



# ARKANSAS STATE MEDICAL BOARD

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Executive Secretary

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August 10, 2009

## EXHIBIT G-2

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 4/1/2009 to 6/30/2009 (2<sup>nd</sup> Quarter). We are presently completing our 3<sup>rd</sup> 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.
- The CCVS is currently in the middle of National Committee on Quality Assurance (NCQA) certification resurvey. This will end in September 2009 when the official results of the resurvey will be made available.

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) 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. The CCVS process allows the Medical Board to provide an organization with each physician's core credentialing information, once the physician provides the Board with written 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, 2005 and 2007, and will complete the resurvey process in September 2009. Resurvey is every two years and always scheduled 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. 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: 1) Assist the Medical Board in instituting a comprehensive and credible credentials verification service; 2) monitor and evaluate the service and seek opportunities to improve it; 3) provide liaison and facilitate compliance with regulatory standards such as those of National Committee for Quality Assurance (NCQA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Arkansas Department of Health (ADH); 4) recommending policies, procedures and fees; and 5) publicizing and advocating for the service.

A quarterly Quality Improvement Report is the method utilized by the CCVS to report statistical tracked data to the oversight committees 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.
- Report of web-based random customer surveys.



Arkansas State Medical Board  
Centralized Credentials Verification Service

**Quality Improvement Report**

For the Period  
April 1, 2009 - June 30, 2009

Prepared by:

Angie Meehleder,  
Quality Assurance & Customer Service Manager



# Arkansas State Medical Board Centralized Credentials Verification Service

## Quality Improvement Report

For the Period 4/1/2009 to 6/30/2009

**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:	10/1/08-12/31/08	1/1/09-3/31/09	4/1/09-6/30/09
Number of Business Days in Period:	59	61	64

### ORDER & RELEASE STATISTICS:

	Previous Quarter		Last Quarter		This Quarter		Increase or Decrease from Last Quarter (%)
	10/1/08-12/31/08	1/1/09-3/31/09	1/1/09-3/31/09	4/1/09-6/30/09	4/1/09-6/30/09		
<b>New Initial Orders in System:</b>	1,340	1,149	1,149	1,489	1,489		29.6%
<b>New Recredential Orders in System:</b>	1,989	2,268	2,268	1,823	1,823		-19.6%
<b>TOTAL New Orders in System:</b>	3,329	3,417	3,417	3,312	3,312		-3.1%
<b>Initial Releases Total / % of Total</b>	1,342	41.2%	1,115	31.6%	1,271	42.7%	14.0%
<b>In-Cycle Recred Releases Total / % of Total</b>	1,046	32.1%	1,166	33.0%	997	33.5%	-14.5%
<b>Out-of-Cycle Recred Releases Total / % of Total</b>	776	23.8%	1,171	33.2%	617	20.7%	-47.3%
<b>Expedited Initials Total / % of Total</b>	50	1.5%	52	1.5%	70	2.4%	34.6%
<b>Expedited Recredentials Total / % of Total</b>	43	1.3%	24	0.7%	19	0.6%	-20.8%
<b>TOTAL Releases Completed:</b>	3,257		3,528		2,974		-15.7%
<b>Average Monthly Releases:</b>	1,086		1,176		991		-15.7%
<b>Number of Physicians Released:</b>	2,472		2,633		2,197		-16.6%
<b>Average TAT (Business Days)</b>							
<b>Initials (Target = 15):</b>	5.85		4.49		6.02		-1.53 days
<b>In-Cycle Recredentials (Target = 30):</b>	2.30		2.34		0.20		2.14 days
<b>Out-of-Cycle Recredentials (Target = 30):</b>	9.35		15.03		10.81		4.22 days
<b>Expedited Initials (Target = 5):</b>	2.37		2.02		2.53		-0.51 days
<b>Expedited Recredentials (Target = 5):</b>	1.77		1.54		1.68		-0.14 days
<b>% of Files Meeting Target TAT Goals:</b>							
<b>Initials:</b>	99.9%		100.0%		99.8%		-0.2%
<b>In-Cycle Recredentials:</b>	100.0%		100.0%		100.0%		0.0%
<b>Out-of-Cycle Recredentials:</b>	99.8%		99.7%		100.0%		0.3%
<b>Expedited Initials:</b>	98.4%		100.0%		96.7%		-3.3%
<b>Expedited Recredentials:</b>	100.0%		100.0%		100.0%		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:

The average Turn-around-time (TAT) in business days goals for In-cycle Recredentials improved slightly from 2.34 turn-around-time days to an average of .20. Percentage of profile types meeting targeted goals remained at 100% this quarter for In-Cycle Recredentials (5th consecutive quarter) and Expedited Recredentials (5th consecutive quarter). Out-of-Cycle Recredentials improved slightly from 99.7% to 100% and their Average TAT improved from 15.03 to 10.81, an improvement of 4.22 days.

### Barriers:

Several large telemedicine files and locum tenens files counted within the Initial order-types this quarter caused the slight increase in Average TAT and increased the percentage of these files meeting targeted TAT goals; Expedited Initials also had a slight increase in Average TAT and percentage of files meeting targeted goals due to difficulty in obtaining attestations from physicians by the expedited due dates. Locum tenens verifications are difficult to obtain as most organizations do not maintain the dates a locum worked at their organization or the physician contracted for himself and lists "Various locum assignments" on his CV, which does not provide enough information to utilize to collect verifications. Volume numbers were down on recredentialing order-types, initial and new orders due to the merging of credentialing by a large health organization.

### Recommendations & Follow-Up:

Although the new internal processes for working telemedicine files is continuing to improve the turn-around-time, there will remain huge or difficult telemed files with large volumes of verifications that must be obtained. The new internal processes for assigning file audits and new training endeavors continue to positively impact order and release statistics. Utilization of temporary staff during high-volume periods continues as needed. Order types were down due to merging of a large health organization, another health organization separated their credentialing and is expected to place several hundred orders within the next quarter. Completion of postgraduate programs by June 30th will also bring more orders into the system in the next quarter. Continue to monitor for process improvement, opportunities to reduce and improve turn-around-time and increase or provide additional training as necessary.

## 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 10/1/08-12/31/08	Last Quarter 1/1/09-3/31/09	This Quarter 4/01/09-6/30/09	Increase or Decrease from Last Quarter (%)
TOTAL Number of Releases:	3,257	3,528	2,974	-15.7%
% of released files reviewed:	25%	25%	25%	25%
Number of errors in audited files:	72	99	115	16.2%
Accuracy rate on audited files:	91.2%	88.8%	84.5%	-4.8%

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

### **Types of Errors:**

#### **Apr = 29:**

Out-of-State License History - entered wrong verification date per PSV (5), did not reverify (2) license, obtained duplicate verifications (1); Work History/Staff Appointment - entered reverification date but not documented (1) in file, entered wrong clinical scope (1), did not obtain clarification of verification with no clinical scope, did not obtain clarification on good standing (1) and entered title in employment when there is an entry for staff that includes this title (1), entered wrong verification dates per PSV (1); State DEA - entered Schedule 3 when PSV did not list (3), should have entered "No Records Found" (1) in Remarks per PSV, did not reverify a State DEA (1); Employment entry - specialty should have been "unknown" (4) since PSV could not confirm; Time gap - 39 day gap was not entered (1), Wrong activity type (1) entered; Medical Education - Incorrect transcript date (1) per PSV, Remarks entry (1) for 3-yr Program was not entered; Teaching/Faculty Appointments - PSV lists physician (1) name differently and should have called to obtain clarification; current appointment was not reverified within 120 days (1); did not document verbal information (1) correctly.

#### **May = 29:**

ENTERED stamp is dated prior to certification verification date on Board Certification Verification (3) and State DEA (3) with same issue; Insurance Retro Date not entered (4), Wrong Insurance issue date (5); Entered Good Standing = Yes but should be Unknown since this was not verified (3); Verbal verifications and ENTERED stamps are not initialed (7); Federal DEA verification date is incorrect (1); Education Residency incorrect (2); Incorrect verification source on staff appointment (1).

#### **Jun = 57:**

Entry incorrectly listed as "staff appointment and should be private practice (5); Incorrectly listed verification source (5); Staff Appointment listed Unable to Verify and Direct PSV on file (1), Verification date incorrectly entered (5); Verification Method incorrect (1); Did not enter employment (1); Incorrect medical education entity listed (1); Wrong current insurance policy number (1), wrong entity (1), wrong termination date (1) and Previous Insurance entity incorrect (1); Wrong Good Standing entries on staff appointment (2); Clinical Scope on staff appointment is incorrect (3); Staff appointment start and/or end dates entered incorrectly per PSV (3); Staff Appointment verification date incorrect per PSV (6), Staff appointment entity incorrect (1), Standard Remarks incorrect (2), Staff privilege incorrect (1); Incorrect Federal DEA schedules (1), Incorrect Federal DEA verification source (1); Medical Education transcript entry errors per PSV (3); Residency listed under staff appointment (1); UPIN data entry error (1); Did not reverify Other State license (1); Other State DEA entered but did not put documentation in file (1); ENTER stamps not initialed according to required process (2); Audit Release Tool not initialed by the release person (1), failed to use highest level of education completed for substituting Board certification on release (1); Residency not entered correctly (1); Residency entity incorrect (1); Incorrect Secondary Specialty entered (1).

### **Barriers:**

Several staff still in training with new trainer not familiar with processes or data entry locations. Two new additional staff will begin training during the first month of the next quarter. Experienced staff also experiencing issues with process changes and having difficulties adjusting. New training techniques and sessions have been initiated to improve understanding of processes.

### **Recommendations & Follow-Up:**

Program Manager and new trainer are now reviewing errors with staff and working on additional training. New tracking and reporting tools are being developed to provide more detailed information to all management in order to continue to improve training and identification of types of errors and which staff are having the most difficulty but also in order to identify who has the least amount of overall errors according to file difficulty. Recommend program manager and trainer do random 100% of the remaining 75% of files worked for all staff, not just new trainees in order to determine accuracy compared to volume and difficulty. Continue to monitor for process and training improvement. Customers were provided corrected profiles.

**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		
	Jan '09	Feb '09	Mar '09	Apr '09	May '09	JUN '09
# of Permanent Staff:	17	18	17	17	17	18
# of Temporary Staff:	2	3	2	0	0	0
Staff Loss (Perm/Temp):	0/0	1/1	1/2	0	0	1

### Registered Users:

Total number of user organizations reported each period.

Period:	Previous Quarter 10/1/08-12/31/08	Last Quarter 1/1/09-3/31/09	This Quarter 4/1/09-6/30/09	% +/- from last quarter
Hospital:	228	231	234	1.3%
MCO/Other:	39	39	40	2.6%
Total Customers	267	270	274	1.5%

MCO = Managed Care Organizations, Insurance Networks, PHOs

Other = Clinics, IPAs, Surgery & Outpatient Clinics

### REGISTERED USER TRACKING: Barriers, Recommendations & Follow-Up

#### Barriers:

Tracking limitations remain the same and will not change in the near future until and unless the state legislature requires insurance products to register prior to initiation of business in Arkansas. There still is no other way to discover new insurance products that begin operating within the state except through physician and office staff notification. Several organizations currently operating within state are the cause of common complaints. Physicians say they are upfront about not utilizing the CCVS because they are going through another credentialing office, sharing profiles but with separate credentialing committees or utilizing an out-of-state application service that is not compliant with the CCVS, advertises itself as a "credentialing" organization, and stating that they are not operating instate and therefore are excluded from Arkansas law. They will determine what to do if/when they are fined but they are aware that no one has been fined. Physicians' office staff confirm this information.

#### Recommendations & Follow-Up:

The management team's quality assurance/customer service staff continues to communicate with these organizations on a consistent and regular basis to encourage sign-up. The IT department continues to work on methods we may utilize electronically to track utilization and compliance in the future. This will also include methods to possibly track historic information regarding when an organization normally places large orders so that staffing can be adjusted and planned in advance. New organizations will continue to be identified through the same methods - through physicians, their office staff, other organizations and business news information until or unless there is required tracking in Arkansas for this type of organization. The Customer Service department will continue to provide the necessary information to new organizations and follow-up with any non-compliant organizations as required and as they are identified. Continue to monitor for customer service assistance, statute compliance and improvement.

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

CATEGORIES:	Previous Quarter		Last Quarter		This Quarter		Increase or Decrease from last QTR
	10/1/08-12/31/08		1/1/09-3/31/09		4/1/09-6/30/09		
<u>Positive Comments:</u>							
Positive Comments (Total / % of Total):	1	1.4%	6	6.4%	12	11.0%	100.0%
<u>Technology/System Issues:</u>							
Customer Tech (Total / % of Total):	26	35.1%	11	11.7%	1	0.9%	-90.9%
CCVS Internal Tech (Total / % of Total):	9	12.2%	17	18.1%	11	10.1%	-35.3%
<u>Other:</u>							
Profile TAT Delay (Total / % of Total):	0	0.0%	0	0.0%	0	0.0%	#DIV/0!
Inconsistent Data (Total / % of Total):	2	2.7%	7	7.4%	6	5.5%	-14.3%
Credentialing Program (Total / % of Total):	1	1.4%	29	30.9%	47	43.1%	62.1%
Staff Related (Total / % of Total):	36	48.6%	30	31.9%	44	40.4%	46.7%
Known Cause (Total / % of Total):	0	0.0%	0	0.0%	0	0.0%	#DIV/0!
<b>TOTAL CUSTOMER ISSUES:</b>	<b>74</b>	<b>2.1%</b>	<b>94</b>	<b>2.7%</b>	<b>109</b>	<b>3.7%</b>	<b>16.0%</b>

# of releases WITHOUT Customer Service issues:	2,865	# of releases WITH Customer Service issues:	109
% of releases WITHOUT Customer Service issues:	96.33%	% of releases WITH Customer Service issues:	3.67%

#### **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:	2,973	# of releases WITH Cust Tech issues:	1
% of releases WITHOUT Cust Tech issues:	99.97%	% of releases WITH Cust Tech issues:	0.03%

##### **Barriers:**

New customer user with no credentialing experience and who was not utilizing the Guidebook provided stated her order confirmation was not provided.

##### **Recommendations & Follow-Up:**

Confirmed the order was placed, provided the order confirmation and notified the customer that the order confirmation was sent to the account administrator whose user name and password she was utilizing. Advised the Account Administrator should sign her up as an Account User so she would receive a user name and password. This issue was due to user education, as this information is provided in the online User Guidebook, located in the Downloads section, as well as the Credentialing section of the Board's website. Once one-on-one assistance was provided and referral to the Guidebook, the issue was quickly resolved and the customer was satisfied. The management team is will be providing an on-site education in service at the board office this fall after NCQA on-site. Continue to monitor for process improvement, customer user assistance and opportunities to improve user guidebook and training.

#### **CCVS TECHNOLOGY ISSUES: Barriers, Recommendations & Follow-up**

# of releases WITHOUT CCVS Tech issues:	2,963	# of releases WITH CCVS Tech issues:	11
% of releases WITHOUT CCVS Tech issues:	99.63%	% of releases WITH CCVS Tech issues:	0.37%



**Barriers:**

System glitches reported, including customer's inability to order due to grayed out issues, customer could not order, could not access attestations after ordering, could not access free DEA/Malpractice or two working duplicate orders were made by the customer and the system failed to block.

**Recommendations & Follow-Up:**

Continue to monitor and correct conversion issues/glitches as they are discovered and reported. IT staff cleared these quickly and the customer was able to proceed or receive the required information or the CS staff emailed the information while IT was working on the issue if resolution was delayed. Continue to monitor for process improvement.

**PROFILE TAT ISSUES: Barriers, Recommendations & Follow-up**

# of releases WITHOUT Profile TAT issues:	2,974	# 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 and for process improvement.

**INCONSISTENT DATA ISSUES: Barriers, Recommendations & Follow-up**

# of releases WITHOUT Profile TAT issues:	2,968	# of releases WITH Profile TAT issues:	6
% of releases WITHOUT Profile TAT issues:	99.80%	% of releases WITH Profile TAT issues:	0.20%

**Barriers:**

Organizations continue to report appointments or work history that the physicians are listing on applications for privileges or CV's provided at application but have not been reported to the Board at initial licensure or to the CCVS in the annual renewal. The same two organizations have new staff that continue to report inconsistent data when the new staff's unfamiliarity with credentialing information are the issues. They are working off CV's and if the physician lists information twice on the CV, they expect to see two separate entries on the profile, instead of looking at the date ranges and entity listed there. They are also questioning 1-3 days difference in dates from the CV to the PSV profile. This organization demands reverification of the dates to fill the "gap" in time. The physician's CV may not list exact dates or match the dates the PSV provided simply because the physician may not have an exact recollection regarding when they started or left versus the information actually listed in the PSV's file. This same organization has been duplicating the efforts of the CCVS and collecting their own verifications prior to receiving the CCVS profile. QA/CS has notified them several times that complaints have been received regarding this but they refuse to stop.

**Recommendations & Follow-Up:**

Overall, most organization medical staffs provide assistance in reporting and allowing the CCVS to obtain the clarification, and have been of enormous help in resolving inconsistency issues utilizing this teamwork process. In general they report they understand and support the CCVS efforts and know that if a physician or PSV reports information that the physician does not agree with, it will help all organizations to have the corrected information. They understand that if one organization continues to collect this on their own in defiance of the statute, it will make it more difficult for the CCVS to obtain the verification and it will only delay all other orders in the system. Continue to document the issues with all organizations for compliance reporting and will request the board attorney and the board follow up in the near future with mandated consequences. Will continue to monitor for quality purposes and to obtain and provide updated profiles to customers as needed and as determined by inconsistent data.

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

# of releases WITHOUT MedSuite issues:	2,927	# of releases WITH MedSuite issues:	47
% of releases WITHOUT MedSuite issues:	98.42%	% of releases WITH MedSuite issues:	1.58%

#### **Barriers:**

Since "clean-up" of old entity names or name changes is ongoing, in some cases the change was made during the file release process, caught between the release and receipt by customer, and a few customers and physicians noted the Do Not Use indicator and thought it meant they could not use that entry for credentialing. This mostly affected DEA/Malpractice verifications but did print on some profiles during the update process and license renewal process. The other issue involves the inability of customers to utilize the free access to the DEA/Malpractice on physicians with Temporary permits.

#### **Recommendations & Follow-Up:**

These issues will improve as clean-up is completed and staff become more experienced in identifying the wrong entities. As more of the wrong entity names are removed and replaced with the correct names, there will be less and less possibility of this error/issue. The customer or physician (if during renewal process) is always provided with a corrected profile immediately upon notification. Continue to monitor for staff training and process improvement and both are understanding of the need to make these clean-ups and that a few may be caught between the release process and satisfied they get the corrected profile from the CS staff very quickly. Continue to monitor for customer service improvement and timely resolution.

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

# of releases WITHOUT Staff-Related issues:	2,930	# of releases WITH Staff-Related issues:	44
% of releases WITHOUT Staff-Related issues:	98.52%	% of releases WITH Staff-Related issues:	1.48%

#### **Barriers:**

New staff in training, changes in processes affecting experienced staff are continuing problems and are responsible for the data entry issues this quarter with most attributed to the same staff. Accuracy and consistency in data entry and following written processes continues to be an issue with all staff because of the uniqueness of most physician files.

#### **Recommendations & Follow-Up:**

New training processes are in place, training methods are being utilized and every effort continues to be explored to increase the resources and understanding of the importance of accurate and consistent data entry. Continue to monitor for training and staff education opportunities.

### **KNOWN CAUSE ISSUES: Barriers, Recommendations & Follow-up**

# of releases WITHOUT Known Cause issues:	2,974	# 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 ONLINE SURVEY:**

Online survey is not functioning due to web site/IT issues .

**QI Report - Section 3**  
**April 1, 2009 - June 30, 2009**

**Section 3 - Customer Satisfaction/Feedback**

<b>CATEGORIES</b>	
12	Positive Comments
<b>Technology/System Issues</b>	
1	Customer
11	CCVS-Internal
<b>Other</b>	
0	Profile TAT Delay
6	Inconsistent Data
47	MedSuite Program
44	Staff Related
0	Known Cause
109	<b>Total Customer Issues (not including positive comments)</b>

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

434	Miscellaneous Customer Service issues: <i>Resolved or completed.</i>
9	Requests for incomplete profiles. <i>Completed.</i>
50	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>
6	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>
191	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>
29	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
129	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&amp;R and order access was allowed. Any A&amp;R no returned by release due date were canceled until the A&amp;R was received and if elements had not expired in the interim the file was immediately released.</i>
3	Returned Attestations to customers due to wrong license number, wrong date, undated or questions not completed.
26	Cancellations: (22) customer/user initiated due to need to change order type to expedite, duplication of orders, ordered in error, ordered too soon; (4) CCVS Management initiated because the order could not be completed by due date due to no fault of the CCVS.
96	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>
9	Physician requests for personal profiles. <i>Profiles were faxed, e-mailed, or mailed to physician at their request.</i>
10	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).
9	CCVS notified customer of documents or information needed to complete order (updated A&R, Attestation, other documentation, or physician's contact info).
30	Updated profile provided to customer within 30 days of original release
54	Facility emailed interim update to current physician roster.

**QI Report - Section 3 Breakdown**  
**April 1, 2009 - June 30, 2009**

#	Section	Category	Code/Issue	Month						Grand Total
				4	5	6	7	8	9	
	<b>POSITIVE:</b>	A. Positive	1.00 Positive comments from customers	7	2	3	7	2	3	12
	<b>POSITIVE: Total</b>	A. Positive Total		7	2	3	7	2	3	12
	<b>MAIN CATEGORIES:</b>	B. Technology-Cust	2.99 Other Technology-Cust Issue		1					1
		B. Technology-Cust Total			1					1
		C. Technology-CCVS	3.02 Profile did not release properly	2		1				3
			3.03 Customer cannot order (fields grey)	1		2				3
			3.04 Customer cannot order (other cause)		1	1				2
			3.05 Customer cannot access Attestation			1				1
			3.05 Customer cannot access DEA/Malp			1				1
			3.06 Duplicate order in system		1	1				2
		C. Technology-CCVS Total		3	2	6				11
		E. Inconsistent Data	5.00 Org info different than CCVS		2	4				6
		E. Inconsistent Data Total			2	4				6
		F. MedSuite Issues	6.00 Cannot print DEA/Malp on temp license		2	4				6
			6.00 Do Not Use Entity Issue		1	1				2
		F. MedSuite Issues Total		39	5	2				46
		G. Staff Related	7.03 Profile missing information		6	2				8
			7.05 Incorrect date(s)	2	7	4				13
			7.06 Data entry error(s)		3	1				4
			7.07 Scanned document error(s)	2	6	8				16
			7.08 Licensure application not scanned	2		1				3
			7.99 Released by mistake	1		4				5
			7.99 A&R posted to wrong account	1		1				2
			7.99 Order cancelled in error	1		1				2
		G. Staff Related Total		10	16	18				44
		<b>MAIN CATEGORIES: Total</b>		52	27	30				109
	<b>MISCELLANEOUS:</b>	I. Misc./Other	21.01 Info requests sent to physicians	101	96	134				331
			21.02 Document rec'd, OK to reorder	8	1					9
			21.03 Customer requested confidential info			2				2
			21.04 Telemed file at/near completion, OK to reorder	1						1
			21.05 Verification request sent to customer	13	9	12				34
			21.06 Customer referred to another department or agency	7	4	6				17
			21.99 Contact instructions		1					1
			21.99 Customer request to update Attestation	2						2
			21.99 Customer requested copy of roster	1		1				2

**QI Report - Section 3 Breakdown**  
**April 1, 2009 - June 30, 2009**

21.99 Education to physician's office staff	1	1	1	2
21.99 Explanation of LOA		1	1	1
21.99 Phys OM requests that she be copied		1	1	1
21.99 Requested info from contract firm	6	4	3	13
21.99 Verification request	8	4	5	17
21.99 Verification source requested our phone #		4	1	1
<b>I. Misc./Other Total</b>	<b>148</b>	<b>122</b>	<b>164</b>	<b>434</b>
<b>J. Incomplete Requests</b>	2		2	4
9.01 Incomplete requested, provided				
9.02 Incomplete requested, not provided	4	1		5
<b>J. Incomplete Requests Total</b>	<b>6</b>	<b>1</b>	<b>2</b>	<b>9</b>
<b>K. Roster Issues</b>		5		5
10.01 Roster received incomplete				
10.02 Reminder sent re expiring roster	21	14	10	45
<b>K. Roster Issues Total</b>	<b>21</b>	<b>19</b>	<b>10</b>	<b>50</b>
<b>L. Order Status Check</b>	2	2	2	6
11.00 Request for order status				
<b>L. Order Status Check Total</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>6</b>
<b>M. User Education</b>	1			1
12.01 Sign-up process; New user packet				
12.02 Mandate education	2		5	7
12.03 Policies & procedures education	1	2	4	7
12.04 Form requests	1		1	2
12.05 A&R/Attestation education		3	3	6
12.06 A&R status check	6	36	12	54
12.07 Ordering process education	1			1
12.08 Fees / Turnaround Times (TATs)	1	1		2
12.09 Telemedicine policy education	18	7	24	49
12.10 Cancellation process education	1		1	2
12.11 Profile definitions	1		1	2
12.12 Notified cust that CCVS info correct	4	7	11	22
12.13 Notified cust they can clarify w/physician or source	2			2
12.99 Cannot order because already ordered				
12.99 DEA information		1	1	1
12.99 Disapproved medical schools			1	1
12.99 Duplicate orders			1	1
12.99 E-mail the monitor	2		1	2
12.99 E-mailing attachments/links	4	1	5	10
12.99 Free license verification	1			1
12.99 Future process changes	1			1
12.99 Italian Licensing Board				
12.99 Length of telemedicine reports	1		1	1
12.99 Level 2 vs. Level 3	1			1
12.99 License issuance	2			2

**QI Report - Section 3 Breakdown**  
**April 1, 2009 - June 30, 2009**

12.99 License Renewal Fees					1
12.99 License verification, no current license					1
12.99 License verification, not in system					1
12.99 Licensed under different name				1	2
12.99 Physician address changes				1	1
12.99 Physician identifiers				1	1
12.99 Requesting incompletes				1	2
<b>M. User Education Total</b>		<b>56</b>	<b>58</b>	<b>77</b>	<b>191</b>
<b>N. Account Administration</b>					
13.01 Account/User changes		3	1	3	7
13.02 Login/Password problems		2	1		3
13.03 Billing questions		1	1		2
13.04 Credit card declined or acct lockout		3	4	3	10
13.05 Needs to change credit card		2			2
13.99 Other Account Administration Issue		2	2	1	5
<b>N. Account Administration Total</b>		<b>13</b>	<b>9</b>	<b>7</b>	<b>29</b>
<b>O. A&amp;R Refused</b>					
15.01 Wording does not match our standard form		4	5	6	15
15.02 Organization Name issue		9	2	6	17
15.03 Practitioner is not an M.D. or D.O.		2	2	1	5
15.04 Cannot identify physician			3	5	8
15.06 License pending or inactive		3	6	3	12
15.08 Date issue		14	21	29	64
15.09 Altered without physician's initials		1			1
15.99 Form and/or handwriting illegible		3	2		5
15.99 Fax cut off		1		1	2
<b>O. A&amp;R Refused Total</b>		<b>37</b>	<b>41</b>	<b>51</b>	<b>129</b>
<b>P. Attestation</b>					
14.00 Broken attest issues handled by CS		3			3
<b>P. Attestation Total</b>		<b>3</b>			<b>3</b>
<b>Q. Cancellations-Cust</b>					
17.01 Ordered in error or Duplicate order		3	4	6	13
17.02 Ordered wrong type of profile		1		2	3
17.03 Need to order as expedited		3	2		5
17.04 No longer needs this profile		1			1
<b>Q. Cancellations-Cust Total</b>		<b>8</b>	<b>6</b>	<b>8</b>	<b>22</b>
<b>R. Cancellations-CCVS</b>					
17.52 Unable to obtain attestation		1	1		2
17.57 Unable to complete by due date		2			2
<b>R. Cancellations-CCVS Total</b>		<b>3</b>	<b>1</b>		<b>4</b>
<b>S. DEA/Insurance</b>					
18.01 Customer request to update DEA		4	6	13	23
18.02 Customer request to update insurance		15	26	31	72
18.99 Other DEA/insurance issue		1			1
<b>S. DEA/Insurance Total</b>		<b>20</b>	<b>32</b>	<b>44</b>	<b>96</b>

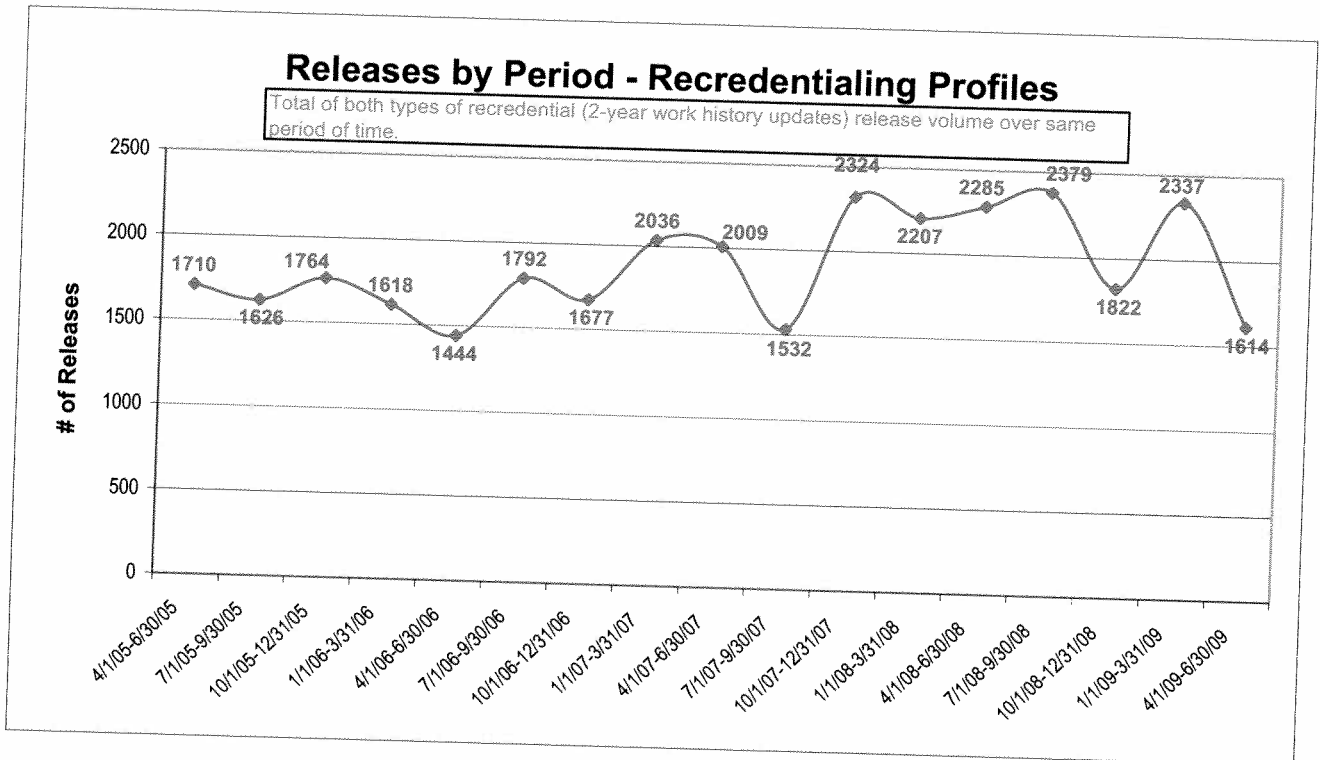
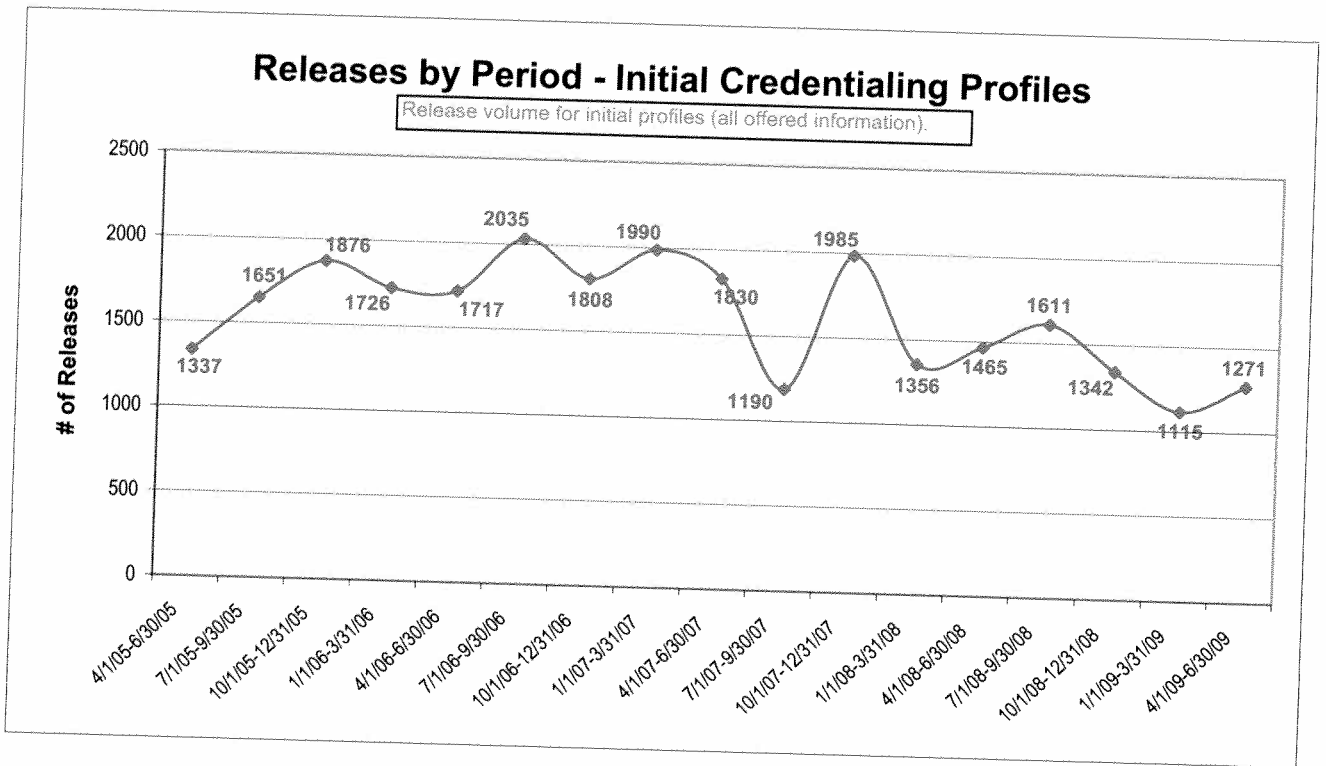
**QI Report - Section 3 Breakdown**  
**April 1, 2009 - June 30, 2009**

T. Personal Profile Sent to F 20.01	Physician requested personal profile	2	2	5	9
<b>T. Personal Profile Sent to Phys Total</b>		<b>2</b>	<b>2</b>	<b>5</b>	<b>9</b>
U. Other Physician Issue					
20.99	Physician requested correction to profile	1	1		2
20.99	Physician wants order status	1			1
20.99	Physician education	3			4
20.99	Change of E-mail address	1		1	1
20.99	Confirm DEA information was received				1
20.99	Physician complaint about Attestation	1	1		1
<b>U. Other Physician Issue Total</b>		<b>6</b>	<b>2</b>	<b>2</b>	<b>10</b>
V. Phys referred to Other De	Physician referred to another department or agency		2		2
<b>V. Phys referred to Other Dept Total</b>			<b>2</b>		<b>2</b>
W. Order Issues					
16.01	Cust notified attestation expired/expiring	1			1
16.02	Cust notified A&R expired/expiring	1	3	1	5
16.04	Cust notified we need contact info		1		1
16.99	Other Order Issue	1	1		2
<b>W. Order Issues Total</b>		<b>3</b>	<b>5</b>	<b>1</b>	<b>9</b>
W. Profile Update					
19.01	Cust requested updated profile	4		2	6
19.02	Cust requested update, not provided			5	5
19.03	Update provided to customer proactively	6	3	10	19
<b>W. Profile Update Total</b>		<b>10</b>	<b>3</b>	<b>17</b>	<b>30</b>
X. Roster Updates					
10.03	Facility sent change/addition to roster	20	25	9	54
<b>X. Roster Updates Total</b>		<b>20</b>	<b>25</b>	<b>9</b>	<b>54</b>
<b>MISCELLANEOUS: Total</b>		<b>358</b>	<b>330</b>	<b>399</b>	<b>1087</b>
<b>Grand Total</b>		<b>417</b>	<b>359</b>	<b>432</b>	<b>1208</b>

# Arkansas State Medical Board

## Quality Improvement Report for the Period 4/1/2009-6/30/2009

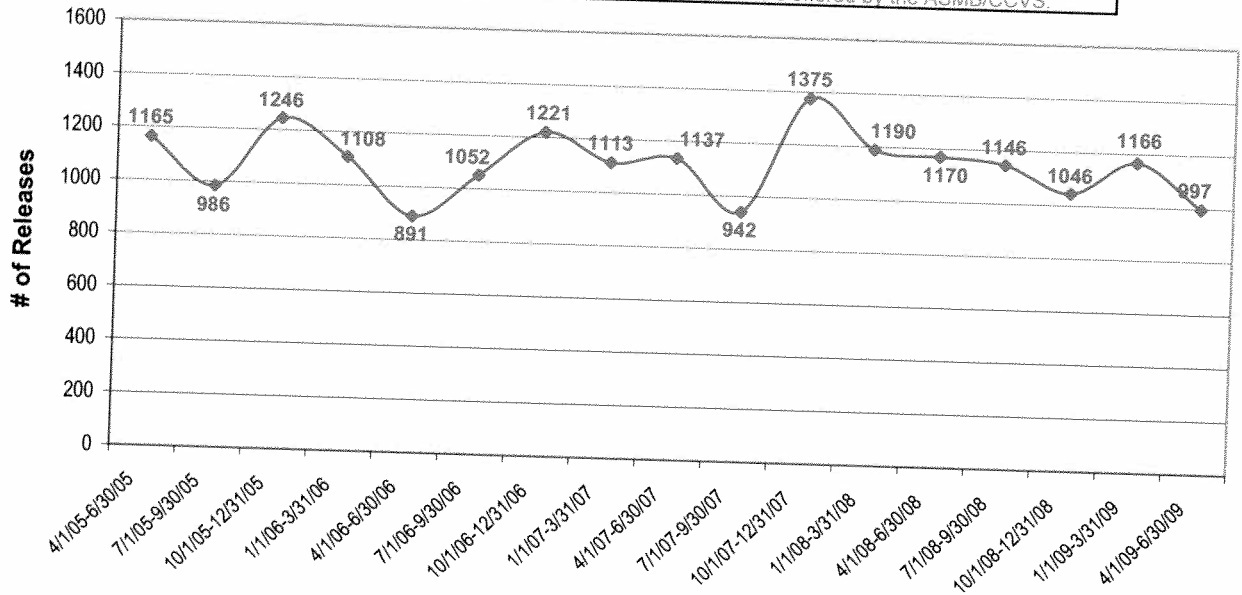
### Charts & Graphs



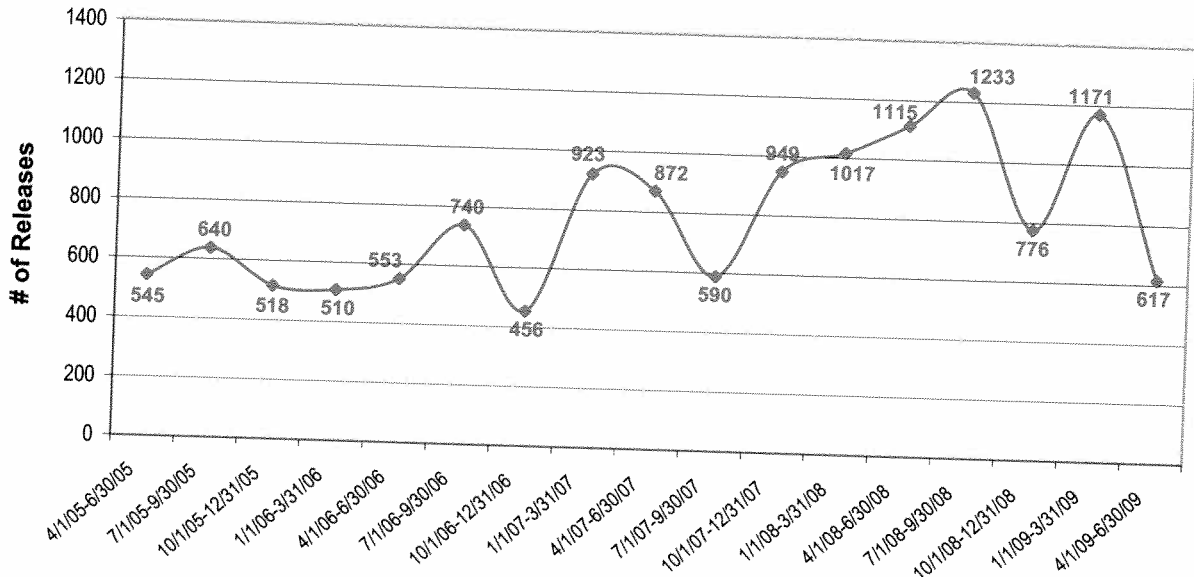


### Releases by Period: In-Cycle Recredentialing Profiles

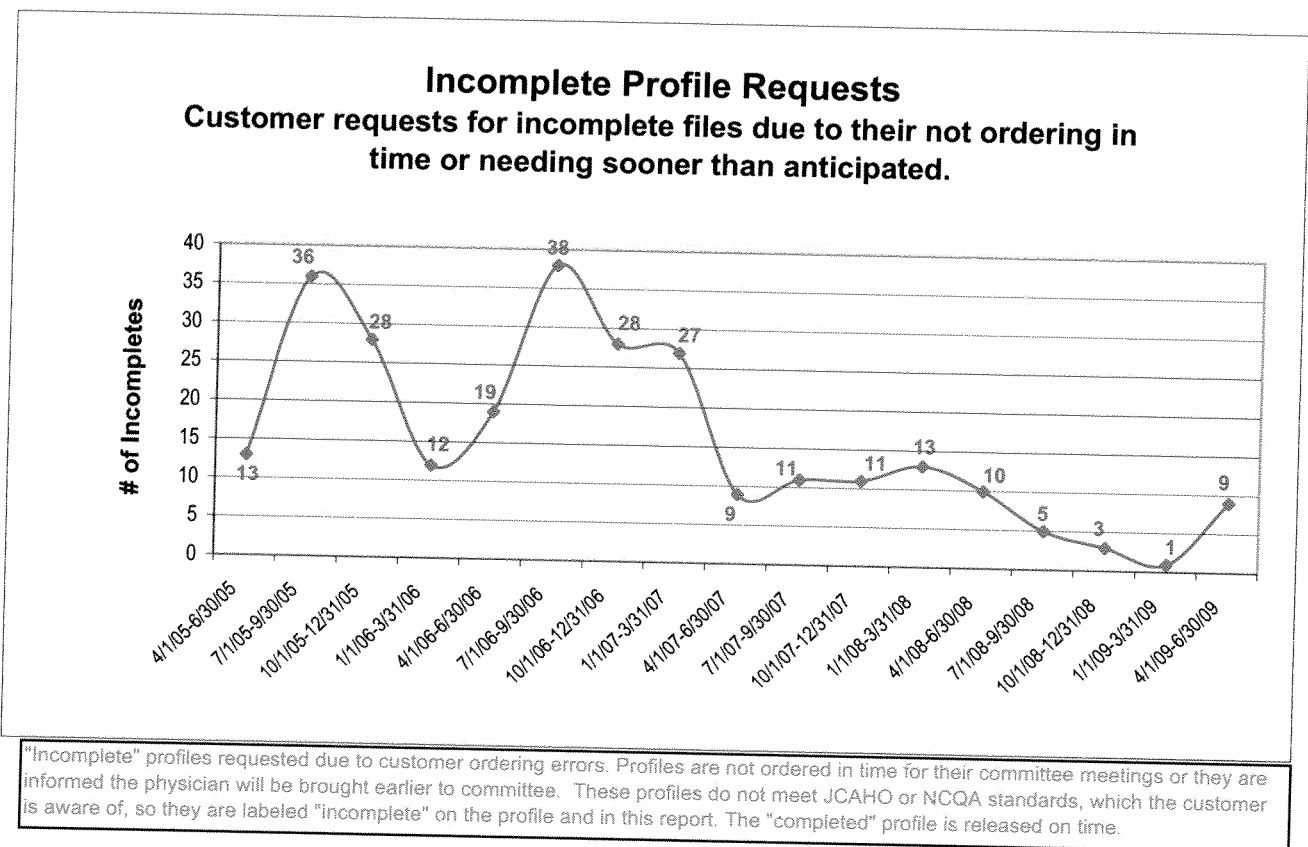
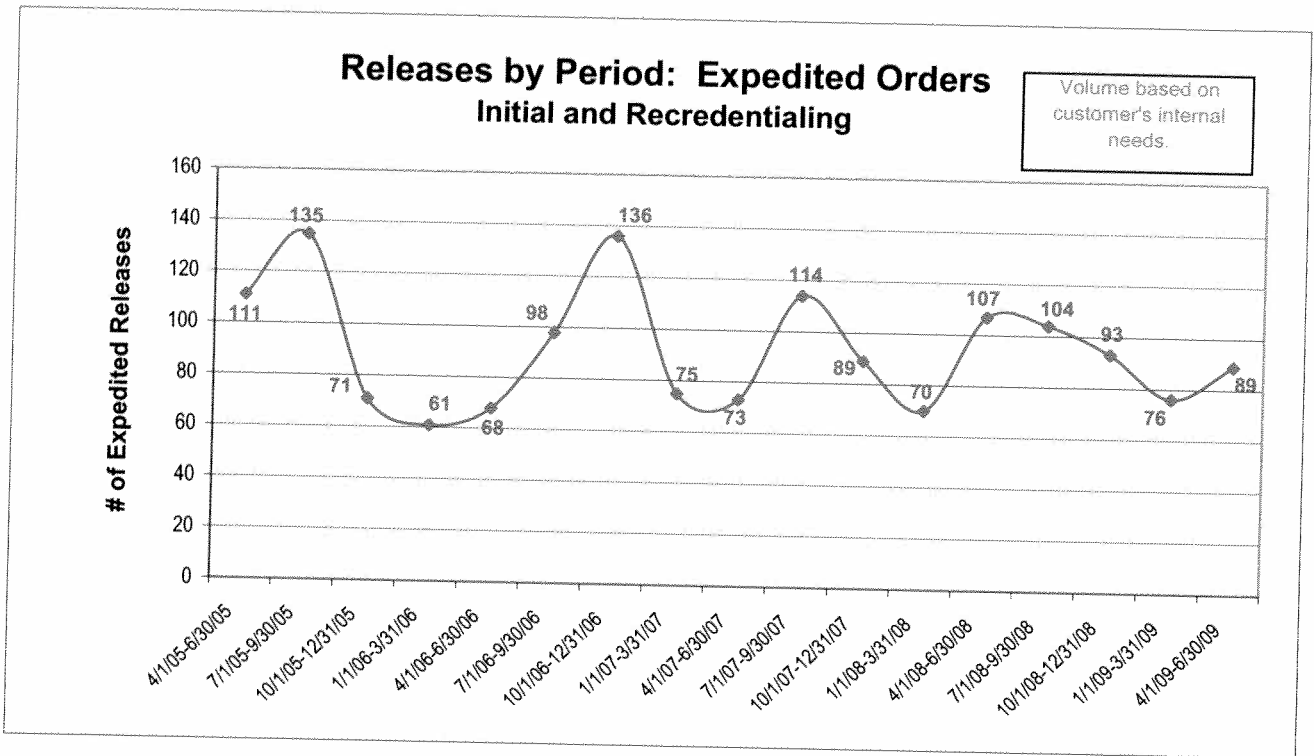
Organizations that reappoint within discounted schedule offered by the ASMB/CCVS.

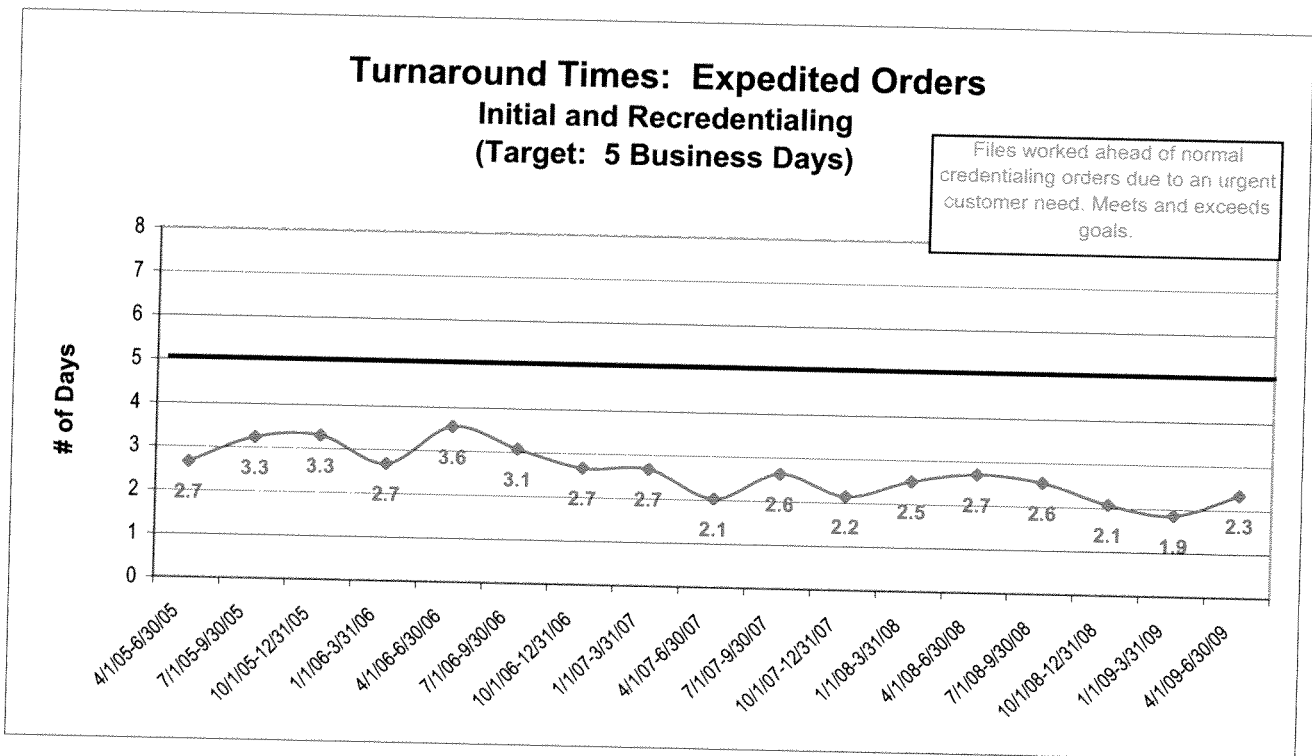
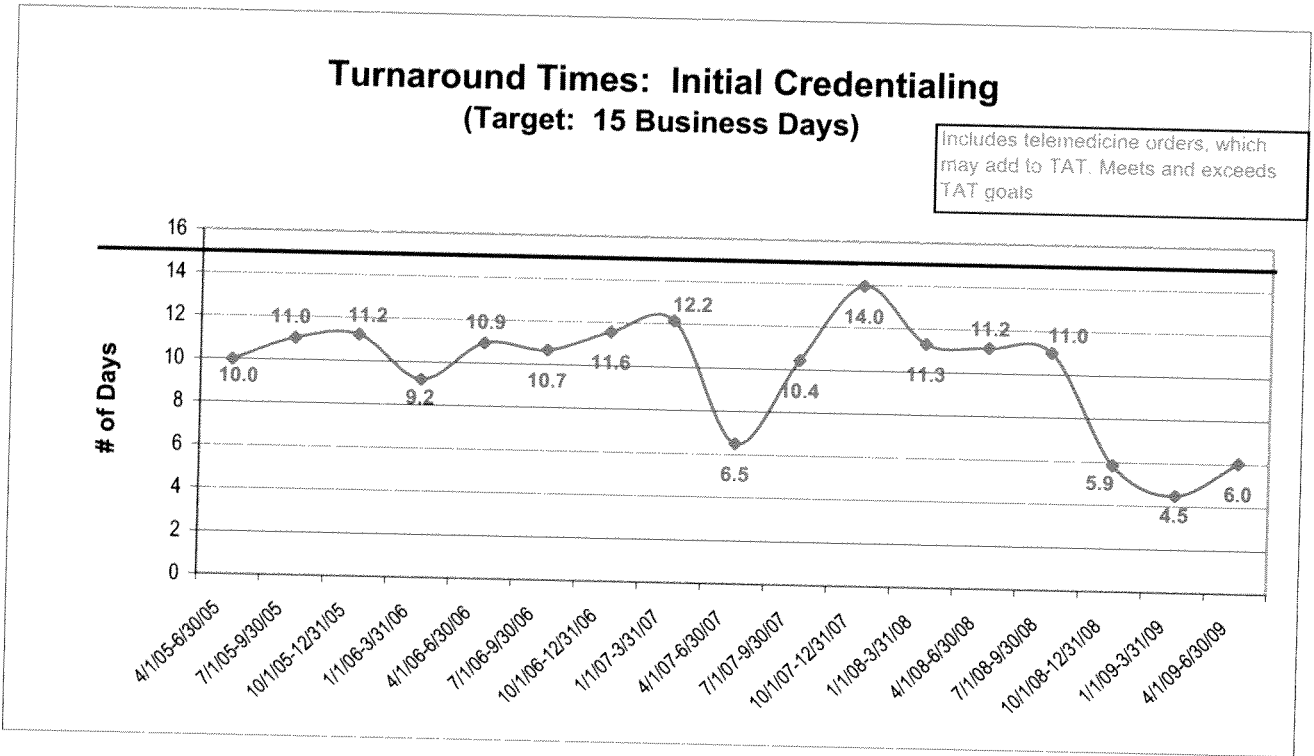


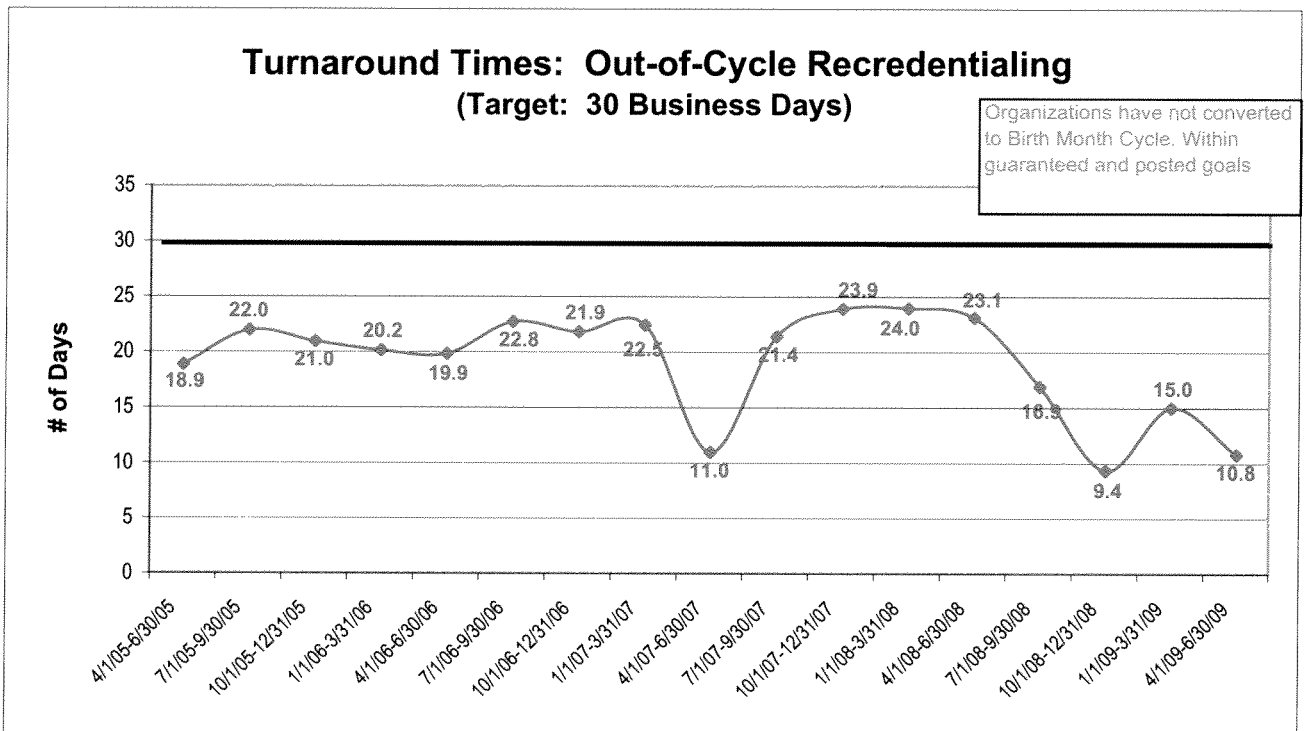
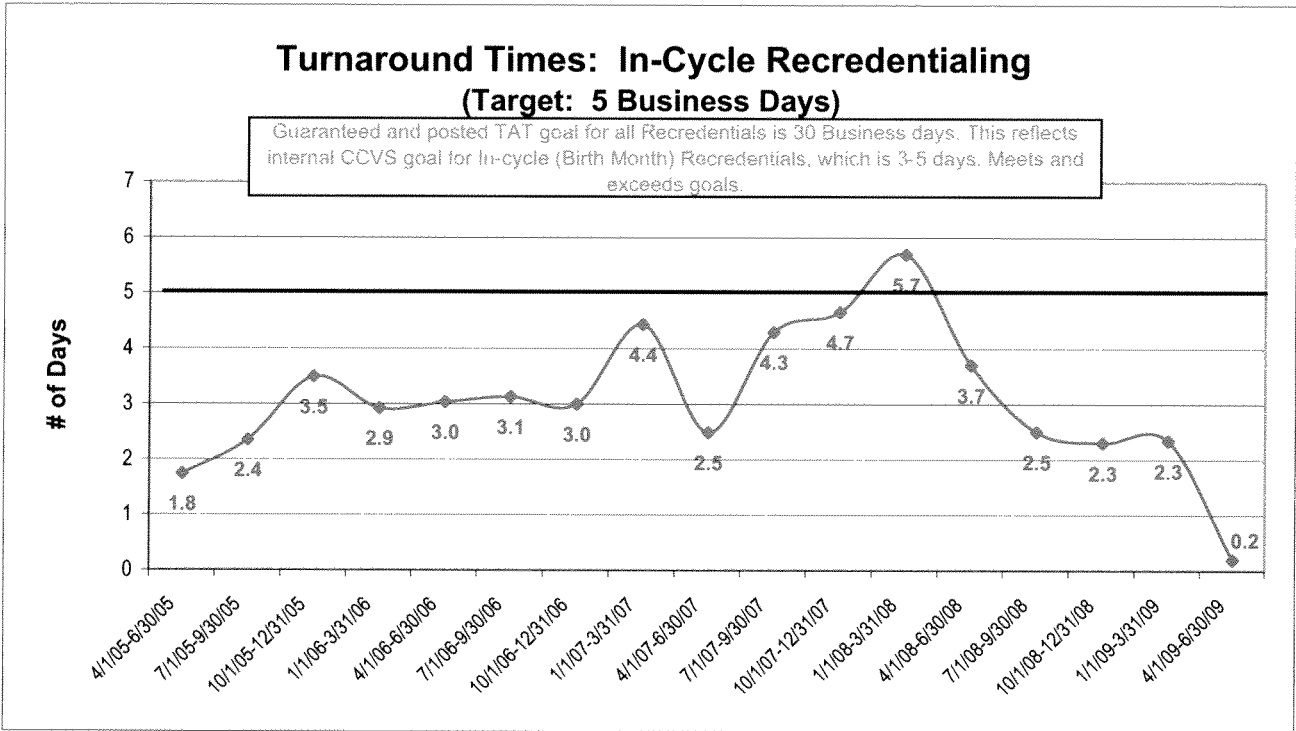
### Releases by Period: Out-of-Cycle Recredentialing Profiles

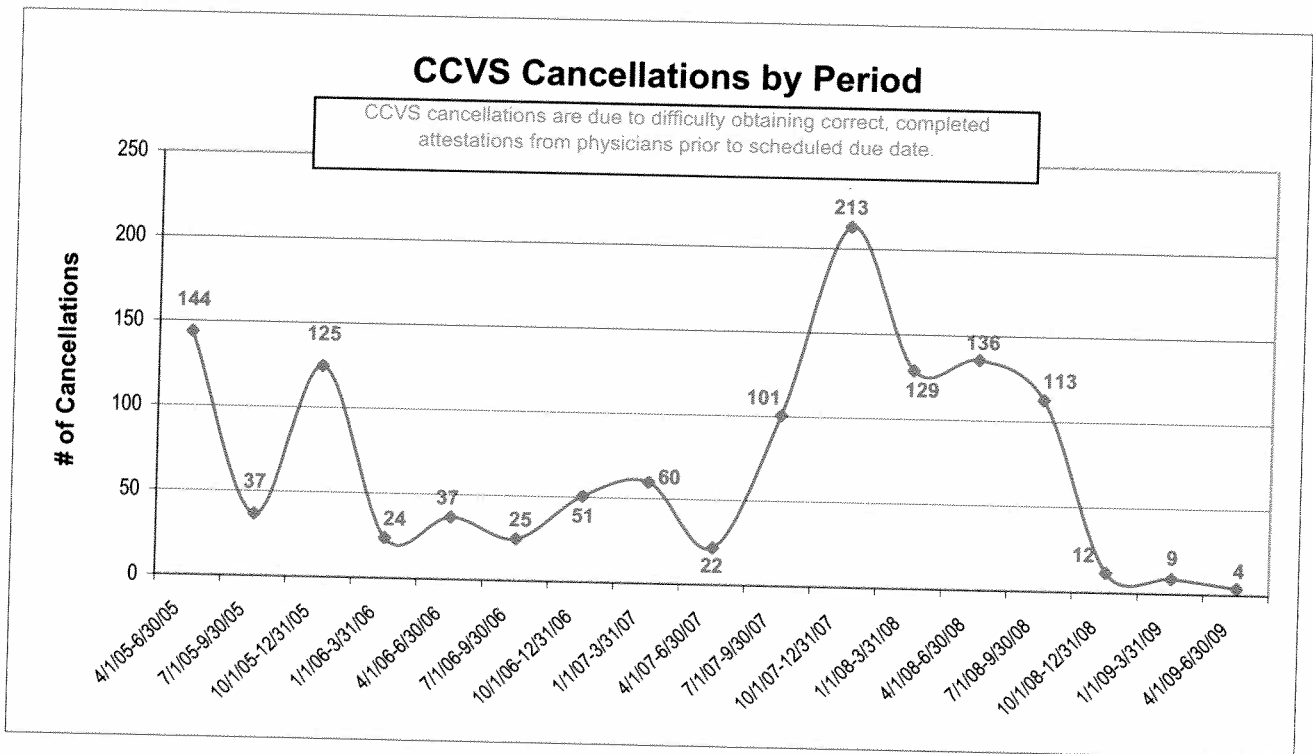
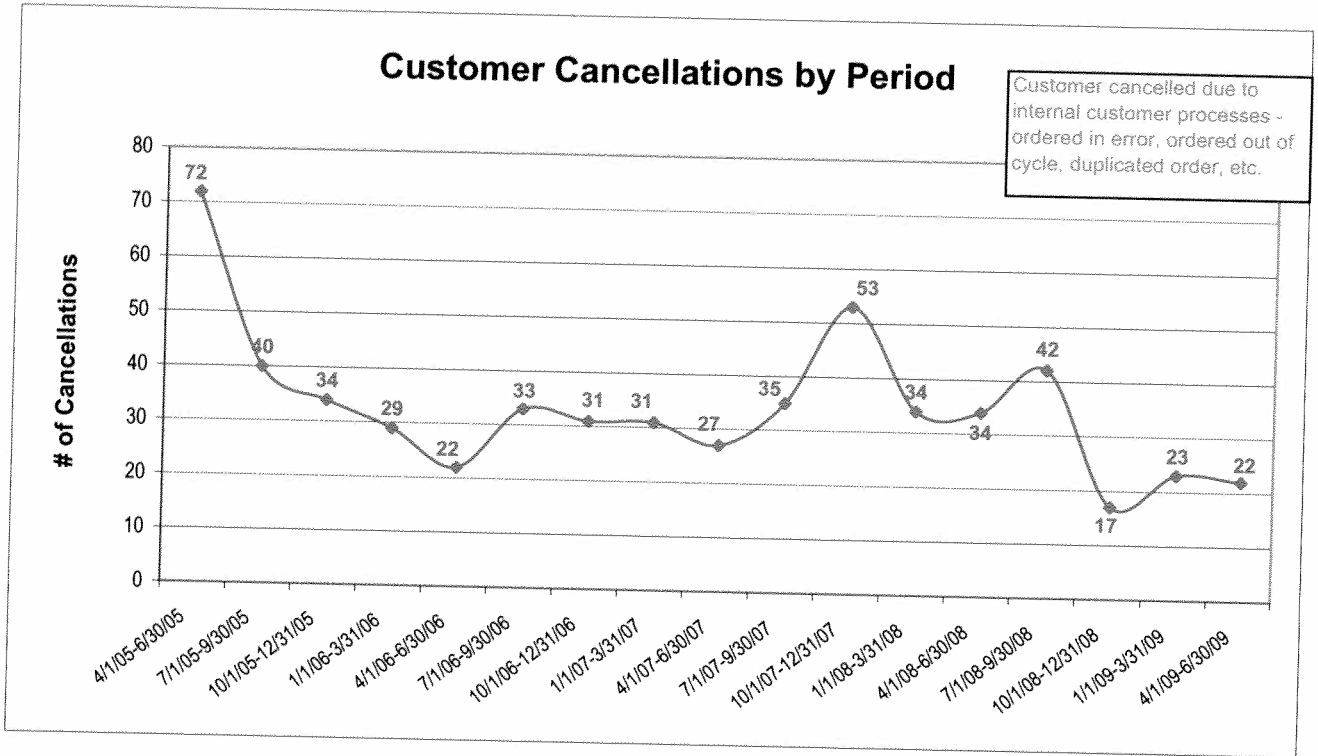


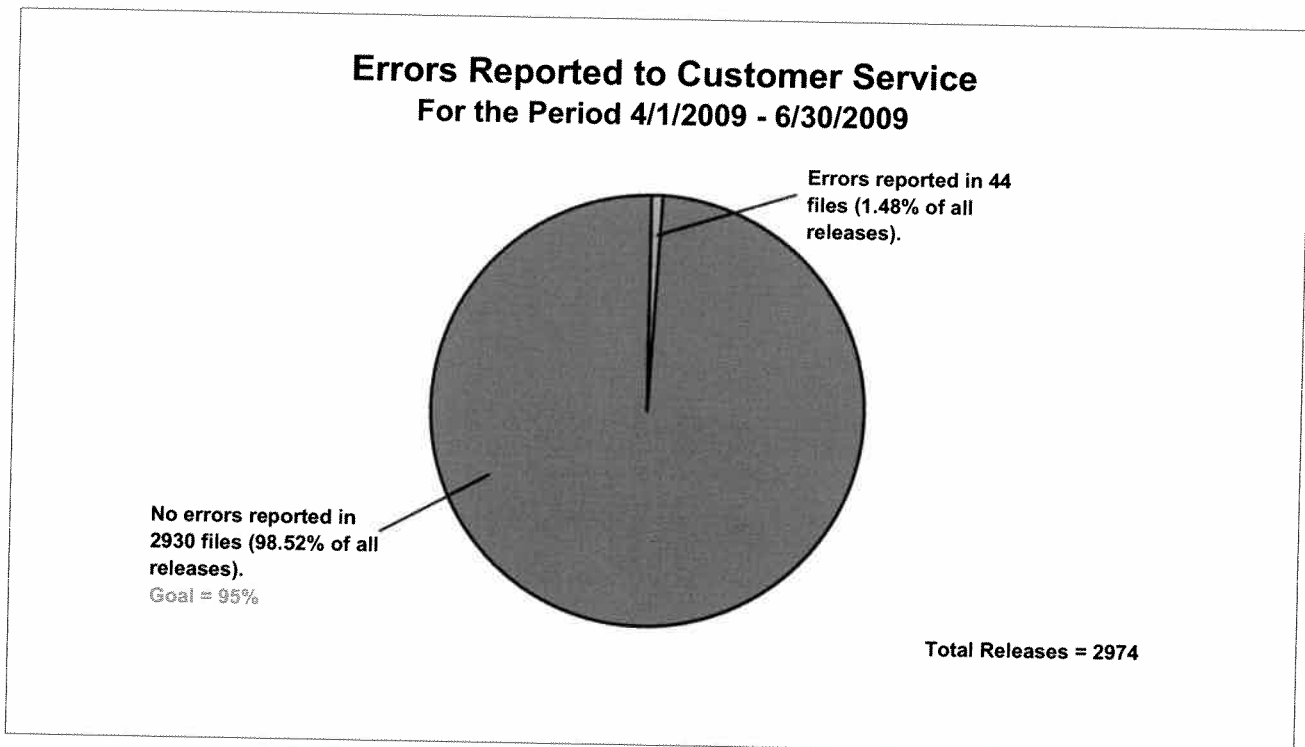
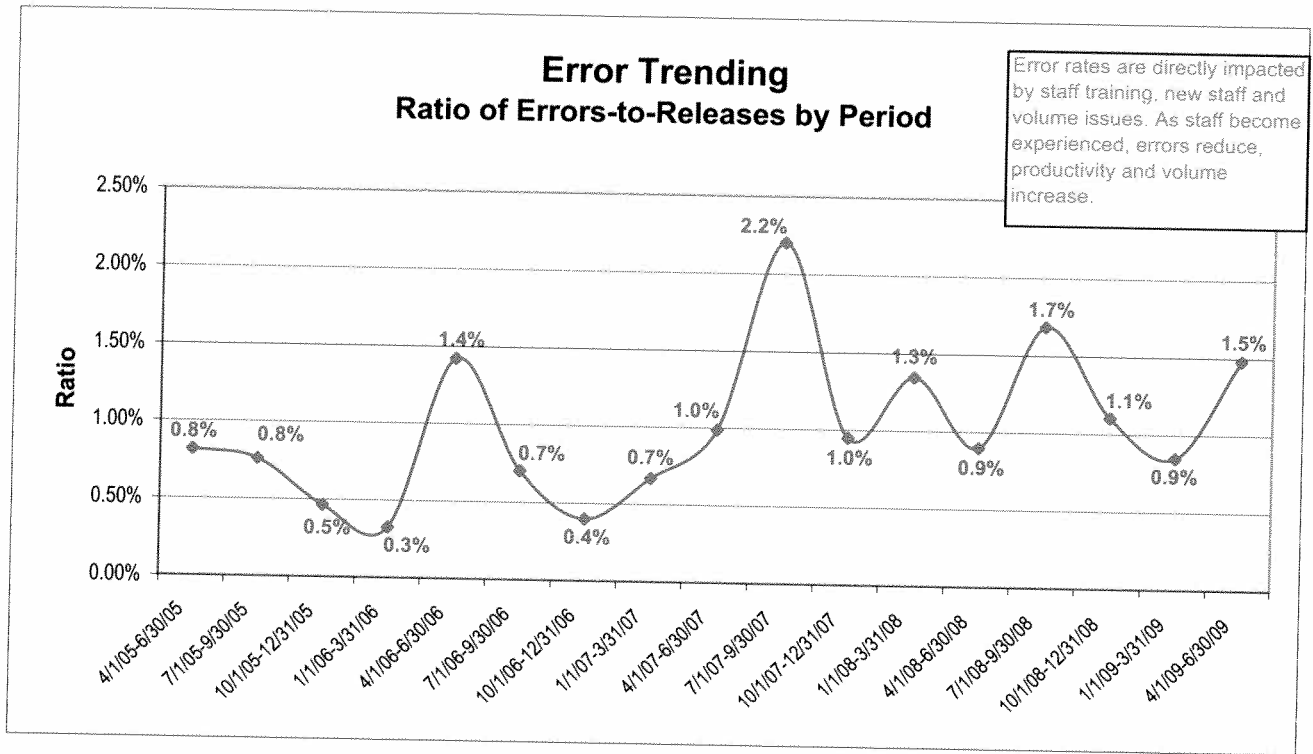
Recredentialing schedules vary per organization from every year, every two years or every three years. Not all organizations choose to recredential in-cycle for the discount due to their internal reappointment schedules.

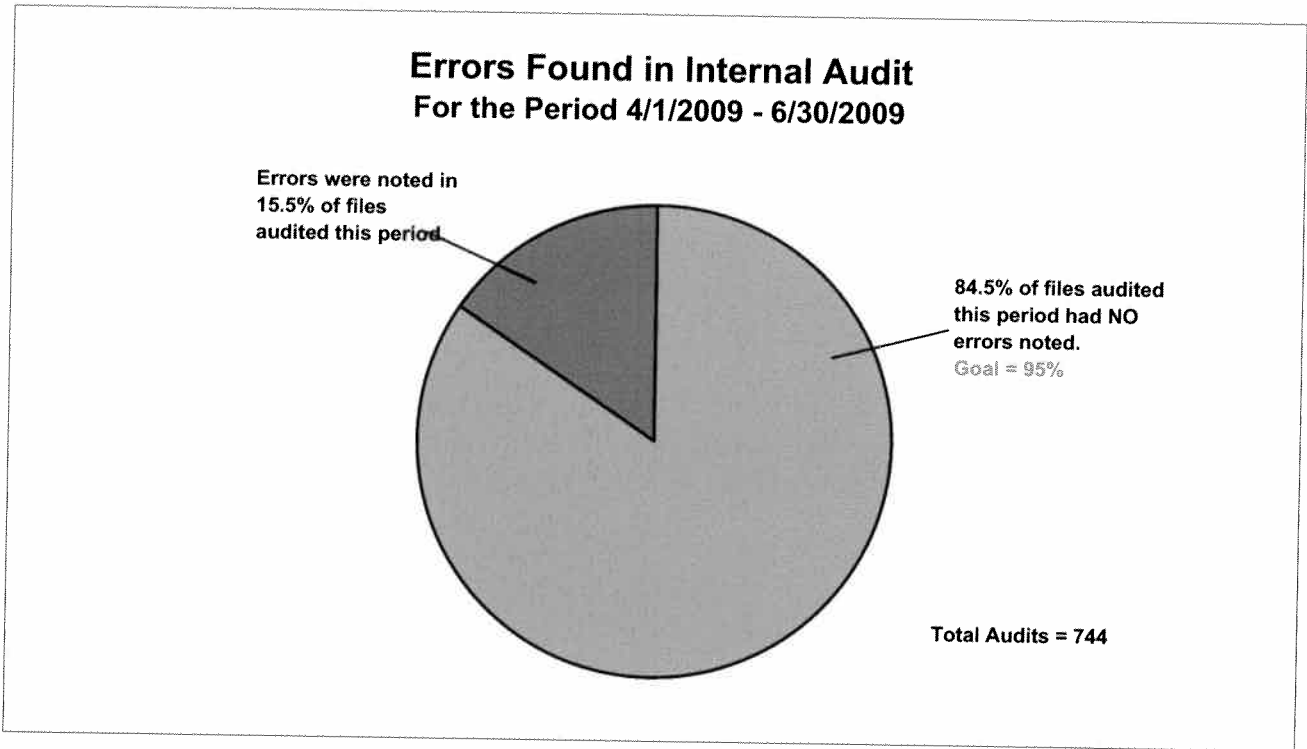






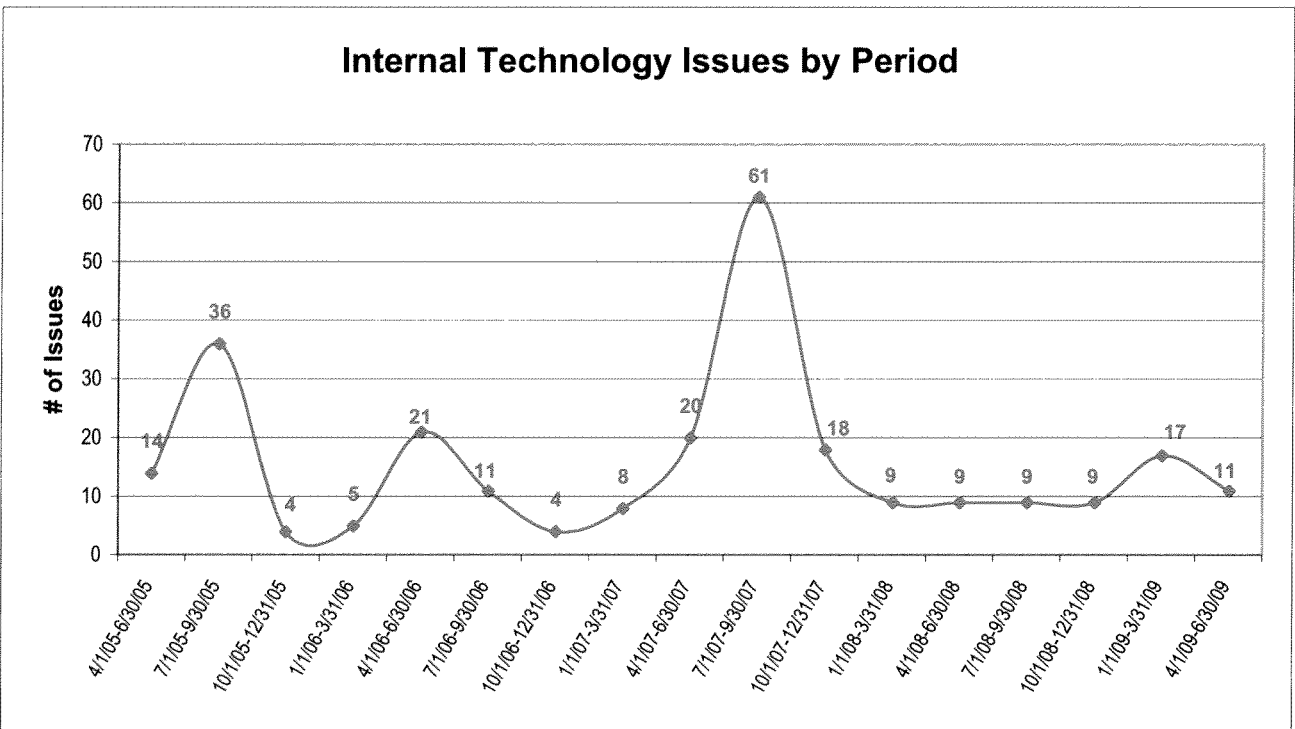
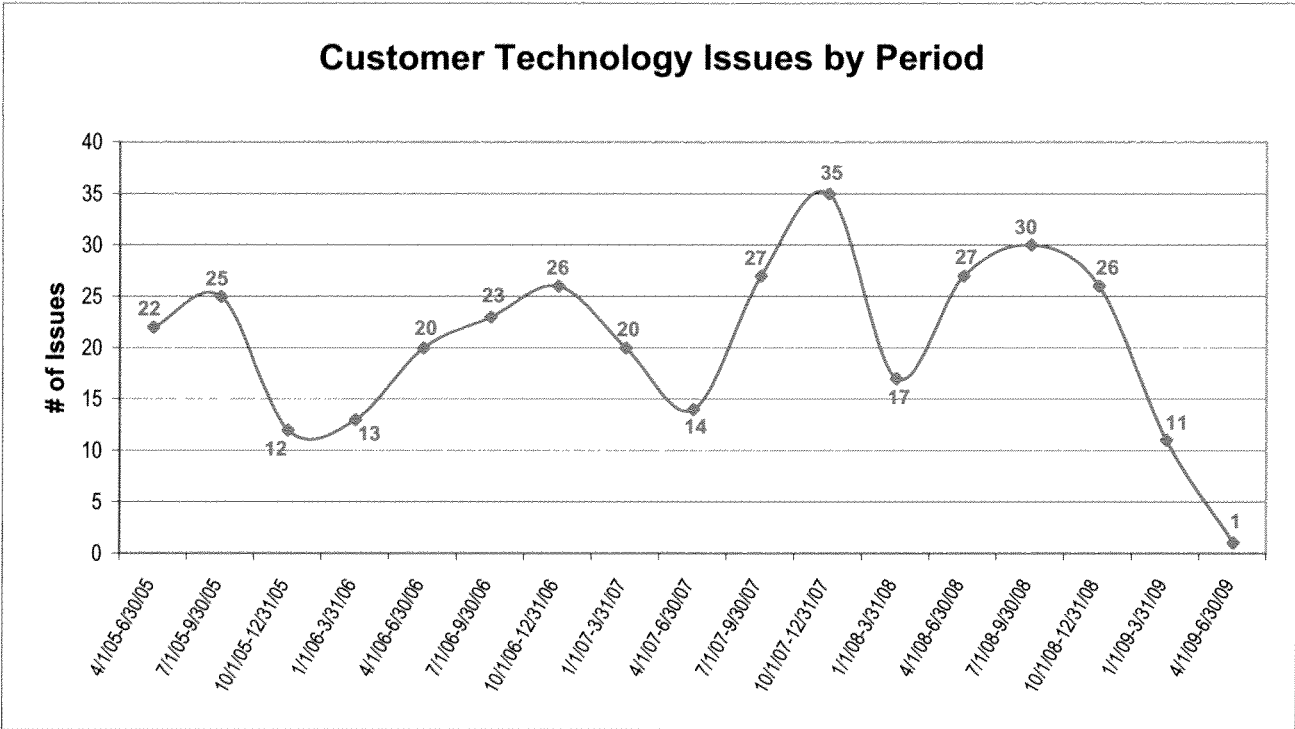




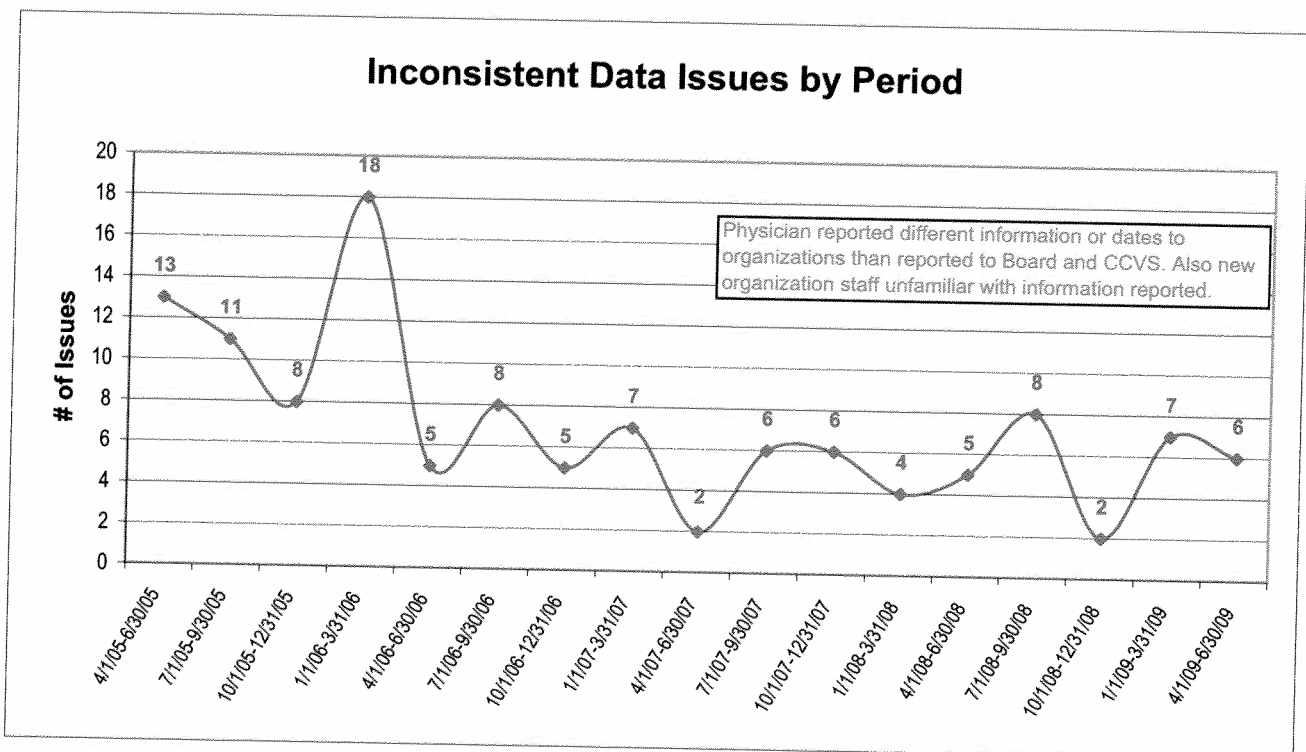
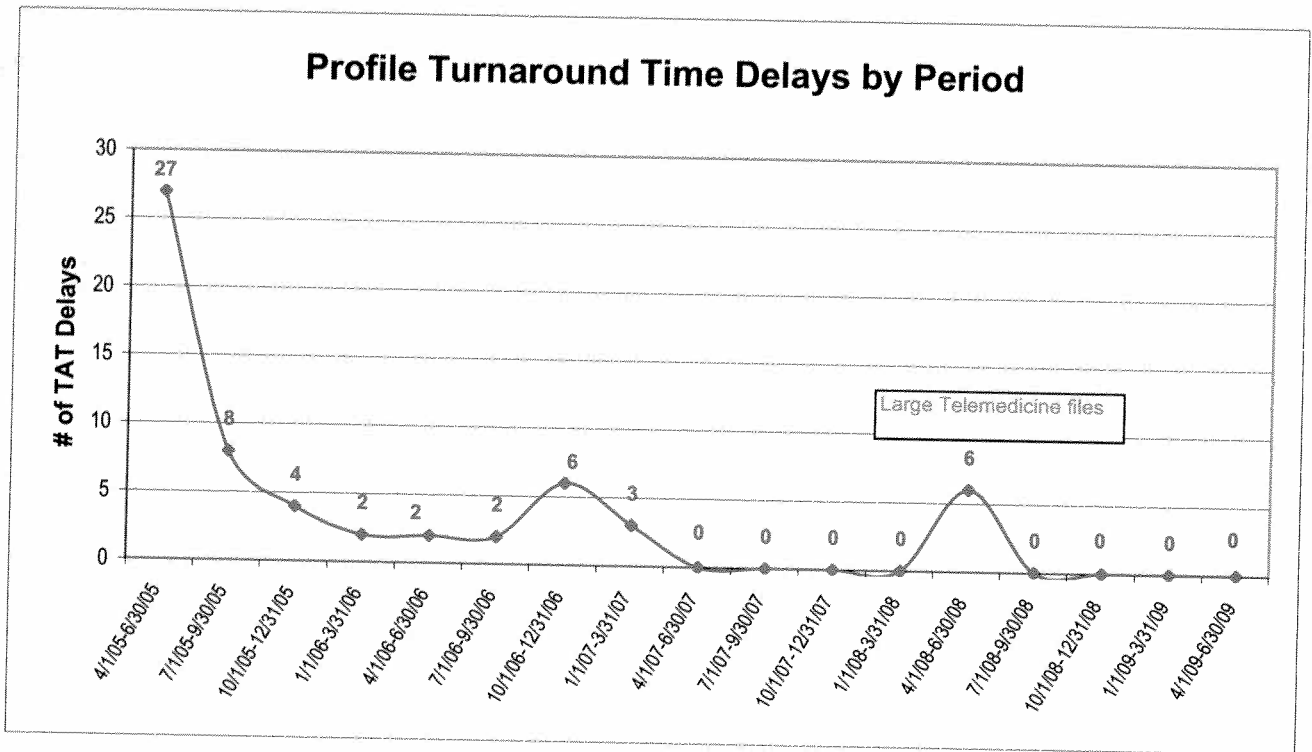


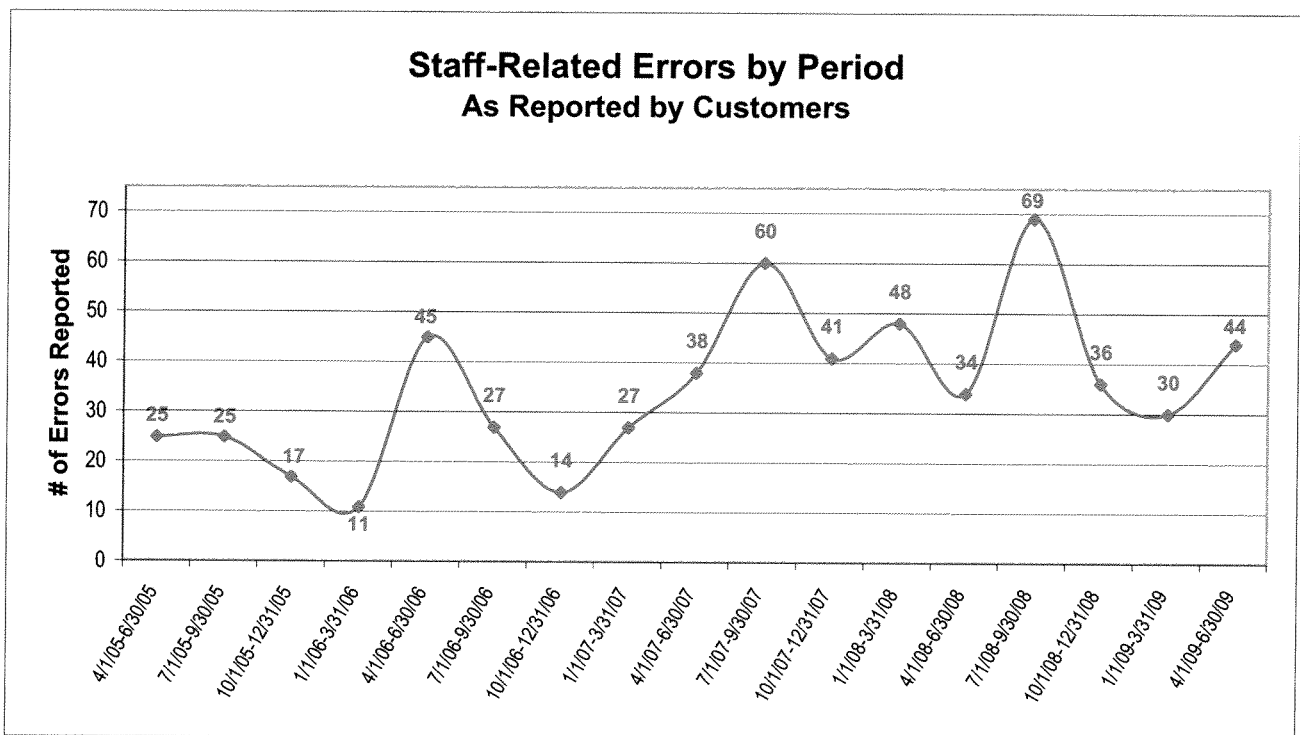
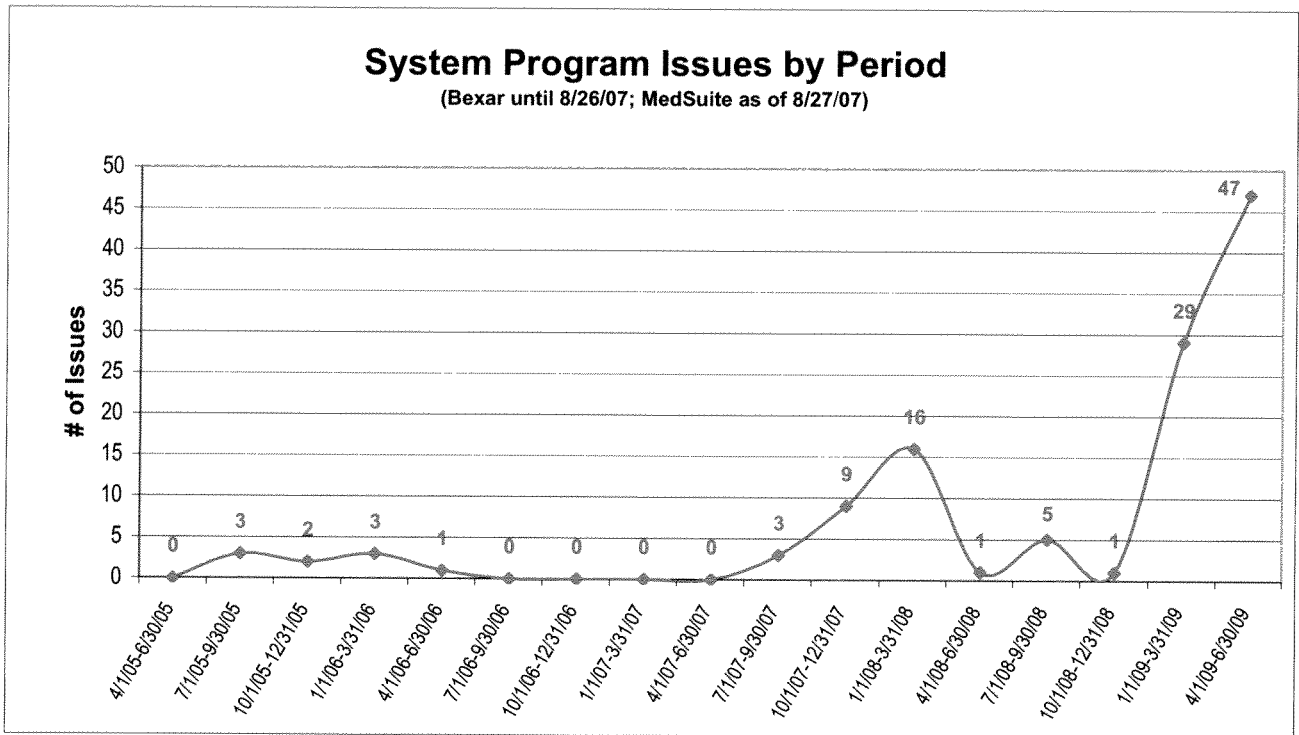
# Other Customer Satisfaction/Feedback Reports

Based on QI Report Tracking (See Section 3)

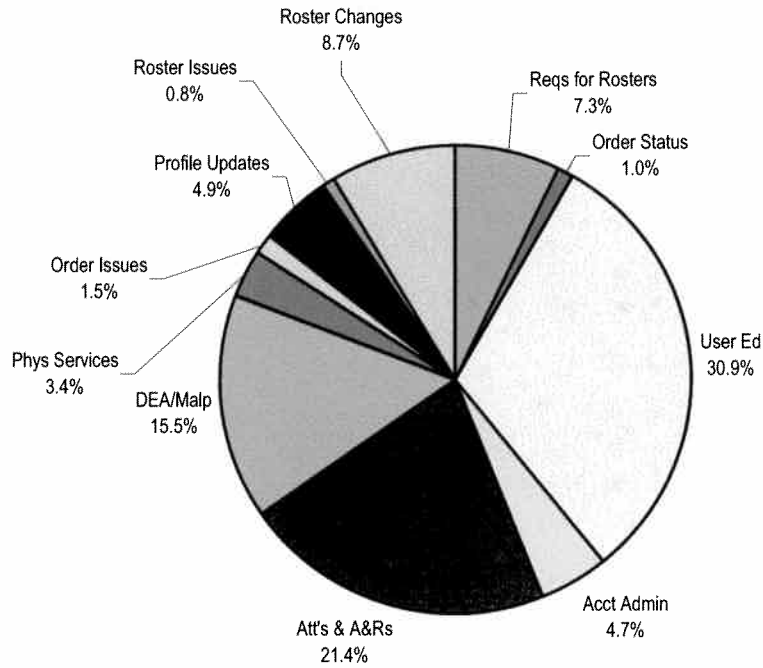








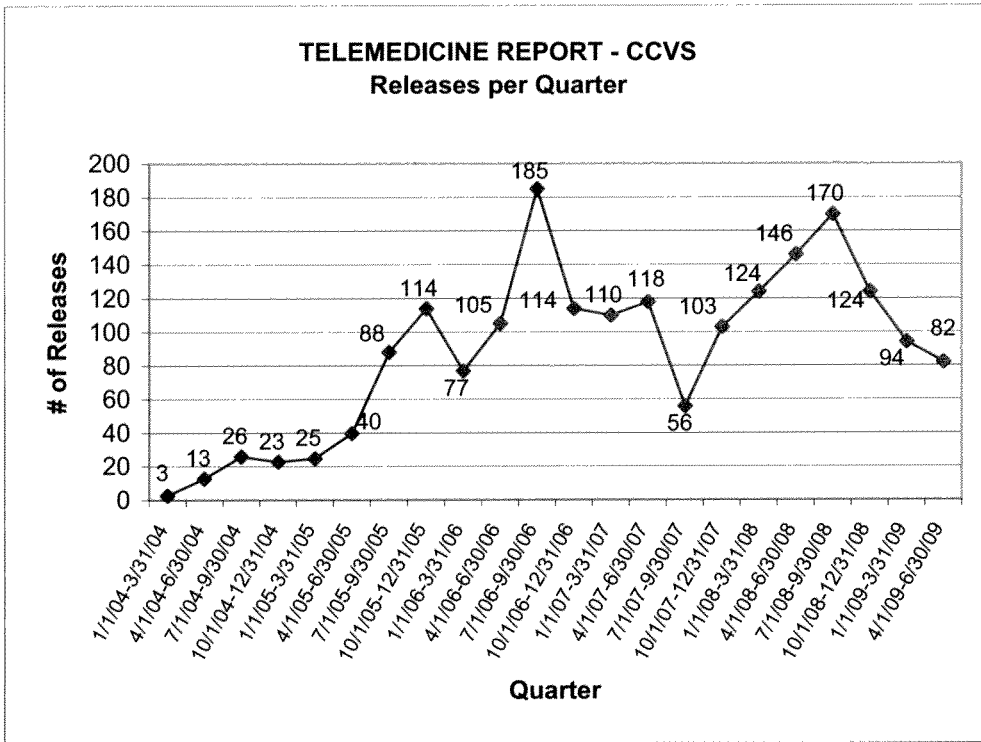
### Breakdown of Miscellaneous Issues Not Previously Reported For the Period 4/1/2009 - 6/30/2009



**Total issues: 618**

# Telemedicine Reports

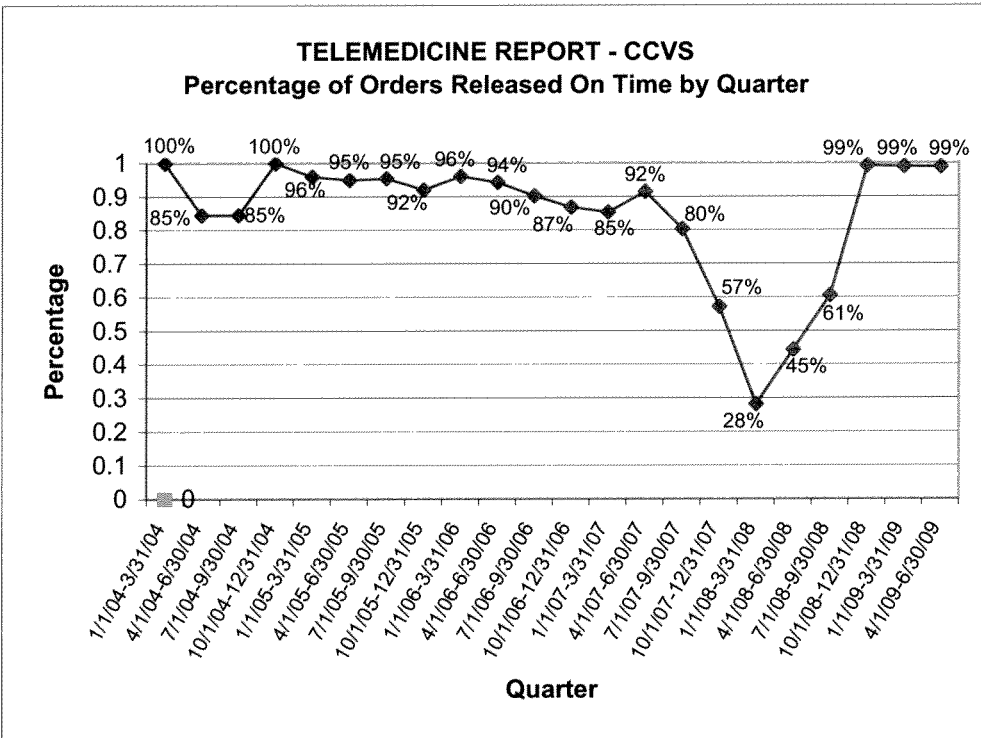
## For the Period 4/1/2009-6/30/2009



This graph shows the number of releases per quarter.

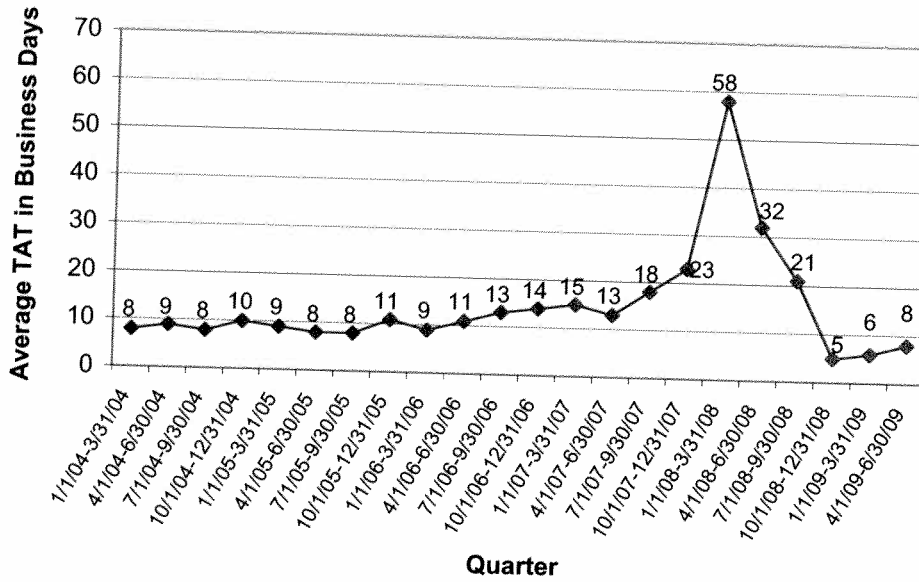
Annual (FISCAL) release totals are as follows:

- 2004 = 16 releases
- 2005 = 114 releases
- 2006 = 356 releases
- 2007 = 527 releases
- 2008 = 429 releases
- 2009 = 470 releases



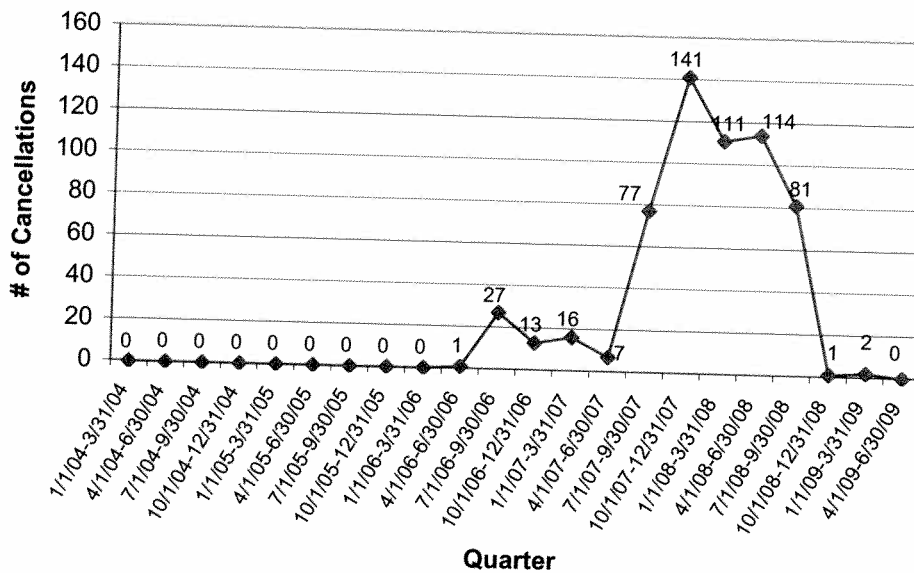
This graph shows the percentage of telemedicine orders that were released within TAT goals each quarter.

**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.