



National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank (NPDB-HIPDB)

**Integrated Querying and Reporting Service
(IQRS) User Review Panel (URP)**

Fall 2003 IQRS URP

September 30, 2003

Aaron Hawes



Fall 2003 IQRS URP

NPDB-HIPDB Progress System Improvements

(Aaron Hawes)



Agenda

- **Progress - Recent System Improvements**
- **Planned Improvements**



2002-2003 IQRS Improvements

February 11, 2002

- Automated process for entities to designate an agent to act on their behalf.
- Created an on-line *Electronic Funds Transfer (EFT) Authorization* form.

September 9, 2002

- Increased number of allowable adverse action classification codes and basis for action codes for the Adverse Action Report (AAR) report.
- Provided ability for entities to set up a point-of-contact for queriers to contact regarding submitted reports.

December 9, 2002

- Expanded the capabilities of the Data Bank Correspondence function.
- Created an electronic Report Response Service for report subjects to submit subject statements, disputes, request Secretarial Review, and update their mailing address on-line.



Report Response Login - Microsoft Internet Explorer

File Edit View Favorites Tools Help

REPORT RESPONSE LOGIN

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Only report subjects are authorized to access reports contained in the National Practitioner Data Bank (NPDB) or the Healthcare Integrity and Protection Data Bank (HIPDB) in order to add, modify, or remove Subject Statements, initiate or withdraw disputes or requests for Secretarial Review, or modify their addresses as maintained by the Data Banks.

Any unauthorized individual or organization that attempts to access the Data Bank(s) is subject to fine and imprisonment under Federal statute. If you are not authorized by law and are not a subject of a report contained in either the NPDB or the HIPDB, **DO NOT ATTEMPT TO ACCESS THIS SERVICE.**

Report Number

Report Password [Login](#)

Your Report Number can be found on the first page of the report, which follows the *Notification of a Report in the Data Bank(s)* sent to inform you of a report submitted to the Data Bank(s), or in your self-query results.

Your Report Password can be found in the Report Response Service Login Instructions section of the *Notification of a Report in the Data Bank(s)* sent to inform you of a report submitted to the Data Bank(s), or in your self-query results if you have performed a self-query since December 9, 2002 and have requested that the Data Bank(s) include your Report Password in your self-query results. If you do not have either of these documents, contact the Customer Service Center for assistance at 1-800-767-6732 (TDD 703-802-9395).

Getting Help

[Help ?](#)

Click the Help icon to obtain information related to a screen.

Go to the NPDB-HIPDB home page.

[Home](#)



Report Response Login - Microsoft Internet Explorer

File Edit View Favorites Tools Help

REPORT RESPONSE LOGIN

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Healthcare Integrity and Protection Data Bank

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Getting Help

Click the Help icon to obtain information related to a screen.

Go to the NPDB-HIPDB home page.

HRSA





Report Response Options - Microsoft Internet Explorer

File Edit View Favorites Tools Help

REPORT RESPONSE OPTIONS

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Select an option below. For more information, click **Help**.

Change Address (Correct or update your home and/or work address as maintained by the Data Banks.)

Statement and Dispute (Add, modify, or withdraw a dispute or subject statement to a specific report.)

End Session & Return to Login





Subject Statement and Dispute - Microsoft Internet Explorer

File Edit View Favorites Tools Help

SUBJECT STATEMENT AND DISPUTE

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

To add, modify, or remove a statement to the report referenced below, and/or to place the report in, or withdraw the report from, disputed status, complete the appropriate section(s) below, and click **Submit To Data Bank(s)**. You will receive an on-line confirmation message regarding this transaction. The reporting entity and any queriers who received a previous version of the report will receive a copy noting the modifications.

Report Type: STATE LICENSURE ACTION
Report Number: 7950000029490527
Subject's Name: DOE, JOHN
Report Maintained In: The National Practitioner Data Bank
 The Healthcare Integrity and Protection Data Bank

SUBJECT STATEMENT [Help ?](#)

As the subject of the referenced report, you have the right to include a statement expressing your view of the action described in the report. The statement becomes part of the report and is disclosed to authorized queriers. To add a statement, type the statement in the designated area below exactly as you wish it to appear in the report. To substitute an existing statement with a new one, modify the statement in the designated area below exactly as you wish it to appear in the report. (If you have a statement on file, it will appear below.) Your statement must be in English and may not exceed **2,000 characters**, including spaces and punctuation. If you add a statement to the report, it will be formatted in a block style; paragraph breaks cannot be included.

Note: Patient information is confidential. Do NOT include identifying information (names, addresses, etc.) about patients or other persons in your statement. All Subject Statements are reviewed by the Data Banks to determine whether they include individual names, addresses, or



Subject Statement and Dispute - Microsoft Internet Explorer

File Edit View Favorites Tools Help

SUBJECT STATEMENT [Help ?](#)

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Note: Patient information is confidential. Do NOT include identifying information (names, addresses, etc.) about patients or other persons in your statement. All Subject Statements are reviewed by the Data Banks to determine whether they include individual names, addresses, or telephone numbers. If this information is discovered, it will be removed and you will be sent an amended version.

DISPUTE [Help ?](#)

You may dispute either the factual accuracy of the action described in the referenced report or whether the report was submitted in accordance with Data Bank reporting requirements (e.g., was a reportable event).



Subject Statement and Dispute - Microsoft Internet Explorer

File Edit View Favorites Tools Help

SUBJECT STATEMENT [Help ?](#)

As the subject of the referenced report, you have the right to include a statement expressing your view of the action described in the report. The statement becomes part of the report and is disclosed to authorized queriers. To add a statement, type the statement in the designated area below exactly as you wish it to appear in the report. To substitute an existing statement with a new one, modify the statement in the designated area below exactly as you wish it to appear in the report. (If you have a statement on file, it will appear below.) Your statement must be in English and may not exceed **2,000 characters**, including spaces and punctuation. If you add a statement to the report, it will be formatted in a block style; paragraph breaks cannot be included.

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 This report has been submitted on the wrong subject. I do not practice in the state of Virginia.

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Subject Statement and Dispute - Microsoft Internet Explorer

File Edit View Favorites Tools Help

DISPUTE [Help ?](#)

You may dispute either the factual accuracy of the action described in the referenced report or whether the report was submitted in accordance with Data Bank reporting requirements (e.g., was a reportable event). You may NOT dispute the appropriateness of any action, finding or judgment, or information regarding the facts or circumstances that led to the reported action. You also must contact the reporting entity or its agent, identified in Section A of the report, to attempt to resolve disputed issues. (Do not contact the reporting entity for information about Data Bank reporting requirements or operational procedures.)

Information in Data Bank reports can be changed only by the entity that submitted the report or by the Secretary of the U.S. Department of Health and Human Services following review. The report will remain in the Data Bank(s) unchanged until the reporting entity or the Secretary changes it.

The referenced report is currently NOT in disputed status.

Check here if you wish to place the referenced report in disputed status.

CERTIFICATION [Help ?](#)

I certify that I am the individual subject identified in Section B of the referenced report, or that I am the designated employee representing the organization subject referenced in Section B, and I request that the action(s) above be taken.

Authorized Submitter's Name:

Authorized Submitter's Title:

Authorized Submitter's Phone: Ext.

Date (MMDDYYYY):



Subject Statement and Dispute - Microsoft Internet Explorer

File Edit View Favorites Tools Help

DISPUTE [Help ?](#)

You may dispute either the factual accuracy of the action described in the referenced report or whether the report was submitted in accordance with Data Bank reporting requirements (e.g., was a reportable event). You may NOT dispute the appropriateness of any action, finding or judgment, or information regarding the facts or circumstances that led to the reported action. You also must contact the reporting entity or its agent, identified in Section A of the report, to attempt to resolve disputed issues. (Do not contact the reporting entity for information about Data Bank reporting requirements or operational procedures.)

Information in Data Bank reports can be changed only by the entity that submitted the report or by the Secretary of the U.S. Department of Health and Human Services following review. The report will remain in the Data Bank(s) unchanged until the reporting entity or the Secretary changes it.

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Authorized Submitter's Name:

Authorized Submitter's Title:

Authorized Submitter's Phone: Ext.

Date (MMDDYYYY):



Subject Statement and Dispute - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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CERTIFICATION [Help ?](#)

I certify that I am the individual subject identified in Section B of the referenced report, or that I am the designated employee representing the organization subject referenced in Section B, and I request that the action(s) above be taken.

Authorized Submitter's Name:	<input type="text" value="John Doe"/>
Authorized Submitter's Title:	<input type="text" value="Report Subject"/>
Authorized Submitter's Phone:	<input type="text" value="5554446666"/> Ext. <input type="text"/>
Date (MMDDYYYY):	<input type="text" value="09152003"/>

[Continue](#)

[Return to Report Response Options](#)



Subject Statement and Dispute Status - Microsoft Internet Explorer

File Edit View Favorites Tools Help

SUBJECT STATEMENT AND DISPUTE STATUS

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Note: You have not yet submitted your Subject Statement and/or Dispute information for the referenced report for processing. If you do not follow the steps below, your Subject Statement and/or Dispute will not be processed.

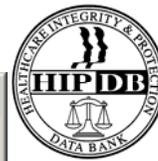
In order for the NPDB-HIPDB to successfully process your Subject Statement and/or Dispute request, you must complete the following steps:

1. Your Subject Statement is displayed below for your review. Your Subject Statement will be reviewed by the Data Bank(s) to ensure it does not contain individual names, addresses, or telephone numbers. If this information is discovered, it will be removed and an amended copy of your report will be sent to you via U.S. Mail. If you wish to change your Subject Statement before submitting it to the Data Bank(s), click **Return to Previous Page**. Verify your mailing address using the **Change Address** option on the *Report Response Options* screen after printing the formatted copy of the report.

This report has been submitted on the wrong subject. I do not practice in the state of Virginia.

2. Click **Continue** below to obtain a formatted copy of the report for your records. No other copy of the report will be sent to you. The report containing your new Subject Statement and/or Dispute information will be sent to the reporting entity identified in Section A of the report and all entities who have previously received the report.

Continue



View Report Number: 795000029490527 - Microsoft Internet Explorer

File Edit View Favorites Tools Help

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

Current Date: 09/15/2003

ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number: 795000029490527

The National Practitioner Data Bank
 The Healthcare Integrity and Protection Data Bank

The information contained in this report is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act, and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name:	NPDB TEST ENTITY
Address:	111 MAIN ST
City, State, ZIP:	FAIRFAX, VA 22033
Country:	
Name or Office:	OFFICE OF REPORTING
Title or Department:	



View Report Number: 7950000029490527 - Microsoft Internet Explorer

File Edit View Favorites Tools Help

City, State, ZIP: HOMETOWN, VA 22855

Country:

Name or Office: OFFICE OF REPORTING

Title or Department:

Telephone: (555) 555-1234

Type of Report: CORRECTION

Status of Report: ACTIVE

Previous Report Number: 7950000029490526

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, JOHN

Other Name(s) Used:

Gender: MALE

Date of Birth: 01/01/1950

Organization Name:

Work Address: 3423 GLOBAL CENTER

City, State, ZIP: HOMETOWN, VA 23894

Country:

Organization Type:

Other, as Specified:



View Report Number: 1019923450209000 - Microsoft Internet Explorer

File Edit View Favorites Tools Help

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 09/15/2003

This report has been submitted on the wrong subject. I do not practice in the state of Virginia.

E. REPORT STATUS

An "X" indicates that the information in this report has been:

- Disputed by the Subject identified in Section B.
- Elevated for decision by the Secretary of the U.S. Department of Health and Human Services -- Pending.
- Reviewed by the Secretary of the U.S. Department of Health and Human Services, who has made the following comment concerning this report:

Date of Original Submission: 09/15/2003
Date of Most Recent Change: 09/15/2003

END OF DOCUMENT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

[Return to Report Response Options](#)



2002-2003 IQRS Improvements

- On receipt by the Data Banks:
 - Data Banks review subject statement and redact individual names, addresses, and telephone numbers.
 - Report Change Notification is sent to report subject if the Data Banks redact data.
 - Report Change Notifications are sent to the reporting entity and all historical queriers.

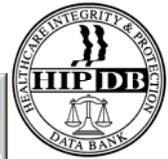
- Report subject can use the Report Response Service to elevate report to be reviewed by the Secretary of Health and Human Services.



2002-2003 IQRS Improvements

March 4, 2003

- Subject Notification Document delivery notice:
 - When the subject's copy of a new report is returned to the Data Banks by the Post Office, the Data Banks now place a statement on the copy of the report indicating that the report subject may not be aware of this report.



Adobe Acrobat - [MMPR 7950000030805015.pdf]
File Edit Document Tools View Window Help

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.com>

DCN: 7950000030805015
Process Date: 09/15/2003
Page: 1 of 3
For authorized use by:
TEST ENTITY

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number 7950000030805015

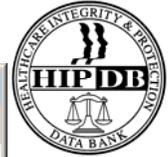
This report is maintained in: The National Practitioner Data Bank
 The Healthcare Integrity and Protection Data Bank

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: TEST ENTITY
Address: 4350 FAIR LAKES COURT TEST
SUITE 400
City, State, ZIP: FAIRFAX, VA 22033
Name or Office: SUE SMITH
Title or Department: CLERK
Telephone: (703) 555-9999
Type of Report: INITIAL REPORT

1 of 3 8.5 x 11 in



Adobe Acrobat - [MMPR 79500000030805015.pdf]

File Edit Document Tools View Window Help

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: DOE, JOHN

Other Name(s) Used:

Gender: MALE

Organization Name:

Work Address: 123 OAK ST

City, State, ZIP: HOMETOWN, VA 22033

Country:

Home Address: 123 MAIN ST

City, State, ZIP: HOMETOWN, VA 22033

Country:

Social Security Numbers (SSN): 999-55-4444

Date of Birth: 06/04/1956

Deceased: UNKNOWN

Professional School(s) & Year(s) of Graduation: ACME MEDICAL SCHOOL 1983

Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)

State License Number, State of Licensure: VA1212121212, VA

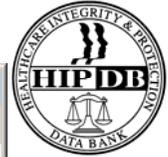
Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

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1 of 3 8.5 x 11 in





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National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.com>

DCN: 7950000030805015
Process Date: 09/15/2003
Page: 2 of 3
For authorized use by:
TEST ENTITY

C. INFORMATION REPORTED

Date of Report: 09/15/2003
Act/Omission Code: DIAGNOSIS: FAILURE TO DIAGNOSE (010)
Date of Act/Omission: 02/02/2003
Payment Date: 08/08/2003
Multiple or Single Payment: SINGLE
Amount of This Payment: \$10,000.00
Total Amount of Judgment or Settlement: \$10,000.00
Payment Result of: SETTLEMENT
Number of Practitioners for Whom Payment Is Made: 1
Relationship of Entity to the Practitioner: INSURANCE COMPANY
Date of Judgment/Settlement: 07/07/2003
Adjudicative Case Number: CASE 1
Adjudicative Body Name: LOCAL COURT

Court File Number: FILE 1

Reporter's FAILED TO DIAGNOSE PATIENT AND PATIENT DIED
Description of the
Act or Omission:

2 of 3 8.5 x 11 in



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Reporter's LUMP SUM PAYMENT OF \$10,000.00
Description of the
Judgment or
Settlement:

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

An "X" indicates that the information in this report has been

- Disputed by the subject identified in Section B.
- Elevated for decision by the Secretary of the U.S. Department of Health and Human Services -- Pending.
- Reviewed by the Secretary of the U.S. Department of Health and Human Services, who has made the following comment concerning the report:

Date of Initial Report: 09/15/2003
Date of Most Recent Change: 09/15/2003

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2 of 3 8.5 x 11 in



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National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.com>

DCN: 7950000030805015
Process Date: 09/15/2003
Page: 3 of 3
For authorized use by:
TEST ENTITY

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANKS

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

The Data Banks attempted to notify the Subject identified in Section B on 09/15/2003 at the address below, but the attempt was unsuccessful.

123 OAK ST
HOMETOWN, VA 22033

END OF REPORT

3 of 3 8.5 x 11 in



2002-2003 IQRS Improvements

April 26, 2003

- On-line registration for new entities and agents.
- On-line registration updates.
 - Simple updates (address, point-of-contact information) take effect immediately.
 - Significant updates (statutory authorities, query preferences) continue to require the certifying official to sign and mail a pre-printed form to the Data Banks for processing.
 - Inactive registrations – to reactivate a DBID, call the Customer Service Center to obtain your password for your current DBID. Log in to the IQRS with the current DBID and follow instructions to “renew” your registration.



Login - Microsoft Internet Explorer

File Edit View Favorites Tools Help

LOGIN

National Practitioner Data Bank Healthcare Integrity and Protection Data Bank

Welcome to the Integrated Querying and Reporting Service (IQRS)

Only specific entities authorized by law may request the disclosure of information from (i.e., query) or submit reports to the National Practitioner Data Bank (NPDB) or the Healthcare Integrity and Protection Data Bank (HIPDB).

Authorized entities must be registered with the appropriate Data Bank(s) and have received a confidential Data Bank Identification Number (DBID) and password prior to using this querying and reporting service.

Any unauthorized individual or organization that attempts to query or file reports with the Data Bank(s) is subject to fine and imprisonment under Federal statute.

If you are not authorized by law and registered to query or report to either the NPDB or the HIPDB, **DO NOT ATTEMPT TO ACCESS THIS SERVICE.**

Data Bank Identification Number

User ID

User Password



Getting Help

Click the Help icon to obtain information related to a screen.

Go to the NPDB-HIPDB home page.









Entity Registration Confirmation - Microsoft Internet Explorer

File Edit View Favorites Tools Help

ENTITY REGISTRATION CONFIRMATION

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

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[Help ?](#)

Please confirm that the following information is correct:

TEST ENTITY
4350 MAIN ST
SUITE 400
FAIRFAX, VA 22033
Telephone: (555) 703-4567

The above entity's current privileges are:

Query and Report to the Healthcare Integrity and Protection Data Bank, and
Query and Report to the National Practitioner Data Bank.

Last successful login date: SEP 16, 2003 08:51AM

[Administrator Options](#) [Continue](#)

[End Session & Return to Login](#)





Administrator Options - Microsoft Internet Explorer

File Edit View Favorites Tools Help

ADMINISTRATOR OPTIONS

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Help ?

- Update Registration Profile
- Maintain IQRS Credit Card
- Maintain Agent Information
- Authorize Electronic Funds Transfer (EFT)
- View Data Bank Correspondence

End Session & Return to Login Return to Registration Confirmation





Update Entity Profile - Microsoft Internet Explorer

File Edit View Favorites Tools Help

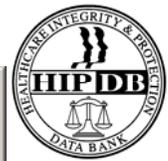
UPDATE ENTITY PROFILE

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

To update entity registration information, complete the fields that require a change, then click **Submit to Data Bank(s)**. Some changes will require that a signed copy be mailed to the NPDB-HIPDB; please follow any instructions provided after submitting in order to process your registration update. [Help ?](#)

ENTITY IDENTIFICATION INFORMATION [Help ?](#)

Name of Entity:	<input type="text" value="TEST ENTITY"/>
Department or Office to Which Mail Should be Addressed:	<input type="text" value="REPORTING TEST ENTITY"/>
Street Address:	<input type="text" value="4350 MAIN ST"/>
Address Line 2:	<input type="text" value="SUITE 400"/>
City:	<input type="text" value="FAIRFAX"/>
State:	<input type="text" value="VA Virginia"/>
ZIP Code:	<input type="text" value="22033"/> - <input type="text"/>
Country (if U.S., leave blank):	<input type="text"/>
E-mail Address to Which Correspondence Should be Sent:	<input type="text"/>
Department Fax Number:	<input type="text"/>
Taxpayer Identification Number (TIN):	<input type="text" value="77777777"/>
National Crime Information Center Originating Agency Identifier (ORI) (For law enforcement only):	<input type="text" value="1"/>
Ownership of the Entity:	<input type="text"/>



Update Entity Profile - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Taxpayer Identification Number (TIN): [/ / / / / / / /]

National Crime Information Center
Originating Agency Identifier (ORI) [1]
(For law enforcement only):

Ownership of the Entity: [Federal Government Agency]

If Federal, Specify Department: [Centers for Disease Control and Prevention]

ELIGIBILITY/STATUTORY AUTHORITY [Help ?](#)

For each of the three statutes below, entities must select the most appropriate function/service category based on their primary function or service. [Review each of these statutes and regulations](#) prior to submitting your entity registration.

1. Title IV of Public Law 99-660, the *Health Care Quality Improvement Act of 1986*, as amended;
2. Public Law 100-93, Section 5[b] of the *Medicare and Medicaid Patient and Program Protection Act of 1987*, [Section 1921 of the *Social Security Act*]; and
3. Section 221[a], Public Law 104-191, the *Health Insurance Portability and Accountability Act of 1996*, more commonly referred to as Section 1128E of the *Social Security Act*.

Each entity is responsible for determining its legal obligation or eligibility under the applicable laws and regulations, and must register accordingly. For a complete description of the requirements and penalties of each authority, follow the links at the top of each authority selection list. You may wish to seek advice from legal counsel before specifying your statutory authority(ies). **If no function/service applies to you in the block, select "None of These."**

If you are registering under Section 1921 of the Social Security Act, please be aware that this legislation has not been implemented. Therefore, queries or reports are not accepted under this authority at this time. You will be notified when final regulations to implement Section 1921 have been established. Until that time, your certification elections for this statute will be stored, but remain inactive.

Title IV Statutory Authority Selections



Update Entity Profile - Microsoft Internet Explorer

File Edit View Favorites Tools Help

your certification elections for this statute will be stored, but remain inactive.

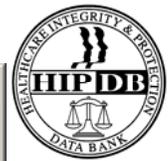
Title IV Statutory Authority Selections

<i>National Practitioner Data Bank - Title IV Statutory Function/Service Categories</i> More information about Title IV querying eligibility and reporting requirements	<i>Statutory Requirements</i>	
Function/Service (select one)	Querying	Reporting
<input type="radio"/> Board of Medical/Dental Examiners	Optional	Mandatory
<input type="radio"/> Other State Practitioner Licensing Board	Optional	No Requirement
<input type="radio"/> Hospital	Mandatory	Mandatory
<input type="radio"/> Professional Society	Optional	Mandatory
<input checked="" type="radio"/> Other Health Care Entity	Optional	Mandatory
<input type="radio"/> Medical Malpractice Payer	Prohibited	Mandatory
<input type="radio"/> None of These	Prohibited	Prohibited

Section 1921 Statutory Authority Selections

<i>National Practitioner Data Bank - Section 1921 Statutory Function/Service Categories</i> More information about Section 1921 querying eligibility and reporting requirements	<i>Statutory Requirements</i>	
Function/Service (select one)	Querying	Reporting
<input type="radio"/> State Health Care Practitioner Licensing Board	Optional	Mandatory
<input type="radio"/> State Health Care Entity Licensing Board	Optional	Mandatory
<input type="radio"/> Quality Improvement Organization under Contract		





Update Entity Profile - Microsoft Internet Explorer

File Edit View Favorites Tools Help

<input type="radio"/> State Health Care Practitioner Licensing Board	Optional	Mandatory
<input type="radio"/> State Health Care Entity Licensing Board	Optional	Mandatory
<input type="radio"/> Quality Improvement Organization under Contract with the Centers for Medicare & Medicaid Services (CMS)	Optional	Mandatory
<input type="radio"/> Private Accreditation Organization	Prohibited	Mandatory
<input type="radio"/> Hospital	Optional	No Requirement
<input checked="" type="radio"/> Other Health Care Entity, including Professional Society	Optional	No Requirement
<input type="radio"/> Agency Administering a Federal Health Care Program, including Private Entities Under Contract	Optional	No Requirement
<input type="radio"/> State Agency Administering or Supervising the Administration of a State Health Care Program	Optional	No Requirement
<input type="radio"/> State Medicaid Fraud Control Unit	Optional	No Requirement
<input type="radio"/> Attorney General/Other Law Enforcement Agency	Optional	No Requirement
<input type="radio"/> None of These	Prohibited	Prohibited

Section 1128E Statutory Authority Selections

<p><i>Healthcare Integrity and Protection Data Bank - Section 1128e Statutory Function/Service Categories</i></p> <p>More information about Section 1128e querying eligibility and reporting requirements</p>	<i>Statutory Requirements</i>	
Function/Service (select one)	Querying	Reporting
<input checked="" type="radio"/> Federal Government Agency	Optional	Mandatory
<input type="radio"/> State Government Agency	Optional	Mandatory





Update Entity Profile - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Function/Service (select one)	Querying	Reporting
<input checked="" type="radio"/> Federal Government Agency	Optional	Mandatory
<input type="radio"/> State Government Agency	Optional	Mandatory
<input type="radio"/> Health Plan	Optional	Mandatory
<input type="radio"/> None of These	Prohibited	Prohibited

PRIMARY FUNCTION OF ENTITY [Help ?](#)

Select the category that best describes the primary function that your organization performs. Make only one selection from this list. If the code says "specify," describe the function. Entities that provide health care services and are self-insured for malpractice liability should register as health care service providers, not as malpractice payers.

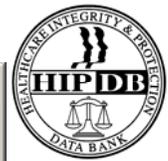
Primary Function of Entity:

If Other, Specify:

QUERY OPTIONS FOR ENTITIES AUTHORIZED BY LAW TO QUERY BOTH THE NPDB AND THE HIPDB [Help ?](#)

Select the Data Bank(s) you elect to query. Fees are assessed for each Data Bank you choose to query (except for Federal agencies, which, by law, are exempt from HIPDB query fees). Complete this section only if you are eligible to query both the NPDB and the HIPDB, based on the selections made in the ELIGIBILITY/STATUTORY AUTHORITY section. Hospitals MUST query the NPDB under Title IV.

- Query the NPDB and the HIPDB for each query submitted.
- Query only the NPDB for each query submitted.
- Query only the HIPDB for each query submitted.
- Do not query either the NPDB or the HIPDB.



Update Entity Profile - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Query the NPDB and the HIPDB for each query submitted.
 Query only the NPDB for each query submitted.
 Query only the HIPDB for each query submitted.
 Do not query either the NPDB or the HIPDB.

I wish to query the NPDB after the publication of final regulations implementing Section 1921 of the Social Security Act.

POINT OF CONTACT FOR REPORTS [Help ?](#)

A report point of contact is applicable only if the entity is eligible under law to submit reports. You may designate an individual or office to be the point of contact to be included on all reports submitted by your organization to the NPDB and/or the HIPDB. If your entity does not designate a point of contact, the submitter of each individual report will be listed as the point of contact for that report.

Name or Office:
Title or Department:
Telephone: Ext.

CERTIFICATION [Help ?](#)

I certify that the entity identified above qualifies under law as specified in the ELIGIBILITY/STATUTORY AUTHORITY section and is eligible to perform the querying and/or reporting functions. I understand that the entity may be subject to sanctions under Federal statute for failure to report final adverse actions as required in the statutes and regulations or for the use of information obtained from the NPDB or the HIPDB other than the purposes for which it was provided. I further certify that I am authorized to submit this registration information to the NPDB-HIPDB and that the information provided is true, correct, and complete. If I become aware that any information in this form is not true, correct, or complete, I agree to notify the NPDB-HIPDB of this fact immediately. I understand that any omission, misrepresentation, or falsification of any information contained in this form or contained in any communication supplying information to the NPDB-HIPDB to complete or clarify this form may be punishable by criminal, civil, or other



Update Entity Profile - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Query the NPDB and the HIPDB for each query submitted.
 Query only the NPDB for each query submitted.
 Query only the HIPDB for each query submitted.
 Do not query either the NPDB or the HIPDB.

I wish to query the NPDB after the publication of final regulations implementing Section 1921 of the Social Security Act.

POINT OF CONTACT FOR REPORTS [Help ?](#)

A report point of contact is applicable only if the entity is eligible under law to submit reports. You may designate an individual or office to be the point of contact to be included on all reports submitted by your organization to the NPDB and/or the HIPDB. If your entity does not designate a point of contact, the submitter of each individual report will be listed as the point of contact for that report.

Name or Office: 

Title or Department:

Telephone: Ext.

CERTIFICATION [Help ?](#)

I certify that the entity identified above qualifies under law as specified in the ELIGIBILITY/STATUTORY AUTHORITY section and is eligible to perform the querying and/or reporting functions. I understand that the entity may be subject to sanctions under Federal statute for failure to report final adverse actions as required in the statutes and regulations or for the use of information obtained from the NPDB or the HIPDB other than the purposes for which it was provided. I further certify that I am authorized to submit this registration information to the NPDB-HIPDB and that the information provided is true, correct, and complete. If I become aware that any information in this form is not true, correct, or complete, I agree to notify the NPDB-HIPDB of this fact immediately. I understand that any omission, misrepresentation, or falsification of any information contained in this form or contained in any communication supplying information to the NPDB-HIPDB to complete or clarify this form may be punishable by criminal, civil, or other





Update Entity Profile - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Title or Department:

Telephone: Ext.

CERTIFICATION [Help ?](#)

I certify that the entity identified above qualifies under law as specified in the ELIGIBILITY/STATUTORY AUTHORITY section and is eligible to perform the querying and/or reporting functions. I understand that the entity may be subject to sanctions under Federal statute for failure to report final adverse actions as required in the statutes and regulations or for the use of information obtained from the NPDB or the HIPDB other than the purposes for which it was provided. I further certify that I am authorized to submit this registration information to the NPDB-HIPDB and that the information provided is true, correct, and complete. If I become aware that any information in this form is not true, correct, or complete, I agree to notify the NPDB-HIPDB of this fact immediately. I understand that any omission, misrepresentation, or falsification of any information contained in this form or contained in any communication supplying information to the NPDB-HIPDB to complete or clarify this form may be punishable by criminal, civil, or other administrative actions including fines, penalties, and/or imprisonment under Federal law.

Name of Certifying Official:

Title of Certifying Official:

Telephone: Ext.

Certification Date (MMDDYYYY):

 [Submit to Data Bank\(s\)](#)

[Return to Administrator Options](#) [End Session & Return to Login](#)



Entity Update Confirmation - Microsoft Internet Explorer

File Edit View Favorites Tools Help

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.com>

ENTITY UPDATE CONFIRMATION

Thank you for submitting this entity registration update. These changes have been saved to the NPDB-HIPDB and are in effect immediately. Please print and keep it for your records.

ENTITY IDENTIFICATION INFORMATION

Data Bank Identification Number (DBID):	333300000000001
Name of Entity:	TEST ENTITY
Department or Office:	REPORTING TEST ENTITY
Street Address:	4350 MAIN ST SUITE 400
City, State, ZIP:	FAIRFAX, VA 22033
E-mail Address:	
Department Fax Number:	
Taxpayer Identification Number (TIN):	777777777
ORI Number:	1
Ownership of the Entity:	Federal Government Agency
Federal Entity Type:	Centers for Disease Control and Prevention



Entity Update Confirmation - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Ownership of the Entity:	Federal Government Agency
Federal Entity Type:	Centers for Disease Control and Prevention
ELIGIBILITY/STATUTORY AUTHORITY	
NPDB - Title IV Function/Service:	Other Health Care Entity
Querying:	Optional
Reporting:	Mandatory
NPDB - Section 1921 Function/Service:	Other Health Care Entity, including Professional Society
Querying:	Optional
Reporting:	No Requirement
HIPDB - Section 1128E Function/Service:	Federal Government Agency
Querying:	Optional
Reporting:	Mandatory
PRIMARY FUNCTION OF ENTITY	
Primary Function of Entity (Code):	Hospital (44)
QUERY OPTIONS	
Query Preferences:	NPDB Only Query NPDB when Section 1921 is available.
POINT OF CONTACT FOR REPORTS	





Entity Update Confirmation - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Name or Office: BOB ROBERTSON
Title or Department: CLERK
Telephone: (703) 555-1234

CERTIFICATION

I certify that the entity identified above qualifies under law as specified in the ELIGIBILITY/STATUTORY AUTHORITY section and is eligible to perform the querying and/or reporting functions. I understand that the entity may be subject to sanctions under Federal statute for failure to report final adverse actions as required in the statutes and regulations or for the use of information obtained from the NPDB or the HIPDB other than the purposes for which it was provided. I further certify that I am authorized to submit this registration information to the NPDB-HIPDB and that the information provided is true, correct, and complete. If I become aware that any information in this form is not true, correct, or complete, I agree to notify the NPDB-HIPDB of this fact immediately. I understand that any omission, misrepresentation, or falsification of any information contained in this form or contained in any communication supplying information to the NPDB-HIPDB to complete or clarify this form may be punishable by criminal, civil, or other administrative actions including fines, penalties, and/or imprisonment under Federal law.

Name of Certifying Official: JOHN SMITH
Title of Certifying Official: ADMINISTRATOR
Telephone: (555) 703-4567
Certification Date: 09/16/2003

END OF DOCUMENT

[Return to Administrator Options](#)



2002-2003 IQRS Improvements

Update Entity Profile to Query Both NPDB and HIPDB

Significant Profile Update



Administrator Options - Microsoft Internet Explorer

File Edit View Favorites Tools Help

ADMINISTRATOR OPTIONS

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Help ?

- Update Registration Profile
- Maintain IQRS Credit Card
- Maintain Agent Information
- Authorize Electronic Funds Transfer (EFT)
- View Data Bank Correspondence

End Session & Return to Login Return to Registration Confirmation





Update Entity Profile - Microsoft Internet Explorer

File Edit View Favorites Tools Help

UPDATE ENTITY PROFILE

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

To update entity registration information, complete the fields that require a change, then click **Submit to Data Bank(s)**. Some changes will require that a signed copy be mailed to the NPDB-HIPDB; please follow any instructions provided after submitting in order to process your registration update. [Help ?](#)

ENTITY IDENTIFICATION INFORMATION [Help ?](#)

Name of Entity:	<input type="text" value="TEST ENTITY"/>
Department or Office to Which Mail Should be Addressed:	<input type="text" value="REPORTING TEST ENTITY"/>
Street Address:	<input type="text" value="4350 MAIN ST"/>
Address Line 2:	<input type="text" value="SUITE 400"/>
City:	<input type="text" value="FAIRFAX"/>
State:	<input type="text" value="VA Virginia"/>
ZIP Code:	<input type="text" value="22033"/> - <input type="text" value=""/>
Country (if U.S., leave blank):	<input type="text" value=""/>
E-mail Address to Which Correspondence Should be Sent:	<input type="text" value=""/>
Department Fax Number:	<input type="text" value=""/>
Taxpayer Identification Number (TIN):	<input type="text" value="77777777"/>
National Crime Information Center Originating Agency Identifier (ORI) (For law enforcement only):	<input type="text" value="1"/>
Ownership of the Entity:	<input type="text" value=""/>



Update Entity Profile - Microsoft Internet Explorer

File Edit View Favorites Tools Help

PRIMARY FUNCTION OF ENTITY [Help ?](#)

Select the category that best describes the primary function that your organization performs. Make only one selection from this list. If the code says "specify," describe the function. Entities that provide health care services and are self-insured for malpractice liability should register as health care service providers, not as malpractice payers.

Primary Function of Entity:

If Other, Specify:

QUERY OPTIONS FOR ENTITIES AUTHORIZED BY LAW TO QUERY BOTH THE NPDB AND THE HIPDB [Help ?](#)

Select the Data Bank(s) you elect to query. Fees are assessed for each Data Bank you choose to query (except for Federal agencies, which, by law, are exempt from HIPDB query fees). Complete this section only if you are eligible to query both the NPDB and the HIPDB, based on the selections made in the ELIGIBILITY/STATUTORY AUTHORITY section. Hospitals MUST query the NPDB under Title IV.

- Query the NPDB and the HIPDB for each query submitted.
- Query only the NPDB for each query submitted.
- Query only the HIPDB for each query submitted.
- Do not query either the NPDB or the HIPDB.

I wish to query the NPDB after the publication of final regulations implementing Section 1921 of the Social Security Act.

POINT OF CONTACT FOR REPORTS [Help ?](#)

A report point of contact is applicable only if the entity is eligible under law to submit reports. You may designate an individual or office to be the point of contact to be included on all reports submitted by your



Update Entity Profile - Microsoft Internet Explorer

File Edit View Favorites Tools Help

PRIMARY FUNCTION OF ENTITY [Help ?](#)

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Primary Function of Entity:

If Other, Specify:

QUERY OPTIONS FOR ENTITIES AUTHORIZED BY LAW TO QUERY BOTH THE NPDB AND THE HIPDB [Help ?](#)

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- Query the NPDB and the HIPDB for each query submitted.
- Query only the NPDB for each query submitted.
- Query only the HIPDB for each query submitted.
- Do not query either the NPDB or the HIPDB.

I wish to query the NPDB after the publication of final regulations implementing Section 1921 of the Social Security Act.

POINT OF CONTACT FOR REPORTS [Help ?](#)

A report point of contact is applicable only if the entity is eligible under law to submit reports. You may designate an individual or office to be the point of contact to be included on all reports submitted by your





Update Entity Profile - Microsoft Internet Explorer

File Edit View Favorites Tools Help

submitter of each individual report will be listed as the point of contact for that report.

Name or Office:

Title or Department:

Telephone: Ext.

CERTIFICATION [Help ?](#)

I certify that the entity identified above qualifies under law as specified in the ELIGIBILITY/STATUTORY AUTHORITY section and is eligible to perform the querying and/or reporting functions. I understand that the entity may be subject to sanctions under Federal statute for failure to report final adverse actions as required in the statutes and regulations or for the use of information obtained from the NPDB or the HIPDB other than the purposes for which it was provided. I further certify that I am authorized to submit this registration information to the NPDB-HIPDB and that the information provided is true, correct, and complete. If I become aware that any information in this form is not true, correct, or complete, I agree to notify the NPDB-HIPDB of this fact immediately. I understand that any omission, misrepresentation, or falsification of any information contained in this form or contained in any communication supplying information to the NPDB-HIPDB to complete or clarify this form may be punishable by criminal, civil, or other administrative actions including fines, penalties, and/or imprisonment under Federal law.

Name of Certifying Official:

Title of Certifying Official:

Telephone: Ext.

Certification Date (MMDDYYYY):

[Submit to Data Bank\(s\)](#)





Entity Update Status - Microsoft Internet Explorer

File Edit View Favorites Tools Help

ENTITY UPDATE STATUS

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

In order for the NPDB-HIPDB to successfully process your Entity Update, you must complete the following steps:

1. Click **Continue** to obtain a formatted copy of your Entity Update.
2. Print two copies of your Entity Update.
3. Sign and date one copy of your Entity Update.
4. Keep a copy for your records, and mail the signed Entity Update to the specified address. Send the signed form as soon as possible to ensure timely processing of your information; if your Entity Update is not received within six months, your update(s) cannot be processed.
5. Check for confirmation of your Entity Update on-line by viewing the Data Bank Correspondence screen, accessible from the Administrator Options menu.

Continue





Registration for DCN: 7950000030805026 - Microsoft Internet Explorer

File Edit View Favorites Tools Help



DCN: 7950000030805026

**National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank**
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.com>

ENTITY UPDATE

Data Bank Control Number: 7950000030805026

Sign the bottom of this form in ink. Keep a copy for your records and mail the original form to the address above. Send your signed form in as soon as possible to ensure timely processing of your information; if your form is not received within six months, your registration cannot be processed. Please check for the confirmation of your registration via the Data Bank Correspondence screen, accessible from the Administrator Options menu, within four business days of the receipt of this document by the NPDB-HIPDB.

ENTITY IDENTIFICATION INFORMATION

Data Bank Identification Number (DBID):	3333333333333333
Name of Entity:	TEST ENTITY
Department or Office:	REPORTING TEST ENTITY
Street Address:	4350 MAIN ST SUITE 400



Registration for DCN: 7950000030805026 - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Name of Entity:	TEST ENTITY
Department or Office:	REPORTING TEST ENTITY
Street Address:	4350 MAIN ST SUITE 400 FAIRFAX, VA 22033
City, State, ZIP:	
E-mail Address:	
Department Fax Number:	
Taxpayer Identification Number (TIN):	777777777
ORI Number:	1
Ownership of the Entity:	Federal Government Agency
Federal Entity Type:	Centers for Disease Control and Prevention
ELIGIBILITY/STATUTORY AUTHORITY	
NPDB - Title IV Function/Service:	Other Health Care Entity
Querying:	Optional
Reporting:	Mandatory
NPDB - Section 1921 Function/Service:	Other Health Care Entity, including Professional Society
Querying:	Optional
Reporting:	No Requirement
HIPDB - Section 1128E Function/Service:	Federal Government Agency
Querying:	Optional
Reporting:	Mandatory
PRIMARY FUNCTION OF ENTITY	
Primary Function of Entity (Code):	Hospital (44)





Registration for DCN: 7950000030805026 - Microsoft Internet Explorer

File Edit View Favorites Tools Help

PRIMARY FUNCTION OF ENTITY

Primary Function of Entity (Code): Hospital (44)

QUERY OPTIONS

Query Preferences: NPDB and HIPDB
Query NPDB when Section 1921 is available.

POINT OF CONTACT FOR REPORTS

Name or Office: BOB ROBERTSON
Title or Department: CLERK
Telephone: (703) 555-1234

CERTIFICATION

I certify that the entity identified above qualifies under law as specified in the ELIGIBILITY/STATUTORY AUTHORITY section and is eligible to perform the querying and/or reporting functions. I understand that the entity may be subject to sanctions under Federal statute for failure to report final adverse actions as required in the statutes and regulations or for the use of information obtained from the NPDB or the HIPDB other than the purposes for which it was provided. I further certify that I am authorized to submit this registration information to the NPDB-HIPDB and that the information provided is true, correct, and complete. If I become aware that any information in this form is not true, correct, or complete, I agree to notify the NPDB-HIPDB of this fact immediately. I understand that any omission, misrepresentation, or falsification of any information contained in this form or contained in any communication supplying information to the NPDB-HIPDB to complete or clarify this form may be punishable by criminal, civil, or other administrative actions including fines, penalties, and/or imprisonment under Federal law.



Registration for DCN: 7950000030805026 - Microsoft Internet Explorer

File Edit View Favorites Tools Help

CERTIFICATION

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Name of Certifying Official:	JOHN SMITH
Title of Certifying Official:	ADMINISTRATOR
Telephone:	(703) 555-4567
Certification Date:	09/16/2003

Signature of Certifying Official

Signature Date (MM-DD-YYYY)

END OF DOCUMENT

[Return to Administrator Options](#)



2002-2003 IQRS Improvements

Next Steps...

- 1. Print and Sign Document.**
- 2. Mail Entity Registration Update Document to the Data Banks for Processing.**



2002-2003 IQRS Improvements

May 12, 2003

- Data Banks system moved to state-of-the-art Data Center.
 - Maximizes system availability to users:
 - Continuous power.
 - Continuous communications.
 - Increased protection against fire and other natural disasters.
 - Increased physical security.
 - 24x7 support.



2002-2003 IQRS Improvements

June 30, 2003

- IQRS Subject Database Sorting Consistency:
 - At the last URP, attendees commented on the inconsistency in the display of subject names through the subject database. Names did not appear to display in last-name order when entered in mixed-case. This issue was resolved.
- Saving Credit Card Data Through the IQRS:
 - June 30, 2003 - entities have the ability to save one credit card through the IQRS.
 - June 30, 2003 – IQRS requires credit cardholder information upon query submission.
 - The Data Banks credit card interface was changed over to a newer system requiring the Data Banks to submit cardholder data along with credit card transaction data.
 - November 3, 2003 – entities will have the ability to save multiple credit cards through the IQRS.
- Save to subject database when submitting a query or report.



Administrator Options - Microsoft Internet Explorer

File Edit View Favorites Tools Help

ADMINISTRATOR OPTIONS

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Help ?

- Update Registration Profile
- Maintain IQRS Credit Card
- Maintain Agent Information
- Authorize Electronic Funds Transfer (EFT)
- View Data Bank Correspondence

End Session & Return to Login Return to Registration Confirmation





Maintain IQRS Credit Card - Microsoft Internet Explorer

File Edit View Favorites Tools Help

MAINTAIN IQRS CREDIT CARD

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

For your convenience, you may keep credit card account information on file with the Data Banks for IQRS query payments. At the Select a Payment Method screen, you and other users registered for your entity will be given the option to use this stored information. This information will be kept secure; for further protection, only the last four digits of the credit card number will be displayed on the screen.

[Help ?](#)

CREDIT CARD (Visa, MasterCard, Discover)

Account Number:

Expiration Date: /

Cardholder's Name:

Cardholder's Billing Address:

Address Line 2:

City:

State:

ZIP Code: -

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

CERTIFICATION

I certify that I am authorized by my entity to submit the above changes. I understand that if I choose to maintain credit card account information with the Data Banks that no charges will be applied to this account unless chosen as the query payment method by myself or other users registered for my entity.

Name of Certifying Official:



Maintain IQRS Credit Card - Microsoft Internet Explorer

File Edit View Favorites Tools Help

MAINTAIN IQRS CREDIT CARD

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

For your convenience, you may keep credit card account information on file with the Data Banks for IQRS query payments. At the Select a Payment Method screen, you and other users registered for your entity will be given the option to use this stored information. This information will be kept secure; for further protection, only the last four digits of the credit card number will be displayed on the screen. [Help ?](#)

CREDIT CARD (Visa, MasterCard, Discover)

Account Number: ←

Expiration Date: /

Cardholder's Name:

Cardholder's Billing Address:

Address Line 2:

City:

State:

ZIP Code: -

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

CERTIFICATION

I certify that I am authorized by my entity to submit the above changes. I understand that if I choose to maintain credit card account information with the Data Banks that no charges will be applied to this account unless chosen as the query payment method by myself or other users registered for my entity.

Name of Certifying Official:



Maintain IQRS Credit Card - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Account Number: 4200111122223333

Expiration Date: 01 / 2005

Cardholder's Name: John Doe

Cardholder's Billing Address: 123 Oak St

Address Line 2:

City: Hometown

State: VA Virginia

ZIP Code: 22033 -

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

CERTIFICATION

I certify that I am authorized by my entity to submit the above changes. I understand that if I choose to maintain credit card account information with the Data Banks that no charges will be applied to this account unless chosen as the query payment method by myself or other users registered for my entity.

Name of Certifying Official: John Smith

Title of Certifying Official: Administrator

Telephone: 7035554567 Ext.

Certification Date (MMDDYYYY): 09162003

Submit to Data Bank(s)

Return to Administrator Options **End Session & Return to Login**





Maintain IQRS Credit Card - Microsoft Internet Explorer

File Edit View Favorites Tools Help

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P. O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.com>

MAINTAIN IQRS CREDIT CARD CONFIRMATION

Your credit card account information has been updated. These changes have been saved to the NPDB-HIPDB and are in effect immediately. Please print this notice for your records. **Do not mail this notice to the Data Banks.**

A. CREDIT CARD INFORMATION

Account Number:	XXXXXXXXXXXXXXXX3333
Expiration Date:	01/2005
Cardholder's Billing Address:	JOHN DOE 123 OAK ST HOMETOWN, VA 22033

B. CERTIFICATION

I certify that I am authorized by my entity to submit the above changes. I understand that if I choose to maintain credit card account information with the Data Banks that no charges will be applied to this account unless chosen as the query payment method by myself or other users registered for my entity.

Name of Certifying Official:	JOHN SMITH
Title of Certifying Official:	ADMINISTRATOR





Maintain IQRS Credit Card - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Your credit card account information has been updated. These changes have been saved to the NPDB-HIPDB and are in effect immediately. Please print this notice for your records. **Do not mail this notice to the Data Banks.**

A. CREDIT CARD INFORMATION

Account Number: XXXXXXXXXXXXXXX3333
Expiration Date: 01/2005
Cardholder's Billing Address: JOHN DOE
123 OAK ST
HOMETOWN, VA 22033

B. CERTIFICATION

I certify that I am authorized by my entity to submit the above changes. I understand that if I choose to maintain credit card account information with the Data Banks that no charges will be applied to this account unless chosen as the query payment method by myself or other users registered for my entity.

Name of Certifying Official: JOHN SMITH
Title of Certifying Official: ADMINISTRATOR
Telephone: (703) 555-4567
Certification Date: 09/16/2003

END OF DOCUMENT

[Return to Administrator Options](#)



2002-2003 IQRS Improvements

Stored Credit Card Is Then Available for Query Payments



Select A Payment Method - Microsoft Internet Explorer

File Edit View Favorites Tools Help

SELECT A PAYMENT METHOD

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Pre-authorized Electronic Funds Transfer (EFT) [Help ?](#)

Credit Card On File

Account Number: XXXXXXXXXXXXXXX3333
Expiration Date: 01/2005
Cardholder's Billing Address: JOHN DOE
123 OAK ST
HOMETOWN, VA 22033

Credit Card (Visa, MasterCard, Discover)

Account Number:

Expiration Date: Month / Year

Cardholder's Name:

Cardholder's Billing Address:

Address Line 2:

City:

State:

ZIP Code: -

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

[Continue](#)



2002-2003 IQRS Improvements

Entities Can Store a Subject When a Report is Submitted



Report Input Form - Microsoft Internet Explorer

File Edit View Favorites Tools Help

REPORT INPUT

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

- Subject Info
- Addresses
- Social Sec Num
- DEA Number
- Prof Schools
- Occupation/Lic
- Hospital Affil
- Payment Info
- Certification
- Validate/Submit

Medical Malpractice Payment Report

Individual 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.

SUBJECT INFORMATION [Help ?](#)

Subject Name:

Last Name	First Name	Middle Name	Suffix (e.g., Jr, III)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Name Used:

Last Name	First Name	Middle Name	Suffix (e.g., Jr, III)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender: Male Female Unknown



Report Input Form - Microsoft Internet Explorer

File Edit View Favorites Tools Help

REPORT INPUT

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

- Subject Info
- Addresses
- Social Sec Num
- DEA Number
- Prof Schools
- Occupation/Lic
- Hospital Affil
- Payment Info
- Certification
- Validate/Submit

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 (MMDDYYYY):

 Check this box if you wish to store this subject in your subject database for use in future queries and/or reports.

[Help ?](#)

[Submit to Data Bank\(s\)](#) [Validate Without Submitting](#) [Store as a Draft](#)

[Return to Options](#)



2002-2003 IQRS Improvements

July 1, 2003

- NPDB and HIPDB query fees reduced to \$4.25 per name.

September 3, 2003

- Data Banks moved to 4th generation hardware platform (SUN architecture).
- Average query response decreases to less than two hours for 99% of submitted queries.

November 3, 2003

- Credit card interface between the Data Banks and Mellon Bank will be upgraded.
- Allows for better credit card reconciliation:
 - Upgraded interface allows the Data Banks to submit the NPDB or HIPDB query reference number to end-user credit card companies. Participating end-user credit card companies may display the Data Bank query reference number on credit card statements. If your credit card company does not display this information regarding queries submitted after November 3, 2003, contact your bank directly.



2004 IQRS Improvements

February 2, 2004

- MMPR enhancements based on CHPS recommendations.
- ITP file format enhancements.
 - ITP users on the Data Bank mailing list received notification in August that ITP file formats would be updated effective February 2, 2004.
 - Updates include:
 - Significant changes to the MMPR file formats.
 - Improvements to make creating an ITP interface simpler for clients, no more checksum requirement, less extraneous data in header data record.
 - Addition of new data fields already included in IQRS reports.
 - Visit www.npdb-hipdb.com/itp for additional information on ITP file format improvements.



2004 IQRS Improvements

April 12, 2004

- Pre-Populate Certification information for IQRS transactions.
 - IQRS users will be able to save their Entity Name, Title, and Telephone Number for their User ID in the IQRS. When submitting a query or report, the Certification information will pre-populate (Certification Date already pre-populates).
 - IQRS ADMINISTRATORS will not be able to take advantage of this new functionality – administrator accounts are frequently used by multiple users within a single entity. Because the Data Banks require accurate submitter information, certification information for administrator accounts will not be pre-populated.
- Subject Database Duplicates:
 - When importing subjects or adding subjects to a subject database, the Data Banks will inform the submitter of potential duplicate subjects.



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Options - Microsoft Internet Explorer

File Edit View Favorites Tools Help

OPTIONS

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Query Options

- Query
- View Query Response
- View Billing History

Report Options

- Report
- View Report Output

Maintenance Options

- Maintain Subject Database
- Update User Account

End Session & Return to Login

Local intranet





User Account Information - Microsoft Internet Explorer

File Edit View Favorites Tools Help

USER ACCOUNT INFORMATION

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

To edit a user account, modify the information to be changed, click **Save**. [Help ?](#)

The name, title, and telephone information are used to pre-populate certification fields.

Passwords must contain at least 8 characters. Passwords must contain a mix of alphabetic characters and numeric digits. Passwords are case sensitive.

User ID : MarthaStewart

Old Password :

New Password :

Confirm Password :

Name :

Title :

Telephone : Ext.

E-mail Address :

Done Local intranet

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User Account Information - Microsoft Internet Explorer

File Edit View Favorites Tools Help

USER ACCOUNT INFORMATION

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

To edit a user account, modify the information to be changed, click **Save**. [Help ?](#)

The name, title, and telephone information are used to pre-populate certification fields.

Passwords must contain at least 8 characters. Passwords must contain a mix of alphabetic characters and numeric digits. Passwords are case sensitive.

User ID : MarthaStewart

Old Password :

New Password :

Confirm Password :

Name : ←

Title :

Telephone : Ext.

E-mail Address :

Done Local intranet

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User Account Information - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Telephone : 1112223333 Ext.

E-mail Address :

Street Address :

Address Line 2 :

City :

State : CHOOSE ONE FROM LIST

Zip Code :

Country :

Assigned Credit Card : None

The Data Bank Newsletter is sent to your entity's certifying official. If you do not currently receive the Data Bank Newsletter, and would like to, check this box.

Save

Return to Options

Done Local intranet





2004 IQRS Improvements

**Certification Information Will Pre-populate
for Queries and Reports**



QUERY INPUT

National Practitioner Data Bank
 Healthcare Integrity and Protection Data Bank

- Subject Info
- Addresses
- Social Sec Num
- FEIN
- NPI
- DEA Number
- UPIN
- Prof Schools
- Occupation/Lic
- Certification
- Validate/Submit

To submit a query, enter all known subject data.

SUBJECT INFORMATION

Help ?

Subject Name:

Last Name	First Name	Middle Name	Suffix (e.g., Jr, III)
Doe	John	Q	III

Other Names Used:

	Last Name	First Name	Middle Name	Suffix (e.g., Jr, III)
1.				
2.				
3.				
4.				
5.				

Gender: Male Female Unknown

Birth Date (MMDDYYYY):

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Report Input Form - Microsoft Internet Explorer

File Edit View Favorites Tools Help

QUERY INPUT

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

Subject Info

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

Addresses

Social Sec Num

FEIN Authorized Submitter's Name:

NPI Authorized Submitter's Title:

DEA Number Authorized Submitter's Phone: Ext.

UPIN Date (MMDDYYYY):

Prof Schools

Occupation/Lic

Certification

Validate/Submit

This form will be submitted to the appropriate Data Bank(s).

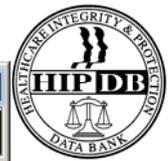
Check this box if you wish to store this subject in your subject database for use in future queries and/or reports. Duplicate entries in your subject database may result in duplicate queries. You will be notified of potential duplicate entries prior to completing this subject entry.

[Help ?](#)

[Submit to Data Bank\(s\)](#)

[Return to Options](#)

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Potential Duplicate Subject(s) - Microsoft Internet Explorer

File Edit View Favorites Tools Help

POTENTIAL DUPLICATE SUBJECT(S)

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

The subject you wish to store may already exist in your subject database. Click **View Subject** for any of the subjects listed below to see all data stored for that subject. You may proceed with storing this new subject, or choose not to store the new subject. [Help ?](#)

Options: Store this subject.
 Do not store this subject.

Subject To Store: DOE, JOHN Q II [View Subject](#)

Gender: Male **DOB:** 05/01/1950 **Deceased?:** No
SSN(s): 999-55-4444
Home Address: FAIRFAX, VA 22033 - 0000
Work Address: FAIRFAX, VA 22033 - 0000
Primary State License Number, State of Licensure: VA123456, VA

Potential Duplicate Subject: DOE, JOHN Q II [View Subject](#)

Other Name(s): DOE, JON JACK
Gender: Male **DOB:** 05/01/1950 **Deceased?:** No
SSN(s): 111-77-2222, 999-55-4444
Home Address: FAIRFAX, VA 22033 - 0000

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Potential Duplicate Subject(s) - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Options: Store this subject.
 Do not store this subject. ←

Subject To Store: DOE, JOHN Q II [View Subject](#)

Gender: Male **DOB:** 05/01/1950 **Deceased?:** No
SSN(s): 999-55-4444
Home Address: FAIRFAX, VA 22033 - 0000
Work Address: FAIRFAX, VA 22033 - 0000
Primary State License Number, State of Licensure: VA123456, VA

Potential Duplicate Subject: DOE, JOHN Q II [View Subject](#)

Other Name(s): DOE, JON JACK
Gender: Male **DOB:** 05/01/1950 **Deceased?:** No
SSN(s): 111-77-2222, 999-55-4444
Home Address: FAIRFAX, VA 22033 - 0000
Work Address: FAIRFAX, VA 22033 - 0000
Primary State License Number, State of Licensure: VA123456, VA

[Submit to Data Bank\(s\)](#) ←

[Return to Previous Page](#)



Verification for DCN: 7950000029489901 - Microsoft Internet Explorer

File Edit View Favorites Tools Help

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.com>

TEMPORARY RECORD OF SUBMISSION

INDIVIDUAL SINGLE QUERY

Data Bank Control Number: 7950000029489901

The 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.com> approximately 4 to 6 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. A copy of the official response may be used to report to other organizations (i.e., State boards) as necessary.

A. ENTITY INFORMATION

Entity Name: TEST ENTITY
Address: 4350 FAIR LAKES COURT
SUITE 100

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2004 IQRS Improvements

June 28, 2004

- Historical User Summary Report:
 - Data Bank users frequently request reports detailing past submitted transactions.
- Reducing Number of Pages in a Query Response:
 - The Data Banks are looking at methods for reducing the number of pages provided as part of a query response.
 - Current response consists of:
 - NPDB or HIPDB cover sheet.
 - 2-page response which displays all data input by querier along with search results.
 - Any matched reports.



2004 IQRS Improvements

September 2004

- Upgrade credit card interface between the Data Banks and Mellon Bank.



2005 IQRS Improvements

What to look forward to in 2005:

- **Proactive Disclosure Service** – An electronic service that would notify entities when a new report is received on a subject that they are monitoring.
- **Implementation of Section 1921** – The current NPDB-HIPDB would expand to include access, by eligible entities, to information received under Section 1921.
- **Other forms of Payment** – Implement additional forms of payment, other than credit card and EFT.



Fall 2003 IQRS URP

Lunch Break



Fall 2003 IQRS URP

1st User Feedback Session (Darryl Gray & IQRS Users)



Fall 2003 IQRS URP

Proactive Disclosure Service

(Kevin Fagan)



Fall 2003 IQRS URP

Future Direction and User Feedback Session

(Darryl Gray & IQRS Users)



Fall 2003 IQRS URP Conclusions

- Demand for the system continues to increase; we will continue to monitor performance and proactively make improvements that will sustain and improve processing and reduce turnaround time.
- Outreach through mailings, newsletters, and the information web site help to keep Data Bank customers informed.
- User Feedback Mechanisms are available: Telephone; E-mail; Customer Service Center; and the IQRS URP.
- The IQRS URP helps to guide the Data Banks. We take URP input very seriously and we schedule most URP ideas for implementation.
- We greatly appreciate your efforts to help us improve the Data Banks.
- Next IQRS URP?



Fall 2003 IQRS URP

Questions / Comments