

NPDB Compliance Effort Expands Licensing Board Attestations



State health profession regulatory boards and agencies are now required to submit an attestation for all health professions they regulate. Prior to January 26, 2015, only professions who were not part of a compliance effort were required to attest. The attestation is linked to the board's registration renewal every two years.

An attestation allows the NPDB to monitor, manage, and work with organizations that must comply with the federal NPDB reporting requirements. When organizations submit an attestation, they indicate they have submitted all reportable actions in a timely manner and will continue to do so (within 30 days of the date an action was taken) or submit a plan to achieve that requirement. Reporting compliance status is posted by state on the NPDB's public [website](#).

In addition to the expanded use of attestation for all health professions, the NPDB has refined its compliance efforts to audit health professions that comprise 80 percent of the queries to the NPDB, and a random sample of all other professions. Previously, the compliance audit included 12 professions in the targeted review. The current audit includes six professions that will be reviewed in every state and territory: physicians, registered and advanced practice nurses, dentists, physician assistants, and social workers. For the sampling component, states (territories) and professions will be randomly sampled and added to the compliance audit. Compliance officers will continue comparing board actions taken against these professions with reports in the NPDB, and working with boards to reconcile any discrepancies. The audit will be completed over the next two years, and repeated in two-year cycles thereafter. Boards and agencies that have been selected for audit will be contacted with further instructions.

The attestation and compliance audit processes help the NPDB ensure all required information is available to authorized queriers and that all state reporters are fulfilling their reporting obligations.

Spotlight on Medical Malpractice Payment Reports



Medical malpractice payments must be reported to the NPDB. This article helps queriers and reporters understand what a medical malpractice payment is and what must be included in a Medical Malpractice Payment Report (MMPR).

An MMPR indicates money was paid to a claimant as a result of a written complaint or claim for damages based on a practitioner's provision of, or failure to provide, health care services. The existence of an MMPR "shall not be construed as creating a presumption that medical malpractice has occurred," according to NPDB regulations. Some medical malpractice claims (particularly those referred to as nuisance claims) may be settled for convenience and, as such, are not a reflection of the professional competence or professional conduct of a practitioner.

To assist reporters in determining if a payment is reportable to the NPDB, the following table details common scenarios relating to payments and whether they are reportable.

| Payment Scenario | Is It Reportable? Why or Why Not? |
|--|---|
| A medical malpractice payment made as the result of oral demands. | No. Only payments resulting from a written demand must be reported to the NPDB. |
| A medical malpractice payment made by an individual out of personal funds. | No. Individual subjects are not required to report to the NPDB payments they make for their own benefit out of their personal funds. |
| A medical malpractice payment made by a professional corporation or other business entity composed of a sole practitioner (who was named in a complaint and a settlement). | Yes. A payment made for the benefit of a professional corporation or other business entity that is composed of a sole practitioner must be reported if the payment was made by the entity rather than by the sole practitioner out of personal funds. |
| A medical malpractice payment made solely for the benefit of a corporation. | No. Medical malpractice payments made solely for the benefit of a corporation – such as a clinic, group practice, or hospital – should not be reported to the NPDB. |
| A medical malpractice payment made on behalf of an unlicensed student health care practitioner or unlicensed medical resident. | No. Unlicensed student practitioners provide health care services exclusively under the supervision of licensed health care practitioners in a training environment. Payments made on their behalf are not reportable. |
| A malpractice settlement that involves multiple practitioners that are named in a claim and named in a release. | Yes. A separate report must be submitted for each practitioner. |
| A physician is listed in a medical malpractice settlement; however there is no exchange of money. | No. If there is no exchange of money, there is nothing to report. In order for a medical malpractice payment to be reportable, there must be an amount of at least one dollar affixed to the payment. |
| A self-insured nursing home makes a payment on behalf of an employed practitioner. | Yes. If the nursing home is self-insured and makes a payment for the benefit of a health care practitioner, the nursing home must report it. Self-insured entities have the same reporting responsibilities as all other medical malpractice payers. Employers that are self-insured and provide their employees professional liability coverage must report medical malpractice payments they make for the benefit of their employees. |
| A practitioner gives a refund to a patient. | Probably not. A refund of a fee should be reported only if the refund is a response to a written complaint or claim demanding monetary payment for damages. However, if the refund is made by the practitioner out of personal funds, it should not be reported. |

For more information about medical malpractice payments and other reporting criteria, see the NPDB Guidebook's [Reporting](#) chapter.

Understanding Self-Query Identity Verification

Because the NPDB contains sensitive information, verifying a practitioner's or an organization's identity is an important component of NPDB security.

Practitioners who perform a NPDB Self-Query (that is, search the Data Bank for results on their own identifying information) have two options to address security requirements: online identity verification or paper-based notarization.



Regardless of the identity verification method selected, the NPDB will provide the same result: a mailed paper copy and an emailed electronic copy of the self-query result. The differences between the two methods are as follows:

- The **online** option, introduced in [2013](#), verifies identity through knowledge-based authentication questions – much like the questions required to view a credit report online. This is faster than the paper-based option. Once the respondent's identity has been verified, the Self-Query is completed online, and the practitioner will receive an online result within one business day. If requested, a paper copy of the response is mailed within one business day after the online response is available.
- The **paper-based** option is still available for practitioners who cannot, or choose not to, verify their identity online. (Organizations that query on themselves have only the paper-based option available.) This option requires the self-querier to download a self-query request form from the NPDB and visit a notary public, who will witness the self-querier sign the document. The notary must stamp and sign the document to attest to the self-querier's identity. The self-query form must contain all pages and original signatures. Notaries are responsible for:
 1. Ensuring they sign the document themselves the same day as the practitioner; and
 2. Including their stamp or seal.

Whichever method you choose, it is important to fill out the self-query form as completely and accurately as possible. Inaccurate or incomplete forms may require additional manual verification that will delay your output by up to two business days.

NPDB *Fast Fact*

How long is a One-Time Query response available to view?

Answer: A One-Time Query response is available to view for 45 days. A Continuous Query response is available for one year after enrolling a practitioner, at the same price as a One-Time Query. Visit our About Querying page for more information (<http://www.npdb.hrsa.gov/hcorg/aboutQuerying.jsp>).