



ARKANSAS STATE MEDICAL BOARD

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

Peggy Pryor Cryer
Executive Secretary

Board Members:

Trent P. Pierce, M.D.
Chairman
West Memphis, AR

Joseph M. Beck, M.D.
Vice-Chairman
Little Rock, AR

Bob E. Cogburn, M.D.
Secretary
Mountain Home, AR

Mrs. Anne Britton
Treasurer
Fayetteville, AR

Omar T. Atiq, M.D.
Pine Bluff, AR

Harold B. Betton, M.D.
Little Rock, AR

Jim C. Citty, M.D.
Searcy, AR

William F. Dudding, M.D.
Fort Smith, AR

Roger Harmon, P.D.
Jonesboro, AR

Patty Pettway, D.O.
Booneville, AR

Douglas F. Smart, M.D.
Little Rock, AR

C.E. Tommey, M.D.
El Dorado, AR

John B. Weiss, M.D.
Fayetteville, AR

Legal Counsel:

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

November 17, 2008

EXHIBIT D

The Honorable Eddie Cooper
The Honorable Jack Critcher
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 reports for your review:

- Quality Improvement Report presented to the CCVS Advisory Committee and the Arkansas State Medical Board for the third quarter dated 7/1/2008 to 9/30/2008. The CCVS Advisory Committee met and reviewed this report on 10/23/2008.
- Attached are various charts providing the information listed above in chart format for your convenience.
- Volume Trending chart on Orders received and Orders released to CCVS customers, listing averages over the specified period of time.
- CCVS Development Summary.

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, August 2005 and August 2007 and is in good standing until August 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 7/1/2008 to 9/30/2008

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:	1/1/08-3/31/08	4/1/08-6/30/08	7/1/08-9/30/08
Number of Business Days in Period:	63	64	61

ORDER & RELEASE STATISTICS:

	Previous Quarter		Last Quarter		This Quarter		Increase or Decrease from Last Quarter (%)
	1/1/08-3/31/08		4/1/08-6/30/08		7/1/08-9/30/08		
New Initial Orders in System:	1,359		1,532		1,614		5.4%
New Recredential Orders in System:	2,427		2,140		2,163		1.1%
TOTAL New Orders in System:	3,786		3,672		3,777		2.9%

	Previous Quarter		Last Quarter		This Quarter		Increase or Decrease from Last Quarter (%)
	1/1/08-3/31/08		4/1/08-6/30/08		7/1/08-9/30/08		
Initial Releases Total / % of Total	1,356 38.1%		1,465 38.8%		1,611 39.4%		10.0%
In-Cycle Recred Releases Total / % of Total	1,190 33.4%		1,170 31.0%		1,146 28.0%		-2.1%
Out-of-Cycle Recred Releases Total / % of Total	1017 28.5%		1,115 29.5%		1,233 30.1%		10.6%
Expedited Initials Total / % of Total	61 1.7%		78 2.1%		87 2.1%		11.5%
Expedited Recreditals Total / % of Total	9 0.3%		29 0.8%		17 0.4%		-41.4%
TOTAL Releases Completed:	3,563		3,779		4,094		8.3%

Average Monthly Releases:	1,188		1,260		1,365		8.3%
Number of Physicians Released:	2,476		2,713		2,566		-5.4%

Average TAT (Business Days)

Initials (Target = 15):	11.30		11.17		11.00		0.17 days
In-Cycle Recreditals (Target = 30):	5.70		3.70		2.50		1.20 days
Out-of-Cycle Recreditals (Target = 30):	24.00		23.13		16.92		6.21 days
Expedited Initials (Target = 5):	2.61		2.95		2.90		0.05 days
Expedited Recreditals (Target = 5):	2.00		2.10		0.80		1.30 days

% of Files Meeting Target TAT Goals:

Initials:	94.0%		89.3%		94.0%		5.3%
In-Cycle Recreditals:	100.0%		99.9%		100.0%		0.1%
Out-of-Cycle Recreditals:	89.0%		87.2%		100.0%		14.7%
Expedited Initials:	100.0%		100.0%		99.0%		-1.0%
Expedited Recreditals:	100.0%		100.0%		100.0%		0.0%

I/R = Initial/Recredential files; Initial=all credentialing elements; Recredential=updated data from last 2 years.

Releases = Physician profiles "released" to customers.

New Orders = Orders for physician profiles.

In-Cycle = Recredentialing orders placed according to the birth month cycle.

Out-of-Cycle = Recredentialing orders not placed according to the birth month cycle.

Expedited = Customer ordered rush/expedited profile with a 5-day turnaround guarantee.

TAT = File release turnaround time.

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 all types of orders improved this quarter, with In-cycle Recredentialing orders showing an improvement of 1.20 business day, Out-of-cycle Recredentials improved by 6.21 business days and Expedited rCredentials improved by 1.30 business days. Turn-around-time for Telemeds is at 21 business days as compared to the previous quarter's 45-60 business days, and that is positively impacting all types of orders. Percentage of profile types meeting targeted goals improved for initials, In and Out of Cycle Recredentials and Expedited Recredentials this quarter.

Barriers:

July volume decreases due to the number of telemedicine orders, number of staff still in training and negative volume and turn-around-time carried over from the previous quarter impacted the overall averages for this 3-month period of tracking. Release volume slightly increased with the number of business days reduced by four (4) due to holidays. Internal processes to improve turn-around-time and to increase productivity did not begin to positively affect overall release numbers and turn-around until the middle of August.

Recommendations & Follow-Up:

Staff morale endeavors, new one-on-one stepped up staff training appears to be having a positive effect. Internal work processes that were initiated to improve and increase productivity and decrease errors and file turn-around are also having a positive effect. Training and assigning temporary staff to obtain staff appointment verifications on telemed physicians on a continuous basis has been instrumental in improving productivity, turn-around and volume. Some organizations have changed the way they are now credentialing these types of physicians and are not assigning any privileges nor putting them on staff. Will continue to monitor for process improvement and opportunities to develop tools for training and create processes for obtaining verifications in a more timely manner. Continue to also monitor for opportunities to increase productivity and maintain or improve turn-around-times.

INTERNAL QUALITY AUDIT STATISTICS:

- Internal quality audits are performed as required by NCQA.
- Files are randomly selected, with concentration on staff in training.
- 50% of audits are pre-release, 50% are post-release.

	Previous Quarter	Last Quarter	This Quarter	Increase or Decrease from Last Quarter (%)
	1/1/08-3/31/08	4/1/08-6/30/08	7/1/08-9/30/08	
TOTAL Number of Releases:	3,779	3,779	4,094	8.3%
% of released files reviewed:	25%	25%	25%	25%
Number of errors in audited files:	66	59	98	66.1%
Accuracy rate on audited files:	93.0%	93.8%	90.4%	-3.6%

INTERNAL QUALITY AUDIT STATISTICS: Error Types, Barriers, Recommendations & Follow-Up**Types of Errors:****July = 18:**

Data entry errors (14); Missed staff appointments (1); Missed time gap (3).

August = 48 :

Data entry errors (28); Missed time gap (7); Entered wrong residency start date per PSV (5); Incorrect private practice entry (3); Did not verify previous practice or document attempts to obtain this info (3); Selected wrong entity (2).

September = 32:

Data entry errors (19); Missed staff appointments (4); Missed faculty appointment (2); Missed time gap over 30 days (4); Did not clarify education length (3).

Barriers:

Four full time staff left this quarter and this placed a new pool of staff in credentialing training. Auditing trainees files requires 100% review from the trainer or quality auditor and a new CCVS trainer and file auditor were also in training during this period limiting the number of files and reducing the turn-around-time it took to audit files for release, also causing reduction in the volume improvements and increase in data entry errors by new staff. High productivity and high volume requirements of the CCVS do not allow for the type of casual, radio playing, socializing environment that some other work situations allow and some employees require. Although they are told about this at initial interview, some staff are not a good fit.

Recommendations & Follow-Up:

Error rate slowly improving as additional training or refresher training is completed. The management team continues to work on developing training tools and other opportunities for staff to gain experience in credentialing and continues to move forward with other improvements in these endeavors such as staff retention and morale inducements, which are necessary and beneficial. Continue to monitor for training and toward decreasing error rates, identifying training needs for staff and searching out additional methods for obtaining verifications and resources to help with file audits, ways to improve staff retention and morale inducements.

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		
	Apr '08	May '08	June '08	July '08	Aug '08	Sept '08
# of Permanent Staff:	17	17	18	17	17	18
# of Temporary Staff:	1	0	2	3	5	6
Staff Loss (Perm/Temp):	2/1	0/0	1/0	1/1	2/1	1/3

Registered Users:

Total number of user organizations reported each period.

Period:	Previous Quarter 1/1/08-3/31/08	Last Quarter 4/1/08-6/30/08	This Quarter 7/1/08-9/31/08
Hospital:	223	223	225
MCO/Other:	37	37	38
Total Customers	260	260	263

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

REGISTERED USER TRACKING: Barriers, Recommendations & Follow-Up

Barriers:

Same barriers and situations previously reported with no way to track new organizations doing business in Arkansas, except by way of the physicians and physicians' offices or their staff reporting and not all of them report. Also several insurance products are merging with other insurance products and there is some confusion regarding who will be doing the credentialing for those organizations. In regards to tracking of new users, these organizations may not show up as a new user because those practitioners are being credentialed by another organization that was already signed up. The same situation applies with some hospitals that are closing, deactivating accounts with the CCVS or merging credentialing processes, which will increase the volume of orders for one user but significantly drop for the other. If a new buyer for the hospital is found, there might be a new user and a return to the previous volume but if the hospital is bought out by an existing hospital, they will generally merge their credentialing.

Recommendations & Follow-Up:

Organization follow-up and providing physicians and their staff with necessary education, information and assistance will continue. The Customer Service department will provide the necessary information to new organizations and follow-up with any non-compliant organizations as required and as they are identified. Customer Service will continue to communicate with these organizations and continue with compliance notification as new organizations are identified. Continue to monitor for customer service assistance 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
	1/1/08-3/31/08		4/1/08-6/30/08		7/1/08-9/30/08		
<u>Positive Comments:</u>							
Positive Comments (Total / % of Total):	9	9.6%	8	9.8%	12	9.9%	50.0%
<u>Technology/System Issues:</u>							
Customer Tech (Total / % of Total):	17	18.1%	27	32.9%	30	24.8%	11.1%
CCVS Internal Tech (Total / % of Total):	9	9.6%	9	11.0%	9	7.4%	0.0%
<u>Other:</u>							
Profile TAT Delay (Total / % of Total):	0	0.0%	6	7.3%	0	0.0%	60.0%
Inconsistent Data (Total / % of Total):	4	4.3%	5	6.1%	8	6.6%	400.0%
Credentialing Program (Total / % of Total):	16	17.0%	1	1.2%	5	4.1%	102.9%
Staff Related (Total / % of Total):	48	51.1%	34	41.5%	69	57.0%	
Known Cause (Total / % of Total):	0	0.0%	0	0.0%	0	0.0%	
TOTAL CUSTOMER ISSUES:	94	2.6%	82	2.2%	121	3.0%	47.6%

# of releases WITHOUT Customer Service issues:	3,973	# of releases WITH Customer Service issues:	121
% of releases WITHOUT Customer Service issues:	97.04%	% of releases WITH Customer Service issues:	2.96%

POSITIVE COMMENTS: Improvements from last quarter

Positive responses regarding the program, staff and customer service.

CUSTOMER TECHNOLOGY ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Cust Tech issues:	4,064	# of releases WITH Cust Tech issues:	30
% of releases WITHOUT Cust Tech issues:	99.27%	% of releases WITH Cust Tech issues:	0.73%

Barriers:

Several new customer users not familiar with using the CCVS and not familiar with the state mandate to use the CCVS who initially rejected any assistance, preferring a learn-as-you-go approach rather than utilizing the new user guidebook or utilizing the assistance of the CCVS staff. Sometimes a larger problem, more difficult to quickly assess or fix was then generated.

Recommendations & Follow-Up:

Continue to provide new user education and/or written information as requested or determined when the customer or new user appears to have difficulty with any process. Provide one-on-one education or assistance as needed. Continue to monitor for customer service improvement opportunities. Continue to monitor for development of new-user information or help functions on the web, provide new-user one-on-one assistance and encourage usage of the Guide-to-Services manual.

CCVS TECHNOLOGY ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT CCVS Tech issues:	4,085	# of releases WITH CCVS Tech issues:	9
% of releases WITHOUT CCVS Tech issues:	99.78%	% of releases WITH CCVS Tech issues:	0.22%

Barriers:

Several system glitches reported, including customer's inability to order due to a greyed out issue or the profile wouldn't release from the system or order not appearing in outstanding order screen.

Recommendations & Follow-Up:

Continue to monitor and correct conversion issues/glitches as they are discovered and reported. IT staff clear the system glitch and the customer places the order without any additional delay and without losing any of their TAT time.

PROFILE TAT ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Profile TAT issues:	4,094	# 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 this quarter so no barriers are reported.

Recommendations & Follow-Up:

The telemed cancellations were severely limited as profile turn-around on these orders began to improve and this was helped tremendously by the staff proactively notifying organizations when a telemed physician's file was updated, giving them the opportunity to order it while the profile was in a current state. Will continue to monitor this very closely for quality and process improvement and to ensure there is no backlog developing that will strangle the CCVS with high volumes of orders.

INCONSISTENT DATA ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Profile TAT issues:	4,086	# of releases WITH Profile TAT issues:	8
% of releases WITHOUT Profile TAT issues:	99.80%	% of releases WITH Profile TAT issues:	0.20%

Barriers:

Organizations are reporting appointments or work history that the physicians are listing on applications for privileges but have not been reported to the Board at initial licensure or to the CCVS in the annual renewal.

Recommendations & Follow-Up:

This has been greatly reduced due in large part to the medical staff personnel's assistance in detecting these information irregularities. Once notified, CCVS staff immediately verify or clarify this new information, update the profile and provide a revised copy to the customer or notify the customer if the verification source does not agree with the physician's information. The greater majority of customer organization's recognize the benefits of allowing the CCVS to update the information so all organizations may have access and are of great assistance in reporting the inconsistencies so all can benefit. Will continue to monitor for quality purposes and to obtain and provide updated profiles as determined by inconsistent data.

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

# of releases WITHOUT MedSuite issues:	4,089	# of releases WITH MedSuite issues:	5
% of releases WITHOUT MedSuite issues:	99.88%	% of releases WITH MedSuite issues:	0.12%

Barriers:

New credentialing program conversion and start-up issues are slowly reducing as they are identified and corrected. New staff in training also contributed to issues while learning to maneuver through the program due in large part to having to learn as they utilized the program. Experienced CCVS specialists are still learning where to enter data and there is some adjustments still going on in this area due to learning new processes as a result.

Recommendations & Follow-Up:

As staff learn the new system and staff in training complete this process, they are consistently decreasing these issues. Continue to monitor for process improvement and training opportunities where applicable.

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

# of releases WITHOUT Staff-Related issues:	4,025	# of releases WITH Staff-Related issues:	69
% of releases WITHOUT Staff-Related issues:	98.31%	% of releases WITH Staff-Related issues:	1.69%

Barriers:

Again, data entry errors are totally due to the large volume of trainees, new trainer, experienced staff learning a new program and new data entry processes.

Recommendations & Follow-Up:

Staff are steadily improving in their data entry processes and if current staff can be maintained, with minimal new staff to train in the next quarter, the volume of errors should reduce significantly. Release volume picked up significantly in mid-August as training proceeded and staff became more familiar and confident with processes and data entry in the new system. The new training opportunities and processes will continue to be improved and staff will be required to continue to go through review training to keep the productivity high and reduce errors. Continue to monitor for training and staff education opportunities.

KNOWN CAUSE ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Known Cause issues:	4,094	# 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 Addendum
For the Period 7/1/2008 - 9/30/2008**

Section 3 - Customer Satisfaction/Feedback

CATEGORIES	
12	Positive Comments
Technology/System Issues	
30	Customer
9	CCVS-Internal
Other	
0	Profile TAT Delay
8	Inconsistent Data
5	MedSuite Program
69	Staff Related
0	Known Cause
121	Total Customer Issues (not including positive comments)

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

304	Miscellaneous Customer Service issues: <i>Resolved or completed.</i>
5	Requests for incomplete profiles. <i>Completed.</i>
45	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>
19	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>
272	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>
49	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
143	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>
0	Returned Attestations to customers due to wrong license number, wrong date, undated or questions not completed.
155	Cancellations: (42) customer/user initiated due to need to change order type to expedite, duplication of orders, ordered in error, ordered too soon; (113) CCVS Management initiated because the order could not be completed by due date due to no fault of the CCVS.
209	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>
1	Physician requests for personal profiles. <i>Profiles were faxed, e-mailed, or mailed to physician at their request.</i>
6	Other physician questions or education provided by Customer Service.
3	Other physician issues transferred out of CS (license application status; questions regarding licensure or renewals; CME questions; Regulation 17 and Regulation 7 questions).
32	CCVS notified customer of documents or information needed to complete order (updated A&R, Attestation, other documentation, or physician's contact info).
27	Updated profile provided to customer within 30 days of original release
36	Facility emailed update to current physician roster.

**QI Report - Section 3 Addendum
For the Period 7/1/2008 - 9/30/2008**

MAIN CATEGORIES: Total		53	35	33	121
MISCELLANEOUS:	CCVS Assistance	7	10	14	31
	22.00 CS obtained Attestation for CCVS	1	1	1	3
	22.01 CS obtained Org A&R for CCVS	1	1	1	2
	22.02 CS obtained Board A&R for CCVS	3	2	1	3
	22.03 CS obtained contact info for CCVS	3	2	1	6
	22.05 CS obtained comp items from tele firm for CCVS	15	33	21	69
	22.07 CS obtained verification for CCVS	30	46	38	114
CCVS Assistance Total		1	1	1	2
I. Misc./Other		1	1	1	1
	21.00 Asked client for phys contact info	1	1	1	1
	21.00 Asked contract firm to get Board A&R signed	1	1	1	1
	21.00 Asked cust for malp insurance info	1	1	1	1
	21.00 Called phys to see if he/she retired	1	1	1	1
	21.00 Confirming cust received fax	1	1	1	1
	21.00 Cust forgot to check out order	1	1	1	1
	21.00 Cust gave us phys NPI #	1	1	1	1
	21.00 Cust notified us which facilities they verify for	1	1	1	1
	21.00 Cust referred to other agency/organization	2	3	2	7
	21.00 Cust referred to other dept	1	1	1	1
	21.00 Cust requested contact info for entity	1	1	1	1
	21.00 Cust requested copy of Attestation	1	1	1	2
	21.00 Cust using wrong account to access physician	1	1	1	1
	21.00 Cust wanted to know why no Attestations for 2006/2007	1	1	1	1
	21.00 Customer Referred to other department	1	1	1	1
	21.00 Customer requested updated attestation	1	1	1	1
	21.00 Customer says she will fax phys CV	1	1	1	1
	21.00 In state physician coded as telemed	1	1	1	1
	21.00 Info provided to new advisory committee member	1	1	1	1
	21.00 Issuing refund b/c cancellation requested before release	1	1	1	1
	21.00 Let cust know phys med lic was renewed	1	1	1	1
	21.00 Phys renewal packet sent to cust	1	1	1	2
	21.00 Reviewed facility's credentialing application	11	37	28	76
	21.00 Verification Request	32	53	57	142
	21.01 Info requests sent to physicians	9	24	7	40
	21.02 Document rec'd, OK to reorder	2	1	1	3
	21.05 Customer requested confidential info	2	7	1	10
	21.06 Telemed file at/near comp, OK to reorder	69	134	101	304
I. Misc./Other Total		4	4	4	4
J. Incomplete Requests	9.00 Incomplete requested, provided	1	1	1	1
	9.01 Incomplete requested, not provided	5	5	5	5
J. Incomplete Requests Total		5	5	5	5
K. Roster Issues	10.00 Roster received incomplete	5	6	1	12

**QI Report - Section 3 Addendum
For the Period 7/1/2008 - 9/30/2008**

12.09 Technical instructions	1		1	1
12.10 Form requests	1			1
12.11 Mandate education	4	1	8	13
12.12 Policies & procedures education		13		13
12.13 Profile definitions	2	2		4
12.14 New account/New user packet		3	1	4
12.15 TATs	3	1	1	5
12.16 New telemedicine policy	38	13	17	68
12.17 Can verify w/ physician or source	1	1		2
	98	100	74	272
M. User Education Total		1		1
N. Account Administration	6	3	2	11
13.02 Account/User changes		2		2
13.03 Login/Password problems	1	5	1	7
13.04 Billing questions	7	3	9	19
13.05 Credit card declined or acct lockout				
13.06 Needs to change credit card	2	4	3	9
N. Account Administration Total	16	18	15	49
O. A&R Refused	3			3
15.00 Fax illegible		5	6	11
15.01 Date illegible	9	2	3	14
15.02 Post-dated or misdated	11	7	2	20
15.03 Not dated or incomplete date	1		2	3
15.04 Not signed	2	1	1	4
15.05 No org name, can identify org	14	12	26	52
15.07 Wrong org name used	3	4	1	8
15.08 License pending or inactive				
15.09 A&R expired	1	2	1	4
15.10 Cannot identify physician	3	4	3	10
15.11 Wrong license #/SSN	3	1		4
15.13 Unacceptable (wording)			2	2
15.14 Altered	3	1	1	5
15.15 Not M.D. or D.O.	2		1	3
	55	39	49	143
O. A&R Refused Total	1			1
17.00 No longer in network	1			1
17.00 Not eligible to be in network				
17.00 Physician deceased		1	1	2
17.01 Ordered in error	4	2	4	10
17.02 Ordered wrong type of profile	2			2
17.03 Duplicate order		4	4	8
17.04 Need to order as expedited	3	10		13

**QI Report - Section 3 Addendum
For the Period 7/1/2008 - 9/30/2008**

Q. Cancellations-Cust Total	17.05 Physician withdrew application	2	1	2	5
R. Cancellations-CCVS	17.11 Customer could not provide valid A&R	13	18	11	42
	17.12 Unable to obtain attestation	1	1		2
	17.13 Unable to contact phys (out of town, etc.)	8	5	3	16
	17.14 Physician moved out of state	1	5		6
	17.14 Physician moved out of state	1			1
	17.18 Unable to complete by due date	3	2	2	7
	17.19 Telemedicine unable to complete	28	37	16	81
R. Cancellations-CCVS Total		42	50	21	113
S. DEA/Insurance	18.00 Cust cannot view DEA because looking under wrong nam	1			1
	18.00 Cust requested copy of old ins cert	1			1
	18.00 Need contact info to update insurance	2		1	3
	18.00 Phys DEA not on site b/c he did not provide new cert	1			1
	18.01 Customer request to update DEA	59	16	11	86
	18.02 Customer request to update insurance	66	36	15	117
S. DEA/Insurance Total		130	52	27	209
T. Personal Profile Sent to Ph	20.01 Personal profile sent to physician		1		1
T. Personal Profile Sent to Phys	Total		1		1
U. Other Physician Issue	20.00 Phys requests change of specialty		2	1	3
	20.00 Phys requests confirmation we rec'd attestation			1	1
	20.00 Phys requests his license/affil list			1	1
	20.00 Phys requests info on DEA requirements		1		1
U. Other Physician Issue Total		3	3	3	6
V. Phys referred to Other De	20.02 Physician referred to other department	3			3
V. Phys referred to Other Dept Total		3			3
W. Order Issues	16.00 A&R Broken		1		1
	16.00 A&R Missing			1	1
	16.00 Cust notified we can't get malp info			1	1
	16.00 Duplicate order		4	4	8
	16.00 Physician not applying for reappt	1	1		2
	16.00 Physician retired	1	1	1	3
	16.00 Physician withdrew application			1	1
	16.01 Cust notified attestation expired/expiring		3	5	8
	16.02 Cust notified A&R expired/expiring		1	3	4
	16.03 Cust notified missing docs from physician		1		1
	16.04 Cust notified we need contact info	1		1	2
		3	12	17	32
W. Order Issues Total		6	3	4	13
W. Profile Update	19.00 Cust requested updated profile		1	2	3
	19.01 Cust requested update, not provided		1	1	2
	19.02 Update provided to customer proactively	5	1	5	11
W. Profile Update Total		11	5	11	27

**QI Report - Section 3 Addendum
For the Period 7/1/2008 - 9/30/2008**

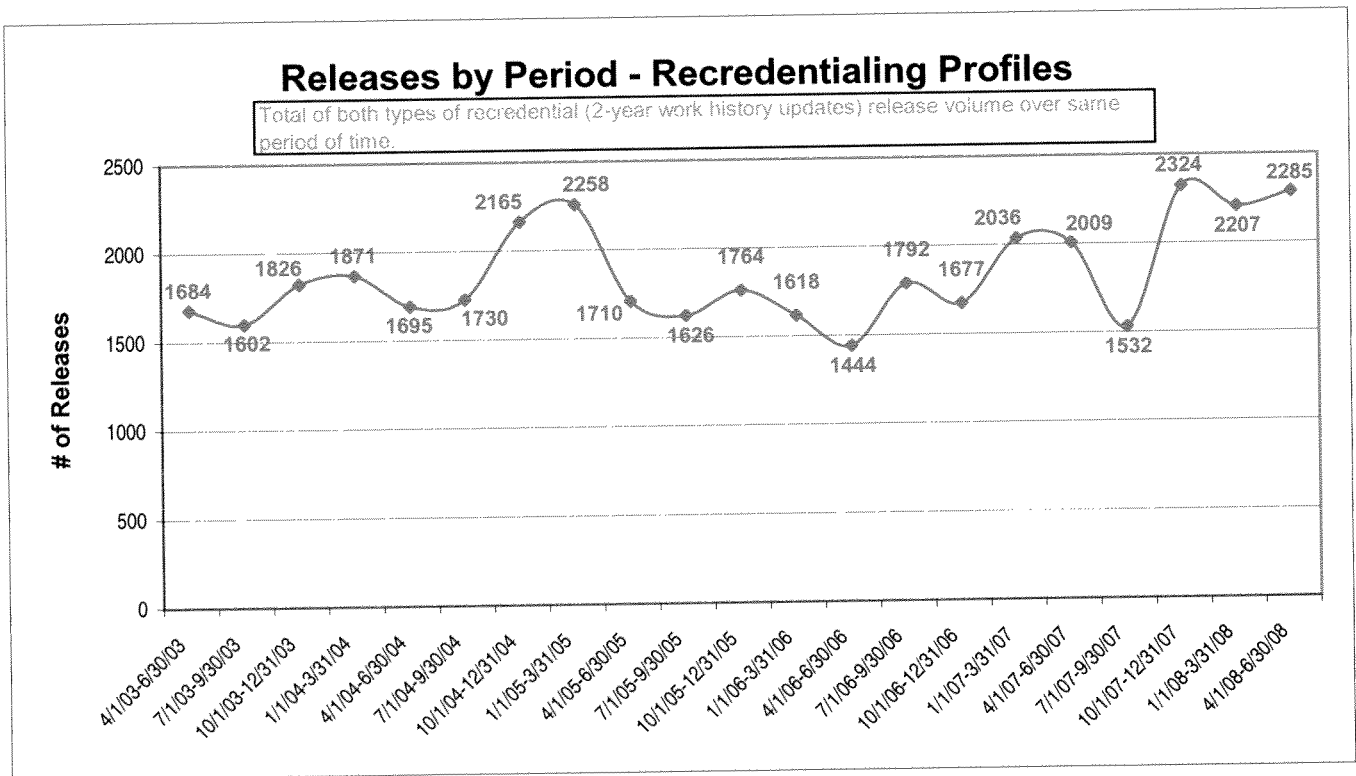
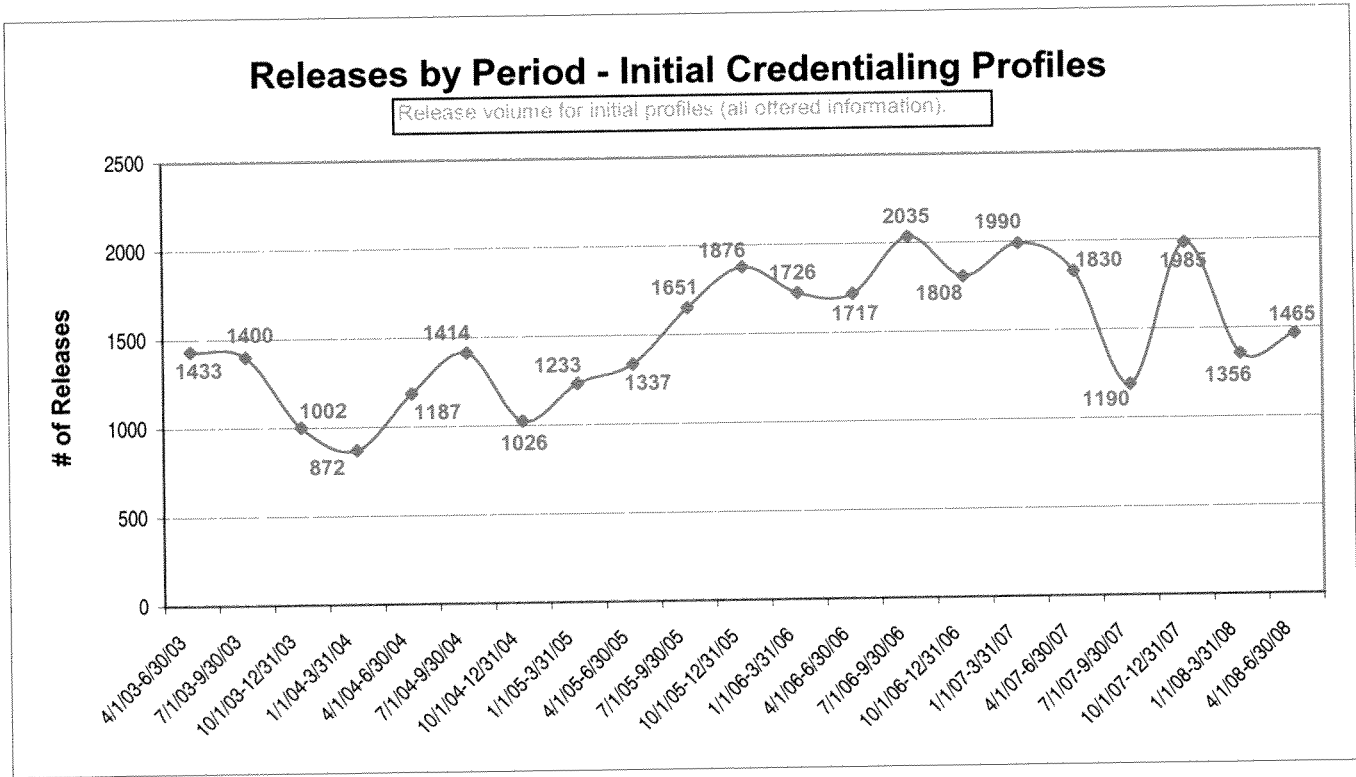
X. Roster Updates	20	13	3	36
X. Roster Updates Total	20	13	3	36
MISCELLANEOUS: Total	521	516	383	1420
Grand Total	580	555	418	1553

10.02 Facility sent change/addition to roster

Arkansas State Medical Board

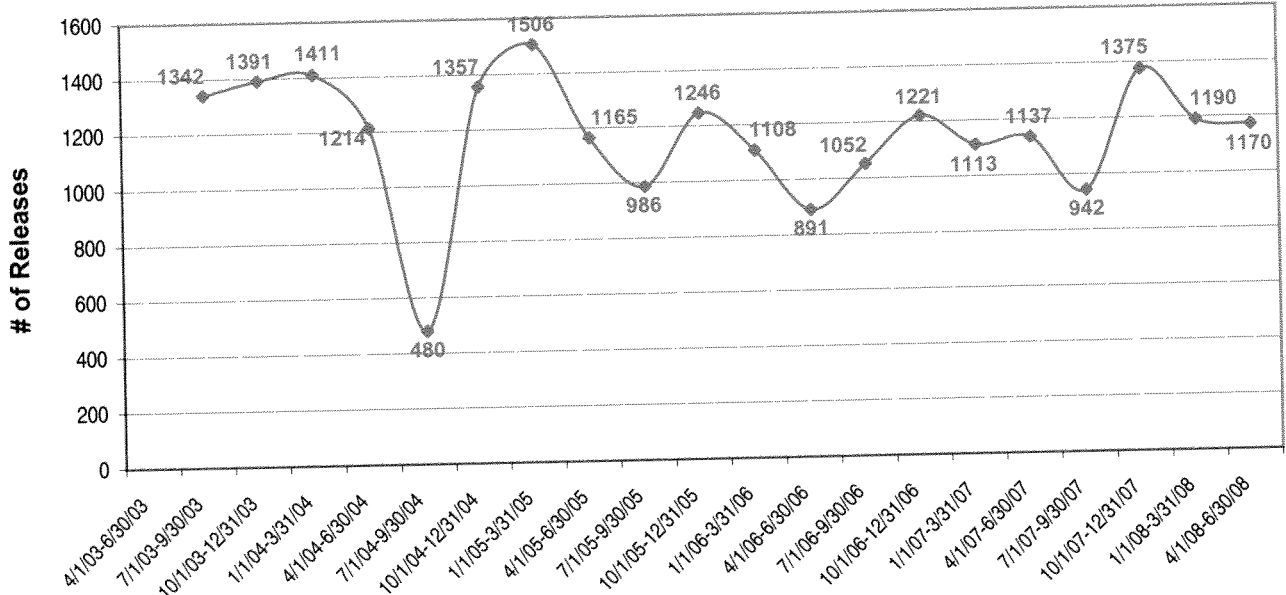
Quality Improvement Report for the Period 4/1/2008-6/30/2008

Charts & Graphs

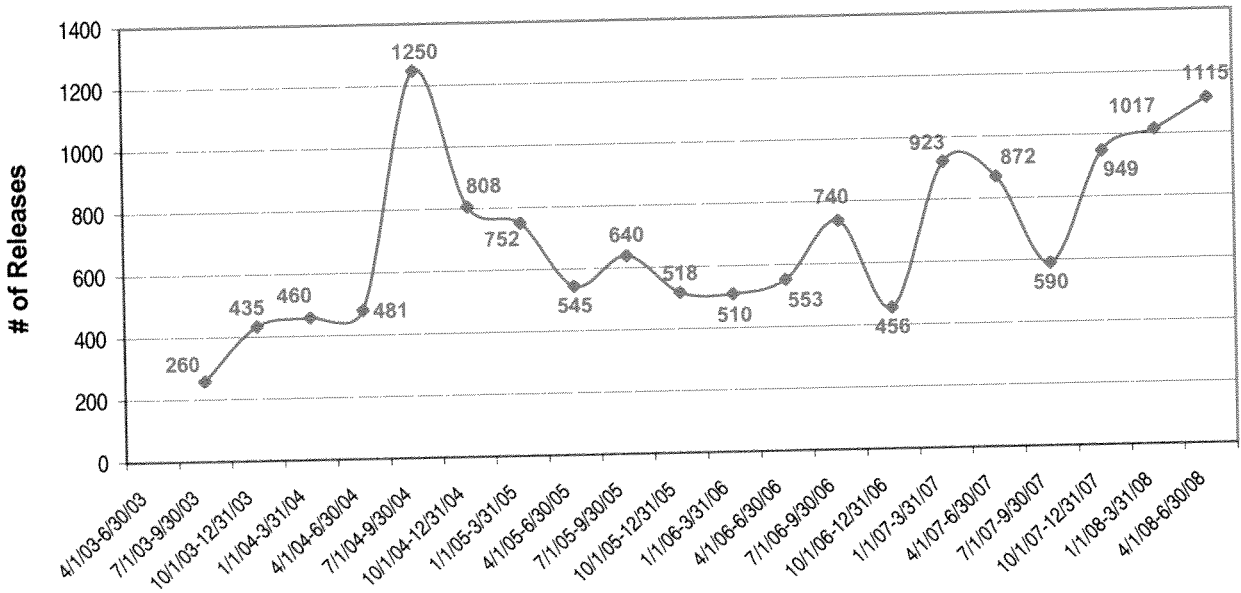


Releases by Period: In-Cycle Recredentialing Profiles

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



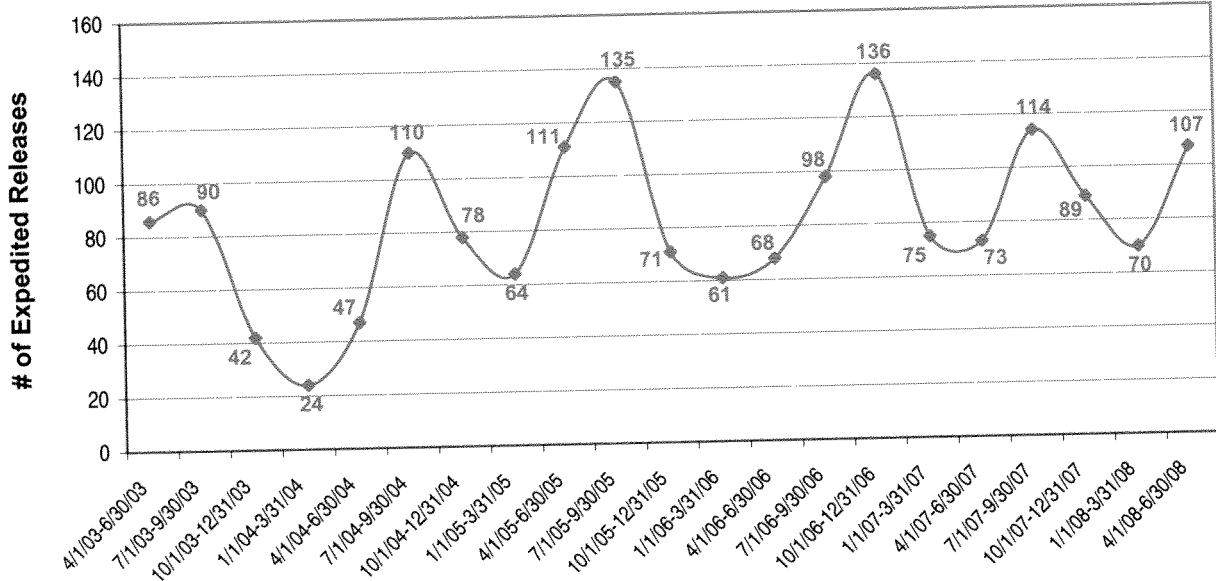
Releases by Period: Out-of-Cycle Recredentialing Profiles



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

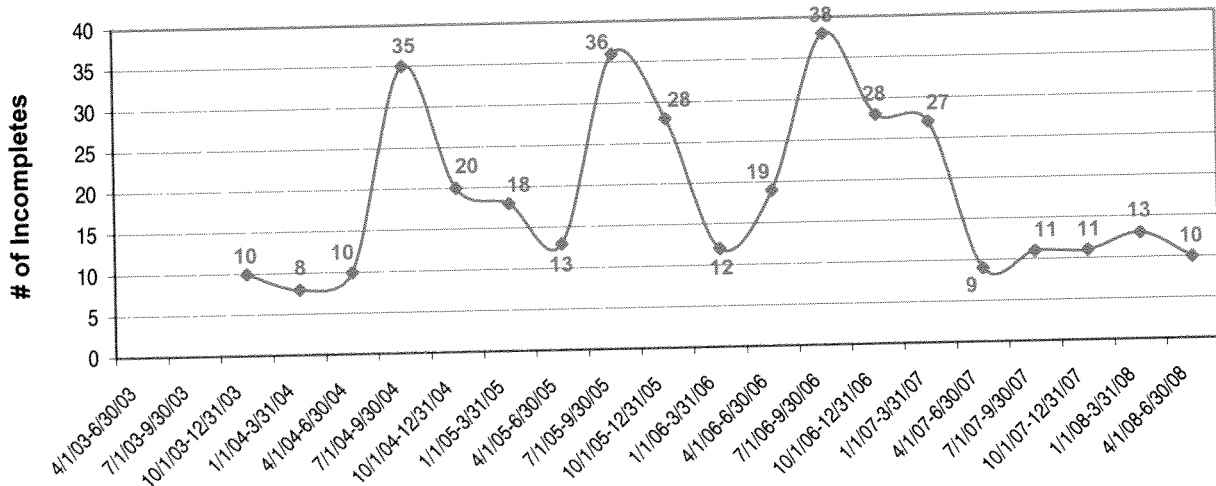
Releases by Period: Expedited Orders Initial and Recredentialing

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



Incomplete Profile Requests

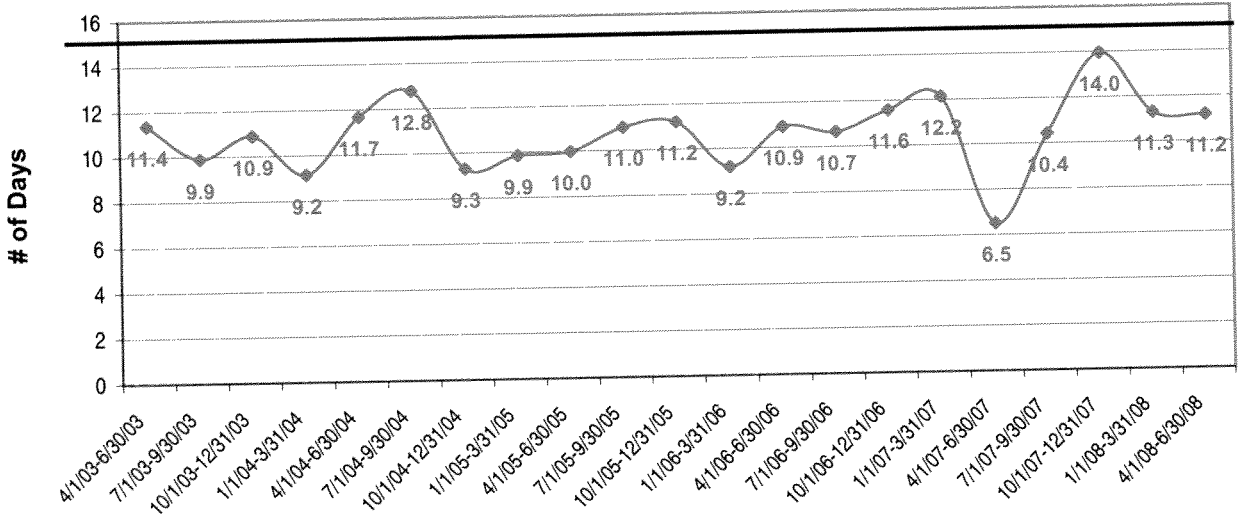
Customer requests for incomplete files due to their not ordering in time or needing sooner than anticipated.



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

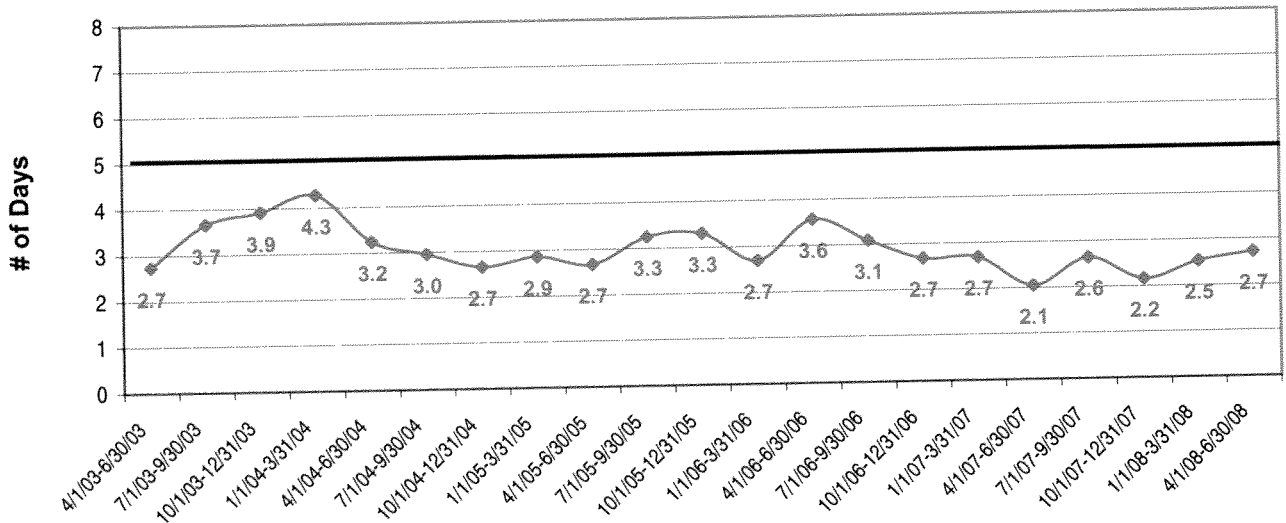
Turnaround Times: Initial Credentialing (Target: 15 Business Days)

Meets and exceeds goals.



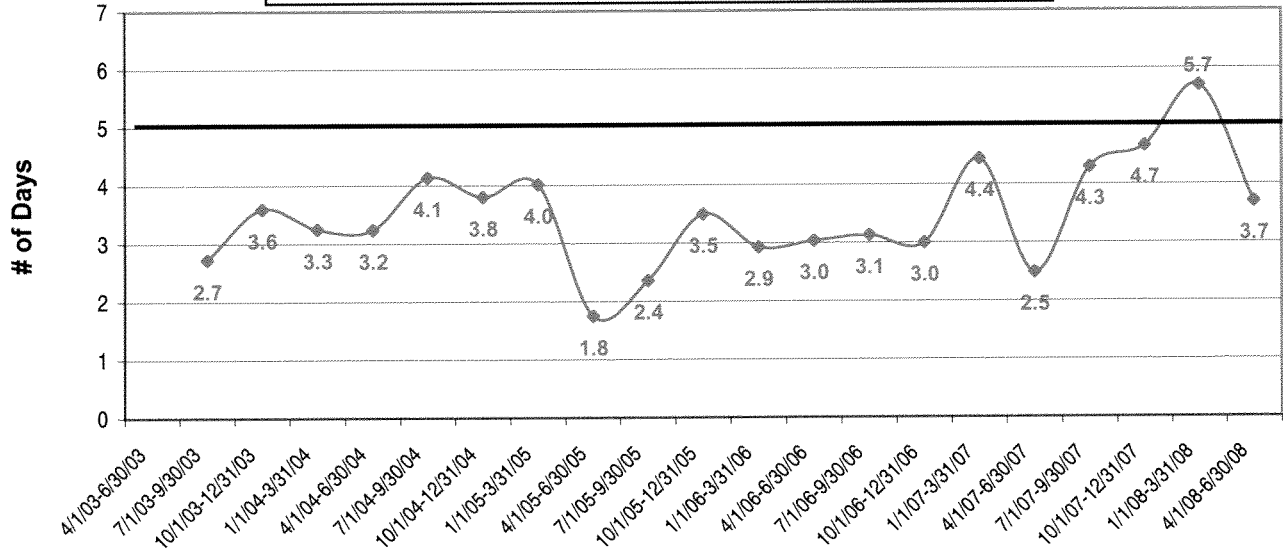
Turnaround Times: Expedited Orders Initial and Recredentialing (Target: 5 Business Days)

Meets and exceeds goals.



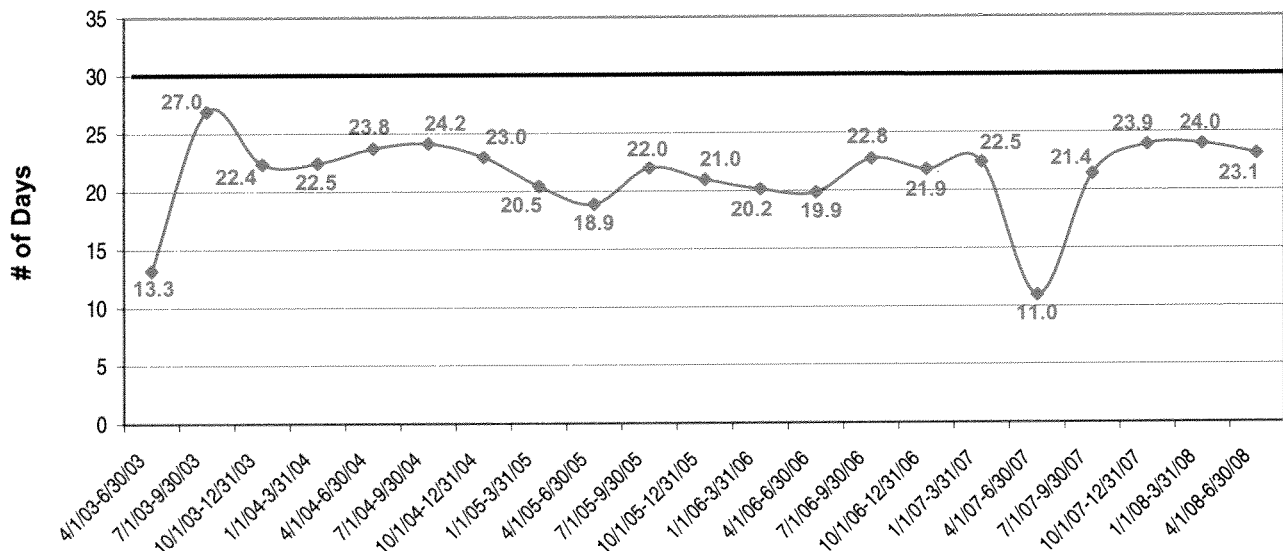
Turnaround Times: In-Cycle Recredentialing (Target: 5 Business Days)

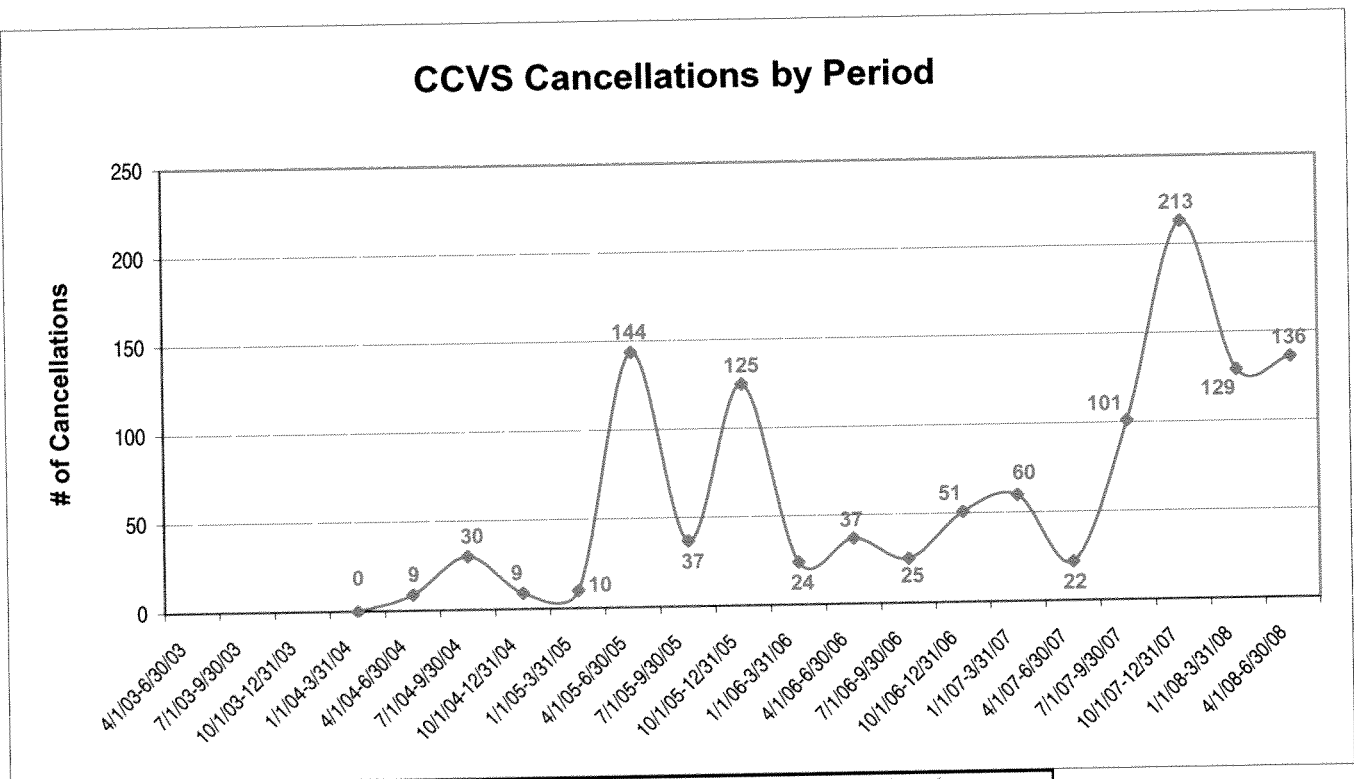
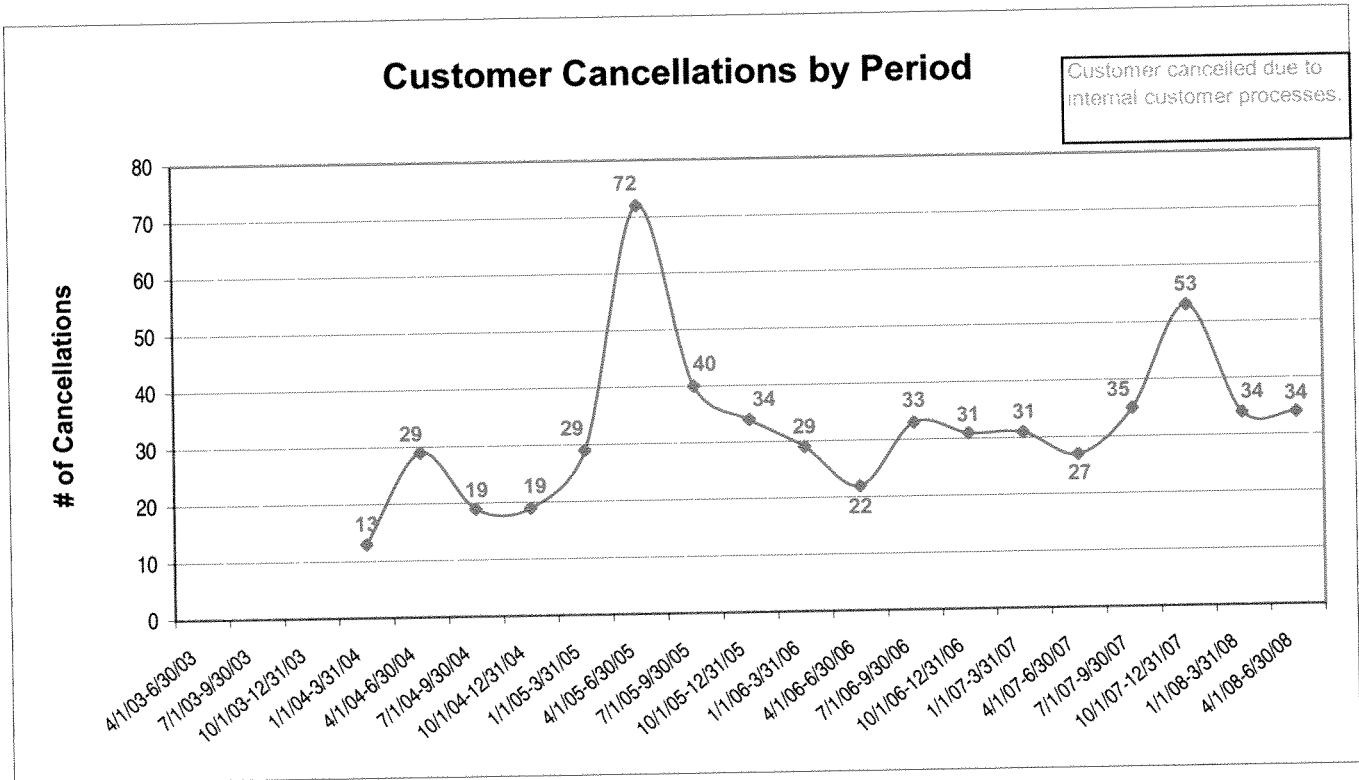
Guaranteed and posted TAT goal for Recreditals is 30 Business days. This reflects internal CCVS goal for In-cycle (Birth Month) Recreditals.



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

Within guaranteed and posted goals.

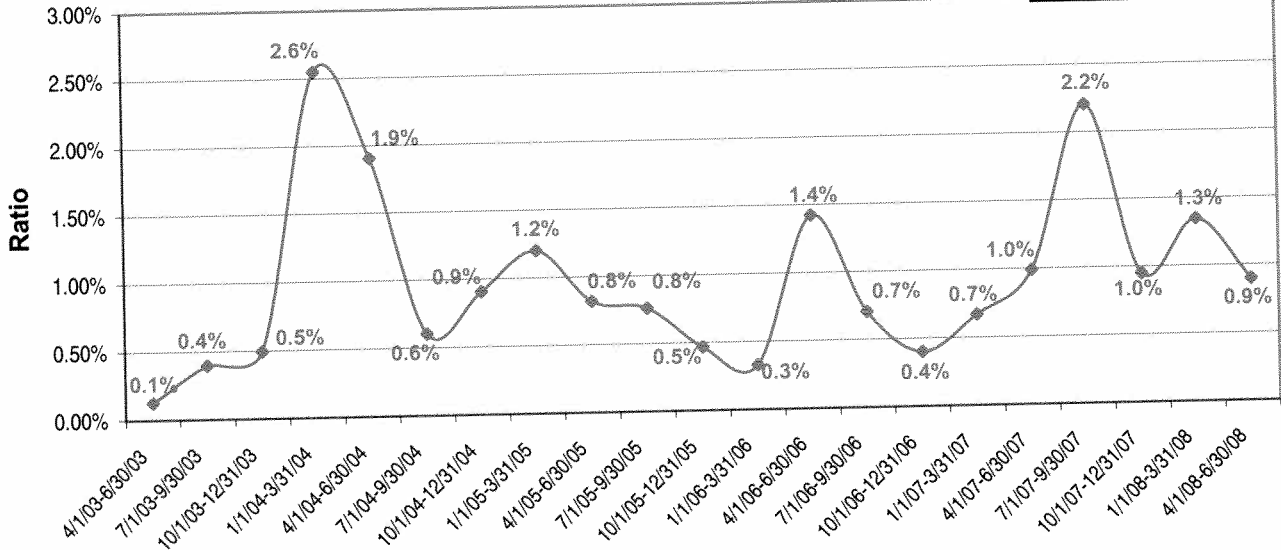




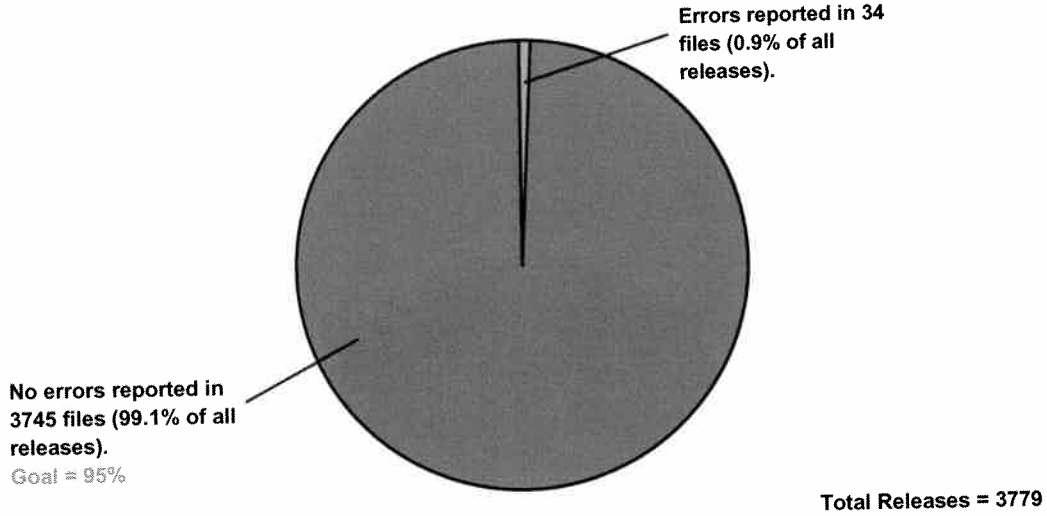
2007 cancellations due to failure to obtain attestations from physicians. Decrease in 1st QTR but increasing again in 2nd QTR due to telemed cancellations.

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 4/1/08 - 6/30/08



Errors Found in Internal Audit For the Period 4/1/2008 - 6/30/2008

