

Health Center Attestation

Technical Assistance Webinar

July 18, 2017

David Horowitz & Paul Lotterer

Policy and Disputes Branch

Division of Practitioner Data Bank

Bureau of Health Workforce

Health Resources and Services Administration

U.S. Department of Health and Human Services



Today's Presenters

David Horowitz



Paul Lotterer



Questions to be Answered

- What is the National Practitioner Data Bank (NPDB) and why is it important to my organization and patients?
- When should I report and query?
- What is Attestation, why is it important, and how do I do it?
- What resources exist to help me with Attestation after this webinar?



What is the NPDB?

- The National Practitioner Data Bank (NPDB) is a workforce tool created by Congress to assist organizations in making well-informed hiring, credentialing, privileging, and licensing decisions.
- It is a central repository for information on medical malpractice payments and certain adverse actions related to health care practitioners, entities, providers, and suppliers.

WHAT'S IN THE NPDB?



Adverse Action Reports (AARs)

Certain adverse licensure, certification, and clinical privileges actions taken by state and federal licensing and certification authorities, hospitals, and other health care organizations.

>877,000
AARs are in
the NPDB



Medical Malpractice Payment Reports (MMPRs)

Payments made for the benefit of a health care practitioner relating to a written claim or judgment for medical malpractice.

>431,000
MMPRs are in
the NPDB



Judgment or Conviction Reports (JOCRs)

Health care-related civil judgments or criminal convictions taken in a federal or state court.

>31,000
JOCRs are in
the NPDB



Why is the NPDB Important?

NPDB and Health Centers: A Shared Goal

- The NPDB and health centers share the goal of providing quality care and ensuring patient safety.
- We understand your need, as front-line providers for our most underserved populations, to have access to tools and resources to engage and retain a quality health workforce.
- Reporting contributes to the completeness of the information in the NPDB, which adds value for all queriers who rely on the Reports.
- Insufficient reporting denies health centers and other health care entities information on practitioners with real competency or conduct concerns.



When Should I Report and Query?



Health Center Reporting

Required Reporting for Physicians and Dentists

Adverse Clinical Privileges Actions – Clinical Privileges

- Professional Review Actions – i.e., actions based on a physician's or dentist's professional competence or professional conduct that:
 - Adversely affect the clinical privileges of a physician or dentist; and
 - Last for a period of more than 30 days.



Health Center Reporting

Required Reporting for Physicians and Dentists

Adverse Clinical Privileges Actions - Investigations

- Acceptance of the surrender of clinical privileges, or any restriction of such privileges, by a physician or dentist:
 - While under investigation related to incompetence or improper professional conduct; or
 - In return for not conducting such an investigation or proceeding.

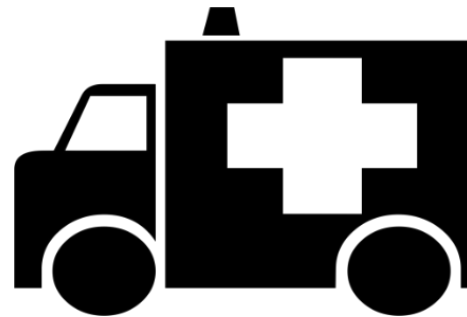


Health Center Reporting

Optional Reporting on Other Practitioners

Adverse Clinical Privileges Actions

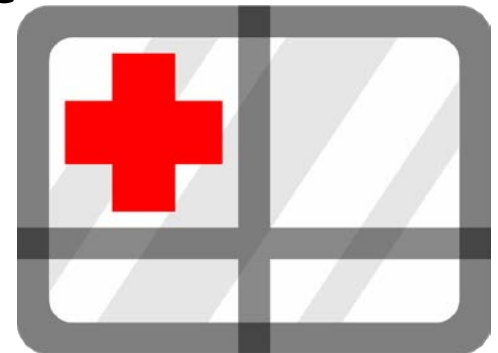
- If you privilege other health care practitioners besides physicians and dentists, you *may* report adverse clinical privileges actions lasting more than 30 days that are related to professional competence or conduct
- Not required
- Reporting on other practitioners adds to the value of the data in the NPDB



Querying

Health Centers Query on Health Care Practitioners:

- When the practitioner applies to the health center for staff appointment or clinical privileges;
- When the practitioner has entered (or may be entering) an employment or affiliation relationship;
- When the practitioner is undergoing professional review activity;
- When the health center is credentialing a practitioner or renewing a practitioner's credentials; or
- As required per Health Center Program requirements (PIN 2002-22 and PIN 2001-16)



The Attestation Process

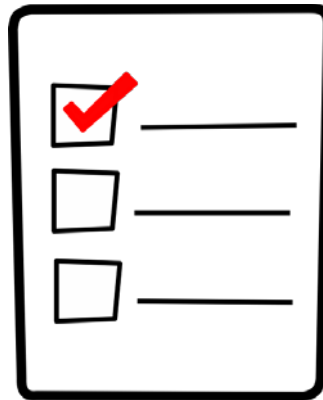
What is Attestation?

During Attestation, Federally Qualified Health Centers (FQHC) and FQHC look-alikes confirm they have submitted all reportable clinical privileges actions to the NPDB.

Why is Attestation Important?

The Goals of Attestation are to:

- Ensure the accuracy and completeness of the information in the NPDB
- Educate users about their reporting obligations



How Does Attestation Work?

- Linked to registration renewal every two years
- You will be notified when your renewal date is coming up
- When you go into the Integrated Query and Reporting Service (IQRS) you will see the information about Attestation

Attesting for Your Organization

Can You Attest Your Organization's Compliance with the NPDB Requirements?

- Affirms that the health care entity has met its reporting obligations
- May be the same person as the Data Bank Administrator
 - (The Data Bank Administrator is the person who manages the organization's profile and user accounts)

Start live demo of the Attestation process in IQRS here.

(The next slides, 18-39, are screenshots of what the live demo will cover, in case of any connectivity issues.)

Demo of Attestation Process

Signing In

SIGN IN TO YOUR USER ACCOUNT

Your health care organization must be registered with the NPDB to sign in. If your organization is registered but you do not have a user account, contact your Data Bank administrator. Don't have a Data Bank administrator?

Sign In

[Sign In](#) [Need Help?](#)

[Terms of Use](#) [Rules of Behavior](#)

FAQs

- [How do I change my Data Bank administrator?](#)
- [How do I access my account if I don't have my Data Bank ID, User ID or Password?](#)
- [What is a Data Bank ID Number, or DBID?](#)

Can't find what you are looking for?

- [Sign In to a Self-Query Order](#)
- [Sign In with a Report Number](#)

[Go to Help Center](#)

[Contact Us](#)



Demo of Attestation Process

Registration Confirmation

[Sign Out](#)

ENTITY REGISTRATION CONFIRMATION

You are signed in as:

CITY HEALTH SERVICES
123 MAIN ST
PHILADELPHIA, PA 19104-1111
Telephone: (215) 555-6666

Last successful login date: JUL 10, 2017 04:43PM

Your entity's registration renewal is due: SEP 07, 2017

The NPDB registration for your organization expires on 09/07/2017 and must be renewed by the Data Bank administrator. If the entity account expires it will be deactivated and you may be unable to query or report to the NPDB until it is renewed.

Entities must renew their registration every 2 years to maintain their access to the NPDB. Administrators must review and update all information for the entity registration and user accounts. If your information is current, you can complete the form in about 5 minutes.

Be prepared to verify or provide:

- Entity information: name, address, department, fax number, tax identification number, etc.
- Certifying official information: name, title, phone number
- User accounts
- Point of contact for reports: name, title, phone number
- For hospitals participating in Medicare: [CMS Certification Number \(CCN\)](#)

For help, please contact the [NPDB Customer Service Center](#).



[Continue - Do not renew now](#)

[Renew Registration](#)

Demo of Attestation Process

Eligibility/Statutory Authority

Entity: CITY HEALTH SERVICES (PHILADELPHIA, PA) | User: petersmith

[Sign Out](#)

ENTITY REGISTRATION



Eligibility/Statutory Authority

[Help ?](#)

You are responsible for verifying your organization's legal obligation or eligibility under the following applicable laws and regulation.

- [Title IV](#) of Public Law 99-660, the *Health Care Quality Improvement Act of 1986*, as amended;
- 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
- 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*.
- [Final Regulations, NPDB](#)

Please respond to the questions following this page to determine your organization's eligibility and statutory authority. You may wish to seek advice from legal counsel before completing this questionnaire. [Review each of these statutes and regulations](#) prior to submitting your entity registration.

[Continue](#)

[Contact Us](#)

[Return to Previous Page](#)

[Return to Registration Confirmation](#)



Demo of Attestation Process

Authorized Users

Entity: CITY HEALTH SERVICES (PHILADELPHIA, PA) | **User:** petersmith [Sign Out](#)

NATIONAL PRACTITIONER DATA BANK
NPDB

VERIFY USERS

User Accounts

- >
- Entity Information
- >
- Entity Functions
- >
- Certifying Official
- >
- Registration Status
- >
- Reporting Attestation

Select an action for each user. **Users marked "Delete" will be deleted upon the NPDB's approval of the entity renewal.** After selecting an action for each user, click **Continue**.

| Action | UserID | Name | Last Login |
|--|--------------|------------------|----------------------|
| <input checked="" type="radio"/> Keep <input type="radio"/> Delete | 1PMuser | DEVELOPER | |
| <input checked="" type="radio"/> Keep <input type="radio"/> Delete | mimimcnichol | MMIM MCNICHOL | JAN 05, 2015 04:39PM |
| <input checked="" type="radio"/> Keep <input type="radio"/> Delete | terrytrudeau | TERESA C TRUDEAU | SEP 23, 2016 04:58PM |
| <input checked="" type="radio"/> Keep <input type="radio"/> Delete | user | DEVELOPER | |

[Continue](#)



Demo of Attestation Process

Authorized Users

Entity: CITY HEALTH SERVICES (PHILADELPHIA, PA) | User: petersmith [Sign Out](#)

VERIFY USERS NATIONAL PRACTITIONER DATA BANK
NPDB

User Accounts

- >
- Entity Information
- >
- Entity Functions
- >
- Certifying Official
- >
- Registration Status
- >
- Reporting Attestation

The following user account(s) will remain active:

| User ID | Name | Last Login |
|--------------|------------------|----------------------|
| 1PMuser | DEVELOPER | |
| mimimcnichol | MIMIM MCNICHOL | JAN 05, 2015 04:39PM |
| teryrtrudeau | TERESA C TRUDEAU | SEP 23, 2016 04:58PM |
| user | DEVELOPER | |

If these selections are correct, click **Continue**. Otherwise click **Return to Previous Page** to modify your selections.

[Continue](#)



Demo of Attestation Process

Entity Identification

Complete this form with information about your organization and click **Continue**.

Help ?

OMB # 0915-0126 expiration date 03/31/18

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0126. Public reporting burden for this collection of information is estimated to average 5 minutes to complete this form, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10C-031, Rockville, Maryland, 20857.

Entity Identification Information

| | |
|---|--|
| Name of Entity: | <input type="text" value="CITYHEALTH SERVICES"/> |
| Additional Name (Optional): | <input type="text"/> |
| Department (Required for hospitals): | <input type="text" value="HUMAN RESOURCES"/> |
| Street Address: | <input type="text" value="123 MAIN ST"/> |
| Address Line 2: | <input type="text"/> |
| City: | <input type="text" value="PHILADELPHIA"/> |
| State: | <input data-bbox="967 919 1296 943" type="text" value="PA"/> Pennsylvania <input type="checkbox"/> |
| Zip: | <input type="text" value="19104"/> - <input type="text" value="1111"/> <input checked="" type="checkbox"/> |
| Country: (if U.S., leave blank) | <input type="text"/> |
| Department Fax Number: | <input type="text" value="2155557777"/> |
| Taxpayer Identification Number (TIN): | <input type="text" value="111111111"/> |
| National Crime Information Center Originating Agency Identifier (ORI): (For law enforcement only) | <input type="text"/> |
| Ownership of the Entity: | <input type="text" value="Private Sector Organization"/> |

An organization that is a for-profit business or a non-profit organization that is not owned and operated by a



Demo of Attestation Process

Entity Ownership

Entity Identification Information

| | |
|---|--|
| Name of Entity: | <input type="text" value="CITYHEALTH SERVICES"/> |
| Additional Name (Optional): | <input type="text"/> |
| Department (Required for hospitals): | <input type="text" value="HUMAN RESOURCES"/> |
| Street Address: | <input type="text" value="123 MAIN ST"/> |
| Address Line 2: | <input type="text"/> |
| City: | <input type="text" value="PHILADELPHIA"/> |
| State: | <input type="text" value="PA Pennsylvania"/> |
| Zip: | <input type="text" value="19104"/> - <input type="text" value="1111"/> <input checked="" type="checkbox"/> |
| Country: (if U.S., leave blank) | <input type="text"/> |
| Department Fax Number: | <input type="text" value="2155557777"/> |
| Taxpayer Identification Number (TIN): | <input type="text" value="11111111"/> |
| National Crime Information Center Originating Agency Identifier (ORI): (For law enforcement only) | <input type="text" value="CHOOSE ONE FROM LIST District of Columbia and Territories Agency Federal Government Agency Indian Tribe or Nation Local Government Agency Private Sector Organization State Government Agency"/> |


Ownership of the Entity:

An organization that is a for-profit business or a non-profit organization that is not owned and operated by a Federal, State or Local government.



[Continue](#)



 [Contact Us](#)

[Return to Previous Page](#)

[Return to Registration Confirmation](#)



Demo of Attestation Process

Entity Address Verification

Entity Identification Information

Name of Entity:

Additional Name (Optional):

Department (Required for hospitals):

Street Address:
Address Line 2:
City:
State:
Zip:

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

Department Fax Number:

Taxpayer Identification Number (TIN):

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

Ownership of the Entity:

ADDRESS NOT VERIFIED X


Click here to change your address

Click here to certify the address is correct
(123 MAIN ST PHILADELPHIA PA 19104)

An organization that is a for-profit business or a non-profit organization that is not owned and operated by a Federal, State or Local government.

[Continue](#)



 [Contact Us](#)

[Return to Previous Page](#)

[Return to Registration Confirmation](#)



Demo of Attestation Process

Eligibility/Statutory Authority

Eligibility/Statutory Authority

Help ?

- You have indicated that your organization is a **Private Sector Organization**.



[Change](#)

RESULTS: Statutory Authority and Requirements

Based on your answers, your organization is eligible to register with the NPDB under the following statutory authority functions. Certain agencies and organizations may qualify under more than one function per statute. Your organization must comply with all regulatory requirements associated with NPDB eligibility, including, but not limited to the associated querying and reporting requirements listed below.

| Statutory Authority | Function | Querying | Reporting |
|---------------------|--|----------|----------------|
| Title IV | Other Health Care Entity* | Optional | Mandatory |
| Section 1921 | Other Health Care Entity, including Professional Society** | Optional | No Requirement |
| Section 1128E | Other Health Care Entity, including Professional Society | Optional | No Requirement |

* Must provide health care services directly or indirectly and must follow a formal peer review process for the furthering of quality health care.

** Government hospitals and health care entities that qualify as one of the Federal or State agencies specified in this statute and regulations should select a Section 1921 and Section 1128E statutory authority for that type of agency in order to receive all information to which they are entitled.

Do the Statutory Authority selections accurately describe your organization?



Yes

No

Demo of Attestation Process

Primary and Additional Functions

>
Reporting
Attestation

Entity Primary and Additional Functions

Choose a primary function that best describes the health care related function or service your organization performs. You can select one primary function and up to two additional functions. If an appropriate description does not appear on the list, select "Other" and describe the function.

Help ?

Category:

Primary Function:


[Add additional function](#)

- CHOOSE ONE FROM THE LIST
- Ambulatory Surgical Center
 - Ambulatory Clinic/Center
 - Health Center/Federally Qualified Health Center/Community Health Center**
 - Student Health Services
 - Group Medical Practice
 - Mental Health Center/Community Mental Health Center
 - End Stage Renal Disease Facility
 - Nursing Facility/Skilled Nursing Facility
 - Assisted Living Facility
 - Hospice/Hospice Care Provider
 - Residential Treatment Facility/Program
 - Home Health Agency/Organization
 - Other Health Care Service Provider, Specify



Continue



 [Contact Us](#)

Return to Previous Page

Return to Registration Confirmation



Demo of Attestation Process

Query Option


Entity: CITY HEALTH SERVICES (PHILADELPHIA, PA) | User: petersmith [Sign Out](#)

ENTITY REGISTRATION NATIONAL PRACTITIONER DATA BANK
NPDB


- User Accounts
 - > Entity Information
 - > **Entity Functions**
 - > Certifying Official
 - > Registration Status
 - > Reporting Attestation

Query Option

Based on your selections you are eligible by law to query the NPDB, if you choose. [Help ?](#)

Allow users to query 

[Continue](#) 

 [Contact Us](#)

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[Return to Registration Confirmation](#)



Demo of Attestation Process

Report Point of Contact

Point Of Contact For Reports

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. 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: | <input type="text" value="TERRISMITH"/> |
| Title or Department: | <input type="text" value="HUMAN RESOURCES DIRECTOR"/> |
| Telephone | <input type="text" value="2154445555"/> Ext: <input type="text"/> |

Certifying Official

The certifying official is the individual selected and empowered by an entity to certify the legitimacy of registration for participation in the NPDB.



By completing this registration, the certifying official is agreeing to the following:

- The entity being registered qualifies under law as specified in the ELIGIBILITY/STATUTORY AUTHORITY section and is eligible to perform the requested querying and/or reporting functions.
- 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 other than the purposes for which it was provided.
- He or she is authorized to submit this registration information to the NPDB and that the information provided



Demo of Attestation Process

Certifying Official

Certifying Official

The certifying official is the individual selected and empowered by an entity to certify the legitimacy of registration for participation in the NPDB.

Help ?

By completing this registration, the certifying official is agreeing to the following:

- The entity being registered qualifies under law as specified in the ELIGIBILITY/STATUTORY AUTHORITY section and is eligible to perform the requested querying and/or reporting functions.
- 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 other than the purposes for which it was provided.
- He or she is authorized to submit this registration information to the NPDB and that the information provided is true, correct, and complete.
- He or she will notify the NPDB immediately if he or she becomes aware that any information in this form is not true, correct, or complete.
- Any omission, misrepresentation, or falsification of any information contained in this form or contained in any communication supplying information to the NPDB 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.

Note: The name entered below must match the name on the certifying official's Government-issued ID or the registration will be rejected.

Check this box if the certifying official differs from the individual listed below.



- The certifying official is the same person but their information has changed
- Entity administrator MIMI MCNICHOL (mimimcnichol) is the new certifying official
- Entity administrator TERESA TRUDEAU (terryrudeau) is the new certifying official
- The new certifying official is a different person

Name of Certifying Official:

| | | |
|----------------------------|---------------------------|---------------------------|
| <i>First Name</i> PETER | <i>Middle Initial</i> | <i>Last Name</i> SMITH |
|----------------------------|---------------------------|---------------------------|

Title of Certifying Official:

| |
|-------------|
| HR DIRECTOR |
|-------------|



Demo of Attestation Process

Begin Attestation

Entity: CITY HEALTH SERVICES (PHILADELPHIA, PA) | **User:** petersmith

FINAL STEPS

[User Accounts >](#)

Thank you for submitting this entity registration renewal. These changes

[Continue to Attestation](#)



 [Contact Us](#)

Demo of Attestation Process

Quick Overview of Attestation

Entity: CITY HEALTH SERVICES (PHILADELPHIA, PA) | User: petersmith

[Sign Out](#)

ATTEST TO NPDB REPORTING COMPLIANCE

▲ Your Organization's Attestation is Due By August 10, 2017

Health centers should attest as to whether or not they have submitted all reportable clinical privileges actions to the NPDB taken from June 12, 2015 to June 11, 2017.

Health centers, hospitals, and other authorized health care organizations access NPDB information by querying. The query response is used as part of the review process in making decisions regarding licensing, credentialing, privileging, or employment. These organizations are also required to report certain actions they take to the NPDB, adding their information to the repository to benefit other querying organizations.

Why is reporting required?

Federal law requires health centers to report certain adverse actions, such as clinical privileges actions. If your health center has taken any clinical privileges actions that meet the NPDB reporting requirements, you must submit a report within 30 days of the date the action became effective.

What is attestation?

Your organization should confirm that all reportable clinical privileges actions taken from **June 12, 2015 to June 11, 2017** have been submitted to the NPDB, as required by law.

What reports have been submitted to the NPDB?

- Your organization has added a total of 1 reports to the NPDB to benefit other querying organizations.
- Of these, 1 reports were submitted for clinical privileges actions taken from June 12, 2015 to June 11, 2017

What is the deadline for attestation?

An organization's attestation should be submitted to the NPDB no later than **August 10, 2017**. If your organization does not complete attestation, it may be subject to the sanctions outlined in 45 CFR 60.12.

More Information

- [What You Must Report to the NPDB](#)
- [The Guidebook: Clinical Privileges Reporting](#)
- [About Reporting](#)
- [Health Centers](#)
- [Help & FAQs](#)
- [How to Retrieve Historical Report Summaries](#)
- [How to Submit a Report](#)

Are you ready to attest now?



Demo of Attestation Process

Begin Attestation

Are you ready to attest now?

- You have identified and contacted the person who will be responsible for attesting.
- If you are not the person responsible for attesting, you can provide their contact information.
- The person attesting is prepared to confirm whether or not all reportable clinical privileges actions taken from June 12, 2015 to June 11, 2017 were submitted to the NPDB. This includes all locations for which your organization makes decisions regarding credentialing and/or privileging health care practitioners.

No, I will submit attestation later

Yes, I am ready to start now

Demo of Attestation Process

Attesting Official

Entity: CITY HEALTH SERVICES (PHILADELPHIA, PA) | User: petersmith

[Sign Out](#)

REPORTING ATTESTATION

1. Attesting Official

Public Burden Statement

Identify the person with the authority to attest to compliance with NPDB reporting requirements on behalf of your organization.

The Data Bank Administrator may have the authority to attest. If not, the Data Bank administrator must identify the attesting official, advise that person of his or her responsibilities, and submit the form on behalf of the attesting official.

The attesting official must:

- Have access to any clinical privileges actions taken by your organization.
- Determine whether or not any of those actions were reportable according to the NPDB regulations.
- Attest as to whether or not all reportable clinical privileges actions taken from June 12, 2015 to June 11, 2017 were submitted to the NPDB.
- Identify all site locations for which your organization makes decisions regarding credentialing and/or privileging health care practitioners.

Who is authorized to attest to compliance for reporting clinical privileges actions?

I am authorized

Name

Title

Phone Ext.

Email



Demo of Attestation Process

Organizational Structure – Service Delivery Sites

Entity: CITY HEALTH SERVICES (PHILADELPHIA, PA) | User: petersmith

[Sign Out](#)

REPORTING ATTESTATION

1. Attesting Official [Edit](#)

2. Locations

These service delivery sites were included in your scope of project. Is your organization responsible for making privileging and/or credentialing decisions regarding healthcare practitioners at these sites?

Select Yes or No for each site: ←

Search:

| | Site Name | Address | City | State | ZIP |
|---|---|------------------|--------------|-------|-------|
| <input checked="" type="radio"/> Yes <input type="radio"/> No | JOHN BELL CLINIC | 1207 CHESTNUT ST | PHILADELPHIA | PA | 19107 |
| <input type="radio"/> Yes <input checked="" type="radio"/> No | PHILADELPHIA FIGHT JONATHAN LAX TREATMENT CENTER | 1233 LOCUST ST | PHILADELPHIA | PA | 19107 |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | PHILADELPHIA FIGHT YOUTH HEALTH EMPOWERMENT PROJECT | 1417 LOCUST ST | PHILADELPHIA | PA | 19102 |

Total Sites: 3

Are there other sites in the approved scope of project for your health center that are not listed above?

Yes No ←

Exit
Save and Finish Later
Continue to Next Step

3. Attestation



Demo of Attestation Process

Formal Attestation

3. Attestation

NPDB Attestation for Reporting Clinical Privileges Actions

Summary of your organization's reports to the NPDB

- Your organization has added a total of 1 reports to the NPDB to benefit other querying organizations;
- Of these, 1 reports were submitted for clinical privileges actions taken from June 12, 2015 to June 11, 2017

Your organization's legal requirements for reporting to the NPDB

Your organization must report all clinical privileges actions resulting from:

- Any professional review action that adversely affects the clinical privileges of a physician or dentist for a period of more than 30 days, or
- The acceptance of the surrender of clinical privileges, or any restriction of such privileges by a physician or dentist while the physician or dentist is under investigation by a health care entity for possible incompetence or improper professional conduct, or in return for not conducting such an investigation or proceeding.

Attest to your organization's compliance with NPDB reporting requirements, including all sites for which your organization makes privileging and/or credentialing decisions.

Has your organization reported all adverse actions taken from June 12, 2015 to June 11, 2017 affecting the clinical privileges of a physician or dentist as defined above?

- Yes, all required reports are submitted
- No, some actions have not been reported



More Information

- What You Must Report to the NPDB
- The Guidebook: Clinical Privileges Reporting
- About Reporting
- Health Centers
- Help & FAQs
- How to Retrieve Historical Report Summaries
- How to Submit a Report

i Clinical Privileges Actions

Your organization **must** report clinical privileges actions taken against physicians and dentists, but **may also** report actions taken against other types of health care practitioners.

Demo of Attestation Process

Formal Attestation (continued)

Your organization's legal requirements for reporting to the NPDB

Your organization must report all clinical privileges actions resulting from:

- Any professional review action that adversely affects the clinical privileges of a physician or dentist for a period of more than 30 days, or
- The acceptance of the surrender of clinical privileges, or any restriction of such privileges by a physician or dentist while the physician or dentist is under investigation by a health care entity for possible incompetence or improper professional conduct, or in return for not conducting such an investigation or proceeding.

- [Help & FAQs](#)
- [How to Retrieve Historical Report Summaries](#)
- [How to Submit a Report](#)

i Clinical Privileges Actions

Your organization **must** report clinical privileges actions taken against physicians and dentists, but **may also** report actions taken against other types of health care practitioners.

Attest to your organization's compliance with NPDB reporting requirements, including all sites for which your organization makes privileging and/or credentialing decisions.

Has your organization reported all adverse actions taken from June 12, 2015 to June 11, 2017 affecting the clinical privileges of a physician or dentist as defined above?

- Yes, all required reports are submitted
- No, some actions have not been reported

You stated that your organization is not responsible for making credentialing and/or privileging decisions regarding health care practitioners at these sites in your scope of project:

| Site Name | Address | City | State | ZIP |
|--|----------------|--------------|-------|-------|
| PHILADELPHIA FIGHT JONATHAN LAX TREATMENT CENTER | 1233 LOCUST ST | PHILADELPHIA | PA | 19107 |

Please explain:

Organization lost its grant funding (for the purpose of this test)]



- [Exit](#)
- [Save and Finish Later](#)
- [Continue to Next Step](#)



Demo of Attestation Process

Review and Submit

Review your attestation. If it is correct, submit your attestation to the NPDB. If it is not correct, edit the section you need to change.

Attestation for CITY HEALTH SERVICES, PHILADELPHIA, PA for reported clinical privileges actions taken from June 12, 2015 to June 11, 2017

- My organization has fulfilled our NPDB requirements for reporting clinical privileges actions regarding physicians and dentists.
- My organization is responsible for privileging and/or credentialing at these sites:

| Site Name | Address | City | State | ZIP |
|---|------------------|--------------|-------|-------|
| JOHN BELL CLINIC | 1207 CHESTNUT ST | PHILADELPHIA | PA | 19107 |
| PHILADELPHIA FIGHT YOUTH HEALTH EMPOWERMENT PROJECT | 1417 LOCUST ST | PHILADELPHIA | PA | 19102 |

- My organization is NOT responsible for privileging and/or credentialing at these sites:

| Site Name | Address | City | State | ZIP |
|--|----------------|--------------|-------|-------|
| PHILADELPHIA FIGHT JONATHAN LAX TREATMENT CENTER | 1233 LOCUST ST | PHILADELPHIA | PA | 19107 |

My explanation:

Organization lost its grant funding (for the purpose of this test).

Certify Attestation

I certify that the attestation regarding clinical privileges reporting is true and correct to the best of my knowledge. I certify that my organization will continue to submit all reportable clinical privileges actions within 30 days of the date the action was taken. I further certify that I am authorized to submit these statements on behalf of our organization.

Attested By: PETER SMITH
 Title: HR DIRECTOR
 Phone: (215) 555-6666
 Email Address: Test_18515@testc-npdb.hrsa.gov



Exit Save and Finish Later **Submit**



Demo of Attestation Process

Confirmation

✔ Thank you for submitting your attestation.

Attestation for CITY HEALTH SERVICES, PHILADELPHIA, PA for reported clinical privileges actions taken from June 12, 2015 to June 11, 2017

- My organization has fulfilled our NPDB requirements for reporting clinical privileges actions regarding physicians and dentists.
- My organization is responsible for privileging and/or credentialing at these sites:

| Site Name | Address | City | State | ZIP |
|---|------------------|--------------|-------|-------|
| JOHN BELL CLINIC | 1207 CHESTNUT ST | PHILADELPHIA | PA | 19107 |
| PHILADELPHIA FIGHT YOUTH HEALTH EMPOWERMENT PROJECT | 1417 LOCUST ST | PHILADELPHIA | PA | 19102 |

- My organization is NOT responsible for privileging and/or credentialing at these sites:

| Site Name | Address | City | State | ZIP |
|--|----------------|--------------|-------|-------|
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Attested By: PETER SMITH
 Title: HR DIRECTOR
 Phone: (215) 555-6666
 Email Address: Test_18515@testc-npdb.hrsa.gov
 Date: 07/11/2017



Contact Us

Print Exit to Options



Resources

- The NPDB Web Site at www.npdb.hrsa.gov
- Health Center Landing Page:
<https://www.npdb.hrsa.gov/orgs/healthCtr.jsp>
- Help Center:
<https://www.npdb.hrsa.gov/helpCenter/org.jsp>
- Policy Questions: NPDBPolicy@hrsa.gov



Q & A

Question 1:

Is the Data Bank Administrator the same person who attests for my health center?

Answer 1:

It depends. The Data Bank Administrator may or may not attest for an organization. The person who attests needs to:

1. Have access to all potentially reportable actions taken by the entity;
2. Determine if any of those actions were reportable according to NPDB regulations;
3. Attest to whether or not all reportable actions taken during the Attestation timeframe were submitted to the NPDB;
and
4. Identify all site locations for which the organization makes decisions regarding credentialing and/or privileging.

Q & A

Question 2:

During the Attestation process, I discovered there is a reportable action from five years ago that was never reported to the NPDB.

Could I still report the action?

Q & A

Answer 2:

Yes. Even though it has been five years, the action should be reported to the NPDB.

Q & A

Question 3:

During the attestation process, I identified three actions that need to be reported to the NPDB. What should I do?

Q & A

Answer 3:

Before you complete the Attestation form, we ask that you submit the three reportable actions to the NPDB. After you submit the reportable actions, you can log back into IQRS and click “yes” on the Attestation form attesting that you have submitted all the required reports.

Q & A

Question 4:

I am the Data Bank Administrator, and I recently completed my renewal for my health center before the Attestation process began. When will I be required to complete the Attestation process?

Q & A

Answer 4:

The Attestation process is tied to the registration renewal process, which occurs every two years. Since you just completed the registration renewal process for your health center, your health center will not be required to attest until it goes through the registration renewal process again in two years.

Q & A

Question 5:

There are 25 sites within my health center's scope of project. Does my health center have to attest for all of those sites?

Q & A

Answer 5:

Yes. If your health center is responsible for making privileging and/or credentialing decisions for those 25 sites within your scope of project, those sites are included in your Attestation.

Question 6:

I use an agent for my querying and reporting to the NPDB. How does that affect this process of Attestation?

Answer 6:

You will complete the Attestation for your health center, regardless of whether or not you use an agent. If you discover that the agent has not reported all the required reports to the NPDB, it is your health center's responsibility to make sure that those reports are submitted.

Question 7:

I answered “no” on the Attestation form indicating that my health center has not submitted all the required reports to the NPDB. After the reports are correctly submitted, can I go back and change my response to a “yes”?

Answer 7:

When you click “no” on the Attestation form, you are given the option to submit the required reports before submitting the Attestation form to the NPDB. However, once you have submitted the Attestation form to the NPDB, you cannot go back and change your response. Therefore, we ask that you submit all the required reports to the NPDB before submitting your Attestation form.

Question 8:

Can I ask a physician who is applying for a position in my organization to submit a self-query report from the NPDB instead of doing the querying myself?

Answer 8:

No. The health center is required to do the querying itself, and it must be registered with the NPDB.

Question 9:

I use an agent to receive query responses. Do I still need to register with the NPDB?

Answer 9:

Yes. In order to receive query responses, even from an agent, you must be registered with the NPDB.

Questions



Contact Information

David Horowitz & Paul Lotterer Policy and Disputes Branch

Division of Practitioner Data Bank
Bureau of Health Workforce
Health Resources and Services Administration
U.S. Department of Health and Human Services



- Telephone: 301.443.2300
- Email: npdbpolicy@hrsa.gov

Thank You

Final Survey

Before You Sign Off, Please Complete the Following Survey

1. Do you understand how to attest for your organization? [Y/N]
2. Would you like to know more about the NPDB and when to report clinical privileges actions? [Y/N]
3. Name one thing that you learned about the NPDB? [Open Ended Question]