CCVS User Guide

ARKANSAS STATE MEDICAL BOARD’s
CENTRALIZED CREDENTIALS VERIFICATION SERVICE (CCVS)

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View the latest version of the CCVS User Guide online at www.arccvs.org
Overview: The Arkansas State Medical Board (ASMB) licensure application serves a dual purpose in Arkansas. Information collected at licensure will also be utilized in the Centralized Credentials Verification Service (CCVS) based in the Arkansas State Medical Board. Once licensed, physicians automatically are enrolled in the CCVS. An information profile is provided annually with the online Arkansas license renewal for MDs and DOs. This profile includes the data available, upon the physician’s written authorization, to credentialing/healthcare organizations. Physicians are required to review their information and notify the ASMB/CCVS of any revisions or additions, adding a current copy of their curriculum vitae (CV), so new information in their CCVS file can be verified and updated prior to releasing to customer organizations.

The following information is released to credentialing/healthcare organizations only with the physician’s written authorization:

1. Education from Medical School
2. Professional/Work History
3. Other State License Information
4. Federation/Medicare/Medicaid*
5. Address & General Information*
6. AMA/AOA Information
7. Criminal Convictions Alert*
8. ECFMG Information (if applicable)
9. Specialty Boards
10. DEAs or state CDC Permits
11. Military History
12. Current Malpractice Policy Info*
13. Board History Excerpts
14. Special Condition Alert (mental/emotional, physical, drug/alcohol)*

*Reported and provided by the Physician.

The CCVS does NOT provide the following:

1. Competency information.
2. Criminal background check information, unless action is taken by the Board as a result of anything found in the background check.
3. National Practitioner Data Bank (NPDB) search information or details, unless action is taken by the Board as a result of anything found in the report. The information will then be in the excerpts.
4. Peer Review or Recommendation information.
5. Continuing Medical Education (CME). The Board requires, and randomly audits for 20 annual CME’s, but requires physicians to attest to completion on their annual license renewal attestation.
6. Malpractice Claims History, other than what is found on the attestations provided to the organizations. No claims history detail is provided due to a pre-existing law. CCVS does not request National Committee for Quality Assurance (NCQA) certification in this element.
7. Limitations on insurance coverage. CCVS reports what is listed on the verification.

History of the ASMB: The Arkansas State Medical Board was organized in 1955 as a licensing board to license health care professionals in the state of Arkansas. The Board currently regulates Medical Doctors (MD), Doctors of Osteopathy (DO), Physician Assistants (PA), Respiratory Therapists (LRCP), Occupational Therapists (OT), Occupational Therapist Assistants (OTA), Radiology Assistants (RA), Radiology Practitioner Assistants and Medical Corporations (MC). At this time, the CCVS only provides credentialing information via the web on medical doctors and osteopathic physicians.

History of the CCVS: In 1993, the Arkansas General Assembly established the Arkansas Health Resources Commission. The Governor directed this Commission to review health care delivery in Arkansas and identify opportunities to contain costs and make procedures more efficient and effective. Based on its study, the Health Resources Commission offered various recommendations to the Governor.
Of these, only one -- a statewide Centralized Credentials Verification Service -- was acted upon during the 1993 legislative session.

The Health Resources Commission recommended that a comprehensive credentials verification service be based in the Arkansas State Medical Board. The Commissioners were of the opinion that the Medical Board, which is the entity already charged with collecting and verifying items needed for medical licensure in Arkansas, would be able to build on the existing procedures and initial information for verifications collected in licensing physicians. By broadening its scope, the Medical Board could obtain many of the additional items needed by healthcare organizations for credentialing physicians.

Act 1066 of 1995 created the Board’s CCVS. Arkansas became first in the nation to base a centralized credentials verification service with the state licensing agency. This state law allows the Arkansas State Medical Board to release, with a practitioner’s written authorization, credentialing information needed by credentialing/healthcare organizations. The credentialing information furnished by the Board to a credentialing/healthcare organization shall be used solely for the purpose of credentialing and the renewal of physicians’ credentials for Arkansas.

In 1999, Act 1410 was passed, replacing the previous act (1066). Act 1410 mandates physicians, clinics, hospitals, or other healthcare organizations, managed care organizations, insurer or health maintenance organizations or all other organizations credentialing physicians for Arkansas to use the CCVS to obtain credentialing information once NCQA certification is achieved. The CCVS was initially surveyed by the NCQA on June 4-5, 2001 and received certification in all eight of the requested eight verification elements.

The CCVS, while part of the medical board, operates as a separate entity, with its own web site, file system, as well as a network-based database. Customers must provide the CCVS with a signed/dated Organization-specific Authorization and Release and this gives them access to place orders for their profiles. Customers can access individual physician file order information directly from the web site, using secured access codes. The Arkansas State Medical Board maintains overall responsibility for the credentialing program. The CCVS maintains a quality improvement program that reports to a customer representative committee, the Medical Board and the House Interim Committee on a quarterly basis.

**CCVS Mandate:** The mandate for credentialing organizations became effective once NCQA certification was obtained in 2001. The Board allowed organizations, until January 1, 2002, to meet compliance with the mandate in order to provide time to change their by-laws, applications and prepare their budgets. Organizations are required to amend their application process to remove duplication of information. There should be no questions on their applications that are duplicates of the questions on the ASMB’s CCVS physician profile, other than basic identifiers. However, the organizations can ask questions specific to their medical staffing credentialing process, which the CCVS does not ask or provide. Examples of this would be questions regarding competency, malpractice claims history and peer review/references. Policy and process changes, enhancements and announcements are provided to organizations, via the web site.

Credentialing organizations have also been asked to voluntarily cycle their reappointment/credentialing process to align with the Medical Board’s License Renewal and CCVS process of utilizing the physician’s birth month as the annual renewal date. This request is completely voluntary and is not mandated. This process simply provides them with a significant reduction in their turn-around-time and a fee reduction for those profiles ordered within the birth month cycle (See Recredential Cycle chart in this Guide).

**CCVS Oversight Committee:** Although the CCVS operates essentially as a separate entity from the Medical Board, it has oversight from a 10 member Advisory Committee appointed by the Medical Board. The Committee is comprised of representatives of credentialing/healthcare organizations (hospitals, managed care organizations, behavioral health organizations) subject to the Act. The Advisory Committee was appointed to accomplish several functions at initial start-up and continues to function and provide assistance in several of these areas. The functions include: 1) assisting the Medical Board in instituting a
comprehensive and credible credentials verification service; 2) monitoring and evaluating the service and seeking opportunities to improve it; 3) providing liaison and facilitating compliance with regulatory standards such as those of NCQA, The Joint Commission (TJC), and the Arkansas Department of Health (ADH); 4) recommending policies, procedures and fees; and 5) publicizing and advocating for the service.

**Certification:** The CCVS initially received certification in nine of the nine requested elements by the NCQA in 2001 and has been re-surveyed again, and received certification each time in nine of nine requested elements every two years. Certification is considered current and in good standing until the next re-certification survey is scheduled. The nine elements are:

1. Application Processing
2. Education and Training
3. DEA Certification
4. License to Practice
5. Work History
6. Medicare/Medicaid Sanctions
7. Medical Board Sanctions
8. Credentials Verification Organization (CVO) Application and Attestation Content
9. Verification of Board Certification Status

Although the CCVS cannot obtain accreditation from TJC, the requirements for these elements of physician credentialing, as outlined in The Joint Commission standards for Hospital Accreditation are continually met in regard to medical staff credentialing. Medical staff credentialing files and policies should contain the requirements set forth in each organization’s by-laws, and should meet The Joint Commission or NCQA standards for their type of facility. Together with the information on the CCVS profile these should make up the credentialing information for an organization’s medical staff review board.

**Verification Policy:** The Board and CCVS verify each element of data from the primary source or primary source designated by that entity (National Technical Information Services (NTIS), American Medical Association (AMA), Certifacts, etc.) or direct source, unless otherwise specified. This means the accuracy of documents is verified by means of ensuring that documents submitted are from the primary/direct source (medical schools, hospitals, military, etc.). Information provided, which cannot be verified from primary/direct verification will be noted on the CCVS profile with the reason. The information or the organization no longer exists or there are other delays attributable to political strife, etc. making verification difficult or impossible. At initial license application, primary source verification of some credentialing information is provided through the Federation Credentials Verification Service (FCVS), unless otherwise stated or waived by the Board. The CCVS meets all ten of the ten principles for CVO verification. The name of the source, date of verification, what is verified and dates for that entry are all provided on the profile for the customer. If the physician’s credentialing file lacks specific criterion, the Board has the authority to waive that requirement. If the Board waives any criteria, this will also be noted on the physician profile.

Once the physician receives license, he/she is automatically enrolled in the Centralized Credentials Verification Service. Any information obtained during the licensing application interim process must be current within 120 days and updated prior to release of the CCVS physician profile to the customer. In cases where it is not feasible to obtain information from the primary source, such as the educational institution no longer exists, or records lost or unavailable, the CCVS profile will reflect the alternate source. If no alternate source is available, the CCVS will list as “Unable to Verify” and verification attempt may be made by the customer organization or other sources designated by the customer organization without violation of the Act.

*The data in the ASMB web site is provided, controlled and maintained entirely by the Arkansas State Medical Board (ASMB) and is not modifiable by any outside source.*
On-Line Arkansas License Verifications: The ASMB provides current data extracted from the ASMB's database and constitutes primary source verification. It is available 24/7 to the public and CCYS customers.

Board Actions/Notices: Any action on a physician's license is posted to the Board's website under "License Actions" as soon as the action is made and can be accessed by the public at no charge.
CENTRALIZED CREDENTIALS VERIFICATION SERVICE

17-95-107. Credentialing organization.
(a) The purpose of this section is to allow the Arkansas State Medical Board to provide information to credentialing organizations.
(b) As used in this section:
   (1) "Accrediting organization" means an organization that awards accreditation or certification to hospitals, managed care organizations, or other health care organizations, including, but not limited to, the Joint Commission on the Accreditation of Healthcare Organizations and the National Committee for Quality Assurance;
   (2) "Board" means the Arkansas State Medical Board;
   (3) “Credentialing information” means:
       (A) Information regarding a physician’s:
           (i) Professional training, qualifications, background, practice history, and experience, for example, status of medical license;
           (ii) Clinical hospital privileges;
           (iii) Status of Drug Enforcement Administration certificate;
           (iv) Education, training, and board certification;
           (v) Work history;
           (vi) Current malpractice coverage;
           (vii) History of professional liability or malpractice claims;
           (viii) Drug or alcohol abuse to the extent permitted by law;
           (ix) History of board appearances;
           (x) Loss, surrender, restriction, or suspension of license;
           (xi) Felony convictions;
           (xii) History of loss or limitation of privileges or disciplinary activity;
           (xiii) Attestation of the correctness and completeness of the application; and
           (xiv) History of Medicare or Medicaid or other sanctions; and
       (B) Other objective information typically required by accrediting organizations for the purpose of credentialing physicians;
   (4) "Credentialing organization" means a hospital, clinic, or other health care organization, managed care organization, insurer, or health maintenance organization; and
   (5) “Primary source verification procedure” means the procedure used by a credentialing organization to test the accuracy of documents and credentialing information submitted to it by or about a physician who is applying for affiliation or participation with the credentialing organization. This procedure involves the verification of credentials with the originating source of the credentials.
(c) (1) All physicians licensed by the board shall submit such credentialing information as the board may request so that the board may verify the information by the primary source verification procedure in order to make the information available to credentialing organizations. If the physician should fail to submit the information as the board requests within a period of thirty (30) days, the failure can result in the suspension of the physician’s license to practice medicine in the State of Arkansas after the matter is presented to the full board for a hearing pursuant to the Arkansas Administrative Procedure Act, § 25-15-201 et seq.
   (2) Any credentialing organization shall submit such credentialing information as it has in its possession to the board in order to complete the primary source verification procedure, upon the board’s request and upon the board’s providing proof that the physician has authorized the release of the information. The failure of the organization to release the information to the board shall be grounds to have the license to do business in the State of Arkansas suspended upon the board’s presenting the proof to the licensing agency of that organization.
   (3) Credentialing organizations may utilize credentialing information provided by the board and verified by the primary source verification procedure of the board to evaluate the following:
(A) Granting or denying the application of a physician for affiliation or participation within the organization or its networks.

(B) The quality of services provided by a physician or the physician's competency or qualifications;

(C) Renewal of the affiliation or participation of the physician; and

(D) The type, extent, or conditions of the physician's privileges or participation in the network.

(d) (1) (A) The board shall provide to any credentialing organization any credentialing information the board collects concerning any person licensed by the board if the person authorizes release of the information.

(B) The board shall provide the information within fifteen (15) business days after receipt of the request.

(C) If any person fails or refuses for any reason to authorize release of credentialing information, the requesting credentialing organization shall be entitled on grounds of the refusal to exclude the person from any privileges, contract, or network of the credentialing organization.

(2) (A) The board shall promulgate regulations establishing a credentialing information system, and the regulations shall indicate the procedures for collection and release of credentialing information under this section.

(B) The regulations shall require that before July 1, 2003, the process of recredentialing a physician shall be completed within thirty (30) business days unless circumstances beyond the control of the board make completion of the process within thirty (30) business days impossible or unduly burdensome.

(C) If the credentialing process is not completed within the required time and the board does not provide an adequate explanation for failing to meet the time requirement, the fee for the credentialing process shall be refunded to the credentialing organization, hospital, or other qualified recipient of the fee.

(D) If disagreements arise over a claim that circumstances have made timely completion impossible or unduly burdensome, the disagreement shall be presented to the advisory committee established under subdivision (d)(3) of this section for a recommendation to the board on whether or not to refund the fee and in what amount so that the board may issue an order to refund the fee or deny the request after consideration by the board.

(3) The board shall appoint a ten-member advisory committee to assist with the adoption of policies and regulations concerning the credentialing information system. At least six (6) of the ten (10) members of the advisory committee shall be representative of credentialing organizations subject to this section, including not fewer than two (2) hospital representatives and not fewer than two (2) insurer or health maintenance organization representatives.

(4) Credentialing information shall not be disclosed to any parties other than the applicable health care provider and the credentialing organization and its designated credentialing and appeals, peer review, and quality improvement committees or bodies. Except as permitted in this section, credentialing information shall not be used for any purpose other than review by the board and credentialing organizations of the professional background, competency, qualifications, and credentials or renewal of credentials of a health care provider or appeals therefrom, and all such credentialing information shall be exempt from disclosure under the provisions of the Freedom of Information Act of 1967, § 25-19-101 et seq. Credentialing information may be disclosed in the following circumstances:

(A) By the board in disciplinary hearings before the board or in any trial or appeal of the board action or order;

(B) By the board or credentialing organization to any licensing, regulatory, or disciplinary authorities or agencies of the United States or of other states or jurisdictions; and

(C) In any legal or regulatory proceeding that;
   (i) Is brought by a:
(a) Health care provider;
(b) Representative of the health care provider or a class thereof;
(c) Local, state, or federal agency or authority; or
(d) Patient or group or class of patients or their authorized representatives or agents; and

(ii) Challenges the actions, omissions, or conduct of the credentialing organization with respect to credentialing of any health care provider or the grant or denial of any affiliation or participation of the health care provider with or in the credentialing organization or any network thereof; or

(D) By any party when authorized to do so by the health care provider to whom the credentialing information relates.

(5) The evaluation and discussion of credentialing information by a credentialing organization shall not be subject to discovery or admissible pursuant to the Arkansas Rules of Civil Procedure or the Freedom of Information Act of 1967, § 25-19-101 et seq.

(6) The board may enter into contractual agreements with users of the credentialing information system to define the type and form of information to be provided and to give users assurances of the integrity of the information collected.

(7) (A) The board may charge credentialing organizations a reasonable fee for the use of the credentialing service as established by rule and regulation.
(B) The fee shall be set in consultation with the advisory committee and shall be set at such a rate as will reimburse the board, when added to the credentialing assessments collected from physicians, for the cost of maintaining the credentialing information system.
(C) A credentialing organization shall not charge or seek payment of the fee from a physician licensee.
(D) The board’s costs may not exceed the fees charged by private vendors with a comparable statewide credentialing service.
(E) The board may assess each physician licensee an amount not to exceed one hundred dollars ($100) per year to offset the cost of providing the credentialing service.

(e) (1) (A) In lieu of testing credentialing information by its own primary source verification procedure, a credentialing organization may rely upon credentialing information from the board if the board certifies that the information provided by the board has been tested by the board’s primary source verification procedure.
(B) The credentialing organization shall be immune from civil suit based on any allegation of wrongdoing or negligence involved in the collection and verification of or reliance upon credentialing information on a health care provider if the credentialing organization has utilized the information provided by the board in credentialing a health care provider for affiliation or participation with the credentialing organization. However, this does not convey immunity from civil suit to a credentialing organization for any credentialing decision it makes.

(2) Subject only to the exceptions recognized in subdivisions (f)(1) and (2) of this section, a credentialing organization shall be precluded hereby from seeking credentialing information from the physician or from sources other than the board if:

(A) The same credentialing information is available from the board; and
(B) At the time the credentialing information is requested, the board:

(i) Holds certification by the National Committee for Quality Assurance as a certified credentials verification organization;
(ii) Demonstrates compliance with the principles for credentials verification organizations set forth by the Joint Commission on the Accreditation of Healthcare Organizations;
(iii) Documents compliance with Department of Health rules and regulations applicable to credentialing; and
(iv) Maintains evidence of compliance with the standards referenced in subdivisions (2)(B)(i)-(iii) of this section; and
The board charges fees that comply with subdivision (d)(7) of this section. Until such time as the board satisfies each of the foregoing prerequisites, credentialing organizations, in their discretion, may utilize credentialing information obtained from the board, or they may seek other sources for the same credentialing information. If at any time the board fails to satisfy any of the certification or compliance standards referenced in this subsection, no credentialing organization shall be required to utilize the board to obtain credentialing information during any period in which the board lacks such accreditation or compliance.

Credentialing organizations that utilize the credentialing information system offered by the board shall not attempt to collect duplicate information from individual physicians or originating sources, but nothing in this section shall prevent any credentialing organization from collecting or inquiring about any data not available from or through the board, nor from reporting to or inquiring of the National Practitioner Data Bank.

The board may seek an injunction against any credentialing organization violating or attempting to violate this section and, upon prevailing, shall be entitled to recover attorney’s fees and court costs involved in obtaining the injunction.

The board will have the authority to hire such employees and enter into contracts with attorneys, individuals, or corporations for services as may be necessary to bring about the purpose of this section.

(H) [Repealed.]

**HISTORY:** Acts 1999, No. 1410, § 2; 2003, No. 1360, § § 1-3; 2005, No. 1962, § 76; 2011, No. 999, § 1; 2013, No. 1035, § 2.
Frequently Asked Questions

CCVS MANDATE

What is the purpose of the CCVS? - To eliminate the necessity of physicians providing the same standard credentialing information to each credentialing organization where they have, or expect to have, privileges. Example: Verification of medical education, postgraduate education, previous and current staff appointments and work history, copies of DEA or board certification.

Can my organization choose not to participate in the CCVS? - No, utilizing the CCVS is not an option; it is an Arkansas state law. ALL organizations credentialing physicians for Arkansas and ALL physicians licensed in Arkansas are mandated to comply.

When was participation in the Arkansas CCVS mandated? - Upon initial certification by NCQA in August 2001. However, the Arkansas State Medical Board allowed organizations until January 1, 2002 to comply with the mandate in order to allow time to make the necessary modifications in their processes, budgets and applications.

Does use of the CCVS for credentialing information totally eliminate the need for physicians to complete applications? - No. Organizations are encouraged to review the questions and requirements on their applications toward reducing the length of those documents, but there is some information the CCVS does not provide. Any information an organization must have to meet their bylaws can be asked on their application, provided that it does not duplicate what is provided by the CCVS.

Can physicians refuse to complete other organization application because of the CCVS Mandate? - A physician can refuse to complete certain questions or sections of an application that asks for information that would be duplicated on the CCVS profile. They should be mindful, however, that organizations may request any information that is not provided by the CCVS.

What can physicians do if they receive an application that has questions asking for copies of certificates or other information provided by the CCVS? - They can either affix a label to that section or write in those sections, “You must obtain this from the state-mandated CCVS. Contact the Arkansas State Medical Board at (501) 296-1951 for further information.”

Can an organization request from the physician a copy of the DEA license or other documents if bylaws require it? - No. Organizations cannot duplicate the work of the CCVS, bypass the CCVS to obtain verification elements on their own, or contact the physician for certificate copies of DEA, malpractice insurance coverage, etc. Physicians in Arkansas are mandated by statute to not supply this information to organizations. If an organization’s by-laws require this, the by-laws must be changed to comply with the statute.

Is there someone that can review our application packets to make sure we are complying with the state mandate? - Yes, you may fax initial credentialing or recredentialing application packets to (501) 603-3555, Attn: QA/QI with a note to please review for compliance. Please allow 2-3 days for this to be completed and returned to you. If you wish to email, the documents must be in Adobe PDF format and must be sent to SUPPORT@armedicalboard.org with “Attn: QA/QI” in the subject line so that it will be routed appropriately.

Are physicians mandated to provide information to the CCVS, or is this limited to organizations that credential physicians for Arkansas? - Physicians are also mandated by statute. Physician participation in the CCVS began on a voluntary basis, but voluntary participation ended July 1999 when Act 1410 mandated physician participation.
Is use of the birth month renewal cycle mandated? - No. Conversion to the birth month cycle is strongly recommended to prevent out-of-cycle charges and to eventually allow for a quicker turn-around-time for organizations on credentialing information.

Can any organization that wishes credentialing information on a physician participate? - Other credentialing verification organizations may not participate. Only organizations that have completed the enrollment or sign-up process can retrieve credentialing information, only those organizations that have received the physician’s permission can request the information and only organizations that are credentialing physicians for Arkansas may sign up.

Who oversees the functions of the CCVS? - The Arkansas state legislators oversee the Arkansas State Medical Board (ASMB), and the ASMB oversees the CCVS. The Executive Director of the Board oversees the day-to-day functions of the CCVS and ASMB staff. The ASMB annually appoints a ten-member Advisory Committee to oversee and assist with the adoption of policies and regulations concerning the Credentialing Information System and Quality Improvement Plan. At least six (6) of the ten (10) members of the Advisory Committee are representative of credentialing organizations. The CCVS Advisory Committee regularly appoints sub-committees or work operations committees, composed of customer representatives with experience in medical staff credentialing, to provide advice or information to the CCVS management staff regarding new policies, processes, forms and proposed changes.

PRACTITIONERS

Does CCVS credential Physician Assistants? - No. Even though the Arkansas State Medical Board licenses and disciplines Physician Assistants and other medical practitioners, the CCVS only collects and provides credentialing information on Medical Doctors (MD) and Doctors of Osteopathy (DO). Organizations must credential Physician Assistants, Respiratory Therapists, Occupational Therapists, Occupational Therapy Assistants, Radiology Practitioner Assistants and Radiologist Assistants according to their bylaws and applicable accreditation guidelines.

Can organizations get information on physicians who are in the process of applying for licensure? - No. A physician must have a license--either a temporary or a permanent license--before the customer can obtain their CCVS information.

Are physicians provided with a copy of the information that is included in their CCVS file? - Yes. Once a year at license renewal, physicians can complete their license renewal online and view their CCVS physician’s personal profile printout listing the information the CCVS has on file for them. The physician can also request a copy of his/her CCVS physician profile at any other time by emailing a request to ccvs@armedicalboard.org or qi@armedicalboard.org. Physicians are advised to keep a copy of their profiles. If the physician disagrees with information on his/her profile, he should mark the comments on the profile and return via PDF email attachment to support@armedicalboard.org or by fax to 501-296-1806. The CCVS will respond once re-verification if obtained. Copies of the Physician’s Personal Profiles cannot be provided to credentialing organizations, other state license offices, future employers, etc.

Can physicians obtain copies of their personal profiles other than at annual license renewal? - Yes. Physicians may request these in writing by fax, mail or email. Allow a few days for the profile to be sent to you.

Can physicians go online and access their profiles? - Yes. At renewal completion their profile is presented for review and their records.

Does use of the CCVS for credentialing information totally eliminate the need for physicians to complete applications? - No. Organizations are encouraged to review the questions, requirements on their applications toward reducing the length of those documents, but there is some information the CCVS does not provide. Any information an organization must have to meet their by-laws can be asked on their application, provided that it does not duplicate what is provided by the CCVS.
Can physicians refuse to complete other organization application because of the CCVS Mandate? - A physician can refuse to complete certain questions or sections of an application that asks for information that would be duplicated on the CCVS profile. They should be mindful, however, that organizations may request any information that is not provided by the CCVS.

What can physicians do if they receive an application that has questions asking for copies of certificates or other information provided by the CCVS? - Affix a label to that section or write this in those sections: “You must obtain this from the state-mandated CCVS. Contact the Arkansas State Medical Board at (501) 296-1951 if you have questions.”

If a physician provided information to, or is participating in, the Federation of State Medical Board’s (FSMB) credentialing verification organization, or any other credentialing verification organization (CVO), does this eliminate the need for participation in the CCVS? - No. The CCVS cannot share information with any other credentialing verification organization and is not optional for physicians. State law mandates their participation.

Does the use of the Arkansas CCVS eliminate the need for physicians to complete other state medical board applications for licensure, since they can get this information from Arkansas? - No. The mandate is an Arkansas state law, but is not applicable in other states. Also, the service does not include the provision of copies from the physicians’ CCVS files to other state boards, recruitment firms, hospitals or credentialing organizations outside the state, except those credentialing physicians for Arkansas. According to the terms of the statute, other credentialing verification organizations (CVOs) may not utilize the CCVS.

Can physicians provide their credentialing information to the Federation of State Medical Boards (FCVS) or the Coalition for Affordable Quality Healthcare (CAQH) or any other credentialing verification organization (CVO)? - Yes. If the physician wants to set up a credentialing file with these organizations for providing their information to other states or organizations where they may be applying for privileges, licenses or membership, they may do so. Both the FCVS and CAQH provide standardized applications that are accepted by several different out-of-state organizations. Regardless of where the applications originate, the organizations must comply with the applicable state law. If a physician receives an application from a central application processing organization such as CAQH, they still cannot ask a physician to provide copies of certificates or documents that they are required by state law to obtain from the CCVS. Organizations that utilize CAQH should be aware of this and understand that it is a violation of that statute, whether going through an application processing organization or sending the application directly from their organization. Physicians are NOT required to complete those sections provided by the CCVS regardless of who sent the application.

Completing applications for another CVO such as the Federation of State Medical Boards (FCVS) is different in that the physician voluntarily provides their CV information so other licensing boards may access. Providing this information in that case is at the discretion of the physician.

Can a physician’s credentialing information be released or provided to an organization without his/her knowledge? - No. A signed authorization and release must be received, and must include that organization’s exact name before the information will be released. Then it will be released only to that organization. Physicians may, at any time, revoke any authorization and release currently in effect by submitting a letter to the Arkansas State Medical Board, Attention: Quality Assurance Manager.

**CCVS ACCREDITATION**

Is the CCVS certified for credentials verification by any organization? - The CCVS received initial review and certification by the National Committee on Quality Assurance (NCQA) in August 2001, and has been consistently resurveyed and recertified in the same elements since that time. The nine elements are: Medicare/Medicaid Sanctions, Medical Board Sanctions, License to Practice, Work History, DEA Certification, Education and Training, Verification of Board Certification, Application Processing, Credentials Verification Organization (CVO) Application and Attestation Content.
**What is NCQA?** - The National Committee on Quality Assurance is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans, managed behavioral healthcare organizations, preferred provider organizations, new health plans, physician organizations, and credentials verification organizations.

**Why isn’t the CCVS also accredited by The Joint Commission?** - The state law requires certification by NCQA. The CCVS is not a healthcare organization and The Joint Commission does not accredit credentialing verification organizations (CVO) such as the CCVS.

**Does the CCVS meet Joint Commission verification requirements?** - The CCVS meets TJC’s Ten principles for a primary source verified credentials verification organization. When there is a conflict between state law and The Joint Commission requirements, The Joint Commission must comply with state law and cannot penalize organizations for compliance with legal authority, whether state or federal. The Arkansas State Medical Board and the CCVS use the primary source verification standard. Every effort is made to obtain verifications directly from the source as required by The Joint Commission. The credentialing profile provided to organizations will indicate the source under each entity. In the event that primary source verification could not be obtained, or is not required, the source will still be indicated for each element. If alternate sources had to be utilized, such as AMA/AOA profile, indirect source, etc., this will be noted under each entity verified.

**SIGNING UP WITH CCVS**

**How long does it take to get set up?** - Only a few minutes, but a credit card will be needed to pay for the registration fee.

**When do I get access permission?** - Immediately upon registration, but specific documentation must be received prior to placing profile orders. After account creation, the customer organization must submit their organization-specific Authorization and Release to the CCVS. The staff have 24 hours to enter the physicians online. Do not send them before the account is created because they cannot be entered in an account that does not exist. A current attestation for each physician will be needed. A current credit card will be needed to pay the signup fee and for the profiles.

**What does my user name and password give me access to?** - Once you receive your security information, you will be considered a client and will have access to secured areas of the site. You will be able to view your account information, past charges, current orders, status of your orders (Working or Released), and scanned documents (attestations, authorizations and releases). As long as a current Authorization & Release is on file, you can access the DEA and Malpractice site for interim updates at no additional charge on these elements.

**Who should be the Account Administrator?** - The “Account Administrator” should be the person who will retrieve the profiles and receive all email notifications regarding receipt of orders, charges and when the profile is ready for pickup, as well as any global announcements. An organization can have multiple staff (Users) access their orders. Please be aware, if your administrator is listed, all email announcements, system outages or upgrades, policy changes and other notifications will go to that person. Once an individual “User” at your organization places an order, all email notifications regarding that order will go to that User’s name and email address.

**How will we pay for physician profiles?** - You must have a major credit card (VISA, AMERICAN EXPRESS, DISCOVER or MASTERCARD only) to purchase physicians’ profiles online. There are no exceptions to this requirement.

**Who safeguards our passwords and access info?** - It is your organization’s responsibility to safeguard your passwords, notify the appropriate person within your organization when a file is ready for retrieval or any other notification that should be sent internally. It is also your organization’s responsibility to notify the CCVS of email address changes, or change staff access permissions when staff leaves or transfers. This must be done online and is a simple procedure. Please see your Guide to Online Services or contact the CCVS via email at ccvs@armedicalboard.org.
CCVS FORMS

Does Arkansas have a general statewide application? - No. Arkansas does not have a statewide application at this time.

Where can I get a blank copy of the Organization-specific Authorization & Release (A&R) form and Attestation? - CCVS forms are available at [www.arccvs.org](http://www.arccvs.org) under Forms and Publications > Authorization & Release or select Attestation. Customers should check this location for any revisions to either document because only the most current form will be accepted. Physicians can also complete an attestation online.

Can a physician leave the space for the Credentialing Organization blank or put “ANY ORGANIZATION” to avoid having to sign a multitude of A&Rs? - No. The statute requires the organization be listed on the Authorization. This name field must exactly match the name used when the organization signed up and cannot be abbreviated. If the organization changed its name, there are options that can be utilized, but the name on the account must be listed in that blank or the Authorization will not be accepted and the physician will have to sign another.

Who collects the Attestation and can my organization still collect its own? - The CCVS requests the attestation; the ASMB collects one at license renewal and has recently initiated the process of sending email blasts to all licensed physicians reminding them they need to go online to complete an attestation every 120 days in order for any organization to be able to order their profile. A current (within 120 days) attestation must be on file at the time of release to the customer. If the attestation expires during the customer’s internal processing time, the customer can check the CCVS website to see if another one has been scanned since the release time or obtain another attestation from the physician. The organization can utilize its own attestation or the CCVS form for internal use but the CCVS cannot accept any attestation other than the one posted to the CCVS website or the one completed online.

Why do physicians have to sign the Attestation form over and over again for each organization and also for the CCVS when it seems one annual signing would suffice? - The CCVS requires a current (within 120 days) attestation three times per year to meet NCQA requirements. The ASMB requires one annual attestation at license renewal. Customer organizations may have different internal requirements and may/may not utilize the CCVS form or provide a copy to the CCVS. All CCVS attestations are scanned and available for printing for any customers that have a current Organization-specific A&R. Multiple attestations are required for credentialing to allow organizations to pick up interim changes in physician information and have the physician attest to the accuracy and correctness of the information provided.

CCVS PROFILES

Where does the information in a physician’s profile come from? - Primary source verifications, unless otherwise indicated. Once a license is issued (temporary or permanent) the initial licensing information that was primary source verified rolls over into the CCVS data bank. When that physician’s credentialing information is ordered, the CCVS reviews the file for any verification elements that may have become outdated and then proceeds to obtain the current primary source verification for release prior to the scheduled due dates.

What happens if the primary source no longer exists or cannot provide the verification? - It is not always feasible to obtain verification information from the primary source. Occasionally, a primary source no longer exists, or the applicant’s records have been lost, destroyed, or are no longer accessible, especially in instances where the applicant received part of his/her training or experience in a foreign country and political restrictions do not allow for verification retrieval. In those instances, another accepted source maybe utilized (ECFMG, AMA, or AOA profile, etc.).
**Can the organization attempt to verify information that the CCVS could not?** - Customers should email the CCVS, ccvs@armedicalboard.org, within 60 days of release so CCVS can obtain the update and provide to the organization as soon as possible. The CCVS cannot view organization applications. The CCVS credentialing information is created from the information obtained from the licensure process, physician's curriculum vitae, notes on their CCVS profile copies and more importantly from primary or direct verification sources. If the physician or someone else completes an application for them, the information on the application may be correct or incorrect. In several cases, the physician has not yet applied or been granted privileges, they may be outpatient only with no privileges or they may not start for several weeks or months. It is the physician's responsibility to update the ASMB on changes so their CCVS profile can be updated and accurate at the time it is released to the customer.

**Why does the physician list different information on the organization applications than is listed on the CCVS profile?** - In some instances, the physician may provide the organization with a different, more detailed CV than the one provided to the ASMB/CCVS and physician information may appear to conflict. Please be aware this may occur, and please work with the CCVS and the physician so that the most accurate information can be obtained and the physician’s credentialing file updated.

**What does the customer organization do if there is an "inconsistency" between what the physician has on his/her application and what is on the CCVS profile and what causes these?** - Customers should email the CCVS, ccvs@armedicalboard.org, within 60 calendar days of release so CCVS can obtain the update and provide to the organization as soon as possible. The CCVS cannot view organization applications. The CCVS credentialing information is created from the information obtained from the licensure process, physician’s curriculum vitae, notes on their CCVS profile copies and more importantly from primary or direct verification sources. If the physician or someone else completes an application for them, the information on the application may be correct or incorrect. In several cases, the physician has not yet applied or been granted privileges, they may be outpatient only with no privileges or they may not start for several weeks or months. It is the physician's responsibility to update the ASMB on changes so their CV profile can be updated and accurate at the time it is released to the customer.

**Can we share the information on the CCVS profile with another organization?** - No, you cannot “share” the information you receive on a physician with other organizations unless you are credentialing the physician for that organization as well. The organization name retrieving the profile is on your profile printout. The CCVS immunity clause does not protect the non-compliant organization.

**Why doesn’t the Board or CCVS provide physicians’ Continuing Medical Education information to organizations?** - Regulation 17, CONTINUING MEDICAL EDUCATION (CME) of the Arkansas Medical Practices Act, Rules and Regulations was adopted September 14, 1996. The CCVS no longer reports CME activity. The ASMB requires 20 CME credits each year and performs random audits of physicians to make sure they are keeping up with their education credits. If an organization requires the physician to obtain a specific number of credits in a specific subject, it is the responsibility of the physician and the organization to monitor and obtain those credits to meet that requirement. Physicians are responsible for maintaining copies of their CME credits, because the Board may ask them to provide them at any time. Copies or originals of CME certificates are not maintained in either the Board or CCVS files.

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**ORDERING PROCESS**

**What are the steps in the order process?**

1. Client faxes or emails an Organization-Specific Authorization & Release (A&R) to CCVS.
2. CCVS adds the physician’s name to the Client’s list of available physicians within 24 hours of receipt (by the same time on the next business day).
3. Client places order online and receives an Order Confirmation notice via email.
4. CCVS verifies information in the physician’s file per NCQA and TJC standards.
5. Client is notified by email when file has been completed and profile is available for retrieval.
6. Client retrieves profile from ASMB website.

**The physician’s name is in my available list, but we cannot order the profile and he isn’t a telemedicine?** - Check your organization’s Outstanding Orders list online to make sure it is not already ordered, “hover” over the
name until the compliance box appears to see if any compliance items (attestation, CV) are missing. If there is
one or more, scan and send those items as a PDF attachment to support@armedicalboard.org so they can be
entered. If none of those issues is the cause, email the CCVS, ccvs@armedicalboard.org, and let them know what
the issue is and what messages you have received so the IT staff can resolve it.

**How will I know the CCVS received my order?** - An Order Confirmation email will be sent to the email
address associated with the user name and password used to place the order. If you do not receive an email
confirmation, your order was not placed. Also, your physician list should indicate “Working” within one hour of
placing the order (providing that it is during normal business hours). If you received an email confirmation, but
the physician is not appearing in your Outstanding Orders list as “Working,” please forward the email
confirmation to us at CCVS@armedicalboard.org and ask us to find out why the physician isn’t appearing in your
Outstanding Orders list.

**What if I ordered a profile in error?** - If an organization orders a physician’s profile in error, one of the users or
account administrator may request cancellation of the existing order--ONLY by emailing the
CCVS@armedicalboard.org and listing the name of the physician and the reason for the cancellation (ordered in
error, no longer need it, duplicate order, etc). This information is collected and tracked for quality improvement
purposes in order to identify future system improvements.

**What if I ordered the wrong type of profile?** - If an organization orders one type of profile (Initial, Expedited
Service Initial, Out-of-Cycle Recredentialing, Expedited Service Recredentialing) but you need a different type
instead, you must request cancellation of the existing order.

**What if I didn’t order in time for my meeting or I have to get the profile quicker than planned?** - The
ASMB/CCVS does not have documentation regarding organization deadlines so ordering is at the discretion of
the organization’s staff. Organizations should plan for their orders to be released before or on the scheduled due
date (business days) for that type of order. Because the ASMB/CCVS is required to work orders as they are
received, in a first come/first serve basis, a special ordering type for an emergency was created for an additional
fee. This type of order is called an EXPEDITED, with turn-around-time of five (5) business days and a fee of $250.
This is the only way an organization can move a file ahead of another; there are no exceptions to this policy.
Orders are worked in a fair and deliberate manner and assigned according to the date and time the order is
received, not individual organization urgency. It is the organization’s responsibility to place orders so they meet
their individual internal needs and deadlines. The organization may always change their order to Expedited at any
time and the Expedited order may be released before or on the scheduled due date. The CCVS will always
endeavor to provide whatever assistance they can but there are hundreds of orders being worked and every
organization has their own internal deadlines and urgent needs.

**How do I request a cancellation?** - Requests for cancellations must ALWAYS be emailed to the CCVS
Monitor address, CCVS@armedicalboard.org. Your request MUST include, in the body of the email (not just
the subject line): (1) the physician’s full name and license number; (2) a specific request to cancel your current
order; and (3) the reason you are requesting cancellation (ordered wrong type, need to change to expedited,
physician withdrew application, etc.). Please be advised that cancellations will not be allowed if the file has
already been released to the organization or is in final review prior to release.

**What if the CCVS cannot collect all of the information for the profile within the stated turnaround time?** -
Occasionally, not all verifications can be obtained within the turnaround time (TAT) goals of the CCVS. In those
instances, and in order to meet statutory requirements, the CCVS must cancel the order so the fees can be
refunded. The user that ordered the profile will receive two emails: a letter of explanation from the Customer
Service Department, and a computer-generated Notification of Cancelled Order. The customer may reorder the
profile once they receive the computer-generated email. CCVS cancellation of an order does not mean that
organizations are allowed to complete the credentialing. It means that one or more of the required verification
elements could not be obtained or verification received by the scheduled due date so the CCVS could provide a
completed profile. The verification may come in a few days later. If the verification element on the profile states
that Verification is pending, it means the source of verification has not returned the required verification
necessary to complete that element. The CCVS will provide you with a corrected profile as soon as this is
received. If the element states it was “Unable to Verify – no records or closed facility,” the organization may
attempt to locate this information on their own. That means the CCVS has exhausted their resources for verifying
that element and have closed it. If the organization is fortunate in locating a source to verify, the ASMB/CCVS would respectfully request receiving that information on how this was accomplished in order to update the profile and use this to train the ASMB/CCVS staff on this resource.

**Why did I get the profile I ordered yesterday, but am still waiting on the one I ordered last week?** – Building a credentialing profile and obtaining verification elements can be a time-consuming process. Each credentialing file is different due to volume, difficulty and verification source turn-around-time. The CCVS is allowed specific time frames per statute to provide the information to the organization. Statute also requires the CCVS to work the files in the order received but the order can be released “early” due to other existing orders in the system. The CCVS may release an order placed weeks or days prior to an order placed that hour from a different organization. When the first order is released, all other orders on the physician will also be selected and released at the same time. The remaining order may still be in working status while verifications are obtained.

**Can my organization order a new profile every 120 days?** - Customers can place orders as frequently as they wish and place any type of order they choose at any time.

**How will I know when the profile is complete and ready?** - A Completed Order Notification will be sent to the email address associated with the user name and password used to place the order. Also, the user can check his/her Outstanding Orders list to see if the file has been released.

**ACCOUNT ADMINISTRATION**

**Who should be the Account Administrator?** - The “Account Administrator” should be the person who will receive all email notifications regarding receipt of orders, charges and when the profile is ready for pickup, as well as any global announcements. An organization can have multiple staff (Users) access their orders. Please be aware, if your administrator or accounting person is listed, all email announcements, system outages or upgrades, policy changes and other notifications will go to that person. Once an individual “User” at your organization places an order, all email notifications regarding that order will go to that User’s name and email address.

**Can multiple employees use the same user name and password?** - Yes, but we do not recommend it. When a user places an order online, the order confirmation is sent to the email address associated with that user. Any notifications regarding that order are also sent to that address. If more than one person is using a user name, CCVS has no way of knowing who actually placed a given order, and any notifications regarding that order could be sent to the wrong person.

**Why would we need to deactivate users?** - Users with access to your account have the ability to place orders from any computer using your organization’s credit card. You should treat your CCVS account the same as you would any other account, removing any employees who are no longer authorized.

**How do we change our billing information?** - The ASMB does not store sensitive payment information; therefore, a credit card is needed for each transaction. Credit card payment is due at the time of profile purchase.

**CCVS POLICY CHANGES**

**How does the CCVS communicate with customers regarding policy and event changes?** - The CCVS sends emails to users via the email addresses on file and directed to the system administrators, system users, CCVS announcement sections on the CCVS and ASMB web sites, via United States Postal Service (USPS), and telephone. In cases where the web site is shut down preventing notification via the site, and prior notification cannot be achieved, the CCVS will request the Arkansas Hospital Association and AR Association of Medical Staff Services announce the shutdown via their websites and email group blasts. If this isn’t possible, alternate notification opportunities will be initiated.
STATE-WIDE APPLICATION

Does Arkansas have a generic state-wide application? - No. The ASMB has held several meetings with customer representatives over the years to get a generic application approved. Several applications were created and submitted for final approval but could never be approved for implementations. The ASMB is planning another sub-committee to complete this application in the near future.
Signing Up for Online Services (Enrollment)

Pre-Enrollment Checklist
In Step 1 of the Sign-Up Process, you will be entering information about your organization and individual contacts on our online form. Please note the following:

SECTION A: This section requests information about your organization:
- Organization Name (required)
- Organization Address (line 1 required, line 2 optional)
- Organization Phone Number (required)

SECTION B: In this section, you will designate the Administrative Account. It is suggested that the Account Administrator be the person who will use the services the most or someone that will be able to effectively maintain the account on a regular basis. The Account Administrator has access to create and delete users from the account. All emails from CCVS regarding announcements, system outages or upgrades, policy changes and most other notifications are sent to the email address associated with the Account Administrator, not individual users. You will be asked to provide the following:
- Account Administrator’s first and last name
- Account Administrator’s email address
- Account Administrator’s telephone number (and extension, if applicable)
**STEP 1:**
2. Click on **Sign-up for CCVS**
3. Click on **Start New Application**
4. After you have reviewed the prices and definitions, click to continue account enrollment
5. Complete the online form Section A & Section B, then click **Submit**. Watch for an email with log in instructions

**STEP 2:**

1. Email is sent to the Administrator Account
Logging in


2. Enter **User Name** and **Password**, then click on **Sign in now**
The Administrative Menu may be accessed only by the Administrative Account designated in the Sign-Up Process. The Administrator Account allows a representative the ability to manage users, view and print receipts.

**Adding Users**

Once a User is added to the Manage Users list, an email is automatically generated.

1. Click on **Administration Menu**

2. Click on **Add Users**
3. **Enter** NEW users information in the form and click **Save**  
(The user will be added to the list of Manage Users.)

**Emailing Password/Deactivating Users**
Deactivating a user will immediately remove them from the Manage Users list.

1. Click on **Manage Users**
2. Select **Click to Deactivate**
Viewing/Printing Receipts

1. Click on **View Receipts**
2. Pick a start and an end date, then select **Go** to view receipt
3. Select **Print**

Editing Current User’s Info

1. Click on **Current User’s Info**
2. Enter correct information
3. Select **Save**
Using the CCVS for Credentialing

Current User’s Menu

Note: the Current User’s menu is not the same as the Administrator’s menu.

Placing an Order

Items needed to place an order:
- Active license
- Current Organizational A & R
- Current Attestation
- No existing orders

1. Click on Place New Order

2. Click on the first letter of the last name of the physician you wish to order

3. Hover over the name to see the missing compliance items

4. Select Order Options from the drop down menu (Initial, Expedited Service Initial, Out-of-Cycle, or Expedited Service credentialing)

5. Click on Add items to Cart
6. When adding items to cart, click on **Continue Shopping** to place each order

7. Review items in shopping cart, **remove** any orders not needed

8. Click on **Checkout** to process the order

9. Enter your organization’s information

10. **Check** that information is correct

11. Select **Continue to payment form** to process payment
12. Enter card information and select **Process** to complete your order.

13. An Order Confirmation email will be sent from Converge to the email address listed during the order process.

14. Another Order Confirmation email will be sent from CCVS/ASMB to the email address on file for the user who placed the order.
Checking Order Status

1. Click on **Outstanding Orders** to view the entire organization’s outstanding orders and the status of each order.
Retrieving an Order Completed Notification

1. You will receive an Order Completion Notification email once an order is complete, which instructs you to log into your account.

2. Click on Outstanding Orders

3. Click on Profile. The profile will remain here until it is picked up, then it can be found in the Archived Orders.

Retrieving an Archived Order

1. Click on Archived Orders

2. Click on the first letter of the physician’s last name to find physician within the list.
Accessing DEA/Malpractice Reports

Printing Attestations
1. Click on Provider Information
2. Click on the first letter of the last name of the physician you wish to order
3. Select DEA, Malpractice or Combined
4. Select Report to view the image
5. Select the **Image** to view and print the image

6. Click **Print** to print out the images
Viewing CCVS User Guide

1. Click on User’s Guide. The .PDF file will open in a separate window.

Viewing Other Forms & Publications

1. Click on Forms

2. Click on the document you wish to view. The PDF file will open in a separate window.
License Verifications

Free License Verification
(Includes physician’s name and Primary Specialty; Directory Address and phone/fax numbers; Arkansas license number, issue date, expiration date, basis for licensure, current license status and category)

1. Go to www.armedicalboard.org

2. Scroll down to Verify a License

3. Select the search criteria (License Number or Last Name)

4. Enter the license number or last name (can be partial last name if unsure of spelling) in the white bar

5. Click on Search

6. Select View for the results
7. On this screen, you may view the physician’s name, specialty, mailing address and licensure information. (Board Orders must be requested)

8. Click on Print OFFICIAL LICENSE VERIFICATION

The report will open in Adobe (.pdf) format, where you may view and print it
Viewing Board Notices

1. Select **for the Public**.

2. Click on **License Actions** to view Board Notices.

3. **Select** index to view pages. Scroll to see Board Actions within the last 60 days; scroll even farther to see Board Actions since January 2007.
Other Tools

There are lots of other great tools on the ASMB website that can help your Medical Staff Office or Credentialing team. Just click on **Public Links** to see what’s available under **Public Links**:

- **About the Board** – provides an overview and history of the ASMB and CCVS
- **Announcements** – news and announcements from the ASMB
- **Board Definitions** – terminology used by the ASMB
- **Board Members** – learn who the board members are, when and how they were appointed, and where they are from
- **Contact the Board** – contact information including mailing address, phone numbers and an online e-mail form.
- **Directions to the Board** – how to get to the ASMB office from any direction
- **Expiring License List** – a list of physicians and other healthcare professionals whose license will expire this month
- **License Actions** – shows Board actions from the last 60 days and also from the last 3 years.
- **License Statistics** – how many physicians and other healthcare professionals are licensed by the ASMB
- **Purchase a Mailing List** – how to order physician mailing lists.
- **Recently Licensed** – lists the physicians and other healthcare professionals that have recently been granted licensure in Arkansas.
- **Scheduled Meetings** – Board and committee meeting dates and times.
- **Search Our Directory** – to find a physician
- **Verify a License** – another link to free and detailed license verifications.
Email **CCVS@armedicalboard.org** IF YOU HAVE QUESTIONS ABOUT:

- Questions regarding *Ordering* and retrieving profiles
- A&Rs and Attestations
- Practitioner Rosters
- Any questions about a profile you’ve received, including errors, inconsistencies, expired items, etc.
- Request cancellation of an order
- Request an updated profile (within 60 Calendar days of profile release date)

Email **QI@armedicalboard.org** IF YOU HAVE QUESTIONS ABOUT:

- Questions regarding **CCVS mandate, statute, laws and regulations, policies and procedures related to the CCVS**
- Change Account Administrator
- NCQA certification of the CCVS and current status
- Request organization application review

Email **Support@armedicalboard.org** IF YOU:

- Need to send Email attachments *(ALL attachments for ANY Department go to this address with the recipient’s name in the subject line)*
- Are having problems Accessing and Navigating either website
- Have problems Changing User Settings

Email **LicenseMonitor@armedicalboard.org** IF YOU HAVE:

- Questions regarding Licensure Application and Renewals *(use Checklist if you are already in process)*
- Registering a new License
- Information about Wall Certificates

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W2017-07 EMAIL GUIDE Rev 8/16/17 ANM
Email Office@armedicalboard.org IF YOU HAVE QUESTIONS ABOUT:

- Reporting Malpractice Claim Info
- Schedule a Meeting with the Board
- Practitioner Complaint
- CME’s

- Physician Health Committee or Impaired Practitioner
- Schedule a Meeting with the Executive Director of ASMB
- Reporting Changes in Practitioner Privileges

The CCVS@armedicalboard.org inbox is closely monitored by both the Management and Customer Service teams to ensure that you will always receive a prompt response. Emailing your questions, comments and requests also allows the medical board to track customer service issues for Quality Assurance and Improvement purposes. It is the best method of communicating with the CCVS. Thank you!
When you fax documents to the Centralized Credentials Verification Service (CCVS), please be aware that your confirmation is only confirming the fax was sent from your number to the CCVS number. It does not confirm that the fax was received by the CCVS. Faxes sometimes do go awry through no fault of the sender or recipient and sometimes are never received by the CCVS. Faxes are sometimes received but are illegible and the CCVS is unable to determine who sent the fax so that they can be notified.

If an Organization’s Authorization & Release (A&R) is not posted after 24 hours (that is, by the same time on the next BUSINESS day), please send an email to ccvs@armedicalboard.org to check the status. Emailing allows time for the staff to check the broken file prior to responding. It also allows for a customer service ticket to be created so your issue can be tracked and resolved in a timely manner. Please wait for a response from CCVS, when possible, prior to resending your email query or resending your fax. In some cases, you may be asked to send it to a different fax number or resend from a different fax or both. The CCVS fax has 5 rollover faxes but even so, during the end and first of the month, these faxes are running continuously. If you are receiving a continuous busy signal, try sending your fax early or late in the day or call the main ASMB number and ask them for a different fax number because the CCVS one is continuously busy.

The CCVS staff check the fax machines continuously and enter the documents as soon as possible so they are available for customer orders. Please wait the full 24 hours before emailing ccvs@armedicalboard.org and providing the physician’s name(s) so they can look them up before getting back to you.

Although the CCVS will try to always accommodate your time restrictions, please try to send your faxes at least 24 hours before needing them, to allow for any problems with receiving the A&R to be resolved.

We do appreciate your cooperation, patience and understanding!
The CCVS cannot release a physician’s credentialing information without his or her express written consent, given in the form of an Organization-Specific Authorization & Release (A&R). An organization cannot place an order for credentialing information until an A&R is submitted and posted to their account. Upon posting, the physician’s name will appear in the organization’s list of available physicians, at which point the organization may place an order and also have access to the DEA and malpractice insurance information screen. The Customer Organization can obtain this profile update from the CCVS web site as long as the Organization-Specific is current. The Authorization & Release is effective for two years, less 30 days, (1 year, 11 months) from the signature date.

The CCVS will post complete and valid A&R forms within 24 hours--that is, by the same time on the next business day. If you need an A&R entered because you have to place your order that day, notify the CCVS and they will work with you. While we always strive to enter them sooner, sometimes it is not possible to do so during high volume periods. If your A&R is no longer showing in your list, check the signature date. If it expires in 30 days, the system has purged it because an order cannot be worked and released before it expires. The staff cannot re-enter it for you. PLEASE request the A&R from the physician prior to the last month or you won’t be able to place that order until another A&R is provided. Do not ask the staff to make exceptions.

If you faxed or emailed an A&R that is not posted by the same time on the next business day, it is possible that the A&R was deficient in some way, illegible, organization name incorrect, not signed and could not be posted. Please review the A&R before emailing to check:

- **The wording** on the A&R should be the same as on the attached example, including an effective period of two (2) years. **DO NOT submit A&Rs that have been altered in any way.**
- **The organization name** in the blank exactly matches the name the organization has listed in the CCVS Customer Account. The Account Administrator can access the account to check on this. Abbreviations and acronyms are not acceptable unless that is the way the account is listed. If the customer facility has changed names but did not set up a new account under that name with the CCVS, the old customer account name must be used on their A&R until a new account sign-up has been completed.
- **The physician’s name** must be legible, complete and match the physician’s Arkansas medical license. If the physician uses a nickname or his/her middle name, be sure to look at the license verification first and that is the name that must be on the A&R.
- **The physician is a Medical Doctor (MD) or Doctor of Osteopathy (DO) and is licensed in Arkansas.** CCVS only credentials MDs and DOs at this time.
- **The physician’s license number** is correct.
- **The physician has signed** the form (stamped signatures are not accepted). Proxy signatures are accepted for military only, electronic signatures are acceptable if there is an electronic signature indicator and it is on our form (attached).
- **The physician has legibly dated** the form, including the month, day and year he/she signed. Please check this date, as it is the most common error.
- **The physician has initialed and dated** all changes or corrections after signing. The A&R is a legal document, which cannot be altered without the physician’s initials and date, to indicate he/she approved the change. Do not ask our staff to make a change to this document as altering it can be grounds for losing their employment.
- **You faxed it to the correct fax number, 501-296-1806, or emailed it as a PDF attachment to SUPPORT@armedical.org.**

If your A&R meets all of the above guidelines but still hasn’t been posted by the same time on the next business day, please send an EMAIL after 24 hours to CCVS@armedicalboard.org requesting the status of the A&R you sent. Please include the physician’s name, license number, and the date and time you faxed or emailed it.
Print the form located on the CCVS website at www.arccvs.org to be sure you have the most current form. ALWAYS use the form on the website.

CCVS Organization-Specific
AUTHORIZATION AND RELEASE

I hereby authorize the Arkansas State Medical Board to provide my credentialing information gathered by the Board to _____________________________,

(a Credentialing Organization) with whom I am affiliating and seeking privileges.

This Authorization shall remain in effect for a period not to exceed two (2) years unless revoked by me in writing.

I understand that if I have provided this organization with permission to utilize my electronic signature for the purpose of obtaining my credentialing information from the Arkansas State Medical Board’s CCVS, this is the legal equivalent of my signature on this form and is as valid as if I signed the form with pen and ink and it can be enforced in the same way.

Typed or Printed Name of Physician: ________________________________

Licensure Number: ________________________________

**Signature of Physician: ___________________________ Date Signed: ________________
(Stamped signature is not acceptable, Electronic signatures only acceptable if signed on this form.) Mo/Day/Year

*This document does not authorize the Arkansas State Medical Board to release information collected to third parties except as later authorized by the above physicians and Arkansas law.

**In no event shall the practitioner or healthcare organization utilizing the electronic signature hold the employees of the Arkansas State Medical Board and CCVS responsible or liable, either personally or in their official capacity, directly or indirectly, for any damage or loss caused or alleged to be caused by or in connection with the use of or reliance on the practitioner’s electronic signature in providing the credentialing information requested to the credentialing organization identified on this document. This statement will serve as an attestation that the practitioner’s electronic signature affixed to this Organization Authorization and Release is true and correct and represents the practitioner’s true signature.
**What is a CCVS Attestation?** The Attestation is a one-page document with multiple questions to which the practitioner must respond “Yes” or “No.” The definition of attest is for someone to take an oath, certify formally to the truth or genuineness of something which provides or serves as clear evidence. The physician must attest (respond to questions) to his current malpractice insurance coverage, and also answer ten questions relating to disciplinary actions, illegal activities, health issues, malpractice claims, telemedicine and medical staff membership changes.

**Do we have to submit an Attestation with our Authorization & Release?** No. An Attestation is required prior to placing your order. If there is a current one on file, the CCVS only needs one current one. If there isn’t a current one, you will not be able to order. If you “hover” over the name, the info window will indicate what is missing.

**Why does the CCVS need a current Attestation in order to release my file?** The CCVS must have a current Attestation before it can release a physician’s credentialing information to an organization in order to meet certification requirements and the Board’s policies and procedures.

**Why does the CCVS need a new Attestation every 120 days?** Even though the certification requirement has been extended to 180 days, a survey of our customer organizations revealed that our customers still wanted to be able to obtain Attestation updates every 120 days.

**How often can we access a physician’s Attestations?** Customers with valid A&Rs on file are allowed to print scanned copies of all Attestations, including the initial licensure Attestation on file, at any time.

**Can our organization still collect its own Attestation?** While we encourage organizations to use the CCVS Attestation, we recognize that there are additional questions that your organization might need that are not included on our Attestation. Therefore, your organization can utilize its own attestation, but we do urge you to review the CCVS attestation to see if any duplicate questions could be removed from your form.

**Why can’t we access the physician’s explanations for “Yes” answers on the Attestation?** These explanations become part of the physician’s licensure file and are not maintained by the CCVS. For further clarification, you will need to follow up with the physician.
# CCVS Profile Content

<table>
<thead>
<tr>
<th>Info provided on the CCVS INITIAL Credentialing Report*…</th>
<th>Info NOT Provided by the CCVS…</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Education, from medical school to current</td>
<td>• Call coverage information</td>
</tr>
<tr>
<td>• ECFMG Exam Information, if applicable</td>
<td>• Office/practice info, such as corporate name, Federal</td>
</tr>
<tr>
<td>• Medical licensure, current and previous</td>
<td>Tax ID number, copies of SS4 or W-9 forms, office</td>
</tr>
<tr>
<td>• Specialties and Board Certifications, including ABMS,</td>
<td>manager info, billing address, languages spoken</td>
</tr>
<tr>
<td>non-ABMS, and self-designated specialties</td>
<td>• National Provider Identifier (NPI) number or taxonomy</td>
</tr>
<tr>
<td>• Professional History, current and previous staff and</td>
<td>code number if not provided or listed on verification site.</td>
</tr>
<tr>
<td>faculty appointments</td>
<td>• Details on physical conditions reported as “contact</td>
</tr>
<tr>
<td>• Other activities, including time gap information and</td>
<td>physician” on CCVS profile. It is up to the physician to</td>
</tr>
<tr>
<td>miscellaneous employment since completion of medical</td>
<td>provide any additional details.</td>
</tr>
<tr>
<td>school</td>
<td>• MALPRACTICE CLAIMS HISTORY: the Board cannot</td>
</tr>
<tr>
<td>• Military service information, if applicable and after</td>
<td>provide this information by law to the CCVS</td>
</tr>
<tr>
<td>medical school</td>
<td>organizations. The organization must obtain it from the</td>
</tr>
<tr>
<td>• Regulation 7 Exemptions</td>
<td>physician, the insurer, the physician’s attorney, or the</td>
</tr>
<tr>
<td>• Dispensing Physicians</td>
<td>County Clerk’s office where the claim was filed.</td>
</tr>
<tr>
<td>• Physician’s Health Committee, if applicable</td>
<td>• Peer-Review or Reference letter information.</td>
</tr>
<tr>
<td>• Current malpractice insurance policy information</td>
<td>• Results of the Board’s criminal background check (FBI</td>
</tr>
<tr>
<td>• Medicare &amp; Medicaid sanctions, as reported by FSMB or</td>
<td>and State) are NOT provided except as referenced in the</td>
</tr>
<tr>
<td>NPDB</td>
<td>brief Board minutes excerpts.</td>
</tr>
<tr>
<td>• FSMB search verification</td>
<td>• Competency Assessments: the organization must</td>
</tr>
<tr>
<td>• AMA/AOA profile verification at initial licensure</td>
<td>follow their own internal processes or bylaws for</td>
</tr>
<tr>
<td>• Criminal law convictions, only if disclosed by the</td>
<td>determining if a physician is competent to perform the</td>
</tr>
<tr>
<td>physician on Attestation or at initial licensure</td>
<td>procedures requested at privileging.</td>
</tr>
<tr>
<td>(results of the Board’s criminal background search</td>
<td>• NPDB searches: the CCVS omits this information from</td>
</tr>
<tr>
<td>are NOT provided unless the Board takes action as a</td>
<td>the profile so that organizations may perform their own</td>
</tr>
<tr>
<td>result; organizations must perform their own criminal</td>
<td>NPDB searches without duplicating the efforts of the</td>
</tr>
<tr>
<td>background search)</td>
<td>CCVS as they requested.</td>
</tr>
<tr>
<td>• Federal and State DEA information</td>
<td>• Note: The ASMB/CCVS Customer Service Department</td>
</tr>
<tr>
<td>• UPIN, NPI, Medicare &amp; Medicaid numbers, as provided</td>
<td>will review your applications in order to assist you</td>
</tr>
<tr>
<td>by the physician</td>
<td>with compliance. Email as .PDF attachment to</td>
</tr>
<tr>
<td>• Rehab / Health Conditions (physical conditions,</td>
<td><a href="mailto:Support@Amedicalboard.org">Support@Amedicalboard.org</a>, Attn: QI or Fax to (501)</td>
</tr>
<tr>
<td>drug/alcohol/chemical)</td>
<td>603-3555, Attn: QI and allow 2-3 days depending on</td>
</tr>
<tr>
<td>• Board minutes excerpts</td>
<td>volume for completion and a response.</td>
</tr>
<tr>
<td>• Physician identifiers (SSN, DOB, gender, mailing</td>
<td>* Re-Credentialing profiles include the same information</td>
</tr>
<tr>
<td>address, phone and fax numbers)</td>
<td>as Initial profiles, but are limited to activity during</td>
</tr>
<tr>
<td></td>
<td>the most recent two years.</td>
</tr>
</tbody>
</table>
### Physician Identifiers

**Organizations may request the following duplicate information from practitioners to utilize as physician identifiers for credentialing purposes**

#### Initial Credentialing

- **Full Legal Name** (including suffixes) and **type of Degree**
- **Social Security Number**
- **Gender** (Male/Female)
- **Date of Birth** (Month, Day, Year)
- **Physical Location/Mailing Address** (Street, PO Box, Suite Number, City, State, Zip Code)
- **Contact Phone Numbers**
- **Name of Medical School**
- **Location of Medical School** (City State/Country, Zip Code)
- **Date of Medical School Graduation** (Month, Day, Year)
- **DEA Number** *(DO NOT request Certificate Copies!)*
- **The National Provider Identifier or NPI** (HIPAA), which replaced the **UPIN**
- **Taxonomy Codes**
- **Universal Physician Identifier Number** *(UPIN)*
- **Medicare/Medicaid Numbers**

#### Recredentialing / Reappointment Credentialing

- **Full Legal Name** (including suffixes) and **type of Degree**
- **Physical Location/Mailing Address** (Street, PO Box, Suite Number, City, State, Zip Code)
- **Date of Birth** (Month, Day, Year)
- **Taxonomy Codes**
Fees & Turnaround Times (TAT)

All turnaround times (TATs) are in BUSINESS DAYS. Exclude weekends and holidays when counting. Count begins the next business day after the order is placed, regardless of the time it was placed. Please plan on the credentialing profile taking the posted amount of time. Calling to check status will not provide more information that looking in the Outstanding Orders online. If the file has recently been released and is still current, it may be released sooner. The CCVS goal is always to release the profile before the scheduled due date but the turn-around-time set by statute is the guarantee and the CCVS has until that date to release to the organization.

<table>
<thead>
<tr>
<th>Type of Order</th>
<th>TAT</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Credentialing Files</strong></td>
<td>15 days</td>
<td>$80</td>
</tr>
<tr>
<td>(Education, ECFMG if applicable, Licensure History, Work History, Other Activities or Miscellaneous Information, Regulation Exemptions, Specialties, Dispensing Physicians, Malpractice Liability Insurance Coverage, Physicians Health Committee, Medicare &amp; Medicaid Sanctions, AMA/AOA Profile Verification, Criminal Felony Convictions, Federal &amp; State DEA/CDS, Special Physical Conditions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Telemedicine Credentialing Files</strong></td>
<td>15 days</td>
<td>$275</td>
</tr>
<tr>
<td>(Same content as Initial Credentialing Files). Can only order an INITIAL.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>In-Cycle Recredentialing Files</strong></td>
<td>30 days</td>
<td>$60</td>
</tr>
<tr>
<td>Credentialing information from the last two years, ordered according to the CCVS birth month renewal cycle; which is two months after the birth month. It is not available on Telemedicine physicians. TAT goal is usually 3-5 business days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Cycle Recredentialing Files</strong></td>
<td>30 days</td>
<td>$80</td>
</tr>
<tr>
<td>Credentialing information from the last two years, ordered any other month outside the In-Cycle birth month cycle stated above. It is also not available on Telemedicine physicians.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expedited Files</strong></td>
<td>5 days</td>
<td>$250</td>
</tr>
<tr>
<td>Files ordered Rush/Expedited. This type of order is normally utilized when there is an Urgent need. It is also not available on Telemedicine physicians</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTES:**

**Telemedicine Files.** Even though the stated turnaround time shown above is 15 days for telemedicine physicians, the CCVS TAT on this type of order can take more than 30 Business days,
depending on the number of out-of-state, out-of-country affiliations and licenses. TAT will primarily be impacted by how long it takes that organization or country to respond to requests for verification information. The Arkansas State Medical Board determined that only the most recent ten years (10) of work history, plus work history in their home state would be verified. If organizations need verifications prior to the ten (10) years provided, they are allowed to obtain them. The CCVS is working telemeds continuously to reduce the TAT.

**In-Cycle Recredentialing.** In-Cycle Recredentialing profiles are usually turned around within 3-5 business days, but please keep in mind that the guaranteed and allowed TAT is 30 business days.

**Invalid Organization-Specific Authorization and Releases.** Orders CANNOT be placed until a complete and correct A&R has been received. If using an electronic signature, the most current Organization-Specific Authorization and Release(A&R) available on the CCVS website, [www.arccvs.org](http://www.arccvs.org), must be used. There must be an electronic signature identifier on the page. If an order is placed on an A&R that is later determined to be incomplete, illegible, altered or contains incorrect information, the A&R will be returned, the order cancelled and the turnaround time will begin again once the correct A&R is received.

**Overdue Files.** The ASMB/CCVS staff may encounter verification delays beyond their control, which may prevent them from completing the file within that scheduled timeframe. An example of this might be organizations that are located out of the country or organizations that have a six-week TAT policy. To meet statutory guidelines, the CCVS must refund the fee if the profile cannot be delivered within the stated TAT. Although the order is cancelled, the file remains “open and working,” so it will still be within the 120 days when the missing verification is received. The ordering organization will be informed via email of the nature of the delay, when the missing verification is received and when to reorder.

**Order Status Checks.** The ASMB/CCVS will not remove a file from working status to provide interim updates. **PLEASE DO NOT ASK!**
The in-cycle reduction in cost and turnaround time (TAT) is due to the license renewal cycle, which is based on the physician’s birth month. Since physicians must list changes in their education history, work history, and license history when they renew, it is easy to see why this time frame would be the best to update the physicians’ files. Once the renewal is received, the CCVS begins the process of obtaining the verifications to bring the file current. The physician has until the last day of his birth month to turn in his license renewal. The month after his birth month is utilized to collect new verifications. If facilities reappoint based on the birth month cycle and place their orders according to the yellow box above, the TAT is usually quicker because the files have been recently updated. The statute allows the CCVS to turn Recredentialing/Reappointment files around to the customer within 30 business days, but In-Cycle orders may take as little as 3-5 days (or less), if ordered within that month only, and the fee is discounted to $60 per profile. This process is not part of the statute, but an internal process created by the ASMB/CCVS. Volume or delays in obtaining verifications may impact this TAT, especially with locum tenens physicians. Once the in-cycle month has passed, verifications begin to expire the 120-day requirement and the file is in update process again. It is now considered Out-of-Cycle and the 30 business day TAT and $80 fee apply. Please keep this in mind when ordering and note the expected due date based on your order type.

- Place your order during the IN-CYCLE (yellow box) month and the cost is $60 per profile with a reduced turnaround time.
- Place your order during any other month and the OUT-OF-CYCLE fee of $80 per profile applies and the TAT is 30 business days.
IN-CYCLE RECREIDENTIALING DUE DATES.

In-Cycle Recredentialing profiles are usually released to clients within 3-5 Business days, but the guarantee and allowed TAT by law is 30 business days for all Recredential profiles. It may take longer than 3-5 Business days to obtain all verifications in some cases. The CCVS will always endeavor to update and release files in the shortest period of time. The majority or highest percentage of these files is released within the 3-5 Business days, but a few may take longer to update.

Those physician files that normally take a longer period of time will be locum tenen or contract physicians because they move around or verifications must be obtained from primarily out-of-state verification sources. In many cases, the organization cannot verify the dates the physician worked there because of the nature of the contract and their internal policies regarding privileging or not privileging these physicians. They may work one weekend that month and then work a weekend several months later, but only the contract company would have the exact dates.

In cases where the physician is an independent contractor, there may not be any records because the physician did not document dates, doesn't recall every place or dates worked and only has tax returns showing the amount of money made that year. These situations take longer to obtain verifications and they cannot be obtained in some cases.

Physicians working locum or contract work out of the country may have some additional response delays due to time zone differences and language translation in some cases.
**PHYSICIAN ROSTERS**

**IMPORTANT!!** ALL organizations credentialing physicians for Arkansas will soon be required to provide a current (within 120 days) physician roster to the ASMB/CCVS before they can place an order for a physician profile. Examples and additional information provided below. Please begin the process of creating and submitting rosters now. In order to meet certification and accreditation requirements, rosters must contain the following information:

**EXAMPLE HOSPITAL**
2100 River Valley Road
Buckstaff, AR  72000
501-296-1951

<table>
<thead>
<tr>
<th>PHYSICIAN NAME</th>
<th>LICENSE NUMBER</th>
<th>CURRENT STAFF STATUS</th>
<th>SPECIALTY</th>
<th>APPOINTMENT DATE (Include Temp)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wookie, Robert, MD</td>
<td>CYN202</td>
<td>Active</td>
<td>Ophthalmology</td>
<td>10/2/2015</td>
</tr>
<tr>
<td>Pitt, James, DO</td>
<td>CYN5001</td>
<td>Active</td>
<td>OB/GYN</td>
<td>7/01/2012</td>
</tr>
<tr>
<td>Harley, Rolph, MD</td>
<td>SKI801</td>
<td>Provisional</td>
<td>Surgery/General</td>
<td>6/24/1999</td>
</tr>
</tbody>
</table>

Below is an example of a combined active and termination roster:
(Terminations are highlighted for example purposes only – highlighting is not necessary)

<table>
<thead>
<tr>
<th>Name</th>
<th>License Number</th>
<th>Staff Status</th>
<th>Specialty</th>
<th>Appt. Date</th>
<th>Term/End Date</th>
<th>Good Standing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adele, Carol P., MD</td>
<td>B2005</td>
<td>Inactive</td>
<td>Psychiatry</td>
<td>1/1/1999</td>
<td>4/30/2017</td>
<td>Yes</td>
</tr>
<tr>
<td>Pear, Redmond, DO</td>
<td>S5456</td>
<td>Active</td>
<td>Pathology</td>
<td>12/15/2012</td>
<td>n/a</td>
<td>Yes</td>
</tr>
<tr>
<td>Emem, Asia D, MD</td>
<td>D108</td>
<td>Inactive</td>
<td>Orthopaedics</td>
<td>4/1/2000</td>
<td>4/12/2017</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1. Rosters can be submitted when they are updated but must be submitted a **minimum of every 120 days**.
2. All CCVS customers who privilege their physicians must submit a current roster every 120 days.
3. Interim information on changes, new staff, and terminations should be provided between rosters and as soon as possible. This can be in the form of an email or on the organization’s letterhead and sent as a .PDF attachment to support@armedicalboard.org with ATTN: CCVS in the subject line. Updated rosters can also be sent if there has been an interim change to avoid having to send additional emails, but must be sent as soon as possible after the change, so updates can be made in the system prior to another CCVS profile being sent out.
4. Disciplinary actions should be reported to the Arkansas State Medical Board’s Regulatory Office as soon as possible. These must be on the organization’s letterhead and addressed to the Arkansas State Medical Board, ATTN: Executive Director or Chairman. They can be faxed to the Regulatory office at 501-296-1805 or emailed as a .PDF email attachment to the support@armedicalboard.org email address with ATTN: Regulatory in the subject line. (Medical Practices Act, 17-95-104)
5. Rosters can be one or multiple pages and can be landscape oriented, but must be legible with the physician names in alpha order. Please do not submit them in alphabet order by department or include reappointment dates until they reflect a break in privileges. Use this format for example:

   **Last Name, First Name, Middle Name or Initial, License Number, Staff Status, Specialty, Appointment Date** (include Temporary or create additional column if you prefer to separate this date from your committee appointment date).

6. Rosters should include the name of the person submitting the roster, title and date of roster. This same format should be utilized for reporting changes or terminations.
7. If there are no changes to the roster after 120 days, an organization can submit a letter or email to ccvs@armedicalboard.org with the organization name, signed and dated and stating that all physicians on the previous roster dated, list mm/dd/yyyy are still in good standing and there have been no additions or deletions since that date. Organizations may also update the date on the previous roster and just send that one in.
8. Organizations may still receive phone calls from CCVS staff if there is any inconsistency on the roster, conflicts with previous information received from an organization, if the physician has provided different dates and asks the CCVS to re-verify or if the physician is not on the roster but no interim information was provided.

TERMINATION ROSTER EXAMPLE: Looks just like the regular roster, but has a column for End or Termination date.

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Address</th>
<th>Phone Number</th>
<th>Submission Date</th>
</tr>
</thead>
</table>

PHYSICIAN NAME  
(First, Last, Middle)

| PHYSICIAN NAME | LICENSE NUMBER | SPECIALTY(S)  
(Do not just put department) | END DATE |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Abercro, Wooksim, MD</td>
<td>ABC-1234</td>
<td>Medicine/Nephrology</td>
</tr>
<tr>
<td>Basilica, Remon P., MD</td>
<td>DPQ-4567</td>
<td>Surgery/Oncology</td>
</tr>
<tr>
<td>Starman, Shiny, III, MD</td>
<td>XPQ-7011</td>
<td>Radiology</td>
</tr>
<tr>
<td>Ozo, Patric Myles, MD</td>
<td>QXT1012</td>
<td>Psychiatry</td>
</tr>
</tbody>
</table>

Providers listed on this Termination List were in Good Standing at the time their privileges ended. Their privileges were not denied, revoked, suspended or limited.

Include the Name of the person who submitted list, including title and date of submission.

ADDITIONAL INFORMATION

1. Alternate Termination list process: You can also add another column that states Good Standing and mark yes next to each, but the example above uses a standard statement and might be faster than entering a response for each name.

2. For those that are Unknown or not in Good Standing, submit separately in letter format to the Arkansas State Medical Board, ATTN: Executive Director or Chairman and fax to Regulatory at 501-296-1805 or email as a .PDF to support@armedicalboard.org with ATTN: Regulatory in the subject line.

*NOTE: All privilege changes should be reported. Rosters can be utilized for non-disciplinary reporting of Temporary or Provisional to Active, Active to Consulting, etc. *Physicians that end their privileges in good standing for business decisions still have to be reported* and those would be sent to ATTN: CCVS if emailing – use same email address when sending any attachments.

FAX Rosters to: (501) 296-1806
Email Rosters to: support@armedicalboard.org (MUST be .PDF attachments only)
Email Roster Questions to: ccvs@armedicalboard.org
The ASMB/CCVS staff cannot change an existing order or place an order. Cancellations must have supporting documentation even if the CCVS cancels an order for some reason.

Requests for cancellation of orders may be made by customers or ASMB/CCVS staff for the following reasons and utilizing the required cancellation process as listed below:

- Customer made an order entry error when placing the physician profile order online (example: wrong physician, duplicate order, placed another order on a physician who had been previously retrieved, physician decided not to renew staff privileges with customer after the order was placed, etc.). Only the ASMB/CCVS Management Team has authorization to cancel requests. Specific staff may receive designated ability to cancel, but not without the oversight and approval of the CCVS Program Manager or the QI/CS Manager.

- Customer cancellation process:
  1. The customer must request via EMAIL to the CCVS as quickly as possible at ccvs@armedicalboard.org. EMAIL ONLY requests for cancellation, provide reason. (Example: Please cancel Thomas John Bozo, M.D. X-3434 so we can Expedite);
  2. The physician’s full name and license number must be included (Thomas John Bozo, M.D., X-3434);
  3. Reason for the cancellation must be provided (ordered in error, need to Expedite, etc.);
  4. Must include the date of order and total amount charged;
  5. The last four numbers of the credit card used for the order

**WHEN AN ORDER CANNOT BE CANCELLED**

Although the CCVS will assist customers whenever possible, there are some instances when the order cannot be cancelled.

1. The file has already been released to the customer regardless of whether it was retrieved or not;
2. The order has already been completed and is in final release audit.

**ASMB/CCVS ORDER CANCELLATIONS**

The ASMB/CCVS staff may cancel an order before the due date when all efforts to contact a physician to complete or obtain information (attestation, general authorization and release, clarification, etc.) required for file processing by due date have been exhausted or cannot be completed. The staff will notify the customer in order to request assistance (contact information, etc.) prior to cancellation, if correct contact information is current in the system. If the customer is utilizing someone else’s access codes or user name and ID, contact will not be possible.

The ASMB/CCVS staff will continue to try to make contact with the physician to obtain the information. Once the information is obtained and any documents that expired in the interim are obtained, the customer will be notified via email and may re-order. The file will be completed and released to the customer as soon as possible.

**NOTE:** The staff may also cancel an order if the physician is out of town/country, ill, etc. for a long period of time or unavailable due to other reasons such as traveling, moving, vacation, health related reasons. The CCVS may also cancel if the physician has notified the ASMB/CCVS that he/she has moved out of state and does not plan to renew privileges or follow through on obtaining privileges and there is no hope of obtaining the information or completing the file within the time parameters of the order. The customer will be notified that the order has been cancelled and the reason will always be provided.
EXPEDITING AN ORDER

The ASMB recognizes that medical staff emergencies do occur and the CCVS mandate created an order type to allow for this, Expedited Orders. This order type allows organizations to retrieve a CCVS profile within 5 Business days or less. The order may be released the same day if all verifications are updated due to a previous release, but the 5-day TAT is the only guarantee. If an organization has a patient care or patient coverage issue due to being short-handed or last minute practitioner health issues, the following process should be requested:

Customers may change any existing orders to another order type, (except Telemeds), by sending in an email request to CCVS@armedicalboard.org and requesting a cancellation of the existing order and providing the following information:

1. Provider’s full name and license number;
2. Brief statement regarding why the customer wishes or needs to cancel (reorder as Expedite due to no coverage, Initial or Recredential, etc.)

All “Users” at each customer organization can view the list of OUTSTANDING ORDERS placed by everyone at their facility with access to place CCVS orders. **It is the customer organization’s responsibility to check their pending order lists for duplications or profiles that were ordered in error. Orders cannot be cancelled once they are in final Release Audit or have been released to the customer.**

**Changing the order to Expedite** - In order to change an existing or current order to Expedite, an EMAIL request for cancellation of the current order must be made listing the reason for cancellation, (need to reorder as Expedite). Once the customer receives the email cancellation confirmation, they must immediately place the Expedite Order on that physician, so the staff can move it ahead and complete the Expedite as soon as possible.

**Expedite Order TAT** - All expedited orders are usually needed urgently. New expedite orders go to the bottom of the expedite list, if there are any others. However, consideration will be made based on the reason for the emergency. There is no turn-around-time guarantee of less than 5 Business days but if verifications are obtained within less time, the order will be released as soon as possible. The staff cannot promise when the Expedite will be released, until the file is completed but will get it out at the earliest possible time and depending on the file difficulty. The Expedite turn-around-time averages 1-3 days. Please do not place repeated calls to staff to check the status, as this will delay releases.

TAT may be less than the goal set by statute, but TAT is only guaranteed by that statute TAT. TAT is dependent on the TAT of verifying organizations and also on whether the order was just worked and released prior to the expedited order. The CCVS will always endeavor to release the profile BEFORE or BY the expedited due date.
Organizations are encouraged to include an emergency process in their By-Laws, so they can grant temporary privileges and allow a physician to provide patient care while waiting on the CCVS process to be completed. This will prevent the expense of the Expedite request.

**What is an Expedite Order?** - The CCVS statute includes an emergency file order type for those organizations who have credentialing emergencies. The ASMB/CCVS follows this process to be able to provide the CCVS profile ahead of the scheduled due date. The process calls for EXPEDITING the order, which includes the higher fee and reduced turn-around-time (TAT) associated with this type of order and allows staff to work these files ahead of normal file order types. Turn-around-time for these orders is set by statute at 5 business days or less and the count begins the next business day after the order is placed. There is no turn-around-time that is less than 5 business days.

Orders that are not expedited will not be moved ahead of other orders in the system. The Arkansas statute does not allow staff to move one order ahead of other orders, placed earlier than by Expedite Orders. Orders, charges and TAT are closely monitored.

**NOTE:** If a CCVS client has an emergency situation involving patient care, they can request the file be cancelled so they can reorder as an Expedite Order by sending the cancellation request via EMAIL to ccvs@armedicalboard.org. The file cannot be worked as an expedited, if it is not an Expedite Order. The following information will help with scheduling staff for working expedited files. The email should include:
- Physician name;
- Organization name;
- Reason for cancellation or emergency justification (patient care impact, last minute hospital coverage, ordered too late for committee meeting, etc.);
- The date the order is needed.
Functions of the Organization’s CCVS Account Administrator:

The Account Administrator controls all functions of the account and acts as the liaison between the CCVS staff and organization staff. All e-mail notifications of CCVS policy changes, etc., are sent only to the person listed as the Account Administrator. Additionally, any issues that may arise with the CCVS regarding Authorization & Release forms, Attestations, Pending Orders, etc. are also sent to the Account Administrator. It is very important that the organization keep its Account Administrator information current and accurate with the CCVS so that this communication will continue without interruption.

Changing the Account Administrator:

To change the Account Administrator, either the current Account Administrator, the CEO, COO or CFO for the organization must send a signed request to the ASMB, ATTN: QI at this e-mail address - support@armedicalboard.org. This letter must be a .PDF attachment or it will not be received. If you need to fax it, send to 501-603-3555 with ATTN: QI on the cover letter. This must be done each time the Account Administrator is changed. Here is a sample letter:

```
Organization Letterhead

Person’s Name
Organization Name (as listed on CCVS Account)
Organization’s Current Address
Location, zip

Re: Change of Account Administrator

ATTN: QI

Please change the Account Administrator for ABC Healthcare, Inc. from Jack Example to Anne Smith effective (list date). Anne’s contact information is:

Name: Anne Smith
Title: Director of Physician Credentialing
Org: ABC Healthcare, Inc.
Address: 123 Main St.
        Anywhere, AR 72222
Phone: 501-555-0005
Fax: 501-555-0066
E-Mail: anne.smith@ABCHealthcare.com
Level: 3

If you have any questions, please contact me at 501-555-5550.

Thank you,
(Signature)

John Doe, CEO
ABC Healthcare, Inc.
Phone: 501-555-5550
Fax: 501-555-5566
E-mail: john.doe@ABCHealthcare.com
```
The new Account Administrator will be notified via email usually on the same day the request was submitted to the ASMB. A temporary access code will also be provided to the new Account Administrator. After logging in, the code may be changed. The ASMB does not maintain a list of access codes. If they are lost, a new code will have to be set up by the Account Administrator.

Please be sure the organization name on the letter is listed exactly as it is listed with the CCVS and on the Organization-specific Authorization and Release.

If you have any further questions about changing your Account Administrator, please email qi@armedicalboard.org or call 501-296-1951.
Organization Name Change

What if my organization changes its legal entity name? Your organization is NOT required to change its name with the CCVS. However, the account name on file with CCVS must exactly match the organization name used on the Organization-Specific Authorization and Release (A&R) forms that are signed by each physician. See below for more information regarding A&Rs.

How do we change our organization name with CCVS? The Account Administrator must complete the process online for setting up an entirely new account under the new account name. This must be done each time an organization changes its name and wants the account to reflect the new name. The new account setup will require payment of an additional setup fee of $250. This fee will be charged to your credit card. Note: If your emails will change as a result of the name change, be sure to go online and make the applicable changes to update.

To sign up the new account, go to our website, www.arccvs.org. Click Sign-up for CCVS in the Secured Area and proceed from there.

Why do we have to pay the setup fee again? The CCVS must continue to maintain both accounts (old and new) so that your organization will continue to have access to the current orders and archived material in the old account until all of your current orders are retrieved and your organization begins to utilize only the new account.

What documents or forms are required to complete a name change? There are no forms for completion, only specific documentation as listed below and completion of the online SIGN UP for the new account:

✓ A letter on the new company letterhead addressed to the Arkansas State Medical Board, Attention QI. The letter must:
  ▪ Be signed by the Administrator or Chief Executive Officer of the organization;
  ▪ State the organization’s name has been changed from [old name] to [new name];
  ▪ State the new account name exactly as it is to be listed on the account, whether using a dba (doing business as) or network affiliation name. For example, the new official name might be “United Hospitals Health System, Inc.,” but you might prefer the name on the account to be “United Hospitals.”
  ▪ A listing of all facilities/hospitals/clinics under this name change that will be impacted by this change. For example, if ABC Healthcare will be the new account name and will be credentialing for Appleton, Bailey and Clark Hospitals (all separate facilities), include the names and addresses of those organizations so this information can be kept in each organization’s file. Note: If the three separate facilities all have their own credentialing committees, they will each need to set up an account and query separately under their own organization names and under separate accounts.

--OR--

✓ A copy of the name change acknowledgement or certificate from the Secretary of State OR copy of the Arkansas Department of Health Certificate listing the new name.

When will the old account be deactivated? The old account will be deactivated once no new orders are
placed after a period of time when those A&R’s are expired. No new orders or new Authorization & Release forms with your old account name will be accepted or entered. See below for more information on A&Rs. If your organization wishes to have both accounts open simultaneously and indefinitely, you will need to indicate that in writing on your letter. It is possible to have more than one account open at once.

**What about our pending orders under the old name?** Organizations will still have access to these orders once completed. Outstanding orders already in the system can still be retrieved, as well as any archived orders from your old account. The CCVS will still maintain your old account for this purpose. However, you should request new A&Rs with the new name and begin using the new account to place new orders at your earliest opportunity. Send new account A&Rs to CCVS as soon as they are received.

**How will we know when the new account has been created?** You will receive e-mail notification once the new account set-up is completed. Once you are notified of your user name and password for the new account, you can place new orders under the new account name and should begin utilizing the Authorization & Release with the new account name on it once it appears in your shopping list.

**What if we decide to keep our old organization name as our CCVS account name?** If your organization does not plan to change the name on the CCVS account, the organization documents notifying the ASMB/CCVS of the legal name change must still be sent. You are NOT required to change the account name but you ARE required to make certain the name on the blank line on your Authorization and Release always matches your CCVS account name and that you have notified the ASMB/CCVS of your organization name change. You may print the new name in the title or header of the A&R, or copy A&Rs onto your new letterhead so both are on the form, but the name in the blank on the A&R must be the current CCVS account name. If the A&R does not contain the current account name, it will not be entered and you will not be able to place your order until the inconsistency is resolved.

**AUTHORIZATION & RELEASE FORMS**

A&R form utilized by your organization must always list your account name as it is currently listed on your CCVS account. The physician’s signature on the A&R means that the physician authorizes the CCVS to release his/her credentialing information ONLY to the organization named on the A&R, and the organization named on the A&R MUST have an account with CCVS or it cannot be released to that organization. Once the old account is deactivated, CCVS will no longer accept A&Rs using that account name as the Credentialing Organization, and until the new account is created, we cannot post A&Rs sent with the new account name as the Credentialing Organization. Thus, we recommend:

- You create a master copy of the A&R with your new CCVS account name pre-populated in the blank. If your account name is too long to fit in the space provided on our form, you may re-type the A&R yourself, or request an A&R form with your new CCVS account name, by emailing the QI department (qi@armedicalboard.org).
- If you need to order a profile immediately before the account is set up, have the physician sign an A&R with the old account name so that you don’t have to wait for the new account to be created. You’ll need the physician to sign one for the new account, once sign up is completed.
- If you are mailing out an appointment or reappointment packet, include an A&R with the new account name, in case the physician does not return it before the old account is deactivated.
What is a telemedicine physician? The Arkansas statute defines a telemedicine physician as one “who is physically located outside this state but who, through the use of any medium, including an electronic medium, performs an act that is part of a patient care service initiated in this state, including the performance or interpretation of an X-ray examination or the preparation or interpretation of pathological material that would affect the diagnosis or treatment of the patient.” Utilization of telemedicine physicians gives small, rural hospitals the ability to keep patients close to home by monitoring their health instead of transporting them to larger, faraway hospitals.

What if the physician is working on-site for our facility? Even if the physician will be working on-site at your facility, he/she may still be classified as a telemedicine physician if he/she is providing telemedicine services to other organizations in this state when the physician’s primary practice is located in another state. If the physician is listed as a telemedicine for any other Arkansas facility, they are considered a telemedicine physician for all of them.

*Physicians located in Arkansas and performing telemed services for Arkansas facilities or out-of-state facilities are not listed as telemedicine physicians.

How are telemedicine physicians credentialed? They are credentialed as any other provider within each organization with internal by-laws dictating how this must be completed. The CCVS collects verification and information on work history, licenses, etc. for the physician profile.

ORDERING TELEMEDICINE PHYSICIAN PROFILES

If you cannot assign your telemedicine physicians non-staff status, you will need to order a telemedicine profile, even if you are accepting the credentialing of The Joint Commission-accredited contract organization. Due to the large volume of verifications that must be obtained to complete a telemedicine credentialing file, certain policies regarding these orders were implemented on February 11, 2008:

1. **Profile Fee** - The CCVS profile fee was increased to $275 per physician per profile on telemedicine physicians. The fee increase was to accommodate the additional verification fees charged to the CCVS and to offset other out-of-pocket expenses necessary to meet increasing demands of credentialing telemedicine physicians.

2. **Initial Orders** - In-cycle recredentialing, Only Initial CCVS profile orders are allowed. Recredentialing and Expedited orders are not available at this time for telemedicine physicians. Organizations will be quickly notified of any change in this process. Customers are only able to order Initial profiles for telemedicine physicians, even if they are purchasing the profile for recredentialing purposes.

3. **Compliancy Items** - Customers are no longer able to order telemedicine profiles unless the CCVS has all of the following documents on file so the verification process can begin:
   - Organization Authorization & Release dated within the last two years;
   - Board Authorization & Release dated within the last two years;
   - Attestation dated within the last 120 days;
   - A complete listing of all current and previous state licenses and hospital affiliations, dated within the last 120 days.
CAQH is a CVO providing a generic application service utilized by a few
managed care and insurance companies for their network credentialing.

CAQH (Coalition for Affordable Quality Healthcare) advertises itself as a credentials verification organization (CVO) and a not-for-profit alliance between health plans to provide physicians and health plans with a generic application service to “facilitate credentialing for healthcare entities.” The info provided by physicians on their applications is delivered to insurance networks that have signed up to utilize the CAQH service.

Any organizations credentialing physicians for Arkansas must still utilize the Arkansas CCVS.

What we say:

Completing the generic application is not a violation of the CCVS mandate. However, CAQH cannot be utilized instead of the CCVS but may be utilized for application service and obtaining verifications not obtained by the CCVS.

REMEMBER, even though this is an organization collecting an application for another managed care organization or insurance network, their application MUST abide by the same terms as any in-state organization sending an application for credentialing purposes. They CANNOT request information the CCVS collects and provides.

Physicians must do what is needed to protect their privileges and stay in network so they can continue to provide patient care.

For further information regarding CAQH, please go to the CAQH website: www.caqh.org
GLOSSARY OF TERMS

A&R - See Authorization and Release
ACCOUNTABILITY (data quality principle) - Performance measurement systems will be held accountable by the JCAHO and NCQA for the quality of data that are received from participating health care organizations and transmitted to the JCAHO and NCQA on behalf of enrolled health care organizations.
ACCREDITATION - A determination by an accrediting body that an eligible health care organization complies with applicable (JCAHO) standards.
ACCREDITING ORGANIZATION - An organization that awards accreditation to hospitals, managed care organizations, or other health care organizations.
ACTIVE - In licensing, denotes that license is current and valid.
ACTIVE STAFF - In professional history, denotes that physician is an active member of the medical staff.
ADMITTING PRIVILEGES - Authority issued to admit individuals to a health care organization. Individuals with admitting privileges may practice only within the scope of the clinical privileges granted by the organization’s governing body.
AGGREGATE DATA - Measurement data collected and reported by organizations, departments as a sum or total over a specified time interval (weekly, monthly, quarterly, annually), or for certain groupings or subjects and utilized to determine the performance of that organization or department.
AMA/AOA - When entered in the Verification field of the physician profile, it means the verification was obtained and verified from the American Medical Association or the American Osteopathic Association.
APPEARANCE (BOARD) - The physician is requested to appear before the Board for the purpose of providing the Board with information about specific issue(s), which may include but are not limited to: request a license; inconsistency on license application; request waiver of a specific verification element; malpractice issues; complaint; physician health committee issue; clarification; expert testimony; determining whether there has been a violation of the Medical Practices Act.
APPOINTMENT - Bestow or present an individual with specified and delineated privileges, permissions or authorities at a particular organization.
ASSESSMENT - The systematic collection and review of specific data for the purposes of performance improvement.
ATTESTATION FORM - A form, which the practitioner must sign every 120 days to attest, certify or agree to the correctness and completeness of the answers provided on the signed document.
ATTRIBUTE - A quality or characteristic attributed to someone or something (example, length is a measurable attribute of a ruler and efficiency and/or effectiveness is a measurable attribute of a health care practitioner).
AUDIT (of data quality) - Regular focused inspections by the measurement system of a sample of records, files or processes to ensure the accuracy and completeness of measurement data on performance.
AUTHORIZATION AND RELEASE (A&R) - A document signed and dated by the physician that permits the retrieval by a specified entity and release of information to a specified entity. A form which the physician must sign providing authorization or permission to any receiving entity to release or provide specific credentialing information to the specific organization listed on the A&R form or document or its designated attachments.
AUTOMATED DATABASE - A computerized system that processes data electronically and provides for data storage and access through electronic interface.
AVAILABILITY (of physician credentialing files) - The degree to which credentialing files are considered ready for provision to the customer within that particular customer’s communicated needs.
BACKLOG - Internal term used to describe the accumulation of credentialing orders that were not released within the internal targeted turn-around-time goal of the CCVS.
BOARD - Arkansas State Medical Board, an oversight board whose members are elected or appointed to oversee specific functions of this organization.
BOARD CERTIFICATION - Certification from a specialty board (such as the American Board of Internal Medicine) which verifies that a physician is certified to practice in the field they have chosen.
BYLAWS - A governance framework that establishes the roles and responsibilities of a body and its members.
CERTIFICATION - A determination by an accrediting body that an eligible organization complies with applicable standards.
CERTIFACTS - The online (Internet) subscription service for verifying physician board certification through the American Board of Medical Specialties.
CERTIFICATE COPY - When entered in the Verification Source field of the physician profile, it means a copy of the certificate of insurance was obtained for verification.
CLINICAL PRIVILEGES - Authorization granted by the appropriate authority (for example, a governing body) to a practitioner to provide specific care services in an organization within well-defined limits, based on the following factors, as applicable: license, education, training, experience, competence, health status, and judgment.
COMPETENCE OR COMPETENCY - A determination of an individual’s capability to perform up to defined expectations.
COMPLIANCE - To act in accordance with stated requirements, such as standards or statutes. Levels of compliance might include noncompliance, minimal compliance, partial compliance, significant
compliance, and substantial compliance.

**CONFIDENTIALITY** - 1. Restriction of access to data and information to individuals who have a need, a reason, and permission for such access. 2. An individual’s right, within the law, to personal and informational privacy, including his or her health care records.

**CORE CRITERIA** - A term used by JCAHO to define specific and required criteria utilized in the credentialing process. This criterion is composed of current licensure, relevant training or experience, current competence, and ability to perform privileges requested.

**CREDENIALING** - The process of obtaining, verifying, and assessing the qualifications of a healthcare practitioner to provide patient care services in or for a healthcare organization or network.

**CREDENTAIING ORGANIZATION** - Health care organizations that utilize a process to collect and verify information pursuant to licensure and accreditation rules and regulations concerning the professional background of the health care provider who is applying for practice privileges before allowing that provider to practice in affiliation with that organization and defining the type and extent of the provider’s privileges in the credentialing organization.

**DATA** - Uninterpreted clinical observations, facts, or material, usually collected as a result of assessment activities.

**DATA INCONSISTENCY** - Data that is not consistent with information received or obtained from the physician, verification source, or requesting credentialing organization.

**DATE OF VERIFICATION** - The date on which the element was verified from the source. If verification was in the form of a written letter or similar correspondence, the date of verification is the date on which the letter was produced or sent by the issuing verification source.

**DELEGATION** - To appoint or entrust another organization or person with authority to act on behalf of another. In the case of delegated credentialing, one organization has appointed another organization to obtain credentialing information on their behalf.

**DIRECT (Verification)** - The organization received a credentialing element verification directly from the source (primary source), such as verification of medical education was received from the medical school where the practitioner graduated.

**DOB** - Date of birth

**DOCUMENTATION** - Information recorded, or the process of recording such information, in the medical record, meeting minutes, or other source document. The accuracy and completeness of the information and the timeliness of recording are quality issues related to documentation.

**ECFMBG** - Educational Commission for Foreign Medical Graduates. The commission which provides testing to graduates of medical schools located outside the United States. All foreign medical graduates must take the ECFMG Exam prior to beginning residency training in the United States.

**EFFECTIVE DATE OF DECISION** - The date the disciplinary decision goes into operation.

**EMERGENCY ORDER OF SUSPENSION** (License) - The licensee is prohibited from practicing pending future orders of the Arkansas State Medical Board.

**FEDERAL NARCOTICS LICENSE** (Federal DEA License) - License issued by the United States Drug Enforcement Agency, certifying a physician’s right to prescribe and dispense prescription medicine and controlled substances.

**FEDERATION OF STATE MEDICAL BOARDS (FSMB)** - The organization comprised of state medical boards from the United States and various territories. Also known as the Federation, it compiles information from these boards of any board actions of physicians practicing in the US and releases it to other member boards for a fee.

**FELLOWSHIP** - A post-graduate training course in a sub-specialty, taken at a medical school or hospital after completion of a residency program.

**FIFTH PATHWAY** - The ability of a citizen physician who attends medical school abroad to substitute the traditionally-required internship for a year of supervised clinical training at an United States medical school. After successful completion of these clinical studies, Fifth Pathway participants may enroll in a graduate medical education training program without receiving a formal degree from the foreign medical school.

**FILE ERROR** - A deviation in entering information or data that is in conflict with the physical verification document in the file.

**GOVERNING BODY** - The individual(s), group, or agency that has the ultimate authority and responsibility for establishing policy, maintaining care quality, and providing for organization management and planning.

**INCOMPLETE FILE** - A CCVS physician credentialing profile that is missing verification(s) in one or more data elements due to inability to obtain certain primary source verifications, and to obtain them, in some instances, within the requested time frame.

**INDIRECT** (Verification) - The organization has received verification of a credentialing element from a source other than direct or primary. Example: School and records burned preventing the organization from obtaining direct source verification but has obtained a recommendation letter from the former residency director who is now at another school confirming the residency.

**INFORMATION MANAGEMENT** - A function (set of processes) focused on meeting the organization’s needs for information for decision-making.

**INITIAL RELEASE** (Initial Profile, Initial Credentialing Report) - A complete release of CCVS
credentialing information to a client. This release will provide the client with all information regarding a doctor’s credentials (education, training and experience) since the beginning of medical school, along with verification of this information.

**INTERNAL TARGETED GOAL** - The level or score at which an organization has self-set to achieve a predetermined outcome. This is not a guarantee and the organization monitors this level internally and not by any outside organizations.

**INTERNSHIP** - A postgraduate training course, taken at a medical school or hospital.

**MEASUREMENT** - The planned, systematic process of data collection, at a single point in time or repeated over time.

**MEDICARE** - The U.S. federal government health insurance program for persons age 65 and over, those with permanent kidney failure, and those meeting certain requirements as disabled, managed by the federal Center for Medicare and Medicaid Services (Health Care Financing Administration).

**MEDICAID** - The U.S. federal government health insurance program for persons meeting low-income or certain other need requirements, managed by each state.

**MISSION** - The written expression of the organization’s special duty or purpose. In a quality improvement environment, it is expected that the statement of mission will express a high-priority, comprehensive commitment to patient care, to quality in all activities, and to service to the community. The mission statement is the basis for the formation of organizational vision, values, goals, and objectives.

**NATIONAL PROVIDER IDENTIFIER** - A new identifier for use in the standard electronic health care transactions initiated by the Center for Medicare and Medicaid Services. A single provider identifier, replacing the different provider identifiers currently used for each health plan. It implements a requirement of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Additional information may be obtained from the web address [https://nppes.cms.hhs.gov](https://nppes.cms.hhs.gov) or 1-800-465-3203.

**NTIS/DEA** - The National Technical Information Service (NTIS) database available online (Internet) used to verify physicians’ Drug Enforcement Agency (DEA) or Controlled Dangerous Substances (CDS) certificates.

**ORIGINAL ISSUE DATE** - Original date license was granted.

**PENDING** - Waiting. When this message is in the verification source field, it means the verification has been requested and has not yet been received.

**PGY** - Commonly used abbreviation for Post Graduate (residency) Year.

**PHYSICIAN COPY** - The physician or physician’s office has provided a copy of the document.

**PROBATIONARY TERMS/ CONDITIONS** - The licensee must complete certain specified terms/conditions as set forth by the medical licensing board. Example: Pass the Special Purpose Exam (SPEX); complete a course in prescribing, ethics, undergo medical treatments or psychotherapy, etc.

**PROVIDER TAXONOMY CODES** - An external non-medical code set for use in codifying provider type and provider area of specialization for all medical related providers. It allows providers (individual or groups) to identify their specialty category for use in transactions under HIPAA.

**REAPPOINTMENT/ RECREREDENTIALING** - The process by which the organization re-evaluates practitioners’ (on staff) credentialing information such as DEA, Malpractice Insurance, CME activity and competency to perform specific functions prior to re-appointment to the medical staff.

**RECIPROCITY** - A recognition between two medical licensing authorities of the validity of licenses or privileges granted by the other. One licensing authority will primary source verify critical credentialing elements and the other licensing authority will acknowledge this effort and license the physician based on the knowledge that the previous license authority already verified the required credentialing elements.

**RECOMMENDATION** - An advised plan of action to resolve or improve a particular situation or occurrence.

**RELEASE** - To unlock file for customer to retrieve via the web site; to authorize or permit retrieval of information.

**RESIDENT** - Any individual at any level in an ACGME-accredited graduate medical education (GME) program, including sub-specialty programs (see FELLOW).

**REVOCATION** - The license to practice has been recalled, revoked, cancelled or taken back by that licensing authority.

**ROSTER** - A list of all providers, specialty, standing and appointment dates provided by each organization on a quarterly basis to the CCVS.

**ROSTER DIRECT** - In the verification source field of the physician’s profile, this indicates that the information was obtained from a roster, which was received directly from the primary source.

**SANCTION** - A fine or penalty imposed on an individual practitioner or organization to ensure compliancy or force conformity to rules or regulations.

**SSN** - Social Security Number

**SUSPEND** - The license of that practitioner has been temporarily set aside; deferred to a later time or until specified conditions are met or fulfilled or held until further information is obtained prior to review and decision of the licensing authority.

**SUSPENSION FROM PRACTICE** - The licensee is prohibited from practicing for a specific period of time.

**STANDARD** - A statement that defines the performance expectations, structures, or processes that must be substantially in place in an
organization to enhance the quality of care.

**STANDARD of QUALITY** – A generally accepted, objective standard of measurement such as a rule or guideline supported through findings from expert consensus, based on specific research and/or documentation and against which an organization’s level of performance may be compared.

**STAYED (Board Action)** – The action taken by the licensing authority (suspension, revocation) will not go into effect as long as the practitioner complies with any other conditions the licensing authority has placed on this practitioner (such as Physicians Health Committee contract, random Drug/Urine testing, Update appearances before the licensing authority). The practitioner may continue to practice as long as compliance is maintained.

**SURRENDER** – To yield, give up control, possession of to another on demand voluntarily or involuntarily or under compulsion.

**SYSTEM DATABASE** – The database at the Arkansas State Medical Board that stores the profile information for each physician licensed by this Board.

**TAXONOMY CODES** – An external non-medical code set for use in codifying provider type and provider area of specialization for all medical related providers. It allows providers (individual or groups) to identify their specialty category for use in transactions under HIPAA.

**TELEMEDICINE PHYSICIAN** – A physician, who is located outside the state of Arkansas but who, through the use of any medium, including an electronic medium, performs an act that is part of a patient care service initiated in this state.

**TIMELINESS** – The degree to which information is provided at the most beneficial or necessary time.

**TRANSCRIPT** – A written, printed, typed copy of a legal document such as an educational record of grades or scores.

**TRANSITIONAL (or ROTATING)** – The year immediately following completion of medical school.

**TURN-AROUND-TIME (TAT)** – The measurement of time from one specific point to the point of completion and provision to the organization that placed the initial order.

**UNABLE TO VERIFY** – Verification could not be obtained. Some examples of inability to obtain: Entity no longer exits; files are lost, not available or no longer exist; no responses to repeated documented attempts to obtain verification; files destroyed; files do not contain information for all verification elements; no response from foreign countries.

**UPIN** – Universal Physician Identification Number. A number is assigned to each physician and that number will be the physician’s number for all of his/her career as a medical doctor, regardless of his/her address.

**VERIFICATION** – The process of obtaining confirmation or substantiating information via oral, written and Internet data sources.

**VERIFICATION SOURCE** – The means by which the initial or original verification of a specific element was obtained (primary, physician copy, certificate copy, indirect source).

**VERIFICATION DATE** – The date on which the element was verified from the source. If verification was in the form of a written letter or similar correspondence, the verification date is the date on which the letter was produced or sent by the issuing verification source.

**WAIVER (Licensing)** - The Board has relinquished a requirement specific to granting a license, such as verification of a staff appointment, due to the inability of the staff or physician to obtain that required document. Waivers are usually granted in rare instances when a primary source verification cannot be obtained, such as an educational institution or a hospital no longer has records or no longer exists; the applicants records have been lost or destroyed; records from a foreign country cannot be located due to a particular political situation.