Accreditation Form and Instruction

NATIONAL PRACTITIONER DATA BANK

ACCREDITATION: INITIAL REPORT

NPDB

Privacy Policy | OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy

1. Subject

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Country

United States

Public Burden Statement   ✕

OMB Number: 0915-0126 Expiration Date: XX/XX/20XX

Public Burden Statement: The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance. The statutes and regulations that govern and maintain NPDB operations include: Title IV of Public Law 99-660, Health Care Quality Improvement Act (HCQIA) of 1986, Section 1921 of the Social Security Act, Section 1128E of the Social Security Act, and Section 6403 of the Patient Protection and Affordable Care Act of 2010. The NPDB regulations implementing these laws are codified at 45 CFR Part 60. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0126 and it is valid until XX/XX/202X. This information collection is mandatory (45 CFR Part 60). 45 CFR Section 60.20 provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in Sections 60.17, 60.18, and 60.21. Public reporting burden for this collection of information is estimated to average .75 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Close

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1. Subject Information

> Please fill out as much information as possible to help entities find your report when they query.

[Need Help ?]

Organization Information

Organization Name

- Include a store number or other identifier for a location in the organization name (e.g., XYZ Pharmacy #123).
- Add any previous names or other names used by the organization, such as a Doing Business As name (DBA).

TEST ORG

+ Additional name

Organization Type

999 Other Type - Not Classified, Specify

Organization Description

Location Address

Enter the physical address for this location.

Country

United States

Address   Entering a military address?

Address Line 2

City   **State**

CHOOSE ONE FROM LIST

ZIP
✓

Principal Officers and Owners

Title

Last Name	First Name	Middle Name	Suffix (Jr, III)

+ Additional principal officer or owner

Identification Numbers

NPI (National Provider Identifier)
To help queriers find your report, add the organization's NPI number if you know it.

+ Additional NPI

FEIN (Federal Employer Identification Number)

+ Additional FEIN

SSN (Social Security Number)

+ Additional SSN

DEA (Drug Enforcement Administration) Number

+ Additional DEA

MPN/MSN (Medicare Provider/Supplier Number)

+ Additional MPN/MSN

☑ Does the subject have a FDA or CLIA identification number?

FDA (Federal Food and Drug Administration)

+ Additional FDA

CLIA (Clinical Laboratory Improvement Act)

+ Additional CLIA

Organization State Licensure Information

License 1

Does the organization have a license?
◉ Yes   ○ No/Not sure

License Number   **State**

CHOOSE ONE FROM LIST

+ Additional license

Health Care Entity Affiliation

☑ Is the organization affiliated with a health care entity?

Type of Affiliation

CHOOSE ONE FROM LIST

Entity Name

Country

United States

Address   Entering a military address?

Address Line 2

City   **State**

CHOOSE ONE FROM LIST

ZIP
✓

+ Additional Affiliate

☐ Add this subject to my subject database
What is a subject database?

[Save and finish later]   [Continue]

2. Action Information

3. Certifier Information

[Return to Options]

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NPDB
NATIONAL PRACTITIONER DATA BANK

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1. Subject Information

✏ Edit

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2. Action Information

Adverse Action(s) Taken

Select up to 4 actions

Find an Action [ ]

☐ Accreditation Terminated (3850)

☐ Non-Accreditation/Denial of Accreditation (3855)

☐ Accreditation Restoration or Reinstatement Denied (3864)

☑ Other Private Accreditation Action - Not Classified, Specify (3859)

[ ]

Selected Action(s): 1

Clear All

- Other Private Accreditation Action - Not Classified, Specify (3859)

Basis for Action(s)

Other - Not Classified, Specify

Description

[ ]

+ Additional basis for action

Adverse Action Information

What is the name of the agency or program that took the action?

[ ]

Date the action was taken

The date the decision for the action was issued, filed or signed.

MM / DD / YYYY

Date the action went into effect

The starting date for the action. This may be the same as the action was taken or it may be different.

MM / DD / YYYY

How long will it remain in effect?

◉ A specific period of time   ○ Permanently   ○ Unknown/Indefinite

Years [ ]   Months [ ]   Days [ ]

Is reinstatement automatic after this period of time?

○ No   ○ Yes   ○ Yes, with conditions (requires a Revision-to-Action report when status changes)

Total monetary penalty, assessment, restitution or fine

$ [00000.00]

Describe the subject's acts or omissions that caused the action to be taken.

Do not include any personally identifiable information, such as names, for anyone except the subject of this report.

Your narrative description helps querying organizations understand more about the action and why it was taken.

[ ]

There are **4000** characters remaining for the description.

Spell Check

Optional Reference Numbers

Entity Report Reference is an optional field that allows entities to add their own internal reference number to the report, such as a claim number. The reference number is available to all queriers.

Entity Report Reference

[ ]

Customer Use is an optional field for you to create an identification for internal use. Your customer use number is only available to your organization.

Customer Use

[ ]

Save and finish later | Continue

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3. Certifier Information

Return to Options

ACCREDITATION: INITIAL REPORT

NATIONAL PRACTITIONER DATA BANK

NPDB

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1. Subject Information	✎ Edit

2. Action Information	✎ Edit

3. Certifier Information

Review your entries to be sure they are correct before you Continue.

Subject Information   Edit

Organization Name:	TEST ORG
Other Organization Name(s) Used:	*None/NA*
Business Address:	55 TEST ST
City, State, ZIP:	TEST CITY, ST 11111
Organization Type:	HOME HEALTH AGENCY/ORGANIZATION (393)
Names and Titles of Principal Officers and Owners (POO):	LAST, FIRST (TEST)
Federal Employer Identification Numbers (FEIN):	*None/NA*
Social Security Numbers (SSN):	***-**-6666
State License Number, State of Licensure:	11111, ST
Drug Enforcement Administration (DEA) Numbers:	*None/NA*
Clinical Laboratory Act (CLIA) Numbers:	*None/NA*
Food and Drug Administration (FDA) Numbers:	*None/NA*
National Provider Identifiers (NPI):	*None/NA*
Medicare Provider/Supplier Numbers:	*None/NA*
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	*None/NA*
Business Address of Affiliate:	*None/NA*
City, State, ZIP:	*None/NA*
Nature of Relationship(s):	*None/NA*

Action Information   Edit

Type of Adverse Action:	ACCREDITATION
Basis for Action:	NONCOMPLIANCE WITH PRIVATE ACCREDITATION STANDARDS THAT INDICATE A RISK TO THE SAFETY OF PATIENT(S) OR QUALITY OF HEALTH CARE SERVICES (92)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	TEST AGENCY
Adverse Action Classification Code(s):	NON-ACCREDITATION/DENIAL OF ACCREDITATION (3855)
Date Action Was Taken:	03/01/2020
Date Action Became Effective:	03/01/2020
Length of Action:	INDEFINITE
Total Amount of Monetary Penalty, Assessment and/or Restitution:	*None/NA*
Is the subject automatically reinstated after the adverse action period is completed?:	*None/NA*
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	Test narrative

Certification

I certify that I am authorized to submit this transaction and that all information is true and correct to the best of my knowledge.

Authorized Submitter's Name

TEST

Authorized Submitter's Title

TEST

Authorized Submitter's Phone   **Ext.**

7777777777

WARNING:
Any person who knowingly makes a false statement or misrepresentation to the National Practitioner Data Bank (NPDB) may be subject to a fine and imprisonment under federal statute.

Save and finish later   Submit

Return to Options

Non-visible Questions

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Organization Description	Accreditation (1)	Below Organization Type	Text Entry	The field is displayed if the user selects an organization type that requires a description.	
FDA (Federal Food and Drug Administration)	Accreditation (1)	Below checkbox "Does the subject have a FDA or CLIA identificatio n number?"	Drop List	The field is displayed if the user selects the checkbox for "Does the subject have a FDA or CLIA Identification number?"	Selecting the checkbox displays FDA, and CLIA text entry fields.
CLIA (Clinical Laboratory Improvement Act)	Accreditation (1)	Below checkbox "Does the subject have a FDA or CLIA identificatio n number?"	Text Entry	The field is displayed if the user selects the checkbox for "Does the subject have a FDA or CLIA Identification number?"	Selecting the checkbox displays FDA, and CLIA text entry fields.
Type of Affiliation	Accreditation (1)	Below the checkbox "Is the organization affiliated with a health care entity?	Drop List	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting ""Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Address, Address Line 2, City, State and ZIP entries.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Entity Name	Accreditation (1)	Below the checkbox "Is the organization affiliated with a health care entity?	Text Entry	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting ""Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
Country	Accreditation (1)	Below Entity Name	Drop List	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting "Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries. United States is selected by default.
Address	Accreditation (1)	Below Entity Country	Text Entry	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting "Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
Address Line 2	Accreditation (1)	Below Address	Text Entry	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting "Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
City	Accreditation (1)	Below Address Line 2	Text Entry	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting "Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
State	Accreditation (1)	Beside City	Drop List	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting "Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.

Label	PDF Name (step)	Location	Response Input Item	Visibility Trigger	Other
ZIP	Accreditation (1)	Below State	Text Entry	The field is displayed if the user selects the checkbox for "Is the organization affiliated with a health care entity?"	Selecting "Is the organization affiliated with a health care entity?" displays Type of Affiliation, Entity Name, Country, Address, Address Line 2, City, State and ZIP entries.
Description	Accreditation (2)	Below Select up to 5 actions	Text Entry	The field is displayed if the user selects an adverse action that requires a description.	
Description	Accreditation (2)	Below Basis for Action(s)	Text Entry	The field is displayed if the user selects a basis for action that requires a description.	

State Changes

Label	PDF Name	Item Type	Trigger
OMB Number: 0915-0126 Expiration Date: mm/dd/yyyy	Accreditation	Modal	When the user selects the link the modal is displayed with the public burden statement content.
License Number	Accreditation	Text Entry	Text entry is disabled if the user selects the "No/ Not sure" option for "Does the organization have a license?"
Select a Basis for Action	Accreditation	Modal	When the user sets focus on the Basis for Action(s) text entry, the modal to select an act is displayed and focus is set on the Search text entry. The user can enter text in the Search text box to find a specific basis or select a basis from the list without searching. The modal is hidden once the user selects a basis from the list. The user's selection populates the Basis for Action(s) text entry.