ARKANSAS STATE MEDICAL BOARD

POLICIES AND PROCEDURES

CENTRALIZED CREDENTIALS VERIFICATION SERVICE (CCVS)

Revised 4/01/2015
Policies and Procedures for the Arkansas State Medical Board’s Credentials Verification Organization (CVO) mandated by state law. The CCVS is located within the offices of the Arkansas State Medical Board
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1.0 PURPOSE AND GOALS OF THE ORGANIZATION

Mission Statement

To provide high quality credentialing and related services to all health care providers enabling them to devote the time and efforts to the delivery of quality care in the community.

As a state mandated credentials verification organization, an authorized agent for participating healthcare entities, the Arkansas State Medical Board’s (ASMB) Centralized Credentials Verification Service (CCVS) will provide credentials verification according to the terms of its contractual agreement with such entities. The primary purpose of the CCVS is to operate a credentials verification entity governed by CCVS policy, Federal and State laws, and guided in the common interests of the participating customer facilities and the medical community.

The goals of the service shall be as follows:

1. To provide a cost-effective, high-quality service for verifying credentials of health care practitioner candidates for initial appointment, or reappointment recredentialing to medical staffs or health care credentialing organizations;
2. To maintain confidentiality of the information entrusted to us by our Customers; to safeguard the confidentiality of all information according to ASMB/CCVS policy and Federal and State laws governing the access and release of such information;
3. To provide services without prejudice;
4. To always show kindness and respect to the Customer;
5. To provide services in a timely manner.
6. To maintain up-to-date knowledge of the laws and industry (regulatory) standards regarding the credentialing and licensing of health care professionals.
7. To guarantee that the information for a health care provider, and that which is shared with a Customer, is comprehensive, correct and current at the time that information is provided to the Customer.
8. To provide vision and solutions in the ever-changing environment.
1.1 HISTORY

1.1.1 HISTORY OF THE ASMB

The Arkansas State Medical Board (ASMB) was organized in 1955 as a licensing board to license health care professionals in the state of Arkansas. The Board currently regulates Medical Doctors, Doctors of Osteopathy, Practitioner Assistants, Respiratory Therapists, Occupational Therapists, Radiology Assistants, Radiology Practitioner Assistants and Medical Corporations. At this time, the Centralized Credentials Verification Service (CCVS) provides information only on the medical and osteopathic (M.D./D.O) practitioners. Licenses issued to medical and osteopathic (M.D. and D.O) practitioners are: Temporary License, Permanent License, Educational License and IMG Licenses. Temporary licenses expire on the last day of the next scheduled full Board meeting. All other licenses must be renewed annually. The ASMB application serves a dual role as the application for the CCVS once a license is issued. Annual ASMB license renewal also serves a dual purpose in providing a copy of the CCVS profile to the practitioner for review purposes and renewing information with the CCVS at least annually.

1.1.2 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 existing procedures for licensing practitioners. By broadening its scope, the Medical Board could obtain many of the additional items needed by health care organizations for credentialing practitioners and maintain that information in a current status for delivery to health care organizations within a reasonable time frame. At this time, only Medical Doctors (MD) and Doctors of Osteopathy (DO) are available through the CCVS. However, Legislation has been passed to allow the Board to also sell allied health care credentialing information through the CCVS for those practitioners licensed by the ASMB. The allied health care profiles will not be mandated. The ASMB is working toward the goal of making allied health care profiles available but this requires some adjustments to the current technology system.

1.1.3 LEGISLATIVE ACTS

Act 1066 of 1995 created the Board’s Centralized Credentials Verification Service (CCVS). The ASMB’s CCVS began with a “voluntary” customer and practitioner base of less than 100 practitioners. This gradually grew to several hundred within the next years, with more organizations and practitioners requesting participation as word grew. The CCVS now processes thousands of profiles for customers each quarter. Arkansas is the “First in the Nation” to base a credentials verification organization within the state medical licensing authority. State law allows the Arkansas State Medical Board to release to specific organizations, with a practitioner’s written authorization, the practitioner’s credentialing information. The
credentialing information furnished by the Board to a credentialing organization shall be used solely for initial credentialing and the renewal of credentials.

Act 1410 of 1999 mandated practitioners, clinics, surgery centers, hospitals, or other healthcare organizations, managed care organizations, insurers or health maintenance organizations to utilize the CCVS service for obtaining the credentials of practitioners. However, the mandate was not effective until (a) the program held certification by the National Committee for Quality Assurance as a certified credentials verification organization; and (b) demonstrated compliance with the principles for credentials verification organizations set forth by the Joint Commission on the Accreditation of Healthcare Organizations, and (c) documents compliance with the Arkansas Department of Health Rules and Regulations applicable to credentialing.

The ASMB’s CCVS received initial certification by NCQA for 8 of the requested 8 verification elements on August 2, 2001. The mandate then became effective on January 1, 2002 in order to allow customers time to adjust their policies and procedures, budgets, by-laws and to allow the ASMB/CCVS to provide education to the customer-base prior to compliance to the mandate was enforced.

1.1.4 SERVICE OVERVIEW

Beginning in 1995 when the CCVS was established, all credentialing information was maintained in the practitioner’s medical licensure file created at initial licensure application with the Medical Board. When the CCVS began as a voluntary program to study service feasibility, information and verifications gathered after licensing was maintained in a separate paper file, as well as an electronic file. The electronic file was based in a home-grown system with limited capability that would allow profiles to eventually be printed from the data stored in the electronic format. The CCVS service only applies to Medical Doctors (MD) and Doctors of Osteopathy (DO) at this time.

A purchased canned program was then utilized. However, even though it was uniquely modified for the Arkansas State Medical Board’s CCVS, it also could not maintain the reporting, volume and growth needs of this program. Other canned credentialing programs were reviewed but none could accommodate those growth needs, nor the necessary tracking and reporting requirements of the program for the future.

It became apparent that a special and specific program would have to be built for the ASMB’s CCVS. That program was built in-house by ASMB technology and contract staff and is called MedSuite. It allows a broadening of the capabilities of information storage, retrieval and management of historical data. It also allows specific information to be loaded into one data base but utilized by both the ASMB and CCVS for different functions, future growth capabilities and advance security of the information. Upgrades to this system are continuous to meet the needs of the customer and ASMB/CCVS and future requirements of the Board for expansion of both the Board and CCVS.

Practitioners are required to sign an authorization and release to have their credentials information provided to specific participating organizations and once this signed release is obtained by the CCVS, it is entered in the electronic system under that organization’s available “shopping list”. Organizations then utilize specific password and user identification to access their organization’s shopping list, select the practitioner and type of profile they are requesting and place orders. They receive Order Confirmation/Receipts and Order Completion emails via
email when they place orders and when they can retrieve the profiles and then may print them at their organization location and at their convenience. It also allows for saving of the .pdf documents, and the storage of the snapshot profile in an archive in their system and in their control. Released profile information is purged from the ASMB/CCVS system every 121 days.

**Websites:** The ASMB/CCVS began with one shared website, but two different sections, for ASMB and CCVS and in 2009, the web sites were divided into two separate web sites, [www.arccvs.org](http://www.arccvs.org) for the CCVS program and [www.armedicalboard.org](http://www.armedicalboard.org) for the Licensure Board in order to maintain and manage the different functions more easily, and lay the foundation for future technical expansions.

**Verification Processes:**

The Board uses the “Primary Source/Direct Verification Process.” 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 is not verified from primary/direct verification (the information or the organization no longer exists or primary verification is relegated to another source) will be so noted. Because this PSV process was already in place for many years during the licensure procedures at the ASMB prior to the start of the CCVS program, it is possible to utilize the verifications initially obtained for licensure for the great majority of licensed practitioners.

1. When a practitioner applies for initial licensure in Arkansas, verification of all credentialing information from the start of medical school to the time of licensure is required. If a practitioner’s credentialing file lacks specific criteria, the Board has the authority to waive said criteria. If the Board waives any criteria, this will also be noted in the practitioner’s file, in the Board’s minutes blurs on the CCVS profile and on the practitioner’s credentialing profile provided to the customer. However, the CCVS will attempt to obtain the verification, and document that which cannot be verified, and the reason, after the required attempts have been made.

2. Once the practitioner applies for licensure, paper and electronic files are created for the ASMB. Upon license approval and the assignment of a license number/designator, the practitioner is automatically enrolled in the Credentials Verification Service and a separate paper file is created for all verifications obtained by the CCVS.

3. Separate files are still maintained due to the state’s Freedom of Information requirements. CCVS files and verification information do not fall under F.O.I so must be kept separate. Not all licensure information is available to CCVS customers. Only specific information provided through the CCVS service is made electronically available via the profile through the credentialing system to CCVS customers via the practitioner profile ordering system by secure, specific and trackable Internet access. **Customers receive the information via downloadable “profiles” listing the practitioner’s information. The profile will provide the credentials verified, method, source and date of verification so customers can easily determine the 180 and 120 day verifications for non-static elements.**

4. A copy of the practitioner’s personal CCVS profile is included in the practitioner’s annual license renewal packet, and provides the practitioner with information that is in their individual CCVS file, and which would be released to organizations he/she designates as recipients. The practitioners mark any edits and attach supporting documentation and return to CCVS. Once received, the CCVS staff will update, obtain the verifications or communicate with the practitioner regarding why the information could not be changed.
5. Practitioners may also request a copy of their own personal profile at any time between license renewals. The request can only be made by the practitioner and it will only be sent to the address on record with the Board via direct email or via postal mail.

6. Practitioners are notified two months prior to expiration when it is time to renew their Arkansas license. Renewal is online with a secure passcode unique to the practitioner. Medical licensure is renewed annually and runs from birth month to birth month with no grace period beyond the expiration date when they may practice with an expired license. CCVS participation is also mandated by state law, which provides for the return of their updates in a timely manner if the license was also renewed in a timely manner.

7. Organizations utilizing the Centralized Credentials Verification Service are hospitals, surgery centers, large multi-disciplinary clinics, health maintenance organizations, preferred provider organizations, practitioner hospital organizations and other health care organizations credentialing practitioners for Arkansas, as listed in the statute.

8. Credentialing information available to CCVS organizations for a specific practitioner is available by accessing the CCVS’s secured web site, https://www.arccvs.org/secured and requires the use of a system generated username and password for each subscriber (Customer) to enter the verification system. All program activity is available at that site, from placing orders, checking order status, printing attestations, obtaining Order Confirmation receipts, accessing archived data, retrieving and printing completed orders.

9. Specific technical requirements are necessary to access the system and print. These requirements are provided to the Customer in the initial sign-on information; posted on the web site; available through the Customer Service department and are provided in Customer Information packets provided by Customer Service. The CCVS website also contains CCVS Policies and Procedures, lists the date and time the information contained within the Practitioners’ database was last updated and a CCVS User Guidebook and Glossary. The Guidebook contains information on CCVS fees, types of orders, turn-around-times set by statute, what is provided by CCVS and what is not, example of the attestation, authorization and release, screenshots on step-by-step process of placing an order, retrieving an order, how to request help and other useful facts.

10. The ASMB web site at https://www.armedicalboard.org provides information for obtaining license verifications, events, fee schedule, feedback/contact, board meetings and times, listings of newly licensed practitioners, board actions, newsletters, ASMB/CCVS employment opportunities and announcements on coming events, program changes, date and time the website information contained within the Practitioners’ database was last updated.

### 1.1.5 OVERSIGHT

The CCVS has oversight from a ten-member Medical Board appointed Advisory Committee. At least six (6) of the ten (10) members of the Advisory Committee shall be representative of credentialing organizations subject to this Act, including not less than two hospital representatives and not less than two (2) insurer or health maintenance organization representatives.

Effective 11/7/2003, the CCVS also has oversight from the Governor’s House Committee on Public Health, Welfare, and Labor. The Arkansas State Medical Board members (practitioners, surgeons, two members of public) also receive quarterly CCVS updates via the quarterly Quality Improvement Report and report of the Quality Improvement/Customer Service Manager.
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 which 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 Health Care Organizations and the National Committee on 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, e.g., 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 such information available to credentialing organizations. If the physician should fail to submit such 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 practitioner 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 practitioner 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 such refusal, to exclude such person from any privileges, contract, or network of the credentialing organization.

(2) (A) The board shall promulgate regulations establishing a credentialing information system, and such 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 been made timely completion possible 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 medical board on whether to refund the fee or not 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 less than two (2) hospital representatives and not less 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 there from, 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 such 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 practitioners, 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 fee 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 (f)(2) of this section, a credentialing organization shall be precluded hereby from seeking credentialing information from the practitioner 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;
   (i) Demonstrates compliance with the principles for credentials verification organizations set forth by the Joint Commission on the Accreditation of Healthcare Organizations;
   (ii) Documents compliance with Department of Health rules and regulations applicable to credentialing; and
   (iii) Maintains evidence of compliance with the standards referenced in subdivisions (e)(2)(B)(i), (ii), and (iii) of this section; and
(C) The board charges fees which 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 (e), 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.

(f) (1) Credentialing organizations which utilize the credentialing information system offered by the board shall not attempt to collect duplicate information from individual practitioners 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.

(2) 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.

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

(h) [Repealed.]


1.2 POWER/DUTIES OF THE ASMB & EXECUTIVE SECRETARY OF THE ASMB

Excerpt from the Arkansas State Medical Board, Arkansas Medical Practices Acts & Regulations Page 11, listed below

**SUB-CHAPTER 3 - ARKANSAS STATE MEDICAL BOARD**


The board shall:

(1) Make and adopt all necessary rules, regulations, and bylaws not inconsistent with the laws of this state or of the United States, necessary or convenient to perform the duties and to transact the business required by law;

(2) Have authority to promulgate and put into effect such rules and regulations as are necessary to carry out the purposes of Sub-chapters 2-4 of this chapter and the intentions expressed therein;

(3) Have authority to employ attorneys to represent the board in all legal matters at a compensation approved by the board. Contracts for employment of attorneys shall be filed by the secretary of the board with the Legislative Council. The board shall further have authority to request the assistance of the Attorney General and the prosecuting attorneys of Arkansas in such manner as it deems necessary and proper;

(4) Have the authority to employ an executive secretary to carry out the purposes and the mandates of the Arkansas State Medical Board and to supervise the other employees of the board;

(5) Have the power and authority to employ such secretarial and administrative assistance as may be necessary to carry out the provisions of Sub-chapters 2-4 of this chapter and the duties of the board to protect the people of the State of Arkansas;

(6) Have the power and authority to employ one (1) or more inspectors as may be necessary to carry out the provisions of Sub-chapters 2-4 of this chapter and the duties of the board to protect the people of the State of Arkansas;

(7) Examine, as is provided for by law, all applicants for a license to practice medicine in this state.
1.3 ASMB/CCVS ORGANIZATIONAL CHARTS

GOVERNOR

ARKANSAS STATE MEDICAL BOARD

LICENSING

REGULATORY

OPERATIONS IT HR/Accounting Quality Improvement Customer Service

CENTRALIZED CREDENTIALS VERIFICATION SERVICE
ARKANSAS STATE LEGISLATURE

ARKANSAS STATE MEDICAL BOARD
Chairman
Joseph M. Beck, II, M.D.

Executive Secretary
Peggy Pryor Cryer

Quality Improvement/
Customer Service Manager
Angela N. Meehleder

Centralized Credentials Verification Service Program Manager
Rosetta Toles

CCVS Credentialing Specialists
(9 Full Time Positions)
CCVS Support Specialists (4 Full Time Positions)

CCVS Credentialing Specialist/Trainer & Release Specialist
(2 Full Time Positions)

File Auditors
(3 Full Time Positions)

Licensing Credentialing Coordinators
(4 Full Time Positions)
1.4 JOB DESCRIPTIONS ON FILE (Board Office)

1.4.1 CCVS PROGRAM MANAGER

1.4.2 QUALITY IMPROVEMENT/CUSTOMER SERVICE MANAGER

1.4.3 CCVS CREDENTIALING SPECIALIST/TRAINER

1.4.4 CCVS CREDENTIALING SPECIALIST

1.4.5 LICENSING CREDENTIALING COORDINATOR

1.4.6 CUSTOMER CARE COORDINATOR

1.4.7 QUALITY ASSURANCE/CUSTOMER SERVICE ASSISTANT

1.4.8 CCVS SUPPORT SPECIALIST
2.0 CUSTOMER ORGANIZATIONS

The Customer organizations utilizing the CCVS include all health care organizations operating in Arkansas that utilize processes to collect and verify the information/credentials of a health care practitioner pursuant to that practitioner applying or obtaining affiliation or participation with a health care organization.

2.1 LIST OF CUSTOMERS

CCVS Organization List
(as of 4/01/2015)

Advance Care Hospital, Hot Springs
Advance Care Hospital of Ft Smith
Advanced Ambulatory Surgery Center
Advanced Care Hospital of White County
Advanced Cataract Surgery & Laser Center
Advantage Behavioral Health
Aetna
Allegiance Health Management, Inc.
American Lifecare, Inc.
AmiCare Behavioral Centers, LLC
AmiCare of Forrest City, LLC
Anthem Healthcare
AOC Surgery Center, Inc. aka Arkansas Otolaryngology Center
Arkansas Blue Cross Blue Shield
Arkansas Children's Hospital
Arkansas Community Care by Arcadian Health Plan
Arkansas Diagnostic Center
Arkansas Eye Center
Arkansas Foundation for Medical Care
Arkansas Heart Hospital
Arkansas Hospice
Arkansas Managed Care Organization
Arkansas Methodist Hospital aka Arkansas Methodist Medical Center
Arkansas Otolaryngology Center see AOC Surgery Center, Inc.
Arkansas Outpatient Eye Surgery, LLC
Arkansas Preferred Provider Organization
Arkansas Specialty Care Centers aka Arkansas Specialty Orthopaedic Surgery Center
Arkansas Superior Select
Arkansas Surgery Center of Fayetteville
Arkansas Surgery & Endoscopy Center
Arkansas Surgical Hospital
ARK-LA-TEX Health Network
Ashley County Medical Center
Baker Ambulatory Surgery Center
Baptist Health Extended Care Hospital LR
Baptist Health Medical Center-Arkadelphia
Baptist Health Medical Center-Heber Springs
Baptist Health Medical Center-Little Rock
Baptist Health Medical Center – Hot Spring County
Baptist Health Medical Center-North Little Rock
Baptist Health Medical Center-Stuttgart aka formerly Stuttgart Regional Medical Center
Baptist Health Rehabilitation Institute
Baptist Health Services Group
Baptist Memorial Hospital see Great River Medical Center
Gravette Medical Center Hospital
Great River Medical Center
Great-West Healthcare
Habilitation Centers, Inc.
Harris Hospital
Harrison Surgery Center, LLC
Health Partners
Health Point Partners-Physician/Hospital Organization, Inc.
Health Point-Physician/Hospital Organization, Inc.
Healthlink
HealthPark Hospital
HealthSouth Rehabilitation Hospital - Fayetteville
HealthSouth Rehabilitation Hospital - Fort Smith
HealthSouth Rehabilitation Hospital of Jonesboro
HealthSouth, Center for Day Surgery
HealthSpring
HealthStar Physicians of Hot Springs
Helena Regional Medical Center
Highlands Oncology Group
Hometown Behavioral Health Services of Arkansas, Inc.
Hospice Peachtree, LLC
Hot Spring County Medical Center
Hot Springs Rehabilitation Center Hospital
Hot Springs Surgical Hospital
Howard Memorial Hospital
HRG Physician Network, Inc.
Humana, Inc.
Humana ChoiceCare
Ingenix – see United HealthCare, Inc.
Integrated Healthcare Solutions
Jefferson Comp. Care System, Inc.
Jefferson Regional Medical Center
Johnson Regional Medical Center
Jonesboro Surgery Center
Lawrence Memorial Hospital
Levi Hospital
Life Strategies Counseling, Inc.
Little River Memorial Hospital
Little Rock Fertility Center
Little Rock HMA, Inc.
Little Rock Surgery Center
Little Rock Surgery Center/Healthsouth
Living Hope Institute
Living Hope Medical Services, LLC
Living Hope Southeast
Living Hope Texarkana
Magellan Behavioral Health, Inc.
Magnolia City Hospital
Magnolia Surgery Center, LLC
Mainline Health Systems, Inc.
Matrix Medical Network
Maxus
McGehee-Desha County Hospital
Medical Center of South Arkansas
Medical Park Hospital
Medical Services of Northwest Arkansas
MedicoLegal Associates, Inc.
Mena Regional Health System
Mercy Hospital Booneville

aka Cigna
dba Millcreek of Arkansas

facility now closed

aka Anthem Healthcare or Wellpoint

purchased by St. Joe Mercy Health System

facility closed 7/15/08

facility closed

facility closed 7/8/08

see Magnolia Regional Medical Center

aka McGehee Hospital

aka Medical Associates of Northwest

aka Mena Medical Center, Polk County Hospital

formerly Booneville Community Hospital
Mercy Ambulatory Surgery Center, LLC
Mercy Central Communities Managed Care
Mercy Clinic Fort Smith Communities
Mercy Health Plans
Mercy Hospital Berryville
Mercy Hospital Fort Smith
Mercy Hospital Hot Springs
Mercy Hospital Northwest Arkansas
Mercy Hospital of Scott County
Mercy Hospital Ozark
Mercy Hospital St. Louis
Mercy Hospital Turner Memorial
Mercy Orthopedic Hospital Fort Smith
Mercy Managed Behavioral Health
Mercy Medical Center
Millcreek of Arkansas
Mountain Home Surgery Center, Inc.
Mid-Delta Health System, Inc.
MultiPlan
National Comp Care, Inc.
National Park Medical Center
NEA Medical Center
NES Government Services
New Directions Behavioral Health
Newport Hospital & Clinic, Inc.
North Complex Outpatient Surgery Center
North Hills Gastroenterology Endoscopy Center
North Hills Surgery Center, L.L.C.
North Logan Mercy Hospital
North Metro Medical Center
North River Surgery Center, LLC
Northeast Arkansas Surgery Center, Inc.
Northwest Arkansas Radiation Therapy Institute
Northwest Healthsee Quorum HCG
Novasys Health Network
One Health Plan
OPTUM
Oral & Facial Surgery Center
OrthoArkansas Surgery Center, LLC
Orthopedic Physicians of Texas Association
Ouachita County Medical Center
Outpatient Surgery Center Inc.
Outpatient Surgery Center of Jonesboro
Ozark Counseling Services, Inc.
Ozark Eye Center, P.A.
Ozark Health Medical Center
Ozark Laser and Surgery Center
Ozarks Community Hospital of Gravette
Pain Center of Jonesboro, LLC
PhysAmerica Physician Services, Inc.
Physicians Day Surgery Center
Physicians Day Surgery Center
Physicians Specialty Hospital, LLC
Physicians Surgery Center of Fayetteville
Physicians Surgery Center, LLC
Physicians Surgical Center of the Ozarks, LLC
Piggott Community Hospital
Pike County Memorial Hospital
Piney Ridge Center
Piney Ridge Treatment Center

former Carroll Regional Medical Center
formerly St. Edward Mercy Medical Center
see St. Joseph’s Regional Health Center
formerly St. Mary’s Hosp & aka Mercy
see Mercy Hospital Ozark
formerly Mercy Hospital Turner Memorial
see Mercy Hospital Ozark
formerly St. John’s Mercy Managed
formerly St. Mary's Hosp
see Habilitation Centers, Inc.
formerly Ozark Eye Center, PA
Group Health Clinic
aka NEA Baptist Memorial Hospital
North Arkansas Regional Medical Center
see Mercy Hospital Ozark
see Rebsamen Medical Center
see United Behavioral Health or United Healthcare
aka St. Bernard's Outpatient Surgery Center
see Mountain Home Surgery Center, Inc.
formerly Gravette Medical Center Hospital
now Physicians Specialty Hospital
facility closed
Pinnacle Pointe Hospital
Polk County Hospital see Mena Regional Health System
PPOplus, LLC aka Multiplan
Practice Plus/Baptist Health
Premiercare Northwest Arkansas LLC aka QualChoice, Inc.
PRISM, Inc.
Private Healthcare Systems, Inc.
Pyramid Lifesister company of Universal American
QCA Healthplan See QualChoice of Arkansas
QualChoice Health Plan aka QualChoice of Arkansas
QualChoice of Arkansas aka QualChoice, Inc.
Quorum HCG of Springdale Arkansas aka Northwest Health System
R. Douglas Vanderpool, MD, PA
Radiology Consultants of Little Rock, PA now Five Rivers Medical Center
Randolph County Medical Center aka North Metro Medical Center
Rebsamen Medical Center, Inc.
Regency Hospital Company see NEA Medical Center
Regional Medical Center of NEA facility closed 11/6/08
Rivendell Behavioral Health Services see Dardanelle Hospital
Rivercrest Specialty Surgery Center
River Valley Medical Center
Russellville Surgery Center, LLC
Saline Memorial Hospital now Siloam Springs Regional Hospital
Select Specialty Hospital - Fort Smith aka Siloam Springs Med Ctr
Select Specialty Hospital - Little Rock (SVI) see Mercy Hospital Turner Memorial
Select Specialty Hospital - Little Rock/BMC aka Baptist Osceola
Select Specialty Hospital - Pine Bluff aka Northwest Surgery Center-Springdale
SemperCare Hospital of Little Rock, Inc.
SemperCare Hospital of Pine Bluff
SHARP, Inc. now Siloam Springs Regional Hospital
Siloam Springs Memorial Hospital aka Siloam Springs Med Ctr
Siloam Springs Regional Hospital see Mercy Hospital Turner Memorial
Sisters of Mercy/North Logan aka Baptist Osceola
SMC Regional Medical Center
South Arkansas PHO-El Dorado, Inc. aka Northwest Surgery Center-Springdale
South Arkansas Surgery Center
Southeast Rehab Hospital, LLC
Sparks Regional Medical Center
Spring Creek Surgery Center
Springdale/Bentonville Surgery Center
Springhill Surgery Center aka St. Anthony's Healthcare Ctr &
Springwoods Behavioral Health System see St. Bernards Regional Medical Center
St. Anthony's Medical Center see Outpatient Surgery Center of Jonesboro
St. Bernard's Behavioral Health
St. Bernard's Outpatient Surgery Center now Mercy Hospital Fort Smith
St. Bernard's Regional Medical Center see Carroll Regional Medical Center
St. Edward Mercy Medical Center now Mercy Managed
St. John's Health System aka Mercy Hospital Hot Springs
St. John's Hospital
St. Johns Mercy Managed Behavioral Health aka Mercy Hospital Hot Springs
St. Joseph's Regional Health Center now Mercy Medical Center
St. Luke's Hospital
St. Mary's Hospital aka St. Anthony’s Healthcare Ctr
St. Mary's Regional Medical Center
St. Vincent Health System
St. Vincent Medical Center/North
St. Vincent Morrilton
St. Vincent Rehabilitation Hospital
Sterling Group Physician Services, LLC
Sterling Life Insurance Company
Stone County Medical Center
Stuttgart Regional Medical Center

now Baptist Health Medical Center - Stuttgart
Summit Medical Center
Surgery By Vold Vision
Taylor Surgery Center
TBA Texarkana, LLC d/b/a Vista Health Texarkana
Texarkana Regional Healthcare Network
The BridgeWay
The Gastro-Intestinal Center, Inc.
The Lord's Ranch aka Trinity Behavioral Health Care Systems, Inc.
The Surgical Hospital of Jonesboro
The Surgical Pavilion, LLC
Total Life Healthcare and SHARP, Inc. - Jonesboro
TRIAD Hospitals, Inc.
Tri State Advanced Surgery Center
Twin Lakes Surgery Center, LLC
UAMS/AHEC NE & Sharp, Inc.
United Behavioral Health
United HealthCare, Inc.
United Methodist Behavioral Hospital
Unity Health Services/Unity Managed Mental Health
University of Arkansas for Medical Sciences
ValueOptions Inc.
Vantage Point of Northwest Arkansas
Vantage Health Plan Inc.
Vision Service Plan
Vista Health - Fayetteville
Vista Health Fort Smith
Wadley Regional Medical Center
Wagner Medical Clinic
Washington Regional Medical Center
WelfareCare, Inc.
WellMed Medical Management
Wellpoint
West Clinic, PC
White County Medical Center
White River Medical Center
White River Rural Health Center, Inc.
Wilhelmina Medical Center
Willow Creek Women's Hospital
Windsor Health Group, Inc.
WoodRidge Behavioral Care

See Healthlink
aka Advanced Care of White County
aka Ingenix or Optum Healthcare
Methodist Family Health
facility closed 11/1/08 acquired by NEA Baptist
see Mena Regional Health System
2.2 CCVS SERVICE AGREEMENT

The Centralized Credentials Verification Service is mandated by state law (see AR ACA §17-95-107, Act 1410). The intent of this state law is to require all credentialing organizations, meaning hospitals, clinics, or other health care organizations, managed care organizations, insurers, or health maintenance organizations to obtain specific core credentialing information from the Arkansas State Medical Board’s Centralized Credentials Verification Service (CCVS). This law is also intended to reduce duplication of paperwork submission by physicians licensed in Arkansas and thereby assist them through privileging in a much faster turn-around-time.

Therefore, the state law is utilized instead of a written customer contract. Fee schedule is listed below and is also part of the state law. Information on the types of profile orders, turn-around-time, fees and other CCVS details are provided in the Policy and Procedure manual and also in the CCVS User Guide online. A Sign-On agreement is completed online to provide payment options, designate and secure the names of specific staff within the customer organization needing access to that information such as the Contract Official and Financial Official as well as the Account Administrator. System “Users” only have access to order and receive reports, as determined by the Account Administrator. They do not have other access to financial information for security reasons. The Account Administrator may add or delete users from their account at their convenience. Account Administrators may be recommended by their direct supervisor or by another higher level official at their organization. Account Administrators may change Account Administrators by following the process in the CCVS User Guide or notifying the ASMB Customer Service Manager so further assistance can be provided.

2.2.1 FEE SCHEDULE FOR CENTRALIZED VERIFICATION SERVICE

REGULATION 18

FEE SCHEDULE FOR CENTRALIZED VERIFICATION SERVICE

Pursuant to Ark. Code Ann. § 17-95-107(d)(7) provides that the Board may charge credentialing organizations a reasonable fee for the use of credentialing services as established by rule and regulation.

Credentialing Organizations will be charged the following fees for requests for physician information:

A. One time entity setup fee: $250.00

B. Fees for individual information requests:

   Initial Credentialing Information $80.00

   Recredentialing Information (In cycle) $60.00

   Recredentialing Information (Out of birth month cycle) Effective January 1, 2003 $80.00

   “Expedited Service” Credentialing Information (Information requested in five (5) business days or less) $250.00

24
Credentialing or Recredentialing information concerning out of state physicians requiring a license pursuant to ACA § 17-95-206. $275.00

Effective January 1, 2002
History: Adopted June 6, 1996; Amended December 6, 2001; Amended December 6, 2007; Amended April 12, 2012

2.3 CVCS PHYSICIAN AUTHORIZATION AND RELEASE

Physicians are required to sign organization-specific authorization and releases for each organization they wish to receive their credentialing information. It is the responsibility of the organization to obtain and review these authorizations prior to submitting to the CVCS. The form must clearly state the organization name, as it is listed in the organization account sign-up online. Abbreviations will not be accepted unless they were listed in the sign-up name.

The CVCS cannot process or post Authorization and Releases that do not meet the required criteria. Notification will be to the current Account Administrator’s posted email, if the organization is known.

a. If the authorization and release is not completed correctly, the organization will be notified, if the organization can be identified in any way. If the organization cannot be identified, the authorization and release is shredded.

b. Corrected authorization and releases will be entered in the organization's available- to-order list online within 24 business hours of receipt. In cases of high volume, the organization may query the CVCS (ccvs@armedicalboard.org) after the 24 hours to verify receipt of the authorization and availability to order date. Examples of authorization and release errors that may delay this entry are:

1. No signature;
2. No date;
3. Use of rubber stamp;
4. Signature does not match practitioner signatures on file;
5. Organization name does not exactly match the name listed in the agreement;
6. Both printed and signed signature of the practitioner as well as license number (identifiers) are illegible, etc.

c. Date of Authorization and Release At Time of the CVCS Profile Order - The authorization and release must be current and on file prior to the system allowing an order to be placed initially but expiration during processing time can occur. The system is set to purge (delete) authorization and releases 30 calendar days prior to expiration so as not to allow an order to be placed on an authorization that may expire prior to profile release date. Specific staff may manually override this in cases of customers needing to purchase expedited profiles when there is at least a minimum of five (5) business days remaining on the Authorization. This has to be requested by the customer via email to ccvs@armedicalboard.org listing the reason for the request.

d. Authorization and Releases Expiring Prior to Release of the CVCS Profile to the Organization - If the authorization expires before the scheduled order due date, the organization or user will be notified via the e-mail or phone listed with the CVCS
organization contact list (Account Administrators and/or Users). If the contact information is not current, notification cannot be completed. The CCVS will then proceed to cancel the order by the scheduled due date if communication with the organization’s account administrator cannot be completed or if a current authorization and release cannot be received prior to the order’s scheduled due date. The organization may reorder immediately once the authorization is received and the order will be quickly released unless additional verifications have expired and must be obtained to update the profile. Orders will not be released if there is not a current authorization and release on file with the CCVS.

e. The current authorization and release also allows the customer free access to obtain updates from the CCVS website for Federal DEA and current malpractice insurance after the profile has been delivered, for as long as the authorization and release remains current.

f. The authorization and release verification is part of the internal processes for working files. The staff must verify that one is on file and current for that organization and scanned into the system prior to release.

g. The ASMB/CCVS’s authorization and release wording on the form cannot be altered except the organization will fill in the required blanks to identify both the correct organization and the practitioner so the authorization can be entered in the correct customer list online for ordering.
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.

Typed or Printed Name of Practitioner: ___________________________________________

Licensure Number: _____________________________________________________________

Signature of Practitioner: _____________________________ Date Signed: ____________
(Stamped signature is not acceptable)

*This document does not authorize the Arkansas State Medical Board to release information collected to third parties except as later authorized by the above practitioner and Arkansas law.
3.0 QUALITY IMPROVEMENT PLAN 2015

3.0.1 SECTION 1: SCOPE OF ACTIVITIES

3.0.1.1 MISSION

The mission of the Centralized Credentials Verification System will be;

- To provide a high quality, cost-effective service for providing accurate and current information for verifying the credentials of licensed independent practitioners (M.D.s and D.O.s) to healthcare organizations.

- To provide a secure repository for credentialing information and to safeguard the confidentiality of all information in accordance with CCVS policies, applicable laws and regulations, and the standards of the National Committee on Quality Assurance (NCQA), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and the Arkansas Department of Health.

- Ascertain the information is provided to the customer in a timely manner and is current, accurate, and complete at the time of delivery to customer.

3.0.1.2 OBJECTIVE

The objective of this plan is to improve the services provided by the CCVS to healthcare organizations, while maintaining and providing a current, accurate, complete product to the customer. All aspects of credentialing verification operations are covered under this plan with the intent of identifying opportunities for improvement, enhancing efficiency, augmenting service quality, and ensuring the accuracy of files kept and reports produced by the CCVS by continuously monitoring the processes to evaluate and identify opportunities to improve the service. The areas monitored this Plan period will be:

- Accuracy and completeness of data entered,
- Timely release of information to customers,
- Number of releases per order type, per customer and release turn-around-time by type and number,
- Customer satisfaction comments and issues cycling through the QA/CS, by categories/issue type, volume and number,
- Quality audit findings by type and number,
- Customer mandate compliance,
- Telemedicine practitioners, volume of verifications and volume of orders requested,
- Minimize data entry errors prior to release to customers,
- Cancellations generated by customer and ASMB/CCVS and list causes.
3.0.2 SECTION 2: DELEGATION OF RESPONSIBILITIES

3.0.2.1 THE CCVS ADVISORY COMMITTEE

The Arkansas State Medical Board has appointed 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 shall be representative of credentialing organizations. Its functions shall include:

1) Assisting the Medical Board in instituting a comprehensive and credible CVO.
2) Monitoring and evaluating the service and seeking opportunities to improve it.
3) Monitoring and evaluating compliance with regulatory standards such as those of NCQA, JCAHO and Arkansas Department of Health.

The Committee will meet quarterly or as needed to review quarterly reports and annually for evaluation of the QI Plan and advise the Arkansas State Medical Board as to compliance.

The Arkansas State Medical Board delegates the Executive Secretary the responsibility for facilitating the meetings of the CCVS Advisory Committee.

The Executive Secretary of the Arkansas State Medical Board delegates responsibility for scheduling meetings, managing the agenda, providing copies of information, obtaining required signed documentation and keeping minutes of meeting deliberations to the Quality Assurance/Customer Service Manager.

The Arkansas State Medical Board delegates responsibility for the implementation of the Quality Improvement Plan to the Quality Improvement Committee under the oversight of the Executive Secretary of the Board. The ASMB/CCVS management staff are responsible for the implementation of the day-to-day activities in each department.

3.0.2.2 QUALITY IMPROVEMENT COMMITTEE

The Quality Improvement Committee is established to oversee the implementation of this plan. The responsibilities of this committee shall be to:

1) Provide a written plan for continuously improving the quality of services provided.
2) Assure that information from the CCVS and findings from continuous quality improvement activities are used to analyze and detect trends, patterns, opportunities for improvement and growth or potential problems.
3) Approve actions that result in desired measurable changes in identified quality indicators by improving those processes that most directly affect service variables.
4) Ensure participation by members of the CCVS in the monitoring and evaluation of services provided.
5) Communicate findings, conclusions, recommendations, and actions to the Advisory Committee.

The Quality Improvement Committee shall discharge these responsibilities by meeting quarterly, or more often as needed to review performance measurement reports and to receive reports from quality improvement teams if applicable and to annually review the Quality Improvement Plan and advise the CCVS Advisory Committee as to compliance with that Plan.

The Quality Improvement Committee members shall consist of the Executive Secretary of the Arkansas State Medical Board, CCVS Program Manager, Quality Improvement/Customer Service Manager, Information Technology Director and other appropriate ASMB/CCVS personnel or customer representatives as required. The information collected for and by this Committee shall be reported to the CCVS Advisory Committee via the quarterly report or more often if required, or if the data collected requires immediate recommendation by the Advisory Committee.

3.0.2.3 POLICY AND PROCEDURE COMMITTEE

The Policy and Procedure Committee was formed to ensure that the CCVS/ASMB policies and procedures are current, comprehensive and accurate as they relate to all necessary requirements of the ASMB/CCVS processes and services.

The Policy and Procedure Committee members shall consist of the Executive Secretary of the ASMB, who will act as Chairperson, CCVS Program Manager, QI/Customer Service Manager and other appropriate personnel representing different areas of the CCVS and ASMB as required. The responsibilities of this Committee shall be to:

- Review the CCVS Organizations’ requirements as set forth by NCQA, JCAHO, Arkansas Department of Health, Client organizations and other organizations.
- Review current, and develop new, policies and procedures as required, implement and document revisions, dates and approvals within the specified time frame (See Section 3.1.3).

3.0.2.4 THE QUALITY IMPROVEMENT/CUSTOMER SERVICE MANAGER

The ASMB/CCVS Quality Improvement/Customer Service Manager, along with other ASMB/CCVS Management Staff, is responsible for implementing the day-to-day continuous quality improvement activities by:

1) Providing staff resources to the Quality Improvement Committee including scheduling meetings, managing the agenda and keeping minutes of meeting deliberations.
2) Overseeing and participating in the collection of performance measurement data.
3) Providing education to and facilitating the activities of the Quality Improvement Teams.

4) Preparing performance measurement reports and reports of team activities for consideration by the Quality Improvement Committee.

5) Preparing a quarterly report of on-going monitoring activities, as outlined in the Goals of the Plan for consideration, recommendations and approval by the Quality Improvement Committee and, on approval, for submission to the CCVS Advisory Committee, Arkansas State Medical Board and House Committee on Public Health, Welfare and Labor.

6) Preparing an annual review of the quality improvement program and drafting any necessary revisions to this plan on an annual basis for consideration and approval by the Quality Improvement Committee.

3.0.3 SECTION 3: IMPROVEMENT ACTIVITIES

3.0.3.1 PERFORMANCE MEASUREMENT

Indicators are selected by the Quality Improvement Committee based upon the priorities for improvement established each year, and by recommendations of the CCVS Advisory Committee. Data is collected for each indicator. The frequency of data collection for each indicator and the sampling of events or activities are related to:

1) The frequency of the event or activity monitored.
2) The significance of the event or activity monitored.
3) The extent to which the important aspect of service monitored by the indicator has been demonstrated to be problem-free.

Indicators and Threshold Goals for 2015 are:

1) Improve accuracy and completeness of data entered in Practitioner Files – 95%; Decrease Data Entry Inconsistencies caused by staff – 95%
2) Release Turn-Around-Time – 98%
15 Business Days for Initial
30 Business Days for In-cycle Reappointments
30 Business Days for Out-of-cycle Reappointments
5 Business Days for Expedited
15 Business Days for Telemedicine
3) Increase productivity of Specialists – 45%
4) Increase Customer Satisfaction – 95%; Decrease CCVS Customer Complaints by 5%
5) Reduce Data Inconsistencies – 95%
6) Provide information on telemedicine and locum tenen utilization and volume, by tracking and reporting volume increases, turn-around-time to various committees and board, as requested Use for assistance with turn-around-time improvement and staffing requirements.
7) Increase on-going training of staff and customers, develop additional training tools; Provide on-site training in-services as indicated for staffing and customers.

8) Track internal and customer-impacted error rates noted during file audits; collection, review data for reporting to department managers toward improvement, training and attachment to performance reviews if applicable.

9) Track customer and CCVS cancellation volume and utilization to determine trending. Use in provision of additional training for customers and staff.

In the event that objective or anecdotal evidence leads the ASMB/CCVS management staff to believe that performance measurement needs to be initiated during the year, the committee may elect to do that.

3.0.3.2 EVALUATION OF COLLECTED DATA

The Quality Improvement/Customer Service Manager will collect performance data, prepare reports, make recommendations and participate in follow-up activities to affect process improvement. The QI Committee will review and analyze results and identify opportunities, decide and determine action; QI/Customer Service Manager will re-monitor to provide data to analyze effect of interventions. This assessment will lead to the identification of important single events as well as patterns and trends that are at significant variance with predetermined thresholds.

The Quality Improvement/Customer Service Manager will summarize monthly results and submit a detailed quarterly report to the Quality Improvement Committee, CCVS advisor committee and Board. This report will include the analysis of ongoing monitoring activities, the analysis of identified problems and the result of corrective actions and follow-up taken.

Various assessment techniques may be chosen to analyze the data.

Once an adverse pattern or trend is identified, the Quality Improvement Manager and/or Committee may choose to either assess more intensively the relevant process or initiate a quality improvement team.

3.0.3.3 IMPROVEMENT METHODOLOGY

Once an area of potential improvement is identified, a team, selected by the QI/Customer Service Manager, CCVS Program Manager and the Executive Secretary of the ASMB, will develop and assess the processes under consideration and recommend improvements or modifications. Documentation of the team’s findings will be submitted to the Quality Improvement Committee and the CCVS Advisory Committee via the QI quarterly report.

3.0.3.4 THE ROLE OF THE QUALITY IMPROVEMENT TEAM
Quality Improvement Teams may be established to address issues that have been identified through performance measurement. The teams will collect data, intensively analyze problems, propose solutions, implement changes and monitor the effectiveness of those changes.

3.0.4 SECTION 4: IMPROVEMENT FOCUS FOR 2015

3.0.4.1 PRIORITIES

Priorities for performance measurement as well as improvement activities will be given to those aspects of service that are most important to the operations of the credentialing service and ones that are established as priority goals:

3.0.4.2 GOALS FOR 2015

In order to respond to these priorities, these goals are established and put in place:

1) Accuracy and completeness of data entered for the following aspects of service:
   A. Authorization and Release.
   B. File Evaluation
      1. License Verification
      2. DEA Certificate Present and Current
      3. Verification of:
         a. Medical/Osteopathic School
         b. Internship
         c. Residency
         d. Fellowship (All Other Education after Medical School completion)
         e. Board Certifications and Verification
         f. Insurance Certificate Present and Current
         g. Verification of Work History (Current/Past
            Privileges/Affiliations, Employment and Faculty)
         h. Medicaid/Medicare Sanctions
         i. Medical Board Sanctions/Federation
         j. Practitioner Application Content Processing
         k. Attestation Content Processing
         l. Federal and State Drug Enforcement Registration and
            Controlled Substance License
         m. License to Practice

2) Customer Satisfaction

3) Increased Productivity of Specialists (Number of Releases and Increased Accuracy per Specialists).

4) Reduce Release Turn-Around-Time (Decrease TAT).

5) Reduce Error rate - Increase training opportunities and variety of training to improve and reduce staff turnover.

6) Identify at least one new area for improvement during this year.
3.0.5 SECTION 5: REVIEW AND ANNUAL APPRAISAL

The Quality Improvement Manager and Quality Improvement Committee will review the effectiveness of the quality improvement plan at least annually to insure that the program is comprehensive and results in improvements in services. The reappraisal will assess the program's priorities and goals for improvement. Components of the program that need to be added, deleted and modified will also be identified. During the yearly evaluation, emphasis will be placed on overall effectiveness of the program as demonstrated by problem identification and resolution. These results will be reported to the CCVS Advisory Committee for additional recommendations and input and forwarded to the Arkansas State Medical Board via the QI Report for review and approval.

Peggy Pryor Cryer, Executive Secretary
Arkansas State Medical Board

Angie Meehleder
QI/Customer Service Manager

1/28/2015   Date
3.1 QUALITY IMPROVEMENT

The ASMB/CCVS has developed continuous quality improvement processes to ensure that credentials reports and files are accurate, complete, meet health care customers’ needs and are provided to customers in a timely manner.

The Quality Improvement Plan (See QI Plan), CCVS Advisory Committee, Quality Improvement Committee, Policy and Procedure Committee and Customer Satisfaction policies and procedures, as well as the management staff of the ASMB/CCVS and committees monitor the quality improvement, customer satisfaction and policy review areas of the program.

QUALITY IMPROVEMENT PLAN


3.1.2 CUSTOMER SATISFACTION

The Arkansas State Medical Board (ASMB)/Centralized Credentials Verification Service (CCVS) has developed a process for collecting, assessing, reporting and resolving the complaints and concerns of the customer. The CCVS Quality Improvement Committee will assist the QI/Customer Service Manager by directing, facilitating resolutions, recognizing trends or by providing input. The ASMB/CCVS has established the following procedures:

For the purpose of this policy, external is defined as satisfaction of Customers served. Internal is defined as satisfaction of individuals within the organization or within affiliated organizations that interact with the company.

Process for Customer Satisfaction Comments, Concerns or Complaints (internal or external):

3.1.2.1 Customer Service comments, concerns or complaints will be logged in the Intranet “ticket” system online. This logged information will be utilized in preparing a report of customer service issues, the resolutions and recommendations, including barriers, if any. The tracking log is available to the ASMB Management Team to view their department issues. A copy of any customer issues is provided via online spreadsheet or Intranet logging to the QI/Customer Service Manager within forty-eight (48) hours of receiving. Most issues are now tracked via phone or email to the CCVS Monitor address.

3.1.2.2 Within five (5) days of receipt of a complaint, the CCVS QI/Customer Service Manager will determine if such complaint is due to action or inaction by the CCVS. If it is determined that the complaint is NOT due to any action or inaction by the CCVS, a written or email response to the complainant’s CCVS account administrator will be initiated detailing the rationale for such determination. If the complaint is due to any action or inaction by the CCVS, the complainant and account administrator will be notified within 48 hours of the corrective action, resolution or the date/time such implementation of the corrective action has been, or will be, initiated. Corrective action may be a refund/credit and may include a free practitioner profile or other action as determined by the ASMB’s Quality
Assurance/Customer Service Manager. Notification can be by phone, e-mail, fax or mail and must be documented in the required intranet ticketing system.

3.1.2.3 If the customer service response is not satisfactory to the complainant, the original complaint and all correspondence shall be submitted to the Executive Secretary of the ASMB and she shall have 15 (fifteen) days from receipt of this complaint to either confirm the original determination, or, based on her investigation, provide an alternative resolution to the complaint.

3.1.2.4 If the response from the Executive Secretary of the ASMB is deemed unsatisfactory by the complainant, the complaint, all correspondence and investigative information will be forwarded to the Arkansas State Medical Board for a final resolution by the full Board.

3.1.2.5 Information regarding each complaint shall be entered in the Customer Service “ticket”, utilized for generating data reports via the quarterly Quality Improvement Report to management, the ASMB and the Governor’s House Committee.

3.1.2.6 These records are intended to assist in detecting any processing errors, trending or additional staff training requirements that may need to be corrected or adjusted for improvement, in determining flaws in the processing of releases for Customers and development of future customer service system and process improvements. If the necessity for additional in-servicing, staff training/education is required, as identified by specific trends or focused complaints or comments, this will be documented and scheduled within 24 hours of notification to that staff member, the CCVS Trainer, CCVS Program Manager and the ASMB/CCVS Human Resource Manager. Training recommendations can be submitted by any one of the ASMB/CCVS Management Team (Executive Secretary of the Board, Director of Information Systems, HR Manager, QA/CS Manager or CCVS Program Manager) or the CCVS Trainer. Recommendations will be submitted via e-mail and the Management Team will be copied.

3.1.2.7 A summary report of the customer service findings will be reviewed by the Quality Improvement Committee (QIC), CCVS Advisory Committee (CCVSAC) and the Arkansas State Medical Board (ASMB) in the quarterly QI report. The summary will include a breakdown of the type of comments/complaints, recommendations, follow-up and barriers to resolutions if any.

3.1.2.8 The QA/Customer Service Manager will review each comment/complaint completed and the information will be maintained in the customer service tickets on file in the Intranet.

3.1.3 POLICIES AND PROCEDURES REVIEW

The Policy and Procedure Committee was formed to ensure that the ASMB/CCVS policies and procedures are current, comprehensive and accurate as they relate to all necessary requirements of the ASMB/CCVS processes and services.

3.1.3.1 The Committee members shall consist of:

a) ASMB Executive Secretary
b) Information Technology Director
c) CCVS Program Manager
d) QI/Customer Service Manager
e) HR/Accounting Manager
f) Other appropriate personnel (as applicable) representing different areas of the ASMB/CCVS.

3.1.3.2 The Committee will meet annually each calendar year for policy and procedure review, but may meet more often, as necessary.

3.1.3.3 The responsibilities of the Committee are to review the CCVS Organizations’ policies and procedures as set forth by:

   a) NCQA
   b) JCAHO
   c) Arkansas Department of Health
   d) Customer Organizations
   e) Other appropriate organizations, as applicable
   f) Arkansas state law, as applicable

3.1.3.4 Policies and procedures will indicate date of origination, review and revision (if applicable).

3.1.3.5 The Committee shall post all proposed policies and procedure revisions to the CCVS website within thirty (30) days of annual review. Notification of revisions(s) will be sent via current Customer e-mail addresses listed with the CCVS thirty (30) days prior to implementation. If email address is not functional or has not been updated and if email is undeliverable, a phone call will be attempted at the last known number. It is the customers responsibility to update contact information via the online secure access.

3.1.3.6 New policies and procedures or revisions to existing policies and procedures that require immediate implementation will be reviewed by the ASMB/CCVS Management Team for appropriateness. Those revisions deemed immediately necessary will be implemented and notification of revision(s) will be sent to the Customer organizations via the current customer e-mail addresses within ten (10) days after implementation and may be posted to other available sites simultaneously (Arkansas Association of Medical Staff Services, the Board’s and CCVS Home pages, in the Policies and Procedures and in the CCVS User Guide if deemed applicable to those locations).

3.1.3.7 All policies will indicate date of origination at posting. In addition, all revisions to the policy manual will have the review and revision date shown on the signature page of the policy and procedure manual.

3.1.3.8 The Quality Assurance/Customer Service Manager will sign off and submit the Policy and Procedures for final approval by the Arkansas State Medical Board’s Executive Secretary, the Board’s designee and the Policy and Procedure Review Committee. The approval date and signature date will be listed on the signature page of the policy and procedure drafts and once approved, it will be listed on the Policy & Procedure Manual’s Signature Page.

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4.0 CONFIDENTIALITY - POLICY

ASMB/CCVS shall maintain the confidentiality and integrity of information gathered in the credentialing process and apply confidentiality policies to both paper and electronic files.

Third Party Access. No credentialing information shall be released to third parties. This statement is included in the state law and is adhered to by the ASMB/CCVS. The customers of the ASMB/CCVS cannot resell nor share any information provided in the purchased CCVS profile with any organization. Non-compliance could have the following consequences: access to the CCVS denied; privileges to operate in Arkansas withdrawn and a fine.

To ensure confidentiality and integrity of credentials files, the Arkansas State Medical Board (ASMB)/Centralized Credentials Verification Service (CCVS) has established the following protective procedures:

4.0.1 CONFIDENTIALTY – ASMB/CCVS PERSONNEL

Each employee/volunteer/consultant/temporary or contracted staff of the Arkansas State Medical Board (ASMB)/Centralized Credentials Verification Service (CCVS) will sign a confidentiality agreement when they are hired and annually thereafter. No one is allowed access to Customer files, practitioner files, verification documents or any other confidential material until a confidentiality agreement is on file.

- At the time of hire, orientation is provided to each new employee (full time or temporary) to discuss confidentiality and security issues. Each department also completes a department orientation. Confidentiality of practitioner information is again reviewed, along with reasons for locked areas and limited access. A record of orientation attendance and signed confidentiality agreements is maintained in the Human Resource Manager’s office.
ARKANSAS STATE MEDICAL BOARD and
CENTRALIZED CREDENTIALS VERIFICATION SERVICE
CONFIDENTIALITY STATEMENT

As an employee/consultant/temporary or contract staff of the Arkansas State Medical Board, you may
develop, use, or maintain licensee files, personnel records, payroll records, and investigative materials in
many different forms to include paper records, oral communication, audio recordings, electronic display
and computer data during the course of your employment or contact. All such information is the
property of the Arkansas State Medical Board, an agency of the State of Arkansas, and said information
is strictly confidential. Access to said information is permitted to you only on an as needed basis
according to your individual job description or contract and tasks that you are assigned.

It is the policy of the Arkansas State Medical Board that employees, consultants, temporary or
contracted staff and/or any agents or individuals shall preserve the privacy and confidentiality of all
information compiled and held by the board to include application information, licensee information,
investigative and personnel information. Violations of this policy include, but are not limited to:

- Accessing information that is not within the scope of your job or contract;
- Misusing, disclosing without proper authorization, or altering patient or personnel information;
- Disclosing to another person your sign-on code and/or password for accessing electronic or
  computerized records;
- Leaving an unsecured application unattended while signed on;
- Attempting to access a secured application without proper authorization.

Violation of this policy by employees, consultants, temporary or contracted staff of the Arkansas State
Medical Board may constitute grounds for termination of employment or contract. Unauthorized release
of confidential information may also have personal, civil, and/or criminal liability and legal penalties.

I have read and agree to comply with the terms of the above statement and will comply with the Medical
Board’s information security policies.

IN WITNESS WHEREOF, on this _____day of __________________, year ________.

_________________________________________________      _____________________________
Employee or Contract Staff Signature      Witness
4.0.2 PRACTITIONER FILES – STAFF CONFIDENTIALITY:

Employees/volunteers/consultants/temporary or contracted staff acknowledge that all information, materials and documents received from or on behalf of a practitioner or customer, information, materials and documents received from or on behalf of a practitioner or customer, or any business information is considered confidential.

Employees/volunteers/consultants/temporary and contracted staff will not at any time, either during employment or after employment terminates, make known to any person, firm or corporation, the names, addresses or any information concerning any customer or practitioner.

Employees/volunteers/consultants/temporary or contracted staff agree to take all reasonable action that the CCVS deems necessary or proper to prevent unauthorized use or disclosure of practitioners’ information to the fullest extent permitted by law. Staff will notify the Executive Secretary of the Board, CCVS Program Manager or the QI/Customer Service Manager of any request for information from outside agencies or organizations, which have no contracts or agreements with the service.

4.0.3 DISPOSAL OF CONFIDENTIAL CREDENTIALS INFORMATION:

All discarded “hard-copy” information related to the credentialing process and Board activity is shredded in bulk by a contracted secure shredding company. There are individual shredding bins at each work station and larger shredder bins strategically throughout the offices. Designated staff and the shredding company have the keys to these bins. The shredding company empties all shredding containers on a scheduled basis, which is normally weekly or as needed if the bins are filling up more rapidly due to meetings or file purging. All hard copy information is shredded by this mobile unit on site. Shredded paper is bagged in the same fashion as all other shredded waste and disposed of on a regular basis by the approved designated source or shredding company. All other discarded materials are placed in the regular waste bins and disposed of on a nightly basis by the housekeeping staff as routine waste. No documents, information from practitioner files or credentialing files is placed in the regular waste/garbage receptacles.

4.0.4 FACILITY CONFIDENTIALITY

4.0.4.1 CONTROLLED ACCESS TO DEPARTMENT AND FILES:

Effective June 27, 2011 – The ASMB/CCVS moved to a larger facility and maintains a specific area on the third floor of a multi-story, multi-tenant building. Entrances to the parking and secure areas of the building require a pass key card and assigned parking puck. Each staff person is assigned an electronic pass key card with a photo identification that will allow access and record in/out access by that specific person. The pass key allows them to enter the rear stairs or front lobby area into the secure portion of the ASMB/CCVS. The rear stairs leading from the parking deck walkway will only allow staff with the ASMB/CCVS pass key card to enter on the third floor stairwell. The security system must first be disarmed by specific authorized staff on arrival in the morning. The red light indicator will show the security alarm is on and not to use the pass key. There is a visible red/green light display indicator. If the security system is still activated, they can only go up or down the stairs or to public areas in the building (lobby,
bathrooms, vending, etc). The second public entrance to the third floor is via the elevator through a common hallway to the Board reception area. Public entrance to the ASMB/CCVS offices through the reception and waiting areas is also possible but limited. The doors into the secure areas require a staff-specific pass key card or the front desk person has to “release” the lock to allow entrance. Visitors must be escorted past this point and at no times have access to files, records, or any other information in the ASMB/CCVS areas unless a specific audit type is scheduled, supervised and controlled. These audits are always within view of the front desk. A visible “Visitor Badge” identifier will be worn at all times when they are in the secured areas or behind the secured area doors and is returned on exiting the area. There are security monitors placed in each of the management team offices to monitor various camera angles strategically placed around the departments and used to identify and provide assistance or call for outside assistance in cases of disruptive visitors or staff or other emergencies.

All staff are oriented at initial hire and periodically refreshed regarding the reasons for locked and limited access and the process for a member of staff to escort any visitors in the secured areas.

- **Visitor Access**
  
  All visitors to the CCVS department are required to check in/sign in with the receptionist at the main entrance and required to wear an identifying “Visitor Badge” while on the premises or within the secured areas. The visitor badges are returned to the receptionist upon exiting the building. Visitor badges are not access badges. They do not allow access to files, except as provided and required under the Freedom of Information Act for the state of Arkansas and are limited to licensure files. CCVS files are not available under the F.O.I.

ASMB/CCVS offices are located in a multi-story, multi-tenant building. The ASMB/CCVS occupy an area on the third floor. Access can be obtained via the front reception area. Access is limited if the security system is not first deactivated. Staff must have their access cards to proceed into the security areas from either entrance. Freight is brought into the area via the freight elevator. The freight elevator does not open in the secured area. Deliveries must be to the reception area window and if required, accompanied, monitored access is provided into the secured area(s).

4.0.4.2 DISCLOSURE OF CONFIDENTIAL INFORMATION:

Employees/volunteers/consultants/temporary, contracted staff and committee members acknowledge that the foregoing matters are important and confidential and affect the success of the business of the CCVS and its reputation and goodwill. Any breach of this Agreement is a serious matter and is grounds for possible legal action.

4.0.4.3 ACCESS TO FILE(S) – COMMITTEE CONFIDENTIALITY:

- All outside committee members and/or any sub or ad hoc committees annually review and sign the Confidentiality Policy before they are
allowed access to privileged information for any purposes, such as auditing.

- Customer Committee representatives acknowledge that all information, materials and documents or business information received during committee proceedings/meetings is the property of the ASMB/CCVS and may contain privileged confidential information. Committee members agree not to release any such information to any outside agencies or organizations, which have no contracts or agreements with the CCVS. Privileged information includes, but is not limited to: customer names, prospective customers, strategic planning, manner of operation, business plan, suppliers, marketing methods, forms, proposed policies or procedures, or any information regarding the business operations and practices of the ASMB/CCVS that is not otherwise posted for public view.
ARKANSAS STATE MEDICAL BOARD and CCVS
COMMITTEE CONFIDENTIALITY STATEMENT

As a member of a committee of the Arkansas State Medical Board, you may view confidential practitioner files, reports or investigative materials in many different forms to include paper record, oral communication, electronic display and statistical computer data during the course of your activities for this committee. All such information is the property of the Arkansas State Medical Board, an agency of the State of Arkansas. Access to said information is permitted to you only on an as-needed basis.

It is the policy of the Arkansas State Medical Board that members of various committees shall preserve the privacy and confidentiality of all information compiled and held by the Board to include application information, licensee information and internal statistical data. Violations of this policy include:

- Misusing, disclosing without proper authorization, or altering information, unless permitted by law.

Violation of this policy by members of various committees of the Arkansas State Medical Board may constitute grounds for termination of committee participation. Unauthorized release of confidential information may also have personal, civil, and/or criminal liability and legal penalties.

I have read and agree to comply with the terms of the above statement and will comply with the Medical Board’s information security policies.

IN WITNESS WHEREOF, on this _______ day of___________________, year _______.

___________________________________  ______________________________________
Signature                          Witness
4.0.4.5 RELEASE OF INFORMATION:

The CCVS recognizes that the release of confidential information to entities other than professional peer reviewers and accrediting bodies may be prejudicial to the interests of the independent practitioners. Such release requires the authorization of the practitioner, unless otherwise permitted or required by law.

An Authorization and Release form available for download from the ASMB/CCVS website has to be utilized when requesting the release of practitioner information to a specific organization. The organization’s name should be legibly entered on the blank line provided so the ASMB/CCVS can confirm compliance with state law.

4.0.4.6 BUILDING SECURITY:

Building security is maintained through the utilization of a security monitoring service, locked doors, controlled access to departments and areas, documented distribution of security keys and security pass key access for disarming the alarm system to specific and limited staff. Building and ASMB/CCVS office codes will be deactivated for those staff when no longer in use and keys returned. Exiting staff have access deactivated immediately before they leave the building. Remaining staff are notified of the exiting staff so they do not open security doors and allow access. The ASMB and CCVS are located on the third floor and access is allowed through two entry points that require key cards. Active staff access to areas of the ASMB and CCVS is restricted and controlled through each pass card. Only technology and management staff have access to the IT offices, except the server room. Only IT staff have access to the server room. Building windows do not open. Alarms are activated after business hours. Building security locks down all public entry doors before and after hours and a pass key is necessary to enter. Only specific management staffs have permission to enter outside regular business hours and their pass cards are keyed with this information. Additional security is provided during board meetings or as required and dependent on current threat levels. There are intermittent cameras posted in building and in ASMB/CCVS management offices and activity can be viewed on monitors.

4.0.4.7 PHYSICAL ACCESS TO FILES:

a) Files shall mean any practitioner information gathered, processed and stored in the credentialing process, including physical “hard copies,” as well as electronic copies.

b) Staff will close files and secure them when away from their desk for extended periods of time (i.e. periods of time exceeding one hour) or overnight. Files shall be promptly returned to the main files when they are not being actively worked by staff.

c) Files, or copies of information in files, shall never be taken outside of the ASMB/CCVS offices into public areas. Doors are locked at all times. Access is only allowed through the use of security pass card IDs with limited access for business hours. Only specific staff (management and security) are allowed to access outside normal business hours and that
access is tracked through camera security, building security and pass card usage. Staffs are not allowed back into the secured areas outside normal business hours without specific management approval.

d) All emergency exit doors into the ASMB/CCVS areas will remain locked. Entry is limited to the stairwell door from the parking deck or through the main building entrance to the elevators and ASMB/CCVS main reception area. In both instances, only staffs have file access. Visitors will utilize the current process (4.0.1.1). Emergency exit doors can only be accessed for emergency exits, not entrances. Freight deliveries are made via a freight elevator that will open outside the main doors to the ASMB/CCVS area. There is no access to the secure file areas from that point without a pass key or unlocked from authorized staff at the front desk by pushing a button in that area.

e) Only IT staffs have access to IT server room. Access to IT is limited to management staff. All staff have access to practitioner files due to constantly being purged or updated. There are cameras posted intermittently throughout the building and they are consistently viewed.

4.0.4.8 ELECTRONIC ACCESS:

a. Access to the ASMB/CCVS software requires a system generated username and strong pass phrase. Staffs also create new, individual pass phrases every 45 days. Staffs are reminded near the end of 45 days that it is time to change their pass phrase. If it is not changed, the system will “lock” them out and only Information Technology staff can give them access to complete the process before they can get back into the rest of the system. Work stations are checked to be sure access codes are not accessible or in view. Work stations are locked and staff scheduled for repeat inservice completion on security and confidentiality if violations are noted.

b. Only ASMB/CCVS staffs have unique pass phrases to access this system. The same pass phrase cannot be utilized.

c. The ASMB/CCVS management and administrative team control assignment of access based on job description and duties assigned. Not all employees have access to all fields and programs in the credentialing program. Specific staff only are authorized to all levels – edit, lock, delete. All edits can be identified and tracked in the electronic system.

d. Pass phrases are activated and controlled, including periodic global changes only through the Information Technology department.

e. Upon initial hiring, ASMB/CCVS personnel are assigned user names and provided with information on creating pass phrases that include the minimum standards regarding case, capitalization and access permissions (e.g. read, update, delete, print, etc) for their specific job functions and authorization levels. Access may progress or change as experience level progresses.

f. At termination of employment, an employee’s user account is immediately deactivated from the system upon e-mail notification from the Human Resource department.

g. File access authorization for new ASMB/CCVS employees is provided based on pre-determined templates set forth by the Human Resource/Accounting Manager, as determined by that department’s specific manager or director.
h. Edits to the electronic files are strictly limited to specified ASMB/CCVS staff. Sections of files may be “locked” to prevent editing with unlock permissions strictly controlled by the IT staff with some management staff having greater access.

i. The electronic credentialing system used by the State of Arkansas’s Centralized Credentials Verification Service provides for the tracking of historical changes of information within the system for each practitioner’s electronic file. This historical tracking includes information on when changes were made to the file, who made the changes and what change was made. The historical tracking information is viewable to all users of the system; only specified authorized users may edit information in the electronic data files (See 4.0.1.4 e., g., h.).

j. Pass phrases for all current staff are changed intermittently Note: Detailed information on security processes cannot be posted or shared due to strict security policies.

k. Screen savers are pass phrase protected and are automatically activated at maximum of three (3) minute intervals during screen inactivity.

l. All staff are required to lock their workstation when leaving their work area for any period of time. The Information Technology staff monitors this at random intervals and notifies the ASMB/CCVS Management Team of any non-compliance so re-training can be completed.

m. The ASMB/CCVS uses a network operating system created and maintained by ASMB/CCVS Information Technology staff. One of the features of this system is to print from a server or from the local printer. Staff may only access the ASMB/CCVS software from the computers located within the ASMB/CCVS offices. The printers located in the ASMB/CCVS offices are the only printers attached to the system that results in:
   i) Output/Printout forgery and manipulation control
   ii) Printout/Report security
   iii) Restrictions on duplications

4.0.4.8.1 PRACTITIONER ACCESS:

Practitioners do not have direct electronic access to their CCVS information on file (accessing, editing or retrieving their information is not allowed). The ASMB license renewal allows the practitioner to complete an online license renewal and obtain a snapshot copy of their CCVS profile, which is not connected to the CCVS file so they cannot directly change information in that system. The practitioner is able to provide updates or edits on the CCVS profile or Board information by the use of field boxes that are not directly connected with the stored information on file, which remains protected. The information noted by the practitioner on the profile is verified and only the verified information is utilized to update the profile. If there is a variance in what the practitioner states and what is verified, they are advised to contact the verification source and have them resend a corrected verification to the CCVS. The CCVS profile that is requested outside of license renewal is only provided via a scanned copy of existing data. The practitioner can mark on the copy and return to the ASMB/CCVS via drop off, mail, fax or scanned .pdf attachments. See Service Overview
(1.1.4). Practitioners may request a copy of their personal profiles at any
time outside of license renewal.

4.0.4.8.2 CUSTOMER ACCESS:

Customers of the ASMB/CCVS do not have direct electronic access to editing
or retrieving practitioner information in the credentialing program. The only
access is via the password protected online ordering system as noted in Service
Overview (1.1.4) Internet system when retrieving the “released” file. The
released profile information is a snapshot of the information or a .pdf
attachment, taken at the time of the release. It is stored for 120 business days in
an archive file until it is retrieved (See 4.0.1.5) by the customer and purged from
the ASMB/CCVS system on the 121st day. The customer may save the .PDF
file to their own directory if longer archival storage time is required by that
organization.

4.0.4.9 MONITORING ELECTRONIC SYSTEMS:

Electronic activity logs and/or reports of system access are reviewed on a daily
basis by the ASMB/CCVS Information Technology (IT) staff.

The current credentialing system allows tracking of historic changes.

The current system creates a “photograph or snapshot” of released information
and this is provided to ASMB/CCVS customers at the time the information is
“released” to them. The profiles are provided in .pdf format and can be saved by
the customers on their local computers and reprinted at their convenience. The
information on the .pdf is provided in a secured format and cannot be edited by
the customer. This stored information is periodically scheduled for purging every
121 day.

4.0.4.10 DATA/DISASTER RECOVERY:

a) Backups are conducted nightly to assure that information is recoverable in
the event of a disaster. All daily backups are kept for a period of no less
than one (1) week and are maintained off-site in a secured storage facility.
A backup is removed off site daily by an offsite vaulting storage service
and returned the next business day.
b) The Information Technology staff monitors back-up processes to assure
that data are routinely backed up.
c) The software logging mechanism monitors and tracks backups to the
servers and is checked daily by Information Technology staff.
d) The network servers are maintained in a locked, climate controlled room.
Access to this room is limited to the Information Technology staff.
e) In the event of a disaster, data recovery will be accomplished within the
minimal time required to restore or reestablish the necessary connections
to the system.
4.0.4.11 ARCHIVED DATA:

a) Archived data is stored in a secured offsite location. The files are kept in a air conditioned, locked facility with security cameras and sign in/out tracking. A list of offsite archived data is maintained in the ASMB office.
b) Each month a report is generated from the database. Practitioners’ paper files with licenses that have been expired for 3 years are pulled and sent to offsite storage. Respiratory and Occupational Therapists, Practitioner Assistants, and Medical Corporations that have been expired for five years are included. The timeframe is based on the renewal eligibility for each type of license.
c) When a request for an archived file is made, the paper file is returned to the ASMB office within 3 working days. Only specified staffs are allowed to request/receive files from the offsite archived storage. Adding or deleting users can be completed by the ASMB’s Account Administrator or by the Vital Web Administrator for the ASMB. Each user is provided with an individual user name and password. Only authorized users may “check out” files physically or may request delivery to the ASMB by Vital Records staff. Vital Records staff will not release a file to anyone else. No information regarding these records or the contents will be made available over the phone.

4.0.4.12 BUSINESS INFORMATION:

Employee/volunteers/consultants/temporary, contracted staff or committee members will not communicate to any person, firm or corporation outside the organization, either directly or indirectly, any information of any kind concerning matters relating to the business of the ASMB/CCVS. Privileged information includes, but is not limited to: customer names, prospective customers, strategic planning, manner of operation, business plan, suppliers, marketing methods, forms, proposed policies or procedures, or any information regarding the business operations and practices of the ASMB/CCVS that is not otherwise posted for public view.

4.0.4.13 REPORT OF UNAUTHORIZED ACCESS:

Employees/volunteers/consultants/temporary or contracted staff agree to promptly report to the CCVS Program Manager or QI/Customer Service Manager any known or suspected unauthorized access to, distribution of, either practitioner or business information of any manner concerning the activities of the CCVS department. This report will be maintained in a file in the CCVS Program Manager’s office and a copy will be provided for the Executive Secretary of the Board (ASMB/CCVS), the Human Resources Manager, Director of IT and QA/CS Manager.

4.0.4.14 REMOVAL OF INFORMATION FROM THE CCVS:

Employees/volunteers/consultants/temporary, contracted staff or committee members will not at any time remove any practitioner files or business files (including copies) from the office premises of the ASMB/CCVS.
5.0 VERIFICATION PROCEDURES

A. Practitioner types who are subject to the verification process are medical doctors (M.D.) Doctors of Osteopathy (D.O.).

B. All information verified by the CCVS personnel will be completed using the most current, primary (direct) or NCQA/JCAHO, Arkansas Department of Health acceptable and approved sources.

C. Verification from Primary (direct) sources or their monitoring entities submitted during the initial credentialing process will be conducted as applicable. CCVS, along with the following procedures will support this policy:

- All verifications are electronically recorded in order to document the specific verification query, request attempt type, date and number and response information.
- All documents will be current and complete at the time completed file is sent to Customer.
- All non-static information/documentation provided to the Customer via the CCVS profile will be within the 120 day time frame as established by (e.g., NCQA, Arkansas Department of Health, JCAHO, etc.) internal processes created to meet customers’ requirements (i.e. information will be no more than 120 days old at the time the information is reported to the Customer.) The ASMB/CCVS utilizes the 120 day time frame in order to meet all regulatory and certification board standards for each type of customer organization rather than having different time frames for each type of customer.
- ASMB/CCVS processes utilized to ensure that time-sensitive information is no more than 120 calendar-days old, where specified, when reported to customers are verified by auditing files prior to release and post release. Staffs audit practitioner files and update any non-static information that is 120 days old or older. The staffs “releasing” the files to customers, utilize an Audit Release Tool (checklist) listing the dates of the verifications in the files. There is a process on the form that allows it to calculate the oldest date so anything falling out of the 120 days is easily noticed. Quality Auditors are provided audit queues with practitioner names to audit based on specific criteria but their audit lists are random. They will identify any staff needing training and this information will be provided to the CCVS Program Manager to schedule. The Quality Assurance/Customer Service Manager also has a queue that is randomly selected from the Auditors queues. The purpose of this final audit is to provide training information and assurance that the staff are completing the verification activities required.

D. The CCVS will always strive to query the most current, appropriate primary (direct) sources when verifying specific data submitted by providers. Queries may be completed either by writing to the primary (direct) source, obtaining a written verification or by calling the primary source and completing a verbal verification form, which will be documented according to process (signed and dated) and included in the file. When appropriate, aggregate data on approved Internet web sites, purchased access, printouts, rosters and other approved sources may be utilized. The source will always be documented in the data base system and will print on the customer’s verification printout. This will apply to the specific information that is verified on all initial applications, updates to initial applications (recredential) and information updates available within 60 days of release to customer.
E. It may not always be feasible to obtain information from the primary (direct) source. In rare or occasional instances, a primary source, such as an education institution or a hospital no longer exists, or the practitioner’s records were destroyed. Applicants may have received education, training or experience partially or wholly in a foreign country, and for political or other reasons, information regarding their professional background is not accessible. When primary (direct) source verification is not obtainable (i.e. due to facility closures, no records or files, file too old, records purged or destroyed, natural disasters, etc.) or due to a particular political situation in that country that does not allow for obtaining the primary (direct) source verification, this will be noted in the practitioner’s electronic and paper file and will appear on the customer’s verification printout. If any item on the practitioner’s profile is listed as Unable to Verify, the customer may attempt to obtain that verification without violating the state law. In those cases, the CCVS was not able to obtain that verification within a timely manner or has exhausted the resources to further track alternate resources for verification. However, the CCVS will continue to attempt to obtain the verification as new resources become available. If primary or secondary sources have been utilized and the information still cannot be obtained, it will be listed (as practitioner copy or practitioner information only) on the customer’s verification profile.

F. Initial profiles released to the customer contain all verification elements from the start of medical education to the current date. The Arkansas Statute requires reporting of the same elements to all customers, regardless of the type of organization that is utilizing the CVO.

G. Recredential profiles released to the customer contain all verification elements in the most current two years preceding the order. This is provided to “update” the original Initial profile but the customer may order any type of profile at any time and depending on their needs.

5.1 PRACTITIONER INITIAL APPLICATION PROCEDURES:

The term “Initial application” refers to those credentialing verification items provided for the CCVS customers beginning with verification of completion of M.D. or D.O. education to the date the profile is released to the customer.

Those licensed independent practitioners who are subject to the initial application verification process are as follows:

a) Doctor of Medicine (M.D.)
b) Doctor of Osteopathy (D.O.)

5.1.1 Guarantee

5.1.2 Cycle for Practitioner Initial Application Process

5.1.3 Practitioner Initial Application Process

5.1.4 Verifications to Primary (direct) sources for Practitioner Initial Application Process
5.1.1 GUARANTEE:

Our policy is to guarantee Customer organizations receipt of a completed Initial verification profile within the period of time specified. This period of time begins the next business day after a completed order request is received, since customers may place any type of orders at any time and as often as desired.

The CCVS will always strive to send a completed Initial verification profile to Customer organizations within fifteen (15) business days. It is recognized that organizations may have emergencies and therefore customers have the choice of “expediting” their orders for Initial profiles in that eventuality. Expedited orders have a higher fee associated with them but the Turn-Around-Time (TAT) is guaranteed at five (5) business days. This is the only way one file will be worked ahead of another file. Otherwise, orders are worked by order type according to the time and date the customer placed the order and the system electronically acknowledged the order was placed.

Furthermore, the CCVS guarantees that the CCVS will comply with the time frame established by NCQA, JCAHO, Arkansas Department of Health, Arkansas Medical Board (*120 days, i.e. information will be no more than 120 days old at the time the information is reported to the Customer) and statutory requirements set up to meet customer requirements, and that all non-static documentation/information/attestations provided to a Customer will be dated within this specified time frame at the time the CCVS releases the completed Initial verification profile.

*120 day is the time period established by customer credentialing process requirements and takes into account NCQA, JCAHO, Arkansas Department of Health, Arkansas State Medical Board and Arkansas Statutes and guarantees established by law in order that all types of organizations may receive information that is current at the time of release and meets regulatory and certification requirements, rather than set different time periods for each organization type.

Telemedicine (Out-of-State) Profile orders: Due to the volume of verifications that must be obtained on these type of practitioners in order to complete the profiles, Recredentialing or Expedited profiles are not available. Telemedicine practitioners are only available as Initial orders. Initial turn-around-times apply.

5.1.2 CYCLE FOR PRACTITIONER INITIAL APPLICATION:

5.1.2.1 The Practitioner receives an application from the ASMB when requesting medical licensure in the state of Arkansas. An electronic file is then created based on the primary source verification (paper) documents. Information is continually updated during the licensure process in this electronic file until a license is issued. Once a license is issued, the file is “rolled over” into the CCVS and the update process continues. The state licensure application is a dual-purpose application utilized for the Board’s license and regulatory processes, and is utilized for CCVS application once a practitioner obtains a license from the Board. Once licensed, the CCVS is responsible for
updating credentialing information in the file. If a license is not obtained, the practitioner file does not roll over into CCVS and is processed according to licensing policies and procedures.

5.1.2.2 If the Practitioner applicant received an Arkansas medical license prior to the initiation of the dual-purpose application, the Practitioner was sent a CCVS application that included the information on the profile until 2008. It also included a copy of the practitioner’s personal profile for review and update and included an attestation form and general authorization and release. A copy of a current CV was/is also requested. After January 2008, the application renewal process was simplified to avoid duplication and decrease mailing costs and consists of a copy of the current profile listing the information on file with the ASMB/CCVS, an attestation form for the CCVS, a general Authorization and Release, and a separate required attestation form for the ASMB. There is an instruction letter included. The CCVS practitioner renewal and the Medical Board license renewal are in the same packet and sent out annually.

5.1.2.3 The practitioner applicant sends back the completed application or profile (with any supporting information/documentation) to the ASMB/CCVS for processing. It is required that practitioners complete the CCVS information in order to complete the license renewal process prior to expiration. There is no license expiration “grace” period. The license to practice expires on the last day of the practitioner’s birth month each year.

- If not completed, the application is sent back to the practitioner for completion. If the practitioner makes edits on the CCVS profile and returns it, the staff will collect verifications based on those notations or respond to the practitioner regarding why edits cannot be made (i.e. practitioner wants previous staff appointments, Drug/Alcohol or Rehabs to be removed). The CCVS staff will complete any verifications or updates while waiting on the return of the application but if the practitioner has not provided the general authorization and release so verifications can be obtained or has not provided the corrected completed attestation, the file will not be released to any organization during that interim, whether there is an Expedited order or the file is requested Incomplete. Customers will be notified of the reason for the delay and the order will be canceled if necessary. The customer may then reorder at their convenience or contact the practitioner to assist with getting that information returned to the CCVS as soon as possible.

5.1.2.4 Once returned to the CCVS, every attempt to primary source verify the credentials of the practitioner applicant will be made so the file update can be completed in a timely manner and according to guaranteed turn-around-times.
The Arkansas State Medical Board licensure application serves a dual purpose (Implemented 9/1/2000), as an application for licensure and an initial application for the Centralized Credentials Verification Service (CCVS). For those practitioners licensed prior to the mandate, the ASMB licensure application will be utilized. There may be an ASMB application; a CCVS application, the dual application or the renewal packet (profile plus attestation) in the paper files as a result. A CCVS Information Sheet is included in the licensure application packet to inform practitioners of the CCVS, their role in the state law and to advise the applicant that, once licensed by the ASMB, the licensees (practitioners) will automatically be entered into the CCVS system and the credentialing verification process for collecting, verifying, updating and maintaining the practitioners’ files will be initiated by the CCVS at that time. *No work on the profile will be initiated until a license to practice medicine in Arkansas is granted.*

The CCVS will begin this process by utilizing the primary (direct) source verifications already in the licensure file for static credentials, such as medical education and will continue the credentialing process after licensure to maintain a file’s current credentialing status.

Those practitioners licensed prior to initiation of this procedure and other procedures regarding primary (direct) source verification will be sent a separate credentialing application for entry into the CCVS system until information to obtain and update the practitioners already licensed has been received. The “credentialing” application will contact similar information as in the license application with the specific items for licensure (exams, recommendation letters, etc) removed. It is recognized that the procedures for applying for licensure in Arkansas have developed over the course of time and some documentation now required was not required at the time of initial licensure and this information may not already be in the file, but every effort will be made to obtain this from the primary source or accepted alternate source. Every effort will be made to bring these files current regarding primary (direct) verification. However, if the records are not available, no files found, record too old, records purged or destroyed, or the requirement was waived by the Arkansas State Medical Board, the electronic credentialing files and paper files will reflect this information on the practitioner’s credentialing profile delivered to the customer.

### 5.1.3 PRACTITIONER INITIAL APPLICATION PROCESS:

#### 5.1.3.1

The practitioner applicant sends application to the ASMB licensure department if a dual-purpose application, or the CCVS if the practitioner was licensed prior to implementation of the dual application. Practitioners coming out of retirement and returning as locum tenens, teleradiologists, contract, semi-retired practitioners, etc to practice are required to update their CCVS profiles prior to applying for staff membership or privileges because they were licensed prior to the mandate and after the reapplication process. If the practitioner was licensed prior to the dual-purpose application, a copy of the practitioner’s personal profile, along with a CCVS Attestation is now sent to the practitioner to review the information on file, update and return with a current CV copy.
This procedure was/is necessary until all practitioners licensed prior to implementation of the CCVS and in active practice in Arkansas had completed applications on file with the CCVS or have completely retired from practice and are no longer available in the CCVS.

- Once the practitioner is licensed (temporary, education or permanent), the practitioner is entered into the CCVS credentialing program and the primary source information in the licensure file will be utilized to set up the CCVS paper file. If the practitioner is not yet licensed by the Arkansas State Medical Board, the electronic file will not roll over to the CCVS. The licensure process must be completed prior to entry into the CCVS. Not all information in the licensure file will “roll over” into the CCVS, only the particular elements listed in the policies and procedures will be available. Customers are required to obtain, by whatever methods available in their regulatory and governing policies, the additional information required to build a complete credentialing file.

- Once in CCVS, all non-static verifications that have expired the 120 day time limit during license application will be re-verified and documented in the practitioner’s CCVS files, electronic and paper.

- If a practitioner receives a temporary license to practice medicine in Arkansas, while waiting on the full Board to complete the license application review, the practitioner will be entered in CCVS. The issuance of a temporary license does not guarantee a permanent license will be issued.

- If the permanent license is not issued, the CCVS will remove the practitioner from the CCVS system. The CCVS and licensure files will be combined and stored for an indefinite period of time consistent with licensing policy.

5.1.3.2 The CCVS reviews the application for completeness once licensed.

a) If incomplete, the CCVS returns the incomplete pages, along with a letter explaining the deficiencies to the practitioner for completeness.

b) Practitioner applicant completes the application and sends the document back to the CCVS with all required information/supporting documentation.

5.1.3.3 When the CCVS receives a completed (*) application from practitioner applicant, this will initiate the verification process for initial application.

(*) Complete application is defined as application with all areas completed and accompanied by all required supporting documents.
a) Application is entered into computer and verification letters sent to primary (direct) sources by fax or mail, as needed. Calendar Day 1-3
b) 2nd request/follow-up letters are sent to primary (direct) sources, by fax or mail if necessary. Calendar Days 4-12
c) Follow-up phone calls are made to primary (direct) sources where 2nd requests were sent to ascertain the correct person received it or to find out why no response was returned to the CCVS. 3rd request letters sent, if necessary. Calendar Days 13-20
d) If all attempts to retrieve this verification have failed, the verification element will be entered as “Unable to Verify”. Three documented attempts at verification by web, e-mail, mail; fax or phone will be completed prior to entering an Unable to Verify result for that element. Calendar Days 25
e) CCVS application is returned to appropriate practitioner’s CCVS file until a customer requests a credentialing profile for that practitioner and further attempts will be made within the specific profile order guarantee to obtain the verification for that element until resources are exhausted.

5.1.3.4 Prior to release to the customer, the Release Audit Tool and a current copy of the practitioner’s profile is utilized as check sheets to review the file information that will be presented to the customer to ensure that all required verifications, and attachments have been received, entered correctly and that the credentialing profile is complete. Should the audit reveal any deficiencies, errors or inconsistent data, these will be noted and the file returned to the Credentialing Specialist for correction and immediate completion before being submitted again for release. Accuracy, productivity and error rate noted, both through quality audits and customer service tracking, are factors in staff performance evaluations.

5.1.3.5 Random files are selected for full quality audits both pre-release and post-release to verify both the specialist and release/trainer specialist are following the written processes, and to identify opportunities for additional training and education. A Quality Improvement File Evaluation Tool is utilized for this purpose. All errors are identified, action/recommendation, completion or barrier to completion are listed, dated and initialed. These forms are utilized for reporting to the various committees, management reporting for performance review and also for review with the staff so improvement can be completed.

5.1.3.5 An attestation, which includes the practitioner’s health status, history of loss or limitation of license or privileges, malpractice information, current malpractice insurance and other issues that may affect patient care is signed and dated (within 120 days) by the practitioner, obtained and scanned prior to release of the credentialing profile to the customer. The scanned document is available to customers who have a required organization-specific authorization and release on file.
NOTE: All information/documentation deposited into a file is date stamped (date received) for entry into the data base system. The specialist who enters the verification into the data base system will also initial the date-ENTERED stamp in the paper file. In addition, the electronic file will show the date the last entry to each field was made and the initials of the staff that made the entry. The check sheet and Release Audit Tool will also be RELEASED date stamped with initials of the staff member who audited and released that profile to the customer. The electronic program has a History access where the particular changes, dates changes were made, and staff that entered the changes, is electronically archived.

5.1.4 VERIFICATIONS TO PRIMARY SOURCE FOR PRACTITIONER INITIAL APPLICATION

All information verified by CCVS for Medical Doctors and Doctors of Osteopathy (M.D. and D.O.) will be done using current, primary (direct) sources according to policies and requirements of NCQA, JCAHO, Arkansas State Medical Board, Arkansas Department of Health and applicable state laws.

Verifications from primary (direct) sources or designated monitoring entities of documentation submitted during the initial application process, as applicable, will be conducted. The CCVS, along with the following procedures, will support this policy. All non-static documentation or information provided to the Customer is within the 120-day time frame as established by customer need, JCAHO, NCQA, Arkansas Department of Health; all non-static information will be no more than 120 days old at the time the information is reported to the Customer. All static documentation or information will be verified according to the policies and requirements of NCQA, JCAHO, Arkansas State Medical Board, Arkansas Department of Health, customer need and applicable state law.

The credentialing process shall provide for primary source verification of the elements as follows:

Note: With regard to practitioners designating CCVS as their CVO in compliance with Act 1410, the following elements are verified.

- **State Professional License (NCQA):**
  Source: Verification of all valid, current licenses will be through the Arkansas State Medical Board and all other state licenses will be verified directly through the applicable state boards via their authorized websites if designated as the primary source, or from their specifically designated agent(s). Verification of Arkansas State sanctions, restrictions and/or limitations in the scope of practice will be verified via the Arkansas Board’s website and via other state boards’ authorized websites if designated as the primary source, or from their specifically designated agent. Other states will be contacted by mail, telephone, web site or consultation with Internet service. Verification method and date will be entered in the practitioner’s credentialing files.

- **Federal DEA Certificate (NCQA & JCAHO):**
For practitioners who prescribe medications, a copy of the Federal Drug Enforcement Agency (DEA) and/or State Controlled Dangerous Substance (CDS) certificate; entry into the National Technical Information Service (NTIS) database or confirmation with the state pharmaceutical licensing agency where applicable. Verification will also include all DEA numbers assigned to that practitioner or corresponding clinics, if there are multiple practice locations. Verification method and date will be entered in the practitioner’s credentialing files. The certificate will be effective at the time of release to the customer if a current DEA certificate is held by the practitioner. Customers are provided with free access to the CCVS/DEA website at no charge for update profiles for DEAs that can be added to the CCVS profile prior to completion of their credentialing process. If a current DEA is not held at the time of release, the profile will indicate NONE and a reason entered in the database (Not Renewed, in renewal, none needed, none applied for, in application or renewal process, etc). The organization may communicate with the practitioner regarding their by-law requirements and potential impacts to their privileges if a current DEA is required and not obtained or renewed in a timely manner.

**Arkansas does not require M.D.s or D.O.s carry a Federal DEA certificate but if one is obtained, the CCVS will verify.**

- **State Controlled Substance (if applicable) (Note: Not applicable for Arkansas):**
  Source: Arkansas does not have a state CDS certificate. Verification is obtained from the applicable state-licensing agency; certificate copy is obtained from the practitioner; or pharmaceutical licensing agency. Verification method and date will be entered in the practitioner’s credentialing files. The certificate will be effective at the time of release to the customer, if the practitioner holds a current CDS certificate. If a current certificate is not held, the profile will indicate NONE.

- **Work History (NCQA): See also section on Education, Time Gaps**
  Source: Verification is obtained from the hospital, organization or employer or designated and approved primary source. Verification for this information will be requested from each hospital, employer, primary practice location and the method and source will be documented (verbal, fax, roster, direct) for the customer. If the information cannot be obtained, that statement, including the reason it could not be obtained, will be documented in the file. Every effort will be made to first obtain primary (direct) source verification. For those facilities that routinely provide current medical staff rosters as verification of staff affiliation, a cover letter must be obtained that includes the date of the roster and the name and signature of the person providing or verifying this information. If rosters are utilized, they must meet the 120-day verification requirements, otherwise staff will proceed to individually obtain written or verbal verifications of all practitioners with privileges at their facility. Verification method and date will be entered in the practitioner’s credentialing files for the customer profile. Interim roster updates may be provided by the
organization as information changes, and rosters may be submitted as often as necessary but at a minimum of every 120 days.

- **Education and Training – Medical School, Internship, Residency, Fellowship, Other:**
  
  **Source:** The verification will be obtained from the primary (direct) source, which will be confirmation from the medical school, residency training program, fellowship training program or other training program. This process will be the same for International or Foreign Medical Graduates and US or Canadian medical graduates. If verification cannot be obtained from the primary (direct) source, verification may be obtained from other accepted sources such as AMA or AOA Practitioner Master File, or confirmation from ECFMG for international medical graduates licensed after 1986 or board certification. All education will be verified, whether completed or in process at the time the credentialing profile is released. Verification method and date will be entered in the practitioner’s credentialing files.

  The CCVS will provide information on education in process to the customer by noting the expected or anticipated completion dates, which have been provided by the primary source. Example: If the practitioner has completed two years of a 3-year program, is in the third year with an anticipated completion date at time of release, the information on the profile will reflect that the practitioner completed two PGYs and the third PGY has not yet been completed. The CCVS cannot provide the customer with a verification of completion prior to actual completion. In order to provide the customer with current status, the education verification for non-static or in process training will be updated (within 120 days) at the time the practitioner’s credentialing profile is released to the customer.

- **International Medical Graduates:**
  
  **Source:** IMG verification requirements are the same as for U.S. or Canadian medical school graduates. In cases where the practitioner graduated from a foreign school, attempts are made to obtain verifications from the primary (direct) sources. Requests for confirmation of ECFMG Certification will be obtained on all foreign graduates, unless waived by the Board and noted on the profile. The Arkansas State Medical Board requires medical education and ECFMG verification at initial licensure application, unless a waiver is requested and granted or the practitioner has a limited education license. Other resources may be utilized if verifications cannot be obtained directly from the primary source. If listed on the credentialing profile as Unable to Verify, the customer may attempt to retrieve the verification according to state law. Verification method and date will be entered in the practitioner’s credentialing files.

- **Fifth Pathway:**
  
  **Source:** Verifications must be obtained from the primary (direct) source, which the applicable Fifth Pathway education source.

- **Teaching Appointments:**
Source: Verifications are obtained from the primary (direct) source, which is the applicable faculty offices. Verifications are requested and obtained from the organization where the applicant is currently, or has had a teaching appointment. Verification method, source type and date will be entered in the practitioner’s credentialing files.

- **Military (JCAHO):**
  Source: Letters will be requested and obtained from the National Personnel Records Center, St. Louis, Missouri, or other appropriate entities depending on Active, Reserves, Retired, etc. for verification of the military status and discharge information of practitioners. Verifications of active duty personnel will be attempted from their current base or commanding officer or other appropriate entity and as allowed by the Department of Homeland Security. If no response is obtained, the practitioner’s copy of the DD214 or discharge certificate will be an acceptable Indirect Source verification and a note will be entered in the file indicating that verification was not obtainable and the reason, if known.

  Because of base closings, it is not always possible to obtain verifications of military hospital affiliations, requests for military verifications will be obtained through the current commanding officer and inactive personnel records submitted to the National Personnel Records Center for verification.

  It should be noted that the turn-around-time on requests for military verifications from the NPRC can range four weeks to six months. It should also be noted that there was a fire at the St. Louis facility, which destroyed some records that cannot be duplicated. Verification method and date will be entered in the practitioner’s credentialing files and a copy of the practitioner’s DD213 will be listed as Practitioner Copy in the verification section.

- **Malpractice Insurance Coverage (JCAHO & NCQA):**
  Source: A copy of the most current insurance certificate or face sheet stating dates of coverage and amounts of coverage will be obtained from the primary (direct) source or from the practitioner. Verification method and date will be entered in the practitioner’s credentialing files.

  If the practitioner does not maintain individual coverage, NONE will be listed in the policy number field on the practitioner’s profile for that element.

  Arkansas licensure does not require practitioners to carry individual malpractice insurance coverage. It is the organization’s responsibility to notify the practitioners requesting privileges on their staffs if this is an organization requirement.

- **Work History Gaps:**
  Any gaps over thirty (30) days beginning from completion of medical school are clarified with the practitioner either verbally or in writing. A verbal verification from the practitioner can be obtained. However, the practitioner must clarify in writing any gap that exceeds one (1) year. This information,
including the month and year the gap began and ended, and a brief explanation will be provided on the customer’s credentialing profile. Verification will be attempted, documented and provided for employment, whether healthcare related or non-healthcare or non-professional activities related. Verification or documentation may also be provided for other non-employment gaps (moving, vacation, maternity, etc). Verification method and date will be entered in the practitioner’s credentialing files. Gaps may be listed as “Unexplained” if the practitioner does not respond to queries or does not recall what activities he/she were engaged in during the gaps. The organization may inquire of the practitioner if further details regarding gaps are required by their medical staff by-laws.

- **Professional Liability/Claims History (NCQA & JCAHO):**
  Not applicable. State regulation requires practitioners licensed in Arkansas to report all malpractice claims history to the Arkansas State Medical Board. This information does not roll over into the CCVS and certification in this element has never been requested. Customers must obtain this information as part of their individual application requirements, if necessary. Customers can view the scanned attestations with malpractice information regarding number of claims and the brief summary the practitioner might attach to this document is also scanned. Any legal documents, court proceedings, etc cannot be scanned into the system for customers to view.

- **Peer References:**
  Not applicable. Although recommendations are collected as a part of the licensure application, this information does not roll over into CCVS and is not provided to the customer. Customers must obtain this information as part of their individual application requirements, if necessary.

- **Board Certification Standing (NCQA & JCAHO):**
  Source: The CCVS utilizes the ABMS Certifacts on-line verification service, applicable primary source specialty board certification web sites, or the AMA or AOA profile for osteopathic practitioners (D.O.). Verification of Board status will be completed if the practitioner has become board certified or states he is board certified. The ASMB and the CCVS do not obtain or provide information, verifications or documentation on “Board Eligible” practitioners. If the practitioner is not certified, only the self-designated specialty is listed and identified. Verification method, source and date will be entered in the practitioner’s credentialing files.

- **National Practitioner Data Bank (NCQA & JCAHO):**
  Not applicable. Although the Arkansas State Medical Board performs data bank searches on all license applicants and randomly for license holders, CCVS Customers requested the CCVS not provide this verification so they can perform their own NPDB searches as often as their by-laws require within compliance with the state law. If the CCVS provided the NPBD verification, customers could not obtain or perform any additional NPDB searches.

- **International Medical Graduates:**
Letters will be sent to foreign medical schools in an attempt to verify this information. Due to political situations, which might prevent obtaining the verification, alternate sources such as: entry in the AMA Practitioner Master File; confirmation from the appropriate specialty board; AMA’s Fifth Pathway Program; confirmation from the Educational Commission for Foreign Medical Graduates for International medical graduates licensed after 1986; confirmation from the residency training program; confirmation from the state licensing agency, if the agency performed primary source verification, may be utilized in those cases. A certified certificate copy of an original document for education and training completion may be accepted if education verification still cannot be obtained. Verification method and date will be entered in the practitioner’s credentialing files.

- **Medicare/Medicaid Sanctions (NCQA):**
  Source: Verification is obtained from Federation of State Medical Boards, an acceptable source, on-line query. Verification method and date will be entered in the practitioner’s credentialing files.

- **Attestation Statement: (NCQA & JCAHO)**
  Source: An affirmative statement is included on the initial application (License/CCVS) attestation form which includes: reasons for any inability to perform the essential functions of the position, with or without accommodation; lack of present illegal drug use; history of loss of license and felony convictions; history of loss or limitation of privileges or disciplinary activity; current malpractice insurance coverage information; correctness and completeness of the application. This document is signed/dated by the practitioner attesting to these and is obtained and scanned prior to release of the practitioner’s profile to the customer. There must be a current attestation on file at release, with a signature date that is current (within 120 days or less of profile/report release to customers). Attestations and attached explanations are scanned, if they do not violate patient or practitioner confidentiality, and customers may view and print all attestations in the archive as long as there is a current Authorization and Release for that practitioner.

- **FSMB (Federation of State Medical Boards): (NCQA)**
  Source: Verification is obtained from the primary (direct) source, the Federation of State Medical Board’s online reports service, to confirm licensure sanctions and Medicare/Medicaid sanctions. Verifications will be current (within 120 days) at the time the practitioner’s profile is released to the customer. Verification method and date will be entered in the practitioner’s credentialing files. When there is action on the practitioner’s license, the entry will indicate “ACTION ALERT” in Remarks. The Customer can contact the Quality Assurance Manager to obtain the information prior to purchasing the report to verify whether it is recent action or prior action.

- **AMA/AOA Profile:**
  Source: Verifications will be obtained from the primary (direct) source, the American Medical Association or the American Osteopathic Association. Verification is obtained at initial licensure by the ASMB and as a secondary...
source when education or Board certification cannot be verified otherwise. The AMA/AOA profile is obtained for use for practitioners where it is determined information on the AMA/AOA profile would be of assistance in file processing or cross-checking information.
CCVS receives the practitioner application, either through initial application or from mailing an individual application in a previously licensed practitioner.

Once application is received, the information is reviewed for correctness and completeness.

Was all necessary practitioner-required information provided on application?

Yes

No

Incomplete pages returned to practitioner to complete.

Verification from primary source is obtained as needed.

Are primary source verifications needed?

Yes

Verification from primary source is obtained as needed.

No

File is returned to drawer pending Medical Board review (Initial) or CCVS order request.

Application is held pending receipt of all verifications.

All verifications received?

Yes

No

CCVS makes 2nd verification requests as needed. If Initial licensure, application will be held until all verifications are received or Board waives.

All verifications received?

Yes

No

Follow-up (3rd) contact made to sources to determine why verification was not obtained.

All verifications received?

Yes

No

Follow-up contact is made again. If unable to verify, verification attempts are closed and the reason is listed in the appropriate data field.

All verifications received?
CCVS PROCEDURES FOR RELEASING PRACTITIONERS WITH TEMPORARY PERMITS

PROCESS FLOW CHART

PENDING files are located in the applicable licensing coordinator’s office until a permanent license is issued. The coordinators are each assigned certain letters of the alphabet, and applicants for Arkansas Medical license are distributed to each licensing coordinator by the first letter of the applicant’s last name. All verifications that arrive in the ASMB office are reviewed by each licensure coordinator for completeness. Additional documentation or explanations are requested as needed. Once the file is deemed “complete”, the application documents are electronically sent to Board members for review and decision. However, there are some applications that require an appearance, as set by statute (large or numerous malpractice settlements, health contracts, history of disciplinary actions, etc). The staff will schedule the appearance time for those applicants when the agenda is prepared.

Practitioners may be granted a TEMPORARY PERMIT once all verifications are received and the practitioner is waiting on the Board to approve a permanent license or for the next scheduled meeting, if an appearance is required. If an appearance is not required, the practitioner may be granted a license on the Friday following the file completion. ASMB review completed scanned application files via a secure site and make decisions on whether to issue the license that Friday without an appearance or whether to have the applicant appear to clarify some question they may have. If the license is issued, the license status is posted to the public website on that Friday and organizations may send in their organization-specific Authorization and Release so they can place their order.

THE CCVS DOES NOT BEGIN REVIEW OR RELEASE FILES UNTIL A LICENSE HAS BEEN GRANTED, WHETHER TEMPORARY PERMIT OR PERMANENT LICENSE. The CCVS system only allows organizations to place orders on Active Status licenses (including Temporary permits). CCVS staff cannot enter an Authorization and Release (A&R) on a “Pending” License Applicant. A system error will be generated if attempted.

Once a permit or license is issued, the Licensure Coordinator notifies the CCVS Program Manager and QA/CS Manager by email that the files are being sent to the CCVS.

If a temporary permit is issued, the licensure staff will scan the existing file and send the copy to the CCVS where a CCVS file is then created. Non-static (ones with “open” dates or those required to meet the 120-day requirement) verifications will be updated.

If the applicant was not able to obtain all of the required verifications, and has convinced the Board that every attempt was made, the CCVS will still attempt to utilize resources to make 3 good faith attempts to get them. The practitioner will have to request the Board “waive” their requirements for those verifications. If the CCVS staff obtains them, they will notify the license coordinator.

The original licensure file is then retained in the Licensure Department to wait for Board decision, as required.

CCVS Customer electronically requests a credentialing profile (places an order) on the practitioner after submitting the organization-specific Authorization and Release.

CCVS Credentialing Specialist received the order to be worked and the order assigned in their working queue, signs out the CCVS copy of the licensure information, reviews the file for accuracy; attempts to retrieve any expired verifications and confirms it meets release requirements.
CCVS Credentialing Specialist submits the file for release audit. Process is completed according to the flow chart below.

- File is “released” to customer. Customer is electronically notified of file availability.
- File passed audit?
  - Yes: Permanent license granted?
    - Yes: Licensing paper file is filed with other license files.
    - No: File is returned to CCVS Specialist for correction and again resubmitted for release.
  - No: File is returned to CCVS Specialist for correction and again resubmitted for release.

If permanent license is not granted, the Board may extend a Temporary Permit until the next Board Meeting to give the practitioner time to obtain documentation, take CME, take a SPEX or any other specific documentation, including make more attempts to locate verification sources. The Board may also allow the practitioner to withdraw the application for licensure prior to a vote, which would be documented negatively in the practitioner’s file.

Temporary Permits expire on the 2nd day of the next scheduled Board meeting, and will not be renewed if license is denied. The CCVS file is then merged with Licensing file and placed in DENIED/withdrawn files located in the Licensing Coordinators’ office. Because there is no longer an active license due to expired temp, there is no longer a CCVS file or the ability to place an order on that file.
ASMB Licensing Coordinator receives practitioner application for processing.

If verifications were received from primary sources before application was received, they are filed in a miscellaneous file. Once the application is received, the Pre-licensing staff will enter that information in the system, pulls/reviews all verifications belonging to that practitioner, and adds them to the practitioner’s electronic file.

Practitioner receives first letter notification that he may track application via the online checklist and is provided an access code unique to him. He can tell what needs to be followed up.

Designated staff will keep the practitioner informed periodically by phone and email, listing what is still missing, the date of the next Board meeting, and document submission deadlines (also provided on the Board’s website).

Temporary Permit or permanent license may be requested and then granted. Temporary Permits expire on the last day of the next Board meeting. Permanent licenses are granted every Friday when appearances are not required.

Practitioner’s application is scheduled for review at the next full Board meeting if appearance is required.

Board grants the practitioner a permanent license *

Practitioner’s application is scheduled for review at the next full Board meeting. A license is issued or the practitioner is allowed to withdraw the application.

If a Temporary Permit is requested, the Chairman and Vice Chairman will make an interim decision or refer to the full Board.

Licensing coordinator advises practitioner that file is complete and is pending decision of Board that Friday or at next full meeting of the Board if appearance is required.

* If the Board chooses not to grant a license at this time, the applicant may re-apply once certain conditions have been met (completion of course, clearing of issues with a hospital or board, Practitioner’s Health contract, etc.), or may be given the choice of withdrawing the application. If reapplying, all usable verifications in the file will be kept and the process will begin again.
5.2  PRACTITIONER REAPPOINTMENT/RECREDENTIALING PROCEDURES

Those licensed independent practitioners who are subject to the reappointment/recredentialing application process are as follows:

a)  Doctor of Medicine (M.D.)
b)  Doctor of Osteopathy (D.O.)

5.2.1  Guarantee

5.2.2  Cycle for Practitioner Reappointment/Recredentialing process

5.2.3  Practitioner Reappointment/Recredentialing Process

5.2.4  Verifications to Primary Source for Practitioner Reappointment/Recredentialing Process

5.2.5  Reappointment/Recredentialing Process Flowchart
5.2.1 GUARANTEE

Our policy is to guarantee Customer organizations receipt of a completed Reappointment/Recredentialing verification packet within the period of time specified. This period of time begins the next business day after a completed order request is received, since customers may place orders at any time.

The CCVS will always strive to send a completed Reappointment/Recredential verification profile to Customer organizations within thirty (30) business days. It is recognized that organizations may have emergencies and customers have the choice of “expediting” their orders for Reappointment/Recredential profiles in that eventuality. Expedited orders have a higher fee associated with them but the TAT is guaranteed at five (5) business days. *

Furthermore, the CCVS guarantees that the CCVS will comply with the time frame established by NCQA (120 days, i.e. information will be no more than 120 days old at the time the information is reported to the Customer), JCAHO, Arkansas Department of Health and Arkansas statutes, and that all non-static documentation/information/attestations provided to a Customer will be dated within this specified time frame.

Telemedicine (Out-of-State) Profile orders: Due to the volume of verifications that must be obtained on these type of practitioners in order to complete the profiles, Recredentialing or Expedited profiles are not available. Telemedicine practitioners are only available as Initial orders, Initial turn-around-times apply.
5.2.2 CYCLE FOR PRACTITIONER REAPPOINTMENT/RECREDENTIALING PROCESS

5.2.2.1 Practitioners will be reappointed/recredentialed by their birth date *Exception will be those practitioners who have applied to a Customer facility that has not modified their bylaws.

5.2.2.2 The “reappointment/recredentialing” cycle will be annually and by birth month and will be initiated beginning in 1999 to allow for each individual to be reappointed once every two years and to allow for each Customer facility to modify their medical staff bylaws to meet this time frame. *Exception will be those practitioners who have applied to a Customer facility that has not modified their bylaws.

5.2.2.3 It is acknowledged that each Customer facility will be encouraged to assist the CCVS in establishing the birth month reappointment/recredentialing schedule. Until this system is universally utilized by the Customer facilities using this Service, the following variances will be recognized until such time as all the Customer facilities are signed on for the system and have reappointment/recredentialing scheduled by birth date:

a) Practitioners who have just been reappointed/recredentialed to the Customer facility who will have to be reappointed/recredentialed again,
b) Practitioners scheduled for reappointment/recredential who may need to be granted temporary privileges to prevent their reappointment/recredential from lapsing,
c) Customer-specific reappointment/recredential schedules. It is noted that each Customer organization has different cycles of reappointment/recredentialing (alpha, specialty, staff appointment date, etc). These Customer organizations will have to encourage their organizations’ committees to change the practitioners’ reappointment/recredentialing by birth dates.

NOTE: In order to accommodate Customers with reappointment/recredential scheduling variances, the CCVS will operate on the premise that the Customer will be responsible for placing orders for practitioner credentialing profiles with their internal reappointment schedule in mind in order to meet the requirements of their individual by-laws. Customers who have changed their reappointment cycles to meet the ASMB/CCVS birth month cycle will be provided with a reduction in profile cost and the CCVS will endeavor to provide the profile in less than the 30 business days set by state law. This availability may be impacted by the complexity or volume of verifications and orders already in the system.
5.2.3 PRACTITIONER REAPPOINTMENT/REREDENTIALING PROCESS

5.2.3.1 ASMB/CCVS notifies practitioner with license renewal reminder to access license/CCVS renewal online within the first working day of the month prior to the practitioner’s birth month. This is to allow the practitioner a minimum of 31 days to complete the entire renewal/reappointment process. Practitioners who do not comply with completion of the entire packet are reported to the Board and the practitioner may be scheduled for an appearance before the Board. The license renewal process will not continue until the completed renewal packet is received. Practitioners receive a copy of their Personal Practitioner Data Profile with all reappointment renewal packets and may request a copy of their CCVS profile at any other time.

5.2.3.2 This will initiate the reappointment process:
   a) Renewal/Reappointment update, copy of the practitioner’s personal profile, Board Authorization and Release and Renewal and CCVS attestation forms are in the renewal packet available to the practitioner online.
   b) If packet is returned by the practitioner complete, the process continues. Incomplete packets are returned to the practitioner and the renewal process stops until it is completed. A documented reminder letter is sent to practitioners within 5-10 days of license expiration, no further reminder is sent.
   c) If an order has been received, Customer is notified via e-mail, phone or fax of practitioner’s failure to complete update and CCVS’s inability to continue process because the license has expired. The Customer will contact practitioner and the practitioner will be informed that hospital staff appointment cannot proceed until the practitioner has an active license and has completed the update or provided the required information to the ASMB/CCVS.

Reappointment process has ended on those practitioners who have not responded.

5.2.3.3 When the completed CCVS information update is received online or via email or fax, the CCVS will initiate the following reappointment /recredentialing process:
   a) CCVS staff reviews practitioner’s file for completeness. If incomplete, the CCVS will contact the practitioner for clarification of his entry or information on his CV that may be inconsistent with primary (direct) source verification.
   b) CCVS enters renewal/reappointment update into that practitioner’s electronic credentialing file and requests any missing verifications – 1st Request. Day 1-5. 2nd and 3rd request letters, phone calls are made or sent to primary (direct) source, if necessary. Day 6-15.
   c) If all attempts to retrieve this verification have failed, the verification element will be entered as “Unable to Verify”. Three documented attempts at verification by web, e-mail, mail; fax or phone will be completed prior to entering an Unable to Verify result for that element. Day 16.
d) If there are no customer orders, the information is updated and verifications retrieved and then the renewal packet is filed in the practitioner’s CCVS file. If there are orders in the system, regardless of when they are placed or the type of orders, the credentialing profile will be updated and released to all customers at the same time once update has been completed.

5.2.3.4 When the CCVS receives a completed (*) CCVS renewal packet from practitioner, this will initiate the verification process for reappointment/recredential application.

(*) Complete application is defined as application with all areas completed and accompanied by all required supporting documents.

The specialist will complete and include a File Evaluation Checklist in every completed file. The File Evaluation Checklist is utilized by the CCVS Program Manager to review the file to ensure that all required verifications and attachments have been received and that the application packet is completed PRIOR to release to the Customer. Should there be any deficiencies, these will be listed on the form and the file immediately returned to the Credentialing Specialist for completion before releasing to CUSTOMER.

NOTE: All information/documentation deposited into a file is date stamped (date received) for entry into the database system. The specialist who enters the verification into the database system will also initial the ENTERED stamp; this will also be tracked through the database system’s history function. The Release Audit Sheet will have information regarding when the profile was released to the customer and who released it, as well as tracked through the database system’s history function.

5.2.4 VERIFICATIONS TO PRIMARY (DIRECT) SOURCES FOR PRACTITIONER REAPPOINTMENT RECREDENETIALING

5.2.4.1 All information verified by CCVS for Medical Doctors and Doctors of Osteopathy (M.D. and D.O.) will be completed using current, primary (direct) sources according to policies, standards and requirements of NCQA, JCAHO, Arkansas State Medical Board, Arkansas Department of Health and applicable state laws.

5.2.4.2 Verifications from primary (direct) sources or designated monitoring entities of documentation submitted during the recredentialing process, as applicable, will be conducted. The CCVS, along with the following procedures, will support this policy. All non-static documentation/information provided to the Customer is within the 120-day time frame as established by NCQA (all information will be no more than 120 days old at the time the information is reported to the Customer). All static documentation/information will be verified according to the policies and requirements of NCQA, JCAHO, Arkansas State Medical Board, Arkansas Department of Health and applicable state law.
5.2.4.3 The reappointment/recredentialing practitioner profile will include the most current two years of credentialing information. The CCVS customer may order any type of credentialing information profiles as needed. Example: If the customer does not have the initial education credentials at reappointment, an Initial order will be placed to obtain those verifications. Once those static verifications are obtained, it is only necessary to obtain the current non-static verifications, since the CCVS does not go back and re-verify if the information has previously been obtained and closed.

5.2.4.4 The recredentialing process shall provide for primary source verification of the elements indicated below:

The CCVS will always strive to query the most current, appropriate primary (direct) sources when verifying specific data submitted by providers. Queries may be done either by writing to the primary source, obtaining a written verification or by calling the primary source and completing a phone verification form, all of which will be documented in the practitioner’s CCVS file. When appropriate, aggregate data on diskette, CD ROM, printouts, internet or certification listing books may also be utilized.

- **State Professional License (NCQA & JCAHO):**
  Source: Verification of all current licenses will be through the Arkansas State Medical Board or other appropriate State Boards. Verification of State sanctions, restrictions and/or limitations in the scope of practice will be verified via the Board’s Internet verification system. Other states will be contacted by mail, telephone, website or consultation with Internet service or online. Verification method and date will be entered in the practitioner’s credentialing files.

- **Federal DEA Certificate (NCQA & JCAHO):**
  Source: For practitioners who prescribe medications, a copy of the Federal Drug Enforcement Agency (DEA) and/or State Controlled Dangerous Substance (CDS) certificate; entry into the National Technical Information Service (NTIS) database or confirmation with the state pharmaceutical licensing agency where applicable. Verification will also include all DEA numbers assigned to that practitioner or corresponding clinics, if there are multiple practice locations. Verification method and date will be entered in the practitioner’s credentialing files. The certificate will be effective at the time of release to the customer if a current DEA certificate is held by the practitioner. Customers are provided with free access to the CCVS/DEA website at no charge for update profiles for DEAs that can be added to the CCVS profile prior to completion of their credentialing process. If a current DEA is not held at the time of release, the profile will indicate NONE and a reason entered in the database (Not Renewed, in renewal, none needed, none applied for, in application or renewal process, etc). The organization may communicate with the practitioner regarding their by-law requirements and potential impacts to their privileges if a current DEA is required and not obtained or renewed in a timely manner.
• **State Controlled Substance (if applicable) (Note: Not applicable for State of Arkansas):**
  Source: Verification is obtained from the applicable state licensing agency or certificate copy is obtained from the practitioner. Verification method and date will be entered in the practitioner’s credentialing files.

• **Hospital Affiliations (NCQA):** See section on Education, Time Gaps
  Source: Verification is obtained from the hospital or organization. Any hospital affiliations that have commenced or ended within the past two years will be verified. Verification for this information will be requested from each hospital and the method will be documented (verbal, fax, roster, direct). For those facilities that routinely provide current medical staff rosters as verification of staff affiliation, a cover letter is filed with a copy of the page from the roster that includes the date of the roster and the name and signature of the person providing or verifying this information. If rosters are used, they must meet the 120 day verification requirement, otherwise the staff will proceed to request written or verbal verification of all practitioners with privileges at that organization. Verification method and date will be entered in the practitioner’s credentialing files.

• **Professional School, Internship, Residency, Fellowship (NCQA):**
  Source: The verification will be obtained from the primary (direct) source, which will be confirmation from the residency training program and fellowship training program. If the practitioner has completed any education (Residency or Fellowship) within the preceding two (2) years, this will be verified from the primary (direct) source. All education that is not completed or in process of completion will be re-verified in order to provide current status at time the credentialing profile is released to customer.

  The CCVS will provide information on education in-process to the customer by noting the expected or anticipated completion dates, which have been provided by the primary source. Example: If the practitioner has completed two years of a 3-year program, is in the third year with an anticipated completion date, the information on the profile is reflecting that the practitioner has completed two PGYs and the third PGY has not yet been completed. The CCVS cannot provide the customer with a verification of completion prior to actual completion. In order to provide the customer with current status, the education verification for non-static or in-process training will be updated (within 120 days) at the time the practitioner’s credentialing profile is released to the customer.

• **Teaching Appointments:**
  Source: Verifications are obtained from the primary (direct) source, which is the applicable faculty offices of any appointment that occurred or ended during the preceding two (2) years, any previously existing/current appointment will be reverified to obtain current status. Verifications will be obtained via written, roster or verbal and will be directed to the organization where the applicant has or had a teaching appointment. Verification method and date will be entered in the practitioner’s credentialing files.
- Military (JCAHO):
  Source: Verifications will be requested from the National Personnel Records Center, St. Louis, Missouri, or other appropriate primary (direct) source entities for verification of the military status of practitioners. Verifications of active duty personnel will be attempted from their current base or commanding officer or other appropriate entity and as allowed by the Department of Homeland Security. Military service, which has commenced or ended in the preceding two (2) years will be verified. It may not be possible to obtain current duty station locations or current status if the information is blocked by the DHS for national defense reasons.

  Because of base closings, it is not always possible to obtain verifications of military hospital affiliations and some older military records do not list this information or the information is blocked due to national security reasons. Requests for military verifications will be obtained through the current commanding officer and inactive personnel records submitted to the National Personnel Records Center for verification.

  It should be noted that the turn-around-time on requests for military verifications from the NPRC may range four weeks to six months. It should also be noted that there was a fire at the St. Louis facility, which destroyed some records that cannot be duplicated. Information on those practitioners will not be available but will be noted on the practitioner’s credentialing profile for the customer to view. Verification method and date will be entered in the practitioner’s credentialing files. A copy of the practitioner’s DD214 will be accepted if verification cannot be obtained.

- Malpractice Insurance Coverage (JCAHO & NCQA):
  Source: A copy of the most current insurance certificate stating dates of coverage and amounts of coverage will be obtained from the primary (direct) source or from the practitioner. There is a question on the practitioner’s attestation page that also asks whether the practitioner has current malpractice insurance coverage. The CCVS does not reverify malpractice insurance if there is a current certificate on file unless the information provided on the attestation is inconsistent with that verification. Verification method and date will be entered in the practitioner’s credentialing files.

  If the practitioner does not maintain individual coverage, NONE will be listed in the policy number field on the practitioner’s profile for that element.

  Arkansas licensure does not require practitioners to carry individual malpractice insurance coverage. It is the organization’s responsibility to notify the practitioners who are requesting privileges or reappointment on their staff if this is an organization requirement.

- Work History Gaps:
  Any gaps over thirty (30) days which occurred during the preceding two (2) years will be noted on the practitioner’s credentialing profile provided to customers. A verbal verification from the practitioner can be obtained. However, the practitioner must clarify in writing any gap that exceeds one (1) year. This information includes the month and year the gap began and ended, and a brief explanation. Verification will be attempted, documented and provided for employment, whether healthcare
related or non-healthcare related. Explanations may also be provided for gaps less than six months and for other non-employment gaps (moving, vacation, maternity, etc). Verification method and date will be entered in the practitioner’s credentialing files. Gaps may be listed as “Unexplained” if the practitioner does not respond to queries or does not recall what activities he/she were engaged in during the gaps. The organization may inquire of the practitioner if further details regarding gaps are required by their medical staff by-laws.

- **Professional Liability/Claims History (NCQA & JCAHO):**
  Not applicable. State regulation requires practitioners licensed in Arkansas to report all malpractice claims history to the Arkansas State Medical Board. This information does not roll over into the CCVS and certification in this element has never been requested. Customers must obtain claims history that may have finalized or occurred during the preceding two (2) years as part of their individual application requirements, if necessary. Customers can view the scanned attestations with malpractice information regarding number of claims and the brief summary the practitioner might attach to this document is also scanned. Any legal documents, court proceedings, etc cannot be scanned into the system for customers to view.

- **Peer References:**
  Not applicable.

- **Board Certification Standing (NCQA & JCAHO):**
  Source: The CCVS utilizes the ABMS Certifacts on-line verification service; the applicable primary source specialty board certification web sites or ABMS Certification Profile Service or ABMS Direct Connect Service on the ABMS Web site or an acceptable ABMS source specifically designated by the ABMS as Official ABMS Display Agents or from its member boards, or the AOA for osteopathic practitioners (D.O.). Certification which may have ended or occurred during the preceding two (2) years will be verified. Current certification status will be on the credentialing profile. Note: Verification of Board status will only be done if the practitioner has become board certified. The ASMB does not recognize, and the CCVS does not obtain or provide information, verifications or documentation on “Board Eligible” practitioners. If the practitioner is not certified, only the self-designated specialty is listed and identified. Verification method and date will be entered in the practitioner’s credentialing files.

- **National Practitioner Data Bank (NCQA & JCAHO):**
  Not applicable. Customers must perform their own NPDB searches as often as their by-laws require within compliance with the state law. If the CCVS provided the NPBD verification, customers could not obtain or perform any additional NPDB searches. However, any action by the NPDB would result in action by the ASMB and this would be listed on the Board’s Actions page of their website and in the minutes blurb on the profile provided to the organization.

- **Medicare/Medicaid Sanctions (NCQA):**
  Source: Verification is obtained from Federation of State Medical Boards, an acceptable source, via on-line query. Verification method and date will be entered in the practitioner’s credentialing files.
**Attestation Statement: (NCQA & JCAHO)**
Source: An affirmative statement is included on the (License/CCVS) attestation form which includes: reasons for any inability to perform the essential functions of the position, with or without accommodation; lack of present illegal drug use; history of loss of license and felony convictions; history of loss of limitations of privileges or disciplinary activity; current malpractice insurance coverage information; correctness and completeness of the application. This document is signed/dated by the practitioner and is obtained and scanned prior to release of the practitioner’s profile to the customer. The signature date must be current (within 120 days or less of release date). Attestations and attached explanations, if allowable, are scanned and customers may view and print all attestations as long as there is a current Authorization and Release for that organization and signed by the practitioner.

**FSMB (Federation of State Medical Boards): (NCQA)**
Source: Verification is obtained from the Federation of State Medical Board’s online reports service, to confirm licensure sanctions and Medicare/Medicaid sanctions. Verifications will be current (within 120 days) at the time the practitioner’s profile is released to the customer. Verification method and date will be entered in the practitioner’s credentialing files.
The CCVS Practitioner Reappointment/Recredential Process:

The renewal process has been designed with the intent to obtain and maintain any and all information that will be of import during a release. In order to maximize the effectiveness of the renewal process, the forms are sent out 2-4 weeks in advance of the practitioner’s birth month (correlating with their license renewal). Once returned, the renewal process allows for ample time during which the practitioner’s file can be “worked” (entering new information provided by the practitioner, obtaining verifications, etc…). This will be explained in greater detail below. What follows are flowcharts detailing and explaining the renewal/release process.

Renewal Packet is sent out by ASMB/CCVS prior to practitioner’s birth month and is returned.

Receive Renewal

Enter Renewal on Spreadsheet and place in chronological/alphabetical order. Work in order received.

Is Renewal Complete?

NO

If a release comes in before information is processed into the credentialing program, note as such on Spreadsheet and turn renewal over to specialist.

Missing or incorrect info (A&R not signed, attestation not answered, post-dated, etc…) – return to practitioner for repair.

Send any material containing information not updated by CCVS Dept to appropriate area (address changes, etc…)

Input all new info from renewal. Prep attestation for scanning.

Has all pertinent information been verified

NO

Obtain current verification on all time-sensitive items in file (Board Certification, etc…). Also send out verification letters on any new or unverified information. Place scanned documents with all available information and file, tracking verifications utilizing existing computer applications.

YES

Place scanned items back with renewal and file.

Continue to Release Process

Receive verifications. Check to see if a release is currently being worked on the practitioner in question – if so, give verification to specialist. If not, enter verification and file in appropriate area of CCVS file.
A word about the time frame involved is necessary when viewing the processes. For example:

A practitioner’s birth month is January (meaning their license expires on January 31st). Their license expires the last day of their birth month. There are no grace periods. Their renewal packet would be sent out on December 15th. After their file has been worked, their information will be available for customer ordering on the Internet from March 1st through the 31st. This time span is called the “Birth Month Recredential Cycle” and several organizations have moved their reappointment cycle to this time frame in order to take advantage of reduced turn-around-time and a $20 per profile reduction in cost. The time span involved allows for both expected and unexpected delays such as military verifications, translators, and a myriad of other common obstacles.

The end result is a smooth-flowing process whereby any and all information pertaining to a practitioner’s professional education and career is tracked, verified, and made accessible to those facilities who need this information in a timely fashion; all the while maintaining a strict and rigid measure of security to ensure that only those people who are authorized have access to the information.

5.4 CCVS FILE PROCESS

The Centralized Credentials Verification Service will always endeavor to report, release or provide accurate, current and complete files, or provide requested practitioner credentialing information, to customers in the minimum amount of time. Toward this end, the CCVS utilizes an on-line credentials verification service via Internet web access. The following procedures have been established to initiate and complete this process:

A “complete” file is a file with all verifications received, current and accurate, or verification attempts numbering three (3) or more prior to closing the verification as Unable to Verify at the time the customer is notified the profile may be retrieved via the Internet site. The CCVS is not responsible for elements that may expire after the customer receives notification the file is ready, unless it is discovered there was a problem with the notification process. Customers are responsible for retrieving the files in a timely manner. A file will be considered “released” to the requesting customer once it is designated “complete,” and successful notification sent. A file will be considered current for release once all verifications have been received and entered correctly, and non-static verifications are within the 120 day requirement at the time notification was sent to the customer.

5.4.1 REPORTING CREDENTIALING INFORMATION TO CUSTOMER

a. Information will be reported or released to customers via Internet web site and secure customer access. The customer completes an enrollment application via the ASMB/CCVS’s secure Internet web site and is provided with access information. The passwords and user names are specific to that organization. Security controls are in place within the ASMB/CCVS to protect customer user names and passwords. The customer must protect their user names and passwords within their organization. The system is designed to allow for multiple accesses for one facility. The Customer provides the CCVS with the
practitioner’s authorization and release specific to that organization. Once the A&R is entered in that organization’s practitioner online “shopping list”, the customer may select and place whatever type of credentialing profile order that will fit their needs. The customer’s account is debited the specific order fee and that practitioner order rolls over into a working status queue. All files are worked in date order and according to type of order. There are no exceptions to this policy. Organizations with an emergency situation may request a file be expedited at the increased fee and decreased turn-around. Every effort will be made to assist the customer with their emergency needs. However, Expedited files are manually pulled out of the normal queue to be assigned to specific specialists. The customer is notified via e-mail once the file is completed, or they may check their online shopping cart to see if their practitioner has been placed in checkout availability status. The customer then accesses that site and prints the practitioner’s credentialing information, including any scanned pages. The Customer cannot view the file prior to printing.

b. File Assignments - An order request by the customer initiates the process whereby a designated CCVS staff member will be assigned random practitioner files and specific types of orders for working. These assignments are performed electronically, in date order received. Once the specialist has reviewed and verified all the credentialing information in both the license and CCVS files, the file is sent to a “Release auditor” or to Quality Improvement for auditing. Once audit is complete, the file is “released” to the customer. The internal release of the file generates a “snapshot” of the information released to the customer at that time, and also an e-mail notifying the customer that the file is ready for retrieval. Anytime the customer wants to re-print the same profile released to them, they can do so by accessing their archives via the online system.

- The ASMB/CCVS Management Team receives automatic copies of order confirmations, order completion and order retrieval notification.

c. The customer is also allowed access to the DEA/Malpractice section of the web site and may obtain free updates of that information while the Authorization and Release for that organization is current.

5.4.2 FILE RELEASE TO CUSTOMER

a. The term “released” means that designated staff within the ASMB/CCVS building have selected that practitioner and organization and entered the specific electronic key function selection to open specific data in the practitioner’s credentialing file to that organization and based on the practitioner’s release of that information to the specific organization.

5.4.4 FILE RELEASE AUTHORIZATION

a. The CCVS Program Manager, QI/Customer Service Manager, a designated Credentialing Specialist, the Customer Care Coordinator and QA/CS Assistant under the supervision of the Quality Assurance/Customer Service Manager
have authority to release practitioner information to customers after verifying that all items listed on the Audit Release Tool have been obtained according to process and procedure. Although, it is a normal part of the CCVS staff education process to cross-train credentialing specialists in all areas of the CCVS, the specialist selected to release files must have experience and a high level of accuracy at working files in order to accurately audit files. Additional staff may be trained in releasing files to assist during periods of high volume. Special system permissions are required to release practitioner files. There are normally two specialists with release permission for back-up purposes. When a new specialist receives permission to release a file, the previous specialist’s permission is discontinued. System security controls are in place and are monitored by the Information Systems staff.

5.4.5 CUSTOMER SERVICE

a. The Arkansas State Medical Board and Centralized Credentials Verification Service utilizes a Quality Improvement/Customer Service Manager to monitor and track all incoming customer service issues. Customers are advised to direct all such issues to the CCVS e-mail address at ccvs@armedicalboard.org or ccvsmonitor@armedicalboard.org or to contact the Customer Service manager by phone. Staff may be moved around during cross-training and the customer’s voice message may become lost if directed to specific staff. All e-mails that are sent to the addresses above are tracked for quality reporting, monitoring and improvement. All ASMB/CCVS management staff are automatically copied on e-mails coming into this address. In this manner, if one manager is out, another will respond promptly. The QI/CS Manager or CCVS Program Manager may assign the customer issue to specific staff, or several staff may contribute to the resolution of the issue. In most cases, a CCVS staff member may provide the customer with a response that was generated by one or several of the Management Team. All customer service issues can be sent directly to the QI/CS Manager via e-mail, phone, mail or fax and a prompt response and assistance will be provided. The QI/CS Manager reviews all quality and customer service issues. The QI/CS Manager and CCVS Program Manager may assign various staff to assist in quality and customer service during cross-training or periods of high volume.

5.4.6 FILE ORDER WORK DISTRIBUTION AND PROCESS

Release orders will be distributed to specialists by order date and order type. It is the firm policy of the ASMB/CCVS that no orders will be worked ahead of existing orders as special favors or priorities, except Expedited orders. Expedited orders were created to allow organizations to have a method of ordering and receiving files outside the normal turn-around-time in cases of emergency. This expedited process was built into the statute, along with the increased fee. The ASMB/CCVS Management Team acknowledges that customers of the CCVS may have special emergency needs and provides a process of requesting Expedited files for this purpose.
5.4.7  PRACTITIONER AUTHORIZATION AND RELEASES

The CCVS collects and utilizes two (2) authorization and releases as part of its process. One is collected by the ASMB at initial license application, updates are collected at license renewal. This is a general authorization and release that allows the ASMB and CCVS to request primary (direct) source verifications.

The second A&R is the one CCVS utilizes to meet the state law requirement to first obtain the practitioner’s written permission specific to that organization prior to making that practitioner’s information available to the customer. This is done by utilizing the specifically approved authorization and release that may be downloaded from the Board’s website at www.armedicalboard.org. The customer may print this form on their letterhead. The organization’s name, exactly as it was entered at sign up must be listed in the blank provided, regardless of it being also listed on letterhead. No organization name abbreviations can be utilized in the blank line.

NOTE: Under no circumstances can the ASMB/CCVS staff alter the authorization and release after the practitioner signs and dates it. Any changes to the A&R must be initialed and dated by the practitioner. Customers will be notified of incomplete or illegible forms and the CCVS will not be able to proceed with entering. Customers should affirm prior to submitting to the CCVS, that the form is:

- The correct and current form,
- Signed by the practitioner (other info may be typed in),
- Contains a legible practitioner name and current legible date, the date is the date the form was signed, it cannot be pre-dated, or partially dated.
- Contains a legible license number for cross verification.
- Includes the practitioner’s initials/date next to any alterations.
- Is the most current A&R that is available for download from the ASMB’s website (2-year expiration).

a. Customers or practitioners may e-mail the signed authorization and releases to the CCVS via support@armedicalboard.org only as PDF file attachments, listing CCVS in subject line. All others will be stripped at the firewall, not opened or delivered due to Internet virus security restraints.

Customers may also mail or fax authorizations and releases.

Authorizations and Releases are entered during normal (8-5) business hours and within 24 hours after receiving, except weekends and holidays. Example: If A&R was received after 6pm on Friday, the 24 hours will begin Monday at 8am and the A&R should be posted by Tuesday morning. Customers are advised to send an e-mail query if their A&R is not entered by 5 pm on the second day.

Customers will be advised if the A&R’s cannot be entered for their organization via e-mail notification to the account administrator listed on the customer list, and by the user name if that name is provided on the e-mail or fax. If the Customer
has not received a notification and the A&R is not listed, the reason could be one of the following:

- There is no customer name in the blank line or letterhead or fax cover sheet so notification cannot be completed.
- The customer name listed on the form or in the blank line is not legible, is not listed in the CCVS customer list or recognized. There is no contact information provided and the practitioner cannot provide additional information.
- The faxed A&R went awry and was never received by the CCVS.

5.4.8 REFUND REQUEST PROCESS

Refunds may be requested by CCVS customers or staff as set forth in Arkansas Code Annotated 17-95-107(d)(1)(C) and (D), “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 Medical Board on whether to refund the fee or not 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.”

- Any organization requesting a refund must do so in writing (fax, e-mail or mail) to the Arkansas State Medical Board’s CCVS and state the practitioner’s full name, type of order, date the order was placed and the reason for the refund.
- Refund requests will be reviewed by the ASMB/CCVS management staff and the customer will be notified within 30 days of receiving the notification.

5.4.9 ORDER CANCELLATION PROCESS

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

- Customer made an order entry error when placing the practitioner profile order online due (example: wrong practitioner, duplicate order, placed another order on a practitioner who had been previously retrieved, practitioner 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 have 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 e-mail to the CCVS address at ccvs@armedicalboard.org.
  2. The practitioner’s full name and license number must be included,
3. Reason for the cancellation must be provided.

- Although the CCVS will assist customers whenever possible, orders CANNOT be cancelled or refunds provided if:
  1. The order has already been released to the customer,
  2. The file has been retrieved by any user at the organization,
  3. The file is in final release audit by the CCVS.

The ASMB/CCVS staff may cancel an order before the scheduled due date when all efforts to contact a practitioner to complete or obtain information (attestation, general authorization and release) required for file processing by due date, has been exhausted or cannot be completed. The staff will notify the customer in order to request assistance (contact information, etc) prior to cancellation. If the practitioner still does not respond to the CCVS staffs’ requests, in some cases, the Medical Board may be notified and asked to intervene.

The ASMB/CCVS staff will continue to try to make contact with the practitioner 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 e-mail and may re-order. The file will be released to the customer as soon as order completion is possible.

NOTE: The staff may also cancel an order if the practitioner is out of town/country for a long period of time or unavailable due to traveling, moving, vacation, health related reasons or the CCVS has been notified by the practitioner 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. If the situation changes, the customer may go ahead with reordering at their convenience.

5.4.10 CONTINUING MEDICAL EDUCATION (CME):

The CCVS follows the Arkansas State Medical Board regulation regarding continuing medical education and no longer provides any other information, except as attested by the practitioner on his attestation statement. The attestation asks the following questions regarding CME’s, and will be returned to the practitioner if not complete:

1. How many CME credits have you acquired since your last Arkansas license renewal? How many relate to your practice specialty? If you have not participated in any continuing medical education, list the reason.

The CCVS will assist the customer organization in obtaining this information if needed for survey or certification purposes or to meet Arkansas Department of Health requirements.
5.4.11 CRIMINAL BACKGROUND SEARCHES & IDENTIFICATION VERIFICATION:

A. Identification Verification – The CCVS does not provide this information, although a photograph of the practitioner may be provided on scanned documents. The ASMB/CCVS advises customers that a check of a practitioner’s identification should be done by the organization’s medical staff at application for privileges at that institution and following JCAHO policy and their medical staff bylaws.

B. Criminal Background Searches – The ASMB voted to begin performing Criminal Background Searches effective July 1, 2005. The information provided by these searches will not roll over into CCVS nor be provided to the CCVS customers, except where action is taken against the practitioner by the Board. In those cases, any action taken against the practitioner will be posted to the web site as all action is normally posted and reported to the various entities. A brief blurb of current minutes of board actions will be provided via the CCVS profile that all customers receive.

5.4.12 INCONSISTENT DATA ON PRACTITIONER PROFILE:

A. It is acknowledged that practitioners may supply different information to the ASMB/CCVS than is supplied to customers during each application, update or renewal. Because of this, there may be inconsistencies in the data reported on the profile. Example: The practitioner may list staff privileges at a hospital or with an insurer that haven’t been approved at the time the credentialing profile was provided to the customer or the practitioner may list experience or work history that is different than that which was verified by the CCVS.

B. The CCVS will always list the information the primary (direct) source has verified, as opposed to what the practitioner may state. If there is an inconsistency, the information will be re-verified. If there is a large time gap between verification source and physician, the information the practitioner states will also be provided to the source if that time line information cannot be verified. If the source cannot verify the practitioner’s information, the CCVS will accept the primary source. The CCVS will request re-verification or clarification of the same element a maximum of three (3) times to satisfy the customer and/or practitioner. If there is still disagreement over the information, the practitioner will be required to contact the organization specifically and present to the organization whatever information he/she has to substantiate his/her claim. The CCVS will, at any time the practitioner or organization provides documentation (such as letter from medical staff, certificate of completion for education, specialty board certification acknowledgement, etc), assist in contacting the organization to obtain the correct information.

C. Customer organizations cannot, by state law, request re-verification of information that has already been verified by the CCVS. This is considered duplication and is in violation of the mandate.

D. Customers should send an e-mail to the CCVS address at ccvs@armedicalboard.org and this will allow documentation for quality purposes and error tracking. The CCVS will audit that element entry or obtain that missing verification for the customer. If a change is made to the profile
information for any reason, the CCVS will provide an updated profile at no additional charge.

5.6 CCVS FILE EXAMPLE

The CCVS files are multi-sectional and will be maintained in a specific order to facilitate auditing of files and consistent and organized placement of verifications and information. The file order will be most current dates first and then in descending date order for each section and subject.

Purging outdated verifications or any information from files will not be done unless at the direction of the CCVS Program Manager and QI/Customer Service Manager.

The following CCVS file order will be maintained effective 12/31/2000, if applicable to that file:

1. SECTION ONE (inside left cover)
   Timeline sheets

2. RELEASE SECTION (Inside right section)
   Release Audit Sheets

3. EDUCATION SECTION
   All Education Verification information from Medical school to current (Internship, Residency, Fellowship, Preceptorship, Clinical Clerkships), verification attempts information;

4. WORK EXPERIENCE SECTION (Work History, Hospital Privileges, Employment, Time Gap)
   Staff privileges (may also be in rosters accessed on staff desktops)
   Clinics/Partnerships
   Employment
   Military (includes Public Health Service)
   Teaching Appointments
   Time Gap Information

   *Copies of pending verification requests (faxes, e-mails, letters) will be in each applicable section and with the applicable heading.

5. CERTIFICATION, LICENSE, DEA/CDS, MALPRACTICE VERIFICATION SECTION
   Board Certification(s) Verification(s)
   License Verification(s)
   DEA Verification(s)
   Certificate/Evidence of Insurance
   Malpractice Insurance Verification

6. AUTHORIZATION/RELEASE FORMS, ATTESTATIONS, RENEWAL UPDATES, CV
   General Board Authorization and Releases
Organization-specific Authorization and Releases (now scanned)
Attestation copies
NPI verification