NPDB Guide to Reporting Other Adjudicated Actions or Decisions

**BEFORE SUBMITTING:**
Are you a federal government agency, a state law enforcement agency, a state Medicaid Fraud Control Unit, a state agency administering or supervising the administration of a state health care program, or a health plan that has taken an adjudicated action or decision against a health care practitioner, provider, or supplier, that:

- Is a formal or official final action,
- Includes the availability of a due process mechanism, and
- Is based on acts or omissions that affect or could affect the payment, provision, or delivery of a health care item or service?

**SUBMIT AN INITIAL ADVERSE ACTION REPORT**

This definition excludes:
- Clinical privileges actions and similar panel decisions made by health plans (must be reported separately)
- Overpayment determinations and denial of claims determinations made by federal agencies, state law or fraud enforcement agencies, or health plans
- Business or administrative decisions taken by health plans that result in contract terminations unrelated to health care fraud, abuse, or quality of care

**REPORT MODIFICATIONS (when needed):**

Was there an action taken that modifies or relates to a previously reported action (including reinstatements)?

Submit a Revision-To-Action Report
- Initial
- Revision

Was an error or omission found in a previously submitted report?

Submit a Correction Report
- Initial
- Corrected Report

Was it determined that an action should not have been reported because:

1. The report was erroneously submitted?
   - The report was erroneously submitted?
   - The action is not reportable?
   - The action was reversed or overturned?

These are the only reasons for which a report may be voided.

Void the Report
- Initial

Did a practitioner appeal a previously reported action?

Submit a Notice of Appeal
- Initial

The NPDB notifies the subject of the report when the report is submitted, and when any of these modifications are made.