



ARKANSAS STATE MEDICAL BOARD

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May 7, 2010

The Honorable Percy Malone
The Honorable Gregg Reep
Interim Committee on Public Health
Welfare, and Labor
Arkansas State Capitol
Room 315
Little Rock, AR 72201

RE: Centralized Credentials Verification Service (CCVS)
Arkansas State Medical Board – Quarterly Report

Gentlemen:

In accordance with Act 1360 of 2003, the Arkansas State Medical Board would like to submit the enclosed reports for your review:

- Quality Improvement Report presented to the Arkansas State Medical Board and the CCVS Advisory Committee for the 1st quarter dated 1/1/2010 to 3/31/2010. We are presently in our 2nd quarter reporting period 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.

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.

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



Arkansas State Medical Board
Centralized Credentials Verification Service

Quality Improvement Report

For the Period 1/1/2010 to 3/31/2010

Prepared by:

Angie Meehleder

Quality Assurance & Customer Service Manager



Arkansas State Medical Board Centralized Credentials Verification Service

Quality Improvement Report

For the Period 1/1/2010 to 3/31/2010

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:	7/1/09-9/30/09	10/1/09-12/31/09	1/1/10-3/31/10
Number of Business Days in Period:	62	61	60

ORDER & RELEASE STATISTICS:

	Previous Quarter		Last Quarter		This Quarter		Volume Change from Last Quarter (%)
	7/1/09-9/30/09		10/1/09-12/31/09		1/1/10-3/31/10		
New Initial Orders in System:	1,790		1,580		1,756		(increase) 11.1%
New Recredential Orders in System:	2,074		2,438		2,531		(increase) 3.8%
TOTAL New Orders in System:	3,864		4,018		4,287		(increase) 6.7%
Initial Releases Total / % of Total	1,846	47.7%	1,607	38.0%	1,566	39.2%	(decrease) -2.6%
In-Cycle Recred Releases Total / % of Total	894	23.1%	1,388	32.8%	1,227	30.7%	(decrease) -11.6%
Out-of-Cycle Recred Releases Total / % of Total	1069	27.7%	1,143	27.0%	1,070	26.8%	(decrease) -6.4%
Expedited Initials Total / % of Total	67	1.7%	87	2.1%	100	2.5%	(increase) 14.9%
Expedited Recredentials Total / % of Total	57	1.5%	9	20.0%	33	0.8%	(increase) 266.7%
TOTAL Releases Completed:	3,866		4,234		3,996		(decrease) -5.6%
Average Monthly Releases:	1,287		1,411		1,332		(decrease) -5.6%
Number of Physicians Released:	2,661		2,855		2,743		(decrease) -3.9%
Average TAT (Business Days)							TAT change from last quarter
Initials (Target = 15):	8.40		6.34		8.70		(increased) -2.36
In-Cycle Recredentials (Target = 30):	2.72		2.57		3.75		(increased) -1.18
Out-of-Cycle Recredentials (Target = 30):	20.98		15.63		15.63		(no change) 0.00
Expedited Initials (Target = 5):	3.00		2.76		3.00		(increased) -0.24
Expedited Recredentials (Target = 5):	2.00		1.57		2.20		(increased) -0.63
% of Files Meeting Target TAT Goals:							% change from last quarter
Initials:	99.8%		100.0%		99.9%		(decrease) -0.1%
In-Cycle Recredentials:	100.0%		100.0%		100.0%		(no change) 0.0%
Out-of-Cycle Recredentials:	98.9%		99.9%		100.0%		(increase) 0.1%
Expedited Initials:	96.0%		99.1%		100.0%		(increase) 0.9%
Expedited Recredentials:	100.0%		100.0%		100.0%		(no change) 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:**

Percentage of files meeting targeted goals improved on all order types, except Initials, with In-cycle and Expedited Recredentials remaining at 100% for several consecutive quarters.

Barriers:

A few large telemedicine physician files brought the Initial TAT goals down by .1% and also impacted the Average Turn-around-time (TAT) for all order types.

Recommendations & Follow-Up:

Management will continue to adjust staff assignments according to volume and order type to meet productivity goals, continue to build up order cushions by pre-working files. Will also continue to monitor for staff reassignments and maintain cushion to prevent order buildup.

INTERNAL QUALITY AUDIT STATISTICS:

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

	Previous Quarter 7/1/09-9/30/09	Last Quarter 10/1/09-12/31/09	This Quarter 10/1/09-12/31/09	Increase or Decrease from Last Quarter (%)
TOTAL Number of Releases:	3,866	3,866	3,896	(increase) 0.8%
% of released files reviewed:	25%	25%	25%	(no change) 0.0%
Number of errors in audited files:	165	149	99	(decrease) -33.6%
Accuracy rate on audited files:	82.9%	85.9%	89.8%	(increase) 4.6%

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

	January	February	March
Verification document not in file	4	5	6
Verification document not acceptable	0	4	3
Organization / Entity incorrect	1	1	2
Date discrepancy	3	0	0
Staff Privilege incorrect	0	0	2
Specialty / Clinical Scope incorrect	0	0	0
Good Standing entry incorrect	1	0	1
Data entry errors	5	3	2
Verification date or source incorrect	2	1	2
No clarification follow-up/update	3	1	3
Clarification remarks not entered	2	1	2
Clarification remarks deleted or purged from paper or elect. file	0	0	0
Verbal verification not signed/stamped or entered per process	2	1	1
Documented verbal verification could not be confirmed by source	0	0	0
Insufficient verification attempts	2	1	1
Additional Federal DEA's not verified or entered	0	0	0
Out-of-state licenses not verified or reverified	0	0	0
No entry or documented attempts for primary practice	9	5	3
Time Gap	0	4	1
Info in file not entered or updated per process	0	2	1
Release error	0	1	1
TOTALS	34	30	31

Barriers:

When productivity goals are high and there are new staff in training or new processes to follow, errors occur.

Recommendations & Follow-Up:

Training and stressing of quality audits on all staff submissions for releasing continue. Additional audits are taking place to capture errors and additional training endeavors are in place for all staff. One-on-one training continues for new staff. Continue to monitor for process and training improvement. Customers are provided with corrected profiles unless the errors were due to internal process errors that did not impact the customer.

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		
	Oct '09	Nov '09	Dec '09	Jan '10	Feb '10	Mar '10
# of Permanent Staff:	21	20	20	19	19	20
# of Temporary Staff:	1	0	0	0	0	0
Staff Loss (Perm/Temp):	1/1	0/0	1/0	0/0	0/0	0/0

Registered Users:

Total number of user organizations reported each period.

Period:	Previous Quarter 7/1/09-9/30/09	Last Quarter 10/1/09-12/31/09	This Quarter 1/1/10-3/31/10	% +/- from last quarter
Hospital:	235	238	238	(no change) 0.0%
MCO/Other:	40	40	41	(increase) 2.5%
Total Customers	275	278	279	(increase) 0.4%

MCO = Managed Care Organizations, Insurance Networks, PHOs

Other = Clinics, IPAs, Surgery & Outpatient Clinics

REGISTERED USER TRACKING: Barriers, Recommendations & Follow-Up

Barriers:

Limitations to tracking issues is the same. The CCVS has received a list of insurers registered in Arkansas but the list is not easily broken-down into the categories or types of insurers, which means that it includes life insurance and does not include type of insurance product or contact information.

Recommendations & Follow-Up:

Special on-site workshops were offered and held for credentialing staff, recruiting staff, physicians, administrators and anyone assisting physicians in the ASMB Licensure and/or CCVS process. While both workshops were immediately filled with credentialing/recruiting and clinic staff, there were no new organizations signed up. Management will continue to offer these workshops and look at the best way to create one specifically for physicians and once a list of insurers in the state are identified, they will be specifically targeted to offer this workshop training. 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
	7/1/09-9/30/09		10/1/09-12/31/09		1/1/10-3/31/10		
<u>Positive Comments:</u>							
Positive Comments (Total / % of Total):	7	4.4%	6	5.0%	10	7.4%	(increase) 66.7%
<u>Technology/System Issues:</u>							
Customer Tech (Total / % of Total):	18	11.4%	16	13.3%	32	23.7%	(increase) 100.0%
CCVS Internal Tech (Total / % of Total):	15	9.5%	36	30.0%	53	39.3%	(increase) 47.2%
<u>Other:</u>							
Profile TAT Delay (Total / % of Total):	0	0.0%	0	0.0%	0	0.0%	(no change) 0.0%
Inconsistent Data (Total / % of Total):	6	3.8%	16	13.3%	5	3.7%	(decrease) -68.8%
Credentialing Program (Total / % of Total):	37	23.4%	6	5.0%	4	3.0%	(decrease) -33.3%
Staff Related (Total / % of Total):	82	51.9%	46	38.3%	41	30.4%	(decrease) -10.9%
Known Cause (Total / % of Total):	0	0.0%	0	0.0%	0	0.0%	(no change) 0.0%
TOTAL CUSTOMER ISSUES:	158	2.7%	120	3.7%	135	3.4%	(increase) 12.5%

# of releases WITHOUT Customer Service issues:	3,861	# of releases WITH Customer Service issues:	135
% of releases WITHOUT Customer Service issues:	96.62%	% of releases WITH Customer Service issues:	3.38%

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:	3,964	# of releases WITH Cust Tech issues:	32
% of releases WITHOUT Cust Tech issues:	99.20%	% of releases WITH Cust Tech issues:	0.80%

Barriers:

Customers had difficulty accessing website, placing orders, printing reports or other miscellaneous issues.

Recommendations & Follow-Up:

New users provided with education and assistance. Continue to monitor for customer service and to provide additional assistance where indicated.

CCVS TECHNOLOGY ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT CCVS Tech issues:	3,943	# of releases WITH CCVS Tech issues:	53
% of releases WITHOUT CCVS Tech issues:	98.67%	% of releases WITH CCVS Tech issues:	1.33%

Barriers:

Ordering system down, profiles not releasing properly, customer could not order due to "greyed out" issues, couldn't order (other causes), could not access report and other Technology issues.

Recommendations & Follow-Up:

Customer promptly provided one-on-one assistance by CS or IT staff. Continue to monitor and correct technology issues/glitches as they are reported. The customer was able to proceed, receive the required information via the website or it was provided by the Customer Service staff if resolution was delayed. Continue to monitor for customer service and process improvement.

PROFILE TAT ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Profile TAT issues:	3,996	# of releases WITH Profile TAT issues:	0
% of releases WITHOUT Profile TAT issues:	100.00%	% of releases WITH Profile TAT issues:	0.00%

Barriers:

There were no Profile TAT issues reported by customers this quarter.

Recommendations & Follow-Up:

Continue to monitor fallouts to prevent customer service issues, for continued improvement.

INCONSISTENT DATA ISSUES: Barriers, Recommendations & Follow-up

# of releases WITHOUT Inconsistent Data issues:	3,991	# of releases WITH Inconsistent Data issues:	5
% of releases WITHOUT Inconsistent Data issues:	99.87%	% of releases WITH Inconsistent Data issues:	0.13%

Barriers:

Inconsistent data issues reported by customers this quarter were due to physicians reporting information to organizations that were not reported to the Board and CCVS at initial licensure or at renewal.

Recommendations & Follow-Up:

Once notified, the CCVS will obtain the verifications and provide the customer with an updated profile if necessary or with the results obtained from the verification source. Will continue to monitor for quality purposes and to obtain and provide updated profiles to customers as needed, and as determined by inconsistent data reports.

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

# of releases WITHOUT MedSuite issues:	3,992	# of releases WITH MedSuite issues:	4
% of releases WITHOUT MedSuite issues:	99.90%	% of releases WITH MedSuite issues:	0.10%

Barriers:

"Clean-up" of old entity names or name changes is ongoing and in most cases the change was made during the file release process causing some queries into those entries.

Recommendations & Follow-Up:

These issues will continue to improve as clean-up is completed and staff identify the wrong entities in their selection process and correct prior to submitting for release audit. Some of these issues were reported by retired or out-of-state physicians whose CCVS profiles, while provided to them in their renewal packets, have never been provided to organizations credentialing them for Arkansas. They have always worked out of state and their profiles are audited and corrected at notification and not during release audit. The customer or physician (if during renewal process) was always provided with a corrected profile immediately upon notification. Continue to monitor for process improvement and customer service improvement.

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

# of releases WITHOUT Staff-Related issues:	3,955	# of releases WITH Staff-Related issues:	41
% of releases WITHOUT Staff-Related issues:	98.97%	% of releases WITH Staff-Related issues:	1.03%

Barriers:

New staff continuing in training, volume increase for auditing and productivity, staff not focusing or performing their quality audits in order to quickly get to the next release.

Recommendations & Follow-Up:

All training of the staff, and the trainer, are geared toward following the general processes but also with the knowledge and identification that some entries are specific to individual physicians or as a waiver decision at licensure. The need for processes to undergo review for process improvement and to assure the customer is always provided the most current and accurate product means the staff may have to learn new internal processes, or the internal processes will need to change to accommodate those goals. 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:	3,996	# of releases WITH Known Cause issues:	0
% of releases WITHOUT Known Cause issues:	100.00%	% of releases WITH Known Cause issues:	0.00%

Barriers:

There were no Known Cause issues this quarter so no barriers are reported.

Recommendations & Follow-Up:

Continue to monitor processes for improvement opportunities.

CUSTOMER SERVICE SURVEY: IT continues to work on making online surveys possible.

QI Report - Section 3
January 1, 2010 - March 31, 2010

Section 3 - Customer Satisfaction/Feedback

	CATEGORIES
10	Positive Comments
	Technology/System Issues
32	Customer
53	CCVS-Internal
	Other
0	Profile TAT Delay
5	Inconsistent Data
4	MedSuite Program
41	Staff Related
0	Known Cause
135	Total Customer Issues (not including positive comments)

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

534	Miscellaneous Customer Service issues: <i>Resolved or completed.</i>
10	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>
38	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>
292	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>
22	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
168	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>
4	Returned Attestations to customers due to wrong license number, wrong date, undated or questions not completed.
60	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.
207	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>
4	Physician requests for personal profiles. <i>Profiles were faxed, e-mailed, or mailed to physician at their request.</i>
14	Other physician questions or education provided by Customer Service.
5	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).
16	Updated profile provided to customer within 30 days of original release
21	Facility emailed interim update to current physician roster.

Quality Improvement Category	Code/Issue	Month				Grand Total
		1	2	3	4	
POSITIVE:						
A. Positive	1.00 Positive comments from customers	2	4	4	4	10
POSITIVE: Total		2	4	4	4	10
MAIN CATEGORIES:						
B. Technology-Cust	2.01 Difficulty accessing website	15	8	1		24
	2.02 Difficulty placing order	1				1
	2.03 Difficulty printing report	1	3			4
	2.99 Other Technology-Cust issue	1	2			3
B. Technology-Cust Total		18	13	1		32
C. Technology-CCVS	3.01 System down	1				1
	3.02 Profile did not release properly		2			2
	3.03 Customer cannot order (fields grey)	1		5		6
	3.04 Customer cannot order (other cause)			1		1
	3.05 Customer cannot access report	14	22	1		37
	3.99 Broken link in notification e-mails		1			1
	3.99 Cannot access "Y" archives		1			1
	3.99 Cannot print list of scanned docs		1			1
	3.99 Cannot sign up for bank draft option		1			1
	3.99 Viewing new Web site		1			1
	3.99 Difficulty searching in DEA/Maip area		1			1
C. Technology-CCVS Total		16	30	7		53
E. Inconsistent Data	5.00 Org info different than CCVS	1	2	2		5
E. Inconsistent Data Total		1	2	2		5
F. MedSuite Issues	6.00 ***Do Not Use*** Entity Issue	2				2
	6.00 MedSuite Issues	1	1			2
F. MedSuite Issues Total		3	1			4
G. Staff Related	7.01 Profile released with expired item(s)	3				3
	7.02 Verification more than 120 days old			1		1
	7.03 Profile missing information		5	5		12
	7.04 Time gap in history not accounted for	2		1		3
	7.05 Incorrect date(s)		1	2		3
	7.06 Data entry error(s)			2		2
	7.07 Scanned document error(s)			4		4
	7.08 Document entered but not scanned	1				1
	7.99 Entered A&R on PA (not MD or DO)	1				1
	7.99 Entity location wrong			3		3
	7.99 Entity name wrong					5
	7.99 Released in error		1	1		2
	7.99 Work History corrections		3			3
G. Staff Related Total		12	10	19		41
MAIN CATEGORIES: Total		50	56	29		135

MISCELLANEOUS:					
I. Misc./Other					
21.01	Info requests sent to physicians	149	132	122	403
21.02	Document rec'd, OK to reorder	3	1	5	9
21.03	Customer requested confidential info			1	1
21.04	Telemed file at/near completion, OK to reorder			1	1
21.05	Verification request sent to customer	12	15	15	42
21.06	Customer referred to another department or agency	8	10	6	24
21.99	Cannot cancel-no order placed	1			1
21.99	CCVS e-mail to primary source	7	9	4	20
21.99	Cust requested time gap expls		1	1	1
21.99	Cust says telemed no longer active		1	1	1
21.99	Cust verifying if fax received		1		1
21.99	Looking for contact info	3	1		4
21.99	Notify cust that phys retired so cannot reorder			1	1
21.99	Verification request sent to non-customer			1	1
21.99	Workshop Invitations	24			24
I. Misc./Other Total		207	170	157	534
J. Incomplete Requests					
9.01	Incomplete requested, provided		4		4
9.02	Incomplete requested, not provided		4	2	6
J. Incomplete Requests Total			8	2	10
K. Roster Issues					
10.01	Roster received incomplete	3	3	4	10
10.02	Reminder sent re expiring roster	19	14	11	44
K. Roster Issues Total		22	17	15	54
L. Order Status Check					
11.00	Request for order status	4	14	20	38
L. Order Status Check Total		4	14	20	38
M. User Education					
12.01	Sign-up process; New user packet	1		1	2
12.02	Mandate education	1	2	1	4
12.03	Policies & procedures education	2	7	5	14
12.04	Form requests	1		3	4
12.05	A&R/Attestation education	5	15	5	25
12.06	A&R status check	9	60	18	87
12.07	Ordering process education		3	5	8
12.08	Fees / Turnaround Times (TATs)	1		13	14
12.09	Telemedicine policy education	39	14	15	68
12.10	Cancellation process education	1	3		4
12.12	Notified cust that CCVS info correct	1	2	2	5
12.13	Notified cust they can clarify w/physician or source		3	3	6
12.14	Customer referred to another department or agency		1		1
12.99 2	physicians w/similar names		1		1
12.99	Admitting privileges			1	1
12.99	Archived orders		1		1
12.99	Attempted to resolve, cust did not respond		1		1

12.99 Board certification				1	1	1
12.99 Cancel cancellation request				1		1
12.99 Cancellation clarification				1		1
12.99 Cannot order b/c order already placed				2	2	4
12.99 Changing phys addresses in bulk			1			1
12.99 CME information						1
12.99 Criminal Convictions			1			1
12.99 Cust searching incorrect name			1	2		3
12.99 E-mailing attachments			3	3		8
12.99 How to update doctor profile			1			1
12.99 Incomplete profiles			1			3
12.99 License expiration dates			1			1
12.99 MOC			1	1		4
12.99 Name clarification						1
12.99 Notified cust info avail on Attestation			1			1
12.99 Notified cust no phys by that name in system						1
12.99 Osteo Board Certification			1			1
12.99 Other User Education						1
12.99 out-of-state license verification			1			1
12.99 PA license verification			1			1
12.99 Profile updates				1		1
12.99 Provider start dates			1			1
12.99 Roster education				1		1
12.99 Send to monitor						1
12.99 Separation of websites			1	1	1	2
12.99 Temp Licenses				2		2
12.99 Why was order canceled				1		1
M. User Education Total			79	127	86	292
N. Account Administration						
13.01 Account/User changes			1	3	2	6
13.02 Login/Password problems			1	1		2
13.03 Billing questions				4	2	6
13.04 Credit card declined or acct lockout			4		1	5
13.05 Needs to change credit card						1
13.99 Other Account Administration Issue				2		2
N. Account Administration Total			6	10	6	22
O. A&R Refused						
15.01 Wording does not match our standard form			15	12	2	29
15.02 Organization Name issue			10	9	14	33
15.03 Practitioner is not an M.D. or D.O.			7	6	7	20
15.04 Cannot identify physician				1	3	4
15.05 License # /SSN issue					1	1
15.06 License pending or inactive			1	2	4	7
15.07 Signature issue			1		3	4
15.08 Date issue			14	20	16	50

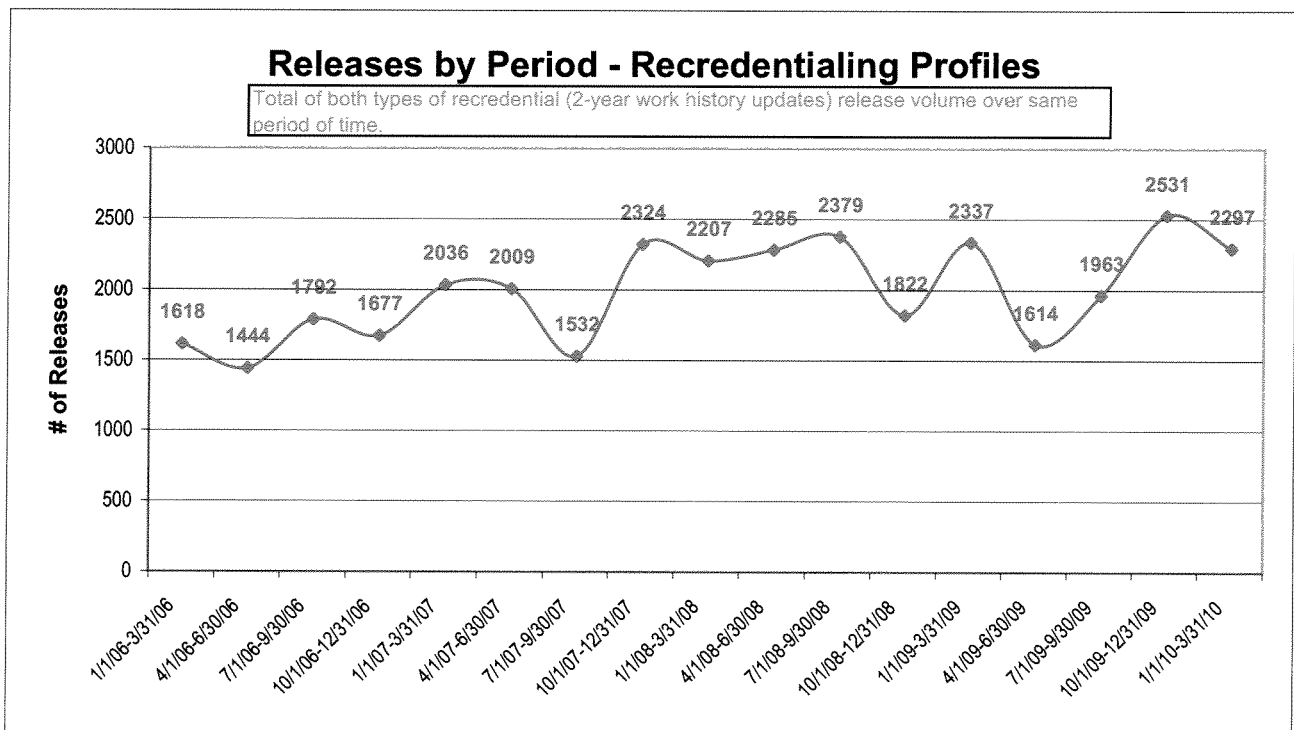
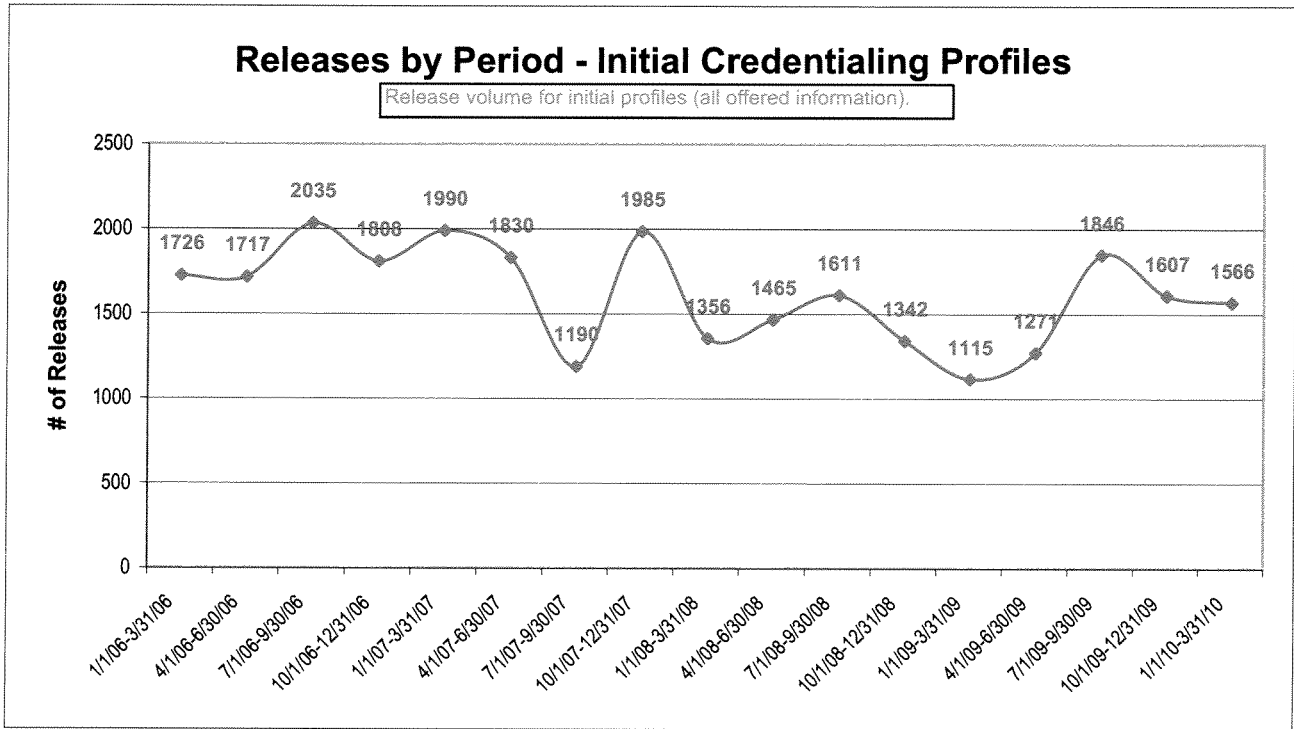
15.99 Other A&R Issues		12	8	20
O. A&R Refused Total		60	58	50
P. Attestation		4		4
P. Attestation Total		4		4
Q. Cancellations-Cust		6	6	6
17.01 Ordered in error or Duplicate order		1	1	1
17.02 Ordered wrong type of profile		7	7	7
17.03 Need to order as expedited		2		2
17.04 No longer needs this profile		8	14	8
Q. Cancellations-Cust Total		8	14	8
R. Cancellations-CCVS		1	4	8
17.51 Customer could not provide valid A&R				
17.52 Unable to obtain attestation				
17.57 Unable to complete by due date				
17.58 Telemedicine unable to complete			3	5
17.99 License expired		1	1	2
17.99 Not an MD or DO		1		1
17.99 Unable to verify signature		3		3
R. Cancellations-CCVS Total		6	8	16
S. DEA/Insurance		5	8	17
18.01 Customer request to update DEA		43	72	59
18.02 Customer request to update insurance		1		2
18.99 Other DEA/insurance issue		49	80	78
S. DEA/Insurance Total		49	80	78
T. Personal Profile Sent to F20.01 Physician requested personal profile		1	3	4
T. Personal Profile Sent to Phys Total		1	3	4
U. Other Physician Issue		3		3
20.99 Contacted physician re inconsistent signature				
20.99 Contacted physician re primary practice location			1	1
20.99 Contacted physician re telemed status				
20.99 Phys education re board certification reporting			1	1
20.99 Phys education re frequency of attestations			2	2
20.99 Phys education re turnaround times			1	1
20.99 Physician claims not affiliated with ordering organization		1		1
20.99 Sent Change of Address form to physician		1		1
20.99 Sent copies of military discharge papers to physician		1	1	1
20.99 Sent latest Attestation version to physician		1	1	2
U. Other Physician Issue Total		6	4	4
V. Phys referred to Other Dept		4	4	1
20.02 Physician referred to another department or agency		4	4	1
V. Phys referred to Other Dept Total		4	4	1
W. Order Issues		2	3	4
16.01 Cust notified attestation expired/expiring		2	3	4
16.02 Cust notified A&R expired/expiring		2	3	3
16.99 Cust notified CV needed for order				1
16.99 Cust notified license expired		1	1	2
16.99 Cust notified phys questioning order		1		1
16.99 Cust notified signature inconsistent		2		2
16.99 Cust queried to see if order still needed		3	4	2

W. Order Issues Total		11	11	10	32
W. Profile Update	19.01 Cust requested updated profile	2	2	2	6
	19.02 Cust requested update, not provided		2	1	3
	19.03 Update provided to customer proactively		4	3	7
W. Profile Update Total		2	8	6	16
X. Roster Updates	10.03 Facility sent change/addition to roster	2	3	16	21
X. Roster Updates Total		2	3	16	21
MISCELLANEOUS: Total		488	562	500	1550
Grand Total		540	622	533	1695

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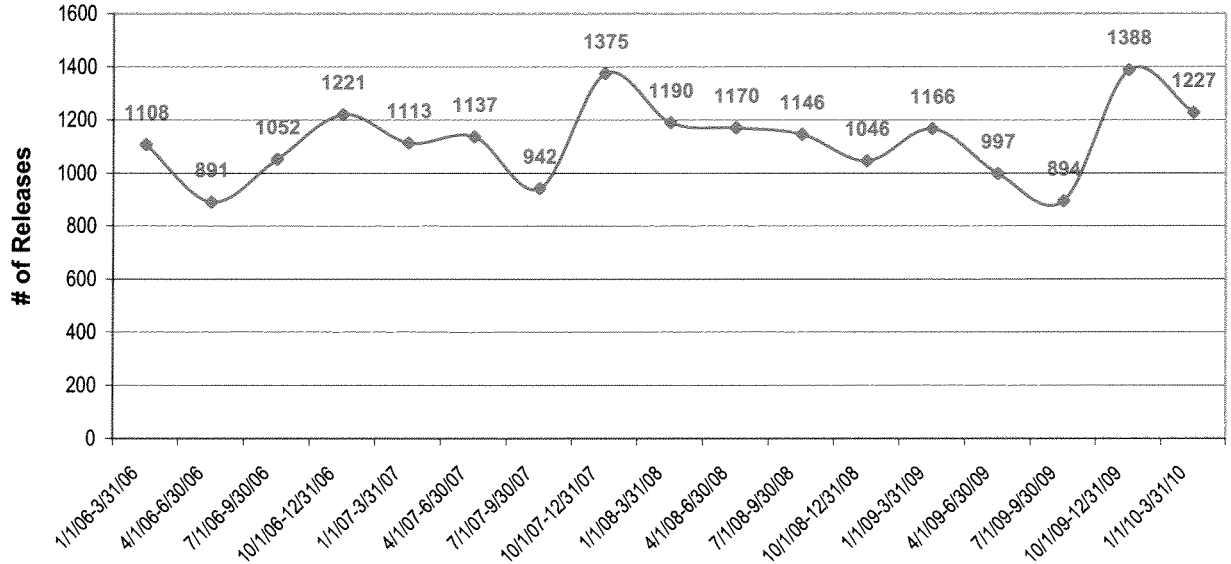
Quality Improvement Report for the Period 1/1/2010-3/31/2010

Charts & Graphs

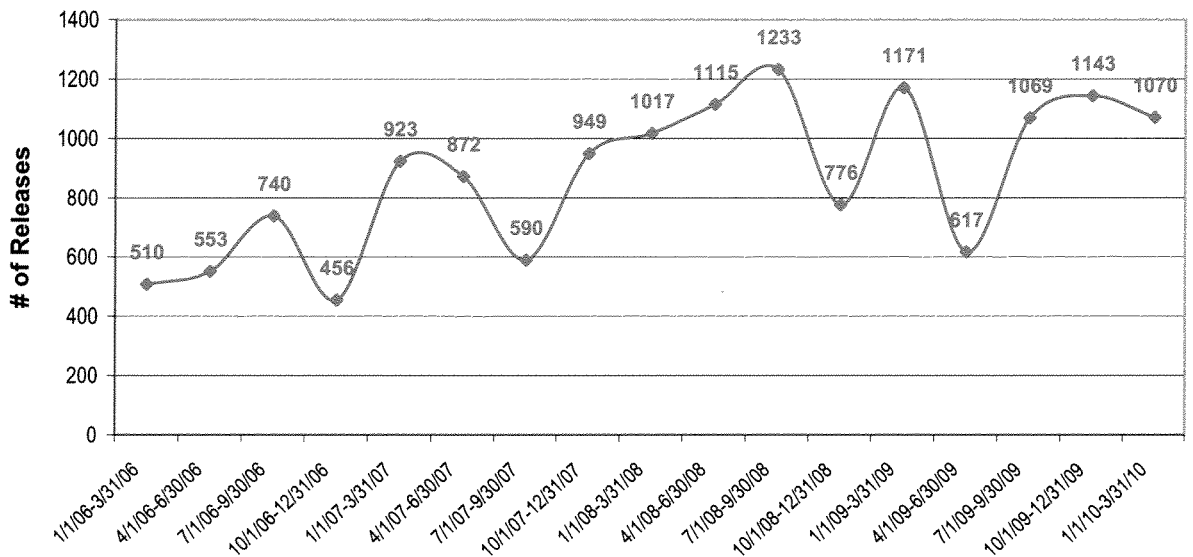


Releases by Period: In-Cycle Recredentialing Profiles

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



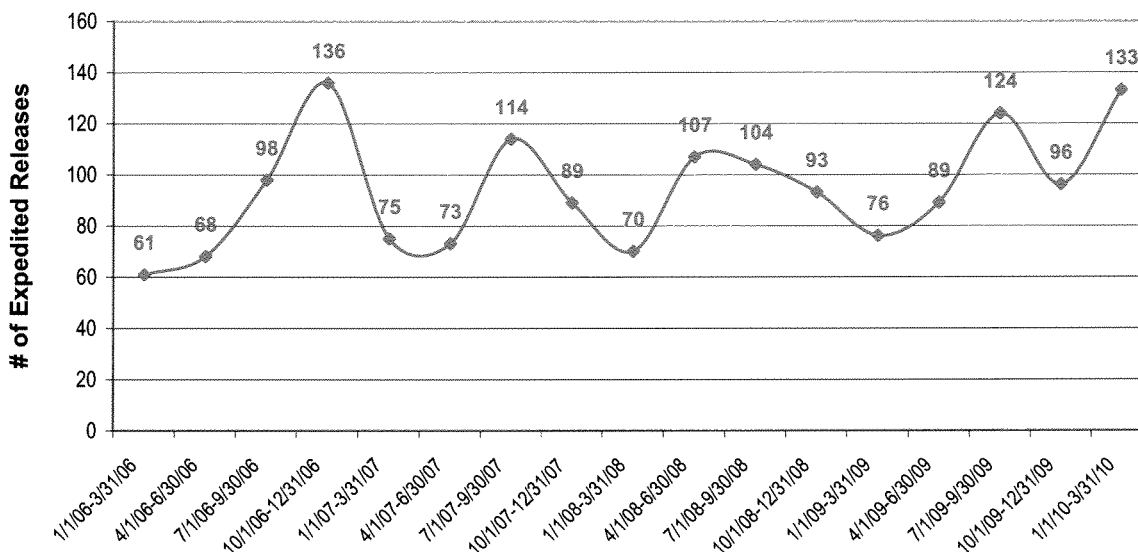
Releases by Period: Out-of-Cycle Recredentialing Profiles



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

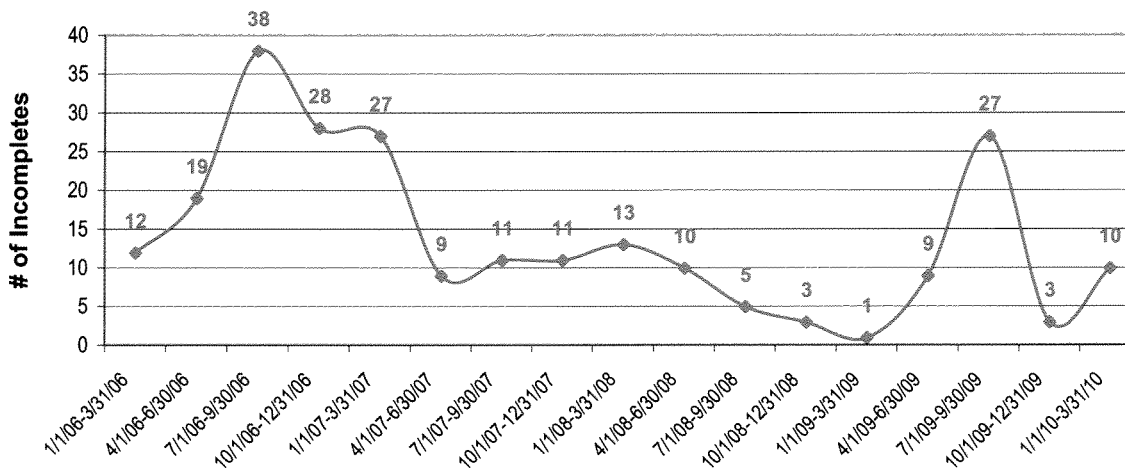
Releases by Period: Expedited Orders Initial and Recredentialing

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



Incomplete Profile Requests

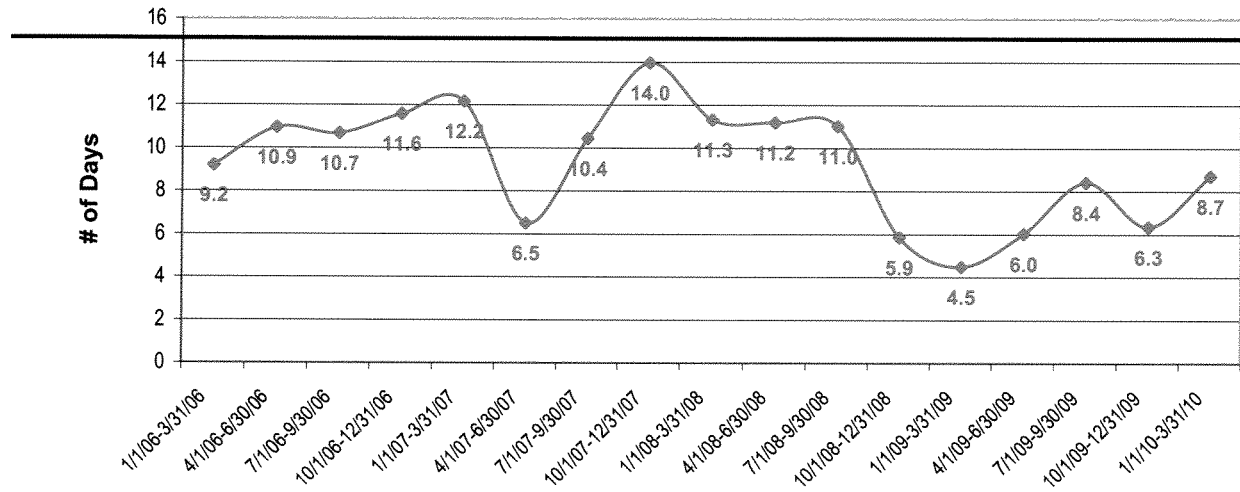
Customer requests for incomplete files due to their not ordering in time or needing sooner than anticipated.



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

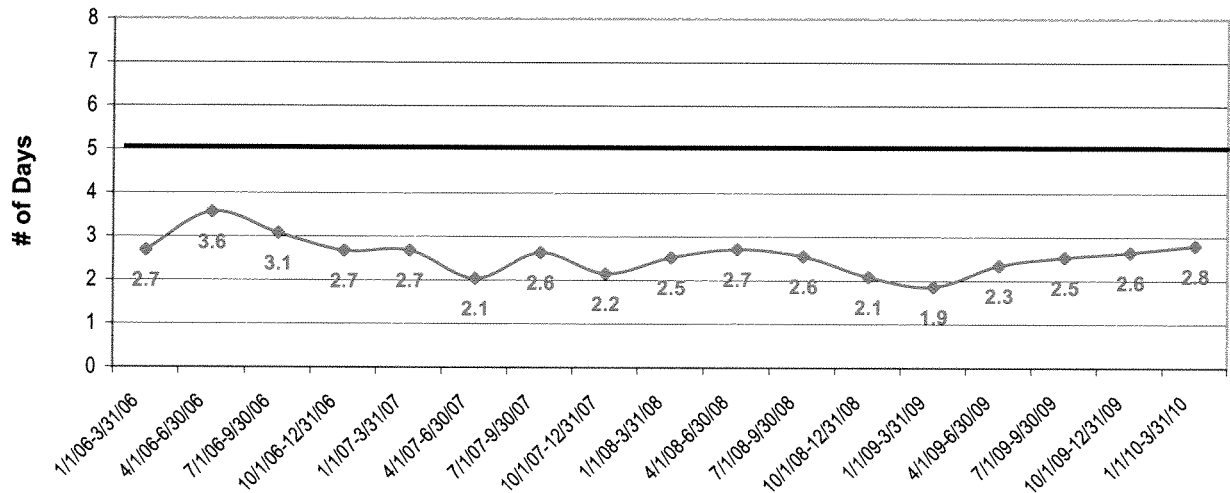
Turnaround Times: Initial Credentialing (Target: 15 Business Days)

Meets and exceeds goals.



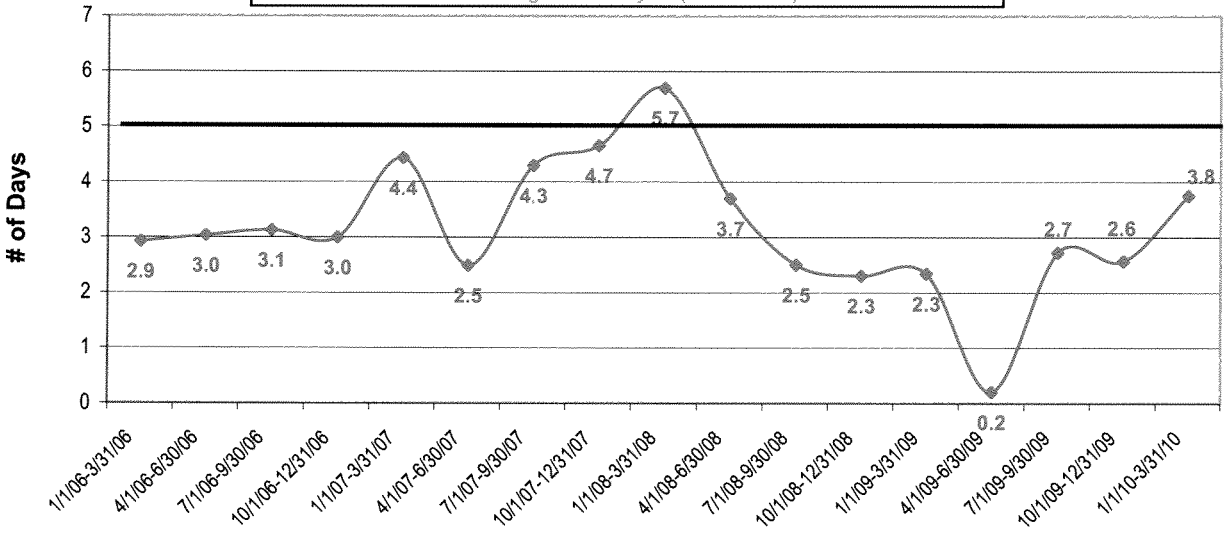
Turnaround Times: Expedited Orders Initial and Recredentialing (Target: 5 Business Days)

Meets and exceeds goals.



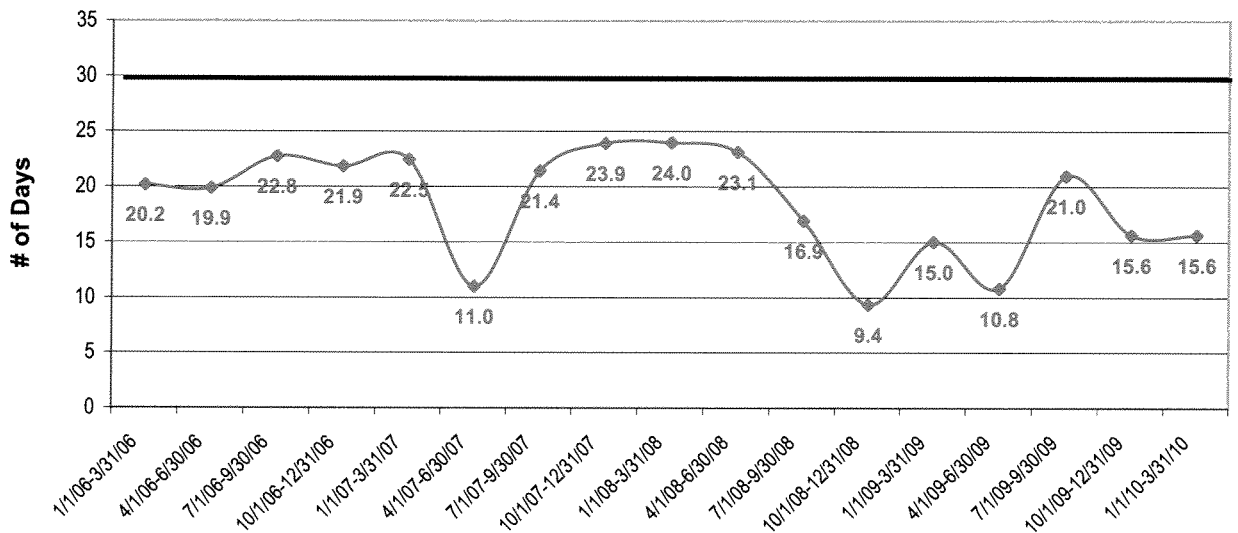
Turnaround Times: In-Cycle Recredentialing (Target: 5 Business Days)

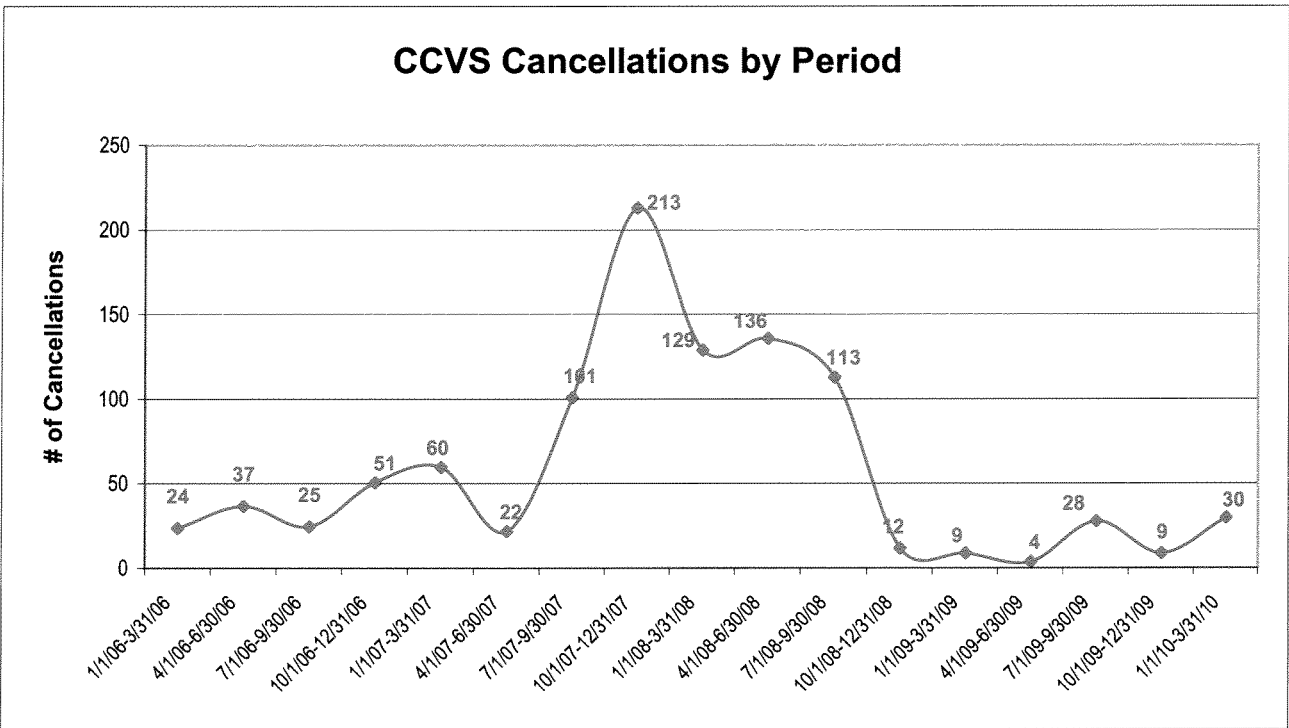
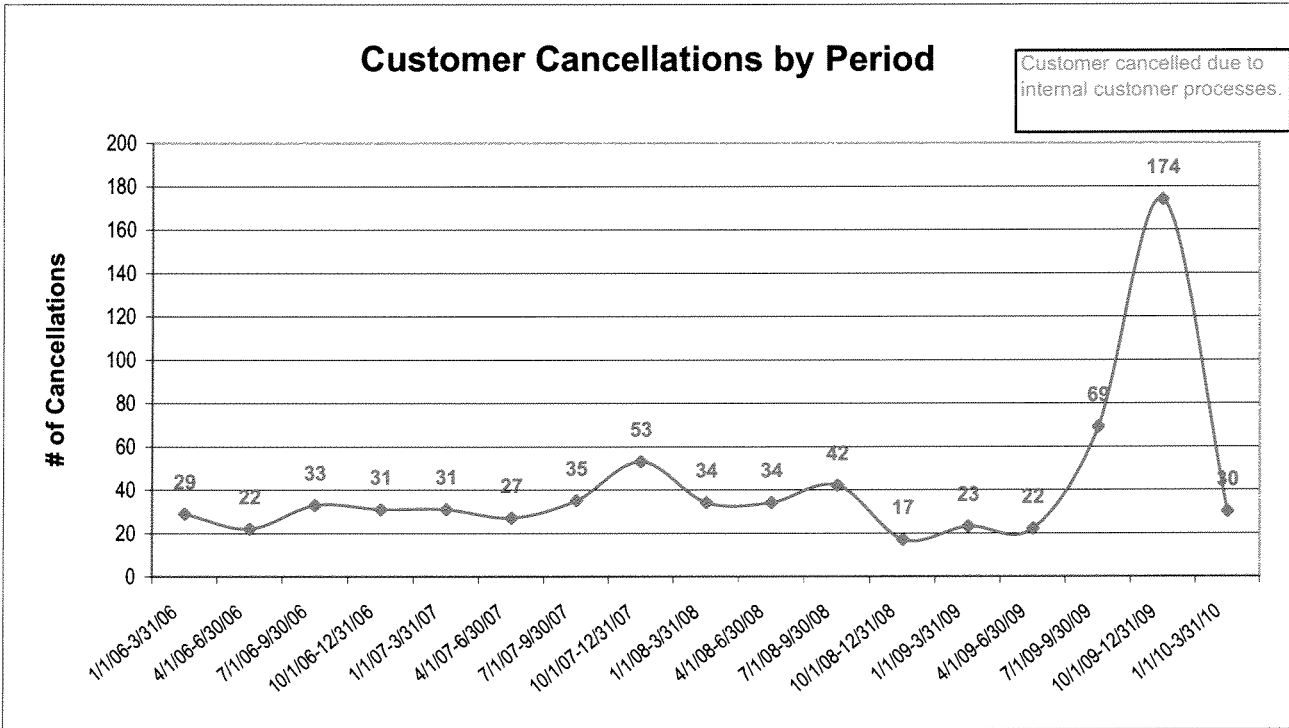
Guaranteed and posted TAT goal for Recreditals is 30 Business days. This reflects internal CCVS goal for In-cycle (Birth Month) Recreditals.



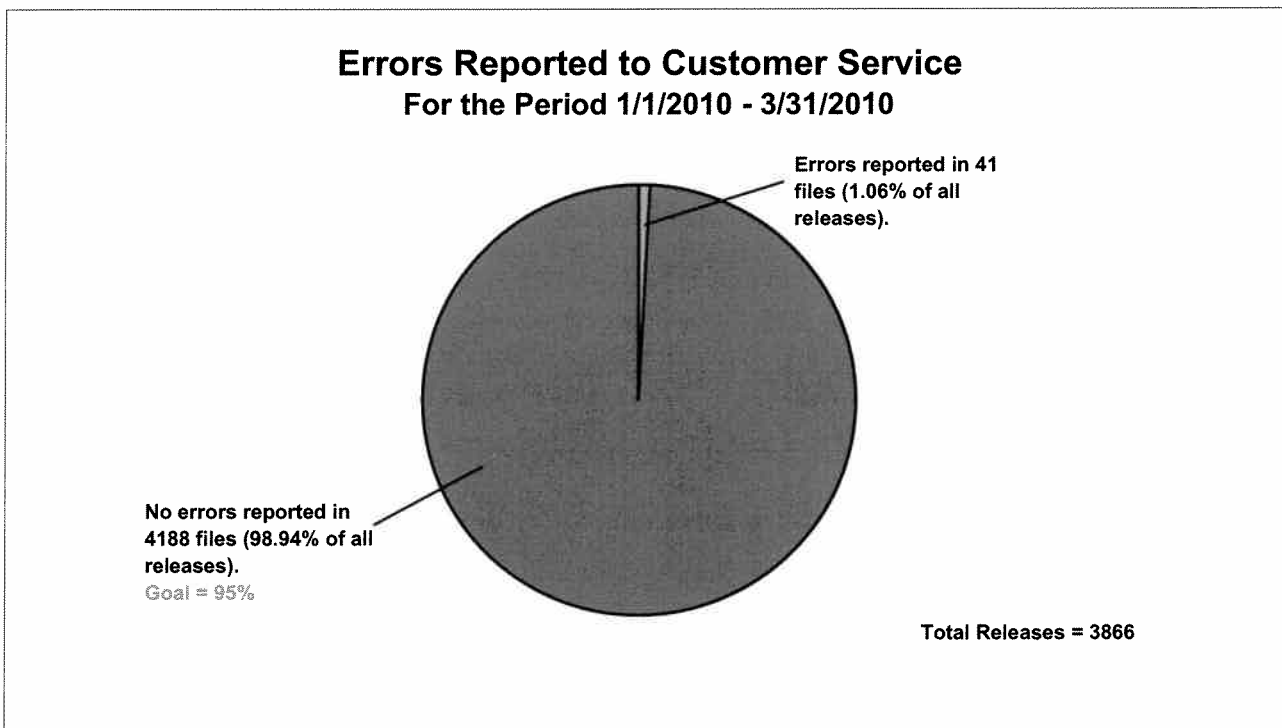
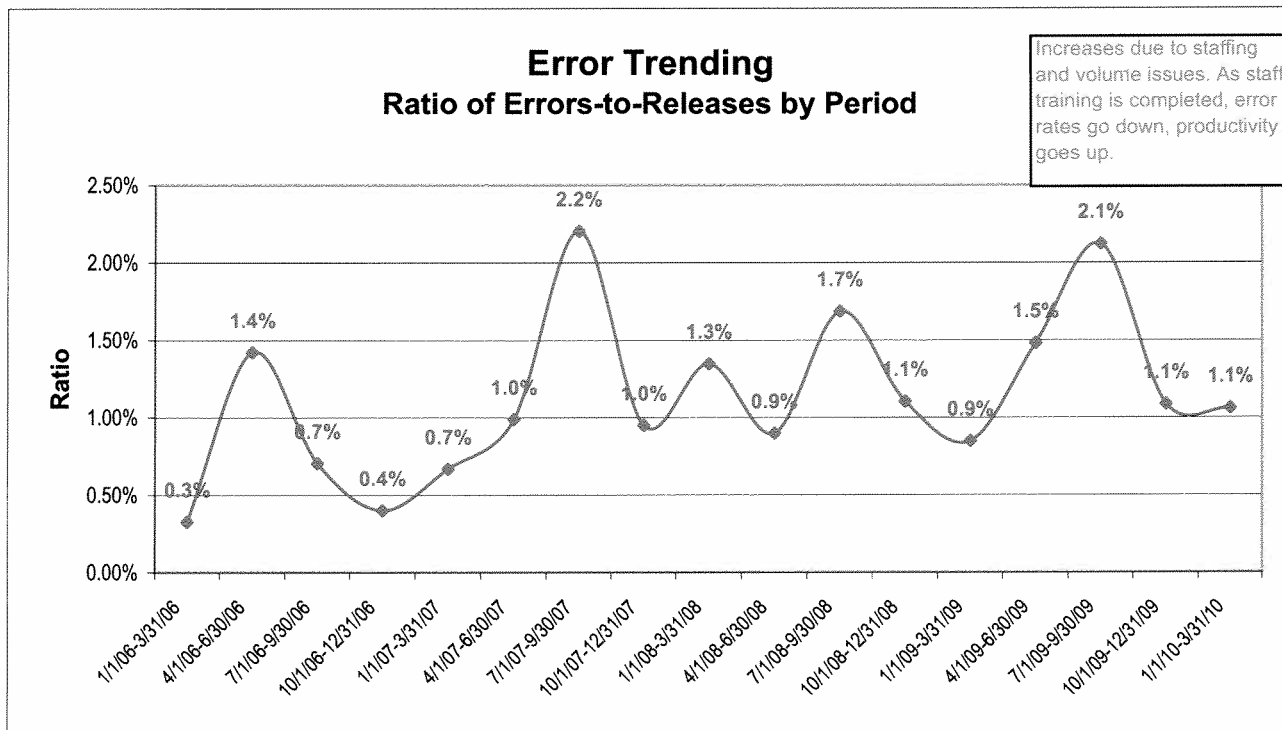
Turnaround Times: Out-of-Cycle Recredentialing (Target: 30 Business Days)

Within guaranteed and posted goals.



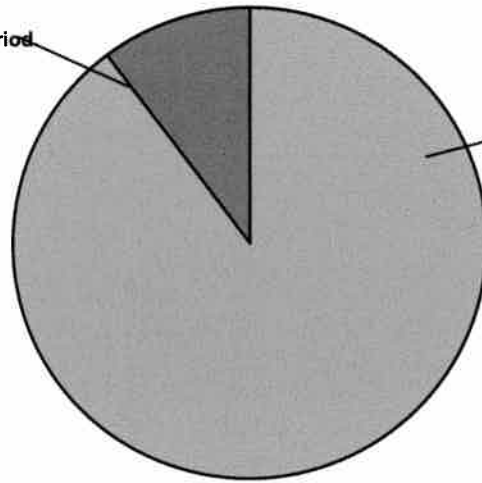


2007 cancellations due to failure to obtain attestations from physicians. Decrease in 1st QTR but increasing again in 2nd QTR due to telemed cancellations.



Errors Found in Internal Audit For the Period 1/1/2010 - 3/31/2010

Errors were noted in
10.2% of files
audited this period



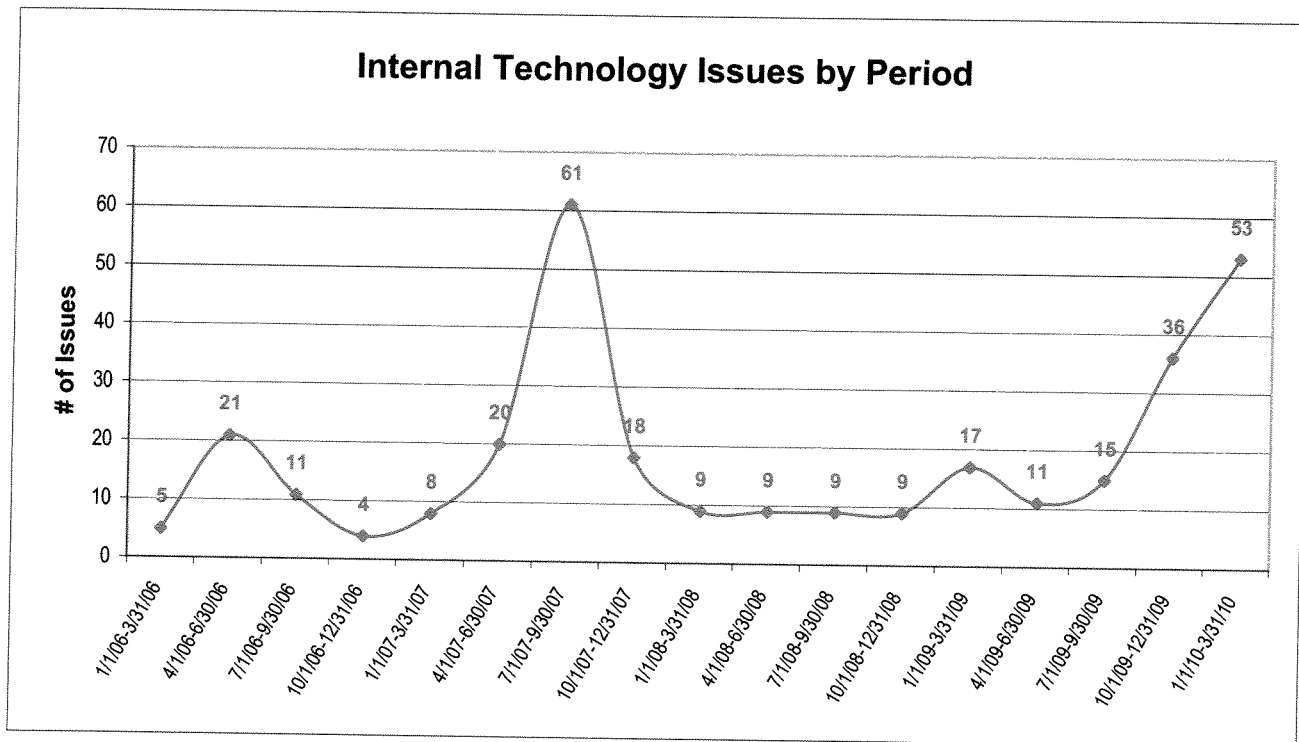
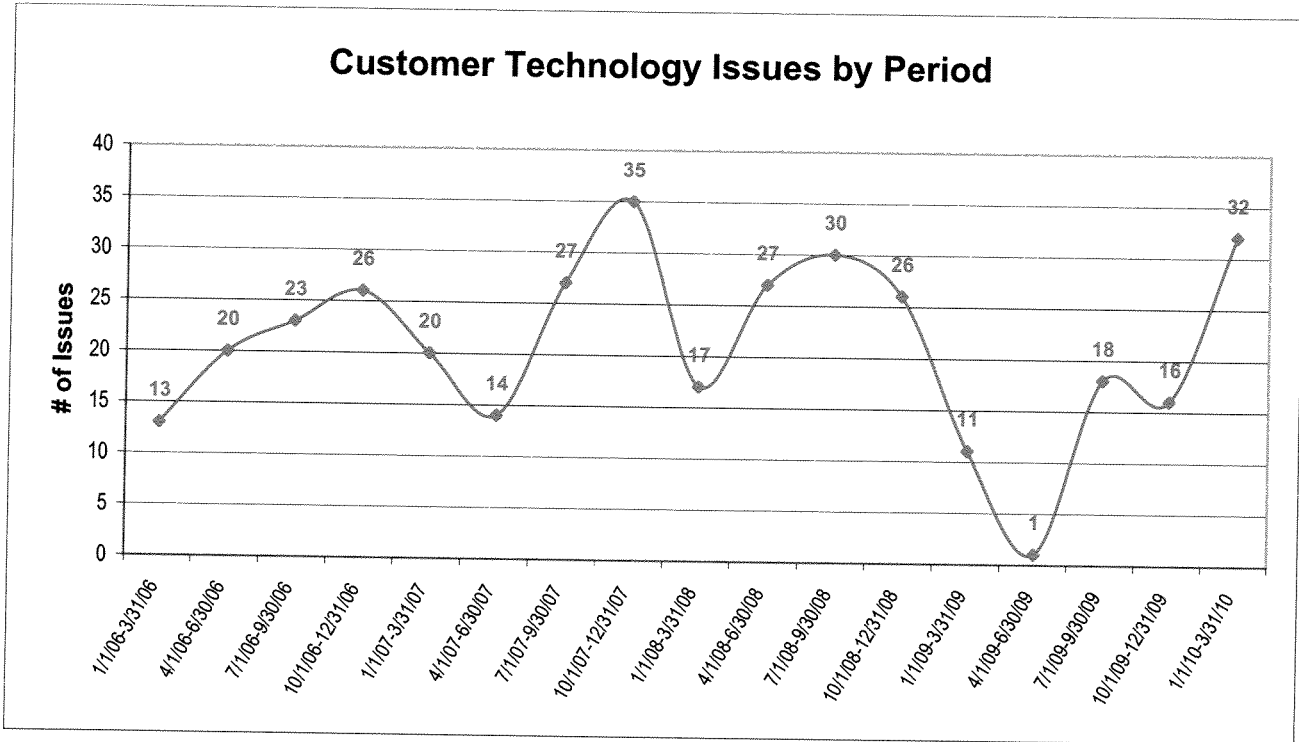
89.8% of files audited
this period had NO
errors noted.
Goal = 95%

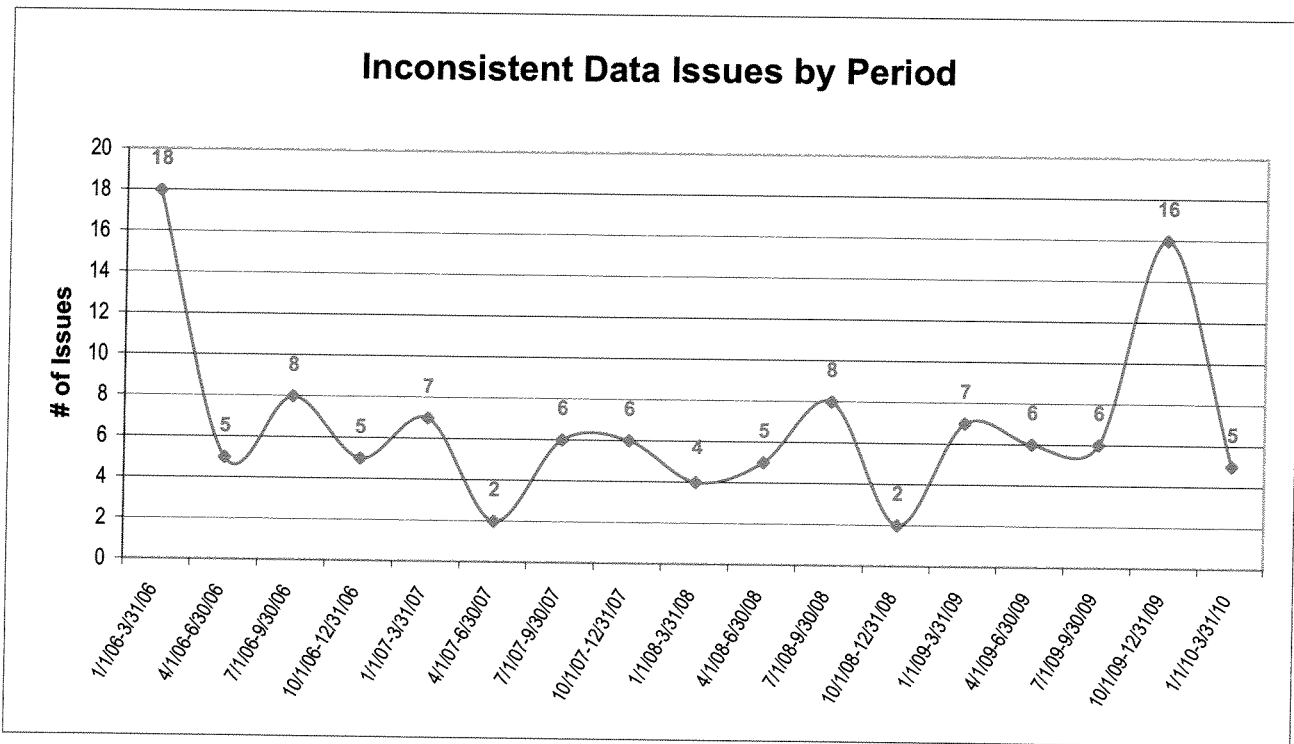
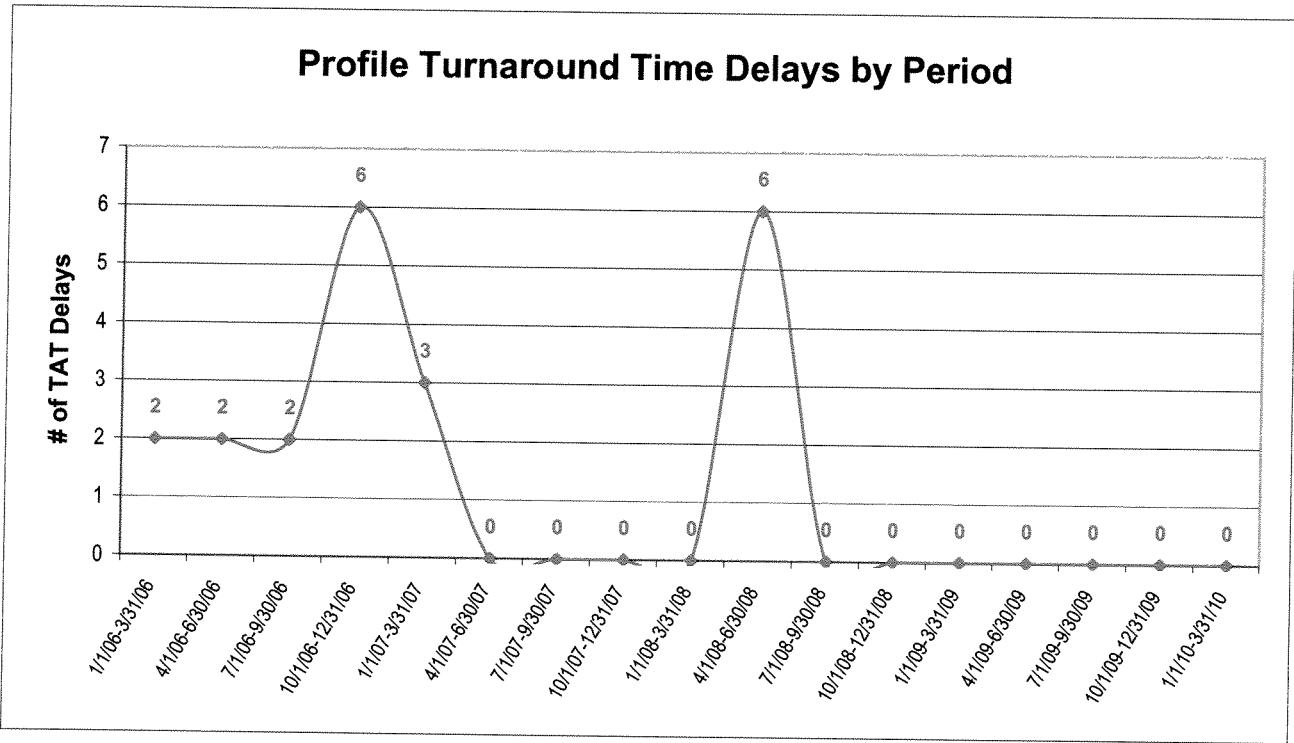
Total Audits = 999

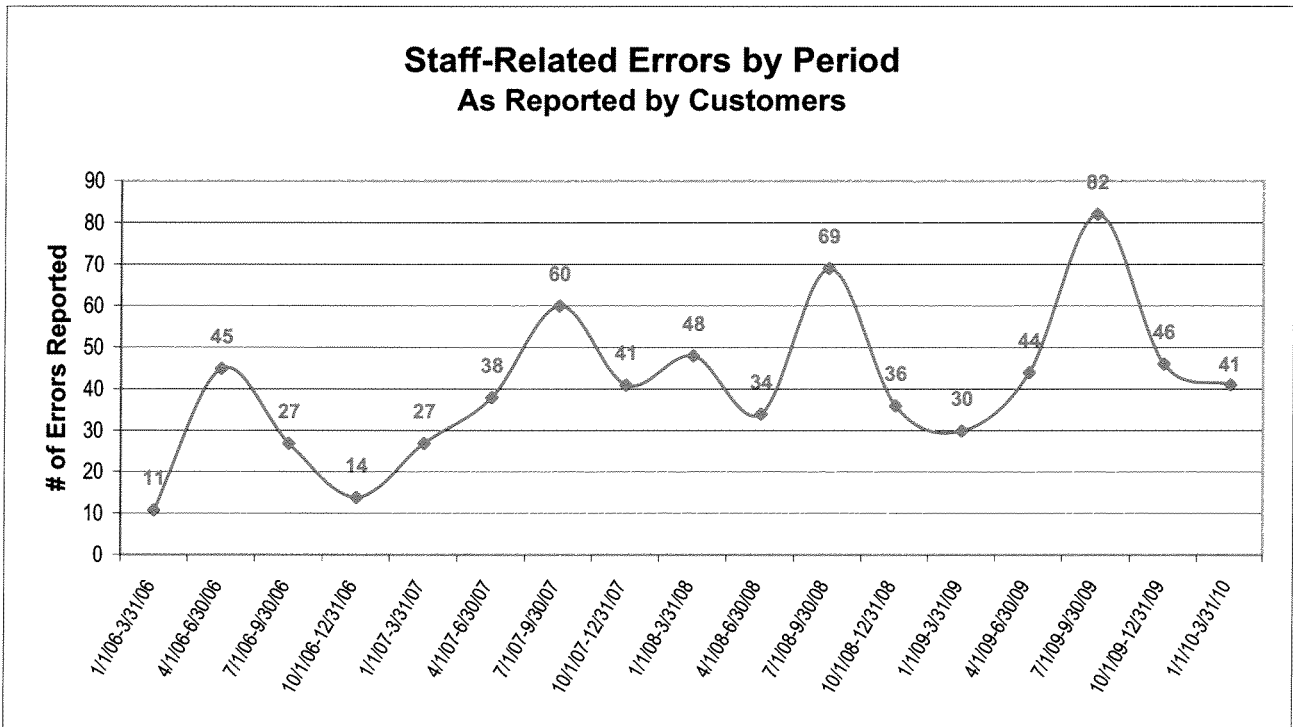
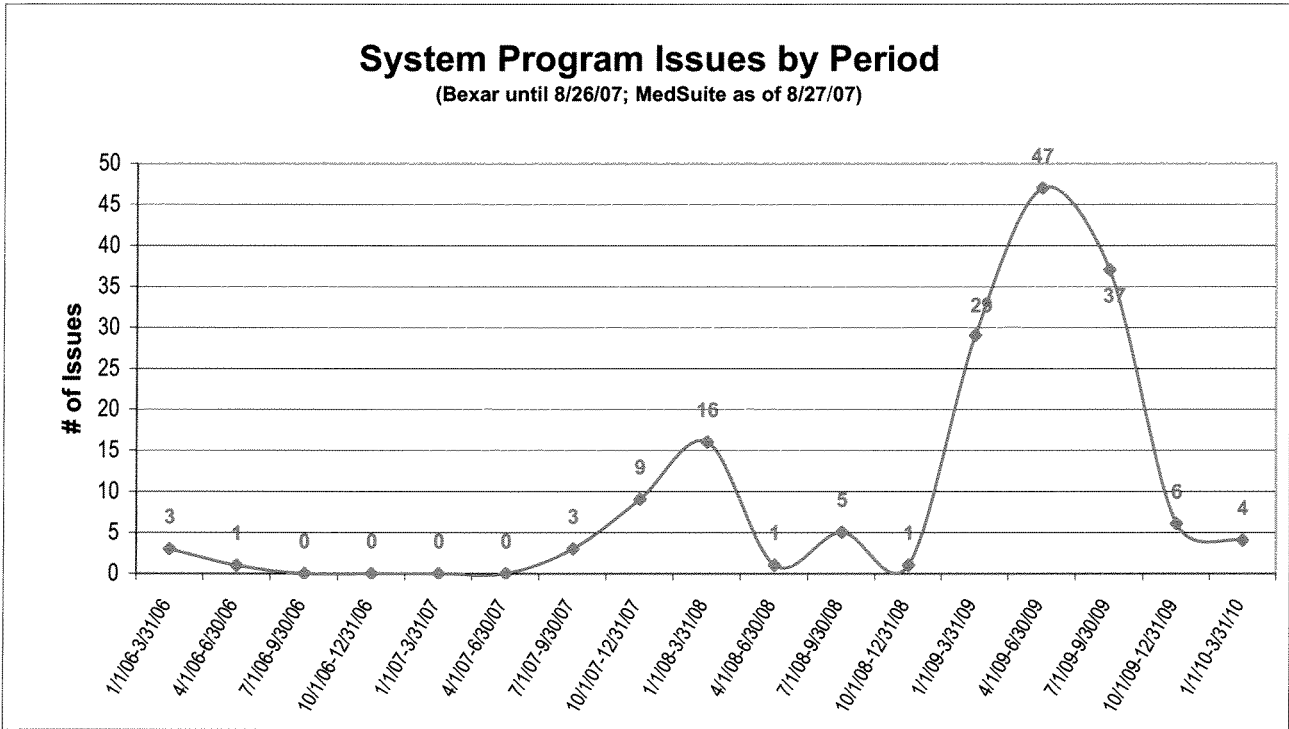
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Quality Improvement Report for the Period 1/1/2010-3/31/2010

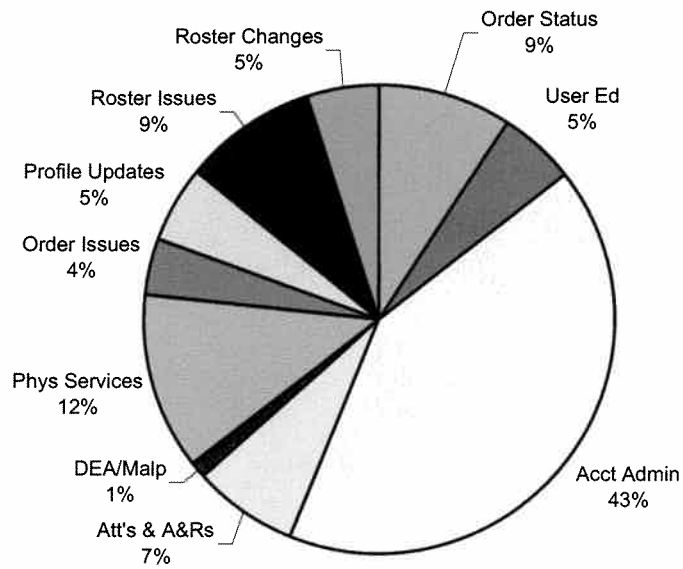
Other Customer Satisfaction/Feedback Reports







Breakdown of Miscellaneous Issues Not Previously Reported For the Period 1/1/2010 - 3/31/2010

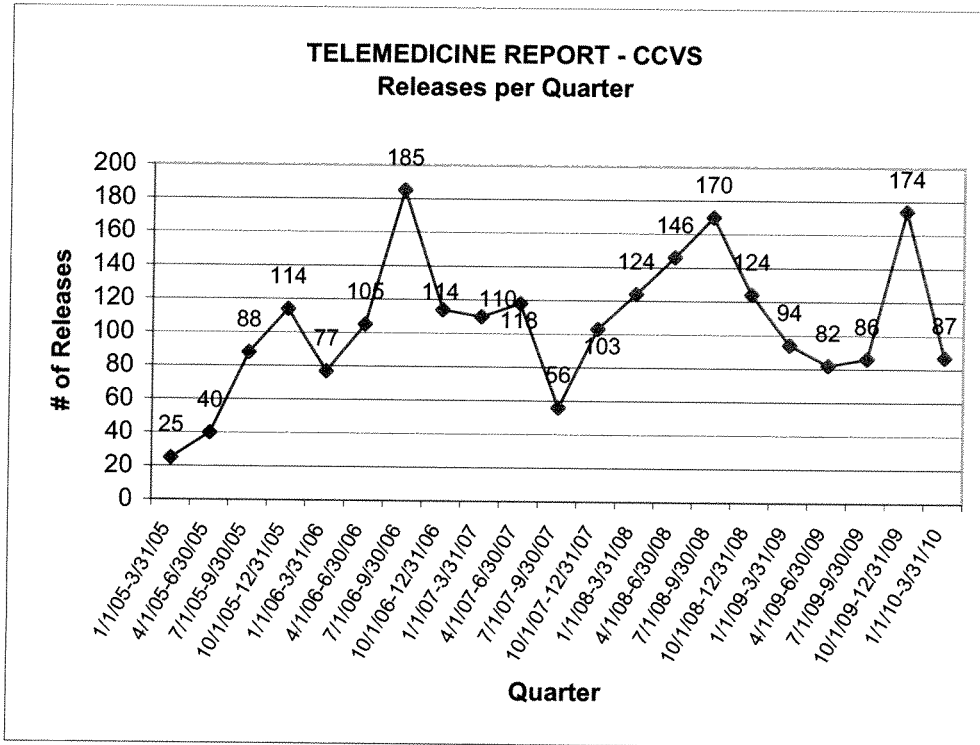


Total issues: 413

Arkansas State Medical Board

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

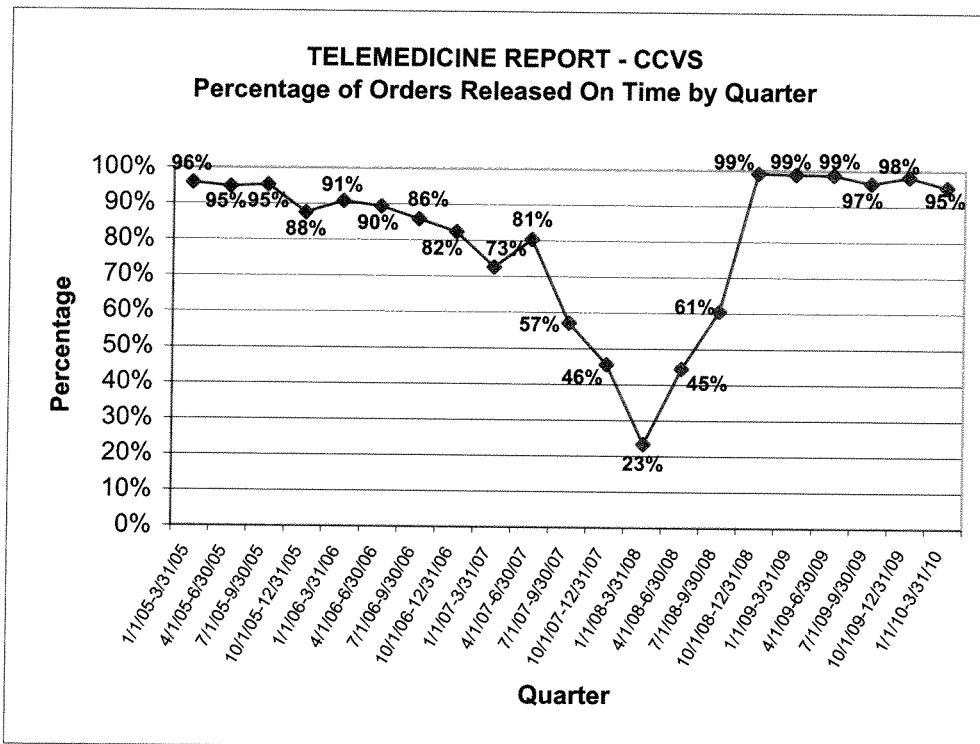
Telemedicine Tracking Reports



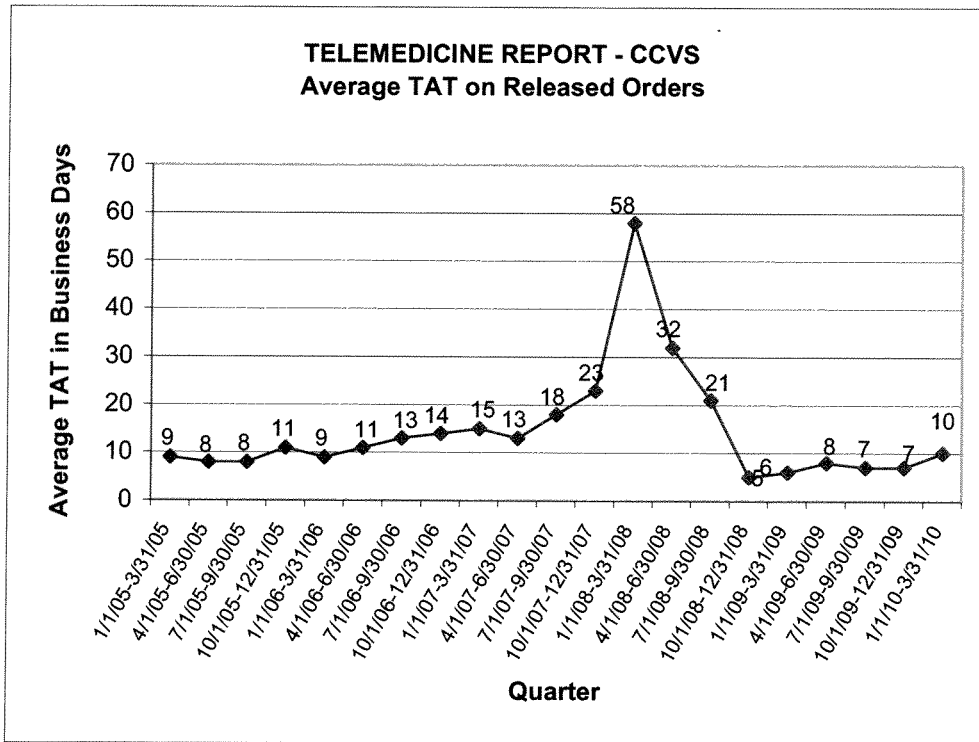
This graph shows the number of releases per quarter.

Annual (FISCAL) release totals are as follows:

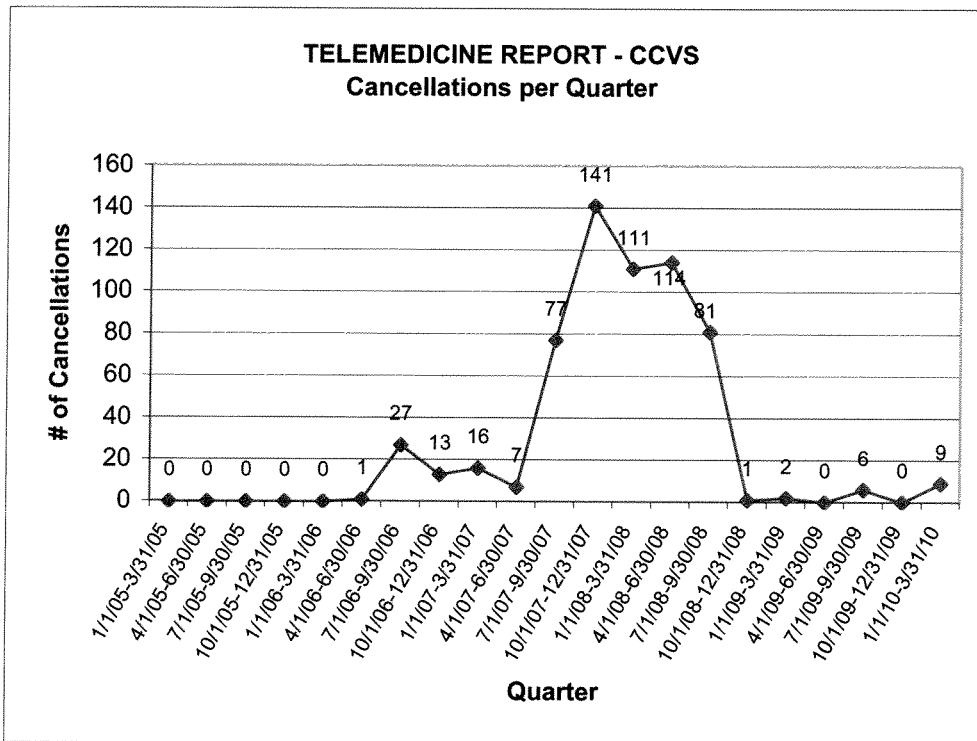
- 2004 = 16 releases
- 2005 = 114 releases
- 2006 = 356 releases
- 2007 = 527 releases
- 2008 = 429 releases
- 2009 = 470 releases
- 2010 = 347 releases thus far



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



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.

