

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):	2016
Current Date:	December 23, 2016
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 CE Oversight Reports to ODD MPRO SharePoint.

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

YES – The DPA assigned to MS DDS and FL DDS conducted onsite visits at those DDSs. The DPA assigned to AL DDS and KY DDS conducted onsite visits there. The DPA assigned to SC DDS conducted onsite visits at SC DDS. The DPA for GA conducted onsite visits at GA DDS. The DPA for NC DDS and TN DDS conducted onsite visits at those DDSs.

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

YES – The DPA assigned to MS DDS and FL DDS accompanied DDS MPRO staff during two CE oversight visits to key mental and physical providers in MS and during two CE oversight visits to key mental and physical providers in FL. The DPA assigned to AL DDS and KY DDS accompanied DDS MPRO staff during four CE oversight visits to key providers in AL (two in Mobile; two in Birmingham) and during three oversight visits in KY. One of the KY visits resulted from a complaint to the Regional Commissioner's Inquiries Unit. The SC DPA accompanied DDS MPRO staff during visits to

both physical and psychological CE providers in SC. The DPA assigned to GA accompanied DDS MPRO staff during visits to both physical and psychological CE providers in GA. The DPA assigned to NC DDS and TN DDS accompanied DDS MPRO staff during visits to the CE providers in NC and TN.

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

YES – During the course of regularly scheduled visits to the various DDSs, the RO periodically reviewed DDSs’ CE purchase practices, e.g., survey practices, payment schedule, recruitment, handling of complaints, etc. The DPAs have separate interchanges with both the DDS managerial officials and DDS MPRO staffs during the fiscal year.

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 HHS-OIG LEIE list (<https://oig.hhs.gov/exclusions/index.asp>) and on the System for Award Management (SAM.gov). The spot checks did not find any match that would indicate a federal exclusion. Also, spot checks were 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 request from the DDSs for an exemption to DDS’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 – (b) (6)

OGC contacted the DDS MPRO office and reached an agreement to remove the CE provider from the panel.

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 situations to ODD for review.

Please attach any additional information before submitting this form.

The RO has contact with AL DDS to locate their DDS Provider List for 2016.

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:	Boston
List of DDSs:	CT, MA, ME, NH, RI, VT
Report Period (Fiscal Year):	FY 2016
Current Date:	February 2017
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 their CE Oversight report timely. They were uploaded onto the MPRO SharePoint site on or before 11/16/2016.

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

Yes. The Professional Relations Coordinator conducted an onsite visit with (b) (6) at the NH DDS. A discussion and review was completed on NH DDS practices regarding how they ensure and check proper licensing of medical consultants.

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

The NH PRO was accompanied on an unannounced visit to a CE provider. The CE provider conducts approximately 20 CEs for the NH DDS each week. Everything appeared to be in order at the site, and there were no apparent issues.

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

Yes, that was conducted for MA and NH DDS.

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, this was done several times 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?

No, we did not receive any requests from the DDSs regarding this.

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 Boston Region did not receive any complaints that required alerting ODD.

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

No potential conflict of interest situations were identified.

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):	2016
Current Date:	December 2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Program Expert

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

Yes, the Chicago Region received all the CE Oversight Reports and did a thorough review of them.

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

Yes, two visits were performed this year.

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

Yes, one visit was performed this year and the provider was in compliance with SSA rules and regulations.

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

Yes, on a quarterly basis and we reviewed 150 CE purchases in the 6 state Region.

5. Did the RO spot check the DDSs' list of CE providers against the HHS-OIG LEIE list to

ensure CE providers were not federally excluded? Provide explanation.

Yes, on a quarterly basis and checked the SAM website for the CE providers licenses and for any sanctions.

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.

No

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

None

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:	Dallas
List of DDSs:	AR, LA, NM, OK, TX
Report Period (Fiscal Year):	2016
Current Date:	12/22/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Disability Program Expert/PRC

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

Yes, all DDSs submitted their reports on or before 11/15/2016 and were reviewed by the PRC.

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

Yes, I conducted onsite visits to Louisiana, New Mexico, Oklahoma, and Texas. The DPA completed the onsite visit to Arkansas. Prior to the visits, we ask the MPRO manager to complete an outline template covering topics in PM 00233.900. The DDS shares the responses with the PRC and are discussed in depth.

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

Yes, I accompanied an MPRO on a key provider onsite visit in Louisiana and New Mexico.

- Louisiana – (b) (6)
- New Mexico – (b) (6)

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

explanation.

Yes, the RO provided feedback on CE rates and explored reasons for continued higher than average CE rates in one state. Due to a significant increase in CDR workload, DDSs provided CDR CE refresher training to MC/PC and examiners to control CE rate.

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.

Throughout the year, I performed a spot check of approximately ten CE providers in SAM/LEIE for each state.

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.

No complaint or other situation occurred that would provoke public criticism or result in press attention.

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

No

Please attach any additional information before submitting this form.

In April 2016, the RO hosted a regional MPRO conference. The RO disability policy staff and (b) (6) from ODD facilitated the conference. It was well attended. Topics included:

- State of the states - each state highlighted their best practices, opportunities and challenges. This session lead to many ideas and how each state might use them, e.g., to improve CE scheduling, CE vendor recruitment, dealing with difficulty in recruiting vendors in poor, underserved areas, improving receipt of MER through outreach in prisons, support groups, and social workers, prison psychologists performing a CE prior to release of inmate, getting more schools on board with the use of ERE and medical vendors with HIT.
- Management of CE oversight and use of SAM
- ERE
- Bipartisan Budget Act 2015 and its effect in FY 2016 case processing

The open dialogue between the MPROs throughout this conference emphasized their knowledge of the program requirements and formed solid relationships that have carried over to their day-to-day operations. The MPROs continue to have open discussions with their other DDS partners when needed.

The April 2016 MPRO conference lead to the resumption of RO and DDS MPRO quarterly calls, using this time to discuss National PRC calls, CE, HIT, and ERE problems, effect of new listing changes, etc.

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):	FY 2016
Current Date:	12/12/16
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.

The DDSs submitted their reports to ODD's SharePoint, and the RO then reviewed them and asked for some fixes, such as uploading fee schedules. Current procedures direct the DDSs to upload the reports rather than sending them to the RO.

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

No. 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.

No. I had no travel authorized to visit DDSs outside Colorado and I was unable to accompany the Colorado PROs on dates they scheduled. No other RO staff attended a site visit.

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

The RO provided ongoing feedback, particularly to DDSs with high CE rates. Our two States with the highest CE rates have been focusing on helping staff understand the appropriate

development before purchasing CEs, and their CE rates have been decreasing over the past several years.

This was a topic at the region's MPRO conference. The DDSs do use sources other than AMSs for CEs when they can. However, in this region, DDSs purchase many CEs in order to have an AMS document the presence of an MDI. In these rural States, nurse practitioners and physician assistants provide a great deal of the primary care.

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. I also use the State sites from time to time to verify credentials of CE providers. This is easy for most of our States, but the Wyoming government now links to a Google Docs spreadsheet, which requires special handling.

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 Colorado DDS requested approval to pay one provider a \$60 review of records fee rather than their usual \$30 fee they may pay other providers for records' reviews. DDS uses this provider only when ODAR requests an orthopedic CE, and he is the only active board certified orthopedist CE provider. The DPA approved the exemption.

Most DDSs in this region pay some CE providers a records' review fee, as DI 39545.275 permits.

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.

There were no complaints or other situations expected to provoke serious criticism. One claimant complained that a CE provider hugged (b) (6) after the CE. The DDS contacted the claimant to let (b) (6) know they would be investigating. (b) (6) has provided CEs for 20 years, and this was the first time DDS received such feedback. The provider said (b) (6) could not confirm or deny whether (b) (6) had hugged this individual, and DDS told (b) (6) that if it happened again they would stop using (b) (6).

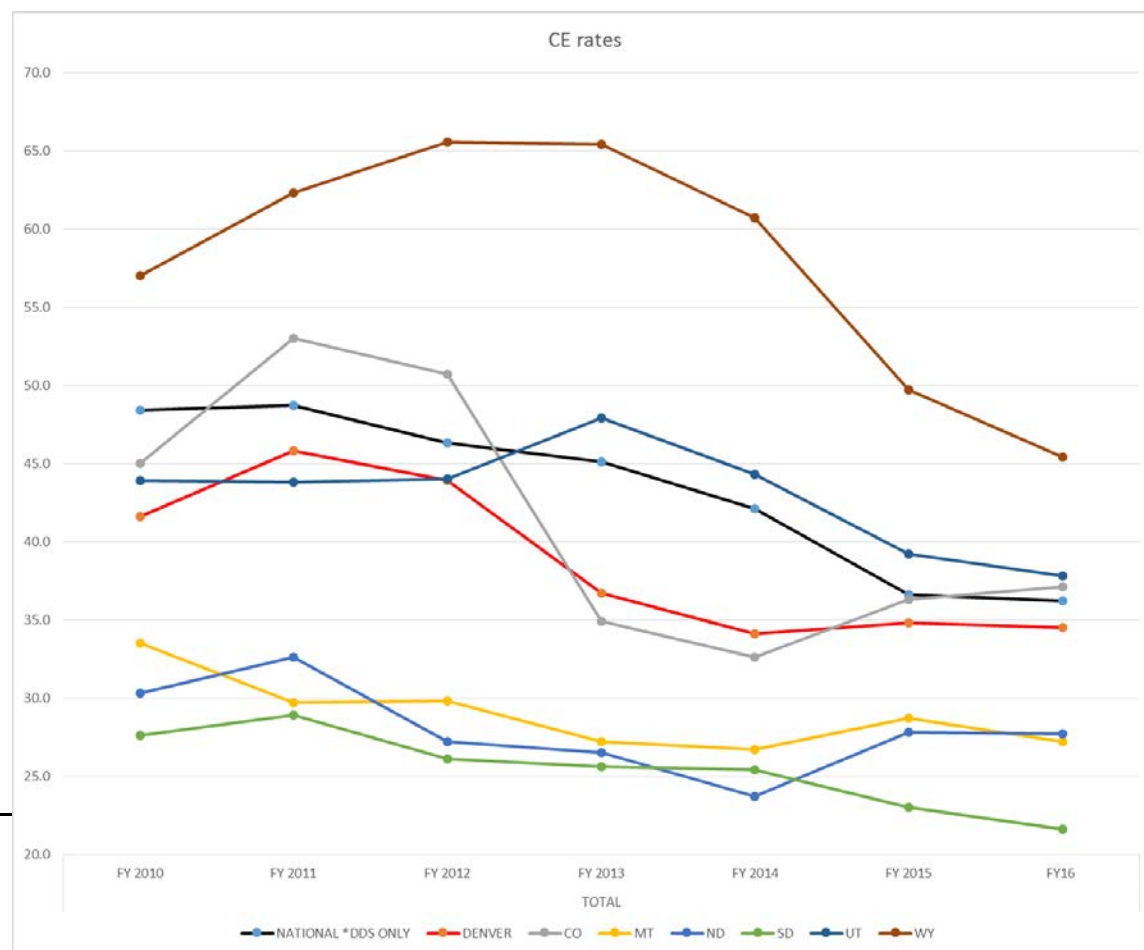
8. Did the RO identify and provide any potential conflict of interest (COI) situations to the ODD for review? Provide explanation.

No.

Please attach any additional information before submitting this form.

We had our first regional PRO conference in more than two decades, and it provided a good deal of training and sharing information. In sharing information, the PROs at the conference demonstrated their thorough knowledge and understanding of SSA’s policies and procedures related to CEs. In discussing their own practices, they helped one another refine local practices, find more efficient ways of maintaining CE provider records, and use CE providers across borders. The PROs in this region talk to each other frequently about using a CE provider on the other side of the State line, and they ensure they don’t overuse a shared provider.

One feedback tool we have used recently is a picture of each DDS’s CE rate along with the national and regional CE rates. Each DDS gets a copy identifying their rate, the region’s, and the national rate. The lines for the other DDSs are on the graph, but the other States’ rates are not identified by State name. This tool parallels a method some DDSs use to help manage their CE rates: just give information and staff will work with it.



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):	FY16
Current Date:	December 20, 2016
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 FY16. The FY16 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 in at least two of the four states in our region each fiscal year. FY16, we were able to visit three, Missouri, Iowa and Kansas.



St Louis Missouri
DDS RO Onsite Visit 2



Iowa DDS RO Onsite
Visit 2016.doc



Kansas DDS RO
Onsite Visit 2016.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 to providers 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.

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) using SAM.

Iowa DDS:

Carroll Roland, Ph.D.; Timothy Wahl, Ph.D.; Alan Scher, M.D.; Rich Martin; Roger Mraz, Ph.D.; Rosanna Jones Thurmond, Ph.D.; Harlan Stientjes, Ph.D.; Randy Robinson, M.D.; Brian Allen, D.O.; Nannett Roach, Ph.D.

Kansas DDS:

James Henderson, MD; Stanley Mintz, Ph.D.; Michael Schwartz, Ph.D.; Gary Hackney, Ph.D.; Melvin Berg, Ph.D.; Jason E. Neufeld, Ph.D.; Saad M. Al-Shathir, M.D.; Melinda Shaver, Psy.D.; Karen M Jordan, Ph.D.; John J Sand, M.D.

Missouri:

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

Nebraska:

Barb Eckert; Jerry Authier; A. James Fix Ph.D.; Samuel Moessner, M.D.; Robert Arias; Abdel Kader; Amy Corey, Ph.D.; Caroline Sedlacek; Matthew Hutt; William Packard.

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?

Nebraska has a long standing authorization since 2008 where Central Office authorized the payment of No-Shows which mirrors a process similar to their parent agency.

For FY 2016, Nebraska requested an exception for Hinze Chiropractic for a room fee rate of \$35.00 instead \$29.00. This facility is located in an area of need. Dr. Hunter has agreed to travel to this location for 1 full day of CEs every other month and no other facilities were available. In addition, Izabel Chavez (Interpreter Services) for \$45 per hour with a minimum

of 1.5 hours and a no-show rate of \$67.50. There are no Spanish speaking interpreters in Sioux City Iowa area and NE found an interpreter who is willing to travel to that area when an interpreter is needed.

Since both facilities block time for examinations and providers are traveling, the payment for no-shows per the original agreement with ODD is reasonable.

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 FY16, we reported the following situations to ODD and/or OGC and documented provider issues and/or complaints.

- **Situation 1:** October 8, 2015, a Hearing Officer in NE had some concerns about the care, discrepancy of evidence in file, and (b) (6) reports of severity of condition. In general, they reported concerns regarding the child's welfare, medical and medication management as well as treatment. They requested reporting this to Child Protective Services. We did receive guidance from both OGC and ODP on this particular case and per GN 03314.120, the HO in NE was able to release the name, address of the child and reasons why abuse was suspected to Child Protective Services.
- **Situation 2:** November 6, 2015, the DDS received a phone call from a CE provider, (b) (6) reporting that a claimant's (b) (6) brought a copy of the CE to (b) (6) office and wanted the doctor to notarize the CE so that the (b) (6) could use this as documentation while seeking guardianship of the claimant. The claimant was (b) (6) at the time of testing, but has limited WAIS scores and abilities. The (b) (6) received a copy from the SS FO, but the (b) (6) requested the copy of the report. We advised that per GN 03340.025, (b) (6) are not authorized to receive medical records, no is SSA allowed to notarize any documents or sign any affidavits.
- **Situation 3:** February 3, 2016, (b) (6) with OAO forwarded information from an Expert Conduct Referral on a case now at the Appeals Council. The representative is referring to a CE performed on April 22, 2014 by (b) (6). The initial concern is that the CE provider (b) (6) and that this is not the proper specialist to perform the examination. They later discovered that the doctor had been placed on probation November 12, 2014 for 5 years. We were not asked to provide guidance that the (b) (6) would be an MD and that at the time of the CE (b) (6) would have been an authorized provider. This doctor has not been a provider since December 2014 when the DDS became aware of the situation. This was reported in FY 15, but since there are still some issues we chose to list this for documentation purposes.
- **Situation 4:** March 28, 2016, AIRS report submitted. Claimant became argumentative during psych CE, refused to respond to questions and would "flip off" the provider. (b) (6) tried to encourage claimant to answer questions. The claimant then reached in to (b) (6) back pocket, grabbed a pair of pliers and threw them at the provider. The

pliers struck the CE provider on the shoulder causing bruising and pain. Claimant is an individual with prior IQ's in the 40's and has difficulty understanding directions, etc. We have spoken with the CE provider and (b) (6) did not notify the police; provider is not planning on filing charges since the claimant is low functioning. Provider immediately ceased the exam and the claimant left. (b) (6) apologized for the claimant's behavior and indicated it was typical behavior for claimant.

- **Situation 5:** June 22, 2016, (b) (6) submitted an accident/incident report. (b) (6) was in the waiting room and possibly (b) (6) shoved (b) (6) from behind causing (b) (6) to fall. (b) (6) went through a window in the waiting room and sustained cuts on (b) (6) arm, nose and mouth. Other than providing the incident report and possibly performing an onsite visit, we advised the DDS that SSA has no liability for actions taken by medical personnel during a CE. We advised the DDS to refer any liability questions to the relevant state legal office. Per POMS DI 39569.300 and DI 39518.055 D2.

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:

- Kansas PRO took a position with SSA. The backup became the PRO and Kansas was able to assign another backup 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;
- Participated in multiple policy and training work groups;
- Participated in the Business Reply Mail and Scanning study with CO, USPS and Xerox regarding delays in our region; and
- We held our second Regional Medical/Professional Relations Conference in June 2016. This conference consisted of regional and central office participants.

**Kansas City Regional Office Review of
Kansas DDS Management of the CE Process
August 10, 2016**

The Kansas City Regional Office visited the Kansas DDS for a Consultative Examination (CE) oversight visit on August 10, 2016. (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](#).

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 27% of the 142 active CE 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 conferencing for psychiatric and psychological CEs, which is especially beneficial for areas with limited resources.

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

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 10% 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.

For CE's, the assisting state calls the CE Unit, the CE unit schedules the exam, but the assisting DDS actually works the case and handles all follow-up calls.

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. There was no mass emailing this year. Sent recruitment packets to smaller locations trying to get some additional interest in the needed areas, but they haven't seen much success yet. They did recruit school psychologists in Western KS, but limited to testing, as they can't give the diagnosis. 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. They send random surveys to help establish any problems. They also send surveys on new providers.

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 just send random surveys, unless there is a complaint. Volume providers get site visits.

I. List of Key Providers

1) *When visited during last fiscal year*

Limited visits were conducted in FY 2016 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 2016: (Top 10, only a few make more than \$100,000)

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

- Jason Neufeld, PhD
- Saad Al-Shathir, MD
- Jarrod Steffan, PhD
- Koeneman Psychological Services LLC

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 ten key providers, annually; they had more time to dedicate to the visits this year. There are staffing limitations, as well as travel and reimbursement restrictions that prevent additional onsite visits. (Currently the DDS cannot go to Western KS, or out of state.)

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. Within reason, go look at office space.

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
Iowa DDS Management of the CE Process
August 2, 2016**

The Kansas City Regional Office visited the Iowa DDS for a Consultative Examination (CE) oversight visit on August 2, 2016. (b) (6), Professional Relations Coordinator (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. All locations in 2016 are located a considerable distance from the DDS and would require an overnight stay.

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?*

Periodic inline reviews are completed by the Program Integrity (PI) resource unit regarding the proper use of CE's. The unit supervisors and lead workers review examiner CE requests to identify CE need.

When the examiner staff orders an examination, the line unit supervisors or lead workers review the request for appropriateness. The I5 system alerts the supervisor of the requested CE. It cannot be scheduled without authorization.

- 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, all initial CE reports from a new vendor are reviewed by the PRO. Established vendors are reviewed by the PRO, medical consultant and PI staff by random sampling. Additional reviews are performed when a problem has been noted in an exam.

- 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?*

The PRO or in some cases an agency medical consultant gives the provider feedback regarding the problem. Additional reports are reviewed following the feedback to see that the necessary changes have occurred.

- 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.

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

All new vendors are reviewed. Problem vendors are reviewed when a problem is identified, and sample vendor reviews are by random computer selection.

B. Fee Schedules

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

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

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

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

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

Fee Schedule

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

The Iowa DDS fee schedule reflects the Iowa Medicare Fee schedule. Changes are made to the schedule based upon the yearly updates completed by Iowa Medicare. Exceptions to the Medicare rate have been established based upon program needs; vendor surveys, and other state fee schedules. These exceptions were proposed and accepted by Regional and Central office authorities.

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

No

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

Medicare

7) Is the fee schedule reviewed annually?

Yes

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

Completed based on vendor requests or when addressing budget and other fiscal matters.

9) Does the DDS use volume vendors? **Yes.** If so, was any discount from the DDS fees schedule negotiated? **No.** How much? Is the quality as good as other lower volume providers? **Yes.**

C. Training and Review of New CE Providers

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

The PRO at the time of recruitment provides the new vendor with a training packet. The physician, nurse or the office manager is given a detailed overview of the program. The vendor is provided with information regarding agency needs; processing time requirements, fee schedules, etc...These training packets were developed by the PRO, examiners and MCs.

1) Training

a) What type of training is provided? **See above**

b) *Who conducts it?* **See above**

c) *What training materials are furnished?* **See above**

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

All initial CE reports from a new vendor are reviewed by the PRO. The vendor is then provided feedback. If additional review is needed after the initial feedback, the PRO again performs the review.

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

2) *Review of New Providers*

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

Enough cases are reviewed to get a clear picture of the vendor's style, ability and completeness. Electronic records are maintained regarding the findings of this review. DDS Staff is given feedback regarding the vendor's quality and turn-around time.

b) *Who conducts the review?*

The PRO, QA and Medical Consultants perform the reviews.

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

D. CE Scheduling Procedures and Controls

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

Yes, the examiners choose the vendor to be used, but the schedulers and on some occasions, the agency PRO monitors the process to see that exams can be scheduled sooner in other locations.

2) *Does the CE authorization process:*

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

When the examiner staff orders an examination, the line unit supervisors or lead workers review the request for appropriateness. The I5 system alerts the supervisor of the requested CE. It cannot be scheduled without authorization.

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

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

The examiners choose the vendor to be used, but the schedulers and on some occasions, the agency PRO, monitor the process to see that exams can be scheduled sooner in other locations.

- 4) *Is the treating source used as the preferred source of the CE as required in regulations?* **Yes**
- 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**
- 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**
- 8) *Is the DDS following the guides on CE scheduling intervals? If not, what precautions, if any, are taken to prevent over scheduling?*
As stated above the examiners choose the vendor, however, they are provided with resources from the PRO regarding turn-around time, scheduling problems, etc... The clerical staff notifies the examiner of potential CE delays.
- 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 I5 system provides follow-ups, which produce automated notice reminders to the claimant. The claimant is asked to respond in writing. If no letter is received, the clerical and examiner staff follows guidelines established by SSA in 2011, which provide additional assurances that the CE is kept to avoid any failure issues. A special call-in letter is sent to the claimant to document that they will attend the examination. Clerical staff does a reminder call 3-4 days prior to the appointment if no written or phone contact has been made. Agency Auto-dialer contacts all claimants' prior to the scheduled exam. CE vendors are also encouraged but not required to call the claimant prior to the appointment.
 - b) *Is the DDS notified that the appointment has been kept?* **Yes**
 - c) *What is the rate of no-shows? Of cancellations? Are either paid for? If so, describe the payment policy.*
Between 15%-18% of examinations are missed or cancelled. More mental related cases are no-shows. The DDS does not pay for missed appointments.

E. Integrity of Medical Evidence

- 1) *Are claimant identification controls in place and being used?* **Yes**
- 2) *Are the number of vouchers for purchased medical evidence being checked against the actual number of pieces of purchased medical evidence in file to ensure that all evidence is in file?* **Yes**
- 3) *Is hand-delivered evidence reviewed to assess its authenticity and are the steps in DI23025.010G followed if the source is questionable?* **Yes**

F. Recruiting Activities

1) *Is current CE panel adequate?*

Generally yes. Certain specialties, tests and studies are unavailable in some areas of the state. Due to the rural nature of the state, specialists are mainly found in Des Moines, the state's largest metropolitan area. The IA DDS uses physical therapists (PT) for exams that in the past would have been done by an orthopedist (if available) or by a family physician or general practitioner. The PT exams have been very detailed, and provide good functional evidence for orthopedic impairments if the diagnosis has already been established by an acceptable source in file.

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

There are only two areas of the state that are currently in need of additional "General Physical Exam" providers. In both Waterloo and the Quad City area, the agency has recently lost several volume CE providers to retirement. All other areas of the state are adequately covered.

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

Recruitment is ongoing. Presentations are given at state conferences, SSA offices are asked to submit names of new doctors to the area, Internet search, Cold calls to new vendors when doing PR visits to established vendors, etc...The PRO also approaches medical sources who perform exams for the Department of Transportation as they are often willing to see non established patients.

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

See (3) above

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

G. Claimant Complaints

1) *Are all complaints investigated? (Yes) By whom? (The Pro) On average, there is only one complaint every 3 or 4 months.*

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

A narrative is completed and maintained electronically.

3) *Does the DDS handle the following?*

a. Congressional inquiries - **Yes**

b. Claimant complaints - **Yes**

c. Provider complaints - **Yes**

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 report is reviewed. In most cases, a call is made to the provider for their input. Following vendor input, if the situation can be handled by a discussion with the vendor, (i.e. they agree to proceed differently in the future) No further action is taken. A follow up to the claimant may be made if needed.

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

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

Legal matters such as vendor subpoenas or unusual incidents such as injuries during an exam are referred to the KC RO.

H. Claimant Reactions to Key Providers

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

Surveys have been done in the past.

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

In most cases by letter or telephone contacts.

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

The PRO

4) *Is there a systematic plan for contacting claimants seen by all key providers?* **No**

I. List of Key Providers

1) *When visited during last fiscal year*

Visited this year, for the yearly CE Oversight report.

2) *By Whom?*

The PRO

J. Onsite Reviews of CE Providers

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

POMs procedures completed during yearly CE Oversight review and inspection

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

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 such as a staff or claimant complaint or when other PR activity is being done in a specific area of the state.

4) *Do the physicians or psychologists, as appropriate, participate in onsite reviews?* **No**

- 5) *Review copies of all reports of onsite reviews to CE providers made in the past year.*
At the time of the oversight visit, CE Onsite reviews have not yet been completed for the year. (Locations are a considerable distance from the DDS and require overnight stays.) Past years reports have been reviewed.

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

- a. Has the DDS targeted geographic areas within the State with high concentrations of claimants and specialists? Has the DDS negotiated a volume discount? **No**
- 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? **No**
- 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**
- e. Have you contracted out, if so, what services were provided? Provide a copy of the contract(s).
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 contact 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 maintains most CE provider files electronically.
- 2) *Do those files contain?*
The CE provider files contain the following when applicable.
 - a) **Provider credentials;**
 - b) **Complaints against the provider;**
 - c) **Results of investigations or complaints against the provider;**
 - d) **Reports of onsite reviews; and**
 - e) **Statistical data.**
- 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
St. Louis Missouri DDS Management of the CE Process
July 14, 2016**

The Kansas City Regional Office visited the St. Louis Missouri DDS for a Consultative Examination (CE) oversight visit on July 14, 2016. (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?*

Initial reviews are conducted for new counselors to ensure appropriate ordering habits.

The DDS requires medical (MC), supervisory and QA unit reviews for experienced and new examiners, whose CE ordering practices cause concern.

- 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 reviews reports submitted by new CE providers. DDS Examiners, MCs, QA personnel and the district supervisor report quality issues with CE reports to the PRO.

PRO will review the first 5 reports for a new CE provider.

If there is a problem with the report, the PRO contacts the provider. This can be by phone, in writing or on a visit. The medical consultants assist the PRO and call vendors when quality problems are noted and when the PRO feels a doctor-to-doctor contact would better address the issue. For more routine quality issues the PRO contacts the vendor directly.

The PRO uses face-face contact to address unresolved quality issues.

- 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. They will ask for an addendum and the provider may fax that information. If the provider does not have the information to add to the CE, the doctor is responsible for having the claimant come back and at the providers own expense.

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

The PRO notifies the CE providers of quality issues with written and oral feedback. The PRO will provide additional training on preparing acceptable CE reports. 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(2a) above. The PRO reviews the first 5 reports and then will continue reviewing until they have improved. In addition, the PRO reviews reports from CE vendors with a history of quality issues to ensure the quality remains high.

B. Fee Schedules

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

The Missouri 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 Missouri DDS fee schedule on [KCNet](#).

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

Generally, the DDS uses a Fee Schedule. If the provider bills for less than the fee schedule, the DDS will pay the lower usual and customary charge.

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

The DDS uses a fee schedule created by VR, the parent state agency. The Missouri VR bases the fee schedule on Medicare and Medicaid rates when possible.

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

Yes. The Missouri DDS issues contracts to the CE provider for each CE. The specified fees follow Missouri's fee schedule.

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

Yes. The DDS uses a fee schedule created by their parent state agency, Vocational Rehabilitation.

7) *Is the fee schedule reviewed annually?*

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

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

The DDS uses vendor requests, recruitment problems, surveys, and other Missouri state agency fees to determine the need for changing the CE fee schedule. When necessary, they will compare costs of tests, evaluations, and in some cases the private sector for specific providers (SLPs), analyze the data and determine the need for a possible exception.

- 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?*

The DDS uses volume vendors. St. Louis has the biggest volume vendor and they are happy with their services. The DDS does not negotiate fees lower than the fee schedule.

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 onsite for local CE providers. The training lasts from one to two hours. Depends on provider.

If the CE provider is not local, The PRO mails the provider the paper training material. The PRO conducts a telephone contact to answer the provider's questions resulting from the paper training materials.

The PRO reviews the first five or six CE reports from new providers. The PRO provides feedback and additional training based on the review of CE reports.

- b) *Who conducts it?*

The PRO conducts the training for new CE providers.

(b) (6) does have an office manager that does some of the training. (b) (6) is a medical facility and (b) (6) husband is a doctor. They have been in business 20 years, they are very open and any doctor can call the DDS as needed.

- c) *What training materials are furnished?*

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

- Detailed overview of the CE program supplemented with the publications [Consultative Examinations: A guide for Health Professionals and Disability Evaluation Under Social Security](#); and
- Green book
- License check
- Vendor agreement
- Vendor Input – payment forms

- **Training packet that includes redacted samples of acceptable:**
 - *CE reports;*
 - *Green book – checklist & report items, questions on CE request to see what they need to focus on during the exam; and*
 - **Medical source statements (including ODAR forms HA-1151 and HA-1152, CE reports.**
 - **Share guidelines for how to complete the form**
 - **Provide training guides on cardiac guides and hand function**
 - **Encryption – what programs they can use form and a response fax that shows what the source uses.**
 - **PII handout**
 - **Interpreters – 795 form & potential of family member, etc. For the release, the doctor has the interpreter sign the form.**

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. Ongoing feedback from counselors, MCs, etc.

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

Yes

2) *Review of New Providers*

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

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

b) *Who conducts the review?*

The PRO conducts the review.

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

Yes. They provide feedback by phone, email, or in person, whatever is needed. Many providers respond well to written feedback.

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.*

MO maintains a Master scheduling sheet. They have an email box that allows all the DDSs in the state to share and see what exams are needed. The DE will complete appropriate actions in Midas and will also fill out the master sheet with CE information, exams, etc., and then submit. When they submit, it sends it to the appropriate folder for the area in the mailbox. Each DDSs CE unit complete daily actions and then will assist the other DDSs for that day to make sure things are set up timely. They can filter by area, reschedules, etc. MO also has a usage report to shows how many contracted with them for the month & year, so they can look up any vendor stats.

They also share this information monthly with the provider to give them an idea of what they completed.

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 and area. The CE unit schedules the CEs. The CE unit monitors requests to help prevent overscheduling.

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.

The PRO monitors the CE lists monthly to help ensure vendors receive a reasonable volume of CEs based on such factors as the provider's size, proximity, availability, specialty, provider feedback, quality of prior CE reports, tracking sheets and monthly reports.

The counselors cannot choose a CE doctor when they request an exam. The CE unit does this based on the area and need.

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.

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. The DDS legacy system, MIDAS, permits coding medical sources that refuse to perform CEs on their patients.

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 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. Providers are given the expectations with their training. The CE unit also knows the block examiners that schedule by blocks, etc., this assists with monitoring and scheduling timely.

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?*

Counselor gets a tickle to call and remind the claimant of the appointment. The DDS also requests that the CE provider attempt to make a reminder call to the claimant. (The providers who make the reminder calls tend to have a better CE show rate.)

The counselor makes 2 phone call attempts, sends a letter and provider follow-up.

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

Yes. The CE providers call or return the daily schedule sheet indicating whether the claimant kept or missed the appointment.

The tickle in Midas as well as daily schedule sheets drive the follow-up. The DDS provides the list and the provider marks show/no-show and provides that to the DDS.

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 between 20 and 30 percent. The DDS does not track the cancellation rate because they try to fill the slots with new exams as appropriate. The DDS does not pay for no-show appointments.

Most show and no-show data comes from the providers themselves. The providers who make their own follow-up calls tend to report a higher show rate. In addition, there seems to be more no shows for pediatric physical and mental cases. However, (b) (6) calculated a 56% show rate, which is a little over half on a regular basis.

E. Integrity of Medical Evidence

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

Yes. Photo ID and physical description.

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. Count by the page.

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

Yes. This is a rare occurrence, but yes, they would look for consistency and anything suspicious.

F. Recruiting Activities

1) *Is current CE panel adequate?*

Yes. However, the PRO wishes to recruit additional neurologists. For the most part, the panel is adequate.

Clinic in that area that now does psych tests that are partially funded by a federal grant

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

They try to get doctors to North St. Louis City, but a lot do not want that location, as it's not the best area of town. Ongoing efforts for HEENT test and Humphrey Fields.

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

On-going recruitment using referrals from current CE panelists. The PRO contacts referrals informing them of the CE program and determining the referrals' interest in providing CEs. MC contacts, other, large vendors, placing in other areas. Sometimes call people. Has done some office outreach. Had 1 doc that she visited multiple times and never made it past receptionist. With recent mass mailing, this doctor contacted SSA. Some cold calls.

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

See (3) above.

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

Yes.

G. Claimant Complaints

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

Yes and by 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:

- **Claimant Contact;**
- **Review the CE report;**
- **Contact the CE provider;**
- **Inform DDS management and RO of potential news media and public relation situations;**
- **Inform the claimant of the investigation results in writing; and**
- **Record complaints and resolution on spreadsheet viewable by all Missouri DDS field sites. (Vendor History complaint/resolution form.)**

3) *Does the DDS handle the following?*

a) **Congressional inquiries**

Yes. Quality assurance 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.

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

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

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

Yes. The DDS uses the Automated Incident Report System.

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

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

H. Claimant Reactions to Key Providers

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

The MO DDSs obtain claimant reactions to key providers by investigating claimant complaints.

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

The MO DDS makes no other contact with claimants.

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

The DDS uses the claimant complaint criteria for the PRO to initiate an investigation and contact the CE provider and claimant as described in section G.

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

No

I. List of Key Providers

1) *When visited during last fiscal year*

- **Forest Park Medical Clinic/Medex** 7/12/16
- **Paul W Rexroat Ph.D. PC** 7/12/16
- **Laura R Tishey Psy. D. LLC** 7/18/16
- **St Louis Psychological Services/Alison Burner** 7/26/16
- **Michael T Armour Ph.D. LLC** 7/18/16
- **Timothy F Leonberger** 6/28/16
- **City Speech/Lori Linder** 7/18/16

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 annual CE Onsite visits and inspections. The visits include the providers' verification that all support service staff are properly licensed.

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

Yes. Each PRO in MO completes at least 5 onsite visits per year. Typically this will be the office's top 5 vendors, unless they were seen last year and are not required a visit this year.

- 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, tardy reports, new providers and new equipment.

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

Generally, MCs do not participate in CE onsite visits. The MC would receive no remuneration for attending the onsite visit under the current "per case" payment system.

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

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

K. Contracting Out for Medical Services

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

The DDS does not pursue the feasibility of contracting out medical services. Contracting out the services would subject the CE program to the state's contract bidding rules, which would require the DDS to grant the contract to the lower bidder. Such a contract would not consider the DDS needs.

L. Records Maintenance

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

Yes. The DDS maintain most CE provider files electronically. MO has a SharePoint for the MO PROs to keep all of this information together, monitor trends, etc.

- 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.**

Electronically they maintain licensing, vendor agreement, onsite reviews, sample CE information and a history form.

- 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

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 Jersey, New York and Puerto Rico
Report Period (Fiscal Year):	2016
Current Date:	11/21/16
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

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

Yes, PRC and DPAs conducted DDS onsite visits during the annual Quality Visit and Collaborations with Office of Quality Review.

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

Yes, the DPAs and Center for Disability staff accompanied the DDS MPROs on 21 CE onsite visits.

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

Yes, on a quarterly basis the PRC reviewed 137 CE purchases for the NJ, NY and PR DDS.

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, on a quarterly basis, the PRC checked 399 DDS CE providers' licenses and for sanctions on the SAM website.

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.

None reported

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

None reported

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:	Philadelphia
List of DDSs:	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
Report Period (Fiscal Year):	2016
Current Date:	12/28/16
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Program Specialist

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

Yes. All CE Oversight reports 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 District of Columbia DDS in June and the Wilkes-Barre, Pennsylvania DDS in September. PRC discussed current MPRO issues at each DDS. Due to budget limitations, the PRC was unable to travel to other states. The DPAs for each state 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 5 states and the Disability Processing Branch along with 2 visitors/presenters from ODD. Attendees were engaged in discussions and presentations. There were many good discussions. Presentations covered many topics including licensure and credential tips along with CE oversight.

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

PRC and the DPA for the District of Columbia accompanied the MPRO to visit the Washington, DC IMA site. 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; Regional Medical Contractor reviews; 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 FY2016.

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 FY2016.

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 Region
List of DDSs:	Arizona, Californian, Hawaii and Nevada
Report Period (Fiscal Year):	2016
Current Date:	12/28/2016
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.


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


- Arizona DDS – Phoenix Branch
- Arizona DDS – Tucson Branch
- CA DDS – Oakland Branch
- CA DDS – San Diego Branch
- CA DDS – La Jolla Branch
- Hawaii DDS



 2016 CE Oversight
Phoenix Report.docx


 2016 CE Oversight
Tucson Report.docx


 2016 CE Oversight
Oakland Report.docx


 2016 CE Oversight
San Diego Report.docx


 2016 CE Oversight La
Jolla Report.docx


 2016 CE Oversight
Hawaii Report.docx

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:

- Arizona DDS – Phoenix Branch: (b) (6) (key provider visit) and (b) (6) (non-key provider visit)
- Arizona DDS – Tucson Branch: (b) (6) (non-key provider visit)
- CA DDS – Oakland Branch: (b) (6) (key provider visit)
- CA DDS – San Diego Branch: (b) (6) (non-key provider visit)
- CA DDS – La Jolla Branch: (b) (6) (key provider visit)
- Hawaii DDS: (b) (6) (non-key provider visit)

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. In FY 2016 we also completed a targeted study of CE purchase practices for CDRs and provided reminders on CE purchase practices, as well as case specific findings, to the DDS.

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/SAM list to ensure CE providers are not federally excluded. Licensure and HHS-OIG LEIE/SAM 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. In March of 2015, ODD approved an exemption to the no-pay policy for missed Consultative Examinations (CE) appointments for the Hawaii DDS (HI DDS) outer islands/rural areas per [DI 39545.275](#). Although this exception has helped with some recruitment/retention activities, HI DDS continues to be impacted by wait times for CEs on outer islands/rural areas.

We were delayed in submitting in our yearly request, however, we received ODD approval for the exemption to continue for outer islands/rural areas on October 28, 2016.

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 ODAR SF Regional Office alerted us to a CE provider, (b) (6), working for the Arizona DDS with a surrendered license in the State of New York in April 2016.

Per [20 CFR § 404.1503a](#), the regulation provides that the agency will not use in its program any individual who, until a final determination is made, has surrendered a license to provide health care services while formal disciplinary proceedings involving professional conduct are pending.

In 2002, (b) (6) had a disciplinary action in Arizona where (b) (6) was issued a Letter of Reprimand for inadequate patient care and inadequate record keeping. (b) (6) was placed on probation and completed all the terms and conditions successfully, at which time (b) (6) license status was returned to active. Simultaneously, the New York Board for Professional Medical Conduct took action against (b) (6) for the incident in Arizona. Per a statement we received from (b) (6) did not practice medicine in New York State and had not renewed that license. The New York license was issued in (b) (6) when (b) (6) was a resident. Without fully understanding the implications, (b) (6) decided to surrender (b) (6) New York medical license while formal disciplinary proceedings involving professional conduct were pending.

On October 22, 2016, after consulting with ODD and OGC, SF Region made the determination that this provider could continue to be utilized as a CE provider. This decision was based on a number of factors, including the fact that (b) (6) was able to rectify the situation with the New York state board, and effective July 19, 2016 (b) (6) New York surrendered license reverted to inactive.

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 2016.

Please attach any additional information before submitting this form.

In June 2016 the PRC hosted a Regional MPRO conference. The agenda covered a number of areas including CE purchasing, Fee Schedules, Recruiting and an update on ERE and HIT.



MPRO Conf
Agenda.doc

San Francisco Region Regional Medical Professional Relations Officer Conference

June 1-2, 2016

Agenda

Schedule	Topic	Presenter
9:00 am – 10:00 am	Participant Arrival	
10:00 am-10:15 am	Welcome/Opening Remarks	(b) (6)
10:15 am -10:30 am	Disability Program Administrator Overview	(b) (6)
10:30 am – 12:00pm	ODD Perspective ODD Roles and Responsibilities SAM Demonstration Recruitment Materials Review Miscellaneous Updates	(b) (6)
12:00 pm –1:00 pm	Lunch	
1:00 pm – 1:45 pm	RO Perspective DDS/RO Roles and Responsibilities Acceptable Medical Sources Fee Schedules CE Panel Discussion	(b) (6)
1:45 pm – 2:45 pm	State of the States	All Participants
2:45 pm – 3:00 pm	Break	
3:00 pm– 4:00 pm	ERE and HIT Update	(b) (6) DPST Staff
4:00 pm – 4:45 pm	Policies, Practices and Procedures for CE Purchases CE Purchasing Error Prone Areas ODAR CE Requests	(b) (6)
4:45 pm – 5:00 pm	Closing	(b) (6)
5:30pm	<i>Optional Dinner-T-Rex Restaurant & Bar, Berkeley CA</i>	

San Francisco Region
Regional Medical Professional Relations Officer Conference

June 1-2, 2016

Agenda

Schedule	Topic	Presenter
8:30 am – 8:45 am	Welcome/Opening Remarks	(b) (6)
8:45 am – 9:15 am	CE Oversight Visit to DDS	(b) (6)
9:15 am – 10:15 am	CE Provider License/SAM Best Practices	(b) (6)
10:15 – 10:30 am	Break	
10:30 – 11:30 am	Onsite Provider Visits Best Practices	(b) (6)
11:30 – 12:30 pm	Lunch	
12:30 – 1:30 pm	Recruiting CE Providers Best Practices	(b) (6)
1:30 - 2:15 pm	Miscellaneous Updates Medical Listings/Policy Updates Homeless Initiatives Open Discussion	(b) (6) DPST Staff All Participants
2:15 – 2:30 pm	Wrap-Up/Closing	(b) (6)

Consultative Exam (CE) Oversight Visit Arizona DDS Phoenix Branch

Overview

I conducted a Consultative Examination (CE) oversight visit to the Arizona Disability Determination Services (AZ DDS) Phoenix Branch August 8-9, 2016. 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 Officer (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), one supervisor, two Disability Examiners (DE), two CE schedulers, two fiscal staff, and one Medical Consultant.

I conducted the close-out meeting with (b) (6) (DDS Administrator), (b) (6) (Operations Manager), (b) (6) (MPRO) and (b) (6) (DPA).

Area of Jurisdiction

The Phoenix MPRO has jurisdiction over the northern part of the State.

CE Provider Onsite/Oversight Visit

The MPRO and I visited two CE Providers, (b) (6) and (b) (6). No issues were noted during our visits.

CE Oversight Review

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

Summary Findings:

Issues Noted - 0

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

B. Fee Schedules

Summary Findings:

Issues Noted - 0

The Arizona fee schedule is currently under review. The MPROs are currently working with the Regional Office to update the fee schedule to ensure recruitment and retention of CE providers throughout Arizona.

C. Training and Review of New CE Providers

Summary Findings:

Issues Noted - 0

The MPRO provides general training to new CE providers but MC/PCs provide one-on-one training for new providers to review report requirements and answer any medical questions. The MPRO will also coordinate for new CE providers to meet with an experienced provider as a part of the new CE provider training. 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 MPRO. When bringing on a new CEP, the MPRO reviews the first five reports with the appropriate MC/PC. Feedback and comments are shared with the CEP. If the first five reports are satisfactory, the MPRO informs the Site 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/PC continue to work with the CEP until the quality improves and all issues are satisfactorily resolved. If the CEP is unable to provide quality reports, the decision is made to not add the vendor to the panel.

D. CE Scheduling Procedures and Controls

Summary Findings:

Issues Noted - 0

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

E. Integrity of Medical Evidence

Summary Findings:

Issues Noted - 0

The Phoenix Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Phoenix Branch asks providers to check the claimant's photo identification, which is noted in the CE report and if photo identification 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 MPRO has the responsibility for CE provider recruitment. The CE panel is adequate; however, they do not have sufficient Spanish speaking Psychologist and Speech and Language providers. In addition, at the time of this visit, Psychological testing appointment were noted to be 4 weeks in the future. However, the MPRO was working to reduce this delay by scheduling a special project day to hold CEs in the DDS on a Saturday.

Recommendation:

- The MPRO should continue to work to minimize delays for Psychology testing CE appointments.
- The MPRO should continue recruiting activities as needed for Spanish speaking Psychologist and Speech and Language providers.

G. Claimant Complaints

Summary Findings:

Issues Noted - 0

H. Claimant Reactions to Key Providers

Summary Findings:

The Phoenix Branch follows appropriate procedures for handling complaints.

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

Summary Findings:

Issues Noted - 0

The Phoenix Branch appropriately tracks key providers.

J. Onsite Reviews of CE Providers

Summary Findings:

Issues Noted - 0

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

K. Contracting Out for Medical Services

Summary Findings:

Issues Noted – 0

No issues were noted for this area.

L. Records Maintenance

Summary Findings:

Issues Noted – 0

The Phoenix Branch has excellent records maintenance processes and structures in an electronic format. All files reviewed had the current licensure and System for Award Management (SAM) verification documentation. The files also had all other necessary documentation such as CE provider onsite visit reports and complaints/resolution of complainants.

Conclusion

The CE oversight process is working well in the Phoenix Branch. It was clear the MPRO works diligently to ensure the Branch complied with established policies and protocols.

Although the MPRO continues to work to ensure the CE panel is adequate, there are specific specialties that I noted could benefit from additional recruitment activities. The MPRO should continue recruiting activities as needed for Spanish speaking Psychologist and Speech and Language providers.

The MPRO has a number of best practices that I believe should be shared with all our Regional MPROs to ensure compliance with current CE oversight policies and procedures throughout the Region. If the opportunity arises I would greatly appreciate the MPRO sharing his best practices with our Regional MPROs in FY 2017.

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

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

Consultative Exam (CE) Oversight Visit Arizona DDS Tucson Branch

Overview

I conducted a Consultative Examination (CE) oversight visit to the Arizona Disability Determination Services (AZ DDS) Tucson Branch August 10-11, 2016. 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 Officer (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), one supervisor, two Disability Examiners (DE), two CE schedulers, one Quality Assurance examiner, and one Medical Consultant.

I conducted the close-out meeting with (b) (6) (DDS Administrator), (b) (6) (Operations Manager), (b) (6) (MPRO), (b) (6) (DPA) and (b) (6) (Management Analyst).

NOTE: (b) (6) is a Regional Office Experience Program participant and participated in the Tucson Branch visit as a part of (b) (6) development assignment in the Center for Disability and Programs Support.

Area of Jurisdiction

The Tucson MPRO has jurisdiction over the southern part of the State.

CE Provider Onsite/Oversight Visit

The MPRO, (b) (6) and I visited CE Provider, (b) (6). The MPRO conducted a thorough oversight visit. The MPRO noted one item that required follow-up:

- Snellen eye chart distance was not marked to twenty feet as required for accurate testing.

CE Oversight Review

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

Summary Findings:

Issues Noted - 0

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

B. Fee Schedules

Summary Findings:

Issues Noted - 0

The Arizona fee schedule is currently under review. The MPROs are currently working with the Regional Office to update the fee schedule to ensure recruitment and retention of CE providers throughout Arizona.

C. Training and Review of New CE Providers

Summary Findings:

Issues Noted - 0

The MPRO provides general training to new CE providers but MC/PCs provide one-on-one training for new providers to review report requirements and answer any medical questions. 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 MPRO. When bringing on a new CEP, the MPRO reviews the first five reports with the appropriate MC/PC. Feedback and comments are shared with the CEP. If the first five reports are satisfactory, the MPRO informs the Site 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/PC continue to work with the CEP until the quality improves and all issues are satisfactorily resolved. If the CEP is unable to provide quality reports, the decision is made to not add the vendor to the panel.

D. CE Scheduling Procedures and Controls

Summary Findings:

Issues Noted - 1

Overall, the Tucson Branch follows the appropriate policies and procedures for CE scheduling procedures and controls. However, the staff were unclear on procedures for medical or supervisory approval of CE requests/diagnostic testing involving significant risk to the claimant/beneficiary.

Recommendation:

Remind DEs of procedures for obtaining medical or supervisory approval for CE requests when required by regulations. [Per DI 22510.006.C](#) a medical review is required for any CE that includes diagnostic tests or procedures that may involve significant risk to the claimant/beneficiary.

E. Integrity of Medical Evidence

Summary Findings:

Issues Noted - 0

The Tucson Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Tucson Branch asks providers to check the claimant's photo identification, which is noted in the CE report and if photo identification 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 MPRO has the responsibility for CE provider recruitment. The CE panel is mostly adequate; however, they do not have sufficient Spanish speaking Psychologists, Psychologists, and Pediatric providers. At the time of this visit, Psychological testing appointment were noted to be 6-8 weeks in the future. Delays for CE scheduling were noted for all specialties in rural areas such as Yuma. The Tucson MPRO works with the

Phoenix MPRO regularly to obtain assistance by having Phoenix area CE providers conduct CEs in the Tucson area.

Recommendation:

- The MPRO should work to minimize delays for Psychology testing CE appointments.
- The MPRO should continue recruiting activities as needed for all impacted specialties to reduce the impact on Phoenix area CE providers.
- The MPRO should continue focused recruiting activities for rural areas within his jurisdiction.

G. Claimant Complaints

Summary Findings:

Issues Noted - 0

H. Claimant Reactions to Key Providers

Summary Findings:

The Tucson Branch follows appropriate procedures for handling complaints.

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

Summary Findings:

Issues Noted - 0

The Tucson Branch appropriately tracks key providers.

J. Onsite Reviews of CE Providers

Summary Findings:

Issues Noted - 1

The Tucson Branch performs appropriate onsite reviews of CE providers; however, at the time of this visit the MPRO had only completed two onsite visits. 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 [REDACTED] usually completes onsite visits at the end of the fiscal year, prior to the due date of the Annual CE Oversight Report.

Recommendation:

Onsite visits should be conducted on an ongoing basis 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.

K. Contracting Out for Medical Services

Summary Findings:

Issues Noted – 0

No issues were noted for this area.

L. Records Maintenance

Summary Findings:

Issues Noted – 1

The Tucson Branch needs to update their records maintenance processes and structures. Policy requires specific actions be documented by the DDS/MPRO such as license verifications, System for Award Management (SAM) verification documentation, handling complaints for CE providers, reports of onsite reviews and claimant surveys. We reviewed 15 CE providers files and eight files did not have the current licensure verification. The MPRO explained all licenses are verified and kept in a separate file.

Recommendation/Action:

- Ensure current licensure information is in file for each CEP.
- Ensure SAM verification 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.
- Suggest adopting a records maintenance system similar to the one used in the Phoenix branch to ensure consistency within Arizona DDS and to meet SSA requirements for records maintenance.

Conclusion

Generally, the CE oversight process is working well in the Tucson Branch. I noted a number of issues during the oversight visit that the MPRO/DDS management should

address to ensure the Tucson Branch is in compliance with established CE oversight policies and protocols.

DEs should be reminded of procedures for obtaining medical or supervisory approval for CE requests when required by regulations. A medical review is required for any CE that includes diagnostic tests or procedures that may involve significant risk to the claimant/beneficiary.

The MPRO should continue recruiting activities throughout (b) (6) jurisdiction to ensure an adequate CE panel is established. This would work to decrease delays in CE scheduling and reduce the impact on CE providers in the Phoenix area.

The MPRO should ensure onsite visits to key providers/other providers are completed 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.

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 SAM for each CE provider at least annually.

Thank you to (b) (6) and the Tucson 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 Oakland Branch

Overview

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) Oakland Branch January 27-28, 2016. 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), two Program Technicians (PT), one Disability Hearing Officer (DHO), one Auditor and one Medical Consultant.

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

Area of Jurisdiction

The Oakland PRS has jurisdiction of the CE panel vendors in the following cities: Alameda, Albany, Belmont, Berkeley, Burlingame, Campbell, Corte Madera, Daly City, Danville, Dublin, Felton, Fremont, Greenbrae, Half Moon Bay, Hayward, Lafayette, Livermore, Los Altos, Mountain View, Novato, Oakland, Palo Alto, Pleasanton, Redwood City, Richmond, San Carlos, South San Francisco, San Francisco, San Leandro, San Mateo, San Pablo, San Rafael, San Ramon, Santa Cruz, Union City, Walnut Creek, Watsonville.

CE Provider Onsite/Oversight Visit

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

- Receptionist was noted to complete eye exams and was not appropriately licensed or certified to perform these exams.
- Eye chart distance was marked incorrectly.

CE Oversight Review

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

Summary Findings:

Issues Noted - 0

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

E. Integrity of Medical Evidence

Summary Findings:

Issues Noted - 0

The Oakland Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Oakland 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 CE provider recruitment. The CE panel is mostly adequate with the primary need for additional appointment availability for Ophthalmology, Pediatrics, and Speech and Language. The PRS conducts recruiting activities as needed. (b) (6) has also had potential CE providers referred to (b) (6) through other providers and MCs.

During my interviews with staff, I noted that Ophthalmological exams were particularly difficult to schedule due to the limited availability of Ophthalmologists on the panel. I also noted that one of the two providers on the panel had requested to see Chinese claimants exclusively. The DDS was, at this time, only scheduling Chinese claimants with this provider. The PRS and OSBC were aware of this situation with Ophthalmologists, (b) (6) [redacted]; however, no action had been taken to address this discriminatory practice with the provider.

Although the DDS can schedule Speech and Language appointments in a reasonable amount of time, the Medical Consultant indicated the quality of the reports is often questionable and may not be used for the determination.

Recommendation:

- The PRS should immediately take corrective action to address the discrimination issue with Ophthalmologists, (b) (6) [redacted].

CE Oversight Visit

- The PRS should work to minimize delays for Pediatric 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 to address quality issues with CE reports to ensure all reports are accurate and can be used to make the final determination.

G. Claimant Complaints

Summary Findings:

Issues Noted - 0

The Oakland Branch follows appropriate procedures for handling complaints.

H. Claimant Reactions to Key Providers

Summary Findings:

Issues Noted - 1

The Oakland Branch uses surveys to obtain reactions for problem providers; however, the DDS does not request feedback from claimants for key providers or other providers on an ongoing basis.

Recommendation:

- Establish a process to ensure the DDS uses surveys to obtain reactions for all key providers.

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

Summary Findings:

Issues Noted - 0

The Oakland Branch appropriately tracks key providers.

J. Onsite Reviews of CE Providers

Summary Findings:

Issues Noted - 1

Overall, the Oakland Branch performs sufficient and appropriate onsite reviews of CE providers, including key providers. In reviewing the CE onsite reports, the follow-up for findings noted during the onsite visit to the CE provider did not include the final follow-up

CE Oversight Visit

requested from the CE provider (i.e. acknowledging the findings/taking the necessary actions).

Recommendation:

- Ensure all documentation of findings and the follow-up for onsite visits is included in the file.

K. Contracting Out for Medical Services

Summary Findings:

This section is not applicable to Oakland Branch.

L. Records Maintenance

Summary Findings:

Issues Noted – 5

The Oakland Branch needs to update their records maintenance processes and structures. I reviewed twenty files and noted ten files needed corrective action:

- Five CE provider files for providers no longer on the CE panel were misfiled in the active files instead of the inactive files.
- Two CE provider files did not have the Health and Human Services, Office of the Inspector General List of Excluded Individuals and Entities (HHS-OIG LEIE) sanctions documentation in file.
- One CE provider file did not have the current licensure and HHS-OIG LEIE sanctions documentation in file.
- One CE provider file did not have the current licensure in file. PRS noted this provider had multiple files and the current information was located in a secondary file.
- One CE provider file included a claimant complaint but the resolution to the complaint was not in file.

Recommendations:

- Create and maintain a records maintenance process and structure, including annotating files as active CE provider and inactive CE provider.
- 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/System for Award Management (SAM) is reviewed annually.
- Ensure full development and resolution of claimant complaints is documented in the CE provider file.

Conclusion

In general, the CE oversight process is working well in the Oakland Branch. I noted a number of issues during the visit that the PRS/DDS management should address to ensure compliance with established policies and protocols.

The DDS should take immediate action to address to the discrimination issue with the Ophthalmologists, (b) (6). Due to the implications of this situation, we have already contacted CSSB to address this issue with the Oakland Branch. We have requested CSSB provide the Regional Office with status of actions taken to address this situation.

During the oversight visit to CE provider, (b) (6) the PRS noted issues with testing conducted by unlicensed support staff and a discrepancy with the distance of the eye chart. The PRS should follow up with the facility and document (b) (6) findings in the CE provider's file.

Although the PRS continues to work to ensure the CE panel is adequate, there are specific specialties that I noted to be inadequate for Oakland Branch. Specifically, the PRS should increase recruitment activities for Ophthalmological, Pediatrics and Speech and Language providers.

Lastly, policy requires the DDS verify license renewals within 30 days of renewal date and review the HHS-OIG LEIE/SAM 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. Although the PRS updated the files noted above, we recommend controls are established to ensure all CE provider file are updated and necessary documentation is in file.

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

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

Consultative Exam (CE) Oversight Visit California DDS San Diego Branch

Overview

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) San Diego Branch August 23-24, 2016. 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) two Team Managers (TM), two Disability Evaluation Analysts (DEAs), two Program Technicians (PT), one Disability Hearing Officer (DHO), and one Medical Consultant.

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

Area of Jurisdiction

The San Diego PRS has jurisdiction of the CE panel vendors in the following cities: Apple Valley, Barstow, Brawley, Calexico, Carlsbad, Del Mar, El Cajon, El Centro, Encinitas, Hemet, Hesperia, Imperial, La Jolla, La Mesa, Oceanside, Riverside, San Bernardino, San Diego, Vista, Westmoreland, Yermo.

CE Provider Onsite/Oversight Visit

The PRS, the La Jolla Branch PRS (b) (6), and I visited non-key CE Provider, (b) (6). The PRS conducted a thorough oversight visit and no issues were identified with the facility or provider during the visit.

CE Oversight Review

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

Summary Findings:

Issues Noted - 0

The San Diego 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 San Diego Branch follows the appropriate policies and procedures for CE scheduling procedures and controls.

E. Integrity of Medical Evidence

Summary Findings:

Issues Noted - 0

The San Diego Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The San Diego Branch asks providers to check the claimant's photo identification, which is noted in the CE report and if photo identification 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 in remote areas, such as El Centro and Palms Springs, for the following specialties: Speech and Language, Psychiatric/Psychology, Audiology, Orthopedic and Vision.

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 - 1

The San Diego Branch follows appropriate procedures for handling complaints. However, I noted **ten** separate complaints for CE provider (b) (6). The complaints included appointment cancelations, insufficient exams, and tardiness to the appointment by the provider. Some of the complaints indicated that the provider was almost two hours late to the appointments, which the PRS also observed during (b) (6) onsite visit to (b) (6). Although there was a corrective action plan in place, I noted no specific date for the provider to submit an update.

Required Action:

- PRS should continue to work with CSSB staff to document complaints and move forward with the appropriate adverse actions, including but not limited to: placing the provider on hold, limiting referrals and/or removing the provider from the CE panel.

H. Claimant Reactions to Key Providers

Summary Findings:

The San Diego Branch uses surveys to obtain reactions for key providers on an ongoing basis.

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

Summary Findings:

Issues Noted - 0

The San Diego Branch appropriately tracks key providers.

J. Onsite Reviews of CE Providers

Summary Findings:

Issues Noted - 0

Overall, the San Diego Branch performs sufficient and appropriate onsite reviews of CE providers, including key providers and non-key providers as appropriate.

K. Contracting Out for Medical Services

Summary Findings:

This section is not applicable to San Diego Branch.

L. Records Maintenance

Summary Findings:

Issues Noted – 1

The San Diego Branch generally has good records maintenance processes and structures. I reviewed fifteen files and noted three files needed corrective action:

- Three CE provider files did not have the current licensure documentation in file.

Recommendations:

- Ensure documentation is updated timely for each CEP and current licensure information is in file.

Conclusion

In general, the CE oversight process is working well in the San Diego Branch. The PRS works diligently to ensure the Branch complies with established policies and protocols.

The DDS should take immediate action to work with CSSB to address the complaints against CE provider (b) (6). We have requested CSSB provide the Regional Office with status of actions taken to address this situation.

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 San Diego Branch. Specifically, the PRS should increase recruitment activities for remote areas for Speech and Language, Psychiatric/Psychology, Audiology, Orthopedic and Vision providers.

Lastly, policy requires the DDS verify license renewals within 30 days of renewal date and review the HHS-OIG LEIE/SAM for each CE provider at least annually. I found that licenses were out of date for a number of the CE providers. Although the PRS updated the files noted above, we recommend controls are established to ensure all CE provider file are updated and necessary documentation is in file.

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

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

Consultative Exam (CE) Oversight Visit California DDS La Jolla Branch

Overview

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) La Jolla Branch August 25-26, 2016. 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), 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) (OSBC), (b) (6) (CABC), and (b) (6) (DPA).

Area of Jurisdiction

The La Jolla PRS has jurisdiction of the CE panel vendors in the following cities: Banning, Big Bear Lake, Blythe, Chula Vista, Crestline, Desert Hot Springs, Escondido, Lake Elsinore, Loma Linda, Murrieta, National City, Palm Desert, Poway, Rancho Mirage, Riverside, San Diego, San Marcos, Temecula and Yucca Valley.

CE Provider Onsite/Oversight Visit

The PRS, San Diego PRS (b) (6), OSBC (b) (6) and I visited key CE Provider, (b) (6). The PRS conducted a thorough oversight visit. The PRS noted one item that required follow-up:

- (b) (6) needed to provide verification that the X-Ray machine manual is onsite.

CE Oversight Review

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

Summary Findings:

Issues Noted - 0

The La Jolla 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 - 1

Overall, the La Jolla Branch follows the appropriate policies and procedures for CE scheduling procedures and controls. However, the DEAs stated the claims file is not documented when the treating source is not used for the CE. Per [DI 22510.010.E](#), when the treating source is not used the reason should be documented in the case development summary.

Recommendation:

Remind DEAs to document the claims file when the treating source is not used for the CE as required by POMS [DI 22510.010.E](#).

E. Integrity of Medical Evidence

Summary Findings:

Issues Noted - 0

The La Jolla Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The La Jolla Branch asks providers to check the claimant's photo identification, which is noted in the CE report and if photo identification 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 in remote areas, such as Palms Springs, for Psychiatric/Psychology, Orthopedic and Audiology. At the time of this visit, delays for Psychiatric/Psychology appointments were approximately two months.

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. This can include, expanding recruitment for psychologists as no policy requirement is in place for using a psychiatrist vs psychologist.

G. Claimant Complaints

Summary Findings:

Issues Noted - 2

The La Jolla Branch follows appropriate procedures for handling complaints. However, I noted **seven** separate complaints for CE provider **(b) (6)**. The complaints included appointment cancelations, insufficient exams, and tardiness to the appointment by the provider. Some of the complaints indicated that the provider was almost two hours late to the appointments. Although there was a corrective action plan in place, I noted no specific date for the provider to submit an update.

DEAs also noted they were not aware of procedures for handling congressional inquiries. Although these inquiries are handled by management and designated staff, DEAs should be aware of procedures to ensure proper case processing.

Required Action:

- PRS should continue to work with CSSB staff to document complaints and move forward with the appropriate adverse actions, including but not limited to: placing the provider on hold, limiting referrals and/or removing the provider from the CE panel.
- DEAs should be reminded of procedures for handling congressional inquiries.

H. Claimant Reactions to Key Providers

Summary Findings:

The La Jolla Branch uses surveys to obtain reactions for key providers on an ongoing basis.

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

Summary Findings:

Issues Noted - 0

The La Jolla Branch appropriately tracks key providers.

J. Onsite Reviews of CE Providers

Summary Findings:

Issues Noted - 1

Overall, the La Jolla Branch performs sufficient and appropriate onsite reviews of CE providers, including key providers and non-key providers as appropriate. However, none of the onsite reviews were written into a report to document the findings as is the practice in all other CA DDS branches.

Recommendations:

Onsite reviews should be written into a report and sent to the provider to document the review and any findings.

K. Contracting Out for Medical Services

Summary Findings:

This section is not applicable to La Jolla Branch.

L. Records Maintenance

Summary Findings:

Issues Noted – 1

The La Jolla Branch generally has good records maintenance processes and structures. I reviewed fifteen files and noted one inactive CE provider file was filed with the active CE provider files.

Recommendations:

- Ensure CEP files are filed in the correct active/inactive location.

Conclusion

In general, the CE oversight process is working well in the La Jolla Branch. It was clear that although the PRS was new, she worked diligently to ensure the Branch complied with established policies and protocols.

The DDS should take immediate action to work with CSSB to address the complaints against CE provider (b) (6). We have requested CSSB provide the Regional Office with status of actions taken to address this situation.

Although the PRS continues to work to ensure the CE panel is adequate, there are specific specialties that I noted to be inadequate for La Jolla Branch. Specifically, the PRS should increase recruitment activities for remote areas for Speech and Language, Psychiatric/Psychology, Audiology, and Orthopedic providers.

Lastly, DEAs for La Jolla require a couple of reminders. DEAs should be reminded to document the claims file when the treating source is not used for the CE as required by POMS [DI 22510.010.E](#) and reminded of the procedures for congressional inquiries.

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

(b) (6)

Professional Relations Coordinator
Center for Disability, San Francisco Region

Consultative Exam (CE) Oversight Visit Hawaii DDS

Overview

I conducted a Consultative Examination (CE) oversight visit to the Hawaii Disability Determination Services (HI DDS) September 13-14, 2016. 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), one Disability Examiner (DE), and two clericals (CE scheduling and billing).

NOTE: Staff participation was limited during this visit as this was a follow-up oversight visit to the August 2015 visit.

I conducted the close-out meeting with (b) (6) (DDS Administrator), (b) (6) (Supervisor), (b) (6) (HI DDS DPA) and (b) (6) (Acting DPST Team Leader).

CE Provider Onsite/Oversight Visit

The MPRO did not attend the CE provider onsite visit due to illness. I visited CE provider (b) (6) with (b) (6) (CDPS Director), (b) (6) (Guam FDO MPRO) and (b) (6). (b) (6) led the oversight visit with (b) (6) using [DI 39545.525 Exhibit 1](#) – Suggested Protocol for DDS Onsite Reviews of Consultative Examination (CE) Providers. I provided a draft letter to (b) (6) based on our findings that the HI DDS/MPRO should follow-up on, which included the following actions:

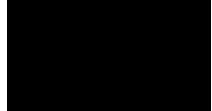
- Secure all confidential Social Security Administration (SSA) records and information in a locked file cabinet or desk drawer. The open shelving in your office is not considered acceptable for our purposes. Review, sign and return the attached Protect PII (Personally Identifiable Information) Agreement.
- Ensure that PII is appropriately destroyed (e.g., shredded using a crosscut shredder) when no longer needed. You indicated you dispose of SSA records/PII by transporting the material home and destroying it using bleach. Removal of SSA records/PII from your office poses a threat of loss/theft and we recommend using a crosscut shredder in-office.

CE Oversight Visit

- Measure and mark 20 feet distance for use of your Snellen Eye Chart to obtain valid visual acuity value. The Snellen Eye Chart did not have distance of 20 feet accurately marked. The standard distance for a Snellen chart is 20 feet to measure visual acuity.
- Increase the floor space in your examination room by relocating the files, boxes and general clutter to allow accessibility for claimants in wheelchairs and/or claimants of medium or large stature.

The draft letter to (b) (6) is attached below for your reference:

(b) (6), (b) (5)



CE Oversight Review

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

Summary Findings:

Issues Noted - 1

The Hawaii DDS does incorporate some quality assurance activities in their CE process. However, CE report quality should be reviewed on an ongoing basis. In reviewing sample CE reports received by the Hawaii DDS, the Guam FDO MPRO and I noted a number of deficiencies.

Recommendation:

- The Hawaii DDS should incorporate procedures for reviewing a percentage of CE reports for all CE provider to ensure completeness, timeliness and internal consistency. See [DI 39545.400](#) for detailed criteria for reviewing CE reports for quality.

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. The MPRO indicated the fee schedule is currently under review by the Division of Vocational Rehabilitation.

CE Oversight Visit

Recommendation:

- The 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 - 2

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 provides submitting CE reports electronically to new providers as an option.

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 verbally. 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.

Recommendation:

- The MPRO must encourage new CE providers to submit CE reports electronically, using ERE, rather than providing it an option, as this is an agency initiative and noted as DDS responsibility in [PM 00215.001.D.4.d](#).
- The MPRO should provide feedback to new providers on their reports in writing to document progress and report errors.

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 and was approved by ODD on March 3, 2015. The approval was extended for another year in October 2016. The no-show fee assists in recruiting CE providers and scheduling

CE Oversight Visit

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 - 0

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.

Hawaii DDS has updated their procedures since the August 2015 visit 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.

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. No physical medicine providers are available on Kauai. On Oahu, the following specialties have limited providers/appointment or are unavailable: orthopedic, neurological, cardiology 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 - 1

The Hawaii DDS's current procedures for handling complaints includes contacting the claimant in writing, contacting the provider via phone and "drop filing" the complaint in the CE provider's file. In my review of all of the CE provider files, I did not locate any complaints.

Recommendation:

- The MPRO should establish a process to investigate all complaints as noted in [DI 39545.375](#). Documenting all complaints is essential to determine performance issues and corrective actions completed by the DDS.

H. Claimant Reactions to Key Providers

Summary Findings:

Issues Noted - 1

The Hawaii DDS had established procedures since the August 2015 visit to obtain claimant reactions to key providers. The DDS sends surveys to the top five providers every quarter. 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. Top providers should be given priority, however other providers should be surveyed periodically, especially if a problem is identified with the CE provider, i.e. complaints.

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 - 1

The Hawaii DDS has made improvements to their process for completing onsite visits to CE providers. At the time of this visit, the MPRO had completed five onsite visits to CE providers, three reports had been completed, and two reports needed to be written.

Recommendation:

CE Oversight Visit

- 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, System for Award Management (SAM) verification documentation, handling complaints for CE providers, reports of onsite reviews and claimant surveys. I completed a 100 percent review of CE provider files and 18 files had expired licenses and one did not have a SAM verification.

Recommendation/Action:

- Ensure current licensure information is in file for each CEP.
- Ensure SAM 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

The Hawaii DDS has made improvements to their procedures to ensure policy compliance for CE Oversight. However, I noted a number of issues during the oversight visit that the MPRO/DDS management should address to ensure the Hawaii DDS is in compliance with established CE oversight policies and protocols.

The Hawaii DDS should establish procedures to review the quality of CE reports. This procedure would apply to new and current CE providers to ensure policy requirement outlines in [DI 39545.400](#) are met. Feedback to new and current CE providers should be provided in writing.

CE Oversight Visit

The Hawaii DDS should also encourage new and current CE providers to submit medical evidence electronically to be in compliance with the Paperwork Reduction Act and as noted in [PM 00215.001.D.4.d](#).

The MPRO continues to work to ensure the CE panel is adequate. I suggest the MPRO/Hawaii DDS 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 should work to ensure the quality of the current CE panel. As noted above, this includes reviewing CE reports periodically, surveying claimants as noted in policy and conducting CE onsite visits. I suggest onsite reviews are documented in writing and the report is shared with the CE provider timely. CE provider complaints also work to assess the quality of the current CE panel. I suggest Hawaii DDS establish a process to investigate all complaints as noted in [DI 39545.375](#). Documenting all complaints is essential to determine performance issues and corrective actions completed by the DDS.

Lastly, the Hawaii DDS must create and maintain a records maintenance process and structure, which ensures CE provider files are easy to locate and contain the necessary documentation. This was a major finding in the August 2015 visit and had not been corrected at the time of this visit. [DI 39569.300](#) requires the DDS verify license renewals within 30 days of renewal date and review the SAM for each CE provider at least annually.

Thank you to 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 Center for Disability and Program Support. 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 compliance 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):	FY16
Current Date:	December 20, 2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Disability Program Expert/ Regional 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, MER and CE fee schedules and CE Provider Lists to the MPRO SharePoint site timely for FY16. The FY16 reports meet the necessary POMS requirements.

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

Yes. Regional representatives visited all four states in our region in FY16.

- The PRC performed full in-person on-site visits, in accordance with PM 00233.005 & 00233.900, to two of the four states (Idaho and Alaska) in our region in FY16.
- The PRC conducted an abbreviated in-person visit with the Oregon PRO team specifically addressing the issue of CE scheduling procedures and controls.
- The PRC also communicated virtually with the Washington PRO team throughout the year and evaluated most of the CE management areas separately.
- 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.

Yes. The PRC accompanied the PRO staff in Idaho and Alaska on two CE provider oversight visits in each state.

- The Idaho PROs have been working over the years with a key Psychologist CE provider who prepares excellent comprehensive reports, but (b) (6) reporting times are longer than average. The Idaho MPRO has excellent communication with this provider and identified an examination scheduling rate that both ensures timely reporting success and also continues to meet the providers' financial needs. The oversight visit to this provider enabled an opportunity to reinforce the importance of timely reporting and provide positive feedback and appreciation for the quality of (b) (6) reports.
- The Alaska PROs have been working with a key Psychologist CE provider whose reports sometimes lack detail or use ambiguous language. The oversight visit provided an opportunity to discuss the importance of providing observations and functional information. The visit also provided an opportunity to discuss qualifier words and identify programmatic terms that should be avoided in reports.
- The other two CE provider oversight visits were to long standing key providers who prepare excellent and timely reports.

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

Yes.

- As the regional Consultative Examination Coordinator (CEC), the PRC assisted the Idaho and Washington MPROs with numerous case reviews of CE purchase practices in the ODAR offices for necessity, accuracy and policy compliance.
- The PRC also completed CE reviews on a handful of cases at the request of ODAR for report completeness and policy compliance.
- DPAs and PRC maintain ongoing oral and written communications with the DDSs to remain involved in the DDSs management of the CE process. The RO monitor the DDSs' CE buy rate monthly and the DPAs make it a topic of discussion during the DDS Administrator meetings.
- The PRC conducts quarterly regional MPRO conference calls to discuss CE scheduling procedures and controls; recruitment activities and new policy involving addition of Advance Registered Nurse Practitioners and Audiologist as Acceptable Medical Sources; training and review of new CE providers; records maintenance for CE providers and license/credential procedures; ODAR CE ordering and interrogatory issues; and ERE and HIT usage.

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 utilizes the System for Award Management's (SAM) website to conduct spot checks on approximately ten providers from each DDS within our region. The

spot checks verify that the vendors are currently licensed and not on the sanctioned provider list.

- Each DDS has an established business process for credentialing and checking professional licensing on an annual and ongoing periodic basis.
- The topic of credentialing and licensing checks is also a common agenda topic for the quarterly MPRO conference calls. These calls provides an opportunity to discuss the importance of timely maintenance of the checks and record keeping.

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 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 in FY16 expected to:

- Provoke public criticism or
- Result in press attention

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

Seattle region had no potential conflict of interest (COI) situations that required ODD involvement in FY16. The Alaska, Idaho 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.

In March 2016, the PRC organized and hosted a face-to-face regional DDS MPRO conference to discuss:

- CE oversight responsibilities;
- ODAR issues including interrogatory requests, CE ordering; and outreach effort to improve communication and efficiency;
- HIT, ERE and upcoming policy changes associated with BBA FY15 Provision 812 – Excluding Medical Sources;
- Effective recruitment strategies for both CE and case review consultant resources

The conference provided a great opportunity for training and knowledge sharing. The conference emphasized brainstorming ideas to specifically address challenges in the Alaska DDS with recruitment of CE providers and MCs. The meeting yielded quantitative results, with Alaska DDS recruiting 13 to 15 new CE providers (an approximate 40% increase) and

three MCs.