



DIVISION OF PRACTITIONER DATA BANKS

BUREAU OF HEALTH PROFESSIONS
HEALTH RESOURCES & SERVICES ADMINISTRATION
PUBLIC HEALTH SERVICE
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES



Voice: 301 443-2300

Fax: 301 443-6725

F A X T R A N S M I T T A L

TO: *Margit Nabra*

FAX #: *202 628-5116*

FROM:

PAGES: *3* (including this page)

DATE: *9-24-03*

SUBJECT:

Notes:



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Bureau of Health Professions

Rockville MD 20857

September 22, 2003

Margit Nahra
Crowell & Moring
1001 Pennsylvania Ave., NW
Washington, D.C. 20004

Dear Ms. Nahra:

It has come to our attention that some entities may not be aware of the procedures for reporting adverse actions to the National Practitioner Data Bank (NPDB). It is the purpose of this letter to assure that all health care entities are aware of the current procedures. Under the current procedure, eligible entities file an adverse action report through the Integrated Querying and Reporting Service (IQRS) and mail a copy to the appropriate State Licensing Board. This procedure furthers a key purpose of the NPDB legislation: to collect and disseminate reports as soon as possible as well as ensure that State Licensing Boards receive copies of adverse action reports in a timely fashion.

When the NPDB began operations in 1990, adverse action reports were submitted using a paper-based system. Under this system, a health care entity would submit paper copies of a report to the State Licensing Board, which would then forward one copy of the report to the NPDB. Unfortunately, this process did not always work as designed, sometimes resulting in the NPDB receiving copies of the same report from both the State Licensing Board and the health care entity. Other health care entities would send one copy to the State Licensing Board and one copy to the NPDB. In order to address this problem, as well as lessen the reporting burden and take advantage of improved technology, a software program was developed that would allow a health care entity to submit an electronic copy of a report *directly* to the NPDB and print a hard copy of the report to send to the State Licensing Board. Health care entities used this method of reporting until late 1999.

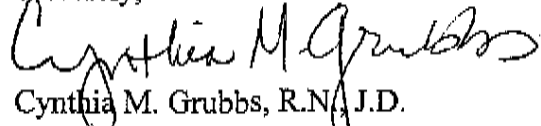
As technology improved, a new web-based reporting system, the IQRS, was implemented in November of 1999. Under this system, a health care entity is directed to (1) electronically submit an adverse action report directly to the NPDB by using the IQRS within 15 days from the date the adverse action was taken or clinical privileges were voluntarily surrendered, and (2) submit a printed copy of the report to the State Licensing Board. The Report Verification Document (RVD) that health care entities receive after a report is successfully processed by the NPDB should be used for submission to the appropriate State Licensing Board.

Page 2 – Ms. Margit Nahra

We hope this letter is useful in clarifying the current procedures in place for reporting adverse actions to the NPDB. Your assistance in following these procedures is much appreciated.

Please do not hesitate to contact us if you have any questions.

Sincerely,



Cynthia M. Grubbs, R.N., J.D.

Deputy Director

Associate Director for Policy and Analysis

Division of Practitioner Data Banks