

Entities Survey: Module 31
Number of questions: 5

NPDB Reporting

Q 31.1. Have you ever reported a medical malpractice payment to the NPDB on behalf of your organization?

- Yes → Skip to Q 31.4
- No
- Other (Please explain) _____

Q 31.2. Has your organization ever reported a medical malpractice payment to the NPDB?

- Yes → Go to Q 31.3
- No → Skip to Module 32
- Other (Please explain) _____ → Skip to Module 19

Q 31.3. As you have not reported to the NPDB, but your organization has, please provide the name and contact information for the person in your organization who submits medical malpractice payment reports to the NPDB so that they can answer the relevant survey questions related to such reports.

First name: _____
Last name: _____
Telephone number: _____
Email address: _____

Skip to Module 19 after Q 31.3. Responses to Q 31.3 will be monitored each week and survey link will be sent to these individuals.

Q 31.4. When was the last time your organization reported a medical malpractice payment to the NPDB?

- In the last 6 months
- Between 6 to 12 months ago
- Between 1 to 2 years ago
- Between 2 to 3 years ago
- Between 3 to 4 years ago
- More than 4 years ago

Q 31.5. Which of the following categories best characterizes your organization?

Self-insured hospital

Captive insurer
Third party insurer
State compensation fund
Federal agency
Other (Please Explain) _____

After Q 31.5, survey will be directed to Module 33 about details of MMPR experiences.