



National Practitioner Data Bank Healthcare Integrity and Protection Data Bank



FACT SHEET ON THE REPORT RESPONSE SERVICE

The National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) are committed to maintaining accurate information and ensuring that health care entities receive Medical Malpractice Payment Reports, Adverse Action Reports, and Judgment or Conviction Reports on practitioners that they employ or are considering for employment.

The subject of a *Medical Malpractice Payment Report*, *Adverse Action Report*, or *Judgment or Conviction Report* may submit a statement regarding information reported to the National Practitioner Data Bank (NPDB) or the Healthcare Integrity and Protection Data Bank (HIPDB). The subject may also dispute the accuracy of the information in a report, or whether the report should have been submitted to either or both of the Data Banks. To help subjects properly add a statement or dispute to a report, the Data Banks created the on-line Report Response Service, available at www.npdb-hipdb.hrsa.gov. Subjects may also use the Report Response Service to ensure that the Data Banks have their most recent address and employment information on file. If you do not have Internet access, contact the Customer Service Center for assistance.

Subject Information in the Data Banks

When the Data Banks receive a report, the information is processed by the NPDB-HIPDB computer system exactly as submitted by the reporting entity. Reporting entities are responsible for the accuracy of the information they report to the Data Banks.

When the Data Banks process a report, a *Report Verification Document* is sent to the reporting entity, and a *Notification of a Report in the Data Bank(s)* is sent to the subject. The subject should review the *Notification of a Report in the Data Bank(s)*, including such information as current address and place of employment. Subjects may not submit changes to reports. If any information in a report is inaccurate, the subject must contact the reporting entity to request that it file a correction to the report.

The Data Banks are prohibited by law from modifying information submitted in reports; however, if notified, the NPDB-HIPDB can maintain your current mailing address to ensure that you receive information from the Data Banks, even if your address as specified in a report is inaccurate. You can notify the Data Banks of an address change through the Report Response Service. You can also dispute a report or add a statement to your report. In addition, you may elect to receive the Data Bank newsletter via e-mail. To ensure

user security, *Notifications of a Report in the Data Bank(s)* sent after December 9, 2002, contain a unique password for access to the Report Response Service.

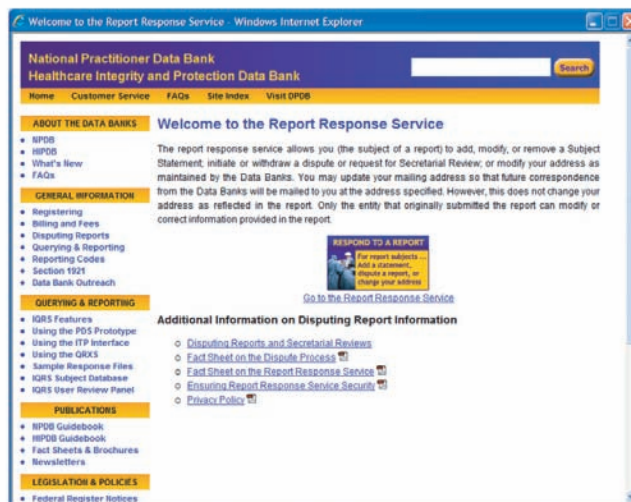


Figure 1. Welcome to the Report Response Service Screen
Correcting Report Information Using the Report Response Service

To access the Report Response Service from the NPDB-HIPDB home page, click **Respond to a Report**. The *Welcome to the Report Response Service* screen displays (Figure 1). Click the [Go to the Report Response Service](#) link, and follow the instructions provided. Use the unique report number and password provided in your *Notification* for access to the Report Response Service. Once you have entered your Report Number and Report Password, click **Login** to be directed to the *Report Response Options* screen. On the *Report Response Options* screen, you can correct or update your home and/or work address as maintained by the Data Bank(s). You can also add, modify, or withdraw a dispute or a Subject Statement. For more information on disputes and statements, see the *Fact Sheet on the Dispute Process*, available at www.npdb-hipdb.hrsa.gov.

Disputing a Factually Inaccurate Report

If a reporting entity declines to correct a report that you believe is wrong, you may initiate a dispute, add a statement to the report, or both. You may not dispute the merits of a medical malpractice claim or the appropriateness of, or basis for, an adverse action.

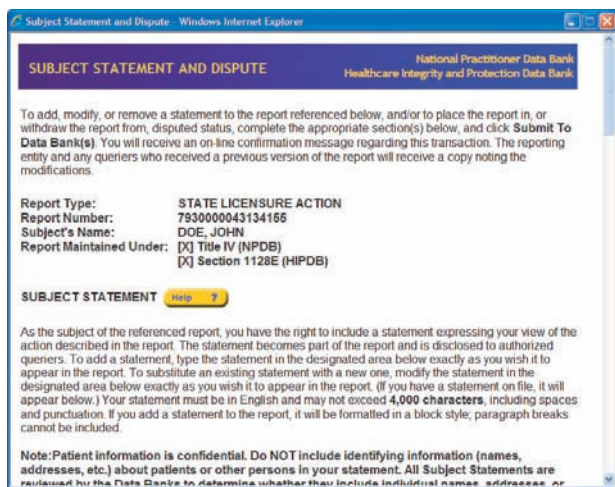


Figure 2. Statement and Dispute Screen

If you wish to add a statement to a report or dispute its factual accuracy, access the Report Response Service. You may add or modify a statement on the *Subject Statement and Dispute* screen (Figure 2). When your statement or dispute is processed, it is sent to all queriers who received a copy of your report in the last 3 years, and is included with your report when it is released to future queriers.

Avoiding Disputes

Reporting entities may reduce the likelihood of a subject disputing a report by consulting with the practitioner, provider, or supplier about the report prior to submitting it to the Data Bank(s).

Subject Statements

As a report subject, you may add a statement to a report at any time. Subject Statements are limited to 4,000 characters, including spaces and punctuation. Statements that exceed 4,000 characters will be truncated. Drafting a statement in accordance with the character limits helps to ensure that the statement will contain the information a subject considers most important. Subject Statements must not include any patient names or other personally identifying information.

A Subject Statement becomes part of the specific report for which it is filed. If a reporting entity subsequently corrects or changes a report that contains a Subject Statement, the original statement will be maintained in the modified report until the subject elects to remove it or replace it with a new statement. If you wish to add, modify, or remove a statement, you must do so on-line, through the Report Response Service.

Subject Disputes

The subject of a *Medical Malpractice Payment Report*, an *Adverse Action Report*, or a *Judgment Or Conviction*

Report may dispute either the factual accuracy of a report or whether a report was submitted in accordance with the NPDB's or the HIPDB's reporting requirements, including the eligibility of the entity to report the information to the Data Banks. A subject may *not* dispute a report in order to protest a decision made by an insurer to settle a claim or to appeal the underlying reasons for an adverse action, or judgment or conviction.

Dispute Results

When a subject initiates a dispute on-line, through the Report Response Service, notification of the dispute is sent to all queriers who received the report in the last 3 years, and is included with the report when it is released to future queriers.

A dispute becomes part of the specific report it is contesting. If the report is changed by the reporting entity, the dispute notation attached to the report is maintained until the subject elects to remove it.

There are three possible outcomes for a dispute:

- The reporting entity corrects the report to the satisfaction of the subject.
- The reporting entity voids the report.
- The reporting entity declines to change the report.

Secretarial Review

If the reporting entity declines to change the disputed report or takes no action, the subject may request that the Secretary of Health and Human Services (HHS) review the disputed report.

To request Secretarial Review of a disputed report, the subject must do so on-line, through the Report Response Service. Please note that accompanying documentation must be sent to the Data Banks, not directly to the Secretary of HHS.

The subject also must:

- State clearly and briefly, in writing, which facts are in dispute, and what the subject believes are the facts.
- Submit documentation substantiating that the reporting entity's information is inaccurate. Documentation must directly relate to the facts in dispute and substantially contribute to a determination of the factual accuracy of the report. Documentation may not exceed 10 pages, including attachments and exhibits. More information will be requested if it is necessary for proper resolution of the matter.
- Submit proof that the subject attempted to resolve the disagreement with the reporting entity but was unsuccessful. Proof may be a copy of the subject's correspondence to the reporting entity and the entity's response, if any.

To give the reporting entity time to respond to the dispute, the subject should wait for 30 days from the date of initiating the dispute before requesting Secretarial Review.

Secretarial Review Results

The Secretary will review disputed reports only for accuracy of factual information and to ensure that the information was required to be reported. The Secretary will not review the merits of a medical malpractice claim in the case of a payment or the appropriateness of, or basis for, an adverse action, or judgment or conviction. The Secretary cannot review the extent to which entities followed due process guidelines. Due process issues must be resolved between the subject and the reporter.

There are three possible outcomes for Secretarial Review of a dispute:

- The Secretary concludes that the report is accurate.
- The Secretary concludes that the report is inaccurate.
- The Secretary concludes that the issues in dispute are outside the scope of Secretarial Review.

Improper Dispute

Filing a dispute is considered improper when the report in question has been corrected or voided, or is already in dispute. If a subject submits an improper dispute, the Data Banks send a notification to the subject explaining why the report cannot be disputed.

Improper Request for Secretarial Review

A request for Secretarial Review is considered improper when the report in question has not previously been disputed by the subject practitioner, provider, or supplier. Before requesting Secretarial Review, a subject must first attempt to resolve the disagreement with the reporting entity and then may dispute the report according to the instructions provided on the *Notification* document. If a subject submits an improper request for Secretarial Review, the Data Banks will notify the subject that the report must first be disputed.

NPDB-HIPDB Assistance

For additional information, visit the NPDB-HIPDB Web site at www.npdb-hipdb.hrsa.gov. If you need assistance, contact the NPDB-HIPDB Customer Service Center by e-mail at help@npdb-hipdb.hrsa.gov or by phone at 1-800-767-6732 (TDD 703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on all Federal holidays.