



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

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Legal Counsel:

William H. Trice, III
211 Spring Street
Little Rock, AR 72201
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January 19, 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 10/1/2010 to 12/31/2010 (4th Quarter). We are presently in the first month of our 1st 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



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December 13, 2010

**The Honorable Percy Malone, Chairman
Public Health, Welfare and Labor Committee
Arkansas Senate, Room 320
State Capitol
Little Rock, AR 72201**

RE: Arkansas Statute 17-95-107 (h)

Dear Senator Malone:

Earlier this year while appearing before the Public Health, Welfare and Labor Committee, providing an update on the Centralized Credentials Verification Service (CCVS), you indicated that you would support removing the Medical Board's requirement to personally appear for this CCVS review.

The intent of this portion of the legislation requiring this report was to assure the Committee that the program remain in compliance with timely release of orders placed by Credentialing Organizations in order to credential their physician as quickly as possible. This goal has been achieved and the program has remained compliant since it was enacted in 2003.

My question to you is whether or not you wish the Board to take steps to remove this requirement from the law or if you would prefer, the Board could continue submitting the written quarterly Quality Assurance report and if at any time the programs fails to be compliant, the Committee would be aware and could request the Board's immediate appearance.

The Board will be happy to follow your recommendation and make any changes you desire. It was my impression from you that this appearance became burdensome to the committee's agenda.

Respectfully,

**Peggy Pryor Cryer
Executive Secretary**

PPC/jff

**Cc: 518 Clay Street
Arkadelphia, AR 71923**

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 10/1/2010 to 12/31/2010



Arkansas State Medical Board
Centralized Credentials Verification Service

Quality Improvement Report

For the Period 10/1/2010 to 12/31/2010

Prepared by:

Angie Meehleder

Quality Assurance & Customer Service Manager



Arkansas State Medical Board Centralized Credentials Verification Service

Quality Improvement Report

For the Period 10/1/10 to 12/31/10

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

	Previous Quarter	Last Quarter	This Quarter
Period:	4/1/10-6/30/10	7/1/10-9/30/10	10/1/10-12/31/10
Number of Business Days in Period:	63	64	60

ORDER & RELEASE STATISTICS:

	Previous Quarter	Last Quarter	This Quarter	Volume Change from Last Quarter (%)
	4/1/10-6/30/10	7/1/10-9/30/10	10/1/10-12/31/10	
New Initial Orders in System:	1,930	1,938	1,503	(decrease) -22.4%
New Recredential Orders in System:	1,942	2,064	2,294	(increase) 11.1%
TOTAL New Orders in System:	3,922	4,002	3,797	(decrease) -5.1%
Initial Releases Total / % of Total	2,040 / 46.6%	1,774 / 47.5%	1,404 / 36.0%	(decrease) -20.9%
In-Cycle Recred Releases Total / % of Total	1,143 / 26.2%	1,124 / 30.1%	1,117 / 28.6%	(decrease) -0.6%
Out-of-Cycle Recred Releases Total / % of Total	1,090 / 24.9%	672 / 18.0%	1,289 / 33.0%	(increase) 91.8%
Expedited Initials Total / % of Total	89 / 2.0%	139 / 3.7%	71 / 1.8%	(decrease) -48.9%
Expedited Recredentials Total / % of Total	16 / 0.4%	27 / 0.7%	20 / 0.5%	(decrease) -25.9%
TOTAL Releases Completed:	4,381	3,736	3,901	(increase) 4.4%
Average Monthly Releases:	1,460	1,245	1,300	(increase) 4.4%
Number of Physicians Released:	3,105	2,656	2,852	(increase) 7.4%

Average TAT (Business Days)

	Previous Quarter	Last Quarter	This Quarter	TAT change from last quarter
Initials (Target = 15):	6.60	6.20	5.38	(reduced) 0.82
In-Cycle Recredentials (Target = 30):	3.11	2.86	2.10	(reduced) 0.76
Out-of-Cycle Recredentials (Target = 30):	19.00	7.95	19.77	(increased) -11.82
Expedited Initials (Target = 5):	3.01	3.26	2.40	(reduced) 0.86
Expedited Recredentials (Target = 5):	1.80	2.83	2.57	(reduced) 0.26

% of Files Meeting Target TAT Goals:

	Previous Quarter	Last Quarter	This Quarter	% change from last quarter
Initials:	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%	100.0%	(no change) 0.0%

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 are all at 100%, showing good compliance with the program requirements. Some file types remained consistently at 100% over several reporting quarters. Average TAT Business days all improved, with the exception of Out-of-cycle Recredentials. There were 111 telemed physicians released this quarter that are included in the Initial statistics with none overdue/late.

Barriers:

Out-of-cycle Recredentials showed slight increase in Average Turn-around-time (TAT) from previous quarter due to increase in locum tenen orders and retired physicians coming back to work. Locum tenen orders have multiple verifications to obtain, similar to telemed physicians, high difficulty in obtaining a complete work history due to organizations not consistently documenting dates and maintaining information on contract physicians. The self-contracting physicians do not keep accurate dates or organization names so there is no possibility of providing any type of accurate time line or obtaining status or good standing for these physicians. It takes time for those organizations to search their off-site archive records if they have any or to determine whether they have any information.

Recommendations & Follow-Up:

Management will look at the processes for locum tenens and retired physicians coming back to work in order to develop different processes for providing the customer with information or notice of the unavailability of information on these physicians. Staff assignments will continue to be 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.

	Previous Quarter 4/1/10-6/30/10	Last Quarter 7/1/10-9/30/10	This Quarter 10/1/10-12/31/10	Increase or Decrease from Last Quarter (%)
TOTAL Number of Releases:	4,331	3,736	3,901	(increase) 4.4%
% of released files reviewed:	25%	25%	25%	(no change) 0.0%
Number of errors in audited files:	247	338	249	(decrease) -26.3%
Accuracy rate on audited files:	77.4%	63.8%	74.5%	(increase) 16.7%

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

<u>Types of Errors:</u>	October	November	December
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 are continuously in training and all staff training in new processes or reviewing old processes and data entry each quarter, some more than others. 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 will continue, stressing 100% full quality audits by credentialing specialists 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 training to improve. Error rates are included in their performance reviews. One-on-one training is provided as identified by audit reports. 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.

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

Registered Users:

Total number of user organizations reported each period.

Period:	Last Quarter 4/1/10-6/30/10	This Quarter 7/1/10-9/30/10	% +/- from last quarter
Hospital:	240	242	(increase) 0.8%
MCO/Other:	42	42	(no change) 0.0%
Total Customers	282	284	(increase) 0.7%

MCO = Managed Care Organizations, Insurance Networks, PHOs

Other = Clinics, IPAs, Surgery & Outpatient Clinics

REGISTERED USER TRACKING: Barriers, Recommendations & Follow-Up

Barriers:

There are a few hospitals or organizations that will not comply with requests to provide a copy of their applications both initial/reappointment so they can be checked for compliance. There is one large hospital that has never provided their application packets, though they state they are in full compliance. They had their attorney contact QI and ask why we wanted to see it. They still have not complied. Their example, and the fact that they publicize their lack of compliance, sets a negative example for other facilities. There have been complaints from some of their physicians stating they do not comply and continue to ask their physicians for copies of documentation that is provided to them by the CCVS.

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.

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

CATEGORIES:	Previous Quarter	Last Quarter	This Quarter		Increase or Decrease from last QTR		
	4/1/10-6/30/10	7/1/10-9/30/10	10/1/10-12/31/10				
<u>Positive Comments:</u>							
Positive Comments (Total / % of Total):	10	8.7%	7	7.4%	6	6.4%	(decrease) -14.3%
<u>Technology/System Issues:</u>							
Customer Tech (Total / % of Total):	32	27.9%	11	11.7%	0	0.0%	(decrease) -100.0%
CCVS Internal Tech (Total / % of Total):	21	18.3%	19	20.2%	8	8.5%	(decrease) -57.9%
<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):	6	5.2%	13	13.8%	7	7.4%	(decrease) -46.2%
Credentialing Program (Total / % of Total):	0	0.0%	4	4.3%	0	0.0%	(increase) -100.0%
Staff Related (Total / % of Total):	5	4.3%	47	50.0%	28	29.8%	(decrease) -40.4%
Known Cause (Total / % of Total):	0	0.0%	0	0.0%	0	0.0%	(no change) 0.0%
TOTAL CUSTOMER ISSUES:	115	100.0%	94	100.0%	94	2.4%	(no change) 0.0%

# of releases WITH Customer Service issues:	94
% of releases WITH Customer Service issues:	2.41%

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 WITH Cust Tech issues:	0
% of releases WITH Cust Tech issues:	0.00%

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:	3,893	# of releases WITH CCVS Tech issues:	8
% of releases WITHOUT CCVS Tech issues:	99.79%	% of releases WITH CCVS Tech issues:	0.21%

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:	3,901	# 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 turn-around-time to prevent customer service issues, for continued improvement.

INCONSISTENT DATA ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Inconsistent Data issues:	3,894	# of releases WITH Inconsistent Data issues:	7
% of releases WITHOUT Inconsistent Data issues:	99.82%	% of releases WITH Inconsistent Data issues:	0.18%

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:	3,901	# of releases WITH MedSuite issues:	0
% of releases WITHOUT MedSuite issues:	100.00%	% of releases WITH MedSuite issues:	0.00%

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:	3,873	# of releases WITH Staff-Related issues:	28
% of releases WITHOUT Staff-Related issues:	99.28%	% of releases WITH Staff-Related issues:	0.72%

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:	3,901	# 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
October 1, 2010 - December 31, 2010

Section 3 - Customer Satisfaction/Feedback

CATEGORIES	
6	Positive Comments
Technology/System Issues	
0	Customer
8	CCVS-Internal
Other	
0	Profile TAT Delay
7	Inconsistent Data
0	MedSuite Program
28	Staff Related
0	Known Cause
43	Total Customer Issues (not including positive comments)

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

101	Miscellaneous Customer Service issues: <i>Resolved or completed.</i>
1	Requests for incomplete profiles. <i>Completed.</i>
63	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>
9	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>
245	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>
31	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
83	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>
4	Returned Attestations to customers due to wrong license number, wrong date, undated or questions not completed.
56	Cancellations: (32) customer/user initiated due to need to change order type to expedite, duplication of orders, ordered in error, ordered too soon; (24) CCVS Management initiated because the order could not be completed by due date due to no fault of the CCVS.
181	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>
5	Physician requests for personal profiles. <i>Profiles were faxed, e-mailed, or mailed to physician at their request.</i>
9	Other physician questions or education provided by Customer Service.
5	Other physician issues transferred out of CS (license application status; questions regarding licensure or renewals; CME questions; Regulation 17 and Regulation 7 questions).
33	CCVS notified customer of documents or information needed to complete order (updated A&R, Attestation, other documentation, or physician's contact info).
45	Updated profile provided to customer within 30 days of original release
36	Facility emailed interim update to current physician roster.

#	Section	Category	Code/Issue	Month																										
				10	11	12	Grand Total																							
	POSITIVE:	A. Positive	1.00 Positive comments from customers	5	5	1	6																							
	POSITIVE: Total	A. Positive Total		5	5	1	6																							
	MAIN CATEGORIES:	C. Technology-CCVS	3.03 Customer cannot order (fields grey) 3.06 Duplicate order in system	2	2	3	3																							
		C. Technology-CCVS Total		4	3	1	8																							
		E. Inconsistent Data	5.00 Org info different than CCVS	6	6	1	7																							
		E. Inconsistent Data Total		6	6	1	7																							
		G. Staff Related	7.03 Profile missing information 7.05 Incorrect date(s) 7.06 Data entry error(s) 7.07 Scanned document error(s) 7.08 Document entered but not scanned 7.99 A&R entered on PA 7.99 Board history wrong 7.99 Clarification needed 7.99 Incomplete attestation accepted	4	1	1	3	1	2	8	5	1	1	1	1	1	1	2												
		G. Staff Related Total		11	10	7	28																							
	MAIN CATEGORIES: Total			15	19	9	43																							
	MISCELLANEOUS:	J. Misc./Other	21.01 Info requests sent to physicians 21.02 Document rec'd, OK to reorder 21.03 Customer requested confidential info 21.04 Telemed file at/near completion, OK to reorder 21.05 Verification request sent to customer 21.06 Customer referred to another department or agency 21.99 Asked physician rep for license/affiliation list 21.99 Asked physician rep if DEA has been updated 21.99 Customer asked if we'd received attestation 21.99 Customer requested Acct Admin name 21.99 Notified physician rep we would send update to customer 21.99 Renewal question 21.99 Requested Angie's contact info	1	5	6	3	2	1	1	1	1	1	1	1	1	1	14	2	1	1	68	8	1	1	1	1	1	1	1
		J. Misc./Other Total		31	37	33	101																							
		J. Incomplete Requests	9.01 Incomplete requested, provided	1	1	1	1																							
		J. Incomplete Requests Total		1	1	1	1																							

MISCELLANEOUS: O. A&R Refused					
15.01	Wording does not match our standard form	2	1	3	
15.02	Organization Name issue	8	4	5	17
15.03	Practitioner is not an M.D. or D.O.	5	2	1	8
15.04	Cannot identify physician	4	1	2	7
15.06	License pending or inactive	2	2		4
15.07	Signature issue	4	3	1	8
15.08	Date issue	13	8	10	31
15.99	Other A&R Issues	4	1		5
O. A&R Refused Total		42	22	19	83
P. Attestation	14.00 Broken attest issues handled by CS	2	1	1	4
P. Attestation Total		2	1	1	4
Q. Cancellations-Cust	17.01 Ordered in error or Duplicate order	9	7	2	18
	17.02 Ordered wrong type of profile			3	3
	17.03 Need to order as expedited	2	2		4
	17.04 No longer needs this profile	1	4	2	7
Q. Cancellations-Cust Total		12	13	7	32
R. Cancellations-CCVS	17.52 Unable to obtain attestation	11	3	5	19
	17.58 Telemedicine unable to complete		3		3
	17.99 Other CCVS Cancellation	1	1		2
R. Cancellations-CCVS Total		12	7	5	24
S. DEA/Insurance	18.01 Customer request to update DEA	19	15	20	54
	18.02 Customer request to update insurance	22	42	61	125
	18.99 Other DEA/insurance issue		1	1	2
S. DEA/Insurance Total		41	58	82	181
T. Personal Profile Sent to I	20.01 Physician requested personal profile	2	2	1	5
T. Personal Profile Sent to Phys Total		2	2	1	5
U. Other Physician Issue	20.99 Inconsistent signature		1		1
	20.99 Notified phys he could rescind A&R			1	1
	20.99 Phys asked how to update profile			1	1
	20.99 Phys checking to see if we received ins and Attestation		1		1
	20.99 Phys educ re CCVS mandate	1	1		2
	20.99 Phys requested copy of last Attestation		1		1
	20.99 Phys requested DEA expiration date	1			1
	20.99 Phys requested residency completion certificate		1		1
U. Other Physician Issue Total		2	5	2	9
V. Phys referred to Other D	20.02 Physician referred to another department or agency	1		4	5
V. Phys referred to Other Dept Total		1		4	5

MISCELLANEOUS: W. Order Issues	16.01 Cust notified attestation expired/expiring	1				1
	16.02 Cust notified A&R expired/expiring	4	4	5		13
	16.03 Cust notified missing docs from physician			3		3
	16.04 Cust notified we need contact info	3	1			4
	16.99 Duplicate order query	4	4			8
	16.99 Phys states org doesn't need this profile	1	2	1		4
	W. Order Issues Total	13	11	9		33
W. Profile Update	19.01 Cust requested updated profile	7	3	2		12
	19.02 Cust requested update, not provided	3	1	1		5
	19.03 Update provided to customer proactively	8	13	7		28
	W. Profile Update Total	18	17	10		45
X. Roster Updates	10.03 Facility sent change/addition to roster	26	1	9		36
	X. Roster Updates Total	26	1	9		36
MISCELLANEOUS: Total		353	295	259		907
Grand Total		373	314	269		956

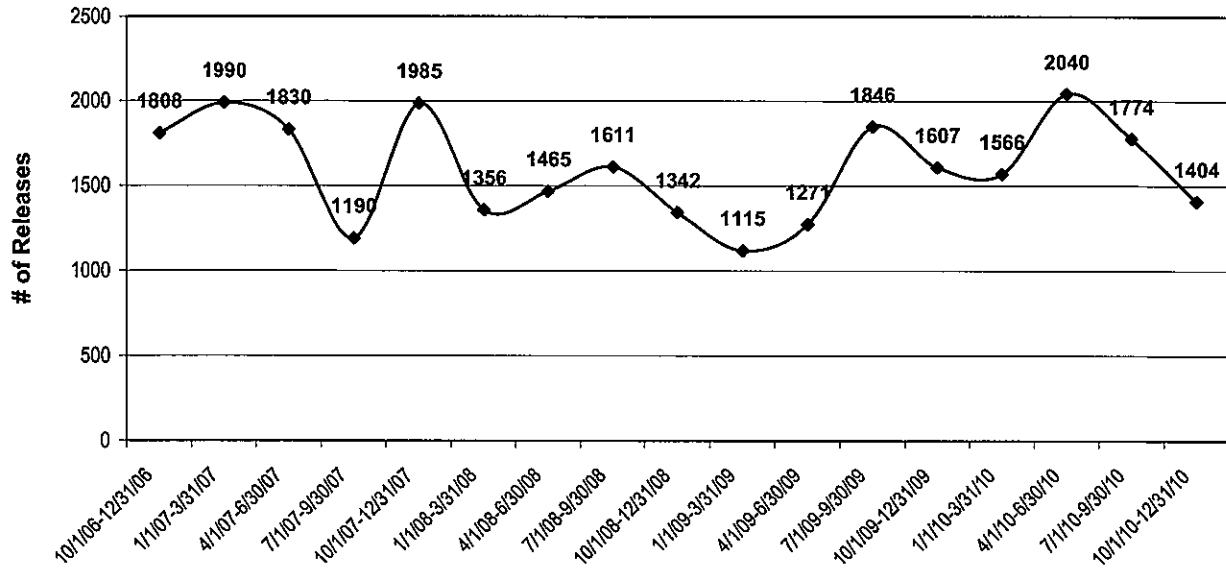
Arkansas State Medical Board

Quality Improvement Report for the Period 10/1/2010-12/31/2010

Charts & Graphs

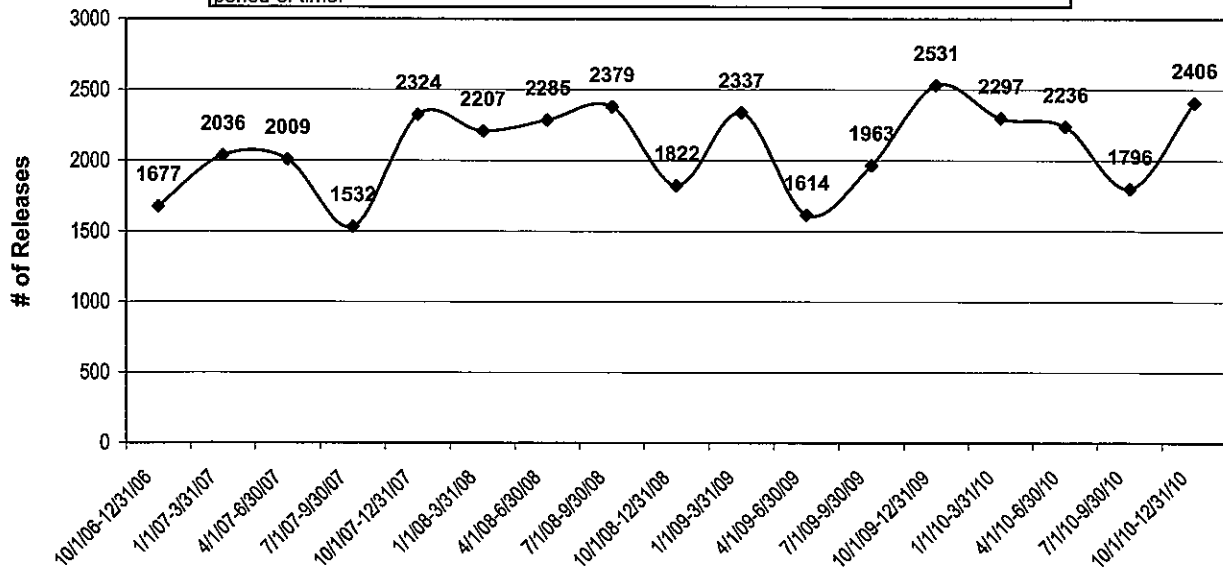
Releases by Period - Initial Credentialing Profiles

Release volume for initial profiles (all offered information).



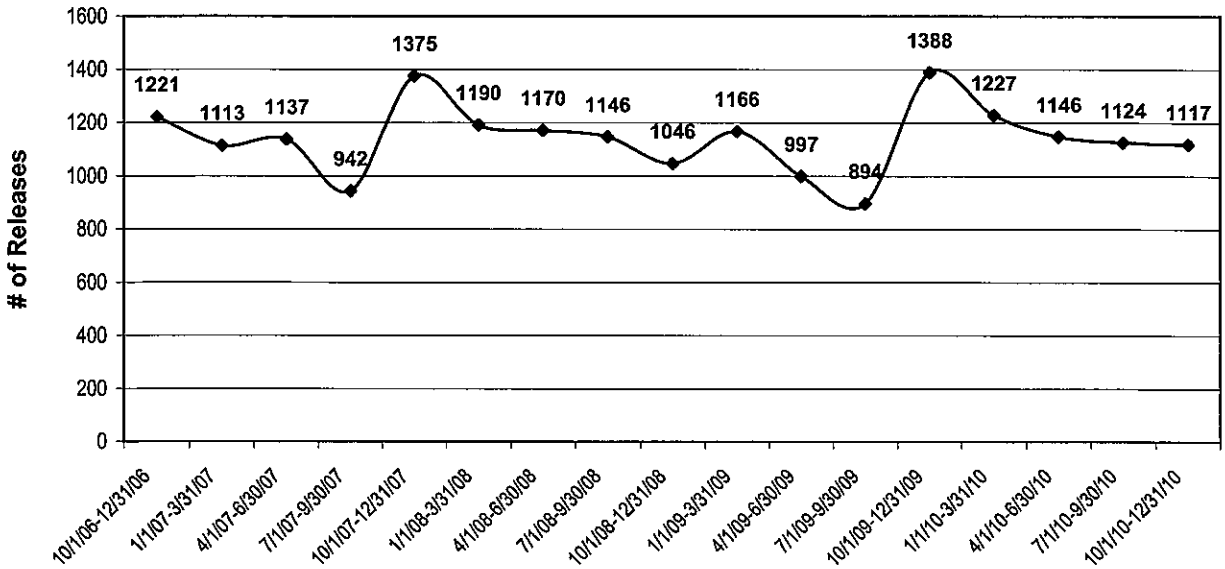
Releases by Period - Recredentialing Profiles

Total of both types of recredential (2-year work history updates) release volume over same period of time.

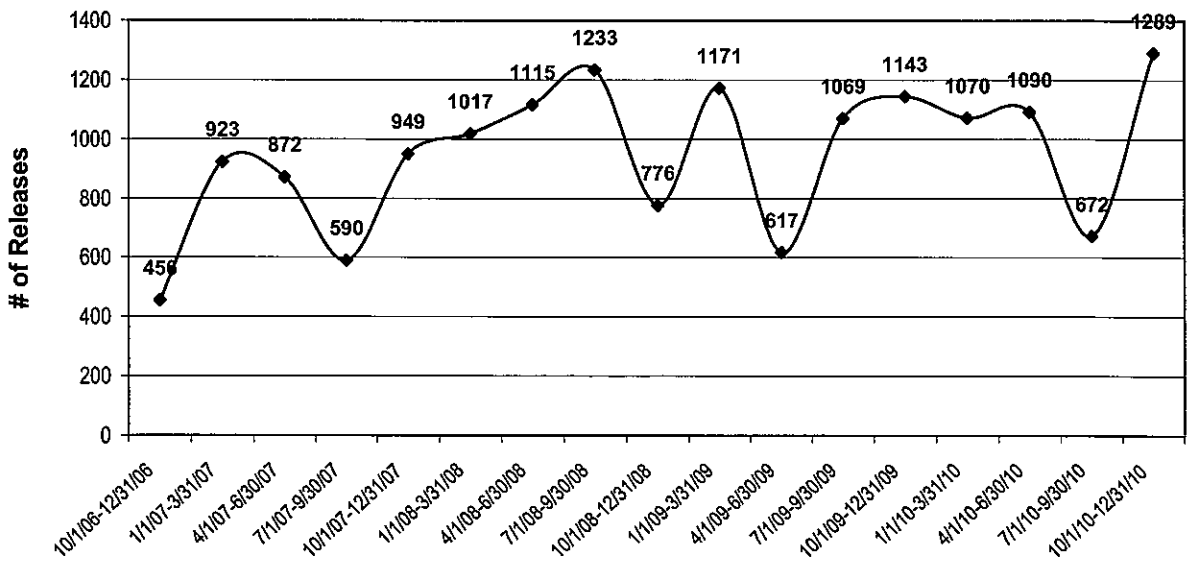


Releases by Period: In-Cycle Recredentialing Profiles

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



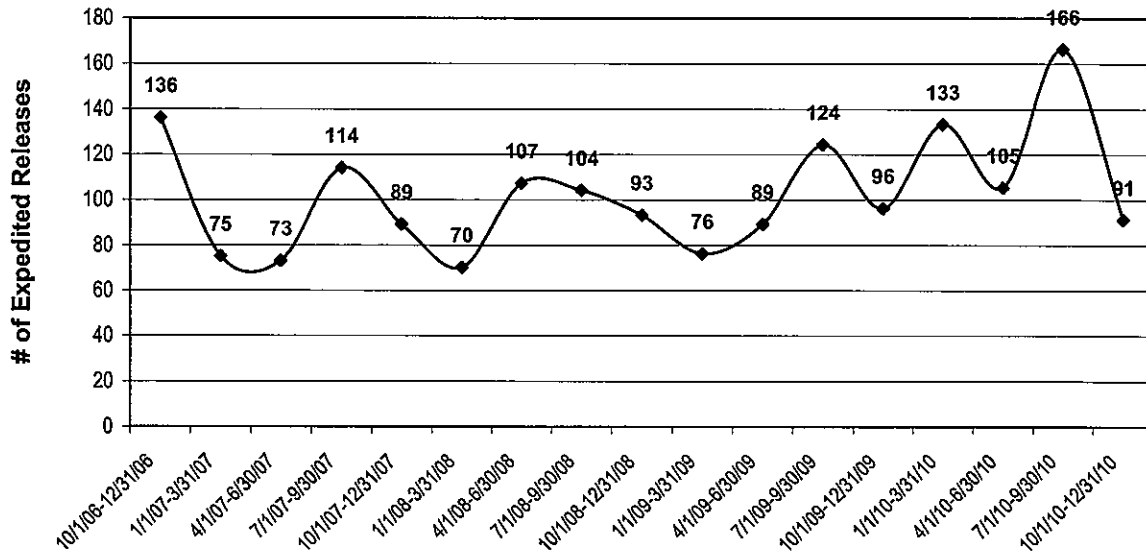
Releases by Period: Out-of-Cycle Recredentialing Profiles



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.

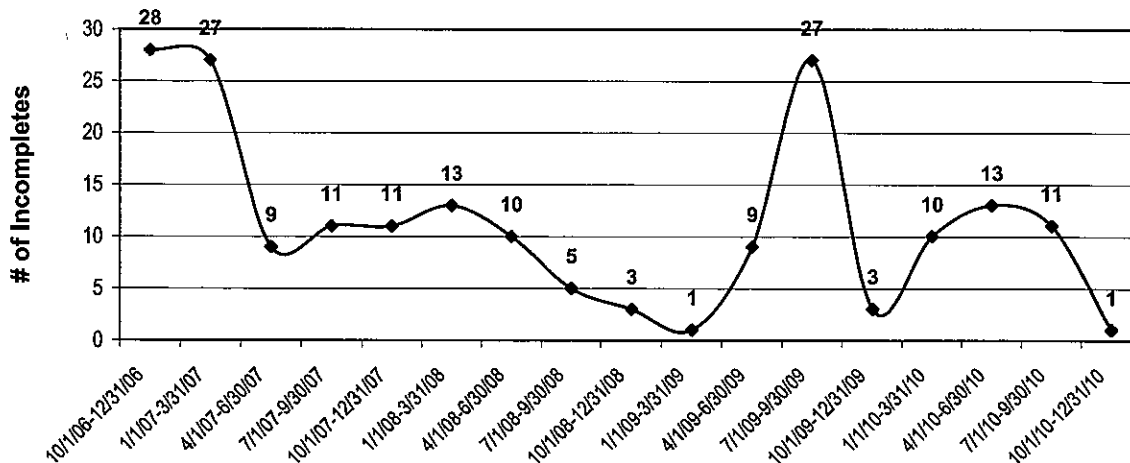
Releases by Period: Expedited Orders Initial and Recredentialing

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



Incomplete Profile Requests

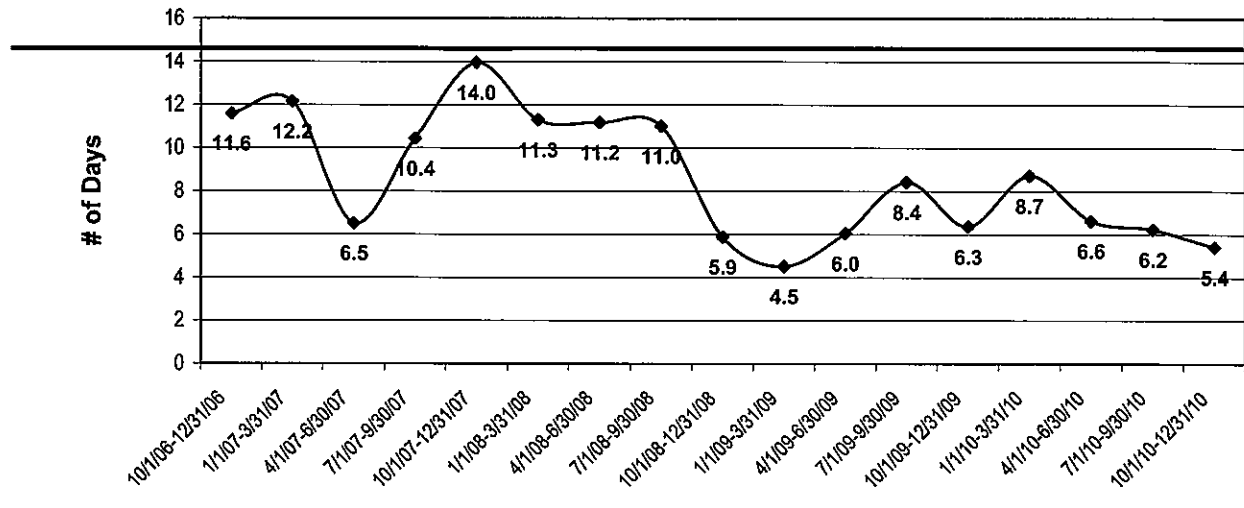
Customer requests for incomplete files due to their not ordering in time or needing sooner than anticipated.



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.

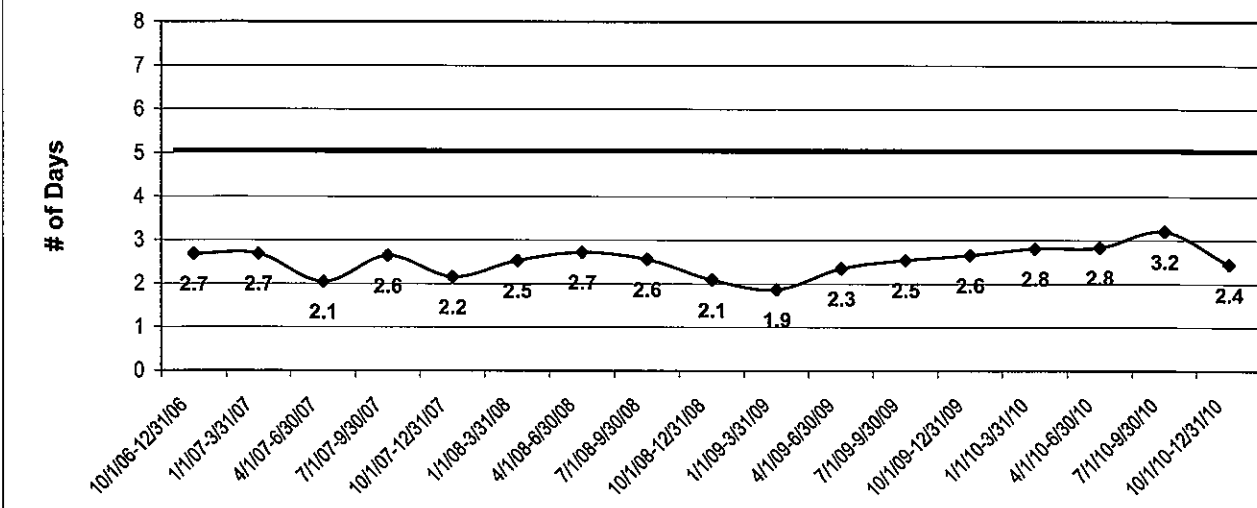
Turnaround Times: Initial Credentialing (Target: 15 Business Days)

Meets and exceeds goals.



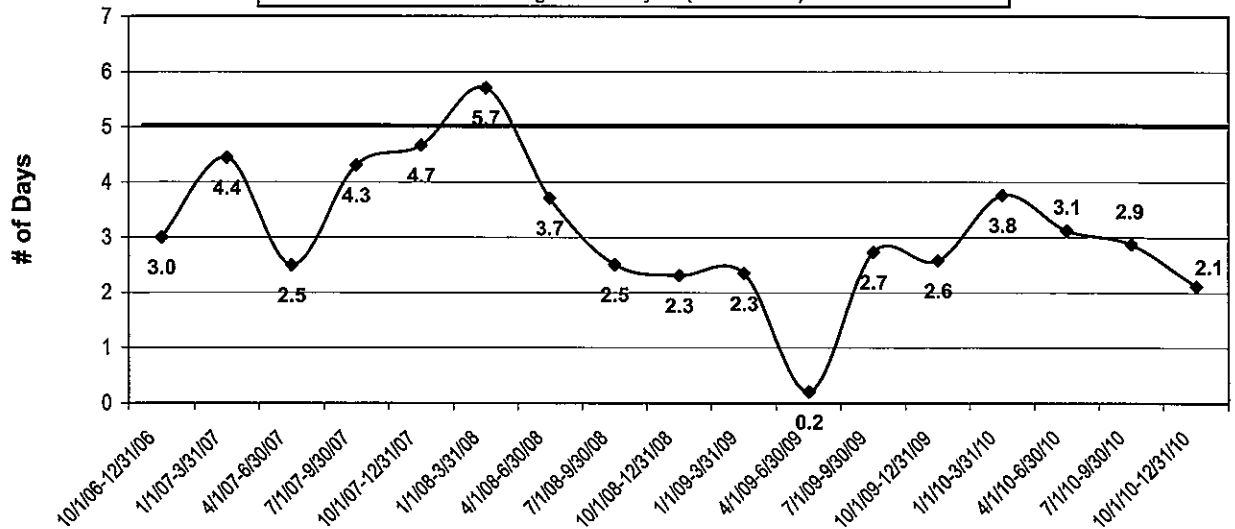
Turnaround Times: Expedited Orders Initial and Recredentialing (Target: 5 Business Days)

Meets and exceeds goals.



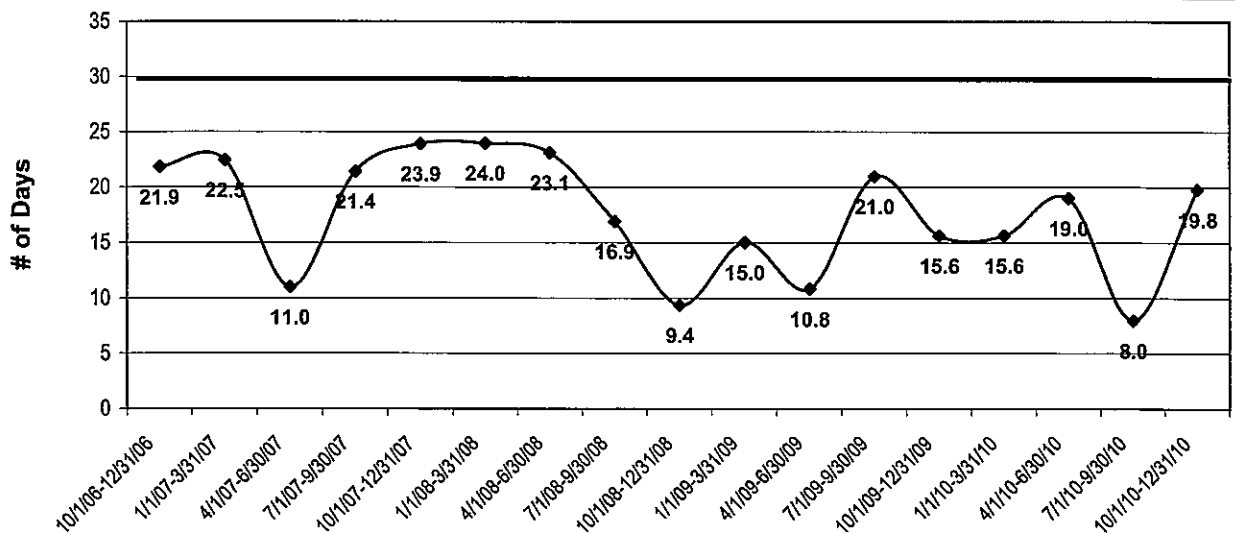
Turnaround Times: In-Cycle Recredentialing (Target: 5 Business Days)

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



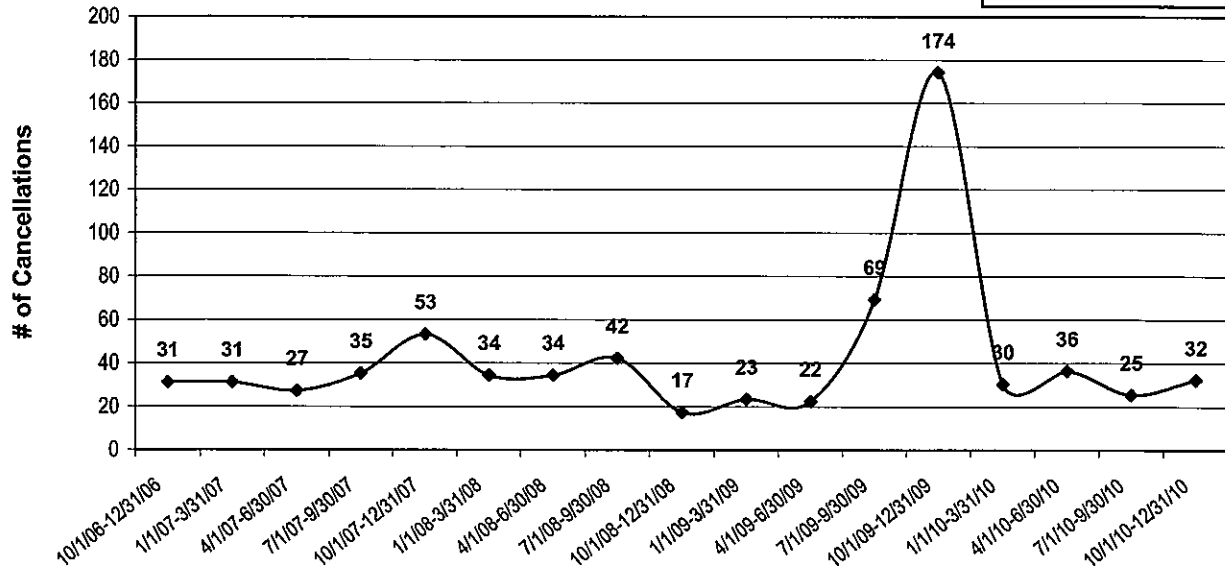
Turnaround Times: Out-of-Cycle Recredentialing (Target: 30 Business Days)

Within guaranteed and posted goals.

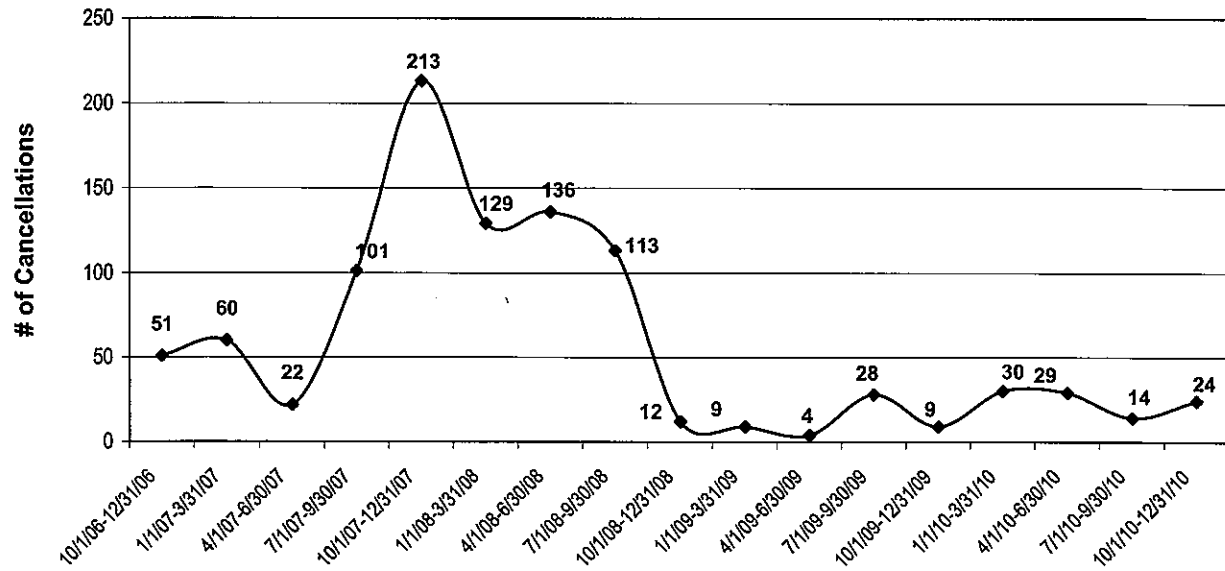


Customer Cancellations by Period

Customer cancelled due to internal customer processes.



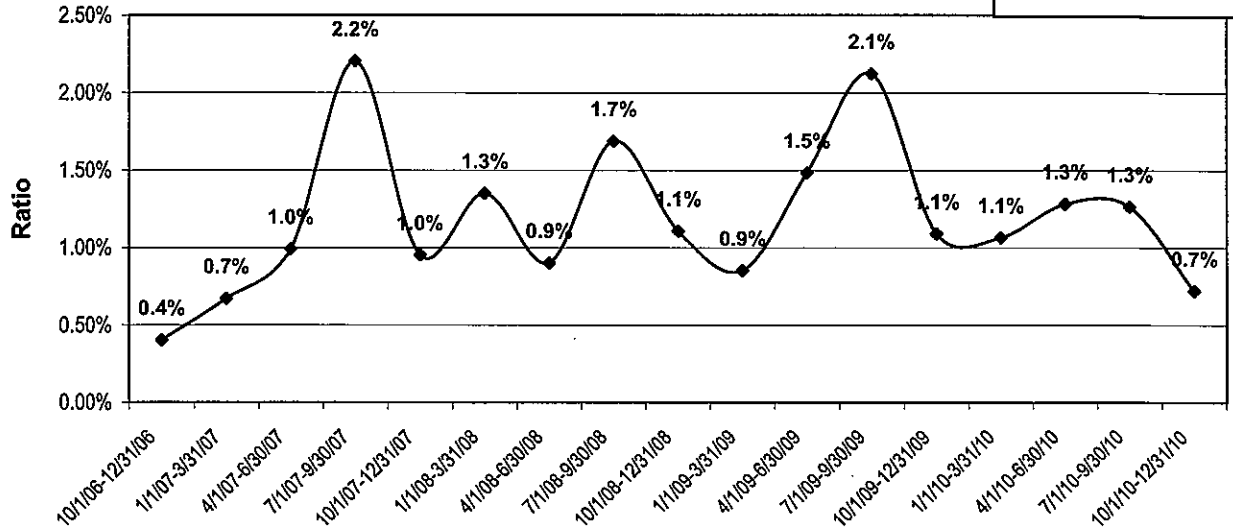
CCVS Cancellations by Period



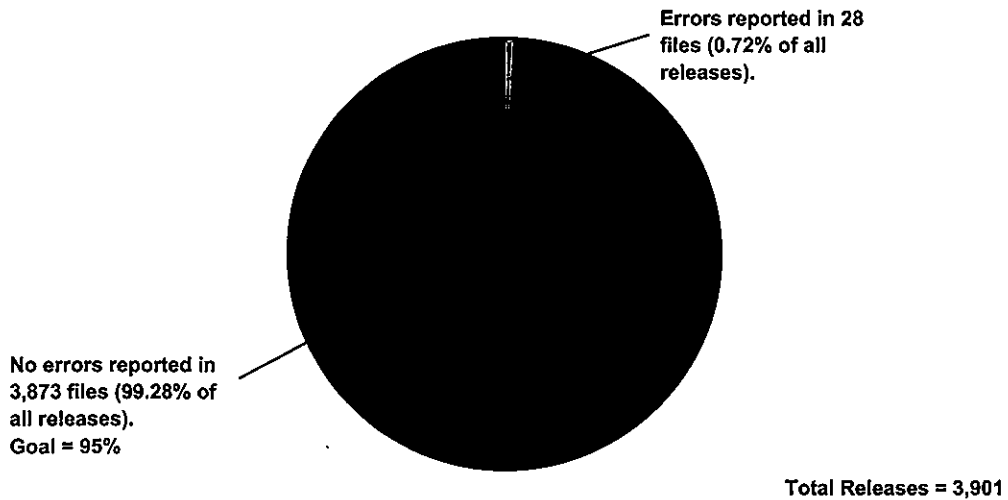
2007 cancellations due to failure to obtain attestations from physicians. Decrease in 1st QTR but increasing again in 2nd QTR due to telemed cancellations.

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.

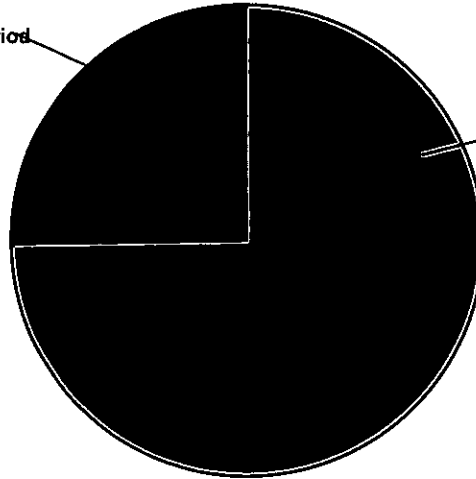


Errors Reported to Customer Service For the Period 10/1/2010-12/31/2010



Errors Found in Internal Audit For the Period 10/1/2010-12/31/2010

Errors were noted in
25.2% of files
audited this period



74.8% of files audited
this period had NO
errors noted.
Goal = 95%

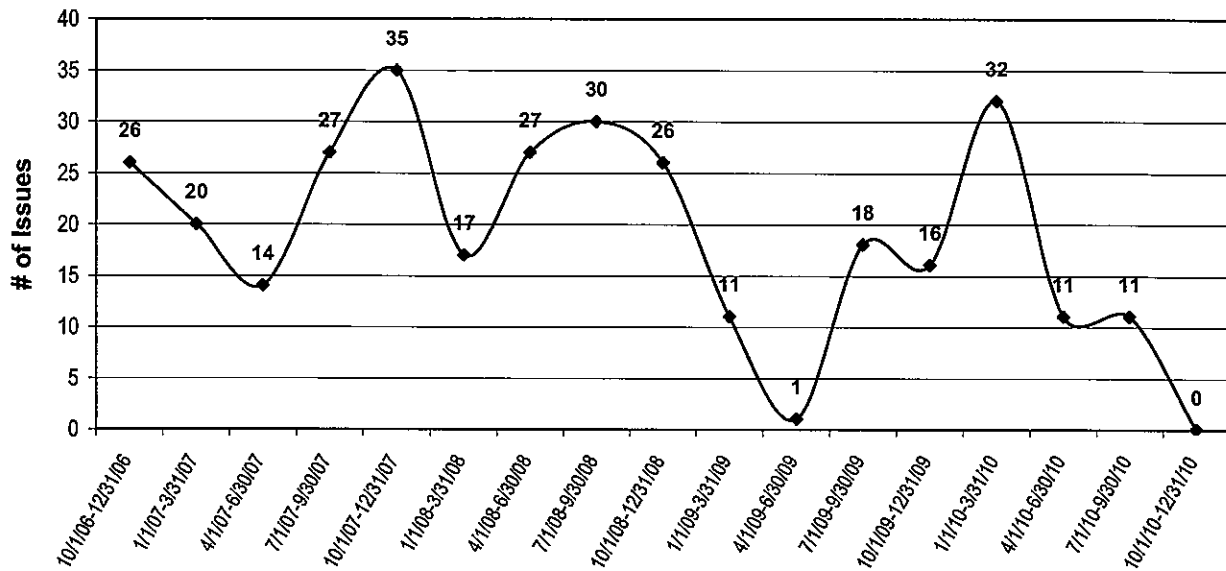
Total Audits = 990

Arkansas State Medical Board

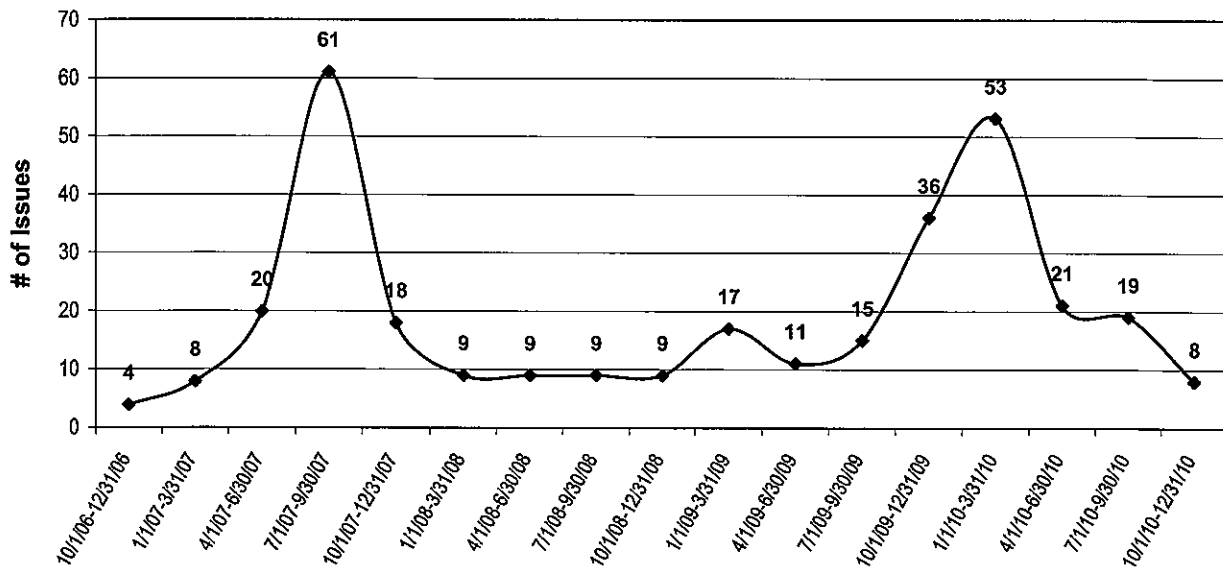
Quality Improvement Report for the Period 10/1/2010-12/31/2010

Other Customer Satisfaction/Feedback Reports

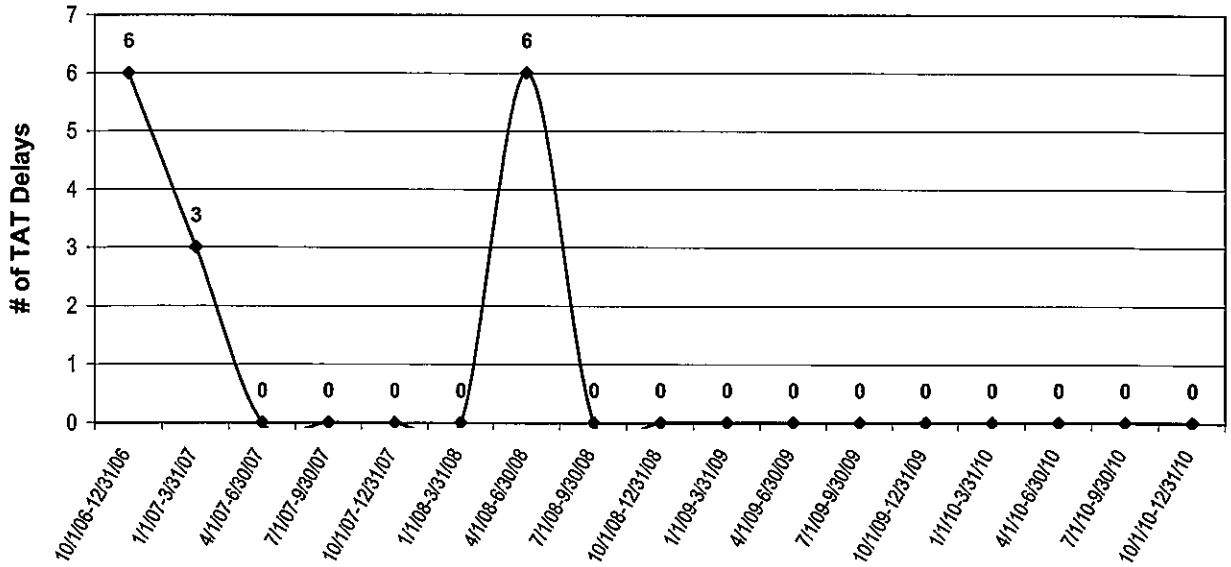
Customer Technology Issues by Period



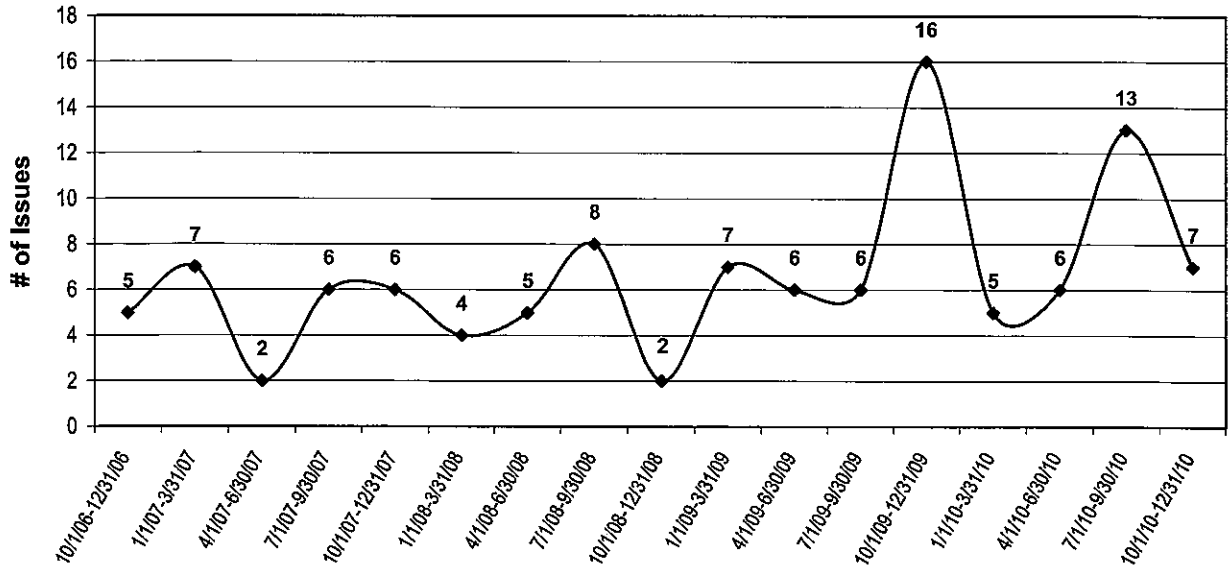
Internal Technology Issues by Period



Profile Turnaround Time Delays by Period

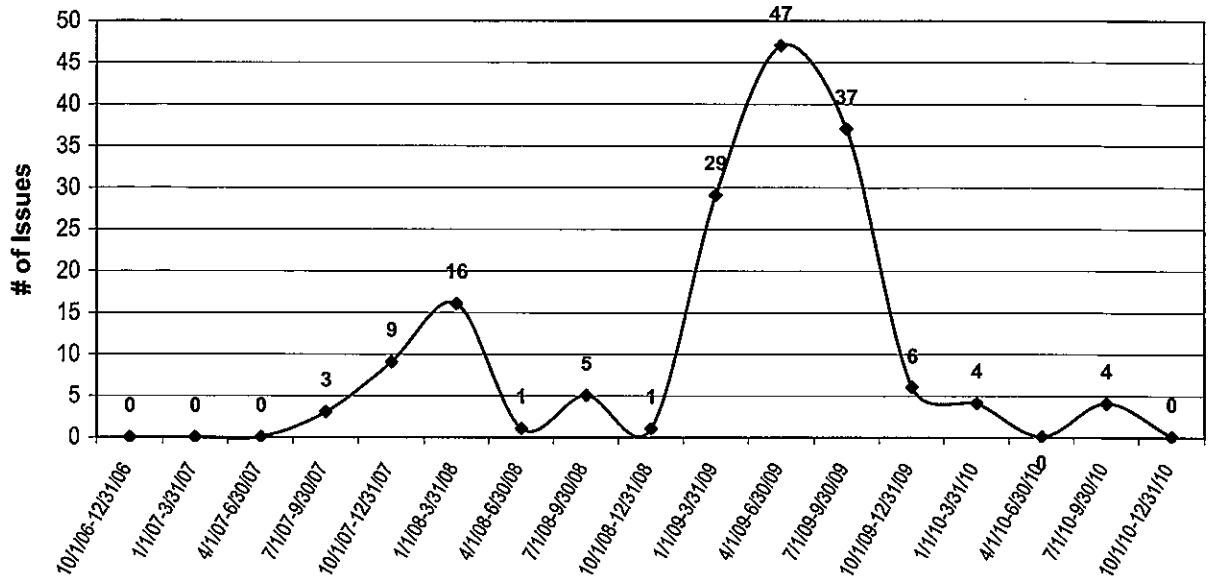


Inconsistent Data Issues by Period



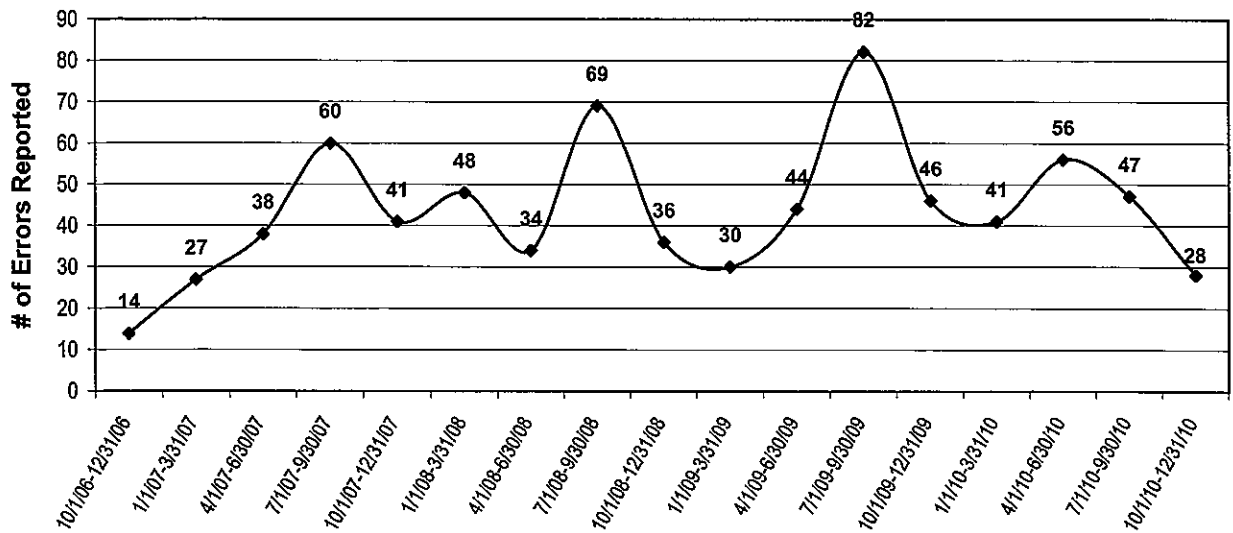
System Program Issues by Period

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

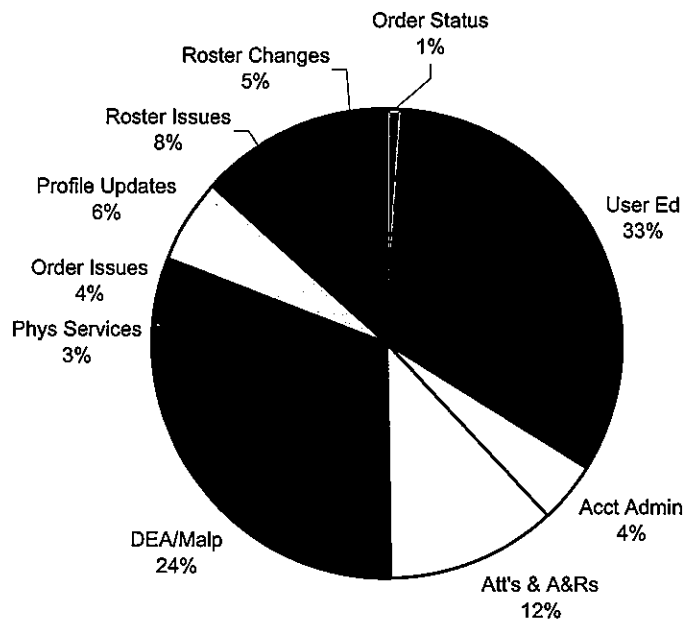


Staff-Related Errors by Period

As Reported by Customers

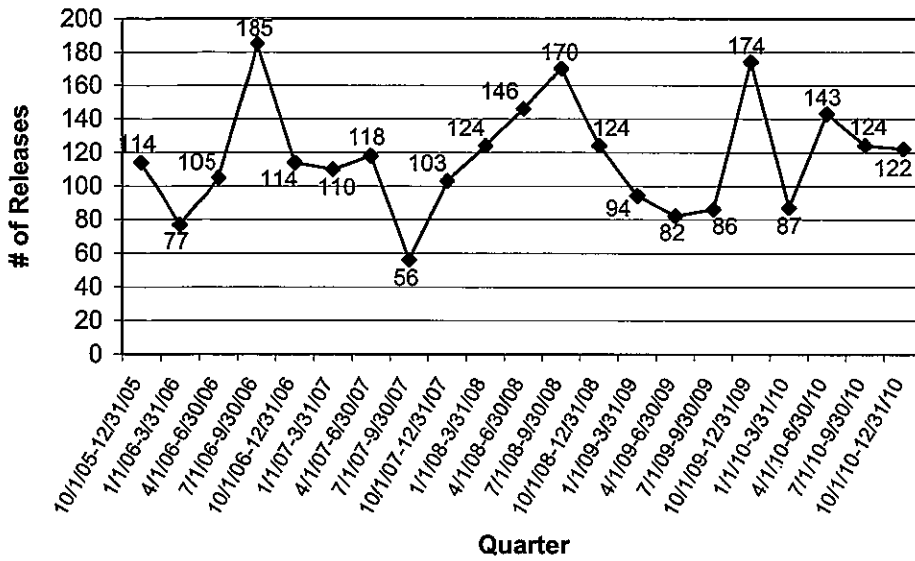


**Breakdown of Miscellaneous Issues Not Previously Reported
For the Period 10/1/2010 - 12/31/2010**



Total issues: 749

TELEMEDICINE REPORT - CCVS
Releases per Quarter

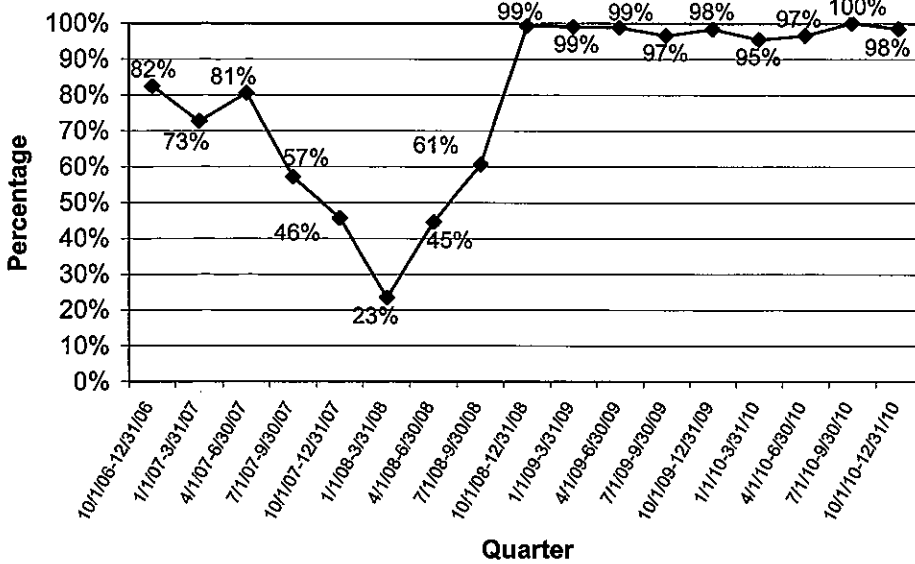


This graph shows the number of releases per quarter.

Annual (FISCAL) release totals are as follows:

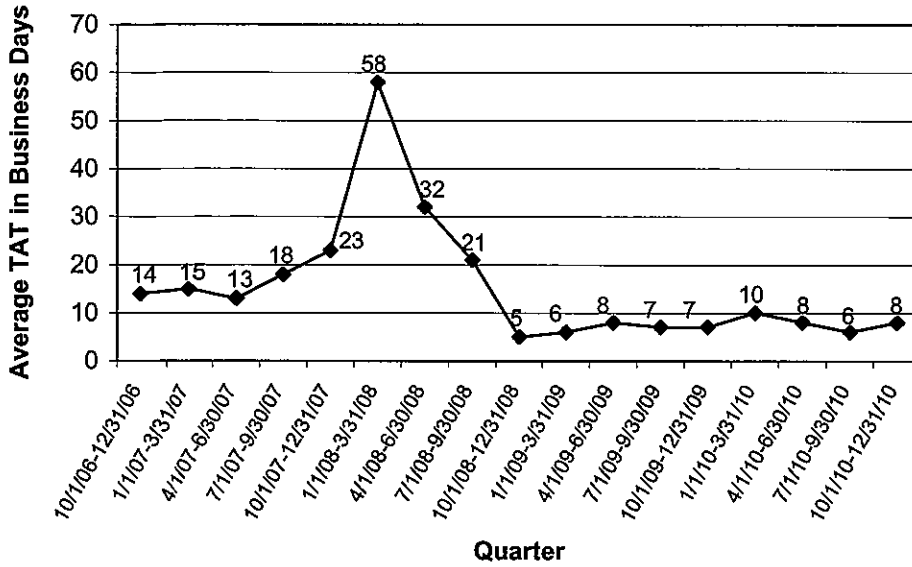
- 2004 = 16 releases
- 2005 = 114 releases
- 2006 = 356 releases
- 2007 = 527 releases
- 2008 = 429 releases
- 2009 = 470 releases
- 2010 = 490 releases
- 2011 = 246 releases thus far

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



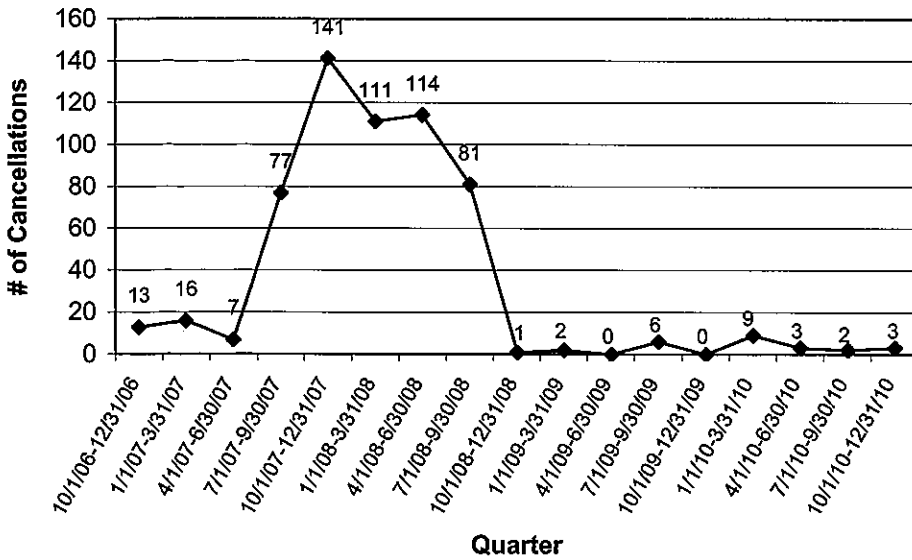
This graph shows the percentage of telemedicine orders that were released within TAT goals each quarter.

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.