

DDS CE Oversight Report

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

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

Region:	Atlanta
State DDS:	Alabama
Report Period (Fiscal Year):	2015
Current Date:	11/13/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title MRO Coordinator

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

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

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

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

each, including the outcome.

No fraudulent activities were discovered during this fiscal year.

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

None

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

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

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

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

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

All CE panelists are checked at initial agreement and after that checked every 3 months.

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

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

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

921 Total Panelist, 538 active panelist.

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

Yes

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

There were some changes in the panelist fee schedule for Fiscal Year 2016. The Alabama DDS finalizes its annual fee schedule review during the last quarter of the fiscal year so the new schedule can go into effect at the beginning of the new fiscal year. There were some increases in our exam fees and ancillary studies commensurate with increases in Medicare fees for the same or similar services. We also decreased fees for some ancillary studies in line with the Medicare fees. The fee changes resulted in an overall **.18691%** increase in the consultative exam fees for fiscal year 2016.

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

ARCH (Alabama Rural Coalition for the Homeless)-Steering Committee Meeting-Attended by (b) (6)

MRO

July 22, 2015 9:00-3:30 Ballroom C

University Center at Alabama State University

915 S. Jackson Street 36104

SOAR Training **July 8-9** at the Community Law Office Birmingham, AL. Attended by (b) (6)



SOAR Agenda July
2015 Bham-Rev.doc

On Friday, **April 17, 2015**, (b) (6) attended the UAB School of Medicine Center for AIDS Research *Ending AIDS: A Deep South Summit*. The number of participants at the conference exceeded 150. The participants represented the statewide medical community, State and counties Departments of Public Health, and AIDS service organizations. The summit centered on challenges and medical progress toward ending the HIV/AIDS epidemic in the South. <http://www.uab.edu/medicine/cfar/conference>

On April 10, 2015, (b) (6) and I traveled to Tuscaloosa for a meeting with the current medical school residents and the medical director. We are waiting for the new residents to start as well as the program to work out budget details, so they can begin completing exams for us late July, early August.

March 18, 2015; 2:00 – 3:00 EST

Member Roundtable Conference Call

International Claims Association

March 12, 2015

Cooper Green Hospital

(b) (6) attended the Open House for the One Roof organization serving the homeless in the Birmingham area.

Thursday, March 12

4pm - 6pm

1515 6th Avenue South (Cooper Green Mercy)

(b) (6) and I met with approximately 30 members of NAMI on **Feb. 23, 2015**. We arrived at the meeting around 5:00p.m. and met with staff of NAMI, (b) (6). We spoke for approximately an hour regarding the Disability process. We provided them with the definition of Disability for adults and children. They were also given a handout regarding mental treatment and the 9 areas MI is evaluated in the Disability office. The difference between the Title II and Title XV1 application and benefits were discussed and the waiting periods. We talked about the need for the family to complete all necessary forms and the importance of keeping all scheduled consultative exams. There were numerous questions that were answered and we were invited to come again.

Meeting details:

NAMI Alabama

National Alliance for the Mentally ill

Monday, February 23, 2015

5:30

November 6, 2014

We attended a staff in-service training meeting for the Care Management staff at the Princeton Baptist Medical Center in Birmingham. In attendance, there were 33 representatives of the social services and related patient programs. The goals of the training were as follows:

1. Review basics of the disability program
2. Determine the most efficient way of submitting medical records on inpatients who have applied for disability
3. Provide some suggestions for “service providers”

4. Establish contacts for the DDS to facilitate the processing of disability claims

(b) (6) Interim Director of Care Management, identified the following as the primary goal of the meeting.

-To ensure that the patients are assessed timely in regards to the extended period between the illness/disability and benefits and Medicaid/Medicare.

Following the presentation, (b) (6) and I felt the goals were addressed during the prepared remarks and answers to questions.

October 17, 2014

Attended the *Disability Benefits for Veterans: An Interdisciplinary Symposium* sponsored by The Deep South Center for Occupational Health and Safety, UAB and Auburn University

Location: Lakeshore Foundation

In attendance: 23 representatives of VA programs; statewide – Birmingham, Huntsville, Montgomery and Huntsville

The DDS was invited to participate in the symposium and asked to speak on the following topic: *Social Security Administration Perspectives on VA Disability*.

The outline of my presentation is as follows:

1. Background information on the disability program
2. Overall perspective of the SSA and VA programs – “We have shared priorities in the processing of veteran’s disability claims with the Department of VA and the SSA.”
3. Acting Commissioner Colvin’s Four Collaborative Efforts in working with the VA
4. Identification of MCC/WW claims, and the expedited application and claim processes
5. VA medical facility records
6. Fraud
7. Role of service providers
8. Service delivery

11. Upload the following documents to the SharePoint site:

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

- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the [ODD MPRO SharePoint site](#)”

Please attach any additional information before submitting this form.



TRAINING AGENDA

**Community Law Office
950 22nd Street, N.-Suite 1000
Birmingham, AL 35209
(Medical Forum Building)**

DAY ONE

8:30 - 9:00	SIGN -IN	
9:00 - 9:10	WELCOME	Opening Remarks
9:10 - 10:10	OVERVIEW	Setting the Stage
10:10 - 10:30	MODULE I	The Disability Programs of the Social Security Administration
10:30 - 10:45		BREAK
10:45 - 11:45	MODULE II	Engaging the Applicant
11:40 - 12:25	MODULE III	The Application Process: Non-Medical
12:25 - 1:00		LUNCH
1:00 - 1:40	MODULE III	The Application Process: Non-Medical cont.
1:40 - 2:25	MODULE IV	The Application Process: Medical Evidence
2:25 - 2:45		BREAK
2:45 - 3:15	MODULE V	Eligibility Criteria and the Sequential Evaluation
3:15 - 3:35	MODULE VI	Medical Information on Mental Illness
3:35 - 4:10	MODULE VII	Co-Occurring Disorders: Mental Illness and Substance Use Disorders
4:10 - 4:30	WRAP UP	Summary, Review, Preview

DAY TWO

8:30 - 9:00	SIGN-IN	
9:00 - 9:10	OPENING	Review / Preview
9:10 - 9:30	MODULE VIII	Collecting the Medical Evidence: The Usual Process
9:30 - 9:50	MODULE IX	The New and Improved Process
9:50 - 10:50	MODULE X	Interviewing and Assessing
10:50 - 11:00		BREAK
11:00 - 11:45	MODULE XI	Functional Information: The Often Missing Link
11:45 - 12:30	MODULE XII	Writing Functional Descriptions
12:30 - 1:15		LUNCH
1:15 - 2:30	MODULE XIII	The Full Picture: Medical Summary Report
2:30 - 2:50	MODULE XIV	QMB, SLMB AND QI – 1: Supplemental Medicaid Programs
2:50 - 3:00		BREAK
3:00 - 3:20	MODULE XV	The Next Step: SSI and SSDI Work Incentives
3:20 - 3:50	CLOSING	Summary, Questions, Evaluations, Post-test
3:50 - 4:00	WRAP UP	Certificate Ceremony

Must attend all sessions entirely to obtain Certification.

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Region:	X - Seattle
State DDS:	Alaska
Report Period (Fiscal Year):	2015
Current Date:	11/10/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Disability Hearing Officer, Quality Analyst, and Professional Relations Officer

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

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

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

No complaints were received FY 2015

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

N/A

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

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

No complaints were received.

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

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

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

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

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

Once per year, per provider.

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

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

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

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

49 – Several CE Panelists retired or moved out of state this last year. We worked hard at recruitment and finally added a new Otolaryngologist to the panel to fill that particular vacancy as it was a sole provider in our most populous city. This recruitment took about

two months and was very intensive. The provider was initially very reluctant, but has agreed to continue.

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

Yes. Forms on file at the DDS.

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

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

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

Significant time has been spent in recruitment as we are in need of CE panelists in various geographical areas and/or specialties. Despite travel, phone calls, meetings and canvassing by the PRO and to some extent the Chief Medical Consultant, progress in many areas has been minimal. In 2007 there was a field hearing with Senator Lisa Murkowski, who detailed a report indicating that the State of Alaska was short approximately 400 physicians for the population. It was also predicted that this would worsen. We are seeing that this was an accurate prediction. Many medical professionals are interested in working with us, but are so overloaded with patients that they do not have the time. Recruitment efforts continue and include outreach to PA-C's and ANP's and other non-acceptable sources to help in cases where the claimant has already seen an acceptable source.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE](#)

Provider List” section of the ODD MPRO SharePoint site:

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

Please attach any additional information before submitting this form.

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Region:	San Francisco
State DDS:	Arizona
Report Period (Fiscal Year):	2015
Current Date:	10/30/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Officer

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

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

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

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

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

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

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

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

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

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

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

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

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

- The Arizona DDS maintains credentialing and licensing information:
 - 1) On initial Recruitment to the panel by:
 - Obtaining a copy of current licensure by fax or by mail from the prospective CE provider.
 - Checking the appropriate website or medical board (i.e.: Arizona Medical Board) to verify current licensure.
 - Checking the HHS-OIG LEIE (Sanctions List) to verify prospective CE providers are not sanctioned or excluded.
 - 2) During Periodic Checks to verify current licensure for entire CE panel by:
 - Checking the HHS-OIG LEIE (Sanctions List) at least semi annually (June and December) to verify that no CE panelists are sanctioned or excluded.
 - Maintaining a combined spreadsheet for both the Phoenix and Tucson DDS offices containing a list of all CE providers and their date of license expiration. The Professional Relations Officers use this list to contact providers that have expiring licenses in the

upcoming month so timely licensure documentation can be obtained. This safeguard allows our offices to either obtain licensure information before expiration or to place the provider on “hold status” until license documentation can be obtained.

- The Arizona DDS requires the CE provider complete the form found at DI 39569.400; Exhibit 1 “License/Credentials Certification for Consultative Examination (CE) Provider and Certification of All Support Staff” (see Attachment 1) when the DDS office initially contracts with a CE provider. CE providers are required to give us assurances that all support staff are appropriately licensed or certified per State regulations/requirements.

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

Semi-annually: (June and December)

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

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

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

There are currently 265 CE providers in the Arizona jurisdiction. Arizona is decentralized and has two sites S03 in Phoenix and V16 in Tucson. S03 primarily handles the northern part of the state while V16 handles primarily the southern part of the state. There were 204 providers in S03 and 61 in Tucson. Please see the attached vendor list.



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

Onsite visits for all key CE providers in the Phoenix and Tucson DDS jurisdiction(s) were completed in Federal Fiscal Year 2015.

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

There are no differences in the fee schedule. Please see the attachment.



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

- FFY 2015: (Various dates): Participated in round table discussions with local S.O.A.R. representatives regarding assisting homeless population with e-applications and e-MER submission.
- FFY2015: (Various dates): SSA website orientations for CE, MER providers and others.
- FFY 2015: (Various dates): Participated in National and Regional driven MPRO conference calls/net meetings regarding upcoming ERE website enhancements, HIT initiatives and other topics.
- FFY 2015 (Various dates): Maintained contact with various agencies, groups, and individuals whose interest and goals are related to HIT and its adoption, proliferation and use in the state of Arizona.
- FFY 2015 (Various dates): One on one contact, phone contact and mail contact with new and existing consultative examiners, MER providers and others regarding use and updates of the ERE platform
- FFY 2015 (Various dates): participated in the monthly DCO ODD ERE support calls.
- Madison Street Veterans Association; MANA House, 755 Willeta Street, Phoenix, AZ 85006
- December 2, 2015 Participated in the 8th Annual Arizona State Health-e Connections Summit and trade Show.

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- **A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"**

Please attach any additional information before submitting this form.

ARIZONA DDS CE PROVIDERS; FFY 2015 (265)

Key Providers
(Per POMS: DI 39545.100)

\$\$: ≥\$150k
PP: Primary Practice
T5: Top 5

Onsite reviews
(Per POMS DI 39545.500)

Date:

Phoenix DDS (S03) (204)			
Aaron Bowen Psy.D.	S03		
Adriana Weyer Ph.D.	S03		
Advanced Ear, Nose and Throat Associates	S03		
Affiliated Psychological Prof Steven Hirdees, EdD David Young EdD Carol Mclean PhD	S03		
Affordable Hearing Care	S03		
Ahmad Khan, MD (Khan LTD)	S03		
Alexander Piatka Ph.D.	S03		
Alicia Jacobs	S03		
Alysha Bundy Ph.D.	S03		
Alysha Teed PhD	S03		
Amanda Nellis Ph.D.	S03		
Amber Lamonte Psy.D.	S03		
Amy Kaminski Ph.D.	S03		
Anne Harris Ph.D.	S03		
Arcadia Radiology	S03		
Arizona Balance and Hearing Associates	S03		
Arizona Center for Chest Disease Ltd	S03		
Arizona Interpreting Services Inc	S03		
Arizona Sign Language Interpreting	S03		
Armando Bencomo Ph.D.	S03	\$\$, T5	12/17/15
ASU Speech and Hearing Clinic	S03		
AzTech Radiology	S03		
Audiology Inc (Jeffrey Moore AuD)	S03		
Banner Health Page Hospital	S03		
Best Medical Group LLC Angel Gomez MD Kathryn Brown DO	S03		03/18/15
Beverly Yoches Psy.D.	S03		
Brent Geary Ph.D.	S03		
Brian Briggs Briggs	S03		
Bryant Boyack D.O.	S03		
Carol McLean Ph.D. (Developmental & Education Psychological Services)	S03		
Casper Teleradiology PLLC	S03		
Celia Drake Ph.D.	S03		
Charles House Ph.D.	S03		
Chris Pfeleger	S03		

Christi Belden Psy.D.	S03		
Christine Tetzloff Ph.D.	S03		
Cobre Valley Community Hospital	S03		
Colin Joseph Ph.D.	S03		
CompuDiagnostics Inc	S03		
Connie Pyburn Ph.D.	S03		
Crawford Health and Rehabilitation	S03		
Daniel Chatel Ph.D.	S03		
Daniel Rosenbaum Ph.D.	S03		
Daniel Schulte Ph.D.	S03		
David Jarmon Ph.D.	S03		
David Jensen D.O.	S03		
David McGarey MD Thomas Johnson OD (Barnet Dulaney Perkins Eye Ctr)	S03		
David Yee Psy.D.	S03		
David Young Ed.D. (Affiliated Psychological Prof)	S03		
Derek Leinenbach M.D.	S03		
Desert Sky Counseling Natalie Hurd PsyD Neil Stafford PsyD ShaunaSukey-Haley PsyD	S03		
Desert Sounds Audiology	S03		
Desert Valley Radiology	S03		
Dixie Regional Medical Center	S03		
East Valley Diagnostic Imaging	S03		
Elissa Gartenberg D.O.	S03		
Erin South PsyD	S03		
Eye Associates of New Mexico	S03		
Eyecare Associates of Prescott	S03		
Farrah Hauke Psy.D.	S03		
Flagstaff Medical Center	S03		
Four Corners Radiology	S03		
G & K Medical Associates Kapur and Galhotra	S03		
Gabrielle Sadowsky MS	S03		
Garden of Hope Counseling	S03		
Gary Reyes Ph.D.	S03		
George Delong Ph.D.	S03		
Gila County Radiology	S03		
Grand CanyonTherapy	S03		
Gregory Hunter M.D.	S03		
Gregory Novie PhD (Diagnostic and Intervention Services PC)	S03		
Gretchen Scheurich SLP	S03		
Growing Edges LLC	S03		
Havasu Lung And Sleep Disorder	S03		
Havasu Regional Medical Center	S03		
Heather Nash Ph.D.	S03		
Insight Imaging	S03		
Intermountain Healthcare	S03		

Jacqueline Kaye MA	S03		
Jacqueline Worsley Psy.D.	S03		
James Huddleston Ph.D.	S03		
Janice Motoike Ph.D.	S03		
Jason Frizzell Ph.D.	S03		
Jeffrey Levison M.D.	S03		
Jeffrey Moore Au.D.	S03		
Jessica Kaffer PsyD	S03		
Jessica Leclerc Psy.D.	S03		
John St. Clair Ph.D.	S03		
Jonna Krabbenhofst Psy.D.	S03	\$\$, T5	10/15/14
Jose Abreu Ph.D.	S03		
Joseph Burrridge (JEA Assessments)	S03		
Justin Johnsen MD	S03		
Karen Mansfield-Blair Ph.D.	S03		
Kari Coelho Psy.D.	S03		
Kathy Hansen Interpreting	S03		
Keith Cunningham M.D.	S03		
Kelly Jenkins SLP	S03		
Kenneth Littlefield Psy.D. (Littlefield Psychological Services Inc)	S03		
Kent Cox MD	S03		
Khan LTD	S03		
Kim Johnson Ph.D.	S03		
Kingman Regional Medical Center	S03		
Kristi Husk Psy.D.	S03		
La Paz Regional Hospital	S03		
Laboratory Corporation of America	S03		
Lakeland Radiologists	S03		
Language Connection	S03		
Little Colorado Medical Center	S03		
Lori Burruel-Homa Ph.D.	S03		
Lucia McPhee M.D.	S03		
Manjit Bhamrah M.D. Salam Rafique M.D. (Paseo Medical Specialists)	S03		
Marcel VanEerd Ph.D.	S03		
Maricopa Ear Nose And Throat	S03		
Mark Binette M.D.	S03		
Maryanner Belton PsyD (SpectrumPsychology and Wellness LLC)	S03		
Matthew Khumalo M.D. (Oasis Urgent Care)	S03	\$\$, T5	

MDSI: Birsen Yuzak M.D. (MDSI) Donald Fruchtman DO (MDSI) Chito Zerrudo M.D. (MDSI) Courtney Schusse MD (MDSI) Donald Fruchtman D.O. (MDSI) Farjallah Khoury MD (MDSI) Krista Walker DO (MDSI) Larry Nichols M.D. (MDSI) Lisa Yamamoto DO (MDSI) Luke Rond DO (MDSI) Mark Binette, MD (MDSI) Mehdy Zarandy, MD (MDSI) Melanie Alarcio M.D. (MDSI) Melissa Linner M.D. (MDSI) Michael Alberti, MD (MDSI) Paul Bendheim M.D. (MDSI) William Chaffee MD (MDSI)	S03	\$\$, PP, T5	09/24/15
Medical Diagnostic Imaging Group	S03		
Medical Diagnostic Services	S03		
Medical Radiology Ltd	S03		
MEDICO: Adam Dawson, DO (Medico) Adrian Gomez D.O. (Medico) Benjamin Rosebrock, Do (Medico) Brad Oliverson, DO (Medico) Chad Taylor, DO (Medico) Christopher Ramage D.O. (Medico) David Cohen D.O. (Medico) Douglas Doeherman M.D. (Medico) Efren Cano D.O. (Medico) Glenn Kunsman D.O. (Medico) Jared Fairbanks DO (Medico) Jonathan Baugh DO (Medico) Jonathan Schellenberg D.O. (Medico) Justin Garrison, DO (Medico) Paul Bendheim MD (Medico) Robert Gordon, DO (Medico) Tamara Kermani D.O. (Medico) Trevor Wilkens D.O. (Medico) William Betz D.O. (Medico)	S03	\$\$, PP, T5	10/10/14
Michael Alberti M.D.	S03		
Milemarkers Therapy	S03		
Minette Doss Ed.D.	S03		
Mohave Desert Radiology PLC	S03		
Monte Jones M.D.	S03		

Mountain West Medical Imaging	S03		
Nancy Homco MS	S03		
Neil McPhee, M.D.	S03		
New Way Speech of Arizona	S03		
Northern Arizona Cardiopulmonary	S03		
Northern Arizona Pulmonary Specialists	S03		
Northern Arizona Radiology PC	S03		
Northern Arizona University	S03		
Northland Rural Therapy Associates LLC	S03		
Oak Creek Imaging	S03		
Online Radiology Medical Group	S03		
Patricia Rose Ed.D. Rose Counseling & Eval)	S03		
Phoenix Children's Hospital	S03		
Precious Words, Inc	S03		
Premier Eye Center (Matthew Sullivan OD)	S03		
Prescott Medical Imaging LLC	S03		
Prescott Radiologists Ltd	S03		
Priority Medical Center Inc	S03		
Professional Court Interpreting	S03		
Psychological Assessment Associates An Nguyen Psy.D. Cynthia Ruzich, PsyD Genie Burns PsyD Jesus Lovett II, PsyD Jonathan Shelton, PsyD Jose Abreu PhD Michael Rabara PhD	S03	\$\$, T5	12/15/14
Quantum Medical Radiology	S03		
Radiology Sepcialists of Southern Arizona	S03		
Red Rock Diasability: Bradley Werrell D.O. (Red Rock Disability) Joseph Ring D.O. (Red Rock Disability)	S03		
Rehabilitation Specialist Group Inc	S03		
Rehoboth Mckinley Christian Hospital	S03		
Renee Behinfar Psy.D.	S03		
Rick Webster PsyD	S03		
Riverview Vision Center	S03		
Robert Mastikian, PsyD (Ronic Psychological Services)	S03		09/24/15
Robin Potter Psy.D.	S03		
Ronn Lavit Ph.D.	S03		
Rosalie Hydock, PhD (Change Points Coaching & Counseling)	S03		
Salam Rafique MD Manjit Bhamrah MD	S03		
San Juan Regional Medical Center	S03		
Sandra Knight, PsyD	S03		
Santa Cruz Radiology	S03		
Scottsdale Medical Imaging	S03		

Sentience Psychological Services PLLC Janeen Demarte, PhD Julia Lessellong PsyD Tasha Haggar PsyD Maryann Latus PhD	S03		
Shannon Tromp Ph.D.	S03		
Sharon Steingard DO	S03		
Sherri Gallagher, PhD	S03		
Shefali Gandhi Psy.D.	S03		
Shelly Woodward Ph.D.	S03		
Shirley Ripp (Ripp Rehab, Inc)	S03		
Sonia Perala Ph.D.	S03		
Southwestern Eye Center	S03		
Sristi Nath D.O.	S03		
St. George Radiology	S03		
St. Joseph's Hospital	S03		
St. Joseph's Hospital Childrens Health Center	S03		
Steinburg Diagnostic Medical Imaging	S03		
Stephen Gill Ph.D.	S03		
Steven Checroun M.D. (Precision Eyecare Inc)	S03		
Steven Patrick Ph.D.	S03		
Steven Hirdes EdD (Affiliated Psychological Prof)	S03		
Summit Healthcare Regional Medical Center	S03		
Susan Patrick Psy.D.	S03		
Tasha Platt Psy.D.	S03		
Terry Colyar MS	S03		
Tich-Hao Mach MD	S03		
Tri State Audiology	S03		
Trilogy Integrated Psychological Services, LLC John Mather Ph.D. Nicole Huggins Psy.D.			
Troyer Urgent Care Inc	S03		
Tyree Carr MD (Nevada Institute of Ophthalmology)	S03		
Valley Center of the Deaf	S03		
Valley Radiologists Ltd	S03		
Verde Valley Medical Center	S03		
Wagner and Associates	S03		
Warren Heller M.D.	S03	\$\$, T5	
Wayne General Ph.D.	S03		
Wayne Parker Ph.D.	S03		
Western Arizona Regional Medical Center	S03		
West Side Speech and Language	S03		
White Mountain Radiology	S03		
William Allison Ph.D.	S03		
Winona Considine Psy.D.	S03		
Yavapai Regional Medical Hospital	S03		

Yesenia Spaleta SLP	S03		
Tucson DDS (V16)	(61)	Key Providers (PER POMS: DI 39545.100) \$\$: ≥\$150k PP: Primary Practice T5: Top 5	Onsite reviews (Per POMS DI 39545.500) Date:
Amy D'Ambrosio Psy.D.	V16	PP	
Andrew Jones Ph.D.	V16		
Arizona State Radiology	V16		
Ashley Hart Ph.D.	V16		
Ashvin Shah M.D.	V16		
AZ Tech Radiology	V16		
Bruce McHale Ph.D.	V16		
Carlos Vega Psy.D.	V16		
Carter Imaging Center	V16		
Casa Grande Regional Medical Center	V16		
Catholic Community Services of Arizona	V16		
Certified Vocational Evaluation Services Inc	V16		
Charles Gannon MD	V16		
Concentra (Melvyn Weinberg)	V16	PP	
Copper Queen Community Hospital	V16		
David Beil-Adaskin Psy.D.	V16		
Dennis Swena MD (US Healthworks)	V16		
Ed Nadolny Ph.D.	V16		
Francisco Sanchez Ph.D.	V16	T5	06/16/15
Fred Wiggins Ph.D.	V16		
George Ching M.D.	V16		
Glenn Marks Ph.D.	V16	T5	06/09/15
Gwendolyn Johnson Ph.D.	V16		
Hunter Yost MD	V16		
Imaging Center @ Yuma Regional Medical Center	V16		
James Armstrong Ph.D.	V16	PP	
Jeri Hassman MD	V16	\$\$, T5	06/09/15
Jerome Rothbaum M.D.	V16	PP, T5	06/16/15
Jill Plevell Ph.D.	V16		
Jonathon Gross MD	V16		
Joni Long SLP	V16		
Joseph Benach, PsyD	V16		
Karlaye Rafindadi (New Pathways Psychological Services LLC)	V16		
Krista Tolo, SLP-CCC	V16		09/23/15
Lynn Flowers, PhD	V16		
Machelle Martinez Ph.D.	V16		
Michael Christiansen	V16		
Michael Moore Ph.D.	V16		

Mt Graham Community Hospital	V16		
Nicole Cooper Lopez Psy.D.	V16		
Michael Christiansen, PhD	V16		
Noelle Rohen Ph.D.	V16	PP	06/09/15
Olympus Healthcare Shadi Koeilat, MD Naroli Soni, MD. Florin Tenase, MD	V16		
Patricia Falcon Psy.D.	V16		
Radiology Ltd	V16		
Richard Palmer M.D. (Palmer Family Medicine)	V16	T5	06/25/205
Rick Clark DO (Sunnyside Medicenter PC)	V16		
Scott Krasner M.D.	V16		
Shannon McGovern, PhD	V16		
Sierra Vista Diagnostics	V16		
Sierra Vista Regional Health Center	V16		
Sloan King Ph.D.	V16		
Solice Psychological Services	V16		
Sonora Quest Laboratories	V16		
Southeast Arizona Medical Center	V16		
St. Mary's Hospital	V16		
Tucson Ear, Nose and Throat	V16		
Tucson Medical Center Respiratory Care	V16		
Valley Ear Nose and Throat	V16		
X-Ray Physicians Ltd	V16		
Yuma Regional Medical Center	V16		

DDS CE Oversight Report

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

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

Region:	Dallas
State DDS:	Arkansas
Report Period (Fiscal Year):	2015
Current Date:	11/9/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Relations Manager

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

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

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

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

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

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

(b) (6) The Arkansas DDS canceled all pending appointments with this vendor and discontinued all scheduling with this provider. (b) (6).

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

A complaint of (b) (6) has an extensive history with the Arkansas DDS. (b) (6) without any claimants of this nature. The claimant was contacted by medical relations via phone to discuss the complaint. The claimant was also sent a letter from medical relations regarding this complaint. (b) (6) was contact via phone and letter. We requested a written response from (b) (6). After receiving (b) (6) response, the Medical Relations contacted the attorney general regarding the situation and (b) (6) was sent a letter of warning. (b) (6) is not currently perform evaluations for this agency (b) (6).

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

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

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

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

The Arkansas DDS performs the annual screen for exclusions on all physical CE providers using

the HHS OIG Sanctions/Exclusions database. The results from this database check are printed and kept in a separate file. Vendors are screened at time of contracture and then on an annual basis.

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

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

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

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

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

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

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

6. Provide a brief description of the DDS business process to review CE reports from new and

established CE providers to ensure the reports meet criteria.

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

Our new mental providers receive a provider feedback letter from our Mental Senior Physician Specialist, outlining the strengths of their reports as well as areas where the report could be improved.

During the year, medical relations and MC's periodically review vendor's reports for content. When an MC or adjudicator works a case with a deficient CE report they will email the medical relations help desk, detailing issues with the report.

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

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

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

"The state of Arkansas currently has five hundred and sixty-seven (567) CE provider locations, 47 fewer vendors from the six hundred and fourteen (614) CE provider locations reported in 2014. Although these numbers appear to reflect a decrease in providers, the department continues to purge the CE vendor file of all non-active providers to prepare for the implementation of the NVF."

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

Onsite visits were completed on all Key and Volume providers

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

Fee changes: 71010 chest xray single technical component changes from 13.75 to 12.24
71130 Sternum xray 3 views technical component changed from 23.70 to 23.01
Changes made to bring fees within in Medicare / Medicaid maximums.

The drug levels for Topamax 80201 and Keppra 80299 level are compensated at a rate above the Medicaid / Medicare maximums as all vendors able to perform this service will not accept that fee. These levels are rarely needed and when they are requested, it is by specific request of the ODAR office.

CE Vendors who perform exams for the Arkansas DDS in neighboring states are paid the designated fee for the exam as per the state where the exam is performed.

There are no volume provider discounts

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

Professional relations officers met with and worked extensively with executives from NEA Baptist Hospital and St Bernard's hospital in Jonesboro AR. regarding adding their hospital and multiple satellite clinics to our provider list.

Medical Relations worked with Vista Health services to add providers in the NW area of the state.

Medical Relations worked with the Executive Director and Chief Executive Officer of the Community Health Centers of AR. We are working together to provide CE evaluations in their rural clinics, with both MD's and APNs and Psychologist

Arkansas DDS continues set up MER and CE providers with access to the ERE site. Due to the extensive use of ERE by the state's MER providers Arkansas average response time for the top 26 MER providers in the state is now 12 days. The average response time for the top 10 MER providers in the state is now 9.8 days.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	San Francisco
State DDS:	California
Report Period (Fiscal Year):	2015
Current Date:	10/20/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Procedural Development Analyst

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

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

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

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

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

consultants and the PRO, with input from the adjudicative and support staff.

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

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

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

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

Former CE provider (b) (6), was involved in (b) (6) but (b) (6) actions were not against the Social Security Administration (SSA). The California Board of Psychology (BOP) took action against (b) (6)

Former CE provider (b) (6)

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

The California DDS received the following complaints in this category:

- (b) (6) – claimant filed (b) (6)
- (b) (6) – claimant claimed (b) (6)

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

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

All CE panel providers' qualifications are checked to ensure both the California and the SSA's standards are met. The PRO and/or a designated staff Medical Consultant will verify the applicant's

professional status. This information, along with a completed application and curriculum vitae, is maintained by the recruiting DDS Branch. Copies of any complaints and the resolutions are also retained in the panelist's file. The medical provider's license is checked at the time of placement on the CE panel, and annually thereafter. Below are instructions used throughout FFY15 by a PRO and/or a designated staff Medical Consultant to verify the applicant's professional status.

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

The information obtained is documented as follows:

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

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

- The Office of Inspector General’s List of Excluded Individuals/Entities Search. This Database is available on the Internet at <http://exclusions.oig.hhs.gov/>.
- The California Department of Health Care Services/Medi-Cal [Suspended and Ineligible Provider List](#).
- American Medical Association (AMA) Physician Profile Service <https://login.ama-assn.org/account/login>
- United States Department of Justice National Sex Offender Public Website <http://www.nsopr.gov/?AspxAutoDetectCookieSupport=1>

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

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

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

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

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

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

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

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

As of October 2, 2015, California has 1,243 CE providers on the panel. The CA DDS reported 1,586 CE providers for FFY2014. The number reported for the FFY2014 included interpreter vendors. Based on the RO feedback, this year the CA DDS is only including medical CE providers in the number of total CE providers on the panel. In addition, the differences are due to some providers retired or were removed from the CE panel during the FFY2015.

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

The CA DDS visited four of the top five Key and Volume providers. The CA DDS was not able to visit

the fifth top provider (Diamond Medical Group) as they were not identified as a key provider until late in the year, and an oversight visit could not be scheduled before the end of the fiscal year. An oversight visit is being scheduled for early 2016.

The CA DDS has 72 Key and Volume providers. Of the 77 comprehensive onsite reviews performed in FFY15, 29 onsite visits were completed with Key and Volume providers. Visits with the remaining Key and Volume providers were not completed due to limited resources.

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

The following changes were made in California's CE/MER fee schedule during Federal Fiscal Year 2015. California's fee schedule is enclosed.

Added: None

Removed: None

Fee Increases: 93307 Echocardiogram fee was increased from \$146.00 to \$160.00 effective February 25, 2015.

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

All twelve PROs have jointly participated in the following activities:

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

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

The CA DDS PROs provided ERE information at the following outreach events:

- The Covina PRO provided ERE information to Los Angeles County, Department of Public Social Services staff in a face-to-face meeting on October 10, 2014.

The CA DDS PROs participated in the following ERE related training sessions:

- The Covina PRO provided onsite ERE training for the Los Angeles County Department of Public Social Services staff on May 12, 2015.
- The Covina PRO provided onsite ERE training for various agencies of the Orange County staff on June 17, 2015.

The CA DDS PROs participated in the following ERE-related presentations:

- The Los Angeles West PRO provided ERE information at the Tri-Counties Regional Center presentation on August 25, 2015.
- The Rancho Bernardo PRO provided ERE information as part of part of the quarterly meetings with the QTC Medical Group throughout the FFY15.

11. Upload the following documents to the SharePoint site:

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

[ODD MPRO SharePoint site](#)

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Denver
State DDS:	Colorado
Report Period (Fiscal Year):	FY2015
Current Date:	10/8/2015
Reporter's Name, Phone number, and title:	(b) (6) (b) (6) PR Supervisor

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

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

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

Colorado DDS administration and Regional Office are notified of the complaint, investigation, and outcomes. Law enforcement is notified as required by law. Surveys are sent to other claimants who were recently seen by the CE provider. The complaint and the provider's response are reviewed to determine if any additional corrective actions are required; including being removed from the CE panel.

For fiscal year 2015, the Colorado DDS had 25 total complaints (13 written / 12 verbal only complaints). This was a decrease from FY14's 33 total complaints.

The thirteen written complaints included:

- 9 complaints total regarding the CE provider's or support staff's professionalism
- 2 complaints were regarding the short length of the appointments.
- 1 complaint dealt with the CE provider causing the claimant pain.
- 1 complaint dealt with the claimant having to wait longer than 45 minutes before being seen by the CE Provider.

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

The Colorado DDS discovered no fraudulent activities by CE Providers during FY15.

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

No egregious complaints were received by the Colorado DDS Professional Relations Department during FY15.

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

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

PR keeps a file on every CE provider. Before we add a new provider to the panel, we confirm the provider is of the correct specialty and has the qualifications necessary to perform SSA consultative examinations. If so, then DDS verifies the provider has a valid license or certification with the State of Colorado or the neighboring states in which they practice. In addition, an online search of the HHS Inspector General's List of Excluded Individuals and Entities is performed to ensure the potential provider has no sanctions. PR documents the perspective provider's file with copies of their license status and HHS record showing no exclusions. During FY15, DDS verified all CE physicians, psychologists, and speech/language pathologists renewed their license and remained in good standing. The HHS LEIE online database is reviewed monthly to be sure no sanctioned providers are performing examinations. Each month the Colorado Board of Medical Examiners and the Mental Health Boards online lists of disciplinary actions are reviewed to ensure no current CE providers have new actions which would prevent them from performing CEs. Before a

new provider can start performing CEs, they must sign the License/Credentials Certification as outlined in DI 39569.400.

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

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

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

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

As part of our CE oversight, the PR unit reviews CE reports from new CE providers, high volume providers, and providers referred from medical consultants, disability examiners, and ODAR. In FY15, DDS perform quality reviews on sixty-one CE providers. As part of the review, the DDS sent the provider written feedback including recommendations to improve their reports.

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

The Colorado DDS has approximately 130 independent CE providers performing consultative examinations, 5 volume groups, and 30 hospitals performing ancillary testing. Volume providers are counted as one provider rather than by each individual provider within the provider's group. The Colorado DDS CE panel remained relatively stable over the course of FY15 with the exception of the loss of a handful of psychologists due to relocation or retirement. During a FY15 site visit to SW Colorado, the DDS also included an onsite recruitment visit to gauge prospective provider's interest in serving on the CE panel. No additional providers from SW Colorado were able to be added to the CE panel based upon interactions during the onsite recruitment visit.

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

All key and volume provider onsite visits were completed as of 9/22/2015.

<u>Provider</u>	<u>Date</u>	<u>Location/Reason for Visit</u>
Disability Exam Services	6/27/2015	Bayfield/Grand Junction / Key Provider
Stuart Kutz PhD	8/11/2015	Denver / Key Provider
Richard Madsen PhD	8/13/2015	Colorado Springs / Key Provider
Allied Assessments	8/13/2015	Pueblo / Key Provider
QTC	8/13/15 / 8/31/15	Colorado Springs / Aurora / Key Provider
Timothy Moser MD	9/10/2015	Englewood / Key Provider
Consulting Psychology	9/16/2015	Denver / Key Provider
Columbine Physicians	9/17/2015	Denver / Key Provider
MDSI	9/22/2015	Denver / Volume Key Provider

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



FY16Exception.Explanations.FeeSchedule.

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

The Colorado DDS CE panel has remained stable over the past year. In almost all cases, with our current panel we were able to provide timely CE appointments. However, we still have a need for additional board certified specialists such as cardiologists, orthopedists, neurologists, ophthalmologists, otolaryngologists, and CE providers in rural and remote section of the State. During FY15, we were able to fill some needs as we added two additional psychologists who perform CEs in rural areas of Colorado. The Colorado DDS continues to post all CE openings on the State of Colorado DDS website. In addition to the website, PR uses newsletters, phone calls, word of mouth, and a personal office visits to provider office in SW Colorado in conjunction with a CE onsite visit. This past fiscal year we also increased our recruitment efforts by advertising on the websites of the Colorado Medical Society and the Colorado Psychological Society. Finally, we also attempt to recruit CE providers when making presentations about the disability program or marketing ERE to the medical community.

Other PR Activities

The Colorado DDS PR Department works closely with the Regional Affairs Public Affairs Specialists (PAS) and local field office staff. During the past year, DDS worked in conjunction with the PAS' and FO staff on pre-release, homeless, and SOAR initiatives.

Electronic Records Express / HIT

In FY15, the Colorado DDS continued to recruit additional MER providers to use ERE when submitting records. The DDS has reached out to most of the larger volume MER facilities. Currently, we are focusing on adding medium volume providers as well as any MER provider who has a history of submitting records on CDs. During FY15, the Colorado DDS recruited 8 additional MER facilities to use ERE. All marketing/recruitment activities were handled internally by the Colorado DDS Professional Relations Department. During FY15, the Colorado DDS continued to use HIT to gather medical records for participating HIT medical facilities. At this time, Colorado has one main MER facility, Kaiser Permanente, that is an “in-state” HIT participant. The Colorado DDS was asked to be a participant in SSA’s Department of Defense HIT pilot project. The Colorado DDS looks forward to HIT’s future expansion in Colorado and beyond, and is excited to participate in any future HIT pilot projects.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

August 21, 2015

PROPOSED CHANGES & EXCEPTIONS REQUEST FOR THE COLORADO DDS FY16 FEE SCHEDULE

Using the principles of POMS DI 39545.625-.650, the Colorado DDS has a defined business process for setting the maximum and minimum possible fees for its medical procedures. All current Colorado DDS Consultative Examination clinical CPT fees were compared with the Department of Labor-Office of Workers Compensation (DOL) and Medicare fees for 2015. These comparison fees (maximum and minimum) for 2015 were specific to the State of Colorado. The proposed FY16 DDS Fee Schedule is lower than the DOL fees except for the “exceptions request” provided below.

The Colorado DDS, DOL, and Medicare use the American Medical Association CPT codes for consultative examination procedures. We have also updated our ICD codes to ICD-10. For non-clinical procedures (i.e. interpretation), an internal DDS code is used. The FY16 Colorado DDS fee schedule consists of approximately 244 procedure codes.

DDS proposes lowering the fees for approximately 47 procedure codes (26 x-rays, 17 laboratory procedures, SSA Kinetc and VTAP 30-2/Octopus-2 visual field testing, and exercise Dopplers).

DDS further recommends the removal of the Vineland Adaptive Behavior Scale, Conners Behavior Checklist, and the Adaptive Behavior Assessment System (ABAS) as these tests have not been used by the DDS for many years.

DDS recommends raising the fee for ophthalmological exams to \$195.00. This fee remains lower than the DOL fee, and it will help keep a sufficient number of ophthalmologists on the CE panel since we are lowering the visual field testing fees. Additionally, DDS recommends adjusting the fee for spirometries without the use of a bronchodilator, and the Hearing In Noise (HINT) test that is used when adjudicating cases for claimants with cochlear implants.

The proposed fees for all of these procedures are below the 2015 DOL fee.

EXCEPTIONS TO THE FEE SCHEDULE

PREVIOUS EXCEPTIONS GRANTED & REQUEST CONTINUANCE FY16

EXAM FEES

We are asking for a continuance to the exception to keep the exam fees at \$160 in the FY16 Fee Schedule. The Colorado DDS has paid \$160.00 for basic examinations (DDS Codes 1-8) since October 2009; the \$160 fee was below DOL fees for the consultation CPT code 99243. Consultation codes are still part of the Current Procedural Terminology, but Medicare or the Department of Labor no longer recognizes them. Since we have no comparing agency fee for

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CPT code 99243, DDS changed the national CPT code to 99203 for an office visit of similar complexity effective FY13. We are asking for the exception to continue as the DOL fee for the CPT code 99203 Office Visit is \$149.43. We are also asking for a continuance for the exception to keep otolaryngology exam fees at \$115.

Rationale: In order to retain our general medical and ENT providers, we are requesting an exception to continue to pay our FY15 exam fees; the last time the exam fee was increased was 10/2009 and the ENT exam fee in 10/2006. As we are proposing no changes to the fees, this Exception should have minimal to no impact on the Colorado DDS CE budget for FY16.

Detailed Mental Status Examinations

DDS requests an exception to continue to pay psychiatrists and psychologists on the DDS CE Panel an exam fee of \$190.00 for detailed mental status examinations. The Colorado DDS has paid \$190.00 for these exams since October 2011. National CPT code 90791 is used to describe a detailed mental status exam administered by a licensed psychologist or psychiatrist.

Rationale: The higher fee will assist in keeping a sufficient number of psychiatrists and licensed psychologists (and assist in recruiting additional psychiatrists and psychologists) on the Colorado DDS CE panel. The \$190.00 fee is not an increase over FY15, so this Exception should have minimal impact on the Colorado DDS CE budget for FY16.

Review of Records

For the past several years, the DDS has paid a nominal review of records fee (\$30.00) to CE provider when requested for missed CE appointments. This policy was approved in the DDS administrators' letter (DDSAL-536) date 4/25/2000, and has been incorporated into POMS DI 39545.275.

DDS has documented four CE providers in underserved areas of the state who have expressed dissatisfaction with this rate. Recruitment of alternative providers in these areas has been unsuccessful. The identified providers are reimbursed an additional \$20 review of records fee when requested.

Rationale: In order to retain CE providers in underserved areas of the state, we are requesting a continuance of the exception to pay them an additional \$20.00 review of records fee.

In FY10, SSA approved a Colorado DDS request to expand the exception to include psychologists (when requested) for missed appointments involving psychological testing. DDS is requesting a continuance of an increase in Review of Records (ROR) fee for broken psychological testing CE appointments (when requested) from \$30 to \$60. Psychological testing CEs require a more detailed records review than other CEs. As part of the testing, psychologists are required to assess the validity of any testing and the credibility of the claimant's self-reported symptoms and history. In order for the CE provider to interpret the scores and assess validity of obtained scores and adaptive behavior, the provider must review (prior to the exam) relevant

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educational, medical, social, legal, military, marital, and occupational data and any associated problems in adjustment.

Rationale: DDS has had several psychologists who are no longer willing to perform testing, but will perform mental status exams. Reasons cited are low reimbursement for records review on missed psychological testing appointments. The increased ROR fee of \$60.00 will assist in retaining psychologists to perform testing rather than only MSEs.

Region Specific Codes (the additional fee is attached to the DDS vendor #)

DDS is requesting a continuance of the exception to add region specific fees to the CE providers in remote locations of the state or are the only Specialist in the geographic area. Region Specific fees are only added in areas where we have difficulty recruiting CE providers. At this time, four CE providers receiving additional fees above the examination fees ranging from \$15.00 to \$40.00. The CE providers are located in areas such as Glenwood Springs, Craig, Grand Junction, Alamosa, and Bayfield. In addition, DDS pays a region specific fee to our ENT groups in Colorado Springs and Grand Junction. In both cases, the ENT provider is the only specialist in the area and unwilling to accept our current fees. The fee range for the region specific codes depends on what DDS was able to negotiate with each particular CE provider in order to retain their services.

Rationale: We lack providers in the remote geographic areas of Colorado, Specialty providers, and providers willing to test young children. If we did not have these providers, claimants would have to travel a considerable distance to a consultative examination, and the DDS would reimburse the claimant for their travel expenses. It is good customer service providing appointments that are conveniently located for the claimants. In addition, asking the claimant to travel to a provider who agrees to our regular fees would provide little to no cost savings to the DDS as any savings would be offset by paying the claimant's travel expenses.

2D Echocardiogram

DDS is requesting a continuance of the exception to reimburse a higher fee than DOL for a 2D echocardiogram – CPT code 93307. DOL and Medicare adjusted their fees for this procedure in FY13 to \$180.55 and \$145.65 respectively. DDS is proposing maintain our FY16 fee at \$222.50.

Rationale: 2D echocardiograms are infrequently authorized by the DDS (4 in the past year), but on rare occasions are needed to determine if the claimant meets SSA's Listing 4.01A/B. DDS has limited providers willing to perform cardiac testing. DDS already has a shortage of cardiology providers on our CE panel. In order to maintain and possibly recruit new CE providers to perform this testing, we request approval of the exception to reimburse 2D echocardiograms for a total fee of \$222.50.

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Audiometric Testing

SSA requires otoscopic examination with all audiometric examinations. The DOL or Medicare fees do not include an otoscopic examination or reporting time in their 2015 fees. DDS is requesting a continuance of the exception to the fee schedule for audiometric testing without hearing aid evaluation (national CPT code 92557; DDS code 691) of \$70.00. This is higher than the 2015 DOL fee of \$51.26.

Rationale: In order to meet the Social Security guidelines for Listing 2.10, audiometric testing must include an otoscopic examination. This procedure is not included in the DOL and Medicare fees for audiometric testing. In addition, SSA has specific report requirements which are not part of the other agencies' fees. DDS already has a shortage of ENT providers on our CE panel. In order to maintain (and possibly recruit) new providers, we request approval of the exception to reimburse audiometric testing at \$70.00. Although the State of Colorado Division of Vocational Rehabilitation (VR) fee schedule is not the fee schedule we routinely use to compare fees, VR reimburses \$90 for the similar procedure. This is additional justification that a fee of \$70.00 is reasonable and below what other agencies in Colorado reimburse.

Audiometric Testing with Hearing Aid Evaluation

During the past year, DDS authorized audiometric testing with hearing aid evaluations (DDS CPT Code 690) one time for a CDR case. We are asking for a continuance of the Exception as there may be CDR cases that require updated audiometric testing with hearing aid evaluations. Additional fees are paid for audiometric testing when hearing aid testing (DDS Code 690) is required. A fee of \$90 is authorized for audiometric testing done with and without aids rather than the DOL fee of \$51.57 (the DOL fee is the same whether hearing aids are used or not).

Rationale: While the SSA Listings to evaluate Hearing Impairments were revised in August 2010, there may be an occasional CDR claim where aided audiometric testing is required. The 2015 DOL and Medicare fee schedules indicate no additional fees for hearing aid evaluations. The DOL fee does not include SSA's requirement of an otoscopic exam with audiometric or consider the time to complete the SSA report. Therefore, the \$90.00 fee includes the audiometry testing, aided testing, otoscopic examination, and submission of the report with the specific information DDS requires for documenting Listing 2.08/102.08 (the Listings for Hearing Loss prior to August 2010). Although the State of Colorado Division of Vocational Rehabilitation (VR) fee schedule is not the fee schedule we routinely use for our annual fee comparison, VR reimburses \$90.00 for audiometric testing and an additional \$75.00 for the hearing aid evaluation. This is additional justification that a fee of \$90.00 is reasonable and below what other agencies in Colorado reimburse.

DDS anticipates this exception will have very little impact on DDS CE expenditures as very, if any; hearing aid evaluations will be scheduled.

EXERCISE TESTING

The volume of exercise testing requested by DDS is low. During the past year, DDS requested a TOTAL of approximately 15 exercise tests as listed below. Exercise testing is scheduled only when DDS cannot allow the claim without documenting if the claimant's impairment meets Listings requiring exercise testing AND a DDS Medical Consultant recommends the testing. Exceptions to reimburse exercise testing at a higher rate than DOL will have minimal impact on the overall CE expenditures of the Colorado DDS.

Professional Component Fees for Exercise Doppler Testing

CPT code 93924 is low volume with only two authorizations during the past year. It is the non-invasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, complete bilateral study (AKA Exercise Doppler). DDS is requesting a continuance for an exception of the DDS professional component fee of \$70.50 compared to the 2015 DOL fee of \$34.22.

Rationale: Unlike other CPT codes for exercise testing, CPT code 93924 does not include "physician supervision" as part of the description. Doppler Testing with Exercise is required to document if a claimant meets SSA Listing 4.12B2. Per SSA guidelines, a physician must supervise exercise testing when it is part of a DDS consultative examination. Providers cite liability issues (involved with exercise testing), low reimbursement rates, and the lack of available physicians to supervise the testing as reasons as being unwilling to perform this testing. Due to the time the physician must be available (approximately 1 hour) to observe the exercise testing, providers are unwilling to be available for the current DOL or Medicare fees, but have accepted a negotiated fee of \$70.50 to include physician supervision, interpretation, and report.

Professional Component Exercise Arterial Blood Gas Fee (Pulmonary Stress Testing)

CPT code 94621 is the national CPT code for pulmonary stress testing (AKA – Exercise Arterial Blood Gas). DDS authorized this procedure 9 times during the past year. We are requesting a continuance for an exception for the DDS professional component fee of \$143.00 compared to the 2014 DOL fee of \$95.09.

Rationale: DDS has a minimum number of hospitals willing to perform exercise ABG testing. Unlike CPT code 93015, CPT code 94621 does not include "physician supervision" as part of the description. Exercise ABG testing is required to document if a claimant meets listing 3.02C3. Per SSA guidelines, a physician must supervise exercise testing when it is performed as part of a DDS consultative examination. Providers are citing liability issues (involved with exercise testing), low reimbursement rates, and the lack of available physicians to supervise the testing as reasons as being unwilling to perform this testing. Due to the time the doctor must be available (approximately 1 hour) to observe the exercise testing, providers are unwilling to be available for the current DOL fee but have been willing to accept a fee of \$143.00 to include physician supervision, interpretation, and report.

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Exercise Stress Testing (Cardiac)

DDS is requesting a continuance of the exception to reimburse \$232.00 fee for the cardiac exercise stress test (CPT 93015/93017); the proposed fee is what DDS has reimbursed for this testing since 10/2005. DDS authorized four cardiac stress tests during the past year.

Rationale: Exercise stress testing is required to meet Listing 4.04A. DDS has limited providers willing to perform exercise testing. Per SSA guidelines, a physician must supervise Exercise Stress Testing. Providers are citing liability issues (involved with exercise testing), low reimbursement rates, and the lack of available physicians to supervise the testing as reasons as being unwilling to perform this testing. Current CE Providers are unwilling to perform testing for the 2014 DOL fee (\$156.65) or Medicare fees, but have agreed to accept a total fee of \$232.00.

Thank you for your consideration.

Respectfully,

(b) (6)

Colorado DDS Director

(b) (6)

Colorado DDS Professional Relations Supervisor

(b) (6)

Colorado DDS Professional Relations Officer / Lead Worker

DDS CE Oversight Report

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

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

Region:	Boston
State DDS:	Connecticut
Report Period (Fiscal Year):	2015
Current Date:	10/07/2015
Reporter's Name, Phone number, and title:	Name: (b) (6) Phone number: (b) (6) Title: Director of Support Services Name: (b) (6) Phone number: (b) (6) Title: Medical/Professional Relations Officer

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

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

All complaints made to the Connecticut Disability Determination Services (CT DDS) by claimants or any other interested parties are investigated and handled on an individual basis. Once a complaint is received, it is referred to the Medical/Professional Relations Officer (MPRO) for evaluation, and to assess the next most appropriate course of action. Depending on the seriousness and nature of the complaint, the MPRO will make the determination if the individual who submitted the complaint warrants further contact to elaborate or clarify. The MPRO will then review the involved CE provider's file, as well as other feedback information to determine if there is a history of complaints with the particular provider. The MPRO will contact the CE provider by telephone, letter or arrange a meeting, either in their office or at the CT DDS. The issues surrounding the complaint will be addressed with the CE provider, and appropriate actions taken. A copy of the complaint and a summary of all actions taken are documented in the CE provider's file for future reference. If the complaint is substantiated, the CE provider will be removed from the list of active vendors, and no future CEs will be scheduled with that provider. When a complaint is received in writing from an interested third party such as an attorney or ODAR

staff, they will be advised that the situation is being reviewed and appropriate actions will be taken.

The process for complaint resolution is the same for all types of complaints, rudeness, unprofessional behavior, environmental factors, and/or other types of complaints. All actions taken are documented in the CE provider's file. The nature and severity of the complaint will determine the resolution process, i.e. suspension from the CE process, notifying State authorities and/or law enforcement, meeting with the provider to discuss the complaint, etc.

One complaint was received regarding a CE provider ((b) (6)) by (b) (6). (b) (6) felt that (b) (6). The complaint was investigated as all other complaints. (b) (6)

(b) (6). Many of the allegations made against (b) (6) were not made until the claimant's claim was pending before ODAR and (b) (6) was the AR. Additionally many of the allegations and complaints were (b) (6) and (b) (6) has done for the CT DDS in the past.

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

No fraudulent activities by CE Providers were discovered during FY 2015.

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

There have been no complaints of an egregious nature, requiring either or both significant corrective actions and/or public relations work during FY 2015.

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

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

The MPRO oversees and ensures that all of the CE providers' credentials are up to date and in good standing on both the state and federal level. The CE provider approval process begins with the MPRO verifying the potential CE provider's license on the state website (<https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx>) to ensure that:

- A. Their license status is active
- B. Verify that there are no Licensure Actions or Pending Charges.

- C. If there are any past or pending licensure actions or charges; investigate the nature of the actions/charges and if necessary, discuss them with the prospective CE provider.

The MPRO also reviews the Office of Inspector General (OIG), U.S. Department of Health & Humans Services (HHS) website (<https://exclusions.oig.hhs.gov/>) to ensure that the provider is in good standing with HHS and no actions have been taken by OIG. The information obtained from both the State and Federal website searches is documented by taking screenshots of the information and saving it in the CE provider's file.

CE providers who have already been approved and are currently being used receive a mandatory review of their credentials to ensure that they are still current and no actions or pending charges have taken place. Here at the CT DDS, an Excel spreadsheet is used to track the CE providers by the month that their license expires. Each month the MPRO performs a check of CE providers whose licenses are expiring at the end of the month (both the State license and Federal credentials websites), and documents the findings in their file.

The CE providers who have a support staff that would require them to carry proper license and/or credentials required by State law or regulation are responsible for insuring these requirements are met.

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

Credentials checks are conducted on a monthly basis for those CE providers who are due to renew their licenses. These credential checks take place at the minimum of once a year. If there are any complaints received, or onsite visits planned with a provider, a second credential check is conducted and documented in their file.

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

The CT DDS has a team of individuals who review CE reports to ensure that they meet the criteria. This team consists of the Chief Medical and Chief Psychological Consultant, a Quality Assurance (QA) staff member and the MPRO. With established CE providers, the MPRO reviews the majority of the CE reports. The reports are randomly selected and reviewed for quality, completeness, and internal consistency. The MPRO handles all Assistance Request CEs from ODAR and uses this as a way of reviewing CE reports. Members of the QA Unit and both Chief Consultants primarily assist with the reviews of all new CE provider reports. Once the initial reports are obtained, all three members (the appropriate Chief Consultant, a member of QA, and the MPRO) review the reports and the MPRO is provided feedback to give to the new CE provider. If there are quality issues that need to be addressed, the new CE provider is requested to amend the report prior to

receiving any new CE appointments. Once all three members approve the reports, the CE provider is allowed to be used as a regular CE provider.

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

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

FY 2014 Total CE number of providers on the CE Panel: 365

The CT DDS MPRO was able to recruit 13 new CE providers while only losing 4 due to retirement and/or no longer interested in performing CE's.

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

The CT DDS, due to workload demands, conducted onsite visits for about half of the Key and Volume CE providers. There was an increased priority to perform onsite visits on other CE providers due to reasons such as complaints received, issues pertaining to the quality of their reports, and providers whose volume had increased and were approaching the Key and Volume provider level. The Key and Volume CE providers that did not receive an onsite visit in FY 2015 received one in FY 2014. In FY 2015, those providers who did not receive an onsite visit had their reports reviewed for quality more frequently and claimant feedback cards were sent out to assess the claimants experience.

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

The CT DDS did not have any CE/MER fee schedule changes or any exceptions during FY 2015. There have also been no volume medical providers discounts distributed for any CE/MER providers.

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

The CT DDS MPRO performed several activities from marketing to meeting with various organizations and elected officials. Such activities include;

- (b) (6), Director of Support Services worked with (b) (6) of the Hartford ODAR office to create a series of meetings that would help both offices gain a better understanding of how we work and could benefit each other. We started by having two discussion sessions at the Hartford ODAR office on January 15 and 22, 2015. The first session was to primarily ask and answer somatic condition questions and

the second session primarily centered on psych questions. Participating in these sessions were (b) (6); (b) (6), MPRO; (b) (6), Chief Medical Consultant; and (b) (6); Chief Psych Consultant. These sessions helped both offices gain a better understanding of how each office operates. Topics ranged from somatic conditions (i.e. autoimmune disorder, COPD/astham, fibromyalgia, child disability, etc.) and mental health allegations (i.e. schizophrenia, mental retardation, depression, etc.) to its Consultative Examination (CE) questions and answers and the medical community's involvement here in CT. The two day training was a complete success and both offices came away with a better understanding of what each office has to deal with. Subsequent sessions were hosted at the DDS on April 29th and 30th 2015. ODAR had the opportunity to come to the DDS, see how a case moves through the office, sit with an Examiner, see how a CE is scheduled, and observe the general daily routine at the DDS. This relationship was highlighted in an episode of Good Morning Social Security. While these sessions were a lot of work to organize, they have helped improve the relationship and understanding between the Hartford ODAR office and the CT DDS. We played softball with the Hartford ODAR office in the fall of 2014. It was a fun event and the DDS was victorious.

- (b) (6) organized a four-part Lunch & Learn: Autism and Autism Spectrum Disorders training for the Examiner and Medical/Psych consultants. These at lunch traning sessions took place on May 14th and 27th, June 24th and July 8th. (b) (6) provided four sessions for the staff. (b) (6) is the Director of the Center for Childern with Special Needs in Glastonbury, Connecticut and Assistant Clinical Professor of Psychology at the Yale Child Study Center, Yale University School of Medicine. (b) (6) is also the co-editor of the Encyclopedia of Autism Spectrum Disorders, the author of Asperger Syndrome and Your Child, and editor of the award-winning book Children with Autism: A Parent's Guide. The topics for the four sessions were:
 - What are Autism Spectrum Disorders (ASDs) and how do functional limitations present across the lifespan?
 - What are the evidence-based treatments for ASDs?
 - What family, vocational, and community supports are needed for the person with an ASD across the lifespan?
 - Prognosis in ASD

These sessions were very helpful to the staff. (b) (6) was able to provide real world tips and advice on how to better understand the disorder, and how to obtain information needed to address ASDs.

- (b) (6) and (b) (6), Disability Unit Supervisor, attended the Community Resource Fair in Danbury, CT on August 26, 2015. This resource fair was held at Western Connecticut State University and was organized by CT Congresswoman Elizabeth H. Esty. The goal of this event was to give the Fifth Congressional District the opportunity to address individual issues with federal, staste, and local agencies. We hosted a table that provided information on the Disability program and answered questions about the Disability program.
- (b) (6) and (b) (6) provided a lecture to a Graduate level Case Management Class at Springfield College in Springfield, MA on March 30, 2015. The

lecture was geared around the importance of a well documented and internally consistent case file. We were able to give first hand knowledge of how case management is to the processing of disability claims.

- (b) (6) and (b) (6) serve as members of the Advisory Board for Springfield College's Rehabilitation Services Department in Springfield, MA.
- (b) (6) conducted training for new Examiners regarding CE issues, eTranslations (electronic transmission of MER needed to be translated), HIT MER, interpreter and taxi requests for CE appointments.
- On November 1, 2014 (b) (6) and (b) (6), QA Specialist, attended the Autism Resource Fair in Wallingford, CT. We hosted a table to provide information on the Disability program and answered questions about the Disability program as it relates to Autism.
- (b) (6) and (b) (6) participated in the Boston Regional MPRO calls that are conducted once a month.
- (b) (6) and (b) (6) participated in the national MPRO and ERE conference calls.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.



2015 CE Provider
Master Active List.xls



CE Fee Schedule for
FOI request.xlsx

CE Provider Name	City
ABIGAIL HANNA MD - REDLINK	West Hartford
ADRIAN KLUFAS MD	Bridgeport
ADVANCED RADIOLOGY CONSULTANTS	Fairfield, Bridgeport, Selden, Stamford, Stratford,
ALOK BHARGAVA MD	Trumbull
AMY THEOBALD PSYD - IMA	Waterbury
ANDREW PLESHKEVICH PHD	Bridgeport
ANDREW PLESHKEVICH PHD	Hartford
ANGELICA VALENTIN COLON PSYD	Wethersfield
ANNA K KLOSINSKA-SALAZAR SLP - REDLINK	West Hartford
ANNE MARIA ENGLISH LCSW	Wethersfield
ANNEMARIE MURPHY PHD	Bridgeport
ANTHONY F CAMPAGNA PHD	Hamden
APRIL MCLEAN PSYD	Manchester
BALAZS SOMOGYI MD	Cheshire, Southington
BINA ROGINSKY PSYD	Woodbridge
BRETT RAYFORD PSYD - AMCE	Waterbury
BRIAN HOUST PSYD - AMCE	Bridgeport
BRIDGEPORT HOSPITAL	Bridgeport
BRIDGET PATTERSON MARSHALL MD	Stamford
BRISTOL HOSPITAL	Bristol
BROOKE CARSON PSYD	Wethersfield
BRUCE FREEDMAN PHD	Bloomfield
CARL KOPLIN MD - MED PLUS	Mansfield
CHARLES A VASSILOPULOS PHD	Rockville
CHARLOTTE HUNDERFORD HOSPITAL	Torrington
CHERYL ELLIS PSYD	Waterbury
CHRISTINA G FOREMAN PHD	Hartford
CHRISTINE FRICK PSYD - AMCE	Waterbury
CLAUDIA GUEVARA PSYD	Glastonbury
CONNECTICUT VALLEY RADIOLOGY PC	Bloomfield, Hartford
Craig W. Czarsty, MD - HEALTH ONE OF CONNECTICUT PC	Oakville
CRISTINA L CIOCCA PSYD	Hartford
DANA MARTINEZ PSYD	Newtown
DANBURY HOSPITAL	Danbury
DANBURY RADIOLOGY ASSOCIATES	Danbury
DANIEL BELIN MD	Middletown
DANIEL R BROCKETT PHD LLC	Southbury
DAVID EMMEL MD	Wetherfield
DAVID F ZITA PHD	Old Lyme
DAVID ZITA PHD	Old Lyme
DAY KIMBALL HOSPITAL	PUTNAM
DEBORA A KUSTRON PSYD - AMCE	Rocky Hill
DEBORAH A THOMAS PHD	West Hartford
DEBRA NELSON PSYD	Durham
DENISE K STONE PSYD	Glastonbury
DEREK T NOEL MD - MED PLUS	East Lyme, Mansfield,
DIANA BADILLO MARTINEZ PHD	Bethel, Waterbury
DIANE REESE LCSW	Wethersfield
DOUGLAS WILLIAMS PSYD	South Windsor
DUANE AUSTIN MD	West Hartford, Avon
ELIANA ECHEVERRY SLP - REDLINK	West Hartford
ELIZABETH BRAUN PHD - IMA	Bridgeport
ELIZABETH OWEN PSYD	Essex
EMILY B LITTMAN PHD	Waterbury
EMILY CASEY PSYD	Colchester
EMILY LITTMAN PSYD	Waterbury
ERIC FRAZER PSYD	New Haven
ERIN LASHER JACOBSTEIN PSYD	Danbury
ESTHER L ALFISI EDD	Milford
EVANGELOS XISTRIS MD	Stamford
F SCOTT WINSTANLEY PHD	New Haven
FARRUKH M KORAIISHY MD - MED PLUS	Mansfield, East Lyme
FELIPE HERNANDEZ LCSW	Wethersfield
FRANK J MONGILLO MD	New Haven
GIL FREITAS MD - MED PLUS	Waterbury (2), South Windsor, Mansfield, East Lyme
HARDIK P AMIN MD	Derby
HERBERT REIHER MD - IMA & MED PLUS	Bridgeport, Mansfield, Waterbury (2)
HOSPITAL OF ST RAPHAEL	New Haven
HOWARD M KREIGER PHD	Waterbury
IVETTE COSME SLP	Bridgeport
JAIMIE BURNS PSYD	West Hartford
JAMES MARSHALL DO	Monroe
JAMES PERRONE PHD - IMA	Bridgeport
JAN J AKUS MD	Norwich
JAY M CUDRIN PHD	West Hartford

Color Key:
Yellow: Key Providers
Purple: Onsite Reviews
Red: Removed from panel

	Hartford, Bloomfield, West Hartford, Wethersfield, Glastonbury, Avon, Farmington, Gramby, Windsor, Enfield
JEFFERSON X-RAY GROUP INC	Newington
JEFFREY M KAGAN MD	Stamford
JEFFREY S COHEN PHD	Bridgeport
JEFFREY SANDLER PSYD	Groton
JENNIFER SELDEN PHD	Willimantic, Norwich, Colchester,
JERILYN S ALLEN MD	Niantic
JESSIE BRUTUS MD	Hartford, Hamden, Bridgeport, Rye Brook
JESUS A LAGO MD	Waterbury (2), South Windsor, Mansfield
JIE LIU MD - MED PLUS	Wethersfield
JOANNE GAYESKI LCSW	Waterbury
JOHN A WISON MD - AMCE	Enfield
JOHN DE FIGUEIREDO MD	Windsor
JOHN MATHEWS MD	Danbury
JONATHAN WOODHOUSE PSYD	Derby
JOSEPH B GUARNACCIA MD LLC	West Hartford
JUDITH M MASCOLO MD	Weatogue, New Britain
JUDITH ROSENFELD MA CCC SLP	New Haven
KALMAN L WATSKY MD	New Haven
KALMAN LEWIS WATSKY MD	Bridgeport
KAMEL H GHANDOUR MD - IMA	Essex
KAREN B GOLDFINGER PHD	Waterbury
KAREN V WERNER MD - AMCE	Shelton
KARLA CORRIERE PSYD	Waterbury, South Windsor
KATHERINE RODRIGUEZ MD - MED PLUS	Dayville
KATHLEEN J MURPHY PHD	Bridgeport
KELLY F TRUSHEIM PSYD - IMA	West Hartford
KENNETH S BLATT MD	Wethersfield
KIMBERLY HENDERSON-KJELLEN PHD	Hampton
KRISTIN A DILAJ MD - NEW ENGLAND CENTER FOR HEARING REHABILITATION	Wethersfield
LALITHA PIERI PSYD	Branford
LANCE HART PHD	Hartford
LASHANDA B HARVEY PHD	New London
LAWRENCE AND MEMORIAL HOSPITAL	New Haven
LIESE FRANKLIN ZITZKAT PSYD LLC	Wethersfield
LILLIAM MARTINEZ LPC	Gilford
LISA HOLME PSYD	Hartford
MABEL L TOLEDO SLP	New Haven
MALLICK Q ALAM MD	Manchester
MANCHESTER MEMORIAL HOSPITAL	
(b) (6)	
MARC HILLBRAND PHD	Middletown, Cheshet
MARGARITA HERNANDEZ PHD	Wethersfield
MARK I WEINBERGER PSYD - IMA	Bridgeport
MARK S SCHROEDER MD	Mansfield Center
MARLENE A BALDIZON PSYD - IMA	Bridgeport
MARTIN P HASENFELD MD	New Haven
MARY K MURPHY PHD - IMA	Bridgeport
MAYSA AKBAR PHD	New Haven
MELISSA HOLT PSYD	Glastonbury
MICHA ABELES MD	Meriden
MICHAEL A SHTERNFELD MD	South Windsor
MICHAEL F REGAN PHD	Waterbury
MICHAEL JOHNSON PHD	Danbury
MICHAEL S COHEN PHD ABPP	Norwalk
MICHELE KRYNSKI PHD	Bloomfield
MIDDLESEX HOSPITAL	Middletown
MIGDALIA S RIVERA ARZOLA PHD	Wethersfield
MOHAMED ZANBRAKJI MD - MED PLUS	South Windsor, East Lyme, Mansfield, Waterbury
NANCY A RANDALL PSYD	East Lyme
NANCY HOLYST MD	Plainville
NANCY RANDALL PSYD	East Lyme
NAUGATUCK VALLEY RADIO COMPUTERIZED IMAG	Waterbury
NELLIE RIVERA LCSW	Bridgeport
NELSON RIVERA PHD	Wethersfield
NORWALK HOSPITAL ASSOCIATES	Norwalk
OCEAN RADIOLOGY ASSOCIATES LLC	New London
PATRICIA A GARRETT APRN	Derby
PATRICK ALBERGO MD	West Hartford, Avon
PATRICK CARROLL MD - MED PLUS	Mansfield, East Lyme
PATRICK J RUSSOLILLO PHD	Middletown
PENELOPE G COSENTINO PSYD	Norwich
PETER DONSHIK MD	Bloomfield
PHILIP S CARDAMONE PSYD	South Windsor

	Wetherfield, Hartford(2), East Hartford, New Britain, Marlborough, Bristol, Middletown, Southington, Vernon, Essex, Wallingford, Branford, New London, Fairfield, Norwalk, New Haven, Torrington, Bethel, Danbury, Norwich, Enfield, Milford, Bridgeport(2), Stamford, Waterbury
QUEST DIAGNOSTIC	
RADHIKA THAPPETA MD - IMA	Bridgeport
RADIOLOGIC ASSOCIATES OF MIDDLETOWN	Middletown, Gilford, West Haven
RADIOLOGY ASSOCIATES INC	Wallingford, Cheshire
RADIOLOGY ASSOCIATES OF HARTFORD	Hartford
RAFAEL MORA DE JESUS PHD	Hartford
RAHIM SHAMSI MD	Waterbury, Southbury
(b) (6)	
RICHARD I STERNBERG PHD - AMCE	Stamford
RICHARD M SLUTSKY MD	Stamford
ROBERT BUNDY MD	Willimantic
ROBERT J BUNDY MD LLC	Willimantic
ROBERT J HAMM PHD	West Hartford
ROBERT M DODENHOFF MD	Hartford
ROBERT RUSSO MD	Bridgeport, Fairfield
ROCIO CHANG ANGULO PSYD	Hartford
RUTH GRANT PHD	Stamford
SANDOR NAGY MD	Plainville
SANDY MURAOKA PSYD - IMA	Bridgeport
SARAH MULUKUTLA MD	Derby
SCOTT ROBERT BERGER MD	Willimantic
SEAN T HART PSYD	Southington
SEKHAR C CHIRUNOMULA MD	Monroe
SHELDON B GREENBERG MD	Norwalk
SIDNEY S HOROWITZ PHD	Waterbury
ST FRANCIS HOSPITAL	HARTFORD
ST MARYS HOSPITAL	WATERBURY
STEPHEN ROUSE MD	Willimantic, Norwich, Colchester,
STEVEN E KARASHIK PSYD	Ridgefield
STEVEN GREEN MD	Willimantic, Norwich, Colchester,
STEVEN KAHN MD	Meriden
STEVEN POWELL MD - PULMONARY PHYSICIANS OF NORWICH PC	Norwich
TARU PARIKH MD	Bristol
THERESA M COVINGTON PHD	Glastonbury
THOMAS S KOCIENDA PSYD	Newtown
TORRINGTON RADIOLOGIST	Torrington
TURGUT YETIL MD	Newington
VINCENT J FRANCO PHD	Danbury
WENDY A UNDERHILL PHD	Hartford, Torrington
WILLIAM J MCCANN MD	Old Saybrooke
WILLIAM BACKUS HOSPITAL	Norwich
WILLIAM HIGGINS EDD	Bethel
William T CULVINER MD	Willimantic, Norwich, Colchester,
WINDHAM COMMUNITY MEMORIAL HOSPITAL	Willimantic
YACOV KOGAN MD	Waterbury, Hartford
ZAID FADUL MD	Rocky Hill, Waterbury, Norwalk

Volume Providers None

Key Providers

Company: Med Plus Disability Evaluations INC	Doctors: PATRICK CARROLL MD - MED PLUS CARL KOPLIN MD - MED PLUS DEREK T NOEL MD - MED PLUS FARRUKH M KORAI SHY MD - MED PLUS GIL FREITAS MD - MED PLUS HERBERT REIHER MD - MED PLUS JIE LIU MD - MED PLUS KATHERINE RODRIGUEZ MD - MED PLUS MOHAMED ZANBRAKJI MD - MED PLUS
Company: Industrial Medicine Associates PC	Doctors: AMY THEOBALD PSYD - IMA ELIZABETH BRAUN PHD - IMA HERBERT REIHER MD - IMA & MED PLUS JAMES PERRONE PHD - IMA KAMEL H GHANDOUR MD - IMA KELLY F TRUSHEIM PSYD - IMA MARK I WEINBERGER PSYD - IMA MARLENE A BALDIZON PSYD - IMA MARY K MURPHY PHD - IMA RADHIKA THAPPETA MD - IMA SANDY MURAOKA PSYD - IMA
Company: Mark Hillbrand, PhD	Doctors: MARK HILLBRAND PHD
Company: CT AME LLC	Doctors: ROBERT DODENHOFF MD
Company: CT Psychological & Assessment Center LLC	Doctors: ANGELICA VALENTIN COLON PSYD BROOKE CARSON PSYD LALITHA PIERI PSYD LILLIAM MARTINEZ LPC

CE Providers Removed From Active List Doctor: (b) (6)
Doctor:
Doctor:

Onsite Reviews

Company:	Doctor: JOSEPH GUARNACCIA MD YAKOV KOGAN MD BINA ROGINSKY PSYD CHARLES VASSILOPOULOS PHD DIANA BADILLO MARTINEZ PHD ROBERT DODENHOFF MD MICHA ABELES MD DEREK T NOEL MD HERBERT REIHER MD
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DDS CE Oversight Report

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

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

Region:	Philadelphia
State DDS:	District of Columbia
Report Period (Fiscal Year):	FY2015
Current Date:	10/22/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Liaison Officer

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

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

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

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

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

No fraudulent activities by CE providers were discovered.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

All key and volume provider onsite visits were completed.

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

There were no CE/MER fee schedule changes.

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

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

- Joint action between the Washington, D.C. Social Security Administration and key Washington, D.C. homeless organizations to implement the SSI/SSDI Outreach, Access, and Recovery (SOAR) program in the Washington, D.C. DDS. SOAR implementation helps to increase access to disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder. Regular meetings were held throughout the year with SSA (FO management), local homeless organizations and the D.C. DDS MRO to discuss improvements to this measure and ways to enforce it. SOAR is currently being implemented and monitored among all offices/agencies involved. Thus far, it has proven to be very effective in the D.C. area due to the high prevalence of these types of claims, also prompting improved communication amongst all parties involved.
- The D.C. DDS MRO attended the 2015 Regional MPRO Conference in Philadelphia. This meeting covered topics such as regional ERE issues/updates, MEGAHIT and regional partner expansion, change from LEIE to SAM database for exclusion/sanction searches, amongst other important discussion matters. It was very helpful to speak face-to-face with other MRO's in the region and make personal connections.
- The MRO arranged and conducted conference calls with the District of Columbia public schools (specifically the DCPS Office of Specialized Instruction Chief of Staff along with other important DCPS staff members) in an effort to open and improve the lines of communication between both offices. Improvements to the current school records request process were discussed, to determine a more efficient way to obtain school records. The MRO explained how becoming a secure partner and using electronic records express would be ideal. Although no changes have been set in place as of yet (due to waiting to hear back from DCPS); the MRO will remain in contact with DCPS and is hopeful of these changes occurring soon.
- Took part in ERE monthly support calls to stay informed of changes/updates being made with new releases (ERE Release 14.0) and issues involved such as Secure Messaging effecting DDS agencies nationwide.
- Made informational presentations to the public (to groups such as University of the District of Columbia POWER program, who assists individuals with applying for SSI); explaining the Social Security Disability determination process and how to best assist these individuals.
- Held meetings with advocacy partners (such a DECO) regarding becoming a secure partner. Also met with case managers from D.C. advocacy programs such as Bread For The City to assist with complex claims pending at DDS and answered questions regarding the disability process/overall DDS related concerns.
- Marketed electronic records express accounts to critical medical providers (such as Unity Health Care and Howard University Hospital) and set up ERE accounts in an effort to more efficiently obtain medical records and decrease CE costs.
- Ensured vendor file accuracy by checking for previous input errors, duplicate information and diligently checking before adding new vendors to ensure accurateness.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form

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

The DDS Fee Schedules/MER Payment Rates site reflects the current CE and MER fees (which remained the same from the previous fiscal year).

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

DDS CE Oversight Report

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

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

Region:	Philadelphia
State DDS:	Delaware
Report Period (Fiscal Year):	Fiscal Year 2015
Current Date:	11/10/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Relations Officer

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

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

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

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

number of referrals.

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

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

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

During the Fiscal Year 2015, there were no fraudulent activities discovered with any of the DE DDS CE providers.

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

All complaints within the DE DDS were not of an egregious nature. All complaints were handled in house between the Medical Relations Officer (MRO), the claimant, and the Consultative Examination (CE) provider.

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

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

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

State Licenses – Process

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

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

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

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

The MRO keeps these files in a locked filing cabinet.

Sanctioned Vendors – Process

Every month the MRO checks the Office of Inspector General (OIG) Lists of Sanctioned and Reinstated Health Care Providers.

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

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

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

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

Credentials are checked quarterly or as renewal dates expire.

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

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

New Providers:

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

Established Providers:

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

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

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

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

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

All Key and Volume providers had onsite visits done in FY 2015.

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

There was one change within FY 2015. Our Neurological Consultative Examination fee was increased from \$200 to \$250 in February 2015.

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

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

To obtain leads, the MRO:

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

Electronic Records Express (ERE) Activities by the MRO:

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

Public Relation Affairs:

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

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Atlanta
State DDS:	Florida
Report Period (Fiscal Year):	2015
Current Date:	November 16, 2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Government Operations Consultant II

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

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

There were various types of complaints received throughout the 2015 fiscal year. They primarily consisted of site deficiencies, insufficient amount of time spent with the claimant, lack of professionalism by the CE vendor, misunderstanding of the CE process and disagreement with the CE report findings.

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

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

Upon receipt of the CE provider's response, the PRO completes a "Complaint Summary Form" and forwards the complaint, the vendor's response, a copy of the CE report, and a Complaint Summary Form to the Vendor Panel Committee (VPC) for review via the electronic Vendor Panel Application (eVPA). The PRO, along with the VPC, determines if further action is warranted

based on the vendor's response and his history with the agency. When appropriate, the PROs mail satisfaction surveys to claimants. When needed, PROs counsel the CE provider, provide additional training, conduct random CE report reviews, and/or request exit claimant satisfaction surveys to ensure the CE provider has implemented corrective actions.

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

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

There were no fraudulent activities discovered by CE Providers.

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

There were no complaints of an egregious nature.

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

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

When a CE provider is recruited, the vendor completes a CE vendor panel application, which includes a statement certifying that they have a clear and active Florida license. We obtain license verification from the Florida Department of Health's (DOH) Division of Medical Quality Assurance (MQA) website, the agency responsible for the oversight of healthcare practitioners in our state. We also review the HHS Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) website to verify that the vendor has no sanctions.

The CE vendor panel application includes a statement in which the CE vendor attests that his support personnel are properly licensed and certified in accordance with State requirements.

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

Florida DDS maintains CE vendor files electronically within the eVPA. The PROs and the VPC monitor the application as it contains essential data about each CE vendor, including services provided, fiscal data, contact information, and critical review dates. This application allows for a number of useful alerts and management reports. To ensure our vendor panel members retain a clear and active status, Florida DDS receives an automated weekly download from DOH's Division

of MQA that cross-references our CE vendor database with that of MQA. If a CE vendor's license is not "clear and active," the application provides an action log alert to the VPC and the controlling area PRO. If MQA releases an emergency suspension order (ESO) on any Florida DDS vendor panel member, an automatic alert posts in our eVPA action log. In addition to the alerts built into the eVPA, MQA sends e-mail notifications to designated Florida DDS staff when any ESO is taken against a healthcare provider. MQA also provides periodic notifications of non-emergency disciplinary actions taken against healthcare providers.

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

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

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

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

There are approximately 1123 CE vendor panel members. This number has decreased by 30 from the previous year.

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

All Key and Volume provider onsite reports were completed.

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

The CE fee schedule has been revised to reflect the 2015 Medicare fees. There are no MER fee schedule changes. There are no CE/MER fee schedule exceptions.

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

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

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Atlanta
State DDS:	Georgia
Report Period (Fiscal Year):	October 1, 2014 – September 30, 2015
Current Date:	November 12, 2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Supervisor

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

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

Types of complaints: rudeness, unprofessional behavior, the wait was too long, insufficient exam, cleanliness of the office, and the doctor caused pain during range of motion.

- We review the provider's file to determine if we had had other similar complaints.
- We contact the adjudicator and/or claimant to obtain additional information about the complaint in question. We also notify the claimant in writing that we are investigating their complaint and will take appropriate action.
- We contact the provider for his/her response to the complaint. The provider may be contacted by phone for minor complaints, or by mail or in person if complaints are more severe.
- If the complaint is found to be without merit, the file is documented and no action is taken.
- If the complaint is found to be minor, but does not significantly affect the provider's ability to perform exams (things such as "office too difficult to locate", "wait too long", etc.) we will discuss with the provider and take action to resolve the concerns. If warranted, we may place the provider on a Corrective Action Plan with notification to the provider asking them to take appropriate action and we will follow up as appropriate.
- Check the Georgia Boards and OIG sites to ensure the provider is still licensed and in good standing with the state of Georgia and Medicare/Medicaid.
- If the complaint is more egregious, such as unethical or illegal activity, we will notify the DAS Director, DAS Medical Director and DAS Legal Services Officer. If warranted we will contact the office of Georgia Vocational Rehabilitation Agency, SSA Regional Office, Office of Internal Security, SSA Office of the Inspector General and/or the local law enforcement, based on the nature and severity

of the complaint. Appropriate action will be taken by the DAS depending on severity of the complaint and findings. These actions could include anything from a Corrective Action Plan to termination from the DAS Panel of Providers.

- Georgia routinely sends questionnaires to claimants regarding their CE experience. Should complaints be lodged against a particular provider, the Professional Relations Unit (PRU) will target that provider and send a larger sample of questionnaires to other claimants who are scheduled to be seen by that provider. The questionnaires are then used to determine if any of the additional steps outlined above should be taken.

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

No fraudulent activities were discovered or reported during this fiscal year.

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

No complaints of an egregious nature were reported during this fiscal year.

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

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

State licenses and OIG LEIE Exclusions are checked for all new applicants interested in becoming CE providers. They are required to sign the Certificate of Licensure and Credentials and Certification for Support Personnel. Each year the PRO assigned to the provider is responsible for checking the current licensure of the Georgia Boards of Medical Examiners, Psychologists, Audiologists, Speech Pathologists, and Physician Assistants as well as the Office of Inspector General (OIG) LEIE Exclusions. We update our AS400 vendor files with the license number and expiration date and use this information to generate a query each month to determine whose licenses are expiring.

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

License/Credential checks were to be made for all providers near the time of license expirations. However, an audit of files revealed that not all credential checks were made timely, due to poor internal controls.

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

New providers: We schedule a limited number of evaluations for a new CE provider. As the reports are submitted, they are reviewed by the PRO and a state agency medical

consultant. The provider is given written feedback regarding the quality of the report. A minimum of 5 reports are reviewed for all new CE providers. Established providers: We randomly select reports and obtain written feedback from our state agency medical consultants. We forward this information to the CE provider.

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

854 – some of our providers are deceased; others moved away or retired; and we had some withdraw from the panel for other reasons.

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

Yes – all onsite visits for Key and Volume providers were completed.

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

No MER fee schedule changes. We continue to pay \$15 for MER. The only CE fees that changed were the fees for ancillary studies, which are determined by the Medicare fee schedules. Exam fees did not change.

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

The PROs encourage the use of electronic transmissions with every CE and MER source they encounter. All CE providers are required to send in evidence electronically (ERE or fax). In conjunction with our ERE/HIT Coordinator, PROs work closely with medical sources and schools to promote/encourage use of ERE to receive requests and submit MER. We have 455 ERE vendors. This generated 73,666 outbound ERE requests and 31, 944 inbound ERE submissions.

11. Upload the following documents to the SharePoint site:

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

- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the [ODD MPRO SharePoint site](#)”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	San Francisco
State DDS:	Hawaii
Report Period (Fiscal Year):	2015
Current Date:	11/4/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Officer/Disability Hearings Officer

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

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

All complaints received by the Hawaii DDS office are treated seriously and investigated promptly by the Professional Relations Officer (PRO). The PRO will investigate the validity of the complaint and determine the scope and direction of the investigation on a case by case basis.

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

Complaints regarding rudeness and/or unprofessional manner/attitude, environmental factors (i.e., uncleanliness, poor accessibility, and/or lack of proper facilities), and/or other non-egregious complaints:

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

Generally, the CE provider is given an opportunity to correct the situation. Copies of the complaint, investigations, and resolution are filed for tracking purposes.

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

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

No fraudulent activities by CE Providers were discovered in FY 2015.

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

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

- A. Respond to claimant's complaint by sending a letter of acknowledgement.
- B. The PRO works directly with the claimant, CE provider, and/or relevant DDS personnel (i.e., Chief medical or psychological consultant, Branch Administrator, etc.) to document and investigate the complaint.
- C. If validity to the complaint is suspected:
 - a. Referrals are suspended and pending appointments with the provider are re-scheduled while the investigation is being conducted.
 - b. Egregious offences are reported to the DDS Administrator for review and action (i.e., notify State authorities, terminate contract, etc.)

The Regional Office is notified of the complaints/allegations and the course of actions taken by the DDS/State authorities.

No complaints for this category were received by Hawaii DDS in FY 2015.

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

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

PRO will do an annual state license and federal credential check when the DDS does yearly contracting.

A certification of Support Personnel is sent to all providers who have support personnel. CE providers sign the certification if all support personnel are properly licensed or credentialed as required by the State of Hawaii.

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

PRO does an annual state license and federal credential check when the DDS does yearly

contracting.

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

For a new vendor, DDS will only schedule 5 CE appointments and the first 5 reports will be reviewed by the head medical consultant and the PRO to ensure the reports meet criteria.

All CE reports are reviewed by claim examiners and medical consultants. If any part of the CE report is missing or not done to standards, it is reported to PRO and the head medical consultant. Head MC will review the report to check if corrective action is necessary. If a corrective action is needed the head medical consultant or PRO will contact the vendor.

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

Currently we have 27 providers. Last year the vendors who did not have a PhD or MD were not included in the count (last year 20 providers). This year all providers who did a CE is included. Our agency has 4 new mental health evaluators but we lost one experienced psychologist and one new physical doctor.

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

One key provider did not have an oversight visit this fiscal year. To best utilize resources, Hawaii DDB determined it was better to do an oversight visit with a new provider. The key provider who did not have the oversight visit, has been visited the last couple of years.

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

Hawaii DDB received authorization to pay a 50% no show fee to outer island CE providers in an effort to retain and recruit panelists in our areas of need.

No other changes.

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

Various dates: One on one contact and phone contact with new and existing consultative examiners, MER providers and others regarding participation in ERE. Sign up new participants to use ERE website.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	10
State DDS:	Idaho
Report Period (Fiscal Year):	FY2015
Current Date:	10/23/2015
Reporter's Name, Phone number, and title:	(b) (6) Professional Relations Officer

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

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

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

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

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

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

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

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

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

During FY2015 Idaho had complaints of the following nature:

-Rudeness and/or unprofessional manner/attitude.

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

N/A

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

N/A

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

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

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

At the beginning of each month, the PRO reviews license expiration information for the following month. The appropriate agency's web site is checked for providers whose licenses expire that month. If currently license information is not yet available, a reminder email is sent to each provider whose license is set to expire. Once current license information is obtained, the master CE provider Excel spreadsheet is updated. Licensing information is also entered into each provider's vendor file in the legacy system. The Federal list of sanctioned providers is also checked annually (<http://exclusions.oig.hhs.gov/>) to ensure that none of our CE providers are on the list. If current license information is not available or a provider's license has been suspended or inactivated, the provider and/or the appropriate licensing board are contacted for further information and the provider is not used until the issue is resolved.

As new CE providers join the panel, licensing information is verified through the appropriate licensing agency and via the Federal list of sanctioned providers. In the initial recruiting packet sent to potential panelists, a "Memorandum of Understanding and Agreement" is included. This form includes a section entitled "Program Integrity," which states, "You must certify (1) that you are not currently excluded, suspended, or otherwise barred from participation in the Medicare or Medicaid programs, or any other federal or federally-assisted program, (2) that your license is not currently revoked or suspended by any state licensing authority for reasons bearing on professional competence, professional conduct, or financial integrity, and (3) that you have not surrendered your license pending disciplinary procedures involving professional conduct." This form must be signed by the provider and returned to the DDS prior to the performance of CE's. The signed form is placed in the provider's file.

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

A credential check was completed for the entire CE panel in June of 2015. Monthly credential checks are completed to ensure license renewal is completed by all providers whose license expires that month. In the event a provider license is not renewed, the provider's vendor file is inactivated, pending examination are reschedule with a different provider, and no additional examination are schedule with the provider until DDS is able to verify that the provider's license is in good standing.

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

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

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

In addition to PRO initiated report reviews, adjudicators, program specialists, and program

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

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

In FY2014 198 CE providers, including M.D.'s, Ph.D.'s, audiologists, speech-language pathologists, ophthalmologists, and a variety of ancillary service providers (i.e. labs and x-rays) were utilized. In FY2015 184 providers were utilized. The difference from the previous year was due to a combination of voluntary turnover (retirement, pursuing other professional interest, moving) and due to a higher utilization of block providers to increase scheduling efficiencies.

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

All key and volume provider onsite visits were not completed during FY15. From the beginning of FY2015 through 06/22/2015, the PRO's role included supervising support staff. The additional duties of supervising support staff precluded the PRO from being able to perform onsite reviews of key and volume providers. As of 6/22/2015, a full-time PRO was hired, whose role does not include supervising staff. Since that time, 12 onsite visits have been completed, including four key providers.

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

There were no changes made to the CE fee schedule during the FY15. Idaho does not offer any volume medical provider discounts. The Idaho DDS continues to reimburse up to \$15 for copies of MER. Idaho does not reimburse for record searches.

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

Use of the Electronic Records Express is promoted MER providers and CE providers. ERE is presented to CE providers during onsite visits with a brief description of features. In FY2015 two additional CE providers elected to use ERE. During FY15 multiple providers have elected to submit records via ERE; however prefer to continue receiving request via fax. The PRO is directly working with IT to explore how DDS can implement additional features of ERE into current business process (i.e. fiscal process), making it a more viable options for providers.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

An excel spreadsheet containing a list of CE providers, key and volume providers, and onsite visits during FY2015 has been uploaded to the "DDS CE provider List" section of the ODD MPRO SharePoint site.

There were no CE panelists removed because of inactive license, sanction, or removal for cause during FY2015.

A copy of the current CE/MER fee schedule has been uploaded to the "DDS Fee Schedules" section of the ODD MPRO SharePoint site.

DDS CE Oversight Report

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

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

Region:	Chicago
State DDS:	Illinois
Report Period (Fiscal Year):	2015
Current Date:	11/9/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Relations Unit Supervisor- Public Service Administrator

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

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

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

Copies of the complaint, CE report (if received), and history of prior complaints (if prior complaints received) are forwarded to Auxiliary Services Division Administrator and for association with the DAU file. Original CE complaint is associated with the Medical Relations Unit (MRU) consultant file.

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

Appropriate action will be taken. In most cases a letter to the claimant or the claimant's representative acknowledging receipt of the complaint, as well as a letter to the consultant with an explanation of the complaint, will be prepared by the DAU Specialist for approval and signature by the Deputy Director. If a group is involved, a copy of the letter to the

consultant will be sent to the manager of the group. Contact with consultants will vary depending on the circumstances. Usually consultants are notified that a response is expected within 15 days from the date of the letter.

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

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

Good Judgement

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

Special Procedures

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

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

None were discovered.

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

A claimant was seen for an Internist CE (b) (6) on 8/27/15. At one point the claimant was asked to step out of the exam room and when (b) (6) re-entered the room (b) (6) claimed an employee of the facility was taking (b) (6) medication. Follow up with the employee indicated (b) (6) bag had fallen to the floor and (b) (6) was picking up (b) (6) meds and returning them to (b) (6) bag. Several claimants that were prescribed similar medications to question if they had any similar experience and they indicated they had not. An unannounced site visit was conducted and the facility as well as the staff member, and others, were questioned of the details of that day and the incident that was reported. It was determined that the staff member was not stealing medication but this incident has resulted in procedural changes at this facility in which medication, and all personal items, are to be kept with the claimant at all times.

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

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

New Panel Members

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

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

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

Reviews of Existing CE Panel Members

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

MRU staff will inform BDDS Administration of any CE Panel Members sanctioned or under investigation either by the Illinois Department of Financial and Professional Regulation or by legal authorities. BDDS Administration provides direction of action to be taken.

During the onsite visit the reviewer will ensure licenses/certifications are prominently

posted. BDDS staff will also review the facility for accessibility. Staff from Chicago Regional Office are invited to participate in these onsite reviews.

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

Periodically the MRU Supervisor may receive information from SSA and/or BDDS staff regarding doctors who have appeared in the news for questionable activity. All leads are investigated.

Professional Relations Officers from other states contact staff in the Medical Relations Unit to inquire about any consultants who may have practiced in Illinois or been on the CE Panel. Likewise, our Medical Relations staff will contact MPROs from other states to request information regarding CE or potential CE Panel members.

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

The Health and Human Services Office of Inspector General (HHS-OIG) website is accessed both at the time of initial review to join the CE Panel and annually to ensure no current CE Panel members are on the List of Excluded Individuals/Entities (LEIE).

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

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

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

HHS-OIG LEIE is checked annually. IDFPR State licensure discipline report is reviewed monthly to ensure no CE vendors have received discipline.

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

Upon completion of orientation of a new provider 5 appointments are scheduled and the new vendor is placed on Hold. Once these reports are received they are reviewed usually by the individual that conducted the orientation to ensure reports are complete and include all facets of the reporting requirements as mandated by SSA. A feedback letter is created by the reviewer indicating deficient areas and this is discussed with the provider before the Hold is lifted. If the reports appear to contain significant deficiencies the site will be opened up for 5 more referrals and put on hold again until the 2nd review is completed. If there are

still significant deficiencies a reinstruct may be conducted or the vendor may not be used for additional referrals. If the reports are not deficient either after the 1st or 2nd review the hold will be lifted on the vendor after the feedback is discussed and regular referrals to the new vendor will resume.

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

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

448. This is different from last year in the fact that some vendors are lost and some added. In addition we performed a vendor file clean up to prepare for National Vendor File (NVF).

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

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

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

There were no CE/MER fee schedule changes in FFY 2015.

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

In the past federal fiscal year the IL DDS has continued to encourage and recruit CE vendors into ERE. There are currently 97 Illinois CE providers that have active accounts on the ERE website. Currently, CE providers are only added to the Panel with the understanding they will send reports by fax or by using the ERE website. IL DDS consistently has received 98%-99% of all CE reports as ERE documents. Recruitment and orientation include the information needed to fax or send reports on the website. IL DDS also sends referrals outbound from the DDS to many providers. We continue to coordinate ERE outreach with recruitment of new CE panelists.

MER outreach is ongoing, continues to require the most effort and uses the most resources for the IL DDS. An email address for obtaining information about ERE accounts is included on all MER requests. That opportunity for additional information has resulted in numerous

new ERE accounts for medical providers, schools and legal representatives. In addition, the number of vendors accepting requests via outbound fax and eOR has significantly increased. We have exhibited-presented at the ISBE Special Education Directors annual conference and exhibited at the Illinois Health Information Management conference. The ERE website had updates this past year that affected the reliability of the MI currently available so at this time ERE percentages cannot be provided.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Chicago
State DDS:	Indiana
Report Period (Fiscal Year):	2015
Current Date:	November 13 2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title DHU PRD supervisor

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

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

Below are Indiana DDB instructions on how to proceed in these situations:

1. A complaint should be in written form (see DI 39545.375 B above).
 - a. However, if the caller does not want to submit it in written form, quotes will be recorded by the receiver of the call.
 - b. All attempts should be made to obtain the name and contact information of the complainant.
2. The Professional Relations (PR) Unit Supervisor will keep a log of all complaints.
 - a. Immediately upon the receipt of a complaint, it will be entered into the log.
 - b. It will then be monitored for timely actions until resolved.
3. Within 2 business days of notification, the Professional Relations Officer (PRO) will:
 - a. Notify the vendor of the concerns brought forth.
 - b. Allow the vendor 7 days to respond in writing.
4. Within 3 days of receiving a response from the vendor, the PRO will:
 - a. Assess the situation.
 - b. Take any needed action, i.e., a site visit, to determine if the complaint is valid.
5. Within 2 days, the PRO will:
 - a. Prepare a summary of the issues at hand, conclusions drawn, and any recommended action.
 - b. Draft a notice to the vendor, include the conclusion and any action that has been

- (will be) taken.
- c. If notification was requested by the complainant, draft this notice.
 - d. Assemble complaint packet: copies of complaint, vendor response, summary, and draft(s).
 - e. Deliver complaint packet to the PR Unit Supervisor and the PR Department Supervisor for their review and approval.
6. Within 2 days, the PRO will:
 - a. Revise the draft(s), per direction from the PR Unit or Department Supervisor.
 - b. Deliver final versions of the notice(s) to the PR Unit Supervisor.
 - c. Place a copy of the complaint packet in the vendor's paper file, maintained in PRD.
 7. Within 2 days, the PR Unit Supervisor will:
 - a. Sign & mail the notice(s), filing a copy in the vendor's paper file.
 - b. Update the log with the final disposition & date.
 8. ASD will determine the need to report to RO, based on the information provided by the PR Department Supervisor.

All written complaints are kept in the CE provider's credentials folder.

In 2015 the complaints centered on discourteous behavior of the consultant.

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

none

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

none

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

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

During the year periodic checks are made to ensure all consultants meet licensing requirements. Each provider has a folder which contains license verification and OIG check verification.

No consultants were removed from the vendor list for, license or federal credential reasons.

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

Checks are made in January and periodic checks, based on expiration dates, or other issues require additional checks.

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

The first 5 reports from new providers are critiqued. Reports from established vendors are reviewed by Claims Examiners and physician/psychologist reviewers. Deficient reports are forwarded to The Professional Relations Department. If necessary, the consultant is counseled.

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

400 No major change

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

All were completed

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

None

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

Due to staffing needs such action was not completed.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Kansas City
State DDS:	Iowa
Report Period (Fiscal Year):	2015
Current Date:	10/19/2015
Reporter's Name, Phone number, and title:	Name: (b) (6) Phone number: (b) (6) Title: Iowa DDS Professional Relations Coordinator

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

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

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

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

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

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

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

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

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

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

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

The IA Board of 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.

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

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

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

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

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

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

The Iowa DDS utilizes approximately 165 physical clinic locations, 125 psychological clinic locations and 80 outpatient vendors (i.e. Hospital Radiology Depts.) for consultative examinations. Over 60 Physical Therapy vendors are also utilized by the agency. These numbers are consistent with last year's totals.

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

All Key and volume providers needing an on-site visit were visited in 2015

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

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

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

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

Over 6,000 MER vendors including all Iowa Hospitals are now accepting the agency disability requests through Outbound Fax.

The University of Iowa Hospitals and Clinics is the Iowa DDS's largest MER vendor. Over 12,000 requests are received annually. UIHC became a HIT vendor this year; however, any records that cannot be obtained through HIT are still obtained through the ERE website. The agency now receives over 82% of all medical records electronically. Additional work is continuing with all major locations to identify ERE alternatives. Iowa maintains over 340 HIT vendors in its vendor pages. Monthly work is completed to add any additional HIT vendors that are added to the national system.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Kansas City
State DDS:	Kansas
Report Period (Fiscal Year):	2015
Current Date:	10/13/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Administrator/Unit Manager

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

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

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

If in the unlikely event that the complaint was of such severity that may involve harm to the claimant, potential news media, create program integrity issues or similar severe issues, the DDS Leadership Team and the RO would be informed immediately as per policy.

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

There were no fraudulent activities discovered.

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

We had complaints from two FO's where the video MSE provider was reported as being (b) (6)

Prior to these complaints, there had been several claimant complaints. (b) (6) had been given verbal notice of each complaint. (b) (6) was removed from the CE panel.

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

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

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

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

The credentials are checked when CE providers come on board and then annually. For FY 2015, this was completed by July.

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

KS DDS checks the first 5 reports of a new provider. The report is reviewed either by psychological staff, medical consultants, our speech consultant or PRO. If significant feedback is needed to improve quality, then additional reports are reviewed. The DDS consultants and examiners also report quality issues or positive feedback throughout the year. Questionnaires are sent to claimants on a random basis regarding their CE appointments. If there is negative feedback, this may trigger a review of the providers reports.

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

We currently have 155 CE providers. Last year's count was 139. We added providers and lost providers throughout the fiscal year. The reasons for the provider losses are listed on the document for section 11. This year we had case assistance from 3 states which dramatically increased the need for CE providers. We gained several new psychologists, speech therapists, and physical providers.

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

*Central Medical Consultants has 3 locations. This year an onsite visit was conducted at the Wichita location.

*Southern Medical Group now has 3 locations. An onsite visit was conducted at the Salina location.

*My Sacred Home is not a key or volume provider but an onsite visit was conducted because they were a new provider taking on quite a bit of work.

Dr Schwartz and Dr Mintz are traveling doctors to the rural parts of the state. They use space in DCF offices for the most part. Travel is restricted for the State of Kansas and therefore an overnight stay will not be reimbursed and limits the ability to conduct onsite visits in the western half of the state.

Dr Berg is a key provider but 90% of his business is conducting video MSE's.

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

There were no changes to the MER fees this year. There was a minor change to the interpretation fee for ankle x-ray. It should have been \$6.02 and not \$6.62 which was a typo. EMG/NCT fees did not change but the CPT codes were updated per AMA 2015 CPT coding manual. The KS DDS uses a Fee For Service Agreement. The specified fees follow the Kansas Medicaid schedule. The M/PRO updates the list quarterly or when we become aware of a change.

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

A KS DDS medical consultant attended a conference in south eastern Kansas and agreed to recruit for CE providers as time permitted. KS DDS also purchased a list of licensed speech therapists and psychologists from the licensing board to mail recruitment information. The result was very positive for speech therapists and also positive for psychologists in the Kansas City area. We had little to no response for the rural parts of Kansas. Cold calling was also performed throughout the year. Electronic records are discussed with each new CE provider with approximately 98% signing up to use the ERE website.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Atlanta
State DDS:	Kentucky
Report Period (Fiscal Year):	2014/2015
Current Date:	11/05/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title MER PRO

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

- Include a description of the types of complaints received throughout the year.
- Complaints and clarification requests for non-DMA cases are hand carried to the Professional Relations Section along with a copy of the consultative exam (if the exam is in the office at that time; if not we await a copy of the exam for paper claims). An electronic IOC (interoffice contact), is generated and sent to the Professional Relations Officer for appropriate action. Initial action on all IOCs must occur within three (3) business days.
- Upon receipt of the complaint or clarification report via IOC, the PRO will send a letter to the claimant notifying them that we have received their complaint and that the complaint will be investigated (letter D3108). The PRO will also prepare a letter to the vendor in regards to the complaint and ask for an immediate written response (letter D3087). For inadequate CEs, or clarification requests, the PRO will send a letter to the vendor, which outlines the documentation that we need for assessment (letter D3105). Upon receipt of the stated responses from the vendor, the PRO will review the vendors' response and decide if the issue has been resolved, or if

further contact with the vendor is necessary.

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

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

- The assigned PRO prepares a letter to the claimant stating that their complaint has been received, and that it is being forwarded to our state EEO office for investigation. The KY DDS provides all available information to the EEO office. The EEO office investigates the claimant's allegations, and informs the KY DDS of findings and provides copies of documentation. In the past vendors have been terminated from performing exams based on the findings of the EEO office. Regional Office (ATL) is then be notified of all pertinent case information, actions, and resolutions.

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

No fraudulent activities by CE providers were discovered in 2015.

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

No complaints of an egregious nature were identified in 2015

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

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

A report is generated from the Document Management OnBase System to alert DDS PRO staff of upcoming licensure expirations. From this report, the vendors

are reminded of the imminent expiration of their licensure, and the need to provide proof of renewal prior to expiration date is explicitly explained. Further consultative examinations are not scheduled until proof of licensure renewal is provided to our agency. Proof of licensure is usually obtained through online verification via the KY Psychological Board of Examiners (psy.ky.gov) or the Kentucky Medical Directory. When recruiting new vendors, licensure status is verified to ensure current standing (as well as any disciplinary actions), prior to adding a vendor to the panel to perform examinations. The Kentucky DDS makes every effort to ensure that all consultative examinations are completed by state licensed/qualified physicians and psychologists.

Credentials of x-ray technicians are to be displayed at the CE site, and are to be verified during onsite visits. CE vendors insure credential status requirements are met by their respective support staffs as state law and/or their governing boards mandate.

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

Credential checks were completed semi-annually as the licensing expirations came due for each type of consultant.

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

Provider reviews are performed on all new doctors and reviews are performed for established doctors if a significant number of complaints are received for those specific doctors.

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

Kentucky has 168 total providers, which is an increase of 47 from 2014

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

All Key and Volume provider onsite visits were complete for 2015.

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

No CE/MER fee schedule changes were made for 2015

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions

with regional public affairs offices and any other pertinent information.

ERE INITIATIVE

The Kentucky Department of Disability continues to promote the submission of electronic records within our state. While the electronic records submission percentage for the Kentucky DDS has risen over the past 3 years, KY DDS administration and management have continued to create and implement many innovative & creative programs and procedures. The KY DDS Professional Relations Staff have continued to promote and encourage vendors to register/utilize the ERE website. As we have seen a large increase in disability claims, we are focusing on electronic records submissions as a requirement when we recruit new vendors for consultative examinations and ancillary studies.

National ODO website shows Kentucky's ERE/Electronic cumulative submission rates effective 10/30/2015 was:

** Consultative Examinations:	99.46%
** Medical Records Submission	78.90%

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

FY15 DDS CE Oversight Report

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

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

Region:	Dallas
State DDS:	Louisiana
Report Period (Fiscal Year):	FY15
Current Date:	November 16, 2015
Reporter's Name, Phone number, and title:	Name- (b) (6) Phone number (b) (6) Title- DDS Consultant

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

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

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

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

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

Complaints received over FY15 dealt primarily with non-egregious issues including rudeness and/or unprofessional manner/attitude of the examining physician and/or staff as well as alleged insufficient examinations. We forwarded acknowledgements of complaints to all. Allegations of rudeness by physicians and/or staff are reviewed to determine if there is a pattern of behavior, and no providers were identified in this regard during FY15.

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

No fraudulent activities were discovered in FY15.

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

No complaints of an egregious nature were identified in FY15.

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

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

Potential providers provide a copy of their state license and CV for DDS to perform qualification and credentials checks with appropriate State Licensing Boards and HHS OIG Sanctions/Exclusions data base.

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

The official provider folder is electronic and accessible to all four (4) of our offices. Folders are annotated with date and results of most recent license/exclusions/credential check. Additionally, the web posted OIG Sanctions list is checked monthly for LA providers.

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



SOA Jan 2013.pdf

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

License verifications and Office of Inspector General (OIG) checks are performed online on all active providers at least once per year upon license expiration by the MPRO Team.

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

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



CE Quality Review
Process-042214 .doc



2013 Mental CE
Monitoring Form.doc



2013 Physical CE
Monitoring Form.doc

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

For FY15, Louisiana had two hundred eighty-one (281) providers on the CE panel, some of which are providers with multiple locations. This is a slight increase from 261 providers in FY14.



Louisiana CE Vendor
Roster FY15.xlsx

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

All Key and Volume Provider onsite visits were completed in FY15 and are listed below:

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

Additional Monitoring Activities

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

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

We continue to monitor policy to ensure the LA fee schedule contains appropriate evaluations/tests as required by the program. In FY15, the Vimpat (80299) and Auditory Brainstem Response (92585) were added to our CE fee schedule.

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



Louisiana CE Fee
Schedule-100915.xls)

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

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

Events attended were:

- Louisiana Thoracic Society
- Louisiana Orthopedic Association
- LMGMA
- Louisiana Optometry Association
- Louisiana Psychological Association
- Louisiana Psychiatric Association
- Louisiana Academy of Family Physicians
- Job and Resource Fairs at area prisons
- Various Support Groups Meetings (i.e. Cancer, HIV)

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

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

The PROs have also 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. Ongoing discussions regarding prerelease procedures with administrators of the Louisiana Department of Corrections (DOC) have proven to be fruitful. PROs and

PASs continue to educate MER providers on SSA's electronic authorization process.

We have participated in various workgroups throughout FY15 including the ERE Support Group.

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

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.



Louisiana Disability Determinations Services Consultative Examination Provider Statement of Agreement



Name of Provider _____

Address _____

Specialty _____

Date of Birth _____

Social Security Number _____

Phone Number _____

Fax Number _____

Email Address _____

I certify that:

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

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

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

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

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

X _____
 Provider's Signature Date

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

X _____
 Professional Relations Officer's Signature Date

To be completed by DDS staff for new providers:

Provider and Staff Technical Training completed:

By _____

Date _____

Provider Program Training completed:

By _____

Date _____

Louisiana Disability Determinations Services

CE Report Quality Review Business Process

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

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

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

Procedure for Initial Reviews for New CE Providers:

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

1. The CE unit will notify PRO of first 5 claimants scheduled.
2. The PRO will create an EA diary on the respective cases indicating the following:
 - a. Quality Review is needed for new provider.
 - b. Buck case to training consultant with comment that 'Quality Review is Needed'.
***No SDM decisions will be allowed on these cases.
 - c. Decision cannot be entered until Quality Review has been completed.
3. Training Consultant will perform Quality and Case Review.
4. Deficiencies should be noted on the Quality Review Form for PRO review and all appropriate case review forms should be completed indicating whether additional development is needed. The Quality Review Form is in Word format and should be returned to the PRO via email attachment.
5. When initial reviews of a new provider's reports are no longer needed and the provider is released from training, the PRO will notify the CE schedulers, office management and the training consultant.

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

Procedure for Reviews When Deficiencies are Reported:

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

Following feedback to the provider:

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

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

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

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

Procedures for Annual Onsite Reviews:

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

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

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

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

MENTAL CE MONITORING FORM

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

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

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

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

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

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

Reviewed by: _____ Date _____

PHYSICAL CE MONITORING FORM

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

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

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

Yes___ NO___ Explain_____

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

Yes___ NO___ Explain_____

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

Yes___ NO___ Explain_____

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

Yes___ NO___ Explain_____

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

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

Reviewed by:_____ Date_____

VENDCD	VENDOFF	VENDNAME	CITY	STATE
	5 0	J PAUL SWEARINGEN MD	SHREVEPORT	LA
	7 0	ROBERT T CASANOVA JR MD	OPELOUSAS	LA
	9 0	LYNDE ULMER LCSW	BATON ROUGE	LA
	12 0	HARRIS PELLERIN LCSW-BACS	BATON ROUGE	LA
	20 0	EMMETT B CHAPITAL JR M D	NEW ORLEANS	LA
	25 1	THOMAS E STAATS PH D	SHREVEPORT	LA
	45 0	NEW ORLEANS SPEECH AND HEARING CENTER	NEW ORLEANS	LA
	45 2	NEW ORLEANS SPEECH AND HEARING EAST	NEW ORLEANS	LA
	49 0	GAIL GILLESPIE PHD	NEW ORLEANS	LA
	49 1	GAIL GILLESPIE PH D	NEW ORLEANS	LA
	86 0	L WILBOURN PH D	NATCHEZ	MS
	103 0	FAYE C THRASHER	BALL	LA
	159 A	MED PLUS LA OPELOUSAS	OPELOUSAS	LA
	159 B	MED PLUS NEW IBERIA	NEW IBERIA	LA
	159 0	MED PLUS LA PINEVILLE	PINEVILLE	LA
	159 1	MED PLUS LA BOSSIER CITY	BOSSIER CITY	LA
	159 3	MED PLUS LA AMITE	AMITE	LA
	159 4	MED PLUS LAKE CHARLES	LAKE CHARLES	LA
	159 6	MED PLUS LA LAF	LAFAYETTE	LA
	159 7	MED PLUS LA BROUSSARD	BROUSSARD	LA
	159 8	MED PLUS LA SHREVEPORT	SHREVEPORT	LA
	159 9	MED PLUS LA MONROE	MONROE	LA
	176 0	COVINGTON SPEECH AND LANGUAGE CENTER	COVINGTON	LA
	178 0	HUSSEIN ALAMMAR MD	LEESVILLE	LA
	193 0	ACADIANA MEDICINE CLINIC	OPELOUSAS	LA
	198 0	FELIX G RABITO SR MD	COVINGTON	LA
	211 0	SPEECH CONCEPTS LLC	SHREVEPORT	LA
	220 0	A A FRANCIS MD	BATON ROUGE	LA
	224 1	REBECCA F NOLAN PH D	MONROE	LA
	224 2	REBECCA F NOLAN	BOSSIER CITY	LA
	241 0	D L MOORE PH D	MONROE	LA
	250 0	MICHAEL D MANUEL MD	ALEXANDRIA	LA
	254 1	PEDIATRIC GROUP OF ACADIANA	LAFAYETTE	LA
	254 2	DR. SAI CHENNAMSETTY	LAFAYETTE	LA
	257 0	ACI HEARING AND BALANCE CENTER	LAFAYETTE	LA
	258 0	PAUL M FRIEDBERG PH D	LAFAYETTE	LA
	266 0	VICTOR M OLIVER MD	BATON ROUGE	LA
	278 0	GIRISHKUMAR SHAH MD	MANDEVILLE	LA
	294 0	SPEECH PATHOLOGY OF LOUISIANA	BATON ROUGE	LA
	310 0	DONNELL C ASHFORD	BATON ROUGE	LA
	312 0	AUDIOLOGY ASSOCIATES (DUCOMBS)	HAMMOND	LA
	316 0	CHRISTINE B. POWANDA, PH. D.	GRETNA	LA
	335 0	NICOLE F LANCLOS	ALEXANDRIA	LA
	335 1	NICOLE F. LANCLOS	LAFAYETTE	LA
	336 0	POINT OF CARE HEALTH HOUMA	HOUMA	LA
	336 1	POINT OF CARE BATON ROUGE	BATON ROUGE	LA
	342 0	ALLEN PARISH HOSPITAL	KINDER	LA
	354 0	SUNRISE PEDIATRIC ASSOCIATES	METAIRIE	LA
	365 0	ASHLEY W SIPES M D	SHREVEPORT	LA
	1660 0	CAROLYN FLEMING	MONROE	LA
	1950 0	JAMES QUILLIN PHD	ALEXANDRIA	LA
	2076 0	PREMIER HEAR & BAL HAMMOND	HAMMOND	LA
	2076 1	PREMIER HEAR & BAL MANDEVILLE	MANDEVILLE	LA
	2354 0	R ASHTON HOLLOWAY MD	BATON ROUGE	LA
	3205 0	JAMES PINKSTON PH D MP	SHREVEPORT	LA
	3545 0	SOUTHERN MEDICAL GR SHREVEPORT	SHREVEPORT	LA
	3545 1	SOUTHERN MEDICAL GR PINEVILLE	PINEVILLE	LA
	3545 2	SOUTHERN MEDICAL GRP MONROE	MONROE	LA
	3545 3	SOUTHERN MEDICAL GRP LAKE CHARLES	LAKE CHARLES	LA
	3545 4	SOUTHERN MEDICAL GR LAFAYETTE	LAFAYETTE	LA
	3545 7	SOUTHERN MEDICAL GROUP NATCHITOCHE	NATCHITOCHE	LA
	5514 0	JOSEPH A GUILLORY PHD	OPELOUSAS	LA
	5762 4	INTERNAL MEDICINE ASSOCIATES NEW ORLEANS	NEW ORLEANS	LA
	5762 5	INTERNAL MEDICINE ASSOCIATES KENNER	KENNER	LA
	5762 6	INTERNAL MEDICINE ASSOCIATES SLIDELL	SLIDELL	LA
	5762 7	INTERNAL MEDICINE ASSOCIATES TERRYTOWN	TERRYTOWN	LA
	7148 1	C SCOTT ECKHOLDT PHD	LAFAYETTE	LA
	10606 0	LA HEART CENTER COVINGTON	COVINGTON	LA
	10606 1	LA HEART CENTER LAPLACE	LAPLACE	LA
	10606 2	LA HEART CENTER HAMMOND	HAMMOND	LA

***Highlighted vendors reflect Volume Providers

10606 3	LA HEART CENTER CHALMETTE	CHALMETTE	LA
10606 4	LA HEART CENTER SLIDELL	SLIDELL	LA
11279 0	DR PERRY HILL LLC	SHREVEPORT	LA
11618 0	LAFAYETTE SURGICAL HOSPITAL, LLC	LAFAYETTE	LA
13095 0	DONALD R PEAVY M D	BATON ROUGE	LA
14656 0	THOMAS C STUCKEY III	BATON ROUGE	LA
15161 1	DANIEL J TRAHANT M D	METAIRIE	LA
16196 0	TULANE UNIVERSITY HOSPITAL AND CLINIC	NEW ORLEANS	LA
17402 0	JACK MILLER JR OD	EUNICE	LA
19335 0	GERALD GERDES JR OD	OAKDALE	LA
19630 0	DR R V CHRISTIAN	OPELOUSAS	LA
19903 0	CLINICAL PATHOLOGY LABORATORIES	SHREVEPORT	LA
19903 1	CLINICAL PATHOLOGY LABORATORIES METAIRIE	METAIRIE	LA
19903 2	CLINICAL PATHOLOGY LABORATORIES- BATON ROUGE	BATON ROUGE	LA
19903 3	CLINICAL PATHOLOGY LABORATORIES LAKE CHARLES	LAKE CHARLES	LA
19903 4	CLINICAL PATHOLOGY LABORATORIES ALEXANDRIA	ALEXANDRIA	LA
19903 5	PATHOLOGY LABORATORIES NATCHITOCHE	NATCHITOCHE	LA
19903 6	CLINICAL PATHOLOGY LABORATORIES MONROE	WEST MONROE	LA
19903 7	CLINICAL PATHOLOGY LABORATORIES NEW ORLEANS	NEW ORLEANS	LA
19903 8	CLINICAL PATHOLOGY LABORATORIES HARAHAN	JEFFERSON	LA
19904 0	CLINICAL PATHOLOGY LABORATORIES MARRERO	MARRERO	LA
19904 1	CLINICAL PATHOLOGY LABORATORIES- MINDEN	MINDEN	LA
19904 2	CLINICAL PATHOLOGY LABS- FERN AVE, SHREVEPORT	SHREVEPORT	LA
19904 3	CLINICAL PATHOLOGY LABORATORIES HOUMA	HOUMA	LA
19904 4	CLINICAL PATHOLOGY LABORATORIES	NEW ORLEANS	LA
19904 5	CLINICAL PATHOLOGY LABORATORIES HAMMOND	HAMMOND	LA
19981 0	MICHAEL N KLEAMENAKIS O D	NEW ORLEANS	LA
20236 0	MENARD EYE CENTER	LAKE CHARLES	LA
20429 0	WARREN P MCKENNA JR MD	NEW ORLEANS	LA
20430 0	DR PETE WARDELL	NATCHITOCHE	LA
20431 0	DONNA M MANCUSO MD	NEW ORLEANS	LA
21015 0	ELENITA P SANTOS-MATA MD	ZACHARY	LA
21745 0	ANDREW THRASHER PHD	SULPHUR	LA
21976 0	MANUEL DE LA RUA, O.D.	KENNER	LA
22154 0	BRIAN JEANFREAU OD	ALEXANDRIA	LA
22154 1	PATRICK REDMOND MD	ALEXANDRIA	LA
22471 0	CHRISTOPHER BELLEAU MD	BATON ROUGE	LA
22705 0	JILL COOK	BATON ROUGE	LA
22705 1	JILL COOK	NEW ORLEANS	LA
22752 0	DR STEPHANIE HENSON	SHREVEPORT	LA
22803 0	NATCHITOCHE FAMILY EYE CARE	NATCHITOCHE	LA
22803 1	DESOTO FAMILY EYE CARE	MANSFIELD	LA
22803 2	SABINE FAMILY EYE CARE	MANY	LA
22917 0	ROBERT L KRENEK JR PHD	BOSSIER CITY	LA
23305 0	LITTLE WORKS IN PROGRESS	SHREVEPORT	LA
24022 0	LINDSAY YORK MD	MARRERO	LA
24459 0	ACL HEARING & BALANCE INC	BATON ROUGE	LA
26195 0	ELIZABETH B WHITE MD	COVINGTON	LA
26417 1	JAMES A. VAN HOOK III, PHD	BATON ROUGE	LA
27700 0	AMCE PHYSICIANS GROUP-BR	BATON ROUGE	LA
27700 4	AMCE PHYSICIANS GROUP-NEW ORLEANS	NEW ORLEANS	LA
27700 5	AMCE PHYSICIANS GROUP- SLIDELL	SLIDELL	LA
27741 0	ALFRED E BUXTON PH D	LAFAYETTE	LA
28034 0	GERALD B. BROUSSARD MD	MONROE	LA
28276 0	W DONNER MIZELLE	LAFAYETTE	LA
28451 0	LACOMBE EYE CENTER LLC	LAFAYETTE	LA
28485 0	SOUTHERN LA DISABILITY	AMITE	LA
28605 0	LAHAYE CENTER FOR ADVANCED EYE CARE	OPELOUSAS	LA
29033 0	AUDIOLOGY CONSULTANTS OF LA	ALEXANDRIA	LA
29033 1	CATHERINE PIERCE-AUDIOLOGIST	ALEXANDRIA	LA
29275 0	JOY TERRELL PHD	BATON ROUGE	LA
29837 0	DAVID WEIBEL	BATON ROUGE	LA
30963 0	MARGARET J HAUCK PHD	NEW ORLEANS	LA
31212 2	MARK D FRUGE PH D	SUNSET	LA
31373 0	AMY CAVANAUGH PHD	LAFAYETTE	LA
31467 0	KRISTEN A LUSCHER PHD PLLC	METAIRIE	LA
31467 1	KRISTEN A LUSCHER PHD PLLC	COVINGTON	LA
31528 0	ANDRE LONG OD	PINEVILLE	LA
31530 0	GARY GLEN FUTCH PHD	BALL	LA
31953 1	CARLOS KRONBERGER PH D	NEW ORLEANS	LA
32019 0	JAMES L. ZUMBRUNNEN	SHREVEPORT	LA

32046 0	JOSEPH A LAMANNA ED D	BALL	LA
32375 0	ANDREW COMEAUX, LCSW	SHREVEPORT	LA
32378 0	BATON ROUGE CLINIC	BATON ROUGE	LA
33569 0	KEVIN TRIPEAUX LCSW	BATON ROUGE	LA
34617 0	WENDI RICHARDSON SLP-WR THERAPY INC.	MONROE	LA
34677 0	LESTER C CULVER PH D - BOGALUSA	BOGALUSA	LA
34677 2	LESTER C CULVER PHD - NEW ORLEANS	NEW ORLEANS	LA
34677 3	LESTER C CULVER PH D - MARRERO	MARRERO	LA
34677 4	LESTER C CULVER PH D - METAIRIE	METAIRIE	LA
34677 5	LESTER CULVER PH D - COVINGTON	COVINGTON	LA
35257 1	M.B. THERAPY, INC.	ALEXANDRIA	LA
36208 0	STEPHANY HILLMAN, PHD- LAPLACE	LAPLACE	LA
36208 1	STEPHANY HILLMAN, PHD - HOUMA	HOUMA	LA
36208 2	STEPHANY HILLMAN, PHD - MORGAN CITY	MORGAN CITY	LA
36208 4	STEPHANY HILLMAN, PHD - RACELAND	RACELAND	LA
36259 0	ADDISON SANDEL, PHD	NATCHITOCHE	LA
36446 0	HAMMOND HEART CLINIC	HAMMOND	LA
36986 0	CHARLES C. UGOKWE MD	ALEXANDRIA	LA
37111 0	DR. ALEXANDRA CASALINO, LLC	NEW ORLEANS	LA
37241 0	JULANA D. MONTI, MD- MINDEN	MINDEN	LA
37241 1	JULANA D. MONTI, MD- LAFAYETTE	LAFAYETTE	LA
37241 2	JULANA D. MONTI, MD- SHREVEPORT	SHREVEPORT	LA
37241 3	JULANA MONTI, MD-BOSSIER CITY	BOSSIER CITY	LA
37435 0	DR. JEFFREY C. FITTER	MORGAN CITY	LA
37954 0	MAURA C MIZE	LAKE CHARLES	LA
38318 0	SURGICAL EYE ASSOCIATES-COVI	COVINGTON	LA
38318 1	SURGICAL EYE ASSOCIATES FRANKLINTON	FRANKLINTON	LA
38382 0	DARREL B. TURNER PH D	ALEXANDRIA	LA
38382 1	DARREL B. TURNER, PHD	LAKE CHARLES	LA
38405 0	NILS REGE O.D.	HOUMA	LA
39284 0	TERRY O. THOMAS, PH.D.	MONORE	LA
39354 0	MARK SIVERD O.D. COVI	COVINGTON	LA
39354 1	MARK SIVERD O.D. HAMMOND	HAMMOND	LA
39485 0	TAIRA WOODROFFE M.D.	ZACHARY	LA
39702 0	HANNAH L. EASTMAN, OD	LEESVILLE	LA
40210 0	OLYMPUS HEALTH SERVICES	ALEXANDRIA	LA
40210 1	OLYMPUS HEALTH SERVICES DERIDDER	DERIDDER	LA
40574 0	GEORGE S. PARK, PH.D., MP	BOSSIER CITY	LA
40704 0	CAHRONDA JOHNSON MCKNIGHT	BATON ROUGE	LA
41711 0	BEAU J. BAGLEY, MD	COVINGTON	LA
42269 0	CAROLA OKOGBAA MD	BATON ROUGE	LA
43054 0	DAVID LANDRY PH.D	NEW IBERIA	LA
43875 0	LISA D. SETTLES, PSYD	NEW ORLEANS	LA
43877 0	SHANNAE HARNESS, PHD- LAPL	LAPLACE	LA
43877 1	SHANNAE HARNESS, PHD- HOU	HOUMA	LA
43877 3	SHANNAE HARNESS, PHD- RAC	RACELAND	LA
43896 0	SUSAN C. TUCKER, PHD	SHREVEPORT	LA
45329 0	KTN MEDICAL, LLC	LAKE CHARLES	LA
45373 0	CLAUDE FALLIS OD	ABBEVILLE	LA
45858 0	ANTHONY J PALAZZO M D	BOGALUSA	LA
46075 0	GLENWOOD REGIONAL MEDICAL CENTER	WEST MONROE	LA
46268 0	ANTHONY LAMA MD	NEW ORLEANS	LA
46289 0	CAROL REDILLAS	CHALMETTE	LA
46408 0	GNC THERAPIES INC-BATON ROUGE	BATON ROUGE	LA
46408 1	GNC THERAPIES, INC	NEW ORLEANS	LA
46408 2	GNC THERAPIES, INC	METAIRIE	LA
46495 0	ROBERT C. CLANTON, PHD	SHREVEPORT	LA
47466 0	WEST JEFFERSON MEDICAL CENTER	MARRERO	LA
47614 0	JESSICA ANDREWS, LPC	WEST MONROE	LA
47614 1	LYLA CORKERN LPC	WEST MONROE	LA
47615 0	SHERRY RUMBY, LPC	MINDEN	LA
47831 0	SUSAN HUTCHINSON, PHD, LCSW	NEW ORLEANS	LA
47863 0	MARK S. DEBORD, LCSW LLC	WEST MONROE	LA
47878 0	LAUREN RASMUSSEN PSY.D.	BATON ROUGE	LA
47889 0	JACQUELINE HIRST, LCSW	SHREVEPORT	LA
48021 0	EBAN J. WALTERS, PHD	METAIRIE	LA
48041 0	JIMMY EATON O.D.	RUSTON	LA
48041 1	GARY AVALONE O.D.	RUSTON	LA
48071 0	KRISTI GRAVES HUBBARD S&LP	TERRYTOWN	LA
48141 0	LISA FLEMING BANNISTER-SLP	MONROE	LA
48179 0	DERRICK STEVENSON, LCSW	SHREVEPORT	LA

48180 0	DORIS A. SMALL, LCSW	NATCHITOCHE	LA
48181 0	SHARON BEARD, LPC	NATCHITOCHE	LA
48209 0	KIMBERLY CARTER - SLP	RAYVILLE	LA
48474 0	MARTIN AUDIFFRED	LAFAYETTE	LA
48480 0	MICHAEL D. MCGILL, MCD, CCC-SLP	SHREVEPORT	LA
48679 0	NOLA HEARING	METAIRIE	LA
48702 0	JO LINN BURT, SLP	SHREVEPORT	LA
48898 0	DEBRA D. LAING, M.C.D., CCC-SLP	SHREVEPORT	LA
49016 0	ALETHA NELSON-LPC	MONROE	LA
49018 0	CAROLYN BRUCE-LPC	MONROE	LA
49018 1	ANTHEA JOSEPH-LPC	MONROE	LA
49021 0	DR JOHN F. LOUPE	BATON ROUGE	LA
49109 0	AMY MEREDITH, PSY.D.	COVINGTON	LA
49116 0	MAGNOLIA MEDICAL SERVICES	SHREVEPORT	LA
49116 1	MAGNOLIA MEDICAL SERVICES MONROE	MONROE	LA
49116 2	MAGNOLIA MEDICAL SERVICES - CROWLEY	CROWLEY	LA
49128 0	APRIL GILCHRIST, LPC-S, NCC	BOSSIER CITY	LA
49197 0	RHONDA BELLE, LCSW	HOUMA	LA
49197 1	SHAWN VERDIN, LPC	MORGAN CITY	LA
49197 2	JOSEPH WARNER, LPC	LAPLACE	LA
49197 3	CLINELL RICHOUX, LCSW	RACELAND	LA
50627 0	TODAY'S EYECARE LLC	LAFAYETTE	LA
58457 0	DIANNA DUCOTE MS CCC SLP	ABBEVILLE	LA
61569 0	CHRISTOPHER CENAC SR MD	HOUMA	LA
63953 0	DONALD CHARLES FAUST MD	NEW ORLEANS	LA
63976 0	LAB CORP BIOMEDICAL	GRETNA	LA
64251 0	TERRY L ROBERTS M A	ALEXANDRIA	LA
64251 1	TERRY L. ROBERTS, M.A.	RUSTON	LA
64251 3	JILL GAUDET-AUDIOLOGIST	RUSTON	LA
66090 0	DOUGLAS W DAVIDSON M D	BATON ROUGE	LA
66261 0	WILLIS KNIGHTON MEDICAL CENTER	SHREVEPORT	LA
67528 0	CARLOS B REINOSO PHD	METAIRIE	LA
69526 0	S F FONTENELLE III PH D	METAIRIE	LA
69526 1	S F FONTENELLE III PH D	NEW ORLEANS	LA
69530 0	JANE V MCDOW OD	NEW ORLEANS	LA
69764 0	JOHN P SANDIFER M D	NATCHITOCHE	LA
69942 0	MARK BOWEN OD	JENA	LA
70043 0	BARRY TILLMAN MD	VIDALIA	LA
70104 0	TIMOTHY BARRY OD	JENNINGS	LA
73155 0	RODERICK E ADAMS PH D	PINEVILLE	LA
75856 0	EARL H BAKER PH D	MONROE	LA
75856 1	PSYCHOLOGICAL ASSESSMENT & TREATMENT SERVICES,INC.	MONROE	LA
77237 0	RIAZ M CHAUDHRY MD	JENA	LA
77363 0	LINDA C STEWART M D	BATON ROUGE	LA
79909 0	ROBBIE H WHITTAKER	LEESVILLE	LA
80181 1	DAVID D CLARK ED D	COVINGTON	LA
81049 0	MOLLIE WEBB SPEECH HEARING C	SHREVEPORT	LA
81265 0	ROGELIO A CASAMA M D	BOGALUSA	LA
83051 3	GEORGE J HAAG PH D	BALL	LA
83051 4	GEORGE J HAAG PH D	LAKE CHARLES	LA
83051 5	GEORGE J HAAG PH D	MONROE	LA
84699 0	STEVE W MORRIS M A CCC A	LAKE CHARLES	LA
85604 0	SATYARTHI GUPTA M D	COVINGTON	LA
85613 0	SHELDON HERSH MD	NEW ORLEANS	LA
87960 0	HAROLD R YORK M D	METAIRIE	LA
88953 0	LABCORP OF AMERICA	BATON ROUGE	LA
91142 0	WK PIERREMONT CARDIOLOGY	SHREVEPORT	LA
91663 0	BETTER HEARING SYSTEMS	BOSSIER CITY	LA
92999 1	WILLIAM E FOWLER PH D	METAIRIE	LA
92999 2	WILLIAM E FOWLER PH D	HOUMA	LA
93041 2	THE THERAPY GROUP	HOUMA	LA
96433 0	ST FRANCES CABRINI HOSPITAL	ALEXANDRIA	LA
96433 1	ST FRANCES CABRINI OP LAB	ALEXANDRIA	LA
97904 0	SANDRA B DURDIN PHD BR	BATON ROUGE	LA
97904 2	SANDRA B DURDIN PH D LAFAYETTE	LAFAYETTE	LA
97904 6	SANDRA DURDIN PH D HAMMOND	HAMMOND	LA
97921 0	LAUREN ARBOUR	BATON ROUGE	LA
97921 1	LAUREN ARBOUR	NEW ORLEANS	LA
98157 0	HENRY J LAGARDE PH D	NEW IBERIA	LA

DDS CE Oversight Report

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

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

Region:	Boston
State DDS:	Maine
Report Period (Fiscal Year):	2015
Current Date:	11/04/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Supervisor DDS/MPRO

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

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

All complaints regarding CE providers are investigated and handled on an individual basis. Complaints are reviewed by the Medical Professional Relations Officer (MPRO) to determine the most appropriate course of action. The CE provider's file is reviewed to determine if there is a history of such complaints. The MPRO will contact the claimant and obtain necessary information regarding the complaint. The CE provider is then contacted, by either phone or a personal visit, from the MPRO. Appropriate action and/or discipline will be taken depending on the outcome of the investigation. A copy of the complaint is placed in the CE provider's file. If warranted, the DDS Administrator is apprised of the situation, and referral is made to the RO if deemed necessary.

Complaints submitted from a representative are investigated and handled on an individual basis. Appropriate actions/discipline will be taken depending on the outcome of the investigation. A summary of the investigation is placed in the CE Providers file for future reference.

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

appropriate. A summary of the investigation and resolution will be placed in the CE provider's file.

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

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

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

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

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

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

We use the OIG LEIE database and search each physician, translation service, transcription company and in-house consultants quarterly. Licenses are checked and verified at <http://www.docboard.org/me> the month they are due to expire. We ask those providers who hire medical assistants to chaperone during exams to provide a copy of the assistant's certification or license, whichever applies. We also have them sign a license verification form, which includes specific language pertaining to support staff. An electronic copy is sent to the agency Director.

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

Quarterly

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

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

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

We have 92 CE providers (this includes specialties). We lost 5 providers (all physical) due to relocation or retirement. We gained 3 psych providers and 2 physical providers.

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

All key and volume providers were visited.

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

We do not offer volume medical provider discounts.

In May 2015 we made change to the CPT code for MEDPE. We changed from 9dirincreased the MEDPE (99204) reimbursement from 150.00 to 225.00 (99204).

DLCO (94729) increase from 40.00 to 55.00

Pulmonary Function testing with and without bronchodilator (94060) increase from 55.00 to 60.00

Psychological evaluation with testing (96101) increase from 225.00 to 275.00

Visual Fields (92083) increased from 60.00 to 65.00

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

We have added two new ERE MER providers. The MPROs have marketed the electronic submission of MER to various providers. This past year we have been hesitant to promote ERE due to some significant issues we have experienced with ERE.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

Because Maine is a very rural state, we have had difficulty recruiting physicians to perform medical evaluations. Maine is currently working on doing medical evaluations via televideo conferencing.

The MPRO supervisor has a unit of 6 adjudicators, 2 Medical Professional Relations officers and 2 schedulers.

DDS CE Oversight Report

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

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

Region:	Philadelphia
State DDS:	Maryland
Report Period (Fiscal Year):	FY15
Current Date:	November 16, 2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Relations Director

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

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

All complaints from claimants are forwarded to the Medical Relations Office (MRO). This information is obtained by operations staff via electronic communication requesting assistance to resolve a complaint. In addition, we receive complaints regarding CE providers from the satisfaction surveys we send to claimants. During FY15 the MD DDS sent out 2, 355 surveys and received 1,158 returned, which is a 49% response rate. Not all the surveys include complaints; however, it is a vehicle in which we do receive complaints specifically about the claimants experience at the CE.

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

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

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

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

If the complaint is found not to be valid or reflects a mild infraction, scheduling may resume however claimant satisfaction surveys are sent to every claimant scheduled with that provider and the provider's reports are monitored. The CE provider is advised as to the type of monitoring that will take place as a result of the complaint. Usually a couple of appointments are scheduled, the quality of the exam from everyone's view point is evaluated, and then more appointments are scheduled, if indicated.

In all instances, the provider's file is documented and the claims examiner and claimant are notified as to the outcome of the investigation. If advice was sought from Regional Office (RO) during the investigation, or if contact is indicated with the RO after the investigation, the appropriate staff in the RO is notified. If the nature of the complaint and outcome of the investigation warrant it, referral to the State Medical Board would be made.

- Types of complaints received throughout the year:
 - Wait times
 - Claimant felt as though provider did not treat them and/or provide thorough exam
 - Short exams
 - Rude/direct providers

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

No fraudulent activity

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

(b) (6) - performed multiple CE's which consisted of (b) (6) did not complete testing on several claimants, and was unresponsive to MPRO staff for several months. Many claimants had to be sent for (b) (6) to complete adjudication of claim. MD DDS incurred additional MPT and costs for travel and interpreters that were required for some claimants. Finally, the overall impact and poor customer service to the claimants that underwent (b) (6) (b) (6). MRO was notified by Regional office (who was notified by ODAR) that a claimant made a complaint to the MD Board of Physicians. Board was contacted to determine scope of complaint; however, Board would not share information. MD DDS MPRO staff worked with the Board to provide information they requested. (b) (6).

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

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

- Maryland's Department of Health and Mental Hygiene has created online access for verification of all licenses. This allows us to verify licensure for all types of providers that are currently on our CE panel. The licensure of physicians is currently verified online at the Maryland Board of Physicians' website, www.mbp.state.md.us. The licensure of psychologists is currently verified online at <http://dhmh.maryland.gov/psych/SitePages/licenseverification.aspx>. The licensure of speech language pathologists and audiologists is currently verified online at <https://mdbnc.dhmh.md.gov/AUDVerification/Default.aspx>. The licensure for optometrists is currently verified online at <https://mdbnc.dhmh.md.gov/optverification/default.aspx>. All CE providers' licenses are verified prior to performing CE's for the Maryland DDS. In addition to running this check with new providers annual licensure reviews are completed for CE providers whose licenses are scheduled to expire.

For physicians, they are licensed for two years and renewal dates are broken down alphabetically - A through L are renewed on even years, M through Z on odd years.

For psychologists, they are licensed for two years. There does not appear to be any logical order for how it is determined who must renew on odd years vs. even years. Therefore the entire panel, of psychologists, is checked annually.

For speech language pathologists and audiologists, they are licensed for two years. Similar to psychologists, all speech language pathologists and audiologists' licenses are verified on an annual basis.

For optometrists, they are licensed for two years and Maryland currently does not have an optometrist on our CE panel. Each link for varying licensed providers provides details about disciplinary actions. For physicians, there is a section on Board Sanctions which is updated by the Board monthly. This is routinely checked on a monthly basis along with the HHS national list of provider sanctions. The Medical Relations Office also receives a quarterly magazine from the Maryland Board of Physicians, which also provides a sanctions list. For psychologists, speech language pathologists and audiologists, there are lists of disciplinary actions that can be referenced on Maryland's Department of Health and Mental Hygiene website. In addition, the Office of Inspector General's website is checked for all new providers to ensure there are no providers on the list of excluded individuals/entities. The following website is the link for OIG exclusions: <http://exclusions.oig.hhs.gov/>. This website is also periodically checked to ensure providers are not excluded from participating in federally funded health care programs.

- On the application (MD DDS internal document) that CE providers submit, to perform CE's for the Maryland DDS, there is a section above their signature that is preceded by the statement "In signing this application, I certify that:" One of the bullets under this statement reads "All support staff used in the performance of consultative exams meet the appropriate licensing or certification requirements of the State." In addition to requiring their signature to verify this, this topic is also discussed at the time of onsite orientations with new CE providers if services that would require such licensure or certification are going to be purchased from that provider.
-

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

Credential checks are completed at licensure renewals and on a quarterly basis.

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

Embedded in, MD DDS', case processing system is a CE Authorization Monitor Report for each vendor. We monitor CE providers on an interval basis. New CE providers are monitored at 100% and other providers are set up on intervals to ensure we have at least 5% of their CE reports reviewed, per 39545.400C. This process creates a work queue request that provides a monitor form for our consultant staff to complete when they are completing their medical review. MRO staff will review the first 5 CE reports, from a new CE provider, and complete a New Provider CE Report Review (MD DDS internal document). Upon completion of a new provider review we reach out to the provider via, phone communication or email, to provide feedback. Our preferred method is email, as it allows us to provide, in writing, any areas that need attention as well as comment on the positive aspect of their reports. We receive great response from our new CE providers when this constructive feedback is provided. If the CE providers review is satisfactory we will change their monitor interval to ensure the 5% review is completed.

We receive a quarterly report of all monitor reviews that were completed, from the previous quarter. This allows us to do a quick search and review reports that have received low markings. In these instances, we may adjust individual CE providers monitor intervals. This allows us to capture comments/suggestions from our consultant staff and provide a higher level of review, with feedback and corrective action.

In addition, this quarterly review allows us to capture positive feedback from our consultants. We make great efforts to reach out to our CE provider staff and also share the "good news" about the CE reports they have completed.

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

374 CE Providers – minimal decrease from last fiscal year. We have actively recruited for psychologists to perform comprehensive mental status examinations, as we have been unsuccessful recruiting psychiatrists, due to our low fees. Last year we lost a large volume of our psychiatrists due to significant cuts in our fee schedule.

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

Three key providers from FY14 were not completed, due to various reasons.

- Kevin Budney, PsyD was removed from the panel in January 2015, (b) (6)
- Olga Rossello, MD resigned from performing CE's in October 2014. (b) (6)
- Reza Sajadi, MD (b) (6) resigned from the CE panel.

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

Please refer to MPRO SharePoint > DDS CE Fee Schedules/MER Payments for MD DDS current fee schedule. There was no change in our MER fees. We restructured our CE fee schedule this year, as continued cuts for performance of comprehensive mental status examinations would have impacted our ability to maintain a qualified panel of CE providers. We now pay all providers (psychiatrists and psychologists) that perform a comprehensive mental status examination the same fee. In addition, we have a separate fee for a mini-mental state examination that we require for every comprehensive mental status examination. Finally, we added a fee that providers can use if an interpreter is part of the CE. This fee allows minimal compensation for the CE providers' additional time when an interpreter is involved.

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

The MRO worked in conjunction with SSA liaisons doing outreach to advocates that work closely with disability claimants on the SSI/SSDI Outreach Access and Recovery (SOAR) Initiative. Several trainings were conducted with SSA liaisons and other community partners (Mental Hygiene Administration, Health Care for the Homeless and county Core Service Agencies) for advocates in several Maryland counties. The SOAR initiative provides comprehensive training to advocates and case managers working with homeless population to assist claimants applying for benefits. The goal is to increase the number of homeless and at-risk claimants who qualify for SSI/SSDI, and to provide an accurate and timely decision as quickly in the process as possible, by working closely with the DDS. The MRO has participated in monthly implementation meetings with core SOAR staff as well as presenting on DDS needs in training sessions. The Maryland DDS continues to host county SOAR quarterly provider meetings, as well as, some SOAR two day training sessions for the Baltimore metro area and cross county trainings. These meetings provide an opportunity for SOAR trained community providers to discuss SOAR and the SSI/SSDI application process. These meetings not only provide educational benefit to the advocates, it demonstrates the partnership that has been created with several components, including SSA, DDS and multiple homeless advocacy groups in Maryland. In addition, the Maryland DDS MPRO staff participated on SAMHSA sponsored SOAR Expert Panel, which consisted of quarterly conference calls regarding the SOAR process. In addition the MD DDS and MRO staff participated in the second annual SOAR Conference, in which the MD DDS provided three presentations.

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. We also maintain weekly contact with the Baltimore VA Medical Center to ensure timely receipt of medical evidence through ERE.

The MRO team participated at the Maryland State Education Association conference during this past fiscal year. From this conference we were able to connect with Maryland Association of Nonpublic Special Education Facilities (MANSEF), which represents nonpublic schools throughout Maryland. We have registered a large majority of nonpublic schools affiliated with MANSEF. We also connected with Baltimore County Office of Psychological Services and they now utilize ERE to transmit requests received and submit school evidence, specifically psychological and educational testing. MD MPRO staff met with our Assistant State Superintendent of Special Education & Early Intervention Services, (b) (6), the beginning of this calendar year. This led to a presentation at Maryland State Department of Education's Professional Learning Institute about the importance of school records. We had the opportunity to present to 150 Leadership/Management staff, Directors of Special Education, Preschool Special Education Coordinators, and Infants and Toddlers Program Directors. Our next step is to work with the individual counties to identify electronic initiatives they currently implement in their county and how to exchange school records electronically. During the meeting with (b) (6), I was made aware of the MD PROMISE, Promoting Readiness of Minors In SSI, which is an SSA demonstration project. I was connected

with appropriate staff in MD that oversees the MD PROMISE program and have presented to their case managers about the disability program, specifically Section 301.

MD MPRO staff represented the Philadelphia during 14.0 ERE User Acceptance Testing. To prepare for the 14.0 release our MPRO staff updated our existing ERE user guides and created an electronic ERE user guide to include step by step instructions with screen shots, FAQ's and other helpful tips and fact sheets. After the 14.0 release, a large majority of our time was spent troubleshooting and resolving issues that occurred after the release, as well as addressing continued issues with SSA releases that impact our ERE users. We continue to provide outreach and education, onsite (if needed), for providers that may struggle with startup of ERE.

The MD MPRO staff worked closely with Washington Metro Public Affairs Specialists (PAS), (b) (6). With (b) (6) we provided joint presentations to Montgomery County Transition Support Teachers about importance of school records for children applying for disability. We presented about iAppeals and iClaims for social workers, case managers, and advocates in Montgomery County. We also provided presentations to Congressional staffers, in conjunction with ODAR. All of these presentations were well attended and showed fabulous collaborative efforts between DDS and SSA staff as well as our community partners.

The MPRO staff with our chief medical consultant presented at Medstar Union Memorial Hospital on two occasions to their medical residents. MPRO staff, MD DDS chief medical consultant and MD DDS training director provided a didactic presentation at Johns Hopkins Hospital for over 100 physicians and social work staff. This presentation focused on the technical aspects of the disability program, the medical listings; as well we staffed a case to provide an understanding of how a medical determination is made. The MRO was an exhibitor at the John Hopkins Hospital Pediatric Social Work Fair.

In house the MRO conducted training on the Importance of School Records for all Operations and Support staff at the MD DDS. An in house "advisory board" to address issues between CE scheduling unit and Operations staff was created, this group meets on a regular basis to share information about the CE scheduling process. MPRO staff works closely with other state DDS's and DPU's that provide assistance to the MD DDS workload.

Finally, the MD DDS MPRO staff hosted an Open House for our CE Providers, which included participation from our Regional office. This was a great opportunity for our staff and the CE providers to network, as well as gather educational information about the CE process and disability program.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Boston
State DDS:	MA
Report Period (Fiscal Year):	2015
Current Date:	November 16, 2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Director of Medical Contract Mgmt. & Professional Relations

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

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

The Boston & Worcester Medical Relations Department investigates all complaints in accordance with the state procedures. The medical relations officer reviews all complaints. A complaint can be received directly from the claimant or through the examiner responsible for the case. If not received directly from the claimant, a contact is made to the claimant to obtain a clear description of the problem. The doctor is asked to respond in writing within 30 days.

- a. This fiscal year 86 complaints were filed by claimants involving rude and/or unprofessional behavior, these are sent in writing to the doctor along with a copy of the CE report. The DDS responds to claimant complaint by sending the claimant a letter of acknowledgement. The doctor's written response is evaluated along with any other complaints, if any, against the consultant. The Consultative Evaluation Appraisal Cards are reviewed along with the case file. Depending on the seriousness of the offense, the Assistant Commissioner and the Director of Medical Relations in the Boston office might be involved in the final resolution.

- b. Ten allegations were filed that involved complaints of an environmental nature

(cleanliness and/or poor accessibility and/or lack of proper facilities). These are initially investigated with an unannounced site visit to assess the situation.

- c. We did not have complaint of a non-egregious nature but they would be investigated with a combination of the procedures listed above.
- b. Allegations of an egregious nature (which could include illegal/criminal activity, sexual harassment, cultural insensitivity, allegations compromising the health and safety of claimants) are discussed with management immediately. The agency's General Counsel is involved in these situations. Depending upon the severity of the complaint, appointments are cancelled or suspended pending the investigation. Investigation of serious complaints would involve a telephone call to the claimant or a personal meeting with the claimants to clarify the details. The claimant would also receive an acknowledgement letter.

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

N/A

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

The first complaint of an egregious nature happened in November 2014. A claimant alleged that (b) (6) was drinking during a Consultative Exam. The claimant stated, "I thought it was beer." The claimant's (b) (6) also attended the CE; (b) (6) was interviewed and stated (b) (6) did not see evidence of drinking, intoxication or the smell of alcohol. The claimant did not return further attempts to contact (b) (6). During an unannounced site visit there was no evidence that the doctor was intoxicated. The doctor's secretary confirmed that the claimant arrived with a man, looked disheveled and wanted to leave before the exam started. The doctor had to prompt the claimant to come back into the office to complete the exam.

The second complaint of an egregious nature involved (b) (6). The complaint alleged that the doctor stated that (b) (6) had a gun and mace for the people from (b) (6) and that (b) (6) referred to (b) (6) grandson as a "bastard." The complaint also alleged that the doctor swore during the interview and took medication during the CE. (b) (6), Director of Medical Contract Management and Professional Relations performed an investigation and (b) (6) Social Security Insurance Specialist accompanied (b) (6) during the site visit with the doctor. The doctor strongly denied the allegations. During the visit, we discussed with the doctor appropriate communication with claimants. (b) (6) acknowledged that (b) (6) understood and assured us again that the allegation was untrue and (b) (6) never spoke to claimants in that manner. (b) (6) did admit to having medication visible on (b) (6) desktop and taking some medication during the CE but (b) (6) stated that (b) (6) understood the inappropriateness of that and (b) (6) agreed to not do that in the future. Upon further investigation, this was the only complaint of this nature in the (b) (6) the doctor had performed exams for MA DDS with a

volume of fifteen to twenty exams a week. The doctors Consultative Evaluation Appraisal Forms (CEAF) were reviewed going back four years and were benign. The CEAF cards will continue to be monitored.

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

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

As part of the contract all CE panelists are required to sign a License/Credential Certification that the support staff who participate in the conduct of the CE meet all appropriate licensing and certification requirements for the state and are not currently suspended or barred from participation in the Medicare or Medicaid programs or any other Federal program. In Massachusetts, both Boston and Worcester offices have online access to the most updated license and credential information on both physicians and psychologists provided by the licensing boards. Verification of Medical Doctor licenses is provided by the Board of Registration in Medicine (<http://profiles.ehs.state.ma.us>). Prior to hiring any consultant, the website is checked and any Board or hospital disciplinary incidents are addressed prior to consideration of a contract; however, getting details regarding infractions is difficult. Verification of a psychologist’s license is provided by the State Licensing Board (<https://elicensing.state.ma.us/CitizenAccess/>). In addition, the HHS OIG List of Excluded Individuals is also cross-referenced. The contract requires doctors to furnish DDS with a copy of each license renewal as it occurs during the period of the contract. The PRO/MRO semi-annually reviews State Licensure Board sanction lists and the HHS Inspector General’s List of Excluded individuals and Entities to ensure no unlicensed or excluded CE provider is a vendor.

When recruiting medical consultants, we require not only confirmation that the physician/psychologist is in good standing but also that any associates or assistants provide us with proof of their own credentials, which are subsequently verified with the appropriate Licensing Board. All consultants who have staff assistance sign a form regarding their staff’s credentials, but most do not have support staff. This procedure is followed by both the Boston and Worcester Offices.

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

Semi-Annually

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

The chief consultants review the first three to five exams and feedback is provided to the new doctor. If the new reports are of poor or fair quality, the reports are evaluated and

feedback is provided until they improve. Quality Assurance (QA), In-house consultants and case processing continually review Consultative Exam reports and make referrals to Medical Relations when criteria is not met. When a referral is made regarding poor quality, the CE is referred to the chief consultant for review. If the chief consultant feels it necessary, a Special Study is performed and feedback is shared with the doctor in person.

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

183- We had 25 doctors who stopped consulting for mixed reasons (deceased, moved, did not want to do CE's anymore, retired) and 18 newly hired doctors.

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

In Boston, not all key providers were visited. Onsite visits were done for 12 of the top/key providers and in Worcester onsite; visits were done for 13 of the top/key providers. Some providers work on a Saturday only making it difficult to see them. We chose the providers who made the list for the first time as opposed to providers who we have typically seen many times in previous years.

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

There have been no changes to either the CE or MER fee schedules.

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

The medical relations initiative for 2015 was marketing, recruiting and training. (b) (6), Director of Medical Contract Management and Professional Relations served on the National Recruitment Taskforce (NRT). This involved meeting almost weekly including serving on subgroups from January through June. The NRT produced marketing tools for use at the Social Security Administration and the Disability Determination Services.

The Boston Regional Office advertised in the New England Journal of Medicine (NEJM) for all New England Disability Determination Services. In Massachusetts, ten medical consultants responded to the advertisement, almost all stated the compensation was too low and/or they were looking for telecommuting. The NEJM doctors stated they were making one hundred to one hundred and fifty dollars an hour, some while telecommuting. Two consultants were interviewed, offered and accepted a position but later accepted other job. In the past, I have found advertising in the New England Journal of Medicine to be successful, changes to

compensation are needed.

A new Request for Response for Nurse Practitioners was written, posted on the state website and advertised on the Indeed website. Four Nurse Practitioners were interviewed and two were offered the position, both declined due to low compensation. Another advertisement has been posted with increased compensation. We are awaiting responses.

Unrelated to the NEJM advertisement, twenty other consultants were recruited. Sixteen applicants were offered In-house consultant positions, nine declined and seven accepted. Of those twenty interviews eleven were medical consultants, five were psychologists and four Nurse Practitioners.

In the Worcester Region, Professional Relations Officer (b) (6) converted twenty facilities to Electronic Records Express. In the Boston Region, (b) (6) and (b) (6) took a course entitled, "Emerging Manager Track," sponsored by the Massachusetts training department. This involved attending class outside the office one or two days per month for each PRO as well as completing a project to improve the department. The joint project included a survey to Examiners and resulted in a Medical Evidence of Record (MER) library.

In-house consultants informed Medical Relations of a psychologist inadequate Consultative Exams, which lacked detail and a mental status. A Special Study was performed and the results were shared with the psychologist. The reports have since improved and we will continue to monitor the doctor's reports.

Massachusetts has been unable to recruit a Consultative Exam panelist for the HINT Test after repeated attempt. The only HINT Test we can order is a Treating Source CE. Claimants who are fitted with a Cochlear Implant at the Massachusetts Eye Infirmary will not be evaluated with the HINT Test as that facility provides another test that the Social Security Administration will not accept. Each HINT Test requires Medical Relations to contact a treating physician at a hospital; this usually involves contacting multiple departments as the HINT test is handled in a different department than the ENT evaluation. At times, we have to go through medical records to obtain the CE report.

The winter of 2015 involved four blizzards, which resulted in multiple office closings and employees having trouble getting to work on time. In addition, these blizzards created havoc with scheduling and rescheduling many Consultative Exams due to taxi companies, doctors, interpreters and claimants not being able to attend the exam.

In September, the Medical Relations Department hosted (b) (6) and (b) (6) from the Regional Office. Each Professional Relations Officer gave a presentation on different aspects of the department, which included, ancillary billing, the MER Library and making the CE appraisal process electronic and the Electronic Lead Copy.

A conference call was held with Brigham and Women's hospital regarding their transition to a new computer system and its interface with Electronic Records Express. (b) (6) provided ERE training to the Bedford Veterans Administration.

The department attends the monthly Professional Relations conference calls and the National Professional Relations calls. (b) (6) responded to Regionals inquiry on Best Practices and Motivation on Recruitment. Medical Relations attended an EHS Transportation Department conference call to investigate alternative to the current transportation system.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Chicago
State DDS:	Michigan
Report Period (Fiscal Year):	2015
Current Date:	November 12, 2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title MRPH Manager

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

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

Complaint Procedures

- All complaints about CE providers are referred to the PRO for resolution and inclusion in the vendor's file. All complaints are acknowledged by letter or by phone. Sensitive complaints (e.g., sexual improprieties, discriminatory treatment, etc.) are referred to the MRPH Manager. After reviewing the evidence gathered, the MRPH Manager will decide the course of action which could include suspension or deletion of the provider from the CE panel, referral to an outside agency (e.g. state Bureau of Health Professions Complaint and Allegations Division), and/or referral to Department Legal Affairs/Attorney General. The MRPH Manager is responsible for notification to Regional Office.

Types of Complaints

- Throughout the year we received a variety of complaints but most of them centered around one of three areas: (1) a lack of compassion during the course of the exam (i.e. demeaning comments) (2) rudeness/curtness (i.e. the CE provider didn't let them get their point across, kept cutting them off, etc) and (3) the occasional "dirty" premise (i.e. waste baskets not emptied, dirty couch, etc).

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

In **August 2015** state investigators raided (b) (6)

While the investigation is still pending, investigators will not release information. As we are unsure of the circumstances surrounding the investigation, effective August 13, 2015 we have suspended all CE scheduling with this provider until further notice.

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

There were no complaints of an egregious nature during FY 15

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

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

Credential check procedures—

New CE Provider:

- Complete a qualification sheet as well as a signed "license/credentials certification" statement that the provider and all support staff to be used in CEs meet appropriate state licensing/certification requirements and are not under any sanctions.
- DDS verifies status with the State Licensing Board and also checks the Cumulative Sanctions Report (CSR) on the HHS/OIG website and verifies there are no exclusions via LEIE.

Existing CE Provider:

- Contacted in January for a list of active consultants and signed support staff statements.
- Information is used to verify the consultants are not excluded via (LEIE)
- Throughout the year, licenses are verified at each onsite clinic visit*
- Ongoing monthly monitoring of the State Disciplinary Action Report and press releases.
- All CE providers also include their license number and expiration date with each CE report.

****Effective FY 2016 (to meet updated policy guidelines) all existing CE providers license status will be checked annually in June via the State Licensing Board website AND at renewal***

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

Periodic credential checks are completed with every onsite visit and at time of renewal.

****Effective FY 2016 (to meet updated policy guidelines) all existing CE providers license status will be checked annually in June via the State Licensing Board website AND at renewal***

6. Provide a brief description of the DDS business process to review CE reports from new and

established CE providers to ensure the reports meet criteria.

New CE Providers

- To ensure adherence to program reporting requirements, the PRO will:
 - Review the first five C/E reports
 - Attach a copy of it to each CE report and keep in the PRO's file for that consultant.
- Provide feedback from the PRO review to the new consultant. If no problems are identified, then additional examinations are scheduled and monitoring continues via routine channels (i.e., QA case review and case-by-case problem referrals to the PRO). If problems are identified, then they are discussed in detail with the source before any more examinations are scheduled. The PRO will review copies of the next two to three reports to ensure that the problems are resolved.

Established CE Providers

- Provider reports are randomly checked throughout the year by PRO staff
- Problem referrals(with CE provider report)s are tracked and monitored to determine areas where intervention by the PRO may be needed (i.e. Provider training, etc)

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

200

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

All Key and Volume Provider Visits for FY 15 were completed

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

There were no fee changes for FY 15 and no volume provider discounts. We do have fee exceptions for our underserved areas of Michigan (i.e. typically the Upper Peninsula and western side of the state). Exceptions in those particular areas are vital to us being able to recruit qualified physicians. Many of the physicians/consultants we use in those areas travel there from other parts of the state. In these areas we pay \$150 for Internist exams, \$180 for Bayleys and \$200 for SLP CEs.

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

EXHIBITS/PRESENTATIONS (DDS and/or in Collaboration with SSA)

(B)=Booth (P)=Presentation

10/14 MACMHB Annual Fall Conference with SSA **(B)**

11/14 46th Annual MI Association of School Social Workers conference **(B)**

12/14 CMH Presentation with SSA (Stanton, MI) **(P)**
1/15 CMH Presentation with SSA (Saginaw, MI) **(P)**
2/15 MACMHB Annual Winter Conference **(B)**
4/15 National Assoc of Social Workers State Conference **(B)**
4/15 CMH Presentation Ausable Valley with SSA **(P)**
5/15 MACMHB Annual Spring Conference with SSA **(B)**
5/15 MHIMA State Conference **(B) (P)**
6/15 CMH Presentations with SSA (Upper Peninsula) **(P)**

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Chicago
State DDS:	Minnesota
Report Period (Fiscal Year):	2014-2015
Current Date:	11/05/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Relations Officer

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

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

All complaints referred to Medical Services are investigated. Complaints typically arise from claimants or authorized representatives. A complete description of the complaint is obtained. The CE Panelist is contacted to discuss the complaint. The claimant or other party is contacted regarding action taken and resolution of the problem. Documentation concerning the complaint is kept in the CE provider's folder. If the complaint is of a serious nature, a visit may be made to the consultant's office for further investigation of the problem. Complaints regarding the exam itself are referred to the appropriate Chief Medical or Psychological consultant for review. The Chief completes a feedback form detailing the issue and provides recommendations for resolution. Chicago Regional Office is notified in the event of serious complaints, i.e., physical or sexual abuse by a provider. In these events, referrals for exams are immediately ceased. Every effort is made to maintain the safety of our claimants and the integrity of the program.

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

No fraudulent activities discovered or reported.

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

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

No complaints of egregious nature reported or discovered.

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

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

When recruiting new panelists, licenses, credentials and certifications are verified with the appropriate State Medical, Psychological and other appropriate boards. The attached policy describes the MN DDS procedure for quarterly licensure and sanction verifications. Records of these verifications are maintained by the MROS via spreadsheet.



policy license
verification.doc

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

Credential checks are completed quarterly.

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

When a new panelist is recruited, we gather the first 10 reports and they are submitted to the DDS chief physical/psych consultant for feedback. A feedback form is completed by the chief consultant and submitted to MROs for review. Feedback is provided to panelist. Reports continue to be monitored at MROs discretion and via feedback from SAMC/PCs and by QA Specialists during QA reviews.

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

232

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

All Key and Volume provider onsite visits were completed before September 30th, 2015. See oversight report for dates and locations.



CE OVERSIGHT
FY2015.doc

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

Effective January 1st, 2015 the following changes were made to the CE fee schedule.

- Child and Adult MSE rate raised to \$155
- Ortho/IM/Neuro/Peds rate raised to \$175

The above changes were made in an effort to provide equitable pay to our panelists who conduct CE's in neighboring states. These changes are also being made to allow us to be more competitive with other agencies when recruiting additional panelists.

The following CE providers have been added to our special arrangements:

- Susan Johnson, MD: \$100 Clinic Fee, records review and \$190 per exam
- Sebastian Mangiamele, MD: \$100 clinic fee, records review, \$190 per exam
- Carol Follingstad, LP: travel expenses, mileage, records review
- David Benson, MD: \$100 for records review

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



MRO Activities
2015.doc

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

Policy: Verifying CE Panelist Licenses and Identifying Sanctions and Exclusions

The Minnesota DDS will verify each quarter that all active and potential consultative exam panelists maintain current licenses in the state of Minnesota and have no federal sanctions or exclusions against them.

PROCEDURE

<u>WHO</u>	<u>STEP</u>	<u>WHAT ACTION</u>
MRO	1	Ensure licensure verification table is updated with new panelists and accurately reflects current panel.
	2	When a new panelist is added, contact the appropriate licensing board to determine the date the panelist's license expires.
	3	Verify that the panelist has no exclusions by accessing the System of Award Management (SAM) or LEIE (http://exclusions.oig.hhs.gov/) and entering their first and last name. If a panelist has an exclusion listed, they must be removed from the panel.
	4	If the panelist has a current license and is without exclusions or sanctions record the name of the consultant, license number, license expiration date, and whether there are pending disciplinary actions.
	5	Enter the new panelist and license expiration date in the license verification table.
	6	Each quarter, verify that a new license has been issued for panelists with licenses expiring soon by contacting the appropriate licensing board: <ul style="list-style-type: none"> • Minnesota Board of Medical Practice http://mn.gov/health-licensing-boards/medical-practice/ • Minnesota Board of Optometry http://mn.gov/health-licensing-boards/optometry/ • Minnesota Department of Education http://education.state.mn.us/MDE/EdExc/Licen/TeachLicLook/index.html • Minnesota Department of Health https://pqc.health.state.mn.us/hopVerify/loginAction.do • Minnesota Board of Psychology (requests by mail) http://www.psychologyboard.state.mn.us/ 2829 University Avenue SE, Suite 320 Minneapolis, MN 55414-3237 Phone (612) 617-2230; Fax (612) 617-2240

- | | | |
|------------|----|---|
| | 7 | If the panelist has renewed his/her license, enter the new expiration date in the license verification table. |
| | 8 | If a new license has not been issued, call the panelist to determine if the consultant intends to renew the license. If the answer is yes, verify the license renewal by contacting the appropriate licensing board. Enter updated license expiration date into licensure verification table. |
| | 9 | If unable to verify license renewal prior to the expiration date, the MRO should inform the Assistant Director of Operations and the Assistant Director of Medical Services. |
| ADO & ADMS | 10 | If license renewal has not been verified, suspend use of the consultant immediately. Inform ACE Supervisor to cancel pending exams. |
| MRO | 11 | Follow up with the panelist until verification that the panelist is currently licensed, or until MRO determines the license will not be renewed. |
| | 12 | If renewal is verified, reinstate the consultant on the CE panel, or remove the consultant permanently if the license has not been removed. Inform the AD's of the decision. |

ASSURING VALID LICENSURE OF STAFF ASSISTING VOLUME PROVIDERS.

- | | | |
|-----|---|--|
| PRO | 1 | Send form VPI (Attached) to all volume providers each year. |
| | 2 | Returned positive responses will be kept on file. |
| | 3 | If the volume provider does not verify valid licensure of staff assisting with the exam, we will contact the volume provider and take steps to assure licenses are valid, or discontinue use of the volume provider/assistant. |

Date:

To:

From: (b) (6)
Disability Determination Services

Federal policy requires that our agency verify that any support staff who assist with examinations for Minnesota Disability Determination Services meet the appropriate licensing or certification requirements of the State. This includes medical staff such as x-ray and laboratory technicians, nurses, optometrists, or speech and language pathologists.

For psychological evaluations, a licensed psychologist (license issued by the Board of Psychology in the state where the exam is held) must administer the mental status interview/clinical interview for adults and children. A psychometrist whose competence is verified by the licensed psychologist may administer psychological testing. The licensed psychologist is required to review all psychological test materials for validity and diagnostic purposes, and sign off on the entire report.

The statement below should be reviewed and signed by the office manager, or the medical consultant (physician or psychologist) who performs examinations for our agency. A return envelope is enclosed, or the form can be faxed to my attention. This will be kept on file and renewed each year.

Statement of Agreement

I certify that all support staff used in the performance of examinations for Minnesota Disability Determination Services will meet the appropriate licensing or certification requirements of the State of Minnesota for the year beginning January 1, 2014 and ending December 31, 2014.

Signature: _____

Title: _____

Date: _____

Return to: (b) (6)
Medical Relations Coordinator
MN Disability Determination Services
P.O. Box 64709
St. Paul, MN 55164

(b) (6)

(b) (6)

ANNUAL CONSULTATIVE EXAMINATION MANAGEMENT
OVERSIGHT REPORT
FY2015

MINNESOTA DISABILITY DETERMINATION SERVICES

(b) (6)

MN DDS PROCEDURES: COMPLAINT RESOLUTION

General procedure per the Consultant Examination Oversight Plan, Section D: All complaints referred to Medical Services are investigated. A complete description of the complaint is obtained. The CE Panelist is contacted to discuss the complaint. The claimant or other party is contacted regarding action taken and resolution of the problem. Documentation concerning the complaint is kept in the CE provider's folder. If the complaint is of a serious nature, a visit may be made to the consultant's office for further investigation of the problem. Chicago Regional Office is notified in the event of serious complaints, i.e., physical or sexual abuse by a provider.

LIST OF KEY PROVIDERS & ONSITE REVIEWS

Alford Karayusuf, MD

1. Metro Square Bldg., 7th & Robert Sts., St. Paul, MN 55101
2. 3100 Lake Pt. Corporate Bldg., #210, MPLS, MN 55404
*onsite: 08/10/15

Donald Wiger, LP & Associates

1. 229 Jackson St. #136, Anoka, MN 55303
2. 155 S Wabasha #122, St. Paul, MN 55107 *Onsite 8/10/15
3. 4275 Hwy 61 W. Red Wing, MN 55066
4. 811 Plaza St., Albert Lea, MN 56007
5. 245 Florence Ave. Owatonna, MN 55060

Craig Barron, PsyD., LP

1. Our Savior's Housing, 2219 Chicago Ave. S., MPLS., MN 55404
2. Spruce Tree Center, 1600 University Ave. W. #303, St. Paul, MN
*Onsite 7/28/15
3. St. Francis Ctr., 116 8th Ave. SE, Little Falls, MN 56345

Ward Jankus, MD

1. University Park Med Bldg, MN Surgical Assoc #270, St. Paul MN 55104 *onsite 8/27/15
2. Professional Building 280 N Smith Ave #311, St. Paul, MN 55102

A. Neil Johnson, MD

1. District One Hospital 200 State Ave., Faribault, MN 55021
2. Now Urgent Care Clinic 1955 W County Rd B2, Roseville, MN
3. Brookdale Integrative Health 5740 Brooklyn Blvd , Brooklyn Ctr, MN
4. Cambridge Chiropractic Clinic 137 SW 2nd Ave., Cambridge, MN *onsite 9/18/15
5. Mariner Medical Clinic, 109 N 28th St. E., Superior, WI 54880
6. Bentz Chiropractic Clinic, 1022 S 19th St., LaCrosse, WI 54601

Dustin Warner, PsyD., LP

1. 325 Cedar St. #312, St. Paul, MN 55101 *onsite: 8/06/15

Marlin Trulsen, LP

1. 102 S 29th Ave. W #106, Duluth, MN 55806
2. Lakeview Psychological Clinic 600 Union St. So., Mora, MN 55051 *onsite: 9/09/15

Lyle Wagner

1. (b) (6) rainerd, MN 56401
2. (b) (6) ., Litchfield, MN 55355 /15

Robert Barron, PhD., LP

1. Lutheran Social Services 2400 Park Ave, 3rd Floor. Minneapolis, MN 55404. *Onsite 9/03/15
2. 3800 American Blvd W. #1500, Bloomington, MN 55431

James Huber, PHD., LP

1. Great River Psych Services 403 4th St. #245. Bemidji, MN 56601
2. Red Lake Hospital/BH Clinic, Red Lake, MN 56671
3. Howard Court 302 E Howard St. Hibbing, MN 55746 *Onsite 9/08/15

CE PANEL INFORMATION

Current number of CE Providers on Panel: 232

Process for review of CE Panelist exclusion lists, credentials checks:
See MN DDS Policy Memo 2347 (attached)

Process used by the DDS to ensure CE Providers support personnel
are properly licensed/credentialed: See MN DDS Policy Memo 2347

Medical Services Outreach:

(h) (6) (MRO)
(h) (6) (O)
(h) (6) (MRO)
(h) (6) (Director Medical Services)
(b) (6) , State Program Admin.

Medical Relations staff have been involved in the following activities (FY15):

- Review of Military Casualty cases and follow-up with Veterans medical facilities to expedite receipt of MER.
- Monitored ERE Helpline for questions concerning electronic MER & CE submissions from statewide vendors.
- CE Oversight visits to more than top 10 providers. Visited over 25 additional panelists throughout the state of Minnesota.
- 10/14: Staffing a booth at the 2014 MEA Conference to provide outreach to schools, teachers, and social workers throughout Minnesota.
- 10/14: Presentation at Autism Society regarding SSI disability evaluation criteria and process.
- 10/14: Staffing at Many Faces Community Health Conference to provide outreach to social workers, case manager, and psychologist throughout Minnesota.
- 11/14: Presentation to NEMHIMA to provide info on our experience with HIT.
- 3/15: Staffing a booth at the MN Psychological Association 2014 Annual Conference to recruit potential psych panelists.

- 4/15: Staffing a booth at the MN Health Information Medical Association annual conference to promote ERE.
- 4/15: Staffing a booth at the MN Association of Child and Adolescent Mental Health to provide outreach to social workers, case managers and psychologists.
- Provided eCat training & support for State Agency Medical Consultants & staff.
- 6/15: Staffing a booth at the 2015 MN e-Health Conference to promote ERE. This annual conference provides an opportunity for the MN DDS MRO staff to network with ERE providers including the Community Health Information Collaborative (CHIC), the University of MN Hospitals & Clinics, HealthPartners (HMO), and the MN Department of Health.
- 6/15: Staffing a booth at the 2015 MN Rural BH Conference. This annual conference provides an opportunity for the MN DDS MRO staff to network with ERE providers including the Community Health Information Collaborative (CHIC), the University of MN Hospitals & Clinics, HealthPartners (HMO), and the MN Department of Health.
- 9/15: Staffing a booth at the 2014 Community Mental Health Conference to recruit potential panelists throughout Minnesota.
- 9/15: Staffing a booth at the 2014 MN Medical Association Conference to recruit potential panelists throughout Minnesota.
- Interface with statewide MER vendors to coordinate eAuthorization rollout.
- Presenting information re: the MN DDS and the SSA Disability Programs to the Dept. of Employment & Economic Development's Communications Team & Area One Director's Office.
- MRO presentation at MN Dept. of Human Services to SOAR Initiative outreach workers, advocates, and attorneys regarding SSI Disability evaluation criteria & process.
- Participant in homeless initiative stakeholder's meeting involving attorneys, advocates, and program administrators sponsored by the MN Dept. of Employment & Economic Development (DEED).

- Coordinated & scheduled all consultative exams in the MN prison system for the DDS.
- Presented to statewide components of SSA (e.g., ADO, FOs) regarding DDS staffing, workflow, quality, systems, and delivery of services.
- Provided eCat and e827 training & support to in-house medical & examiner staff.
- Created databases to gather, analyze, and evaluate vendor information. Contributed recommendations for improvements to legacy and ERE systems.
- Conducted training session regarding outbound & incoming MER document workflow, troubleshooting, and error queues.
- Organized training presentation to DDS staff by CE Panelist regarding the components of the mental status examination and challenges to the CE provider.
- Organized training to DDS staff with Garden and Associates Interpreting Agency regarding recruitment and training of interpreters and cultural differences examiners may encounter with claimants.
- Provided technical support & training to ERE website medical vendors and consultative exam panelists.

Medical Relations staff have been involved in the following activities (FY15):

- Review of Military Casualty cases and follow-up with Veterans medical facilities to expedite receipt of MER.
- Monitored ERE Helpline for questions concerning electronic MER & CE submissions from statewide vendors.
- CE Oversight visits to more than top 10 providers. Visited over 25 additional panelists throughout the state of Minnesota.
- 10/14: Staffing a booth at the 2014 Minnesota Education Association Conference to provide outreach to schools, teachers, and social workers throughout Minnesota.
- 10/14: Presentation at Autism Society regarding SSI disability evaluation criteria and process.
- 10/14: Staffing at Many Faces Community Health Conference to provide outreach to social workers, case manager, and psychologist throughout Minnesota.
- 11/14: Presentation to Northeastern Minnesota Health Information Management Association (NEMHIMA) to provide info on our experience with HIT.
- 3/15: Staffing a booth at the MN Psychological Association 2014 Annual Conference to recruit potential psych panelists.
- 4/15: Staffing a booth at the MN Health Information Medical Association annual conference to promote ERE.
- 4/15: Staffing a booth at the MN Association of Child and Adolescent Mental Health to provide outreach to social workers, case managers and psychologists.
- Provided eCat training & support for State Agency Medical Consultants & staff.
- 6/15: Staffing a booth at the 2015 MN e-Health Conference to promote ERE. This annual conference provides an opportunity for the MN DDS MRO staff to network with ERE providers including the Community Health Information Collaborative (CHIC), the University of MN Hospitals & Clinics, HealthPartners (HMO), and the MN Department of Health.
- 6/15: Staffing a booth at the 2015 MN Rural BH Conference. This annual conference provides an opportunity for the MN DDS MRO staff to network with ERE providers including the Community Health Information

Collaborative (CHIC), the University of MN Hospitals & Clinics, HealthPartners (HMO), and the MN Department of Health.

- 9/15: Staffing a booth at the 2014 Community Mental Health Conference to recruit potential panelists throughout Minnesota.
- 9/15: Staffing a booth at the 2014 MN Medical Association Conference to recruit potential panelists throughout Minnesota.
- Interface with statewide MER vendors to coordinate eAuthorization rollout.
- Presenting information re: the MN DDS and the SSA Disability Programs to the Dept. of Employment & Economic Development's Communications Team & Area One Director's Office.
- MRO presentation at MN Dept. of Human Services to SOAR Initiative outreach workers, advocates, and attorneys regarding SSI Disability evaluation criteria & process.
- Participant in homeless initiative stakeholder's meeting involving attorneys, advocates, and program administrators sponsored by the MN Dept. of Employment & Economic Development (DEED).
- Coordinated & scheduled all consultative exams in the MN prison system for the DDS.
- Presented to statewide components of SSA (e.g., ADO, FOs) regarding DDS staffing, workflow, quality, systems, and delivery of services.
- Provided eCat and e827 training & support to in-house medical & examiner staff.
- Created databases to gather, analyze, and evaluate vendor information. Contributed recommendations for improvements to legacy and ERE systems.
- Conducted training session regarding outbound & incoming MER document workflow, troubleshooting, and error queues.
- Organized training presentation to DDS staff by CE Panelist regarding the components of the mental status examination and challenges to the CE provider.
- Organized training to DDS staff with Garden and Associates Interpreting Agency regarding recruitment and training of interpreters and cultural differences examiners may encounter with claimants.

- Provided technical support & training to ERE website medical vendors and consultative exam panelists.

DDS CE Oversight Report

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

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

Region:	Atlanta
State DDS:	Mississippi
Report Period (Fiscal Year):	10/1/2014 – 9/30/2015
Current Date:	November 12, 2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Professional Relations Officer & Supervisor

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

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

The MPRO staff requires that all complaints be put in writing. Complaints are reviewed to determine if they are of a serious nature. Most complaints involve the charge of rudeness or rough handling by doctor. We investigate by sending a copy of the complaint to the CE provider for his or her written response to the complaint. After the response is received from the CE provider, the PRO will review and decide if further action is needed. If the complaint needs further investigation, either a phone call or a visit will be made to the provider to talk with him or her about the specific complaint. Generally, it is a matter of asking the panelist to consider adjusting his tone or manner of interacting with claimant so as not be perceived as being rude. If the complaint has to do with the office appearance or other problems with the office, the PRO will make an onsite visit to inspect the office. If problems are found, recommendations will be made to the CE provider regarding what needs to be done to resolve the problems found. A specific timeframe to correct the problem will be discussed. A follow up onsite visit will be made to verify that the problem was corrected. When complaints of rudeness to the claimant by the doctor or his office staff are received, CE questionnaire comment sheets will be mailed to other claimants that were recently seen by the CE provider or will be seen in the future for comparison.

In some cases the PRO will call to obtain this information over the phone. We have made unannounced onsite visits to the CE provider's office to observe how the claimants are greeted and to interview claimants after their consultative examination with the CE provider.

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

No fraudulent activity has been uncovered or reported.

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

(b) (6)	(b) (6)	Excessive rudeness
(b) (6)	(b) (6)	Bullying/degrading behavior

Claimant complaints were forwarded to the doctor for review and a written response was required. (b) (6) was the only doctor in 2015 requiring a letter of reprimand for a pattern of rudeness to claimants.

An unannounced visit was made to (b) (6) office to discuss complaints of rudeness and lack of empathy toward the claimants. I sat in the waiting room and did not observe any rude behavior. PRO met with (b) (6) and discussed concerns about these issues. We discussed the Disability Determination Services policies concerning repeated conduct violations. (b) (6) understood and apologized for (b) (6) behavior. We have not had any additional complaints since this site visit.

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

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

The PRO requests a copy of physicians', psychologists' and other CE providers' licenses at initial contracting. Each year prior to June expiration, the PRO sends a letter to each CE source requesting a copy of their current license by a certain deadline. After the deadline, the PRO checks to assure that all licenses have been received. If not, a phone contact is made. Afterwards if we do not get the updated license, the PRO initiates a search of the website of the appropriate licensing board (i.e. the MS Board of Medical Licensure at <https://www.msbml.ms.gov/msbml/web.nsf>; the MS Board of Psychology at <http://www.psychologyboard.ms.gov/Pages/LicenseVerification.aspx>; the Mississippi State Board of Optometry at <http://www.msbo.ms.gov/msbo/opto.nsf/>; the MS Department of Health at <https://apps.msdh.ms.gov/licreviews/index.aspx> for speech-language pathologists). In addition, the PRO verifies with the MS Department of Health that hospitals and health care facilities where ancillary tests and studies are performed are currently licensed by monitoring the directory at http://msdh.ms.gov/msdhsite/_static/resources/4662.pdf.

If the professional's name is not listed, the CE source is removed, with notification, from the panel. The PRO receives monthly notification from the Mississippi State Board of Medical Licensure when physicians are sanctioned. When these are received, the PRO checks them. If it is a CE source, the person would be removed from the CE panel. We also check and use the OIG Exclusions site - <http://exclusions.oig.hhs.gov> to verify that a physician has no exclusions or restrictions on their licenses.

We require that the CE provider certifies, in written statement, that all support staff are properly licensed and credentialed.

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

Credential checks were made to ALL providers at least once during the year, near licensing expiration dates. Periodic checks were made to any provider about whom any questions arose. Credential checks were made to any new provider at the time of recruitment.

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

Before a provider is added to the CE panel, he/she is scheduled six appointments that are sent to the Central Medical Unit for review. The critiques are shared with the provider and suggestions for corrections or improvements are made. If minor, the provider is added to the CE panel; if more corrective actions are needed first, the provider is given the opportunity to improve his exams and reporting techniques before being added to full-time CE panel.

When problems with reports or exam techniques are noted with existing CE panelists, the specifics are brought to the attention of the provider, who is given the opportunity to improve. Random checks may be made to note problems in other of his/her exam reports.

Reference material from SSA guidelines may be sent to provider to ensure compliance with criteria.

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

271 – Several providers retired or moved away during this past year. A few are now deceased. Last year's count included health departments, some of which are no longer utilized as they will no longer provide height/weight/blood pressure checks.

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

Onsite visits were made to all Key and Volume providers during the year.

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

The only change: a lab test – Creatinine Phosphokinase (CPK); or creatinine kinase – was added to the CE Fee Schedule. There were no fee changes for MER.

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

MS DDS continually promotes electronic exchange of records to CE (or prospective CE) sources and MER providers. This is done in casual telephone or face-to-face conversations, email exchanges and/or during exhibitions at conferences or assemblies. Marketing flyers are distributed at every opportunity.

As the Obama Administration’s rollout of the five-year plan to move doctors’ offices and other health-care facilities to computerized health records reached its fifth year in 2015, increasingly more facilities are using the paperless method of sharing records. Providers are realizing the cost savings and the Medicare payments they could lose if not in compliance.

Not only do we continue to make providers aware of these incentives, but we also help them realize the lessened burden on their office staff, and the time saved within their facilities and within disability claims processing – benefitting their patients and disability claimants.

School systems have contacted DDS requesting an ERE account to ease the burden on their office staff and make it easier for teachers to respond to teacher questionnaires.

We have been successful in significantly increasing the number of consultative examinations (comprehensive mental status) via video service delivery, through the cooperation of local SSA field offices, and the acquisition of a new CE provider willing to use this method of interview and evaluation. With the usage of shared electronic calendars between DDS and SSA FOs, and because the CE panelists who conduct video exams are ERE account holders, the process is virtually seamless.

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:**
 - **Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).**

- Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
- Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of [the ODD MPRO SharePoint site](#)”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Kansas City
State DDS:	Missouri
Report Period (Fiscal Year):	2015
Current Date:	11/12/16
Reporter's Name, Phone number, and title:	(b) (6) (b) (6) Director of Medical Services

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

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

The Missouri DDS has five Professional Relations Officers. There is one PRO in each of the district offices. Each office's PRO handles complaints for providers in their territory. The claimant usually discusses the complaint with DDS staff to clarify the nature and extent of the complaint. Claimants may be asked to submit the complaint in writing. Depending on the complaint and the CE provider's history, the doctor is often contacted and given a chance to respond to the complaint through phone contact or in writing. Depending on the nature of the complaint, survey letters may be sent to claimants who have appointments with the provider. Results from surveys may be provided to the doctor. Discussion and education with the doctor may be necessary. Depending on the nature of the complaint and the results of the surveys, additional actions may be taken: reviews of exams, additional monitoring of exams or even dismissal from the CE panel. Documentation of the complaint, actions and resolution is placed in the CE provider's file.

Types of complaints received during the year included:

- Rudeness, unprofessional or impatient
- Wait time for exam
- Exam not thorough

- Pain with range of motion
- Not enough time spent during exam
- Objection to signing provider's consent forms
- Personal information compromised but needed for PFT testing
- Did not get a fair exam since CE provider lives in same town as the claimant
- Touching of stomach and underwear area made to feel uncomfortable but non-sexual complaint deemed necessary due to claimant's large size

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

Not applicable

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

Not applicable

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

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

When recruiting a new CE provider, the PROs check the national OIG HHS website (<http://exclusions.oig.hhs.gov/>) and the Missouri Division of Professional Registration's website (<https://renew.pr.mo.gov/licensee-search.asp>) to ensure the provider's license is current and not sanctioned nationally or in the state. If currently licensed and not sanctioned, the provider signs a 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 OIG HHS website for that month's sanctioned and reinstated lists. These are downloaded, sorted and checked by the Pros for their respective territory and surrounding area.

The PROs verify all CE vendors' status (this includes SLP's, nurse practitioners, psychologists, etc.) with the state web site once a year starting in January. Nurse practitioners are verified

in April, and optometrists are verified in October. License verification date and expiration date are monitored and recorded for each license verification. When verifying the licenses, the PROs obtain an updated signature on the source agreements if the one on file is approaching five years old.

Although not CE providers, the PROs also check the license status of their office MCs once a year on the Missouri Division of Professional Registration's website (<https://renew.pr.mo.gov/licensee-search.asp>).

A license status verification is also obtained from the Kansas DDS and Illinois DDS for their CE providers that Missouri has on our CE provider panel.

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

See #4

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

A minimum of five CEs are scheduled and reviewed prior to a new CE provider being added to the CE panel. The PRO reviews the CE reports as they are received. Medical consultants often review the new providers CE reports as well. Supervisors may also assist in the review process. The PRO provides feedback to the new CE provider. If the first five CE reports show proper content, the CE provider is released to the CE panel. If the CE reports are not adequate, the PRO gives additional feedback to the CE provider and additional CEs are scheduled. If these CE reports are appropriate, the CE provider is released to the CE panel. If the CE reports continue to be deficient, we stop scheduling CEs with the CE provider and do not add the CE provider to the CE panel.

PROs review CE reports from established CE providers throughout the year. They also review their CE reports when counselors, medical consultants or supervisors bring concerns to their attention. In addition, the PROs see CE reports first hand as they work cases, especially ODAR CE assistance request cases. As concerns are noted from a CE provider, several CE reports are reviewed to see if there is a pattern. The PRO provides feedback to the CE provider and reviews additional CE reports as they are received. These are reviewed by the PRO and possibly medical consultants and supervisors. If the CE reports return to proper standards, the CE provider remains on the CE panel. If improvement is not shown in the CE reports, the CE provider may have to be removed from the CE panel.

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

Missouri had 376 total CE providers on the CE panel. This included the Kansas and Illinois CE providers we added to our CE panel while working cases from those states.

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

All CE key and volume providers had onsite visits.

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

For CEs, Missouri uses the Relative Value Units for Physicians with a geographical index adjustment. Lab fees are set based on the "Physicians Coding Guide" units with a conversion amount. Psychological fees are based on time unit studies/surveys and recommendations.

We use the CE fees established by our parent agency (Vocational Rehabilitation) or establish fees based on their policies.

CE fees are normally revised on April 1 based on the Medicare fee schedule that was in effect as of January 1. However, there would have been minimal changes this year in the fees, and several of them would have decreased. Therefore, our parent agency decided that the 2015 CE fees would remain the same as 4/1/14 fees. There were no changes in our CE fees this year.

MER fees are set by state law and are increased or decreased based on the annual percentage change in unadjusted, U.S. city average, annual average inflation rate of the medical care component of the Consumer Price Index for all urban consumers.

On 2/1/15, the paper MER fee increased from \$23.38 to \$23.94 for copy fee and from \$0.54 to \$0.55 per page fee. Electronic records MER fees also increased from \$23.38 to \$23.94 for copy fee and from \$0.54 to \$0.55 per page fee with the maximum fee allowed increasing from \$102.46 to \$104.91.

Missouri does not provide volume medical provider discounts.

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

Our professional relation's activities during the year included:

- ERE demos emailed to vendors; major institutions began ERE website use this year which have been in progress for many years; vendors not using ERE are given information on ERE and its benefits
- Regular monthly follow-ups with MER providers to monitor for electronic delivery of records, e827 issues, etc.
- SSM in Missouri added as a HIT MER provider, included work required for this to happen
- MER vendors and CE providers educated regarding billing issues
- Attended SOARs meetings and trainings as well as communicated with the local coordinator
- Presented DDS overview to Platte County Senior Services
- Arranged for CE providers to perform mock CEs for DDS staff
- Worked as liaisons to FOs for problem resolution
- Arranged for new counselors to visit local FOs
- Organized and presented DDS reminders to 14 persons from local FOs, which included new hires, mentors and other staff. Arranged for them to observe DDS counselors, educated on case receipt and clearance practices, gave reminders and facilitated a question and answer session.
- Worked as liaisons with ODAR offices: meetings, problem resolution, complaint investigation, etc.
- Conducted introductions, DDS overview and training with 2 ALJ's at the DDS office
- Two Missouri DDS Newsletters sent to CE vendors
- Routine PRO activities involving CE recruitment, training and monitoring, complaint resolution, etc.
- MC oversight and recruitment
- Arranged and assisted with SSA's CMEs for our MCs
- Missouri assisted with Kansas and Illinois cases. A great deal of effort went into adding their MER vendors and CE providers as well as scheduling the CEs.
- Assisted with HSPD-12 preparedness
- Missouri continued to be a beta site for DCPS. With regard to the PROs, we participated in the NVF calls and spent a great deal of time updating our CE providers in MIDAS so that the full CE functionality of DCPS could be utilized through the NVF. DCPS production stopped on 7/31/15. However, we continue to send our MER vendor and CE provider information from MIDAS to the NVF with each addition or change that we make.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Denver
State DDS:	Montana
Report Period (Fiscal Year):	2015
Current Date:	12/01/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Professional Relations Officer

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

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

All complaints, verbal or in writing, are brought to the attention of the MPRO, Adjudication Operations Section Chief, or DDS Bureau Chief as appropriate. There are no State-mandated protocols for dealing with complaints. All complaints are monitored and filed by the MPRO.

Less serious complaints are most common. Most of our complaints come from claimant phone calls, which are documented on the case and placed in a complaint file. We request the caller submit his/her complaint in writing if s/he would like us to further investigate. If the caller does not submit a written response, we take no further action. If we receive a frequent number of verbal complaints pertaining to one specific CE provider or facility, we will bring this to the provider's attention and request a response. We may put this provider on a probationary status and review the next five (5) CEs they perform. If we see improvement the probation will end, otherwise we may terminate the provider from our list.

More serious complaints are less common, which include those involving allegations of questionable conduct. We ask for any complaint of more serious nature to be put in writing. We place the written complaint in the DDS complaint file and the disability applicant's case file. We send the claimant a letter of acknowledgement that we received their complaint. We discuss the

complaint with the CE provider over the phone or in person. We also request a formal response from the CE provider in writing. We place the provider responses in the DDS complaint file. Depending on the severity of the complaint, we may send a formal reply to the claimant and include a copy of the CE provider's response describing the action(s) taken.

Depending on the frequency or severity of complaints, we may send a survey to the next five (5) claimants receiving a CE from that particular provider or facility. We may also perform an additional on-site review. If the complaints are valid, repetitious, or cumulative we may discontinue using the provider for consultative exams.

For FY2015, we received a total of 4 verbal complaints and 3 written complaints out of over 4519 scheduled consultative examinations. There were no serious complaints.

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

There were no fraudulent activities by CE providers discovered.

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

There were no complaints of egregious nature.

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

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

The MPRO verifies any new provider's licenses through the State of Montana online database. Providers and facilities are also checked on the OIG exclusion site to ensure there are no sanctions in place. Mid-levels such as nurse practitioners and physician assistants are also included in the credentialing process. All new CE providers must sign an agreement form acknowledging their license is free of sanctions. We recheck licenses and OIG status for all CE providers and facilities at least annually. When licenses are not renewed by the expiration date, we notify the provider and allow grace period for renewal, consistent with the State of Montana guidelines. During the grace period the provider is kept on the CE panel, but no CEs scheduled until licensure is current. We also recheck credentials and OIG status when we receive any written complaint.

The MPRO verifies CE providers are in compliance during periodic and annual onsite evaluations.

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

We provide periodic licensure checks when we have sufficient staff to initiate such actions. Otherwise, we only perform random or periodic checks when a verbal or written complaint is submitted.

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

All new providers have their 1st few reports sampled and reviewed by the MRPO. The MPRO will also ask in-house medical consultants for feedback on the CE reports. In addition, feedback is given to the CE provider at any time a report is deemed insufficient or lacking in required information.

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

There are approximately 255 CE vendors on our panel. We added several Canadian providers this past fiscal year, of which most were for 1-time evaluations.

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

All Key/Volume provider onsite visits were completed.

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

There were very small changes made to the fee schedule in FY2015. The fee schedule is accessible on SharePoint. There are no volume medical provider discounts.

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

The MPRO made over 35 visits to hospitals, clinics, mental health centers, Native American tribes, and CE providers during FY2015. Visits were done for onsite reviews, recruitment, and promotion of Electronic Records Express (ERE). DDS Medical Consultants also networked with providers in their specialties to assist with CE recruitment. We recruited 23 new providers or exam locations during FY2015. We lost 15 providers due to retention or those performing only one-time exams for their own patients. The MRPO works with CE providers to reduce their report processing time, with FY2015 seeing a slight increase in processing time 10.38 days.

The MPRO and DDS continue to promote the use of outbound fax, eOR, and ERE. This translates

into savings on employee work time, machine operating costs, office supplies, and postage. At the end of this fiscal year, our largest block provider finally decided to switch to eOR. This translates to a huge benefit to the CE unit in reducing time and cost with preparing packets and postage.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Kansas City Region
State DDS:	Nebraska
Report Period (Fiscal Year):	October 1, 2014 – September 30, 2015
Current Date:	12/9/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical Services Officer/PRO

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

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

When there is a complaint we ask the complainant to put it in writing so that it may be addressed by the provider. The situation is looked at by the MSO/PRO and dealt with accordingly. There were a couple complaints in the 2014-2015 FY year. Please see attached for the complaint and resolutions.



DDS CE Oversight
Report 2014-15 compl

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

Unprofessional conduct charges were brought up against (b) (6).
(b) (6) license was put on probation, starting January 3, 2015. Updated our vendor file to show this provider has disciplinary actions against (b) (6). To date, this provider is not eligible to conduct any business for our DDS.

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

All complaints that were brought to my attention are mentioned above under #1 and in the attached document.

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

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

I send a form to the providers yearly that they must review and sign. It states that their support staff, along with themselves, are properly licensed and credentialed.



CE Provider
Verification Process20

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

Once a year

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

New providers – The first three reports that come in are reviewed and if any discussion with the provider is warrant, it is done.

Established providers – randomly pull a report and read for criteria guidelines being met.

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

642 - balance about the same. Some providers retired and new providers were added.



Copy of Copy of
CEVendorsWhoHaveD



Top 10 Providers FY
2014-15.doc

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

Some key/volume providers had onsite visits this year. Recruiting new providers and conducting onsite visits were conducted which took time away from seeing all key

providers.



CE Provider Onsite
Reviews 2014-15.xlsx

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

Added ABAS testing to our fee schedule at a rate of \$53.00. List of fee exceptions are attached.



Copy of Fee
exceptions 2015.xls



Fee Schedule
Methodology 2015.doc

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

Ongoing relations with Children's Hospital, GPRMC, CAPWN and RWMC were maintained. Nebraska was able to have a cap of \$100.00 for MER with some providers. Due to funding issues, there was no national PRO meeting or conventions. I did attend a Regional PRO meeting in Kansas City with all the other MPRO/PRO's in our Region.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

Addendum FY 2014-2015 Report

State: Nebraska

Report Period: October 1, 2014 - September 30, 2015

Reporter's Information: (b) (6)

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

- A written complaint was sent to (b) (6) DDS Examiner on 4/18/15 by a claimant. (b) (6) is stating that a provider's nurse was 'hurting me' while trying to take x-rays. Stating the nurse tried to turn (b) (6) on (b) (6) side, in which (b) (6) grabbed (b) (6) underwear and shorts and began to turn (b) (6). This caused the claimant a lot of pain and (b) (6) asked the nurse to 'hold on a minute'. The letter continues with other examples of the type of care (b) (6) received during the appointment, in which (b) (6) comments 'that was the most painful and frightening examination I have ever experienced'. After reviewing the complaint, I sent a copy of the complaint and a letter asking the provider and nurse to comment on the allegations.

The providers nurse responded to the complaint. (b) (6) addressed each allegation the claimant had described. (b) (6) noted that the claimant weighed 287 lbs the day of the appointment and that (b) (6) seemed to be in a lot of pain. (b) (6) did ask the claimant if (b) (6) could bend (b) (6) knees so that (b) (6) could get the x-ray plate under (b) (6) said 'No' so (b) (6) asked (b) (6) if (b) (6) could roll over to (b) (6) right side in which (b) (6) did. (b) (6) also addressed that at no time did (b) (6) grab (b) (6) underwear or shorts and lift/roll (b) (6). Claimant's weight is too much for (b) (6) to lift up three inches. No additional comments were made so no further action was taken.

Once the entire complaint was reviewed, I responded back to the claimant that we are always concerned about how our claimants are treated by our CE providers. I shared with (b) (6) the information the provider supplied and thanked (b) (6) for bringing this to my attention. No additional comments were made so no further action was taken.

- On 3/27/15 a (b) (6) of two claimants (b) (6) called and left a voicemail regarding how upset (b) (6) was with the treatment (b) (6) received during CE exams. I called the (b) (6) back and explained to (b) (6) that I needed (b) (6) complaint in writing before I could pursue the issue. (b) (6) hand wrote the entire complaint and sent it to me. There were two providers involved with the complaints in which I contacted and asked them

to review the formal written complaint about the treatment of the claimants and address the situation. Both providers replied by letter and explained their side of the story. They gave additional details into the examination and felt the claimants misinformed their (b) (6) about what really happened during the examination. I discussed the reply given by the providers to the (b) (6) and (b) (6) seemed a little more acceptable to the exams. I addressed the issues in a letter back to the (b) (6) and did not hear anything back from (b) (6). No additional comments were made so no further action was taken.

- On 5/27/15 a complaint from a claimant was received stating that during an exam back on 3/1/14 (b) (6) was rude and condescending during the interview. The complaint was included in the claimants CDR statement. A copy of the complaint was sent to (b) (6) asking (b) (6) to address it. (b) (6) replied back with a letter detailing (b) (6) actions conducted during the exam back on 3/1/14. (b) (6) apologized for making the claimant feel (b) (6) was 'rude and condescending'. I sent a letter to the claimant explaining (b) (6) actions. No additional comments were made so no further action was taken.
- On 3/6/15 I received a complaint from a (b) (6) regarding a statement and test a provider said/did on (b) (6). According to the complaint the provider 'told the claimant that Nebraska required (b) (6) to give the patients this one test, to see if they would qualify for SSA Disability or not. The test consisted of handing the claimant a piece of paper which (b) (6) was to 1 take the paper with (b) (6) right hand, 2 fold the paper in half, and 3 set the paper on the seat beside where the claimant was sitting'. I sent the provider a copy of the letter and asked (b) (6) to explain what happened. The provider answered my request and responded by saying that (b) (6) did "administer the Folstein Mini Mental State Exam (MMSE) which is a brief measure used to thoroughly assess mental status. There are a total of eleven items on the procedure and one particular item does require the individual to complete a three stage command. Taking a piece of paper in the right hand, folding it in half and setting it down constitutes for a three stage process. The MMSE was not framed as a deciding factor in the disability claim." I replied back to the (b) (6) the facts that this was not a deciding factor in (b) (6) disability case and apologized for any ill feelings (b) (6) may have had. No additional comments were made so no further action was taken.

CE Provider Verification Process
Nebraska DDS
(Updated October 5, 2015)

The Nebraska DDS has developed the following process to provide periodic checks to insure that all CE providers are currently licensed in the state of Nebraska.

1. We have developed a process for automating the license checks. We have added a field in the CE vendor files to input license number and expiration date which on our computer system (aka~ The Husker System) can bring up all of the licenses so that we may check to see if they are renewed and then input the current information. Generally physicians licenses expire in October and psychologists in January so the checks will take place prior to those months. (We have put all of this information into the system)

APRNs- Expiration end of October

Physician Assistants- October

Iowa Physicians – Varies

Occ. Therapists- August

Optometrists-August

Iowa Psychologists – June

Speech Pathologists- December

Physical Therapists- November

Physicians- July or October

American Sign Language – June

Audiologists- December

The Medical Services Officer Sorts to see the upcoming ones that need renewal dates.

2. Nebraska HHS has a website in which we can check licenses and/or disciplinary actions on anyone that is required to be licensed within the state. <http://www.nebraska.gov/LISSearch/search.cgi> This site is updated on a daily basis and is very helpful in monitoring all vendors.

3. Once a month the Medical Services officer also checks the Federal list of individuals sanctioned in the state of Nebraska.
<http://exclusions.oig.hhs.gov/> is reviewed monthly to do this check.
4. It is also recommended that the Medical Services Officer adds a recurring appointment on her outlook calendar a month prior to start checking the physical and psychological doctors so that they are up to date by the time they would be expiring.
5. Once a month a check of the LEIE system. Website:
http://oig.hhs.gov/exclusions/exclusions_list.asp
6. Once a month a check of the SAM system, Federal system. Website:
<https://www.sam.gov/portal/SAM/#1#1#1>
7. Once a month a check of the DHHS Disciplinary Action Against Professional & Occupational Licenses is checked. State system.
Website: http://dhhs.ne.gov/publichealth/Pages/crl_discipline.aspx

Vendor number	Vendor name	Vendor address1	Vendoraddress2	Vendor city	Vendor state	Vendor zip	Vendor Telephone	Vendor Active CE Panelist
(b) (6)	JOEL R EGGERS DO	Clarkson Family Medicine	4200 Douglas Street 4600 Valley Road Ste	Omaha	NE	68131	4025523222	Y
	NATHAN D SMITH MD	Lincoln Family Medicine Center	210	Lincoln	NE	68510	4024834571	
	STEPHEN W TETRAULT DO	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	Y
	JAMES D NELSON MD	(b) (6)		Elm Creek	NE	68836	(b) (6)	Y
	BRITT A THEDINGER MD	9202 West Dodge Road Ste 200		Omaha	NE	68114	(b) (6)	Y
	MICHAEL L GOLDSTEIN MD	450 Regency Parkway Ste 110		Omaha	NE	68114	(b) (6)	Y
	STEVEN J SAATHOFF MD	755 Fallbrook Blvd Ste 100		Lincoln	NE	68521	(b) (6)	Y
	KIRK A KINBERG MD	600 North Cotner Blvd Ste 208		Lincoln	NE	68505	(b) (6)	
	SHEA J WELSH MD	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	
	SHAWN S LAWRENCE MD	(b) (6)		Broken Bow	NE	68822	(b) (6)	Y
	CRISTINA MERETE MD	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	
	PAUL A BUSSE MD	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	Y
	DOUGLAS W MARTIN MD	(b) (6)		Sioux City	IA	51109	(b) (6)	Y
	REBECCA A SCHROEDER PH D	(b) (6)		North Platte	NE	69101	(b) (6)	Y
	STEVEN J WEES MD	Rheumatology Consultants	2727 South 144th Street	Omaha	NE	68144	4026091200	Y
	JOHN D PETERS MD	8111 Dodge Street Ste 143		Omaha	NE	68114	(b) (6)	Y
	THOMAS A MCKNIGHT MD	350 West 23rd Street Ste A		Fremont	NE	68025	(b) (6)	
	PETER E DIEDRICHSEN MD	(b) (6)		Columbus	NE	68602	(b) (6)	Y
	DONALD C WELDON MD	(b) (6)		Beatrice	NE	68310	(b) (6)	Y
	KASSI A ROSELIOUS MD	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	Y
	COLE E REHA MD	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	Y
	DANA S FARRIS MD	2115 14th Street Ste 100		Auburn	NE	68305	(b) (6)	Y
	JEFFREY G MEADE MD	2115 14th Street Ste 100		Auburn	NE	68305	(b) (6)	Y
	DANIEL E MAZOUR MD	(b) (6)		Red Cloud	NE	68970	(b) (6)	Y
	WILLIAM M SANDY MD	516 West 14th Avenue Ste 100		Holdrege	NE	68949	(b) (6)	Y
	THOMAS SMITH MD	516 West 14th Avenue Ste 100		Holdrege	NE	68949	(b) (6)	Y
	JUSTIN WENBURG MD	2115 North Kansas Avenue Ste 105		Hastings	NE	68901	(b) (6)	
	DANIEL E MAZOUR MD	(b) (6)		Franklin	NE	68939	(b) (6)	Y
	MARK D JOBMAN MD	(b) (6)		Aurora	NE	68818	(b) (6)	Y
	LINDA S MAZOUR MD	(b) (6)		Franklin	NE	68939	(b) (6)	Y
	MARK D JOBMAN MD	(b) (6)		Clay Center	NE	68933	(b) (6)	Y
	LARRY D BIRCH MD	(b) (6)		Norfolk	NE	68701	(b) (6)	Y
	KRISTI KOHL MD	(b) (6)		Grant	NE	69140	(b) (6)	
	DANIEL STEVENS MD	1820 North Street Ste 2		Ord	NE	68862	(b) (6)	Y
	JULIE M STEVENS MD	1820 North Street Ste 2		Ord	NE	68862	(b) (6)	Y
	KERREY B BUSER MD	(b) (6)		Lexington	NE	68850	(b) (6)	
	JEFFERY HOTTMAN MD	(b) (6)		Omaha	NE	68131	(b) (6)	Y
	MELVIN CAMPBELL MD	(b) (6)		Ainsworth	NE	69210	(b) (6)	Y
	DELL A SHEPHERD MD	(b) (6)		North Platte	NE	69101	(b) (6)	Y
	xxxJENNIFER R SHAFER MD	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	
	DAVID D JOHNSON MD	(b) (6)		Chadron	NE	69337	(b) (6)	Y
	CHRISTOPHER P COSTA MD	(b) (6)		Gordon	NE	69343	(b) (6)	Y
	CARL J CORNELIUS JR MD	(b) (6)		Sidney	NE	69162	(b) (6)	Y
	JUDSON C MARTIN MD	(b) (6)		Scottsbluff	NE	69361	(b) (6)	Y
	DEB O'CONNOR MS CCC SLP	Disability Determinations	7800 South 15th Street	Lincoln	NE	68516	4024211663	Y
	RAYMOND HELLER MD	(b) (6)		Norfolk	NE	68701	(b) (6)	
	LINDA LAWLIS	Rehab Center	3911 Avenue B Ste G- 200	Scottsbluff	NE	69361	3086301355	Y
	SARAH SCHAFFER PH D	Behavioral Medicine Associates	306 West 4th Street	North Platte	NE	69101	3085344872	Y
	PAUL W ADAMS ED D	Clerk of the District Court Bldg	365 North Main Street	Valentine	NE	69201	4027752187	Y
	PAUL W ADAMS ED D	Western Learning Center	520 East Clay Street	O'Neill	NE	68763	4027752187	Y
	DAVID LINDLEY MD	(b) (6)		North Platte	NE	69101	(b) (6)	Y
	A JAMES FIX PH D	Center Street Mall	1941 South 42nd Street Ste 404	Omaha	NE	68105	4022065820	Y
	A JAMES FIX PH D	Vocational Rehabilitation Services	315 West 60th Street Ste 400	Kearney	NE	68845	4022065820	
	A JAMES FIX PH D	A James Fix Ph D will come to your appointment.	home for this 203 East Stolley Park	Omaha	NE	68105	(b) (6)	Y
	A JAMES FIX PH D	Vocational Rehabilitation	Road Ste B	Grand Island	NE	68801	4022065820	Y
	TWIN RIVERS URGENT CARE LLC	220 West Leota Street		North Platte	NE	69101	3085342900	Y
	COMMUNITY REHAB INC	410 East 22nd Street		Fremont	NE	68025	4026147775	Y
	COMMUNITY REHAB INC	8002 South 84th Street Ste 1		LaVista	NE	68128	4023316444	Y
	HEATHER M KLEEMAN DO	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	Y
	MATTHEW HUMPAL MD	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	

(b) (6)

FORT COLLINS RADIOLOGIC ASSOC	2008 Caribou Street	Fort Collins	CO	80525	8884844755	Y	
JUNG NGUYEN MA	PO Box 81127	Lincoln	NE	68501	(b) (6)	Y	
DEB FISHER MS SLP	Heritage Estates	2325 Lodge Drive	Gering	NE	69341	(b) (6)	Y
KAREN E DICKES DO	Northwest Specialty Building	100 North 37th Street	Norfolk	NE	68701	4023713671	Y
CHRISTOPHER R COSTA MD	(b) (6)	1900 F Street (Use Front Door)	Rushville	NE	69360	(b) (6)	Y
MICHAEL C RENNER PH D	Fillmore County Hospital	Geneva	NE	68361	3086981216	Y	
JAMES D MASSEY JR MD FACS	(b) (6)	Sidney	NE	69162	(b) (6)	Y	
RYAN BIGA DO	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	Y
CATHY ALDANA	(b) (6)	Grand Island	NE	68803	(b) (6)	Y	
MELBA DENORA FIX	PO Box 641793	Omaha	NE	68164	(b) (6)	Y	
CHRISTINE CARLSON RAHN MD	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	Y
SHAILENDRA SAXENA MBBS	Midlands One Professional Center	Ste 5800	Papillion	NE	68046	4028274900	Y
ANDREW G SHAHAN MD	Lincoln Family Medicine Center	210	Lincoln	NE	68510	4024834571	Y
TIFFANY BEIERMANN MPT	600 North Cotner Blvd Ste 110	Lincoln	NE	68505	(b) (6)	Y	
JULIE JANKY MD	611 North Diers Avenue Ste 2	Grand Island	NE	68803	(b) (6)	Y	
TWILA PRESTON PH D	(b) (6)	South Sioux City	NE	68776	(b) (6)	Y	
HAYFA AL HELFI	(b) (6)	Lincoln	NE	68503	(b) (6)	Y	
TWILA PRESTON PH D	Community Mental Health R-Way	219 Main Street	Wayne	NE	68787	7122818250	Y
LINCOLN RADIOLOGY GROUP PC	3806 Normal Blvd	Lincoln	NE	68506	4024203500	Y	
PAUL WOLFE MD	1500 South 48th Street Ste 412	Lincoln	NE	68506	(b) (6)	Y	
MARY KATHLEEN MIKLAS CCC SLP	Complex Office	801 South 52nd Street	Omaha	NE	68106	(b) (6)	Y
MARK P HANNAPPEL PHD	APEX Therapy Services	1306 Andrews Drive	Norfolk	NE	68702	4028514026	Y
CONNIE HANSON SLP	Floyd Valley Hospital	Highway 3 - East	LeMars	IA	51031	7125463381	Y
JAMES F BROOMFIELD MD	(b) (6)	Kimball	NE	69145	(b) (6)	Y	
MICHELE NICOLE MULLIGAN-WITT MD	(b) (6)	Valentine	NE	69201	(b) (6)	Y	
ANTHONY YUEN DO	Clarkson Family Medicine	4200 Douglas Street	Omaha	NE	68131	4025523222	Y
SARAH E WARD SLP	Clarkson Doctors Bldg - S Tower	509	Omaha	NE	68131	4025517338	Y
ROSANNA M JONES-THURMAN PH D	6818 Grover Street Ste 305	Omaha	NE	68106	(b) (6)	Y	
ROBERT G ARIAS PH D	6940 Van Dorn Street Ste 203	Lincoln	NE	68506	(b) (6)	Y	
PATRICIA J BLAKE PH D	11225 Davenport Street Ste 103	Omaha	NE	68154	(b) (6)	Y	
RANDY PERAULT RPT	3100 23rd Street Ste 15	Columbus	NE	68601	(b) (6)	Y	
MARK E HALD PH D	(b) (6)	Scottsbluff	NE	69361	(b) (6)	Y	
ALYSSA ELSASSER SLP	Clarkson Doctors Bldg - S Tower	4239 Farnam Street Ste 509	Omaha	NE	68131	4025517338	Y
RUBY NORTHRUP DO	6911 Van Dorn Street Ste 1	Lincoln	NE	68506	(b) (6)	Y	
JANE BAILEY MD	8111 Dodge Street Ste 143	Omaha	NE	68114	(b) (6)	Y	
VIJAY K AGARWAL MBBS	Midwest Urgent Care	727 North 120th Street	Omaha	NE	68154	4024932100	Y
CARLY ANN THOMAS SLP	GPH Sports & Therapy Center	Plaza	North Platte	NE	69101	3085357456	Y
PAM THOMAS PETERS SLP	Balance and Mobility	902 North Custer Avenue	Grand Island	NE	68803	3083982170	Y
SHANA MERRIHEW CCC SLP	(b) (6)	Grand Island	NE	68803	(b) (6)	Y	
BRENT HOLMQUIST MD	(b) (6)	Omaha	NE	68134	(b) (6)	Y	
SARAH M CASTILLO MD	(b) (6)	Lincoln	NE	68503	(b) (6)	Y	
STEPHANIE L UGLOW SLP	Clarkson Doctors Bldg - S Tower	4239 Farnam Street Ste 509	Omaha	NE	68131	4025517338	Y
RUTH ANDERSON SLP	Fremont Health	450 E 23rd St/Rehab Serv Dept	Fremont	NE	68025	4027273670	Y
DAVID A FRANCO MD	8901 West Dodge Road Ste 210	Omaha	NE	68114	(b) (6)	Y	
THOMAS GRAUL MD	1610 South 70th Street Ste 200	Lincoln	NE	68506	(b) (6)	Y	
ELIZABETH A GLENN SLP	Clarkson Doctors Bldg - S Tower	4239 Farnam Street Ste 509	Omaha	NE	68131	4025517338	Y
JOHN GILL MD	2115 14th Street Ste 100	Auburn	NE	68305	(b) (6)	Y	
BRYAN LIFE POINT/REHAB SERVICES	7501 South 27th Street	Lincoln	NE	68512	4024816300	Y	
MICHAEL L ZARUBA MD	2115 14th Street Ste 100	Auburn	NE	68305	(b) (6)	Y	
RUILIN WANG MD	(b) (6)	Lincoln	NE	68506	(b) (6)	Y	
RICHARD BOWEN MD	2115 North Kansas Avenue Ste 203	Hastings	NE	68901	(b) (6)	Y	
JOWAD AL HELFI	(b) (6)	Lincoln	NE	68503	(b) (6)	Y	
ERIC J BJORKMAN PT MPT	2130 South 17th Street Ste 200	Lincoln	NE	68502	(b) (6)	Y	
GAIL IHLE PH D	Milltowne Building	650 J Street Ste 403	Lincoln	NE	68508	4024351313	Y
DANIELLE L WOOLDRIK DO	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	Y
ERIN M SCHRUNK MD	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	Y
KELLEN E SHERLOCK MD	Lincoln Family Medicine Center	4600 Valley Road Ste 210	Lincoln	NE	68510	4024834571	Y

(b) (6)

AMIT TODANI MD	(b) (6)		Columbus	NE	68602	(b) (6)	Y
JAMY ELKER	(b) (6)		Omaha	NE	68108	(b) (6)	Y
KAREN INDRA	(b) (6)		Norfolk	NE	68701	(b) (6)	Y
LAMYA ALI	(b) (6)		Lincoln	NE	68502	(b) (6)	Y
ROSA ELIA COBOS	(b) (6)		Scottsbluff	NE	69361	(b) (6)	Y
CHRISTINA KROPF	(b) (6)		LaVista	NE	68128	(b) (6)	Y
AMY T COREY PH D	11225 Davenport Street Ste 103		Omaha	NE	68154	(b) (6)	Y
AMY T COREY PH D	Central Court Building	403 South 16th Street Ste B	Blair	NE	68008	4029342661	Y
COURTNEY F HELLMAN MD	(b) (6)		Omaha	NE	68131	(b) (6)	Y
MARTIN W MIZENER MD	(b) (6)		Omaha	NE	68131	(b) (6)	Y
DAVID DUKE PH D	(b) (6)		Grand Island	NE	68803	(b) (6)	Y
ZAYNAB AL HAMZAWI	(b) (6)		Lincoln	NE	68503	(b) (6)	Y
xxxMARK W WOODRUFF MD	Think Whole Person Healthcare	7100 West Center Road	Omaha	NE	68106	4025069123	Y
SOUTHERN SUDAN ASSOCIATION	3610 Dodge Street Ste 100		Omaha	NE	68131	4025540759	Y
BRUCE BEDNAR OTR	Lincoln Ortho Physical Therapy	6120 Village Drive	Lincoln	NE	68516	4024202626	Y
MARIE RODRIGUEZ-DIVIS	(b) (6)		Elm Creek	NE	68836	(b) (6)	Y
OLGA SOTO	(b) (6)		Lincoln	NE	68505	(b) (6)	Y
JOHN CARRINGTON PA-C	(b) (6)		Gering	NE	69341	(b) (6)	Y
ELIZABETH WALTON APRN	(b) (6)		Gering	NE	69341	(b) (6)	Y
CAROL HERMAN PA	(b) (6)		Gering	NE	69341	(b) (6)	Y
ABDEL KADER MD	(b) (6)		Gering	NE	69341	(b) (6)	Y
DENISE MARANDOLA PH D	2212 Pierce Street Ste 100		Sioux City	IA	51104	(b) (6)	Y
CHRIS RATHBURN Psy D	6940 Van Dorn Street Ste 203		Lincoln	NE	68506	(b) (6)	Y
MARGARET DONOVAN PH D	1306 North 13th Street Ste 100		Norfolk	NE	68701	(b) (6)	Y
LELAND ZLOMKE PH D	(b) (6)		Lincoln	NE	68522	(b) (6)	Y
LELAND ZLOMKE PH D	722 Court Street Ste 203		Beatrice	NE	68310	(b) (6)	Y
AMY SUE RENKEN MS CCC SLP	Clarkson Doctors Bldg - S Tower	4239 Farnam Street Ste 509	Omaha	NE	68131	4025517338	Y
JESSICA THOENE CCC SLP	Alpha Rehabilitation PC	920 East 56th Street Building A	Kearney	NE	68847	3082335060	Y
ANTOINETTE L TRIBULATO MD	(b) (6)		Omaha	NE	68131	(b) (6)	Y
ANTOINETTE L TRIBULATO MD	424 West 23rd Street Ste E		Fremont	NE	68025	(b) (6)	Y
ANTOINETTE L TRIBULATO MD	Urgent Care Center of Norfolk	2024 Pasewalk Avenue	Norfolk	NE	68701	4025581440	Y
ANTOINETTE L TRIBULATO MD	Tessendorf Chiropractic	2360 26th Avenue	Columbus	NE	68601	4025581440	Y
ANTOINETTE L TRIBULATO MD	Tri State Physicians & Physical Therapy	3900 Dakota Avenue Ste 5	South Sioux City	NE	68776	4025581440	Y
ANTOINETTE L TRIBULATO MD	312 North Elm Street Ste 112		Grand Island	NE	68803	(b) (6)	Y
ANTOINETTE L TRIBULATO MD	Central Health Center	4503 2nd Avenue Ste 209	Kearney	NE	68847	4025581440	Y
ANTOINETTE L TRIBULATO MD	Twin Rivers Urgent Care	220 West Leota Street Ste 2	North Platte	NE	69101	4025581440	Y
ANTOINETTE L TRIBULATO MD	Midlands Two Professional Center	401 East Gold Coast Road Ste 333	Papillion	NE	68046	4025581440	Y
ANTOINETTE L TRIBULATO MD	The Foote Building	422 North Hastings Avenue Ste 110	Hastings	NE	68901	4025581440	Y
DAVID D INGULDSTAD MD	(b) (6)		Omaha	NE	68131	(b) (6)	Y
DAVID D INGULDSTAD MD	(b) (6)		Omaha	NE	68154	(b) (6)	Y
FREDERICK PETRIDES PH D	11912 Elm Street Ste 120		Omaha	NE	68144	(b) (6)	Y
JODY HUTSELL SLP	Alpha Rehabilitation PC	920 East 56th Street Building A	Kearney	NE	68847	3082335060	Y
ROGER FILIPS OD	(b) (6)		Hartington	NE	68739	(b) (6)	Y
JOSHUA NEEDELMAN PH D	(b) (6)		Omaha	NE	68131	(b) (6)	Y
JOSHUA NEEDELMAN PH D	424 West 23rd Street Ste E		Fremont	NE	68025	(b) (6)	Y
JOSHUA NEEDELMAN PH D	421 South 9th Street Ste 101		Lincoln	NE	68508	(b) (6)	Y
JOSHUA NEEDELMAN PH D	Tessendorf Chiropractic	2360 26th Avenue	Columbus	NE	68801	4025581440	Y
JOSHUA NEEDELMAN PH D	Tri State Physicians & Physical Ther	3900 Dakota Avenue Ste 5	South Sioux City	NE	68776	4025581440	Y
JOSHUA NEEDELMAN PH D	Midlands Two Professional Center	401 East Gold Coast Road Ste 333	Papillion	NE	68046	4025581440	Y
JOSHUA NEEDELMAN PH D	Urgent Care Center of Norfolk	2024 Pasewalk Avenue	Norfolk	NE	68701	4025581440	Y
KAY M SHILLING MD PC	7602 Pacific Street Ste 302		Omaha	NE	68114	(b) (6)	Y
CHAD MOES MD	(b) (6)		Omaha	NE	68131	(b) (6)	Y
CHAD MOES MD	421 South 9th Street Ste 101		Lincoln	NE	68508	(b) (6)	Y
MARY ANN M STRIDER PH D	(b) (6)		Omaha	NE	68114	(b) (6)	Y
RAFAEL TATAY MD	2222 South 16th Street Ste 410		Lincoln	NE	68502	(b) (6)	Y
KHALAF HESSO	(b) (6)		Lincoln	NE	68521	(b) (6)	Y
JAY JAMES PELAN PT	3100 23rd Street Ste 12		Columbus	NE	68601	(b) (6)	Y
ROY A CHRISTENSEN MS F-AAA	7700 A Street Ste 100		Lincoln	NE	68510	(b) (6)	Y
ELIZABETH K DAYTON DO	421 South 9th Street Ste 101		Lincoln	NE	68131	(b) (6)	Y
ELIZABETH K DAYTON DO	(b) (6)		Omaha	NE	68131	(b) (6)	Y
MIDTOWN MEDICAL GROUP PLLC	101 North 38th Avenue		Omaha	NE	68131	4025581440	Y
ASHLEY MEYER MS CCC SLP	(b) (6)		Grand Island	NE	68803	(b) (6)	Y
JENNIFER L LINDNER PH D	(b) (6)		Omaha	NE	68131	(b) (6)	Y
HOLLY A FILCHECK PH D	(b) (6)		Omaha	NE	68131	(b) (6)	Y
HOLLY A FILCHECK PH D	424 West 23rd Street Ste E		Fremont	NE	68025	4025581440	Y

(b) (6)

URGENT CARE CENTER OF NORFOLK	2024 Pasewalk Ave	Norfolk	NE	68701	4028443830	
ELIZABETH MORELL PH D	(b) (6)	Omaha	NE	68131	(b) (6)	Y
ELIZABETH MORELL PH D	424 West 23rd Street Ste E	Fremont	NE	68025	(b) (6)	Y
		4503 2nd Avenue Ste				
ELIZABETH MORELL PH D	Central Health Center	209	Kearney	NE	68847	4025581440 Y
ELIZABETH MORELL PH D	312 North Elm Street Ste 112		Grand Island	NE	68803	(b) (6) Y
	Tri State Physicians & Physical Ther	3900 Dakota Avenue Ste 5	South Sioux City	NE	68776	4025581440 Y
ELIZABETH MORELL PH D	421 South 9th Street Ste 101		Lincoln	NE	68508	(b) (6) Y
ELIZABETH MORELL PH D	Tessendorf Chiropractic	2360 26th Avenue	Columbus	NE	68601	4025581440 Y
		401 East Gold Coast Road Ste 333	Papillion	NE	68046	4025581440 Y
ELIZABETH MORELL PH D	Midlands Two Professional Center	220 West Leota Street Ste 2	North Platte	NE	69101	4025581440 Y
	Twin Rivers Urgent Care	422 North Hastings Avenue Ste 110	Hastings	NE	68901	4025581440 Y
ELIZABETH MORELL PH D	The Foote Building	(b) (6)	Omaha	NE	68134	(b) (6) Y
PO HTEH	(b) (6)		Hastings	NE	68901	(b) (6) Y
MINDY K UDEN-ROBERTS SLP	3601 Cimarron Plaza Ste 105		Lincoln	NE	68516	(b) (6) Y
NADIA FALAH EDDMEIRI	5800 Pine Lake Rd Apt 2		Lincoln	NE	68503	(b) (6) Y
NANCY K BRT	(b) (6)		Council Bluffs	IA	51503	(b) (6) Y
KAREN POTTER MAXWELL	(b) (6)		Omaha	NE	68131	(b) (6) Y
JAMES WAX MD	(b) (6)	401 East Gold Coast Road Ste 333	Papillion	NE	68046	4025581440 Y
JAMES WAX MD	Midlands Two Professional Center					
RADIOLOGY IMAGING OF NEBRASKA LLC	PO Box 223851		Pittsburgh	PA	15251	7204933627 Y
PLAINS RADIOLOGY SERVICES	PO Box 2467		Kearney	NE	68848	3082345520 Y
TERA BASS	(b) (6)	1001 South 70th Street Ste 225	Omaha	NE	68135	(b) (6) Y
			Lincoln	NE	68510	4024164152 Y
KIMBERLY KILGORE PH D	Adult Span Counseling	(b) (6)	Omaha	NE	68127	(b) (6) Y
CUC THI HUYNH	(b) (6)		Lincoln	NE	68506	(b) (6) Y
MATTHIAS OKOYE MD	6940 Van Dorn Street Ste 105		Grand Island	NE	68802	(b) (6) Y
AMY S URIDIL APRN	(b) (6)		Blair	NE	68008	4026603374 Y
TRANSITION THERAPY	403 South 16th Street Ste B		Lincoln	NE	68510	(b) (6) Y
LEE T THURBER MD PC	1101 South 70th Street Ste 200		Omaha	NE	68131	(b) (6) Y
VIRGINIA HARDIE MD	(b) (6)		Lincoln	NE	68508	(b) (6) Y
VIRGINIA HARDIE MD	421 South 9th Street Ste 101					
BRETT STUDLEY MD	Beatrice Family Chiropractic Clinic	2526 East Court Street	Beatrice	NE	68310	4022397712 Y
	Audio & Hearing Center of Grand Island	527 North Diers Avenue Ste 4	Grand Island	NE	68803	4022397712 Y
BRETT STUDLEY MD	Vitality Chiropractic Lifestyle Center	10 North Spruce Street	Ogallala	NE	69153	4022397712 Y
SEAN E STEVENS PH D	12020 Shamrock Plaza Ste 200		Omaha	NE	68154	(b) (6) Y
RICHARD MAW MD	8111 Dodge Street Ste 143		Omaha	NE	68114	(b) (6) Y
MARTHA BRESTER	(b) (6)		Omaha	NE	68157	(b) (6) Y
BLAKE J HYDE MD	(b) (6)		Omaha	NE	68131	(b) (6) Y
BLAKE J HYDE MD	312 North Elm Street Ste 112		Grand Island	NE	68803	(b) (6) Y
BLAKE J HYDE MD	Tessendorf Chiropractic	2360 26th Avenue	Columbus	NE	68601	4025581440 Y
BLAKE J HYDE MD	Urgent Care Center of Norfolk	2024 Pasewalk Avenue	Norfolk	NE	68701	4025581440 Y
BLAKE J HYDE MD	421 South 9th Street Ste 101		Lincoln	NE	68508	(b) (6) Y
		4503 2nd Avenue Ste 209	Kearney	NE	68847	4025581440 Y
BLAKE J HYDE MD	Central Health Center	220 West Leota Street Ste 2	North Platte	NE	69101	4025581440 Y
	Twin Rivers Urgent Care	422 North Hastings Avenue Ste 110	Hastings	NE	68901	4025581440 Y
BLAKE J HYDE MD	The Foote Building	(b) (6)	Lincoln	NE	68508	(b) (6) Y
ERIC K SAAVEDRA	(b) (6)		Lincoln	NE	68508	(b) (6) Y
LANGUAGE LINC	(b) (6)	1410 East Gold Coast Road	Papillion	NE	68046	4023172480 Y
			Beatrice	NE	68310	(b) (6) Y
KIRK NEWRING PH D	Forensic Behavioral Health	(b) (6)	Lincoln	NE	68506	(b) (6) Y
WAUNETA KEMPF APRN	(b) (6)		Lincoln	NE	68526	(b) (6) Y
DALE TAYLOR	(b) (6)		Beatrice	NE	68310	(b) (6) Y
CYNTHIA A MILLER PsyD	(b) (6)		Omaha	NE	68131	(b) (6) Y
CYNTHIA A MILLER PsyD	722 Court Street Ste 203		Omaha	NE	68131	(b) (6) Y
SCOTT GREDER OD	(b) (6)		Omaha	NE	68154	(b) (6) Y
MICHAEL FEILMEIER MD	(b) (6)		Lincoln	NE	68522	(b) (6) Y
MICHAEL FEILMEIER MD	(b) (6)		Omaha	NE	68104	(b) (6) Y
LORI BEARD	(b) (6)		Omaha	NE	68131	(b) (6) Y
DOOKOO KLAY	(b) (6)		Lincoln	NE	68508	(b) (6) Y
BRIAN B HOLLIS MD	(b) (6)		Omaha	NE	68131	(b) (6) Y
BRIAN B HOLLIS MD	421 South 9th Street Ste 101		Lincoln	NE	68508	(b) (6) Y
		755 Fallbrook Blvd Ste 100	Lincoln	NE	68521	4028750632 Y
THOMAS TIEGS PH D	Fallbrook Behavioral Health	(b) (6)	Kearney	NE	68845	(b) (6) Y
JERRY A VAUGHAN, OD	(b) (6)					

(b) (6)

JOE EDDMEIRI	5800 Pine Lake Road Apt 1 Hauser Chiropractic and Acupuncture	3605 North 147th Street Ste 106	Lincoln	NE	68516	(b) (6)	Y
LINDSEY J HAUSER Psy D	1919 South 40th Street Ste 111		Omaha	NE	68116	4027155692	Y
MEGAN WATSON PH D	(b) (6)		Lincoln	NE	68506	(b) (6)	
KIMBERLY ANDRESEN AU D	(b) (6)	4600 Valley Road Ste	Grand Island	NE	68803	(b) (6)	Y
PATRICK A COURTNEY MD	Lincoln Family Medicine Center	210	Lincoln	NE	68510	4024834571	Y
JOSUE D GUTIERREZ MD	Lincoln Family Medicine Center	210	Lincoln	NE	68510	4024834571	Y
JOHNATHAN K LECK MD	Lincoln Family Medicine Center	210	Lincoln	NE	68510	4024834571	Y
TRI STATE PHYSICIANS & PHYSICAL THERAPY CL	3900 Dakota Avenue Ste 6		South Sioux City	NE	68776	4024945173	Y
DHALBENG MALUAL	(b) (6)		Bellevue	NE	68005	(b) (6)	Y
JOSEPH J VAVRICEK MD	(b) (6)		Omaha	NE	68131	(b) (6)	
JOSEPH J VAVRICEK MD	421 South 9th Street Ste 101		Lincoln	NE	68508	(b) (6)	
LELAND ZLOMKE PH D	(b) (6)		Lincoln	NE	68526	(b) (6)	Y
BIKASH GURUNG	(b) (6)		Omaha	NE	68116	(b) (6)	Y
TIM HARRINGTON	(b) (6)		Columbus	NE	68601	(b) (6)	Y
LISA LOGSDEN Psy D	(b) (6)		Lincoln	NE	68526	(b) (6)	Y
COLBY L FLETCHER OD	(b) (6)		Valentine	NE	69201	(b) (6)	Y
AUDIOLOGY & HEARING CENTER OF GRAND ISLAND PC	527 North Diers Avenue Ste 4		Grand Island	NE	68803	3083824282	Y
EUGENE J EGNOSKI PH D	(b) (6)		Omaha	NE	68114	(b) (6)	Y
MICHAEL P BAKER PH D	1551 Indian Hills Drive Ste 221		Sioux City	IA	51104	(b) (6)	Y
JOSEPH L RIZZO PH D	The Executive Plaza	6818 Grover Street Ste 303	Omaha	NE	68106	4023970330	Y
WILLIAM P COLLAMER PH D	16909 Lakeside Hills Court Ste 400		Omaha	NE	68130	(b) (6)	Y
CAROLINE G SEDLACEK PH D	(b) (6)		Omaha	NE	68114	(b) (6)	Y
JOSEPH C STANKUS PH D	1941 South 42nd Street Ste 524		Omaha	NE	68105	(b) (6)	Y
xxxCAROLINE G SEDLACEK PH D	One Stop Comm Res Cntr/DOL	5109 West Scott Road Ste 413	Beatrice	NE	68310	4024934444	
CAROLINE G SEDLACEK PH D	Nebraska City Center for Families	917 Wildwood Lane	Nebraska City	NE	68410	4024934444	Y
JAMES C CARMER PH D	Milltowne Building	650 J Street Ste 403	Lincoln	NE	68508	4024351313	Y
DANIEL L ULLMAN PH D	Long Professional Building	4535 Normal Blvd Ste 212	Lincoln	NE	68506	4027706326	Y
GARY VAN ERT MD	(b) (6)		Lincoln	NE	68506	(b) (6)	Y
MICHAEL C RENNER PH D	(b) (6)		Kearney	NE	68847	(b) (6)	Y
A J NIXON MD	16909 Lakeside Hills Court Ste 300		Omaha	NE	68130	(b) (6)	
JOHN C MEIDLINGER PH D	207 North Pine Street Ste 100		Grand Island	NE	68801	(b) (6)	Y
BRAD BIGELOW ED D	Brad Bigelow Ed D will contact you	to set up date, time and location	for this appointmen	NE	00000	(b) (6)	Y
KATE ROSENBERGER MD	Bryan Medical Plaza	1500 South 48th Street Ste 200	Lincoln	NE	68506	4024885600	Y
xxxKEVIN PISKE PH D	1306 North 13th Street Ste 100		Norfolk	NE	68701	(b) (6)	
MARK D NELSON ED D	(b) (6)		Norfolk	NE	68701	(b) (6)	Y
LLOYD LEE KIMZEY JR PH D	Behavioral Medicine Associates	306 West 4th Street	North Platte	NE	69101	3085344872	Y
JOHN J CURRAN PH D	1306 North 13th Street Ste 100		Norfolk	NE	68701	(b) (6)	Y
MELISSA ZUNIGA	(b) (6)		North Platte	NE	69101	(b) (6)	Y
PAUL W ADAMS ED D	County Clerks Office	400 State Street	Bassett	NE	68714	4027752187	Y
MICHAEL C RENNER PH D	(b) (6)		Beatrice	NE	68310	(b) (6)	
MARK D PILLEY MD	(b) (6)		Omaha	NE	68154	(b) (6)	Y
KELLY BREY LOVE PH D PC	Lincoln Behavioral Health Center	4600 Valley Road Ste 220	Lincoln	NE	68510	4023276915	Y
REBECCA A SCHROEDER PH D	Schroeder Law Office	213 Center Avenue	Curtis	NE	69025	3083678710	Y
MATTHEW M HUTT PH D	(b) (6)		Scottsbluff	NE	69361	(b) (6)	Y
LETICIA GARCIA	(b) (6)		Gering	NE	69341	(b) (6)	Y
ANNE TALBOT Psy D	(b) (6)		Scottsbluff	NE	69361	(b) (6)	Y
DAVID D DUENSING DO	7001 A Street Ste 110		Lincoln	NE	68510	(b) (6)	
MATTHEW WILLIS OD	2012 Cornhusker Road Ste 400		Bellevue	NE	68123	(b) (6)	Y
SUZANNE M KEIZER PH D	4242 Gordon Drive Ste 101		Sioux City	IA	51106	(b) (6)	Y
JOHN F AITA MD	8601 West Dodge Road Suite 110		Omaha	NE	68114	(b) (6)	Y
GATLUAK KANG	3610 Dodge Street Ste 100		Omaha	NE	68131	(b) (6)	
AVERA MEDICAL GROUP - YANKTON	1000 West 4th Street Ste 8		Yankton	SD	57078	6056551414	
JOHN C GOLDNER MD	8901 West Dodge Road Ste 210		Omaha	NE	68114	(b) (6)	Y
KARI R PEREZ PH D	West Center Psychologists and Psch	11414 West Center Road Ste 243 7710 Mercy Road Suite 209	Omaha	NE	68144	4023338210	Y
xxxEDWARD M SCHIMA MD	Bergan Mercy Medical Building	209	Omaha	NE	68124	4023932023	
EDWARD M SCHIMA MD	10020 Nicholas Street Ste 202		Omaha	NE	68144	(b) (6)	Y
JOEL THOMAS COTTON MD	8901 West Dodge Road Ste 210		Omaha	NE	68114	(b) (6)	Y
xxxJOHN M HANNAM MD	7710 Mercy Road Ste 209		Omaha	NE	68124	(b) (6)	
ROBERT DARO MD	(b) (6)		Gering	NE	69341	(b) (6)	

(b) (6)

HINA ANJUM MD	(b) (6)	Gering	NE	69341	(b) (6)		
MICHAEL P CRISMAN PA	(b) (6)	Valentine	NE	69201	(b) (6)	Y	
MORICS MOO	(b) (6)	Omaha	NE	68104	(b) (6)	Y	
MERYL SEVERSON MD	(b) (6)	Omaha	NE	68131	(b) (6)	Y	
MERYL SEVERSON MD	421 South 9th Street Ste 101	Lincoln	NE	68508	(b) (6)	Y	
MERYL SEVERSON MD	424 West 23rd Street Ste E	Fremont	NE	68025	(b) (6)	Y	
MERYL SEVERSON MD	Urgent Care Center of Norfolk	2024 Pasewalk Avenue	Norfolk	NE	68701	4025581440	Y
MERYL SEVERSON MD	Tessendorf Chiropractic	2360 26th Avenue	Columbus	NE	68601	4025581440	Y
MERYL SEVERSON MD	312 North Elm Street Ste 112	Grand Island	NE	68803	(b) (6)	Y	
MERYL SEVERSON MD	Central Health Center	4503 2nd Avenue Ste 209	Kearney	NE	68847	4025581440	Y
MERYL SEVERSON MD	Twin Rivers Urgent Care	220 West Leota Street Ste 2	North Platte	NE	69101	4025581440	Y
MERYL SEVERSON MD	Midlands Two Professional Center	401 East Gold Coast Road Ste 333	Papillion	NE	68046	4025581440	Y
MERYL SEVERSON MD	The Foote Building	422 North Hastings Avenue Ste 110	Hastings	NE	68901	4025581440	Y
BARB ECKERT Psy D	(b) (6)	Omaha	NE	68131	(b) (6)	Y	
BARB ECKERT PsyD	424 West 23rd Street Ste E	Fremont	NE	68025	(b) (6)		
BARB ECKERT PsyD	421 South 9th Street Ste 101	Lincoln	NE	68508	(b) (6)	Y	
BARB ECKERT PsyD	312 North Elm Street Ste 112	Grand Island	NE	68803	(b) (6)	Y	
BARB ECKERT PsyD	Central Health Center	4503 2nd Avenue Ste 209	Kearney	NE	68847	4025581440	Y
BARB ECKERT Psy D	Midlands Two Professional Center	401 East Gold Coast Road Ste 333	Papillion	NE	68046	4025581440	Y
BARB ECKERT Psy D	The Foote Building	422 North Hastings Avenue Ste 110	Hastings	NE	68901	4025581440	Y
JERRY L AUTHIER PH D	The Healing Place	2030 North 72nd Street	Omaha	NE	68134	4023172480	Y
JERRY L AUTHIER PH D	Bellevue Medical Center Office Build	2510 Bellevue Medical Center Ste 145	Bellevue	NE	68123	4023172480	
ANN E POTTER PH D	Bellevue Medical Center Office Build	2510 Bellevue Medical Center Ste 145	Bellevue	NE	68123	4023172480	Y
LUANNE M EVEN PsyD	Forensic Behavioral Health	1410 East Gold Coast Road	Papillion	NE	68046	4023172480	
LUANNE M EVEN PsyD	Bellevue Medical Center Office Build	2510 Bellevue Medical Center Ste 145	Bellevue	NE	68123	4023172480	
MANJULA TELLA MD	(b) (6)	Fremont	NE	68025	(b) (6)	Y	
C ROBERT ADAMS MD	Skyview Medical Center	109 North 15th Street Ste 14	Norfolk	NE	68701	4023710226	Y
TWIN RIVERS URGENT CARE LLC	720 North Webb Road		Grand Island	NE	68803	3083842500	Y
LYNN GRUBB MA CCC-SLP	Roskens Hall 512	6001 Dodge Street	Omaha	NE	68182	4025542242	Y
THOMAS W BOWDEN MD	The Healing Place	2030 North 72nd Street	Omaha	NE	68134	4023172480	Y
THOMAS W BOWDEN MD	Bellevue Medical Center Office Build	2510 Bellevue Medical Center Ste 145	Bellevue	NE	68123	4023172480	Y
THOMAS W BOWDEN MD	G H Hanssen Chiropractic Clinic	706 West 4th Street	Grand Island	NE	68801	4023172480	Y
FIRST EYE ASSOCIATES	8111 Dodge Street Ste 143		Omaha	NE	68114	4023548111	Y
MICHAEL A HALSTED MD	(b) (6)		Omaha	NE	68131	(b) (6)	Y
MICHAEL A HALSTED MD	(b) (6)		Omaha	NE	68154	(b) (6)	Y
MICHAEL O YUNG MD	The Healing Place	2030 North 72nd Street	Omaha	NE	68134	4023172480	
MICHAEL O YUNG MD	Bellevue Medical Center Office Build	2510 Bellevue Medical Center Ste 145	Bellevue	NE	68123	4023172480	
MICHAEL O YUNG MD	Community Rehab	410 East 22nd Street	Fremont	NE	68025	4023172480	
DAVID E BARTON MD	Forensic Behavioral Health	1410 East Gold Coast Road	Papillion	NE	68046	4023172480	Y
DAVID E BARTON MD	Bellevue Medical Center Office Build	2510 Bellevue Medical Center Ste 145	Bellevue	NE	68123	4023172480	Y
DAVID E BARTON MD	The Healing Place	2030 North 72nd Street	Omaha	NE	68134	4023172480	Y
DAVID E BARTON MD	G H Hanssen Chiropractic Clinic	706 West 4th Street	Grand Island	NE	68001	4023172480	Y
DAVID BARTON MD	Hastings Building Company	2727 West 2nd Street Ste 239	Hastings	NE	68901	4023172480	Y
SHIUVAUN JAEGER MD	Hinze Chiropractic Office	306 West D Street	McCook	NE	69001	8883145811	Y
HASTINGS BUILDING COMPANY	Landmark Center	2727 West 2nd Street	Hastings	NE	68901	4024614100	
GARY C GARD PH D	Bellevue Medical Center Office Build	2510 Bellevue Medical Center Ste 145	Bellevue	NE	68123	4023172480	Y
GARY C GARD PH D	The Healing Place	2030 North 72nd Street	Omaha	NE	68134	4023172480	Y
GARY C GARD PH D	Community Rehab	410 East 22nd Street	Fremont	NE	68025	4023172480	
SHARON SINKLER	(b) (6)		Lincoln	NE	68505	(b) (6)	Y
JOEL V MERKWAN PH D	327 Broadway Avenue Ste 15		Yankton	SD	57078	(b) (6)	Y
FREDERICK A MAUSOLF MD PC	4645 Normal Blvd Ste 245		Lincoln	NE	68506	(b) (6)	Y
LISA D STINSON PH D	109 East 2nd Street Ste 3		North Platte	NE	69101	(b) (6)	
LISA D STINSON PH D	Alliance City Library	1750 Sweetwater Avenue	Alliance	NE	69301	3086609602	
LISA D STINSON PH D	Community Action Partnership	975 Crescent Drive	Gering	NE	69341	3086609602	
ALISHA E O'MALLEY MD	(b) (6)		Omaha	NE	68131	(b) (6)	Y
JEFFREY T O'CONNOR OD	(b) (6)		North Platte	NE	69101	(b) (6)	
J TODD MAHONEY OD	(b) (6)		Scottsbluff	NE	69361	(b) (6)	Y

(b) (6)

PAUL B COLBURN OD	(b) (6)		Scottsbluff	NE	69361	(b) (6)	Y
NATASHA JENKINS LONG OD	(b) (6)		Scottsbluff	NE	69361	(b) (6)	Y
WASANA SOMPHATANAPONG	1527 South 20th Street Apt 24		Lincoln	NE	68502	(b) (6)	
KARENS MASSAGE	914 West 10th Street		Alliance	NE	69301	3087623200	
RAEED J KHADIDA	1421 Hilltop Road Apt 106		Lincoln	NE	68521	(b) (6)	
JAN V JENSEN MD	(b) (6)		Kearney	NE	68845	(b) (6)	Y
THOMAS J CLINCH MD	(b) (6)		Kearney	NE	68845	(b) (6)	
LINDA U BLAKELY MD	(b) (6)		Kearney	NE	68845	(b) (6)	Y
KELLY L FAIRBANKS Psy D	(b) (6)		Omaha	NE	68127	(b) (6)	Y
JESSICA BAILIS Psy D	(b) (6)		Omaha	NE	68131	(b) (6)	Y
		422 North Hastings					
JESSICA BAILIS Psy D	The Foote Building	Avenue Ste 110	Hastings	NE	68901	4025581440	Y
JESSICA BAILIS Psy D	312 North Elm Street Ste 112		Grand Island	NE	68803	(b) (6)	Y
		220 West Leota Street					
JESSICA BAILIS Psy D	Twin Rivers Urgent Care	Ste 2	North Platte	NE	69101	4025581440	Y
JESSICA BAILIS Psy D	421 South 9th Street Ste 101		Lincoln	NE	68508	(b) (6)	Y
JESSICA BAILIS Psy D	424 West 23rd Street Ste E		Fremont	NE	68025	(b) (6)	Y
	Tri State Physicians & Physical	3900 Dakota Avenue Ste					
JESSICA BAILIS Psy D	Ther	5	South Sioux City	NE	68776	4025581440	Y
JESSICA BAILIS Psy D	Tessendorf Chiropractic	2360 26th Avenue	Columbus	NE	68601	4025581440	Y
		4503 2nd Avenue Ste					
JESSICA BAILIS Psy D	Central Health Center	209	Kearney	NE	68847	4025581440	Y
JUSTIN ANDERSON PsyD	Chadron Court House	451 Main Street	Chadron	NE	69337	5022729718	Y
JUSTIN ANDERSON PsyD	Kimball Public Library	208 South Walnut Street	Kimball	NE	69145	5022729718	Y
		1750 Sweetwater					
JUSTIN ANDERSON PsyD	Alliance City Library	Avenue	Alliance	NE	69301	5022729718	Y
JUSTIN ANDERSON PsyD	Sidney Public Library	1112 12th Avenue	Sidney	NE	69162	5022729718	Y
JUSTIN ANDERSON PsyD	Community Action Partnership	975 Crescent Drive	Gering	NE	69341	5022729718	Y
STEVEN W SAMUELSON MD	(b) (6)		Fremont	NE	68025	(b) (6)	Y
GREGORY E HASKINS MD	(b) (6)		Fremont	NE	68025	(b) (6)	Y
STEPHEN O'NEILL MD	(b) (6)		Norfolk	NE	68701	(b) (6)	Y
VITALITY CHIROPRACTIC LIFESTYLE CENTER	10 North Spruce Street		Ogallala	NE	69153	3082840838	Y
BRENDA KORTH-WURDINGER PA-C	(b) (6)		Neligh	NE	68756	(b) (6)	Y
GREGORY KOURI OD	Northwest Specialty Building	100 North 37th Street	Norfolk	NE	68701	4023713671	Y
DANIEL HAFNER MD	(b) (6)		Rapid City	SD	57701	(b) (6)	Y
V RICHARD BOWEN MD	2115 North Kansas Avenue Ste 203		Hastings	NE	68901	(b) (6)	Y
VINCENT J SUTTON MD	(b) (6)		Lincoln	NE	68506	(b) (6)	Y
BEATRICE FAMILY CHIROPRACTIC	2526 Court		Beatrice	NE	68310	4022282777	Y
JEFFREY KLEIN OD	(b) (6)		Norfolk	NE	68701	(b) (6)	Y
DERRICK D EICHELE MD	(b) (6)		Omaha	NE	68131	(b) (6)	Y
PEGGY ANN MCCAGHY PysD	(b) (6)		Omaha	NE	68131	(b) (6)	Y
IZABEL CHAVEZ	(b) (6)		Norfolk	NE	68701	(b) (6)	Y
PAULA J THIELEN MD	(b) (6)		Gering	NE	69341	(b) (6)	Y
RYAN C ERNST PsyD	620 North 48th Street Ste 202		Lincoln	NE	68504	(b) (6)	Y
JULIE A STEINHAUSER MD	2222 South 16th Street Ste 435		Lincoln	NE	68502	(b) (6)	Y
PAUL S SHERRERD MD	6751 North 72nd Street Ste 207		Omaha	NE	68122	(b) (6)	Y
		1500 South 48th Street					
ROYCE A MUELLER MD	Bryan Medical Plaza	Ste 200	Lincoln	NE	68506	4024885600	Y
		1500 South 48th Street					
TERRY S OLSON MD	Bryan Medical Plaza	Ste 200	Lincoln	NE	68506	4024885600	Y
JAMES M BISANTI MD	The Healing Place	2030 North 72nd Street	Omaha	NE	68134	4023172480	Y
		1500 South 48th Street					
BRIAN C GARTRELL MD	Bryan Medical Plaza	Ste 200	Lincoln	NE	68506	4024885600	Y
		1500 South 48th Street					
H RUSSELL SEMM MD	Bryan Medical Plaza	Ste 200	Lincoln	NE	68506	4024885600	Y
EAR NOSE & THROAT SPECIALTIES PC	Bryan Medical Plaza	Ste 200	Lincoln	NE	68506	4024885600	Y
CASSIE CALDERON	(b) (6)		Scottsbluff	NE	69361	(b) (6)	Y
BHIM GURUNG	(b) (6)		Omaha	NE	68118	(b) (6)	Y
THOMAS S NABITY MD	(b) (6)		Grand Island	NE	68803	(b) (6)	Y
RICHARD E GOBLE MD	(b) (6)		Grand Island	NE	68803	(b) (6)	Y
CRAIG A FOSS AU D	(b) (6)		Grand Island	NE	68803	(b) (6)	Y
NILA MOORE NOVOTNY MD	4508 38th Street Ste 152		Columbus	NE	68601	(b) (6)	Y
NORA FUCHS AUD CCC-A	3763 39th Avenue Ste 300		Columbus	NE	68601	(b) (6)	Y
MARK KELLER MD	2115 North Kansas Street Ste 203		Hastings	NE	68901	(b) (6)	Y
		2 West 42nd Street Ste					
JAMES D MASSEY JR MD FACS	Regional West Medical Plaza	1100	Scottsbluff	NE	69361	3086353155	Y
RADIOLOGY CONSULTANTS	7500 Mercy Road Ste 1568		Omaha	NE	68124	4023985522	Y
ALEGENT BERGAN MERCY HOSPITAL	7500 Mercy Road		Omaha	NE	68124	4027172222	Y
BRYAN MEDICAL CENTER WEST	2300 South 16th Street		Lincoln	NE	68502	4024751011	Y

(b) (6)

BRYAN WEST CARDIOPULMONARY BRYAN MEDICAL CENTER RADIOLOGY DEPT	2300 South 16th Street		Lincoln	NE	68502	4024818901	Y
ST ELIZABETH REGIONAL ME-CAROLE POLACEK	2300 South 16th Street		Lincoln	NE	68502	4024815121	Y
ST FRANCIS MEDICAL CENTER	575 South 70th Street Suite 435		Lincoln	NE	68510	4022197454	Y
ST FRANCIS MEDICAL CENTER/RADIOLOGY DEP	2620 West Faidley Avenue		Grand Island	NE	68802	3083844600	Y
ST FRANCIS MEDICAL CNTR/CARDIOPULMONARY	2620 West Faidley Avenue		Grand Island	NE	68802	3083844600	Y
ST FRANCIS MEDICAL CENTER/PATHOLOGY	2620 West Faidley Avenue		Grand Island	NE	68802	3083844600	Y
ST FRANCIS MEDICAL CENTER/RESPIRATORY	2116 West Faidley Avenue		Grand Island	NE	68802	3083844600	Y
FRANKLIN COUNTY MEMORIAL HOSPITAL	1406 Q Street		Franklin	NE	68939	3084256221	Y
FREMONT HEALTH	Radiology Department	450 East 23rd Street	Fremont	NE	68025	4027211610	Y
FREMONT HEALTH	Cardiopulmonary Department	450 East 23rd Street	Fremont	NE	68025	4027211610	Y
MEMORIAL COMMUNITY HOSPITAL	810 North 22nd Street		Blair	NE	68008	4024262182	Y
FAITH REGIONAL HEALTH RADIOLOGY DEPT	2700 West Norfolk Avenue		Norfolk	NE	68702	4026447121	Y
FAITH REGIONAL HEALTH RESPIRATORY	2700 Norfolk Avenue		Norfolk	NE	68702	4023714880	Y
AVERA ST ANTHONY'S HOSPITAL	Radiology Department	300 North 2nd Street	O'Neill	NE	68763	4023362611	Y
BEATRICE COMM HOSPITAL AND HEALTH CENTER	4800 Hospital Parkway		Beatrice	NE	68310	4022237290	Y
NEMAHA COUNTY HOSPITAL	2022 13th Street		Auburn	NE	68305	4022744366	Y
MARY LANNING MEMORIAL HOSPITAL	715 North St Joseph Avenue		Hastings	NE	68901	4024615174	Y
MARY LANNING MEMORIAL HOSPITAL	Cardiopulmonary Lab	715 North Saint Joseph Avenue	Hastings	NE	68901	4024634521	Y
MARY LANNING MEMORIAL HOSPITAL	Radiology Department	715 North Saint Joseph Avenue	Hastings	NE	68901	4024634521	Y
BRODSTONE MEMORIAL HOSPITAL	Physical Therapy Department	520 East 10th Street	Superior	NE	68978	4028793281	Y
COMMUNITY HOSPITAL	Radiology Department	1301 East H Street	Mc Cook	NE	69001	3083452650	Y
COMMUNITY HOSPITAL	Respiratory Department	1301 East H Street	Mc Cook	NE	69001	3083452650	Y
COMMUNITY HOSPITAL		1301 East H Street	Mc Cook	NE	69001	3083452650	Y
GREAT PLAINS HEALTH		601 West Leota Street	North Platte	NE	69101	3086968000	Y
GPH/RESPIRATORY THERAPY DEPARTMENT		601 West Leota Street	North Platte	NE	69101	3086968000	Y
GPH/RADIOLOGY DEPARTMENT		601 West Leota Street	North Platte	NE	69101	3086968000	Y
GPH/PATHOLOGY DEPARTMENT		601 West Leota Street	North Platte	NE	69101	3086968000	Y
LEXINGTON REG HEALTH							
CTR/PHYSICAL THERAPY	Physical Therapy Department	1600 West 13th Street	Lexington	NE	68850	3083248333	Y
CHERRY COUNTY HOSPITAL		510 North Green Street	Valentine	NE	69201	4023762525	Y
CHERRY COUNTY HOSPITAL	Physical Therapy Dept	510 North Green Street	Valentine	NE	69201	4023762525	Y
CHERRY COUNTY HOSPITAL		510 North Green Street	Valentine	NE	69201	4023762525	Y
REGIONAL WEST MEDICAL CENTER	Cardiopulmonary Lab	4021 Avenue B	Scottsbluff	NE	69361	3086303711	Y
REGIONAL WEST MEDICAL CENTER	Radiology	4021 Avenue B	Scottsbluff	NE	69361	3086353711	Y
REGIONAL WEST MEDICAL CENTER	Rehab Center	3911 Avenue B Ste G200	Scottsbluff	NE	69361	3086301707	Y
CHADRON COMMUNITY HOSPITAL	Radiology Department	825 Centennial Drive	Chadron	NE	69337	3084325586	Y
BOX BUTTE GENERAL HOSP/RESPIRATORY DEPT		2101 Box Butte Avenue	Alliance	NE	69301	3087626660	Y
BOX BUTTE GENERAL HOSP/RADIOLOGY DEPT		2101 Box Butte Avenue	Alliance	NE	69301	3087626660	Y
BOX BUTTE GENERAL HOSP/PATHOLOGY DEPT		2101 Box Butte Avenue	Alliance	NE	69301	3087626660	Y
BOX BUTTE GENERAL HOSPITAL	Physical Therapy Department	2101 Box Butte Avenue	Alliance	NE	69301	3087626660	Y
SIDNEY REGIONAL MEDICAL CENTER		645 Osage Street	Sidney	NE	69162	3082545825	Y
SIDNEY REG MEDICAL CNTR/RADIOLOGY DEPT		645 Osage Street	Sidney	NE	69162	3082545825	Y
SIDNEY REG MED CNTR/PHYSICAL THERAPY DEPT		645 Osage Street	Sidney	NE	69162	3082545825	Y
SIDNEY REG MED CNTR/RESPIRATORY		645 Osage Street	Sidney	NE	69162	3082545825	Y
GORDON MEMORIAL HOSPITAL		300 East 8th Street	Gordon	NE	69343	3082820401	Y
KIMBALL COUNTY HOSPITAL		505 South Burg Street	Kimball	NE	69145	3082351952	Y
GLORIA ANDERSEN	(b) (6)		Omaha	NE	68132	(b) (6)	Y

(b) (6)

RADIOLOGY CONSULTANTS PC	14441 Dupont Court Ste 304	1941 South 42nd Street	Omaha	NE	68144	4023306550	
SAMUEL E MOESSNER MD	Center Street Mall	Ste 404	Omaha	NE	68105	4022065820	Y
PROGRESSIVE REHABILITATION INC	7919 Wakeley Plaza		Omaha	NE	68114	4023938384	Y
NINA BALASANOVA	(b) (6)		Lincoln	NE	68516	(b) (6)	Y
SHERRIL KILPATRICK PT	(b) (6)		Lincoln	NE	68516	(b) (6)	Y
RADIOLOGY ASSOCIATES	7601 Pioneers Blvd		Lincoln	NE	68501	4024844848	Y
SHANNON C KLIMAS-BERNITT MS							
CCC SLP	(b) (6)		Grand Island	NE	68803	(b) (6)	Y
GRAND ISLAND RADIOLOGY ASSOCIATES PC	2808 Old Fair Road Ste 1		Grand Island	NE	68803	3083826856	Y
DELTON R FRIESEN OTR/L	620 North Diers Avenue Ste 300		Grand Island	NE	68803	(b) (6)	Y
RADIOLOGY SERVICES PC	PO Box 362		North Platte	NE	69103	3086476444	Y
COMPANY CARE	10 East 31st Street		Kearney	NE	68848	3088652727	Y
GREAT PLAINS RADIOLOGY	23 West 31st Street		Kearney	NE	68848	3082345520	Y
GENERAL RADIOLOGY PC	415 East 23rd Street Ste 210		Fremont	NE	68025	4027214866	Y
COLUMBUS PHYSICAL THERAPY	3211 25th Street		Columbus	NE	68601	4025645456	Y
NORTHEAST MEDICAL IMAGING PC	13110 Birch Drive Ste 148		Omaha	NE	68164	8004368703	Y
HASTINGS RADIOLOGY ASSOCIATES PC	747 North Burlington Avenue Ste 401		Hastings	NE	68902	4024630404	Y
PHYSICAL THERAPY SPORTS MED	1115 South Cottonwood Street	3911 Avenue B Ste G-200	North Platte	NE	69101	3085357456	Y
REGIONAL WEST MEDICAL CENTER	Occupational Therapy		Scottsbluff	NE	69361	3086301355	Y
MIDWEST EYE CARE PC	4353 Dodge Street	575 South 70th Street	Omaha	NE	68131	4025522020	Y
SCOTT A MCPHERSON MD	St Elizabeth Plaza Outpatient Clinic	Ste 435	Lincoln	NE	68510	9999999999	Y
JOHN C HUNZIKER PH D	7701 Pacific Street Ste 318		Omaha	NE	68114	(b) (6)	Y
MICHAEL G WADZINSKI MD	(b) (6)		Sioux City	IA	51104	(b) (6)	Y
ALLEN MEYER PH D	510 D Street Ste 2		Fairbury	NE	68352	(b) (6)	Y
ALLEN MEYER PH D	Fair County Clinic	120 Park Avenue	Hebron	NE	68370	4027296379	
UNMC PHYSICIANS	Business Service Center	988095 NE Med Center	Omaha	NE	68198	4025522000	
HORACIO N ALVAREZ RAMIREZ MD	Lincoln Family Medicine Center	210	Lincoln	NE	68510	4024834571	Y
COMMUNITY ACTION							
PARTNERSHIP OF WESTERN NE	975 Crescent Drive		Gering	NE	69341	3086322540	
MARK MCCORKINDALE MD	(b) (6)		Wayne	NE	68787	(b) (6)	Y

**TEN LARGEST PROVIDERS OF CONSULTATIVE EXAMINATIONS FOR THE NEBRASKA
DISABILITY DETERMINATIONS SECTION
October 1, 2014- September 30, 2015**

1. Midtown Medical Group 101 North 38th Avenue Omaha, NE 68131	\$ 876,772.00
2. Consultants In Disability PO Box 639 Bellevue, NE 68005	\$ 89,220.00
3. A. James Fix PhD & Samuel Moessner M.D. 1941 S. 42 nd St. Omaha, NE 68105	\$ 78,595.00
4. Arias Neuro and Behavioral Med PC 6940 Van Dorn Ste. 201 Lincoln, NE 68506	\$ 36,976.00
5. Community Action Partnership 975 Crescent Drive Gering, NE 69341	\$ 32,967.00
6. Amy Corey, PhD 11225 Davenport St Ste. 103 Omaha, NE 68154	\$ 25,200.00
7. Matthew Hutt, PhD (b) (6) Scottsbluff, NE	\$ 22,241.00
8. Caroline Sedlacek, PhD (b) (6) Omaha, NE 68114	\$ 19,846.00
9. Pediatric Psychology Association 5321 S 78 th St Lincoln NE 68516	\$19,106.00
10. Mental Health Associaties 650 J St. Ste. 403 Lincoln, NE 68508	\$ 19,025.00
Total paid out to top 10	\$ 1,219,948.00
Total amount in this period paid to all CE providers	\$1,693,924.97

Midtown Medical Group and Consultants in Disability have multiple providers over that last year that have done CE's for us, both physical and psychological. Dr. Fix and Dr. Moessner are in the same office, Dr. Fix does psych exams and Dr. Moessner does physical exams. Arias Neuro & Behavioral has Chris Rathburn, PhD who performs psych exams for us. Community Action Partnership has multiple providers doing physical exams. Mental Helath Associaties and Pediatric Psychology Association also have providers doing psych exams for us. Amy Corey PhD, Matthew Hutt PhD, and Caroline Sedlacek PhD are all individual providers who provide psych exams for us.

DDS CE Oversight Report

Onsite reviews of CE providers

October 1, 2014 - September 30, 2015

Provider Name	Location	Date of Review
Lisa Stinson, PhD	North Platte	9/29/2014 Private Practice
Ann Feidler - Kline	Norfolk	5/14/2015 Feidler Eye Clinic
Jeff Klein,OD	Norfolk	5/14/2015 Feidler Eye Clinic
Dr. Yung, MD	Omaha	5/15/2015 CID
Dr. Gard, MD	Omaha	5/15/2015 CID
Brenda Korth-Wurdinger, PA	Neligh	6/3/2015 Neligh Clinic
Dr. Gutierrez, MD	Lincoln	7/15/2015 Lincoln Family Medicine Center
Dr. Courtney, MD	Lincoln	7/15/2015 Lincoln Family Medicine Center
Kellen E Sherlock MD	Lincoln	7/15/2015 Lincoln Family Medicine Center
Dr. Shrunk, MD	Lincoln	7/15/2015 Lincoln Family Medicine Center
Dr. Wooldrik, MD	Lincoln	7/15/2015 Lincoln Family Medicine Center
Dr Johnathan Leck, MD	Lincoln	7/15/2015 Lincoln Family Medicine Center
Dr. Shea J Welsh MD	Lincoln	7/15/2015 Lincoln Family Medicine Center
Dr Cristina Merete MD	Lincoln	7/15/2015 Lincoln Family Medicine Center
Dr. Ramirez, MD	Lincoln	7/15/2015 Lincoln Family Medicine Center
Dr. Leck, MD	Lincoln	7/15/2015 Lincoln Family Medicine Center
Dr. Roselius, MD	Omaha	7/30/2015 Clarkson Family Medicine
Dr. Tetrault, DO	Omaha	7/30/2015 Clarkson Family Medicine
Dr. Matthew Humpal, MD	Omaha	7/30/2015 Clarkson Family Medicine
Dr. Ryan Biga DO	Omaha	7/30/2015 Clarkson Family Medicine
Dr Christine Rahn MD	Omaha	7/30/2015 Clarkson Family Medicine
Dr Anthony Yuen DO	Omaha	7/30/2015 Clarkson Family Medicine
Dr. Reha, MD	Omaha	7/30/2015 Clarkson Family Medicine
Dr. Eggers, DO	Omaha	7/30/2015 Clarkson Family Medicine
Dr. Smith, MD	Omaha	7/30/2015 Clarkson Family Medicine
Dr. Busse, MD	Omaha	7/30/2015 Clarkson Family Medicine
Dr. Cisar, MD	Gering	8/18/2015 CAPWN
Dr. Theilen, MD	Gering	8/18/2015 CAPWN
Dr. Anjum, MD	Gering	10/1/2015 CAPWN
Dr. Daro	Gering	10/1/2015 CAPWN
Dr. McCoy, MD	Scottsbluff	8/18/2015 Western Family Medicine
Dr. Steinhauser, MD	Lincoln	9/2/2015 Lincoln Family Medicine Center
Dr Antoinette Tribulato, MD	Omaha	9/16/2014 Midtown Medical Group
Joshua Needleman, PhD	Omaha	9/16/2014 Midtown Medical Group

**LIST OF NE DDS FEE EXCEPTIONS:
October 1, 2014 - September 30, 2015**

		No Show Fees
Chadron	99455	NS 99455
Johnson, David (MD)	\$200	\$75
Lincoln*	99455	NS 99455
Saathoff, Steven (MD)	\$180	\$75
Scottsbluff/Gering MD's	99455	NS 99455
Anjum, Hima (ended July 1, 2015)	\$200	\$75
Daro, Robert (ended July 1, 2015)	\$200	\$75
Jones, Emily (ended July 1, 2015)	\$200	\$75
Mosel, Lindsey (ended March 1, 2015)	\$200	\$75
Kader, Abdel	\$200	\$75
McCoy, Shelley (added 9/1/2015)	\$215	\$75
Thielen, Paula (added 9/1/2015)	\$200	\$75
Cisar, Aaron (added 9/1/2015)	\$200	\$75
Scottsbluff/Gering PA's and APRN	99455e	NS 99455e
Carrington, John (PA)	\$180	\$75
Herman, Carol (PA)	\$180	\$75
Walton, Elizabeth, (APRN)	\$180	\$75
Valentine*	99455	NS 99455
Cresman, Michael, PA	\$140	\$75
Mulligan-Witt, Michelle	\$180	\$75

**Fee Exception for NS only*

DDS CE Oversight Report

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

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

Region:	IX
State DDS:	Nevada – S31
Report Period (Fiscal Year):	2015
Current Date:	11/23/15
Reporter's Name, Phone number, and title:	Name (b) (6) Title Chief Phone number (b) (6)

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

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

Nevada DDS did not have a documented procedural process for the resolutions of complaints of any categories. Nevada is currently reviewing process and best business practices to write a procedure for this fiscal year.

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

None noted

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

None

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

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).

- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

Nevada DDS remains on a corrective action plan for these business processes. As of this date all known CE providers have been rechecked for state license and OIG LEIE exclusions. Nevada DDS continues to make contact with all CE providers to re-verify support staff rosters and re-check those staff listed as rosters are received. Finalization of all rosters for the entire panel are being re-vetted to date. We will submit an updated vendor panel list by December 11th. Nevada DDS is in the process of rewriting internal procedures. Additionally, Nevada is implementing the use of a new CE vendor/provider tracking tool for FY16 to ensure compliance.

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

Credential checks are to be completed for vendors and support staff rosters once per year at minimum. Additionally, rechecks are to be completed for any vendors that have roster changes, changes in their scope of work, or at onboarding for the first time or after a duration of active status from the panel. Nevada DDS was not compliant with all credential checks for FY15. Nevada has taken corrective action and completed updated credential checks on CE vendors and support staff as rosters are received. All CE vendors have been contacted to verify existing roster information and completely recheck all rosters.

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

Each CE provider is being paired up with a Psychological or Medical staff consultant at the DDS as new providers are brought on. They go through a 30 day review process which may be extended if reports are not fully satisfactory and compliant with POMS. Once the new CE providers are internally signed off the MPRO will complete random checks of the reports for appropriateness and completeness of information in accordance with green book information and exam/testing type.

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

Total Current Providers = 106
Removal from the CE Panel of key/volume provider (b) (6), per Chief (b) (6). Removal of the following vendors due to not completing new state process for provider agreements: (b) (6)
Change of use of key/volume provider Zev Lagstein MD, from Internal Medicine and Cardiology to Cardiology only.

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

4 of the top 5 Key/Volume provider onsite visits were completed in FY15. One Key/Volume provider had not been visited by the end of the fiscal year due to extended leave period during the fiscal year with the MPRO position.

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

None

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

None due to extended leave for the MPRO.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Dallas
State DDS:	New Mexico
Report Period (Fiscal Year):	2015
Current Date:	November 13, 2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Director of Special Programs

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

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

In order to begin investigation on complaints, we ask that the complaints be submitted in writing. Once the complaint is received, a Professional Relations Officer (PRO) writes a letter of acknowledgement to the claimant and their representative, if they have one. The letter thanks them for alerting us to their treatment and informs them that the charges will be investigated. The PRO reviews a copy of the Consultative Exam (CE) report, the CE provider's file, and disability examination questionnaires for additional feedback. A copy of the complaint is sent to the CE provider and a written response is requested. If the complaint appears to be credible, an unannounced comprehensive onsite visit is conducted. If findings from the visit corroborate the complaint, the claimant is interviewed and the New Mexico Regulations and Licensing Department (NM RLD) website is checked to determine whether similar complaints or actions have been filed against the provider, as complaints are registered with the Boards and Commission Division or NM RLD. If there is proof of the alleged complaint and investigative findings, the CE provider may be removed from the panel and CE scheduling ceased, depending on the nature and severity of the complaint.

We received 16 complaints in FY15, which mainly consisted of the following: CE provider rudeness/unprofessional, CE provider in a hurry, a dirty office. An unscheduled onsite visit

was conducted on the office that was reported as being dirty to check for safety and cleanliness. It was found that it is somewhat of an older building, but that having the carpet professionally cleaned and some new chairs would make it a bit nicer, but the facility was overall acceptable for exams and it was reported to the vendor. No other onsite visits were conducted because of any complaint.

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

N/A

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

N/A

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

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

We are diligent in our efforts to assure that all our CE providers and their support personnel are licensed and eligible to perform CEs and support services. When we receive the initial paperwork from a new vendor or treating physician, the PROs check the exclusion site provided by OIG (LEIE), the appropriate State licensing board, and the State verification site (Regulation & Licensing Department website), when appropriate. We obtain a hard copy of the provider's current license, a copy of their photo I.D., as well as signed licensure and confidentiality statements.

We maintain a CE vendor license spreadsheet to ensure all CE vendors currently on our panel are confirmed as licensed and eligible to perform/conduct CEs via the New Mexico Regulations and Licensing Department and the New Mexico Licensing Board. Periodic checks are performed to ensure that no exclusions exist.

We obtain licensing information on CE provider's support personnel. We obtain a signed statement from the CE provider assuring that the support personnel have the appropriate licenses/credentials and we obtain confidentiality and licensure statements. We check the information provided by the support personnel to assure it corresponds with requirements of the appropriate New Mexico licensing board.

A filing system for our CE Vendor Files is maintained.

5. Indicate how frequently throughout the year credential checks were completed. If

credential checks were not completed, provide explanation.

Bi-annually

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

For new CE providers, once they have provided a clinic or at least 4 appointments, their reports are pulled and reviewed by the appropriate DDS Medical Consultant. Once the reviews are complete, Professional Relations provides a review summary to the provider.

Reviews are completed on established CE providers, if a Medical Consultant requests a review, if there is a claimant complaint indicating a review is necessary, or if we receive an attorney objection based on the quality of a provider's exams or reports.

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

166

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

Carl Adams, PhD

(b) (6)

Gallup, New Mexico 87301

Advanced Medical Consultants

2801 Rodeo Rd., Ste. C-15

Santa Fe, New Mexico 87507

John Koewler, PhD

(b) (6)

Farmington, New Mexico 87401

Med Plus New Mexico

1707 East 20th St.

Farmington, New Mexico 87401

John Owen, PhD

(b) (6)

Albuquerque, New Mexico 87106

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

The current fee schedule is based on the 2015 Medicare Fee Schedule. Prior to completion, we compared our fees with the current fees for the surrounding states of Arizona, Texas and Colorado. Our fee schedule changed this year as follows:

- Added CPT 90621NP for Comprehensive Internist Consultation – NP or PA
- Added CPT 90626NP for Examination by Family Practitioner – NP or PA
- Added CPT 90791L for Mental Status Examination – LISW - adult
- Added CPT 90791LC for Mental Status Examination – LISW - child
- Deleted CPT 01338 Woodcock Johnson (English)
- Deleted CPT 01354 Woodcock Johnson (Spanish)
- Deleted CPT 01325 WRAT
- Deleted CPT 01353 Vineland
- Implemented the following pilot project 12/2014 and updated 3/2015:
 - Paying records review fee of \$25, which is paid when a signed statement of records review authorization and certification form is received from the CE vendor, if the appointment is missed. This records review fee is for physical, mental and speech/language evaluations.

We do not use any volume provider discounts.

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

The PRO Unit recruits vendors based on information received from CE schedulers, Medical Consultants and adjudicators in order to determine areas of greatest need. We recruit according to the needed specialties in specific geographic areas. Due to the increase in CE requests, Professional Relations came up with an Outreach Plan, which includes multiple recruitment trips throughout the State.

Professional Relations also continues to work closely with the Fiscal Unit, to ensure our CE Providers are paid timely and appropriately. Our area acts as liaison between Fiscal and the providers as providers often have questions regarding payments, status of payments, etc. Our unit also reminds/trains staff regarding proper authorization verification processes. The PRO Unit is also in charge of paying vendor travel for the CE Providers who travel in order to conduct exams in the more rural areas of New Mexico.

The VA and UNM Hospital continue to use the SSA website and are our highest volume MER providers. We continue to foster and maintain good working relationships with both facilities, in attempt to facilitate requesting and receiving medical records.

The Professional Relations Unit worked with vendors across New Mexico to gain their acceptance of the electronically signed 827 (e-827), implemented by SSA in April 2012. At this time, all of our MER vendors accept the e-827. Once we receive notice from a vendor who is not accepting the e827, we contact them and provide them with the information from SSA and they tend to agree and will send records as requested using the e827.

New Mexico DDS was represented by Professional Relations, on the ERE Support Workgroup.

The New Mexico DDS continues to support the Social Security Outreach, Access and Recovery (SOAR) Initiative. Professional Relations continues to be involved with and to represent DDS during trainings. The PRO Unit continues to represent DDS on the New Mexico SOAR Steering Committee in both Albuquerque and Santa Fe.

The PROs have been working a joint effort with the Arkansas DDS, Dallas DPU, OCO and Oklahoma DDS regarding a high volume of ARs. The ARs include ordering CEs and performing any and all type of actions involved with having a claim (inputting the CE order as requested via 883, claimant telephone calls, follow-up of CE statuses, communication to requesting office re: broken/kept CEs, verifying CE reports, rescheduling CEs, address/telephone number changes, attorney/representative telephone calls, scanning in evidence provided, travel reimbursement, CE report status calls, contacting CE vendors for clarification of CE reports as requested by originating DDS, AR closures, etc.). The PRO Unit was assigned and cleared **150** ARs. They also cleared an additional **349** ARs from the ALJs (ODAR). The majority of ARs are assigned to support staff, but the PRO Unit continues to act as liaison for assisting states in regards to ARs.

The PROs also responded to approximately **68** Congressional Inquiries during FY2015. Congressional Offices were contacted/visited during PRO trips to Roswell and Santa Fe.

Professional Relations presented at UNM Center for Development and Disability in order to explain and answer questions regarding the disability process.

The Professional Relations Unit was invited by SSA Public Affairs Specialist (b) (6) to attend the RAM/IHS Meetings, which involved explaining and answering questions regarding the disability process. This also prompted a PRO presentation at ZUNI IHS, at which physicians, social workers and school nurses were present.

During a PRO visit to Northern Navajo Medical Center, the PRO was invited to work with the Staff Benefits Coordinator staffing a booth where patients could interact with and have questions answered regarding disability processes.

The PRO Unit attended New Mexico Highlands University's job fair, along with (b) (6), Team Specialist from Operations, in November 2014. The purpose of this was to help Operations recruit new adjudicative staff.

The PROs made approximately 70 onsite visits to MER facilities and other CE providers throughout New Mexico, El Paso, Texas and Durango, Colorado. CE Recruitment was performed in Durango, Colorado, El Paso, Texas, Albuquerque, Artesia, Aztec, Bloomfield, Carlsbad, Clovis, Farmington, Gallup, Grants, Hobbs, Las Cruces, Las Vegas, Portales, Raton, Rio Rancho, Roswell, Ruidoso, Silver City, Springer and Taos, New Mexico. In addition, visits were made to the Farmington, Hobbs, and Las Vegas Field Offices, as courtesy calls while a PRO was in the area and to assist with communication and relations between DDS and SSA FO components.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

The PRO Unit presented to all DDS staff, in order to provide additional training regarding CE vendor authorizations, attorney objections, congressional inquiries, PRO Unit services, etc.

The PRO Unit has been making a concerted effort to review the Speech/Language and Teacher Questionnaires, with the appropriate school personnel, in an attempt to assure cooperation with the completion of these forms. Meetings were held with the following school districts:

- Aztec Municipal Schools
- Bloomfield School District
- Central Consolidated School District
- Additional School Districts will be visited in FY2016

Professional Relations assisted SSA with presenting i3368 training/i-claim and processing workshop.

DDS CE Oversight Report

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

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

Region:	02
State DDS:	New York
Report Period (Fiscal Year):	FY 2014/2015
Current Date:	
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6)

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

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



DDS Procedures to Resolve Co...

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

None

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

None

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

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

When a CE provider is first credentialed, they must submit a copy of their current license. DDS staff checks for current licensure and any sanctions. CE provider must also provide copies of Support staff licensing and credentialing.

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

Annually, DDS staff checks for current licensure and any sanctions. On a rolling monthly basis, DDS staff checks licensure and sanction status. If a contract CE provider leaves after 90 days, they must go through the initial complete credentialing process before they can perform CEs.

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

The first 10 CE reports are reviewed for each new CE provider. The first 10 reports from each new CE examiner are reviewed for contract CE providers. Each quarter, 50 CE reports from each contractor/volume provider are randomly selected for review and 10 CE reports from independent providers are randomly selected for review.

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

1921 (34 additions made)

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

All onsite reviews were completed



NYDDS CE
Inspections FFY 2015

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

- There were no changes to the current fee schedule
- Contractor Fee Rates



Contractor-DDD Fee
Rates Updated 7-1-1

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

- Exhibiting at Conferences
 - NYS Speech-Language-Hearing Association (April 2015)
 - NYHIMA - NYS Health Information Management Association (June 2015)
- Ongoing Statewide participation with SSI/SSD Outreach, Access and Recovery (SOAR) trainings
- Work in conjunction with the NYC Human Resources Administration WeCare Program
- On a continuous Statewide basis work with local Departments of Social Services

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

Description of the NYDDS procedures used to resolve the various categories of complaints received throughout the year.

The Division of Disability Determinations (DDD) relies on POMS DI 39545.375 (oversight reporting of claimant complaints) and DI 39545.350 (claimant evaluation of CE providers) for guidance concerning complaint resolution process/procedure. The MROs in each of our Processing Centers are required to maintain a claimant complaint log documenting complaints received and actions taken. Tasks involving the handling of complaints (most are routine/do not involve criminal acts) include, but are not limited to:

- Complaint is entered into the 'Claimant Complaint Log'.
- Obtain claimant information, e.g., address, phone, etc.
- Send a letter to the claimant acknowledging receipt of the complaint.
- Review CEMD file for prior complaints.
- Telephone the claimant to obtain additional information if necessary.
- Obtain a copy of the CE report.
- Send a letter to the CE provider describing the complaint and requesting a response in writing within fourteen days. Follow-up if needed.
- Review response and complete the claimant complaint register report identifying the action taken. The resolution may be no action taken against the consultant; referrals monitored more closely; consultant removed from panel; or other.
- File resolution in the CEMD file, copy in complaint binder and close out the claimant complaint log.

Complaints that are more serious may also be, and are usually, referred to the appropriate DDD Central Office staff for review and comment and to SSA NY Regional Office. The CE provider is put on 'hold' for referrals if a complaint has been forwarded to a sanctioning agency such as the NYS Department of Health's Office of Professional Medical Conduct. DDD may also suspend referrals to a provider whose alleged misconduct has been brought to the public's attention (through the media). This is based on SSA's own policy concerning all health service providers' professional conduct.

CE Source	Date of Visit(s)	Reason(s)
MANHATTAN PROCESSING CENTER		
IMA (Manhattan) 42 Broadway-19 th Floor NY, NY 10004	10/17/14; 11/14/14; 12/23/14; 01/23/15; 02/04/15; 03/26/15; 04/21/15; 05/18/15; 6/12/15; 07/16/15; 08/20/15; 09/28/15	(b) (6)
IMA (Brooklyn) 186 Joralemon Street-4 th Floor Brooklyn, NY 11201	10/28/14; 11/26/14; 12/24/14; 01/20/15; 02/20/15; 03/20/15; 04/21/15; 05/22/15; 06/26/15; 07/31/15; 08/26/15; 09/25/15	(b) (6)
Bath Beach Medical 1975 Hylan Boulevard Staten Island, NY 10310	10/08/14; 11/05/14; 12/10/14; 01/7/15; 02/6/15; 03/6/15; 04/10/15; 05/28/15; 06/08/15; 07/13/15; 08/25/15; 09/29/15	(b) (6)
IMA (Kew Gardens) 80-02 Kew Gardens Road Kew Gardens, NY 11415	10/31/14; 11/20/14; 12/29/14; 01/26/15; 02/20/15; 03/9/15; 04/09/15; 05/28/15; 06/15/15; 07/21/15; 08/24/15; 09/29/15	(b) (6)
IMA (Hempstead) 250 Fulton Avenue Hempstead, NY 11550	10/15/14; 11/12/14; 12/23/14; 01/23/15; 02/13/15; 03/27/15; 04/17/15; 05/19/15; 06/16/15; 07/21/15; 08/17/15; 09/21/15	(b) (6)
IMA (Bohemia) 1690 Washington Avenue Bohemia, NY 11716	10/28/14; 11/26/14; 12/29/14; 01/30/15; 02/20/15; 03/13/15; 04/24/15; 05/15/15; 06/08/15; 07/21/15; 08/11/15; 09/18/15	(b) (6)
IMA (Bronx) 3250 Westchester Avenue Bronx, NY 10461	10/30/14; 11/25/14; 12/26/14 01/27/15; 02/24/15; 03/24/15; 04/28/15; 05/26/15; 06/23/15; 07/28/15; 08/25/15; 09/29/15	(b) (6)
TOTAL VISITS:	84	

CE Source	Date of Visit(s)	Reason(s)
ALBANY PROCESSING CENTER		
IMA (Albany) 1762 Central Avenue, Ste 202 Albany, NY 12208	10/24/14; 11/20/14; 12/16/14; 01/20/15; 02/25/15; 03/18/15; 04/15/15; 05/07/15; 06/16/15; 07/16/15; 08/06/15; 09/24/15	(b) (6)
Plattsburgh Satellite IMA (Plattsburgh) 14 Healy Ave, Suite C Plattsburgh, NY 12901	11/19/14; 03/05/15; 06/04/15; 08/20/15	
IMA (Poughkeepsie) Manchester Mill Center 301 Manchester Rd, Suite 202 Poughkeepsie, NY 12603	10/23/14; 11/20/14; 12/16/14; 01/13/15; 02/26/15; 03/12/15; 04/16/15; 05/20/15; 06/11/15; 07/08/15; 08/20/15; 09/22/15	(b) (6)
Middletown Satellite IMA (Middletown) 210 East Main St Middletown, NY 10940	12/02/14; 02/17/15; 06/18/15; 09/10/15	
North Disability Services 280 N. Central Avenue Hartsdale, NY 10530	10/22/14; 11/18/14; 12/15/14; 01/08/15; 02/24/15; 03/19/15; 04/30/15; 05/19/15; 06/09/15; 07/16/15; 08/24/15; 09/22/15	(b) (6)
IMA (Utica) 430 Court St Utica, NY 13502	10/09/14; 11/13/14; 12/17/14; 01/14/15; 02/19/15; 03/11/15; 04/14/15; 05/06/15; 06/24/15; 07/22/15; 08/26/15; 09/08/15	Comprehensive inspection Exam timings Claimant interviews
TOTAL VISITS:	56	

CE Source	Date of Visit(s)	Reason(s)
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ENDICOTT PROCESSING CENTER		
IMA (Binghamton) 679 Main Street Westover, NY 13790	10/22/14; 11/24/14; 12/22/14; 01/28/15; 02/19/15; 03/12/15; 04/15/15; 05/06/15; 06/23/15; 07/21/15; 08/13/15; 09/22/15	(b) (6)
Elmira Satellite IMA (Elmira) 1300 College Avenue Elmira, NY 14901	10/08/14; 02/11/15; 05/12/15; 09/09/15	
IMA (Syracuse) 518 James Street Syracuse, NY 13203	10/15/14; 11/19/14; 12/15/14; 01/14/15; 02/24/15; 03/25/15; 04/22/15; 05/13/15; 06/09/15; 07/16/15; 08/20/15; 09/29/15	(b) (6)
IMA (Watertown) 218 Stone Street Watertown, NY 13601	10/28/14; 03/26/15; 06/30/15; 09/30/15	(b) (6)
TOTAL VISITS:	32	

CE Source	Date of Visit(s)	Reason(s)
BUFFALO PROCESSING CENTER		
IMA (Rochester) 1650 Elmwood Ave Rochester, NY 14205	10/01/14; 11/06/14; 12/30/14; 01/15/15; 02/04/15; 03/05/15; 04/02/15; 05/07/15; 06/08/15; 07/08/15; 09/03/15	(b) (6)
IMA (Buffalo) 900 Hertel Street Buffalo, NY 14205	10/23/14; 11/13/14; 12/11/14; 01/26/15; 02/05/15; 03/02/15; 04/15/15; 05/04/15; 06/04/15; 07/02/15; 08/04/15; 09/01/15	(b) (6)
IMA (Jamestown) 31 Sherman Street Jamestown, NY 14701	11/21/14; 03/09/15; 05/21/15; 08/07/15	(b) (6)
TOTAL VISITS:	27	

DDS CE Oversight Report

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

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

Region:	Boston
State DDS:	New Hampshire
Report Period (Fiscal Year):	2015
Current Date:	11/6/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title PRO

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

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

The NH DDS PRO handles all complaints made by claimants or other interested parties by investigating each situation. Each party is contacted by phone or email to obtain their side of the story. Depending on the nature of the complaint, appropriate action is then taken. A copy of the complaint is kept in each vendor's file. If warranted, a CE provider will be removed from the CE panel and CE s will no longer be scheduled with that provider.

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

N/A

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

N/A

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

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).

- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

A license verification and LEIE check is done for each proposed panelist or staff consultant prior to their first orientation/interview. License verifications and LEIE checks are then done twice per year; once in the spring and again at the end of the federal fiscal year. In the spring, we request providers complete Exhibit 1 from DI 39569.400, which includes verification that support staff is also properly licensed and credentialed in accordance with NH state law.

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

Credential checks were completed for each new panelist prior to their first orientation/interview. License verifications and LEIE checks were then done in the spring and again at the end of the federal fiscal year.

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

NH DDS Chief Mental and Physical Consultants thoroughly review new CE providers first 5 reports and request corrective action as needed. Some new CE providers require review beyond the first 5 reports until the provider submits adequate reports on a continuous basis. Reports from established CE providers are also reviewed by the Chief MC/PCs and corrective action sought, when a report is found to be inadequate by a staff MC/PC, DE, ODAR or PRO.

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

NH DDS currently has 41 physical CE providers and 33 psychological CE providers. DDS hired one new physical CE provider and 5 new psychological CE providers in 2015.

NH DDS lost 3 Staff physicians due to retirement/relocation in 2015 and we are currently attempting to hire 3 staff physicians to replace them.

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

Yes.

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

The NH DDS CE/MER fee schedule did not changed in FY 2015

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

NH DDS PRO continually monitors eAuthorization acceptance throughout the state and contacts providers who refuse to accept it, providing a detailed explanation of the SSA eAuthorization process, in an attempt to change their minds.

NH DDS PRO encourages ERE account use for all CE providers, except hospitals and monitors MER providers for ERE readiness. ERE accounts are then established and maintained as needed.

The NH DDS PRO also functions as the DDS/FO liaison to facilitate claim intake/closure and as the New Hampshire State Prison Pre-release program liaison for the NH DDS. PRO coordinates with DOC personnel to schedule mental status CEs at the State Prison and/or County jails.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	New York
State DDS:	New Jersey
Report Period (Fiscal Year):	2015
Current Date:	11/16/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Chief

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

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

If the DDS received complaints or allegations of an egregious nature, (eg. Illegal/criminal activity, sexual harassment, cultural insensitivity, or allegations compromising the health and safety of the claimant) the DDS will suspend referrals and reschedule pending appointments while the allegations are being investigated. The DDS administrator will be notified of the nature and severity of the claimant's complaints. Notification will be sent to state authorities or law enforcement agencies. The claimant will be responded to by phone or personal visits if required. The PRO will schedule an appointment to meet with the provider and discuss the claimant's allegations. Copies of the claimant's complaints will be given to the provider if the nature of the complaint did not require referral to an investigating agency. The PRO will then document the appropriateness of the CE provider's responses and determine if further action is needed. The New York Regional Office and/or SSA-OIG are notified of the complaint/allegations and course of action taken such as retraining, by the DDS/State authorities. Complaints and inquiries by attorneys and public officials are handled on a priority basis. In fiscal year FFY'15, NJ DDS terminated services of two CE Providers (b) (6). One CE Provider, (b) (6) has initiated a post exam claimant survey with

excellent record of feedback receipts. NJ DDS retains option of mailing a claimant questionnaire with every CE request package. Additionally, professional relations officers have interviewed claimants after CEs were performed and discovered previously unknown issues, which were addressed and resolved. As an example, the length of the actual examination was addressed as well as facility issues.

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

N/A

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

There were no complaints constituting egregious actions.

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

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

All credentials for the CE panelists are updated every 2 years per POMS DI 39567.300. As such , we executed credentials check in 2015. Credentials for CE panelist support staff such as lab techs are being updated on an annual basis. This began last fiscal year per POMS DI 39567.400. The process is being completed. A current copy of their NJ license was obtained and retained by DDS Administrative Services. Credentials are checked over the internet for violations and exclusions. Sources of credential information include: U.S. Dept. of HHS OIG, N.J. Dept. of Consumer Affairs, N.J. Dept. of Treasury, N.J. Dept. of Banking and Insurance, and SSA OIG. Central files of our CE staff are maintained at NJ DDS, 550 Jersey Avenue, New Brunswick, N.J. 08903.

Upon hiring Medical Consultants, a professional qualifications form is completed and a copy of the NJ license is obtained. Again, these credentials are checked as above over the internet .Any negative information is investigated and if found to be valid, the vendor is not permitted to perform consultative examinations. Reference bases are the NJ Board of Medical/Psychological Examiners; HHS OIG list of excluded vendors and the N.J. Department of Treasury list of debarred vendors. Our key CE providers conduct all testing on site. We consolidated four different professional qualification forms into one form allowing a streamlined registration process for

medical doctors, psychologists, audiologists, and speech-language pathologists.

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

Every six months.

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

NJ Professional Relations staff reviews first 2-3 CE reports of any newly hired CE Provider. Additionally, we address any deficiencies noted brought to our attention by adjudicators or Review Physicians.

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

220. Ten CE Providers left through retirement and two were removed (b) (6).

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

The NJ DDS made 88 visits to C/E providers over the last fiscal year with one Chief and two PROs participating. Four visits took place with the participations of SSA – NYRO staff. One PRO retired. However, another individual was transferred to PRO position in August. The Key Providers were seen at least once quarterly for oversight and ERE issues. The bulk or key providers were all seen at least four times over the last 12 months. NYRO staff participated in 4 such visits. A new directive came out effective July 12, 2010 whereby the key provider oversight-billing threshold was increased to \$150K from \$100K per 20 CFR 404.1519s(f)(11) and 20 CFR416.919s(f)(11). This served to free up some additional time for Professional Relations staff during the fiscal year. There are currently 220 CE providers in the state. While every provider was not seen this year due to the ERE initiatives, (which include outbound fax, ERE Hospital recruitment, outreach to advocacy groups, and 100% CEMD registration into the process) the PRO's did manage to visit all major and issues-oriented CE providers. However, all CE providers were contacted on a regular basis telephonically and via e-mail. All complaints were handled expeditiously utilizing the appropriate protocol. Typical complaints from claimants involved: use of offensive language, eliciting pain on examination in orthopedic exams, ADA-related issue, PII, and unkempt offices. PRO responded promptly with appropriate field visit and investigation, which resulted in positive resolution for all parties. Additionally for the third year in a row, PRO Chief and officer administered refresher training in the field and NJ DDS medical director offered training in-house

to various CE providers especially in the Orthopedics specialty. Five deficient CE reports necessitated repeat CEs to be performed. Additionally, attorneys requested to witness a CE on three occasions. The particular CE providers, (b) (6), per POMS DI 22510.016E.5 guidance, declined the requests.

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

There are no volume discounts. Note uploaded CE Fee Schedule. Once again, Psychological Evaluations are seeing cost savings. A copy of the CE Fee Schedule for FFY'16 is attached for your convenience. In FFY'15, there were 79,812 consultative exams approved and processed and 53,727 consultative examinations paid. NJ does not grant high volume medical provider discounts. In order to create cost savings, we added the C-6 ROM chart to each Internal CE package. This will limit some ordering of independent Orthopedic exams. Additionally, SSA National Policy Questions 09-25 directed limited use of the Weschler Memory Scale testing. NJ DDS has taken immediate steps to fully propagate this directive and achieve additional program cost-savings. In fact, NJ DDS cut down ordering of this testing by 75% per month since this national policy question was introduced on May 6, 2009 . The CE Fee Schedule process is guided by POMS DI 38545.600, POMS DI 39506.001, and OMB Circular No. A-87. NJ DDS utilized NOVITAS SOLUTIONS, CMS website, Psych Central CPT Codes for Psychological Services, and 2015 CPT Codes manual information as resources. New Jersey State Temporary Disability Insurance is sent our fee schedule annually as they utilize some of our consultative medical professionals to conduct independent medical exams for their program purposes.

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

The PRO's have been aggressive in their approach toward recruiting physician, hospitals and schools into the ERE process. All 88 hospitals/hospital systems are supplying medical documentation to the DDS through electronic means – WEB or FAX SERVER. 363/590 school districts or 54% of all public school buildings have embraced the electronic process; while over 7,000 treating sources are doing the same by either faxing or uploading to the Social Security secure website. New Jersey's permanent vendor file hosts approximately 66,000 providers. Outbound fax is automatically utilized by the DDS staff to all 220 CE providers. The remainder of the vendors receive their requests for consultative examinations through the website. There was a myriad of meetings over the last year with hospital administrators and systems information officers in order to transition over into the electronic process. Intense efforts by External Contacts Region helped in securing increased ERE participation and it paved the way for increased hospital provider participation. ERE rates

reached over 82%.. We participate in ERE Support Group calls emanating from SSA. PRO staff recruited four CEMD statewide in specialties including: psychiatric, pediatric, and ophthalmological. Also, Physical Rehab. expanded to two additional sites. Two CEMD retired. One was removed from the panel (b) (6) - Dr. Richard Mills, M.D. One was terminated (b) (6) Dr. L. DiGregorio, M.D. Seven CEMD staff physicians were added to existing bulk CE providers' staff in all areas of specialization. Additionally, NJ DDS implemented a Shared Drive database of all CEMD that were terminated recently.

During 2009, we established a quicker means of communicating with all CE providers by creating an e-mail contact list for approximately 90% CEMD. During FFY'2014/15, we continued to send e-mail messages. If an important message is to be sent out, then PRO staff constructs a tailored message. Messages included such topics as PII issues, adverse medical diagnosis noted at time of CE, rescheduling of CE, and incorporating X-rays and laboratory tests interpretation within body of CE report. Additionally, we have engaged our largest CE provider, Essex Diagnostic Group, in establishing additional telephone lines for both CE schedulers and DDS adjudicators. This is fostering a quicker turnaround time in resolving CE scheduling issues.

In addition to these concerted efforts, the PRO staff have attended, exhibited and networked in a multitude of conferences, conventions and training sessions. Included is the NJEA Convention in Atlantic City in 2008, 2009, 2011, 2012, 2013. NJ School Board Convention in Atlantic City in 2008, 2009, 2011, and 2012. NJHIMA Convention in June 2010 and 2011, 2012, 2013, 2014. School Social Workers' Conference in 2008 – 2014. We did not attend any such conferences in 2015 due to time constraints and in-house projects.

Other activities included the NJ Business and Industry Association Conference, Women and AIDS Conference, the Chronic Fatigue conference and the North East Multiple Sclerosis Society Conference. Meetings attended include NJ Social Security Alliance meetings, and FO/DDS/ODAR Teaming Committee meeting, School Social Workers Conference, National Caregivers Conference, County Welfare Managers, DYFS/Trenton SSA-F.O. project, NJ Department of Corrections, SOAR homeless project, Ticket to Work- SSA, Trinitas Children's Services, Kessler institution, Leukemia and Lymphoma Society of New Jersey, UCHC(Prisons medical service), and various veterans groups in association with Military Casualty case outreach.

In early June 2009, PRO began outreach to several hospitals and other medical providers in promoting SSA's national "HIT" initiative. Six medical provider entities expressed interest in

submitting a “Request for Information” and “Request for Proposal”. NJ DDS continued to maintain open communication throughout FFY’10 , FFY’11, FFY’12, FFY’13, and FFY’14 with those six entities and the Camden County HIE on future prospects for “HIT” program participation. We are also tracking Healthcare IT News for latest news regarding electronic medical records capabilities of New Jersey hospitals. Atlantic Health Care, CentraState Healthcare System, Hunterdon Healthcare System, and Meridian Health were deemed “most wired”. These entities provide additional opportunity for (“HIT” – Health Information Technology) in the near future. PRO Chief is also working with Chief of IT at Saint Barnabas Health Care System in continuing development of ERE processes, which could lead to “HIT” development in the future. In 2012 and 2013, relevant information has been referred to SSA in Baltimore to start a partnership with St. Barnabas Health, Cooper University Hospital, and Hackensack University Medical Center alike SSA’s “HIT” partnership with Kaiser Permanente. As of the end of fiscal year 2015, SSA has not notified any New Jersey Provider of eligibility or participation.

SSA-directed projects dominated the fiscal year 2012, 2013, 2014, and 2015 as well inclusive of eAuthorization, which necessitated the Chief of Professional Relations to make presentations on this subject in major MER provider medical records departments as well as to track progress of acceptance of all MER providers. A companion mailer went out on all MER requests as well which generated much telephone activity and increased acceptance. New Jersey DDS took the lead in asking SSA to work with VA Health systems for the VA’s acceptance of eAuthorization as well. Overall, SSA’s eAuthorization process involved getting all major MER providers to buy into this concept. DCPS issues involved multiple electronic meeting events as well. SSA made a brief pause with DCPS at present time.

Overall. New Jersey DDS professional relations’: outreach/communications to internal and external stakeholders, CE process oversight, CEMD recruitment, support role with NJ DDS claims operations, and ERE management/expansion activities highlighted a year of intense and persistent effort in a goal-directed team approach.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Atlanta
State DDS:	North Carolina
Report Period (Fiscal Year):	FY2015
Current Date:	11/12/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Supervisor

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

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

North Carolina DDS investigates each unique complaint submitted to the Professional Relations Office. A claimant complaint is defined as a written or verbal complaint regarding a CE provider that may require remedial action. Claimant complaints are received in various ways; however, they are most often received on the Client Survey Form, which is completed and returned by the claimant after their examination. If a verbal complaint is received, the claimant is requested to submit the complaint in writing. We utilize the Client Survey Form to obtain the necessary information in writing. In addition to completing the form, claimants are encouraged to submit any additional information, which is relevant to the complaint. Complaints that are submitted on behalf of the claimant by a family member, attorney, claimant representative, etc. are also investigated. All complaints are responded to in a timely manner by telephone or letter. Corrective action is taken when necessary. Complaints that concern the examination itself, the professionalism of the physician/psychologist, and/or office staff may be considered as major complaints. An unannounced office visit, telephone call, or letter to the CE panel member's office may be necessary for resolution of the complaint. A written summary is prepared for major complaints detailing the nature of the complaint and any actions taken for resolution. A copy of the complaint and subsequent actions are maintained in the Client Survey File and the CE panel member's individual file. Any complaint deemed significant is placed in the Major Complaint File and a list of major complaint summaries is maintained.

Complaints concerning rudeness and/or unprofessional manner or attitude of the CE provider and/or their staff members may also be deemed a major complaint. In these instances, the CE report completed by the provider is normally reviewed prior to taking action. The complaint(s) are shared with the CE provider and a verbal or written response is obtained to address the claimant's allegations. After the response is received, the relevant party is contacted by phone and/or letter.

Complaints involving environmental factors or conditions usually require unannounced onsite visits for investigation. Providers are requested to make appropriate changes when indicated. Continued client surveys are used to monitor the situation.

Various other complaints such as pain during the examination, incomplete examinations, lack of ancillary studies, inconsistent findings with medical history, lack of provider qualifications, office accessibility issues, difficulty locating the office, extended waiting times, and privacy issues are investigated on a case by case basis. Copies of reports are obtained and reviewed for adequacy of assessment of the claimant's impairments. CE providers are contacted so concerns can be addressed. Necessary actions are taken for resolution when appropriate and the complainant may be advised of the actions. Documentation of complaints is retained on file for future reference as needed.

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

No fraudulent activities were discovered.

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

- PRO received a phone call regarding an examination with a provider. The claimant's (b) (6) reported while explaining (b) (6) past history with receiving disability benefits, the doctor called them "stupid" several times. After this occurred approximately four times, they walked out of the appointment. A client survey was mailed to the claimant and a new appointment was scheduled for the claimant with a different provider. A few days later, it was brought to our attention that the claimant's (b) (6) posted information regarding their experience with the provider on Facebook. At the end of the comments section to the post on Facebook, the (b) (6) urged others to report the provider to (b) (6) (a local news station) saying (b) (6) had done the same. The Facebook post was faxed to the provider for comment. The provider denied ever calling the claimant or any patient stupid. (b) (6) indicated the claimant's (b) (6) repeatedly asked if (b) (6) thought (b) (6) would resume (b) (6) disability benefits, to which the provider responded (b) (6) did not make that decision. (b) (6) stated the claimant's (b) (6) got angry and left the office. The provider also stated the Facebook post was a defamation of character. Client surveys were mailed to the provider's last 20 appointments (this is in addition to the regular client surveys that are sent for the provider each year). Of those, 10 were returned with five indicating no issues, one having no issues and including a complimentary remark, and four having minor complaints. A letter was mailed to the provider regarding this encounter and some tips to avoid miscommunication in the future. A letter was also mailed to the claimant apologizing for (b) (6) experience and letting (b) (6) know we

take negative feedback about our consultative examination providers very seriously.

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

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

- The PRO staff conduct a complete credentials check on all potential CE panel members at the initial application. This includes requiring the potential CE provider to sign a Memorandum of Understanding and Agreement, which specifically states they must not be excluded, suspended, or otherwise barred from participation in the Medicare or Medicaid programs, or other federally assisted programs. We verify that the source is currently licensed and in good standing in the state of North Carolina through their respective licensing board including the North Carolina Medical Board, North Carolina Psychology Board, North Carolina Board of Examiners for Speech & Language Pathologists and Audiologists, and HHS Office of Inspector General Website. Potential CE panel members in Border States are credentialed through their respective licensing board in that state. If credential verification reveals any type of board action, NC DDS requests a copy of the action(s) when they are unavailable on the respective board's website. Public file information on physicians licensed with the North Carolina Medical Board can be accessed via the North Carolina Medical Board website. In addition, the PRO Supervisor and one designated PRO, receive immediate notification of disciplinary actions from the North Carolina Medical Board via e-mail. To ensure CE sources renew and maintain their licenses appropriately, NC DDS verifies licensure on a yearly basis through the NC Medical Board website and HHS OIG website for each provider. A database was established in an effort to complete this task. The North Carolina Medical Board requires yearly license renewal based on the physician's date of birth. NC DDS verifies annual license renewal and checks for possible board actions on a monthly basis corresponding with the physician's date of birth. Physician assistants and nurse practitioners who participate in consultative examinations are also verified through the North Carolina Medical Board and the HHS Office of Inspector General Website on a yearly basis. The North Carolina Psychology Board requires license renewal in October of every even numbered calendar year for psychologists. NC DDS PRO staff performs licensure verification on a yearly basis and throughout the year as needed based on client surveys, complaints, onsite visits or other significant situations. The North Carolina Psychology Board annotates any board actions on their website. In addition, they also send us a copy of board actions after each board meeting.
- Licensure for support personnel such as nurses and medical assistants is addressed in our Memorandum of Understanding and Agreement that is signed at the initial application period. This memorandum clearly states all support staff used in the performance of consultative examinations must meet the appropriate licensing or certification requirements of the State. It is the responsibility of the CE provider to ensure they utilize appropriately licensed staff on a regular basis. In addition, a letter is sent to each group and provider yearly asking them to certify they and their staff are not excluded, suspended or otherwise barred from participation in the Medicare/Medicaid programs or any other federally assisted

program and that their licenses are in good standing with their respective licensing board. Providers failing to respond will be contacted and scheduling terminated if they do not respond after several attempts.

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

Credential checks are completed once a year on each provider. Once a month, we pull a list of providers from our database by licensure renewal date. At that time, PRO checks the appropriate state licensing board and OIG. In addition, credential checks are also completed on all new applications and as the need arises.

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

When a new provider joins the NC DDS CE panel, we schedule 5 examinations. Once those examinations are kept, we monitor the timeliness of signed report submission and perform quality review. Our QA Medical and Psychological Consultants perform the quality reviews and provide feedback. Throughout the year we perform quality reviews as onsite visits are made to providers and as issues arise. Serious quality issues are addressed by onsite visits or conference calls to ensure compliance with our criteria.

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

Current Number of CE panel Members ---- 618 active CE providers
158 hospitals and related facilities

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

All key and volume provider onsite visits were completed in FY2015. Please see attached list of onsite visits made in FY2015.



ONSITES - Fiscal
Year 2015.doc

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

Please see attached memorandum of CE fee schedule changes that became effective for appointments scheduled on August 17th 2015 and later. The reimbursement rate for MER remains at a maximum of \$15.00.



Fee Schedule EMT
Memorandum.doc

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

The Professional Relations Staff participated in various types of outreach activities throughout FFY 2015 in an effort to recruit CE panel members, recruit ERE sources, and educate the public about Social Security Disability. The PRO staff exhibited at major medical and professional meetings throughout the state. Presentations were made to various health care related and other professional groups. PRO participated in 20 Outreach Activities during the fiscal year. Currently, our CE ERE submission rate is 99.1%.



OUTREACH - Fiscal
Year 2015.doc

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

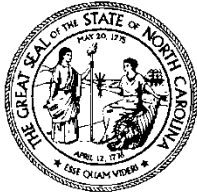
ONSITES

FISCAL YEAR - 2015

<u>SOURCE</u>	<u>CITY</u>	<u>DATE</u>	<u>KEY/N-KEY</u>	<u>PRO</u>	<u>REASON</u>
Maqsood Ahmed, M.D.	Goldsboro	10/29/14	Key	(b) (6)	Onsite, (b) (6)
C. Craig Farmer, Ph.D.	Jacksonville	11/17/14	Non-key	(b) (6)	Onsite, (b) (6)
Michele King, Psy.D.	Jacksonville	11/17/14	Non-key	(b) (6)	Onsite, (b) (6)
SXR Medical Evaluations	Durham	11/19/14	Key	(b) (6)	Onsite, (b) (6)
Occupational Health Partners	Garner	2/10/15	Key	(b) (6)	Onsite, (b) (6)
Amy L. Johnson, Ph.D.	Durham	2/16/15	Non-key	(b) (6)	Onsite, (b) (6)
Alexander Lopez, M.S.	Concord	2/19/15	Key	(b) (6)	Onsite, (b) (6)
Joseph Appollo, Ph.D.	Lexington	2/19/15	Non-key	(b) (6)	Onsite, (b) (6)
John Warnken, M.S	Charlotte	2/19/15	Key	(b) (6)	Onsite, (b) (6)
Charlotte Medical Center Tuan Anh Huynh, M.D.	Charlotte	2/20/15	Key	(b) (6)	Onsite, (b) (6)
Morris F. Britt, Ed.D.	Charlotte	2/20/15	Key	(b) (6)	Onsite, (b) (6)
Charlotte Ophthalmology Clinic Boyd Vaziri, M.D. William Branner, III, M.D.	Charlotte	2/20/15	Non-key	(b) (6)	Onsite, (b) (6)
Alta Medical Consulting Services	Monroe	2/21/15	Key	(b) (6)	Onsite, (b) (6)
Olympus Health NC	Greensboro	3/7/15	Key	(b) (6)	Onsite, (b) (6)
Ferris Locklear, M.D.	Lumberton	3/26/15	Key	(b) (6)	Onsite, (b) (6)
Southeastern Psychological Services	Fairmont	3/26/15	Key	(b) (6)	Onsite, (b) (6)
Gary Bachara, Ph.D.	Wilson	4/9/15	Key	(b) (6)	Onsite, (b) (6)
James R. Frazier, Ph.D.	Wilson	4/9/15	Key	(b) (6)	Onsite, (b) (6)

Family Psychiatric Clinic Asha Kohli, M.D.	Goldsboro	4/9/15	Non-key	(b) (6)	Onsite, (b) (6)
Kumar Internal Medicine Satish Kumar, M.D.	Rocky Mount	4/9/15	Key		Onsite, (b) (6)
Muhammad Bhatti, M.D.	Goldsboro	4/16/15	Non-key		Onsite, (b) (6)
Anne Ashley King, Ph.D.	Greensboro	5/12/15	Non-key		Onsite, (b) (6)
Mark L. Fields, M.D.	Greensboro	5/12/15	Non-key		Onsite, (b) (6)
Rebecca Kincaid, M.S.	Greensboro	5/12/15	Non-key		Onsite, (b) (6)
David Johnson, M.A.	Reidsville	5/12/15	Key		Onsite, (b) (6)
Julia Brannon, Ph.D.	Reidsville	5/12/15	Non-key		Onsite, (b) (6)
Coastal Internal Medicine Ayman Gebrail, M.D. Feras Tanta, M.D.	Wilmington	6/17/15	Key		Onsite, (b) (6)
Lifeworks	Morganton	7/13/15	Key		Onsite, (b) (6)
Vincent Maginn, Ph.D.	Chapel Hill	7/15/15	Non-key		Onsite, (b) (6)
Beverly Moshay, S.L.P.	Durham	7/15/15	Non-key		Onsite, (b) (6)
The Neuropsychology Consultants	Hillsborough	7/15/15	Key		Onsite, (b) (6)
David Johnson, M.A.	Fayetteville	7/22/15	Key		Onsite, (b) (6)
Speech Pathology & Audiology Services	Lumberton	7/23/15	Non-key		Onsite, (b) (6)
Jadene Lowry, M.D.	Lumberton	7/23/15	Key		Onsite, (b) (6)
MDSI Physicians Group	Lumberton	7/23/15	Key		Onsite, (b) (6)
JCS Rehabilitation & Wellness Center	Aberdeen	7/23/15	Non-key		Onsite, (b) (6)
Med First, Inc. Mark A. Samia, M.D.	Raleigh	7/29/15	Key		Onsite, (b) (6)
Romeo Atienza, M.D.	West End	8/4/15	Key		Onsite, (b) (6)
Scott Schell, M.D.	Southern Pines	8/4/15	Non-key		Onsite, (b) (6)

Kinston Diagnostic Group George West, M.D.	Kinston	8/4/15	Non-key	(b) (6)	Onsite, (b) (6)
Tri-State Occupational Medicine	New Bern	8/4/15	Key	(b) (6)	Onsite, (b) (6)
Mark Besen, Ph.D.	New Bern	8/4/15	Non-key	(b) (6)	Onsite, (b) (6)
Amy D. James, Psy.D.	New Bern	8/4/15	Non-key	(b) (6)	Onsite, (b) (6)
Southern Medical Group	Washington	8/15/15	Key	(b) (6)	Onsite, (b) (6)
C. E. Provider Services	Elizabeth City	8/15/15	Key	(b) (6)	Onsite, (b) (6)
Steve McKinnon, M.D.	Statesville	8/20/15	Non-key	(b) (6)	Onsite, (b) (6)
Ling & Kerr Rehabilitation Services	Greensboro	8/20/15	Non-key	(b) (6)	Onsite, (b) (6)
Medical Support Associates	Hickory	8/22/15	Key	(b) (6)	Onsite, (b) (6)
Ernest Akpaka, Ph.D.	Fayetteville	8/27/15	Key	(b) (6)	Onsite, (b) (6)
Jerome Albert, Ph.D.	Goldsboro	8/27/15	Key	(b) (6)	Onsite, (b) (6)
Med Plus, NC	Sanford	8/29/15	Key	(b) (6)	Onsite, (b) (6)
Advanced Medical Consultants	Asheboro	9/15/15	Key	(b) (6)	Onsite, (b) (6)
Harrison Frank, M.D.	Leland	9/24/15	Non-key	(b) (6)	Onsite, (b) (6)
Kommunikate Plus, Inc.	Mount Olive	9/24/15	Non-key	(b) (6)	Onsite, (b) (6)



Division of Vocational Rehabilitation Services
(b) (6), Director

Post Office Box 243
Raleigh, North Carolina 27602
(b) (6) Administrator

MEMORANDUM

To: EMT
Unit Supervisors
(b) (6) CEC
(b) (6) DHHS Accounting

From: (b) (6)
Professional Relations Supervisor

Re: Consultative Examination Fees

Date: August 12, 2015

There will be a fee increase for most of our consultative examinations effective for **appointments occurring 08/17/15 and later**. Only authorizations generated 8/17/15 or later will reflect the fee increase on the DD-6. CE Controls will manually update DD-6s with the new fees for affected appointments authorized prior to this date as the signed reports are returned. During the month of August, a note will be printed on the DD-6 for providers indicating the fee increase when applicable. Please note that fees for radiology, laboratory studies and other ancillary studies **will not** increase. Fees for the following CPT codes will be increased as noted:

99204 Medical Consultation, complete history, physical and written report of findings	\$145.00
99206 Consultation, Orthopedic, written report of findings	\$155.00
99206A Orthopedic/Musculoskeletal exam	\$145.00
99207 Consultation, Neurological, written report of findings	\$155.00
90801 Consultation, Psychiatric, written report of findings	\$145.00
99202 Consultation, Otological, written report of findings	\$85.00
92002 Ophthalmological Examination	\$105.00
92004 Ophthalmological Examination, including peripheral visual fields, and written report of findings	\$170.00
99244 Consultation, Pediatric, written report of findings	\$145.00
90800 Comprehensive Clinical Psychological Evaluation, written report of findings	\$110.00

92506	Speech/Language Evaluation	\$115.00
96100	Wechsler Adult Intelligence Scale (WAIS) written report of findings	\$120.00
96101	WAIS with projectives, written report of findings	\$125.00
96001	Wechsler Intelligence Scale for Children	\$120.00
96002	Stanford Binet	\$120.00
96003	Differential Ability Scales	\$120.00
96004	McCarthy Scales of Children's Ability	\$120.00
96005	Wechsler Pre-School and Primary Scale of Intelligence	\$120.00
96024	Kaufman Adolescent & Adult Intelligence Test	\$120.00
96111	Bayley Scales of Infant & Toddler Development	\$120.00
96013	Non-Verbal Intelligence Testing	\$120.00
96007	Wide Range Achievement Test	\$40.00
96009	Woodcock-Johnson Test of Achievement	\$75.00
96010	Kaufman Test of Educational Achievement	\$65.00
96020	Adaptive Behavior Scale	\$45.00
96021	Adaptive Behavior Assessment System	\$45.00

We hope that this fee increase will help us retain and recruit quality sources for our consultative examination panel. If you receive inquiries from any of our consultative examination panel members, please refer them to the Professional Relations Office. Thank you for your attention to this matter.

OUTREACH

FISCAL YEAR - 2015

NC Medical Society Annual Meeting	Greensboro	10/24-25/14	(b) (6)	Exhibit ERE
64 th Conference on Exceptional Children	Greensboro	11/3-5/14	(b) (6)	Exhibit ERE
Frontotemporal Degeneration Caregiver Education Conference	Raleigh	11/10/14	(b) (6)	Exhibit ERE
National Multiple Sclerosis Annual Meeting	Cary	11/15/14	(b) (6)	Exhibit ERE
NC Academy of Family Physicians Winter Weekend	Asheville	12/4-6/14	(b) (6)	Exhibit ERE
SOAR Caseworker 3 rd Annual Meeting	Winston-Salem	12/9/14	(b) (6)	Presentation ERE
NC Council for Exceptional Children Conference	Pinehurst	1/29/15	(b) (6)	Exhibit ERE
HIV Health Fair	Raleigh	2/13/15	(b) (6)	Exhibit ERE
American College of Physicians Annual Meeting	Durham	2/13-14/15	(b) (6)	Exhibit ERE
NC Neurological Society Annual Meeting	Charlotte	2/20-21/15	(b) (6)	Exhibit ERE
NC Academy of Physicians Assistants Conference	Durham	2/23-25/15	(b) (6)	Exhibit ERE
Prevent Child Abuse Learning & Leadership Summit	Chapel Hill	3/3-4/15	(b) (6)	Exhibit ERE
NC National Association of Social Workers Conference	Raleigh	3/6/15	(b) (6)	Exhibit ERE
NC Psychological Association Spring Conference	Chapel Hill	4/24-25/15	(b) (6)	Exhibit ERE
Levine Cancer Institute	Concord	5/11/15	(b) (6)	Presentation ERE

NCHIMA Behavioral Health 35th Annual Conference	Raleigh	6/10-6/11/15	(b) (6)	Exhibit ERE
Wayne Memorial Hospital	Goldsboro	6/17/15	(b) (6)	Presentation ERE
NC Pediatric Society Annual Meeting	Asheville	8/21-22/15	(b) (6)	Exhibit ERE
NC Psychological Association Fall Conference	Chapel Hill	9/25-26/15	(b) (6)	Exhibit ERE
NC Speech, Hearing & Language Association Fall Conference	Wilmington	9/25-26/15	(b) (6)	Exhibit ERE

DDS CE Oversight Report

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

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

Region:	DENVER
State DDS:	NORTH DAKOTA
Report Period (Fiscal Year):	2015
Current Date:	11/13/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Human Services Program Administrator/MPRO

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

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

The ND DDS PRO generally receives complaints on referral from the analysts who have been contacted by the claimants. The PRO then contacts the claimant to investigate the complaint. The claimant is asked to submit their complaint in writing to the DDS for follow-up.

Follow-up action depends on the nature and severity of the complaint.

- Most Serious Complaints/Egregious Behavior:

The CE provider is immediately contacted for clarification and input related to the specific complaint after receiving the verbal complaint. The DDS Director is apprised of claimant complaints and determines if the RO or DCO-ODD should be notified, which would likely be the case for this category of complaint. The PRO would contact other claimant's recently seen by the provider. Pending appointments may be cancelled or rescheduled while the complaint is investigated. The complaints and the vendor responses are reviewed to determine if additional actions are required. If additional actions are required State Risk Management protocols would be followed. Established egregious complaints would result in dismissal from the CE panel.

- Less Serious Complaints:

Less serious complaints related to the provider's manner or his staff's manner are followed up on with the provider. The PRO would contact other claimant's recently seen by the provider to determine if others had similar complaints. Complaints should be submitted to the DDS in writing. The DDS contacts the vendor for clarification and input related to the specific complaint. The complaints and vendor responses are reviewed to determine if additional actions are required. Due to the limited number of CE providers in North Dakota, extraordinary efforts would be undertaken to maintain the provider relationship by working with the provider to correct this type of complaint.

Complaints related to the quality of the report are referred by analysts and/or medical consultants and are handled by the PRO. The PRO contacts the CE provider for clarification and/or corrective action. A request for an addendum to the report may be made if appropriate. Examples of acceptable reports and a copy of SSA Publication No. 64-025 (The Green Book) will again be forwarded to the CE provided for reference if necessary. Once again, due to the limited number of CE providers in North Dakota, extraordinary efforts would be undertaken to maintain the provider relationship.

Complaints related to a CE provider's facility would be investigated by contacting the provider. The PRO would contact other claimant's recently seen by the provider to determine if others had similar complaints. An onsite visit would occur if necessary. Again, due to the limited number of CE providers in North Dakota, extraordinary efforts would be undertaken to maintain the provider relationship.

During Fiscal year 2015 the ND DDS received no written or verbal complaints in the DDS.

All complaints are kept on file in the PRO's office and on the NDDDS internal SharePoint site for this purpose.

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

No fraudulent activities were discovered during FY 2015

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

Potential Egregious Complaint

The ND DDS received no potential egregious complaint during FY15

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

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

Initially physical medicine licenses' are check at the North Dakota State Board of Medical Examiners' website <http://www.ndbomex.com/Default.htm> This website allows the user to search any licensed physician or physician assistant in the State of North Dakota for license status and any disciplinary or license action that may have occurred. The JCAHO (Joint Commission on the Accreditation of Healthcare Organizations) and the NCQA (National Committee for Quality Assurance) permit the use of a state professional board's website for primary source verification of licensure if the following conditions are met: (1) The website is the official state professional board website; (2) the website receives its information directly from the state professional board's database through encrypted transmission, and; (3) the data is updated and is current. This website meets each of those criteria. Psychologists' licenses' are checked by contacting the North Dakota State Board of Psychologist Examiners. North Dakota Medicaid is informed anytime a provider is under review for any disciplinary or license actions. Medicaid informs the DDS of any disciplinary or license actions that have occurred.

The ND DDS also checks the HHS-OIG LEIE database to ensure the provider is not excluded from participating in Federal or federally assisted programs prior to using the provider and once annually thereafter.

The ND DDS also obtains the signed License/Credentials Certification form located in POMS DI 39569.400.

Support personnel's licenses/credentials are on file with each CE provider and are available for review upon request. When requested license/credentials are faxed to the DDS for review. The provider also certifies that any support staff meet licensing or certification requirements when signing the License/Credentials Certification.

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

Credential checks are completed one time a year by the DDS. However, North Dakota Medicaid checks licenses on a continual basis and notifies the DDS by email if any disciplinary or license actions occur.

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

The MPRO reviews the first 5 reports submitted by a new CE provider for content to ensure all requested elements of an examination have been completed and that the report meets criteria. Thereafter, Analyst staff and Medical Consultants report concerns to the MPRO for follow up.

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

ND has 192 current CE providers listed in VERSA. Please be aware that that this includes facilities that perform testing only; such as PFT's, lab work, X-rays, ect. This number also includes CE providers that will only do CEs for claimants who are current patients at the clinic where the provider practices and CE providers who will only do a limited number of CE's per year.

The NDDDS lost 2 Physical CE providers due to the providers being unwilling to continue to accept ND Medicaid rates. We also lost 1 physical CE provider who passed away.

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

The ND DDS does not have any volume providers. All Key providers did not have onsite visits in FY 2015 as the MPRO's time was greatly comprised due to her key role in the development and implementation of a fiscal interface with the ND Parent Agency. In addition to the above project, the MPRO was (b) (6) during FY 2015.

All Key providers did have onsite visits in FY2014.

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

The ND MER fees are established by North Dakota Century Code, no changes occurred in the MER fee schedule.

The NDDDS pays North Dakota Medicaid rates for all CE's. Medicaid fees are established by the ND legislature and change annually on July 1.

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

The ND DDS PRO did not participate in any of the above activities during FY 2015 as the ND DDS developed and implemented a new fiscal interface for bill paying purposes during FY 2015. The ND MPRO was a key participant in developing and implementing the interface. The bulk of the MPRO's time was spent on this project. In addition to the above project, the MPRO (b) (6) during FY 2015.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Chicago
State DDS:	Ohio
Report Period (Fiscal Year):	2015
Current Date:	10/29/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Manager, Medical Administration

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

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

Complaints received from claimants or their authorized representatives via any media regarding consultative examinations are directed to the DDS Professional Relations Officers and/or the Professional Relations Officers' electronic mailbox, if received electronically. For complaints regarding the actual medical examination or consultative examination report, the Disability Claims Adjudicator and/or in house Medical Consultant sends an interoffice communication documenting the complaint to the appropriate Chief Medical or Psychological consultant for review. The appropriate Chief issues a letter, outlining the complaint or quality issue, to the consultative examination source. The letter advises the source of the situation and solicits clarification of the situation/issue as needed. The Professional Relations Officer also handles complaints outside of the actual medical/psychological findings in the report (i.e., discourteous treatment, long wait times, condition of the waiting area, etc.) Simultaneously, a letter of acknowledgment is sent to the claimant and/or the authorized representative at the discretion of the Medical Administration Department.

The consultant is given three business days to respond. A reminder is created for each request to ensure timely follow-up is completed. If no response is received within that timeframe, a

Professional Relations Officer will follow-up with the vendor and pursue the needed information until the issue is resolved.

Once the response is received in the Medical Administration Department, the correction is reviewed by either the appropriate Chief or a Professional Relations Officer. Any addenda or correction to the report is placed in the paper/electronic case as appropriate. In addition, the vendor's electronic file is updated and noted. All complaints are documented and available for review by the Chief Consultants, the Medical Administration Manager, and the Professional Relations Officers.

Repeated complaints against an individual vendor and/or more egregious complaints may require a phone call or face-to-face visit with that examiner. These types of problems are handled by the Professional Relations Officers, one of the Chief consultants, or the Medical Administration Manager. This level of complaint can result in the immediate cessation of referrals to that consultative examiner. All complaints are handled on a case-by-case basis depending on the nature and severity of the complaint. Every effort is made to maintain the safety of our claimants and the integrity of the program.

The Chief Medical and Psychological Consultants and the in-house consultants do random quality review samples of all providers' consultative examinations on a weekly basis. The in-house consultants participate in the random review on an ongoing basis. Each in-house consultant is assigned a month period during the year in which they are required to perform reviews on ten (10) exams per week. The Chief also reviews ten (10) exams per week along with reviews of new consultative examiners and random requests from the in-house consultants and adjudicators. This results in approximately sixty (60) reports being reviewed from all specialties. The Professional Relations Officers also perform five random reviews of consultative examination reports per week. Report deficits or needed corrections are handled via addendum requests and/or inquiries from a Professional Relations Officer or the appropriate Chief. Data collected from these reviews is compiled and maintained in two databases in the Medical Administration Department. This information is utilized by the Professional Relations Officers to help provide individual feedback to the providers when appropriate and to track any areas where performance improvement may be needed across the board. Trends or significant issues that arise are handled by phone, email, or an on-site visit by the Professional Relations Officer. All feedback given is documented and placed in the provider's electronic folder.

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

The Ohio DDS did not discover any fraudulent activities by our CE providers for FFY2015.

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

The Ohio DDS did not identify any complaints of an egregious nature for FFY2015.

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

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

All credentials and licensure verification checks are tracked quarterly through the Medical Administration Department. In addition, each vendor is checked quarterly through the OIG (Office of the Inspector General) for exclusions. Copies of all verifications are maintained in each consultative examination provider's electronic file through the duration of their business relationship with the Ohio DDS. These records are maintained in accordance with the State of Ohio records retention policy/schedule.

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

Credential checks are completed quarterly in the Ohio DDS. All were completed.

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

The Chief Medical and Psychological Consultants and the in-house consultants do random quality review samples of all providers' consultative examinations on a weekly basis. The in-house consultants participate in the random review on an ongoing basis. Each in-house consultant is assigned a month period during the year in which they are required to perform reviews on ten (10) exams per week. The Chief also reviews ten (10) exams per week along with reviews of new consultative examiners and random requests from the in-house consultants and adjudicators. This results in approximately sixty (60) reports being reviewed from all specialties. The Professional Relations Officers also perform five random reviews of consultative examination reports per week.

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

The Ohio DDS had 447 providers for FFY2015. Changes reflect retirements, cessation of business relationships, or closing of offices by large volume providers.

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

All Key and Volume providers had onsite visits completed during FFY2015, with the

exception of Medical and Occupational Health Consultants who was seen on 10/26/15 and 9/22/14.

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

ENT and HINT examinations increased to \$220.00 and \$95.00 respectively from \$175.00 and \$80.00.

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



Outreach Activities
2014-2015.doc

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

Other Notables:

- PROs participated in the National MC Recruitment Group
- PROs continue to educate providers about the benefits to ERE
- PROs continue to work with MER providers about the benefits to eAuthorization
- PROs serve as the FO Liaison and ODAR Liaison
- Medical Administration replaced a CE scheduler due to an internal promotion, which required training from the PROs
- PROs continue to recruit in-house consultants and CE providers

Outreach Activities

Fiscal Year 10/1/14 to 9/30/15

(* Indicates activity done with PAS)

October 2nd/3rd – Ohio Council of Behavioral Health & Family Services Providers

October 20th/21st-OSSPEAC Conference

November 12th-PRO Presentation to DCA 1 training class

November 13th – PRO Presentation with Dayton Area DD Staff (with PAS)

November 20th/21st-NASW Conference

December 4th-New Employee Orientation Presentation

December 9th-Presentation to Wright State University (Healthlink Seminar)*

January 14/15-Access Database Trainings

January 15th-New Employee Orientation Presentation

January 23rd – Presentation with Columbus VA Social Workers (with PAS)

February 3rd-PROs/Schedulers met with new interpreting service Vocal Link

February 5th – Social Security and You (Centerville)*

February 20th-Connecting with the Legal Community (Dayton)

February 26th-New Employee Orientation Presentation

February 27th-Connecting with the Legal Community (Columbus)

March 3rd-Meeting to discuss Ohio transitioning into a Medicaid 1634 state

March 16th – PRO On-Site Shadowing Experience

March 17th-Springfield FO Liaison Visit

March 19th-New Employee Orientation Presentation

March 19th-VA Presentation (Cleveland)*

March 19th-20th-OSLHA Conference

March 20th-Transitional Living Group Presentation*

March 23rd – PRO On-Site Shadowing Experience

March 24th-25th-OHIMA Conference

March 30th – PRO On-Site Shadowing Experience

April 15th – PRO On-site Shadowing Experience

April 17th-Darke County Board of Developmental Disabilities*Presentation

April 21st-ERE Presentation in Akron

April 22nd-Toledo ODAR Visit

April 23rd-New Employee Orientation Presentation

April 24th-PRO Database Presentation to several DDS's.

April 29th - May 1st – OPA Convention

May 13th-Scleroderma Presentation

May 21st-New Employee Orientation Presentation

June 15th-New Employee Orientation Presentation

June 19th-Connecting with the Legal Community Meeting (Dayton)

July 13th-New Employee Orientation

July 13th-DCA I Medical Administration Presentation

July 20th – PRO On-Site Shadowing Experience

July 22nd-PRO On-site Shadowing Experience

July 24th-PRO On-site Shadowing Experience

July 28th-Toledo VA Presentation*

July 30th -PRO On-site Shadowing Experience

July 30th-Nationwide Children's Hospital Presentation*

July 31st -PRO On-site Shadowing Experience

August 5-PRO dept. presentation for DCA 1's

August 10-New Employee Orientation Presentation

August 27th – PRO On-Site Shadowing Experience

September 8th-New Employee Orientation Presentation

September 16th and 17th-Ohio Council for Home Care and Hospice Conference

September 24th-Ohio Benefit Bank Conference

September 25th-Legal Community Meeting (Columbus)

September 30th- PRO training of new staff

DDS CE Oversight Report

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

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

Region:	Dallas
State DDS:	Oklahoma
Report Period (Fiscal Year):	2015
Current Date:	11/16/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title PRO

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

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

When complaints are received from a claimant regarding a CE provider the claimant is asked to submit their concerns in writing. The receipt of the claimant's complaint is acknowledged in a letter to the claimant. A letter is sent to the CE provider summarizing the complaint and asking the provider to give their view of the events as they occurred. The PR staff sends claimant surveys to a minimum of ten to twenty claimants who have recently been examined by the CE provider in question to determine any patterns of behavior. If allegations against the CE provider are egregious in nature, the PR staff will suspend the provider from scheduling during the investigation. After reviewing all of the information, a determination is made as to whether the complaint is unsubstantiated or substantiated. If the complaint is considered valid, a PR specialist visits the CE provider to discuss and implement a plan to remedy the situation. Depending on the nature of the complaint, a second PR specialist, the DDS administrator, a medical consultant or other appropriate DDS staff may accompany the PR specialist investigating the complaint to visit the CE provider. Communication with the DDS Administrator is ongoing in all complaints that include serious allegations regarding a CE provider. When appropriate, the Regional Office, the state licensure boards and law enforcement agencies are notified. Throughout the investigation process, beginning with the first contact from the claimant through the conclusion, whether the situation is remedied or the CE provider is released from the panel

detailed written documentation is maintained. Types of complaints received are:

1. Late reports
2. Need for additional information
3. Slight mistreatment complaints about provider by claimant
4. Missing pages of a report

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

N/A

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

N/A

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

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

State license and OIG credential checks are performed before recruitment occurs. Vendors on our panel receive a bi-annual review yearly.

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

State license and OIG credential checks are performed before recruitment occurs. Vendors on our panel receive a bi-annual review yearly.

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

A supervisory code is placed on all new CE providers. This ensures that all reports are forwarded to a PRO to review. Once we are certain they are submitting reports and being 100% policy compliant we remove the code. This code can and is replaced on a vendors profile as needed throughout the year for random review of submitted work.

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

356 total. Due to increased recruitment activities for this year.

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

Key provider visits were performed. Additional staff has been added to the department starting in 2015 to give us more opportunities to visit our providers.

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

Our policy for fee schedules is taken exactly from POMS 39545.600. Our fee schedule reimbursement rates are set after careful consideration of state and federal rules and regulations. Our rates may not exceed the highest rate paid by Federal or other agencies in the State for the same or similar type services. The Oklahoma DDD does not use contracts or negotiated agreements. All rates are set utilizing a fee schedule. The Oklahoma DDD's parent agency is the Department of Rehabilitation Services; however, we use our own fee schedule to set rates. Our fee schedule is reviewed annually. The most significant motivating factor in making changes to our fee schedule is recruitment problems.

We did increase our reimbursement rates for x-rays only. No other changes have been made to the fee schedule.

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

The ERE is discussed at each new vendor training session and we have contacted all vendors to market this records submission option to each one. The ERE is discussed at all conventions and other PR outreach opportunities where appropriate.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	Seattle
State DDS:	Oregon
Report Period (Fiscal Year):	2015
Current Date:	10/01/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Officer

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

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

The Oregon PRO's received complaints/concerns from DDS MC's, DA's, Claimant's, Claimant Representatives, MER Vendors, CE Providers, etc. The PRO addresses the concerns with the provider involved and documents this in their file. The claim narrative may also contain details of the complaint. Complaints/concerns are also included in the monthly PRO activity report.

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

None

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

The PRO documented 15 specific customer service complaints for consultative exam providers in FY 2015. None of those required significant corrective actions.

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

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

The Oregon DDS reviews the OIG Exclusions Database when adding a provider and our IT Department has a program that compares the current list of DDS consultative exam providers

with those on the monthly exclusion list. The OR DDS also reviews the appropriate licensing board as we add providers and on a periodic basis to ensure, the provider retains the proper license. Some of these boards also send out periodic email notification when a provider is sanctioned.

New CE providers sign a form indicating they are responsible to ensure their staff are trained and appropriately licensed. The form also indicates the CE provider is responsible for the conduct of their staff and they need to ensure their staff is aware of PII rules and confidentiality.

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

Monthly

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

New CE providers have targeted reviews of all reports. This review will continue until the PRO is satisfied with the format and content. Oregon also employs in-house medical doctors and psychologist. They provide direct feedback to the PRO when they see issues with reports. DDS legacy system alerts PRO to do periodic checks on existing exam providers.

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

There are 586 providers for FY 2015. There were 588 in FY 2014.

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

Yes

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

The OR DDS updated rates in FY 2015 as changes occurred to the Medicare/Medicaid rates. There was a negligible increase for many exams, labs and x-rays. In some cases, the rate dropped a negligible amount. The Comprehensive Physical exam increased \$1.70. Lumbar X-Ray (CPT code 72100) dropped \$1.72.

There were no discounts for volume medical providers.

The OR DDS received a waiver to increase rates for the Audiogram (CPT Code 9255), Visual Acuity (CPT Code 92082), and Humphrey Field Analyzer (CPT Code 92083). The OR DDS also received a waiver to provide a travel reimbursement for providers traveling to underserved areas of Oregon. The OR DDS received a waiver to provide a reimbursement differential to providers who speak languages other than English. This would only be for exams done for a non-English speaker.

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

The PRO made annual visits to the Portland and Eugene ODAR offices. The PRO and the lead Psychologist conducted training with the Portland and Eugene ODAR to cover ordering psychological exams. The PRO is the point of contact with Congressional Offices and Governors Advocacy Office. The PRO liaison with other state offices. These offices also determine eligibility for various benefits.

Oregon Professional Relations Officers increased program visibility by attending conferences for:

- 1) Oregon Geriatrics Society (OGS)
- 2) Oregon Chapter of American College of Physicians Scientific Meeting (ACP)
- 3) The Osteopathic Physicians & Surgeons of OR (OPSO)
- 4) Oregon Health Information Management Association (OrHiMA)
- 5) Oregon Academy of Family Physicians (OAFP)

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS CE Oversight Report

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

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

Region:	3
State DDS:	Pennsylvania
Report Period (Fiscal Year):	FY 2014/2015
Current Date:	11/02/2015 Amended 2/26/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Disability Adjudication Program Manager

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

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

CE Complaints are promptly investigated by Disability Adjudication Program Managers and/or Administrative Officers. Investigations include conversations with the claimant and/or the person filing the complaint, a review of the medical report, and conversation with the consultant and any necessary follow up conversations with third parties. Site visits (both announced and unannounced) are also part of the investigation (if deemed necessary). Written correspondence is sent to both the claimant and provider at the conclusion of the complaint investigation. Copies of complaint investigations are maintained and patterns and trends are tracked.

Types of complaints received:

- Rudeness and/or unprofessionalism
- Lengthy wait times
- Short exam times
- Lack of thoroughness
- Uncleanliness

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

No fraudulent activities were discovered.

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

There have been no complaints of an egregious nature requiring significant corrective action or public relations work.

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

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

Credentials for each physician/psychologist used by the CE provider are reviewed prior to beginning exams and are updated on an annual basis. Applicable exclusion lists and state licensing board status are checked at the time the credentials updates are submitted.

The contracted CE provider also maintains the licenses and credentials of the support staff employees in their medical offices. The CE contractor verifies proper licensure and credentialing as a requirement from the signed CE and Ancillary Testing Contract.

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

Credential checks for all physicians/psychologists were completed once throughout the year.

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

Pennsylvania's CE contractor reviews new physicians/psychologists for up to the first 75 exams or thirty days. The CE contractor also performs random reviews of reports from established providers. The Pennsylvania DDS Quality Assurance reviews an enhanced sample of cases for new physicians/psychologists. Established CE physician/psychologist reports are also reviewed as part of the regular Pennsylvania DDS QA sample. Deficient reports are returned to the CE contractor as needed to obtain necessary clarifications. Pennsylvania DDS Quality Assurance performs targeted reviews on reports of physicians/psychologist when there is a high volume of complaints or when reports require frequent clarifications.

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

Pennsylvania has a contract with one provider, the IMA Group, to perform all consultative exams and ancillary testing. In the previous year, during the first quarter only, Pennsylvania used a panel of multiple CE providers. Beginning in January 2014, the contract with IMA was implemented.

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

Pennsylvania has a contract with one key/volume provider, The IMA Group, with 12 locations used throughout the state during the past year. The MPRO completed onsite visits of 11 locations currently in use. An onsite visit was not completed of one location in Dubois. This location was used only on an as needed basis to accommodate appointments for rural claimants. The provider discontinued using the site in February 2015, after a more favorable location was secured in Clarion.

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

Each year, in January, the MER fee schedule changes in accordance with the adjustments by the Secretary of Health 42PaC.S. §§ 6152 and 6155. The maximum allowable fee for medical evidence of record increased to \$27.48 in January, 2015.

Effective August 6, 2015, Pennsylvania renewed our contract for a single medical provider (the IMA Group) to perform consultative exams and ancillary testing. Fees were adjusted to reflect the terms of the contract renewal.

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

Management personnel from each of the three Pennsylvania DDS sites reach out to difficult MER sources to encourage use of ERE. Pennsylvania DDS participates in SOAR with Field Offices in their regional area and provide training as needed to participants.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or

based on primary CE work).

- Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
- Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of [the ODD MPRO SharePoint site](#)”

Please attach any additional information before submitting this form.

Pennsylvania has a contract with one key/volume provider, The IMA Group, with 12 locations used throughout the state during the past year. The uploaded list of providers performs exams for The IMA Group at one or more of the 11 locations currently in use.

No providers were removed due to inactive license, sanction, or cause.

Completed Onsite Visits:

- 1) IMA Allentown Clinic
1255 South Cedar Crest Blvd.
Suite 1200
Allentown, PA 18103

- 2) IMA Altoona Clinic
615 Howard Ave.
Suite 105
Altoona, PA 16601

- 3) IMA Clarion Clinic
22868 Route 68
Clarion, PA 16214

- 4) IMA - Emporium
Keystone Rural Health Center
90 East Second Street
Emporium, PA 15834

- 5) IMA Erie Clinic
7200 Peach Street
Unit 420
Erie, PA 16509

- 6) IMA Mechanicsburg Clinic
120 South Filbert Street
Mechanicsburg, PA 17055

- 7) IMA New Castle Clinic
26 Nesbitt Road
New Castle, PA 16105

- 8) IMA Philadelphia Clinic
1930 S. Broad Street
Unit 11
Philadelphia, PA 19145

- 9) IMA Pittsburgh Clinic
3109 Forbes Ave
Pittsburgh, PA 15213

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

- 11) IMA - Williamsport
508 West Southern Ave
Suite B
South Williamsport, PA

DDS CE Oversight Report

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

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

Region:	New York
State DDS:	Puerto Rico (S43)
Report Period (Fiscal Year):	FY 2015
Current Date:	10/28/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Name (b) (6) Phone number (b) (6) Title Professional Relations Officers

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

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

1. Delayed Reports

- PRO contacts provider by phone, fax or email
- If reports are not received after follow up, provider is inactivated
- Provider is inactivated permanently if the situation persists and the pending reports are canceled.

2. Deficient reports

- PRO takes a sample of reports from new providers and from experienced ones.
- PRO provides feedback if the reports reveal deficiencies.
- Non-critical deficiencies are clarified by phone or email
- The provider is required to visit DDS for reorientation that is given by DDS Medical Staff and PRO to correct critical deficiencies.
- The provider is permanently inactivated if an additional sample shows no improvement.

3. Decreased volume of CE's:

- Experienced and new providers complained about the decrease in the appointments. We oriented CEMD that DDS does not guarantee a volume of evaluations to Providers. Sometimes we rescheduled appointments of CEMDs that has a large volume of CEs to those that doesn't have enough CE to create a balance without affecting processing time or claimant's travel.

4. Claimant's complaints:

- Claimant's complaints are about not being satisfied with a Provider's behavior, short amount of time spent to complete the evaluation, waiting for too long in the doctor's office before the evaluation, lack of office conveniences or CEMD's office disorganization. When a complaint is received, PRO:
 - Requests a written statement from claimant or representative.
 - If deemed necessary, performs a survey with other claimants, by mail or telephone.
 - Notifies Provider by letter, phone or an onsite visit about the complaint.
 - Depending on the nature of the complaint, and the results of the investigation, Provider can be permanently inactivated.
 - If necessary, schedules a CE with other provider.
 - Documents Provider's file with the results.

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

Does not apply

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

We received complaints from two claimants regarding two different Providers, which revealed a behavior not acceptable from CEMDs. In both cases, we permanently inactivated the CEMDs.

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

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

Before signing the Agreement, PRO search the OIG Exclusions Database for potential providers. Support Staff from Radiological and Laboratory Centers are verified once we receive the signed Agreement, with the list of support staff members. CEs are not assigned until the procedure is completed.

- PRO's Assistant corroborate credentials from each CEMD monthly, to verify that they are up to date
- Notify provider by electronic mail or phone that a credential needs to be updated
- Make a Follow up note in calendar
- Verify in date due that credential is received. If credential is not received a follow up call is in order
- If credential is not received after the Follow up, notify to correspondent PRO to inactivate vendor
- Verify that each vendor has the OIG document in file and updated it yearly
- Signed statement for all support staff is requested yearly

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

Providers' files are verified monthly, to assure their credentials are updated. PRO Assistants contact CEMD office to request the Credential which will expire, around one month in advanced. If not submitted on time, Provider is inactivated until he submits the document and the CEs are cancelled.

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

With new providers, we take a sample of 3 - 5 reports and one of our medical consultants reviews them. If there is any missing information, we contact CEMD by phone or email to discuss the results. If necessary, CE Provider is requested to return to DDS, for a reorientation from a medical staff member.

With established CE providers, if we received a feedback regarding deficient reports, we also take a sample of their reports to be reviewed by a Medical Staff Member. We provide the information to CEMD or we may schedule a date for a reorientation, if necessary. If the situation persists, and the Provider does not make the necessary changes, he or she may be inactivated.

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

We ended the Fiscal Year 2015 with 171 providers. Previous year we had 192 providers. Some providers have been inactivated due to missing credentials, claimants' complaints, delayed reports, quality of reports or they have resigned because they got a better job offer outside Puerto Rico.

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

Yes, all Key and Volume provider onsite visits were completed.

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

MER fee increased from \$15 to \$25.00

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

From July to August 2015, we had four workshops in DDS with our Psychologists and Psychiatrists providers, with the collaboration of Medical Staff members. Recommendations were provided regarding mental status evaluations as well as psychological evaluations, with the purpose of obtaining most complete and specific evaluations reports.

We participated in meetings with Administrators of public health offices in the Community such as

the State Insurance Fund (SIF), “Administración de Servicios de Salud Mental y Contra la Adicción” (ASSMCA) and Industrial Hospital, to obtain their services in providing medical evidence of record (MER) directly to DDS. Their evidence was previously obtained by a third party, Healthport, whose contract was finished.

We prepared regular Bulletins with DDS information and reminders to Providers.

We provided training to Consultants and their employees during onsite visits, regarding advantages of using ERE.

We visited DPU for general orientation regarding PRO Office and CE procedures. We keep them informed regarding Providers issues, along with DDS examiners on 11/18/2014.

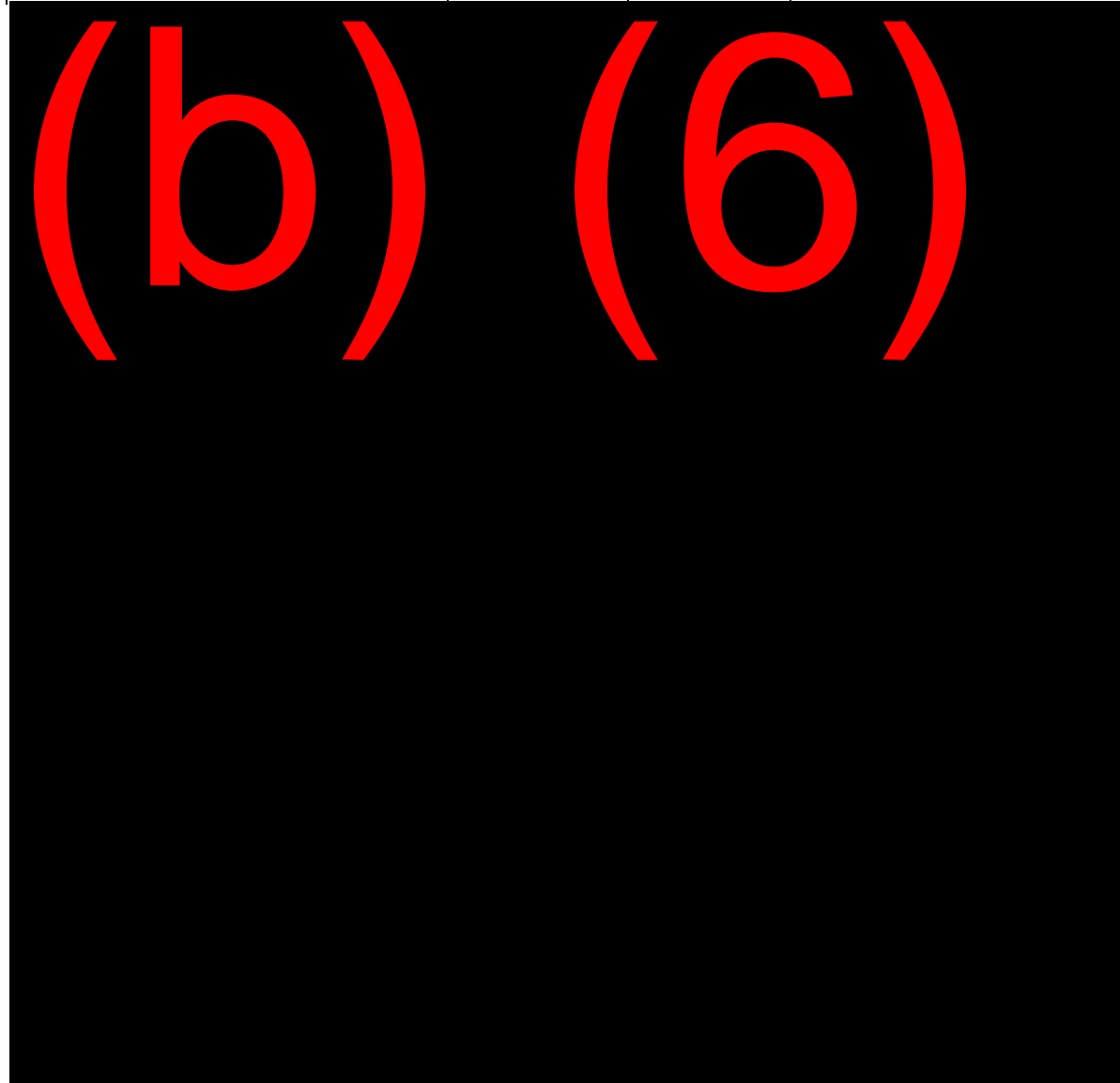
We participated in a Radio Station Program at Radio Paz: “Everything regarding Social Security” to provide information about DDS on 02/05/2015.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

Other Medical Offices Visited – Not recruited
Fiscal Year 2015

NAME	ADDRESS	VISIT DATE	ACTION
			

DDS CE Oversight Report

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

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

Region:	Boston
State DDS:	RI DDS
2015	2015
Current Date:	10/2/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Medical/Professional Relations Officer

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

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

All complaints are investigated and handled on an individual basis and after referral to the Medical/Professional Relations Officer (MPRO) for action. Actions include responding the claimant's complaints by phone or by sending acknowledgement letters. The CE Panelist is provided with a copy of the claimant's submitted complaint when appropriate and may be required to provide a written response.

If a complaint or allegation of an egregious nature (involving illegal activity, sexual harassment cultural insensitivity or acts, which compromise the health and safety of the claimant) is received, the MPRO may move to suspend referrals and/or reschedule any pending appointments with the CE panelist while the allegation is being investigated. The DDS Administrator will be notified as to the nature and severity of the complaint with State and law enforcement also being notified when appropriate. A meeting with the CE Panelist may be scheduled to address the complaint. If the nature of the complaint does not require referral to an investigatory agency, the panelist may be provided with copy of the complaint. The appropriateness of the CE Panelists response is documented and Regional Office is notified of the complaint/allegations and course of action taken by DDS/State

Authorities.

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

RI DDS is not aware of any fraudulent activities committed by a CE Provider.

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

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

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

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

Before being allowed to perform CE for DDS, medical licenses are verified thru the Department of Health, Board of Medical Licensure website (health.ri.gov/licenses). Licenses are reviewed every three months throughout the year. The Department of Health website also provides a list of disciplinary action, which is updated every 60 days. This list is reviewed every other month. DDS follows up on any media reports that involve CE Providers.

School psychologists' licenses are verified by contacting the RI Department of Education.

Federal exclusions check are also performed at initial recruitment and every three months using the list of excluded individuals/entities on the HHS Office of the Inspector General website.

CE providers are required to sign a certification that all support staff are properly licensed and not barred from participating in federal programs.

CE Panelists are required to sign a contract for services prior to performing consultative examinations and to review and sign the Reminder Items for Consultants on an annual basis. The contract includes information about suitability, Personally Identifiable Information (PII) and Confidentiality, conflict of interest and the subpoena process.

DDS maintains a database of all licenses numbers, expiration dates and federal exclusion checks.

5. Indicate how frequently throughout the year credential checks were completed. If

credential checks were not completed, provide explanation.

Every three months or as needed based on complaints, quality review action or media reports.

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

The first five CE reports from new CE providers are reviewed by the Medical/Professional Relations Officer and the chief medical or psychological consultant for quality. All other reports are reviewed periodically throughout the year. A quality review of a report may be triggered by a claimant complaint, examiner complaint or random sample. The Medical/Professional Relations Officer reviews the report for timeliness, completeness, signature requirements, RAIR and Functional Assessment of Children and general content. The report is forwarded to the medical consultant for a complete clinical review. Areas of review include chief complaint, consistency with evidence in file, consistency within the specialty, physical examination and/or Mental Status Examination, general observations, diagnosis and medical source examination.

DDS maintains a formal process for providing feedback to CE providers. Providers are provided feedback in writing and asked to furnish missing information or revise report as needed.

DDS maintains a database of quality review results.

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

DDS has 134 CE providers. This list includes physicians, psychiatrist and psychologists, audiologists, hospitals, walk-in/urgent care clinics and lab and x-ray facilities. It also includes school psychologists who assist in psychometric testing.

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

Site visits were completed for Key and Volume CE Providers

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

RI DDS recently increased its rates for rheumatology, orthopedic and neurological examinations from 125 to 175 to coincide with industry standards. There are no discounts for volume providers. There have been no other changes in the fee schedule.

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

All CE providers are required to submit reports electronically, either by fax or via the ERE website. With the exception of ancillary testing (labs, x-rays, PFTs) all CE reports are submitted electronically.

Our current dictation service provides the option of receiving dictated reports via the EME website. Many CE panelists are now receiving their dictation via the EME website. Subsequently, the number of CE Administrative Accounts has increased.

DDS continues to market e-Authorization. Initially marketing included mass mailings and direct marketing to high volume providers (hospitals, community health centers and community mental health centers). All high volume providers accept the e-Authorization.

Demonstrations of the EME website have been done for school departments and community mental health centers, increasing the number of sites utilizing electronic outbound requests and increasing the volume of records received electronically.

11. Upload the following documents to the SharePoint site:

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

Please attach any additional information before submitting this form.

DDS actively recruits In-house Medical Consultants and CE Panelist. The Medical/Professional Relations Officer and Chief Medical Consultant have met with the RI Medical Society to illicit their assistance in recruiting retired physicians who are members to the RI Medical Society. The Medical/Professional Relations Officer creates and distributes fliers, postcards, mailers, brochures and information packets for in-house medical consultant and CE recruitment.

The Medical/Professional Relations Officer supervises the CE Scheduling Unit, serves as part time hearing officer, processes assistance requests from ODAR, updates and maintains the Vendor file, provides training for new DDS staff and serves as chairperson/liaison to the SOAR Leadership Committee.

IN FY15, DDS received 24 SOAR Claims, (21 Title XVI Initials, 2 Title XVI Reconsiderations and one Title II Initial). Presumptive Disability was made on 15 claims (60%). The percentage rate for Title XVI initial claims was 61% (13 claims). One Title XVI was allowed at the reconsideration level (50%). The average processing time was 69 days. Four claims required one or more CEs at the initial level and no CEs were required at the reconsideration level.

DDS CE Oversight Report

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

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

Region:	Atlanta
State DDS:	South Carolina
Report Period (Fiscal Year):	2015
Current Date:	October 28, 2015
Reporter's Name, Phone number, and title:	(b) (6) (b) (6) Medical Professional Relations Supervisor

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

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

South Carolina is a decentralized state. Complaints are documented and sent to the relevant DDS regional Medical/Professional Relations Officer (MPRO) with copies forwarded to the regional Medical/Professional Relations Supervisor (MPRS). Each complaint is carefully investigated by detailing the facts of the complaints and actions taken to resolve them. All materials are forwarded to the MPRS for review and appropriate action. If necessary, the documents are reviewed by the MPRO (Administrative Services) Manager. Further actions may require a follow up letter or telephone call, on site visit and retraining, suspension, removal from the panel, up to and including contacting local authorities and the State Licensing Board. During this reporting period, the SC DDS received 103 complaints and investigated 3 sensitive issues. The majority of complaints centered on a painful exam, rudeness, exam too short, and no treatment given. All complaints were resolved amiably or to the extent possible. The 3 sensitive issues were due to claimants threatening CE providers. All appropriate actions were taken and reports completed. The SC DDS added language to the claimant CE letters explaining that the CE provider is not authorized to provide treatment or medication and does not make the final disability determination. This latter statement was added to discourage claimants from trying to discredit a CE provider with a complaint, anticipating leniency with the final determination.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No evidence of fraudulent activity by any SC DDS CE provider was discovered.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

One provider was removed from the CE panel (b) (6)

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

South Carolina checks all CE provider credentials through the HHS OIG Fraud Prevention website and the SC Department of Labor, Licensing and Regulations Board of Medical Examiners web site. This is conducted prior to adding potential providers to the panel and sanctions are checked monthly. Any exclusions and sanctions are reported to the DDS State Medical Relations Supervisor. The DDS will exclude any provider who has been disciplined or sanctioned by the review board.

At the time of the initial onsite visit, an inquiry is made into the prospective provider's staff credentials. SC state law requires each physician to maintain documentation on any essential and non-essential staff. Failure to do so, threatens his license and ability to practice, therefore the SC DDS is not responsible for verifying credentials of office support personnel. Physician and Psychologist credentials are checked yearly.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Credentials are checked yearly.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The first 5 reports of all new CE providers receive a targeted review, with specific feedback. New CE providers are notified by letter of their acceptance. Each full time medical and psychological consultant reviews 48 CEs per year and each part-time consultant reviews 24 CEs per year. Every month the MPROs submit a spreadsheet to the MPRS tracking CEs that are sufficient, sufficient but needs feedback, or deficient. If a problematic trend is noticed, a targeted review is conducted and direct feedback is given. If improvement isn't soon

demonstrated, an action plan to bring the provider into compliance is implemented.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

Excluding free standing x-ray, pulmonary labs, and hospitals, there are currently 413 CE providers on the panel. One provider was removed from the panel and 3 left voluntarily (2 moved and 1 retired). Eighteen new CE providers were added to the panel.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All key and volume providers were visited at least quarterly. MPROs made 311 visits including site visits, training visits, and recruitment visits.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

A version of The Medicare Fee Schedule is adopted and maintained annually by the SC Vocational Rehabilitation Department, the parent agency of the SC DDS. This year's fee schedule was adopted in April, allowing time for possible revisions (which tend to occur early in the year) to be made before the annual adoption. The current schedule is attached and includes fees established for examinations and ancillary tests, not otherwise found in the fee schedule. South Carolina does not offer medical provider discounts for volume or expedited responses. We do not offer partial compensation for missed CEs nor are there any volume provider discounts.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

MPROs created 19 new ERE accounts during this reporting period and SC has a 91 percent electronic submission rate.

The following conferences were attended: SC Health Insurance Managers Association (a presentation by MPRO staff was given), the Brain Injury Alliance of SC, the SC Psychological Association, and the Multiple Sclerosis conference. MPROs participated in 2 partnership meetings with SSA and 1 with ODAR. A CE provider training seminar was held in each SC DDS region. MPROs and DDS medical and psychological consultants presented the training, which was well received. All SC MPROs and the Administrative Services Mgr. attended the Regional MPRO conference in Atlanta.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of [the ODD MPRO SharePoint site](#)”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Denver
State DDS:	South Dakota
Report Period (Fiscal Year):	FY 2015
Current Date:	11/05/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Program Specialist/Professional Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

The DDS PRO receives information regarding complaints or concerns related to a CE provider in three different ways. The first way is from internal DDS office staff. The DDS medical consultants, examiners and internal quality reviewers are asked to report any issues they find when reviewing CE reports during the course of normal case adjudication. They provide feedback to the PRO when concerns arise. Additionally, our DDS has begun working on the implementation of a formal CE report QA process. In this process, medical consultants are asked to complete a questionnaire addressing various key aspects of CE reporting. The second way is by receiving responses from claimant questionnaires. The DDS randomly mails out questionnaires to claimants to assist in providing DDS with feedback regarding the claimants CE experience. The PRO reviews these questionnaires on a continual basis and compiles the data into a spreadsheet format to identify trends. Lastly, the PRO will receive phone calls from claimants or representatives who want to report a concern about a provider.

All complaints are documented and investigated no matter where the issue derives. When issues are brought to the attention of the PRO, the frequency and severity of the issues are tracked. If it is a one-time event of a minor issue, the provider will not be contacted. These issues are normally subjective opinions. If there are multiple minor issues on the same provider, the PRO will contact the provider's office by phone to inform them of our concerns and request improvements be made. Issues related to the quality of CE reports is considered a medium level issue and requires contact directly with the CE provider, so corrective action can be made for future CE reports.

If patterns continue related to poor exams or reports after DDS has worked with the provider to improve them, DDS may conduct an on-site visit to further assist in training the CE provider. If an on-site visit cannot be done, a letter further documenting the DDS concerns will be mailed to the provider along with additional training material to assist in the needed improvement. DDS may also request that the provider come to the DDS for a one-on-one training with our medical consultant staff to assist in the educational process. If this were not feasible, a conference call would be conducted with the PRO along with medical or psychological consultants to further address the issues. If poor quality continues, the provider may be dropped from the list of DDS CE providers.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

South Dakota discovered no fraudulent activity by CE providers in FY 2015.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

When the most severe complaints arise about a CE provider, contact may need to be made to the DDS Administrator, RO, to the provider's clinic, and State licensing board, so further investigation can be made. These situations would involve unethical behavior or practices by the provider, for example an accusation of abuse or a complete disregard to the claimant. In these most severe cases, the provider would be removed from the DDS list of CE providers.

The South Dakota DDS did receive complaints of inappropriate behavior by a CE Provider in 2015. Two different claimant made reports within 10 days of each other that they felt the CE Provider ^{(b) (6)}

[REDACTED]

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

When the PRO receives an inquiry from a prospective provider, licensing rosters are checked prior to setting up the new provider on our Legacy system to ensure that the providers are properly licensed in the State. In 2015, South Dakota DDS collected copies of credentials from CE providers. These have been scanned and are stored electronically. The rosters for physical health provider's professional licensing boards are found in the South Dakota Department of Health website. The primary link used is the South Dakota Board of Medical and Osteopathic Examiners at the following link:

<http://login.sdbmoe.gov/Public/Services>

The roster for mental health providers can be found in the South Dakota Department of Social Services website at the following link:

http://dss.sd.gov/behavioralhealthservices/licensingboards/board_psychologists.asp

The federal sanction list is reviewed to confirm the prospective vendor is not excluded, suspended or barred from participation in Federal programs at the following link:

<http://exclusions.oig.hhs.gov/>

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

The PRO completed license verifications on all current active CE providers one time in 2015 by reviewing the information on the links noted above. This information is kept on an Access database to provide a centralized location to track when licenses expire and helps assure all providers have been checked quarterly to confirm they are still actively licensed in their specialty.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The South Dakota DDS legacy system includes functionality that allows us to sample CE provider reports for review and then create a survey report rating various aspects of the CE. We use this system with all new providers and will sample providers who might have quality issues. We also do random samplings.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

The South Dakota DDS has approximately 40 individual CE providers and 10 clinics with staff performing consultative examinations. Additionally, there are approximately 25 hospitals or clinics performing ancillary testing. Volume providers are counted as one individual provider rather than by each individual provider within the provider's group.

It is noted that we used fewer individual CE providers in FY2015.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

The South Dakota DDS does not have the resources to complete onsite visits to all Key and Volume providers. The South Dakota PRO also supervises 12 staff and is the Supervising Disability Hearings Officer, thus does not have the time to complete many onsite visits.

The South Dakota DDS attempts to complete onsite visits with a variety of providers in various areas around the state. The onsite visits completed in FY 2015 include:

- 1) Robert Buri, PhD – Watertown, SD – September 2015
- 2) Lee Hendricks, PsyD – Watertown, SD – September 2015
- 3) Emily Blegen, PsyD - Sioux Falls, SD – August 2015

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The state parent agency provides guidance on what fee schedule DDS can use for CE/MER payments. Exception fees are established by the State Division of Rehabilitation or Department of Human Services regarding the payment structure physical exams, mental health evaluations, copy of records, report fees, and other miscellaneous fees. The exception fee schedule is what DDS pays from first.

Any remaining fees are paid using the State of South Dakota's Medicaid Fee Schedule. Changes to the fee schedule occur due to State Legislative action. Changes in the fee schedule from 2014 include:

- 5% increase in rates for psychological exams
- 22% decrease in Preparation of Patient Report fee
- 2% decrease in rate for medical records copies

We do not provide volume medical providers discounts, but do offer volume CE providers a \$50.00 "Review of Records" Fee to when a claimant fails to attend a CE. This fee is also extended to other providers if they inquire.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The South Dakota DDS has one Professional Relations Officer who also has other responsibilities as a supervisor, as well as oversight for the Disability Hearings Unit.

- Over the course of FY 2015, the PRO provided eight separate training sessions for resident physicians at Center For Family Medicine. The presentation provides information regarding the scope of the disability program, the physician's role in the disability process, and best practices for completing disability exams.
- The PRO provided a presentation to social workers and other clinical staff at Falls Community Health in Sioux Falls in April 2015. The presentation gave a basic overview of the disability determination process.
- In July and October 2015, the PRO attended a SSI/SSDI Outreach, Access, and Recovery (SOAR) meeting in Sioux Falls that was aimed at resetting the SOAR process in Eastern South Dakota. The DDS feels this is a worthwhile partnership and supports SOAR however needed.
- The South Dakota DDS was asked to participate in a discussion panel at a TANF conference in Pierre, SD in March 2015. The DDS administrator attended in place of the PRO, (b) (6).
- The PRO was asked to coordinate some collaborative discussion between the DDS and the local ODAR office. The PRO and a few team leads had the opportunity to sit in on an AJL hearing. The PRO will continue to foster a collaborative relationship with the local ODAR office.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Atlanta
State DDS:	Tennessee
Report Period (Fiscal Year):	October 1, 2014-September 30, 2015
Current Date:	November 6, 2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Regional Director, Professional Relations Office

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

TN DDS PRO Unit Procedures for Complaints

The TN DDS PRO unit investigates ALL complaints made by claimants and/or third parties OR made internally from DDS or SSA staff regarding TN DDS CE panelists.

The TN DDS PRO unit classifies complaints into four categories:

**Non-Egregious Complaints:* Complaints made by claimants, such as rudeness and/or unprofessional manner/attitude, environmental factors (uncleanliness, poor accessibility, and/or lack of proper facilities), or other similar issues.

**Egregious complaints:* Complaints made by claimant that are of a serious nature. This could include criminal activity, sexual harassment, cultural insensitivity, allegations compromising health and safety of claimants, or other significant allegations.

**Internal Complaints:* Complaints arising internally from DDS/SSA staff regarding TN DDS CE panelists.

**Extraordinary Measures:* Complaints arising from claimants or internally from DDS/SSA staff that require significant time and/or resources for resolution. These types of complaints also

likely fall under one of the other three categories of complaints, egregious, non-egregious or internal.

Complaint Procedures:

**Non-Egregious Complaints:*

- 1) DDS PRO unit and/or DDS staff should request that the claimant and/or third party submit and sign a formal complaint in writing.
- 2) PRO will review all information available and, if applicable, may send out claimant survey letters to other claimants recently seen by CE panelist.
- 3) If warranted, PRO should address the complaint directly with the CE panelist and request a formal written complaint response.
- 4) PRO will respond in writing on TN DDS Letterhead to formal complaints submitted in writing by the claimant and/or third party and address the complaint appropriately.
- 5) PRO will take further corrective action as needed.

**Egregious Complaints:*

- 1) INVESTIGATE COMPLAINT IMMEDIATELY. PRO should review all information available and if needed contact the CE panelist immediately to assess the validity of the complaint.
- 2) DDS PRO unit and/or DDS staff should still request that the claimant and/or third party submit and sign a formal complaint in writing. All Egregious Complaints are considered formal complaints with or without claimant and/or third party submission of complaint in writing.
- 3) PRO Unit may request written formal complaint response from CE panelist.
- 4) If warranted, PRO will respond in writing on TN DDS Letterhead to the claimant and/or third party and address the complaint appropriately.
- 5) PRO will take further corrective action as needed.

**Internal Complaints:*

Internal complaints are handled at PRO discretion and may or may not require formal investigation and response.

**Extraordinary Measures:*

Extraordinary Measure complaints will also fall under one of the previous categories, Egregious, Non-Egregious, or Internal. The appropriate procedure(s) should be followed accordingly.

Documentation Procedures:

DDS PRO unit will document ALL information and correspondence regarding complaints in the "Consultative Examination Panelist Electronic Folder" as well as the "Claimant Complaint" folders in the (b) (2).

Some of the complaints we have heard is that the doctor was rude to me. Another one was that the doctor hurt me when he was lifting my legs (doing ROM's). Due to the vagueness of some complaints, the PRO unit wants all claimant complaints in writing so we can make sure to address exactly what the perceived problem is, so that the panelist can address it directly.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

We in the TN DDS have not found any fraudulent activities going on nor have any such activities been reported to us during this fiscal year.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

TN DDS has not identified any egregious complaints during this reporting period.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

Licensing and Credentialing Business Process for TN DDS Consultative Examination Providers

A licensing and credentialing check will be performed on all current CE providers at least once per year. This yearly check will be implemented at the beginning of each new Federal fiscal year starting in October. Also, before any new CE providers are to be added to the CE Panel a licensing and credentialing check will be completed as well. There are three main licensing/credentialing areas to be checked as described below.

1. Tennessee Health Related Board's website. <http://health.state.tn.us/Licensure/default.aspx> as explained in [DI 39569.300](#)
2. OIG/LEIE Exclusions database website. <http://exclusions.oig.hhs.gov/> as again explained in [DI 39569.300](#)
3. Ensure that a signed Memorandum of Understanding Agreement/MOU document is in file for each CE provider. This is to cover the License and Credentials Certification for Consultative Examination Provider and Certification of All Support Staff as explained in [DI 39569.400](#)

An individual CE provider name search will be conducted at the Tennessee Health Related Board's website and the OIG/LEIE Exclusions database website address' as reported above. The results of this name search will be saved as a screenshot or a copy and placed into folder number

2 of the Efolder. If an OIG-LEIE name search match is found, obtain the practitioner's SSN or EIN number, enter it in the "verify" box on the LEIE system, and provide a screenshot or copy of the results for documentation in the practitioner's folder. The Efolder is a Tennessee DDS created database. A Memorandum of Understanding Agreement/MOU document will be obtained from each CE provider and also placed into folder number 2 of the Efolder.

Also, in conjunction with the three main licensing/credentialing areas as specified above, the PRO unit will update the Excel workbook titled Tracker Tool FY 2014. The workbook is found in (b) (2)

The workbook has three sheets. Sheet 1 contains all of the relevant information pertaining to the Tennessee Health Related Board's license verification website search and the OIG/LEIE website search. Sheet 2 contains a column for the date the Memorandum of Understanding/MOU was received. Sheet 3 contains Quality Assurance tracking information.

The Tracker Tool workbook will be updated throughout Federal fiscal year 2014 as needed. At the start of a new Federal fiscal year a new Tracker Tool workbook will be created. For example, Tracker Tool FY 2015. This new Tracker Tool workbook will be nearly identical to the prior year's workbook in format but will have blank data cells so as to fill in the appropriate licensing/credentialing information for fiscal year 2015.

In addition to the three main licensing/credentialing areas described above the PRO staff individually will sign up for monthly automated email alerts through the Tennessee Health Related Board's website found at <http://health.state.tn.us/boards/disciplinary.htm> These monthly email alerts contain all disciplinary actions taken by the Tennessee Health Professional Board's during the prior month.

Lastly, there are a limited number of hospitals that serve as CE providers. These hospitals normally perform ancillary testing services such as x-rays, labs and spirometry. Licensing of these various specialties within the hospital is accomplished by conducting a hospital name search at the Tennessee Department of Health/Health Care Facilities website.

http://health.state.tn.us/hcf/facilities_listings/facilities.htm

This hospital licensing information is kept in the Tracker Tool and the Efolder as referenced above.

See [DI 39569.300](#) Disability Determination Services Requirements for Ensuring Proper Licensure of Consultative Examination Providers as described below.

As far as the CE panelist's staff, the TN DDS holds the panelist responsible for credentialing their staff per our Memorandum of Understanding.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Currently we are doing at least two per year on our CE providers.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

When a new CE panelist is hired, we have an on-site physician or psychologist to review their first 3 to 5 reports to see if they understand what DDS needs. A rotating, random quality assurance review is done on the established CE providers by a specified supervisor. He is checking to see that the DDS guidelines are being followed, and he is completing a review form on each report reviewed. During this fiscal year, he completed about 2200 quality reviews.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

The total CE panelists are 395 with 97 groups and 8 hospitals. We have lost some panelists due to death, retirement and choosing to no longer work with DDS due to growing private practices. We were able to add several psychological professionals due to the large increase in requested mental evaluations.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

Yes, see attached list.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The TN DDS is still using the CE fee schedule from 2014 due to the parent agency not giving a timely approval. The changes were sent to them in June 2015, but, as yet, we have not received approval for the minimal changes that were made. The MER fee of \$20 has remained the same over several years, and we do not participate in giving discounts.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The TN DDS has a standing invitation to exhibit at the TN Psychological Association's annual conference each year. Most years, our agency also has a presentation for this group. We have also exhibited at the TN Health Information Management Association's annual conference. In September, the PRO staff enjoyed the fellowship and information sharing that went on at the first MPRO conference held in several years in Atlanta. Also, in September two of our staff members joined with the Chattanooga Field Office and ODAR office to provide training for the Parallon group that is affiliated with some of the hospitals throughout TN and the staff of 2 Congressional offices.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Dallas
State DDS:	Texas
Report Period (Fiscal Year):	2015
Current Date:	11/9/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Interim Assistant Commissioner

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

All claimant complaints/inquiries regarding CE providers are referred to the Medical Relations Directorate for investigation and resolution. A program specialist reviews the complaint, CE report, and any other pertinent information. Once the complaint allegations are identified, contact is made with the provider in order to obtain their response. The provider's complaint history is reviewed to determine any patterns or trends. If the complaint allegations involve medical issues, the program specialist will request feedback from a State Agency Medical Consultant (SAMC).

Once all information is gathered and analyzed, a Professional Relations Officer (PRO) coordinates the development of appropriate recommendations to address and resolve the complaint. Recommendations could include increased monitoring, decreased referrals, or removal from the provider panel. All complaint information is documented and filed in the provider file. All follow up communications between the PRO and the provider are tracked by the Professional Relations Unit Manager. A chronology of past complaints is maintained.

A quarterly complaint summary report is developed and provided to the Professional Relations Unit Manager and the Medical Relations Directorate Manager.

Types of received throughout the year:

- Rudeness/Unprofessional Manner
- Painful Exam
- Long Wait
- Environmental Issues
- Inadequate Exam
- Rushed Exam

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activities by the CE Providers were identified by the Texas DDS.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

The Texas DDS did not receive any complaints of an egregious nature.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

Professional Relations Officers (PRO) contact the appropriate licensing or certifying authority at the time of enrollment to ensure a provider is appropriately licensed and/or credentialed. The PROs view the HHS Office of Inspector General's (OIG) website and Excluded Parties List System (EPLS) at the time of enrollment to ensure the provider has not been excluded from participating in federal programs. PROs receive periodic press releases from the Texas Medical Board (TMB) detailing disciplinary actions taken by the Board, including any restrictions or suspension of physician's licenses. In addition, PROs monitor the current list of physicians on the CE Panel through the TMB website on a monthly basis. PROs review the Texas State Board of Examiners of Psychologists on a quarterly basis. In addition, the OIG website and the EPLS (SAM) are checked on an annual basis.

The Professional Relations Unit maintains a database with licensure information and expiration dates to ensure all provider files are updated with renewed licenses. A spreadsheet listing all active CEPs with the date of their license renewal is also maintained. Each month the spreadsheet is reviewed for licenses due to expire. The current license for MD's is obtained from the TMB website. For those not listed on the

TMB website (e.g. psychologists, speech language pathologists) the panelists are contacted for a current copy of their license. A hard copy of updated licenses is maintained in each CEP's vendor file.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

The TX DDS completes an initial credential check on all new CE providers. There is an annual license verification and LEIE check each year thereafter. The license and LEIE checks are documented in an excel spreadsheet.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

The TX DDS reviews at least five of the first CE reports from all new CE providers. On an ongoing basis, TX DDS reviews 2%-5% for each established vendor annually. If deficiencies are noted the review can be increased to 100% for a select number/or select period as warranted. The PRO provides feedback both positive and negative to the CEP to improve report quality. In addition, the TX DDS reviews 100% of all high-risk procedures (ETT, PFT, etc.).

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

The Texas DDS had 1,656 providers at the end of FY2015. This is a slight increase over 1,647 providers at the end of FY2014.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and Volume provider onsite visits were completed in FY2015.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The current DDS Maximum Allowable Payment Schedule was implemented for services procured 5/1/12 and after. This fee schedule is based primarily on Medicare fees, which are heavily discounted. DDS does not offer additional discounts to volume medical providers. The current fee schedule was the result of DDS' coordination with the parent agency, Department of Assistive and Rehabilitative Services' (DARS) to review all medical service rates, which included the reimbursement rates for services ordered by DDS. This review has been conducted annually.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The Professional Relations Officers participated in three medical conferences FY 2015.

The Professional Relations Officers continue to encourage CE providers to submit electronic medical evidence via Electronic Records Express (ERE) or via the fax server. The electronic CE report submission reached 93.97% in September 2015. 112 CEPs receive CE requests via eOR. This represents an increase in CE requests received via eOR from 78 in September 2014. MER received electronically (through ERE or fax server) was 86.21%. This represents an increase from 85.48% in September of 2014.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Denver
State DDS:	Utah
Report Period (Fiscal Year):	2015
Current Date:	10/28/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title PRO

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

To be compliant with POMS DI 39545.375 (Claimant Complaints of Consultative Examination Provider), Utah DDS has an established internal policy to investigate all complaints. Utah DDS received less serious complaints in FY 2015. Examples of less serious complaints received were complaints that a CE provider was rude, did not allow a claimant to fully provide what the claimant felt was necessary to tell the CE provider, and minor complaints about facilities, such as a small waiting room. The PRO reviewed all complaints. When necessary, the PRO consulted with the assistant administrator and/or chief medical consultant to determine how the complaint should be resolved. A review of the CE provider's file was made to determine if there was an ongoing issue. When appropriate, additional information was gathered from the claimant or authorized representative. A copy of the complaint is added to the CE providers file and reviewed if future complaints were received.

If a pattern or significant problem was identified, (which was not the case in FY 15), then a letter to the CE provider would be sent addressing the ongoing issues alleged or a meeting might be arranged with the provider. At that time, the provider would receive a letter. The letter would ask the provider to address the problems alleged and require the provider to tell us how the

problems will be remediated and prevented in the future. The letter will inform the provider that questioning of future claimants may be conducted to ensure the issue(s) are resolved. If warranted, the letter would also include a warning that a loss of future referrals may occur. The CE provider is asked to sign the letter.

If a more serious complaint was received, the PRO would work with the assistant administrator to contact the regional office or State Attorney General's Office. Utah DDS classifies a "serious" complaint as illegal/criminal activity, sexual harassment, cultural insensitivity, and all other categories listed in DI 39545.375B.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

None

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

None

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

When the PRO recruits a CE provider, a search is first conducted using the Utah Division of Occupational and Professional Licensing (DOPL) website (<http://www.dopl.utah.gov/>) and the HHS-OIG website (<http://exclusions.oig.hhs.gov/>) prior to the PRO contacting the individual to see if he/she is interested in performing exams.

If a company recruits a new provider, prior to performing a CE the company is required to give the PRO the doctor's name and vita. The PRO performs a license check through DOPL and the exclusion list prior to authorizing the new provider to begin doing evaluations.

It is mandatory that a signed copy of the Licensing and Credentials agreement be signed prior to the first exam. This agreement (compliant with POMS DI 39569.400) requires the provider to acknowledge that credential checks on the license are performed multiple times per year.

All licenses are tracked on a spreadsheet.

5. Indicate how frequently throughout the year credential checks were completed. If

credential checks were not completed, provide explanation.

Credential checks were performed four times per year in FY 2015 (once per quarter).

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

Per POMS DI 39545.450 (Independent Consultative Examination Report Review System), a minimum of the first five CE reports for all new providers are reviewed by the PRO and/or by the chief medical consultant (or other medical consultants). Established CE providers reports are reviewed throughout the fiscal year by the PRO, especially when a pattern of deficient reports are brought to her attention.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

Utah DDS had approximately 118 CE providers on our panel in FY 15. That is a difference of three providers from the previous year.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All of our Key and Volume providers have multiple locations throughout Utah. In FY 15, the PRO was unable to visit every single location our Key and Volume providers have due to the number of assistance requests the PRO handled (the PRO requested CE's on the cases that Baltimore process for our agency). However, 5 onsite visits were for Key providers.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There were no changes to the MER or CE fee schedules in FY 15. Utah DDS does not offer or receive any volume medical provider discounts for MER or CE's. The CE fee schedule does not exceed the Department of Labor's Office of Workman's Compensation Program rates for the State of Utah (except for certain testing the region has provided us with an exception).

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

Due to marketing efforts in previous years all large volume MER providers use ERE (the large volume MER providers that are capable of using it). Marketing to smaller MER vendors is conducted when the PRO or other staff contacts the office regarding MER issues. Marketing to

current CE providers has already been done and all new CE providers are asked to use it (but some choose not to). Utah's ERE percent for CE's is roughly 99% and for MER is around 84%.

Exhibiting at medical conventions or in conjunction with regional public affairs offices did not occur in FY 15.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Philadelphia
State DDS:	Virginia
Report Period (Fiscal Year):	2015
Current Date:	02/11/16
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Acting Professional Relations Coordinator

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

1) Description of Virginia DDS procedures for complaint resolution

The Virginia DDS regards all complaints as important and aggressively investigates all allegations.

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 9/30/15, 671 claimant surveys were returned to the DDS. Of those returned surveys, 83 indicated the claimant wished to speak to the DDS Professional Relations staff.

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.

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.

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.

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	8282	6152	27.82	8.15	35.97
NoVA	6745	4884	30.77	9.39	40.16
Southwest	10090	7614	27.41	7.70	35.12
Tidewater	6787	5082	25.93	10.12	36.06
EST	6086	4454	28.25	8.70	36.94
Statewide	37990	28186	28.04	8.81	36.85

This shows an increase of 993 in the number of CE's scheduled and an increase of 150 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 25.49 days to 28.04 days – an increase of 2.55 days. The average number of report days (the number of days from the actual exam date to the date the report is received) increased from 8.53 days last year to 8.81 days this year. The overall time from the date the exam was scheduled to the date the report was received went up from 34.02 days last year to 36.85 days this past fiscal year – an increase of 2.83 days. These number clearly demonstrate the Virginia DDS is still feeling the effects of the assistance it had been receiving from the Disability Processing Branch (SOB) in Philadelphia and the Disability Processing Unit (SOT) in Baltimore.

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, the Department for Aging and Rehabilitative Services (DARS) does not require notification from the DDS of any complaints received or actions taken.

Description of Virginia DDS procedures for Quality Assurance The Virginia DDS regards all complaints as important and aggressively investigates all allegations.

A) 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) 2,456 CE reports representing 280 CE Providers were reviewed by the 49 State Agency Medical/Psychological Consultants during this past year
 - (2) 96.6% (2,372) of the reports reviewed required no additional information or clarification

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activity

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

The Virginia DDS received no egregious complaints during FY15.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

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.

If a MER source is found on this list, a note is input into the DDS vendor file indicating that the source is currently sanctioned – the date the source was first sanctioned is included whenever possible. The PRO then notifies the Administrative Office and the other Regional PROs. The Administrative Office notifies the SSA Regional Office in Philadelphia.

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.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

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.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

Virginia DDS reviews 100% of the new CE provider reports and established CE providers are reviewed on an interval basis. The PROs will review the first five CE reports of new CE providers and complete an internal CE review form. Once the new CE provider reviews are satisfactory, they are released from 100% reviews. The new CE provider is notified by email or telephone with feedback on the quality of the CE report. If the CE review is satisfactory then the CE provider is reviewed on an interval basis.

Established CE providers are reviewed on an interval basis by the Professional Relations Officers and State Agency doctors. An internal form is used to record and document the quality of the CE report. The CE report reviews are compiled at the end of each quarter. The Professional Relations Officers review the report for any necessary actions needed with individual providers.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

The Virginia DDS currently has 280 CE providers on their panel. This includes medical and psychological acceptable CE sources. The Virginia DDS has 44 hospitals performing ancillary testing. The Virginia DDS has CE panel has remained relatively stable over FY15.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and Volume provider onsite visits were completed.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The Virginia DDS uses the following fee schedules provided by CMS:

- a) The Medicare Fee schedule published by Palmetto GBA Medicare 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.

Please refer to the MPRO SharePoint>DDS CE Fee Schedule for the current CE fee schedule. There was no change in our MER fees.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

See Attached list titled "Outreach Activities FY2015"

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the [ODD MPRO SharePoint site](#)"

Please attach any additional information before submitting this form.

VA DDS Key Providers

Advanced Medical Consultants Inc, 5734 Creek Mill Way, Glen Allen, VA 23059
CE Provider Services LLC 322 South Main Street, Emporia, VA 23847
Randy Rhod PsyD, Suite 1B, 424 North Main Street, Suffolk, VA 23434
Counseling and Psychological Services, Suite 5, 1045 Main Street, Danville, VA
24541
David Leen PHD (b) (6), Charlottesville, VA 22911
Exam Services LLC, 3200 Evergreen Lane SW, Roanoke, VA 24018
Richmond Health Psychology Services, 4222 Bonniebank Road, Richmond, VA
23234

Central DDS

Christopher Cousins, P.D.	Danville
Michael Fielding, Ph.D.	Richmond
Karen Russell, Psy.D.	Richmond
Jihad Aziz, Ph.D.	Richmond
Paul Candido, Ph.D.	Richmond
Elizabeth Parsons, Ph.D.	Richmond
Mary Bradshaw, Psy.D.	Richmond
Daphne Bethune, Ph.D.	Richmond
Ashley Freeman, Ph.D.	Richmond
Penny Sprecher, Ph.D.	Chester
Therese May, Ph.D.	Richmond
Sara Tostenson, SLP	Richmond
Advanced Medical Consultants	Richmond
Carla Galusha, Ph.D.	Petersburg
Scharles Tinsley, Ph.D.	Petersburg
Deborah Mazzaella, Psy.D.	Richmond

NoVA DDS

David Hettler OD (Mayes, Hettler, & Assoc	Fredericksburg
John Yassin MD	Arlington
ALICE S. OH, OD	Reston
Jade Tiu Rubino, Psy.D.	Fairfax
Christina Ralph PhD	Alexandria
Lee Brock MD	Fredericksburg
Juan Cornejo MD	Herndon
Juan Cornejo MD	Herndon
Heidi King	Herndon
Elizabeth Halper	Fairfax
Rebecca Strauss	Alexandria
Elizabeth Hrnrcir	Charlottesville
Francia Baataille	Dumfries

TWRO DDS

Richard Hoffman, MD	Norfolk
Randy Rhoad, PsyD	Virginia Beach
Med Plus/Dr. Harris	Virginia Beach
Karen Armstrong	Norfolk
Jeff Goodman	Portsmouth

SWRO DDS/EST

Marvin Gardner PhD	Roanoke
James Worth	Lexington
Frontier Health	Bristol
Dr. Cho	Norton location
Dr. Blackwell	Wise
Betty Gillespie	Roanoke
Eye Physician of SWVA	Galax
Dr. Smith/Southern Medical Group	Wise
Frontier Health	Bristol
Jeffrey Luckett PhD	Roanoke
Melinda Fields	Bluefield
David Leen	Lynchburg
Dr. Sellars	Roanoke
Dr. Scothorn	Vistar
Wade Smith	Bristol
Krysta Fink	Blacksburg
Marvin Gardner	Roanoke

Virginia DDS PRO ERE and Outreach Activity

1. October 2014

- a) SFAC – Fort Eustis
- b) Fluvanna Correctional Facility – Pre-Release Training
- c) SOAR Meeting – Fredericksburg
- d) Roanoke County – Pre-Release Meeting
- e) Pocahontas – Pre-Release Training
- f) Marion – Pre-Release Training
- g) Training Meeting with CE Provider Group

2. November 2014

- a) SFAC – Fort Eustis
- b) Collaborations Conference - Virginia Beach
- c) Keen Mountain – Pre-Release Training
- d) Franklin County Schools – ERE Meeting
- e) Care Connect Presentation – Bristol
- f) Virginia DOC Meeting

3. December 2014

- a) SFAC – Fort Eustis
- b) SOAR Meeting – Harrisonburg
- c) Bedford County – Re-Entry Meeting

4. January 2015

- a) SFAC FT Eustis
- b) Public Guardianship meeting at Senior Connections
- c) Inova Hospital Financial Coordinators Meeting
- d) NOVA SOAR Quarterly Meeting
- e) Pre-Release Meeting – Richmond DOC Headquarters

5. February 2015

- a) SOAR meeting Norfolk CSB
- b) SOAR meeting Virginia Beach
- c) Arlington SOAR Training
- d) Disability Partnership Meeting
- e) SOAR Training - Richmond

6. March 2015

- a) SOAR meeting Newport News
- b) SFAC FT Eustis
- c) Northern Region SOAR Meeting
- d) Charlottesville SOAR Training
- e) Supported Work Presentation - Richmond

7. April 2015

- a) Medicaid meeting in Abington
- b) Rockbridge Area Community Services Board Presentation
- c) SOAR Meeting - Fredericksburg

8. May 2015

- Philly DLI and PRO trainings
- Red Onion DOC Prerelease staff training

9. June 2015

- a) DOC training in Marion
- b) Traumatic Brain Injury Presentation Wise VA

10. July 2015

- a) Attorney Representative Meeting
- b) Blue Ridge Behavioral Health Care Presentation
- c) Carilion EAS meeting
- d) SFAC – Fort Eustis

11. August 2015

- a) NAMI Roanoke Valley
- b) SOAR Meeting – Alexandria
- c) SOAR Meeting – Portsmouth
- d) SOAR Meeting – Norfolk
- e) Muscular Dystrophy Support Group – presentation
- f) UVA NICU Social Workers Presentation

12. September 2015

- a) Autism Speaks Presentation
- b) SOAR Meeting NoVA Community Meeting
- c) Fort Eustis – Wounded Warrior Program Meeting
- d) Independent Living Conference - Richmond

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Boston
State DDS:	Vermont
Report Period (Fiscal Year):	2015
Current Date:	November 16, 2015
Reporter's Name, Phone number, and title:	Name: (b) (6) Phone number: (b) (6) Title: Professional Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- **Include a description of the types of complaints received throughout the year.**

- All claimants are sent the Consultative Examination Comment Form, a card stock form that is accompanied by a postage paid, addressed envelope
- PRO reviews completed forms
- Any other claimant complaints that the DDS receives regarding CEs are referred to the PRO

Negative Comments/Complaints

- Case file is reviewed
- Examiner is consulted
- Chief MC/PC is consulted
- Claimant is called as needed for clarification, further investigation and response/resolution
- Provider is called/visited as needed to address and resolve concerns
- Complaint is logged on an Excel spreadsheet and complaints are reviewed monthly at MRO Steering Committee meeting for any developing patterns with providers that need to be addressed by PRO, Chief Medical/Psychological Consultant or Director
- All complaints are investigated. Serious complaints may result in the provider's suspension or removal from the CE panel, or other appropriate action to protect the public

Positive Comments

- Passed along to provider
- Maintained in PRO file on provider

Description of the types of complaints received throughout the year

The complaints received throughout the year, as defined per DI 39545.375 (B) follow and the number of complaints per category follows the category in parentheses.

- 1) Complaints of a non-egregious nature (30)
- 2) Environmental Factors (9)

The PRO investigated and addressed all complaints. The Chief Medical Consultant and the PRO worked with one CE provider who was receiving complaints about the lack of thoroughness of the physical CE. The PRO visited the CE provider at the site and communicated the DDS concerns to the provider. The PRO and Chief Medical Consultant reviewed subsequent CE reports and provided feedback to the CE provider. The complaints about this specific provider subsided.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

Vermont DDS is not aware of any fraudulent activities committed by a VT DDS CE Provider.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

The Vermont DDS did not have any allegations of an egregious nature in 2015.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider’s support staff is properly licensed and credentialed, required by State law or regulation.**

Initial Agreement

The PRO establishes a file for any potential CE provider. The file has a cover sheet that is a checklist of the steps needed to have a provider become a member of the CE panel. One of the first items is to check credentials by checking against the Vermont Secretary of State’s Professional Licensing Database or the Vermont Medical Board DocFinder website, and the OIG exclusion site. Both Vermont sites show status of licensure, expiration date and any disciplinary actions/sanctions/limitations that have occurred. By using this form for all potential new providers, the DDS ensures all new providers have the appropriate medical credentials before we bring them onto our CE panel.

Periodic Checks

At least twice a year, all CE M.D.'s licenses are checked. More frequent checks are done if time permits. Both the Vermont Board of Medical Practice's eLicense page and the OIG site are checked. Additionally, the PRO performs a monthly check of the Vermont Board of Medical Practice for Board Actions. This page lists new M.D. disciplinary actions monthly.

At least twice a year, all CE psychologists' professional licenses are checked. The Secretary of State's Office of Professional Regulations' eLicense Online site and the OIG site are used to perform the license checks. Additionally the PRO generally does monthly checks of new sanctions on the OPR site.

The PRO maintains documentation of these checks on an Excel spreadsheet. Upon discovery of licensure issues, the DDS immediately suspends or removes the CE doctor from the panel and cancels pending exams. As necessary, we would review cases with CEs by the provider and determine next steps (notifying SSA, rescheduling with a different doctor, reopening the determination, etc.)

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

The PRO checked the credentials of all CE providers twice a year, once shortly after the first of the year when renewals were due and once in November. The PRO checked the Vermont Board of Medical Practice's eLicense page, and the Secretary of State's Office of Professional Regulations' eLicense Online site. The PRO checked the OIG site annually. The PRO checked the disciplinary action pages of each website frequently for any new actions brought against any CE provider.

The checks have been challenging this year as the Secretary of State updated the website and the pages did not always display correctly. The PRO notified the Secretary of State's office and the staff there said they were working on improving the display. Additionally, in May the website lost the option of searching Disciplinary Actions. This feature is supposed to return, but as of 11/6/2015, it had not.

The PRO maintained documentation of all checks on the Excel spreadsheet. No licensure issues occurred this past year. One CE provider notified the PRO prior to receiving a reprimand for readability of (b) (6) handwritten office notes for a treatment program. The DDS took no action against (b) (6), as (b) (6) dictated/typed CE reports are clear, complete and well written.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

CE REPORT REVIEW SYSTEM

First Five CE Reports from all new CE Providers

- All new CE Panel members' first five reports are reviewed by the corresponding Chief In-House Consultant (Physical/Psychological).
- If the first five reports are deemed satisfactory, the PRO randomly selects five more reports and reviews them and bring any questionable reports to the Chief MC/PC.
- If the reports need a lot of improvement, all reports are reviewed and feedback provided to the CE provider until the reports improve to the needed level of quality.

Sample of Reports from All CE Providers on an Ongoing Basis

- All CEs are verified through the legacy system's Fiscal Manager function. The PRO reviews and approves all CE reports to determine that the requested authorized services were performed, and that the correct claimant's name is used throughout the report.
- The adjudicator who ordered the CE, reads the CE report and contacts the PRO if there are issues with the CE.
- Most CEs receive a second review by the rating MC/PC. In-house medical consultants and adjudicators bring CE reports to the PRO if they find areas needing improvement.
- The PRO reviews the report with the Chief Medical/Psychological Consultant.
- The Chief MC/PC reviews the report, and the case, if necessary, and provides feedback for the CE provider to the PRO.
- A face-to-face visit may be arranged if needed improvements are not made. If reports continue to be unsatisfactory, the CE Provider would be removed from the CE Panel.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

FY 2015-80 CE Providers

FY 2014-89 CE Providers

Four CE providers retired (all physical-one internist and three ophthalmologists), one internist was not used (b) (6), one Psy.D, chose not to do CEs any longer (b) (6), one audiology center closed, and one SLP center was not used as no SLP was needed in that area. Additionally, the University of Vermont merged with facilities in northern Vermont and a number of providers and radiologists came under their umbrella. This gives the appearance that the number of CE providers decreased, although those facilities are still performing CEs for us but are counted as fewer providers as all payments go to UVM Medical Center, rather than to the individual providers. A new hearing center opened to replace the audiology center that closed, seven psychologists joined the CE panel, as did one bulk physical provider. One LCMHC resumed doing CEs in FY '15, who had not done any FY '14, as did one physical provider. Although the total number of providers decreased, it is primarily due to the consolidation of practices under the UVM Medical Center umbrella.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All Key and Volume provider onsite visits were completed.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

The Vermont DDS did not have any CE/MER fee schedule changes or any exceptions during FY 2015. There were no volume medical provider discounts distributed for any CE/MER providers.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

Marketing Electronic Records

- Throughout FY '15, the PRO continued to encourage and convert providers to the use of the Electronics Records Express system. The ERE releases in FY '15 made working with ERE and the providers who used it challenging and an inordinate amount of time was spent troubleshooting.
- In September 2015, the PRO exhibited at the Vermont Information Technology Leaders (VITL) conference and explained ERE to a variety of healthcare providers. VITL the Regional HIE continues to move towards certifications necessary to become an SSA HIT provider and it is a top priority for their organization.

Exhibiting at Medical Conventions and Other Outreach Activities

- PRO serves as Roving Reporter and on the Editorial Committee of the DCF News, the Department for Children and Families internal e-Newsletter and writes articles for dissemination to the other members of the department about the DDS.
- PRO continues to serve as the DDS HIPAA Liaison. This group meets quarterly with an attorney from the Attorney General's office.
- The PRO and a staff person for the Montpelier Field Office are scheduled to give a presentation to the State of Vermont's Crime Victim's Restitution Unit on December 9th. The presentation was scheduled for FY '15 but was postponed by the FO.
- The PRO participated in training new adjudicators and support staff on the Consultative Examination process throughout 2014.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the [ODD MPRO SharePoint site](#)"

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 16.

Region:	Seattle
State DDS:	Washington
Report Period (Fiscal Year):	15
Current Date:	10/14/15
Reporter's Name, Phone number, and title:	(b) (6) Phone number (b) (6) Title Medical Relations Manager

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

PR Specialists are responsible for maintaining files of all complaints by, from, or about CE or MER source to track, identify, and address problem areas. PR Specialists will seek complete investigation and/or documentation of complaints, timely resolution of problems, and appropriate notification of all affected parties. This includes a program of systematic onsite review of key providers and providers having serious complaints lodged against them. All complaints regarding CE sources, written or verbal are referred to PR.

PR Specialists work directly with claimants, CE providers, and relevant DDS personnel to document, investigate, resolve, and communicate claimant complaints. On complaints involving CE provider conduct, competency, or other medical issues, the appropriate state chief medical consultant will participate in the investigation and resolution. The PR Specialist will determine the level and manner of investigation that is appropriate, with other expert input, and will determine appropriate communication with all affected parties.

With complaints that do not involve provider professional conduct or medical issues, PR Specialists will determine how and what resources are necessary to resolve the issues. All complaints are to be documented and concerns are to be responded to appropriately. PR Specialists are responsible for determining the level and manner of complaint response.

Upon investigation, if it has been determined that policy or Statement of Agreement has been breached, or unprofessional conduct is present, CE providers will be directed to correct the situation by the PR

Specialist. CE sources will generally be given an opportunity to correct deficiencies. However, if they are unable or unwilling to make corrections or the situation is of such a nature that corrective action is not practical, they will be advised and dropped as CE panel members. Prior to this action, appropriate State administrator must be consulted and concur that the action is appropriate. If intent to defraud is suspected, the file will be referred to appropriate state administrator for review and action.

Complaints received throughout the year included:

1. Rudeness or unprofessional manner/attitude
2. Environmental-cleanliness, accessibility, lack of proper facilities, etc.

Other (ex. Injury, privacy, excessive wait times, etc)

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

N/A

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

N/A

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

CE Panel Credentialing Checks

Credential Checks:

Personal service contracts require doctors to submit a copy of their license and a statement that they do not have any current or outstanding sanctions. In addition, to ensure CE providers have proper credentials and no sanctions, we also use the following sources:

- The Office of Inspector General's website is checked at the time of initial sign-up and annually. (www.exclusions.oig.hhs.gov)

Monthly checks to: http://oig.hhs.gov/exclusions/exclusions_list.asp for sanctions and limitations and a spreadsheet is kept by PR specialist. These checks will be completed by the end of each month.

- All PRS subscribe to the Washington State Medical Quality Board Listserv which sends automatic emails to notify us of investigations, sanctions, revocations, and reinstatements of medical license as they occur. This is to ensure CE panel providers

do not have a suspended license or have current sanctions.

- At the time of recruiting (either prior to sending recruit letters or after the doctor has expressed an interest) the Washington State Department of Health website is checked for license status by PRS.

<https://fortress.wa.gov/doh/providercredentialsearch/>

Border State checks:

Oregon doctors:

Psychologists:

<http://obpe.alcsoftware.com/liclookup.php>

Physicians:

<https://techmedweb.omb.state.or.us/Clients/ORMB/Public/VerificationRequest.aspx>

Idaho:

Psychologist:

<http://ibol.idaho.gov/IBOL/Home.aspx>

Physicians:

<http://bom.idaho.gov/BOMPortal/Home.aspx>

- Effective – 5.2015 – temporarily assisting Nevada and contracting with NV providers. Websites for those checks are:

Physical Drs: <http://medboard.nv.gov/verification/>

Psych Drs: <http://nbop.savvyltd.com/DirectoryofPsychologists.php>

- DDDS Contract signatory will ensure a screen print of License information from DOH and OIG is placed in the CE provider's file.
- As an additional safeguard, a check sheet will be placed in all folders that are removed from the cabinet for non-QA or annual reviews for staff to initial and date that there is a current OIG and license in the folder.
- A database of all CE providers and their license expiration dates allows us to run reports to determine whose license will expire which allows time to obtain updated and current information. We also keep a list of sanctioned doctors that we can check when recruiting.

Credential Checks of support personnel

Our personal service contracts include the following statement:

Credential verification for staff: The contractor shall verify that all support staff who participate in conduction of the CE, meet all appropriate:

(a) Licensing or certification requirements of the State; and

(b) Are not excluded, suspended or otherwise barred from participation in federal programs.

1. License renewal verification

- DOH license checks will be done twice per month (Beginning and middle of the month). The month before, for the following month. For example, if the provider's license will

expire in July, the provider will be checked 2 two times in June.

- Utilize the IT report on SharePoint to determine which licenses are up for expiration.
- A folder that includes all the licenses that were verified for renewal (by month) are filed in the PR cabinets. The list will include names of providers, date license expiration. The license will be checked off the spreadsheet. Each time the list is reviewed, the reviewer will initial and date the spreadsheet.
- If the provider does not have a current license (i.e. the license is not renewed timely), the provider will be made inactive and no further scheduling of appointments will be done.
- If no current license, provider is referred to PR specialist for follow up to determine if the license will be renewed or pursue contract termination.

2. OIG and DOH checks Business Process

- Annually all contract files will have an OIG check performed and at the same time, the folders are reviewed for current license. A spreadsheet will be used to document the providers reviewed and results. Each month, PR staff will rotate performing a QA of roughly 10% of the files to ensure current OIG and DOH licenses are in the contract folder. By the end of the 12 months, all files will be QA'd. A spreadsheet will also be documented for this review. Any Contract groups that do not have individual providers in the system, will have their file reviewed as part of the QA process to ensure credentials are up to date. The report will be given to PR manager to address any issues and stored on the shared drive. **For any new providers who are recruited during the year, the PR specialist will ensure license and OIG are up to date after the onsite visit for contract signing and will document the main spreadsheet.
- One PR specialist will be assigned to review the OIG exclusions and reinstatement spreadsheets on a monthly basis and compare to CE panel. If a member of CE panel is on the OIG spreadsheet, provider will be no longer used for examinations.
- Prior to provider reactivation (if 3 months or more), PR specialist will give folder to MAS for DOH and OIG look up. If less than 3 months, PR specialist will ensure the AS400 has a current license.
- PR manager will do random checks quarterly on license renewals to ensure those checks are completed prior to license expiration date.
- As listed above - LEIE Exclusions – on a monthly basis, PR specialist will go to: https://oig.hhs.gov/exclusions/exclusions_list.asp and run the monthly OIG list and review for any providers on our panel. This list will be kept on the shared drive.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

LEIE is checked once per year and at initial sign up. Licenses are verified at initial sign up and the month license is expiring. We also subscribe to the state licensing department that will provide updates to any provider with license sanctions.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

At the time of orientation, CE doctors are notified that their first several reports will be reviewed in order to ensure compliance with program needs and requirements per POMS DI 22510.00ff. Based upon this initial review, written feedback is provided to the CE provider. They may be asked to take corrective actions to make reports acceptable, or advised of deficiencies that will require further reviews be made on subsequent reports to insure correction. PR staff is responsible for making judgments to ensure that new CE panelists meet SSA quality requirements.

Adjudicators, supervisors, hearing officers, and staff consultants review CE reports when received for adequacy, consistency, and timeliness during the adjudication process. Adjudicators, supervisors and staff consultants are instructed to submit a PR Help Desk when report deficiencies are identified.

Targeted quality reviews are conducted, at the discretion of the PRO or state administrator, as deemed necessary for specific sources, areas, specialties, or as part of special studies (DI 39545.400).

Reports with completed review forms will be maintained in individual CE provider files.

PR staff will maintain statistics for at least all key CE providers (DI 39545.100) and provide the state PRO coordinator of quality review results by provider, along with trends, complaints, and actions taken or required.

Special Situations with significant and/or ongoing deficiencies and/or complaints receive focused attention from the PR staff. This may include, but is not limited to, further in-depth investigation, comprehensive study of larger report samples, interviews with claimants, and on-site visits to evaluate the examination process, personnel, ODAR and facilities. PR staff will initiate appropriate actions, document findings, and provide written report to state PRO administrator.

PR staff is responsible for ensuring that all quality review activities are operable in his/her area of responsibility and are conducted in compliance with established guidelines and/or relevant POMS instructions.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

352. Last FY we had 374 CE providers. Due to the complexity and time it takes to verify license renewal verification and OIG sanction checks, we have focused our efforts to keep include providers who currently do exams or are on a temporary hiatus. Additionally, we have had some providers retire, move or quit.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All key and volume provider onsite visits were completed.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

Due to State contract requirements, we are unable to offer any volume CE discounts. The fee schedule

was updated March 2015. Washington DDS uses the Washington L&I methodology for setting fees and we determine the appropriate percentage of reimbursement based on the availability of medical providers to conduct the consultative examinations needed by claimants. For DDS evaluation CPT codes for most exams, we reimburse at 90% of the L&I rate. The exception is the physical exam. We increased the fee by 7.5% from the previous year due to it being the highest exam ordered. All specialty exams, ancillary, and lab CPT codes will be reimbursed at 100% of L&I fees due to difficulty finding resources. For those services not performed by L&I, we have researched the Consumer Price Index (CPI) and found medical costs have increased by 6% over the last 2 years and will increase our fees accordingly. Due to L&I updating their fee schedule in July 2015, the WA DDS fee schedule was reviewed and updated to ensure no services were reimbursed higher than the L&I Fee schedule.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The PR specialists attempt to visit every potential CE provider. This oversight includes program requirements, general business information, training, and ERE education. Additionally, it also enables us to evaluate the location and office space of the potential CE doctor. We continue our efforts in promoting and educating on the ERE processes. We were exhibitors for marketing electronic records and/or recruiting consultative examination providers at the following conventions: Washington Academy of Family Physicians (WAFP), Primary Care Update, Washington State Health Information Management Association (WSHIMA).

PR staff are required to work closely with the CEU staff to ensure POMS requirements are being met regarding scheduling. Due high turnover with CEU staff this past year, PR has had to perform scheduling and CE receipting to cover this workload.

One PR staff is heavily involved in the ERE Support call and is the Seattle Region Representative.

We continue to be involved with SSI/SSDI Outreach, Access, and Recovery (SOAR) initiative and have performed several presentations this past year. We have participated in SOAR trainings as a resource to the community and outreach. Lastly, in a joint effort with the Tacoma and Olympia Social Security Field Offices, we are assisting the soldiers at Joint Base Lewis-McCord to apply for disability benefits by answering questions on the application process, bringing claimant supplied MER back to the DDS, and answering case status questions on a bi-monthly basis.

Beginning in June 2015, Seattle DPU was asked to assist with adjudicating NV claims. As part of this process, the WA DDS PR dept secured WA state contracts with several groups of providers that provide CEs for NV in efforts to considerably reduce the amount of ARs that are needed for NV. Additionally, Washington CEU schedules as many of the CEs as possible directly with our contractors to reduce the additional work for NV and ARs. There are 694 NV claims remaining.

The PR department is responsible for public disclosure and education on PII. Training is performed as needed and to new hires. We are also responsible for transportation and interpreter oversight and participate in our state's contract monitoring for these services. The PR department is also responsible for the Washington DDS Security plan updates and training. The Professional Relations Manager is responsible for the statewide background check process for hiring new staff for the DDS. And HSPD-12 roll-out for

Washington. 2 of 4 PR staff are coordinators for an office for HSPD-12 (Spokane and Olympia). CEU supervisor is an HSPD-12 trainer in the Seattle DDS office.

11. Upload the following documents to the SharePoint site:

- A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the ODD MPRO SharePoint site”

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Philadelphia
State DDS:	West Virginia
Report Period (Fiscal Year):	FY 2015
Current Date:	11/13/2015
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Manager

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year.

All CE source complaints in WV are referred to the appropriate PRO for investigation and resolution. We have an Oversight Plan in place that provides the process and procedures to be followed to resolve complaints.

All complaints are documented and fully investigated. Appropriate corrective actions, including communication with all involved parties is undertaken. Documentation of complaints are retained in the provider files for at least three years.

If a claimant reported, unprofessional conduct or criminal acts 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 the specifics of the incident.
- If, following these interviews, there is reason to believe that the allegations do rise to the level of unprofessional and/or 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. Attach a list of completed onsite reviews of CE providers.

Charleston Area CE Onsite Visits

Beckley ARH	10/14/14
Summersville Reg. Hospital	10/16/14
Katherine Ball	10/28/14
Williamson ARH.	11/19/14
Greenbrier Valley Med. Ctr	11/20/14
Logan Reg. Med. Ctr	11/25/14
Logan Pediatrics	11/25/14
River Valley Assoc.	12/3/14
Story Consulting	12/10/14
Bluefield Reg. Med. Ctr	12/23/14
Rainelle Med. Ctr.	12/29/14
Dr. Touma	1/13/15, 2/12/15
Dr. Prendergast	1/16/15
Sunny Bell, MA	1/20/15
Raleigh General Hospital	1/22/15
Beckley ARH	1/28/15
Scott Orthopedic	1/29/15
Dr. Harris/Katrib	2/4/15
Tri State Occ. Med. Logan	2/20/15
Dr. Dy	3/12/15
Dr. David Gomez	3/12/15
Raleigh Hearing	3/20/15
Brian Bailey, MA	4/1/15
PAIS Beckley	4/7/15
Cherie Ziegler	5/4/15
Aspire Huntington	5/4/15
Tri State Huntington	5/19/15
HIMG-Locascio	5/19/15

Browning Eye Care	5/26/15
St. Mary's Hospital	5/26/15
Larry Legg, MA Summersville	6/8/15
Elizabeth Jennings	6/10/15
Greenbrier Audiology	6/11/15
Psychological Assoc. of Logan	6/16/15
PAIS Chapmanville	6/17/15
Vision Consultants	6/18/15
Elizabeth Bodkin, MA	6/22/15
Aspire Chapmanville	6/23/15
Tri State Lewisburg	6/25/15
Lindsey Optical	6/29/15
Teresa Jarrell, MA	6/30/15
Andres Rago, M.D	7/1/15
Larry Legg, MA (Clay)	7/2/15
New Horizons Psychological Assoc.	7/7/15
Princeton Pediatrics	7/10/15
Tri State Occ. Med. (Princeton)	7/16/15
Greenbrier Audiology (Beckley)	7/21/15
Tri State Occ. Med. (Beckley)	7/22/15
Teresa Jarrell, MA (Keystone)	7/23/15
PAIS (Princeton)	7/27/15
Mountain State ENT (Beckley)	7/30/15
Story Consulting	8/4/15
Tonya McFadden, PhD	8/11/15
Judith Lucas, MA	8/12/15
PAIS (Huntington)	8/13/15
Hasan & Wasylyk	8/17/15
Appalachian Hearing (Welch)	8/20/15
Raleigh Hearing	8/21/15
Beckley ARH SLP	8/25/15
Appalachian Hearing (Bluefield)	8/27/15
Aspire Occ. Rehab. (Beckley)	8/28/15
Mountain State ENT (Beckley)	9/8/15
Princeton Comm Hospital	9/9/15
Tri State Occ. Med. (Logan)	9/10/15
Tri State Occ. Med. SLP (Beckley)	9/23/15
Tri State Occ. Med. (Lewisburg)	9/24/15
Devin King MD	01/05/2015
Ernie Vecchio MA	01/05/2015
Robert Holley MD	01/13/2015
KidCare Pediatrics	01/15/2015
Milestones Physical Therapy	01/22/2015
Misti Jones Wheeler	02/11/2015
Devin King MD	01/05/2015

Ernie Vecchio MA	01/05/2015
Robert Holley MD	01/13/2015
KidCare Pediatrics	01/15/2015
Milestones Physical Therapy	01/22/2015
Misti Jones Wheeler	02/11/2015
Mareda Reynolds	06/29/2015
John Wiles OD	06/29/2015
Pleasant Valley Hospital	05/27/2015
Alta MCS	04/23/2015
CAMC Occu Lung Cntr	04/08/2015
The Hearing Place	09/24/2015
Pleasant Valley Hospital	08/27/2015
Aspire Ripley	08/27/2015
Aspire Charleston	08/25/2015
Aspire Ripley	07/28/2015
A. Karim Katrib	07/07/2015
Montgomery General Hospital	07/01/2015
Ghassan Dagher	07/01/2015

Clarksburg area onsite

Denny Burnworth

Source	Location	Date	PRO/PRA
Tri State Occupational Med	Parkersburg	10/16/13	(b) (6)
	Bridgeport	10/21/13	
	Sutton	4/15/15	
T.M. Yost Ed.D.	Fairmont	7/3/13	
Sushil Sethi (primarily IME's)	Marietta, OH	5/26/15	
	St. Clairsville, OH	1/26/15	
	Fairmont	8/7/15	
Mansuetto-Coville	Wheeling	9/22/15	
Tebay Psych Services	Parkersburg	10/31/14	

Non-Key CE Sources	Type of Visit/ Date
Paul Dunn, PhD	9/8/15 (b) (6)
Hillcrest Behavioral	
MVA Health Clinic	7-28-14 (b) (6)
Bennett Orvik, MD	8/19/15 (b) (6)
Joseph Audia, OD	7/21/14
Spaulding Psych	7/14/15

Levin & Assoc.	7/31/15	(b) (6)
T. Schmitt, MD New Martinsville	1/27/15	(b) (6)
T. Schmitt, MD Wheeling	2/25/15	(b) (6)
Family & Marital Counseling	4/23/15	
Victory Services Pennsboro	7/8/15	
Joseph Schreiber, DO	9/14/15	
Vision Care Assoc.	5/14/13	
Ronald Frame OD		
Gabriel Sella, MD		
A. Wilkinson OD		
Fairmont ENT		
Wetzel Co. Hospital CE	8/5/15	(b) (6)
Spaulding Psych Parkersburg	7/27/15	(b) (6)
Vladimir Zysnewsky, MD	6/22/15	(b) (6)
Victory Services New Martinsville	9/28/15	(b) (6)

Clarksburg DDS PBO Area Quarterly (Key CE) Onsite visits (most recent).

Source	Location	Date	PRO/PRA
Tri State Occupational Med			
(practice primarily IME's and one Of top 5 providers)	Elkins	8-26-15	(b) (6)
	Romney	8-5-15	(b) (6)

	Martinsburg	8-27-15	(b) (6)
Seth Tuwiner (primarily IME's)	Hagerstown, MD		(b) (6)
Psychological Consulting (Slaughter, Hood & McDaniel) primarily IME's	Martinsburg	9-9-15	
Morgan Psychological Services (Morgan Morgan) (primarily IME's)	Buckhannon	9-14-15	
Fremouw, Sigley & Associates (Ed Baker & T. Berry-Harris) (primarily IME's)	Morgantown	8-12-15	
Gregory Trainor & Asso. (prime's)	Keyser	7-17-15	

Non-Key CE Sources	Date
Mountainview ENT Winchester	9-11-15
EPPS - Romney	9-3-15
K. Marshall – Marlinton	9-22-15
Terry Mangold OD	9-30-15
Sharon Joseph, PhD	6-9-15
Hampshire Hosp. CE	7-9-15
Berkeley Hospital CE	7-15-15
R. Biundo & Assoc.	5-5-15
EPPS - Romney	6-5-15
Terry Mangold OD	4-16-15
Kevin Cox, M.D	4-27-15
Greenbrier Audio	4-27-15
Sharon Joseph, PhD	6-9-15

3. Attach a current list of names and addresses of key providers. For decentralized DDS locations, the list should be prepared and submitted for 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
- 5) Aspire Occupational Rehabilitation-Smithers, Chapmanville, Charleston, Beckley
Lester Sargent MA
PO Box 4303
Chapmanville, WV 25508
- 6) Story Consulting Services
PO Box 1817
Frankfort, KY 40602

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
141 Key Ave.
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. Provide the total number of CE providers on the panel.

Our vendor database shows approximately 265 active CE providers that DDS utilized during FY 2015. This number includes hospitals and secondary providers that performed studies and interpretations.

5. 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 that no unlicensed or excluded CE providers perform CEs.

During initial recruiting activities all potential CE providers are required to submit a copy of their current CV / Resume and the provider will sign a Statement of Agreement that includes their professional license number, expiration date, and a general agreement they are required to follow all DDS/SSA CE etiquette and protocol. The Area PRO conducts credential checks (per [DI 39569.300](#)) to verify status of all potential providers through all appropriate state and federal licensing and sanctioning boards, HHS OIG and LEIE website 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.

6. 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.

7. Provide a description of any 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.

8. Upload fee schedules to the MPRO SharePoint site.

Fee schedule has been uploaded to MPRO SharePoint site.

9. Provide a brief description of DDS professional relations officers'/medical relations officers' 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 2015, 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.
- MPRO'S attended multiple medical conferences and other meetings during the year to promote DDS and SSA needs and initiatives. Please find some of these listed below. WVHIMA Conference, WV Family Physicians Conference, Osteopathic Conference, WV Psychological Association conference, Jose Ricard Family Medicine Conference, Presented at the Social Security I Appeal Seminar in Charleston and Parkersburg, Attended I Appeals seminar in Wheeling, and Worked w/ new ALJ's to train on the DDS business practices.

Please attach any additional information before submitting this form.

The average time from CE appointment date to receipt of the report was 10 days in FY 15.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Philadelphia
State DDS:	West Virginia
Report Period (Fiscal Year):	FY 2015
Current Date:	02/09/2016
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Manager

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

All CE source complaints in WV are referred to the appropriate PRO for investigation and resolution. We have an Oversight Plan in place that provides the process and procedures to be followed to resolve complaints.

All complaints are documented and fully investigated. Appropriate corrective actions, including communication with all involved parties is undertaken. Documentation of complaints are retained in the provider files for at least three years.

If a claimant reported, unprofessional conduct or criminal acts or other acts of an egregious nature the PRO would also involve the appropriate state administrator and appropriate staff consultant to participate in the investigation and resolution process as follows:

- As a general approach to CE complaints, it has been our usual practice to give CE source an opportunity to correct deficiencies. However, in cases involving unprofessional conduct or acts of an egregious nature and in other situations where the PRO deemed it appropriate, the first step would be to interview the claimant and any witnesses to the alleged acts/conduct identified by the claimant to fully document the specifics of the incident.
- If, following these interviews, there is reason to believe that the allegations do rise to the level of unprofessional and/or egregious acts, scheduling further exams with the source would immediately be suspended. The first concern would be to protect any further claimants from being exposed to the alleged conduct or acts.
- The source would be notified of the scheduling suspension, informed of the pending allegations,

and asked to respond to them with his/her version of what happened. We would also interview any source staff members as appropriate. We would inform the source that a complete investigation of the alleged conduct/acts will be undertaken and that we would make a final determination following that.

- PROs would review vendor file for a pattern of similar incidents, insure that there have been no sanctions by licensing or oversight entities with the source of which DDS is unaware, and verify whether or not the state licensing authority has any pending actions concerning the source.
- Other claimants examined by the source would be interviewed, using our regular claimant reaction survey protocol, to determine if other claimants make similar allegations and any other witnesses would be interviewed.
- If the allegations were determined to be unfounded, scheduling would likely be resumed with the source under whatever conditions the PRO determined to be appropriate with the approval of appropriate state administrative staff.

If the allegations are determined to be true, we would immediately cease any further scheduling with the source. Based upon the nature of the infractions and after consultation with appropriate state administrative and legal personnel, referral may be made to state licensing, oversight authorities, or law enforcement agencies for further investigation and/or action.

In FY15 we had no complaints of an egregious nature. There were several complaints concerning environmental factors and one complaint of rudeness.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

None.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

None.

4. Provide a brief description of the DDS business process to ensure:

- **State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).**
- **CE provider's support staff is properly licensed and credentialed, required by State law or regulation.**

During initial recruiting activities all potential CE providers are required to submit a copy of their current CV / Resume and the provider will sign a Statement of Agreement that includes their professional license number, expiration date, and a general agreement they are required to follow all DDS/SSA CE etiquette and protocol. The Area PRO conducts credential checks (per [DI 39569.300](#)) to verify status of all potential providers through all appropriate state and federal licensing and sanctioning boards, HHS OIG and LEIE website and/or other appropriate databases. The 'Statement of Agreements' and CV/resumes are renewed and updated periodically.

The Professional Relations Assistants also have a process in place to perform semi-annual review of credentials on all existing CE providers to verify licensure or certification is not restricted or limited and in generally good standing. In addition to these steps, sanction lists are reviewed as they are provided

and we receive copies of the State Medical Association newsletter, which often provides information regarding any action taken against the licenses of medical doctors.

The Statement of Agreement includes specific language that a CE provider is held accountable that all of the support staff used during CE's meets all appropriate licensing or certification requirements of the state in which exams are done. As indicated above, the Statements of Agreements are updated and renewed periodically.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

These are completed two times per year. These are usually done in January and July.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

For new providers we schedule 5 exams. Once these have been kept and the reports received the reports are reviewed by the DE, our chief medical consultant for the specialty involved and the PRO. Once this has been completed, the PRO will provide any required feedback to the vendor. If the reports are found appropriate additional exams will be scheduled. If they are not then we will determine whether to repeat the process again to seek improvement or inform the source that we will not be using them.

Our DE staff provides for the first line of review to insure CE reports meet the established criteria. If they identify any issues with a vendor then a targeted review is undertaken. We will pull a sample of reports for review by administrative staff and one of our full time medical consultants in the involved specialty. The results of the review will be analyzed and appropriate action to correct deficiencies will be undertaken. This will include feedback to the vendor either positive or negative.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

Our vendor database shows approximately 265 active CE providers that DDS utilized during FY 2015. This number includes hospitals and secondary providers that performed studies and interpretations

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All were completed.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

No changes were made to the fee schedule. No discounts are given for volume providers.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

West Virginia DDS Professional Relations Officers, Professional Relations Associates, schedulers and vendor registration staff take every opportunity to market any current DDS and/or SSA initiative with or without the PAS, depending on the audience.

- In FY 2015, 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.
- MPRO'S attended multiple medical conferences and other meetings during the year to promote DDS and SSA needs and initiatives. Please find some of these listed below. WVHIMA Conference, WV Family Physicians Conference, Osteopathic Conference, WV Psychological Association conference, Jose Ricard Family Medicine Conference, Presented at the Social Security I Appeal Seminar in Charleston and Parkersburg, Attended I Appeals seminar in Wheeling, and Worked w/ new ALJ's to train on the DDS business practices.

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the "[DDS CE Provider List](#)" section of the ODD MPRO SharePoint site:**
 - Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).
 - Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).
 - Indicate CE providers for whom you completed onsite reviews.
- **A copy of the current CE and MER fee schedules to the "[DDS FEE Schedules](#)" section of the ODD MPRO SharePoint site"**

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Chicago
State DDS:	WI
Report Period (Fiscal Year):	2015
Current Date:	11/10/15
Reporter's Name, Phone number, and title:	Name (b) (6) Phone number (b) (6) Title Professional Relations Officer

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

Complaints received by claimants regarding CE provider facilities, thoroughness of the exam, staff interactions are investigated as follows:

- 1) If clarification is needed, a call is placed to the claimant or other involved parties for additional information.
- 2) If the CE report is in file, it is reviewed.
- 3) The DDB records are reviewed to determine if previous complaints have been filed.
- 4) The PRO contacts the CE provider by telephone or letter to discuss the concerns; additionally, in some situations, a site visit is conducted.
 - a. The PRO staff will review the results of the investigation with the provider and conduct appropriate verbal or written counseling for corrective action as necessary.
 - b. An enhanced review may be conducted. During an enhanced review claimant survey forms, as well as quality review forms for staff, are sent for a specified number of future appointments with the provider. Follow up site visits are also an option the DDB may conduct.
 - c. If a continuing problem exists with the CE provider, further appointments are discontinued. If the claimant complaint is not substantiated, appointments continue with the provider.

Complaints received by staff regarding report quality and timeliness are investigated as follows:

- 1) For quality concerns, the PRO staff reviews several reports to determine where improvements are needed.
 - a. The provider is contacted to discuss the quality issues and provided with oral or written guidance on how to improve the quality of their reports.
 - b. An enhanced review may be implemented, as described above.

- 2) For timeliness concerns, the PRO staff determines the provider's response time average
 - a. If a trend is identified, contact is made with the provider to discuss and resolve the situation.

A provider may be removed from the panel if quality and/or timeliness issues cannot be resolved.

Regardless of the source of the complaint, the DDB may temporarily stop scheduling appointments with the provider, pending the results of an investigation.

All complaints of unethical or illegal behavior are immediately referred to the Management Team. All sanctions of a sensitive nature are shared with Regional Office. The team will determine whether:

1. The CE provider will be immediately suspended
2. Pending appointments will be cancelled with the CE provider
3. Referrals to other agencies are appropriate

All state and parent agency policies regarding prohibited practices for providers and health professionals will be applied and referrals to appropriate regulatory and legal agencies will be made.

Documentation related to claimant and staff complaints are stored both electronically and in paper format. We are transitioning from our current filing system to an Access database.

The types of complaints typically received from claimants relate to:

- 1) Interaction difficulties between the claimant and/or their collateral with a provider and/or clinic staff.
- 2) Concerns that insufficient time was given for the exam or that certain medical concerns were not addressed during the exam.
- 3) Concerns about the facility and its furnishings.

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

No fraudulent activities were reported or discovered.

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

- 1) We received a complaint related to unsanitary conditions at (b) (6). A site visit was made and minor corrective actions were recommended. The providers at (b) (6) were also placed on enhanced monitoring.
- 2) We received a complaint indicating that a CE provider (b) (6) [REDACTED]. The complaint was discussed with the provider who denied most aspects of the reported conversation. (b) (6) [REDACTED] without any similar complaints. However, we placed (b) (6) on enhanced monitoring. No further complaints of a similar

nature were found.

- 3) While no complaint was filed with SSA/DDS, a claimant filed a complaint with the WI Department of Safety and Professional Services (DSPS) regarding (b) (6) by one of our providers (b) (6). The claimant reported that (b) (6). The provider shared the complaint with us along with (b) (6) version of what took place. (b) (6) was placed on enhanced monitoring with no feedback reporting inappropriate behavior/interactions on the part of the provider. We also assisted DSPS with their investigation by providing a copy of the CE report. As of the date of this report, no disciplinary actions have been taken by DSPS.
- 4) A complaint was filed regarding lack of ADA compliant accessibility to (b) (6) CE provider's office. We are working with the provider to resolve the accessibility issue.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.

CE Provider Licensure/Credentialing:

1. The instruction manual for new CE providers describes licensing requirements.
2. License number and status are verified with the State Licensing Board via website research, for every prospective CE panel member, prior to beginning any CE appointments.
3. The OIG website is checked for sanction status on every prospective CE panel member.
4. LEIE is checked for sanctions on a monthly basis. A list is compiled of all sanctioned providers in WI and the bordering states (IA, IL, MI and MN). The list is compared to all CE providers in our legacy system. All CE providers under sanctions from either or both entities are brought to the attention of the MPRO.
5. New CE panel members are asked to submit their license number and a copy of their current license to the PRO when they join the CE panel.
6. The PRO assistant verifies the renewal status of all CE providers for each two-year cycle, for all CE providers.
7. When a prospective CE panel member is located in a border state, the PRO contacts the PRO in the other state to verify if the consultant is in good standing in the adjoining state. Verification of current licensing is also made with the out of state licensing board. Many have searchable databases on their web sites or will respond to an e-mail inquiry.
8. The PRO reviews the reports of disciplinary actions taken by the State of Wisconsin Licensing Board and crosschecks the information with the list of current CE providers.
9. Licensure status is verified via website research on a biannual basis, which corresponds to the licensing requirements for health care professionals in Wisconsin.

Documentation related to a CE provider's licensure verification is stored electronically.

Support Staff Licensure/Credentialing:

1. The CE provider reference manual states that all support staff who participate in a CE must be properly licensed by the State.
2. The CE panel member must sign an agreement that all support staff meet State licensing criteria.
3. Key Providers annually certify the licensing status of their support staff at the onsite visit or by mail.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

Licensure status is verified via website research on a biannual basis, which corresponds to the licensing requirements for health care professionals in Wisconsin. A WI DDB database alerts PRO staff to the credential due dates.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

New providers are placed on full monitoring for their first 10 appointments. The PRO staff then does a random review of submitted reports and provides feedback to the provider. For established providers, our computer system is set up to send monitoring forms for every 50th appointment scheduled. If there are concerns about an established provider, they are put back on full monitoring for a designated period of time.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

We had 335 individual providers and 97 ancillary testing only providers for FY15. We have experienced a decline in providers due to a variety of reasons such as retirement, moving, lack of time, or decision to no longer accept our exam fees. Three were removed from the panel (b) (6)

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

All key and volume providers received an onsite visit in 2015.

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

There are no changes to the CE/MER fee schedules.

We have a long established exception to pay a higher rate for ancillary testing conducted by four key providers.

We also have a long-term policy of providing room, mileage, and travel time reimbursements to multiple site providers who have agreed to set up CE clinic sites in underserved areas of the state. The approval of all exceptions is made on an individual basis and not necessarily for all clinic sites for a particular provider.

10. Provide a brief description of DDS medical and professional relations officers' activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

ERE: We routinely advertise the benefits of registering for the ERE Website to new and existing CE

providers. We do this via telephone, email, and mailings to providers. Many of our MER providers are utilizing the ERE system, but we continue to encourage increased use with our providers. We also market the ERE system at conferences we attending during the year.

Other PRO outreach activities:

- Program orientation for new Disability Benefit Specialists from the State’s Aging and Disability Resource Center (ADRC). Also attended two of their staff meetings to discuss the ADRC/DDB working relationships.
- Exhibitor at the Wisconsin Psychological Association’s Annual conference.
- Exhibitor at the Wisconsin Health Information Management Association’s (WHIMA) conference as an exhibitor.
- Presented CE provider training to 3rd year residents at UW Fox Valley Family Practice.
- Co-presented with SSA FO representative regarding age 18 redeterminations to Work Incentive Benefit Specialists.
- Met with Correctional staff to discuss pre-release case development issues.
- Provided program orientation for Legal Action of WI attorneys working with pre-release applicants.
- Program orientation for Elder Benefit Specialists for the State of Wisconsin.

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:**
 - **Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).**
 - **Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).**
 - **Indicate CE providers for whom you completed onsite reviews.**
- **A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the [ODD MPRO SharePoint site](#)”**

Please attach any additional information before submitting this form.

DDS CE Oversight Report

The Office of Disability Determination designed the DDS Annual CE Oversight Report to capture substantive data and facilitate meaningful national and regional analyses. The annual (federal fiscal year) oversight report covers the preceding 12-month period.

The DDS will complete the fillable form located on the MPRO SharePoint site and upload the CE/MER fee schedule within 45 days following the end of the federal fiscal year, by November 15.

Region:	Denver
State DDS:	Wyoming
Report Period (Fiscal Year):	2015
Current Date:	2/3/16
Reporter's Name, Phone number, and title:	Name: (b) (6) Phone number (b) (6) Title: PRO

1. Provide a brief description of the DDS's procedures used to resolve the various categories of complaints received throughout the year:

- Include a description of the types of complaints received throughout the year.

- Most Serious Complaints/Egregious Behavior (Inappropriate touching, sexual behavior): The Professional Relations Officer (PRO) will investigate the complaint(s), and if the PRO is unavailable to investigate the complaint, then the Wyoming DDS Administrator will contact the provider who performed the consultative examination and speak directly with him/her to obtain his/her recollection of the event in question. If there is enough information/evidence to support that the complaint is valid then the Wyoming DDS Administrator will contact the Wyoming State Board of Medicine and file a formal complaint. Also, the Wyoming DDS Administrator will inform the claimant to contact local authorities file formal charges and to request an investigation.

- Less Serious Complaints to include: Physician was rude, Physician rushed the examination, and Physician's bedside manner; the Professional Relations Officer (PRO) will investigate the complaints. If the PRO is unavailable to investigate the complaint, then the Wyoming DDS Administrator will contact the provider who performed the consultative examination and speak directly with him/her to obtain his/her recollection of the event in question. If there is enough evidence to support the complaint then the Wyoming DDS Administrator will discuss the necessary steps

to ensure that a similar event does not occur. The Wyoming DDS Administrator will inform the provider that the behavior cannot continue, and if the behavior does continue then the Wyoming DDS will not use this provider.

- The Wyoming DDS is obligated to investigate complaints as per POMS DI 00233.900 G. The Wyoming DDS will ensure that complaints made by claimants or providers are investigated and resolved within five (5) business days of receipt and where this is not possible we will provide a reason and estimated completion date. Complaints which are not resolved within five-business days or which are not resolved to the satisfaction of the individual(s) making the complaint will be referred to the Wyoming DDS Administrator. The Wyoming DDS will provide acknowledgement of complaints communicated to us by telephone, electronic mail, written form, or in person. The PRO will communicate with the individual(s) in-person or by telephone. The PRO will ask questions as contained on the Complaint Questionnaire form. The PRO will inform the DDS Administrator of any complaints received. State mandated protocols consist of contacting the Wyoming Attorney General's office. Certain complaint types will eliminate the provider from our CE list to include: sexual behavior toward the claimant(s) and rude behavior towards the claimants.
- The Wyoming DDS maintains a completed questionnaire form that is kept on file. Below is the questionnaire form:



Complaint
Questionnaire Form.c

2. If any fraudulent activities by CE Providers were discovered, provide a brief description of each, including the outcome.

- None

3. Identify complaints of an egregious nature, requiring either or both significant corrective action and/or public relations work per [DI 39545.375](#).

- The Wyoming DDS had complaints from claimants and examiners about (b) (6) [REDACTED]. The Wyoming DDS tried to resolve the issue through public relations work. However, after several attempts to reach out to (b) (6) [REDACTED], the physician was removed from the CE panel.

4. Provide a brief description of the DDS business process to ensure:

- State license and federal credential checks were completed timely (checks should be made at initial agreement and at frequent intervals thereafter).
- CE provider's support staff is properly licensed and credentialed, required by State law or regulation.
- The Wyoming DDS does perform an annual credential review of our providers by checking the

Wyoming State Board of Medicine, the Wyoming State Board of Psychology, the Wyoming State Board of Speech Pathology and Audiology, The Wyoming Board of Examiners In Optometry, and the Health and Human Services OIG LEIE list. Thus, allowing us to verify that each of our providers maintains proper credentials and that the providers are not under any suspension.

- If a nurse practitioner or physician assistant is performing the CE under the supervision of the physician, then the Wyoming DDS will perform a credential check to ensure that the individual(s) is currently licensed in the State of Wyoming. The State of Wyoming websites for Nurses for nurse practitioners, State Board of Medicine for physician assistants, and Health and Human Services OIG LEIE list are used to perform the credential checks.
- The above is followed before entering into an agreement with a provider to perform exams.
- Attached is a copy of our current oversight list. Note: each provider below is also given a file that is maintained in the office.



oversight.xlsx

- The issue of a CE provider support staff is properly licensed is addressed in oversight and/or when entering into an agreement to perform CEs.

5. Indicate how frequently throughout the year credential checks were completed. If credential checks were not completed, provide explanation.

- See above, the Wyoming DDS does perform an annual check of credentials. The DDS will also check the Medical License Board lists of providers in disciplinary action quarterly to determine if a CE provider has been placed on disciplinary action.

6. Provide a brief description of the DDS business process to review CE reports from new and established CE providers to ensure the reports meet criteria.

- The Wyoming DDS business process incorporates a trial period with new providers. During the trial period, the DDS will schedule a certain number of CEs. After the CEs are completed, the Wyoming DDS will provide constructive feedback to the provider(s). The trial period may last several months, however once completed the CE provider will be added to the CE panel. If the trial period shows that the provider cannot perform to SSA/DDS requirements, the DDS will cease business with that provider.
- The Wyoming DDS monitors established CE providers by first identifying issues by the following ways:
 - Comments are made by consultants and/ or examiners in the office
 - Complaints made by claimants that PRO investigates.
 - Review of received CEs via the MPRO queue in the DDS legacy system.
 - CE providers requesting feedback.

- Issues brought to the DDS's attention by third party federal components to include ODAR, and Office of Quality Review.
- Comments made by outside stakeholders such as other doctors.
- When issues are brought to the attention of the PRO and/or supervisor, the CE provider will be contacted by telephone and/or office visit to address and correct any issues. The DDS will follow business process of a trial period and only schedule a certain number of exams. If issue is continued then the Wyoming DDS will cease to do business with the CE provider.

7. Provide the total number of providers on the CE Panel and describe any differences from the previous year.

- The Wyoming DDS has a total of 137 active CE providers on its panel in 2015. In 2014 the Wyoming DDS had a total of 104 active CE providers. The change has occurred for a variety of reasons to include: PRO actively recruiting more than previous years; involvement with various associations such as the Wyoming Medical Society and Wyoming Psychological Association; and there were discrepancies with the total number of active providers in the legacy system reporting.

8. Indicate whether all Key and Volume provider onsite visits were completed. If not, provide explanation.

- Top Five Key Providers as defined by POMS were:
 - i. Lucase Wang, MD, 4411 Puma PO Box 371124 Denver, CO 80237: oversight visit was not done (b) (6). The CE provider had an oversight visit in 2014, and the Wyoming DDS has had visits and phone conferences to discuss issues and questions as needed.
 - ii. Ralph Heckard, MD, PO Box 860 Kimberly, ID 83341: oversight visit was done in March 2015.
 - iii. Teton Behavioral Health LLC – Eric Silk, PhD, 2607 Holler Avenue Cody, WY 82414: oversight visit was done on June 2015.
 - iv. Fleming Associates – Grant Fleming, PhD, 1001 West 31st Street Cheyenne, WY 82001: Oversight was not done (b) (6). The CE provider had an oversight visit in 2014, and the Wyoming DDS has had various conversations with provider throughout the year.
 - v. Snowy Range Consulting – Mark Watt, PhD, 526 Regency Laramie, WY 82070: oversight visits was done in January 2015.
- The Wyoming DDS also did extensive oversight visits of non-key providers during the periods of 2012 through 2015.
- The Wyoming DDS met with three of its main key providers this federal fiscal year, and sixteen (16) non-key providers.

- The Wyoming DDS conducts actual onsite/oversight reviews to ensure that CE providers are meeting specific standards as established by the Social Security Administration. Attached below are the oversight documents.



WY DDS Onsite
Review of CE mental



WY DDS Onsite
Review of CE Provide

9. Provide a description of any CE/MER fee schedule changes and all exceptions (include a description of any volume medical provider discounts).

- No changes in CE/MER fee schedules from 2014.
- As stated in previous years the Wyoming DDS utilizes the “usual and customary” fee schedule. The Wyoming DDS has a very limited number of CE providers available, which is a result of having approximately 1,074 physicians and 232 psychologists actively practicing within Wyoming. The Wyoming DDS rates do not exceed the highest rate paid by another state agency for the same or similar types of services. These other state agencies include Wyoming Division of Vocational Rehabilitation and Wyoming Worker’s Safety and Compensation.

10. Provide a brief description of DDS medical and professional relations officers’ activities regarding marketing electronic records, exhibiting at medical conventions, joint actions with regional public affairs offices and any other pertinent information.

The professional relation officer does the following activities for the Wyoming DDS:

- Oversight of the consultative examination process including on-site compliance visits, analyses, review of vendor’s medical, fiscal and patient compliance procedures according to the Wyoming DDS and SSA requirements.
- Verification of licensure and credential issues.
- Preparing detailed reports to SSA documenting the Agency’s compliance.
- Assists with various inquiries from non-attorney representatives, representatives from hospitals, and prior claimants.
- Resolves issues relating to late submission of medical records and/or consultative examinations reports.
- Recruits new CE providers.

- Acts a liaison with the Wyoming State Hospital, SSA Field Offices, and Native American Reservations.
- Investigates and addresses CE complaints from claimants.
- Arranges language interpreter to be present at time of CE with non-English speaking claimants.
- Markets the use of ERE to CE providers and MER providers.
- Assists with performing various initiatives as needed.
- Working with various professional associations.
- Have exhibits present at medical and psychological conventions.

11. Upload the following documents to the SharePoint site:

- **A list of all CE providers who performed CEs in the previous fiscal year to the “[DDS CE Provider List](#)” section of the ODD MPRO SharePoint site:**
 - **Indicate Volume and Key providers (note whether Key provider is one of top five or based on primary CE work).**
 - **Indicate CE panelist that you removed because of inactive license, sanction, or removal for cause and note the reason(s).**
 - **Indicate CE providers for whom you completed onsite reviews.**
- **A copy of the current CE and MER fee schedules to the “[DDS FEE Schedules](#)” section of the [ODD MPRO SharePoint site](#)”**

Please attach any additional information before submitting this form.