

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**NATIONAL PRACTITIONER DATA BANK -
ENSURING PROPER ACCESS BY HEALTH
CARE ENTITIES**

MANAGEMENT ADVISORY REPORT



OEI-12-92-00290

EXECUTIVE SUMMARY

PURPOSE

The purpose of this study is to assess the procedures which the Public Health Service (PHS) uses to assure that only eligible health care entities have access to National Practitioner Data Bank (Data Bank) records.

BACKGROUND

According to the Data Bank regulations, at 45 CFR 60.3, a "health care entity" is defined as:

- ▶ a hospital;
- ▶ an entity that provides health care services and engages in professional peer review through a formal peer review process for the purpose of furthering quality health care, or a committee of that entity; or
- ▶ a professional society that engages in professional review activity through a formal peer review process for the purposes of furthering quality health care.

Health care entity registration records maintained by the Data Bank contractor, UNISYS, indicate that 330 group practices, 19 preferred provider organizations (PPO's), and 770 health maintenance organizations (HMO's) are apparently eligible to query the Data Bank. In addition, 890 professional societies have also been approved for querying privileges.

FINDINGS

The HMO's, PPO's, group practices, and professional societies were registered by UNISYS as health care entities under a self-certification process whereby such entities were not required to document their eligibility for querying the Data Bank.

Representatives of the Data Bank Executive Committee as well as the media have raised concerns about the Data Bank information being provided to ineligible health care entities.

RECOMMENDATIONS

We recommend the following to the PHS:

- ▶ Revise the Data Bank registration form to indicate that in order for a "health care entity" to be eligible to query the Data Bank it must provide health services and/or have a formal peer review process.
- ▶ Provide policy guidance or criteria on what constitutes a "health care entity."
- ▶ Review the eligibility status of registered health care entities.

Comments

PHS concurred with the first two recommendations to (1) revise the registration form for querying and (2) provide guidance on what constitutes a health care entity. Although PHS concurred with the objective of the third recommendation, namely, to review the eligibility status of health care entities, PHS disagreed with our recommendation that it verify the eligibility status of all HMO's, PPO's, group practices, and professional associations that have already queried the Data Bank. PHS stated, however, that it has directed UNISYS to "clean up" the entity file, which would include asking health care entities to "self-certify" using new forms and instructions. After a review of the new forms and guidelines, we believe that PHS needs to define in detail eligibility criteria and provide a clear, unambiguous certification that will assure the necessary accountability; otherwise, the PHS actions will not achieve the objective of strengthening the registration process.

The full text of the PHS comments is included as Appendix A.

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INTRODUCTION

PURPOSE

The purpose of this study is to assess the procedures which the Public Health Service (PHS) uses to assure that only eligible health care entities have access to National Practitioner Data Bank (Data Bank) records.

BACKGROUND

The Office of Inspector General (OIG) is responsible for imposing civil monetary penalties (CMP's) for improperly disclosing information maintained by the Data Bank. Pursuant to this authority, the OIG has been monitoring implementation of the Data Bank to assure the presence of effective controls regarding releasing Data Bank information. This oversight activity has encompassed (1) an on going review of Data Bank policies and forms; (2) discussions with the PHS and health care industry representatives, including officials from UNISYS, the Data Bank contractor; and (3) attendance at meetings of the Data Bank Executive Committee and the PHS Interagency Council on Quality Assurance.

An initial result of this activity was the report we released on August 26, 1991, entitled "Controls Over Authorized Agents," (OEI-12-90-00530). This management advisory report recommended strengthening policies and forms governing the participation of authorized agents to insure that the confidentiality of Data Bank information is maintained.

As a result of our ongoing review of the Data Bank policies and procedures, we believe that the PHS needs to strengthen the Data Bank registration procedures to assure that only qualified health care entities have access to the Data Bank information.

According to the Data Bank regulations, at 45 CFR 60.3, a "health care entity" is defined as:

- ▶ a hospital;
- ▶ an entity that provides health care services and engages in professional peer review through a formal peer review process for the purpose of furthering quality health care, or a committee of that entity; or

- ▶ a professional society that engages in professional review activity through a formal peer review process for the purposes of furthering quality health care.

The regulations, at 45 CFR 60.3, also define "formal peer review process" as "...the conduct of professional review activities through formally adopted written procedures which provide for adequate notice and an opportunity for a hearing."

According to the Data Bank Guidebook, "...a medical school, physician group practice, or preferred provider organization (PPO) which either does not provide health services or does not have a formal peer review system will not meet the...definition of a health care entity, and, therefore is ineligible to...query the Data Bank..."

Registration records provided by UNISYS indicate that, as of June 1991, a total of 330 group practices, 19 PPO's, and 770 HMO's have been registered, i.e., approved, by UNISYS to query the Data Bank. In addition, 890 professional societies have also been approved for querying privileges.

FINDINGS

A number of factors indicate that there are health care entities with the Data Bank querying privileges who may not meet the regulatory definition and therefore have unauthorized access to the Data Bank records. These factors are as follows:

Inadequate Registration Policies

About 80 percent of all entities were "pre-registered" by UNISYS, the PHS contractor, prior to the September 1990 opening of the Data Bank. These entities were identified for registration through mailing lists obtained from national associations or health care organizations such as the American Medical Association and American Hospital Association. These entities were assigned registration numbers by UNISYS and then required to "certify" that they were a qualified health care entity. UNISYS, however, did not perform any review to determine if the entities actually met the definition of health care entity.

All entities that wanted to participate in the Data Bank after it opened in September 1990 were given a registration number only after they filled out a "registration form." However, this form did not require health care entities to submit documentation on what health services they provided or the nature of their peer review.

Furthermore, while the Data Bank registration form requires that an entity "certify" that it is eligible to query the Data Bank, the form does not define eligibility, even in broad terms. Since no eligibility criteria are clearly stated on the form, it would be difficult for an entity to know if it complied, and therefore the "self-certification" process itself may be questionable. Also, the warning on the query form only indicates that penalties exist for false statements *knowingly* made. It is possible that most improper releases result from the lack of available guidance and that most entities do not knowingly make false statements when they request information.

Finally, reliance on self-certification for querying the Data Bank seems to make it difficult, if not impossible, to identify any improper requests for information. It would appear to remove the incentive for UNISYS to have effective controls in place to assure that information is not improperly released.

Health Care Industry Concerns

National organizations such as the American Medical Association, American Hospital Association, and American College of Obstetricians and Gynecologists have expressed concerns with the confidentiality of the Data Bank information and procedures used for participation in the Data Bank. A March 9, 1990, memorandum from the PHS to the Office of Management and Budget concerning the proposed procedures and forms relating to the Data Bank participation stated:

"Confidentiality of data is an issue that several commentators are concerned about...In all cases we have believed it best to place the burden of responsibility for defining eligibility to request information upon those entities, individuals, State boards, or professional societies who make the request..."

At the July 11, 1991, meeting of the Data Bank Executive Committee, concerns were expressed that the large number of group practices registered with the Data Bank may not have "formal peer review."

Medical Economics Article

The May 6, 1991, issue of "Medical Economics" expressed concern over the broad definition of "health care entity" and was critical of the "self-certification" registration process. The article noted:

"As of February, according to government figures, about 12,500 organizations had been authorized to query...the Data Bank. When we added up all the nation's hospitals, HMO's, licensing boards, the total fell short of 12,500 by 5,000...exactly who they are is anyone's guess."

RECOMMENDATIONS

We believe that all the above factors indicate the need for the PHS to take action as soon as possible to assure that only qualified health care entities have access to the Data Bank records. We have three recommendations for the PHS.

Revise Registration Form for Querying

The PHS should consider revising the registration form to indicate that in order for a "health care entity" to be eligible to query the Data Bank it must provide health services and/or have a formal peer review process.

In addition, we note that the form provides a warning that "Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank is subject to a fine and imprisonment under Federal statute."

Under the OIG civil money penalty authority, at 42 CFR Part 1003, imposing civil penalties for violating the confidentiality provision of the regulation is not contingent upon a "knowing" or "willful" act, although these factors can be considered in determining the actual amount of the civil penalty. We would therefore also suggest that the registration form indicate that a CMP can be imposed if an ineligible "health care entity" obtains the Data Bank information.

Provide Guidance on What Constitutes a "Health Care Entity"

We note in the preamble of the Data Bank final regulation, in the section dealing with the definition of health care entities, that the Department indicates that it "...prefers to define this term broadly, rather than to attempt to focus on the myriad of health care organizations, practice arrangements, and professional societies..."

While we acknowledge the utility of such broad definitions, we are nevertheless concerned that the lack of any detailed policy guidance or operational criteria on the definition of health care entity jeopardizes the integrity of the Data Bank information. We therefore recommend that the PHS develop such guidance or criteria. Such guidelines could be provided for on the registration form, or as part of the registration kit, or in the Data Bank Manual.

Review Eligibility Status of Registered Health Care Entities

While we recognize that it may not be feasible to review the eligibility of all health care entities currently registered as HMO's, PPO's, group practices, and professional associations, we recommend that such a review take place as soon as possible for all such entities that have already queried the Data Bank. The remaining entities could be evaluated at the time UNISYS conducts its periodic review of the registration file,

which we understand will take place every year or two. Such a review would involve providing these "inactive" health care entities with guidance on what constitutes an eligible health care entity for querying privileges and advising them to contact UNISYS if they have questions regarding their meeting such Data Bank requirements.

Alternatively, UNISYS could require all entities to describe the nature of their health services and/or formal peer review program for PHS/UNISYS analysis and approval. If the PHS decides to adopt this latter approach, we are providing, as Appendix B, an example of a questionnaire that could be used.

Public Health Service Comments and OIG Response

The PHS concurred with the first two recommendations to (1) revise the registration form for querying, and (2) provide guidance on what constitutes a health care entity. PHS indicated that the target date for implementing both recommendations will be October 1992.

We are accepting the PHS actions on these two recommendations. We would appreciate receiving a copy of the revised registration form and the expanded definition of health care entity.

Although the PHS concurred with the objective of the third recommendation, namely, to review the eligibility status of health care entities, the PHS disagreed with our recommendation that it verify the eligibility status of all HMO's, PPO's, group practices, and professional associations that have already queried the Data Bank. The PHS stated, however, that it has directed UNISYS to conduct an extensive update of the entity file so that the file "...will contain only those entities that are authorized to use the Data Bank."

The PHS description of this "update" process and the forms that are being used (which were recently provided to the OIG -- see Appendix C) indicate that the PHS is continuing to rely on the "self-certification" concept. We note that the proposed letter to entities, Form L61.1 (dated 5/27/92), includes the statement "Entities are responsible for certifying that they satisfy the requirements for participating in the Data Bank." We also note that the letter does not provide detailed guidance as to what constitutes eligibility. It also does not discuss the limited guidance set forth in the regulations (see 42 CFR 60.3, definition of "Health Care Entity" and "Peer Review Process").

Furthermore, while Section C of the certification form acknowledges that civil money penalties can be imposed if an ineligible entity obtains information from the Data Bank, the actual certification is confusing. Entities have two choices on the form: (1) they can certify that they are eligible to query and/or report; (2) they can certify that they are ineligible to query or report. Given such an option, what does an entity do that is eligible to report but not to query (such as a malpractice insurer)? Does it

certify that it is both eligible and ineligible? In order for the certification to be meaningful, questions concerning reporting and querying should be separate.

If the PHS wishes to continue to use the self-certification mechanism, the process and forms need to (1) define in detail eligibility criteria and (2) provide a clear, unambiguous certification that will assure the necessary accountability; otherwise, the proposed PHS actions will not achieve the objective of strengthening the registration process.

Finally, the PHS response noted that those health care entities that were "pre-registered" were also required to certify that they were a qualified health care entity. We have revised the report to reflect the PHS clarification.

APPENDIX A

THE PUBLIC HEALTH SERVICE COMMENTS



Memorandum

Date APR 7 1992

From Assistant Secretary for Health

Subject Office of Inspector General (OIG) Draft Management Advisory Report "National Practitioner Data Bank--Unauthorized Access by Ineligible Health Care Entities," OEI-12-92-00290

To Inspector General, OS

Attached are the PHS comments on the subject OIG draft management advisory report concerning the possible registration of ineligible health care entities for participation in the National Practitioner Data Bank (Data Bank).

We concur with the first two recommendations to (1) revise the registration form for querying, and (2) provide guidance on what constitutes a health care entity. In our comments, we state the actions taken or planned to implement them.

We also concur with the objective of the last recommendation. We have directed a contractor to conduct an extensive update of the "entity file." This will ensure that the "entity file" will contain only those entities who have certified that they are authorized to access the Data Bank.

James O. Mason
James O. Mason, M.D., Dr.P.H.

Attachment

COMMENTS OF THE PUBLIC HEALTH SERVICE ON THE OFFICE OF
INSPECTOR GENERAL (OIG) DRAFT MANAGEMENT ADVISORY REPORT
"NATIONAL PRACTITIONER DATA BANK -- UNAUTHORIZED ACCESS BY
INELIGIBLE HEALTH CARE ENTITIES," OEI-12-92-00290

GENERAL COMMENTS

Inadequate Registration Policies

We note that some of the OIG statements in the first paragraph under this heading on page 3 of the report could be more clearly stated. The "registration" prior to the opening of the National Practitioner Data Bank (Data Bank) was largely an effort to create a mailing list of potential customers with whom we could communicate at an appropriate time. Our intention, and the actual practice of the contractor, has been to only activate a listing in the system after certification by the entity, a process separate and distinct from the early registration process. Early registration did not gain automatic access.

The following comments are provided in response to the report's recommendations.

OIG RECOMMENDATION

Revise Registration Form for Querying

The PHS should consider revising the registration form to indicate that in order for a "health care entity" to be eligible to query the Data Bank it must provide health services and/or have a formal peer review process.

In addition, we note that the form provides a warning that "Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank is subject to a fine and imprisonment under Federal Statute."

Under the OIG civil money penalty authority, at 42 CFR Part 1003, imposing monetary penalties for violating the confidentiality provision of the regulation is not contingent upon a "knowing" or "willful" act, although these factors can be considered in determining the actual amount of the civil penalty. We would therefore also suggest that the registration form indicate that a civil monetary penalty can be imposed if an ineligible "health care entity" obtains the Data Bank information.

PHS COMMENT

We concur. We will include the recommended revisions, with other revisions to the registration form for querying, during the upcoming round of form changes to be completed by October 1992.OIG RECOMMENDATION

Provide Guidance on What Constitutes a "Health Care Entity"

We note in the preamble of the Data Bank final regulation, in the section dealing with the definition of health care entities, that the Department indicates that it "...prefers to define this term broadly, rather than to attempt to focus on the myriad of health care organizations, practice arrangements, and professional societies..."

While we acknowledge the utility of such broad definitions, we are nevertheless concerned that the lack of any detailed policy guidance or operational criteria on the definition of health care entity jeopardizes the integrity of the Data Bank information. We therefore recommend that the PHS develop such guidance and criteria. Such guidelines could be provided for on the registration form, or as part of the registration kit, or in the Data Bank Manual.

PHS COMMENT

We concur. We will provide further guidance and clarify the existing definition of "health care entity" through the changes to the Data Bank Manual which are scheduled for completion by October 1992.

We plan to elucidate existing policy guidelines by providing additional examples of health care organizations, practice arrangements, etc., which could be expected to qualify as health care entities under the Data Bank regulations, because they (1) are engaged in the provision of health care services, and (2) might also conduct professional review activities through a formal peer review process. Examples of such organizations include nonhospital-based, separately incorporated, skilled nursing and rehabilitation facilities; freestanding, independent medical and surgical care facilities such as end-stage renal dialysis centers; and other such providers of disease-specific or specialty-oriented medical and surgical care services. Further, we will provide additional guidance to assist professional societies in making decisions regarding whether or not they qualify as "health care entities" under the Data Bank regulations.

OIG RECOMMENDATIONReview Eligibility Status of Registered Health Care Entities

While we recognize that it may not be feasible to review the eligibility of all health care entities currently registered as health maintenance organizations, preferred provider organizations, group practices, and professional associations, we recommend that such a review take place as soon as possible for such entities that have already queried the Data Bank. The remaining entities could be evaluated at the time UNISYS conducts its periodic review of the registration file, which we understand will take place every year or two. Such a review would involve providing these "inactive" health care entities with guidance on what constitutes an eligible health care entity for querying privileges and advising them to contact UNISYS if they have questions regarding their meeting such Data Bank requirements.

Alternatively, UNISYS could require all entities to describe the nature of their health services and/or formal peer review program for PHS/UNISYS analysis and approval. If the PHS decides to adopt this latter approach, we are providing, as Appendix A, an example of a questionnaire that could be used.

PHS COMMENTS

We concur with the objective of this recommendation. However, rather than initiating a review of the eligibility status of the registered health care entities, we have directed the contractor to conduct an extensive update of the so-called "entity file." This file contains a listing of organizations (1) which have certified that they are authorized to access the Data Bank, and (2) which may be eligible but have not certified that they are authorized to access the Data Bank.

Following the update, the "entity file" will contain only those entities that have certified that they are authorized to use the Data Bank. Those entities who do not certify that they are authorized to use the Data Bank will be eliminated from the "entity file." We believe that this would be the least expensive and quickest way of ensuring that those who query the Data Bank have certified that they have the proper authorization.

APPENDIX B

PROPOSED OIG QUESTIONNAIRE FOR REVIEWING HEALTH CARE ENTITIES

GENERAL INFORMATION

1. *What is the name of your organization?*
2. *Please describe the nature of your organization and the services or business it is engaged in.*

If you have a brochure or other written document describing your organization, please enclose a copy.

3. *Is your organization licensed, registered, or accredited by any State or local governmental entities?*

If yes, please specify the governmental entity(ies), whether you are licensed, registered, or accredited, and the type of category in which you are licensed, registered, or accredited.

4. *Does your organization do business in more than one locale or through contracts or arrangements with other groups or individuals?*

If yes, please specify the different locales and the types of contracts or arrangements that you have.

5. *Why did you register with the National Practitioner Data Bank?*
6. *For what purposes do you intend to query the National Practitioner Data Bank?*

HEALTH CARE SERVICES PROVIDED

1. *What types of health care services, if any, does your organization provide to the public?*
2. *Does your organization provide any health care services directly through its own employees or staff?*

If yes, approximately what percentage of services are provided through employees or staff?

3. *Does your organization provide any health care services indirectly, through contracts or arrangements with health care providers or practitioners?*

If yes, approximately what percentage of services are provided through contracts or other arrangements?

If yes, do such services include non-institutional services?

4. *What responsibility, if any, does your organization have to review the quality of services provided indirectly through contracts with other health care providers or practitioners?*

If a patient was dissatisfied with the quality of services provided by such a provider or practitioner, would the patient have a right of recourse against your organization?

Does your responsibility or the extent of the patient's recourse vary with the type of service, e.g., institutional versus non-institutional? If yes, please explain.

PEER REVIEW

1. *Does your organization conduct any peer review activities, i.e., activities which are designed to review the professional competence or professional conduct of health care practitioners?*

If yes, please describe briefly the nature and extent of the peer review activities that your organization conducts.

If no, does your organization arrange for peer review activities to be conducted by an outside source? If so, please describe briefly the nature and extent of such arrangements. Please enclose a copy of any written arrangements or contracts.

2. *Does your organization have written procedures which set forth how or by whom peer review activities will be conducted?*

If yes, were those written procedures formally approved or adopted by your organization?

Do those written procedures provide for prior notice to a practitioner concerning adverse actions (i.e., actions that may affect the practitioner's present or future employment or clinical or staff privileges or membership) that may be taken against such practitioner?

Do those written procedures provide for an opportunity for a hearing on any adverse actions?

Are written records maintained for your organization's peer review activities?

Please enclose a copy of the written peer review procedures.

3. *If your organization provides services in different locales or through affiliated or subsidiary groups, how are peer review activities handled -- are they handled centrally or separately by each locale or group? If separately, is the information shared with all the locations or groups?*

APPENDIX C

REVISED ENTITY SELF-CERTIFICATION PROCEDURE

NATIONAL PRACTITIONER DATA BANK

P.O. BOX 6446 ■ Camarillo, CA 93011-6048

1-800-767-6732

We would like to verify that the information about your organization on file with the National Practitioner Data Bank is up-to-date. We have enclosed an *Entity File Verification* document, containing all information we currently have on file, which we would like you to review. Please sign and return the *Entity File Verification* document to indicate that all information is correct or to make changes.

To make changes to the information we have on file for your organization, please (1) cross out the inaccurate information on the *Entity File Verification* document, (2) print the correct information to the right of the inaccurate information, (3) complete and sign Section C, and (4) return the *Entity File Verification* document to the Data Bank at the address above. Governmental entities should also complete Section B.

Some information about your organization may be truncated due to character limitations for each category. For example, name, street address, and staff titles are limited to 40 characters, including punctuation and spaces. Please keep these character limitations in mind when changing information.

After we have entered your changes, you will receive an *Entity Update Notification* document verifying that your changes have been made. This document will be mailed to the attention of the *Report Response Staff Title* designated on the *Entity File Verification* document.

If the current information on the *Entity File Verification* document is correct, please (1) check the space indicating that all information is correct, (2) complete Section B if appropriate, (3) complete and sign Section C, and (4) return the *Entity File Verification* document to the Data Bank at the address above.

Brief explanations of each section of the *Entity File Verification* document follow:

SECTION A: ENTITY INFORMATION

Entity Name, Address: The entity name and address you provide in Section A of any Data Bank form must match the information on file with the Data Bank. Your report or query will not be accepted if the name and address information does not match. All Data Bank documents are sent to the name and address on file with the Data Bank, not the name and address you provide on a form.

Entity Type: This code is used to determine your organization's eligibility to query and report to the Data Bank. An *Explanation of Entity Type Codes* is enclosed to help you determine whether the code we have on file is correct.

Report Response Staff Title: All Data Bank documents are mailed to a specific staff title. All Data Bank documents related to medical malpractice payment or adverse action reports will be directed to the Report Response Staff Title. If a title has not been designated, all report information will be sent to the attention of "C.E.O." You may include an individual's name with this staff title; however, an individual's name and staff title may not exceed 40 characters, including spaces and punctuation.

Query Response Staff Title: All Data Bank query responses and *Account Statements* will be directed to the Query Response Staff Title. The Data Bank is unable to address *Account Statements* to a separate billing office at this time. If a staff title has not been designated, all query information will be sent to the attention of "C.E.O." You may include an individual's name with this staff title; however, an individual's name and staff title may not exceed 40 characters, including spaces and punctuation.

SECTION A: ENTITY INFORMATION (continued)

Agent Information: If you have designated an Agent to query the Data Bank on your behalf, please confirm that the information on file (e.g., Data Bank ID, name, address, routing instructions) is correct. An Agent is an individual or organization designated by an entity to make queries on its behalf; for example, a County Medical Society or State Hospital Association may be designated by a hospital to request information from the Data Bank on its behalf. Please note that the Agent and the Authorized Representative are different; the Authorized Representative is an individual within an entity who certifies the legitimacy of information provided to the Data Bank, and the Agent is an independent organization with its own Data Bank ID number. An entity that uses an Agent may opt to have all query responses routed to the Agent.

SECTION B: GOVERNMENTAL ENTITY DESIGNATION

Governmental Entity Designation: The Data Bank currently assesses interest on any amount outstanding more than 30 days past the billing date. Governmental entities are exempt from these interest charges in accordance with federal regulations. If you are a federal, state, or local governmental entity, please complete Sections B and C on the *Entity File Verification* document and return it to the Data Bank. Completing and returning this document will enable the Data Bank to eliminate the interest charges which may be appearing on your *Account Statement*.

Some entities may have been erroneously classified as governmental entities based on their receipt of government reimbursement or financial support for providing health care services. To qualify as a governmental entity, your organization must be an agency, authority, instrumentality, or political subdivision of a federal, state, or local government, the District of Columbia, the Commonwealth of Puerto Rico, a Pacific Basin jurisdiction, a territory or possession of the United States, or an Indian tribe, band, or nation. The receipt of government reimbursement or financial support for providing health care services, by itself, is insufficient to qualify as a governmental entity.

SECTION C: CERTIFICATION

Certification: The assignment of a Data Bank ID is not a representation by the U.S. Department of Health and Human Services that your organization meets the requirements for participation in the Data Bank, as specified in the *Health Care Quality Improvement Act of 1986*, as amended, and its implementing regulations, 45 CFR Part 60. Entities are responsible for certifying that they satisfy the requirements for participating in the Data Bank. To be eligible to query the Data Bank, an entity must be (1) a Board of Medical Examiners or other State licensing board, (2) a hospital, (3) a health care entity, other than a hospital, that provides health care services and engages in formal peer review activity through a formal peer review process, or (4) a professional society that engages in professional review activity through a formal peer review process. An entity that makes a medical malpractice payment or takes an adverse licensure action, clinical privileges action, or professional society membership action, as specified by Data Bank regulations, must report the payment or the action to the Data Bank.

If you have been assigned a Data Bank ID but are ineligible to report to or query the Data Bank, please check the second certification statement in Section C of the *Entity File Verification* document, sign the document, and return it to the Data Bank at the above address.

Thank you for your cooperation and participation. If you have any questions regarding the completion of the *Entity File Verification* document, please call the *Data Bank Help Line* at 1-800-767-6732, weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. Fridays) Eastern Time.

EXPLANATION OF ENTITY TYPE CODES

NATIONAL PRACTITIONER DATA BANK

P.O. Box 6048 # Camarillo, CA 93011-6048

1-800-767-6732

CODE ENTITY TYPE

10	Public or Private Medical Malpractice Payer (non-U.S. Government)
13	U.S. Government Medical Malpractice Payer
20	State Licensing Board for Allopathic Physicians
22	State Licensing Board for Osteopathic Physicians
24	State Composite Licensing Board for Physicians
26	State Board of Dentistry
28	State Licensing Board for Other Health Care Practitioners
29	State Licensing Board for Health Care Entities
30	Public or Private Hospital (non-U.S. Government)
31	U.S. Government Hospital
33	Health Maintenance Organization (HMO)
35	Preferred Provider Organization (PPO)
36	Group Medical Practice
38	Other U.S. Government Health Care Entity
39	Other Public or Private Health Care Entity (non-U.S. Government)
40	Professional Society for Allopathic Physicians
43	Professional Society for Osteopathic Physicians
46	Professional Society for Dentists
49	Professional Society for Other Health Care Practitioners
52	Malpractice Litigant - Self
54	Malpractice Litigant - Agent/Attorney
86	U.S. Drug Enforcement Administration
93	Secretary, U.S. Department of Health and Human Services
99	Authorized Agent (not otherwise eligible to query the Data Bank)

YOUR ENTITY'S INFORMATION IN SECTION A IS THE INFORMATION CURRENTLY ON FILE IN THE DATA BANK. PLEASE CERTIFY THAT ALL INFORMATION IS CORRECT, OR INDICATE THE APPROPRIATE CHANGES. TO CHANGE INFORMATION, (1) CROSS OUT THE INACCURATE INFORMATION, AND (2) PRINT THE CORRECT INFORMATION TO THE RIGHT OF THE EXISTING INFORMATION. IF YOU ARE A GOVERNMENTAL ENTITY, COMPLETE SECTION B. CERTIFY YOUR ENTITY'S ELIGIBILITY IN SECTION C AND INCLUDE AN ORIGINAL SIGNATURE IN INK.

PLEASE RETURN THIS DOCUMENT TO THE NATIONAL PRACTITIONER DATA BANK, P.O. BOX 6048, CAMARILLO, CA 93011-6048. IF YOU HAVE ANY QUESTIONS, CALL THE DATA BANK AT 1-800-767-8732. PLEASE RETURN THIS FORM EVEN IF ALL INFORMATION IS CORRECT.

SECTION A: ENTITY INFORMATION ALL INFORMATION IS CORRECT.

ENTITY NAME: with agent specified (S1)
STREET ADDRESS: AAAAAA
CITY, STATE, ZIP CODE: CCCCCCCC, CA 93999
TELEPHONE NO.: 000 000-0000
ENTITY TYPE: ID, NON-FEDERAL MALPRACTICE PAYER
REPORT RESPONSE STAFF TITLE:
QUERY RESPONSE STAFF TITLE:
AGENT DATA BANK ID: 210063200002401
AGENT NAME: ZZZZZZZZZZZZ
STREET ADDRESS: ZZZZZZZZZZ
CITY, STATE, ZIP CODE: CCCCC
TELEPHONE NO.: 000 000-0000
AGENT START DATE: 07/19/91
AGENT STOP DATE: 10/26/92
AGENT ROUTING: TO AGENT

SECTION B: GOVERNMENT ENTITY DESIGNATION CHECK TYPE OF GOVERNMENTAL ENTITY, IF APPLICABLE. PLEASE CHECK ONLY ONE;

 FEDERAL STATE LOCAL DISTRICT OF COLUMBIA; COMMONWEALTH OF PUERTO RICO; PACIFIC BASIN JURISDICTION;
 U.S. TERRITORY OR POSSESSION; INDIAN TRIBE, BAND, OR NATION

SECTION C: CERTIFICATION CHECK THE APPLICABLE STATEMENT BELOW:

I CERTIFY THAT THE ENTITY OR INDIVIDUAL IDENTIFIED IN SECTION A OF THIS DOCUMENT IS AUTHORIZED TO REPORT TO AND/OR QUERY THE NATIONAL PRACTITIONER DATA BANK UNDER THE PROVISIONS OF PUBLIC LAW 99-860, AS AMENDED, AND AS SPECIFIED IN 45 CFR PART 60. I ALSO CERTIFY THAT I AM AUTHORIZED TO SUBMIT THIS RESPONSE TO THE DATA BANK, AND THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE.

THE ENTITY OR INDIVIDUAL IDENTIFIED IN SECTION A OF THIS DOCUMENT IS NOT ELIGIBLE TO REPORT TO OR QUERY THE NATIONAL PRACTITIONER DATA BANK.

WARNING: ANY PERSON WHO MAKES A FALSE STATEMENT OR MISREPRESENTATION TO THE NATIONAL PRACTITIONER DATA BANK IS SUBJECT TO A FINE AND IMPRISONMENT UNDER FEDERAL STATUTE. CIVIL MONEY PENALTIES CAN BE IMPOSED IF AN INELIGIBLE ENTITY OR INDIVIDUAL OBTAINS DATA BANK INFORMATION.

PRINTED NAME OF AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

PRINTED TITLE OF AUTHORIZED REPRESENTATIVE

TELEPHONE NUMBER () SIGNATURE DATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE OR INDIVIDUAL