

# Health Center Attestation Revisions

## Current Content: Intro page

Health centers, 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. Additionally these organizations are required to report to the NPDB certain actions they take against those practitioners. Adding this information to the NPDB repository benefits all querying organizations and supports the NPDB's mission to improve health care quality in the United States.

### Why is reporting required?

Federal law requires health centers to report report to the NPDB certain adverse actions, such as clinical privileges actions. If your health center has taken any clinical privileges actions that meet the NPDB reporting requirements, you must submit a report to the NPDB within 30 days of the date the action was taken.

### What is attestation?

Your organization should confirm that all reportable clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy) have been submitted to the NPDB, as required by law.

### What reports have been submitted to the NPDB?

Your organization has added a total of "n" reports to the NPDB repository.

Of these, "n" reports were submitted for clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy).

### What is the deadline for attestation?

An organization's attestation should be submitted to the NPDB no later than (Month dd, yyyy). If your organization does not complete the attestation it may be subject to sanctions outlined in 45 CFR 60.12.

### Are you ready to attest now?

No, I will submit later	Yes, I am ready to start now
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## Revised content: Intro page

Health centers, hospitals, and other authorized health care organizations access NPDB 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 and to support the NPDB's mission to improve health care quality in the United States.

### Your organization's legal requirements for reporting to the NPDB

Federal law requires health centers report to the NPDB, certain adverse actions, such as clinical privileges actions. If your health center has taken any clinical privileges actions that meet the NPDB reporting requirements, you must submit a report these within 30 days of the date the action was taken.

Organizations that fail to submit their required NPDB reports may be subject to the sanctions outlined in 45 CFR 60.

### What is attestation?

When you attest you confirm that your health center has reported all clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy) to the NPDB, as required by law.

Your organization added a total of "n" report(s) to the NPDB for clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy). **Before you attest, please review all clinical privileges actions taken by your organization and be sure you submitted required reports to the NPDB.** If you have reported all clinical privileges actions, then you are ready to attest.

### Your attestation is due by (Month dd, yyyy). Are you ready to attest now?

No, I will attest later	Yes, I am ready to start now
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## Current Content: Attesting Official

### Identify the person with the authority to attest to compliance with NPDB reporting requirements on behalf of your organization.

The Data Bank administrator may have the authority to attest. If not, the Data Bank administrator must identify the attesting official, advise that person of his or her responsibilities, and submit the form on behalf of the attesting official.

### The attesting official must:

Have access to all reports submitted to the NPDB by your organization.

Attest as to whether or not all required reports have been submitted to the NPDB from (Month dd, yyyy) to (Month dd, yyyy).

Who is authorized to attest regarding compliance for NPDB reporting?

I am authorized

## Revised Content: Attesting Official

Section is removed. Content is incorporated into the certification section similar to state board attestation.

Name
Title
Phone
Email

Exit	Save and Finish Later	Continue to Next Step
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### Current Content: Locations

These service delivery sites were included in your scope of project. Is your organization responsible for making privileging and/or credentialing decisions regarding healthcare practitioners at these sites?

Are there other sites in the approved scope of project for your health center that are not listed above?

<Yes> <No>

Exit	Save and Finish Later	Continue to Next Step
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### Revised Content: Locations

Your organization is responsible for making privileging and/or credentialing decisions regarding health care practitioners for all service delivery sites in your scope of project. According to our records, these sites are in your scope of project. Please review the list to be sure it is accurate. Select "No" if the site is not in your scope of project.

Are there other sites in the approved scope of project for your health center that are not listed above?

<Yes> <No>

Exit	Save and Finish Later	Continue to Next Step
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### Current Content: Attestation

#### NPDB Attestation for Reporting Clinical Privileges Actions

##### Summary of your organization's reports.

- Your organization has added a total of "n" reports to the NPDB to benefit other querying organizations.
- Of these, "n" reports were submitted for clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy).

##### Your organization's legal requirements for reporting to the NPDB

Your organization must report all clinical privileges actions resulting from:

- Any professional review action that adversely affects the clinical privileges of a physician or dentist for a period of more than 30 days, or
- The acceptance of the surrender of clinical privileges, or any restriction of such privileges by a physician or dentist while the physician or dentist is under investigation by a health care entity for possible incompetence or improper professional conduct, or in return for not conducting such an investigation or proceeding.

##### Attest to your organization's compliance with NPDB reporting requirements, including all sites for which your organization makes privileging and/or credentialing decisions.

Has your organization reported to the NPDB all adverse actions, affecting the clinical privileges of a physician or dentist, taken from (Month dd, yyyy) to (Month dd, yyyy)?

### Revised Content: Attestation

#### Your organization's legal requirements for reporting clinical privileges actions to the NPDB

A clinical privileges action must be reported to the NPDB for:

- Any professional review action that adversely affects the clinical privileges of a physician or dentist for a period of more than 30 days, or
- The surrender of clinical privileges, or any restriction of such privileges by a physician or dentist while the physician or dentist is under investigation for possible incompetence or improper professional conduct, or in return for not conducting such an investigation or proceeding.

Your organization submitted "n" report(s) for clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy).

##### Has your organization submitted all NPDB reports required by law for clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy)?

This includes all sites in your scope of project for which your organization makes privileging and/or credentialing decisions.

<Yes. All required reports are submitted.>

<No. We have not submitted all required reports..>

##### Why didn't your organization submit these required reports to the NPDB?

##### You stated that your organization is not responsible for making credentialing and/or privileging decisions regarding health care practitioners at these sites in your scope of project:

Please Explain:

<Yes, all required reports are submitted>  
<No, some required reports have not been submitted.>

**Why didn't your organization submit these required reports to the NPDB?**

Save and Finish Later    Continue to Next Step

**You stated that your organization is not responsible for making credentialing and/or privileging decisions regarding health care practitioners at these sites in your scope of project:**

Please Explain:

Exit    Save and Finish Later    Continue to Next Step

**Review and Submit: Current Content**

Review your attestation. If it is correct, submit your attestation to the NPDB. If it is not correct, edit the section you need to change.

Attestation for <Entity Name, City, ST> for reported clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy).

My organization has not fulfilled our NPDB requirements for reporting clinical privileges actions regarding physicians and dentists.

The reason why these required reports were not submitted:

<reason text>

**Certify Attestation**

I certify that the attestation regarding clinical privileges reporting is true and correct to the best of my knowledge. I certify that my organization will continue to submit all reportable clinical privileges actions within 30 days of the date an action was taken. I further certify that I am authorized to submit these statements on behalf of our organization.

Attested by: <Attesting Official>

Title: <Attesting Official title>

Phone: <Attesting Official phone>

Email Address: <Attesting Official email>

**I am authorized to submit the attestation on behalf of the attesting official.**

Submitted By: (Name)

Title: (Title)

Date: (mm/dd/yyyy)

Exit    Save and Finish Later    Submit

**Certify and Submit: Revised Content**

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 of clinical privileges actions taken from (Month dd, yyyy) to (Month dd, yyyy).

My organization has not yet fulfilled our NPDB reporting requirements for reporting clinical privileges actions regarding physicians and dentists.

The reason why all required reports were not submitted:

<reason text>

**Certify Attestation**

I certify that I have access to all reports submitted to the NPDB by my organization as well as all clinical privileges actions taken 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 of clinical privileges actions to the NPDB within 30 days of the date the action is taken.

I am authorized to certify this attestation

Certifier's Name	
Title	
Phone	
Email	

Save and Finish Later    Submit