

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):	2015
Current Date:	December 22, 2015
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 submitted their respective Annual DDS CE Oversight Reports to ODD MPRO SharePoint in a timely manner.

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

YES. The DPA for GA and SC DDSs conducted onsite visits with the GA DDS MPRO Coordinator and the SC DDS MPRO Coordinator. The DPA for NC and TN DDSs conducted onsite visits at both the NC and TN DDSs. The DPA for AL and KY DDSs completed onsite visits at both AL and KY DDSs. The DPA for FL DDS completed the onsite visit at FL DDS and the DPA for MS completed onsite visit at the MS DDS.

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

The DPA for GA and SC DDSs accompanied the DDSs MPRO Coordinator during visits to both physical and psychological CE providers in both States. The DPA for FL DDS accompanied a FL MPRO during two visits to key providers in Florida. The DPA for MS DDS accompanied a

MS MPRO during two visits to key providers in Mississippi. The DPA for NC and TN DDSs accompanied representatives from the MPRO units during CE oversight visits.

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

The RO reviewed CE purchase statistics with management quarterly and discussed best practices in purchasing CEs with the management team. The RO discussed and reviewed CE costs, CE request practices/processes, recruitment, and oversight with both management and the MPROs.

The FL DPA represented the Atlanta Region on a national workgroup to share initiatives and best practices regarding CE rates. The Atlanta Region experienced improved CE rates in 2015 compared to prior years.

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 and, subsequently, on the System for Award Management (SAM.gov). The spot checks did not find any match. Spot checks were also made on the website of the State licensing boards. Current licensure was confirmed for the names that were 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 immediately alerted ODD about one particular complaint against a State CE provider that had the potential of becoming a public relations problem. Appropriate DDS action contained the potential harm, such that additional action by others was not required.

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.

During September 1 – 3, 2015, the Atlanta Region held a regional MPRO conference in the RO. All Atlanta Region MPROs were invited to attend. ODD representatives were in attendance and carried out essential roles that resulted in a successful conference. The RO Office of General Counsel sent representatives who made a presentation. A wide range of MPRO challenges and responsibilities were raised via presentations and discussions. The post conference reviews were complimentary.

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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:	Boston
List of DDSs:	CT, MA, RI, NH, VT, ME
Report Period (Fiscal Year):	2015
Current Date:	December 2015
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, each DDS submitted the required report in a timely fashion.

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

Yes, I visited the CT and MA DDSs. We reviewed in detail the MA PRO functions, with each member of the PRO staff (4 in total) presenting on his/her duties. We reviewed their payment process, as well as their recruitment, and CE provider appraisal process. Additionally, we reviewed the MC certification files and noted the currency of the MC certifications. We also reviewed several recent MA DDS technological projects that the PRO staff has developed to organize and streamline PRO information and duties.

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

Yes, I accompanied (b) (6), the Medical Relations Supervisor at the MA DDS, on two CE visits. I made a visit to (b) (6) in Norton, MA with (b) (6). We made this visit to follow up on a complaint by a claimant. (b) (6) vociferously denied all allegations, and this was the only complaint of this nature brought against (b) (6). (b) (6) reviews have been very positive, as has been (b) (6) work. MA DDS will closely monitor reviews for (b) (6). I also accompanied (b) (6) on a standard CE visit to (b) (6). We reviewed

the details of (b) (6) CE practices as well as (b) (6) office layout. (b) (6) has been performing psychiatric CEs for SSA for approximately 30 years and has an outstanding record, both in terms of claimant appraisal and in terms of CE report quality.

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

Yes, I participated in the CE Probe conducted by ODP. I reviewed 2-4 cases per week for the case study period. I have recently been reviewing the resulting CE Probe data released by ODP, making note of CE purchases deemed non-policy compliant. I analyzing specifically the types of CEs with the highest percentage of order error as well as regional training needs with regard to CE ordering.

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 did this for the MA DDS.

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 did not receive such a request.

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.

We did not receive any such complaint or notice of such a situation.

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

We did not identify any such potential conflict of interest.

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:	Chicago
List of DDSs:	Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin
Report Period (Fiscal Year):	2015
Current Date:	December 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, each DDS submitted the required CE Oversight reports timely.

 Onsite Review Documents 2015.pdf

 Onsite form 8-15.doc


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 Lee Howard group onsite Portsmouth 8-1

 Onsite Review Physical 8-15.docx

 Site Visit Claimant Form Disk...

 Site Visit Claimant Form Schle...

 DES 2015.dot

 Jefferson 15.doc

 Dr. Reece Lancaster onsite 05-12-15.doc

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

Yes, I accompanied the Illinois DDS on an onsite visit. The visit went well and the provider follows all SSA policy.

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

No, there were no problem CE providers this year .

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

Yes, I participated in the CE Probe. Reviewed cases for non-policy compliant issues.

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 did this all year for all the states and no problems this year.

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.

None

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

The Chicago Regional Office had only one claimant complaint. The DDS investigated the complaint and no action was taken as the CE physician was following SSA policy.

Please attach any additional information before submitting this form.

REVIEW PROTOCOL FOR ONSITE REVIEW OF CONSULTATIVE EXAMINATION (CE) PROVIDERS

DATE: February 13, 2015

A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)

B. OTHER OFFICE LOCATIONS: (b) (6)

C. TYPES OF EXAMINATIONS CONDUCTED: Internist

D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)

E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: Easily identified from the street and signage on the building.
 - b. Cleanliness: Very clean
 - c. Safe location for claimants to travel: Yes.
 - d. Handicap Accessibility: Yes.

e. Public Transportation and Parking: On a bus route and there is ample parking available.

f. Emergency Exit Signs: Yes

g. Rest Rooms: Accessible restroom in each exam room. Do have round door knobs but Dr is with claimant while in the exam room. Restrooms in the hallway are accessible with lever door handles.

h. Secure location for medical records and computer records: Yes. Kept in a separate office inaccessible to claimants.

i. Waiting Room

1. Seating Capacity: 10

2. Cleanliness: Very clean

j. Examining Rooms

1. Number of Rooms: 4

2. Size, Cleanliness: 13'x16' and very clean.

3. Furniture (appropriate and sufficient): Exam table and 4 chairs.

4. Gowns Provided: If requested.

5. Privacy: Yes

2. Equipment/Laboratory Tests

a. X-ray – Onsite: Yes No Performed at: (b) (6)

b. Lab Work – Onsite: Yes No Performed at: Peoria-Tazwell Pathology

b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)?

Perry Memorial Hosp. PFT's (b) (6)

b.2. Interpreted by (if a non-physician, state the interpreter's qualifications): qualifications):

Central IL Radiological Assoc.

b.3. Turn-around timeliness, including both the results of the tests and interpretations.

24-48 hrs.

b.4. If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab?
Yes.

3.

Equipment Name and Model	Date Last Cleaned/ Calibrated/Inspected
a. X-ray*	
b. PFS Puritan Bennett Renaissance II	Calibrated daily, cleaned after each use
c. Treadmill	
d. Doppler Elite	Each use
e. ECG	
f. EMG	
g. Visual Field	
h. Audiometer	
i. Other	
j. Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment?	
(b) (6)	

*According to the Illinois Department of Professional Regulation, in Illinois X-ray equipment in hospitals must be inspected each year and in private offices every other year.

k. Eye Chart Location: Exam Room 1

Is the area well lighted, and the correct distance marked (20 feet for a standard chart)? Yes No

l. Remarks: (b) (6)

(b) (6)

l. STAFF

1. Name and medical specialty (or title for support staff) of each staff member on duty the day of inspection: There was no clinic scheduled the day of the inspection as most clinics are conducted on Saturdays. Met with (b) (6) (b) (6) and (b) (6) gave me access to the clinic as well as a tour of the clinic and answered questions.
2. General Appearance: Professional
3. Have there been any staff changes since the last onsite visit? Yes No
Indicate name(s) and verify CV(s) have been received and approved.
4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes
5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: License #: Exp. Date:
N/A see #1 above.

Name: License #: Exp. Date:

Name: License #: Exp. Date:

- b. Is each medical consultant and/or medical support staff's license posted in an area visible to the disability customer? Yes No
(NOTE: Home address may be concealed.)
These were not posted as the clinic was not open the day of inspection.
- c. On file at DDS? Yes No

6. Does (s)he speak easy-to-understand English and/or the language of the customer (e.g., Spanish)? Yes No
7. Does medical source staff speak any language other than English?
Yes Other language(s) No
8. A qualified sign language interpreter must have either a General Master license or an Advanced license. Are any employees qualified to communicate in sign language? Yes No

If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 25
(Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
 - a. comprehensive general medical (Requirement: at least 30 minutes)
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)
Every 20 mins to compensate for no shows.
3. What is actual length of time for exams to be completed per visit?
30 minutes

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Kept with the Dr. or in a separate secured office.
2. How and by whom is the customer's medical/psychological history obtained?
Dr or MA.
3. Who actually performs the examination/testing? Dr.
4. How much time does the physician/psychologist spend face-to-face with the customer? 20 minutes minimum.
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? MA.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

M. Does provider transmit CE report electronically?

If so; by fax using 1-866-778-4959 ; by website ; by C:D ; etc.

N. CUSTOMER IDENTIFICATION

Is the CE provider including the customer's physical description (e.g., race, eye color, any visible scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses?); customer's name and the claim number in the CE report as required by DI 22510.015 A.7? Yes

O. Does CE provider include customer's name and claim number on every page of report?

Yes No

P. Does CE provider include original signature, printed name, license number, and expiration date on last page of report? Yes No

Q. Is there a recent history of deficient reports from the vendor? Yes No

If yes, please discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.

R. Is there a recent history of late reports? Yes No

If yes, please discuss 10-day timeframe and ask vendor how he/she plans to correct the problem.

(Signature of Reviewer or Head
of Review Team)

(Date)

REVIEW PROTOCOL FOR ONSITE REVIEW OF CONSULTATIVE EXAMINATION (CE) PROVIDERS

DATE: February 13, 2015

A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)

B. OTHER OFFICE LOCATIONS: (b) (6)

C. TYPES OF EXAMINATIONS CONDUCTED: Internist

D. PROVIDER HAS PERFORMED CE_s FOR DDS SINCE: (b) (6)

E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: Easily identified from the street and signage on the building.
 - b. Cleanliness: Very clean
 - c. Safe location for claimants to travel: Yes.
 - d. Handicap Accessibility: Yes.

e. Public Transportation and Parking: On a bus route and there is ample parking available.

f. Emergency Exit Signs: Yes

g. Rest Rooms: Accessible restroom in each exam room. Do have round door knobs but Dr is with claimant while in the exam room. Restrooms in the hallway are accessible with lever door handles.

h. Secure location for medical records and computer records: Yes. Kept in a separate office inaccessible to claimants.

i. Waiting Room

1. Seating Capacity: 10

2. Cleanliness: Very clean

j. Examining Rooms

1. Number of Rooms: 4

2. Size, Cleanliness: 13'x16' and very clean.

3. Furniture (appropriate and sufficient): Exam table and 4 chairs.

4. Gowns Provided: If requested.

5. Privacy: Yes

2. Equipment/Laboratory Tests

a. X-ray – Onsite: Yes No Performed at: (b) (6)

b. Lab Work – Onsite: Yes No Performed at: Peoria-Tazwell Pathology

b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)?

Perry Memorial Hosp. PFT's (b) (6)

b.2. Interpreted by (if a non-physician, state the interpreter's qualifications): qualifications):

Central IL Radiological Assoc.

b.3. Turn-around timeliness, including both the results of the tests and interpretations.

24-48 hrs.

b.4. If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab?
Yes.

3.

Equipment Name and Model	Date Last Cleaned/ Calibrated/Inspected
a. X-ray*	
b. PFS Puritan Bennett Renaissance II	Calibrated daily, cleaned after each use
c. Treadmill	
d. Doppler Elite	Each use
e. ECG	
f. EMG	
g. Visual Field	
h. Audiometer	
i. Other	
j. Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment?	
(b) (6)	

*According to the Illinois Department of Professional Regulation, in Illinois X-ray equipment in hospitals must be inspected each year and in private offices every other year.

k. Eye Chart Location: Exam Room 1

Is the area well lighted, and the correct distance marked (20 feet for a standard chart)? Yes No

l. Remarks: (b) (6)

(b) (6)

I. STAFF

1. Name and medical specialty (or title for support staff) of each staff member on duty the day of inspection: There was no clinic scheduled the day of the inspection as most clinics are conducted on Saturdays. Met with (b) (6) and (b) (6) gave me access to the clinic as well as a tour of the clinic and answered questions.
2. General Appearance: Professional
3. Have there been any staff changes since the last onsite visit? Yes No
Indicate name(s) and verify CV(s) have been received and approved.
4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes
5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: License #: Exp. Date:
N/A see #1 above.

Name: License #: Exp. Date:

Name: License #: Exp. Date:

- b. Is each medical consultant and/or medical support staff's license posted in an area visible to the disability customer? Yes No
(NOTE: Home address may be concealed.)

These were not posted as the clinic was not open the day of inspection.

- c. On file at DDS? Yes No

6. Does (s)he speak easy-to-understand English and/or the language of the customer (e.g., Spanish)? Yes No
7. Does medical source staff speak any language other than English?
Yes Other language(s) No
8. A qualified sign language interpreter must have either a General Master license or an Advanced license. Are any employees qualified to communicate in sign language? Yes No

If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 25
(Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
 - a. comprehensive general medical (Requirement: at least 30 minutes)
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)
Every 20 mins to compensate for no shows.
3. What is actual length of time for exams to be completed per visit?
30 minutes

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Kept with the Dr. or in a separate secured office.
2. How and by whom is the customer's medical/psychological history obtained?
Dr or MA.
3. Who actually performs the examination/testing? Dr.
4. How much time does the physician/psychologist spend face-to-face with the customer? 20 minutes minimum.
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? MA.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

M. Does provider transmit CE report electronically?
If so; by fax using 1-866-778-4959 ; by website ; by C:D ; etc.

N. CUSTOMER IDENTIFICATION

Is the CE provider including the customer's physical description (e.g., race, eye color, any visible scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses?); customer's name and the claim number in the CE report as required by DI 22510.015 A.7? Yes

O. Does CE provider include customer's name and claim number on every page of report?
Yes No

P. Does CE provider include original signature, printed name, license number, and expiration date on last page of report? Yes No

Q. Is there a recent history of deficient reports from the vendor? Yes No
If yes, please discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.

R. Is there a recent history of late reports? Yes No
If yes, please discuss 10-day timeframe and ask vendor how he/she plans to correct the problem.

(b) (6)

(Signature of Reviewer or Head
of Review Team)

2/13/15

(Date)

REVIEW PROTOCOL FOR ONSITE REVIEW OF CONSULTATIVE EXAMINATION (CE) PROVIDERS

DATE: 2/19/15

A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)

B. OTHER OFFICE LOCATIONS: (b) (6)

C. TYPES OF EXAMINATIONS CONDUCTED: Psychological

D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)

E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: Easily identified from the street.
 - b. Cleanliness: Very clean
 - c. Safe location for claimants to travel: Yes
 - d. Handicap Accessibility: Yes

- e. Public Transportation and Parking: On a bus route. Ample parking at the front of the building.
- f. Emergency Exit Signs: Yes
- g. Rest Rooms: Handicap accessible
- h. Secure location for medical records and computer records: Yes - kept in the office with the examining psychologist out of public view.
- i. Waiting Room
 - 1. Seating Capacity: 10
 - 2. Cleanliness: very clean
- j. Examining Rooms
 - 1. Number of Rooms: 2
 - 2. Size, Cleanliness: 10' x 12' clean and orderly
 - 3. Furniture (appropriate and sufficient): desk, cabinet/book case, 2 chairs, and a large couch.
 - 4. Gowns Provided: NA
 - 5. Privacy: Yes

2. Equipment/Laboratory Tests NA

a. X-ray – Onsite: Yes No Performed at:

b. Lab Work – Onsite: Yes No Performed at:

b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)?

b.2. Interpreted by (if a non-physician, state the interpreter's qualifications): qualifications):

b.3. Turn-around timeliness, including both the results of the tests and interpretations.

b.4. If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab?

3.

Equipment Name and Model NA

Date Last Cleaned/
Calibrated/Inspected

a. X-ray*

b. PFS

c. Treadmill

d. Doppler

e. ECG

f. EMG

g. Visual Field

h. Audiometer

i. Other

j. Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment?

*According to the Illinois Department of Professional Regulation, in Illinois X-ray equipment in hospitals must be inspected each year and in private offices every other year.

k. Eye Chart Location: NA

Is the area well lighted, and the correct distance marked (20 feet for a standard chart)? Yes No

l. Remarks:

I. STAFF

1. Name and medical specialty (or title for support staff) of each staff member on duty the day of inspection: (b) (6)

2. General Appearance: clean and professional

3. Have there been any staff changes since the last onsite visit? Yes No
Indicate name(s) and verify CV(s) have been received and approved.
4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes
5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: License #: Exp. Date:
(b) (6)

Name: License #: Exp. Date:
(b) (6)

Name: License #: Exp. Date:
(b) (6)

- b. Is each medical consultant and/or medical support staff's license posted in an area visible to the disability customer? Yes No
(NOTE: Home address may be concealed.)
- c. On file at DDS? Yes No
6. Does (s)he speak easy-to-understand English and/or the language of the customer (e.g., Spanish)? Yes No
7. Does medical source staff speak any language other than English?
Yes Other language(s) No
8. A qualified sign language interpreter must have either a General Master license or an Advanced license. Are any employees qualified to communicate in sign language? Yes No
If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 8
(Copy of CE appointment may be attached, if available.)

2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
 - a. comprehensive general medical (Requirement: at least 30 minutes)
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
45 minutes
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)
3. What is actual length of time for exams to be completed per visit?
30-45 minutes

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Yes - kept with psychologist out of public view.
2. How and by whom is the customer's medical/psychological history obtained?
Interview by psychologist – (b) (6)
3. Who actually performs the examination/testing? Psychologist – (b) (6)
4. How much time does the physician/psychologist spend face-to-face with the customer? 30-45 minutes
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? Examining psychologist (b) (6) asks for photo ID and/or DDS appointment letter.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

M. Does provider transmit CE report electronically? Yes
If so; by fax using 1-866-778-4959 ; by website ; by C:D ; etc.

N. CUSTOMER IDENTIFICATION

Is the CE provider including the customer's physical description (e.g., race, eye color, any visible scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses?); customer's name and the claim number in the CE report as required by DI 22510.015 A.7? Yes

O. Does CE provider include customer's name and claim number on every page of report?
Yes No

P. Does CE provider include original signature, printed name, license number, and expiration date on last page of report? Yes No

Q. Is there a recent history of deficient reports from the vendor? Yes No
If yes, please discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.

R. Is there a recent history of late reports? Yes No
If yes, please discuss 10-day timeframe and ask vendor how he/she plans to correct the problem.

(b) (6)

(Signature of Reviewer or Head
of Review Team)

2/19/15
(Date)

REVIEW PROTOCOL FOR ONSITE REVIEW OF CONSULTATIVE EXAMINATION (CE) PROVIDERS

DATE: 2/19/15

A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)

(b) (6)

B. OTHER OFFICE LOCATIONS: (b) (6)

C. TYPES OF EXAMINATIONS CONDUCTED: Psychological

D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)

E. PROVIDER CONTACT:

NAME: (b) (6)

PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION

Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office

a. Identifiability: Easily identified from the street.

b. Cleanliness: Very clean

c. Safe location for claimants to travel: Yes

d. Handicap Accessibility: Yes

- e. Public Transportation and Parking: On a bus route. Ample parking at the front of the building.
- f. Emergency Exit Signs: Yes
- g. Rest Rooms: Handicap accessible
- h. Secure location for medical records and computer records: Yes - kept in the office with the examining psychologist out of public view.
- i. Waiting Room
 - 1. Seating Capacity: 10
 - 2. Cleanliness: very clean
- j. Examining Rooms
 - 1. Number of Rooms: 2
 - 2. Size, Cleanliness: 10' x 12' clean and orderly
 - 3. Furniture (appropriate and sufficient): desk, cabinet/book case, 2 chairs, and a large couch.
 - 4. Gowns Provided: NA
 - 5. Privacy: Yes

2. Equipment/Laboratory Tests NA

- a. X-ray – Onsite: Yes No Performed at:
- b. Lab Work – Onsite: Yes No Performed at:

b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)?

b.2. Interpreted by (if a non-physician, state the interpreter's qualifications): qualifications):

b.3. Turn-around timeliness, including both the results of the tests and interpretations.

b.4. If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab?

3.

Equipment Name and Model NA

Date Last Cleaned/
Calibrated/Inspected

a. X-ray*

b. PFS

c. Treadmill

d. Doppler

e. ECG

f. EMG

g. Visual Field

h. Audiometer

i. Other

j. Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment?

*According to the Illinois Department of Professional Regulation, in Illinois X-ray equipment in hospitals must be inspected each year and in private offices every other year.

k. Eye Chart Location: NA

Is the area well lighted, and the correct distance marked (20 feet for a standard chart)? Yes No

l. Remarks:

I. STAFF

1. Name and medical specialty (or title for support staff) of each staff member on duty the day of inspection: (b) (6)

2. General Appearance: clean and professional

3. Have there been any staff changes since the last onsite visit? Yes No
Indicate name(s) and verify CV(s) have been received and approved.
4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes
5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: _____ License #: _____ Exp. Date: _____
(b) (6)

Name: _____ License #: _____ Exp. Date: _____
(b) (6)

Name: _____ License #: _____ Exp. Date: _____
(b) (6)

- b. Is each medical consultant and/or medical support staff's license posted in an area visible to the disability customer? Yes No
(NOTE: Home address may be concealed.)

- c. On file at DDS? Yes No

6. Does (s)he speak easy-to-understand English and/or the language of the customer (e.g., Spanish)? Yes No
7. Does medical source staff speak any language other than English?
Yes Other language(s) _____ No
8. A qualified sign language interpreter must have either a General Master license or an Advanced license. Are any employees qualified to communicate in sign language? Yes No

If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 8
(Copy of CE appointment may be attached, if available.)

2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
 - a. comprehensive general medical (Requirement: at least 30 minutes)
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
45 minutes
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)

3. What is actual length of time for exams to be completed per visit?
30-45 minutes

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Yes - kept with psychologist out of public view.
2. How and by whom is the customer's medical/psychological history obtained?
Interview by psychologist – (b) (6)
3. Who actually performs the examination/testing? Psychologist – (b) (6)
4. How much time does the physician/psychologist spend face-to-face with the customer? 30-45 minutes
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? Examining psychologist (b) (6) asks for photo ID and/or DDS appointment letter.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

M. Does provider transmit CE report electronically? Yes
If so; by fax using 1-866-778-4959 ; by website ; by C:D ; etc.

N. CUSTOMER IDENTIFICATION

Is the CE provider including the customer's physical description (e.g., race, eye color, any visible scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses?); customer's name and the claim number in the CE report as required by DI 22510.015 A.7? Yes

O. Does CE provider include customer's name and claim number on every page of report?
Yes No

P. Does CE provider include original signature, printed name, license number, and expiration date on last page of report? Yes No

Q. Is there a recent history of deficient reports from the vendor? Yes No
If yes, please discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.

R. Is there a recent history of late reports? Yes No
If yes, please discuss 10-day timeframe and ask vendor how he/she plans to correct the problem.

(b) (6)

(Signature of Reviewer or Head
of Review Team)

2/19/15
(Date)

REVIEW PROTOCOL FOR ONSITE REVIEW OF CONSULTATIVE EXAMINATION (CE) PROVIDERS

DATE: 2/20/15

A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)

B. OTHER OFFICE LOCATIONS: (b) (6)

C. TYPES OF EXAMINATIONS CONDUCTED: Psychological

D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)

E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: Easily identified
 - b. Cleanliness: Clean
 - c. Safe location for claimants to travel: Yes
 - d. Handicap Accessibility: Yes

- e. Public Transportation and Parking: Office is on a bus route. On-street parking as well as off-street parking available.
- f. Emergency Exit Signs: Yes
- g. Rest Rooms: single occupant, unisex, and handicap accessible.
- h. Secure location for medical records and computer records: Kept with (b) (6) in the office out of view of the public.
- i. Waiting Room
 - 1. Seating Capacity: 12
 - 2. Cleanliness: clean
- j. Examining Rooms
 - 1. Number of Rooms: 1
 - 2. Size, Cleanliness: 8' x 12' clean
 - 3. Furniture (appropriate and sufficient): desk, table, 2 chairs
 - 4. Gowns Provided: NA
 - 5. Privacy: Yes

2. Equipment/Laboratory Tests NA

- a. X-ray – Onsite: Yes No Performed at:
- b. Lab Work – Onsite: Yes No Performed at:

b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)?

b.2. Interpreted by (if a non-physician, state the interpreter's qualifications): qualifications):

b.3. Turn-around timeliness, including both the results of the tests and interpretations.

b.4. If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab?

3.

Equipment Name and Model NA

Date Last Cleaned/
Calibrated/Inspected

a. X-ray*

b. PFS

c. Treadmill

d. Doppler

e. ECG

f. EMG

g. Visual Field

h. Audiometer

i. Other

j. Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment?

*According to the Illinois Department of Professional Regulation, in Illinois X-ray equipment in hospitals must be inspected each year and in private offices every other year.

k. Eye Chart Location: NA

Is the area well lighted, and the correct distance marked (20 feet for a standard chart)? Yes No

l. Remarks:

I. STAFF

1. Name and medical specialty (or title for support staff) of each staff member on duty the day of inspection: (b) (6) receptionist/phlebotomist, (b) (6) (b) (6) MA, K.P. (b) (6) and (b) (6)

2. General Appearance: clean and professional

3. Have there been any staff changes since the last onsite visit? Yes No
Indicate name(s) and verify CV(s) have been received and approved.
4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes
5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: _____ License #: _____ Exp. Date: _____
 (b) (6)

Name: _____ License #: _____ Exp. Date: _____
 (b) (6)

Name: _____ License #: _____ Exp. Date: _____

- b. Is each medical consultant and/or medical support staff's license posted in an area visible to the disability customer? Yes No
 (NOTE: Home address may be concealed.)
- c. On file at DDS? Yes No
6. Does (s)he speak easy-to-understand English and/or the language of the customer (e.g., Spanish)? Yes No
7. Does medical source staff speak any language other than English?
 Yes Other language(s) _____ No
8. A qualified sign language interpreter must have either a General Master license or an Advanced license. Are any employees qualified to communicate in sign language? Yes No
- If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? Psychological 16
 (Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?

- a. comprehensive general medical (Requirement: at least 30 minutes)
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
30 minutes to allow for no-shows
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)
3. What is actual length of time for exams to be completed per visit?
30 minutes

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Files kept with (b) (6) in (b) (6) office out of public view.
2. How and by whom is the customer's medical/psychological history obtained?
(b) (6) interviews each claimant.
3. Who actually performs the examination/testing? (b) (6)
4. How much time does the physician/psychologist spend face-to-face with the customer? 30 minutes
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? Photo ID/DDS appointment letter by (b) (6) or (b) (6)

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

- M. Does provider transmit CE report electronically? Yes

If so; by fax using 1-866-778-4959 ; by website ; by C:D ; etc.

N. CUSTOMER IDENTIFICATION

Is the CE provider including the customer's physical description (e.g., race, eye color, any visible scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses?); customer's name and the claim number in the CE report as required by DI 22510.015 A.7? Yes

- O. Does CE provider include customer's name and claim number on every page of report?
Yes No
- P. Does CE provider include original signature, printed name, license number, and expiration date on last page of report? Yes No
- Q. Is there a recent history of deficient reports from the vendor? Yes No
If yes, please discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.
- R. Is there a recent history of late reports? Yes No
If yes, please discuss 10-day timeframe and ask vendor how he/she plans to correct the problem.

(b) (6)

(Signature of Reviewer or Head
of Review Team)

3/06/15
(Date)

REVIEW PROTOCOL FOR ONSITE REVIEW OF CONSULTATIVE EXAMINATION (CE) PROVIDERS

DATE: 2/20/15

A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)

B. OTHER OFFICE LOCATIONS: (b) (6)

C. TYPES OF EXAMINATIONS CONDUCTED: Internist/Psychological

D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)

E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: Easily identified from the street
 - b. Cleanliness: clean
 - c. Safe location for claimants to travel: Yes
 - d. Handicap Accessibility: Yes

e. Public Transportation and Parking: Office is on a bus route. On-street parking as well as off-street parking available.

f. Emergency Exit Signs: Yes

g. Rest Rooms: single occupant, unisex, and handicap accessible.

h. Secure location for medical records and computer records: Kept in nursing station out of view of the public.

i. Waiting Room

1. Seating Capacity: 12

2. Cleanliness: clean

j. Examining Rooms

1. Number of Rooms: 2

2. Size, Cleanliness: 8' x 12' clean

3. Furniture (appropriate and sufficient): exam table, 2 chairs, stool, and cabinet.

4. Gowns Provided: if requested

5. Privacy: Yes

2. Equipment/Laboratory Tests

- a. X-ray – Onsite: Yes No Performed at: Swedish American Hospital
- b. Lab Work – Onsite: Yes No Performed at: Rockford Health Medical Lab

b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)?

Swedish American/Rockford Health

b.2. Interpreted by (if a non-physician, state the interpreter's qualifications):

Swedish American/Rockford Health

b.3. Turn-around timeliness, including both the results of the tests and interpretations.

1 day

b.4. If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab? Yes

3.

Equipment Name and Model NA

Date Last Cleaned/
Calibrated/Inspected

a. X-ray*

b. PFS

c. Treadmill

d. Doppler

e. ECG

f. EMG

g. Visual Field

h. Audiometer

i. Other

j. Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment?

*According to the Illinois Department of Professional Regulation, in Illinois X-ray equipment in hospitals must be inspected each year and in private offices every other year.

k. Eye Chart Location: Hallway between exam rooms.

Is the area well lighted, and the correct distance marked (20 feet for a standard chart)? Yes No

l. Remarks:

I. STAFF

1. Name and medical specialty (or title for support staff) of each staff member on duty the day of inspection: (b) (6) receptionist/phlebotomist, (b) (6) (b) (6) MA, K.P. (b) (6) and (b) (6)

2. General Appearance: clean and professional

3. Have there been any staff changes since the last onsite visit? Yes No
Indicate name(s) and verify CV(s) have been received and approved.
4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes
5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: _____ License #: _____ Exp. Date: _____
 (b) (6)

Name: _____ License #: _____ Exp. Date: _____
 (b) (6)

Name: _____ License #: _____ Exp. Date: _____

- b. Is each medical consultant and/or medical support staff's license posted in an area visible to the disability customer? Yes No
 (NOTE: Home address may be concealed.)
- c. On file at DDS? Yes No
6. Does (s)he speak easy-to-understand English and/or the language of the customer (e.g., Spanish)? Yes No
7. Does medical source staff speak any language other than English?
 Yes Other language(s) _____ No
8. A qualified sign language interpreter must have either a General Master license or an Advanced license. Are any employees qualified to communicate in sign language? Yes No
 If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? Internist 7, Psychological 16
 (Copy of CE appointment may be attached, if available.)

2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
 - a. comprehensive general medical (Requirement: at least 30 minutes)
30 - 60 minutes
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)

 - c. comprehensive psychiatric (Requirement: at least 40 minutes)

 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
30 minutes to allow for no-shows

 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)

3. What is actual length of time for exams to be completed per visit?
Internist 20-30 minutes, Psychological 30 minutes

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Claimant files kept in secure area (nursing station) and out of public view.

2. How and by whom is the customer's medical/psychological history obtained?
Internist - (b) (6) Psychological - (b) (6)

3. Who actually performs the examination/testing? Internist - (b) (6)
Psychological - (b) (6)

4. How much time does the physician/psychologist spend face-to-face with the customer? Internist 20-30 minutes, Psychological 30 minutes

5. Are customers greeted in a friendly, professional manner? Yes No

6. How and by whom is the customer identified? Photo ID or DDS appointment letter by (b) (6) or (b) (6)

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

M. Does provider transmit CE report electronically?
If so; by fax using 1-866-778-4959 ; by website ; by C:D ; etc.

N. CUSTOMER IDENTIFICATION

Is the CE provider including the customer's physical description (e.g., race, eye color, any visible scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses?); customer's name and the claim number in the CE report as required by DI 22510.015 A.7? Yes

O. Does CE provider include customer's name and claim number on every page of report?
Yes No

P. Does CE provider include original signature, printed name, license number, and expiration date on last page of report? Yes No

Q. Is there a recent history of deficient reports from the vendor? Yes No
If yes, please discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.

R. Is there a recent history of late reports? Yes No
If yes, please discuss 10-day timeframe and ask vendor how he/she plans to correct the problem.

(b) (6)

(Signature of Reviewer or Head
of Review Team)

2/27/15

(Date)

REVIEW PROTOCOL FOR ONSITE REVIEW OF CONSULTATIVE EXAMINATION (CE) PROVIDERS

DATE: February 25, 2015

- A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)
- B. OTHER OFFICE LOCATIONS: (b) (6)
- C. TYPES OF EXAMINATIONS CONDUCTED: Psychological
- D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)
- E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)
- F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:
(b) (6)
- G. TYPE OF REVIEW/REASON FOR VISIT
(b) (6)
- H. FACILITIES
1. Building and office
 - a. Identifiability: East to locate & identify.
 - b. Cleanliness: Very clean.
 - c. Safe location for claimants to travel: Yes.
 - d. Handicap Accessibility: Yes.

- e. **Public Transportation and Parking:** Bus stop nearby, street parking available in front of building, small lot available behind bldg.
- f. **Emergency Exit Signs:** Yes.
- g. **Rest Rooms:** 1 unisex restroom in hallway.
- h. **Secure location for medical records and computer records:** Yes.
- i. **Waiting Room**
 - 1. **Seating Capacity:** 6 chairs, 1 small couch.
 - 2. **Cleanliness:** Very clean.
- j. **Examining Rooms**
 - 1. **Number of Rooms:** 1
 - 2. **Size, Cleanliness:** Appropriate size, very clean.
 - 3. **Furniture (appropriate and sufficient):** Desk, table, 2 couches, 1 chair.
 - 4. **Gowns Provided:** N/A
 - 5. **Privacy:** Yes.

2. Equipment/Laboratory Tests N/A PSYCHOLOGICAL EVALUATIONS ONLY.

a. **X-ray – Onsite:** Yes No **Performed at:**

b. **Lab Work – Onsite:** Yes No **Performed at:**

b.1. **Diagnostic and lab tests:** Performed by (if by a non-physician, state performer’s qualifications)?

b.2. **Interpreted by (if a non-physician, state the interpreter’s qualifications):** qualifications):

b.3. **Turn-around timeliness, including both the results of the tests and interpretations.**

b.4. **If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab?**

3.

Equipment Name and Model

Date Last Cleaned/
Calibrated/Inspected

- a. X-ray*
- b. PFS
- c. Treadmill
- d. Doppler
- e. ECG
- f. EMG
- g. Visual Field
- h. Audiometer
- i. Other
- j. Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment?

*According to the Illinois Department of Professional Regulation, in Illinois X-ray equipment in hospitals must be inspected each year and in private offices every other year.

k. Eye Chart Location:

Is the area well lighted, and the correct distance marked (20 feet for a standard chart)? Yes No

l. Remarks:

I. STAFF

- 1. Name and medical specialty (or title for support staff) of each staff member on duty the day of inspection: (b) (6) psychologist; (b) (6) office manager.
- 2. General Appearance: Very professional.

3. Have there been any staff changes since the last onsite visit? Yes No
Indicate name(s) and verify CV(s) have been received and approved.
4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes.
5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: License #: Exp. Date:
(b) (6)

Name: License #: Exp. Date:

Name: License #: Exp. Date:

- b. Is each medical consultant and/or medical support staff's license posted in an area visible to the disability customer? Yes No
(NOTE: Home address may be concealed.)
- c. On file at DDS? Yes No

6. Does (s)he speak easy-to-understand English and/or the language of the customer (e.g., Spanish)? Yes No

7. Does medical source staff speak any language other than English?
Yes Other language(s) No

8. A qualified sign language interpreter must have either a General Master license or an Advanced license. Are any employees qualified to communicate in sign language? Yes No

If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 8
(Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?

- a. comprehensive general medical (Requirement: at least 30 minutes)
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
30m intervals to allow for no shows.
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)
3. What is actual length of time for exams to be completed per visit?
40-60m.

K. PROCEDURES

- 1. Privacy and confidentiality of claimant information? Yes. Kept with (b) (6) or in office manager's office with (b) (6) not available to the claimants.
- 2. How and by whom is the customer's medical/psychological history obtained?
Personal interview, (b) (6)
- 3. Who actually performs the examination/testing? (b) (6)
- 4. How much time does the physician/psychologist spend face-to-face with the customer? 40-60m.
- 5. Are customers greeted in a friendly, professional manner? Yes No
- 6. How and by whom is the customer identified? DDS letter, photo I.D., (b) (6) ofc mgr.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

- M. Does provider transmit CE report electronically? Yes.

If so; by fax using 1-866-778-4959 ; by website ; by C:D ; etc.

N. CUSTOMER IDENTIFICATION

Is the CE provider including the customer's physical description (e.g., race, eye color, any visible scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses?); customer's name and the claim number in the CE report as required by DI 22510.015 A.7? Yes.

O. Does CE provider include customer's name and claim number on every page of report?
Yes No

P. Does CE provider include original signature, printed name, license number, and expiration date on last page of report? Yes No

Q. Is there a recent history of deficient reports from the vendor? Yes No
If yes, please discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.

R. Is there a recent history of late reports? Yes No
If yes, please discuss 10-day timeframe and ask vendor how he/she plans to correct the problem.

(b) (6)

(Signature of Reviewer or Head
of Review Team)

2/25/15

(Date)

REVIEW PROTOCOL FOR ONSITE REVIEW OF CONSULTATIVE EXAMINATION (CE) PROVIDERS

DATE: March 11, 2015

A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)

(b) (6)

B. OTHER OFFICE LOCATIONS: (b) (6)

C. TYPES OF EXAMINATIONS CONDUCTED: Internal Medicine.

D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)

E. PROVIDER CONTACT:

NAME: (b) (6)

PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION

Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office

- a. Identifiability: Easy to identify & locate.
- b. Cleanliness: Very clean.
- c. Safe location for claimants to travel: Yes.
- d. Handicap Accessibility: Yes.

e. Public Transportation and Parking: Bus stop nearby. Large parking lot in back of building, valet parking available.

f. Emergency Exit Signs: Yes.

g. Rest Rooms: In hallway of office suite, in building lobby.

h. Secure location for medical records and computer records: Yes. Kept with (b) (6) or medical assistant.

i. Waiting Room

1. Seating Capacity: 8

2. Cleanliness: Very clean.

j. Examining Rooms

1. Number of Rooms: 1

2. Size, Cleanliness: Appropriate size, very clean.

3. Furniture (appropriate and sufficient): Desk, table, 2 chairs, sink.

4. Gowns Provided: If needed.

5. Privacy: Yes.

2. Equipment/Laboratory Tests

a. X-ray – Onsite: Yes No Performed at: Gateway Medical Center.

b. Lab Work – Onsite: Yes No Performed at: Gateway Medical Center.

b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)?

PFT's (b) (6) Med. Asst. All others, staff @ Gateway Medical Center.

b.2. Interpreted by (if a non-physician, state the interpreter's qualifications): qualifications):

PFT's (b) (6) Med. Asst. All others, staff @ Gateway Medical Center.

b.3. Turn-around timeliness, including both the results of the tests and interpretations.

PFT's same day. All others 24-48 hours.

b.4. If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab?
Yes.

3.

Equipment Name and Model

Date Last Cleaned/
Calibrated/Inspected

- | | | | |
|----|--------------|----------------------------|-----------|
| a. | X-ray* | N/A | |
| b. | PFS | Welch Allyn Schiller AT-10 | Each use. |
| c. | Treadmill | N/A | |
| d. | Doppler | N/A | |
| e. | ECG | N/A | |
| f. | EMG | N/A | |
| g. | Visual Field | N/A | |
| h. | Audiometer | N/A | |

i. Other

j. Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment?

PFT- (b) (6), Med. Asst.

*According to the Illinois Department of Professional Regulation, in Illinois X-ray equipment in hospitals must be inspected each year and in private offices every other year.

k. Eye Chart Location: In Hallway.

Is the area well lighted, and the correct distance marked (20 feet for a standard chart)? Yes No

l. Remarks:

I. STAFF

1. Name and medical specialty (or title for support staff) of each staff member on duty the day of inspection: (b) (6); (b) (6), Med. Asst.

2. General Appearance: Very professional.
3. Have there been any staff changes since the last onsite visit? Yes No
Indicate name(s) and verify CV(s) have been received and approved.
4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes.
5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

Name: License #: Exp. Date:

- b. Is each medical consultant and/or medical support staff's license posted in an area visible to the disability customer? Yes No
(NOTE: Home address may be concealed.)
- c. On file at DDS? Yes No
6. Does (s)he speak easy-to-understand English and/or the language of the customer (e.g., Spanish)? Yes No
7. Does medical source staff speak any language other than English?
Yes Other language(s) No
8. A qualified sign language interpreter must have either a General Master license or an Advanced license. Are any employees qualified to communicate in sign language? Yes No

If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 20
(Copy of CE appointment may be attached, if available.)

2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
 - a. comprehensive general medical (Requirement: at least 30 minutes) 20m to allow for no shows.
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)

 - c. comprehensive psychiatric (Requirement: at least 40 minutes)

 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)

 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)

3. What is actual length of time for exams to be completed per visit?
30m.

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Yes. Files kept with (b) (6) or (b) (6) Med. Asst. in a secured area.
2. How and by whom is the customer's medical/psychological history obtained? Personal interview, (b) (6).
3. Who actually performs the examination/testing? PFT's (b) (6) Med. Asst. Examinations (b) (6)
4. How much time does the physician/psychologist spend face-to-face with the customer? 30m.
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? DDS letter, photo I.D., (b) (6) Med. Asst.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

M. Does provider transmit CE report electronically? Yes.
If so; by fax using 1-866-778-4959 ; by website ; by C:D ; etc.

N. CUSTOMER IDENTIFICATION

Is the CE provider including the customer's physical description (e.g., race, eye color, any visible scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses?); customer's name and the claim number in the CE report as required by DI 22510.015 A.7? Yes.

O. Does CE provider include customer's name and claim number on every page of report?
Yes No

P. Does CE provider include original signature, printed name, license number, and expiration date on last page of report? Yes No

Q. Is there a recent history of deficient reports from the vendor? Yes No
If yes, please discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.

R. Is there a recent history of late reports? Yes No
If yes, please discuss 10-day timeframe and ask vendor how he/she plans to correct the problem.

(b) (6)

(Signature of Reviewer or Head
of Review Team)

3/11/15
(Date)

REVIEW PROTOCOL FOR ONSITE REVIEW OF CONSULTATIVE EXAMINATION (CE) PROVIDERS

DATE: March 11, 2015

A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)

B. OTHER OFFICE LOCATIONS: (b) (6)

C. TYPES OF EXAMINATIONS CONDUCTED: Psychological

D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)

E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: Easy to identify & locate.
 - b. Cleanliness: Very clean.
 - c. Safe location for claimants to travel: Yes.
 - d. Handicap Accessibility: Yes.

- e. Public Transportation and Parking: Bus stop nearby. Large parking lot in back of building, valet parking available.
- f. Emergency Exit Signs: Yes.
- g. Rest Rooms: In hallway of office suite, in building lobby.
- h. Secure location for medical records and computer records: Yes. Kept with (b) (6)
- i. Waiting Room
 - 1. Seating Capacity: 8
 - 2. Cleanliness: Very clean.
- j. Examining Rooms
 - 1. Number of Rooms: 1
 - 2. Size, Cleanliness: Appropriate size, very clean.
 - 3. Furniture (appropriate and sufficient): Desk, table, 3 chairs.
 - 4. Gowns Provided: N/A.
 - 5. Privacy: Yes.

2. Equipment/Laboratory Tests N/A-PSYCHOLOGICAL EVALUATIONS ONLY.

a. X-ray – Onsite: Yes No Performed at:

b. Lab Work – Onsite: Yes No Performed at:

b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)?

b.2. Interpreted by (if a non-physician, state the interpreter's qualifications):

b.3. Turn-around timeliness, including both the results of the tests and interpretations.

b.4. If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab?

3.

Equipment Name and Model

Date Last Cleaned/
Calibrated/Inspected

a. X-ray* N/A

b. PFS N/A

c. Treadmill N/A

d. Doppler N/A

e. ECG N/A

f. EMG N/A

g. Visual Field N/A

h. Audiometer N/A

i. Other

j. Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment?

N/A

*According to the Illinois Department of Professional Regulation, in Illinois X-ray equipment in hospitals must be inspected each year and in private offices every other year.

k. Eye Chart Location: N/A

Is the area well lighted, and the correct distance marked (20 feet for a standard chart)? Yes No

l. Remarks:

I. STAFF

1. Name and medical specialty (or title for support staff) of each staff member on duty the day of inspection: (b) (6) psychologist, (b) (6) receptionist.

2. General Appearance: Very professional.

3. Have there been any staff changes since the last onsite visit? Yes No
 Indicate name(s) and verify CV(s) have been received and approved.
4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes.
5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name:	License #:	Exp. Date:
(b) (6)		

Name:	License #:	Exp. Date:
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Name:	License #:	Exp. Date:
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b. Is each medical consultant and/or medical support staff's license posted in an area visible to the disability customer? Yes No
 (NOTE: Home address may be concealed.)

c. On file at DDS? Yes No

6. Does (s)he speak easy-to-understand English and/or the language of the customer (e.g., Spanish)? Yes No

7. Does medical source staff speak any language other than English?
 Yes Other language(s) No

8. A qualified sign language interpreter must have either a General Master license or an Advanced license. Are any employees qualified to communicate in sign language? Yes No

If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 17
 (Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?

- a. comprehensive general medical (Requirement: at least 30 minutes)
- b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
- c. comprehensive psychiatric (Requirement: at least 40 minutes)
- d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
15-30 minutes to allow for no shows.
- e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)

3. What is actual length of time for exams to be completed per visit?
40-60m.

K. PROCEDURES

- 1. Privacy and confidentiality of claimant information? All records kept with (b) (6)
- 2. How and by whom is the customer's medical/psychological history obtained? Personal interview, (b) (6)
- 3. Who actually performs the examination/testing? (b) (6)
- 4. How much time does the physician/psychologist spend face-to-face with the customer? 40-60m.
- 5. Are customers greeted in a friendly, professional manner? Yes No
- 6. How and by whom is the customer identified? DDS letter, photo I.D., (b) (6) receptionist.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

M. Does provider transmit CE report electronically? Yes.

If so; by fax using 1-866-778-4959 ; by website ; by C:D ; etc.

N. CUSTOMER IDENTIFICATION

Is the CE provider including the customer's physical description (e.g., race, eye color, any visible scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses?); customer's name and the claim number in the CE report as required by DI 22510.015 A.7? Yes.

O. Does CE provider include customer's name and claim number on every page of report?
Yes No

P. Does CE provider include original signature, printed name, license number, and expiration date on last page of report? Yes No

Q. Is there a recent history of deficient reports from the vendor? Yes No
If yes, please discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.

R. Is there a recent history of late reports? Yes No
If yes, please discuss 10-day timeframe and ask vendor how he/she plans to correct the problem.

(b) (6)

(Signature of Reviewer or Head
of Review Team)

3/11/15

(Date)

REVIEW PROTOCOL FOR ONSITE REVIEW OF CONSULTATIVE EXAMINATION (CE) PROVIDERS

DATE: 3/17/15

A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)

B. OTHER OFFICE LOCATIONS: (b) (6)

C. TYPES OF EXAMINATIONS CONDUCTED: Internist

D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)

E. PROVIDER CONTACT:

NAME: (b) (6)

PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION

Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office

a. Identifiability: Easily identified from the street.

b. Cleanliness: Clean

c. Safe location for claimants to travel: Yes

d. Handicap Accessibility: Yes

e. Public Transportation and Parking: Bus stop in front of the building and a large parking lot. Free valet parking for the handicapped.

f. Emergency Exit Signs: Yes

g. Rest Rooms: Unisex accessible in lobby and medical suite.

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

i. Waiting Room

1. Seating Capacity: 12

2. Cleanliness: clean

j. Examining Rooms

1. Number of Rooms: 2

2. Size, Cleanliness: 10' x 12' clean

3. Furniture (appropriate and sufficient): appropriate

4. Gowns Provided: as needed

5. Privacy: Yes

2. Equipment/Laboratory Tests

- a. X-ray – Onsite: Yes No Performed at: Gateway
Regional Med Ctr
- b. Lab Work – Onsite: Yes No Performed at: Gateway
Regional Med Ctr

b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)?

Gateway Regional

b.2. Interpreted by (if a non-physician, state the interpreter's qualifications): qualifications):

Gateway Regional

b.3. Turn-around timeliness, including both the results of the tests and interpretations.

1-2 days

b.4. If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab?

Yes

3.

Equipment Name and Model

Date Last Cleaned/
Calibrated/Inspected

- a. X-ray* Gateway Regional
- b. PFS Gateway Regional
- c. Treadmill
- d. Doppler Gateway Regional
- e. ECG
- f. EMG
- g. Visual Field
- h. Audiometer
- i. Other

j. Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment?

Gateway Regional medical staff

*According to the Illinois Department of Professional Regulation, in Illinois X-ray equipment in hospitals must be inspected each year and in private offices every other year.

k. Eye Chart Location: hallway between exam rooms

Is the area well lighted, and the correct distance marked (20 feet for a standard chart)? Yes No

l. Remarks:

I. STAFF

1. Name and medical specialty (or title for support staff) of each staff member on duty the day of inspection: (b) (6), (b) (6)

2. General Appearance: Clean and professional.

3. Have there been any staff changes since the last onsite visit? Yes No
Indicate name(s) and verify CV(s) have been received and approved.

4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes
5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: _____ License #: _____ Exp. Date: _____
 (b) (6)

Name: _____ License #: _____ Exp. Date: _____
 (b) (6)

Name: _____ License #: _____ Exp. Date: _____

- b. Is each medical consultant and/or medical support staff's license posted in an area visible to the disability customer? Yes No
 (NOTE: Home address may be concealed.)
- c. On file at DDS? Yes No
6. Does (s)he speak easy-to-understand English and/or the language of the customer (e.g., Spanish)? Yes No
7. Does medical source staff speak any language other than English?
 Yes Other language(s) _____ No
8. A qualified sign language interpreter must have either a General Master license or an Advanced license. Are any employees qualified to communicate in sign language? Yes No

If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 24
 (Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
- a. comprehensive general medical (Requirement: at least 30 minutes)

- b. 20 minutes to allow for no-shows
comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
- c. comprehensive psychiatric (Requirement: at least 40 minutes)
- d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
- e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)

3. What is actual length of time for exams to be completed per visit?
15-30 minutes

K. PROCEDURES

- 1. Privacy and confidentiality of claimant information? Kept with (b) (6) in the nurses station out of view of the public.
- 2. How and by whom is the customer's medical/psychological history obtained?
(b) (6)
- 3. Who actually performs the examination/testing? (b) (6)
- 4. How much time does the physician/psychologist spend face-to-face with the customer? 15-30 minutes
- 5. Are customers greeted in a friendly, professional manner? Yes No
- 6. How and by whom is the customer identified? Photo ID/DDS appointment letter by (b) (6)

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

- M. Does provider transmit CE report electronically?
If so; by fax using 1-866-778-4959 ; by website ; by C:D ; etc.

N. CUSTOMER IDENTIFICATION

Is the CE provider including the customer's physical description (e.g., race, eye color, any visible scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses?); customer's name and the claim number in the CE report as required by DI 22510.015 A.7? Yes

O. Does CE provider include customer's name and claim number on every page of report?
Yes No

P. Does CE provider include original signature, printed name, license number, and expiration date on last page of report? Yes No

Q. Is there a recent history of deficient reports from the vendor? Yes No
If yes, please discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.

R. Is there a recent history of late reports? Yes No
If yes, please discuss 10-day timeframe and ask vendor how he/she plans to correct the problem.

(b) (6)

(Signature of Reviewer or Head
of Review Team)

4/24/15
(Date)

REVIEW PROTOCOL FOR ONSITE REVIEW OF CONSULTATIVE EXAMINATION (CE) PROVIDERS

DATE: 3/17/15

A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)

B. OTHER OFFICE LOCATIONS: (b) (6)

C. TYPES OF EXAMINATIONS CONDUCTED: Psychological

D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)

E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: Easily identified from the street.
 - b. Cleanliness: Clean
 - c. Safe location for claimants to travel: Yes
 - d. Handicap Accessibility: Yes

e. Public Transportation and Parking: Bus stop in front of the building and a large parking lot. Free valet parking for the handicapped.

f. Emergency Exit Signs: Yes

g. Rest Rooms: Unisex accessible in lobby and medical suite.

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

i. Waiting Room

1. Seating Capacity: 12

2. Cleanliness: clean

j. Examining Rooms

1. Number of Rooms: 1

2. Size, Cleanliness: 10' x 12'

3. Furniture (appropriate and sufficient): appropriate

4. Gowns Provided: NA

5. Privacy: Yes

2. Equipment/Laboratory Tests NA

a. X-ray – Onsite: Yes No Performed at:

b. Lab Work – Onsite: Yes No Performed at:

b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)?

b.2. Interpreted by (if a non-physician, state the interpreter's qualifications): qualifications):

b.3. Turn-around timeliness, including both the results of the tests and interpretations.

b.4. If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab?

3.

Equipment Name and Model NA

Date Last Cleaned/
Calibrated/Inspected

a. X-ray*

b. PFS

c. Treadmill

d. Doppler

e. ECG

f. EMG

g. Visual Field

h. Audiometer

i. Other

j. Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment?

*According to the Illinois Department of Professional Regulation, in Illinois X-ray equipment in hospitals must be inspected each year and in private offices every other year.

k. Eye Chart Location: NA

Is the area well lighted, and the correct distance marked (20 feet for a standard chart)? Yes No

l. Remarks:

I. STAFF

1. Name and medical specialty (or title for support staff) of each staff member on duty the day of inspection: (b) (6) (b) (6)

2. General Appearance: Clean and professional

3. Have there been any staff changes since the last onsite visit? Yes No
Indicate name(s) and verify CV(s) have been received and approved.

4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes
5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: License #: Exp. Date:
(b) (6)

Name: License #: Exp. Date:
(b) (6)

Name: License #: Exp. Date:

- b. Is each medical consultant and/or medical support staff's license posted in an area visible to the disability customer? Yes No
(NOTE: Home address may be concealed.)
- c. On file at DDS? Yes No
6. Does (s)he speak easy-to-understand English and/or the language of the customer (e.g., Spanish)? Yes No
7. Does medical source staff speak any language other than English?
Yes Other language(s) No
8. A qualified sign language interpreter must have either a General Master license or an Advanced license. Are any employees qualified to communicate in sign language? Yes No
- If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 14
(Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
- a. comprehensive general medical (Requirement: at least 30 minutes)

- b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
- c. comprehensive psychiatric (Requirement: at least 40 minutes)
- d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
30 minutes to allow for no-shows
- e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)

3. What is actual length of time for exams to be completed per visit?
15-30 minutes

K. PROCEDURES

- 1. Privacy and confidentiality of claimant information? Kept with (b) (6) in the nurse's station out of view of the public.
- 2. How and by whom is the customer's medical/psychological history obtained?
(b) (6), interviews each claimant.
- 3. Who actually performs the examination/testing? (b) (6)
- 4. How much time does the physician/psychologist spend face-to-face with the customer? 15-30 minutes
- 5. Are customers greeted in a friendly, professional manner? Yes No
- 6. How and by whom is the customer identified? (b) (6) asks for photo ID and/or DDS appointment letter.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

- M. Does provider transmit CE report electronically?
If so; by fax using 1-866-778-4959 ; by website ; by C:D ; etc.

N. CUSTOMER IDENTIFICATION

Is the CE provider including the customer's physical description (e.g., race, eye color, any visible scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses?); customer's name and the claim number in the CE report as required by DI 22510.015 A.7? Yes

O. Does CE provider include customer's name and claim number on every page of report?
Yes No

P. Does CE provider include original signature, printed name, license number, and expiration date on last page of report? Yes No

Q. Is there a recent history of deficient reports from the vendor? Yes No
If yes, please discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.

R. Is there a recent history of late reports? Yes No
If yes, please discuss 10-day timeframe and ask vendor how he/she plans to correct the problem.

(b) (6)

(Signature of Reviewer or Head
of Review Team)

5/15/15

(Date)

REVIEW PROTOCOL FOR ONSITE REVIEW OF CONSULTATIVE EXAMINATION (CE) PROVIDERS

DATE: March 25, 2015

A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)

B. OTHER OFFICE LOCATIONS: (b) (6)

C. TYPES OF EXAMINATIONS CONDUCTED: Psychological

D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)

E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: Easily identified from the street and Dr.' name is on the Suite door.
 - b. Cleanliness: Yes
 - c. Safe location for claimants to travel: Yes
 - d. Handicap Accessibility: Yes

- e. Public Transportation and Parking: EI is a block away. On a bus route and off-street parking is available.
- f. Emergency Exit Signs: Yes
- g. Rest Rooms: Single unisex, partially accessible.
- h. Secure location for medical records and computer records: Kept with Dr.
- i. Waiting Room
 - 1. Seating Capacity: 6
 - 2. Cleanliness: Clean
- j. Examining Rooms
 - 1. Number of Rooms: 2
 - 2. Size, Cleanliness: 10'x10' (approx.) and clean
 - 3. Furniture (appropriate and sufficient): Couch, 2 chairs and desk
 - 4. Gowns Provided: N/A
 - 5. Privacy: Yes

2. Equipment/Laboratory Tests

- a. X-ray – Onsite: Yes No Performed at:
- b. Lab Work – Onsite: Yes No Performed at:

b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)?

b.2. Interpreted by (if a non-physician, state the interpreter's qualifications): qualifications):

b.3. Turn-around timeliness, including both the results of the tests and interpretations.

b.4. If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab?

3.

Equipment Name and Model

Date Last Cleaned/
Calibrated/Inspected

a. X-ray*

b. PFS

c. Treadmill

d. Doppler

e. ECG

f. EMG

g. Visual Field

h. Audiometer

i. Other

j. Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment?

*According to the Illinois Department of Professional Regulation, in Illinois X-ray equipment in hospitals must be inspected each year and in private offices every other year.

k. Eye Chart Location:

Is the area well lighted, and the correct distance marked (20 feet for a standard chart)? Yes No

l. Remarks:

I. STAFF

1. Name and medical specialty (or title for support staff) of each staff member on duty the day of inspection: (b) (6)

2. General Appearance: Professional

3. Have there been any staff changes since the last onsite visit? Yes No

Indicate name(s) and verify CV(s) have been received and approved.

4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? N/A
5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: License #: Exp. Date:
(b) (6)

Name: License #: Exp. Date:

Name: License #: Exp. Date:

- b. Is each medical consultant and/or medical support staff's license posted in an area visible to the disability customer? Yes No
(NOTE: Home address may be concealed.)
- c. On file at DDS? Yes No
6. Does (s)he speak easy-to-understand English and/or the language of the customer (e.g., Spanish)? Yes No
7. Does medical source staff speak any language other than English?
Yes Other language(s) No
8. A qualified sign language interpreter must have either a General Master license or an Advanced license. Are any employees qualified to communicate in sign language? Yes No
- If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 5
(Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?

- a. comprehensive general medical (Requirement: at least 30 minutes)
- b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
- c. comprehensive psychiatric (Requirement: at least 40 minutes)
- d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
60 minutes
- e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)

3. What is actual length of time for exams to be completed per visit?
40-60 minutes

K. PROCEDURES

- 1. Privacy and confidentiality of claimant information? Kept with the Dr.
- 2. How and by whom is the customer's medical/psychological history obtained?
(b) (6)
- 3. Who actually performs the examination/testing? **(b) (6)**
- 4. How much time does the physician/psychologist spend face-to-face with the customer? 40 minutes minimum
- 5. Are customers greeted in a friendly, professional manner? Yes No
- 6. How and by whom is the customer identified? Must sign in at the front desk on the 1st floor. Dr. requests photo ID and/or CE letter.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

- M. Does provider transmit CE report electronically?
If so; by fax using 1-866-778-4959 ; by website ; by C:D ; etc.

N. CUSTOMER IDENTIFICATION

Is the CE provider including the customer's physical description (e.g., race, eye color, any visible scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses?); customer's name and the claim number in the CE report as required by DI 22510.015 A.7? Yes

O. Does CE provider include customer's name and claim number on every page of report?
Yes No

P. Does CE provider include original signature, printed name, license number, and expiration date on last page of report? Yes No

Q. Is there a recent history of deficient reports from the vendor? Yes No
If yes, please discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.

R. Is there a recent history of late reports? Yes No
If yes, please discuss 10-day timeframe and ask vendor how he/she plans to correct the problem.

(b) (6)

(Signature of Reviewer or Head
of Review Team)

3/25/15

(Date)

REVIEW PROTOCOL FOR ONSITE REVIEW OF CONSULTATIVE EXAMINATION (CE) PROVIDERS

DATE: March 25, 2015

A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)

B. OTHER OFFICE LOCATIONS: (b) (6)

C. TYPES OF EXAMINATIONS CONDUCTED: Internist, Psychologist, Psychiatrist, Pediatrician, SLP

D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)

E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: Address is on front door. Facility listed on 1st floor directory.
 - b. Cleanliness: Very clean.
 - c. Safe location for claimants to travel: Yes.
 - d. Handicap Accessibility: Yes.

- e. Public Transportation and Parking: Next to the "el". On a bus route. On street(meters) and off street parking lots in the area.
- f. Emergency Exit Signs: Yes.
- g. Rest Rooms: Single, unisex rest room in the clinic.
- h. Secure location for medical records and computer records: Secured in locked office when not in the examiners possession.
- i. Waiting Room
 - 1. Seating Capacity: 22
 - 2. Cleanliness: Very clean.
- j. Examining Rooms
 - 1. Number of Rooms: 4
 - 2. Size, Cleanliness: 8'x 13' to 20'x13'
 - 3. Furniture (appropriate and sufficient): Exam table, chair and table in physical exam rooms. Table/desk and chairs in mental exam rooms.
 - 4. Gowns Provided: If requested.
 - 5. Privacy: All rooms are private.

2. Equipment/Laboratory Tests

- a. X-ray – Onsite: Yes No Performed at:
- b. Lab Work – Onsite: Yes No Performed at: Quest
Diagnostics.

b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)?

x-rays- (b) (6) x-ray tech. Labs- Quest Diagnostics.

b.2. Interpreted by (if a non-physician, state the interpreter's qualifications): qualifications):

X-rays- (b) (6) or (b) (6)

b.3. Turn-around timeliness, including both the results of the tests and interpretations.

Labs-24 hours. X-rays- 24 hours or less.

b.4. If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab? Yes.

3.

Equipment Name and Model

Date Last Cleaned/
Calibrated/Inspected
Last inspected Nov.
2014. Cleaned after
each use.
Calibrated daily.
Cleaned after each
use.

a. X-ray* Universal Easymatic Super 325

b. PFS Puritan Bennett Renaissance II

c. Treadmill

d. Doppler Life Dop Summit Doppler

Cleaned after each
use.

e. ECG

f. EMG

g. Visual Field

h. Audiometer

i. Other

j. Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment?

(b) (6)

*According to the Illinois Department of Professional Regulation, in Illinois X-ray equipment in hospitals must be inspected each year and in private offices every other year.

k. Eye Chart Location: Exam room 1

Is the area well lighted, and the correct distance marked (20 feet for a standard chart)? Yes No

l. Remarks:

I. STAFF

1. Name and medical specialty (or title for support staff) of each staff member on duty the day of inspection: (b) (6) Off Mgr/x-ray tech.

(b) (6)

2. General Appearance: Professional.
3. Have there been any staff changes since the last onsite visit? Yes No
Indicate name(s) and verify CV(s) have been received and approved.
4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes.
5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name:	License #:	Exp. Date:
(b) (6)		
Name:	License #:	Exp. Date:
(b) (6)		
Name:	License #:	Exp. Date:
(b) (6)		
(b) (6)	Receptionist/MA	

- b. Is each medical consultant and/or medical support staff's license posted in an area visible to the disability customer? Yes No
(NOTE: Home address may be concealed.)
- c. On file at DDS? Yes No
6. Does (s)he speak easy-to-understand English and/or the language of the customer (e.g., Spanish)? Yes No
7. Does medical source staff speak any language other than English? Yes Other language(s) Spanish, Greek, Indian, Farsi No
8. A qualified sign language interpreter must have either a General Master license or an Advanced license. Are any employees qualified to communicate in sign language? Yes No
- If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 17 SLP account for no shows, 12 Int,Ped, 5 Psych.
(Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
 - a. comprehensive general medical (Requirement: at least 30 minutes)
30 minutes.
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
40 minutes
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
40-60 minutes
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)
SLP- 30 minutes
3. What is actual length of time for exams to be completed per visit?
30 minutes minimum.

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Kept in locked office if not with the examining Dr./SLP
2. How and by whom is the customer's medical/psychological history obtained?
Examining Dr/SLP
3. Who actually performs the examination/testing? Exams-Dr or SLP. PFT's- MA, X-rays - (b) (6) IQ's-Psychologist
4. How much time does the physician/psychologist spend face-to-face with the customer? 30 minutes minimum.
5. Are customers greeted in a friendly, professional manner? Yes No

6. How and by whom is the customer identified? Receptionist requests photo ID. If not available they ask for CE letter.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

M. Does provider transmit CE report electronically?
If so; by fax using 1-866-778-4959 ; by website ; by C:D ; etc.

N. CUSTOMER IDENTIFICATION

Is the CE provider including the customer's physical description (e.g., race, eye color, any visible scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses?); customer's name and the claim number in the CE report as required by DI 22510.015 A.7? Yes.

O. Does CE provider include customer's name and claim number on every page of report?
Yes No

P. Does CE provider include original signature, printed name, license number, and expiration date on last page of report? Yes No

Q. Is there a recent history of deficient reports from the vendor? Yes No
If yes, please discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.

R. Is there a recent history of late reports? Yes No
If yes, please discuss 10-day timeframe and ask vendor how he/she plans to correct the problem.

(b) (6)

(Signature of Reviewer or Head
of Review Team)

3/25/15

(Date)

REVIEW PROTOCOL FOR ONSITE REVIEW OF CONSULTATIVE EXAMINATION (CE) PROVIDERS

DATE: March 26, 2015

A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)

B. OTHER OFFICE LOCATIONS: (b) (6)

C. TYPES OF EXAMINATIONS CONDUCTED: Internist, Psychologist, Psychiatrist, Pediatrician, Cardiology (Treadmills only).

D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)

E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office

a. Identifiability: Address is on building. Facility listed on 1st floor directory. Security on 1st floor to assist clmnts. if needed.

b. Cleanliness: Very clean.

c. Safe location for claimants to travel: Yes.

- d. Handicap Accessibility: Yes.
- e. Public Transportation and Parking: One block from the "el". On a bus route. On street(meters) and off street parking lots in the area.
- f. Emergency Exit Signs: Yes.
- g. Rest Rooms: Single, unisex rest room in the clinic.
- h. Secure location for medical records and computer records: Secured in locked office when not in the examiners possession.
- i. Waiting Room
 - 1. Seating Capacity: 20
 - 2. Cleanliness: Very clean.
- j. Examining Rooms
 - 1. Number of Rooms: 3- 2 physical, 1 mental
 - 2. Size, Cleanliness: 10'x10' and clean
 - 3. Furniture (appropriate and sufficient): Exam table, chair and table in physical exam rooms. Table/desk and chairs in mental exam rooms.
 - 4. Gowns Provided: If requested.
 - 5. Privacy: All rooms are private.

2. Equipment/Laboratory Tests

- a. X-ray – Onsite: Yes No Performed at:
- b. Lab Work – Onsite: Yes No Performed at: Lab Corp.

b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)?

x-rays- (b) (6) x-ray tech. Labs- Lab Corp.

b.2. Interpreted by (if a non-physician, state the interpreter's qualifications): qualifications):

b.3. Turn-around timeliness, including both the results of the tests and interpretations.
Labs-24 hours.

b.4. If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab?
Yes.

3.

Equipment Name and Model		Date Last Cleaned/ Calibrated/Inspected
a.	X-ray* Universal Linear EXT	Inspected annually. Cleaned after each use.
b.	PFS Puritan Bennett Renaissance II	Calibrated daily. Cleaned after each use.
c.	Treadmill Off-site	
d.	Doppler Imex Pocket Dop II	Cleaned after each use.
e.	ECG	
f.	EMG	
g.	Visual Field	
h.	Audiometer	
i.	Other	
j.	Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment?	
	x-ray-	(b) (6) PFT/Doppler- (b) (6)

*According to the Illinois Department of Professional Regulation, in Illinois X-ray equipment in hospitals must be inspected each year and in private offices every other year.

k. Eye Chart Location: Hallway

Is the area well lighted, and the correct distance marked (20 feet for a standard chart)? Yes No

l. Remarks:

I. STAFF

1. Name and medical specialty (or title for support staff) of each staff member on duty the day of inspection: (b) (6)
 (b) (6) x-ray tech, (b) (6) Off. Mgr..
2. General Appearance: Professional.
3. Have there been any staff changes since the last onsite visit? Yes No
 Indicate name(s) and verify CV(s) have been received and approved.
4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes.
5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

(b) (6)

(b) (6) Off. Mgr.

- b. Is each medical consultant and/or medical support staff's license posted in an area visible to the disability customer? Yes No
 (NOTE: Home address may be concealed.)
- c. On file at DDS? Yes No
6. Does (s)he speak easy-to-understand English and/or the language of the customer (e.g., Spanish)? Yes No
7. Does medical source staff speak any language other than English? Yes Other language(s) Spanish No

8. A qualified sign language interpreter must have either a General Master license or an Advanced license. Are any employees qualified to communicate in sign language? Yes No

If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 12 account for no shows.
(Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
 - a. comprehensive general medical (Requirement: at least 30 minutes)
20 minutes (account for no shows.)
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
30-60 minutes (account for no shows)
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)
3. What is actual length of time for exams to be completed per visit?
30 minutes minimum.

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Kept in secured receptionist office if not with the examining Dr.
2. How and by whom is the customer's medical/psychological history obtained?
Examining Dr

3. Who actually performs the examination/testing? Exams-Dr . PFT's- MA, X-rays
- (b) (6) IQ's-Psychologist
4. How much time does the physician/psychologist spend face-to-face with the customer? 20 minutes minimum.
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? Security will require photo ID to enter the building. If not available they contact the vendor to ensure they have an appt and ask to see CE letter.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

- M. Does provider transmit CE report electronically?
If so; by fax using 1-866-778-4959 ; by website ; by C:D ; etc.

N. CUSTOMER IDENTIFICATION

Is the CE provider including the customer's physical description (e.g., race, eye color, any visible scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses?); customer's name and the claim number in the CE report as required by DI 22510.015 A.7? Yes.

- O. Does CE provider include customer's name and claim number on every page of report?
Yes No
- P. Does CE provider include original signature, printed name, license number, and expiration date on last page of report? Yes No
- Q. Is there a recent history of deficient reports from the vendor? Yes No
If yes, please discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.
- R. Is there a recent history of late reports? Yes No
If yes, please discuss 10-day timeframe and ask vendor how he/she plans to correct the problem.

(b) (6)

(Signature of Reviewer or Head
of Review Team)

3/26/15

(Date)

CLAIMANT'S NAME: (b) (6)

CASE #: (b) (6)

DOCTOR'S NAME: (b) (6)

EXAM DATE: (b) (6)

LOCATION: (b) (6)

EXAM TIME: 11:30A

1. Was the doctor's office easy to find?
Yes No
2. Were you able to get into the building and doctor's office without difficulty?
Yes No
3. Was the doctor the only person to examine you? If "no", who else examined you?
Yes No
4. Was the doctor easy to understand?
Yes No
5. Did you have enough time to talk about your condition with the doctor?
Yes No
6. Did the doctor and other people at the office treat you with courtesy?
Yes No
7. Did your examination begin at about the scheduled time? (e.g., without too much delay.)
Yes No
8. Were the office, waiting room and exam rooms clean?
Yes No
9. Did you have enough privacy during the examination?
Yes No
10. Did you believe you had a complete, thorough exam?
Yes No
11. About how much time did you spend with the doctor? >1 hour

OTHER COMMENTS: Interview was with (b) (6), as (b) (6) is (b) (6). (b) (6) did note that (b) (6) used mapquest to get directions to the office. (b) (6) wondered why the CE was necessary because we should have ample medical evidence from all of (b) (6) medical providers. (b) (6) also suggested that we consider changing the wording in the letter that is sent about the exam as (b) (6) thought, until being told otherwise by (b) (6), that (b) (6) would be making the decision as to whether (b) (6) would be found disabled.

CLAIMANT'S NAME: (b) (6)

CASE #: (b) (6)

DOCTOR'S NAME: (b) (6)

EXAM DATE: (b) (6)

LOCATION: (b) (6)

EXAM TIME: 1:30P

1. Was the doctor's office easy to find?
Yes No
2. Were you able to get into the building and doctor's office without difficulty?
Yes No
3. Was the doctor the only person to examine you? If "no", who else examined you?
Yes No
4. Was the doctor easy to understand?
Yes No
5. Did you have enough time to talk about your condition with the doctor?
Yes No
6. Did the doctor and other people at the office treat you with courtesy?
Yes No
7. Did your examination begin at about the scheduled time? (e.g., without too much delay.)
Yes No
8. Were the office, waiting room and exam rooms clean?
Yes No
9. Did you have enough privacy during the examination?
Yes No
10. Did you believe you had a complete, thorough exam?
Yes No
11. About how much time did you spend with the doctor? 30 minutes

OTHER COMMENTS: (b) (6) was late to the appointment because (b) (6) got lost once (b) (6)

(b) (6) felt that the exam room wasn't private because when (b) (6) was in the waiting room (b) (6) could hear words being spoken in that room. (b) (6) was uncertain as to whether the exam was complete, stating that the doctor should have asked more direct questions, but was not able to expand on that statement. (b) (6) also stated

that the letters the DDB sends out regarding CEs are confusing as they contain too much information.

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: Physical specialties and psychological
- E. Provider has performed CE's 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 sign is for the business they rent from (b) (6) (mentioned on the claimant letter) but they do have a small sign on the door for (b) (6)
- b. **Cleanliness:** The building areas was clean.
- c. **Handicap accessibility:** There is no stairs walking in the building.
- d. **Public transportation:** The (b) (6) busses are in close distance.
- e. **Parking lot:** Yes, small, shared with two other clinics on Thursday morning but no others after 12 pm and on weekend
- f. **Emergency exit signs:** Yes, above the doors.
- g. **Rest rooms:** The rest rooms are clean supplied with paper towel, soap and water. The bathroom has safety rails.

- h. Safe location for claimants to travel:** This is a public area next to other buildings and a church across the street.
- i. Secure location for medical records and computer records:** Paper forms are in locked office. They indicated it is obtained by individual doctors on password protected laptops.
- j. Other (comments):**
During my conversation with (b) (6) (b) (6) inquired about working on (b) (6) own for Social Security Disability. (b) (6) requested pricing. I informed (b) (6) can call me however, I can not remember at the time. I discussed the new MSE report format also and the need for more information with (b) (6).

2. Equipment/Laboratory tests

- a. Onsite:** PFT - QRS Orbit portable spirometer model #7R00-0101 calibrated
- b. Offsite:** Michigan radiology group conducts and interprets the x-rays, Labs are sent to Quest Diagnostics.

J. Staff

- 1. Professionalism:** (b) (6) the assistant and (b) (6) were present and Professional.
- 2. Is claimant greeted timely?** The claimant is greeted in a timely manner.
- 3. Does medical source speak any language other than English? If so, which language?** One doctor speaks Arabic.
- 4. Current licensing**
 - a. Displayed:** No, did not have displayed.
 - b. On file at DDS:** (b) (6) keeps a electronic copy.

K. Scheduling

- 1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty?**
24/ physician and 9/psychologist
- 2. What are the minimum interval times that the CE provider schedules for an exam?**
Physical 30 minutes , 40 minutes Psychologist.
- 3. What is the actual length of times for exams to be completed per visit?**

20-30 minutes Physical, 30-40 Psychologist

L. Procedures

1. **Privacy and confidentiality of claimant information?**
Yes, interviews and vitals done in the exam room
2. **How and by whom is the claimant's medical history obtained?**
The medical professional conducting the exam.
3. **How and by whom is the claimant's psychological history obtained?**
The psychological history is obtained by the psychologist.
4. **How much time does the physician/psychologist spend face-to-face with the claimant?**
20-30 minutes Physical, 30-40 Psychologist
5. **Does the source certify that assistants meet appropriate licensing or certification requirements of the state?**
Certification yes, he is not licensed.

M. Laboratories

1. **Diagnostic and lab tests**
 - a. **Performed by (if a nonphysician, state performer's qualifications):**
FT - QRS Orbit portable spirometer model #7R00-0101 calibrated
 - b. **Interpreted by (if a nonphysician, state the interpreter's qualifications):**
Michigan radiology group conducts and interprets the x-rays, Labs are sent to Quest Diagnostics.
2. **Turn-around timeliness, including both test results and interpretations:**
The turnaround time is 24 to 48 hours.

N. Exit Interviews of Claimants:

I conducted two exit interviews with (b) (6) and (b) (6) they had no complaints.

O. Confidentiality of CE reports and office security:

Early paperless system, information assessed from (b) (6) secure website by password protected lap-top computers. Paper consists of H&P forms and doctor notes, transported in cases directly home (instructed to place in locked trunk). Notes are destroyed by shredder once report is paid for or within 3 months. Reports are transmitted through a secure phone dictation and sent to secure website for viewing prior to signature.

P. Describe electronic method provider uses to transmit report:
[REDACTED] receives eOR and sends scanned signed reports through ERE.

Q. Additional Information:

Reviewer: (b) (6) [REDACTED] Rn Pro **Date:** 7/9/2015

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: Speech, Pediatric, Internal Medicine, Physical Medicine, Psychiatric, Psychological, & Neurology
- 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
- Identifiability:** There is a large sign beside the building
 - Cleanliness:** The building is clean.
 - Handicap accessibility:** The building has no stairs.
 - Public transportation:** The (b) (6) bus systems drop off at this clinic.
 - Parking lot:** The clinic has a large gated parking lot.
 - Emergency exit signs:** There is emergency exit signs located above the front and back door.
 - Rest rooms:** Is clean and handicap accessible
 - Safe location for claimants to travel:** This location is in a open public area

which is safe for claimants.

- i. **Secure location for medical records and computer records:** File cabinets are locked nightly & computer in locked workspace. The invoices and MER are printed off ERE in locked office. Computer is password protected.
- j. **Other (comments):**

2. Equipment/Laboratory tests

- a. **Onsite:** PFT - "EasyOne" model #2001 calibrated each use
X-ray-LX125 Collimator: certification posted, valid through 11-1-15
New: ECG-Edan Corp. SMART-ECG model SE-1201 calibrated daily
New: Northland Radiology is contracted to do the Dopplers
- b. **Offsite:** Labs are interpreted by St John Bio Laboratory. X-rays are interpreted by (b) (6)

J. Staff

- 1. **Professionalism:** (b) (6) (b) (6), was present and (b) (6) was performing exams. They were all professional.
- 2. **Is claimant greeted timely?** yes
- 3. **Does medical source speak any language other than English? If so, which language?** Indian and Hindu dialects only, they can use Linguistica
- 4. **Current licensing**
 - a. **Displayed:** no, but readily available upon request
 - b. **On file at DDS:** Yes

K. Scheduling

- 1. **What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty?**
Depends on availability provided in advance by consultant
- 2. **What are the minimum interval times that the CE provider schedules for an exam?**
30 minutes physical/40 minutes for psychiatric/40 minutes for psychological/60 minutes for speech
- 3. **What is the actual length of times for exams to be completed per visit?**

physical 30 minutes/psych 40-90 minutes

L. Procedures

1. **Privacy and confidentiality of claimant information?**
The claimants are provided confidentiality and privacy during their visit.
2. **How and by whom is the claimant's medical history obtained?**
The examining consultant
3. **How and by whom is the claimant's psychological history obtained?**
Each consultant has their own forms to be completed by claimant. Consultant reviews and elaborates as needed.
4. **How much time does the physician/psychologist spend face-to-face with the claimant?**
20 minutes to 90 minutes depending on specialty and what is needed/requested
5. **Does the source certify that assistants meet appropriate licensing or certification requirements of the state?**
The clinic has medical assistants that are not certified.

M. Laboratories

1. **Diagnostic and lab tests**
 - a. **Performed by (if a nonphysician, state performer's qualifications):**
Trained technicians conduct Dopplers, ECG, Draw blood, Shamoon PFT's, Tikia X-rays.
 - b. **Interpreted by (if a nonphysician, state the interpreter's qualifications):**
Farmbrook Radiology in Southfield and Detroit BioMedical Lab
2. **Turn-around timeliness, including both test results and interpretations:**
1-2 days

N. Exit Interviews of Claimants:

(b) (6) no complaints.
(b) (6) had no complaints (b) (6) feels the exam is not thorough however, (b) (6) is not sure why (b) (6) feels like this.

O. Confidentiality of CE reports and office security:

Transcriptionist, (b) (6), transports tapes and reports in a sealed envelope. Charts are kept in locked file cabinets, shredded after 3 months. Computer is in locked work space, password protected.

P. Describe electronic method provider uses to transmit report:
Receive invoices eOR and use ERE to send scanned reports (requires two separate ERE accounts)

Q. Additional Information:

Reviewer: (b) (6), PRO **Date:** 07/06/2015

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

(b) (6)

Pending Date **8/20/16**

Date of Visit **8/20/15**

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

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 #

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)

WAITING ROOM

Seating Capacity: 5

Size: Adequate Inadequate

Cleanliness: Yes No

Reception Area: Reception Window Sign-in Sheet

Amenities: Pictures Plants Reading Material Children's Area
 TV Music

Remarks:

INTERVIEW ROOMS

Number of Rooms: 1

Size: Adequate Inadequate

Cleanliness: Acceptable Unacceptable

Furniture: Appropriate: Yes No

Sufficient: Yes No

Privacy: Adequate Inadequate

Remarks:

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

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):

Tester's Name(s): **(b) (6)**

Do we have paperwork on all Testers used? Yes No

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 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? **45 minutes**

Remarks:

CLAIMANT IDENTIFICATION

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

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

Remarks:

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

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

Date: 8/20/15

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

(b) (6)

Pending Date **8/28/16**

Date of Visit **8/28/15**

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: 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 # **unk**

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)

The office is a standard brick office building. There is designated parking across the street.

WAITING ROOM

Seating Capacity: **20**

Size: Adequate Inadequate

Cleanliness: Yes No

Reception Area: Reception Window Sign-in Sheet

Amenities: Pictures Plants Reading Material Children's Area
 TV Music

Remarks: **Average waiting area. There is a child's area with some toys. The receptionist checks ID's.**

INTERVIEW ROOMS

Number of Rooms: **1**

Size: Adequate Inadequate

Cleanliness: Acceptable Unacceptable

Furniture: Appropriate: Yes No

Sufficient: Yes No

Privacy: Adequate Inadequate

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Remarks: **The interview room consists of a nice desk and 2 chairs.**

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: **The testing area consists of a desk and 2 chairs in a private room.**

STAFF

Receptionist's Name(s):

Tester's Name(s):

Do we have paperwork on all Testers used? Yes No

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 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? **60minutes**

Remarks:

CLAIMANT IDENTIFICATION

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

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

Remarks:

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

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

Date: 8/28/15

PHYSICAL CONSULTANT ONSITE REVIEW

(b) (6)

Pending Date **8/31/16**

Date of Visit **8/31/15**

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

Name of Doctor (b) (6)

Address (b) (6)

Other Office Locations

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:

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)

WAITING ROOM

- Seating Capacity: **18**
Size: Adequate Inadequate
Cleanliness: Yes No
Reception Area: Reception Window Sign-in Sheet
Amenities: Pictures Plants Reading Material Children's Area
 TV Music

Remarks: **Well-lit Clean.**

EXAMINING ROOMS

- Number of Rooms: **7**
Size: Adequate Inadequate
Cleanliness: Acceptable Unacceptable
Furniture: Appropriate: Yes No
 Sufficient: Yes No
Gowns Provided: Yes No

PHYSICAL CONSULTANT ONSITE REVIEW

Privacy: Adequate Inadequate

Remarks:

EQUIPMENT/LABORATORY TESTS

X-rays – Onsite: Yes No

(If no) Performed at

(If yes) Make/Model **GE Silhouette HF-Digital version**

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

Remarks: **Maximum weight 300 lbs.**

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:

EQUIPMENT AVAILABLE

Scale: Digital Set of Scales Maximum Weight: **350**

Height Chart: Yes No

BP Cuff: Large Digital – Make/Model

Dynamometer: Yes No

Otoscope: Yes No

Remarks:

EYE CHART LOCATION

Adequate Lighting: Yes No

PHYSICAL CONSULTANT ONSITE REVIEW

Correct distance: Yes No

Remarks:

STAFF

Receptionist's Name(s):

Technician's Name(s):

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 mins**

Remarks: (b) (6)

[Redacted]

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

PHYSICAL CONSULTANT ONSITE REVIEW

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

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

Date: 8/31/15

PHYSICAL CONSULTANT ONSITE REVIEW

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

(b) (6)

Pending Date 5/12/16

Date of Visit 5/12/15

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

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 #

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)

The office is handicap accessible with a long ramp. Parking available along the side and the back of the building.

WAITING ROOM

Seating Capacity: **10**

Size: Adequate Inadequate

Cleanliness: Yes No

Reception Area: Reception Window Sign-in Sheet

Amenities: Pictures Plants Reading Material Children's Area

TV Music

Remarks: **Reading material and a tv are available.**

INTERVIEW ROOMS

Number of Rooms: **1**

Size: Adequate Inadequate

Cleanliness: Acceptable Unacceptable

Furniture: Appropriate: Yes No

Sufficient: Yes No

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Privacy: Adequate Inadequate

Remarks: **The interview room consists of a small desk and 2 chairs.**

TESTING AREAS

Number of Rooms: **See above.**

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): **(b) (6)** **staff is present on days of (b) (6)**

exams.

Tester's Name(s):

Do we have paperwork on all Testers used? Yes No

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

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

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

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

Remarks:

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

Date: 5/12/15

PHYSICAL CONSULTANT ONSITE REVIEW

(b) (6)

Pending Date **8/4/16**

Date of Visit **8/4/15**

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

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:

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)

(b) (6)

[Redacted]

WAITING ROOM

Seating Capacity: (b) (6)

[Redacted]

[Redacted]

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

Remarks: (b) (6)

[Redacted]

PHYSICAL CONSULTANT ONSITE REVIEW

EXAMINING ROOMS

Number of Rooms: **1**

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 type="checkbox"/>	<input type="checkbox"/>	
EKG/ECG	<input type="checkbox"/>	<input type="checkbox"/>	
Treadmill	<input type="checkbox"/>	<input type="checkbox"/>	
Doppler	<input type="checkbox"/>	<input type="checkbox"/>	
EMG	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Field	<input type="checkbox"/>	<input type="checkbox"/>	
Audiometer	<input type="checkbox"/>	<input type="checkbox"/>	
EEG	<input type="checkbox"/>	<input type="checkbox"/>	

Remarks:

EQUIPMENT AVAILABLE

Scale: Digital Set of Scales

Maximum Weight:

PHYSICAL CONSULTANT ONSITE REVIEW

Height Chart: Yes No

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):

Technician's Name(s):

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:

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

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

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

Date: 8/4/15

PHYSICAL CONSULTANT ONSITE REVIEW

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, Oklahoma, New Mexico, and Texas
Report Period (Fiscal Year):	2015
Current Date:	12/17/2015
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.

Yes, each DDS submitted the required report in a timely manner.

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

No onsite visits were conducted in the Dallas Region this fiscal year. However, a strategic planning workgroup convened that included Regional MPROs. We held a series of teleconferences focused on the anticipated increase workload demands in FY'16 and the affects this will have on our CE needs. We brainstormed, discussed, and shared best practices about ways to prepare for these challenges.

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

No, there were no problems with CE providers this fiscal year.

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

Yes. The following studies were conducted:

- Dallas RO PRC conducted studies of CEs purchased in our DDSs to analyze the cost effectiveness of CEs purchased during the first and third quarters of FY '15.

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. Random spot checks were conducted to verify that vendors were currently licensed and absent from the List of Excluded Individuals/Entities (LEIE). No incidents were identified.

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.

During FY15 we reported the following situation to ODD:

In February 2015 received a letter from (b) (6) complaining about (b) (6). (b) (6) performed consultative examinations for the Louisiana DDS (b) (6) believed that (b) (6) could not perform fair and objective evaluations because, based on social media posting by (b) (6), (b) (6) had some biases against the Social Security Disability program and applicants for benefits. The DPA and LA DDS Administrator discussed the situation, and agreed to discontinue ordering CEs from (b) (6).

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:	Denver
List of DDSs:	CO, MT, ND, SD, UT, WY
Report Period (Fiscal Year):	2015
Current Date:	12/28/2015
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.

Yes. The Wyoming report was saved as "CE Oversight Report 2015," omitting the State's name.

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

I had no travel authorized for CE oversight onsite visits in FY 15. 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.

One RO staff member, not the PRC, accompanied a PRO from the Colorado DDS on one provider visit.

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

No. (b) (6)

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.

The South Dakota DDS notified us of two complaints that they acted on. It was not expected to provoke other attention. DDS actions:

- followed up with the complaining individuals;
- informed the company that contracted with the physician;
- followed through with the police;
- contacted the State medical board;
- informed the RO (DPA and PRC) and their parent agency;
- removed the physician from the CE panel.

I informed border DDSs about this provider (b) (6)

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.

None

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):	FY15
Current Date:	December 14, 2015
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, provider list, MER and CE fee schedules for FY15. The FY15 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. FY15, we visited Kansas and Nebraska.



Kansas DDS RO
Onsite Visit 2015.doc



Nebraska DDS RO
Onsite Visit 2015.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 informal case reviews on several cases of DDSs, DPB and ODAR for necessity, accuracy and provider policy.
- The RO was involved with the CE Utilization Probe. Completed reviews from March 2014 through February 2015. The purpose was to review evidence and CEs for need, appropriate content, policy compliant and expedience to evaluate evidence used. This was 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.; Wahl Psychological Services; Rich Martin; Roger Mraz, Ph.D.; Rosanna Jones Thurmond, Ph.D.; Harlan Stientjes, Ph.D.; Medix Occupational Health; Consultants in Disability; Plains Area MHC; NE IA Family Practice.

Kansas DDS:

James Henderson, MD; Stanley Mintz, Ph.D.; Michael Schwartz, Ph.D.; Gary Hackney, Ph.D.; Melvin Berg, Ph.D; Southern Medical Group; Redlink; Eve Medical Services LLC; Midwest CEs; Robert Barnett, Ph.D.

Missouri:

Barry Burchett, MD; Chul Kim, MD; Tom Spencer, Ph.D.; Mark Schmitz; Alan Israel; John A. Keough, Ph.D.; Robert Forsyth; Richard Frederick; Paul Rexroat, Ph.D.; Alison Burner, Ph.D.

Nebraska:

Midtown Medical Group; Consultants in Disability; A. James Fix Ph.D.; Samuel Moessner, M.D.; Arias Neuro and Behavioral Med PC; Community Action Partnership; Amy Corey, Ph.D.; Caroline Sedlacek; Matthew Hutt; Pediatric Psychology Association; Mental Health Associates.

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?

Yes, Nebraska requested an exception for Dr. Shelley McCoy in Scottsbluff, NE, for both CE appointment cost and payment for no shows. Yes, this was discussed with ODD and approved by ODD and the RO.

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 FY15, we reported the following situations to ODD and/or OGC.

- **Situation 1:** In January 2015, an MC reviewed a case file and wanted to report the Treating Source (TS) to the Board of Healing Arts (BHA). Review of evidence suggested overmedication, which the MC felt was bordering on malpractice. In this case OGC and the Office of Privacy and Disclosure (OPD) agreed that the agency shouldn't release without proper evidence and that the only way we could consider this would be under the health and safety exception. The MC cannot disclose information to the BHA as the file is SSA's. However, the MC was advised that they could write a letter to the agency showing evidence to support imminent and compelling circumstances and then the DDS, FO or RO could report.
- **Situation 2:** In January 2015, we worked with OGC and OPD regarding the concerns of an MC who reviewed a CDR and has concerns for the child's health condition, failure to thrive and possible neglect. The DDS is not able to disclose information and report this to the board directly. However, there was a CE provider involved and the DDS was advised to see if that provider would be willing to follow normal medical licensing and ethical rules for reporting the incident. In addition, it was mentioned that the MC could write a letter regarding imminent and compelling circumstances.
- **Situation 3:** In January 2015 the DDS encountered an odd claim. The claimant was now 21, but knew very little personal information from childhood to current. The (b) (6) wanted to be involved and acted strange during the exam. The (b) (6) wasn't able to provide information about the claimant's doctors, education, etc., yet raised this child. During the CE, the claimant mentioned it was the 1st time hearing the (b) (6) name. The (b) (6) kept interrupting during the IQ testing portion of the exam. The CE provider had an uneasy feeling and found a flier for a missing child. After discussions with OGC, ODP and the Assistant Regional Counsel, per GN 03314.120, we were able to report suspected abuse to Child Protective Services under Title 20. This allowed releasing the name, address and reasons for the suspected abuse. Since imminent danger wasn't determined they could not contact the police. However, due to the inconsistencies and unusual circumstances presented, this was also reported to the CDI Unit for an additional investigation.
- **Situation 4:** The Appeals Council contacted ODD regarding a CE that they believed to be invalid due to the improper licensing of a CE provider. In March 2015, the Appeals Officer was referred to the RO where we investigated the licensing. The CE report showed the doctor had an active license at the time of the exam. Further investigation proved despite having a different business and remit addresses, that (b) (6) was and is currently active through at least 1/31/16.

- **Situation 5:** In April 2015, a claimant threatened to take a gun to get one of our CE providers and (b) (6) nurse. The claimant also made threats to the DDS office. All offices, police and the DDS security were notified. DDS completed AIRS report.
- **Situation 6:** A medical facility (hospital) contacted the DDS in May 2015 regarding MSS forms being sent to them. They were not sure if they were to schedule exams with the claimant, or how to handle the requests. The forms were sent from Binder & Binder and they were the HA-1151 and HA-1152, which are forms that ALJs typically send with their CE requests. The facility thought they were obligated by law to complete these. The purpose of the form was explained, since it's not their practice and they don't feel comfortable they were instructed to place a note on the form indicating they do not complete these forms. ODD was advised since this is a national representative and they asked up to keep them updated with any additional issue. In addition they recommended reporting this to OGC for investigation of violations and ensuring representatives are following proper code of conduct rules per GN 03970.010 and GN 03970.017.
- **Situation 7:** A CE provider contacted the DDS PRO in June 2015 regarding harassment by a former client. The doctor actually performed a CE for SSA in December 2013 and followed the appeal process all the way to the AC level. This was also a Congressional case. After denial, the claimant indicated it took a while to find the provider, but (b) (6) made threats on (b) (6) LinkedIn page that (b) (6) was going to let people know who the doctor really was, paid to lie and a bad doctor. This claimant did not physically threaten harm to the provider or SSA, so this really didn't fit regular reporting criteria. However, we discussed this with ODD and unfortunately, there's nothing we could do. We advised the provider to consider having this claimant blocked from (b) (6) LinkedIn page.
- **Situation 8:** The DDS had received numerous complaints from a disgruntled claimant in July 2015, regarding our "fly by night" CE doctors. (b) (6) accused the doctor, the examiner, and DDS management of lying to prevent disability since SSA doesn't have enough money. (b) (6) did not physically threaten anyone, but threatened to take this to the internet. The DDS tried to get a doctor of the claimant's choice to do the CE and the doctor refused. (b) (6) was instructed to submit a formal complaint in writing to the PRO
- **Situation 9:** The DDS was contacted by the CE provider in August 2015 after being approached by an attorney representing the claimant for a workcomp case. Turns out this attorney represented the claimant through the disability process and the claimant ended up being allowed. Now, for the work comp claim, (b) (6) wanted the CE provider to perform a new exam and while doing so, refer to the CE exam performed for disability. In addition they wanted the provider to testify. The representative already had a copy of the report from the CE that (b) (6) received while the case was in ODAR. Due to the nature of the disclosure issues, we had

discussions with OGC and Office of General Law. We could not share the attorney/client privilege information, but we did offer some guidance. The PRO told the CE provider that (b) (6) could not use old notes for a new exam per Regs. For the attorney to use the SSA report in court it would need the official stamp, the only way to get that is by requesting an SSA-3288 per DI 31001.005 and GN 03305.006. For the provider to testify the attorney would follow procedures to make a formal request. After some issues with the submission with the rep signing the form instead of the claimant, we did get the SSA-3288 and forwarded that to the FO for release of records since it was not the DDSs jurisdiction.

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:

- The back up for the PRO moved. Kansas was able to assign another back up for this position in order to fill staffing vacancies.
- Missouri added a PRO to replace the PRO, who moved into management.

PRC Activities and Unique Issues:

- Served as the Regional Electronic Records Express (ERE) and Health Information Technology (HIT) Coordinator; and
- We held our first Regional Medical/Professional Relations Conference in May 2015. This conference consisted of regional and central office participants.

**Kansas City Regional Office Review of
Kansas DDS Management of the CE Process
September 22, 2015**

The Kansas City Regional Office visited the Kansas DDS for a Consultative Examination (CE) oversight visit on September 22, 2015. (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.

Once a newer examiner is no longer on review or consistently working with a mentor, they use the CE credit card process as well.

- 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. This information is documented and tracked on a spreadsheet.
- 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 and the amount of reviews can vary. Depending upon the need, they may choose to review 100% of the next 10 reports that are submitted for any given provider.

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](#).



Kansas
DDS_FY2015_CE_MER

- 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. Typically this is reviewed at least twice a year.

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.**
 - **The Medical Administrator provides suggestions for functioning.**

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, at least 25% of the providers are using ERE, and of those providers, the invoices are also paid through ERE.

- **All new providers are using ERE**
- **CMC uploads through ERE, but they can't receive the authorizations 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 teleconferencing 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.

Kansas has had some out of state assistance as well as the use of out of state CE providers when that source may be closer. This has added to the mix of scheduling. Some DDSs schedule their own exams and others use the Assistance Request process. The PRO regularly monitors the overall CE scheduling process.

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. They can do in ERE and they have a dedicated phone line in the DDS where the provider can leave a message indicating everyone kept the appointment or the specifics on no-shows.

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 8.5% percent and cancellation rate of about 13 percent. The DDS does not pay for no-show appointments.

Kansas has had some out of state assistance and with this has come different challenges as far as the handling of cancellations and notifications for the claimant. There has been an increase in the number of no shows and cancellations, but overall the rates have remained consistent. The CDR workload had increased and there tends to be a higher no show and reschedule for CDRs.

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.

Note: CE providers do not accept hand delivered records at the exam.

F. Recruiting Activities

- 1) *Is current CE panel adequate?*
No.
- 2) *If inadequate, where are more providers needed? Specify geographical area and specialty.*
Kansas has an overall shortage of doctors. Specifically, the Kansas DDS needs providers for all specialties in the rural, southeastern Kansas. The true shortage is for physical doctors in western Kansas and overall pediatric providers. Branching out to Colorado has been unsuccessful as they have minimal providers in Eastern CO. It is also noted that specialty providers are difficult to recruit as they are too busy and do not accept the fee schedule.
- 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. Both of these techniques are items included in the DDS budget.

Staffing shortages and limits on travel as well as travel reimbursement 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.

In addition, a doctor attended a medical conference where some recruitment by word of mouth was initiated.

- 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. In addition, the KS DDS has an internal intranet page containing a business process for all staff to utilize for threat reporting.
- 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. They are working on a solution enabling them to send surveys on all providers; however, currently they only send on volume providers as they see a large volume of claimants.

I. List of Key Providers

- 1) *When visited during last fiscal year*

Limited visits were conducted in FY 2015 due to staffing, budget and travel constraints.

The PRO visited:

- **Central Medical Consultants (Wichita)**
- **Southern Medical Group (Salina)**
- **My Sacred Home (Wichita)**

They key providers for FY 2015:

- **Central Medical Consultants (James Henderson)**
- **Stanley Mintz, PhD**
- **Michael Schwartz, PhD**
- **Gary Hackney, PhD**
- **Melvin Berg, PhD**
- **Southern Medical Group**
- **Redlink**
- **Eve Medical Services LLC**
- **Midwest CEs**
- **Robert Barnett, PhD**

- 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. They sign the statement of agreement and advise the PRO of additional resources. The PRO checks for proper licensing.

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

The DDSs goal is to review the top five key providers, annually; however, this year they were only able to review two of the top providers. There are staffing limitations, as well as travel and reimbursement restrictions that 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 was able to conduct an onsite visit with a new non-key provider in the last 12 months. Due to the lack of travel funds, additional reviews were unable to be completed.

- 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.

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

**Kansas City Regional Office Review of
Nebraska DDS Management of the CE Process
August 13, 2015**

The Kansas City Regional Office visited the Nebraska DDS for a Consultative Examination (CE) oversight visit on August 13, 2015. (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?*

Supervisors are required to approve CEs for new examiners, examiners on special reviews, or when an unusual examination is requested. 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.

For CDRs, the supervisors approve CEs to avoid unnecessary costs.

- 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 (b) (6).

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

The PRO reviews and evaluates by using the green book, POMS and PowerPoint presentation.

- 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. In this fiscal year, (b) (6)

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

See A(2) above. In addition, vendors with a history of problems are periodically reviewed by the PRO to ensure quality remains high.

B. Fee Schedules

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

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

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

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



NE DDS Fee Schedule
12-3-2015.pdf



Nebraska
DDS_FY2015_MER Fee

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; however, they 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 the RO and ODD). These sources serve an area that had no CE vendors until ODD approved the higher rates, and it has been difficult to maintain providers in that area. These higher rates added \$20-\$35 per exam.

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

No. Use of the word "contract" causes significant problems for the DDS with their fiscal personnel. Nebraska DDS does not have negotiating agreements.

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?*

Yes. The PRO checks this annually and provides fee updates as necessary. See B(4) above.

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.)?*

See attached document.



Fee Schedule
Methodology 2015.doc

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. Negotiating rates different from the fee schedule would involve opening the CE process to state bids, which would open bidding to any vendors and require acceptance of low bid regardless of the 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*

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.

a) *What type of training is provided?*

See C(1).

b) *Who conducts it?*

The PRO conducts the training and in person when possible.

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

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

- Detailed overview of the CE program;
- Green book;
- Contract (how to read);
- Tele dictation instructions, including individual ID number;

- **Confidentiality handout;**
- **Threat guidance;**
- **PII information;**
- **Signature requirements;**
- **No Show Fax sheet and instructions;**
- **A PowerPoint presentation; 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.**
 - **Musculoskeletal materials**
 - **ROM chart**

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

By the quality of the reports received from a new vendor. Additional training and guidance provided when the PRO reviews the new reports, or based on staff feedback.

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

Yes.

The use of ERE is encouraged more one on one with the medical records department.

2) *Review of New Providers*

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

The standard review is 3 examinations, but this is extended if necessary.

b) *Who conducts the review?*

The PRO. Medical staff will provide feedback and the examiners will report if there is missing information, or clarification is needed on a diagnosis.

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

Yes, by the PRO.

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. Most providers will state they have a specific number of appointments available and on a specific day, and this also helps to prevent overbooking. 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. Medical consultants will review the case if needed. Some hospitals in western NE will require authorization for x-rays.

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 by providing their 1st and 2nd choice, 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. Current no show rate is 15.3 percent.

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

Yes. The CE vendors report no-shows via fax or email by 9:00 am the next morning after the appointment. In addition, the CE unit attempts to fill cancelled appointments with new exams, as appropriate.

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 15.3 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). They must request payment through a bill, but only half of the vendors ask for reimbursement for missed exams. RO and ODD approved this no-show policy.

E. Integrity of Medical Evidence

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

Yes, the claimant is required to show their ID, the provider includes a copy with the report.

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 and western NE. In addition, the DDS would like to recruit more Pediatric providers.

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

The PRO performs outreach by internet research, phone calls and attempts to find a way to get (b) (6) foot in the door. If the PRO is going to be in a specific area, (b) (6) will make phone calls to various sources to try to set up an appointment, and in one instance attended a staff meeting. (b) (6) will stop at facilities in the area to discuss the CE process, leave business cards, etc.

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

See F(3)

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 investigates through a form and individual complaints as 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 as each situation differs.

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

Yes, the PRO discusses with the security officer as necessary. The DDS uses the Automated Incident Report System.

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

The DDS refers all threats in particular anything out of the ordinary, or unique.

H. Claimant Reactions to Key Providers

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

The DDS sends out questionnaires to all claimants who attend an examination during a chosen week (this is done quarterly). The response rate was about 50% this year. PRO provides feedback, including positive and negative, to the vendor.

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

The Cornhusker system can identify who has an upcoming appointment in the next 30 days. The DDS mails the letter and questionnaire to the claimant instructing them to take it with them and provide feedback.

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

The PRO contacts the claimants. 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*
Yes.

The PRO visited:



Copy of FY 2014-15
Onsite Reviews.xlsx

They Key Providers for FY 2014:



Top 10 Providers FY
2014-15.doc

- 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?*

POMS procedures completed during yearly CE Oversight review and inspection.

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

Yes, normally on a yearly basis. The PRO was able to do a little more this year including new providers.

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. 5-10 non-key providers are visited on an average year. In addition, the PRO performed some intro outreach while out in the field to try to obtain additional providers.

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.*

The RO reviewed copies of onsite review reports.

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.

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. The DDS maintain most CE provider files electronically.

- 2) *Do those 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. The PRO has providers sign license sheets and then they verify when the license expires. They have a way in their legacy system to automate this process in order to identify those that will expire soon, and the PRO sends out letters for verification.

(b) (6)

Professional Relations Coordinator
Kansas City Region

Nebraska DDS Onsite Reviews (FY 2014-15)

Vendor number	Vendor name	Vendor address1	Vendoraddress2	Vendor city	Vendor state	Vendor zip	Vendor Telephone	Vendor Active CE Panelist
(b) (6)	JOEL R EGGERS DO	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	Y
	NATHAN D SMITH MD	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	
	STEPHEN W TETRAULT DO	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	Y
	SHEA J WELSH MD	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	
	CRISTINA MERETE MD	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	
	PAUL A BUSSE MD	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	Y
	KASSI A ROSELIUS MD	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	Y
	COLE E REHA MD	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	Y
	MATTHEW HUMPAL MD	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	
	RYAN BIGA DO	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	
	CHRISTINE CARLSON RAHN MD	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	
	ANTHONY YUEN DO	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	
	DANIELLE L WOOLDRIK DO	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	Y
	ERIN M SCHRUNK MD	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	Y
	KELLEN E SHERLOCK MD	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	
	PATRICK A COURTNEY MD	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	Y
	JOSUE D GUTIERREZ MD	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	Y
	JOHNATHAN K LECK MD	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	Y
	ROBERT DARO MD	975 Crescent Drive		Gering	NE	69341	(b) (6)	
			2510 Bellevue Medical Center Ste					
	MICHAEL O YUNG MD	Bellevue Medical Center Office Build	145	Bellevue	NE	68123	4023172480	
			2510 Bellevue Medical Center Ste					
	GARY C GARD PH D	Bellevue Medical Center Office Build	145	Bellevue	NE	68123	4023172480	Y
	LISA D STINSON PH D	109 East 2nd Street Ste 3		North Platte	NE	69101	3086609602	
	BRENDA KORTH-WURDINGER PA-C	(b) (6)		Neligh	NE	68756	(b) (6)	Y
	COMMUNITY ACTION PARTNERSHIP OF WESTERN NE	975 Crescent Drive		Gering	NE	69341	3086322540	
	ANTOINETTE L TRIBULATO MD	101 North 38th Avenue		Omaha	NE	68131	4025581440	Y
	JOSHUA NEEDELMAN PH D	101 North 38th Avenue		Omaha	NE	68131	4025581440	Y
	MIDTOWN MEDICAL GROUP PLLC	101 North 38th Avenue		Omaha	NE	68131	4025581440	Y

**TEN LARGEST PROVIDERS OF CONSULTATIVE EXAMINATIONS FOR THE NEBRASKA
DISABILITY DETERMINATIONS SECTION
October 1, 2014- September 30, 2015**

1. Midtown Medical Group 101 North 38th Avenue Omaha, NE 68131	\$ 876,772.00
2. Consultants In Disability PO Box 639 Bellevue, NE 68005	\$ 89,220.00
3. A. James Fix PhD & Samuel Moessner M.D. 1941 S. 42 nd St. Omaha, NE 68105	\$ 78,595.00
4. Arias Neuro and Behavioral Med PC 6940 Van Dorn Ste. 201 Lincoln, NE 68506	\$ 36,976.00
5. Community Action Partnership 975 Crescent Drive Gering, NE 69341	\$ 32,967.00
6. Amy Corey, PhD 11225 Davenport St Ste. 103 Omaha, NE 68154	\$ 25,200.00
7. Matthew Hutt, PhD (b) (6) Scottsbluff, NE	\$ 22,241.00
8. Caroline Sedlacek, PhD (b) (6) Omaha, NE 68114	\$ 19,846.00
9. Pediatric Psychology Association 5321 S 78 th St Lincoln NE 68516	\$19,106.00
10. Mental Health Associaties 650 J St. Ste. 403 Lincoln, NE 68508	\$ 19,025.00
Total paid out to top 10	\$ 1,219,948.00
Total amount in this period paid to all CE providers	\$1,693,924.97

Midtown Medical Group and Consultants in Disability have multiple providers over that last year that have done CE's for us, both physical and psychological. Dr. Fix and Dr. Moessner are in the same office, Dr. Fix does psych exams and Dr. Moessner does physical exams. Arias Neuro & Behavioral has Chris Rathburn, PhD who performs psych exams for us. Community Action Partnership has multiple providers doing physical exams. Mental Helath Associaties and Pediatric Psychology Association also have providers doing psych exams for us. Amy Corey PhD, Matthew Hutt PhD, and Caroline Sedlacek PhD are all individual providers who provide psych exams for us.

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:	New York
List of DDSs:	New York, New Jersey, Puerto Rico and US Virgin Islands
Report Period (Fiscal Year):	2015
Current Date:	12/3/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title NJ DDS Disability Program Administrator

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

Yes

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

Yes, we conducted annual field assistance visits with the OQR component.

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

Yes, the NY Region Center for Disability staff conducted 17 CE onsite visits with the DDS MPROs.

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

Yes, the PRC conducts 10 random case reviews for each DDS on a quarterly basis.

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 conducts 40 license and sanction random spot checks for each DDS on a quarterly

basis. NOTE: Since the Virgin Island(VI) DDS is very small, the PRC checked the 19 CE providers.

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.

N/A

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

N/A

Please attach any additional information before submitting this form.

Please note that as of 7/24/15, the VI DDS was officially closed. The VI DDS was a federal site with only two employees who were co-located in the VI field office. (b) (6) and the other federal employee conducts quality reviews for the regional medical consultants. The initial and reconsideration workloads were transferred to the Jamaica DPB. The CDR workload is handled by the PR DDS.

For FY16, the PR DDS, DPA will assume responsibility of the VI CE oversight. (b) (6) will conduct annual CE onsite visits as well as license/sanctions checks. (b) (6) will check the medicare fee schedule rates used to pay CEs in the VI.

In addition, the PR DDS increased the MER fee from \$15 to \$25 effective April 2015. The previous contracted services expired and local state regulations indicate that physicians can collect up to \$25 for a copy of the record. With the MER fee increase, the PR DDS expected that more MER will be received and less CEs will be needed which may result with some cost savings and decreased processing time per case.

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:	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
Report Period (Fiscal Year):	2015
Current Date:	12/2/15
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. All were uploaded to the MPRO SharePoint site

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

Yes. The PRC personally visited the West Virginia DDS in September, met with the state coordinator, and met with the 4 MPROs from the two Area Offices in the state. Due to budget limitations, the PRC was unable to travel to other states, but the DPAs for each state make a point to meet with the MPROs in each state during their regular administrative visits throughout the year.

We also held a very successful 3-day MPRO Meeting in the RO in June, which included representatives from all 6 states and 3 visitors/presenters from ODD. Very good discussions were held and the feedback was extremely positive. Everyone felt they greatly benefited from the meeting.

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

The DPA for the District of Columbia did accompany the MPRO to visit the IMA site in Washington. No problems were found or issues raised. RO staff did not make any other onsite visits.

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

CE purchase practices are part of the discussions held during onsite visits either by the PRC or the DPA. All states indicate the requirement for supervisory approval for CEs for almost all staff – some allow the most senior examiners to order most of their CEs without that approval. Generally, the CE rate for the Philadelphia Region is very good.

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.

As staff in the RO review cases throughout the year for various purposes – QA returns and rebuttals; MC/PC oversight; congressional and/or public inquiries received from the ORC; policy questions raised by DDS, etc., spot checks are made. This year, no providers were found on the sanctioned lists. Reviews have been conducted by the PRC, COTR, other program staff, DPAs, and even the Center Director.

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?

Our DDSs have all had this approved exemption for many years.

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 issues were raised in our region in FY2015.

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

None were identified in our region in FY2015.

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, Californian, Hawaii and Nevada
Report Period (Fiscal Year):	2015
Current Date:	12/21/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Program Expert/Regional Professional Relations Coordinator (PRC)

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

Yes, all reports were received by the RO.

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

The RO/PRC conducted onsite visits to the following DDSs for CE oversight:

- CA DDS-Central Valley Branch
- CA DDS-Sierra Branch
- CA DDS-Glendale Branch
- CA DDS-Rancho Bernardo Branch
- Hawaii DDS



2015 CE Oversight
Central Valley Report



2015 CE Oversight
Sierra Report.docx



2015 CE Oversight
Glendale Report.docx



2015 CE Oversight
Rancho Bernardo Rep



2015 CE Oversight
Hawaii Report.docx

The RO/PRC also conducted a special onsite visit to the Nevada DDS to do a full review of CE provider credentials.

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

Yes. The RO/PRC accompanied the DDS to selected CE provider oversight visits during the onsite DDS visits:

- CA DDS-Central Valley Branch: (b) (6)
- CA DDS-Sierra Branch: (b) (6)
- CA DDS-Glendale Branch: (b) (6)
- CA DDS-Rancho Bernardo Branch: (b) (6)
- Hawaii DDS: (b) (6)

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

Yes. The RO/PRC conducted periodic reviews of CE purchase practices in the DDSs. This is done during onsite DDS visits and throughout the year as needed with case reviews. The RO also participated in the CE Utilization Probe. Reminders on CE purchase practices are provided to the DDSs on an ongoing basis.

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/PRC completed spot checks for the DDSs' list of CE providers against the HHS-OIG LEIE list to ensure CE providers are not federally excluded. Licensure and HHS-OIG LEIE verifications are completed during onsite DDS visits as part of the CE provider file review and periodically throughout the year.

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?

Yes. The RO received a request from the Hawaii DDS for an exemption to the no-pay policy for missed CE appointment for outer island/rural area CE providers. ODD approved this request on March 3, 2015.

The no-show fee is in place for the outer islands/rural area CE providers as this helps in the recruitment of CE providers in the most needed service areas. The no-show fee assists in recruiting CE providers and scheduling CEs on the outer islands rather than Oahu. Therefore, reducing travel costs and processing time since CE can be scheduled earlier when travel is not required.

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/PRC notified ODD of the removal CE Panelist (b) (6) from the CA DDS CE panel as of September 24, 2015. The CA DDS was working with this CE Provider on corrective actions but due to the severity of the complaint, the individual was removed. (b) (6) as the disciplinary action against this CE provided was based on a complaint from a SSA claimant during a CE exam. The details are noted below.

(b) (6)

- The complaint submitted (b) (6) was for negligent treatment of an individual applying for disability benefits from the Department of Social Services, which from the complaint can be determined to be a CE Exam for an SSA claimant.
- (b) (6) was ordered to (b) (6)
- (b) (6) was ordered to (b) (6)

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

No. The San Francisco region did not identify any potential conflict of interest of situations that needed to be referred to ODD in FY 2015.

Please attach any additional information before submitting this form.

CE OVERSIGHT CA DDS Sierra

Overview

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) Sierra Branch May 14-15, 2015. The CE oversight visit included the following activities:

- Reviews of CE provider (CEP) files
- Interviews with various DDS staff
- A CE provider onsite visit with the Professional Relations Specialist (PRS).

Topics discussed during the visit covered all items noted 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

I interviewed the PRS, (b) (6), one Team Manager (TM), two Disability Evaluation Analysts (DEAs), one Disability Hearing Officer (DHO), two Program Technicians (PT) and one medical consultant.

I conducted the close-out meeting with (b) (6) (Branch Chief), (b) (6) (CA DDS DPA) and DDS management staff.

Area of Jurisdiction

The Sierra PRS has jurisdiction of the CE panel vendors in the following cities: Merced, Madera, Bakersfield (Tehachapi, Ridgecrest, etc.), Santa Maria, San Luis Obispo, Salinas and Gilroy.

CE Provider Onsite/Oversight Visit

The PRS and I visited CE Provider, (b) (6). No issues were noted during the onsite visit.

CE Oversight Review

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

Summary Findings:

Issues Noted - 0

The Sierra Branch incorporates sufficient and appropriate quality assurance activities in their CE process.

B. Fee Schedules

Summary Findings:

Issues Noted - 0

The California fee schedule is based on Medi-Cal and Medicare 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:

Issues Noted - 0

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 CEPs, 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 the Green Book, and other pertinent material/forms for the specific CEP.

The quality review of conditionally approved CEPs is handled by the PRS. When bringing on a new CEP, the PRS reviews the first five reports. The PRS will consult with the appropriate MC during the reviews, if needed. 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 CE appointments can be scheduled with that CEP. If improvement is needed for 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

Summary Findings:

Issues Noted - 2

Generally, the Sierra Branch follows the policies and procedures for CE reviews, approval and ordering. Through staff interviews, I noted the PTs prefer to schedule CE appointments with volume vendors as these appointments are scheduled online. Independent vendor do not generally have online appointment scheduling and requires the PT to call the vendor directly. The DEAs noted they find CE appoints are scheduled with volume vendor more frequently than independent vendors. DEAs also indicated that the CE reports from volume vendors are of lesser quality than reports from independent vendors. The DEAs would prefer independent vendors more frequently.

CE Oversight Visit

Recommendation:

- The PRS/DDS management should take the necessary steps to ensure each CE provider has an equitable number of referrals.
- The DEAs should report quality issues with CE reports to the PRS. The PRS should monitor and address quality issues from all CE providers. The quality of prior CE reports can be used to determine future CE scheduling.

E. Integrity of Medical Evidence

Summary Findings:

Issues Noted - 0

The Sierra Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Sierra 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:

Issues Noted - 3

The PRS has the responsibility in the Branch for CEP recruitment. Staff stated that their current CE panel is mostly adequate with the primary need for additional appointment availability for Speech and Language, Pediatrics, and Neurological. Significant delays were noted for Speech and Language CE appointments. At the time of this visit, delays were noted to be 3-4 months to schedule a Speech and Language appointment. Staff also stated that the quality of the Neurological CEs has been an ongoing issue.

Recommendation:

- The PRS should work to minimize delays for Speech and Language CE appointments. This includes increased recruitment activities and working with CSSB to discuss alternatives such as fee increases and coordinated efforts with other branches to resolve delays.
- The PRS should intervene as needed to ensure that appointments are available for the impacted specialties such as Pediatrics and Neurological. This includes increased recruitment activities and working with CSSB to discuss alternatives such as fee increases.
- The PRS should take the appropriate steps to address quality issues with the Neurological CE provider.

G. Claimant Complaints

Summary Findings:

Issues Noted - 0

The Sierra Branch follows appropriate procedures for handling complaints.

H. Claimant Reactions to Key Providers

Summary Findings:

Issues Noted - 0

The Sierra Branch uses surveys to obtain reactions to key providers.

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

Summary Findings:

Issues Noted - 0

The Sierra Branch appropriately tracks key providers.

J. Onsite Reviews of CE Providers

Summary Findings:

Issues Noted - 3

The Sierra Branch performs sufficient and appropriate onsite review of CE providers, including key providers. However, the two Oversight Visit reports completed by the PRS had a number of issues.

The report for (b) (6) dated 6/27/14 had a number of issues including:

- Report did not state if certification/licensing was verified for the medical assistant.
- Unprofessional language was noted throughout the report, such as referring to the medical assistant as “the woman” and making statements such as “I did become somewhat agitated.”

The report for (b) (6) dated 7/25/14 had a number of issues including:

- Report did not state if certification/licensing was verified for the medical assistant.
- Report stated, “Snellen chart appeared to be within the required distance.”

CE Oversight Visit

Recommendation:

- The PRS must verify current certification/licensing for all support staff.
- The PRS must verify actual distance for Snellen charts to ensure accuracy. The Snellen chart requires visual acuity is measured from 20 feet.
- The PRS serves as a liaison between SSA/DDS and the medical community/CE providers. This includes fostering relationships with medical entities/CE providers. Unprofessional language in correspondence with the CE provider, such as the Oversight Report, could affect retention and recruiting activities of CE providers.

K. Contracting Out for Medical Services

Summary Findings:

This section is not applicable to Sierra Branch.

L. Records Maintenance

Summary Findings:

Issues Noted – 3

The Sierra Branch needs to update their records maintenance processes and structures. I reviewed fifteen CE provider files and noted eleven files had missing documentation. The following documentation issues were found:

- Five CE provider files did not have HHS-OIG LEIE sanctions documented in file.
- Four CE provider files had expired licenses and no HHS-OIG LEIE documentation. PRS noted these files are for inactive CE providers.
- Two CE provider files had no licensure or HHS-OIG LEIE documentation, only CE provider complaint documentation. PRS noted these were complaint files and not the official CE provider files.

Recommendations:

- Create and maintain a records maintenance process and structure, including annotating files as active CE provider, inactive CE provider and complaint files.
- 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 HHS-OIG LEIE sanctions list is reviewed annually.

CE Oversight Visit

Conclusion

I noted a number of issues during the oversight visit that the PRS/DDS management should address to ensure Sierra Branch is in compliance with established policies and protocols.

Overall, Sierra Branch staff had a good understanding of CE policies and procedures. Staff does need reminders on CE scheduling to ensure each CE provider has an equitable number of referrals and that quality of CEs is monitored. Specifically, PTs should be reminded to rotate CE providers when scheduling appointments to ensure volume vendors and independent vendors are used equally. The DEAs should report quality issues with CE reports to the PRS. The PRS should monitor and address quality issues from all CEs providers as needed.

Although the PRS continues to work to ensure the CE panel is adequate, there are specific specialties that I noted to be inadequate for the Sierra Branch. For example, I noted scheduling issues for Speech and Language, Pediatrics and Neurological. Although the PRS should continue recruiting activities for all impacted specialties, he should take immediate action to address the three to four month delays for Speech and Language CEs. I suggest the PRS work with CSSB to determine alternatives to address the scheduling delays for Speech and Language CEs.

The Sierra Branch performs sufficient onsite reviews of CE providers, including key providers. However, the PRS must document verification of licensure/certification of support staff during the onsite review of a CE provider. The PRS must also verify distance for the Snellen chart to ensure accuracy. The PRS should use appropriate and professional language when corresponding with CE providers, specifically regarding onsite reviews, to ensure he is fostering his relationship with the CE providers and the medical community.

Lastly, the PRS must create and maintain a records maintenance process and structure, which ensures CE provider files are easy to locate and contain the necessary documentation. Policy requires the DDS verify license renewals within 30 days of renewal date and review the HHS-OIG LEIE for each CE provider at least annually. I found that licenses and HHS-OIG LEIE verifications were out of date for a number of the CE providers. The PRS updated the files and indicated he would establish better controls to ensure license and HHS-OIG LEIE checks are completed timely.

Thank you to (b) (6) and the Sierra 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 Glendale Branch

Overview

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) Glendale Branch June 4-5, 2015. The CE oversight visit included the following activities:

- Reviews of CE provider (CEP) files
- Interviews with various DDS staff
- A CE provider onsite visit with the Professional Relations Specialist (PRS).

Topics discussed during the visit covered all items noted 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

I interviewed the PRS, (b) (6), one Team Manager (TM), two Disability Evaluation Analysts (DEAs), one Disability Hearing Officer (DHO), two Program Technicians (PT) and one Auditor.

I conducted the close-out meeting with (b) (6) (Branch Chief) and (b) (6) (CA DDS DPA).

Area of Jurisdiction

The Glendale PRS has jurisdiction of the CE panel vendors in the following cities: Bishop, Burbank, Carson, Compton, Culver City, Gardena, Hawthorne, Hermosa Beach, Inglewood, Lone Pine, Long Beach, Los Angeles, Lynwood, Manhattan Beach, North Hollywood, Palos Verdes, Ridgecrest, San Pedro, Santa Monica, Studio City, Sun Valley, Torrance and Van Nuys.

CE Provider Onsite/Oversight Visit

The PRS and I visited CE Provider, Non-responsive. The PRS conducted a thorough oversight visit. The PRS noted two items that required follow-up:

- Non-responsive needed to provide verification that the X-Ray machine manual is onsite.
- Non-responsive needed to provide calibration certification for the Doppler machine.

CE Oversight Review

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

Summary Findings:

Issues Noted - 0

The Glendale Branch incorporates sufficient and appropriate quality assurance activities in their CE process.

B. Fee Schedules

Summary Findings:

Issues Noted - 0

The California fee schedule is based on Medi-Cal and Medicare 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:

Issues Noted - 0

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 CEPs, 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 the Green Book, and other pertinent material/forms for the specific CEP.

The quality review of conditionally approved CEPs is handled by the PRS. When bringing on a new CEP, the PRS reviews the first five reports. The PRS consults with the appropriate MC during the reviews, if needed. 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 CE appointments can be scheduled with that CEP. If improvement is needed for 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

Summary Findings:

Issues Noted - 0

The Glendale Branch follows the appropriate policies and procedures for CE scheduling procedures and controls. The PRS does an excellent job ensuring there is a good distribution of appointments among all CE providers. The PRS has created a map of CE providers to assist the PTs with CE scheduling because in his jurisdiction the zip code method for scheduling is not sufficient.

E. Integrity of Medical Evidence

Summary Findings:

Issues Noted - 0

The Glendale Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Glendale 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:

Issues Noted - 2

The PRS has the responsibility in the Branch for CE provider recruitment. The CE panel is mostly adequate with the primary need for additional appointment availability for Speech and Language, Psychiatry/Psychology, Rheumatology, Cardiology and Audiology. I noted significant delays for Psychiatry/Psychology CE appointments. At the time of this visit, delays were noted to be 1½ months to schedule Psychiatry/Psychology appointments. The PRS employs various recruitment strategies including reviewing health insurance websites for providers by specialty. This information is used to make introductory calls and send introductory letters to determine interest for potential CE providers.

Recommendation:

- The PRS should work to minimize delays for Psychiatry/Psychology CE appointments. This includes increased recruitment activities and working with CSSB to discuss alternatives such as fee increases and coordinated efforts with other branches to resolve delays.
- The PRS should intervene as needed to ensure that appointments are available for the impacted specialties. This includes increased recruitment activities and working with CSSB to discuss alternatives such as fee increases.

G. Claimant Complaints

Summary Findings:

Issues Noted - 0

The Glendale Branch follows appropriate procedures for handling complaints.

H. Claimant Reactions to Key Providers

Summary Findings:

Issues Noted - 0

The Glendale Branch uses surveys to obtain reactions to key providers.

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

Summary Findings:

Issues Noted - 0

The Glendale Branch appropriately tracks key providers.

J. Onsite Reviews of CE Providers

Summary Findings:

Issues Noted - 0

The Glendale Branch performs sufficient and appropriate onsite reviews of CE providers, including key providers.

K. Contracting Out for Medical Services

Summary Findings:

This section is not applicable to Glendale Branch.

L. Records Maintenance

Summary Findings:

Issues Noted – 0

The Glendale Branch has excellent records maintenance processes and structures. I reviewed fifteen files and all files had the current licensure and HHS-OIG List of Excluded Individual and Entities (LEIE) verification documentation. The files also had all other

CE Oversight Visit

necessarily documentation such as CE provider onsite visit reports and complaints/resolution of complainants.

Conclusion

The CE oversight process is working very well in the Glendale Branch. The PRS works diligently to ensure the Glendale Branch is in compliance with established policies and protocols.

Although the PRS continues to work to ensure the CE panel is adequate, there are specific specialties that I noted to be inadequate for the Glendale Branch. For example, I noted scheduling issues for Psychiatry/Psychology CE appointment. The PRS should continue recruiting activities for all impacted specialties and should take immediate action to address the delays for Psychiatry/Psychology CEs. I suggest the PRS work with CSSB to determine alternatives to address the scheduling delays and recruitment for all impacted specialties.

The PRS has a number of best practices that I believe should be shared with CSSB and PRS staff to ensure compliance with current CE oversight policies and procedures throughout all the branches. I recommend the PRS share (b) (6) best practice of reviewing insurance websites for recruiting potential CE providers. This is an innovative practice that could be particularly useful for recruiting impacted specialties. I also recommend the PRS share (b) (6) best practices for records maintenance. Glendale Branch has an excellent process to ensure all documentation is in file and updated timely. Sharing this with all the branches could benefit them greatly.

The PRS is very professional and dedicated in (b) (6) role and stewardship of the CE panel and CE process.

Thank you to (b) (6) and the Glendale 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 Rancho Bernardo

Overview

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) Rancho Bernardo Branch August 14-18, 2015. The CE oversight visit included the following activities:

- Reviews of CE provider (CEP) files
- Interviews with various DDS staff
- A CE provider onsite visit with the Professional Relations Specialist (PRS)

Topics discussed during the visit covered all items noted 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

I interviewed the PRS, (b) (6) and (b) (6), the prior PRS, as they were transitioning at the time of this visit. I also interviewed, two Team Managers (TM), two Disability Evaluation Analysts (DEAs), one Disability Hearing Officer (DHO), two Program Technicians (PT) and two Auditors.

I conducted the close-out meeting with (b) (6) (Branch Chief) and (b) (6) (OSBC).

Area of Jurisdiction

The Rancho Bernardo PRS has jurisdiction of the CE panel vendors in the following cities: Chino, Claremont, Corona, Costa Mesa, Diamond Bar, Fountain Valley, Huntington Beach, Irvine, Laguna Hills, Lancaster, Newport Beach, Ontario, Palmdale, Rancho Cucamonga, San Clemente, Santa Ana, Upland and Victorville.

CE Provider Onsite/Oversight Visit

The PRS, (b) (6), (b) (6) and I visited (b) (6). The PRS conducted a thorough oversight visit. The PRS noted two items that required follow-up:

- (b) (6) needed to provide calibration certification for the visual fields testing machine.
- (b) (6) offices is located on the second floor of the complex and the PRS noted the elevator inspection was out of date.

CE Oversight Review

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

Summary Findings:

Issues Noted - 0

The Rancho Bernardo Branch incorporates sufficient and appropriate quality assurance activities in their CE process.

B. Fee Schedules

Summary Findings:

Issues Noted - 0

The California fee schedule is based on Medi-Cal and Medicare 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:

Issues Noted - 0

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 CEPs, 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 the Green Book, and other pertinent material/forms for the specific CEP.

The quality review of conditionally approved CEPs is handled by the PRS. When bringing on a new CEP, the PRS reviews the first five reports. The PRS will consult with the appropriate MC during the reviews, if needed. 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 CE appointments can be scheduled with that CEP. If improvement is needed for 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

Summary Findings:

Issues Noted - 0

The Rancho Bernardo Branch follows the appropriate policies and procedures for CE scheduling procedures and controls.

E. Integrity of Medical Evidence

Summary Findings:

Issues Noted - 0

The Rancho Bernardo Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Rancho Bernardo 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:

Issues Noted – 1

The PRS has the responsibility in the Branch for CE provider recruitment. The CE panel is mostly adequate with the primary need for additional appointment availability for Speech and Language, Psychiatry/Psychology, and Orthopedic. The PRS employs various recruitment strategies including conducting internet searches for providers by specialty. This information is then use to send introductory letters to determine interest for potential CE providers.

Recommendation:

- The PRS should intervene as needed to ensure that appointments are available for the impacted specialties. This includes increased recruitment activities and working with CSSB to discuss alternatives such as fee increases.

G. Claimant Complaints

Summary Findings:

Issues Noted - 0

The Rancho Bernardo Branch follows appropriate procedures for handling complaints.

H. Claimant Reactions to Key Providers

Summary Findings:

Issues Noted - 0

The Rancho Bernardo Branch uses surveys to obtain reactions to key providers.

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

Summary Findings:

Issues Noted - 0

The Rancho Bernardo Branch appropriately tracks key providers.

J. Onsite Reviews of CE Providers

Summary Findings:

Issues Noted - 0

The Rancho Bernardo Branch performs sufficient and appropriate onsite reviews of CE providers, including key providers.

K. Contracting Out for Medical Services

Summary Findings:

This section is not applicable to Rancho Bernardo Branch.

L. Records Maintenance

Summary Findings:

Issues Noted – 1

The Rancho Bernardo Branch has appropriate records maintenance processes and structures. I reviewed fifteen files and all files had the current licensure. However, eight files were missing the HHS-OIG List of Excluded Individual and Entities (LEIE) verification documentation. The PRS indicated the HHS-OIG LEIE verifications were completed and printed using the “search for multiple individual/entities” feature and stored in a central location rather than in each provider’s file. The PRS provided the copy of the print out ensuring the verification.

In reviewing the CEP files I notes that all correspondence with CEPs was extremely professional and well documented. The files included all the required documents and a separate section for “kudos” for the CEPs.

CE Oversight Visit

Recommendations:

- Ensure HHS-OIG LEIE documentations is in each CE provider's file.

Conclusion

The CE oversight process is working well in the Rancho Bernardo Branch. The PRS works diligently to ensure the Rancho Bernardo Branch is in compliance with established policies and protocols.

Although the PRS continues to work to ensure the CE panel is adequate, there are specific specialties that I noted to be inadequate for the Rancho Bernardo Branch. For example, Speech and Language, Psychiatry/Psychology, and Orthopedic were all noted to have limited appointment availability. The PRS should continue recruiting activities for all impacted specialties. I suggest the PRS work with CSSB to determine alternatives to address the scheduling delays and recruitment for all impacted specialties.

The PRS has adequate records maintenance processes and structures. The PRS corrected the eight files to ensure the HHS-OIG LEIE verification were in file prior to the conclusion of my oversight visit.

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

(b) (6)

Professional Relations Coordinator
Center for Disability, San Francisco Region

Consultative EOVERSIGHT CA DDS Central Valley

Overview

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) Central Valley Branch May 12-13, 2015. 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

I interviewed the PRS, (b) (6), one Team Manager (TM), three Disability Evaluation Analysts (DEAs), two Program Technicians (PT) and one medical consultant.

I conducted the close-out meeting with (b) (6) (Branch Chief), (b) (6) (CA DDS DPA) and DDS management staff.

Area of Jurisdiction

The Central Valley PRS has jurisdiction of the CE panel vendors in the following cities: Clovis, Fresno, Hanford, Jamestown, Kingsburg, Los Gatos, Milpitas, Modesto, Porterville, San Jose, Sanger, Santa Clara, Sonora, Tulare, Turlock and Visalia.

CE Provider Onsite/Oversight Visit

The PRS and I visited CE Provider, (b) (6) on May 12, 2015. Two issues were noted during the visit and the PRS will follow-up with (b) (6):

- Medical Assistant was unable to provide certification information.
- Bathroom in the facility was not easily wheelchair accessible.

CE Oversight Review

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

Summary Findings:

Issues Noted - 0

The Central Valley Branch incorporates sufficient and appropriate quality assurance activities in their CE process.

B. Fee Schedules

Summary Findings:

Issues Noted - 0

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:

Issues Noted - 0

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 CEPs, 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 the Green Book, and other pertinent material/forms for the specific CEP.

The quality review of conditionally approved CEPs is handled by the PRS. When bringing on a new CEP, the PRS reviews the first five reports. The PRS will consult with the appropriate MC during the reviews, if needed. 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 CE appointments can be scheduled with that CEP. If improvement is needed for 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

Summary Findings:

Issues Noted - 1

The Central Valley Branch has sufficient CE scheduling procedures and controls to effectively manage the Central Valley Branch CEP pool. Generally, the Central Valley Branch follows the policies and procedures for CE reviews, approval and ordering. Through staff interviews, I noted that the DEAs and PTs were uncertain about the follow-up procedures, for the branch, to ensure the claimant keeps the CE appointment.

CE Oversight Visit

Recommendation:

- Ensure staff is aware of the follow-up procedure for CE appointments, including which staff will make the follow-up calls to claimants to ensure the appointment is kept.

E. Integrity of Medical Evidence

Summary Findings:

Issues Noted - 0

The Central Valley Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Central Valley 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:

Issues Noted - 2

The PRS has the responsibility in the Branch for CEP recruitment. Staff stated that their current CE panel is mostly adequate with the primary need for additional appointment availability for Speech and Language, Pediatrics, Vision and Cardiology. Significant delays were noted for Speech and Language CE appointments. At the time of this visit delays were noted to be 3-4 months to schedule a Speech and Language appointment.

Recommendation:

- PRS should work to minimize delays for Speech and Language CE appointments. This includes increased recruitment activities and working with CSSB to discuss alternatives such as fee increases and coordinated efforts with other branches to resolve delays.
- PRS should intervene as needed to ensure that appointments are available for the impacted specialties such as Pediatrics, Vision and Cardiology. This includes increased recruitment activities and working with CSSB to discuss alternatives such as fee increases.

G. Claimant Complaints

Summary Findings:

Issues Noted - 0

CE Oversight Visit

The Central Valley Branch follows appropriate procedures for handling complaints.

H. Claimant Reactions to Key Providers

Summary Findings:

Issues Noted - 0

The Central Valley Branch uses surveys to obtain reactions to key providers.

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

Summary Findings:

Issues Noted - 0

The Central Valley Branch appropriately tracks key providers.

J. Onsite Reviews of CE Providers

Summary Findings:

Issues Noted - 0

The Central Valley Branch performs sufficient and appropriate onsite review of CE providers, including key providers.

K. Contracting Out for Medical Services

Summary Findings:

This section is not applicable to Central Valley Branch.

L. Records Maintenance

Summary Findings:

Issues Noted - 2

The Central Valley Branch has appropriate records maintenance processes and structures; however, two CE provider files, of the fifteen reviewed, did not have the most current licensure information and five files did not have HHS-OIG LEIE sanctions documented in file.

Recommendations:

- Ensure documentation is updated timely for each CEP to ensure current licensure information is in file.

CE Oversight Visit

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

Conclusion

In general, the CE oversight process is working well in the Central Valley Branch. I noted a few issues during the visit that the PRS/DDS management should address to ensure compliance with established policies and protocols.

During the oversight visit to CE provider (b) (6), the PRS noted issues with certification of the support staff and possible wheelchair inaccessibility for the facility bathroom. The PRS should follow up with the facility and document (b) (6) findings in the CE provider's file.

Overall, Central Valley staff had a good understanding of CE policies and procedures. Staff does need clarification and reminders on CE scheduling and follow-up procedures. Specifically, the reminder should include which staff (DEA/PT) is responsible for follow-up phone calls to the claimant, when needed.

Although the PRS continues to work to ensure the CE panel is adequate, there are specific specialties that I noted to be inadequate for the Central Valley Branch. For example, I noted scheduling issues for Speech and Language, Pediatrics, Vision and Cardiology. Although the PRS should continue recruiting activities for all impacted specialties, they should take immediate action to address the three to four month delays for Speech and Language CEs. I suggest the PRS work with CSSB to determine alternatives to address the scheduling delays for Speech and Language CEs.

Lastly, policy requires the DDS verify license renewals within 30 days of renewal date and review the HHS-OIG LEIE for each CE provider at least annually. I found that licenses and HHS-OIG LEIE verifications were out of date for a few of the CE providers. The PRS updated the files and indicated (b) (6) would establish better controls to ensure license and HHS-OIG LEIE checks are completed timely.

Thank you to (b) (6) and the Central Valley 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 HAWAII DDS

Overview

I conducted a Consultative Examination (CE) oversight visit to the Hawaii Disability Determination Services (HI DDS) August 3-4, 2015. The CE oversight visit included the following activities:

- Reviews of CE provider (CEP) files
- Interviews with various DDS staff
- A CE provider onsite visit with the Medical Professional Relations Office (MPRO)

Topics discussed during the visit covered all items noted 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

I interviewed the MPRO, (b) (6), two Assistant Supervisors, three Disability Examiners (DEs), one Medical Consultant, and two clericals (CE scheduling and billing).

I conducted the close-out meeting on August 27, 2015 with (b) (6) (DDS Administrator), (b) (6) (Supervisor), (b) (6) (HI DDS DPA) and (b) (6) (DPST Team Leader).

CE Provider Onsite/Oversight Visit

The MPRO and I visited CE Provider, (b) (6). The MPRO did not conduct a complete CE Oversight as directed in [DI 39545.525 Exhibit 1](#) – Suggested Protocol for DDS Onsite Reviews of Consultative Examination (CE) Providers. The CE provider gave us an overview of (b) (6) process for conducting exams and discussed the high no-show rate. The MPRO should follow-up to:

- Complete a full CE Oversight Visit with (b) (6).
- Address high no-show rate.

CE Oversight Review

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

Summary Findings:

Issues Noted - 0

The Hawaii DDS incorporates sufficient and appropriate quality assurance activities in their CE process.

B. Fee Schedules

Summary Findings:

Issues Noted - 2

The Hawaii fee schedule is based on the Division of Vocational Rehabilitation rates. The fee schedule has not been updated since 1996. MPRO indicated the fee schedule is currently under review by the Division of Vocational Rehabilitation.

Recommendation:

- A full review of the fee schedule is needed in coordination with the Regional Professional Relations coordinator (PRC).
- MPRO should contact the Parent Agency for status on review of fee schedule.

C. Training and Review of New CE Providers

Summary Findings:

Issues Noted - 0

The MPRO is responsible for training new CEPs with assistance from the Medical Consultants (MCs) as needed. The volume vendors provide their own internal training for new CEPs. For individual CEPs, 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 the Green Book, and other pertinent material/forms for the specific CEP.

The MPRO and chief MCs handle the quality review of conditionally approved CEPs. When bringing on a new CEP, the MPRO reviews the first five reports. The MPRO will consult with the appropriate MC during the reviews. 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 CE appointments can be scheduled with that CEP. If improvement is needed for 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

Summary Findings:

Issues Noted - 0

The Hawaii DDS follows the appropriate policies and procedures for CE scheduling procedures and controls. A no-show fee is in place for the outer islands/rural area CE providers as this helps in the recruitment of CE providers in the most needed service areas

CE Oversight Visit

and was approved by ODD on March 3, 2015. The no-show fee assists in recruiting CE providers and scheduling CEs on the outer islands rather than Oahu. Therefore, reducing travel costs and processing time since CE can be scheduled earlier when travel is not required.

E. Integrity of Medical Evidence

Summary Findings:

Issues Noted - 1

The Hawaii DDS maintains appropriate controls to ensure the integrity of medical evidence. The Hawaii DDS 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.

I noted that the Hawaii DDS does not have procedures in place to verify the purchased medical evidence against the actual number of pieces of purchased medical evidence in file. This procedure ensures that all evidence purchased is in file and that there is no extra billing for services not originally requested or authorized.

Recommendation:

- The Hawaii DDS must establish a procedure to verify purchased medical evidence against the evidence received to ensure the DDS received the requested evidence and the billing for purchased evidence is accurate.

F. Recruiting Activities

Summary Findings:

Issues Noted - 1

The MPRO has the responsibility for CE provider recruitment. The CE provider availability/recruitment on the outer islands continues to be an issue. Although there is a no-show fee in place for outer island CE providers, most specialized CEs require the claimant to travel to Oahu. On Oahu, the specialties that are limited or unavailable are orthopedic and pediatric. The MPRO employs various recruitment strategies including cold calls to potential providers and referrals from the Parent Agency, current CE providers and DDS medical consultants.

Recommendation:

- The MPRO should continue to recruit CE providers for Hawaii. This includes increased recruitment activities and working with Regional Office staff and Parent Agency staff to discuss alternatives such as fee increases.

G. Claimant Complaints

Summary Findings:

Issues Noted - 0

The Hawaii DDS follows appropriate procedures for handling complaints. The MPRO will consult the chief Medical Consultants as needed to address CE provider complaints.

H. Claimant Reactions to Key Providers

Summary Findings:

Issues Noted - 1

The Hawaii DDS does not have procedures in place to obtain claimant reactions to key providers. Per [DI 39545.350](#), the DDS should survey claimant's to evaluate CE providers on a routine basis.

Recommendation:

- The MPRO should follow the guidance in [DI 39545.350](#) to survey claimants to evaluate CE providers. The [MPRO site](#) has a suggested survey that can be used.

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

Summary Findings:

Issues Noted - 0

The Hawaii DDS appropriately tracks key providers.

J. Onsite Reviews of CE Providers

Summary Findings:

Issues Noted - 2

At the time of this visit, the MPRO had only completed one onsite visit to a CE provider. [DI 39545.075](#) states the DDS must conduct annual onsite reviews of key providers. These onsite visits must be completed by the end of the fiscal year and annotated in the Annual DDS CE Oversight Report. The MPRO indicated he usually completes onsite visits at the end of the fiscal year, prior to the due date of the Annual CE Oversight Report. The MPRO provided a copy of the form used for the onsite visit to CE provider **(b) (6)**, which did follow policy but was not written into a report for ease of review, identification of issues or dissemination to the CE provider.

CE Oversight Visit

Recommendation:

- The MPRO should complete CE provider onsite visits throughout the fiscal year. This practice would ensure issues are addressed timely with CE providers and all visits are completed prior to the end of the fiscal year.
- The MPRO should complete a written report after each CE provider onsite visit. This practice would ensure all issues noted on the onsite visit form are reviewed and addressed in writing. As a best practice, this report should be shared with the CE provider to document the findings of the CE provider onsite visit.

K. Contracting Out for Medical Services

Summary Findings:

This section was reviewed and no issues were noted.

L. Records Maintenance

Summary Findings:

Issues Noted – 5

The Hawaii DDS needs to update their records maintenance processes and structures. Policy requires specific actions be documented by the DDS/MPRO such as license verifications, HHS-OIG List of Excluded Individual and Entities (LEIE) verifications, handling complaints for CE providers, reports of onsite reviews and claimant surveys. At the time of this visit, the Hawaii DDS did not have separate folders for each CE provider and had not completed license or LEIE verifications in the last 12-month period.

Recommendation/Action:

- The MPRO must establish individual files for each CEP.
- Ensure current licensure information is in file for each CEP.
- Ensure HHS-OIG LEIE is reviewed at least annually and documentation is in file for each CEP.
- Ensure reports of onsite reviews are in file for any CEP that has had an onsite visit.
- Ensure claimant surveys are in file for each CEP for which a survey was completed.

Conclusion

Generally, Hawaii DDS staff had a good understanding of CE purchase policies and procedures. I noted a number of issues during the oversight visit that the MPRO/DDS

CE Oversight Visit

management should address to ensure the Hawaii DDS is in compliance with established CE oversight policies and protocols.

The MPRO continues to work to ensure the CE panel is adequate. I suggest the MPRO work with Regional Office staff and the Parent Agency to determine alternatives to address CE panel issues. This includes, updating the fee schedule and recruitment activities.

The Hawaii DDS must establish a procedure to verify purchased medical evidence against the evidence received to ensure the DDS received the requested evidence and the billing for purchased evidence is accurate. It is imperative that the DDS ensure the accuracy of the purchased exams and payments.

The Hawaii DDS should work to ensure the quality of the current CE panel. This include routinely surveying claimants as noted in policy and conducting timely CE onsite visits. I suggest onsite reviews are documented in reports and shared with the CE provider.

Lastly, the MRPO must create and maintain a records maintenance process and structure, which ensures CE provider files are easy to locate and contain the necessary documentation. Policy requires the DDS verify license renewals within 30 days of renewal date and review the HHS-OIG LEIE for each CE provider at least annually.

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

(b) (6)

Professional Relations Coordinator
Center for Disability, San Francisco 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:	Seattle Region
List of DDSs:	Alaska, Idaho, Oregon and Washington
Report Period (Fiscal Year):	FY15
Current Date:	December 21, 2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Disability Program Expert/ Seattle Region PRC

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

Yes. Each DDS in the Seattle region submitted their CE oversight reports and fee schedules to the MPRO SharePoint site timely for FY15. The PRC reviewed the DDS management of the CE process to ensure each DDS adhered to SSA guidelines. The FY15 reports meet the necessary POMS requirements.

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

Yes. Regional representatives visited two of the four states in our region in FY15. A former PRC participated in a full DDS business process review, including MPRO functions, at the Salem, Oregon DDS in June 2015. In addition, the current PRC and ODD PRC Expert performed an onsite visit with MRPO, Quality and Training staff at the Washington DDS in September 2015. Additionally, the DPAs visit each site in the region throughout the year and discuss CE oversight during those visits.

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

No. Due to limited staff resources, the RO did not have a designated PRC and staff was not available to accompany the DDSs on CE oversight visits in FY15. The Seattle region had no issues with problem providers this fiscal year. The RO keeps in close contact with the DDSs

and offers guidance and assistance as needed. Seattle RO has a full time PRC in place starting FY16.

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

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

The Seattle RO participated in the national CE Utilization Probe workgroup. Reviews were completed on two claims each week through February 2015 to assess policy compliance with the purchase of CEs. The workgroup was a two-fold double blind study intended to explore reasons for the differences in national purchase rates and develop business processes and/or policy changes that may promote more consistency in CE purchasing practices nationally.

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 spot-checked the HHS-OIG LEIE website to ensure CE providers are properly licensed and are in good standing, without exclusions. Each DDS has an established business process for credentialing and checking professional licensing on an annual and ongoing periodic 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?

All of the DDSs in the Seattle region have received prior approval from ODD to pay either a no-show fee or 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.

Seattle region did not have any complaints or other situations expected to: provoke public criticism; or result in press attention in FY 15.

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

Seattle region had no potential conflict of interest (COI) situations that required ODD involvement in FY 15. The Alaska, Oregon and Washington DDSs each have a few state medical consultants that are also CE providers. These medical sources primarily provide services in areas where specialist are not available. The RO is aware of each and approved the exemption.

Please attach any additional information before submitting this form.

N/A