



Office of the Inspector General

SOCIAL SECURITY ADMINISTRATION

Audit Report

Oversight of Medical Examinations for Disability Claims

012313 July 2024



Office of the Inspector General

SOCIAL SECURITY ADMINISTRATION

MEMORANDUM

Date: July 29, 2024

Refer to: 012313

To: Martin O'Malley
Commissioner

From: Michelle L. Anderson *Michelle L. Anderson*
Assistant Inspector General for Audit
as Acting Inspector General

Subject: Oversight of Medical Examinations for Disability Claims

The attached final report presents the results of the Office of Audit's review. The objective was to determine whether the Social Security Administration and disability determination services conducted consultative examination oversight reviews, as required, and whether they took corrective actions based on the results of the consultative examination oversight reviews completed.

If you wish to discuss the final report, please contact me or Mark Searight, Deputy Assistant Inspector General for Audit.

Attachment

Oversight of Medical Examinations for Disability Claims 012313



July 2024

Office of Audit Report Summary

Objective

To determine whether the Social Security Administration (SSA) and disability determination services (DDS) conducted consultative examination (CE) oversight reviews, as required, and whether they took corrective actions based on the results of the CE oversight reviews completed.

Background

A CE is a physical or mental examination or test purchased from a medical source, at SSA's request and expense, to provide evidence for a claimant's disability or blindness claim. Generally, SSA will not request a CE until it makes every reasonable effort to obtain evidence from the claimant's medical sources.

Each DDS oversees its CE process and ensures the process' accuracy, integrity, and economy. Every year, each DDS submits an Annual CE Oversight Report to SSA's Office of Disability Determinations. In addition to the DDS Annual CE Oversight Report, each SSA regional office submits an Annual CE Oversight Report.

According to SSA policy, before the DDS uses any CE provider, it must verify the provider's medical licenses.

Although it is not required by policy, SSA suggests DDSs consider routinely surveying claimants who had a CE. We selected a sample of 50 CE providers to determine whether they had an active medical license in Fiscal Year (FY) 2022.

Results

Generally, SSA and the DDS conducted the required CE oversight reviews and took corrective actions based on the reviews' findings. Based on our review of the 52 DDS Annual CE Oversight Reports completed for FY 2022:

- 41 (78.8 percent) reported all the required information, and
- 11 (21.2 percent) did not report all the required information, but we found the information for 7 by reviewing the FY 2021 and 2023 reports. For the remaining four DDSs, SSA provided us the information in May 2024.

Additionally, our sampling showed all 50 CE providers had active licenses in FY 2022.

As a result of the DDS and SSA oversight of the CE process, DDSs stopped using some CE providers in FY 2022 for various reasons. Overall, 15 DDSs removed 47 CE providers from its list of approved providers: 44 were removed for cause, and 3 were removed because of inactive licenses.

Although SSA policy does not require that DDSs survey claimants who had to attend a CE, most SSA regions encourage their DDSs to conduct claimant surveys. Additionally, for the most part, DDSs perform the quality assurance reviews SSA suggests they perform.

SSA and the DDSs have oversight processes in place and generally follow those required processes to minimize integrity issues with the CE process. Also, some DDSs follow the suggested (but not required) oversight procedures.

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ABBREVIATIONS

CE	Consultative Examination
DDS	Disability Determination Services
FY	Fiscal Year
DCPS	Disability Case Processing System
ODD	Office of Disability Determinations
OIG	Office of the Inspector General
POMS	Program Operations Manual System
RO	Regional Office
SSA	Social Security Administration
U.S.C.	United States Code

OBJECTIVE

Our objective was to determine whether the Social Security Administration (SSA) and disability determination services (DDS) conducted consultative examination (CE) oversight reviews, as required, and whether they took corrective actions based on the results of the CE oversight reviews completed.

BACKGROUND

SSA provides Disability Insurance and Supplemental Security Income payments to eligible individuals.¹ When a claimant files a disability application, an SSA field office determines whether the claimant meets the non-disability criteria, such as age and work credits. The field office generally forwards the claim to the DDS in the state with jurisdiction for a disability determination. DDSs are in each of the 50 states, the District of Columbia, and Puerto Rico.

A CE is a physical or mental examination or test purchased from a medical source, at SSA's request and expense, to provide evidence for a claimant's disability or blindness claim.² Generally, SSA will not request a CE until it makes every reasonable effort to obtain needed evidence from the claimant's medical sources.³ Situations that generally require a CE include the following:

- SSA cannot obtain sufficient evidence from the claimant's medical sources.
- SSA needs evidence from an acceptable medical source to establish a medically determinable impairment.
- SSA needs highly technical or specialized medical evidence to evaluate the claimant's impairment(s).
- SSA needs additional evidence to establish the severity of the claimant's medical condition.
- Case evidence contains a material conflict, inconsistency, or ambiguity and cannot be resolved by recontacting the claimant, their medical source(s), or other appropriate source(s).⁴

¹ 42 U.S.C. §§ 423 and 1381a. Disability Insurance provides monthly benefits to insured workers and their families if the worker becomes disabled. Supplemental Security Income is a means-tested program that provides a minimum level of income to financially needy individuals who are aged, blind, or disabled.

² SSA, *POMS*, DI 22510.001, A.1 (April 2, 2024).

³ SSA, *POMS*, DI 22510.005, A (April 8, 2013).

⁴ SSA, *POMS*, DI 22510.005, B.1 - B.5 (April 8, 2013).

Consultative Examination Oversight Requirements

Each DDS is responsible for overseeing its CE process and ensuring the process' accuracy, integrity, and economy.⁵ When it comes to overseeing the CE process, the DDSs must provide procedures, for the following:

- verifying medical licenses to ensure only qualified providers perform CEs for the DDSs;
- handling claimant complaints;
- reviewing CE reports; and
- conducting annual onsite reviews of key providers.⁶

At the end of each Federal fiscal year (FY), each DDS must submit an Annual CE Oversight Report to SSA's Office of Disability Determinations (ODD).⁷ This Oversight Report captures data and provides national and regional analyses for the preceding 12-month period. In addition to the DDS Annual CE Oversight Report, each SSA regional office (RO) must submit an Annual CE Oversight Report. Where the DDS Annual CE Oversight Report focuses on DDS processes regarding CE oversight, the RO report is more of a questionnaire. The RO report includes yes/no questions, and the ROs provide more detail based on their answers. See Appendix A for a description of items required in the reports.

Agency Suggestions (But Not Requirements) for Consultative Examination Oversight

Claimant feedback on the quality of CE providers is an important part of CE management and oversight of CE providers, as knowledge that claimants are surveyed provides an additional incentive to CE providers to maintain the quality of their CEs and the quality of the providers' physical facilities. Although not required by policy, SSA suggests DDSs consider surveying on a routine basis, claimants who had a CE.⁸

SSA states a quality CE report contains all information relevant to the examination and the tests authorized and includes accurate information. According to SSA policy, DDSs should consider reviewing a minimum of 5-percent of all CE reports.⁹

⁵ SSA, *POMS*, DI 39545.075, A (September 29, 2006).

⁶ SSA, *POMS*, DI 39545.075, B (September 29, 2006). A key provider is a CE provider who meets at least one of the following conditions: (1) an estimated FY annual billing of at least \$150,000 to the SSA disability programs or (2) practice of medicine, osteopathy or psychology is primarily directed toward evaluation examinations rather than the treatment of patients; or (3) is one of the top five CE providers in the state by dollar volume, as evidenced by prior year data. SSA, *POMS*, DI 39545.100, B (October 4, 2010).

⁷ The ODD is SSA's lead on all issues related to DDSs. It provides DDS operational, administrative, managerial, performance, budget, and technical support regarding SSA's disability programs.

⁸ SSA, *POMS*, DI 39545.350, A (April 20, 2007).

⁹ SSA, *POMS*, DI 39545.400, C.1 (March 14, 2014).

METHODOLOGY

To conduct our review, we:

- obtained and reviewed the DDS and RO Annual CE Oversight Reports for FY 2022;
- conducted licensing checks on 50 sampled CE providers;
- determined how many DDSs stopped using CE providers for reasons other than self-termination;
- obtained the number of CE reports the DDSs reviewed for quality assurance purposes to determine how many DDSs were reviewing the suggested 5-percent review per SSA policy;
- reviewed a sample of claimant surveys; and
- obtained information from SSA subject-matter experts.

See Appendix B for our scope and methodology as well as Appendix C and Appendix D for information on our sampling for the CE provider licensing and the claimant surveys.

RESULTS

Generally, SSA and the DDSs conducted CE oversight reviews, as required, and took corrective actions based on the results of the CE oversight reviews completed. Additionally, our sampling showed that all 50 CE providers had active licenses in FY 2022; see Appendix C.

Required Consultative Examination Oversight Reviews

Overall, all ROs completed the requirements in their annual CE oversight reports, but only 78.8 percent of DDSs completed the requirements. For the 52 DDS Annual CE Oversight Reports completed for FY 2022 we found the following:

- 41 DDSs(78.8 percent) reported all the required information.
- 11 DDSs (21.2 percent) did not report all the required information.
 - Seven DDSs were missing some required information in their Annual CE Reports; however, we identified the missing information in the FY 2023 report or by comparing the FY 2022 and 2021 reports. For example, Section 4 of the Annual Report requires that DDSs describe their business process to ensure the CE provider's staff is properly licensed and credentialed. We identified one DDS that did not describe its process in the FY 2022 report but did mention it in the FY 2023 report.¹⁰

¹⁰ There were no significant changes in DDS processes that occurred from FYs 2022 to 2023.

- Four DDSs were missing required information in the FY 2022 reports, and the information was not included in the prior or following year reports.¹¹ Specifically:
 - One did not include information to address a requirement in Section 4 of the Annual Report, which was to describe the business process to ensure CE provider's support staff is properly licensed and credentialed.
 - One did not include information to address a requirement in Section 6 of the Annual Report, which was to briefly describe the business process to review CE reports from existing CE providers to ensure reports met criteria.
 - One did not include a requirement in Section 1 of the Annual Report to describe the type of complaints it received throughout the year.
 - One report was missing required information in two sections of the Annual Report: Section 1, which requires a description of the type of complaints received throughout the year and Section 4, which requires that DDS' describe the business process to ensure the CE provider's support staff is properly licensed and credentialed.

In March 2024, we followed up with SSA regarding these four DDSs. As of May 2024, two of the four DDSs had updated their FY 2022 reports to include the missing information. The remaining two DDSs had not updated the FY 2022 reports but had provided us the required missing information. According to SSA, when the Annual CE Oversight Reports are missing required information, the ROs should contact the DDSs to obtain the information. One SSA region stated it preferred to review its DDS' Annual CE Oversight Reports before the DDSs submitted them, so, missing information or necessary changes can be addressed before the reports are submitted.

As a result of the DDS and SSA oversight of the CE process, DDSs stopped using some CE providers in FY 2022 for various reasons. Overall, 15 DDSs removed 47 CE providers from their lists of approved providers:

- 44 providers were removed for cause (see Table 1), and
- 3 providers were removed because their licenses were inactive.

¹¹ Two of the five DDSs were from the same SSA region.

Table 1: CE Providers Removed for Cause in FY 2022

Reason for Removal	Number of CE Providers Removed	Portion
Multiple reasons ¹²	15	34.1%
Report issues	15	34.1%
Compliance issues	6	13.7%
Disciplinary action taken by the State	4	9.1%
Complaints about CE provider	2	4.5%
CE provider using unapproved doctors	2	4.5%
Total	44	100.0%

For example, one DDS performed an unannounced oversight visit in September 2022, and determined the CE provider was using unapproved doctors to conduct CEs.¹³ Further investigation revealed the CE provider was not policy compliant dating back to at least August 2021. The DDS immediately suspended all services with the CE provider and referred the matter to the SSA Region, which in turn referred it to the Office of the Inspector General.

Consultative Examination Oversight Suggestions (But Not Requirements)

Claimant Surveys to Obtain Feedback on the Consultative Examination Providers

Although SSA did not require that DDSs survey claimants who had to attend a CE at SSA's request, most ROs encouraged their DDSs to conduct claimant surveys. According to one SSA region, "We consider claimant feedback on the quality of CE providers to be an important and valuable part of CE management and oversight of CE providers." Another SSA RO mentioned, "The surveys are a valuable tool in identifying possible problematic issues and also highlighting favorable business practices during CEs."

¹² Providers with multiple reasons included late reports, poor communication, and other complaints.

¹³ This CE provider was an organization operating as a multi-specialty business group with one or more individual providers.

For the 52 DDSs:

- 30 (57.7 percent) surveyed claimants who attended a CE and
- 22 (42.3 percent) did not conduct surveys to obtain feedback from claimants on their CE experience. More than half of these DDSs did not conduct surveys because of limitations in the Disability Case Processing System (DCPS);¹⁴ but, as of April 2024, they were taking steps to conduct claimant surveys.¹⁵

Of the 30 DDSs that conducted claimant surveys, we obtained 274 completed surveys from 29 DDSs:¹⁶

- 220 (80.3 percent) claimants believed the CE was complete and thorough. For example, one claimant felt the CE provider exceeded expectations as the claimant stated the provider performed a thorough examination and did not force the claimant beyond their abilities.
- 46 (16.8 percent) claimants expressed some concern regarding the quality of the CE.¹⁷ Overall, we determined DDS staff took action when a survey had concerning comments about the quality of the CE. For example, a claimant stated the provider was rude to them. The DDS conducted a quality review with the provider to discuss the concerns.
- 8 (2.9 percent) claimants did not state whether they thought the CE was complete and thorough.

¹⁴ DCPS replaced the 52 independently operated legacy systems used by the DDSs.

¹⁵ For the 22 DDSs that did not conduct surveys: 12 were because of DCPS limitations; 5 informed us it was not part of their CE oversight process; 2 had staffing issues; 2 had multiple reasons, which included DCPS limitations, staffing issues, and SSA policy did not require them; and 1 had a miscommunication among internal components and thought 1 component was sending claimant surveys, but they were not.

¹⁶ One DDS did not provide us individual completed surveys but did provide a report summarizing all claimant surveys for the time period of August 1, 2021 through July 31, 2022.

¹⁷ See Appendix C for detailed results of the 46 claimant surveys.

Disability Determination Services' Processes for Quality Assurance Reviews of Consultative Examination Reports

For the most part, DDSs perform the quality assurance reviews SSA suggests they do. Seventy-one percent of DDSs reviewed at least the first five CE reports for *new* CE providers during the year.¹⁸ SSA informed us the number of reviews for providers depends on local DDS business process and resources. Additionally, some of the DDSs review 5 percent of *all* CE reports,¹⁹ see Table 2 and Appendix E.

Table 2: Percent of CE Reports Reviewed by DDSs for Quality Assurance Purposes

Category for Percent of CE Reports Reviewed for Quality Assurance	Number of DDSs	Percent
Less than 1 percent	9	17.3%
1 percent to 2.9 percent	16	30.8%
3 percent to 4.9 percent	5	9.6%
5 percent or more	8	15.4%
Subtotal²⁰	38	
DDS did not provide a specific number but did explain how it performed quality assurance reviews ²¹	14	26.9%
Total (all DDSs)	52	100.0%

CONCLUSIONS

SSA and the DDSs have oversight processes in place and generally follow those required processes to minimize integrity issues with the CE process. Also, some DDSs follow the suggested (but not required) oversight procedures.

AGENCY COMMENTS

SSA acknowledged it has oversight practices in place to minimize integrity issues in the CE process; see Appendix F.

¹⁸ Of the 52 DDSs, 37 (71.2 percent) mentioned they reviewed at least the first 5 CE reports of new CE providers; 5 (9.6 percent) did not review new CE providers' first 5 CE reports (for example, 1 DDS stated it reviewed the first 3 reports, but it would review more reports if it deemed necessary); and 10 (19.2 percent) did not mention how many CE reports they reviewed for new CE providers. As a general rule, DDSs should review a minimum of the first five CE reports from all new CE providers. SSA, POMS, DI 39545.450, A (April 20, 2007).

¹⁹ According to SSA policy, DDSs should consider, but are not required to, review a minimum of 5 percent of all CE reports. SSA, POMS, DI 39545.400, C.1 (March 14, 2014).

²⁰ For the 38 DDSs that tracked the number of CE reports reviewed for quality assurance purposes, the percent reviewed for this purpose ranged from a low of 0.2 percent to a high of 22.9 percent (see Appendix E).

²¹ For example, one DDS stated it did not specifically record the number of CEs reviewed; however, if a claimant or in-house consultant lodged a complaint, the DDS may conduct a special study. Another DDS stated, that, although it did not have a formal process in place, CE providers' reports were reviewed for quality assurance when CE report concerns are raised by staff consultants, examiners, etc.

APPENDICES

Appendix A – REQUIREMENTS FOR THE ANNUAL CONSULTATIVE EXAMINATION REPORTS

At the end of each Federal fiscal year (FY), each disability determination services (DDS) must submit an Annual Consultative Examination (CE) Oversight Report to the Social Security Administration's (SSA) Office of Disability Determinations (ODD).¹ This Oversight Report captures data and provides national and regional analyses for the preceding 12-month period. Items the DDSs are required to include in the DDS Annual CE Oversight Report include:

- Section 1 - Brief description of the procedures DDSs used to resolve various categories of complaints and describe the types of complaints received throughout the year.²
- Section 2 - Description of any fraudulent activities CE providers discovered throughout the year and the outcome.
- Section 3 - Egregious complaints³ that require significant corrective action and/or public-relations work.
- Section 4 - Brief description of the business process to ensure state license and Federal credential checks of CE providers are completed timely and a brief description of the business process to ensure the CE provider's support staff is properly licensed and credentialed. According to SSA policy, before the DDS uses the services of any CE provider it must verify medical licenses, credentials, and certifications with state medical boards, psychology boards, and other state professional certification bodies.⁴ Additionally, the DDS must conduct license checks of existing CE providers the DDS uses on a rolling basis, including providers who perform CEs near but across the borders of neighboring states.⁵
- Section 5 - Statement of how often throughout the year credential checks are completed and, if the checks were not completed, the DDSs are required to explain why they were not.
- Section 6 - Brief description of the DDS business process to review CE reports from new and established CE providers to ensure CE reports meet criteria. According to SSA policy, when evaluating the quality of CE reports, DDSs should review a minimum of the first five CE reports from all new CE providers.⁶

¹ ODD is SSA's lead on all issues related to DDSs. It provides DDS operational, administrative, managerial, performance, budget, and technical support regarding SSA's disability programs.

² A claimant complaint is any written or verbal communication that raises an issue with the CE provider, facility, staff, or circumstances. DDSs are required to investigate all claimant complaints, take appropriate action according to state procedures, and notify the regional office and ODD as needed. SSA, *POMS*, DI 39545.375, A (April 20, 2007).

³ Allegations of an egregious nature could include illegal/criminal activity, sexual harassment, cultural insensitivity, allegations compromising the health and safety of claimants, or other serious allegations. SSA, *POMS*, DI 39545.375, B (April 20, 2007).

⁴ SSA, *POMS*, DI 39569.300, C.1.a.2 (July 12, 2023).

⁵ SSA, *POMS*, DI 39569.300, C.1.b (July 12, 2023).

⁶ SSA, *POMS*, DI 39545.450, A (April 20, 2007).

- Section 7 - Total number of CE providers on the CE panel⁷ and a description of any differences from the previous year.
- Section 8 - Indication of whether all key and volume provider⁸ onsite visits were completed and, if not, an explanation of why not.⁹

In addition to the DDS Annual CE Oversight Report, each SSA regional office (RO) must submit an Annual CE Oversight Report. Where the DDS Annual CE Oversight Report focuses on DDS processes regarding CE oversight, the RO report is more of a questionnaire. The RO report includes yes/no questions, and the ROs provide explanations based on their answers. Some of the questions the ROs must answer to complete this report include:

- Did the RO obtain all of the DDS' CE Oversight reports?
- Did the RO conduct onsite visits at the DDSs?
- Did the RO accompany the DDSs on selected CE provider oversight visits to key or problem providers?
- Did the RO alert the ODD of any complaint or other situation expected to provoke public criticism or result in press attention?
- Did the RO identify and provide any potential conflict of interest situations to the ODD for review?

⁷ A CE panelist is a CE provider who agrees to perform examinations and testing regularly for the DDS and meets SSA's qualifications to perform these services. SSA, *POMS*, DI 39545.075, C.2 (September 29, 2006).

⁸ A volume provider usually, but not necessarily, includes a CE provider with estimated annual CE billings of \$150,000 or more. SSA, *POMS*, DI 39545.100, B (October 4, 2010).

⁹ SSA, *POMS*, DI 39545.575, B.1 (July 22, 2015).

Appendix B – SCOPE AND METHODOLOGY

To accomplish our objective, we:

- Reviewed applicable sections of the *Social Security Act* and Social Security Administration's (SSA) regulations, rules, policies, and procedures.
- Obtained and reviewed disability determination services (DDS) and SSA regional offices' Annual Consultative Examination (CE) Oversight Reports for Fiscal Year (FY) 2022.¹
- Determined how many DDSs stopped using CE providers in FY 2022 for reasons other than self-termination.
- Sampled 50 CE providers (5 from each of the 10 DDSs, which was 1 DDS per SSA region) to determine whether the providers had active licenses in FY 2022 (see Appendix C).
- Sampled and reviewed DDS survey responses about CE providers (see Appendix D).
- Obtained the number of CE reports the DDSs reviewed in FY 2022 to determine how many DDSs were reviewing the suggested 5-percent per SSA policy (see Appendix E).

We assessed the significance of internal controls necessary to satisfy the audit objective. This included an assessment of the five internal control components, including control environment, risk assessment, control activities, information and communication, and monitoring. In addition, we reviewed the principles of internal controls associated with the audit objective. We identified the following three components and five principles as significant to the audit objective.

- Component 1: Control Environment
 - Principle 2: Exercise oversight responsibility
- Component 2: Risk Assessment
 - Principle 7: Identify, analyze, and respond to risks
 - Principle 8: Assess fraud risk
- Component 5: Monitoring
 - Principle 16: Perform monitoring activities
 - Principle 17: Evaluate issues and remediate deficiencies

We conducted our review between August 2023 and May 2024. The entities audited for this review were the SSA regional offices and Office of Disability Determinations under the Office of the Deputy Commissioner for Operations and the state DDSs. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for findings and conclusions based on our audit objectives. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

¹ We did not review the CE fee schedules.

Appendix C – SCOPE, METHODOLOGY, AND SAMPLE RESULTS FOR CONSULTATIVE EXAMINATION PROVIDER LICENSING

According to Social Security Administration (SSA) policy, before a disability determination services (DDS) uses the services of any consultative examination (CE) provider it must verify medical licenses, credentials, and certifications with state medical boards, psychology boards, and other state professional certification bodies.¹ Additionally, for existing CE providers, the DDS must conduct license checks of CE providers the DDS used on a rolling basis, including providers who perform CEs near and across the borders of neighboring states.²

Scope

From the CE provider lists, we identified a population of 1,494 unique CE providers who were listed as CE providers for 10 DDSs (1 DDS per SSA region) in Federal Fiscal Year (FY) 2022.³ Some DDS provider lists were more detailed (that is, provider name, specialty, city, state, etc.) whereas others provided minimal detail (that is, just a name or facility).⁴ To select the 10 DDSs, we reviewed all CE provider lists for FY 2022 and selected the list that provided the most detail in the region. Table C–1 shows the number of CE providers by DDS.

Table C–1: Number of CE Providers by DDS

DDS	Number of CE Providers
DDS 1	515
DDS 2	238
DDS 3	230
DDS 4	210
DDS 5	123
DDS 6	61
DDS 7	47
DDS 8	33
DDS 9	20
DDS 10	17
Total CE Providers	1,494

¹ SSA, *POMS*, DI 39569.300, C.1.a.2 (July 12, 2023).

² SSA, *POMS*, DI 39569.300, C.1.b (July 12, 2023).

³ We started with 1,701 CE providers from the 10 DDSs; however, we removed 207 providers as they were either duplicates or listed as a facility on the DDS' provider lists. Therefore, our final population was 1,494 CE providers listed on the 10 DDSs provider lists in FY 2022.

⁴ There is no universal template the DDSs need to follow when they submit the CE provider lists; therefore, some lists are more detailed than others.

Sample Size

We selected a sample of 50 CE providers: 5 from each of the 10 DDSs (1 DDS in each region). To determine whether CE providers had an active medical license, we did systematic sampling by dividing the number CE providers in that DDS by five and selected every Nth CE provider.

Methodology

We used a mixed sample design to determine whether CE providers had an active medical license in FY 2022 and were not barred from performing medical examinations from Federal or federally assisted programs. We treated each DDS as a separate group because we wanted to evaluate each DDS' oversight of the CE process to meet our overall audit objective.

For the 50 CE providers sampled, we determined whether the CE providers had active medical licenses in FY 2022 by searching the state websites to determine the license status. We followed up with SSA, as needed, to confirm that CE providers had an active license.

Sample Results

All 50 CE providers had an active license in FY 2022.

Appendix D – SCOPE, METHODOLOGY, AND SAMPLE RESULTS FOR CLAIMANT SURVEYS

Claimant feedback on the quality of consultative examination (CE) providers is an important part of CE management and oversight, as knowledge that claimants are surveyed provides an additional incentive for CE providers to maintain the quality of their CEs and the quality of the providers' physical facilities. Although not required by policy, the Social Security Administration (SSA) suggests disability determination services (DDS) should consider routinely surveying claimant evaluations of CE providers.¹

Scope

We requested from the DDSs surveys that were completed in Federal Fiscal Year (FY) 2022 by claimants who had a CE. Of the 52 DDSs, 30 had conducted surveys, and 29 of the 30 provided us individual completed surveys.² Overall, we received 7,889 completed claimant surveys from the 29 DDSs.³ Table D–1 shows the number of claimant surveys each of the 29 DDSs provided.

Table D–1: Number of Claimant Surveys by DDS

DDS	Number of Surveys	DDS	Number of Surveys	DDS	Number of Surveys
DDS 1	1,826	DDS 11	148	DDS 21	20
DDS 2	1,523	DDS 12	107	DDS 22	17
DDS 3	902	DDS 13	90	DDS 23	16
DDS 4	847	DDS 14	83	DDS 24	15
DDS 5	654	DDS 15	51	DDS 25	13
DDS 6	423	DDS 16	40	DDS 26	10
DDS 7	285	DDS 17	39	DDS 27	7
DDS 8	235	DDS 18	33	DDS 28	4
DDS 9	232	DDS 19	23	DDS 29	3
DDS 10	223	DDS 20	20	Total Surveys	7,889

Sample Size

We selected a sample size of 274 claimant surveys to review. We selected a mixed sample to identify the 274 claimant surveys to review, as described below.

¹ SSA, POMS, DI 39545.350, A (April 20, 2007).

² One DDS did not provide us individual completed surveys but did provide a report summarizing all claimant surveys for the time-period of August 1, 2021, through July 31, 2022.

³ Most DDSs provided surveys for FY 2022; however, some surveys provided were also for FYs 2021, 2023, and 2024.

- For the DDSs that provided 20 or more surveys, we performed a systematic sampling by dividing the number of surveys in that DDS by 10 and selecting every Nth survey. For example, DDS 4 provided 847 surveys, so we divided 847 by 10 which totaled 84.7, then rounded down to 84 and selected every 84th survey for this DDS.⁴
- For DDSs that provided between 10 and 20 surveys, we reviewed the first 10 surveys.
- For DDSs that provided 10 or fewer surveys, we reviewed all the surveys.

Methodology

We used a mixed sample design so we could obtain a sense of what was happening in each DDS. We analyzed the 274 sample claimant surveys as follows:

- We reviewed all surveys to determine whether the claimants had concerns with the quality of the CEs. For those who responded “yes” about the examination being complete and thorough or satisfactory and/or there were no concerning comments about the quality of the CE, we determined the claimants had no concerns with the quality of the CE. If there were “no” or mixed (“yes” and “no”) responses and/or comments that showed concerns about the quality of the CE, we determined the claimants had concerns with the quality of the CE.
- We determined whether the claimants had concerns other than the quality of the CEs.
- For claimants who had concerns with the quality of the CE, we determined whether they had any negative comments regarding the quality of the CE. If negative comments were made about the quality of the CE, we identified whether the DDS took action after the survey.
- We referred surveys to SSA where the claimant had negative comments concerning the quality of the CEs to determine whether SSA took any action as a result of the survey.

Sample Results

Of the 274 claimant surveys we reviewed, we determined:

- 220 (80.3 percent) felt the CE was complete and thorough;⁵
- 46 (16.8 percent) had concerns with the quality of the CE;⁶ and
- 8 (2.9 percent) did not state whether the CE was complete and thorough.⁷

⁴ We rounded down for all DDSs when we divided the number of surveys by 10.

⁵ Although these 220 claimants did not have concerns about the quality of the CEs, 46 did express other concerns about their CE experience, such as the difficulty locating the provider’s building/office, staff employees who were not courteous, and connectivity issues for some claimants who had telehealth CEs.

⁶ We determined 27 of the 46 claimants who had concerns about the quality of their CEs also had other concerns with their CE experience such as difficulty locating the provider’s building/office, staff employees who were not courteous, and connectivity issues for a claimant who had a telehealth CE.

⁷ One of these eight claimants had concerns with the staff’s courtesy and the examination starting late because they had to wait for a translator.

Claimants with Concerns over the Quality of the Consultative Examination

Overall, 46 claimants had concerns with the quality of the CEs. Of these, 41 claimants⁸ expressed their concerns by including comments in the surveys:

- for 3 surveys, the DDS followed up and (1) discussed the issue over the telephone, (2) conducted an on-line meeting with the CE provider to discuss the issues, and (3) concluded the questions the claimant had concerns with were standard questions asked of all claimants.
- for 8 surveys, CE providers were no longer listed as active providers for the DDSs.
- for 1 survey, the DDS conducted a provider visit after the survey was completed.
- for 29 surveys, we could not determine whether any action was taken after the surveys; therefore, in January 2024, we followed-up with SSA. As of February 2024:
 - for 13 surveys, no corrective action was needed based on the DDS review of the survey and/or CE report;⁹
 - for 5 surveys, the DDS discussed the claimant concerns with the CE provider;¹⁰
 - for 5 surveys, the results were shared with the CE provider and the CE provider then provided a written response to the DDS;¹¹
 - for 2 surveys, the DDS discussed the claimant concerns with the CE provider, and the CE provider was removed after another complaint;¹²
 - for 2 surveys, the DDS requested and received responses from the providers and mailed additional surveys to claimants who had seen the CE providers;¹³
 - for 1 survey, the DDS investigated the survey as a potential egregious complaint, but after the investigation, the DDS determined it was not egregious; and
 - for 1 survey, the DDS sent multiple surveys out to see if other claimants had a similar experience with the CE provider.

⁸ Of the remaining five surveys, the claimants did not provide any specific comments relating to their concerns.

⁹ The 13 surveys were for 12 different CE providers.

¹⁰ The five surveys were for four different CE providers.

¹¹ The five surveys were for only two different CE providers.

¹² The two surveys were for two different CE providers.

¹³ The two surveys were for two different CE providers.

Appendix E – CONSULTATIVE EXAMINATION REPORTS REVIEWED FOR QUALITY ASSURANCE

According to Social Security Administration (SSA) policy, the disability determination services (DDS) should consider reviewing a minimum of 5 percent of all consultative examination (CE) reports.¹ From 38 of the 52 DDSs, we obtained the number of CE reports the DDSs reviewed for quality assurance purposes in Fiscal Year (FY) 2022.² Table E–1 shows the percent of CE reports the DDSs reviewed for quality assurance purposes in FY 2022 ranged from 0.2 to 22.9 percent.

Table E–1: Percent of CE Reports Reviewed for Quality Assurance in FY 2022

DDS	Number of CEs	Number of CE Reports Reviewed	Portion of CE Reports Reviewed for Quality Assurance
DDS 1	11,118	20	0.2%
DDS 2	42,627	137	0.3%
DDS 3	10,191	36	0.4%
DDS 4	31,290	140	0.4%
DDS 5	8,046	40	0.5%
DDS 6	6,898	42	0.6%
DDS 7	27,126	201	0.7%
DDS 8	19,769	155	0.8%
DDS 9	24,905	234	0.9%
DDS 10	39,982	381	1.0%
DDS 11	13,328	140	1.1%
DDS 12	34,778	410	1.2%
DDS 13	67,473	865	1.3%
DDS 14	12,305	159	1.3%
DDS 15	56,402	759	1.3%
DDS 16	9,737	144	1.5%
DDS 17	17,197	270	1.6%
DDS 18	3,853	64	1.7%
DDS 19	18,190	315	1.7%
DDS 20	42,055	888	2.1%

¹ SSA, POMS, DI 39545.400, C.1 (March 14, 2014).

² For 14 DDSs, we could not obtain the number of CE reports these DDSs reviewed for quality assurance purposes in FY 2022 as not all DDSs record the number of CEs reviewed. For example, one DDS stated it did not specifically record the number of CEs reviewed; however, if a claimant or in-house consultant lodged a complaint, the DDS may conduct a special study. Another DDS stated, that, although it did not have a formal process in place, CE providers' reports were reviewed for quality assurance when CE report concerns are raised by staff consultants, examiners, etc.

DDS	Number of CEs	Number of CE Reports Reviewed	Portion of CE Reports Reviewed for Quality Assurance
DDS 21	21,644	489	2.3%
DDS 22	21,387	512	2.4%
DDS 23	1,770	43	2.4%
DDS 24	93,020	2,597	2.8%
DDS 25	14,498	424	2.9%
DDS 26	28,145	845	3.0%
DDS 27	4,816	150	3.1%
DDS 28	22,060	700	3.2%
DDS 29	2,683	87	3.2%
DDS 30	2,083	100	4.8%
DDS 31	34,375	2,000	5.8%
DDS 32	8,888	526	5.9%
DDS 33	61,662	4,116	6.7%
DDS 34	3,332	229	6.9%
DDS 35	115,419	8,224	7.1%
DDS 36	2,925	219	7.5%
DDS 37	10,306	2,150	20.9%
DDS 38	9,786	2,239	22.9%
Totals	959,069	31,050	3.2%

Appendix F— AGENCY COMMENTS




SOCIAL SECURITY

MEMORANDUM

Date: July 23, 2024

Refer To: TQA-1

To: Michelle L. H. Anderson
Acting Inspector General

From: Dustin Brown 
Acting Chief of Staff

Subject: Office of the Inspector General Draft Report, "Oversight of Medical Exams for Disability Claims" (012313) – INFORMATION

Thank you for the opportunity to review the above-mentioned draft report and your acknowledgment that we have oversight practices in place to minimize integrity issues within the consultative examination (CE) process.

We have established a specialized national workgroup tasked with reviewing our oversight policies and processes. The workgroup will recommend ways to align our policies, templates, surveys, and implement best practices to ensure we continue to strengthen our CE oversight reviews.

Please let me know if I can be of further assistance. You may direct staff inquiries to Hank Amato at (407) 765-9774.

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