

Quick Response Evaluation Report

Sanctioned Medical Providers and
Medical Evidence of Record

OIG Office of the Inspector General
SOCIAL SECURITY ADMINISTRATION

MEMORANDUM

Date: February 8, 2013 **Refer To:**
To: The Commissioner
From: Inspector General
Subject: Sanctioned Medical Providers and Medical Evidence of Record (A-01-13-23064)

The attached final quick response evaluation presents the results of our review. Our objective was to determine the feasibility of using the Department of Health and Human Services, Office of Inspector General's List of Excluded Individuals and Entities to screen medical evidence of record providers used by the Social Security Administration.

If you wish to discuss the final report, please call me or have your staff contact Steven L. Schaeffer, Assistant Inspector General for Audit, at (410) 965-9700.



Patrick P. O'Carroll, Jr.

Attachment

Summary of Sanctioned Medical Providers and Medical Evidence of Record

A-01-13-23064

February 2013



Office of Audit

Objective

To determine the feasibility of using the Department of Health and Human Services (HHS), Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) to screen medical evidence of record (MER) providers used by the Social Security Administration (SSA).

Background

HHS OIG has the authority to exclude individuals and entities from federally funded health care programs and maintains the LEIE—a list of all excluded individuals and entities, also known as sanctioned medical providers (SMP).

On October 3, 2012, SSA's Office of Disability Programs asked us to review SMPs in SSA's MER files.

Our Findings

The statutory requirement for exclusions did not apply to SSA because the Agency did not provide or pay for health benefits, and screening MER providers with the LEIE would not be productive because

- our limited testing identified only three SMPs in Alaska, and none received payments from SSA;
- the Agency processes over 15 million MER requests to over 500,000 providers, annually; and
- SSA's MER files contain information for medical record providers, whereas the LEIE contains information on medical service providers.

Additionally, we identified legal and technical issues that SSA should consider if it screens MER providers using the LEIE.

The *Social Security Act* requires that HHS OIG exclude all individuals and entities who meet certain criteria from participating in any Federal health care program. Since SSA does not provide or pay for health care services, these statutory requirements do not apply to the Agency.

SSA has regulations to screen consultative examination (CE) providers who are excluded from participating in Federal programs or whose licenses have been revoked or suspended. The disability determination services (DDS) use the LEIE to screen CE providers, but SSA plans to pilot a new system for continuous monitoring in Fiscal Year 2013.

We tested the number of SMPs in the Alaska MER provider file and identified three SMPs. The DDS did not issue any payments to these SMPs from January 2011 through November 2012. Additionally, excluding some MER providers from receiving payment might disadvantage claimants.

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ABBREVIATIONS

C.F.R.	Code of Federal Regulations
CE	Consultative Examination
CMP	Civil Monetary Penalty
DDS	Disability Determination Services
DI	Disability Insurance
HHS	Department of Health and Human Services
LEIE	List of Excluded Individuals and Entities
MER	Medical Evidence of Record
OIG	Office of the Inspector General
OMB	Office of Management and Budget
SAM	System for Award Management
SMP	Sanctioned Medical Provider
SSA	Social Security Administration
SSI	Supplemental Security Income
U.S.C.	United States Code

OBJECTIVE

Our objective was to determine the feasibility of using the Department of Health and Human Services (HHS), Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) to screen medical evidence of record (MER) providers used by the Social Security Administration (SSA).

BACKGROUND

HHS OIG has the authority to exclude individuals and entities from federally funded health care programs and maintains the LEIE—a list of all excluded individuals and entities, also known as sanctioned medical providers (SMP). HHS OIG can exclude for a number of reasons, such as individuals and entities convicted of Medicare or Medicaid fraud¹ (see Appendix A).

To make proper disability determinations, SSA authorizes disability determination services (DDS) to purchase consultative examinations (CE) and MER from the claimants' physicians or other treating sources.² A CE is a physical or mental examination or test purchased from a treating or other medical source for an individual at SSA's request and expense. MER includes copies of medical evidence; medical history; medical opinions; treatment notes; laboratory reports; and reports of medical procedures, such as X rays, operative and pathology reports, consultative reports, and other technical information. SSA reimburses the DDS for 100 percent of allowable reported expenditures up to its approved funding authorization.

On October 3, 2012, SSA's Office of Disability Programs asked us to review SMPs in SSA's MER files. Therefore, we obtained HHS OIG's November 2012 LEIE, and SSA provided the file of MER providers for the Alaska DDS. We matched the files to determine how many SMPs were in the MER provider file. We also contacted HHS OIG for information on the LEIE. Additionally, we contacted SSA's Offices of Disability Programs and Disability Determinations to determine the amount the Agency paid the SMPs we identified. See Appendix B for our scope and methodology.

RESULTS OF REVIEW

The statutory exclusions did not apply to SSA, and screening MER providers with the LEIE would not be productive because of the limited success in identifying SMPs through the match.

¹ *Social Security Act §§ 1128 and 1156, 42 U.S.C. §§ 1320a-7 and 1320c-5*, provides the reasons for exclusion of certain individuals and entities from participation in Medicare and State health care programs.

² SSA provides Disability Insurance and Supplemental Security Income payments to eligible individuals. *Social Security Act §§ 201 et seq. and 1601 et seq.*, 42 U.S.C. §§ 401 et seq. and 1381 et seq. DDSs are State agencies that determine disability under SSA's criteria in each of the 50 States, the District of Columbia, and Puerto Rico. *Social Security Act §§ 221 (a)(2) and 1633 (a)*, 42 U.S.C. §§ 421 (a)(2) and 1383b(a). *See also* 20 C.F.R. §§ 404.1603(a) and 416.1003(a). The term "State" is defined in *Social Security Act § 1101(a)(1)*, 42 U.S.C. § 1301(a)(1).

Additionally, we identified legal and technical issues that SSA should consider if it screens MER providers using the LEIE.

Statutory Requirement to Exclude

Under the *Social Security Act*, HHS must exclude from participating in any Federal health care program all individuals and entities that have a conviction for program-related crimes, patient abuse, health care fraud, or controlled substances.³ For purposes of exclusion, the term “federal health care program” means (1) any plan or program that provides health benefits directly, through insurance, or otherwise that is funded directly, in whole or in part, by the Government or (2) any State health care program.⁴

SSA administers two programs. The Old-Age, Survivors and Disability Insurance program provides benefits to retired workers, disabled workers, and their survivors.⁵ The Supplemental Security Income program is a means-tested program designed to provide a monthly payment to aged, blind, or disabled people with limited income and resources.⁶ The Agency does not provide or fund health benefits, and CE providers do not provide treatment during SSA-funded examinations.⁷ Therefore, as written, the statutory requirement to exclude certain individuals and entities from participating in any Federal health care program does not apply to SSA.

Regulatory Requirement to Exclude

To promote program integrity, SSA’s regulations⁸ prohibit DDSs from purchasing CEs from medical providers

- who are excluded, suspended, or barred from participating in Federal or federally assisted programs;

³ *Social Security Act* § 1128, 42 U.S.C. § 1320a-7.

⁴ *Social Security Act* § 1128B(f), 42 U.S.C. § 1320a-7b(f).

⁵ *Social Security Act* §§ 202 (a) – (k), 42 U.S.C. §§ 402 (a) – (k).

⁶ *Social Security Act* § 1611 *et seq.*, 42 U.S.C. § 1382 *et seq.*

⁷ If the CE discloses new diagnostic information or test results that reveal potentially life-threatening situations, the DDS should forward a copy of the CE report to the claimant’s treating source. If the claimant does not have a treating source, the DDS should advise the claimant to see a physician and inform him or her of any local welfare agency or medical facility through which the required medical services may be obtained at no cost, if he or she is financially unable to pay for such services. SSA, POMS, DI 22510.020 B.3, effective February 28, 2008.

⁸ 20 C.F.R. §§ 404.1503a and 416.903a.

- whose license to provide health care is lawfully revoked or suspended by any State licensing authority for reasons bearing on professional competence, professional conduct or financial integrity; or
- who have surrendered such a license while formal disciplinary proceedings involving professional conduct are pending.

SSA identifies these providers as SMPs. However, DDSs may purchase MER from SMPs and are directed to give the MER normal consideration when processing disability claims.⁹

Even though the statutory exclusions do not apply to SSA, the Agency uses the LEIE to ensure the integrity of the CE process. SSA instructs DDSs to review the LEIE and verify medical licenses, credentials, and certifications with State medical boards before using the services of any CE provider.¹⁰ DDSs should also check current CE providers against the LEIE at least annually. HHS OIG posts the LEIE monthly in a downloadable format on its Website.¹¹

We contacted HHS OIG for more information on the LEIE. Generally, State Medicaid agencies decide exclusions based on their individual State laws and regulations. They submit their exclusions to HHS OIG, which screens them and adds to the LEIE only those that meet the Federal criteria for exclusion in the *Social Security Act*. Therefore, there may be individuals or entities excluded from State Medicaid programs who do not appear on the LEIE.

Additionally, all exclusions on the LEIE appear in the Federal System for Award Management (SAM), which was implemented in 2012. SAM contains information from the LEIE as well as information about individuals whom a Federal agency has taken an action to exclude under the non-procurement or procurement debarment and suspension system. Therefore, the SAM would be a more complete list of exclusions because it may contain the exclusions provided by the States.

Federal Do Not Pay List

In April 2012, the Office of Management and Budget (OMB) issued a memorandum announcing a Federal Do Not Pay List.¹² This Web-based, single-entry access portal allows agencies to access several data sources for exclusions from Federal payments, including the Death Master

⁹ SSA, POMS, DI 39569.200 A, effective January 20, 2012; *see also* 20 C.F.R. §§ 404.1503a and 416.903a. In a prior review, we found DDS procedures generally appeared adequate to ensure exclusion of SMPs from performing CEs for disability determinations; *see* SSA OIG, *Use of Sanctioned Medical Providers by Disability Determination Services* (A-07-99-24006), March 30, 2001.

¹⁰ SSA, POMS, DI 39569.300 B2, effective January 20, 2012.

¹¹ HHS OIG Website: <http://exclusions.oig.hhs.gov/>.

¹² OMB, *Reducing Improper Payments Through the “Do Not Pay List”* (M-12-11), April 12, 2012.

File, Excluded Parties List System, Treasury's Debt Check Database, and LEIE. Each Federal agency was required to submit to OMB a plan for how it would use the Do Not Pay List by August 31, 2012.

SSA submitted its plan to OMB on August 30, 2012. The Agency plans to pilot the use of Continuous Monitoring Services in the Do Not Pay List to assist DDSs in screening CE providers. The pilot will begin in Fiscal Year 2013, and SSA will evaluate the timeliness and accuracy of CE provider verification and the ability to integrate the results with the DDS CE providers.

Testing the Number of SMPs in SSA's MER Database

We tested the feasibility of identifying SMPs in SSA's databases of MER providers. We used the Alaska DDS' file of 8,671 MER providers because it was the only complete and readily available DDS file. We matched these 8,671 MER providers against the LEIE of 53,214 exclusions nationwide and identified 3 SMPs in the Alaska MER provider file: a medical doctor, chiropractor, and dentist.

We identified these three SMPs by comparing providers' first and last names in both files. We attempted to match the addresses in both files but found several false matches—instances where a specific individual was on the LEIE, and their address matched the address of a clinic, foster home, or nursing care facility in the MER vendor file. For example, we identified a physician in the LEIE who had the same address as a correctional facility. The Alaska DDS file included the correctional facility but not this physician because the DDS would write to the facility for their medical records, not to the physician directly.

We provided the names and addresses of the three SMPs in the Alaska MER provider file to SSA. The Agency informed us the DDS issued no payments for either MER or CEs to these three SMPs from January 2011 through November 2012.

Factors to Consider When Screening MER Providers Using the LEIE

There are technical and legal factors SSA would need to address before screening MER providers using the LEIE.

Technical Factors to Consider in the MER Vendor File and SMP

- As of December 2012, the LEIE may not have been all-inclusive. A 2008 HHS OIG report stated about two-thirds of medical providers sanctioned in 2004 and 2005 were not found in the LEIE.¹³ HHS OIG has not done any further testing of the LEIE since this time.

¹³ HHS OIG, *State Medicaid Agency Referrals to the Office of Inspector General Exclusions Program* (OEI-OI-06-00301), August 5, 2008.

However, as previously discussed, this may be the result of different exclusion criteria for Federal health care agencies and State Medicaid agencies.

- Success in matching all MER providers with the LEIE is not likely. The LEIE generally contains the names of sanctioned medical providers, while the MER vendor file is not likely to include specific doctors who belong to clinics and hospital's private practices. Hospitals or similar institutions that employ hundreds of individuals may only have one source for records, and this source would be listed in the MER vendor file.
- SMPs may move on and off the LEIE. Providers move on and off the LEIE depending on appeals of the sanctioning so a claimant's treating source may be on it one quarter and off the next.
- According to SSA, checking MER sources against the LEIE would be costly. Each year, SSA and the DDSs request more than 15 million health records from over 500,000 of these providers. The administrative cost of having DDS personnel check the LEIE for each of these sources would be prohibitive. Additionally, if the ability to obtain existing medical evidence is compromised, the Agency may need to purchase more CEs to support medical determinations.
- Disability applicants may be disadvantaged. Excluding payment for MER may jeopardize an applicant's claim if his/her physician or treating source refuses to provide MER because SSA will not pay for it. The claimant may have to pay for evidence to be included with the claim or the claim may be adjudicated based on a CE, which is only a snapshot of a claimant's condition during one examination.

Legal Factors to Consider

Under the *Social Security Act*, SSA is required to consider all evidence available when determining whether an individual qualifies for disability benefits. The Agency must make every reasonable effort to obtain evidence from the individual's treating physician and may provide reasonable payment for this evidence.¹⁴ Regulations state that SSA must accept MER supplied by individuals on the LEIE.¹⁵

Additionally, a MER request may not be considered a sanctioned service because it is not a medical service. While a CE is a contractual service to provide a medical examination, a request for existing medical evidence is not prohibited under this authority.¹⁶

¹⁴ *Social Security Act* §§ 223 (d)(5)(A) and (B), 42 U.S.C. § 423(d)(5)(A) and (B).

¹⁵ 20 C.F.R. §§ 404.1503a and 416.903a.

¹⁶ SSA, POMS, DI 39569.200 A, effective January 20, 2012.

CONCLUSIONS

The statutory requirement for exclusions did not apply to SSA because the Agency did not provide or pay for health benefits, and screening MER providers with the LEIE would not be productive because

- our limited testing identified only three SMPs in Alaska, and none received payments from SSA;
- the Agency processed over 15 million MER requests to over 500,000 providers annually; and
- SSA's MER files contained information for providers of medical *records*, whereas the LEIE contains information on providers of medical *services*.

Additionally, we identified legal and technical issues that should be considered if SSA were to screen MER providers using the LEIE.

The *Social Security Act* requires that HHS OIG exclude all individuals and entities who meet certain criteria from participating in any Federal health care program. Since SSA does not provide or fund health care services, these statutory requirements do not apply to the Agency.

SSA does have regulations to screen CE providers who are excluded from participating in Federal programs or whose licenses have been revoked or suspended. The DDSs use the LEIE to screen CE providers, but SSA plans to pilot a new system for continuous monitoring in Fiscal Year 2013.

We tested the number of SMPs in the Alaska MER provider file and identified three SMPs. The DDS did not issue any payments to these SMPs from January 2011 through November 2012. Additionally, excluding some MER providers from receiving payment might disadvantage claimants.

APPENDICES

Appendix A – LIST OF EXCLUDED INDIVIDUALS AND ENTITIES¹

The Department of Health and Human Services (HHS), Office of Inspector General (OIG) has the authority to exclude individuals and entities from federally funded health care programs and maintains the List of Excluded Individuals and Entities (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP).

Exclusions are imposed for a number of reasons.

Mandatory Exclusions: HHS OIG is legally required to exclude from participation in all Federal health care programs individuals and entities convicted of the following types of criminal offenses: Medicare or Medicaid fraud as well as any other offenses related to the delivery of items or services under Medicare, Medicaid, State Children’s Health Insurance Program, or other State health care programs; patient abuse or neglect; felony convictions for other health care-related fraud, theft, or other financial misconduct; and felony convictions relating to unlawful manufacture, distribution, prescription, or dispensing of controlled substances.

Permissive Exclusions: HHS OIG has discretion to exclude individuals and entities on a number of grounds, including misdemeanor convictions related to health care fraud other than Medicare or a State health program; fraud in a program (other than a health care program) funded by any Federal, State, or local government agency; misdemeanor convictions related to the unlawful manufacture, distribution, prescription, or dispensing of controlled substances; suspension, revocation, or surrender of a license to provide health care for reasons bearing on professional competence, professional performance, or financial integrity; provision of unnecessary or substandard services; submission of false or fraudulent claims to a Federal health care program; engaging in unlawful kickback arrangements; and defaulting on health education loan or scholarship obligations; and controlling a sanctioned entity as an owner, officer, or managing employee.

To avoid CMP liability, health care entities need to routinely check the LEIE to ensure it does not contain new hires and current employees. The effects of an exclusion are outlined in the Special Advisory Bulletin on the Effect of an Exclusion, but the primary effect is that no payment will be provided for any items or services furnished, ordered, or prescribed by an excluded individual or entity. This includes Medicare, Medicaid, and all other Federal plans and programs that provide health benefits funded directly or indirectly by the United States (other than the Federal Employees Health Benefits Plan).

¹ The information in this appendix is from <https://oig.hhs.gov/exclusions/background.asp>, December 12, 2012.

HHS OIG's exclusions process is governed by regulations that implement sections of the *Social Security Act*. When an individual or entity gets a Notice of Intent to Exclude, it does not necessarily mean they will be excluded. HHS OIG will consider all material provided by the person who received the Notice in its decision. All exclusions implemented by HHS OIG may be appealed to an HHS administrative law judge, and any adverse decision may be appealed to the HHS Departmental Appeals Board. Judicial review in Federal court is also available after a final decision by the Appeals Board.

Table A–1 lists the authorities for exclusion.²

Table A–1: Exclusion Authorities

<i>Social Security Act</i>	42 U.S.C.	Amendment
Scope		
§ 1128 ³	§ 1320a-7	Scope of exclusions imposed by the OIG expanded from Medicare and State health care programs to all Federal health care programs, as defined in § 1128B(f)(1).
Mandatory Exclusions		
§ 1128(a)(1)	§ 1320a-7(a)(1)	Conviction of program-related crimes. Minimum Period: 5 years.
§ 1128(a)(2)	§ 1320a-7(a)(2)	Conviction relating to patient abuse or neglect. Minimum Period: 5 years.
§ 1128(a)(3) ⁴	§ 1320a-7(a)(3)	Felony conviction relating to health care fraud. Minimum Period: 5 years.
§ 1128(a)(4) ⁴	§ 1320a-7(a)(4)	Felony conviction relating to controlled substance. Minimum.
§ 1128(c)(3) ⁵ -(G)(i) ³	§ 1320a-7(c)(3)(G)(i)	Conviction of two mandatory exclusion offenses. Minimum period: 10 Years.
§ 1128(c)(3) ⁵ -(G)(ii) ³	§ 1320a-7(c)(3)(G)(ii)	Conviction on three or more occasions of mandatory exclusion offenses. Permanent Exclusion.

² The information in Table A–1 is from <https://oig.hhs.gov/exclusions/authorities.asp>, December 12, 2012.

³ The effective date for the amendment to section 1128, and the new provisions section 1128(c)(3)(G)(i) and (ii) is August 5, 1997.

⁴ The effective date of the new provisions sections 1128(a)(3) and 1128(a)(4), and the amended provisions section 1128(b)(1)(A), (B), and section 1128(b)(3) is August 22, 1996. These provisions apply to offenses occurring on or after that date.

⁵ The effective date for the amendments to sections 1128(b)(15), 1128(c)(3), and 1156 is January 1, 1997.

<i>Social Security Act</i>	42 U.S.C.	Amendment
Permissive Exclusions		
§ 1128(b)(1)(A) ³	§ 1320a-7(b)(1)(A)	Misdemeanor conviction relating to health care fraud. Minimum Period: 3 years.
§ 1128(b)(1)(B) ⁴	§ 1320a-7(b)(1)(B)	Conviction relating to fraud in non- health care programs. Minimum Period: 3 years.
§ 1128(b)(2)	§ 1320a-7(b)(2)	Conviction relating to obstruction of an investigation. Minimum Period: 3 years.
§ 1128(b)(3) ⁴	§ 1320a-7(b)(3)	Misdemeanor conviction relating to controlled substance. Minimum Period: 3 years.
§ 1128(b)(4)	§ 1320a-7(b)(4)	License revocation or suspension. Minimum Period: No less than the period imposed by the State licensing authority.
§ 1128(b)(5)	§ 1320a-7(b)(5)	Exclusion or suspension under Federal or State health care program. Minimum Period: No less than the period imposed by Federal or State health care program.
§ 1128(b)(6)	§ 1320a-7(b)(6)	Claims for excessive charges, unnecessary services, services that fail to meet professionally recognized standards of health care, or an HMO's failure to furnish medically necessary services. Minimum Period: 1 year.
§ 1128(b)(7)	§ 1320a-7(b)(7)	Fraud, kickbacks, and other prohibited activities. Minimum Period: None.
§ 1128(b)(8)	§ 1320a-7(b)(8)	Entities controlled by a sanctioned individual. Minimum Period: Same as length of individual's exclusion.
§ 1128(b)(8)(A) ⁶	§ 1320a-7(b)(8)(A)	Entities controlled by a family or household member of an excluded individual and where there has been a transfer of ownership/control. Minimum Period: Same as length of an individual's exclusion.
§ 1128(b)(9), (10), and (11)	§ 1320a-7(b)(9), (10), and (11)	Failure to disclose required information, supply requested information on subcontractors and suppliers, or supply payment information. Minimum Period: None.
§ 1128(b)(12)	§ 1320a-7(b)(12)	Failure to grant immediate access. Minimum Period: None.

⁶ The effective date for the amendment to section 1128(b)(8)(A) is September 19, 1997.

<i>Social Security Act</i>	42 U.S.C.	Amendment
§ 1128(b)(13)	§ 1320a-7(b)(13)	Failure to take corrective action. Minimum Period: None.
§ 1128(b)(14)	§ 1320a-7(b)(14)	Default on health education loan or scholarship obligations. Minimum Period: Until default has been cured or obligations have been resolved to Public Health Service's (PHS) satisfaction.
§ 1128(b)(15) ⁵	§ 1320a-7(b)(15)	Individuals controlling a sanctioned entity. Minimum Period: Same period as entity.
§ 1128(b)(16) ⁷	§ 1320a-7(b)(16)	Making false statement or misrepresentations of material fact. Minimum period: None.
§ 1156 ⁵	§ 1320c-5	Failure to meet statutory obligations of practitioners and providers to provide medically necessary services meeting professionally recognized standards of health care (Peer Review Organization findings). Minimum Period: 1 year.

⁷ The effective date for the new provision section 1128(b)(16) is the date of enactment, March 23, 2010.

Appendix B – SCOPE AND METHODOLOGY

To accomplish our objective, we:

- Reviewed applicable sections of the Social Security Administration's (SSA) regulations, rules, and procedures.
- Reviewed Social Security Administration Office of the Inspector General reports: *Use of Sanctioned Medical Providers by State Disability Determination Services* (A-07-99-24006), March 2001, *Administrative Costs Claimed by the Alaska Disability Determination Services* (A-09-05-15025), July 2005, and *Health Information Technology Provided by Beth Israel Deaconess Medical Center and MedVirginia* (A-01-11-11117), October 2011.
- Reviewed the Department of Health and Human Services (HHS) Office of Inspector General (OIG), report on *State Medicaid Agency Referrals to the Office of Inspector General Exclusions Program* (OEI-01-06-00301), August 2008.
- Obtained the November 2012 HHS OIG List of Excluded Individuals and Entities (LEIE), and SSA provided the file of medical evidence of record (MER) providers from the Alaska DDS. We then matched the LEIE against the file of Alaska MER providers to determine how many MER providers were sanctioned medical providers (SMP).
- Obtained information from SSA payments for MER and CEs from the SMPs we identified in Alaska.
- Obtained information from SSA's Offices of Disability Programs and Disability Determinations on SSA's use of the LEIE and plans for a pilot to automate screening of CE providers.
- Obtained information on the LEIE from the HHS OIG.

We conducted our review from October through December 2012 in Boston, Massachusetts. The principal entity audited was SSA's Office of Disability Determinations under the Office of the Deputy Commissioner of Operations. We did not test the data reliability of the HHS OIG LEIE file, but relied on a prior review of the file which is noted in the Results of Review section of this report.¹ We also did not test the reliability of the Alaska MER file, but relied on a prior review

¹ HHS OIG, *State Medicaid Agency Referrals to the Office of Inspector General Exclusions Program* (OEI-01-06-00301), August 2008.

of this data.² We conducted our review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation*.

² SSA OIG, *Administrative Costs Claimed by the Alaska Disability Determination Services* (A-09-05-15025), July 7, 2005.

Appendix C – MAJOR CONTRIBUTORS

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MISSION

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