

# Regional CE Oversight Report

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

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

Region:	Atlanta
List of DDSs:	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
Report Period (Fiscal Year):	2017
Current Date:	December 28, 2017
Reporter's Name, Phone number, and title:	Name   (b) (6) Phone number   (b) (6) <div style="background-color: black; width: 40px; height: 15px; display: inline-block;"></div> Title   Social Insurance Specialist

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

Yes, each DDS in the Atlanta Regions CE Oversight Reports were posted to the site as requested.

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

Yes, onsite visits were done by the RO/DPAs. The following sites from each State DDS were visited:

- Alabama - Birmingham
- Georgia - Athens, Savannah, Dalton, Thomasville and Stone Mountain
- Florida - Tallahassee
- North Carolina – Raleigh
- Mississippi - Jackson
- South Carolina – Columbia
- Kentucky – Frankfort
- Tennessee - Nashville

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

Yes, CE provider oversight visits were conducted by RO/DPAs. The DPA visited

providers from each State below:

Alabama – Physical  
Kentucky – Physical  
Georgia - Physical and Mental  
North Carolina - Physical and Mental  
Mississippi - Physical and Mental  
Florida - Physical and Mental  
Tennessee - Physical and Mental  
South Carolina - Physical and Mental

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

Yes, several DPA's conducted periodic reviews of CE purchase practices at the DDSs. The ATL Regional office conducted a CE Cost Study for each state in FY17 and the study concluded that there were no significant findings or trends in CE purchasing practices. The Region issued reminders for CE best practices based on the outcome of findings and trends.

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

Yes, spot checks were conducted against the HHS-OIG LEIE list by the RO/PRC. Licensure and SAM verification checks by DDS are monitored during RO/DPA state visits.

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

There has been no request from any DDSs in the Atlanta Region of an exemption to SSA's no-pay policy for missed CE appoints.

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

KY DDS made a recent report of the conviction of a licensed CE provider for mail fraud, conspiracy, wire fraud and making a false statement to SSA in the Fall of 2016. Additionally, Florida recently reported that (b) (6) was arrested and charged with Medicaid Fraud. In addition, in Florida, (b) (6) is under investigation for a complaint of an egregious matter.

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

Yes, the Atlanta Region did encounter a potential conflict of interest involving a Georgia DDS CE who was later employed as a RO Medical Consultant in the Philadelphia RO. The matter was handled by the Atlanta Regional Offices MPRO after determining that a conflict of interest did not exist in GA DDS.

**Please attach any additional information before submitting this form.**

We realize there have been losses in the region for consultants, however the losses are due to retirements and the fact that it is hard to maintain physicians in rural areas in most states. We will make it one of our goals in 2018 targeting rural areas when recruiting consultative examining physicians.

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Region:	Boston	
List of DDSs:	CT, ME, MA, NH, RI, VT	
Report Period (Fiscal Year):	2017	
Current Date:	2/7/2018	
Reporter's Name, Phone number, and title:	Name   (b) (6) [REDACTED]	Phone number   (b) (6) [REDACTED]
	[REDACTED]	Title   DPA

- 1. Did the RO obtain all of the DDSs' CE Oversight reports? Provide explanation.**  
Yes
- 2. Did the RO conduct any onsite visits at the DDSs? Provide explanation.**  
Yes. Along with regular DPA visits, there were specific visits to RI in March, Vermont in April and CT in July.
- 3. Did the RO accompany the DDSs on selected CE provider oversight visits to key or problem providers? Provide explanation.**  
Yes, CT in July to a key provider. It was a routine visit. Nothing remarkable to note.
- 4. Did the RO conduct periodic reviews of CE purchase practices in the DDSs? Provide explanation.**  
No
- 5. Did the RO spot check the DDSs' list of CE providers against the HHS-OIG LEIE list to ensure CE providers were not federally excluded? Provide explanation.**

No

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

No, however we anticipate receiving one from MA DDS in 2018

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

N/A

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

N/A

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Region:	Chicago
List of DDSs:	Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin
Report Period (Fiscal Year):	2017
Current Date:	December 2017
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title   Program Expert

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

Yes, the Chicago Region received all the CE Oversight Reports and did a thorough review of them. The FY 2017 reports meet the POMS requirements. All reports are on the MPRO SharePoint site.

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

No

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

No

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

Yes, on a quarterly basis we reviewed 160 CE purchases in the 6 state Region.

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

Yes, on a quarterly basis we checked the SAM website for CE provider licenses and for any sanctions. There were no outstanding issue with licensure this year.

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

No

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

No

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

None.

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The Chicago Region DDS did a fantastic job keeping the CE rates low this year.

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Region:	Dallas
List of DDSs:	Arkansas, Louisiana, New Mexico, Oklahoma, and Texas
Report Period (Fiscal Year):	2017
Current Date:	12/29/2017
Reporter's Name, Phone number, and title:	Name  (b) (6)  Phone number  (b) (6)  Title   Policy Expert/PRC

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

Yes. Each DDS in the region submitted the CE Oversight report, including the CE/MER payment rates and CE provider lists.

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

No. Due to budgetary constraints, the PRC did not have travel money available. However, the PRC did hold quarterly MPRO phone conferences to discuss issues and upcoming changes. The Disability Program Administrator for each state will resume having the DDS MPRO complete a Dallas RO CE Oversight Report (using guide in PM 00233.900), unless PRC travel money becomes available.

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

No. Due to budgetary restraints, the PRC did not have travel money available. However, the PRC did hold quarterly MPRO phone conferences to discuss issues and upcoming changes.

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



**explanation.**

Yes. In addition, the CE practices in developing claims under the new neurological Listings effective 09/2016 were studied and it was found that there were inappropriate purchasing of mental status/IQ exams to support the adaptive limitations requirements. This was remedied through a one page developmental guide.

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

Yes, the PRC performed a spot check on at least 10 CE providers from each DDS and none were found to be excluded by the HHS-OIG-LEIE list.

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

No

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

No complaints or other situations expected to provoke public criticism or result in press attention were received.

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

None were identified.

**Please attach any additional information before submitting this form.**

- Four of the DDSs had a slight increase in CE vendors. Recruitment included audiologists and PAs.
  - DDSs incorporated the new HIV testing into the CE Fee schedule. Four states continue to have problems recruiting vendors for the pulse oximetry digital printout requirements.
  - Each DDS continues to encourage the use of ERE for all CE providers, however, one state has rural providers with limited staff and have declined to use ERE.
- 
- The PRC holds quarterly MRPO telephone conferences with the DDSs where CE, HIT and ERE are discussed.
  - The PRC studied claims involving the new neurological listings and found inappropriate mental CE purchases. A one page development guide was sent to the DDSs.

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Region:	Denver
List of DDSs:	CO, MT, ND, SD, UT, WY
Report Period (Fiscal Year):	2017
Current Date:	12/27/17
Reporter's Name, Phone number, and title:	Name   (b) (6) Phone number   (b) (6) Title   Disability Program Expert

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

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

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

No. I had no travel authorized this year and staff who travelled did not do onsite CE reviews.

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

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

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

This year we had some different areas of focus. Montana had quality issues and I reviewed a group of cases with OQR returns for all development practices, including CE practices. Then I presented training for their staff and consultants, which included discussion of

unnecessary CEs and cases that should have had CEs ordered earlier.

Several DDSs had concerns about purchasing CEs that were related to regulation changes, including listing changes and AMS changes. They are making a transition to using more APRNs, PAs, and audiologists for CEs that need an AMS for the MDI, as well as recognizing that MER from these individuals obviates the need for CEs they would have purchased in the past. They are also adapting to providing CE guidance where the “green book” hasn’t caught up to the listings.

We had a regional MPRO conference this year and CEs were on the agenda there, as well.

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

Yes.

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

A DPA had a request from Colorado to pay a higher no-show fee for certain rural areas, and the DPA approved the request. I have a record of the DPA approving Wyoming’s request to pay one SLP source for a missed CE, but no record of ODD reviewing the request.

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

Yes. We advised ODD in August of a situation with a CE from (b) (6) in Colorado where we found that the company had substituted a non-physician to perform a CE and the company owner had signed the physician’s name to the CE report. We investigated further and found a few other CE reports were signed by someone other than the CE provider. The DDS cancelled future CEs with the provider and scheduled new CEs for some individuals when we couldn’t tell who had signed the report.

Other DDSs have had problems with (b) (6) in the past, and our DDSs no longer use them as a CE provider.

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

No.

**Please attach any additional information before submitting this form.**

We held a regional PRO conference again this year. We were able to bring the PROs to Denver to participate in person. While we were not able to bring in anyone from central

office, we appreciated presentations and participation from ODD and ODP. Materials from the conference are available on the [DEN ERE MPRO SharePoint](#).

We encountered an issue in North Dakota related to CE signatures. Two providers who work together started signing CE reports for each other if one of them was out. They wrote something like John Doe by Jane Doe. When the DDS spotted the issue, the PRO contacted them to remind them that the person who performed the CE must review and sign the report. The DDS also reminded examiners. The DDS consulted with the RO, and because of the quick resolution, we did not contact ODD about this.

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Region:	Kansas City Region
List of DDSs:	Iowa, Kansas, Missouri and Nebraska
Report Period (Fiscal Year):	FY17
Current Date:	December 18, 2017
Reporter's Name, Phone number, and title:	Name   (b) (6) Phone number   (b) (6) Title   Disability Expert and Kansas City Region PRC

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

Each DDS in our region provided their CE oversight report, provider list, MER and CE fee schedules for FY17. The FY17 reports meet the necessary POMS requirements. These reports are available on the MPRO SharePoint as requested.

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

Yes. Regional practice allows the Professional Relations Coordinator (PRC) to perform onsite visits in our region each fiscal year. Typically, we visit at least two of the four states in our region. However, due to the late finalization of the FY17 budget, we were only able to have one visit this year. (Since we visited three in FY16 and one in FY17, this still averages out to two per year.)

FY17, we visited Jefferson City Missouri DDS



Jefferson City  
Missouri DDS RO Ons

## 3. Did the RO accompany the DDSs on selected CE provider oversight visits to key or

**problem providers? Provide explanation.**

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

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

Yes.

- The RO completed informal case reviews on several cases of DDSs, DPB and ODAR for necessity, accuracy and provider policy.

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

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

**Iowa DDS:**

Carroll Roland, Ph.D.; Timothy Wahl, Ph.D.; Jack Brindley, M.D.; Rich Martin, Ph.D.; Roger Mraz, Ph.D.; Rosanna Jones Thurmond, Ph.D.; Stephanie Anthony, Ph.D.; Samuel Moessner, M.D.; Brian Allen, D.O.; Bret Heilesen, M.D.

**Kansas DDS:**

James Henderson, MD; Stanley Mintz, Ph.D.; Michael Schwartz, Ph.D.; Gary Hackney, Ph.D.; Melvin Berg, Ph.D.; Jason E. Neufeld, Ph.D.; Jackie Tenney, M.D.; Melinda Shaver, Psy.D.; Karen M Jordan, Ph.D.; Eric Fry, M.D.

**Missouri:**

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

**Nebraska:**

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

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

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

For FY17, Nebraska requested two additional exceptions for David Lindley, MD in the

amount of \$70.00 and Jerry McLain, MD in the amount of \$75.00. Both are in areas where it has been difficult to locate and maintain CE providers. See the attached email discussions with ODD for approval.



NE No Show Fee  
Exception - Dr. Lindley



NE No Show Fee  
Exception -- Dr. McLa

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

We did not have any specific issues that required RO reporting during FY17.

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

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

**Please attach any additional information before submitting this form.**

PRO Staffing:

- No changes in FY17

PRC Activities and Unique Issues:

- Served as the Regional Electronic Records Express (ERE) and Health Information Technology (HIT) Coordinator;
- Participated in multiple policy and training work groups;
- Prepared and gave a presentation over The Basics of Disability Relating to ODAR and the DDS at an ODAR Group Supervisor training.

**Kansas City Regional Office Review of  
Jefferson City Missouri DDS Management of the CE Process  
September 13, 2017**

The Kansas City Regional Office visited the Jefferson City Missouri DDS for a Consultative Examination (CE) oversight visit on September 13, 2017. (b) (6), Professional Relations Officer (PRO), (b) (6), Director of Medical Services, and (b) (6), Regional Professional Relations Coordinator, participated in onsite DDS visit.

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

**A. DDS Quality Assurance Activities in the CE Process**

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

**Yes. As part of a QA review, they ensure only necessary CEs are ordered.**

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

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

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

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

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

**If there is a problem with the report, the PRO contacts the provider. This can be by phone, in writing or on a visit.**

- b) *How and by whom is the review results evaluated? What review criteria are used?*  
**See A(2a) above.**

- c) *If the CE report is inadequate or incomplete, how is this information conveyed to the provider? Is the provider asked to provide the necessary information previously omitted?*  
**If the provider has the information in their notes, the DDS asks the CE provider to submit the evidence, or send in a statement covering the issue. They will ask for an addendum to be submitted. If the provider does not have the information to add to the CE, the doctor is responsible for having the claimant come back and at the providers own expense.**

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

**The PRO notifies the CE providers of quality issues with written and oral feedback. The PRO will provide additional training on preparing acceptable CE reports. The**



**DDS resumes quality review of the providers CE reports. If the provider continues submitting unacceptable CE reports, the DDS removes the CE provider from the panel.**

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

**See A(2a) above. The PRO reviews the first 5 reports and then will continue reviewing until they have improved. In addition, the PRO reviews reports from CE vendors with a history of quality issues to ensure the quality remains high.**

## **B. Fee Schedules**

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

**The Missouri DDS follows the policy to establish its fee schedule.**

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

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

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

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

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

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

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

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

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

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

7) *Is the fee schedule reviewed annually?*

**Yes. In addition, the DDS provides fee updates that occur during the year.**

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

**When necessary, the DDS and their parent agency (VR) will compare costs of tests, evaluations, and in some cases the private sector for specific providers (for mental), analyze the data and determine the need for a possible fee change.**

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

The DDS uses several volume vendors throughout the state. The DDS does not negotiate fees lower than the fee schedule. Yes, the quality is as good as other providers.

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

## C. Training and Review of New CE Providers

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

### 1) Training

#### a) *What type of training is provided?*

**The PRO provides the training in person for local CE providers. The training lasts from one to two hours. Depending on the provider.**

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

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

#### b) *Who conducts it?*

**The PRO conducts the training for new CE providers.**

#### c) *What training materials are furnished?*

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

- Detailed overview of the CE program supplemented with the publications [\*Consultative Examinations: A guide for Health Professionals and Disability Evaluation Under Social Security\*](#); and
- Green book -- [\*CE Guide - Green Book\*](#)
- License check
- Vendor agreement
- Vendor Input – payment forms
- Training packet that includes redacted samples of acceptable:
  - *CE Informational Document*
  - *CE reports;*
  - *Green book – checklist & report items, questions on CE request to see what they need to focus on during the exam; and*
  - **Medical source statements (including ODAR forms HA-1151 and HA-1152, CE reports.**
  - **Share guidelines for how to complete the form**
  - **Provide training guides on cardiac guides, fibromyalgia and hand function**
  - **Encryption – what programs they can use form and a response fax that shows what the source uses.**
  - **PII handout**

- **Interpreters – 795 form & potential of family member, etc. For the release, the doctor has the interpreter sign the form.**

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

**The DDS uses the quality of the CE reports received from new providers to measure the training quality. Ongoing feedback from counselors, MCs, etc.**

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

**Yes**

## 2) *Review of New Providers*

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

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

b) *Who conducts the review?*

**The PRO conducts the review.**

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

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

## D. CE Scheduling Procedures and Controls

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

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

2) *Does the CE authorization process:*

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

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

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

**Yes.**

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

**The examiners request CEs choosing the exam type and area. The CE unit schedules the CEs. The CE unit monitors requests to help prevent overscheduling.**

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

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

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

- 4) *Is the treating source used as the preferred source of the CE as required in regulations?*  
**Yes. However, the majority of medical professionals refuse to perform CEs for their patients due to fee schedules and the potential effect on the doctor-patient relationship.**
- 5) *If the treating source is not used for the CE, is the reason properly documented in the claims file on the case development summary?*  
**Yes. The DDS legacy system (MIDAS) and the electronic claims analysis tool (eCAT) requires coding medical sources that do not agree to perform CEs on their patients.**
- 6) *Are medical source statements requested?*  
**Yes.**
- 7) *Are copies of the background material in the claims file sent to the CE source for review prior to the CE?*  
**Yes. The CE unit sends the background material categorized by the counselor in eView with the contract for the provider to perform the CE.**
- 8) *Is the DDS following the guides on CE scheduling intervals? If not, what precautions, if any, are taken to prevent over scheduling?*  
**Yes. The PRO sets up initial block time intervals based on availability and requirements. Providers are given the expectations with their training. Block scheduling is created to ensure the minimal time interval requirements and this assists with monitoring and scheduling timely.**
- 9) *No Shows/Cancellations*
- a) *What follow-up procedures are followed to ensure the CE appointment is kept? Does the DDS remind the claimant of the CE several days before the examination?*  
**If the CE response form is not returned the counselor attempts phone calls to contact the claimant. If the form is returned indicating they will keep the CE, a phone call is not necessary. A CE reminder letter is always sent 10 days prior to the CE.**

**The DDS has some CE providers who attempt to make a reminder call to the claimant. (The providers who make the reminder calls tend to have a better CE show rate.)**

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

**Yes. Either the CE Unit calls the CE provider or the CE providers informs the CE Unit of kept or not kept appointments.**

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

**The DDS legacy system has no way of tracking the no-show rate. However, most show and no-show data comes from the providers themselves. The providers who make their own follow-up calls tend to report a higher show rate.**

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

## **E. Integrity of Medical Evidence**

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

**Yes. Photo ID and physical description.**

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

**Yes.**

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

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

## **F. Recruiting Activities**

1) *Is current CE panel adequate?*

**Yes. It is adequate, but we would still like to increase providers in rural areas.**

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

**See F1**

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

**On-going recruitment using referrals for other locations from current CE panelists. The PRO contacts referrals informing them of the CE program and determining the referrals' interest in providing CEs. In addition, perform cold calls.**

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

**See (3) above.**

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

**Yes.**

## G. Claimant Complaints

- 1) *Are all complaints investigated? By whom?*  
**Yes, the PRO investigates all claimant CE complaints.**
- 2) *Is there a written procedure or standard form used to investigate complaints?*  
**The PRO tailors the investigation to the specific case situation. In general, investigations involve the following actions:**
  - **Claimant Contact;**
  - **Review the CE report;**
  - **Contact the CE provider;**
  - **Inform DDS management and RO of potential news media and public relation situations;**
  - **Record complaints and resolution on the Vendor History complaint/resolution form.**
- 3) *Does the DDS handle the following?*
  - a) **Congressional inquiries**  
**Yes. Quality assurance handles Congressional inquiries.**
  - b) **Claimant complaints**  
**Yes. The PRO handles claimant complaints.**
  - c) **Provider complaints**  
**Yes. The PRO handles provider complaints.**
- 4) *Is the claimant given a response to his/her complaint on a timely basis?*  
**Yes.**
- 5) *What remedial/corrective actions are taken with the CE providers?*  
**The PRO takes remedial and corrective actions with CE providers as necessary. The PRO tailors the actions to the situation.**
- 6) *Does the DDS have procedures for handling threats and/or statements regarding suicide?*  
**Yes. The DDS uses the Automated Incident Report System.**
- 7) *What types of situations are referred to the RO?*  
**The DDS refers any situation involving threats, potential public criticism, or press attention to the RO.**

## H. Claimant Reactions to Key Providers

- 1) *Describe the procedures for obtaining claimant reactions to key providers to determine the quality of service.*  
**The MO DDSs obtain claimant reactions to all providers by investigating claimant complaints.**
- 2) *What type of claimant contacts is made; e.g., letter, telephone, or other personal contacts, such as RO exit interviews of claimants?*  
**The MO DDS makes no other contact with claimants.**
- 3) *Who makes these contacts and what criteria are used to determine if a contact is warranted?*

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

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

## I. List of Key Providers

1) *When visited during last fiscal year*

- Mark Schmitz, MS 4/27/17
- Linda Schultz, MS 5/3/17
- Compass Health, Michaela Beezley, PsyD 5/15/17
- Associated Behavioral Health, Thomas Spencer, PsyD 5/15/17
- Ann Pollock, PsyD 5/3/17

2) *By Whom?*

The PRO visits the key providers.

## J. Onsite Reviews of CE Providers

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

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

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

Yes. Each PRO in MO completes at least 5 onsite visits per year.

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

The DDS selects non-key providers based on factors such as relocations, training needs, tardy reports, claimant complaints, new providers and new equipment. In FY17 they performed 3 new location visits.

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

When available, the CE provider may participate; otherwise, a member of their staff will provide necessary information.

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

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

## K. Contracting Out for Medical Services

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

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

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

## L. Records Maintenance

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

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

2) *Do those files contain?*

**The CE provider files contain the following when applicable.**

- a) **Provider credentials; (Yes)**
- b) **Annual payments to the provider; (No – can obtain)**
- c) **Complaints against the provider; (Yes)**
- d) **Results of investigations or complaints against the provider; (Yes)**
- e) **Reports of onsite reviews; (Yes) and**
- f) **Claimant reaction surveys. (Yes, if a survey is sent)**

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

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

**Yes.**

**(b) (6)**

Professional Relations Coordinator  
Kansas City Region



**NE No Show Fee Exception – Dr. Lindley – 8/24/17**

**From:** (b) (6)

**Sent:** Thursday, August 24, 2017 2:38 PM

**To:** (b) (6) DDS Nebraska (b) (6)

**Cc:** (b) (6) DDS Nebraska (b) (6)

**Subject:** Response: No Show Exception Fee Request -- Dr. Lindley in NE -- Approval

Hi (b) (6)

We are able to authorize a CE provider “No Show” exception fee for David Lindley, M.D. in North Platte, Nebraska, in the following amount:

- No Shows \$70.00 (instead of \$35.00)

Please be sure to update your exception fee list with this information. In addition, you will need to maintain the following email trail for auditing purposes. This shows our detailed justification for the request and ODD’s approval.

Please let me know if you have any questions, and thanks for your patience.

Thanks,

(b) (6)

Disability Expert, COTR  
Center for Disability and Program Support  
Kansas City Region

(b) (6)

---

**From:** (b) (6)

**Sent:** Wednesday, August 23, 2017 11:33 AM

**To:** Hart, (b) (6)

**Cc:** (b) (2) (b) (6)

**Subject:** RE: Response: No Show Exception Fee Request -- Dr. Lindley in NE

Hi (b) (6) - ODD is in agreement with Dr. Lindley's no show fee increase. Please remind the DDS to keep justification on this and other approved fee requests in the event of an audit. The RO should have solid supporting documentation also.

Let me know if you have additional questions.

*Thanks,*

(b) (6)  
*Program Analyst*

*DCO/ODD/DDAS*

(b) (6)

*"Be thankful for what you have; you'll end up having more." Oprah*

\*\*\*\*\*

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**From:** (b) (6)  
**Sent:** Tuesday, August 08, 2017 3:19 PM  
**To:** (b) (6)  
**Cc:** (b) (2); (b) (6)  
**Subject:** RE: Response: No Show Exception Fee Request -- Dr. Lindley in NE

Hi (b) (6) - (b) (5)

*Thanks,*

(b) (6)  
*Program Analyst*

*DCO/ODD/DDAS*

(b) (6)

*"Be thankful for what you have; you'll end up having more." Oprah*

\*\*\*\*\*

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From: (b) (6)

Sent: Tuesday, August 08, 2017 11:47 AM

To: (b) (6)

Cc: (b) (2) (b) (6)

Subject: RE: Response: No Show Exception Fee Request -- Dr. Lindley in NE

Hi (b) (6)

(b) (5)

■ [Redacted text block]

■ [Redacted text block]

■ [Redacted text block]

- o (b) (5) [Redacted]

[Redacted]

[Redacted]

Thanks,

(b) (6)

[Redacted]  
Disability Expert, COTR  
Center for Disability and Program Support  
Kansas City Region

(b) (6)  
[Redacted]

---

**From:** (b) (6)  
**Sent:** Monday, July 31, 2017 12:27 PM  
**To:** (b) (6)  
**Cc:** (b) (2)  
**Subject:** RE: Response: No Show Exception Fee Request -- Dr. Lindley in NE

Hi (b) (6)

(b) (5) [Redacted]

- [Redacted]
- [Redacted]

➤ (b) (5) [Redacted]

[Redacted]

[Redacted]

*Thanks,*

(b) (6)  
*Program Analyst*

*DCO/ODD/DDAS*

(b) (6)

*“Be thankful for what you have; you’ll end up having more.” Oprah*

\*\*\*\*\*

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---

**From:** (b) (6)  
**Sent:** Thursday, July 27, 2017 9:54 AM  
**To:** (b) (6)  
**Cc:** (b) (2)  
**Subject:** Response: No Show Exception Fee Request -- Dr. Lindley in NE

Hi (b) (6)

(b) (5) [Redacted]

*Thanks,*

(b) (6)  
*Program Analyst*

*DCO/ODD/DDAS*

(b) (6)

*“Be thankful for what you have; you’ll end up having more.” Oprah*

\*\*\*\*\*

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-----  
**From:** (b) (6)

**Sent:** Tuesday, July 25, 2017 2:51 PM

**To:** (b) (2)

**Cc:** (b) (6)

**Subject:** No Show Exception Fee Request -- Dr. Lindley in NE

Hi all,

(b) (5)

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Thanks,

(b) (6)

[Redacted]

Disability Expert, COTR  
Center for Disability and Program Support  
Kansas City Region

(b) (6)

---

**From:** (b) (6) DDS Nebraska

**Sent:** Tuesday, July 25, 2017 8:40 AM

**To:** (b) (6)

**Cc:** (b) (6) DDS Nebraska (b) (6)

**Subject:** RE: No Show Fee Request

(b) (6)

(b) (5)

(b) (6)

Medical Services Officer - DDS

(b) (6)

---

**From:** (b) (6)

**Sent:** Monday, July 24, 2017 4:12 PM

**To:** (b) (6) DDS Nebraska

**Cc:** (b) (6) DDS Nebraska; (b) (6)

**Subject:** RE: No Show Fee Request

Hi (b) (6)

(b) (5)

(b) (5)

Thanks,

(b) (6)

Disability Expert, COTR

Center for Disability and Program Support

Kansas City Region

(b) (6)

---

**From:** (b) (6) DDS Nebraska

**Sent:** Monday, July 24, 2017 10:40 AM

**To:** (b) (6)

**Subject:** No Show Fee Request

(b) (5)



(b) (5) [Redacted]

Thank you~

(b) (6) [Redacted]

Medical Services Officer - DDS

(b) (6) [Redacted]

[Redacted]

[Redacted]

**From:** (b) (6)

**Sent:** Thursday, September 28, 2017 11:07 AM

**To:** (b) (6)

**Cc:** (b) (6)

**Subject:** FW: Update -- No Show Exception Fee -- Dr. McLain in Chadron, NE

(b) (6)

Good news, ODD has approved our request for the “No Show” exception fee for Dr. McLain. Please be sure to include this on any required monthly reports, update your exception fee list and save this email for auditing purposes.

Thanks,

(b) (6)

Disability Expert, COTR

Center for Disability and Program Support

Kansas City Region

(b) (6)

**From:** (b) (2)

**Sent:** Thursday, September 28, 2017 10:52 AM

**To:** (b) (6)

**Cc:** (b) (2)

**Subject:** RE: Update -- No Show Exception Fee -- Dr. McLain in Chadron, NE

(b) (6)

(b) (5)

| [Redacted]

[Redacted]

| [Redacted]  
| [Redacted]  
| [Redacted]

(b) (6)

DCO/ODD

(b) (6)

**From:** (b) (6) .  
**Sent:** Wednesday, September 27, 2017 6:45 PM  
**To:** (b) (2)  
**Cc:** (b) (6)  
**Subject:** Update -- No Show Exception Fee -- Dr. McLain in Chadron, NE

All,

(b) (5)

- | [Redacted]
- | [Redacted]
- | [Redacted]

[Redacted]

- | [Redacted]

Thanks,

(b) (6)

[Redacted]

Disability Expert, COTR  
Center for Disability and Program Support

Kansas City Region

(b) (6)

[Redacted]

---

**From:** (b) (6) DDS Nebraska  
**Sent:** Tuesday, September 19, 2017 2:48 PM  
**To:** (b) (6)  
**Cc:** (b) (6)  
**Subject:** Update provider exception

(b) (6)

(b) (5)

[Redacted]

[Redacted]

Thank you~

(b) (6)

Medical Services Officer - DDS

(b) (6)

[Redacted]

[Redacted]

# Regional CE Oversight Report

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

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

Region:	New York Region
List of DDSs:	New Jersey, New York and Puerto Rico
Report Period (Fiscal Year):	FY2017
Current Date:	December 19, 2017
Reporter's Name, Phone number, and title:	Name   (b) (6) Phone number   (b) (6) Title   Program Expert/COTR and NY Regional PRC

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

NJ and NY provided their CE oversight reports. PR was not able to submit their report due hurricane Maria.

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

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

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

Yes. The DPA's and Center for Disability staff accompanied the DDS MPRO's on 8 CE onsite visits. The budget and limited staff restricted additional visits.

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

Yes. On a quarterly basis, the PRC reviewed 120 CE purchases for NY, NJ and PR DDS. The CE purchases were policy complaint and paid correctly according to the fee schedule.

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

Yes. On a quarterly basis, the PRC checked 400 DDS CE providers' licenses and for sanctions on the SAM website.

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

No

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

None reported

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

None reported

**Please attach any additional information before submitting this form.**

# Regional CE Oversight Report

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

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

Region:	Philadelphia
List of DDSs:	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
Report Period (Fiscal Year):	2017
Current Date:	01/05/17
Reporter's Name, Phone number, and title:	Name   (b) (6) Phone number   (b) (6) Title   Program Specialist

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

Yes. All CE Oversight reports were uploaded to the MPRO SharePoint site.

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

Yes. The PRC personally visited the Richmond Virginia DDS, which included all branch MPROs, in August and the Maryland DDS in September. PRC discussed current MPRO issues at each DDS. Due to budget limitations, the PRC was unable to travel to other states. The DPAs for each state meet with the MPROs in each state during their regular administrative visits throughout the year.

Budget limitations also prevented an in-person regional MPRO meeting. The PRC solicited interest in reoccurring meetings to discuss MPRO issues. All MPROs expressed interest in this meeting and the first meeting was held in FY 2018.



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

No.

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

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

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

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

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

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

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

No such issues were raised in our region in FY2017.

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

None were identified in our region in FY2017.

**Please attach any additional information before submitting this form.**

# Regional CE Oversight Report

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

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

Region:	San Francisco Region
List of DDSs:	Arizona, Californian, Hawaii and Nevada
Report Period (Fiscal Year):	2017
Current Date:	December 29, 2017
Reporter's Name, Phone number, and title:	Name   (b) (6) Phone number   (b) (6) Title   Program Expert/Regional Professional Relations Coordinator (PRC)

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

Yes, all reports were received by the RO.

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

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

- Arizona DDS – Tucson Branch
- CA DDS – Stockton Branch
- CA DDS – Roseville Branch
- CA DDS – Sacramento Branch
- CA DDS – Covina Branch
- CA DDS – Glendale Branch
- Nevada DDS



2017 CE Oversight  
Tucson Report.docx



2017 CE Oversight  
Stockton Report.docx



2017 CE Oversight  
Roseville Report.docx



2017 CE Oversight  
Sacramento Report.docx



2017 CE Oversight  
Covina Report.docx



2017 CE Oversight  
Glendale Report.docx



2017 CE Oversight  
Nevada Report.docx

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

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

- CA DDS – Stockton Branch: (b) (6) (volume provider visit)
- CA DDS – Roseville Branch: (b) (6) (volume provider visit)
- CA DDS – Sacramento Branch: (b) (6) (key (b) (6))
- CA DDS – Covina Branch: (b) (6) (key provider visit)
- CA DDS – Glendale Branch: (b) (6) (key provider visit)
- NV DDS – (b) (6) (key provider visit) and (b) (6) (key provider visit)
- HI DDS – (b) (6) (key provider visit completed during DPA oversight visit)

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

Yes, the RO/PRC conducted periodic reviews of CE purchase practices in the DDSs. This is done during onsite DDS visits and throughout the year as needed with case reviews. In FY 17 we completed targeted studies of DDS branches with high CE rates provided reminders on CE purchase practices, as well as case specific findings, to the DDS.

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

Yes, the RO/PRC completed spot checks for the DDSs’ list of CE providers against the System for Award Management (SAM) to ensure CE providers are not federally excluded. Licensure and SAM verifications are completed during onsite DDS visits as part of the CE provider file review and periodically throughout the year.

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

Yes. In March of 2015, ODD approved an exemption to the no-pay policy for missed Consultative Examinations (CE) appointments for the Hawaii DDS (HI DDS) outer islands/rural areas per [DI 39545.275](#). Although this exception has helped with some recruitment/retention activities, HI DDS continues to be impacted by wait times for CEs on outer islands/rural areas.

We submitted our yearly request on November 14, 2017; however, we received a request for additional information from ODD and are in the process of obtaining this information.

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

Yes. We alerted ODD to the removal of CE panelist (b) (6) from the California DDS CE panel on December 12, 2016. (b) (6) was convicted of conspiracy to commit insurance fraud on November 5, 2014. A disciplinary action for this individual was filed with the Medical Board of California on October 1, 2015 for this conviction. On December 2, 2016 (b) (6) license was revoked. However, the revocation is stayed and (b) (6) is placed on probation for seven years with a 60 day suspension starting January 15, 2017. (b) (6) also had a previous 60 day suspension for tax fraud in 2011.

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

No. The San Francisco region did not identify any potential conflict of interest of situations that needed to be referred to ODD in FY 2017.

**Please attach any additional information before submitting this form.**

# Consultative Exam (CE) Oversight Visit Arizona DDS Tucson Branch

---

## Overview

I conducted a Consultative Examination (CE) oversight visit to the Arizona Disability Determination Services (AZ DDS) Tucson Branch September 13-14, 2017. This was a follow-up visit to the August 2016 CE oversight visit. The CE oversight visit included the following activities:

- Reviews of CE provider (CEP) files
- Interviews with various DDS staff

Topics discussed during the visit covered all items noted in [PM 00233.900 Exhibit 1](#) - Regional Office (RO) Guide for Evaluating Disability Determination Service (DDS) Management of the Consultative Examination (CE) Process.

## Staff Participation

I interviewed the MPRO, (b) (6), two supervisors, two Disability Examiners (DE) and two CE schedulers.

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

## Status of Recommendations and Findings from FY 2016

The following items address the findings noted in the Regional Office CE oversight visit conducted in August 2016.

### 1. CE Scheduling Procedures and Controls

Overall, the Tucson Branch follows the appropriate policies and procedures for CE scheduling procedures and controls. However, during the August 2016 visit staff were unclear on procedures for medical or supervisory approval of CE requests/diagnostic testing involving significant risk to the claimant/beneficiary.

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

## **2. Onsite Reviews of CE Providers**

In general, the Tucson Branch performs appropriate onsite reviews of CE providers. However, during the August 2016 visit the MPRO had only completed two onsite visits. Onsite visits for key providers must be completed by the end of the fiscal year and annotated in the Annual DDS CE Oversight Report. Onsite visits should be conducted on an ongoing basis throughout the fiscal year. This practice would ensure issues are addressed timely with CE providers and all visits are completed prior to the end of the fiscal year.

During this visit, the MPRO had conducted 31 onsite visits for both key and non-key providers.

## **3. Records Maintenance**

During the August 2016 visit, I noted that the Tucson Branch needed to update their records maintenance processes and structures. Policy requires specific actions be documented by the DDS/MPRO such as license verifications, System for Award Management (SAM) verification documentation, complaints for CE providers, reports of onsite reviews and claimant surveys. We reviewed 15 CE provider files and eight files did not have the current licensure verification. The MPRO explained all licenses are verified and kept in a separate file.

During this visit, the MPRO had accepted our recommendation from August 2016 to adopt a record maintenance system similar to the one used in the Phoenix Branch to ensure consistency within Arizona DDS and to meet SSA requirements for records maintenance. All CE provider files are now electronic. I reviewed 20 provider files and although one was missing the current license verification, this was corrected before the conclusion of the visit.

## **Conclusion**

The Tucson Branch has made the necessary corrections to ensure policy compliance for the CE Oversight process. The Branch updated their procedures for CE scheduling procedures and controls, onsite visits to CE providers were completed throughout the year and the CE provider files are now policy compliant.

Thank you to the Tucson Branch staff and management for your cooperation during this CE oversight visit.

**(b) (6)**

Professional Relations Coordinator  
Center for Disability and Programs Support, San Francisco Region

# Consultative Exam (CE) Oversight Visit California DDS Stockton Branch

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## Overview

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) Stockton Branch February 9-10, 2017. The CE oversight visit included the following activities:

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

Topics discussed during the visit covered all items noted in [PM 00233.900 Exhibit 1](#) - Regional Office (RO) Guide for Evaluating Disability Determination Service (DDS) Management of the Consultative Examination (CE) Process.

## Staff Participation

I interviewed the PRS, (b) (6), Operations Support Bureau Chief (OSBC) (b) (6), two Team Managers (TM), two Disability Evaluation Analysts (DEAs), two Program Technicians (PT), one Program Support Analyst (PSA), and one Medical Consultant (MC).

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

## Area of Jurisdiction

The Stockton PRS has jurisdiction of the CE panel vendors in the following cities: Antioch, Atwater, Benicia, Brentwood, Concord, Davis, Elk Grove, Fairfield, French Camp, Lakeport, Lodi, Manteca, Napa, Petaluma, Pittsburg, Stockton, Tracy, Ukiah, Vacaville, Vallejo, Willits, Woodland.

## CE Provider Onsite/Oversight Visit

The PRS, OSBC, and I visited volume CE Provider, (b) (6) CA. The PRS and OSBC conducted a thorough oversight visit. However, we observed (b) (6), introduced to us as the receptionist, taking vital statistics for SSA claimants. Per [DI 395454.200](#), the DDS must ensure proper certification for support staff used to help perform CEs meet State licensing or certification requirements and have not been sanctioned. The OSBC and PRS are actively working to resolve this issue with (b) (6).

## Recommendation/Action:

- The OSBC/PRS should continue to work to ensure proper certification for the Medical Assistant in (b) (6) office. The CE provider must submit a signed statement certifying all support staff used to help perform CEs meet California licensing or certification requirements and have not been sanctioned. The

OSBC/PRS should take any additional actions as needed based on findings/CEP response, including contacting CSSB for guidance on corrective action for this provider.

## **CE Oversight Review**

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

#### Summary Findings:

Issues Noted - 0

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

### **B. Fee Schedules**

#### Summary Findings:

Issues Noted - 0

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

### **C. Training and Review of New CE Providers**

#### Summary Findings:

Issues Noted - 0

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

The quality review of conditionally approved CEPs is handled by the PRS. When bringing on a new CEP, the PRS reviews the first five reports. The PRS consults with the appropriate MC during the reviews, if needed. Feedback and comments are shared with the CEP. If the first five reports are satisfactory, the PRS informs the Branch staff and CEP that the CEP is an approved provider and CE appointments can be scheduled with that CEP. If improvement is needed for report quality, the PRS offers one-on-one training with an MC. The PRS and MC continue to work with the CEP until the quality improves and all issues are satisfactorily resolved or the decision is made to not add the vendor to the panel.



## D. CE Scheduling Procedures and Controls

### Summary Findings:

Issues Noted - 0

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

## E. Integrity of Medical Evidence

### Summary Findings:

Issues Noted - 0

The Stockton Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Stockton Branch asks providers to check the claimant's photo identification, which is noted in the CE report and if photo identification is not available the provider includes a description of the claimant. Vouchers for purchased medical evidence are checked against the actual number of pieces of purchased medical evidence in file to ensure that all evidence is in file.

## F. Recruiting Activities

### Summary Findings:

Issues Noted - 2

The PRS has the responsibility in the Branch for CE provider recruitment. The CE panel is mostly adequate with the primary need for additional appointment availability for Cardiology, and Ear Nose and Throat.

The DDS staff also identified issues with a specific CE provider, (b) (6). The staff reported that CE reports from this provider are delayed 2-3 months. The OSBC and PRS are currently working on resolving this issue with the provider.

### Recommendation:

- The PRS should intervene as needed to ensure that appointments are available for the impacted specialties, specifically Cardiology and Ear Nose and Throat. This includes increased recruitment activities and working with CSSB to discuss alternatives.
- The OSBC/PRS should continue to work to resolve the delays with (b) (6). If the delays cannot be resolved, the OSBC/PRC should contact CSSB for guidance on corrective action for this provider.

## **G. Claimant Complaints**

### Summary Findings:

Issues Noted - 0

The Stockton Branch follows appropriate procedures for handling complaints.

## **H. Claimant Reactions to Key Providers**

### Summary Findings:

Issues Noted - 1

The Stockton Branch does not currently use surveys to obtain reactions for key providers on an ongoing basis. The OSBC and PRS indicated a new process was being developed to conduct surveys for key providers in conjunction with onsite visits.

### Recommendation:

- The PRS should establish a process to ensure the DDS uses surveys to obtain reactions for key providers and non-key providers per [DI 39545.350](#).

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

### Summary Findings:

Issues Noted - 0

The Stockton Branch appropriately tracks key providers.

## **J. Onsite Reviews of CE Providers**

### Summary Findings:

Issues Noted - 2

Overall, the Stockton Branch performs sufficient and appropriate onsite reviews of CE providers, including key providers and non-key providers as appropriate. However, none of the onsite reviews were written into a report to document the findings as is the practice in all other CA DDS branches. Specifically, a follow-up letter was not in file for (b) (6) visited on December 27, 2016, where an issue with the PFT machine was identified. The PRS was unable to identify the PFT machine model number, model type and unable to determine if the machine had been serviced since July 14, 2014.

### Recommendations:

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

- The PRS should send a follow-up letter to (b) (6) with the finding from the December 27, 2016 onsite visit and ask (b) (6) to provide the PFT machine model number, model type and date last serviced. The PRS should take any additional actions as needed based on findings/CEP response.

## **K. Contracting Out for Medical Services**

### Summary Findings:

This section is not applicable to Stockton Branch.

## **L. Records Maintenance**

### Summary Findings:

Issues Noted – 0

The Stockton Branch has excellent records maintenance processes and structures.

## **Conclusion**

In general, the CE oversight process is working well in the Stockton Branch. It was clear that although the PRS is new, (b) (6) is working closely with the OSBC to ensure the Branch complies with established policies and protocols.

During the oversight visit, issues were identified with two specific CE providers that the Branch is actively working to resolve. We recommend the following two issues be escalated to CSSB if the branch cannot resolve them quickly.

- The Branch should continue to work with (b) (6) to ensure proper certification for the Medical Assistant in (b) (6) office. We have requested Stockton Branch provide the Regional Office with status of actions taken to address this situation as it was discovered during the PRC/PRS onsite visit to (b) (6) office.
- The Branch should continue to work to resolve the 2-3 month delays with reports from the (b) (6).

Although the PRS continues to work to ensure the CE panel is adequate, there are specific issues that need to be addressed. The Branch should increase recruitment activities for Cardiology and Ear Nose and Throat providers. In addition, the Branch should establish a process to survey claimants on CE providers as a part of CE management and oversight of CE providers.

Lastly, the Branch should ensure all findings during a CE provider onsite visit are followed-up timely with the CE provider, including providing a written report to the provider. The Branch should follow-up with (b) (6) on the PFT machine model number, model type and last service date.

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

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

# Consultative Exam (CE) Oversight Visit California DDS Roseville Branch

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## Overview

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) Roseville Branch March 22-23, 2017. The CE oversight visit included the following activities:

- Reviews of CE provider (CEP) files
- Interviews with various DDS staff
- A CE provider onsite visit with the Professional Relations Specialist (PRS)/ Operations Support Bureau Chief (OSBC)

Topics discussed during the visit covered all items noted in [PM 00233.900 Exhibit 1](#) - Regional Office (RO) Guide for Evaluating Disability Determination Service (DDS) Management of the Consultative Examination (CE) Process.

## Staff Participation

I interviewed the OSBC, (b) (6), two Team Managers (TM) two Disability Evaluation Analysts (DEA), two Program Technicians (PT), and one Medical Consultant (MC).

I conducted the close-out meeting with (b) (6) (Branch Chief), (b) (6) (Case Adjudication Bureau Chief), (b) (6) (OSBC) and (b) (6) (Disability Program Administrator).

**NOTE:** (b) (6) was the prior PRS and the new PRS was not in place at the time of this oversight visit.

## Area of Jurisdiction

The Roseville PRS has jurisdiction of the CE panel vendors in the following cities: Oroville, Chico, Paradise, Gridley, Placerville, So Lake Tahoe, Susanville, Grass Valley, Nevada City, Truckee, Auburn, Lincoln, Rocklin, Colfax, Loomis, Roseville, Citrus heights, Rancho Cordova, Folsom, Anderson, Redding, Shasta Lake, Yreka, Live Oak, Yuba City, Corning, Red Bluff, Tehama, Marysville, and Wheatland.

## CE Provider Onsite/Oversight Visit

The OSBC and I visited volume CE provider (b) (6) CA. The OSBC conducted a thorough oversight visit and a number of issues were identified that require follow-up with (b) (6) was onsite during our onsite visit. The OSBC is actively working to follow-up with (b) (6) on the following issues:

- (b) (6) stated that (b) (6) takes claimant information home, which may contain Personally Identifiable Information (PII), and stores it for up to three months before returning it to (b) (6) for shredding. In addition, we observed PII was not in a locked

cabinet, but rather in plain view in (b) (6) office. We also noted the cabinet designated for this material was not locked.

- The Medical Assistant's certification was not onsite, but faxed to the site per the OSBC's request. Per [DI 395454.200](#), the DDS must ensure proper certification for support staff used to help perform CEs, this includes ensuring they meet State licensing or certification requirements and have not been sanctioned.
- The facility did not have any type of exit signs or bathroom signs. This type of signage is essential to help claimants navigate the facility, especially during an emergency.

### Recommendation:

The OSBC should continue her follow-up activities with (b) (6) regarding (b) (6) and (b) (6) practices for protecting PII. The Branch should also ensure (b) (6) is aware of the requirement for Medical Assistant certification to be available onsite at the facility, and that appropriate signage is visible for claimants to navigate the facility.

I note, there is no SSA policy for the CE provider to retain claimant information for a period of time after the exam. Per [DI 39518.045](#) the CE provider is responsible for the protection of the confidentiality of records obtained in the administration of the Social Security program to the same degree as an employee of the DDS or of SSA. Therefore, the CE provider would follow the procedures outlined in [DI 39567.220](#), which requires that all claimant records and files be maintained in a locked drawer, cabinet, or room when there is no authorized individual on location. In addition, all claimant data containing PII must be destroyed by using paper shredders (with a minimum of 1/4 inch shredding capability), pulping, or burning.

The Branch should consider alerting CSSB of the PII issues noted with (b) (6) for additional guidance as needed.

## **CE Oversight Review**

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

#### Summary Findings:

Issues Noted - 0

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

### **B. Fee Schedules**

#### Summary Findings:

Issues Noted - 0

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

### **C. Training and Review of New CE Providers**

#### Summary Findings:

Issues Noted - 0

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

The quality review of conditionally approved CEPs is handled by the PRS. When bringing on a new CEP, the PRS reviews the first five reports. The PRS consults with the appropriate MC during the reviews, if needed. Feedback and comments are shared with the CEP. If the first five reports are satisfactory, the PRS informs the Branch staff and CEP that the CEP is an approved provider and CE appointments can be scheduled with that CEP. If improvement is needed for report quality, the PRS offers one-on-one training with an MC. The PRS and MC continue to work with the CEP until the quality improves and all issues are satisfactorily resolved or the decision is made to not add the vendor to the panel.

### **D. CE Scheduling Procedures and Controls**

#### Summary Findings:

Issues Noted - 0

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

### **E. Integrity of Medical Evidence**

#### Summary Findings:

Issues Noted - 0

The Roseville Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Roseville Branch asks providers to check the claimant's photo identification, which is noted in the CE report and if photo identification is not available the

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

## **F. Recruiting Activities**

### Summary Findings:

Issues Noted - 1

The PRS has the responsibility in the Branch for CE provider recruitment. The CE panel is mostly adequate with the primary need for additional appointment availability for the following specialties: orthopedic, cardiology and neurology.

### Recommendation:

- The PRS should continue recruiting activities for the following specialties: orthopedic, cardiology and neurology. The Branch should increase recruitment activities as needed and work with CSSB to discuss alternatives.

## **G. Claimant Complaints**

### Summary Findings:

Issues Noted - 0

The Roseville Branch follows appropriate procedures for handling complaints.

## **H. Claimant Reactions to Key Providers**

### Summary Findings:

Issues Noted - 1



The Roseville Branch does not currently use surveys to obtain reactions for key providers on an ongoing basis. The OSBC indicated the Branch would conduct surveys for volume providers this year in conjunction with onsite visits.

Recommendation:

- The PRS should establish a process to ensure the DDS uses surveys to obtain reactions for key providers and non-key providers per [DI 39545.350](#).

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

Summary Findings:

Issues Noted - 0

The Roseville Branch appropriately tracks key providers.

**J. Onsite Reviews of CE Providers**

Summary Findings:

Issues Noted - 0

The Roseville Branch performs sufficient and appropriate onsite reviews of CE providers, including key providers and non-key providers as appropriate.

**K. Contracting Out for Medical Services**

Summary Findings:

This section is not applicable to Roseville Branch.

**L. Records Maintenance**

Summary Findings:

Issues Noted – 0

The Roseville Branch has excellent records maintenance processes and structures.

**Conclusion**

In general, the CE oversight process is working well in the Roseville Branch. Although the Branch is in transition due to the change in PRS and OSBC staff, the OSBC is working to ensure the Branch complies with established policies and protocols.

During this oversight visit, a number of issues were identified with CE provider (b) (6). The OSBC should continue (b) (6) follow-up activities with (b) (6) regarding (b) (6) and (b) (6) practices for protecting Personally Identifiable Information (PII). The Branch should also ensure (b) (6) is aware of the requirement to have Medical Assistant certification available onsite at the facility, and that appropriate signage is visible for claimants to navigate the facility. The Branch should consider alerting CSSB of the PII issues noted with (b) (6) for additional guidance as needed.

Although the OSBC continues to work to ensure the CE panel is adequate, there are specific issues that need to be addressed. The Branch should increase recruitment activities for impacted specialties such as orthopedic, cardiology and neurology. In addition, the Branch should establish a process to survey claimants on CE providers as a part of CE management and oversight of CE providers.

Lastly, I want to commend the Branch for their excellent records maintenance processes and structures. The efforts to ensure all licensure and sanctions information is updated timely were apparent and appreciated.

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

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

# Consultative Exam (CE) Oversight Visit California DDS Sacramento Branch

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## Overview

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) Sacramento Branch March 20-21, 2017. The CE oversight visit included the following activities:

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

Topics discussed during the visit covered all items noted in [PM 00233.900 Exhibit 1](#) - Regional Office (RO) Guide for Evaluating Disability Determination Service (DDS) Management of the Consultative Examination (CE) Process.

## Staff Participation

I interviewed the PRS, (b) (6), two Team Managers (TM) two Disability Evaluation Analysts (DEA), two Program Technicians (PT), one Disability Hearing Officer (DHO), and two Medical Consultants (MC).

I conducted the close-out meeting with (b) (6) (Branch Chief), (b) (6) (Operations Support Bureau Chief), (b) (6) (Disability Program Administrator) and the Sacramento Branch management team.

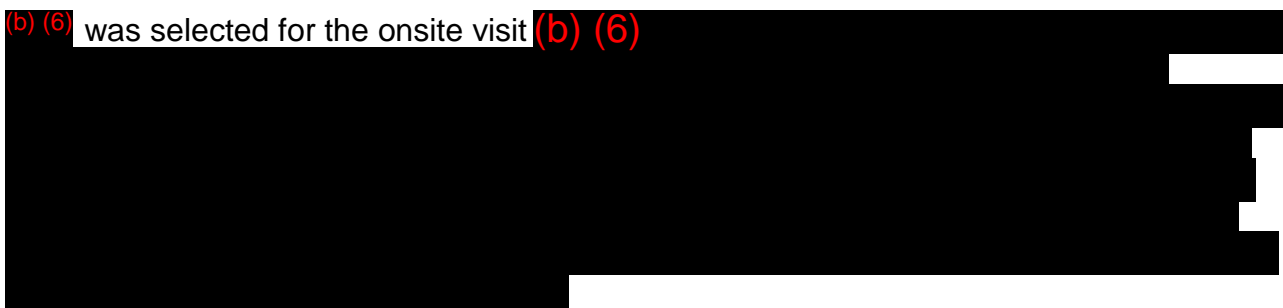
## Area of Jurisdiction

The Sacramento PRS has jurisdiction of the CE panel vendors in the following cities: Arcata, Clearlake, Crescent City, Eureka, Fort Bragg, Garberville, Gualala, Healdsburg, McKinleyville, Piercy, Redway, Sacramento, Santa Rosa, and West Sacramento.

## CE Provider Onsite/Oversight Visit

The PRS and I visited volume CE provider (b) (6), CA. The PRS conducted a thorough oversight visit and no issues were noted during the onsite visit with the facility.

(b) (6) was selected for the onsite visit (b) (6)



(b) (6) was not onsite during our visit but the PRS (b) (6) and through conducting claimant surveys for claimants seen by (b) (6) at (b) (6).

Recommendation:

The PRS should continue to take the necessary steps to investigate (b) (6). This may include alerting the CSSB staff of (b) (6) and obtaining additional guidance (b) (6).

**CE Oversight Review**

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

Summary Findings:

Issues Noted - 0

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

**B. Fee Schedules**

Summary Findings:

Issues Noted - 0

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

**C. Training and Review of New CE Providers**

Summary Findings:

Issues Noted - 0

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

The quality review of conditionally approved CEPs is handled by the PRS. When bringing on a new CEP, the PRS reviews the first five reports. The PRS consults with the appropriate MC during the reviews, if needed. Feedback and comments are shared with

the CEP. If the first five reports are satisfactory, the PRS informs the Branch staff and CEP that the CEP is an approved provider and CE appointments can be scheduled with that CEP. If improvement is needed for report quality, the PRS offers one-on-one training with an MC. The PRS and MC continue to work with the CEP until the quality improves and all issues are satisfactorily resolved or the decision is made to not add the vendor to the panel.

#### **D. CE Scheduling Procedures and Controls**

##### Summary Findings:

Issues Noted - 0

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

#### **E. Integrity of Medical Evidence**

##### Summary Findings:

Issues Noted - 0

The Sacramento Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Sacramento Branch asks providers to check the claimant's photo identification, which is noted in the CE report and if photo identification is not available the provider includes a description of the claimant. Vouchers for purchased medical evidence are checked against the actual number of pieces of purchased medical evidence in file to ensure that all evidence is in file.

#### **F. Recruiting Activities**

##### Summary Findings:

Issues Noted - 1

The PRS has the responsibility in the Branch for CE provider recruitment. The CE panel is mostly adequate with the primary need for additional appointment availability in rural areas, such as Yreka and Susanville, which are actually the Roseville Branch's jurisdiction.

##### Recommendation:

- The PRS should intervene as needed to ensure that appointments are available in rural areas to minimize delays, including working with the appropriate PRS to coordinate appointments and potential recruitment activities. The PRS can also work with CSSB to discuss alternatives.

## **G. Claimant Complaints**

### Summary Findings:

Issues Noted - 0

The Sacramento Branch follows appropriate procedures for handling complaints.

## **H. Claimant Reactions to Key Providers**

### Summary Findings:

Issues Noted - 1

The Sacramento Branch does not currently use surveys to obtain reactions for key providers on an ongoing basis.

### Recommendation:

- The PRS should establish a process to ensure the DDS uses surveys to obtain reactions for key providers and non-key providers per [DI 39545.350](#).

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

### Summary Findings:

Issues Noted - 0

The Sacramento Branch appropriately tracks key providers.

## **J. Onsite Reviews of CE Providers**

### Summary Findings:

Issues Noted - 0

The Sacramento Branch performs sufficient and appropriate onsite reviews of CE providers, including key providers and non-key providers as appropriate.

## **K. Contracting Out for Medical Services**

### Summary Findings:

This section is not applicable to Sacramento Branch.

## L. Records Maintenance

### Summary Findings:

#### Issues Noted – 1

Overall, the Sacramento Branch has sufficient records maintenance processes and structures. I reviewed 20 CEP files and noted two files did not have updated System for Award Management (SAM) verifications in file, which provide data on medical sources that are currently excluded, suspended, or barred from participation in federal or federally-assisted programs. Per [DI 39569.300](#), SAM verifications should be completed at least annually.

### Recommendation:

- Ensure SAM verifications are completed at least annually for all CEPs as directed in POMS [DI 39569.300](#).

### **Conclusion**

Overall, the CE oversight process is working well in the Sacramento Branch. It was clear that although the PRS is new, (b) (6) is working to ensure the Branch complies with established policies and protocols.

During this oversight visit, an issue was identified with one specific CE provider (b) (6). The Branch is actively working (b) (6). We recommend the issue be escalated to CSSB if the Branch needs additional guidance (b) (6).

Although the PRS continues to work to ensure the CE panel is adequate, there are specific issues that need to be addressed. The Branch should coordinate increase recruitment activities for rural areas such as Yreka and Susanville with the Roseville Branch, to the extent possible. In addition, the Branch should establish a process to survey claimants seen by CE providers as a part of their oversight of CE providers.

Lastly, the Branch should ensure all CEP files are updated annually to annotate the SAM verification as required in policy.

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

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

# Consultative Exam (CE) Oversight Visit California DDS Covina Branch

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## Overview

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) Roseville Branch July 18-19, 2017. The CE oversight visit included the following activities:

- Reviews of CE provider (CEP) files
- Interviews with various DDS staff
- A CE provider onsite visit with the Professional Relations Specialist (PRS)/ Operations Support Bureau Chief (OSBC)

Topics discussed during the visit covered all items noted in [PM 00233.900 Exhibit 1](#) - Regional Office (RO) Guide for Evaluating Disability Determination Service (DDS) Management of the Consultative Examination (CE) Process.

## Staff Participation

I interviewed the PRS, (b) (6), one Team Manager (TM), two Disability Evaluation Analysts (DEAs), two Program Technicians (PT), two Auditors, and one Medical Consultant (MC).

I conducted the close-out meeting with (b) (6) (Branch Chief), and (b) (6) (Disability Program Administrator).

## Area of Jurisdiction

Anaheim, Arcadia, Artesia, Baldwin Park, Bell, Bellflower, Brea, Buena Park, Cerritos, Covina, Downey, Duarte, El Monte, Fullerton, Garden Grove, Glendale, Glendora, Hacienda Height, Huntington Park, La Habra, La Palma, La Puente, Los Angeles, Montebello, Monterey Park, Los Angeles, Montebello, Monterey Park, Orange, Paramount, Pasadena, Pico Rivera, Pomona, Rosemead, Santa Ana, West Covina, Whittier.

## CE Provider Onsite/Oversight Visit

The PRS and I visited volume CE provider (b) (6) CA. The PRS conducted a thorough oversight visit and two issues were noted during the onsite visit.

- The Medical Assistant's certificate was not onsite.
- Men's restroom was the only wheelchair accessible restroom, however, the signage did not indicate this was a unisex wheelchair accessible restroom.

The PRS followed-up with (b) (6) and both issues were resolved timely.



## **CE Oversight Review**

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

#### Summary Findings:

Issues Noted - 0

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

### **B. Fee Schedules**

#### Summary Findings:

Issues Noted - 0

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

### **C. Training and Review of New CE Providers**

#### Summary Findings:

Issues Noted - 0

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

The quality review of conditionally approved CEPs is handled by the PRS. When bringing on a new CEP, the PRS reviews the first five reports. The PRS consults with the appropriate MC during the reviews, if needed. Feedback and comments are shared with the CEP. If the first five reports are satisfactory, the PRS informs the Branch staff and CEP that the CEP is an approved provider and CE appointments can be scheduled with that CEP. If improvement is needed for report quality, the PRS offers one-on-one training with an MC. The PRS and MC continue to work with the CEP until the quality improves and all issues are satisfactorily resolved or the decision is made to not add the vendor to the panel.

## **D. CE Scheduling Procedures and Controls**

### Summary Findings:

Issues Noted - 0

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

## **E. Integrity of Medical Evidence**

### Summary Findings:

Issues Noted - 0

The Covina Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Covina Branch asks providers to check the claimant's photo identification, which is noted in the CE report and if photo identification is not available the provider includes a description of the claimant. Vouchers for purchased medical evidence are checked against the actual number of pieces of purchased medical evidence in file to ensure that all evidence is in file.

## **F. Recruiting Activities**

### Summary Findings:

Issues Noted - 2

The PRS has the responsibility in the Branch for CE provider recruitment. The CE panel is adequate with one volume vendor noted to have limited appointment availability during this visit, and limited/unavailable appointment availability for specialty exams ordered by ODAR, such as rheumatology.

### Recommendation:

- The PRS should intervene as needed to ensure that appointments are available with volume vendors.
- The PRS has communicated the issue with the specialized exams requested by ODAR to CSSB and should continue to escalate this issue to CSSB as needed.

## **G. Claimant Complaints**

### Summary Findings:

Issues Noted - 0

The Covina Branch follows appropriate procedures for handling complaints.

## **H. Claimant Reactions to Key Providers**

### Summary Findings:

Issues Noted - 0

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

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

### Summary Findings:

Issues Noted - 0

The Covina Branch appropriately tracks key providers.

## **J. Onsite Reviews of CE Providers**

### Summary Findings:

Issues Noted - 0

The Covina Branch performs sufficient and appropriate onsite reviews of CE providers, including key providers and non-key providers as appropriate.

## **K. Contracting Out for Medical Services**

### Summary Findings:

This section is not applicable to Covina Branch.

## **L. Records Maintenance**

### Summary Findings:

Issues Noted – 1

The Covina Branch has sufficient records maintenance processes and structures. I reviewed 20 CEP files and all files had the current licensure and System for Award Management (SAM) verification documentation. One CE provider file reviewed did not have complete documentation of a claimant complaint.

### Recommendation:

- The PRS should ensure complete documentation for claimant complaints for a CE provider is in the provider's file.

## Conclusion

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

Although two issues were noted during the onsite visit to (b) (6) the PRS has resolved all outstanding issues from the onsite visit.

The PRS has worked to ensure there is an adequate CE panel for the Covina Branch. (b) (6) worked swiftly to address the issue noted with a volume vendor that staff indicated had limited appointment availability during this oversight visit. We appreciate the PRS escalating the issue with scheduling specialized CE exams requested by ODAR to CSSB, and we will continue to work with CA DDS and ODAR to resolve this issue as needed.

The PRS has done a good job ensuring the CE provider files contain the current licensure and SAM verification documentation as required by policy. I acknowledge that the PRS updated the CE provider file that had missing documentation for the claimant complaint prior to the end of this oversight visit. Therefore, all CE provider files reviewed were up to date and complete.

The PRS is extremely knowledgeable and dedicated to the stewardship of the CE panel and CE process.

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

(b) (6)  
Professional Relations Coordinator  
Center for Disability and Programs Support  
San Francisco Region

## **CE OVERSIGHT CA DDS Glendale Branch**

### **Overview**

I conducted a Consultative Examination (CE) oversight visit to the California Disability Determination Services (CA DDS) Glendale Branch July 20-21, 2017. The CE oversight visit included the following activities:

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

Topics discussed during the visit covered all items noted in [PM 00233.900 Exhibit 1](#) - Regional Office (RO) Guide for Evaluating Disability Determination Service (DDS) Management of the Consultative Examination (CE) Process.

**NOTE:** The Glendale and LA West Branches merged as of July 17, 2017; therefore, this oversight visit encompassed both Branches. I have annotated the report where needed to distinguish between the two Branches.

### **Staff Participation**

I interviewed the two PRSs, (b) (6) (Glendale) and (b) (6) (LA West), two Team Managers (TM), two Disability Evaluation Analysts (DEAs), two Program Technicians (PT) and one Medical Consultant (MC).

I conducted the close-out meeting with (b) (6) (Branch Chief), (b) (6) (Operations Support Bureau Chief) and (b) (6) (Disability Program Administrator).

### **Area of Jurisdiction**

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

The LA West PRS has jurisdiction of the CE panel vendors in the following cities: Beverly Hills, Camarillo, Encino, Goleta, Granada Hills, Los Angeles, Moorpark, Newhall, Oxnard, Reseda, San Fernando, Santa Barbara, Santa Clarita, Santa Monica, Sherman Oaks, Simi Valley, Somis, Tarzana, Valencia, Van Nuys, Ventura, West Hills, Westlake Village, Woodland, Woodland Hills.

### **CE Provider Onsite/Oversight Visit**

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

## CE Oversight Visit

- Cover for circuit breaker missing in bathroom used by claimants
- Eye chart 20 feet designation unclear due to two separate marking about a foot apart from each other.

The Glendale PRS followed-up with (b) (6) and both issues were resolved timely.

### CE Oversight Review

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

##### Summary Findings:

Issues Noted - 0

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

#### B. Fee Schedules

##### Summary Findings:

Issues Noted - 0

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

#### C. Training and Review of New CE Providers

##### Summary Findings:

Issues Noted - 0

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

The quality review of conditionally approved CEPs is handled by the PRS. When bringing on a new CEP, the PRS reviews the first five reports. The PRS consults with the appropriate MC during the reviews, if needed. Feedback and comments are shared with the CEP. If the first five reports are satisfactory, the PRS informs the Branch staff and CEP that the CEP is an approved provider and CE appointments can be scheduled with that

## CE Oversight Visit

CEP. If improvement is needed for report quality, the PRS offers one-on-one training with an MC. The PRS and MC continue to work with the CEP until the quality improves and all issues are satisfactorily resolved or the decision is made to not add the vendor to the panel.

### **D. CE Scheduling Procedures and Controls**

#### Summary Findings:

Issues Noted - 0

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

### **E. Integrity of Medical Evidence**

#### Summary Findings:

Issues Noted - 0

The Glendale Branch maintains appropriate and sufficient controls to ensure the integrity of medical evidence. The Glendale Branch asks providers to check the claimant's identification (ID) which is noted in the CE report and if an ID is not available the provider includes a description of the claimant. Vouchers for purchased medical evidence are checked against the actual number of pieces of purchased medical evidence in file to ensure that all evidence is in file.

### **F. Recruiting Activities**

#### Summary Findings:

Issues Noted - 3

The PRSs has the responsibility in the Branch for CE provider recruitment. The CE panel is mostly adequate with the primary need for additional appointment availability for psychiatry/psychology, orthopedic, ophthalmology, and cardiology providers. In addition to this, the Branch has had difficulty obtaining HINT testing and the 6-minute walking test.

The PRSs employ various recruitment strategies including reviewing health insurance websites for providers by specialty. The PRSs focuses recruiting activities on one specialty per month, which involves making introductory calls and sending introductory letters. The PRSs recently recruited a Speech and Language Pathologist by utilizing the health insurance websites as a resource.

It was also noted that ODAR requests rheumatology exams, which are difficult to schedule due to limited providers on the panel.

## CE Oversight Visit

### Recommendation:

- The PRS should continue recruiting activities for the impacted specialties. This includes working with CSSB to discuss alternatives such as fee increases and coordinated efforts with other Branches.
- The PRS should escalate issues of testing that is unavailable to CSSB for review/escalation to the Regional Office.
- The PRS should escalate issues with CE scheduling for specialized testing requested by ODAR to CSSB as needed.

### **G. Claimant Complaints**

#### Summary Findings:

Issues Noted - 0

The Glendale Branch follows appropriate procedures for handling complaints.

### **H. Claimant Reactions to Key Providers**

#### Summary Findings:

Issues Noted - 0

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

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

#### Summary Findings:

Issues Noted - 0

The Glendale Branch appropriately tracks key providers.

### **J. Onsite Reviews of CE Providers**

#### Summary Findings:

Issues Noted - 1

Overall, the Glendale Branch performs sufficient and appropriate onsite reviews of CE providers, including key providers. A review of the onsite reports included separate reports from Glendale and LA West Branches. The LA West Branch reports noted items that required follow-up; however, follow-up of the items were not documented. One example of a follow-up item was the PRS's observation of exams that were only three and four minutes.



## CE Oversight Visit

### Recommendation

- The Branch should work to implement a uniform process for onsite visits to ensure follow-ups are completed timely for issues discovered during onsite visits and documented in the CE provider file.

### **K. Contracting Out for Medical Services**

#### Summary Findings:

This section is not applicable to Glendale Branch.

### **L. Records Maintenance**

#### Summary Findings:

Issues Noted – 1

Overall, the Glendale Branch has excellent records maintenance processes and structures. I reviewed two files, 10 from the Glendale Branch and 10 from the LA West Branch, and all files had the current licensure and System for Award Management (SAM) verification documentation. The Glendale Branch files had the other necessary documentation in the provider files, such as complaints/resolution of complainants, and the PRS explained the onsite reports are kept separately in an electronic file. The LA West Branch files only contained the licensure and LEIE documentation as complaints and onsite reports are filed separately.

#### Recommendation:

- The CE provider files should contain the licensure, SAM verification, complaint/resolution of complaints, claimant surveys and onsite reports. The PRSs should ensure files for both Branches contain the necessary documentation and follow the same filing practices. For example, if all onsite reports will be filed electronically, both PRSs should follow this practice.

### **Conclusion**

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

Although two issues were noted during the onsite visit to (b) (6) the PRS has resolved all outstanding issues from the onsite visit.

Although the PRSs continues to work to ensure the CE panel is adequate, there are specific specialties that continue to have limited appointment availability, such as psychiatry/psychology, orthopedic, ophthalmology, and cardiology. In addition to this, the Branch has had difficulty obtaining HINT testing and the 6-minute walking test.

## CE Oversight Visit

The PRSs should continue recruiting activities for all impacted specialties and work with CSSB to determine alternatives to address the specific tests that are difficult to obtain. The Branch should also escalate issues with CEs requested by ODAR as needed.

Although there were findings for onsite visit reports and records maintenance, I believe as the Glendale and LA West Branch continue their merger activities, their processes will be unified and resolve these inconsistencies. During my onsite visit, I noted the PRSs and the Branch are working to consolidate their business processes for CE Oversight. The Glendale Branch has established procedures that have proved successful as noted in my 2015 report, therefore following those practices will be beneficial to the Branch as a whole.

The PRSs are very professional and dedicated in their role and stewardship of the CE panel and CE process.

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

(b) (6)

Professional Relations Coordinator  
Center for Disability, San Francisco Region

## Consultative Exam (CE) Oversight Visit Nevada DDS

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### Overview

I conducted a Consultative Examination (CE) oversight visit to the Nevada Disability Determination Services (NV DDS) in August 2017. I was in the Las Vegas Branch August 15-16 and in the Carson City Branch August 30-31. The CE oversight visit included the following activities:

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

Topics discussed during the visit covered all items noted in [PM 00233.900 Exhibit 1](#) - Regional Office (RO) Guide for Evaluating Disability Determination Service (DDS) Management of the Consultative Examination (CE) Process.

### Staff Participation

I interviewed the MPRO, (b) (6), three Supervisors, four Disability Adjudicators, two Program Technicians (PT), two CE schedulers and the Accounting Supervisor.

I conducted the close-out meeting with (b) (6) (DDS Administrator), (b) (6) (Medical Manager), (b) (6) (MPRO), (b) (6) (Disability Program Administrator) and (b) (6) (DPST Team Leader).

### CE Provider Onsite/Oversight Visit

#### Las Vegas

The MPRO, DDS Administrator, DPA and I visited key CE provider (b) (6) NV. The MPRO conducted a thorough oversight visit and three issues were noted during the onsite visit.

- PII Lose: (b) (6) notified us that (b) (6) had a packet of claimant information that was incorrectly sent to (b) (6) and the CE scheduling unit agree to (b) (6) offer to transport to the correct provider.
- Interpreter Issue: (b) (6) notified us that claimants often use children/family members under age 18 for translation.
- Taxi Issue: (b) (6) noted recent issue with taxi service, which has caused claimants to be late to their appointment.

DDS should provide reminders to staff and management on PII procedures, use of and scheduling of interpreters and work to resolve issues with the current taxi service. Per [DI 23040.001.E.5](#), a minor child can never serve as a qualified interpreter. When an individual insists on having a minor child interpret for him or her during contact with DDS or during a CE, he or she may do so, but the DDS **must** also provide a qualified interpreter.

## Carson City

The MPRO, DDS Administrator, Medical Manager, DPA, Team Leader and I visited key CE provider (b) (6) NV. The MPRO conducted a thorough oversight visit and no issues were noted.

### **CE Oversight Review**

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

##### Summary Findings:

Issues Noted - 1

The Nevada DDS does incorporate some quality assurance activities in their CE process. However, CE report quality should be reviewed on an ongoing basis.

##### Recommendation:

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

#### **B. Fee Schedules**

##### Summary Findings:

Issues Noted - 2

The Nevada DDS has been working to revise the fee schedule and in FY 17 made significant changes to the fees for psychological exams. This included implementing a \$50 chart review fee for situations where the claimant is a no show and the provider reviewed the records provided by DDS. The CE scheduling unit and Accounting Supervisor indicated this is only paid to three providers at this time, as they are the only ones that have billed for it. In addition, there is no process in place to ensure records were sent to the provider prior to paying the \$50 chart review fee.

##### Recommendation:

- The \$50 chart review fee should be paid consistently to all providers unless there are extenuating circumstances that would justify an exclusion of payment (i.e. no records sent).
- The DDS should implement a process to ensure the records sent to the provider justify the \$50 chart review fee (i.e. only a portion of the SSA-3368 was sent versus 30 pages of MER).

## C. Training and Review of New CE Providers

### Summary Findings:

Issues Noted - 0

The MPRO is responsible for training new CEPs with assistance from the MCs as needed. The training material includes CE guidelines, sample CE reports, a link to the Green Book, and other pertinent material/forms for the specific CEP.

The quality review of conditionally approved CEPs is handled by the MPRO. When bringing on a new CEP, the MPRO reviews the first five reports. The MPRO consults with the appropriate MC during the reviews, if needed. Feedback and comments are shared with the CEP. If the first five reports are satisfactory, the MPRO informs the Branch staff and CEP that the CEP is an approved provider and CE appointments can be scheduled with that CEP. If improvement is needed for report quality, the MPRO offers one-on-one training with an MC. The MPRO and MC continue to work with the CEP until the quality improves and all issues are satisfactorily resolved or the decision is made to not add the vendor to the panel.

## D. CE Scheduling Procedures and Controls

### Summary Findings:

Issues Noted - 3

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

In addition, DDS staff indicated information is not clearly conveyed between adjudicators/management and the CE unit when requesting CEs, which caused delays in scheduling CEs and/or failure to schedule interpreters and taxis when they were needed.

Currently, there is no process in place to ensure CE providers are following CE scheduling intervals as scheduling is handling CE scheduling unit and the MPRO is not provided detailed scheduling information (i.e. appointment slots).

### Recommendation:

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

- The DDS should establish communication protocols to ensure the CE unit receives all the information needed to schedule the CE, and when needed the interpreter and taxi service. This could include conducting a training on CE ordering and/or creating a “cheat sheet” for adjudicators for CE order that outlines all the elements needed to schedule a CE.
- The DDS should establish procedures to ensure CE providers follow the CE scheduling intervals noted in [DI 39545.250](#).

## **E. Integrity of Medical Evidence**

### Summary Findings:

Issues Noted - 1

The Nevada DDS has some controls in place to ensure the integrity of medical evidence. The Nevada DDS asks providers to check the claimant’s photo identification, which is noted in the CE report and if photo identification is not available, the provider includes a description of the claimant.

However, the Nevada DDS does not have procedures in place to verify the purchased medical evidence against the actual number of pieces of purchased medical evidence in file. This procedure ensures that all evidence purchased is in file and that there is no extra billing for services not originally requested or authorized.

### Recommendation:

- The Nevada DDS should establish procedures to verify the purchased medical evidence against the actual number of pieces of purchased medical evidence in file.

## **F. Recruiting Activities**

### Summary Findings:

Issues Noted - 1

The MPRO has the responsibility for CE provider recruitment. The CE provider availability/recruitment continues to be an issue for Nevada DDS, but more specifically in the remote areas.

### Recommendation:

- The MPRO should continue recruitment activities for CE providers for Nevada DDS with a focus on remote areas.

## **G. Claimant Complaints**

### Summary Findings:

Issues Noted - 2

In general, the Nevada DDS follows procedures for handling complaints. However, staff was not aware of the process for handling claimant complaints or procedures for handling threats or statements of suicide.

### Recommendation:

- The Nevada DDS should provide reminders to staff on handling claimant complaints.
- The Nevada DDS should provide reminders to staff on handling threats or statements of suicide.

## **H. Claimant Reactions to Key Providers**

### Summary Findings:

Issues Noted - 0

The Nevada DDS uses surveys to obtain reactions to key providers.

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

### Summary Findings:

Issues Noted - 0

The Nevada DDS appropriately tracks key providers.

## **J. Onsite Reviews of CE Providers**

### Summary Findings:

Issues Noted - 1

The Nevada DDS performs sufficient and appropriate onsite reviews of CE providers, for key providers. The MPRO is establishing a process for completing onsite visits for non-key providers. The reports for onsite visits were complete, however required editing for typographical errors.

### Recommendation:

- The DDS should ensure all reports are edited/reviewed before release to CE providers.

## **K. Contracting Out for Medical Services**

### Summary Findings:

This section is not applicable to Nevada DDS.

## **L. Records Maintenance**

### Summary Findings:

Issues Noted – 0

The Nevada DDS has sufficient records maintenance processes and structures. I reviewed 20 CEP files and all files had the current licensure and System for Award Management (SAM) verification documentation.

## **Conclusion**


The Nevada DDS has made significant progress in their CE oversight process and procedures. Although the MPRO is new in (b) (6) role, (b) (6) has worked diligently to ensure the Nevada DDS is in compliance with established policies and protocols.

The MPRO was conducted two very thorough CE onsite visits to key providers. Although a number of items that required DDS management review arose during the Las Vegas onsite visit, the MRPO documented these items and addressed the CE providers concerns with great professionalism.

We acknowledge the progress the DDS has made in establishing CE oversight processes. We recommend the DDS continue to focus on the following areas: quality activities for the CE process; fee schedule review/implementation; review of CE scheduling procedures and controls; review of integrity of medical evidence procedures; CE panel recruiting activities; review of procedures for handling claimant complaints; and establishing an internal review process of CE oversight reports.

We note the MPRO has done a great job ensuring the CE provider files contain the current licensure and SAM verification documentation as required by policy. All CE provider files reviewed were up to date and complete.

Thank you to the Nevada DDS staff and management for your cooperation during this CE oversight visit.

  
Professional Relations Coordinator  
Center for Disability and Programs Support  
San Francisco Region



# Regional CE Oversight Report

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

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

Region:	Seattle Region
List of DDSs:	Alaska, Idaho, Oregon and Washington
Report Period (Fiscal Year):	FY2017
Current Date:	December 28, 2017
Reporter's Name, Phone number, and title:	Name   (b) (6) Phone number   (b) (6) Title   Disability Program Expert/Seattle Region PRC/CEC

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

Yes. Each DDS in the Seattle Region submitted their CE oversight reports, MER and CE Fee Schedules, and CE Provider Lists to the MPRO SharePoint site timely for FY17. These FY17 reports meet the necessary POMS requirements.

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

Yes. Representatives from the Seattle Regional Office visited all four states in FY17.

- Regional practice allows the Professional Relations Coordinator (PRC) to conduct on-site visits in our region each fiscal year. Typically, the PRC visits at least two of the four states in our region on a rotational basis.
- The PRC performed a personal on-site visit, in accordance with PM 00233.005 and 00233.900, for the Washington DDS in FY17.
- This year, the PRC conducted a focused on-site visit to the Idaho DDS to address issues of CE scheduling procedures and controls. This was a follow-up to a comprehensive on-site visit conducted in late FY16.
- The PRC communicated virtually with the Oregon and Alaska PRO teams throughout the year, and evaluated most of the CE management areas separately.
- The PRC assisted other Seattle Regional staff conducting an Operations Review for

the Washington DDS. This review included evaluation and discussion of MRPO procedures and functions.

- Additionally, the DPAs visit each site in the region throughout the year. The DPAs discuss CE processes and cost-saving practices during those visits.

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

No. Budget and travel restrictions limited the PRC's ability to expand oversight visits to key or problem providers. However, the Regional Office remains in close contact with the DDSs, offering guidance as needed.

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

Yes.

- As the regional Consultative Examination Coordinator (CEC), the PRC assisted the Washington and Alaska MPROs with numerous case reviews of CE purchase practices. Much of our focus pertained to CE ordering practices in regional OHO offices for necessity, accuracy and policy compliance.
- The PRC completed CE reviews at the request of OHO for report completeness and policy compliance.
- The DPAs and PRC maintain ongoing oral and written communications with the DDSs to remain involved in the DDSs management of the CE process. The RO monitors monthly DDS CE buy rates, and the DPAs make it a topic of discussion during the DDS Administrator meetings.
- The PRC conducts quarterly regional MPRO conference calls to discuss:
  - CE scheduling procedures and controls
  - New policy involving addition of Advance Registered Nurse Practitioners (ARNP), Physicians Assistances (PA) and Audiologist as Acceptable Medical Sources
  - Recruitment activities, rate of pay, and fee schedule preparation involving ARNP and PA onboarding
  - Scheduling strategies to prevent overscheduling
  - Managing attorney representative issues associated with OHO CE requests
  - OHO CE processing best practices, and CEC Role reminders
  - ERE, HIT and third-party portal usage

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

Yes. The PRC spot-checked the System for Award Management (SAM) website to ensure CE Panelists are properly licensed and are in good standing, without exclusions or suspensions, or barred from participating in Federal programs. Each DDS has an established business process for credentialing and checking professional licensing on an annual and ongoing

periodic basis.

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

The Seattle Region has a longstanding approval from ODD for the Alaska, Idaho and Washington DDSs to pay a fee for missed CE appointments. In FY17, the RO asked the DDSs to review their requirements for the missed appointment payments. Each requested continued approval and provided justifications, which we support. ODD provided renewed approval.

Additionally, all the DDS in the Seattle Region have received prior approval from ODD to pay records review fee.

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

The Seattle Region did not have any complaints or other situations in FY17 expected to:

- Provoke public criticism **or**
- Result in press attention

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

The Seattle Region had no potential conflict of interest (COI) situations that required ODD involvement in FY17. The Alaska, Idaho and Washington DDSs each have a few State medical consultants that are also CE providers. These medical sources primarily provide services in areas where specialists are not available. The RO is aware of each circumstance, and approved the exemption.

**Please attach any additional information before submitting this form.**

The Seattle Region achieved a low overall CE rate of 24.5% for FY17, compared to the 34.9% National average. In addition, the FY17 rate improved from the 25.6% rate in FY16.