

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Atlanta
State DDS:	Alabama
Report Period (Fiscal Year):	2016
Current Date:	
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title MRO Coordinator

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

The Alabama DDS follows an approved procedure for resolving complaints. This consists of advising the claimant in writing that we (the DDS) have received the complaint and that appropriate action is being initiated. After the correspondence is sent to the claimant, either a letter is mailed to the panelist with a copy of the written complaint or a phone call is made to the panelist by a Medical Relations Officer. The specific action taken is based on the severity of the claimant's allegations. If the allegation is more than that of a minor nature, a letter requiring a mandatory, written response, addressing the complaint is mailed or faxed to the panelist. This is usually preceded by a telephone call from the MRO and on some occasions, an unannounced onsite visit to the provider's office. This is particularly true when there is a complaint concerning an unsanitary condition at the office or a condition that would require immediate remediation. A claimant survey is conducted by sending a letter to a number of claimants recently examined by the panelist to ascertain if there is an established pattern. Actions taken by the MROs range from placing the panelist in a special periodic review category, holding the scheduling of appointments until the complaint is resolved, or removing the panelist or making suggestions to the panelist as to the proper resolution of the existing problem to prevent future occurrences.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of

each, including the outcome.

No fraudulent activities were discovered during this fiscal year.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

None

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

Process utilized by DDS to ensure panelists are licensed and not excluded, etc: The MRO section routinely completes license verification and OIG sanction checks quarterly for all CE panelists. The same checks are done on all new panelists. Prior to placement on the panel, the appropriate board of licensing is contacted online, by fax, or we mail a request to verify that the potential panelist is duly licensed and has no pending action concerning licensure, etc. The Board of Medical Examiners provides a quarterly report that has information on any actions taken regarding Physicians/Osteopaths licensed in the State. The Board of Medical Examiners website also provides a monthly update of recent public actions, which the MRO section monitors. In addition, an ongoing system is in place to review all panelists annually and update their information.

Process utilized to ensure CE Provider support personnel are properly licensed or certified: Staff verification information is included in our provider-credentialing packet. The appropriate professional verifies that their employees, contractors or others are properly licensed or certified in the State.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

All CE panelists are checked at initial agreement and after that checked one time per quarter for SAMS and yearly for licensure. Surrounding state medical boards are checked monthly.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

New CE panelists have the first 5 submitted reports checked by the MC staff. After that check all CE panelist are divided into thirds at the beginning of the fiscal year and the system automatically submitted panelist for review. The MRO secretary then submits the exam to the MC staff for review. After review, it is returned with comments and

suggestions from MC staff to improve quality and information contained within the exam.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

1054

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Yes, all key and volume provider locations were visited for annual onsite visit.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There were some changes in the panelist fee schedule for Fiscal Year 2017. The Alabama DDS finalizes its annual fee schedule review during the last quarter of the fiscal year so the new schedule can go into effect at the beginning of the new fiscal year. There were some increases in our exam fees and ancillary studies commensurate with increases in Medicare fees for the same or similar services. We also decreased fees for some ancillary studies in line with the Medicare fees. The fee changes resulted in an overall **3.85%** decrease in the consultative exam fees for fiscal year 2017.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

FY16 Outreach MRO/Administration Staff

On Thursday, September 3, 2015, I went to the Birmingham East office to meet (b) (6), Executive IT Manager, OTSO. (b) (6) has been in a detail at the field office during the month of August. Thursday was the last day of (b) (6) detail. We tried to have (b) (6) visit here this week, but new employee interviews had the Management Team tied up.

(b) (6) was interested in the DDS operations, especially from the systems operation. We talked for over an hour.

(b) (6) was appreciative of my welcome.

(b) (6)

12/28/15

Re: DDS visit with social workers at Brookwood Hospital, Birmingham, AL

On October 22, 2015, (b) (6), DDS Director, (b) (6), DDS Administrator, and I, (b) (6), QA Manager, met with several social services staff at Brookwood Hospital in Birmingham, AL. The staff included (b) (6), (b) (6), (b) (6), and (b) (6). These individuals are affiliated with Conifer Health Solutions. This company assists patients who generally do not have health insurance with securing disability benefits if they meet the eligibility requirements. This company assists the patients with obtaining disability insurance so that the hospital is reimbursed for expenses it incurs in the patient's treatment while there.

The SSA application process, requirements, waiting periods, and SSA medical listings among other things was discussed. The cases Conifer Health Solutions generally see come through the ER department are mental, cardiac, or stroke related. Focus was given on the SSA medical listings requirements for these types of impairments.

Contact numbers were exchanged during this meeting. The meeting lasted 11:00am to approximately 1:00pm.

Respectfully submitted,

(b) (6)

QA Manager

1/7/16

Re: (b) (6) attended a meeting held at One Roof, Birmingham, AL.

One Roof is the clearing house and center of coordination for the homeless Continuum of Care system of central Alabama. As a continuum organization, One Roof coordinates services provided by homeless agencies regionally. With [PromisSE](#), One Roof member agencies are stronger, as they can collaborate with each other for services and projects and lean on each other for support. Member agencies are also more efficient because the continuum helps prevent duplicate services and helps agencies identify and fill gaps in services. One Roof advocates for people experiencing homelessness by providing internal and external education and working on a national level to bring HUD supportive housing dollars to the region. One Roof also provides our homeless CoC with a dedicated [SOAR](#) social worker. While One Roof itself is not a shelter and we do not provide regular direct services to the homeless, in just the past five years, One Roof has secured over \$40 million for homeless services in the region. We also provide information and referrals daily for people in housing crisis. One Roof is a 501(c)(3) organization whose members include municipal leaders, faith-based and grassroots organizations, local hospitals, citizens, service providers, and both homeless and formerly homeless individuals.

03/22/16

Re: DDS visit with Northport DCH NAMI support group, Northport, AL

On Monday, 03/14/16, (b) (6), DDS Deputy Director, and I, DDS QA Manager, traveled to Northport, AL to speak with the NAMI support group at the North Harbor Center at Northport DCH. We were invited to speak with this group by (b) (6), their support group leader.

From 7:00pm to 8:00pm we spoke with family and friends of those with mental illness. We discussed and

answered questions about the SSA disability application process. They also had questions about the CDR (Continuing Disability Review) process, working restrictions, SGA limits, etc.

Respectfully submitted,

(b) (6)

QA Manager

03/25/16

Re: DDS visit with Jefferson County lead special education teachers at Gardendale High School, Gardendale, AL

At the request of (b) (6), Special Education Coordinator for the Jefferson County Board of Education, (b) (6), DDS Deputy Director, and I, QA Manager, traveled to Gardendale High School in Gardendale, AL on 03/15/16 at 4:00pm to speak to a group of lead special education teachers for Jefferson County. The primary purpose of this meeting was to stress the importance of the teacher ADL's in the adjudication of DC (Disabled Child) claims.

One concern the teachers expressed was any possible liability on their part in completing these forms. (b) (6) and I reassured them they are no more liable for these forms than anyone else completing third party ADL's for the Disability Determination Service on behalf of the claimant. We also stressed to them that this form basically requires circling numbers or checking boxes to reflect the intensity of the allegations in question and they do not have to add any comments if they do not wish to.

We spoke with this group for approximately 15 minutes. There were no questions or comments for us from the group.

Respectfully submitted,

(b) (6)

QA Manager

4/8/16

Re: (b) (6) met with new Social Workers, at UAB's 1917 Clinic. (b) (6) assisted in training the new social workers about the disability process and SSA rules and regulations.

The 1917 Clinic's mission is to provide compassionate and comprehensive health care for persons living with HIV (Human Immunodeficiency Virus) infection. This website is designed to serve patients, family members, significant others, and friends.

6/17/16

The Alabama DDS is participating in the Alabama Homeless and Anti-poverty Community Roundtable sponsored by the Alabama Bar Association and the American Bar Association. We attended a community roundtable meeting on Friday, June 17, 2016. Representatives from many agencies in the Jefferson County area came together at this meeting to identify local issues contributing to the homeless and to identify areas that have immediate needs, i.e. expansion of public mental health services. The next meeting will be in August.

(b) (6)

8/12/16

Re: (b) (6) -Disability Administrator attended a Junior League of Birmingham Luncheon on 8/12/16. The Community Roundtable event discussed the topic "Race Relations in Birmingham".

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"

Please attach any additional information before submitting this form.

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The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	X-Seattle
State DDS:	Alaska
Report Period (Fiscal Year):	2016
Current Date:	11/03/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Disability Hearing Officer, Quality Analyst, and Professional Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

On receipt of a written complaint from a claimant the complaint is scanned and placed in the provider's electronic file. A letter is sent to the claimant to acknowledge receipt of the complaint. When the CE report is received it is reviewed by the PRO in light of the complaint provided by the claimant. A copy of the CE report and the complaint letter are provided to the CE panelist with a request for a written response. The PRO also contacts the CE panelist to provide feedback and discuss any potential training issues. If necessary the PRO will follow up with the claimant as well.

No complaints were received FY 2016

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

N/A

3. Identify complaints of an egregious nature, requiring either or both significant corrective

action and/or public relations work per [DI 39545.375](#).

No complaints were received.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

The State of Alaska has a website (<http://www.dced.state.ak.us/occ/home.htm>) that the PRO uses to annually check the currency of the licenses of the CE panelists, which is then annotated in an Excel spreadsheet. At the time that each provider is checked for a current state license, they are also checked in the SAM website to ensure that they are not on the sanctioned provider list.

It is the responsibility of each vendor to ensure that support personnel are properly licensed and/or credentialed as per Alaska law and regulation. As new CE vendors are added to the panel they are informed of this requirement. They must sign a document indicating that they understand the licensing/credential requirement and are responsible for ensuring that all personnel meet the requirement. The Alaska DDS has never had problems with unlicensed vendors or support personnel on the CE panel.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Once per year, per provider

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

New CE providers have their first 5 reports, at minimum, reviewed by the PRO and an appropriate Medical Consultant. Any necessary feedback is provided during this process, which can be extended as needed. Feedback and any necessary training is provided by the PRO and appropriate Medical Consultant(s).

Adjudicators, supervisors or medical consultants may submit a comment or critique on any report that they feel is problematic, or on any trends that they observe. Such feedback is provided to the CE Panelist by the PRO and/or Medical Consultants.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

53 – It is noted that last year's number was incorrectly tallied at 49, it was in fact 48. We

had several providers who retired or relocated to another state, but added eight new providers, resulting in a net gain of five providers.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Yes. Forms on file at the DDS.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

As the Alaska DDS is part of the Division of Vocational Rehabilitation in the State of Alaska, we use the same fee schedule. Currently the fee schedule is a "Usual and Customary Fee" approach to pay all costs for medical examinations, tests and medical records as set by our parent agency. When a CE source is recruited, the fee that source intends to charge is considered for approval by the PRO. Consideration about the reasonableness of the fee includes comparability to other available providers, travel costs that would be incurred if a provider in another locale were to be used, claimant convenience, and availability of other specialists in the field. The DDS Administrator approves the fees once the justification is provided by the PRO and this documentation is retained in the CE provider's file. An Excel spreadsheet is maintained that shows the range of costs for any given service across the state (attached below). DDS has checked their fees against DVR's and we pay the same or less for the same services. MER charges are controlled at a three tier level. All charges must be approved first by the adjudicator to ascertain the information is appropriate. The accounting clerk completes the second approval. Lastly, the Chief of the DDS or another designee approves the invoice prior to issuance of payment by our central office in Juneau.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

Significant time has been spent in recruitment as we are in need of CE panelists in various geographical areas and/or specialties. In 2007 there was a field hearing with Alaska Senator Lisa Murkowski, who detailed a report indicating that the State of Alaska was short approximately 400 physicians for the population. It was also predicted that this would worsen. We are seeing that this was an accurate prediction. The number of hours that the PRO is able to direct to this area of work has significantly changed as of March of 2016. Prior to that time, only three hours per week were to be directed to PRO activities and the balance to Hearing Officer and Quality Analyst duties. Beginning in March the Quality Analyst duties were scaled back significantly to allow PRO duties to be allocated at one-half of the total workweek hours. As a result, multiple conferences were attended and other outreach performed, resulting in some significant gains in CE providers, including in a few more remote areas of the state. While we have had some success, it has required significant work and we anticipate that further recruitments will be arduous as well.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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Region:	San Francisco
State DDS:	Arizona
Report Period (Fiscal Year):	2016
Current Date:	10/30/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

All complaints received by the Phoenix or Tucson DDS office are treated seriously and investigated. The following is a summary of the procedure we followed to address complaints:

Process for resolving complaints of rudeness and or unprofessional manner/attitude; environmental factors (cleanliness, poor accessibility, and/or lack of proper facilities); or other complaints of a non-egregious nature:

- 1) Response to claimant's complaints by sending acknowledgement letters.
- 2) Copies of complaints sent to the CE provider. Response requested when it was determined necessary (based on factors such as history of previous allegations or complaints.)
- 3) Complaints and responses were reviewed in light of POMS and State policy to determine if any additional action was required.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

There were no fraudulent activities by CE providers discovered in Arizona in the 2015 Federal Fiscal Year.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

There were no complaints of an egregious nature that required either or both significant corrective action or public relations work per DI 39545.375 in the 2015 Federal Fiscal Year.

Had there been any, the process for resolving complaints or allegations of an egregious nature (which could include illegal/criminal activity, inappropriate sexual behavior (including sexual harassment), cultural insensitivity, allegations compromising the health and safety of claimants or other serious allegations) would have been handled in the following manner:

- 1) Suspend all referrals and reschedule any pending appointments while the vendor is being investigated.
- 2) Notify the DDS Administrator of the nature and severity of the allegations against the provider. Discuss facts and involve law enforcement if there appears to be criminal or safety issues or matters involving eminent danger.
- 3) Respond to claimants' complaints by telephone to determine if personal CE Onsite Visit is required. Send acknowledgement letter to claimant.
- 4) Schedule appointment and meet with the provider to discuss claimants' complaints/allegations. Present the CE provider(s) with copies of the claimants/allegations.
- 5) Document the appropriateness of the CE/provider's responses and determine if further actions are needed.
- 6) Notify the regional office of the complaints/allegations and the course of action taken by the DDS/state authorities.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

The Arizona DDS maintains credentialing and licensing information:

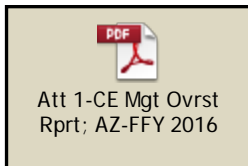
- 1) On initial Recruitment to the panel by:
 - Obtaining a copy of current licensure by fax or by mail from the prospective CE provider.
 - Checking the appropriate website or medical board (i.e.: Arizona Medical Board) to verify current licensure.
 - Checking the HHS-OIG LEIE/System for Award Management SAM (Sanctions List) to verify prospective CE providers are not sanctioned or excluded.
 - New CE providers complete a form based on information found at DI 39569.400; See Attachment 1: "*Annual License Certification*"

Attestation" All providers added to the panel are required to give us assurances that:

- they retain licensure/certification in Arizona;
- that the provider is not excluded from any Federal program;
- and, that all support staff are appropriately licensed or certified per State regulations/requirements.

2) During Periodic Checks to verify current licensure for entire CE panel by:

- Checking the HHS-OIG LEIE/System for Award Management SAM (Sanctions List) at least semi annually (June and December) to verify that no CE panelists are sanctioned or excluded.
- Maintaining a combined spreadsheet for both the Phoenix and Tucson DDS offices containing a list of all CE providers and their date of license expiration. The Professional Relations Officers use this list to contact providers that have expiring licenses in the upcoming month so timely licensure documentation can be obtained. This safeguard allows our offices to either obtain licensure information before expiration or to place the provider on "hold status" until license documentation can be obtained.
- The Arizona DDS requires the CE provider complete a form with the information found at DI 39569.400; See Attachment 1: "Annual License Certification Attestation". This form, requested annually, includes an attestation giving the DDS assurances that:
 - the provider retains licensure/certification in Arizona;
 - that the provider is not excluded from any Federal program;
 - and, that all support staff are appropriately licensed or certified per State regulations/requirements.



5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

HHS-OIG LEIE/System for Award Management SAM (Sanctions List) checks are performed semi-annually: (June and December). The "Annual License Certification Attestation" form (Attachment 1) is sent to providers with return requested at initial hiring and annually thereafter.

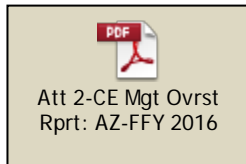
6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

First five reports from new CE providers are reviewed and feedback is generated. Reports for all other CE providers are reviewed periodically. Special emphasis is placed on checking reports of CE providers that have a history of deficient reports.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

There are currently 188 CE providers in the Arizona jurisdiction. Arizona is decentralized and has two sites S03 in Phoenix and V16 in Tucson. S03 primarily handles the northern

part of the state while V16 handles primarily the southern part of the state. There were 133 CE providers in Phoenix (S03) and 55 in Tucson (V16). Please see the attached vendor list marked attachment 2.

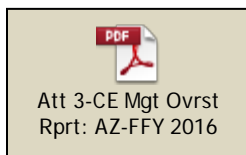


8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Onsite visits for all key CE providers in the Phoenix and Tucson DDS jurisdiction(s) were completed in Federal Fiscal Year 2016. See attachment 2.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There are no changes in Arizona's CE fee schedule from the last FFY. Please see attachment 3.



10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

- FFY 2016: (Various dates): Participated in round table discussions with local S.O.A.R. representatives regarding assisting homeless population with e-applications and e-MER submission.
- FFY2016: (Various dates): SSA website orientations for CE, MER providers and others.
- FFY 2016: (Various dates): Participated in National and Regional driven MPRO conference calls/net meetings regarding upcoming ERE website enhancements, HIT initiatives and other topics.
- FFY 2016: (Various dates): Maintained contact with various agencies, groups, and individuals whose interest and goals are related to HIT and its adoption, proliferation and use in the state of Arizona.
- FFY 2016: (Various dates): One on one contact, phone contact and mail contact with new and existing consultative examiners, MER providers and others regarding use and updates of the ERE platform
- FFY 2016: (Various dates): participated in DCO ODD ERE support calls.
- FFY 2016: Madison Street Veterans Association: Made two semi-annual presentations to MANA House, 755 Willetta Street, Phoenix, AZ 85006. MANA House helps Veterans with benefit, housing and employment issues. Presentation focused on SSDS/SSI process.

- FFY 2016: (Various dates): Performed in-house training for all psychologists, Psychiatrists and Speech Language Pathologists. Discussed administrative issues regarding use of ERE website as well as report writing requirements.
- November 17, 2015: Participated in the Arizona Health-e Connections Summit and trade Show
- June 2, 2016: Participated in San Francisco Regional face-to-face Professional Relations Specialist (PRS)/Medical Professional Relations Officer (MPRO) conference held in the Frank Hagel Federal Building in Richmond, CA.

11. Upload the following documents to the SharePoint site:

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 - Indicate CE providers for whom you completed onsite reviews.
- **A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”**

Please attach any additional information before submitting this form.



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Doug Ducey
Governor

Timothy Jeffries
Director

Annual License Certification Attestation

I hereby certify that:

1. I am not currently excluded, suspended, or otherwise barred from participation in the Medicare or Medicaid programs or any other Federal or Federally assisted program.
2. I certify that the support staff I use who participate in the conduct of consultative examinations, and any third parties who conduct other studies purchased by the DDS meet all appropriate licensing or certification requirements of the State, as required by the Social Security Administration's regulations (20 C.F.R. 404.1519g, 416.919g) and are not currently excluded, suspended, or otherwise barred from participation in the Medicare or Medicaid programs, or any other Federal or Federally-assisted programs, as required by SSA's regulations (20 C.F.R. 404.1503a, 416.903a).
3. My license is current and active in Arizona and has not been revoked or suspended by Arizona or any other State licensing authority for reasons bearing on professional competence, professional conduct or financial integrity.
4. I have not surrendered my license while awaiting final determination on formal disciplinary proceedings involving professional conduct in any state.
5. I understand that a credentials check will be made upon my initial agreement to perform services and periodically thereafter by the DDS.
6. I agree to immediately notify the DDS if there is any pending disciplinary action against my license in any state. Failure to do so could result in termination of an agreement to perform services and/or legal action.

NOTE: The signatory is hereby informed that if he/she is unable to certify to the above, he/she will not be considered for an agreement to provide services. False certification will be grounds for immediate termination of any agreement to provide services for SSA or the DDS.

Signature _____

Printed or typed _____

Date _____

Arizona License number and expiration date _____

Name of Group or Facility if not working independently:

Address: _____

Phone: _____ Fax: _____

E mail _____

(Continued on page two. Both pages must be returned to be considered complete)

Annual License Certification Attestation, continued (page 2)

Federal law requires the DDS to credential CE providers at least annually. You may have received this form in years past and there might be no change in the information you previously provided. We must ask that you provide the information requested regardless of whether or not there has been any change in information reported in previous years.

Please list any state where you have been licensed to practice medicine. Include dates, license number and status where indicated. Include VAMC or similar reciprocal license acceptance states (indicate both state in which services are/were provided, and the issuing state if different.) List the state that you received your licensure in most recently first and the oldest license issued last. Use an additional sheet if more than 10 licenses/states should be listed.

Attention: It may be grounds for terminating your services with the AZ-DDS if it is discovered you omitted information about any current or previous state, or if the information you reported on this form is significantly different from the actual verified data. Licensure will be verified in all states listed.

Practice State:	Dates:	Issue State:	License ID Number:	Current Status of Lic:

Please call me directly if you have any questions regarding this form or how to fill it out. Thank you for your cooperation and the information provided above.

I certify that all information I have included regarding current and past licensure is true and correct to the best of my knowledge and belief. I understand I will not be considered for an agreement to provide services and that any current agreement may be terminated if I am unable to certify the information above. Additionally, false information about your certification(s) will be grounds for denial or termination of your services.

Signed _____ Dated _____

Arizona DDS Providers: FFY 2016

Attachment 2: CE Magement Oversight Report; AZ-FFY 2016

Key Providers (Per POMS: DI 39545.100) \$\$= ≥\$150k PP= Primary Practice T5= Top 5	Onsight Reviews (Per POMS: DI 39545.500)
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TOTAL ARIZONA DDS CE PROVIDERS; FFY 2016 = 188

Phoenix Providers = 133

Tucson Providers = 55

VENDOR NAME	PHOENIX (S03)	TUCSON (V16)		
AARON BOWEN PSY.D.	X			
ADRIANA WEYER PH.D.	X			
ADVANCED EAR NOSE AND THROAT	X			
AHMAD SAED KHAN, MD	X			
AIELLO EYE INSTITUTE		X		
ALEXANDER PIATKA PH.D.	X			
ALYSHA TEED PH.D.	X			
AMANDA NELLIS PH.D. LPC	X			
AMY D'AMBROSIO PSY.D. (DDSA)		X	PP	
AMY KAMINSKI PH.D.	X			
ANDREW C. JONES, PH.D.		X		
ANNE HARRIS PH.D.	X			
ARCADIA RADIOLOGY	X			
ARIZONA CENTER FOR CHEST DISE	X			
ARMANDO BENCOMO PH.D	X		\$\$	07/13/16
ASHVIN K. SHAH, MD PC		X		
ASU SPEECH AND HEARING CLINIC	X			
AZ TECH RADIOLOGY	X			
BANNER CASA GRANDE MEDICAL CE		X		
BEST MEDICAL GROUP, LLC	X			06/22/16
BEVERLY JO YOCHES PSY.D.	X			
BRENT GEARY PH.D.	X			
BRIAN BRIGGS M.D.	X			
BRUCE MCHALE, PH.D. (NWH)		X		
BRYANT BOYACK DO	X			
CANYON VISTA MEDICAL CENTER		X		
CARLOS VEGA, PSY.D		X		
CATHOLIC COMMUNITY SERVICES O		X		
CELIA DRAKE PH.D.	X			
CHANGE POINTS COACHING & CONS	X			
CHARLES HOUSE PHD	X			
CHARLES S. GANNON, MD		X		
CHRIS PFLEIGER	X			
CHRISTINE TETZLOFF, PH.D	X			
COBRE VALLEY COMMUNITY HOSPIT		X		
COMPUDIAGNOSTICS INC	X			
CONCENTRA URGENT CARE		X	PP	
CONNIE PYBURN PH.D.	X			
COOPER LOPEZ AND ASSOCIATES,		X		
DANIEL CHATEL PH.D.	X			
DANIEL SCHULTE PH.D.	X			
DAVID BEIL-ADASKIN, PSY.D		X		

Arizona DDS Providers: FFY 2016

VENDOR NAME	PHOENIX (S03)	TUCSON (V16)	Key Providers	Onsight Reviews
DAVID JARMON PH.D.	X			
DAVID MCGAREY MD / THOMAS JOH	X			
DAVID YEE PSYD	X			
DAVID YOUNG ED.D	X			
DESERT SKY COUNSELING LLC	X			
DESERT VALLEY RADIOLOGY	X			
DEVELOPMENTAL & EDUCATIONAL P	X			
DIAGNOSTIC AND INTERVENTION S	X			
ED NADOLNY, PH.D		X		
ERIN SOUTH PSY.D.	X			
EYE ASSOCIATES OF NEW MEXICO	X			
FBH PSYCHOLOGICAL SERVICES PL	X			
FOUR CORNERS RADIOLOGY	X			
FRANCISCO SANCHEZ, PH.D		X	T5	08/23/16
FRED WIGGINS, PH.D		X		
G & K MEDICAL ASSOCIATES PC	X			
GARY REYES PH.D.	X			
GEORGE DELONG PHD	X			
GLENN MARKS, PH.D		X		09/12/16
GREGORY HUNTER MD	X			08/16/16
GRETCHEN SCHEURICH SLP	X			
GWENDOLYN W. JOHNSON, PH.D.		X		09/12/16
HAVASU REGIONAL MEDICAL CENTE	X			
HEATHER NASH PH.D.	X			07/29/16
IMAGING CENTER @ YUMA REGIONA		X		
INSIGHT IMAGING CENTER	X			
INTERMOUNTAIN HEALTHCARE	X			
JACQUELINE KAYE MA CCC-SLP	X			
JAMES ARMSTRONG, PH.D.		X	PP	
JAMES HUDDLESTON PH.D.	X			
JASON FRIZZELL PH.D.	X			
JEFFREY MOORE AU.D.	X			
JERI B. HASSMAN, MD		X	\$\$ T5	08/23/16
JEROME ROTHBAUM, M.D.		X	PP T5	
JILL M. PLEVELL, PH.D.		X		
JOHN ST CLAIR PH.D	X			
JONATHON GROSS, M.D.		X		
JONI LONG SLP	X			
JONNA KRABBENHOFT PSY.D.	X		\$\$ T5	09/20/16
JOSE ABREU PH.D.	X			
JOSEPH BENACH, PSY.D.		X		08/20/16
JOSEPH BURRIDGE	X			
JUSTIN JOHNSEN M.D.	X			
KAREN MANSFIELD-BLAIR PH.D.	X			
KARI COELHO PSY,D	X			
KARLAYE RAFINDADI, PH.D		X		
KATHY HANSEN INTERPRETING & T	X			
KEITH CUNNINGHAM MD	X		\$\$	06/15/16
KELLY JENKINS SLP	X			

Arizona DDS Providers: FFY 2016

VENDOR NAME	PHOENIX (S03)	TUCSON (V16)	Key Providers	Onsight Reviews
KENT COX MD	X			
KIM JOHNSON PH.D.	X			
LA PAZ REGIONAL HOSPITAL	X			
LAB CORP		X		
LANGUAGE CONNECTION	X			
LITTLE COLORADO MEDICAL CENTE	X			
LITTLEFIELD PSYCHOLOGICAL SER	X			
LYNN L. FLOWERS, PH.D.		X		
MACHELLE MARTINEZ, PH.D.		X		
MAHSA SALEK SLP	X			04/12/16
MARICOPA EAR NOSE AND THROAT,	X			
MARYANNE BELTON PSY.D.	X			03/21/16
MATTHEW HELLER DO	X			
MDSI	X		\$\$ PP T5	09/29/16
MEDICAL DIAGNOSTIC IMAGING GROUP	X			
MEDICO	X		\$\$ PP T5	06/06/2016 07/22/2016
MELVYN WEINBERG, MD/CONCENTRA		X		
MICHAEL CHRISTIANSEN, PH.D.		X		
MICHAEL P. MOORE, PH.D. (SIER		X		
MINETTE DOSS ED.D	X			
MOHAVE DESERT RADIOLOGY PLC	X			
MOUNTAIN WEST MEDICAL IMAGING	X			
MT GRAHAM COMMUNITY HOSPITAL		X		
NANCY HOMCO MS	X			
NATALIE HURD PSY.D.	X			
NEIL EDWARD MCPHEE MD	X			
NEIL HOROWITZ PH.D.	X			
NICOLE TAYLOR PH.D.	X			
NOELLE ROHEN, PH.D.		X	PP T5	08/23/16
NORTHERN ARIZONA RADIOLOGY, P	X			
NORTHERN ARIZONA UNIVERSITY	X			
NORTHLAND-RURAL THERAPY ASSOC	X			
OASIS PSYCHOLOGICAL SERVICES PLLC	X			
OASIS URGENT CARE	X			
OLYMPUS HEALTH SERVICES LLC		X		08/16/16
ONLINE RADIOLOGY MEDICAL GROUP	X			
PALMER FAMILY MEDICINE		X	\$\$ T5	08/31/16
PASEO MEDICAL SPECIALISTS	X			
PATRICIA BELDOTTI, PSY.D.		X		
PATRICIA FALCON, PSY.D		X		
PATRICIA ROSE ED.D	X			
PRECISION EYECARE INC.	X			
PREMIER EYE CENTER	X			
PRESCOTT MEDICAL IMAGING, LLC	X			
PRIORITY MEDICAL CENTER, INC	X			
PROFESSIONAL COURT INTERPRETI	X			
PSYCHOLOGICAL ASSESSMENT ASSOCIATES OF ARIZONA	X		\$\$ T5	07/29/2016 06/22/2016
RADIOLOGY LTD		X		

Arizona DDS Providers: FFY 2016

VENDOR NAME	PHOENIX (S03)	TUCSON (V16)	Key Providers	Onsight Reviews
REHOBOTH MCKINLEY CHRISTIAN H	X			
RENEE BEHINFAR PSY.D.	X			
RETINA INSTITUTE OF CALIFORNI		X		
RICK CLARK, D.O./SUNNYSIDE ME		X		
RICK WEBSTER PSY.D.	X			
RIVERVIEW VISION CENTER	X			
ROBIN POTTER PSY.D.	X			
RONIC PSYCHOLOGICAL SERVICES	X		\$\$ T5	06/24/16
RONN LAVIT PH.D	X			
SANTA CRUZ RADIOLOGY		X		
SCOTT KRASNER, MD		X		08/10/16
SCOTTSDALE MEDICAL IMAGING	X			
SENTIENCE PSYCHOLOGICAL SERVICES PLLC	X			06/21/16
SHANNON MCGOVERN, PH.D.		X		
SHANNON TROMP PH.D.	X			
SHARON STEINGARD DO	X			
SHELLY WOODWARD PH.D	X			
SHERRI GALLAGHER PH.D	X			
SIERRA VISTA DIAGNOSTICS		X		
SLOAN R. KING, PH.D.		X		
SONIA ACKERMAN M.ED., CCC-SP.	X			
SONIA PERALA, PH.D.		X		
SONORA QUEST LAB		X		
SOUTHERN ARIZONA RAD ASSOCIAT		X		
ST GEORGE RADIOLOGY	X			
ST JOSEPHS HOSPITAL	X			
STEPHEN GILL PH.D	X			
STEVEN HIRDES ED.D	X			
STEVEN PATRICK PH.D.	X			
SUMMIT HEALTHCARE REGIONAL ME	X			
SUSAN PATRICK PSY.D.	X			
TERRY COLYAR MS	X			
TRI STATE AUDIOLOGY	X			
TRILOGY INTEGRATED PSYCHOLOGICAL SERVICES, LLC	X			02/26/16
TUCSON EAR, NOSE AND THROAT		X		
TUCSON MEDICAL CENTER RESPITO		X		
VALLEY CENTER OF THE DEAF	X			
VALLEY EAR NOSE & THROAT		X		
VALLEY RADIOLOGISTS, LTD	X			
VERDE VALLEY MEDICAL CENTER	X			
VIDYA THERAPY SERVICES, LLC		X		
WARREN HELLER MD	X			
WAYNE R GENERAL, PH.D.	X			
WESTERN ARIZONA REGIONAL MEDI	X			
WHITE MOUNTAIN RADIOLOGY	X			
WILLIAM ALLISON PH.D	X			
YAVAPAI REGIONAL MEDICAL HOSP	X			
YESENIA SPALETA SLP	X			
YUMA REGIONAL MEDICAL CENTER		X		

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Dallas
State DDS:	Arkansas
Report Period (Fiscal Year):	2016
Current Date:	11/10/16
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Professional Relations Manger

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

All complaints are forwarded to the Medical Relations Department. We respond to the claimant with a letter of acknowledgment. The department writes to the CE source and requests that they respond to the allegation. However, depending on the severity of the complaint, a representative from the Medical Relations Department may make an un-announced on-site-visit to investigate the specific complaint. If we receive oral complaints, we request that the claimant provide a written letter. We then forward a copy of the complaint to the CE source, requesting a written response to the allegation.

Some complaints are of a more serious nature. If deemed appropriate, we cease scheduling additional appointments until further investigation has been completed. We notify the CE source in writing of our findings, as well as recommend appropriate actions. The department documents all complaints and they are associated with the CE provider's file.

Our business process for handling complaints with our mental providers in the area of deficient reports includes a "Provider Feedback/Communication" form. The purpose of the form is to alert our mental health providers to issues affecting the quality of their evaluations, as well as, ask

questions about significant issues affecting the interpretation of their reports. This form has improved the final product we receive from our mental sources.

General complaints regarding insufficient reports are usually resolved with a phone call to the vendor from the Medical Relations Department. The Medical Relations Department explains the deficiency to the vendor and works with the vendor to provide a complete report to the agency.

Some of the most common complaints during the year have dealt with insufficient examinations, not enough time spent with claimant, rudeness of CE panelist, or the claimant not being seen promptly. We investigate all of these in the form of written inquiries as well as unannounced on-site visits.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

NA

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

NA

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

Providers are required to complete a professional qualifications form, indicating year of license, license number, and expiration, as well as a copy of their current license. We conduct qualification and credential checks with appropriate State Licensing Boards, The System for Award Management (SAM) <https://www.sam.gov/portal/SAM/#1> and HHS OIG Sanctions/Exclusions database (<http://exclusions.oig.hhs.gov/>).

To ensure current licensure for all panelists licensed with their State Medical Boards (all physical CE providers) we perform a query, implementing the Iron Data Case management software, on the first of each month, which provides a list of panelists that have licensure scheduled to expire at the end of the current month. The Arkansas DDS uses the State Medical Board Website to verify current licensure. After verification via the website, the new license is added to the vendor's electronic file.

The Arkansas DDS performs the annual screen for exclusions on all physical CE providers using the HHS OIG Sanctions/Exclusions database and SAM site. The results from these database check are printed and kept in a separate file. Vendors are screened at time of contracture, they are screened again on a monthly basis at the time of licensure checks / renewal. All vendors are then screened again annually at the beginning of each fiscal year.

The Arkansas DDS subscribes to an email service offered by the Arkansas State Medical Board. This service alerts the Arkansas DDS to any actions taken by the Arkansas State Medical Board on current licensed physicians. This ensures the Medical Relations Department is immediately aware of any licensures suspensions or other Arkansas State Medical Board Actions or Adjustments on any Arkansas physical CE provider.

All licensed Arkansas Psychologist and Speech Pathologist licensure expires on June 30th. On May 1st of each calendar year, the Medical Relations Department mails a request for current licensures to all speech and psychological CE providers. At this time, the Arkansas DDS performs the annual screen for exclusions on all speech and psychological CE providers using the HHS OIG Sanctions/Exclusions database. The results from this database check are printed and kept in a separate file.

Annually, all panelists sign an agreement certifying they are not currently excluded, or otherwise barred from participation in the Medicare of Medicaid programs or any other Federal or Federally assisted programs. This agreement also states that licenses are not currently revoked or suspended by any state licensing authority for reasons bearing on professional competence, professional conduct or financial integrity; or that licenses have not been surrendered while awaiting final determination on formal disciplinary proceedings involving professional conduct.

If the panelist employs RN's, LPN's, Nurse Practitioners, psychologists, or others that perform ancillary tasks, written confirmation is required that all CE panelist staff persons involved with the consultative examinations are properly licensed or certified.

We maintain a separate electronic folder for each CE provider. The folders are housed at the Arkansas DDS. Each folder contains the most recent credential/license check. Additionally, any complaints against the provider, as well as results of investigations or complaints against the provider, are in the folders.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credential checks are done on a monthly basis; in addition all vendor's credentials are checked at least once annually . All vendors are screened for sanctions / exclusions at time of contract and at least twice annually thereafter.

All credential checks were completed on all current vendors.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

All new vendors' first submissions are reviewed by the medical relations department and / or MC's for content and program compliance. We limit the number of evaluations scheduled with new providers until after a review of the vendor's first reports.

Our new mental providers receive a provider feedback letter from our Mental Senior Physician Specialist, outlining the strengths of their reports as well as areas in need of improvement.

During the year, medical relations and MC's periodically review vendor's reports for content.

When an MC or adjudicator works a case with a deficient CE report they will email the medical relations help desk, detailing issues with the report.

General complaints regarding insufficient reports are usually resolved with a phone call to the vendor from the Medical Relations Department. The Medical Relations Department explains the deficiency to the vendor and works with the vendor to provide a complete report to the agency.

If a CE provider continues to submit insufficient reports and / or non-programmatic testing, Medical Relations discontinues scheduling evaluations with the CE provider.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

The state of Arkansas currently has four hundred ninety (490) CE provider locations, 77 fewer vendors from five hundred and sixty-seven (567) CE provider locations reported in 2015.

Although these numbers appear to reflect a decrease in providers, the department continues to purge the CE vendor file of all non-active providers.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Onsite visits were completed on all Key and Volume providers

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

Fee Changes:

90801 Mental Status Evaluation changed from 135 to 150

96101 IQ testing changed from 105 to 150

908014/96101 IQ testing with Mental Status Evaluation changed from 205 to 270

99204 General Physical Exam changed from 110 to 140

99205 Orthopedic, Neurological and Physiatry Exams changed from 150 to 190

99205 Cardiac Exams changed from 140 to 180

99205 Internal Medicine and Pediatric Exams changed from 130 to 170

Arkansas DDS expanded its no show payment reimbursements to include all mental status and IQ testing performed throughout the state. The No Show reimbursement fee remained \$65.00 for all evaluation types.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

Arkansas DDS continues to set up MER and CE providers with access to the ERE site.

Arkansas DDS Professional / Medical Relations team began working with area school districts to receive electronic record request via ERE or OBF.

Arkansas DDS performed on site visits with area school districts staff, to discuss and resolve issues with records request and explore resolutions to delays in record request response and issues with duplicate record request.

Arkansas DDS Professional / Medical Relations Team gave presentations to Arkansas School Counselor Groups regarding the importance of the Teacher Form in the disability determination process.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	San Francisco
State DDS:	California
Report Period (Fiscal Year):	2016
Current Date:	11/15/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Procedural Development Analyst

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

Complaints can vary and can come from any of the following: claimants, staff, oversight visits, congressional/legislative inquiries, claimant satisfaction surveys, and third parties. Most complaints are received in writing. If a complaint is received by phone, it is documented on SSA Form 5002, Report of Contact. A letter is sent to the appropriate party acknowledging the complaint.

A thorough and objective investigation is conducted and a letter is sent to the provider to inform them of the complaint received. The investigation includes gathering all the facts and documentation related to the problem. When a complaint is received about a key provider or volume vendor (VV), follow-up is normally performed through contact with the provider or VV management. A physician, psychologist, or other vendor in a private office receives the feedback directly. In most cases, providers are given 15 days to respond to the complaint. An impromptu onsite visit is conducted, if the situation warrants it.

CE reports are reviewed by the Professional Relations Officer (PRO) to substantiate or refute allegations of short or incomplete exams. If necessary, the CE panelist(s) will be scheduled for informal training to discuss the problem or undergo refresher training when there are also concerns/complaints about quality or content of CE reports. The training is provided face-to-face in the DDS branch or by conference call. The staff involved in training CE providers includes medical consultants and the PRO, with input from the adjudicative and support staff.

If complaints continue after direct communication and after proper corrective action has been taken by the PRO, adverse action is the next step and the vendor may be placed either on hold or removed from the panel. All investigations are documented and placed in the vendor's file.

All panelists are reminded of their responsibility in providing professional and courteous service to all claimants, since their actions have a direct impact on the public's perception of the disability program.

To keep the CE panelists informed of the current issues of interest, concern, procedure, and clarification of the CE process, California publishes and provides a copy of our CE Newsletter to each panel member.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

There were no fraudulent activities by CE providers discovered in FFY16.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

The California DDS received the following complaints in this category:

- (b) (6) – claimant claimed (b) (6) was rude and humiliating. Claimant wanted to contact the media to investigate the Social Security system and was considering legal action. Complaint shared with Regional Public Affairs office. The investigation completed by the PRO warranted no further actions.
- (b) (6) – claimant filed civil rights complaint claiming (b) (6) informed (b) (6) would need a conservator to handle funds. Provider reminded not to share capability information.
- (b) (6) – complaint filed alleging (b) (6) refused to address the claimant's (b) (6). The claimant later went to the ER and was diagnosed with (b) (6). (b) (6) indicated a thorough exam was completed and the claimant did not allege (b) (6). The investigation completed by the PRO warranted no further actions.
- (b) (6) – claimant filed complaint stating (b) (6) inappropriately contacted (b) (6) after the exam. It was established that (b) (6) initiated a personal text conversation with the claimant from (b) (6) cell phone. Provider terminated from CE panel.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

All CE panel providers' qualifications are checked to ensure both California and the SSA's standards are met. The PRO and/or a designated staff Medical Consultant will verify the applicant's professional status. This information, along with a completed application and curriculum vitae, is maintained by the recruiting DDS Branch. Copies of any complaints and the resolutions are also retained in the panelist's file. The medical provider's license is checked at the time of placement on

the CE panel, and annually thereafter. Below are instructions used throughout FFY16 by a PRO and/or a designated staff Medical Consultant to verify the applicant's professional status.

- 1) Internet Verification: Most license verifications are completed using the Internet. With the exception of the California State Board of Optometry and the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, all California professional licensing board websites direct users to access the Department of Consumer Affairs (DCA), BreZE Online Services to verify the applicant's professional status.
 - a) California Board of Optometry website, www.optometry.ca.gov
 - b) California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, www.slpab.ca.gov
 - c) DCA BreZE, <http://www.breeze.ca.gov/>
- 2) Telephone Verification: The following licensing boards can be contacted directly:
 - a) Physician verification - Contact the Medical Board of California (MBC) at (916) 263-2382 to verify the physician's licensure status. The caller will need the physician's name and/or license number.
 - b) Optometrist - Contact the California State Board of Optometry at (916) 575-7170.
 - c) Osteopath - Contact the Osteopathic Medical Board of California at (916) 928-8390.
 - d) Psychologist - Contact the Board of Psychology at (916) 574-7720.
 - e) Licensed Educational Psychologist (LEP) - Contact the California Board of Behavioral Sciences at (916) 574-7830.
 - f) Speech Pathologist - Contact the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board at (916) 263-2666.

The information obtained is documented as follows:

- 1) The date the license was issued
- 2) The date the license expires
- 3) The current status of the license (clear, suspended, revoked)
- 4) The date of the verification and initials of the person verifying status

The following resources are checked at the time of placement on the CE panel, and annually thereafter:

- The System for Award Management (SAM). This database is available on the Internet at <https://www.sam.gov/portal/SAM/#1#1>
- The California Department of Health Care Services/Medi-Cal [Suspended and Ineligible](#)

[Provider List.](#)

- American Medical Association (AMA) Physician Profile Service <https://login.ama-assn.org/account/login>
- United States Department of Justice National Sex Offender Public Website <http://www.nsopr.gov/?AspxAutoDetectCookieSupport=1>

California has adopted the practice of checking licensure status on an annual basis the month the license is set to expire. Each PRO maintains a tracking system based on branch jurisdiction.

California requires each CE provider's signed statement certifying that all support staff used in CE examinations meet the licensing or certification requirements as required by state regulations at the time of placement on the CE panel.

In conjunction with an oversight visit, California has adopted the practice of obtaining a list of all staff employed by the CE provider to verify support staff license or certification.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

The medical provider's license is checked at the time of placement on the CE panel, and annually thereafter.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

First five reports from new CE providers are reviewed and feedback is provided. Reports for all other CE providers are reviewed periodically to ensure quality.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

As of September 29, 2016, California has 1,208 CE providers on the panel. The CA DDS reported 1,243 CE providers for FFY2015. The difference is due to some CE providers retiring or being removed from the CE panel during the FFY2016.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

The CA DDS has 208 Key and Volume providers. California determines Key providers based on primary CE work with an estimated annual (fiscal year) billing of at least \$150,000.00. The CA DDS had 87 Key providers in FFY16. Of the 99 comprehensive onsite reviews performed in FFY16, 65 onsite visits were completed with Key providers. Visits with the remaining Key and Volume providers were not completed due to limited resources. In addition, some Key and Volume providers were not identified as such until late in the year, and an oversight visit could not be scheduled before the end of the fiscal year. Oversight visits with these providers are being scheduled for early 2017.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a

description of any volume medical provider discounts).

The following changes were made in California's CE/MER fee schedule during Federal Fiscal Year 2016. California's fee schedule is enclosed.

<u>Added:</u>	99INTSL3	American Sign Language Interpretation, Claimant Appointment Failure. The new fee \$80.00 effective August 22, 2016.
	92523	Comprehensive speech and language evaluation including written report. The new fee \$214.00 effective July 25, 2016.
	*80299K	Levetiracetam (Keppra). The new fee \$33.00 effective April 18, 2016.
	*80299L	Lamotrigine (Lamictal). The new fee \$27.00 effective April 18, 2016.
	*80201	Topiramate (Topamax). The new fee \$34.00 effective April 18, 2016.
	2999WIS5	Wechsler Intelligence Scale for Children - 5th Edition (WISC-V). The new fee \$110.00 effective December 31, 2015.
	**73501	Hip, unilateral, limited, most affected.
	**73501L	Hip, unilateral, left, limited.
	**73501R	Hip, unilateral, right, limited.
	**73502	Hip, unilateral, complete, most affected.
	**73502L	Hip, unilateral, left, complete.
	**73502R	Hip, unilateral, right, complete.
	**73522	Hip, bilateral, complete, (including A/P of pelvis).
	**73521	Hip, bilateral, limited (e.g., infant A/P and frog. lateral).
	**73552	Femur (thigh), including one joint.
	**73552L	Femur (thigh), left, including one joint.
	**73552R	Femur (thigh), right, including one joint.
<u>Removed:</u>	X4300	Comprehensive language evaluation including written report. The old fee \$66.00 removed effective July 25, 2016.
	X4301	Speech evaluation. The old fee \$66.00 removed effective July 25, 2016.
	**73500	Hip, unilateral, limited, most affected.
	**73500L	Hip, unilateral, left, limited.
	**73500R	Hip, unilateral, right, limited.
	**73510	Hip, unilateral, complete, most affected.
	**73510L	Hip, unilateral, left, complete.
	**73510R	Hip, unilateral, right, complete.

**73520	Hip, bilateral, complete, (including A/P of pelvis).
**73540	Hip, bilateral, limited (e.g., infant A/P and frog. lateral).
**73550	Femur (thigh), including one joint.
**73550L	Femur (thigh), left, including one joint.
**73550R	Femur (thigh), right, including one joint.

Fee Increases: 99INTSL1 American Sign Language Interpretation. The fee is increased to \$150.00 for the ASL Interpretation and implemented division wide effective August 22, 2016.

*These codes will be removed from the CA DDS Fee Schedule in the FFY17 due to recent changes in the SSA's regulations directing not to purchase serum drug levels.

**There is no change in the fee amount for these codes. The codes were updated effective March 28, 2016, to reflect the diagnostic radiology CPT code changes of January 2016.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

All twelve PROs have jointly participated in the following activities:

- Promoting ERE to vendors during CE onsite visits, CE report follow-up phone calls, and prearranged ERE demonstrations.
- Providing ERE information, demonstrations, and updates to DDS staff through Monthly Update Meetings, visits to team meetings, and a series of email messages during the fiscal year.
- Continuing recruitment efforts, which include contacting and providing training and demonstrations regarding the ERE Website. These efforts are directed towards volume vendors; independent CE panelists; MER providers; medical, homeless, and mental health advocates; and copy companies.
- Requiring all newly recruited CE panelists to submit their reports via the ERE Website or via the DMA fax number of the jurisdictional CA DDS Branch.
- Coordinating efforts with vendors using the ERE Website to resolve problems with printing, billing, electronic signatures, faxing, validation, password reset, and zip files.
- Participating in California PRO conference calls to obtain and share best practices with other California DDS PROs. The PROs also participate in the national MPRO conference calls.
- Using California's Consultative Examiner Newsletter to provide up-to-date ERE-related articles. The Consultative Examiner Newsletter is distributed to all of California's CE providers.
- Continuing to register MER and CE vendors on the ERE Website. Registration also includes school districts and copy companies.

- Providing ERE training to medical records staff in various VA and county facilities.
- Working with copy services to register additional hospitals on the ERE website.
- Working closely with DDS clerical staff to identify vendors who might benefit from using ERE and to ensure proper transmission of records.
- Continuing to encourage vendors who submit medical records via compact disc to convert to ERE.

Several CA DDS PROs participated in the annual Veterans Stand Down events and provided ERE training at various medical facilities throughout the FFY16.

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:**
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- **A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the [ODD MPRO SharePoint site](#)”**

Please attach any additional information before submitting this form.

102DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Denver
State DDS:	Colorado
Report Period (Fiscal Year):	FY2016
Current Date:	10/25/16
Reporter's Name, Phone number, and title:	Name: (b) (6) Phone number (b) (6) Title PR Supervisor

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

The Colorado DDS investigates all claimant complaints regarding CE's. A record of all complaints, PR actions, and outcomes are compiled in the PR "shared drive". All DDS Professional Relations Officers have access to the file. If the complaint concerns short examination times, unclear premises, or rude demeanor by CE provider or staff, the claimant is sent an acknowledgment letter and a survey. Additional surveys are also mailed to 10 other claimants recently seen by the CE provider. The survey responses are reviewed to identify any pattern of complaints regarding the provider. DDS shares a copy of the complaint and any other issues discovered in the survey responses with the CE provider. The CE provider is asked by DDS to provide a written response. Complaints and provider responses are reviewed to identify trends and to determine if any additional corrective actions are warranted. If the claimant complaint is determined to be of potential harm to claimants or egregious in nature, the Colorado DDS PR staff immediately contacts the CE provider by telephone and a follow-up letter is sent via US mail. The provider is required to submit a written response to the complaint. Depending on the nature of the complaint, pending appointments may be cancelled or rescheduled while DDS investigates the complaint. Colorado DDS administration and Regional Office are notified of the complaint, investigation, and outcomes. Law enforcement is notified as required by law. Surveys are sent to other claimants who were recently seen by the CE provider. The complaint and the provider's response are reviewed to determine if any additional corrective actions are required; including

being removed from the CE panel.

For fiscal year 2016, the Colorado DDS had 35 total complaints (23 written/12 verbal only complaints). This was an increase from FY15's 25 total complaints.

The twenty three written complaints included:

- 15 complaints regarding the CE provider's or support staff's professionalism (*this category includes the two potentially egregious complaints listed below*)
- Two complaints regarding the short length of the appointments.
- 6 complaints regarding the CE provider causing the claimant pain.

During FY16, the Colorado DDS "off-loaded" disability claims to three sites - Dallas DPU, Western in Richmond CA, and Oklahoma. As a result, DDS scheduled a much higher volume of CE's this past fiscal year. To keep up with the need for CEs we asked our providers to provide more availability. PR staff will be monitoring FY17 complaints to be sure the increase in complaints does not continue, for now we consider 2016 to be an outlier as we may have fatigued our providers while they took on extra exams to assist DDS with the CE demand.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

The Colorado DDS discovered no fraudulent activities by CE Providers during FY16.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

DDS received two potential egregious complaints during FY16.

- A (b) (6) claimant alleged (b) (6) reported the incident to DDS, the local police department and to DORA-Colorado Board of Medical Examiners. PR staff reported the incident to DDS management. DDS surveyed other (b) (6) claimants who were recently seen by this CE provider and no similar responses were received. We obtained a copy of the police report showing no charges were filed against the physician. DORA also investigated and no disciplinary actions were taken against the provider. In addition to the claimant's physical allegations (b) (6) had a lengthy psychiatric history including PTSD. DDS reminded the CE provider to always explain what (b) (6) is doing and why and to offer a (b) (6) when warranted.
- A (b) (6) claimant alleged the CE provider's (b) (6) violated (b) (6) reported when (b) (6) advised the support staff (b) (6) was embarrassed, they laughed at (b) (6). DDS investigated by obtaining statements from the CE provider and support staff. We also surveyed other claimants who recently had (b) (6) at this office and no similar type complaints were received. The claimant did not report the incident to police or to the Board of Medical Examiners. The physician has no disciplinary actions on (b) (6) Colorado medical license. PR discussed the incident with the CE group owner and (b) (6) indicated in an effort to avoid similar complaints (b) (6) would provide additional training to (b) (6) support staff.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider’s support staff is properly licensed and credentialed, required by State law or regulation.**

PR keeps a file on every CE provider. Before we add a new provider to the panel, we confirm the provider is of the correct specialty and has the qualifications necessary to perform SSA consultative examinations. If so, then DDS verifies the provider has a valid license or certification with no current disciplinary actions with the State of Colorado or the neighboring states in which they practice. In addition, an online search of the System for Award Management’s (SAM) is performed to ensure the potential provider has no sanctions and is not on the list of excluded individuals and entities. PR documents the perspective provider’s file with copies of their license status and SAM record showing no exclusions. During FY16, DDS verified all CE physicians, psychologists, audiologists and speech/language pathologists renewed their license or certification and remained in good standing. The SAM LEIE online database is reviewed monthly to be sure no sanctioned providers are performing examinations. Each month the Colorado Board of Medical Examiners and the Mental Health Boards online lists of disciplinary actions are reviewed to ensure no current CE providers have new actions that would prevent them from performing CEs. Before new provider can start performing CEs, they must sign the License/Credentials Certification as outlined in DI 39569.400.

DDS requires all CE providers and interpreters certify their support personnel are properly licensed or credentialed as required by State law or regulation and have not been sanctioned. The signed certification documents are stored in the provider’s file. The State of Colorado does not regulate or “certify” medical or psychological assistants. In addition to having the provider sign the certification form, we remind all providers that their support staff must meet the minimum qualifications as governed by their licensing board.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credential checks for our medical and psychological CE providers are conducted annually. In addition to the general credential check, the Colorado DDS PR staff checks the monthly medical board action list and quarterly psychological board action list to ensure that any current CE providers have not had a disciplinary action on their license that has made them unqualified to perform CEs. The Colorado DDS also checks the SAM List of Excluded Individuals and Entities monthly to ensure that no CE provider received recent sanctions from HHS.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

As part of our CE oversight, the PR unit reviews CE reports from new CE providers, high volume providers, and providers referred from medical consultants, disability examiners,

and ODAR. In FY16, DDS perform quality reviews on fifty CE providers. As part of the review, the DDS sent the provider written feedback including recommendations to improve their reports.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

The Colorado DDS has approximately 123 independent CE providers performing consultative examinations, 6 volume groups, and 30 hospitals performing ancillary testing. Volume providers are counted as one provider rather than by each individual provider within the provider’s group. The Colorado DDS CE panel remained relatively stable over the course of FY16 with the exception the retirement of four long time CE providers including one neurologist, one ophthalmologist and two family practice providers. The providers were all located in rural underserved communities of Colorado. We have not been able to replace them with like specialists within the community so we now rely on general medical providers to travel to locations to perform neurology, orthopedic and internal medicine focused examinations. We were able to recruit a local family physician in Steamboat Springs (rural remote area of the state), three speech and language providers and an additional psychologist willing to perform testing in Northern Colorado.

The main reasons for any CE provider to leave the CO DDS CE panel would be retirement, relocation, or did not want to continue performing exams. No CO DDS CE provider was removed because of inactive license, sanction, or removal for cause during FY16.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All key and volume provider onsite visits were completed as of 9/28/2016.

<u>Provider</u>	<u>Date</u>	<u>Location/Reason for Visit</u>
Disability Exam Services	9/28/2016	Denver/ Key Provider
Stuart Kutz PhD	9/26/2016	Denver / Key Provider
Richard Madsen PhD	9/15/2016	Colorado Springs / Key Provider
Allied Assessments	9/12/2016	Lakewood / Key Provider
QTC	9/15/16 & / 9/26/16	Colorado Springs / Aurora / Key Provider
Timothy Moser MD	9/15/2016	Englewood / Key Provider
Consulting Psychology	9/20/2016	Denver / Key Provider
Columbine Physicians	9/26/2016	Denver / Key Provider
Mac Bradley PhD	9/13/2016	Denver/ Key Provider
Victor Neufeld PhD	9/15/2016	Colorado Springs/ Key Provider
William Morton PsyD	9/22/2016	Thornton/ Key Provider
MDSI	9/13/2016	Denver / Volume Key Provider

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The Colorado DDS has not proposed any changes to our FY16 fee schedule in anticipation of

FY17. The Denver Regional Office approved our request for an extension to delay updating the FY17 fee schedule to early 2017. DDS requested the extension due to a delay in the release of the Department of Labor's Office of Workers Compensation Program fee schedule (the CO DDS comparison fee schedule).

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The Colorado DDS CE panel has remained relatively stable over the past year. However, we still have a need for additional board certified specialists such as cardiologists, orthopedists, neurologists, ophthalmologists, otolaryngologists, and CE providers in rural and remote section of the State. During FY16, we were able to fill some needs as we added additional psychologists and a family medicine provider who perform CEs in rural areas of Colorado. The Colorado DDS continues to post all CE openings on the State of Colorado DDS website. In addition to the website, PR uses newsletters, phone calls and word of mouth in our recruitment efforts. Finally, we also attempt to recruit CE providers when making presentations about the disability program or marketing ERE to the medical community.

Other PR Activities

The Colorado DDS PR Department works closely with the Regional Affairs Public Affairs Specialists (PAS) and local field office staff. During the past year, DDS worked in conjunction with the PAS and FO staff on pre-release, homeless, and SOAR initiatives. Three PR staff attended the Regional PRO meeting held at the Denver RO in June.

In addition to our PR duties, during FY16 PR staff managed the assistance requests for ODAR as well as three sites who handled Colorado DDS initial & CDR claims. PR staff scheduled consultative examinations and/or requested medical evidence on approximately 3,350 assistance requests.

Electronic Records Express / HIT

In FY16, the Colorado DDS continued to recruit additional MER providers to use ERE when submitting records. The DDS has reached out to most of the larger volume MER facilities. Currently, we are focusing on adding medium volume providers as well as any MER provider who has a history of submitting records on CDs. During FY16, the Colorado DDS recruited 10 additional MER facilities to use ERE. We were able to recruit two hospital Central Scheduling Departments to use ERE to receive CE authorizations. This has allowed the hospitals to receive our authorizations in minutes, and has helped to improve relations between the CO DDS and the hospital central scheduling departments. Approximately 99% of our CE providers submit their reports electronically. All marketing/recruitment activities were handled internally by the Colorado DDS Professional Relations Department. During FY16, the Colorado DDS continued to use HIT to gather medical records for participating HIT medical facilities. At this time, Colorado's HIT MER sources are Kaiser Permanente and the Department of Defense. The Colorado DDS looks forward to HIT's future expansion in Colorado and beyond with Children's Hospital Colorado, SCL Health, and the VA currently in the process of onboarding.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Boston
State DDS:	Connecticut
Report Period (Fiscal Year):	2016
Current Date:	10/12/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Director of Support Services Name (b) (6) Phone number (b) (6) Title Medical/Professional Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

All complaints regarding CEs made by claimants or any other concerned parties to the Connecticut Disability Determination Services (CT DDS) are the responsibility of the Medical/Professional Relations Officer (MPRO). All complaints are investigated and handled on an individual basis by the MPRO when received. The MPRO investigates the complaint. Appropriate actions are taken depending on the results of the investigation. As part of the investigation, the Consultative Examination (CE) providers file, as well as other feedback information on the CE provider is reviewed. The MPRO will contact the CE provider by during the course of the investigation. The complaint and the actions taken are documented in the CE providers file for future reference. If warranted, the CE provider will be removed from the active list of CE providers. When a complaint is received from an interested third party such as an attorney or OHA staff, they will be advised that the situation is being reviewed and appropriate actions will be taken.

The process is the same for all types of complaints; rudeness, unprofessional behavior, environmental factors, and/or other types of complaints. All actions taken are documented

in the CE provider's file. The nature and severity of the complaint will determine the resolution process, i.e. suspension from the CE process, notifying State authorities and/or law enforcement, meeting with the CE provider to discuss the complaint, etc.

A variety of complaints were received over the last year. The majority required no serious punitive action taken against any CE provider. The most common complaint involved claimants feeling that the CE provider was not spending enough time with them.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activities by CE Providers were discovered during FY 2016

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

There have been no complaints of an egregious nature, requiring either or both significant corrective actions and/or public relations work during FY 2016

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

At the CT DDS, the MPRO is responsible for overseeing and ensuring that all of the CE providers' credentials are in good standing at the state and federal level, and are current. Prior to any CE provider working with the CT DDS, they must undergo our verification process. This begins with the MPRO verifying their license on the state website (<https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx>) to ensure that:

1. their license is current and active,
2. that there are no licensure actions or pending actions/charges.

If there are past or current licensure actions or charges, the MPRO investigates the nature of the actions/charges. Any such actions/charges will be discussed with the prospective CE provider. If the prospective CE provider's license verification results in no actions found, the MPRO then reviews uses the System of Award Management (SAM) website (<https://www.sam.gov>) to ensure that the prospective CE provider is not on any exclusion list. Screen shots are made of the verifications and documented in the CE providers file. Generally if there have been or are current actions against the provider, they will not be brought on board as a CE panelist.

The MPRO conducts a mandatory review of all CE providers credentials at least once a year,

to ensure that they have a current active license and are free of actions or pending actions, no pending charges have taken place, and they have not been put on an exclusions list. The CT DDS utilizes an Excel spread that encompass the entire list of active CE providers with their month of expiration. CE providers licenses are check the month that their State license is for renewal. The SAM site and the State licensing website are checked on a yearly basis for each CE provider. The CE providers license is also checked routinely as part of complaint investigations.

Active CE provides are expected to have properly licensed support staff. Those CE providers who have support staff that would require them to carry proper license and/or credentials required by State law or regulations are responsible for insuring these requirements are met. If a complaint is received regarding support staff, their credentials are investigated in the same manner as the CE providers license is investigated.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

The MPRO is responsible for ensuring that the CE providers credentials are up to date and in good standing throughout the year. The CT DDS utilizes a master list of active CE providers that are separated by the month of their license expiration. Each month the MPRO reviews the list of CE providers who licenses are set to expire to ensure that they have been renewed. The MPRO also reviews the CE providers credentials prior to any onset visits and when a complaint is received, regardless if their credentials are set to be expired or if they have been recently verified.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The CT DDS has a team of individuals who review CE reports to ensure that they meet program criteria. The team consists of the Chief Medical and Psychological Consultants, a member of the Quality Assurance (QA) staff and the MPRO. The MPRO reviews the majority of the CE reports from established CE providers. The reports are randomly selected and reviewed for quality, internal consistency, and programmatic completeness.

Members of the QA Unit and both Chief Consultants work with the MPRO reviewing all reports completed by new CE providers. When a new CE Providers reports are received, all three team members (QA, appropriate Chief Consultant, and the MPRO) review the reports and provide feedback to the MPRO. The MPRO provides appropriate feedback to the new CE provider. If there are any quality issues that need to be addressed, the new CE provider is requested to amend the report prior to receiving any new CE appointments. Only after all three team members approve the reports, is the CE provider added to the scheduling rotation of CE providers.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

FY 2016 Total CE number of providers on the CE Panel: 266

FY 2015 Total CE number of providers on the CE Panel: 374

The CT DDS MPRO was able to recruit 22 new CE providers who will be working out of 26 different offices. Despite having less providers on the CE Panel, we have been able to increase the quality of the CE reports while decreasing the overall CE processing time. This has been achieved by working only with those CE providers who are willing to adhere to our quality standards and report submission deadlines. Those CE providers who were either unable or unwilling to adhere to our quality and report submission standards were no longer being utilized for CE's.

During FY 2016 a complete review of the CE Panel was conducted. Old, rarely used and inactive providers were purged from the list.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Due to workload demands, the CT DDS/MPRO conducted a limited number of onsite visits for Key and Volume CE providers. This was due to an increased priority for non-Key or Volume CE providers to receive onsite visits, such as complaints received, CE report quality issues, feedback needing to be provided to CE providers from claimant CE appointment/experience surveys/comment cards, and providers who were approaching the Key and/or Volume provider level due to an increase in volume of exams scheduled. . Any Key or Volume CE provider that did not have an onsite visit, did have their CE reports reviewed for quality assurance periodically throughout FY 2016.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The CT DDS did not have any CE/MER fee schedule changes or any exceptions during FY 2016. There are no volume medical providers receiving discounts.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The CT DDS performed several activities from marketing to meeting with various organization and elected officials. These activities include:

- (b) (6) and (b) (6) provided a lecture to graduate level Rehabilitation Studies students at Springfield College, Springfield, MA on 10/19/15. This lecture centered SSA and

the DDS and how a masters degree in the field of Rehabilitation Studies can be utilized as prospective career path. This contact with Springfield College provides a way to recruit qualified Examiners.

- (b) (6), (b) (6), (b) (6) (Disability Hearings Officer), and (b) (6) (QA Specialist) attended the Autism Resource Fair in Wallingford, CT on November 7, 2015. We hosted a table to provide information on the Disability program and answered questions about the Disability program as it relates to Autism.
- (b) (6) organized a two day training session for the Hartford ODAR office at the CT DDS on February 9-10 2016. DDS staff involved in the training included (b) (6), Chief Medical Consultant (b) (6), Chief Psych Consultant (b) (6), a QA staff member, four Disability Examiners and a Unit Supervisor. The training included one day of addressing specific medical and psych questions provided by the Hartford ODAR and a day of interacting with DDS Examiners to hear about their job and see how it is actually done.
- (b) (6) and (b) (6) provided a lecture to the graduate level Case Management Class for Rehabilitation Studies students at Springfield College, Springfield, MA on April, 11, 2016. This lectured centered around SSA and the CT DDS and how strong case management skills are vital to the work that we do.
- (b) (6), (b) (6), & (b) (6) (Hearings Officer) attended the Community Resource Fair at Central Connecticut State University in New Britain, CT on May 31, 2016. This resource fair was organized by CT Congresswoman Elizabeth H. Esty. The goal of this event was to give the Fifth Congressional District the opportunity to address individual issues with federal, staste, and local agencies. We hosted a table that provided information on the Disability program and answered questions about the Disability program
- (b) (6) worked with Chief Psych Consultant, (b) (6), to develop a new CT DDS Autism & Autism Spectrum Questionnaire. This questionnaire is being used by the examiner staff to assist in obtaining the vital functional limitations information from PCP's, teachers, therapists, and other parties as it pertains to claimants alleging autism or autism spectrum disorders.
- (b) (6) conducted training for new Examiners regarding CE issues, eTranslations, HIT, interpretation, and transportation request procedures for CE appointments.
- (b) (6) and (b) (6) serve as members of the Avisory Board for Springfield College's Rehabilitation Servcies Department in Springfield, MA. Two board meetings are attended each year and are used as a recruiting tool to have access to skilled potential Examiner staff.
- (b) (6) worked on a committee to develop a Desk Reference Guide for the Disability Examiner staff.
- (b) (6) and (b) (6) participated in the Boston Regional MPRO calls that are conducted once a month.
- (b) (6) and (b) (6) particpatged in the national MPRO and ERE conference calls.
- (b) (6) participated in an office workgroup to redesign an internal policy and procedures website. (b) (6) has also participated in the National Policy Cadre.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Philadelphia
State DDS:	District of Columbia
Report Period (Fiscal Year):	FY2016
Current Date:	10/20/16
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Liaison Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

The Washington, D.C. DDS promptly investigates all complaints received throughout the year. For all claimant complaints, protocol for POMS DI 39545.375 Claimant Complaints of Consultative Examination (CE) Provider is followed. The medical relations officer will contact the individual filing the complaint and request additional information. This is done to obtain all necessary details and request documentation in writing. When necessary, an onsite review is conducted for a complete investigation (speaking with witnesses, etc.). Appropriate action is subsequently taken, which can include contact being made to IMA (Industrial Medicine Associates) regarding concerns of complaints with providers. Depending upon the nature and volume of legitimate complaints, this can result in final warnings being given to consultants or eventual termination, which did not occur this year. Generally, consultative examinations are rescheduled with a different consultative examination provider if a less serious complaint has been received.

The complaints received this year were internal complaints from DDS doctors and/or adjudicators regarding the quality of CE reports. This ranged from missing information to inconsistent information in the CE reports. The medical relations officer reviewed these specific cases, concerns and the CE reports in question. When necessary, the MRO contacted the quality assurance department of IMA for clarification or to obtain an amended report from the CE provider. The updated amended report was then uploaded to the electronic file. When repeated incidences of quality related issues in CE reports from a specific IMA provider occurred, IMA then set that specific provider to a higher review rate until the issue resolved or terminated the provider.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activities by CE providers were discovered.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

There were no complaints of an egregious nature, requiring either significant corrective action and/or public relations work.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

The D.C. DDS business process ensures that State license and federal credential checks are completed timely, at the time of the initial agreement and periodically thereafter. This is done to ensure that only licensed providers perform consultative examinations. All new contracted providers must provide documentation of appropriate D.C. licensing to IMA, who subsequently provides all credentialing/licensing documentation to the D.C. DDS MRO. Federal credential checks are performed on all contracted providers through IMA along with the medical liaison officer through the LEIE/SAM databases at the time of the initial agreement and at monthly intervals thereafter.

The D.C. DDS MRO verifies that medical licensure/credentials for all contracted CE providers and support staff is in compliance with POMS DI 39569.300 Ensuring Proper Licensure of CE Providers and POMS DI 39569.400 License and Credentials Certification for Consultative Examination Provider and Certification of All Support Staff.

The medical relations officer also conducts onsite reviews of all consultative examination providers/sites to ensure that all personnel are properly licensed/credentialed as required by State law and regulation. All vendors are required to provide current licensing to the D.C. DDS and IMA, which is kept on file by both parties.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credential checks were completed on a monthly basis throughout the year for the purpose of sanction and exclusion screenings of all providers. These checks were performed through the System for Award Management (SAM). All documentation of this is kept on file at the DDS.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria is done both internally by the MRO and externally by IMA quality assurance staff. New CE providers are set at a higher review rate internally by IMA until it is deemed that the reports meet a high quality standard.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

The total number of providers on the CE Panel is thirty-three (all contracted through one key/volume provider, IMA). This is small increase in the number of providers on the CE Panel from the previous year (which were also all contracted through IMA).

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All key and volume provider onsite visits were completed.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There were no CE/MER fee schedule changes from the previous fiscal year. The DDS Fee Schedules/MER Payment Rates site reflects the current CE and MER fees.

The MER fee schedule is a flat \$25.00 fee. The DC DDS payment request form states "the pre-printed amounts are the maximums allowed for these types of services. Amounts higher cannot be approved. If actual cost less than amount shown please indicate actual cost. No payment can be made if records are received more than sixty days after date of request. If the request for payment has not been received (by one calendar year from 60 days from the date of request), it will not be paid due to the depletion of funds from that fiscal year."

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The DDS medical and professional relations officers' activities regarding marketing electronic medical records, exhibiting at medical conventions and joint actions with regional public affairs included:

- Participated in continued joint action between the Washington, D.C. Social Security Administration and key Washington, D.C. homeless organizations to implement the SSI/SSDI Outreach, Access, and Recovery (SOAR) program in the Washington, D.C. DDS. SOAR implementation helps to increase access to disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. Regular meetings were held throughout the year with SSA (FO management), local homeless organizations and the D.C. DDS MRO to discuss improvements to this measure and ways to enforce it. SOAR is currently being implemented and monitored among all offices/agencies involved. Thus far, it has proven to be very effective in the D.C. area due to the high prevalence of these types of claims, also prompting improved communication amongst all parties involved.
- Made informational presentations to the public explaining the Social Security Disability determination process and how to best assist these individuals.
- Marketed electronic records express accounts to critical medical providers and set up ERE accounts in an effort to more efficiently obtain medical records and decrease CE costs.
- Participated in ERE and HIT conference calls.
- Ensured vendor file accuracy by checking for previous input errors, duplicate information and diligently checking before adding new vendors to ensure accurateness.
- Assisted with the transfer of initial claims from DC DDS to Philadelphia DPB, the approval and scheduling of consultative examinations and various Assistance Request actions.
- Met with attorneys from local law firm to discuss the SPEED project.

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the [“DDS CE Provider List”](#) section of the ODD MPRO SharePoint site:**
 - **Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).**
 - **Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).**
 - **Indicate CE providers for whom you completed onsite reviews.**
- **A copy of the current CE and MER fee schedules to the [“DDS FEE Schedules”](#) section of the ODD MPRO SharePoint site”**

Please attach any additional information before submitting this form.

All CE providers on the provider list are considered volume and key providers (due to the DC DDS/IMA contract). No panelists have been removed due to inactive license, sanction, or removal for cause. All providers had onsite reviews conducted.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Philadelphia
State DDS:	Delaware
Report Period (Fiscal Year):	Fiscal Year 2016
Current Date:	11/07/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

When an adjudicator at the DE DDS receives a complaint from a claimant, the adjudicator will advise the claimant, per policy (POMS DI 39554.375), to submit the complaint in writing to the attention of the Medical Relations Officer (MRO). Once the complaint has been received, the MRO will mail a letter to the claimant acknowledging that the complaint has been received. If any additional information or clarification is needed, the MRO will contact the claimant to obtain what is needed. If no additional information is needed, the MRO contacts the Consultative Examination (CE) provider and asks the provider to respond to the complaint in writing. Once a response has been received from the CE provider, the claimant is called and given the opportunity to present the complaint and to discuss the issues. The MRO will present the provider's side. The MRO decides if the complaint is valid. Depending on the situation, the MRO may read the CE report to the claimant. If the claimant is not satisfied, the MRO may offer the claimant another CE with a different provider.

If the provider is found to be at fault, the MRO will contact the provider to explain what is needed to improve the situation. The DDS will send the provider a written letter with instructions to correct the situation. Depending on the nature of the complaint, the MRO may make an unannounced visit to the CE provider's office. Depending on the issue, the MRO may reduce the

number of referrals.

If the CE provider is found to be without fault, the provider is contacted and this is explained to the provider.

Complaints of Egregious Nature: The complaint is reported to the MRO or the Director, if MRO is unavailable. The Regional Office is notified of the complaint. A courtesy copy is sent to the Director of the Division of Vocational Rehabilitation (parent agency). The complaint is reported to the proper Licensing Board, i.e. Board of Medical Practice. A Deputy Attorney General is assigned to each Board.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

During the Fiscal Year 2016, there were no fraudulent activities discovered with any of the DE DDS CE providers.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

None of the complaints, in FY 2016, within the Delaware DDS were of an egregious nature. All complaints were handled in-house between the Medical Relations Officer (MRO), the claimant, and the Consultative Examination (CE) provider.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

In the State of Delaware (DE), the Division of Professional Regulation handles the licensing of the vendors. There are various Boards of licensing depending on the specialty (i.e. Medical Practice, Psychology, Speech and Hearing). The website that is used is quick and easy for licensing checks. The website is: <http://dpr.delaware.gov/>. All licenses are good for a two (2) year period. Each Board has its own renewal date. The Medical Relations Officer has a list of expiration dates for each type of licensing.

State Licenses – Process

When a provider is interested in becoming a Consultative Examination (CE) provider, the Medical Relations Officer (MRO) will check the state licensing board to ensure the CE provider's license is in good standing. Once the CE provider is hired to the CE Panel, they are asked to sign a "*License/Credentials Certification*" form demonstrating that his/her license is in good standing and a copy of the license is submitted.

As The Disability Determination Services Administrations' Letter (DDSAL 860) instructs, the Delaware DDS performs periodic checks for licensing quarterly. If there are any concerns

regarding licensing during the quarterly check, the MRO will contact that Board directly to obtain additional information.

Upon renewal of licenses, the MRO will make a copy of the new license for the file. Otherwise, the license is verified on the website and the MRO will initial and date the license on file.

The MRO keeps these files in a locked filing cabinet.

Sanctioned Vendors – Process

Every month the MRO checks the Systems of Award Management (SAM) website.

When a provider is interested in becoming a CE Vendor or In-House Medical/Psychological Consultant, the MRO will check the SAM website to be sure that the providers/doctors are not sanctioned.

When a provider is on the sanctioned list, the MRO will send an email to the CE Scheduling Unit. If a DE CE provider is on or found to be on the sanctioned list, DDS will not purchase/schedule a CE from them.

In addition to checking the sanctioned list, the MRO also checks the reinstated lists of medical providers. If a provider is reinstated, the MRO will e-mail the DDS staff of this fact.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credentials are checked quarterly or as renewal dates expire.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The Delaware DDS business process of reviewing reports is as follows:

New Providers:

Once a new CE vendor has been hired, the first five reports the vendor submits are reviewed and feedback is provided. The feedback is sent to the provider to provide them with information on items that were done well, information that needs more detail, information that should not be included, etc.

Established Providers:

In addition to feedback provided from Quality Assurance, supervisors, and/or Medical/Psych Consultants, the MRO will randomly sample a vendor to review their reports. Just as with new providers, the MRO will reviewed and provide feedback to the vendor.

If there are any complaints with an established provider, the MRO will begin sampling their reports to ensure that all testing requested was completed properly.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

75 total. The DE DDS has lost some CE vendors due to retirement, relocation, as well as personal reasons. In addition, the DE DDS has also added some new providers to our panel.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and Volume providers had onsite visits done in FY 2016.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There were no changes regarding the CE/MER fee schedule within FY 2016.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

MRO oversees the CE Scheduling Unit, which meets regularly to discuss problems and to identify geographic areas that need additional CE panelists.

To obtain leads, the MRO:

- * uses the on-line phone book and the Medical Society of DE roster and calls docs in the area,
- * contacts the local county President of the Medical Society of Delaware & Delaware Psychology Association to put out an all-points bulletin asking for new docs in the area,
- * places an advertisement in the paper and/or local professional journals,
- * asks the in-house medical consultants for leads,
- * asks the CE consultants for leads,
- * recruits at medical exhibits,
- * Call hospitals who have docs set up in the community.

Electronic Records Express (ERE) Activities by the MRO:

- * Provided ERE demos for individual doctors and their staff and signed them up for ERE,

- * On-going training by phone to doctor's offices on faxing via Fax Gateway properly,
- * Working with the VA Medical Center to get new employees on board with ERE,
- * Exhibited at the Medical Society of Delaware meeting explaining to docs how ERE and faxing records are handled,
- * Trained new adjudicator classes on ERE,
- * Recruited new CE providers and set up ERE accounts,
- * Trained new adjudicators on CE process and procedures.

Public Relation Affairs:

- * Chairperson for the SOAR project (schedules joint meetings as needed with FO reps, and Advocates that are involved in helping the homeless/disabled population in DE),
- * Chairperson of the Fee Committee & coordinates quarterly Fee Committee meetings between DDS and DVR,
- * Exhibited at the Delaware Health Information Management Association's (DHIMA) annual meeting.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Atlanta
State DDS:	Florida
Report Period (Fiscal Year):	2016
Current Date:	October 26, 2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Government Operations Consultant II

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

There were various types of complaints received throughout the 2016 fiscal year. They primarily consisted of site deficiencies, insufficient amount of time spent with the claimant, lack of professionalism by the CE provider, misunderstanding of the CE process and disagreement with the CE report findings.

In cases where the claimant appears to have misunderstood the CE process, Florida's Professional Relations Officers (PROs) call the claimant to explain the CE process. In most cases, the claimant is satisfied and no further action is required.

In all other cases, upon receipt of a written or verbal CE provider complaint, the PROs send a letter of acknowledgement to the complainant. The PRO then sends the CE provider a copy of the claimant's written complaint or a written summary of a telephone complaint along with a copy of the CE report, if received. The CE provider sends a written response to the PRO, commenting on the issues raised by the claimant.

Upon receipt of the CE provider's response, the PRO completes a "Complaint Summary Form" and forwards the complaint, the CE provider's response, a copy of the CE report, and a Complaint Summary Form to the Vendor Panel Committee (VPC) for review via the electronic Vendor Panel Application (eVPA). The PRO, along with the VPC, determines if further action is warranted based on the CE provider's response and their history with the agency. When appropriate, the PROs mail satisfaction surveys to claimants. When needed, PROs counsel the CE provider, provide additional training, conduct random CE

report reviews, conduct onsite visits and/or request exit claimant satisfaction surveys to ensure the CE provider has implemented corrective actions.

In cases where a claimant lodges an egregious complaint or there is a pattern of programmatic non-compliance, despite PRO efforts at counseling and implementation of corrective action plans, PROs may temporarily suspend CE scheduling privileges. Depending on input from DDS management, the Florida Department of Health, and Regional Office, CE providers may ultimately be suspended or terminated from Florida's DDS active vendor panel.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activities by CE Providers were discovered.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

There were no complaints of an egregious nature.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

When a CE provider is recruited, the provider completes a CE vendor panel application, which includes a statement certifying that they have a clear and active practicing license. We obtain license verification from the Florida Department of Health's (DOH) Division of Medical Quality Assurance (MQA) website, the agency responsible for the oversight of healthcare practitioners in our state. We also review the System for Award Management (SAM) website to ensure that the CE provider is not currently excluded, suspended, or barred from participation in federal or federally-assisted programs; and whose license to provide health care is not currently lawfully revoked or suspended by any state licensing authority for reasons of fraud, abuse, or professional misconduct.

The CE vendor panel application includes a statement in which the CE provider attests that their support personnel are properly licensed and certified in accordance with State requirements. The DDS obtains a new signed certification annually or when there is a change with the CE provider's support staff that assists with CEs.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Florida DDS maintains CE provider files electronically within the eVPA. The PROs and the VPC monitor the application as it contains essential data about each CE provider, including services provided, fiscal

data, contact information, and critical review dates. This application allows for a number of useful alerts and management reports. To ensure our vendor panel members retain a clear and active status, Florida DDS receives an automated weekly download from DOH's Division of MQA that cross-references our CE vendor database with that of MQA. If a CE provider's license is not "clear and active," the application provides an action log alert to the VPC and the controlling area PRO. If MQA releases an emergency suspension order (ESO) on any Florida DDS vendor panel member, an automatic alert posts in our eVPA action log. In addition to the alerts built into the eVPA, MQA sends e-mail notifications to designated Florida DDS staff when any ESO is taken against a healthcare provider. MQA also provides periodic notifications of non-emergency disciplinary actions taken against healthcare providers.

The application alerts us annually to re-check the CE provider's SAM status. It alerts us two months prior to a provider's state license expiration. It also alerts us, every five years, to refresh the provider's CE panel application and acknowledgement of responsibilities.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The Florida DDS follows the guidelines set forth in the POMS DI 39545.400 to ensure CE providers' reports meet SSA criteria.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

There are approximately 1069 CE vendor panel members. This number has decreased by 54 from the previous year.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and Volume provider onsite reports were completed.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The CE fee schedule has been revised to reflect the 2016 Medicare fees. There are no MER fee schedule changes. There are no CE/MER fee schedule exceptions.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

Florida's PROs continue to provide technical assistance on the use of ERE to numerous CE and MER sources throughout the state. We continue to register and support MER providers and treating sources that use SSA's ERE website for submission of records.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Atlanta
State DDS:	Georgia
Report Period (Fiscal Year):	October 1, 2015 – September 30, 2016
Current Date:	11/10/2016
Reporter's Name, Phone number, and title:	(b) (6) Professional Relations Supervisor

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

The Georgia DDS received 48 complaints this year. The types of complaints received included: complaints that provider or their staff were rude or unprofessional, complaints that parents were not allowed into the exam room while psychological tests were administered, complaints that the physical exam caused pain, complaints that exam was too brief, complaints that claimant had to wait too long to be examined and complaints regarding office cleanliness.

- Complaints are forwarded to the professional relations officer assigned to the CE provider.
- If warranted, the professional relations officer contacts the adjudicator and/or claimant to obtain additional information about the complaint in question.
- Claimants are notified in writing that we are investigating their complaint and will take appropriate action.
- The professional relations officer reviews the provider's file to determine if we have had other similar complaints.
- When warranted, the professional relations officer will obtain claimant satisfaction surveys from other claimants seen by that provider.
- The professional relations officer contacts the provider to obtain his/her response to the complaint. The provider may be contacted by telephone for minor complaints, or

by mail or in person if complaints are more severe. Depending on the severity of the complaint, the provider may be required to respond in writing to the allegations.

- If the complaint is determined to be without merit, the file is documented and no additional action is taken.
- If the complaint is determined to be minor, but does not significantly affect the provider's ability to perform exams (i.e. "office too difficult to locate", "wait too long", etc.) we will discuss with the provider and take action to resolve the concerns. An egregious complaint would result in the provider being placed on a Corrective Action Plan with notification to the provider asking them to take appropriate action and we will follow up as appropriate.
- Some complaints may warrant verification with the Georgia Boards and OIG sites to ensure the provider is still licensed and has no sanctions or board orders on file.
- If the complaint is more egregious, such as unethical or illegal activity, we will notify the DAS Director and DAS Legal Services Officer. If warranted we will contact the local law enforcement, SSA Regional Office, Office of Internal Security, and/or SSA Office of the Inspector General, based on the nature and severity of the complaint.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

The Georgia DDS found no fraudulent activities during this fiscal year.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

The Georgia DDS had no complaints of an egregious nature during this fiscal year.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

The Georgia DDS verifies state licenses and OIG Exclusions for all new applicants interested in becoming CE providers. This year we established a credentialing committee to review all applications from potential CE providers. We created a credentialing spreadsheet to document license and OIG verifications. Once approved by the committee, the provider's name is added to the credentialing spreadsheet. In addition to maintaining the spreadsheet, we utilize our legacy system to document license expiration dates as another measure of control to ensure license verifications are completed for each provider. Professional relations supervisor subscribes to OIG weekly bulletin and reviews updates to state enforcement actions monthly.

Licensing and credentialing of support staff is discussed with new CE providers. All CE providers are required to sign the "Certificate of Licensure and Credentials and Certification for Support Personnel" document.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credential checks are completed annually for all CE providers. Additional verifications may be made at the time of annual oversight visits or if we receive a complaint that questions the provider's credentials.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

New providers: Georgia DDS schedules a limited number of evaluations for a new CE provider. The reports are reviewed by a professional relations officer and a state agency medical consultant. The CE provider is given written feedback regarding the quality of the report. A minimum of 5 reports are reviewed for all new CE providers.

Established providers: DDS medical consultants and adjudicative staff identify reports with quality issues. Professional relations officers address these specific concerns with the provider. If the quality issues appear to be consistent throughout all reports, the professional relations officer conducts a targeted review, randomly selecting reports, obtaining written feedback from our DDS medical consultants and providing written feedback to the CE provider. Complaints from claimants may also lead to targeted review of a CE provider's reports.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

The Georgia DDS has a total of 840 CE providers, which includes independent practitioners, corporate providers and hospital ancillary study departments. This is a slight reduction from our total number of providers last year (14), partially due to closure of rural hospitals that performed ancillary studies and retirement of physicians. Our credentialing spreadsheet documents 528 individual CE providers, including individual physicians with corporations and does not include the hospital departments.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

The Georgia DDS completed all Key and Volume onsite visits this year.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There were no MER fee schedule changes. The Georgia DDS continues to pay \$15 for MER. CE examinations fees have not changed. Ancillary study fees changed based on changes in the Medicare fee schedules. We do not give volume provider discounts.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

During this fiscal year, professional relations officers provided in-service to staff at the Rome, GA field office; provided an information booth at the Cherokee County School System Information fair; gave a presentation to Conifer Health patient advocates with Atlanta Medical Center; gave a presentation to social workers at Memorial Medical Center; and gave a presentation to patient advocates with Spalding Regional Medical Center. ERE presentation was given to medical records staff at Children's Healthcare of Atlanta. Professional relations officers continue to promote ERE to the medical community.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	San Francisco
State DDS:	Hawaii
Report Period (Fiscal Year):	2016
Current Date:	11/07/16
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title DHO/PRO

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

The Professional Relations Officer (PRO) at the Hawaii DDS treats all complaints seriously and investigates them promptly. The PRO will investigate the validity of the complaint and determine the scope and direction of the investigation on a case-by-case basis.

If it has been determined that policy or contract has been breached, CE providers will generally be given an opportunity to correct the situation.

Procedures:

1. Complaints regarding rudeness and/or unprofessional manner/attitude, environmental factors (i.e., uncleanliness, poor accessibility, and/or lack of proper facilities), and/or other non-egregious complaints:
 - a. Respond to claimant's complaint by sending a letter of acknowledgement.
 - b. The PRO works directly with the claimant, CE provider, and/or relevant DDS personnel (i.e., Chief medical or psychological consultant, Branch Administrator, etc.) to document, investigate, and resolve the claimant complaint.

Generally, the CE provider has an opportunity to correct the situation. For tracking purposes, copies of the complaint, investigations, and resolution are filed.

2. Complaints or allegations of an egregious nature (which could include illegal/criminal activity, inappropriate sexual behavior, cultural insensitivity, allegations compromising the health and safety of claimants):

1. Respond to claimant's complaint by sending a letter of acknowledgement.
2. The PRO works directly with the claimant, CE provider, and/or relevant DDS personnel (i.e., Chief medical or psychological consultant, Branch Administrator, etc.) to document and investigate the complaint.

If validity to the complaint is suspected:

- a. Referrals are suspended and pending appointments with the provider are re-scheduled while the investigation is being conducted.
- b. Egregious offences are reported to the DDS Administrator for review and action (i.e., notify State authorities, terminate contract, etc.)
- c. The Regional Office is notified of the complaints/allegations and the course of actions taken by the DDS/State authorities.

Complaints this year were from the first category. Claimant complaints were that the CE provider was rude or acted in an unprofessional manner.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activities by CE providers were discovered.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

There have been no complaints of an egregious nature.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

State License and federal credential checks for CE providers and CE support staff are completed annually (as part of our contract renewal process).

Hawaii DDS will send all CE providers DI 39569.400 (Exhibit 1-License and Credentials Certification for Consultative Examination Provider and Certification of all Support Staff). The CE provider will hand in DI 39569.400 signed, which acknowledges that the provider and staff meets all federal and state licensing and credentials to do SSA CE evaluations.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credential checks are completed once annually when contracts are issue/renewed. In Hawaii, the medical license cycle is two years, and expires on January 31st of every even numbered year. The psychological license cycle is also two years, and expires on June 30th of every even numbered year.

PRO has set an outlook reminder on when licenses expire. Another reminder has been posted on the filing cabinet that stores the provider files.

Only providers with current licenses in Hawaii do psychological and medical CE's.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

For new vendors, DDS will only schedule five CE appointments until the reports come in and are reviewed. The chief medical/psychological consultant and the PRO review the reports ensure all criteria is met. If reports are deficient, feedback is given.

Examiners and medical/psychological consultants review subsequent reports. If any part of the CE report is missing or are not up to standards, it is reported to the PRO and the respective chief medical/psychological consultant. The Chief MC/PC or PRO will review the report and work with vendor on corrective action.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

In FY 2015, we had 27 CE providers. In FY 2016, we had 25 CE providers. We lost 4 providers (speech language, pediatrician and two psychologists) and hired 2 (Internal Medicine) providers.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Top 5 key and volume providers for Hawaii are:

1. Joseph Bratton, Ph.D. (Hilo) – onsite visit completed 08/01/16
2. Dennis Donovan, Ph.D. (Honolulu) – not completed (last visited in FY 2015)
3. Deanna Coshignano, Ph.D. (Hilo) – onsite visit completed 08/01/16
4. MSLA (Aiea) – not completed (last visited in FY 2015)
5. Ohana Psychological Services (Honolulu) - onsite visit completed 1/26/16

PRO did not complete onsite visit for Dennis Donovan, Ph.D. and MSLA in FY 2016 as onsite visits were conducted in FY 2015. Instead, conducted onsite visits for providers who have never had an onsite visit and/or have not been visited recently:

1. Matthew Marchetto-Ryan, Psy.D. (Aiea) – onsite visit completed 04/12/16 (new provider/new location)
2. John Wingert, Ph.D (Honolulu) – onsite visit completed 6/13/16 (provider mentioned he may stop doing CEs)
3. Antoine Cazin, M.D. (Honolulu) – onsite visit completed by SF RO on 9/13/16 as part of Annual HI DDB oversight visit.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

Hawaii's fee schedule for the 2016 fiscal year does have an exception. Hawaii DDS has an exception in place to pay a 50% "no show" fee to all outer island/rural area CE providers. Hawaii's no show exception, needs to be approved yearly from SSA.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

In August 2016, mailed approximately 350 CE recruitment flyers to vendors in geographic areas and specialties of need. Flyers included "Electronic options for submitting reports" as a benefit for CE providers.

In September 2016, Chief Psychological consultant, PRO, FO and regional leads conducted training for the Department of Public Safety regarding Pre-Release cases.

Various dates: Phone contact with new and existing consultative examiners, MER providers and others, regarding participation and use of ERE.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	10
State DDS:	Idaho
Report Period (Fiscal Year):	FY 2016
Current Date:	10/21/16
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

1. Upon receipt of a complaint via telephone, the claimant is asked to put the specifics in writing and include the name(s) and phone number(s) of anyone else who accompanied them to the CE.

2. Upon receipt of a written complaint, a letter is sent to the claimant acknowledging the receipt of their letter and informing them that the complaint will be investigated and any necessary action will be taken.

3. The claimant's file is reviewed, the CE report is reviewed and the CE provider's file is reviewed to determine whether or not there is a history of previous complaints. If deemed necessary, based on the nature of the complaint, the provider is sent written notification of the complaint and asked to respond. If the claimant has filed a complaint with the Idaho Medical Association or the Board of Medicine, the provider is informed of this action.

4. If the complaint contains allegations of an egregious nature, the DDS may suspend any referrals and/or reschedule any pending appointments while the situation is being investigated. The DDS administrator is notified of the nature and severity of the complaint. If deemed necessary, an onsite visit may be conducted by the PRO to discuss the complaint directly with the provider.

5. Additional action is determined after review of the provider's response. This may take the form of a written notice to the doctor addressing the behavior, and how exams need to be conducted in order to remain on the panel, or a notice that we will no longer use their services. If necessary, appropriate state authorities and law enforcement officials will be notified. The Regional Office will be notified of the complaints and the course of action taken by the DDS/state authorities.

6. If the claimant requires further notification, explanation or information about the outcome of the investigation, they are contacted via letter and/or telephone.

7. All correspondence and reports of contact are kept in the provider's file.

During FY2016, Idaho did not receive any substantial complaints that warranted investigation.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

There were no fraudulent activities by CE Providers during FY2016.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

There were no egregious complaints that required corrective action and/or public relations during FY2016.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

The Idaho Board of Medicine's web site (www.bom.state.id.us) includes a feature whereby medical and osteopathic physicians' standing with the board can be easily verified. The information includes, among other items, license status, expiration date, and any previous or pending board actions against the provider. The Idaho Board of Occupational Licenses' web site (www.ibol.idaho.gov) also includes a feature whereby a psychologist's, audiologist's, or speech-language therapist's standing with the board can be easily verified. The information includes, among other items, license status, expiration date, and any previous or pending board actions against the provider. The PRO also has access to the various licensing boards for the providers in bordering states who perform consultative exams for Idaho claimants.

At the beginning and the middle of each month, the PRO reviews license expiration information for the following month. The appropriate agency's web site is checked for providers whose licenses expire that month. If the renewal of the license information is not yet available, a reminder email is sent to each provider whose license is set to expire. Once current license information is obtained, the master CE

provider Excel spreadsheet is updated. Licensing information is also entered into each provider's vendor file in the legacy system. The Federal list of sanctioned providers is also checked annually (<https://www.sam.gov/portal/SAM>) to ensure that none of our CE providers are on the list. If current license information is not available or a provider's license has been suspended or inactivated, the provider and/or the appropriate licensing board are contacted for further information and the provider is not used until the issue is resolved. The master CE provider Excel spreadsheet is reviewed by the Administrative Support Manager each month.

As new CE providers join the panel, licensing information is verified through the appropriate licensing agency and via the Federal list of sanctioned providers. In the initial recruiting packet sent to potential panelists, a "Memorandum of Understanding and Agreement" is included. This form includes a section entitled "Program Integrity," which states, "I hereby certify that:

- I am not currently excluded, suspended, or otherwise barred from participation in the Medicare or Medicaid programs, or any other federal or federally assisted programs.
- The support staff I use who participate in the conduct of consultative examinations, and any third parties who conduct other studies purchased by the Disability Determination Services (DDS), meet all appropriate licensing or certification requirements of the State, as required by the Social Security Administration's (SSA) regulations (20 C.F.R. 404.1519g , and 416.919g); and, not currently excluded, suspended, or otherwise barred from participation in the Medicare or Medicaid programs, or any other federal or federally assisted programs, as required by SSA's regulations (20 CFR 404.1503a , and 416.903a).
- My license is current and active and has not been revoked or suspended by any State licensing authority for reasons bearing on professional competence, professional conduct, or financial integrity.
- I have not surrendered my license while awaiting final determination on formal disciplinary proceedings involving professional conduct.
- I understand that a credentials check will be made upon my initial agreement to perform services and periodically thereafter by the DDS.
- I will immediately notify the DDS if there is any pending disciplinary action against my license. Failure to do so could result in termination of an agreement to perform services and/or legal action."

This form must be signed by the provider and returned to the DDS prior to the performance of CE's. The signed form is placed in the provider's file.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

A credential check was completed for the entire CE panel in June of 2016. Monthly credential checks are completed to ensure license renewal is completed by all providers whose license expires that month. In the event a provider license is not renewed, the provider's vendor file is inactivated, pending examination are reschedule with a different provider, and no additional examination are schedule with the provider until DDS is able to verify that the provider's license is in good standing.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

In-house medical consultants and the PRO review CE reports from new CE providers to ensure that reports meet criteria. Feedback and guidance are provided to the new CE provider based on the medical consultant's review. Ongoing review of reports is continued until report meets criteria.

In-house medical consultants, program managers, and program specialists are asked to review CE reports of established CE providers to ensure reports meet criteria. Guidance and feedback is provided to CE provider during onsite visit. Subsequent reviews of CE reports are conducted to ensure any necessary changes have been made.

In addition to PRO initiated report reviews, adjudicators, program specialists, and program managers report any concerns with new or established providers. In-house medical consultants are asked to review the CE report in question and additional random samples of other recent reports from the provider. If deemed necessary, feedback is provided to the CE provider.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

In FY2015 184 CE providers, including M.D.'s, Ph.D.'s, audiologists, speech-language pathologists, ophthalmologists, and a variety of ancillary service providers (i.e. labs and x-rays) were utilized. In FY2016 165 providers were utilized. The difference from the previous year was due to a combination of voluntary turnover (retirement, pursuing other professional interest, moving) and a higher utilization of block providers to increase scheduling efficiencies.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

The key and volume provider onsite visits were done with all but one during FY16. The one onsite visit that was not completed was due to multiple scheduling conflicts and a family emergency on the part of the provider.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There were no changes made to the CE fee schedule during the FY16. Idaho does not offer any volume medical provider discounts. The Idaho DDS continues to reimburse up to \$15 for copies of MER. Idaho does not reimburse for record searches.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

Use of the Electronic Records Express (ERE) is promoted MER providers and CE providers. ERE is presented to CE providers during onsite visits with a brief description of features. In FY16, the

majority of our psych consultative examination providers are using ERE. We are attempting to find a way for the physical consultative examination providers to use ERE. The problem in the integration of our legacy system and ERE interacting to include the secondary vendor often found with physical consultative examinations. We are continuing to work on the fiscal process as well.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Chicago
State DDS:	Illinois
Report Period (Fiscal Year):	2016
Current Date:	11/3/16
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Relations Unit Supervisor

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

A complaint is received in the Program Services Section (PSS) via the electronic queue and is assigned by an Office Coordinator to a Disability Assistance Unit (DAU) Specialist. The Office Coordinator also logs the complaint and all follow up action on a Weekly CE Complaint Report.

Copies of the complaint, CE report (if received), and history of prior complaints (if prior complaints received) are forwarded to Auxiliary Services Division Administrator and for association with the DAU file.

If the complaint is vague, the DAU Specialist will call the person who complained and request details. Telephone surveys to other claimants seen by the consultant may be needed to determine if others have the same or similar complaints. If necessary, an onsite visit will be made to meet personally with the consultant or to inspect the facility.

Appropriate action will be taken. In most cases a letter to the claimant or the claimant's representative acknowledging receipt of the complaint, as well as a letter to the consultant with an explanation of the complaint, will be prepared by the DAU Specialist for approval and signature by the Deputy Director. If a group is involved, a copy of the letter to the consultant will be sent to the manager of the group. Contact with consultants will vary depending on the circumstances. Usually consultants are notified that a response is expected within 15 days from the date of the letter.

Copies of all letters are sent to Auxiliary Services Division Administrator and for association in the DAU file. A copy of the signed letter and all pertinent complaint information is associated with the MRU file. If a response is requested and is not received within 15 days from the date of the letter, the DAU Specialist will follow up with the vendor and/or manager of the group. Copies of the response are associated in the DAU file. The original response is associated with the complaint information in the MRU file. If no further information is needed, the complaint is closed.

If the complaint or allegation is of an egregious nature (which could include illegal/criminal activity, sexual harassment, cultural insensitivity, allegations compromising the health and safety of claimants), special action will be taken depending on the specific complaint. Many of the steps mentioned in the first segment would be repeated in most situations, if necessary and as appropriate, referrals would be put on hold, an onsite visit would be made, a referral would be sent to the Fraud Unit, and/or law enforcement would be contacted. Investigations may include contacts with the Illinois Department of Financial and Professional Regulation, the Department of Children and Family Services, the Illinois Department on Aging's Elder Abuse and Neglect Program, or the Office of Inspector General if abuse is suspected. In some instances consultants would be removed from the CE Panel. MRU files would be documented with a description of actions taken and include pertinent correspondence. SSA staff in Chicago Regional Office and other SSA or BDDS staff would be contacted, as appropriate. If we receive a complaint from SSA Chicago Regional Office, we will investigate and work with the Regional Office staff.

Good Judgement

Good judgement must be exercised by all staff. The procedure outlined above will apply in most situations; however, in emergency situations, such as those involving the safety of an individual, Auxiliary Services Division Administrator and the Deputy Director will be notified immediately of the complaint. If one is absent, it will be necessary to proceed immediately up the chain of command.

Special Procedures

If a complaint is received by the media, the Deputy Director must be notified immediately. We do not rely on email or voicemail messages but personally notify the Deputy Director. We will not discuss with the media any aspect of the complaint or even acknowledge we have a claim. (All media requests are forwarded to our parent Agency).

Most complaints received this year pertain to brief exams, Dr's demeanor or office being dirty.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

None were discovered during this reporting period.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

No complaints of an egregious nature were received during this reporting period.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

New Panel Members

The Medical Relations Unit Supervisor will review inactive files and purged lists to determine if a potential vendor was ever on the CE Panel and if there were any problems. Regardless of the findings, a new license check will be initiated by accessing the Illinois Department of Financial and Professional Regulation (IDFPR) website www.idfpr.com. The IDFPR routinely monitors the Federation of State Medical Boards (FSMB) database for any sanctioned providers. MRU will also access the System For Award Management (SAM) website <http://www.sam.gov> for any sanctioned providers. New providers are required to submit a completed Medical Facility Usability Survey form to determine if the office/building is accessible. If the consultant's license is active, there is no history of discipline and the site is accessible, the potential consultant's file will be forwarded to BDDS Administration for approval.

If the consultant does not have an active license or if there is a history of discipline, a contact will be made with a representative from the IDFPR for additional information regarding any problems. Action taken will depend on the individual situation.

A consultant that is board certified is asked to provide a copy of his/her certificate. Expiration dates for board certification vary depending on the specialty.

Reviews of Existing CE Panel Members

The MRU Supervisor or MRU Specialist accesses the IDFPR website and searches the Monthly Discipline Report to ensure no CE Panel consultants are listed.

MRU staff will inform BDDS Administration of any CE Panel Members sanctioned or under investigation either by IDFPR or by legal authorities. BDDS Administration provides direction of action to be taken.

During an onsite visit the reviewer will ensure licenses/certifications are prominently posted. BDDS staff will also review the facility for accessibility. Staff from Chicago Regional Office are invited to participate in these onsite visits.

All new providers are required to sign a License/Credentials Certification form which includes a statement verifying all support staff who participate in the consultative examination process and any third parties who conduct studies purchased by the Illinois BDDS meets all appropriate licensing or certification requirements of the State.

Periodically the MRU Supervisor may receive information from SSA and/or BDDS staff regarding doctors who have appeared in the news for questionable activities. All leads will be investigated to see if they are on the Panel and/or what the activities involved.

Professional Relations Officers from other states contact staff in the Medical Relations Unit

to inquire about any consultants who may have practiced in Illinois or been on the CE Panel. Likewise, our Medical Relations staff will contact MPROS from other states to request information regarding CE or potential CE Panel members that may have conducted CEs in their state.

In Illinois, as well as bordering states, licenses expire at different yearly intervals, depending on the specialty of the CE provider. The MRU Supervisor follows up on renewals and keeps Administration informed.

The System For Award Management (SAM) website is accessed both at the time of initial review to join the CE Panel and annually to ensure no current CE Panel members are excluded.

BDDS staff conduct onsite reviews of high volume vendors and ensures these consultants, as well as their support staff, are properly licensed or credentialed as required by State law or regulations and that licenses are prominently posted. Most of Illinois CE providers refer ancillary testing to local community hospitals.

All vendors are required to sign a statement that all support staff and any other third parties who conduct studies for the BDDS meet all appropriate licensing and certification requirements of the State as required by SSA regulations.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

SAM website is checked annually. IDFPR State licensure Discipline Report is reviewed monthly to ensure no CE vendors have received discipline.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

Upon completion of orientation of a new CE provider 5 appointments are scheduled and the new provider is placed on Hold meaning no more referrals can be made until the Hold is lifted. Once these reports are received they are reviewed, usually by the individual that conducted the orientation to ensure reports are complete and include all facets of the reporting requirements as mandated by SSA. A feedback letter is created by the reviewer indicating deficient areas and this is discussed with the provider before the Hold is lifted. If the reports appear to contain significant deficiencies the provider will be scheduled 5 more appointments and put on Hold a second time until the review of these reports is completed. If there are still significant deficiencies a reinstruct may be conducted or the vendor may not be given any additional referrals. If the reports are not deficient after either the first or second review (if needed) the Hold will be lifted on the provider after the feedback letter is discussed and regular referrals to the new provider will resume.

For established providers, the MC/PC or adjudicators will refer a particular provider to MRU for review of reports if they feel they are deficient. MRU staff will review a number of reports and if found to be deficient, address those deficiencies with the provider and conduct a follow up review of reports. If deficiencies continue, a peer review with follow up may be scheduled with a follow up review scheduled as well. If improvement is not made

referrals may be reduced or eliminated depending on the specific circumstances with the individual provider.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

443. This number differs from last year due to providers lost due to retirement, moving, death or no longer wanting to conduct CEs and some are added based on need in different areas of the state.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and Volume provider onsite visits were conducted. Key or Volume providers with more than one site had at least one site visited per instructions from the Regional Office Medical Relations Coordinator.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

Internal Medicine, Family Practice, Orthopedic, Neurological and Pediatric CE fees were increased from \$125.00 to \$145.00. WISC, WAIS, WPPSI and Bayley testing fees were increased from \$100.00 to \$125.00. Blood Draw fees were raised from \$3.50 to \$5.00.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

In the past federal fiscal year the IL DDS has continued to encourage and recruit CE vendors into ERE. There are currently 105 Illinois CE providers that have active accounts on the ERE website. Currently, CE providers are only added to the panel with the understanding they will send reports by fax or by using the ERE website. IL DDS consistently has received 98%-99% of all CE reports as ERE documents. Recruitment and orientation include the information needed to fax or send reports on the website. IL DDS also sends referrals outbound from the DDS to many providers. We continue to coordinate ERE outreach with recruitment of new CE panelists.

MER outreach is ongoing, continues to require the most effort and uses the most resources for the IL DDS. There are currently 595 MER ERE users for Illinois. An email address for obtaining information about ERE accounts is included on all MER requests. That opportunity for additional information has resulted in numerous new ERE accounts for medical providers, schools and legal representatives. In addition, the number of vendors accepting requests via outbound fax and eOR has significantly increased. MER ERE percentages increased again in the past year to 83.79%.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Chicago
State DDS:	Indiana
Report Period (Fiscal Year):	2016
Current Date:	11/02/16
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title DHU/PRD Supervisor

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

Indiana follows POMS guidance outlined in DI 39545.375. Our internal business plan provides time frames for the PRO in addressing the complaint. Depending on the nature of the complaint, the PRO has the discretion of conducting unannounced oversight or presenting the formal written complaint to the vendor for review and response. The complaints are then entered into an excel data driven tool, FMEA (failure mode and effect analysis). FMEA employs formula variables to assign a risk priority number (RPN) to that particular vendor. This enables PRD to identify risks to our CE process. Copies of all contacts related to the complaint between the claimant, PRD and the vendor are retained in the vendor file for future reference.

PRD will follow up within 30 days to ensure any needed issues have been addressed. The nature of the follow up varies depending on the complaint. PRD may conduct phone exit interviews, conduct unannounced visits or request MER related to the complaint. The nature of the complaints are varied. They include office conditions, exam time frames and interaction with the consultant or their staff.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

None.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

PRD investigated two complaints where claimants alleged they were injured at the CE exam. One alleged injury occurred during the course of an exam and another upon entering the facility. PRD follow up with the claimant, vendor and independent MER received following each incident led to the conclusion that the allegations were exaggerated and or unsubstantiated.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

PRD conducts a stringent annual audit of credentials. OIG checks are conducted through the SAM database (Systems Award Management). License checks are conducted upon initial approval, then annually and throughout the year at specified renewal dates.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Each January and then at specified expiration dates for professional license designations. Credential checks are completed prior to initial approval for all vendors.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The first five reports from new providers are reviewed for adherence to established protocols. Deficient or inconsistent reports are referred to PRD for clarification. Vendors are counseled by their designated PRO when necessary.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

Over 400 Primary vendors, not a significant change from the previous year. Secondary vendors providing ancillary studies and interpretation are maintained in association with primary vendor file.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All were completed

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

None.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

PRD has continued to promote use of ERE with CE providers through PRO contact (during recruitment or during general maintenance of the vendor). Assistance from Regional Office has proven beneficial on many occasions. Staff resources did not allow exhibiting at medical conventions. MER ERE outreach is ongoing. Increasing MER ERE usage rate is a primary goal for FY 2017.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"

Please attach any additional information before submitting this form.

Indiana DDS dissolved memorandum of understanding with three volume providers during FY2016:

Albert Fink, Ph.D. (b) (6)
Inactivated 6/28/16.

Venkata Kancharla, MD. (b) (6) Inactivated
8/24/16

H.M. Bacchus, MD (b) (6)
Inactivated 8/24/16

Childrens Therapy Innovations-SLP vendor (b) (6)
Inactivated 7/26/16.

Indiana DDB has identified decreasing IN DDB CE usage rate as a primary goal for FY2017.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Kansas City
State DDS:	Iowa
Report Period (Fiscal Year):	2016
Current Date:	10/11/2016
Reporter's Name, Phone number, and title:	Name: (b) (6) Phone number: (b) (6) Title: Iowa DDS Professional Relations Coordinator

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

The following process details the Iowa DDS procedure for CE Vendor complaint reporting, assessment and action.

1. Whomever receives the complaint should:
 - a) Obtain claimant name,
 - b) Obtain name of CE provider,
 - c) Obtain general nature of complaint if possible,
 - d) Inform claimant that if they wish to make a formal complaint, the complaint must be submitted in writing and sent to the DDS Professional Relations Officer (PRO), who will contact the claimant if further information is needed.
 - e) Provide the general information to the PRO or in his/her extended absence to the supervisor of the examiner handling the case
2. The PRO (or supervisor) will:
 - a) Generally, obtain a copy of the CE report before contacting the CE source to see if the provider mentions the alleged problem. In some cases, however, the complaint may be so significant that it would not be appropriate to wait for the report. When the PRO determines the appropriate time to contact the provider, the contact may be by phone, mail, or in person, whichever the PRO feels is most appropriate. The provider should be informed of the nature of the complaint and offered an opportunity to respond, preferably in writing. If received verbally, the PRO will write a summary and send it to the provider to verify its accuracy.
 - b) Review DDS records and state licensing information for any past complaints or sanctions. PRO may survey other claimants with past exams for similar issues.
 - c) Review the evidence and make a conclusion as to the credibility of the allegations. The next step depends upon the credibility of the allegation and the nature of the complaint. The PRO may; counsel the provider, remove the provider from the list of authorized CE providers, or report the provider to the appropriate licensing board. Future CEs may be cancelled if necessary. The PRO may consult with the Bureau Chief or designated staff in the Center for Disability Programs (CDP) in the Regional Office.
 - d) Send a final report to the claimant, the provider, the Bureau Chief, the disability examiner, the unit supervisor, and the designated staff person in the CDP. The PRO will keep a file of all complaints by fiscal year as well as by provider.

The majority of the complaints received by the Iowa DDS were routine in nature. The CE vendor's demeanor such as rudeness or being "Too rough" was identified as the chief complaint. Each complaint was extensively documented. A copy of each complaint is maintained in the doctors file. The exam is reviewed and action taken if necessary.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No evidence of any fraudulent activities was discovered by CE Vendors over the past calendar year.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

No complaints of an egregious manner occurred over the past calendar year.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

The IA Board of Medicine provides a public website, www.medicalboard.iowa.gov, which lists licensing information including expiration dates. This information is placed in a spreadsheet and on the agency legacy system. At the start of each month, the spreadsheet is checked to identify any vendors whose license was set to expire. A new check of the website will indicate if the prior expiration date has changed. The new expiration date is noted on the spreadsheet and the legacy system. Those that have lapsed are contacted. Proof of licensure is required. The vendor is suspended until proof of current state licensing is obtained.

Support personnel such as X-ray technicians, RN's, etc... can also be obtained through the Iowa Licensing Board. All volume vendors provide a list of their support staff and credentials. The doctor signs the report and is therefore responsible for the report as a whole.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

A monthly check is completed on all CE vendors on the National System for Award Management (SAM). SAM is also reviewed for each new CE vendor.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The agency Professional Relations Officer, (PRO) queries the CE Authorization Screen to identify examinations completed by both new and established CE vendors. PRO will triage CE report for basic elements. A designated Medical Consultant (MC) and a Program Integrity (PI) staff member will review the exam/s utilizing a physical or mental review template, based upon standards detailed in POM's sections DI 22510.00 – DI 22510.60. (A minimum of three examinations are reviewed.) MC and PI provide the completed review template along with feedback recommendations to the PRO via e-mail. If the reviews indicate that the CE vendor is providing a quality examination, the PRO will provide the vendor with feedback both verbally and in writing. If the reviews demonstrate a consistent error pattern, the PRO will notify the vendor of the needed changes. The above process will be repeated to determine that the doctor has complied. At least 5% of all CE vendors receive a yearly review. PRO will post review findings to the monthly PR report and to the Iowa DDS Intranet site.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

The Iowa DDS utilizes approximately 65 physical clinic locations, 120 psychological clinic locations and 80 outpatient vendors (i.e. Hospital Radiology Depts.) for consultative examinations. Over 60 Physical Therapy vendors are also utilized by the agency. These numbers are consistent with last year's totals.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and volume providers needing an on-site visit were visited in 2016 (Provider List Uploaded to MPRO SharePoint.)

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The Iowa DDS Fee Schedule continued to reflect Iowa's Medicare fee schedule. Changes were made to the schedule based upon the yearly updates completed by Iowa Medicare. (Current Fee Schedule Uploaded to MPRO SharePoint.)

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The Iowa DDS has made extensive progress in the obtainment of electronic medical records. At this point, over 97% of the state's CE vendors have agreed to send in their reports electronically through the fax server or ERE website.

Over 4,500 MER vendors including all Iowa Hospitals are now accepting the agency disability requests through Outbound Fax.

Currently the agency has over 600 ERE CE and MER vendors. This number represents a potential of over 3,000 CE examinations and over 28,000 MER requests annually.

The agency has added over 430 local and national HIT vendors to its system. A monthly review of SSA's HIT website is used to add any additional HIT Vendors that come on-board. Additionally a monthly review of all new vendors added to the DDS system are checked with SSA's HIT website to determine if any of the added vendors can be made a HIT vendor. The three largest HIT providers in Iowa are the University of Iowa, which represents more than 10% of the agencies MER receipts, Sanford Clinics in NW Iowa and Gunderson Clinics in NE Iowa. The addition of UnityPoint as a HIT network should increase the states HIT percentage to at least 30% of all MER requests generated.

The agency has developed a DDS Outreach team, which is made up of agency staff who are willing to serve as speakers, researchers, writers and material coordinators, who can be drawn upon as community outreach opportunities become available. The speaking engagements are coordinated by the agency PRO, Training Coordinator and Policy Resource Manager. A few examples of speaking events include; Social Worker Conferences, State Psychological Associations, Occupational Health seminars, etc...

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:**
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- **A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"**

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Kansas City
State DDS:	Kansas
Report Period (Fiscal Year):	2016
Current Date:	10/4/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical/Professional Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

All CE complaints are investigated by the M/PRO. If a complaint is received via phone by one of our DE's, the DE asks the claimant to report the complaint in writing and send to KS DDS or if the claimant needs to speak with somebody immediately, then the call is forwarded to the PRO or Unit Manager. Depending on the nature of the complaint, there will be a review of the CE report and contact with the provider and claimant. A copy of the complaint and the response to the claimant are placed in the provider's electronic file. A response to the claimant is made within 7-10 days of the CE report being available for review. Throughout the year, the most common type of complaints received are 1) providers being rude 2) questions asked during MSE not appropriate 3) being told they are not disabled by the CE provider.

If in the unlikely event that the complaint was of such severity that may involve harm to the claimant, potential news media, create program integrity issues or similar severe issues, the DDS Leadership Team and the RO would be informed immediately as per policy. There were no complaints of this nature in FY2016.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

(b) (6) was removed (b) (6)

(b) (6)

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

There were no CE complaints in FY2016 of this nature.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

Each potential CE provider is required to submit a copy of their state license, resume and a signed copy of the Statement of Agreement. The appropriate licensing agency website is utilized to determine if the provider has the qualifications to be considered. SAMS is also checked to search for exclusions. Copies of the search results are placed in the provider's electronic folder. A spreadsheet is used for annual license/exclusion checks and documented with the date and person who conducted the search. For support staff, the CE provider signs a statement of agreement certifying that all support staff are not excluded, suspended or otherwise barred from participation in Medicare or Medicaid programs and that they meet the licensing requirement required by the state.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

The credentials are checked when CE providers come on board and then annually. Credential checks were completed on all providers for FY2016 during the months of June, July and August.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

KS DDS checks the first 10 reports of a new provider. The report is reviewed either by psychological staff, medical consultants, our speech consultant or PRO. If significant feedback is needed to improve quality, then additional reports are reviewed. The DDS consultants and examiners also report quality issues or positive feedback throughout the year. Questionnaires are sent to claimants on a random basis regarding their CE appointments. If there is negative feedback, this may trigger a review of the providers reports.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

We currently have 149 CE providers. Last year's count was 155 CE providers. The reasons for the provider losses are listed on the document for section 11.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Onsite visits were considered and completed at locations that were not DCF, DDS or SSA offices. The following providers are either Key or Volume providers:

*CMC- 3 offices, visits were made to the Wichita and Topeka offices. State reimbursement for travel would not allow a visit to Kansas City.

*Dr. Stanley Mintz- 4 offices and visits were made to all 4 offices.

*Michael Schwartz- 2 offices, a visit was made to his office in Wichita and State reimbursement for travel would not allow a visit to Hays.

*Southern Medical Group- 4 offices, visits were made to 2 offices in Salina and Topeka, State reimbursement for travel would not allow a visit to the Overland Park and Dodge City locations.

*Melvin Berg- 1 office in Topeka, visit made to this location.

*Gary Hackney- 1 office in Wichita, visit made to this location.

*Saad M. Al-Shathir- 2 offices, visits made to both his Joplin, MO and Pittsburg offices.

*Jason Neufeld- 3 offices, visits made to his Lawrence and Topeka offices. State reimbursement for travel would not allow a visit to Overland Park.

*Jarrod Steffan- 1 office in Wichita, visit made to this location.

*Jan Snider Kent- 2 offices, visits made to both offices in Galena and Joplin, MO.

*Koeneman Psychological Services- 1 office location and State reimbursement for travel would not allow a visit to this Olathe location.

*Steven Walters- 8 locations, visit made to the Hutchinson location. State reimbursement for travel would not allow for trips to Liberal, Dodge City, Garden City, Great Bend, Hays, *Larned and Pratt.

*Melinda Shaver- 1 locations and State travel reimbursement would not allow for a visit to the location in Independence.

*Redlink – 2 locations and State travel reimbursement would not allow for a visit to the locations in Hays and McCook, NE.

*Midwest CEs- 1 location in KCMO. State reimbursement for travel would not allow for a visit to this location.

*Eve Medical Services- 2 locations. State reimbursement for travel would not allow for a visit to the locations in Bartlesville, OK and Miami, OK.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There were no changes to the MER fees this year. The KS DDS uses a Fee For Service Agreement. The specified fees follow the Kansas Medicaid schedule. The M/PRO updates the list quarterly or when we become aware of a change.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

On all MER requests we ask providers to indicate if they would have interest in contracting with DDS

to complete exam. Recruitment letters were sent to all providers that returned the form indicating that they were interested in more information. A mass mailing was used to recruit physical medical providers throughout the state in rural areas where our volume/key providers are not located. Psychology MC has been networking with other psychology professionals to generate interest in contracting with DDS. Kansas M/Pro has worked with MO M/Pros to recruit medical professionals located near the state border. KS DDS office is requesting that all key/volume providers setup an ERE account by January 2017.

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:**
 - **Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).**
 - **Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).**
 - **Indicate CE providers for whom you completed onsite reviews.**
- **A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”**

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Atlanta
State DDS:	Kentucky
Report Period (Fiscal Year):	2015/2016
Current Date:	10/13/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title PRO

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

- **Complaints and clarification requests for non-DMA cases are hand-carried to the Professional Relations Officer (PRO) Section along with a copy of the consultative exam (if available). For DMA cases, an electronic IOC (interoffice contact), is generated and sent to the PRO for appropriate action. Initial action on IOCs must occur within three (3) business days.**
- **Upon receipt of the IOC regarding complaint or clarification request, the PRO sends a letter to the claimant acknowledging receipt and investigation of the matter (letter D3108). The PRO also prepares a letter to the CE vendor regarding the complaint (letter D3087). For inadequate CEs or clarification requests, the PRO sends a letter to the vendor outlining documentation needed for assessment (letter D3105). For either letter, vendors are directed to respond within seven (7) calendar days. Upon receipt of the vendor's response, the PRO reviews the data and decides if the issue has been resolved or if further contact with the vendor is necessary.**

- All inadequate and complaint reports are submitted electronically in order to recognize a pattern of issues or concerns in regards to individual vendors. The PROs address all patterns of concern with the vendors, and take any/all corrective actions necessary.

The above procedures pertain to the routine type of complaint issues (rudeness, not enough time spent with the physician, etc.). Any issues involving an allegation of unethical (sexual, etc.) behavior are handled as follows:

- The assigned PRO prepares a letter to the claimant acknowledging receipt of the complaint, and advising that the matter is being forwarded to the state EEO office for investigation. The KY DDS provides all available information to the EEO office. The EEO office investigates the claimant's allegations, and informs the KY DDS of findings and provides copies of documentation. In the past, DDS has stopped using some vendors based on case-specific findings of the EEO office. Regional Office (ATL) is notified of all pertinent case information, actions, and resolutions.

2.

No fraudulent activities by CE providers were discovered in 2016.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

No complaints of an egregious nature were discovered in 2016.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

A report generates from the Document Management OnBase System, alerting DDS PRO staff of upcoming licensure expirations. Using data from this report, PRO staff reminds CE vendors of approaching license expirations and the need to provide proof of renewal prior to expiration date. Further consultative examinations are not scheduled until vendors provide proof of licensure renewal. Proof of licensure is typically obtained through online verification, via the KY Psychological Board of Examiners (psy.ky.gov) or the Kentucky Medical Directory. When recruiting new vendors, PRO staff verifies licensure status to ensure current standing (as well as any disciplinary actions), prior to adding a vendor to the panel

to perform examinations. The Kentucky DDS makes every effort to ensure that only state-licensed and qualified physicians and psychologists conduct consultative examinations.

Credentials of x-ray technicians are displayed at the CE site and verified during onsite visits. CE vendors ensure support-staff credential status requirements are met in accordance with state law and governing licensure boards as applicable.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

DDS PRO staff completed credential checks semi-annually as license expirations came due for each type of consultant.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

DDS performs provider reviews on all new doctors, and for established doctors if a significant number of complaints are received.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

Kentucky has 152 total providers, a decrease of 16 from 2015.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and Volume provider onsite visits were complete for 2016.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

No CE/MER fee schedule changes were made for 2016.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

ERE INITIATIVE

The Kentucky Department of Disability continues to promote submission of electronic records. While the electronic records submission percentage for the Kentucky DDS has risen over the past 3 years, KY DDS administration and management have continued to create and implement innovative & creative programs and procedures. The KY DDS PRO Staff promote and encourage vendors to utilize the ERE website. As we see continued increases in disability claims, we focus on electronic records submissions as a

requirement when recruiting new vendors for consultative examinations and ancillary studies.

National ODO website shows Kentucky's ERE/Electronic cumulative submission rates effective 08/31/16 was:

** Consultative Examinations:	99.36%
** Medical Records Submission	77.79%

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the [ODD MPRO SharePoint site](#)"

Please attach any additional information before submitting this form.

Louisiana FY16 DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Dallas
State DDS:	Louisiana
Report Period (Fiscal Year):	FY16
Current Date:	November 15, 2016
Reporter's Name, Phone number, and title:	Name- (b) (6) Phone number (b) (6) Title- DDS Consultant

- 1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:**
 - Include a description of the types of complaints received throughout the year.**

Upon receipt, all claimant complaints are forwarded to the Medical/Professional Relations Officer (MPRO) and are handled on an individual basis. If a written complaint is received, the claimant is provided with a letter of acknowledgement. For oral complaints, the claimant is asked to provide written documentation.

For complaints such as unprofessional behavior, copies are forwarded to the CE provider for review and to request a response. Upon receipt of more serious complaints/allegations, we immediately cease scheduling additional appointments and notify the appropriate individuals/agencies. The provider is contacted by phone to inform him/her of the allegation, our actions taken, and discuss procedures necessary for resolution.

Documentation is made a part of the provider's file.

Complaints received over FY16 dealt primarily with non-egregious issues including rudeness and/or unprofessional manner/attitude of the examining physician and/or staff as well as alleged insufficient examinations. We forwarded acknowledgements of complaints to all. Allegations of rudeness by physicians and/or staff are reviewed to determine if there is a pattern of behavior, and no providers were identified in this regard during FY16.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activities were discovered in FY16.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

No complaints of an egregious nature were identified in FY16.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

Potential providers provide a copy of their state license and CV for DDS to perform qualification and credentials checks with appropriate State Licensing Boards and System for Award Management (SAM) database.

After initial agreement, license verifications and System for Award Management (SAM) checks are performed online on all active providers at least once per year upon license expiration by the MPRO Team. The MPRO team members are also encouraged to perform license verifications and SAM checks when there is any significant activity (complaint, inquiry, etc.) involving an active CE provider.

The official provider folder is electronic and accessible to all four (4) of our offices. Folders are annotated with date and results of most recent license/exclusions/credential check.

Language on the LA DDS Statement of Agreement provides assurance that members of the provider's staff meet all state licensing/certification requirements. Annually, CE providers are asked to sign and submit a current/updated Statement of Agreement at which time complete license/exclusions/credentials checks are conducted.



SOA Jan 2013.pdf

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

License verifications and System for Award Management (SAM) checks are performed online on all active providers at least once per year upon license expiration by the MPRO Team.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

We routinely depend on assistance from DDS Medical/Psychological Consultants for CE report monitoring. We have taken steps to encourage SAMC/PC assistance and input for provider training, monitoring, and reporting. We continue to use a statewide consolidated process for CE report quality reviews. Our CE Quality Review Business Process is attached.



CE Quality Review
Process-070616 .doc



2013 Mental CE
Monitoring Form.doc



2013 Physical CE
Monitoring Form.doc



2016 Speech and
Language CE Monitor

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

For FY16, Louisiana had two hundred ninety-two (292) providers on the CE panel, some of which are providers with multiple locations. This is a slight increase from 281 providers in FY15.



Louisiana CE Vendor
Roster FY 16.xlsx

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and Volume Provider onsite visits were completed in FY16 and are listed below:

- Med Plus
- Internal Medicine Associates
- Southern Medical Group
- Sandra Durdin PhD
- Scuddy Fontenelle PhD
- Point of Care
- Adeboye Francis MD
- James VanHook III PhD

Additional Monitoring Activities

In addition to the above key/volume provider visits, MPROs also performed announced or unannounced office visits with many non-key/volume CE providers as well. Providers and office staff are appreciative of the face-to-face contact. This allows us the opportunity to observe the physical location, staff functions, answer questions, and discuss program changes.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

We continue to monitor policy to ensure the LA fee schedule contains appropriate evaluations/tests as required by the Social Security Disability program. There were no changes to the fee schedule in FY16.

We routinely encourage staff to report on appropriateness of MER received and continue to work with sources on furnishing timely, adequate records in an effort to lower rate of necessity to purchase CEs. Additionally, our in-line QA process aids in monitoring appropriate purchasing of evaluations/tests.



Louisiana CE Fee
Schedule-102516.xls

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

MPROs have continued to exhibit at conventions for various associations of educators, physicians, and medical support groups. These events represent opportunities to recruit CE providers, promote ERE and SSA Online Services.

Events attended were:

- Louisiana Thoracic Society
- Louisiana Orthopedic Association
- LMGMA
- Louisiana Optometry Association
- Louisiana Psychological Association
- Louisiana Chapter of the National Association of Social Workers
- Louisiana Chapter of the American Academy of Pediatrics
- Job and Resource Fairs at area prisons
- Various Support Groups Meetings (i.e. Cancer, HIV)

In addition to their routine duties which aid in expediting case processing for the adjudicative staff, MPROs have helped to organize workshops with the Office of Disability Adjudication and Review (ODAR) discussing body systems in the listings 'Blue Book'.

The MPROs continue efforts to increase ERE. With 100% of our CE providers using electronic transmissions, we continue to target MER and other sources of evidence.

The MPROs have also collaborated with SSA Public Affairs Specialists (PAS) in outreach efforts including presentations on disability applications for the homeless, prerelease cases, and SSA E-services. Participation in SSI/SSDI Outreach, Access, and Recovery (SOAR) trainings has been beneficial to agencies dedicated to assisting the homeless. Ongoing discussions regarding prerelease procedures with administrators of the Louisiana Department of Corrections (DOC) have proven to be fruitful. MPROs and PASs continue to educate MER providers on SSA's electronic authorization process.

Additionally, we continue to monitor CE provider specialties across the state and actively recruit as needed.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.



Louisiana Disability Determinations Services Consultative Examination Provider Statement of Agreement



Name of Provider _____

Address _____

Specialty _____

Date of Birth _____

Social Security Number _____

Phone Number _____

Fax Number _____

Email Address _____

I certify that:

1. I am not currently excluded, suspended or otherwise barred from participation in any Federal or Federally assisted programs such as Medicare or Medicaid.
2. My State license is active and is not currently revoked, suspended, or restricted by any state licensing authority.
3. I have not surrendered my license while waiting final determination on formal disciplinary proceedings involving professional conduct.
4. I understand I may not conduct examinations if my license to provide health care services is currently revoked or suspended by any State licensing authority pursuant to adequate due process procedures for reasons bearing on professional competence, professional conduct, or financial integrity. I understand I may not conduct examinations if I have surrendered my license to provide health care services while formal disciplinary proceedings involving professional conduct are pending or until a final determination is made. I further understand I must contact DDS immediately if my license to provide health care services is revoked or suspended or any disciplinary action has been taken against me by any State licensing authority.
5. I understand that a credentials check will be made upon my initial agreement to perform services and periodically thereafter by the DDS.

6. I understand as the Provider signing this agreement that I must fully participate in the examination of each claimant. Any support staff (including physician assistants, nurse practitioners, predoctoral internship or otherwise supervised psychologists, psychometrists, and provisional/assistant speech language pathologists) are limited to only assisting in the completion of the claimant's examination.
7. I understand that all support staff used in the performance of consultative examinations must meet the appropriate licensing and/or certification requirements of the State and cannot currently be sanctioned.
8. I acknowledge and understand that the Social Security Act and its implementing regulations (42 U.S.C. 1306; 20 CFR 401.105) prohibit the unauthorized disclosure of information obtained in the administration of Social Security programs and make such disclosure a crime. These prohibitions extend to any background data furnished to me in conjunction with the performance of my service as a provider of consultative examinations for Disability Determinations Services of the State of Louisiana and to any reports generated as a result of providing such services, including any copies of such reports retained by me. Unauthorized disclosure of such records is prohibited. I further acknowledge and understand that should referral of an individual or data pertaining to an individual to any third party provider (for additional diagnostic studies, clerical or transcription services, messenger services, etc.) become necessary in providing services arranged by agreement herein, such third party provider must be aware that services are being performed in connection with a Social Security program, and that improper disclosure of information about the subject individual is prohibited.
9. I understand I am responsible for the protection of the confidentiality of records obtained in the administration of the social security program to the same degree as a DDS or SSA employee. The responsibility applies at all times, regardless of whether the Provider in possession of this information is officially on duty or not on duty. The responsibility also applies if the provider is at the office designated in this agreement, an alternative office, or working at home. Provisions to safeguard Confidential Information/Personally Identifiable Information (CI/PII) include, but are not limited to, the following:
 - Locking file cabinets and desk drawers for storage of CI/PII are required at all work locations. All files containing SSA information must be secured in locked cabinets or drawers when not being used.
 - Storing of electronic files containing SSA information on a computer or access device must be password protected, or better yet encrypted. According to the HIPAA Security Rule, encryption is the preferred method or having an equivalent alternative measure meeting the standard of encryption as part of a required risk analysis. Refer to the HIPAA Security Rule at <http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/index.html>.
 - Use of a locking device such as a briefcase or satchel is required to ensure records are safeguarded and protected from theft/damage while being transported.
 - Locked briefcases, satchels or laptop computers are not to be left in unlocked vehicles.
 - Locked briefcases, satchels or laptop computers are not to be left in plain view in locked vehicles. They must be secured in a trunk or other storage area of the vehicle.
 - E-mails containing CI/PII of a claimant are strictly prohibited.
10. I understand I am responsible for reporting loss, theft or inadvertent disclosure of CI/PII. If a loss or suspected loss occurs, the Provider should make every effort to contact the DDS no later than the next business day. Information provided to the DDS shall include the following:
 - The Provider's contact information.
 - A description of the loss or suspected loss including the nature of the loss, scope, number of files or records, type of equipment or media etc.
 - Approximate time and location.
 - Safeguards in place at the time. Examples include locked briefcase, password protection, encryption, etc.
 - Other involved parties who have been contacted.
 - Reports that have been filed with law enforcement and when they will be available.
 - Any other pertinent information.
11. I understand that Louisiana medical records retention laws allow me to discard DDS reports once payment is received. **LA R.S. 40: 1299.96 C** states: ***The provisions of this Section shall not be applicable to a health care provider who has evaluated or examined a patient at the request of any agency of the state or federal government in charge of the administration of any of the assistance or entitlement programs under the Social Security Act. The records of such evaluation or examination shall be retained for ninety days after mailing or upon proof of receipt of the records, whichever period is shorter.***

12. I understand the scheduling interval requirements for all consultative examinations performed for the DDS and agree that I will not schedule consultative examination appointments any closer than is permitted.
- Comprehensive general medical examination (at least 30 minutes).
 - Comprehensive musculoskeletal or neurological examination (at least 20 minutes).
 - Comprehensive psychiatric examination (at least 40 minutes).
 - Psychological examination (at least 60 minutes)
 - All others (at least 30 minutes or in accordance with accepted medical practice).
13. I understand that all rescheduling of appointments must be performed and approved by the DDS. A claimant's rescheduled appointment may or may not be with the same Provider.
14. I agree to provide DDS within 24 hours of the appointment accurate information regarding whether or not the appointment was kept as scheduled.
15. I understand the number of scheduled appointments is based on an indefinite quantity of goods or services, which may or may not be utilized by the DDS. The DDS reserves the right to increase/decrease the quantity encumbered without prior notification to, or approval from, the Provider.
16. I have been provided formal training and reference materials on SSA's disability programs and regulations, operations of the disability function, management of the CE process, elements of a complete CE and the need for the report to include a medical source statement about the individual's ability to perform work-related activities.
17. I understand all examinations and tests are to be performed as outlined on the consultative examination authorization/invoice and any request made for additional testing should be based on functional limitations identified during the consultative examination. I also understand additional testing should not be performed without the prior approval of DDS and I may not receive payment for any additional testing not approved by DDS.
18. I understand I will not treat, prescribe, or provide therapeutic services to the claimant and will not refer the claimant to any other healthcare professional for treatment (except in the event of a medical emergency).
19. I will treat all claimants equally and courteously, and will act in full compliance with all applicable Federal, State and local laws and ordinances, including the Americans with Disabilities Act.
20. I understand that I may not make any indication as to whether or not a claimant is disabled or has a significant medical condition as defined by SSA regulations. I understand that the determination regarding disability and eligibility for disability benefits is strictly the purview of the DDS and the SSA.
21. I, as the Provider, hereby assume responsibility and liability for any and all damage to persons or property caused by or resulting from or arising out of any act or omission on the part of the Provider under or in connection with the performance or failure to perform any work required under this Agreement. I shall save harmless and indemnify the DDS from and against any claims, losses or expenses, including but not limited to counsel fees, which either or both may suffer, pay or incur as a result of claims or suits due to or arising out of or in connection with any and all such damages, real or alleged. I also agree to, upon written demand by the State, assume and defend at my sole cost and expense, any and all such suits or defense of claims.
22. I understand I have an immediate duty to warn the target victim of any threat of violence, whether overt or implied, made by any person against any DDS or SSA employee or contractor. I also understand that any threat made against any DDS or SSA employee or contractor (including myself or my staff) should be taken seriously and acted upon immediately (**contacting law enforcement or emergency services if necessary**). I further understand that in the event of any threat by a DDS claimant I am to contact a Professional Relations Officer or Disability Analyst as soon as possible to notify the DDS of the threat.
23. I understand that my reports will be reviewed for quality on a continuous basis and I may be contacted by the DDS to clarify any deficiencies or inadequacies found within any report. I also understand that my response to any DDS clarification request is due within five (5) days of the date of the request.

24. I understand that my report is due within 2 weeks of the appointment and I may not be reimbursed for late reports.
25. I understand that all reports must be submitted to DDS using one of the Electronic Records Express (ERE) options.
26. I understand that onsite inspections of facilities and equipment will be performed by the DDS annually and announced/unannounced onsite inspections will be periodically performed by the DDS.
27. **For Psychologists:**
I understand I am bound by state and national codes of ethics and conduct to keep current with advances in psychological testing and to apply the most appropriate instruments in my assessment. I agree to use the most updated edition of any psychological tests within 12 months of its publication.
28. **For Laboratory Services:**
I agree to bill and accept as payment for my services the lesser of 1) my usual and customary fee or 2) the rate of payment used by the DDS.

I, as the Provider, understand that if I am unable to certify to the above, I will not be considered for award of agreement. I further understand that any false certification at present and/or future failure to comply with any of the above statements will be grounds for termination of any resulting agreement.

X _____
 Provider's Signature Date

I, as the Professional Relations Officer and representative of the DDS, attest by my below signature that I have reviewed and explained the contents of this Statement of Agreement with the Provider.

X _____
 Professional Relations Officer's Signature Date

To be completed by DDS staff for new providers:

Provider and Staff Technical Training completed:

By _____

Date _____

Provider Program Training completed:

By _____

Date _____

Louisiana Disability Determinations Services

CE Report Quality Review Business Process

Proper and thorough training of new providers and ongoing review of exams by existing providers are activities of critical importance to DDS. In 2007 and 2008, PRO's and psychological consultants from Baton Rouge, Shreveport, and New Orleans worked collaboratively to develop formal training for mental health providers of consultative exams. This was necessary because psychological and psychiatric examinations of DDS claimants were generally of good quality from a clinical perspective, yet not fully compliant with POMS or entirely useful to DDS reviewers in the adjudication process. There was agreement that mental health examinations for the specific purpose of determining disability need to be substantially different from examinations for treatment purposes in many ways, both conceptually and in terms of content.

Training is most efficient and effective when conducted jointly by a PRO and an experienced consultant approved by State Office. The PRO is most knowledgeable about the program, the requirements for participation as a CE provider, accessing the document gateway, etc. The consultant is most knowledgeable about the content of the examination, translating findings into medical source opinions specific to work-related functioning, how to handle difficult or uncooperative claimants, etc. This training consists of two main elements: didactic instruction and demonstration of newly acquired skills. The provider's training does not end when the seminar is over. The reviews of initial reports are an essential part of the training process.

The reviews of the initial reports from newly trained providers need to be conducted by the PRO and the consultant who provided the training. Reviews are for the specific purposes of determining the effectiveness of the training, to ensure the provider demonstrates the skills learned in training, to correct deficiencies, and provide written feedback to the provider. Reviews for training purposes take considerable time and require additional steps that would not be taken during the course of a normal case review, such as discussion between the PRO and training consultant, and providing feedback to the provider, etc. It is also essential that the information given to the provider during feedback is consistent with the information presented during didactic training.

Procedure for Initial Reviews for New CE Providers:

Reports for review by the training PRO and consultant will be selected by the following procedure:

1. CE Provider will submit initial reports directly to the PRO via local fax and not through the fax gateway or ERE.
2. PRO will deliver those reports to the training consultant for review. Based on the number of reviews to be completed, PRO may opt to get reviews completed by another consultant.
3. Training Consultant will perform Quality Review. Deficiencies should be noted on the Quality Review Form for PRO review and all appropriate case review forms should be completed indicating whether additional development is needed. The Quality Review Form is in Word format and should be returned to the PRO via email attachment.
4. CE report will be scanned into the claimant's electronic case.
5. When initial reviews of a new provider's reports are no longer needed and the provider is released from training, the PRO will notify the CE schedulers, office management and the training consultant.

The number of initial reports that need review by the trainers is dependent on the quality of the reports received from the provider, but it is generally found that five is sufficient. In addition to review activities for training purposes as described above, the training consultant will complete and sign all forms (e.g., PRTF, MRFC, RFC, 416) or advise the unit analyst of any need for further development as would normally occur during a regular case review. That is, the training consultant will conduct a review for both training purposes and regular case processing. The case should not be sent to two different consultants for separate reviews. All contact with the provider, including feedback given, will be documented by the PRO and training consultant and maintained in the provider's file. The determination that no further initial reviews are needed is determined jointly by the training PRO and consultant. If no further initial reviews are necessary, provider reports will be distributed randomly to individual medical and psychological consultants from the central queue and will continue to be monitored as discussed below.

Procedure for Reviews When Deficiencies are Reported:

Consultants, QA reviewers, analysts or supervisors may alert the local PRO and/or the chief consultant by e-mail as quality issues arise. The PROs will identify trends in complaints and decide if the issue needs chief consultant involvement. If needed, the PRO and chief will discuss the deficiencies to determine the appropriate action to take. If the PRO and/or chief consultant determine that contact with the provider is appropriate, a written contact is preferred in order to ensure proper documentation. If a meeting with the provider is held or discussion is accomplished via phone calls, detailed notes need to be taken and added to the provider's file.

Following feedback to the provider:

1. The PRO will select three cases for review by accessing the Vendor's Appointment List
2. The PRO will create an EA diary on the respective cases indicating the following:
 - a. Quality Review is needed for Dr. John Doe
 - b. Buck case to Chief Consultant with comment that 'Quality Review is Needed'.
***No SDM decisions will be allowed on these cases.
 - c. Decision cannot be entered until Quality Review has been completed.
3. Chief Consultant will perform Quality and Case Review to determine if there has been improvement. Deficiencies should be noted on the Quality Review Form for PRO review and all appropriate case review forms should be completed indicating whether additional development is needed. The Quality Review Form is in Word format and should be returned to the PRO via email attachment.
4. The PRO or Chief will re-contact the provider if additional recommendations for improvement are needed. If so, an additional three reports will be selected for review. If not, they will be released from monitoring until the next scheduled annual review.

Office management will be kept informed of complaints against providers regarding report deficiencies.

Report reviews conducted within a 12-month period secondary to deficiencies as described above may be counted as annual reviews.

When a trend of deficiencies is noted or upon State Office request, the PROs will conduct a thorough review and prepare a Quality Review Standard Summary. This summary will be submitted to State Office for review. State Office will review the information and make a recommendation as to the next course of action. Indefinite inactivation will be upon State Office approval.

Procedures for Annual Onsite Reviews:

The PRO will conduct on-site visits and CE report reviews of current CE providers at least annually. The PRO will ensure that at least 3 report reviews per year are conducted and the CE Monitoring Form completed for each review by following the below procedure:

1. PRO will select three cases for review by accessing the Vendor's Appointment List
2. The PRO will create an EA diary on the respective cases indicating the following:
 - a. Quality Review is needed for Dr. John Doe.
 - b. Buck case with comment that 'Quality Review is Needed'. ***No SDM decisions will be allowed on these cases.
 - c. Decision cannot be entered until Quality Review has been completed.
3. MC/PC will perform Quality and Case Review. All MC/PCs will be able to perform routine Quality Reviews.
4. Deficiencies should be noted on the Quality Review Form for PRO review and all appropriate case review forms should be completed indicating whether additional development is needed. The Quality Review Form is in Word format and should be returned to the PRO via email attachment.

*****Quality Reviews for Annual Visits can be performed by a PRO without the involvement of a PC/MC.**

Areas of strengths and weaknesses will be identified and discussed with the provider during an onsite visit.

07/06/16

(b) (6)

MENTAL CE MONITORING FORM

Claimant's Name: _____ **Case #** _____ **CE Provider** _____

1. Did the report include adequate identifying data for claimant (age, gender, case number, DDS analyst) and for CE provider (name, address and phone number, date of exam, date report issued, documents/records reviewed, exam/test requested)?
Yes__ No__ Explain _____
2. Did the report include behavioral observations (how claimant came to exam, general appearance, description of unusual behavior or discrepancies)?
Yes__ No__ Explain _____
3. Was the description of historical information (i.e. family, work, education, legal and substance abuse history) adequate and did it include the claimant's chief complaint/allegations (including onset, progression, episodes)?
Yes__ No__ Explain _____
4. Does the report include an adequate discussion of the source of information, the reliability of the claimant and informant's statements, cooperativeness and motivation?
Yes__ No__ Explain _____
5. Was there adequate discussion of the claimant's previous and current psychiatric history, including sources, medication, compliance with and response to treatment, and length of treatment (inpatient and outpatient)?
Yes__ No__ Explain _____
6. Did the report include an adequate description of the claimant's typical daily activities and work functioning and how those activities are impacted by their mental health impairment(s)?
Yes__ No__ Explain _____
7. Was an adequate mental status examination performed, with orientation, speech, mannerisms, mood/affect, thought processes and content, and hallucinations addressed and including an objective description of the assessment of memory, concentration, abstract reasoning, judgment)?
Yes__ No__ Explain _____
8. Was testing performed in accordance with DDS authorization, including special comments/instructions, and did test results include all required elements including scaled scores, standard scores, memory quotient, errors obtained?
Yes__ No__ Explain _____
9. Did the report provide an adequate interpretation of the test results with a discussion of discrepancies, test substitutions, and validity of test results?
Yes__ No__ Explain _____
10. Was a diagnostic impression and prognosis provided?
Yes__ No__ Explain _____

11. Was the conclusion consistent with the reported findings and the medical evidence provided to the CE vendor?
Yes__ No__ Explain _____

12. Did the report include a comment regarding the claimant's ability to manage funds?
Yes__ No__ Explain _____

13. Did the report include an adequate MSS? (for adults, did it include an adequate discussion of the claimant's concentration, persistence, pace, ADL's, social interaction and their ability to perform routine repetitive tasks, the ability of the claimant to interact appropriately with supervisors and co-workers, and to maintain attention and concentration) (for children, did it include an adequate discussion of the claimants ability to learn, get along with others, care for oneself, concentrate and pay attention in an age appropriate manner)
Yes__ No__ Explain _____

** Please comment on any areas of particular strength, if applicable.

Reviewed by: _____ Date _____

PHYSICAL CE MONITORING FORM

Claimant's Name: _____ Case # _____ CE Provider _____

1. Did the report include adequate identifying data for claimant (age, gender, case number, DDS analyst) and for CE provider (name, address and phone number, date of exam, date report issued, exam/test requested)?
Yes__ No__ Explain _____
2. Did the report include an adequate description of the chief complaints/allegations including the history of the impairment(s), (including symptoms, onset, how the impairment affects their daily activities, and inciting factors)?
Yes__ NO__ Explain _____
3. Does the report include a history of the treatment received (surgical and non-surgical), medication, hospitalization and the response to treatment?
Yes__ NO__ Explain _____
4. Was an adequate REVIEW OF SYSTEMS provided?
Yes__ NO__ explanation: _____
5. Was an adequate PHYSICAL EXAMINATION provided?
 - Were the basic elements of a physical exam included? (height, weight, blood pressure, pulse, respiratory rate, general appearance, HEENT-including visual acuity, a gross estimation of hearing, and any speech abnormalities)
Yes__ NO__ Explain _____
 - Did the pulmonary exam include an adequate discussion of the auscultation, percussion, breath sounds?
Yes__ NO__ Explain _____
 - Did the cardiovascular exam include an adequate discussion of JVD, heart rate and rhythm, pulses, etc...?
Yes__ NO__ Explain _____
 - Was an adequate abdominal exam provided?
Yes__ NO__ Explain _____
 - Did the musculoskeletal exam provide a description of the gait/station, ROM in degrees, spasm, joint deformities? If there was use of an assistive device, was medical necessity appropriately addressed?
Yes__ NO__ Explain _____
 - Did the neurological exam provide a description of speech abnormalities, parasthesia, tremors, sensory exam, quantitated motor strength?
Yes__ NO__ Explain _____

- Did the report appropriately address any impairment specific findings (i.e. Arthritis-grip strength, fine/gross motor movements)?

Yes___ NO___ Explain_____

6. Did the report provide an adequate diagnoses/prognosis statement? Did it also address work related activity the claimant is able to perform adequately?

Yes___ NO___ Explain_____

7. Were the comments, testing and instructions referenced on the CE invoice addressed adequately?

Yes___ NO___ Explain_____

8. Was the conclusion consistent with the reported findings and the medical evidence provided to the CE vendor?

Yes___ NO___ Explain_____

- Please comment on any areas of deficiency not covered in the above sections or provide more details if needed.

- Please comment on any areas of particular strength, if applicable.

Reviewed by:_____ Date_____

SPEECH/LANGUAGE CE MONITORING FORM

Claimant's Name: _____ Case # _____ CE Vendor _____

1. Did the report include adequate identifying data for claimant (age, gender, case number, DDS analyst) and for CE vendor (name, address and phone number, date of exam, date report issued, documents/records reviewed, exam/test requested)?
Yes__ No__ Explain _____
2. Did the report include behavioral observations (general appearance, ability to attend, need for assistance, description of unusual behavior or discrepancies)?
Yes__ No__ Explain _____
3. Was the description of historical information (i.e. developmental milestones, family, education, etc.) adequate and did it include the claimant's chief complaint/allegations (including onset, progression, etc.)?
Yes__ No__ Explain _____
4. Does the report include an adequate discussion of the source of information, the reliability of the informant's statements and claimant's performance, cooperativeness and motivation?
Yes__ No__ Explain _____
5. Was there adequate discussion of the claimant's previous and current speech/language interventions, including sources, compliance with and response to treatment, and length of treatment?
Yes__ No__ Explain _____
6. Did the report include an adequate description of the claimant's typical daily activities and school functioning and how those activities are impacted by their speech/language impairment(s)?
Yes__ No__ Explain _____
7. Did the report include the findings of an oral-peripheral examination?
Yes__ No__ Explain _____
8. Did the vendor address voice quality, fluency and adequacy of breath support?
Yes__ No__ Explain _____
9. Did the vendor perform testing in accordance with DDS authorization, including special comments/instructions and did test results include all required elements including scaled scores, standard scores and age-equivalencies?
Yes__ No__ Explain _____
10. Did the vendor provide an adequate interpretation of the test results with a discussion of discrepancies, test substitutions, and validity of test results?
Yes__ No__ Explain _____
11. Based on a spontaneous speech and language sample, did the vendor rate overall speech intelligibility in percentages at the conversational level **and** discuss overall receptive, expressive, conversational and pragmatic language skills as they relate to the claimant's chronological age?
Yes__ No__ Explain _____
12. Did the vendor discuss the stimulability for production of speech sounds and claimant's ability to improve intelligibility, by percentage, upon repetition or imitation?
Yes__ No__ Explain _____

13. If the claimant had severely limited verbal expression, did the vendor address whether the consonant-vowel repertoire is sufficient for the development of speech and the claimant's use of nonverbal behavior (gesturing, pointing) to communicate?
Yes__ No__ Explain_____
14. Did the vendor perform comprehensive language testing, including both receptive and expressive language, using a current, well-standardized language battery that measures semantic and syntactic competency?
Yes__ No__ Explain_____
15. Did the vendor provide diagnostic impressions and prognosis?
Yes__ No__ Explain_____
16. Were the conclusions consistent with the reported findings and the medical evidence provided to the CE vendor and, if not consistent, were the inconsistencies explained or resolved?
Yes__ No__ Explain_____
17. Did the report include an adequate MSO, including comments on how the claimant's speech and language skills would likely impact the claimant's learning and interactions with others?
Yes__ No__ Explain_____

On a scale of 1-10, with 1 meaning very poor and 10 meaning excellent, how would you rate the overall quality of the exam and report? _____

Please comment on any areas of particular strength or weaknesses, if applicable.

Reviewed by: _____ Date _____

01/06/16

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Boston
State DDS:	Maine
Report Period (Fiscal Year):	2016
Current Date:	11/03/16
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Supervisor

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

All complaints regarding CE providers are investigated and handled on an individual basis. When a complaint has been received regarding a CE provider, the Medical Professional Relations Officer (MPRO) determines the most appropriate course of action after review of the complaint, the CE provider's file and communication with the CE provider as well as the person who filed the complaint. Appropriate actions are taken based on the findings and a copy of the report is placed in the CE providers file. If warranted, the DDS Administrator will be apprised of the situation, and referral is made to the RO if deemed necessary. Complaints submitted from a representative are investigated and handled on an individual basis. Appropriate actions/discipline will be taken depending on the outcome of the investigation. A summary of the investigation is placed in the CE Providers file for future reference.

Complaints or allegations of an egregious nature (which could include illegal/criminal activity, sexual harassment, cultural insensitivity, allegations compromising the health and safety of claimants), require the MPRO to suspend any new appointments and referrals while the allegations are being investigated. The MPRO will notify the DDS Administrator of the nature and severity of the claimant's complaints, and notify State authorities or law enforcement as appropriate. A summary of the investigation resolution will be placed in the CE provider's file.

The Maine DDS had no complaints of such nature.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

The Maine DDS is not aware of any fraudulent activities committed by a CE provider.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

There were no complaints of an egregious nature requiring either or both significant corrective action and/or public relations work per DI 393545.375

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

The Maine DDS uses the SAM (System for Award Management) to search for sanctions quarterly for each physician, translation service, transcription service, and in-house consultants quarterly. Licenses are checked and verified at <http://www.docboard.org/me> the month they are due to expire. Providers who hire medical assistants to chaperone during exams provide a copy of the assistant's certification or license, whichever applies. They also sign a license verification form, which includes specific language pertaining to support staff. An electronic copy is sent to the agency Director.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Quarterly

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The first five CE reports from a new CE provider are reviewed by the MPROs as well as 3 in-house consultants for quality, completeness and internal consistency. The feedback is then discussed with the CE provider. Additional reviews are done if needed. The same review takes place for CE providers that are due for site visits, or if there are any complaints from in-house consultants about the reports.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

We have 72 CE providers (including specialties). We lost 11 CE providers (two of these were practices where there were 3 people in each practice performing exams but due to changes in staffing at these areas, they did not have the capacity to continue doing the exams). We had 2 CE providers that chose not to do exams anymore because of the high no-show rates. Others that left retired. Although the number of CE providers has decreased, we have a new CE provider who has multiple locations covering a large area. We lost two specialty practices due to not having the capacity to schedule claimants in a timely manner.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All key and volume providers were visited.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

No changes.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

ERE providers- Correct Care Solutions who handle most of all the jails and prisons in Maine. We have attempted to get more hospitals to convert to ERE and are still in the process of marketing this function. We have recruited another provider to perform Telemedicine exams, which will begin in the next few months.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the [ODD MPRO SharePoint site](#)"

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Philadelphia
State DDS:	Maryland
Report Period (Fiscal Year):	FY16
Current Date:	November 9, 2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Relations Director

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

All complaints from claimants are forwarded to the Medical Relations Office (MRO). This information is obtained by operations staff via electronic communication requesting assistance to resolve a complaint. In addition, we receive complaints regarding CE providers from the satisfaction surveys we send to claimants. During FY16 the MD DDS sent out 2,299 surveys and received 1,043 returned, which is a 45% response rate. Not all the surveys include complaints; however, it is a vehicle in which we do receive complaints specifically about the claimants experience at the CE.

If sufficient information regarding the complaint is not provided, the MRO will contact the claimant for a detailed description of his/her experience/complaint. If the MRO does not have telephone contact with the claimant, a letter is sent to the claimant acknowledging the receipt of the complaint and assuring him/her that it will be investigated. Depending upon the nature of the complaint, a decision may be made to place the provider on "temporary do not use" status. The claimant's file may be reviewed to assess prior history of filing complaints. Complaints are submitted to the MRO staff electronically; this allows efficiency in handling complaints and allows MRO staff to identify trends with complaints toward specific providers.

The CE report is reviewed to determine if the complaint is addressed in the CE report. A decision is then made as to whether contact with the provider is indicated. The content of the CE report, the nature of the complaint, and any history of previous complaints against the provider are taken into consideration when deciding whether to contact the provider. In some instances, a decision is made to send claimant satisfaction surveys to other claimants being seen by the same provider to help determine if the complaint represents a trend or an isolated incident. When determined to be appropriate, the CE provider is contacted by letter, telephone, or office visit to apprise him/her of the complaint and ask for his/her response to the specific complaint.

After evaluating all of the findings from the investigation of the complaint, the MRO determines the validity and/or seriousness of the complaint. The next step taken depends on the outcome of the investigation. If the complaint is considered to be valid and is serious enough, the decision may be made to remove the CE provider from the CE panel. In other situations where the complaint is determined to be valid but immediate removal is not indicated, the MRO meets with the provider to discuss the problem area and the means to correct it. If complaints continue to be received against the same provider, despite MRO intervention, no further

appointments are scheduled with that provider and he/she is informed of the reasons for this termination.

If the complaint is found not to be valid or reflects a mild infraction, scheduling may resume however claimant satisfaction surveys are sent to every claimant scheduled with that provider and the provider's reports are monitored. The CE provider is advised as to the type of monitoring that will take place as a result of the complaint. Usually a couple of appointments are scheduled, the quality of the exam from everyone's view point is evaluated, and then more appointments are scheduled, if indicated.

In all instances, the provider's file is documented and the claims examiner and claimant are notified as to the outcome of the investigation. If advice was sought from Regional Office (RO) during the investigation, or if contact is indicated with the RO after the investigation, the appropriate staff in the RO is notified. If the nature of the complaint and outcome of the investigation warrant it, referral to the State Medical Board would be made.

- Types of complaints received throughout the year:
 - Significant wait times
 - Claimant felt as though provider did not treat them and/or provide thorough exam
 - Short exams
 - Rude/direct providers

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activity

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

(b) (6) – removed (b) (6)
We provided much guidance and direction from the MPRO staff and our chief medical consultant.

(b) (6) – (b) (6)

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

- Maryland's Department of Health and Mental Hygiene has created online access for verification of all licenses. This allows us to verify licensure for all types of providers that are currently on our CE panel. The licensure of physicians is currently verified online at the Maryland Board of Physicians' website, www.mbp.state.md.us. The licensure of psychologists is currently verified online at <https://mdbnc.dhmh.md.gov/PSYCHVerification/Default.aspx>. The licensure of speech language pathologists and audiologists is currently verified online at <https://mdbnc.dhmh.md.gov/AUDVerification/Default.aspx>. The licensure for optometrists is currently verified online at <https://mdbnc.dhmh.md.gov/optverification/default.aspx>. All CE providers' licenses are verified prior to performing CE's for the Maryland DDS. In addition to running this check with new providers annual licensure reviews are completed for CE providers whose licenses are scheduled to expire.

- For physicians, they are licensed for two years and renewal dates are broken down alphabetically - A through L are renewed on even years, M through Z on odd years.
- For psychologists, they are licensed for two years. There does not appear to be any logical order for how it is determined who must renew on odd years vs. even years. Therefore the entire panel, of psychologists, is checked annually.
- For speech language pathologists and audiologists, they are licensed for two years. Similar to psychologists, all speech language pathologists and audiologists' licenses are verified on an annual basis.
- For optometrists, they are licensed for two years and Maryland currently does not have an optometrist on our CE panel.

Each link for varying licensed providers provides details about disciplinary actions. For physicians, there is a section on Board

Sanctions which is updated by the Board monthly. This is routinely checked on a monthly basis along with the HHS national list of provider sanctions. The Medical Relations Office also receives a quarterly magazine from the Maryland Board of Physicians, which also provides a sanctions list. For psychologists, speech language pathologists and audiologists, there are lists of disciplinary actions that can be referenced on Maryland's Department of Health and Mental Hygiene website.

In addition, the Office of Inspector General's website is checked for all new providers to ensure there are no providers on the list of excluded individuals/entities. The following website is the link for OIG exclusions: <http://exclusions.oig.hhs.gov/>. This website is also periodically checked to ensure providers are not excluded from participating in federally funded health care programs.

The System for Award Management (SAM) is checked for any individual entity exclusion at the following site: <https://www.sam.gov/portal/SAM/#1>.

- On the application (MD DDS internal document) that CE providers submit, to perform CE's for the Maryland DDS, there is a section above their signature that is preceded by the statement "In signing this application, I certify that:" One of the bullets under this statement reads "All support staff used in the performance of consultative exams meet the appropriate licensing or certification requirements of the State." In addition to requiring their signature to verify this, this topic is also discussed at the time of onsite orientations with new CE providers if services that would require such licensure or certification are going to be purchased from that provider.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credential checks are completed at licensure renewals and on a quarterly basis, please see additional details in #4.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

Embedded in, MD DDS', case processing system is a CE Authorization Monitor Report for each vendor. We monitor CE providers on an interval basis. New CE providers are monitored at 100% and other providers are set up on intervals to ensure we have at least 5% of their CE reports reviewed, per 39545.400C. This process creates a work queue request that provides a monitor form for our consultant staff to complete when they are completing their medical review. MRO staff will review the first 5 CE reports, from a new CE provider, and complete a New Provider CE Report Review (MD DDS internal document). Upon completion of a new provider review we reach out to the provider via, phone communication or email, to provide feedback. Our preferred method is email, as it allows us to provide, in writing, any areas that need attention as well as comment on the positive aspect of their reports. We receive great response from our new CE providers when this constructive feedback is provided. If the CE providers review is satisfactory we will change their monitor interval to ensure the 5% review is completed.

We receive a quarterly report of all monitor reviews that were completed, from the previous quarter. This allows us to do a quick search and review reports that have received low markings. In these instances, we may adjust individual CE providers monitor intervals. This allows us to capture comments/suggestions from our consultant staff and provide a higher level of review, with feedback and corrective action.

In addition, this quarterly review allows us to capture positive feedback from our consultants. We make great efforts to reach out to our CE provider staff and also share the "good news" about the CE reports they have completed.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

379 CE Providers – minimal increase from last fiscal year. We have actively recruited for medical specialties to include: ophthalmology, neurology and cardiology. In addition we added a large compliment of speech language pathologists and psychologists.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

- All key/volume provider visits completed.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

Please refer to MPRO SharePoint > DDS CE Fee Schedules/MER Payments for MD DDS current fee schedule. There was no change in our MER fees. The majority of our fees for CEs remained the same with minimal changes. Please see attached schedule, which has a side by side comparison to the previous year. We made minor changes to the structure of our fee schedule this past year. We included a fee for any psychiatrist or psychologist that evaluates a child. We have included a nominal fee to address the additional interview of parent or guardian that takes place. In previous year's fees for an evaluation of a child in a mental health setting were higher than for an adult. Although the fee is nominal our providers appreciate the efforts we have made. Our main concern is keeping our existing panelist and maintaining a qualified panel of CE providers. MD DDS does not offer any volume medical provider discounts.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The MRO worked in conjunction with SSA liaisons doing outreach to advocates that work closely with disability claimants on the SSI/SSDI Outreach Access and Recovery (SOAR) Initiative. Several trainings were conducted with SSA liaisons and other community partners (Mental Hygiene Administration, Health Care for the Homeless and county Core Service Agencies) for advocates in several Maryland counties. The SOAR initiative provides comprehensive training to advocates and case managers working with homeless population to assist claimants applying for benefits. The goal is to increase the number of homeless and at-risk claimants who qualify for SSI/SSDI, and to provide an accurate and timely decision as quickly in the process as possible, by working closely with the DDS. The MRO has participated in monthly implementation meetings with core SOAR staff as well as presenting on DDS needs in training sessions. The Maryland DDS continues to host county SOAR quarterly provider meetings, as well as, some SOAR two day training sessions for the Baltimore metro area and cross county trainings. These meetings provide an opportunity for SOAR trained community providers to discuss SOAR and the SSI/SSDI application process. These meetings not only provide educational benefit to the advocates, it demonstrates the partnership that has been created with several components, including SSA, DDS and multiple homeless advocacy groups in Maryland. In addition, the Maryland DDS MPRO staff participated on SAMHSA sponsored SOAR Expert Panel, which consisted of quarterly conference calls regarding the SOAR process. In addition the MD DDS and MRO staff participated in the third annual SOAR Conference, in which the MD DDS presented with partners from Health Care for the Homeless regarding DAA. A collaborative presentation at the National Alliance for Mental Illness was provided to Maryland DDS MRO Director and our chief psychiatrist presented on a SOAR Webinar about Traumatic Brain Injury.

Outreach was made to several facilities to present information about our electronic initiatives, the options for receiving MER requests and submitting MER electronically. We have ongoing contacts with major copy services to encourage and support their transition to electronic submission of records. We worked closely with a startup copy service this year, ProviderFlow, assisting with the navigation of our electronic options. In addition to our continued push to submit records electronically, we promoted our receipt of requests via electronic outbound requests (eOR). We have participated on conference calls and presented PowerPoint's about exchange of medical evidence via ERE with the medical community. MRO continues to work closely with State Correctional Facilities to ensure all sites are utilizing ERE, and providing continued education and ERE support. We also maintain weekly contact with the Baltimore VA Medical Center to ensure timely receipt of medical evidence through ERE.

The MRO team participated at the School Health Interdisciplinary Program (SHIP), providing opportunities to network with individuals from across the state who are working to advance health care within the school system. From our work last year with the Assistant State Superintendent of Special Education & Early Intervention Services we have made connections with a local school jurisdiction and are beginning to lay the groundwork to pilot ERE in three of their schools (elementary, middle and high) with the hopes of being county wide. We will continue to target other counties in the state with the outcomes of our pilot with the Howard County School System. I continued to work closely with partners in the MD PROMISE program, identify claimants that were participants in an appropriate Section 301 program.

The MD MPRO staff worked closely with Washington Metro Public Affairs Specialists (PAS), (b) (6). With (b) (6) we provided joint presentations at the National Institutes of Health, for their social work staff. In addition we provided stakeholder meetings with SSA field offices and AWIC for social workers, case managers, and advocates in the communities of Prince Georges County and Charlotte Hall.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Boston
State DDS:	MA
Report Period (Fiscal Year):	2016
Current Date:	November 08, 2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Director of Medical Contract Mgmt. & Professional Relations

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

The Boston & Worcester Medical Relations Department investigates all complaints in accordance with the state procedures. The medical relations officer reviews all complaints. A complaint can be received directly from the claimant or through the examiner responsible for the case. If not received directly from the claimant, a contact is made to the claimant to obtain a clear description of the problem. The doctor is asked to respond in writing within 30 days.

- a. This fiscal year 46 complaints were filed by claimants involving rude and/or unprofessional behavior, these are sent in writing to the doctor along with a copy of the CE report. The DDS responds to claimant complaint by sending the claimant a letter of acknowledgement. The doctor's written response is evaluated along with any other complaints, if any, against the consultant. The Consultative Evaluation Appraisal Cards are reviewed along with the case file. Depending on the seriousness of the offense, the Assistant Commissioner and the Director of Medical Relations in the Boston office might be involved in the final resolution.

- b. One allegation was filed that involved complaints of an environmental nature (cleanliness and/or poor accessibility and/or lack of proper facilities). These are initially investigated with an unannounced site visit to assess the situation.
- c. We did not have complaint of a non-egregious nature but they would be investigated with a combination of the procedures listed above.
- b. Allegations of an egregious nature (which could include illegal/criminal activity, sexual harassment, cultural insensitivity, allegations compromising the health and safety of claimants) are discussed with management immediately. The agency's General Counsel is involved in these situations. Depending upon the severity of the complaint, appointments are cancelled or suspended pending the investigation. Investigation of serious complaints would involve a telephone call to the claimant or a personal meeting with the claimants to clarify the details. The claimant would also receive an acknowledgement letter.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

N/A

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

A Volume Provider, (b) (6) refused to see a claimant that was not on (b) (6) schedule. The claimant spoke to the Vermont PRO who overheard the doctor "yelling," at the claimant to leave (b) (6) waiting area. The doctor's appointment for the remainder of the week were cancelled pending an investigation. During the site visit with the Director and the PRO, the doctor highly disagreed with the accusation that (b) (6) was "yelling," and took the summer off, (b) (6) has not returned.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

As part of the contract all CE panelists are required to sign a License/Credential Certification that their support staff who participate in the conduct of the CE meet all appropriate licensing and certification requirements for the state and are not currently suspended or barred from participation in the Medicare or Medicaid programs or any other Federal program. In Massachusetts, both Boston and Worcester offices have online access to the most updated license and credential information on both physicians and psychologists provided by the licensing boards. Verification of Medical Doctor licenses is provided by the Board of Registration in Medicine (<http://profiles.ehs.state.ma.us>). Prior to hiring any consultant, the website is checked and any Board or hospital disciplinary incidents are addressed prior to consideration of a contract; however, getting details regarding

infractions is difficult. Verification of a psychologist's license is provided by the State Licensing Board (<https://elicensing.state.ma.us/CitizenAccess/>). In addition, the SAM (System for Award Management) List of Excluded Individuals is also cross-referenced. The contract requires doctors to furnish DDS with a copy of each license renewal as it occurs during the period of the contract. The PRO/MRO semi-annually reviews State Licensure Board sanction lists and the HHS/SAM Inspector General's List of Excluded individuals and Entities to ensure no unlicensed or excluded CE provider is a vendor.

When recruiting medical consultants, we require not only confirmation that the physician/psychologist is in good standing but also that any associates or assistants provide us with proof of their own credentials, which are subsequently verified with the appropriate Licensing Board. All consultants who have staff assistance sign a form regarding their staff's credentials, but most do not have support staff. Both the Boston and Worcester Offices follow this procedure.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Semi-Annually

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The chief consultants review the first three to five exams and feedback is provided to the new doctor. If the new reports are of poor or fair quality, the reports are evaluated and feedback provided until they improve. Quality Assurance (QA), In-house consultants and case processing continually review Consultative Exam reports and make referrals to Medical Relations when criteria is not met. When a referral is made regarding poor quality, the CE is referred to the chief consultant for review. If the chief consultant feels it necessary, a Special Study is performed and feedback is shared with the doctor in person.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

191- We had 16 doctors who stopped consulting for mixed reasons (deceased, moved, did not want to do CE's anymore, retired) and 24 newly hired doctors.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

No. In Boston, onsite visits were done for 12 of the top/key providers and in Worcester onsite, visits were done for 6 of the top/key providers. Some providers work on a Saturday only making it difficult to see them. We chose the providers who made the list for the first time as opposed to providers who we have typically seen many times in previous years.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There have been no changes to either the CE or MER fee schedules.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The Medical Relations initiative for 2016 was recruitment. The Professional Relations Officers (PRO) hired twenty-four doctors; eighteen psychologists, three psychiatrists, one internal medicine, and two orthopedists. The PRO's also hired two taxi companies. Despite these great results, we were plagued with backlogs for multiple reasons.

For In-house consultants we hired two Pediatricians and one Ophthalmologist. An internist was interviewed but declined our offer. We interviewed four Nurse Practitioners for a pilot project but none accepted our offer.

Vermont volunteered to take twelve hundred Continuing Disability Reviews (CDR) cases from Massachusetts. The Social Security Administration chose the Roxbury and Springfield District Offices (DO) for distribution of CDR cases. However, eighty percent of those CDR's came from the Springfield (DO). The uneven distribution of CDR cases from one D.O. exacerbated frustrations for both states and increased the backlogs already existing in Springfield, especially for psychological CE's.

Claimants were confused about whom to communicate with as they received a CE letter from Massachusetts and other correspondence from Vermont. There were many emails and conference calls held to resolve issues. For example, Massachusetts needed to print the Case Work Sheet each time, (Failure to Cooperate and pre CE), Robo Calls occurred, as the documentation did not show up in Vermont's system. With a caseload of Assistance Requests of up to two hundred and fifty at one time, this required constant perusal of the caseload by the PRO in Worcester. The entire project was especially time consuming for the Medical Relations Department and was subsequently transferred to another worker.

Further CE backlogs were due to extensive overtime offered to Examiner over a nine-month period of up to twelve hours in a week for Examiners. In an effort to reduce backlogs, we reached out to our sister agency, Massachusetts Rehabilitation Commission (MRC), to schedule exams in Lowell, Lawrence, Fall River and Springfield. Doctor who volunteered to travel to those offices did not have to pay rent.

New Hampshire and Rhode Island provided us with the names of six psychologists looking for additional referrals that worked just over the border; all declined a contract because rates were too low. To use this resource, we sent Assistance Requests to New Hampshire (NH) and Rhode Island (RI) to pay psychologist at their higher rate. (b) (6) PRO and (b) (6) PRO did an excellent job of scheduling and communicating with us. This did help with some of the backlogs.

A volume provider from Chelsea who sees children and does testing became (b) (6) and (b) (6) August claimants rescheduled. A psychologist in Springfield, (b) (6), started in May 2016, by August, (b) (6) became unresponsive and (b) (6) exams rescheduled. Another psychologist in Andover started August 1, 2016 and (b) (6) became unresponsive by the end of August, due to a (b) (6) out of state. After weekly conference calls, through October, we finally secured all of (b) (6) exams.

Research in the Current Procedural Terminology (CPT) was done to find a way to increase fees. A request for an increase for psychologists was submitted to MRC Administrative Office in February 2016 but a response had not been received. Massachusetts has not raised their fees for psychologists since 2008 and that increase took 20 years.

The Director of Medical Relations and the Boston CE Placement Supervisor served on the Foreign Language and Translation Committee for the new contract to begin on July 1, 2016. We are required to use the interpreters on the statewide contract. Meetings were attended on a weekly basis out of the office from December 2015 through June 2016. Additional responsibilities included serving on the fiscal committee, reviewing bids and calling on references outside of our weekly meetings.

Medical Evidence of Record (MER), problems involved conference calls with Brigham and Women's Hospital to go over how their new system would affect ERE. Medical Relations served as an intermediary between New Hampshire and Dana Farber Institute with their SSA-827 issues. Public Relations were utilized for MER backlogs with Massachusetts General Hospital, Brigham and Women's Hospital, UMass Medical Center, Greater Lawrence Hospital, North Central Human Services, Clinical Support Options and Dimock Center. Morton Hospital is now willing to accept our SSA-827, 12 months after signature.

The Director of Medical Relations has been attending monthly meetings for the last year with the Director of Case Processing in Boston and the Worcester Office Manager, to streamline the department. Medical Relations also attends monthly PRO meetings. In addition, a training session was held for the new Examiner class. A meeting was held with the statewide Taxi Transportation Department looking for alternative transportation options. We have also answered multiple surveys for HIT MER providers as requested.

During the year, we had one PRO out (b) (6)

11. Upload the following documents to the SharePoint site:

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DDS CE Oversight Report

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The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Chicago
State DDS:	Michigan
Report Period (Fiscal Year):	2016
Current Date:	November 14, 2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title MRPH Manager

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

Complaint Procedures

- All complaints about CE providers are referred to the PRO for resolution and inclusion in the vendor's file. All complaints are acknowledged by phone and/or letter (may be both for complaints that are sensitive in nature). Depending on the nature of the complaint, customer surveys may also be completed. Sensitive complaints (e.g., sexual improprieties, discriminatory treatment, etc.) are referred to the PRO Manager. After investigation, the PRO Manager will decide the course of action, which could include suspension or deletion of the provider from the CE panel, referral to an outside agency (e.g. state Bureau of Health Professions Complaint and Allegations Division), and/or referral to Department Legal Affairs/Attorney General. The PRO Manager is responsible for notification to Regional Office.

Types of Complaints

- Throughout the year we received a variety of complaints but most of them centered around one of three areas: (1) a lack of compassion during the course of the exam (i.e. demeaning comments) (2) rudeness/curtness (i.e. the CE provider didn't let them get their point across, kept cutting them off, etc) and (3) the occasional "dirty" premise (i.e. waste baskets not emptied, dirty couch, etc).

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of

each, including the outcome.

There were no fraudulent activities discovered for FY 16.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

There were two such complaints this FY. Each are outlined below:

- (b) (6) (August 2016)
 - (b) (6) alleged (b) (6) was harassed by the clinic manager when asked to put (b) (6) cell phone away. We did an investigation and had customer surveys completed. We were successful in getting the clinic manager to change (b) (6) 'no cell phone' policy. Clients can now use their phones in the lobby area, but not in the evaluation rooms. Surveys revealed no additional complaints
- (b) (6) (September 2016)
 - (b) (6) claimant alleged CE provider asked inappropriate questions about (b) (6) past sex life. We are still in the process of conducting customer surveys, however pending investigation we have ceased scheduling exams with this CE provider. The CE provider did provide a response to the complaint, however before we make a final determination on the status of (b) (6) as a provider we are awaiting the results of the customer surveys.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

State and Federal license verification business process:—

New CE Provider:

- Complete a qualification sheet as well as a signed "license/credentials certification" statement that the provider and all support staff to be used in CEs meet appropriate state licensing/certification requirements and are not under any sanctions.
- DDS verifies status with the State Licensing Board and checks the System for Award Management (SAM) website to verify the physicians are not currently excluded, suspended, or barred from participation in federal or federally-assisted programs.

Existing CE Provider:

- Contacted annually in January for a list of active consultants and signed support staff statements.
- Licenses are verified at renewal (via the state licensing board)
- Periodic license reviews are conducted annually in June of each year to check license status via LARA and that the consultants are not currently excluded (via SAM)
- Ongoing monthly monitoring of the State Disciplinary Action Report and press releases.
- All CE providers also include their license number and expiration date with each CE report.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Periodic credential reviews are completed annually in June. Licenses are also verified at renewal.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

New CE Providers

- To ensure adherence to program reporting requirements, the PRO will:
 - Review the first five C/E reports
 - Retain a copy of each review in the consultants file
- Provide feedback from the PRO review to the new consultant. If no problems are identified, then additional examinations are scheduled and monitoring continues via routine channels (i.e., QA case review and case-by-case problem referrals to the PRO). If problems are identified, then they are discussed in detail with the source before any more examinations are scheduled. The PRO will review copies of the next two to three reports to ensure that the problems are resolved.

Established CE Providers

- Provider reports are randomly checked throughout the year by PRO staff
- Problem referrals (with CE provider report)s are tracked and monitored to determine areas where intervention by the PRO may be needed (i.e. Provider training, etc)

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

We currently have 185 providers on our CE Panel. This is a decline of 15 vendors from FY 15. This decline is primarily due to retirements. We have had a very difficult time recruiting new vendors in underserved areas of the state. This difficulty recruiting is attributed to the low fee we pay per exam. We have been told our fees do not cover the administrative cost to do this type of work.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and Volume Provider Visits for FY 16 were completed

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There were no changes to the fee schedule for FY 16 and no volume provider discounts. We do have fee exceptions for our underserved areas of Michigan (i.e. typically the Upper Peninsula, northern and western parts Michigan). Exceptions in those particular areas are vital to us being able to recruit and maintain qualified physicians. Many of the physicians/consultants we use in those areas travel there from other parts of the state. In

these areas we pay \$150 for Internist exams, \$145 for mental status exams, \$180 for Bayleys and \$200 for SLP CEs.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

EXHIBITS/PRESENTATIONS (DDS and/or in Collaboration with SSA)

(B)=Booth (P)=Presentation

10/15 Native American Tribal Advocacy Training with SSA (Harris, MI) **(P)**

10/15 Symposium for Primary Care Medicine **(B)**

10/15 MACMHB Annual Fall Conference **(B)**

10/15 Annual Michigan Association of School Social Workers **(B)**

1/16 MAOFP Conference (Bellaire, MI) **(B)**

1/16 Sparrow Hospital Residency Workshop (Lansing, MI) **(P)**

2/16 MACMHB Annual Winter Conference with SSA **(B)**

4/16 MAOFP Conference (Okemos, MI) **(B)**

5/16 MHIMA State Conference **(B)**

5/16 MACMHB Annual Spring Conference **(B)**

6/16 State Bar of Michigan with Area IV PAS and CR **(P)**

7/16 Community Outreach with SSA (Flint Farmers Market) **(B)**

8/16 Concerto Health Community Conference **(P)**

8/16 MAOFP Conference (Traverse City, MI) **(P) (B)**

9/16 Annual Substance Use/Co-Occurring Disorder Conference with SSA **(P) (B)**

9/16 Native American Advocacy Training with SSA **(P)**

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:**
 - **Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).**
 - **Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).**
 - **Indicate CE providers for whom you completed onsite reviews.**
- **A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"**

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Chicago
State DDS:	Minnesota
Report Period (Fiscal Year):	2016
Current Date:	11/02/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

All complaints referred to Medical Services are investigated. Complaints typically arise from claimants or authorized representatives. A complete description of the complaint is obtained. The CE Panelist is contacted to discuss the complaint. The claimant or other party is contacted regarding action taken and resolution of the problem. Documentation concerning the complaint is kept in the CE provider's folder. If the complaint is of a serious nature, a visit may be made to the consultant's office for further investigation of the problem. Complaints regarding the exam itself are referred to the appropriate Chief Medical or Psychological consultant for review. The Chief completes a feedback form detailing the issue and provides recommendations for resolution. Chicago Regional Office is notified in the event of serious complaints, i.e., physical or sexual abuse by a provider. In these events, referrals for exams are immediately ceased. Every effort is made to maintain the safety of our claimants and the integrity of the program.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activities discovered or reported.

3. Identify complaints of an egregious nature, requiring either or both significant corrective

action and/or public relations work per [DI 39545.375](#).

In October 2016, we terminated our professional relationship with one of our CE Providers, Carol Follingstad, Psy.D, LP. A letter was emailed to her as well as sent via Certified Mail. She has been one of our top providers, ranked at #11 in terms of exams this past year. She has done consultative exams for us in numerous locations dating back to 2004. We have received no significant complaints or concerns in the past regarding her work (b) (6)

We cancelled all of her future exams with the DDS and rescheduled them as soon as possible. This amounted to approximately 90 exams that had been scheduled between now and December. We personally called the claimants that were previously scheduled to attend in the next few days to notify them that their exam is being rescheduled. Since we have made the decision to terminate services with her, we were able to cobble together panelists from nearby locations to cover the rescheduled exams.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

When recruiting new panelists, licenses, credentials and certifications are verified with the appropriate State Medical, Psychological and other appropriate boards. The attached policy describes the MN DDS procedure for quarterly licensure and sanction verifications. Records of these verifications are maintained by the MROS via spreadsheet.



policy license
verification.doc

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credential checks are completed quarterly.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

When a new panelist is recruited, we gather the first 10 reports and they are submitted to the DDS chief physical/psych consultant for feedback. A feedback form is completed by the chief consultant and submitted to MROs for review. Feedback is provided to panelist. Reports continue to be monitored at MROs discretion and via feedback from SAMC/PCs and by QA Specialists during QA reviews.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and Volume provider onsite visits were completed before September 30th, 2016. See oversight report for dates and locations.



CE OVERSIGHT
FY2016.doc

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

Effective January 1st, 2016 the following changes were made to the CE Fee Schedule:

- MSE rate was raised to \$180
- WPPSI, WISC, and WAIS psych testing was raised to \$150
- All panelists provided a \$25 records review payment on all failed appointments or late cancels.

The above changes were made in an effort to provide equitable pay to our panelists who conduct CE's in neighboring states. These changes are also being made to allow us to be more competitive with other agencies when recruiting additional panelists.

The following CE providers have been added to our special arrangements:

- Dr. Mark Yohe: CE Exam fee raised to be comparable to the North Dakota's fee schedule.
- Keystone Interpreting: Hourly rate raised to \$60 an hour with a 2 hour minimum to be more comparable to Medicare rates.
- Northern Lights Pediatrics: CE Exam fee raised to \$200 and records review fee was raised to \$100.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

See MRO activities section of the CE 2016 oversight report.



CE OVERSIGHT
FY2016.doc

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

Policy: Verifying CE Panelist Licenses and Identifying Sanctions and Exclusions

The Minnesota DDS will verify each quarter that all active and potential consultative exam panelists maintain current licenses in the state of Minnesota and have no federal sanctions or exclusions against them.

PROCEDURE

<u>WHO</u>	<u>STEP</u>	<u>WHAT ACTION</u>
MRO	1	Ensure licensure verification table is updated with new panelists and accurately reflects current panel.
	2	When a new panelist is added, contact the appropriate licensing board to determine the date the panelist's license expires.
	3	Verify that the panelist has no exclusions by accessing the System of Award Management (SAM) or LEIE (http://exclusions.oig.hhs.gov/) and entering their first and last name. If a panelist has an exclusion listed, they must be removed from the panel.
	4	If the panelist has a current license and is without exclusions or sanctions record the name of the consultant, license number, license expiration date, and whether there are pending disciplinary actions.
	5	Enter the new panelist and license expiration date in the license verification table.
	6	Each quarter, verify that a new license has been issued for panelists with licenses expiring soon by contacting the appropriate licensing board: <ul style="list-style-type: none"> • Minnesota Board of Medical Practice http://mn.gov/health-licensing-boards/medical-practice/ • Minnesota Board of Optometry http://mn.gov/health-licensing-boards/optometry/ • Minnesota Department of Education http://education.state.mn.us/MDE/EdExc/Licen/TeachLicLook/index.html • Minnesota Department of Health https://pqc.health.state.mn.us/hopVerify/loginAction.do • Minnesota Board of Psychology (requests by mail) http://www.psychologyboard.state.mn.us/ 2829 University Avenue SE, Suite 320 Minneapolis, MN 55414-3237 Phone (612) 617-2230; Fax (612) 617-2240

- | | | |
|------------|----|---|
| | 7 | If the panelist has renewed his/her license, enter the new expiration date in the license verification table. |
| | 8 | If a new license has not been issued, call the panelist to determine if the consultant intends to renew the license. If the answer is yes, verify the license renewal by contacting the appropriate licensing board. Enter updated license expiration date into licensure verification table. |
| | 9 | If unable to verify license renewal prior to the expiration date, the MRO should inform the Assistant Director of Operations and the Assistant Director of Medical Services. |
| ADO & ADMS | 10 | If license renewal has not been verified, suspend use of the consultant immediately. Inform ACE Supervisor to cancel pending exams. |
| MRO | 11 | Follow up with the panelist until verification that the panelist is currently licensed, or until MRO determines the license will not be renewed. |
| | 12 | If renewal is verified, reinstate the consultant on the CE panel, or remove the consultant permanently if the license has not been removed. Inform the AD's of the decision. |

ASSURING VALID LICENSURE OF STAFF ASSISTING VOLUME PROVIDERS.

- | | | |
|-----|---|--|
| PRO | 1 | Send form VPI (Attached) to all volume providers each year. |
| | 2 | Returned positive responses will be kept on file. |
| | 3 | If the volume provider does not verify valid licensure of staff assisting with the exam, we will contact the volume provider and take steps to assure licenses are valid, or discontinue use of the volume provider/assistant. |

Date:

To:

From: (b) (6)
Disability Determination Services

Federal policy requires that our agency verify that any support staff who assist with examinations for Minnesota Disability Determination Services meet the appropriate licensing or certification requirements of the State. This includes medical staff such as x-ray and laboratory technicians, nurses, optometrists, or speech and language pathologists.

For psychological evaluations, a licensed psychologist (license issued by the Board of Psychology in the state where the exam is held) must administer the mental status interview/clinical interview for adults and children. A psychometrist whose competence is verified by the licensed psychologist may administer psychological testing. The licensed psychologist is required to review all psychological test materials for validity and diagnostic purposes, and sign off on the entire report.

The statement below should be reviewed and signed by the office manager, or the medical consultant (physician or psychologist) who performs examinations for our agency. A return envelope is enclosed, or the form can be faxed to my attention. This will be kept on file and renewed each year.

Statement of Agreement

I certify that all support staff used in the performance of examinations for Minnesota Disability Determination Services will meet the appropriate licensing or certification requirements of the State of Minnesota for the year beginning January 1, 2014 and ending December 31, 2014.

Signature: _____

Title: _____

Date: _____

Return to: (b) (6)
Medical Relations Coordinator
MN Disability Determination Services
P.O. Box 64709
St. Paul, MN 55164

(b) (6)

(b) (6)

ANNUAL CONSULTATIVE EXAMINATION MANAGEMENT
OVERSIGHT REPORT
FY2016

MINNESOTA DISABILITY DETERMINATION SERVICES

(b) (6)

MN DDS PROCEDURES: COMPLAINT RESOLUTION

General procedure per the Consultant Examination Oversight Plan, Section D: All complaints referred to Medical Services are investigated. A complete description of the complaint is obtained. The CE Panelist is contacted to discuss the complaint. The claimant or other party is contacted regarding action taken and resolution of the problem. Documentation concerning the complaint is kept in the CE provider's folder. If the complaint is of a serious nature, a visit may be made to the consultant's office for further investigation of the problem. Chicago Regional Office is notified in the event of serious complaints, i.e., physical or sexual abuse by a provider.

LIST OF KEY PROVIDERS & ONSITE REVIEWS

Alford Karayusuf, MD

1. Metro Square Bldg., 7th & Robert Sts., St. Paul, MN 55101
*Onsite 07/28/16
2. 3100 Lake Pt. Corporate Bldg., #210, MPLS, MN 55404

Donald Wiger, LP & Associates

1. 229 Jackson St. #136, Anoka, MN 55303
2. 155 S Wabasha #122, St. Paul, MN 55107
3. 4275 Hwy 61 W. Red Wing, MN 55066
(b) (6) Albert Lea, MN 56007
(b) (6) Owatonna, MN 55060
*Onsite 09/22/16

Craig Barron, PsyD., LP

1. Our Savior's Housing, 2219 Chicago Ave. S., MPLS., MN 55404
2. Spruce Tree Center, 1600 University Ave. W. #303, St. Paul, MN
*Onsite 7/12/16
3. St. Francis Ctr., 116 8th Ave. SE, Little Falls, MN 56345

Ward Jankus, MD

1. University Park Med Bldg, MN Surgical Assoc #270, St. Paul MN 55104 *onsite 09/05/16
2. Professional Building 280 N Smith Ave #311, St. Paul, MN 55102

A. Neil Johnson, MD

1. District One Hospital 200 State Ave., Faribault, MN 55021
2. Now Urgent Care Clinic 1955 W County Rd B2, Roseville, MN
3. Brookdale Integrative Health 5740 Brooklyn Blvd , Brooklyn Ctr, MN
4. Cambridge Chiropractic Clinic 137 SW 2nd Ave., Cambridge, MN
5. Assoc Chiropractic Physicians 1320 Kenwood Ave, Duluth, MN
6. Bentz Chiropractic Clinic, 1022 S 19th St., LaCrosse, WI 54601
7. Unity Specialty Center 808 3rd St, Little Falls, MN
*onsite 08/04/16
8. Granite Falls Hospital 345 10th Ave, Granite Falls, MN

Dustin Warner, PsyD., LP

1. 325 Cedar St. #312, St. Paul, MN 55101
*onsite: 07/19/16

Marlin Trulsen, LP

1. 102 S 29th Ave. W #106, Duluth, MN 55806
*Onsite 09/08/16
2. Lakeview Psychological Clinic 600 Union St. So., Mora, MN 55051

Lyle Wagner, PhD., LP

- (b) (6) Brainerd, MN 56401
- (b) (6) Litchfield, MN 55355
*onsite: 08/22/16

Dennis Andersen, MA, LP

1. 1500 Northway Drive #1, St. Cloud, MN 56303
*Onsite 08/05/16

James Huber, PHD., LP

1. Great River Psych Services 403 4th St. #245. Bemidji, MN 56601
2. Red Lake Hospital/BH Clinic, Red Lake, MN 56671
3. Howard Court 302 E Howard St. Hibbing, MN 55746 *Onsite 9/07/16

CE PANEL INFORMATION

Current number of CE Providers on Panel: 245

Process for review of CE Panelist exclusion lists, credentials checks:
See MN DDS Policy Memo 2347 (attached)

Process used by the DDS to ensure CE Providers support personnel are properly licensed/credentialed: See MN DDS Policy Memo 2347

Medical Services Outreach:

(b) (6)

Medical Relations staff have been involved in the following activities (FY15):

- Review of Military Casualty cases and follow-up with Veterans medical facilities to expedite receipt of MER.
- Monitored ERE Helpline for questions concerning electronic MER & CE submissions from statewide vendors.
- CE Oversight visits to more than top 10 providers. Visited over 25 additional panelists throughout the state of Minnesota.
- 10/15: Staffing a booth at the 2015 St. Louis County Public Health and Human Services Conference to provide outreach to social workers, psychologists, case managers, and medical vendors throughout Minnesota.
- 10/15: Staffing at Many Faces Community Health Conference to provide outreach to social workers, case manager, and psychologist throughout Minnesota.
- 01/16: Presentation at Refugee Forum regarding SSI disability evaluation criteria and process.
- 4/16: Staffing a booth at the MN Psychological Association 2014 Annual Conference to recruit potential psych panelists.

- 04/16: Staffing a booth at the 2016 National Indian Child Welfare Association annual conference to provide outreach to social workers, case managers, and psychologist throughout Minnesota.
- 4/16: Staffing a booth at the MCF Shakopee Transitions Fair to provide outreach regarding SSI disability evaluation criteria and process.
- 4/16: Staffing a booth at the MN Health Information Medical Association annual conference to promote ERE.
- 4/16: Staffing a booth at the MN Association of Child and Adolescent Mental Health to provide outreach to social workers, case managers and psychologists.
- 5/16: Staffing a booth at the 2016 Ortho Society Annual Meeting to provide outreach to physical medical doctors and medical vendors throughout Minnesota.
- Provided eCat training & support for State Agency Medical Consultants & staff.
- 6/16: Staffing a booth at the MCF Faribault Transitions Fair to provide outreach regarding SSI disability evaluation criteria and process.
- 6/16: Staffing a booth at the 2015 MN e-Health Conference to promote ERE. This annual conference provides an opportunity for the MN DDS MRO staff to network with ERE providers including the Community Health Information Collaborative (CHIC), the University of MN Hospitals & Clinics, HealthPartners (HMO), and the MN Department of Health.
- 6/16: Staffing a booth at the 2015 MN Rural BH Conference. This annual conference provides an opportunity for the MN DDS MRO staff to network with ERE providers including the Community Health Information Collaborative (CHIC), the University of MN Hospitals & Clinics, HealthPartners (HMO), and the MN Department of Health.
- 07/16: Presentation at Metro-wide Engagement for Shelter and Housing monthly meeting regarding SSI disability evaluation criteria and process.
- 08/16: Staffing a booth at the 2014 Community Mental Health Conference to recruit potential panelists throughout Minnesota.
- 9/16: Staffing a booth at the 2014 MN Medical Association Conference to recruit potential panelists throughout Minnesota.

- Interface with statewide MER vendors to coordinate eAuthorization rollout.
- Presenting information re: the MN DDS and the SSA Disability Programs to the Dept. of Employment & Economic Development's Communications Team & Area One Director's Office.
- MRO presentation at MN Dept. of Human Services to SOAR Initiative outreach workers, advocates, and attorneys regarding SSI Disability evaluation criteria & process.
- Participant in homeless initiative stakeholder's meeting involving attorneys, advocates, and program administrators sponsored by the MN Dept. of Employment & Economic Development (DEED).
- Coordinated & scheduled all consultative exams in the MN prison system for the DDS.
- Presented to statewide components of SSA (e.g., ADO, FOs) regarding DDS staffing, workflow, quality, systems, and delivery of services.
- Provided eCat and e827 training & support to in-house medical & examiner staff.
- Provided CDR training to onsite Medical Consultants.
- Coordinated the CME training by the SSA CME trainers.
- Created databases to gather, analyze, and evaluate vendor information. Contributed recommendations for improvements to legacy and ERE systems.
- Conducted training session regarding outbound & incoming MER document workflow, troubleshooting, and error queues.
- Organized training presentation to DDS staff by CE Panelist regarding the components of the mental status examination and challenges to the CE provider.
- Organized training to DDS staff with Garden and Associates Interpreting Agency regarding recruitment and training of interpreters and cultural differences examiners may encounter with claimants.
- Provided technical support & training to ERE website medical vendors and consultative exam panelists.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Atlanta
State DDS:	Mississippi
Report Period (Fiscal Year):	10/1/2015 – 9/30/2016
Current Date:	November 4, 2016
Reporter's Name, Phone number, and title:	(b) (6), Medical Relations Office Supervisor (b) (6)

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

Complaints, once documented in writing, are copied and sent to the CE provider for a written response within seven days. If corrective action is needed, a phone call and/or letter is sent to provider to address the issue; and if necessary, a site visit is made to confirm that corrective action has been taken.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

N/A

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

N/A

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).

- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

A list of links to sites of licensing agencies is maintained in the MRO electronic files. We go to the appropriate agency's site to locate the prospective panelist's name in licensure verification. Afterwards, for the first half of FY '16 the OIG website was checked for exclusions; the second half of FY '16, SAM (System for Award Management) replaced OIG.

It is up to the CE provider to make sure his/her support staff are properly licensed or credentialed, as required. MRO sends a letter to the provider, requiring his/her signature, certifying that all support staff used in the conduct of consultative exams meet the appropriate licensing or certification requirements of the state. The signed letter is maintained on file.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credential checks are made randomly throughout the year; and at least yearly, at the time of license renewal. The State Board of Medical Licensure sends out monthly notices of sanctions, revocations, and reinstatements. These are checked against list of CE providers.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

A new provider's first six CE reports are reviewed by the central medical unit, and feedback is sent to the provider from Medical Relations. Any problem areas or deficiencies are addressed with the provider, and the provider is given the opportunity to make corrections. SSA protocols for administering tests may be sent to the provider for guidance. Random checks of CE reports may be made to ensure existing providers are in compliance.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

188 – unable to account for significant discrepancy from last year's total, as identical query was run from legacy system. Appears to be typographical error in last years' report of 271.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Onsite visits were made to all but two (Jan Boggs, Ph.D. and Tri-State Occupational Medicine) volume providers. The MPRO who was scheduled to visit these two providers retired from DDS prior to visits being made. A visit to Jim Adams, M.D., a key provider who only does disability exams, was missed during this year due to time constraints. This was not considered a serious omission, since Dr. Adams is a long-time provider, who is occasionally called upon to assist other doctors in disability evaluations, and his clinics have been visited numerous times in the past at various times.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

Hearing-in-Noise Test (HINT), CPT code 92557, was added to the CE fee schedule in September 2016. There have been no changes to the MER schedule.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

New providers are encouraged to register for an ERE website account from the outset. As most providers store their records electronically, they like the ease of exchanging documents between themselves and DDS via the ERE. SSA literature that promotes electronic records is distributed at conferences and exhibits. MS DDS updated its brochures used for recruiting consultative exam providers, as well as medical consultants. We maintain a high profile at conventions of numerous professional organizations throughout the year. Sponsorship of events at professional association workshops and

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Kansas City
State DDS:	Missouri
Report Period (Fiscal Year):	2016
Current Date:	11/9/16
Reporter's Name, Phone number, and title:	(b) (6) Director of Medical Services (b) (6)

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

The Missouri DDS has five Professional Relations Officers. There is one PRO in each of our five DDS offices: S80 Jefferson City, S81 St. Louis, S82 Kansas City, S83 Cape Girardeau and S84 Springfield. Each office's PRO handles complaints for CE providers in their territory. The claimant usually discusses the complaint with DDS staff to clarify the nature and extent of the complaint. Claimants may be asked to submit the complaint in writing. Depending on the complaint and the CE provider's history, the doctor is often contacted and given a chance to respond to the complaint through phone contact or in writing. Depending on the nature of the complaint, survey letters may be sent to claimants who have appointments with the provider. Results from surveys may be provided to the doctor. Discussion and education with the doctor may be necessary. Depending on the nature of the complaint and the results of the surveys, additional actions may be taken: reviews of exams, additional monitoring of exams or even dismissal from the CE panel. Documentation of the complaint, actions and resolution is placed in the CE provider's file.

Types of complaints received during the year included:

- Rudeness, unprofessional or impatient
- Wait time for exam
- Exam not thorough

- Pain with range of motion
- Not enough time spent during exam
- Did not feel believed when said could not perform part of the exam
- Could not understand CE provider
- Speaking too fast to understand and eating lunch during CE
- Unclean office
- CE provider smelled of whiskey or rum (CE provider does drink alcohol)
- Calendars on wrong month

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

Not applicable

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

Not applicable

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

When recruiting a new CE provider, the PROs check the national System for Award Management (SAM) website (<https://www.sam.gov/portal/SAM/#1##1>) and the Missouri Division of Professional Registration's website (<https://renew.pr.mo.gov/licensee-search.asp>) to ensure the provider's license is current and not sanctioned nationally or in the state. If currently licensed and not sanctioned, the provider signs a CE Vendor Agreement statement (license and credentials certification) indicating he/she is properly licensed and not sanctioned. In addition, the agreement states that any technical medical staff participating in an exam for him/her is properly licensed, certified and trained for the position and is not sanctioned. This statement is kept in the CE provider's file.

All CE providers place their license number and expiration date on each CE report submitted to DDS.

On a monthly basis, we check the SAM website for its sanctioned list. These are downloaded, sorted and checked by the Pros for their respective territory and surrounding area.

The PROs verify all CE vendors' status (this includes doctors of medicine, doctors of osteopathic medicine, psychologists, speech language pathologists, etc.) with the national SAM website and the state web site once a year starting in January. Nurse practitioners are verified in April, and optometrists are verified in October. If there are concerns with a CE provider, the license is monitored as necessary. The license verification date and expiration date are monitored and recorded for each license verification. The PROs also obtain a CE Vendor Agreement statement (license and credentials certification) annually for each CE provider.

A license status verification is also obtained from the Kansas DDS for their CE providers that Missouri has on our CE provider panel.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

See #4

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

A minimum of five CEs are scheduled and reviewed prior to a new CE provider being added to the CE panel. The PRO reviews the CE reports as they are received. Medical consultants often review the new provider's CE reports as well. Supervisors may also assist in the review process. The PRO provides feedback to the new CE provider. If the first five CE reports show proper content, the CE provider is released to the CE panel. If the CE reports are not adequate, the PRO gives additional feedback to the CE provider and additional CEs are scheduled. If these CE reports are appropriate, the CE provider is released to the CE panel. If the CE reports continue to be deficient, we stop scheduling CEs with the CE provider and do not add the CE provider to the CE panel.

PROs review CE reports from established CE providers throughout the year. They also review their CE reports when counselors, medical consultants or supervisors bring concerns to their attention. In addition, the PROs see CE reports first hand as they work cases, especially ODAR CE assistance request cases. As concerns are noted from a CE provider, several CE reports are reviewed to see if there is a pattern. The PRO provides feedback to the CE provider and reviews additional CE reports as they are received. These are reviewed by the PRO and possibly medical consultants and supervisors. If the CE reports return to proper standards, the CE provider remains on the CE panel. If improvement is not shown in the CE reports, the CE provider may have to be removed from the CE panel.

7. Provide the total number of providers on the CE Panel and describe any differences from

the previous year.

Missouri had 432 total CE providers on the CE panel. This included the Kansas and Illinois CE providers we added to our CE panel while working cases from those states.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All key and volume CE providers had onsite visits.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

For CEs, Missouri uses the Relative Value Units for Physicians with a geographical index adjustment. Lab fees are set based on the "Physicians Coding Guide" units with a conversion amount. Psychological fees are based on time unit studies/surveys and recommendations.

We use the CE fees established by our parent agency (Vocational Rehabilitation) or establish fees based on their policies.

CE fees are normally revised on April 1 based on the Medicare fee schedule that was in effect as of January 1. However, there would have been minimal changes this year in the fees. Therefore, our parent agency decided that our 2016 CE fees would remain the same as our 4/1/15 fees, which was also the case last year. There were no changes in our CE fees in 2015 or 2016.

MER fees are set by state law and are increased or decreased based on the annual percentage change in unadjusted, U.S. city average, annual average inflation rate of the medical care component of the Consumer Price Index for all urban consumers.

On 2/1/16, the paper MER fee increased from \$23.94 to \$24.57 for copy fee and from \$0.55 to \$0.56 per page fee. Electronic records MER fees also increased from \$23.94 to \$24.57 for copy fee and from \$0.55 to \$0.56 per page fee with the maximum fee allowed increasing from \$104.91 to \$107.67.

For records on microfilm, the fee increased from \$23.94 to \$24.57 for copy fee. The \$1.00 per page fee remained the same.

Missouri does not provide volume medical provider discounts.

10. Provide a brief description of DDS medical and professional relations officers' activities

regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

Our professional relation's activities during the year included:

- Vendors not using ERE provided with information on ERE and its benefits. ERE demos emailed to vendors. Several CE and MER vendors converted to ERE, including some hospital facilities.
- HIT usage increased. Continue HIT with SSM facilities live date March 2015. Department of Defense live date January 2016. Mercy facilities live date April 2016. SLUCare pending HIT startup.
- Two Missouri DDS Newsletters sent to CE providers
- Routine PRO activities involving CE recruitment, training and monitoring, complaint resolution, etc.
- Present overview of PRO responsibilities to new DDS staff
- Arranged for DDS new hires to visit CE providers
- Medical consultant oversight, recruitment and training. Increased MC recruitment this year due to beginning transitioning from SDM to Non-SDM adjudicative authority. Recruitment included the mailings of a MC recruitment flyer that generated significant inquiries and contracts. 17 new MC contracts this year, 13 physical and 4 mental.
- Missouri assisted with Kansas, Illinois and California cases. This involved a great amount effort for PROs working with CE providers and MER vendors.
- USPS/Xerox scanning contractor Business Reply Mail study due to significant delays receiving information mailed from claimants and MER vendors.
- Attended SOARs meetings
- Worked as liaisons to FOs for problem resolution
- Worked as liaisons with ODAR offices: meetings, problem resolution, complaint investigation, etc. Visited ODAR offices and ALJs to DDS office for work discussions and training.
- Office HSPD-12 trainers

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:**
 - **Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).**
 - **Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).**
 - **Indicate CE providers for whom you completed onsite reviews.**
- **A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"**

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Denver
State DDS:	Montana
Report Period (Fiscal Year):	2016
Current Date:	11/09/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Professional Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

All complaints, verbal or in writing, are brought to the attention of the MPRO, Adjudication Operations Section Chief, or DDS Bureau Chief as appropriate. There are no State-mandated protocols for dealing with complaints. All complaints are monitored and filed by the MPRO.

Less serious complaints are most common. Most of our complaints come from claimant phone calls, which are documented on the case and placed in a complaint file. We request the caller submit his/her complaint in writing if s/he would like us to further investigate. If the caller does not submit a written response, we take no further action. If we receive a frequent number of verbal complaints pertaining to one specific CE provider or facility, we will bring this to the provider's attention and request a response. We may put this provider on a probationary status and review the next five (5) CEs they perform. If we see improvement the probation will end, otherwise we may terminate the provider from our list.

More serious complaints are less common, which include those involving allegations of questionable conduct. We ask for any complaint of more serious nature to be put in writing. We place the written complaint in the DDS complaint file and the disability applicant's case file. We send the claimant a letter of acknowledgement that we received their complaint. We discuss the

complaint with the CE provider over the phone or in person. We also request a formal response from the CE provider in writing. We place the provider responses in the DDS complaint file. Depending on the severity of the complaint, we may send a formal reply to the claimant and include a copy of the CE provider's response describing the action(s) taken.

Depending on the frequency or severity of complaints, we may send a survey to the next five (5) claimants receiving a CE from that particular provider or facility. We may also perform an additional on-site review. If the complaints are valid, repetitious, or cumulative we may discontinue using the provider for consultative exams.

For FY2016, we received a total of 6 verbal complaints and 2 written complaints out of over 3995 scheduled consultative examinations. There were no serious complaints.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

There were no fraudulent activities by CE providers discovered.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

There were no complaints of egregious nature.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

The MPRO verifies any new provider's licenses through the State of Montana online database. Providers and facilities are then checked on the SAM for exclusions to ensure there are no sanctions in place. Mid-levels such as nurse practitioners and physician assistants are also included in the credentialing process. All new CE providers must sign an agreement form acknowledging their license is free of sanctions. We recheck licenses and SAM status for all CE providers and facilities at least annually. When licenses are not renewed by the expiration date, we notify the provider and allow grace period for renewal, consistent with the State of Montana guidelines. During the grace period the provider is kept on the CE panel, but no CEs scheduled until licensure is current. We also recheck credentials and SAM status when we receive any written complaint.

The MPRO verifies CE providers are in compliance during periodic and annual onsite evaluations.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

We provide an annual licensure check. We perform random or periodic checks when a verbal or written complaint is submitted.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

All new providers have their 1st few reports sampled and reviewed by the MRPO. The MPRO will also ask the in-house medical consultants for feedback on the CE reports. In addition, feedback is given to the CE provider at any time a report is deemed insufficient or lacking in required information.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

There are approximately 256 CE vendors on our panel.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key/Volume provider onsite visits were completed.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There were very small changes made to the fee schedule in FY2016. The fee schedule is accessible on SharePoint. There are no volume medical provider discounts.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The MPRO made over 30 visits to hospitals, clinics, mental health centers, Native American tribes, and CE providers during FY2016. Visits were done for onsite reviews, recruitment, and promotion of Electronic Records Express (ERE). DDS Medical Consultants also networked with providers in their specialties to assist with CE recruitment. We recruited 13 new providers or exam locations during FY2016. We lost 14 providers due to retention or those performing only one-time exams for their own patients. The MRPO works with CE providers to reduce their report processing time, with FY2016 seeing a slight increase in processing time 11.16 days.

The MPRO and DDS continue to promote the use of outbound fax, eOR, and ERE. This translates into savings on employee work time, machine operating costs, office supplies, and postage. This

also benefits the CE unit in reducing time and cost with preparing packets and postage.

In FY2016 we utilized more video CE options across the state by partnering with SSA field offices and sharing VSD equipment. This assisted our clients in getting them a CE closer to their home town and expediting processing of their case.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	KC
State DDS:	Nebraska
Report Period (Fiscal Year):	October 1, 2015 – September 30, 2016
Current Date:	November 9, 2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Services Officer/PRO

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

When a written complaint is received, a letter is generated to the claimant acknowledging receipt of the complaint. A copy of the claimant's complaint is copied and sent to the provider whom the complaint is against. The letter to the provider explains the complaint and asks the provider to read and respond to me with any comments he or she may have about the complaint. Once the provider has sent in his or her response, I review the letter and re-address the situation with the claimant. I do this by sending the claimant a follow up letter which explains the actions that took place at the exam based on what information the provider has supplied. All documents are filed away and kept.

The majority of the complaints received are from claimants that seem to be having their cases reviewed for continuation of benefits.

- All complaints must be in writing
- Provider is notified of complaint, in writing
- Response letter to claimant is sent out acknowledging receipt of complaint letter
- Allegations the claimant made are reviewed, addressed and justified
- Letter to claimant addressing actions taken



2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activities by a CE Provider.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

All complaints that were brought to my attention are mentioned above under #1 and in the attached document.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

I obtain a signed License and Credential Certification form from the CE Providers and retain them in a file. I also researched all our CE providers in the SAMs system. 30 days prior to a CE Provider license expiration date, I will research the state website to verify if they have renewed their license. I will continue to check the status of the license up until the date of expiration. If the license expires, I will remove that provider from our active list of providers. I will continue to check the status of the license and if it becomes active in the near future, I will re-activate them as a CE Provider.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Once a year existing providers and new CE providers credentials are checked and also when onboarding.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

New providers – the first three reports that come in are reviewed and feedback is given to the provider.

Established providers – randomly pull a report and read to ensure criteria guidelines are being met. Compare the reports against each claimant to ensure the Provider is not repeating same or similar information in every report.

While reviewing CE reports, I am ensuring that all specific information requested has been furnished.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

519 CE panelists. Attached spreadsheet does not include Hospitals, Translators, and X-ray vendors which are included in the 519. Some providers retired and new providers were added, panelists fluctuate throughout the year.



2015-16 CE Oversight
Information.doc



CE Provider List FY
15-16.xlsx

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Key/volume providers had onsite visits this year. Recruiting new providers and conducting onsite visits were conducted which took time away from seeing all key providers.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

Fee exception to Hinze Chiropractic for a room fee rate of #35.00 instead of \$29.00.
Fee exception to Izabel Chavez, Interpreter services \$45 per hour with a minimum of 1.5 hours.



Fee exceptions
2016.xls

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

Ongoing relations with Children's Hospital, Great Plains Health, RWMC, VA, and Premier Psychiatric Group.
Added 20 new users to ERE
Exhibitor at 41st Annual Spring CME Conference. Nebraska Academy of Physician Assistants.
Continue to hold \$100.00 billable rate of MER with some providers
Attended Regional PRO meeting in Kansas City

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE](#)

Provider List” section of the ODD MPRO SharePoint site:

- Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
- Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
- Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of [the ODD MPRO SharePoint site](#)”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

Addendum FY 2015-2016 Report

State: Nebraska

Report Period: October 1, 2015 - September 30, 2016

Reporter's Information: (b) (6), Medical Services Office

Provide a brief description of the DDS's procedures use to resolve the various categories of complaints received throughout the year.

- A written complaint was sent to Nebraska DDS on 1/14/16 by a claimant. The claimant is stating that (b) (6) felt the provider discriminated against (b) (6). (b) (6) stated the provider told (b) (6) (b) (6) also stated that the provider advised (b) (6) to get a lawyer because (b) (6) thinks (b) (6) disability will be terminated.

A letter was sent to the claimant the same day stating that we received (b) (6) concerns and will be addressing them with the provider. A letter also was sent out to the provider asking (b) (6) to review the letter of complaint from the claimant and asked (b) (6) to respond. On 2/3/16 the provider wrote a letter of response which (b) (6) addressed each allegation. (b) (6) stated in (b) (6) letter that (b) (6) 1) did not tell (b) (6) that benefits would be terminated or provided in any way shape or form 2) emphasized with claimant that (b) (6) was there to collect information for us and that (b) (6) is not the decision maker. (b) (6) made no statement or decision regarding (b) (6) benefits. The claimant actually signed a permission form that stated (b) (6) understood this 3) the provider states that the claimant was insistent throughout the interview that (b) (6) was 'entitled' to benefits. The provider explained to (b) (6) that 'diagnosis does not equal disability'. (b) (6) used the following example with (b) (6), "As an example, back trouble and that someone like me who is restricted from lifting 25# might be told to 'obtain a job within my limits". 4) (b) (6) did explain to the claimant that because of (b) (6) concerns, there is an appeal process that might involve legal counsel. The provider did not tell (b) (6) to contact a lawyer.

Once the entire complaint was reviewed, I responded back to the claimant that we are always concerned about how our claimants are treated by our CE providers. On 2/12/16 I wrote back to the claimant addressing the concerns with the facts the provider presented. Explaining that what the provider was stating were examples and that (b) (6) even agreed with (b) (6) on some aspects. I shared with (b) (6) the information the provider supplied and thanked (b) (6) for bringing this to my attention. No additional comments were made so no further action was taken.

- A written complaint was sent to Nebraska DDS on July 26, 2016 by a claimant. Claimant stating that concerns about how the provider conducted the evaluation. The claimant stated that during the interview there was not enough time for the provider to assess how (b) (6) is working. I explained this would be correct since we (DDS) only authorized the provider to conduct a diagnostic interview and report. We did not ask the provider to perform a (b) (6) evaluation. In fact there was no psychometric testing authorized. Claimant also stated that *'in ½ hour that doctor was not able to make that determination'*, I clarified that the provider does not make a determination; (b) (6) only presents the facts as they are presented to (b) (6) during the evaluation and report them to the DDS. The claimant also asked where the provider 'receives' the information (b) (6) reported on? I explained and so did the provider in (b) (6) response, *"my only source of information was the report of the patient, as well as the records accompanying the file from the DDS. There is no information in the report that was gained from any other source of information, nor certainly confabulated"*

On 8/23/16 I wrote back to the claimant addressing the concerns with the facts the provider presented. I shared the information the provider supplied and thanked the claimant for bringing this to my attention. No additional comments were made so no further action was taken.

- On 2/25/16 the Nebraska DDS received a complaint from (b) (6) of a claimant. The letter addressed the following concerns: 1) the claimant's behavior was a result of having (b) (6), 2) questioned why the provider would need to look at claimants private parts, 3) our provider told you that all the other doctors who claim other diseases the claimant has are incorrect. I reached out to our provider with the concerns and the following response was returned by the provider.

The first concern was in regard to the Provider stating (b) (6) behavior was because you had (b) (6). Provider replied that (b) (6) simply mentioned "the child was a first born and that the (b) (6) during the pregnancy". Provider stated that claimant did not seem to be grossly inattentive, hyperactive, angry or disruptive in any way. "There was no evidence of any specific psychiatric or neurologic diagnoses". (b) (6) also stated that "the (b) (6) was the one who mentioned the claimants behavior, perhaps at home and at the pre-school, were at times inappropriate". This was brought up at the end of the exam and this was not mentioned at all on the questionnaire you were asked to complete at the beginning of the appointment.

The next issue you inquired about was while Claimant was lying down Provider pulled the front of his pants out and looked at (b) (6) private area. The allegation "not growing" on the disability application would at the least, constitute a medical professional to conduct an evaluation of the endocrine system. In the case of Claimant, a complete examination was needed for the reason of: Allegations that (b) (6) was not growing properly, which required at least a cursory evaluation of the endocrine system. The exam report has comments about (b) (6) thyroid gland as well as comments about (b) (6).

Since the growth of Claimant is an issue with both you and (b) (6) previous doctors, it was appropriate to understand whether or not Claimant had any signs of premature puberty, and/or whether (b) (6). Provider reported that (b) (6) did not have to touch Claimant. (b) (6) simply was able to inspect them in a cursory fashion by simply lifting up (b) (6). Provider did exam Claimant based on another condition of anal fissure, which was disclosed in the medical records from (b) (6). This exam can be done by lifting the legs up in the air and abduct the hip in such a way as to expose the anal opening to see if any fissure is still present. Again, this exam does not involve any touching of the private area. Provider does not recall touching any area, but if there was some inadvertent touch during the disrobing or partial disrobing, it was totally inadvertent and uncalculated and (b) (6) truly apologizes if it happened.

Also stated that Provider said that all the diseases you were claiming that Claimant had, (b) (6) didn't have and that the doctor records that (b) (6) had were not true to anything (b) (6) had. At the time of the exam, Provider stated (b) (6) had no findings of asthma. It was understanding that an asthma treatment had been given and this could be the reason no finding of asthma were detected. (b) (6) stated that (b) (6) reassured you, to some extent, that Claimant's growth and development were proceeding normally and that (b) (6) no longer showed signs of disability. As for concerns you had about benefits, that is beyond (b) (6) control. According to Provider, (b) (6) stated that the child's growth and developmental milestones are well documented in the history and physical and (b) (6) current progress on the Denver Developmental Screening Test show that Claimant does extremely well for (b) (6) age, essentially normal.

On 03/17/16 I wrote back to the claimant addressing the concerns with the facts the provider presented. I shared the information the provider supplied and thanked the claimant for bringing this to my attention. No additional comments were made so no further action was taken.

- A written complaint was sent to Nebraska DDS on March 14, 2016 by a claimant. Claimant stating that concerns about how the provider conducted the evaluation. Stating the provider was disturbing and provided a negative experience for the claimant. It seemed that some of the confusion lies at the difference between diagnosis and symptoms in this case. I replied back to the claimant stating that our providers are to follow the SSA guidelines and have to take the history of the claimant. This claimant was confusing the history with the actual diagnosis of the exam. The provider recognized this during the interview and tried to redirect the conversation back on track. This complaint was based off confusion on the claimants end and my response back to the claimant on 3/23/16 provided the clarification for the claimant. No additional comments were made so no further action was taken.
- On December 21, 2015 a written complaint was sent to Nebraska DDS regarding the treatment of a provider. The claimant felt that the provider was using 'angry voice' and 'scolding voice' during the exam. The provider was asking the claimant to do some ROM

maneuvers which caused pain for the claimant. The provider asked if (b) (6) was 'done already'. A letter was sent to the provider for a response and in the meantime, a determination was made on the case. A letter of response was given to the claimant on 1/12/16 regarding the attitude and conduct of the provider. I shared the information and thanked the claimant for bringing this to my attention. No additional comments were made so no further action was taken.

October 1, 2015 – September 31, 2016
Nebraska DDS
CE Oversight Information

CE Oversight Volume and Key providers (top 5)

1. Midtown Medical Group - \$844,099
2. A. James Fix, PhD - \$92,181
3. Consultants in Disability - \$45,544
4. Arias Neuro & Behavioral Medical - \$34,131
5. Amy T. Corey, PhD - \$33,446

CE Providers removed from Panel

1. Julie Steinhauser, MD – (b) (6)
2. Julie Stevens, MD – (b) (6)
3. Judson Martin, MD – (b) (6)
4. Jessica Heckamn, MD – (b) (6)
5. Erin Dahlke, DO - (b) (6)
6. Matthew Humpal, MD - (b) (6)
7. Ryan Biga, DO - (b) (6)
8. Shelly McCoy, MD – (b) (6)
9. Karen Dickes, DO – (b) (6)
10. Christine Rahn, MD – (b) (6)
11. Julie Janky, MD – (b) (6)
12. Antony Van Bang, MD – (b) (6)
13. Ashley Legrand-Rozovics, DO - (b) (6)
14. Anthony Yuen, DO - (b) (6)
15. Michelle Gleason, MD – (b) (6)
16. Amit Todani, MD – (b) (6)
17. Chad Moes, MD – (b) (6)
18. Aaron Cisar, MD – (b) (6)
19. Daniel Mazour, MD – (b) (6)
20. Jessica McCool, MD - (b) (6)
21. Colin Sanner, MD – (b) (6)
22. Lakeisha Cox, MD - (b) (6)

42 New CE Providers added FY 2015-2016

CE Oversight

October 1, 2015 - September 31, 2016

CE Provider List

Provider Name/Group	Speciality	Volume & Key Provider	Onsite Review
Midtown Medical Group			
Barb Eckert	PS	X	X
Holly Filcheck	PS	X	X
Jennifer Linder	PS	X	X
Elizabeth Morell	PS	X	X
Joshua Needelman	PS	X	X
David Barton	IN	X	X
Nathan Bertoldo	IN	X	X
Derrick Eichele	IN	X	X
Herman Hernandez	IN	X	X
Brian Hollis	IN	X	X
William Poulson	IN	X	X
Meryl Severson	IN	X	X
James Wax	IN	X	X
James Bisanti	IN	X	X
Antionette Tribulato	IN	X	X
Consultants in Disability			
Jerry Authier	PS	X	X
Gary Gard	PS	X	X
Jeffrey Klug	IN	X	X
Joseph Kent	PS	X	X
Silas Williams	IN	X	X
Andrew Smith	PS	X	X
Cynthia Topf	PS	X	X
Keegan Harkin	IN	X	X
Natalie Ommen	IN	X	X
Patrick Anderel	IN	X	X
Arias Neuro & Behavioral Medicine			
Robert Arias	PS	X	
Chris Rathburn	PS	X	
Independent Providers			
Amy T. Corey	PS	X	
A James Fix	PS	X	
Community Action Partnership (CAPWN)			
Abdel Kader	IN	X	X
Helen Kuehlman	IN	X	X
William Packard	PS	X	X
Gage Stermensky	IN	X	X
Elizabeth Walton	IN	X	X

Provider Name/Group	Speciality	Volume & Key Provider	Onsite Review
Christopher Wiles	IN	X	X
John Carrington	IN	X	X
Caroly Herman	IN		
Gary Van Ert	PS		
Matthew Hutt	PS		
Caroline Sedlacek	PS		
AUDIOLOGIST			
Nora Fuch	AU		
Lori Dailey	AU		
Graig Foss	AU		
Kimberly Andresen	AU		
Roy Christensen	AU		
OTOLARYNGOLOGIST			
Paul Sherrered	EN		
Nila Novotny	EN		
Thomas Kenny	EN		
Sarah Powell	EN		
Thomas Nabity	EN		
V Richard Bowen	EN		
Mark Keller	EN		
Richard Bowen	EN		
Kate Rosenberger	EN		
Christopher Cederberg	EN		
Benton Nelson	EN		
Royce Mueller	EN		
Terry Olson	EN		
Brian Gartrell	EN		
Dana Wolfe	EN		
H Russell Semm	EN		
Britt Thedinger	EN		
INTERNIST (MDs, DO, PA, APRN)			
James Massey Jr	IN		
Jeffrey Meade	IN		
John Gill	IN		
Michael Zaruba	IN		
mark Jobman	IN		
Donald Weldon	IN		
Brett Studley	IN		
Juvet Che	IN		
David Johnson	IN		
James Nelson	IN		
Linda Maxour	IN		
Christopher Costa	IN		

Provider Name/Group	Speciality	Volume & Key Provider	Onsite Review
William Sandy	IN		
Elaine Christiansen	IN		
Melissa Kudlacek	IN		
Matthias Okoye	IN		
Steven Saathoff	IN		
Adam Rasmussen	IN		
Anna Darymple	IN		X
Mackenzie Hemje	IN		X
Douglas Bauer	IN		X
Rulin Wang	IN		
Elizabeth Wooster	IN		X
Ruby Northrup	IN		
Mansoor Ahmad	IN		X
Eli Burks	IN		X
Shiuvaun Jaeger	IN		
Brenda Korth-Wurdinger	IN		
Larry Birch	IN		
David Lindley	IN		
Kunal Gandhi	IN		X
Bradley Irvin	IN		X
Guy Domm	IN		X
Steven Wees	IN		
Vijay Agarwal	IN		
Mark Pilley	IN		
Samuel Moessner	IN		
Angela McLaughlin	IN		X
Shibu Oommen	IN		
Shailendra Saxena	IN		
Adam Wineinger	IN		
Carl Cornelius Jr	IN		
Douglas Martin	IN		
Mark McCorkindale	IN		
Melvin Campbell	IN		
Janae Dudgeon	IN		X
Jawad Ahmad	IN		X
Mohammad esmadi	IN		X
Dana Farris	IN		
NEUROLOGIST			
Daniel Stevens	NE		
C Robert Adam	NE		
John Aita	NE		
John Goldner	NE		
Robert Sundell	NE		
Edward Schima	NE		

Provider Name/Group	Speciality	Volume & Key Provider	Onsite Review
Joel Cotton	NE		
John Hannam	NE		
OPHTHALOMOLOGIST/OPTOMETRIST			
David Franco	OD		
Matthew Willis	OD		
Roger Filips	OD		
Jerry Damme	OD		
Robert Stamm	OD		
Dirk Gray	OD		
Gregory Kouri	OD		
Ann Feidler-Klein	OD		
Jeffrey Klein	OD		
Teri Geist	OD		
Krystal Wells	OD		
Scott Greder	OD		
Matthew Willis	OD		
J Todd Mahoney	OD		
Paul Colburn	OD		
Natasha Jenkins Long	OD		
Terry Adams	OD		
Penelope Haeker	OD		
Janet Fett	OD		
Daniel Kincaid	OD		
Colby Fletcher	OP		
Peter Diedrichsen	OP		
Steven Samuelson	OP		
Gregory Haskins	OP		
Jan Jensen	OP		
Linda Blakely	OP		
Frederick Mausolf	OP		
Vincent Sutton	OP		
Mario Mota	OP		
Thomas Graul	OP		
Lee Thurber	OP		
Richard Maw	OP		
Michael Feilmeier	OP		
Jane Bailey	OP		
David Ingvoldstad	OP		
Cortney Hellman	OP		
Martin Mizener	OP		
Michael Goldstein	OP		
Jeffery Hottman	OP		
John Peters	OP		
Mark Emig	OP		

Provider Name/Group	Speciality	Volume & Key Provider	Onsite Review
Matthew Appenzeller	OP		
Peter Whitted	OP		
D Francis Arkfeld	OP		
Michael Halsted	OP		
Camilla Parson	OP		
Fjill Grennan	OP		
Daniel Sharp	OP		
Monte Dirks	OP		
PEDIATRICIAN			
Michael Wadzinski	PE		
Eyad Najdawi	PE		
Susan Caldwell	PE		
Ann Rehan	PE		
Nitya Brenner	PE		
Rex Rundquist	PE		
PSYCHIATRIST/PSYCHOLOGIST			
Kay Shilling	PS		
Justin Anderson	PS		
Paul Adams	PS		
Leland Zlomke	PS		
Rebecca Schroeder	PS		
Allen Meyer	PS		
Brad Bigelow	PS		
Linda Hunter	PS		
Michael Renner	PS		
David Duke	PS		
John Meidlinger	PS		
Kevin Menefee	PS		
Ryan Ernst	PS		
Lisa Logsdon	PS		
James Carmer	PS		
Daniel Ullman	PS		
Thomas Tiegs	PS		
Kimberly Kilgore	PS		
Gail Ihle	PS		
John Engler	PS		
Eugene Egnoski	PS		
John Curran	PS		
Mark Nelson	PS		
Mark Hannappel	PS		
Sarah Schaffer	PS		
Lloyd Lee Kimzey	PS		
Lisa Stinson	PS		

Provider Name/Group	Speciality	Volume & Key Provider	Onsite Review
Kari Perez	PS		
Joseph Rizzo	PS		
Joseph Stankus	PS		
Mary Ann Strider	PS		
Lindsey Hauser	PS		
Rosanna Jones-Thurman	PS		
Patricia Blake	PS		
Kelly Fairbanks	PS		
John Hunziker	PS		
Amanda Holmgreen	PS		
Mark Hald	PS		
Suzanne Keizer	PS		
Michael Baker	PS		
Denise Marandola	PS		
Dena Olwan	PS		
Joel Merkwan	PS		
PHYSICAL THERAPIST			
Jonathon Brezenski	PT		
Randy Peral	PT		
Jay James Pelan	PT		
Kim Marlatt	PT		
Sue Jeffrey	PT		
Sherril Kilpatrick	PT		
Tiffany Beiermann	PT		
Eric Bjorkman	PT		
Kate Robb	PT		
Brett Woslager	PT		
Bruce Bednar	PT		
SPEECH LANGUAGE PATHOLOGIST			
Martha Douglas	SLP		
Tracie Heckenlively	SLP		
Ruth Anderson	SLP		
Deb Fisher	SLP		
Pam Peters	SLP		
Shana Merrihew	SLP		
Ashley Meyer	SLP		
Jessica Ferfusion	SLP		
Jennifer Arndt	SLP		
Shannon Klimas-Bernitt	SLP		
Elizabeth Weber	SLP		
Noelle Lindauer	SLP		
Mindy Uden-Roberts	SLP		
Jessica Thoene	SLP		

Provider Name/Group	Speciality	Volume & Key Provider	Onsite Review
Jessica Reuter	SLP		
Alissa Brady	SLP		
Connie Hanson	SLP		
Lori Ford	SLP		
Deb O'Connor	SLP		
Melissa Harmon	SLP		
Carly Thomas	SLP		
Kara McKeone	SLP		
Paige Gurciullo	SLP		
Lynn Grubb	SLP		
Mary K Miklas	SLP		
Linda Lawlis	SLP		

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	San Francisco
State DDS:	Nevada – S31
Report Period (Fiscal Year):	2016
Current Date:	December 6, 2016
Reporter’s Name, Phone number, and title:	Name (b) (6) Title Nevada DDS Administrator Phone number (b) (6)

1. Provide a brief description of the DDS’s procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

Nevada DDS investigates all complaints regarding CE Providers and takes action in accordance with SSA POMS per the Nevada DDS business process. Additionally, complaints may generate through the parent agency, Department of Employment, Training and Rehabilitation (DETR). Each complaint is investigated, documented, and responded to in accordance with the outlined Department business process.

The Nevada DDS investigation process is a review of actions, conditions, and circumstances alleged by each complainant. This includes reviewing details related to allegations of ethical misconduct or criminal activity as outlined by the State licensing boards, State statutes and other Federal and State regulatory requirements. Nevada DDS procedure is as follows:

- 1) The DDS reports complaints involving threats of sexual harassment, violence, health or safety, or suspected criminal/fraud activity to the RO-CDPS IX and DCO-ODD as soon as notified.
- 2) Complaints received alleging sexual harassment, violence, health or safety, or suspected criminal/fraud activities are reported to the appropriate law enforcement or compliance agency for action steps. The complaint received by the DDS may be held in abeyance at the direction of the law enforcement or compliance agency, or the Nevada Attorney General’s office pending the outcome of their investigation.
- 3) Complaints are accepted in any format received. All complaints are requested to be provided in writing, signed by the complaining party, and directed to the DDS MPRO. However, lack of a written and signed complaint does not preclude the DDS from investigating all complaints. The MPRO, or the receiving DDS manager, will document those complaints reported verbally into a written format and submit to the MPRO for further investigation.

- 4) Complaints may be received by any DDS staff member. Complaints are forwarded to the MPRO, or appropriate manager, for follow-up with the CE Provider.
- 5) All complaints should document the substance of the complaint to include the CE Provider and employee conducting the exam or test that the complaint alleges. Additionally, the complaint should quote any relevant statements.
- 6) Nevada DDS staff will report facts in the gathering of information. All DDS staff must maintain objectivity in the reporting at all times.
- 7) The MPRO logs the complaint. If the complaint is received via mail or email, contact is made with the complaining party to acknowledge receipt of the complaint.
- 8) The MPRO, or appropriate Manager, forwards the complaint information to the CE Provider requesting response for any noted item.
- 9) The CE Provider is directed to respond to the allegations in writing back to the DDS within 15 days of notice.
- 10) Upon receipt of response from the CE Provider, if a deficiency is noted the MPRO, or Manager, will complete the following steps:
 - a) The MPRO makes contact with the individual that reported the allegation, acknowledging their complaint. The MPRO provides a summary or copy of the written complaint to the CE Provider of the complaint received and allows 15 days for response from the CE Provider.
 - b) The claimants' complaints and CE Providers' responses are reviewed by the MPRO to determine course of action. If allegations include wrongdoing, the matter will be referred to the DDS Administrator to determine if any additional action steps are required.
 - c) Noted corrective action steps required by any CE Provider because of the complaint investigation are documented in letter format back to the CE Provider. A timeline for corrective steps may be included with the action steps. Items requiring more than 30 days to correct will be forwarded to the Nevada DDS Administrator.
 - d) A notice of resolution will be sent to the complaining party.
 - e) Copies of the complaint, CE Provider's response, and resolution are filed in the CE Provider's folder.
 - f) Each complaint is tracked on a log to determine the number of instances reported to date, type of complaint, (i.e. rudeness, unprofessional manner, environmental factors, other non-egregious, or egregious), and to detect patterns of deficiency.
 - g) Final actions will include a follow up survey of the CE Provider with multiple complaints in a given year or for later review for compliance of corrective action steps.

Complaints or allegations of an egregious nature (which could include illegal/criminal activity, inappropriate sexual behavior (including sexual harassment), cultural insensitivity, allegations compromising the health and safety of claimants or other serious allegations) may include additional action steps:

- i. Suspend all referrals and reschedule any pending appointments while the provider is being investigated.
- ii. Refer the complaint to the Nevada DDS Administrator outlining the nature and severity of the allegations against the provider. Discuss facts and possible involvement of law enforcement or compliance agency/board, if there appears to be criminal activity or major safety and security issues. Document the corrective action required of the CE Provider.
(Note: Complaints alleging criminal or fraudulent activity are deferred to the appropriate law enforcement or compliance agency before any next action is taken by the Nevada DDS. Findings of fraud or other criminal activity will result in removal from the CE Provider panel by the Nevada DDS Administrator).
- iii. Schedule an appointment and meet with the provider to discuss complaints/allegations and corrective action steps necessary to correct the deficiency.

- iv. Document the CE Provider’s response and timeline for corrective steps.
- v. Notify the Regional Office of the complaints/allegations and the corrective action steps taken by the Nevada DDS.
- vi. Follow-up with the CE Provider is made on a prescribed timeline to verify corrective action and compliance with any finding of deficiency
- vii. This may include both additional site visits and surveys of claimants to determine continuing compliance.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

There were no findings of fraudulent CE Provider activities reported by the Nevada DDS in 2016.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

There were no complaints of an egregious nature reported to the Nevada DDS regarding the work of Nevada CE Providers that required corrective action or public relations work per DI 39545.375 in 2016.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE Provider’s support staff is properly licensed and credentialed, required by State law or regulation.**

All CE panel providers’ licensures and credentials are checked to ensure Nevada and the Social Security Administration’s requirements are met. The Nevada DDS licensure and credentialing process is as follows:

- 1) Initial recruitment to the panel:
 - Prospective CE Providers provide a copy of their current Nevada State License, and Curriculum Vitae for verification.
 - Additionally, the State of Nevada requires the following insurance policy and riders: proof of liability insurance naming the State of Nevada as a covered party, malpractice insurance, and workers’ compensation insurance.
 - The State of Nevada also requires appropriate business licensure be provided to the parent agency along with a signed provider agreement in accordance with the Nevada Department of Administration, State Purchasing requirements for providers.
 - The MPRO checks the appropriate medical board website (i.e.: [Nevada Board of Medical Examiners](#)) to verify current licensure, scope of practice or licensure endorsement(s), and status of licensure.
 - The MPRO checks the [System for Award Management](#) (SAM) website (Exclusions) to verify prospective CE Providers are not sanctioned or excluded in accordance with regulation.
- 2) Periodic Checks to verify current licensure for entire CE panel by:
 - Periodic checks are completed for all CE panelists on a bi-annual basis or if any significant change in staffing or location occurs with the practice.
 - The MPRO checks the SAM website (Exclusions) to verify that no CE panelists are sanctioned or excluded.

- The MPRO maintains a spreadsheet containing a list of all CE Providers and their date of license expiration. The MPRO uses this list to contact providers that have expiring licenses in the upcoming month so licenses are updated timely and documented. CE Providers that do not complete licensure renewals before expiration will be placed in “hold status” until proof of a renewed license is obtained. Scheduling is suspended with CE Providers for dates past their license expiration until proof of renewal is complete.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Nevada DDS conducts an annual internal audit of its’ CE Provider credentials. Re-verification is completed on a bi-annual cycle or if changes are noted to a particular CE Provider’s practice. All verifications are documented and placed in the appropriate CE Provider file. Managers complete a spot check of the CE Provider files during the annual internal audit to verify Board licensing and SAM checks are current and in file.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE Providers to ensure the reports meet criteria.

Each new CE Provider is subject to a 30-day report review period, or a minimum of five (5) submitted reports. During the review period, a DDS medical or psychological consultant must review these reports for suitability and compliance with Social Security Administration policy as outlined in the Green Book. The review period typically lasts 30-days, but can be extended (additional 5 reports) if the Provider’s reports are not yet determined as sufficient. Once a new CE Provider has submitted an adequate number of satisfactory reports in a row, they are released from the review process. Providers remediated on report requirements through more than two cycles and still not meeting DDS expectations are referred for review to the Nevada DDS Administrator. The Nevada DDS Administrator will determine whether to continue the remediation process or decline to continue use with the provider.

The disability adjudication managers, supervisors, and quality assurance staff complete random reviews of established CE Provider reports throughout the year. Medical and psychological consultative staff refers CE Providers for review to managers when deficiencies with reports are noted. Any deficiency is documented and forwarded to the MPRO for follow-up the CE Provider. The MPRO schedules a site visit or call with the CE Provider to review report deficiencies and provide guidance on Green Book/SSA policy. Follow-up calls are scheduled as needed for further remediation.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

Nevada DDS had in use 67 total CE Providers during 2016. This included 179 practitioners within the 67 CE Providers practices.

During FY2016 the following changes occurred to the panel:

- 1) The NV DDS administrator removed Two (2) CE providers, totaling three (3) practitioners, from the panel.

- a. One (1) removal was due to the individual (b) (6)

therefore was removed.

b. Two (2) were removed in FY 2016 (b) (6)

No exams were schedule or completed by this individual and the Nevada DDS Administrator removed the listed individual from the panel in October 2015. (b) (6)

therefore, the Nevada DDS Administrator removed the listed individual from use the panel in October 2015.

- 2) Ten (10) removals resulted from Pulmonary Medicine Associates deactivation from the panel. Pulmonary Medicine Associates was purchased by Renown Medical Center. Renown is not a contract provider with Nevada DDS. Renown would not assume the conditions of the provider agreement/contract to work with Nevada DDS as a provider.
- 3) Ten (10) removals resulted from AMCE Physicians Group practice for various reasons including personal illness, moving from the area, and other business endeavors.
- 4) Four (4) psychologists left Desert Psychological to start their own private practices and other business endeavors.
- 5) Two (2) practitioners were added during this fiscal year to existing volume CE Providers.
- 6) Three (3) new CE Providers were added to the much-needed Reno and Carson City service areas.
- 7) Various miscellaneous CE providers stopped providing appointment schedules for the Nevada DDS due to their private practice schedules.

The Nevada DDS continues to outline a marketing plan in conjunction with our parent agency-DETR to expand resources on the panel. The intent is to afford shorter wait periods for examinations and testing through the addition of new CE Providers.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Nevada DDS conducted Onsite Review of Key and Volume Providers in FFY 16. Two (2) are pending rescheduling due to MPRO vacancy.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There are no noted differences in the fee schedule and no exceptions identified in FFY16.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

ERE marketing and assistance is widely accepted amongst new CE Providers, but most of the established Providers are not willing to try due to the efficiency of the manual system already in use. Total number of ERE compliant providers is fifteen (15) Nevada DDS added eight (8) HIT providers in 2016, with one key provider. MPRO activities have included promoting ERE, completion of internal audits, provider training and compliance follow-up, and panel recruitment.

In FY16, the DDS was not involved in joint actions with any regional public affairs or exhibiting at any conventions. The DDS has participated in quarterly round table discussions with Social Outreach and Recovery (SOAR) representatives regarding assisting the homeless population with e-applications and e-submission.

11. Upload the following documents to the SharePoint site:

- **A list of all CE Providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:**
 - **Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).**
 - **Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).**
 - **Indicate CE Providers for whom you completed onsite reviews.**

- **A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”**

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Boston
State DDS:	New Hampshire
Report Period (Fiscal Year):	2016
Current Date:	11/1/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title PRO

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

The NH DDS PRO handles all complaints made by claimants or other interested parties by investigating each situation. Each party is contacted by phone or email to obtain their side of the story. Depending on the nature of the complaint, appropriate action is then taken. A copy of the complaint is kept in each vendor's file. If warranted, a CE provider will be removed from the CE panel and CE s will no longer be scheduled with that provider.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

N/A

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

N/A

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).

- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

A license verification and LEIE/SAM check is done for each proposed panelist or staff consultant prior to their first orientation/interview. License verifications and LEIE/SAM checks are then done twice per year; once in the spring and again at the end of the federal fiscal year. In the summer, we request providers complete Exhibit 1 from DI 39569.400, which includes verification that support staff is also properly licensed and credentialed in accordance with NH state law.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credential checks are completed for each new panelist prior to their first orientation/interview. License verifications and LEIE/SAM checks are then done in the spring and again at the end of the federal fiscal year.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

NH DDS Chief Mental and Physical Consultants thoroughly review new CE providers first 5 reports and request corrective action as needed. Some new CE providers require review beyond the first 5 reports until the provider submits adequate reports on a continuous basis. Reports from established CE providers are also reviewed by the Chief MC/PCs and corrective action sought, when a report is found to be inadequate by a staff MC/PC, DE, ODAR or PRO.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

NH DDS currently has 54 physical CE providers and 34 psychological CE providers. DDS hired two new physical CE providers and 3 new psychological CE providers in 2016.

NH DDS lost 3 Staff physicians due to retirement/relocation in late 2015 and hired 3 new staff physicians to replace them. One of the 3 replacements has since retired. The NH DDS continues to advertise for staff physicians and /or CE providers in the NH Medical Society Newsletter.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Yes.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The NH DDS CE/MER fee schedule did not change in FY 2016. We do not provide discounts of any kind.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

NH DDS PRO continually monitors eAuthorization acceptance throughout the state and contacts providers who refuse to accept it, providing a detailed explanation of the SSA eAuthorization process, in an attempt to change their minds.

NH DDS PRO encourages ERE account use for all CE providers, except hospitals and monitors MER providers for ERE readiness. ERE accounts are then established and maintained as needed.

The NH DDS PRO also functions as the DDS/FO liaison to facilitate claim intake/closure and as the New Hampshire State Prison Pre-release program liaison for the NH DDS. PRO coordinates with DOC personnel to schedule mental status CEs at the State Prison and/or County jails.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Dallas
State DDS:	New Mexico
Report Period (Fiscal Year):	2016
Current Date:	
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Director of Special Programs

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

In order to begin investigation on complaints, we ask that the complaints be submitted in writing. Once the complaint is received, a Professional Relations Officer (PRO) writes a letter of acknowledgement to the claimant and their representative, if they have one. The letter thanks them for alerting us to their treatment and informs them that the charges will be investigated. The PRO reviews a copy of the Consultative Exam (CE) report, the CE provider's file, and disability examination questionnaires for additional feedback. A copy of the complaint is sent to the CE provider and a written response is requested. If the complaint appears to be credible, an unannounced comprehensive onsite visit is conducted. If findings from the visit corroborate the complaint, the claimant is interviewed and the New Mexico Regulations and Licensing Department (NM RLD) website is checked to determine whether similar complaints or actions have been filed against the provider, as complaints are registered with the Boards and Commission Division or NM RLD. If there is proof of the alleged complaint and investigative findings, the CE provider may be removed from the panel and CE scheduling ceased, depending on the nature and severity of the complaint.

We received 15 complaints in FY16, which mainly consisted of the following: CE provider rudeness/unprofessional, CE provider in a hurry. No onsite visits were conducted because of any

complaint.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

N/A

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

N/A

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

We are diligent in our efforts to assure that all our CE providers and their support personnel are licensed and eligible to perform CEs and support services. When we receive the initial paperwork from a new vendor or treating physician, the PROs check the exclusion site provided by OIG (LEIE through March 20, 2016 and the SAM effective March 21, 2016), the appropriate State licensing board, and the State verification site (Regulation & Licensing Department website), when appropriate. We obtain a hard copy of the provider's current license, a copy of their photo I.D., as well as signed licensure and confidentiality statements.

We maintain a CE vendor license spreadsheet to ensure all CE vendors currently on our panel are confirmed as licensed and eligible to perform/conduct CEs via the New Mexico Regulations and Licensing Department and the New Mexico Licensing Board. Periodic checks are performed to ensure that no exclusions exist.

We obtain licensing information on CE provider's support personnel. We obtain a signed statement from the CE provider assuring that the support personnel have the appropriate licenses/credentials and we obtain confidentiality and licensure statements. We check the information provided by the support personnel to assure it corresponds with requirements of the appropriate New Mexico licensing board.

We maintain a filing system for our CE Vendor Files.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Semi-annually

6. Provide a brief description of the DDS business process to review CE reports from new and

established CE providers to ensure the reports meet criteria.

For new CE providers, once they have provided a clinic or at least 4 appointments, their reports are pulled and reviewed by the appropriate DDS Medical Consultant. Once the reviews are complete, Professional Relations provides a review summary to the provider.

Reviews are completed on established CE providers, if a Medical Consultant requests a review, if there is a claimant complaint indicating a review is necessary, or if we receive an attorney objection based on the quality of a provider's exams or reports.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

156 active CE providers at the end of FY16. At the start of FY16, there were 143 In-State & 20 Out of-State active providers. During the course of the year six (6) In-State providers either moved, retired, or closed their business; Two (2) Out of-State providers closed their business & one became solely an In-State provider. (I think we should explain the differences)

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Med Plus New Mexico
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Alamogordo, NM 88310

Carl Adams, PhD
(b) (6)
Gallup, New Mexico 87301

- On a PRO trip to Roswell in February 2016, the PRO stopped by the office where Dr. Adams perform CEs for the NM DDS. However, Dr. Adams was not scheduled for any CEs for that week in the office. The PRO did visit the facility and met with the office manager, who said that (b) (6) has enjoyed getting to know Dr. Adams and that (b) (6) is happy to help with space for our evaluations. Due to the lack of any PRO staff being available as of early April 2016, PRO activity was significantly curtailed. However, on October 17, 2016, the Director of Special Programs and the new PRO visited Dr. Adams in Gallup, NM.

AMCE
1205 West Street
Silver City, NM 88061

David LaCourt, PhD
(b) (6)
Albuquerque, NM 87107

Olympus Health Services
9664 Eagle Ranch Rd NW
Albuquerque, NM 87114

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The current fee schedule is based on the 2015 Medicare Fee Schedule. (Do you want to mention that the fee schedule will be updated shortly?) We plan to review our Fee Schedule and make any recommendations and/or adjustments during the first quarter in order to update early in the second quarter of FY17. Prior to completion, we compared our fees with the current fees for the surrounding states of Arizona, Texas and Colorado. Our fee schedule changed for this year as follows:

- Ended pilot project that paid a review of documents fee in October 2015.
 - Paid records review fee of \$25 when a signed statement of records review authorization and certification form was received from the CE vendor, if the appointment is missed. This records review fee was for physical, mental and speech/language evaluations. However, it was deemed complicated and costly and ended at the beginning of FY16 (October 2016).

We do not use any volume provider discounts.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The PRO Unit recruits vendors based on information received from CE schedulers, Medical Consultants and adjudicators in order to determine areas of greatest need. We recruit according to the needed specialties in specific geographic areas. Due to the increase in CE requests, Professional Relations came up with an Outreach Plan, which includes multiple recruitment trips throughout the State.

Professional Relations also continues to work closely with the Fiscal Unit, to ensure our CE Providers are paid timely and appropriately. Our area acts as liaison between Fiscal and the providers as providers often have questions regarding payments, status of payments, etc. Our unit also reminds/trains staff regarding proper authorization verification processes. The PRO Unit is also in charge of paying vendor travel for the CE Providers who travel in order to conduct exams in the more rural areas of New Mexico.

The VA and UNM Hospital continue to use the SSA website and are our highest volume MER providers. We continue to foster and maintain good working relationships with both facilities, in attempt to facilitate requesting and receiving medical records.

The Professional Relations Unit worked with vendors across New Mexico to gain their acceptance of the electronically signed 827 (e-827), implemented by SSA in April 2012. At this time, all of our MER vendors accept the e-827. Once we receive notice from a vendor who is not accepting the e827, we contact them and provide them with the information from SSA and they tend to agree and will send records as requested using the e827.

New Mexico DDS was represented by Professional Relations, on the ERE Support Workgroup through March 2016.

The New Mexico DDS continued to support the Social Security Outreach, Access and Recovery (SOAR) Initiative. Professional Relations continues to be involved with and to represent DDS during trainings. The PRO Unit represented DDS on the New Mexico SOAR Steering Committee in both Albuquerque and Santa Fe through May 2016.

The PROs have been working a joint effort with the Arkansas DDS, Dallas DPU, OCO and Oklahoma DDS regarding a high volume of ARs. The ARs include ordering CEs and performing any and all type of actions involved with having a claim (inputting the CE order as requested via 883, claimant telephone calls, follow-up of CE statuses, communication to requesting office re: broken/kept CEs, verifying CE reports, rescheduling CEs, address/telephone number changes, attorney/representative telephone calls, scanning in evidence provided, travel reimbursement, CE report status calls, contacting CE vendors for clarification of CE reports as requested by originating DDS, AR closures, etc.). The PRO Unit processed **406** Assistance Requests for CEs. They also cleared an additional **409** ARs from the ALJs (ODAR), which was an increase of 60 from the year before. The majority of ARs were assigned to support staff and adjudicator trainees, but the PRO Unit continued to act as liaison for assisting states in regards to ARs through September 2016.

The PROs also responded to approximately **42** Congressional Inquiries through April 2016 during FY2016. Due to the lack of any full time PROs, the Operations Director assisted with responding to Congressional Inquiries until being handled by the DDS Administrative Assistant in mid-September 2016. Overall, for the year there were approximately **61** Congressional Inquiries.

The PRO Unit attended the Nurse Practitioner Fall Conference in November 2015 in Santa Fe and their state conference in April 2016 in Albuquerque. The purpose of this was to help recruit Nurse Practitioners (NP) to perform CEs. We were able to sign up a NP in Deming, New Mexico from the November conference. We had a number of interested NPs from the April conference but we did not have anyone sign up to perform CEs.

The PROs made approximately **71** onsite visits to CE providers and another **83** visits to MER facilities and/or others throughout New Mexico and El Paso, Texas. CE Recruitment was performed in El Paso, Texas, Albuquerque, Alamogordo, Artesia, Carlsbad, Clovis, Deming, Hobbs, Las Cruces, Portales, Roswell, Ruidoso, Silver City, Socorro, and T or C, New Mexico. We also made a visit to the Las Cruces Field Office as a courtesy call while a PRO was in the area and to assist with communication and relations between DDS and SSA FO components. In addition, a PRO visited with **(b) (6)** at Senator Martin Heinrich's office in Las Cruces. Finally, there

were no joint actions with the regional public affairs office in FY 2016.

The PRO Unit was without any PRO from April 8, 2016 through September 12, 2016, so PRO activities in the second half of the Fiscal Year were significantly impacted.

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:**
 - **Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).**
 - **Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).**
 - **Indicate CE providers for whom you completed onsite reviews.**
- **A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”**

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	02
State DDS:	New York
Report Period (Fiscal Year):	2016
Current Date:	10/28/16
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Chief DD Program, Policy and Planning

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.



2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

None

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

None

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State

law or regulation.

- When a CE provider is first credentialed, they must submit a copy of their current license. DDS staff checks for current licensure and any sanctions. Annually, DDS staff checks for current licensure and any sanctions. On a rolling monthly basis, DDS staff checks licensure and sanction status. If a contract CE provider leaves after 90 days, they must go through the initial complete credentialing process before they can perform CEs.
- The contracted CE provider maintains the licenses and credentials of the employees in their medical offices, this is a pass through requirement from the signed CE and Ancillary Testing Contract.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

- Annually and on a rolling monthly basis.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

- For all new CE providers (including contract providers) the first 10 CE reports are reviewed.
- 50 Random Reports for each contract/volume provider per quarter.
- 10 Random Reports per quarter from the pool of non-contract/volume providers.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

1950

- For FFY 2016, 6 providers were removed from the CE Panel; 4 due to retirement and 2 providers moved.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and Volume provider onsite visits were completed for FFY 2016.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There were no changes to the CE/MER schedules for FFY 2016

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions

with regional public affairs offices and any other pertinent information.

- Exhibiting at Conferences
 - NYS Speech-Language-Hearing Association (April 2016)
 - NYHIMA - NYS Health Information Management Association (June 2016)
- Ongoing Statewide participation with SSI/SSD Outreach, Access and Recovery (SOAR) trainings
- Work in conjunction with the NYC Human Resources Administration WeCare Program
- On a continuous Statewide basis work with local Departments of Social Services

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

Description of the NYDDS procedures used to resolve the various categories of complaints received throughout the year.

The Division of Disability Determinations (DDD) relies on POMS DI 39545.375 (oversight reporting of claimant complaints) and DI 39545.350 (claimant evaluation of CE providers) for guidance concerning complaint resolution process/procedure. The MROs in each of our Processing Centers are required to maintain a claimant complaint log documenting complaints received and actions taken. Tasks involving the handling of complaints (most are routine/do not involve criminal acts) include, but are not limited to:

- Complaint is entered into the 'Claimant Complaint Log'.
- Obtain claimant information, e.g., address, phone, etc.
- Send a letter to the claimant acknowledging receipt of the complaint.
- Review CEMD file for prior complaints.
- Telephone the claimant to obtain additional information if necessary.
- Obtain a copy of the CE report.
- Send a letter to the CE provider describing the complaint and requesting a response in writing within fourteen days. Follow-up if needed.
- Review response and complete the claimant complaint register report identifying the action taken. The resolution may be no action taken against the consultant; referrals monitored more closely; consultant removed from panel; or other.
- File resolution in the CEMD file, copy in complaint binder and close out the claimant complaint log.

Complaints that are more serious may also be, and are usually, referred to the appropriate DDD Central Office staff for review and comment and to SSA NY Regional Office. The CE provider is put on 'hold' for referrals if a complaint has been forwarded to a sanctioning agency such as the NYS Department of Health's Office of Professional Medical Conduct. DDD may also suspend referrals to a provider whose alleged misconduct has been brought to the public's attention (through the media). This is based on SSA's own policy concerning all health service providers' professional conduct.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	NY
State DDS:	New Jersey
Report Period (Fiscal Year):	2016
Current Date:	11/15/16
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Chief

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

For all the complaints, the DDS receives where the Consultative Exam Provider is rude, insensitive, careless, negligent, or acted in an unprofessional manner, including unacceptable facility issues, the appropriate PRO responds to the claimant by sending an acknowledgement letter. The CE provider is presented with copies of the complaint where appropriate. This happens also when Congressional Inquiries are initiated.

At that point, based on factors such as a history of previous allegations or complaints, it is determined whether further investigation is needed and whether written responses are required to the claimant or the CE provider.

If the DDS received complaints or allegations of an egregious nature, (eg. Illegal/criminal activity, sexual harassment, cultural insensitivity, or allegations compromising the health and safety of the claimant) the DDS will suspend referrals and reschedule pending appointments while the

allegations are being investigated. The DDS administrator will be notified of the nature and severity of the claimant's complaints. Notification will be sent to state authorities or law enforcement agencies. The claimant will be responded to by phone or personal visits if required. The PRO will schedule an appointment to meet with the provider and discuss the claimant's allegations. Copies of the claimant's complaints will be given to the provider if the nature of the complaint did not require referral to an investigating agency. The PRO will then document the appropriateness of the CE provider's responses and determine if further action is needed. The New York Regional Office and/or SSA-OIG are notified of the complaint/allegations and course of action taken such as retraining, by the DDS/State authorities. Complaints and inquiries by attorneys and public officials are handled on a priority basis. In fiscal year FFY'16, NJ DDS terminated services of a CE Provider (b) (6) Dr. Samuel Wilchfort, M.D. Apparently, one CE Provider, Dr. Klausman has initiated a post exam claimant survey with excellent record of feedback receipts. NJ DDS retains option of mailing a claimant questionnaire with every CE request package. Additionally, professional relations officers have interviewed claimants after CEs were performed and discovered previously unknown issues, which were addressed and resolved. As an example, the length of the actual examination was addressed as well as facility issues.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

N/A

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

N/A

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

All credentials for the CE panelists are updated every 2 years per POMS DI 39567.300. As such , we executed credentials check in 2015. Credentials for CE panelist support staff such as lab techs are being updated on an annual basis. This began last fiscal year per POMS DI 39567.400. The process is being completed. A current copy of their NJ license was obtained and retained by DDS Administrative Services. Credentials are checked over the internet for violations and exclusions. Sources of credential information include: U.S. Dept. of HHS OIG, N.J. Dept. of Consumer Affairs, N.J. Dept. of Treasury, N.J. Dept. of Banking and Insurance, and SSA OIG. Central files of our CE

staff are maintained at NJ DDS, 124 Halsey Street, 4th floor, Newark, N.J. 07102.

Upon hiring Medical Consultants, a professional qualifications form is completed and a copy of the NJ license is obtained. Again, these credentials are checked as above over the internet .Any negative information is investigated and if found to be valid, the vendor is not permitted to perform consultative examinations. Reference bases are the NJ Board of Medical/Psychological Examiners; HHS OIG list of excluded vendors and the N.J. Department of Treasury list of debarred vendors. Our key CE providers conduct all testing on site. We consolidated four different professional qualification forms into one form allowing a streamlined registration process for medical doctors, psychologists, audiologists, and speech-language pathologists.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

2

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

Random review of two CE reports per month from any new recruited CE Provider. Retraining provided as needed.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

200, DOWN FROM 220. Retirement.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

Not much variance from last fiscal year.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The PRO's have been aggressive in their approach toward recruiting physician, hospitals and schools into the ERE process. All 88 hospitals/hospital systems are supplying medical documentation to the DDS through electronic means – WEB or FAX SERVER. 363/590 school districts or 54% of all public school buildings have embraced the electronic process; while over 7,000 treating sources are doing the same by either faxing or uploading to the Social Security secure website. New Jersey's permanent vendor file hosts approximately 67,000 providers. Outbound fax is automatically utilized by the DDS staff to all 220 CE providers. The remainder of the vendors receive their requests for consultative examinations through the website. There was a myriad of meetings over the last year with hospital administrators and systems information officers in order to transition over into the electronic process. Intense efforts by External Contacts Region helped in securing increased ERE participation and it paved the way for increased hospital provider participation. ERE rates reached over 82%. We participate in ERE Support Group calls emanating from SSA as well as SOAR calls. PRO participated actively in MC/PC recruitment soliciting resumes and facilitating interviews for internal DDS positions.

During 2009, we established a quicker means of communicating with all CE providers by creating an e-mail contact list for approximately 90% CEMD. During FFY'2016, we continued to send e-mail messages. If an important message is to be sent out, then PRO staff constructs a tailored message. Messages included such topics as PII issues, adverse medical diagnosis noted at time of CE, rescheduling of CE, and incorporating X-rays and laboratory tests interpretation within body of CE report. Additionally, we have engaged our largest CE provider, Essex Diagnostic Group, in establishing additional telephone lines for both CE schedulers and DDS adjudicators. This is fostering a quicker turnaround time in resolving CE scheduling issues.

In addition to these concerted efforts, the PRO staff have attended, exhibited and networked in a multitude of conferences, conventions and training sessions. Included is the NJEA Convention in Atlantic City in 2008, 2009, 2011, 2012, 2013. NJ School Board Convention in Atlantic City in 2008, 2009, 2011, and 2012. NJHIMA Convention in June 2010 and 2011, 2012, 2013, 2014. School Social Workers' Conference in 2008 – 2014. We did not attend any such conferences in 2015 due to time constraints and in-house projects.

Other activities included the NJ Business and Industry Association Conference, Women and AIDS Conference, the Chronic Fatigue conference and the North East Multiple Sclerosis Society Conference. Meetings attended include NJ Social Security Alliance meetings, and FO/DDS/ODAR Teaming Committee meeting, School Social Workers Conference, National Caregivers Conference, County Welfare Managers, DYFS/Trenton SSA-F.O. project, NJ Department of Corrections, SOAR homeless project, Ticket to Work- SSA, Trinitas Children's

Services, Kessler institution, Leukemia and Lymphoma Society of New Jersey, UCHC(Prisons medical service), and various veterans groups in association with Military Casualty case outreach.

In early June 2009, PRO began outreach to several hospitals and other medical providers in promoting SSA's national "HIT" initiative. Six medical provider entities expressed interest in submitting a "Request for Information" and "Request for Proposal". NJ DDS continued to maintain open communication throughout FFY' 10 , FFY' 11, FFY' 12, FFY' 13, and FFY' 14 with those six entities and the Camden County HIE on future prospects for "HIT" program participation. We are also tracking Healthcare IT News for latest news regarding electronic medical records capabilities of New Jersey hospitals. Atlantic Health Care, CentraState Healthcare System, Hunterdon Healthcare System, and Meridian Health were deemed "most wired". These entities provide additional opportunity for ("HIT" – Health Information Technology) in the near future. PRO Chief is also working with Chief of IT at Saint Barnabas Health Care System in continuing development of ERE processes, which could lead to "HIT" development in the future. In 2012 and 2013, relevant information has been referred to SSA in Baltimore to start a partnership with St. Barnabas Health, Cooper University Hospital, and Hackensack University Medical Center alike SSA's "HIT" partnership with Kaiser Permanente. As of the end of fiscal year 2015, SSA has not notified any New Jersey Provider of eligibility or participation.

SSA-directed projects dominated the fiscal year 2012, 2013, 2014, and 2015 as well inclusive of eAuthorization, which necessitated the Chief of Professional Relations to make presentations on this subject in major MER provider medical records departments as well as to track progress of acceptance of all MER providers. A companion mailer went out on all MER requests as well which generated much telephone activity and increased acceptance. New Jersey DDS took the lead in asking SSA to work with VA Health systems for the VA's acceptance of eAuthorization as well. Overall, SSA's eAuthorization process involved getting all major MER providers to buy into this concept. DCPS issues involved multiple electronic meeting events as well. SSA made a brief pause with DCPS at present time. A centralized military facility ERE process was put into effect as well.

Overall. New Jersey DDS professional relations': outreach/communications to internal and external stakeholders, CE process oversight, CEMD recruitment, support role with NJ DDS claims operations, handling attorney-related complaints and subpoenas, and ERE management/expansion activities highlighted a year of intense and persistent effort in a goal-directed team approach.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the [ODD MPRO SharePoint site](#)”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Atlanta
State DDS:	North Carolina
Report Period (Fiscal Year):	FY2016
Current Date:	10/31/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Supervisor

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

North Carolina DDS investigates each unique complaint submitted to the Professional Relations Office. A claimant complaint is defined as a written or verbal complaint regarding a CE provider that may require remedial action. Claimant complaints are received in various ways. However, they are most often received on the Client Survey Form, which is completed and returned by the claimant after their examination. If a verbal complaint is received, the claimant is requested to submit the complaint in writing. We utilize the Client Survey Form to obtain the necessary information in writing. In addition to completing the form, claimants are encouraged to submit any additional information, which is relevant to the complaint. Complaints that are submitted on behalf of the claimant by a family member, attorney, claimant representative, etc. are also investigated. All complaints are responded to in a timely manner by telephone or letter. Corrective action is taken when necessary. Complaints that concern the examination itself, the professionalism of the physician/psychologist, and/or office staff may be considered as major complaints. An unannounced office visit, telephone call, or letter to the CE panel member's office may be necessary for resolution of the complaint. A written summary is prepared for major complaints detailing the nature of the complaint and any actions taken for resolution. A copy of each complaint and subsequent actions are maintained in the "Client Survey File" and the CE panel member's individual file. Any complaint deemed significant is placed in the "Major Complaint File" and a list of major complaint summaries is maintained.

Complaints concerning rudeness and/or unprofessional manner or attitude of the CE provider and/or their staff members may also be deemed a major complaint. In these instances, the CE report completed by the provider is reviewed prior to taking action. The complaint(s) are shared with the CE provider and a verbal or written response is obtained to address the claimant's allegations. After the response is received, the relevant party is contacted by phone and/or letter.

Complaints involving environmental factors or conditions usually require unannounced onsite visits for investigation. Providers are requested to make appropriate changes when indicated. Continued client surveys are used to monitor the situation.

Various other complaints such as pain during the examination, incomplete examinations, lack of ancillary studies, inconsistent findings with medical history, lack of provider qualifications, office accessibility issues, difficulty locating the office, extended waiting times, and privacy issues are investigated on a case by case basis. Copies of reports are obtained and reviewed for adequacy of assessment of the claimant's impairment(s). CE providers are contacted so concerns can be addressed. Necessary actions are taken for resolution when appropriate and the complainant may be advised of the actions. Documentation of complaints are retained on file for future reference as needed.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activities were discovered this fiscal year.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

No complaints of an egregious nature requiring significant corrective action and/or public relations work were discovered this fiscal year.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**
- The PRO staff conducts a complete credentials check on all potential CE panel members at the initial application. This includes requiring the potential CE provider to sign a Memorandum of Understanding and Agreement, which specifically states that they "must not be excluded, suspended, or otherwise barred from participation in the Medicare or Medicaid programs, or other federally assisted programs". We verify that the source is currently licensed and in good standing in the state of North Carolina through their respective licensing board including the North Carolina Medical Board, North Carolina Psychology Board, North Carolina Board of Examiners for Speech & Language Pathologists and Audiologists, and System for Award

Management (SAM) Website. Potential CE panel members in Border States are credentialed through their respective licensing board in that state. If credential verification reveals any type of board action, NC DDS requests a copy of the action(s) when they are unavailable on the respective board's website. Public file information on physicians licensed with the North Carolina Medical Board can be accessed via the North Carolina Medical Board website. In addition, the PRO Supervisor and one designated PRO, receive notification of disciplinary actions from the North Carolina Medical Board via e-mail. To ensure CE sources renew and maintain their licenses appropriately, NC DDS verifies licensure on a yearly basis through the NC Medical Board website and SAM website for each provider. A database was created in an effort to complete this task. The North Carolina Medical Board requires yearly license renewal, based on the physician's date of birth. NC DDS verifies annual license renewal and checks for possible board actions on a monthly basis corresponding with the physician's date of birth. Physician assistants and nurse practitioners, who participate in consultative examinations, are also verified through the North Carolina Medical Board and the SAM website on a yearly basis. The North Carolina Psychology Board requires license renewal in October of every even numbered calendar year for psychologists. NC DDS PRO staff performs licensure verification on a yearly basis and throughout the year as needed based on client surveys, complaints, onsite visits or other significant situations. The North Carolina Psychology Board annotates any board actions on their website. In addition, they also send us a copy of board actions after each board meeting.

- Licensure for support personnel such as nurses and medical assistants is addressed in our Memorandum of Understanding and Agreement that is signed at the initial application period. This memorandum clearly states all support staff used in the performance of consultative examinations must meet the appropriate licensing or certification requirements of the State. It is the responsibility of the CE provider to ensure the utilization of appropriately licensed staff on a regular basis. In addition, a letter is sent to each group and provider yearly, requesting certification to ensure members on their staff are not excluded, suspended or otherwise barred from participation in the Medicare/Medicaid programs or any other federally assisted program and that their licenses are in good standing with their respective licensing board. Providers failing to respond will be contacted and scheduling terminated if they do not respond after several attempts.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credential checks are completed once a year for each provider. Once a month, we pull a list of providers from our database by licensure renewal date. At that time, PRO checks the appropriate state licensing board and SAM. In addition, credential checks are also completed on all new applications and as the need arises.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

When a new provider joins the NC DDS CE panel, we schedule 5 examinations. Once those examinations are kept, we monitor the timeliness of signed report submission and perform quality

reviews. The QA Medical and Psychological Consultants perform the quality reviews and provide feedback. Throughout the year, we perform quality reviews as onsite visits are made to providers and as issues arise. Serious quality issues are addressed by onsite visits or conference calls to ensure compliance with our criteria.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

Current Number of CE panel Members ---- 663 active CE providers
157 hospitals and related facilities

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All key and volume provider onsite visits were completed in FY2016 except one. Alta Medical Consulting Services is a Key Provider, performing consultative examinations only. For the latter part of FY2016, this provider did not have a physician and no clinics were scheduled. Please see attached list of onsite visits made in FY2016.



ONSITES - Fiscal
Year 2016.doc

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

No CE/MER fee schedule changes in FY 2016.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The Professional Relations Staff participated in various types of outreach activities throughout FFY 2016 in an effort to recruit CE panel members, recruit ERE sources, and educate the public about Social Security Disability. The PRO staff exhibited at major medical and professional meetings throughout the state. Presentations were made to various health care related and other professional groups. PRO participated in 14 Outreach Activities during the fiscal year. Currently, our CE ERE submission rate is 98.25%.



OUTREACH - Fiscal
Year 2016.doc

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or

- based on primary CE work).
- Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
 - A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of [the ODD MPRO SharePoint site](#)”

Please attach any additional information before submitting this form.

ONSITES

FISCAL YEAR - 2016

<u>SOURCE</u>	<u>CITY</u>	<u>DATE</u>	<u>KEY/N-KEY</u>	<u>PRO</u>	<u>REASON</u>
Lifeworks	Hickory	10/19/15	Key	(b) (6)	Onsite, (b) (6)
Alexander Lopez, M.S.	Concord	11/13/15	Key	(b) (6)	Onsite, (b) (6)
Morris F. Britt, Ed.D.	Charlotte	11/13/15	Key	(b) (6)	Onsite, (b) (6)
Tuan A. Huynh, M.D.	Charlotte	11/13/15	Key	(b) (6)	Onsite, (b) (6)
John Warnken, M.S.	Charlotte	11/13/15	Key	(b) (6)	Onsite, (b) (6)
Elizabeth Kauff, M.A.	Garner	1/4/16	Non-Key	(b) (6)	Onsite, (b) (6)
Garner Family Care Services	Garner	1/4/16	Non-Key	(b) (6)	Onsite, (b) (6)
David Johnson, M.A.	Southern Pines	1/8/16	Key	(b) (6)	Onsite, key (b) (6)
Olympus Health NC	Southern Pines	1/8/16	Key	(b) (6)	Onsite, (b) (6)
Maceij Szalkowski, M.D.	Greenville	1/13/16	Non-Key	(b) (6)	Onsite, (b) (6)
Satish Kumar, M.D. & Kamlesh Kumar, M.D.	Rocky Mount	1/13/16	Key	(b) (6)	Onsite, (b) (6)
Christopher Lacroix, M.D.	Greenville	1/14/16	Non-Key	(b) (6)	Onsite, (b) (6)
Jerome B. Albert, Ph.D.	Roanoke Rapids	2/8/16	Key	(b) (6)	Onsite, (b) (6)
Christopher Ricci, Ph.D.	Raleigh	2/8/16	Non-Key	(b) (6)	Onsite, (b) (6)
William G. Clark, M.D.	Wake Forest	2/8/16	Non-Key	(b) (6)	Onsite, (b) (6)
Edmund Burnett, Ph.D.	Roanoke Rapids	2/8/16	Non-key	(b) (6)	Onsite, (b) (6)
Tuan Anh Huynh, M.D.	Charlotte	3/1/16	Key	(b) (6)	Onsite, (b) (6)
MDSI Physicians Group	Goldsboro	3/5/16	Key	(b) (6)	Onsite, (b) (6)
Rosalyn Newton, Psy.D.	Goldsboro	3/5/16	Non-key	(b) (6)	Onsite, (b) (6)

Chareen Monk, S.L.P.	Greenville	3/9/16	Key	(b) (6)	Onsite, (b) (6)
The Neuropsychology Consultants Deanna Jamison, M.A.	Greenville	3/9/16	Key	(b) (6)	Onsite, (b) (6), (b) (6)
James C. Owen, M.D.	Clayton	3/11/16	Non-key	(b) (6)	Onsite, (b) (6)
Betsey Pedersen, Ph.D.	Durham	3/15/16	Non-key	(b) (6)	Onsite, (b) (6)
SXR Medical Evaluations	Durham	3/15/16	Key	(b) (6)	Onsite, (b) (6)
Gregory Villarosa, Ph.D.	Asheboro	3/15/16	Key	(b) (6)	Onsite, (b) (6)
C. Craig Farmer, Ph.D.	Jacksonville	3/21/16	Non-key	(b) (6)	Onsite, (b) (6)
Southern Medical Group	Washington	4/16/16	Key	(b) (6)	Onsite, (b) (6)
Trinity Center Renee Hinson, Ph.D. Courtney Zahner, M.A.	Winston-Salem	4/19/16	Non-key	(b) (6)	Onsite, (b) (6)
Joy Welcker, Ph.D.	Winston-Salem	4/19/16	Non-key	(b) (6)	Onsite, (b) (6)
Speechworks Therapy Services	Granite Falls	6/24/16	Non-key	(b) (6)	Onsite, (b) (6), (b) (6)
Med Plus, NC	N. Wilkesboro	6/24/16	Key	(b) (6)	Onsite, (b) (6)
Medical Support Associates	Kings Mountain	6/24/16	Key	(b) (6)	Onsite, (b) (6), (b) (6)
Med First, Inc. Mark A. Samia, M.D.	Raleigh	8/17/16	Key	(b) (6)	Onsite, (b) (6), (b) (6)
Christopher Ricci, Ph.D.	Garner	8/17/16	Non-key	(b) (6)	Onsite, (b) (6)
Terry Warner, M.S.	Rockingham	8/18/16	Non-key	(b) (6)	Onsite, (b) (6)
Scott Schell, M.D.	Southern Pines	8/18/16	Non-key	(b) (6)	Onsite, (b) (6)
First Health Family Med. William Bell, M.D.	Robbins	8/18/16	Non-key	(b) (6)	Onsite, (b) (6), (b) (6)
Gary Bachara, Ph.D.	Wilson	8/23/16	Key	(b) (6)	Onsite, (b) (6)
Advanced Medical Consultants	Raleigh	8/27/16	Key	(b) (6)	Onsite, (b) (6), (b) (6)
Ernest Akpaka, Ph.D.	Raleigh	9/2/16	Key	(b) (6)	Onsite, (b) (6)

Reuben Silver, Ph.D.	Wilmington	9/14/16	Non-key	(b) (6)	Onsite, (b) (6)
Coastal Internal Medicine	Wilmington	9/14/16	Key	(b) (6)	Onsite, (b) (6)
C. E. Provider Services	Rocky Mount	9/17/16	Key	(b) (6)	Onsite, (b) (6)
Romeo B. Atienza, M.D.	West End	9/27/16	Key	(b) (6)	Onsite, (b) (6)
Tri-State Occupational Medicine	Raleigh	9/30/16	Key	(b) (6)	Onsite, (b) (6)

OUTREACH

FISCAL YEAR - 2016

NC Medical Society Annual Meeting	Greensboro	10/23-24/15	(b) (6)	Exhibit ERE
Exceptional Children Conference	Greensboro	11/18-19/15		Exhibit ERE
NC Academy of Family Physicians	Asheville	12/03-05/15		Exhibit ERE
Multiple Sclerosis Society	Raleigh	12/5/15		Exhibit ERE
SOAR Meeting	Raleigh	12/9/15		Presentation ERE
Southern Regional AHEC Clinical Update and Psychopharmacology Review	Raleigh	3/2-3/3/16		Exhibit ERE
NC National Association of Social Workers Conference	Raleigh	3/29/16		Exhibit ERE
NC Speech, Hearing & Language Association Annual Convention	Raleigh	4/28-29/16		Exhibit ERE
NC Psychological Association Spring Conference	Charlotte	4/29-30/16		Exhibit ERE
NC National Association of Social Workers Conference	Wrightsville Beach	5/2-4/16		Exhibit ERE
NCHIMA Behavioral Health Section Conference	Raleigh	6/8-6/9/16		Exhibit ERE
Alliance Behavioral Health	Raleigh	7/13/16		Presentation ERE
Health Care Research Group Seminar	Charlotte (conference call)	9/22/16		Presentation ERE
NC Psychological Association Fall Conference	Chapel Hill	9/23-24/16		Exhibit ERE

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	DENVER
State DDS:	NORTH DAKOTA
Report Period (Fiscal Year):	2016
Current Date:	11/14/16
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Human Services Program Administrator IV/MPRO

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

The ND DDS PRO generally receives complaints on referral from the analysts who have been contacted by the claimants. The PRO then contacts the claimant to investigate the complaint. The claimant is asked to submit their complaint in writing to the DDS for follow-up.

Follow-up action depends on the nature and severity of the complaint.

- Most Serious Complaints/Egregious Behavior:

The CE provider is immediately contacted for clarification and input related to the specific complaint after receiving the verbal complaint. The DDS Director is apprised of claimant complaints and determines if the RO or DCO-ODD should be notified, which would likely be the case for this category of complaint. The PRO would contact other claimant's recently seen by the provider. Pending appointments may be cancelled or rescheduled while the complaint is investigated. The complaints and the vendor responses are reviewed to determine if additional actions are required. If additional actions are required State Risk Management protocols would be followed. Established egregious complaints would result in dismissal from the CE panel.

- Less Serious Complaints:

Less serious complaints related to the provider's manner or his staff's manner are followed up on with the provider. The PRO would contact other claimant's recently seen by the provider to determine if others had similar complaints. Complaints should be submitted to the DDS in writing. The DDS contacts the vendor for clarification and input related to the specific complaint. The complaints and vendor responses are reviewed to determine if additional actions are required. Due to the limited number of CE providers in North Dakota, extraordinary efforts would be undertaken to maintain the provider relationship by working with the provider to correct this type of complaint.

Complaints related to the quality of the report are referred by analysts and/or medical consultants and are handled by the PRO. The PRO contacts the CE provider for clarification and/or corrective action. A request for an addendum to the report may be made if appropriate. Examples of acceptable reports and a copy of SSA Publication No. 64-025 (The Green Book) will again be forwarded to the CE provided for reference if necessary. Once again, due to the limited number of CE providers in North Dakota, extraordinary efforts would be undertaken to maintain the provider relationship.

Complaints related to a CE provider's facility would be investigated by contacting the provider. The PRO would contact other claimant's recently seen by the provider to determine if others had similar complaints. An onsite visit would occur if necessary. Again, due to the limited number of CE providers in North Dakota, extraordinary efforts would be undertaken to maintain the provider relationship.

During Fiscal year 2016 the ND DDS received no written or verbal complaints in the DDS.

All complaints are kept on file in the PRO's office and on the NDDDS internal SharePoint site for this purpose.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activities were discovered during FY 2016

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

Potential Egregious Complaint

The ND DDS received no potential egregious complaint during FY16

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

Initially physical medicine licenses' are check at the North Dakota State Board of Medical Examiners' website <http://www.ndbomex.com/Default.htm> This website allows the user to search any licensed physician or physician assistant in the State of North Dakota for license status and any disciplinary or license action that may have occurred. The JCAHO (Joint Commission on the Accreditation of Healthcare Organizations) and the NCQA (National Committee for Quality Assurance) permit the use of a state professional board's website for primary source verification of licensure if the following conditions are met: (1) The website is the official state professional board website; (2) the website receives its information directly from the state professional board's database through encrypted transmission, and; (3) the data is updated and is current. This website meets each of those criteria. Psychologists' licenses' are checked by contacting the North Dakota State Board of Psychologist Examiners. North Dakota Medicaid is informed anytime a provider is under review for any disciplinary or license actions. Medicaid informs the DDS of any disciplinary or license actions that have occurred.

The ND DDS also checks SAM to ensure the provider is not excluded from participating in Federal or federally assisted programs prior to using the provider and once annually thereafter.

The ND DDS also obtains the signed License/Credentials Certification form located in POMS DI 39569.400.

Support personnel's licenses/credentials are on file with each CE provider and are available for review upon request. When requested license/credentials are faxed to the DDS for review. The provider also certifies that any support staff meet licensing or certification requirements when signing the License/Credentials Certification.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credential checks are completed one time a year by the DDS. However, North Dakota Medicaid checks licenses on a continual basis and notifies the DDS by email if any disciplinary or license actions occur.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The MPRO reviews the first 5 reports submitted by a new CE provider for content to ensure all requested elements of an examination have been completed and that the report meets criteria. Thereafter, Analyst staff and Medical Consultants report concerns to the MPRO for follow up.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

ND has 182 current CE providers listed in VERSA. Please be aware that that this includes facilities that perform testing only such as PFT's, lab work, X-rays, etc. This number also includes CE providers that will only do CEs for claimants who are current patients at the clinic where the provider practices and CE providers who will only do a limited number of CE's per year.

The NDDDS lost 1 physical CE provider due to lack of ability to accommodate DDS clients and frustration with No Shows. The ND DDS also gained 3 psychological providers.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

The ND DDS does not have any volume providers. All Key providers did not have an onsite visits in FY 2016 if an onsite visit was performed in FY2015. Onsite visits are noted on the DDS CE Provider List.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The ND MER fees are established by North Dakota Century Code, no changes occurred in the MER fee schedule.

The NDDDS pays North Dakota Medicaid rates for all CE's. Medicaid fees are established by the ND legislature and change annually on July 1. However, effective 09/30/2016 the ND DDS reverted back to the 2015 Medicaid Fee Schedule due to significant decrease in the newly published 2016 ND Medicaid rates. Numerous providers indicated they would no longer be able to perform CE's for the DDS if we followed the new rates. We will continue to follow the 2015 fee schedule until ND Medicaid rates are brought back up to acceptable levels.

10. Provide a brief description of DDS medical and professional relations officers' activities

regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The ND MPRO supervises the CE Scheduling Unit and meets regularly to discuss issues and to identify underserved areas throughout the state. While recruiting efforts are ongoing, we have had very little success in recruiting CE providers in underserved areas due to lack of providers.

We recruited 3 new providers. We also began collaborating with SSA Field Offices and IHS Hospitals to share VSD equipment and started performing video CE in multiple locations.

The MPRO continues to promote the use of outbound fax and ERE. The ND DDS has multiple HIT Providers, education is provided to examiner staff regarding HIT MER.

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:**
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- **A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”**

Please attach any additional information before submitting this form.

OH DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Chicago
State DDS:	Ohio
Report Period (Fiscal Year):	2016
Current Date:	October 26, 2016
Reporter's Name, Phone number, and title:	(b) (6) Medical Professional Relations Manager

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

Complaints received from claimants or their authorized representatives via any media regarding consultative examinations are directed to the DDS Professional Relations Officers and/or the Professional Relations Officers' electronic mailbox, if received electronically. For complaints regarding the actual medical examination or consultative examination report, the Disability Claims Adjudicator and/or in house Medical Consultant sends an interoffice communication documenting the complaint to the appropriate Chief Medical or Psychological consultant for review. The appropriate Chief issues a letter, outlining the complaint or quality issue, to the consultative examination source. The letter advises the source of the situation and solicits clarification of the situation/issue as needed. The Professional Relations Officer also handles complaints outside of the actual medical/psychological findings in the report (i.e., discourteous treatment, long wait times, condition of the waiting area, etc.) Simultaneously, a letter of acknowledgment is sent to the claimant and/or the authorized representative at the discretion of the Medical Administration Department.

The consultant is given three business days to respond. A reminder is created for each request to ensure timely follow-up is completed. If no response is received within that timeframe, a

Professional Relations Officer will follow-up with the vendor and pursue the needed information until the issue is resolved.

Once the response is received in the Medical Administration Department, the correction is reviewed by either the appropriate Chief or a Professional Relations Officer. Any addenda or correction to the report is placed in the paper/electronic case as appropriate. In addition, the vendor's electronic file is updated and noted. All complaints are documented and available for review by the Chief Consultants, the Medical Administration Manager, and the Professional Relations Officers.

Repeated complaints against an individual vendor and/or more egregious complaints may require a phone call or face-to-face visit with that examiner. These types of problems are handled by the Professional Relations Officers, one of the Chief consultants, or the Medical Administration Manager. This level of complaint can result in the immediate cessation of referrals to that consultative examiner. All complaints are handled on a case-by-case basis depending on the nature and severity of the complaint. Every effort is made to maintain the safety of our claimants and the integrity of the program.

The Chief Medical and Psychological Consultants and the in-house consultants do random quality review samples of all providers' consultative examinations on a weekly basis. The in-house consultants participate in the random review on an ongoing basis. In-house consultants are assigned a month period during the year in which they are required to perform reviews on five (5) exams per week. The Chief also performs reviews of new consultative examiners and random requests from the in-house consultants and adjudicators. This results in approximately sixty (60) reports being reviewed per month from all specialties. The Professional Relations Officers also perform random reviews of consultative examination reports. Report deficits or needed corrections are handled via addendum requests and/or inquiries from a Professional Relations Officer or the appropriate Chief. Data collected from these reviews is compiled and maintained in two databases in the Medical Administration Department. This information is utilized by the Professional Relations Officers to help provide individual feedback to the providers when appropriate and to track any areas where performance improvement may be needed across the board. Trends or significant issues that arise are handled by phone, email, or an on-site visit by the Professional Relations Officer. All feedback given is documented and placed in the provider's electronic folder.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No evidence of fraudulent activity by any OH DDS CE provider was discovered during FY 2016.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

The Ohio DDS did not identify any complaints of an egregious nature for FFY2016.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

All credentials and licensure verification checks are tracked quarterly through the Medical Administration Department. In addition, each vendor is checked quarterly through the OIG (Office of the Inspector General) for exclusions and the SAM website. Copies of all verifications are maintained in each consultative examination provider's electronic file through the duration of their business relationship with the Ohio DDS. These records are maintained in accordance with the State of Ohio records retention policy/schedule.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credential checks are completed quarterly in the Ohio DDS. All were completed.

Consultant credentials are verified prior to onsite visits. In addition, all potential vendors' credentials are verified prior to performing examinations for the agency.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The Chief Medical and Psychological Consultants and the in-house consultants do random quality review samples of all providers' consultative examinations on a weekly basis. The in-house consultants participate in the random review on an ongoing basis. In-house consultants are assigned a month period during the year in which they are required to perform reviews on five (5) exams per week. The Chief also performs reviews of new consultative examiners and random requests from the in-house consultants and adjudicators. This results in approximately sixty (60) reports being reviewed per month from all specialties. The Professional Relations Officers also perform random reviews of consultative examination reports. Report deficits or needed corrections are handled via addendum requests and/or inquiries from a Professional Relations Officer or the appropriate Chief. Data collected from these reviews is compiled and maintained in two databases in the Medical Administration Department.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

The Ohio DDS had 413 providers for FFY2016. Changes reflect retirements, cessation of business relationships, or closing of offices by providers.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and Volume providers had onsite visits completed during FFY2016.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

No changes have been made in FFY2016.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.



Outreach Activities
2015-2016 (2).doc

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:**
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- **A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”**

Please attach any additional information before submitting this form.

- PROs participated in the recruitment of new adjudicators
- PROs continue to educate providers about the benefits to ERE
- PROs continue to work with MER providers about the benefits to eAuthorization
- PROs serve as the FO Liaison and ODAR Liaison
- Medical Administration added a CE scheduler due to an internal promotion, which required training from the PROs
- PROs continue to recruit in-house consultants and CE providers
- Medical Administration added an additional PRO

Outreach Activities

Fiscal Year 10/1/15 to 9/30/16

(* Indicates activity done with PAS)

October 5th New Employee Orientation

October 13, 2015 OSSPEAC at Hyatt Reg.

October 15, 2015 Field Office (D63) visit

October 21, 2015 Akron ODAR presentation

October 22, 2015 Columbus Public Schools Records Department Meeting about ERE

October 26th PRO On-Site Shadowing Experience

October 30th Legal Community Meeting (Dayton)

November 4th Poverty Simulation

November 12th and 13th NASW Conference

November 24th PRO On-Site Shadowing Experience

December 14th New Employee Orientation

February 11th LEAN OHIO Blackbelt Project Meeting (PROs involved in QA project)

February 19th Legal Community Meeting (Columbus)

February 19th ECOT on-line disability presentation to school

February 23rd PRO On-Site Shadowing Experience

March 8th and 9th-OHIMA Conference

March 10th (b) (6) Shadowed (b) (6) for onsite trip to Toledo and Lima

March 11th and 12th-OSLHA Conference

March 23rd Medicaid Meeting *

April 6th (b) (6) (Fast Track) and (b) (6) met with Tri Health Ministries (presentation)

April 11th and 12th Recruitment Meetings

April 13th Lorain FO Presentation

April 19th Newark FO Visit to the DDS

April 20th Knox County Career Expo

April 20th Recruitment visit to Mount Vernon Nazarene University

April 20th Recruitment visit to Kenyon College

April 20th Athens County Career Fair

April 20th Recruitment visit to Ohio University

April 25th Kent State University Job Fair

April 26th Recruitment visit to Miami University

April 26th Recruitment visit to Xavier University

April 26th Recruitment visit to University of Cincinnati

April 27th Recruitment visit to Akron University

April 27th Recruitment visit to the College of Wooster

April 27th Recruitment visit to Hiram College

April 28th and 29th PRO's attended the Ohio Psychological Association conference in Columbus

May 3rd Recruitment meeting with Miami University students and faculty

May 4th Recruitment Open House

May 7th Recruitment Open House

May 9th Recruitment visit to Findlay University

May 9th Recruitment visit to Bluffton University

May 9th (b) (6) job-shadowed (b) (6) for onsite trip to Dayton and Cincinnati

May 9th Recruitment visit to Ohio Northern University

May 12th Recruitment visit to Wright State and Wittenberg

May 12th Recruitment visit to Cleveland State, John Carroll University, Ursuline college, Oberlin College

May 14th Recruitment Open House

May 23rd OSU Job Fair

May 23rd (b) (6) job shadowed (b) (6) for onsite trip to Elyria and Milan

June 13th (b) (6) job-shadowed (b) (6) for onsite trip to Lorain

June 15th (b) (6) (Fast Track) and (b) (6) presented at OSU James Cancer Hospital

June 21st (b) (6) job-shadowed (b) (6) for onsite trip to Cincinnati and Hillsboro

June 23rd (b) (6) job-shadowed (b) (6) for on-site trip to Cleveland

July 18th (b) (6) job-shadowed (b) (6) for onsite trip to Columbus

July 20th-PAS/PRO Meeting

July 21-PROs provided tours to Field Office staff

July 25-PRO attended Geo-Coding Conference Call with another DDS

July 29-Conncting with the Legal Community Meeting (Dayton)

July, August, September-PROs participated in DCPS System Demos and Meetings

August 12th (b) (6) job-shadowed (b) (6) for onsite trip to Hamilton and Wilmington

September 13th and 14th-Ohio Council for Home Care and Hospice Conference

September 13th and 14th – Ohio State University Fall Career Fair

September 15th (b) (6) job-shadowed (b) (6) for onsite trip to Delaware and St. Clarisville

September 24th (b) (6) attended the Scleroderma Conference in Columbus

September 28th (b) (6) attended Area V Work Incentives Liaison Training Meeting - Cleveland

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Dallas
State DDS:	Oklahoma
Report Period (Fiscal Year):	2016
Current Date:	11/07/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title PRO

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

When complaints are received from a claimant regarding a CE provider the claimant is asked to submit their concerns in writing. The receipt of the claimant's complaint is acknowledged in a letter to the claimant. A letter is sent to the CE provider summarizing the complaint and asking the provider to give their view of the events as they occurred. The PR staff sends claimant surveys to a minimum of ten to twenty claimants who have recently been examined by the CE provider in question to determine any patterns of behavior. If allegations against the CE provider are egregious in nature, the PR staff will suspend the provider from scheduling during the investigation. After reviewing all of the information, a determination is made as to whether the complaint is unsubstantiated or substantiated. If the complaint is considered valid, a PR specialist visits the CE provider to discuss and implement a plan to remedy the situation. Depending on the nature of the complaint, a second PR specialist, the DDS administrator, a medical consultant or other appropriate DDS staff may accompany the PR specialist investigating the complaint to visit the CE provider. Communication with the DDS Administrator is ongoing in all complaints that include serious allegations regarding a CE provider. When appropriate, the Regional Office, the state licensure boards and law enforcement agencies are notified. Throughout the investigation process, beginning with the first contact from the claimant through the conclusion, whether the situation is remedied or the CE provider is released from the panel

detailed written documentation is maintained. This documentation is saved in the provider's electronic file. Types of complaints received are:

1. Late reports
2. Need for additional information
3. Slight mistreatment complaints about provider by claimant
4. Missing pages of a report

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

N/A

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

N/A

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

State license and OIG credential checks are performed before recruitment occurs. Vendors on our panel receive a bi-annual review yearly.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

State license and the Federal Exclusions for Award Management checks are performed before recruitment occurs. Vendors on our panel receive a bi-annual review on a yearly basis. Checks are saved in the provider's electronic file.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

A supervisory code is placed on all new CE providers. This ensures that all reports are forwarded to a PRO to review. Veteran MC staff also reviews them. Once we are certain they are submitting reports and being 100% policy compliant we remove the code. This code can be replaced on a vendors profile as needed throughout the year for random review of submitted work.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

As a result of counting vendors regardless of the number of locations, we have 240 total. We have had vendors to retire and to resign from being a provider. New medical providers have been recruited and added to the list as well.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Key provider visits were performed. Additional staff has been added to the department starting in 2015 to give us more opportunities to visit our providers.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

Our policy for fee schedules is taken exactly from POMS 39545.600. Our fee schedule reimbursement rates are set after careful consideration of state and federal rules and regulations. Our rates may not exceed the highest rate paid by Federal or other agencies in the State for the same or similar type services. The Oklahoma DDD does not use contracts or negotiated agreements. All rates are set utilizing a fee schedule. The Oklahoma DDD's parent agency is the Department of Rehabilitation Services; however, we use our own fee schedule to set rates. Our fee schedule is reviewed annually. The most significant motivating factor in making changes to our fee schedule is recruitment problems.

We did increase our reimbursement for pulmonary function studies only. No other changes have been made to the fee schedule.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The ERE is discussed at each new vendor training session and we have contacted all vendors to market this records submission option to each one. The ERE is discussed at all conventions and other PR outreach opportunities where appropriate. We also have called large volume MER providers and other CE providers to attempt to obtain support for use of the ERE site.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Seattle
State DDS:	Oregon
Report Period (Fiscal Year):	2016
Current Date:	10/12/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

The Oregon PRO's received complaints/concerns from DDS MC's, DA's, Claimant's, Claimant Representatives, MER Vendors, CE Providers, etc. The PRO addresses the concerns with the provider involved and documents this in their file. The claim narrative may also contain details of the complaint. Complaints/concerns are also included in the monthly PRO activity report.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

None

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

None The PRO did receive 19 complaints about the demeanor of a provider during the exam. Some complaints alleged the provider was rude or not fully listening to the claimant's allegations. Some alleged the exam was short and did not adequately address their medical problems.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

The Oregon DDS reviews the SMAS Exclusions Database when adding a provider and our IT Department has a program that compares the current list of DDS consultative exam providers with those on the monthly exclusion list. The OR DDS also reviews the appropriate licensing board as we add providers and on a periodic basis to ensure, the provider retains the proper license. Some of these boards also send out periodic emails to notify when a provider receives a sanction.

New CE providers sign a form indicating the training and licensing of their staff will be their responsibility. The form also indicates the CE provider is responsible for the conduct of their staff and they need to ensure their staff is aware of PII rules and confidentiality.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Monthly

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

New CE providers have targeted reviews of all reports. This review will continue until the PRO is satisfied with the format and content. Oregon also employs in-house medical doctors and psychologist. They provide direct feedback to the PRO when they see issues with reports. DDS legacy system alerts PRO to do periodic checks on existing exam providers.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

There are 599 providers for FY 2016. There were 586 in FY 2015.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All but one Key/Volume provider had an onsite visit in FY 2016. Dr. Shields has an office in Medford OR. This is a considerable distance from the OR DDS office. I visited the office in FY 2015 and will visit again in FY 2017 when I visit offices in that region of Oregon. It did not seem reasonable to drive such a long distance for one visit.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The OR DDS updated rates in FY 2016 as changes occurred to the Medicare/Medicaid rates. There was a negligible increase for many exams, labs and x-rays. In some cases, the rate dropped a negligible amount. The Comprehensive Physical exam increased only two cents. Lumbar X-Ray (CPT code 72100) increased eighteen cents. There were no discounts for volume medical providers. The OR DDS received a waiver to increase rates for the Audiogram (CPT Code 9255), Visual Acuity (CPT Code 92082), and Humphrey Field Analyzer (CPT Code 92083). The OR DDS also received a waiver to provide a travel reimbursement for providers traveling to underserved areas of Oregon. The OR DDS received a waiver to provide a reimbursement differential to providers who speak languages other than English. This would only be for exams done for a non-English speaker.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The PRO made annual visits to the Portland and Eugene ODAR offices. The PRO conducted

training with the Portland ODAR to cover ordering consultative exams. The PRO is the point of contact with Congressional Offices and Governors Advocacy Office. The PRO is the liaison with State, Federal and Municipal offices. Some of these offices also determine eligibility for various benefits. Oregon Professional Relations Officers increased program visibility by attending conferences for: Oregon Geriatrics Society (OGS), Oregon Chapter of American College of Physicians Scientific Meeting (ACP), Oregon Health Information Management Association (OrHiMA), Oregon Academy of Family Physicians (OAFP)

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	3
State DDS:	Pennsylvania
Report Period (Fiscal Year):	FY 2015/2016
Current Date:	11/03/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Disability Adjudication Program Manager

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

CE Complaints are promptly investigated by Disability Adjudication Program Managers and/or Administrative Officers. Investigations include conversations with the claimant and/or the person filing the complaint, a review of the medical report, and conversation with the consultant including any necessary follow up conversations with third parties. Site visits (both announced and unannounced) are also part of the investigation if deemed necessary. Written correspondence is sent to both the claimant and provider at the conclusion of the complaint investigation. Copies of complaint investigations are maintained in State Headquarters. Patterns and trends are monitored and discussed with the CE contractor as needed.

Types of complaints received:

- Rudeness and/or unprofessionalism
- Lengthy wait times
- Exam length
- Lack of thoroughness
- Uncleanliness

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activities were discovered.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

There have been no complaints of an egregious nature requiring significant corrective action or public relations work.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

Credentials for each physician/psychologist used by the CE provider are reviewed prior to beginning exams and are updated on an annual basis coinciding with the licensure renewal month. Applicable exclusion lists and state licensing board status are checked at the time the credentials updates are submitted.

The contracted CE provider maintains the licenses and credentials of support staff employees in their medical offices. The CE contractor also verifies proper licensure and credentialing as a requirement from the signed CE and Ancillary Testing Contract. On an annual basis, the CE contractor provides a signed certification statement attesting license and credentials certification for providers and support staff.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credential checks for all physicians/psychologists were completed once throughout the year.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

Pennsylvania's CE contractor reviews new physicians/psychologists for up to the first 75 exams or thirty days. The CE contractor also performs random reviews of reports from established providers. The Pennsylvania DDS Quality Assurance reviews an enhanced sample of cases for new physicians/psychologists. Established CE physician/psychologist reports are also reviewed as part of the regular Pennsylvania DDS QA sample. Deficient reports are returned to the CE contractor as needed to obtain necessary clarifications. Pennsylvania DDS Quality Assurance performs targeted reviews on reports of

physicians/psychologist when there is a high volume of complaints or when reports require frequent clarifications.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

Beginning January 2014, Pennsylvania has a contract with one provider, the IMA Group, to perform all consultative exams and ancillary testing. Currently, IMA has a total of 290 physicians/psychologists who are eligible to perform CEs for Pennsylvania.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Pennsylvania has a contract with one key/volume provider, The IMA Group. IMA has 10 full-time locations that have been used throughout the state during the past year. There is also 1 location in St. Marys used on an as needed basis to accommodate rural claimants. The MPRO completed onsite visits of all 10 full-time locations.

No onsite visit was completed for the St. Marys location. This site was just added in 11/2015. A total of 29 exams were completed at this site on 4 dates during the fiscal year. The DDS has had no complaints regarding this site.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

Each year, in January, the MER fee schedule changes in accordance with the adjustments by the Secretary of Health 42PaC.S. §§ 6152 and 6155. The maximum allowable fee for medical evidence of record remained \$27.48 in January, 2016.

Procedure codes were added for pulse oximetry testing to accommodate changes in the respiratory listings that became effective 10/7/16.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

MPRO personnel reach out to difficult MER sources to encourage use of ERE.

MPRO personnel partnered with SSA public affairs specialists in presentations of "Anatomy of a Disability Claim." The presentations occurred at Bucks County Community College in 8/2016, and Delaware County Community College in 9/2016. Presentations were for professionals who serve the disability community. The DDS presentation focused on how a decision is made and how advocates/attorneys can help clients through the process. It also covered ways representatives can submit records to the DDS, including focus on use of the ERE website.

Pennsylvania DDS participates in SOAR with Field Offices in their regional area and provides training as needed to participants.

MPRO personnel participated in recruitment of potential Disability Claims Adjudicator Trainees by attending job fairs at the following: Western PA Collegiate Job & Internship Fair in 3/2016; Allentown area in 2/2016; University of Scranton 4/2016.

Pennsylvania recruited candidates to work as medical consultants for the DDS by obtaining a comprehensive mailing list of physicians licensed in Pennsylvania from the state's Bureau of Occupational and Professional Affairs.

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:**
 - **Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).**
 - **Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).**
 - **Indicate CE providers for whom you completed onsite reviews.**
- **A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”**

Please attach any additional information before submitting this form.

Pennsylvania has a contract with one key/volume provider, The IMA Group. The uploaded list of providers performs exams for The IMA Group at one or more of the 11 locations currently in use.

No providers were removed due to inactive license, sanction, or cause.

Completed Onsite Visits:

- 1) IMA Allentown Clinic
1255 South Cedar Crest Blvd.
Suite 1200
Allentown, PA 18103

- 2) IMA Altoona Clinic
615 Howard Ave.
Suite 105
Altoona, PA 16601

- 3) IMA Clarion Clinic
22868 Route 68

Clarion, PA 16214

- 4) IMA Erie Clinic
7200 Peach Street
Unit 420
Erie, PA 16509
- 5) IMA Mechanicsburg Clinic
120 South Filbert Street
Mechanicsburg, PA 17055
- 6) IMA New Castle Clinic
26 Nesbitt Road
New Castle, PA 16105
- 7) IMA Philadelphia Clinic
1930 S. Broad Street
Unit 11
Philadelphia, PA 19145
- 8) IMA Pittsburgh Clinic
3109 Forbes Ave
Pittsburgh, PA 15213
- 9) IMA Wilkes-Barre Clinic
150 Welles Street
Forty-Fort, PA 18704
- 10) IMA - Williamsport
508 West Southern Ave
Suite B
South Williamsport, PA

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	New York
State DDS:	Puerto Rico DDS (S43)
Report Period (Fiscal Year):	FY 2016
Current Date:	November 14, 2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

We received complaints from different areas.

1. Examiners complaints:

- Delayed CE reports
- Incomplete CE Reports
- PRO contacts Provider requesting reports.
- If the issue continues unresolved, Provider is temporarily inactivated.
- If the issue persists, the provider is inactivated permanently, the Fiscal obligations are cancelled and CEs are re schedule with another provider.

2. Medical Consultants Complaints:

▪ Deficient Reports

- PRO obtains a sample of first CE reports, from all new Providers.
- PRO takes a sample of CE reports from experienced Providers, when there are complaints regarding their reports.
- The sample is reviewed by Medical Staff Members.
- PRO provides feedback to Providers.
- If review reveals significant deficiencies, Provider is reoriented at DDS by a Medical Consultant and PRO.
- PRO obtains a follow up sample.
- If the situation persists, Provider is inactivated.

3. Medical Providers Complaints

▪ Decreased volume of CE's:

- Medical Provider complaints about the low volume of CE. Some Providers request to have at least 2 evaluations daily.
- PRO emphasizes that DDS cannot guarantee any volumen of CEs.
- PRO requests CE Scheduling Unit optimize the scheduling between Providers

4. Claimant's complaints:

- Claimant's complains are related to the duration of the evaluation and the waiting time at Providers office.
- PRO requests a written and signed complaint from claimant or his Representative.
- If deemed necessary, conducts a survey with other claimants to verify the allegations.
- If justified, the PRO notifies the Provider.
- Depending on the outcome of the investigation, Provider may be terminated.
- PRO documents Providers file with the results of the investigation.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

Does not apply.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

None.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

Credentials are requested, at time of recruitment. PRO search their names at System for Award Management (SAM). Both the credentials and SAM records are verified annually thereafter.

- PRO Assistants corroborate the credentials date of expiration from each Provider.
- The Providers are notified which credentials need to be updated.
- PRO Assistants follow up.
- If not received on time, the Assistant notifies the PRO.
- The PRO makes an analysis to decide what should be the next action, which includes inactivation of the source.
- PRO Assistants search Providers in SAM yearly, and copy of the result is kept in file.
- Providers are requested a signed statement of All Support Staff yearly.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Provider's files are verified on a monthly basis.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

1. New CE Providers:

- A sample of 3 to 5 of their first reports is reviewed by a Medical Doctor or a Psychologist of the Medical Staff.
- Feedback is sent to Provider.
- If necessary, a conference call is performed by PRO with Medical Consultant and the Provider, to discuss the findings.
- If required, PRO schedules a meeting at DDS to provide reorientation.

2. Experienced CE Providers:

- A sample of their reports is reviewed when complaints are received.
- Feedback and reorientation if needed are provided to Consultant.

If the deficiency persists after recommendations are given, the Consultant may be inactivated.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

During Fiscal Year 2016 we had a total of 208 active Providers offices and 35 were inactivated, either because they resigned or DDS suspended their services.

Throughout Fiscal Year 2015 we had 243 active Providers and 50 consultants were inactivated due to different reasons.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Three Key and Volume Providers onsite visits were completed during the Fiscal Year 2016. Two of them were visited at the end of previous fiscal year: Dr Yarelis Pérez on 9/29/2015 and Dr Gladimiro Dávila on 9/10/2015. These two offices will be given follow up during November 2016.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There were no changes in CE/MER fee schedules during Fiscal Year 2016.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

- ERE training to Consultants and their employees.
- ERE training to MER sources, such as Private Hospitals.
- Follow up government Agencies such as the Health Department, ASSMCA, and State Insurance Fund (SIF), to get their signed agreements for collaboration regarding the disclosure of medical evidence from their offices.
- Home visit with a Psychologist Consultant to perform mental status evaluation.
- Orientation to DPU on 12/09/2015 regarding DDS procedures.
- Received Continued Education trainings sponsored by The Department of Family.
- Organized an annual activity of recognition to Medical Staff Members, with the Medical Staff Coordinator.

- Send regular Bulletins to CE Providers to notify changes, credentials issues and general reminders.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the [ODD MPRO SharePoint site](#)”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Boston
State DDS:	Rhode Island
Report Period (Fiscal Year):	2016
Current Date:	
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical/Professional Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

All complaints are investigated and handled on an individual basis and after referral to the Medical/Professional Relations Officer (MPRO) for action. Actions include responding the claimant's complaints by phone or by sending acknowledgement letters. The CE Panelist is provided with a copy of the claimant's submitted complaint when appropriate and may be required to provide a written response.

If a complaint or allegation of an egregious nature (involving illegal activity, sexual harassment cultural insensitivity or acts, which compromise the health and safety of the claimant) is received, the MPRO may move to suspend referrals and/or reschedule any pending appointments with the CE panelist while the allegation is being investigated. The DDS Administrator will be notified as to the nature and severity of the complaint with State and law enforcement also being notified when appropriate. A meeting with the CE Panelist may be scheduled to address the complaint. If the nature of the complaint does not require referral to an investigatory agency, the panelist may be provided with copy of the complaint. The appropriateness of the CE Panelists response is documented and Regional Office is notified of the complaint/allegations and course of action taken by DDS/State Authorities.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

Any Fraudulent activities that are discovered are reported directly to the Office of the Inspector General, state licensing board and/or the Office of the Attorney General. All scheduling would immediately be suspended and pending appointments would be canceled.

No fraudulent activities were discovered.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

There were no complaints of an egregious nature requiring either or both significant corrective action and/or public relations work per DI 393545.375.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

CE consultant medical credentials are initially verified thru the Rhode Island Department of Health, Board of Medical Licensure and Discipline web site on a quarterly basis. The Department of Health Website provides a list of disciplinary actions, which is updated every 60 days. This list is reviewed on a bimonthly basis.

Federal Exclusion checks are also performed at initial recruitment and on a quarterly basis using the list of excluded individuals/entities on the System for Award Management Website.

Additionally, the DDS follows up on any media reports that involve CE panelists.

CE Panelists are required to sign a Contract for Services prior to performing consultant examinations and to review and sign a CE Consultant Reminder a yearly basis. The contract includes information about Suitability, Personal Identifiable Information (PII), Confidentiality, Conflict of Interest and the Subpoena Process.

CE providers are required to sign a certification that all support staff are properly licensed and not barred from participating in federal programs.

DDS maintains a database of all licenses numbers, expiration dates and federal exclusion checks.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Every three months or as needed based on complaints, quality review action or media reports.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The first five CE reports for all new vendors are reviewed by the Medical/Professional Relations Officer to ensure that the report is programmatically acceptable. The Chief Medical/Psychological Consultant reviews the report for clinical issues.

Reports from existing providers are reviewed on a periodic basis as described above. A report may be subject to a routine review, review due to claimant complaint or examiner complaint. Reviews may be more frequent for provider's reports that contain previous deficiencies.

RI DDS has an established protocol for review of CE report quality review and reviews address the following. Chief complaint, general observations, consistency with evidence in the file, internal consistencies, consistency within the specialty, physical examination and mental status examination, intellectual disability, diagnostic impression/assessment and examining source statement.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

RI DDS currently has 126 CE providers on the panel. This list includes physicians, psychiatrist and psychologists, audiologists, hospitals, walk-in/urgent care clinics and lab and x-ray facilities. It also includes school psychologists who assist in psychometric testing. This is a slight decrease from the previous year.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Site visits were performed for all Key and Volume Providers.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There have been no changes in the CE/Medical Evidence of Record schedule.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

All CE providers are required to submit reports electronically, either by fax or via the ERE website. With the exception of ancillary testing (labs, x-rays, PFTs) all CE reports are submitted electronically.

Our current dictation service provides the option of receiving dictated reports via the EME website. Many CE panelists are now receiving their dictation via the EME website. Subsequently, the number of CE Administrative Accounts has increased.

DDS continues to market e-Authorization. Initially marketing included mass mailings and direct marketing to high volume providers (hospitals, community health centers and community mental health centers). All high volume providers accept the e-Authorization.

Demonstrations of the EME website have been done for school departments and community mental health centers, increasing the number of sites utilizing electronic outbound requests and increasing the volume of records received electronically.

All new CE providers are encouraged to use the ERE Website for receiving referrals and dictated reports and to submit reports.

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:**
 - **Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).**
 - **Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).**
 - **Indicate CE providers for whom you completed onsite reviews.**
- **A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”**

Please attach any additional information before submitting this form.

SC DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Atlanta
State DDS:	South Carolina
Report Period (Fiscal Year):	2016
Current Date:	October 19, 2016
Reporter's Name, Phone number, and title:	(b) (6) Medical Professional Relations Supervisor

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

South Carolina is a decentralized state. Complaints are documented and sent to the relevant DDS regional Medical/Professional Relations Officer (MPRO) with copies forwarded to the regional Medical/Professional Relations Supervisor (MPRS) Each complaint is carefully investigated by detailing the facts of the complaints and actions taken to resolve them.

All materials are forwarded to the MPRS for review and appropriate action. If necessary, the documents are reviewed by the Deputy Director of Administrative Services. Further actions may require a follow up letter or telephone call, on site visit and retraining, suspension, removal from the panel, up to and including contacting local authorities and the State Licensing Board.

During this reporting period, the SC DDS received 71 formal complaints. We requested 37,968 CEs, which makes the complaint rate less than .2 percent. One threat against a CE provider was reported to SSA. The majority of complaints involved a painful exam, rudeness, exam too short, and no treatment given. Appropriate action was taken and reports completed in the resolution of all formal complaints. The SC DDS added language to the claimant CE letters explaining that the CE provider is not authorized to provide treatment or medication and does not solely make the disability determination.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No evidence of fraudulent activity by any SC DDS CE provider was discovered.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

One provider was removed from the CE panel due to the DDS receiving multiple complaints of a similar nature. One complainant was convinced the CE provider was responsible for the denial of (b) (6) claim and would not be convinced otherwise. (b) (6) complained to the examiner, the MPRS, the DDS director, the commissioner of SSA, and the SC medical board. (b) (6) complaint was not credible, no actions were taken against the provider, and there were no PR issues due to the complaint.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

South Carolina checks all CE provider credentials through the SAM website and the SC Department of Labor, Licensing and Regulations Board of Medical Examiners web site. License checks are conducted prior to adding potential providers to the panel and yearly for all providers. Sanctions are checked monthly. Any exclusions and sanctions are reported to the DDS State Medical Professional Relations Supervisor and the Deputy Director of Administrative Services. The DDS will exclude any provider who has been disciplined or sanctioned by the review board.

At the time of the initial onsite visit to a prospective provider staff credentials are inquired about. SC state law requires each physician to maintain documentation on any essential and non-essential staff. Failure to do so threatens his license and ability to practice, therefore the SC DDS is not responsible for verifying credentials of office support personnel. However, an inquiry is made concerning all staff credentials during the initial onsite visit with a prospective CE provider.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credentials are checked yearly.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

A targeted review is conducted of the first 5 reports of all new CE providers and detailed feedback is provided. New providers are notified by letter of their acceptance to the CE panel. Each full time DDS medical and psychological consultant reviews 48 CE reports per year and each part time consultant reviews 24 CEs per year. Every month, the MPROs submit a spreadsheet to the MPR Supervisor tracking sufficient, sufficient but needs feedback, and deficient CE reports. If a problematic trend is noticed, a targeted review is conducted with specific feedback provided. If the prescribed improvement is not evident by the anticipated date, an action plan under the guidance of the DDS Administrative Office, is implemented to bring the provider into compliance

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

Excluding hospitals, there are currently 524 CE providers on the panel. This increase of 110 providers reflects the addition of free standing x-ray and pulmonary labs and additional medical and psychology providers. Two providers left the CE panel for retirement.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All key and volume providers were visited at least quarterly. MPROs made 93 visits to Key Providers. 192 other visits including site visits, training visits, and recruitment visits were made.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

A version of The Medicare Fee Schedule is adopted and maintained annually by the SC Vocational Rehabilitation Department, the parent agency of the SC DDS. This year's fee schedule was adopted in June, allowing time for possible revisions (which tend to occur early in the year) to be made before the annual adoption. The current schedule is attached and includes fees established for examinations and ancillary tests not otherwise found in the fee schedule. South Carolina does not offer medical provider discounts for volume or expedited responses. We do not offer partial compensation for missed CEs nor are there any volume provider discounts.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

MPROs attended the following conferences:
SC Health Insurance Managers association (a presentation was given), Medical Group Management Association, SC Brain Injury Alliance, and the SC Psychological Association. Presentations were given to the MS Society Association, Piedmont Medical Center, McLeod

Medical Center, SC Thrive, Family Connections, Conifer Health and the Solutions Spartanburg Transition Alliance's Parent Resource Night.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Denver
State DDS:	South Dakota
Report Period (Fiscal Year):	FY 2016
Current Date:	11/14/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Disability Program Supervisor/Professional Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

The DDS PRO receives information regarding complaints or concerns related to a CE provider in three different ways. The first way is from internal DDS office staff. The DDS medical consultants, examiners and internal quality reviewers are asked to report any issues they find when reviewing CE reports during the course of normal case adjudication. They provide feedback to the PRO when concerns arise. Additionally, our DDS has begun working on the implementation of a formal CE report QA process. In this process, medical consultants are asked to complete a questionnaire addressing various key aspects of CE reporting. The second way is by receiving responses from claimant questionnaires. The DDS randomly mails out questionnaires to claimants to assist in providing DDS with feedback regarding the claimants CE experience. The PRO reviews these questionnaires on a continual basis and compiles the data into a spreadsheet format to identify trends. Lastly, the PRO will receive phone calls from claimants or representatives who want to report a concern about a provider.

All complaints are documented and investigated no matter where the issue derives. When issues are brought to the attention of the PRO, the frequency and severity of the issues are tracked. If it is a one-time event of a minor issue, the provider will not be contacted. These issues are normally subjective opinions. If there are multiple minor issues on the same provider, the PRO will contact the provider's office by phone to inform them of our concerns and request improvements be made. Issues related to the quality of CE reports is considered a medium level issue and requires contact directly with the CE provider, so corrective action can be made for future CE reports.

If patterns continue related to poor exams or reports after DDS has worked with the provider to improve them, DDS may conduct an on-site visit to further assist in training the CE provider. If an on-site visit cannot be done, a letter further documenting the DDS concerns will be mailed to the provider along with additional training material to assist in the needed improvement. DDS may also request that the provider come to the DDS for a one-on-one training with our medical consultant staff to assist in the educational process. If this were not feasible, a conference call would be conducted with the PRO along with medical or psychological consultants to further address the issues. If poor quality continues, the provider may be dropped from the list of DDS CE providers.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

South Dakota discovered no fraudulent activity by CE providers in FY 2016.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

When the most severe complaints arise about a CE provider, contact may need to be made to the DDS Administrator, RO, to the provider's clinic, and State licensing board, so further investigation can be made. These situations would involve unethical behavior or practices by the provider, for example an accusation of abuse or a complete disregard to the claimant. In these most severe cases, the provider would be removed from the DDS list of CE providers.

The South Dakota DDS did not receive any complaints of an egregious nature in FY 2016.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

When the PRO receives an inquiry from a prospective provider, licensing rosters are checked prior to setting up the new provider on our Legacy system to ensure that the providers are properly licensed in the State. In 2015, South Dakota DDS collected copies of credentials from CE providers. These have been scanned and are stored electronically. The rosters for physical health provider's professional licensing boards are found in the South Dakota Department of Health website. The primary link used is the South Dakota Board of Medical and Osteopathic Examiners at the following link:

<http://login.sdbmoe.gov/Public/Services>

The roster for mental health providers can be found in the South Dakota Department of Social Services website at the following link:

http://dss.sd.gov/behavioralhealthservices/licensingboards/board_psychologists.asp

The federal sanction list is reviewed to confirm the prospective vendor is not excluded, suspended or barred from participation in Federal programs at the following link:

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

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

The PRO completed license verifications on all current active CE providers one time in 2016 by reviewing the information on the links noted above. This information is kept on an Access database to provide a centralized location to track when licenses expire and helps assure all providers have been checked quarterly to confirm they are still actively licensed in their specialty.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The South Dakota DDS legacy system includes functionality that allows us to sample CE provider reports for review and then create a survey report rating various aspects of the CE. We use this system with all new providers and will sample providers who might have quality issues. We also do random samplings.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

The South Dakota DDS utilized 91 unique CE providers in FY 2016, of which there were approximately 50 individual CE providers and 15 clinics with staff performed consultative examinations. Additionally, there were approximately 25 hospitals or clinics performing ancillary testing. South Dakota is currently working with 3 volume CE providers; KLM Medical Services, Allied Assessments, and Med Plus Disability Evaluations.

South Dakota used approximately the same number of CE providers in FY 2016 as in FY 2015.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

The South Dakota DDS does not have the resources to complete onsite visits to all Key and Volume providers. The South Dakota PRO also supervises 12 staff and is the Supervising Disability Hearings Officer, as well as maintains oversight of various operational aspects of program administration, thus does not have the time to complete many onsite visits.

The South Dakota DDS attempts to complete onsite visits with a variety of providers in various areas around the state. The onsite visits completed in FY 2015 include:

- 1) Brian Kidman, M.D. at Destiny Clinic- Sioux Falls, SD – April 2016
- 2) Fran Sipple, Ed.D.- Aberdeen, SD- May 2016
- 3) Darren Jilek, Ph.D.- Aberdeen, SD- May 2016

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The state parent agency provides guidance on what fee schedule DDS can use for CE/MER payments. Exception fees are established by the State Division of Rehabilitation or Department of Human Services regarding the payment structure physical exams, mental health evaluations, copy of records, report fees, and other miscellaneous fees. The exception fee schedule is what DDS pays from first.

Any remaining fees are paid using the State of South Dakota's Medicaid Fee Schedule. Changes to the fee schedule occur due to State Legislative action. Changes in the fee schedule from 2015 include:

- 2.5% increase in rates for psychological exams
- 26% increase in Preparation of Patient Report fee
- 5.5% increase in rate for medical records copies

We do not provide volume medical providers discounts, but do offer volume CE providers a \$50.00 "Review of Records" Fee to when a claimant fails to attend a CE. This fee is also extended to other providers if they inquire.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The South Dakota DDS has one Professional Relations Officer who also has other responsibilities as a supervisor, as well as oversight for the Disability Hearings Unit.

- Over the course of FY 2016, the PRO provided six separate training sessions for resident physicians at Center for Family Medicine. The presentation provides information regarding the scope of the disability program, the physician's role in the disability process, and best practices for completing disability exams.
- The PRO gave a presentation at the South Dakota RehabAction Conference in Sioux Falls in October 2015. The presentation was a breakout session in which attendees were provided with a basic outline of the DDS's responsibilities in making disability eligibility determinations. Additionally, the PRO invited the district manager from the Sioux Falls Field Office to provide background in SSA's responsibilities in the process and to answer questions related to FO issues.
- The PRO met with two staff members from the SD Department of Labor who assist individuals through the disability eligibility process. They expressed interest in learning more about the program sometime in the future through a presentation.
- In July 2016 the PRO worked in collaboration with the Regional Office and the SSA Public Affairs Specialist in Rapid City to give presentations to staff of the Indian Health Services in Rapid City and Pine Ridge.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Atlanta
State DDS:	Tennessee
Report Period (Fiscal Year):	September 25, 2015 through September 30, 2016
Current Date:	October 25, 2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Regional Director, Professional Relations Office

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

TN DDS PRO Unit Procedures for Complaints

The TN DDS PRO unit investigates ALL complaints made by claimants and/or third parties OR made internally from DDS or SSA staff regarding TN DDS CE panelists.

The TN DDS PRO unit classifies complaints into four categories:

**Non-Egregious Complaints:* Complaints made by claimants, such as rudeness and/or unprofessional manner/attitude, environmental factors (uncleanliness, poor accessibility, and/or lack of proper facilities), or other similar issues.

**Egregious complaints:* Complaints made by claimant that are of a serious nature. This could include criminal activity, sexual harassment, cultural insensitivity, allegations compromising health and safety of claimants, or other significant allegations.

**Internal Complaints:* Complaints arising internally from DDS/SSA staff regarding TN DDS CE panelists.

**Extraordinary Measures:* Complaints arising from claimants or internally from DDS/SSA staff that require significant time and/or resources for resolution. These types of complaints also likely fall under one of the other three categories of complaints, egregious, non-egregious or

internal.

Complaint Procedures:

**Non-Egregious Complaints:*

- 1) DDS PRO unit and/or DDS staff should request that the claimant and/or third party submit and sign a formal complaint in writing.
- 2) PRO will review all information available and, if applicable, may send out claimant survey letters to other claimants recently seen by CE panelist.
- 3) If warranted, PRO should address the complaint directly with the CE panelist and request a formal written complaint response.
- 4) PRO will respond in writing on TN DDS Letterhead to formal complaints submitted in writing by the claimant and/or third party and address the complaint appropriately.
- 5) PRO will take further corrective action as needed.

**Egregious Complaints:*

- 1) INVESTIGATE COMPLAINT IMMEDIATELY. PRO should review all information available and if needed contact the CE panelist immediately to assess the validity of the complaint.
- 2) DDS PRO unit and/or DDS staff should still request that the claimant and/or third party submit and sign a formal complaint in writing. All Egregious Complaints are considered formal complaints with or without claimant and/or third party submission of complaint in writing.
- 3) PRO Unit may request written formal complaint response from CE panelist.
- 4) If warranted, PRO will respond in writing on TN DDS Letterhead to the claimant and/or third party and address the complaint appropriately.
- 5) PRO will take further corrective action as needed.

**Internal Complaints:*

Internal complaints are handled at PRO discretion and may or may not require formal investigation and response.

**Extraordinary Measures:*

Extraordinary Measure complaints will also fall under one of the previous categories, Egregious, Non-Egregious, or Internal. The appropriate procedure(s) should be followed accordingly.

Documentation Procedures:

DDS PRO unit will document ALL information and correspondence regarding complaints in the "Consultative Examination Panelist Electronic Folder" as well as the "Claimant Complaint" folders in the (b) (2) .

Some of the complaints we have heard is that the doctor was rude to me. Another one was that

the doctor hurt me when he was lifting my legs (doing ROM's). Due to the vagueness of some complaints, the PRO unit wants all claimant complaints in writing so we can make sure to address exactly what the perceived problem is, so that the panelist can address it directly.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

We in the TN DDS have not found any fraudulent activities going on nor have any such activities been reported to us during this fiscal year. Since we have been under audit, the state auditor has not discovered any fraudulent activity.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

TN DDS has had one egregious complaint this fiscal year. A (b) (6) claimant alleged that a (b) (6) CE panelist had tried to get (b) (6) and that (b) (6). The panelist was immediately notified of the allegation and (b) (6) provided a written rebuttal. DDS then sent out multiple customer service surveys on this panelist. Over 96% of those came back very supportive of (b) (6), and, since (b) (6) has been on our panel (b) (6) this was the first complaint DDS has had to deal with on (b) (6).

Notably, the claimant had two completed forms in the file, but the handwriting style, grammatical content and the signature of the person completing the form was significantly different.

An earlier note to file indicated claimant has previously used intimidation tactics when filing a disability claim, "claimant called in a rage: (b) (6) stated we were trying to cheat (b) (6) and (b) (6) family out of money (b) (6) deserves for disability. (b) (6) wanted to know what the "hold up" was (b) (6) stated that (b) (6) would contact (b) (6) Congressman to "speed things up" ". At one point during the current application process, the claimant had attorney representation. We are unsure why the claimant's attorney rep removed (b) (6) from representing the claimant. These issues lead us to question the credibility of the claimant's allegations. No corrective action was taken against the CE provider.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

Licensing and Credentialing Business Process for TN

DDS Consultative Examination Providers

A licensing and credentialing check will be performed on all current CE providers at least once per year. This yearly check will be implemented at the beginning of each new Federal fiscal year starting in October. Also, before any new CE providers are to be added to the CE Panel a licensing and credentialing check will be completed as well. The policies concerning licensing and credentialing are found in [DI 39569.300](#) and are included in this document. There are four main licensing/credentialing areas as described below.

1. Tennessee Health Related Board's website. <https://apps.health.tn.gov/Licensure/>

An individual CE provider name search will be conducted at the Tennessee Health Related Board's website. The results of this name search will be saved as a document and placed into the Efolder. The Efolder is a Tennessee DDS created database. Additionally, the search results will be saved in an Excel spreadsheet titled Tracker Tool. Also, the PRO staff individually will sign up for monthly automated email alerts through the Tennessee Health Related Board's website found at <http://tn.gov/health/article/boards-disciplinary-actions>

These monthly email alerts contain all disciplinary actions taken by the Tennessee Health Professional Board's during the prior month.

2. System for Award Management (SAM) website. <https://www.sam.gov/portal/SAM/#1#1>

An individual CE provider name and company tax identification number search shall be conducted at the SAM website. The results of this search will be saved as a document in the Efolder and saved in the Tracker Tool.

3. A signed Memorandum of Understanding Agreement/MOU document shall be saved in the Efolder for each CE provider. The MOU is not mandated by POMS but is required by the Tennessee DDS. The MOU is not a contract but an agreement outlining the expectations of the consultative examiner

4. Lastly, there are a limited number of hospitals that serve as CE providers. These hospitals normally perform ancillary testing services such as x-rays, labs and spirometry. Licensing of these various specialties within the hospital is accomplished by conducting a hospital name search at the Tennessee Department of Health/Health Care Facilities website.

https://apps.health.tn.gov/Facilities_Listings/facilities.htm

This hospital licensing information is saved in the Efolder and Tracker Tool.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Currently we are doing at least one per year on our CE providers, but three times over a 2-year period. We check the TN Disciplinary Report that comes out monthly to ensure that none of our CE panel are listed.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

When a new CE panelist is hired, we have an on-site physician or psychologist to review their first 3 to 5 reports to see if the CE panelist understands what DDS needs for accessing function. For the remainder of the panel, a rotating, random quality assurance review is done by a specified supervisor. (b) (6) is checking to see that the DDS guidelines are being followed, and (b) (6) is completing a review form on each report reviewed. During this fiscal year, (b) (6) completed about 2300 quality reviews, which is an increase of 100 cases from this time last year. Additional clinical QA reviews are performed as needed.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

The total CE panelists are 380 with 95 groups and 6 hospitals. We have lost 22 panelists due to the death of 1, retirement of another and others choosing to no longer work with DDS due to growing private practices. We were able to add 29 psychological professionals due to the large increase in requested mental evaluations.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Yes, see attached list.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The TN DDS has not changed any CE fees since 2015. The MER fee of \$20 has remained the same over several years, and we do not participate in giving any discounts.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The TN DDS has a standing invitation to exhibit at the TN Psychological Association's annual conference each year. Last year, two doctors on our SAMD staff made a presentation in a breakout session to this group. We have also exhibited at the TN Health Information Management Association's annual conference. In November 2016, two PROs had an exhibit booth at the Rural Health Association of TN's annual conference.

After losing the ODAR Facilitator on our staff, a new one was appointed. DDS had an outreach with the Nashville ODAR office for the new person to see their workflow. Shortly afterwards, we had a videoconference call with all ODAR offices across the state sponsored by DDS to try to help facilitate each other's job.

The ParTner's group which consists of the field offices, ODAR offices, our OQR liaison and

DDS still meets every four months to work through procedures to help each component in the disability process.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Dallas
State DDS:	Texas
Report Period (Fiscal Year):	2016
Current Date:	11/4/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Manger, Professional Relations

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

All claimant complaints/inquiries regarding CE providers are referred to the Medical Relations Directorate for investigation and resolution. A program specialist reviews the complaint, CE report, and any other pertinent information. Once the complaint allegations are identified, contact is made with the provider in order to obtain their response. The provider's complaint history is reviewed to determine any patterns or trends. If the complaint allegations involve medical issues, the program specialist will request feedback from a State Agency Medical Consultant (SAMC).

Once all information is gathered and analyzed, a Professional Relations Officer (PRO) coordinates the development of appropriate recommendations to address and resolve the complaint. Recommendations could include increased monitoring, decreased referrals, or removal from the provider panel. All complaint information is documented and filed in the provider file. All follow up communications between the PRO and the provider are tracked by the Professional Relations Unit Manager. A chronology of past complaints is maintained.

A quarterly complaint summary report is developed and provided to the Professional Relations Unit Manager and the Medical Relations Directorate Manager.

Types of received throughout the year:

- Rudeness/Unprofessional Manner
- Painful Exam
- Long Wait
- Environmental Issues
- Inadequate Exam
- Rushed Exam

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activities by the CE Providers were identified by the Texas DDS.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

The Texas DDS did not receive any complaints of an egregious nature.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

Professional Relations Officers (PRO) contact the appropriate licensing or certifying authority at the time of enrollment to ensure a provider is appropriately licensed and/or credentialed. The PROs view the HHS Office of Inspector General's (OIG) website and Excluded Parties List System (EPLS) at the time of enrollment to ensure the provider has not been excluded from participating in federal programs. PROs receive periodic press releases from the Texas Medical Board (TMB) detailing disciplinary actions taken by the Board, including any restrictions or suspension of physician's licenses. In addition, PROs monitor the current list of physicians on the CE Panel through the TMB website on a monthly basis. PROs review the Texas State Board of Examiners of Psychologists on a quarterly basis. In addition, the OIG website and the EPLS (SAM) are checked on an annual basis.

The Professional Relations Unit maintains a database with licensure information and expiration dates to ensure all provider files are updated with renewed licenses. A spreadsheet listing all active CEPs with the date of their license renewal is also maintained. Each month the spreadsheet is reviewed for licenses due to expire. The current license for MD's is obtained from the TMB website. For those not listed on the TMB website (e.g. psychologists, speech language pathologists) the panelists are contacted for a current copy of their license. A hard copy of updated licenses is

maintained in each CEP's vendor file.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

The TX DDS completes an initial credential check on all new CE providers. There is an annual license verification and LEIE check each year thereafter. The license and LEIE checks are documented in an excel spreadsheet.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The TX DDS reviews at least five of the first CE reports from all new CE providers. On an ongoing basis, TX DDS reviews 2%-5% for each established vendor annually. If deficiencies are noted the review can be increased to 100% for a select number/or select period as warranted. The PRO provides feedback both positive and negative to the CEP to improve report quality. In addition, the TX DDS reviews 100% of all high-risk procedures (ETT, PFT, etc.).

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

The Texas DDS had 1,683 providers at the end of FY2016. This is a slight increase over 1,656 providers at the end of FY2015.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and Volume provider onsite visits were completed in FY2016.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The current DDS Maximum Allowable Payment Schedule was implemented for services procured 5/1/2012 and after. This fee schedule is based primarily on Medicare fees, which are heavily discounted. DDS does not offer additional discounts to volume medical providers. The current fee schedule was the result of DDS' coordination with the previous parent agency, Department of Assistive and Rehabilitative Services' (DARS) to review all medical service rates, which included the reimbursement rates for services ordered by DDS. This review has been conducted annually.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The Professional Relations Officers participated in two medical conferences FY 2016.

The Professional Relations Officers continue to encourage CE providers to submit electronic medical evidence via Electronic Records Express (ERE) or via the fax server. The electronic CE report submission reached 92.95% in September 2016. 120 CEPs receive CE requests via eOR. This represents an increase in CE requests received via eOR from 112 in September 2015. MER received electronically (through ERE or fax server) was 85.61%.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the [ODD MPRO SharePoint site](#)”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Denver
State DDS:	Utah
Report Period (Fiscal Year):	2016
Current Date:	October 21, 2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Officer/CE supervisor

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

To be compliant with DI 39545.375 (Claimant Complaints of Consultative Examination Provider), Utah DDS has an internal policy to address the various categories of complaints received from claimants.

The PRO reviews all complaints and if necessary, consults with the assistant administrator, administrator and/or chief medical consultant. The PRO talks to the claimant about the allegations. The report is reviewed by the PRO and/or chief medical consultant. Typically, the CE provider is not informed about the complaint until after the CE report is in. A request to the CE provider is made asking for a response to the allegation(s).

If a pattern or significant problem is discovered, the CE provider is typically asked to meet with the PRO to discuss how the issue will be resolved. The assistant administrator may join in the meeting. The provider may receive a letter with a warning outlining the issues. Based on the providers' response, the PRO and other management determine if referrals will continue. The panelist is informed of the final decision.

In FY 16, twenty-three complaints were received. Utah DDS did not receive any complaints that

would fall into the category of egregious (complaint of illegal/criminal activity, sexual harassment, cultural insensitivity, allegations compromising the health and safety of claimants, or other serious allegations). Complaints ranged from the physical doctor being rude or making a claimant perform a maneuver that hurt to complaints about a psychologist talking in a degrading manner or not letting a claimant say everything the claimant felt should be said.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

None

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

There were no egregious complaints received. One claimant did lodge a complaint that required cautious public relations work.

A claimant sent in a letter to DDS stating that a CE provider had given (b) (6) a hug after the CE. The PRO contacted the claimant by phone, informing (b) (6) that the letter had been received and the issue is being investigated. After speaking to the CE provider, (b) (6) could not deny or confirm if (b) (6) hugged the claimant. Upon discussion with the assistant administrator and director, it was decided that the provider would receive less referrals from DDS since (b) (6) had been on our panel (b) (6), and we had not previously received feedback of this nature.

A meeting was arranged with the provider to discuss our findings and (b) (6) was instructed that if this behavior continues, (b) (6) work for DDS would immediately end. The claimant was sent a letter thanking (b) (6) for (b) (6) feedback.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

Prior to onboarding, a license check is completed on the potential candidate. The credential check includes a state, LEI and SAM search. Any company that recruits providers to perform CE's, must have the approval of the PRO first as a license check is done. Prior to performing the first CE, a License and Credentials Certification form (complaint with DI 39569.400) is signed and returned to the PRO. CE providers are required to sign a new Licensing and Credentials

Certification form each year.

The State of Utah Division of Occupational and Professional Licensing Board does require that certain support staff be licensed. To be compliant with DI 39569.400, any vendor that uses support staff that falls into this category must sign a separate License and Credentials form. This form is updated yearly or more often if the support staff changes.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

License/credential checks were performed on all providers four times in FY 16 (once per quarter). This check included a state and a federal check (sometimes LEI, sometimes SAM, sometimes both). Utah licenses were checked via the Utah Division of Occupational and Professional Licensing website, <http://dopl.utah.gov/>.

A review of Utah's Division of Occupational and Professional Licensing Board monthly disciplinary newsletter was also done to ensure there are no issues in between state license checks.

It was discovered that a psychologist employed by one of our Volume vendors received a state disciplinary action on his license. The psychologist failed to report this to his employer but the PRO discovered the action. The psychologist was immediately removed from the panel and subsequent clinics scheduled with him were cancelled. No calls from the public were received.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

Per POMS DI 39545.450, Independent Consultative Examination Report Review System, a minimum of the first five CE reports for any new CE provider are reviewed by the PRO and/or chief medical consultant (or other medical consultants).

The PRO relies on feedback from examiners, medical consultants and internal QA to screen for issues with established provider's CE reports. Focus is made on reviewing the provider's reports when deficiencies or problems arise. Feedback and training is given to the provider and subsequent reports are reviewed.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

In FY 16, there were 150 CE providers on the panel. This count includes any provider in Colorado that performs CE's for Utah DDS. Eleven providers stopped performing CE's. The provider left the company that employs a number of providers to perform CE's or the provider was removed from the panel by DDS. Two physicians out of the eleven were approved to perform CE's, but did not perform any exams for the company so they were removed from the list.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Key and volume provider onsite reviews were completed on the following providers:

-Canyon Medical Solutions, 3 out of 6 locations. Three of the locations were not seen due to time constraints and extensive travel required. The remaining three locations were visited in previous years

-Dr. John Hardy, 1 location, onsite review performed

-Dr. Tanya Colledge, 4 locations total, one onsite review performed. Due to time constraints, one onsite review was performed. The remaining three location have been visited in previous years

-Dr. Richard Ingebretsen, 3 locations, one onsite review performed. Other locations have been visited in previous years and there are no changes

-Artis Forensic Neuropsychology, 6 locations, none seen in FY16 due to time constraints and multiple locations were not staffed as the company was going through a shift in doctors

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There were no changes to CE or MER fee schedules. Utah DDS does not receive or offer volume provider discounts. Utah's rates were below the Department of Labor's Office of Workman's Compensation Program rates, with the exception of certain CE's that were above Workman's Compensations reimbursement rates. Utah DDS did receive an exception from the Denver region for the CE's that were above.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

In FY 16, one of the largest mental health groups in Utah signed up to use ERE after the PRO and IT manager visited with medical records staff. If a MER vendor called the PRO or the PRO had to call a MER provider for any reason, ERE was marketed. However, the PRO did not have the

opportunity to market at any medical conventions or joint actions with the regional public affairs office. The administrative secretary also plays a key role in assisting with recruiting ERE vendors.

One of Utah's psych. CE providers did come to DDS and provide a training for the agency on the CE process. The PRO assisted with the process.

At the request of Utah's Division of Workforce Services, the PRO and Utah's Area Work Incentives Coordinator did training for interested parties on the process of filing for disability from SSA's to DDS.

In August, the PRO did meet with Utah's Public Affair Specialist to discuss Tribal outreach efforts in Utah. Tribal outreach for Utah DDS will be a focus point in FY 17.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Philadelphia
State DDS:	Virginia
Report Period (Fiscal Year):	2016
Current Date:	10/25/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Coordinator

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

Claimant satisfaction survey letters are included in one out of every ten Claimant CE packets. The PRO tech monitors survey responses and performs the initial contact to the requests. The PRO makes contact with the claimant and investigates any allegations made. The Administrative Office keeps all hard copies of the surveys for each CE provider. A quarterly report as well as yearly report is generated which outlines all responses received. For Fiscal Year ending September 2016, 516 claimant surveys returned to the VA DDS. Of those returned surveys, 56 required PRO follow up.

When an Analyst or other VA DDS staff receives a complaint, it is referred to that regional PRO. The PRO takes immediate actions including contacting the claimant and the CE provider, documents the nature of the complaint and the action taken, and provides documentation in the claimant's electronic records. The PRO resolves issues in a variety of ways. Examples of PRO actions include re-training on the specific area of complaint, on-site visits to determine any location issues, changes in scheduling practices or removal from CE panel.

In cases with multiple complaints the PRO or PRO Tech will contact the claimant and do a

interview using the CE on-site complaint interview form as a guide. The PRO then contacts the provider to notify them of the complaint and to obtain more information. The PRO reviews previous CE reports from the provider for several claimants'. The PRO may increase the rate of Claimant surveys sent for this provider. The PRO may need to do additional training or remove the provider from the CE panel. The PRO reports all complaints to the PRC who may then conduct further investigation of the incident if necessary.

For new providers and providers a complaint may have been received on, VA DDS conducts random calls to survey the Claimant's CE experience.

Complaints received from analysts or state agency consultants regarding the report quality are directed to the PRO. The PRO takes immediate action to obtain the necessary clarification or additional information. VA DDS requires all state agency doctors and MHP's to complete 15 CE report reviews per quarter randomly. This feedback is sent electronically to the PRO and a copy maintained at the Admin Office. For fiscal year ending September 2016, 96.7% of the reports reviewed required no additional information or clarification.

Hard copies of all complaints, actions taken and complaint resolution are placed in the specified CE provider file so trends can be tracked if necessary.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No Fraudulent activity during this fiscal year.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

The Virginia DDS received no egregious complaints during this fiscal year ending September 2016.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

The PRO's in the VA DDS conducts a thorough search of the HHS OIG LEIE on the OIG website to determine if the source is currently being sanctioned prior to scheduling with any new provider. If the provider is listed, they are notified and not enrolled as a VA DDS CE provider. The PRO Tech's and/or PRO conducts a license search on the Virginia Department of Health Professional (VDHP) website to insure the provider is currently licenses and in good standing with this official agency. All actions listed on the VDHP website are reviewed and investigated. If the provider is shown to have current actions pending, the provider is notified of the fact and not enrolled as a VA DDS CE provider.

The VA DDS Professional Relations staff conducts a monthly review of the HHS OIG LEIE to monitor and maintain the integrity of the CE panel. The staff is also notified by the OIG via email alert whenever updates are made to their Sanction List. If any CE provider is found to be included in the sanction list, CE scheduling is suspended immediately.

The VA DDS requires that all CE panel members submit information regarding their qualifications and licensure in the state. A hard copy of all license checks are kept in each CE provider's file. Periodic verifications are done through a diary system, each CE panel members name and license expiration date is put into a computer calendar system on the first day of the month following license expiration. All licenses for psychologist in VA expire on June 30th, so license checks for all those providers are done at the same time each year.

If a MER source is found on this list, a note is input into the DDS vendor file/MircoPact. The PRO notifies the Admin Office and the other Regional PRO's. The Admin Office notifies the SSA Regional Office in Philadelphia.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

The VA DDS requires each CE panel member sign a "Statement of Agreement". This agreement includes a statement in which the CE provider certifies that all support/technical staff involved in the CE's for VA DDS has the appropriate credentials/licensure. All current CE panel members sign a new agreement on a bi-annual basis. A hard copy is kept in the CE provider's file.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The VA DDS reviews 100% of the new CE provider reports. The PROs will review a new CE providers first five CE reports and complete an internal CE review form. Once the new CE provider reviews are satisfactory, they are released from the 100% review. The CE provider is given feedback on the quality of the CE reports before being released from the 100% review.

Established CE providers are reviewed on an interval basis by the PRO's and State Agency doctors. An internal form is used to record and document the quality of the CE reports. The review forms are compiled and kept in the Admin Office. The PRO's provide the CE panel members with areas that may need improvement as well as positive feedback received from the forms. The PRO's will take any necessary actions based on the review forms.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

The VA DDS currently has 289 CE medical and psychological acceptable sources on the panel. This is an increase of 9 CE providers from FY2015. The VA DDS has 42 hospitals performing ancillary testing. This is a decrease of 2 hospitals from FY15.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and High Volume provider onsite visits were completed.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The Virginia DDS uses the Medicare Fee schedule published by Palmetto GBA Medicare for services performed by a physician and ancillary testing performed in a physician's office. The Centers for Medicare and Medicaid Services (CMS) is used for Hospital Outpatient Prospective Payment System (PPS) as well as Addendum B for ancillary testing performed within a hospital or hospital satellite facility. The VA DDS uses the Medicare Fee schedule published by Novitas Solutions for services performed by a physician and ancillary testing performed in a physician's office within the District of Columbia Metra Area (DCMA). This area includes Arlington, Fairfax, Montgomery and Prince George's counties, the City of Alexandria, and the District of Columbia.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

First Quarter of FY16:

SFAC- Wounded Warrior Ft Eustis three times during this quarter
SOAR community meetings in Portsmouth, Norfolk, Roanoke, Fairfax and Richmond.
Training Meeting with SSA, SWRO VA DDS office as well as Eligibility Services.
Collaborations Conference in VA Beach
Virginia DOC meeting
Pre-Release training Wytheville VA
Re-Entry Meeting- Bedford County

Second Quarter:

VA DDS PROs DOD ERE National Call
SWRO DDS took 4 groups of 5 analysts on a tour of a local Autism Clinic to observe testing and how they evaluate children and the referral process for SSI claims.
SOAR training for new community SOAR workers
SOAR Ending Homelessness Event at Hampton University
SFAC Wounded Warrior Project
SOAR meetings in Fairfax and Roanoke
One day SOAR worker training in Fredericksburg

Third Quarter:

Montgomery County Schools Round Table SWRO DDS
Joint presentation with the Richmond SSA PAS to the physical therapy staff at Johnston-

Willis Hospital.

Set up an exhibit table at the State AHIMA conference in Richmond.

Met with the new director of Social Workers and copy services at UVA Medical Center
SOAR meetings in Woodbridge, Fairfax, Alexandria and Tidewater

Fourth Quarter:

Presentation at the City of Salem Special Education Parent Meeting

Attended the Martinsville Autism Action Group meeting and spoke about the disability process for child claims.

Presentation with SSA for ERE at Wellmont Health Systems Bristol and Kingsport.

SFAC Ft Eustis

SOAR meetings in Norfolk and Fairfax as well as Richmond

Infant Toddler Connection presentation

VA ACCSES exhibit table

Presentation for the Senior Connections meeting for the Public Guardianship Program with the Richmond PAS

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Boston
State DDS:	Vermont
Report Period (Fiscal Year):	2016
Current Date:	November 15, 2016
Reporter's Name, Phone number, and title:	Name: (b) (6) Phone number: (b) (6) Title: Professional Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

- All claimants are sent the Consultative Examination Comment Form, a card stock form that is accompanied by a postage paid, addressed envelope
- PRO reviews completed forms
- Any other claimant complaints that the DDS receives regarding CEs are referred to the PRO

Negative Comments/Complaints

- Case file is reviewed
- Examiner is consulted
- Chief MC/PC is consulted
- Claimant is called as needed for clarification, further investigation and response/resolution
- Provider is called/visited as needed to address and resolve concerns
- Complaint is logged on an Excel spreadsheet and complaints are reviewed monthly at MRO Steering Committee meeting for any developing patterns with providers that need to be addressed by PRO, Chief Medical/Psychological Consultant or Director
- All complaints are investigated. Serious complaints may result in the provider's suspension or removal from the CE panel, or other appropriate action to protect the public

Positive Comments

- Passed along to provider
- Maintained in PRO file on provider

Description of the types of complaints received throughout the year

The complaints received throughout the year, as defined per DI 39545.375 (B) follow and the number of complaints per category follows the category in parentheses.

- 1) Complaints of a non-egregious nature (19)
- 2) Environmental Factors (4)
- 3) Rudeness and/or unprofessional behavior (4)

The PRO investigated and addressed all complaints as well as discussed with the Chief Medical and Psychological Consultants and the MRO Steering Committee to determine if further action was necessary.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

Vermont DDS is not aware of any fraudulent activities committed by a VT DDS CE Provider.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

The Vermont DDS did not have any allegations of an egregious nature in 2016.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

Initial Agreement

The PRO establishes a file for any potential CE provider. The file's cover sheet contains a checklist of steps needed to have a provider become a member of the CE panel. One of the first items is to check credentials by checking against the Vermont Secretary of State's Professional Licensing Database or the Vermont Medical Board DocFinder website, and the OIG exclusion site. Both Vermont sites show status of licensure, expiration date and any disciplinary actions/sanctions/limitations that have occurred. By using this form for all potential new providers, the DDS ensures all new providers have the appropriate medical credentials before we bring them onto our CE panel.

Periodic Checks

All CE medical doctors' licenses are checked at least twice a year, more often if time permits. The Vermont Board of Medical Practice's eLicense page and the OIG site are checked, and the PRO performs a monthly check of the Vermont Board of Medical Practice for Board Actions.

All CE psychologists' professional licenses are checked at least twice a year using the Secretary of State's Office of Professional Regulations' eLicense Online site and the OIG. Generally, the PRO performs monthly checks of new sanctions on the OPR site.

Documentation of these checks is maintained on an Excel spreadsheet by the PRO. If a licensure issue is discovered, the DDS immediately suspends or removes the CE provider from the panel and cancels pending exams. As necessary, we would review cases with CEs by the provider and determine next steps (notifying SSA, rescheduling with a different doctor, reopening the determination, etc.)

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

The PRO checked the credentials of all CE providers twice a year, once shortly after the first of the year when renewals were due and once in November. The PRO checked the Vermont Board of Medical Practice's eLicense page, and the Secretary of State's Office of Professional Regulations' eLicense Online site. The PRO checked the OIG site annually. The PRO checked the disciplinary action pages of each website frequently for any new actions brought against any CE provider. The PRO maintained documentation of all checks on the Excel spreadsheet. No licensure issues occurred this past year.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

CE REPORT REVIEW SYSTEM

First Five CE Reports from all new CE Providers

- All new CE Panel members' first five reports are reviewed by the corresponding Chief In-House Consultant (Physical/Psychological).
- If the first five reports are deemed satisfactory, the PRO randomly selects five more reports and reviews them and bring any questionable reports to the Chief MC/PC.
- If the reports need a lot of improvement, all reports are reviewed and feedback provided to the CE provider until the reports improve to the needed level of quality.

Sample of Reports from All CE Providers on an Ongoing Basis

- All CEs are verified through the legacy system's Fiscal Manager function. The PRO reviews and approves all CE reports to determine that the requested authorized services were performed, and that the correct claimant's name is used throughout the report.
- The adjudicator who ordered the CE, reads the CE report and contacts the PRO if there are issues with the CE.
- Most CEs receive a second review by the rating MC/PC. In-house medical consultants and adjudicators bring CE reports to the PRO if they find areas needing improvement.
- The PRO reviews the report with the Chief Medical/Psychological Consultant.
- The Chief MC/PC reviews the report, and the case, if necessary, and provides feedback for the CE provider to the PRO.
- A face-to-face visit may be arranged if needed improvements are not made. If reports continue to be unsatisfactory, the CE Provider would be removed from the CE Panel.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

End of FY 2016- 69 CE Providers

End of FY 2015- 80 CE Providers

Total number of providers who performed CEs at any point in FY 2016 - 72

Five providers retired, of which three were internists. Eight more providers became too busy with their practices and ceased doing exams for DDS or moved out of state. Three psychologists began performing exams during the fiscal year, and one moved out of state after a few months.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

No. Four of five key and volume provider onsite visits were completed. The former PRO retired in early June of 2016, the new PRO began on July 25, 2016 and due to the time constraints and training of the PRO's new position within the fiscal year, the VT DDS was unable to complete all five key and volume provider onsite visits.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a

description of any volume medical provider discounts).

The Vermont DDS did not have any CE/MER fee schedule changes or any exceptions during FY 2016. There were no volume medical provider discounts distributed for any CE/MER providers.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

Marketing Electronic Records

- Throughout FY 2016, both the former and current PRO continued to encourage and convert providers to the use of the Electronics Records Express system. The new PRO called providers already signed up for ERE to push them to use all the features, rather than just for submission of records and reports.
- A major MER vendor was visited to promote ERE.
- The PRO prepared for exhibition at the Vermont Information Technology Leaders (VITL) conference in October 2016 to explain and recruit ERE to a variety of healthcare providers.

Exhibiting at Medical Conventions and Other Outreach Activities

- The former PRO served as Roving Reporter and on the Editorial Committee of the DCF News, the Department for Children and Families internal e-Newsletter.
- The former PRO served as the DDS HIPAA Liaison. This group meets quarterly with an attorney from the Attorney General's office. The new PRO will begin to serve as liaison in the next quarter.
- The PRO and a staff person for the Montpelier Field Office gave a presentation to the State of Vermont's Crime Victim's Restitution Unit in December 2015.
- Three new CE providers were visited for interviews and training.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Seattle
State DDS:	Washington
Report Period (Fiscal Year):	16
Current Date:	10/31/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Relations Manager

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

PR Specialists are responsible for maintaining files of all complaints by, from, or about CE or MER source to track, identify, and address problem areas. PR Specialists will seek complete investigation and/or documentation of complaints, timely resolution of problems, and appropriate notification of all affected parties. This includes a program of systematic onsite review of key providers and providers having serious complaints lodged against them. All complaints regarding CE sources, written or verbal are referred to PR.

PR Specialists work directly with claimants, CE providers, and relevant DDS personnel to document, investigate, resolve, and communicate claimant complaints. On complaints involving CE provider conduct, competency, or other medical issues, the appropriate state chief medical consultant will participate in the investigation and resolution. The PR Specialist will determine the level and manner of investigation that is appropriate, with other expert input, and will determine appropriate communication with all affected parties.

With complaints that do not involve provider professional conduct or medical issues, PR Specialists will determine how and what resources are necessary to resolve the issues. All complaints are to be documented and concerns are to be responded to appropriately. PR Specialists are responsible for determining the level and manner of complaint response.

Upon investigation, if it has been determined that policy or Statement of Agreement has been breached, or unprofessional conduct is present, CE providers will be directed to correct the situation by the PR Specialist. CE sources will generally be given an opportunity to correct deficiencies. However, if they are unable or unwilling to make corrections or the situation is of such a nature that corrective action is not

practical, they will be advised and dropped as CE panel members. Prior to this action, appropriate State administrator must be consulted and concur that the action is appropriate. If intent to defraud is suspected, the file will be referred to appropriate state administrator for review and action.

We also sent out questionnaires to claimant throughout the year and received 2% of them back.

Complaints received throughout the year included:

1. Rudeness or unprofessional manner/attitude
2. Environmental-cleanliness, accessibility, lack of proper facilities, etc.

Other (ex. Injury, privacy, excessive wait times, etc)

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

N/A

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

N/A

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

CE Panel Credentialing Checks

Credential Checks:

Personal service contracts require doctors to submit a copy of their license and a statement that they do not have any current or outstanding sanctions. In addition, to ensure CE providers have proper credentials and no sanctions, we also use the following sources:

- Effective 01/01/2016, the System for Award Management's (SAM) website is checked at the time of initial sign-up and annually. (<https://www.sam.gov/portal/SAM/%20-%201#1#1>) *From this point forward, SAM will be referenced in place of OIG.*
- All PRS subscribe to the Washington State Medical Quality Board Listserv which sends automatic emails to notify us of investigations, sanctions, revocations, and reinstatements of medical license as they occur. This is to ensure CE panel providers do not have a suspended license or have current sanctions.
- At the time of recruiting (either prior to sending recruit letters or after the doctor has expressed an interest) the Washington State Department of Health (DOH) website is checked for license status by PRS.

<https://fortress.wa.gov/doh/providercredentialsearch/>

Border State checks:

Oregon doctors:

Psychologists:

<http://obpe.alcsoftware.com/liclookup.php>

Physicians:

<https://techmedweb.omb.state.or.us/Clients/ORMB/Public/VerificationRequest.aspx>

Idaho:

Psychologist:

<http://ibol.idaho.gov/IBOL/Home.aspx>

Physicians:

<http://bom.idaho.gov/BOMPortal/Home.aspx>

- DDDS Contract Signatory will ensure a screen print of license information from DOH and SAM is placed in the CE provider's file. DOH print needs to be initialed. Any subsequent license checks will be noted on the DOH and SAM Spreadsheet.
- PRU will utilize the For DOH and SAM Spreadsheet to capture the DOH license number, license expiration date, PRS DOH check date, PRS SAM check date, and SAM findings.
- A database of all CE providers and their license expiration dates allows us to run reports to determine whose license will expire which allows time to obtain updated and current information. We also keep a list of sanctioned doctors that we can check when recruiting.

Credential Checks of support personnel

Our personal service contracts include the following statement:

Credential verification for staff: The contractor shall verify that all support staff who participate in conduction of the CE, meet all appropriate:

(a) Licensing or certification requirements of the State; and

(b) Are not excluded, suspended or otherwise barred from participation in federal programs.

1. License renewal verification

- The first working day of the month, the Vendor Specialist will create a list for the following month showing all of the vendors whose license expires. Vendor Specialist will utilize the PR Report on SharePoint to determine which licenses are up for expiration. This list will be placed in the License Renewals folder on the Shared Drive. PR Specialist will check DOH to see if license has been renewed prior to contacting vendors. PR Specialist will email the providers in their designated alpha on the list indicating that their license will expire in the following month, if it has not been already renewed.

Sample Template of the email:

Your professional license is set to expire in the month of _____. We are required to have proof that your license has been renewed with the Department of Health (DOH) prior to your license expiration date.

In order to prevent any lapse in services, we are requesting your license be renewed at least a week prior to the expiration date. If we do not have an updated license a week prior to the actual

expiration date, we will have to cancel appointments. We frequently check the DOH website for accurate license information, however at times, it does take DOH awhile to update their site. We may ask you to fax a copy of your license renewal documents.

- Two weeks prior to the providers license expiration date:
 - If license has not already been renewed, PR Specialist will contact the provider to inform them there is no renewal on DOH. If it has been renewed or if they do not have proof it has been renewed, fax a copy of renewal to: 360-664-7359.
 - If provider has not renewed, inform provider we will cancel any appointments scheduled after the expiration date and have them marked inactive. PR will make notes on when doctors are contacted or any actions have been taken and responses from providers. The cancellation process will start a week prior to the license expiring.
- PR Specialist will check weekly on what is coming up for expiration for the following week and if notes have been made on them. PR Specialist will inform manager if provider is made inactive and if exams will be rescheduled due to license not renewed a week prior to expiration date. If expiration falls on a weekend, the actions should be taken the business day before. **Inactive – will not allow further exams to be scheduled.
- All license renewal documents and spreadsheets will be housed on the PR shared drive under License and Sanction Checks/License Renewals.
- PR Specialist will update the license section of the provider in AS400. PR Specialist will only update active providers.
- If no current license, PR Specialist will determine if the license will be renewed or pursue contract termination.

2. SAM and DOH checks Business Process

- Annually all contract/vendors will have a DOH and SAM check performed. A spreadsheet will be used to document the providers reviewed and results. Vendor file specialist utilizes the “License Renewal” spreadsheet to perform QA to ensure timely license renewals at the end of each month on the current month. This will occur at the end of the month. Vendor specialist will review 50% of license renewals by reviewing the “For DOH and SAM” and “License Renewal” spreadsheet for license renewal dates and compare it to the DOH website to ensure accuracy and timeliness. The license renewal spreadsheet will be noted with initials and the licenses that were QA’d. Any deficiencies will be brought to the manager’s attention.
- At the beginning of each month, the manager will review what is upcoming in the current month for license expiration and review the previous month’s QA results.
- **For any new providers who are recruited during the year, the PR Specialist will ensure license and SAM are up to date after the onsite visit for contract signing and will document the main spreadsheet.
- Prior to provider reactivation (if 3 months or more), PR Specialist will give folder to Vendor Specialist for DOH and SAM look up. If less than 3 months, PR Specialist will ensure the AS400 has a current license.
- PR Manager will do random checks quarterly on license renewals to ensure those checks

are completed prior to license expiration date.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

SAM and DOH is checked once per year and at initial sign up. SAM & DOH are also checked prior to provider reactivation (if not used for 3 months or more). Licenses are verified at initial sign up and the month license is expiring. We also subscribe to the state licensing department that will provide updates to any provider with license sanctions.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

At the time of orientation, CE doctors are notified that their first several reports will be reviewed in order to ensure compliance with program needs and requirements per POMS DI 22510.00ff. Based upon this initial review, written feedback is provided to the CE provider. They may be asked to take corrective actions to make reports acceptable, or advised of deficiencies that will require further reviews be made on subsequent reports to insure correction. PR staff is responsible for making judgments to ensure that new CE panelists meet SSA quality requirements.

Adjudicators, supervisors, hearing officers, and staff consultants review CE reports when received for adequacy, consistency, and timeliness during the adjudication process. Adjudicators, supervisors and staff consultants are instructed to submit a PR Help Desk when report deficiencies are identified.

Targeted quality reviews are conducted, at the discretion of the PRO or state administrator, as deemed necessary for specific sources, areas, specialties, or as part of special studies (DI 39545.400).

Reports with completed review forms will be maintained in individual CE provider files.

PR staff will maintain statistics for at least all key CE providers (DI 39545.100) and provide the state PRO coordinator of quality review results by provider, along with trends, complaints, and actions taken or required.

Special Situations with significant and/or ongoing deficiencies and/or complaints receive focused attention from the PR staff. This may include, but is not limited to, further in-depth investigation, comprehensive study of larger report samples, interviews with claimants, and on-site visits to evaluate the examination process, personnel, ODAR and facilities. PR staff will initiate appropriate actions, document findings, and provide written report to state PRO administrator.

PR staff is responsible for ensuring that all quality review activities are operable in his/her area of responsibility and are conducted in compliance with established guidelines and/or relevant POMS instructions.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

328. Last FY we had 352 CE providers. Due to the complexity and time it takes to verify license renewal verification and SAM sanction checks, we have focused our efforts to keep providers who currently do exams or are on a temporary hiatus. Additionally, we have had some providers retire, move or quit.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All key and volume provider onsite visits were completed.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

Due to State contract requirements, we are unable to offer any volume CE discounts. The fee schedule was updated March 2015. Washington DDS uses the Washington L&I methodology for setting fees and we determine the appropriate percentage of reimbursement based on the availability of medical providers to conduct the consultative examinations needed by claimants. For DDS evaluation CPT codes for most exams, we reimburse at 90% of the L&I rate. The exception is the physical exam. We increased the fee by 7.5% from the previous year due to it being the highest exam ordered. All specialty exams, ancillary, and lab CPT codes will be reimbursed at 100% of L&I fees due to difficulty finding resources. For those services not performed by L&I, we have researched the Consumer Price Index (CPI) and found medical costs have increased by 6% over the last 2 years and will increase our fees accordingly. Due to L&I updating their fee schedule in July 2015, the WA DDS fee schedule was reviewed and updated to ensure no services were reimbursed higher than the L&I Fee schedule.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The PR specialists attempt to visit every potential CE provider. This oversight includes program requirements, general business information, training, and ERE education. Additionally, it also enables us to evaluate the location and office space of the potential CE doctor. We continue our efforts in promoting and educating on the ERE processes. We were exhibitors for marketing electronic records and/or recruiting consultative examination providers at the following conventions: Washington Academy of Family Physicians (WAFP), Primary Care Update (PCU), Washington State Health Information Management Association (WSHIMA).

PR staff are required to work closely with the CEU staff to ensure POMS requirements are being met regarding scheduling. Due high turnover with CEU staff this past year, PR has had to perform scheduling and CE receipting to cover this workload.

One PR staff is heavily involved in the ERE Support call and is the Seattle Region Representative.

We continue to be involved with SSI/SSDI Outreach, Access, and Recovery (SOAR) initiative and have performed several presentations this past year. We have participated in SOAR trainings as a resource to the community and outreach. Lastly, in a joint effort with the Tacoma and Olympia Social Security Field Offices, we are assisting the soldiers at Joint Base Lewis-McCord to apply for disability benefits by answering questions on the application process, bringing claimant supplied MER back to the DDS, and answering case status questions on a bi-monthly basis.

The PR department is responsible for public disclosure and education on PII. Training is performed as

needed and to new hires. We are also responsible for transportation and interpreter oversight and participate in our state's contract monitoring for these services. The PR department is also responsible for the Washington DDS Security plan updates and training. The Professional Relations Manager is responsible for the statewide background check and HSPD-12 process for hiring new staff for the DDS and the HSPD-12 rollout for current staff in Washington in February and March 2016. 2 of 4 PR staff are coordinators for an office for HSPD-12 (Spokane and Olympia). CEU supervisor is an HSPD-12 trainer in the Seattle DDS office.

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:**
 - **Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).**
 - **Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).**
 - **Indicate CE providers for whom you completed onsite reviews.**
- **A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”**

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Chicago
State DDS:	WI
Report Period (Fiscal Year):	2016
Current Date:	11/3/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Officer & MC Coordinator

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

Complaints received from claimants regarding CE provider facilities, thoroughness of the exam, or staff interactions are investigated as follows:

- 1) A call is placed to the claimant or other involved parties for additional information.
- 2) If a CE report is in file, it is reviewed. If the CE report is not in file, it will be reviewed it once it is submitted.
- 3) DDB records are reviewed to determine if previous complaints have been filed regarding the provider, and the nature of any prior complaints.
- 4) The CE provider is contacted by telephone or letter to discuss the complaint concern; additionally, in some situations, a site visit is conducted.
- 5) The results of the investigation are reviewed with the provider and appropriate verbal or written counseling for corrective action is implemented as necessary. The claimant's complaint is reviewed and the conclusion is documented.

To help ensure ongoing CE provider quality, a concentrated review may be conducted. During a concentrated review, claimant survey forms, as well as quality review forms for DDB staff, are generated for a specified number of future appointments (usually 10) scheduled with the provider. Follow-up site visits are conducted as necessary.

If a continuing problem exists with the CE provider, further appointments are discontinued.

Complaints received from DDB staff regarding report quality and timeliness are investigated as follows:

- 1) For quality concerns, several reports are reviewed to determine where improvements are needed, based on exam protocol expectations.
 - The provider is contacted via telephone or site visit to discuss the quality issues, and is provided with oral or written guidance on how to improve the quality of their reports.
 - A concentrated review may be implemented, as described above.
- 2) For timeliness concerns, the provider's average response time to submit their exam reports is calculated.
 - If a trend is identified where the provider is consistently late in their report submissions, contact is made with the provider via telephone or written correspondence to discuss and resolve the situation.

A provider may be removed from the panel if quality and/or timeliness issues cannot be resolved.

Regardless of the source of the complaint, future appointments with the provider may cease, pending the results of the investigation.

All complaints of unethical or illegal behavior are immediately referred to the Management Team. All sanctions of a sensitive nature are shared with Regional Office. The team will determine whether:

- 1) The CE provider must be immediately suspended or removed from the panel.
- 2) Pending appointments with the CE provider must be cancelled.
- 3) Referrals to other agencies are appropriate.

All state and parent agency policies regarding prohibited practices for providers and health professionals are applied and referrals to appropriate regulatory and legal agencies are made.

Documentation related to claimant and staff complaints are stored electronically and in paper format. The PRO staff are transitioning from the current electronic and paper filing system to an Access database.

The nature of the complaints typically received from claimants relate to:

- 1) Interaction difficulties between the claimant and/or their collateral with a provider and/or clinic staff.
- 2) Concerns that insufficient time was provided for the exam, or that certain medical concerns were not addressed during the exam.
- 3) Concerns about the facility and its furnishings.

- **If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.**

No fraudulent activities were reported or discovered.

- **Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).**

During the course of the 2016 fiscal year, 19 complaints were received that warranted investigation via

discussion with the claimant and provider. Of these 19 complaints, 13 were resolved after discussion with the claimant and the provider, with no further action necessary. Five complaints resulted in a concentrated review of the provider, and one provider was removed from the panel.

- 1) A complaint was registered from (b) (6), indicating a provider (b) (6). The claimant alleged that the provider requested (b) (6). The police were involved in this investigation, as was the DDB state parent agency, DHS, and the SSA Regional Office. While the complaint was being investigated, all pending (b) (6) evaluations were rescheduled with a different provider. The local police department investigated the reports of the (b) (6) and found no further action was necessary. Based on this situation and along with other less significant complaints, it was determined it was in the DDB's best interest to no longer conduct service with this provider, and (b) (6) was removed from the panel.
- 2) A complaint was received regarding a provider who was having claimants wear gowns for the examination. The specific complaint indicated that the doctor attempted to tie the broken gown by reaching around (b) (6), resulting in (b) (6) feeling uncomfortable with the situation. The provider was reminded to not ask claimants to wear a gown for an appointment. Following discussion with the provider, (b) (6) was placed on a concentrated review. No further complaints have been filed for this provider.
- 3) There were two providers who each received more than one complaint regarding their interaction style not being interpreted positively by the claimants. In both circumstances, the providers received phone calls to discuss these concerns, and were placed on a concentrated review. No additional complaints have been filed for these providers.
- 4) A complaint was filed regarding a doctor's office lacking waiting room furnishings, thin walls that could potentially allow for audibility of the doctor's dictation, and some confusion on which entrance to use depending on physical ability. Discussion with the doctor resulted in a plan to obtain waiting room furniture, which will be set up away from the doctor's office, and heightened awareness of (b) (6) conversation when meeting with claimants or dictating reports. ADA accessibility issues were discussed with the doctor and (b) (6) acknowledged the need to be more aware of physical capabilities of claimants. A concentrated review was initiated to allow for awareness over any additional concerns with office location. A site visit was not conducted. No further concerns have been noted at this time.
- 5) A complaint was filed where the claimant felt the doctor was acting in a flirtatious manner. Follow-up on the complaint was made with the claimant, (b) (6) collateral, and with the provider. The provider was adamant that the concerns expressed by the claimant were related to the nature of the physical exam, such as listening to (b) (6) heart, or questioning any sudden weight changes due to having inadvertently seeing stretch marks during an exam movement. Following the investigation, while it was not felt the provider acted inappropriately, a concentrated review was initiated due to the severity of the complaint. No further concerns have been noted at this time.

- **Provide a brief description of the DDS business process to ensure:**
- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

CE Provider Licensure/Credentialing:

- 1) New CE providers are provided with an instruction manual, which includes documentation on licensing requirements. These materials are regularly reviewed to ensure the information is current.

- 2) The license number and status is verified with the State Licensing Board via website research for every prospective CE panel member, prior to beginning any CE appointments.
- 3) The OIG and SAM websites are reviewed for sanction status on every prospective CE panel member.
- 4) LEIE and the WI licensing websites are checked for sanctions on a monthly basis. A list is compiled of any sanctioned providers in WI and the bordering states (IA, IL, MI and MN). The list is compared to all CE providers in the WI legacy system. Any CE providers under any type of sanction are brought to the attention of the MPRO and management.
- 5) New CE panel members are asked to submit their license number, which is used to verify that it is active with no sanctions.
- 6) The license renewal status of all WI CE providers, including those in bordering states, is verified for each two-year cycle.
- 7) When a prospective CE panel member is located in a border state, the adjoining state representative is contacted to verify if the consultant is in good standing in that particular state. Additionally, verification of current licensing is made with the out-of-state licensing board via searchable databases on their web sites or e-mail inquiry response.
- 8) Reports of disciplinary actions taken by the State of Wisconsin Licensing Board are reviewed and crosscheck the information with the list of current CE providers.
- 9) Licensure status is verified via website research on a biannual basis, which corresponds to the licensing requirements for health care professionals in Wisconsin.

Documentation related to a CE provider's licensure verification is stored electronically.

Support Staff Licensure/Credentialing:

- 1) The CE provider reference manual states that all support staff who participate in a CE must be properly licensed by the State.
- 2) The CE panel member must sign an agreement that all support staff meet State licensing criteria.
- 3) Key Providers annually certify the licensing status of their support staff at the onsite visit or by mail.
- 4) If there is any specific concern over whether a facility is adhering to this procedure, the concern will immediately be brought to the provider or site manager for clarification and/or resolution.

- **Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.**

Licensure status is verified via website research on a biannual basis, which corresponds to the licensing requirements for health care professionals in Wisconsin. A WI DDB database alerts PRO staff to the credential due dates.

- **Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.**

New providers are placed on a concentrated review for their first 10 appointments. This review requires both internal and external feedback. Claimants are sent feedback forms. Quality feedback forms also go to DDB staff, including examiners and doctors. The PRO staff then completes a random review of submitted reports and provides feedback to the provider via phone or written correspondence.

- If no quality or timeliness issues are identified, the monitoring will conclude.
- If quality or timeliness issues are identified, concentrated monitoring will be extended.

For established providers, the DDB computer system is programmed to generate monitoring forms for every 50th appointment scheduled. If concerns are raised regarding an established provider, a concentrated review is initiated for a designated number of appointments.

- **Provide the total number of providers on the CE Panel and describe any differences from the previous year.**

This past year, 312 individual examination providers and 128 facilities performing ancillary testing for the Wisconsin DDB. The number of individual providers decreased slightly over the past year, down from 335, due to reasons including retirement, personal health, moving, limited time, or a decision to no longer accept our exam fees. Two providers were removed from the panel due to quality concerns. The number of facilities performing ancillary testing increased from 97 over the past year due to ongoing recruitment efforts.

- **Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.**

All key and volume providers received an onsite visit in fiscal year 2016.

- **Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).**

There are no changes to the CE/MER fee schedules. Due to several providers expressing frustration with our current fee schedule, and a lack of interest from prospective providers due to our fees, the Wisconsin DDB is currently exploring the effects of increasing the physical and psychological exam fees to \$200 per exam, with a potential start date in 1/2017.

There is a long established exception to pay a higher rate for ancillary testing conducted by four key providers.

There is a long-term policy of providing room, mileage, and travel time reimbursements to multiple site providers who have agreed to set up CE clinic sites in underserved areas of the state. Approvals of all exceptions are on an individual basis and do not necessarily apply for all clinic sites for a particular provider.

- **Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.**

ERE: The benefits of registering for the ERE Website to both new and existing CE providers is routinely advertised. This outreach is made via telephone, email correspondence, and mailings to providers. While many MER providers are utilizing ERE, this system is continually encouraged to increase use with CE providers. The ERE system is marketed at conferences attended during the year.

Other PRO outreach activities:

- Program orientation for new Disability Benefit Specialists from the State’s Aging and Disability Resource Center (ADRC).
- Program information and updates are presented to Disability Benefit Specialists, Elder Benefits Specialists, and Program Attorney’s at their spring convention on the state workload application process.
- Exhibitor at the Wisconsin Psychological Association’s (WPA) Annual conference.
- Exhibitor at the Wisconsin Health Information Management Association’s (WHIMA) conference.
- CE provider training is presented to 3rd year residents at UW Fox Valley Family Practice.

- **Upload the following documents to the SharePoint site:**
- **A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:**
 - **Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).**
 - **Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).**
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Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Philadelphia
State DDS:	West Virginia
Report Period (Fiscal Year):	FY 2016
Current Date:	11/02/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Manager

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

All CE source complaints in WV are referred to the appropriate PRO for investigation and resolution. We have an Oversight Plan in place that provides the process and procedures to be followed to resolve complaints.

All complaints are documented and fully investigated. Appropriate corrective actions, including communication with all involved parties is undertaken. Documentation of complaints are retained in the provider files for at least three years.

If a claimant reported, unprofessional conduct or criminal acts or other acts of an egregious nature the PRO would also involve the appropriate state administrator and appropriate staff consultant to participate in the investigation and resolution process as follows:

- As a general approach to CE complaints, it has been our usual practice to give CE source an opportunity to correct deficiencies. However, in cases involving unprofessional conduct or acts of an egregious nature and in other situations where the PRO deemed it appropriate, the first step would be to interview the claimant and any witnesses to the alleged acts/conduct identified by the claimant to fully document the specifics of the incident.
- If, following these interviews, there is reason to believe that the allegations do rise to the level of unprofessional and/or egregious acts, scheduling further exams with the source would immediately be suspended. The first concern would be to protect any further claimants from being exposed to the alleged conduct or acts.
- The source would be notified of the scheduling suspension, informed of the pending allegations,

and asked to respond to them with his/her version of what happened. We would also interview any source staff members as appropriate. We would inform the source that a complete investigation of the alleged conduct/acts will be undertaken and that we would make a final determination following that.

- PROs would review vendor file for a pattern of similar incidents, insure that there have been no sanctions by licensing or oversight entities with the source of which DDS is unaware, and verify whether or not the state licensing authority has any pending actions concerning the source.
- Other claimants examined by the source would be interviewed, using our regular claimant reaction survey protocol, to determine if other claimants make similar allegations and any other witnesses would be interviewed.
- If the allegations were determined to be unfounded, scheduling would likely be resumed with the source under whatever conditions the PRO determined to be appropriate with the approval of appropriate state administrative staff.

If the allegations are determined to be true, we would immediately cease any further scheduling with the source. Based upon the nature of the infractions and after consultation with appropriate state administrative and legal personnel, referral may be made to state licensing, oversight authorities, or law enforcement agencies for further investigation and/or action.

In FY16, we had no complaints of an egregious nature. There were several complaints concerning environmental factors and several complaint of rudeness. Additional claimant surveys were targeted to people attending exams with these sources and these did not substantiate the complaints.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

None.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

None.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

During initial recruiting activities all potential CE providers are required to submit a copy of their current CV / Resume and the provider will sign a Statement of Agreement that includes their professional license number, expiration date, and a general agreement they are required to follow all DDS/SSA CE etiquette and protocol. The Area PRO conducts credential checks (per [DI 39569.300](#)) to verify status of all potential providers through all appropriate state and federal licensing and sanctioning boards, HHS OIG and LEIE website, SAM and/or other appropriate databases. The 'Statement of Agreements' and CV/resumes are renewed and updated periodically.

The Professional Relations Assistants also have a process in place to perform semi-annual review of credentials on all existing CE providers to verify licensure or certification is not restricted or limited and in generally good standing. In addition to these steps, sanction lists are reviewed as they are provided and we receive copies of the State Medical Association newsletter, which often provides information regarding any action taken against the licenses of medical doctors.

The Statement of Agreement includes specific language that a CE provider is held accountable that all of the support staff used during CE's meets all appropriate licensing or certification requirements of the state in which exams are done. As indicated above, the Statements of Agreements are updated and renewed periodically.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

These are completed two times per year. These are usually done in January and July.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

For new providers we schedule 5 exams. Once these have been kept and the reports received the reports are reviewed by the DE, our chief medical consultant for the specialty involved and the PRO. Once this has been completed, the PRO will provide any required feedback to the vendor. If the reports are found appropriate additional exams will be scheduled. If they are not then we will determine whether to repeat the process again to seek improvement or inform the source that we will not be using them.

Our DE staff provides for the first line of review to insure CE reports meet the established criteria. If they identify any issues with a vendor then a targeted review is undertaken. We will pull a sample of reports for review by administrative staff and one of our full time medical consultants in the involved specialty. The results of the review will be analyzed and appropriate action to correct deficiencies will be undertaken. This will include feedback to the vendor either positive or negative.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

Our vendor database shows approximately 187 active CE providers that DDS utilized during FY 2016. This number includes hospitals and secondary providers that performed studies and interpretations.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All were completed.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

Our only change made to the fee schedule this year was to increase our fee for language interpretation to \$50 per hour. This was required in order to obtain these services, particularly in the Martinsburg WV area. No discounts are given for volume providers.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

West Virginia DDS Professional Relations Officers, Professional Relations Associates, schedulers and vendor registration staff take every opportunity to market any current DDS and/or SSA initiative with or without the PAS, depending on the audience.

- In FY 2016, continue to promote major SSA initiatives such as My Social Security, e-827, Birth to 3.
- PROs recruit CE providers on an as needed basis as well as in-house MCS (medical consultants).
- EMR in-bound and out-bound are at the forefront of the PRO marketing agenda. This includes opportunities during phone conversations, at medical conferences, at professional meetings, staff training at DDS, etc.
- MPRO'S attended multiple medical conferences and other meetings during the year to promote DDS and SSA needs and initiatives. Please find some of these listed below. WVHIMA Conference, WV Family Physicians Conference, Osteopathic Conference, WV Psychological Association conference, Jose Ricard Family Medicine Conference, and the Rural Health conference.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Denver
State DDS:	WY DDS
Report Period (Fiscal Year):	2016
Current Date:	October 31 st , 2016
Reporter's Name, Phone number, and title:	Name: (b) (6) Phone number: (b) (6) Title: Professional Relations Officer (PRO)

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

- **Most Serious Complaints/Egregious Behavior (Inappropriate touching, sexual behavior):** The Professional Relations Officer (PRO) will investigate the complaint(s), and if the PRO is unavailable to investigate the complaint, then the Wyoming DDS Administrator will contact the provider who performed the consultative examination and speak directly with him/her to obtain his/her recollection of the event in question. If there is enough information/evidence to support that the complaint is valid then the Wyoming DDS Administrator will contact the Wyoming State Board of Medicine and file a formal complaint. Also, the Wyoming DDS Administrator will inform the claimant to contact local authorities file formal charges and to request an investigation.

- **Less Serious Complaints to include:** Physician was rude, Physician rushed the examination, and Physician's bedside manner; the Professional Relations Officer (PRO) will investigate the complaints. If the PRO is unavailable to investigate the complaint, then the Wyoming DDS Administrator will contact the provider who performed the consultative examination and speak directly with him/her to obtain his/her recollection of the event in question. If there is enough evidence to support the complaint then the Wyoming DDS Administrator will discuss the necessary steps to ensure that a similar event does not occur. The Wyoming DDS Administrator will inform the provider that the behavior cannot

continue, and if the behavior does continue then the Wyoming DDS will not use this provider.

- The Wyoming DDS is obligated to investigate complaints as per POMS DI 00233.900 G. The Wyoming DDS will ensure that complaints made by claimants or providers are investigated and resolved within five (5) business days of receipt and where this is not possible we will provide a reason and estimated completion date. Complaints which are not resolved within five-business days or which are not resolved to the satisfaction of the individual(s) making the complaint will be referred to the Wyoming DDS Administrator. The Wyoming DDS will provide acknowledgement of complaints communicated to us by telephone, electronic mail, written form, or in person. The PRO will communicate with the individual(s) in-person or by telephone. The PRO will ask questions as contained on the Complaint Questionnaire form. The PRO will inform the DDS Administrator of any complaints received. State mandated protocols consist of contacting the Wyoming Attorney General's office. Certain complaint types will eliminate the provider from our CE list to include: sexual behavior toward the claimant(s) and rude behavior towards the claimants.
- The Wyoming DDS maintains a completed questionnaire form that is kept on file.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activities were discovered for the Federal Fiscal year 2016.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

For the Federal Fiscal Year of 2016 there have been no egregious complaints that required any significant corrective action and/ or public relations work that POMS DI 39545.375 requires.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
 - **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**
-
- The Wyoming DDS does perform an annual check of our providers by checking the Wyoming State Board of Medicine, the Wyoming State Board of Psychology, and System for award Management (SAM) to obtain any excluded individuals and entities. Thus, allowing us to verify that each of our providers maintains proper credentials and that the providers are not under any suspension.
 - If a nurse practitioner or physician's assistant is performing the CE under the

supervision of the physician, then the Wyoming DDS will perform a credential check to ensure that the individual(s) is currently licensed in the State of Wyoming. The State of Wyoming websites for Nurses, Physician Assistants, and Health and Human Services OIG LEIE list are used to perform the credential checks.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

- See above, the Wyoming DDS does perform an annual check of credentials. The DDS will also check the Medical License Board lists of providers in disciplinary action quarterly to determine if a CE provider has been placed on disciplinary action. If a new provider is used, before discussing business a credential check will be done.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

- The Wyoming DDS business process incorporates a trial period with new providers. During the trial period, the DDS will schedule a certain number of CEs. The first phase of the trial run will be one exam only and then review results. The next phase of the trial run will be to schedule three or more exams and then again review. After the CEs are completed, the Wyoming DDS will provide constructive feedback to the provider(s). The trial period may last several months, however once completed the CE provider will be added to the CE panel. If the trial period shows that the provider cannot perform to SSA/DDS requirements, the DDS will cease business with that provider.
- The Wyoming DDS monitors established CE providers by first identifying issues by the following ways:

Comments are made by consultants and/ or examiners in the office

- ❖ Complaints made by claimants that PRO investigates.
- ❖ Review of received CEs via the MPRO queue in the DDS legacy system.
- ❖ CE providers requesting feedback.
- ❖ Issues brought to the DDS's attention by third party federal components to include ODAR, and Office of Quality Review.
- ❖ Comments made by outside stakeholders such as other doctors.
- ❖ Starting in Federal Fiscal Year 2016 the WYO DDS now maintains a spread sheet to watch scheduling intervals, frequency use of a provider, review of trial runs, and need of more ce recruitment in area.

Note: When issues are brought to the attention of the PRO and/or supervisor, the CE provider will be contacted by telephone and/or office visit to address and correct any issues. The DDS will follow business process of a trial period and only schedule a certain number of exams. If an issue(s) is continued then the Wyoming DDS will cease to do business with the CE provider.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

- The Wyoming DDS has a total of 162 active CE providers on its panel in 2016. In 2015 the Wyoming DDS had a total of 137 active CE providers. The change has occurred for a variety of reasons to include: PRO actively recruiting more than previous years; involvement with various associations such as the Wyoming Medical Society and Wyoming Psychological Association; adding hospitals that perform studies to number of providers; and there were discrepancies with the total number of active providers in the legacy system reporting from the previous year.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

- The Wyoming DDS did not do all Key and Volume provider visits due to extensive oversight visits of providers during the periods of 2012 through 2015. Below is the providers that oversight visits were done.
- Top five Key providers are below per poms and indicated if a oversight visit was done. Also a complete list of providers is in the MPRO SharePoint in the DDS CE provider list.
 - i. Lucase Wang, MD, 4411 Puma PO Box 371124 Denver, CO 80237: oversight visit was not done (b) (6). The CE provider had an oversight visit in 2014, and the Wyoming DDS has had visits and phone conferences to discuss issues and questions as needed.
 - ii. Ralph Heckard, MD, PO Box 860 Kimberly, ID 83341: oversight visit was done in March 2015 and DDS has had visits and phone conferences to discuss issues and questions as needed.
 - iii. Park Ridge Behavioral Health Services-Melissa Jenkins PhD, Charles Powell PhD, Mark Holland PhD, Kenneth Bell PhD, 2435 King Blvd Suite 313 Casper, WY 82604. Oversight visit was done on 8/8/2016
 - iv. Snowy Range Consulting – Mark Watt, PhD, 526 Regency Laramie, WY 82070: Oversight visit was done on 8/8/2016.
 - v. Fleming Associates – Grant Fleming, PhD, 1001 West 31st Street Cheyenne, WY 82001: Oversight visit was done on 8/3/2016.
- The Wyoming DDS met with 3 of its main key providers and 10 non-key providers.
- The Wyoming DDS conducts actual onsite/oversight reviews to ensure that CE providers are meeting specific standards as established by the Social Security Administration. Attached below are the oversight documents.



WY DDS Onsite
Review of CE mental



WY DDS Onsite
Review of CE Provide

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

- No changes in CE/MER fee schedules from 2015 to 2016.
- As stated in previous years the Wyoming DDS utilizes the “usual and customary” fee schedule. The Wyoming DDS has a very limited number of CE providers available, which is a result of having approximately 1,050 physicians and 230 psychologists actively practicing within Wyoming. The Wyoming DDS rates do not exceed the highest rate paid by another state agency for the same or similar types of services. These other state agencies include Wyoming Division of Vocational Rehabilitation and Wyoming Worker’s Safety and Compensation

10. Provide a brief description of DDS medical and professional relations officers’ activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The professional relation officer does the following activities for the Wyoming DDS:

- Oversight of the consultative examination process including on-site compliance visits, analyses, review of vendor’s medical, fiscal and patient compliance procedures according to the Wyoming DDS and SSA requirements.
- Verification of licensure and credential issues.
- Preparing detailed reports to SSA documenting the Agency’s compliance.
- Assists with various inquiries from non-attorney representatives, representatives from hospitals, and prior claimants.
- Resolves issues relating to late submission of medical records and/or consultative examinations reports.
- Recruits new CE providers.
- Acts a liaison with the Wyoming State Hospital, SSA Field Offices, and Native American Reservations.
- Investigates and addresses CE complaints from claimants.
- Arranges language interpreter to be present at time of CE with non-English speaking claimants.

- Markets and maintains the use of ERE to CE providers and MER providers in the state of Wyoming.
- Help with the implementation of health Information Technology (HIT).
- Assists with performing various initiatives as needed.
- Working with various professional associations.
- Done exhibits at medical, psychological, school, and disability group conventions.

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:**
 - **Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).**
 - **Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).**
 - **Indicate CE providers for whom you completed onsite reviews.**
- **A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”**

Please attach any additional information before submitting this form.

Wyoming DDS Onsite Review of CE Providers

Date:

Reviewer:

Name/facility:

Address:

Other locations:

Phone:

E-mail:

Providers specialty:

Type of exams conducted:

Has performed exams since:

Key Provider: Yes No

Top five ce provider: Yes No

Annual billing over \$100,000: Yes No

Does Primarily Evaluations: Yes No

Do you travel to other sites to perform Ces for the DDS: Yes NO

Will see your own clients for ces:

Speak any other language other than English:

Are you Licensed:

Certified:

Board Certified:

Are you currently licensed within the state: Yes No Licensed number:

Facility/ Building location

Easily identifiable:

Cleanliness:

Safe place to travel:

Handicap accessible:

Is there public transportation to site:

Is there at site parking:

Are there public restrooms:

Emergency exit signs:

Is there a waiting room:

Size of waiting room:

Cleanness of waiting room:

Receptionist on duty:

Nurse:

Technician:

Number of examining rooms:

Are examination rooms private:

Is there appropriate furniture to perform the exam:

Other Comments about location/facility

Mental Status Exams

At what age will you see children?

What tests do you provide?

Are test the current edition?

If you travel to do ce exams, how do you ensure confidentiality/PII in those sites?

Professionalism/ Identity

What do you do to ensure that clients are treated in a professional manner when coming to your office? How do you ensure professionalism during the exam by yourself?

How do you verify claimant's identity?

Who does this?

Do you include Claimant's physical description and claim number in the CE report as required by DI 22510.015A?

How is the claimant's medical history obtained? By Whom?

Do you review medical back ground that is sent by the DDS, when and how long does this take?

How much time do they spend waiting to see the doctor/ PhD in the waiting room?

How much time does the doctor/PhD spend face to face with the claimant?

Are medical records maintained at the clinic/office kept in a secure location? Are there procedures in place that medical records/ information is not easy accessible to the public or unauthorized staff?

How do you treat confidential material once it is no longer need to complete your report for disability? How do you destroy PII?

Are staff/ employees trained on security procedures on confidentiality of claimant's, medical records, and social security numbers?

Is using electronic Outbound request, are electronic documents downloaded and stored on a personal computer? How is that computer maintained for Security/Confidentiality?

What do you tell them after the exam has been conducted? Do you tell them that they should be allowed or denied?

Do provide other services other than the ce to the claimant at the time of their evaluation?

Scheduling/Number of exams

Transmit reports is done using: Fax Mail Electronic records express(ERE)

Is there any additional education/ training that the DDS needs to provide for the provider regarding Social Security disability?

Additional comments:

Signature of Reviewer:

Date

Wyoming DDS Onsite Review of CE Providers

Date:

Reviewer:

Name/facility:

Address:

Other locations:

Phone:

E-mail:

Providers specialty:

Type of exams conducted:

Has performed exams since:

Key Provider: Yes No

Top five ce provider: Yes No

Annual billing over \$100,000: Yes No

Does Primarily Evaluations: Yes No

Do you travel to other sites to perform Ces for the DDS: Yes NO

Will see your own clients for ces:

Speak any other language other than English:

Are you Licensed:

Certified:

Board Certified:

Are you currently licensed within the state: Yes No Licensed number:

Facility/ Building location

Easily identifiable:

Cleanliness:

Safe place to travel:

Handicap accessible:

Is there public transportation to site:

Is there at site parking:

Are there public restrooms:

Emergency exit signs:

Is there a waiting room:

Size of waiting room:

Cleanness of waiting room:

Receptionist on duty:

Nurse:

Technician:

Number of examining rooms:

Are examination rooms private:

Is there appropriate furniture to perform the exam:

Other Comments about location/facility:

Is a weight scale used and what type:

Is there a maximum weight with the scale:

Height chart used:

Do you have all sizes for BP cuffs:

Equipment used

X-ray onsite:

PFS:

Treadmill:

Doppler:

Snellen:

Visual Fields:

EKG/ECG:

EMG:

Audiometer:

EEG:

If labs are done what kind of labs:

Are certified techs used:

If snellen/ vision fields are done is there adequate lighting:

Correct distance:

Are the studies sent out of office?

Turn around on tests results:

Does the doctor review test results before submitting report to DDS:

If a direct test/lab with no exam, does the doctor see results:

Professionalism/ Identity

What do you do to ensure that clients are treated in a professional manner when coming to your office? How do you ensure professionalism during the exam by yourself?

How do you verify claimant's identity?

Who does this?

Do you include Claimant's physical description and claim number in the CE report as required by DI 22510.015A?

How is the claimant's medical history obtained? By Whom?

Do you review medical back ground that is sent by the DDS, when and how long does this take?

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Are medical records maintained at the clinic/office kept in a secure location? Are there procedures in place that medical records/ information is not easy accessible to the public or unauthorized staff?

How do you treat confidential material once it is no longer need to complete your report for disability? How do you destroy PII?

Are staff/ employees trained on security procedures on confidentiality of claimant's, medical records, and social security numbers?

Is using electronic Outbound request, are electronic documents downloaded and stored on a personal computer? How is that computer maintained for Security/Confidentiality?

What do you tell them after the exam has been conducted? Do you tell them that they should be allowed or denied?

Do provide other services other than the ce to the claimant at the time of their evaluation?

Scheduling/Number of exams

Transmit reports is done using: Fax Mail Electronic records express(ERE)

Is there any additional education/ training that the DDS needs to provide for the provider regarding Social Security disability?

Additional comments:

Signature of Reviewer:

Date