



ARKANSAS STATE MEDICAL BOARD

2100 Riverfront Drive, Little Rock, Arkansas 72202 • (501) 296-1802 • FAX (501) 603-3555
www.armedicalboard.org

Peggy Pryor Cryer
Executive Secretary

November 23, 2010

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Legal Counsel:

William H. Trice, III
211 Spring Street
Little Rock, AR 72201
(501) 372-4144

The Honorable Percy Malone
The Honorable Gregg Reep
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 7/1/2010 to 9/30/2010 (3rd Quarter). We are presently completing our 4th Quarter.
- 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.

Please note, the CCVS Advisory Committee meeting normally scheduled in October was postponed to November.

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.

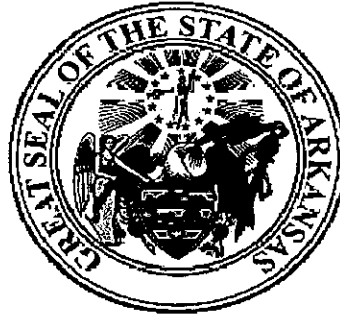
Act 1066 of 1995 created the Centralized Credentials Verification Service (CCVS), the first credentials verification organization (CVO) in the nation to be based in a state medical board. It is still the only CVO based in a state medical licensing organization. The CCVS process allows the Medical Board 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.

Quality Improvement Report for the Period 7/1/2010-9/30/2010



Arkansas State Medical Board
Centralized Credentials Verification Service

Quality Improvement Report

For the Period 7/1/2010 to 9/30/2010

Prepared by:

Angie Meehleder

Quality Assurance & Customer Service Manager



Arkansas State Medical Board Centralized Credentials Verification Service

Quality Improvement Report

For the Period 7/1/10-9/30/10

NOTE: The Quality Improvement Report has changed. The most recent quarter is now shown in the third data column, with the two previous quarters' data in the grey columns to the left of it. Also, a new column has been added to show any positive or negative difference between this quarter and the last quarter.

SECTION 1 -- RELEASE INFORMATION

Period:	Previous Quarter 1/1/10-3/31/10	Last Quarter 4/1/10-6/30/10	This Quarter 7/1/10-9/30/10
Number of Business Days in Period:	60	63	64

ORDER & RELEASE STATISTICS:

	Previous Quarter 1/1/10-3/31/10	Last Quarter 4/1/10-6/30/10	This Quarter 7/1/10-9/30/10	Volume Change from Last Quarter (%)
New Initial Orders in System:	1,756	1,980	1,938	(decrease) -2.1%
New Recredential Orders in System:	2,581	1,942	2,064	(increase) 6.3%
TOTAL New Orders in System:	4,287	3,922	4,002	(increase) 2.0%
Initial Releases Total / % of Total	1,566 / 39.2%	2,040 / 46.6%	1,774 / 47.5%	(decrease) -13.0%
In-Cycle Recred Releases Total / % of Total	1,227 / 30.7%	1,146 / 26.2%	1,124 / 30.1%	(decrease) -1.9%
Out-of-Cycle Recred Releases Total / % of Total	1,070 / 26.8%	1,090 / 24.9%	672 / 18.0%	(decrease) -38.3%
Expedited Initials Total / % of Total	100 / 2.5%	89 / 2.0%	139 / 3.7%	(increase) 56.2%
Expedited Recredentials Total / % of Total	33 / 0.8%	16 / 0.4%	27 / 0.7%	(increase) 68.8%
TOTAL Releases Completed:	3,996	4,381	3,736	(decrease) -14.7%
Average Monthly Releases:	1,332	1,460	1,245	(decrease) -14.7%
Number of Physicians Released:	2,743	3,105	2,656	(decrease) -14.5%

Average TAT (Business Days)

	Previous Quarter	Last Quarter	This Quarter	TAT change from last quarter
Initials (Target = 15):	8.70	6.60	6.20	(reduced) 0.40
In-Cycle Recredentials (Target = 30):	3.75	3.11	2.86	(reduced) 0.25
Out-of-Cycle Recredentials (Target = 30):	15.63	19.00	7.95	(reduced) 11.05
Expedited Initials (Target = 5):	3.00	3.01	3.26	(increased) -0.25
Expedited Recredentials (Target = 5):	2.20	1.80	2.83	(increased) -1.03

% of Files Meeting Target TAT Goals:

	Previous Quarter	Last Quarter	This Quarter	% change from last quarter
Initials:	99.9%	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:	100.0%	99.9%	100.0%	(increase) 0.1%
Expedited Initials:	100.0%	99.0%	99.3%	(increase) 0.3%
Expedited Recredentials:	100.0%	96.3%	100.0%	(increase) 3.9%

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:

Percentage of files meeting targeted goals improved slightly in Initials, In-Cycle Recredentials, Expedited Initials and Recredentials and improved significantly in Out-of-Cycle Recredentials from 19.00 business days to 7.95. Improvements noted in number of files meeting targeted turn-around-time (TAT) goals all improved, with some goals remaining at 100% consistently through several quarters.

Barriers:

There were no barriers to improving goals noted in this quarter except for a locum tenens physician file with a large volume of verifications contributed to the percentage for Expedited Initials hitting the 100% mark as the other goals did.

Recommendations & Follow-Up:

Management will continue to adjust staff assignments according to volume and order type to meet productivity goals, continue to build up order cushions by pre-working files. Will also continue to monitor for staff reassignments and maintain cushion to prevent order buildup. prior to any action. Continue to monitor for staff reassignments, process improvement and to maintain cushion to prevent order buildup.

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.

	Previous Quarter 1/1/10-3/31/10	Last Quarter 4/1/10-6/30/10	This Quarter 7/1/10-9/30/10	Increase or Decrease from Last Quarter (%)
TOTAL Number of Releases:	3,996	4,381	3,736	(decrease) -14.7%
% of released files reviewed:	25%	25%	25%	(no change) 0.0%
Number of errors in audited files:	99	247	338	(increase) 36.8%
Accuracy rate on audited files:	97.5%	77.4%	63.8%	(decrease) -17.6%

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

<u>Types of Errors:</u>	July	August	September
Data entry errors	57	41	48
Good Standing entry incorrect	5	9	1
Verification follow-up needed	28	33	37
No valid Attestation on file	0	1	2
Information missing from profile	11	14	8
Insurance limits wrong	1	2	1
Clarification remarks entries wrong	13	17	9
Total	115	117	106

Barriers:

New staff training and all staff training in new processes and data entry. Each error counted separately on each file audited. One file could have multiple errors. The number of files audited containing errors were 221/934 audited files, 713 files audited did not have errors.

Recommendations & Follow-Up:

Focused and group training is continuing, stressing quality audits by credentialing specialists prior to turning in files for release. Increased auditing by trainers, quality assurance staff and program manager are taking place to capture errors and to create additional training techniques and provide one-on-one training as needed. Files are returned to specialist to review errors and correct entries. Continue to monitor for process and training improvement. Customers are provided with corrected profiles unless the errors 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: C CVS staffing tracked due to the impact on quality, training and productivity.

Month:	Last Quarter			This Quarter		
	Apr '10	May '10	Jun '10	Jul '10	Aug '10	Sep '10
# of Permanent Staff:	19	20	19	20	19	19
# of Temporary Staff:	0	0	0	0	0	0
Staff Loss (Perm/Temp):	1/0	1/0	0/0	1/0	0/0	0/0

Registered Users:

Total number of user organizations reported each period.

Period:	Previous Quarter 1/1/10-3/31/10	Last Quarter 4/1/10-6/30/10	This Quarter 7/1/10-9/30/10	% +/- from last quarter
Hospital:	238	238	240	(increase) 0.8%
MCO/Other:	41	40	42	(increase) 5.0%
Total Customers	279	278	282	(increase) 1.4%

MCO = Managed Care Organizations, Insurance Networks, PHOs

Other = Clinics, IPAs, Surgery & Outpatient Clinics

REGISTERED USER TRACKING: Barriers, Recommendations & Follow-Up

Barriers:

Some organizations are slow to comply with the mandate once they are informed because they state there is no history of fines and they will wait to sign up when they are notified and given a deadline by the insurance department. While the C CVS staff continues to gather examples of applications for privileges and reappointment in order to randomly check compliance, there is a large, prominent hospital in Little Rock that refused to provide a copy of either and had their attorney call the Quality Assurance office to determine why they need to provide this document and stated they would think about providing it. It has been over two months since this was requested. This hospital has never provided their application and the one time the C CVS obtained it was through a physician's office. Their application was not compliant with the mandate then and when notified were not accepting of the need to remove the duplication. There have been physician complaints regarding what they are asking them to provide.

Recommendations & Follow-Up:

The ASMB/CCVS workshops geared to physicians' offices clinics, surgery centers, insurance products, recruiters and hospital credentialing staff have been successful. Providing training in preparing and going through licensure and in utilizing the CCVS as part of your credentialing process has been very helpful to these staff per the surveys we collected. The ASMB will be working toward enforcing compliance in the future. Continue to monitor for customer service assistance, statute compliance and quality improvement.

SECTION 3 -- CUSTOMER SATISFACTION/FEEDBACK -See Section 3 Addendum attached

	Previous Quarter 1/1/10-3/31/10	Last Quarter 4/1/10-6/30/10	This Quarter 7/1/10-9/30/10	Increase or Decrease from last QTR
CATEGORIES:				
<u>Positive Comments:</u>				
Positive Comments (Total / % of Total):	6 / 4.4%	10 / 10.6%	7 / 7.4%	(decrease) -30.0%
<u>Technology/System Issues:</u>				
Customer Tech (Total / % of Total):	16 / 11.9%	32 / 34.0%	11 / 11.7%	(decrease) -65.6%
CCVS Internal Tech (Total / % of Total):	53	21 / 22.3%	19 / 20.2%	(decrease) -9.5%
<u>Other:</u>				
Profile TAT Delay (Total / % of Total):	0 / 0.0%	0 / 0.0%	0 / 0.0%	(no change) 0.0%
Inconsistent Data (Total / % of Total):	5 / 3.7%	16 / 16.4%	13 / 13.8%	(increase) 116.7%
Credentialing Program (Total / % of Total):	4 / 3.1%	0 / 0.0%	4 / 4.3%	(increase)
Staff Related (Total / % of Total):	41 / 30.4%	56 / 59.6%	47 / 50.0%	(decrease) -16.1%
Known Cause (Total / % of Total):	0 / 0.0%	0 / 0.0%	0 / 0.0%	(no change) 0.0%
TOTAL CUSTOMER ISSUES:	135 / 9.4%	94 / 2.1%	94 / 2.5%	(no change) 0.0%

# of releases WITHOUT Customer Service issues:	3,642	# of releases WITH Customer Service issues:	94
% of releases WITHOUT Customer Service issues:	97.48%	% of releases WITH Customer Service issues:	2.52%

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 Cust Tech issues:	3,725	# of releases WITH Cust Tech issues:	11
% of releases WITHOUT Cust Tech issues:	99.71%	% of releases WITH Cust Tech issues:	0.29%

Barriers:

Customers had difficulty accessing website, placing orders, printing reports or other miscellaneous issues, either because they were brand new users or seldom used the system and forgot how to use it, forgot their passwords or had not printed the User Guide for referral or wanted one-on-one help to just get them through that particular issue and didn't want to use the Guide.

Recommendations & Follow-Up:

New users provided with education and assistance. 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:	3,717	# of releases WITH CCVS Tech issues:	19
% of releases WITHOUT CCVS Tech issues:	99.49%	% of releases WITH CCVS Tech issues:	0.51%

Barriers:

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

Recommendations & Follow-Up:

Customer promptly provided one-on-one assistance by CS or IT staff. Continue to monitor and correct technology issues/glitches as they are reported. The customer was able to proceed, receive the required information via the website or it was provided by the Customer Service staff if resolution was delayed. Continue to monitor for customer service and process improvement.

PROFILE TAT ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Profile TAT issues:	3,736	# of releases WITH Profile TAT issues:	0
% of releases WITHOUT Profile TAT issues:	100.00%	% of releases WITH Profile TAT issues:	0.00%

Barriers:

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

Recommendations & Follow-Up:

Continue to monitor fallouts to prevent customer service issues, for continued improvement.

INCONSISTENT DATA ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Inconsistent Data issues:	3,723	# of releases WITH Inconsistent Data issues:	13
% of releases WITHOUT Inconsistent Data issues:	99.65%	% of releases WITH Inconsistent Data issues:	0.35%

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 provide the customer with an updated profile if necessary or with the results obtained from the verification source. The ASMB and CCVS are jointly working on processes to reduce or prevent this type of inconsistency, although it cannot totally prevent them. Will continue to monitor for quality purposes and to obtain and provide updated profiles to customers as needed, and as determined by inconsistent data reports.

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

# of releases WITHOUT MedSuite issues:	3,732	# of releases WITH MedSuite issues:	4
% of releases WITHOUT MedSuite issues:	99.89%	% of releases WITH MedSuite issues:	0.11%

Barriers:

"Clean-up" of old entity names or organization name changes is ongoing and in most cases the change was made during the file release process causing some queries into those entries. New staff are not as familiar with these so some slip by their file check process and go to release where they are noted by the customer.

Recommendations & Follow-Up:

These issues will continue to improve as clean-up is completed and staff identify the wrong entities in their selection process and correct prior to submitting for release audit. Some of these issues were reported by retired or out-of-state physicians whose CCVS profiles, while provided to them in their renewal packets, have never been provided to organizations credentialing them for Arkansas. They have always worked out of state and their profiles are audited and corrected at notification and not during release audit. The customer of physician (if during renewal process) was always provided with a corrected profile immediately upon notification. 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:	3,689	# of releases WITH Staff-Related issues:	47
% of releases WITHOUT Staff-Related issues:	98.74%	% of releases WITH Staff-Related issues:	1.26%

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 distracted from data entry due to productivity volume increases for auditing and productivity and not properly completing quality audits are high contributors. Some staff do not easily adapt to changes in processes.

Recommendations & Follow-Up:

All training is geared toward following the general processes as written but also with the knowledge and identification that some entries are exceptions specific to individual physicians. The need for processes to undergo review for process improvement and to assure the customer is always provided the most current and accurate product means the staff may 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. Customers provided with new profiles where applicable, staff provided with documented training as applicable or moved out of CCVS or released if none of these efforts helps or improves.

KNOWN CAUSE ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Known Cause issues:	3,736	# of releases WITH Known Cause issues:	0
% of releases WITHOUT Known Cause issues:	100.00%	% of releases WITH Known Cause issues:	0.00%

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.

QI Report - Section 3
July 1, 2010 - September 30, 2010

Section 3 - Customer Satisfaction/Feedback

CATEGORIES	
7	Positive Comments
Technology/System Issues	
11	Customer
19	CCVS-Internal
Other	
0	Profile TAT Delay
13	Inconsistent Data
4	MedSuite Program
47	Staff Related
0	Known Cause
94	Total Customer Issues (not including positive comments)

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

91	Miscellaneous Customer Service issues: <i>Resolved or completed.</i>
11	Requests for incomplete profiles. <i>Completed.</i>
56	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. <i>Completed/resolved.</i>
11	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. <i>Resolved.</i>
286	New user staff education requests on how to order, form requests, where to look, difference between an attestation and authorization & release, profile definitions. <i>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.</i>
44	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
95	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. <i>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.</i>
5	Returned Attestations to customers due to wrong license number, wrong date, undated or questions not completed.
39	Cancellations: (25) customer/user initiated due to need to change order type to expedite, duplication of orders, ordered in error, ordered too soon; (14) CCVS Management initiated because the order could not be completed by due date due to no fault of the CCVS.
217	Requests for DEA/Malpractice updates. Expired after profile was released, not showing updated on web, physician office states renewal not in yet. <i>Notified customer once received.</i>
6	Physician requests for personal profiles. <i>Profiles were faxed, e-mailed, or mailed to physician at their request.</i>
18	Other physician questions or education provided by Customer Service.
3	Other physician issues transferred out of CS (license application status; questions regarding licensure or renewals; CME questions; Regulation 17 and Regulation 7 questions).
15	CCVS notified customer of documents or information needed to complete order (updated A&R, Attestation, other documentation, or physician's contact info).
97	Updated profile provided to customer within 30 days of original release
31	Facility emailed interim update to current physician roster.

#	Section	Category	Code/Issue	Month												
				7	8	9	Grand Total									
POSITIVE:				1.00 Positive comments from customers	3	2	2	7	3	2	2	7	3	2	2	7
POSITIVE: Total					3	2	2	7	3	2	2	7	3	2	2	7
MAIN CATEGORIES:																
B. Technology-Cust				2.01 Difficulty accessing website	2			2								
				2.02 Difficulty placing order		3										
				2.99 Other Technology-Cust Issue	4	1	1	6								
B. Technology-Cust Total					6	4	1	11								
C. Technology-CCVS				3.03 Customer cannot order (fields grey)	1	3		4								
				3.05 Customer cannot access report	5	3		8								
				3.06 Duplicate order in system	4		1	5								
				3.99 Other Technology-CCVS Issue	2			2								
C. Technology-CCVS Total					12	6	1	19								
E. Inconsistent Data				5.00 Org info different than CCVS	10	1	2	13								
E. Inconsistent Data Total					10	1	2	13								
F. MedSuite Issues				6.00 MedSuite Issues	1	3		4								
F. MedSuite Issues Total					1	3		4								
G. Staff Related				7.01 Profile released with expired item(s)	1	1	1	3								
				7.03 Profile missing information	1	14	5	20								
				7.05 Incorrect date(s)	1	1		2								
				7.06 Data entry error(s)	3	6	6	15								
				7.07 Scanned document error(s)	2		1	3								
				7.99 Misc. Staff Errors		1	2	3								
				7.99 Released before audit		2		2								
G. Staff Related Total					7	25	15	47								
MAIN CATEGORIES: Total					36	39	19	94								
MISCELLANEOUS:																
				21.01 Info requests sent to physicians	1	2	5	8								
				21.02 Document rec'd, OK to reorder	1	2		3								
				21.03 Customer requested confidential info	1		1	2								
				21.05 Verification request sent to customer	13	12	11	36								
				21.06 Customer referred to another department or agency	4	2	4	10								
				21.99 CS requested affiliation list from telemed co.			1	1								
				21.99 CS requested phys contact info from affiliate	1		1	2								
				21.99 Locum co. offering assistance												
				21.99 Misc./Other	9			9								
				21.99 Non-cust referred to Regulatory	1			1								
				21.99 Notified cust of misdirected mail we recd	1			1								
				21.99 Notified phys office Attest not needed	1			1								
				21.99 Req CV copy from customer	1			1								
				21.99 Requested clarification on "Outpatient" credentialing			7	7								

21.99 Source requested new verify form	1				1
21.99 Telemed co. sent CV		1			1
21.99 Telemed roster request	1		2		3
21.99 Verify source confirming we recd verify				2	2
21.99 Verify source sent verify correction				1	1
21.99 Verification request by CS	1				1
I. Misc./Other Total	37	21	33		91
J. Incomplete Requests	1				1
9.01 Incomplete requested, provided					1
9.02 Incomplete requested, not provided	3	1	6		10
J. Incomplete Requests Total	4	1	6		11
K. Roster Issues	3	6	7		16
10.01 Roster received incomplete					7
10.02 Reminder sent re expiring roster	17	17	6		40
K. Roster Issues Total	20	23	13		56
L. Order Status Check	4	4	3		11
L. Order Status Check Total	4	4	3		11
M. User Education	1	1			2
12.01 Sign-up process; New user packet				1	1
12.02 Mandate education	1	1			3
12.03 Policies & procedures education	1	1			2
12.05 A&R/Attestation education	3	4	3		10
12.06 A&R status check	14	37	57		108
12.07 Ordering process education	1				1
12.08 Fees / Turnaround Times (TATs)	2				2
12.09 Telemedicine policy education	6	21	35		62
12.10 Cancellation process education	3			1	4
12.11 Profile definitions	2	2	1		5
12.12 Notified cust that CCVS info correct	14	7	9		30
12.13 Notified cust they can clarify w/physician or source	2	1	2		5
12.99 Cust cannot order because already ordered	2	2			2
12.99 Cust looking for phys under wrong name	1				1
12.99 Cust req cancel but profile already released	1				1
12.99 Cust req sample profile					1
12.99 Cust requested ASMB's TIN		1			1
12.99 Cust requested license verify, but already updated				1	1
12.99 Cust requested reason for cancellation				1	1
12.99 Cust was looking at wrong profile	2				2
12.99 Customer ordered wrong physician				1	1
12.99 Notified cust that order will not be canceled	1				1
12.99 Order status but profile already released	1				1
12.99 Re Board Action Notice sign-up				1	1
12.99 Re Change of address for physician		1			2
12.99 Re Clarification of order type		1			1
12.99 Re DEA/Malp reports					1
12.99 Re Disclaimer policy	2				2
					1

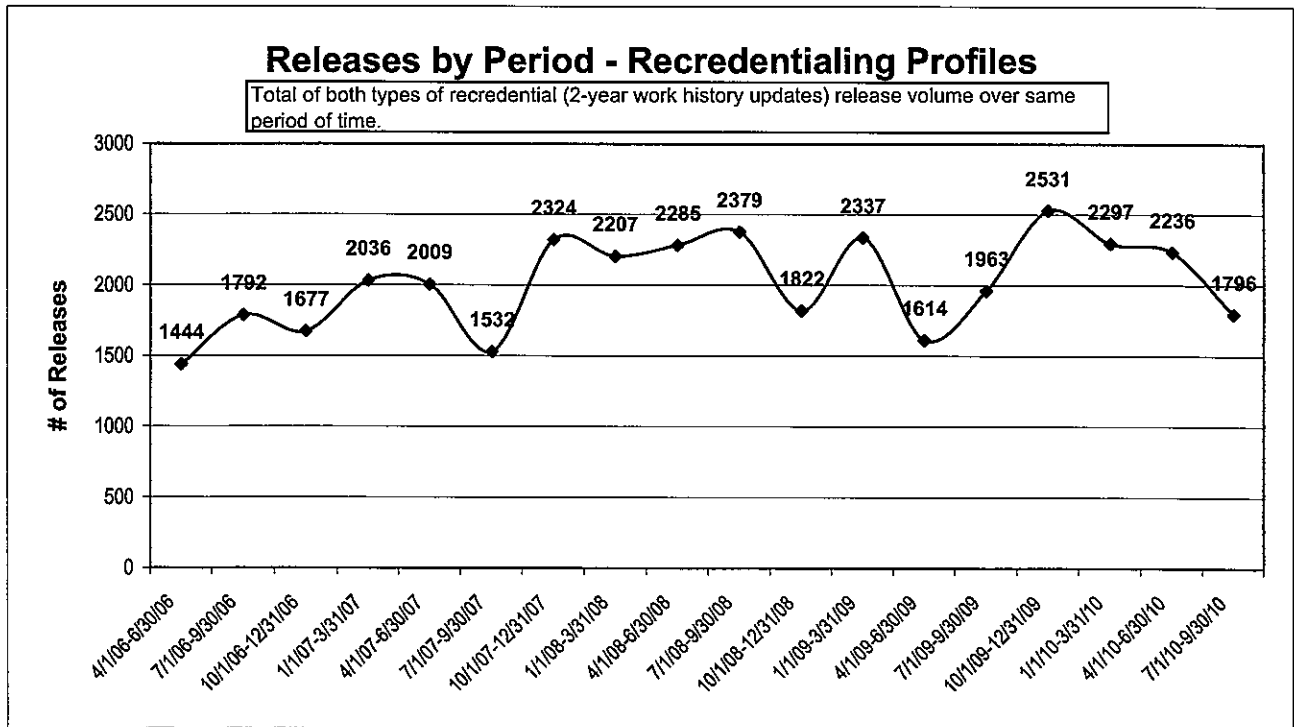
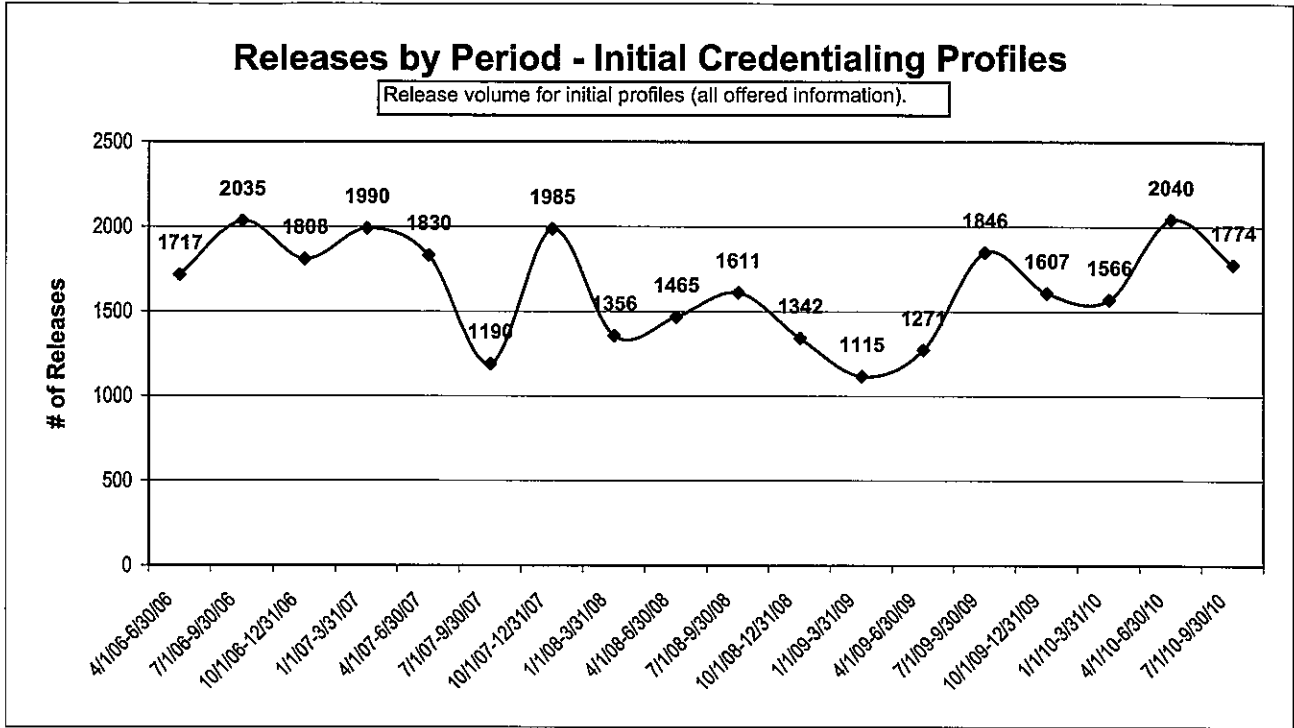
12.99 Re E-mailing attachments	4	2	6
12.99 Re E-mailing graphics/logos	1		1
12.99 Re expired insurance/bylaws		1	1
12.99 Re Faxing to CCVS	1		1
12.99 Re Insurance entries	1		1
12.99 Re Malpractice claims information		1	1
12.99 Re Organization name changes	1		1
12.99 Re Outpatient privileges		1	1
12.99 Re Outstanding Orders screen	1		1
12.99 Re Profile updates	1		1
12.99 Re Residency completions	2		1
12.99 Re SecureMail	1		1
12.99 Re State DEA permits		1	1
12.99 Re State insurance requirements	1		1
12.99 Re Temp licenses	1		1
12.99 Re Verifying licensure		3	3
12.99 Re Viewing receipts	1		1
12.99 Reminder to send issues to Monitor	2		3
12.99 Roster education	1	1	2
M. User Education Total	69	92	125
N. Account Administration	5	2	8
13.01 Account/User changes	1	3	4
13.02 Login/Password problems	1	1	3
13.03 Billing questions	2	7	20
13.04 Credit card declined or acct lockout	1	3	6
13.05 Needs to change credit card		2	3
13.99 Other Account Administration Issue	1	2	3
N. Account Administration Total	10	18	44
O. A&R Refused	4	5	11
15.01 Wording does not match our standard form	6	23	34
15.02 Organization Name issue		1	5
15.03 Practitioner is not an M.D. or D.O.		1	4
15.04 Cannot identify physician	5	4	14
15.06 License pending or inactive	2	5	2
15.07 Signature issue	10	10	24
15.08 Date issue		1	1
15.09 Altered without physician's initials	1	2	3
15.99 Bad fax			
O. A&R Refused Total	28	45	95
P. Attestation	4	1	5
14.00 Broken attest issues handled by CS	4	1	5
P. Attestation Total	4	1	5
Q. Cancellations-Cust	8	2	16
17.01 Ordered in error or Duplicate order	1		1
17.02 Ordered wrong type of profile	1		3
17.03 Need to order as expedited	1	2	3
17.04 No longer needs this profile	1	4	5

	11	2	12	25
Q. Cancellations-Cust Total				
R. Cancellations-CCVS				
17.51 Customer could not provide valid A&R			1	1
17.52 Unable to obtain attestation	1	2	2	5
17.56 Physician rescinded A&R			1	1
17.57 Unable to complete by due date		1	2	3
17.58 Telemedicine unable to complete			1	1
17.59 Physician didn't return documentation	1			1
17.99 Other CCVS Cancellation		2		2
R. Cancellations-CCVS Total	2	5	7	14
S. DEA/Insurance				
18.01 Customer request to update DEA	28	15	7	50
18.02 Customer request to update insurance	86	37	39	162
18.99 Other DEA/insurance issue	4	1		5
S. DEA/Insurance Total	118	53	46	217
T. Personal Profile Sent to F 20.01 Physician requested personal profile	1	3	2	6
T. Personal Profile Sent to Phys Total	1	3	2	6
U. Other Physician Issue				
20.99 Notified phys of questionable signatures	3			3
20.99 Phys cannot open attachment		1		1
20.99 Phys education re CCVS		1	3	4
20.99 Phys notified CS of change of address	1			1
20.99 Phys requested blank form		1		1
20.99 Phys requested copy of document in file	1			2
20.99 Phys requested DEA verification	1			1
20.99 Phys requested order status		1		1
20.99 Phys sending attachments		1		1
20.99 Phys verifying we recd document		2		2
20.99 Phys will send updated malpractice		1		1
U. Other Physician Issue Total	6	9	3	18
V. Phys referred to Other Dept				
20.02 Physician referred to another department or agency	1	2		3
V. Phys referred to Other Dept Total	1	2		3
W. Order Issues				
16.01 Cust notified attestation expired/expiring		2		2
16.02 Cust notified A&R expired/expiring	1	5	1	7
16.03 Cust notified missing docs from physician	1		1	2
16.99 Other Order Issue	1	2	1	4
W. Order Issues Total	3	9	3	15
W. Profile Update				
19.01 Cust requested updated profile	14	3	9	26
19.02 Cust requested update, not provided	13	5	2	20
19.03 Update provided to customer proactively	27	10	14	51
W. Profile Update Total	54	18	25	97
X. Roster Updates				
10.03 Facility sent change/addition to roster	1	24	6	31
X. Roster Updates Total	1	24	6	31
MISCELLANEOUS: Total	373	329	323	1025
Grand Total	412	370	344	1126

Arkansas State Medical Board

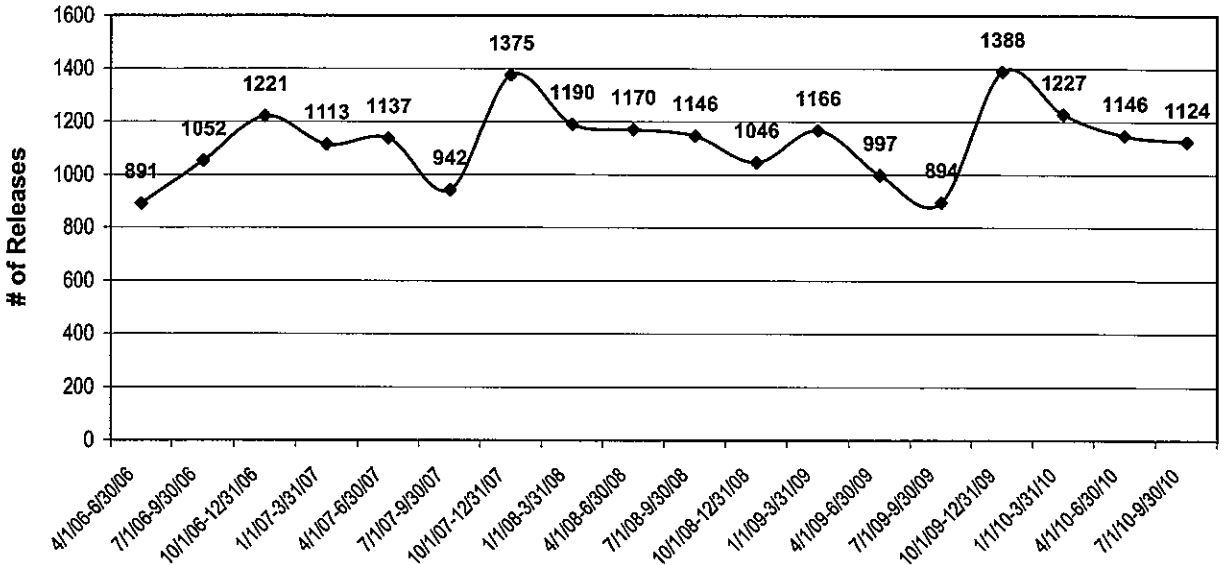
Quality Improvement Report for the Period 7/1/2010-9/30/2010

Charts & Graphs

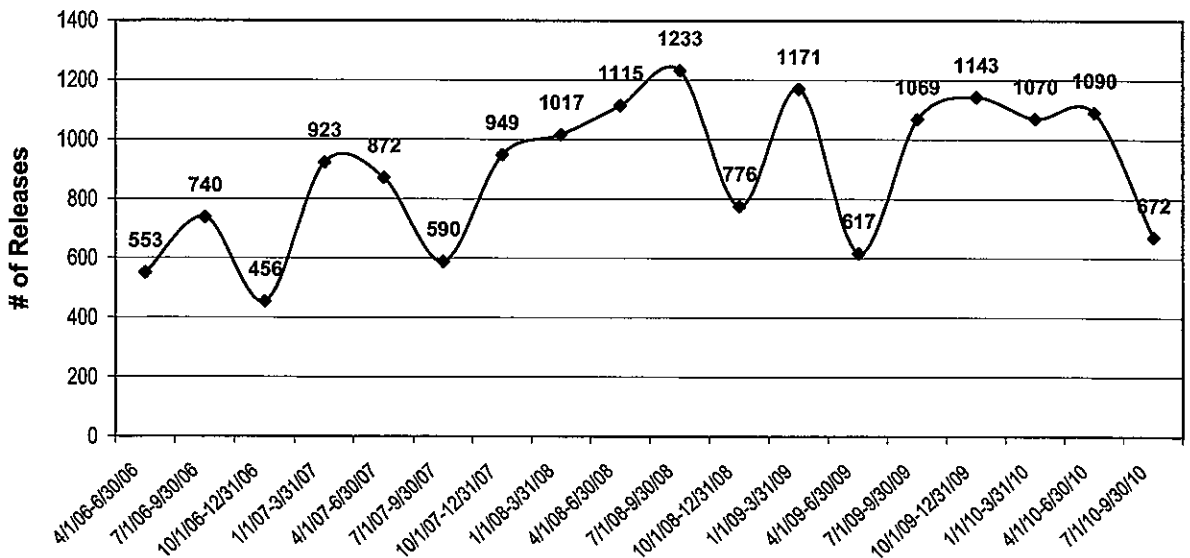


Releases by Period: In-Cycle Recredentialing Profiles

Organizations that reappoint within discounted schedule offered by the ASMB/CCVS.



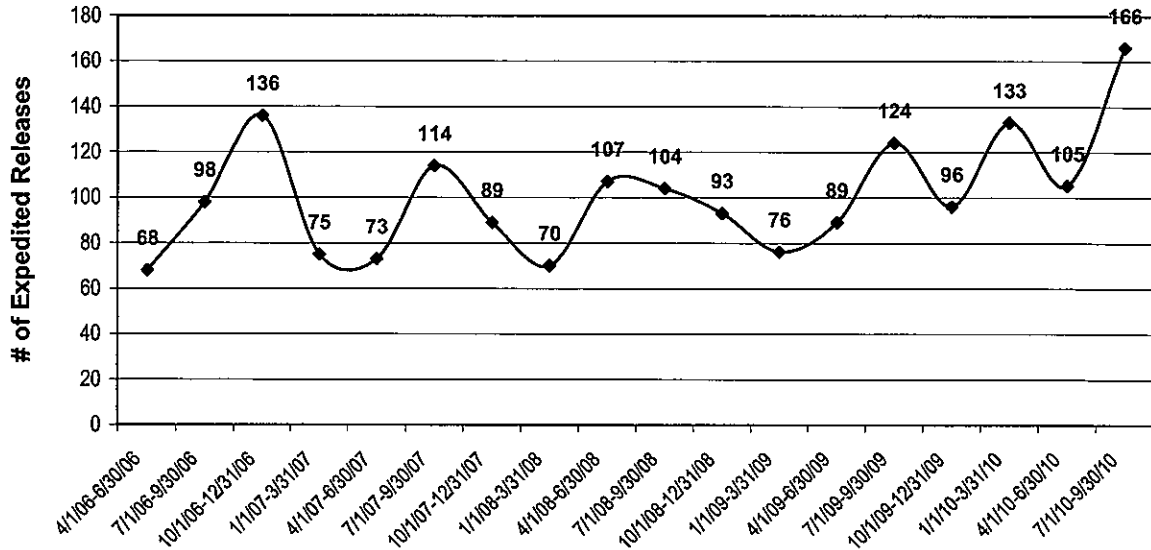
Releases by Period: Out-of-Cycle Recredentialing Profiles



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.

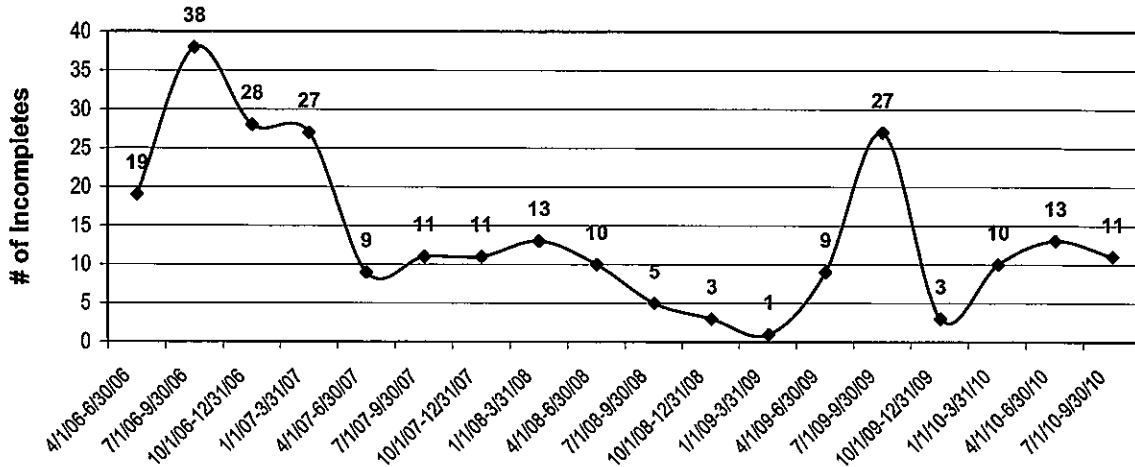
Releases by Period: Expedited Orders Initial and Recredentialing

Slight increase from 1st QTR due to customer's internal process needs.



Incomplete Profile Requests

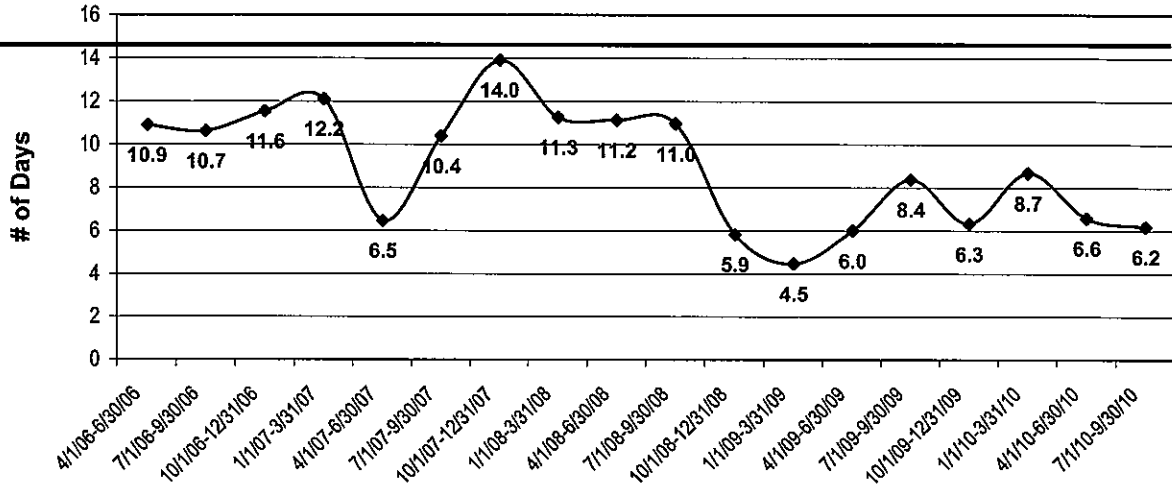
Customer requests for incomplete files due to their not ordering in time or needing sooner than anticipated.



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.

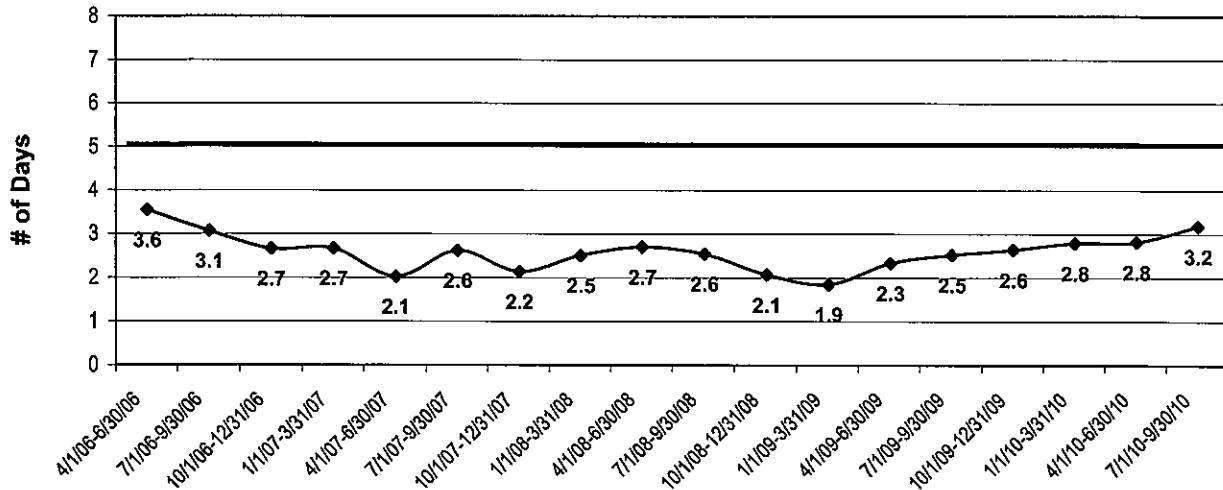
Turnaround Times: Initial Credentialing (Target: 15 Business Days)

Meets and exceeds goals.



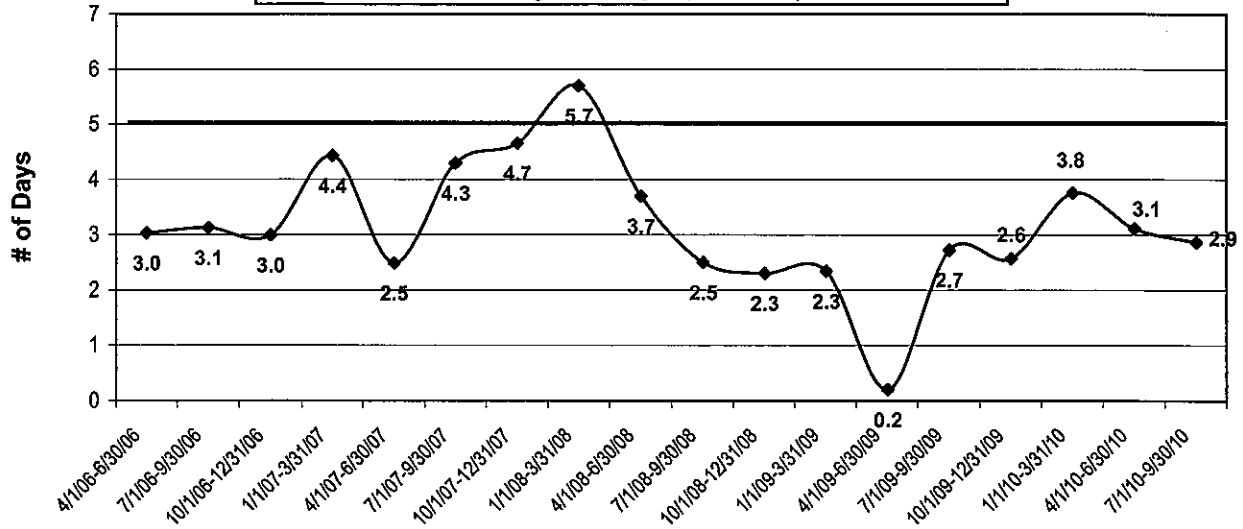
Turnaround Times: Expedited Orders Initial and Recredentialing (Target: 5 Business Days)

Meets and exceeds goals.



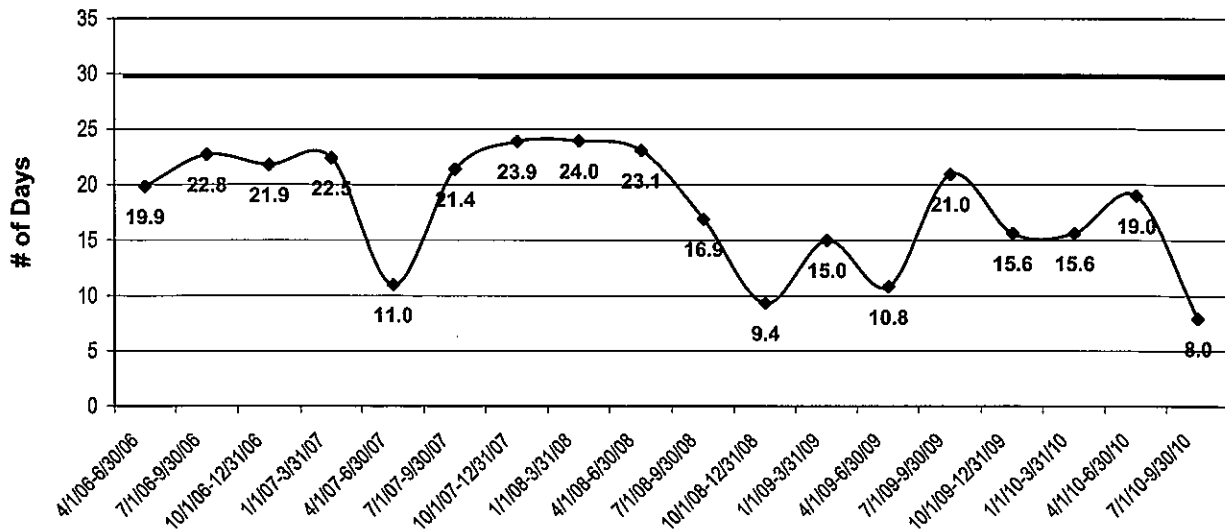
Turnaround Times: In-Cycle Recredentialing (Target: 5 Business Days)

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



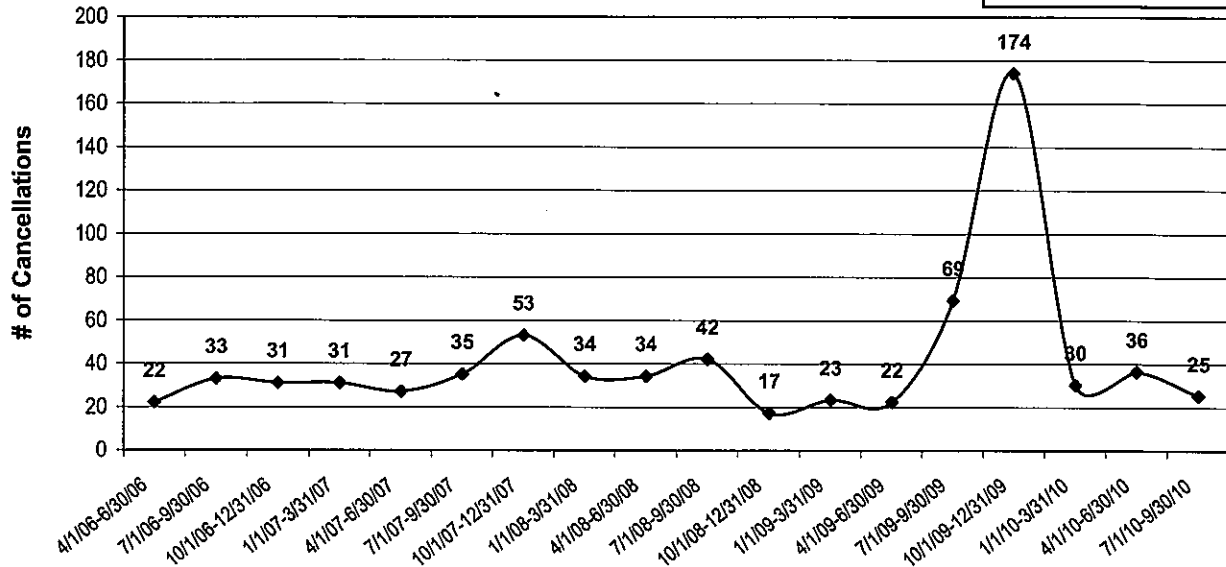
Turnaround Times: Out-of-Cycle Recredentialing (Target: 30 Business Days)

Within guaranteed and posted goals.

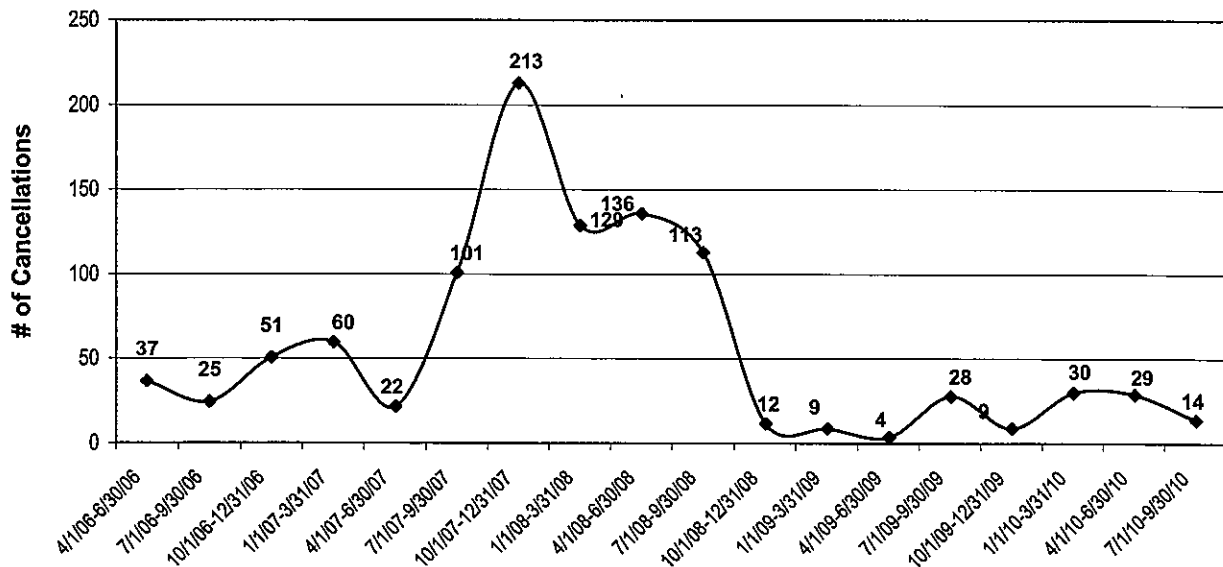


Customer Cancellations by Period

Customer cancelled due to internal customer processes.



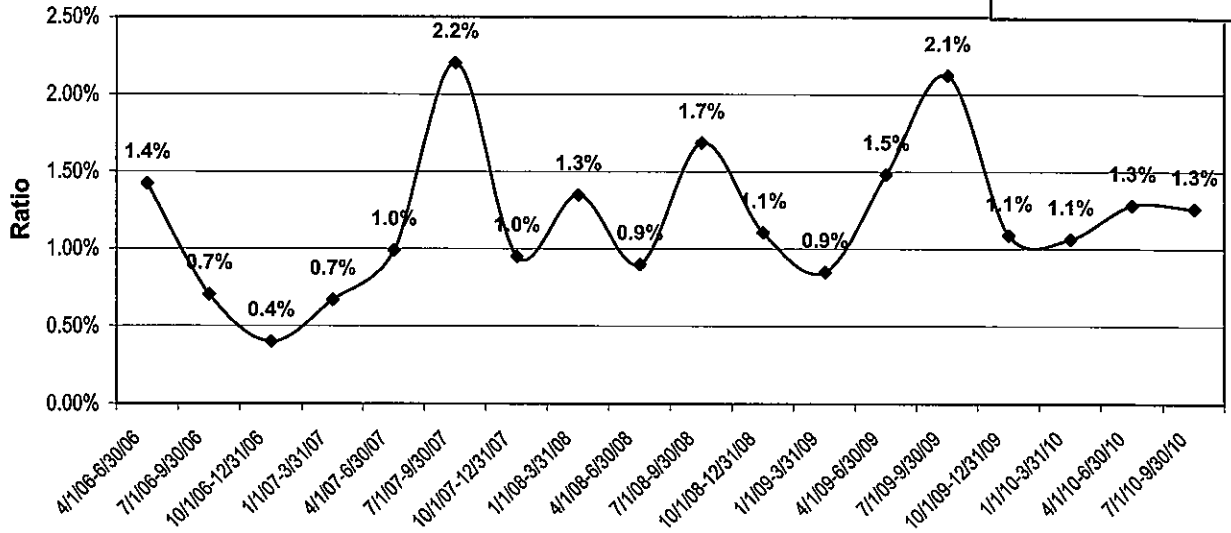
CCVS Cancellations by Period



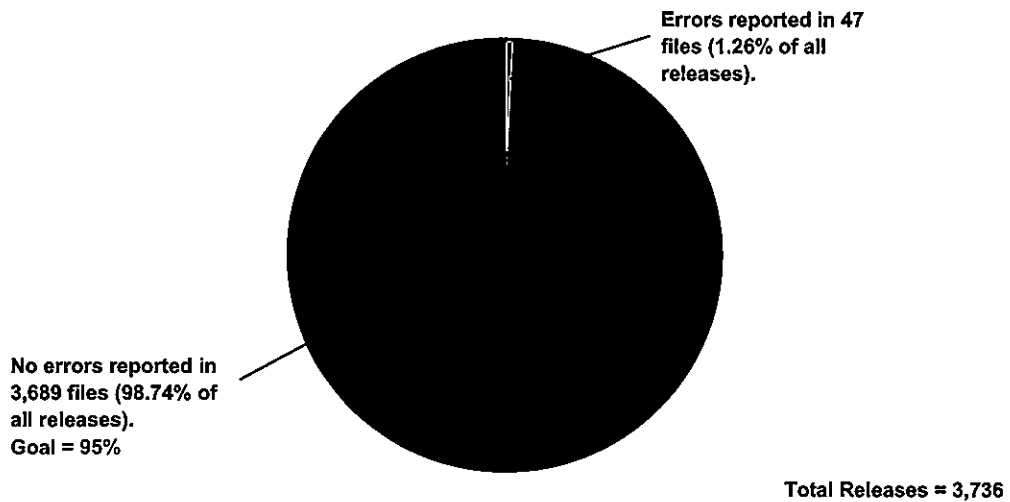
2007 cancellations due to failure to obtain attestations from physicians. Decrease in 1st QTR but increasing again in 2nd QTR due to telemed cancellations.

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.

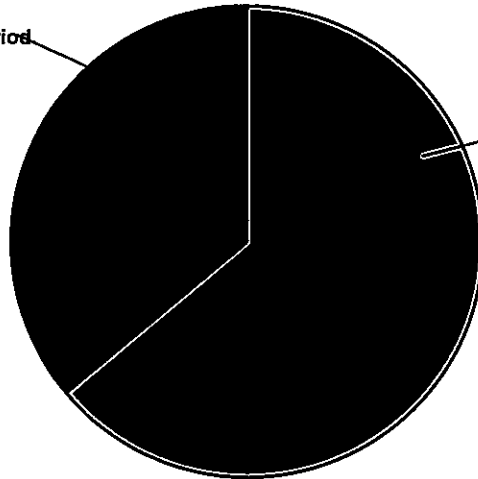


Errors Reported to Customer Service For the Period 7/1/2010-9/30/2010



Errors Found in Internal Audit For the Period 7/1/2010-9/30/2010

Errors were noted in
36.2% of files
audited this period.



63.8% of files audited
this period had NO
errors noted.
Goal = 95%

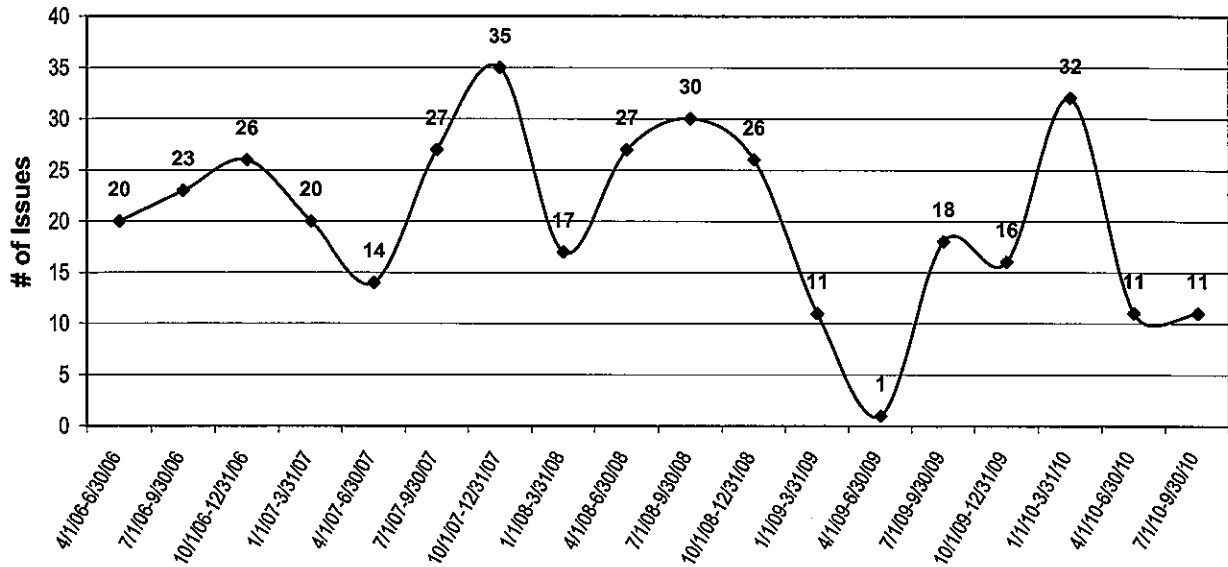
Total Audits = 934

Arkansas State Medical Board

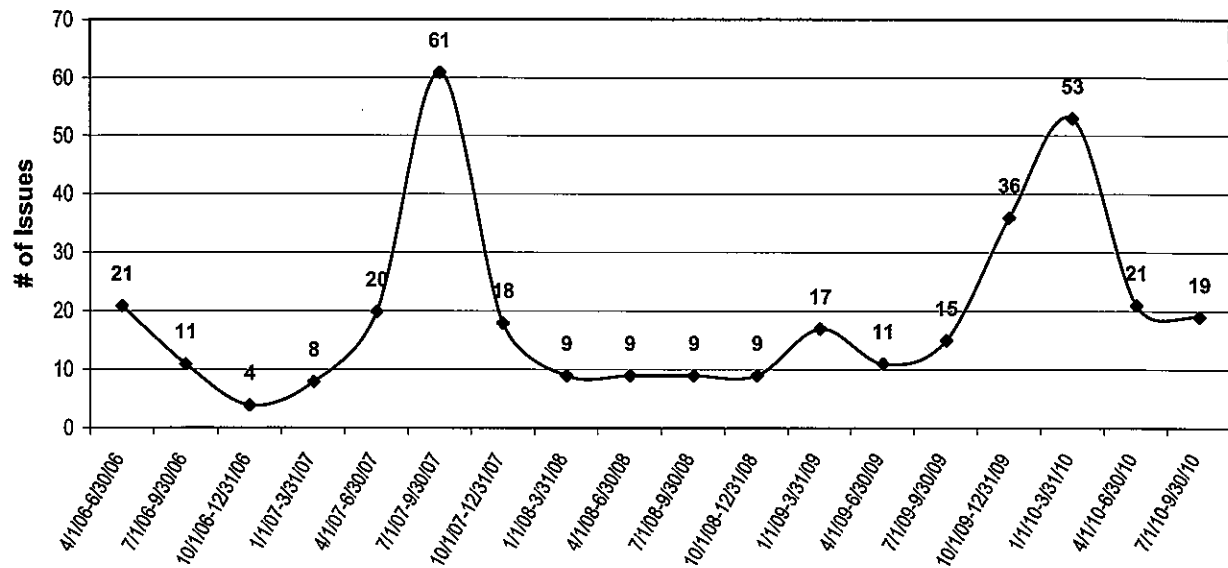
Quality Improvement Report for the Period 7/1/2010-9/30/2010

Other Customer Satisfaction/Feedback Reports

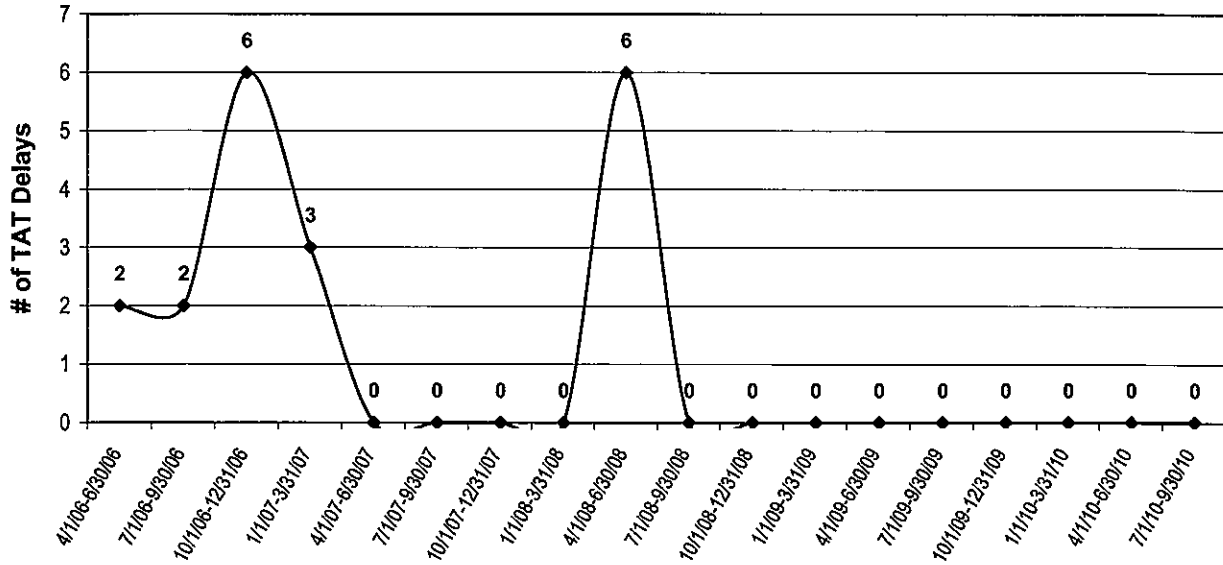
Customer Technology Issues by Period



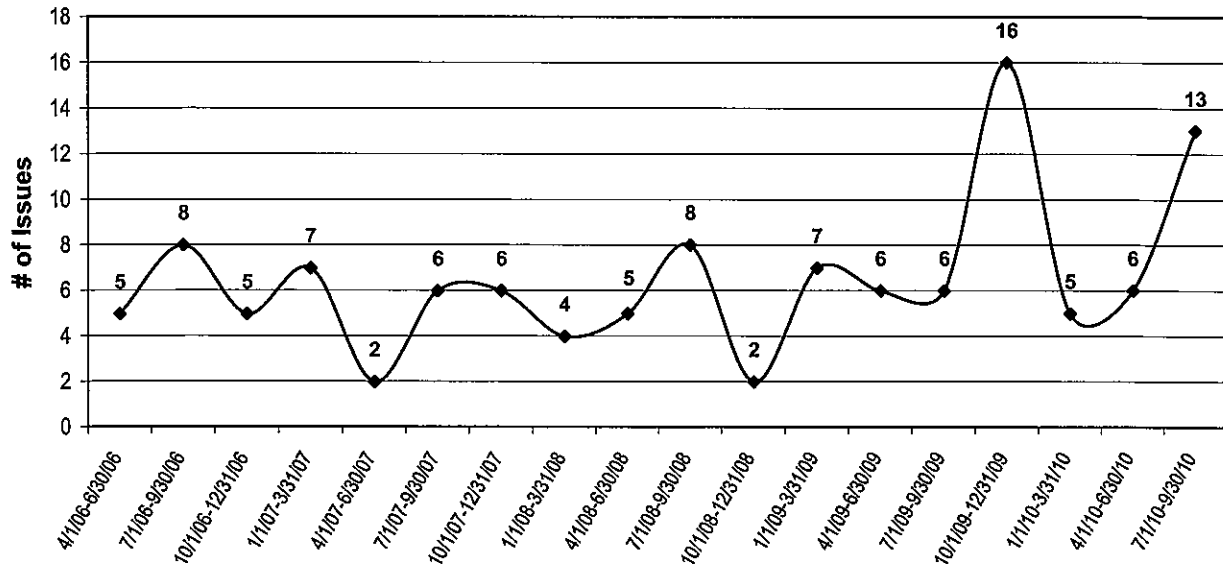
Internal Technology Issues by Period



Profile Turnaround Time Delays by Period

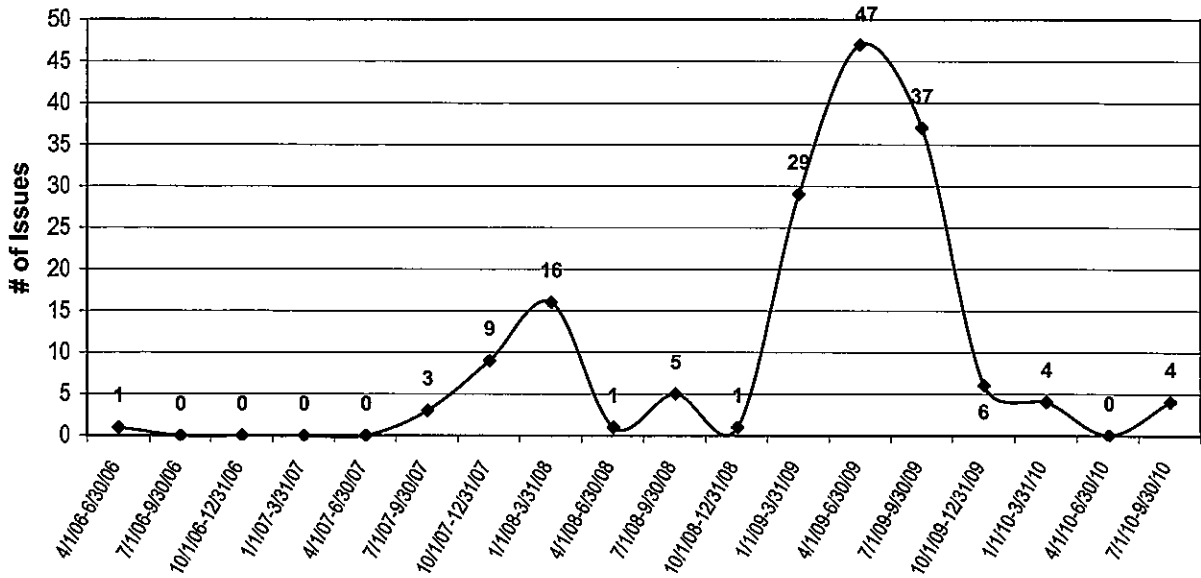


Inconsistent Data Issues by Period

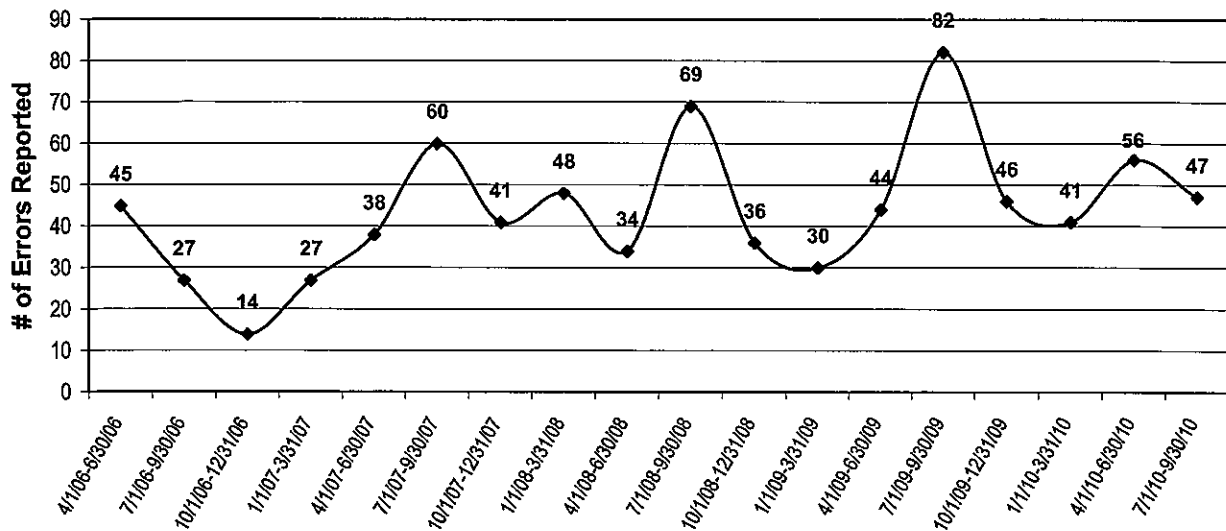


System Program Issues by Period

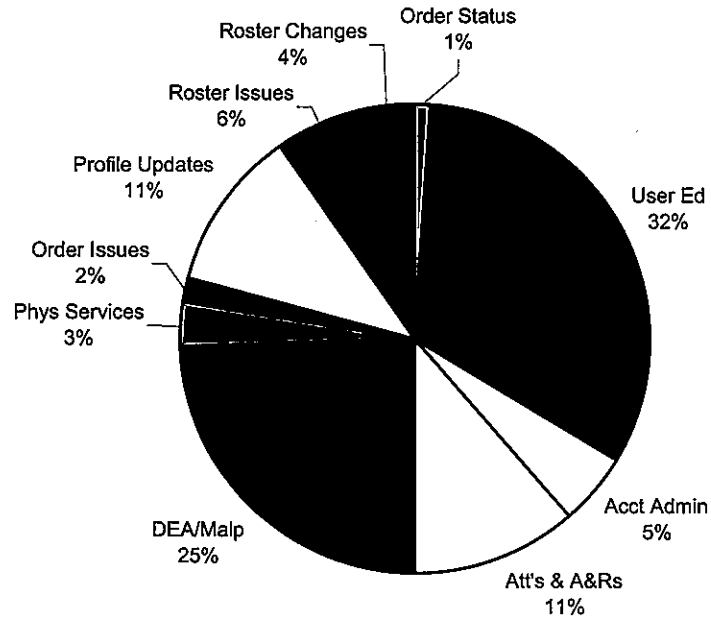
(Bexar until 8/26/07; MedSuite as of 8/27/07)



Staff-Related Errors by Period As Reported by Customers

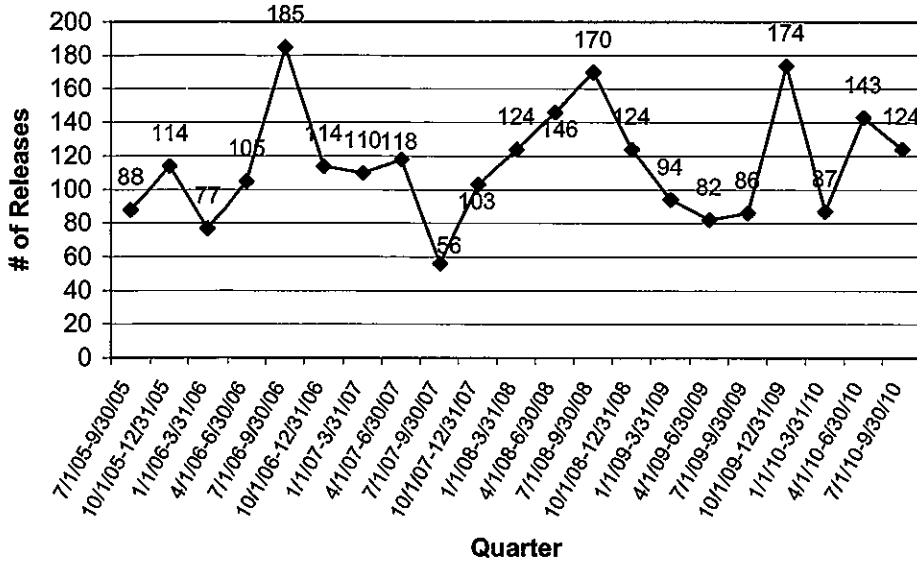


**Breakdown of Miscellaneous Issues Not Previously Reported
For the Period 7/1/2010 - 9/30/2010**



Total issues: 884

TELEMEDICINE REPORT - CCVS
Releases per Quarter

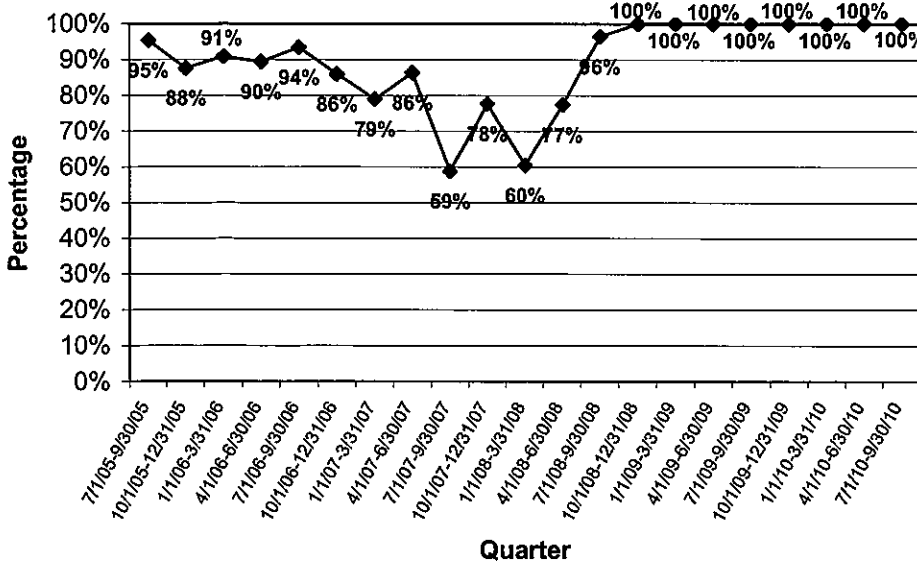


This graph shows the number of releases per quarter.

Annual (FISCAL) release totals are as follows:

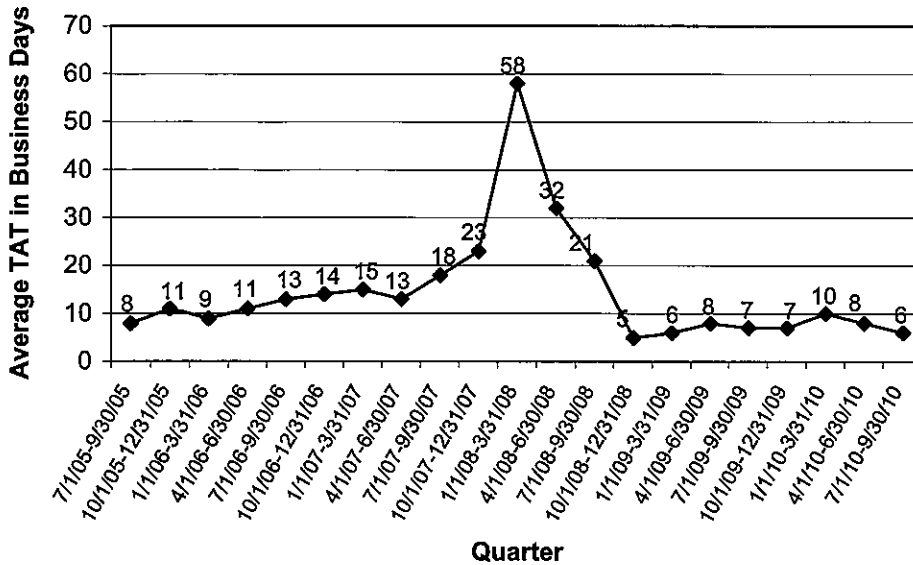
- 2004 = 16 releases
- 2005 = 114 releases
- 2006 = 356 releases
- 2007 = 527 releases
- 2008 = 429 releases
- 2009 = 470 releases
- 2010 = 490 releases
- 2011 = 124 releases thus far

TELEMEDICINE REPORT - CCVS
Percentage of Orders Released On Time by Quarter



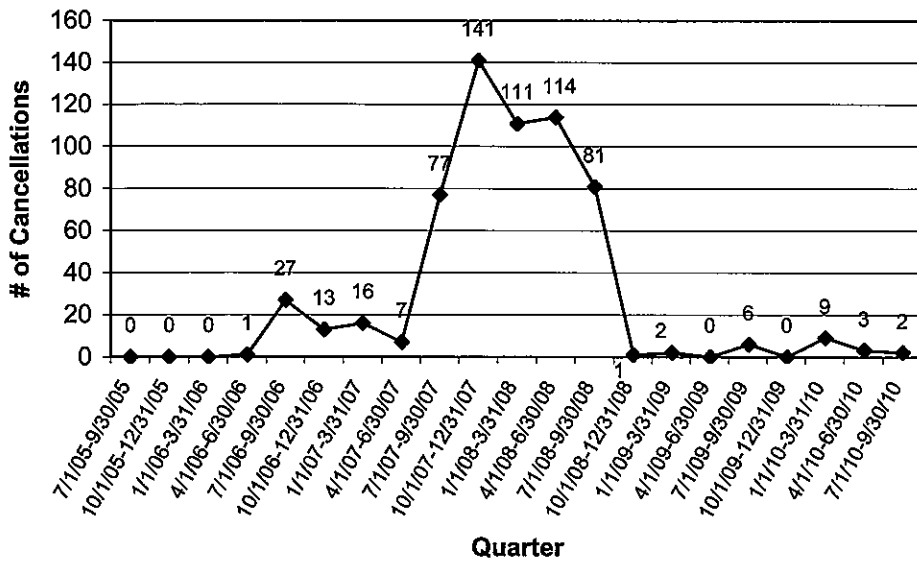
This graph shows the percentage of telemedicine orders that were released within TAT goals each quarter.

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.