ARKANSAS STATE MEDICAL BOARD

April 25, 2011

The Honorable Percy Malone
The Honorable Linda S. Tyler
Interim Committee on Public Health,
Welfare and Labor
Arkansas State Capitol
Room 315
Little Rock, AR 72201

RE: Centralized Credentials Verification Service (CCVS)
       Arkansas State Medical Board – Quarterly Report

Gentlemen:

In accordance with Act 1360 of 2003, the Arkansas State Medical Board would like to submit the enclosed report for your review:

- Quality Improvement Report presented to the Arkansas State Medical Board and the CCVS Advisory Committee for the quarter dated 1/1/2011 to 3/31/2011 (1st Quarter). We are presently in the first month of our 2nd quarter of 2011.
- The Overview and History (Development Summary) of the CCVS.
- Attached are various charts providing the information listed above in chart format for your convenience and preference.
- Volume Trending chart on Orders received and Orders released to CCVS customers, listing averages over the specified period of time.

As can be noted from the report, this program is in compliance with all elements of this Act, as passed.

Sincerely,

Peggy Pryor Cryer
Executive Secretary
Enclosures

CENTRALIZED CREDENTIALS VERIFICATION SERVICE (CCVS)
HISTORY AND DEVELOPMENT SUMMARY

The Arkansas Health Resources Commission developed a comprehensive statewide-centralized credentials verification service based in the Arkansas State Medical Board as a result of a recommendation in 1993. The premise of this service was for the ASMB to build on the existing procedures for collection of verification documents utilized by the Medical Board at initial physician licensing.

Act 1066 of 1995 created the Centralized Credentials Verification Service (CCVS), the first credentials verification organization (CVO) in the nation to be based in a state medical board. It is still the only CVO based in a state medical licensing organization. The CCVS process allows the Medical Board to provide an organization with specific core credentialing information for their physician. This information is provided to the organization once the CCVS receives authorization to release the information to that specific organization. The Board reports quarterly to the House Interim Committee on Public Health, Welfare, and Labor and the Senate Interim Committee on Public Health, Welfare, and Labor concerning the credentialing process established by ACA 17-95-107.

Act 1410 of 1999 mandating the use of the CCVS also specified certification by the National Committee for Quality Assurance (NCQA), which was obtained initially in August 2001, re-certified in August 2003, August 2005 and August 2007, August 2009 and is current and in good standing until August 2011. Resurvey is every two years and the process begins six months prior to the expiration date. The NCQA requires, at a minimum, quarterly reporting to the oversight committee specified in the program's policies and procedures and in the statute. The CCVS has oversight from a 10 member Advisory Committee appointed by the Medical Board. The Committee is comprised equally of representatives of credentialing/healthcare organizations (hospitals, managed care organizations, behavioral health organizations, insurance networks; equally medical staff, administrative staff representatives, etc) subject to the Act. The Advisory Committee is nominated by the members but appointed by the Medical Board to accomplish several functions as listed in Regulation 25.

A quarterly Quality Improvement Report is the method utilized by the CCVS to report statistical tracked data to the oversight committees and the state medical board for their review. The report meets and exceeds one of the oversight-reporting requirements of the NCQA. It provides:

- Profile Release numbers: Breakdowns; Percentage of Totals; Monthly Averages; Number of Physicians represented by number of profiles released (some physicians may be released to more than one organization in one report period); Average Turn-Around-Time (TAT) for each type of order, which is figured in business days from the time the order is placed to the time the order is released to the customer. Targeted goals are noted with Percentage of files meeting targeted goals for each type of order also listed.
- New orders to the system for each quarter are provided in this report.
- Information on Internal File Audits generally exceeds NCQA minimum audit requirements for certification. NCQA requires 5% audit of released files and the Quality Team performs 100% audits on released files by the trainer and a minimum of 25% total quality audits on a random sampling of all other files.
- Staffing Numbers -- provides the numbers of staff in CCVS for each month in the specified quarter for the purpose of tracking staffing impact on turn-around-time and volume statistics.
- Registered Users – breakdown of HOSPITAL organizations usage which includes free-standing surgery centers, outpatient centers, rehab facilities; and, OTHER organizations, which will include managed care, insurance networks, HMO, PHO, PPO, etc.
- Customer Satisfaction Feedback Comments – Breakdown on reported issues, questions, positive and negative feedback cycling through the Customer Service department to determine any trends so that quality improvement can be implemented in a timely manner.

Arkansas State Medical Board
Centralized Credentials Verification Service

Quality Improvement Report

For the Period 1/1/2011 to 3/31/2011

Prepared by:

Angie Meehleder
Quality Assurance & Customer Service Manager

Arkansas State Medical Board
Centralized Credentials Verification Service

Quality Improvement Report
For the Period **1/1/2011-3/31/2011**

SECTION 1 -- RELEASE INFORMATION

	Previous Quarter	Last Quarter	This Quarter
Period:	7/1/10-9/30/10	10/30/10-12/31/10	1/1/11-3/31/11
Number of Business Days in Period:	64	60	62

ORDER & RELEASE STATISTICS:

	Previous Quarter 7/1/10-9/30/10	Last Quarter 10/30/10-12/31/10		This Quarter 1/1/11-3/31/11		Volume Change from Last Quarter (%)	
New Initial Orders in System:	1,816	1,393		1,367		(decrease)	-1.9%
New Telemed Orders in System:	122	110		146		(increase)	32.7%
New Recredential Orders in System:	2,064	2,294		2,191		(decrease)	-4.5%
TOTAL New Orders in System:	4,002	3,797		3,704		(decrease)	-2.4%
Initial Releases Total / % of Total	1,650 / 44.2%	1,293	33.1%	1,318	34.3%	(increase)	1.9%
Telemed Releases Total / % of Total	124 / 3.3%	111	2.8%	138	3.6%	(increase)	24.3%
In-Cycle Recred Releases Total / % of Total	1,124 / 30.1%	1,117	28.6%	1,076	28.0%	(decrease)	-3.7%
Out-of-Cycle Recred Releases Total / % of Total	672 / 18.0%	1,289	33.0%	1,163	30.3%	(decrease)	-9.8%
Expedited Initials Total / % of Total	139 / 3.7%	71	1.8%	74	1.9%	(increase)	4.2%
Expedited Recredentials Total / % of Total	27 / 0.7%	20	0.5%	69	1.8%	(increase)	245.0%
TOTAL Releases Completed:	3,736	3,901		3,838		(decrease)	-1.6%
Average Monthly Releases:	1,245	1,300		1,279		(decrease)	-1.6%
Number of Physicians Released:	2,656	2,852		2,817		(decrease)	-1.2%

Average TAT (Business Days)		Last Quarter	This Quarter	TAT change from last quarter	
Initials (Target = 15):	6.20	5.38	7.30	(increased)	-1.92
Telemeds (Target = 15):	6.30	7.70	6.70	(reduced)	1.00
In-Cycle Recredentials (Target = 30):	2.86	2.10	3.24	(increased)	-1.14
Out-of-Cycle Recredentials (Target = 30):	7.95	19.77	16.51	(reduced)	3.26
Expedited Initials (Target = 5):	3.26	2.40	3.16	(increased)	-0.76
Expedited Recredentials (Target = 5):	2.83	2.57	2.87	(increased)	-0.30

% of Files Meeting Target TAT Goals:		Last Quarter	This Quarter	% change from last quarter	
Initials:	100.0%	100.0%	100.0%	(no change)	0.0%
Telemeds:	100.0%	100.0%	100.0%	(no change)	0.0%
In-Cycle Recredentials:	100.0%	100.0%	100.0%	(no change)	0.0%
Out-of-Cycle Recredentials:	99.9%	100.0%	100.0%	(no change)	0.0%
Expedited Initials:	99.0%	99.3%	100.0%	(increase)	0.7%
Expedited Recredentials:	96.3%	100.0%	96.3%	(decrease)	-3.7%

I/R = Initial/Recredential files; Initial=all credentialing elements; Recredential=updated credentialing info from last 2 years.
Releases = Physician profiles provided or "released" to customers via the on-line system.
New Orders = In-coming orders for physician profiles currently in process of being updated but not yet due to customer.
In-Cycle = Recredentialing orders placed according to the license renewal birth month cycle with quicker TAT.
Out-of-Cycle = Recredentialing orders not placed according to the license renewal birth month cycle that have to be updated.
Expedited = Customer ordered rush/expedited profile with a 5-day turnaround guarantee due to their internal time requirements.
TAT = Turn-Around-Time, the time from customer placing the order until the order is provided to them.
NOTE: Telemedicine physician orders are included in Initial orders.

ORDER AND RELEASE STATISTICS: Improvements, Barriers, Recommendations & Follow-Up

Improvements from last quarter:
Telemedicine order statistics are now reported separately in the Order and Release Statistics on Page One. Percentage of Initial, Telemed, Recredential, Expedited Initials are consistent at 100% meeting targeted goals showing good compliance with the program requirements. Some file types remained consistently at 100% over several reporting quarters. There were 138 telemed physicians released within15 day turn-around-time.

Barriers:
All orders showing slight increase in Turn-around-time due to several new staff that are in training with low productivity at this time. Expedited Recredentials meeting targeted goals showing a 3.7% drop from 100% due to a staff person being out unexpectedly and without turning her unfinished files into her supervisor for completion. Locum files continue to impact turn-around-time on all order types due to the length of time it takes to track down work history that is not reported and difficult to obtain due to lack of records by the verification sources.

Recommendations & Follow-Up:
Management reviewing processes for locum tenens and retired physicians coming back to work. Will continue to look at developing different processes for providing the customer with information or notice of the unavailability of information on these physicians. Staff assignments are being adjusted to reduce TAT in order to meet productivity goals and continue to build up order cushions by pre-working files. Will continue to monitor for process improvement.

INTERNAL QUALITY AUDIT STATISTICS:
   - Internal quality audits are performed as required by NCQA.
   - Files are randomly selected, with concentration on staff in training.
   - 100% files audited this quarter and reported below were on files released within this quarter.
   - Errors reported below WERE NOT reported by customers.
   - Internal process errors are no longer included in this report. This tracking changed during this quarter.

	Previous Quarter 7/1/10-9/30/10	Last Quarter 10/30/10-12/31/10	This Quarter 1/1/11-3/31/11	Increase or Decrease from Last Quarter (%)
TOTAL Number of Releases:	3,736	3,901	3,838	(decrease) -1.6%
% of released files reviewed:	25%	25%	25%	(no change) 0.0%
Number of errors in audited files:	338	249	248	(decrease) -0.4%
Accuracy rate on audited files:	63.8%	74.5%	74.2%	(decrease) -0.4%

INTERNAL QUALITY AUDIT STATISTICS: Error Types, Barriers, Recommendations & Follow-Up

Types of Errors:	Jan-11	Feb-11	Mar-11
Data entry errors	8	39	110
Good Standing entry incorrect	3	1	2
Verification follow-up needed	9	31	45
Total	20	71	157

Barriers:
Several new staff in training this quarter and all staff in re-training continues in an effort to reduce TAT and in learning new processes, reviewing old processes and improving data entry each quarter, some staff more training than others. Credentialing errors are counted individually so there could be multiple errors on one file at each release of the file. There were 248 errors found in 960 audited files (multiple errors may be found in one file).

Recommendations & Follow-Up:
Method of reporting errors via the QI Report changed this quarter. Internal process errors that do not impact the customer being separated out from errors that impact physician credentialing. Internal errors are provided to Management staff for review with personnel evaluations. Examples of these type of errors would include not placing dollar signs or commas in the insurance coverage amounts; not purging or organizing the files according to process or correctly labeling files. One file could have multiple errors. There were 960 QI audited files out of 3838 released files.

Focused and group training must continue, stressing accountability and responsbility. Full (100%) quality audits by credentialing specialists are required prior to turning in files for release. Increased auditing by trainers, quality assurance

staff and program manager continue and additional training incentives are added each quarter. Staff are provided with their audit records for review and additional individual training to improve errors in any area is provided. Error rates are included in their performance reviews. Continue to monitor for process and training improvement. Customers are provided with corrected profiles unless the errors identified were due to internal process errors that did not impact the customer.

Note: Quality audits were returned to 25% and a Quality Team identified to assist with quality audits. Files for audit may be randomly selected from release list prior to release. It will be noted at top of this section. The Quality Team also meets periodically to review files and processes and continually communicates with trainers and specialists in order to remain consistent in education and training efforts and provide current resource and process information to credentialing staff.

SECTION 2 -- STAFFING NUMBERS AND REGISTERED USERS

Staffing Numbers:
Note: CCVS staffing tracked due to the impact on quality, training and productivity.

	Last Quarter			This Quarter		
Month:	Oct '10	Nov '10	Dec '10	Jan '11	Feb '11	Mar '11
# of Permanent Staff:	19	20	20	21	19	21
# of Temporary Staff:	0	0	0	0	1	1
Staff Loss (Perm/Temp):	0/0	0/0	0/0	2/0	0/1	1/1

Registered Users:
Total number of user organizations reported each period.

	Previous Quarter	Last Quarter	This Quarter	% +/- from last
Period:	7/1/10-9/30/10	10/30/10-12/31/10	1/1/11-3/31/11	quarter
Hospital:	240	242	242	(no change) 0.0%
MCO/Other:	42	42	42	(no change) 0.0%
Total Customers	282	284	284	(no change) 0.0%

MCO = Managed Care Organizations, Insurance Networks, PHOs
Other = Clinics, IPAs, Surgery & Outpatient Clinics

REGISTERED USER TRACKING: Barriers, Recommendations & Follow-Up

Barriers:
No new organizations signed up this quarter to utilize the CCVS. Four have inquired but referred to their corporate management legal team to review the mandate to see if they need to comply. Referred their legal team to the Board attorney for questions.

Recommendations & Follow-Up:
The ASMB is working toward enforcing compliance and developing better processes to assist in compliance to the mandate to avoid duplication for physicians without negatively affecting organizations. Continue to monitor for customer service assistance, statute compliance and quality improvement.

CATEGORIES:	Previous Quarter 7/1/10-9/30/10		Last Quarter 10/30/10-12/31/10		This Quarter 1/1/11-3/31/11		Increase or Decrease from last QTR	
Positive Comments:								
Positive Comments (Total / % of Total):	7	7.4%	6	6.4%	6	6.6%	(decrease)	0.0%
Technology/System Issues:								
Customer Tech (Total / % of Total):	11	11.7%	0	0.0%	3	3.3%	(decrease)	-
CCVS Internal Tech (Total / % of Total):	19	20.2%	8	8.5%	26	28.6%	(decrease)	225.0%
Other:								
Profile TAT Delay (Total / % of Total):	0	0.0%	0	0.0%	0	0.0%	(no change)	-
Inconsistent Data (Total / % of Total):	13	13.8%	7	7.4%	14	15.4%	(decrease)	100.0%
Credentialing Program (Total / % of Total):	4	4.3%	0	0.0%	0	0.0%	(decrease)	-
Staff Related (Total / % of Total):	47	50.0%	28	29.8%	48	52.7%	(decrease)	71.4%
Known Cause (Total / % of Total):	0	0.0%	0	0.0%	0	0.0%	(no change)	-
TOTAL CUSTOMER ISSUES:	94	2.5%	43	1.1%	91	2.4%	(increase)	111.6%

# of releases WITHOUT Customer Service issues:	3,747	# of releases WITH Customer Service issues:	91
% of releases WITHOUT Customer Service issues:	97.63%	% of releases WITH Customer Service issues:	2.37%

POSITIVE COMMENTS: Improvements from last quarter

Positive responses regarding the program, staff and customer service from customers and physicians.

CUSTOMER TECHNOLOGY ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Customer Technology issues:	3,835	# of releases WITH Cust Technology issues:	3
% of releases WITHOUT Customer Technology issues:	99.92%	% of releases WITH Cust Technology issues:	0.08%

Barriers:
There were no barriers this report period.

Recommendations & Follow-Up:
There were no Customer Technology Issues this period. Continue to monitor for customer service and to provide additional assistance where indicated.

CCVS TECHNOLOGY ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT CCVS Tech issues:	3,812	# of releases WITH CCVS Tech issues:	26
% of releases WITHOUT CCVS Tech issues:	99.32%	% of releases WITH CCVS Tech issues:	0.68%

Barriers:
System showing "greyed out issues" preventing customer from ordering or could not access the reports or other various technology issues. System duplicated an order.

Recommendations & Follow-Up:
Issues were promptly resolved by Technology staff with no downtime to customer. Continue to monitor and correct technology issues/glitches and for customer service and process improvement.

PROFILE TAT ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Profile TAT issues:	3,838	# of releases WITH Profile TAT issues:	0
% of releases WITHOUT Profile TAT issues:	100.00%	% of releases WITH Profile TAT issues:	0%

Barriers:
There were no Profile TAT issues reported by customers this quarter.

Recommendations & Follow-Up:
Continue to monitor turn-around-time to prevent customer service issues, for continued improvement.

INCONSISTENT DATA ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Inconsistent Data issues:	3,824	# of releases WITH Inconsistent Data issues:	14
% of releases WITHOUT Inconsistent Data issues:	99.64%	% of releases WITH Inconsistent Data issues:	0.36%

Barriers:
Inconsistent data issues reported by customers this quarter were due to physicians reporting information to organizations that were not reported to the Board and CCVS at initial licensure or at renewal.

Recommendations & Follow-Up:
Once notified, the CCVS will obtain the verifications and provides the customer with an updated profile, if necessary, or provides the results obtained from the verification source such as no privileges have been granted yet, etc. The ASMB/CCVS are jointly working on processes to reduce or reduce this type of inconsistency, although it cannot totally prevent them. Will continue to monitor for quality purposes, to obtain and provide updated profiles, and as determined by inconsistent data reports.

CREDENTIALING PROGRAM (MEDSUITE) ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT MedSuite issues:	3,838	# of releases WITH MedSuite issues:	0
% of releases WITHOUT MedSuite issues:	100.00%	% of releases WITH MedSuite issues:	0%

Barriers:
There were no barriers in this section for this quarter.

Recommendations & Follow-Up:
Continue to monitor for process improvement and customer service improvement.

STAFF-RELATED DATA ENTRY ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Staff-Related issues:	3,790	# of releases WITH Staff-Related issues:	48
% of releases WITHOUT Staff-Related issues:	98.75%	% of releases WITH Staff-Related issues:	1.25%

Barriers:
New staff in training, not yet familiar with entry processes or the credentialing system continue to be primarily responsible for data entry errors, which are mostly process-directed. Staff who are not properly completing quality audits prior to release are also high contributors.

Recommendations & Follow-Up:
All training is geared toward general processes but also with the knowledge/identification that some entries are exception-specific to individual physicians. The need for processes to constantly undergo review for process improvement and to assure the customer is always provided the most current and accurate product means the staff may intermittently have to learn new internal processes, or the internal processes will need to change to accommodate those goals. Continue to monitor for quality improvement and training improvement. Staff provided with one-on-one education as required.

KNOWN CAUSE ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Known Cause issues:	3,838	# of releases WITH Known Cause issues:	0
% of releases WITHOUT Known Cause issues:	100.00%	% of releases WITH Known Cause issues:	0%

Barriers:
There were no Known Cause issues this quarter so no barriers are reported.

Recommendations & Follow-Up:
Continue to monitor processes for improvement opportunities.

CUSTOMER SERVICE SURVEY: IT continues to work on making online surveys possible.

Section 3 - Customer Satisfaction/Feedback

	CATEGORIES
6	Positive Comments
	Technology/System Issues
3	Customer
26	CCVS-Internal
	Other
0	Profile TAT Delay
14	Inconsistent Data
0	MedSuite Program
48	Staff Related
0	Known Cause
91	**Total Customer Issues (not including positive comments)**

In addition to the above, the following issues were addressed by the Quality Assurance/Customer Service Department:

104	Miscellaneous Customer Service issues: *Resolved or completed.*
9	Requests for incomplete profiles. *Completed.*
51	Requests for rosters, roster updates or roster inquiries because the organization did not provide one to the CCVS prior to the old roster expiration. Requests for signature pages on rosters that were provided, requests for dates on rosters or privilege or good standing information that was left off of roster. *Completed/resolved.*
20	Requests for order status checks. This was predominantly due to new customer staff unaccustomed to the system. Cannot pull files from working status to continually check status as this delays the release process for the other customers and physicians who are waiting on completion. *Resolved.*
359	New user staff education requests on how to order, form requests, where to look, difference between an attestation and authorization & release, profile definitions. *New user customers are always provided with new user packet of information that provides all information, customers are provided with one-on-one assistance whether they are new users or users who have forgotten how to do something.*
23	Billing Questions; Account Administration Questions; setting up new users or accounts; billing or credit card questions; changing log-in, forgot passwords, changing account administrators or removing users from account access; requesting partial refunds; organization signed up for wrong access; account locks; declined credit card notices
85	Returned A&Rs to customers due to wrong or unknown customer name in the organization blank, misdated or not dated A&Rs, stamped signatures, illegible names and license numbers or the organization name was not listed on the A&R or was not listed in the CCVS customer list. *Contact or follow up could not be made with those organization or physicians where the name was missing or illegible. All others corrected and, once returned, the A&R and order access was allowed. Any A&R no returned by release due date were canceled until the A&R was received and if elements had not expired in the interim the file was immediately released.*
13	Returned Attestations to customers due to wrong license number, wrong date, undated or questions not completed.
50	Cancellations: (40) customer/user initiated due to need to change order type to expedite, duplication of orders, ordered in error, ordered too soon; (10) CCVS Management initiated because the order could not be completed by due date due to no fault of the CCVS.
261	Requests for DEA/Malpractice updates. Expired after profile was released, not showing updated on web, physician office states renewal not in yet. *Notified customer once received.*
14	Physician requests for personal profiles. *Profiles were faxed, e-mailed, or mailed to physician at their request.*
4	Other physician questions or education provided by Customer Service.
2	Other physician issues transferred out of CS (license application status; questions regarding licensure or renewals; CME questions; Regulation 17 and Regulation 7 questions).
27	CCVS notified customer of documents or information needed to complete order (updated A&R, Attestation, other documentation, or physician's contact info).
35	Updated profile provided to customer within 30 days of original release
23	Facility emailed interim update to current physician roster.

Section 3 Customer Service Issues Breakdown: January 1, 2011 - March 31, 2011

Sum of # Section Category Code/Issue	Month 1	2	3	Grand Total
POSITIVE:				
A. Positive				
1.00 Positive comments from customers	1	1	4	6
A. Positive Total	1	1	4	6
POSITIVE: Total	1	1	4	6
MAIN CATEGORIES:				
B. Technology-Cust				
2.02 Difficulty placing order	1		2	3
B. Technology-Cust Total	1		2	3
C. Technology-CCVS				
3.01 System down		2	1	3
3.03 Customer cannot order (fields grey)	1	1	1	3
3.04 Customer cannot order (other cause)		1		1
3.05 Customer cannot access report		2		2
3.06 Duplicate order in system	1	2	11	14
3.99 Cannot order as in-cycle	1			1
3.99 Did not receive Order Confirmation			2	2
C. Technology-CCVS Total	3	8	15	26
E. Inconsistent Data				
5.00 Org info different than CCVS	4	3	7	14
E. Inconsistent Data Total	4	3	7	14
G. Staff Related				
7.01 Profile released with expired item(s)		1		1
7.03 Profile missing information	4	1	19	24
7.05 Incorrect date(s)		3	2	5
7.06 Data entry error(s)	5	3	7	15
7.07 Scanned document error(s)	1	1		2
7.99 Entries needed clarification	1			1
G. Staff Related Total	11	9	28	48
MAIN CATEGORIES: Total	19	20	52	91
MISCELLANEOUS:				
I. Misc./Other				
21.01 Info requests sent to physicians	3	1	2	6
21.02 Document rec'd, OK to reorder	1	1	9	11
21.05 Verification request sent to customer	26	11	30	67
21.06 Customer referred to another department c	2	8	3	13
21.99 Customer clarifying actions			1	1
21.99 Customer requested bad attestation			1	1
21.99 CVO database info			1	1
21.99 Org notified us of new phys info	1	1		2
21.99 Requested insurance roster from phys office			1	1
21.99 Update telemed firm contact info			1	1
I. Misc./Other Total	33	22	49	104
J. Incomplete Requests				
9.01 Incomplete requested, provided			1	1
9.02 Incomplete requested, not provided		8		8
J. Incomplete Requests Total		8	1	9
K. Roster Issues				
10.01 Roster received incomplete	2	5	4	11
10.02 Reminder sent re expiring roster	13	14	13	40
K. Roster Issues Total	15	19	17	51

L. Order Status Check				
11.00 Request for order status	2	13	5	20
L. Order Status Check Total	**2**	**13**	**5**	**20**
M. User Education				
12.02 Mandate education	2	1	2	5
12.03 Policies & procedures education	2	2	2	6
12.04 Form requests		1	1	2
12.05 A&R/Attestation education	2	10	5	17
12.06 A&R status check	44	46	18	108
12.07 Ordering process education	1	1		2
12.08 Fees / Turnaround Times (TATs)		5	1	6
12.09 Telemedicine policy education	37	10	24	71
12.10 Cancellation process education	1	1	4	6
12.11 Profile definitions	2	2	1	5
12.12 Notified cust that CCVS info correct	3	8	9	20
12.13 Notified cust they can clarify w/physician o|	4	1	4	9
12.99 Backup fax info	1			1
12.99 Verify board minutes updated prior to orde|	1			1
12.99 E-mail process	20	16	34	70
12.99 Requested minutes from last board meetin|	2			2
12.99 Credentialing locum tenens	1			1
12.99 Reporting physicians no longer on staff	1	1		2
12.99 Requested primary source verification lette|	1			1
12.99 Signing up for Board Notices	1			1
12.99 ??	1			1
12.99 Obtaining copy of consent order	1	1		2
12.99 Expiration date on Education License		1		1
12.99 Billing questions		1		1
12.99 Cannot locate physician in A&R list		1		1
12.99 When are renewal packets mailed?		1		1
12.99 More than 1 physician with same name		2		2
12.99 Physician change-of-address		1		1
12.99 License requirements for Residents		1		1
12.99 Requested purchase history		1		1
12.99 Notified customer no attachment received		1	1	2
12.99 Submitting physician roster		1		1
12.99 Physician claim reporting form			1	1
12.99 Could not cancel, no order in system			2	2
12.99 FOI clarification			1	1
12.99 Requesting incomplete profiles			1	1
12.99 Notified customer no physician by that name			1	1
12.99 Profile update process			1	1
12.99 Customer confused about order confirmation e-mail			1	1
M. User Education Total	**128**	**117**	**114**	**359**
N. Account Administration				
13.01 Account/User changes	2	1	2	5
13.02 Login/Password problems		1		1
13.03 Billing questions		1	2	3
13.04 Credit card declined or acct lockout	5	1	4	10
13.05 Needs to change credit card		1		1
13.99 Customer placed order on bad credit card	1			1
13.99 Help with EFT setup	1			1
13.99 Help with notification e-mails		1		1
N. Account Administration Total	**9**	**6**	**8**	**23**
O. A&R Refused				
15.01 Wording does not match our standard form			1	1
15.02 Organization Name issue	7	5	8	20

|				
O. A&R Refused 15.03 Practitioner is not an M.D. or D.O.	1	1		2
15.04 Cannot identify physician	2	2	2	6
15.05 License # /SSN issue			1	1
15.06 License pending or inactive	5	4	1	10
15.07 Signature issue	7		3	10
15.08 Date issue	13	7	11	31
15.99 Copy illegible	1	2	1	4
O. A&R Refused Total	**36**	**21**	**28**	**85**
P. Attestation				
14.00 Broken attest issues handled by CS	10	1	2	13
P. Attestation Total	**10**	**1**	**2**	**13**
Q. Cancellations-Cust				
17.01 Ordered in error or Duplicate order	8	5	9	22
17.02 Ordered wrong type of profile	1		11	12
17.03 Need to order as expedited	3	1	1	5
17.04 No longer needs this profile	1			1
Q. Cancellations-Cust Total	**13**	**6**	**21**	**40**
R. Cancellations-CCVS				
17.52 Unable to obtain attestation		4	4	8
17.56 Physician rescinded A&R		1		1
17.58 Telemedicine unable to complete			1	1
R. Cancellations-CCVS Total		**5**	**5**	**10**
S. DEA/Insurance				
18.01 Customer request to update DEA	14	19	38	71
18.02 Customer request to update insurance	61	78	35	174
18.99 Other DEA/insurance issue	15	1		16
S. DEA/Insurance Total	**90**	**98**	**73**	**261**
T. Personal Profile Sent to Phys				
20.01 Physician requested personal profile	1	9	4	14
T. Personal Profile Sent to Phys Total	**1**	**9**	**4**	**14**
U. Other Physician Issue				
20.99 Requested correction to profile	1			1
20.99 Requested confirmation we received fax		1		1
20.99 Question re online services		1		1
20.99 Requested copy of malp documents		1		1
U. Other Physician Issue Total	**1**	**3**		**4**
V. Phys referred to Other Dept				
20.02 Physician referred to another department	2			2
V. Phys referred to Other Dept Total	**2**			**2**
W. Order Issues				
16.02 Cust notified A&R expired/expiring	5	6	3	14
16.03 Cust notified missing docs from physician	1			1
16.99 Duplicate order query	3	2	7	12
W. Order Issues Total	**9**	**8**	**10**	**27**
W. Profile Update				
19.01 Cust requested updated profile	4	5	1	10
19.02 Cust requested update, not provided	2	2		4
19.03 Update provided to customer proactively	9	2	10	21
W. Profile Update Total	**15**	**9**	**11**	**35**
X. Roster Updates				
10.03 Facility sent change/addition to roster	22	1		23
X. Roster Updates Total	**22**	**1**		**23**
MISCELLANEOUS: Total	**386**	**346**	**348**	**1080**
Grand Total	**406**	**367**	**404**	**1177**

Arkansas State Medical Board
Quality Improvement Report for the Period 1/1/2011 to 3/31/2011
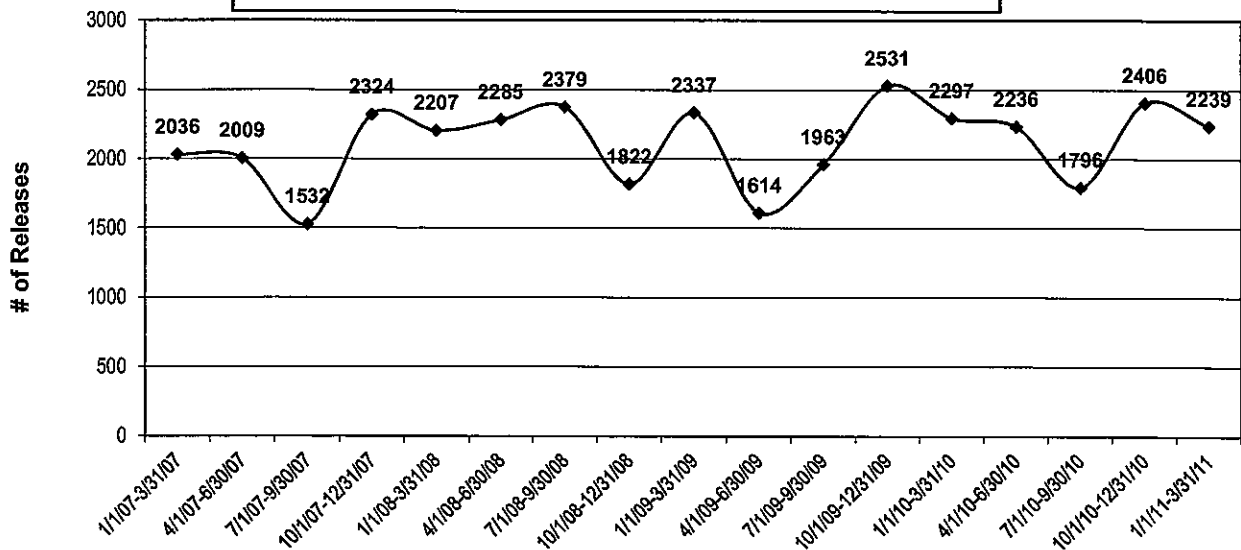### Charts & Graphs

Releases by Period - Initial Credentialing Profiles

Release volume for initial profiles (all offered information).
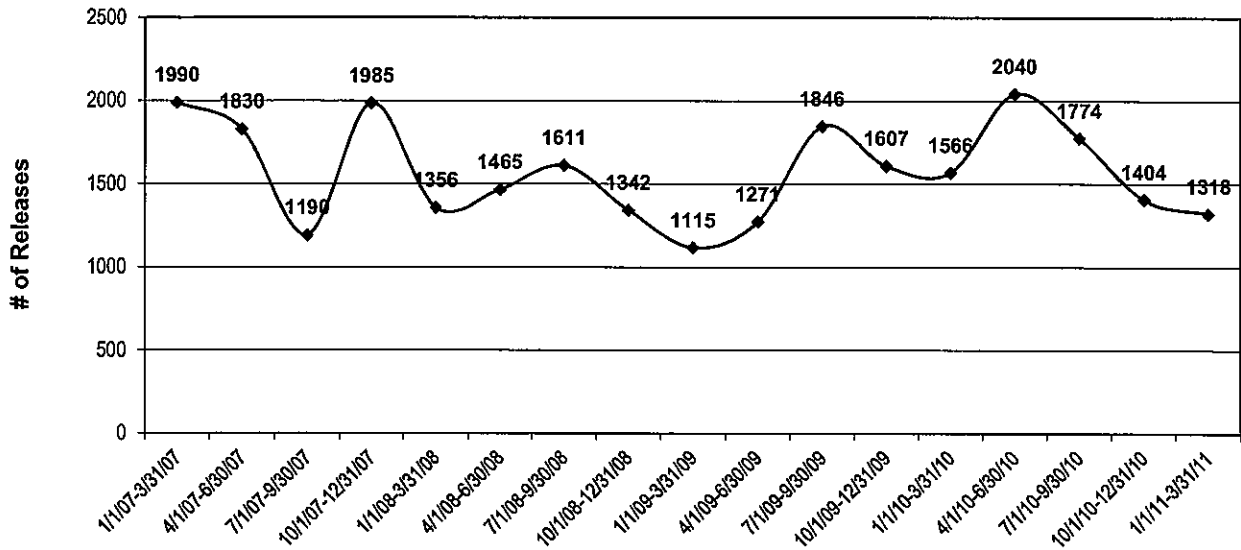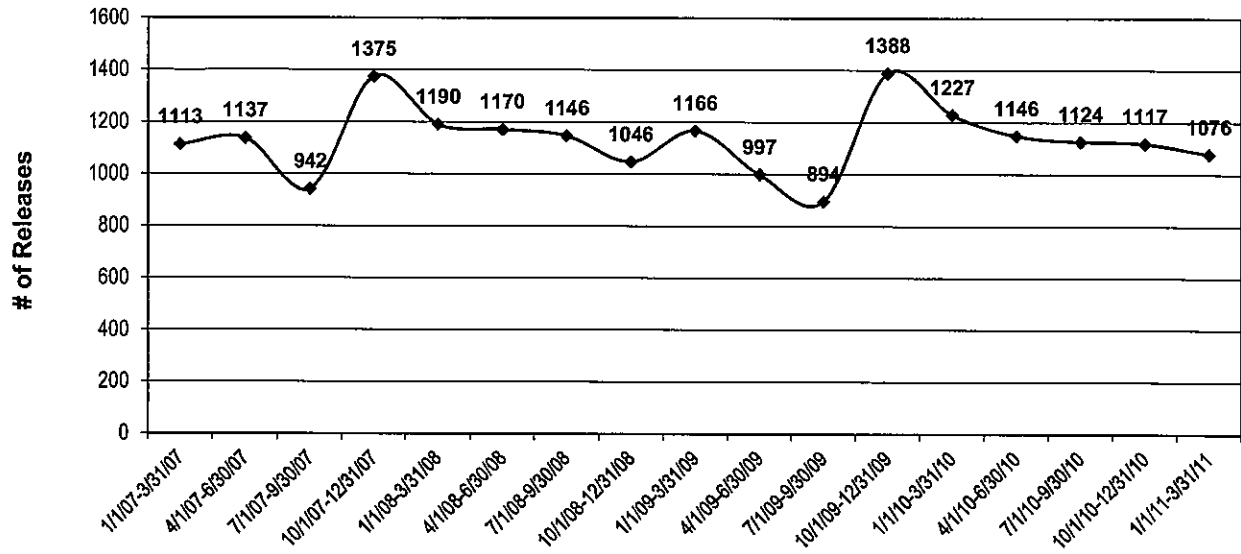

Releases by Period - Recredentialing Profiles

Total of both types of recredential (2-year work history updates) release volume
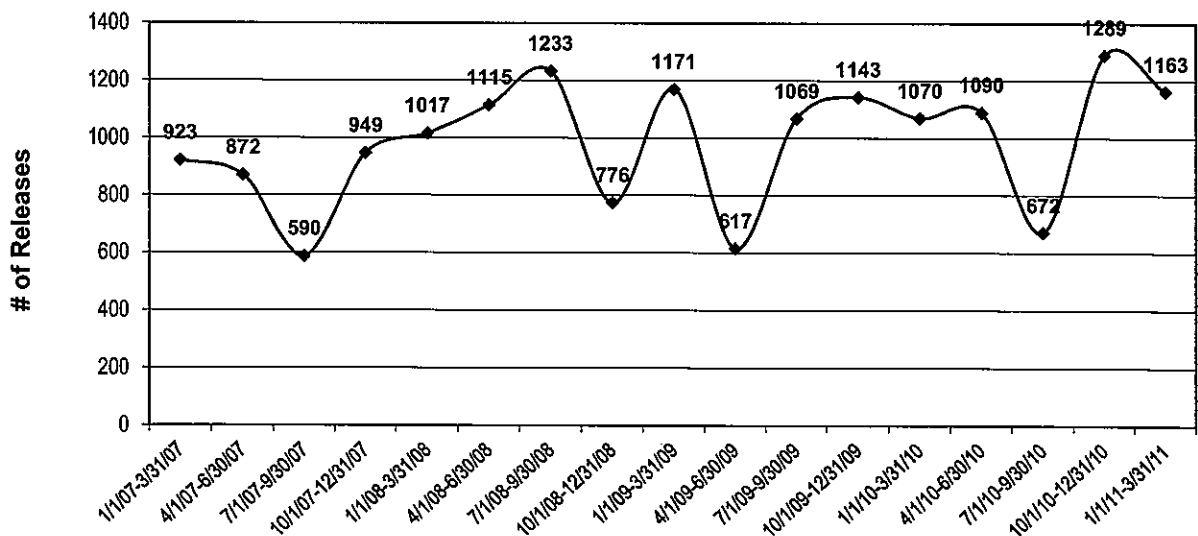
Releases by Period: In-Cycle Recredentialing Profiles
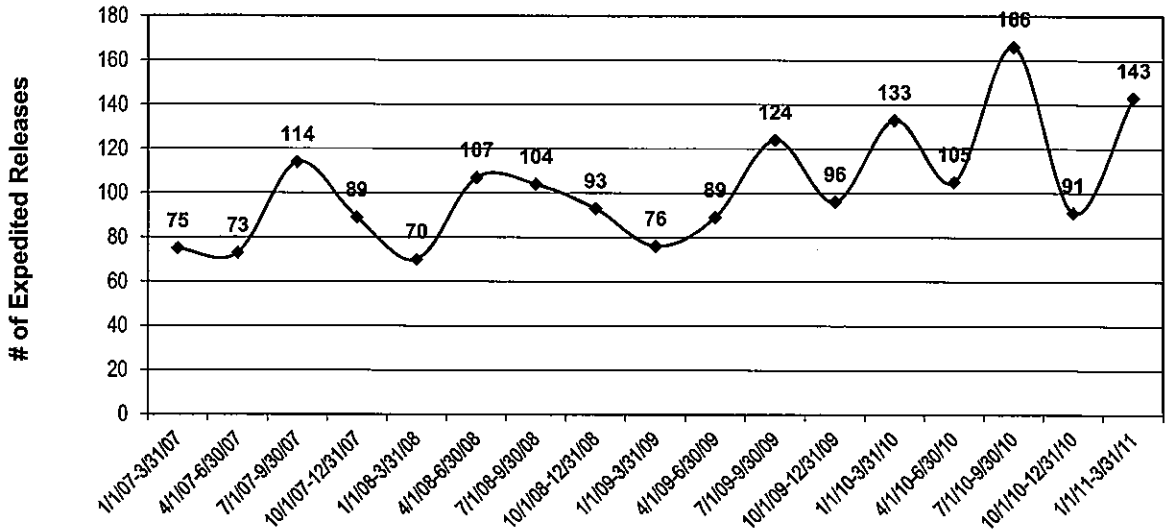
Organizations that reappoint within discounted schedule offered by the ASMB/CCVS

Releases by Period: Out-of-Cycle Recredentialing Profiles

Recredentialing schedules vary per organization from every year, every two years or every three years. Not all organizations choose to recredential In-cycle for the discount due to their internal reappointment schedules.

Releases by Period: Expedited Orders
Initial and Recredentialing

Increase from last quarter due to customers' internal process needs.

Chart: # of Expedited Releases by period (1/1/07-3/31/07 through 1/1/11-3/31/11)

Data points: 75, 73, 114, 89, 70, 107, 104, 93, 76, 89, 124, 96, 133, 105, 166, 91, 143

Incomplete Profile Requests
Customer requests for incomplete files due to their not ordering in time or needing sooner than anticipated.

Chart: # of Incompletes by period (1/1/07-3/31/07 through 1/1/11-3/31/11)

Data points: 27, 9, 11, 11, 13, 10, 5, 3, 1, 9, 27, 3, 10, 13, 11, 1, 9
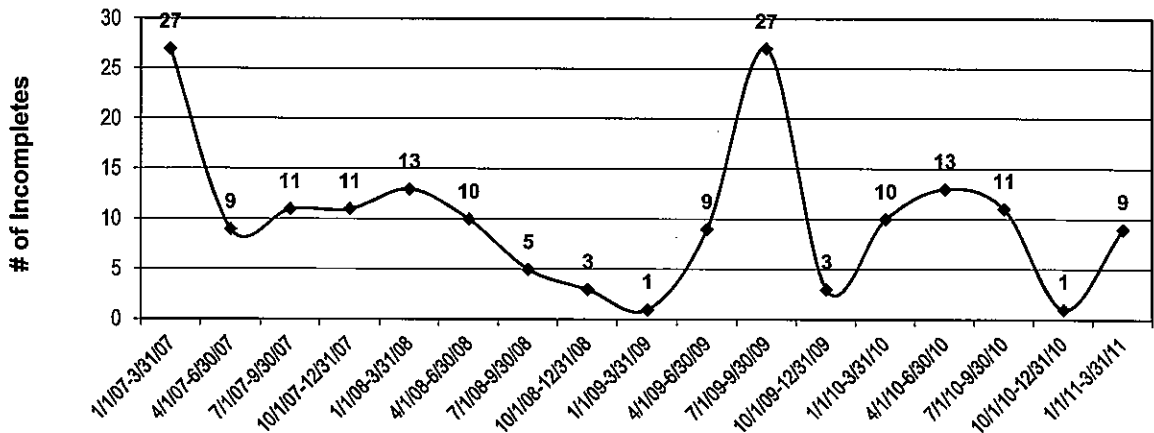
Customers request "incomplete" profiles due to their ordering errors. They do not order in time to meet their committee meeting dates or their medical director brings the physician in earlier than planned. These profiles do not meet JCAHO or NCQA standards, which the customer is aware of, so they are labeled "incomplete" on the profile and in this report.

Turnaround Times: Initial Credentialing
(Target: 15 Business Days)

Meets and exceeds goals.
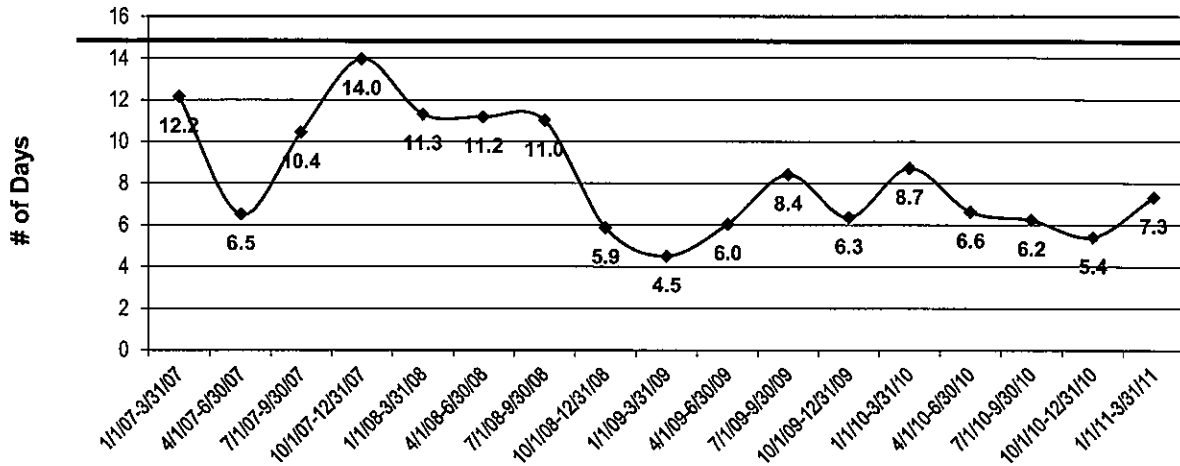
Turnaround Times: Expedited Orders
Initial and Recredentialing
(Target: 5 Business Days)

Meets and exceeds goals.
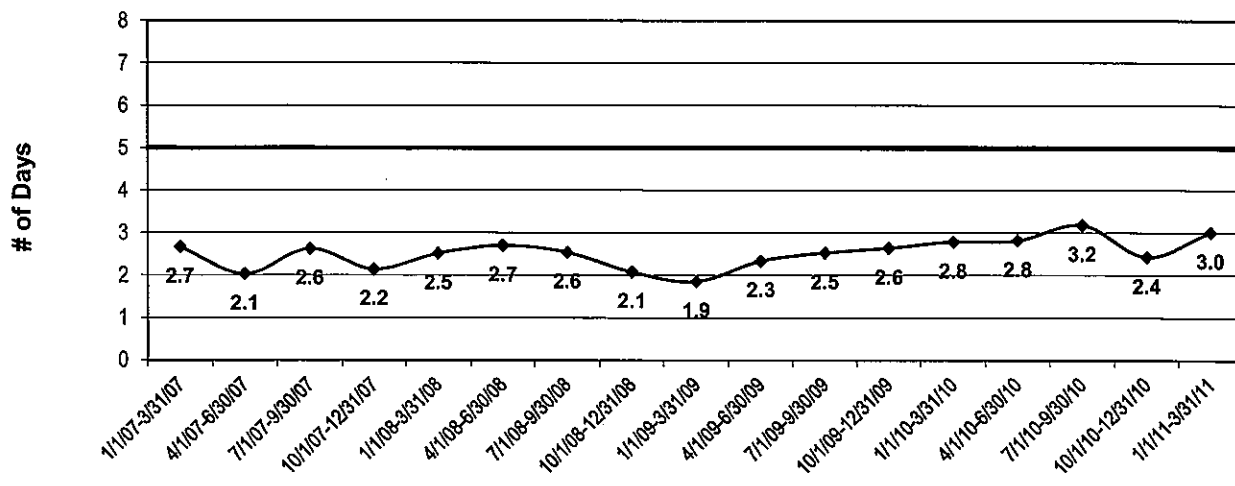
Turnaround Times: In-Cycle Recredentialing
(Target: 5 Business Days)

Guaranteed and posted TAT goal for Recredentials is 30 Business days. This reflects internal CCVS goal for In-cycle (Birth Month) Recredentials.
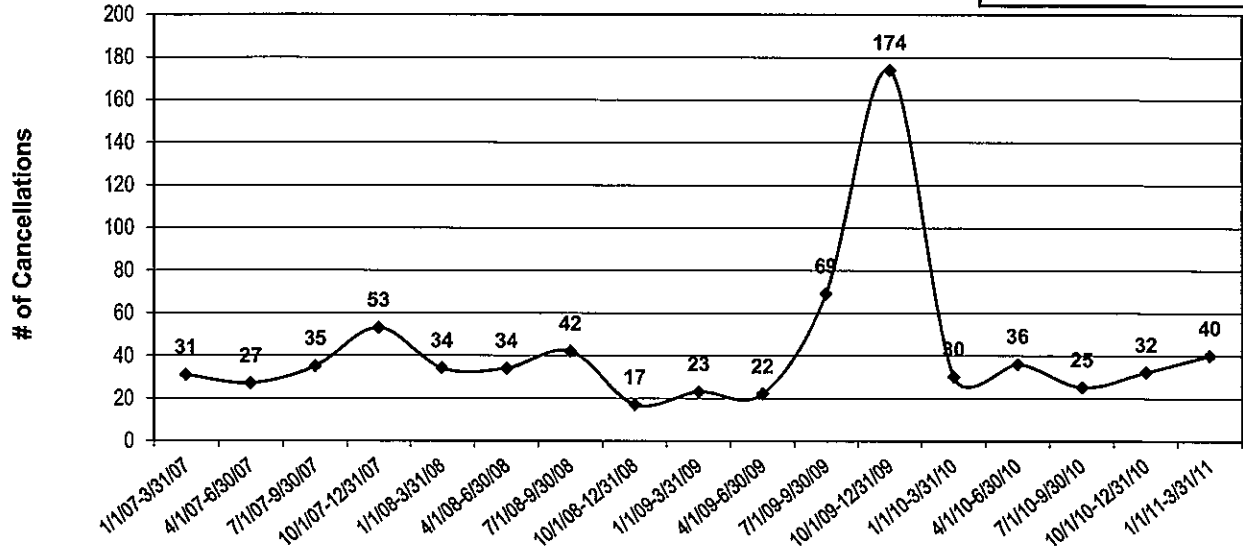
# of Days

- 4.4
- 2.5
- 4.3
- 4.7
- 5.7
- 3.7
- 2.5
- 2.3
- 2.3
- 0.2
- 2.7
- 2.6
- 3.8
- 3.1
- 2.9
- 2.1
- 3.2

X-axis: 1/1/07-3/31/07, 4/1/07-6/30/07, 7/1/07-9/30/07, 10/1/07-12/31/07, 1/1/08-3/31/08, 4/1/08-6/30/08, 7/1/08-9/30/08, 10/1/08-12/31/08, 1/1/09-3/31/09, 4/1/09-6/30/09, 7/1/09-9/30/09, 10/1/09-12/31/09, 1/1/10-3/31/10, 4/1/10-6/30/10, 7/1/10-9/30/10, 10/1/10-12/31/10, 1/1/11-3/31/11
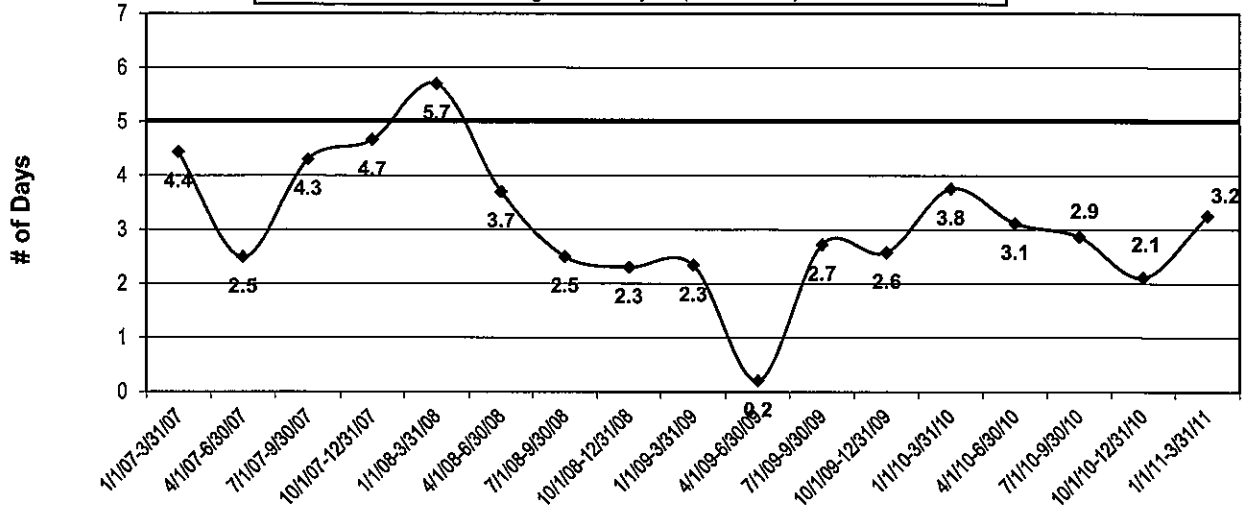
Turnaround Times: Out-of-Cycle Recredentialing
(Target: 30 Business Days)

Within guaranteed and posted goals.

# of Days

- 22.5
- 11.0
- 21.4
- 23.9
- 24.0
- 23.1
- 16.9
- 9.4
- 15.0
- 10.8
- 21.0
- 15.6
- 15.6
- 19.0
- 8.0
- 19.8
- 16.5

X-axis: 1/1/07-3/31/07, 4/1/07-6/30/07, 7/1/07-9/30/07, 10/1/07-12/31/07, 1/1/08-3/31/08, 4/1/08-6/30/08, 7/1/08-9/30/08, 10/1/08-12/31/08, 1/1/09-3/31/09, 4/1/09-6/30/09, 7/1/09-9/30/09, 10/1/09-12/31/09, 1/1/10-3/31/10, 4/1/10-6/30/10, 7/1/10-9/30/10, 10/1/10-12/31/10, 1/1/11-3/31/11
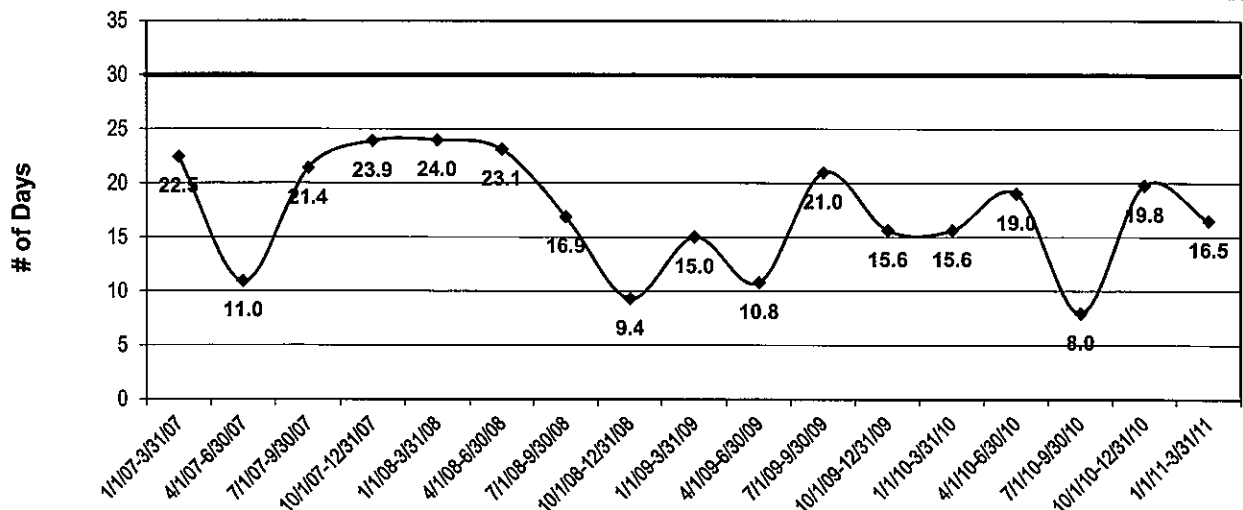
Customer Cancellations by Period

Data points: 31, 27, 35, 53, 34, 34, 42, 17, 23, 22, 69, 174, 30, 36, 25, 32, 40

CCVS Cancellations by Period

Data points: 60, 22, 101, 213, 129, 136, 113, 12, 4, 28, 9, 30, 29, 14, 24, 10
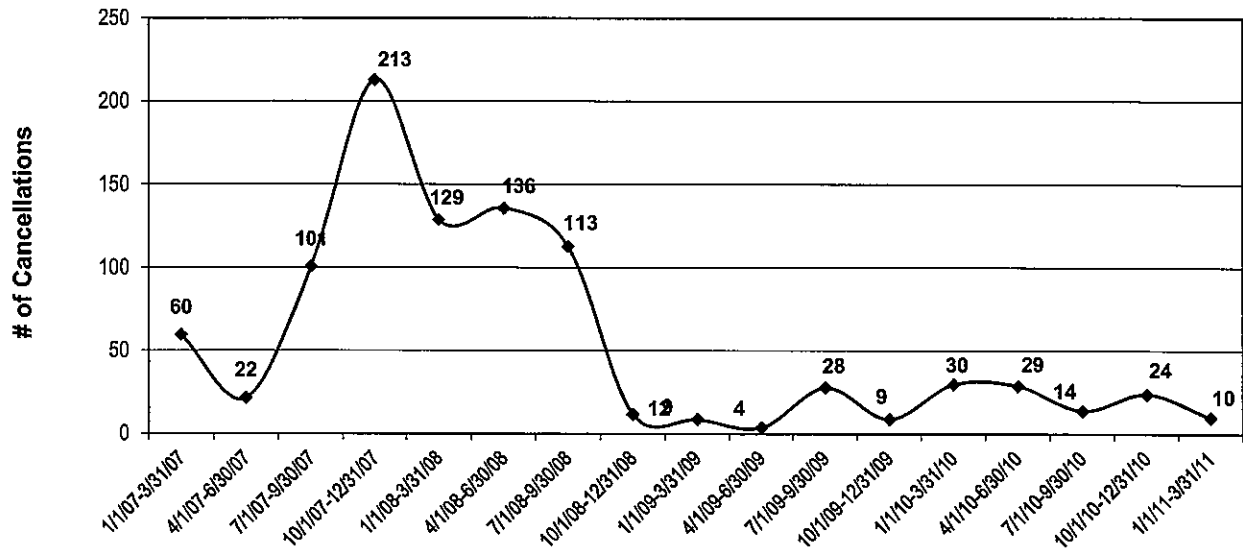
2007 cancellations due to failure to obtain attestations from physicians. Decrease in 1st QTR but increasing again in 2nd QTR due to telemed cancellations.

Error Trending
Ratio of Errors-to-Releases by Period

Increases due to staffing and volume issues. As staff training is completed, error rates go down, productivity goes up.
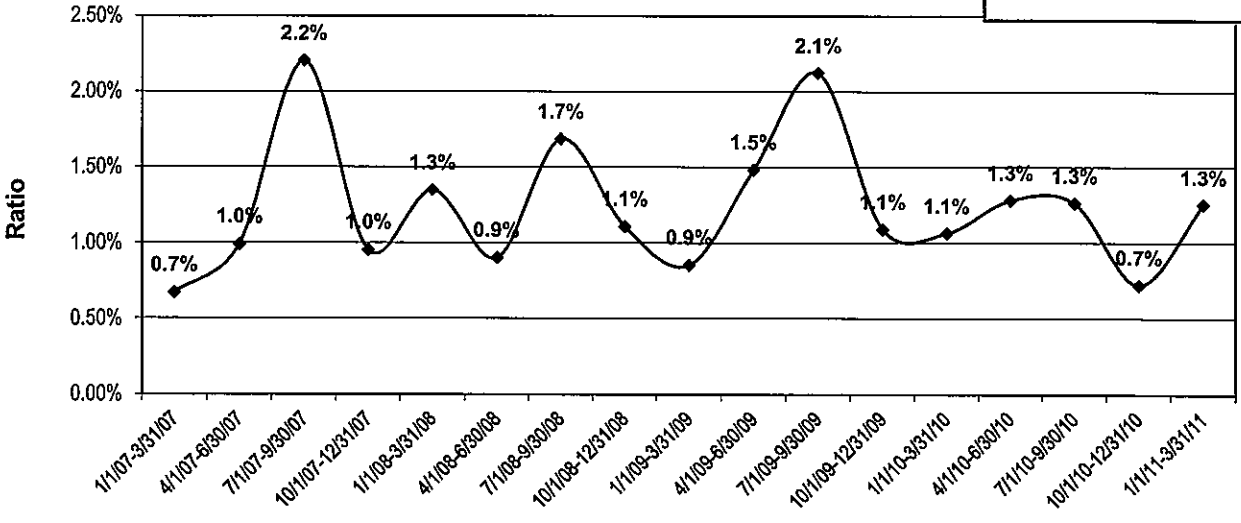
Errors Reported to Customer Service
For the Period 1/1/2011-3/31/2011

Errors reported in 48 files (1.25% of all releases).

No errors reported in 3,790 files (98.75% of all releases).
Goal = 95%

Total Releases = 3,838
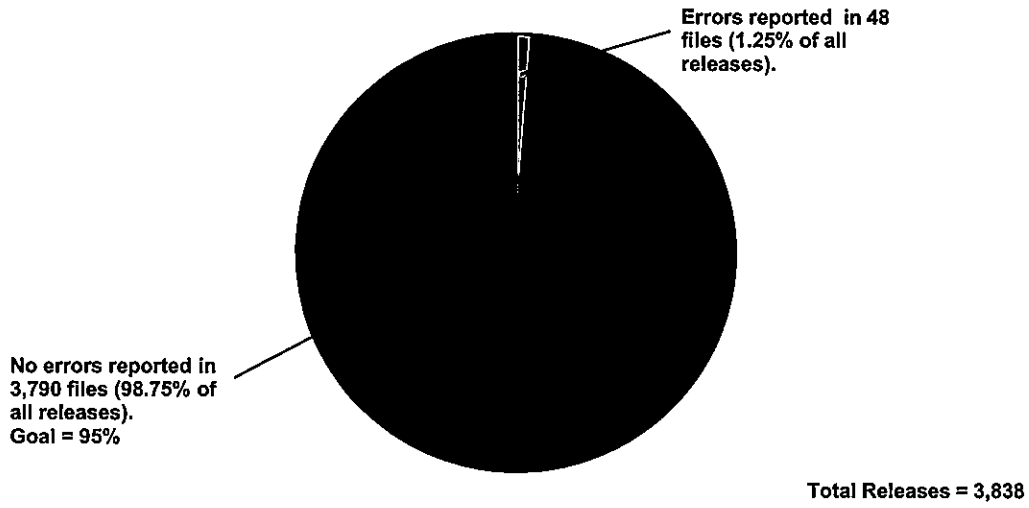
Errors Found in Internal Audit
For the Period 1/1/2011-3/31/2011

Errors were noted in 25.8% of files audited this period.
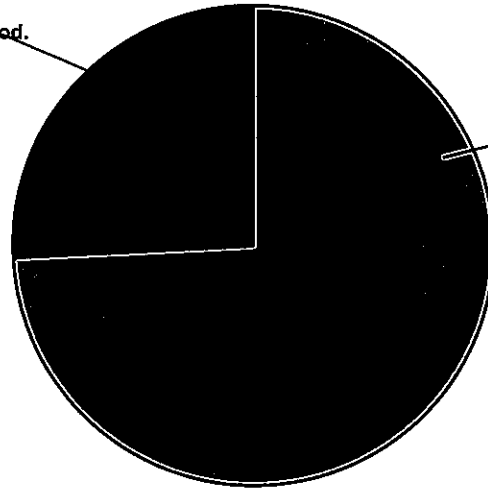
74.2% of files audited this period had NO errors noted.
Goal = 95%

Total Audits = 960

Arkansas State Medical Board
Quality Improvement Report for the Period 1/1/2011 to 3/31/2011
Other Customer Satisfaction/Feedback Reports

Customer Technology Issues by Period
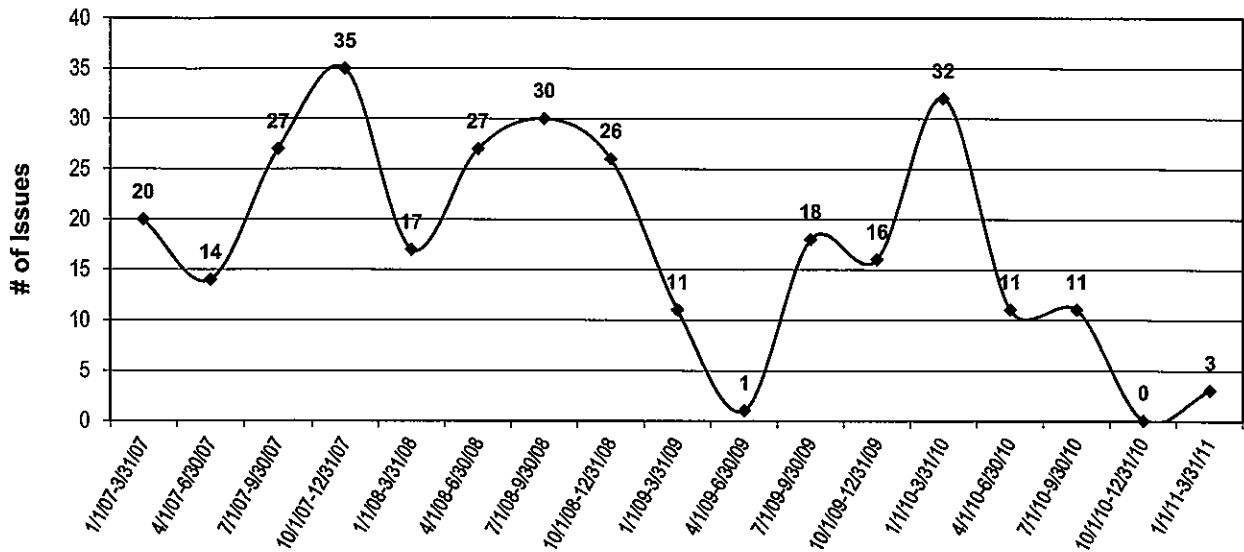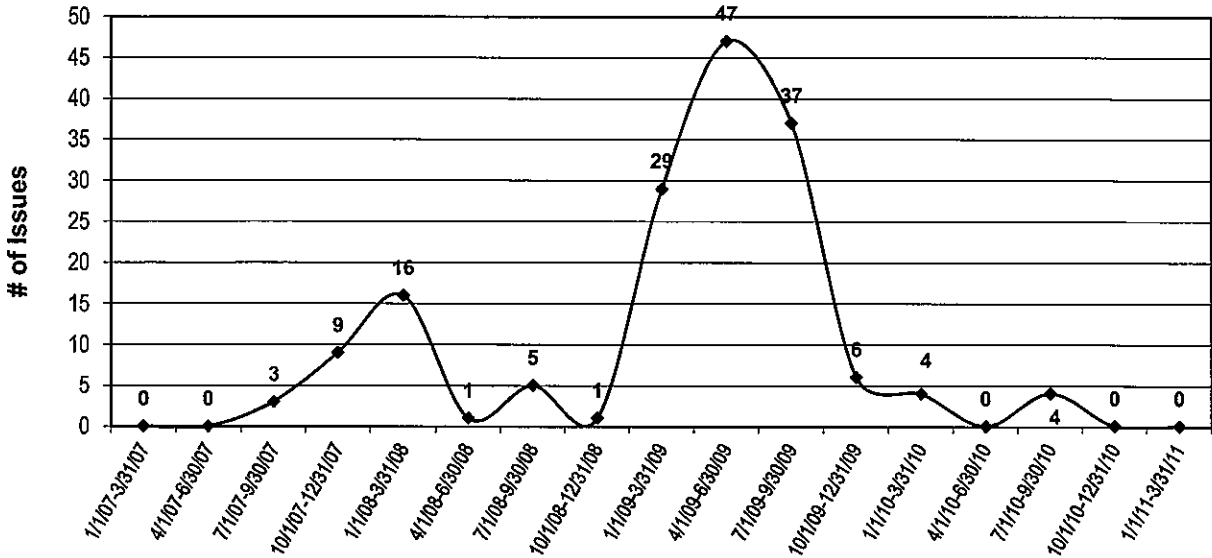

Internal Technology Issues by Period
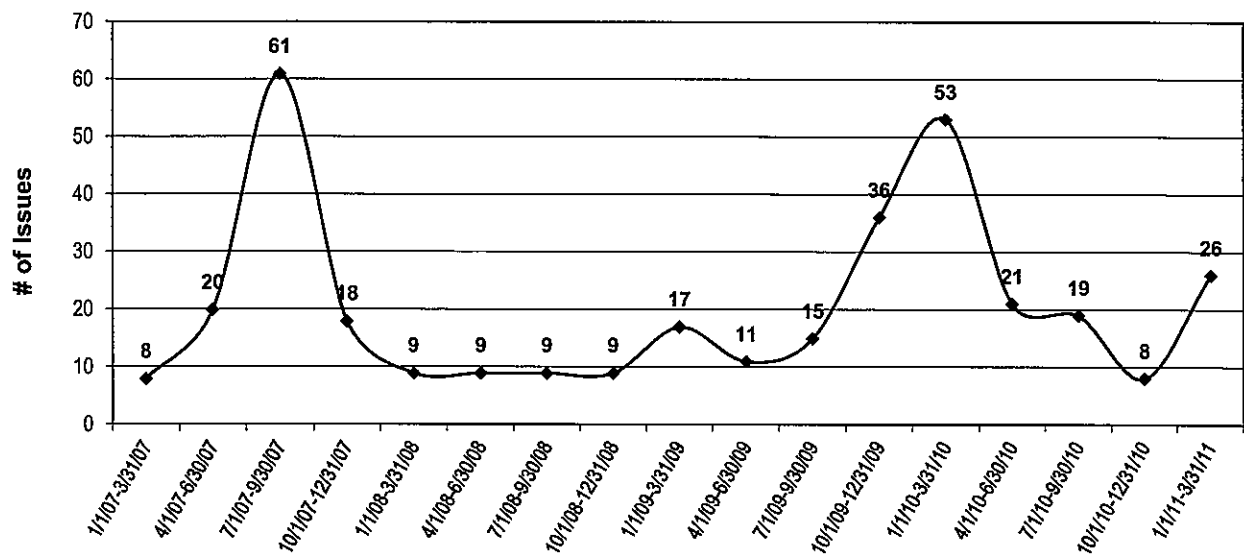
Profile Turnaround Time Delays by Period
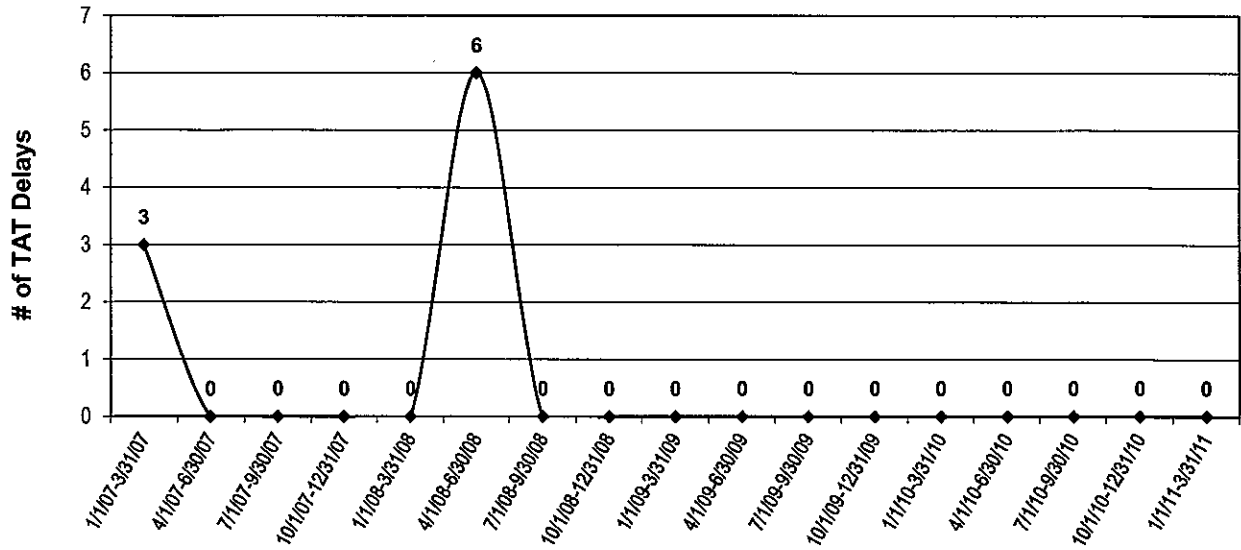
Inconsistent Data Issues by Period
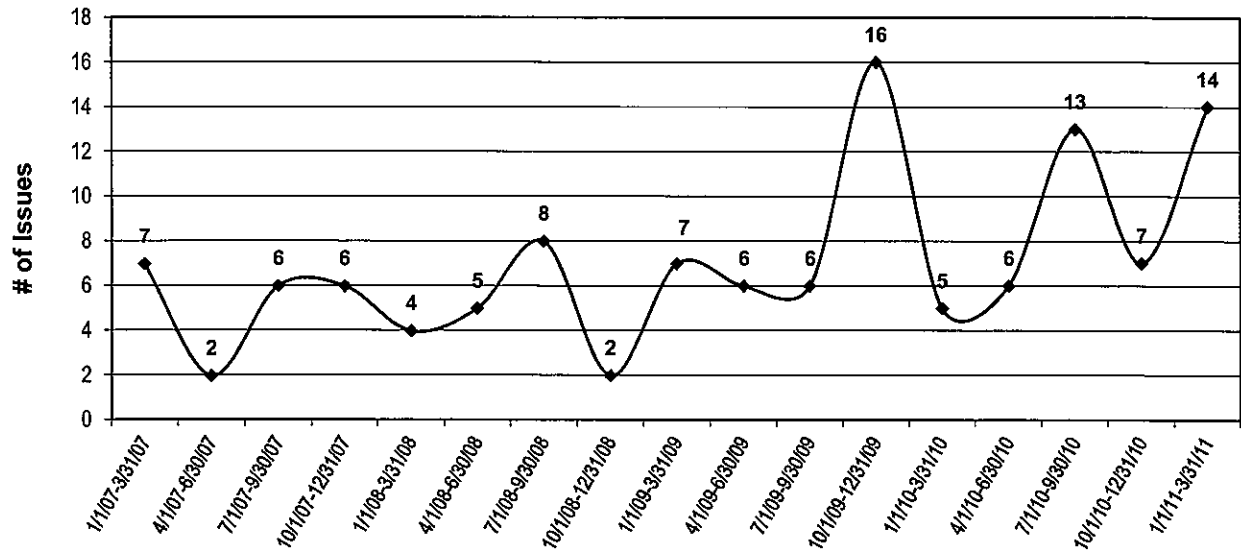
System Program Issues by Period
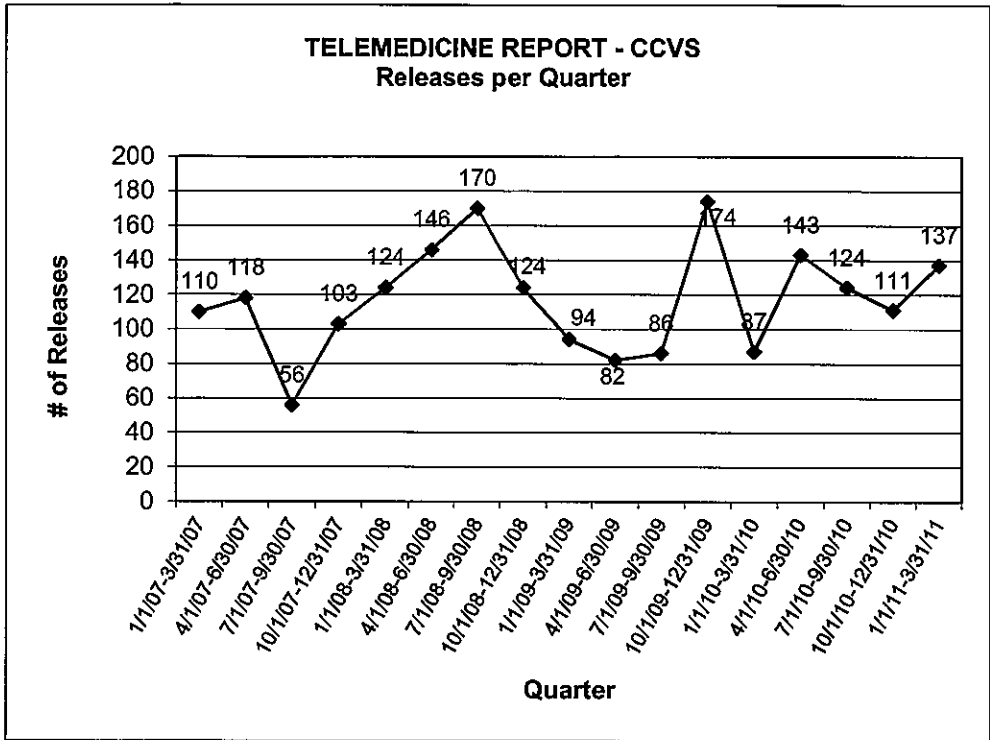### (Bexar until 8/26/07; MedSuite as of 8/27/07)

Staff-Related Errors by Period
## As Reported by Customers

QI REPORT - TELEMEDICINE
For the period 1/1/2011 to 3/31/2011
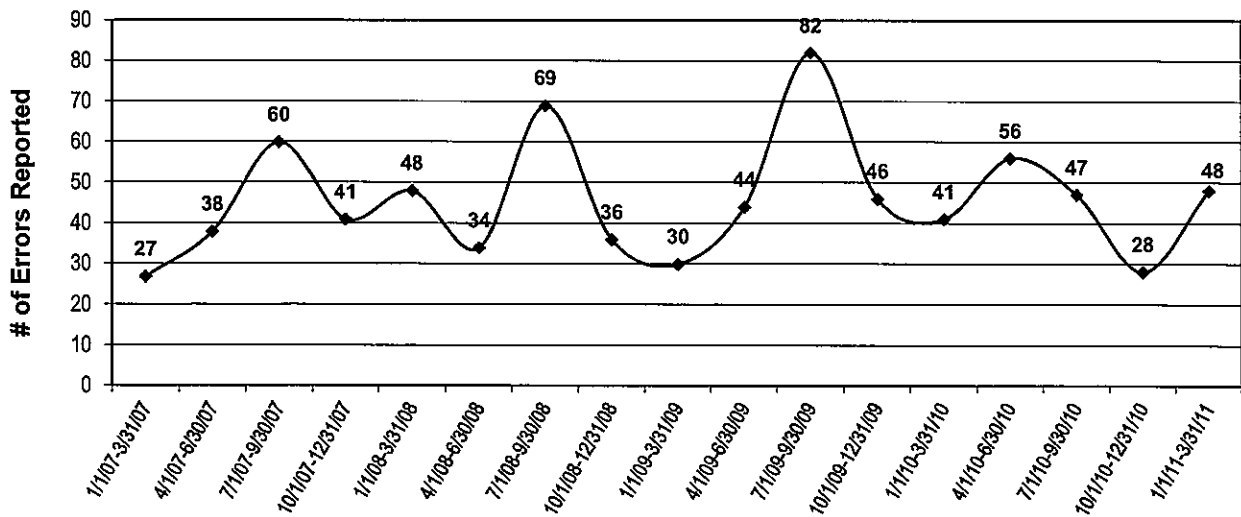
TELEMEDICINE REPORT - CCVS
Releases per Quarter

This graph shows the number of releases per quarter.

Annual (FISCAL) release totals are as follows:

2004 = 16 releases
2005 = 114 releases
2006 = 384 releases
2007 = 527 releases
2008 = 429 releases
2009 = 470 releases
2010 = 490 releases
2011 = 372 releases
        thus far

TELEMEDICINE REPORT - CCVS
**Percentage of Orders Released On Time by Quarter**
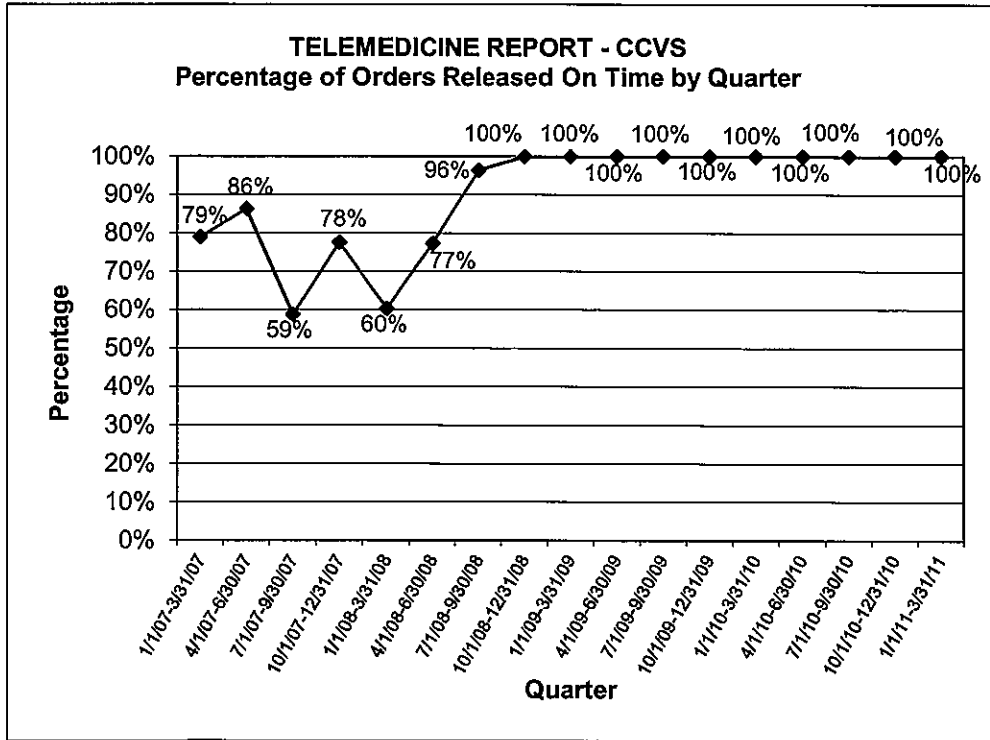
This graph shows the percentage of telemedicine orders that were released within TAT goals each quarter.

QI REPORT - TELEMEDICINE
For the period 1/1/2011 to 3/31/2011

TELEMEDICINE REPORT - CCVS
Average TAT on Released Orders
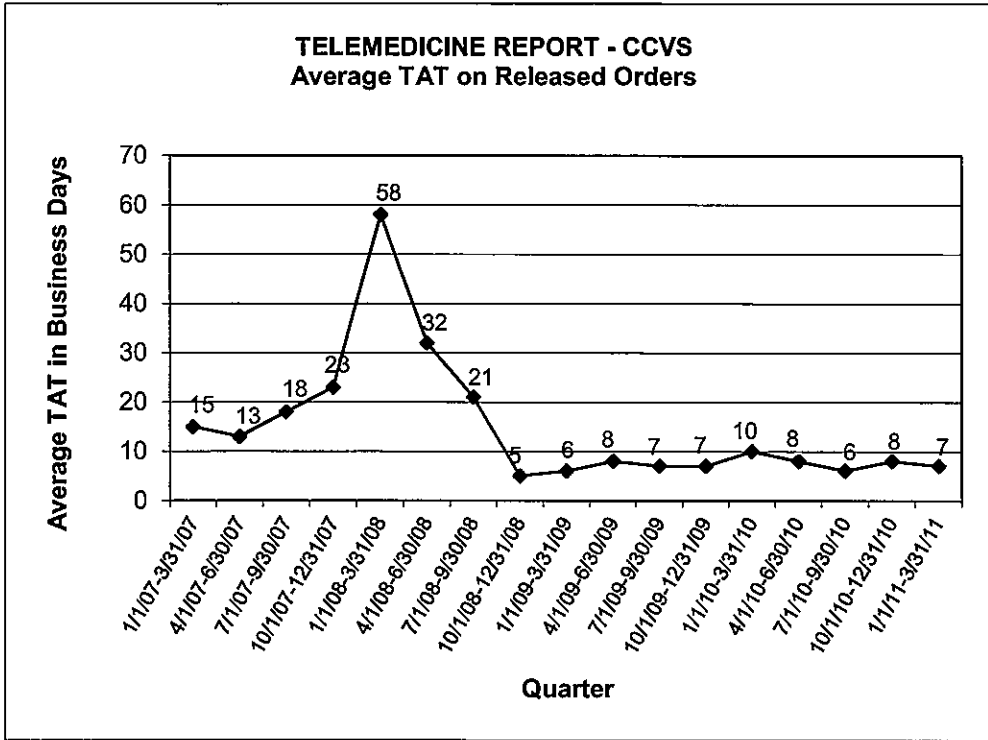
This graph shows the average Turnaround Time (TAT) for telemedicine orders. All TATs are shown in BUSINESS DAYS.

TELEMEDICINE REPORT - CCVS
Cancellations per Quarter
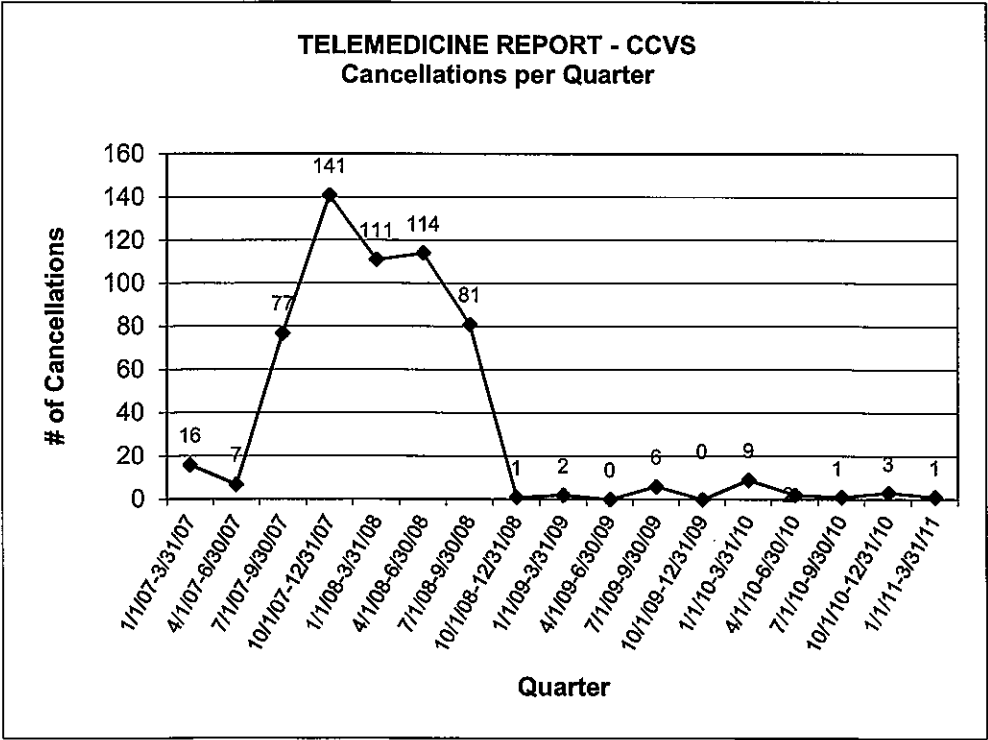
This graph shows the number of telemedicine orders that were canceled by CCVS Management due to inability to complete the order by the due date.