

Generic Attestation Revisions

Attestation

NPDB Querying and Reporting

Hospitals and other authorized health care organizations access NPDB report information by querying. The query response is used as part of the professional review process when making decisions regarding the licensing, credentialing, privileging, or employment of health care practitioners. These organizations must also report certain adverse actions they take and payments they make for the benefit of a health care practitioner in settlement of a malpractice claim or judgment. These reports are added to the NPDB repository to benefit all querying organizations.

Your organization's legal requirements for reporting to the NPDB

Federal law requires <entity type>s to report certain adverse actions and medical malpractice payments to the NPDB. These reports must be submitted within 30 days of the date the action was taken or the payment was made. An adverse action or medical malpractice payment must be reported to the NPDB based on whether or not it satisfies NPDB reporting requirements.

Organizations that fail to submit their required NPDB reports may be subject to the sanctions outlined in 45 CFR 60. Your <entity type> is responsible for submitting NPDB reports even if an agent is designated report to act on its behalf.

What is attestation?

When you attest, you confirm whether or not your <entity type> has submitted all required reports to the NPDB for all actions taken and/or payments made from (Month dd, yyyy) to (Month dd, yyyy) as required by law.

Summary of your organization's reports to the NPDB

Your organization added a total of "n" report(s) to the NPDB for actions taken and/or payments made from (Month dd, yyyy) to (Month dd, yyyy).

Has your organization submitted all NPDB reports required by law for actions taken or medical malpractice payments made from (Month dd, yyyy) to (Month dd, yyyy)?

(Two radio buttons are displayed labeled “Yes. All required reports are submitted.” and “No. We have not submitted all required reports.”)

(If user selects the “No” button, a text entry field is displayed labeled “**Why didn't your organization submit the required reports to the NPDB?**”)

Certify and Submit

Please review your attestation and submit it. If it is not correct, select a section to edit.

Attestation for <Entity Name, City, ST> for reports submitted to the NPDB from (Month dd, yyyy) to (Month dd, yyyy).

My organization has fulfilled our NPDB reporting requirements.

Certify Attestation

I certify that I have access to all reports submitted to the NPDB by my organization as well as all adverse actions taken and medical malpractice payments made by my organization from (Month dd, yyyy) to (Month dd, yyyy). I certify that I am authorized to submit these statements on behalf of my organization and that the statements are true and correct to the best of my knowledge.

I further certify that my organization will continue to submit all required reports to the NPDB within 30 days of the date an action was taken or a medical malpractice payment was made.

(Checkbox is displayed with the label "I am authorized to certify this attestation")

(Text entry field labeled "Certifier's Name")

(Text entry field labeled "Title")

(Text entry field labeled "Phone")

(Text entry field labeled "Email")