

Health Center Attestation

Introduction

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 to 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 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?**

(Displays two buttons labeled “No, I will attest later” and “Yes, I am ready to start now”)

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?

(Two radio buttons are displayed labeled “Yes” and “No”)

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.

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

If the user answers “No”, a text entry box is displayed labeled “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:

(Text box is displayed labeled “Please explain:”)

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

The reason why all required reports have not been submitted: (Reason)

My organization is responsible for privileging and/or credentialing decisions at these sites:

My organization is NOT responsible for privileging and/or credentialing decisions at these sites:

My explanation: (Explanation)

Certify Attestation

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.

(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")