



NPDB-HIPDB DATA BANK NEWS



National Practitioner Data Bank—Healthcare Integrity and Protection Data Bank

JULY 2009

Top Ten Reasons to Use PDS

Enroll your health care practitioners in the Proactive Disclosure Service Prototype (PDS) to manage your credentialing requirements. Why wait 2 years to find out about adverse information on your practitioners when you can find out right away? With PDS you no longer have to worry about missing a report on your enrolled practitioners.

Credentialing can be time-consuming, but is a vital task in maintaining a safe health care environment. Using PDS helps to ease the credentialing process by automatically notifying you of new or changed reports on enrolled practitioners within 24 hours of receipt by the Data Banks. You receive notification of new reports without having to do a traditional query on the practitioner. To view or print a report, simply log in to the Integrated Querying and Reporting Service (IQRS).

With PDS you are assured continuous querying of your

enrolled practitioners all day, every day, for the annual enrollment period. PDS eliminates the need to manually query practitioners and provides current information as it happens. With PDS, you will always have up-to-date information. Patient safety is important and PDS empowers you with continuous querying!

Reasons Why Entities Choose PDS

1. Never miss report information between credentialing cycles.
2. Eliminates the need to query at reappointment time.
3. Provides peace of mind.
4. Information is always at your fingertips.
5. Easy sign up. Log in to the IQRS and follow the on-screen instructions.

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6. Very easy to use. You can enroll practitioners individually or import your entire IQRS subject database.
7. Meets mandatory standards for querying by accreditation agencies and organizations.

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Codes Updated and Enhanced

Updated primary function and report code lists are now available. As you renew your entity’s registration, you will choose from the revised list of primary function codes. Other revisions including the Adverse Action Classification, Basis for Action, and Occupation/Field of Licensure codes enable you to select the most appropriate report code from an expanded drop-down list. ❖

Top Ten Reasons to Use PDS continued from page 1

- 8. Saves time and staff resources. Spend less time on submitting queries, so you can focus on other credentialing tasks.
- 9. Automatic renewal allows continuous querying without interruption. You do not have to remember to renew each year.
- 10. Monthly e-mail summaries provide details on your PDS activities, which makes using PDS easier than ever. Information on renewals, report disclosures, and cancellations is provided in the same e-mail.

Act now—don't wait until your next credentialing cycle to find a report on one of your practitioners; enroll in PDS today!❖

System Improvements Set for August 2009

New system enhancements are scheduled for implementation on August 31, 2009, which will include:

Enhancing Medical School Name Field

The medical school name field on the report form will be enhanced to suggest matching medical school names as you type. You may select the school from the list of suggestions, or if the school is not listed, you may type in the school name (up to 200 characters). Enhancing the school name field with suggested schools will help reporters provide accurate and complete school information.

Batch Submission Query Charges

The system will charge all queries in the batch at the same time on a per submission, per Data Bank basis. If a query result requires

additional processing time, the query will still be charged along with the batch. This improves system response time and allows for easier financial reconciliations.

Transition from ITP to QRXS Easier

Proactive Disclosure Service Prototype (PDS) subscribers using the Interface Control Document (ICD) Transfer Program (ITP) will be able to transition to the Querying and Reporting XML Service (QRXS) by electing to receive their report disclosures and report changes notices via the QRXS. On the *Notification Preferences* screen, you can now check a box to indicate your selection. PDS enrollments submitted via the ITP can be managed (renewed, updated, canceled, etc.) via the QRXS.

Report Void Reasons via ITP/QRXS

The Data Banks will begin collecting the reasons for

voiding a report via the ITP and QRXS. Previously this information was only collected for reports voided via the Integrated Querying and Reporting Service (IQRS).

Third Party Vendor ID Required

The Data Banks will require that all QRXS submissions include a valid Vendor ID. The Vendor ID enables the Data Banks to match the vendor to its file submission, which will aid the Data Banks Customer Service Center when assisting users.

QRXS Supports Proxy Authentication

Some QRXS users connect through proxy servers that contain authentication, and require a user name and password as another layer of security. The QRXS client interface will begin supporting these servers.❖

Helpful Hints from the Data Banks

Updating Your PDS Enrollments?

When you renew your Proactive Disclosure Service Prototype (PDS) enrollments you can update and replace enrollment confirmation documents. Also, you are able to customize the confirmation documents based on your requirements. In addition, subscribers can request batch renewal confirmations for 60 days after their renewal. These features were developed based on user feedback.

Did You Receive Your E-mail Summary?

If you are using PDS, you should now receive a monthly e-mail that provides details on your PDS activity. The summary includes "entity specific" information such as:

- Notification of upcoming PDS enrollment renewals.
- Notification of the number of new subject enrollments.
- Notification of the number of enrollment cancellations.
- Notification of unviewed information and report disclosures.

The PDS monthly summary is just one more way to know that PDS is working for you!

Search For PDS Reports

PDS subscribers can find enrollees with reports more easily with our new search features. By selecting "subject has reports on file" you can access just your enrollees that have reports. For an even more targeted search, you can search by a date range in which the Data Banks may have received the report, or a date range in which the Data Banks first disclosed the report to you. In addition, the date range features can be used to review your practitioners that have had new reports since your last credentialing cycle. Subscribers with large numbers of practitioners enrolled in PDS will appreciate this new functionality. These features are available on the *Search for Subjects* screen within PDS.

Join the QRXS Mailing List

The new Interface Control Document (ICD) Transfer Program (ITP) and Querying and Reporting XML Service (QRXS) specifications were recently posted on the Data Banks Web site. Users on the "mailing list" were notified by e-mail. Make sure your e-mail address is current to ensure you receive important updates.

Import format specifications are updated periodically. Please make sure you join the appropriate Mailing List to receive advanced notice of the updates. If you haven't already joined the QRXS mailing list, sign up on the Web site at www.npdb-hipdb.hrsa.gov/MailingListReg.html. Typically, Data Bank users are notified at least 1 month in advance of the quarterly updates to the code lists and 6 months in advance for other periodic updates to the format specifications. ❖

Data Banks Enable PDS for QRXS Users

Since June 15, 2009, entities that use the Querying and Reporting XML Service (QRXS) have been able to enroll practitioners in the Proactive Disclosure Service Prototype (PDS). As the Data Banks' next generation interface for large-volume reporters and quierers, the QRXS allows PDS users to:

- Submit PDS enrollments.
- Submit PDS enrollment renewals.
- Submit PDS enrollment updates.
- Request ad hoc enrollment confirmations.
- Receive PDS report disclosures.
- Cancel PDS enrollments.

The QRXS is replacing the Interface Control Document (ICD) Transfer Program (ITP) and uses eXtensible Markup Language (XML). **Note:** The Data Banks will not develop new enhancements for the ITP interface. The QRXS automates report and query submissions and returns responses in a format that is easily loaded into a user's information system. To view the benefits that the QRXS offers over the legacy ITP, see the comparison chart located at www.npdb-hipdb.hrsa.gov/qrxs.html. ❖

Clinical Privileges—It's Not Over Till It's Over

When a physician resigns, fails to apply for reappointment, or surrenders his clinical privileges while under investigation, the hospital is required to report the resignation to the National Practitioner Data Bank (NPDB). For NPDB reporting purposes, an investigation is considered ongoing until the hospital's decision-making authority either takes a final action or formally closes the investigation.

Recently, a physician who was reported to the NPDB for resigning while under investigation requested that the Secretary of the U.S. Department of Health and Human Services (HHS) void the report, through the Secretarial Review process. He argued that the "investigation" concerning him ended when the ad hoc investigating committee presented its report to the Medical Executive Committee and that, at the time he resigned from the hospital, there was no pending investigation. Despite the physician's arguments, there was tangible evidence from the hospital that it had not taken a final action or formally closed the investigation. Therefore, the Secretary found that the

report was accurate as submitted and would remain in the NPDB.

The physician sued the Secretary of HHS because he was not satisfied with the Secretary's finding. The case was tried at a District Court, where the judge affirmed the Secretary's finding. The physician then appealed the District Court's ruling and the case made its way to the U.S. Court of Appeals for the First Circuit. The Court of Appeals also affirmed the NPDB's stance that for reporting purposes, an "investigation" of a physician remains ongoing until the hospital's decision-making authority either takes a final action or formally closes the investigation.

The Court of Appeals' ruling provides a firm basis for what constitutes an "investigation" when a hospital reports a physician who resigns his privileges while under investigation. Therefore, for reporting purposes, an investigation is considered ongoing until the hospital's decision-making authority either takes a final action or formally closes the investigation—in other words: it's not over till it's over. ❖

Data Bank Outreach and Education Activities

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

Recent Outreach Activities

Integrated Querying and Reporting Service (IQRS) User Review Panel (URP)/Policy Forum (Boston, MA, June 3-4, 2009). Data Banks staff held an IQRS URP/Policy Forum for Data Bank users. The URP session discussed security and current and future system enhancements. The policy session addressed basic information as well as "hot topics" concerning querying and reporting to the Data Banks.

Tennessee Association of Medical Staff Services (TN AMSS) (Chattanooga, TN, June 11-12, 2009). The Data Banks staff spoke about the Data Banks and the benefits of the Proactive Disclosure Service Prototype (PDS).

Upcoming Outreach Activities

National Conference of State Legislatures' 2009 Legislative Summit (Philadelphia, PA, July 20-25, 2009). Data Banks staff will exhibit at the conference. ❖

Security Hints from the Data Banks

As users of the Data Banks, you are required to protect the confidentiality of all Personally Identifiable Information (PII) to which you have access. This includes the handling of your Data Bank Identification Number (DBID), user ID, user password, and the personal practitioner information you use when submitting a query or report. The confidential receipt, storage, and disclosure of information is essential to the Data Banks and accountability at all levels is important. PII includes information which can be used to uniquely identify an individual, either alone or when combined with other information. Other examples of PII include, but are not limited to:

- Name: full name, maiden name, mother's maiden name, or alias.
 - Personal identification numbers: Social Security Number, passport number, driver's license number, taxpayer identification number, financial account number, or credit card number.
 - Address information: street address or e-mail address.
 - Telephone numbers: mobile, business, or personal.
 - Personal characteristics: photographic images, x-rays, fingerprints, or other biometric images (retina scans, voice signatures, etc.).
- Tips for Safeguarding PII**
- Sensitive information must never be left unattended, even temporarily. When visitors are present, place sensitive documents out of sight, and close any revealing computer screens.
 - Remove sensitive information from desks, printers, copy machines, and computer screens after business hours. At the end of the day, store sensitive information in a secure area.
 - Dispose of sensitive information properly: Paper documents should be cross-cut shredded before disposal.
 - PII should not be stored on a laptop unless: there is a specific need and written management approval is granted, or the data is password protected and encrypted.
 - Transmit sensitive information securely: Information transmitted via e-mail should be password protected and encrypted using 128-bit Advanced Encryption Standards (AES).
 - PII should not be stored on digital media (CDs, flash drives, tapes, diskettes, hard drives, etc.).
 - Never fax sensitive information.
 - Transport sensitive information securely: Data or sensitive information delivered via U.S. Postal Service or courier should be placed in a safety-sealed envelope and labeled "Confidential Information To Be Opened by Addressee Only." ❖

- Sensitive information must never be left unattended, even temporarily. When visitors are

Third-Party Vendor Forums

The Division of Practitioner Data Banks (DPDB) held two third-party software vendor forums via teleconference in March, with developers and end users, to share ideas and discuss the transition from the Interface Control Document (ICD) Transfer Program (ITP) to the Querying and Reporting XML Service (QRXS). Also, the forums included discussions about upcoming ICD changes that will result relating to Section 1921 implementation, the Proactive Disclosure Service Prototype (PDS), and the QRXS. Forum participants offered several suggestions for improvement—some of which will result in future Data Banks enhancements.

Note: Users should check with their third party vendors to ensure they are developing software for transitioning from ITP to QRXS. ❖



Spotlight on Section 1921...Did You Know?

Section 1921 will impact the health care credentialing community. It will expand the numbers and types of practitioners reported and will include the reporting of health care organizations.

Section 1921 of the *Social Security Act*, (also known as 5(b) of the *Medicare and Medicaid Patient and Program Protection Act of 1987*, as amended by the *Omnibus Budget Reconciliation Act of 1990*), is under final review by the Federal Government. When approved, the Final Rule will be published in the Federal Register and the legislation implemented.

Look for Data Banks information that relates to how Section 1921 implementation will affect reporting and querying. The information will be conveyed through outreach and education activities, newsletter articles, and direct mail to affected organizations.

Did you know...Section 1921 will expand the National Practitioner Data Bank (NPDB)? Licensure reports for all licensed health care practitioners including: chiropractors, podiatrists, pharmacists, physician assistants, ophthalmologists, professional and paraprofessional nurses, physical therapists, respiratory therapists, and social workers will be available in the NPDB. Currently, this information is being reported to the Healthcare Integrity and Protection Data Bank (HIPDB). With the permission of the State Licensure Boards, the Data Banks will transfer these licensure reports from the HIPDB to the NPDB.

Did you know...entities eligible to report and query under Section 1921 must register and self-certify their eligibility to the NPDB in order to report and/or query Section 1921? Check your Data Bank registration to ensure that you have registered your Section 1921 eligibility.

Did you know...hospital reporting requirements will not change with the implementation of Section 1921? Hospitals must report physicians' and dentists' adverse clinical privilege actions, and they may report other practitioners that have been granted clinical privileges. Hospitals may query and receive information

on other types of practitioners, but their reporting requirements will not change.

Did you know...entities who must report under Section 1921 include:

- State health care practitioner licensing boards.
- State health care entity licensing boards.
- Peer review organizations.
- Private accreditation organization.

Did you know...entities who may query and receive Title IV (NPDB) and Section 1921 information include:

- Hospitals and other health care entities.
- Professional societies with formal peer review.
- State health care practitioner/entity licensing boards.
- Practitioners/entities—(self-query).
- Researchers—(statistical data only).

Did you know...entities who may query and only receive Section 1921 information include:

- Agencies administering Federal health care programs, or their contractors.
- State agencies administering or supervising State health care programs.
- Quality Improvement Organizations.
- State Medicaid Fraud Control Units.
- U.S. Comptroller General.
- U.S. Attorney General and other law enforcement. ❖

Dear Data Banks...

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

Question: Is the Proactive Disclosure Service Prototype (PDS) enrollment fee in addition to the \$4.75 query fee?

Answer: No. The PDS enrollment fee is \$3.25 per enrolled practitioner, per Data Bank, per year. As long as the practitioner remains enrolled in PDS, there is no need to submit a traditional query. PDS is an alternative to the traditional method of querying the Data Banks. When you enroll a practitioner in PDS, you receive an Enrollment Confirmation that contains all reports on the enrolled practitioner, currently stored in the Data Banks. In addition, you will automatically receive any new or changed reports on the enrolled practitioner within 24 hours of the Data Banks' receipt of the reported action.

Question: How can I recover my subject database if I inadvertently delete the data?

Answer: Once subject database information is deleted, it cannot be recovered. However, if you maintain subject data in a proprietary database on your computer hard drive or network, you may use the Integrated Querying and Reporting Service (IQRS) import subject database function to upload subject data to the IQRS.

Question: How do I make changes to a narrative description after I have submitted the report?

Answer: To change a narrative description in a report, submit a correction to that report. A correction is a change to the report resulting from the discovery of an error or omission in an Initial Report.

Please do not submit a Revision-to-Action Report, or a Void Report. A Revision-to-Action Report is submitted to communicate a subsequent action that modifies an adverse action previously reported to the Data Bank(s). A Void Report should be done only if the action was erroneously submitted, if it was not a reportable action, or the action was overturned on appeal.

Finally, when submitting any report to the Data Bank(s), please remember that you are required to provide a narrative description with enough detailed information so that a knowledgeable reviewer can clearly determine the circumstances of the action or surrender. Do not reference personally identifying information about patients, other health care practitioners, plaintiffs, and/or witnesses (e.g., names).

Question: What is the deadline for submitting a Medical Malpractice Payment Report (MMPR)?

Answer: Medical malpractice payers are required to report a payment within 30 days from the date the payment was made. However, missing the deadline does not excuse the reporter from filing a required report. The reporting entity must also send a copy of the final report to the State licensure board.

If you would prefer to discuss a specific issue, please call the Customer Service Center at 1-800-767-6732. Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The Customer Service Center is closed on all Federal holidays. ❖

On the Horizon

A New Look for the Data Banks Web Site—Fall 2009

This fall, the Data Banks plan to launch a redesigned Web site offering a fresh new look. We've listened to your suggestions, and hope that the new design will suit your needs with a better organized, intuitive, and user-friendly site.

Reducing Paper Output

Beginning August 31, 2009, all output documents mailed to users will be printed in double-sided format. This is another Data Bank effort to save our natural resources. ❖

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