

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-45, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: January 16, 2004.

Tina M. Cheatham,

Acting Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft

instruments, call the HRSA Reports Clearance Officer on (301) 443-1129. Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the Agency, including whether the information shall have practical utility; (b) the accuracy of the Agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

Proposed Project: Healthcare Integrity and Protection Data Bank for Final Adverse Information on Health Care Providers, Suppliers, and Practitioners (OMB No. 0915-0239)—Revision

Section 221(a) of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 specifically directs the Secretary to establish a national health care fraud and abuse data collection program for the reporting and disclosure of certain final adverse actions taken against health care providers, suppliers, and practitioners. A final rule was published October 26, 1999 in the **Federal Register** to implement the statutory requirements of section 1128E of the Social Security Act (The Act) as added by Section 221 (a) of HIPAA. The Act requires the Secretary to implement the national healthcare fraud and abuse data collection program. This data bank

is known as the Healthcare Integrity and Protection Data Bank (HIPDB). It contains the following types of information: (1) Civil judgments against a health care provider, supplier, or practitioner in Federal or State court related to the delivery of a health care item or service; (2) Federal or State criminal convictions against a health care provider, supplier, or practitioner related to the delivery of a health care item or service; (3) Actions by Federal or State agencies responsible for the licensing and certification of health care providers, suppliers, or practitioners (4) Exclusion of a health care provider, practitioner or supplier from participation in Federal or State health care programs; and (5) Any other adjudicated actions or decisions that the Secretary shall establish by regulations. Access to this data bank is limited to Federal and State Government agencies and health plans.

This request is for a revision of reporting and querying forms previously approved on March 15, 2001. The reporting forms and the request for information forms (query forms) must be accessed, completed, and submitted to the HIPDB electronically through the HIPDB Web site at www.npdb-hipdb.com. All reporting and querying is performed through this secure Web site. Due to overlap in requirements for the HIPDB, some of the National Practitioner Data Bank's burden has been subsumed under the HIPDB.

Estimates of burden are as follows:

| Regulation citation | No. of respondents | Frequency of responses | Minutes per response | Total burden hours |
|--|--------------------|------------------------|----------------------|--------------------|
| 61.6 Errors & Omissions | 172 | 4.3 | 15 | 185 ¹ |
| 61.6(b) Revisions to Actions | 107 | 23.25 | 30 | 1,244 |
| 61.7 Licensure Actions: Reporting by State licensing authorities | 275 | 60.6 | 45 | 12,512 |
| 61.8 Reporting of State Criminal Convictions | 54 | 13 | 45 | 525 |
| 61.9 Reporting of Civil Judgments | 62 | 8 | 45 | 375 |
| 61.11 Reporting of adjudicated actions/decisions | 410 | 12.5 | 45 | 3,845 |
| 61.12 Access to data: State Licensure Boards | 1000 | 67.5 | 5 | 5,623 |
| State Certification Agencies | 16 | 6 | 5 | 8 |
| States/district attorneys & law enforcement | 2000 | 25 | 5 | 3,749 |
| State Medicaid Fraud Units | 47 | 50 | 5 | 196 |
| Health plans | 2,841 | 263.76 | 5 | 62,422 |
| Health care providers, suppliers, practitioners (self-query) | 37,925 | 1 | 25 | 15,800 |
| Entity Registration—Initial | 2500 | 1 | 60 | 2,500 |
| Entity Registration—Update | 451 | 1 | 5 | 38 |
| Authorized Agent Designation—Initial | 100 | 1 | 15 | 16 |
| Authorized Agent Designation—Update | 250 | 1 | 5 | 62 |
| Disputed Reports—Secretarial Review | 459 | 1 | 5 | 38 |
| Request for Secretarial Review | 43 | 1 | 480 | 344 |
| Account Discrepancy Report | 1,000 | 1 | 15 | 250 |
| Electronic Funds Transfer Authorization | 400 | 1 | 15 | 100 |
| Entity reactivation | 450 | 1 | 60 | 450 |
| Total | | | | 110,282 |

Estimates in this column that fall below or above a full hour are rounded to the nearest hour.

Send comments to Susan Queen, Ph.D., HRSA Reports Clearance Officer, Room 16C-17, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20853, (301) 443-1129. Written comments should be received within 60 days of this notice.

Dated: January 15, 2004.

Tina M. Cheatham,

Acting Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners: Regulations and Forms (OMB No. 0915-0126)—Revision

The National Practitioner Data Bank (NPDB) was established through Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended. Final regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for NPDB implementation and operation resides in the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services (DHHS). The NPDB began operation on September 1, 1990.

The intent of Title IV of Public Law 99-660 is to improve the quality of health care by encouraging hospitals, State licensing boards, professional societies, and other entities providing health care services to identify and discipline those who engage in unprofessional behavior; and to restrict the ability of incompetent physicians, dentists, and other health care practitioners to move from State to State

without disclosure of the practitioner's previous damaging or incompetent performance.

The NPDB acts primarily as a flagging system; its principal purpose is to facilitate comprehensive review of practitioners' professional credentials and background. Information on medical malpractice payments, adverse licensure actions, adverse clinical privileging actions, adverse professional society actions and Medicare/Medicaid exclusions is collected from, and disseminated to, eligible entities. It is intended that NPDB information should be considered with other relevant information in evaluating a practitioner's credentials.

This request is for a revision of reporting and querying forms previously approved on April 30, 2002. The reporting forms and the request for information forms (query forms) must be accessed, completed, and submitted to the NPDB electronically through the NPDB Web site at www.npdb-hipdb.com. All reporting and querying is performed through this secure website. Due to overlap in requirements for the Healthcare Integrity and Protection Data Bank (HIPDB), some of the NPDB's burden has been subsumed under the HIPDB.

Estimates of burden are as follows:

| Regulation | Number of respondents | Frequency of responses | Minutes per response | Total burden hours |
|--|-----------------------|------------------------|----------------------|--------------------|
| 60.6(a) Errors & Omissions | 303 | 5.08 | 15 | 384.75 |
| 60.6(b) | 115 | 1.11 | 30 | 64 |
| 60.7(b) Malpractice Payment Report | 485 | 39.1 | 45 | 14,235.75 |
| 60.8(b) Adverse Action Reports—State Boards | 10 | 0 | 0 | 0 |
| 60.9(a)3 Adverse Action Clinical Privileges & Professional Society | 686 | 1.52 | 45 | 784.5 |
| Requests for Hearings by Entities | 1 | 1 | 480 | 8 |
| 60.10(a)(1) Queries by Hospital—Practitioner Applications | 6,000 | 37.24 | 5 | 18,615.39 |
| 60.10(a)(2) (Queries by Hospitals—Two-Yr. Cycle | 6,000 | 148.9 | 5 | 74,461.67 |
| 60.11(a)(1) Disclosure to Hospitals | 20 | 0 | 0 | 0 |
| 60.11(a)(2) Disclosure to Practitioners (Self Query) | 30 | 0 | 0 | 0 |
| 60.11(a)(3) Disclosure to Licensure Boards | 80 | 224.95 | 5 | 1,439.68 |
| 60.11(a)(4) Queries by Non-Hospital Health Care Entities | 4,938 | 436.8 | 5 | 179,673.26 |
| 60.11(a)(5) Queries by Plaintiffs' Attorneys | 5 | 5 | 30 | 2.5 |
| 60.11(a)(6) Queries by Non-Hospital Health Care Entities-Peer Review ... | 40 | 0 | 0 | 0 |
| 60.11(a)(7) Requests by Researchers for Aggregated Data | 84 | 1 | 30 | 42 |
| 60.14(b) Practitioner Places a Report in Disputed Status | 666 | 1 | 15 | 166.5 |
| 60.14(b) Practitioner Statement | 2,325 | 1 | 45 | 1,743.75 |
| 60.14(b) Practitioner Requests for Secretarial Review | 117 | 1 | 480 | 936 |
| 60.3 Entity Registration—Initial | 500 | 1 | 60 | 500 |
| 60.3 Entity Registration—Update | 643 | 1 | 5 | 53.56 |
| 60.11(a) Authorized Agent Designation—Initial | 500 | 1 | 15 | 125 |
| 60.11(a) Authorized Agent—Update | 86 | 1 | 5 | 7.16 |
| 60.12(c) Account Discrepancy Report | 300 | 1 | 15 | 75 |
| 60.12(c) Electronic Funds Transfer Authorization | 363 | 1 | 15 | 90.75 |
| 60.3 Entity Reactivation | 100 | 1 | 60 | 100 |
| Total | | | | 293,509.22 |

¹ Included in estimate for reporting adverse licensure actions to the HIPDB in 45 CFR part 61.

² Included in estimates for 60.10(a)(1).

³ Included in estimate for self queries to the HIPDB in 45 CFR part 61.

⁴ Included in estimate for hospital queries under 60.11(a)(4).