening and testing, which is frequently ordered by ODAR. (b) (6) stated that 80% of neurocognitive testing is sampled by the WAIS-IV test. Obtaining more testing simply increases statistical artifacts, leading to an increase in incorrect findings. **I would like the ROMC PhD input on (b) (6) opinion.**
 - (b) (6) has provided good language in (b) (6) reports when addressing malingering. **The RO requests the DDS provide some examples of these assessments as a wording or language example that can be used by other assessors in the region.**
 - (b) (6) loves using ERE to submit (b) (6) reports; however, (b) (6) finds the barcode page awkward. (b) (6) suggests the format change to a more logical sequence, perhaps mimicking the actual barcode. I informed (b) (6) that the ERE website was being revamped and reorganized, and that (b) (6) feedback would be taken into account.

- (b) (6)
 - Building does not have disabled access, so the DDS does not schedule claimants requiring accommodation with this provider. (b) (6) has evaluated claimants in a separate space on the first floor of the building in cases where accommodations were unknown prior, but needed.
 - Bilingual in Spanish.

- Cautioned provider to not release reports to attorneys or representatives. The Confidentiality and PII contracts were discussed and updated in the office. Instructed (b) (6) to contact the DDS directly or instruct the caller to contact the DDS.
 - (b) (6) conducted the first VSD in Ketchikan, Alaska. (b) (6) felt the process was smooth and straightforward. (b) (6) only concern is the inability to smell if someone has been drinking. (b) (6) would be willing to do VSD again, but noted the process takes more than an hour to do an hour's worth of work.
 - (b) (6) had difficulty with ERE and prefers to fax (b) (6) reports; however, (b) (6) is willing to try ERE again after the website updates.
- Independence Park Medical Center- Physical CEs, Labs, X-rays
 - (b) (6) Supervisor; (b) (6) Office Manager
 - PRO met with CE providers of group to discuss SSA/DDS needs and policies with CE process and reporting. This provided clarity for the group who was unclear as to why examiners or supervisors were refusing to authorize or pay for additional x-rays, labs, etc.
 - (b) (6) works with new residents. Perhaps the DDS can use this as another recruiting route. The goal of the program is to send doctors out into the bush to do exams, which is easier than finding PAs that are willing to go out. (b) (6) will contact the Clinical Manager at Providence regarding this program to ask about allowing the DDS to utilize or arrange claimant exams to coincide when these doctors are going out remotely to conduct exams.
- (b) (6)
 - Has noticed taxi service decrease due to the DDS' new travel policy, but has not reported an increase in no shows as a result. **It has been 2 months since (b) (6) last No Show—credit to the clerical and adjudicator staff!** (b) (6) is close to a bus line and the People Mover.
 - (b) (6) has heard about VSD and would be interested in trying it out. (b) (6) wants to keep up with the improvements in the SSA program.
 - Uses ERE successfully.

(b) (6) met individually with (b) (6) to wrap-up the visit and address any follow-up questions to the oversight visit. The following are notes from our discussion and actions we agreed upon:

- The DDS is working to use one of their permitted hires to fill a full-time fiscal/PRO position. This position will give the DDS an opportunity to expand on fiscal and PRO responsibilities that are often secondary to other duties due to workload demands, e.g. recruitment, training, CE quality review and feedback, SSA initiative promotion, etc. Perhaps with additional manpower, the DDS can provide more hands-on training to MER and CE vendors on the use of ERE to promote this as a viable way to transmit records to and from the DDS.
- The Seattle Region reminded the PRO and DDS about the potential conflict of interest (COI) with (b) (6) performing CEs for the DDS while employed as a DDS medical consultant. (b) (6) will continue to conduct evaluations of incarcerated claimants and perform evaluations in Ketchikan where there is a shortage of CE providers, from which (b) (6) excludes (b) (6) from review. Aside from these two exceptions, the Seattle Region recommends (b) (6) not perform CEs for the DDS to avoid the questionable COI. The DDS needs to submit a justification waiver to the Seattle RO for (b) (6) CEs, which the RO will review.
- The Seattle Region recommends the DDS continue to work toward the cessation of pre-payment for medical evidence.
- The DDS will provide the Seattle Region with an updated schedule of CE and No Show Fees. DDS should ensure a waiver with justification supporting CE reimbursement rates are updated and submitted to the RO for review.
- The DDS will continue to promote the use of Electronic Records Express (ERE) for CE providers and medical evidence vendors. The update of the ERE website in March 2015 provides the perfect opportunity for the PRO to conduct another demonstration and promotion with vendors.
- The Seattle Region recommends the DDS explore options for claimants to provide CE feedback to the DDS. There is a sample letter/form in MIDAS that the DDS can use.
- The DDS PRO will contact the Clinical Manager at Providence to obtain additional information on the remote residency program. This could potentially be a great resource for the DDS, which could significantly reduce CE costs.
- The Seattle Regional Office will provide feedback to the ERE Team in Central Office that organizational accounts aside from individual accounts in ERE is needed. Facilities typically have high ROI department staff and the DDS and vendors cannot keep setting up individual accounts to use. In addition, the RO will provide (b) (6) feedback on the barcode screen to the ERE Team for consideration.