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):	2017
Current Date:	11/15/17
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title MRO Senior 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 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 Medical Relations Officer makes a phone call to the panelist. 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.

985

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 2018. 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. Most fees on the fee schedule were not changed this year. The two fees that were increased were done to help assist in recruiting a sufficient number of providers to complete exams in areas where these types of exams are in short supply. This is the reason the 2-D Echo exam price increased and the Mental Status exam was brought up to meet the average price of that specific exam for Alabama. The total examination cost for FY 18 is in line with current MOR (through July 2017), with projected total yearly spending of $8,901,380.00.

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.

Friday, March 31, 2017
12:00 – 1:00
University of Alabama at Birmingham
40 medical social workers and case managers

The following is an outline of the subjects presented at the UAB meeting.

(b) (6)

Presentation Outline:
Introductions and DDS contact information
Basics of the Social Security disability program
Application process

Identification of certain types of claims including TERI, CAL/QDD, Homeless
Development of the claim – obtaining evidence
The decision process
Special issues, medical deferment
Head injuries claim development and adjudication
Role of service providers
Identifying critical claims
Q and A

March 31, 2017 Meeting with all social workers and case managers from the UAB Medical Center and associated clinics

April 20, 2017 Meeting with three attorneys from the Wattermark Keith Law Firm, Birmingham. Provided updated information on the Social Security Disability Program and the AL DDS.

April 26, 2017 Meeting with two attorneys from the Friedman Law Firm, Birmingham. Provided updated information on the Social Security Disability Program and the AL DDS.

April 27, 2017 Attended General Fund Campaign event for FIREHOUSE MINISTRIES sponsored by the Firehouse Shelter. The Firehouse Shelter provides a comprehensive continuum of services for Birmingham's homeless community.

September 1, 2017 Meeting with one attorney from the Birmingham AIDS Outreach (BAO) organization. Provided updated information on the Social Security Disability Program and the AL DDS.

September 14, 2017 Meeting with two auditors from the Alabama Department of Examiners of Public Accounts and two employees of the Alabama State Department of Education. Provided an orientation of the work of the Alabama DDS and provided information on the Social Security Disability Program. The meeting took place in Montgomery.

The Department of Examiners of Public Accounts is the independent legislative audit agency for the State of Alabama.

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:	X-Seattle
State DDS:	Alaska
Report Period (Fiscal Year):	2017
Current Date:	11/07/2017
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 2017

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 annually to check the currency of the licenses of the CE panelists. This data 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 – Total number of providers remains the same with some departing panelists and some

new, resulting in no net change overall.

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

Oversight visits were completed for the Top Five Providers for the Alaska DDS who are still active on the CE Panel. 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 and/or the PRO Support person to ascertain the information provided and billed for 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 are 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 of 2016 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 in Fiscal Year 2016 and other outreach performed, resulting in some significant gains in CE providers, including in a few more remote areas of the state. Results from the most recently attended conference in FY 2017 are expected to yield approximately 6 new providers located Anchorage, Fairbanks, Wasilla and Kenai/Soldotna. While we have had some success, it has required significant work and we anticipate that further recruitments will be arduous as well. Conference attendance is expensive and time consuming, but we have seen significant gains using

these opportunities and the networking with other vendors has been as valuable to recruitment efforts as the direct contact with the medical community. We have already attended two conference in FY 2018 that again yielded rich possibilities. It will be of critical importance to attend upcoming conferences which will include a medical clinic management conference, nurse practitioner conference and optometrist conference. Any and all opportunities are critical to our ability to provide good customer service to our claimants.

We have also initiated a letter-canvas campaign using the membership of the Alaska Medical Association. We are sending letters out on an average of approximately five per week. The letter details our need for providers, basic requirements and an assurance that no provider is asked to determine whether or not a claimant is disabled. We attached a sheet for providers to return if they are interested in learning more, or to tell us about why they are not interested. So far, we have three potential leads developing from this outreach. We are going slow so that we can track everyone we are contacting, all follow-ups and to ensure that we do are able to be responsive as we hear from providers. It is necessary to balance this work with the other PRO duties as well as an unpredictable number of Hearings and Quality Reviews. We hope to expand this sort of approach to other professional organizations in the future as not all members can attend conventions/conferences given the distances and costs for travel in this state.

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:	Arizona
Report Period (Fiscal Year):	2017
Current Date:	10/24/2017
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 2017 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 395545.375 in the 2017 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:

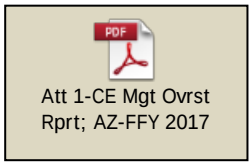
1) On initial Recruitment to the panel by:
   - Obtaining a copy of current licensure by fax or by mail from the prospective CE provider.
   - Checking the appropriate website or medical board (i.e.: Arizona Medical Board) to verify current licensure.
   - Checking the HHS-OIG LEIE/System for Award Management 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 licensure in any other state has not been revoked or suspended for reason bearing on professional competence, conduct or financial integrity,
  - 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 at least once a year. Arizona also performs Licensure certification and board action reviews at least once a year and/or when PRO's become aware of any issues requiring review of licensure. The "*Annual License Certification Attestation*" form (Attachment 1) is routinely sent to providers at initial hiring and annually thereafter.

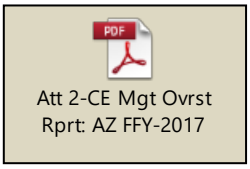
6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

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 181 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 are 141 CE providers in Phoenix (S03) and 40 in Tucson (V16). Please see the attached vendor list marked attachment 2.

In FFY 2016 there were 188 total providers. Below is a summary of the difference in CE provider types for 2017 versus the previous year. The difference in Mental Health CE providers is due to retirement, voluntary termination and difficulty with state procurement requirements and practices. Increase in ancillary CE providers reflects expansion of these services in the rural areas of the state. No CE panelist was removed for cause, inactive license or sanction.



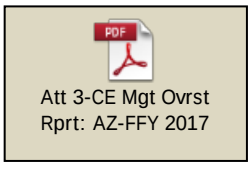
CE providers by type (total)	2017
Mental	77

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

Onsite visits for key CE providers in the Phoenix and Tucson DDS jurisdiction(s) were completed in Federal Fiscal Year 2017. Two onsite reviews with key providers (one with Arizona Psychological Assessments, the other with MDSI) were not completed due to limited resources. 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).

CPT code **72510**: *X-ray of Hip, (2 views minimum) with interpretation*, was updated to **72502**: *X-ray of Hip, (2-3 views), with pelvis when performed, includes interpretation*. The change reflects updated CPT coding protocols. The fee remains the same. There are no other 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 2017: (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.
- FFY2017: (Various dates): SSA website orientations for CE, MER providers and others.
- FFY 2017: (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 2017: (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
- 01/17/2017: Madison Street Veterans Association: presentation for **MANA House**, 755 Willeta Street, Phoenix, AZ 85006. MANA House helps Veterans with benefit, housing and employment issues. Presentation focused on SSDS/SSI process.
- 05/24/2017—Participated in inmate pre-release orientation and information assistance to SOAR participants at Maricopa County Jail; Phoenix, Arizona.

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Please attach any additional information before submitting this form.

Arizona DDS Providers: FFY 2017

Attachment 2: CE Magement Oversight Report; AZ-FFY 2017

Key Providers
(Per POMS: DI 39545.100)

$$= ≧$150k

PP= Primary Practice

T5= Top 5

Onsite Reviews
(Per POMS: DI 39545.500)

TOTAL ARIZONA DDS CE PROVIDERS; FFY 2017 = 181

Phoenix Providers = 141

Tucson Providers = 40

VENDOR NAME	PHOENIX (S03)	TUCSON (V16)		
ADRIANA WEYER PH.D.	X			
ADVANCED EAR NOSE AND THROAT	X			
ALEXANDER PIATKA PH.D.	X			
ALICIA NIETO JACOBS	X			
ALL ABOUT SPEECH	X			
ALYSHA TEED PH.D.	X			
AMANDA NELLIS PH.D. LPC	X			
AMY D'AMBROSIO PSY.D. (DDSA)		X		
ANDREW C. JONES, PH.D.		X		06/14/17; 06/22/17
ANGEL GOMEZ M.D.	X			08/03/17
ANNE HARRIS PH.D.	X			
ARIZONA CENTER FOR CHEST DISEASE	X			
ARIZONA PSYCHOLOGICAL ASSESSMENT, INC	X		$$ PP T5	
ARMANDO BENCOMO PH.D	X		$$ T5	06/14/17
ASHVIN K. SHAH, MD PC		X		06/14/17
ASU SPEECH AND HEARING CLINIC	X			
AZ TECH RADIOLOGY	X			
BANNER CASA GRANDE MEDICAL CENTER		X		
BANNER HEALTH PAGE HOSPITAL	X			
BARNET DULANEY PERKINS EYE CENTER		X		06/22/17
BEST MEDICAL GROUP, LLC	X			
BEVERLY JO YOCHES PSY.D.	X			
BRENT GEARY PH.D.	X			
BRIAN BRIGGS M.D.	X			
CANYON VISTA MEDICAL CENTER	X			
CARTER IMAGING CENTER	X			
CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA	X			
CELIA DRAKE PH.D.	X			
CHANGE POINTS COACHING & CONSULTING, LLC	X			
CHARLES HOUSE PHD	X			
CHARLES S. GANNON, MD		X		
CHRISTINA M VASQUEZ, PH.D.		X		03/09/17; 04/24/17
CHRISTINE TETZLOFF, PH.D	X			08/17/2017
COBRE VALLEY COMMUNITY HOSPITAL	X			
COMPUDIAGNOSTICS INC	X			
CONCENTRA URGENT CARE		X		
CONNIE PYBURN PH.D.	X			
COOPER LOPEZ AND ASSOCIATES, PLLC		X		06/22/17
DANIEL CHATEL PH.D.	X			
DAVID BEIL-ADASKIN, PSY.D		X		06/14/17; 06/22/17

Arizona DDS Providers: FFY 2017

VENDOR NAME	PHOENIX (S03)	TUCSON (V16)	Key Providers	Onsite Reviews
DAVID JARMON PHD	X			
DAVID MCGAREY, MD/THOMAS JOHN	X			
DESERT VALLEY RADIOLOGY	X			
DEVELOPMENTAL & EDUCATIONAL PSYCHOLOGICAL SERVICES	X			
DIAGNOSTIC AND INTERVENTION SVCS, PC	X			
EAST VALLEY DIAGNOSTIC IMAGING	X			
EAT TALK AND PLAY THERAPY LLC	X			
ERIN SOUTH PSY.D.	X			
FBH PSYCHOLOGICAL SERVICES PLLC	X			
FLAGSTAFF MEDICAL CENTER	X			
FOUR CORNERS RADIOLOGY	X			
FRANCISCO SANCHEZ, PH.D		X		03/09/17
FRED WIGGINS, PH.D		X		
G & K MEDICAL ASSOCIATES PC	X			
GARY REYES PH.D.	X			
GEORGE DELONG, PH.D.	X			08/18/2017
GLENN MARKS, PH.D		X		
GREGORY HUNTER MD	X		$$ PP T5	08/18/2017
GRETCHEN SCHEURICH SLP	X			
GWENDOLYN W. JOHNSON, PH.D.		X		
H2 CHANGE, LLC		X		06/05/17
HAVASU REGIONAL MEDICAL CENTER	X			
HEATHER NASH PH.D.	X			
IMAGING CENTER @ YUMA REGIONAL MEDICAL CENTER		X		
INSIGHT IMAGING CENTER	X			
INTERMOUNTAIN HEALTHCARE	X			
JACQUELINE KAYE MA CCC-SLP	X			06/14/17
JACQUELINE WORSLEY PSY.D.	X			
JAMES ARMSTRONG, PH.D. (YUMA)		X		06/14/17
JAMES HUDDLESTON PH.D.	X			
JASON FRIZZELL PH.D. PLLC	X			
JEFFREY MOORE, AU.D.	X			
JERI B. HASSMAN, MD		X	$$ T5	01/05/17; 06/14/17
JEROME ROTHBAUM, M.D.		X	PP T5	03/09/17; 04/13/17
JESSICA LECLERC PSY.D.	X			
JILL M. PLEVELL, PH.D.		X		
JOHN MATHER PH.D.	X			
JONATHON GROSS, M.D.		X		
JONI LONG SLP	X			
JOSE ABREU PH.D.	X		$$ PP T5	02/17/17
JOSEPH BENACH, PSY.D		X		01/05/17; 06/14/17; 06/22/17
JOSEPH BURRIDGE (JEA ASSESSMENTS)	X			
JUSTIN JOHNSEN MD	X			
KARI COELHO PSY,D	X			
KARIN AHLSTRAND, PH.D.		X		
KARLAYE RAFINDADI, PH.D		X		06/05/17

Arizona DDS Providers: FFY 2017

VENDOR NAME	PHOENIX (S03)	TUCSON (V16)	Key Providers	Onsite Reviews
KATHRYN L BROWN DO	X			
KATHY HANSEN INTERPRETING & TRANSLATION	X			
KEITH CUNNINGHAM MD	X		$$ PP T5	03/14/17
KELLY JENKINS SLP	X			
KENT COX MD	X			
KIDS HEALTH AND HARMONY	X			
KIM JOHNSON PH.D.	X			
KRASNER MEDICAL CONSULTANTS, LLC		X		06/14/17
LA PAZ REGIONAL HOSPITAL	X			
LABCORP	X			
LANGUAGE CONNECTION	X			
LITTLE COLORADO MEDICAL CENTE	X			
LITTLEFIELD PSYCHOLOGICAL SERVICES, INC	X			
LYNN L. FLOWERS, PH.D. (YUMA)		X		06/14/17
MACHELLE MARTINEZ, PH.D.		X	T5	07/06/17
MAHSA SALEK, SLP	X			
MARICOPA EAR NOSE AND THROAT, PC	X			
MARYANNE BELTON, PSY.D.	X			08/21/17
MATTHEW HELLER, DO/WARREN HELLER, MD	X			
MDSI	X		$$ PP T5	
MEDICAL DIAGNOSTIC IMAGING GROUP	X			
MEDICAL DIAGNOSTIC SERVICES	X			
MEDICO	X		$$ PP T5	10/08/16, 06/06/17
MICHAEL CHRISTIANSEN, PH.D.		X		
MICHAEL P. MOORE, PH.D.		X		06/22/17
MICHELE SMITH, SLP	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			
NEIL HOROWITZ PH.D.	X			
NEIL STAFFORD PSY.D.	X			
NICOLE TAYLOR PH.D.	X			
NOELLE ROHEN, PH.D.		X	PP T5	01/05/17; 06/14/17
NORTHERN ARIZONA CARDIOPULMONARY	X			
NORTHERN ARIZONA PULMONARY SPECIALISTS	X			
NORTHERN ARIZONA RADIOLOGY, PC	X			
NORTHERN ARIZONA UNIVERSITY	X			
NORTHLAND-RURAL THERAPY ASSOC	X			
OASIS URGENT CARE	X			06/15/17
OLYMPUS HEALTH SERVICES LLC	X			
PALMER FAMILY MEDICINE		X	T5	06/22/17; 08/21/17
PATRICIA FALCON, PSY.D		X		
PATRICIA ROSE ED.D	X			
PRECISION EYECARE INC.	X			
PRESCOTT MEDICAL IMAGING, LLC	X			

Arizona DDS Providers: FFY 2017

VENDOR NAME	PHOENIX (S03)	TUCSON (V16)	Key Providers	Onsite Reviews
PRIORITY MEDICAL CENTER INC	X			
PROFESSIONAL COURT INTERPRETING & TRANSLATION	X			
PSYCHOLOGICAL ASSESSMENT ASSOCIATES OF AZ	X		$$ PP T5	10/08/16, 12/15/16, 12/17/16
RADIOLOGY LIMITED		X		
REHOBOTH MCKINLEY CHRISTIAN HOSPITAL	X			
RICHENS EYE CENTER	X			
RICK WEBSTER, PSY.D.	X			
RISA NEWELL PH.D.	X			
RIVERVIEW VISION CENTER	X			
ROBIN POTTER PSY.D.	X			
RONIC PSYCHOLOGICAL SERVICES	X		$$ T5	06/24/17
RONN LAVIT PH.D	X			
SAN JUAN REGIONAL MEDICAL CEN	X			
SANDRA KNIGHT PSY.D.	X			
SANTA CRUZ RADIOLOGY	X			
SCOTTSDALE MEDICAL IMAGING	X			
SENTIENCE PSYCHOLOGICAL SVCS	X			09/21/17
SHANNON MCGOVERN, PH.D.	X			
SHANNON TROMP PH.D. (PRESCOTT	X			
SHARON STEINGARD DO	X			
SHELLY WOODWARD PH.D	X			
SHERRI GALLAGHER PH.D	X			
SLOAN R. KING, PH.D.		X		06/14/17
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 (PRESCOTT)	X			
STEVEN PATRICK PH.D./SUSAN PATRICK PSY.D.	X			
SUMMIT HEALTHCARE REGIONAL MEDICAL CTR	X			
TERRY COLYAR MS CCC	X			
TRI STATE AUDIOLOGY	X			
TRILOGY PSYCHOLOGICAL SERVICES	X			
TUCSON EAR, NOSE AND THROAT		X		
TUCSON MEDICAL CENTER RESPIRATORY CARE		X		
UNITED INTERPRETING SERVICES	X			
UNIVERSITY OF ARIZONA HEARING CLINIC		X		05/24/17
VALLEY CENTER OF THE DEAF	X			
VALLEY EAR NOSE & THROAT		X		
VALLEY RADIOLOGISTS, LTD	X			
WAYNE R GENERAL, PH.D.	X			
WESTERN ARIZONA REGIONAL MEDICAL CTR	X			
WHITE MOUNTAIN RADIOLOGY	X			
YAVAPAI REGIONAL MEDICAL HOSP	X			
YESENIA SPALETA, SLP	X			
YUMA REGIONAL MEDICAL CENTER		X		

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Doug Ducey
Governor

Michael Trailor
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, I understand providing false information about certification(s) may be grounds for denial or termination of services.

Signed _____ Dated _____

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:	AR
Report Period (Fiscal Year):	2017
Current Date:	10/20/2017
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.**

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.

(b) (6) a (b) (6) CE vendor received several complaints regarding (b) (6) behavior towards DDS claimants, as well as complaints questioning (b) (6) professional standards. Medical Relations investigated these allegations and a decision was made to discontinue schedule consultative evaluations with this vendor and notified the vendor by mail regarding this decision.

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. And again 6 months after their annual license check.

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 or 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.

The MC's have access to a vendor clarification form utilized when a CE report contains conflicting or inadequate information. Once the MC sends the clarification form to medical relations, MR contacts the vendor and request an addendum to their original report

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 499 CE provider locations, 9 additional vendors from the 490 CE provider locations reported in 2016.

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).

Arkansas DDS now requires a written report/form with otologic examination findings in addition to the standard audiometric test results. This resulted in a new exam type and fee

Audiometric Testing with Otologic Exam

CPT 92557 /99202 Fee 110.00

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.

Arkansas DDS continues to set up MER and CE providers with access to the ERE site.
The Medical Relations Department continues its mission of identifying, contacting, educating, and marketing information regarding electronic transmission of evidence. The Professional Relations Manager leads the ERE activities and is responsible for outreach efforts, as well as training for new users of the ERE website.
We continue with our recruitment activities around the state, targeting critical geographical areas and specialties. This includes monitoring our CE providers to ensure they are following established guidelines and procedures.
The Arkansas DDS works closely with the University of Arkansas for Medical Sciences the state's largest volume MER provider and the Arkansas offices for Veteran Affairs. We work to ensure reasonable response times on MER request and assist these facilities with any issues regarding electronic records transmittal , incorrect MER request protocol or 827 issues.

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):	2017
Current Date:	11/15/2017
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 FFY17.

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 complaints received for rude behavior and aggressive examination techniques. The investigation is complete. No further complaints received, but the provider continues to be monitored.
- (b) (6) – complaint filed alleging (b) (6) was racist, disrespectful and screamed at a minor claimant. Provider was placed on corrective action pending the investigation. An investigation was conducted, which included an oversight visit and sending claimant surveys. During the course of the investigation, the allegations listed above were not substantiated. No further complaints were received. No further actions are warranted.
- (b) (6), and (b) (6) – claimant filed a civil rights complaint against both CE providers and the DDS Disability Hearing Officer, stating all three were biased and misrepresented (b) (6) statements. The investigation warranted no further actions.

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 FFY17 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), BreEZe 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 BreEZe, 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)
  https://www.sam.gov/portal/SAM/#1#1

- The California Department of Health Care Services/Medi-Cal Suspended and Ineligible Provider List
  http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp

- 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 in 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, 2017, California has 1,105 CE providers on the panel. The CA DDS reported 1,208 CE providers for FFY2016. The difference is due to some CE providers retiring or being removed from the CE panel during the FFY2017. In addition, some providers chose to separate from the CE panel, as they did not wish to follow the CE provider guidelines.

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

The CA DDS has 194 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 69 Key providers in FFY17. Of the 116 comprehensive onsite reviews performed in FFY17, 68 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 2018.

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 2017. California's fee schedule is enclosed.

Added:	94620	6 Minute Walk Test (6MWT). The new fee $92.00 effective October 2, 2017.
	86359	T-Cell (CD3) Total Count. The new fee $55.00 effective October 2, 2017.
	86360	T-Cell (CD4) Absolute Count with ratio. The new fee $58.00 effective October 2, 2017.
	86361	T-Cell (CD4) Absolute Count. The new fee $51.00 effective October 2, 2017.
	2999VAB3	Vineland Adaptive Behavior Scales 3rd Edition. The new fee $83.00 effective August 8, 2017.
	2999DP3	Developmental profile 3rd Edition. The new fee $46.00 effective August 8, 2017.
Removed:	*80101	Barbiturates (Phenobarbital). The old fee $23.00 removed effective May 12, 2017.
	*80154	Benzodiazepines (Clonazepine, Klonopin). The old fee $26.00 removed effective May 12, 2017.
	*80156	Carbamazepine (Tegretol). The old fee $21.00 removed effective May 12, 2017.
	*80164	Dipropylacetic Acid (Valproic Acid, Depakote, Depakene). The old fee $19.00 removed effective May 12, 2017.
	*80168	Ethosuximide (Zarontin). The old fee $23.00 removed effective May 12, 2017.
	*80184	Phenobarbital (Luminol, Mebaral). The old fee $16.00 removed effective May 12, 2017.
	*80185	Phenytoin or Diphenylhydantoin (Dilantin). The old fee $19.00 removed effective May 12, 2017.
	*80188	Mysoline (Primidone). The old fee $25.00 removed effective May 12, 2017.

*80299K	Levetiracetam (Keppra). The old fee $33.00 removed effective May 12, 2017.
*80299L	Lamotrigine (Lamictal). The old fee $27.00 removed effective May 12, 2017.
*80299N	Neurontin. The old fee $57.00 removed effective May 12, 2017.

*These codes were 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.

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 if/when they are held.
- 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 FFY17.

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:	Colorado
Report Period (Fiscal Year):	FY2017
Current Date:	10/13/2017
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 is 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 2017, the Colorado DDS had 23 total complaints (9 written complaints and 14 verbal only complaints). This was a decrease from FY16's 35 total complaints.

The nine written complaints included:

- 5 complaints regarding the CE provider's or support staff's professionalism
- 1 complaint regarding the long length of the appointment with psychological testing
- 2 complaints regarding the CE provider facilities including cleanliness and x-ray machines
- 1 complaint regarding inaccuracies in the claimant's CE report

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

The Colorado DDS had one known incident of fraudulent activity. The Colorado DDS contracted with (b) (6) for (b) (6) (a licensed physician in Colorado), to perform (b) (6) consultative examinations on July 29, 2017 in (b) (6) CO. On 8/8/17, a claimant examined on 7/29/17 reported the consultative examination was performed by a (b) (6) and not (b) (6), was strange and not like something (b) (6) had experienced before. Based on the claimant's report the DDS started an investigation. It ultimately led to the owner of the company, (b) (6), admitting since (b) (6) was not available 7/29/17 and without consulting DDS, (b) (6) asked a naturopathic doctor to do the examinations. After the naturopathic doctor completed the consultative examination reports, the owner signed and submitted the reports to the DDS with a scanned copy of (b) (6) signature. The 7/29/17 reports were flagged in the electronic folder to "disregard the evidence" and all CE's were rescheduled with another CE provider. DDS immediately notified the Denver Region DPA and a fraud investigation initiated which remains pending. (b) (6) was terminated from the DDS CE panel (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.

DDS received no potential egregious CE claimant complaints in FY17.

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 FY17, 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 a 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 OHO. In FY17, DDS performed quality reviews on sixty-three 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 100 independent CE providers performing consultative examinations, six 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 FY17. (b) (6) [redacted] Otherwise, reasons CE providers left the CO DDS CE panel were retirement, relocation, or did not want to continue performing exams.

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

Provider Date Location/Reason for Visit:
Disability Exam Services 9/5/17 & 9/14/17 Denver/Colorado Springs/ Key Provider
Richard Madsen PhD 9/19/17 Pueblo / Key Provider
Allied Assessments 9/19/17 Pueblo/ Key Provider
QTC 4/26/17 & / 8/26/17 Aurora /Colorado Springs / Key Provider
Timothy Moser MD 9/14/17 Englewood / Key Provider
Consulting Psychology 9/6/17 Denver / Key Provider
Columbine Physicians 9/25/17 Denver / Key Provider
William Morton PsyD 9/25/17 Thornton/ Key Provider
MDSI 9/14/17 Colorado Springs / Key Provider
David Benson PhD 9/19/17 Colorado Springs/ Key Provider

DDS limited site visits to key providers. The Colorado DDS PRO unit is short-staffed and also responsible for scheduling CE's/AR's from three DDS sites where we are offloading disability claims.

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

Historically, the Colorado DDS used the Department of Labor's Office of Worker's Compensation (OWCP) Medical Fee Schedule as our comparing fee schedule. The DDS' goal is to have the DDS fee schedule completed and approved by the RO for the upcoming federal year by August 15. In the past, the DOL OWCP fee schedule was available to the public by May of the calendar year. For the most recent four or five years, the DOL has been posting their current fee schedule later and later into the calendar year. The 2015 fee schedule was posted in August 2015 and the DOL did not post their 2016 fee schedule until February 2017. OWCP just posted their 2017 fee schedule on 9/30/17. DDS has determined the DOL OWCP fee schedule is no longer a reliable fee schedule for DDS to use in comparing fees and ensuring we are not paying higher than other agencies. For FY18, the Denver RO approved DDS changing our comparing fee schedule to the Colorado Department of Labor and Employment (CDLE) 2017 medical fee schedule. The effective date of the new fee schedule will be 1/1/18, in conjunction with our State consultative examination contracts. DDS is increasing exam and ancillary fees. See attached 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 sections of the State. During FY17, we were able to maintain CE availability for general medical exams, psychological testing as well as mental status exams as we have volume providers willing to travel to several locations in the State. 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 September. Also, a DDS PRO and a SSA PAS co-presented on the SSA disability process at a Centers for Medicare/Medicaid and Indian Health Services conference in Denver.

In addition to our PR duties, during FY17 PR staff managed a high volume of assistance requests for OHO as well as three sites where we have off-loaded Colorado DDS initial & CDR claims.

Electronic Records Express / HIT

In FY17, the Colorado DDS continued to recruit additional MER providers to use ERE when submitting records. In January of 2017, the Colorado DDS began paying MER providers a nominal bonus in additional to the usual flat fee paid if records were received within 5 calendar days from the date the request was created. This led to some low to medium volume MER providers to begin using ERE to upload records in order to receive the bonus payment. During FY17, the Colorado DDS recruited 21 additional MER facilities to use ERE. 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 FY17, the Colorado DDS continued to use HIT to gather medical records from participating HIT partners. At this time, Colorado's HIT MER sources are Kaiser Permanente, the Department of Defense, the VA, and Children's Hospital Colorado. With Children's Hospital Colorado beginning to use HIT, the Colorado DDS was able to see an 80% drop in the number of traditional requests sent to that facility which helped Children's submit their records in a timely fashion. SCL Health, Centura Health, and University of Colorado Health are currently in various stages of communication with the HIT team. The Colorado DDS looks forward to HIT's future expansion in Colorado and beyond.

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):	2017
Current Date:	10/04/2017
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.**

If a complaint is made by a claimant or any other concerned parties to the Connecticut Disability Determination Services (CT DDS), it is the responsibility of the Medical/Professional Relations Officer (MPRO) to address all of them. Each complaint is addressed by the MRPO, on an individual basis, as soon as the complaint is received. Once the MRPO receives the complaint, the MPRO investigates the allegations pertaining to the complaint and determines the next most appropriate course of action. The MPRO, depending on the seriousness and nature of the complaint, determines if the party who submitted the complaint warrants further contact to elaborate or clarify the allegations. The MPRO will then review the Consultative Examination (CE) provider's file, as well as other feedback information, to determine if there is a history of these complaints with the particular CE provider. The MPRO will contact the CE provider by telephone, letter and/or conduct a personal meeting either at the CE provider's office location or at the CT DDS as deemed appropriate. The specifics pertaining to the complaint are then addressed with the CE provider by the MPRO, and all appropriate actions are taken. The CE providers file is then documented with the original allegations of the complaint, any communications by the concerned party, communication with the CE

provider, and any actions taken. In situations where the complaint is validated, the CE provider will be removed from the active list of available vendors and no further CE's will be scheduled with that provider. When a complaint is received in writing 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 for complaint resolution 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.

The CT DDS received a small number of complaints about CE providers. The majority of the complaints involve claimants wanting clarification regarding the CE, such as, "Why am I going to a psych doctor if my back hurts?" An example of the complaints received this past year was a complaint regarding (b) (6) . The claimant complained about an extremely short examination. Upon reviewing the report and speaking with the claimant, it was determined highly unlikely that the CE provider only spent 5 to 8 minutes with the claimant as alleged. The time that it took for (b) (6) to be seen and get back home was impossible given the 20+ minute drive. When asked to reconcile this fact, the claimant became flustered and provided different inconsistent information. Upon reviewing the CE provider's report, it was unlikely that (b) (6) saw her for only 5 to 8 minutes given the details and findings within the report. To further address any potential "short exams times", a surprise visit was made to the CE provider's office. Observations showed (b) (6) spent at least 30 minutes with the claimants. It was determined that no further action was needed, however, (b) (6) reports are being monitored.

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 2017

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 2017

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 responsibility for overseeing and ensuring that all of the CE providers

credentials are up to date and in good standings on both the state and federal level for the CT DDS lies with the MPRO. All potential CE providers, who want to work with the CT DDS, must undergo our verification process. The MPRO verifies the potential CE providers license on the state website (https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx to ensure that:

A. Their license status is active
B. Verify that there are no Licensure Actions or Pending Charges.
C. If there are any past or pending licensure actions or charges; investigate the nature of the actions/charges and if necessary, discuss them with the prospective CE provider.

The MPRO also reviews the Office of Inspector General (OIG), U.S. Department of Health & Human Services (HHS) website (https://exclusions.oig.hhs.gov) and the System of Award Management (SAM) website (https://www.sam.gov) to ensure that the prospective CE provider in not on any exclusion list and that no actions have been taken by OIG. Screen shots are made of each of the three verifications sites and documented in the CE providers file.

All active CE providers receive a mandatory review of their credentials at least once a year, ensuring that there license is still current and no actions or pending charges have taken place through all three stated websites (State License, OIG, & SAM website). The MPRO tracts those CE providers who's licenses are set to expire at the end of the month on an Excel spreadsheet.

Any CE provider who utilizes support staff are responsible for ensure that their staff also carry proper license and/or credentials required by state law or regulations. If a complaint is received regarding the support staff, their credentials, the staff members credentials are investigated in the same business process 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.

Credential checks are conducted by the MPRO on a monthly basis for those CE providers who licenses are up for renewal. All CE providers receive a credential check at least once a year. Credential checks are also conducted if there is a complaint received on that CE provider as well as prior to the MPRO conducting an onsite CE provider visit.

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 the criteria. The team consists of the Chief Psychological and Medical Consultant, a member of Quality Assurance (QA) staff and the MPRO. Established CE providers' reports are primarily reviewed by the MPRO. The reports are randomly selected and reviewed for quality, completeness, and internal consistency. The MPRO handles all Assistance Requests (AR) CE's from ODAR and any other

requesting office, and sues this as a way of reviewing CE reports.

With regards to new(er) CE providers, members of the QA Unit as well as both Chief Consultants work with the MPRO to review the quality of the reports. Once the initial reports are obtained, all three members (the appropriate Chief Consultant, a member of QA, and the MPRO) have review the reports, the MPRO provides feedback to the new CE provider. If there are quality issues that need to be addressed, the new CE provider is requested to amend the report prior to receiving any new CE appointments. Once all three members approve the reports, the CE provider is allowed to be used as a regular CE provider.

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

FY 2017 Total CE number of providers on the CE Panel: 279
FY 2016 Total CE number of providers on the CE Panel: 266

The CT DDS MPRO was able to recruit 15 new CE providers who will be working out of 17 different offices. The main emphasis this year was on recruiting specialty CE Providers (Vision and ENT). We were able to recruit new providers in both specialty areas. We did lose two providers this year; one was no longer interested in working and the other was let go due to excessive late reports. CE Providers are made aware of the quality and report submission standards that they need to adhere to.

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

The CT DDS/MPRO, due to workload demands, conducted onsite visits on approximately half of the Key and Volume CE providers. Priority was increased to perform onsite visits to other CE providers for a variety of reasons such but not limited to; complaints received, issues pertaining to the quality of their reports, and providers who volume had increased and were approaching the Key and Volume provider level. Those CE providers who did not receive an onsite visit in FY 2017 had their reports reviewed for quality more frequently and claimant feedback cards were sent out to assess the claimant's experience.

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 2017. There have also been no volume medical providers 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.

- (b) (6) conducted the training for new Examiners regarding CE issues, eTranslations, HIT, interpretation, and transportation request procedures for CE appointments.
- (b) (6), (b) (6), (b) (6) (Hearings Officer), and (b) (6) (QA Specialist) attended the Autism Resource Fair in Wallingford, CT on November 5, 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) and (b) (6) provided a lecture to graduate level Rehabilitation Studies students at Springfield College, Springfield, MA on November 7, 2016. This lecture centered SSA and the DDS and how a master's degree in the field of Rehabilitation. Studies can be utilized as prospective career path.
- (b) (6) and (b) (6) serve as members of the Advisory Board for Springfield College's Rehabilitation Services Department in Springfield, MA.
- (b) (6) and (b) (6) (QA Specialist) attended the first annual LEARN Disability Summit in Uncasville, CT on March 11, 2017. We hosted a table to provide information on the Disability program and answered questions about the Disability program as it relates to all disabling conditions.
- (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 March 27, 2017. 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) and (b) (6) participated in the Boston Regional MPRO calls that are conducted once a month.
- (b) (6) worked on a committee to develop a Desk Reference Guide for the Disability Examiner staff where (b) (6) designed and oversaw the production of the reference guide.
- (b) (6) provided training to the Medical Processing Unit (MPU) regarding the scheduling of CE's, performing CE appointment follow-up's, and CE reminder calls to claimants.
- We have continued to develop a closer working relationship with the Harford ODAR office. We provide access to our Chief Medical Consultant and Chief Psychological Consultant to provide training on new medical listings and two answer questions regarding the evaluation of medical evidence. We have two meetings a year with ODAR. We typically will host one meeting at our office and go to their office for the other. We have Examiners and a Supervisor participate in the meetings to address questions regarding the development and processing of claims. These meetings have been very helpful in reducing the number of CEs being requested by ODAR.
- The CT DDS worked on the pilot for HIT MER from the Veterans Administration. This was successful here in CT.
- (b) (6) has initiated a group to work on Failure to Cooperate issues and discovered that the formatting of the CE notice might be leading to some failure to attend CEs. The CE notice is currently being reformatted to make it more visually appealing and to have clearer instructions.

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):	FY2017
Current Date:	11/14/2017
Reporter's Name, Phone number, and title:	Name| (b) (6) Phone number |(b) (6) Title |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.**

The Washington, D.C. DDD promptly investigates all complaints received throughout the year. For all claimant complaints, we follow the protocols for POMS DI 39545.375 Claimant Complaints of Consultative Examination (CE) Provider. The Director And or qualified Designee will contact the individual filing the complaint and request additional verifying information. We obtain all necessary details and request documentation in writing, to have tangible proof/evidence should the need to escalate the complaint beyond our DDD arise. When necessary, an onsite review will be and has been conducted to formulate a complete investigation (speaking with witnesses, etc.). Appropriate action is subsequently taken, which includes contact being made to IMA (Industrial Medicine Associates) regarding concerns of complaints with providers, environment, and overall treatment. Depending upon the nature, severity, and volume of legitimate complaints, the results can range between initial warnings, suspensions, and finally termination from doing CE's for the DC DDD. Generally, consultative examinations are rescheduled with a different consultative examination provider when a 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 Director and/or qualified Designee reviewed these specific cases, concerns and the CE reports in question. When necessary, the Director contacted the quality assurance department of IMA for clarification and/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 and/or terminated the provider from our program evaluations.

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 for FY 17'.

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 for FY 17'.

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. DDD 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 qualified 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. DDD Director. Federal credential checks are performed on all contracted providers through IMA along with the DDD Director through the LEIE/SAM databases at the time of the initial agreement and at monthly intervals thereafter.
The D.C. DDD Director 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 Director also conducts onsite reviews of all consultative examination providers/sites (IMA) to ensure that all personnel are properly licensed/credentialed as required by State law and regulation. All providers are required to provide current licensing to the D.C. DDD 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) and DC Department of Health. All documentation of this is kept on file at the DDD.

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 DDD business process to review CE reports from new and established CE providers to ensure the reports meet SSA criteria is done both internally by the Director and Designated Staff as well as externally by IMA quality assurance staff. New CE providers are set at a higher review rate internally by IMA until it is deemed by IMA and DDD 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 twenty-eight (28) (all contracted through one key/volume provider, IMA and ASAP (Sub-Contractor to IMA). This is small decrease in the number of providers on the CE Panel from the previous year (which were also all contracted through IMA/ASAP).

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 MER fee schedule changes from the previous fiscal year. The DDD Fee Schedules/MER Payment Rates site reflects the current MER fees. In regards to the CE price schedules there were some adjustments due to the option year contract price changes which are reflected in the CE fee schedule work sheet.

The MER fee schedule is a flat $25.00 fee. The DC DDD payment request (Voucher) form states "the pre-printed amounts are the maximums allowed for these types of services. Amounts higher cannot be approved. If actual cost is less than amount shown ($25.00) 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 DDD IT Specialist, Director and/or Designees' 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. DDD. 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. Occasional meetings were held throughout the year with SSA (FO management), local homeless organizations and the D.C. DDD Director and/or Designee 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.
- DDD IT 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 DDD to Philadelphia DPB and Virginia EST. The approval and scheduling of consultative examinations and various Assistance Request actions, were performed by the QA Supervisor and/or Designated staff.
- 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):	FY17
Current Date:	11/15/2017
Reporter's Name, Phone number, and title:	Name: (b) (6) Phone number |(b) (6) Title |DDS Administrator

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.

No providers reported fraudulent activity during FY17.

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

During FY17, DDS received one egregious complaint from a CE provider in which the claimant threatened physical harm to the provider. All appropriate reporting was initiated as described in item#1. The Director initiated an AIRS report.

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.

Business licenses 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, superivsors, 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.

DE has 75 vendors on it's CE panel. Delaware DDS is currently without a full-time MRO. There are no identifiable changes from FY16

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 FY17. In FY17, DDS completed six 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).

No changes identified regarding CE/MER fee schedules. Delaware DDS is currently without an MRO since 09/01/2017.

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.

Delaware DDS is currently without an MRO since 09/01/2017. The DDS Administrator has record of MRO the following activities in FY17.

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,

* asks the in-house medical consultants for leads,

* asks the CE consultants for leads,

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.

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.

List of Key Providers/Performed Onsite Reviews of CE Providers by the DE DDS:

Dr. Brian Simon – 06/29/2017 @ 11:00am
Suite F-52 Omega Drive
Newark, DE 19713

Dr. Frederick Kurz – 07/11/2017@ 8:30am
Trolly Square, Suite 32B
1601 Delaware Avenue
Wilmington, DE 19806

Dr. Irwin Lifrak – 07/26/2017 @ 8:30am
1010 N. Union Street, Suite 5
Wilmington, DE 19805

Dr. Joseph B Keyes – 08/02/2017 @ 11:30am
Division of Vocational Rehabilitation
20793 Professional Park Blvd
Georgetown, DE 19947

Dr. Robert G. Thompson – 08/23/2017 @ 9:00am
Omega Professional Center
F-52 Omega Drive
Newark DE 19713

Dr. Ramnik Singh – 08/30/2017 @ 10:00am
(b) (6)
Wilmington DE 19808

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):	2017
Current Date:	October 20, 2017
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 2017 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 discuss their expectations and 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 confirming receipt. 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.

(b) (6) was arrested and charged for Medicaid Fraud.

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) is under investigation for a complaint of an egregious matter.

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 maintain a clear and active status, Florida DDS receives an automated weekly download from the Florida 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 eVPA 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 1051 CE vendor panel members. This number has decreased by 18 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 2017 Medicare fees. There are no MER fee schedules 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 medical 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, 2016 – September 30, 2017
Current Date:	November 29, 2017
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.**

The Georgia DDS received 51 complaints this year. The types of complaints received included the following:

- complaints that provider or their staff were rude or unprofessional
- complaints that the physical exam caused pain
- complaints that exam was not thorough
- complaints that claimant had to wait too long to be examined
- complaints regarding office cleanliness.

Claimants are notified in writing that we are investigating their complaint and will take appropriate action. Professional relations officers communicate with claimants via telephone or written correspondence to obtain additional information regarding the complaints. Site visits were made to offices to investigate complaints regarding environmental factors and wait times. Telephone communication with claimants often resolved concerns regarding thoroughness of the exam and allegations of increased pain after the exam. We initiated claimant surveys to gather additional information from other claimants examined within the same period. We communicated with the CE providers by telephone and mail to obtain their perspective and to provide guidance in addressing some of the concerns.

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 2 complaints of an egregious nature during this fiscal year. One claimant alleged sexual harassment by a provider's assistant but the claimant, when contacted by the professional relations officer, denied that the assistant had done the things [redacted] previously alleged. The second complaint of sexual harassment resulted in referrals to the provider being suspended while the investigation was in process. Investigation of this provider revealed that [redacted] shows a lack of sensitivity towards overweight patients, but inappropriate behavior could not be substantiated. [redacted] was advised of the results of the investigation and that [redacted] will be monitored closely.

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, prior to their application being submitted to the CE Credentialing Committee. In addition, all new applications are presented to a CE Credentialing Committee for review. We maintain a credentialing spreadsheet of all CE providers, checking state licensure and federal exclusions annually within 30 days of license expiration month. In addition, our legacy system is utilized to document license expiration dates as another method of internal control to ensure license verifications are completed for all providers prior to license expiration. Professional Relations supervisor subscribes to U.S. Dept. of Health & Human Services Weekly Digest Bulletin (e-mail) of OIG enforcement actions and to any other available e-mailed reports of state disciplinary actions for states within the Atlanta region (i.e. TN Health News Disciplinary Action Report). All providers are required to sign the "License and Credentials Certification for Consultative Examination Providers and Certification of All Support Staff" form to ensure that support staff is properly licensed and credentialed.

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 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: After conducting a face-to-face orientation meeting, Georgia DDS schedules a limited number of evaluations with a new CE provider. A professional relations officer and a state agency medical consultant review the reports for timeliness and quality. Written feedback is sent to the CE provider regarding the quality of each report. A minimum of 5 reports is 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. If the quality of the report does not improve, the professional relations officer meets face-to-face with the provider to discuss quality concerns. DDS medical consultants have also been helpful in speaking directly to the providers to resolve specific technical questions from the provider.

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

Georgia DDS has a total of 724 active CE providers, which includes independent practitioners, corporate providers and hospital ancillary study departments. Our credentialing spreadsheet documents 550 individual licensed CE providers, which is greater than last FY2016 total of 528.

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).

The Georgia DDS pays $15 for MER. This fee was established in 2008 and has not changed. CE examinations fees have not changed. Ancillary study fees changed based on changes in the Medicare fee schedules. DDS Fee schedules spreadsheet shows the differences in fees. 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.

Georgia currently has 478 ERE vendors set up for outbound requests. We continued to work closely with Children's Healthcare of Atlanta to promote use of ERE to improve MER response times. This vendor is now MegaHIT. We continue to promote ERE to unproductive vendors and to vendors requesting that we log in to their portals to retrieve MER. During this fiscal year, professional relations officers gave presentations at two workshops provided by a local Congressman for his constituents. We provided an information booth at the Cherokee County School System information fair.

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):	2017
Current Date:	10/16/17
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 determines 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.

        The DDS will take the following action based on the severity of the allegations as needed:
        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.

We received no complaints/allegations of an egregious nature this fiscal year. We received several non-egregious complaints (i.e., CE provider was rude, acted in an unprofessional manner, claimant had to wait for appointment and CE staff not courteous.) PRO acknowledged the claimant complaints and investigated accordingly – no adverse action taken.

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.**

The PRO conducts State License and Federal credential (SAM) checks for CE providers as well as CE support staff checks annually (as part of our contract renewal process).

PRO has all CE providers review and sign DI 39569.400 (Exhibit 1-License and Credentials Certification for Consultative Examination Provider and Certification of all Support Staff), which acknowledges that the provider and staff meet 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 issued/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. The Optometry (OD), Speech Pathology (SP) and Audiologist (AUD) license cycle is every odd numbered year, and expires on December 31st.

PRO has an Outlook reminder for when licenses expire as well as physical postings on the CE provider contract file cabinet.

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. Reports are reviewed by the chief medical/psychological consultant and the PRO to ensure reports meet criteria. Feedback is given if reports are found deficient.

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

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

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

the previous year.

In FY 2016, we had 25 CE providers. In FY 2017, we had 24 CE providers.

We lost 3 providers:
1. William Marks, PhD (Honolulu) – 04/25/17 (b) (6) ,
2. Dennis Lind, M.D. (Honolulu Psychiatrist) – 12/20/16 (b) (6) and
3. Elise Fulsang, MD (Waikoloa) – 01/17/17 (b) (6)

We hired 2 psychologists:
1. Brandon McNichols, PsyD (05/06/17)
2. Michael Rabara, PsyD (01/24/17) – AZ CEP that comes to HI to perform about 12 psychological CEs per quarter

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 09/22/17
2. Deanna Coshignano, Ph.D. (Maui) – onsite visit 05/25/17
3. Dennis Donovan, Ph.D. (Honolulu) – onsite visit completed 09/12/17
4. Steven Taketa, Psy.D., (Aiea) – onsite visit completed 05/06/17
5. Antoine Cazin, M.D., (Honolulu) - onsite visit completed 09/19/17

All of the top 5 key and volume provider onsite visits were completed this fiscal year.

In addition to those onsite visits, PRO also conducted onsite visits with:
6. Daniel Belcher, MD (Hilo IM) – cost savings (already in Hilo for Dr. Bratton's onsite visit).
7. Brandon McNichols, PsyD (Honolulu psychology) – new provider.
8. I Ola La Hui (Honolulu psychology) - show supervisor onsite visit processes.

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 Hawaii's fee schedule for the 2017 fiscal year.

Note: 2017 fee schedule includes an exception (approved annually by SSA) to pay a 50% "no show" fee to all outer island/rural area CE 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.

PRO maintains liaison with the medical professional and other organizations about SSA's disability program requirements, the information needed on medical reports and marketing of electronic records via various phone contacts and/or site visits throughout the year.

PRO did not attend any conventions and/or coordinate joint actions with the PAS this fiscal year.

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.

HI DDS CE PROVIDER LIST.xlsx

CE Fee Schedule.xlsx

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 2017
Current Date:	10/3/17
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 FY2017, 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 FY2017.

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 FY2017.

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 byt 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 2017. 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 FY2016, 213 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 FY2017, 160 providers were utilized. The difference from the previous year was due to a combination of voluntary turnover (retirement, pursuing other professional interests, moving out of state, etc.) 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.

All key and volume provider onsite visits were done during FY2017.

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 FY2017. 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 FY2017, the majority of our psychological consultative examination providers are using ERE. We are attempting to find a way for the physical consultative examination providers to use ERE. The problem is the integration of our legacy system and ERE interacting to include the secondary vendor authorization often found with physical consultative examinations (x-rays, laboratory services, etc.). We are continuing to work with our legacy vendor on the ERE 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):	2017
Current Date:	10/31/17
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 CE 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 the 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 the manager of the group. Copies of this response are associated in the DAU file. The original response is associated with the complaint information in the MRU file. If no further action 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 claimant), 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 would be contacted if abuse is suspected. In some instances consultants are 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 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 Division Administrator and the Deputy Director will be notified immediately of the complaint. If one is absent, it is 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 that 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, or long wait to be examined.

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

None 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.

None were identified.

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 Board (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 provides 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 meet 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 the State law or regulations and that licenses are prominently posted. Most 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 providers 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 the 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.

442 total. One less provider than last year. We started FFY 2017 with 443 providers, inactivated 67 and added 66.

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).

We removed blood serum levels for anticonvulsant medications as they are no longer required documentation by 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 the past federal fiscal year, the IL DDS has continued to encourage and recruit CE vendors into ERE. There are approximately 1000+ Illinois CE and MER providers that have active ERE accounts.

Currently, CE providers are only added to the panel with the understanding that they will send reports by fax or by using the ERE website. The IL DDS consistently has received 99.85% 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 panelists.

MER outreach is ongoing and continues to require the most effort and uses the most resources for the IL DDS. An email address for obtaining information about ERE accounts is included on all MER requests. That opportunity for additional information results in numerous new ERE accounts for MER providers, schools and legal representatives daily. In addition, the number of vendors accepting requests via outbound fax and ERE has significantly increased. MER ERE percentages continue fluctuating between 75-85%.

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:	Indiana
Report Period (Fiscal Year):	2017
Current Date:	10/27/17
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title 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 entered into an excel data driven tool, FMEA (failure mode 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 (or sooner depending on the nature of the complaint) to ensure any needed issues have been addressed. The follow up action varies depending on the complaint characteristics. 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. Upon investigation, if it has been determined that policy or Memorandum of Understanding has been breached, or unprofessional conduct is present, CE providers will be directed to correct the situation. 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

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

Not applicable for FY17.

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

PRD pursues all verbal and written complaints. Nature of complaints include but are not limited to allegations regarding CE panel staff interaction, office cleanliness and length/thoroughness of exam. All actions taken related to complaint investigations are logged into our FMEA tool. In FY17 DDB inactivated (b) (6) based on investigation of complaints related to inappropriate comments-rough exam tactics.

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 predetermined expiration dates for the various professional license disciplines. Credential checks are completed prior to initial approval for all CE panel members.

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. Panel members are provided feedback and counseling by PRD when necessary. PRD monitors requests for clarifications to identify trends and are proactive when protocol requirements change due to revisions in policy (e.g. revision to Listing of Impairments). In FY17 PRD launched a quarterly newsletter to inform/remind all CE panel members of pertinent issues. Feedback has been overwhelmingly positive.

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

PRD currently uses approximately 300 primary CE providers. Secondary vendors providing ancillary studies and interpretation are maintained in association with the primary vendor file. Over 400 vendors were on the roster the previous year. This is a direct result of Indiana DDB FY17 initiative to address CE usage rate. Indiana's CE rate for DDB Total workload fell from 54.7% in 10/17/16 to 35.3% in Week 52 of FY17. PRD was proactive in identifying the most valued CE panel providers based on quality and timeliness for retention.

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).

For FY17 DDB PRD implemented increased Special Fees for some CE panel members whose primary location is in one area of the state but are willing to travel to remote areas of the state that present recruitment/retention challenges. Special Fees (e.g. increase of IMCE reimbursement from $120 to $140) are reviewed/approved by the agency Administrative Services Director.

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 was a primary goal for FY 2017. Indiana PRD met with counterparts in Ohio to learn about their electronic vendor

file processes. Indiana PRD communicated best practices and recruiting efforts with other States within the region via email and SharePoint site. PRD launched quarterly newsletter to CE panel Spring of 2017. Summer and Fall editions followed. Feedback has been overwhelmingly positive.

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:	Iowa
Report Period (Fiscal Year):	2017
Current Date:	10/19/2017
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 2017 (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 4,000 MER vendors including all Iowa Hospitals are now accepting the agency disability requests through Outbound Fax.

Currently the agency has over 500 ERE CE and MER vendors. This number represents a potential of over 3,000 CE examinations and over 33,000 MER requests annually.

The agency has added over 750 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 four largest HIT providers in Iowa are UnityPoint, which represents nearly 30% of all MER requests generated, 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 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):	2017
Current Date:	11/3/2017
Reporter's Name, Phone number, and title:	Name| (b) (6) Phone number |(b) (6) Title |M/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.**

KS DDS CE complaint procedure:

- DDS Employee receiving the complaint asks the claimant to send in a signed letter regarding the complaint.
- The DDS Employee then forwards the complaint and claimant information to the M/PRO.
- DDS M/PRO follows up with the claimant if requested, or if more information is necessary to investigate the complaint.
- When the nature of the complaint requires immediate action, i.e. conditions of the CE location or an egregious complaint the M/PRO takes action when the complaint is received from the DDS employee.
- When the complaint requires further investigation and not immediate action the M/PRO waits for the CE report submission then reviews the report.
- M/PRO then contacts the provider with the complaint and asks the provider to share any information necessary to investigate the complaint. The M/PRO then reminds the contracted provider of what SSA/DDS expectations are.
- M/PRO waits at the minimum of 14 business days for the claimant to submit their complaint in writing to substantiate their complaint.
- When M/PRO has received all evidence necessary to investigate the complaint the M/PRO will conclude the investigation and determine action based on the evidence.
- Action taken is dependent on the contents of the complaint and the findings, i.e. reduction of referrals, discontinued use of a CE location, additional training with DDS M/PRO/DDS Medical Director or termination of the provider's contract.

A majority of the complaints received are regarding a contracted providers attitude or demeanor, i.e. rude, judgmental or unsympathetic.

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

No fraudulent activity discovered with our CE panel.

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 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.**

DDS M/PRO runs a State license check and a Federal credential check through the SAM website on every provider at the initial agreement and then conducts State licensing checks, Federal credentialing checks and updated contract renewals on a yearly basis. The contract between KS DDS/SSA and CE providers that update yearly include SSA policy citations from regulations (20C.F.R. 404.1519g, 416.919g) and (20 C.F.R. 404.1503 a, 416.903a).

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

Provider credentials are checked yearly at the following intervals, following the State of Kansas provider required license renewal month:

- Occupational Therapist: March
- Optometrist: May
- Mental Health Providers: June
- Doctor of Medicine, MD: July
- Doctor of Osteopathic Medicine, DO: October
- Audiologists and S/L Pathologists: October
- Physical Therapist: December
- Respiratory Therapist: December

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 M/PRO reviews the first 10 reports for all new providers and requests assistance from DDS Medical Director for his opinion and/or suggetions. MC's review reports of established providers as they work on cases and will send the Medical Director any concerns. The Medical Director will then review the report and forward any concerns to the M/Pro.

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

FY2017 ended with 146 providers on our CE panel. We added 11 providers to our CE panel and eliminated 6. We ended FY2016 with 140 providers after eliminating 21 providers.

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

No onsite visits conducted during FY2017 due to budget restrictions. All Key and Volume provider locations were surveyed onsite during FY2016 and at that time, no problems were discovered with any provider location.

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

- IA DDS and MO DDS schedule exams for the cases allocated to them from KS. MO follows the KS fee schedule to reimburse the KS providers. Per an agreement between KS DDS and IA DDS dated 4/28/15, Iowa will follow the Iowa fee schedule to reimburse KS providers.
- KS has one in-Kansas provider covered under a waiver for fee exception, approved by the RO 6/15/17 to reimburse Southern Medical Group $200 per exam for the Dodge City, KS location only.
- The following KS contracted providers located in MO are reimbursed according to the MO fee schedule: John Sand MD, Tenney Pediatrics, Area Speech and Hearing Clinic, Mercy Hospital Carthage, Freeman Health System West, Rick Thomas PhD, Jan Snider-Kent PhD, Tammy Sheehan PhD and Carolyn Karr PhD.
- The following KS contracted providers located in NE are reimbursed according to the NE fee schedule: Redlink McCook and Community Hospital.
- The following KS contracted providers located in OK are reimbursed according to the OK fee schedule: Eve Medical Services Bartlesville and Eve Medical Services Miami.
- The following KS contracted provider located in MO is reimbursed according to the KS fee schedule: Midwest CEs Kansas City.
- PT and OT Medicare reimbursement criteria for evaluations changed at the beginning of calendar year 2017. The KS DDS fee schedule was revised to reflect this change. Unfortunately, the change resulted in a lower reimbursement rate and many PT/OT providers were not willing to provide exams for the low rate. The PT/OT charge codes and corresponding rates were revised to now reflect payment for PT/OT testing instead of an evaluation, changing the payment rate back to the same rate used during the prior FY.
- KS DDS was unable to find a provider that could provide us with the required SPO2 printout for the oximetry testing. The testing is not included on the fee schedule for that reason.
- Voice Analysis, CPT 92524, added during the FY per suggestion of the KS DDS SLP MC. The voice analysis testing is for adult claimant's who have had treatment that affects their speech. The test results provide information about the claimant's ability to produce sound and for what extent of

time they can produce sound and provides this information for half the cost of a full S/L exam.

- Resting and exercise Doppler tests were added to our fee schedule during the FY after several requests were made by both MC's in the office and ODAR personnel. The reimbursement rate for both Doppler studies is not an excessive cost and is considered non-invasive. There are a limited number of providers that can/will provide this testing for us according to SSA requirements and the KS Medicaid reimbursement rate.

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 FY2017, there was frequent contact with M/Pros from NE, MO and OK regarding recruitment in the areas bordering their State. Extensive recruitment completed for areas of the State in need of providers, namely Western KS, for both psychological providers and physical providers. DDS MC helped with the recruitment of psychologists using contacts she has in the professional community. This recruitment did generate three new providers but not in areas of significant need. At the beginning of calendar year 2017, an email was sent out to all providers not participating in ERE, explaining how ERE works and the benefits of using the program. There were a few providers that signed up for ERE after the email was sent out but for several of them the ERE process would not work with their business process and/or work flow. At the beginning of calendar year 2017 our top volume provider, Dr. Henderson with CMC, came to DDS for an afternoon of training on the ERE site. In March, CMC changed to exclusively using 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:	Atlanta
State DDS:	Kentucky
Report Period (Fiscal Year):	2017
Current Date:	11/09/2017
Reporter's Name, Phone number, and title:	Name |(b) (6) Phone number (b) (6) Title |PRO Section 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.**

Issues regarding non-DMA cases are sent to the PRO via email, along with a copy of the CE report (if available). In cases of DMA claims (the vast majority of cases), an IOC (interoffice contact) is electronically generated and sent to the PRO. Initial actions on IOCs occur within (3) business days.

Upon receipt of a complaint, the PRO sends MER D3108 to the claimant acknowledging receipt and investigation. The PRO then prepares MER D3087 to the vendor directing a response. For inadequate CEs (clarification requests), the PRO sends MER D3105 to the vendor outlining documentation needed. The PRO subsequently reviews collected data and determines if the issue is resolved, or if further contact with the vendor is necessary.

Issues involving allegations of unethical behavior such as sexual harassment are referred to the state's Equal Employment Opportunity (EEO) office. The PRO prepares a letter to the claimant acknowledging receipt of the complaint and advising the matter has been forwarded to our state EEO office for investigation. KY DDS cooperates fully and provides all available information to the EEO office. The EEO office investigates the allegation(s) and provides KY DDS with findings and copies of all documentation. Regional Office (ATL) is notified of all pertinent case information, actions, and resolutions.

During 2016, KY DDS addressed issues related to rudeness, cleanliness of CE facility and brevity of exam.

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

In Fall 2016, (b) (6) was convicted of conspiracy, mail fraud, wire fraud and making a false statement to SSA. This conviction resulted from a scheme, involving attorney (b) (6) and former (b) (6), to defraud SSA of millions of dollars, according to court records. (b) (6) was a (b) (6) conducting CE's for KY DDS from (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.

No complaints of egregious nature were identified in 2017.

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 to alert DDS PRO staff of upcoming license expirations.

PRO staff uses this report to identify vendors with license expiration dates fast approaching, and PRO's subsequently contact vendors and secure updated license information. Scheduling of consultative examinations discontinues until proof of licensure renewal is provided to the agency. Licenses are verified online via the KY Department of Professional Licensing (oop.ky.gov) and the Kentucky Board of Medical Licensure (kbml.ky.gov). PRO staff verifies licensure status, and any disciplinary actions, prior to adding a vendor onto the CE panel. All consultative examinations are completed by state-licensed physicians and nurse practitioners, speech-language pathologists and psychologists.

Credentials of x-ray technicians are checked and verified during onsite visits. CE vendors ensure their support staff personnel meet credential status requirements as required by state law and licensing boards.

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

Credential checks completed semi-annually, and as license expirations come 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.

PRO staff conduct provider reviews on the first (5) reports of all new providers. PRO's conduct provider reviews of (10) or more reports on existing providers, if and as problems emerge.

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

the previous year.

Kentucky has 146 total providers, a decrease of 42 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 completed in 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 changes in 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.

CE Vendor Workshops

KY DDS hosted three (3) CE vendor workshops in Frankfort. The first one addressed neuropsychological CE reporting standards, and since then we have hosted two more workshops focusing on physical and mental CEs respectively. All three met with upwards of 30-40 CE vendors attending at personal expense. The workshops, facilitated by PRO (b) (6) and MCS Staff Supervisor (b) (6), featured panels of MCS and KY DDS leadership, and included presentations by the DDS Commissioner and Kentucky's CDI unit. Having received positive feedback from CE vendors and DDS staff, we intend to host more workshops as a regular part of our ongoing professional relations with the CE panel.

PRO Voice Quarterly Newsletters

Created and edited by PRO (b) (6), the agency newsletter known as 'PRO Voice' issues quarterly communication to CE Vendors. This newsletter informs vendors of updates in agency policy and highlights collective best practices among providers. We count PRO Voice a great success, having garnered high praise among vendors since its implementation in early 2016.

Meeting with Norton Healthcare

After incurring 3-6 month delays on MER requests made to Norton Healthcare, KY DDS met face to face with the vendor in pursuit of active solutions. In January 2017, PRO (b) (6), Medical Relations Branch Manager (b) (6) and Systems IT Engineer (b) (6) met with Norton's Health Information Management team to investigate solutions in streamlining procedures. (b) (6) assigned the vendor an additional ERE account (granting the vendor one account for doctors and another account for clinics). The agency set a longer timeframe before sending batch-overnight follow-ups, and refined an electronic system for sending status requests. Since implementation, Norton Healthcare celebrates a processing time of about 14 days filling MER requests.

ERE Usage and MegaHIT Process

Kentucky continued to push ERE use among CE and MER vendors throughout 2016. CE vendor usage of ERE is almost one hundred percent, and usage by MER vendors has risen almost four percentage points from the previous year. KY DDS' largest MER vendor, St. Elizabeth Healthcare, came onboard with MegaHIT in 2016, and we hope to bring another major vendor, University of Kentucky, onboard in 2017.

As of October 2017, Kentucky's effective cumulative submission rates for ERE were:

** Consultative Examinations: 99.38%
** Medical Records Submission: 81.84%

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 FY17 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):	FY17
Current Date:	November 6, 2017
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 FY17 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 FY17.

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 FY17.

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 FY17.

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 FY17, Louisiana had two hundred ninety-two (293) providers on the CE panel, some of which are providers with multiple locations. This is a slight increase from 292 providers in FY16.

Louisiana CE Vendor Roster FY 17

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 FY17 and are listed below:

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

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. Additions to the fee schedule in FY17 were:

- Ear Wax Removal CPT 69210 $25 (for one time exam)
- Pulse Oximetry CPT 94760 $2.81
- Pulse Oximetry CPT 94761 $4.30

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- 101217.xl

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 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, Sickle Cell)
- Louisiana State Medical Society
- Louisiana State Homelessness Conference
- Louisiana Society for Respiratory Care

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 97% 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 have been beneficial to agencies dedicated to assisting the homeless. 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 _____

Revised January 2013

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? (<u>for adults</u>, 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) (<u>for children</u>, 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_____

4/4/13

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, quanitated 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 inconsistences 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_____

Louisiana FY 2017 CE Providers

VENDCD	VENDOFF	VENDNAME	ADDR1	ADDR2	ADDR3	CITY	STATE	ZIP
5	0	J PAUL SWEARINGEN MD	7607 YOUREE DR	PIERREMONT EYE INSTITUTE		SHREVEPORT	LA	71105
7	0	ROBERT T CASANOVA JR MD	1110 DR AC TERRENCE BLVD	SUITE 1		OPELOUSAS	LA	70570
9	0	LYNDE ULMER LCSW	7737 OLD HAMMOND HWY #A3			BATON ROUGE	LA	70809
20	0	EMMETT B CHAPITAL JR M D	(b) (6)			NEW ORLEANS	LA	70119
25	1	THOMAS E STAATS PH D	2924 KNIGHT ST	BLDG 3, SUITE 357		SHREVEPORT	LA	71105
45	0	NEW ORLEANS SPEECH AND HEARING CENTER	1636 TOLEDANO			NEW ORLEANS	LA	70115
45	2	NEW ORLEANS SPEECH AND HEARING EAST	5646 READ BLVD SUITE 320			NEW ORLEANS	LA	70127
103	0	FAYE C THRASHER	(b) (6)			ALEXANDRIA	LA	71301
159	A	MED PLUS LA OPELOUSAS	204 N. UNION ST.	ORTEGO CHIROPRACTIC CLINIC		OPELOUSAS	LA	70570
159	B	MED PLUS NEW IBERIA	800 WEST MAIN ST	BRYANT WELLNESS CLINIC		NEW IBERIA	LA	70560
159	0	MED PLUS LA ALEXANDRIA	2595 NORTH MACARTHUR DRIVE			ALEXANDRIA	LA	71303
159	1	MED PLUS LA BOSSIER CITY	3018 OLD MINDEN RD	SUITE 203		BOSSIER CITY	LA	71112-2427
159	3	MED PLUS LA AMITE	STE D	MED PLUS AMITE - D. W. RAY, M.D.	309 WALNUT	AMITE	LA	70422
159	4	MED PLUS LAKE CHARLES	1210 EAST MCNEESE ST			LAKE CHARLES	LA	70607
159	6	MED PLUS LA LAF	2201 KALISTE SALOOM	SUITE 202		LAFAYETTE	LA	70508
159	9	MED PLUS LA MONROE	CHS-CHIROPRACTIC HEALTH SERVICES, LLC	610 CYPRESS STREET		WEST MONROE	LA	71291
176	0	COVINGTON SPEECH AND LANGUAGE CENTER	424 SOUTH TYLER			COVINGTON	LA	70433
178	0	HUSSEIN ALAMMAR MD	(b) (6)			LEESVILLE	LA	71446
193	0	ACADIANA MEDICINE CLINIC	SUITE 4	1200 HOSPITAL DRIVE		OPELOUSAS	LA	70570
211	0	SPEECH CONCEPTS LLC	SUITE 210	8870 YOUREE DRIVE		SHREVEPORT	LA	71115
217	0	KIM A JOHNSON-LCSW	(b) (6)			ALEXANDRIA	LA	71301
220	0	A A FRANCIS MD	OPTIMAL HEALTH OUTPATIENT CLIN	7240 RENOIR AVENUE		BATON ROUGE	LA	70806
241	0	D L MOORE PH D	805 STUBBS AVE	SUITE B		MONROE	LA	71201
250	0	MICHAEL D MANUEL MD	(b) (6)			ALEXANDRIA	LA	71301
254	1	PEDIATRIC GROUP OF ACADIANA	SUITE 100	MEDICAL RECORDS	401 YOUNGSVILLE HIGHWAY	LAFAYETTE	LA	70508
254	2	DR. SAI CHENNAMSETTY	401 YOUNGSVILLE HWY	STE 200 B		LAFAYETTE	LA	70508
257	0	ACI HEARING AND BALANCE CENTER	103 ST. THOMAS ST.			LAFAYETTE	LA	70506
258	0	PAUL M FRIEDBERG PH D	SUITE 304	2020 W. PINHOOK RD.		LAFAYETTE	LA	70508
258	2	NAOMI FRIEDBERG PHD	SUITE 304	2020 WEST PINHOOK RD		LAFAYETTE	LA	70508
266	0	VICTOR M OLIVER MD	(b) (6)			BATON ROUGE	LA	70806
278	0	GIRISHKUMAR SHAH MD	409 MARINERS PLAZA	SUITE A		MANDEVILLE	LA	70448
294	0	SPEECH PATHOLOGY OF LOUISIANA	SUITE 401	8676 GOODWOOD BLVD		BATON ROUGE	LA	70806
310	0	DONNELL C ASHFORD	8676 GOODWOOD BOULEVARD	SUITE 202		BATON ROUGE	LA	70806
312	0	AUDIOLOGY ASSOCIATES (DUCOMBS)	MEDICAL RECORDS	15706 PROFESSIONAL PLAZA		HAMMOND	LA	70403
316	0	CHRISTINE B POWANDA PHD TERRYTOWN	1799 STUMPF BLVD	BLDG 7 SUITE 1A		TERRYTOWN	LA	70056
316	1	CHRISTINE B POWANDA PHD CO	NORTHSHORE SOUTHSHORE COUNSELING	201 HOLIDAY BLVD	SUITE 120	COVINGTON	LA	70433
335	0	NICOLE F LANCLOS	HOPE MEDICAL SERVICES	5615-D JACKSON ST EXTENSION	2ND BUILDING COURTYARD	ALEXANDRIA	LA	71303

335	1	NICHOLE F. LANCLOS PHD	2020 WEST PINHOOK RD.	SUITE 504		LAFAYETTE	LA	70508
336	0	POINT OF CARE HEALTH HOUMA	210 NEW ORLEANS BLVD			HOUMA	LA	70364
336	1	POINT OF CARE BATON ROUGE	7354 ALBERTA ST	SUITE A		BATON ROUGE	LA	70808
354	0	SUNRISE PEDIATRIC ASSOCIATES	3116 SIXTH STREET	SUITE 101		METAIRIE	LA	70002
365	0	ASHLEY W SIPES M D	(b) (6)			SHREVEPORT	LA	71105
1660	0	CAROLYN FLEMING	(b) (6)			MONROE	LA	71201
1950	0	JAMES QUILLIN PHD	(b) (6)			ALEXANDRIA	LA	71303
2076	0	PREMIER HEAR & BAL HAMMOND	16038 DOCTORS BLVD			HAMMOND	LA	70403
2076	1	PREMIER HEAR & BAL MANDEVILLE	3545 HIGHWAY 190			MANDEVILLE	LA	70471
2354	0	R ASHTON HOLLOWAY MD	(b) (6)			BATON ROUGE	LA	70806
3545	0	SOUTHERN MEDICAL GR SHREVEPORT	2924 KNIGHT ST, BLDG 4, SUITE 440			SHREVEPORT	LA	71105
3545	1	SOUTHERN MEDICAL GR PINEVILLE	1319 DONAHUE-FERRY			PINEVILLE	LA	71360
3545	2	SOUTHERN MEDICAL GRP MONROE	1212 STUBBS AVE.			MONROE	LA	71201
3545	3	SOUTHERN MEDICAL GRP LAKE CHARLES	4100 LOUISIANA AVENUE			LAKE CHARLES	LA	70607
3545	4	SOUTHERN MEDICAL GR LAFAYETTE	345 DOUCET RD	SUITE 104B		LAFAYETTE	LA	70503
3545	7	SOUTHERN MEDICAL GROUP NATCHITOCHES	366 SOUTH DRIVE			NATCHITOCHES	LA	71457
4364	0	JOHN H. FAIRBANKS JR.	FAIRBANKS ORTHOPEDIC CENTER	107 FRONT ST.	STE 2134	VIDALIA	LA	71373
5514	0	JOSEPH A GUILLORY PHD	(b) (6)			OPELOUSAS	LA	70570
5762	4	INTERNAL MEDICINE ASSOCIATES NEW ORLEANS	FIRST FLOOR	618 N CARROLLTON AVE		NEW ORLEANS	LA	70119
5762	5	INTERNAL MEDICINE ASSOCIATES KENNER	2001 42ND ST	SUITE A		KENNER	LA	70065
5762	7	INTERNAL MEDICINE ASSOCIATES TERRYTOWN	1799 STUMPF BLVD. BLDG 5 SUITE 2			TERRYTOWN	LA	70056
7148	1	C SCOTT ECKHOLDT PHD	(b) (6)			LAFAYETTE	LA	70508
7706	0	SAMUEL WEBB SENTELL PH D	(b) (6)			SHREVEPORT	LA	71106
8752	0	DR SETH KUNEN	2435 DRUSILLA LANE STE. M			BATON ROUGE	LA	70809
10606	0	LA HEART CENTER COVINGTON	39 STARBRUSH CIRCLE			COVINGTON	LA	70433
10606	2	LA HEART CENTER HAMMOND	42078 VETERANS AVE	SUITE C AND D		HAMMOND	LA	70403
10606	3	LA HEART CENTER CHALMETTE	8050 WEST JUDGE PEREZ SUITE 2500			CHALMETTE	LA	70043
10606	4	LA HEART CENTER SLIDELL	2ND FLOOR	901 GAUSE BLVD		SLIDELL	LA	70458
11279	0	PERRY HILL, PHD	7330 FERN AVE	STE 602 BLDG 6		SHREVEPORT	LA	71105
13095	0	DONALD R PEAVY M D	(b) (6)			BATON ROUGE	LA	70806
14656	0	THOMAS C STUCKEY III	7777 HENNESSEY BLVD	SUITE 3001		BATON ROUGE	LA	70808
15161	1	DANIEL J TRAHANT M D	3901 HOUMA BLVD	SUITE 305		METAIRIE	LA	70006
16196	0	TULANE UNIVERSITY HOSPITAL AND CLINIC	PULMONARY CLINIC 7TH FLOOR	1415 TULANE AVENUE		NEW ORLEANS	LA	70112
17402	0	JACK MILLER JR OD	(b) (6)			EUNICE	LA	70535
19335	0	GERALD GERDES JR OD	(b) (6)			OAKDALE	LA	71463
19630	0	DR R V CHRISTIAN	(b) (6)			OPELOUSAS	LA	70570
19691	0	WILLIAMSON ALLEMOND REGIONAL EYE CENTER	2421 CHURCH ST.			ZACHARY	LA	70791
19903	0	CLINICAL PATHOLOGY LABORATORIES	2535 BERT KOUNS INDUSTRIAL LOOP	SUITE 219		SHREVEPORT	LA	71118
19903	1	CLINICAL PATHOLOGY LABORATORIES METAIRIE	3901 HOUMA BLVD	SUITE 100		METAIRIE	LA	70006

19903	2	CLINICAL PATHOLOGY LABORATORIES- BATON ROUGE	8130 SUMMA AVENUE			BATON ROUGE	LA	70809
19903	3	CLINICAL PATHOLOGY LABORATORIES LAKE CHARLES	2800 1ST AVENUE	SUITE E		LAKE CHARLES	LA	70601
19903	4	CLINICAL PATHOLOGY LABORATORIES ALEXANDRIA	5615-C JACKSON STREET EXTENSION			ALEXANDRIA	LA	71301
19903	5	CPL NATCHITOCHES	99 SOUTH DRIVE	SUITE A		NATCHITOCHES	LA	71457
19903	6	CLINICAL PATHOLOGY LABORATORIES MONROE	221 MCMILLIAN RD	SUITE A		WEST MONROE	LA	71291-5321
19903	7	CLINICAL PATHOLOGY LABORATORIES NEW ORLEANS	3525 PRYTANIA ST.	SUITE 319		NEW ORLEANS	LA	70115
19903	8	CLINICAL PATHOLOGY LABORATORIES HARAHAN	520 ELMWOOD PARK BLVD.	SUITE 130		JEFFERSON	LA	70123
19904	0	CLINICAL PATHOLOGY LABORATORIES MARRERO	4520 WICHERS DR.	SUITE 102		MARRERO	LA	70072
19904	2	CLINICAL PATHOLOGY LABS- FERN AVE, SHREVEPORT	7607 FERN AVE,	SUITE 501		SHREVEPORT	LA	71105
19904	3	CLINICAL PATHOLOGY LABORATORIES HOUMA	900 BELANGER ST.			HOUMA	LA	70360
19904	5	CLINICAL PATHOLOGY LABORATORIES HAMMOND	16026 DOCTOR'S BLVD.			HAMMOND	LA	70403
19904	6	CLINICAL PATHOLOGY LABORATORIES-COVINGTON	204 HIGHLAND PARK PLAZA			COVINGTON	LA	70433
19904	7	CLINICAL PATHOLOGY LABS- BOSSIER CITY	2250 HOSPITAL DRIVE	SUITE 112		BOSSIER CITY	LA	71111
19981	0	MICHAEL N KLEAMENAKIS O D	(b) (6)			NEW ORLEANS	LA	70122
20236	0	MENARD EYE CENTER	4315 LAKE ST	SUITE 2		LAKE CHARLES	LA	70605
20429	0	WARREN P MCKENNA JR MD	(b) (6)			NEW ORLEANS	LA	70114
20431	0	DONNA M MANCUSO MD	1301 ANTONINE STREET	SUITE 500		NEW ORLEANS	LA	70115
21015	0	ELENITA P SANTOS-MATA MD	4851 W. PARK	SUITE A		ZACHARY	LA	70791
21745	0	ANDREW THRASHER PHD	2500 MAPLEWOOD DR	SUITE 1		SULPHUR	LA	70663
21976	0	MANUEL DE LA RUA, O.D.	3701 WILLIAMS BLVD	SUITE 204		KENNER	LA	70065
22154	0	BRYAN S. JEANFREAU OD	231 WINDERMERE BLVD			ALEXANDRIA	LA	71303
22154	1	PATRICK REDMOND MD	231 WINDERMERE BLVD			ALEXANDRIA	LA	71303
22154	2	BRYAN S. JEANFREAU OD	LOUISIANA EYE LASER CENTER	201 FRITZ STREET		JONESVILLE	LA	71343
22705	0	JILL COOK	8762 QUARTERS LAKE	BUILDING 12		BATON ROUGE	LA	70809
22705	1	JILL COOK	(b) (6)			NEW ORLEANS	LA	70119
22752	0	DR STEPHANIE HENSON	1801 FAIRFIELD AVE	SUITE 201		SHREVEPORT	LA	71101
22803	0	NATCHITOCHES FAMILY EYE CARE	946 KEYSER AVE			NATCHITOCHES	LA	71457
22803	1	DESOTO FAMILY EYE CARE	405 POLK ST			MANSFIELD	LA	71052
22803	2	SABINE FAMILY EYE CARE	220B HIGHLAND DR			MANY	LA	71449
22917	1	ROBERT L. KRENEK, JR., PHD	3018 OLD. MINDEN RD, SUITE 1100			BOSSIER CITY	LA	71112
24022	0	LINDSAY YORK MD	1111 MEDICAL CENTER BOULEVARD	NORTH TOWER ROOM 803		MARRERO	LA	70072
24459	0	ACL HEARING & BALANCE INC	7952 GOODWOOD BLVD			BATON ROUGE	LA	70806
24817	0	THE GUIDANCE CENTER - ORLEANS	330 N. JEFFERSON DAVIS PKWY			NEW ORLEANS	LA	70119
24817	1	THE GUIDANCE CENTER - CHALMETTE	2626 CHARLES DR	SUITE 211		CHALMETTE	LA	70043
26195	0	ELIZABETH B WHITE MD	MEDICAL RECORDS	SUITE 205	205 HIGHLAND PARK PLAZA	COVINGTON	LA	70433
26417	1	JAMES A. VAN HOOK III, PHD	1200 S ACADIAN THRUWAY	SUITE 110B		BATON ROUGE	LA	70806
27700	0	AMCE PHYSICIANS GROUP-BR	8772 QUARTERS LAKE RD	BLDG 13 STE 18		BATON ROUGE	LA	70809
27700	4	AMCE PHYSICIANS GROUP-NEW ORLEANS	1100 POYDRAS STREET,	SUITE 2900		NEW ORLEANS	LA	70163
27700	5	AMCE PHYSICIANS GROUP- SLIDELL 1	436 OLD SPANISH TRAIL			SLIDELL	LA	70458-3904

27700	6	AMCE PHYSICIANS GROUP-SLIDELL 2	PULMONARY HEALTH ASSOCIATES BLDG.	2240 GAUZE BLVD. EAST		SLIDELL	LA	70461
27741	0	ALFRED E BUXTON PH D	155 HOSPITAL DR	SUITE 200.		LAFAYETTE	LA	70503
28034	0	GERALD B. BROUSSARD MD	BROUSSARD CATARACT & EYE INSTITUTE	1250 PECANLAND ROAD		MONROE	LA	71203
28276	0	W DONNER MIZELLE	225 N COLLEGE RD	ACADIAN VISION ASSOCIATES		LAFAYETTE	LA	70506
28451	0	LACOMBE EYE CENTER LLC	4400 D AMBASSADOR CAFFERY			LAFAYETTE	LA	70508
28605	0	LAHAYE CENTER FOR ADVANCED EYE CARE	4313 I-49 S SERVICE RD			OPELOUSAS	LA	70570
29033	0	AUDIOLOGY CONSULTANTS OF LA	1408 METRO DRIVE			ALEXANDRIA	LA	71301
29033	1	CATHERINE PIERCE-AUDIOLOGIST	1408 METRO DRIVE			ALEXANDRIA	LA	71301
29275	0	JOY TERRELL PHD	5618 SUPERIOR DR SUITE F			BATON ROUGE	LA	70816
30416	0	WEST JEFFERSON MEDICAL CENTER	1101 MEDICAL CENTER BLVD	RESPIRATORY DEPARTMENT 2ND FLOOR		MARRERO	LA	70072
30835	0	BARBARA MOOREHEAD PSYD	BRAIN MATTERS	1419 MAIN ST.		ALEXANDRIA	LA	71301
31212	2	MARK D FRUGE PH D	923 NAPOLEON AVENUE	P O BOX 734		SUNSET	LA	70584
31373	0	AMY CAVANAUGH PHD	(b) (6)			LAFAYETTE	LA	70508
31528	0	ANDRE LONG OD	(b) (6)			PINEVILLE	LA	71360
31530	0	GARY GLEN FUTCH PHD	(b) (6)			ALEXANDRIA	LA	71301
31953	1	CARLOS KRONBERGER PH D	3520 GENERAL DEGAULLE DR	SUITE 3024 3RD FLOOR		NEW ORLEANS	LA	70131
32012	0	KEVIN ROGERS, O. D.	ROGERS REGIONAL EYE CENTER	18901 GREENWELL SPRINGS ROAD		GREENWELL SPRINGS	LA	70739
32019	1	JAMES L. ZUMBRUNNEN, MD	7925 YOUREE DR., SUITE 200			SHREVEPORT	LA	71105
32046	0	JOSEPH A LAMANNA ED D	(b) (6)			ALEXANDRIA	LA	71301
32375	0	ANDREW COMEAUX, LCSW	2625 LINE AVE	SUITE 106		SHREVEPORT	LA	71104
32378	0	BATON ROUGE CLINIC	7373 PERKINS RD			BATON ROUGE	LA	70808
33569	0	KEVIN TRIPEAUX LCSW	ONE AMERICAN PLACE	301 MAIN ST. STE. 2200		BATON ROUGE	LA	70802
34617	0	WENDI RICHARDSON-SPEECH LANGUAGE PATHOLOGIST	(b) (6)			WEST MONROE	LA	71291
34677	0	LESTER C CULVER PH D - BOGALUSA	(b) (6)			BOGALUSA	LA	70427
34677	2	LESTER C CULVER PHD - NEW ORLEANS	2930 CANAL ST	3RD FLOOR		NEW ORLEANS	LA	70119
34677	3	LESTER C CULVER PH D - MARRERO	(b) (6)			MARRERO	LA	70072
34677	4	LESTER C CULVER PH D - METAIRIE	3017 HARVARD ST	FLOOR 1		METAIRIE	LA	70006
34677	5	LESTER CULVER PH D - COVINGTON	(b) (6)			COVINGTON	LA	70433
35257	1	M.B. THERAPY, INC.	1440 PETERMAN DRIVE	SUITE A		ALEXANDRIA	LA	71303
36446	0	HAMMOND HEART CLINIC	16033 DOCTORS BLVD			HAMMOND	LA	70403
36986	0	CHARLES C. UGOKWE MD	(b) (6)			ALEXANDRIA	LA	71301
37241	0	JULANA D. MONTI, MD- MINDEN	(b) (6)			MINDEN	LA	71055
37241	1	JULANA D. MONTI, MD- LAFAYETTE	(b) (6)			LAFAYETTE	LA	70508
37241	3	JULANA MONTI, MD-BOSSIER CITY	3018 OLD MINDEN RD	SUITE 1203		BOSSIER CITY	LA	71112
37367	0	DR. JOHN H WISE	(b) (6)			CROWLEY	LA	70526
37367	1	DR. JOHN H WISE	(b) (6)			RAYNE	LA	70578
37435	0	DR. JEFFREY C. FITTER	1234 DAVID DR.	SUITE 103		MORGAN CITY	LA	70380
38318	0	SURGICAL EYE ASSOCIATES-COVI	1120 N US HWY 190			COVINGTON	LA	70433
38318	1	SURGICAL EYE ASSOCIATES FRANKLINTON	803 RIVERSIDE DR			FRANKLINTON	LA	70438

38382	0	DARREL B. TURNER PH D	BRAIN MATTERS	1419 MAIN ST.		ALEXANDRIA	LA	71301
38382	1	DARREL B. TURNER, PHD	(b) (6)			LAKE CHARLES	LA	70601
39258	0	KICHEA S. BURT, LCSW BACS	2372 ST. CLAUDE AVE. SUITE 220			NEW ORLEANS	LA	70117
39284	0	TERRY O. THOMAS, PH.D.	(b) (6)			MONROE	LA	71201
39485	0	TAIRA WOODROFFE M.D.	4242 HWY 19, BLDG 3	SUITE A		ZACHARY	LA	70791
39702	0	ALEXANDRIA EYE LASER	1008 SOUTH 6TH ST			LEESVILLE	LA	71446
40210	0	OLYMPUS HEALTH SERVICES ALEXANDRIA	11 HEYMAN LANE			ALEXANDRIA	LA	71303
40210	1	OLYMPUS HEALTH DERIDDER	311 S. PINE ST.			DERIDDER	LA	70634
40372	0	ANDRIETTE FITCH MD	4336 NORTH BLVD	SUITE 103		BATON ROUGE	LA	70806
41671	0	RAFAEL F. OTERO, PH.D	(b) (6)			TEXARKANA	TX	75503
41711	0	BEAU J. BAGLEY, MD	1331 OCHSNER BLVD.	SUITE 100		COVINGTON	LA	70433
42269	0	CAROLA OKOGBAA MD	7855 HOWELL BLVD	SUITE 130-A		BATON ROUGE	LA	70807
43054	1	DAVID LANDRY PH.D	203 W. MAIN ST.	SUITE 105		NEW IBERIA	LA	70560
43877	0	SHANNAE HARNESS, PHD- LAPL	232 BELLE TERRE BLVD. SUITE B			LAPLACE	LA	70068
43877	1	SHANNAE HARNESS, PHD- HOU	(b) (6)			HOUMA	LA	70360
43877	3	SHANNAE HARNESS, PHD- RAC	(b) (6)			RACELAND	LA	70394
43896	0	SUSAN C. TUCKER, PHD	2040 LINE AVE	SUITE 101		SHREVEPORT	LA	71104
45329	0	KTN MEDICAL, LLC	1718 N. MARTIN LUTHER KING HWY			LAKE CHARLES	LA	70601
45373	0	CLAUDE FALLIS OD	(b) (6)			ABBEVILLE	LA	70510
45858	0	ANTHONY J PALAZZO M D	(b) (6)			BOGALUSA	LA	70427-0370
46075	0	GLENWOOD REGIONAL MEDICAL CENTER	503 MCMILLAN RD.			WEST MONROE	LA	71291
46256	0	ST. CHARLES VISION (UPTOWN)	8040 ST. CHARLES AVE.			NEW ORLEANS	LA	70118
46289	0	CAROL REDILLAS, MD	(b) (6)			CHALMETTE	LA	70043
46331	0	MARK A. SKELLIE, PSYD (N.O.)	137 N. CLARK ST.	SUITE 4		NEW ORLEANS	LA	70119
46408	0	GNC THERAPIES INC-BATON ROUGE	301 NORTH MAIN ST, SUITE 2200			BATON ROUGE	LA	70802
46408	1	GNC THERAPIES, INC (N.O)	1615 POYDRAS STREET	SUITE 900		NEW ORLEANS	LA	70112
46408	2	GNC THERAPIES, INC (MET)	ONE GALLERIA BLVD	SUITE 1900		METAIRIE	LA	70002-1726
47466	0	WEST JEFFERSON MEDICAL CENTER	1101 MEDICAL CENTER BLVD			MARRERO	LA	70072
47615	0	SHERRY RUMBY, LPC	(b) (6)			MINDEN	LA	71055
47750	0	STEPHEN T. JONES, MD	URGENT CARE ELEVEN	3218 ST. CLAUDE AVE.		NEW ORLEANS	LA	70117
48041	0	JIMMY EATON O.D.	911 TECH DRIVE			RUSTON	LA	71270
48041	1	GARY AVALLONE O.D.	911 TECH DRIVE			RUSTON	LA	71270
48071	0	KRISTI GRAVES HUBBARD S&LP	1799 STUMPF BLVD. BLDG 5 SUITE 2			TERRYTOWN	LA	70056
48141	0	LISA FLEMING BANNISTER-SLP	(b) (6)			MONROE	LA	71201
48179	0	DERRICK STEVENSON, LCSW	8924 JEWELLA AVE	ROOM 22W		SHREVEPORT	LA	71118
48180	0	DORIS A. SMALL, LCSW	1760 TEXAS ST			NATCHITOCHES	LA	71457
48181	0	SHARON BEARD, LPC	1760 TEXAS ST			NATCHITOCHES	LA	71457
48209	0	KIMBERLY CARTER - SLP	(b) (6)			RAYVILLE	LA	71269
48474	0	MARTIN AUDIFFRED	(b) (6)			LAFAYETTE	LA	70506

48480	0	MICHAEL D. MCGILL, MCD, CCC-SLP	8730 YOUREE DRIVE, SUITE B			SHREVEPORT	LA	71115
48679	0	NOLA HEARING	1700 VETERANS BLVD STE 200			METAIRIE	LA	70005
48898	0	DEBRA D. LAING, M.C.D., CCC-SLP	(b) (6)			SHREVEPORT	LA	71105
49016	0	ALETHA NELSON-LPC	908 NORTH 3RD ST.			MONROE	LA	71201
49018	0	CAROLYN BRUCE-LPC	908 NORTH 3RD ST.			MONROE	LA	71201
49018	1	ANTHEA JOSEPH-LPC	908 NORTH 3RD ST.			MONROE	LA	71201
49021	0	DR JOHN F. LOUPE	2223 QUAIL RUN DR.	STE G1		BATON ROUGE	LA	70808
49116	0	MAGNOLIA MEDICAL SERVICES SHREVEPORT	2121 FAIRFIELD AVE, SUITE 110			SHREVEPORT	LA	71104
49116	1	MAGNOLIA MEDICAL SERVICES MONROE	3001 ARMAND ST.SUITE C			MONROE	LA	71201
49116	2	MAGNOLIA MEDICAL SERVICES - CROWLEY	207 EAST 5TH ST.			CROWLEY	LA	70526
49116	3	MAGNOLIA MEDICAL- MORGAN CITY	2403 6TH ST.			MORGAN CITY	LA	70460
49116	4	MAGNOLIA MEDICAL SERVICES- LEESVILLE	ST. MICHAEL'S CENTER	105 WEST SOUTH ST.		LEESVILLE	LA	71446
49116	5	MAGNOLIA MEDICAL- HOUMA	FLYNN MANCEAUX ETC. - CHIROPRACTORS	6902 W MAIN ST		HOUMA	LA	70360
49128	0	APRIL GILCHRIST, LPC-S, NCC	4859 SHED ROAD	SUITE 500		BOSSIER CITY	LA	71111
49129	1	KIMBERLY HUTCHINSON	(b) (6)			LAKE CHARLES	LA	70601
49197	2	JOSEPH WARNER, LPC	(b) (6)			LAPLACE	LA	70068
49233	0	GEORGE W. HEBERT, PHD	411 SOUTH PRIEUR ST.	SUITE 307		NEW ORLEANS	LA	70112
49366	0	BUDI SUGENG MD	(b) (6)			LAFAYETTE	LA	70506
49444	0	JAMES LEE HOOVER, ED.D.	(b) (6)			TEXARKANA	TX	75503
49503	0	GERALD NISSLEY, JR., PSY.D.	505 EAST TRAVIS ST, SUITE 208			MARSHALL	TX	75670
49588	0	DR. JENNINGS, PSY.D.SHREVEPORT	920 PIERREMONT RD, SUITE 205			SHREVEPORT	LA	71106
49632	0	GAIL G LEGER CCC SLP	ST. CHRISTOPHER COLLEGE BUILDING	3419 NORTHWEST EVANGELINE THRUWAY	SUITE A-5	CARENCRO	LA	70520
49645	0	DEBORAH A. MAYEUX-SLP	3654 GOVERNMENT STREET SUITE 10			ALEXANDRIA	LA	71302
49795	0	KERRY HYMEL-NESBIT MA LPC	501 RUE DE SANTE	SUITE 4		LAPLACE	LA	70068
49796	0	SCHERELL SIMONET	606 COLONIAL DR	SUITE B	FLIP MY FROWN COUNSELING SERVICES	BATON ROUGE	LA	70815
49798	0	DR. ALBERTO PALMIANO	2312 E MAIN ST.	STE. B		NEW IBERIA	LA	70560
50289	0	SARAH B. HUGHES, LPC-S	(b) (6)			NEW ORLEANS	LA	70119
50590	0	LANA JOSEPH AU.D CCC-A, MSHCM	HIGH LEVEL HEARING TECHNOLOGY	5640 JEFFERSON HIGHWAY		HARAHAN	LA	70123
50627	0	TODAY'S EYECARE LLC	MALL OF ACADIANA/LENSCRAFTERS	5725 JOHNSTON ST., SUITE 2314		LAFAYETTE	LA	70503
50869	1	LYNN DAIGLE, LPC HOUMA	(b) (6)			HOUMA	LA	70360
50930	0	KENDRA MICHAEL MD	TOTAL FAMILY HEALTHCARE	4336 NORTH BLVD.	STE 103	BATON ROUGE	LA	70806
51396	0	MICHAEL W. PARKER PHD	(b) (6)			STRONG	AR	71765
51490	0	DR. MARVIN D. CLIFTON	10319 OLD HAMMOND HWY STE. B2			BATON ROUGE	LA	70816
51510	0	DR. HAROLD J. HEBERT JR.	501 JEFFERSON TER	SUITE A	501 JEFFERSON TERRACE BLVD NEW IBERIA	NEW IBERIA	LA	70560
51621	0	MONICA G. BAGLEY, MCD, CCC-SLP	1331 OCHSNER BLVD. SUITE 100			COVINGTON	LA	70433
51680	0	STEPHANY HILLMAN, PHD	1244 BARROW STREET	SUITE 107		HOUMA	LA	70360
51842	0	MARC L ZIMMERMANN PH D	2798 O'NEAL LANE BLDG. D			BATON ROUGE	LA	70816
52062	0	MONICA STEVENS, PHD	131 SOUTH ROBERTSON ST.	14TH FLOOR (MURPHY BUILDING)		NEW ORLEANS	LA	70112
52116	0	SORRELLS AUDIOLOGY LLC	555 DR. MICHAEL DEBAKEY DR.	STE 104		LAKE CHARLES	LA	70601

52161	0	AMANDA GALLAGHER, PH.D.	1440 CANAL ST	SUITE 1000		NEW ORLEANS	LA	70112
52327	0	FERNANDO PASTRANA, PHD	310 HUEY P. LONG AVE.	SUITE 107		GRETNA	LA	70053
52525	0	TRENISE HARRIS LPC-S	HOPE AND HEALING COUNSELING CENTER	3349 RIDGELAKE DR	SUITE 104	METAIRIE	LA	70001
52670	0	JILL GAUDET	2533 BERT KOUNS IND. LOOP, SUITE 104			SHREVEPORT	LA	71118
52802	0	CYNTHIA R. LINDSEY, PSY.D.	733 KEYSER AVE, SUITE 100			NATCHITOCHES	LA	71457
53083	0	ST. CHARLES VISION-BOUTTE	13322 HWY. 90			BOUTTE	LA	70039
53119	0	MICHAEL B. GALLAGHER, PSY.D.	(b) (6)			ALEXANDRIA	LA	71301
53164	0	MARY MUNGER, PHD	(b) (6)			METAIRIE	LA	70005
53576	0	JOSEPH KATZ LCSW	MAYERS MENTAL HEALTH LLC	216 SAINT LANDRY STREET		LAFAYETTE	LA	70506
54459	0	MAISA E. SHELMIRE, LCSW	7855 HOWELL BLVD	SUITE 120		BATON ROUGE	LA	70807
54835	0	DR. ANDREW J. THRASHER III	2500 MAPLEWOOD DR.	SUITE 1		SULPHUR	LA	70663
55032	0	PATSY HERNANDEZ, LCSW	ST. CHRISTOPHER COLLEGE BUILDING	3419 NORTHWEST EVANGELINE THRUWAY		CARENCRO	LA	70520
55151	0	HILLARY COOPER, M.A., CCC-SLP- RUSTON	FYZICAL THERAPY BALANCE CENTERS	730 CELEBRITY DRIVE		RUSTON	LA	71270
55151	1	HILLARY COOPER, M.A., CCC-SLP- JONESBORO	FYZICAL THERAPY BALANCE CENTERS	900 PERSHING HWY.		JONESBORO	LA	71251
55173	0	MAURA C. MIZE	HOPE THERAPY CENTER	1727 IMPERIAL BLVD	BUILDING 3	LAKE CHARLES	LA	70605
55292	0	JENNIFER BAUM-LPC	VOLUNTEERS OF AMERICA	3704 COLISEUM BLVD		ALEXANDRIA	LA	71303
56069	0	BLAKE A. BOOTH MD	BATON ROUGE EYE PHYSICIANS	4848 NORTH BLVD		BATON ROUGE	LA	70806
58457	0	DIANNA DUCOTE MS CCC SLP	401 NORTH ST CHARLES	BLDG B	401 NORTH ST CHARLES	ABBEVILLE	LA	70510
61569	0	CHRISTOPHER CENAC SR MD	(b) (6)			HOUMA	LA	70361
63392	0	JOSEPH L PALOTTA MD	UNIVERSAL PLAZA	5211 ESSEN LANE	STE 8A	BATON ROUGE	LA	70809
63953	0	DOCTOR FAUST, MD	MEDICAL RECORDS	STE 600	2633 NAPOLEON AVE	NEW ORLEANS	LA	70115
64251	0	TERRY L ROBERTS M A	ROBERTS HEARING CLINIC	4007 PARLIMENT DRIVE		ALEXANDRIA	LA	71303
64251	1	TERRY L. ROBERTS, M.A.	ROBERTS HEARING CLINIC	1503 GOODWIN RD.	SUITE 205	RUSTON	LA	71270
66261	0	WILLIS KNIGHTON MEDICAL CENTER	ATTN: RESPIRATORY THERAPY	2600 GREENWOOD RD		SHREVEPORT	LA	71103
67528	0	CARLOS B REINOSO PHD	MEDICAL RECORDS	4517 LORINO STREET		METAIRIE	LA	70006
69526	0	S F FONTENELLE III PHD-METAIRIE	(b) (6)			METAIRIE	LA	70001
69526	1	S F FONTENELLE III PHD-NEW ORLEANS	N O SPEECH AND HEARING BLDG	1636 TOLEDANO ST		NEW ORLEANS	LA	70115
69530	0	JANE V MCDOW OD	WAL-MART VISION CENTER STORE 542	1901 TCHOUPITOULAS ST		NEW ORLEANS	LA	70130
69764	1	JOHN P. SANDIFER, MD	MID STATE ORTHOPAEDICS	134 E. 5TH ST.		NATCHITOCHES	LA	71457
69942	0	MARK BOWEN OD	(b) (6)			JENA	LA	71342
70043	0	BARRY TILLMAN MD	RIVERPARK MEDICAL CENTER	107 FRONT ST.		VIDALIA	LA	71373
70104	0	TIMOTHY BARRY OD	MEDICAL RECORDS	418 N. MAIN STREET		JENNINGS	LA	70546
73155	0	RODERICK E ADAMS PH D	(b) (6)			PINEVILLE	LA	71360
75856	0	PSYCHOLOGICAL ASSESSMENT TREATMENT	1502 STUBBS AVENUE			MONROE	LA	71201
75856	2	PSYCHOLOGICAL ASSESSMENT & TREATMENT	1502 STUBBS AVE.			MONROE	LA	71201
77237	0	RIAZ M CHAUDHRY MD	(b) (6)			JENA	LA	71342
77363	0	LINDA C STEWART M D	604 CHEVELLE DRIVE	SUITE C		BATON ROUGE	LA	70806
80181	1	DAVID D CLARK ED D	4565 LASALLE ST. SUITE 302			MANDEVILLE	LA	70471
81049	0	MOLLIE WEBB SPEECH HEARING C	(b) (6)			SHREVEPORT	LA	71103-4601

81265	0	ROGELIO A CASAMA M D	537 KENTUCKY AVE SUITE A			BOGALUSA	LA	70427
83051	3	GEORGE J HAAG PH D	(b) (6)			ALEXANDRIA	LA	71301
83051	5	GEORGE J HAAG PH D	805 STUBBS AVE.	SUITE C		MONROE	LA	71201
85604	0	SATYARTHI GUPTA M D	HIGHLAND PARK PLAZA	COMPLEX 1 STE 108		COVINGTON	LA	70433
87960	0	HAROLD R YORK M D	4937 HEARST	SUITE 2A		METAIRIE	LA	70001
88953	0	LABCORP OF AMERICA	11441 INDUSTRIPLEX BLVD	STE 140		BATON ROUGE	LA	70809
90089	1	DR. MIA SINGLETON BEN	ALL KIDS PEDIATRICS	920 N. MAIN ST.		OPELOUSAS	LA	70570
90604	0	JARRETT JOHNSON OD	PRIMARY EYE CARE	1530 N BROAD ST		NEW ORLEANS	LA	70119
91142	0	WK PIERREMONT CARDIOLOGY	1811 E BERT KOUNS INDUSTRIAL LOOP	STE 210		SHREVEPORT	LA	71105
91663	0	BETTER HEARING SYSTEMS	1000 CHINABERRY DR	SUITE 103		BOSSIER CITY	LA	71111
92172	0	MEDICAL CENTER DIAGNOSTICS	67250 INDUSTRY LANE			COVINGTON	LA	70433
92999	1	WILLIAM E FOWLER PHD MET	3351 SEVERN AVE	STE 301		METAIRIE	LA	70002
92999	2	WILLIAM E FOWLER PHD HOUMA	(b) (6)			HOUMA	LA	70360-6301
93041	2	THE THERAPY GROUP	7843 PARK AVENUE	SUITE A		HOUMA	LA	70364
96433	0	ST FRANCES CABRINI HOSPITAL	3330 MASONIC DRIVE			ALEXANDRIA	LA	71301
96433	1	ST FRANCES CABRINI OP LAB	2108 TEXAS AVENUE	SUITE 1060		ALEXANDRIA	LA	71301
97904	0	SANDRA B DURDIN PHD BR	8676 GOODWOOD BOULEVARD	SUITE 404		BATON ROUGE	LA	70806
97904	2	SANDRA B DURDIN PH D LAFAYETTE	2032 NE EVANGELINE TRWY	RAMADA INN		LAFAYETTE	LA	70501
97904	6	SANDRA DURDIN PH D HAMMOND	15706 PROFESSIONAL PLAZA	AUDIOLOGY ASSOCIATES BUILDING		HAMMOND	LA	70403
97921	0	LAUREN ARBOUR	8762 QUARTERS LAKE RD	BLDG 12		BATON ROUGE	LA	70809
97921	1	LAUREN ARBOUR	(b) (6)			NEW ORLEANS	LA	70119

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):	2017
Current Date:	10/12/17
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://pfr.informe.org/ALMSOnline 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 77 CE providers including specialties. We lost a total of 6 CE providers; 1 office closed which employed 3 providers, 2 physicians moved away, and 1 retired.
We have recruited 4 Vision offices, 1 otolaryngologist, 3 psychologist, 3 physician assistants, 1 LCSW, and 3 MDs.

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

The top 5 volume providers were visited and 5 additional providers were visited. The selection was based on issues that needed to be discussed and/or rotation on an ongoing basis of visits from year to year.

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

Some CPT code changes were updated without changing the "fee" to be in line with DCPS.
Other changes are below:
CPT 97001 General physical assess by phys therapist changed CPT 97162; inc from $75.00 to $80.00
CPT 99203 Pediatric OT eval changed to 97162, dec from $120.00 to $81.00
CPT 92004 Ophthalmologic exam inc to $225.00 from 145.00
CPT 92002 Optometric exam inc to $92.00 from $78.00
CPT 69220 Debridement cerumen changed to 69210 dec from $140.00 to $49.00
CPT 96118 Neuropsych evaluation $455.00 removed
CPT 95819 EEG incl recording awake and asleep w/ stimula $300.00; modifier $52.96 removed
CPT 95861 Needle EMG 1 xtrem w/ related paraspi areas $100.00; modifier $77.49 removed
CPT 95930 Visual evoked potential (VEP) testing CNS $99.00; modifier $17.41 removed

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.

We have recruited 5 offices for ERE MER providers. We have not attended any medical conventions or regional public affairs offices due to budget constraints. We have done recruiting for physical consultative examiners, psychological consultative examiners, as well as specialties (ENT and audiologist are particularly difficult to recruit). We did this by sending out letters with follow-up calls to speak personally to the targeted audience. We had some success.

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.

Over the last fiscal year, Maine has had some challenges with obtaining medical records in a timely manner from both the source itself as well as copy services. In some instances, this delay was as much as 8 weeks resulting in the need to schedule consultative examinations to get the evidence in to process the case. Maine Medical Center, Eastern Maine Medical Center, and Central Maine Medical Center were all back logged for different reasons. Contacts for Eastern Maine Medical Center and Maine Medical Center were given to the RO for possible HIT providers.

We are currently using Telemedicine in 2 different locations (more rural areas) for physical exams and this is working well.

Maine has been scheduling CEs in DCPS. Feedback has been given to the DCPS team on an ongoing basis. CPT codes have been reviewed and updated if needed to coincide with DCPS.

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):	FY17
Current Date:	November 14, 2017
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 FY17 the MD DDS sent out 2,325 surveys and received 998 returned, which is a 43% 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:
  - Length of consultative examination
  - Difficulty finding CE Providers office
  - Wait times to be seen by CE Provider
  - Limited understanding of why they were seen by CE Provider
  - Poor customer service by provider or their staff

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.

No removals based on egregious complaints. However a few providers were removed due to poor interactions with claimants and failure to complete CE reports.

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 is in the processed of adding a new optometrist to our CE panel. Of note, the State Board of Examiners in Optometry no longer provides optometrists with an official license. The only documentation is verification on their site that can be printed.

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/. The System for Award Management (SAM) is checked for any individual entity exclusion at the following site: https://www.sam.gov/portal/SAM/#1#1. These websites are periodically checked to ensure providers are not excluded from participating in federally funded health care programs.

- 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 when CE Providers join our CE panel, at licensure renewals and on a quarterly basis, and on a periodic 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.

389 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 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. Our major fee changes revolved around fees for psychological testing for both adults and children. An additional fee was added for evaluation of children as well as evaluation of an adult, when completing psychological testing. This fee accounts for the clinical interview and mental status evaluation that is included with the testing. Our main concern is keeping our existing panelist, recruiting qualified psychologists with a competitive fee structure 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 participate in SOAR training sessions statewide. 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 fourth annual SOAR Conference, in which the MD DDS presented discussing the adjudication process, in a staffing type fashion. We reviewed actual SOAR claims, removing all PII, explaining sequential evaluation and how the determination was made.

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. In addition to our continued push to submit records electronically, we promoted our receipt of requests via electronic outbound requests (eOR). MRO continues to work closely with State Correctional Facilities to ensure all sites are utilizing ERE, and providing continued education and ERE support.

The MRO team participated at the Maryland State Education Association Conference, providing opportunities to network with school professionals from across the state. Our continued work with the school system to promote ERE has been successful. We have been invited to many County Board of Education Offices, to meet with IEP managers, Principals, Vice Principals, and other school professional staff. As a result, we have registered 11 of 24 Maryland County School jurisdictions with ERE. This has improved our receipt of school records in these jurisdictions. We will continue to target other counties in the state, using our contact in the State Superintendent for IEPs, in an effort to nudge other counties.

The MD MPRO staff worked closely with Washington Metro Public Affairs Specialists (PAS), (b) (6) . With (b) (6) we provided joint presentations at the Walter Reed National Military Medical Center on several occasions. 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 Montgomery County. We provided a series of presentations throughout Montgomery County with representatives from CMS, discussing SSA, DDS and Medicare/Medicaid. I was asked to present to the Charlotte Hall field office staff about the MD DDS process and our responsibilities.

MPRO staff works closely with other state DDSs, ESTs, DPB, and DPUs that provide assistance to the MD DDS workload.

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):	2017
Current Date:	November 07, 2017
Reporter's Name, Phone number, and title:	Name| (b) (6) Phone number |(b) (6) Title| Director of Medical Contract Mgmt. & Professional Relations & (b) (6), 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 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 eleven 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 had two complaints of a non-egregious nature but they would be investigated with a combination of the procedures listed above.

d. 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 claimant complaint stated, "the place was disgusting, wreaked of smoke and they were surprised that this was a place sanctioned by the state." An unannounced site visit was conducted and found that Consultative Exams were being conducted in the doctor's basement dwelling. In addition, the conversation between the doctor and claimant could be heard outside in the hallway. Also, there was no border between the living quarters and where the Consultative Exam were being conducted. The doctor was informed a site visit would necessary in a new facility to continue to perform Consultative Exams. The doctor never contacted us.

A (b) (6) stated (b) (6) was too ill to receive a site visit from a PRO to review the results of a Special Study. However, (b) (6) was still willing to see claimants. We explained that a site visit and review of the Special Study would be necessary to continue to do CE's. We stopped scheduling with the doctor.

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.

183- We had 33 doctors who stopped consulting for mixed reasons (deceased, moved, did not want to do CE's anymore, retired) and 25 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 7 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).

We added the Nurse Practitioner and the Physician Assistants 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 Massachusetts MPRO team spends a great deal of time recruiting due to low reimbursement rates, which are set by Massachusetts law. Recruitment is under way to add Nurse Practitioners and Physician Assistants to the CE panel. (b) (6) served on a work group to develop a business plan to utilize Non-AMS vendors.

The Director of Professional Relations attended regular meetings with (b) (6), Area Director and (b) (6), Director of Case Processing to find ways to streamline the CE Placement Department and Medical Relations. One of the major initiatives was to convert a majority of CE doctors from "Call Doctors" to "Block Doctors." This streamlined the scheduling process.

The MPRO Department continues outreach to vendors, to sign up for Electronic Records Express. (b) (6) converted fifteen of South Coast Hospital Group sites to Electronic Outbound Requests (eOR) and gave a presentation on the disability program to the Department of Mental Health. (b) (6) converted the following facilities to ERE: Greendale Physical Therapy, Rainbow Pediatrics, Valley Medical Group, North Quabbin Family Physicians and Victor Carbone, CE Provider. (b) (6), provided consultation on ERE to Partners Health Care for their new computer system.

MPRO team posted a Request for Response (RFR) for statewide interpreters on the Massachusetts state website, "COMMBUYS." The Massachusetts Professional Relations team awarded contracts to multiple new Interpreters for verbal, telephonic and written translation.

Due to budget constraint, we were unable to secure funds to attend a Boston Medical

Conference in December 2016.

The Medical Relations Department participates in the Monthly Professional Relations calls.

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:	Michigan
Report Period (Fiscal Year):	2017
Current Date:	November 15, 2017
Reporter's Name, Phone number, and title:	Name |(b) (6) Phone number |(b) (6) Title |Professional Relations Officer and Appointment Secretary 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 17.

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

There was one complaint of this nature described below for FY 17:

- (b) (6) (October 2016)

(b) (6) was upset because (b) (6) was not allowed in the exam room at the CE (child over age 18), indicates (b) (6) was only seen for eleven minutes (CDR case), and lastly that (b) (6) experience at the exam was less than what (b) (6) would normally expect. We did an investigation and had customer surveys completed. We talked to (b) (6) and found out (b) (6) was upset because (b) (6) school records were not included in the file for a medical decision. (b) (6) was educated on the disability process and what (b) (6) needed to do on appeal to make sure those records were included. In summary, considering the results of the survey, the excellent long- standing history with this (b) (6) and the factors going into the claimant's (b) (6) complaint we considered the investigation satisfactory and complete

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 (dependent on 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.

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 or schedule an additional five exams for review.

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 181 providers (including clinics) on our CE Panel. This is a decrease in 4 vendors from FY 16. We have implemented a few initiatives (i.e. tele-health and CE providers who travel) to accommodate the difficulty we have encountered in recruiting and maintaining providers in underserved areas of Michigan.

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

All Key and Volume Provider Visits for FY 17 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 17 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 Bayley

tests 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

10/16 MACMHB Annual Fall Conference **(DDSD/SSA- B)**
11/16 Annual Michigan Association of School Social Workers **(DDS/SSA- B)**
1/17 MAOFP Conference (Bellaire, MI) **(DDS- B)**
2/17 MACMHB Annual Winter Conference **(DDS- B)**
5/17 MHIMA State Conference **(DDS- P)** ***–did a presentation on ERE to 300 attendees including Compliance officers, medical billers/coders, and ROI/HIM employees throughout the State of Michigan***
5/17 MACMHB Annual Spring Conference **(DDS/SSA- B)**
6/17 Michigan Psychological Association Insurance Seminar **(DDS- B)**
7/16 Community Outreach with SSA (Flint Farmers Market) **(B)**
8/16 MAOFP Conference (Traverse City, MI) **(P) (B)**
9/16 Annual Substance Use/Co-Occurring Disorder Conference with SSA **(P) (B)**

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):	2017
Current Date:	11/14/2017
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.

We did not identify any complaints per DI 39545.375

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.**

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.

245

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, 2017. See oversight report for dates and locations.

CE OVERSIGHT FY2017.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 changes were made to the 2017 Fee Schedule.

No additional CE providers were added to the special arrangements in 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.

See MRO activities section of the CE 2017 oversight report.

CE OVERSIGHT FY2017.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 Memo 2347
11/15

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

WHO	STEP	WHAT ACTION
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: • 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
FY2018

MINNESOTA DISABILITY DETERMINATION SERVICES

(b) (6)
Medical Relations Coordinators

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 07/19/17
2. 3100 Lake Pt. Corporate Bldg., #210, MPLS, MN 55404

Donald Wiger, LP & Associates

1. 229 Jackson St. #136, Anoka, MN 55303
   *Onsite 08/08/17
2. 155 S Wabasha #122, St. Paul, MN 55107
3. 4275 Hwy 61 W. Red Wing, MN 55066
4. 811 Plaza St., Albert Lea, MN 56007
5. 245 Florence Ave. Owatonna, MN 55060

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 7/18/17

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 08/29/17
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
   *Onsite 08/08/17
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
8. Granite Falls Hospital 345 10th Ave, Granite Falls, MN

Dustin Warner, PsyD., LP

1. 325 Cedar St. #312, St. Paul, MN 55101
   *Onsite: 07/27/17
2. Oakridge Hotel & Conf Center 1 Oakridge Dr., Chaska, MN

Marlin Trulsen, LP

1. 102 S 29th Ave. W #106, Duluth, MN 55806
2. Lakeview Psychological Clinic 600 Union St. So., Mora, MN 55051
3. Itasca Resource Center 1209 SE 2nd Ave., Grand Rapids, MN
   *Onsite 09/11/17

Lyle Wagner, PhD., LP

(b) (6) Brainerd, MN 56401
(b) (6) Litchfield, MN 55355
*onsite: 09/20/17

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
   *Onsite 08/09/17
3. Howard Court 302 E Howard St. Hibbing, MN 55746

Monique Bourdeaux, PHD., LP, Bourdeaux Psychological Services

1. 717 Morningside Ave N, Glencoe, MN
2. 6010 Main St., North Branch, MN
3. 1114 Cedar St., Monticello, MN
   *Onsite 08/09/17
4. 1301 33rd St S, St Cloud, MN

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:

Medical Relations staff have been involved in the following activities (FY18):

- Weekly review of Military Casualty cases and follow-up with Veterans medical facilities to expedite receipt of MER.
- Weekly review of Ortho CEs without xrays and MSE only CEs to determine if additional development is needed.
- Review and draft agency complaints to the Board of Psych, Board of Medicine, Board of Nursing, etc.

- 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.

- 10/16:Staffing a booth at the 2015 St. Louis Count Public Health and Human Services Conference to provide outreach to social workers, psychologists, case managers, and medical vendors throughout Minnesota.

- 10/16: Staffing at Many Faces Community Health Conference to provide outreach to social workers, case manager, and psychologist throughout Minnesota.

- 10/16: Staffing a booth at MEA Conference to provide outreach to teachers, school psychologists and social workers throughout Minnesota.

- 03/17: Staffing a booth at Minnesota 2017 Minnesota Social Services Association Conference to provide outreach to social workers, case managers and psychologists throughout Minnesota.

- 4/17: Staffing a booth at the MN Psychological Association 2017 Annual Conference to recruit potential psych panelists.

- 4/17: Staffing a booth at the MCF Shakopee Transitions Fair to provide outreach regarding SSI/SSDI disability evaluation criteria and process.

- 4/17: Staffing a booth at the MN Health Information Medical Association annual conference to promote ERE.

- 4/17: Staffing a booth at the MN Association of Child and Adolescent Mental Health to provide outreach to social workers, case managers and psychologists.

- 5/17: Staffing a booth at the MCF St Cloud Transition Fair to provide outreach regarding SSI/SSDI disability evaluation criteria and process.

- Provided eCat training & support for State Agency Medical Consultants & staff.

- 6/17: Staffing a booth at the MCF Faribault Transitions Fair to provide outreach regarding SSI disability evaluation criteria and process.

- 6/17: Staffing a booth at the 2017 MN e-Health Conference to promote ERE.

- 6/17: Staffing a booth at the 2017 MN Rural BH Conference to provide outreach to psychologists, case managers, and social workers throughout rural Minnesota.

- 9/17: Staffing a booth at the 2017 MN Medical Association Conference to recruit potential panelists throughout Minnesota.

- 9/17: Staffing a booth at the 2017 MACMHP Conference to provide outreach to psychologists, case managers, and social workers throughout Minnesota.

- Interface with statewide MER vendors to coordinate eAuthorization rollout.

- Coordinated & scheduled all consultative exams in the MN prison system for the DDS.

- Provided eCat and e827 training & support to in-house medical & examiner staff.

- Provided CDR training to onsite Medical Consultants.

- 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 presentation to DDS staff by Out Front Minnesota Chapter regarding communicating and working with the LGBTQ community.

- Organized training presentation to DDS staff by Council on American-Islamic Relations regarding communicating and understanding the Islamic and Muslim communities.

- Organized training to DDS staff with Itasca 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 15.

Region:	Kansas City
State DDS:	Missouri
Report Period (Fiscal Year):	2017
Current Date:	11/08/17
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 and unprofessionalism
- Wait time for examination
- Exam not thorough

- Pain with range of motion
- Not enough time spent during exam
- Examination techniques
- Discrepancy with exam and report
- Language barrier

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 and the Missouri Division of Professional Registration's website 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.

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 form 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 385 CE providers on the CE panel. This included the Kansas CE providers we used on our CE panel while providing the Kansas DDS assistance this year. Since we didn't provide assistance to the Illinois DDS this year, we didn't utilize Illinois DDS CE providers as we did in FY16.

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 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).

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 were revised on April 1 based on the Medicare fee schedule that was in effect as of January 1.

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 2/1/17, the paper MER fee increased from $24.57 to $24.85 for copy fee and from $0.56 to $0.57 per page fee. Electronic records MER fees also increased from $24.57 to $24.85 for copy fee and from $0.56 to $0.57 per page fee with the maximum fee allowed increasing from $107.67 to $108.88.

For records on microfilm, the fee increased from $24.57 to $24.85 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:

- Several CE and MER vendors converted to eOR and/or to send records via ERE to us, including some hospital facilities. Several vendors not using ERE were provided with information on ERE and its benefits.
- The use of HIT increased during the year. HIT training to our staff throughout the year.

Continue use of HIT with SSM start date March 2015. Department of Defense start date January 2016. Mercy facilities start date April 2016. VA start date November 2016 with full Missouri rollout January 2017 and full national rollout March 2017. SLUCare start date February 2017. St. Luke's Health System currently in preparation for HIT.

- PRO activities involving CE recruitment, onsite visits, training, monitoring, complaint resolution, etc.
- Missouri assisted with Kansas cases, which involved a great amount effort for PROs working with CE providers and MER vendors.
- Arranged for staff to visit CE providers
- Psychological CE provider presented at a DDS office
- Two Missouri DDS Newsletters sent to CE providers
- Presented an overview of the SSA Disability program to a class of St. Louis University medical school residents
- Attended SOARs meetings
- Worked as liaisons to FOs for problem resolution. SSA Field Office Management site visit to Cape Girardeau DDS. St. Louis DDS case receipt staff site visit to local SSA Field Office.
- Worked as liaisons with ODAR offices: meetings, training, problem resolution, complaint investigation, etc.
- Medical consultant oversight, recruitment and training
- Preparations for DCPS2 with Missouri to begin Production on 11/15/17 – postponed
- 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:	MT
Report Period (Fiscal Year):	2017
Current Date:	11/21/2017
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, verbal or in writing, are brought to the attention of the MPRO 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.

Most of our complaints are less serious in nature and come from claimant phone calls. Calls 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. The probation will end if we see improvement. Otherwise, we may discuss the matter with the provider, provide a written letter of expectation, and/or 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 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 FY2017, we received a total of 2 verbal complaints and 1 written complaint out of over 4222 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. The MPRO checks providers and facilities on the SAM for exclusions to ensure there are no sanctions in place. All mid-levels such as nurse practitioners and physician assistants are included in the credentialing process.

All new CE providers must sign an agreement form acknowledging their license is free of sanctions. The agreement also requires the provider acknowledge responsibility for respective staff to remain credentialed. We recheck licenses and SAM status for all CE providers and facilities at least once a year. We notify the provider when their license is not current on the state website. We will allow a grace period of 30 days, consistent with the State of Montana guidelines, as the State website is not always current to the month. During

the grace period, the provider remains on the CE panel but no CEs are scheduled until licensure is current.

The MRPO rechecks credentials and SAM status when we receive any written complaint.

The MPRO verifies CE providers are compliant with their license visible 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.

The MPRO provides an annual licensure check. The MRPO performs 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 and medical advisors for feedback on CE reports.

The MRPO gives feedback to a CE provider any time a report is deemed insufficient or lacking the required information. The in-house medical consultants and medical advisors will also provide feedback to the MRPO, who shares this with the CE provider(s).

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

There are approximately 248 CE vendors on our panel, which is similar to the number last year.

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 FY2017. 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 49 visits to hospitals, clinics, mental health centers, Native American tribes, and CE providers during FY2017. Visits were for onsite reviews, recruitment, training, and promotion of Electronic Records Express (ERE).

DDS Medical Consultants also networked with providers in their specialties to assist with CE recruitment. The MRPO also targeted recruitment efforts due to the BBA and policy change accepting mid-level providers as AMSs. We recruited 9 new providers or exam locations during FY2017. We lost 21 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 FY2017 seeing a slight increase in processing time 11.37 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. The MPRO had a significant issue with Kalispell Regional Medical Center in FY2017, which required assistance from State and Regional partners to engage cooperation and acceptance of the SSA-827.

In FY2017, we continued to 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 residence, prevented processing time delays waiting for a face-to-face exam, and reduced expenses of client travel.

The MRPO and PAS coordinated efforts and offered trainings in 3 major cities focusing on SSA, DDS, and the disability claim process. The presentations targeted caseworkers, disability advocates, tribal services, and congressional staff with over 68 people in attendance. The MRPO and PAS will continue to dual-present when permitted in the coming fiscal year.

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.

ADDS 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):	10/1/2016 – 09/30/2017
Current Date:	October 4, 2017
Reporter's Name, Phone number, and title:	Name: (b) (6) Phone number: (b) (6) Title: Medical Relations Team Leader

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 must come from the claimant in writing. Once we receive these, a copy is sent to the CE provider for a written response from them within seven days. If corrective action is needed, a phone call and/or letter is sent to provider to address the issue. If multiple complaints come in on the same source, a site visit is made. Most of our complaints have been something the provider has said or done to the claimant, such as rudeness. We have also had some claimant's complain about the rules that the provider has set up for their office, such as who is allowed in the exam room.

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 require each source to provide us with their current license when coming on board with us and then again ever July. Afterwards, SAM (System for Award Management) is checked for exclusions.

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 providers yearly, 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. 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.

The central medical unit reviews a new CE provider's first 6 CE reports 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. 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.

187 - one less than last year

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

All Key and Volume providers were visited this year. We have a total of 8. Two additional site visits were made to introduce myself to long time providers.

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

Dilantin and Phenobarbital levels were deleted from the CE rate schedule due to the changes in the neurological listings. Wechsler Memory Scales were also deleted. There have been no changes to the MER 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.

New providers are encouraged to register for an ERE website account from the beginning. 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. We maintain a high profile at conventions of numerous professional organizations throughout the year. Worked in conjuction with Regional office and Parent Agency to create a new CE Provider/ Medical Consultant recruitment brochure. DPA also shared a visit to 2 CE providers

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:	Nebraska
Report Period (Fiscal Year):	2016-2017
Current Date:	November 6, 2017
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

Nebraska DDS CE
Oversight Report 201

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. All complaints were investigated and treated seriously. Appropriate action per complaint was taken.

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.

389 CE panelists. Attached spreadsheet does not include Hospitals, Translators, and X-ray vendors, which are included in the 389. Some providers retired and new providers were added, panelists fluctuate throughout the year.

Nebraska
DDS_FY2017_CE Provi

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

Majority of the top Key/volume providers had onsite visits this year. Recruiting new providers, training, 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 Dr. McLain, MD for a No Show rate of $75.00 instead of $35.00. Dr. McLain is replacing Dr. Johnson in Chadron NE. Chadron is a rural area in Nebraska, Dr. McLain is our only provider in Chadron.
Fee exception to Dr. Lindley, MD for a No Show rate of $70.00 instead of $35.00. Dr. Lindley is a key provider in North Platte NE.
2016-17 FY the Nebraska DDS updated the CE Fee Schedule. Attached is a copy of the complete fee schedule that reflects the changes made during the year.

Nebraska
DDS_FY2017_CE Fee S

Copy of Nebraska
Fee exceptions 2017.x

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 26 new users to ERE
Continue to hold $100.00 billable rate of MER with some providers

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 2016-2017 Report

State: Nebraska

Report Period: October 1, 2016 - September 30, 2017

Reporter's Information: (b) (6), Medical Services Office

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

- A claimant called in to complain about the facility condition at one of our providers locations. The claimant also followed up with a written complaint stating that the office waiting room smelled of urine, mold, and filthy. When asked about the examination room, the claimant stated there was dried blood on the floor, no running water, sink gross. The following is the written complaint from the claimant: *"This provider did not wash* (b) (6) *hands, the building had no heat except for portable heaters, unsanitary conditions, dried blood on floor, smelled of mold and urine, dead bugs on floor by x-ray machine, the molding was coming away from wall in reception area. The sink in the exam room did not have running water. The sign stated it was an 'eye wash station'*." A letter of concern has been sent to the provider to respond to the allegations. The claimant stated that (b) (6) had photos of the facility, I asked (b) (6) to send a copy of them to me. I provider (b) (6) with a self-addressed, postage paid envelope. No photos where ever sent from the claimant.

- Received CE Questionnaire form back from claimant stating that (b) (6) had the "worse experience ever" with a provider. On 12/2/16 the claimant's (b) (6) called the Examiner with complaints about the CE exam. (b) (6) noted that the appointment was at 9:30am so they arrived at 9:15am. They did not get called back to the room until 9:50am and they are still waiting to see the doctor (at 10:40am). (b) (6) was very upset as they had been waiting for over an hour and (b) (6) had to take off work to take (b) (6) in. The Examiner encouraged (b) (6) to stay so claimant could be seen. I spoke to (b) (6) (the office manager) at (b) (6) office on 12/7/16 in regards to this appointment/claimant. According to (b) (6) staff, the claimants (b) (6) was very obnoxious during the entire time (b) (6) was at the appointment. (b) (6) was loud and called the staff at (b) (6) office 'very up-etty' to their faces and to other patients in the waiting room.

  (b) (6) has been doing disability exams for the DDS for the (b) (6) and has not had any complaints that DDS can remember. Their office is a very friendly and relaxing atmosphere, they offer all patients coffee to help make them feel comfortable.

(b) (6) stated that the staff reported the (b) (6) to be 'out of control'. (b) (6) was on (b) (6) phone while in the waiting room speaking to someone (the Examiner) asking to 'get us out of here'. At one point (b) (6) loudly said 'I wonder how much they are getting paid for this'. This was disruptive to their patients. (b) (6) verified (according to the computer) the claimant arrived at 9:15 am, was checked in and placed in the 'other' waiting room at 9:20 am. The actual appointment is documented from 9:30 am to 11 am. This appointment included a (b) (6) The claimant was discharged and out the front door by 11:10 am. An hour and ½ is adequate time allowed when claimant is getting (b) (6) . At this time all parties are aware of situation and events are documented.

- Claimant (b) (6) included a written complaint within (b) (6) ADL form. This complaint was dated 4/27/17 but was not seen in the file until July 2017. (b) (6) called in asking why (b) (6) had not received any feedback from (b) (6) complaint. The SSA Field Rep submitted the complaint within (b) (6) paperwork and did not alert the DDS of the complaint. This caused a delay in the DDS receiving and working on the complaint. Once the complaint was found this case had already been disposed and sent out of the DDS. According to (b) (6) written complaint, (b) (6) states that (b) (6) saw (b) (6) for a (b) (6) . At this time (b) (6) states that (b) (6) 'told' (b) (6) "I agree, you do have (b) (6) " but that (b) (6) wrote in (b) (6) report (b) (6) states that (b) (6) is going to turn this doctor into the State governing board for unethical conduct. Claimant requests another evaluation by another provider.

  On 7/13/17 (b) (6) called the DDS asking the status of (b) (6) complaint, this is when the written complaint was found in (b) (6) file. I explained that this is the first I knew of the complaint. I explained that I would review the complaint and following SSA guidelines address the complaint with the provider. (b) (6) asked what the status of (b) (6) case was and for a copy of the report from (b) (6) . explained to (b) (6) that I am not at liberty to discuss (b) (6) case, (b) (6) could speak to the Examiner or to (b) (6) SSA Field Rep. I typed a letter to (b) (6) giving (b) (6) the names of (b) (6) local SSA Field Office Rep explaining (b) (6) can request a copy of the report from (b) (6) Rep. I also noted in the letter if (b) (6) had questions regarding the status of the case to contact the Examiner. I then composed a letter to (b) (6) stating the complaint from (b) (6) . On 8/1/17 I had not received any response so I tried calling (b) (6) , no answer. On 8/3/17 (b) (6) called wanting to know the status of (b) (6) case. I explained that I cannot give out any information about the case and (b) (6) 'demanded' I directed (b) (6) to call the Examiner or the Examiners Supervisor. I did however try and contact (b) (6) again, but no answer. After many attempts to reach (b) (6) , on 8/21/17 I received a response from (b) (6) stated that in (b) (6) report under the diagnosis section (b) (6) detailed the rationale of (b) (6) diagnosis and why the claimant meets the criteria for (b) (6) states the report and evaluation stands as written.

- August 2017 I received a written complaint from claimant (b) (6) had recently gone to a CE examination with (b) (6) is alleging that (b) (6) felt (b) (6) persistently asked if (b) (6) was done. (b) (6) felt (b) (6) overall tone and demeanor created a hostile environment. (b) (6) states (b) (6) became uncomfortable and anxious and stated (b) (6) feelings to (b) (6) that (b) (6) felt (b) (6) was being 'rushed out the door'. (b) (6) felt this was unprofessional and inappropriate and (b) (6) does not feel (b) (6) difficulties were accurately portrayed. I sent (b) (6) a written request for (b) (6) to address the complaint from (b) (6) No written response has been received from (b) (6).

LIST OF NE DDS FEE EXCEPTIONS:
October 1, 2016 - September 30, 2017

		No Show Fees
Chadron	**99455**	**NS 99455**
Jerry McLain, MD	N/A	$75
Lincoln*	**99455**	**NS 99455**
Steven Saathoff MD	N/A	$75
Scottsbluff/Gering MD's	**99455**	**NS 99455**
Kader, Abdel	N/A	$75
Carrington, John (PA)	N/A	$75
Herman, Carol (PA)	N/A	$75
Wiles, Christopher (APRN)	N/A	$75
Valentine*	**99455**	**NS 99455**
Cresman, Michael, PA	$140	$75
McCook	**01220**	**NS 01220**
Hinze Chiropractic (room fee)	$35	$35
Norfolk	**01400**	**NS 01400**
Izabel Chavez (Interpreter Services)	$45/hr 1.5 hr min.	$67.50
North Platte		**NS 99455**
David Lindley, MD		$70

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:	Nevada- S31
Report Period (Fiscal Year):	2017
Current Date:	11/14/2017
Reporter's Name, Phone number, and title:	Name| (b) (6) Phone number |(b) (6) Title |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.**

Nevada DDS investigates all complaints regarding CE Providers and takes action in accordance with SSA POMS DI 39545.375.

1) Complaints may be received in writing or verbally regarding an issue with the CE provider, facility, staff, or circumstance of the CE.

2) Nevada DDS staff will record the facts in the gathering of information.

3) The MPRO logs the complaint.

4) The MPRO, or appropriate Manager, sends a written notice of the complaint, with a summary copy of the complaint, to the CE Provider.

5) The CE Provider is directed to respond to the allegations, in writing, back to the DDS within 15 days of notice.

6) A written notification is sent to the claimant stating that the complaint is under investigation.

7) Upon receipt of response from the CE Provider, if a deficiency is noted, the MPRO, or Manager, will complete the following steps:

a) The claimant's complaint and CE Provider's responses are reviewed by the MPRO to determine course of action. If the allegations, and/or findings, are of an egregious nature, the matter will be referred to the DDS Administrator to determine what additional action steps are required.

b) Corrective actions required by any CE Provider because of the complaint investigation are

documented in writing 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.

8) A written notice of resolution of the complaint is sent to the complaining party.

9) Copies of the complaint, CE Provider's response, and resolution are filed in the CE Provider's Folder.

10) 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.

Complaints addressed in FY 17 included rudeness by the CE examiner, allegations that the CE office was not ADA compliant, office receptionist was rude, and a complaint regarding the taxi service utilized by the DDS for claimant transport to a CE. All complaints were addressed and resolved per the above procedures.

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 FY 17.

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 FY 17.

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:

- Prospective CE Providers provide a copy of their current Nevada State License, and Curriculum Vitae for verification.
- The MPRO checks the appropriate medical board websites (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.
- License /Credentials Certification for CE Provider and Certification of All Support Staff, DI 39569.400 Exhibit I letter sent to all CE providers for review and signature on an annual basis.
- A list of Support Staff assisting with CE exams is obtained from all CE providers and updated annually, or at the time of onsite visit.

- Periodic checks of licenses and SAMS verifications are completed for all CE panelists on an annual basis or if there is a change in staffing, office relocation, or in the month the license is to expire.
- All licensure documents are kept in the CE provider's file.

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

Annually, notification of change in staffing, office relocation, or at time of placement of new CE panelists. Credentials were checked for all panelist in December 2016 and August 2017.

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 will provide feedback of 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 do not meet 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 will provide feedback of established CE Provider reports throughout the year. Medical and psychological consultative staff refer CE Provider reports for review to the MPRO when deficiencies with reports are noted. Any deficiency is documented and forwarded to the MPRO for follow-up with the CE Provider. The MPRO sends written documentation (via fax) of the request for clarification to the CE Provider. The CE provider is requested to review report deficiencies, then correct and return the report within 3 days. Additional guidance may be provided to the CE provider by the MPRO to ensure report content guidelines, per the Green Book/SSA policy, are met. Follow-up calls are scheduled as needed for further remediation. The MPRO maintains a report deficiency log so that report, and provider, trends may be identified.

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

In FY 17 Nevada DDS had 64 CE providers with 170 practitioners within the 64 CE providers, which is a decrease from FY16 where Nevada DDS had 67 providers with 179 practitioners. We have outlined the changes to the CE panel below:

Dr. Holland-(b) (6)
RBM Clinic-(b) (6)
Martha Mahaffey PhD-(b) (6)

Shepherd Eye Center-(b) (6)
David Mathis MD-(b) (6)
Dr. Estella Racoma MD-(b) (6)
Carson Tahoe Cardiology-(b) (6)
Dr. Richard Lewis-(b) (6)
Dr. John Paglini-(b) (6)
Dr. Browning-(b) (6)
Dr. Steven Gerson-(b) (6)

New Panelist:
Reflections Therapy- Dr. Esmaeili PsyD
Odyssey Wellness- Dr. Ahmad PsyD
Dr. Sandra Gray PsyD
Dr. Leslie Westfield PsyD
Dr. Johnson PsyD
Moonlight Exams
Dr. Mullin PsyD
Dr. Sunshine Collins PsyD
Marilyn Maschgan AuD

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

Nevada DDS was unable to conduct onsite visits for all Key and Volume providers in FY 17 due to resource limitations and change in MPRO staff.

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

Psychological fees increased for MSE's and ancillary testing.

	Old Fee Schedule Price	New Fee Schedule Price
WRAT	$40	$100
Bender	$55	$100
Vineland	$40	$100
Trails A/B	$40	$100
MSE/Leiter	$300	$380
Child MSE	$175	$250
Adult MSE	$145	$225
TONI-4	$125	$250
MSE/WISC	$300	$450
MSE/WAIS	$270	$425
MSE/Bender	$200	$325
WAIS	$125	$200
WISC	$125	$200
WPPSI/Bayley	$125	$100

There were no exceptions or 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.

Nevada DDS continues to promote ERE for new and established CE providers. All new providers have signed up for, and are using, ERE. Due to resource limitations the Nevada DDS has not participated in joint activities with regional public affairs offices.

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):	2017
Current Date:	11/8/2017
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 brought to the attention of 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. This may be followed by another period of mandatory report review.

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

NH DDS currently has **34** physical CE providers and **33** psychological CE providers. The DDS did not lose any physical providers in FY 17. DDS lost 3 psychological CE providers, which included the only provider who would travel to conduct DDS CEs in NH Prisons and jails. Two psychologist have been hired to date. We also hired one psychological APRN but no exams performed to date due to extenuating circumstances. Vendor is currently in a hold status.

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 2017. 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, however this activity ceased in 6/2017, due the retirement of the psychologist who performed these exams.

NH DDS continuously advertises for Staff MC/PCs and physical CE providers through the New Hampshire Medical Society's bi-monthly newsletter and by word of mouth. This has resulted in numerous inquiries and the hiring of one DDS staff MD, who will begin work 1/2018.

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):	2017
Current Date:	November 13, 2017
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.**

The NMDDS requires that complaints be submitted in writing. Upon receipt, a letter of acknowledgement is sent to the claimant and their representative, if they have one, informing them that the charges will be investigated. The NMDDS 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 shared with 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. 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. 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.

The NMDDS received 23 complaints in FY17, eight more than FY16, which mainly consisted of the following: CE provider rudeness/unprofessional, CE provider in a hurry. No onsite visits were conducted because of any complaints.

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.**

Upon receipt of initial paperwork from a new vendor or treating physician, the NMDDS reviews the exclusion site provided by OIG (the SAM website, effective March 21, 2016), the appropriate State licensing board, and the State verification site (Regulation & Licensing Department website), when appropriate. The NMDDS obtains a hard copy of the provider's current license, a copy of their photo I.D., as well as signed licensure and confidentiality statements. The NMDDS maintains this information in a hardcopy filing system of CE Vendor Files on each CE provider.

The NMDDS also obtains licensing information for the CE provider's support personnel (i.e. Lower credentialed Therapist/Counselor or Master's Level Assistant). If the assistant is required to maintain a license, SAM is checked to ensure their record is free of sanctions/exclusions. The NMDDS requires a signed statement from the CE provider assuring that the support personnel have the appropriate licenses/credentials. The NMDDS also requires confidentiality and licensure statements. The NMDDS verifies the information provided by the support personnel to assure it corresponds with requirements of the appropriate New Mexico licensing board.

https://www.sam.gov/portal/SAM/
http://www.nmmb.state.nm.us/
http://verification.rld.state.nm.us/

In addition, the NMDDS maintains a CE vendor license spreadsheet to ensure all CE vendors currently on the NMDDS 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.

https://www.sam.gov/portal/SAM/
http://www.nmmb.state.nm.us/
http://verification.rld.state.nm.us/

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

Annually – The NMDDS electronic record is checked, in its entirety, and updated where needed. License expiration is not the same for each provider. Each provider/facility is checked on SAM at least once during the Federal Fiscal Year. When we are notified about new providers for a particular group or facility, they are credentialed by verifying that their license is current & their record is free of sanctions/exclusions. When a provider reports that a physician is no longer active within their organization, they are inactivated on the spreadsheet. The NMDDS also check other states website, when appropriate, to identify any currently reported or historical issues that may need to be addressed prior to approving their use.

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 and submitted 4 or more reports, the reports are 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.

154 active CE providers at the end of FY17; 141 In-state & 13 Out-of-State. At the start of FY 17, there were 137 In-State & 14 Out-of-State providers. During the course of the year (6) In-State providers either moved, retired, or closed their business; One (1) Out-of-State provider closed their business. *There was a discrepancy in the vendors listed as active at the end of FY16. Four (4) additional In-State providers were lost in FY16; Four (4) Out-of-State providers were accidently counted separately in addition to the company where they are employed. Additionally, one In-State vendor was not accurately counted in FY16 but corrected in FY17; they have four different "store front" locations that perform exams.

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

Med Plus New Mexico
628 Bonnie Place
Franklin, TN 37064

Visited Med Plus sites:
12/21/16 - Albuquerque
1/24/17 – Hobbs
1/26/17 – Roswell
3/13/17 – Silver City
3/15/17 – Las Cruces

4/13/17 - Farmington

AMCE
POB 460
Hooper, UT 84315

Visited AMCE sites:
12/16/16 - Albuquerque

Carl Adams, PhD
(b) (6)
Gallup, New Mexico 87301

Visited:
Gallup – 10/17/16
Roswell – 1/25/17

David LaCourt, PhD
(b) (6)
Albuquerque, NM 87107
Visited 12/21/16

Olympus Health Services
POB 247
Plainfield, IN 46168

Visited Olympus sites:
5/20/17 - Albuquerque
8/7/17 – Las Cruces

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 2017 Medicare Fee Schedule. The NMDDS plans to review the current Fee Schedule and make any recommendations and/or adjustments during the first quarter of FY18 in order to update early in the second quarter of FY18. Prior to completion, the NMDDS compared its fees with the current fees for the surrounding states of Arizona, Texas and Colorado. Some of the new additions to the fee schedule were:

HIV Antibody
HIV-1 Antigen
6-Minute Walk Test – the NMDDS has a provider in Albuquerque who is able to conduct the test and provide the required information that is program compliant.

The NMDDS does 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 NMDDS PRO Unit staff recruits vendors based on information received from CE schedulers, Medical Consultants and adjudicators in order to determine areas of greatest need. The PRO Unit recruit according to the needed specialties in specific geographic areas based on need and guided by an Outreach Plan, which includes multiple recruitment trips throughout the State. In addition, the PRO Unit staff continue to recruit MER and CE providers to use Electronic Records Express (ERE) when out on travel and meeting with providers. In FY17, **31** MER providers and **6** CE providers were added to ERE. Promoting ERE to both MER and CE providers is an attempt to continue to foster and maintain good working relationships in order to facilitate requesting and receiving medical records. In addition, when notified by staff that a vendor is requiring pre-payment for records, or has been submitting records on disc, the vendor is contacted to discuss the impact of their inability/unwillingness to provide records, or in submitting records in an unsupported format. The impacts of the latter are explained as well as the potential negative impact on the claimant and the resulting delay in DDS case processing. We attempt to have them sign up for ERE, and if we are unable to resolve the issue, a note is made in the vendor file that they are an uncooperative vendor. We inform and ask the claimant to attempt to obtain their records so the adjudicative staff can take timely and appropriate case actions.

The NMDDS continues to work with vendors across New Mexico to gain their acceptance of the electronically signed 827 (e-827), implemented by SSA in April 2012. Currently, all NMDDS MER vendors accept the e-827. If the NMDDS becomes aware that a vendor who is not accepting the e827, they are contacted and provided with the information from SSA regarding the use of the e827. We did not have this issue with any vendor in FY17

The NMDDS PRO Unit staff made approximately **80** onsite visits to CE providers and another **404** visits to MER facilities and/or others throughout New Mexico and El Paso, Texas. The PROs also made **345** CE recruitment attempts (done at the same time when visiting with a MER provider who can possibly perform CEs). Eleven **(11)** new CE providers were added:

Physical CE providers – 5
Mental CE providers – 4
Speech/Language – 1
Interpreter Services – 1

The NMDDS PRO Unit conducted 12 weeks of overnight travel and several day trips in the surrounding area of Albuquerque. These overnight and/or day trips for onsite visits and recruitment were performed throughout the state of NM and in El Paso. While traveling throughout the state, visits to the various SSA FO's were also made.

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:	NY
State DDS:	NJ
Report Period (Fiscal Year):	2017
Current Date:	**November 8, 2017**
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'17, NJ DDS issued a stern warning to Dr. due to Provider taking and retaining face photos Apparently, one CE Provider, (b) (6) 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.

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.**

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.

Credentials check was executed in calendar year 2017 as well and all documentation was secured. One internal exception was corrected with re -contact with licensing agency.

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

Three. We conducted quarterly checks of all CEMD Providers and all internal MC/PC consultants.

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. Total number of QA reviews of CE reports by four PRO staffers were 345. Any deficiency found was discussed with the particular CEMD including rudeness towards claimant and pain elicited on ROM instruction as well as necessity to have female attendant regarding examination of female claimants.

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

208, expanded office sites, new HINT test provider. Last fiscal year we had approximately same number with two retiring this year.

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

All relevant oversight visits took place and all outstanding issues including PII were addressed timely including securing patient records in locked cabinets. Essex Diagnostic Group, largest CE Provider, were visited at least twice in each 11 of their office sites. Additionally, joint NJ DDS – NYRO SSA visits took place throughout the fiscal year with most significant finding of lack of M.D. credentials visibly displayed in examining office.

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. Some new tests include HINT, 6 MINUTE WALK TEST/PULSE OXIMETRY. CPT 92002 was changed to 92004 due to nature of Ophthalmological CEs. In FFY'2016, 78,205 CEs were ordered and 3,094 were rescheduled and in FFY'2017, 73,885 CEs were ordered and 2,667 were rescheduled.

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 208 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 FFY'2017, we continued a quicker means of communicating with all CE providers by creating an e-mail contact list for approximately 95% CEMD. During FFY'2017, 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, 2016. NJ School Board Convention in Atlantic City in 2008, 2009, 2011, 2012, 2016. NJHIMA Convention in June 2010 and 2011, 2012, 2013,

2014. School Social Workers' Conference in 2008 – 2017.

Other activities included the Brain Injury Association and Lyons VAH outreach. Meetings attended include LSNJ, School Social Workers Conference, National Caregivers Conference, County Welfare Managers, SOAR homeless project, Trinitas Hospital 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 through 2016, 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 2017, SSA has not notified any New Jersey Provider of eligibility or participation.

SSA-directed projects dominated the fiscal year 2012, 2013, 2014, 2015, 2016, and 2017 inclusive of quarterly requests from SSA NYRO for CE Provider data ; 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. In 2016-2017, VA Health IT project scored big points in New Jersey with a quick turnaround time for VA medical records. In fact, 99% of relevant VA documentation was in the electronic claims folder upon receipt of claim at DDS.

Overall. New Jersey DDS professional relations': outreach/communications to internal and external stakeholders, CE process oversight, vigorous CEMD recruitment, support role with NJ DDS claims operations, handling attorney-related complaints and subpoenas, handling/mediating accounting-related issues, and ERE management/expansion activities highlighted a year of intense and persistent effort in a goal-directed four PROs and one Chief - 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):	FY2017
Current Date:	11/6/2017
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 reviews the action on the respective board's website. To ensure CE sources renew and maintain their licenses appropriately, NC DDS verifies licensure on a yearly basis through the appropriate state licensing board and SAM website for each provider. A database was created in an effort to complete this task. 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. In addition, a letter is sent to each individual or group, requesting certification to ensure panel members are not excluded, suspended, or otherwise barred from participation in Medicare/Medicaid programs or any other federally assisted program and that their license is in good standing with their respective licensing board.

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 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 complaince 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:

601 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 FY2017. Please see attached list of onsite visits made in FY2017.

ONSITES - Fiscal Year 2017.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 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.

The Professional Relations Staff participated in various types of outreach activities throughout FFY 2017 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.

OUTREACH - Fiscal Year 2017.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 - 2017

SOURCE	CITY	DATE	KEY/N-KEY	PRO	REASON
Joshua Broman-Fulks, Ph.D.	Boone	10/21/16	Non-Key	(b) (6)	Onsite, (b) (6)
Gary Bachara, Ph.D.	Wilson	10/13/16	Key		Onsite, (b) (6)
Jeffrey Hildreth, M.A.	Louisburg	11/9/16	Non-Key		Onsite, (b) (6)
Kumar Internal Medicine Satish Kumar, M.D. Kamlesh Kumar, M.D.	Rocky Mount	11/9/16	Key		Onsite, (b) (6), (b) (6)
Coastal Counseling Associates Richard Campbell, Ph.D.	Wilmington	11/21/16	Non-key		Onsite, (b) (6)
Henry Tonn, M.S.	Wilmington	11/21/16	Non-key		Onsite, (b) (6)
Corazon Ngo, M.D.	Kenansville	12/8/16	Non-key		Onsite, (b) (6)
Shalom Medical, PC Benjamin Mozie, M.D.	Jacksonville	12/8/16	Non-key		Onsite, (b) (6) (b) (6)
The Neuropsychology Consultants Deanna Jamison, M.A.	Wilmington	12/8/16	Key		Onsite, (b) (6), (b) (6)
Alexander Lopez, M.S.	Concord	12/15/16	Key		Onsite, (b) (6)
Philip Hatfield, Ph.D.	Salisbury	12/15/16	Non-key		Onsite, (b) (6)
First Health Family Medicine William Bell, M.D.	Robbins	12/16/16	Non-key		Onsite, (b) (6), (b) (6)
Pineview Psychological Services David Johnson, M.A.	Fayetteville	1/23/17	Key		Onsite, (b) (6), (b) (6)
Southeastern Psychological Services William Link, Ph.D.	Fairmont	1/23/17	Non-key		Onsite, (b) (6)
Jadene Lowrey, M.D.	Lumberton	1/23/17	Non-Key		Onsite, (b) (6)
Ayyaz M. Qureshi, M.D.	Mayodan	1/31/17	Non-key		Onsite, (b) (6)
Robert Radson, M.S.	Rocky Mount	2/16/17	Non-Key		Onsite, (b) (6)
William G. Clark, M.D.	Wake Forest	2/16/17	Non-Key		Onsite, (b) (6)

Elizabeth Kauff, M.A.	Wake Forest	2/16/17	Non-Key	(b) (6)	Onsite, (b) (6)
Anne Ashley King, Ph.D.	Greensboro	3/21/17	Non-Key	(b) (6)	Onsite, (b) (6)
Mark Fields, M.D.	Greensboro	3/21/17	Non-Key	(b) (6)	Onsite, (b) (6)
Ernest Eason, M.D.	Burlington	3/21/17	Non-Key	(b) (6)	Onsite, (b) (6)
Stephen Sanders, M.D.	High Point	4/6/17	Non-Key		Onsite, (b) (6)
Joy Welcker, Ph.D.	Winston Salem	4/6/17	Key		Onsite, (b) (6)
Jake Ricketson, Psy.D.	High Point	4/6/17	Non-Key		Onsite, (b) (6)
Gary Bachara, Ph.D.	Wilson	4/25/17	Key		Onsite, (b) (6)
Advanced Medical Consultants	Goldsboro	4/25/17	Key		Onsite, (b) (6)
Jerome B. Albert Ph.D.	Goldsboro	4/25/17	Key		Onsite, (b) (6)
Kumar Internal Medicine Satish Kumar, M.D. Kamlesh Kumar, M.D.	Rocky Mount	5/4/17	Key		Onsite, (b) (6) (b) (6)
Lori Downing, Ph.D.	Louisburg	5/4/17	Key		Onsite, (b) (6)
Becky Reavis, PhD	Morganton	5/30/17	Non-Key		Onsite
Roger Seagle, MD	Morganton	5/30/17	Non-Key		Onsite
Advanced Medical Consultants	Asheboro	5/16/17	Key		Onsite, (b) (6)
Bert A Lucas PhD	Broadway	6/6/17	Non-Key		Onsite, (b) (6)
JCS Rehabilitation & Wellness	Aberdeen	6/7/17	Non-Key		Onsite, (b) (6)
Michelle King, PsyD	Jacksonville	6/10/17	Non-Key		Onsite, (b) (6)
Morris Britt, EdD	Charlotte	6/12/17	Non-Key		Onsite, (b) (6)
Patrick Quinn, PhD	Concord	6/12/17	Non-Key		Onsite, (b) (6)
Lincoln Speech Services	Lincolnton	6/19/17	Non-Key		Onsite, (b) (6)
Lifeworks	Hickory	6/19/17	Key		Onsite, (b) (6)
Alexandria Westfall, MA	Durham	6/21/17	Non-Key		Onsite, (b) (6)
Gregory Villarosa, PhD	Asheboro	6/21/17	Key		Onsite, (b) (6)
Donna Mansour MA	Durham	6/27/17	Non-Key		Onsite, (b) (6)
MDSI Physician Group	Statesville	7/1/17	Key		Onsite, (b) (6)
Medical Support Associates	Hickory	7/1/17	Key		Onsite, (b) (6)
Barbara Gibson MA	Fayetteville	7/6/17	Non-Key		Onsite, (b) (6)
TriState Occupational Medicine	Reidsville	7/19/17	Key		Onsite, (b) (6)

Inaam Schneider MD	Raleigh	7/19/17	Non-Key	[redacted]	Onsite, [redacted]
Sara Schneidmiller PhD	Reidsville	7/19/17	Non-Key		Onsite
Med Plus NC	Sanford	7/20/17	Key		Onsite, [redacted]
John Midgley DO	Dunn	7/20/17	Non-Key		Onsite, [redacted]
Coastal Internal Medicine	Wilmington	7/21/17	Non-Key		Onsite, [redacted]
SXR	Fayetteville	7/21/17	Key		Onsite, [redacted]
Romeo Atienza MD	West End	7/25/17	Key		Onsite, [redacted]
Ernest Akpaka PhD	Fayetteville	7/25/17	Key		Onsite, [redacted]
Shiahna Dye Phd	Durham	7/27/17	Non-Key		Onsite, [redacted]
Atul Kantesaria MD	Fayetteville	7/29/17	Non-Key		Onsite, [redacted]
Cheryl Davis PhD	Gastonia	8/2/17	Non-Key		Onsite, [redacted]
Amy Johnson PhD	Charlotte	8/2/17	Non-Key		Onsite, [redacted]
Morton Meltzer MD	Lumberton	8/3/17	Key		Onsite, [redacted]
Southern Medical Group	Washington	8/5/17	Key		Onsite, [redacted]
Amanda Melvin SLP	Rocky Mount	8/7/17	Non-Key		Onsite, [redacted]
John Warnken MS	Charlotte	8/7/17	Key		Onsite, [redacted]
Jennifer Sadoff PhD	Davidson	8/7/17	Non-Key		Onsite, [redacted]
J Craig Hunt PsyD	Winston Salem	8/11/17	Non-Key		Onsite, [redacted]
Rebecca J Kincaid MS	Greensboro	8/11/17	Non-Key		Onsite, [redacted]
Olympus Health North Carolina	Wilson	8/12/17	Key		Onsite, [redacted]
MDSI	Goldsboro	8/12/17	Key		Onsite, [redacted]
Med First	Raleigh	8/16/17	Non-Key		Onsite, [redacted]
Bilingual Therapy & Lang. Serv.	Cary	8/23/17	Non-Key		Onsite, [redacted] [redacted]
Jeffrey Lorence MA	Charlotte	8/24/17	Non-Key		Onsite, [redacted]
Huntersville Family Practice Vincent Hillman MD	Charlotte	8/24/17	Non-Key		Onsite, [redacted]
Kumar Internal Medicine Satish Kumar, M.D. Kamlesh Kumar, M.D.	Rocky Mount	8/7/17	Key		Onsite, [redacted] [redacted]
Emily Brown-Cabezudo PhD	Goldsboro	8/31/17	Non-Key		Onsite, [redacted]
Muhammad Bhatti MD	Goldsboro	8/31/17	Non-Key		Onsite, [redacted]
Catawba Valley Psychological	Statesville	9/6/17	Non-Key		Onsite, [redacted]

Roberta Kirby MS
Johnny Kirby MS
Andrea Sinclair PsyD

Sally Thornton MA	**Winston Salem**	**9/6/17**	**Non-Key**	(b) (6)	**Onsite,** (b) (6)
CE Provider Services	**Kinston**	**9/9/17**	**Key**		**Onsite,** (b) (6)

OUTREACH

FISCAL YEAR - 2017

Multiple Sclerosis Society Annual Meeting	**Raleigh**	**11/19/16**	(b) (6)	**Exhibit, ERE**
NCCEH (SOAR) Annual Meeting	**Durham**	**12/8/16**	(b) (6)	**Presentation**
NC Council for Exceptional Children Conference	**Wilmington**	**1/19-20/17**	(b) (6)	**Exhibit, ERE**
Southern Regional AHEC Clinical Update and Pharmacology Review	**Cary**	**3/2-3/3-17**	(b) (6)	**Exhibit, ERE**
Prevent Child Abuse NC	**Durham**	**3/7-3/10**	(b) (6)	**Exhibit, ERE**
Duke Children's Law Clinic	**Raleigh**	**3/9/17**	(b) (6)	**Meeting**
Internal Medicine Conference (Charlotte AHEC)	**Chapel Hill**	**3/15/17**	(b) (6)	**Meeting**
Wake County SOAR Workgroup – SouthLight	**Raleigh**	**3/16/17**	(b) (6)	**Presentation**
Association of Social Workers	**Raleigh**	**3/24/17**	(b) (6)	**Exhibit, ERE**
Speech, Hearing & Language Association	**Raleigh**	**3/30-3/31**	(b) (6)	**Exhibit, ERE**
NC Psychological Assoc Spring Conference	**Chapel Hill**	**04/28–04/29/17**	(b) (6)	**Exhibit, Recruit, ERE**
UNC Rex Healthcare Resource Fair	**Raleigh**	**05/17/17**	(b) (6)	**Exhibit, ERE**
NCHIMA Annual Conference	**Raleigh**	**6/14/2017**	(b) (6)	**Exhibit, ERE**
2017 M3 Conference NC Medical Society	**Raleigh**	**9/15/2017**	(b) (6)	**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):	2017
Current Date:	11/14/17
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 2017 the ND DDS received no written or verbal complaints in the DDS.

All complaints are kept in 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 2017

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 177 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 2 physical CE provider due to (b) (6) [redacted]. We also lost a physical CE provider who passed away and 2 psychological providers who moved out of state.

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. 3 Key providers had onsite visits in FY 2017. Staffing issues at the DDS made it difficult to travel during FY 2017 other Key Providers had onsite visits in 2016. 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 continues to pay rates found in the 2015 Medicaid Fee Schedule due to significant decrease in the newly published 2017 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 continues to meet 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 and significant no show issues.

We continue to collaborate with SSA Field Offices and IHS Hospitals to share VSD equipment and perform a significant number of video CE in multiple locations throughout ND. This works extremely well in reducing the no show rate as it eliminates the transportation barrier.

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.

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):	2017
Current Date:	10/30/17
Reporter's Name, Phone number, and title:	Name |(b) (6) Phone number |(b) (6) Title |Chief DD Program Policy & 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.

CE Key Providers.pdf

Other CE Providers.pdf

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 2017.

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 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.

- Exhibiting at Conferences
  - NYHIMA - NYS Health Information Management Association (June 2017)
- 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 the4 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.

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):	2017
Current Date:	October 26, 2017
Reporter's Name, Phone number, and title:	(b) (6) (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.

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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 2017.

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 FFY2017. However, as of 10/19/17, the DDS no longer scheduled exams with (b) (6) . In the last two months, (b) (6) report contained multiple inappropriate statements. (b) (6) was given feedback from the (b) (6) along with multiple requests to re-submit corrected reports. The PRO visited the doctor to discuss the quality of (b) (6) report and the scope of (b) (6) evaluations. (b) (6) also received a customer complaint regarding (b) (6) comments on a claimant's medication regimen.

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 375 providers for FFY2017. 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 FFY2017.
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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 FFY2017.

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 2016-2017.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.

Other Notables:

- 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
- PROs continue to recruit in-house consultants and CE providers
- Converted all CE vendors to receive electronic outbound requests

Outreach Activities

Fiscal Year 10/1/16 to 9/30/17

(* Indicates activity done with PAS)

October 11-12, 2016	All PROs attended the Executive Team Retreat
October 13, 2016	(b) (6) shadowed a scheduler
October 18, 2016	(b) (6) shadowed two schedulers
October 20, 2016	All PROs assisted with Area recognition/breakfast
October 22, 2016	Psych Conference
October 25, 2016	All PROs assisted with Job Fair training
November 1, 2016	All PROs assisted with Job Fair training
February 21, 2017	(b) (6) attended the OSU Job Fair w/ (b) (6)
March 21/22, 2017	OHIMA Conference
March 29, 2017	Field Office Visits ((b) (6)) Cleveland East and Mansfield
March 31/April 1, 2017	OSLHA Conference
March 31, 2017	Dayton –Springfield Connecting with the Legal Community
April 4, 2017	State of the State activities in Sandusky
April 11, 2017	Ohio PROs hosted a meeting with the Indiana PROs
April 12, 2017	Field Office visits ((b) (6)) Xenia and Columbus
April 13, 2017	SSA Disability Workshop with Akron PAS ((b) (6))
April 19, 2017	Field Office Visit (b) (6) Middletown
April 25, 2017	PRO On-site Shadowing Experience
April 26, 27, 28 2017	OPA Conference
April 26, 2017	Field Office Visits ((b) (6)) Akron and Cleveland

May 3, 2017	Field Office Visits ([redacted]) Springfield
May 10, 2017	Field Office Visits [redacted] Columbus and Lancaster
May 15, 2017	PRO attended Facilitator Training
June 5, 2017	BVR Presentation on the Disability Process ([redacted])
June 7, 2017	FO Office Visits ([redacted]) Portsmouth and Chillicothe
June 21, 2017	PRO On-Site Shadowing Experience
June 22, 2017	PRO On-Site Shadowing Experience
July 18, 2017	PRO attended Powerful Presentation Training
July 19, 2017	[redacted] and [redacted] provided an ERE tutorial to vendor staff
July 26, 2017	[redacted] and [redacted] presented at SSA Area V meeting in Cleveland
July 28, 2017	Dayton – Social Security Connecting with the Legal Community
July 28, 2017	[redacted] attended the Technology Fair at the Cleveland Sight Center with [redacted]
July 28, 2017	Dayton-Springfield Connecting with the Legal Community Meeting
August 2, 2017	PRO On-Site Shadowing Experience
August 3, 2017	PRO On-Site Shadowing Experience
August 30, 2017	[redacted] contacted optometry associations and dean at OSU optometry school for recruiting
August 31, 2017	[redacted] and [redacted] met with representative from CE Provider Services
September 9, 2017	Psych Conference
September 11, 2017	[redacted] and [redacted] met with representatives from IMA
September 20, 2017	PRO On-Site Shadowing Experience
September 27, 2017	PRO On-Site Shadowing Experience

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):	2017
Current Date:	11/15/2017
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 SAM 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 323 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.

All Key and Volume provider visits were performed. Additional changes to the department are occurring currently with an emphasis of lowering scheduling times.

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. To be competitive and to attract providers, the Oklahoma DDS raised fees for the Pulmonary Function Tests to $125 (pre and post bronchodilators) and for Visual Exams performed by Optometrists and Ophthalmologists to $97.00.

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.

All new providers are given access to the ERE site and they are required to use this feature from day one. The ERE is discussed at all conventions and other PR outreach opportunities where appropriate. We are in the process of ensuring all vendors will be an ERE provider by the end of the year if possible. We have had a few vendors who have refused to use ERE and have told us they will resign if it is required.

We frequently exhibit at conventions for physical and mental MC recruitment. Other conventions for the general public include Native American Indian Affairs, Mental Health Awareness, Disability Awareness at the state capitol building and other state agencies whom need orientation about the program and whom help clients with their applications for benefits.

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):	2017
Current Date:	11/9/17
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 and CE providers. 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.
The PRO did receive 29 complaints regarding the demeanor of providers 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. We received 1 complaint from the ODAR level that the PRO resolved without issue.
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 SAMS 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 exclusion list on an annual basis. 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 596 providers for FY 2017. There were 599 in FY 2016.
8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.
All Key/Volume providers had an onsite visit in FY 2017 at one of their office locations as multiple Key/Volume providers travel to different locations throughout Oregon to perform exams.
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 2017 as changes occurred to the Medicare/Medicaid rates. There was a slight increase for many exams, labs and x-rays. In some cases, the rate dropped a negligible amount. The Comprehensive Physical exam (CPT Code 99205) increased three dollars and two cents. Lumbar X-Ray (CPT code 72100) increased fifty-nine 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.
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 Oregon PRO proactively encourage participation in ERE through one on one conversations with vendors/providers and through the quarterly eNewsletter. The PRO made annual visits to the Portland and Eugene ODAR offices and conducted training with the Portland and Eugene 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. OR PRO also serve as liaison with advocates and attorney reps when requested. 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).

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 2015/2017
Current Date:	10/31/2017
Reporter's Name, Phone number, and title:	Name |(b) (6) Phone number (b) (6) Title |Disability 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
- Scheduling
- 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.

State license and federal credential checks are completed prior to the scheduling of any CE with a treating physician. The treating physician verifies proper licensure and credentialing of support staff by signing the certification statement.

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 192 physicians/psychologists who are eligible to perform CEs for Pennsylvania. This is a decrease from 290 providers in FY2016. The current total is not indicative of less availability of CE services. It is more reflective of the actual number of providers performing examinations. Many of the providers previously listed had never performed an examination, or performed very few, even though they were eligible to do so.

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 and 1 location used on an as needed basis to accommodate rural claimants. The MPRO completed onsite visits of all locations.

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

Procedure codes were added for pulse oximetry testing to accommodate changes in the respiratory listings that became effective 10/7/16.

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 changed to $27.92 in January, 2017.

The pricing of all CE procedure codes changed effective 8/6/17 as a result of Pennsylvania's contract renewal with The IMA Group.

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 9/13/17, MPRO personnel presented for the Veterans Integrated Service Network in Pittsburgh. The presentation included an overview of the Social Security Disability process, how the DDS expedites military casualty claims/100% P&T claims, and discussion of the OJT program and Post 9/11 GI Bill benefit.

MPRO personnel reach out to difficult MER sources to encourage use of ERE. There is ongoing effort to have Children's Hospital of Philadelphia sign up their Care Network offices, over 30 offices, to send records via ERE. MPRO personnel work closely with several large copy services, CIOX and MRO, to keep their list of facilities up to date in ERE and ensure timely, accurate payments for medical evidence of record.

MPRO personnel work with sources to ensure acceptance of SSA release forms with facilities that change release requirements.

MPRO staff work with ODAR staff on an ongoing basis with assistance requests in obtaining CEs to ensure expeditious scheduling. MPRO personnel coordinate requests for testimony of CE providers at ODAR/OHO hearings.

Pennsylvania DDS participates in SOAR with Field Offices in their regional area and provides training as needed to participants.

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 Saint Marys
245 Depot Street
Saint Marys, PA 15857

10) IMA Wilkes-Barre Clinic
150 Welles Street
Forty-Fort, PA 18704

11) IMA - Williamsport
200 West First Ave
South Williamsport, PA 17702

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:	RI
Report Period (Fiscal Year):	2017
Current Date:	10/13/17
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).

RI DDS has developed new CE Specialties to comply with the revised list of Acceptable

Medical Sources. Physician's Assistance have been added to the Panel to perform Orthopedic, Rheumatology, Neurology and Internal Medicine Consultative Examinations. The rate for these specialties is 85% of the rate we pay to MDs and/Dos

We have no volume provider discounts.

Any DDS CE Consultants who also work for the State of RI are paid at a rate that considers payroll taxes.

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.

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:	South Carolina
Report Period (Fiscal Year):	2017
Current Date:	November 15, 2017
Reporter's Name, Phone number, and title:	(b) (6) (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 Medical/Professional Relations Officer (MPRO) with copies forwarded to the DDS regional Medical/Professional Relations Supervisor (MPRS). Each complaint is carefully investigated by detailing the facts of the complaints and subsequent actions taken to resolve them. The MPRO affords the claimant the opportunity to detail specific complaints in writing at the time of the initial contact concerning the complaint. This added component has served to decrease the total number of formal CE-related complaints compared to recent years. An initial complaint may result from an overall misunderstanding of the scope of the CE, and some claimants do not wish to proceed with a complaint against the provider after discussing the CE process with the MPRO. All materials are forwarded to the MPRS for review and appropriate action. If necessary, the documents are reviewed by the MPRO (Administrative Services) Deputy Director. 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 51 complaints and investigated 2 sensitive issues. The majority of complaints centered on the duration of exams, perceived rudeness on the part of CE provider, pain caused from the exam, and the CE provider's discretion over third parties in the exam room. All complaints were resolved amiably or to the extent possible.

The 2 sensitive issues were due to a claimant purportedly recording a physical exam due to husband not allowed in exam room, and a parent accusing a provider of insulting her child during testing. While SC DDS CE letters to claimants make note of the CE provider's discretion concerning third parties in the exam room, a number of complaints consisted of third parties insistent on being present during testing or the physical exam. The MPRO team provided guidance to CE providers as needed concerning the question of the presence of third parties during testing, and accommodations made at the discretion of the CE provider.

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. One CE provider was removed from the SC DDS CE panel due to (b) (6) [redacted], but no Consultative Exam schedules were affected.

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 meeting this criteria in FY 2017.

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 HHS OIG Fraud Prevention website and the SC Department of Labor, Licensing and Regulations Board of Medical Examiners web site. Credentials are verified prior to adding potential providers to the panel and sanctions are checked monthly. Any exclusions and sanctions are reported to the DDS State Medical Relations Supervisor. The DDS will exclude any provider who has been disciplined or sanctioned by the review board and is not currently in good standing.

At the time of the initial onsite visit, an inquiry is made into the prospective provider's staff credentials. SC state law requires each physician to maintain documentation on any essential and non-essential staff. The physician's failure to adhere to these guidelines threatens his license and ability to practice, therefore the SC DDS is not responsible for verifying credentials of office support personnel. Physician and Psychologist credentials are checked yearly by the MPRO team.

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

Credentials are checked 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 first 5 reports of all new CE providers receive a targeted review by a Senior Medical Consultant in collaboration with the MPRO. Based upon this review of initial reports, the MPRO provides specific and constructive feedback to the CE provider in writing. Each full time medical and psychological consultant reviews 48 CEs per year and each part-time consultant reviews 24 CEs per year. Every month the MPROs submit a spreadsheet to the MPRS tracking CEs that are sufficient, sufficient but needs feedback, or deficient. If the MPRO team observes a problematic trend with an individual provider, a targeted review of CE reports is conducted and direct feedback given. If the CE provider does not demonstrate improvement in a timely manner following feedback and training, an Action Plan to bring the provider into compliance is implemented.

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

Including free standing x-ray clinics, pulmonary labs, and hospitals, there are currently 667 CE Providers on the panel (previous report did not include these facilities). 45 new CE providers were added to the panel, and this includes 13 Physical Therapists and 1 Nurse Practitioner. One provider was removed from the panel due to (b) (6) , and 7 left voluntarily (2 retired).

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 or annually with one exception. This provider was not a key provider by dollar amount (see CE Provider attachment), but a visit is forthcoming. MPROs made 270 visits including site visits, training visits, and recruitment visits.

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

A single 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 April, 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 created 42 new ERE accounts during this reporting period to include CE providers, copy service personnel, and hospital/clinic staff accounts.

The following Conferences were attended: SC Medical Management Association, the Brain Injury Alliance of SC, and SC Health Information Management Association.

A CE provider training seminar was held in each of the SC DDS Regional Offices for mental and physical CE providers. In addition, SC DDS conducted its first statewide Speech and Language CE provider training Conference for SLPs in the State Office. MPROs, DDS medical and psychological consultants, and speech consultants presented the training. In addition, this training included information regarding subpoenas, billing and other administrative procedures. Based upon feedback forms completed by attendees, the training was well received.

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 2017
Current Date:	11/14/2017
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 2017.

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 2017.

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. 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 2017 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 92 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 2017 as in FY 2016.

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 2017 include:

1) Stuart Krause, Ph.D.- Rapid City, SD- June 2017
2) Jackkie Gilbertson, PhD.- Rapid City, SD- July 2017
3) Erick Lohmann, Psy.D.- Sioux Falls, SD- July 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 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. There were no changes in the fee schedule from 2016.

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 and a variety of office operations and projects outside the scope of Professional Relations work.

- Over the course of FY 2017, the SD DDS provided five 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.
- In December 2016 the PRO worked in collaboration with the SSA Public Affairs Specialist in Rapid City to give a presentations to staff of CMS/Indian Health Services.
- SD DDS assisted two large MER providers to onboard with ERE.
- PRO Unit
- Worked with our in-house Pulmonologist to review our CE request language to providers to ensure we are obtaining the correct information.
- Conducted warm-call CE provider recruitment outreach in the Rapid City area to identify potential new providers.

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):	2017
Current Date:	October 19, 2017
Reporter's Name, Phone number, and title:	(b) (6) (b) (6) Regional Director, PRO's, Congressional Inquiries and ODAR

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.

The TN DDS in FY 2017 discovered no fraudulent activities.

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

During this fiscal year, the TN DDS reviewed 21 formal complaints but none of the complaints were of an egregious nature that required significant corrective action and/or public relations work on our part.

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 licensing and credentialing check is performed on all CE providers at least once per year. A yearly check is implemented at the beginning of each new federal fiscal year starting in October. A licensing and credentialing check is also completed before any new CE providers are added to the CE provider panel.

  The Tennessee DDS Professional Relations Office performs licensing and credentialing checks using the Tennessee Health Related Board's website (https://apps.health.tn.gov/Licensure/) and the System for Award Management (SAM) website (https://www.sam.gov/portal/SAM/#1#1). The results of this search are saved in Professional Relations Office's database called the "EFolder" and essential information is recorded on an Excel spreadsheet called the "Tracker Tool".

  Additionally, each Professional Relations Officer is signed up to receive automated monthly email alerts through the Tennessee Health Related Board's website (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. The Professional Office monitors these emails monthly for any adverse/disciplinary action regarding a CE provider.

  There are a limited number of hospitals that serve as CE providers. These hospitals perform ancillary testing 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). Hospital licensing information is saved in "EFolder" database and "Tracker Tool" spreadsheet.

  The Tennessee DDS Professional Relations Office obtains a signed Memorandum of

Understanding Agreement (MOU) document from CE providers and saves this information in the E Folder. The MOU is not mandated by POMS, but is required by the Tennessee DDS. This is not a contract, but an agreement outlining what is expected of the CE panelist and the relationship between DDS and the CE provider.

- In accordance with POMS DI 39569.300-400, the Memorandum of Understanding Agreement (MOU) signed by the CE panelists contains a statement certifying that all support staff that assist with CE both "meet the licensing or certification requirements of the stand" and are not currently excluded, suspended, or otherwise barred from participation in Medicare or Medicaid programs or any other Federal or federally assisted programs.

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

A licensing and credentialing check is completed on all CE panelists at least once per year and three times every 2 years. In Tennessee, medical professionals are required to renew their medical license once every two years. Therefore, the Tennessee DDS Professional Relations Office checks all CE providers license and credentials at start of each federal fiscal year and again when each CE provider's license is due for renewal. All licensing and credentialing checks were completed for Federal Fiscal Year 2017.

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' initial CE reports are given a detailed clinical review by DDS State-agency Medical Consultants (SAMCs). SAMCs may also perform detailed quality reviews on request by the TN DDS Professional Relations Office of existing CE provider reports if specific issues are identified. SAMCs or DDS operations staff may also refer potential problems directly to the TN DDS Professional Relations Office. CE panelists are provided feedback as needed/appropriate. The TN DDS Professional Relations Office also performs quality reviews of existing CE provider on mostly a random, rotating basis. There are some targeted reviews requested by Professional Relations Office staff to address specific problems. When available, an assigned member of the TN DDS Professional Relations Office reviews 10 CE reports from a selected CE provider daily. A quality review form is completed and a summary of findings is provided to all Professional Relations Office staff. This information is kept in the CE provider's electronic file in the EFolder database. During fiscal year 2017, around 2100 CE reports were reviewed for quality purposes. If specific problems or issues are identified and feedback is provided to CE panelists, the Professional Relations Office may perform follow up reviews to ensure corrective action has been taken by CE panelist or if further action is 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 367 with 123 groups and 5 hospitals. We have lost 13 panelists due to the death, retirement or for other reasons for choosing to no longer work with DDS. We have added 57 new CE panelists of which 29 of them are speech pathologists, 7 audiologists, 4 Optometrist, 9 medical doctors and 8 psychologists.

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

The TN DDS had onsite visits with all Key and Volume providers during this fiscal year. 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).

1. 73510 Hip x-ray, complete minimum of 2 views was deleted by Medicare and replaced with 73502. The 73502 code is for hip, unilateral, with pelvis when performed; 2-3 views.
2. 73550 Femur x-ray, 2 views was deleted by Medicare and replaced with 73552 femur x-ray, minimum 2 views.
3. 8738A HIV-1/2 Antibody was added to the fee schedule based upon the new HIV Listings.
4. 86361 CD4 Absolute/Percentage was added to the fee schedule based upon the new HIV Listings.
5. 94620 Pulse Oximetry (6MWT) was added to the fee schedule, even though currently there are no CE panelists that can perform the testing to SSA standards.
6. 9920A NP/PA/ASE was added to the fee schedule. This exam is the equivalent of a 99205 ASE but it is performed by a Nurse Practitioner or PA, payable at 85% of the Medicare Physician Fee Schedule.
7. 961DD NP/PA/MSE was added to the fee schedule. This exam is the equivalent of a 9610A MSE but it is performed by a Nurse Practitioner or PA, payable at 85% of the Medicare Physician Fee Schedule.
8. 9920B Non/AMS/ASE was added to the fee schedule. This exam is the equivalent of a 99205 ASE but it is performed by a non-acceptable medical source payable at 75% of the Medicare Physician Fee Schedule.
9. 961EE Non/AMS/MSE was added to the fee schedule. This exam is the equivalent of a 9610A MSE but it is performed by a non-acceptable medical source payable at 75% of the Medicare Physician Fee Schedule.
10. The MER fee of $20 has remained the same over several years, and we do not participate in giving 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 TN PRO's have participated in the TN Psychological Association's annual conference in November 2016, the Rural Health Association's annual conference in November 2016, and the TN Health Information Management Association's annual conference in March 2017.

Our ParTNer's group which includes all components of the disability process met twice this year.

The Chattanooga FO and the TN DDS PRO has had a training session with the Congressional field workers in the Southeast region of TN to explain our disability process and answer any questions that they had.

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:	Dallas
State DDS:	Texas
Report Period (Fiscal Year):	2017
Current Date:	11/10/2017
Reporter's Name, Phone number, and title:	Name|(b) (6) Phone number |(b) (6) Title |Directorate 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 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. A chronology of past complaints is maintained.

A quarterly complaint summary report is developed and provided to Management.

Types of complaints 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.

The Texas DDS identified no fraudulent activities by 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.

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 1,609 providers at the end of FY2017. This is a slight decrease from the 1,676 providers at the end of FY2016.

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 FY2017.

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 three medical conferences FY 2017.

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 rate reached 94.44% in September 2017. 156 CEPs receive CE requests via eOR. This represents an increase in CE requests received via eOR from 120 in September 2016. The rate of MER received electronically (through ERE or fax server) in 2017 was 89.61%.

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.

Region:	Denver
State DDS:	Utah
Report Period (Fiscal Year):	2017
Current Date:	
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.

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 or asks for the complaint in writing. The CE 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 may be made asking the CE provider for a response to the allegation(s). Some issues are resolved without contacting the vendor.

If a pattern or significant problem is discovered, the CE provider is sent an e-mail or a letter outlining the issue with an explanation of DDS expectations. In certain situations, the PRO and/or assistant administrator will meet with the vendor for further discussion. Based on the providers' response, the PRO and other management determine if referrals will continue. The CE vendor is informed of the final decision.

In FY 17, twenty complaints were received and addressed. Utah DDS did not receive any complaints that would fall into an egregious category (complaint of illegal/criminal activity, sexual harassment, cultural insensitivity, allegations compromising the health and safety of claimants, or other serious allegations). Examples of complaints addressed throughout the fiscal year: the doctor was rude, not able to say everything a claimant felt they should be able say, the doctor causing pain during the physical exam. No pattern of behavior was identified that would warrant elimination of a vendor during this fiscal 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.

There were no egregious complaints received. One claimant contacted the PRO and stated the physical exam never happened. However, when told to put his complaint into writing, nothing was ever 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.**

Prior to onboarding, the PRO conducts a state license check via the State of Utah, Division of Occupational Licensing website (https://dopl.utah.gov/), System Award Management (SAM) and an OIG/LEI license check. A review of the provider's vita is also done. Any company that recruits providers to perform CE's, must first have the approval of the PRO.

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.

Once per quarter, all CE providers have a state, SAM, and OIG license check done.

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.

Credential checks were completed four times (once per quarter) in FY 17, which included a state, LEI, and SAM check. A review of Utah's Division of Occupational and Professional Licensing Board monthly disciplinary newsletter was also done on a monthly basis to ensure there are no issues in between state license checks.

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 medical consultants.

The PRO relies on feedback from examiners, medical consultants, and internal QA to screen for issues with established providers CE reports. If deficiencies or problems are identified, focus is made to review and correct any issues. Feedback is given and if needed, additional training. Subsequent reports are reviewed. If the provider cannot make the necessary adjustments, the PRO

may potentially eliminate the provider.

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

At the end of FY 17, 133 CE providers are active on the list. In FY 16, there were 150 providers. This number changed as vendors leave companies that perform CE's. Twenty Utah vendors are no longer on the list for various reasons such as the provider leaving the company they worked for that provided us with CE's, provider simply too hard to schedule with or retirement. One vendor brought on a physician and ended up not using the doctor. There were no providers removed for egregious or fraudulent activity.

Thirteen Colorado providers were removed simply because they no longer work for the vendor.

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: 3 out of 6 locations visited. Two other locations did not change and were visited in previous years. One location requires extensive travel and the PRO had other areas of focus this fiscal year. Pictures are on file of the location that requires extensive travel.

Dr. John Hardy: 1 location only, not seen this fiscal year. His location has not changed and onsite reviews were conducted in previous years.

Dr. Tanya Colledge: 3 locations, none seen this year. No changes to locations and all 3 have been visited in previous years.

Artis Forensic Neuropsychology: 8 locations, 3 visited. Two new locations visited this year but due to extensive travel of many of the locations, not all were completed this year.

Dr. Richard Ingebretsen: 3 locations, 1 visited. Two previous locations have been seen in prior years. The one location visited did required extensive travel and multiple non-volume vendors were seen that day.

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 in FY 17. 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.

-The South Jordan Area Work Incentive Coordinator and the PRO did a joint presentation/training on the Social Security disability process for Workforce Services

-The PAS and PRO hosted a booth at the University of Utah's Native American annual Powwow. The PAS hosted the booth on Friday and the PRO hosted on Saturday

-The PAS & PRO stopped in at the Urban Indian Center to introduce ourselves to staff

-The PAS did training at the Salt Lake City Public Library and the PRO attended during a Q&A to answer any disability related questions

-The PRO attended a national SOAR conference

-The PRO attended a Professional Relations Officer meeting in Denver with PRO's in the Denver Region

-The PRO did a total of 20 onsite reviews in FY 17

-Ongoing marketing efforts for ERE were done throughout the year when the PRO communicated with MER vendors All new CE providers brought on board are asked to use ERE.

-A new process was implanted by the PRO this fiscal year to audit past and future interpreter payments

-The PRO works with multiple large volume MER vendors throughout the year for any MER issues. (b) (6) acts as the contact person between these vendors and examiners to maintain communication about issues that need to be addressed

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:	Virginia
Report Period (Fiscal Year):	2017
Current Date:	10/26/2017
Reporter's Name, Phone number, and title:	Name| (b) (6) [redacted] Phone number | (b) (6) [redacted] 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.**

A quarterly report as well as yearly report is generated which outlines all responses received for Claimant Satisfaction Survey letters sent in one out of every ten Claimant CE Packets. Each regional DDS Professional Relations Officer (PRO) Tech makes the initial contact with claimant's when warranted depending on survey responses. The DDS regional PRO will contact the claimant and investigate when allegations are made or complaints that warrant the PRO involvement. The Administrative Office keeps all hard copies of the surveys for each CE provider. For Fiscal Year 2017 the VA DDS received 501 claimant surveys, 43 of those surveys required PRO follow up.

When the VA DDS staff receives a complaint, it is referred to the appropriate regional PRO. The PRO takes immediate actions including contacting the claimant and the CE provider. The actions are documented to include the nature of the complaint as well as actions taken. Examples of PRO actions include re-training on various examination protocol's, on-site visit and when warranted changes in scheduling or removal from the CE panel.

If a CE provider complaint is received, often the regional offices will then conduct random calls to the claimant's seen by the provider.

One example of complaints received is internal issues with a CE report. When a complaint is received or clarification is needed on a report, the PRO takes immediate action to obtain the necessary clarification or additional information. The VA DDS requires all contracted MD's and MHP's to complete 15 CE report receives per quarter. This feedback is sent electronically to the PRO and a copy maintained at the Administrative Office. For Fiscal Year 2017, 93.7% of the reports reviewed required no additional information or clarification. This information is kept in order to track trends and use for training purposes.

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

No Fraudulent activity during fiscal year 2017.

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 fiscal year 2017.

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 team conducts thorough searches of the HHS, OIG, LEIE on the OIG website to determine if the source is currently being sanctioned prior to adding a new provider to the VA DDS CE Panel. If the provider is listed, the provider is notified that they will not be added to the VA DDS CE Panel. Additionally, the PRO team conducts a license search on the Virginia Department of Health Professional (VDHP) website to insure the provider is in good standing and holds a current license. If the provider is shown to have a current action pending, the provider is notified and is not added to the VA DDS CE Panel.

The PRO team 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, scheduling examinations is suspended immediately and pending appointments are rescheduled with a different CE provider.

The VA DDS CE Panel of providers submit information regarding their qualifications and licensure information. A hard copy of all license checks and forms submitted by the CE panel are kept in the CE provider's electronic file. Each CE panel providers name and license expiration date is put into a computer calendar system, on the first day of the month following license expiration, a PRO Team member will verify license is still in good standing. All licenses for psychologist in VA expire on June 30th; their licenses are checked the first week of July each year.

If a MER source is found on this list, a note is input into the VA DDS vendor file. The PRO notifies the Professional Relations Coordinator who will also notify SSA Regional Office in Philadelphia when warranted.

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 to sign a "Statement of Agreement" at recruitment and on a bi-annual basis. This agreement includes a statement in which the CE provider certifies that all support staff involved in the CE's for the VA DDS have the appropriate credentials and/or licensure. A copy is kept in the CE 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.

The regional PRO will review a new CE panel providers first five CE reports and complete an internal CE review form. Once the new CE provider reviews are satisfactory, they are released form 100% review. The CE provider is given feedback on the CE reports and re-training is provided when warranted.

Current CE panel providers CE reports are reviewed at random by the VA DDS contracted MD's and MHP's.

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

The VA DDS currently has 297 CE acceptable source panel providers. This is an increase of 6 CE providers from fiscal year 2016. The VA DDS has 59 hospitals performing ancillary testing. This is an increase of 11 from fiscal year 2016.

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

All onsite visits completed for fiscal year 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 Virginia DDS uses the Medicare Fee Schedule published by Palmetto GBA Medicare for services performed by the CE Panel. 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 within the District of Columbia Metro 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 the fiscal year 2017:
SOAR meetings were attended by the regional PRO's in each of their regions to provide outreach to the community SOAR workers.
The PRO's held a training with the Department of Corrections staff at their Administrative office in Richmond VA.
The PRO and the PRC attended a Collaborations Conference to recruit potential CE providers as well as provide outreach to the community.

Second Quarter of the fiscal year 2017:
Presentation at the Tidewater Public School System
All day statewide SOAR community worker training in Richmond. The PRO's and other VA DDS training staff spoke on the application process as well as the needed medical documentation. The Public Affairs Specialist also spoke on the SSA side of the application process.
Presentation at the Southwest Virginia Child Development Clinic, the PRO trained on the needed medical documentation and the application process.
All VA DDS PRO's and the PRC set up an informational booth at the Virginia Autism Awareness Conference.

Third Quarter of the fiscal year 2017:
The Northern VA PRO met with INOVA and their Health Information Mangement team to discuss the use of ERE.
Presentation at the Western State Hopsital for their staff to discuss the Disability application process.
Presentation at the Advanced Patient Advocacy staff for Bon Secours Hospital on the Disability application process.
Gave a presentation for the social worker staff at St. Francis Medical Center.

Fourth Quarter of the fiscal year 2017:
Gave a presentation on the Disability Application Process to the Paragon Advocacy staff at Chippenham Hospital.
All of the VA PRO's and the PRC conducted a large presentation with the UVA Social Workers.
Hosted a meeting with all PRO's and SSA Regional Staff.
The PRO, SSA PAS and Area Work Inventives Coordinator conducted Disability Application Process and DDS presentations for several Community Service Boards as well as Skill Source Offices.
The PRO set up an informational booth at several Department of Correction Prisions to offer disbaility process advice to inmates within 6 months of their release date.
Presentation on the Disability Process to the staff of the Carilion Eilgibility Assistance Staff.

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:	Vermont
Report Period (Fiscal Year):	2017
Current Date:	November 13, 2017
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
- Complaints are maintained in the PRO file on provider

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 (5)
3) Rudeness and/or unprofessional behavior (19)
4) Egregious nature (2)

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.

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.

The DDS received two claimant complaints, one from the claimant's attorney, regarding a (b) (6) . The complaints alleged that the (b) (6) were not thorough and raised questions about the accuracy of some of the negative findings. Upon review with the Medical Relations Steering Committee, it was decided to temporarily suspend this (b) (6) until the complaint could be thoroughly investigated. Upon investigation, a third case with (b) (6) was discovered where similar issues surfaced during the appeal. Due to the potential seriousness of the complaints and the hostile content and tone of the (b) (6) response to our communications regarding the issues, DDS Management decided to discontinue using (b) (6) services completely. The DDS did not see the need to take further action beyond our internal investigation and discontinuation of services, because there was no clear indication of intent to de-fraud or submit false evidence.

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 spot checks of the Vermont Board of Medical Practice for Board Actions. All CE psychologists and APRNs licenses are checked on the Vermont Secretary of State's Professional Licensing Database and the names are checked on the OIG exclusion site as well. The PRO performs spot checks of providers on the Vermont Secretary of State's site for Board Actions.

CE Provider Support Staff Credentials

The CE Provider certifies their support personnel to the DDS in their signed Letter of Understanding and in their new State of Vermont Contract. In addition, for psychological CE providers, the CV and license of a new clinician are sent to the PRO for approval before they begin seeing claimants under the supervision of the approved CE provider.

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 in December 2016 shortly after license renewals and once in the second half of the year in September 2017. The PRO did a spot check of all licenses in May 2017 as part of the three-year mailing. 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 in May 2017. The PRO checked the disciplinary action pages of each website at each credential check and upon commencement of the three-year mailing 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 2017- 71 CE Providers
End of FY 2016- 69 CE Providers
Total number of providers who performed CEs at any point in FY 17- 72

Two radiology providers were no longer used by hospitals, and hence the DDS. Another hospital began using a new radiology provider. One bulk provider was removed from the CE Panel in December. One internist not used in FY 16 began performing exams again. Two psychologists were added to the CE Panel. One bulk provider added two internists, but this provider is only counted once on the CE Provider list.
(Not included, as they started in FY18 due to the prolonged State contract process but were interviewed and trained in FY 17: Four internist APRNs and two psychologists.)

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

Three out of six Key and Volume provider onsite visits were completed. Only three key providers were visited due to the PRO's focus on recruitment during the latter half of the fiscal year. The PRO maintained on-going contact with all Key providers throughout the year, for purposes of providing feedback on exams and the upcoming transition of providers to a State-approved contract.

Six other onsite visits were made throughout the year. One visit was at the request of the provider to discuss a complaint, and the other five were to new providers for interviews and orientations to the disability program. Of those five, two providers joined the Panel in FY 2017, and the other three in early FY 2018 due to the extensive State-mandated contract process. Two more new providers came to the DDS offices for orientations instead of the PRO and Chief Medical Consultant visiting their sites due scheduling conflicts

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

No exceptions or volume medical provider discounts were given. Changes were made to the following CE fees to bring in line with the Vermont Medicaid Fee schedule.

Visual Evoked Response- decreased from $212.63 to $144.36.
Pulmonary Stress Testing (Six Minute Walk Test)- decreased from $259.12 to $130.00.
Echocardiogram- increased from $248.39 to $368.52.

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 sent ERE information to all MER providers that requested additional envelopes to mail back records. This led to the DDS converting two of those facilities to ERE. Due to the unresolved multiple tabs issue caused by an ERE systems upgrade in December 2016, the PRO only promoted ERE to new CE Panel Members and converted two.

The PRO attended the Vermont Information Technology Leaders (VITL) conference in October 2016 to promote ERE and connect with VITL leadership. VITL is the legislatively designated operator of the Vermont Health Information Exchange (VHIE). The VHIE is a secure, statewide data network, which gives health care providers in Vermont the ability to electronically exchange and access patient data and encompasses the majority of Vermont hospitals and providers. Gaining this vendor for HIT would greatly reduce the number of MER requests sent from the Vermont DDS. The VITL contact was connected with ODD but unless VITL is able to upgrade to a different technology to receive and store the 827, they

cannot become a HITMER vendor.

The PRO served as the DDS HIPAA Liaison. This group meets quarterly with an attorney from the Attorney General's office.

The PRO focused attention on recruitment this year, sending out letters to over 4,000 providers across the state. The State of Vermont changed how the DDS may contract for services with providers; instead of operating under a Letter of Understanding, the DDS is required to have a State-approved contract with any vendor providing more than $3,500 of services. This change has significantly prolonged the on-boarding process for new providers; instead of weeks it now take months to bring on a new CE provider. Six new providers were recruited from the mailing, and three were visited during FY 17.

Because of the State-required shift to a performance-based contract for services, the current CE Panel is in process of transitioning to this formal contract starting January 1, 2018. The PRO and DDS Management sent out a survey to current panel members in March 2017 informing them of the upcoming change in agreement and asking for input on a sample state contract. Of the 52 panel members contacted, 29 providers gave valuable feedback about the content of the contract and the potential additional insurance requirements. DDS Management and the PRO used the comments received to develop a State-approved contract. This contract was an essential piece for the commencement of the three-year mailing process. For the current CE Panel, the PRO determined which providers met the $3,500 threshold for services and contacted them individually regarding the change, summarizing the responses from the spring survey and addressing any concerns. This on-going project requires the PRO to ensure each individual CE Provider's insurance information is adequate for writing of the contract and will require continual monthly monitoring of performance and insurance compliance.

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):	17
Current Date:	10/31/2017
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 will perform onsite if the issue warrants it.

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 Professional Relations staff will consult with the Lead Medical Consultant. 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 and/or SSA OIG.

We also sent out questionnaires to claimant throughout the year and received 3% 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.

  <u>Credential Checks of support personnel</u>

  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 or designee 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 conduct reviews for at least all key CE providers (DI 39545.100) and provide the PR manager the results including quality review results by provider,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 manager.

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.

297. Last FY we had 328 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 January 2016 with minor updates to ensure not paying over the State L&I rate in 7/2017. 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 the January 2017 fee schedule, 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 are reimbursed at 100% of L&I fees due to difficulty finding resources. For those services not performed by L&I, we 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.

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: Primary Care Update (PCU), Washington State Health Information Management Association (WSHIMA).

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. We performed a presentation at Eastern State Hospital to help those with mental disabilities who are going to be released from the facility. We provided information on to apply for disability and what information is important. We also brought an MC to help with the questions.

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 HSPD-12 process for hiring new staff for the DDS. 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 16.

Region:	Philadelphia
State DDS:	West Virginia
Report Period (Fiscal Year):	FY 2017
Current Date:	11/13/2017
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number |(b) (6) Title |Administrator

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 207 active CE providers that DDS utilized during FY 2017. This number includes hospitals and secondary providers that performed studies and interpretations. We have added a number of providers this year with the revised AMS policy.

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

All were completed except Tri State Bridgeport location, which is a sat. only location.

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.

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 2017, 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:	Chicago
State DDS:	WI
Report Period (Fiscal Year):	2017
Current Date:	11/2/2017
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.**

Typically, the nature of the complaints received from claimants relate to:

1) Interaction difficulties between the claimant and/or their collateral with a provider and/or the 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.

In general, complaints from DDB examiners and Medical Consultants are related to concerns over the quality or the timeliness of the CE report.

Complaints received from claimants regarding CE provider facilities, thoroughness of the exam, or clinic staff interactions are investigated as follows:

1) A Professional Relations Officer (PRO) will call the claimant or other involved parties for clarification or additional information regarding the complaint.
2) The PRO will review the CE report.
3) The PRO will review the doctor's internal DDB file to determine if the doctor had any previous complaints, and if so, the nature of the complaints.
4) The PRO will contact the CE provider by telephone or written correspondence to discuss the complaint; additionally, in some situations the PRO will conduct a site visit.
5) The PRO will review the results of the investigation with the provider and provide verbal or written

counseling detailing the required corrective action, initiate an enhanced quality review, offer limited appointment volume to the provider, or in very serious situations, discontinue any further appointments with the provider.

- If the PRO concludes the claimant complaint is not supported, the PRO will document the findings and appointments continue with the provider as usual.

To help ensure ongoing achievement of CE provider quality expectations, the PROs can initiate enhanced quality reviews. During an enhanced quality review of a provider, the DDB generates claimant survey forms and DDB examiner/medical staff quality forms to complete for a specified number of future appointments scheduled with that provider. If a problem is identified during this review, a PRO will provide verbal or written counseling to the provider to address the concern and provide required corrective actions. Additionally, the PRO may conduct follow-up site visits or limit the appointment volume offered to the provider. If the problem persists, further appointments are discontinued.

Complaints received from DDB staff regarding report quality and timeliness are investigated as follows:

1) When examiners or Medical Consultants (MCs) report concerns over the quality of CE reports, PRO staff will review several reports to determine if and where improvements are needed. PROs base their review on SSA exam protocol expectations.
    a. The PRO will contact the provider via telephone, written correspondence, or site visit to discuss the quality issues. The PRO provides oral or written guidance to the provider on ways to improve the quality of their reports.
    b. As needed, the PRO will initiate an enhanced quality review, as described above.
2) If a provider is not submitting reports in a timely manner, a PRO will determine the provider's average report submission.
    - If the PRO identifies a trend, where the provider is consistently late in their report submissions, the PRO will contact the provider via telephone or written correspondence to discuss and resolve the situation. In the interim, as the situation is being resolved, appointment volume may be limited.

The PROs will remove a provider from the panel if quality and/or timeliness issues cannot be resolved and maintained.

Regardless of the source of the complaint, the DDB may temporarily stop scheduling appointments with the provider, pending the results of the investigation.

The PRO team immediately refers all complaints of unethical or illegal behavior to the Management Team. The DDB shares all sanctions of a sensitive nature 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.

The DDB applies all state and parent agency policies regarding prohibited practices for providers and health professionals, and makes referrals to appropriate regulatory and legal agencies.

Documentation related to claimant and staff complaints are stored electronically in an Access database.

2. 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 in 2017.

3. 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 2017 fiscal year, PRO staff received 16 complaints that warranted some degree of further review including any combination of provider contact, claimant contact, or narrative report review.

Of these 16 complaints :

- Eight complaints were not supported; as PRO determined the providers had not acted in an inappropriate manner.
- PRO initiated enhanced quality reviews for three providers, which constituted four of the complaints.
- PRO initiated enhanced quality review and a focused recruitment effort for new providers in the area for (b) (6) which constituted two of the complaints.
- PRO gave a verbal correction via telephone discussion to one provider.
- PRO conducted a site visit and verbal correction via face-to-face discussion to one provider.

The complaints that required more defined corrective action or Professional Relations Officer investigations are detailed below.

1) A complaint was received from a claimant indicating the (b) (6) had been racist and rude throughout the exam, causing (b) (6) to feel uncomfortable during the appointment. (b) (6) threatened hiring an attorney and filing a lawsuit. When a PRO contacted the claimant for additional information, (b) (6) stated (b) (6) felt uncomfortable due to limited office furnishings. (b) (6) indicated that the doctor asked (b) (6) several questions about (b) (6) race and ethnicity. The PRO's interpretation of this phone call was that the claimant acted in a manner that was perceived as being very suspicious and paranoid of others. The claimant was very adamant that (b) (6) did not want the PRO to contact the doctor. PRO review of the (b) (6) report described the claimant as difficult to interview, displaying mistrust of the examiner, and presenting as suspicious, irritable, and oppositional. The exam indicated nothing that would have been outside the standard questioning utilized during a (b) (6). Review of other file information was consistent with the overall picture described in the (b) (6) report. It was determined that the complaint was unsupported and therefore no further action was necessary.
2) A complaint was received from a claimant seen for a (b) (6) with (b) (6) . The claimant reported the exam was at the doctor's (b) (6) . The claimant reported having to go up five huge steps to get into the porch. The attached porch was reported to be full of dust, cobwebs, and junk, and described as filthy. Additionally, the claimant reported the doctor called (b) (6) directly the night prior to tell (b) (6) needed to move (b) (6) appointment to a

different time during the day, and if [redacted] could not make it, [redacted] would not see [redacted] until the next month. The PRO contacted the claimant for additional information. [redacted] reiterated the same information about the condition of the building to the PRO. [redacted] indicated the clinic was in the [redacted]. The claimant reported the entry door was not clearly marked, leading to confusion over where to enter. Within the indoor porch, [redacted] reported seeing ashtrays heaped with cigarettes and there being a heavy smell of cigarettes in the air. Within the office area, [redacted] reported there were cobwebs across the room and the floor had not been vacuumed. Upon PRO contact with the provider, the doctor reported there was adequate signage on both the outer door as well as inner porch door that included [redacted] name. In regards to the ashtrays and cigarettes, [redacted] reported [redacted] does not care if the upstairs tenants smoke in the building, but [redacted] would empty the ashtray. [redacted] reported [redacted] has nice oriental rugs in the porch, and [redacted] believes the [redacted] comforts claimants. When told about the complaint of lack of cleanliness of the [redacted] denied gross uncleanliness and indicated [redacted] vacuums weekly. While [redacted] reports typically provide good detail, historically there had been prior complaints regarding the status of [redacted] clinic. The PRO initiated enhanced quality monitoring to gain further information on the claimant experience, as well as an initiation of focused new provider recruitment in the areas where this [redacted] offers [redacted] clinics. Enhanced monitoring produced no further complaints. Because of this complaint, PRO staff will be conducting an unannounced site visit to be able to assess the validity of the claims and take additional action as needed.

3) A complaint was received from a claimant seen for a [redacted] with [redacted]. The claimant reported that at about an hour into [redacted] exam, the doctor left the room to make a phone call. [redacted] indicated [redacted] had given [redacted] arithmetic problems to complete during that time and told [redacted] would be done after that. [redacted] reported the doctor told [redacted] would be back in 10 minutes; however, [redacted] was done with the work in five minutes. The claimant called the examiner during this exam time indicating reporting this was rude and [redacted] wanted to leave. The claimant called the examiner back 10-15 minutes later, indicating the doctor smelled like smoke, and [redacted] felt [redacted] had just made an excuse to have a smoking break. During a PRO phone call with the claimant for additional information, [redacted] reiterated much of the same, though also indicated there was potential that [redacted] came into the appointment with a chip on [redacted] shoulder having previously seen this doctor in prior filings. PRO conversation with the provider had [redacted] report [redacted] will typically excuse [redacted] from the room during testing that does not require provider administration, as [redacted] opines people do not typically do as well when [redacted] sits and watches. While this provider [redacted], on account of this complaint [redacted] the PRO initiated enhanced quality monitoring to gain further information on the claimant experience, as well as an initiation of focused new provider recruitment in the areas where [redacted] offers [redacted] clinics. Enhanced monitoring produced no further complaints. Because of this complaint, PRO staff will be conducting an unannounced site visit to be able to assess the validity of the claims and take additional action as needed.

4) An examiner supervisor brought to the attention of the PROs a comment in a CDI report where the provider noted that [redacted] asked the child what [redacted] was wearing, and the child replied in a silly manner that [redacted] was wearing underwear. The provider then noted in [redacted] report that [redacted] told the child that "I guess you will have to let me see your underwear." The [redacted] responded by showing [redacted] actual external clothing to the doctor. It was also noted the doctor was including the child's SSN and the parent's drivers license (DL) number in [redacted] report. A PRO contacted the doctor to discuss these concerns. The doctor agreed to not include specific PII in the reports including DL numbers or SSNs. With regards to the comment regarding the child's undergarments, the provider, while not intending anything inappropriate in the exam, did

recognize how this could be misconstrued. (b) (6) agreed to make sure the appointments remain professional. To ensure the appointments are maintaining the expected level of appropriateness and professionalism, external ehanced quality monitoring was intiaited. This extending monitoring has produced no additional concerns.

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.**

1. The PROs provide potential CE providers a reference manual, which includes documentation on licensing requirements. The PROs review all materials regularly and update as needed to ensure the information is current and complete.
2. Perspective CE panel members submit their license number to PRO staff.
3. The PRO staff completes a verification of license numbers and license status via website research using the State Licensing Board for every prospective CE panel member prior to scheduling any appointments.
4. The PRO staff checks SAM and the OIG website for sanction status on every prospective CE panel member.
5. If a prospective CE panel member is located in a bordering state, a WI PRO contacts the other state's PROs to verify whether the consultant is in good standing in that adjoining state. The PRO staff will also look to verify current licensing with the out-of-state licensing board via searchable databases on their websites or via e-mail inquiry response.
6. If a provider does not have an active and appropriate license with no sanctions, the PROs will not permit the provider to join the CE panel.
7. For existing CE providers, the PRO staff checks the OIG LEIE website and the WI licensing website for sanctions on a monthly basis. The PRO staff compiles a list of any sanctioned providers in WI and the bordering states (IA, IL, MI and MN). The PRO staff then compares the list to all CE providers in the WI legacy system. The PRO staff notifies the MPRO of any CE providers under any sanctions for further action.
8. The PROs will review the reports of disciplinary actions taken by the State of Wisconsin Licensing Board and crosscheck the information with the list of current CE providers.
9. The PRO staff verifies the license renewal status of all WI CE providers and all CE providers in the bordering states for each two-year cycle via website research.

Documentation related to a CE provider's licensure verification is stored electronically.

Support Staff Licensure/Credentialing:

1. The PROs give all CE providers a reference manual that provides all expectations a CE provider must adhere to. The reference manual states all support staff who participate in a CE must be properly licensed by the state.
2. Each CE panel member must sign an agreement indicating all support staff meet State licensing criteria.
3. Key Providers annually certify the licensing status of their support staff at an onsite PRO visit or via mail.
4. If there is any question over whether a facility is adhering to this procedure, the provider or site

manager is contacted immediately by a PRO for prompt clarification and/or resolution.

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

The PRO staff verifies licensure status via website research on a biannual basis, corresponding to the licensing requirements for health care professionals in Wisconsin. A WI DDB database alerts PRO staff to all credential due dates. The PRO staff monitors licensure sanctions 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) The PROs place new providers on mandatory quality monitoring for their first 10 appointments. The PRO staff mail feedback forms to the claimants, and provide quality feedback forms to DDB examiners and doctors.
2) The PRO staff completes a random review of submitted reports and a PRO will provide feedback to the provider via phone or written correspondence.
   a. If no quality or timeliness issues are identified, the quality monitoring will conclude.
   b. If quality or timeliness issues are identified, extended quality monitoring will be initiated. Extended quality monitoring allows a more focused attempt for a PRO to work with the doctor to assist in bringing the quality of their work up to expectation. If provider quality does not improve, further corrective actions can occur, including removal from the CE panel.

For established providers, the DDB computer system is programmed to automatically generate monitoring forms to go to the examiner and medical consultant for every 50th appointment scheduled.

If quality concerns are identified with an established provider, a PRO will initiate an enhanced quality review for a designated number of appointments, with quality feedback forms being provided to DDB examiners and doctors. This enhanced review allows a more focused attempt for a PRO to work with the doctor to assist in bringing the quality of their work up to expectation. If provider quality does not improve, further action can occur, including removal from the CE panel.

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

In fiscal year 2017 the WI DDB had 310 individual examination providers along with 87 facilities performing ancillary testing for our office.

In fiscal year 2016 the WI DDB had 312 individual examination providers along with 128 facilities performing ancillary testing for our office.

Changes in individual examination provider numbers over the course of the year were attributable to reasons such as retirement, personal health, moving, and no longer accepting our exams fees.

Changes in the facilities performing ancillary testing were due to circumstances such as facility mergers, inability to facilitate SSA exam protocols changes such as the respiratory testing, and decisions to no longer accept our fees.

8. 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 2017.

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

- For 2017, there were no changes to the MER fee schedule.
- For 2017, we increased the rate of Orthopedic Exams, Internal Medicine Exams, Neurological Exams, Pediatric Exams, Mental Status Exams, and Child Diagnostic Interview Exams from $180.00 per exam to $200.00 per exam.
- The Bayley-III increased from $180.00 per administration to $200.00 per administration.
- The WPPSI-IV increased from $105.00 per administration to $120.00 per administration.
- The WRAT-IV increased from $90.00 per administration to $110.00 per administration.
- PRO has a long established exception to pay a higher rate for ancillary testing performed by four key CE providers.
- PRO has 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 site for a particular multiple-site provider.

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: PRO staff routinely advertise the benefits of registering for the ERE Website to both new and existing CE providers. This outreach is via telephone conversations, email correspondence, face-to-face discussions at site visits and conferences, as well as sending mailings to providers. PRO has

made a push towards the utilization of ERE for representatives, especially Disability Benefit Specialists with the State of Wisconsin Aging and Disability Resource Centers (ADRC) via telephone, email, and training conferences. Additionally, the PROs discuss the benefits of utilizing ERE with MER providers via phone contact, email correspondence, and face-to-face discussion at conferences.

Additional PRO outreach activities:

- The PRO team provided general program orientation for new Disability Benefit Specialists, Elderly Benefits Specialists, and Program Attorneys from the ADRCs.
- The PRO team presented training to Disability Benefit Specialists, Elderly Benefits Specialists, and Program Attorneys from the ADRCs at their spring convention. Training topics vary on a yearly basis depending on policy changes or requests for policy clarification. The 2017 topics included the reopening process, the trailer mail process, electronic records submission, and consistency of statements.
- The PRO team exhibited at the Wisconsin Psychological Association's (WPA) Annual conference.
- The PRO team exhibited at the Wisconsin Health Information Management Association's (WHIMA) conference.
- The PRO team exhibited at the Career MD recruitment fair in Milwaukee and Madison, Wisconsin in order to recruit doctors for both CEs and internal DDB MCs.
- The PRO team presented CE provider training to 3rd year residents at UW Fox Valley Family Practice to help them become effective CE providers ahead of administering the exams as a CE panel member.
- PRO team members have been actively using various methods to recruit doctors in Wisconsin, in order to help alleviate shortages. This has included mailers to existing panel members and Medicaid vendors, cold calls, and the conferences listed above. An open job announcement for internal MCs is also posted on our parent agency's website. DDB also maintains a web link with our parent agency for prospective CE providers, which has been successful.

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:	Wyoming
Report Period (Fiscal Year):	2017
Current Date:	October 12, 2017
Reporter's Name, Phone number, and title:	Name| (b) (6) Phone number |(b) (6) Title |DDS Administrator

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. 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 2017.

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 egregious complaints that required any significant corrective action and/ or public relations work that POMS DI 39545.375 requires during FFY 2017.

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 both 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 isused, 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.
    - Example: (b) (6) , performed two consultative examinations for two male claimants, which were performed at the Department of Workforce Services Center in Gillette, Wyoming. (b) (6) did not pass the trial run process, and the Wyoming DDS discontinued utilizing (b) (6) services.

- 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.
- ❖ The Wyoming DDS 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) continues 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 161 active CE providers on its panel in Federal Fiscal Year 2017. In Federal Fiscal Year 2016 the Wyoming DDS had a total of 162 active CE providers. The Wyoming DDS did not actively recruit during FFY 2017, because of the loss of staff, the number claims that needed to be adjudicated, and (b) (6), PRO, participated in a one year Certified Public Manager's Program.

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

- Top five Key providers are below per poms and inciated 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 conducted on 7/14/2017

    ii. Ralph Heckard, MD, PO Box 860 Kimberly, ID 83341: Oversight visit was conducted on 1/10/2017

    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 performed on 8/8/2016

    iv. Cedars Health Rawlins, 1906 Cedar Street Rawlins, WY 82301: Oversight visit was performed on 12/22/2016.

    v. Fleming Associates – Grant Fleming, PhD, 1001 West 31st Street Cheyenne, WY 82001: Oversight visit was conducted on 4/11/2017.

- The Wyoming DDS met with four of its main key providers and eight of its 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.

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 changes in the CE/MER fee scheduled from FFY 2016 to FFY 2017. 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 activites 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.
- Prepares 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 implentation of health Information Technology (HIT).
- Assists with performing various initiatives as needed.

- Works with various professional associations.
- Participates in 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).**
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- **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.