



National Practitioner Data Bank Healthcare Integrity and Protection Data Bank



June 2007

The Division of Practitioner Data Banks (DPDB) is pleased to announce that the Proactive Disclosure Service Prototype (PDS) is now available. We hope that you will provide your invaluable assistance and decide to participate in the PDS. The PDS is being offered as a prototype so that DPDB can gather information from the participants and decide on its future viability. Participation in the PDS is limited to a predetermined number of practitioners.

A summary of the PDS including the price, specifications, meeting legal and credentialing requirements, etc. is enclosed to assist you in the decision making process. We understand this is a serious commitment on your part. Therefore, we welcome any questions that you may have regarding the PDS and your participation. Please feel free to contact 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.

If you are interested in participating in the PDS, please complete the attached PDS Invitation Participation and return it to: Attn: PDS Participation, NPDB-HIPDB, P.O. Box 10832, Chantilly, VA 20153-0832, or you may fax it to (703) 802-4109, or you may e-mail it to help@npdb-hipdb.hrsa.gov.

After we receive your PDS Invitation Participation we will contact you with specific details regarding participation in the PDS.

Again, thank you for your support. We look forward to working with you.

Sincerely,

The NPDB-HIPDB



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Proactive Disclosure Service Summary For PDS Participants

The Division of Practitioner Data Banks (DPDB) is pleased to announce the development of the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) Proactive Disclosure Service Prototype (PDS). The following information is provided to assist you in making a decision relative to your entity's participation in the PDS.

Background

The PDS was developed in response to a growing interest in on-going monitoring of health care practitioners. The PDS notifies registered entities within one business day of the Data Banks' receipt of a report on any of their enrolled practitioners. In contrast to submitting a query, all you will need to do is log in to the Integrated Querying and Reporting Service (IQRS) or use the Interface Control Document (ICD) Transfer Program (ITP) to retrieve reports.

This service is offered as an alternative to the current Data Bank querying service. You may continue to query on your practitioners, enroll all practitioners in PDS or enroll some practitioners in PDS while continuing to query on others. The format and the information contained in the Data Bank report, as well as the information required to be reported to each Data Bank, will remain the same.

The nature of a prototype is to test a new system; therefore, DPDB will limit the number of practitioners that can be enrolled in the PDS.

The PDS annual subscription fee is \$3.25 per practitioner per Data Bank. This rate is subject to change after the prototype period is complete.

The prototype will last at least 18 months to provide DPDB with information regarding an entire PDS subscription and renewal cycle. If you renew a practitioner's PDS subscription for a second year, and DPDB decides to conclude the PDS prior to the end of the second year, you will continue to receive the service through the end of each practitioner's subscription.

In order to determine the viability of PDS, DPDB will request that all entities that subscribe to PDS during the prototype period provide periodic information to DPDB regarding your experiences with the system. We anticipate that requests for information will occur shortly after enrollment, on a quarterly or monthly basis, at the time of enrollment renewal, and 18 months after enrollment.



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Of course, the Data Banks will always be available to assist you throughout the life-cycle of the PDS.

Federal Querying Requirements and Accreditation Standards

- Using the PDS with the NPDB is essentially querying 24 hours a day, 365 days a year. Therefore, enrollment in the PDS meets the mandatory hospital querying requirements of the *Health Care Quality Improvement Act of 1986*, as amended.
- The Joint Commission supports the PDS “as an acceptable alternative to directly querying the NPDB.”
- The National Committee for Quality Assurance (NCQA) has indicated the PDS may be used to review malpractice settlements or judgments paid on behalf of a practitioner at initial credentialing (CR3) and recredentialing (CR7); verify sanctions and limitations on licensure and Medicare/Medicaid sanctions at initial credentialing (CR5) and recredentialing (CR7); and conduct ongoing monitoring of sanctions and limitations on licensure and Medicare/Medicaid sanctions (CR9).
- CMS views the use of the PDS as consistent with CMS hospital requirements for quality assessment and medical staff privileging.

PDS Specifications

- Subscription Fee:
 - The annual subscription fee covers the cost of an initial query and the enrollment of one practitioner in one Data Bank for one year.
 - For billing purposes, each practitioner enrolled in a particular month will have an enrollment that expires on the last day of the same month of the following year (i.e., all practitioners enrolled in January 2007 regardless of the exact date of enrollment, have an expiration date of January 31, 2008).
 - The annual PDS subscription fee will be \$3.25 per practitioner per Data Bank. Federal Register Notices announcing the NPDB and HIPDB PDS subscription fees can be found on the NPDB-HIPDB Web site.
 - The subscription fee may be paid via credit card or Electronic Funds Transfer (EFT).
 - The subscription fee is payable at the time of enrollment and enrollment renewal.
- Financial Reconciliation Reports:
 - Financial reports are available indefinitely.
 - Reports are available at any time through the IQRS.
 - You may define the time period for each report.



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- Enrollment:
 - Enrollment for each Data Bank is determined by your entity's registration based on its statutory authority to query. If you choose to use a different Data Bank(s) than those you are currently registered to use, then you will need to update your registration.
 - Enrollment is per practitioner per Data Bank per year.
 - Each practitioner enrollment may be renewed on a yearly basis.
 - The same data elements that are currently required for querying the Data Banks are required for enrolling, canceling enrollment and changing enrollment data for PDS:
 - Enroll, update, and cancel individual practitioners through the IQRS.
 - You can enroll practitioners stored in an IQRS subject database.
 - You can enroll, update, and cancel individual practitioners using the ITP.
- Enrollment Confirmation:
 - Enrollment confirmations for enrolled practitioners and previously enrolled practitioners whose enrollments have been cancelled within the last four years will be available, upon demand.
 - Enrollment confirmations will include:
 - Subject information.
 - PDS enrollment dates.
 - Enrollment status.
 - Reports on file with the NPDB, HIPDB or both Data Banks (depending on the subscription) or "No Reports Found."
 - Enrollment confirmation may be used to demonstrate compliance with accrediting standards.
- Notification of a new or updated Data Bank Report:
 - Notification will be received within one business day of Data Bank receipt of the report.
 - Notice will be provided via e-mail and PDS notification without subject identifying information.
 - You must log in to the IQRS or use the ITP to retrieve reports.
- Availability of Data Bank Report:
 - Report disclosures will be available through the IQRS for 45 days in PDF format.
 - All reports in the NPDB, HIPDB, or both Data Banks (depending on the subscription) for each practitioner will be available upon demand.



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PROACTIVE DISCLOSURE SERVICE PROTOTYPE (PDS) PARTICIPATION

Please complete this and return it to: Attn: PDS Participation, NPDB-HIPDB, P.O. Box 10832, Chantilly, VA 20153-0832, or you may fax it to (703) 802-4109, or you may e-mail it to help@npdb-hipdb.hrsa.gov.

ORGANIZATION INFORMATION

Name: _____

Data Bank Identification Number (DBID): _____

Mailing Address: _____

Contact Name for PDS: _____

Phone Number: _____

E-mail Address: _____

Entity Type: Hospital Health Plan, MCO Licensing Board Other

If you selected Other above, specify your entity type: _____

DO YOU HAVE AN AUTHORIZED AGENT?

Please provide the following information **if you plan to use an agent for PDS**. Note: If you plan to use more than one agent for PDS, check the box below and attach agent information.

Yes, I have more than one agent. I am attaching information for ____ (number of agents).

Agent Name: _____

Agent DBID: _____

Agent Contact Name for PDS: _____

Agent Phone Number: _____

Agent E-mail Address: _____



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DO YOU ACT AS AN AUTHORIZED AGENT?

Please provide the following information **if you act as an Agent**. **Note:** If you represent multiple entities that plan to enroll in PDS, check the box below and attach entity information separately.

Yes, I represent more than one entity that plans to enroll in PDS. I am attaching information for ___ (number of entities).

Entity Name: _____

Entity DBID: _____

Entity Contact Name for PDS: _____

Entity Phone Number: _____

Entity E-mail Address: _____

Number of Practitioners That I Will Enroll in PDS for This Entity: _____

ENROLLMENT INFORMATION

Number of Practitioners That I Will Enroll in PDS for My Entity: _____

Total Number of Practitioners That I Will Enroll in PDS: _____

Total Anticipated Annual Enrollment Fee: _____ (The Number of Enrolled Practitioners x \$3.25 per Data Bank)

PDS ACCESS METHOD

How Do You Plan to Use the PDS?: **IQRS** **ITP**

Do You Plan to Use ITP Software Provided by Another Vendor?: **Yes** **No**

If you plan to use software provided by another vendor, please provide the vendor information below so we may assist them with questions.

Vendor Name: _____

Vendor Contact Name for PDS: _____

Vendor Phone Number: _____

CERTIFICATION

I agree to enroll in the NPDB-HIPDB PDS. I understand that payment must be made upon enrollment.

Department/Entity Representative Signature

Date