



NPDB-HIPDB



DATA BANK NEWS



National Practitioner Data Bank—Healthcare Integrity and Protection Data Bank

APRIL 2006

Data Banks Plan Ahead for the Proactive Disclosure Service (PDS)

The National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) are pleased to announce the development of the Proactive Disclosure Service (PDS). The PDS will allow all eligible entities that choose to register their practitioners with the NPDB and/or the HIPDB to be notified of new reports that name any of their registered practitioners as subjects within one business day of the Data Banks' receipt of the report. In other words, PDS subscribers will no longer have to query on their registered subjects because they will automatically receive reports.

The service will be offered as an optional alternative to, not as a required replacement for, the current Data Bank querying service. Nothing other than the timing of the delivery of the report in relationship to when it was filed will change; the format and the information contained in the Data Bank report, as well as the information required to be reported to each Data Bank will remain the same. The PDS

is being developed in response to a growing emphasis by accrediting bodies on on-going monitoring.

From 2003 through 2005, staff from the Practitioner Data Banks Branch and the Data Banks' contractor, SRA International, Inc., worked extensively with numerous Data Bank users to determine the characteristics of the service that would best meet users' needs. There was wide participation in the process, including representatives from hospitals, health plans, licensing boards, and credentials verification organizations. The feedback obtained from Data Bank users helped to develop the specifications for the PDS.

A concern for many hospital representatives was whether this service would meet their legal requirements for querying the NPDB and whether or not the accrediting organizations would recognize PDS.

- Because entities that choose to use this service with the NPDB will essentially be querying 24 hours a day, 365 days a year, enrollment

Inside this issue:

Data Banks Plan Ahead for the Proactive Disclosure Service (PDS)	1
Data Banks Web Site Will Change!.....	1
Submit Timely Reports!.....	2
Entity-Agent Improvements Coming Next Month	3
Data Bank Outreach Activities	3
Query Fee will Increase to \$4.75 on May 9, 2006.....	3
Security Hints from the Data Banks.....	4
Helpful Hints from the Data Banks.....	4
Historical Query and Report Summary Enhancements Coming in May.....	6
Section 1921 of the Social Security Act: Status.....	6
Dear Data Banks.....	7
Reminder: Registration Renewal....	8

in the PDS meets the mandatory hospital querying requirements of the *Health Care Quality Improvement Act of 1986*, as amended.

- The Joint Commission on Accreditation of Healthcare

See *Data Banks Plan Ahead for the Proactive Disclosure Service (PDS)* on page 8

Data Banks Web Site Will Change!

On May 8, 2006, the Data Banks Web site will change its domain name to www.npdb-hipdb.hrsa.gov.

Please update your Internet bookmarks to reference this new .gov address. ¶

Submit Timely Reports!

Reportable events must be reported to the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) within the legally required time frames. Submitting reports promptly to the Data Banks provides queriers with the information they need to make professional review decisions. The *Health*

Care Quality Improvement Act of 1986, the Health Insurance Portability and Accountability Act of 1996, and subsequent regulations mandate that all reports to the NPDB and HIPDB be filed within a specific time frame.

Please refer to the Reporting Compliance Time Frame (Table 1) for a description of the NPDB and HIPDB reporting requirements.

Additional information on reporting can be found in the NPDB and HIPDB Guidebooks; they are available for viewing and printing at www.npdb-hipdb.com/npdbguidebook.html and www.npdb-hipdb.com/hipdbguidebook.html, respectively. We strongly recommend that all entity users review the reporting time frames below and comply with the regulations. ¶

REPORTING COMPLIANCE TIME FRAME

MALPRACTICE PAYMENTS	CLINICAL PRIVILEGES/ PANEL MEMBERSHIP (NPDB)	STATE LICENSURE (NPDB)	STATE LICENSURE (HIPDB)	HEALTH PLAN ACTIONS (E.G., CONTRACT TERMINATIONS) (HIPDB)
<p>Requirement: Reports must be submitted to the NPDB and appropriate State licensing board within 30 days of payment (generally the date a payment check is mailed or delivered by the payer).</p>	<p>Requirement: Reports must be submitted to the NPDB and appropriate State licensing board within 30 days of the action.</p>	<p>Requirement: Reports must be submitted to the NPDB within 30 days of the action.</p>	<p>Requirement: State agencies must report final adverse actions to the HIPDB</p> <ul style="list-style-type: none"> • within 30 calendar days of the date the action was taken; or • the date when the reporting entity became aware of the final adverse action; or • by the close of the entity's next monthly reporting cycle, whichever is later. 	<p>Requirement: Health plans must report final adverse actions to the HIPDB</p> <ul style="list-style-type: none"> • within 30 calendar days of the date the action was taken; or • the date when the reporting entity became aware of the final adverse action; or • the close of the entity's next monthly reporting cycle, whichever is later.
<p>Penalty for Non-reporting: \$11,000 civil money penalty for each payment not reported.</p>	<p>Penalty for Non-reporting: Loss of peer review immunity after hearing and publication of name in the <i>Federal Register</i>.</p>	<p>Penalty for Non-reporting: Responsibility for reporting removed and another entity designated as the reporting entity.</p>	<p>Penalty for Non-reporting: Publication of the name of the reporting entity in the <i>Federal Register</i> and/or other publications.</p>	<p>Penalty for Non-reporting: Up to \$25,000 civil money penalty for each adverse action not reported.</p>

Table 1. The Reporting Compliance Time Frame outlines the specific types of actions reported to the NPDB and the HIPDB and the time frames required by Federal regulations.

Entity-Agent Improvements Coming Next Month

Beginning May 8, 2006, the Integrated Querying and Reporting Service (IQRS) will roll out several enhancements for entities and their designated agents. These improvements are based on suggestions received from past IQRS User Review Panel (URP) meetings.

1. IQRS users expressed a desire for more control over their relationships with their designated agents. Beginning May 8th, users will be able to assign specific privileges to agents (i.e., reporting only or querying only or both querying and reporting). To update an agent's privileges, the registered entity will go to the "Allow Agent to" field on the *Designate Authorized Agent* screen and select the appropriate privileges for each agent.
2. Authorized agents will be able to log in to the IQRS and select an entity by name from a drop-down menu. The agent will no longer be required to manually enter the entity's Data Bank Identification Number (DBID).
3. Agent administrators will be able to assign querying and reporting privileges to each of their staff members. For example, an agent administrator can specify that a staff member may submit queries on behalf of a particular entity rather than all designated entities. To modify staffing privileges, agent administrators will access the *Maintain User Account* screen and click **Edit**. On the *User Account Information*

screen, the administrator should locate the "entities available to act on behalf of" section and highlight the staff members for whom privileges will be modified. Next, click on one of the following: **Query only**, **Report Only**, **Query & Report**, or **None** - depending on the type of privileges the staff member is assigned for a particular entity.

A new screen, the *Active Entity Relationships* screen, will be available May 8th for authorized agent administrators. This screen will display a history of the authorized agent's entity relationships and the staff members authorized by the agent's administrator to act on behalf of each entity. ¶

Data Bank Outreach Activities

Representatives of the Practitioner Data Banks Branch (PDBB) attend numerous Policy Forums and seminars as part of the on-going effort to educate Data Bank users. The following is a list of recent and upcoming events:

- **Virginia Licensing Board Policy Forum** (March 9, 2006): In the past, the Data Banks offered Policy Forums to credentialers and medical malpractice payers. This was the first Policy Forum geared toward licensing boards. The purpose of this forum was to bring Data Bank reporters and queriers together to exchange information and ideas about the Data Banks. Participants were encouraged to offer suggestions for policy and technical improvements.
- **National Association Medical Staff Services (NAMSS) Institute and Seminar Series** (March 23-24, 2006): This presentation included a detailed review of the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) and an update on recent system changes, new initiatives, including the Proactive Disclosure Service (PDS); Section 1921 of the *Social Security Act*; and compliance activities.
- **Ohio Association Medical Staff Services (OAMSS) Spring Seminar** (March 23-24, 2006) and **Minnesota Association Medical Staff Services (MAMSS) Spring Conference** (April 24-25, 2006):

Query Fee will Increase to \$4.75 on May 9, 2006

Beginning May 9, 2006, the fee per name for each Data Bank queried will be \$4.75, a 50 cent increase from the previous \$4.25 fee. The change affects both the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB). The self-query fee remains at \$8 per name for each Data Bank queried. For information related to query fees, see the *Federal Register* notices at www.npdb-hidpb.com. ¶

Data Bank Outreach Activities continued on page 5

Security Hints from the Data Banks

In an effort to maintain e-mail integrity and to ensure prompt, reliable, and accurate receipt of National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) e-mails, the following article provides helpful information to establish effective e-mail filters. You can easily protect your computer from most of the unwanted "junk" and "spam" e-mails sent through your e-mail carrier. Users may control the kinds of messages they receive and eliminate unauthorized senders.

Microsoft Office Outlook® 2003 is a popular e-mail application with features that work to protect a user's privacy and help block unwanted messages. If you wish to receive e-mail from a valid sender, be sure to include their address on your "Safe Sender List" or "Safe Recipients List." To stay informed of important Data Bank news and correspondence, ensure that the Data Bank e-mail address (npdb-hipdb@sra.com) is listed as a valid sender in your "Safe Sender List" or "Safe Recipients List." **Note:** For users who do not use Outlook, **check your e-mail application for these same functions.** Outlook users should follow these instructions to protect their Inbox:

- **Junk E-mail Messages:** Outlook uses a filter, which by default, is set to a low setting. This setting is designed to catch the most obvious junk e-mail messages and these junk e-mails are automatically moved to a special Junk E-mail folder, where you can access them at a later time. The setting may be adjusted to suit your organizations requirements. To change the default junk e-mail settings in Outlook 2003:

1. On the **Tools** menu, select **Options**.
2. In the Options dialog box, in the e-mail section, click **Junk E-mail**.
3. Choose the level of junk e-mail message protection you want. Click **OK**.
- **Safe Senders List:** If you want to ensure that e-mails from a specific organization are never marked as "Junk," add the organization's e-mail address to your "Safe Senders List" or "Safe Recipients List." E-mail addresses and domain names on the Safe Senders List are never treated as junk e-mail messages, regardless of the content of the message. You can add either the sender's e-mail address or their domain name to the Safe Senders List by doing this:

1. On the **Tools** menu, select **Options**.
2. On the **Preferences** tab, under E-mail, click **Junk E-mail**.
3. Click the **Safe Senders** or **Safe Recipients** tab.
4. Click **Add**.
5. In the **Enter an e-mail address or Internet domain name to be added to the list box**, enter the name or address you want added, then click **OK**.

Security Hints from the Data Banks continued on page 5

Helpful Hints From

REPORT VERIFICATION DOCUMENT (RVD)

Do you know the difference between the Temporary Record of Submission document and the Report Verification Document (RVD)? The RVD confirms that a report has been successfully stored in the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) database. If the report concerns a malpractice payment, clinical privileges action or professional society membership action, the reporting entity should also submit a copy of the RVD to the appropriate State licensing board to meet its requirement to report adverse actions.

When a reporting entity initially submits a report to the Data Banks, the entity immediately receives a

Temporary Record of Submission and a Data Bank Control Number (DCN). This document verifies that a report was received by the Data Banks and is being processed. Within 2-4 hours of submission, the reporting entity should receive a response from the Data Banks. If the report was processed successfully, the reporting entity will receive the RVD with a permanent DCN.

ARE YOU USING A LEGALLY SUFFICIENT NARRATIVE DESCRIPTION?

Federal Data Bank regulations require reporters to provide narrative descriptions in Adverse Action Reports. The narrative descriptions must provide sufficient information to allow future queriers to

Security Hints from the Data Banks continued from page 4

Repeat steps 4 and 5 for each name or address that you want to add to the Safe Senders List.

Notes:

- If you want all your Contacts to be considered safe senders, select the “**Also trust e-mail from my Contacts**” check box on the Safe Senders tab. By default, the check box is selected. All e-mail addresses in your Contacts folder will then be used by the Junk E-mail Filter to evaluate messages.
- If you want people who are not necessarily in your Contacts (but are people you correspond with regularly) to be considered Safe Senders, select **Automatically add people I e-mail to the Safe Senders List** check box on the **Safe Senders** tab. This check box was introduced with Microsoft Office 2003 Service Pack 1.
- To quickly add a sender, domain name, or mailing list name to the Safe Senders or Safe Recipients Lists, right-click the message you consider safe, and then on the shortcut menu, point to **Junk E-mail**, and then click **Add Sender to Safe Senders List**, **Add Sender’s Domain (@example.com) to Safe Senders List**, or **Add Recipient to Safe Recipients List**.

Data Bank Outreach Activities continued from page 3

The presentations were designed for advanced-level hospital and managed care credentialers. The presentations included updates on the PDS; Section 1921 of the *Social Security Act*; and other NPDB-HIPDB initiatives.

- **New York State Association Medical Staff Services (NYSAMSS) Seminar** (May 5, 2006): The presentation will include a review of the NPDB and the HIPDB and a discussion of reporting issues; recent system changes; new initiatives, including the PDS; Section 1921 of the *Social Security Act*; and Data Bank compliance activities.
- **National Committee for Quality Assurance (NCQA) Introduction to Credentialing and Advanced Credentialing Workshops** (May 15-17, 2006): Representatives from the Data Banks have been included on the faculty for these educational seminars for the past several years. The “Introduction to Credentialing” workshop provides an in-depth explanation of NCQA’s credentialing standards and a detailed review of the NPDB and the HIPDB. The “Advanced Credentialing” workshop is aimed at seasoned credentialing professionals and will explore complicated issues surrounding credentialing. Following a brief overview of the Data Banks, this workshop focuses on common issues in reporting and new developments concerning the Data Banks. The program will also include one or more breakout activities focusing on common reporting issues.

Look in future issues of *NPDB-HIPDB Data Bank News* for more information about these outreach activities.

The Data Banks

understand the nature of the action taken and the reasons for the report. For **additional information and examples of legally sufficient and insufficient descriptions in Adverse Action Reports**, read the *Fact Sheet on Developing Legally Sufficient Narratives for Adverse Action Reports*, available on-line at www.npdb-hipdb.com/pubs/fs/Fact_Sheet-AAR_Legal_Sufficiency.pdf.

MEDICAL MALPRACTICE PAYMENT REPORT (MMPR) DATA GATHERING FORM

The Data Banks created a draft *Medical Malpractice Payment Report* form to assist reporters in gathering required information about a medical malpractice

payment. The form is available in Microsoft Word format for reporters to download from the Web site at www.npdb-hipdb.com/forms/NPDB%20MMPR%20Draft%20Form.doc.

SCROLL THROUGH ALL QUERY RESPONSES ON THE QUERY STATUS SCREEN

When retrieving a query response on the *Query Status* screen in the IQRS, you may find that responses do not appear in the exact order in which they were submitted. Be sure to scroll through the entire list of responses to search for your query by the DCN. You may also sort the query responses on this screen by Submitter, Date Submitted, Names Queried, Status, and Billing History.

Historical Query and Report Summary Enhancements Coming in May

In a continuing effort to implement user suggestions that improve the Integrated Querying and Reporting Service (IQRS), the Data Banks will soon enhance the Historical Query and Report Summary. This functionality enables your entity to obtain a summary of subjects it has previously queried or reported. On May 8, 2006, features that were recommended at past IQRS User Review Panel meetings will be implemented. Improvements will include: expanding the searchable date range, expanding the search criteria, and adding additional primary and secondary search result sort options.

By expanding the searchable date range, IQRS users will be able to search queries and reports that were submitted from June 2000 to the present day. Previously, users could only search for queries and reports submitted up to four years prior to the search date.

Users will be able to search by licensure information, Social Security Number (SSN) and Individual Taxpayer Identification Number (ITIN), or Federal Employment Identification Number (FEIN). In the future, users will be able to search for the Submitter's User ID for historical report look-up.

To help organize the way the information is viewed, users will also be able to select primary and secondary sort options for all historical reports and queries they submitted since June 2000 to the present day. Data sort features will allow sorting by all searchable fields, as well as Bill Reference Number (historical queries only), Batch Data Bank Control Number (DCN) (historical queries only), Completed/Rejected Status, and Active/Inactive Status (historical reports only). Searches for Adverse Action Reports on Physicians and Dentists will also be searchable by specialty. ¶

Section 1921 of the *Social Security Act*: Current Implementation Status

The implementation of Section 1921 of the *Social Security Act* will expand querying and reporting to the NPDB. Section 1921 will add adverse action reports, which are not restricted to issues related to professional competence and conduct, on all licensed practitioners (i.e. nurses, podiatrists). Also it will add adverse action reports relative to certain negative actions or findings, mainly those taken by private accrediting organizations (e.g., the Joint Commission on Accreditation of Healthcare Organizations, National Committee for Quality Assurance, URAC, the Commission on Accreditation of Rehabilitation Facilities). In addition, access to the 1921 information only will be afforded to State agencies administering State health care programs, Quality Improvement Organizations (QIOs), State Medicaid Fraud Control Units, U.S. Attorney Generals and other law enforcement personnel and health care entities (self-query). Entities qualified to query the NPDB will have access to both NPDB reports and Section 1921 reports (e.g., hospitals will have access to adverse action reports on all licensed health care practitioners).

The Notice of Proposed Rule Making (NPRM) for Section 1921 is currently in the final clearance process. The NPRM should be published in the Federal Register soon. For more information on the status of Section 1921, please see the NPDB-HIPDB Data Bank Web site, located at www.npdb-hipdb.com. ¶

Dear Data Banks...

This column answers questions about Data Bank policy 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 npdb-hipdb@sra.com.** We look forward to hearing from you!

Question: Can I designate more than one authorized agent to query for my hospital?

Answer: Yes. To designate one or more authorized agents to query for your hospital, the entity's administrator logs in to the Integrated Querying and Reporting Service (IQRS) and selects **Administrator Options** on the *Entity Registration Confirmation* screen. The administrator selects **Maintain Agent Information** on the *Administrator Options* screen, clicks **Add** on the *Agent Information* screen, and completes all fields on the *Designate Authorized Agent* screen. The administrator certifies the information and clicks **Continue**. The administrator will see a formatted copy of the Agent Designation Request, which should be printed for the entity's records. The entity's administrator should then notify the authorized agent's administrator to log in to the IQRS and view Data Bank Correspondence to accept this request.

Question: My organization does not use the IQRS (we use third-party software) to submit queries to the Data Banks, but I need to reconcile my credit card/Electronic Funds Transfer (EFT) statement each month and my software system doesn't capture the billing information. Can I still reconcile my statement?

Answer: Yes. Although your organization uses different software to submit queries, the Data Banks maintain a record of historical billing for a period of four years through the IQRS historical query summary feature. To access your entity's historical queries, log in to the IQRS and click **Continue** on the *Entity Registration Confirmation* screen. On the *Options* screen, click **View Historical Queries**. On the *Historical Query Summary* screen, select the appropriate search information from the required fields (e.g., Type of Subject, Submission Date Range, Status) and click **Continue**. Review the Healthcare Integrity and Protection Data Bank (HIPDB) or National

Practitioner Data Bank (NPDB) Charge columns for payment information. If you wish to view and print a detailed charge receipt, click the HIPDB or NPDB Charge reference number link on-screen. **Note:** The charge receipts provided on the *Historical Query Summary* screen are not the originals and are only provided as a reference. The official receipts are in PDF format (for IQRS submissions), available on the *View Query Status* screen for 30 days (click the Receipt link under the Billing History column). The original charge receipt information is available on the *Billing History* screen for approximately 60 days after the original query submission.

Question: What is a "locums tenens" practitioner and must the hospital query on the practitioner every time she comes to our facility?

Answer: A health care practitioner who works as "locum tenens," is a qualified health care practitioner who is placed into a temporary practice opportunity. *Locum tenens* practitioners are used to fill positions that are vacated by practitioners who are on sabbatical, vacation, or absent for an extended period for other reasons. Many times practitioners who are transitioning into retirement or practitioners who wish to have the freedom to travel to different locations for an assignment period become *locum tenens* practitioners.

The health care entity must query on a *locum tenens* practitioner each time the practitioner applies for temporary privileges, not each time the practitioner comes to the facility. To reduce the querying burden if your facility frequently uses a particular *locum tenens* practitioner, you may choose to appoint the practitioner to the consultant staff or other appropriate staff category according to your by-laws. The facility would then query on the *locum tenens* practitioner biennially as part of the routine query process.

If you have an urgent question, 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. ♣

Data Banks Plan Ahead for the Proactive Disclosure Service (PDS) from page 1

Organizations (JCAHO) supports the PDS "as an acceptable alternative to directly querying the NPDB."

- The National Committee for Quality Assurance (NCQA) has indicated the PDS may be used to review malpractice settlements or judgments paid on behalf of a practitioner at initial credentialing (CR3) and recredentialing (CR7); verify sanctions and limitations on licensure at initial credentialing (CR5) and recredentialing (CR7); and conduct on-going monitoring of sanctions and limitations (CR9).

PDS PROTOTYPE AVAILABLE IN SPRING 2007

The first stage of the roll-out of the new service is to offer the PDS as a prototype. Since the nature of a

prototype is to test a new system, the Data Banks will limit the number of enrolled practitioners. An invitation to enroll practitioners in the prototype will be extended first to organizations that participated in the earlier discussion groups and entity visits. Once they have had an opportunity to subscribe to the service, the Data Banks will invite other registered entities to enroll their practitioners until a predetermined ceiling for enrollment is met. We anticipate that the PDS prototype will be in use for approximately one or two years before there will be a transition from the prototype to a PDS product open to all registered entities.

The Data Banks will provide more information about PDS in future issues of *NPDB-HIPDB Data Bank News*. ¶

Reminder: Registration Renewal

Registration renewal is still underway for all entities and agents who registered with the Data Banks before July 1, 2005. Upon receiving notice, these entities and agents are required to update their registration information via the Integrated Querying and Reporting Service (IQRS). The registration renewal process is scheduled to be completed by June 30, 2006. ¶

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources & Services Administration
Bureau of Health Professions
Office of Workforce Evaluation and Quality Assurance
Practitioner Data Banks Branch
Parklawn Building, Room 8-103
5600 Fishers Lane
Rockville, MD 20857