



ARKANSAS STATE MEDICAL BOARD

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EXHIBIT C

July 21, 2010

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 4/1/2010 to 6/30/2010 (2nd Quarter). We are presently completing our 3rd 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Peggy Pryor Cryer".

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, 2009 and is considered current and in good standing until September 2011. 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 each quarter (results reported on quarterly QI Reports).
- 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.

Quality Improvement Report for the Period 4/1/2010-6/30/2010



Arkansas State Medical Board
Centralized Credentials Verification Service

Quality Improvement Report

For the Period 4/1/2010 to 6/30/2010

Prepared by:

Angie Meehleder
Quality Assurance & Customer Service Manager



Arkansas State Medical Board Centralized Credentials Verification Service

Quality Improvement Report

For the Period 4/1/10-6/30/10

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

	Previous Quarter	Last Quarter	This Quarter
Period:	10/1/09-12/31/09	1/1/10-3/31/10	4/1/10-6/30/10
Number of Business Days in Period:	60	60	63

ORDER & RELEASE STATISTICS:

	Previous Quarter	Last Quarter	This Quarter	Volume Change from Last Quarter (%)
	10/1/09-12/31/09	1/1/10-3/31/10	4/1/10-6/30/10	
New Initial Orders in System:	1,580	1,756	1,980	(increase) 12.8%
New Recredential Orders in System:	2,433	2,531	1,942	(decrease) -23.3%
TOTAL New Orders in System:	4,013	4,287	3,922	(decrease) -8.5%

	1,607	38.0%	1,566	39.2%	2,040	46.6%	
Initial Releases Total / % of Total							(increase) 30.3%
In-Cycle Recred Releases Total / % of Total	1,388	32.8%	1,227	30.7%	1,146	26.2%	(decrease) -6.6%
Out-of-Cycle Recred Releases Total / % of Total	1,143	27.0%	1,070	26.8%	1,090	24.9%	(increase) 1.9%
Expedited Initials Total / % of Total	87	2.1%	100	2.5%	89	2.0%	(decrease) -11.0%
Expedited Recredentials Total / % of Total	9	0.2%	33	0.8%	16	0.4%	(decrease) -51.5%
TOTAL Releases Completed:	4,234		3,996		4,381		(increase) 9.6%

Average Monthly Releases:	1,411	1,332	1,460	(increase) 9.6%
Number of Physicians Released:	2,855	2,743	3,105	(increase) 13.2%

Average TAT (Business Days)

	6.34	8.70	6.60	TAT change from last quarter
Initials (Target = 15):				(reduced) 2.10
In-Cycle Recredentials (Target = 30):	2.57	3.75	3.11	(reduced) 0.64
Out-of-Cycle Recredentials (Target = 30):	15.63	15.63	19.00	(increased) -3.37
Expedited Initials (Target = 5):	2.76	3.00	3.01	(increased) -0.01
Expedited Recredentials (Target = 5):	1.57	2.20	1.80	(reduced) 0.40

% of Files Meeting Target TAT Goals:

	100.0%	99.9%	100.0%	% change from last quarter
Initials:				(increase) 0.1%
In-Cycle Recredentials:	100.0%	100.0%	100.0%	(no change) 0.0%
Out-of-Cycle Recredentials:	99.9%	100.0%	99.9%	(decrease) -0.1%
Expedited Initials:	99.1%	100.0%	99.0%	(decrease) -1.0%
Expedited Recredentials:	100.0%	100.0%	96.3%	(decrease) -3.7%

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

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

Improvements from last quarter:

Percentage of files meeting targeted goals remained the same at 100% for In-Cycle Recredentials and improved slightly to 100% on Initials (including 96 telemeds). Average turn-around-time (TAT) on Initials (including telemeds) was reduced by 2.10 days, with slight improvements also noted for In-Cycle Recredentials and Expedited Recredentials.

Barriers:

Several large locum tenen files increased the average turn-around-time (TAT) by 3.37 days for Out-of-Cycle Recredentials and slightly decreased the percentage of files meeting target TAT goals for Out-of-Cycle Recredentials, Expedited Initials and Expedited Recredentials. Locum tenens files were quite large, with several difficult to verify entries in work history.

Recommendations & Follow-Up:

Management is looking at possible internal/external process and policy adjustments that will allow the CCVS to utilize the same process for working locums that is utilized in working telemeds. This will be discussed with the Advisory Committee 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 10/1/09-12/31/09	Last Quarter 1/1/10-3/31/10	This Quarter 4/1/10-6/30/10	Increase or Decrease from Last Quarter (%)
TOTAL Number of Releases:	4,234	3,996	4,381	(increase) 9.6%
% of released files reviewed:	25%	25%	25%	(no change) 0.0%
Number of audited files with errors:	149	99	247	(increase) 149.5%
Accuracy rate on audited files:	96.5%	97.5%	77.4%	(decrease) -20.6%

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

Types of Errors:	April	May	June
Number keyed incorrectly	3	1	1
Verification attempts not adequate	2	1	2
Date entered incorrectly	15	47	41
Drop-down entry incorrect	47	55	62
Entity incorrect	7	14	5
Error on Release Tool	4	6	6
File Disorganized or mislabeled	3	5	10
Further follow-up required	15	49	26
Info missing from profile	11	13	17
Info on profile shouldn't be there	0	0	13
Other errors	0	5	2
Expiration or end date passed, not reverified	0	1	0
Remarks missing or incorrect	13	11	14
Verification date not current or incorrect	15	29	41
Verification document not in file	11	13	6
Verification document not acceptable	12	22	23
Verification source wrong	15	7	20
Entered in wrong section or subsection	7	3	2
Wrong physician	7	3	0
Total	187	285	291

Barriers:

New staff in training again and more experienced staff trying to maintain the productivity volume and cushion by working faster but having difficulty maintaining their quality reviews prior to submitting their files for release.

Recommendations & Follow-Up:

Management continues to enforce continuous training and stresses the importance of quality audits on all staff submissions prior to profile release. Total file audits by Trainers and Management have increased significantly. One-on-one training continues for all new staff and any other staff identified during focus audits. Customers are provided with corrected profiles when errors are noted during the audit process. Continue to monitor for process and training improvement.

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 '10	Feb '10	Mar '10	Apr '10	May '10	Jun '10
# of Permanent Staff:	19	19	20	19	20	19
# of Temporary Staff:	0	0	0	0	0	0
Staff Loss (Perm/Temp):	0/0	0/0	0/0	1	1	0

Registered Users:

Total number of user organizations reported each period.

Period:	Previous Quarter 10/1/09-12/31/09	Last Quarter 1/1/10-3/31/10	This Quarter 4/1/10-6/30/10	% +/- from last quarter
Hospital:	238	238	238	(no change) 0.0%
MCO/Other:	40	41	40	(decrease) -2.4%
Total Customers	278	279	278	(decrease) -0.4%

MCO = Managed Care Organizations, Insurance Networks, PHOs

Other = Clinics, IPAs, Surgery & Outpatient Clinics

REGISTERED USER TRACKING: Barriers, Recommendations & Follow-Up

Barriers:

The CCVS has received a revised list of insurers registered in Arkansas that provides more information for tracking. Letters have been sent to the organizations but no response has been received. Several insurance organizations like Ingenix/Multi-plan (for example) have started sending requests to physicians again to supply copies of documents and complete application packets in violation of the mandate. When notified that they must obtain from the CCVS, they state that they are not required to comply and the physicians must provide the information or will be dropped from their provider lists. The physicians and their staff are becoming more and more frustrated by this. By the time it is straightened out and they are put back on the provider lists, months have gone by and it has generated paperwork and time to resolve. One group merged credentialing.

Recommendations & Follow-Up:

Some insurance organizations outsource their credentialing to overseas shops and adequate training does not seem to be provided to these staff plus there appears to be a large turnover in their staff. Most do not speak or understand English very well and have only been provided with a script of generalized instructions. When a call is placed to the US regional contact to please correct the situation, assurance that it will be done is received. It resolves briefly and then when there is new staff, the problems usually start again. We cannot control the training of the insurers' staffs and we are limited in providing onsite education/training. They are not required to download the User Manual available on the website. Continue to monitor for customer service assistance, statute compliance and quality improvement. Continue to look for methods to resolve these issues.

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

CATEGORIES:	Previous Quarter	Last Quarter		This Quarter		Increase or Decrease from last QTR	
	10/1/09-12/31/09	1/1/10-3/31/10		4/1/10-6/30/10			
<u>Positive Comments:</u>							
Positive Comments (Total / % of Total):	6	5.0%	10	7.4%	11	11.7%	(increase) 10.0%
<u>Technology/System Issues:</u>							
Customer Tech (Total / % of Total):	16	13.3%	32	23.7%	11	11.7%	(decrease) -65.6%
CCVS Internal Tech (Total / % of Total):	36	30.0%	53	39.3%	21	22.3%	(decrease) -60.4%
<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):	16	13.3%	5	3.7%	6	6.4%	(increase) 20.0%
Credentialing Program (Total / % of Total):	6	5.0%	4	3.0%	0	0.0%	(decrease) -100.0%
Staff Related (Total / % of Total):	46	38.3%	41	30.4%	56	59.6%	(increase) 36.6%
Known Cause (Total / % of Total):	0	0.0%	0	0.0%	0	0.0%	(no change) 0.0%
TOTAL CUSTOMER ISSUES:	120	2.8%	135	3.4%	94	2.1%	(decrease) -30.4%

# of releases WITHOUT Customer Service issues:	4,287	# of releases WITH Customer Service issues:	94
% of releases WITHOUT Customer Service issues:	97.85%	% of releases WITH Customer Service issues:	2.15%

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:	4,370	# of releases WITH Cust Tech issues:	11
% of releases WITHOUT Cust Tech issues:	99.75%	% of releases WITH Cust Tech issues:	0.25%

Barriers:

Customers had difficulty accessing website, placing orders, printing reports or other miscellaneous issues. Several new users in the system.

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:	4,360	# of releases WITH CCVS Tech issues:	21
% of releases WITHOUT CCVS Tech issues:	99.52%	% of releases WITH CCVS Tech issues:	0.48%

Barriers:

Difficulty accessing the website, placing orders and printing reports

Recommendations & Follow-Up:

Customer provided one-on-one assistance by CS or IT staff. 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 and to correct issues and system glitches as noted.

PROFILE TAT ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Profile TAT issues:	4,381	# 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:	4,375	# of releases WITH Inconsistent Data issues:	6
% of releases WITHOUT Inconsistent Data issues:	99.86%	% of releases WITH Inconsistent Data issues:	0.14%

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 and due to new staff in training overlooking information in the files (2).

Recommendations & Follow-Up:

Once the CCVS is notified, staff are assigned to the file to obtain and update the information. The CCVS will provide the customer with an updated profile if necessary or with the results obtained from the verification source if it has been more than 30 days since release. In some cases, the physician has indicated he/she had privileges or certification when privileges had not yet been approved or was "board eligible" and not certified. 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:	4,381	# of releases WITH MedSuite issues:	0
% of releases WITHOUT MedSuite issues:	100.00%	% of releases WITH MedSuite issues:	0.00%

Barriers:

"Clean-up" of old entity names or organization name changes is ongoing and customers should be cleaned up by C CVS staff prior to submitting for release.

Recommendations & Follow-Up:

Improvement in this will continue until all files have been through the audit at least once. Some issues with these clean ups were reported by retired or out-of-state physicians whose C CVS profiles, while provided to them in their renewal packets, have never been provided to organizations credentialing them for Arkansas. They are not going through the release process, which provides one-on-one review. As the physicians identify these, they go through the Quality Assurance office and staff are continuously cleaning those up prior to going out again next year. 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:	4,325	# of releases WITH Staff-Related issues:	56
% of releases WITHOUT Staff-Related issues:	98.72%	% of releases WITH Staff-Related issues:	1.28%

Barriers:

Several new staff in training this quarter, volume increases for auditing and productivity, new staff learning new processes, terminology and the change in credentialing program in past affected the way some information was entered. In addition, they want files to be fit the same mold and they do not. There are always exceptions and there will always be exceptions. They lean towards accepting the way things were done, and not the way they should be done.

Recommendations & Follow-Up:

All training of the staff, and the trainer, are geared toward following the general processes but also with the knowledge and identification that some entries are specific to individual physicians or as a waiver decision at licensure. 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 and still meet regulatory and certification agency requirements. Continue to monitor for quality improvement and training improvement. Customers provided with new profiles where applicable, staff provided with documented training where applicable.

KNOWN CAUSE ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Known Cause issues:	4,381	# 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
April 1, 2010 - June 30, 2010

Section 3 - Customer Satisfaction/Feedback

CATEGORIES	
11	Positive Comments
Technology/System Issues	
11	Customer
21	CCVS-Internal
Other	
0	Profile TAT Delay
6	Inconsistent Data
0	MedSuite Program
56	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:

65	Miscellaneous Customer Service issues: <i>Resolved or completed.</i>
13	Requests for incomplete profiles. <i>Completed.</i>
62	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>
31	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>
247	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>
21	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
137	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>
3	Returned Attestations to customers due to wrong license number, wrong date, undated or questions not completed.
59	Cancellations: (36) customer/user initiated due to need to change order type to expedite, duplication of orders, ordered in error, ordered too soon; (29) CCVS Management initiated because the order could not be completed by due date due to no fault of the CCVS.
142	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>
7	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.
4	Other physician issues transferred out of CS (license application status; questions regarding licensure or renewals; CME questions; Regulation 17 and Regulation 7 questions).
24	CCVS notified customer of documents or information needed to complete order (updated A&R, Attestation, other documentation, or physician's contact info).
13	Updated profile provided to customer within 30 days of original release
33	Facility emailed interim update to current physician roster.

#	Section	Category	Code/Issue	Month						Grand Total
				4	5	6	6	6	6	
	POSITIVE:	A. Positive	1.00 Positive comments from customers	3	2	2	6	6	11	
	POSITIVE: Total	A. Positive Total		3	2	2	6	6	11	
	MAIN CATEGORIES:	B. Technology-Cust	2.01 Difficulty accessing website 2.02 Difficulty placing order 2.03 Difficulty printing report 2.99 Other Technology-Cust Issue	1	1	3	1	1	11	
		B. Technology-Cust Total		4	5	2	2	2	11	
		C. Technology-CCVS	3.01 System down 3.03 Customer cannot order (fields grey) 3.04 Customer cannot order (other cause) 3.06 Duplicate order in system 3.99 Other Technology-CCVS Issue 3.05 Cannot access DEA/Malp on temps	1	1	1	1	1	5	
		C. Technology-CCVS Total		4	2	2	4	4	11	
		E. Inconsistent Data	5.00 Org info different than CCVS	4	2	2	6	6	6	
		E. Inconsistent Data Total		4	2	2	6	6	6	
		G. Staff Related	7.01 Profile released with expired item(s) 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 Profile entries require clarification 7.99 Profile entry should be deleted	1	7	7	2	1	19	
		G. Staff Related Total		10	3	6	19	19	33	
		G. Staff Related Total		22	18	16	56	56	94	
		MAIN CATEGORIES: Total		33	36	25	94	94	94	
		MISCELLANEOUS:	I. Misc./Other	4	5	1	10	10	30	
			21.01 Info requests sent to physicians 21.02 Document rec'd, OK to reorder 21.05 Verification request sent to customer 21.06 Customer referred to another department or agency 21.99 A&R received, OK to order 21.99 Citizen request for military med records 21.99 Confirm we received fax 21.99 Cust req status of issue resolution 21.99 eICU privilege information	6	1	1	7	7	30	
				1	1	1	3	3	11	

MISCELLANEOUS:	I. Misc./Other				
	21.99 Entity requested address change			2	2
	21.99 Notified cust that fax misdirected to us		1		1
	21.99 Notified phys office new profile sent to other org			1	1
	21.99 Response to broken A&R email			1	1
	I. Misc./Other Total		26	21	18
	J. Incomplete Requests	9.01 Incomplete requested, provided	5	2	7
		9.02 Incomplete requested, not provided		6	6
	J. Incomplete Requests Total		5	8	13
	K. Roster Issues	10.01 Roster received incomplete	6	4	2
		10.02 Reminder sent re expiring roster	13	13	24
	K. Roster Issues Total		19	17	26
	L. Order Status Check	11.00 Request for order status	23	5	3
	L. Order Status Check Total		23	5	3
	M. User Education	12.01 Sign-up process; New user packet			2
		12.02 Mandate education	3	1	2
		12.03 Policies & procedures education		1	2
		12.04 Form requests	1		1
		12.05 A&R/Attestation education	6	7	19
		12.06 A&R status check	25	26	68
		12.07 Ordering process education	1		4
		12.08 Fees / Turnaround Times (TATs)	1		2
		12.09 Telemedicine policy education	37	9	21
		12.11 Profile definitions	2		3
		12.12 Notified cust that CCVS info correct			19
		12.13 Notified cust they can clarify w/physician or source	7	6	7
		12.99 Archived orders	2	4	1
		12.99 Cannot cancel b/c already canceled		1	1
		12.99 Cannot order b/c already ordered		1	1
		12.99 Clarification of board action blurbs	1		1
		12.99 Cust requested fwding info for physician	1		1
		12.99 Detailed License Verifications		1	1
		12.99 Email notifications		1	2
		12.99 Emailing attachments	2	1	3
		12.99 Expiring licenses		8	8
		12.99 How to request an incomplete	1	1	2
		12.99 Info provided on subsequent release			1
		12.99 MOC explanation		1	1
		12.99 Need conf/receipt for IT to track order			2
		12.99 Order status check (file already released)		2	2
		12.99 Org signing docs for physicians	1		1
		12.99 Placing orders on temp licenses	1		3
		12.99 Policy regarding inconsistent signatures		1	1
		12.99 Providing profile to physician	1		1

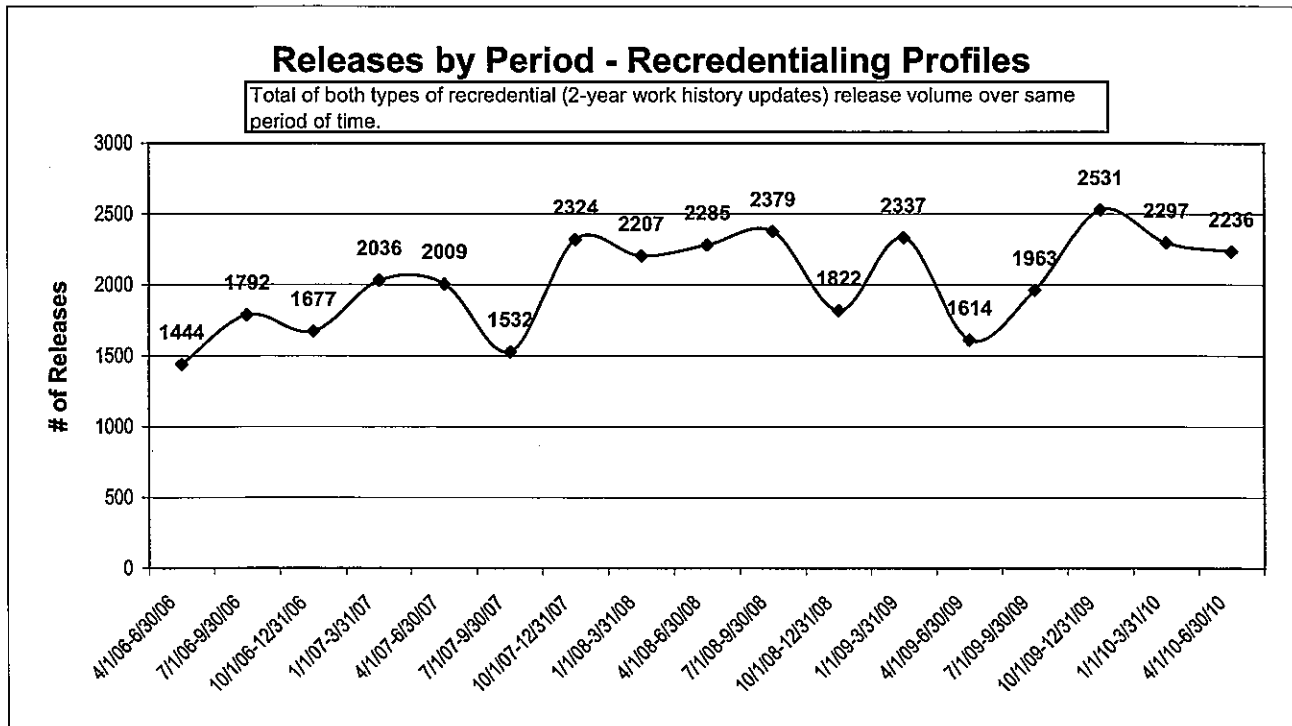
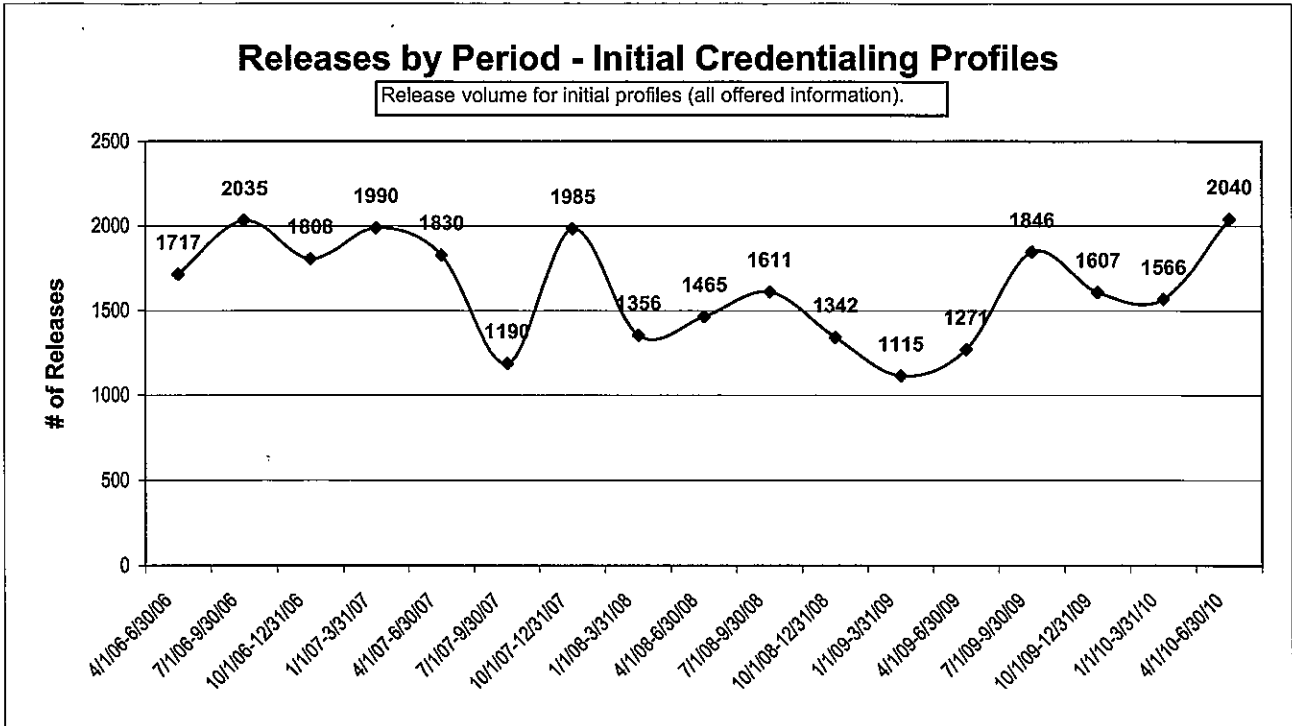
MISCELLANEOUS:					
M. User Education		12.99 Referred to Web site	3	1	4
		12.99 Reminder to send to Monitor	1	1	1
		12.99 Removed telemed indicator		1	1
		12.99 Reportable actions by hospitals		1	1
		12.99 Requested cancellation, no dup to cancel		1	1
		12.99 Requested corrected copy of orig Attest.		1	1
		12.99 Requested current attestation be posted to web		1	1
		12.99 Send to Monitor		1	1
		12.99 Sending "secure message" emails		3	3
M. User Education Total			98	77	247
N. Account Administration		13.01 Account/User changes	5	3	9
		13.03 Billing questions	1	2	3
		13.04 Credit card declined or acct lockout	5	2	8
		13.99 Other Account Administration Issue	1		1
N. Account Administration Total			12	7	21
O. A&R Refused		15.01 Wording does not match our standard form	39	3	42
		15.02 Organization Name issue	2	8	18
		15.03 Practitioner is not an M.D. or D.O.	1	1	2
		15.04 Cannot identify physician	3		3
		15.06 License pending or inactive	2	2	9
		15.07 Signature issue	3	2	5
		15.08 Date issue	20	14	55
		15.09 Altered without physician's initials		1	1
		15.99 Other A&R Issues		2	2
O. A&R Refused Total			70	28	137
P. Attestation		14.00 Broken attest issues handled by CS	2	1	3
P. Attestation Total			2	1	3
Q. Cancellations-Cust		17.01 Ordered in error or Duplicate order	7	9	20
		17.02 Ordered wrong type of profile		2	2
		17.03 Need to order as expedited	1	5	8
		17.04 No longer needs this profile	2	1	3
Q. Cancellations-Cust Total			10	15	36
R. Cancellations-CCVS		17.51 Customer could not provide valid A&R	2	1	3
		17.52 Unable to obtain attestation	5	6	12
		17.57 Unable to complete by due date	2	1	3
		17.58 Telemedicine unable to complete		2	2
		17.99 Other CCVS Cancellation	1	2	3
R. Cancellations-CCVS Total			10	8	23
S. DEA/Insurance		18.01 Customer request to update DEA	4	5	50
		18.02 Customer request to update insurance	20	19	87
		18.99 Other DEA/insurance issue	3		5
S. DEA/Insurance Total			27	24	142

MISCELLANEOUS:	T. Personal Profile Sent to F 20.01 Physician requested personal profile	2	1	4	7
	T. Personal Profile Sent to Phys Total	2	1	4	7
	U. Other Physician Issue	5		3	8
	20.99 Other Physician Services Issue	1			1
	20.99 Phys wanted profile clarification				
	U. Other Physician Issue Total	6		3	9
	V. Phys referred to Other De 20.02 Physician referred to another department or agency	1	2	1	4
	V. Phys referred to Other Dept Total	1	2	1	4
	W. Order Issues		1		1
	16.01 Cust notified attestation expired/expiring				7
	16.02 Cust notified A&R expired/expiring	1		6	2
	16.04 Cust notified we need contact info			2	14
	16.99 Other Order Issue	6	3	5	24
	W. Order Issues Total	7	4	13	24
	W. Profile Update				13
	19.01 Cust requested updated profile	2	2	9	5
	19.02 Cust requested update, not provided			3	26
	19.03 Update provided to customer proactively	4	13	9	44
	W. Profile Update Total	6	17	21	44
	X. Roster Updates	16	9	8	33
	10.03 Facility sent change/addition to roster	16	9	8	33
	X. Roster Updates Total	340	243	318	901
	MISCELLANEOUS: Total				
	Grand Total	376	281	349	1006

Arkansas State Medical Board

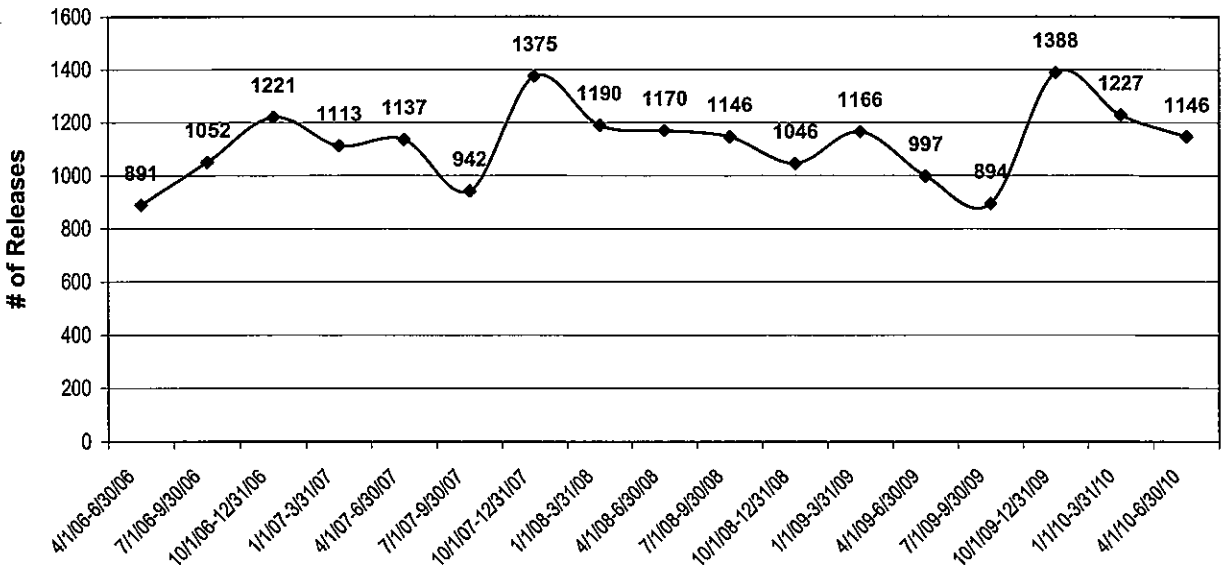
Quality Improvement Report for the Period 1/1/2010-3/31/2010

Charts & Graphs

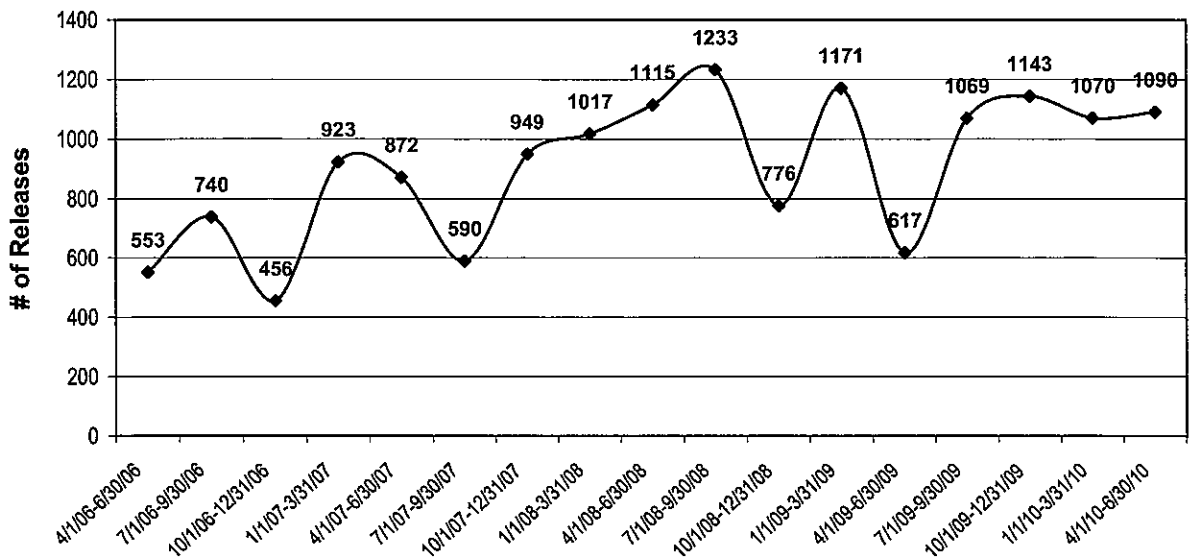


Releases by Period: In-Cycle Recredentialing Profiles

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



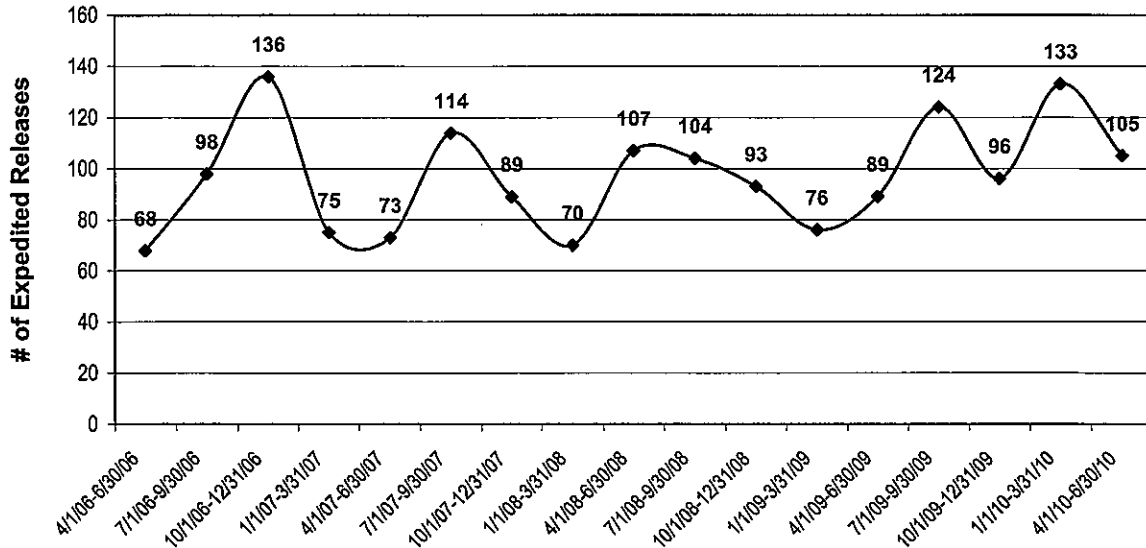
Releases by Period: Out-of-Cycle Recredentialing Profiles



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.

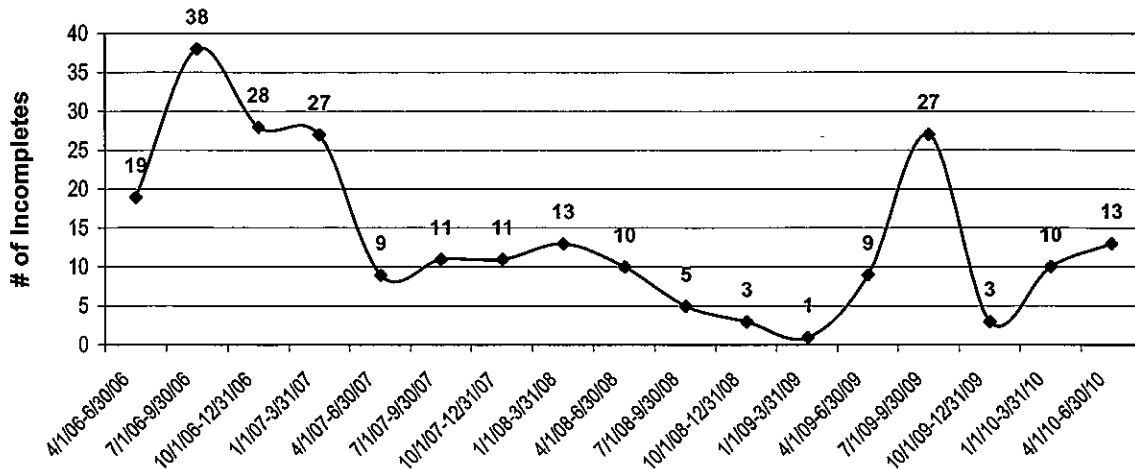
Releases by Period: Expedited Orders Initial and Recredentialing

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



Incomplete Profile Requests

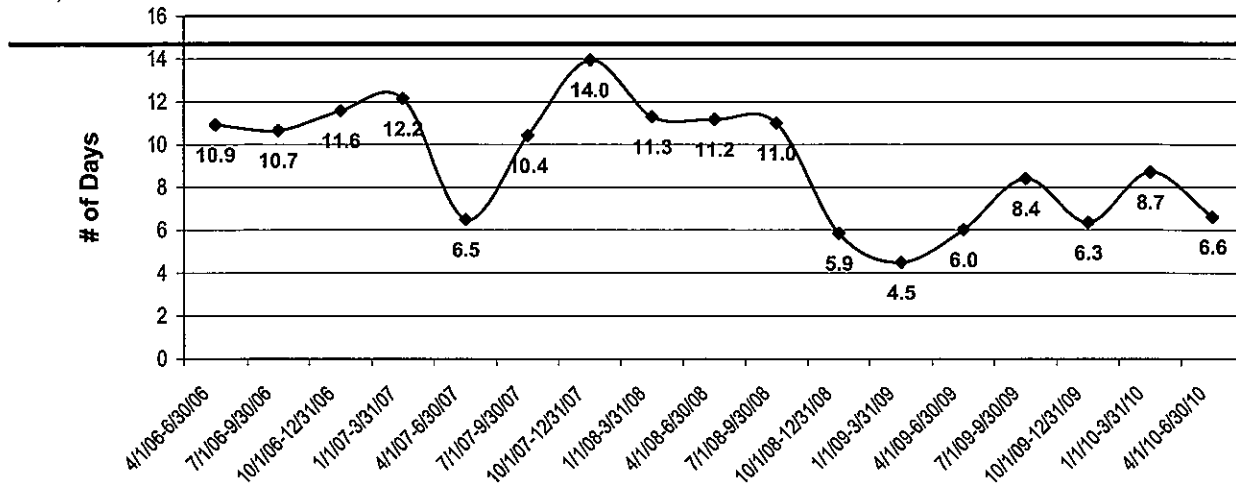
Customer requests for incomplete files due to their not ordering in time or needing sooner than anticipated.



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.

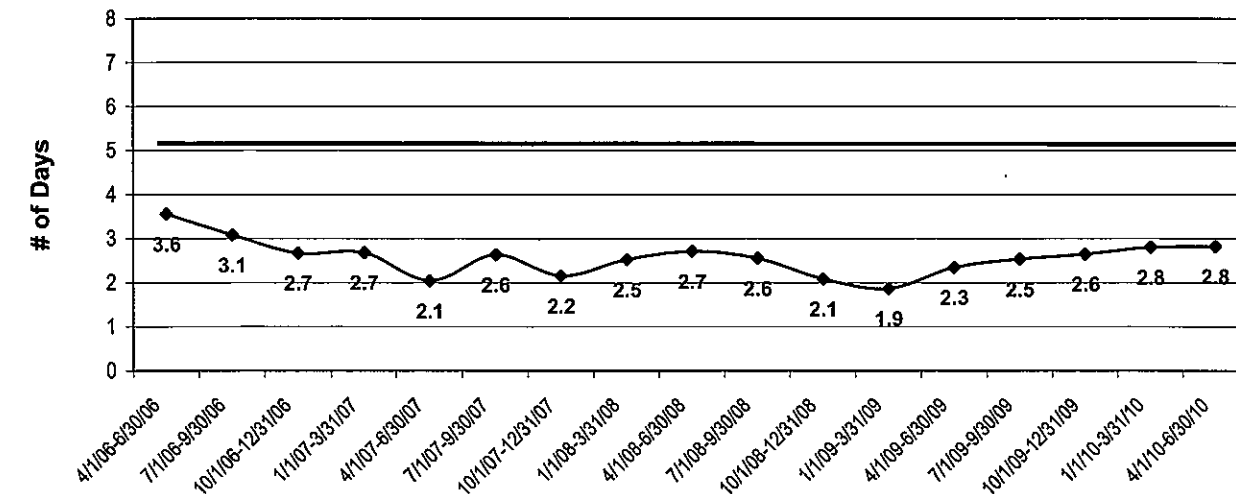
Turnaround Times: Initial Credentialing (Target: 15 Business Days)

Meets and exceeds goals.



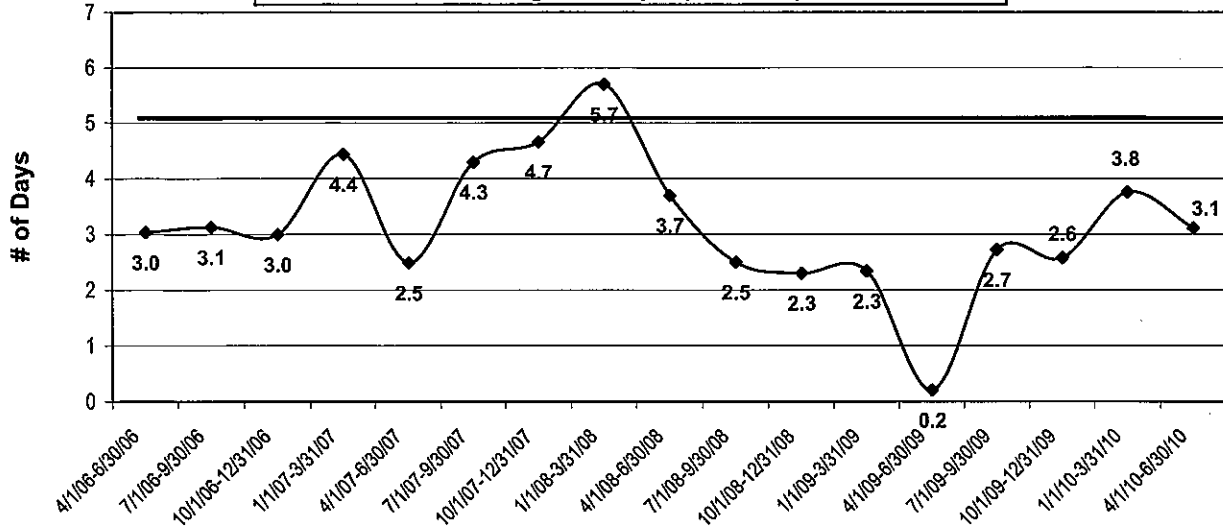
Turnaround Times: Expedited Orders Initial and Recredentialing (Target: 5 Business Days)

Meets and exceeds goals.



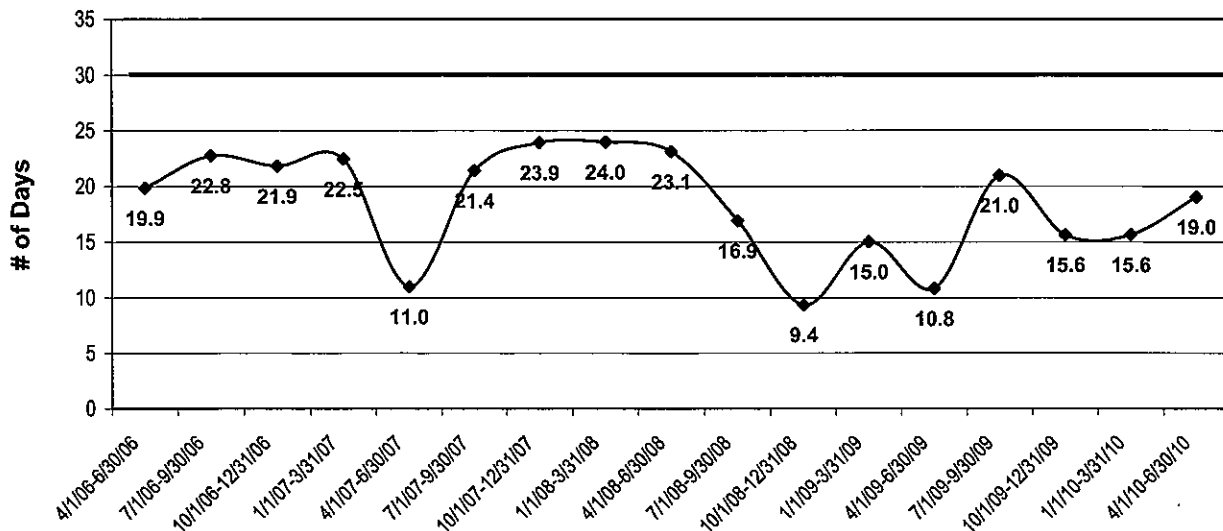
Turnaround Times: In-Cycle Recredentialing (Target: 5 Business Days)

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



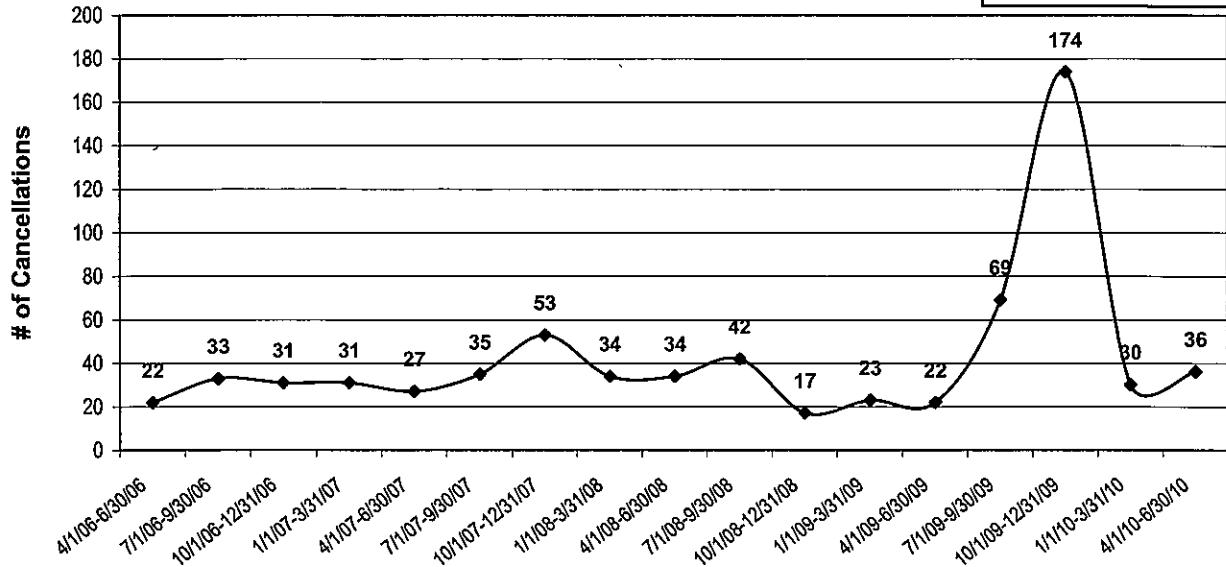
Turnaround Times: Out-of-Cycle Recredentialing (Target: 30 Business Days)

Within guaranteed and posted goals.

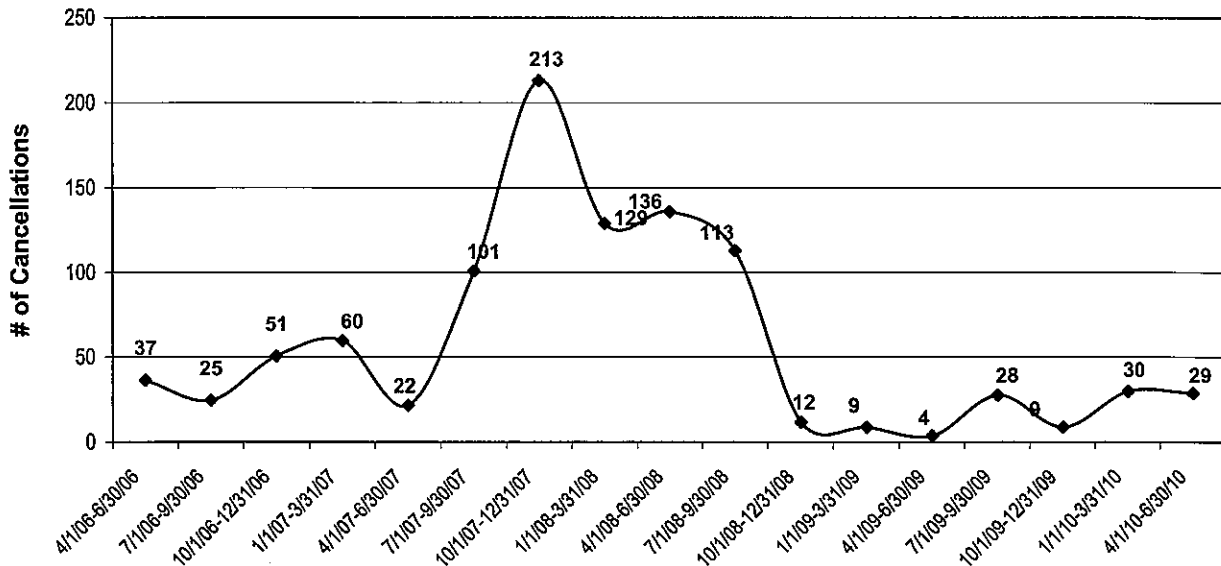


Customer Cancellations by Period

Customer cancelled due to internal customer processes.



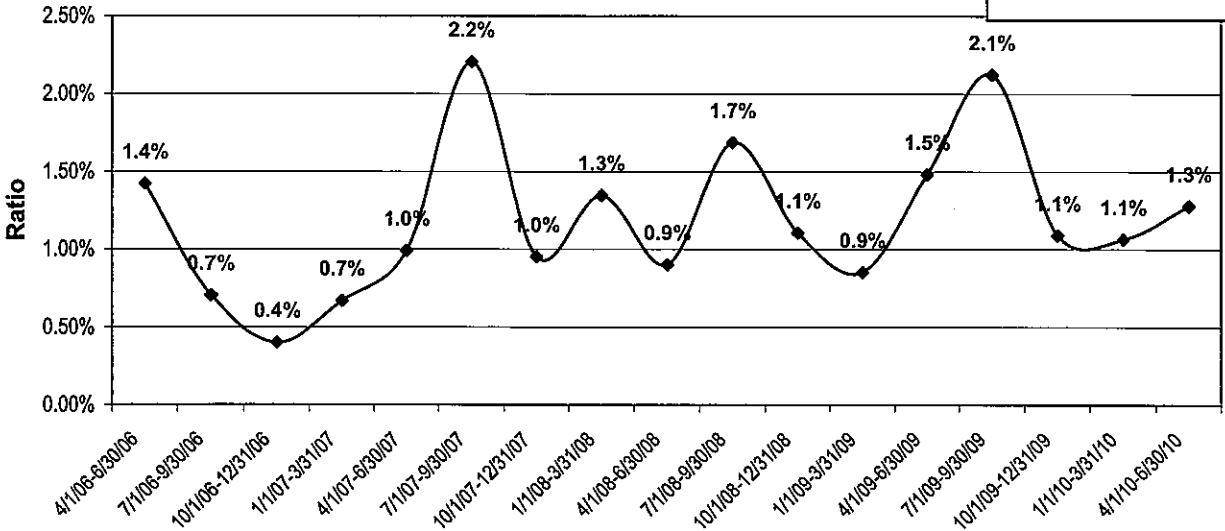
CCVS Cancellations by Period



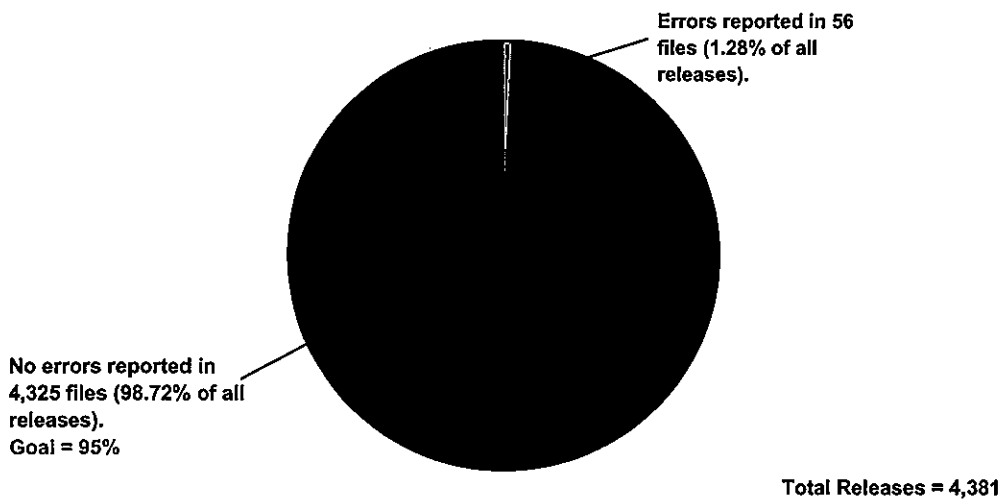
2007 cancellations due to failure to obtain attestations from physicians. Decrease in 1st QTR but increasing again in 2nd QTR due to telemed cancellations.

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.

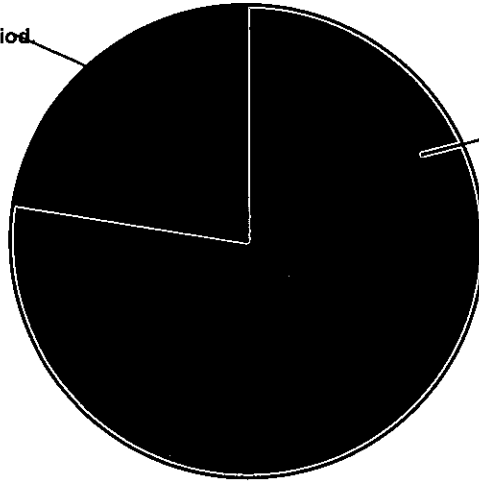


Errors Reported to Customer Service For the Period 4/1/2010-6/30/2010



Errors Found in Internal Audit For the Period 4/1/2010-6/30/2010

Errors were noted in
22.6% of files
audited this period.



77.4% of files audited
this period had NO
errors noted.
Goal = 95%

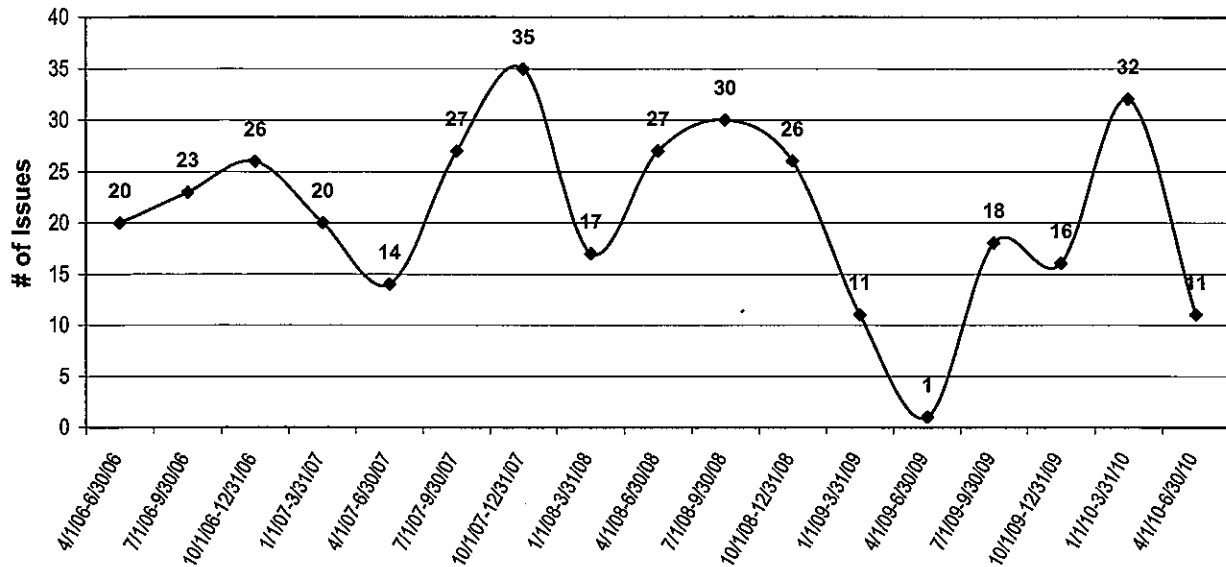
Total Audits = 1095

Arkansas State Medical Board

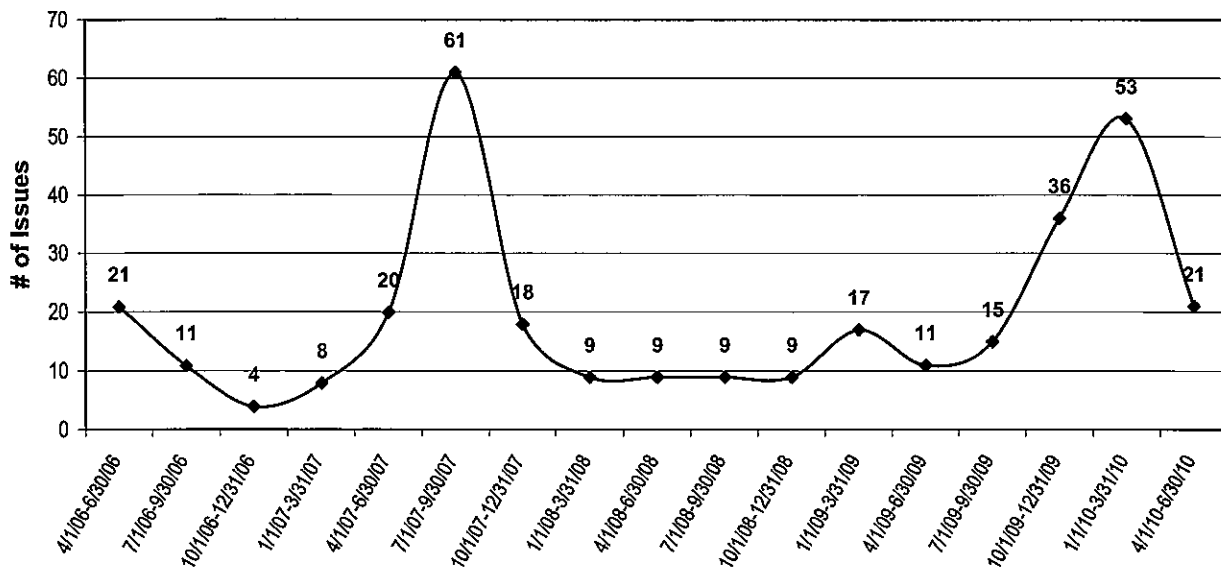
Quality Improvement Report for the Period 4/1/2010-6/30/2010

Other Customer Satisfaction/Feedback Reports

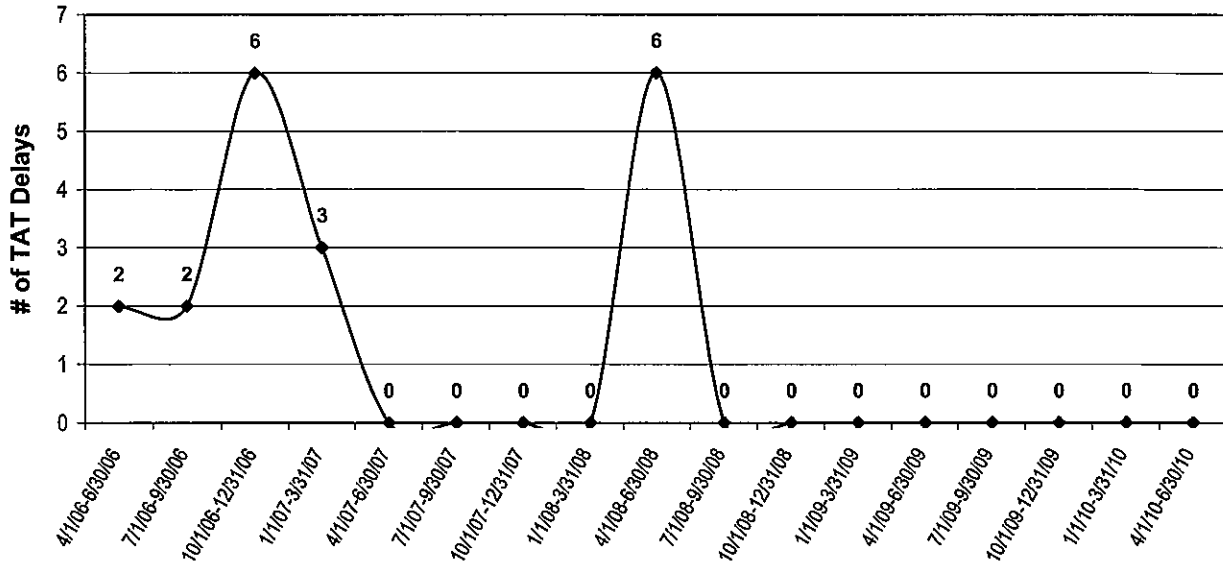
Customer Technology Issues by Period



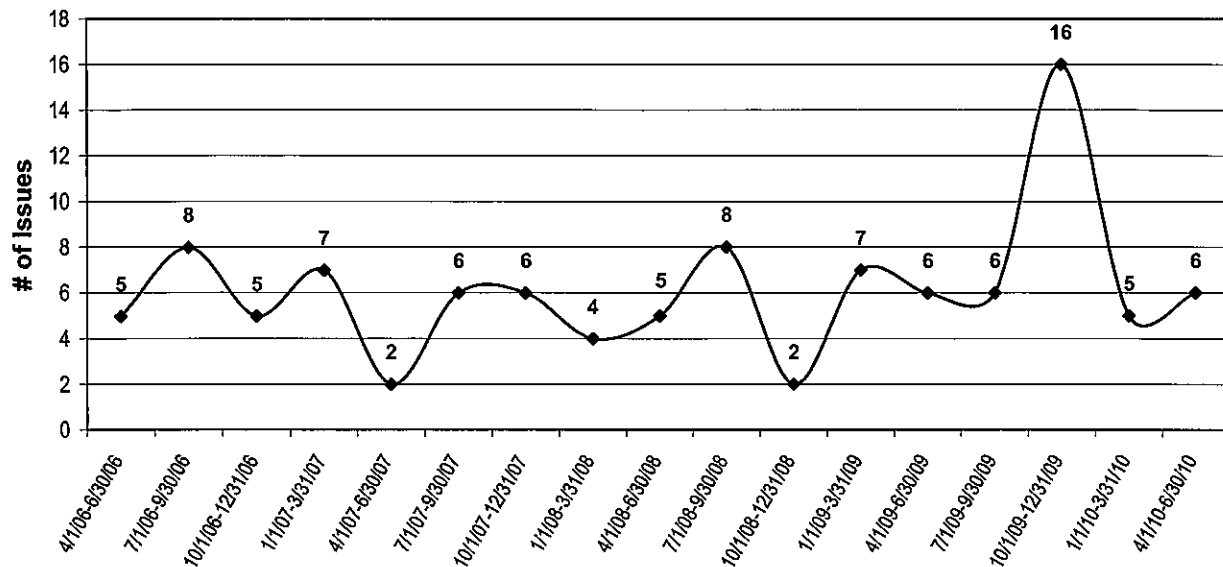
Internal Technology Issues by Period



Profile Turnaround Time Delays by Period

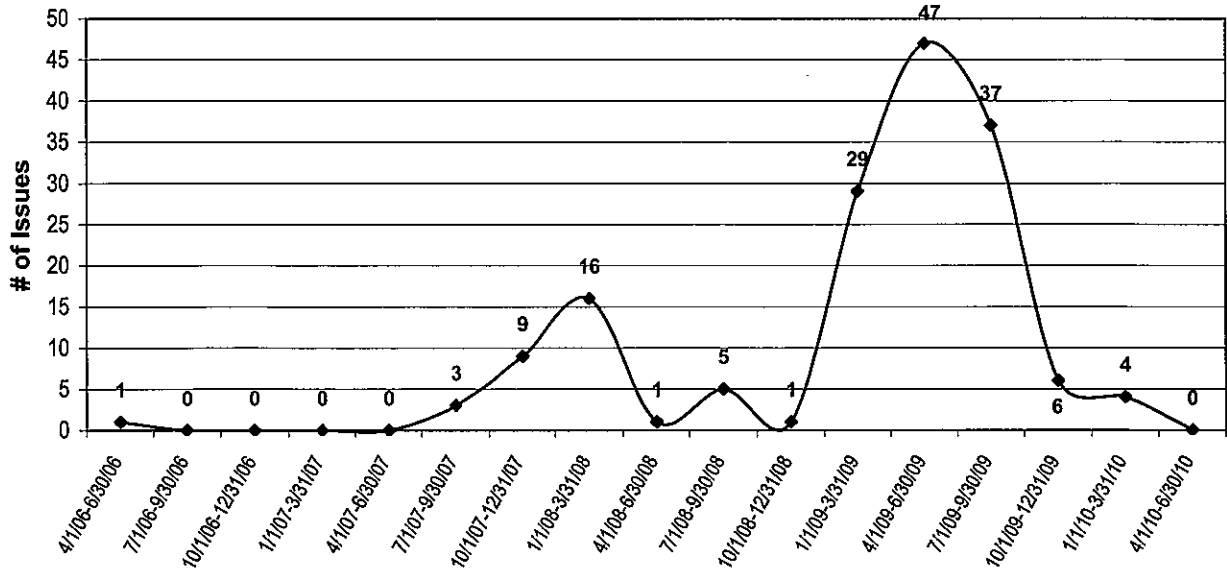


Inconsistent Data Issues by Period



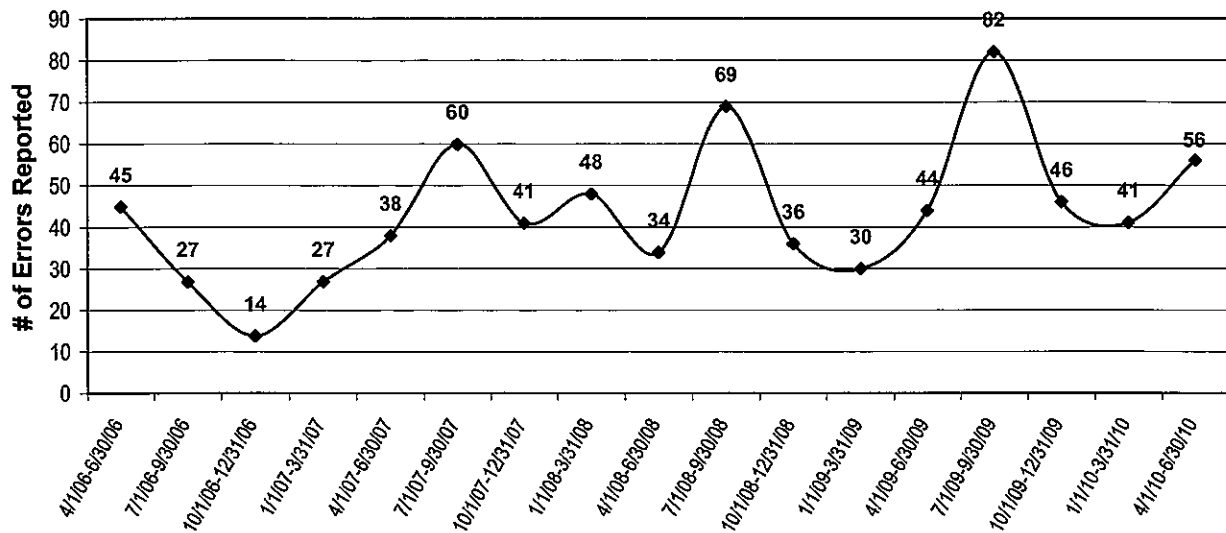
System Program Issues by Period

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

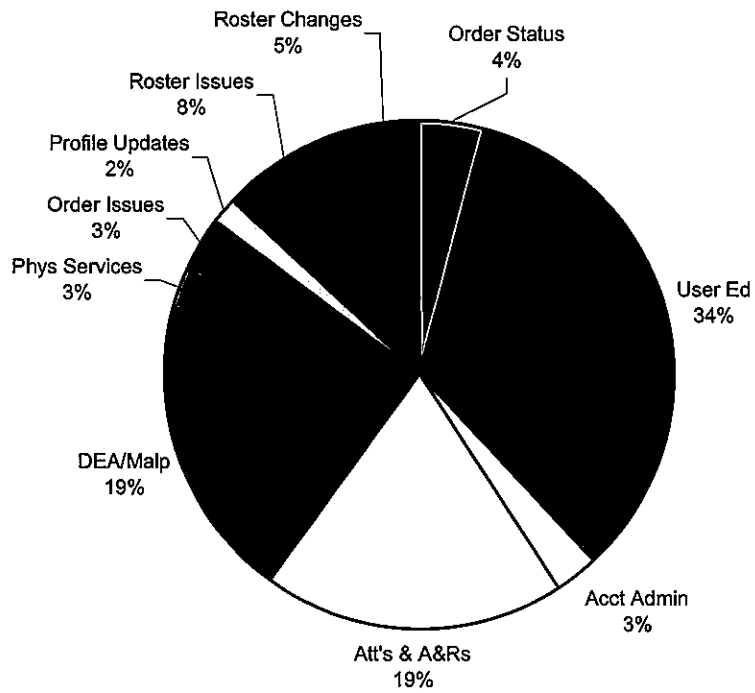


Staff-Related Errors by Period

As Reported by Customers

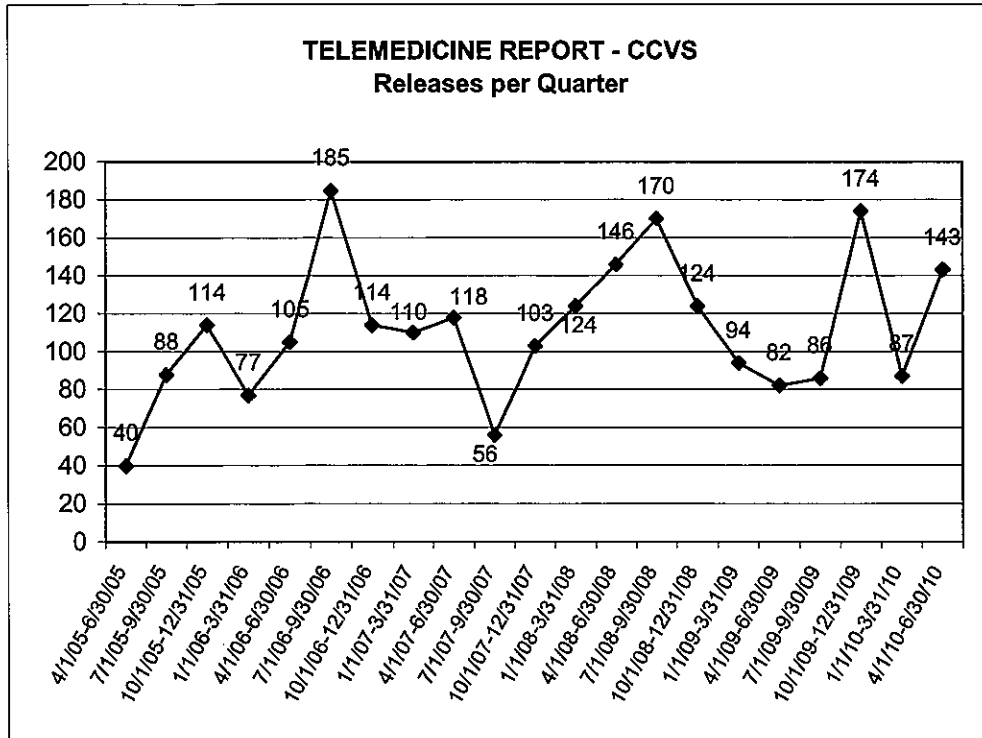


Breakdown of Miscellaneous Issues Not Previously Reported For the Period 4/1/2010 - 6/30/2010



Total issues: 733

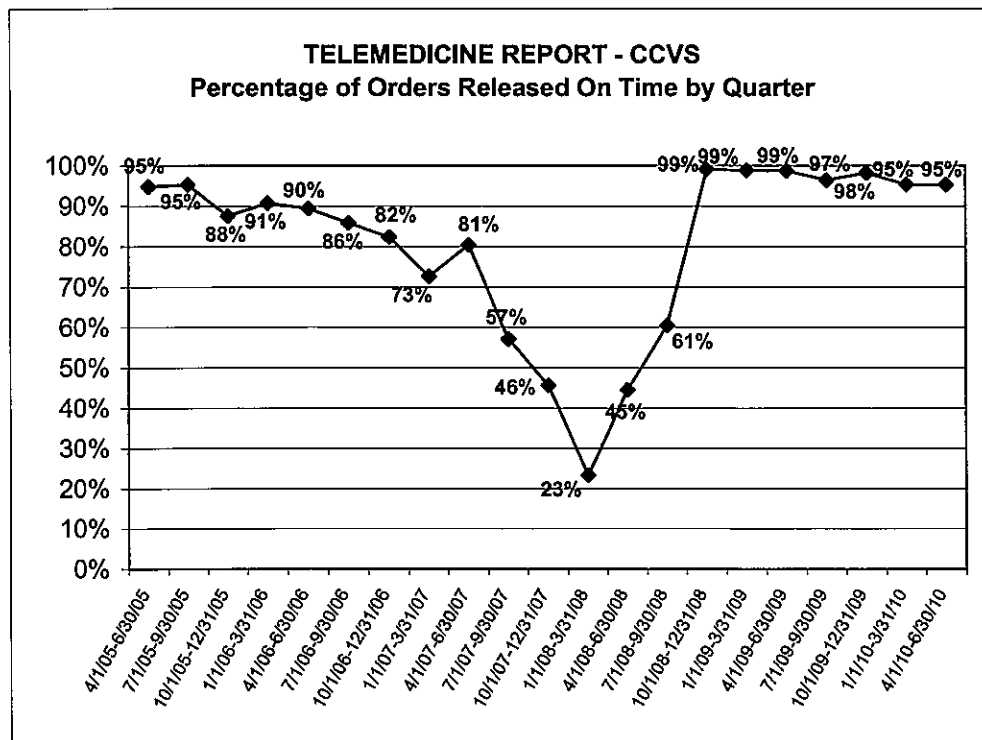
Quality Improvement Report for the Period 4/1/2010 - 6/30/2010 Telemedicine Reports



This graph shows the number of releases per quarter.

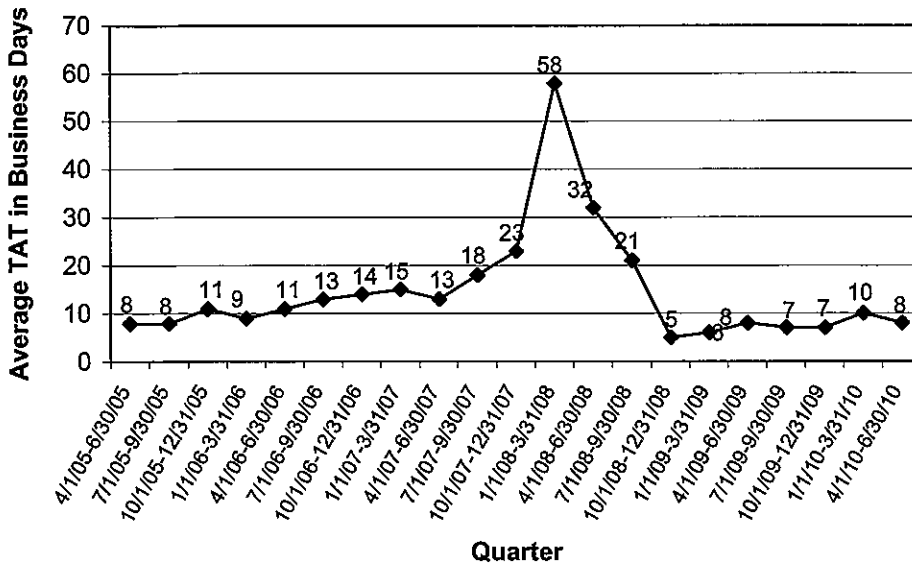
Annual (FISCAL) release totals are as follows:

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



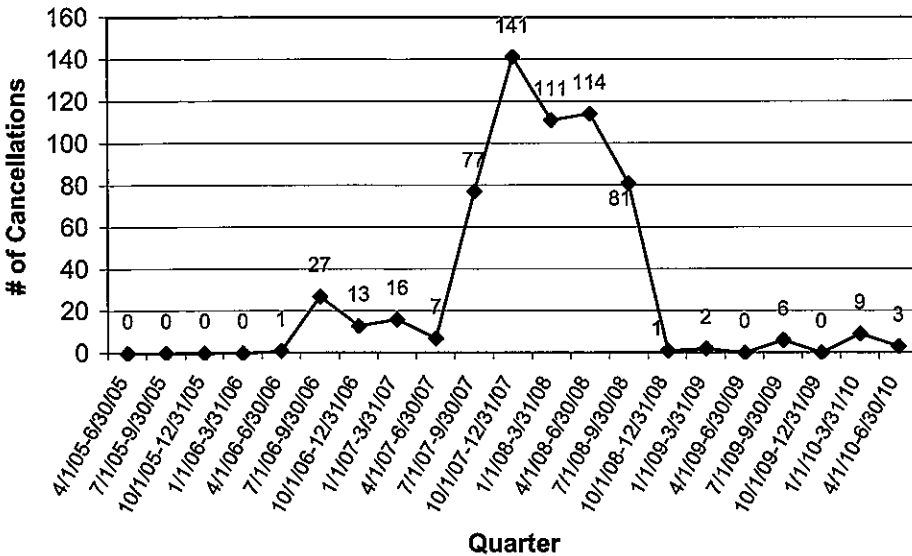
This graph shows the percentage of telemedicine orders that were released within TAT goals each quarter.

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.