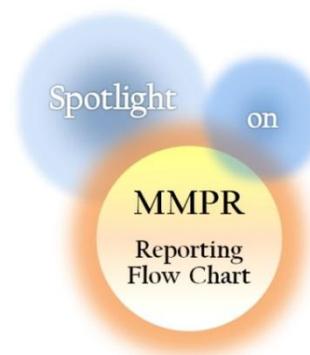


Medical Malpractice Report Guidance: When to Submit a Report

The Data Bank created several reportable action flow charts for organizations to reference when determining whether to submit a report to the Data Bank. These flow charts provide a summary of reporting guidelines. In this month's e-newsletter, the Data Bank spotlights reporting medical malpractice payments along with its accompanying [flowchart](#).



Medical Malpractice Payment Report (MMPR) Defined

Entities, including insurance companies and self-insured organizations, are required by law to report MMPRs to the Data Bank when an entity makes a payment for the benefit of a health care practitioner in settlement of, or in satisfaction in whole or in part of, a written claim or judgment against a health care practitioner. The payment must be reported when the following **three** criteria are met:

1. Payments must be exchanges of money.
2. Must be the result of a written complaint or claim demanding monetary payment for damages based on the practitioner's provision of or failure to provide health care services.
3. Practitioner must be named in the complaint or claim **and** the settlement release or final adjudication if any.

Reports are due to the NPDB within 30 days of the date the payment was made, and a copy of the report must be sent to the appropriate State Licensing Board.

MMPR Examples

The MMPR flow chart summarizes guidance related to some of the more common reporting issues raised by MMPR reporters, including when to submit a Correction Report or void a report. These include:

- Payment made based on a high-low agreement that was in place before a verdict or arbitration decision.
- The payment was made by an entity solely for the benefit of a corporation.
- A practitioner fee is refunded and the refund was made by an entity, including a solo incorporated practitioner.

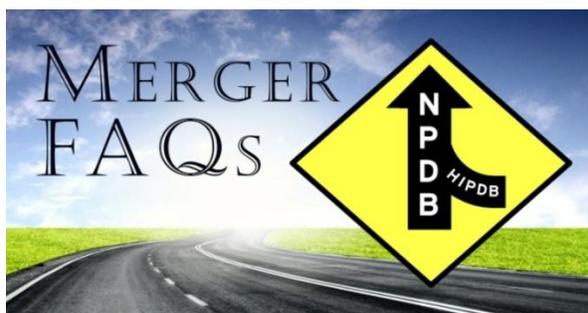
Reviewing and understanding MMPR information will help reporters decide when they must submit an MMPR. Reporters may print or save the flow chart as a reference guide for determining MMPR reporting requirements in conjunction with the Guidebook.

In future newsletters, we will feature other flow charts outlining the reporting of [clinical privileges actions](#), [licensure actions taken by State Boards](#), [health care-related criminal convictions and civil judgments](#), and [other adjudicated actions or decisions](#).

Data Bank Merger: Some Questions and Answers

On May 6, 2013, the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) merged into one Data Bank.

Listed below are some common questions regarding the merger that the Data Bank has received via call-in sessions and through the NPDB Customer Service Center.



Q: Will the fees to query change after the merger?

A: The annual subscription fee for **Continuous Query** continues to be \$3.25 per practitioner enrolled. The fee for a **One-Time Query** (also known as a Traditional Query) remains \$4.75 per query. Before the merger, if an entity queried both the NPDB and the HIPDB, it would be charged twice (once for each Data Bank accessed). Now, since all data resides in the merged Data Bank, NPDB, only one fee is charged for each query.

There are no plans to change the query fees at this time; however, HRSA will publish information in the Federal Register and notify users should a fee change be necessary. If you are a U.S. Department of Veterans Affairs (VA) hospital facility, please contact the NPDB Customer Service Center for additional information about fees and credits associated with the implementation of the Affordable Care Act.

Q: Will there be any changes to reports after the merger?

A: No. The content of the reports did not change with the merger (aside from the removal of all references to the HIPDB).

Prior to the merger, entities that had access to the NPDB and the HIPDB had to query each Data Bank separately to get all of the reports to which they were entitled. Now, entities will receive **all** the reports to which they are entitled through the NPDB for one query fee. Also, certain entities may see additional reports resulting from the merger legislation. These changes predominantly affect hospitals and other health care entities.

Q: Will I need a new password or other new sign-in information after the merger?

A: No. There are no changes to any of your sign-in information due to the merger.

Q: Will I need to re-register or renew my current registration after the merger?

A: No. You do not need to re-register with the Data Bank due to the merger. Your registration will need to be updated at its regularly scheduled renewal date and you will receive email notification at the appropriate renewal time.

Q: My organization has multiple Data Bank Identification Numbers (DBIDs). We use different ones to query the NPDB and HIPDB. How does the merger affect this arrangement?

A: At the present time, you do not need to make any changes to your DBIDs as a result of the merger. HIPDB accounts were converted to NPDB accounts and are still active for query, report, and fee history. You will now have two NPDB accounts.

- If you were registered to use the **HIPDB only and use Continuous Query**, your HIPDB enrollments were automatically converted to NPDB enrollments.
- If you were registered for the **HIPDB only and use One-Time Query**, keep your HIPDB DBID in place to maintain your query history. The Data Bank will provide further updates to ensure a careful transition of your query history.

More information and frequently asked questions about the merger can be found in the [Data Bank Merger Q&A](#) Fact Sheet, [The NPDB and HIPDB Are Merging](#) article, and the webcast entitled "[The Merger of the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank: What You Need to Know.](#)"

The Nurse Fact Sheet: A Quick Resource for the Profession



The Data Bank website's [reference library](#) offers fact sheets as quick, educational resources on how specific professions interact with the Data Bank.

The [Nurse Fact Sheet](#), entitled "Data Bank 101 for Nurses: A Guide to the Data Bank and How it Affects You," provides an introduction to the history and function of the Data Bank.

Nurses reportable to the Data Bank are those who are licensed, certified, or otherwise authorized to provide health care services including, but not limited to: Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse-Midwives, Certified Registered Nurse Anesthetists, Registered Nurses, and Licensed Practical and Vocational Nurses.

The Nurse Fact Sheet answers many questions that nurses may have, including:

- Who has access to reported information?
- How do I find out if there is a report on me in the Data Bank?
- May I challenge a report in the Data Bank?

The Fact Sheet also includes the table below to explain Data Bank reportable actions on nurses:

Must Be Reported	May Be Reported
<ul style="list-style-type: none">• Medical malpractice payments• State and Federal licensure and certification actions (including actions related to licensure, certification, registration, or other authorization to provide health care services; and actions related to certification agreements or contracts for participation in a government health care program)• Exclusions from participation in Federal or state health care programs• Health care-related criminal convictions and civil judgments• Negative actions or findings by a peer review organization• Other adjudicated actions or decisions specified in regulations	<ul style="list-style-type: none">• Adverse clinical privileges actions• Adverse professional society membership actions

Along with the answers to these and other frequently asked questions, the Fact Sheet provides contact information for the NPDB Customer Service Center.

General information about the Data Bank as well as profession-specific information is available within the Data Bank Fact Sheets. In addition to the Nurse Fact Sheet, the Data Bank currently offers a [Chiropractor Fact Sheet](#), a [Pharmacist Fact Sheet](#), and a [Data Bank Merger Q&A](#) Fact Sheet on policy changes related to the merger.