



NPDB-HIPDB DATA BANK NEWS



National Practitioner Data Bank—Healthcare Integrity and Protection Data Bank

OCTOBER 2009

You Asked for it... On-Line Self-Query Responses

The Data Banks are pleased to announce that practitioners can receive self-query results on-line beginning November 9, 2009. This new feature expedites the self-query process, and is in response to practitioners' requests to receive their self-query results electronically.

SELF-QUERY—DO I HAVE A REPORT?

Previously, practitioners could only receive their self-query results through the U.S. mail. Now practitioners will receive an e-mail alerting them that their self-query results are available for viewing and printing on-line. This saves time and simplifies the self-query

process. Practitioners may request information about themselves on-line at any time.

NEW PROCESS

When practitioners complete the *Self-Query* form, they create a personal response password enabling them to log in and view the self-query response. The new screen requires an e-mail address for notification of the self-query results. Practitioners create their self-query service password on the *Output Options* screen (Figure 1 on page 2). In addition to the electronic response, practitioners will still receive a paper copy by mail for the

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URP/Policy Education Forum—A Success

Thirty-two individuals, representing organizations that query and report to the Data Banks, attended the User Review Panel (URP) and Policy Education Forum held in Boston, MA on June 3-4, 2009. The interactive session was beneficial to the users (according to their evaluations) and to the Data Banks staff as well. Information was shared not only between the attendees and the Data Banks staff but also among the participants. Several of the new ideas discussed may improve Data Banks functionality in the future. Thank you for participating in this event.

The Forum included education about the Data Banks querying and reporting requirements, new initiatives, and compliance activities. A discussion on entity eligibility and proposed future changes to the registration process also occurred. The following agenda topics were discussed: report codes, reportable actions, timeliness in reporting, policy updates, entity-agent relationships, security, evolution of the Data Banks, eligibility and registration renewals, data integrity initiatives, and future system improvements. The attendees offered great feedback and to end the Forum, a helpful question and answer session was held. The Data Banks sponsor user review/policy and education Forums periodically to stay in touch with their users. See the Data Banks Web site, www.npdb-hipdb.hrsa.gov, for upcoming events that you can attend. The Data Banks value the ideas and opinions of our users. We hope to see you at an upcoming event! ❖

You Asked For It...On-Line Self-Query Responses continued from page 1

\$16.00 self-query processing fee. Practitioners can also request additional sealed copies of their self-query response. Each additional copy has a separate processing fee of \$16.00. Self-query responses are mailed separately to the address on record.

After completing the self-query form on-line, the practitioner must print and sign the form in the presence of a Notary Public. The practitioner then mails the form to the Data Banks for processing. After processing, the Data Banks will send an e-mail notifying the practitioner that the response is available for viewing and printing. See Figure 2, the *Self-Query Response* screen, for a sample notification of a self-query response. ❖

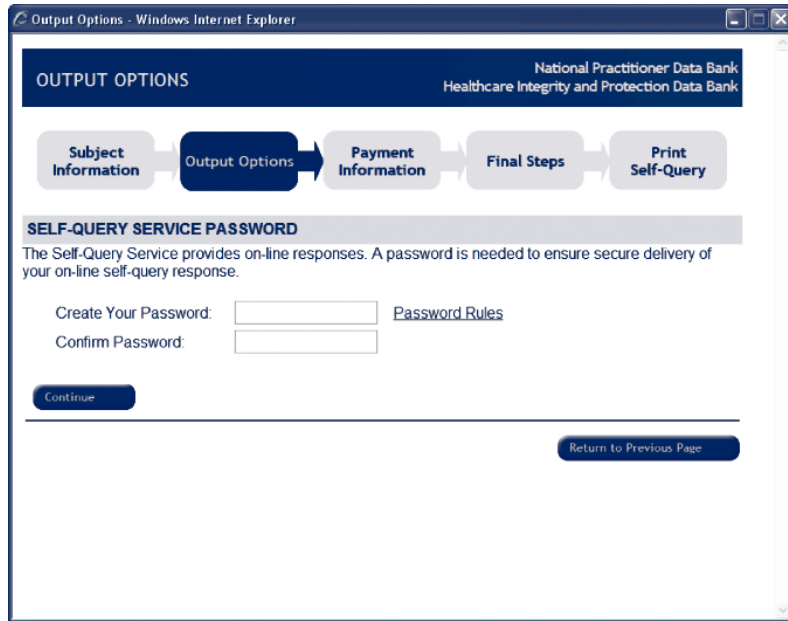


Figure 1. Practitioners create their on-line self-query password via the Output Options screen.



Figure 2. The Self-Query Response screen provides notification of available information.

Secretarial Review 101

REPORT DISPUTES

The Data Banks are committed to maintaining accurate information. Consequently, once the Data Banks processes a report submitted by an organization, it sends a Subject Notification Document (SND) to the subject of the report. The subject (practitioner named in the report) should review the report for accuracy. If inaccuracies are found, the practitioner may dispute the report, but first must contact the reporting organization to request that it file a Correction Report. Practitioners may not dispute a report to protest an insurance payment or appeal the underlying reason for an adverse action, judgment, or conviction. Disputes can result in the organization correcting the report, voiding the report, or declining to change the report. If the reporting organization declines to change a disputed report or takes no action, the practitioner may request Secretarial Review of the disputed report.

SECRETARIAL REVIEW

To request Secretarial Review, the practitioner must go on-line to the Report Response Service (RRS), located at www.npdb-hipdb.hrsa.gov/welcomerr.html, and request a Secretarial Review. The practitioner must clearly state the facts of the dispute, submit documentation (not exceeding 20 pages)

supporting the inaccuracies, and submit proof (e.g., correspondence with the reporting organization) that an attempt to resolve the dispute with the reporting organization was made. The Secretary reviews the disputed report to ensure that the information is accurate, as reflected in the written record, and is required to be reported. The Secretary will not review the merits of a medical malpractice claim or the basis for an adverse action, judgment, or conviction. The Secretary cannot review the extent to which organizations followed due process.

Secretarial Review can result in the report being maintained as submitted, corrected/revised/voided by the organization, or voided or corrected by the Secretary. Once the Secretary makes a decision, a notice is sent to the practitioner, the reporting organization, previous queriers and, so long as the report was not voided, to future queriers. The practitioner may request one reconsideration by demonstrating proof that specific issues were inappropriately considered during the Secretarial Review process and/or new information is now available that was unavailable at the time of Secretarial Review. ❖

Data Bank Outreach and Education Activities

Representatives from the Division of Practitioner Data Banks (DPDB) participate in a variety of outreach activities to share information, to talk to Data Bank users about their concerns, and to learn from health care community experts and associations. Please refer to our Web site, www.npdb-hipdb.hrsa.gov, to learn about additional outreach activities, as we are always adding to our schedule.

Recent Outreach Activities

National Conference of State Legislatures (NCSL) 2009 Legislative Summit (Philadelphia, PA, July 20-24, 2009). The Data Banks exhibited at the conference.

Southwestern Pennsylvania Association of Medical Staff Services (SWPAMSS) (Pittsburgh, PA, July 29, 2009). A representative spoke about the benefits of PDS.

Utah Association of Medical Staff Services (UAMSS) (Salt Lake City, UT, August 6-9, 2009). A representative spoke about the benefits of PDS.

Integrated Querying and Reporting Service (IQRS) User Review Panel (URP)/Policy Education Forum (Dallas, TX, September 22-23, 2009). Data Banks staff held an IQRS URP/Policy Education Forum for users. The URP session discussed security and current and future system enhancements. The policy session addressed reportable actions, timeliness in reporting, as well as other "hot topics" concerning querying and reporting to the Data Banks.

Upcoming Outreach Activities

2009 National Association Medical Staff Services (NAMSS) 33rd Annual Conference (Reno, NV, October 3-7, 2009). The Data Banks will exhibit at the conference.

2009 National Health Care Anti-Fraud Association: Annual Training Conference (Orlando, FL, November 17-20, 2009). The Data Banks will exhibit at the conference. ❖

Helpful Hints from the Data Banks

Adding a Statement to a Report

If a report is filed in the Data Banks, the practitioner has the right to add a statement to the report at any time, and may do so through the on-line Report Response Service (RRS). Adding or removing a report statement does not require the practitioner to dispute the report. The dispute process is an optional and separate process that is also initiated through the RRS. For more information on subject statements, see the *Fact Sheet on the Report Response Service*, located at www.npdb-hipdb.hrsa.gov/pubs/fs/Fact_Sheet-Report_Response_Service.pdf.

E-Newsletter Vs. Paper Newsletter

You can save paper and help the environment by electing to receive only the e-newsletter (instead of a mailed paper copy). Data Bank users can manage their e-newsletter preferences by signing in to the Data Banks and updating their user accounts. The Entity Data Bank Administrator can opt-out of receiving the organization's copy of the paper newsletter by signing in to the Data Banks and updating their e-newsletter preference. Go electronic, go green!

Report Form Enhancement—Medical School Name

When completing a *Report Input* form on a physician and entering the name of the practitioner's medical school, you can now select the school from a list of suggested schools as you type. This enhancement helps to standardize the report information and prevents confusion with similarly named schools.

Changing Your IQRS Password

You may change your user password on the *User Account Information* screen through the IQRS. Click **Update User Account** on the *Options*

screen and follow the on-screen instructions. If you are the Entity Data Bank Administrator and wish to reset a user password, highlight the user account information on the *Maintain User Account Information* screen and click **Reset Password**. A temporary password will appear. Resetting a user password will create a system-generated temporary password for the user. This password is valid for 3 calendar days. The user is required to change this password upon the next IQRS login.

Remember to Cancel PDS Enrollments

Cancel any PDS enrollment immediately upon receiving notice that the practitioner has left your organization. PDS cancellations may be scheduled in advance. Failure to cancel an enrollment of a practitioner that is no longer part of your organization could result in a violation of the confidentiality provisions and may result in a civil money penalty.

Ensure Reports Contain Factually Sufficient Narratives

To meet the statutory reporting requirements, the narrative description contained in a report must have enough detailed information so that a knowledgeable reviewer can determine clearly the circumstances of the action or surrender. In other words, you must provide a clear understanding of what the practitioner is alleged to have done and the nature and reasons for the action taken. Merely repeating the adverse action or basis for action code is not factually sufficient. Do not reference personal identifying information about patients, other health care practitioners, plaintiffs, and/or witnesses (e.g., names). The narrative may be up to 4,000 characters in length. Examples of factually sufficient narratives are available on the *Fact Sheet on Submitting a Factually Sufficient Narrative Description*, located at www.npdb-hipdb.hrsa.gov/factsheet. ❖

PDS 24/7 Notification

NUMBERS CONTINUE TO RISE

Subscription in the Proactive Disclosure Service Prototype (PDS) 24/7 notification reached over 1,000 entities, with more than 400,000 practitioners enrolled in the service (as of July 2009). The numbers continue to increase each month and the response from the subscribers is very positive. The yearly re-enrollment rate is 98 percent! For more information on PDS 24/7 notification, go to www.npdb-hipdb.hrsa.gov/pds.

"From the Division of Practitioner Data Banks' (DPDB) perspective, this is great news! As entities become more aware of the service and begin to use it, they see the advantages of immediate notification and they are excited and happy the service is here," said Mr. Darryl Gray, Director of DPDB. It affirms that PDS 24/7 notification is the best way to stay abreast of reports filed on practitioners. If you would like peace of mind by knowing that you will receive timely notification of reports filed on your practitioners, join the other 1,000 entities and enroll your practitioners in PDS 24/7 notification today! ❖

Number of PDS Enrollments

PDS Enrollments	As of July 2009
NPDB	321,350
HIPDB	102,772
Total Enrolled	424,122

Security Hints from the Data Banks

The Data Bank reports contain personally identifiable and sensitive information. As a Data Banks user, it is your responsibility to protect this information at all times. One way to do this is through encryption. Encryption is the conversion of data into a format that cannot be easily understood by unauthorized people. Encryption helps secure data in the event of theft, loss, or unauthorized access.

Data Bank information should be encrypted during storage and transmission. To encrypt stored information, a Federal Information Processing Standard (FIPS) compliant product should be installed on workstations and laptops. When communicating directly with the Data Banks system, all information is encrypted via FIPS approved algorithms. However, if Data Banks information is stored on the entity's computer and then transmitted to another computing system, the data must be encrypted again using a FIPS compliant algorithm.

Please contact your Information Technology department to ensure that these encryption technologies are in place within your organization. ❖



Spotlight on Reporting...Did You Know?

Did You Know...The National Practitioner Data Bank (NPDB) collects and disseminates to eligible organizations reports of the following:

- Medical malpractice payments.
- Adverse licensure actions.
- Adverse clinical privileging actions.
- Adverse professional society membership actions.
- Exclusions from Medicare/Medicaid.

Did You Know...Health plans and Federal and State Government agencies are required to report to the Healthcare Integrity and Protection Data Bank (HIPDB)?

- Federal and State licensing or certification agencies must report final adverse actions when taken against a health care practitioner, provider, or supplier.
- Federal and State law enforcement and investigative agencies must report criminal convictions against a health care practitioner, provider, or supplier related to the delivery of a health care item or service.
- Federal and State law enforcement and investigative agencies, and health plans must report civil judgments related to the delivery of a health care item or service (except those resulting from medical malpractice).

- Federal and State Government agencies must report health care practitioners, providers, or suppliers excluded from participating in Federal or State health care programs.
- Federal and State Government agencies and health plans must report other adjudicated actions or decisions related to the delivery of a health care item or service taken against a health care practitioner, provider, or supplier (excluding clinical privileging actions). "Other adjudicated actions or decisions" are formal or official final actions that:
 - Are taken against a health care practitioner, provider, or supplier by a Federal or State Government agency or a health plan.
 - Include the existence of a due process mechanism.
 - Are based on acts or omissions that affect or could affect the delivery or payment of a health care item or service.

Did You Know...that settlements in which no findings or admissions of liability have been made must not be reported to the HIPDB?

Did You Know...that all reports must be submitted within 30 days of the final action or payment? to eligible organizations reports of the following:

- No matter what type of report an organization reports to the NPDB and/or the HIPDB, they must submit the report within 30 days. ❖

Dear Data Banks...

This column answers questions about the Data Banks' policies and procedures. If you have a question, please write to Dear Data Banks at P.O. Box 10832, Chantilly, VA 20153-0832 or e-mail your question to Dear Data Banks at help@npdb-hipdb.hrsa.gov. We look forward to hearing from you!

Question: If I do not have a Social Security Number (SSN), how can I submit a report on a practitioner?

Answer: It depends on the type of report you are submitting. Organizations are required to provide as much information as possible, and the inclusion of an SSN is encouraged. Under the National Practitioner Data Bank (NPDB), a subject's SSN, if known, should be provided when reporting medical malpractice payments, adverse clinical privileges, and professional society actions.

However, a SSN is required for adverse licensure actions, as these reports are also mandated for inclusion in the Healthcare Integrity and Protection Data Bank (HIPDB) and is required as part of the reporting process.

If you are reporting medical malpractice payments, adverse clinical privileges, or professional society actions, and you do not have the practitioner's SSN, you must complete the report by providing the practitioner's professional school name, year of graduation, and the State licensure information. We also encourage you to include other identifiers

such as the National Provider Identifier (NPI), etc.

Question: Is there training available for the Proactive Disclosure Service Prototype (PDS)?

Answer: Yes, on-screen instructions and help buttons are available to guide the user through each screen. Detailed fact sheets are also available on a range of topics, providing step-by-step instructions for performing various tasks and are located at www.npdb-hipdb.hrsa.gov/factsheet. In addition, Data Banks Information Specialists are available to answer questions from users. Call the Customer Service Center at 1-800-767-6732.

Question: A physician withdrew his license during a background check. Is this reportable?

Answer: If a physician or dentist withdraws an initial application for license, then the withdrawal is not reportable to the NPDB. But, if the practitioner withdraws his application for license renewal, the withdrawal (when related to the professional competence or conduct) must be reported as a voluntary surrender.

Question: How can we test our Querying and Reporting XML Service (QRXS) files before we submit them?

Answer: The Data Banks provide an on-line test environment for users to test their QRXS submission files. The test environment can be used to test data validation and network

connectivity before submitting to the Data Banks via the QRXS. More information about the QRXS test environment is available at www.npdb-hipdb.hrsa.gov/qrxs.

Question: What security measures are in place to protect data transmissions to and from the Data Banks?

Answer: All data transmissions are encrypted between client and server, using industry standard technologies that satisfy Federal Government requirements. The Data Banks utilize multiple layers of security from encrypted communications to tools to protect the system from malicious users (firewalls and intrusion detection), and user authentication (Data Bank Identification Numbers [DBIDs], user IDs, and user passwords). The Data Banks also require users to adhere to password guidelines and frequent password changes. For more information, see the Security Frequently Asked Questions (FAQs), located at www.npdb-hipdb.hrsa.gov/faq-Security.

If you would prefer to discuss a specific issue, please call the Customer Service Center at 1-800-767-6732. 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 Customer Service Center is closed on all Federal holidays. ❖

On the Horizon

UPCOMING WEB SITE REDESIGN

The newly redesigned Data Banks Web site is expected to be unveiled sometime in 2010! Whether you are a health care organization or a practitioner, you will easily find the information you need directly from the home page.

When the Web site becomes available, please share your comments and suggestions with us! ❖

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