



ARKANSAS STATE MEDICAL BOARD

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January 30, 2009

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 Arkansas State Medical Board for the quarter dated 10/1/08 to 12/31/08.
- 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 10/1/2008 to 12/31/2008

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:	4/1/08-6/30/08	7/1/08-9/30/08	10/1/08-12/31/08
Number of Business Days in Period:	64	61	59

ORDER & RELEASE STATISTICS:

	Previous Quarter		Last Quarter		This Quarter		Increase or Decrease from Last Quarter (%)
	4/1/08-6/30/08		7/1/08-9/30/08		10/1/08-12/31/08		
New Initial Orders in System:	1,532		1,614		1,340		-17.0%
New Recredential Orders in System:	2,140		2,163		1,989		-8.0%
TOTAL New Orders in System:	3,672		3,777		3,329		-11.9%
Initial Releases Total / % of Total	1,465	38.1%	1,611	39.4%	1,342	41.2%	-16.7%
In-Cycle Recred Releases Total / % of Total	1,170	33.4%	1,146	28.0%	1,046	32.1%	-8.7%
Out-of-Cycle Recred Releases Total / % of Total	1,115	29.5%	1,233	30.1%	776	23.8%	-37.1%
Expedited Initials Total / % of Total	78	2.1%	87	2.1%	50	1.5%	-42.5%
Expedited Recredentials Total / % of Total	29	0.8%	17	0.4%	43	1.3%	152.9%
TOTAL Releases Completed:	3,779		4,094		3,257		-20.4%
Average Monthly Releases:	1,260		1,365		1,086		-20.4%
Number of Physicians Released:	2,713		2,566		2,472		-3.7%
<u>Average TAT (Business Days)</u>							
Initials (Target = 15):	11.17		11.00		5.85		5.15 days
In-Cycle Recredentials (Target = 30):	3.70		2.50		2.30		0.20 days
Out-of-Cycle Recredentials (Target = 30):	23.13		16.92		9.35		7.57 days
Expedited Initials (Target = 5):	2.95		2.90		2.37		0.53 days
Expedited Recredentials (Target = 5):	2.10		0.80		1.77		-0.97 days
<u>% of Files Meeting Target TAT Goals:</u>							
Initials:	89.3%		94.0%		99.9%		6.3%
In-Cycle Recredentials:	99.9%		100.0%		100.0%		0.0%
Out-of-Cycle Recredentials:	87.2%		100.0%		99.8%		-0.2%
Expedited Initials:	100.0%		99.0%		98.4%		-0.6%
Expedited Recredentials:	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 all types of orders, except Expedited Recredential orders improved this quarter, the biggest improvements being with Initial orders improved by 5.15 business days and Out-of-cycle Recredentials improved by 7.57 business days. Percentage of profile types meeting targeted goals also improved for initials from 94% to 99.9% and In-Cycle and Expedited Recredentials remaining at 100% from last quarter. Telemed orders are included in the Initial numbers with only one (in 128 orders) cancellation this quarter.

Barriers:

One large telemedicine file, not released by scheduled due date, with numerous outstanding verifications fell out of TAT goals this quarter. This caused a slight negative impact on percentage of files meeting targeted turn-around (TAT) goals. Also one Expedited Initial profile order fell out of TAT goals due to internal error.

Recommendations & Follow-Up:

New training endeavors continue to positively impact order and release statistics. Utilization of temporary staff to assist with obtaining telemedicine verifications has helped to improve turn-around-time. Continue to monitor for process improvement, opportunities to reduce and improve turn-around-time.

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 4/1/08-6/30/08	Last Quarter 7/1/08-9/30/08	This Quarter 10/1/08-12/31/08	Increase or Decrease from Last Quarter (%)
TOTAL Number of Releases:	3,779	4,094	3,257	-20.4%
% of released files reviewed:	25%	25%	25%	25%
Number of errors in audited files:	59	98	72	-26.5%
Accuracy rate on audited files:	93.8%	90.4%	91.2%	0.8%

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

Oct = 42 (in one file):

Data entry errors (30); Incorrect clinical scope not corrected (1); Staff appointments expired 120 day requirement (4); did not enter verified staff appointments in file (2); Good standing not entered/corrected (1); Incorrect staff appointment start/end date (3); Entered verification date when source could not be located or verification completed (1).

Nov = 11:

Data entry errors (5); Missed time gap (2); Missed staff appointments (3); Missed faculty appointment (1).

Dec = 19:

Data entry errors (4); Did not document verification attempts or sign verbal verifications as required (7); Did not clarify education length (2); Missed time gap entry (1); Selected wrong education program entity (1); Did not enter specialty from file (2); Entered wrong physician info in credentialing program (2).

Barriers:

Telemedicine files are huge and the staff tends to hurry to get through these files. The experienced staff person that made the 42 errors in the telemedicine file in October was distracted with personal issues and this file is one of the largest. Data entry errors were made by new staff in training.

Recommendations & Follow-Up:

Errors have been reviewed with staff and training provided to each on a one-on-one basis. New training measures, classes, processes and tools and one-on-one training are in place and error rate has improved, as expected. The management team will continue to monitor for training and toward decreasing error rates, identifying training needs for staff and developing 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		
	July '08	Aug '08	Sept '08	Oct '08	Nov '08	Dec '08
# of Permanent Staff:	17	17	18	17	17	18
# of Temporary Staff:	3	5	6	3	2	2
Staff Loss (Perm/Temp):	1/1	2/1	1/3	0/1	0/0	0/0

Registered Users:

Total number of user organizations reported each period.

Period:	Previous Quarter 4/1/08-6/30/08	Last Quarter 7/1/08-9/31/08	This Quarter 10/1/08-12/31/08	% +/- from last quarter
Hospital:	223	225	228	1.3%
MCO/Other:	37	38	39	2.6%
Total Customers	260	263	267	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. Physicians and their office staff continue to report non-compliance with the statute and are resisting organizations' efforts to collect information instead of going to the CCVS. There are a few organizations that persist in collecting verifications from physicians and organizations in Arkansas regardless of what they are told. The physicians provide the information because they or their staff are fearful of retaliation and the credentialing staff at this organization tells them that if they want to be on staff or reappointed to staff, they have to provide this info otherwise they will not make the next appointment meeting or cycle. The organizations state their legal advisors have told them they are not duplicating what the CCVS provides if the physicians are provided with a choice and choose to voluntarily provide them with this documentation. They will determine what to do if/when they are fined but they are aware that no one has been fined. Physicians' office staff confirms this information. Several organizations have combined credentialing so less profiles are being ordered.

Recommendations & Follow-Up:

The management team is working closely with the Board's legal advisor in determining the best method for addressing these instances of non-compliance. The IT department will be working on methods to track this to generate reporting capabilities so these organizations can be monitored, as well as to identify historically when an organization may place a large order. This will assist the CCVS in preparing for large orders with staffing, etc. The management team continues to note new organizations through physicians, their office staff, other organizations and business news information. 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, 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
	4/1/08-6/30/08		7/1/08-9/30/08		10/1/08-12/31/08		
<u>Positive Comments:</u>							
Positive Comments (Total / % of Total):	8	9.8%	12	9.9%	1	1.4%	-91.7%
<u>Technology/System Issues:</u>							
Customer Tech (Total / % of Total):	27	32.9%	30	24.8%	26	35.1%	-13.3%
CCVS Internal Tech (Total / % of Total):	9	11.0%	9	7.4%	9	12.2%	0.0%
<u>Other:</u>							
Profile TAT Delay (Total / % of Total):	6	7.3%	0	0.0%	0	0.0%	#DIV/0!
Inconsistent Data (Total / % of Total):	5	6.1%	8	6.6%	2	2.7%	-75.0%
Credentialing Program (Total / % of Total):	1	1.2%	5	4.1%	1	1.4%	-80.0%
Staff Related (Total / % of Total):	34	41.5%	69	57.0%	36	48.6%	-47.8%
Known Cause (Total / % of Total):	0	0.0%	0	0.0%	0	0.0%	#DIV/0!
TOTAL CUSTOMER ISSUES:	82	2.2%	121	3.0%	74	2.3%	-38.8%

# of releases WITHOUT Customer Service issues:	3,183	# of releases WITH Customer Service issues:	74
% of releases WITHOUT Customer Service issues:	97.73%	% of releases WITH Customer Service issues:	2.27%

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:	3,231	# of releases WITH Cust Tech issues:	26
% of releases WITHOUT Cust Tech issues:	99.20%	% of releases WITH Cust Tech issues:	0.80%

Barriers:

New customer users learning to utilize the CCVS or new users who did not read the guidebook or utilize the info packet provided to them. They do not utilize the system often so need one-on-one assistance each time. New users complained about the system being "down" due to unable to access or order pending license applicants or physician's with expired licenses or placing the orders but not checking out so the orders would post.

Recommendations & Follow-Up:

These issues were all user education. Once training or one-on-one assistance was provided, the issues were quickly resolved. The management team is planning some on-site education inservices to provide to the customers at the board during the 2009 year. Continue to monitor for process improvement, assistance to customer users and opportunities to improve the user manual.

CCVS TECHNOLOGY ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT CCVS Tech issues:	3,248	# of releases WITH CCVS Tech issues:	9
% of releases WITHOUT CCVS Tech issues:	99.72%	% of releases WITH CCVS Tech issues:	0.28%

Barriers:

System glitches reported, including customer's inability to order due to greyed out issues.

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. Continue to monitor for process improvement.

PROFILE TAT ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Profile TAT issues:	3,257	# 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:	3,255	# of releases WITH Profile TAT issues:	2
% of releases WITHOUT Profile TAT issues:	99.94%	% of releases WITH Profile TAT issues:	0.06%

Barriers:

Organizations continue to report 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. In some cases, the organization has reported an inconsistency when their staff was just not familiar with the profile content and format or they overlooked the explanatory info provided on the profile. However, there are two organizations that continue to contact the verifying organizations or the physicians directly. This process causes delays for the CCVS staff in that the physician or verifying organization does not want to provide the verification to the CCVS and notify staff to contact the entity to whom they already provided the information. They have stated their legal advisory has told them that if it wasn't on the CCVS profile or something requiring further clarification, the CCVS has its chance and they can go after that verification themselves. They do not care if it means all other organizations may not get the info, they only care they got theirs. The organizations have been notified but totally disregard all requests and continue to obtain the verifications.

Recommendations & Follow-Up:

The organization medical staff's assistance in reporting and allowing the CCVS to obtain the clarification, has been of enormous help in resolving inconsistency issues. This teamwork greatly reduces the possibility of inconsistencies reported to the ASMB/CCVS and to the customer on their application because the physician sometimes will leave information off their app and the CCVS has obtained it. 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. Continue to document the issues with the two organizations for compliance reporting and will request the board attorney and the board follow up in the near future. 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:	3,256	# of releases WITH MedSuite issues:	1
% of releases WITHOUT MedSuite issues:	99.97%	% of releases WITH MedSuite issues:	0.03%

Barriers:

New credentialing program conversion and start-up issues continue to be reduced as they are identified and corrected. New staff are also learning to identify and correct these, while continuing to learn the system.

Recommendations & Follow-Up:

As staff become more experienced with the program and complete specific training, these issues improve. Continue to monitor for staff training and process improvement.

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

# of releases WITHOUT Staff-Related issues:	3,221	# of releases WITH Staff-Related issues:	36
% of releases WITHOUT Staff-Related issues:	98.89%	% of releases WITH Staff-Related issues:	1.11%

Barriers:

New staff in training were responsible for the data entry issues this quarter and most occurred early in the time period.

Recommendations & Follow-Up:

New staff continue to improve in their data entry skills. New training processes appear to be well received and very helpful and this is allowing much quicker and more thorough training. Staff retention is good at this time with minimal new staff to train toward the end of this quarter, reducing the volume of errors significantly. 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 volume and type of errors low. Continue to monitor for training and staff education opportunities.

KNOWN CAUSE ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Known Cause issues:	3,257	# 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
2008 - 4th Calendar Quarter**

Section 3 - Customer Satisfaction/Feedback

	CATEGORIES
1	Positive Comments
	Technology/System Issues
26	Customer
9	CCVS-Internal
	Other
0	Profile TAT Delay
2	Inconsistent Data
1	MedSuite Program
36	Staff Related
0	Known Cause
74	Total Customer Issues (not including positive comments)

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

250	Miscellaneous Customer Service issues: <i>Resolved or completed.</i>
3	Requests for incomplete profiles. <i>Completed.</i>
54	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>
12	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>
150	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>
35	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
119	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>
2	Returned Attestations to customers due to wrong license number, wrong date, undated or questions not completed.
29	Cancellations: (17) customer/user initiated due to need to change order type to expedite, duplication of orders, ordered in error, ordered too soon; (12) CCVS Management initiated because the order could not be completed by due date due to no fault of the CCVS.
101	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>
0	Physician requests for personal profiles. <i>Profiles were faxed, e-mailed, or mailed to physician at their request.</i>
7	Other physician questions or education provided by Customer Service.
1	Other physician issues transferred out of CS (license application status; questions regarding licensure or renewals; CME questions; Regulation 17 and Regulation 7 questions).
28	CCVS notified customer of documents or information needed to complete order (updated A&R, Attestation, other documentation, or physician's contact info).
9	Updated profile provided to customer within 30 days of original release
22	Facility emailed interim update to current physician roster.

QI Report - Section 3 Breakdown
10/1/2008 - 12/31/2008

#	Section	Category	Code/Issue	Month	10	11	12	12 d Total
	POSITIVE:	A. Positive	1.00 Positive comments from customers		1			1
	POSITIVE: Total	A. Positive Total			1			1
	MAIN CATEGORIES:	B. Technology-Cus	2.00 Other Technology-Cust Issue			3		3
			2.01 Difficulty placing order			1		1
			2.02 Difficulty printing report		5	4	2	11
			2.03 Difficulty accessing website		6	3	2	11
		B. Technology-Cust Total			11	11	4	26
		C. Technology-CC	3.00 duplicate accounts in system		1			1
			3.04 Profile won't release		1	1		2
			3.05 Unable to order profile (greyed out)		2	3	1	6
		C. Technology-CCVS Total			4	4	1	9
		E. Inconsistent Data	5.00 Org info different than CCVS		2			2
		E. Inconsistent Data Total			2			2
		F. MedSuite Issues	6.00 Other MedSuite Issues		1			1
		F. MedSuite Issues Total			1			1
		G. Staff Related	7.00 Board History incorrect		1			1
			7.00 Licensure history incorrect		1		4	5
			7.00 Order canceled in error		1			1
			7.00 Profile released prematurely		1		1	2
			7.00 Staff requested new Attestation when current one on file				1	1
			7.00 Time Gap		1			1
			7.01 Malp./DEA info incorrect		2	2	1	5
			7.02 Physician personal info incorrect				1	1
			7.03 Professional history incorrect		3			3
			7.04 Education history incorrect		1		3	4
			7.05 Medicaid/Medicare/UPIN/NPI wrong				1	1
			7.06 Board certification incorrect		1	1	2	4
			7.07 Scanned document errors		1	1	1	3
			7.09 Document scanned but not entered				1	1
			7.10 Misc. data entry errors				2	2
			7.11 Spelling errors			1		1
		G. Staff Related Total			13	5	18	36
		MAIN CATEGORIES: Total			31	20	23	74

QI Report - Section 3 Breakdown

10/1/2008 - 12/31/2008

MISCELLANEOUS:		I. Misc./Other	1	2	1	4
	21.00	Attestation request emailed to physician's office	1	2	1	1
	21.00	Cust providing their contact info for ver request	1			1
	21.00	Cust referred to another agency/source		1		1
	21.00	Cust referred to other dept	5	5	3	13
	21.00	Emailed current attestations to customer			6	6
	21.00	Request for contact info			1	1
	21.00	Source reqs clarification of ver request we sent			1	1
	21.00	Verification requests emailed by CS (Baptist)	62	41	18	121
	21.00	Verification requests emailed by CS (not Baptist)	3	3	3	6
	21.00	We asked cust for their source contact info	1			1
	21.00	We asked cust to refax CV	1			1
	21.01	Emailed physician for profile clarification	1	6	3	10
	21.01	Emailed physician to request Attestation	9	17	27	53
	21.01	Emailed physician to request malpractice insurance	2	2	2	6
	21.02	Document rec'd, OK to reorder		14	11	25
		I. Misc./Other Total	86	88	76	250
		J. Incomplete Req	2			2
		9.01 Incomplete requested, provided		1		1
		9.01 Incomplete requested, not provided				
		J. Incomplete Requests Total	2	1		3
		K. Roster Issues	2	3	4	9
		10.00 Roster received incomplete	19	14	12	45
		10.01 Reminder sent re expiring roster				
		K. Roster Issues Total	21	17	16	54
		L. Order Status Ch	5	5	2	12
		11.00 Request for order status				
		L. Order Status Check Total	5	5	2	12
		M. User Education	1			1
		12.00 Credentialing PA's		1		1
		12.00 Cust requested cancellation, but there was no order in system				
		12.00 Emailing Links/Attachments	1	3	1	5
		12.00 FSMB Alert		1		1
		12.00 Let cust know phys name different in our system	1			1
		12.00 Notified cust that phys name different in our system			1	1
		12.00 Notified source how to respond to verification requests		1		1
		12.00 Re Background checks		1		1
		12.00 Re CCVS notification emails	1			1
		12.00 Re Definition of telemed		2		2
		12.00 Re Existence of CCVS Application			1	1
		12.00 Re FSMB Action Alert		1	1	2
		12.00 Re Incompletes			1	1
		12.00 Re Phys appearing at Board for licensure			2	2
		12.00 Re Standard forms for organizations	1			1
		12.00 Re TATs, Fees, Renewal Cycle			1	1
		12.00 Referred to CCVS User Guide online			1	1
		12.00 Roster Education	1			1
		12.00 System doesn't allow orders if comp item exp within 30days	1			1

QI Report - Section 3 Breakdown

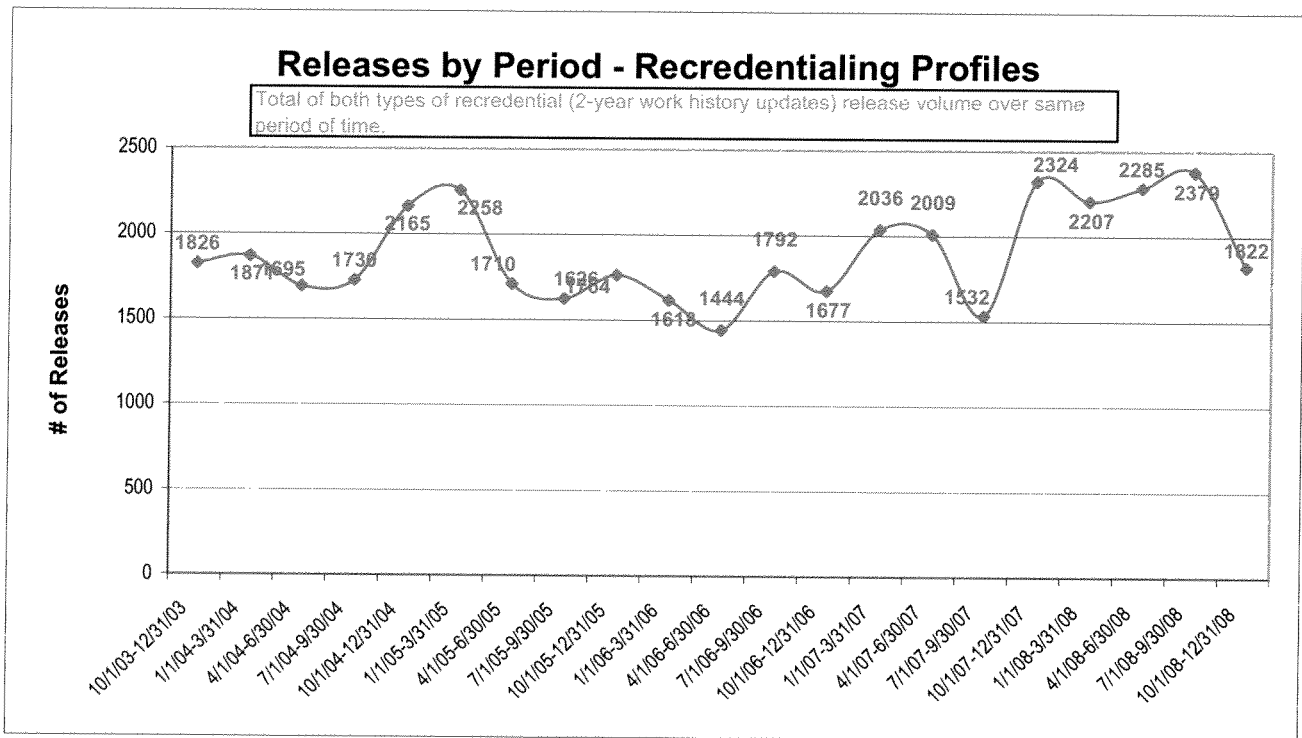
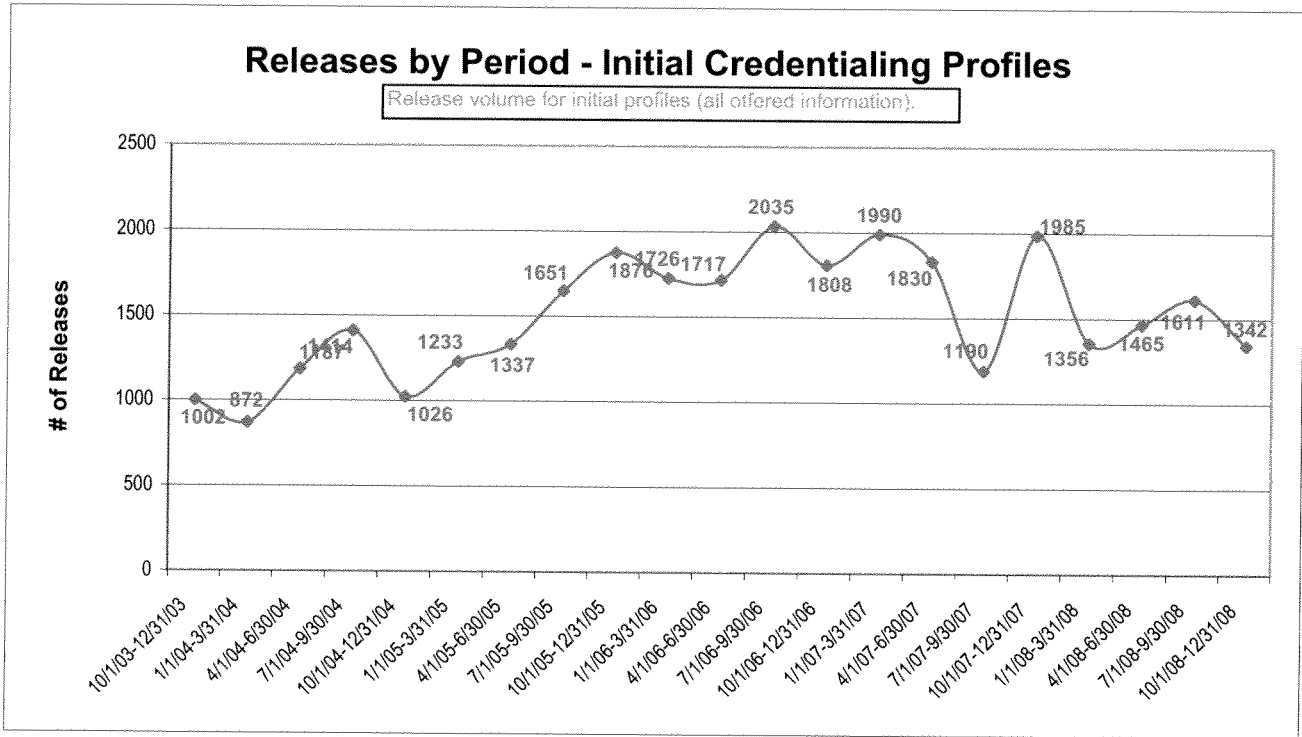
10/1/2008 - 12/31/2008

	12.01 Notified cust that CCVS info correct		3	3	2	8
	12.02 Ordering process education		2			2
	12.03 Cancellation process education		2	1		3
	12.04 A&R/Attestation education		5	4		9
	12.06 A&R status check		13	7	20	40
	12.08 License verification education					
	12.09 Technical instructions		1		1	1
	12.10 Form requests					
	12.11 Mandate education		2	1	1	2
	12.12 Policies & procedures education		2	2		4
	12.13 Profile definitions		3			4
	12.14 New account/New user packet		1			2
	12.15 TATs		5	2		8
	12.16 New telemedicine policy		1			1
	12.17 Can verify w/ physician or source		11	11	15	37
			2			2
	M. User Education Total		58	37	55	150
	N. Account Admin					
	13.00 Other Account Administration Issue		1		1	2
	13.02 Account/User changes		5	3	2	10
	13.03 Login/Password problems		2	1	2	5
	13.04 Billing questions		1			4
	13.05 Credit card declined or acct lockout		3	1	5	9
	13.06 Needs to change credit card		3	1	1	5
	N. Account Administration Total		15	6	14	35
	O. A&R Refused					
	15.00 Fax cut off		1			1
	15.01 Date illegible		15	7	8	30
	15.02 Post-dated or misdated					
	15.03 Not dated or incomplete date		6	5	5	16
	15.04 Not signed			1		1
	15.05 No org name, can identify org		1			1
	15.07 Wrong org name used		32	4	5	41
	15.08 License pending or inactive		1		2	3
	15.10 Cannot identify physician		8	2	5	15
	15.13 Unacceptable (wording)		1	1	2	4
	15.15 Not M.D. or D.O.		2	1	2	5
	15.16 Not physician's signature		1			1
	O. A&R Refused Total		68	21	30	119
	P. Attestation					
	14.00 Broken attest issues handled by CS			1	1	2
	P. Attestation Total			1	1	2
	Q. Cancellations-C					
	17.01 Ordered in error		1	3	2	6
	17.03 Duplicate order		1	3	2	6
	17.04 Need to order as expedited		2	1		3
	17.05 Physician withdrew application		2			2
	Q. Cancellations-Cust Total		6	7	4	17

Arkansas State Medical Board

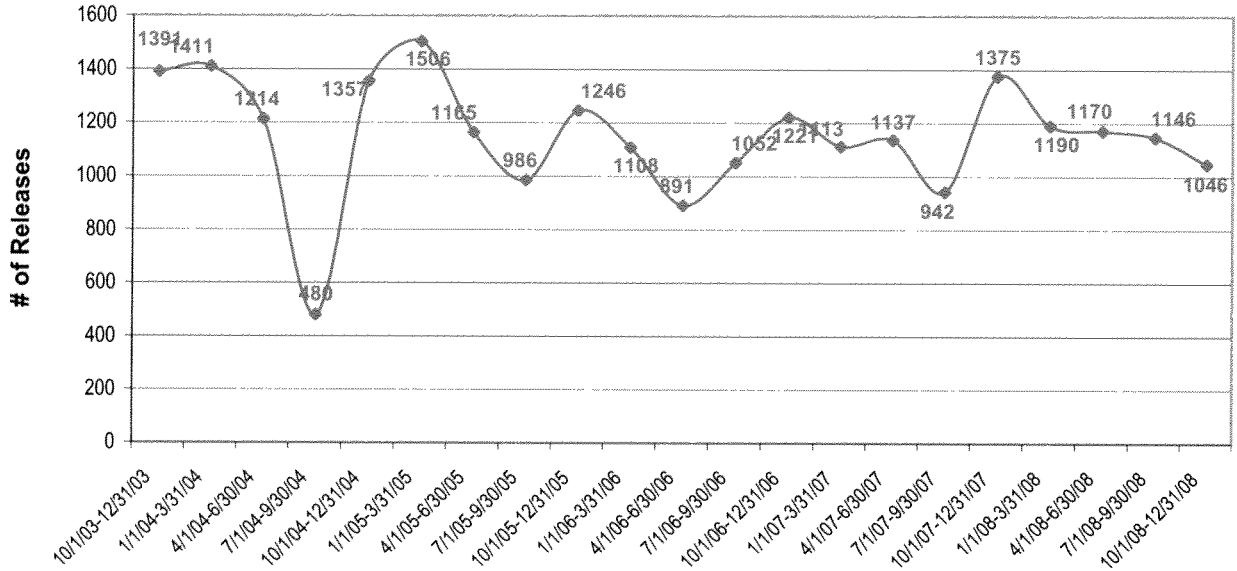
Quality Improvement Report for the Period 4/1/2008-6/30/2008

Charts & Graphs

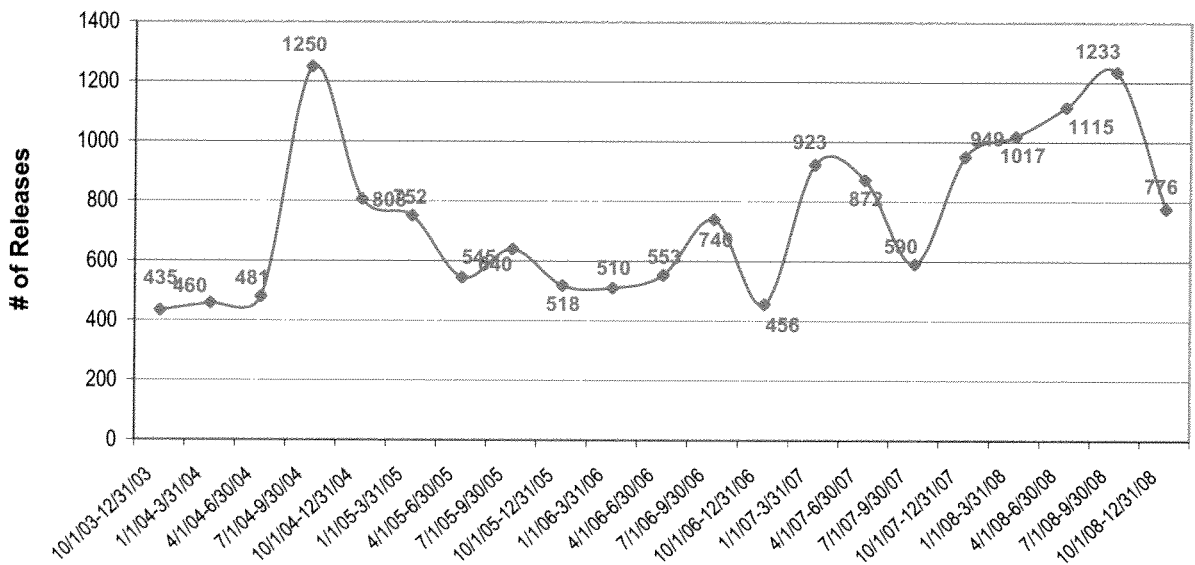


Releases by Period: In-Cycle Recredentialing Profiles

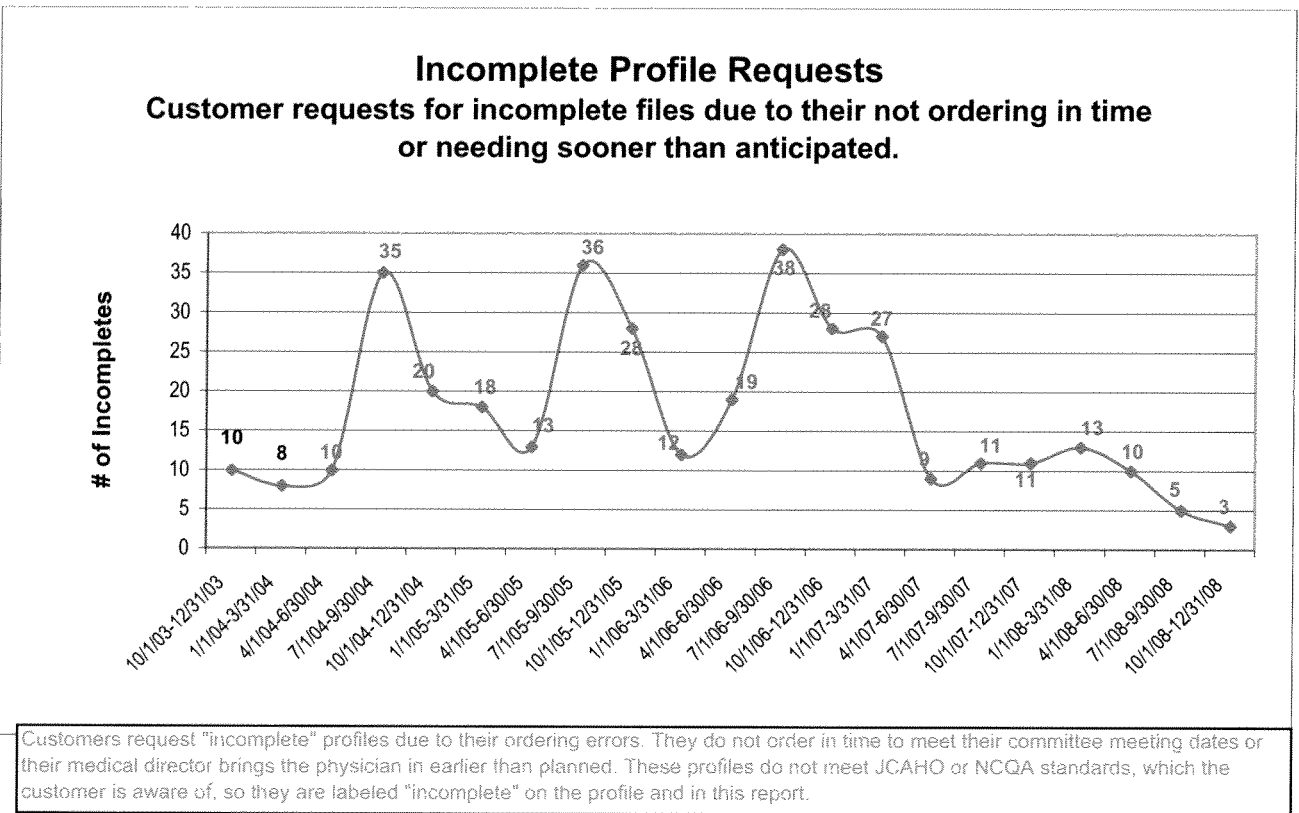
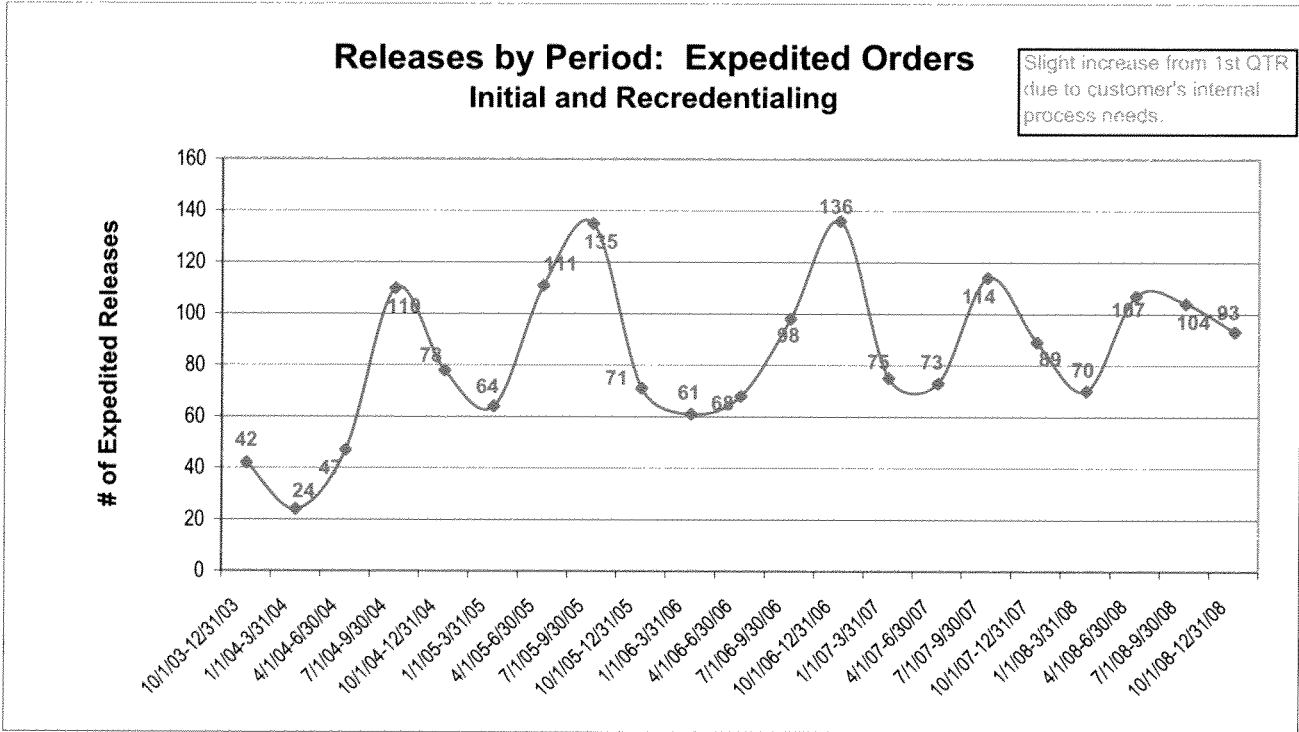
Organizations that reappoint within discounted schedule offered by the ASMB/CCVS.



Releases by Period: Out-of-Cycle Recredentialing Profiles

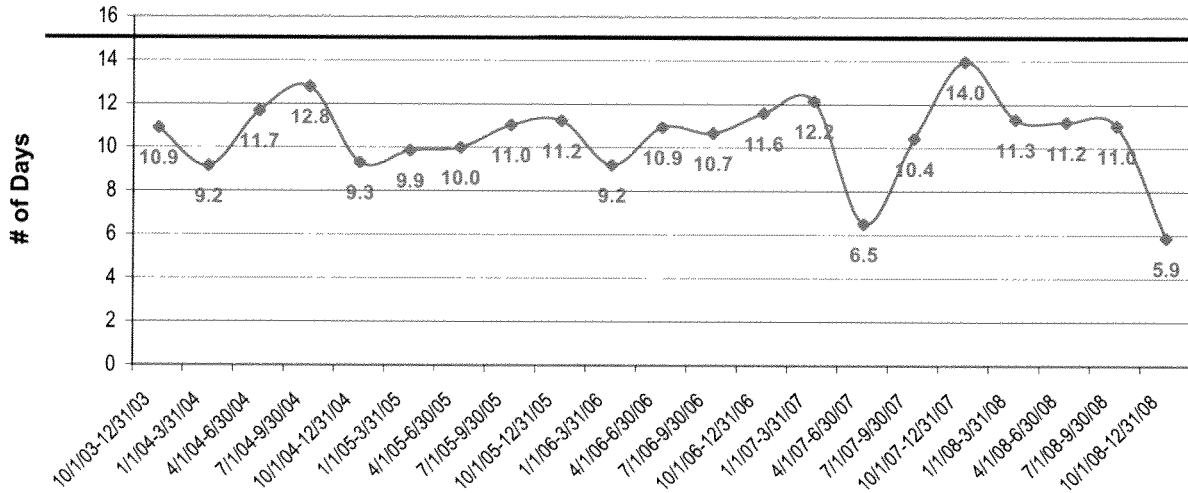


Recredentialing schedules vary per organization from every year, every two years or every three years. Not all organizations choose to recredential In-cycle for the discount due to their internal reappointment schedules.



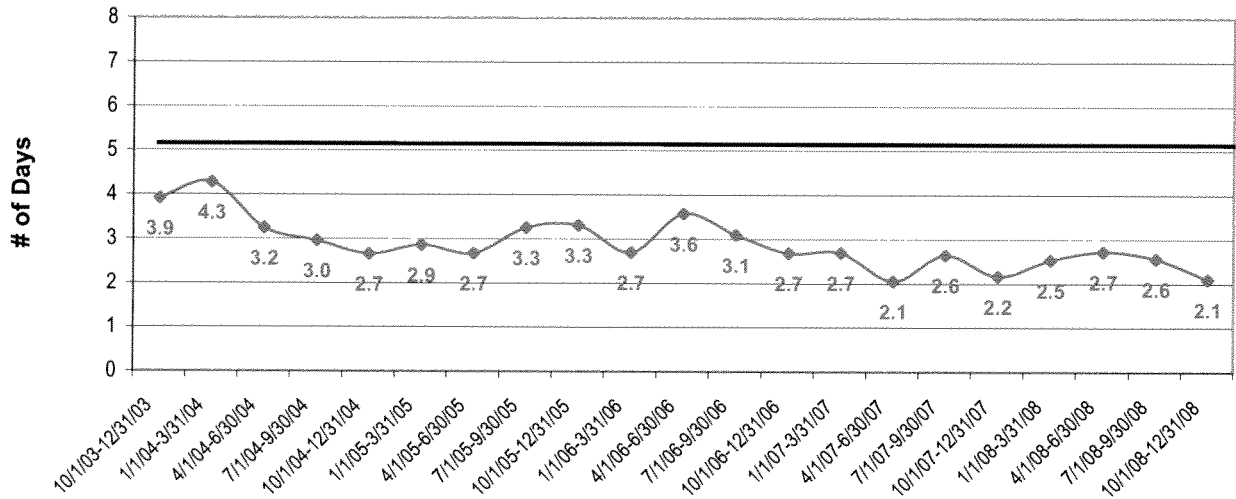
Turnaround Times: Initial Credentialing (Target: 15 Business Days)

Meets and exceeds goals.



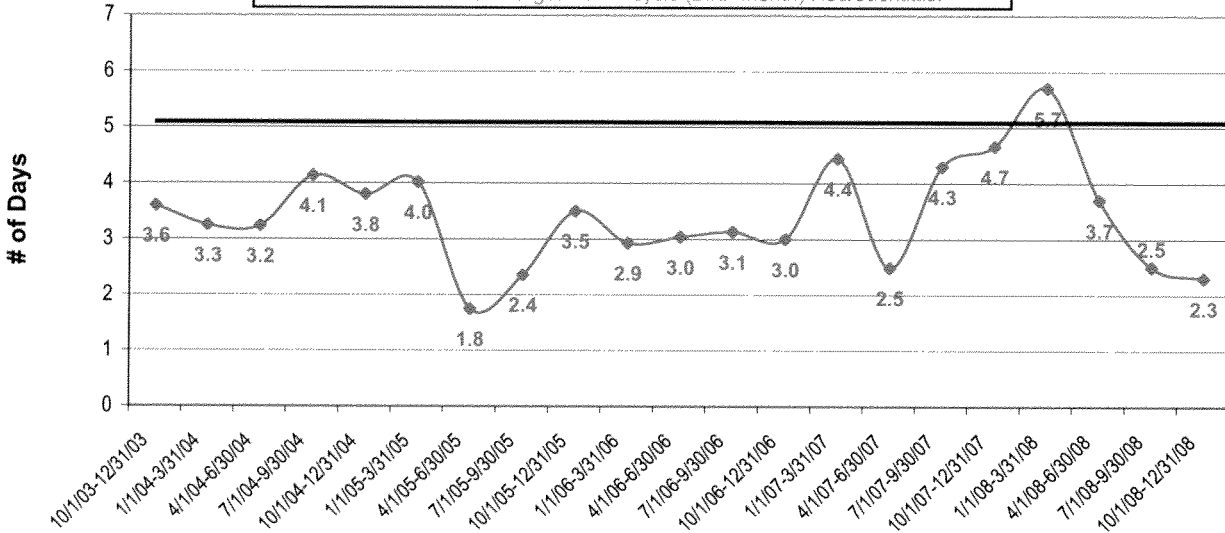
Turnaround Times: Expedited Orders Initial and Recredentialing (Target: 5 Business Days)

Meets and exceeds goals.



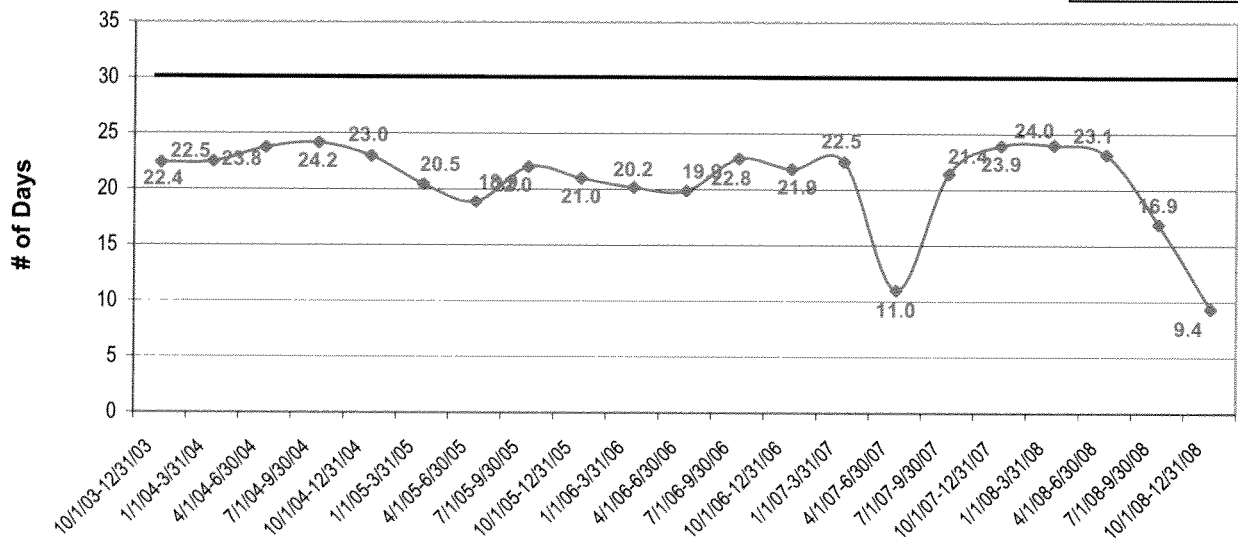
Turnaround Times: In-Cycle Recredentialing (Target: 5 Business Days)

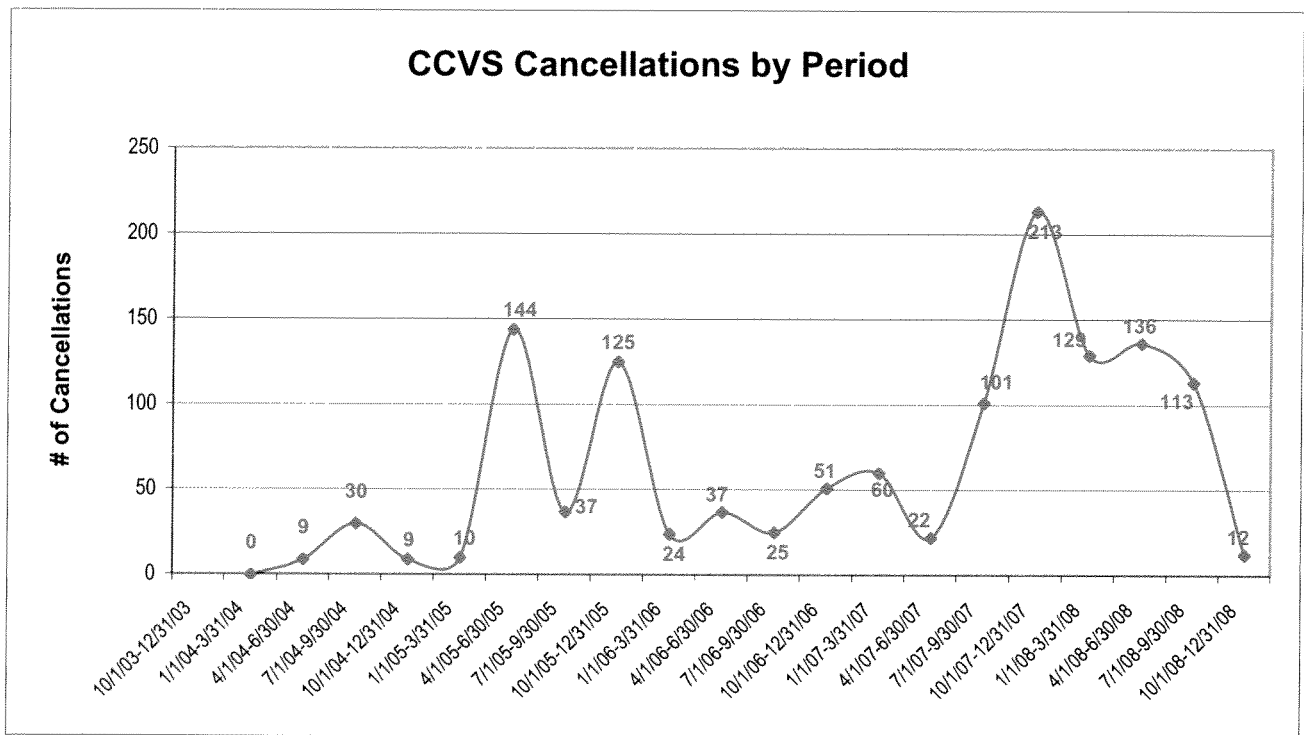
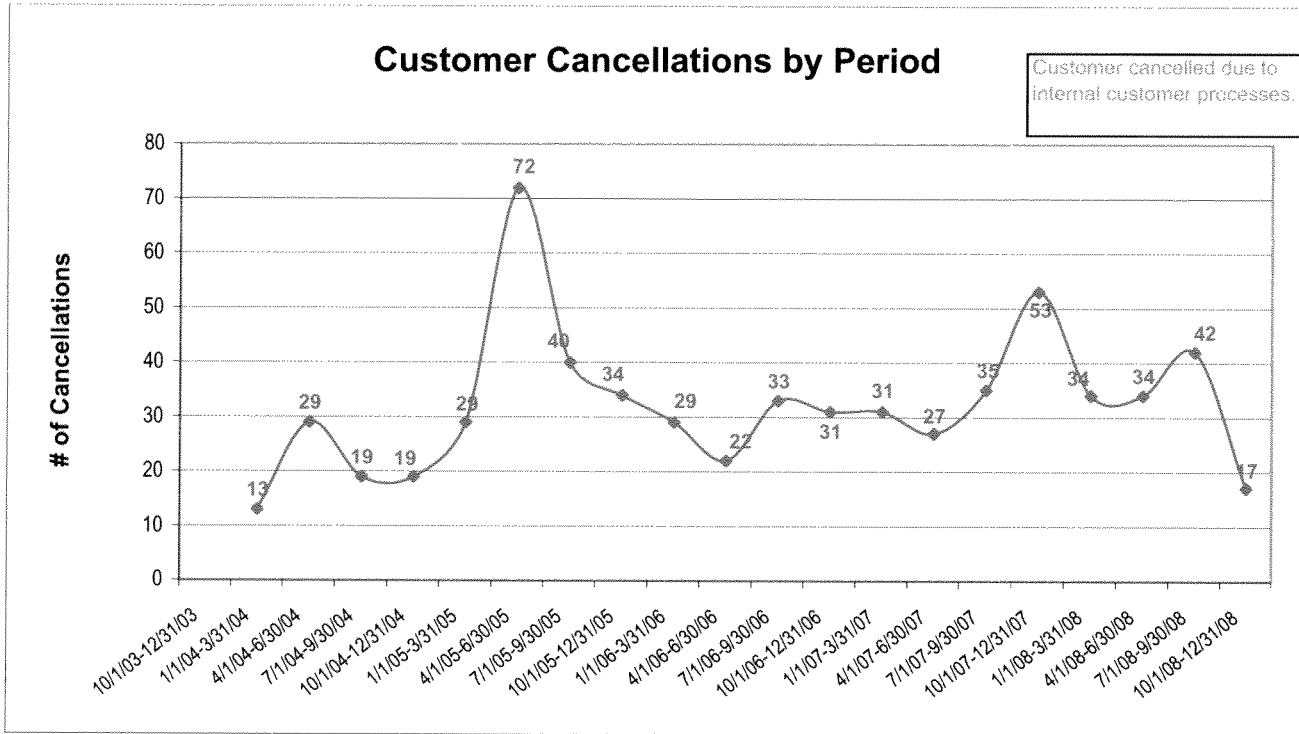
Guaranteed and posted TAT goal for Recredentials is 30 Business days. This reflects internal CCVS goal for In-cycle (Birth Month) Recredentials.



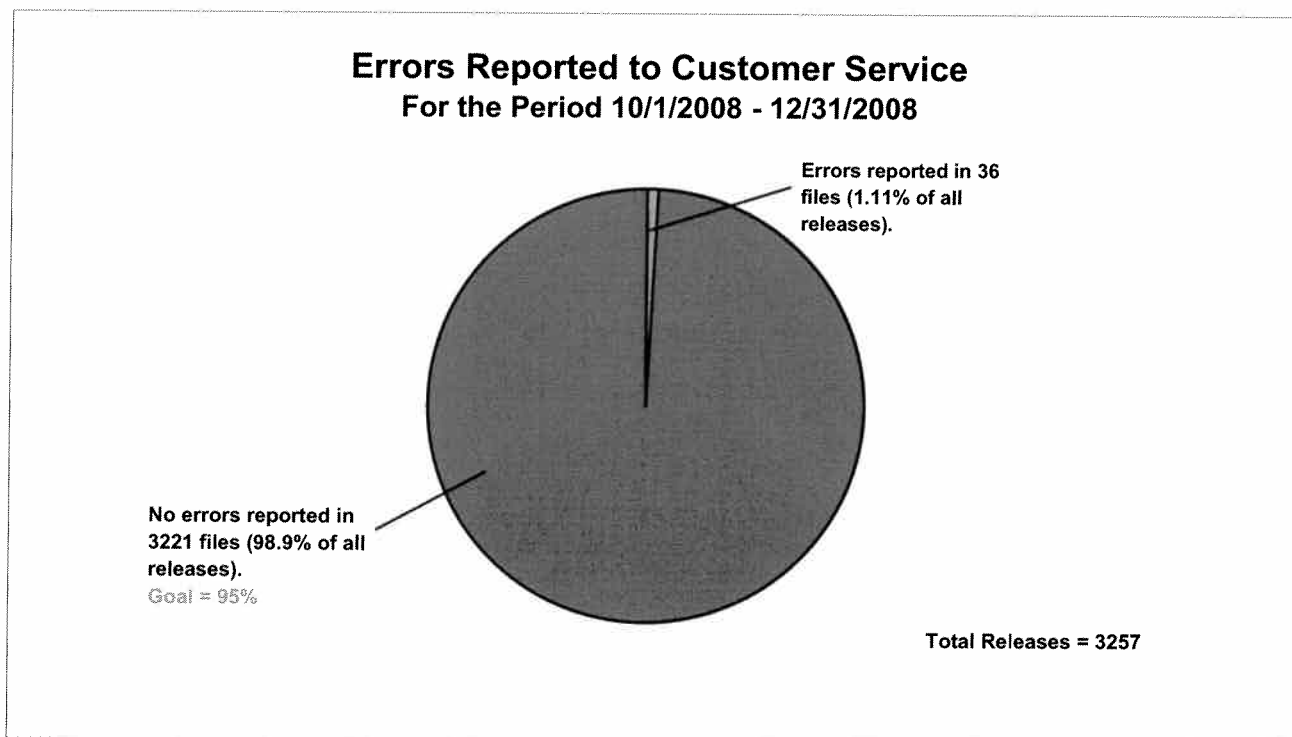
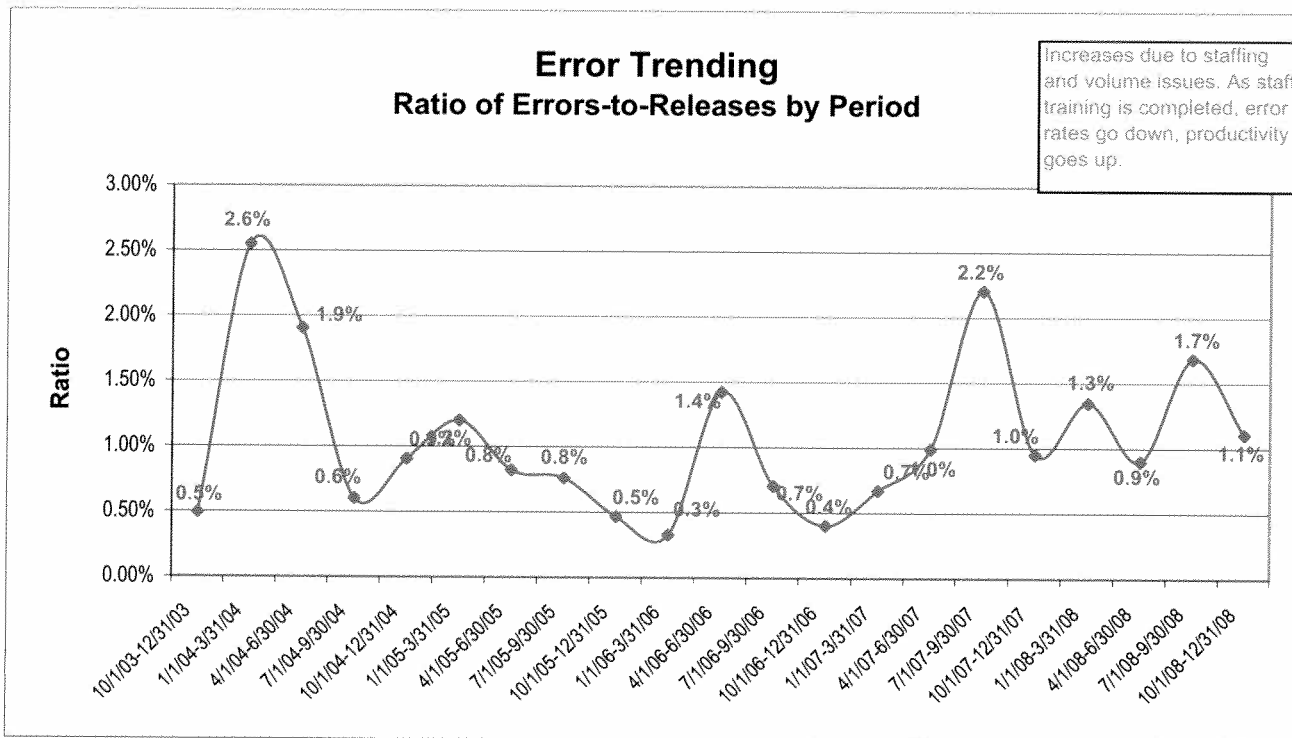
Turnaround Times: Out-of-Cycle Recredentialing (Target: 30 Business Days)

Within guaranteed and posted goals.

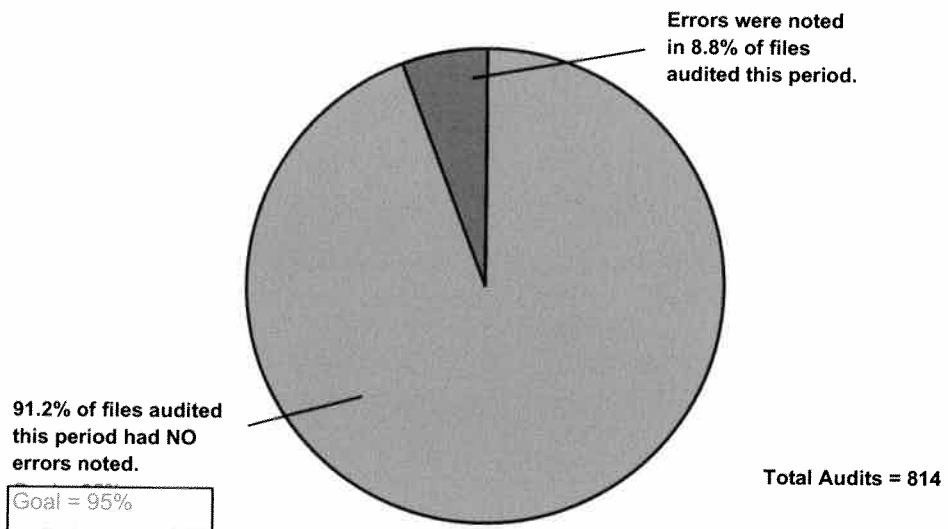




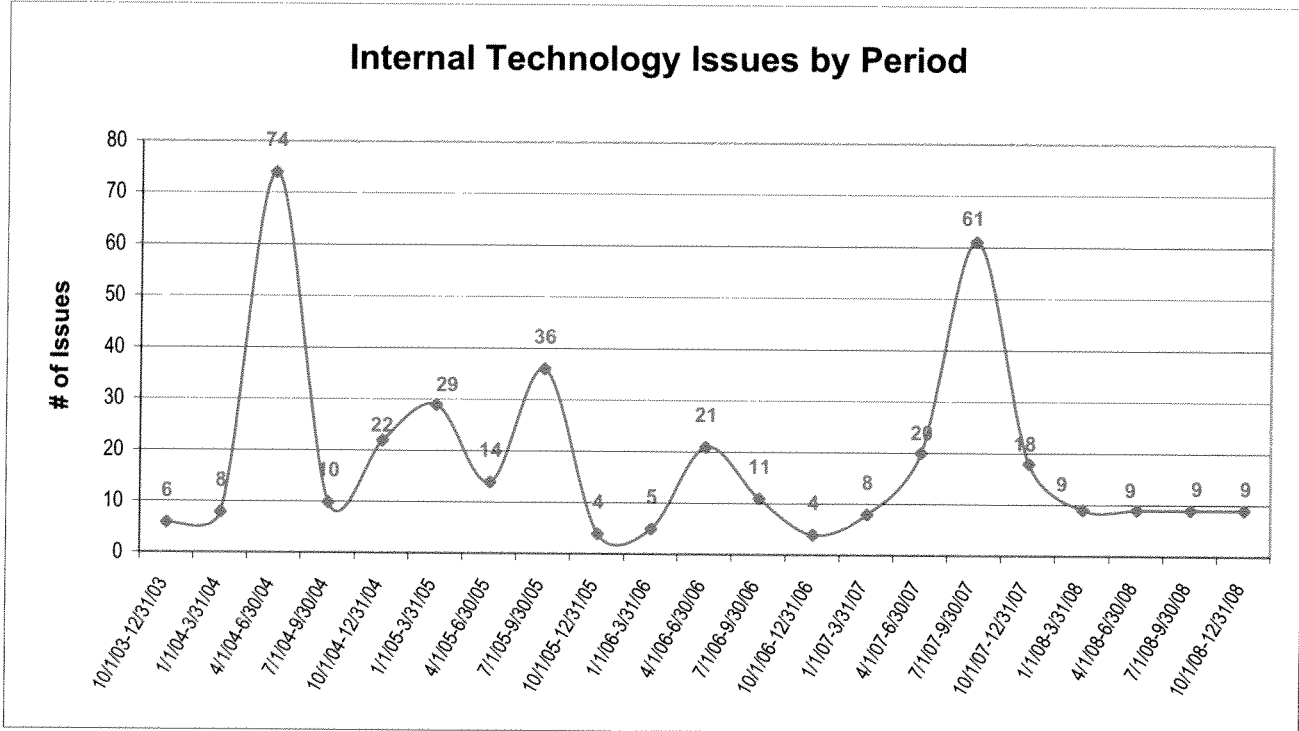
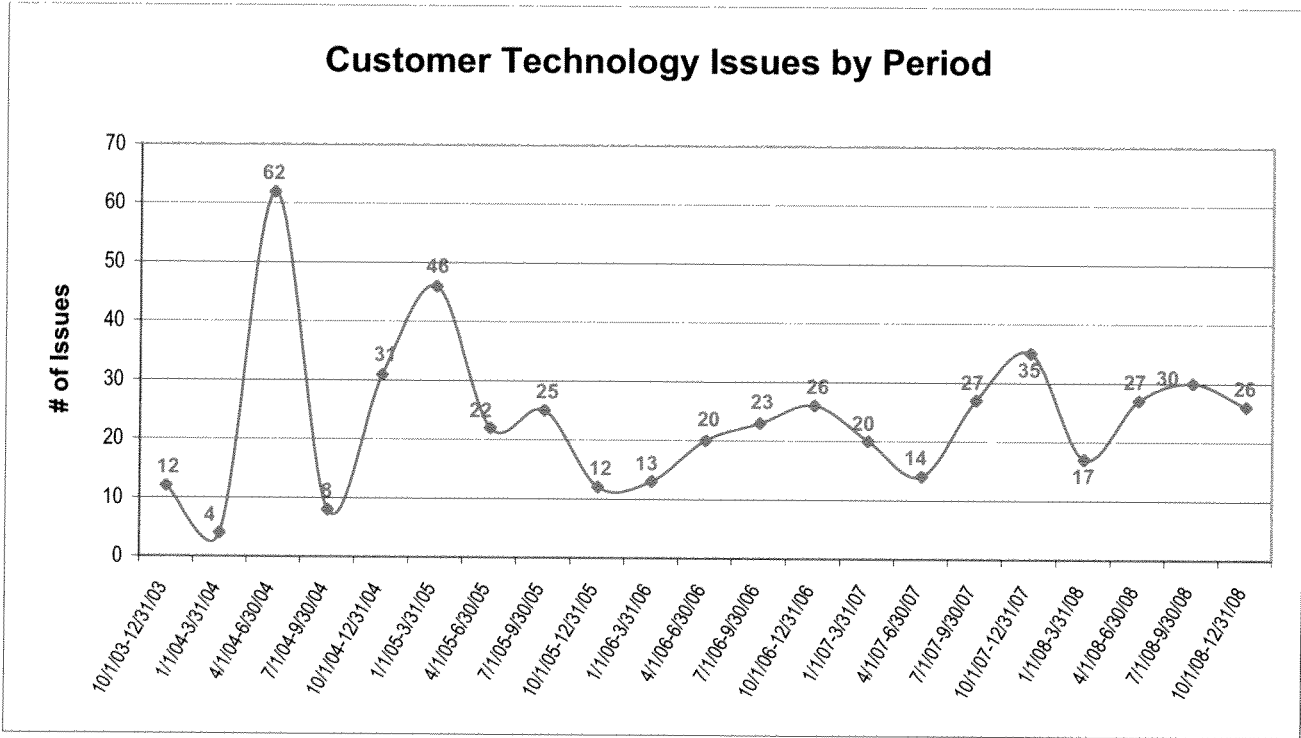
2007 cancellations due to failure to obtain attestations from physicians. Decrease in 1st QTR but increasing again in 2nd QTR due to telemed cancellations.

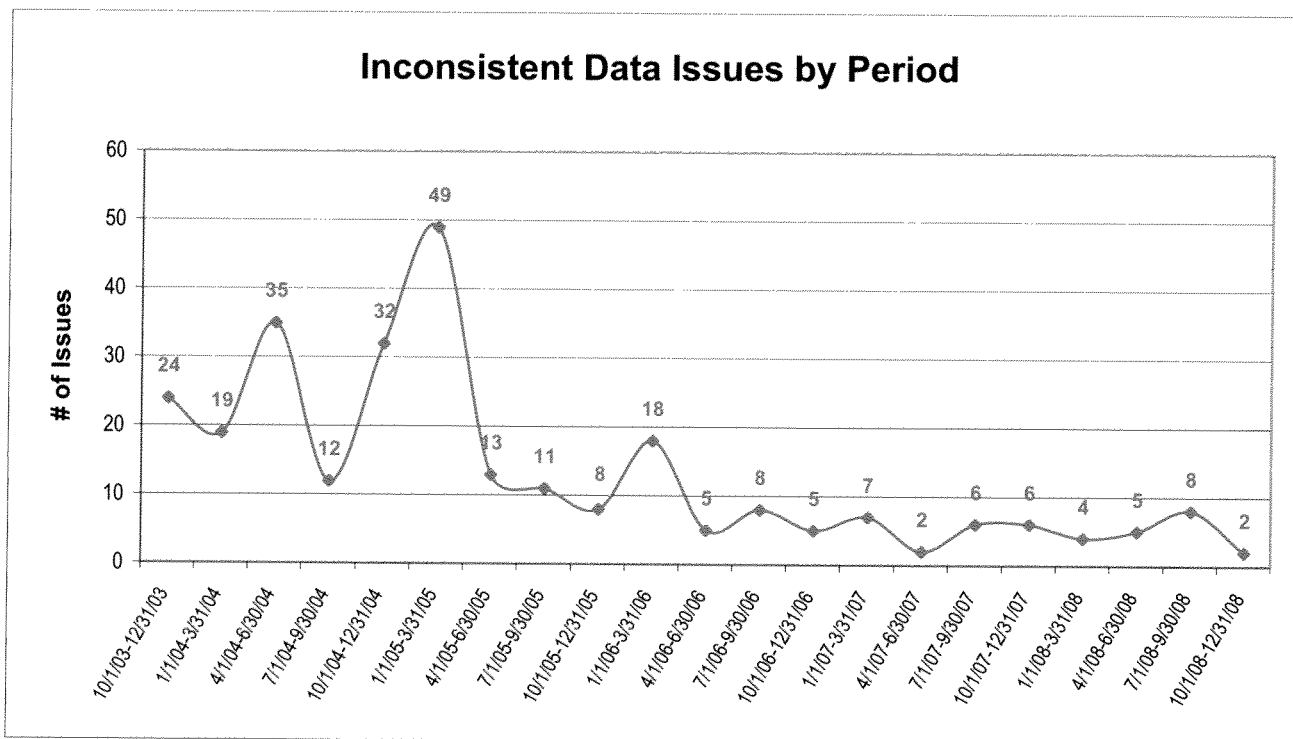
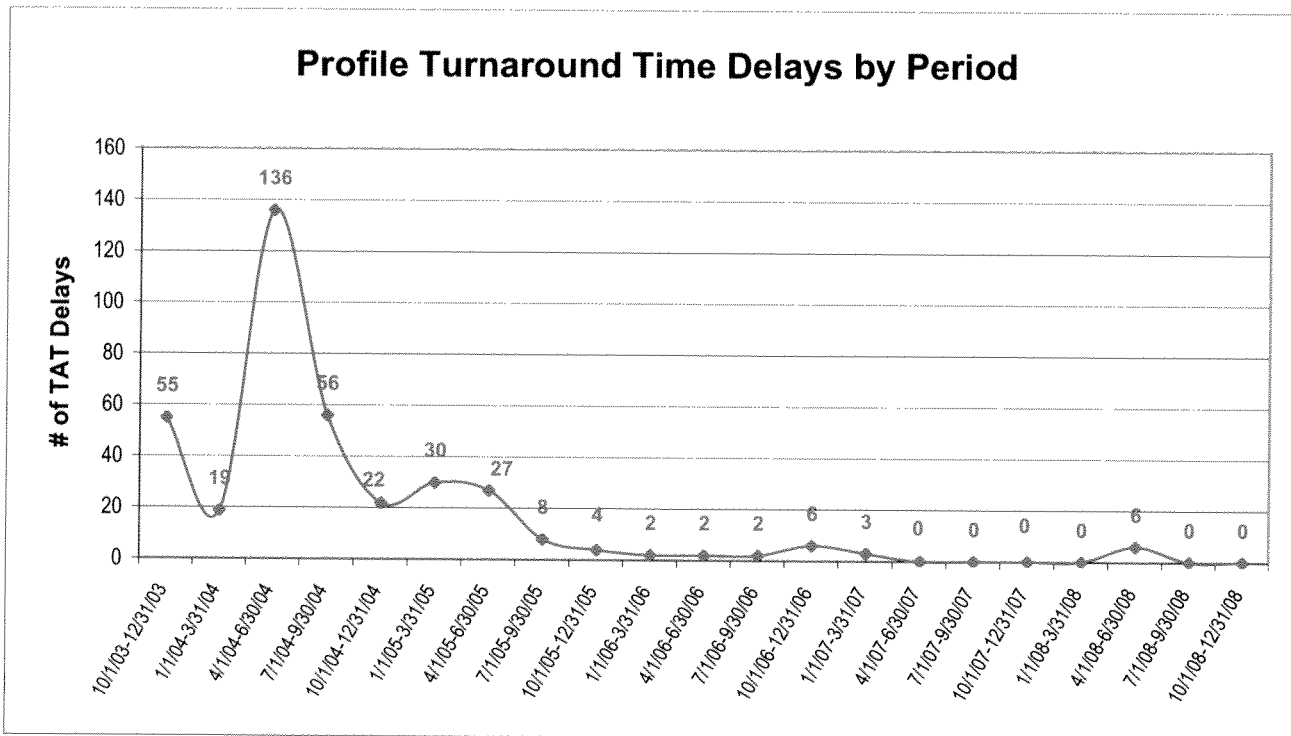


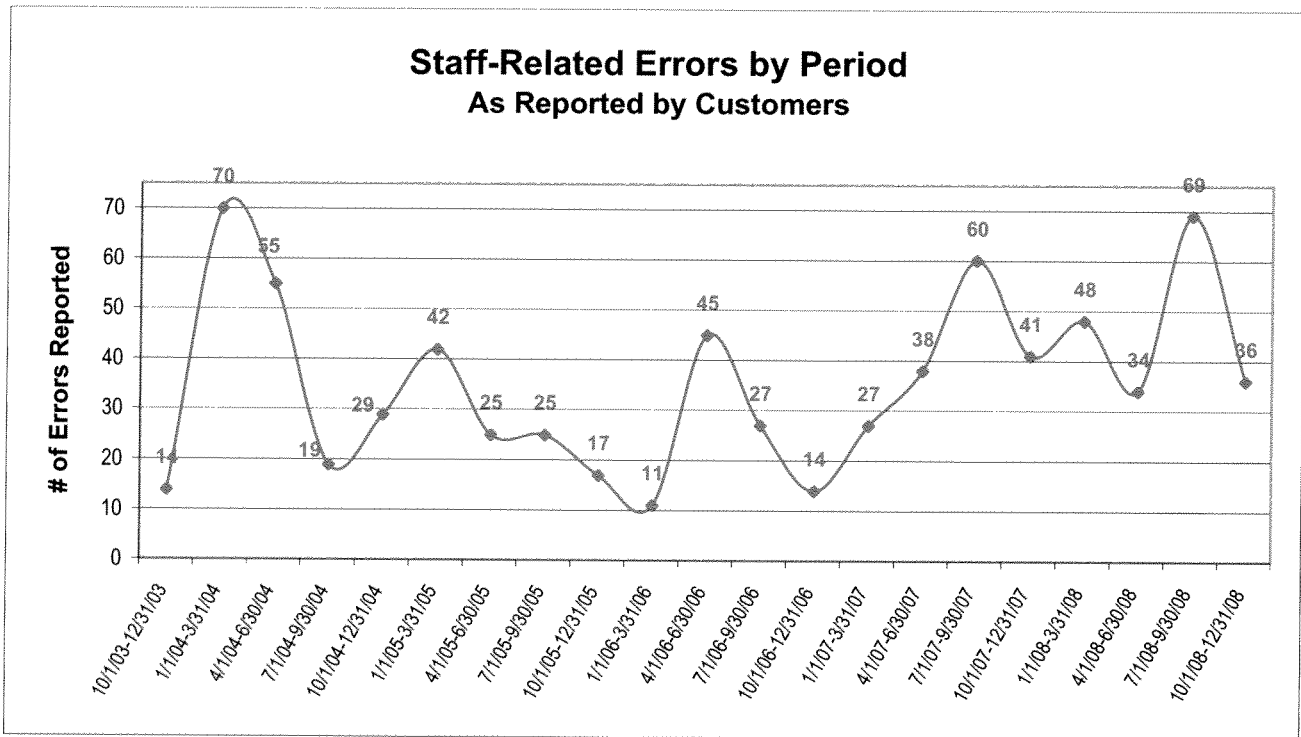
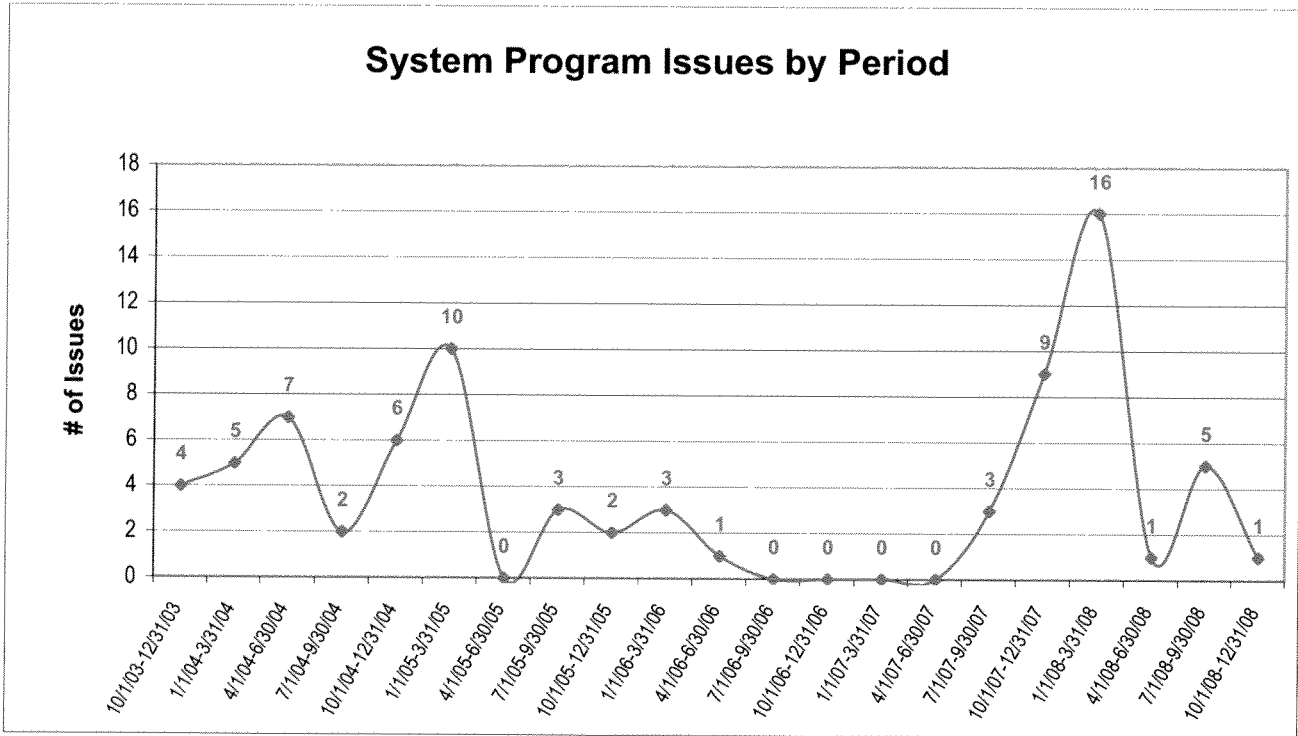
Errors Found in Internal Audit For the Period 10/1/2008 - 12/31/2008



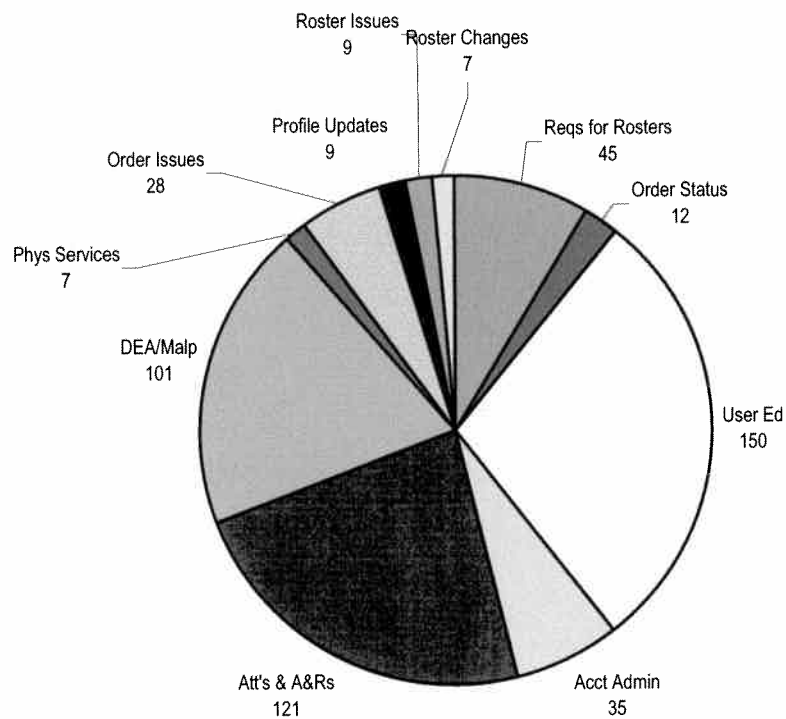
Other Customer Satisfaction/Feedback Reports







Breakdown of Miscellaneous Issues Not Previously Reported For the Period 10/1/2008 - 12/31/2008



Total issues: 524