

Boston Region CE Oversight Report

2013

DDS Oversight Activity

All of the six DDSs in the Boston Region in general met their oversight responsibilities. Copies of their reports and fee schedules are attached.

CT - The CT DDS considerably increased the number of CE Panelist onsite visits to 13. They elected to not visit two of their key providers in order to do what they deemed to be more needed visits. They recruited 10 new providers to their panel to maintain their size of 345. They follow the Medicare fee schedules and increased those fees for ophthalmology and SLP exams. They streamlined their process for obtaining translation of non- English MER by utilizing ERE. They have saved an average of 50 days per request. They also revised their guides for CE reporting and prepared a training guide for new examiners to help with ordering CEs, and a training guide for MER providers.

ME – The Maine DDS conducted 10 onsite visits including all their key providers. This was a drop from 17 visits the previous year. They recruited 11 ne MDs and two large physical therapy groups. Despite this strong recruitment effort their number of panelists dropped to 100. They expanded the use of ERE and continued to check the sanction listing of providers quarterly.

MA – The MA DDS visited 13 high volume providers in addition to their key providers. This was 2 less than last year. Their recruitment efforts increased their CE panel by 2, to 180. With the loss of staff in their placement unit, they have seriously explored the use of an automated phone system for their CE reminder calls. The MRO staff also recruited and hired 11 in house MCS. They doubled their efforts on more frequent licensure and sanction checks.

NH – Then NH DDS visited all their key providers. The DDS lost a significant # of psychological panelist, but slightly increased the number of somatic panelists and testing facilities. The MRO is spread rather thin with many responsibilities including technical assistance to managing intake and clearances, liaison to the SSA FOs and prisons. She serves as a DCPS SME and a regional representative to the ERE subgroup.

RI – The RI DDS performed 5 onsite visits in addition to their key providers. Despite recruitment efforts, they were unable to maintain the size of their CE panel. They are down to 54. The MRO supervisors the placement unit, serves as a Disability Hearing officer, and serves on the Leadership Committee for the SOAR Technical Assistance Initiative for the Homeless.

VT – The VT DDS visited all key providers including the three sites of one of these. In addition she conducted onsite visits to 3 other CE providers. These visits increased their onsite visit activity. With recruitment they were able to maintain their panel of 91. They increased their somatic panelist and expanded their use of ERE. She represented the program at a number of major local medical conferences.

Regional Office Oversight Activity

- The regional offices spot checked CE provider licensure.
- We have three states that continue to pay for record review – ME, RI and VT.

- The Boston Region did not have any complaints that required notification of Central Office.
- The PRC participated in an onsite CE visit with the MA MRO to a needed psychiatrist at a secure site but who had received a number of complaints on the brevity of exams. The visit was successful in eliminating these kinds of complaints.
- Our three DPAs increased their oversight activities on their routine state visits.
- The PRC conducts monthly region-wide teleconferences with the MROs and included in these calls a focus on the various aspects of oversight responsibilities. Not only were they useful for assuring that duties were being performed, these calls identified areas for DPAs to follow –up, and permitted the MROs to share best practices. These calls were very effective and efficient in our being able to meet our oversight responsibilities during travel restrictions.
- The PRC participated in the national CE Oversight workgroup charged to rewrite and improve our instructions.
- The PRC also participated in the national CE Utilization Workgroup charged to explore the inconsistency in DDS CE rates. As a result the region began a CE case study for each of our 6 DDSs.
- Our DDSs did not encounter any serious problems with the expansion of eAuthorization to 3rd party filings for children.

(b) (6)

PRC, Boston CD

From: (b) (6)
To: (b) (6)
Subject: FW: Follow up on (b) (6) treating clmnts after seeing them for a CE
Date: Wednesday, July 10, 2013 9:51:11 AM
Attachments: (b) (6)

Please read below. It does not appear after 3 claimants surveyed that (b) (6) is seeking a treating relationship from our claimants. (b) (6) will pursue with the attorney representative other claimant's names and to continue to investigate if possible. A questionnaire similar to our client satisfaction survey was developed and used with the 3 claimants named below.

From: (b) (6)
Sent: Tuesday, July 09, 2013 4:30 PM
To: (b) (6)
Subject: (b) (6)

I was able to reach all 3 clmnts that atty (b) (6) from Nash Disability gave me that were receiving or contemplating receiving treatment from (b) (6) after (b) (6) performed a CE.

(b) (6) - This clmnt is the one the ALJ contacted RO about. CE was on 1/13/11 at 2:00 pm.

(b) (6) indicated that (b) (6) was very professional and courteous. (b) (6) has difficulty opening up and talking with people but (b) (6) made (b) (6) very comfortable. (b) (6) said they did discuss (b) (6) medical history and that (b) (6) knew (b) (6) was receiving group therapy at (b) (6) at the time of (b) (6) exam. (b) (6) stated (b) (6) did not offer to provide treatment or ask (b) (6) to enter a treating relationship. (b) (6) said (b) (6) would like to begin a treating relationship with (b) (6) as (b) (6) felt comfortable talking to (b) (6), but (b) (6) just received insurance and has not pursued this to date.

(b) (6) - CE was on 6/20/12 at 10:30 am.

(b) (6) indicated that (b) (6) was very professional and courteous. (b) (6) felt (b) (6) addressed all of (b) (6) conditions as best (b) (6) could based on this being a one-time exam. (b) (6) felt this exam was much better than the physical CE we sent (b) (6) to and that (b) (6) gave (b) (6) plenty of time to answer questions even when (b) (6) was having difficulty finding the words (b) (6) suffers from (b) (6) stated (b) (6) was very encouraging throughout the exam. (b) (6) believes (b) (6) did ask about current treatment at that time but cannot recall specifically if they discussed it in detail. (b) (6) is sure (b) (6) did not ask (b) (6) to enter into a treating relationship. (b) (6) was very pleased with (b) (6) exam and a few months after the exam (b) (6) contacted (b) (6) to establish a treating relationship. (b) (6) said (b) (6) was surprised to hear from (b) (6) stated (b) (6) had been seeing (b) (6) but has stopped in the last month or so due to the fact that (b) (6) is trying to deal with other aspects of (b) (6) impairments, but does plan on resuming treatment at a future date

(b) (6) CE was on 6/22/11 at 11:00 am.

(b) (6) indicated (b) (6) was very professional and courteous and that (b) (6) felt very comfortable with (b) (6) at the CE. (b) (6) said they did discuss (b) (6) medical history but does not remember if (b) (6) asked (b) (6) if (b) (6) was receiving treatment at the time of the CE. (b) (6) said that (b) (6) felt (b) (6) needed to speak with someone about (b) (6) conditions ((b) (6) (b) (6)) so (b) (6) contacted (b) (6) in April 2012 (10 months after the CE) as (b) (6) felt very comfortable speaking with (b) (6) continues to see (b) (6) in a treating relationship and was last seen on 7/1/12. (b) (6) pays for (b) (6) visits.

It appears in all three cases the clmnt pursued the treating relationship and none were solicited by (b) (6). Apparently, (b) (6) made such a good impression during the CE that all three clmnts felt they could benefit from returning to see (b) (6). It does not appear there was any impropriety by (b) (6).

I will follow up with the atty by ends week if (b) (6) has not called me with any additional claimants names.

Thank You,

(b) (6)

Medical Relations Unit Supervisor

(b) (6)

(b) (6)

From: (b) (6)
To: (b) (6)
Cc: (b) (6)
Subject: (b) (6)
Date: Tuesday, July 02, 2013 12:00:13 PM

This is fine. Please be sure to keep this item on your priority list so that it is not lost.

(b) (6)
Deputy Director
Illinois Bureau of Disability Determination Services

(b) (6)
Your habits determine your future.

-----Original Message-----

From: (b) (6)
Sent: Tuesday, July 02, 2013 10:52 AM
To: (b) (6)
Cc: (b) (6)
Subject: (b) (6)

(b) (6) spoke with the representative, (b) (6), of (b) (6). (b) (6) stated that (b) (6) had another claimant that spoke of a treating relationship with (b) (6) and will find out the contact information and send to (b) (6). (b) (6) asked (b) (6) if (b) (6) knew this possible treating relationship was initiated by (b) (6). (b) (6) impression was the claimant goes to the CE and (b) (6) asks about current treatment and if they do not have a treating source the Dr. asks if they are interested in establishing a treating relationship with (b) (6). (b) (6) also said (b) (6) would have to confirm this as this was only (b) (6) impression. (b) (6) does not think (b) (6) will be the one to confirm this) (b) (6) will seek this information from the claimant and the claimant(s) once (b) (6) is given the particulars on other claimants. This may not be until next week as (b) (6) is trying to gather other claimants information. Hopefully this will be okay?

-----Original Message-----

From: (b) (6)
Sent: Monday, July 01, 2013 4:32 PM
To: (b) (6)
Cc: (b) (6)
Subject: (b) (6)

(b) (6), MRU, spoke with (b) (6). (b) (6) was able to provide (b) (6) with the name of the specific representative from the (b) (6) group. (b) (6) will speak with the specific representative tomorrow about the other claimants (hopefully who will be named) who have supposedly been in a treating relationship with (b) (6) since their CE. This particular claimant that brought this issue to light said (b) (6) is waiting to see "(b) (6)", who is (b) (6). Evidently (b) (6) is not sending any information to either us or ODAR on these claimants other than their CE Exam. I will keep you updated as I learn more.

-----Original Message-----

From: (b) (6)
Sent: Monday, July 01, 2013 8:15 AM
To: (b) (6)
Cc: (b) (6)
Subject: (b) (6)

Thanks

(b) (6)

Deputy Director

Illinois Bureau of Disability Determination Services (b) (6)

(b) (6)

Your habits determine your future.

-----Original Message-----

From: (b) (6)

Sent: Monday, July 01, 2013 8:14 AM

To: (b) (6)

Cc: (b) (6)

Subject: (b) (6)

I think that would be entirely appropriate. I did ask ODAR to forward me any SSNs if they knew of additional cases.

-C

-----Original Message-----

From: (b) (6)

Sent: Monday, July 01, 2013 8:10 AM

To: (b) (6)

Cc: (b) (6)

Subject: (b) (6)

(b) (6),

Do you think it would be okay if we contacted the representative on this claim and tried to solicit the names of others who may have been solicited by (b) (6) ?

(b) (6)

Deputy Director

Illinois Bureau of Disability Determination Services (b) (6)

(b) (6)

Your habits determine your future.

-----Original Message-----

From: (b) (6)

Sent: Monday, July 01, 2013 7:44 AM

To: (b) (6)

Cc: (b) (6)

Subject: (b) (6)

(b) (6), Thanks for bringing this situation to our attention. Please direct any further information regarding this matter or any other matters regarding CE vendors to (b) (6). (b) (6) has oversight of our Medical Relations Unit.

Thanks, (b) (6)

Regional CE Oversight Report

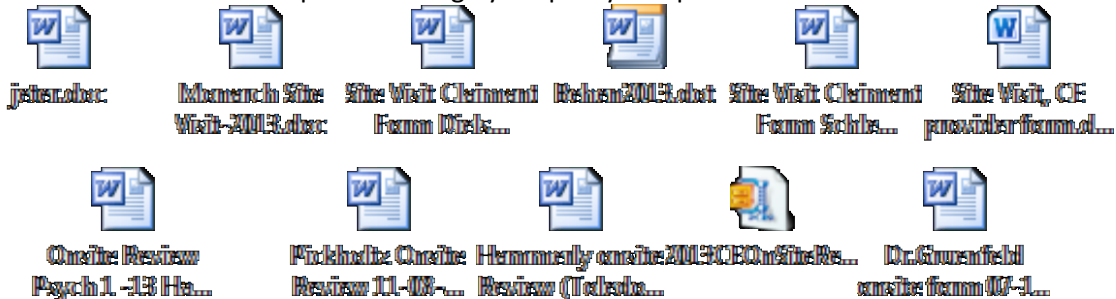
The Regional Office (RO) coordinates all DDS Oversight report matters through the Centers for Disability. The RO prepares a written review of regional CE Oversight actions and provides an overview of DDS CE Oversight activities. The RO is responsible for reviewing the DDS CE Oversight reports including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

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

Region:	Chicago
List of DDSs:	Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin
Report Period (Fiscal Year):	2013
Current Date:	December 16, 2013
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Program Expert

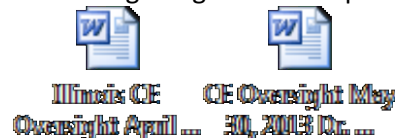
1. Did the RO obtain all of the DDSs' CE Oversight reports? Provide explanation.

The Chicago Regional office received all CE Oversight reports. The Medical Professional Relations Coordinator reviewed the reports thoroughly for policy compliance.



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

The Chicago Regional office participated in two onsite visits. Both visits are attached.



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

The Chicago Regional office accompanied the DDS on an oversight visit to a key provide with the Illinois DDS.



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

The Chicago Regional office does conduct periodic review of the DDSs CE purchasing practices. The Center of Disability conducted a special study of the Michigan DDS, at the request of the Michigan DDS, CE purchasing practices on 100 cases. The information was provided to the DPA and to the Michigan 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.

The Regional office performed spot checks on the list of CE providers against the HHS-OIG LEIE list to ensure CE providers were not federally excluded. As the LEIE is not current, we also checked the state medical boards sites to ensure CE providers were currently licensed and not suspended or expired .

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

None

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

The Chicago Regional office alerted ODD of any complaint that could provoke public criticism. All claimant complaints were sent to ODD. The DDSs investigated all complaints and appropriate action was taken.

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

Chicago Regional office provided ODD with information regarding conflict of interest situation specifically when a CE physician was allowing the staff to perform the examinations. The outcome was the removal of the CE physician and rescheduling of a minimal amount of CEs.

There was also an implication of conflict of interest by a CE provider was trying to pursue claimants as private patients. An investigation was performed by the DDS MPRO and was the outcome was unfounded.



FW: Follow up on [REDACTED]
treating client

Please attach any additional information before submitting this form.

The Chicago Region DDSs MPROs perform an outstanding job on licensure check of our CE providers. They are thorough and timely when any incidents occur at the CEs. The Chicago Regional also checks the CE fee schedule for any monetary changes and ensures the fees are compliant.

(b) (6)

From: (b) (2)
Sent: Tuesday, April 24, 2018 1:10 AM
Subject: FW: Dallas Region CE Oversight Report - FY 2013
Importance: High

Importance: High

Dallas Region Annual CE Oversight Report

We appreciate the extension for submitting the Dallas Region CE Oversight Report. A CE Oversight Report from each DDS has been obtained and reviewed. During FY 2013, we had one license expiration issue that resulted in recalling and reviewing the affected cases. This issue has a few remaining cases needing new determinations.

Increased CE fees are due to the addition of tests or a change of a CPT code. Other CE fees were adjusted to match the DDS's parent agency. These increases did not cause unacceptable increases in medical costs per case.

Each DDS has ongoing recruiting efforts of CE providers. One state increased their CE providers by 15. Another state removed inactive providers to keep the list accurate. MPROs continue to market the use of ERE to CE and medical providers. MPROs have collaborated with SSA public affairs specialists in outreach efforts including presentations on disability applications for the homeless, prerelease cases, and SSA E-services. Participation in SSI/SSDI Outreach, Access, and Recovery (SOAR) trainings has been beneficial to agencies dedicated to assisting the homeless.

The Regional Professional Relations Coordinator (RPRC) prepared a CE Oversight Review checklist. The DPAs used this checklist when visiting the DDSs in summer of 2013 to ensure compliance with the CE oversight procedures. No violations were found. During these visits, DDS management received reminders on CE purchasing and cost savings related to decreased CE rates. The RPRC performed spot checks of the DDSs CE providers to make sure they are properly licensed and have no sanctions.

We have attached the DDSs FY 2013 CE Oversight reports and fee schedules for review.

If members of your staff have any questions, please have them contact (b) (6) in Management and Operations Support, Center for Disability.

Thank you,

(b) (6)

2013

Disability Determination Division – District of Columbia
MRO End of Year Report

(b) (6)

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

Consultative Examination (CE) related complaints from claimants are directed to the Medical Relations Officer (MRO). If the complaint alleges unprofessional conduct or a criminal act, the MRO will involve the agency's administrator and the chief medical consultant. The MRO contacts the claimant to get his/her interpretation of what transpired and to clarify the exact nature of the complaint. It is suggested that the claimant put in writing any complaint that may require remedial action. When received, the CE report is reviewed to determine if the complaint is captured in the report. All the facts relating to the complaint are assessed, including the review of each particular case file, the CE provider's folder (for history of previous complaints) and reviewing the online DC Department of Health website to check for any recent disciplinary actions. After this process is completed and there is reason to believe that the allegations rise to a level of unprofessional and/or a criminal act, scheduling with the CE provider would immediately be suspended. This is to protect others from possible exposure to the alleged unprofessional and/or criminal act. The MRO notifies the CE provider of suspension and informs him/her of the pending allegations.

A call is initiated to gather information from the provider. He/she is informed about the claimant's complaint and asked for his/her opinion in response to the complaint. The response from the provider is then discussed over the phone with the claimant and, when relevant, a letter is sent to the claimant. In instances where the response given by the provider is sufficient and acceptable to the claimant, no further action is taken. In instances where the claimant is not satisfied, he/she is given the opportunity for a second examination by a different CE provider. When the outcome of the investigation merits a detailed face-to-face discussion and/or resolution, the MRO would schedule a meeting with the CE provider to clarify the problem area and to discuss corrective action. If there are repeated complaints or persistence of a particular problem against the same provider, the scheduling of future CE appointments with the provider is suspended indefinitely.

Since I took over as the MRO in June 2013, no complaints have been made.

2. List of onsite reviews of CE providers.

These site visits have been limited by the changes with Industrial Medical Associates (IMA). However, I was able to visit several doctors in the short time I have been MRO.

Spencer Cooper PHD

Neil Schiff PHD

Elliott Aleskow MD

Sambhu Banik PHD

Judith Ryan PHD

Tena Malone PHD

3. List of current key CE Providers:

IMA provides all CE services at this time

4. A. The DC DDS currently utilizes Industrial Medical Associates to conduct all CE examinations. Due to the change, I receive an updated list of providers from IMA as it changes. The most recent list indicates IMA has 14 physicians, 9 psychologists, and 1 audiologist. All of the CE provider's credentials have been verified as of today November 14th. All CE providers have a current license, and have participated in a background check.

B. I use two Websites to check a CE provider's credentials and check to see if they are on an exclusion list. I use the DC Department of Health Professional Licensing website. This website shows if they are licensed in DC and if there is a history of any actions taken against them by the licensing board. I also use the US Department of HHS website to check if the provider is on any exclusion list. CE provider's credentials are checked twice a year. They are normally checked in June and December.

5. Medical Fee Schedule

There have been no changes to the DC fee schedule. Fee schedule submitted in 2011 is still valid.

6. During the past four months I have made an extensive effort to develop ties to the DC community. I have reached out to nonprofits, clinics, and other providers to help demystify the disability process. I consistently focus on concise and clear communication, and have promoted what we are doing in the disability determination division.

In terms of training, I am presently a second year doctoral student in Human and Organization development. This has provided me new skills to assist in opening the lines of communication as well as fostering an atmosphere of mutual goals and objectives.

MEMORANDUM

TO: (b) (6), Disability Program Administrator
FROM: (b) (6), Medical Relations Officer
DATE: November 6, 2013
SUBJECT: CE Oversight Report

1. Complaint Procedure

When a complaint is lodged by a claimant regarding the consultative exam, the following procedure will be followed:

Whoever receives the complaint will advise the claimant to submit in writing a copy of this complaint to the attention of the Medical Relations Officer.

1. The MRO mails a letter to the claimant which acknowledges the complaint.
2. If additional information or clarification about the complaint is needed, then the MRO contacts the claimant.
3. If no additional information is needed, then the MRO contacts the CE provider:
 - A. the complaint is faxed over to the CE provider. They are asked to respond to the complaint in writing.
4. The claimant is then called:
 - A. the claimant is given the opportunity to present the complaint and to discuss the issues
 - B. the MRO will present what the provider stated.
5. The MRO decides if the complaint is valid
6. Depending on the situation, the MRO may read the CE report to the claimant. If the claimant is not satisfied, then the MRO may offer the claimant another CE with a different provider.
7. If the provider is found to be at fault, then the MRO will contact the provider to explain what is needed to improve the situation. At times a written letter is sent to the provider with instructions to correct the situation. Depending on the nature of the complaint, the MRO may make an unannounced visit to the CE provider's office. Depending on the issue, the MRO may reduce the number of referrals.
8. If the CE provider is found to be without fault, then the provider is contacted and this is explained to the provider.
9. Complaints of Egregious Nature:
 - a. Complaint is reported to the MRO or the Director if MRO is unavailable
 - b. The Regional Office is notified of the complaint
 - c. A courtesy copy is sent to the Director of the Division of Vocational Rehabilitation (parent agency)
 - d. The complaint is reported to the proper Licensing Board, i.e. Board of Medical Practice. A Deputy Attorney General is assigned to each Board.

2. **Onsite Reviews of CE Providers by the DE DDS**

1. Frederick Kurz, Ph.D.
Visit performed 07/23/2013
Top CE Provider by dollar volume
2. Irwin Lifrak, M.D.
Visit performed 09/17/2013
Top CE Provider, by dollar volume
3. Joseph B. Keyes, Ph.D.
Visit performed 07/31/2013
Top CE Provider, by dollar volume
4. Brian Simon, Psy. D.
Visit performed 07/24/2013
Top CE Provider, by dollar volume
5. Andrew Donohue, D.O.
Visit performed 06/24/2012
Top CE Provider, by dollar volume

All on-site reviews completed by (b) (6) Medical Relations Officer.

3. **Current Key Providers**

1. Frederick Kurz, Ph.D.
Trolley Square, Suite 32B
1601 Delaware Avenue
Wilmington, DE 19806
 2. Irwin Lifrak, M.D.
1010 N. Union Street
Suite 5
Wilmington, DE 19805
 3. Joseph B. Keyes, Ph.D.
2131 S. DuPont Highway
Suite 3
Dover, DE 19901
- Joseph B. Keyes, Ph.D. (second office)
Thomas Building, Suite 1
326 High Street
Seaford, DE 19973

Joseph B. Keyes, Ph.D (third office)
Division of Vocational Rehabilitation
20793 Professional Park Blvd.
Georgetown, DE 19947

4. Brian Simon, Psy. D.
Suite F-52 Omega Drive
Newark, DE 19713
5. Andrew Donohue, D.O.
1701 Augustine Cut-Off
Suite 8
Wilmington, DE 19803

4. **CE Panel**

- a. Current CE Providers on Panel: 87
- b. Process to Ensure that Medical Credential Checks and Exclusion lists(s) Checks Are Made:

In the State of Delaware (DE) the Division of Professional Regulation handles the licensing of the vendors. There are various Boards of licensing depending on the specialty. A web site is used for quick and easy checks:
www.professionallicensing.state.de.us. All licenses are good for a two (2) year period. Each Board has its own renewal date.

State Licenses – Process

- When a provider is interested in becoming a CE vendor, the MRO will check the state licensing board to ensure their license is in good standing. Once the CE vendor is hired to the CE Panel, they are asked to sign a “License/Credentials Certification” form demonstrating that his/her license is in good standing and a copy of the license is submitted.
- As The Disability Determination Services Administrations’ Letter (DDSAL 860) instructs, the Delaware DDS performs periodic checks for licensing quarterly. The Delaware DDS will check the Board of Licensing website. If there are any concerns, the MRO will contact that Board directly to obtain additional information.
- Upon renewal of licenses, the MRO will make a copy of the new license for the file. Otherwise, the license is verified on the website and the MRO will initial and date the license.
- These files are kept by the MRO in a locked filing cabinet.

Sanctioned Vendors – Process

- Every month the MRO checks the OIG Lists of Sanctioned and Reinstated Health Care Providers.
- When a provider is interested in becoming a CE Vendor or In-House Medical/Psych Consultant, the MRO will check the LEIE to be sure the provider/doctor is not sanctioned.

- When a DE provider is listed as sanctioned, the MRO will send an email to the CE Scheduling Unit. The DE DDS will not purchase/schedule a CE if the provider is on the sanctioned list.
 - Monthly the MRO also views the reinstated lists of medical providers. When a provider is reinstated, the MRO will e-mail staff of this fact.
- c. The vendor is asked to sign a “Support Staff” form certifying that any support staff is also appropriately licensed.

5. Medical Fee Schedules

- a. CE/MER fee schedule changes:
 The Delaware DDS follows the Fee Schedule of the Division of Vocational Rehabilitation (DVR), its parent agency. Representatives from the DDS meet with representatives of DVR for a Fee Schedule Committee meeting quarterly. At these meetings, fees for MER and CE’s are reviewed and discussed. Any inquiries for fee increases are read and addressed. At times there are exams, tests, etc. that are exclusive to the DDS. In order to change or establish a fee, the MRO may do a combination of the following:
- contact other state agencies for their fee schedule
 - contact providers in the medical community for their fees
 - contact other DDS’s for their fee schedule
- The information obtained is presented to the Fee Schedule Committee and a fee is established.

Delaware DDS does not have any volume medical provider discounts.
 The Delaware DDS has removed all fees for tests of malingering from its Fee Schedule.

- b. Fee Schedule for Delaware – See Attachment

6. MRO Activities

Identifying CE Provider Needs:

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

To obtain leads, the MRO:

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

ERE Activities by the MRO

(b) (6) began the Medical Relations Officer position in February 2013)

- Provided ERE demos for individual doctors and their staff and signed them up for ERE,
- On-going training by phone to doctor's offices on faxing via Fax Gateway properly,
- Working with the VA Medical Center to get new employees on board with ERE,
- Exhibited at the Medical Society of Delaware meeting accompanied by DDS' Chief Medical Officer & (b) (6) explaining to docs how ERE and faxing records are handled,
- Trained new adjudicator classes on ERE,
- Recruited new CE providers and set up ERE accounts,
- Trained new adjudicators on CE process and procedures,
- Chairperson for the SOAR project (schedules joint meetings as needed with FO reps, and Advocates that are involved in helping the homeless/disabled population in DE),
- Chairperson of the Fee Committee & coordinates quarterly Fee Committee meetings between DDS and DVR,
- Exhibited at the Delaware Health Information Management Association's (DHIMA) annual meeting.

MEMORANDUM

Date: December 30, 2013

Refer To: S2D8G:DH DI-16

To: SSA/DCO/ODD/DDOS/MPRO Team
From: Professional Relations Coordinator, Denver Region
Subject: 2013 DDS CE Oversight Report—Information

This will not include detailed information about CE oversight by the South Dakota DDS; the RO does not yet have their annual oversight report, although we expect it soon. The DDS has had some challenges this year. The former PRO became the DDS administrator. A supervisor became the new PRO and became a disability hearing officer in late summer. They had nearly 10% of office staff (b) (6). They relocated the DDS office late fall-early winter. We will forward their annual CE oversight report when we receive it.

The Denver region's total CE rate is 34.6%, below the national average. The main reason for this is the DDS care in purchasing only necessary CEs. Our largest DDS has a CE rate 15% lower than it had last year. Three of the six DDSs have CE rates below 26%.

In the Denver region, the DPAs may perform RO onsite review of the DDS CE process when they travel to their States. Time constraints rarely permit the DPAs to accompany a PRO to visit a CE provider. The regional professional relations coordinator (PRC) rarely travels to the DDSs, but works with the DDS PROs remotely.

Because of budget issues, there has been little RO travel to DDSs. Most of the DDSs have conducted refresher training this year to remind examiners and medical consultants about what to do and consider before ordering a CE. They use SSA training materials as well as local materials.

DDS Quality Assurance (QA) Activities in the CE Process

The DDSs do not have specific QA procedures in place for CE review. Various management staff may review examiner requests for CEs. All examiner and MC/PC staff are expected to review CE content and provide feedback to the MPRO when there are problems with a CE report or when they want to recognize special efforts by the provider.

Fee Schedules

Current DDS fee schedules for MER and CEs are posted on the RO's Intranet site, [Center for Disability page](#), under [Medical and Professional Relations](#). Fee schedules for FY 2013 (or a link to fee schedules) are attached to each DDS's oversight report. The DDSs set fees in accordance with [DI 39545.600](#).

The Wyoming DDS generally pays "usual and customary" charges for CEs because of the scarcity of medical services, particularly providers who are willing to perform CEs. The other DDSs use fees in accordance with State rules.

- Colorado-- Department of Labor's (DOL) fee schedule
- Montana—Department of Labor
- North Dakota-- North Dakota Medicaid
- Utah—Vocational Rehabilitation

The Montana DDS has an exception to pay one physician for missed consultative examinations, in accordance with DI 39545.275. That physician performs CEs for individuals who live within 50 miles of his location; the next closest CE providers are about 140 miles away. The no-show fee is half the fee of an examination. No-shows happen about 15 times per year.

DDSs review their fee schedules at least annually. Individual circumstances may lead to a review within the year. The DDSs generally must limit their fees to comply with State rules. The RO reviews exception requests; when the DDS needs an increased fee to retain providers in a limited area, the RO usually approves an exception.

DDSs in this region seldom use volume medical providers. The exception is Colorado. In our most populous State, some volume providers are available.

Training and Review of New CE Providers

In each State the PRO trains new CE providers, including explaining the provider's responsibilities under the Privacy Act. The SSA publication, "Consultative Examinations: A Guide for Health Professionals," is one of the training materials provided. DDSs also include examples of CE reports in the same specialty as the new provider, and introduce the ERE website, if the provider does not already use it. PROs promote the use of electronic reporting. The North Dakota DDS made it mandatory for CE providers to send the CE report electronically.

In all DDSs, CEs from new providers get special review to ensure the provider performs examinations and provides reports that conform to our needs. In addition to the review of new providers, all providers may receive feedback about their CE reports. When the PRO receives comments from an examiner or medical/psychological consultant, the PRO passes on good feedback and works with the provider to remediate any problem areas. The RO medical consultant staff also provide feedback about CE quality to the DDSs through the professional relations coordinator. Very rarely a CE provider does not improve and must be dropped from the CE panel.

CE Scheduling Procedures and Controls (See [DI39545.500](#))

DDS CE scheduling procedures and controls attain a good distribution of examinations and to prevent overscheduling. The preferred CE provider is the treating source, if the treating source is willing and able to perform the CE. When the DDS cannot use the treating source, the examiner documents the file with the reason for not using that source.

The DDSs require medical review of CEs that order diagnostic tests or procedures that may involve significant risk to the claimant/beneficiary.

The DDSs have differing procedures for supervisory or other review of CE requests by the examiner. All CE requests by newer examiners are reviewed by a trainer, mentor, or supervisor. Some DDSs review all CE requests by individual's whose CE rate differs greatly from unit or agency CE rate. One DDS reviews all CE requests from examiners whose CE rate is above the budgeted CE rate.

A request for a medical source statement is hard-coded into CE letters for examinations that call for an MSS. The DDS sends copies of the background material in the claims file sent to the CE source for review prior to the CE.

The DDSs follow appropriate procedure for failure/refusal to cooperate, and cancel CEs when the claimant does not respond to the CE appointment letter and the DDS is not able to contact the claimant. DDSs in each State pay some CE providers a records' review fee for a CE no-show. Our DDSs are limited in ability to move toward a no-pay policy because alternate CE providers are simply not available.

Integrity of Medical Evidence

DDSs have instructed providers to verify claimant identification. The DDS legacy system associates CE vouchers with CE reports, so the DDS easily ensures that there is a match.

The DDSs conduct regular credential checks and regularly check the OIG/LEIE sanctions' website and State websites. The DDSs find that the State website is more up-to-date and accurate than the OIG site, so DDSs check the State sites more frequently. The PRC conducts occasional spot checks of DDS CE providers' credentials on State websites and on the OIG sanctions' website. The PRC has found no problems in credentials or sanctions.

Recruiting Activities

The DDSs continually recruit for the CE panel. In this region, geography can present a big challenge; additional CE providers almost always mean less travel for our claimants. MPROs use flyers, mailers, ads in medical journals, and word of mouth to recruit. New CE provider undergo a credential check as described in [DI 39569.300](#).

Claimant Complaints

All DDSs have written procedures to investigate complaints, and investigate all complaints. The MPRO performs the initial investigation, and will involve an assistant administrator or administrator when appropriate. DDSs have procedures to involve medical consultant staff and State medical boards, should it become necessary. The DDS keeps separate files for each provider, and retains information related to complaints in the providers file.

When a claimant complains, the MPRO contacts the claimant for details and clarification, and then contacts the provider. The MPRO will again contact the claimant after the investigation unless they resolve the issue in the first contact. The provider may respond in writing. When appropriate the DDS directs the provider to take remedial actions. When necessary, DDS stops CEs with the provider until remediation, such as office repairs. When remediation is not effective, DDS stops using the provider. If the complaint were serious enough, the DDS would involve the RO and law enforcement.

The DDSs have not had Congressional inquiries related to CEs.

The DDSs generally do not receive “complaints” from providers. Providers give feedback when problems arise, and the MPRO and provider work together to resolve issues. Examples include scheduling intervals, cleanliness of some claimants, and safety of the provider’s regular patients.

DDS handles threats and statements regarding suicide in accordance with the POMS and RO guidance.

DDSs in this region receive very few complaints, and had no complaints of egregious issues. No complaints had to be referred to the RO, but the DDSs would refer complaints to the RO if they were very serious or had potential political or PR repercussions.

DDSs also survey claimants from time to time about the CE experience. The MPRO shares feedback with CE providers. If the surveys indicate a problem with the CE provider, the MPRO investigates.

Claimant Reactions to Key Providers

DDSs give surveys to some claimants who have CEs, whether with a key provider or another provider. DDSs do not attempt to achieve a statistically random sample or numbers that would achieve statistical validity. Their goal is getting feedback about providers.

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

The individual DDS CE oversight reports specify their key providers and whom they visited onsite.

Onsite Reviews of CE Providers

The DDSs each performed onsite reviews of more than ten providers, but reviews were not limited to key providers. For our States, that would usually mean reviewing the same five providers every year. Instead, the DDSs visit some key providers and some other providers. The DDSs use the suggested protocol in DI 39545.525 for their reviews, and most include other items of interest to them. The MPRO verifies that all individuals who perform support services have proper credentials; licensed, certified, or other credentials.

The MPRO performs onsite review. RO staff may accompany the MPRO on some visits. This year the RO attended three onsite reviews. Budget issues have significantly reduced the number of RO staff and travel for RO staff.

Contracting Out for Medical Services

The DDSs in this region do not contract with CE providers.

L. Records Maintenance

The DDSs maintain a separate file for each CE provider. The files contain

- a. Provider credentials,
- b. Complaints against the provider,
- c. Results of investigations or complaints against the provider,
- d. Reports of onsite reviews,
- e. Claimant reaction surveys, and
- f. May contain annual payments to the provider, or the DDS may keep this records in another location, depending on business processes and parent agency.

The DDSs complete a CE Oversight Report annually and send it to the RO. Copies of the FY 2013 reports are attached to this document.

Attachments

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

DATE: 08/20/2013

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

(b) (6)

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

C. TYPES OF EXAMINATIONS CONDUCTED: Internal Medicine.

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

E. PROVIDER CONTACT:

NAME: (b) (6)

PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION

Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office

a. Identifiability: Easy to locate & I.D.

b. Cleanliness: Very clean.

c. Safe location for claimants to travel: Yes.

d. Handicap Accessibility: Yes.

- e. Public Transportation and Parking: Bus stop nearby, large parking lot behind bldg.
- f. Emergency Exit Signs: Yes.
- g. Rest Rooms: In waiting room & in office area.
- h. Secure location for medical records and computer records: Yes.
- i. Waiting Room
 - 1. Seating Capacity: 14
 - 2. Cleanliness: Very clean.
- j. Examining Rooms
 - 1. Number of Rooms: 3
 - 2. Size, Cleanliness: Adequate size, very clean.
 - 3. Furniture (appropriate and sufficient): Desk, table, stool, 2 chairs.
 - 4. Gowns Provided: If needed.
 - 5. Privacy: Yes.

2. Equipment/Laboratory Tests

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

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

(b) (6) staff.

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

Central Illinois Radiological Assoc. staff.

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

Labs 2-3 days; x-rays up to 7 days.

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

N/A

Equipment Name and Model

Date Last Cleaned/
Calibrated/Inspected
Before/after each
use. Inspection
certificate expires
03/31/14.

- a. X-ray* Picker-International PX-1351c
- b. PFS Puritan-Bennett Renaissance II
- c. Treadmill N/A
- d. Doppler (b) (6) Hosp.
- e. ECG N/A
- f. EMG N/A
- g. Visual Field N/A
- h. Audiometer N/A

Each use.

i. Other

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

(b) (6) Radiology Assoc. staff.

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

k. Eye Chart Location: In main hallway.

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

l. Remarks:

I. STAFF

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

2. General Appearance: Very professional.

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

Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes.

Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

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

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

On file at DDS? Yes No

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

Do medical source staff speak any language other than English?
 Other language(s) **(b) (6)** No

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

Is the provider a: GENERAL MASTER ADVANCED

REG

What is the maximum number of CEs scheduled per physician/psychologist per specialty? See attached schedule.
(A copy of CE appointment may be attached, if available.)

What are the minimum interval times that the CE provider schedules for the following medical specialties?

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

K. PROCEDURES

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

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

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

N. CUSTOMER IDENTIFICATION

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

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

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

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

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

(b) (6)

(Signature of Reviewer or Head of Review Team)

9/5/13

(Date)

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

DATE: 9/30/13

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

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

C. TYPES OF EXAMINATIONS CONDUCTED: Internist

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

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

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

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

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

e. Public Transportation and Parking: Large parking lot with over 100 spots and three handicap designated spots.

f. Emergency Exit Signs: Yes

g. Rest Rooms: Two unisex, handicap accessible rest rooms located in the waiting area.

h. Secure location for medical records and computer records: Yes - kept with the doctor or medical assistant.

i. Waiting Room

1. Seating Capacity: 20

2. Cleanliness: very clean and comfortable.

j. Examining Rooms

1. Number of Rooms: 3 (two for physicals and one for psychologicals)

2. Size, Cleanliness: 10' x 12'

3. Furniture (appropriate and sufficient): cabinet, sink, exam table, chair, and stool.

4. Gowns Provided: if requested

5. Privacy: Yes

2. Equipment/Laboratory Tests

a. X-ray – Onsite: Yes No Performed at: St. Elizabeths Hospital, Belleville

b. Lab Work – Onsite: Yes No Performed at: St. Elizabeths Hospital, Belleville

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

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

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

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

Equipment Name and Model	NA	Date Last Cleaned/ Calibrated/Inspected
X-ray*		
PFS		
Treadmill		
Doppler		
ECG		
EMG		
Visual Field		
Audiometer		
Other		

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

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

Chart Location: Hallway between exam rooms.

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

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

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

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

Name: License #: Exp. Date:

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

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 34
(Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
 - a. comprehensive general medical (Requirement: at least 30 minutes) 20 minutes to allow for no-shows.
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)
3. What is actual length of time for exams to be completed per visit?
20-30 minutes

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Claimant files are kept with the medical assistant or with the doctor out of view of the general public.
2. How and by whom is the customer's medical/psychological history obtained?
(b) (6)
3. Who actually performs the examination/testing? (b) (6)
4. How much time does the physician/psychologist spend face-to-face with the customer? 20-30 minutes
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? (b) (6) - photo ID or DDS appointment letter.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

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

N. CUSTOMER IDENTIFICATION

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

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

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

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

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

(b) (6)

(Signature of Reviewer or Head
of Review Team)

9/30/13

(Date)

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

DATE: 7/10/13

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

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

C. TYPES OF EXAMINATIONS CONDUCTED: Psychologicals

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

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

PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION

Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: Adequate. Sign on front door indicating "SSA Disability Exams".
 - b. Cleanliness: very clean
 - c. Safe location for claimants to travel: Yes
 - d. Handicap Accessibility: Yes

e. Public Transportation and Parking: No public transportation. Adequate parking in front of the building (12 parking spots) and additional space behind the building. One handicap accessible parking spot is located nearest the door and is properly identified as handicap designated.

f. Emergency Exit Signs: Yes

g. Rest Rooms: 1 large unisex, handicap accessible, and clean

h. Secure location for medical records and computer records: Yes - kept with (b) (6) in the office behind closed doors and out of view of the public.

i. Waiting Room

1. Seating Capacity: 8

2. Cleanliness: clean and orderly.

j. Examining Rooms

1. Number of Rooms: 2 (one for internist and one for psychologicals)

2. Size, Cleanliness: 10' x 8' clean and orderly

3. Furniture (appropriate and sufficient): Internist exam room: exam table, 2 chairs, sink, mirror, and 2 instrument trays. Psychological exam room: large table and 2 chairs.

4. Gowns Provided: NA

5. Privacy: Yes

2. Equipment/Laboratory Tests NA

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

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

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

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

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

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

3.

Equipment Name and Model NA

Date Last Cleaned/
Calibrated/Inspected

a. X-ray*

b. PFS

c. Treadmill

d. Doppler

e. ECG

f. EMG

g. Visual Field

h. Audiometer

i. Other

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

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

k. Eye Chart Location: NA

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

l. Remarks:

l. STAFF

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

2. General Appearance: clean and professional

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

4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes

5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

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

c. On file at DDS? Yes No

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

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

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

If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 13
(Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
 - a. comprehensive general medical (Requirement: at least 30 minutes)
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
30 minutes to allow for no-shows
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)
3. What is actual length of time for exams to be completed per visit?
30-45 minutes

K. PROCEDURES

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

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

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

N. CUSTOMER IDENTIFICATION

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

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

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

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

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

(b) (6)

(Signature of Reviewer or Head
of Review Team)

8/09/13
(Date)

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

DATE: 10/02/13

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

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

C. TYPES OF EXAMINATIONS CONDUCTED: Psychological

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

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

PHONE NUMBER: (b) (6)

F. PROVIDER CLASSIFICATION

Key provider or top five CE provider by dollar volume:

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

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

e. Public Transportation and Parking: Large parking lot with over 100 spots and three handicap designated spots.

f. Emergency Exit Signs: Yes

g. Rest Rooms: Two unisex, handicap accessible rest rooms located in the waiting area.

h. Secure location for medical records and computer records: Yes - kept with the doctor or medical assistant.

i. Waiting Room

1. Seating Capacity: 20

2. Cleanliness: very clean and comfortable

j. Examining Rooms

1. Number of Rooms: 3 (two for physicals and one for psychologicals)

2. Size, Cleanliness: 10' x 12'

3. Furniture (appropriate and sufficient): desk, book case, two chairs

4. Gowns Provided: NA

5. Privacy: Yes

2. Equipment/Laboratory Tests NA

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

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

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

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

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

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

3. NA

Equipment Name and Model

Date Last Cleaned/
Calibrated/Inspected

a. X-ray*

b. PFS

c. Treadmill

d. Doppler

e. ECG

f. EMG

g. Visual Field

h. Audiometer

i. Other

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

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

k. Eye Chart Location: NA

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

l. Remarks: NA

I. STAFF

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

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

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

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

If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 15
(Copy of CE appointment may be attached, if available.)

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

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Claimant files are kept with the medical assistant or with the doctor out of view of the general public.
2. How and by whom is the customer's medical/psychological history obtained?
(b) (6)
3. Who actually performs the examination/testing? (b) (6)
4. How much time does the physician/psychologist spend face-to-face with the customer? 30-40 minutes
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? (b) (6) checks photo ID or DDS appointment letter.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

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

N. CUSTOMER IDENTIFICATION

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

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

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

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

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

(b) (6)

(Signature of Reviewer or Head
of Review Team)
10/02/13
(Date)

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

DATE: 7/08/13

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

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

C. TYPES OF EXAMINATIONS CONDUCTED: Psychological

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

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

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

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: large sign near the street - easily identified
 - b. Cleanliness: very clean
 - c. Safe location for claimants to travel: Yes
 - d. Handicap Accessibility: Yes

e. Public Transportation and Parking: Public transportation - Transit Service of Southern IL (claimants must call transit service ahead of time). Parking - 50 plus parking spots and 5 handicap designated spots nearest to the entrance.

f. Emergency Exit Signs: Yes

g. Rest Rooms: handicap accessible

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

i. Waiting Room

1. Seating Capacity: 9

2. Cleanliness: very clean

j. Examining Rooms

1. Number of Rooms: 3 (2 for internist exams and 1 for psychologicals)

2. Size, Cleanliness: 9' x 12'

3. Furniture (appropriate and sufficient): desk, 2 chairs, and cabinet.

4. Gowns Provided: NA

5. Privacy: Yes

2. Equipment/Laboratory Tests NA

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

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

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

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

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

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

3.

Equipment Name and Model NA

Date Last Cleaned/
Calibrated/Inspected

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

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

k. Eye Chart Location: NA

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

l. Remarks:

I. STAFF

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

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

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

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

If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 13
(Copy of CE appointment may be attached, if available.)

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

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Claimant files are kept with (b) (6) in a secure area out of view of the public.
2. How and by whom is the customer's medical/psychological history obtained? (b) (6) interviews claimants to obtain medical history.
3. Who actually performs the examination/testing? (b) (6)
4. How much time does the physician/psychologist spend face-to-face with the customer? 30-40 minutes
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? (b) (6) asks for photo ID or DDS appointment letter.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

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

N. CUSTOMER IDENTIFICATION

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

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

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

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

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

(b) (6)

(Signature of Reviewer or Head
of Review Team)

8/29/13
(Date)

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

DATE: 7/10/13

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

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

C. TYPES OF EXAMINATIONS CONDUCTED: Internists

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

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

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

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: Adequate. Sign on front door indicating "SSA Disability Exams".
 - b. Cleanliness: very clean
 - c. Safe location for claimants to travel: Yes
 - d. Handicap Accessibility: Yes

e. Public Transportation and Parking: No public transportation. Adequate parking in front of the building (12 parking spots) and additional space behind the building. One handicap accessible parking spot is located nearest the door and is properly identified as handicap designated.

f. Emergency Exit Signs: Yes

g. Rest Rooms: 1 large unisex, handicap accessible, and clean.

h. Secure location for medical records and computer records: Yes - kept with (b) (6) in the office behind closed doors and out of view of the public.

i. Waiting Room

1. Seating Capacity: 8

2. Cleanliness: clean and orderly

j. Examining Rooms

1. Number of Rooms: 2 (one for internist and one for psychologicals)

2. Size, Cleanliness: 10' x 8' clean and orderly

3. Furniture (appropriate and sufficient): Internist exam room: exam table, 2 chairs, sink, mirror, and 2 instrument trays. Psychological exam room: large table and 2 chairs.

4. Gowns Provided: if requested

5. Privacy: Yes

2. Equipment/Laboratory Tests

a. X-ray – Onsite: Yes No Performed at: St. Mary's Centralia

b. Lab Work – Onsite: Yes No Performed at: St. Mary's Centralia

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

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

b.3. Turn-around timeliness, including both the results of the tests and interpretations. PFTs/TM 4-5 days, xrays/lab 2 days.

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

Equipment Name and Model NA

Date Last Cleaned/
Calibrated/Inspected

X-ray*

PFS

Treadmill

Doppler

ECG

EMG

Visual Field

Audiometer

Other

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

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

Chart Location: In the hallway between exam rooms.

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

Remarks:

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

Physical Appearance: Clean and professional.

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

Can the source certify that assistants meet the appropriate licensing or education requirements of the State? NA

Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

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

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

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

On file at DDS? Yes No

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

Do medical source staff speak any language other than English?

Other language(s) No

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

GENERAL MASTER ADVANCED

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 18
(Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
 - a. comprehensive general medical (Requirement: at least 30 minutes)
Every 20 minutes to compensate for no-shows.
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)
3. What is actual length of time for exams to be completed per visit?
20-30 minutes

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Claimant files are kept in a secure area with (b) (6) out of view of the public.
2. How and by whom is the customer's medical/psychological history obtained?
(b) (6) has a checklist for the claimant to complete upon arriving.
3. Who actually performs the examination/testing? (b) (6)
4. How much time does the physician/psychologist spend face-to-face with the customer? 20-30 minutes
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? (b) (6) asks for a photo ID or DDS appointment letter.

VIEWS OF CLAIMANTS (Attach to Protocol)

Do you transmit CE report electronically?

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

IDENTIFICATION

Does the report include the customer's physical description (e.g., race, eye color, hair, scars or tattoos, a missing finger, limbs, etc. Does the person wear glasses? Does the report include the customer's name and the claim number in the CE report as required by 5 A.7? Yes

Does the report include customer's name and claim number on every page of report?

Does the report include original signature, printed name, license number, and date on last page of report? Yes No

Does the report include a history of deficient reports from the vendor? Yes No
If "No", does the report discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.

Does the report include a history of late reports? Yes No
If "No", does the report discuss 10-day timeframe and ask vendor how he/she plans to correct late reports?

(b) (6)

(Signature of Reviewer or Head of Review Team)

7/19/13
(Date)

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

DATE: 7/08/13

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

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

C. TYPES OF EXAMINATIONS CONDUCTED: Internist

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

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

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

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: large sign near the street - easily identified
 - b. Cleanliness: very clean
 - c. Safe location for claimants to travel: Yes
 - d. Handicap Accessibility: Yes

e. Public Transportation and Parking: Public transportation - Transit Service for Southern IL (claimants must call transit service ahead of time). Parking - 50 plus parking spots and 5 handicap designated spots nearest to the entrance.

f. Emergency Exit Signs: Yes

g. Rest Rooms: handicap accessible

h. Secure location for medical records and computer records: Yes, with (b) (6) in the office and out of view of the public.

i. Waiting Room

1. Seating Capacity: 9

2. Cleanliness: very clean

j. Examining Rooms

1. Number of Rooms: 3 (2 for internist exams and 1 for psychologicals)

2. Size, Cleanliness: 9' x 12'

3. Furniture (appropriate and sufficient): exam table, sink, cabinet, desk, chair, instrument table, and stool.

4. Gowns Provided: if requested

5. Privacy: Yes

2. Equipment/Laboratory Tests

a. X-ray – Onsite: Yes No Performed at: Miners Memorial Health Ctr

b. Lab Work – Onsite: Yes No Performed at: Miners Memorial Health Ctr

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

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

b.3. Turn-around timeliness, including both the results of the tests and interpretations.
1-2 days

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

3.

Equipment Name and Model NA

Date Last Cleaned/
Calibrated/Inspected

a. X-ray*

b. PFS

c. Treadmill

d. Doppler

e. ECG

f. EMG

g. Visual Field

h. Audiometer

i. Other

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

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

k. Eye Chart Location: in the hallway between exam rooms

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

l. Remarks:

I. STAFF

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

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

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

J. SCHEDULING

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

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Claimant files are kept with (b) (6) in a secure area out of view of the public.
2. How and by whom is the customer's medical/psychological history obtained?
(b) (6) obtains the history during the exam.
3. Who actually performs the examination/testing? (b) (6)
4. How much time does the physician/psychologist spend face-to-face with the customer? 20-30 minutes
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? (b) (6) asks for photo ID or DDS appointment letter.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

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

N. CUSTOMER IDENTIFICATION

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

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

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

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

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

(b) (6)

(Signature of Review Team)
8/13/13
(Date)

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

DATE: September 11, 2013

- A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)
- B. OTHER OFFICE LOCATIONS: None
- C. TYPES OF EXAMINATIONS CONDUCTED: Internal Medicine; Psychiatric; Psychological; Pediatric; Cardiology-TET only, no exams.
- D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)
- E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)
- F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:
(b) (6)
- G. TYPE OF REVIEW/REASON FOR VISIT
(b) (6)
- H. FACILITIES
1. Building and office
 - a. Identifiability: Easy to identify.
 - b. Cleanliness: Very clean.
 - c. Safe location for claimants to travel: Yes.
 - d. Handicap Accessibility: Yes.

- e. Public Transportation and Parking: El stop & private parking lots nearby, bus stop in front of building.
- f. Emergency Exit Signs: Yes.
- g. Rest Rooms: In office hallway, very clean & accessible.
- h. Secure location for medical records and computer records: Yes.
- i. Waiting Room
 - 1. Seating Capacity: 19
 - 2. Cleanliness: Very clean.
- j. Examining Rooms
 - 1. Number of Rooms: 4; 2-IM, 1-Psychiatric, 1-Psychological.
 - 2. Size, Cleanliness: Appropriate size, very clean.
 - 3. Furniture (appropriate and sufficient): Sink, table, desk, stool, 2-3 chairs.
 - 4. Gowns Provided: If needed.
 - 5. Privacy: Yes.

2. Equipment/Laboratory Tests

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

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

XR: (b) (6) Med asst., x-ray tech.(500.488728); Labs staff @ Lab Corp.

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

XR: (b) (6) Labs-staff @ Lab Corp.

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

XR: 2-3 days; Labs: 24-48 hrs.

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

Yes.

Equipment Name and Model		Date Last Cleaned/ Calibrated/Inspected
X-ray*	Linear EXT	Inspected: 10/12 Cleaned/Calibrated: each use.
PFS	Puritan-Bennett Renaissance II	Each use.
Treadmill	(b) (6)	
Doppler	Siemens-Burdick E350i.	
ECG		
EMG		
Visual Field		
Audiometer		
Other		

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

Office medical staff.

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

Chart Location: In hallway.

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

Remarks:

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

al Appearance: Very professional.

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

the source certify that assistants meet the appropriate licensing or
ation requirements of the State? Yes.

Include name of each medical consultant and/or medical support staff, as
well as medical license number and date of expiration. If more space is
needed, please attach another page.

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

(b) (6)

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

On file at DDS? Yes No

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

medical source staff speak any language other than English?
 Other language(s) Spanish, Hindi No

lified sign language interpreter must have either a General Master license
Advanced license. Are any employees qualified to communicate in sign
age? Yes No

If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

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

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Records kept in locked cabinets.
2. How and by whom is the customer's medical/psychological history obtained?
Personal interview; M.D./Ph.D.
3. Who actually performs the examination/testing? M.D./Ph.D.
4. How much time does the physician/psychologist spend face-to-face with the customer? 30-60m

5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? DDS letter, photo I.D.; Office medical assistants/receptionists (b) (6)

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

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

N. CUSTOMER IDENTIFICATION

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

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

(b) (6)

9/30/13
(Date)

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

DATE: 9/5/13

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

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

C. TYPES OF EXAMINATIONS CONDUCTED: Internist, Family Practice, Psychiatric, Psychological

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

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

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

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: Signage at the street as well as on the building.
 - b. Cleanliness: Very clean
 - c. Safe location for claimants to travel: Yes
 - d. Handicap Accessibility: Yes

e. Public Transportation and Parking: No buses in this community. Off street parking available

f. Emergency Exit Signs: Yes

g. Rest Rooms: Unisex restroom in the suite is accessible.

h. Secure location for medical records and computer records: Records kept in reception area that is not accessible by claimants.

i. Waiting Room

1. Seating Capacity: 11

2. Cleanliness: Very clean

j. Examining Rooms

1. Number of Rooms: 4 (2 for physical exams, 2 for Psych exams)

2. Size, Cleanliness: 9'6"x11' and very clean

3. Furniture (appropriate and sufficient): Exam table and chairs in physical exam rooms. Desk/table and chairs in Psych exam rooms.

4. Gowns Provided: If requested.

5. Privacy: Yes

2. Equipment/Laboratory Tests

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

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

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

X-rays, PFT's, Dopplers and blood draws by in-house staff

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

X-rays by (b) (6)

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

Blood work 24-48 hours

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

Yes

3.

Equipment Name and Model

Date Last Cleaned/
Calibrated/Inspected
Cleaned after each
use. Last inspected
1/2/13

- a. X-ray* DKD-350 II General Electric
- b. PFS Puritan Bennett Renaissance II
- c. Treadmill
- d. Doppler Huntleigh Doppler
- e. ECG
- f. EMG
- g. Visual Field
- h. Audiometer
- i. Other

After each use

After each use

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

(b) (6)

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

k. Eye Chart Location: End of a hallway

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

l. Remarks:

l. STAFF

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

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

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

Name: License #: Exp. Date:

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

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 10
(Copy of CE appointment may be attached, if available.)

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

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Records kept in an area inaccessible to the public.
2. How and by whom is the customer's medical/psychological history obtained?
(b) (6)
3. Who actually performs the examination/testing? (b) (6)
4. How much time does the physician/psychologist spend face-to-face with the customer? 30 minutes minimum
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? (b) (6) requests photo ID and CE appointment letter.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

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

N. CUSTOMER IDENTIFICATION

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

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

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

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

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

(b) (6)

(Signature of Reviewer or Head
of Review Team)

9/5/17

(Date)

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

DATE: 08/30/13

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

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

C. TYPES OF EXAMINATIONS CONDUCTED: Internist CE

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

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

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

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: Very good
 - b. Cleanliness: Very good
 - c. Safe location for claimants to travel: Yes

- desk
- d. Handicap Accessibility: Yes; wheel chairs (2) provided and available at
 - e. Public Transportation and Parking: Yes; very good parking
 - f. Emergency Exit Signs: Yes
 - g. Rest Rooms: 3; clean
 - h. Secure location for medical records and computer records: Yes
 - i. Waiting Room

1. Seating Capacity: 18; (Marked with signs - well area/sick area; disability sign-in sheet)

2. Cleanliness: Very clean

j. Examining Rooms

1. Number of Rooms: 3

2. Size, Cleanliness: Standard

3. Furniture (appropriate and sufficient): Appropriate and sufficient

4. Gowns Provided: No, unless needed

5. Privacy: Very good

2. Equipment/Laboratory Tests

a. X-ray – Onsite: Yes No Performed at: (No L-spine if over 300 lbs.)

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

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

(b) (6)

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

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

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

3.

Equipment Name and Model

Date Last Cleaned/
Calibrated/Inspected
03/31/14 - License
Expiration

- a. X-ray* Dunlee
- b. PFS Puritan
- c. Treadmill None
- d. Doppler Elite 100
- e. ECG None
- f. EMG None
- g. Visual Field None
- h. Audiometer None
- i. Other

PB700-today

today

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

(b) (6) Medical Assistant

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

k. Eye Chart Location: hallway

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

l. Remarks: Good

I. STAFF

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

2. General Appearance: (b) (6) -disability(good); (b) (6) (good);
(b) (6) (shirt tail out, needed to shave); (b) (6)

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

(b) (6)

4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State?

5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

(b) (6)

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

c. On file at DDS? Yes No

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

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

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

If needed and arrangements made ahead of time

If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 28
(Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties? 20 min (by sheet)
 - a. comprehensive general medical (Requirement: at least 30 minutes)
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
N/A
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
N/A
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)
3. What is actual length of time for exams to be completed per visit?
25 - 30 minutes

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Done in exam room
11 ft X 8 ft
2. How and by whom is the customer's medical/psychological history obtained?
Medical Assistant
3. Who actually performs the examination/testing? Medical Doctor/Medical
Assistant
4. How much time does the physician/psychologist spend face-to-face with the customer? 20 - 30 minutes
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? Sign-in sheet

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

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

N. CUSTOMER IDENTIFICATION

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

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

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

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

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

(b) (6)

Signature of Reviewer or Head
of Review Team)

8-30-2013

(Date)

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

DATE: 9/4/13

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

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

C. TYPES OF EXAMINATIONS CONDUCTED: Psychological

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

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

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

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

1. Building and office
 - a. Identifiability: Identified with signage that can be seen from the street.
 - b. Cleanliness: Very clean
 - c. Safe location for claimants to travel: Yes
 - d. Handicap Accessibility: No

e. Public Transportation and Parking: Bus stop 2 blocks away, on-street parking only, a community transportation service is also available.

f. Emergency Exit Signs: No

g. Rest Rooms: Single unisex restroom

h. Secure location for medical records and computer records: Records kept with Dr.

i. Waiting Room

1. Seating Capacity: 10

2. Cleanliness: Very clean

j. Examining Rooms

1. Number of Rooms: 2

2. Size, Cleanliness: 10'10"x15' and 10'10"x17' and very clean.

3. Furniture (appropriate and sufficient): Couch, chairs, desk and table

4. Gowns Provided: N/A

5. Privacy: Yes

2. Equipment/Laboratory Tests

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

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

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

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

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

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

3.

Equipment Name and Model

Date Last Cleaned/
Calibrated/Inspected

a. X-ray*

b. PFS

c. Treadmill

d. Doppler

e. ECG

f. EMG

g. Visual Field

h. Audiometer

i. Other

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

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

k. Eye Chart Location: N/A

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

l. Remarks:

I. STAFF

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

2. General Appearance: Business casual

3. Have there been any staff changes since the last onsite visit? Yes No
Indicate name(s) and verify CV(s) have been received and approved. (b) (6)
(b) (6) added.

4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes

5. a. Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Name: License #: Exp. Date:

(b) (6)

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

- c. On file at DDS? Yes No

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

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

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

If yes: GENERAL MASTER ADVANCED

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 9
(Copy of CE appointment may be attached, if available.)

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

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Kept with the Dr.
2. How and by whom is the customer's medical/psychological history obtained?
Dr.
3. Who actually performs the examination/testing? Exam-Dr. Testing Dr or psychometrician
4. How much time does the physician/psychologist spend face-to-face with the customer? 30 minutes minimum
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? (b) (6) or Dr.- CE letter, but will begin requesting photo ID.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

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

N. CUSTOMER IDENTIFICATION

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

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

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

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

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

(b) (6)

(Signature of Reviewer or Head
of Review Team)

9/4/19

(Date)

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

DATE: July 25, 2013

- A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)
- B. OTHER OFFICE LOCATIONS: (b) (6)
- C. TYPES OF EXAMINATIONS CONDUCTED: Internal Medicine
- D. PROVIDER HAS PERFORMED CE_s FOR DDS SINCE: (b) (6)
- E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)
- F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:

(b) (6)

- G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

- H. FACILITIES

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

Equipment Name and Model		Date Last Cleaned/ Calibrated/Inspected
X-ray*	N/A	
PFS	Puritan Bennett Renaissance II	Each use.
Treadmill	N/A	
Doppler	Nicolet Elite 100	Each use.
ECG	N/A	
EMG	N/A	
Visual Field	N/A	
Audiometer	N/A	
Other		

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

(b) (6) working clinic day.

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

Part Location: Hallway.

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

Notes:

and medical specialty (or title for support staff) of each staff member on the day of inspection: None on day of visit. Chiropractic staff provided to clinic.

Staff Appearance: Very professional.

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

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

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

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

(b) (6)

(b) (6)

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

J. SCHEDULING

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

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

K. PROCEDURES

- 1. Privacy and confidentiality of claimant information? Yes. Kept in secured file behind receptionist's desk.
- 2. How and by whom is the customer's medical/psychological history obtained? Personal interview, staff M.D.'s.
- 3. Who actually performs the examination/testing? MD.'s exam/ME's some testing.
- 4. How much time does the physician/psychologist spend face-to-face with the customer? 20-30 minutes.
- 5. Are customers greeted in a friendly, professional manner? Yes No
- 6. How and by whom is the customer identified? DDS letter, photo ID, receptionist.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

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

N. CUSTOMER IDENTIFICATION

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

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

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

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

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

(b) (6)

(Signature of Reviewer or Head
of Review Team)

7/31/13

(Date)

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

DATE: 7/25/13

- A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)
- B. OTHER OFFICE LOCATIONS: (b) (6)
(b) (6)
- C. TYPES OF EXAMINATIONS CONDUCTED: Internal Medicine.
- D. PROVIDER HAS PERFORMED CE_s FOR DDS SINCE: (b) (6)
- E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)
- F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:

(b) (6)
- G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)
- H. FACILITIES
1. Building and office
 - a. Identifiability: Easy to I.D.
 - b. Cleanliness: Very clean.
 - c. Safe location for claimants to travel: Yes.
 - d. Handicap Accessibility: Yes.

- e. Public Transportation and Parking: Bus stop nearby @ corner. Large lot in front of building.
- f. Emergency Exit Signs: Yes.
- g. Rest Rooms: Accessible.
- h. Secure location for medical records and computer records: Yes.
- i. Waiting Room
 - 1. Seating Capacity: 6
 - 2. Cleanliness: Very clean.
- j. Examining Rooms
 - 1. Number of Rooms: 3; 2 for exams, 1 for vitals.
 - 2. Size, Cleanliness: Appropriate size, very clean.
 - 3. Furniture (appropriate and sufficient): Table, desk, stool, chair.
 - 4. Gowns Provided: If needed.
 - 5. Privacy: Yes.

2. Equipment/Laboratory Tests

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

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

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

b.3. Turn-around timeliness, including both the results of the tests and interpretations.
24-48 hours.

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

Equipment Name and Model		Date Last Cleaned/ Calibrated/Inspected
X-ray*	N/A	
PFS	Puritan Bennett Renaissance II	Each use.
Treadmill	N/A	
Doppler	Toe/Resting only. Not available on day of visit.	Each use.
ECG	N/A	
EMG	N/A	
Visual Field	N/A	
Audiometer	N/A	

Other

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

Staff @ facility.

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

Chart Location: End of hallway.

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

Remarks:

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

Overall Appearance: Very professional.

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

the source certify that assistants meet the appropriate licensing or education requirements of the State? Yes.

Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

Licenses not posted @ time of visit.

Name: License #: Exp. Date:

Name: License #: Exp. Date:

Name: License #: Exp. Date:

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

On clinic days all licenses are posted where claimants can see/read them.

On file at DDS? Yes No

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

Do medical source staff speak any language other than English?
 Other language(s) Russian, Romanian, German, French, Ibo No

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

GENERAL MASTER ADVANCED

3

What is the maximum number of CEs scheduled per physician/psychologist per specialty? 24
(If a copy of CE appointment may be attached, if available.)

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

K. PROCEDURES

1. Privacy and confidentiality of claimant information? Kept in secured area behind receptionist's counter.
2. How and by whom is the customer's medical/psychological history obtained? Personal interview, CEMD.
3. Who actually performs the examination/testing? CEMD does exams/Med Asst does some testing.
4. How much time does the physician/psychologist spend face-to-face with the customer? 20-30minutes.
5. Are customers greeted in a friendly, professional manner? Yes No
6. How and by whom is the customer identified? Photo I.D./DDS letter; receptionist.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

Do you transmit CE report electronically? Yes.
Using 1-866-778-4959 ; by website ; by C:D ; etc.

IDENTIFICATION

Does the report include the customer's physical description (e.g., race, eye color, scars or tattoos, a missing finger, limbs, etc. Does the person wear the customer's name and the claim number in the CE report as required by A.7? Yes.

Does the report include customer's name and claim number on every page of report?

Does the report include original signature, printed name, license number, and date on last page of report? Yes No

Does the report include a history of deficient reports from the vendor? Yes No
Does the report discuss deficiencies with vendor and provide vendor with reporting requirements, if needed.

Does the report include a history of late reports? Yes No
Does the report discuss 10-day timeframe and ask vendor how he/she plans to correct

(b) (6)

(Signature of Reviewer or Head
of Review Team)

8/16/13

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

DATE: 7/31/13

- A. NAME AND ADDRESS OF FACILITY/PROVIDER: (b) (6)
(b) (6)
- B. OTHER OFFICE LOCATIONS: (b) (6)
- C. TYPES OF EXAMINATIONS CONDUCTED: Psychological - MSE, WISC-IV, WAIS-IV, BDI-II
- D. PROVIDER HAS PERFORMED CEs FOR DDS SINCE: (b) (6)
- E. PROVIDER CONTACT:
NAME: (b) (6) PHONE NUMBER: (b) (6)
- F. PROVIDER CLASSIFICATION
Key provider or top five CE provider by dollar volume:

(b) (6)
- G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)
- H. FACILITIES
1. Building and office
 - a. Identifiability: Easily Identified from Street
 - b. Cleanliness: Very clean
 - c. Safe location for claimants to travel: Yes
 - d. Handicap Accessibility: Yes

- e. Public Transportation and Parking: Bus stop within a block, plenty of parking, free valet parking available
- f. Emergency Exit Signs: Yes
- g. Rest Rooms: One small bathroom in office. Sign posted stating handicap accessible is located elsewhere in building
- h. Secure location for medical records and computer records: Yes.
- i. Waiting Room
 - 1. Seating Capacity: 7
 - 2. Cleanliness: very clean, smelled nice
- j. Examining Rooms
 - 1. Number of Rooms: 1 designated for (b) (6), 3 rooms total
 - 2. Size, Cleanliness: adequate size and very clean
 - 3. Furniture (appropriate and sufficient): minimal, (b) (6) is leaving this office, only had a table and 2 chairs.
 - 4. Gowns Provided: n/a
 - 5. Privacy: Yes

2. Equipment/Laboratory Tests

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

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

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

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

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

3.

Equipment Name and Model

Date Last Cleaned/
Calibrated/Inspected

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

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

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

k. Eye Chart Location: N/A

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

l. Remarks:

I. STAFF

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

2. General Appearance: Professional

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

the source certify that assistants meet the appropriate licensing or
cation requirements of the State?

Include name of each medical consultant and/or medical support staff, a
well as medical license number and date of expiration. If more space is
needed, please attach another page.

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

Name: License #: Exp. Date:

Name: License #: Exp. Date:

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

On file at DDS? Yes No

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

medical source staff speak any language other than English?
 Other language(s) No

ified sign language interpreter must have either a General Master license
Advanced license. Are any employees qualified to communicate in sign
ge? Yes No

GENERAL MASTER ADVANCED

3

s the maximum number of CEs scheduled per physician/psychologist per
r specialty? Depends on hours in the office, 15-30, today - 16
of CE appointment may be attached, if available.)

2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
- a. comprehensive general medical (Requirement: at least 30 minutes)
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered) 30-minutes, allowing 15 minutes for no shows
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)
3. What is actual length of time for exams to be completed per visit?
30+ minutes

K. PROCEDURES

- 1. Privacy and confidentiality of claimant information? Kept behind door, inaccessible to claimants
- 2. How and by whom is the customer's medical/psychological history obtained?
(b) (6)
- 3. Who actually performs the examination/testing? (b) (6)
- 4. How much time does the physician/psychologist spend face-to-face with the customer? 30+ minutes
- 5. Are customers greeted in a friendly, professional manner? Yes No
- 6. How and by whom is the customer identified? (b) (6) called (b) (6) own claimant's back.

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

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

N. CUSTOMER IDENTIFICATION

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

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

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

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

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

(b) (6)

(Signature of Review Team)

7/31/13

(Date)

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

DATE: 8/20/2013

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

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

C. TYPES OF EXAMINATIONS CONDUCTED: Psychological.

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

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

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

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

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

- e. Public Transportation and Parking: Bus stop in front of bldg., street parking, large parking garage next to bldg.
 - f. Emergency Exit Signs: Yes.
 - g. Rest Rooms: In lobby & on office floor.
 - h. Secure location for medical records and computer records: Yes.
 - i. Waiting Room
 - 1. Seating Capacity: 8
 - 2. Cleanliness: Very clean.
 - j. Examining Rooms
 - 1. Number of Rooms: 1
 - 2. Size, Cleanliness: Appropriate size, very clean.
 - 3. Furniture (appropriate and sufficient): Desk, table 3 chairs.
 - 4. Gowns Provided: N/A
 - 5. Privacy: Yes
2. Equipment/Laboratory Tests N/A—Psychological Exams Only.
- a. X-ray – Onsite: Yes No Performed at:
 - b. Lab Work – Onsite: Yes No Performed at:
 - b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)?
 - b.2. Interpreted by (if a non-physician, state the interpreter's qualifications): qualifications):
 - b.3. Turn-around timeliness, including both the results of the tests and interpretations.
 - b.4. If tests are performed by an outside source, does the provider have an effective working relationship with the outside lab?

3.

Equipment Name and Model

Date Last Cleaned/
Calibrated/Inspected

a. X-ray*

b. PFS

c. Treadmill

d. Doppler

e. ECG

f. EMG

g. Visual Field

h. Audiometer

i. Other

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

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

k. Eye Chart Location:

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

l. Remarks:

I. STAFF

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

2. General Appearance: Very professional.

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

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

Name: License #: Exp. Date:

(b) (6)

Name: License #: Exp. Date:

Name: License #: Exp. Date:

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

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 11 this day; see attached schedule.
(Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
- a. comprehensive general medical (Requirement: at least 30 minutes)

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

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

K. PROCEDURES

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

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

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

N. CUSTOMER IDENTIFICATION

vider including the customer's physical description (e.g., race, eyes, ears or tattoos, a missing finger, limbs, etc. Does the person wear customer's name and the claim number in the CE report as required A.7? Yes.

der include customer's name and claim number on every page of

ider include original signature, printed name, license number, and date on last page of report? Yes No

ent history of deficient reports from the vendor? Yes No
discuss deficiencies with vendor and provide vendor with reporting if needed.

ent history of late reports? Yes No
discuss 10-day timeframe and ask vendor how he/she plans to correct

(b) (6)

(Signature of Reviewer
of Review Team)

8/30/13

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

DATE: 7/31/13

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

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

C. TYPES OF EXAMINATIONS CONDUCTED: Internist

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

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

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

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

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

Public Transportation and Parking: Bus stop within a block, plenty of parking, free valet parking available

Emergency Exit Signs: Yes

Rest Rooms: One small bathroom in office. Sign posted stating handicap accessible is located elsewhere in building

Secure location for medical records and computer records: Yes

Waiting Room

1. Seating Capacity: 7
2. Cleanliness: very clean, smelled nice

Examining Rooms

1. Number of Rooms: 1 exam room for (b) (6) 1 exam room for PFTs, 3 total exam rooms in office
2. Size, Cleanliness: adequate size and very clean
3. Furniture (appropriate and sufficient): Yes and Yes
4. Gowns Provided: available, although not used
5. Privacy: Yes

Imaging/Laboratory Tests

X-ray – Onsite: Yes No Performed at: Gateway Regional

Lab Work – Onsite: Yes No Performed at: Gateway Regional

b.1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications)? PFTs – (b) (6), Medical Assistant

b.2. Interpreted by (if a non-physician, state the interpreter's qualifications): qualifications: (b) (6) Medical Assistant

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

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

Equipment Name and Model		Calibrated/Inspected
X-ray*	N/A	
PFS	Welch Allyn Schiller AT-10, cleaned after each use, was calibrated/inspected today & is done so daily	
Treadmill	N/A	
Doppler	N/A	
ECG	N/A	
EMG	N/A	
Visual Field	N/A	
Audiometer	N/A	
Other	N/A	

Who, and with what qualification, is responsible for cleaning, calibrating and inspecting medical equipment? (b) (6) Medical Assistant

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

Chart Location: Hallway on back of door

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

Remarks:

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

Physical Appearance: Professional

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

Can the source certify that assistants meet the appropriate licensing or education requirements of the State?

Include name of each medical consultant and/or medical support staff, as well as medical license number and date of expiration. If more space is needed, please attach another page.

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

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

On file at DDS? Yes No

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

Do medical source staff speak any language other than English?
 Other language(s) No

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

License type: GENERAL MASTER ADVANCED

16

What is the maximum number of CEs scheduled per physician/psychologist per specialty? 16
(A copy of CE appointment may be attached, if available.)

2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
- a. comprehensive general medical (Requirement: at least 30 minutes) 20 minutes, allowing for no shows
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)
3. What is actual length of time for exams to be completed per visit?
20-30 minutes with (b) (6) 5 Minutes with (b) (6) for vitals/weight/vision; 15-60 minutes with (b) (6) for PFTs

K. PROCEDURES

- 1. Privacy and confidentiality of claimant information? Kept behind door.
- 2. How and by whom is the customer's medical/psychological history obtained?
(b) (6)
- 3. Who actually performs the examination/testing? (b) (6)
Medical Assistant
- 4. How much time does the physician/psychologist spend face-to-face with the customer? 20-30 minutes
- 5. Are customers greeted in a friendly, professional manner? Yes No
- 6. How and by whom is the customer identified? (b) (6)

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

or transmit CE report electronically?

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

IDENTIFICATION

vider including the customer's physical description (e.g., race, eye color, ears or tattoos, a missing finger, limbs, etc. Does the person wear customer's name and the claim number in the CE report as required by 5 A.7? yes

ider include customer's name and claim number on every page of report

vider include original signature, printed name, license number, and te on last page of report? Yes No

ent history of deficient reports from the vendor? Yes No
discuss deficiencies with vendor and provide vendor with reporting, if needed.

ent history of late reports? Yes No
discuss 10-day timeframe and ask vendor how he/she plans to correct

(b) (6)

(Signature of Reviewer or Head of Review Team)

7/31/13

(Date)

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

DATE: 7/09/13

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

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

C. TYPES OF EXAMINATIONS CONDUCTED: Internist

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

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

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

(b) (6)

G. TYPE OF REVIEW/REASON FOR VISIT

(b) (6)

H. FACILITIES

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

e. Public Transportation and Parking: 24 parking spots. Southern Central Transit (SCT) bus for the handicap requires prior arrangements.

f. Emergency Exit Signs: Yes

g. Rest Rooms: 1 accessible unisex rest room.

h. Secure location for medical records and computer records: Kept with (b) (6) or (b) (6) nurse (b) (6) in a secure nurse's station out of public view.

i. Waiting Room

1. Seating Capacity: 5

2. Cleanliness: very clean

j. Examining Rooms

1. Number of Rooms: 1

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

3. Furniture (appropriate and sufficient): exam table, chair, stool, and small table.

4. Gowns Provided: if requested

5. Privacy: Yes

2. Equipment/Laboratory Tests

a. X-ray – Onsite: Yes No Performed at: Good Samaritan Hospital, Mt Vernon

b. Lab Work – Onsite: Yes No Performed at: Good Samaritan Hospital, Mt Vernon

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

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

b.3. Turn-around timeliness, including both the results of the tests and interpretations.
2-3 days

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

3.

Equipment Name and Model

Date Last Cleaned/
Calibrated/Inspected

a. X-ray* NA

b. PFS Welch Allyn Schiller AT-10

cleaned and
callibrated with each
use

c. Treadmill NA

d. Doppler NA

e. ECG NA

f. EMG NA

g. Visual Field NA

h. Audiometer NA

i. Other

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

(b) (6)

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

k. Eye Chart Location: Hallway between exam rooms

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

l. Remarks:

l. STAFF

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

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

J. SCHEDULING

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty? 22
(Copy of CE appointment may be attached, if available.)
2. What are the minimum interval times that the CE provider schedules for the following medical specialties?
 - a. comprehensive general medical (Requirement: at least 30 minutes)
20 and 40 minute intervals to allow for no-shows
 - b. comprehensive musculoskeletal or neurological (Requirement: at least 20 minutes)
 - c. comprehensive psychiatric (Requirement: at least 40 minutes)
 - d. psychological (Requirement: Mental status only, 40 minutes; others at least 60 minutes – additional time may be required depending on types of psychological tests administered)
 - e. all others (Requirement: at least 30 minutes or in accordance with accepted medical practice)
3. What is actual length of time for exams to be completed per visit?
30 minutes

K. PROCEDURES

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

L. EXIT INTERVIEWS OF CLAIMANTS (Attach to Protocol)

M. Does provider transmit CE report electronically?

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

N. CUSTOMER IDENTIFICATION

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

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

Yes No

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

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

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

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

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

(b) (6)

(Signature of Reviewer or Head of Review Team)

10/18/13

(Date)

DI 39545.525 Exhibit 1 – Suggested Protocol for DDS Onsite Reviews of Consultative Examination (CE) Providers

Date: April 18, 2013

- A. Name and address of facility/provider (b) (6), (b) (6)
(b) (6)
- B. Other office locations (b) (6)
- C. Types of examinations conducted Physical, Psychological, Psychiatric Speech/Language and Visual examinations
- D. Provider has performed consultative examinations (CEs) for DDS since (b) (6)
- E. Provider contact name and phone number (b) (6)
- F. Provider classification
Key provider or top five CE provider by dollar volume
(b) (6)
- G. Reason for visit (b) (6)
- H. Facilities
1. Building
 - a. Identifiability Very good
 - b. Cleanliness Good
 - c. Safe location for claimants to travel: Yes, location is safe
 - d. Handicap Accessibility: Yes, handicap accessible
 - e. Public Transportation and Parking: Yes, location is on (b) (6)
 - f. Emergency Exit Signs: Yes
 - g. Rest Rooms: Yes
 - h. Secure location for medical records and computer records: Yes, separate room where all records are stored
 2. Equipment/Laboratory Tests
 - a. Onsite Pulmonary function tests, EKGs and digital X-rays
 - b. Offsite Blood tests performed by Quest, treadmills ETT and exercise treadmills, interpretation of x-rays read off-site by Joliet Radiology Services
- I. Staff
1. Professionalism: yes very professional
 2. Claimants greeted timely: Yes
 3. Current Licensing:
 - a. Displayed: Yes displayed in large frame in center hallway
 - b. On file at DDS: Yes
 4. Does medical source speak any language other than English? Yes
If so, which language? Spanish. There is a Spanish speaking psychologist on staff.
- J. Scheduling
1. What is maximum number of CEs scheduled per medical source per day per specialty?
10-12 per day for internist and 7-8 per day for psychologist
 2. What are minimum interval times that the CE provider schedules for an exam?

3. What is actual length of time for exams to be completed per visit? 30 minutes for Internist, 45 minutes for Psychiatrists and 60 minutes of Psychologists

K. Procedures

1. Privacy and confidentiality of claimant information: Yes all confidential
2. How and from who is the claimant's medical/psychological history obtained? Medical Assistant for Ophthalmologists and the Physicians/psych staff take the medical history from the claimant.
3. How much time does the medical source spend face-to-face with the claimant? 30 to 60 minutes
4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes those licenses and certifications are on display in the office

L. Laboratories

1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications) Quest for blood tests, Juliet Radiology Services for interpretation of x-rays, treadmill and exercise treadmill are performed by hospitals
2. Interpreted by (if by a non-physician, state the interpreter's qualifications). All qualifications are met
3. Turnaround timeliness, including both the results of the tests and interpretations. X-rays are interpreted the next business day. All reports are done timely.

M. Exit Interviews of Claimants: Yes, performed 10 exit interviews and no complaints from the claimants.

N. Does provider transmit CE report electronically? If so, fax, website, CD, etc. Reports are sent to the DDS via ERE and Non-DMA are faxed to the DDS.

Great visit to this facility. Waiting area is clean with seating for 54 claimants. This facility contacts the claimant by letter to remind them of the appointment as well as send the claimant directions to the facility. Examining rooms are clean with table, chairs, cabinets that are secured with locks. A gown is provided to the claimant before physical examination, if necessary. All equipment is tested and certified. Pulmonary function machine is calibrated every day before the office is open for business.

There is no child psychologist on staff currently.

This facility schedules 59 to 80 examinations a day for their medical and psych staff. There are 10 examining rooms in this large facility. Turnaround time for reports to the DDS, including transcription service, is 6 to 7 days.

I examined this facility on 6/28/2011 and they have not changed their business process. Very impressive.

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Date: April 18, 2013

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K. Procedures

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- 1.Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications) Quest for blood tests, Juliet Radiology Services for interpretation of x-rays, treadmill and exercise treadmill are performed by hospitals
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2013
CONSULTATIVE EXAMINATION
MANAGEMENT/OVERSITE
REPORT
IOWA DDS

(b) (6)

PROFESSIONAL RELATIONS OFFICER

10/2013

CE Management/Oversite Report Iowa Disability Determination Services

10/2013

VENDOR COMPLAINTS:

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

1. Whomever receives the complaint should:
 - a) Obtain claimant name,
 - b) Obtain name of CE provider,
 - c) Obtain general nature of complaint if possible,
 - d) Inform claimant that if they wish to make a formal complaint, the complaint must be submitted in writing and sent to the DDS Professional Relations Officer (PRO), who will contact the claimant if further information is needed.
 - e) Provide the general information to the PRO or in his/her extended absence to the supervisor of the examiner handling the case.

2. The PRO (or supervisor) will:
 - a) Generally, obtain a copy of the CE report before contacting the CE source to see if the provider mentions the alleged problem. In some cases, however, the complaint may be so significant that it would not be appropriate to wait for the report. When the PRO determines the appropriate time to contact the provider, the contact may be by phone, mail, or in person, whichever the PRO feels is most appropriate. The provider should be informed of the nature of the complaint and offered an opportunity to respond, preferably in writing. If the response is received verbally, the PRO will write a summary and send it to the provider to verify its accuracy.
 - b) Review DDS records and state licensing information for any past complaints or sanctions. PRO may survey other claimants with past exams for similar issues.
 - c) Review the evidence and make a conclusion as to the credibility of the allegations. Next steps depend on if the allegation is deemed credible and the nature of the complaint. The PRO may; counsel the provider, remove the provider from the list of authorized CE providers, or report the provider to the appropriate licensing board. Future CEs may be cancelled if necessary. The PRO may consult with the Bureau Chief or designated staff in the Center for Disability Programs (CDP) in the Regional Office.
 - d) Send a final report to the claimant, the provider, the Bureau Chief, the disability examiner, the unit supervisor, and the designated staff person in the CDP. The PRO will keep a file of all complaints by fiscal year as well as by provider.

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

(2)

ONSITE REVIEWS:

The following vendors received an onsite visit this fiscal year.

Name:	City:	Specialty:
1. Plains Area MHC	Northwest Iowa	Psychology
2. Ron Alley, DO	Des Moines	General Practice
3. Northeast IA Family Practice	Waterloo	General Practice
4. Family Counseling & Psychology	Bettendorf	Psychology
5. Psychology Health Group	Davenport	Psychology

KEY VOLUME VENDORS IN IOWA – May15, 2012- MAY 15, 2013

Rank for Previous Period	Rank for This Period	Name	Amount Paid This Period
2	1	Carroll Roland, PHD	\$148,710
1	2	Rich Martin, PHD	\$128,905
4	3	Wahl Psychological Services	\$120,060
6	4	Consultants in Disability	\$111,967
3	5	John Kuhnlein, DO	\$93,181
5	6	Harlan Stientjes, PHD	\$86,565
X	7	Plains Area MHC	\$82,353
10	8	Roger Mraz, PHD	\$79,886
7	9	Rosanna Jones Thurmond, PHD	\$76,800
X	10	Ron Alley, DO	\$69,485
		Total paid out this period	\$997,912
		Total paid out last period	\$1,035,575

The following vendors were not reviewed this year: Tim Wahl, PHD, John Kuhnlein, DO, and Rosanna Jones Thurman, PHD, as they were all reviewed in 2012. Rich Martin, PHD, Consultants in Disability and Associates for Psych Therapy were all reviewed in 2011. Carol Roland, PHD, Harlan Stientjes, PHD and Roger Mraz, PHD all were reviewed in 2010.

The following vendors received an onsite visit this year; Plains Area Mental Health Center and Ron Alley, DO are both new to the top ten and have never been reviewed in the past. Family Counseling and Psychology, NE IA Family Practice and Psychology Health Group also received an onsite visit, as these clinics have consistently ranked in the top 20, but have not been reviewed in the past 5 years.

(3)

CE STATISTICS:

1) Number of CE providers on CE panel;

The Iowa DDS utilizes approximately 210 physical clinic locations, 145 psychological clinic locations and 80 outpatient vendors (i.e. Hospital Radiology Depts.) for consultative examinations. Over 50 Physical Therapy vendors are also utilized by the agency.

2) Credentials Checks:

The IA Board of Medical Examiners provides a public website, www.medicalboard.iowa.gov, which lists licensing information including expiration dates. This information is placed in a spreadsheet and on the agency legacy system. At the start of each month, the spreadsheet is checked to identify any vendors whose license was set to expire. A new check of the website will indicate if the prior expiration date has changed. The new expiration date is noted on the spreadsheet and the legacy system. Those that have lapsed are contacted. Proof of licensure is required. The vendor is suspended until proof of current state licensing is obtained. A yearly check is made on all CE vendors on the national vendor suspension list. (Review was completed in August 2013.) The national list is also reviewed for each new CE vendor.

3) License and credentials of CE support personnel:

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

IOWA FEE SCHEDULE MANAGEMENT - 2013:

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

ERE ACTIVITIES:

The Iowa DDS has made extensive progress in the obtainment of electronic medical records. At this point, over 96% of the state's CE vendors have agreed to send in their reports electronically through the fax server or ERE website. Nearly 3,000 CE reports are obtained annually using ERE

Over 5,500 MER vendors including all Iowa Hospitals are now accepting the agency disability requests through Outbound Fax.

Healthport continues sending in all requests through "Connect Direct."

Over 180 Additional MER vendors were added this year to ERE and all have begun using the ERE fiscal process to request payment. This year's additions will equate to over 5,200 additional MER documents annually.

The agency now receives over 82% of all medical records electronically. Nearly 21,000 MER documents will be received through the ERE website annually.

(b) (6), *Professional Relations Officer (2013)*

Attachment 1

2013 Iowa DDS Fee Schedule

2013 IOWA DDS FEE SCHEDULE FOR CONSULTATIVE EXAMINATIONS

MENTAL EXAMS:	Reimbursement	CPT Coding	DDS Code
• WAIS – IV	\$250	96101	00800
• WISC – IV	\$250	96101	00801
• Wechsler Memory Scale IV	\$250	96101	00802
• Mental Status Only	\$200	96101	00803
• Mental Status with Testing	\$100	96101	00804
• Bender Gestalt	\$100	96101	00806
• Denver Developmental	\$80	96101	00807
• Vineland Scale	\$150	96101	00808
• Stanford Binet	\$200	96101	00809
• WPPSI	\$225	96101	00810
• WRAT	\$75	96101	00811
• Bailey Infant Scale	\$125	96111	00812
• Consultative (Psychiatric)	\$206	99205	00700
PHYSICAL EXAMINATIONS:			
• Consultative (General)	\$206	99205	00200
• Consultative (General with ROM)	\$240	99205, 95851	00200R
• Consultative (Cardiac)	\$206	99205	00500
• Consultative (Orthopedic)	\$240	99205, 95851	00100
• Consultative (Neurological)	\$206	99205,	00600
• Consultative (Neurological with ROM)	\$240	99205, 95851	00600R
• Consultative (Pediatric)	\$206	99205	01600
• Consultative (Pediatric with ROM)	\$240	99205, 95851	01600R
• Consultative (Otological with Audiogram)	\$259	99205, 92557	01000
• Audiometric (Testing Only)	\$53	92557, 92567	92557
• Consultative (Speech/Language)	\$321	99203, 92506	00300
• Consultative (Ophthalmological with Fields)	\$272	99205, 92083	00900
• Consultative (Ophthalmological – No Fields)	\$206	99205	00901
• Field Testing Only	\$66	92083	92083
• Treating Source (Office Visit - 15 Min)	\$73	99213	00400
• Treating Source (Complete Exam)	\$145	99215	00401
• Treating Source (Complete Exam with ROM)	\$179	99215, 95851	00401R
• Physical Therapy Exam	\$162	97001, 95851, 95834	97001
• ROM Chart	\$34	95851, 95852	95851
• Fibromyalgia Chart	\$52	95834	95834
LABORATORY:			
• Venipuncture (Blood Draw)	\$4.00	36415	36415
• Metabolic Panel (Multi-Channel)	\$17.00	80053, 36415	80053
• Drug Screen (Dilantin)	\$21.00	80185, 36415	80185
• Drug Screen (Depakane)	\$21.00	80164, 36415	80164
• Drug Screen (Mysolene)	\$26.00	80188, 36415	80188
• Drug Screen (Phenobarbital)	\$18.00	80184, 36415	80184
• Drug Screen (Tegretol)	\$23.00	80156, 36415	80156
• Creatinine	\$8.00	82565, 36415	82565
• Hematocrit	\$4.00	85014, 36415	85014
• Hemoglobin	\$4.00	85018, 36415	85018
• R.A. Factor	\$9.00	86430, 36415	86430
• Sedimentation Rate	\$6.00	85651, 36415	85651
• Serum Potassium	\$7.00	84132, 36415	84132
• CBC with Hematocrit	\$12.00	85025, 36415	85025
• Lead Level	\$19.00	83655, 36415	83655
• Urinalysis	\$5.00	81000	81000

STUDIES:	Reimbursement	CPT Coding	DDS Code
• PFS – Technical with Interpretation	\$150	94060	94060
• DLCO's	\$107	94729 94727	94720
• Resting Blood Gases	\$24	82803, 36415	82803
• Resting Doppler's	\$142	93923	93923
• Exercise Doppler's	\$221	93924, 93017	93924
• Stress Test Interpretation only	\$14	93018	93018
• Stress Test Technical only	\$49	93017, 84132	93017
• Stress Test and Interpretation	\$86	93015, 84132	93015
• Electrocardiogram	\$18	93000	93000
• Electroencephalogram (EEG)	\$406	95816	95816

XRAYS:	<u>TOTAL</u>	<u>TECH</u>	<u>INTERP</u>		<u>TECH</u>	<u>INTER</u>
• Ankle	\$53.00	\$38.00	\$15.00	73600	73600	23600
• Cervical Spine	\$71.00	\$51.00	\$20.00	72040	72040	22040
• Chest (AP & lateral view)	\$55.00	\$36.00	\$19.00	71020	71020	21020
• Clavicle	\$53.00	\$38.00	\$15.00	73000	73000	23000
• Elbow	\$52.00	\$38.00	\$14.00	73070	73070	23070
• Femur	\$51.00	\$35.00	\$16.00	73550	73550	23550
• Foot	\$49.00	\$36.00	\$13.00	73620	73620	23620
• Forearm	\$50.00	\$36.00	\$14.00	73090	73090	23090
• Hand	\$51.00	\$36.00	\$15.00	73120	73120	23120
• Hip	\$71.00	\$51.00	\$20.00	73510	73510	23510
• Knee	\$57.00	\$40.00	\$17.00	73560	73560	23560
• LS Spine	\$66.00	\$46.00	\$20.00	72100	72100	22100
• Pelvis	\$48.00	\$32.00	\$18.00	72170	72170	22170
• Rib	\$73.00	\$50.00	\$23.00	71110	71110	21110
• Shoulder	\$56.00	\$38.00	\$18.00	73030	73030	23030
• Thoracic Spine	\$60.00	\$41.00	\$19.00	72070	72070	22070
• Tibia and Fibula (Leg)	\$50.00	\$35.00	\$15.00	73590	73590	23590
• Wrist	\$57.00	\$41.00	\$16.00	73100	73100	23100

RARE MENTAL:			
• Neuropsychological Assessment	\$600		96101 00814
• Neuro-Cognastat	\$150		96101 00815
• Executive Functioning Battery	\$100		96101 00816
• Test of Variable Attention	\$100		96101 00817
• Beck Anxiety Inventory			
• \$25	96101	00818	
• Beck Depression Inventory	\$25		96101 00819
• Beck Hopelessness Inventory	\$25		96101 00820
• Rey 15-Item Memory Test	\$50		96101 00822
• Rey Auditory- Verbal Learning Test	\$150		96101 00823
• Ray Complex Figure Test	\$100		96101 00824
• Raven Standard Progressive Matrices	\$150		96101 00825
• Draw – a – Person Test	\$50		96101 00826

OTHER:			
• Ear Wax Removal	\$50		69210 69210
• Exam Room Fee	\$30		99999 99999
• Medical Record Review (Max. 2Hrs)	\$65 (Per Hr.)		99100 99100

Attachment 2

2013 Iowa DDS Onsite Reviews

2013 ONSITE REVIEW – (b) (6)

Date: *9/19/2013*

Provider:

Name: (b) (6)

Address: (b) (6)

Other Locations: (b) (6)

Examinations Conducted: *Psychological Examinations*

Number of CE's performed (Since): (b) (6)

Phone Number: (b) (6)

Classification: (b) (6)

Review Type: *Comprehensive*

Facility:

Identifiably – *Large Sign*

Cleanliness – *Well-kept appearance*

Handicap Accessibility - *Yes*

Public Transportation – *Bus service available*

Parking Lot – *Large, handicap accessible*

Emergency Exit Signs - *Yes*

Rest Rooms - *Large, handicap accessible*

Waiting Room – *Very well kept – 15 chairs*

Examining Rooms – *Evaluation done in doctors personal office – Separate testing room*

Staff:

General Appearance – *Very Professional*

Doctor's specialty – *Psychology*

Psychologist license number - (b) (6)

Does the psychologist speak easy-to-understand English? – *Yes*

Does the psychologist speak another language of the claimant? - *No*

Scheduling:

What is the maximum number of CEs scheduled per day? *6*

Procedures:

Are claimants greeted in a friendly, professional manner? - *Yes*

How long was it before they were greeted? *Immediately*

How and by whom is the claimant identified? *The Doctor*

Who obtains the claimant's medical/psychological history? *The Doctor*

Who obtains the claimant's physical/psychological examination? *The Doctor*

How much time does the psychologist spend face-to-face with the claimant? *Time depends on test type, usually 1-2 hrs.*

Do assistants to the psychologist meet appropriate licensing requirements of the State? – *N/A*

Is the claimant's physical description and claim number in the CE report? - *Yes*

(Signature of Reviewer) **(b) (6)** Date: *9/23/2013*

2013 ONSITE REVIEW – (b) (6)

Date: *8/2/2013*

Provider:

Name: (b) (6)

Address: (b) (6)

Other locations: (b) (6)

Examinations Conducted: *General Physical Examinations*

Number of CE's performed (since): (b) (6)

Phone Number: (b) (6)

Classification - (b) (6)

Review Type - *Comprehensive*

Facility:

Identifiably – *Easy to locate/On-main road*

Cleanliness – *Very Clean*

Handicap Accessibility - *Yes*

Public Transportation – *Bus Stop across the street*

Parking Lot – *Large – Handicap spaces directly outside of office*

Emergency Exit Signs - *Yes*

Rest Rooms – *Large – Handicap accessible*

Waiting Room – *Very Clean – 16 Chairs*

Examining Rooms – *3, Modern and well maintained*

Gowns Provided – *Yes*

Equipment/Laboratory Tests – *Lab and X-rays done in Office*

Eye Chart Location – *Well marked out and adequately lit.*

Staff

General Appearance – *Very Professional*

Doctor's specialty – *Family Practice*

Does the physician speak easy-to-understand English? - *Yes*

Does the physician speak another language? – *No*

Is someone trained in (CPR) on the premises at all times? - *Yes*

Is an emergency/resuscitation cart easily accessible? - *Yes*

Scheduling:

Maximum number of CEs scheduled per day? - *6*

Procedures:

Are claimants greeted in a friendly, professional manner? - *Yes*

How long was it before they were greeted? – *Immediately*

How and by whom is the claimant identified? – *The doctor*

Who obtains the claimant's medical/psychological history? - *The doctor*

Who performs the examination? – *The doctor*

How much time does the physician spend face-to-face with the claimant? *30-40 minutes*

Do assistants to the physician meet appropriate licensing requirements of the State? - *Yes*

Is the claimant's physical description and claim number in the CE report? - *Yes*

(Signature of Reviewer) – (b) (6) Date *8/2/2013*

2013 ONSITE REVIEW – (b) (6)

Date: *8/8/2013*

Provider:

Name: (b) (6)

Address: (b) (6)

Other Locations: (b) (6)

Examinations Conducted: *Psychological Examinations*

Number of CE's performed (Since): (b) (6)

Phone Number: (b) (6)

Classification: (b) (6)

Review Type: *Comprehensive*

Facility:

Identifiably – *Large Sign*

Cleanliness – *Well-kept appearance*

Handicap Accessibility - *Yes*

Public Transportation – *Bus service available*

Parking Lot – *Free street parking*

Emergency Exit Signs - *Yes*

Rest Rooms - *Large, handicap accessible*

Waiting Room – *Very well kept – 6 chairs*

Examining Rooms – *Evaluation done in doctors personal office*

Staff:

General Appearance – *Very Professional*

Doctor's specialty – *Psychology*

Psychologist license number - (b) (6)

Does the psychologist speak easy-to-understand English? – *Yes*

Does the psychologist speak another language of the claimant? - *No*

Scheduling:

What is the maximum number of CEs scheduled per day? *6*

Procedures:

Are claimants greeted in a friendly, professional manner? - *Yes*

How long was it before they were greeted? *Immediately*

How and by whom is the claimant identified? *The Doctor*

Who obtains the claimant's medical/psychological history? *The Doctor*

Who obtains the claimant's physical/psychological examination? *The Doctor*

How much time does the psychologist spend face-to-face with the claimant? *Depends on test type, usually 1-2 hrs*

Do assistants to the psychologist meet appropriate licensing requirements of the State? – *N/A*

Is the claimant's physical description and claim number in the CE report? - *Yes*

(Signature of Reviewer) *(b) (6)* Date: *08/08/2013*

2013 ONSITE REVIEW – (b) (6)

Date: *9/19/2013*

Provider:

Name: (b) (6)

Address: (b) (6)

Other Locations: (b) (6)

Examinations Conducted: *Psychological Examinations*

Number of CE's performed (Since): (b) (6)

Phone Number: (b) (6)

Classification: (b) (6)

Review Type: *Comprehensive*

Facility:

Identifiably – *Large Sign*

Cleanliness – *Well-kept appearance*

Handicap Accessibility - *Yes*

Public Transportation – *Bus service available*

Parking Lot – *Large, handicap accessible*

Emergency Exit Signs - *Yes*

Rest Rooms - *Large, handicap accessible*

Waiting Room – *Very well kept – 20 chairs*

Examining Rooms – *Evaluation done in doctors personal office*

Staff:

General Appearance – *Very Professional*

Doctor's specialty – *Psychology*

Psychologist license number - (b) (6)

Does the psychologist speak easy-to-understand English? – *Yes*

Does the psychologist speak another language of the claimant? - *No*

Scheduling:

What is the maximum number of CEs scheduled per day? *5*

Procedures:

Are claimants greeted in a friendly, professional manner? - *Yes*

How long was it before they were greeted? *Immediately*

How and by whom is the claimant identified? *The Doctor*

Who obtains the claimant's medical/psychological history? *The Doctor*

Who obtains the claimant's physical/psychological examination? *The Doctor*

How much time does the psychologist spend face-to-face with the claimant? *Usually 1-2 hrs*

Do assistants to the psychologist meet appropriate licensing requirements of the State? – *N/A*

Is the claimant's physical description and claim number in the CE report? - *Yes*

(Signature of Reviewer) **(b) (6)** Date: *9/23/2013*

2013 ONSITE REVIEW – (b) (6)

Date: *9/11/2013*

Provider:

Name: (b) (6)

Address: (b) (6)

Other locations: (b) (6)

Examinations Conducted: *General Physical Examinations*

Number of CE's performed (since): (b) (6)

Phone Number: (b) (6)

Classification - (b) (6)

Review Type - *Comprehensive*

Facility:

Identifiably – *Easy to locate/On-main road*

Cleanliness – *Very Clean*

Handicap Accessibility - *Yes*

Public Transportation – *Bus Stop across the street*

Parking Lot – *Large – Handicap spaces directly outside of office*

Emergency Exit Signs - *Yes*

Rest Rooms – *Large – Handicap accessible*

Waiting Room – *Very Clean – 12 Chairs*

Examining Rooms – *3, Modern and well maintained*

Gowns Provided? – *Yes*

Equipment/Laboratory Tests – *No Lab or X-rays in Office*

Eye Chart Location – *Well marked out and adequately lit.*

Staff

General Appearance – *Very Professional*

Doctor's specialty – *Geriatrics and Family Practice*

Does the physician speak easy-to-understand English? - *Yes*

Does the physician speak another language? – *No*

Is someone trained in (CPR) on the premises at all times? - *Yes*

Is an emergency/resuscitation cart easily accessible? - *No*

Scheduling:

Maximum number of CEs scheduled per day? - *2-3*

Procedures:

Are claimants greeted in a friendly, professional manner? - *Yes*

How long was it before they were greeted? – *Immediately*

How and by whom is the claimant identified? – *The doctor*

Who obtains the claimant's medical/psychological history? - *The doctor*

Who performs the examination? – *The doctor*

How much time does the physician spend face-to-face with the claimant? *60 minutes*

Do assistants to the physician meet appropriate licensing requirements of the State? - *Yes*

Is the claimant's physical description and claim number in the CE report? - *Yes*

(Signature of Reviewer) – (b) (6) Date *9/11/2013*

**Kansas City Regional Office Review of
Kansas City Missouri DDS Management of the CE Process
August 7, 2013**

The Kansas City Regional Office visited the Kansas City, Missouri DDS for a Consultative Examination (CE) oversight visit on August 7, 2013. (b) (6), Professional Relations Officer (PRO), and (b) (6) 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 assured that only necessary CEs are ordered when reviewing CE reports for quality? What other areas does the QA unit cover to monitor DDS purchase of medical evidence?*

The DDS requires medical consultant (MC) or supervisory review of CEs ordered by new examiners and by experienced 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 the reports submitted by new CE providers. DDS Examiners, MCs, QA personnel reports, and the assistant district supervisor report quality issues with the reports from other CE providers to the PRO.

The medical consultants assist the PRO and call vendors when quality problems are noted and when the PRO feels a doctor-to-doctor contact would more effectively address the issue. For routine quality issues, the PRO contacts the CE vendor herself. The PRO uses face-to-face contact to address quality issues unresolved by telephone conversations.

The DDS maintains an internal electronic site where CE vendor information and problems are stored and viewable by all the PROs in this decentralized state.

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

See A(2a) above.

- c) *If the CE report is inadequate or incomplete, how is this information conveyed to the provider? Is the provider asked to provide the necessary information previously omitted?*

If the provider has the information in their notes, the DDS asks the CE provider to submit the evidence or send in a statement covering the issue. If the provider does not have the information on hand, the DDS expects the provider to see the claimant again for free to obtain the information they missing from the CE report.

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

The PRO provides CE providers with quality issues with written and oral feedback and with additional training on preparing acceptable CE reports. The DDS resumes 100 percent

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

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

See A(2) above. In addition, the PRO reviews reports from CE vendors with history of quality issues to ensure quality remains high.

B. Fee Schedules

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

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

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

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

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

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

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

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

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

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

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

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

7) *Is the fee schedule reviewed annually?*

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

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

The DDS uses vendor requests, recruitment problems, surveys, and other Missouri state agency fees to determine the need for changing the CE fee schedule. For example, in August 2013 the Missouri DDS increased fees for psychological evaluations when CE vendors reported receiving higher fees from other Missouri state agencies. The DDS updated the fee schedule after polling psychological professional on the usual and customary charges for common tests and evaluations.

- 9) *Does the DDS use volume vendors? If so, was any discount from the DDS fees schedule negotiated? How much? Is the quality as good as other lower volume providers?*
The DDS uses volume vendors. The DDS does not negotiate fees lower than the fee schedule.

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

C. Training and Review of New CE Providers

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

1) Training

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

The PRO provides the training onsite for local CE providers. The training lasts from one to two hours.

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

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

- b) *Who conducts it?*

The PRO conducts the training for new CE providers.

- 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
- Training packet that includes redacted samples of acceptable:
 - CE reports; and
 - Medical source statements (including ODAR forms HA-1151 and HA-1152, CE reports.

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

The DDS uses the quality of the CE reports received from new providers to measure the training quality.

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

Yes.

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.

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.*

Missouri uses an application shared among the decentralized DDS field offices to attain a good distribution of examinations and to prevent over scheduling.

Providing all Missouri DDS field sites with access to the program minimizes the risk of over scheduling by different DDS sites attempting to schedule CEs with the same provider.

- 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 comprised of two secretaries 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, availability, location, specialty, and quality of prior CE reports.

4) *Is the treating source used as the preferred source of the CE as required in regulations?*

Yes. However, the majority of medical professionals refuse to perform CEs for their patients because of the potential effect on the doctor-patient relationship.

5) *If the treating source is not used for the CE, is the reason properly documented in the claims file on the case development summary?*

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

6) *Are medical source statements requested?*

Yes.

7) *Are copies of the background material in the claims file sent to the CE source for review prior to the CE?*

Yes. The CE unit sends the background material with the contract for the provider to perform the CE.

8) *Is the DDS following the guides on CE scheduling intervals? If not, what precautions, if any, are taken to prevent over scheduling?*

Yes.

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?*

Four days in advance of the CE, the examiner attempts two telephone calls to remind the claimant of the appointment. The DDS also requests the CE provider to attempt a reminder call to the claimant.

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

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

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

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

E. Integrity of Medical Evidence

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

Yes.

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

Yes.

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

Yes.

F. Recruiting Activities

1) *Is current CE panel adequate?*

Yes. However, the PRO wishes to recruit additional cardiologists and neurologists and more providers in the rural northwest corner of Missouri.

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

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

The Kansas City, MO DDS conducts on-going recruitment using referrals from current CE panelists. The PRO contacts referrals informing them of the CE program and determining the referrals' interest in providing CEs.

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?*

The PRO investigates all claimant CE complaints.

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

The PRO tailors the investigation to the specific case situation. In general, investigations involve the following actions:

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

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 Kansas City, MO DDS obtains claimant reactions to key providers by investigating claimant complaints.
- 2) *What type of claimant contacts is made; e.g., letter, telephone, or other personal contacts, such as RO exit interviews of claimants?*
The Kansas City, MO DDS makes no other contact with claimants.

The DDS stopped issuing claimant surveys because the data proved useless in determining the quality of CE service. Generally, only denied claimants returned the surveys. The surveys reflected the claimant's dissatisfaction with the DDS determination rather than the quality of service provided by the CE vendor.

- 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*
The PRO visited all key providers in July 2013 as follows.

- Midwest CES
- Dr. Alan Israel
- Dr. Michael Schwartz
- John Keough, Psychologist
- Nina Epperson, Psychologist

- 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?*
The DDS reviews at least the top five key providers annually.

- 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, and the availability of travel funds. The PRO conducted few onsite reviews with non-key providers during the last 12 months due to the lack of travel funds.

- 4) *Do the physicians or psychologists, as appropriate, participate in onsite reviews?*
Generally, MCs do not participate in CE onsite visits. The MC would receive no remuneration for attending the onsite visit under the current "per case" payment system.

If needed, an MCs will participate in the onsite process via telephone.

- 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.

2) *Do those files contain?*

The CE provider files contain the following when applicable.

- a) Provider credentials;
- b) Annual payments to the provider;
- c) Complaints against the provider;
- d) Results of investigations or complaints against the provider;
- e) Reports of onsite reviews; and
- f) Claimant reaction surveys.

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

(b) (6)

Professional Relations Coordinator
Kansas City Region

**Kansas City Regional Office Review of
Kansas DDS Management of the CE Process
August 8, 2013**

The Kansas City Regional Office visited the Kansas DDS for a Consultative Examination (CE) oversight visit on August 8, 2013. (b) (6), Professional Relations Officer (PRO), and (b) (6), Regional Professional Relations Coordinator, participated in onsite DDS visit.

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

A. DDS Quality Assurance Activities in the CE Process

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

The QA unit preforms end of line case reviews for new disability examiners.

Experienced examiners use a “CE credit card” which sets limits on their CE spending. If an examiner over uses their CE credit card, QA starts a review of their CE purchases.

- 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 the first reports submitted by new CE providers. Examiners, QA, and medical consultants (MC) notify the PRO of CE issues.

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

- c) *If the CE report is inadequate or incomplete, how is this information conveyed to the provider? Is the provider asked to provide the necessary information previously omitted?*
If the provider has the information in their notes, the DDS asks the CE provider to submit the evidence or send in a statement covering the issue. If the provider does not have the information on hand, the DDS expects the provider to see the claimant again at no charge to obtain the information they missing from the CE report.

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

The PRO and Medical Administrator (MA) provide CE providers who have quality issues with written and oral feedback. The PRO and MA also give the provider additional training on preparing acceptable CE reports.

The DDS resumes 100 percent quality review of the providers CE reports. If the provider continues providing unacceptable CE reports, the DDS removes the CE provider from the panel.

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

See A(2) above.

B. Fee Schedules

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

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

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

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

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

The DDS uses a fee schedule.

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

The DDS uses a fee schedule based on Medicaid rates.

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

Yes. The Kansas DDS issues 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?*

No.

7) *Is the fee schedule reviewed annually?*

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

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

The DDS uses the annual updates to Medicaid fees to determine the need for changing its fee schedule.

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

The DDS uses volume vendors. The DDS does not negotiate fees lower than the fee schedule.

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

C. Training and Review of New CE Providers

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

1) Training

a) *What type of training is provided?*

The PRO provides the training using training packages and feedback from reviewing the first 10 CE reports submitted by new providers.

Limited DDS travel funds prevents providing onsite training.

b) *Who conducts it?*

The PRO conducts the training for new physical CE providers. (b) (6), Chief Medical Consultant for the DDS, conducts the training for mental CEs.

c) *What training materials are furnished?*

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

- Detailed overview of the CE program supplemented with the publications [Consultative Examinations: A guide for Health Professionals and Disability Evaluation Under Social Security](#); and
- Training packet that includes redacted samples of acceptable:
 - CE reports; and
 - Medical source statements (including ODAR forms HA-1151 and HA-1152, CE reports.

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

The DDS uses the quality of the CE reports received from new providers to measure the training quality.

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

Yes.

2) Review of New Providers

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

The DDS reviews the first 10 examinations. However, the DDS extends the review period, if necessary to obtain acceptable CE reports.

b) *Who conducts the review?*

The PRO or Chief Medical Consultant conducts the reviews.

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

Yes.

D. CE Scheduling Procedures and Controls

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

Kansas uses a shared spreadsheet to attain a good distribution of examinations and to prevent over scheduling.

2) *Does the CE authorization process:*

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

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

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

Yes.

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

The examiners request CEs choosing the exam type, area, and availability. The CE unit schedules the CEs. The CE unit monitors requests to help prevent overscheduling and ensure equitable distribution.

The 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.

4) *Is the treating source used as the preferred source of the CE as required in regulations?*

Yes. However, the majority of medical professionals refuse to perform CEs for their patients because of the potential effect on the doctor-patient relationship.

5) *If the treating source is not used for the CE, is the reason properly documented in the claims file on the case development summary?*

Yes.

6) *Are medical source statements requested?*

Yes.

7) *Are copies of the background material in the claims file sent to the CE source for review prior to the CE?*

Yes. The CE unit sends the background material with the contract for the provider to perform the CE.

8) *Is the DDS following the guides on CE scheduling intervals? If not, what precautions, if any, are taken to prevent over scheduling?*

Yes.

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?*

One week in advance of the CE, the examiner attempts five telephone calls to confirm the claimant will attend the CE.

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

Yes. The DDS requests providers confirm whether the claimant kept the CE appointment.

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

The DDS has a no-show rate of approximately 10 percent and cancellation rate of about 12 percent. 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.

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

Yes.

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

Yes. The DDS re-requests unsecured and hand-delivered evidence to ensure its integrity. If hand-delivered MER arrives that would allow the claim, the DDS processes the allowance and reviews the purchases MER later to ensure they issued a correct determination.

F. Recruiting Activities

- 1) *Is current CE panel adequate?*

No.

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

The Kansas DDS needs providers for all specialties in the rural, southeastern Kansas. In addition, the Wichita, KS area needs a provider for psychological evaluations for children.

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

The PRO periodically issues mailers to potential providers to obtain their interest in participating in the CE program.

Staffing shortages and limits on travel significantly hinder CE provider recruitment.

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

CE panelists refer potential vendors to the Kansas DDS. The PRO contacts the referral to explain the program and determine the interest in providing CEs.

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

Yes.

G. Claimant Complaints

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

The PRO investigates all claimant CE complaints.

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

The PRO tailors the investigation to the specific case situation. In general, investigations involve the following actions:

- Review the CE report;
- Contact the CE provider;
- Inform DDS management and RO of potential news media and public relation situations; and
- Inform the claimant of the investigation results in writing.

3) *Does the DDS handle the following?*

a) Congressional inquiries

Yes. Public Service Administrator 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 or Chief Medical Consultant takes remedial and corrective actions with CE providers as necessary. The DDS tailors the actions to the situation.

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

Yes. The DDS uses the Automated Incident Report System.

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

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

H. Claimant Reactions to Key Providers

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

The Kansas DDS has procedures under development. Staff losses hinder progress developing the process.

The DDS currently uses claimant complaints as an indicator of quality service.

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

The DDS contacts claimants following the claimant complaint process described in subsection G.

- 3) *Who makes these contacts and what criteria are used to determine if a contact is warranted?*
The PRO contacts the claimants.
- 4) *Is there a systematic plan for contacting claimants seen by all key providers?*
No.

I. List of Key Providers

- 1) *When visited during last fiscal year*
The PRO visited its top five key providers as follows:
 - Central Medical Consultants (James Henderson)
 - Stanley Mintz, Psychologist
 - Dr. Michael Schwartz
 - Jason Neufeld, Psychologist
 - Gary Hackney, Psychologist
- 2) *By Whom?*
The PRO visits the key providers.

J. Onsite Reviews of CE Providers

- 1) *Provide a description of the procedures for the systematic onsite reviews of CE providers. Do they include verification from the source that all individuals who perform support services are properly licensed?*
The PRO completes POMS instructions during CE Onsite visits and inspections. The visits include the providers' verification that all support service staff are properly licensed.
- 2) *At a minimum, are the top five key providers reviewed? How often?*
The DDS reviews the top five key providers annually. Travel restrictions prevent additional onsite visits.
- 3) *Describe method for selecting non-key providers for review. How many reviews of non-key providers have been done in the last 12 months?*
The DDS selects non-key providers based on factors such as relocations, training needs, and the availability of travel funds. The PRO did not conduct onsite visits with non-key providers during the last 12 months due to the lack of travel funds.
- 4) *Do the physicians or psychologists, as appropriate, participate in onsite reviews?*
Generally, MCs do not participate in CE onsite visits. The Chief Medical Consultant will participate, if needed.
- 5) *Review copies of all reports of onsite reviews to CE providers made in the past year.*
The RO reviewed copies of all onsite review reports 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.

2) *Do those files contain?*

The CE provider files contain the following when applicable.

- a) Provider credentials;
- b) Annual payments to the provider;
- c) Complaints against the provider;
- d) Results of investigations or complaints against the provider;
- e) Reports of onsite reviews; and
- f) Claimant reaction surveys.

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

(b) (6)

Professional Relations Coordinator
Kansas City Region

(b) (6)

From: (b) (2)
Sent: Tuesday, April 24, 2018 1:15 AM
Subject: FW: FY 2013 CE Oversight Report - Kansas City Region

Subject: FY 2013 CE Oversight Report - Kansas City Region

To: Team Leader
Medical and Professional Relations Operations Team

From: Professional Relations Coordinator
Kansas City Region

Subject: Kansas City Regional Consultative Examination (CE) Oversight Report for FY 2013

In the attached zip file, we included the documents for the FY 2013 CE oversight report (i.e., DDS oversight reports, fee schedules, and RO oversight visit reports). The report from each state in the Kansas City Region, Iowa, Kansas, Missouri, and Nebraska, meets the POMS requirements for a complete report.

We conducted onsite visits with the Kansas and Kansas City, Missouri DDSs in FY 2013. Historically, we conduct onsite visits with two of our four states each fiscal year.

If you or your staff have questions or need additional assistance, please contact me.

(b) (6)

Center for Disability Programs
Kansas City Regional Office

(b) (6)



Kansas City 2013
03:00:00:00:00:00 ...



SOCIAL SECURITY

MEMORANDUM

Date: December 4, 2013

To: Team Leader
Medical and Professional Relations Operations Team

From: Professional Relations Coordinator
Kansas City Region

Subject: Kansas City Regional Consultative Examination Oversight Report for FY 2013

In the attached file, we included the documents for the FY 2013 oversight report (i.e., DDS oversight reports, fee schedules, and RO oversight visit reports). Each state's report meets the POMS requirements for a complete report. You will find the state reports in Attachments A, B, C, and D.

Onsite Visits

We visited two states, Kansas and Kansas City, Missouri for an onsite CE oversight visit. You will find the written reports in Attachments E and F.

Regional practice provides the Professional Relations Coordinator (PRC) will visit two of the Region's four states, Iowa, Kansas, Missouri, and Nebraska, each fiscal year. Missouri has a decentralized structure with six branches. We go to a different branch during each Missouri DDS oversight visit.

CE Vendor Licensure

As the PRC, I conducted spot checks for current licensure and Department of Health and Human Services (DHHS) Sanctions for each state as follows:

- Iowa DDS
Carroll Roland, PhD; Rich Martin, PhD; John Kuhnlein, MD; Rosanna Jones Thurmond, PhD; Roger Mraz, PhD; Harlan Stientjes, PhD; and Ron Alley, DO.

- Kansas DDS
James Henderson, MD; Stanley Mintz, PhD; Melvin Berg, PhD; Wayne Wallace, MD; Divina Verner, MD; Roger Trotter, MD; Kim Hendricks, CCC MA; Eddie Pearson, PT; and Michael Schwartz, PhD.
- Missouri DDS
John A. Keough, PhD; Laretta V. Walker, PhD; Lynn I. Lieberman, PhD; David A. Lipsitz, PhD; F. Timothy Leonberger, PhD; Brooke Leslie Whisenhunt, PhD; Christina A. Pietz, PhD; Joan E. Bender, PhD; Jane W. Ruedi, PhD; Jack R. Uhrig, MD; Carolyn A. Karr, PhD.
- Nebraska DDS
Samuel Moessner, MD, Matthew M. Hutt, PhD.; Joseph L. Rizzo, Ph.D.; and Rebecca A. Schroeder, PhD, A. James Fix, PhD; Caroline Sedlacek, PhD.

The spot checks verified the vendors are currently licensed and are absent from the DHHS' List of Excluded Individuals/Entities (LEIE).

PRC Activities and Unique Issues

During FY 2013, I:

- Represented the Kansas City Region on Office of Disability Determinations' (ODD) national CE workgroup;
- Served as Regional coordinator to market and roll out eAuthorization to minor children;
- Coordinated satisfactory resolution of instances in which medical vendors stopped accepting eAuthorization;
- Served as Regional Electronic Records Express (ERE) and Health Information Technology (HIT) Coordinator; and
- Advocated for the agency to accept electronic signatures on CE reports submitted outside ERE.

PRO Staffing

During FY 2013, two PROs in the Kansas City Region retired. The DDSs selected individuals to fill the vacancies.

Special Reporting

The Kansas City Region immediately alerts the ODD of any complaint or other situation expected to provoke public criticism or result in media attention.

During FY 2013, we had the following situations, which we reported to ODD.

Situation 1:

In November 2012, we began working with ODD and our Regional OGC to respond to the discovery that a CE provider, (b) (6) a.k.a., (b) (6)

Together, ODD and we developed a plan for the Nebraska DDS to review approximately 170 cases with CEs provided by (b) (6). The DDS obtained a new CE from a licensed provider and reopened determinations based on (b) (6) CE reports, as appropriate.

Situation 2:

In December 2012, (b) (6) The DDS completed an AIRS report and the Regional Commissioner informed the Deputy Commissioner for Operations.

Situation 3:

In August 2013, we reported (b) (6). ODD assisted with verifying a 1967 memorandum that SSA has no liability in such cases remains in effect.

Situation 4:

In August 2013, (b) (6)

If you have any questions about any of the attached reports, please call me at (b) (6).

(b) (6)

KANSAS DDS CE OVERSIGHT REPORT
FISCAL YEAR 2013
November 13, 2013

This is the annual CE oversight report for the Kansas DDS for fiscal year 2013. The content follows the guidelines in POMS DI 39545.575 Exhibit 2.

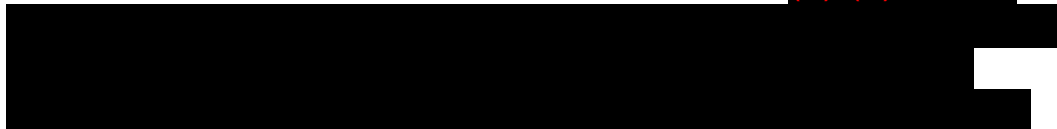
CE Complaint Resolution Process

CE complaints involving the actual CE provider primarily come from the claimant or their representative, most generally through telephone contact with the disability examiner working on their claim. CE report complaints come primarily from our disability examiners and our medical/psychological consultants. Complaints made to our disability examiner staff are listened to and then in accordance with DDS office policy the claimant is asked to put their concerns in writing and send to the attention of the MPRO. Our examiner staff does convey the concerns of the claimant to the MPROs via e-mail prior to the receipt of a written complaint. Claimant complaints generally fall into three categories: 1) the CE doctor was rude 2) the CE doctor did not spend sufficient time and 3) the CE doctor did not evaluate all complaints. We assess the reasonableness and/or seriousness of the complaint after talking with the claimant, the CE provider and a review of the CE report. CE report content is addressed with the CE doctor in person or via telephone contact. During all site visits, providers are reminded of the need to submit their CE reports timely and to spend sufficient time with claimants. This procedure is unchanged from last year.

In August, for the first time in a long time, we sent out Provider Evaluation forms to claimants. These were directed at our top 10 exam providers and between 10 and 25 evaluations were sent out on each provider. The return-rate was better than expected with more than 50% of the evaluations returned. For our top/key providers, I am not sure this was an effective method as very little new information was gained. This process will be evaluated for potential future use.

CE Provider Visits Performed in FY 2013

- Central Medical Consultants (CMC)-This organization is the largest providers of physical exams for the Kansas DDS. They provide physical examinations in Topeka, Kansas City KS and Wichita. (b) (6)



(b) (6)

- Stanley Mintz, PhD- Chanute and Topeka- Two different site visits were conducted with Dr. Mintz. As a key provider, he has several sites around the state. (b) (6)

(b) (6)

- Melvin Berg, PhD- (b) (6)

- Wayne Wallace, MD – Dr. Wallace performs adult physical examinations at the Atchison Hospital. (b) (6)

- Divina Verner, MD- (b) (6)

[Redacted]

- Roger Trotter, MD- (b) (6)

[Redacted]

- Kim Hendricks, CCC MA - Kim evaluates both kids and adults for DDS. (b) (6)

[Redacted]

- St. Catherine's Hospital- (b) (6)

[Redacted]

(b) (6)

I have found that these smaller, less populated areas around the state have really nice facilities, however, they have a difficult time hiring and retaining medical staff at the credential level required by SSA. It would be much easier to recruit quality providers if SSA allowed for APRNs and PAs to perform exams and establish diagnoses without the co-signature of an MD or PhD.

Key Providers for FY 2013

Central Medical Consultants
CEO James Henderson, MD
334 Charroux Dr.
Palm Beach Gardens, FL 33410

Michael Schwartz, PhD
PO Box 12308
Overland Park, KS 66282

Stanley Mintz, PhD
PO Box 822
Lawrence, KS 66044

CE Panel

The CE panel includes:

- 37 psychologists ,down from last year despite including our newest provider in Western Kansas
- 36 physical doctors plus the staff of Dr. Henderson's CMC clinics
- 24 optometrists/ophthalmologists combined
- 54 hospitals
- 45 speech pathologists with 19 of these at KU.

While our overall numbers don't seem to change much, the panel participant list is fluid and changing. A complete vendor list is available for review.

Each potential CE provider is required to submit a copy of their State license, resume or C.V. (if appropriate) and a signed copy of the Statement of Agreement. All this information is sent to potential providers via e-mail. Included in our “recruitment packet” is a letter with a hyper-link to SSA’s website and the Green Book, an explanation of fees, a PowerPoint presentation, a W-9 form and a Statement of Agreement. The KS Board of Healing Arts, the Behavioral Sciences Regulatory Board, Bureau for Health Occupation Credentialing, Kansas Board of Examiners in Optometry are online databases utilized to determine whether a provider has the requisite qualifications to be considered. The HHS/OIG Exclusion Search is used to determine if there are federal exclusions. All searches are documented in the CE provider’s electronic folder. DDS verifies current licensing and HHS/OIG Exclusions annually. The CE provider’s signature on the required Statement of Agreement stipulates that all support personnel be properly licensed as required by law.

Medical Fee Schedules

Attachment A contains the current Kansas DDS fee schedule.

Kansas DDS has had a difficult time recruiting quality providers as the allowable fees required by Kansas Rehab Services, our Parent Agency, for psychological evaluations and testing are lower than the Kansas Medicaid rate. After several years, we were recently successful in increasing the fee paid for mental status examinations and psychological testing. A CPT coding change was necessary to allow the increase.

OLD CPT code/fee	90801	Mental Status Exam	\$110.00
	90601	Psychological Testing	
52.50/hour			
NEW CPT code/fee	90791	Mental Status Exam	\$120.00
	90601	Psychological Testing	
76.00/hour			

As a result of this increase, we were able to keep a new provider in extreme Western Kansas. The increase was effective October 13, 2013. So any recruitment changes associated will be reported in the FY 2014 report.

A similar fee concern was addressed in the area of vision examinations. As the POMS requirements have changed related to the establishment of a visual MDI, a process change was implemented at DDS to schedule the exam with the provider who is closest in proximity to the claimant regardless if it is an optometrist or an ophthalmologist. This began November 07, 2013.

OLD CPT code/fee	99242	Optometrist Exam	\$71.61
NEW CPT code/fee	92004	Visual Exam	\$100.45

Ophthalmologists will continue to be paid using CPT 99205001 and \$136.62

Missed CE Appointments

We continue to utilize an in-house report, which is updated daily to track the CE “no show/broken” rate by each CE provider and location. This has allowed us to target problems and address no shows/broken appointments in a more effective and efficient manner. We advise our CE providers of their kept, canceled and broken appointments. Prior to any exam being scheduled, the disability examiner is required to contact the claimant to gain cooperation and agreement to attend the exam. There are two letters mailed to the claimant with the appointment date and time and asking for confirmation they will attend the exam. The fiscal unit is responsible for reminder calls to claimants prior to their appointments. An action note is left for the examiner if the claimant cannot be reached for any reason by telephone. DDS staff routinely contacts third parties when a claimant cannot be reach or a CE is missed. No exam is rescheduled without having talked with the claimant and establishing commitment to a future exam.

MPRO Activities

All MPRO activities at the Kansas DDS are to accomplish at least one of three purposes:

- 1) To recruit qualified exam providers in the needed areas
- 2) To assess, evaluate and improve the reporting practices of the current providers
- 3) To foster community relations

With the budget constraints and travel difficulties, it has been necessary to become creative in attempts at recruiting. Some of these new processes are as follows:

- A recruiting spreadsheet has been developed to keep track of all phone calls, emails, letters and other communication between the MPRO and potential CE provider.
- Each provider now has an electronic file which includes credentials, current license, communication, complaints and corrective action and statement of agreement.
- An extensive CE Provider Spreadsheet was created and can be accessed by all DDS staff including Disability Examiners, Medical Consultants, CE Scheduling staff and others for the purpose of knowing who, where and how many providers there are across the state. This base knowledge is helpful to all parties in how the DDS departments work together and toward the same goal, as well as opening potential networking opportunities for recruitment. This document also includes attending physicians who have performed exams on their own patients at the request of DDS.
- Another project to be completed in FY2014 is an additional software program with which the DDS can sort the numbers and types of examinations ordered by zip code across the state. This would allow a quick assessment of how many claimants from a particular area are requiring examinations. Once the number and type is established, it will be possible to quantify the need for service rather than a perceived need.

Recruitment

The following providers have been added in FY2013:

Physical- Southern Medical Group, Mahesh Mohan MD, Jay Jani MD, and Stanley Penner MD

Psychologists- Carla Sloan-Brown

Speech- Jennifer Sullivan, Ryan Walt, Jacquelyn Bell, Arletta Sheets

Follow-up letters were sent to those providers who expressed an interest in performing exams for DDS through their comments on the MER form. This is also tracked on the recruitment spreadsheet.

ERE and other PRO Duties

The KS DDS continues to encourage and promote electronic submission of MER and CE reports. When the Statement of Agreement is sent to all providers, an ERE demo link, eOR User Guide and additional helpful hints are also sent out as they are reminded of the upcoming requirement for electronic submission. Our experience is that we convert a few to eOR, but we are more successful in converting those to submit through ERE rather than faxing in their reports. Nearly all the providers are submitting their reports through ERE. New CE vendors are required to set up and use eOR from the beginning. We have our first MER provider using eOR, St. Catherine Hospital in Garden City. All requests go through Centura MRO. They provide services to many hospitals and clinics all over the US.

While it is policy prohibited at this time to perform mental status evaluations for children via the VSD equipment, DHOs are able to conduct hearings for children via VSD. It would be worth reviewing the policy to see if a modification would be possible for the future in evaluating children.

Respectfully submitted by

(b) (6)

(b) (6) 11/2013

Maryland DDS CE Oversight Report October 2012 – September 2013

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

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

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

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

If the complaint is found not to be valid or reflects a mild infraction, scheduling may resume however claimant satisfaction surveys are sent to every claimant scheduled with that provider and the provider's reports are monitored. The CE provider is advised as to the type of monitoring that will take place as a result of the complaint. Usually a couple of appointments are scheduled, the quality of the exam from everyone's view point is evaluated, and then more appointments are scheduled, if indicated.

In all instances, the provider's file is documented and the claims examiner and claimant are notified as to the outcome of the investigation. If advice was sought from Regional Office (RO) during the investigation, or if contact is indicated with the RO after the investigation, the appropriate staff in the RO is notified. If the nature of the complaint and outcome of the investigation warrant it, referral to the State Medical Board would be made.

2. Provide a list of the onsite reviews of CE providers completed by the DDS.

Nicola Cascella, M.D.

(b) (6)

Baltimore, MD 21224

(Psychiatry)

Date of onsite review – 9/16/2013

CEI Maryland, Inc.

1101 St. Paul Street, Suite 410

Baltimore, MD 21201

(Internal Medicine)

Date of onsite review – 10/01/2013

CE Provider Services
41680 Miss Bessie Drive, Suite 203
Leonardtown, MD 20650
(Internal Medicine and Musculoskeletal)
Date of review (conference call) – 9/26/2013

Additional Offices:
201 Pine Bluff Road, Suite 28
Salisbury, MD 21801

200 N Philadelphia Blvd, Suite A
Aberdeen, MD 21001

Lawrence Honick, M.D.
583 Frederick Road, Suite 3
Catonsville, MD 21228
(Musculoskeletal)
Date of onsite review – 9/12/2013

Additional Office:
(b) (6)
Baltimore, MD 21202

Michael Kaiser, Ph.D.
8605 Cameron Street, Suite 214
Silver Spring, MD 20901
(Psychology)
Date of onsite review – 10/2/2013

Additional Offices:
138 Baltimore Street, Suite 201
Cumberland, MD 21502

(b) (6)
Prince Frederick, MD 20678

8 Reservoir Circle, Suite 103
Pikesville, MD 21208

(b) (6)
Bel Air, MD 21014

Alan Langlieb, M.D.
(b) (6)
Baltimore, MD 21202
(Psychiatry)
Date of onsite review – 10/8/2013

Additional Office:
(b) (6)
Towson, MD 21204

Nancy McDonald, Ph.D.
6630 Baltimore National Pike, Suite 204B
Catonsville, MD 21228
(Psychology)
Date of onsite review – 9/12/2013

Additional Office:
1 E. Chase Street, Suite 1105
Baltimore, MD 21202

Med Plus Disability Evaluation
331 Oak Manor Drive, Suite 101
Glen Burnie, MD 21061
(Internal Medicine & Musculoskeletal)
Date of review (conference call) – 9/30/2013

Additional Office:
300 E Pulaski Highway, Suite 113
Elkton, MD 21921

Sara Phillips, Ph.D.
431 Eastern Blvd, Suite 103
Essex, MD 21221
(Psychology)
Date of onsite review – 11/25/2013

Additional Offices:
(b) (6)
Annapolis, MD 21401

14300 Gallant Fox Lane, Suite 204
Bowie, MD 20715

(b) (6)
Clinton, MD 20735

Ebenezer Quainoo, M.D.
3350 Wilkens Avenue, Suite 307
Baltimore, MD 21229
(Internal Medicine)
Date of onsite review – 11/6/2013

Olga Rossello, M.D.
920 St. Paul Street, Suite 2
Baltimore, MD 21202
(Psychiatry)
Date of onsite review – 10/3/2013

Additional Office:
101 W Ridgely Road, Suite 7A
Lutherville, MD 21093

Reza Sajadi, M.D.
1005 North Point Blvd, Suite 706
Baltimore, MD 21224
(Internal Medicine & Cardiology)
Date of onsite review – 10/31/2013

Additional Offices:
301 Saint Paul Place, Suite 311
Baltimore, MD 21202

(b) (6)
Baltimore, MD 21221

Saluja Medical Associates
821 N Eutaw Street, Suite 301
Baltimore, MD 21201
(Internal Medicine)
Date of onsite review – 11/13/2013

Additional Offices:
6821 Reisterstown Road, Suite 106
Baltimore, MD 21215

702 W 40th Street
Baltimore, MD 21211

Mikhael Taller, M.D.
6615 Reisterstown Road, Suite 109
Baltimore, MD 21215
(Psychiatry)
Date of onsite review – 11/5/2013

Additional Offices:
4701 Randolph Road, Suite 209
Rockville, MD 20852

186 Thomas Johnson Drive, Suite 200
Frederick, MD 21702

30 Greenway NW, Suite 5
Glen Burnie, MD 21061

Varsha Vaidya, M.D.
723 S Charles Street, Suite 103
Baltimore, MD 21230
(Psychiatry)
Date of onsite review – 10/31/2013

Additional Office:
4405 East West Highway, Suite 601
Bethesda, MD 20814

Sheldon Weinstock, Ph.D.
1800 N Charles Street, Suite 200
Baltimore, MD 21201
(Psychology)
Date of onsite review – 9/30/2013

Kelly Zinna, Psy.D
7310 Ritchie Highway, Suite 1009
Glen Burnie, MD 21061
(Psychology)
Date of onsite review – 11/15/2013

Additional Office:
4 Professional Drive, Suite 120
Gaithersburg, MD 20879

3. Provide a current list of names and addresses of key providers. For decentralized DDS locations, the list should be prepared and submitted for each branch.

Kevin Budney, PsyD
1101 Calvert Street, Suite 201
Baltimore, MD 21202
(Psychology)

Nicola Cascella, M.D.
(b) (6)
Baltimore, MD 21224
(Psychiatry)

CEI Maryland, Inc.
1101 St. Paul Street, Suite 410
Baltimore, MD 21201
(Internal Medicine)

CE Provider Services
41680 Miss Bessie Drive, Suite 203
Leonardtown, MD 20650
(Internal Medicine and Musculoskeletal)

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Derwood, MD 20855
(Psychiatry)

Lawrence Honick, M.D.
583 Frederick Road, Suite 3
Catonsville, MD 21228
(Musculoskeletal)

Michael Kaiser, Ph.D.
1003 Spring Street, Suite 106
Silver Spring, MD 20910
(Psychology)

Alan Langlieb, M.D.
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Baltimore, MD 21202
(Psychiatry)

Nancy McDonald, Ph.D.
6630 Baltimore National Pike, Suite 204B
Catonsville, MD 21228
(Psychology)

Med Plus Disability Evaluation
337 Hospital Drive, Bldg. 3
Glen Burnie, MD 21061
(Internal Medicine, Musculoskeletal & Psychiatry)

Sara Phillips, Ph.D.
431 Eastern Blvd, Suite 103
Essex, MD 21221
(Psychology)

Additional Offices:
201 Pine Bluff Road, Suite 28
Salisbury, MD 21801

200 N Philadelphia Blvd, Suite A
Aberdeen, MD 21001

Additional Office:
1400 Mercantile Lane, Suite 206
Largo, MD 20774

Additional Office:
(b) (6)
Baltimore, MD 21202

Additional Offices:
138 Baltimore Street, Suite 201
Cumberland, MD 21502

(b) (6)
Prince Frederick, MD 20678

8 Reservoir Circle, Suite 103
Pikesville, MD 21208

(b) (6)
Bel Air, MD 21014

Additional Office:
(b) (6)
Towson, MD 21204

Additional Office:
1 E. Chase Street, Suite 1105
Baltimore, MD 21202

Additional Office:
300 E Pulaski Highway, Suite 104B
Elkton, MD 21921

(b) (6)
Cumberland, MD 21502

Additional Offices:
2991 Friends Road.
Annapolis, MD 21401

14300 Gallant Fox Lane, Suite 204
Bowie, MD 20715

(b) (6)
Clinton, MD 20735

Ebenezer Quainoo, M.D.
3350 Wilkens Avenue, Suite 307
Baltimore, MD 21229
(Internal Medicine)

Olga Rossello, M.D.
920 St. Paul Street, Suite 2
Baltimore, MD 21202
(Psychiatry)

Reza Sajadi, M.D.
1005 North Point Blvd, Suite 706
Baltimore, MD 21224
(Internal Medicine & Cardiology)

Saluja Medical Associates
821 N Eutaw Street, Suite 301
Baltimore, MD 21201
(Internal Medicine)

Mikhael Taller, M.D.
6615 Reisterstown Road, Suite 109
Baltimore, MD 21215
(Psychiatry)

Varsha Vaidya, M.D.
723 S Charles Street, Suite 103
Baltimore, MD 21230
(Psychiatry)

Sheldon Weinstock, Ph.D.
1800 N Charles Street, Suite 200
Baltimore, MD 21201
(Psychology)

Additional Office:
101 W Ridgely Road, Suite 7A
Lutherville, MD 21093

Additional Offices:
301 Saint Paul Place, Suite 311
Baltimore, MD 21202

(b) (6)
Baltimore, MD 21221

Additional Offices:
6821 Reisterstown Road, Suite 106
Baltimore, MD 21215

702 W 40th Street
Baltimore, MD 21211

Additional Offices:
4701 Randolph Road, Suite 209
Rockville, MD 20852

186 Thomas Johnson Drive, Suite 200
Frederick, MD 21702

30 Greenway NW, Suite 5
Glen Burnie, MD 21061

Additional Office:
4405 East West Highway, Suite 601
Bethesda, MD 20814

4. For CE panels:

- a. List the number of current CE providers on the panel.

As of 11/2013, there are 405 providers on Maryland's CE panel.

- b. Provide a brief description of the process used by the DDS to ensure that medical credentials checks and exclusion list(s) checks are made at initial contracting and periodically thereafter so as to ensure that no unlicensed or excluded CE providers perform CEs.

Maryland's Department of Health and Mental Hygiene has created online access for verification of all licenses. This allows us to verify licensure for all types of providers that are currently on our CE panel. The licensure of physicians is currently verified online at the Maryland Board of Physicians' website, www.mbp.state.md.us. The licensure of psychologists is currently verified online at <http://dhmh.maryland.gov/psych>. The licensure of speech language pathologists and audiologists is currently verified online at <http://dhmh.maryland.gov/boardsahs>. The licensure for optometrists is currently verified online at <http://dhmh.maryland.gov/optometry>. However, Maryland just lost their

only optometrist that was performing CE's. All CE providers' licenses are verified prior to performing CE's for the Maryland DDS. In addition to running this check with new providers annual licensure reviews are completed for CE providers whose licenses are scheduled to expire.

For physicians, they are licensed for two years and renewal dates are broken down alphabetically - A through L are renewed on even years, M through Z on odd years.

For psychologists, they are licensed for two years. There does not appear to be any logical order for how it is determined who must renew on odd years vs. even years. Therefore the entire panel, of psychologists, is checked annually.

For speech language pathologists and audiologists the licensing board is contacted to verify licensure when adding providers to the panel. A printout of all speech and language pathologists and audiologists is requested annually from the licensing board which we match against our providers. There is no charge for this list. We are transitioning to the online licensure verification for speech language pathologists and audiologists.

For optometrists, they are licensed for two years and Maryland had only one optometrist on our panel until April 2013.

Each link for varying licensed providers provides details about disciplinary actions. For physicians, there is a section on Board Sanctions which is updated by the Board monthly. This is routinely checked on a monthly basis along with the HHS national list of provider sanctions. For psychologists, speech language pathologists and audiologists, there are lists of disciplinary actions that can be referenced.

In addition, the Office of Inspector General's website is checked for all new providers to ensure there are no exclusions. The following website is the link for OIG exclusions: <http://exclusions.oig.hhs.gov/>.

- c. Provide a brief description of the process used by the DDS to ensure that all CE providers' support personnel are properly licensed or credentialed when required by State law or regulation.

On the application that CE providers submit, there is a section above their signature that is preceded by the statement "In signing this application, I certify that:" One of the bullets under this statement reads "All support staff used in the performance of consultative exams meet the appropriate licensing or certification requirements of the State." In addition to requiring their signature to verify this, this topic is also discussed at the time of onsite orientations with new CE providers if services that would require such licensure or certification are going to be purchased from that provider.

5. For medical fee schedules:

- a. Provide a description of CE/MER fee schedule changes (include a description of any volume medical provider discounts).

Effective September 1, 2004, our parent agency, the Division of Rehabilitation Services, adopted a fee schedule for CEs that is 109% of the Medicare fee schedule. Annual adjustments are made in accordance with this. There were no changes in our fee for MER.

Effective January 2012, the Maryland DDS removed all tests for malingering or credibility from our CE tests and studies queue.

- b. Provide a copy of current fee schedule.

Copy attached.

6. For missed CE Appointments:

- a. Describe the follow up procedures for ensuring CE appointments are kept and whether the DDS is notified that the appointment has been kept.

Appointment letters are generated the day the CE appointment is scheduled and mailed to claimants and any appointed representative and/or third party. An automated CE Acknowledgement Letter is

generated at the same time as the appointment letter. This letter is mailed at least 10 days prior to the date of the CE requesting the claimant to respond if they will or will not attend the CE. A reminder letter is mailed one week prior to the CE appointment date. In addition, a DDS clerical staff member makes a reminder call to the claimant a couple of days before the exam. CE providers are also encouraged to make reminder calls.

The CE scheduling unit (CEU) is responsible for contacting providers who are not block time providers or who are not on our “do not call list” the day after the appointment to determine if the appointment was kept and annotate the system accordingly. Block time providers are provided a list of scheduled appointments for a particular day which they are required to fax to the CEU at the end of the day indicating if the appointment was kept or broken. The CEU then annotates the system with the appointment status. Providers on the “do not call list” will call the examiner only if the claimant fails to keep the appointment and the examiner updates the system to reflect this. If the provider does not call, then the examiner can assume the claimant kept the appointment. A list of providers on the “do not call list” is housed on the share drive for easy access by examiners. Providers who utilize Electronic Records Express (ERE) submit notification of a broken appointment via the “No Show Response” link on the ERE website.

- b. If the DDS pays for no-show or cancellations, explain the payment policy and describe what steps are being taken to move toward a no-pay policy.

The DDS follows our parent agency’s (DORS) fee schedule which allows a no-show fee equal to 25% of the core evaluation fee for specialty exams. The fee may be paid if the claimant fails to keep the appointment or if the DDS fails to provide at least 24 hours notice of a cancellation. DORS and DDS share common providers and, by state regulation, DDS follows DORS fee schedule. No steps are currently being taken by DORS to move toward a no pay policy.

7. Provide a brief description of DDS professional relations officer’s/medical relations officer’s activities:

- a. to identify geographic areas in need of additional CE providers and activities to recruit new providers for those areas

Recruitment is an ongoing process with needs identified through the claims examiners, the CE schedulers, the CE monitoring process, and SSA regulation changes. The Medical Relations Office (MRO) is responsible for conducting the recruitment program. Avenues for recruitment include mass mailings to needed specialists in designated geographic areas, recommendations from existing CE providers and DDS medical consultant staff, telephone calls to needed specialists, and communication in our annual fee letters to all CE providers.

Basic program information including fees are included in an initial recruitment package which is sent both as part of a mass mailing and in response to expressions of interest. A medical information sheet is included for the provider to complete and return to the MRO if he/she is interested in being considered for addition to the CE panel.

- b. on electronic medical evidence, e.g., exhibiting at medical conventions, joint actions with regional public affairs offices

The MRO worked in conjunction with SSA liaisons doing outreach to advocates that work closely with disability claimants on the SSI/SSDI Outreach Access and Recovery (SOAR) Initiative. Several trainings were conducted with SSA liaisons and other community partners (Mental Hygiene Administration, Health Care for the Homeless and county Core Service Agencies) for advocates in several Maryland counties. The SOAR initiative provides comprehensive training to advocates and case managers working with homeless population to assist claimants applying for benefits. The goal is to increase the number of homeless and at-risk claimants who qualify for SSI/SSDI, and to provide an accurate and timely decision as quickly in the process as possible, by working closely with the DDS. The MRO has participated in monthly implementation meetings with core SOAR staff as well as presenting on DDS needs in five training sessions. The Maryland DDS continues to host county SOAR quarterly provider meetings, as well as, some SOAR two day training sessions for the Baltimore metro area and cross county trainings. These meetings provide an opportunity for SOAR trained community providers to discuss SOAR and the SSI/SSDI application process. These meetings not only provide

educational benefit to the advocates, it demonstrates the partnership that has been created with several components, including SSA, DDS and multiple homeless advocacy groups in Maryland. In addition the MRO presented with the SOAR team at Brain Injury Association of Maryland's annual conference, Laurel Regional Hospital, Maryland Rehabilitation Associations annual conference, National Alliance on Mental Illness (NAMI) Annual Education Conference Workshop and a broadcast for NAMI.

The MRO worked with our chief psychiatric consultant, (b) (6) and reviewing medical consultant, (b) (6), to provide two presentations to physicians and clinical staff at Chase Brexton Health Systems and Franklin Square Hospital family medicine grand rounds. (b) (6) and the MRO also presented at the Maryland Academy of Family Physicians Annual Conference. These presentations focused on DDS program overview, evidentiary requirements and electronic initiatives. In addition the MRO presented to Montgomery County Public Schools Next Steps Night for parents. This presentation focused on Social Security's disability program as it pertains to children and evidentiary requirements from schools and parents. The MRO also presented for social workers, advocates and case managers at Montgomery County Department of Health and Human Services about understanding the Social Security disability program. The MRO worked closely with Baltimore Metro and Washington Metro Public Affairs Specialists (PAS), (b) (6) as well as Washington Metro Area Work Incentive Coordinator (AWIC), (b) (6). The Washington Metro PAS worked in conjunction with the DDS to provide presentations to transition support teachers in Montgomery County and social workers, case managers and family members at Montgomery County ARC. MRO has participated on conference calls with Washington Metro PAS and AWIC, and key players in Montgomery County to provide future presentations to discuss Social Security disability program and the Ticket to Work program. Finally, the MRO worked closely with the Baltimore Metro area PAS, (b) (6), providing a presentation for staff of the Wounded Warrior program at Baltimore Veterans Administration, which included social workers, case managers, and advocates. These presentations were well attended and showed fabulous collaborative efforts between DDS and SSA staff as well as our community partners.

Outreach was made to several facilities to present information about our electronic initiatives, the options for receiving MER requests and submitting MER electronically. We have ongoing contacts with major copy services to encourage and support their transition to electronic submission of records. In addition to our continued push to submit records electronically, we promoted our receipt of requests via electronic outbound requests (eOR). We have participated on conference calls and presented PowerPoint's about exchange of medical evidence via ERE with the medical community. MRO continues to work closely with State Correctional Facilities to ensure all sites are utilizing ERE, and providing continued education and ERE support.

The MRO requires that our CE panel providers submit all reports electronically. We continue to focus on educating providers on the benefits of receiving CE authorization requests via eOR. We have seen an increase in the number of providers that are receiving requests electronically, and we have seen a significant decrease in the volume of paper at the Maryland DDS. This past fiscal year the MRO contacted all individual providers, excluding hospitals and laboratory facilities, to register them for eOR. Currently over 90% of our CE providers receive their CE authorizations through eOR, via ERE or fax. We continue to promote the use of the ERE website. Our ERE guide with step by step instructions, FAQ's and several other tips and fact sheets is shared with providers. We continue to provide outreach and education, onsite, for providers that may struggle with startup of ERE.

The MRO was an exhibitor at the John Hopkins Hospital Inaugural Pediatric Social Work Fair and the School Health Interdisciplinary Program. In addition, we had the opportunity to participate in SSA's Homelessness Roundtable at the United States Department of Housing and Urban Development, which included Acting Commissioner of Social Security Administrations, Carolyn Colvin.

- c. to routinely review State licensure board, sanctions lists and the HHS Inspector General's list of excluded individuals and entities to ensure no unlicensed or excluded CE provider is being employed.

Procedures outlined in section 4.b. are followed as noted.

DDS ONSITE REVIEW FORM

- A. Name of Facility/Provider: (b) (6)
- B. Address: (b) (6)
- C. Other office locations: (b) (6)
- D. Types of examinations conducted: psychological
- E. Provider has performed CEs for the DDS since: (b) (6)
- F. Provider contact: Name: (b) (6) Phone: (b) (6)
- G. Provider classification
1. Key Provider or top five CE provider by dollar volume: (b) (6)
- H. Reason for visit:
(b) (6)
- I. Facilities
1. Building
 - a. Identifiability: Fair, better signs are in process of getting city permission
 - b. Cleanliness: yes
 - c. Handicap accessibility: elevator to 2nd floor
 - d. Public transportation: yes
 - e. Parking lot: yes
 - f. Emergency exit signs: yes
 - g. Rest rooms: down 2 floors, lanlord will be building one in suite soon
 - h. Safe location for claimants to travel: yes
 - i. Secure location for medical records and computer records: yes

- j. **Other (comments):**
comfortable waiting area with

2. **Equipment/Laboratory tests**

- a. **Onsite:** N/A
- b. **Offsite:** N/A

J. Staff

- 1. **Professionalism:** (b) (6) were all professional
- 2. **Is claimant greeted timely?** yes
- 3. **Does medical source speak any language other than English? If so, which language?** no
- 4. **Current licensing**
 - a. **Displayed:** No, will post: but has wallet copy at all times
 - b. **On file at DDS:** yes

K. Scheduling

- 1. **What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty?**
8-10
- 2. **What are the minimum interval times that the CE provider schedules for an exam?**
45 min
- 3. **What is the actual length of times for exams to be completed per visit?**
45-60 min

L. Procedures

- 1. **Privacy and confidentiality of claimant information?**
quiet, private room
- 2. **How and by whom is the claimant's medical history obtained?**
N/A
- 3. **How and by whom is the claimant's psychological history obtained?**
use of forms and interview by doctor

4. **How much time does the physician/psychologist spend face-to-face with the claimant?**
45-60 min
5. **Does the source certify that assistants meet appropriate licensing or certification requirements of the state?**
yes

M. Laboratories

1. **Diagnostic and lab tests**
 - a. **Performed by (if a nonphysician, state performer's qualifications):**
N/A
 - b. **Interpreted by (if a nonphysician, state the interpreter's qualifications):**
N/A
2. **Turn-around timeliness, including both test results and interpretations:**
N/A

N. Exit Interviews of Claimants:
no

O. Confidentiality of CE reports and office security:
all computer, password protected. Laptop is in doctor's possession and not left overnight in office.

P. Describe electronic method provider uses to transmit report:
receives eOR and sends ERE

Q. Additional Information:
threat procedures were reviewed with emphasis on reporting all threats, policy on malingering was reviewed with request to continue with supportive examples of malingering without using the actual word, and Medical Source Statements reserved for the commissioner and within specialty were reviewed

Reviewer: (b) (6) **Date:** 6/10/13

DDS ONSITE REVIEW FORM

- A. Name of Facility/Provider: (b) (6)
- B. Address: (b) (6)
- C. Other office locations: (b) (6)
- D. **Types of examinations conducted:** Adult MSE W/IQ, Adult Mental Status Eval, Adult IQ Test, Child MSE W/IQ, Child Mental Status Eval, Child IQ Test
- E. **Provider has performed CEs for the DDS since:** (b) (6)
- F. **Provider contact: Name:** (b) (6) **Phone:** (b) (6)
- G. **Provider classification**
1. **Key Provider or top five CE provider by dollar volume:** (b) (6)
- H. **Reason for visit:**
(b) (6)
- I. **Facilities**
1. **Building**
- a. **Identifiability:** Business has large sign on front of building.
- b. **Cleanliness:** Very nice looking building and waiting area,
- c. **Handicap accessibility:** Yes location is handicap accessible. Parking available on side of building and in back no stairs and bathroom has rails.
- d. **Public transportation:** They have a smart bus stop near the building.
- e. **Parking lot:** Is located on side of building and in back of building the back of building has a door back there.
- f. **Emergency exit signs:** Yes, the exit is over the door.
- g. **Rest rooms:** One restroom available to claimaints.
- h. **Safe location for claimants to travel:** This is a safe location for claimaints'

to travel. In a very clean and well populated business area.

i. Secure location for medical records and computer records: The medical records stored at his home in a locked file cabinet.

j. Other (comments):
NA

2. Equipment/Laboratory tests

a. Onsite:

b. Offsite:

J. Staff

1. Professionalism: (b) (6) was dressed professionally and very friendly towards claimants.

2. Is claimant greeted timely? Yes, claimants were greeted in a timely manner by (b) (6).

3. Does medical source speak any language other than English? If so, which language? No

4. Current licensing

a. Displayed: Not displayed however available upon request.

b. On file at DDS: Yes, in doctors file.

K. Scheduling

1. What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty?
No more than ten CEs per day.

2. What are the minimum interval times that the CE provider schedules for an exam?
Every fifty Minutes.

3. What is the actual length of times for exams to be completed per visit?
No less than fifty minutes and no more than one hour and a half.

L. Procedures

1. Privacy and confidentiality of claimant information?

Claimants' are in a private room during exam with a locked door. While the doctor has soft music playing in waiting room with claimants.

2. How and by whom is the claimant's medical history obtained?

Na

3. How and by whom is the claimant's psychological history obtained?

By the (b) (6).

4. How much time does the physician/psychologist spend face-to-face with the claimant?

No less than 50 fifty minutes depending on exam.

5. Does the source certify that assistants meet appropriate licensing or certification requirements of the state?

na

M. Laboratories

1. Diagnostic and lab tests

a. Performed by (if a nonphysician, state performer's qualifications):

na

b. Interpreted by (if a nonphysician, state the interpreter's qualifications):

na

2. Turn-around timeliness, including both test results and interpretations:

na

N. Exit Interviews of Claimants:

Two surveys were given out with prepaid envelopes for claimants to send back concerning their experience.

O. Confidentiality of CE reports and office security:

Ce reports are locked away in (b) (6) home in locked storage.

P. Describe electronic method provider uses to transmit report:

(b) (6) receives from ere and f ax information back.

Q. Additional Information:

Reviewer: (b) (6) [REDACTED]

Date: 06/13/2013

DDS ONSITE REVIEW FORM

- A. Name of Facility/Provider: (b) (6)
- B. Address: (b) (6)
- C. Other office locations: (b) (6)
- D. Types of examinations conducted: IM and mental
- E. Provider has performed CEs for the DDS since: (b) (6)
- F. Provider contact: Name: (b) (6) Phone: (b) (6)
- G. Provider classification
1. Key Provider or top five CE provider by dollar volume: (b) (6)
- H. Reason for visit:
(b) (6)
- I. Facilities
1. Building
- a. **Identifiability:** Easy to find
 - b. **Cleanliness:** Clean, bright atmosphere. Recently redecorated
 - c. **Handicap accessibility:** Yes, ramps outside and inside
 - d. **Public transportation:** Smart Bus
 - e. **Parking lot:** Large lot, plenty of parking front and back, easy access to W/C ramp
 - f. **Emergency exit signs:** Over exit door and several leading to it
 - g. **Rest rooms:** Clean, well maintained
 - h. **Safe location for claimants to travel:** Yes

i. **Secure location for medical records and computer records:** Reports dictated into computer, pass word protected. X-rays kept in locked room in basement. If transporting files to typist, kept in locked trunk.

j. **Other (comments):**

2. **Equipment/Laboratory tests**

a. **Onsite:** X-rays and PFT. X-ray Machine-expriation 9/1/13 PFS maching calibrated daily, has SSA parameter set in.

b. **Offsite:**

J. **Staff**

1. **Professionalism:** Very professional

2. **Is claimant greeted timely?** Yes

3. **Does medical source speak any language other than English? If so, which language?** One IM speaks Hindi

4. **Current licensing**

a. **Displayed:** Updated licensing kept in file and available on request

b. **On file at DDS:** Yes

K. **Scheduling**

1. **What is the maximum number of CEs scheduled per physician/psychologist per day/per specialty?**

(b) (6): 8-9/day, (b) (6): 11, (b) (6): 10-12

2. **What are the minimum interval times that the CE provider schedules for an exam?**

(b) (6): 1 hr., (b) (6): 45 min., (b) (6) 30 min.

3. **What is the actual length of times for exams to be completed per visit?**

(b) (6) 45-1hr., (b) (6) 30 min., (b) (6) 30 min-1hr.

L. **Procedures**

1. **Privacy and confidentiality of claimant information?**

Pass word protected computers, reports dictated into computer.

2. **How and by whom is the claimant's medical history obtained?**

Cl. given questionnaire to complete, then docs review with cl.

3. **How and by whom is the claimant's psychological history obtained?**
Cl. complete questionnaire, then review by (b) (6) with cl.
4. **How much time does the physician/psychologist spend face-to-face with the claimant?**
30-45 minutes. Longer with MS
5. **Does the source certify that assistants meet appropriate licensing or certification requirements of the state?**
Yes

M. Laboratories

1. **Diagnostic and lab tests**
 - a. **Performed by (if a nonphysician, state performer's qualifications):**
(b) (6) does x-rays and PFT/Certified
 - b. **Interpreted by (if a nonphysician, state the interpreter's qualifications):**
Sent out to MI. Radiology, Southfield for interpretation by MD.
2. **Turn-around timeliness, including both test results and interpretations:**
5-7 days for x-rays

N. Exit Interviews of Claimants:

None

O. Confidentiality of CE reports and office security:

Kept in office in pass word protected computer, locked files. If taken to typist, in locked trunk, with no stops.

P. Describe electronic method provider uses to transmit report:

Received invoice, etc. via eOR. Right now returns via Fax. However, with new computer systems, they will be contacting us to go totally eOR.

Q. Additional Information:

We met with (b) (6) and the clinic owner, (b) (6). We discussed the 13-14 day turn around time for reports. Per (b) (6) with new computer system, (b) (6) feels this will bring down the times. We as that they "shoot" for less than 10 days to start. (b) (6) was in agreement. DDS will check on turn around times in a couple of months.

(b) (6) had several concerns:

1. Wondered if there could be language in our letter to cl. stating to effect "must be clean and appropriately dressed". Clinic shares space with other docs and patients. Some of our cl. have come in with very heavy body odors that bother other patients and staff. Also some of our cl. have come in inappropriately dressed, ie no underwear
2. There have been instances of cabs being late picking up cl., therefore cl. late for appointments. Also cab not giving cl. contact information to call for return trip. However, (b) (6) did not know which cab co. were the problem. We requested (b) (6) call DDS with cl. name when this happens, then we can find out which cab co. is the problem.
3. They are receiving invoices with blank allegation forms. Also invoices with no attached ROM, Neurology forms. We will be sending (b) (6) blank forms for reproduction.

Reviewer: (b) (6)

Date: 6/26/13

CLAIMANT'S NAME: (b) (6)

CASE #: (b) (6)

DOCTOR'S NAME: (b) (6)

EXAM DATE: 05/14/13

LOCATION: (b) (6)

EXAM TIME: 11:30A

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

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

CLAIMANT'S NAME: (b) (6)

CASE #: (b) (6)

DOCTOR'S NAME: (b) (6)

EXAM DATE: 05/14/13

LOCATION: (b) (6)

EXAM TIME: 1:30P

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

OTHER COMMENTS: (b) (6) was late to the appointment because (b) (6) got lost once (b) (6) got to (b) (6). (Drove from New London.) (b) (6) also ended up going into the church vs. the building where the office is (b) (6) because there are too many street names on the directions we send with the notice. (b) (6) felt that the exam room wasn't private because when (b) (6) was in the waiting room (b) (6) could hear words being spoken in that room. (b) (6) was uncertain as to whether the exam was complete, stating that the doctor should have asked more direct questions, but was not able to expand on that statement. (b) (6) also stated

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

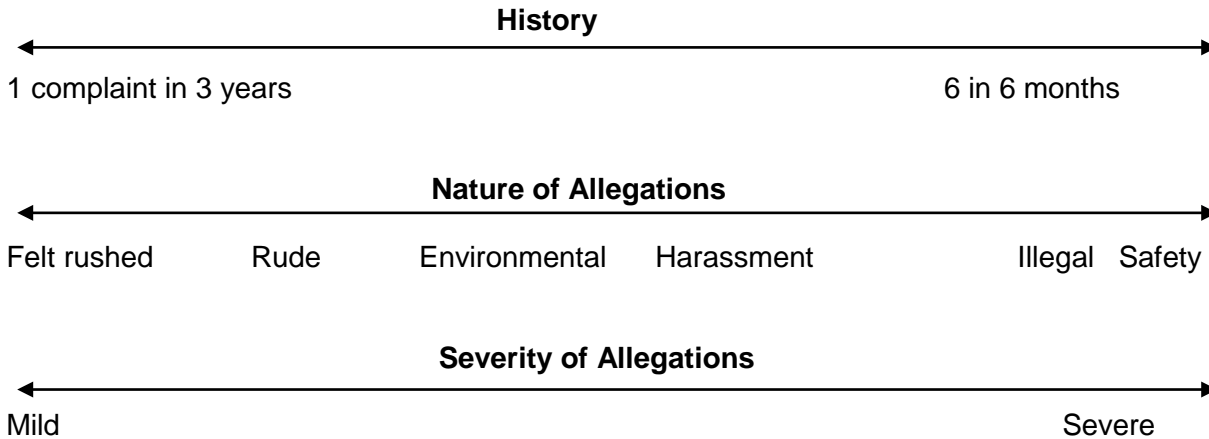
Guidance on Investigating CE Vendor Complaints

Due to the nature and variability of complaints about ce vendors, there is not a one size fits all policy on this issue.

- Record all complaints (verbal and written), investigation results, your conclusion, and final disposition/steps (if any) that you took with the vendor.
- The greater the number of recent complaints, the greater the response should be from DDS
- The more severe the allegations, the greater the response from DDS should be.

Less Severe

More Severe



Investigating the complaint should involve one or more of the following steps:

- *Always make an entry regarding all complaints.*
- *Always examine the complete history of the provider with DDS; is there a history of complaints against this provider?*

Possible and Optional Investigation Steps

1. Call the provider and let them know of the complaint and ask their side.
2. Perform claimant surveys, do they show a pattern, current or past?
3. Write the provider and inform them of the complaint and ask for a formal response in writing.

The response to the vendor regarding the complaint can be greatly varied depending on the circumstances.

Options range from:

- Not informing the vendor of the complaint
- Informing the vendor
- Educating the vendor to our expectations
- Warning the vendor about a repeat offense.
- Restricting or curtailing use of the vendor.
- Referral to appropriate state medical board or legal authority if warranted (after obtaining RO guidance).

Other

- The DDS response should be appropriate to the findings.
- The complaint can be taken from the claimant over the phone.
- Depending on the history of the provider and the severity of the complaint, the claimant may be asked to provide their complaint in writing.
- The claimant should be thanked for their information and told that we will investigate. The results of the investigation are not for public disclosure.
- Depending upon the severity of the complaint, the DDS may send a written response to the claimant to the effect that we are investigating and will take appropriate action.

<u>Billed Amt</u>	<u>Organization Name</u>	<u>Last Name</u>	<u>City</u>	<u>DDS</u>
\$871,561.23	FOREST PARK MEDICAL		ST LOUIS	STL
\$381,029.52	MIDWEST CES		NORTH SALT LAKE	KC
\$246,948.44	TRI-STATE OCCUPATIONAL MEDICIN		HUNTINGTON	Cape
\$169,340.55	EXAM PRO LLC		SPRINGFIELD	Spfld
\$152,911.89	ASSOCIATED BEHAVIORAL CONSULT		FULTON	JC
\$136,357.60		REXROAT	PACIFIC	SL
\$101,605.84		ISRAEL	SHAWNEE MISSION	KC
\$90,707.35		SCHWARTZ	OVERLAND PARK	KC
\$82,243.53	WESTWOOD MEDICAL CLINIC INC		POPLAR BLUFF	Cape
\$74,660.97		KEOUGH	BUTLER	KC
\$74,028.26	JAMES HENDERSON MD PC		WICHITA	KANSAS
\$73,839.60		FORSYTH	SPRINGFIELD	Spfld
\$68,394.42	MINERAL AREA REGIONAL MED CTR		FARMINGTON	Cape
\$66,420.94		EPPERSON	KANSAS CITY	KC
\$66,184.23		ANDERSON	TURNERS	Spfld
\$62,731.70		MINTZ	LAWRENCE	KANSAS
\$52,628.31		VELEZ	COLUMBIA	JC
\$51,556.53	KALA DANUSHKODI MD LLC		N KANSAS CITY	KC
\$51,266.40	WEST PARK MEDICAL CLINIC		CLAYTON	STL
\$50,649.06		WALKER	IRONTON	Cape
\$48,066.12		LUTZ	SPRINGFIELD	Spfld
\$47,633.75	SPRINGFIELD NEUROLOGICAL INST		SPRINGFIELD	Spfld
\$46,707.19	MICHAEL T ARMOUR PHD LLC		CLAYTON	STL
\$45,297.16	ST LOUIS PSYCHOLOGICAL SERV		WILDWOOD	STL
\$43,919.68	SOUTHEAST MO HOSPITAL PHYS LLC		CAPE GIRARDEAU	Cape
\$43,515.30	M D ELECTRODIAGNOSIS, INC		KANSAS CITY	KC
\$42,267.24		PRESTAGE	KANSAS CITY	KC
\$41,702.29		ASH	SPRINGFIELD	Spfld
\$38,961.27		LIEBERMAN	WESTWOOD HILLS	KC
\$38,714.73		FREDERICK	SPRINGFIELD	Spfld
\$38,058.96		BLEAZARD	KANSAS CITY	KC
\$37,784.07		LANPHER	BLOOMFIELD	Cape
\$37,500.35	SAAD M AL-SHATHIR MD LLC		JOPLIN	Spfld
\$35,324.70		MAULDIN	SPRINGFIELD	Spfld
\$33,991.23		LITTLETON	ST LOUIS	STL
\$32,604.47	HEARTLAND OCCUPATIONAL MED		ST JOSEPH	KC
\$32,314.02	CENTRAL MO PSYCHOLOGICAL CTR		WARRENSBURG	KC
\$31,795.81	CITY SPEECH INC		CLAYTON	STL
\$31,597.79	NORTHWEST BEHAVIORAL HLTH CONS		CHILLICOTHE	KC
\$31,301.98	UNIVERSITY PHYSICIANS		COLUMBIA	JC
\$30,540.26	TWIN RIVERS REGIONAL MED CTR		KENNETT	Cape
\$29,046.74	JOHN O WOOD PSYCHOLOGICAL SERV		POPLAR BLUFF	Cape
\$28,946.63	KEVIN M WHISMAN LLC		JOPLIN	Spfld
\$28,812.32		LIPSITZ	ST PETERS	STL
\$28,323.60	NEUROPSYCHOLOGICAL ASSOC OF SW		SPRINGFIELD	Spfld
\$28,125.55	CLINICAL NEUROLOGY INC		ST LOUIS	STL
\$28,120.59	SHEEHAN PSYCHOLOGICAL SERIVCES		KANSAS CITY	KC
\$27,770.40		BRECKENRIDGE	HOLT	KC
\$27,063.33		LEONBERGER	ST LOUIS	STL
\$27,054.85	ST MARYS HEALTH CENTER		JEFFERSON CITY	JC
\$26,639.40		BRENNER	COLUMBIA	JC
\$25,915.71		LUCIO	JEFFERSON CITY	JC
\$25,902.48	FREEMAN HEALTH SYSTEM PHY BILL		JOPLIN	Spfld
\$25,700.85	ST FRANCIS MEDICAL CENTER		CAPE GIRARDEAU	Cape
\$25,276.24		CROSS	IRONTON	Cape
\$25,096.33		ROSENBOOM	POPLAR BLUFF	Cape
\$24,781.58	ST JOHNS CLINIC INC		SPRINGFIELD	Spfld
\$24,659.55		WHISENHUNT	SPRINGFIELD	Spfld

(b) (6)

\$23,706.96	CAPE RADIOLOGY GROUP INC		CAPE GIRARDEAU	Cape
\$23,196.40		SCHULTZ	COLUMBIA	JC
\$22,902.79	PATHWAYS COMM BEHAV HLTHCARE		CLINTON	KC
\$22,298.80	KANSAS CITY PHYSICAL MED CTR		OVERLAND PARK	KC
\$22,172.35	SALEM MEMORIAL DISTRICT HOSP	DEMORLIS	SALEM	JC
\$21,971.56	HEARTLAND COUNSELING SERVICES	BEIN	ST JOSEPH	KC
\$21,792.18	JB ASTIK MD PC		WARRENSBURG	KC
\$21,720.08	DISABILITY MANAGEMENT ASSOC		LEAWOOD	KC
\$21,511.12	COLLEGE SKYLINE CENTER		JOPLIN	Spfld
\$21,236.99	MENTAL WELLNESS LLC		OSAGE BEACH	JC
\$21,174.79	DIAGNOSTIC IMAGING CENTERS PA		KANSAS CITY	KC
\$20,736.65	HERNDON A SNIDER & ASSOCIATES		JOPLIN	Spfld
\$19,426.84		KAN	ORLANDO	Spfld
\$19,225.88	DISCOVER VISION CENTERS	TAYLOR	KANSAS CITY	KC
\$18,861.33		PIETZ	OZARK	Spfld
\$18,855.85	ST CHARLES WEST PSYCHOLOGICAL		WENTZVILLE	JC
\$17,724.05	LAURA R TISHEY PSYD LLC		CLAYTON	STL
\$17,471.53	JEFFERSON CITY MEDICAL GROUP		JEFFERSON CITY	JC
\$17,424.20	MERCY HOSPITAL SPRINGFIELD		ST LOUIS	Spfld
\$17,421.37	COMPREHENSIVE PSYCHIATRY LLC		KANSAS CITY	KC
\$17,289.35		BENDER	SPRINGFIELD	Spfld
\$16,828.72	AMARA PC		ST LOUIS	STL
\$16,699.27	MO DELTA MEDICAL CENTER		SIKESTON	Cape
\$16,394.14	PSYCHOLOGICAL CONSULTANTS		ST LOUIS	STL
\$16,000.23	KOENEMAN PSYCHOLOGICAL SERVICE		OLATHE	KC
\$15,843.17		LEWIS	ST LOUIS	STL
\$15,651.36	HORIZON MEDICAL		SPRINGFIELD	Spfld
\$15,486.44	PSYCHOLOGY ASSOCIATES INC		QUINCY	JC
\$15,181.68	ST LOUIS ORTHOPEDIC INSTITUTE		ST LOUIS	STL
\$15,162.48	DEBORAH A KING MA & ASSOCIATES		SHAWNEE MISSION	KC
\$14,713.02	LINCOLN COUNTY MEDICAL CENTER		TROY	JC
\$14,704.50	EVERGREEN BEHAVIORAL SERVICES		MEXICO	JC
\$14,355.41	BURTON CREEK MEDICAL CLINIC		WEST PLAINS	Spfld
\$14,158.94	BRIDGET A GRAHAM PSYD LLC		GLEN CARBON	STL
\$13,952.83		RUEDI	BLUE SPRINGS	KC
\$13,907.81		KING	KANSAS CITY	KC
\$13,745.38	MISSOURI OCCUPATIONAL MEDICINE		WASHINGTON	JC
\$13,603.89		HOLLIS	SPRINGFIELD	Spfld
\$13,574.32		SCHMITZ	COLUMBIA	JC
\$13,274.51	HEARTLAND CTR PROF COUNSELING		CAPE GIRARDEAU	Cape
\$13,250.15	MORE THAN THERAPY		ST LOUIS	STL
\$13,096.08		HWANG	SPRINGFIELD	Spfld
\$12,977.35	A TO Z THERAPY SERVICES LLC		ST LOUIS	STL
\$12,957.77	MIDWEST BEHAVIORAL HEALTH		TROY	JC
\$12,677.84	MISSOURI VALLEY PHYSICIANS	UHRIG	MARSHALL	JC
\$12,642.50	CHRISTIAN PSYCHOLOGICAL SERV	DAVID PULCHER	OVERLAND PARK	KANSAS
\$12,451.67		COHEN	KANSAS CITY	KC
\$12,315.35	ST LUKES HOSPITAL OF KC		ST LOUIS	STL
\$12,294.18	ST JOHNS PHYSICIANS		ST LOUIS	STL
\$12,172.58		SUBRAMANIAN	CARTHAGE	Spfld
\$11,956.63	SPECIALISTS IN INTERNAL MED		CLAYTON	STL
\$11,869.31		KARR	KANSAS CITY	KC
\$11,377.84	HANNIBAL REGIONAL MED GROUP		HANNIBAL	JC
\$10,847.12	TO YOUR HEALTH FAM MED CLINIC		COLUMBIA	JC
\$10,772.85		GERHART	JOPLIN	Spfld
\$10,762.98	RAMULU SAMUDRALA MD	SAMUDRALA	ST LOUIS	STL
\$10,642.72	EDUCATIONAL & PSYCH CONSULTANT		COLUMBIA	JC
\$10,455.22	DR KY BENNETT PC		KANSAS CITY	KC
\$10,420.15		NEUFELD	OLATHE	KANSAS

\$10,337.27

(b) (6)

HAMPTON

ST LOUIS

STL

Billed Amt	Vendor #	Organization Name	Last Name	City	DDS	2013	2012	2011	2010	2009
\$246,948.44	(b) (6)	TRI-STATE OCCUPATIONAL MEDICIN		HUNTINGTON	Cape	5/19/13	✓	✓	✓	✓
\$82,243.53		WESTWOOD MEDICAL CLINIC INC		POPLAR BLUFF	Cape	5/30/13	✓			✓
\$68,394.42		MINERAL AREA REGIONAL MED CTR		FARMINGTON	Cape			✓	✓	
\$50,649.06			WALKER	IRONTON	Cape	5/9/13	✓		✓	
\$43,919.68		SOUTHEAST MO HOSPITAL PHYS LLC		CAPE GIRARDEAU	Cape					
\$37,784.07				LANPHER	BLOOMFIELD	Cape				
\$30,540.26		TWIN RIVERS REGIONAL MED CTR			KENNETT	Cape				
\$29,046.74		JOHN O WOOD PSYCHOLOGICAL SERV			POPLAR BLUFF	Cape				
\$25,700.85		ST FRANCIS MEDICAL CENTER			CAPE GIRARDEAU	Cape			✓	✓
\$25,276.24			CROSS	IRONTON	Cape					
\$25,096.33		ROSENBOOM	POPLAR BLUFF	Cape						
\$23,706.96	CAPE RADIOLOGY GROUP INC			CAPE GIRARDEAU	Cape					
\$16,699.27	MO DELTA MEDICAL CENTER			SIKESTON	Cape					
\$13,274.51	HEARTLAND CTR PROF COUNSELING			CAPE GIRARDEAU	Cape					
\$152,911.89		ASSOCIATED BEHAVIORAL CONSULT		FULTON	JC	5/20/13	✓	✓	✓	✓
\$52,628.31			VELEZ	COLUMBIA	JC	5/10/13				
\$31,301.98	UNIVERSITY PHYSICIANS			COLUMBIA	JC		✓	✓		
\$27,054.85	ST MARYS HEALTH CENTER			JEFFERSON CITY	JC	5/14/13			✓	
\$26,639.40			BRENNER	COLUMBIA	JC	5/24/13			✓	
\$25,915.71			LUCIO	JEFFERSON CITY	JC		✓			
\$23,196.40			SCHULTZ	COLUMBIA	JC					
\$22,172.35	SALEM MEMORIAL DISTRICT HOSP		DEMORLIS	SALEM	JC					
\$21,236.99	MENTAL WELLNESS LLC			OSAGE BEACH	JC					
\$18,855.85	ST CHARLES WEST PSYCHOLOGICAL			WENTZVILLE	JC					
\$17,471.53	JEFFERSON CITY MEDICAL GROUP			JEFFERSON CITY	JC					
\$15,486.44	PSYCHOLOGY ASSOCIATES INC			QUINCY	JC					
\$14,713.02	LINCOLN COUNTY MEDICAL CENTER			TROY	JC					
\$14,704.50	EVERGREEN BEHAVIORAL SERVICES			MEXICO	JC					
\$13,745.38	MISSOURI OCCUPATIONAL MEDICINE			WASHINGTON	JC					
\$13,574.32			SCHMITZ	COLUMBIA	JC					✓
\$12,957.77	MIDWEST BEHAVIORAL HEALTH			TROY	JC					
\$12,677.84	MISSOURI VALLEY PHYSICIANS		UHRIG	MARSHALL	JC					
\$11,377.84	HANNIBAL REGIONAL MED GROUP			HANNIBAL	JC					
\$10,847.12	TO YOUR HEALTH FAM MED CLINIC			COLUMBIA	JC					
\$10,642.72	EDUCATIONAL & PSYCH CONSULTANT			COLUMBIA	JC					
\$74,028.26		JAMES HENDERSON MD PC		WICHITA	KANSAS					

\$62,731.70	(b) (6)	MINTZ	LAWRENCE	KANSAS				
\$12,642.50		CHRISTIAN PSYCHOLOGICAL SERV	DAVID PULCHER	OVERLAND PARK	KANSAS			
\$10,420.15			NEUFELD	OLATHE	KANSAS			
\$381,029.52		MIDWEST CES	NORTH SALT LAKE	KC	6/21/13			
\$101,605.84			ISRAEL	SHAWNEE MISSION	KC	6/21/13	✓	✓
\$90,707.35			SCHWARTZ	OVERLAND PARK	KC	7/26/13		✓
\$74,660.97			KEOUGH	BUTLER	KC	6/20/13	✓	✓
\$66,420.94			EPPERSON	KANSAS CITY	KC		✓	
\$51,556.53		KALA DANUSHKODI MD LLC		N KANSAS CITY	KC		✓	
\$43,515.30		M D ELECTRODIAGNOSIS, INC		KANSAS CITY	KC			✓
\$42,267.24			PRESTAGE	KANSAS CITY	KC		✓	✓
\$38,961.27			LIEBERMAN	WESTWOOD HILLS	KC	6/20/13	✓	
\$38,058.96			BLEAZARD	KANSAS CITY	KC			
\$32,604.47		HEARTLAND OCCUPATIONAL MED		ST JOSEPH	KC		✓	
\$32,314.02		CENTRAL MO PSYCHOLOGICAL CTR		WARRENSBURG	KC			
\$31,597.79		NORTHWEST BEHAVIORAL HLTH CONS		CHILLICOTHE	KC			
\$28,120.59		SHEEHAN PSYCHOLOGICAL SERIVCES		KANSAS CITY	KC			
\$27,770.40			BRECKENRIDGE	HOLT	KC			
\$22,902.79		PATHWAYS COMM BEHAV HLTHCARE		CLINTON	KC			
\$22,298.80		KANSAS CITY PHYSICAL MED CTR		OVERLAND PARK	KC			
\$21,971.56		HEARTLAND COUNSELING SERVICES	BEIN	ST JOSEPH	KC			
\$21,792.18		JB ASTIK MD PC		WARRENSBURG	KC			
\$21,720.08		DISABILITY MANAGEMENT ASSOC		LEAWOOD	KC			
\$21,174.79		DIAGNOSTIC IMAGING CENTERS PA		KANSAS CITY	KC			
\$19,225.88		DISCOVER VISION CENTERS	TAYLOR	KANSAS CITY	KC			
\$17,421.37		COMPREHENSIVE PSYCHIATRY LLC		KANSAS CITY	KC			
\$16,000.23		KOENEMAN PSYCHOLOGICAL SERVICE		OLATHE	KC			
\$15,162.48		DEBORAH A KING MA & ASSOCIATES		SHAWNEE MISSION	KC			
\$13,952.83			RUEDI	BLUE SPRINGS	KC			
\$13,907.81			KING	KANSAS CITY	KC			
\$12,451.67			COHEN	KANSAS CITY	KC			
\$11,869.31			KARR	KANSAS CITY	KC			
\$10,455.22		DR KY BENNETT PC		KANSAS CITY	KC			
\$169,340.55		EXAM PRO LLC		SPRINGFIELD	Spfld	5/30/13	✓	✓
\$73,839.60			FORSYTH	SPRINGFIELD	Spfld	8/22/13	✓	✓
\$66,184.23			ANDERSON	TURNERS	Spfld	8/6/13	✓	
\$48,066.12			LUTZ	SPRINGFIELD	Spfld			✓

\$47,633.75	(b) (6)	SPRINGFIELD NEUROLOGICAL INST	SPRINGFIELD	Spfld					
\$41,702.29		ASH	SPRINGFIELD	Spfld	8/7/13				✓
\$38,714.73		FREDERICK	SPRINGFIELD	Spfld	7/12/13				
\$37,500.35		SAAD M AL-SHATHIR MD LLC	JOPLIN	Spfld					
\$35,324.70		MAULDIN	SPRINGFIELD	Spfld					
\$28,946.63		KEVIN M WHISMAN LLC	JOPLIN	Spfld					
\$28,323.60		NEUROPSYCHOLOGICAL ASSOC OF SW	SPRINGFIELD	Spfld					
\$25,902.48		FREEMAN HEALTH SYSTEM PHY BILL	JOPLIN	Spfld					
\$24,781.58		ST JOHNS CLINIC INC	SPRINGFIELD	Spfld					
\$24,659.55		WHISENHUNT	SPRINGFIELD	Spfld					✓
\$21,511.12		COLLEGE SKYLINE CENTER	JOPLIN	Spfld					
\$20,736.65		HERNDON A SNIDER & ASSOCIATES	JOPLIN	Spfld					
\$19,426.84		KAN	ORLANDO	Spfld					
\$18,861.33		PIETZ	OZARK	Spfld					
\$17,424.20		MERCY HOSPITAL SPRINGFIELD	ST LOUIS	Spfld					
\$17,289.35		BENDER	SPRINGFIELD	Spfld					
\$15,651.36		HORIZON MEDICAL	SPRINGFIELD	Spfld					
\$14,355.41		BURTON CREEK MEDICAL CLINIC	WEST PLAINS	Spfld					
\$13,603.89		HOLLIS	SPRINGFIELD	Spfld					
\$13,096.08		HWANG	SPRINGFIELD	Spfld					
\$12,172.58		SUBRAMANIAN	CARTHAGE	Spfld					
\$10,772.85		GERHART	JOPLIN	Spfld					
\$871,561.23		FOREST PARK MEDICAL	ST LOUIS	STL	7/15/13	✓	✓	✓	✓
\$136,357.60		REXROAT	PACIFIC	STL		✓	✓	✓	✓
\$51,266.40		WEST PARK MEDICAL CLINIC	CLAYTON	STL	7/16/13	✓		✓	✓
\$46,707.19		MICHAEL T ARMOUR PHD LLC	CLAYTON	STL	7/16/13	✓			
\$45,297.16		ST LOUIS PSYCHOLOGICAL SERV	WILDWOOD	STL	7/15/13		✓	✓	
\$33,991.23		LITTLETON	ST LOUIS	STL					
\$31,795.81		CITY SPEECH INC	CLAYTON	STL					
\$28,812.32		LIPSITZ	ST PETERS	STL					
\$28,125.55		CLINICAL NEUROLOGY INC	ST LOUIS	STL					
\$27,063.33		LEONBERGER	ST LOUIS	STL					
\$17,724.05		LAURA R TISHEY PSYD LLC	CLAYTON	STL					
\$16,828.72		AMARA PC	ST LOUIS	STL					
\$16,394.14		PSYCHOLOGICAL CONSULTANTS	ST LOUIS	STL					
\$15,843.17		LEWIS	ST LOUIS	STL					
\$15,181.68		ST LOUIS ORTHOPEDIC INSTITUTE	ST LOUIS	STL					
\$14,158.94		BRIDGET A GRAHAM PSYD LLC	GLEN CARBON	STL					

\$13,250.15	(b) (6)	MORE THAN THERAPY		ST LOUIS	STL
\$12,977.35		A TO Z THERAPY SERVICES LLC		ST LOUIS	STL
\$12,315.35		ST LUKES HOSPITAL OF KC		ST LOUIS	STL
\$12,294.18		ST JOHNS PHYSICIANS		ST LOUIS	STL
\$11,956.63		SPECIALISTS IN INTERNAL MED		CLAYTON	STL
\$10,762.98		RAMULU SAMUDRALA MD	SAMUDRALA	ST LOUIS	STL
\$10,337.27			HAMPTON	ST LOUIS	STL

Missouri CE Oversight Report
Federal Fiscal Year 2013
November 8, 2013

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

The Missouri DDS has six Professional Relations Officers. There is one PRO each of the five district offices. There is an additional PRO in the St. Louis DDS office that primarily works with the St. Louis CDI unit and hearing cases but will assist, as needed, with PRO responsibilities. Each office's PRO handles the claimant complaints from that geographical area. The claimant usually discusses the complaint with DDS staff to clarify the nature and extent of the complaint. They are often asked to submit the complaint in writing. Depending on the complaint and the vendor's history, the doctor is often contacted and given a chance to respond to the complaint. Depending on the nature of the complaint, survey letters may be sent to past or future claimants having consultative examinations with the doctor. Results may be provided to the doctor, as well as discussing the situation with the doctor, again, depending on the nature of the complaint and the results of the surveys. Documentation of the complaint and the resolution is placed in the vendor's file. For more detail, please see included sheet with guidance for Missouri PROs to handle complaints (Attachment A).

2. Provide a list of key providers.
For decentralized DDS locations, the list should be prepared and submitted for each branch.

Please see the attached Excel spreadsheet (Attachment B) that documents the top 118 CE vendors in the state by dollar amount of business from 3/1/12 through 2/28/13 (includes Kansas vendors). We list the vendors by volume for the state ("TOPVEND2" tab) and then sort them per office ("By Office" tab). Key Providers are highlighted in pink. Providers highlighted in red are top Kansas providers used by Missouri in processing Kansas cases.

3. Provide copies of onsite reviews of CE providers in the past year.
Please discuss methodology in selecting vendors for onsite visits.

As required, the top 5 vendors for the state have an onsite visit (Attachment C). In addition, each PRO attempts to visit at least their top 3 vendors for their geographical area. If a vendor has been visited the last two years in a row and is not one of the top five vendors in the state, the PRO can substitute another vendor in their place for that year. Dates of onsite visits are listed by the vendor on the "By Office" tab (Attachment B).

4. For CE panels:

a. List the number of CE providers on the panel.

During the period of 3/1/12 to 2/28/13, Missouri utilized approximately 458 vendors. This included Missouri and Kansas vendors.

b. Provide a brief description of the process used by the DDS to ensure that medical credentials checks and exclusion list(s) checks are made at initial agreement and periodically thereafter to ensure no unlicensed or excluded CE providers perform CEs.

- When recruiting a new CE provider, the PROs check the national HHS web site (<http://exclusions.oig.hhs.gov/search.html>) and the state web site - Missouri Division of Professional Registration (<http://pr.mo.gov/>) - to make sure the provider's license is current and not sanctioned in the state or nationally. If currently licensed and not sanctioned, the provider signs a statement indicating he/she is properly licensed and not sanctioned. In addition, the statement states that any

- technical medical staff participating in an exam for him/her is properly licensed, certified and trained for the position and is not sanctioned. This statement is kept on file in a central electronic file.
- All CE providers place their license number and expiration date on each CE report submitted to DDS.
 - On a monthly basis, we check the HHS website for that month's sanctioned and reinstated lists. These are downloaded, sorted, and checked by the Pros.
 - The PROs check all CE vendors' status (this includes SLP's, nurse practitioners, psychologists, etc.) with the state web site once a year starting in February (nurse practitioners in April and optometrists in October). License check date and expiration date are monitored and recorded for each license check. When checking the licenses, the PROs obtain an updated signature on the source agreements if the one on file is five years old or older.
 - Although not CE providers, the PROs check the license status of their office MCs once a year on the state web site.

c. Provide a brief description of the process used by the DDS to ensure that all CE providers' support personnel are properly licensed or credentialed when required by State law or regulation.

Please see the first and fourth bullets above.

5. For medical fee schedules:

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

For CEs, we use the Relative Value Units for Physicians with a geographical index adjustment. Lab fees are set based on the "Physicians Coding Guide" units with a conversion amount. Psychological fees are based on time unit studies/surveys and recommendations

We either use the CE fees established by our parent agency (Vocational Rehabilitation), or we establish fees based on their policies.

On 4/1/13, the CE fee schedule was updated according to the Medicare fee schedule that was in effect as of January 1, 2013.

On 8/1/13, psychological exams/testing fees that did not have an equivalent fee on the parent agency fee schedule on 4/1/13 were updated. The new fees were based on our parent agency policies after fee surveys were completed and new fees computed.

MER Fees are set by state law and is attached to the U.S. city average, annual average inflation rate of the medical care component of the Consumer Price Index for all urban consumers.

On 2/1/13, the paper MER fee amount went up to \$22.82 copy fee and \$0.53 per page. Electronic records MER fees changed to \$5.34 copy fee and \$0.53 per page with a \$26.71 maximum.

On 8/28/13, due to state law enacted by the Missouri legislature, another MER fee change occurred in Missouri. The fees are currently \$22.82 copy fee and \$0.53 per page for both paper and electronic records. There is no maximum for paper records, but there is a cap of \$100 for electronic records.

b. Provide a copy of current CE fee schedule.

Attached are the 2013 fee schedules in Attachment D (fees from 4/1/13) and Attachment E (fees from 8/1/13).

6. Provide a brief description of DDS professional relations officer's/medical relations officer's activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with Regional public affairs offices, etc.

a. General PRO activities this year included:

- Recruiting CE and eMER vendors
- Training new CE vendors
- Investigating and resolving complaints
- Tracking down MER
- Investigating ERE problems/issues
- Monitor and Improve CE report quality
- Training and educating vendors on reporting and testing requirements
- Educating vendors regarding electronic MER delivery
- Educating CE vendors on the necessity of encrypting portable devices
- Educating DD staff on MHIT, eAuthorizaion and NVF
- Educating vendors on EFT (vendor services payment portal)
- Regular calls and recruitment for sources to use ERE
- MPRO calls, when they are held; statewide PRO calls

b. "In person" Presentations:

- ATT Still University Kirksville presentation for 7 family practice residents to discuss CE process and explain the role of DDS in their future patient's care.
- Attended SOARS meeting/training KC area to act as a resource for disability process: December, January
- Attended SOARS meeting/training Springfield area to act as resource for disability process: October, March
- Presentation to Stepping Stones, who assist adults in transitioning to independent living, on the disability process from application to DDS'S role in adjudication.

c. Other contacts

- NVF/DCPS conference calls for DCPS/rollout
- Worked with MO Family Support Division on business process for requesting copy of records which result in higher rate of receiving records and lower CE purchase
- Field office liaison work
- ODAR liaison work
- Implemented a newsletter to CE vendors via e-mail: DDS Newsflash
- Mass e-mails by individual PRO's to vendors in their territory address needs in their areas (counselor name out of report, include substest scores with IQ testing, etc)

In addition to these contacts, the PROs have spent a great deal of time in preparing for DCPS rollout. The PRO's have worked on cleansing the MIDAS vendor database, assisted with NVF checks and participated in numerous DCPS/NVF related conference calls.

New York Region Annual CE Oversight Report | FY2013

PM 00233.005 Regional Office Consultative Examination Oversight Procedures.

The NY Regional Office conducted the following:

- **Onsite reviews** - The NY Region teamed with the DDS MPROs for several local travel onsite reviews of CE providers.
- **Fee schedules** - The NY DDS revised their CE fee scheduled in 5/13. All DDSs MER/CE fee schedules are current and up to date.
- **License and sanction checks** - There were no sanctions found against key CEMD providers in the NY Region DDSs. Random license checks were done for NY and NJ DDS online.
- **DDS Annual CE oversight report** – PRC reviewed all of the DDSs reports in file.
- **Monitoring DDS CE oversight management** - PRC ensures that the DDSs comply with procedures outlined in POMS PM 00233.900.
- **Special reporting** -
 - a. **incidents of potential conflict of interest** none per DI 39569.100
 - b. **Provoke public criticism or result in press attention** - On 8/21/13 the Department of Justice in the Commonwealth of Puerto Rico made several fraud indictments against medical professionals, a non- attorney representative and SSA beneficiaries. The NY Region has taken corrective action to review disability claims involving the discredited sources. See instructions in EM 13-027, EM 13-029 and EM 13-046.

The U.S Department of Justice in New Jersey filed charges against (b) (6) (b) (6) (b) (6)). The indictment states that beginning January 2004, (b) (6)

[REDACTED]

New York Region Annual CE Oversight Report | FY2013

Other Findings:

The NYDDS MPRO and NY Regional Office PRC participated in a CE oversight focus workgroup from 6/13 to 9/13. The workgroup focused on CE medical policy and procedural regulations. Most of CE regulations required minor language revisions for consistency or clarifications. However, several regulations required possible policy changes that could impact the DDSs business process.

The NYDDS and ODAR continue to work together to resolve problems with CE reports. The NY DDS took corrective action and retrained a particular CEMD who was submitting internally inconsistent reports. NYDDS continues to use IMA contract to handle large volume of CEs.

Binder and Binder Law Associates continue to send questionnaires and interrogatories directly to CEMD providers for completion. The NY and NJ DDS were advised not to comply and forward the information requests to NY OGC Disclosure Request.

The PR DDS continues to proactively recruit different specialty providers to expand the CE panel and to educate the medical community on ERE process. With additional clerical support, the PR DDS was able to significantly reduce the CE scheduling waiting period backlogs on mental cases. However, orthopedic and neurology CE's are still backlogged by an estimated 3 to 4 months. The impact of the fraud indictments on the medical community in PR may result in increased CE requests because the treating physicians are very reluctant to submit MER or answer any questions by phone. Some beneficiaries have withdrawn their disability applications.

VI DDS- Governor Juan Luis Hospital is facing financial crisis with the possibility of closing down and is not responding to MER requests. This may increase CE requests in order to clear cases with insufficient MER.

Questions may be directed to the New York Region PRC, (b) (6).

(b) (6)

NJ Disability Programs Administrator
NY RO Center for Disability

(b) (6)

(b) (6)

December 12, 2013

DI 39545.525 Exhibit 1 – Suggested Protocol for DDS Onsite Reviews of Consultative Examination (CE) Providers

Date: May 30, 2013

- A. Name and address of facility/provider: (b) (6)
- B. Other office locations: (b) (6)
- C. Types of examinations conducted: Internal and Pulmonary
- D. Provider has performed consultative examinations (CEs) for DDS since (b) (6)
- E. Provider contact name and phone number (b) (6)
- F. Provider classification
Key provider or top five CE provider by dollar volume
(b) (6)
- G. Reason for visit: (b) (6)
- H. Facilities
1. Building
 - a. Identifiability: Yes with large signage in the front of the building
 - b. Cleanliness: Yes, very clean and a well-kept facility 9 chairs in waiting room with a play area for children.
 - c. Safe location for claimants to travel: Yes, no problems
 - d. Handicap Accessibility: Yes. Large parking lot with handicap accessible ramps
 - e. Public Transportation and Parking: Large parking lot. Some public transportation
 - f. Emergency Exit Signs: Yes, throughout the building
 - g. Rest Rooms: Yes, both in the waiting room and in the examining room areas. All are handicap accessible
 - h. Secure location for medical records and computer records: Yes, all records are secure and are secured
 2. Equipment/Laboratory Tests
 - a. Onsite: X-rays, EKGs, PFTs and are interpreted in their office
 - b. Offsite: Blood tests and arterial blood gas studies
- I. Staff
1. Professionalism :Yes, very professional
 2. Claimants greeted timely: Yes
 3. Current Licensing:
 - a. Displayed: Needs to be displayed in the waiting room area need the receptionist desk
 - b. On file at DDS: Yes
 4. Does medical source speak any language other than English? No

J. Scheduling

1. What is maximum number of CEs scheduled per medical source per day per specialty?
10
2. What are minimum interval times that the CE provider schedules for an exam? 20 minutes in case of "no shows"
3. What is actual length of time for exams to be completed per visit? 30 minutes

K. Procedures

1. Privacy and confidentiality of claimant information: Yes
2. How and from who is the claimant's medical/psychological history obtained? Assistant will take height weight and blood pressure readings on the claimant. Claimant completes a medical history form
3. How much time does the medical source spend face-to-face with the claimant? 30 to 45 minutes
4. Does the source certify that assistants meet the appropriate licensing or certification requirements of the State? Yes checked all licenses and they are current

L. Laboratories

1. Diagnostic and lab tests: Performed by (if by a non-physician, state performer's qualifications) X-ray technician license is current and displayed appropriately
2. Interpreted by (if by a non-physician, state the interpreter's qualifications).
3. Turnaround timeliness, including both the results of the tests and interpretations. Same day or next day--quick turnaround time.

M. Exit Interviews of Claimants

- N. Does provider transmit CE report electronically? If so, fax, website, C:D, etc. All reports are faxed to the Ohio DDS. (b) (6) transcribes all reports to a transcription company, I Med Core, with a one day turn around. No problems with medical reports.

All information regarding the claimant is obtained from the medical assistant. Gowns are provided for the claimant's for examination. Scale for weighing claimant s up to 350 pounds. All PFT equipment is calibrated every morning.

There are good office procedures for threats from claimants. Good office.

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Onsite Review

Pending Date **7/17/14**

Additional Location

Date of Visit **7/17/13**

New Location

Vender Code **(b) (6)**

New Facility

New Vendor

CREDENTIALS

Current licensure checked: Yes No

<https://license.ohio.gov/lookup/default.asp>

OIG Fraud and Exclusions List checked: Yes No

<http://exclusions.oig.hhs.gov/>

Board Certification: Yes No

Remarks:

Name of Facility/Provider

Name of Doctor **(b) (6)**

Address **(b) (6)**

Other Office Locations **(b) (6)**

Types of Examinations Conducted: Psychiatric Psychological

PROVIDER CLASSIFICATION

(b) (6)

TYPE OF REVIEW

(b) (6)

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Remarks:

FACILITIES

Building: Single Office Professional Building
Signage: Nameboard Street sign Number on building Signboard
Landscaping/Upkeep: Acceptable Unacceptable
Handicap Accessibility: Yes No
Public Transportation: Yes No (if yes) Bus # **(b) (6)**
Parking lot: Adequate Inadequate
Entrance/Lobby: Yes No
If yes: Professional Clean Signboard
Emergency Exit Signs: Yes No
Restrooms: Public Clean Keyed Handicap Accessible
Remarks: (Brief description of building, ie age, construction, maintenance, appearance)

Older Office plaza. **(b) (6)**

WAITING ROOM

Seating Capacity: **8**
Size: Adequate Inadequate
Cleanliness: Yes No
Reception Area: Reception Window Sign-in Sheet
Amenities: Pictures Plants Reading Material Children's Area
 TV Music
Remarks: **Nice music playing in the background.**

INTERVIEW ROOMS

Number of Rooms: **1**
Size: Adequate Inadequate
Cleanliness: Acceptable Unacceptable
Furniture: Appropriate: Yes No
Sufficient: Yes No
Privacy: Adequate Inadequate
Remarks: **Nice office. Couches are located in the office to be used by the claimant.**

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

TESTING AREAS

Number of Rooms: **Same as interview room**

Size: Adequate Inadequate

Cleanliness: Acceptable Unacceptable

Furniture: Appropriate: Yes No

Sufficient: Yes No

Privacy: Adequate Inadequate

Adequate lighting: Yes No

Remarks:

STAFF

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

Tester's Name(s):

Do we have paperwork on all Testers used? Yes No

Staff on Duty: Yes No

General Appearance: Professional Attire Business Casual Name Tag

Does the staff speak easy-to-understand English and/or the language of the claimant?

Yes No

DOCTOR'S PRIVATE OFFICE YES NO

(if yes) Adequate Inadequate

Credentials Displayed: Yes No

Remarks:

OFFICE PROTOCOL

Are claimants greeted in a friendly, professional manner? Yes No

What is the process for claimant identification? **Photo ID**

Did the physician obtain the claimant's medical history? Yes No

How much time does the physician spend face-to-face with the claimant? **45 mins.**

Remarks:

CLAIMANT IDENTIFICATION

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Is the C/E provider including the claimant's physical description and claim number in the C/E report as required by DI 22510.015 A.7? Yes No

INFORMATION AND TECHNOLOGY

How is the C/E provider receiving their vouchers and background material?

Mail Fax eOR

How is the C/E provider submitting their reports?

Mail Fax ERE

In regards to the creation of the reports:

Is the C/E provider typing/producing his or her own reports or using a transcriptionist?

C/E provider does own reports Using Transcriptionist

If the C/E provider is using a computer/internet in any capacity, (to produce reports, obtain vouchers, view background material, store/save reports), is the computer password protected and/or encrypted? Yes No

If the C/E provider is using a transcriptionist that uses a computer/internet in any capacity, (to produce reports, obtain vouchers, view background material, store/save reports), is the computer password protected and/or encrypted? Yes No

If the C/E provider stores paper copies of the vouchers, reports, and/or background materials is the storage method secure, (locked cabinets, locked room, etc.)?

Yes No

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

Remarks:

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

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

Date: 07/17/13

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Onsite Review

Pending Date **1/17/14**

Additional Location

Date of Visit **1/17/13**

New Location

Vender Code **(b) (6)**

New Facility

New Vendor

CREDENTIALS

Current licensure checked: Yes No

<http://license.ohio.gov/lookup/default.asp>

OIG Fraud and Exclusions List checked: Yes No

<http://oig.hhs.gov/fraud/exclusions.html>

Board Certification: Yes No

Remarks:

Name of Facility/Provider **(b) (6)**

Name of Doctor **(b) (6)**

Address **(b) (6)**

Other Office Locations **(b) (6)**

Types of Examinations Conducted: Psychiatric Psychological

PROVIDER CLASSIFICATION

(b) (6)

TYPE OF REVIEW

(b) (6)

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Remarks:

FACILITIES

Building: Single Office Professional Building
 Signage: Nameboard Street sign Number on building Signboard
 Landscaping/Upkeep: Acceptable Unacceptable
 Handicap Accessibility: Yes No
 Public Transportation: Yes No (if yes) Bus # **multiple bus lines; unsure of #s**
 Parking lot: Adequate Inadequate
 Entrance/Lobby: Yes No
 If yes: Professional Clean Signboard
 Emergency Exit Signs: Yes No
 Restrooms: Public Clean Keyed Handicap Accessible
 Remarks: (Brief description of building, ie age, construction, maintenance, appearance)

Located inside (b) (6) Building approx. 40 years of age. (b) (6). Parking is available on the rooftop. (b) (6). (b) (6) sees clmts in a private room located outside of (b) (6):

WAITING ROOM

Seating Capacity: **10**
 Size: Adequate Inadequate
 Cleanliness: Yes No
 Reception Area: Reception Window Sign-in Sheet
 Amenities: Pictures Plants Reading Material Children's Area
 TV Music
 Remarks: **Claimant's wait in waiting room and (b) (6) or (b) (6) escort them to the exam room.**

INTERVIEW ROOMS

Number of Rooms: **1**
 Size: Adequate Inadequate
 Cleanliness: Acceptable Unacceptable

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Furniture: Appropriate: Yes No

Sufficient: Yes No

Privacy: Adequate Inadequate

Remarks: **Two interview rooms (one for CI, one for testing) are in a secluded area off hallway. There is a sign on the door that says "Social Security Disability Diagnostic Testing".**

TESTING AREAS

Number of Rooms: **1**

Size: Adequate Inadequate

Cleanliness: Acceptable Unacceptable

Furniture: Appropriate: Yes No

Sufficient: Yes No

Privacy: Adequate Inadequate

Adequate lighting: Yes No

Remarks:

STAFF

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

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

Staff on Duty: Yes No

General Appearance: Professional Attire Business Casual Name Tag

Does the staff speak easy-to-understand English and/or the language of the claimant?

Yes No

DOCTOR'S PRIVATE OFFICE YES NO

(if yes) Adequate Inadequate

Credentials Displayed: Yes No

Remarks: **There is no private office. (b) (6) travels to this location.**

OFFICE PROTOCOL

Are claimants greeted in a friendly, professional manner? Yes No

What is the process for claimant identification? **Picture ID's are checked.**

Did the physician obtain the claimant's medical history? Yes No

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

How much time does the physician spend face-to-face with the claimant? **40-45 minutes for interview. Testing takes approx 45 minutes to 1.5 hours.**

Remarks:

CLAIMANT IDENTIFICATION

Is the C/E provider including the claimant's physical description and claim number in the C/E report as required by DI 22510.015 A.7? Yes No

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

Date: **01/17/13**

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Onsite Review

Pending Date **1/29/14**

Additional Location

Date of Visit **1/29/13**

New Location

Vender Code **(b) (6)**

New Facility

New Vendor

CREDENTIALS

Current licensure checked: Yes No

<https://license.ohio.gov/lookup/default.asp>

OIG Fraud and Exclusions List checked: Yes No

<http://exclusions.oig.hhs.gov/>

Board Certification: Yes No

Remarks:

Name of Facility/Provider **(b) (6)**

Name of Doctor

Address **(b) (6)**

Other Office Locations **(b) (6)**

Types of Examinations Conducted: Psychiatric Psychological

PROVIDER CLASSIFICATION

(b) (6)

TYPE OF REVIEW

(b) (6)

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Remarks: **Professional building (b) (6) Multiple entry points. Approx. 20 years old. Well maintained**

FACILITIES

Building: Single Office Professional Building
Signage: Nameboard Street sign Number on building Signboard
Landscaping/Upkeep: Acceptable Unacceptable
Handicap Accessibility: Yes No
Public Transportation: Yes No (if yes) Bus #
Parking lot: Adequate Inadequate
Entrance/Lobby: Yes No
If yes: Professional Clean Signboard
Emergency Exit Signs: Yes No
Restrooms: Public Clean Keyed Handicap Accessible
Remarks: (Brief description of building, ie age, construction, maintenance, appearance)

WAITING ROOM

Seating Capacity: **6**
Size: Adequate Inadequate
Cleanliness: Yes No
Reception Area: Reception Window Sign-in Sheet
Amenities: Pictures Plants Reading Material Children's Area
 TV Music
Remarks: **Sign that states to have a seat. Pictures on walls. Sound machine.**

INTERVIEW ROOMS

Number of Rooms: **1 - also doctor's office**
Size: Adequate Inadequate
Cleanliness: Acceptable Unacceptable
Furniture: Appropriate: Yes No
Sufficient: Yes No
Privacy: Adequate Inadequate

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Remarks: **Nicely decorated, paintings on wall. Desk and opposite is chair for claimant. Computer at deak.**

TESTING AREAS

Number of Rooms: **1**

Size: Adequate Inadequate

Cleanliness: Acceptable Unacceptable

Furniture: Appropriate: Yes No

Sufficient: Yes No

Privacy: Adequate Inadequate

Adequate lighting: Yes No

Remarks:

STAFF

Receptionist's Name(s): **n/a, there is a sign that says to please be seated and someone will be with them**

Tester's Name(s):

Do we have paperwork on all Testers used? Yes No

Staff on Duty: Yes No

General Appearance: Professional Attire Business Casual Name Tag

Does the staff speak easy-to-understand English and/or the language of the claimant?

Yes No

DOCTOR'S PRIVATE OFFICE YES NO

(if yes) Adequate Inadequate

Credentials Displayed: Yes No

Remarks: **Nicely decorated. Carpeted.**

OFFICE PROTOCOL

Are claimants greeted in a friendly, professional manner? Yes No

What is the process for claimant identification? **Photo ID**

Did the physician obtain the claimant's medical history? Yes No

How much time does the physician spend face-to-face with the claimant? **45 minutes to**

1 hour

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Remarks:

CLAIMANT IDENTIFICATION

Is the C/E provider including the claimant's physical description and claim number in the C/E report as required by DI 22510.015 A.7? Yes No

INFORMATION AND TECHNOLOGY

How is the C/E provider receiving their vouchers and background material?

Mail Fax eOR

How is the C/E provider submitting their reports?

Mail Fax ERE

In regards to the creation of the reports:

Is the C/E provider typing/producing his or her own reports or using a transcriptionist?

C/E provider does own reports Using Transcriptionist

If the C/E provider is using a computer/internet in any capacity, (to produce reports, obtain vouchers, view background material, store/save reports), is the computer password protected and/or encrypted? Yes No

If the C/E provider is using a transcriptionist that uses a computer/internet in any capacity, (to produce reports, obtain vouchers, view background material, store/save reports), is the computer password protected and/or encrypted? Yes No

If the C/E provider stores paper copies of the vouchers, reports, and/or background materials is the storage method secure, (locked cabinets, locked room, etc.)?

Yes No

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

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

Remarks:

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

Date: 1-30-13

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Onsite Review

Pending Date **11/8/13**

Additional Location

Date of Visit **11/8/12**

New Location

Vender Code **(b) (6)**

New Facility

New Vendor

CREDENTIALS

Current licensure checked: Yes No

<https://license.ohio.gov/lookup/default.asp>

OIG Fraud and Exclusions List checked: Yes No

<http://exclusions.oig.hhs.gov/>

Board Certification: Yes No

Remarks:

Name of Facility/Provider

Name of Doctor **(b) (6)**

Address **(b) (6)**

Other Office Locations **(b) (6)**

Types of Examinations Conducted: Psychiatric Psychological

PROVIDER CLASSIFICATION

(b) (6)

TYPE OF REVIEW

(b) (6)

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

Remarks: On-site and quality meeting. (b) (6) and I met with (b) (6) for 2.5 hours to discuss quality issues including:

- readability of (b) (6) reports
- organizational components of (b) (6) reports
- exploring claimant statements further
- separating data from opinions
- paring down report information

FACILITIES

Building: Single Office Professional Building
Signage: Nameboard Street sign Number on building Signboard
Landscaping/Upkeep: Acceptable Unacceptable
Handicap Accessibility: Yes No
Public Transportation: Yes No (if yes) Bus # **Directly outside the office.**
Parking lot: Adequate Inadequate
Entrance/Lobby: Yes No
If yes: Professional Clean Signboard
Emergency Exit Signs: Yes No
Restrooms: Public Clean Keyed Handicap Accessible
Remarks: (Brief description of building, ie age, construction, maintenance, appearance)

(b) (6)
[Redacted]
[Redacted]

WAITING ROOM

Seating Capacity: **3**
Size: Adequate Inadequate
Cleanliness: Yes No
Reception Area: Reception Window Sign-in Sheet
Amenities: Pictures Plants Reading Material Children's Area
 TV Music
Remarks: When claimants arrive in (b) (6) waiting room, there is a doorbell they are directed to push to alert the doctor that the claimant has arrived.

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

INTERVIEW ROOMS

Number of Rooms: **1**

Size: Adequate Inadequate

Cleanliness: Acceptable Unacceptable

Furniture: Appropriate: Yes No

Sufficient: Yes No

Privacy: Adequate Inadequate

Remarks:

TESTING AREAS

Number of Rooms: **1**

Size: Adequate Inadequate

Cleanliness: Acceptable Unacceptable

Furniture: Appropriate: Yes No

Sufficient: Yes No

Privacy: Adequate Inadequate

Adequate lighting: Yes No

Remarks:

STAFF

Receptionist's Name(s): **No other staff is present.**

Tester's Name(s):

Staff on Duty: Yes No

General Appearance: Professional Attire Business Casual Name Tag

Does the staff speak easy-to-understand English and/or the language of the claimant?

Yes No

DOCTOR'S PRIVATE OFFICE YES NO

(if yes) Adequate Inadequate

Credentials Displayed: Yes No

Remarks:

OFFICE PROTOCOL

Are claimants greeted in a friendly, professional manner? Yes No

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

What is the process for claimant identification? **Photo ID's are checked.**

Did the physician obtain the claimant's medical history? Yes No

How much time does the physician spend face-to-face with the claimant? **Clinical Interviews average about one hour while testing averages about 1.5 hours.**

Remarks:

CLAIMANT IDENTIFICATION

Is the C/E provider including the claimant's physical description and claim number in the C/E report as required by DI 22510.015 A.7? Yes No

INFORMATION AND TECHNOLOGY

How is the C/E provider receiving their vouchers and background material?

Mail Fax eOR

How is the C/E provider submitting their reports?

Mail Fax ERE

In regards to the creation of the reports:

Is the C/E provider typing/producing his or her own reports or using a transcriptionist?

C/E provider does own reports Using Transcriptionist

If the C/E provider is using a computer/internet in any capacity, (to produce reports, obtain vouchers, view background material, store/save reports), is the computer password protected and/or encrypted? Yes No

If the C/E provider is using a transcriptionist that uses a computer/internet in any capacity, (to produce reports, obtain vouchers, view background material, store/save reports), is the computer password protected and/or encrypted? Yes No

PSYCHOLOGICAL CONSULTANT ONSITE REVIEW

If the C/E provider stores paper copies of the vouchers, reports, and/or background materials is the storage method secure, (locked cabinets, locked room, etc.)?

Yes No

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

Signature of Reviewer or Head of Review Team:

Date: 11/8/12; (b) (6)

Gina Brelsford, Ph.D.
Camp Hill, PA

Nicholas Brink, Ph.D.
Spring Mills, PA

Vito Dongiovanni, Psy.D.
Homer City, PA

Christos Eleftherios, Ph.D.
Reading, PA

Alvin Elinow, Ph.D.
Philadelphia, PA

Anthony Fischetto, Ph.D.
York, PA

Jonathan Gransee, Ph.D.
Lancaster, PA

Sarah Hasker, PsyD
Allentown, PA

Karl Hoffman, Ph.D.
Danville, PA

Thomas Lane, Ph.D.
Allentown, PA

Marged Lindner, Ph.D.
Philadelphia, PA

John Makosy
Ebensburg, PA

Charles Morinello, M.S.
Pittsburgh, PA

Donna Paul, SLP
Shrewsbury, PA

Stephen Perconte, Ph.D.
Monroeville, PA

Karen Rafferty Hornung, PsyD

Harrisburg, PA

Karen Saporito, Ph.D.
Philadelphia, PA

Thomas Schwartz, Ph.D.
York, Harrisburg, Philadelphia, PA

Janet Sebes, Ph.D
Allentown, PA

Glenn Thompson, Ph.D.
Meadville, PA

Joseph Wieliczko, PsyD
Quakertown, PA

Ronald Zelazowski, Ph.D.
Warren, PA

3 - Key Providers: Key providers with annual billing in excess of \$100,000 or top 10 providers by dollar volume were visited.

Horacio Buschiazzo
Philadelphia, PA

Arturo Ferreira, MD
Philadelphia, PA

Lori Hart
Philadelphia, PA

Charles Johnson, PsyD
Philadelphia, PA

Robin Lowey, Ph.D. and Associates
Philadelphia, PA

Med Plus Disability Evaluations, Inc
Scranton, PA

T. David Newman, Ph.D
Washington, PA

Nulton Diagnostic and Treatment Center (Charles Kennedy, Ph.D.)
New Kensington, PA

Ely Sapol, Ph.D
Philadelphia, PA

Daniel Schwarz
Philadelphia, PA

Vocational & Psychological Services
Martin Meyer, Ph.D. / Julie Uran, Ph.D.
Butler, PA

4 - Consultative Examination Panels

Pennsylvania DDS utilizes the services of 949 CE providers which service the Harrisburg, Greensburg and Wilkes-Barre Branches. The number of providers changes often and ongoing recruitment efforts are made to supplement needs in remote or rural areas in which CE service providers are limited.

Panel providers are separated by branch and will be scanned and attached to this report. Note some providers may appear on more than one branch list due to overlapping geographical boundaries.

Credentials for each provider are reviewed prior to beginning exams and are updated on an annual basis. Applicable exclusion lists and state licensing board status are checked at the time the credentials updates are submitted. Additionally, the quarterly listing of sanctions maintained by the Pennsylvania state licensing board is reviewed regularly in between updates to assure any disciplinary actions taken are addressed and as otherwise indicated by information received throughout the year. All consultants are required to sign an agreement at the time of the annual credentials update confirming that they understand they are to notify the DDS immediately if at any time during the course of the year they are subject to actions that adversely impact on their licensing status or participation in the Medicare or Medicaid programs. The agreement also includes an assurance that all support staff in the office utilized in the performance of the consultative examination and associated testing meet necessary licensing requirements or that such participation is overseen by the physician doing the examination. The DDS investigates any instance in which there is an indication that this is not the case and takes whatever action is necessary to rectify those instances in which a problem has been identified. Pennsylvania uses a statewide contract for interpreter services. Requests are made through an electronic process with the vendor responsible to insure interpreters are available for all appointments.

5 - Medical Fee Schedules

Each year, in January, the MER fee schedule changes in accordance with the adjustments by the Secretary of Health 42PaC.S. §§ 6152 and 6155. The maximum allowable fee for medical evidence of record increased to \$26.70 in January, 2013.

There were no significant CE fee schedule changes.

A copy of the LMAC fee schedule effective 1/1/13 is attached.

6 - Medical Relations Activities

All three branches continue to participate in SOAR with Field Offices in their areas, and provide training as needed to participants. New panelists have come primarily from companies that specialize in disability examinations. We are using panelists from Advanced Medical Consultants, Tri-State Occupational Medicine and Med Plus Disability Evaluations.

ERE Activities

All three branches have continued to talk and send information to providers in order to increase the amount of MER and CE information received electronically. More facilities are signing up to receive requests electronically which has reduced processing on both ends. We have been working with IOD copy service to add more facilities to ERE which has significantly reduced their processing time. A trial period where IOD allows our clerical to go online to their system and check on requests will be occurring in the near future. This will be another time saver for our clerical staff.

The Medical Services Units are continuing outreach efforts with vendors to gain acceptance of the electronically signed SSA-827. A number of large medical facilities are now accepting the form. An ongoing problem is hospitals having no signature to compare the electronic signature to and a lack of witness signature. We continue to work with vendors to add more to the list of those accepting.

(b) (6)

From: (b) (2)
Sent: Tuesday, April 24, 2018 1:18 AM
Subject: FW: SF Region Annual CE Oversight Report

Subject: SF Region Annual CE Oversight Report

(b) (6),

I have reviewed the CE Oversight Reports prepared by Arizona, California, Hawaii and Nevada (see attached). The information contained in the reports is compliant with POMS instructions and guidelines. In addition, please see below.

- Spot checks of CE providers for the SF Region show that they are properly licensed and there were no sanctions in FY 2013.
- None of our DDS pay for no-shows and we did not receive a request from any our DDSs for exemption to the no-pay policy in FY 2013.

Thank you.

(b) (6)

Center for Disability Director
Region IX

(b) (6)

(b) (6)

From: (b) (2)
Sent: Tuesday, April 24, 2018 1:19 AM
Subject: FW: Consultative Examination Oversight Report for FY13-- Seattle Regional Office

Subject: Consultative Examination Oversight Report for FY13-- Seattle Regional Office

MEMORANDUM

TO: MPRO Team
Division of DDS Program and Operations Support (DDPOS)
Office of Disability Determinations

FROM: Acting Director, Center for Disability
Seattle Region

SUBJECT: Regional Office Consultative Examination Oversight Report for FY13--- Seattle Region

The DDS Annual Consultative Examination (CE) Oversight Reports required by POMS DI 39545.575 are attached below. We have reviewed the DDS Management of the CE process according to Agency standards to ensure each DDS adheres to SSA guidelines. Travel restrictions prevented the Seattle Regional Office Professional Relations Coordinator (PRC) from conducting onsite DDS and CE reviews this year; however, the PRC was able to provide some virtual oversight of CE processes in each disability office. In addition to 2013 site correspondence, the PRC used information obtained in prior onsite visits to compare 2013 DDS PRO activities. We reviewed and incorporated the current information according to criteria in PM 00233.005. After an analysis of the information, we conclude each DDS continues to take steps to reduce the medical cost per case and improve CE processes compared to those in 2012. We note some of our findings below.

- The Alaska DDS controls MER and CE charges using a three-tier system. The examiner, accounting clerk, and DDS administrator act as a team to approve any charges that are unusual to ensure fees are reasonable.
- The Idaho DDS continues to view electronic enhancements as potential cost-savings. The DDS is actively working to increase the number of Health IT (HIT) partners in their service area. Additional HIT partners will reduce MER costs and further reduce case processing time.
- The Oregon DDS implemented major changes to their fee schedule in FY13 and will be moving to Medicare/Medicare rates in early 2014. Oregon plans to discontinue formal contracts when transitioning to the new fee schedule, which should result in additional CE cost savings.
- The Washington DDS implemented new fee schedule changes in January 2013 to reflect recent Washington Labor and Industry fee changes. The Washington Professional Relations Officers (PRO) negotiated fees supporting the supply and demand method of business, and maintains an effective level of service while keeping costs low.

The PRC maintains ongoing oral and written communications with the DDS PRO staff to remain involved in the DDSs' management of the CE process. Monthly regional PRO calls facilitate region-wide discussions of professional relations issues and function to disperse information. Regional staff also conduct reviews of CE reports and purchase practices to determine compliance with established protocols. We offer suggestions to DDS management and PROs to reduce CE costs and obtain better control of the CE process.

The Seattle PRC offers DDS support with Electronic Records Express (ERE) and encourages the DDS to promote ERE vendor use, which continues to increase in our region. All DDS sites in the Seattle Region are now utilizing the Health IT User Trigger Application to obtain HIT MER. Three of our four states have active Health IT partnerships and all of our states are actively pursuing additional HIT partners. New initiatives such as eAttestation were successfully implemented with minimal issues following rollout.

The PRC and Center for Disability staff work closely with the Office of Disability Adjudication and Review (ODAR) to ensure Administrative Law Judge (ALJ) needs are met while maintaining the integrity of DDS staff and fiscal resources. Monthly meetings are held with the regional Hearings Office Director (HOD) and Center for Disability staff to address ODAR/DDS concerns and maintain communication and continuity of service to the public. The PRC conducted a study involving numerous neuropsychiatric CE requests from ALJs, and determined the majority of these examinations were redundant and unnecessary. We worked with the local ODAR offices to dramatically reduce the number of instances this test was ordered. This study alone resulted in a significant reduction of ODAR CE requests and related costs for the Oregon DDS, especially. In addition, at ODAR's request, the PRC reviewed a list of reports from Washington DDS CE providers for claimants with a particular attorney representative to rule out potential fraudulent activity. We continue to monitor ODAR's impact on DDS CE costs and work closely with ODAR staff to resolve local issues.

We have conducted verification of provider licenses using the state's medical board websites and the HHS-OIG LEIE website. Each state has an established business process for credentialing and checking professional licensing on a regular basis. The Regional Office will alert the Office of Disability Determinations (ODD) of any complaint or situation that is expected to result in public criticism or press attention. In November 2012, we learned an Idaho DDS medical consultant continued to provide services (b) (6). The Seattle Center for Disability notified ODD of the issue on November 30, 2012. (b) (6)

The Idaho DDS reactivated the affected claims and a licensed physician completed a new file assessment. The DDS also reactivated each claim in which the doctor had conducted a consultative examination and scheduled a new examination with a properly licensed provider. The DDS completed all claim reviews timely, and issued each of the affected claimants a new determination with appeal rights. Because of this issue, we have advised our PRO staff to verify provider licenses on a quarterly basis.

The PRC receives updated and current medical evidence of record (MER) and CE fee schedules when the DDS Annual CE Oversight Reports are submitted. Any changes to the fee schedules in 2013 are outlined in each report, as is a description for volume medical provider discounts. The DDS Fee Schedules can be found on the [Medical/Professional Relations](#) resource page on the Seattle Center for Disability website.

The DDS PROs in the Seattle Region continue to be active in promoting SSA initiatives, electronic procedures, addressing CE issues, and striving to improve SSA processes within the medical/professional relations environment. Below are some highlights taken from each DDS Annual CE Oversight Report:

Alaska	Alaska faces distinctive challenges affecting the CE process and significant PRO time is spent on CE provider recruitment. The Alaska DDS would benefit from the expansion of acceptable medical source (AMS) requirements to include Nurse Practitioners, Physician
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Assistance and Mental Health Professionals. We hope SSA will ammend the AMS policy so the Alaska DDS can serve their claimants in a more timely manner. We also discovered that due to the small state population, the DDS is often familiar with a provider's reputation before signing on to perform CEs. This ensures the most qualified medical professionals become part of the CE panel, and results in minimal complaints about CE providers.

Idaho The Idaho DDS receives approximately 99.8% of CE reports electronically. The reports are received within an average of 6 days; several providers return reports within 2-3 days of the date of the exam. During FY13, almost half of MER was received between 0-5 days of request, and a quarter of the MER was received between 6-10 days. Because a high percentage of MER is received within just a few days of the request, most of the MER has been received by the time the case is assigned to the adjudicator.

Oregon The Oregon PRO team continues to promote Electronic Records Express (ERE) and electronic Outbound Request (eOR). Each request for medical records contains information about ERE/eOR, and PRO staff promote SSA electronic records at several medical conferences throughout the year. The PRO staff in Oregon added 97 ERE and eOR accounts in FY13.

Washington Washington continues their involvement with the SSI/SSDI Outreach, Access, and Recovery (SOAR) initiative. The Professional Relations staff participate in trainings and conduct presentations to provide information regarding the disability determination process. The Washington DDS continues to assist soldiers at Joint Base Lewis-McCord to apply for disability benefits by answering questions on the application process, bringing claimant supplied MER back to the DDS, and fielding case status questions on a bi-monthly basis.

Thank you for the opportunity to share our continued progress toward most-efficient utilization of our CE resources. If you or your staff have any questions, or require additional information, please contact (b) (6) Professional Relations Coordinator and Program Expert in the Center for Disability. (b) (6) can be reached by phone at (b) (6).

(b) (6)

Virginia DDS Annual Oversight Report
10/01/12 – 9/30/13

The Virginia DDS Professional Relations Program is comprised of four Regional Professional Relations Officers, 4 Regional Professional Relations Technicians and 7 CE schedulers. The Central Regional DDS Professional Relations officer is (b) (6). The Northern Virginia Professional Relations Officer is (b) (6). The Tidewater Professional Relations Officer is (b) (6). The Southwest Regional Professional Relations Officer is (b) (6). The Professional Relations Program Coordinator is (b) (6).

1) Description of Virginia DDS procedures for complaint resolution The Virginia DDS regards all complaints as important and aggressively investigates all allegations.

A) Claimant Surveys

Claimant satisfaction survey letters are included in one out of every ten CE packets generated and sent to claimants. The PRO or PR Technician monitors survey responses and performs the initial contact to requests for Professional Relations contact. The PRO then makes contact with the claimant and fully investigates any allegations made. Copies of all survey responses are sent to the Statewide Professional Relations Coordinator in the Virginia DDS Administrative Office and are recorded. A quarterly and yearly report is generated which outlines all responses received for each region of the state.

For Fiscal Year ending 9/30/13, 774 claimant surveys were returned to the DDS. Of those returned surveys, 81 indicated the claimant wished to speak to the DDS Professional Relations staff.

B) Complaints received by Analysts

The Analysts refer complaints they receive to the PRO. The PRO performs an immediate contact with both the claimant and the CE provider, documents the nature of the complaint and the action taken, and provides documentation in the claimant's electronic record. Depending upon the nature of the complaint, the PRO resolves issues in a variety of ways. Examples of PRO actions include, but are not limited to the following, re-training on the specific area of complaint, on-site visits to determine any physical/location issues, changes in scheduling practices or removal from the CE panel.

C) Repetitive Complaints

In cases in which repetitive complaints are received, the following procedure is followed: The PRO or PR Technician contacts each claimant involved and conducts an interview using the CE on-site client interview form as a guide. The PRO then contacts the provider to notify him/her of the complaint(s) and to obtain more information. The PRO conducts a review of files including the CE reports – this may be performed on a number of claimant folders who have been examined by the provider in question. The PRO may increase the rate of claimant surveys included in appointment letters to 100%. The PRO may conduct telephone interviews with a number of other claimants examined by the provider during the same time period. The PRO then takes any additional action necessary that may include, but is not limited to Provider retraining and/or removal from the CE panel.

- a) In addition to the procedures listed above, the PRO and PR Technician research the names of non-complaining claimants who were been examined by the provider being monitored. The claimants contacted in this instance would be those who were examined by the provider during the same period as the claimants who lodged complaints. The same interview form is used and the same open-ended questions are asked. The PRO reviews all claimant responses.
- b) The PRO also reports all complaints to the Professional Relations Coordinator (PRC) in the Virginia DDS Administrative Office. At the request of the regional PRO, the PRC may advise or conduct further investigation of the incident or situation if necessary.

D) Random Calling

Random calls are made to claimants who were recently examined by any CE provider. This random contact is also made with claimants who were examined by new CE providers.

E) Timeliness Issues

Analyst and state agency consultant complaints concerning timeliness are referred to the PRO or PR Technician who performs all follow-up actions necessary to obtain outstanding information. The actions taken include, but are not limited to contacting the provider, retraining on timeliness requirements, temporary removal from active scheduling, or removal from the CE panel. In addition to complaints received, the PROs receive monthly, quarterly and yearly Mean Processing Time reports indicating the number of days from scheduling date to appointment date, the number of days from appointment date to report receipt, and the total number of days. Here are the mean processing times for all four regions for this past fiscal year:

REGION	# CEs SCHEDULED	# CE REPORTS RECEIVED	APPT DAYS	REPORT DAYS	TOTAL CE TIME
Central	7,227	5,736	22.67	9.70	32.37
NoVA	5,263	4,287	26.31	7.12	33.43
Southwest	9,053	7,082	19.75	10.50	30.26
Tidewater	6,562	5,208	18.89	10.12	29.01
Statewide	28,105	22,313	21.91	9.36	31.27

This shows a reduction of 6894 in the number of CE’s scheduled and a reduction of 2613 reports received from last fiscal year. The average number of appointment days (the number of days from the date the exam was scheduled to the actual appointment date) went up from 21.15 days to 21.91 days – an increase of 0.76 days. The average number of report days (the number of days from the actual exam date to the date the report is received) was increased from 7.13 days last year to 9.26 days this year. The overall time from the date the exam was scheduled to the date the report was received went up from 28.14 days last year to 31.27 days this past fiscal year – an increase of 3.13 days.

F) Documentation

Hard copies of all complaints, actions taken and complaint resolution are placed in the specified CE provider file so that trends may be discerned and rectified if necessary. The

Virginia DDS's parent agency (Department of Rehabilitative Services) does not require notification from the DDS of any complaints received or actions taken.

2) Quality Assurance

G) Report Quality

- a) Complaints received from analysts or state agency consultants regarding report quality are always referred directly to the PRO. The PRO takes immediate action to obtain the necessary clarification or additional information.
- b) In addition to the actions above, Virginia State Agency Consultants are required, by contract/Employee Work Profile, to review at least 15 CE reports per quarter based on random selection. State agency medical and psychological consultants in all Virginia DDS offices are also encouraged to contact CE providers directly in order to obtain clarifications and provide constructive feedback.
- c) All CE report reviews are sent to the Administrative office where all data is input into a database. The PROs receive quarterly reports of all survey responses received from claimants in their regions in order to monitor the number and nature of the report deficiencies and to identify trends
 - (1) 2,618 CE reports representing 223 CE Providers were reviewed by the 59 State Agency Medical/Psychological Consultants during this past year
 - (2) 96.9% (2,539) of the reports reviewed required no additional information or clarification

3) Onsite Reviews of CE Providers Completed by the Virginia DDS

- A) 37 Onsite reviews were conducted by the four regional Professional Relations Officers.**

In addition:

- a) 25 comprehensive reviews were performed with CE high volume providers for Virginia.
- b) 32 new provider orientations were conducted
- c) 30 routine on-site visits were conducted

4) Key Providers

- A) (Definition of Key or Volume Providers per revised POMS DI39545.100 10/06)**

- a) A CE provider who meets at least one of the following conditions:**

- (1) A estimated annual (FY) billing to SSA disability programs of at least \$100,000, or
- (2) Practice of medicine, osteopathy or psychology is primarily directed towards evaluation examinations rather than the treatment of patients, or
- (3) Does not meet the criteria in bullets 1 and 2 of this list, but is one of the top 5 CE providers in the State by dollar volume as evidenced by the prior year

- B) The Virginia DDS has chosen to treat the five highest volume providers in each of its four regions as "key" or top providers as part of our stringent CE oversight procedures.**

- C) Key providers are monitored for CE report quality and claimant survey responses. PROs from Northern, Central, Tidewater, and Southwest Virginia monitor performance and make annual on-site visits to these providers. In addition, state agency consultants from all four offices review CE reports received from them.**

- D) A total of 25 on-site reviews were conducted with these “top” providers
- E) The following Virginia CE Providers meet SSA criteria for Key Providers or DDS criteria as “top” volume Providers: (Key Providers are designated in Red) Total amounts paid for FY 2012 and FY 2013 are listed to show the reductions or increases for each provider.

Provider Name	FY 2012	FY 2013	Region	Notes
Advanced Medical Consultants INC/ AKA Virginia Medical Consultants Inc	\$528,624.00	\$408,711.00 + \$139,430.00 = \$422,641.00	Central/NoVA/ Southwest/Tidewater	(Christopher Newell M.D. & Associates) (Changed names midway through the year)
Richmond Health Psychology Services	\$84,280.00	\$97,241.00	Central	(Michael Fielding Ph.D.)
Penny Sprecher	\$65,879.00	\$81,164.00	Central	
Karen Russell Ph.D	\$61,438.00	\$73,784.00	Central	
Nancy Powell MD	\$57,522.00	\$66,074.00	Central	
Linda Scott Ph.D	\$42,860.00	\$53,340.00	Central	
CE Provider Services LLC	\$212,479.00	\$212,892.00	NoVA	(Andrew Wong, Asheaf Uzzaman, Yun Shim, Sadat Shamim, Ejaz Shamim, Harold Lawson, Malak Isaac, Eric Bemon)
David Leen Ph.D.	\$110,150.00	\$113,966.00	NoVA	
Therese May Ph.D	\$55,657.00	\$93,198.00	NoVA/Central	
Elizabeth Hmcir PhD	\$42,760.00	\$59,436.00	NOVA	
Neurology Associates PC	\$33,856.00	\$56,221.00	NOVA	
Med Plus Disability Evaluations Inc	\$79,241.00	\$108,924.00	Tidewater	Dr. Fox
Randy Rhoad Psy.D	\$95,232.00	\$102,557.00	Tidewater	
Hampton Roads Behavioral Health	\$82,161.00	\$73,284.00	Tidewater	
Jeffrey Goodman PhD	\$53,616.00	\$ 54, 421.00	Tidewater	
The Psychological Center PC	\$39,431.00	\$ 38, 438.00	Tidewater	(Dr. Shea)
Exam Services LLC	\$165,268.00	\$186,740.00	Southwest	William Humphries M.D.
Counseling & Psychological Services LLC	\$ 91, 685.00	\$97,471.00	Southwest	
Jeffrey Luckett PhD	\$44,579.00	\$58,731.00	Southwest	
Sung-Joon Cho	N/A	\$53,950.00	Southwest	
Wayne Sloop PhD	\$45,379.00	\$46,477.00	Southwest	

F) Current CE Providers

The Virginia DDS currently has 315 CE providers on their panel (This includes medical and Psychological acceptable CE sources

G) Description of Sanction Checks

Prior to scheduling CEs with any medical source the Professional Relations staff in each of the Regional DDS offices conducts a thorough search of the HHS OIG LEIE on the OIG website to determine if the source is currently being sanctioned (this database includes all health care providers sanctioned since 1977). If the provider is listed, the provider is notified of the fact, the provider is not enrolled as a CE provider, and no CEs are scheduled. The staff also conducts a license search on the Virginia Department of Health Professions (VDHP) website to insure the provider is currently licensed and in good standing with this official agency. All actions listed on the VDHP website are reviewed and investigated. If the provider is shown to have current actions pending, the provider is notified of the fact, the provider is not enrolled as a CE provider, and no CEs are scheduled.

A monthly review of the HHS OIG LEIE is conducted by Professional Relations staff in each regional office to monitor and maintain the integrity of the CE panel. If any CE provider is found to be included in an update, CE scheduling is suspended immediately.

The staff is also notified by the OIG via email alert whenever updates are made to their Sanction List. The staff then checks the update list to determine if any CE providers have been included in the list. If any CE provider is found to be included in one of these update lists, CE scheduling is suspended immediately.

H) Description of credential and licensure check

The Virginia DDS requires that all CE panel members submit information regarding their qualifications and licensure in the state. No CE appointments are scheduled with new providers until after they have submitted this information and their licenses have been verified. Licenses are verified by the Virginia Board of Health Professions. The PRO verifies the license of all new providers. The following procedure for initial and periodic license verification is utilized in all Virginia DDS regional offices: The PRO or PR Technician contacts the VA Board of Health Professions via their internet website, the CE provider's license number is submitted and a verification of licensure is provided by the Board of Health Professions. A hard copy of this verification is placed in each CE provider's file. Periodic verifications are done through a diary system utilizing the computer calendar. Each provider's name and license expiration date is put into the calendar on the first day of the month following license expiration. The computer calendar shows a list of providers whose licenses are due for verification each month and the PRO or PR Technician completes the process as listed above. All licenses for psychologists in Virginia expire on June 30th so license checks for all those providers are done at the same time each year.

I) CE Provider support personnel credential and licensure check

The Virginia DDS requires that each CE provider read, complete and sign a "Statement of Agreement" (Copy available upon request). This agreement includes a statement in which the CE provider certifies that all support/technical staff involved in CEs for Virginia DDS will carry the appropriate credentials/licensure. There is a new agreement that is signed and returned to the DDS on a bi-annual basis by our CE providers.

5) Medical Fee Schedule 10/1/2013

G) The Virginia DDS, in compliance with its parent agency's practice, maintains its fees based on:

- a)** The Medicare Fee schedule published by Trailblazers Health Systems LLC for services performed by a physician and ancillary testing performed in a physician's office
- b)** The Centers for Medicare and Medicaid Services (CMS) for Hospital Outpatient Prospective Payment System (PPS) Addendum B for ancillary testing performed within a hospital or hospital satellite facility.
- c)** The Medicare Fee schedule published by Novitas Solutions for services performed by a physician and ancillary testing performed in a physician's office within the District of Columbia Metro Area (DCMA). This area includes Arlington, Fairfax,

Montgomery and Prince George's counties, the City of Alexandria, and the District of Columbia.

- d) See the attachment for Virginia's current fee schedule.

6) Virginia DDS PRO ERE and Outreach Activity

October 2012

1. Participated in the fourth quarterly meeting of 2012 with the Public Guardianship Program under the auspices of Senior Connection.
2. Soar Meeting - Richmond
3. SFAC Fort Eustis Wounded Warrior
4. Community SOAR training
5. Easter Seals meeting/presentation
6. GRVVAG
7. Roanoke Tutoring Center outreach presentation
8. Bluefield Behavioral Health Meeting
9. Danville SOAR training
10. SOAR Meeting - Fairfax
11. City of Roanoke Speech presentation

November 2012

1. Marion Prison Pre-Release training
2. VA hospital presentation and meeting with CE provider
3. Tazewell Project search presentation
4. Prerelease meeting
5. TAB meeting Norfolk Public Schools
6. SFAC Fort Eustis Wounded Warrior
7. BPRO Conference – Williamsburg (DSS Workers)
8. SOAR Meeting – VA beach

December 2012

1. GRVVAG
2. SFAC Fort Eustis Wounded Warrior

January 2013

1. Participated in a SOAR meeting in Danville, Va. and in the Richmond SSA office
2. SFAC Fort Eustis Wounded Warrior program
3. SOAR Training Norfolk CSB
4. Public Guardianship Program Meeting – Richmond
5. DSS Workforce Development Center Meeting

6. Meeting with Prerelease coordinators – Richmond
7. MedExpress Meeting in Roanoke VA

February 2013

1. Commonwealth Autism Conference – Richmond
2. Tahirih Center Meeting – Fairfax
3. SOAR Training - Richmond
4. Arlington County SOAR Meeting
5. Fairfax County SOAR Meeting
6. SFAC Fort Eustis Wounded Warrior program
7. GRVAG meeting
8. Blacksburg round table all day meeting
9. SOAR meeting at BRBH
10. Hartland Rehab Meeting
11. Roanoke County Parent Resource Center
12. SOAR Meeting - Newport News

March 2013

1. Portsmouth Naval Medical Center – Wounded Warrior Program
2. Norfolk Public Schools Meeting – Norfolk
3. Transitions conference – Norfolk
4. SFAC Fort Eustis Wounded Warrior program
5. GRVAG meeting
6. Rescue Mission staff training
7. Roanoke area parent resource fair
8. Mayor's committee meeting
9. meeting with SOAR workers
10. GRVAG
11. Meeting with non-attorney representative Drew Y.
12. SOAR Meeting – VA beach

April 2013

1. SOAR Trainers meeting
2. SWVAGG meeting Abingdon Medicaid training Abingdon
3. Bland prerelease training
4. SFAC Fort Eustis Wounded Warrior

May 2013

1. SOAR Meeting Fairfax County VA
2. VAHIMA Conference – Fredericksburg
3. DMAS conference Williamsburg
4. SFAC Fort Eustis Wounded Warrior

5. SOAR training run through, SOAR conference call in PM
6. James Joyce Jr atty at law, staff training
7. Hosted SOAR community training/conference
8. VA medical center release of info staff meeting
9. Bland Prison vendor fair
10. Lynchburg Autism Support group (spoke to parents)
11. GRVAGG
12. NRVAGG
13. WISE SSA office meeting

June 2013

1. Regional Best Practices Conference to Prevent Homelessness – Richmond
2. Carilion/Healthport meeting
3. SOAR meeting
4. Transitional meeting
5. Took DDS staff to Pediatric Neurology to observe testing
6. Bristol SSA meeting
7. Meeting with Healthport director at DDS
8. Training at Frontier Health for their CE staff
9. Spoke at Care Connection Parent meeting
10. Pocahontas Prison Vendor fair

July 2013

1. Transitional Council Meeting
2. Dept. Corrections Nurses Training conference – Richmond
3. SOAR Regional Meeting – Norfolk
4. Commonwealth Autism Leadership Day Training – Roanoke
5. Commonwealth of VA Autism Leadership conference
6. Rescue Mission Training with Medical Staff
7. Parent Resource Fair
8. SFAC Fort Eustis – Wounded Warrior Project

August 2013

1. SOAR Trainer's Meeting
2. Soar Regional Meeting – Roanoke
3. Lucas Therapies – Training Presentation
4. Bedford Probation Officers Training – Pre-Release
5. Carilion Medical Records staff training/meeting
6. King Mountain Prison worker training for prerelease claims
7. Western Regional DOC medical staff training
8. SWVA Special Ed directors training in Abingdon
9. SFAC Fort Eustis – Wounded Warrior Project
10. SOAR Outreach Meeting – Newport News

September 2013

1. SFAC Fort Eustis – Wounded Warrior Project
2. Collaborations Conference Wyndam Hotel Virginia Beach

3. Participated in the quarterly meeting of the Public Guardianship Program at Senior Connections
4. GRVAGG meeting
5. Care Connect Presentation in Bristol
6. Johnston Memorial Hospital staff meeting
7. Welmont Hospital staff meeting. .
8. SSA FO Training
9. SOAR Meeting

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

All CE source complaints in WV are referred to the appropriate PRO for investigation and resolution. We have an Oversight Plan in place that provides the process and procedures to be followed.

All complaints are documented and fully investigated. Appropriate corrective actions, including communication with all involved parties, is taken. Documentation of complaints is retained in the provider files for at least three years.

If a claimant reported, unprofessional conduct or criminal acts the PRO would also involve the appropriate state administrator and appropriate staff consultant to participate in the investigation and resolution process as follows:

- As a general approach to CE complaints, it has been our usual practice to give CE source an opportunity to correct deficiencies. However, in cases involving unprofessional conduct or criminal acts and in other situations where the PRO deemed it appropriate, the first step would be to interview the claimant and any witnesses to the alleged acts/conduct identified by the claimant to fully document specifics of the incident.
- If, following these interviews, there is reason to believe that the allegations do rise to the level of unprofessional and/or criminal acts, scheduling further exams with the source would immediately be suspended. The first concern would be to protect any further claimants from being exposed to the alleged conduct or acts.
- The source would be notified of the scheduling suspension, informed of the pending allegations, and asked to respond to them with his/her version of what happened. We would also interview any source staff members as appropriate. We would inform the source that a complete investigation of the alleged conduct/acts will be undertaken and that we would make a final determination following that.
- PROs would review vendor file for a pattern of similar incidents, insure that there have been no sanctions by licensing or oversight entities with the source of which DDS is unaware, and verify whether or not the state licensing authority has any pending actions concerning the source.
- Other claimants examined by the source would be interviewed, using our regular claimant reaction survey protocol, to determine if other claimants make similar allegations and any other witnesses would be interviewed.
- If the allegations were determined to be unfounded, scheduling would likely be resumed with the source under whatever conditions the PRO determined to be appropriate with the approval of appropriate state administrative staff.
- If the allegations are determined to be true, we would immediately cease any further scheduling with the source. Based upon the nature of the infractions and after consultation with appropriate state administrative and legal personnel, referral may be made to state licensing, oversight authorities, or law enforcement agencies for further investigation and/or action.

2. Provide a list of the onsite reviews of CE providers completed by the DDS.

Key Onsite Visits FY13

Charleston DDS

Source	Location(s)	Date	PRO (b) (6)
Tri State Occupational Med	Logan	5/20/13	(b) (6)
(practice primarily IME's and One of top 5 providers)	Princeton		(no visit, started job 4/2013)
	Charleston	6/17/13	
	Huntington		
Larry Legg	Summersville	8/12/13	
Psychological Assessment & Intervention	Princeton		(no visit, started job 4/2013)
(practice primarily IME's and One of top 5 providers)	Beckley	9/3/13	
	Charleston	6/18/13	
Sunny Bell	Mullens	8/30/13	
Sunny Bell	Beckley	9/3/13	
Aspire (Lester Sargent)	Chapmanville	4/15/13	
Mustafa Rahim	Beckley	8/30/13	
Surayia Hasan	Beckley	9/3/13	

WEST VIRGINIA CE MANAGEMENT OVERSIGHT REPORT | FY13

Clarksburg DDS

Source	Location	Date	PRO/PRA
Tri State Occupational Med			
(practice primarily IME's and one Of top 5 providers)	Elkins	9-11-13	(b) (6)
	Romney	8-26-13	
	Parkersburg	10/16/13	
	Bridgeport	10/21/13	
	Sutton	6/26/13	
T.M. Yost Ed.D.	Fairmont	7/3/13	
Sushil Sethi (primarily IME's)	Marietta, OH	10/22/13	
	St. Clairsville, OH	5/20/13	
	Fairmont	10/18/13	
Mansuetto-Coville (primarily IME's)	Wheeling	10/2/13	
Seth Tuwiner (primarily IME's)	Hagerstown, MD	9-26-13	
Psychological Consulting (Slaughter & Hood) primarily IME's	Martinsburg	7-12-13	
Morgan Psychological Services (Morgan Morgan) (primarily IME's)	Buckhannon	9-18-13	
Fremouw, Sigley & Associates (Ed Baker & T. Berry- Harris) (primarily IME's)	Morgantown	9-5-13	
Gregory Trainor & Associates (primarily IME's)	Keyser	9-25-13	

WEST VIRGINIA CE MANAGEMENT OVERSIGHT REPORT | FY13

Non-Key CE and Major MER Provider Visits FY 13

Charleston DDS

Non-Key CE Sources	Type of Visit / initial	Major MER Sources	Date/ PRO
Elizabeth Bodkin	5/20/1 (b) (6)	Princeton Comm. Hospital	9/3/13 (b) (6)
Psychological Assoc.	5/22/1	Raleigh General Hospital	8/30/1
Andres Rago	9/25/1	Beckley ARH	8/30/1
Aspire- Smithers	7/11/1	Logan Reg. Med. Ctr.	5/20/1
Aspire-Beckley	8/30/1	Welch Comm. Hospital	9/25/1
Sunny Bell-Beckley	9/3/13	Boone Memorial Hospital	5/22/1
Hasan/Wasylyk	9/13/1	Logan Co. Schools	5/22/1
Teresa Jarrell-Princeton	9/3/13	DHHR Logan	5/20/1
Miraflor Khorshad	8/12/1	Logan Mingo M H	5/20/1
Larry Legg -Clay	8/9/13	Coalfield Health Care	
Tonya McFadden	9/3/13	Family HealthCare	5/22/1
PAIS -Chapmanville	5/20/1	Summersville Reg. Hosp	8/12/1
Story Consults-Williamson	5/7/13	CAMC-Charleston	6/18/1
Story Consults-Lousia	5/8/13	St. Francis Hospital	9/13/1
Summersville Reg. Hosp	8/12/1	WV Health Right	9/13/1
Community Care Clay	8/9/13	Thomas Memorial Hosp.	4/5/13
Judith Lucas-Fairlea	9/27/1	Professional Ther. Svcs.	12/19/
Elizabeth Durham	10/2/1	Pretera Center	9/13/1
ENT Associates	9/13/1	Highland Hospital	9/13/1
Robert Holley	7/9/13	St. Mary's Hospital	7/9/13
Steinhoff Consult Serv	7/9/13	Cabell Huntington Hosp	7/9/13
Mareda Reynolds MA	6/19/1		
Process Stategies	4/5/13		
Nilima Bhirud	6/18/1		
Kay Collins Ballina	6/17/1		

WEST VIRGINIA CE MANAGEMENT OVERSIGHT REPORT | FY13

Clarksburg DDS

Non-Key CE Sources	Type of Visit/ Date	Major MER Sources	Date/PRO
Paul Dunn, PhD	9/26/13 (b) (6)	Davis Memorial Hospital	8-1-13 (b) (6)
Russell Biundo, MD	6-13-13 (b) (6)	Fairmont General Hospital	5/10/13 (b) (6)
Wheeling Clinic	3/14/13 (b) (6)		
Barbara Rush, PhD		Monongalia General Hosp.	9/17/13 (b) (6)
MVA Health Clinic	4/23/13 (b) (6)	Ohio Valley Medical Ctr	9/10/13 (b) (6)
City Hospital CE	9-13 (b) (6)	Camden Clark/St. Joseph's - Parkersburg	7/1/13 (b) (6)
Robert Webb, MD	8-16-13 (b) (6)	WVU Ruby Memorial	PBO (monthly)
Bennett Orvik, MD		Wheeling Hospital	7/2/13 (b) (6)
James Dolly, OD	12-17-12 (b) (6)	Winchester Medical Center	10-25-12 (b) (6)
Mountain View ENT	10-25-12 (b) (6)	University Health Associates	(b) (6) (monthly)
Joseph Audia, OD		United Hospital Center	
Sharon Joseph, PhD	8-1-13 (b) (6)		
Paul Kradel	9-12-13	Clarksburg VAMC	
Morgantown Eye Associates	7-2-13 (b) (6)	Weirton Medical Center	9/5/13 (b) (6)
Brenda Tebay, MA	9/16/13 (b) (6)	Stonewall Jackson Hospital	8/20/13 (b) (6)
Anthony Golas, PhD	7/31/13 (b) (6)	Marietta Health Care	10/22/13 (b) (6)
Spaulding Psych Services	8/16/13 (b) (6) 5/10/11 (b) (6)	Braxton Memorial Hospital	5/15/13 (b) (6)
Holistic Psych (R. MacDonald Ph.D)	9-12-13 (b) (6)	Potomac Valley Hospital	9-25-13 (b) (6)
		St. Joseph's Hosp – Buckhannon	9-18-13 (b) (6)
John Damm, Ph.D.	9-17-13 (b) (6)	Broadus Hospital	9-18-13
		Grant Memorial Hospital	8-26-13 (b) (6)
Thomas Schmitt, MD New Martinsville		Hampshire Memorial Hospital	8-26-13 (b) (6)
Eastern Psychological Services	9-30-13, (b) (6)	Jefferson Memorial Hospital	8-16-13 (b) (6)
Jose Ventosa, MD	Retired 3/13	War Mem. Hospital	12-17-12 (b) (6)

WEST VIRGINIA CE MANAGEMENT OVERSIGHT REPORT | FY13

Tina Yost, MA	7/3/13 (b) (6)		City Hospital	7-12-13 (b) (6)
Thomas Schmitt, MD Wheeling			Preston Memorial Hospital	7-25-13 (b) (6)
Parkersburg Psych.	8/27/13 (b) (6)		Grafton City Hosp	7-25-13 (b) (6)
Family & Marital Counseling	6/25/13 (b) (6)		Garrett Co Hosp	7-25-13 (b) (6)
Jill Hornish, MA	6/19/13 (b) (6)		E. Panhandle Free Clinic	8-16-13 (b) (6)
			Chestnut Ridge Hosp	Monthly (b) (6)
Hillcrest Behavioral				
Weston ENT			Wetzel Co. Hospital	8/30/13 (b) (6)
Joseph Schreiber, DO	9/24/13 (b) (6)		E. Liverpool City Hosp	5/1/13 (b) (6)
Vision Care Assoc.	5/14/13 (b) (6)		Sistersville Gen. Hosp	7/19/13 (b) (6)
Ronald Frame OD			Reynolds Mem. Hosp	8/29/13 (b) (6)
Gabriel Sella, MD			Northwood	9/18/13 (b) (6)
Amos Wilkinson OD			Wheeling Health Right	2/8/13 (b) (6)
Fairmont ENT			E. Ohio Regional Hosp	6/28/13 (b) (6)
Jefferson Mem. Hosp CE	8-16-13- (b) (6)		Minnie Hamilton HC	9/17/13 (b) (6)
Hampshire Mem CE	8-26-13 (b) (6)		Healthways	10/23/13 (b) (6)
Krista Wilkins SLP	7-25-13 (b) (6)		Pleasant Valley Hosp	

3. Provide a current list of names and addresses of key providers. For decentralized DDS locations, the list should be prepared and submitted by each branch.

Charleston DDS

- 1) Tri State Occupational Medicine, Inc. (clinic locations in Beckley, Lewisburg, Logan, Charleston, Princeton and Huntington)
612 6th Avenue
Huntington, WV 25701
- 2) Sunny Bell/ Assessments Inc. (Mullens, Beckley)
PO Box 35
Mullens, WV 25882
- 3) Psychological Assessments and Intervention Services, Inc. (Chapmanville, Princeton, Beckley, Charleston, and Huntington)
P. O. Box 11210
Charleston, WV 25339-1210
- 4) Larry Legg / Eastern Consultants, Inc. (Clay, Summersville)
3213 N. Court Street

WEST VIRGINIA CE MANAGEMENT OVERSIGHT REPORT | FY13

Lewisburg, WV 24901

- 5) Mustafa Rahim, MD
PO Box 964
Beckley, WV 25802
- 6) Aspire Occupational Rehabilitation-Smithers, Chapmanville, Charleston, Beckley
Lester Sargent MA
PO Box 4303
Chapmanville, WV 25508
- 7) Surayia Hasan & Irene Wasyluk, MD/ Hasan Medical, Inc.
224 Professional Park
Beckley, WV 25802
- 8) Nilima Bhirud, MD
(b) (6)
Marmet, WV 25315
- 9) Mareda Reynolds, MA
Doctors Bldg, 200 Kanawha Terrace STE 103
St. Albans, WV 25177
- 10) Serafino Maducdoc Jr, MD
(b) (6)
Oak Hill, WV 25901

Clarksburg DDS

- 1) Harold D. Slaughter Jr. M.A. & Harry Hood, M.A.(Psychological Consulting)
431 South Raleigh Street
Martinsburg, WV 25401
- 2) Fremouw, Sigley & Associates – Morgantown, Ed Baker, Ph.D. – Traci Berry – Harris Ph.D.
1244 B Pineview Drive
Morgantown, WV 26505
- 3) Tri State Occupational Medicine Inc. – Bridgeport, Elkins,
612 6th Avenue Romney, Sutton,
Huntington, WV 25701 and Parkersburg
- 4) T.M. Yost Ed.D.
(b) (6)
Fairmont, WV 26554

- 5) Mansuetto-Coville Psychological
98E East Cove Avenue
Wheeling, WV 26003

- 7) Seth Tuwiner, MD – Hagerstown, MD
P O Box 746
Falls Church, VA 22040

- 8) Sushil Sethi, MD MPH FCCP-St. Clairsville OH, Marietta OH, Fairmont
1221 S Trimble Rd Ste B1
Mansfield, OH 44907

- 9) Morgan Psychological Services-Buckhannon
102 E. Main St. Suite 1
Buckhannon, WV 26201

- 10) Gregory Trainor & Associates-Keyser
155 Armstrong St. Suite 8
Keyser, WV 26726

4. For CE Panels:

a. List the current number of CE panelists on the panel.

Our vendor database shows approximately 148 active (does not include one vendor doing CEs in multiple locations) CE providers that DDS contracted during FY 2013. This number also includes hospitals and secondary providers that performed studies.

Average processing times for all reports received FY 2013 was *9.88 days, slightly higher than FY 2012 @ 9.57 days.*

b. Provide a brief description of the process used by the DDS to ensure that medical credentials checks and exclusion list(s) checks are made at the initial agreement and periodically thereafter to ensure that no unlicensed or excluded CE providers perform CEs.

During initial recruiting activities all potential CE provider's are required to submit a copy of their current CV / Resume and the provider will sign a Statement of Agreement that includes their professional license number, expiration date, and a general agreement they are required to follow all DDS/SSA CE etiquette and protocol. The Area PRO conducts credential checks (per DI 39569.300) to verify status of all potential providers through all appropriate state and federal licensing and sanctioning boards, HHS OIG and LEIE website and/or other appropriate databases. The 'Statement of Agreements' and CV/resumes are renewed and updated periodically.

The Professional Relations Assistants also have a process in place to perform an annual or semi-annual review of credentials on all existing CE providers to verify licensure or certification is not restricted or limited and in generally good standing. In addition to

these steps, sanction lists are reviewed as they are provided and we receive copies of the State Medical Association newsletter, which often provides information regarding any action taken against the licenses of medical doctors.

- c. Provide a brief description of the process used by the DDS to ensure that all CE providers' support personnel are properly licensed or credentialed when required by State law or regulation.**

The Statement of Agreement includes specific language that a CE provider is held accountable that all of the support staff used during CE's meets all appropriate licensing or certification requirements of the state in which exams are done. As indicated above, the Statements of Agreements are updated and renewed periodically.

5. For medical fee schedules:

- a. Provide a description of CE/MER fee schedule changes (include a description of any volume medical provider discounts).**

No changes were made to the fee schedule. No discounts are given for volume providers.

- b. Provide a copy of the current fee schedule.** See attachment for most recently updated DDS fee schedule. Note: The entire fee schedule for our parent agency is available by request.

6. Provide a brief description of DDS professional relations officer's/medical relations officer's activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with Regional public affairs offices, etc.

West Virginia DDS Professional Relations Officers, Professional Relations Associates, schedulers and vendor registration staff take every opportunity to market any current DDS and/or SSA initiative with or without the PAS, depending on the audience.

- In FY 2013, the major SSA initiatives promoted by PROs and PAS were e-827, Birth to 3 and DSM-V, respectively.
- PROs recruit CE providers on an as needed basis as well as in-house MCS (medical consultants).
- EMR in-bound and out-bound are at the forefront of the PRO marketing agenda. This includes opportunities during phone conversations, at medical conferences, at professional meetings, staff training at DDS, etc.

Fiscal Year 13 Outreach Events:

EVENT	NOTE
WV Rural Health Conference	
WV Scientific Assembly and Family Practice	With PAS
WV Annual Licensed Social Workers Conference	With PAS
WV Birth to Three Semi-annual	With PAS
WV Office of Family, Maternal and Children	With PAS
WV Health Information Management Conference	
WV Audiological and Speech Language Pathology Conference	
“Celebrating Connections” Conference (audience primarily consisted of those in educational field)	With PAS
WV Primary Care (rural medicine)	
WV Osteopathic Medicine	
Chamberlin-Edmonds Meeting	With PAS
WV SOAR Meeting	With PAS
WV Regional Jail and Correctional Facility Authority	With PAS
Healthport Quarterly Conference Calls Quarterly	
Inter-component Meeting with FO/ODAR/DDS Semi-Annual Meeting	
ODAR – new ALJ orientation	
Romney School of Deaf and Blind	
WV Psychological Conference	
RESA VII School Psychologist Conference	

(b) (6)

From: (b) (2)
Sent: Tuesday, April 24, 2018 1:14 AM
Subject: FW: Annual DDS CE Oversight Reports - Philadelphia Region -- INFORMATION

Attached are the annual DDS CE Oversight Reports for the Philadelphia Region for FY2013. All DDSs continue to be in compliance with requirements for verifying and monitoring CE provider credentials on an ongoing basis. They have procedures in place for handling claimant complaints and Congressional inquiries and always handle these in a timely manner. We are happy to report that there have been no instances of special situations that might provoke public criticism or press attention in the region this past year.

As the Professional Relations Coordinator, this year I was able to visit the Pennsylvania, West Virginia, Virginia, and District of Columbia DDSs and meet with the MPROs and their staffs to conduct CE oversight. In each site, we discussed the DDS's efforts to recruit new CE providers, how they schedule onsite visits and training with new and continuing providers, and how they conduct oversight to assure that all CE procedural and reporting requirements are followed.

During the course of the year, CE quality is monitored by the Regional Office in various ways. Staff in the Center for Disability Programs (CDP) reviews cases returned to the DDSs by OQP. In that review, we check that appropriate CE procedures were followed and that only necessary and appropriate exams and tests were purchased. We also review the quality of the CE reports. Any deficiencies or issues are reported to the MPRO in that state for their review and necessary actions.

Our Regional Medical Contractors have also been instructed to report to CDP any issues they discover in their case reviews and assessments related to consultative examinations.

In the course of our reviews of various claims – whether an OQP return, RPC submission, regional case review, claimant complaint or Congressional Inquiry received through the Regional Office – in addition to reviewing CE procedures, we frequently check the current licensure status of CE providers in the claims and check the LEIE for any sanctions as a “spot check” of providers. These checks have revealed no issues with licensing or sanctions in our region. When the DDSs have found any issues with licensing, sanctions, or verified complaints, proper actions have been taken to either temporarily suspend scheduling until the issue is resolved, or to permanently remove the individual from their CE panel.

All-in-all, it has been another challenging year for the MPROs in the DDSs, but in typical fashion, they have risen to the challenges they have faced.

The current [CE and MER fee schedules](#) for each DDS are available online.

The continuing support of the MPRO team is greatly appreciated.

Please let me know if you have any questions on this report.

(b) (6)
Professional Relations Coordinator
Philadelphia

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Delaware **District of Columbia** **Maryland** **Pennsylvania** **Virginia** **West Virginia**



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