



# **NATIONAL PRACTITIONER DATA BANK - HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (NPDB-HIPDB)**

## **Report Forwarding Webinar January 17 & 19, 2012**

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**U.S. Department of Health and Human  
Services**

**Health Resources and Services  
Administration**

**Bureau of Health Professions  
Division of Practitioner Data Banks**

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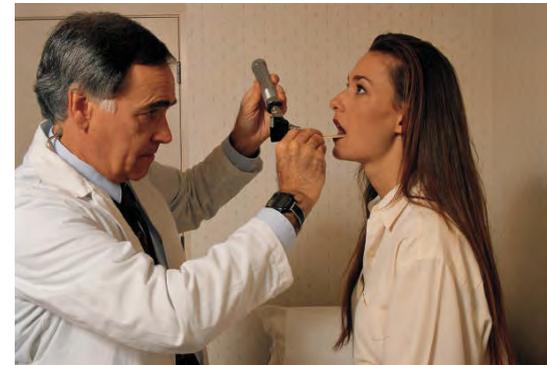
# Presentation Overview



- Bureau of Health Professions
- National Practitioner Data Bank
- Report Forwarding
- Reporter Sends Report to State Board
- Board Receives Report
- Reporter Gets Confirmation
- Questions

## BHPr Mission

**BHPr exists to increase the population's access to health care by providing national leadership in the development, distribution, and retention of a diverse, culturally competent health workforce that can adapt to the population's changing health care needs and provide the highest quality of care for all**



## DBDB Mission

DPDB, part of the Bureau of Health Professions, is committed to the development and operation of cost-effective and efficient systems that offer accurate, reliable, and timely information on practitioners, providers, and suppliers to credentialing, privileging, and government authorities

*the* **DataBank**  
NATIONAL PRACTITIONER  
HEALTHCARE INTEGRITY & PROTECTION





# NPDB



- Established through Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (HCQIA), as amended
- Part A – Promoting Professional Reviews
  - Immunity provisions
  - Case law, not Federal regulations
- Part B – Reporting Information
  - Established NPDB



**HCQIA was adopted to restrict the ability of incompetent physicians, dentists, and other health care practitioners to move from State to State without disclosing previous medical malpractice payment and adverse action history.**



- Reporters of Medical Malpractice Payments, Clinical Privilege, and Professional Society actions must send a copy of their reports to appropriate State Licensing Boards
- Currently, the Data Bank tells reporters to mail a copy of their Report Verification Documents (RVDs) to the appropriate boards
- Electronic report forwarding changes the system



## TEMPORARY RECORD OF SUBMISSION MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 7910000068715624

Subject Name: **DOE, JOHN**

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This information you entered has been transmitted to the NPDB and/or the HIPDB for processing based on the action reported or querying authority of your entity as specified when registering with the Data Bank(s). You have not met your obligation under applicable law until this information is received, processed, and accepted by the Data Bank(s) and an official response is returned. Your official response may be retrieved (i.e., downloaded) from <http://www.npdb-hipdb.hrsa.gov> approximately two to four hours after submission (some transactions may take longer).

When the official response is retrieved, please destroy this Temporary Record of Submission and replace it with the official response.

### **NOTICE: YOU MUST SEND A COPY OF YOUR REPORT TO THE APPROPRIATE STATE LICENSING BOARD**

Federal law (42 USC §11134(b)(1)) requires that you send a copy of your report to the appropriate State licensing board (or boards) in the State in which the medical malpractice claim arose. Mailing a copy of the official response you retrieve (the Report Verification Document, not this Temporary Record of Submission) to the appropriate State licensing board or boards will fulfill this requirement. If the practitioner was not licensed in the State in which the medical malpractice claim arose (which may be the case with payments for federally-employed practitioners) or if the claim arose for care provided at overseas military locations, you must send a copy of the report to the licensing board in at least one State in which the practitioner is licensed.



**The Data Bank will forward reports electronically to the State Board the reporter chooses**

- **How presented board choices are determined**
  - The board licenses the subject's practice type in a State
  - The board opts to use report forwarding
  - The board is active
- **The Data Bank does not assume responsibility for forwarding reports**
  - The reporter must choose the correct board
  - If the board has not opted in, the reporter must send a paper copy
- **Both sides must agree to electronic forwarding**
  - Boards must opt in and declare what practitioner types they license
  - Reporters must choose where to forward each report



## Scenario 1

# State Board Sets Up Report Forwarding



# Report Forwarding Scenario 1



Entity Registration Confirmation - Windows Internet Explorer

**ENTITY REGISTRATION CONFIRMATION** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

**Entity:** VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

Only specific entities authorized by law may request the disclosure of information from (i.e., query) or submit reports to the National Practitioner Data Bank (NPDB) or the Healthcare Integrity and Protection Data Bank (HIPDB). Authorized entities must be registered with the appropriate Data Bank(s) and have received a confidential Data Bank Identification Number (DBID) and password prior to using this querying and reporting service. Any unauthorized individual or organization that attempts to query or file reports with the Data Bank(s) is subject to fine and imprisonment under Federal statute. If you are not authorized by law and registered to query or report to either the NPDB or the HIPDB, **please log off now.** [Help ?](#)

**SECURITY NOTICE:** Please read [this important information](#) regarding your role in protecting critical Data Bank information.

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**Please confirm that the following information is correct:**

VIRGINIA MEDICAL LICENSING BOARD  
4350 FAIR LAKES COURT  
SUITE 100  
FAIRFAX, VA 22033-4435  
Telephone: (703) 227-8297

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**Last successful login date:** JAN 01, 2012 10:19AM

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**The above entity's next registration renewal date is:** FEB 01, 2013

**The above entity's current privileges are:**

Report to the Healthcare Integrity and Protection Data Bank, and  
Report to the National Practitioner Data Bank.

[Continue](#) ←



# Report Forwarding Scenario 1



Options - Windows Internet Explorer

**OPTIONS** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

**Services**

- Query**  
2 unviewed query responses available
- Report**  
3 unviewed report responses available

**Maintenance**

- Administrator Options** ←
- View Data Bank Correspondence
- Update User Account
- View Billing History

**Help ?**

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**Log Out**



# Report Forwarding Scenario 1



Administrator Options - Windows Internet Explorer

**ADMINISTRATOR OPTIONS** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

- Maintain User Accounts
- View Data Bank Correspondence
- Update Registration Profile
- Maintain IQRS Credit Cards
- Maintain Agent Information
- Authorize Electronic Funds Transfer (EFT)

Entity Notification Preferences

State Board Profile

Log Out

All State Board entities will have this new Administrator Option.



# Report Forwarding Scenario 1



State Board Profile - Windows Internet Explorer

**STATE BOARD PROFILE** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

**Entity:** VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

As a state board you can elect to receive electronic copies of reports from organizations required by law to report to you. If you take advantage of this feature, reporters will no longer need to mail you a paper copy of the report. To allow reporters to send you their reports electronically, you must verify the healthcare practitioner titles your board licenses or certifies and elect to receive these reports electronically.

**Healthcare Practitioner Titles Licensed/Certified By Your Board**

All state boards are asked to verify the healthcare practitioner titles they license or certify. Based on your reporting history, the following practitioner titles are licensed or certified by your state board. Please verify these choices are correct. If there are additional healthcare practitioner titles your entity licenses or certifies, please add them by clicking the additional healthcare practitioner titles link.

**Physician**

[Additional Healthcare Practitioner Titles](#)

**Each State Board must make a choice in this section.**

Organizations that submit Medical Malpractice Payment, Clinical Privilege or Professional Society reports are required by law to send a copy of these reports to the appropriate state board. Each state board must decide whether to allow the electronic receipt of these types of reports.

By agreeing to receive these report notices electronically, you understand that your state board has an obligation to confirm that the subject of each notice is (or has been) licensed or certified by your state board. You further understand that reporters will receive an acknowledgment when the notice is viewed by one of your entity's



# Report Forwarding Scenario 1



State Board Profile - Windows Internet Explorer

**STATE BOARD PROFILE** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

**Entity:** VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

As a state board you can elect to receive electronic copies of reports from organizations required by law to report to you. If you take advantage of this feature, reporters will no longer need to mail you a paper copy of the report. To allow reporters to send you their reports electronically, you must verify the healthcare practitioner titles your board licenses or certifies and elect to receive these reports electronically.

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All state boards are asked to verify the healthcare practitioner titles they license or certify. Based on your reporting history, the following practitioner titles are licensed or certified by your state board. Please verify these choices are correct. If there are additional healthcare practitioner titles your entity licenses or certifies, please add them by clicking the additional healthcare practitioner titles link.

- Physician**
  - Physician (MD)
  - Physician Intern/Resident (MD)
  - Osteopathic Physician (DO)
  - Osteopathic Physician Intern/Resident (DO)

[Additional Healthcare Practitioner Titles](#) ←

Organizations that submit Medical Malpractice Payment, Clinical Privilege or Professional Society reports are required by law to send a copy of these reports to the appropriate state board. Each state board must decide whether to allow the electronic receipt of these types of reports.



# Report Forwarding Scenario 1



State Board Profile - Windows Internet Explorer

**STATE BOARD PROFILE** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

**Entity:** VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

As a state board you can elect to receive electronic copies of reports from organizations required by law to report to you. If you take advantage of this feature, reporters will no longer need to mail you a paper copy of the report. To allow reporters to send you their reports electronically, you must verify the healthcare practitioner titles your board licenses or certifies and elect to receive these reports electronically.

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- Physician**
  - Physician (MD)
  - Physician Intern/Resident (MD)
  - Osteopathic Physician (DO)
  - Osteopathic Physician Intern/Resident (DO)

[Additional Healthcare Practitioner Titles](#)

- Nurse - Advanced, Registered, Vocational or Practical**
- Nurse Aide, Home Health Aide And Other Aide**
- Dental Service Practitioner**
- Chiropractor**
- Counselor**
- Dietician/Nutritionist**





# Report Forwarding Scenario 1



State Board Profile - Windows Internet Explorer

[Additional Healthcare Practitioner Titles](#)

- Nurse - Advanced, Registered, Vocational or Practical
- Nurse Aide, Home Health Aide And Other Aide
- Dental Service Practitioner
- Chiropractor
- Counselor
- Dietician/Nutritionist
- Emergency Medical Technician (EMT)
- Eye and Vision Service Practitioner
- Pharmacy Service Practitioner
- Physician Assistant
- Podiatric Service Practitioner
- Psychologist/Psychological Assistant
- Rehabilitative, Respiratory and Restorative Service Practitioner
- Social Worker
- Speech, Language and Hearing Service Practitioner
- Technologist/Technician
- Other Health Care Practitioner
- Health Care Facility Administrator
- Other Occupation

Organizations that submit Medical Malpractice Payment, Clinical Privilege or Professional Society reports are required by law to send a copy of these reports to the appropriate state board. Each state board must decide whether to allow the electronic receipt of these types of reports.

By agreeing to receive these report notices electronically, you understand that your state board has an obligation to confirm that the subject of each notice is (or has been) licensed or certified by your state board. You further understand that reporters will receive an acknowledgment when the notice is viewed by one of your entity's



# Report Forwarding Scenario 1



State Board Profile - Windows Internet Explorer

[Additional Healthcare Practitioner Titles](#)

- Nurse - Advanced, Registered, Vocational or Practical
- Nurse Aide, Home Health Aide And Other Aide
- Dental Service Practitioner
- Chiropractor
- Counselor
- Dietician/Nutritionist
- Emergency Medical Technician (EMT)
- Eye and Vision Service Practitioner
- Pharmacy Service Practitioner
- Physician Assistant**
  - Physician Assistant, Allopathic
  - Physician Assistant, Osteopathic
- Podiatric Service Practitioner
- Psychologist/Psychological Assistant
- Rehabilitative, Respiratory and Restorative Service Practitioner
- Social Worker
- Speech, Language and Hearing Service Practitioner
- Technologist/Technician
- Other Health Care Practitioner
- Health Care Facility Administrator
- Other Occupation

Organizations that submit Medical Malpractice Payment, Clinical Privilege or Professional Society reports are required by law to send a copy of these reports to the appropriate state board. Each state board must decide whether to allow the electronic receipt of these types of reports.

By agreeing to receive these report notices electronically, you understand that your state board has an obligation





# Report Forwarding Scenario 1



State Board Profile - Windows Internet Explorer

Organizations that submit Medical Malpractice Payment, Clinical Privilege or Professional Society reports are required by law to send a copy of these reports to the appropriate state board. Each state board must decide whether to allow the electronic receipt of these types of reports.

By agreeing to receive these report notices electronically, you understand that your state board has an obligation to confirm that the subject of each notice is (or has been) licensed or certified by your state board. You further understand that reporters will receive an acknowledgment when the notice is viewed by one of your entity's users. Also, reporters will be alerted if a notice has not been viewed within 7 days after being delivered.

For further information on how to receive and view electronic notices, see [How do I view electronic report notices?](#)

**Do you agree to receive report notices electronically?**

I agree

I do not agree

**Certification**

I certify that I am authorized by my entity to make choices regarding receiving report notices electronically from organizations required by law to report to my entity.

Authorized Submitter's Name:

Authorized Submitter's Title:

Authorized Submitter's Phone:  Ext:

Certification Date:

[Continue](#)



# Report Forwarding Scenario 1



State Board Profile - Windows Internet Explorer

Organizations that submit Medical Malpractice Payment, Clinical Privilege or Professional Society reports are required by law to send a copy of these reports to the appropriate state board. Each state board must decide whether to allow the electronic receipt of these types of reports.

By agreeing to receive these report notices electronically, you understand that your state board has an obligation to confirm that the subject of each notice is (or has been) licensed or certified by your state board. You further understand that reporters will receive an acknowledgment when the notice is viewed by one of your entity's users. Also, reporters will be alerted if a notice has not been viewed within 7 days after being delivered.

For further information on how to receive and view electronic notices, see [How do I view electronic report notices?](#)

**Do you agree to receive report notices electronically?**

I agree  
 I do not agree

**Certification**

I certify that I am authorized by my entity to make choices regarding receiving report notices electronically from organizations required by law to report to my entity.

Authorized Submitter's Name:

Authorized Submitter's Title:

Authorized Submitter's Phone:  Ext:

Certification Date:

**Continue** ←



# Report Forwarding Scenario 1



State Board Profile Confirmation - Windows Internet Explorer

**STATE BOARD PROFILE CONFIRMATION** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

**Entity:** VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

**Healthcare Practitioner Titles Licensed/Certified By Your Board**  
You have certified that your state board licenses or certifies the following healthcare practitioner titles:

- Physician (MD)
- Physician Intern/Resident (MD)
- Osteopathic Physician (DO)
- Osteopathic Physician Intern/Resident (DO)
- Physician Assistant, Allopathic
- Physician Assistant, Osteopathic

You have agreed to receive electronic report notices from organizations required by law to report to your state board. For further information on how you will be notified of these electronic report please see [How do I view electronic report notices?](#)

**Certification**  
I certify that I am authorized by my entity to make choices regarding receiving report notices electronically from organizations required by law to report to my entity.

Authorized Submitter's Name:	JOHN DOE
Authorized Submitter's Title:	CERTIFIER
Authorized Submitter's Phone:	(555) 555-2222
Certification Date:	02/01/2012

You can change these choices at any time by selecting the **State Board Profile** button from the Administrator Options screen.



## Scenario 2

### Reporter Sends Report to State Board



# Report Forwarding Scenario 2



Report Type - Windows Internet Explorer

**REPORT TYPE** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

Entity: REPORTING ENTITY (FAIRFAX, VA)

**Choose what you would like to do:**

- Start** a new report on a case not previously reported by your organization.
- Continue** a draft report.
- Modify** an existing report (includes Correction, a new subsequent Revision to Action, Notice of Appeal, and Void).

[Continue](#)

---

[Return to Options](#) [Log Out](#)



# Report Forwarding Scenario 2



Report Type - Windows Internet Explorer

**REPORT TYPE** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

Entity: REPORTING ENTITY (FAIRFAX, VA)

**Choose what you would like to do:**

- Start** a new report on a case not previously reported by your organization.
- Continue** a draft report.
- Modify** an existing report (includes Correction, a new subsequent Revision to Action, Notice of Appeal, and Void).

[Continue](#) ←

---

[Return to Options](#) [Log Out](#)



# Report Forwarding Scenario 2



Select Action - Windows Internet Explorer

**SELECT ACTION** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

**Entity:** REPORTING ENTITY (FAIRFAX, VA)

**Medical Malpractice Payment**  Help ?

**Clinical Privileges** (Includes Panel Membership Actions Taken by a Health Plan.)

**Professional Society**

---

**Return to Options** **Log Out**



# Report Forwarding Scenario 2



Occupation/Field of Licensure Codes - Windows Internet Explorer

**OCCUPATION/FIELD OF LICENSURE**

National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

Entity: REPORTING ENTITY (FAIRFAX, VA)

Please select the occupation title that best describes the subject's occupational activities or licensure category associated with the action being reported. **The field of licensure chosen here will suggest the state board where you must send a copy of this report under federal law (42 USC §11134(b)(1)).**

- Physician
- Nurse - Advanced, Registered, Vocational or Practical
- Nurse Aide, Home Health Aide And Other Aide
- Dental Service Practitioner
- Chiropractor
- Counselor
- Dietician/Nutritionist
- Emergency Medical Technician (EMT)
- Eye and Vision Service Practitioner
- Pharmacy Service Practitioner
- Physician Assistant
- Podiatric Service Practitioner
- Psychologist/Psychological Assistant
- Rehabilitative, Respiratory and Restorative Service Practitioner
- Social Worker
- Speech, Language and Hearing Service Practitioner
- Technologist/Technician
- Other Health Care Practitioner

For report types that can be forwarded, the language here is changed to indicate that this choice will be considered when sending to the State Board.



# Report Forwarding Scenario 2



Occupation/Field of Licensure Codes - Windows Internet Explorer

- Physician (MD)
- Physician Intern/Resident (MD)
- Osteopathic Physician (DO)
- Osteopathic Physician Intern/Resident (DO)
  
- Nurse - Advanced, Registered, Vocational or Practical**
- Nurse Aide, Home Health Aide And Other Aide**
- Dental Service Practitioner**
- Chiropractor**
- Counselor**
- Dietician/Nutritionist**
- Emergency Medical Technician (EMT)**
- Eye and Vision Service Practitioner**
- Pharmacy Service Practitioner**
- Physician Assistant**
- Podiatric Service Practitioner**
- Psychologist/Psychological Assistant**
- Rehabilitative, Respiratory and Restorative Service Practitioner**
- Social Worker**
- Speech, Language and Hearing Service Practitioner**
- Technologist/Technician**
- Other Health Care Practitioner**

[Continue](#) ←

---

[Return to Options](#) [Log Out](#)



# Report Forwarding Scenario 2



Report Input Form - Windows Internet Explorer

**REPORT INPUT** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

**Subject Info** Medical Malpractice Payment Report

**Addresses**

**SSN** Individual Subject: Initial Report

**DEA Number**

**Prof Schools**

**Occupation/Lic** Please provide as much of the following information as possible. Failure to provide sufficient information to permit identification of a single subject will result in the report being rejected, necessitating resubmission.

**Hospital Affil**

**Payment Info** **Do not print this page.** A printable copy of your report submission will be provided after submission.

**Act/Omission**

**Validate/Submit** OMB # 0915-0126 expiration date 07/31/10

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0126 (NPDB). Public reporting burden for this collection of information is estimated to average 45 minutes to complete the forms, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-22, Rockville, Maryland, 20857.

**SUBJECT INFORMATION** [Help ?](#)

**Personal Information**

Subject Name





# Report Forwarding Scenario 2



Report Input Form - Windows Internet Explorer

**REPORT INPUT** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

- Subject Info
- Addresses
- SSN
- DEA Number
- Prof Schools
- Occupation/Lic
- Hospital Affil
- Payment Info
- Act/Omission
- Validate/Submit

**Occupation And State Licensure Information**  
(Provide at least one license. Check 'No License' if the subject does not have a State License Number. Use the **Add Additional License/Occupation** button to provide more than one license. Up to 60 licenses may be provided.)

1. State License Number:    No License

State of Licensure:

Occupation/Field of Licensure:

[Add Additional License/Occupation](#)

**Hospital Affiliation(s)**

Name	City	State
<input type="text"/>	<input type="text"/>	<input type="text" value="CHOOSE ONE FROM LIST"/>

[Add another](#)

**Payments by This Payer for This Practitioner**

Amount of This Payment for This Practitioner: \$

(Format NNNNN.NN)



# Report Forwarding Scenario 2



Report Input Form - Windows Internet Explorer

**REPORT INPUT** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

- Subject Info
- Addresses
- SSN
- DEA Number
- Prof Schools
- Occupation/Lic
- Hospital Affil
- Payment Info
- Act/Omission
- Validate/Submit

**Occupation And State Licensure Information**  
(Provide at least one license. Check 'No License' if the subject does not have a State License Number. Use the **Add Additional License/Occupation** button to provide more than one license. Up to 60 licenses may be provided.)

1. State License Number:  OR  No License

State of Licensure:

Occupation/Field of Licensure:

[Add Additional License/Occupation](#)

**Hospital Affiliation(s)**

Name	City	State
<input type="text"/>	<input type="text"/>	<input type="text" value="CHOOSE ONE FROM LIST"/>

[Add another](#)

**Payments by This Payer for This Practitioner**

Amount of This Payment for This Practitioner: \$

(Format NNNNN.NN)





# Report Forwarding Scenario 2



Report Input Form - Windows Internet Explorer

**REPORT INPUT** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

**Subject Info**  
Addresses  
SSN  
DEA Number  
Prof Schools  
Occupation/Lic  
Hospital Affil  
Payment Info  
Act/Omission  
Validate/Submit

information to help you identify this report in your files. This information is not used by the Data Banks, but it will be provided on copies of the report sent to queriers.  
Entity Internal Report Reference:   
(e.g., claim number)

**Customer Use**  
This optional field may be used by the submitter to identify this transaction. This information is returned without modification and only appears on the response returned to your organization.  
Customer Use:

Send e-mail notification when this and any future responses are available.

Check this box if you wish to add/update this subject in your subject database for use in future queries and/or reports. Duplicate entries in your subject database may result in duplicate queries. You will be notified of potential duplicate entries prior to completing this subject entry. [Help ?](#)



For report types that can be forwarded, there is another page before the report is submitted. The Submit button is replaced with Continue.



# Report Forwarding Scenario 2



Notification Options - Windows Internet Explorer

**NOTIFICATION OPTIONS** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

Entity: REPORTING ENTITY (FAIRFAX, VA)

**Send to State Board**

Federal law (42 USC §11134(b)(1)) requires that you send a copy of your report to the appropriate state licensing board in the state in which the medical malpractice claim arose.

According to Data Bank records, licenses or certifications for **Physician (MD)** in the state of **Virginia** are administered by:  
**VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)**

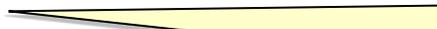
To fulfill my organization's legal requirement to report this action to the state board I agree to:

- Allow the Data Bank to send an electronic report notice to **VIRGINIA MEDICAL LICENSING BOARD**. I attest that this is the correct state board to notify based on where the medical malpractice claim arose.
- I attest that I will provide a copy of this report to the appropriate state board when the Report Verification Document becomes available.

**Note:**

- If you choose to send an electronic report notice to the state board, you should receive an email as well as a Data Bank correspondence within 1 week verifying that the state board has or has not viewed the electronic notice.
- If the appropriate state board is not listed here you must provide a copy of the official response you retrieve (the Report Verification Document, not the Temporary Record of Submission) to the appropriate state licensing board(s) to fulfill this requirement. If the practitioner was not licensed in the state in which the medical malpractice claim arose (which may be the case with payments for federally-employed practitioners) or if the claim arose for care provided at overseas military locations, you must send a copy

The State Boards shown on this screen will be based on the primary licensure of the report subject.





# Report Forwarding Scenario 2



Notification Options - Windows Internet Explorer

## NOTIFICATION OPTIONS

Entity: REPORTING ENTITY (FAIRFAX, VA)

**If there are no State Boards receiving reports for this occupation/State combination, the only option shown here will be to print and mail the report.**

### Send to State Board

Federal law (42 USC §11134(b)(1)) requires that you send a copy of your report to the appropriate state licensing board in the state in which the medical malpractice claim arose.

According to Data Bank records, licenses or certifications for **Physician (MD)** in the state of **Virginia** are administered by:  
VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

To fulfill my organization's legal requirement to report this action to the state board I agree to:

- Allow the Data Bank to send an electronic report notice to **VIRGINIA MEDICAL LICENSING BOARD**. I attest that this is the correct state board to notify based on where the medical malpractice claim arose.
- I attest that I will provide a copy of this report to the appropriate state board when the Report Verification Document becomes available.

**Note:**

- If you choose to send an electronic report notice to the state board, you should receive an email as well as a Data Bank correspondence within 1 week verifying that the state board has or has not viewed the electronic notice.
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# Report Forwarding Scenario 2



**Notification Options - Windows Internet Explorer**

I attest that I will provide a copy of this report to the appropriate state board when the Report Verification Document becomes available.

**Note:**

- If you choose to send an electronic report notice to the state board, you should receive an email as well as a Data Bank correspondence within 1 week verifying that the state board has or has not viewed the electronic notice.
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**Certification**

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

Authorized Submitter's Name:	<input type="text" value="JOHN DOE"/>		
Authorized Submitter's Title:	<input type="text" value="CERTIFIER"/>		
Authorized Submitter's Phone:	<input type="text" value="5555552222"/>	Ext.	<input type="text"/>
Date:	<input type="text" value="02/08/2012"/>		

[Submit to Data Bank\(s\)](#) [Store as a Draft](#)

[Return to Previous Page](#) [Log Out](#)





Verification for DCN: 7910000068706314 - Windows Internet Explorer

*the* **Data Bank**  
P.O. Box 10832  
Chantilly, VA 20153-0832  
<http://www.npdb-hipdb.hrsa.gov>

**If Send Electronically is selected, then we do not include the instructions on this page to print and mail the report.**

**TEMPORARY RECORD OF SUBMISSION  
MEDICAL MALPRACTICE PAYMENT REPORT**

**Report Number: 7910000068706314**

**Subject Name: DOE, KENT**

---

This information you entered has been transmitted to the NPDB and/or the HIPDB for processing based on the action reported or querying authority of your entity as specified when registering with the Data Bank(s). You have not met your obligation under applicable law until this information is received, processed, and accepted by the Data Bank(s) and an official response is returned. Your official response may be retrieved (i.e., downloaded) from <http://www.npdb-hipdb.hrsa.gov> approximately two to four hours after submission (some transactions may take longer).

When the official response is retrieved, please destroy this Temporary Record of Submission and replace it with the official response.

---

**Report Type:** INITIAL





# Report Forwarding Scenario 2



Verification for DCN: 791000068706314 - Windows Internet Explorer

**Nature of Allegation:** ANESTHESIA RELATED (010)

**Specific Allegation:** ADMINISTRATION OF BLOOD OR FLUIDS PROBLEM (300)

**Other Specific Allegations:**

**Date of Event Associated With Allegation or Incident:** 01/01/2011

**Specific Allegation:**

**Other Specific Allegations:**

**Date of Event Associated With Allegation or Incident:**

**Outcome:** EMOTIONAL INJURY ONLY (01)

**Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based:** ALLEGATIONS

---

**F. NOTICE OF ACTION**  
This report will be shared electronically with the following State Board(s): VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

---

**END OF DOCUMENT**

[Return to Options](#) [Log Out](#)

The Temporary Record of Submission will show the name of the selected State Board, or it will show a statement that the reporter will print and mail a copy of the report to the State Board.



## Scenario 3

### State Board Receives the Report



# Report Forwarding Scenario 3



**Notice of Action Sent To State Board - Windows Internet Explorer**

From: NPDB-HIPDB  
To: adminuser@state.board.org  
Subject: Notice of Action Received

You have received an electronic report notice (DCN ending in ... 6314) from REPORTING ENTITY.

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA) (DBID ending in ...33)

Data Bank reporters of Medical Malpractice Payment reports are required by federal law (42 USC §11134(b)(1)) to notify state boards of these report submissions. The Data Bank permits reporters to send electronic notifications of these actions to the appropriate state boards.

The reporter shown above has sent an electronic notification. Your board has agreed to receive these electronic notices.

You may log in to the [Integrated Querying and Reporting Service \(IQRS\)](https://www.npdb-hipdb.hrsa.gov) at <https://www.npdb-hipdb.hrsa.gov> to view this Notice of Action.

---

**Please do not reply to this e-mail address.** If you have questions or comments, please e-mail the [NPDB-HIPDB Customer Service Center](#) or call 1-800-767-6732 weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The Customer Service Center is closed on all Federal holidays.





# Report Forwarding Scenario 3



The screenshot shows a web browser window titled "The Data Bank - Health Care Organizations Sign In - Windows Internet Explorer". The page header includes the U.S. Department of Health and Human Services logo and the text "the DataBank NATIONAL PRACTITIONER HEALTHCARE INTEGRITY & PROTECTION". A navigation menu contains links for "Home | About Us | Contact Us | FAQs" and "Community & Education | Customer Service | Resources | News | Software".

The main content area is titled "Health Care Organizations Sign In". It contains the following text:

You are accessing this site to report, query, or use PDS (24/7 notification). If your health care organization is **not authorized by law** to access the Data Banks, you cannot sign in.

Your health care organization **must**:

- Be registered with the Data Banks (NPDB and/or HIPDB).
- Have a confidential Data Bank Identification Number (DBID) and password.

Below this is a "Secure Sign In" section with three input fields: "Data Bank ID" (containing "429700000096161"), "User ID" (containing "doeJohn"), and "Password" (containing masked characters). A "Sign In" button is located to the right of the password field, with a red arrow pointing to it. A link for "Forgot Your Password?" is positioned below the password field.

On the right side of the page, there is a vertical menu with the following items: "How to Get Started", "Sign In" (highlighted), "Register", "Querying", "Codes", "Reporting", "Registration", "Management Tools", and "Authorized Agents". At the bottom right, there is a "More Information" link.



# Report Forwarding Scenario 3



Entity Registration Confirmation - Windows Internet Explorer

**ENTITY REGISTRATION CONFIRMATION** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

**Entity:** VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

Only specific entities authorized by law may request the disclosure of information from (i.e., query) or submit reports to the National Practitioner Data Bank (NPDB) or the Healthcare Integrity and Protection Data Bank (HIPDB). Authorized entities must be registered with the appropriate Data Bank(s) and have received a confidential Data Bank Identification Number (DBID) and password prior to using this querying and reporting service. Any unauthorized individual or organization that attempts to query or file reports with the Data Bank(s) is subject to fine and imprisonment under Federal statute. If you are not authorized by law and registered to query or report to either the NPDB or the HIPDB, **please log off now.** Help ?

**SECURITY NOTICE:** Please read [this important information](#) regarding your role in protecting critical Data Bank information.

---

**Please confirm that the following information is correct:**

VIRGINIA MEDICAL LICENSING BOARD  
4350 FAIR LAKES COURT  
SUITE 100  
FAIRFAX, VA 22033-4435  
Telephone: (703) 227-8297

---

**Last successful login date:** FEB 01, 2012 10:19AM

---

**The above entity's next registration renewal date is:** FEB 01, 2013

**The above entity's current privileges are:**

Report to the Healthcare Integrity and Protection Data Bank, and  
Report to the National Practitioner Data Bank.

**New Data Bank Correspondence**

Date	Sender	Message
------	--------	---------





# Report Forwarding Scenario 3



**Entity Registration Confirmation - Windows Internet Explorer**

file reports with the Data Bank(s) is subject to fine and imprisonment under Federal statute. If you are not authorized by law and registered to query or report to either the NPDB or the HIPDB, **please log off now.**

**SECURITY NOTICE:** Please read [this important information](#) regarding your role in protecting critical Data Bank information.

---

**Please confirm that the following information is correct:**

VIRGINIA MEDICAL LICENSING BOARD  
4350 FAIR LAKES COURT  
SUITE 100  
FAIRFAX, VA 22033-4435  
Telephone: (703) 227-8297

**Last successful login date: FEB 01, 2012 10:19AM**

---

The above entity's next registration renewal date is: FEB 01, 2013

The above entity's current privileges are:

Report to the Healthcare Integrity and Protection Data Bank, and  
Report to the National Practitioner Data Bank.

**New Data Bank Correspondence**

Date	Sender	Message
02/08/2012	NPDB-HIPDB	You have received an electronic report notice (DCN ending in ... 6314) from REPORTING ENTITY.

**Continue** ←

**Log Out**

**State Board also receives the Notice of Action through Data Bank correspondence.**



# Report Forwarding Scenario 3



Options - Windows Internet Explorer

**OPTIONS** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

**Entity:** VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

**Report Options**

- Report
- Recent Submissions
- Historical Search
- Report Updates**  
1 unviewed report update

**Maintenance**

- Administrator Options
- View Data Bank Correspondence
- Update User Account

[Help ?](#)

**Subject Database Management**

- Maintain Subject Database

[Log Out](#)



# Report Forwarding Scenario 3



Report Updates - Windows Internet Explorer

## REPORT UPDATES

National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

**Entity:** VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

Click the Report DCN for detailed information about the report. Click the Subject name to view detailed enrollment information including all reports on this subject. [Help ?](#)

You may sort the reports by clicking on the column headers. To view specific groups of reports, select filter criteria and click **Filter Results**.

<u>Report DCN</u>	<u>Subject</u>	<u>Subject Source</u>	<u>Dept</u>	<u>Disclosure Reason</u>	<u>Action Type</u>	<u>Disclosure Date</u>	<u>Viewed Date</u>
<a href="#">7910000068706314</a>	DOE, KENT	Notice Of Action		Notice Of Action	MMPR	02/08/2012	
<a href="#">793000006660473</a>	SMITH, MARY	Notice Of Action		Notice Of Action	MMPR	02/06/2012	02/07/2012
<a href="#">793000006740411</a>	SMITH, BOB	Notice Of Action		Notice Of Action	MMPR	02/02/2012	02/03/2012
<a href="#">7900000066190001</a>	DOE, MARY	Report	MED	Initial Report	AAR	01/03/2012	01/04/2012
<a href="#">7900000066005000</a>	JAMES, PATRICK	Report	MED	Initial Report	MMPR	01/01/2012	01/02/2012

[View All](#) [Filter Results](#) (ALL) (ALL) (ALL) (ALL)



# Report Forwarding Scenario 3



**Report Updates - Windows Internet Explorer**

**REPORT**

Entity: VIR

Click the Re enrollment i

You may so click **Filter**

Report I
7910000068
7930000067
7930000067
7900000066
7900000066

**Notice Of Action - Windows Internet Explorer**

**NOTICE OF ACTION**

National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

This Notice of Action has been sent to you from an organization required by law to report to your state board. Before viewing this report, ensure that this subject is currently (or has been) licensed or certified by your state board.

**Sent By:** REPORTING ENTITY (FAIRFAX, VA)  
**Practitioner Name:** DOE, KENT  
**License:** VA 1234, VA  
**Healthcare Practitioner Type:** Physician (MD)

- I verify that my state board is (or has been) responsible for licensing or certifying this subject.
- I verify that my state board has never licensed nor certified this subject.

**Continue**

**Close**

**View All**



# Report Forwarding Scenario 3



**REPORT**  
Entity: VIR

Click the Re enrollment i  
You may so click **Filter**

Report I
7910000068
7930000067
7930000067
7930000067
7930000067
7900000066

**Notice Of Action - Windows Internet Explorer**

**NOTICE OF ACTION** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

This Notice of Action has been sent to you from an organization required by law to report to your state board. Before viewing this report, ensure that this subject is currently (or has been) licensed or certified by your state board.

**Sent By:** REPORTING ENTITY (FAIRFAX, VA)  
**Practitioner Name:** DOE, KENT  
**License:** VA 1234, VA  
**Healthcare Practitioner Type:** Physician (MD)

I verify that my state board is (or has been) responsible for licensing or certifying this subject.  
 I verify that my state board has never licensed nor certified this subject.

**This Notice of Action will be permanently removed from your Report Update screen.**

**Continue**

**Close**

**Warning that this is permanent.**



# Report Forwarding Scenario 3



**REPORT**

Entity: VIR

Click the Re enrollment i

You may so click **Filter**

Report I
7910000068
7930000067
7930000067
7900000066
7900000066

**View All**

**Notice Of Action - Windows Internet Explorer**

**NOTICE OF ACTION** National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

This Notice of Action has been sent to you from an organization required by law to report to your state board. Before viewing this report, ensure that this subject is currently (or has been) licensed or certified by your state board.

**Sent By:** REPORTING ENTITY (FAIRFAX, VA)  
**Practitioner Name:** DOE, KENT  
**License:** VA 1234, VA  
**Healthcare Practitioner Type:** Physician (MD)

- I verify that my state board is (or has been) responsible for licensing or certifying this subject.
- I verify that my state board has never licensed nor certified this subject.

**Continue**

**Close**



# Report Forwarding Scenario 3



**REPORT**

Entity: VIR

Click the Re enrollment i

You may so click **Filter**

Report I
7910000068
7930000067
7930000067
7900000066
7900000066

**DISCLOSURE NOTICE**

National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank

Entity: VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA)

The information you are about to access is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, *The Health Care Quality Improvement Act of 1986*, as amended.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence and conduct of physicians, dentists, and other licensed healthcare practitioners. Regulations governing the NPDB are codified at 45 CFR part 60.

Responsibility for operating the NPDB resides with the U.S. Department of Health and Human Services, Health Resources Service Administration, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., exclusion from a Federal or State health plan and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Under Section 552 (1)(3) of *the Privacy Act of 1974*, as amended, ANY PERSON WHO REQUESTS OR OBTAINS ANY RECORD CONCERNING AN INDIVIDUAL UNDER FALSE PRETENSES SHALL BE GUILTY OF A MISDEMEANOR AND FINED NO MORE THAN \$5,000 DOLLARS. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$4,000 FOR EACH VIOLATION.

**View All**



# Report Forwarding Scenario 3



**REPORT**  
Entity: VIR

Click the Re enrollment i

You may so click **Filter**

Report I
7910000068
7930000067
7930000067
7900000066
7900000066

**Disclosure Notice - Windows Internet Explorer**

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence and conduct of physicians, dentists, and other licensed healthcare practitioners. Regulations governing the NPDB are codified at 45 CFR part 60.

Responsibility for operating the NPDB resides with the U.S. Department of Health and Human Services, Health Resources Service Administration, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., exclusion from a Federal or State health plan and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Under Section 552 (1)(3) of the *Privacy Act of 1974*, as amended, ANY PERSON WHO REQUESTS OR OBTAINS ANY RECORD CONCERNING AN INDIVIDUAL UNDER FALSE PRETENSES SHALL BE GUILTY OF A MISDEMEANOR AND FINED NO MORE THAN \$5,000 DOLLARS. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION.

I certify that I understand and agree to use the information contained in the provided reports as outlined by the legislation and regulations governing the NPDB.

**Continue** ←

**View All** **Close**



# Report Forwarding Scenario 3



Report Updates - Windows Internet Explorer

**REPORT**

Entity: VIR

Click the Re enrollment i

You may so click **Filter**

**Report I**

- 7910000068
- 7930000067
- 7930000067
- 7900000066
- 7900000066

**View All**

*the* **DataBank**

P.O. Box 10832  
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.hrsa.gov>

DCN: 7910000068706314  
Process Date: 02/08/2012  
Page: 1 of 2  
DOE, KENT  
For authorized use by:  
VIRGINIA MEDICAL LICENSING BOARD

---

## MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 7910000068706314

This report is maintained under the provisions of:

Title IV (NPDB)
 Section 1921 (NPDB)
 Section 1128E (HIPDB)

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

---

**A. REPORTING ENTITY**

Entity Name: REPORTING ENTITY  
Address: 4350 FAIR LAKES CT.  
SUITE 100  
City, State, Zip: FAIRFAX, VA 22033  
Country:

Name of Office: TESTING  
Title or Department: TESTER1  
Telephone: 12345678 901-2345 Ext. 44444

Entity Internal Report Reference:  
Type of Report: INITIAL

---

**B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)**

Subject Name: DOE, KENT  
Other Name(s) Used:  
Gender: MALE  
Date of Birth: 10/10/1970



## Scenario 4

# Reporter Gets Confirmation that Report was Received



# Report Forwarding Scenario 4



**Notice of Action Viewed By State Board - Windows Internet Explorer**

From: NPDB-HIPDB  
To: reportSubmitter@reporting.entity.org  
Subject: Notice of Action Viewed By State Board

On 02/08/2012 you sent an electronic notification of a report (DCN ending in ...6314) to VIRGINIA MEDICAL LICENSING BOARD.

Entity: REPORTING ENITTY (FAIRFAX, VA) (DBID ending in ...24)

This Notice of Action was viewed by the state board on 02/09/2012. You have met the legal obligations under federal law (42 USC §11134(b)(1)) to notify the appropriate state board of your report submission to the Data Bank.

---

**Please do not reply to this e-mail address.** If you have questions or comments, please e-mail the [NPDB-HIPDB Customer Service Center](#) or call 1-800-767-6732 weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The Customer Service Center is closed on all Federal holidays.

**When the State Board views the report,  
we will send this email to the entity's user  
who submitted the report.**

**A Data Bank correspondence will also be  
posted.**



# Report Forwarding Scenario 4



**Notice of Action Not Viewed By State Board - Windows Internet Explorer**

From: NPDB-HIPDB  
To: reportSubmitter@reporting.entity.org  
Subject: Notice of Action Not Viewed By State Board

On 02/08/2012 you sent an electronic report notice (DCN ending in ...6314) to VIRGINIA MEDICAL LICENSING BOARD.

Entity: REPORTING ENTITY (FAIRFAX, VA) (DBID ending in ...24)

As of 02/15/2012, this Notice of Action has not been viewed by the state board.

Your legal requirement to send this report to the state board under federal law (42 USC §11134(b)(1)) has not been fulfilled. To fulfill your legal requirement you must print a copy of the Report Verification Document and provide it to the state board.

You may log in to the [Integrated Querying and Reporting Service \(IQRS\)](https://www.npdb-hipdb.hrsa.gov) at <https://www.npdb-hipdb.hrsa.gov> to print a copy of the Report Verification Document.

This is the only notice you will receive from the Data Bank regarding this electronic report notice. To confirm whether the report has been received by the state board please contact the state board directly.

---

Please do not reply to this e-mail address. If you have questions or comments, please e-mail the [NPDB-HIPDB Customer Service Center](#) or call 1-800-767-6732 weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The Customer Service Center is closed on all Federal holidays.

**If the State Board has not viewed the report within 1 week we will send this email, as well as Data Bank correspondence, to the reporter.**



# Report Forwarding Scenario 4



**Notice of Action Removed By State Board - Windows Internet Explorer**

From: NPDB-HIPDB  
To: reportSubmitter@reporting.entity.org  
Subject: Notice of Action Removed By State Board

On 02/08/2012 you sent an electronic report notice (DCN ending in ...6314) to VIRGINIA MEDICAL LICENSING BOARD.

Entity: REPORTING ENTITY (FAIRFAX, VA) (DBID ending in ...24)

The state board indicated that it has never licensed nor certified the subject of the report.

Your legal requirement to send this report to the state board under federal law (42 USC §11134(b)(1)) has not been fulfilled. To fulfill your legal requirement you must print a copy of the Report Verification Document and provide it to the appropriate state board. You may wish to review the report and verify the licensure information.

You may log in to the [Integrated Querying and Reporting Service \(IQRS\)](https://www.npdb-hipdb.hrsa.gov) at <https://www.npdb-hipdb.hrsa.gov> to reprint a copy of the Report Verification Document.

This is the only notice you will receive from the Data Bank regarding this electronic report notice. To confirm whether the report has been received by the appropriate state board please contact the state board directly.

---

**Please do not reply to this e-mail address.** If you have questions or comments, please e-mail the [NPDB-HIPDB Customer Service Center](#) or call 1-800-767-6732 weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The Customer Service Center is closed on all Federal holidays.

**If the State Board declined to view the report, we will send this email, as well as Data Bank correspondence, to the reporter.**



# Report Forwarding Scenario 4



Monthly Data Bank Summary - Windows Internet Explorer

## Data Bank activity for February 2012

VIRGINIA MEDICAL LICENSING BOARD (FAIRFAX, VA) (DBID ending in ...61)

- Your organization received 6 report updates.
  - There are 2 unviewed report updates.  
You can access your report updates in the IQRS under *Report Updates*.

To stop paper copies of report updates, please have your entity's administrator log into the [IQRS](#) and select Entity Notification Preferences from the Administrator Options page.

- Your organization received 6 electronic report notices from other healthcare organizations.
  - There are 2 unviewed electronic report notices.

If you wish to stop receiving notifications:

- Log into the [IQRS](#).
- Select Update User Account on the Options page.
- Update your Data Bank Notices preference.

Please do not reply to this e-mail address. If you have questions or comments, please e-mail the [Customer Service Center](#) or call 1-800-767-6732 weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time.

**Monthly Summary for State Board**

**Monthly Summary for State Board will have the report notices received electronically.**



- Report types that legally must be forwarded
  - Medical Malpractice Payment
  - Clinical Privilege
  - Professional Society
- Not an automatic system
  - Boards will not be notified automatically when reports change
  - Initial, Correction, Revision, Correction of Revision, and Void Reports will be forwarded only at the direction of the reporter
- Initially implemented in IQRS only



## Questions?

**Contact: Bill West**  
**Division of Practitioner Data Banks**  
**301-443-8441**  
**[wwest@hrsa.gov](mailto:wwest@hrsa.gov)**

**If you have further questions regarding Report Forwarding,  
please call our Customer Service Center at 1-800-767-6732.**