National Practitioner Data Bank—Healthcare Integrity and Protection Data Bank

NPDB-HIPDB Data Bank News

October 2003

P.O. Box 10832
Chantilly, Virginia 20153-0832
www.npdb-hipdb.com
1-800-767-6732

Inside this issue:

U.S. Department of Health and Human Services
HRSA
Health Resources & Services Administration

NPDB Surveys Registrants

On September 1, 2003, the National Practitioner Data Bank (NPDB) asked registrants about the NPDB's ease of use and the value of the information it contains. Survey responses are held completely confidential and take approximately 10 minutes to complete on-line through a link on the NPDB-HIPDB web site (*www.npdb-hipdb.com*). All registrants are encouraged to take part in the survey.

This survey is a part of the American Customer Satisfaction Index (ACSI), a uniform, cross-industry survey of private and public sector customer satisfaction. It was adopted as the "gold standard" measure for Federal Government agencies in 1999, and it is used in more than 20 countries.

A similar ACSI survey was done for the HIPDB last year. The HIPDB received good marks, scoring higher than the Federal Government overall and private industry overall. User responses to the NPDB survey will be compared with those for the HIPDB in a future issue of *NPDB-HIPDB Data Bank News*.

Speed Up Answers to Billing Questions!

Charge receipts are available on the *Billing History* screen; they contain the Billing Reference number used by the Data Banks. Use this number when contacting the Data Banks' Billing Department with questions on a billed transaction. For Electronic Funds Transfer (EFT) users, this number directly corresponds with the billing code in the transaction statements you receive from your bank.

If you are an EFT user who receives a response file rather than a charge receipt, you can access your Billing Reference number on the business day after your transaction has been processed.

New ITP FAQs Page Now On-Line!

In September, the Data Banks' web site introduced a page containing detailed information on the Interface Control Document Transfer Program (ITP). This page also features a helpful new list of frequently asked questions (FAQs) concerning the ITP, including a) general information on the ITP, b) common formatting errors, c) what to do when there is no data available for a record, d) how to handle errors and billing, e) how to confirm that you have received a successful response, f) issues pertaining to passwords and security, and more. Have a question concerning the ITP? Check out the new page, located at *www.npdb-hipdb.com/faq-itp.html*.

Previewing MMPR Format Changes

In February 2004, several major changes will be made to the Medical Malpractice Payment Report (MMPR) format. These changes are based primarily on a series of recommendations made by a panel of MMPR reporters, NPDB Executive Committee members, and others representing the medical malpractice industry. The panel's goal was to identify ways to improve the quality and accuracy of information in MMPRs. The panel was convened on the NPDB's behalf by the Center for Health Policy Studies (CHPS). The panel's recommendations and the proposed set of MMPR changes were subsequently reviewed by a diverse sample of MMPR reporters and the entire NPDB Executive Committee.

The new version of the MMPR will contain two separate code lists: the Nature of the Allegation and the Specific Allegation.

Additional changes will affect the Payment Information section of the *Report Input* screen (Figure 1). This section will be divided into three subsections:

- Payments by This Payer for This Practitioner.
- Payments by This Payer for Other Practitioners.
- Payments by Others for This Practitioner.

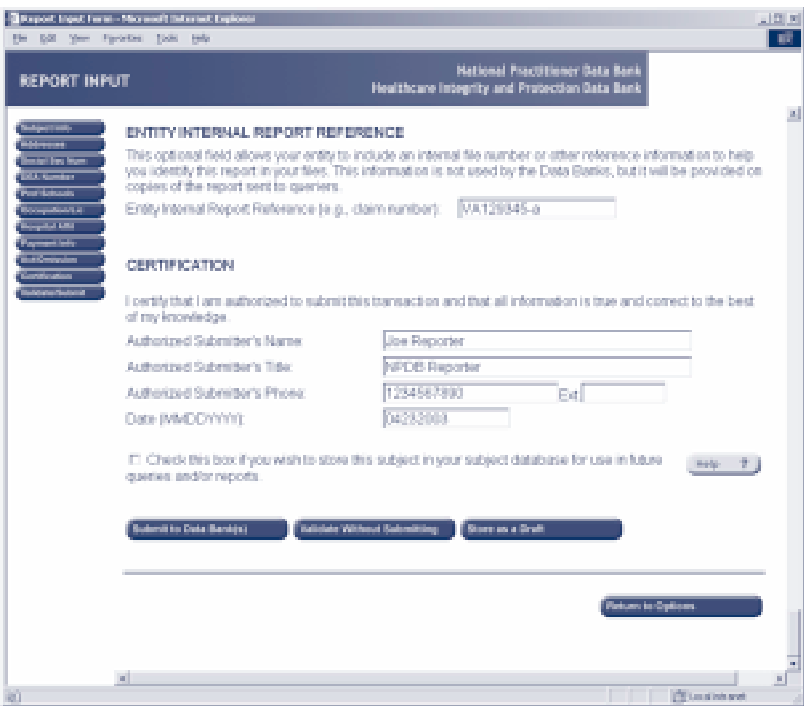

Figure 1. Report Input Screen.

The most significant change to the MMPR format involves collecting in separate fields information that was previously reported in the narrative Description of Act(s) or Omission(s) field. This information includes patient age, type, and gender; initial medical condition; procedure performed, and outcome. The CHPS panel also recommended updating the Act(s) or Omission(s) code list.

The last two subsections will enable reporters to report separately payment information on other practitioners and payments made by other payers. These subsections will discourage reporters from grouping the information into existing fields, as it's sometimes done on the current form.

See **MMPR Changes** on page 7

Helpful Hints from the Data Banks

CREDIT CARD USERS: GIVE US YOUR CARDHOLDER NAME AND BILLING ADDRESS!

The Data Banks are moving to a more automated system for processing credit card charges. The new system requires that we collect the cardholder name and billing address for each credit card transaction processed. Please help us make this new and improved system work by filling in the Cardholder Name and Cardholder Billing Address fields when submitting a credit card payment for queries. **Note:** If your credit card information has been stored, the Cardholder Name and Cardholder Billing Address do not have to be re-entered. See the article, *Entities Can Now Store Multiple Credit Card Information*, on page 3.

UPDATE? NEW REGISTRATION? BE SURE TO USE THE CORRECT ON-LINE FORM!

The *Entity Registration* form should be used only by new registrants to the Data Banks. For all other information updates, entity administrators should log in to the Integrated Querying and Reporting Service (IQRS), go to the *Administrator Options* screen and select **Update Entity Profile**, then follow the instructions provided. Similarly, the *Authorized Agent Registration* form should only be used by newly registering agents. To update your agent profile information, agent administrators should log in to the IQRS, go to the *Administrator Options* screen, and select **Update Agent Profile**. For further

See **Helpful Hints** on page 7

Entities Can Now Store Multiple Credit Card Information

Since June 2003, entities have been able to save credit card information, eliminating the need to enter credit card information each time a query is submitted. In November, additional credit card features will allow entities to store information for multiple credit cards. Entity administrators may then designate individual entity users to use specific credit cards for query payments. In addition, the entity administrator may edit or remove an entity user's assignment to a specific credit card. This new functionality will prove particularly helpful to entities that assign users to query for different purposes.

ASSIGN AND REMOVE CREDIT CARD USERS

To assign or delete entity users for a credit card, the entity administrator should access the *Maintain IQRS Credit Cards* screen, click the appropriate credit card radio button, and then click **Edit**. On the *Edit Credit Card* screen (Figure 2), the entity administrator can easily assign and remove entity users. Administrators should keep in mind that a user may only be assigned to one credit card at a time. If a user is currently assigned to a credit card and the administrator assigns that user to a new credit card on the *Edit Credit Card* screen, the new credit card will replace the previous one, and the user will only be able to use the new credit card.

ADD A CREDIT CARD ASSIGNMENT WHEN ADDING A USER ACCOUNT

When adding a new user account, the administrator may also assign the new user to a credit card. To do so, the administrator should:

- Click **Continue** on the *Entity Registration Confirmation* screen.

- Click **Maintain User Accounts** on the *Options* screen.

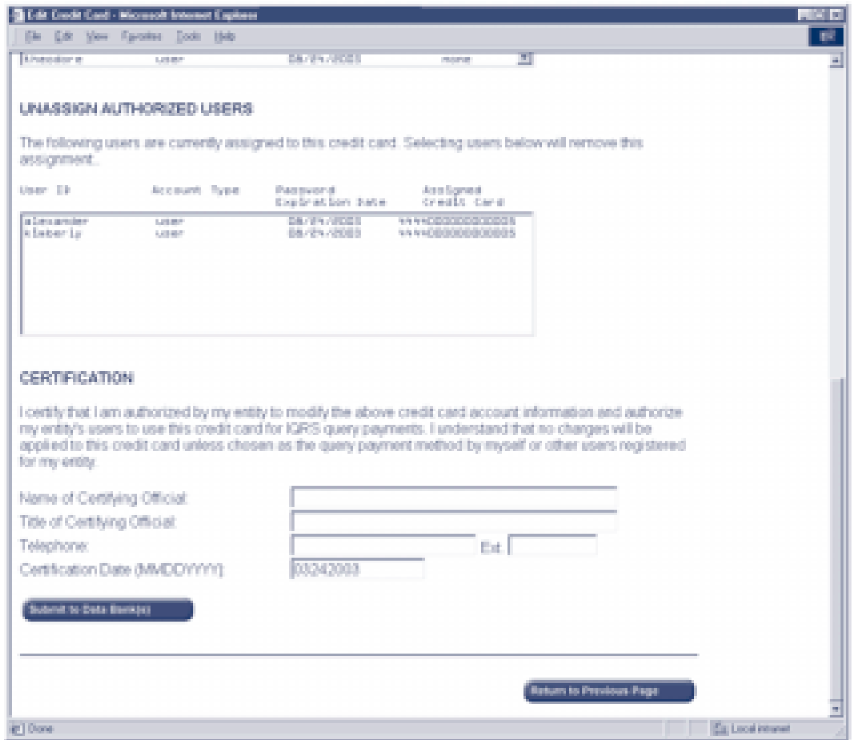

Figure 2. Edit Credit Card Screen.

- On the *Maintain User Accounts* screen, click **Add** to add a new user account and assign the user to a saved credit card for query payments.

To change a credit card assignment for an entity user, the administrator should highlight the User ID and click **Edit** on the *Maintain User Account* screen. The administrator should select a credit card from the Assigned Credit Card drop-down menu (no need to complete the New Password and Confirm Password fields) on the *User Account Information* screen and click **Save**. This will change the credit card assignment for this entity user.

ONLY YOUR ADMINISTRATOR CAN MODIFY CREDIT CARD INFORMATION

As a reminder, entity users cannot modify credit card information; only the entity administrator can add, modify, or delete saved credit card information and assign and unassign entity users to specific credit cards. For security purposes, entity users do not see the full saved credit card account number. Only the last four digits of the credit card are displayed.

HAVE AN EFT ACCOUNT? YOU STILL HAVE CREDIT CARD OPTIONS!

Entities that have an active Electronic Funds Transfer (EFT) account may continue to use EFT to pay, or these entities may opt to pay via credit card and use any of the credit card payment features available in the IQRS.

How is a Report Matched With Your Query?

In the July 2003 issue of *NPDB-HIPDB Data Bank News*, we outlined the query subject identifying information used to match queries and reports. When a new report is submitted, the system determines whether the report subject (i.e., individual or organization) is new to the Data Banks, or if this is a new report for an existing report subject. The Data Banks compare several data elements to protect subject privacy and ensure that correct reports are disclosed regarding a health care practitioner, provider, or supplier. The data elements used to match a report to a query will vary by type of report (Adverse Action Report, Medical Malpractice Payment Report, or Judgment or Conviction Report), and by the type of query subject (individual or organization). See Table 1 for more information on these data elements by report type.

The accuracy of a report also determines whether a querier will receive it as part of a query response. Submitting complete and accurate information in reports is crucial to matching report subjects to existing report(s), as well as matching report subjects to the appropriate query. By providing as much report data as possible and ensuring that the data is correct, reporters are doing their part to help the system provide the querier with all Data Bank reports related to the subject queried.

To ensure report accuracy, consider these points:

- If you find an error in the report, it is important to submit a Correction.
- To correct a Revision to Action, you must void the current Revision to Action before submitting a new Revision to Action.
- Reporters are responsible for ensuring that the report content they submit is accurate and complete.

As the authorized submitter of a report, be sure to enter your own name in the Authorized Submitter field, so the Data Banks have an accurate record. This also tells your entity who actually submitted the report.

By default, submitter information is displayed on report output as a reference point for questions regarding the report. An entity administrator may specify an alternate point of contact as part of their IQRS entity profile. This will allow the contact information to change over time (with staff turnover) and direct questions to the appropriate entity office.

To designate a point of contact for your entity, log in to the IQRS and click

See **How is a Report...** on page 8

Subject Data Elements by Type of Report			
Data Field	**Adverse Action Reports (AARs)**	**Medical Malpractice Payment Reports (MMPRs)**	**Judgment or Conviction Reports (JOCRs)**
Name	Required (I,O)	Required (I)	Required (I,O)
City	Required (O)		Required (O)
State	Required (O)		Required (O)
Federal Employment Identification Number (FEIN)	Required (O)		Required (O)
Social Security Number (SSN)	Required (I) (except for NPDB-only reports)	If Known (I)	Required (I)
State of License	Required (O) Required for Licensure, Clinical Privileges, and Professional Society Reports; If Known for Health Plan Action, Exclusion, and Government Administrative Reports (I)	Required (I)	If Known (I,O)
License Number	If Known (O) Required for Licensure, Clinical Privileges, and Professional Society Reports; If Known for Health Plan Action, Exclusion, and Government Administrative Reports (I)	Required (I)	If Known (I,O)
Field of License	Required (I)	Required (I)	Required (I)
Drug Enforcement Administration (DEA) Number	If Known (I,O)	If Known (I)	If Known (I,O)
National Provider Identifier (NPI)	If Known (I,O)	If Known (I)	If Known (I,O)
Unique Physician Identification Number (UPIN)	If Known (I)	If Known (I)	If Known (I)
Gender	Required (but "Unknown" allowed) (I)	Required (but "Unknown" allowed) (I)	Required (but "Unknown" allowed) (I)
Year of Graduation	Required (if licensed practitioner) (I)	Required (if licensed practitioner) (I)	Required (if licensed practitioner) (I)
Date of Birth	Required (I)	Required (I)	Required (I)
Clinical Laboratory Improvement Act (CLIA) Number	If Known (O)	If Known (O)	If Known (O)
Medicare Provider/ Supplier (MEDICAREP) Number	If Known (O)	If Known (O)	If Known (O)
Food and Drug Administration (FDA) Number	If Known (O)	If Known (O)	If Known (O)

Table 1. Data Elements Used for Matching in Reports.

NOTE: (I) indicates a requirement when reporting on an individual; (O) indicates a requirement when reporting on an organization. Shading indicates a field that is not applicable in this case.

ATTENTION ITP USERS: Upcoming ITP Modifications

In February 2004, the NPDB-HIPDB will implement several improvements to the Interface Control Document Transfer Program (ITP) submission and response file formats. To better prepare you for the upcoming changes, updated Interface Control Documents (ICDs) are now available on the NPDB-HIPDB web site, at *www.npdb-hipdb.com/itp.html*. You may have received an e-mail outlining these changes in August. If you did not and would like to be on our e-mail list, e-mail us at *npdb-hipdb@sra.com*, using "ITP E-Mail List" in your subject heading.

The pending changes are summarized below and explained in detail in the ICD(s). **Note**: ICDs are Portable Document Format (PDF) files and must be read with Adobe Acrobat Reader version 5.0 or higher. To update your version of Adobe Acrobat, go to *http://www.adobe.com/products/acrobat/readstep2.html*.

Changes for ITP Queriers:

- Credit card payment information currently requires the submission of a credit card billing address in the Query Data Record (QRY). A Billing Reference number will be added to the Query File Status Data Record (FSTA) to help entities reconcile their credit card query charges. This Billing Reference number will be submitted to the credit card institution along with charge information. Credit card companies may then make this field available to their customers.

- Medicare/Medicaid Exclusion Reports (MMERs) in the NPDB-HIPDB will be converted to the appropriate Adverse Action Report (AAR) format. Future queriers will receive the reported information as Adverse Action Reports rather than MMERs.

- Several new data records will be added to allow for updates to the Medical Malpractice Payment Report (MMPR) format. Effective February 2004, MMPR reports may be returned in either this new data format or in the legacy format.

- As of February 4, 2004, reports that may be returned in response to query submissions are MMPRs (NPDB only), legacy format MMPR reports (NPDB only), AARs (NPDB or HIPDB), or Judgment or Conviction Reports (JOCRs; HIPDB only).

- Formats for all report types will be updated to include the new Entity Internal Report Reference Data Record (ER) and the Subject Notification Failure Supplemental Information Data Record (SUPPLSND). The Report Statement Data Record (RSDR) will contain new data fields.

- Several data fields that are no longer required will be removed from the Header Data Record (HDR).

- The NPDB-HIPDB will no longer require a checksum for each submission file. The Trailer Data Record (TRLR) will still be required.

- Several new error codes will be added.

Changes for All ITP Reporters:

- The Entity Data Record (ENTY) will no longer be required for report submissions and responses.

- The Entity Internal Report Reference Data Record (ER) will be added to allow your entity to include an internal file number or other reference information to help identify this report in your files. The ER data record will be present in report submissions and report responses.

- Several data fields that are no longer required will be removed from the Header Data Record (HDR).

- Several data fields will be added to the Report Statement Data Record (RSDR). Fields in this data record are returned only for correction reports when the previous version of the report contained a Subject Statement or was reviewed by the Secretary of the HHS. These actions will continue to be displayed on corrections to the report on which they were added. The new fields will indicate when these actions occurred in relation to the most recent version of the report.

- The NPDB-HIPDB will no longer require a checksum for each submission file. The Trailer Data Record (TRLR) will still be required.

- Several new error codes will be added.

Changes Specific to ITP AAR Reporters:

Guidance will be updated in the Adverse Action Report Data Record (CAAR) to specify when to include the duration of an action.

Changes Specific to ITP MMPR Reporters:

Extensive changes will be made to MMPR reports in February 2004. See the article, *Previewing MMPR Format Changes*, on page 2. The Payment Information section is being modified to capture more detailed payment information, and will be adding fields to collect information previously reported in the narrative field (i.e., Description of the Act[s] or Omission[s]).

If you have any questions concerning these upcoming changes, please call the NPDB-HIPDB Customer Service Center at 1-800-767-6732, or e-mail us at *npdb-hipdb@sra.com*.

HIPDB: Growing In Value

In the four years that the Healthcare Integrity and Protection Data Bank has been open for business, it has become an increasingly valuable source of information for Federal and State agencies and health plans. With more than 155,000 reports in HIPDB, and the reduced query fee, now is the time to try HIPDB again…or for the very first time! Important milestones are summarized below.

1996: *HIPAA* Becomes Law

- Congress passed the *Health Insurance Portability and Accountability Act of 1996* (HIPAA), and President Clinton signed it into law. Section 221(a) directed the Secretary of the U.S. Department of Health and Human Services (HHS), acting through the HHS Office of Inspector General (OIG) and the U.S. Attorney General, to create HIPDB to combat fraud and abuse in health insurance and health care delivery.

1997: Development of HIPDB

- Because of the success of the National Practitioner Data Bank (NPDB), the HHS Office of Inspector General (OIG) asked the Bureau of Health Professions' (BHPr) Division of Quality Assurance (now the Division of Practitioner Data Banks) to design, develop, and operate HIPDB. By law, NPDB and HIPDB must avoid duplication.

1999: HIPDB is "Open for Business"

- Final regulations were published in the *Federal Register*.
- For the first time, HIPDB began accepting reports and single name queries submitted through a secure Internet site using the new Integrated Querying and Reporting Service (IQRS).
- By the end of the HIPDB's first year in operation, 70,481 reports had been submitted.

2002: Health Care Entities Submit More Than 2.5 Million Queries Since 1999

2003: Number of HIPDB Reports Increases and Number of Registered Entities Grows

- To date, the HIPDB has collected over 155,000 reports, including more than 69,000 adverse licensure reports on nurses and more than 1,200 adverse licensure reports on psychologists.
- The HIPDB has almost 5,000 Federal and State health care-related judgments or convictions, dating back to 1996, regarding more than 4,000 practitioners and administrators.
- Individuals in HIPDB are responsible for more than $75 million in civil judgments, $11 million of which is attributed to reported physicians, pharmacists, and registered nurses. Nearly 1,000 of these reports involve patient abuse.
- As of August 2003, 4,579 registered entities had access to HIPDB (of these, 4,045 entities were registered to query both NPDB and HIPDB).

***Helpful Hints** from page 2*

information on profile updates and changes, refer to the *Fact Sheet on Updating Profile Information Through the IQRS*, located at *www.npdb-hipdb.com*.

MERGER OR CONSOLIDATION? BE SURE YOUR NEW ENTITY HAS ONLY ONE DBID!

When your entity has merged or consolidated with another entity's operations, ensure that the new entity has only one Data Bank Identification number (DBID). The Data Banks require that you send written confirmation of the DBID you wish to deactivate and the DBID you wish to retain, signed by a certifying official. If your entity has concerns about having only one DBID, call the Data Banks' Customer Service Center at 1-800-767-6732 for guidance.

AVOID DUPLICATION WHEN USING AUTOMATIC SUBJECT DATABASE SAVE FEATURE!

There is a handy option to automatically store query or report subject information in your subject database, but check to be sure that the subject you're saving is not already filed in your database to avoid creating a duplicate subject record.

MAINTAIN YOUR USER ACCOUNTS!

If you are the administrator of your entity's account, you may add, edit, or delete user accounts for your organization. Each entity must maintain an administrator account to create and maintain all other user accounts that interact with the IQRS using your entity's DBID.

<u>To add a user account</u>:

- Select **Maintain User Accounts** on the *Options* screen to display the *Maintain User Account* screen.
- Select **Add**.
- Enter a User ID for the new user in the appropriate field.
- Determine a password for the user and type it in the New Password field; retype it in the Confirm Password field to ensure accuracy.
- Be sure to select **Save** to add the user to your entity's account.

<u>To remove a user</u>, highlight the user's account information on the *Maintain User Account* screen and select **Delete**. The account will be removed.

<u>To edit a user account</u>, highlight the user's account information and select **Edit**. You may reset the user's password on the *User Account Information* screen. (Non-administrator users may also access the *User Account Information* screen and update their own passwords by selecting **Change Password** on the *Options* screen.)

WHEN SHOULD YOU USE VOID, CORRECTION, OR REVISION TO ACTION?

If your entity has submitted a <u>report on the wrong subject</u>:

- Submit a Void to remove the incorrect report.
- Submit a new Initial report for the correct subject.

If your entity has made an <u>error or omission</u> in a report, submit a Correction to replace the incorrect version of the report.

If your entity has taken action that <u>modifies a previous report</u> (e.g., additional sanctions have been taken based on a previously reported incident; the length of action has been extended or reduced; the original suspension or probationary period has ended; licensure, clinical privileges, professional society membership, or program participation has been reinstated), submit a Revision to Action. (**Note**: Unlike a Void or Correction, a Revision to Action is an addendum to the original action. It does not replace it.)

***MMPR Changes** from page 2*

Other upcoming changes will include additional selections in the Relationship of Entity to This Practitioner field, as well as minor format changes to make the MMPR format more consistent with other Data Bank report types. For example, the MMPR will permit reporters to submit up to five subject aliases (rather than one) and provides a place to enter the date of death for a deceased practitioner. Also, when selecting a Field of Licensure code of 699 (Other Health Care Practitioner – Not Classified), reporters must specify the type of practitioner being reported. Finally, the MMPR will include an Entity Internal Report Reference, which is an optional field that allows an entity to include an internal file number or other reference information to help define and retrieve the report in the entity's files. The new Entity Internal Report Reference field will be displayed on the report output sent to queriers and report subjects.

Look for these new changes in the MMPR format in February 2004!

On The Horizon

Meeting Summaries Coming Soon: Summaries of the Executive Committee meeting and the IQRS User Review Panel meeting will appear in the January issue of *NPDB-HIPDB Data Bank News*. These meetings took place, respectively, on September 23, 2003, and September 30, 2003.

Subject Database Improvements: New functionality will be added to the subject database feature of the Data Banks in May 2004. Watch for more information in an upcoming issue of *NPDB-HIPDB Data Bank News*.

NPDB Registrant Survey: If you're registered with the NPDB, the Division of Practitioner Data Banks wants to know how valuable the information is to your entity. See the article, *NPDB Surveys Registrants*, on page 1.

MMPR Modifications Coming in 2004: In February 2004, the MMPR reports will have new fields. Learn why and get a glimpse of the upcoming changes in the article, *Previewing MMPR Format Changes*, on page 2.

Are You an ITP User? Find Answers to Your Questions On-Line: There's a new ITP FAQ page on the Data Banks' web site. See the article, *New FAQs Page Now On-Line!*, on page 1.

ITP Format Changes Arriving in 2004: The Data Banks are implementing improvements to the ITP submission and response file formats in February 2004. See the article, *Upcoming ITP Modifications*, on page 5

How Is a Report... *from page 4*

Update Registration Profile on the *Administrator Options* screen. Fill in the Point of Contact for Reports section with the appropriate information, complete the Certification, and click **Submit to Data Bank(s)**. If this is the only information that you update in your entity profile, the change will take effect immediately. If the update requires that you submit a signed form to the Data Banks, the change will take effect within one business day of the form's receipt at the Data Banks. After the updates are in effect, queriers that receive reports will see the new point of contact that your entity administrator provided (rather than the report submitter's information). The new point-of-contact information will also appear on archived reports that you submitted to the Data Banks, as well as on future reports your entity submits.

Thank you for helping us provide the highest quality information to Data Bank queriers.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources & Services Administration
Division of Practitioner Data Banks
7519 Standish Place, Suite 300
Rockville, MD 20857

BULK RATE
POSTAGE AND FEES PAID
HRSA
PERMIT NO. G-286

2039001-01278.01.00