



CCVS User Guide

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

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CCVS User Guide

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CENTRALIZED CREDENTIALS VERIFICATION SERVICE OVERVIEW AND HISTORY

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

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

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

*Reported and provided by the Physician.

The CCVS does NOT provide the following:

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

History of the ASMB: The Arkansas State Medical Board was organized in 1955 as a licensing board to license health care professionals in the state of Arkansas. The Board currently regulates Medical Doctors (M.D.), Doctors of Osteopathy (D.O.), Physician Assistants (P.A.), Respiratory Therapists (LRCP), Occupational Therapists (O.T.), Occupational Therapist Assistants, Radiology Assistants, Radiology Practitioner Assistant, Licensed Genetic Counselors, Surgical Technologists and Medical Corporations. At this time, the Centralized Credentials Verification Service (CCVS) only provides credentialing information via the web on medical doctors and osteopathic physicians.

History of the CCVS: In 1993, the Arkansas General Assembly established the Arkansas Health Resources Commission. The Governor directed this Commission to review health care delivery in Arkansas and identify opportunities to contain costs and make procedures more efficient and effective. Based on its study, the Health Resources Commission offered various recommendations to the Governor.

Of these, only one -- a statewide Centralized Credentials Verification Service -- was acted upon during the 1993 Legislative Session.

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

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

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

The CCVS, while part of the medical board, operates as a separate entity, with its own web site, file system, as well as a network-based database. Customers must provide the CCVS with a signed/dated Organization-specific Authorization and Release, current dated CCVS Attestation (dated within 120 days) and this gives them access to place orders for their physician profiles. They can access individual physician file order information directly from the web site, using secured access codes. The Arkansas State Medical Board maintains overall responsibility for the credentialing program. The CCVS also has an effective quality improvement program that reports to a customer representative committee, the Medical Board and the House Interim Committee on a quarterly basis.

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

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

CCVS Oversight Committee: Although the CCVS operates essentially as a separate entity from the medical board, it has oversight from a 10 member Advisory Committee appointed by the Medical Board. The Committee is comprised of representatives of credentialing/healthcare organizations (hospitals, managed care organizations, behavioral health organizations) subject to the Act. The Advisory Committee was appointed to accomplish several functions at initial start-up and continues to function and provide

functions include: 1) assisting the Medical Board in instituting a comprehensive and credible credentials verification service; 2) monitoring and evaluating the service and seeking opportunities to improve it; 3) providing liaison and facilitating compliance with regulatory standards such as those of NCQA, JCAHO, and the Arkansas Department of Health; 4) recommending policies, procedures and fees; and 5) publicizing and advocating for the service.

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

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

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

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

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

The data in the ASMB web site is provided, controlled and maintained entirely by the Arkansas State Medical Board (ASMB) and is not modifiable by any outside source.

On-Line Arkansas License Verifications: The ASMB provides current data extracted from the ASMB's database and constitutes primary source verification is available 24/7 to the public and CCVS customers.

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

CENTRALIZED CREDENTIALS VERIFICATION SERVICE

17-95-107. Credentialing organization.

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

authorized the release of the information. The failure of the organization to release the information to the board shall be grounds to have the license to do business in the State of Arkansas suspended upon the board's presenting the proof to the licensing agency of that organization.

(3) Credentialing organizations may utilize credentialing information provided by the board and verified by the primary source verification procedure of the board to evaluate the following:

- (A) Granting or denying the application of a physician for affiliation or participation within the organization or its networks.
- (B) The quality of services provided by a physician or the physician's competency or qualifications;
- (C) Renewal of the affiliation or participation of the physician; and
- (D) The type, extent, or conditions of the physician's privileges or participation in the network.

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

- (B) The board shall provide the information within fifteen (15) business days after receipt of the request.
- (C) If any person fails or refuses for any reason to authorize release of credentialing information, the requesting credentialing organization shall be entitled on grounds of the refusal to exclude the person from any privileges, contract, or network of the credentialing organization.

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

- (B) The regulations shall require that before July 1, 2003, the process of recredentialing a physician shall be completed within thirty (30) business days unless circumstances beyond the control of the board make completion of the process within thirty (30) business days impossible or unduly burdensome.
- (C) If the credentialing process is not completed within the required time and the board does not provide an adequate explanation for failing to meet the time requirement, the fee for the credentialing process shall be refunded to the credentialing organization, hospital, or other qualified recipient of the fee.
- (D) If disagreements arise over a claim that circumstances have made timely completion impossible or unduly burdensome, the disagreement shall be presented to the advisory committee established under subdivision (d)(3) of this section for a recommendation to the board on whether or not to refund the fee and in what amount so that the board may issue an order to refund the fee or deny the request after consideration by the board.

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

(4) Credentialing information shall not be disclosed to any parties other than the applicable health care provider and the credentialing organization and its designated credentialing

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

- (A) By the board in disciplinary hearings before the board or in any trial or appeal of the board action or order;
- (B) By the board or credentialing organization to any licensing, regulatory, or disciplinary authorities or agencies of the United States or of other states or jurisdictions; and
- (C) In any legal or regulatory proceeding that:
 - (i) Is brought by a:
 - (a) Health care provider;
 - (b) Representative of the health care provider or a class thereof;
 - (c) Local, state, or federal agency or authority; or
 - (d) Patient or group or class of patients or their authorized representatives or agents; and
 - (ii) Challenges the actions, omissions, or conduct of the credentialing organization with respect to credentialing of any health care provider or the grant or denial of any affiliation or participation of the health care provider with or in the credentialing organization or any network thereof; or
- (D) By any party when authorized to do so by the health care provider to whom the credentialing information relates.

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

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

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

(e) (1) (A) In lieu of testing credentialing information by its own primary source verification procedure, a credentialing organization may rely upon credentialing

information from the board if the board certifies that the information provided by the board has been tested by the board's primary source verification procedure.

(B) The credentialing organization shall be immune from civil suit based on any allegation of wrongdoing or negligence involved in the collection and verification of or reliance upon credentialing information on a health care provider if the credentialing organization has utilized the information provided by the board in credentialing a health care provider for affiliation or participation with the credentialing organization. However, this does not convey immunity from civil suit to a credentialing organization for any credentialing decision it makes.

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

(A) The same credentialing information is available from the board; and

(B) At the time the credentialing information is requested, the board:

(i) Holds certification by the National Committee for Quality Assurance as a certified credentials verification organization;

(ii) Demonstrates compliance with the principles for credentials verification organizations set forth by the Joint Commission on the Accreditation of Healthcare Organizations;

(iii) Documents compliance with Department of Health rules and regulations applicable to credentialing; and

(iv) Maintains evidence of compliance with the standards referenced in subdivisions (2)(B)(i)-(iii) of this section; and

(C) The board charges fees that comply with subdivision (d)(7) of this section. Until such time as the board satisfies each of the foregoing prerequisites, credentialing organizations, in their discretion, may utilize credentialing information obtained from the board, or they may seek other sources for the same credentialing information. If at any time the board fails to satisfy any of the certification or compliance standards referenced in this subsection, no credentialing organization shall be required to utilize the board to obtain credentialing information during any period in which the board lacks such accreditation or compliance.

(f) (1) Credentialing organizations that utilize the credentialing information system offered by the board shall not attempt to collect duplicate information from individual physicians or originating sources, but nothing in this section shall prevent any credentialing organization from collecting or inquiring about any data not available from or through the board, nor from reporting to or inquiring of the National Practitioner Data Bank.

(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 and enter into contracts with attorneys, individuals, or corporations for services as may be necessary to bring about the purpose of this section.

(h) [Repealed.]

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

CCVS MANDATE

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

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

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

Does use of the CCVS for credentialing information totally eliminate the need for physicians to complete applications? No. Arkansas does not have a universal generic application. However, organizations should review the questions and requirements on their applications toward reducing the length of those documents and there are some documents customers cannot ask for or collect. However, there is some information the CCVS does not provide. Any information an organization must have to meet their bylaws can be asked on their application, provided that it does not duplicate what is provided by the CCVS.

Can physicians refuse to complete other organizations' applications because of the CCVS Mandate?

Physicians can refuse to complete applications for privileges for any organization. However, the CCVS *does not* replace an organization's application requirement. Physicians may refuse to respond to those questions that are duplicating the CCVS information collection or they may choose to insert a statement that they must obtain this information from the CCVS according to statute. They should be mindful, however, that organizations may request any information that is not provided by the CCVS.

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

Can an organization request from the physician a copy of documents if bylaws require it? - NO, organizations cannot duplicate the work of the CCVS; bypass the CCVS to obtain verification elements on their own, contact the physician for certificate copies of malpractice insurance coverage, board certification or anything else provided by the CCVS. An organization May ask for copies of recommendation letters, explanation letters, arrest records, malpractice claims information or explanation statements for example. Physicians in Arkansas are mandated by statute to not supply copies of information supplied on the CCVS profile to organizations. **If an organization's by-laws require this, the by-laws must be changed to comply with the statute.**

Is there someone that can review application packets to make sure the organization is complying with the state mandate? - Yes, you may email initial credentialing or recredentialing application packets in PDF format to QI@armedicalboard.org. Please allow 2-3 days for this to be completed and returned to you.

Are physicians mandated to provide information to the CCVS, or is this limited to organizations that credential physicians for Arkansas? - Physicians are also mandated by statute. Physician participation in the CCVS began on a voluntary basis but voluntary participation ended July 1999, when Act 1410 mandated physician participation. It is important the CCVS always have the most current information from physicians. This should be the same information they would supply on an organization application. If this information varies, it may cause delays in credentialing processes because the organization must contact the CCVS to obtain an updated profile.

Is use of the birth month renewal cycle mandated? - No. It is only an option for customers. Conversion to the birth month cycle is strongly recommended to prevent out-of-cycle charges and to eventually allow for a quicker turn-around-time for organizations on credentialing information.

Can any organization that wishes credentialing information on a physician participate? - Other credentialing verification organizations may not participate. Only organizations that have completed the enrollment or sign-up process can retrieve credentialing information. Only those organizations that have received the physician's permission can request the information and only organizations that are credentialing physicians for Arkansas may sign up. There are some organizations that are excluded from signing up because they do not meet the criteria set up by statute to participate.

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

PRACTITIONERS

Does CCVS credential Physician Assistants or Allied Healthcare? Not at this time. The Arkansas Legislature created Act 17-95-210 to allow for the purchase of those profiles through CCVS for allied health care whose licenses are regulated by the ASMB. The CCVS electronic system must be recreated to allow for this process but this is expected to be completed in the near future. This part of the system for purchasing Allied Healthcare will not be mandated, unlike the physician part. The allied healthcare who will be available when the system is accessible for ordering will be Physician Assistants, Respiratory Therapists, Occupational Therapists, Occupational Therapy Assistants, Radiology Practitioner Assistants and Radiologist Assistants and others may be added as the Legislature determines in future.

Can organizations purchase CCVS profiles on physicians who are in the process of applying for licensure? No. A physician must have been granted some type of license before the customer can order their CCVS information. Physicians do not roll over to the CCVS until a license of some type has been granted.

Are physicians provided with a copy of the information that is included in their CCVS file? Yes. Once a year at license renewal, physicians can go online to complete their license renewal process and view their CCVS profile documents. The physician can also request a copy of his/her CCVS physician profile at any other time by emailing CCVS@armedicalboard.org and requesting one. Physicians are advised to keep a copy of each of these profiles for their personal information. The profile will be sent through the email address on file with the ASMB. They will not be sent to physician office staff or any other individual in order to limit access to his/her secure information.

Can physicians update or edit their CCVS profiles? Yes. They can mark the pages of their profile and email, to the CCVS with a note to “Please update or correct.” They should be aware that some information may not be edited because it should be on the profile or the verification source has provided that information.

Does use of the CCVS for credentialing information totally eliminate the need for physicians to complete applications? No. The CCVS is not an “application.” It is an information profile listing verified credentials for use with an organization application and other organization required documents collected at initial appointment or reappointment by that organization. Once the CCVS profile is released, the organization still completes their internal processes prior to the credentialing decision being made. Any information an organization must have to meet their by-laws can be asked on their internal application, *provided that it does not duplicate what is provided by the CCVS.*

Can physicians refuse to complete other organizations’ applications because of the CCVS Mandate? No. Any organization may require a completed application if a physician is applying for privileges. A physician can refuse to complete certain questions or sections of an application that asks for information or copies that would be duplicated on the CCVS profile. An example would be organizations that ask the physicians to provide a medical education or postgraduate diploma or certificate copy. Physicians may refuse to provide this document. However, organizations may request any information that is not provided by the CCVS such as malpractice claims history.

What can physicians do if they receive an application that has questions asking for copies of certificates or other information provided by the CCVS? They would either affix a label to that section or write this statement in those sections: “Must obtain this from the state-mandated CCVS. Contact the Arkansas State Medical Board at (501) 296-1802 if you have questions.” They may also send the application to ATTN: QI and request this office notify the organization of non-compliance. Any identifying information on the application will be removed to avoid any negative issues with the physician and organization.

If a physician provided information to, or is participating in, the Federation of State Medical Board’s (FSMB) credentialing verification organization (FCVS), or any other credentialing verification organization (CVO), does this eliminate the need for participation in the CCVS? No. Other CVO’s cannot share information with each other and sharing the CCVS profile is not a legal option for physicians. The CCVS is the only CVO that is mandated by Arkansas statute so participation is a requirement for physicians and any organization credentialing them for Arkansas. Physicians may sign up with other CVOs, but must still participate in the CCVS.

Can physicians in Arkansas utilize the CCVS profile when applying for licenses with other states? No. Only organizations credentialing physicians FOR Arkansas can access the CCVS service. The mandate is an Arkansas state law and is not applicable in other states. Physicians must complete any organization application if they want a license or privileges there. State medical boards cannot sign up nor receive the CCVS profile.

Can physicians provide their CCVS profile to an organization credentialing them? No. The organizations are required by statute to purchase the profile directly from the Arkansas CCVS and cannot provide or share that profile with any other organization. Physicians cannot share their personal profile copy.

Why can’t physicians provide their CCVS profiles to the Federation of State Medical Boards (FCVS) or the Coalition for Affordable Quality Healthcare (CAQH), other licensing boards or any other organization credentialing them? These organizations cannot access the CCVS according to the statute requirements. Bypassing the service in any way is not in compliance with state law. Physicians may voluntarily register, sign-up or apply for an account with any other organization but the CCVS cannot share information with them and physicians still must participate in the CCVS. **Note: FCVS and CAQH are separate businesses and have no affiliation with the Arkansas State Medical Board’s CCVS.**

What is the FCVS? The Federation of State Medical Board’s CVO (FCVS) is a credentials verification organization (CVO) similar to the Arkansas CCVS, but it was created by the Federation of State Medical Boards after the CCVS was mandated. The Federation is the organization that collects and reports action on physician licenses with all state medical boards. They are also the repository of closed postgraduate training programs. The FCVS is utilized by physicians to provide their information profiles to organization or licensing authorities that will accept it as part of their licensure or credentialing process. ASMB Licensure applicants may now have their

CCVS profile packet sent to the ASMB for use in the licensure process. It was voted and allowed for obtaining verifications for international medical graduates due to the difficulty and time it took to obtain these documents from several countries. This process added to the length of time it took to get them licensed. This process is not affiliated with the Arkansas CCVS service although the CCVS may utilize some primary source verification documentation in the license file to populate the CCVS file.

What is CAQH? The Coalition for Affordable Quality Healthcare (CAQH) is a generic application service utilized by a few insurance carriers to allow physicians to apply with them and then they provide the generic application to the organizations. Regardless of where the applications originate, physicians must comply with the applicable state law in Arkansas if the organization is credentialing them **for Arkansas**. If the organization is credentialing them for out-of-Arkansas privileges, they would not utilize the Arkansas CCVS because they could not obtain a copy of the profile. Organizations are still responsible for their credentialing application and compliance with the state law even if utilizing another organization's application. The CAQH organization is not affiliated with the Arkansas CCVS service.

Can the ASMB/CCVS release or provide a physician's credentialing information to an organization without the physician's knowledge? No. The organization must provide a physician signed authorization and release (A&R) specific to the requesting organization to the CCVS before an organization can place an order.

Can physicians rescind any authorization and release if they are no longer affiliated with an organization to prevent them from accessing their credentialing information? Physicians may, at any time, revoke or rescind any authorization and release currently in effect by submitting a signed and dated letter to the Arkansas State Medical Board, Attention: QI.

Why is there different information on the CCVS profile received by the physician's credentialing organization than on the application completed by that physician for organization privileges? This happens most frequently when the physician, or their designee, includes more and/or current information on the application than what has been reported to the ASMB/CCVS. It creates discrepancies and adds to the physician's credentialing process delays with organizations because it requires organizations to query the CCVS again to resolve or reverify. Physicians are required to notify the ASMB of any privilege changes and should review their CCVS profile and update information annually to be sure it is current. Once the CCVS profile is completed, the physician should use that CCVS profile to complete applications, create their curriculum vitae (CV) and update their ASMB/CCVS if information is not on there but should be included. Customers may not verify, reverify or collect information on their own if it is not on the profile. Customers should email the CCVS and allow them to verify, update and provide the free profile update within 60 days of the release to them and any other organization that needs to be updated.

CCVS ACCREDITATION

Is the CCVS certified for credentials verification by any organization? Yes. The CCVS received initial review and certification by the National Committee on Quality Assurance (NCQA) in August 2001, and has been continuously recertified in the same elements since that time. One requirement of the CCVS statute is that the CCVS be certified by NCQA. The elements are: Medicare/Medicaid Sanctions; Medical Board Sanctions; Verification of Licensure; Work History; DEA Certification; Education and Training; Verification of Board Certification Status; Application and Attestation Content and Application and Attestation Processing. The CCVS cannot be certified in Malpractice Claims History due to a statute that existed prior to the CCVS and is not certified in the Ongoing Monitoring element because our system cannot automatically notify specific and individual customers when one of their physicians receives disciplinary action. However, anyone may sign up to receive automatic email notification of any action on any licensee so notification is provided but not the specific notification required by NCQA.

What is NCQA? The National Committee on Quality Assurance is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans, managed behavioral healthcare organizations, preferred provider organizations, new health plans, physician organizations, and credentials verification organizations.

Is the CCVS also accredited by The Joint Commission? No. The CCVS cannot be certified by The Joint Commission because they accredit healthcare organizations such as hospitals. They do not accredit credential verification organizations (CVO's). Arkansas state law requires certification by NCQA because they certify credentialing verification organizations (CVO) such as the CCVS.

Does the CCVS meet The Joint Commission (TJC) verification requirements? Yes. The CCVS cannot receive accreditation from The Joint Commission because they do not accredit CVOs but the CCVS follows TJC's 10 principles for a CVO. The Joint Commission and NCQA have worked closely together over the years to make their standards and elements more compatible. The CCVS always attempts to provide more than required to meet both, as well as meeting other certification and accrediting standards, and the Arkansas Board of Health requirements.

The Joint Commission and NCQA requirements must also comply with state and federal law. They cannot penalize organizations for compliance with legal authority, whether state or federal. However, most surveyors are aware of the CCVS statute in Arkansas. If an organization is experiencing issues regarding the use of the CCVS in their credentialing process or because they are following the CCVS credentialing processes, they may call the QI office for assistance at 501-296-1951 but must do so during the survey itself. There is little that can be done to change the report once the surveyor is gone and has submitted findings. Please be aware the ASMB/CCVS cannot assist if issues were found with the organization's internal credentialing process or found due to non-compliance in standards and elements not provided by the CCVS.

ORGANIZATION SIGN UP WITH CCVS

Can any organization sign up? No. Only organizations credentialing physicians **FOR** Arkansas are eligible to sign up.

How long does it take to get signed up? The initial sign-up process for the Account Administrator can take as little as a few minutes to 24 hours. Account access codes are provided via immediate email to the Account Administrator.

When is account access permission granted? Once the sign up process is completed, the Board's Information Technology staff will send the Account Administrator an e-mail that the process has been completed.

What does the user name and password provide access to? - The Account Administrator can designate "Users" who can access the CCVS for placing and retrieving orders for that specific organization. The Account Administrator signs up Users online in the Administrative area and will receive an email with the User's name, and receive the User's access code. The Account Administrator provides the Users' access codes to the Users but keeps track of them. ***User's access codes should be deactivated online when they are no longer utilizing them.*** The Account Administrator and all Users can view and access the organization's current orders, status of orders (Working or Released), and scanned documents (attestations, authorizations and releases). The Account Users will have individual and different access codes. The Account Administrator has every User's access codes, can view all orders and has the ability to add or delete Users at any time. There can only be one Account Administrator at a time. New Account Administrators should email the request for a change so the old Admin's access codes can be deactivated and the new Admin will be issued their own codes without interrupting their account.

Who should be the Account Administrator? - The "Account Administrator" should be the person who will be most available to retrieve the profiles and receive all e-mail notifications regarding receipt of orders, charges, and cancellations and when the profile is ready for pickup, as well as any global ASMB/CCVS announcements. An organization can have multiple staff (Users) access their orders but only one Account Administrator. Please be aware, if your organization administrator or accounting person is listed, all e-mail announcements, system outages or upgrades, policy changes and other notifications will go to that person. This is only a problem if they do not forward those messages to the people that need to have it. ***It is not a good idea to share secure access codes for***

any reason since everyone can be assigned their own access codes. Once an individual “User” at an organization places an order, e-mail notifications may go to that User’s name and e-mail address. If the Users listed for an organization are not removed when they leave, email communications may still be going to that email address. It is not difficult to remove a User or create a new User. Follow the directions in the online Guide.

What payment options are available for organizations for purchasing CCVS profiles? Payment is by major credit card only. Electronic Funds Transfer (EFT) is no longer available. The ASMB/CCVS does not invoice organizations. *There are no exceptions to this requirement.*

What can an organization do if they do not have credit cards? The ASMB/CCVS does not have a billing department so a credit card must be obtained. Credit cards will be debited at the time the order is placed so if funds are not available for the entire order, the order will not go through. It will be the organization’s responsibility to figure out how many orders can be charged on the balance and go back in an order those profiles again. It is not necessary to use the same credit card each time an order is placed. The system works the same as checking out in a store and using a credit card to pay for a purchase. If the card can handle the total, the charge will go through. If not, the card will be declined.

Can the ASMB/CCVS staff charge a profile for an organization if the organization is having difficulty or cannot complete the ordering process online for some reason? No. The ASMB/CCVS staffs are never allowed to charge any information to customer accounts for any reason. The only way to place orders is via online access. The CCVS program is an online program and requires orders to be placed online and payment is only through the credit card companies online.

Who safeguards secure passwords and access info? - It is the credentialing organization’s responsibility to safeguard their own access codes. It is also the organization’s responsibility to go online to update emails, request account administrator changes or manage Users on their account(s). Please see your Online Guide on the CCVS website at www.arccvs.org. You may contact the ASMB IT department via e-mail at support@armedicalboard.org for technical issues and someone will respond to you. The IT security department at the ASMB/CCVS is the only employees that have access to organization access codes.

CCVS FORMS

Does Arkansas have a general statewide application or is one planned in future? No. Arkansas does not have a statewide application at this time.

What are the CCVS forms required for organizations to submit before they can order a profile? When an organization goes to place an order, a drop-down window will appear over that practitioner’s name and indicate the items needed before an order can be placed. These are the selections that may appear:

1. The most current Organization-Specific Authorization and Release posted to the www.arccvs.org website.
2. The most current (within 120 days) attestation posted to the www.arccvs.org website.
3. Current curriculum vitae (CV).
4. Board Authorization and Release (obtained at license renewal and are good for 2 years) so this is normally on file already.

Telemedicine practitioners:

1. The telemedicine physician’s name will not be available for ordering and may appear greyed out in the shopping list if there isn’t a current attestation, work history/affiliation/employment/faculty and license list with a current (within 120 days) date on it and must include past and current information.

Effective June 1, 2017 Current Attestations are required before an order can be released.

Where can a blank copy of the Organization-Specific Authorization & Release (A&R) form be obtained?

This .PDF form can be printed from the CCVS website, www.arccvs.org, by going to the Home page and looking under Forms and Publications to the right of the page, click on the Authorization and Release item.

Can a physician leave the space on the CCVS Authorization and Release for the Credentialing Organization blank or put “ANY ORGANIZATION” to avoid having to sign a multitude of A&Rs? No, the organization’s specific customer name must be listed on the Authorization when it is signed. This name field must exactly match the name used when the organization signed up, and cannot be abbreviated or altered. Organizations who credential multiple hospitals through one credentialing committee may insert the names of all facilities in the organization name space on the Authorization and check off all that apply prior to having the physician sign the form.

Can an organization send in their Authorization and Releases to CCVS all at once, in batches, mail them all at once or wait to send them right before they need to order? Method of sending and when to send is up to the customer’s time requirements. ALWAYS check the signed form prior to sending as this may eliminate delays if it isn’t completed accurately. Emailing the attachments as .PDF attachments and sending to CCVSdocuments@armedicalboard.org is the best method.

Sending Batches - Always send in batches of 20 or less whether you are faxing or emailing large amounts

**Authorization and Releases state they are good for two years but they are purged from the system 30 days before expiration to prevent orders being released on them after expiration. If an organization has time left to place and receive an Expedite, please call the CCVS Program Manager at 501-296-1952*

Who can check to be sure my Authorization and Release and other documents were received if they aren’t entered after 24 hours? Organizations should EMAIL the CCVS at ccvs@armedicalboard.org with the date the documents were sent, method (fax, email), name of physician(s) and organization name so the staff can check on them and someone can get back to you.

Who collects the Attestation and can an organization still collect its own attestation? - The CCVS must collect an attestation from physicians four (4) times per year. The ASMB collects one at license renewal but the CCVS can utilize that one if the date is within 120 days. Customers may also collect one as often as their by-laws dictate and may change the questions on the ones they collect. Please keep in mind that the CCVS can only utilize the one posted to the CCVS website. Customer organizations may utilize the ASMB/CCVS attestation form. It must be dated within 120 days of the date it is submitted and the form cannot be altered. Customers will be allowed to print scanned copies of all attestations, including the initial licensure application attestation on file. **NOTE: The Licensure application and process has changed over the years prior to the creation of the CCVS. Therefore, there may not be an application attestation on file to scan.**

Why do physicians have to sign the Attestation form (numerous questions) over and over again for each organization and also for the CCVS when it seems one signing would suffice? An “attestation” document is a statement from the physician that something is true and correct *at the time it was signed*. The answers to the questions do not remain static or unchanging for every physician. For the ASMB/CCVS and organization purposes, they are attesting to the truth of their responses to the particular questions listed on the form. The intent of having this form signed every 120 days is to capture interim changes from the last one signed and has documentation of those responses. It is also to meet regulatory and certification requirements to have a current attestation form in the file and to meet customer requirements for their medical staff credentialing committees. Different organizations may also have different requirements for the 120-day attestation, with some requiring 30, 60 or 90-day attestations. CCVS attestations are scanned into the system for that physician’s file and organizations may print them if there is a current authorization on file.

ABOUT CCVS PROFILES

Where does the information in a physician’s profile come from? Primary source verifications initially collected during the licensure application process provides the initial information base. Once licensed, the physician’s file rolls over to CCVS, the CCVS staff then verifies non-static information or the information that may have changed or is required to be reverified every 120 days. When that physician’s credentialing information is ordered by an organization, the CCVS reviews the file for any non-static information that may have become outdated and obtains those verifications. The Arkansas State Medical Board and the CCVS use the primary or

direct source verification method. Every effort is made to obtain verifications directly from the source within the specified time frame, as specified or required by NCQA, Joint Commission and other regulatory and certification agencies. The credentialing profile provided to organizations will follow the verification principles of The Joint Commission and NCQA and identify source, date verified, method of verification under each entry. In the event that primary source verification could not be obtained, or is not required, the source will still be indicated for each element or the reason it could not be obtained (no files, natural disaster, war, etc.). If alternate sources had to be utilized, such as AMA/AOA profile, indirect source, etc. this will be noted under each entity verified.

What happens if the primary source no longer exists or cannot provide the verification? - It is not always feasible to obtain verification information from the primary source. Occasionally, a primary source no longer exists, or the applicant's records have been lost, destroyed, or are no longer accessible, especially in instances where the applicant received part of his/her training or experience in a foreign country and political restrictions do not allow for verification retrieval. In those cases, an alternate source will be utilized and if that fails, the Remarks for that entity on the profile will reflect, "Cannot verify," with a reason. If "Cannot verify..." is listed, the organization may utilize whatever means they have to try to collect the verification.

Can the organization attempt to verify information that the CCVS could not? - Yes, in some cases.

Occasionally, a profile element will be designated as "Cannot Verify" with a notation in Remarks for that entity explaining why CCVS was not able to verify that element (no files, files lost, files destroyed, no known entity address, or if there has been no response to multiple and prolonged documented attempts over several years). Files with "Cannot Verify" elements are not considered incomplete and will be released. ***The customer may attempt to obtain verification on "Cannot Verify" elements.***

Why does the physician list different information on the organization applications than is listed on the CCVS profile? - In some instances, the physician may provide the organization with a different, more detailed CV or application than the one provided to the ASMB/CCVS and physician information may appear to conflict or it may appear that the CCVS made errors in not listing all of the information on the profile. The physician or their staff may indicate an organization that is listed under a different name, may indicate privileges but that have not yet been granted or employment not yet started. CCVS does not list what may happen in the future, only what can be verified at the time the profile is released. License renewal is another good time to update CVs and notify the ASMB/CCVS when they note something is not included on their profile. Please be aware this may occur, and please work with the CCVS and the physician so that the most accurate information can be obtained and the physician's credentialing file updated.

What if there is an inconsistency regarding the information on the CCVS profile and the information on the application? **PLEASE REVIEW THE CCVS PROFILES WHEN THEY ARE RECEIVED!** If an inconsistency is found on the organization's CCVS profile, notify the CCVS within 60 calendar days of the release date, not the profile retrieval date, via the CCVS e-mail address, CCVS@armedmedicalboard.org. State the inconsistency or what you wish the CCVS to check. If necessary, one free updated or revised profile will be emailed to the customer's attention as soon as the element is verified and revision has been made. Customers should be sure to complete their review before requesting the free profile because only one free update will be provided. **Customers cannot obtain the verifications on their own and will have to purchase a new profile if they miss their 60-day update window.**

How will the customer know when the inconsistency has been researched and what the outcome is? - Once the customer's email is received by the CCVS, the customer will receive an email acknowledgement. The next email will be the resolution or the profile update. The CCVS will contact the source and attempt to reconcile the information. If findings show the CCVS profile information is correct after reverification attempts have been made, the customer will be notified and should then address with the physician to obtain an explanation as to why it was listed on the application or ask the physician to contact the primary source to have them provide corrected information to the CCVS.

Why doesn't the Board or CCVS provide physicians' Continuing Medical Education information to organizations? Regulation 17, CONTINUING MEDICAL EDUCATION of the Arkansas Medical Practices Act, Rules and Regulations was adopted September 14, 1996. The CCVS no longer reports CME activity. The ASMB requires 20 CME credits each year and performs random audits of physicians to make sure they are keeping up with their education credits. If an organization requires the physician to obtain a specific number of

credits in a specific subject or provide CME copies, it is the responsibility of the physician and the organization to monitor and obtain those credits to meet that requirement. The organization may request this since the CCVS does not provide it. Physicians are responsible for maintaining copies of their CME credits. Copies or originals of CME certificates are not maintained in either the Board or CCVS files.

CCVS CUSTOMER ORDERING PROCESS

What are the steps in the order process? -

1. Client faxes or emails the applicable forms (A&R, Attestation, and CV) to CCVS.
2. CCVS enters the physician's name to the Client's online shopping list of available to order physicians within 24 hours of receipt (by the same time on the next business day). The A&R and attestation is uploaded in the CCVS system.
3. Client places the type of order they need online, and receives an Order Confirmation notice via email when the charge is accepted.
4. CCVS reviews and verifies information in the physician's files per NCQA and The Joint Commission standards.
5. Client is notified by automatic email when file has been completed and profile is available for retrieval.
6. Client retrieves profile from CCVS website at their convenience within 120 days.

What does "TAT" mean? TAT is an acronym for Turn-Around-Time and it refers to the time it takes from placing the order to the release of the order to the customer by the CCVS.

What is the process for querying about an Organization-Specific Authorization and Release (A&R) if the physician is not entered in the customer's available to order shopping list?

Email the CCVS at CCVS@armedicalboard.org and request they check on the A&R missing A&R(s). Emailing CCVS gives them a chance to do this before responding. Please be aware that faxes and emails do sometimes go awry, so if it has not posted within 24 hours after you sent it, you may be asked to resend the A&R to a different fax number or via email attachment.

Why is the physician's name on the organization's available to order shopping list but it cannot be selected to order (it is greyed out)? - Check to be sure the order has not already been placed by someone in the same organization. The Account Administrator can check if a user cannot access. If it hasn't already been ordered, it may be a telemedicine physician with compliancy items missing. Once those items are provided to the CCVS, the physician will be available to order. You can take your mouse and hover over the physician's name and a pop up will notify you of what is missing. If neither of those is the issue, notify the CCVS by email at CCVS@armedicalboard.org and state the physician's name is "greyed out" and an order cannot be placed. The ASMB/CCVS staff will work to correct it as soon as possible and notification will be sent as soon as the issue is corrected.

How does the customer know when their profile order has been received and someone is working on it? An Order Confirmation email will be sent to the email address associated with the user name and password utilized to place the order. If one was not received within several minutes, the order was not placed. The organization's physician list should show "Working" within one hour of placing the order (providing that it is during normal business hours). It will remain in Working status until it is released to the organization. When it is released, the user who placed the order will receive a Completed Order email notification that the profile is ready to be retrieved.

If an email Order Confirmation was received but the physician is not appearing in your Outstanding Orders list as "Working", please forward the email confirmation to CCVS@armedicalboard.org and notify the CCVS of the issues so the ASMB/CCVS staff can determine the cause and fix. You'll be notified of the outcome.

What is the cancellation process if a CCVS profile was ordered in error? One of the Users or the Account Administrator may request an order cancellation at any time the file is in Working status. Once it rolls into Release Review, it is too late to cancel because it is within the release process at that point. **Profile orders cannot be cancelled after the file is released to the customer.** The only way to request a cancellation is by emailing the CCVS at CCVS@armedicalboard.org and requesting the order be cancelled, list the physician's full name and license number and provide the reason for the cancellation (ordered in error, no longer needed, duplicate, need to reorder as Expedite, etc.).

How can a customer change an existing profile order type? If an organization orders one type of profile (Initial, Expedited, Out-of-Cycle Recredentialing, In-Cycle Recredentialing) but a different type is needed, either the User or the Account Administrator must cancel the existing order for that physician and reorder once the Cancellation Confirmation email has been received. The due date and turn-around-time (TAT) will be changed depending on the type of order placed. For example, in cases where the customer ordered an Out-of-Cycle Recredentialing but needs an Expedited, the TAT will be improved because the OOCR has a TAT of 30 business days and the Expedited has a TAT of 5 business days.

Is there a process for getting a profile released if there is an urgent or emergency need or if the profile wasn't ordered in time for an organization's needs? Regulation #18 in the Arkansas Medical Practices Act (www.armedicalboard.org) lists the type of profile orders that can be placed and the TAT goals for each. This information is also listed in this Guide. An "Expedited" order type and the TATs on each type are determined by statute and not by the ASMB, CCVS or staff. All orders are worked in the order they were received and the electronic system assigns orders to the next available credentialing specialist. The CCVS staff will always work with the customer organization to get Expedited orders out ASAP in situations where patient care would be negatively impacted. Because the ASMB/CCVS is required to work orders as they are received in a first come/first serve basis, a special ordering type for an emergency was created for an additional fee. This type of order is called an EXPEDITE, with turn-around-time of five (5) business days and a fee of \$250. This is the only way an organization can move a file ahead of another; **there are no exceptions to this policy.** Orders are worked in a fair and deliberate manner and assigned according to the date and time the order is received and not individual organization urgency.

What if the CCVS cannot collect all of the information for the profile within the stated turnaround time? - Occasionally, not all verifications can be obtained within the turnaround time (TAT) goals of the CCVS. In those instances, and in order to meet statutory requirements, the CCVS must cancel the order so the fees can be refunded. The user that ordered the profile will receive two emails: a letter of explanation from the Customer Service Department, and a computer-generated Notification of Cancelled Order. The customer may reorder the profile once they receive the computer-generated email. CCVS cancellation of an order does not mean that organizations are allowed to complete the credentialing. It means that one or more of the required verification elements could not be obtained or verification received by the scheduled due date so the CCVS could provide a completed profile. The CCVS will provide you with a corrected profile as soon as this is received. If the element states "Cannot verify – no records or closed facility", the organization may attempt to locate this information on their own. That means the CCVS has exhausted their resources for verifying that element and have closed it.

Why did I get the profile I ordered yesterday, but I still don't have the profile I ordered a week ago? - The file you ordered yesterday may have recently been updated and released to another organization and therefore needs no further updating, while the one from a week ago could still be missing several verifications. The CCVS has an internal goal to reduce file turn around time and this is closely monitored on a daily basis.

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

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

ACCOUNT ADMINISTRATION

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

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

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

How do we change our billing information? - Billing information (credit card or bank account information) can only be changed or updated by the person designated at the account’s EFT Administrator. When the EFT Administrator logs into our website using his/her EFT Administrator user ID and password, the billing information will appear on the screen and he/she can make the necessary changes. He/She must read the Terms and Conditions and click on the “I agree with/accept the Terms and Conditions” button at the bottom before the billing information will be updated in our system.

CCVS POLICY CHANGES

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

INFORMATION REGARDING FEDERAL DEA VERIFICATIONS

Due to information received from the DEA, CCVS will no longer provide DEA information. Entities requiring DEA information may collect the information as outlined in ACA 17-95-107(f)(1) which allows credentialing organizations to collect or inquire about any data not available from or through CCVS.

The link to the DEA website has been provided for your convenience.

<https://apps.deadiversion.usdoj.gov/webforms2/spring/login?execution=e2s1>



Guide to Online Services

Signing Up for Online Services (Enrollment)

Pre-Enrollment Checklist

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

SECTION A: This section requests information about your organization:

- ✓ Organization Name (required)
- ✓ Organization Address (line 1 required, line 2 optional)
- ✓ Organization Phone Number (required)

SECTION B: In this section, you will designate the Administrative Account. It is suggested that the Account Administrator be the person who will use the services the most or someone that will be able to effectively maintain the account on a regular basis. The Account Administrator has access to create and delete users from the account. All emails from CCVS regarding announcements, system outages or upgrades, policy changes and most other notifications are sent to the email address associated with the Account Administrator, not individual users. You will be asked to provide the following:

- ✓ Account Administrator's first and last name
- ✓ Account Administrator's email address
- ✓ Account Administrator's telephone number (and extension, if applicable)

STEP 1:

1. Go to <http://www.arccvs.org>.
2. Click on **Sign-up for CCVS**



3. Click on **Start New Application**



4. After you have reviewed the prices and definitions, click to continue account enrollment



5. Complete the online form Section A & Section B, then click **Submit**. Watch for an email with log in instructions

The image shows a two-section online form. Section A at the top contains fields for Zip + 4, Telephone Number, Telephone Extension, and a checkbox for Managed Care Organization. Section B below it contains fields for Title, First Name, Last Name, E-Mail Address, Telephone Number, and Telephone Extension. A red arrow points to the 'Submit' button at the bottom of Section B.

* Zip + 4: (Like this: 72202 or 72202-1234)
* Telephone Number: (Like this: 501-555-1212)
Telephone Extension:
* Is your organization a Managed Care Organization?
Select One •

Section B: Administrative Account

* Title: Select One •
* First Name: (Note: Only 15 characters allowed.)
* Last Name: (Note: Only 25 characters allowed.)
* E-Mail Address:
* Telephone Number: (Like this: 501-555-1212)
Telephone Extension:
Submit

Internet Policies Contact Us

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STEP 2:

1. Email is sent to the Administrator Account

Logging in

1. Go to <http://www.arccvs.org>.
2. Enter **User Name** and **Password**,
then click on **Sign in now**



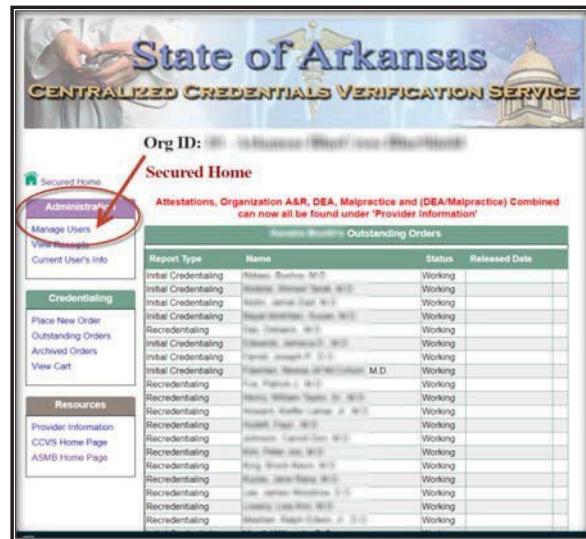
Administrative Menu

The Administrative Menu may be accessed only by the Administrative Account designated in the Sign-Up Process. The Administrator Account allows a representative the ability to manage users, view and print receipts.

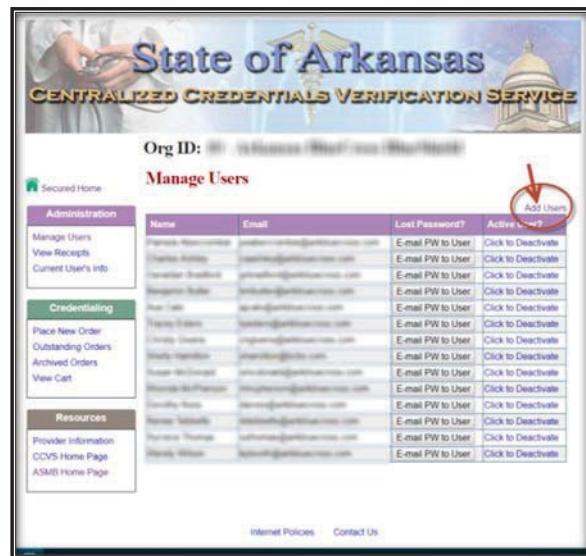
Adding Users

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

1. Click on **Manage Users**



2. Click on **Add Users**



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

Org ID: 10-100000-1000-100000

Add User

* FIELDS REQUIRED!

The user will receive their sign in credentials from the user's email provided below.

First Name:
Last Name:
Email:
Phone:
Phone Extension:

Save **Cancel**

Administration

- Manage Users
- View Receipts
- Current User's Info

Credentialing

- Place New Order
- Outstanding Orders
- Archived Orders
- View Cart

Resources

- Provider Information
- CCVS Home Page
- ASMB Home Page

Emailing Password/Deactivating Users

Deactivating a user will immediately remove them from the Manage Users list.

1. Click on **Manage Users**
2. Select **Click to Deactivate**

Org ID: 10-100000-1000-100000

Manage Users

Name	Email	Lost Password?	Active User?
John Doe	john.doe@example.com	E-mail PW to User	Click to Deactivate
Jane Smith	jane.smith@example.com	E-mail PW to User	Click to Deactivate
Mike Johnson	mike.johnson@example.com	E-mail PW to User	Click to Deactivate
Sarah Williams	sarah.williams@example.com	E-mail PW to User	Click to Deactivate
David Brown	David.Brown@example.com	E-mail PW to User	Click to Deactivate
Emily Davis	Emily.Davis@example.com	E-mail PW to User	Click to Deactivate
Robert Wilson	Robert.Wilson@example.com	E-mail PW to User	Click to Deactivate
Sarah Johnson	Sarah.Johnson@example.com	E-mail PW to User	Click to Deactivate
David Williams	David.Williams@example.com	E-mail PW to User	Click to Deactivate
Emily Brown	Emily.Brown@example.com	E-mail PW to User	Click to Deactivate
Robert Davis	Robert.Davis@example.com	E-mail PW to User	Click to Deactivate
Sarah Wilson	Sarah.Wilson@example.com	E-mail PW to User	Click to Deactivate

Internet Policies Contact Us

Administration

- Manage Users
- View Receipts
- Current User's Info

Credentialing

- Place New Order
- Outstanding Orders
- Archived Orders
- View Cart

Resources

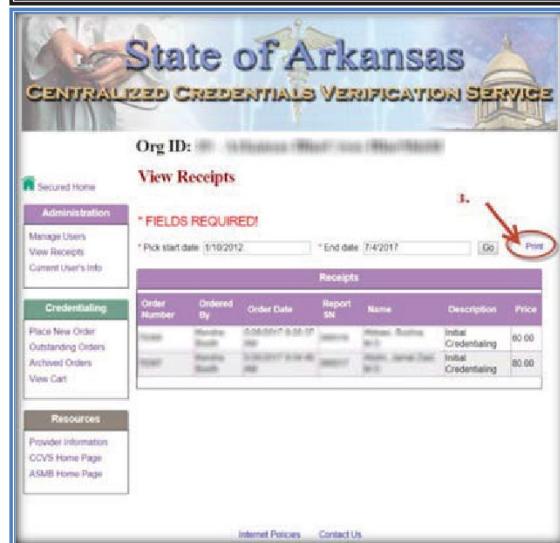
- Provider Information
- CCVS Home Page
- ASMB Home Page

Viewing/Printing Receipts

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

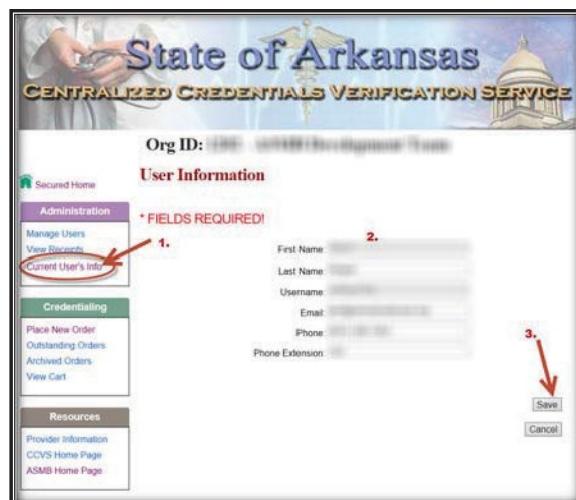


3. Select **Print**



Editing Current User's Info

1. Click on **Current User's Info**
2. Enter correct information
3. Select **Save**



Using the CCVS Website for Credentialing/Current User's Menu

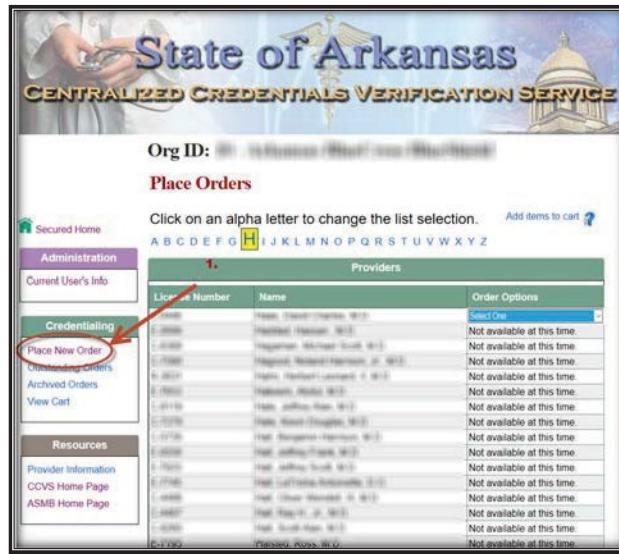
Note: the Current User's menu is not the same as the Administrator's menu.

Placing an Order

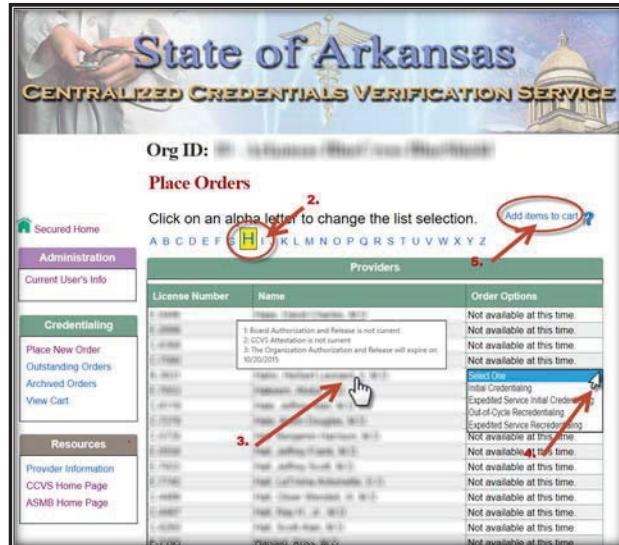
Items needed to place an order:

- Active license
- Current Organizational A & R
- Current Attestation
- No existing orders

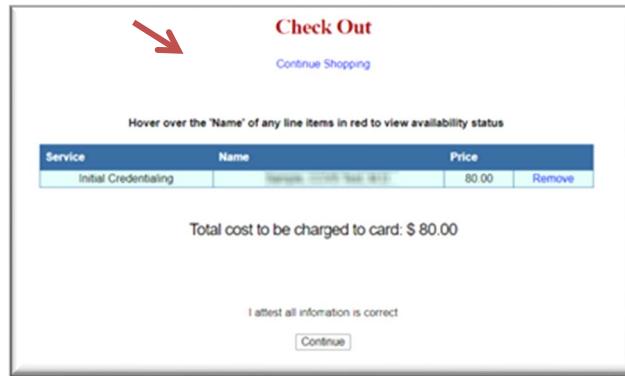
1. Click on **Place New Order**



2. Click on the first letter of the last name of the physician you wish to order
3. Hover over the name to see the missing compliancy items
4. **Select Order Options** from the drop down menu (Initial, Expedited Service Initial, Out-of-Cycle, or Expedited Service credentialing)
5. Click on **Add items to Cart**



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



Check Out

Continue Shopping

Hover over the 'Name' of any line items in red to view availability status

Service	Name	Price
Initial Credentialing	Sample - Initial Credentialing	80.00
		Remove

Total cost to be charged to card: \$ 80.00

I attest all information is correct

Continue

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

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



Check Out

Continue Shopping

Cost that will be applied to payment card

Hover over the 'Name' of any line items in red to view availability status

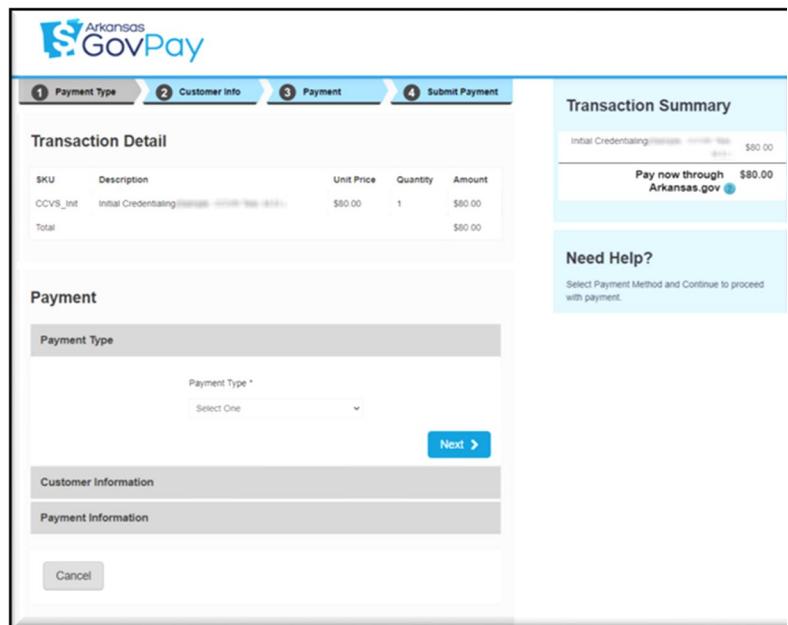
Service	Name	Price
Initial Credentialing	Initial Credentialing	80.00
Expedited Service Initial Credentialing	Expedited Service Initial Credentialing	250.00
		\$330.00

Check Out

9. Check that information is correct

11. Select payment type

12. Enter card information and select **Next**



Arkansas GovPay

1 Payment Type 2 Customer Info 3 Payment 4 Submit Payment

Transaction Summary

Initial Credentialing	\$80.00
Pay now through Arkansas.gov	

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
CCVS_Int	Initial Credentialing	\$80.00	1	\$80.00
Total		\$80.00		

Need Help?

Select Payment Method and Continue to proceed with payment.

Payment

Payment Type

Payment Type *

Select One

Next >

Customer Information

Payment Information

Cancel

13. Your Payment Receipt Confirmation will show up. This may be printed for your records.

Payment Receipt Confirmation
You can print this manually yourself. You can print the receipt page for your records by selecting Print.

Transaction Summary		Description	Amount
Total Fee			\$0.00
Pay now through AdamsBank.com			\$0.00

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
CCVS_Init	Initial Credentialing	\$0.00	1	\$0.00

Thank you!

Customer Information

Customer Name	Arkansas State Medical Board
Company Name	Arkansas State Medical Board
Local Reference ID	00000000000000000000000000000000
Receipt Date	06/20/2013
Receipt Time	08:00:00

Payment Information

Payment Type	Credit Card
Credit Card Type	Visa
Credit Card Number	0000000000000000
Order ID	00000000
Billing Name	Arkansas State Medical Board

Billing Information

Billing Address	400 W. Mark - 100
Billing City, State	Little Rock, AR
ZIP/Postal Code	72201
Country	US
Phone Number	(501) 682-1300

This receipt has been emailed to the address below.

Email Address: HealthSupport@ArkansasMedicalBoard.org

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

From: ASMB Support Department <HealthSupport@ArkansasMedicalBoard.org>
Sent: Thursday, June 20, 2013 9:42 AM
To: HealthSupport@ArkansasMedicalBoard.org
Subject: Order Confirmation v2

Please do not reply to this E-Mail. It was sent from an unattended mailbox.

ORDER CONFIRMATION: Order Number: 090098 Total Order Cost: \$250.00 Your account has already been billed for the above amount. No further action is necessary.

Reports Requested:

090098-charge (06/20/2013) M.D.; Type: Expedited Service Initial Ord. (\$250.00); Serial Number: 434638

Verify that all orders placed are correct. Please keep this as a receipt for your records.

Thank you,

Arkansas State Medical Board
Centralized Credentialing Verification Service www.arksm.org

Checking Order Status

1. Click on **Outstanding Orders** to view the entire organization's outstanding orders and the status of each order

Retrieving a Completed Order

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

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

State of Arkansas
CENTRALIZED CREDENTIALS VERIFICATION SERVICE

Retrieving an Archived Order

1. Click on **Archived Orders**
2. Click on the first letter of the physician's last name to find physician within the list.



Accessing Malpractice Reports

Printing Attestations

1. Click on **Provider Information**
2. Click on the first letter of the last name of the physician you wish to order
3. Select **Malpractice** to view the report
4. Select **Documents** to view the provider's available documents



Org ID: 1202 - ASMB Development Team

Provider Information

Click on an alpha letter to change the list selection.

License Number	Name	A&R Date	Attestation Date	Malpractice	Images
1234567890	M.D.	04/10/2023	10/05/2022	Malpractice	Documents

Administration

- Manage Users
- View Receipts
- Current User's Info

Credentialing

- Place New Order
- Outstanding Orders
- Archived Orders
- View Cart

Resources

- Provider Information
- CCVS Home Page
- ASMB Home Page

5. Select **View Document** to view document

6. Click **Print** to print out the images



State of Arkansas
CENTRALIZED CREDENTIALS VERIFICATION SERVICE

Org ID: 1300-AVHMB Development Test

 Secured Home

Administration

- [Manage Users](#)
- [View Receipts](#)
- [Current User's Info](#)

Credentialing

- [Place New Order](#)
- [Outstanding Orders](#)
- [Archived Orders](#)
- [View Cart](#)

Resources

- [Provider Information](#)
- [CCVS Home Page](#)
- [ASMB Home Page](#)

Print

Arkansas State Medical Board
 Centralized Credentials Verification Service
 1000 University, Suite 296-2981
 Fax: (501) 682-4856
www.amsmedicalboard.org

CCVS ATTESTATION & RENEWAL FORM

DO NOT ALTER THE QUESTIONS ON THIS ATTESTATION FORM!!!

1. Do you currently maintain individual or group malpractice insurance coverage? Yes No

2. Will you be providing telemedicine services from another state (not as part of patient care through telemedicine)? Yes No

3. Since your last attestation, have your privileges or medical staff membership at any hospital or other healthcare organization been denied, suspended, diminished, voluntary or involuntary relinquished, removed or restricted? If so, in what state(s) is or were such action(s) pending? Yes No

4. Since your last attestation, have you been charged or convicted of (including a plea of guilty or not contesting) a felony? Yes No

5. Since your last attestation, has your license or certificate to practice medicine or Drug Enforcement Administration (DEA) registration been suspended, diminished, voluntary or involuntary relinquished, restricted, removed, placed on probation, not renewed, voluntary or involuntarily relinquished, reinstated, reapproved, enjoined, or written summary, or otherwise sanctioned, or in any such action pending? Yes No

6. Since your last attestation, have you been or are you presently being treated for alcoholism or substance abuse? If so, in what state(s) is or were such treatment received, or any other state? Yes No

7. Since your last attestation, have you been admitted or requested by the Arkansas State Medical Board or any other licensing board to have treatment for a physical or mental health condition? Yes No

8. Since your last attestation, are you currently, or have you since your last attestation, any physical or mental health condition that would impair your ability to practice medicine or to perform medical tasks? If so, in what state(s) is or were such condition(s) present? Yes No

9. Since your last attestation, are you presently involved in the use of any illegal substance? Yes No

10. Since your last attestation, have you ever been convicted of a felony? Yes No

Viewing CCVS User Guide

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

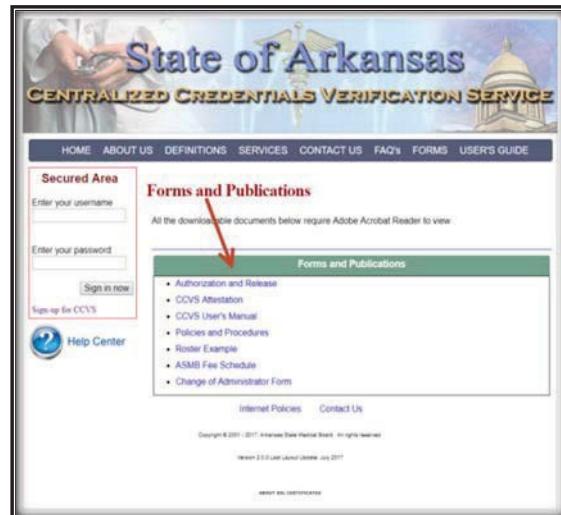


Viewing Other Forms & Publications

1. Click on **Forms**



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



Information Available on the ASMB Website

(www.armedicalboard.org)

License Verifications

Free License Verification

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

1. Go to www.armedicalboard.org
2. Scroll down to **Verify a License**

3. Select the **search criteria** (License Number or Last Name)
4. Enter the **license number** or **last name** (can be partial last name if unsure of spelling) in the white bar
5. Click on **Search**

6. Select **View** for the results

7. On this screen, you may view the physician's name, specialty, mailing address and licensure information. (Board Orders must be requested)
8. Click on **Print OFFICIAL LICENSE VERIFICATION**

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



Arkansas State Medical Board

For the Public » For the Practitioner » About the Board »

General Information

Print OFFICIAL LICENSE VERIFICATION

THIS IS NOT AN OFFICIAL DETAILED LICENSE VERIFICATION

General Information

Name: Steven Lynn Cathery, M.D.
Primary Specialty: Neurosurgical Surgery

Address Information

Address: 5000 Springhill Drive, Suite 201
City: North Little Rock
State: AR
Zip: 72117
Phone: (501)445-2900
Fax: (501)445-9700

License Information

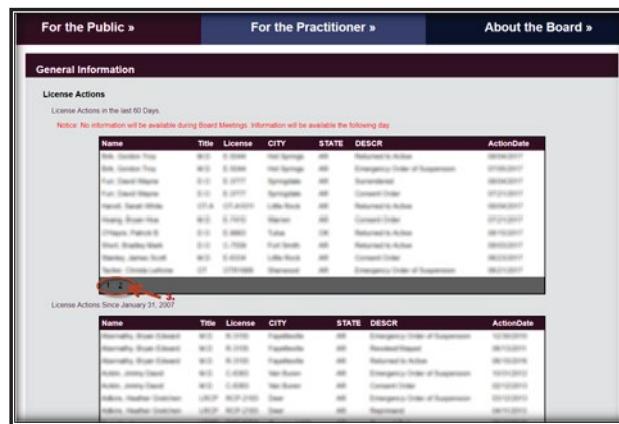
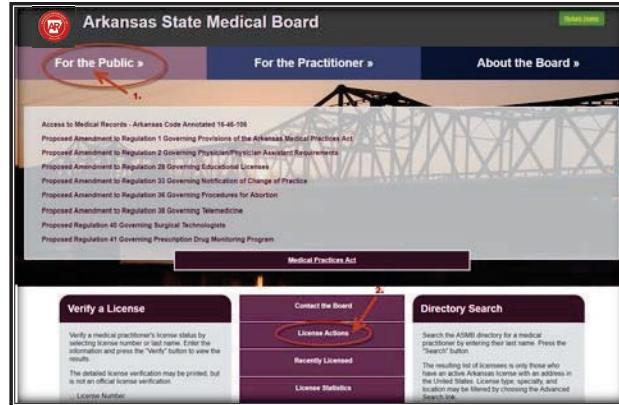
License Number: C-6137
Original Issue Date: 03/06/1992
Expiration Date: 04/30/2018
Board: Arkansas
License Status: Active
License Category: Unrestricted

Board History

No Board Minutes on file for this license
No Board Orders on file for this license

Viewing Board Notices

1. Select **for the Public**.
2. Click on **License Actions** to view Board Notices.





E-Mailing

E-MAIL ccvs@armedicalboard.org IF YOU HAVE QUESTIONS ABOUT:

- Questions regarding **Ordering and retrieving profiles**
- **A&Rs and Attestations**
- **Practitioner Rosters**
- Any questions about a profile you've received, including **errors, inconsistencies, expired items, etc.**
- **Request cancellation** of an order
- **Request an updated profile** (within 60 Calendar days of profile release date)
- **Changing user settings**
- **Report an A&R, CV or Attestation not posted within 24 hours**
- **Update practitioner's staff, primary practice or new staff status**
- **Request updated Malpractice or DEA information** that is showing expired or about to expire on CCVS website
- **Request practitioner personal profile.**

E-MAIL QI@armedicalboard.org IF YOU HAVE QUESTIONS ABOUT:

- Questions regarding CCVS mandate, statute, laws and regulations, policies and procedures related to the CCVS.
- Change Account Administrator
- NCQA certification of the CCVS and current status
- Request organization application review
- CCVS User Guide information or questions
- Information on **how the CCVS works**
- Signing up to utilize the CCVS
- Schedule a presentation or workshop

E-MAIL Support@armedicalboard.org IF YOU:

- Are having **problems Accessing and Navigating** either website (ASMB or CCVS)
- Have problems **Changing User Settings**
- Have **Problems emailing the CCVS**
- Have **Problems placing orders**
- Have **Problems printing a report**
- Have **Problems downloading Attestations**
- Have questions about **Online License Renewals or Passwords**
- Want to **Register for ASMB/CCVS Workshop**

E-MAIL LicenseMonitor@armedicalboard.org IF YOU ARE:

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

E-MAIL Office@armedicalboard.org IF YOU HAVE QUESTIONS ABOUT:

- Reporting **Malpractice Claim Info**
- Schedule a **Meeting with the Board**
- **Practitioner Complaint**
- **CME's**
- **Physician Health Committee or Impaired Practitioner**
- Schedule a **Meeting with the Executive Director of ASMB**
- Reporting **Changes in Practitioner Privileges**

The CCVS@armedicalboard.org inbox is closely monitored by both the Management and Customer Service teams to ensure that you will always receive a prompt response. E-mailing your questions, comments and requests also allows the medical board to track customer service issues for Quality Assurance and Improvement purposes. It is the best method of communicating with the CCVS. Thank you!



Faxing the CCVS

CCVS FAX NUMBER: (501) 296-1806

The CCVS staff checks the fax continuously and enter the documents as soon as possible so they are available for customer orders. Please wait the full 24 hours before emailing CCVS regarding documents not being posted.

If your Authorization & Release is not posted after 24 hours (that is, by the same time on the next business day), please send a query email to ccvs@armedmedicalboard.org to check the status. Please wait for a response before re-sending your documents.

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

We do appreciate your cooperation, patience and understanding!

CCVS Organization-Specific AUTHORIZATION AND RELEASE FORM

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

The CCVS will post complete and valid A&R forms within 24 hours--that is, by the same time on the next business day. If you need an A&R entered because you have to place your order that day, notify the CCVS and they will work with you. While we always strive to enter them sooner, sometimes it is not possible to do so during high volume periods. **If your A&R is no longer showing in your list, check the signature date. If it expires in 30 days, the system has purged it because an order cannot be worked and released before it expires.**

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

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

If your A&R meets all of the above guidelines but still hasn't been posted by the same time on the next business day, please send an EMAIL after 24 hours to CCVS@armedicalboard.org requesting the status of the A&R you sent. Please include the physician's name, license number, and the date and time you faxed or emailed it.

Fax A&Rs to: (501) 296-1806
E-mail A&Rs to: (as PDF attachment ONLY) support@armedicalboard.org
E-mail Questions to: qi@armedicalboard.org

Print the form located on the CCVS website at www.arccvs.org to be sure you have the most current form. **ALWAYS** use the form on the website.

CCVS Organization-Specific AUTHORIZATION AND RELEASE

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

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

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

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

Typed or Printed Name of Physician: _____

Licensure Number: _____

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

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

***In no event shall the practitioner or healthcare organization utilizing the electronic signature hold the employees of the Arkansas State Medical Board and CCVS responsible or liable, either personally or in their official capacity, directly or indirectly, for any damage or loss caused or alleged to be caused by or in connection with the use of or reliance on the practitioner's electronic signature in providing the credentialing information requested to the credentialing organization identified on this document. This statement will serve as an attestation that the practitioner's electronic signature affixed to this Organization Authorization and Release is true and correct and represents the practitioner's true signature.*

Questions & Answers About...

CCVS Attestations

What is a CCVS Attestation? The Attestation is a one-page document with multiple questions to which the practitioner must respond “Yes” or “No” as well as sign and date. To attest in this instance means to declare to be correct, true, or genuine:

Do organizations have to provide a current attestation before they can place an order? A current Attestation (within 120 days) is required prior to placing an order for any practitioner but if one is already on file, it isn’t necessary to obtain another one. When an organization wants to place an order, their account administrator can determine what is needed to meet the ordering compliancy by checking that physician in their available to order list online.

Why does the CCVS have to have a current Attestation in order to release my file? To meet certification requirements and the Board’s policies and procedures, the CCVS must have a current Attestation before and order can be placed or before an order can be released to a credentialing organization.

Why does the CCVS need a new Attestation every 120 days? An attestation is needed to meet certification requirements and a survey of our customer organizations revealed that our customers still wanted to be able to obtain Attestation updates every 120 days.

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

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

Why can’t we access the physician’s explanations for “Yes” answers on the Attestation? These explanations become part of the physician’s licensure file and are not maintained by the CCVS. Explanations will sometimes include confidential malpractice claims information or patient names and can sometimes be several pages long. The ASMB/CCVS does not want staff determining what information can be entered in the limited space fields. Organizations will need to obtain this information directly from the physician.

How do we know which is the most current attestation form to utilize? The most current form is always posted to the CCVS website at www.arccvs.org in the Forms & Publications and it is also available online for practitioners to complete online on the ASMB website at www.armedicalboard.org.



ARKANSAS STATE MEDICAL BOARD

Centralized Credentials Verification Service

1401 West Capitol, Suite 340 • Little Rock, AR 72201 • (501) 296-1802 • Fax (501) 296-1806

CCVSMonitor@armedicalboard.org • www.armedicalboard.org

CCVS ATTESTATION & RENEWAL FORM

DO NOT ALTER THE QUESTIONS ON THIS ATTESTATION FORM!!!

1. Do you currently maintain individual or group malpractice insurance coverage? Yes No

If NO, list reason: _____

Policy Number(s): _____ Coverage Amounts: _____

Expiration Date: _____ Insurance Carrier Name(s): _____

If Group Policy, list Group Name: _____

2. Will you be providing telemedicine services from another state (an act that is part of patient care through electronic means)? Yes No

3. Since your last attestation, has your primary practice location changed? Yes No

If YES, list the following: Current location: _____

Position/Title: _____ Specialty: _____ Effective Date: _____

4. Since your last attestation, have your privileges or medical staff membership at any hospital or other healthcare organization been denied, suspended, diminished, voluntarily or involuntarily relinquished, revoked or not renewed, or is any such action pending? If YES, briefly explain on an attached page. Yes No

5. Since your last attestation, have you been charged or convicted of (including a plea of guilty or nolo contendere) a felony? Yes No
(NOTE: Applicants must answer affirmatively if records, charges, or convictions have been pardoned, expunged, plead down, released or sealed.) If YES, briefly explain on an attached page.

6. Since your last attestation, has your license or certificate to practice medicine or Drug Enforcement Administration registration in any jurisdiction (state or country) been challenged, denied, reduced, limited, suspended, revoked, placed on probation, not renewed, voluntarily or involuntarily relinquished, reprimanded, received a written warning, or otherwise sanctioned, or is any such action pending? If YES, briefly explain on an attached page. Yes No

7. Since your last attestation, have you been or are you presently being treated for alcoholism or substance abuse due to an Order of the Arkansas State Medical Board or an Order of the medical licensing authority of any other state? Yes No
If YES, briefly explain on an attached page.

8. Since your last attestation, have you been advised or required by the Arkansas State Medical Board or any other licensing board to seek treatment for a physical or mental health condition? If YES, briefly explain on an attached page. Yes No

9. Since your last attestation, do you currently, or have you had since your last renewal, any physical or mental health condition, including alcohol or drug dependency, which, with or without accommodation, affects or is reasonably likely to affect your ability to practice medicine or to perform professional or medical staff duties appropriately? Yes No
If YES, briefly explain on an attached page.

10. Since your last attestation, are you presently involved in the use of any illegal substance? Yes No
If YES, briefly explain on an attached page.

11. Since your last attestation, have any malpractice claims or professional liability lawsuits been filed against you, or have you received notification of a suit alleging you have committed medical malpractice? Yes No
If YES, briefly explain on an attached page.

Claim Date: _____ **Claimant's Initials:** _____ (ASMB requirement per Medical Practices Act 17-95-103)

12. Since your last attestation, have any malpractice judgments been entered against you, or settlements been agreed to, in professional liability lawsuits or malpractice claims? If YES, briefly explain on an attached page. Yes No

Claim Date: _____ **Claimant's Initials:** _____ (ASMB requirement per Medical Practices Act 17-95-103)

I affirm and attest that I am the license holder and all information contained in the original application or most recent update is true, correct, current, and complete in all respects to the best of my ability. I accept the responsibility to keep the Arkansas State Medical Board advised of any change or appropriate addition to any information contained in this form between now and the time such information is updated by subsequent renewals or updates.

Licensee's Signature (Required) (no rubber stamps)

Date Signed (Month/Day/Year – Required)

Licensee's Printed/Typed Name (Required)

Arkansas Medical License Number (Required)

CCVS Profile Content

Info provided on the CCVS INITIAL Credentialing Report*...	Info NOT Provided by the CCVS...
<ul style="list-style-type: none"> • Education, from medical school to current • ECFMG Exam Information, if applicable • Medical licensure, current and previous • Specialties and Board Certifications, including ABMS, non-ABMS, and self-designated specialties • Professional History, current and previous, employment staff and faculty appointments • Other activities, including time gap information and miscellaneous activities since completion of medical school • Military service information, if applicable and after medical school • Dispensing Physicians • Physician's Health Committee, if applicable • Current malpractice insurance policy information • Medicare & Medicaid sanctions, as reported by FSMB or NPDB • FSMB search verification • AMA/AOA profile verification at initial licensure • Criminal law convictions, only if disclosed by the physician on Attestation or at initial licensure (results of the Board's criminal background search are NOT provided unless the Board takes action as a result; organizations must perform their own criminal background search) • CME units, as noted on Attestations • Federal and State DEA information • UPIN, NPI, Medicare & Medicaid numbers, only as provided by the physician • Rehab / Health Conditions (physical conditions, drug/alcohol/chemical) • Board minutes excerpts • Physician identifiers (Last four digits of SSN, DOB, gender, mailing address, phone and fax numbers) 	<ul style="list-style-type: none"> • Call coverage information • Office/practice info, such as corporate name, Federal Tax ID number, copies of SS4 or W-9 forms, office manager info, billing address, languages spoken • National Provider Identifier (NPI) number or taxonomy code # • Details on physical conditions reported as "contact physician" on CCVS profile. It is up to the physician to provide any additional details.. • MALPRACTICE CLAIMS HISTORY: the Board cannot provide this information by law to the CCVS organizations. The organization must obtain it from the physician, the insurer, the physician's attorney, or the County Clerk's office where the claim was filed. • Peer Review or Reference letter information. • Results of the Board's criminal background check (FBI and State) are NOT provided except as referenced in the brief Board minutes excerpts. A notation will be provided to the CCVS customer that there is criminal activity but "contact physician" will be entered, and the organization must obtain their own criminal background check or must query the physician for a brief statement. • Competency Assessments: the organization must follow their own internal processes or bylaws for determining if a physician is competent to perform the procedures requested at privileging. • NPDB searches: the CCVS omits this information from the profile so that organizations may perform their own NPDB searches without duplicating the efforts of the CCVS. <p>NOTE: THE ASMB/CCVS CUSTOMER SERVICE DEPARTMENT WILL REVIEW YOUR APPLICATIONS IN ORDER TO ASSIST YOU WITH COMPLIANCE. EMAIL AS .PDF ATTACHMENT TO QI@ARMEDICALBOARD.ORG AND ALLOW 2-3 DAYS DEPENDING ON VOLUME FOR COMPLETION AND A RESPONSE.</p>

* **Recredentialing profiles** include the same information as Initial profiles, but are limited to activity during the most recent two years. Recredentialing profiles may be used for physicians who are applying for reappointment for medical staff membership and/or privileges when the organization has already obtained the INITIAL credentialing profile.



Physician Identifiers

ORGANIZATIONS MAY REQUEST THE FOLLOWING DUPLICATE INFORMATION
FROM PHYSICIANS TO UTILIZE AS PHYSICIAN IDENTIFIERS
FOR CREDENTIALING PURPOSES.

INITIAL CREDENTIALING

<ul style="list-style-type: none">• Full Legal Name (including suffixes) and type of Degree	<ul style="list-style-type: none">• Social Security Number
<ul style="list-style-type: none">• Gender (Male/Female)	<ul style="list-style-type: none">• Date of Birth (Month, Day, Year)
<ul style="list-style-type: none">• Physical Location/Mailing Address (Street, PO Box, Suite Number, City, State, Zip Code)	<ul style="list-style-type: none">• Phone Number (Area Code, Number)
<ul style="list-style-type: none">• Name of Medical School	<ul style="list-style-type: none">• Location of Medical School (City State/Country, Zip Code)
<ul style="list-style-type: none">• Date of Graduation (Month, Day, Year)	<ul style="list-style-type: none">• DEA Number (no certificate copies!)
<ul style="list-style-type: none">• Universal Physician Identifications Number (UPIN)	<ul style="list-style-type: none">• Taxonomy Codes
<ul style="list-style-type: none">• National Physician Identifier (NPI)	<ul style="list-style-type: none">• Medicare/Medicaid Numbers

RECREDENTIALING / REAPPOINTMENT CREDENTIALING

<ul style="list-style-type: none">• Full Legal Name (including suffixes) and type of Degree	<ul style="list-style-type: none">• Physical Location/Mailing Address (Street, PO Box, Suite Number, City, State, Zip Code)
<ul style="list-style-type: none">• Date of Birth (Month, Day, Year)	<ul style="list-style-type: none">• Taxonomy Codes



Fees & Turnaround Times (TAT)

All Turn-Around-Times (TATs) are in **BUSINESS DAYS**. Exclude weekends and holidays when counting. Count begins the next **BUSINESS** day after the order is placed, regardless of the time it was placed. Please plan on the credentialing profile taking the posted amount of time. Files placed on the same day may not necessarily be released at the same time. It is entirely possible the files may be released sooner than the posted TAT due to orders placed previously by different organizations. Some verification are easier to obtain than others, which helps reduce TAT. The CCVS goal is to get the completed file to clients asap. Because of this, an organization may place the same type of order on the same day but receive some orders sooner than others.

<u>Type of Order</u>	<u>TAT</u>	<u>Fee</u>
Initial Credentialing Files (Education, ECFMG if applicable, Licensure History, Work History, Other Activities or Miscellaneous Information, Regulation Exemptions, Specialties, Dispensing Physicians, Malpractice Liability Insurance Coverage, Physicians Health Committee, Medicare & Medicaid Sanctions, AMA/AOA Profile Verification, Criminal Felony Convictions, Federal & State DEA/CDS, Special Physical Conditions)	15 days	\$80
Telemedicine Credentialing Files (same content as Initial Credentialing Files)	15 days	\$80
In-Cycle Recredentialing Files (Credentialing information from the last two years, ordered according to the CCVS birth month renewal cycle; not available on Telemedicine physicians). TAT is usually 3-5 business days.	30 days	\$60
Out-of-Cycle Recredentialing Files (Credentialing information from the last two years, not ordered according to the CCVS birth month renewal cycle; not available on Telemedicine physicians).	30 days	\$80
Expedited Files (Files ordered Rush/Expedited; not available on Telemedicine physicians)	5 days	\$250

Notes:

Overdue files. The CCVS staff may encounter verification delays beyond their control, which may prevent them from completing the file within that scheduled time frame. To meet statutory guidelines, the CCVS must refund the fee if the profile cannot be delivered within the stated TAT. The ordering organization will be informed via email of the nature of the delay and when to reorder.

Order status checks. The CCVS will not remove a file from working status to provide interim updates. PLEASE DO NOT ASK!



Birth Month Renewal Cycle

IF PHYSICIAN'S BIRTH MONTH IS	OUT-OF-CYCLE (\$80) IF ORDER IS PLACED THIS MONTH	IN-CYCLE (\$60) IF ORDER IS PLACED WITHIN THIS MONTH <u>ONLY</u>	OUT-OF-CYCLE (\$80) IF ORDER IS PLACED ANY OTHER MONTH
January	February	March	April to February
February	March	April	May to March
March	April	May	June to April
April	May	June	July to May
May	June	July	August to June
June	July	August	September to July
July	August	September	October to August
August	September	October	November to September
September	October	November	December to October
October	November	December	January to November
November	December	January	February to December
December	January	February	March to January

The in-cycle reduction in cost and turnaround time (TAT) is due to the license renewal cycle, which is based on the physician's birth month. Since physicians must list changes in their education history, work history, and license history when they renew, it is easy to see why this time frame would be the best to update the physicians' files. The statute allows the C CVS to turn Recredentialing/Reappointment files around to the customer within 30 business days but in-cycle orders may take as little as 3-5 days (or less) and the fee is discounted to \$60 per profile. Volume or delays in obtaining verifications may impact this TAT, especially with locum tenens physicians.

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



Telemedicine Physicians: It's a whole new world...

What is a telemedicine physician? The Arkansas Statute defines a telemedicine physician as one "who is physically located outside this state but who, through the use of any medium, including an electronic medium, performs an act that is part of a patient care service initiated in this state, including the performance or interpretation of an X-ray examination or the preparation or interpretation of pathological material that would affect the diagnosis or treatment of the patient." Utilization of telemedicine physicians gives small, rural hospitals the ability to keep patients close to home instead of transporting them to larger, faraway hospitals.

What if the physician is working on-site for our facility? Even if the physician will be working on-site at *your* facility (in a locum tenens capacity, for example), he/she is classified as a telemedicine physician if (a) his/her primary residence address is not in Arkansas, and (b) he/she is providing telemedicine services to other organizations.

What if my facility categorizes our telemed physicians as Non-Staff? Since telemedicine physicians do not admit patients or provide direct patient care, they could be categorized as "Non-Staff" physicians, also known as "Outpatient", or "Referring" physicians. Most hospitals do not credential their non-staff physicians since they are not appointed to the medical staff. If you have such a category in your bylaws, and your bylaws state that these non-staff physicians are not credentialed or appointed to the Medical Staff, it is not necessary to obtain a CCVS credentialing profile. If your bylaws do not include a provision for Non-Staff physicians, we encourage you to speak with your Bylaws Committee and ask to recommend a change in the bylaws to allow this. We do know of some hospitals that assign telemedicine physicians to "Non-Staff" status based on (a) a current NPDB report; (b) a current AMA or AOA profile; (c) verification of licensure; and (d) acceptance of the telemedicine contract firm's credentialing*.

* If your facility is Joint Commission-accredited, you may accept the credentialing of the contract firm, so long as they are also Joint Commission-accredited. You must understand, however, that if you are credentialing physicians for appointment to your medical staff, you must still obtain a credentialing profile from the CCVS unless these physicians are NON-STAFF, even if you are accepting the contract firm's credentialing.

What work history is listed on a telemedicine profile?

Effective March 1, 2017. The ASMB voted at the February 2016 meeting on several changes and one of them was to cease attempts to obtain individual verifications for work history on telemedicine or locum tenens/contract physicians and to utilize the contract company rosters. This was in response to requests from the Legislative Branch and other organizations in the State to reduce the time it takes for physicians to obtain licenses and work in Arkansas. The ASMB/CCVS staff will continue to obtain verifications in situations where there has been a disciplinary or derogatory issue and for privileges in Arkansas and the physicians' "home" states.

What is considered the physician's home state?

This would be the state of the private address CCVS has on file for that particular physician.

Can the CCVS customer obtain individual verifications on a telemedicine physician?

CCVS customers will be allowed to obtain individual verifications on telemed, locum/contract physicians only if more information is needed by their organization. This does not include any Arkansas privileges or privileges in the physicians' home states. This information should be included on the CCVS profile. Verifications for work history in Arkansas and in the physicians' home states will still be obtained and entered individually. This new policy is only applicable to telemeds, contract and locum physicians

ORDERING TELEMEDICINE PHYSICIAN PROFILES

If you cannot assign your telemedicine physicians Non-Staff status, you will need to order a telemedicine profile, even if you are accepting the credentialing of the Joint Commission-accredited contract organization

The CCVS profile fee was decreased from \$275 to \$80 in 2020 due to ACT 921 of 2019.

In-cycle recredentialing, Out-of-cycle recredentialing and Expedited orders are not available at this time for telemedicine physicians. Organizations will be quickly notified of any change in this process.

Customers are only able to order Initial profiles for telemedicine physicians, even if they are purchasing the profile for recredentialing purposes.

1. Customers are no longer able to order telemedicine profiles unless the CCVS has all of the following documents on file so the verification process can begin:
 - Organization Authorization & Release dated within the last two years;
 - Board Authorization & Release dated within the last two years;
 - Board Attestation dated within the last 120 days;
 - A complete listing of all current and previous state licenses and hospital affiliations, dated within the last 120 days.

If you have submitted your organization's A&R, and the physician's name does not appear in your available list (or is greyed out) by the same time on the next business day, please email us at CCVS@armedicaboard.org and ask which items are missing. This prompts us to obtain any missing items so that you can place your order. It is best to check your list of available physicians periodically to see if the one you are waiting for appears. The Customer Service staff will notify you if you have e-mailed the CCVS, as they are required by policy to follow-up on CS e-mails for tracking purposes.

TELEMEDICINE CANCELLATIONS

Because our stated turnaround time on telemedicine profiles is 15 business days, and because the state mandate requires us to refund your payment if we are unable to complete the file within the turnaround time, it is not uncommon for CCVS to have to cancel telemedicine orders because they are not completed by the scheduled due date. When this happens, please understand that our staff continues to work the file towards completion. If your order is canceled, you may reorder at your convenience. CCVS cancellation of a telemedicine order does not authorize you to collect your own verifications or perform any credentialing processes that would result in duplication of the data collected by the CCVS.



TELEMEDICINE & LOCUM **TENENS/CONTRACT PHYSICIANS**

- Effective March 1, 2017. The ASMB voted at the February 2016 meeting on several changes and one of them was to cease attempts to obtain individual verifications for work history on telemedicine or locum tenens/contract physicians and to utilize the contract company rosters. This was in response to requests from the Legislative Branch and other organizations in the State to reduce the time it takes for physicians to obtain licenses and work in Arkansas. The ASMB/CCVS staff will continue to obtain verifications in situations where there has been a disciplinary or derogatory issue and for privileges in Arkansas and the physicians' "home" states.
- CCVS customers will notice a reduction in the size of these profiles as the work history entries change from individual to contract rosters. The ASMB/CCVS will enter the verification source as, "Contract Company roster
- CCVS customers will be allowed to obtain individual verifications on telemed, locum/contract physicians only if more information is needed by their organization. This does not include any Arkansas privileges or privileges in the physicians' home states. This information should be included on the CCVS profile. Verifications for work history in Arkansas and in the physicians' home states will still be obtained and entered individually. This new policy is only applicable to telemeds, contract and locum physicians

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

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

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

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

1. Rosters can be submitted when they are updated but must be submitted a **minimum of every 120 days**.
2. Interim information on changes, new staff, and terminations may be provided between rosters. This can be in the form of an email or on the organization's letterhead and sent as a .PDF attachment to CCVSdocuments@armedicalboard.org
3. Disciplinary actions should be reported to the Arkansas State Medical Board's Regulatory office as soon as possible. These must be on the organization's letterhead and addressed to the Arkansas State Medical Board, ATTN: Executive Director or Chairman. They can be faxed to the Regulatory office at 501-296-1805 or emailed as a .PDF email attachment to the support@armedicalboard.org email address with ATTN: Regulatory in the subject line. (Medical Practices Act, 17-95-104)
4. Rosters can be one or multiple pages and can be landscape oriented but must be legible with the physician names in alpha order. Please do not submit them in alphabet order by department or include reappointment dates until they reflect a break in privileges. Use this format for example:

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

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

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

Name of Organization
Address
Phone Number
Submission Date
(Can be at end of roster with signature)

PHYSICIAN NAME (Last, First, Middle)	LICENSE NUMBER	SPECIALTY(S) (Do not just put department)	END DATE
Abercro, Wooksim, MD	ABC-1234	Medicine/Nephrology	4/1/17
Basilica, Remon P., MD	DPQ-4567	Surgery/Oncology	4/1/17
Starman, Shiny, III, MD	XPQ-7011	Radiology	4/12/17
Ozo, Patric Myles, MD	QXT1012	Psychiatry	4/23/17

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

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

ADDITIONAL INFORMATION

1. Alternate Termination list process: You can also add another column that states Good Standing and mark Yes next to each but the one above uses a standard statement and might be faster than entering a response for each name.
2. For those that are Unknown or not in Good Standing, submit separately in letter format to the Arkansas State Medical Board, ATTN: Executive Director or Chairman and fax to Regulatory at 501-296-1805 or email as a .PDF to support@armedicalboard.org with ATTN: Regulatory in the subject line.

***NOTE: All privilege changes should be reported.** Rosters can be utilized for non-disciplinary reporting of Temporary or Provisional to Active, Active to Consulting, etc. *Physicians that end their privileges in good standing for business decisions still have to be reported*

FAX Rosters to:

(501) 296-1806

E-mail Rosters to:

CCVSdocuments@armedicalboard.org (MUST be .PDF attachments only)

E-mail Roster Questions to:

ccvs@armedicalboard.org



CCVS Order Cancellations

It is the customer organization's responsibility to check their pending order lists for duplications or profiles that were ordered in error. The ASMB/CCVS staff cannot change an existing order or place an order. Cancellations must have supporting documentation even if the CCVS cancels an order for some reason.

Requests for cancellation of orders may be made by customers utilizing the required cancellation process as listed below:

1. **The customer must request via EMAIL to the CCVS as quickly as possible at ccvs@armedicalboard.org. No phone requests for cancellation will be accepted.**
2. **The physician's full name must be included**
3. **Reason for the cancellation must be provided (ordered in error, need to Expedite, etc.);**

WHEN AN ORDER CANNOT BE CANCELLED.

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

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

ASMB/CCVS ORDER CANCELLATIONS

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

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

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

CHANGING AN EXISTING ORDER TO AN EXPEDITED ORDER

- The ASMB recognizes that medical staff emergencies do occur and have created an order type that allows organizations to retrieve a CCVS profile within 5 Business days or less.
- The order may be released the same day if all verifications are updated due to a previous release.
- If an organization has a patient care or patient coverage issue due to being short-handed due to last minute practitioner health issues, the following process should be requested:
 - Customers may change existing orders to another order type by sending in an email request to CCVS@armedicalboard.org and requesting a cancellation of the existing order and providing the following information:
 - Provider's full name and license number;
 - Brief statement regarding why the customer wishes to cancel (reorder as Expedite, Initial, no longer need the profile, provider retired, etc.)
- Once the customer receives the email cancellation confirmation, they must immediately place the Expedite order on that physician so the staff can move it ahead and complete the Expedite as soon as possible.
- All Expedited orders are needed urgently so new Expedite orders go to the bottom of the Expedite list, if there are any others. However, consideration will be made based on the reason for the emergency. There is no turn-around-time guarantee of less than 5 Business days but if verifications are obtained within less time, the order will be released as soon as possible. The staff cannot promise when the Expedite will be released until the file is completed but will get it out at the earliest convenience and depending on the file difficulty. The Expedite turn-around-time averages 1-3 days.

CHANGE OF ADMINISTRATOR REQUEST

Submit a Change of Administrator Request as instructed below. Upon approval, the new Account Administrator will receive notification of the change via email. New Login Credentials will be provided at that time.

If you have any questions, please email QI@armedicalboard.org or call 501-296-1802 and ask for QI.

1. It MUST be printed on the Organization's Letterhead.
2. Use the format of the template below.
3. It MUST be signed by either the current Account Administrator, CEO, COO or CFO for the organization.
4. The [Organization Name] on the letter MUST MATCH the name of the C CVS Account, AND the Organization Specific Authorization and Release for that account.
5. Attach the request as a PDF document and email it to QI@armedicalboard.org.

[Requestor's Name]

[Organization Name]

[Organization's Current Address]

[City], [ST] [Zip]

Re: Change of Account Administrator

Attn: QI

Please change the Account Administrator for [Organization Name & ID#] from [Current Admin] to [New Admin]. The updated contact information is:

Name: [New Admin]

Phone: [501-555-5555] E- Ext. [555]

Mail: [New Admin Email]

If you have any questions, please contact me at [501-555-5555].

Thank you,

[Requestor's Signature]

[Requestor's Name], [Title]

[Organization Name] Phone:

[501-555-5555] E-Mail: Ext. [555]

[Requestor's Email]

The new Account Administrator will be notified via email usually on the same day the request was submitted to the ASMB. An access code will also be provided to the new Account Administrator.

If you have any further questions about this process, please email qi@armedicalboard.org or call 501-296-1802.

Organization Name Change

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

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

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

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

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

- ✓ A letter on the new company letterhead addressed to the Arkansas State Medical Board, Attention QI. The letter must:
 - Be signed by the Administrator or Chief Executive Officer of the organization;
 - State the organization's name has been changed from [old name] to [new name];
 - State the new account name exactly as it is to be listed on the account, whether using a dba (doing business as) or network affiliation name
 - A listing of all facilities/hospitals/clinics under this name change that will be impacted by this change.

--OR--

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

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

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

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

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

AUTHORIZATION & RELEASE FORMS

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

- ✓ You create a master copy of the A&R with your new CCVS account name pre-populated in the blank. If your account name is too long to fit in the space provided on our form, you may re-type the A&R yourself, or request an A&R form with your new CCVS account name, email the QI department (qi@armedicalboard.org).
- ✓ If you need to order a profile immediately before the account is set up, have the physician sign an A&R with the old account name so that you don't have to wait for the new account to be created. You'll have to have the physician sign one for the new account once sign up is completed.
- ✓ If you are mailing out an appointment or reappointment packet, include an A&R with the new account name, in case the physician does not return it before the old account is deactivated

FFYI :

CAQH

What is it, and do you have to use it?

DID YOU KNOW? CAQH IS NOT AFFILIATED WITH THE CCVS OR THE ARKANSAS STATE MEDICAL BOARD

DID YOU KNOW? CAQH DOES NOT CREDENTIAL PHYSICIANS

What they say:

CAQH (Coalition for Affordable Quality Healthcare) advertises itself as a not-for-profit alliance between health plans to provide physicians with a statewide application service in order to “facilitate their credentialing for healthcare entities.” Providers who use this service may update their info online or via fax. According to their website, the info provided by physicians is sent populated into a generic application and then delivered to insurance networks that have signed up to utilize their service for the purpose of credentialing the physician. The organizations that utilize this service are usually listed.

Although their website states that it is voluntary for physicians to participate, many physicians state that they have received letters from insurance networks stating they must complete the CAQH application in order to stay in the network.

What we say:

Completing the generic application is not a violation of the CCVS mandate, since this is an application service and is voluntary. If an insurance network tells the physician that he/she must complete the CAQH application, the physician may complete the application in full if they choose, OR he/she can complete only those sections that are not duplicated by the CCVS (this is the same process they would use for any network application or medical staff application). In the duplicated sections they may enter a note, “Must obtain from the state-mandated CCVS. Contact (501) 296-1951 for further information.”

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

For further information regarding CAQH:

Web: www.caqh.org

E-mail: info@caqh.org

Phone: (202) 861-1492

GLOSSARY OF TERMS

A&R - See *Authorization and Release*

ACCOUNTABILITY (data quality principle) - Performance measurement systems will be held accountable by the JCAHO and NCQA for the quality of data that are received from participating health care organizations and transmitted to the JCAHO and NCQA on behalf of enrolled health care organizations.

ACCREDITATION - A determination by an accrediting body that an eligible health care organization complies with applicable (JCAHO) standards.

ACCREDITING ORGANIZATION - an organization that awards accreditation to hospitals, managed care organizations, or other health care organizations.

ACTIVE - In licensing, denotes that license is current and valid.

ACTIVE STAFF - In professional history, denotes that physician is an active member of the medical staff.

ADMITTING PRIVILEGES - Authority issued to admit individuals to a health care organization. Individuals with admitting privileges may practice only within the scope of the clinical privileges granted by the organization's governing body.

AGGREGATE DATA - Measurement data collected and reported by organizations, departments as a sum or total over a specified time interval (weekly, monthly, quarterly, annually), or for certain groupings or subjects and utilized to determine the performance of that organization or department.

AMA/AOA - When entered in the Verification field of the physician profile, it means the verification was obtained and verified from the American Medical Association or the American Osteopathic Association.

APPEARANCE (BOARD) - The physician is requested to appear before the Board for the purpose of providing the Board with information about specific issue(s), which may include but are not limited to: request a license; inconsistency on license application; request waiver of a specific verification element;

malpractice issues; complaint; physician health committee issue; clarification; expert testimony; determining whether there has been a violation of the Medical Practices Act.

APPOINTMENT - To bestow or present an individual with specified and delineated privileges, permissions or authorities at a particular organization.

ASSESSMENT - The systematic collection and review of specific data for the purposes of performance improvement.

ATTESTATION FORM - A form, which the practitioner must sign every 120 days to attest, certify or agree to the correctness and completeness of the answers provided on the signed document.

ATTRIBUTE - A quality or characteristic attributed to someone or something (example, length is a measurable attribute of a ruler and efficiency and/or effectiveness is a measurable attribute of a health care practitioner).

AUDIT (of data quality) - Regular focused inspections by the measurement system of a sample of records, files or processes to ensure the accuracy and completeness of measurement data on performance.

AUTHORIZATION AND RELEASE (A&R) - A document signed and dated by the physician that permits the retrieval by a specified entity and release of information to a specified entity. A form which the physician must sign providing authorization or permission to any receiving entity to release or provide specific credentialing information to the specific organization listed on the A&R form or document or its designated attachments.

AUTOMATED DATABASE - A computerized system that processes data electronically and provides for data storage and access through electronic interface.

AVAILABILITY (of physician credentialing files) - The degree to which credentialing files are considered ready for provision to the

customer within that particular customer's communicated needs.

BACKLOG - Internal term used to describe the accumulation of credentialing orders that were not released within the internal targeted turn-around-time goal of the CCVS.

BOARD - Arkansas State Medical Board, an oversight board whose members are elected or appointed to oversee specific functions of this organization.

BOARD CERTIFICATION - Certification from a specialty board (such as the American Board of Internal Medicine) which verifies that a physician is certified to practice in the field they have chosen.

BYLAWS - A governance framework that establishes the roles and responsibilities of a body and its members.

CERTIFICATION - A determination by an accrediting body that an eligible organization complies with applicable standards.

CERTIFACTS - The online (Internet) subscription service for verifying physician board certification through the American Board of Medical Specialties.

CERTIFICATE COPY - When entered in the Verification Source field of the physician profile, it means a copy of the certificate of insurance was obtained for verification.

CLINICAL PRIVILEGES - Authorization granted by the appropriate authority (for example, a governing body) to a practitioner to provide specific care services in an organization within well-defined limits, based on the following factors, as applicable: license, education, training, experience, competence, health status, and judgment.

COMPETENCE OR COMPETENCY - A determination of an individual's capability to perform up to defined expectations.

COMPLIANCE - To act in accordance with stated requirements, such as standards or statutes. Levels of compliance might include noncompliance, minimal compliance, partial compliance, significant

compliance, and substantial compliance.

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

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

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

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

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

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

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

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

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

DOB - Date of birth

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

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

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

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

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

FEDERATION OF STATE MEDICAL BOARDS (FSMB) - The organization comprised of state medical boards from the United States and various territories. Also known as the Federation, it compiles information from these boards of any board actions of physicians practicing

in the US and releases it to other member boards for a fee.

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

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

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

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

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

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

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

INITIAL RELEASE (Initial Profile, Initial Credentialing Report) - A complete release of CCVS

credentialing information to a client. This release will provide the client with all information regarding a doctor's credentials (education, training and experience) since the beginning of medical school, along with verification of this information.

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

INTERNSHIP - A post-graduate training course, taken at a medical school or hospital.

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

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

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

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

NATIONAL PROVIDER IDENTIFIER - A new identifier for use in the standard electronic health care transactions initiated by the Centers for Medicare/Medicaid Services. A single provider identifier, replacing the different provider identifiers currently used for each health plan. It implements a

requirement of the Health Insurance portability and Accountability Act of 1996 (HIPAA). Additional information may be obtained from the web address <https://nppes.cms.hhs.gov> or 1-800-465-3203.

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

ORIGINAL ISSUE DATE - Original date license was granted.

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

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

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

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

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

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

RECIPROCITY - A recognition between two medical licensing authorities of the validity of licenses or privileges granted by the other.

One licensing authority will primary source verify critical credentialing elements and the other licensing authority will acknowledge this effort and license the physician based on the knowledge that the previous license authority already verified the required credentialing elements.

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

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

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

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

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

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

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

SSN - Social Security Number

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

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

STANDARD - A statement that defines the performance expectations, structures, or processes that must be substantially in place in an

organization to enhance the quality of care.

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

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

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

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

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

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

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

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

TRANSITIONAL (or ROTATING) –

The year immediately following completion of medical school.

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

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

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

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

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

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

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

destroyed; records from a foreign country cannot be located due to a particular political situation.