

Generic Attestation Revisions

Profile form in attestation

In attestation, the user will first see the entity profile form if there is a profile for the type of entity (e.g. hospital). The sections of attestation will be displayed below the profile form or summary. If the entity has already completed a profile, they will see their summary page with the option to edit. Edit will display their prefilled entity profile form, but the user will perceive the profile and attestation as one workflow. This is an option for the presentation of entity profile, but does not affect the form elements collected, content or the presentation of profile form itself.

Current Content: Intro page

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.

Why is reporting required?

Federal law requires hospitals, other authorized health care organizations, and medical malpractice payers to report certain actions to the NPDB. Your entity may meet the definition of multiple entity categories. In that case, your entity must comply with all applicable reporting requirements. Medical malpractice payments and other required actions must be reported to the NPDB within 30 days of the date the payment was made or the action was taken.

What is attestation?

Your organization should confirm whether or not they have submitted reports to the NPDB for all actions taken and/or payments made from (Month dd, yyyy) to (Month dd, yyyy), as required by law.

What reports have been submitted to the NPDB?

Your organization has added a total of "n" reports to the NPDB to benefit other querying organizations.

Of these, "n" reports were submitted for actions taken or payments made 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

Revised content: Intro page

Section removed. Content is incorporated into the attestation section.

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:

Revised Content: Attesting Official

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

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

Name
Title
Phone
Email

Exit	Save and Finish Later	Continue to Next Step
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Current Content: Decisions Affecting Other <entity type>s

Is your <entity type> responsible for making decisions that govern other <entity type>s regarding adverse actions and/or medical malpractice payments that are reportable to the NPDB?

<Yes> <No>

Exit	Save and Finish	Continue to Next Step
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Current Content: Decisions Affecting Other <entity type>s

Section is removed. The information collected is redundant with entity profile.

Current Content: Attestation

NPDB Attestation for Required Reports

Summary of your organization's reports to the NPDB

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

Your organization's legal requirements for reporting to the NPDB

Eligible entities must report all required adverse actions and medical malpractice payments to the NPDB within 30 days of the date the action became effective or the payment was made. An adverse action or medical malpractice practice payment must be reported to the NPDB based on whether or not it satisfies NPDB reporting requirements.

Attest to your organization's compliance with NPDB reporting requirements.

Has your organization submitted all reports, as required by law, from (Month dd, yyyy) to (Month dd, yyyy)?

Revised Content: 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 to act on its behalf.

<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?

Exit	Save and Finish Later	Continue to Next Step
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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 reports submitted 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)?

<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?

Save and Finish Later	Continue to Next Step
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Review and Submit: Current Content

Please review your attestation. If it is correct, submit your attestation to the NPDB. 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 yet fulfilled our NPDB reporting requirements.

The reason why these required reports were not submitted:

<reason text>

Certify Attestation

I certify that the attestation regarding NPDB reporting requirements is true and correct to the best of my knowledge. I certify that my organization will continue to submit all required reports within 30 days of the date an action was taken or a medical malpractice payment was made. 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>

Exit	Save and Finish Later	Submit
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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 from (Month dd, yyyy) to (Month dd, yyyy).

My organization has not yet fulfilled our NPDB reporting requirements.

The reason why these 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 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.

I am authorized to certify this attestation

Certifier's Name	
Title	
Phone	
Email	

Save and Finish Later	Submit
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