



Reporting to the Data Banks

Information and Guidance for Private Accreditation Organizations

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Cynthia Grubbs, RN, JD
Elizabeth Rezai-zadeh, MPH
U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Professions
Division of Practitioner Databanks



Presentation Overview



- Statutory Authorities: *Health Care Quality Improvement Act* and Section 1921 of the *Social Security Act*
- Importance of Reporting to the Data Bank
- Reporting Requirements for Private Accreditation Organizations
- How to Submit a Report
- Resources



Background



Statutory Authorities & Background on Section 1921



Title IV



- The National Practitioner Data Bank (NPDB) was established through Title IV of Public Law 99-660, the *Health Care Quality Improvement Act of 1986* (HCQIA), as amended
- Part A – Promotion of Professional Review Activities
 - Established immunity provisions
 - Developed through case law, not Federal regulations
- Part B – Reporting of Information
 - Established the NPDB
 - Final regulations governing the NPDB are codified at 45 CFR Part 60



Section 1921



Section 1921 of the *Social Security Act* expands the information collected and disseminated through the NPDB.

- Established through Section 5(b) of Public Law 100-93, the *Medicare and Medicaid Patient and Program Protection Act of 1987* (Section 1921 of the *Social Security Act*), as amended.
- Section 1921 amended by the *Omnibus Budget Reconciliation Act of 1990*, Public Law 101-508.
- Final Regulations codified at 45 CFR Part 60 went into effect on March 1, 2010.



Section 1921 Purpose



The intent of Section 1921 is to protect beneficiaries participating in the Social Security Act's healthcare programs from unfit healthcare practitioners and improve the anti-fraud provisions of these programs.



Information Added under Section 1921



- Adverse state licensure actions taken against all health care practitioners, including physicians and dentists, and entities.
- Negative actions or findings by state licensing boards.
- Negative actions or findings by non-QIO peer review organizations and private accreditation organizations.



Who Reports under Section 1921?



- State agencies responsible for licensing health care practitioners or entities★
 - Peer review organizations
 - Excludes Quality Improvement Organizations (QIO)
 - Private accreditation organizations
 - e.g., Joint Commission, URAC (AKA: the Utilization Review Accreditation Commission), the National Committee for Quality Assurance (NCQA)
- ★ *Health care entity provides health care services and follows a formal peer review process to further quality health care*



Why is Reporting so Important?



Why is Reporting so Important?



Why is Reporting so Important?



- **It Protects the Public**
 - A failure to report can expose the public to unsafe health care practices.
- **It is a Legal Mandate**
 - Federal laws require private accreditation organizations to report negative actions or findings to the Data Bank.
- **Queriers Rely on the Information**
 - Querying the Data Banks is one of many important elements in the comprehensive and continuous review of health care practitioners and health care entities; important health care decisions by hospitals, other health care providers, government health care programs, and others are influenced by the information available in the Data Banks.



NPDB Reporting Requirements



Reporting Requirements for Accreditation Organizations



NPDB Reporting Requirements



- Private accreditation organizations (AOs) must report negative actions or findings, such as a final determination of denial or termination of an accreditation status. ★
- AOs are only required to report on health care entities.
 - ★ *Must be the result of formal proceedings. Formal proceedings are defined as a proceeding held before a state licensing or certification authority, peer review organization, or private accreditation entity that maintains defined rules, policies, or procedures for such a proceeding.*



Definitions



- **Negative action or finding by a private accreditation entity** means: a final determination of denial or termination of an accreditation status from a private accreditation entity that indicates a risk to the safety of a patient(s) or quality of health care services.
- **Private accreditation entity** means an entity or organization that:
 - *Evaluates and seeks to improve the quality of health care provided by a health care entity;*
 - *Measures a health care entity's performance based on a set of standards and assigns a level of accreditation;*
 - *Conducts ongoing assessments and periodic reviews of the quality of health care provided by a health care entity; and*
 - *Has due process mechanisms available to health care entities.*



Definitions



- Health care entity is defined as:
 - *A hospital;*
 - *An entity that provides health care services, and engages in professional review activity through a formal peer review process for the purpose of furthering quality health care, or a committee of that entity; or*
 - *A professional society or a committee or agent thereof, including those at the national, state, or local level, of physicians, dentists, or health care practitioners that engages in professional review activity through a formal peer review process, for the purpose of furthering quality health care.*



When Information Must be Reported



- § 60.5 requires that information be reported to the NPDB within 30 days following the action to be reported, beginning with actions occurring on or after January 1, 1992.
- Once a report is submitted and processed by the NPDB (generally within 4-6 hours), accreditation organizations are responsible for reviewing the report for accuracy, printing or saving a copy of the report, and mailing a copy to the appropriate state licensing board.



Mode of Reporting



- AOs should first report directly to the NPDB. The Data Bank's electronic system will generate a "Report Verification Document" that you must print and mail to the appropriate state licensing authority. ★
 - The benefits of directly reporting to the NPDB include:
 - Ensures that information is available as soon as possible for querying entities (Note: AOs are not permitted to query)
 - Saves reporters time and effort by establishing one standard process versus having to work with 50 different state systems for reporting
 - Allows AOs to view and modify reports
- ★ *The state is not required to report the same action again, so there would be no duplicative reporting.*



Reporting Elements



- Mandatory reporting elements are listed in § 60.9(b) of the Section 1921 Final Rule. The electronic system will not accept a report that fails to include these data elements for a health care entity:
 - Name
 - Business Address
 - Federal Employer Identification Number (FEIN) or Taxpayer Identification Number (TIN)
 - NPI, when issued by CMS
 - Type of organization
 - License and the state where the license is held
 - Narrative description
 - Classification of act or omission and injuries upon which the reported action is based
 - Classification of the action taken
 - Date of the action
 - Name of agency taking the action, address, and contact information of the agency reporting official



Reporting Elements



- Other data elements to report “if known” are listed in § 60.9(c) of the Final Rule. Although not mandatory, inclusion of these data elements help enhance the matching process between a query and a reported entity (e.g., DEA registration numbers, CLIA numbers).
- A reporting entity that makes this information publicly available in other formats (i.e., website) has not met its statutory requirements under Section 1921. Accreditation organizations must report directly to the NPDB.



Examples of Reportable Actions



- A hospital fails to have life-saving medicines at the ready among a host of other violations that pose a risk to patient health and safety. As a result it loses its quality accreditation.
- A clinical laboratory fails to meet a number of regulatory standards around quality control and patient care and does not act within time to cure these deficiencies. As a result its laboratory accreditation is denied.



Examples of Non-Reportable Actions



- A conditional accreditation is not reportable because only a final determination of denial or termination of a health care entity's accreditation status from a private accreditation entity that indicates a risk to the safety of a patient(s) or quality of health care services is reportable to the NPDB.
- Negative actions taken against practitioners.
- Actions where a health care entity denies accreditation for reasons unrelated to patient safety or quality of health care services (e.g., failure to pay survey fees).



How to Submit a Report



How to Submit a Report



How to Submit a Report



- To submit a report you need to register with the Data Banks.
- Go to www.npdb-hipdb.hrsa.gov/register and complete the Entity Registration form.
- Register as an Accreditation Entity.



How to Submit a Report



- You can manually submit a report via the Data Banks web site, the IQRS.
- You can automate your report submissions by using the Data Banks electronic interface, the QRXS.
- The following slides will demonstrate how to submit a report via the IQRS.



How to Submit a Report



Options - Windows Internet Explorer

OPTIONS National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: ACCREDITATION ENTITY (SOME CITY, VA)

Report Options

- Report
- View Report Output
- View Historical Reports
- Report Change Notices

Maintenance

- View Data Bank Correspondence
- Update User Account
- View Billing History

Help ?

Subject Database Management

- Maintain Subject Database

Log Out



How to Submit a Report



Report Type - Windows Internet Explorer

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

Entity: ACCREDITATION ENTITY (SOME CITY, VA)

Select the type of report you are submitting to the Data Bank(s). Please read your options carefully and click the **Help** button for additional guidance about your selection. [Help ?](#)

[Enter an Initial Report](#) [Modify a Draft Report](#)

Select the type of report.

The report types listed below are modifications or voids of previously submitted reports. The reporting entity must enter the Data Bank Control Number (DCN) that was assigned to the previously submitted report in the space provided below. **NOTE:** The DCN is required to proceed if you select a report type below.

DCN: [Clear](#)

[Correct or Modify a Report](#) (Correct an error or omission in a previously submitted Initial, Correction, or Revision to Action Report.)

[Enter a Revision to Action](#) (Submit an action that modifies a previously reported adverse action, e.g., reinstatement, restrictions lifted, previously stayed action imposed, etc.)

[Void a Report](#) (Retract a previously submitted report in its entirety.)

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



How to Submit a Report



Select Action - Windows Internet Explorer

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

Entity: ACCREDITATION ENTITY (SOME CITY, VA)

Accreditation

Return to Options Log Out



How to Submit a Report



Adverse Action Classification Code - Windows Internet Explorer

ADVERSE ACTION CLASSIFICATION CODE National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: ACCREDITATION ENTITY (SOME CITY, VA)

Select up to four adverse action classification codes and click **Continue**. [Help ?](#)

Note: Any existing selections can be changed.

- 3850 - Accreditation Terminated
- 3855 - Non-Accreditation/Denial of Accreditation
- 3864 - Accreditation Restoration or Reinstatement Denied
- 3859 - Other Private Accreditation Action - Not Classified, Specify

[Continue](#) [Clear](#)

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

Choose one or more codes.



How to Submit a Report



Report Input Form - Windows Internet Explorer

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

ACCREDITATION

Organization Subject: Initial Report

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.

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

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 this form, 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 ?](#)

Organization Name:

Other Organization Names Used:

Fill out the report.



How to Submit a Report



Report Input Form - Windows Internet Explorer

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

Subject Info
FEIN
SSN
Officers/Owners
Licensure Info
DEA Number
CLIA Number
FDA Number
NPI
Medicare Num
Affiliation
Adverse Action
Basis for Action
Certification
Validate/Submit

Organization Name:

Other Organization Names Used:

-
-
-
-
-

Click [Help ?](#) for information on filling out non-U.S. and military addresses.

Street Address:

Address Line 2:

City:

State:

ZIP Code: -

Country (if U.S., leave blank):

Organization Type:



How to Submit a Report



Report Input Form - Windows Internet Explorer

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

Subject Info
FEIN
SSN
Officers/Owners
Licensure Info
DEA Number
CLIA Number
FDA Number
NPI
Medicare Num
Affiliation
Adverse Action
Basis for Action
Certification
Validate/Submit

FEDERAL EMPLOYER IDENTIFICATION NUMBERS (FEIN)

1. 2.
3. 4.

SOCIAL SECURITY NUMBERS (SSN) (FORMAT NNNNNNNNNN)

1. 2.
3. 4.

PRINCIPAL OFFICERS AND OWNERS

	Last Name	First Name	Middle Name	Suffix (e.g., Jr., III)	Title
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ORGANIZATION STATE LICENSURE INFORMATION

(If no State License, check the 'No License' box.)

Provide as much information as possible.



How to Submit a Report



Report Input Form - Windows Internet Explorer

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

ORGANIZATION STATE LICENSURE INFORMATION
(If no State License, check the 'No License' box.)

1. State License Number: OR No License
State of Licensure:

2. State License Number: OR No License
State of Licensure:

3. State License Number: OR No License
State of Licensure:

DRUG ENFORCEMENT ADMINISTRATION (DEA) NUMBERS

1. 2.
3. 4.



How to Submit a Report



Report Input Form - Windows Internet Explorer

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

Subject Info

FEIN

SSN

Officers/Owners

Licensure Info

DEA Number

CLIA Number

FDA Number

NPI

Medicare Num

Affiliation

Adverse Action

Basis for Action

Certification

Validate/Submit

CLINICAL LABORATORY IMPROVEMENT ACT (CLIA) NUMBERS

1. 2.

3. 4.

5. 6.

FEDERAL FOOD AND DRUG ADMINISTRATION (FDA) NUMBERS

1. 2.

3. 4.

5. 6.

NATIONAL PROVIDER IDENTIFIERS (NPI)

1. 2.

3. 4.

MEDICARE PROVIDER/SUPPLIER NUMBERS

1. 2.

3. 4.



How to Submit a Report



Report Input Form - Windows Internet Explorer

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

Subject Info
FEIN
SSN
Officers/Owners
Licensure Info
DEA Number
CLIA Number
FDA Number
NPI
Medicare Num
Affiliation
Adverse Action
Basis for Action
Certification
Validate/Submit

HEALTH CARE ENTITIES WITH WHICH THE SUBJECT IS AFFILIATED OR ASSOCIATED

Inclusion of an affiliated/associated health care entity in this report does not imply complicity in the reported action.

Click [Help ?](#) for information on filling out non-U.S. and military addresses.

1. Name of Affiliated/Associated Health Care Entity:

Street Address:

Address Line 2:

City:

State:

ZIP Code: -

Country (if U.S., leave blank):

Nature of Subject's Relationship to Affiliate:

Other Description (complete only if 'Other' is selected above):

[Add Additional Affiliate](#)



How to Submit a Report



Report Input Form - Windows Internet Explorer

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

ADVERSE ACTION INFORMATION [Help ?](#)

Subject Info
FEIN
SSN
Officers/Owners
Licensure Info
DEA Number
CLIA Number
FDA Number
NPI
Medicare Num
Affiliation
Adverse Action
Basis for Action
Certification
Validate/Submit

BASIS FOR ACTION
Select a category and then choose a basis for action code that best describes the reason for the action. Click **Add Additional Basis For Action** to provide up to 2 basis for action selections. View a complete [basis for action list](#).

1. **Non-Compliance**
 Noncompliance with Private Accreditation Standards That Indicate a Risk to the Safety of Patient(s) or Quality of Health Care Services (92)

Other

[Clear](#)

[Add Additional Basis for Action](#)

Name of Agency or Program that Took the Adverse Action Specified in This Report:

Date Action Was Taken (MMDDYYYY):

Date Action Became Effective (MMDDYYYY):

Length of Action: Permanent Indefinite/Unspecified



How to Submit a Report



Report Input Form - Windows Internet Explorer

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

Subject Info
FEIN
SSN
Officers/Owners
Licensure Info
DEA Number
CLIA Number
FDA Number
NPI
Medicare Num
Affiliation
Adverse Action
Basis for Action
Certification
Validate/Submit

Length of Action: Permanent Indefinite/Unspecified
 Specific Period
Years:
Months:
Days:

Is Reinstatement Automatic at Completion of Adverse Action Period? Yes
 Yes, with conditions (requires a Revision to Action Report when status changes)
 No

Total Amount of Monetary Penalty, Assessment and/or Restitution or fine (Format NNNNN.NN):
Note: If no amount, leave this field blank.
\$

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity
Note: Do not reference any personal identification information (e.g., names) of anyone other than the subject of this report. The description must include sufficient specificity to enable a knowledgeable reviewer to determine clearly the circumstances of the action(s) or surrender. Refer to the [Fact Sheet on Submitting a Factually Sufficient Narrative Description](#) for detailed information.

Narrative of the circumstances.



How to Submit a Report



Report Input Form - Windows Internet Explorer

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

Subject Info
FEIN
SSN
Officers/Owners
Licensure Info
DEA Number
CLIA Number
FDA Number
NPI
Medicare Num
Affiliation
Adverse Action
Basis for Action
Certification
Validate/Submit

ENTITY INTERNAL REPORT REFERENCE
This optional field allows your entity to include an internal file number or other reference 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:

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:
Authorized Submitter's Title:
Authorized Submitter's Phone: Ext.
Date:

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

Help ?



How to Submit a Report



Verification for DCN: 7940000061192688 - Windows Internet Explorer

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832
<http://www.npdb-hipdb.hrsa.gov>

TEMPORARY RECORD OF SUBMISSION

ADVERSE ACTION REPORT

ACCREDITATION ACTION

Report Number: 7940000061192688

Organization Name: GENERAL HEALTHCARE SERVICES

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

Review this report for accuracy.



How to Submit a Report



Verification for DCN: 7940000061192688 - Windows Internet Explorer

A. REPORTING ENTITY

Entity Name:	ACCREDITATION ENTITY
Address:	123 SAMPLE STREET
City, State, ZIP:	SOME CITY, VA 33333
Country:	
Authorized Submitter's Name:	KATE USER
Authorized Submitter's Title:	REPORTER
Authorized Submitter's Telephone:	(703) 555-1212
Certification Date:	07/27/2010
Entity Internal Report Reference :	ABC123
Customer Use:	Case 123

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name:	GENERAL HEALTHCARE SERVICES
Other Organization Name(s) Used:	
Business Address:	345 FIRST STREET SUITE 100
City, State, ZIP:	SOME CITY, VA 44444
Country:	

All of your report information is shown here on the Temporary Record.



How to Submit a Report



Options - Windows Internet Explorer

OPTIONS National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: ACCREDITATION ENTITY (SOME CITY, VA)

Report Options

- Report
- View Report Output
- 1 Unviewed Report Response Available
- View Historical Reports
- Report Change Notices

Maintenance [Help ?](#)

- View Data Bank Correspondence
- Update User Account

Subject Database Management

- Maintain Subject Database

[Log Out](#)

Check back in a few hours for the official copy of the report.



How to Submit a Report



Report Status - Windows Internet Explorer

REPORT STATUS National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: ACCREDITATION ENTITY (SOME CITY, VA)

Click the report DCN to obtain the report or, if rejected, the reason for rejection. Those items marked as Pending have not yet been processed. [Help ?](#)

Reports will be available electronically within an average of two to four hours of receipt by the Data Bank(s). Under certain circumstances, additional processing may be required. Please do not re-submit your report on the subject in question, since this will result in duplicate transactions. If you do not receive your response within two business days of submission, please call the NPDB-HIPDB Customer Service Center.

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

Report DCN	Subject	Date Submitted	Report Type	Action	Status	Date Viewed	Available Until
7940000061192688	GENERAL HEALTHCARE SERVICES	07/27/2010	Initial	Accreditation	Completed		09/10/2010

Success! A report confirmation PDF has been created.



How to Submit a Report



DISCLOSURE NOTICE National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Entity: ACCREDITATION ENTITY (SOME CITY, VA)

The information you are about to access is a copy of a report that you recently submitted to the National Practitioner Data Bank (NPDB). Based on the information in your submission, this report will be maintained under the provisions of Section 1921 of the Social Security Act.

Thank you for filing this report within the timeframe required by Federal Law as implemented by 45 CFR Part 60 and 45 CFR Part 61.

Entities and individuals who submit information to the NPDB are legally responsible for the accuracy of such information. To ensure that the information you submitted is accurate and complete, you should review the content of the enclosed report. Submit any corrections to the NPDB and, if required, to the appropriate State licensing board as quickly as possible to preclude the possible legal consequences resulting from the disclosure of inaccurate information. If, on review of the enclosed report, you conclude that the report was submitted erroneously (e.g., identifies the wrong subject, reported an incident which is not reportable to the NPDB), you must "VOID" the report immediately.

If the information contained in the enclosed report is accurate and complete to the best of your knowledge, no further action is necessary. You may either destroy the attached report or file it in a secure place as a record of your submission. You are responsible for maintaining the confidentiality of information from the NPDB, which may only be used for the purposes for which it was disclosed.

To submit a correction to this report, or to void this report (i.e., purge it in its entirety from the Data Bank(s) listed above), you must:

- (1) On the Options screen, click the Report button, and select "Correction" or "Void" for the type of report.
- (2) Provide the Report Number that appears in the upper center of the report.
- (3) Enter the corrected report information, if applicable.
- (4) Submit the report.

Done Local intranet 100%



How to Submit a Report



DocClientServlet - Windows Internet Explorer

National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832
<http://www.npdb-hipdb.hrsa.gov>

DCN: 7940000061192688
Process Date: 07/27/2010
Page: 1 of 2
GENERAL HEALTHCARE SERVICES
For authorized use by:
ACCREDITATION ENTITY

ADVERSE ACTION REPORT

ACCREDITATION ACTION
Report Number: 7940000061192688

This report is maintained under the provisions of:
 Title IV (NPDB) Section 1921 (NPDB) Section 1922 (NPDB)

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purposes for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: ACCREDITATION ENTITY
Address: 123 SAMPLE STREET
City, State, Zip: SOME CITY, VA 33333
Country:
Name of Office: JANE SMITH
Title or Department: ADMINISTRATIVE ASSISTANT
Telephone: (703) 555-1111
Entity Internal Report Reference: ABC123
Customer Use: Case 123
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: GENERAL HEALTHCARE SERVICES
Other Organization Name(s) Used:
Business Address: 345 FIRST STREET
SUITE 100
City, State, ZIP: SOME CITY, VA 44444
Organization Type: HOME HEALTH AGENCY/ORGANIZATION (393)

Names and Titles of Principal Officers and Owners (POO):
Federal Employer Identification Numbers (FEIN): 444444444
Social Security Numbers (SSN):
State License Number, State of Licensure: 123456789A, VA
Drug Enforcement Administration (DEA) Numbers:
Clinical Laboratory Act (CLIA) Numbers:
Food and Drug Administration (FDA) Numbers:
National Provider Identifiers (NPI): 555555555
Medicare Provider/Supplier Numbers: 666666666

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

Done Unknown Zone

This is a view of the PDF confirmation of a report. Print and send to the state board.



Resources and Contacts



Resources & Contacts



Resources and Contacts



- Web Site - www.npdb-hipdb.hrsa.gov
 - NPDB Guidebook
 - Interactive Training
 - FAQs, Brochures, and Fact Sheets
 - Statistics
 - Annual Reports
 - Instructions for Reporting and Querying
- Customer Service Center - 1-800-767-6732 or 1-800-SOS-NPDB



Resources and Contacts



Cynthia Grubbs, RN, JD

Director

Division of Practitioner Data Banks

Bureau of Health Professions

Health Resources and Services Administration

Telephone: 301-443-2300

Email: CGrubbs@hrsa.gov