

# National Practitioner Data Bank: Partnering to Protect Patients

Querying Overview April 9, 2019

### **Nettie Richards and Harnam Singh**

Division of Practitioner Data Bank (DPDB)
Bureau of Health Workforce (BHW)
Health Resources and Services Administration (HRSA)





# **Agenda**

- Overview of Querying the NPDB
- Hospital Querying
- Confidentiality
- NPDB Statistics
- Query Response
- Additional Resources
- Questions



# **Querying Overview**





# **Querying Overview**

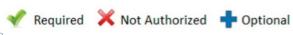
### What is a query?

- ▶ It is a search for information regarding a health care practitioner or organization.
- We collect information on medical malpractice payments and certain adverse actions from reports submitted by eligible entities.
- ► The ability of an organization to query, and the types of information they may receive through querying, is determined by law.



# **Who Reports and Queries?**

ENTITY TYPE		QUERY
Hospitals	✓	1
Health plans	<b>V</b>	+
Other health care entities with formal peer review	4	+
State agencies that license and certify health care practitioners and entities, including boards of medical and dental examiners	4	+
State agencies administering or supervising state health care programs	<b>√</b>	+
State law enforcement or fraud enforcement agencies (including state Medicaid fraud control units and state prosecutors)	✓	+
Federal licensing and certification agencies	4	+
Agencies administering federal health care programs, including private entities administering such programs under contract	4	+
Federal law enforcement officials and agencies (including Drug Enforcement Agency, HHS Office of Inspector General, and federal prosecutors)	4	+
Medical malpractice payers	<b>√</b>	×
Professional societies with formal peer review	1	+
Peer review organizations (excluding quality improvement organizations)	<b>4</b>	×
Private accreditation organizations	<b>V</b>	×
Quality improvement organizations	×	+
Individual practitioners, providers, and suppliers (self-query only)	×	+





# **Querying Overview**

### There are two types of queries available:

- One-Time Query
  - Allows you to receive a query response for a practitioner or organization.
  - You will not be notified of any new reports submitted after the initial query date.
- Continuous Query
  - Allows you to receive a query response for a practitioner.
  - You will also receive new or updated report notifications during a year-long enrollment for each practitioner.



# **Querying Fees**

Querying for hospitals and healthcare organizations

\$2 for a year-long Continuous Query enrollment

\$2 for a One-Time query

Self-Query for an individual or organization

\$4 per query



# **Querying FAQ**

### **How can I use Continuous Query?**

- Once Continuous Query has been activated by your organization's Data Bank administrator, you may begin to enroll practitioners in Continuous Query.
  - Start a new query
  - Select the Continuous Query option
  - Complete the enrollment form
  - Click submit









Hospitals <u>must</u> query on health care practitioners when practitioners apply for staff appointments (courtesy or otherwise) or clinical privileges (including temporary privileges) every two years for practitioners on staff or with clinical privileges.

Hospitals may query on health care practitioners with whom the hospital has entered (or may be entering) employment or affiliation relationships.



### **Querying through an Authorized Agent**

- Authorized agents must query the NPDB separately on behalf of each eligible entity.
- ► The query response submitted for one entity cannot be disclosed to another entity.

### **Delegated Credentialing**

Delegated credentialing occurs when a health care entity gives another health care entity the authority to credential its health care practitioners.



### **Getting the Most out of your Query**

- Be sure to enter:
  - √ the practitioner's full name and any other names used.
  - ✓ the practitioner's identification numbers.
  - ✓all license numbers held by the practitioner.
  - √the practitioner's Professional School and Year of Graduation.
- Before submitting the query, review the information to ensure its accuracy.

#### **VIEW INITIAL RESPONSES**



Responses

Details

DCN: 550000010000000

Select a subject name to obtain information or, if rejected, the reason for rejection. Those items marked as Pending have not yet been processed.

Subject Name	Status	Reports Found	Date Viewed
DOE, JANE	Completed	3	Feb 22, 2019

Do you think your response is missing an action that should have been reported? If so please visit the Reporting Compliance page for more information.



### REPORTING COMPLIANCE Public Burden Statement Have you received a response on a practitioner or organization and believe the response is incomplete or missing some information? Do you think a report should have been submitted by a licensure board, a hospital, a medical malpractice payer or other type of healthcare organization? If so please provide us with the following information. The Data Bank will review the information to determine if the action was not properly reported. Before you submit information on a missing report, please be advised that the reports you receive from the Data Bank are based on your specific eligibility. Depending on the specific circumstances, certain actions may not be reportable to the Data Bank. For more information on reporting requirements consult the NPDB Guidebook. Required fields are indicated with an asterisk (\*). SUBJECT NAME: ARIEL ABALLAY REPORTER INFORMATION \*Missing Report Type: CHOOSE ONE FROM LIST \*Name Of The Reporter That Should Have Submitted The Report: \*Reporter Type: CHOOSE ONE FROM LIST Reporter Address (if known): Street Address: Address Line 2: City: CHOOSE ONE FROM LIST ZIP Code:





# **IConfidentiality**





# **Confidentiality**

- ► Information contained in reports is considered confidential.
- ► Fines are up to \$22,363 per violation.
- Querying for personal use is not allowed.



# **Confidentiality**

### **Disclosure of Information**

➤ An eligible entity receiving information from the NPDB is allowed to disclose the information to others who are part of the investigation or peer review process, as long as the information is used for the purpose for which it was provided.



# **Confidentiality**

Query responses may be shared between health care sites within a health care system, if the health care system:

- Provides for centralized credentialing;
- Has a centralized peer review process;
- Has one decision-making body; and
- Has one unified medical staff.



### **How Many Queries Do I Need to Run?**

for health plans, hospitals, networks, and similar health care systems

#### Centralized Credentialing



Dr. Wilson applies to NoMed Health System, which has one decision-making body for all of its facilities.

#### VS

#### **Decentralized Credentialing**



Dr. Smith applies to AdMed Health System, which has three decision-making bodies for its four facilities.

The NoMed credentialing office assembles a file on Dr. Wilson with one query response.



They share it with the decision-making body, who is responsible for all facilities oversight, including conducting credentialing and peer review processes.



The board grants privileges. Dr. Wilson can now work at any NoMed facility within the health system.



The AdMed credentialing office assembles three files on Dr. Smith with a different query for each facility to share with the separate decision-making bodies.







AdMed has three decision-making bodies that are responsible for the oversight of their own facilities. They decide for their facilities if they want to grant privileges to Dr. Smith.



One board doesn't grant privileges.





TOTAL SERVICES.,

U.S. Department of Health and Human Service





# **Confidentiality FAQ**

A hospital merged with another hospital, and both have medical staff offices. Should they continue to query separately using different DBIDs?

It depends. If the hospitals maintain separate medical staff credentialing, the hospitals must query separately (two DBIDs). If, by applying to one hospital, a health care practitioner is granted privileges to practice at both institutions, the peer review process is centralized, and the institutions have a single decision-making body, one hospital may query on behalf of both institutions (one DBID).

# **INPDB Statistics**





### **NPDB Statistics**

### **AGGREGATE DATA**

1.4 million REPORTS 23 thousand ENTITIES





### **2018 DATA**

85+ thousand NEW REPORTS



8.4 million QUERIES



1.8 million DISCLOSURES

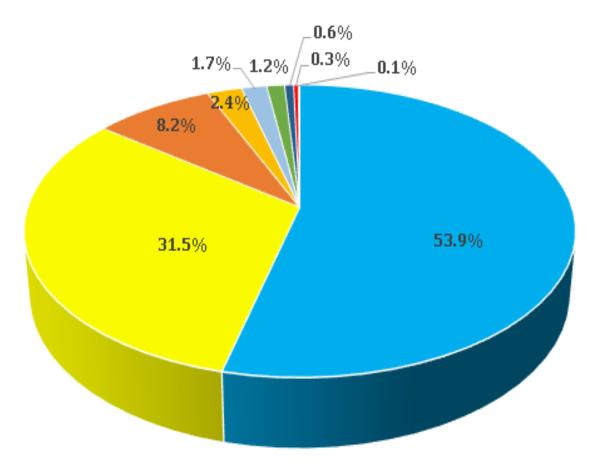






# **Reports in the NPDB**

### **NPDB Individual Reports By Type (9/1/1990 - 12/31/2018)**



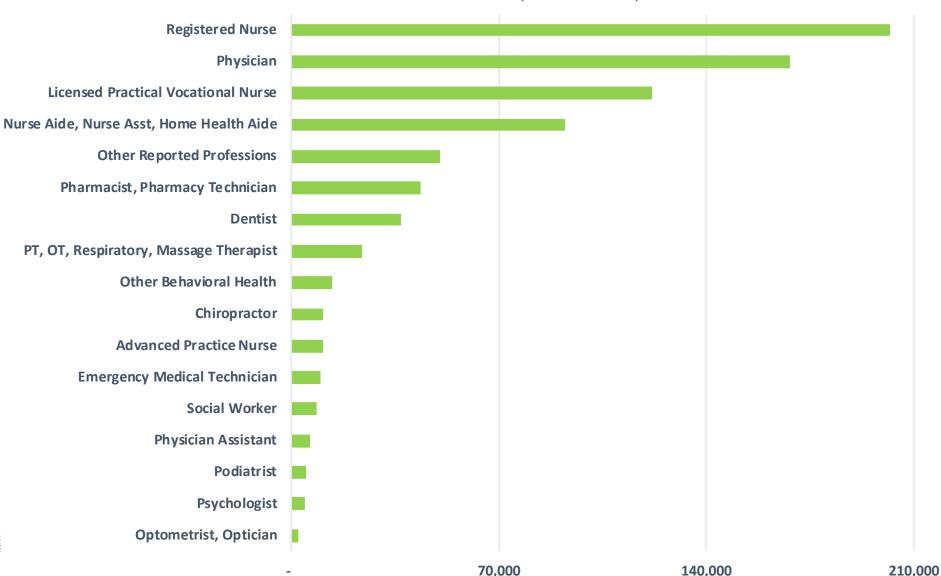
N=1,436,678

- State Licensure Action: 53.9%, N=773.947
- Malpractice P ayment: 31.5%, N=453,108
- Exclusion Action: 8.2%, N=118,118
- Judgment or Conviction: 2.4%, N=34,103
- Clinical Privileges: 1.7%, N=24,840
- Government Administrative Action: 1.2%, N=17,645
- Health Plan Action: 0.6%, N=8,897
- Federal Licensure/DEA: 0.3%, N=4,527
- Professional Society: 0.1%, N=1,491



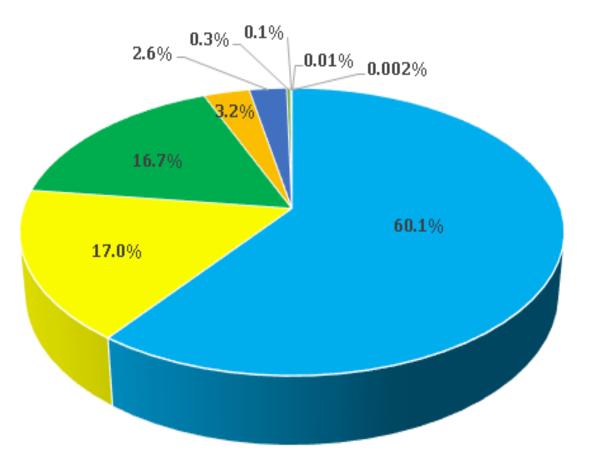
## Reports on Individuals by Profession

2010 - 2018 (N = 832,000)



### **One-Time Queries**

### **One-Time Queries (January - December 2018)**



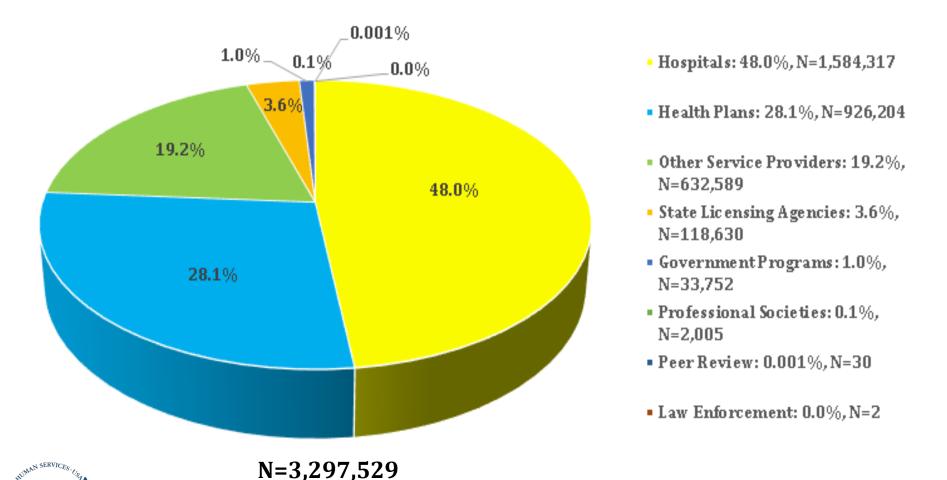
N=5,128,695

- Health Plans: 60.1%, N=3,084,444
- Hospitals: 17.0%, N=870,612
- Other Service Providers: 16.7%, N=858.839
- Self-Queries: 3.2%, N=163,232
- State Licensing Agencies: 2.6%, N=132,923
- GovernmentPrograms: 0.3%, N=14,004
- Professional Societies: 0.1%, N=3,997
- Peer Review: 0.01%, N=528
- Law Enforcement: 0.002%, N=116



### **Continuous Query Enrollees**

### **Continuous Query Enrollees (January - December 2018)**









### A query response with one report.

NATIONAL PRACTITIONIE BATA BANK
NPDB
P.O. Box 10832

Chantilly, VA 20153-0832

http://www.npdb.hrsa.gov



DCN: 7950000078783657 Process Date: 01/10/2013

Page: 1 of 1 DOE, JOHN J JR For authorized use by: TEST HOSPITAL

#### DOE, JOHN J JR - ONE-TIME QUERY RESPONSE

#### A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Gender:

Practitioner Name: DOE, JOHN J JR

Date of Birth: 04/22/1950

Organization Name: ORGANIZATION NAME

Work Address: SAMPLE STREET, RESTON, VA 11111
Home Address: SAMPLE STREET, RESTON, VA 11111

Social Security Number: \*\*\*-\*\*-1000

License: COUNSELOR, MENTAL HEALTH, 12345678910, VA

Professional School(s): SAMPLE UNIVERSITY (1974) SAMPLE UNIVERSITY (1970)

#### B. QUERY INFORMATION

Statutes Queried: Title IV, Section 1921, Section 1128E

Query Type: This is a One-Time query response. Your organization will only receive future reports on this

practitioner if another query is submitted. TEST HOSPITAL (DBID ending in ...79)

Entity Name: TEST HOSPITAL (DBID ending in ...79)
Authorized Submitter: TEST SUBMITTER, SUBMITTER, (703) 555-1212

#### C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 01/10/2013

#### The following report types have been searched:

Medical Malpractice Payment Report(s): No Reports Health Plan Action(s): No Reports State Licensure Action(s): No Reports Professional Society Action(s): No Reports Exclusion or Debarment Action(s): No Reports DEA/Federal Licensure Action(s): No Reports Government Administrative Action(s): No Reports Judgment or Conviction Report(s): No Reports Clinical Privileges Action(s): Yes, See Below Peer Review Organization Action(s): No Reports

#### TEST HOSPITAL

TITLE IV CLINICAL PRIVILEGES

Basis for Action: - INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

Initial Action: - REDUCTION OF CLINICAL PRIVILEGES Date of Action: 10/01/2011

DCN: 7950000078783655

------ Unabridged Report(s) Follow ------





DCN: 7950000078783655 Process Date: 01/10/2013 Page: 1 of 2 DOE, JOHN J JR For authorized use by: TEST HOSPITAL http://www.npdb.hrsa.gov DOE, JOHN J JR TEST HOSPITAL TITLE IV CLINICAL PRIVILEGES ACTION Date of Action: 10/01/2011 Initial Action Basis for Initial Action - INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER REDUCTION OF CLINICAL PRIVILEGES INSURANCE) A. REPORTING Entity Name: TEST HOSPITAL ENTITY Address: 324 TESTING ROAD **SUIT 100** City, State, Zip: WASHINGTON, DC 20000 Country: Name of Office: DANA SMITH Title or Department: COORINATOR Telephone: (333) 333-3333 Entity Internal Report Reference: Type of Report: INITIAL B SUBJECT Subject Name: DOE, JOHN J JR IDENTIFICATION Other Name(s) Used: INFORMATION Gender: MALE (INDIVIDUAL) Date of Birth: 04/22/1950 Organization Name: ORGANIZATION NAME Work Address: SAMPLE STREET City, State, ZIP: RESTON, VA 11111 Home Address: SAMPLE STREET City, State, ZIP: RESTON, VA 11111 Deceased: NO Social Security Numbers (SSN): \*\*\*-\*\*-1000 Professional School(s) & Year(s) of Graduation: SAMPLE UNIVERSITY (1974) SAMPLE UNIVERSITY (1970) Occupation/Field of Licensure (Code): COUNSELOR, MENTAL HEALTH State License Number, State of Licensure: 12345678910, VA Drug Enforcement Administration (DEA) Numbers: Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.): Business Address of Affiliate: City, State, ZIP: Nature of Relationship(s): ype of Adverse Action: C. INFORMATION TITLE IV CLINICAL PRIVILEGES Basis for Action: INSURANCE FRAUD (MEDICARE, MEDICAIED OR OTHER INSURANCE) REPORTED Adverse Action Classification Code(s): REDUCTION OF CLINICAL PRIVILEGES (1640) Date Action Was Taken: 09/11/20111 Date Action Became Effective: 10/01/2011 Length of Action: PERMANENT

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NATIONAL PRACTITIONER DATA BANK

NPDB

P.O. Box 10832

Chantilly, VA 20153-0832

http://www.npdb.hrsa.gov

DCN: 7950000078783655 Process Date: 01/10/2013 Page: 2 of 2 DOE, JOHN J JR For authorized use by: TEST HOSPITAL

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: SUBMITTED REQUEST FOR INSURANCE PAYMENT FOR SERVICES NOT RENDERED.

D. SUBJECT
STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

If box is checked, this report has been disputed by the subject identified in Section B.

If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it comples with reporting requirements. No decision has been reached.

If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 01/10/2013
Date of Most Recent Change: 01/10/2013

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-800, as amended as codified in 45 CFR Part 80. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

= END OF REPORT =

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### A continuous query response with one report.

NATIONAL PRACTITIONER DATA BANK Chantilly, VA 20153-0832

http://www.npdb.hrsa.gov



Continuous Query ID: 300000001706284 DCN: 7950000078783656

Page: 1 of 1

Process Date: 01/10/2013

DOE, JOHN J JR For authorized use by: TEST HOSPITAL

#### DOE, JOHN J JR - CONTINUOUS QUERY RESPONSE

#### A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

DOE, JOHN J JR Practitioner Name:

Gender: MALE Date of Birth: 04/22/1950

Organization Name: ORGANIZATION NAME Work Address: SAMPLE STREET, RESTON, VA 11111 Home Address: SAMPLE STREET, RESTON, VA 11111

Social Security Number: ""-"-1000

COUNSELOR, MENTAL HEALTH, 12345678910, VA License:

Professional School(s): SAMPLE UNIVERSITY (1974) SAMPLE UNIVERSITY (1970)

#### B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 01/10/2013 - 01/31/2014 (Unless canceled prior to this date)

Statutes Queried: Title IV, Section 1921, Section 1128E Entity Name: TEST HOSPITAL (DBID ending in ...79) Authorized Submitter: TEST SUBMITTER, SUBMITTER, (703) 555-1212

#### C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 01/10/2013

#### The following report types have been searched:

Medical Malpractice Payment Report(s): No Reports Health Plan Action(s): No Reports State Licensure Action(s): Professional Society Action(s): No Reports No Reports Exclusion or Debarment Action(s): No Reports DEA/Federal Licensure Action(s): No Reports Government Administrative Action(s): No Reports Judgment or Conviction Report(s): No Reports Clinical Privileges Action(s): Yes, See Below Peer Review Organization Action(s): No Reports

#### TEST HOSPITAL

#### TITLE IV CLINICAL PRIVILEGES

Basis for Action: - INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

Initial Action: REDUCTION OF CLINICAL PRIVILEGES Date of Action: 10/01/2011

DCN: 7950000078783655







NATIONAL PRACTITIONER BATA BANK
NPDB
P.O. Box 10832
Chantilly, VA 20153-0832

DCN: 7950000078783655 Process Date: 01/10/2013 Page: 1 of 2 DOE, JOHN J JR For authorized use by: TEST HOSPITAL

http://www.npdb.hrsa.gov

#### DOE, JOHN J JR **TEST HOSPITAL** TITLE IV CLINICAL PRIVILEGES ACTION Date of Action: 10/01/2011 Initial Action **Basis for Initial Action** - INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER - REDUCTION OF CLINICAL PRIVILEGES INSURANCE) A. REPORTING Entity Name: TEST HOSPITAL ENTITY Address: 324 TESTING ROAD **SUIT 100** City, State, Zip: WASHINGTON, DC 20000 Country: Name of Office: DANA SMITH Title or Department: COORINATOR Telephone: (333) 333-3333 Entity Internal Report Reference: Type of Report: INITIAL B. SUBJECT Subject Name: DOE, JOHN J JR IDENTIFICATION Other Name(s) Used: INFORMATION Gender: MALE (INDIVIDUAL) Date of Birth: 04/22/1950 Organization Name: ORGANIZATION NAME Work Address: SAMPLE STREET City, State, ZIP: RESTON, VA 11111 Home Address: SAMPLE STREET City, State, ZIP: RESTON, VA 11111 Deceased: NO Social Security Numbers (SSN): \*\*\*-\*\*-1000 Professional School(s) & Year(s) of Graduation: SAMPLE UNIVERSITY (1974) SAMPLE UNIVERSITY (1970) Occupation/Field of Licensure (Code): COUNSELOR, MENTAL HEALTH State License Number, State of Licensure: 12345678910, VA Drug Enforcement Administration (DEA) Numbers: Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.): Business Address of Affiliate: City, State, ZIP: Nature of Relationship(s): Type of Adverse Action: C. INFORMATION Basis for Action: INSURANCE FRAUD (MEDICARE, MEDICAIED OR OTHER INSURANCE) REPORTED Adverse Action Classification Code(s): REDUCTION OF CLINICAL PRIVILEGES (1640) Date Action Was Taken: 09/11/20111 Date Action Became Effective: 10/01/2011 Length of Action: PERMANENT

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NATIONAL PRACTITIONER BATA BANK  P.O. Box 10832 Chantilly, VA 20153-0832
http://www.npdb.hrsa.gov
Description of Reasons for Action(s) 1

DCN: 795000078783655 Process Date: 01/10/2013 Page: 2 of 2 DOE, JOHN J JR For authorized use by: TEST HOSPITAL

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken Submitted Request For Insurance Payment For Services NOT RENDERED.		
SUBJECT STATEMENT	If the subject identified in Section B of this report has submitted a statement, it appears in this section.	
REPORT STATUS	Unless a box below is checked, the subject of this report identified in Section B has not contested this report.  If box is checked, this report has been disputed by the subject identified in Section B.	
	If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.	
	If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:	
	Date of Original Submission: 01/10/2013	

This report is maintained under the provisions of: Title IV

Date of Most Recent Change

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-800, as amended as codified in 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.

01/10/2013

END OF REPORT

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NATIONAL PRACTITIONER DATA BANK NPDB

Chantilly, VA 20153-0832 https://www.npdb.hrsa.gov Continuous Query ID: 300000000000000

DCN: 550000011111111

Process Date: 03/14/2019 Page: 1 of 1

DOE, JOHN

For authorized use by: BOARD OF DENTISTRY

#### DOE, JOHN - CONTINUOUS QUERY RESPONSE

#### A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: DOE, JOHN

Date of Birth: 01/01/1901 Gender: FEMALE

Other Name(s) Used: DOE, JOHN

Home Address: 4350 FAIR LAKES CT, FAIRFAX, VIRGINIA, 22033

Social Security Number: \*\*\*-\*\*-3333

License: DENTIST, 000000, CO, GENERAL DENTISTRY (NO SPECIALTY)

Professional School(s): OREGON HEALTH AND SCIENCE UNIVERSITY SCHOOL OF DENTISTRY (1965)

#### **B. CONTINUOUS QUERY ENROLLMENT INFORMATION**

Enrollment Status: Enrolled - 03/14/2019 - 03/31/2020\*

\* Unless enrollment is canceled by the entity prior to this date

Statutes Queried: Title IV; Section 1921; Section 1128E

Entity Name: BOARD OF DENTISTRY (DBID ending in ...24)

Authorized Submitter: ABBY GLAD-ZIPLOCK, LICENSING MANAGER, (703) 555-5555

#### C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 03/14/2019

#### The following report types have been searched:

Medical Malpractice Payment Report(s): No Reports No Reports Health Plan Action(s): State Licensure Action(s): No Reports Professional Society Action(s): No Reports Exclusion or Debarment Action(s): No Reports DEA/Federal Licensure Action(s): No Reports Government Administrative Action(s): No Reports Judgment or Conviction Report(s): No Reports Clinical Privileges Action(s): No Remets Peer Review Organization Action(s): No Reports

----- No Reports Found Based on the Subject Information Submitted ------





# **Query Response FAQ**

# Are hospitals required to document and maintain records of their requests for information?

- ▶ NPDB regulations do not require hospitals to document or maintain records of their queries.
- Query responses may serve as evidence that a hospital queried as mandated. Query responses are available for 45 days in our system.
- The Historical Query and Report Summary feature provides a summary of an entities' query history and a history of when an eligible entity queried.







### **CAN I QUERY THE NPDB?** WHAT DO I GET?

www.npdb.hrsa.gov

To query the NPDB, your organization must be:



#### **ELIGIBLE** to query

Under the authority of the legislation and regulations underlying NPDB policy.



#### REGISTERED with the NPDB

You must be signed into your NPDB account to submit a query.



#### ELIGIBLE ORGANIZATIONS INCLUDE:

Hospitals (must query every 2 years)
 Health centers

· Ambulatory surgical centers

- Health plans
- State licensing boards Skilled nursing facilities
- Group medical practices
- · Other health care entities\*

\*May be qualified to register and query according to federal regulations

### A query result may include:







One report or more



Notification if there are future updates to the report(s)



(Continuous Query only) Notification if there are new reports for enrolled subjects



Practitioners and organizations can Self-Query the NPDB for their own information.



### **How Do I QUERY?**

If your organization is registered with the NPDB and eligible to query:



### **SIGN INTO YOUR NPDB ACCOUNT**



### **ACTIVATE CONTINUOUS QUERY**

For the same price as a One-Time Query, get initial query results for enrolled practitioners, *plus* updates on any new or updated reports for one year. Data Bank administrators must activate Continuous Query for their organization's NPDB account.



### **CHOOSE "QUERY"**

On the Query Options page, select "Start a Query or Enrollment." Start a new enrollment if your organization has activated Continuous Query, or you may start a new One-Time Query.



### PERSON OR ORGANIZATION?

Choose the type of query subject: a practitioner (e.g., physician, dentist, nurse) or an organization (e.g., pharmacy, nursing facility, home health agency).



### **COMPLETE THE QUERY FORM**

Fill out as many fields as possible to ensure a timely and accurate response.



### **CHOOSE A PAYMENT METHOD**

Enter a credit card, or select a stored credit card or a previously-established electronic funds transfer (EFT) account.



### **GET YOUR QUERY RESPONSE**

In most cases, your response will be available right after you submit the form. If additional processing is needed for a response, you will see a Temporary Record of Submission, and you will be notified when your response is available.









#### FREE QUERY UPDATES

Get an initial query result, plus updates on any new reports for a year, for the same price as a One-Time Query



#### REAL-TIME NOTIFICATION

If the NPDB receives a new or updated report for one of the practitioners you enrolled, we will notify you - usually within minutes, but no more than 24 hours later



#### **FULFILLS QUERY REQUIREMENTS**

Meets all legal and accreditation requirements as set by:

- The Joint Commission
- **☑** URAC
- CARF International
- Mational Committee for Quality Assurance



**HOW TO GET STARTED** 

- · Sign into your NPDB account.
- Go to the Administrator Options page.
- Select Activate Continuous Query, then submit the form.
  Start a new query, then select the Continuous Query option.



### **Contact Us**

NPDB Customer Service Center: help@npdb.hrsa.gov

NPDB Policy Mailbox: NPDBPolicy@hrsa.gov





### Questions





### **Connect with HRSA**

Learn more: www.HRSA.gov

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