



ARKANSAS STATE MEDICAL BOARD

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February 24, 2010

EXHIBIT G

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 reports for your review:

- Quality Improvement Report presented to the Arkansas State Medical Board and the CCVS Advisory Committee for the 3rd quarter dated 7/1/2009 to 9/30/2009 and the 4th quarter dated 10/1/2009 to 12/31/2009. (The CCVS Advisory Committee did not meet in these quarters.) We are presently in our 1st quarter reporting of 2010.
- The Overview and History (Development Summary) of the CCVS.
- Various tracking charts providing the information listed above in chart format for your convenience and preference.
- Volume Trending chart on Orders received and Orders released to CCVS customers, listing averages and goals over the specified and required period of time for each quarter.
- Since the last report to the House Interim Committee, the CCVS completed their National Committee on Quality Assurance resurvey with 100% score in eight of the requested eight elements.

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

Sincerely,

Peggy Pryor Cryer
Executive Secretary
Enclosures

CENTRALIZED CREDENTIALS VERIFICATION SERVICE (CCVS) DEVELOPMENT SUMMARY

The Arkansas Health Resources Commission developed a comprehensive statewide-centralized credentials verification service based in the Arkansas State Medical Board as a result of a recommendation in 1993. The premise of this service was for the ASMB to build on the existing procedures for collection of verification documents utilized by the Medical Board at initial physician licensing.

Act 1066 of 1995 created the Centralized Credentials Verification Service (CCVS), the first credentials verification organization (CVO) in the nation to be based in a state medical board. The CCVS process allows the Medical Board to provide an organization with each physician's core credentialing information, once the physician provides the Board with written authorization to release the information to that specific organization. The Board reports quarterly to the House Interim Committee on Public Health, Welfare, and Labor and the Senate Interim Committee on Public Health, Welfare, and Labor concerning the credentialing process established by ACA 17-95-107.

Act 1410 of 1999 mandating the use of the CCVS also specified certification by the National Committee for Quality Assurance (NCQA), which was obtained initially in August 2001, re-certified in August 2003, 2005 and 2007, 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.



Arkansas State Medical Board
Centralized Credentials Verification Service

Quality Improvement Report

For the Period 7/1/2009 to 9/30/2009

Prepared by:

Angie Meehleder
Quality Assurance & Customer Service Manager



Arkansas State Medical Board Centralized Credentials Verification Service

Quality Improvement Report

For the Period 7/1/2009 to 9/30/2009

NOTE: The Quality Improvement Report has changed. The most recent quarter is now shown in the third data column, with the two previous quarters' data in the grey columns to the left of it. Also, a new column has been added to show any positive or negative difference between this quarter and the last quarter.

SECTION 1 -- RELEASE INFORMATION

| | Previous Quarter | Last Quarter | This Quarter |
|------------------------------------|------------------|----------------|----------------|
| Period: | 1/1/09-3/31/09 | 4/1/09-6/30/09 | 7/1/09-9/30/09 |
| Number of Business Days in Period: | 61 | 64 | 62 |

ORDER & RELEASE STATISTICS:

| | Previous Quarter | | Last Quarter | | This Quarter | | Increase or Decrease from Last Quarter (%) |
|---|------------------|-------|----------------|-------|----------------|-------|--|
| | 1/1/09-3/31/09 | | 4/1/09-6/30/09 | | 7/1/09-9/30/09 | | |
| New Initial Orders in System: | 1,149 | | 1,489 | | 1,790 | | 20.2% |
| New Recredential Orders in System: | 2,268 | | 1,823 | | 2,074 | | 13.8% |
| TOTAL New Orders in System: | 3,417 | | 3,312 | | 3,864 | | 16.7% |
| Initial Releases Total / % of Total | 1,115 | 31.6% | 1,271 | 42.7% | 1,846 | 47.7% | 45.2% |
| In-Cycle Recred Releases Total / % of Total | 1,166 | 33.0% | 997 | 33.5% | 894 | 23.1% | -10.3% |
| Out-of-Cycle Recred Releases Total / % of Total | 1171 | 33.2% | 617 | 20.7% | 1,069 | 27.7% | 73.3% |
| Expedited Initials Total / % of Total | 52 | 1.5% | 70 | 2.4% | 67 | 1.7% | -4.3% |
| Expedited Recredentials Total / % of Total | 24 | 0.7% | 19 | 0.6% | 57 | 1.5% | 200.0% |
| TOTAL Releases Completed: | 3,528 | | 2,974 | | 3,866 | | 30.0% |
| Average Monthly Releases: | 1,176 | | 991 | | 1,287 | | 29.9% |
| Number of Physicians Released: | 2,633 | | 2,197 | | 2,661 | | 21.1% |
| <u>Average TAT (Business Days)</u> | | | | | | | |
| Initials (Target = 15): | 4.49 | | 6.02 | | 8.40 | | -2.38 days |
| In-Cycle Recredentials (Target = 30): | 2.34 | | 0.20 | | 2.72 | | -2.52 days |
| Out-of-Cycle Recredentials (Target = 30): | 15.03 | | 10.81 | | 20.98 | | -10.17 days |
| Expedited Initials (Target = 5): | 2.02 | | 2.53 | | 3.00 | | -0.47 days |
| Expedited Recredentials (Target = 5): | 1.54 | | 1.68 | | 2.00 | | -0.32 days |
| <u>% of Files Meeting Target TAT Goals:</u> | | | | | | | |
| Initials: | 100.0% | | 99.8% | | 99.8% | | 0.0% |
| In-Cycle Recredentials: | 100.0% | | 100.0% | | 100.0% | | 0.0% |
| Out-of-Cycle Recredentials: | 99.7% | | 100.0% | | 98.9% | | -1.1% |
| Expedited Initials: | 100.0% | | 96.7% | | 96.0% | | -0.7% |
| 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 percentage of profile types meeting targeted goals remained at 99.8 for Initial orders and 100% for In-Cycle Recredentials and 100% for Expedited Recredentials, which has been consistent since July of 2007 (9 consecutive quarters).

Barriers:

There were 94 telemedicine orders with multiple verifications to be obtained this quarter. These telemed orders impacted the Initial order turn-around-time adding an average of 2.38 days to the time it took from order to release to customer. All order types turn-around-time was negatively impacted as well by the verification volumes. Several staff were in training and slower in working files, obtaining verifications and data entry also impacted TAT.

Recommendations & Follow-Up:

Continue working telemedicine and locum tenen files as much as possible ahead of time, request privilege rosters from as many out-of-state facilities as possible. Adjust staff according to volume, reassigning as necessary to meet flow in each area, work ahead developing cushions as much as feasible. Continue to monitor for process improvement, opportunities to reduce and improve turn-around-time and increase or provide additional training as necessary.

INTERNAL QUALITY AUDIT STATISTICS:

- Internal quality audits are performed as required by NCQA.
- Files are randomly selected, with concentration on staff in training.
- 100% files audited this quarter and reported below were on files released within this quarter.
- Errors reported below WERE NOT reported by customers.

| | Previous Quarter 1/1/09-3/31/09 | Last Quarter 4/1/09-6/30/09 | This Quarter 7/1/09-9/30/09 | Increase or Decrease from Last Quarter (%) |
|------------------------------------|------------------------------------|--------------------------------|--------------------------------|--|
| TOTAL Number of Releases: | 3,528 | 2,974 | 3,866 | 30.0% |
| % of released files reviewed: | 25% | 25% | 25% | 25% |
| Number of errors in audited files: | 99 | 115 | 165 | 43.5% |
| Accuracy rate on audited files: | 88.8% | 84.5% | 82.9% | -1.9% |

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

| <u>Types of Errors:</u> | JULY | AUGUST | SEPTEMBER |
|---|-------------|---------------|------------------|
| Verification document not in file | 7 | 1 | 5 |
| Verification document not acceptable | | 1 | |
| Organization / Entity incorrect | 9 | | 5 |
| Date discrepancy | 12 | 1 | 1 |
| Staff Privilege incorrect | 2 | | 1 |
| Specialty / Clinical Scope incorrect | 4 | 1 | 1 |
| Good Standing entry incorrect | 2 | 1 | 2 |
| Data entry errors | 14 | 3 | 4 |
| Verification date or source incorrect | 14 | 2 | 6 |
| No clarification follow-up/update | | 1 | 2 |
| Clarification remarks not entered | 4 | | 2 |
| Clarification remarks deleted or purged from paper or elect. file | 1 | | |
| Verbal verification no signed/stamped or entered per process | 8 | 1 | 3 |
| Documented verbal verification could not be confirmed by source | 1 | | 3 |
| Insufficient verification attempts | 1 | | 2 |
| Out-of-state licenses not verified or reverified | 5 | | 1 |
| No entry or documented attempts for primary practice | 5 | | 3 |
| Time Gap | | 1 | 1 |
| Info in file not entered or updated per process | 14 | 2 | 4 |
| Release error | | 1 | |
| TOTALS | 103 | 16 | 46 |

Barriers:

New staff still in training; staff having difficulty learning changes in processes; errors made by staff who are no longer here.

Recommendations & Follow-Up:

New training processes, review of processes and more extensive random audits by the Program Manager and new trainer are now in place so training can be adjusted and training needs identified earlier. New tracking and reporting tools are being developed to provide more detailed information to all management in order to continue to improve training and error identification with staff. Program manager and trainer are now doing some random audits of the remaining 75% (that do not come under the audit of QA) of files worked for all staff, and not just new trainees. Accuracy compared to volume and difficulty are now included in all audit types. Continue to monitor for process and training improvement. Customers were provided corrected profiles in all cases where the errors were not internal process errors.

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 '09 | May '09 | Jun '09 | Jul '09 | Aug '09 | Sept '09 |
| # of Permanent Staff: | 17 | 17 | 18 | 17 | 17 | 19 |
| # of Temporary Staff: | 0 | 0 | 0 | 0 | 0 | 1 |
| Staff Loss (Perm/Temp): | 0/0 | 0/0 | 0/1 | 0/0 | 0/0 | 0/0 |

Registered Users:

Total number of user organizations reported each period.

| Period: | Previous Quarter | Last Quarter | This Quarter | % +/- from last quarter |
|------------------------|------------------|----------------|----------------|-------------------------|
| | 1/1/09-3/31/09 | 4/1/09-6/30/09 | 7/1/09-9/30/09 | |
| Hospital: | 231 | 234 | 235 | 0.4% |
| MCO/Other: | 39 | 40 | 40 | 0.0% |
| Total Customers | 270 | 274 | 275 | 0.4% |

MCO = Managed Care Organizations, Insurance Networks, PHOs

Other = Clinics, IPAs, Surgery & Outpatient Clinics

REGISTERED USER TRACKING: Barriers, Recommendations & Follow-Up

Barriers:

Tracking limitations and issues remain the same. A frequent complaint by physicians is that some organizations utilize ways to work around the law such as utilizing application services located outside the state, and who do not comply with the law. The Coalition for Affordable Quality Healthcare (CAQH) is one application service that is generating complaints. The Federation of State Medical Board's credentialing verification service (FCVS) began a credential verification operation as the CCVS but it is open to all states. Physicians generally are confused because the initials are similar and most feel both of these organizations are attached to the CCVS. The organization's advertised information is further confusing. Some organizations located within the state have again began to require physicians provide copies of their Arkansas, and other state licenses; copies of their malpractice insurance, board and Federal DEA certificates.

Recommendations & Follow-Up:

The quality assurance/customer service staff continues to communicate with these organizations, physicians and insurance products' officials on a consistent and regular basis to encourage sign-up, and provide information, education and clarification regarding the statute. The IT department continues to work on developing electronic methods to track utilization and compliance in the future. New organizations will continue to be identified through the same methods - through physicians, their office staff, other organizations, business news information and the insurance commission. The QA/CS office staff continue to review organizations' application and reapplication packets through random audits and make recommendations on wording changes to be compliant with state law. Downloadable information and guides have been created to assist physicians, credentialing organization staff and physician's office staff in education efforts regarding the CCVS; ASMB/CCVS staff attend organization and state medical staff credentialing groups' inservices to provide information and answer questions. The Board now is providing credentialing workshops covering application of license to release of information and beyond. Opportunities to identify methods of speeding up the credentialing processes and delay causes are also covered. The workshops are offered to anyone involved in licensing, credentialing or assisting with those processes. Contact with the Arkansas Insurance Commission has provided the information verbally that they do track any insurance product operating in the state and discourage any insurance product that operates without registration, once they are aware of them. Additional written information on this information, methods of tracking and notification has been requested. The Customer Service department will continue to follow-up with any non-compliant organizations as required and as they are identified. Continue to monitor for customer service assistance, statute compliance and quality improvement.

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

| CATEGORIES: | Previous Quarter | | Last Quarter | | This Quarter | | Increase or Decrease from last QTR |
|---|------------------|-------------|----------------|-------------|----------------|-------------|--|
| | 1/1/09-3/31/09 | | 4/1/09-6/30/09 | | 7/1/09-9/30/09 | | |
| <u>Positive Comments:</u> | | | | | | | |
| Positive Comments (Total / % of Total): | 6 | 6.4% | 12 | 11.0% | 7 | 4.4% | -41.7% |
| <u>Technology/System Issues:</u> | | | | | | | |
| Customer Tech (Total / % of Total): | 11 | 11.7% | 1 | 0.9% | 18 | 11.4% | 1700.0% |
| CCVS Internal Tech (Total / % of Total): | 17 | 18.1% | 11 | 10.1% | 15 | 9.5% | 36.4% |
| <u>Other:</u> | | | | | | | |
| Profile TAT Delay (Total / % of Total): | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| Inconsistent Data (Total / % of Total): | 7 | 7.4% | 6 | 5.5% | 6 | 3.8% | 0.0% |
| Credentialing Program (Total / % of Total): | 29 | 30.9% | 47 | 43.1% | 37 | 23.4% | 21.3% |
| Staff Related (Total / % of Total): | 30 | 31.9% | 44 | 40.4% | 82 | 51.9% | -86.4% |
| Known Cause (Total / % of Total): | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | |
| TOTAL CUSTOMER ISSUES: | 94 | 2.1% | 109 | 2.7% | 158 | 4.1% | 45.0% |

| | | | |
|---|---------------|--|--------------|
| # of releases WITHOUT Customer Service issues: | 3,708 | # of releases WITH Customer Service issues: | 158 |
| % of releases WITHOUT Customer Service issues: | 95.91% | % of releases WITH Customer Service issues: | 4.09% |

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: | 3,848 | # of releases WITH Cust Tech issues: | 18 |
| % of releases WITHOUT Cust Tech issues: | 99.53% | % of releases WITH Cust Tech issues: | 0.47% |

Barriers:

(12) Customers had difficulty accessing the website; (1) placing orders; (2) printing report; (2) emailing or faxing; (1) Unspecified.

Recommendations & Follow-Up:

Customer user education issues. Customer provided with invitation to the next on-site ASMB/CCVS Workshop and sent or directed to download the CCVS User Guidebook; one-on-one customer assistance was provided by CS or IT staff as applicable; issues were resolved to customer satisfaction. Continue to monitor for quality improvement.

CCVS TECHNOLOGY ISSUES: Barriers, Recommendations & Follow-up

| | | | |
|---|--------|--------------------------------------|-------|
| # of releases WITHOUT CCVS Tech issues: | 3,851 | # of releases WITH CCVS Tech issues: | 15 |
| % of releases WITHOUT CCVS Tech issues: | 99.61% | % of releases WITH CCVS Tech issues: | 0.39% |

Barriers:

System glitches reported, including customer's inability to order due to greyed out issues, customer could not order, could not access attestations after ordering, could not access free DEA/Malpractice.

Recommendations & Follow-Up:

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

PROFILE TAT ISSUES: Barriers, Recommendations & Follow-up

| | | | |
|---|---------|--|-------|
| # of releases WITHOUT Profile TAT issues: | 3,866 | # 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 Inconsistent Data issues: | 3,860 | # of releases WITH Inconsistent Data issues: | 6 |
| % of releases WITHOUT Inconsistent Data issues: | 99.84% | % of releases WITH Inconsistent Data issues: | 0.16% |

Barriers:

There were 6 inconsistent data issues reported by customers this quarter. These are issues where the physician has provided different information on application for privileges with hospitals and/or insurance products or listed staff privileges prior to the appointment being made.

Recommendations & Follow-Up:

All issues of inconsistent data must have documented verification/clarification attempts in the file and in the system. This percentage is very much reduced from all previous quarters. This reduction is very much attributed to the cross-review of most organizations' medical staffs and willingness to work with the CCVS in notification and in allowing the CCVS to obtain the verifications and provide them with a corrected profile or additional clarification, when applicable. 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: | 3,829 | # of releases WITH MedSuite issues: | 37 |
| % of releases WITHOUT MedSuite issues: | 99.04% | % of releases WITH MedSuite issues: | 0.96% |

Barriers:

"Clean-up" of old entity names or name changes is ongoing and in some cases (30) the change was made during the file release process causing some queries into those entries. In (2) cases, the customer could not print the DEA/Malpractice verification on a physician with a temp license; customer was charged twice for a profile (2); 30-day advance deletion on an Authorization and Release in (3) cases; a physician's address was not showing on the profile in (1) case.

Recommendations & Follow-Up:

These issues will continue to improve as clean-up is completed and staff become more experienced in identifying the wrong entities and correcting prior to release. As more of the wrong entity names are removed and replaced with the correct names, there will be less and less possibility of this error/issue. Locking down files will also assist in identification. The lock-down process is manual and will take some time but it will be beneficial to assist with volume and productivity, as well as accuracy and preventing duplication of some data entry errors. The customer or physician (if during renewal process) was always provided with a corrected profile immediately upon notification. Continue to monitor for staff training, process improvement, customer service improvement and timely resolution.

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

| | | | |
|---|--------|--|-------|
| # of releases WITHOUT Staff-Related issues: | 3,784 | # of releases WITH Staff-Related issues: | 82 |
| % of releases WITHOUT Staff-Related issues: | 97.88% | % of releases WITH Staff-Related issues: | 2.12% |

Barriers:

New staff in training, staff out on maternity leave, rushing or not following written processes, not utilizing their resources, changes in processes affecting experienced staff with a large portion of errors attributed to staff no longer here. Accuracy and consistency in data entry and following written processes continues to be an issue with all staff because of the uniqueness of most physician files. Staff tend to try to generalize all files and ignore the exceptions that might be due to the individual physician file. Some entries can be generalized and some are unique.

Recommendations & Follow-Up:

All training of the staff, and the trainer, are geared toward the accepting of following the general processes but identification that some entries both in the past and currently may have undergone some changes; necessity to embrace process changes and understand the necessity of them and still provide the customer with a complete, accurate and current product. 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: | 3,866 | # 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:

QI Report - Section 3
July 1, 2009 - September 30, 2009

Section 3 - Customer Satisfaction/Feedback

| CATEGORIES | |
|---------------------------------|--|
| 7 | Positive Comments |
| Technology/System Issues | |
| 18 | Customer |
| 15 | CCVS-Internal |
| Other | |
| 0 | Profile TAT Delay |
| 6 | Inconsistent Data |
| 37 | MedSuite Program |
| 82 | Staff Related |
| 0 | Known Cause |
| 158 | Total Customer Issues (not including positive comments) |

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

| | |
|-----|--|
| 521 | Miscellaneous Customer Service issues: <i>Resolved or completed.</i> |
| 27 | Requests for incomplete profiles. <i>Completed.</i> |
| 55 | 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> |
| 42 | 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> |
| 234 | 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> |
| 44 | 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 |
| 172 | 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> |
| 6 | Returned Attestations to customers due to wrong license number, wrong date, undated or questions not completed. |
| 97 | Cancellations: (22) customer/user initiated due to need to change order type to expedite, duplication of orders, ordered in error, ordered too soon; (4) CCVS Management initiated because the order could not be completed by due date due to no fault of the CCVS. |
| 170 | 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> |
| 3 | 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. |
| 2 | Other physician issues transferred out of CS (license application status; questions regarding licensure or renewals; CME questions; Regulation 17 and Regulation 7 questions). |
| 40 | CCVS notified customer of documents or information needed to complete order (updated A&R, Attestation, other documentation, or physician's contact info). |
| 88 | Updated profile provided to customer within 30 days of original release |
| 37 | Facility emailed interim update to current physician roster. |

QI Report - Section 3 Breakdown
 July 1, 2009 - September 30, 2009

| # | Section | Category | Code/Issue | Month | | | | | Grand Total |
|---|-------------------------|-----------------------------------|--|-------|----|----|---|-----|-------------|
| | | | | 7 | 8 | 9 | 9 | 9 | |
| | POSITIVE: | A. Positive | 1.00 Positive comments from customers | 6 | 1 | | | 7 | |
| | | A. Positive Total | | 6 | 1 | | | 7 | |
| | POSITIVE: Total | | | 6 | 1 | | | 7 | |
| | MAIN CATEGORIES: | B. Technology-Cust | 2.01 Difficulty accessing website | 4 | 5 | 3 | | 12 | |
| | | | 2.02 Difficulty placing order | 1 | | | | 1 | |
| | | | 2.03 Difficulty printing report | 1 | 1 | | | 2 | |
| | | | 2.04 Difficulty emailing or faxing | | 2 | | | 2 | |
| | | | 2.99 Other Technology-Cust Issue | 1 | | | | 1 | |
| | | B. Technology-Cust Total | | 7 | 8 | 3 | | 18 | |
| | | C. Technology-CCVS | 3.02 Profile did not release properly | | 2 | | | 2 | |
| | | | 3.03 Customer cannot order (fields grey) | 5 | 4 | 1 | | 10 | |
| | | | 3.04 Customer cannot order (other cause) | 1 | | | | 1 | |
| | | | 3.05 Customer cannot access DEA/Malp | 1 | | | | 1 | |
| | | | 3.99 Other Technology-CCVS Issue | | | 1 | | 1 | |
| | | C. Technology-CCVS Total | | 7 | 6 | 2 | | 15 | |
| | | E. Inconsistent Data | 5.00 Org info different than CCVS | 3 | 2 | 1 | | 6 | |
| | | E. Inconsistent Data Total | | 3 | 2 | 1 | | 6 | |
| | | F. MedSuite Issues | 6.00 ***Do Not Use*** Medsutes Issue | 20 | 7 | 3 | | 30 | |
| | | | 6.00 No DEA/Malp on Temp License | 1 | | | | 1 | |
| | | | 6.00 Customer charged twice on physician | | 1 | 1 | | 2 | |
| | | | 6.00 A&R deleted up to 30 days before expiration | 2 | 1 | | | 3 | |
| | | | 6.00 Address not appearing for customer | 1 | | | | 1 | |
| | | F. MedSuite Issues Total | | 24 | 9 | 4 | | 37 | |
| | | G. Staff Related | 7.01 Profile released with expired item(s) | 13 | 3 | | | 16 | |
| | | | 7.03 Profile missing information | 2 | 16 | 2 | | 20 | |
| | | | 7.04 Time gap in history not accounted for | | 1 | 4 | | 5 | |
| | | | 7.06 Data entry error(s) | 2 | 1 | 5 | | 8 | |
| | | | 7.07 Scanned document error(s) | 3 | 1 | 1 | | 5 | |
| | | | 7.08 Document entered but not scanned | 7 | | 3 | | 10 | |
| | | | 7.09 Document scanned but not entered | | 1 | | | 1 | |
| | | | 7.99 Arkansas License error | | 1 | | | 1 | |
| | | | 7.99 Misc. Staff Errors | | 9 | 7 | | 16 | |
| | | G. Staff Related Total | | 27 | 33 | 22 | | 82 | |
| | | MAIN CATEGORIES: Total | | 68 | 58 | 32 | | 158 | |

**QI Report - Section 3 Breakdown
July 1, 2009 - September 30, 2009**

| MISCELLANEOUS: | | I. Misc./Other | | | |
|-------------------------------------|--|-----------------------|------------|------------|------------|
| 21.01 | Info requests sent to physicians | 135 | 129 | 159 | 423 |
| 21.02 | Document rec'd, OK to reorder | | 6 | 1 | 7 |
| 21.03 | Customer requested confidential info | | 1 | 1 | 2 |
| 21.04 | Telemed file at/hear completion, OK to reorder | | 1 | | 1 |
| 21.05 | Verification request sent to customer | 15 | 18 | 21 | 54 |
| 21.06 | Customer referred to another department or agency | 1 | 1 | 2 | 4 |
| 21.99 | Attestation Correction | | 1 | | 1 |
| 21.99 | Change e-mail address | | 1 | | 1 |
| 21.99 | Cust rec'd verif request even though physician on roster | | 1 | 2 | 2 |
| 21.99 | Deceased Physician | | | 1 | 1 |
| 21.99 | E-mail verification request not by CS | 1 | 6 | 9 | 16 |
| 21.99 | Inactive License not in directory | | 1 | | 1 |
| 21.99 | License Verification | | 1 | | 1 |
| 21.99 | Misc./Other | | | 1 | 1 |
| 21.99 | Non-Customer referred to another dept or agency | 2 | | | 1 |
| 21.99 | Physical Address Info | | 1 | | 1 |
| 21.99 | Req unclear; no response to query | 1 | | | 1 |
| 21.99 | Roster Information | 1 | | | 1 |
| 21.99 | Suggestions | 1 | | | 1 |
| I. Misc./Other Total | | 157 | 167 | 197 | 521 |
| J. Incomplete Requests | | | | | |
| 9.01 | Incomplete requested, provided | 1 | 4 | | 5 |
| 9.02 | Incomplete requested, not provided | 22 | | | 22 |
| J. Incomplete Requests Total | | 23 | 4 | | 27 |
| K. Roster Issues | | | | | |
| 10.01 | Roster received incomplete | 2 | 3 | 2 | 7 |
| 10.02 | Reminder sent re expiring roster | 23 | 12 | 13 | 48 |
| K. Roster Issues Total | | 25 | 15 | 15 | 55 |
| L. Order Status Check | | | | | |
| 11.00 | Request for order status | 12 | 25 | 5 | 42 |
| L. Order Status Check Total | | 12 | 25 | 5 | 42 |
| M. User Education | | | | | |
| 12.01 | Sign-up process; New user packet | 1 | 2 | | 3 |
| 12.02 | Mandate education | 2 | 2 | 1 | 5 |
| 12.03 | Policies & procedures education | 5 | 2 | 3 | 10 |
| 12.04 | Form requests | 2 | 1 | | 3 |
| 12.05 | A&R/Attestation education | 1 | 11 | 5 | 17 |
| 12.06 | A&R status check | 13 | 66 | 9 | 88 |
| 12.08 | Fees / Turnaround Times (TATs) | 3 | | 1 | 4 |
| 12.09 | Telemedicine policy education | 8 | 14 | 22 | 44 |
| 12.10 | Cancellation process education | | 3 | 10 | 13 |
| 12.11 | Profile definitions | | 2 | 1 | 3 |
| 12.12 | Notified cust that CCVS info correct | 4 | 2 | 4 | 10 |
| 12.13 | Notified cust they can clarify w/physician or source | | 2 | 1 | 3 |
| 12.99 | NPDB; FSMB education | 1 | 2 | | 3 |
| | | | | | 1 |

**QI Report - Section 3 Breakdown
July 1, 2009 - September 30, 2009**

| | | | | | |
|---|-----------|------------|-----------|---|------------|
| 12.99 Free Updates | 2 | | | | 2 |
| 12.99 Send to Monitor | 2 | | | 2 | 4 |
| 12.99 Regulation Exemption | 1 | | | | 1 |
| 12.99 Regulatory | 1 | | | | 1 |
| 12.99 Cannot view DEA/Malp because no A&R on file | 1 | | | 1 | 2 |
| 12.99 Incomplete orders | 1 | | | 2 | 3 |
| 12.99 E-mailing attachments | 3 | | | 2 | 6 |
| 12.99 Medicare/Medicaid | 1 | | | | 1 |
| 12.99 Medical Corporation license | 1 | | | | 1 |
| 12.99 Archival of profiles | | | | 1 | 2 |
| 12.99 CME Hours | | | | 1 | 1 |
| 12.99 Could not locate physician because not licensed | | | | 1 | 2 |
| 12.99 License renewals | | | | 1 | 1 |
| 12.99 Cannot place order because already ordered | | | | 1 | 2 |
| 12.99 Why was order canceled? | | | | | 1 |
| M. User Education Total | 53 | 117 | 64 | | 234 |
| N. Account Administration | | | | | |
| 13.01 Account/User changes | 4 | 4 | 1 | | 9 |
| 13.03 Billing questions | 1 | 1 | | | 2 |
| 13.04 Credit card declined or acct lockout | 6 | 7 | 11 | | 24 |
| 13.05 Needs to change credit card | 2 | 1 | 1 | | 4 |
| 13.99 Other Account Administration Issue | 1 | 1 | 3 | | 5 |
| N. Account Administration Total | 14 | 14 | 16 | | 44 |
| O. A&R Refused | | | | | |
| 15.01 Wording does not match our standard form | | | | 1 | 1 |
| 15.02 Organization Name issue | 17 | 23 | 13 | | 53 |
| 15.03 Practitioner is not an M.D. or D.O. | 2 | 1 | 1 | | 4 |
| 15.04 Cannot identify physician | 1 | | 3 | | 4 |
| 15.05 License # /SSN issue | 2 | | | | 2 |
| 15.06 License pending or inactive | 1 | 5 | 1 | | 7 |
| 15.07 Signature issue | 1 | 2 | 2 | | 5 |
| 15.08 Date issue | | | | | |
| 15.09 Altered without physician's initials | 28 | 12 | 19 | | 59 |
| 15.99 Other A&R Issues | | | | 1 | 1 |
| | 32 | 3 | 1 | | 36 |
| O. A&R Refused Total | 84 | 46 | 42 | | 172 |
| P. Attestation | | | | | |
| 14.00 Broken attest issues handled by CS | 1 | 4 | 1 | | 6 |
| P. Attestation Total | 1 | 4 | 1 | | 6 |
| Q. Cancellations-Cust | | | | | |
| 17.01 Ordered in error or Duplicate order | 1 | 9 | 3 | | 13 |
| 17.02 Ordered wrong type of profile | | | | 7 | 7 |
| 17.03 Need to order as expedited | | 37 | 3 | | 40 |
| 17.04 No longer needs this profile | 4 | 3 | 2 | | 9 |
| Q. Cancellations-Cust Total | 5 | 49 | 15 | | 69 |

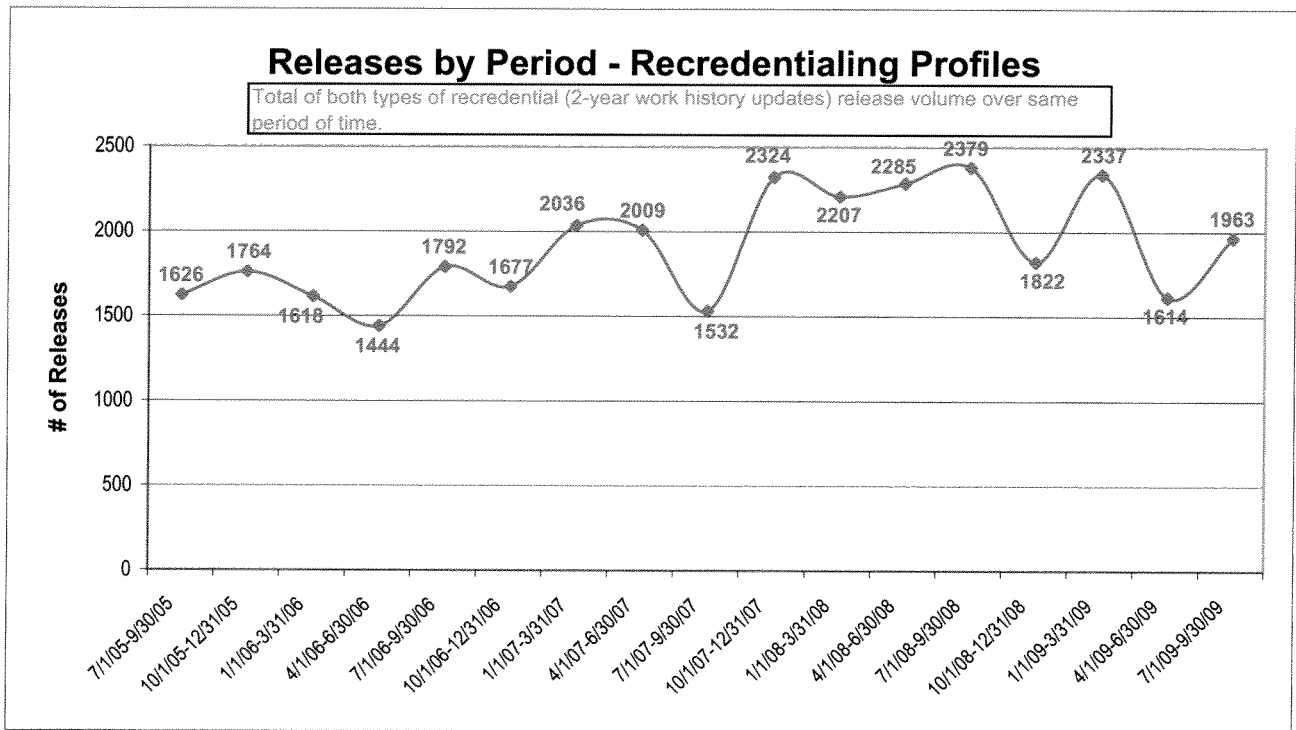
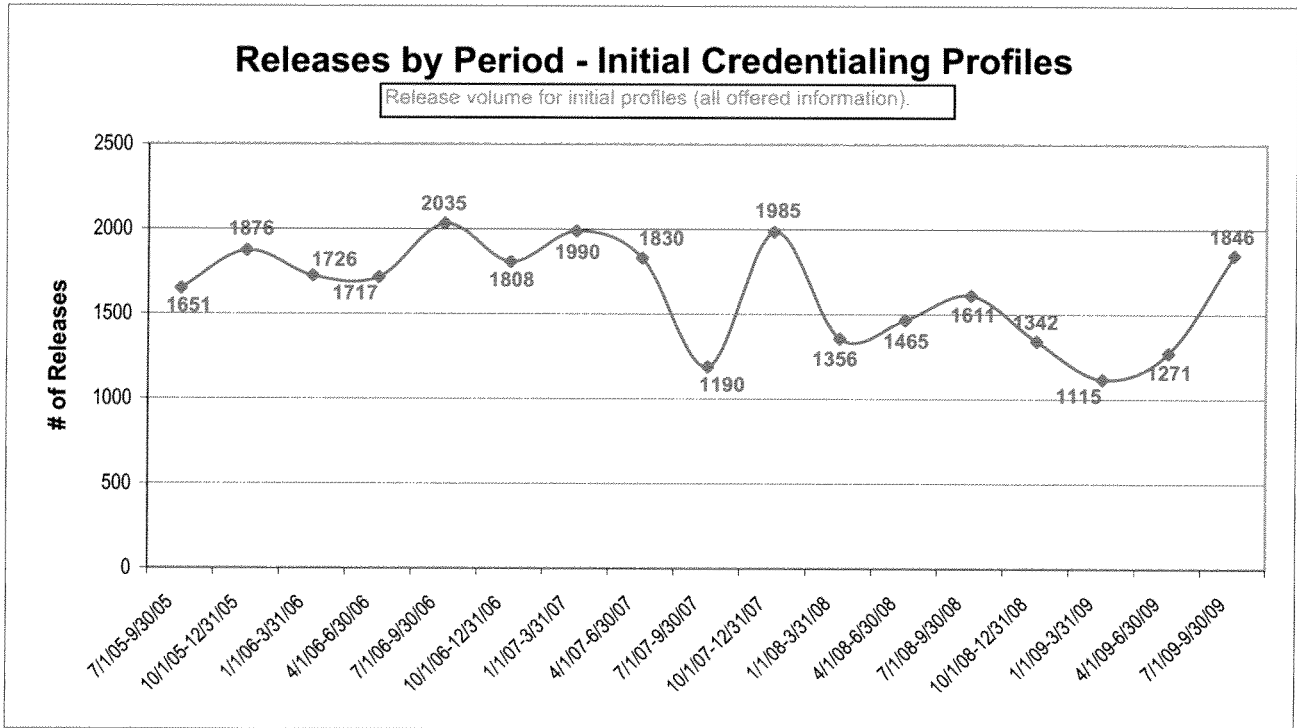
QI Report - Section 3 Breakdown
July 1, 2009 - September 30, 2009

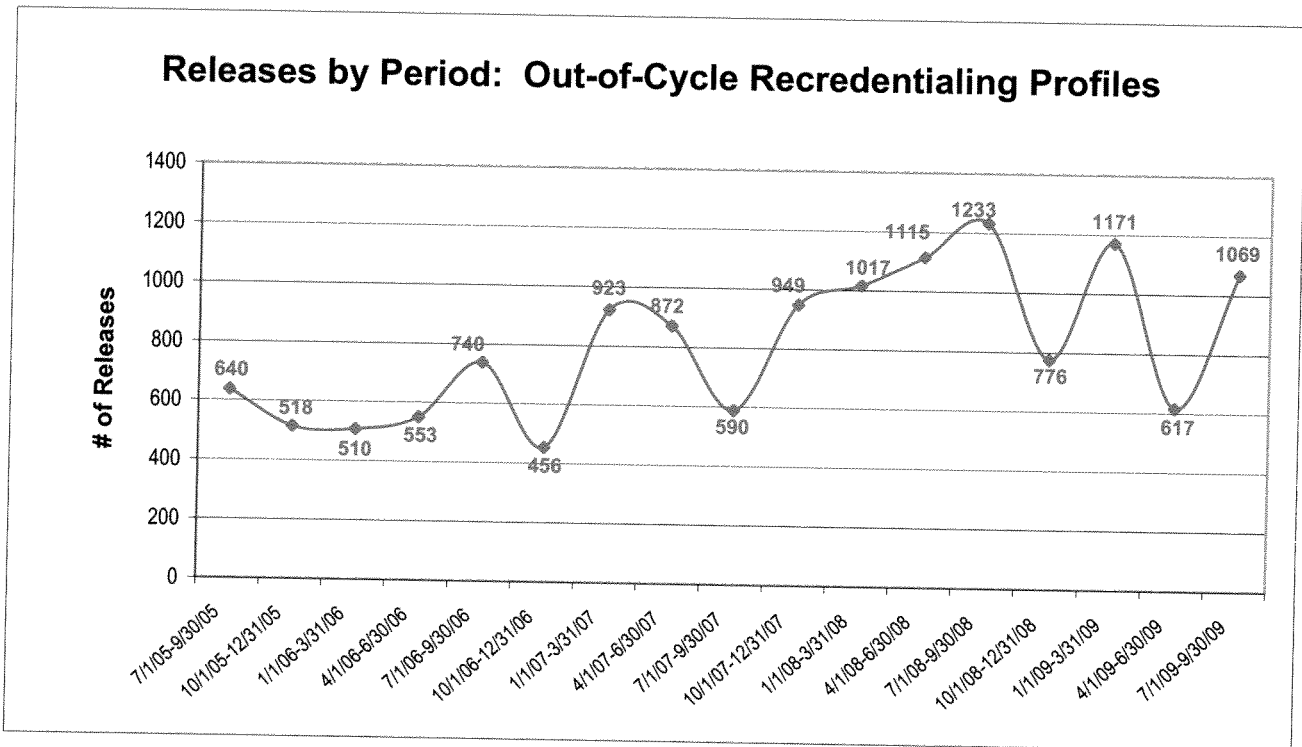
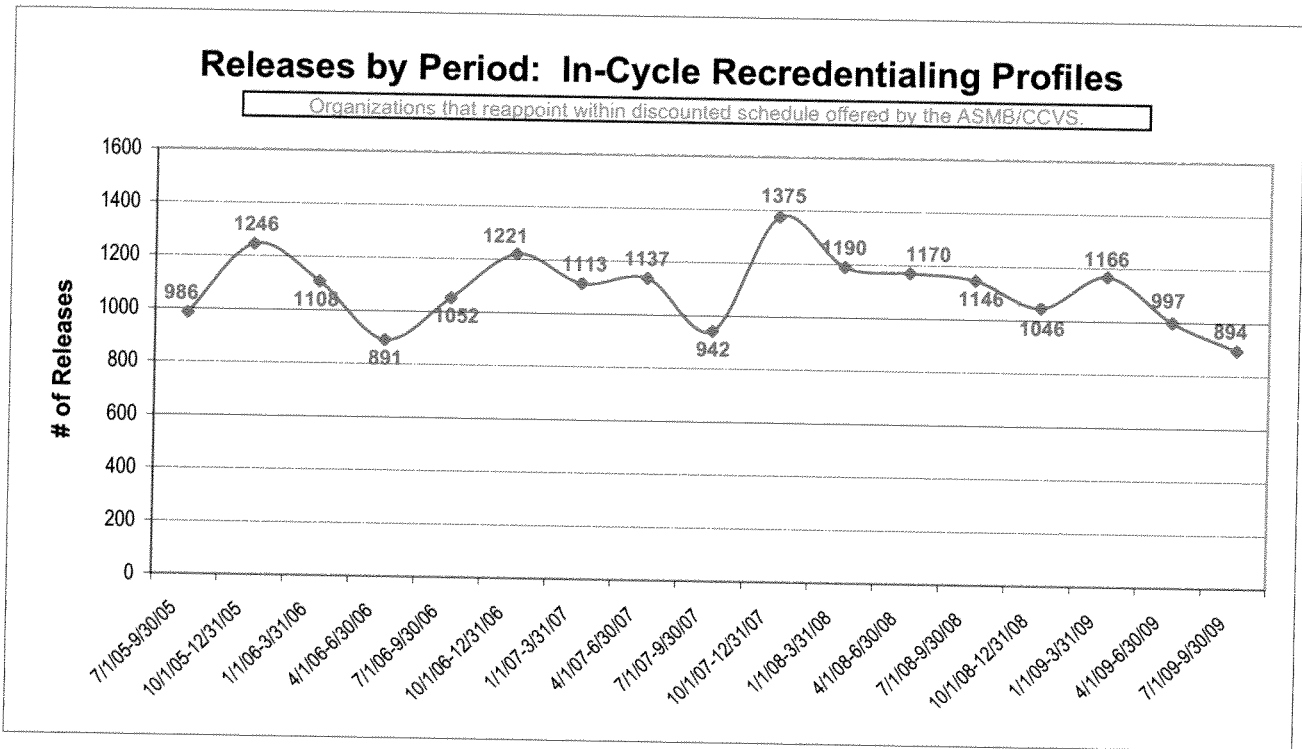
| | | | | | | |
|--|--|--|--|------------|------------|-------------|
| R. Cancellations-CCVS | 17.51 Customer could not provide valid A&R | | | | 4 | |
| | 17.52 Unable to obtain attestation | | | 8 | 1 | 4 |
| | 17.57 Unable to complete by due date | | | 2 | 1 | 13 |
| | 17.58 Telemedicine unable to complete | | | 1 | 1 | 4 |
| | 17.99 Other CCVS Cancellation | | | 1 | 5 | 6 |
| | | | | 1 | 1 | 1 |
| R. Cancellations-CCVS Total | | | | 5 | 16 | 7 |
| S. DEA/Insurance | 18.01 Customer request to update DEA | | | 17 | 13 | 9 |
| | 18.02 Customer request to update insurance | | | 63 | 40 | 25 |
| | 18.99 Other DEA/insurance issue | | | 2 | 1 | 128 |
| S. DEA/Insurance Total | | | | 80 | 55 | 35 |
| T. Personal Profile Sent to P20.01 Physician requested personal profile | | | | 1 | 1 | 1 |
| T. Personal Profile Sent to Phys Total | | | | 1 | 1 | 1 |
| U. Other Physician Issue | 20.99 Other Physician Services Issue | | | 1 | 1 | 4 |
| U. Other Physician Issue Total | | | | 1 | 1 | 4 |
| V. Phys referred to Other Dept | 20.02 Physician referred to another department or agency | | | 1 | 1 | 4 |
| V. Phys referred to Other Dept Total | | | | 1 | 1 | 4 |
| W. Order Issues | 16.01 Cust notified attestation expired/expiring | | | 12 | 2 | 2 |
| | 16.02 Cust notified A&R expired/expiring | | | 3 | 10 | 14 |
| | 16.99 Other Order Issue | | | 2 | 5 | 18 |
| W. Order Issues Total | | | | 17 | 17 | 6 |
| W. Profile Update | 19.01 Cust requested updated profile | | | 12 | 1 | 5 |
| | 19.02 Cust requested update, not provided | | | 4 | 1 | 18 |
| | 19.03 Update provided to customer proactively | | | 29 | 22 | 5 |
| W. Profile Update Total | | | | 45 | 24 | 65 |
| X. Roster Updates | 10.03 Facility sent change/addition to roster | | | 10 | 13 | 14 |
| X. Roster Updates Total | | | | 10 | 13 | 14 |
| MISCELLANEOUS: Total | | | | 533 | 570 | 441 |
| Grand Total | | | | 607 | 629 | 473 |
| | | | | | | 1709 |

Arkansas State Medical Board

Quality Improvement Report for the Period 7/1/2009-9/30/2009

Charts & Graphs

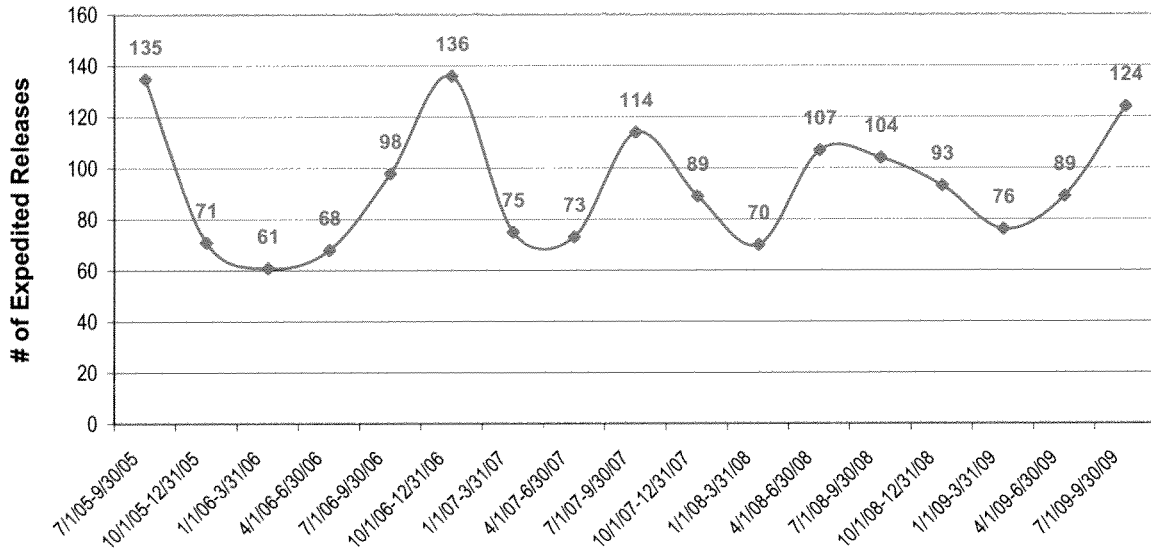




Recredentialing schedules vary per organization from every year, every two years or every three years. Not all organizations choose to recredential in-cycle for the discount due to their internal reappointment schedules.

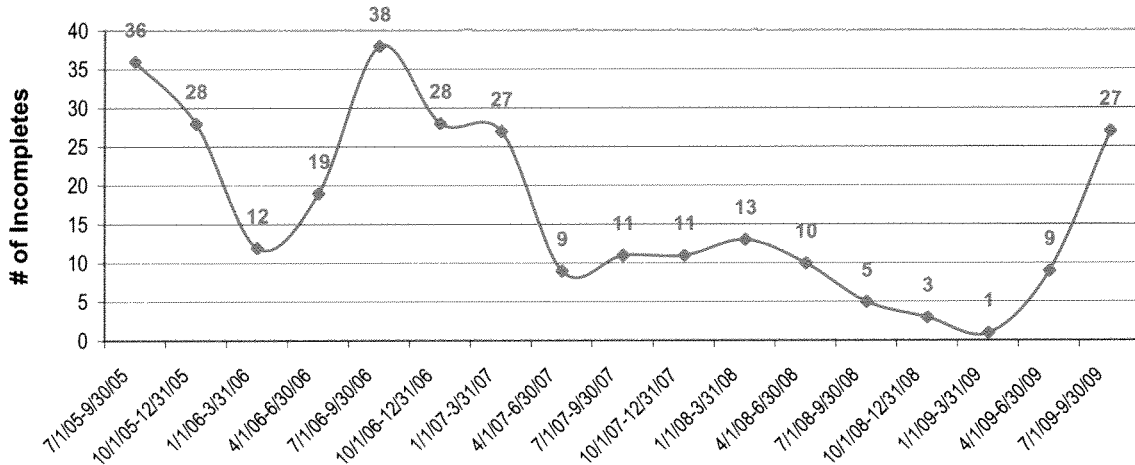
Releases by Period: Expedited Orders Initial and Recredentialing

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



Incomplete Profile Requests

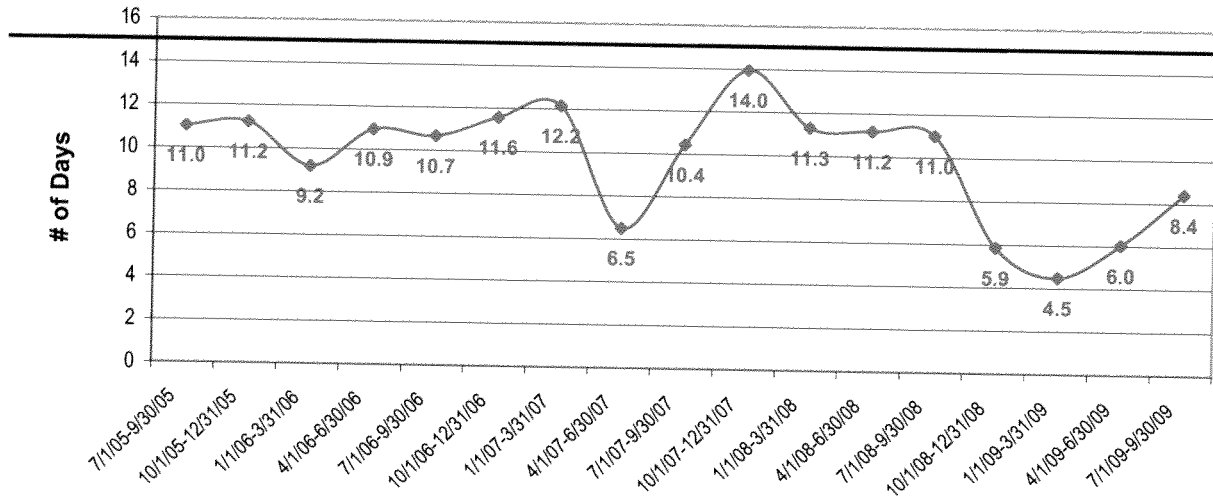
Customer requests for incomplete files due to their not ordering in time or needing sooner than anticipated.



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.

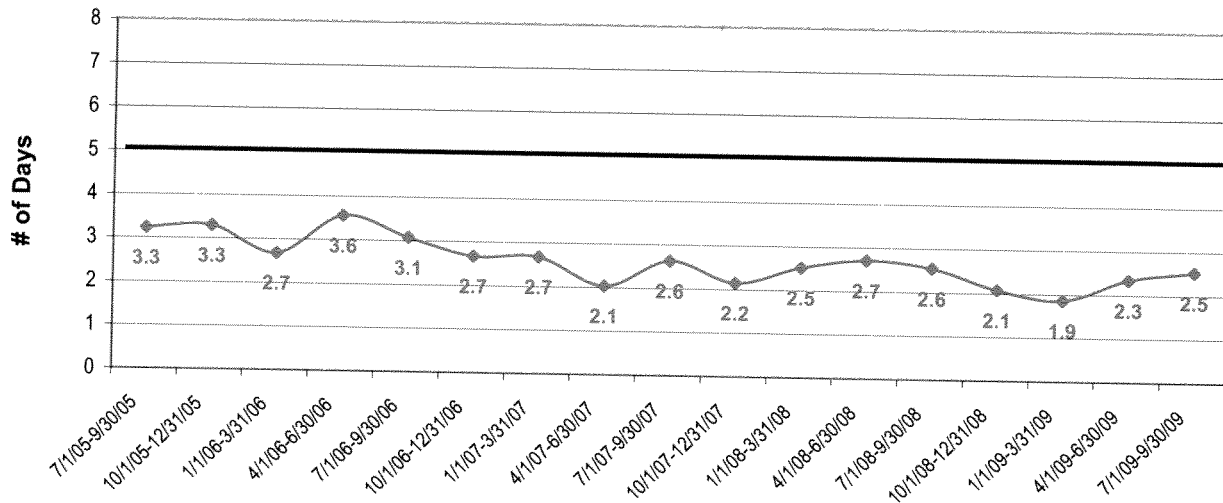
Turnaround Times: Initial Credentialing (Target: 15 Business Days)

Meets and exceeds goals



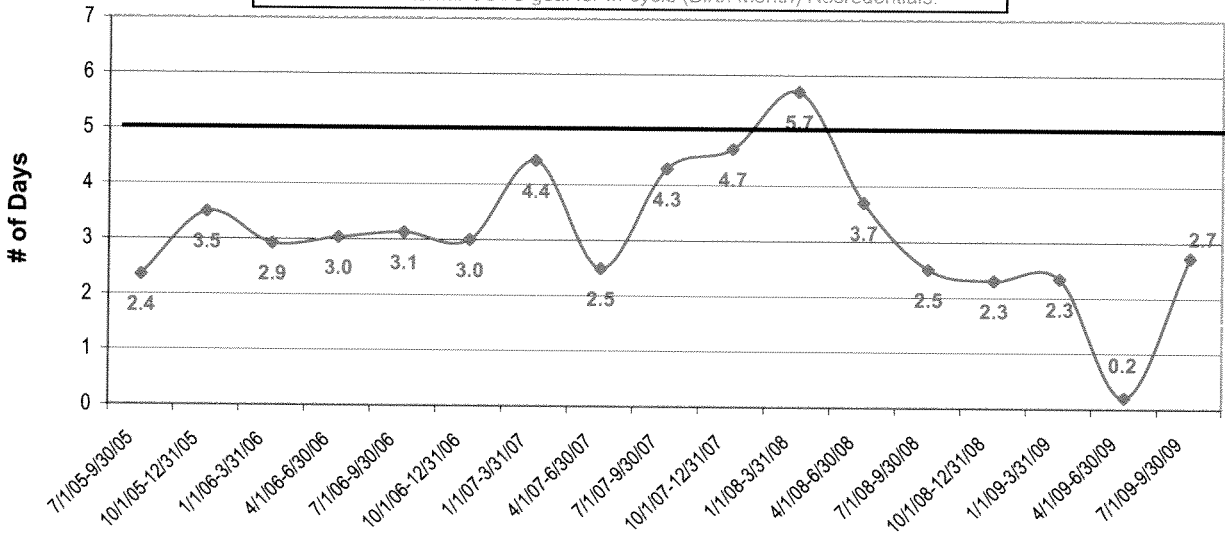
Turnaround Times: Expedited Orders Initial and Recredentialing (Target: 5 Business Days)

Meets and exceeds goals



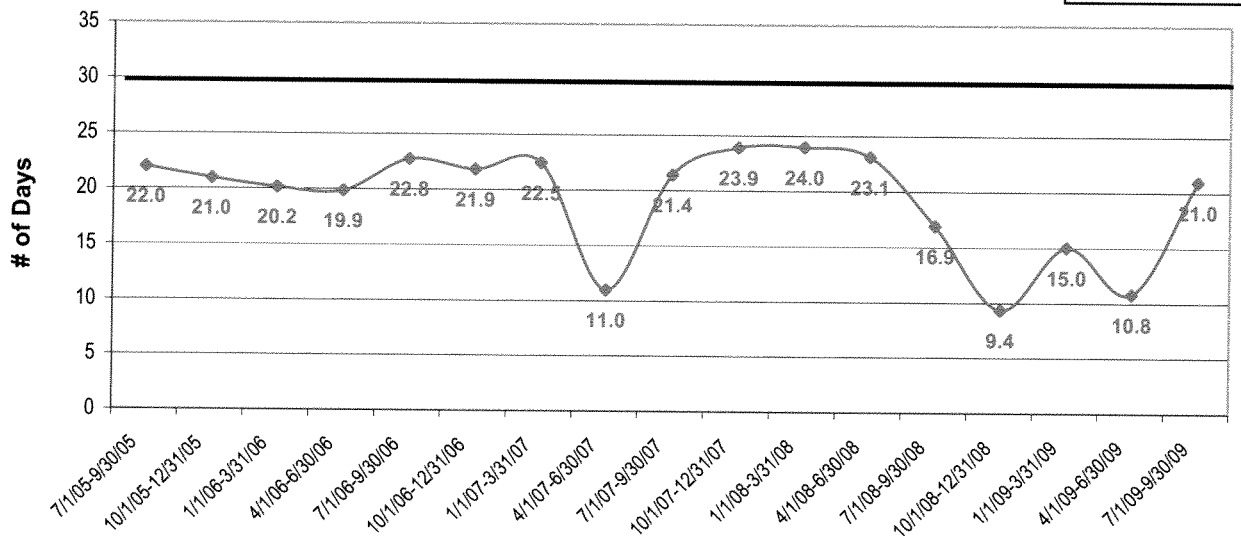
Turnaround Times: In-Cycle Recredentialing (Target: 5 Business Days)

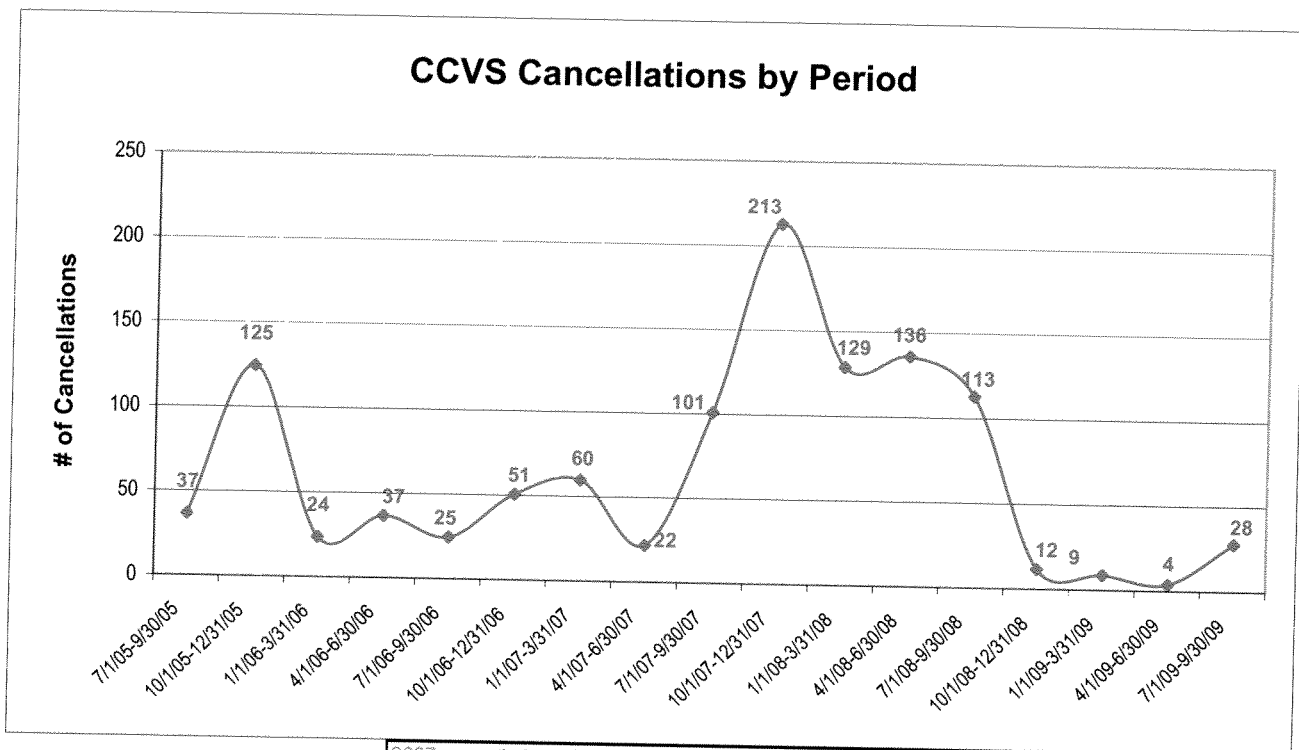
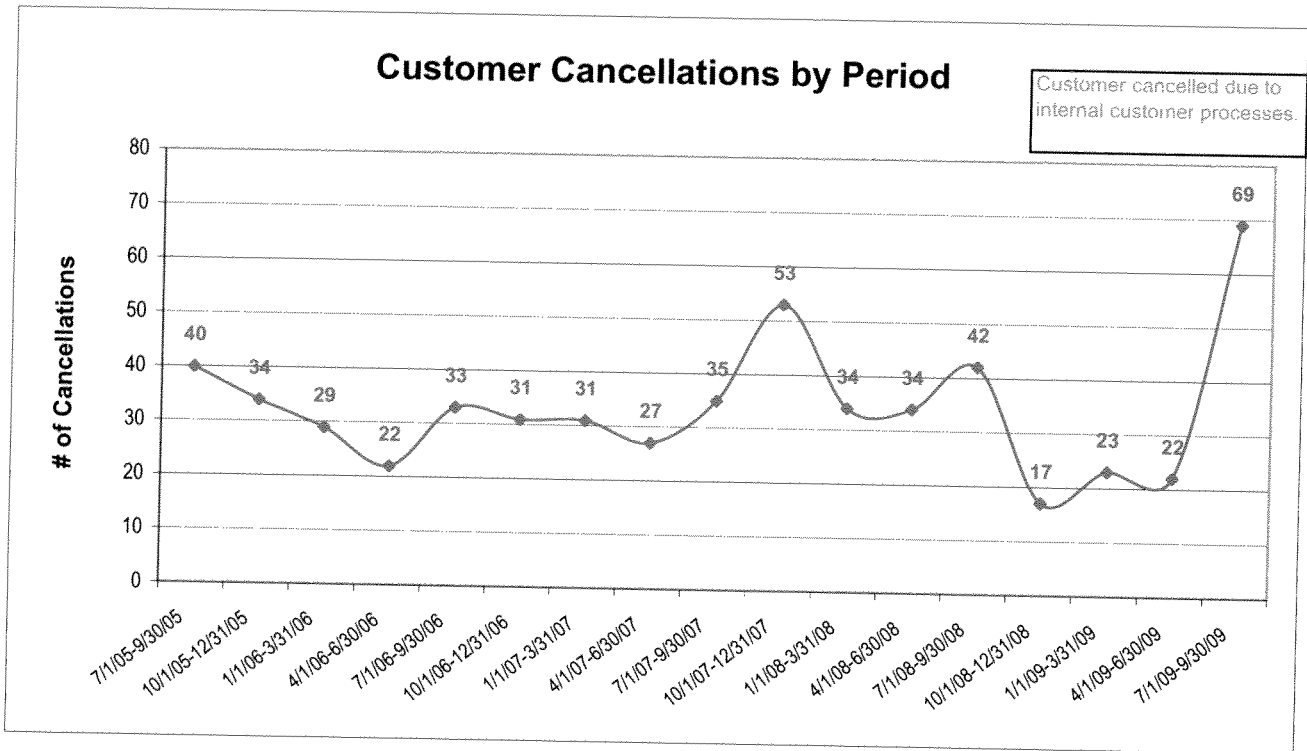
Guaranteed and posted TAT goal for Recredentials is 30 Business days This reflects internal CCVS goal for In-cycle (Birth Month) Recredentials.



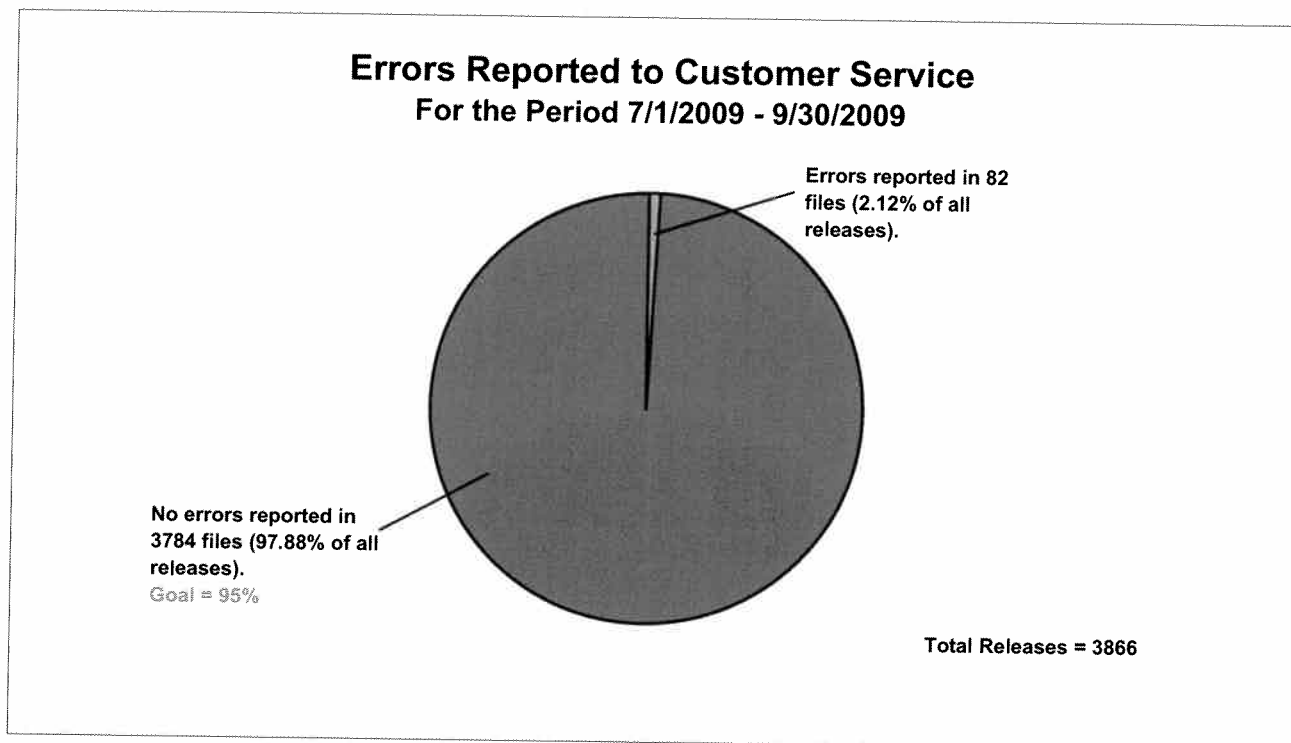
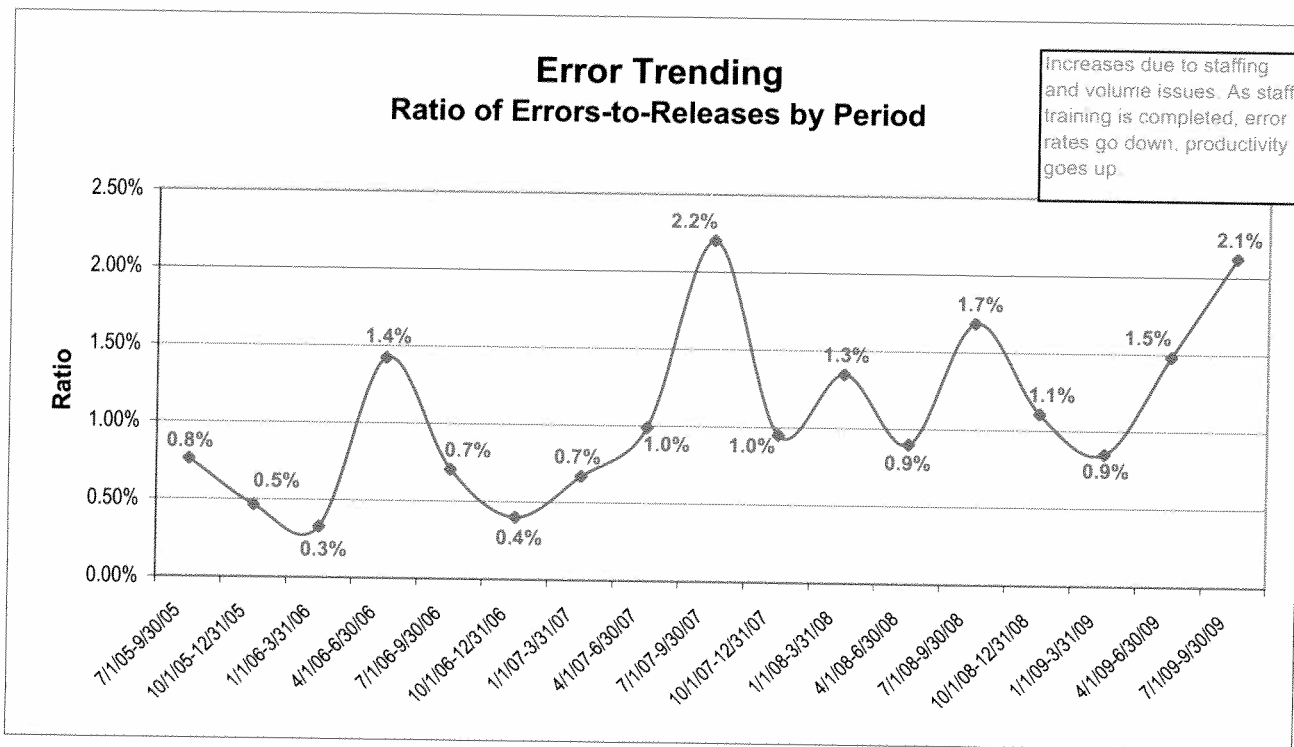
Turnaround Times: Out-of-Cycle Recredentialing (Target: 30 Business Days)

Within guaranteed and posted goals.



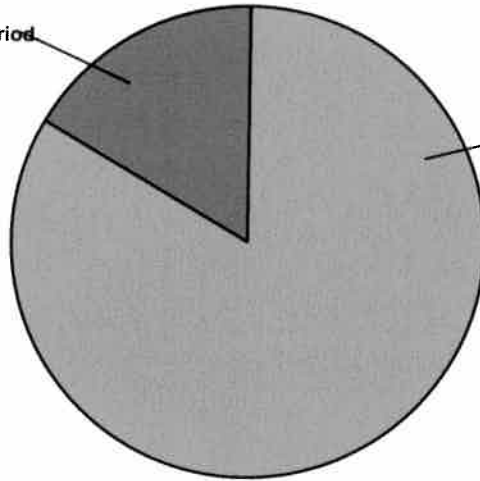


2007 cancellations due to failure to obtain attestations from physicians. Decrease in 1st QTR but increasing again in 2nd QTR due to telemed cancellations.



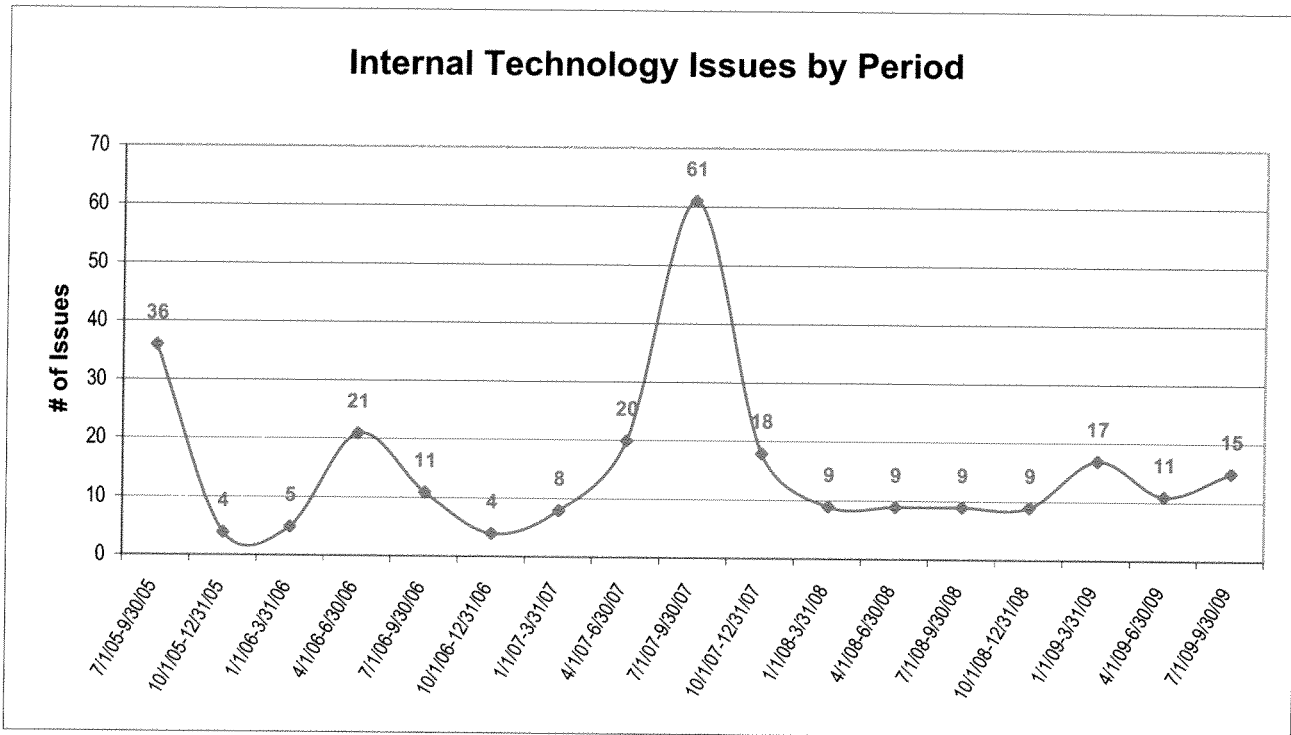
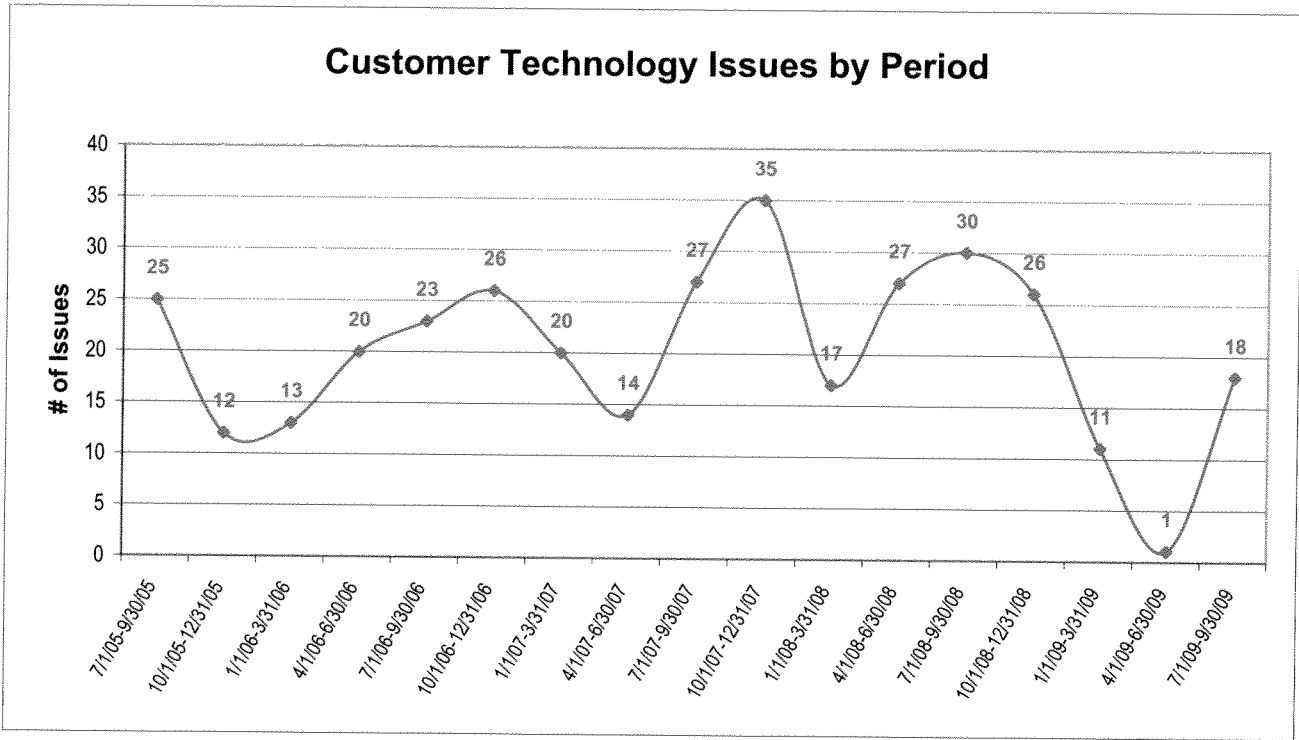
Errors Found in Internal Audit For the Period 7/1/2009 - 9/30/2009

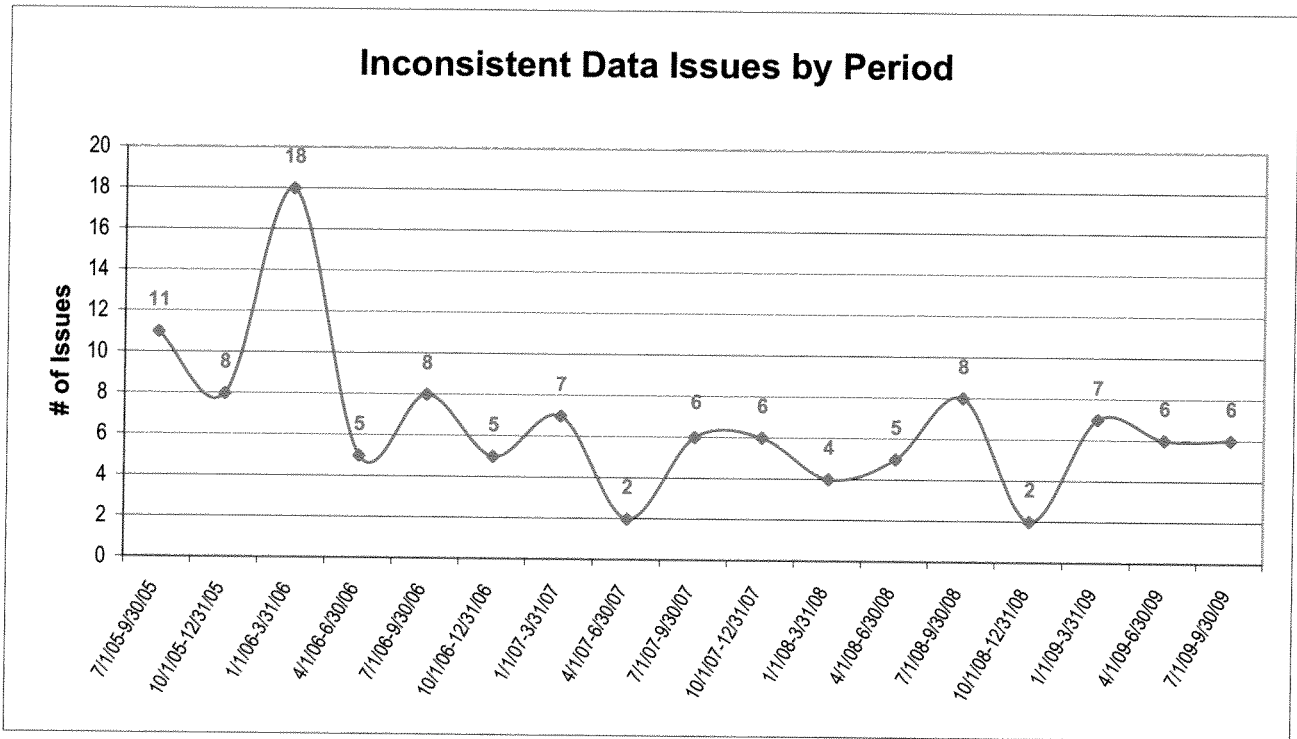
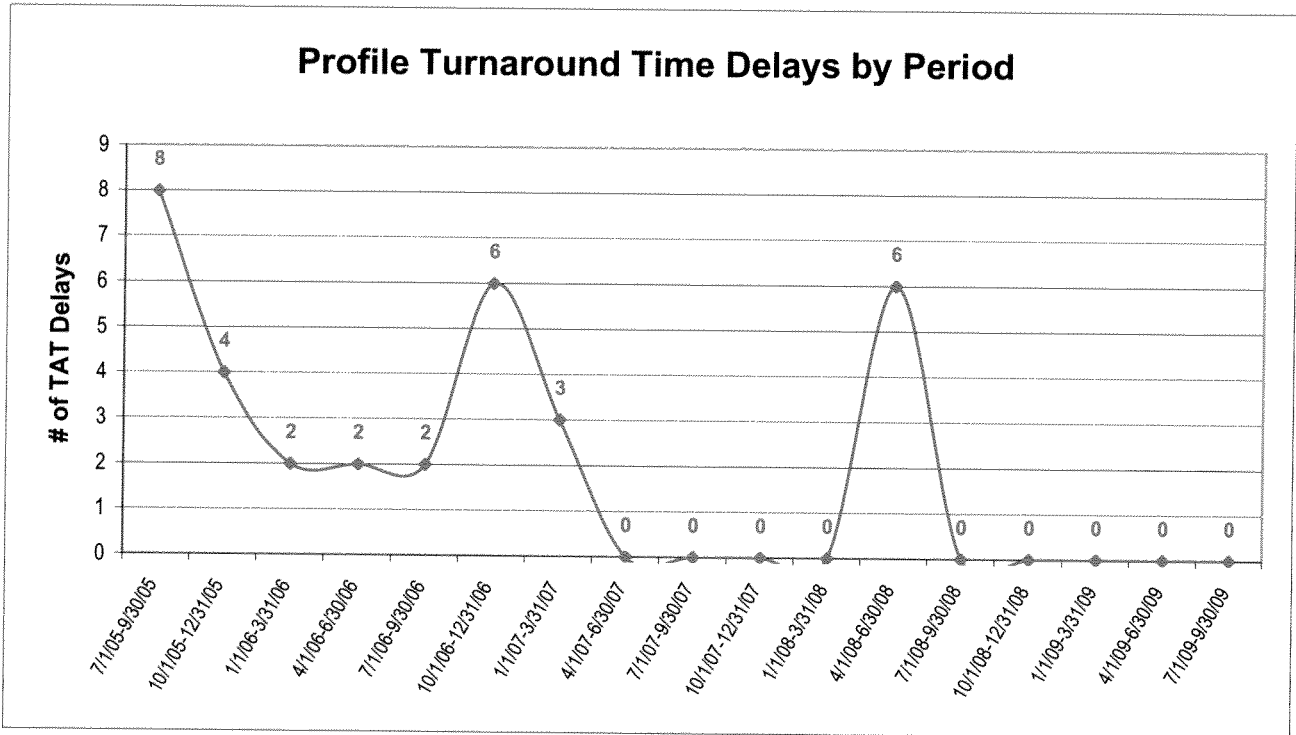
Errors were noted in
16.8% of files
audited this period

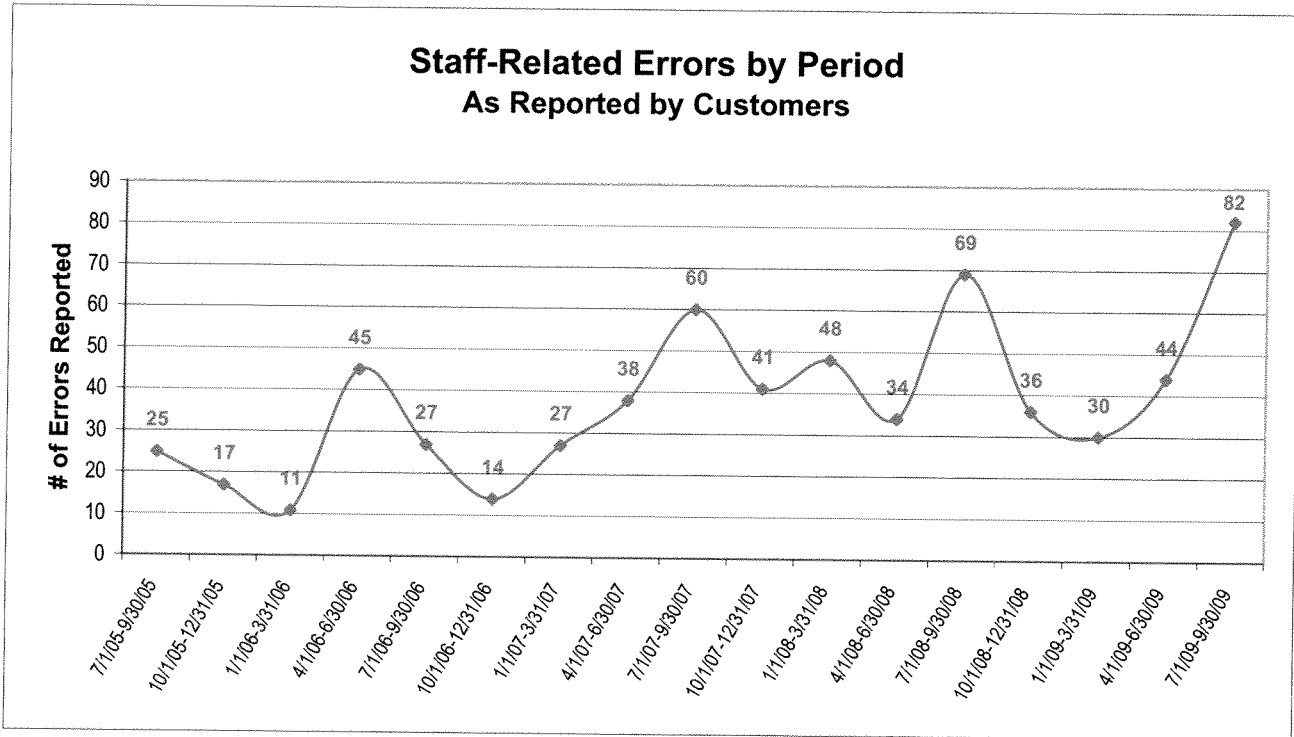
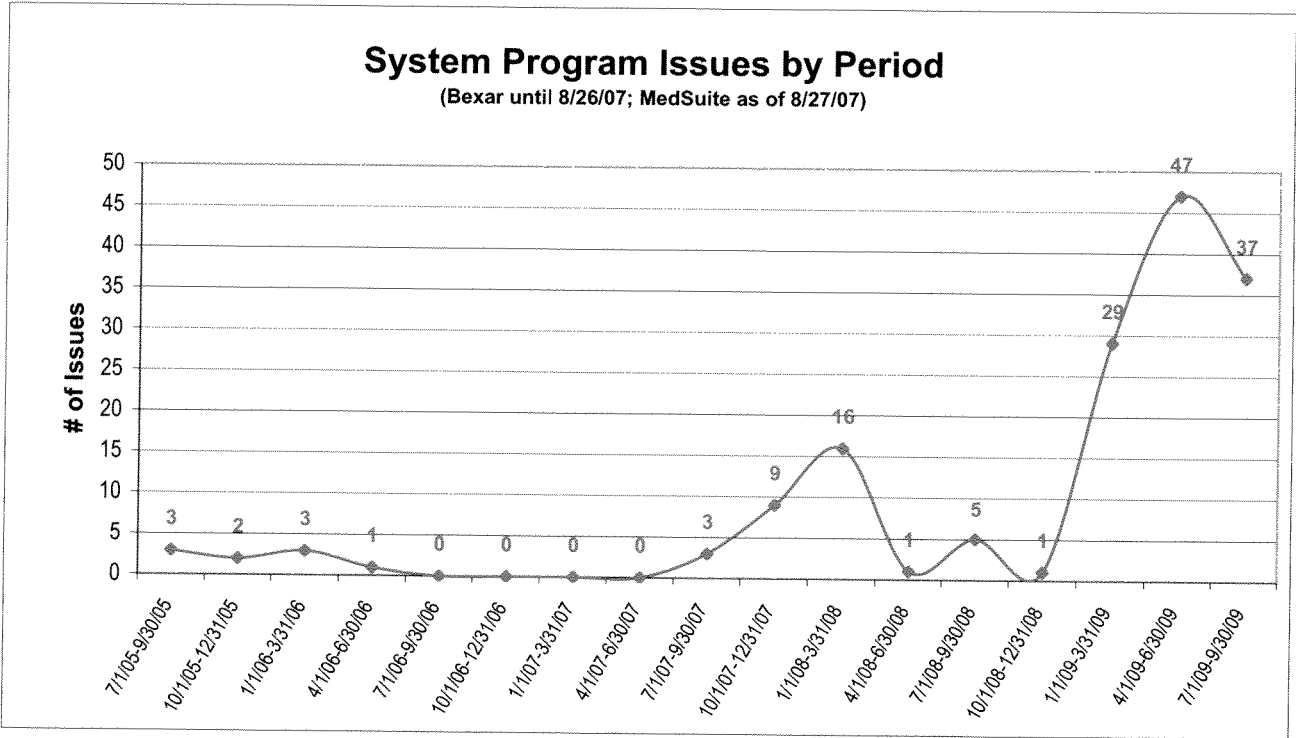


83.2% of files audited
this period had NO
errors noted.
Goal = 95%

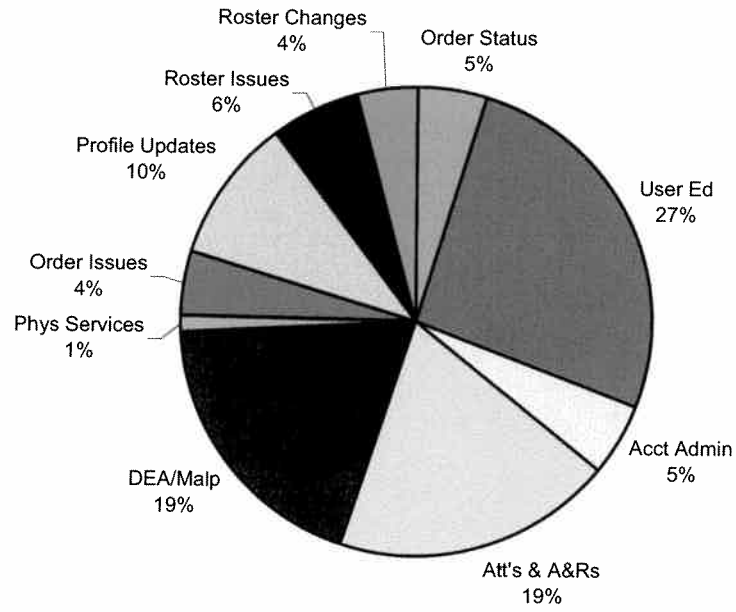
Total Audits = 983





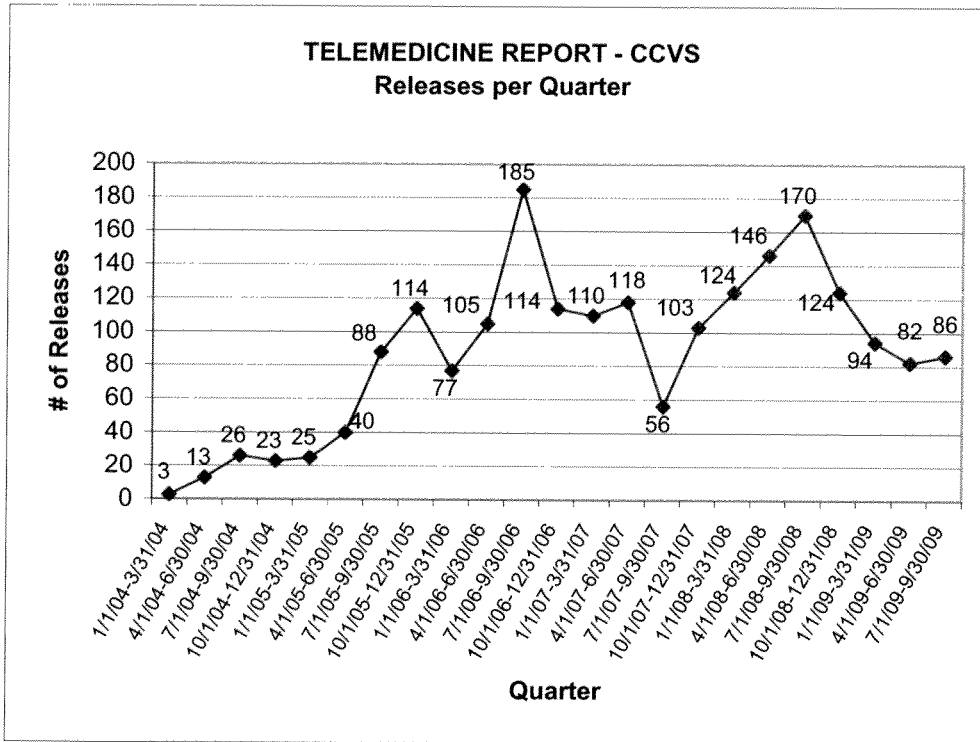


Breakdown of Miscellaneous Issues Not Previously Reported For the Period 7/1/2009 - 9/30/2009



Total issues: 893

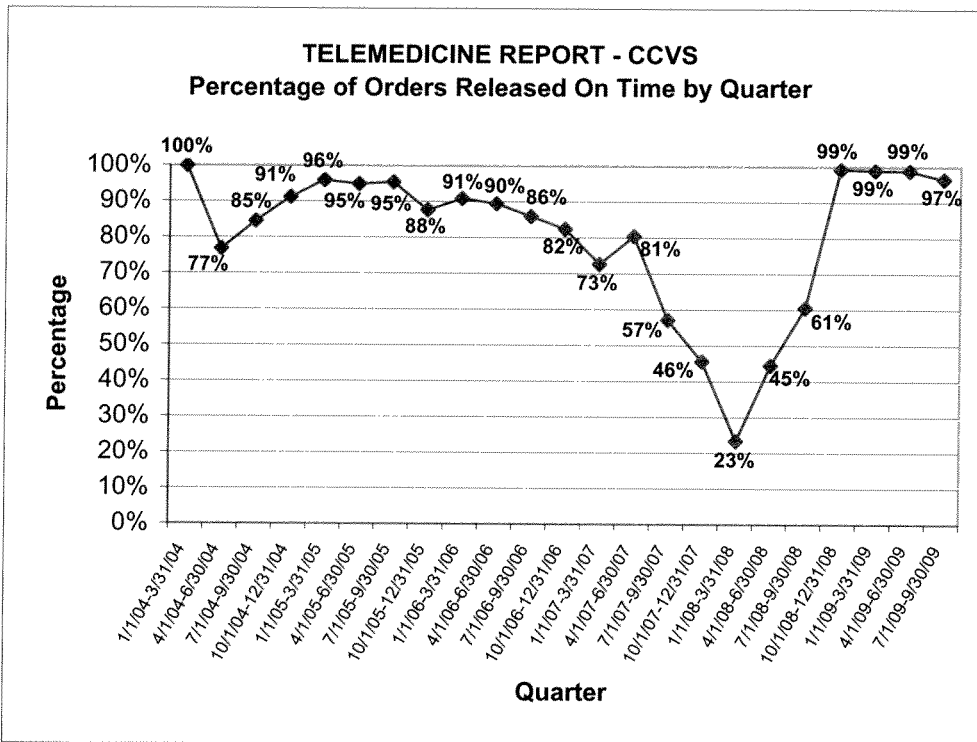
QI Report - Telemedicine
7/1/2009-9/30/2009



This graph shows the number of releases per quarter.

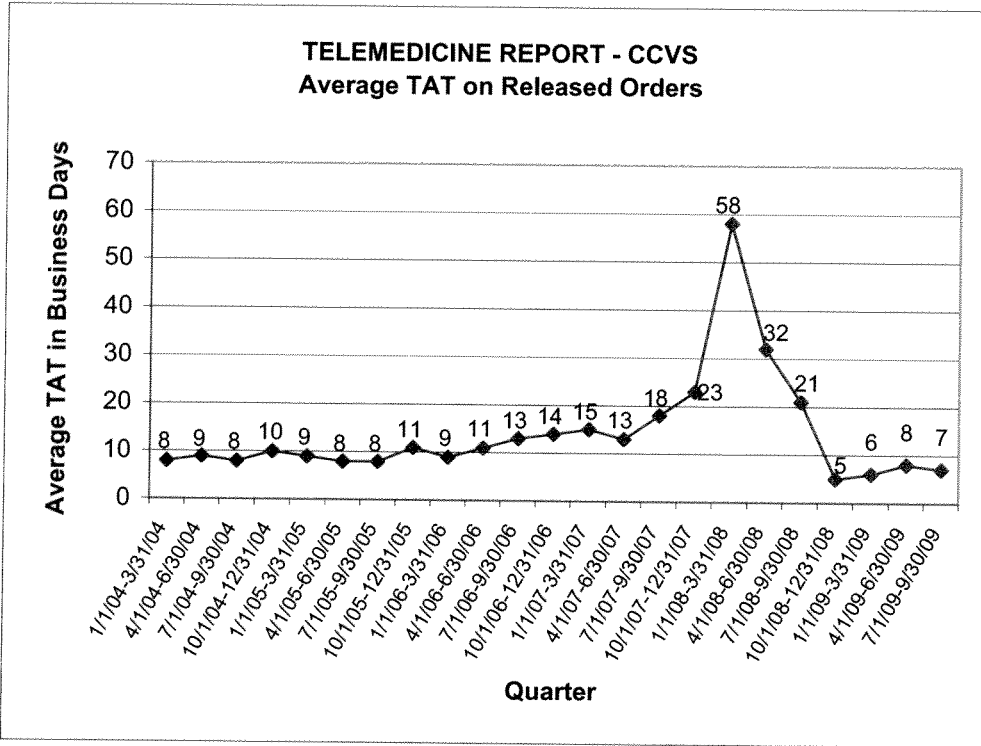
Annual (FISCAL) release totals are as follows:

- 2004 = 16 releases
- 2005 = 114 releases
- 2006 = 356 releases
- 2007 = 527 releases
- 2008 = 429 releases
- 2009 = 470 releases
- 2010 = 86 releases thus far

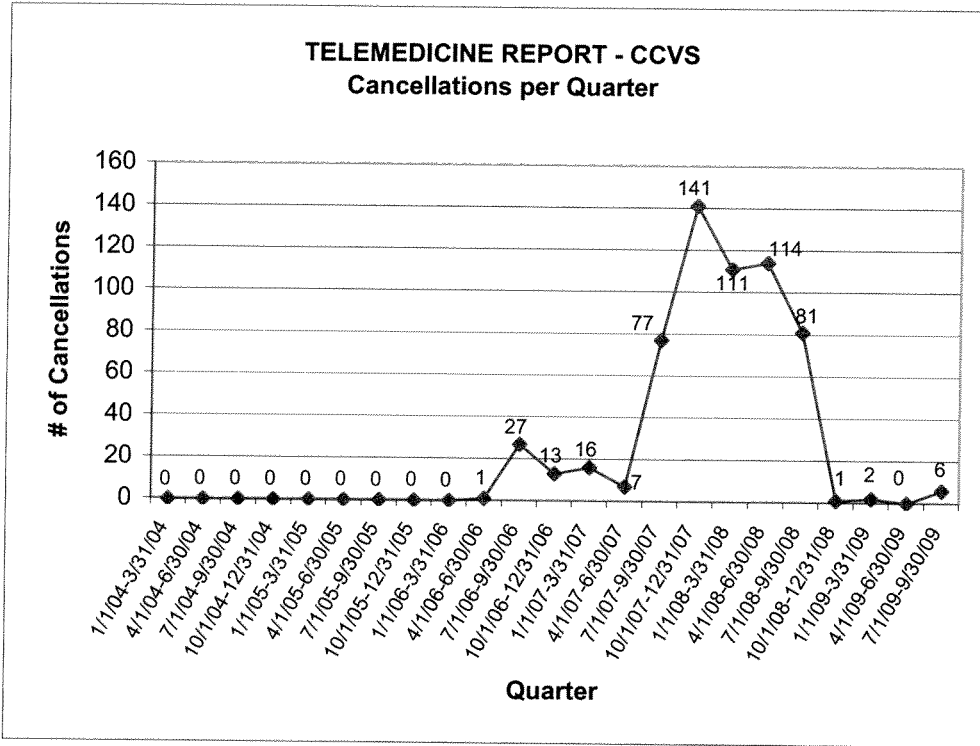


This graph shows the percentage of telemedicine orders that were released within TAT goals each quarter.

**QI Report - Telemedicine
7/1/2009-9/30/2009**



This graph shows the average Turnaround Time (TAT) for telemedicine orders. All TATs are shown in BUSINESS DAYS.



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.