

NPDB Guidebook, Chapter F: Subject Statements and the Dispute Process).

This page provides illustrative examples of dispute resolution outcomes handled by the National Practitioner Data Bank (NPDB), operated by the Health Resources and Services Administration (HRSA). The examples assume the report subject has already placed the report in Dispute Status, requested elevation to Dispute Resolution, and met all prerequisites (such as attempting to resolve the issue directly with the reporting entity). The NPDB review focuses strictly on whether the report is factually accurate and submitted in compliance with NPDB reporting requirements—not on the underlying merits of the original action, due process claims, or other external issues.

The examples are grouped into three categories:

#### 1. The Report Is Accurate as Submitted

In these cases, the NPDB determined the report met all requirements:

A Medical Malpractice Payment Report (MMPR) naming a medical resident was upheld because residents qualify as "health care practitioners" regardless of training status.

A health care-related criminal conviction report based on a nolo contendere plea was accurate, as such pleas count as convictions under NPDB definitions.

A state licensure action against an ambulance service was upheld after the narrative matched board materials.

A clinical privileges action for a surgeon's resignation while under investigation was accurate, even if the practitioner claimed unawareness of the investigation.

#### 2. The Report Is Inaccurate as Submitted

Here, the NPDB required corrections or voids:

A state licensure action narrative for a chiropractor was revised because it misrepresented the board's findings (e.g., claiming "patient harm" instead of "inappropriate communication").

A summary suspension of clinical privileges lasting fewer than 31 days (or an indefinite suspension that ended quickly) was voided, as only actions lasting more than 30 days are generally reportable.

One of two related clinical privileges reports (a short suspension) was voided, while the resignation-under-investigation report was upheld.

A narrative in a clinical privileges action was corrected by the NPDB when the hospital failed to provide sufficient factual details.

A denial of surgical privileges based solely on lack of board certification (a hospital threshold, not a professional review action) was voided as non-reportable.

#### 3. The Issues in Dispute Are Outside the Scope of Dispute Resolution

These disputes were dismissed because they did not address factual accuracy or reporting compliance:

Allegations of denied due process or ignored expert testimony in a privileges action.

Disputes over who bore responsibility for a patient incident.

Claims that a malpractice settlement occurred without the practitioner's agreement or court hearing.

Arguments that a consent order did not involve a "formal proceeding" (the board documentation showed it did qualify).

The page emphasizes that Dispute Resolution reviews are narrow and administrative.

Additional Information Not on the Examples Page

The examples page itself is narrow and illustrative only. For full context on the broader dispute process (drawn from related NPDB Guidebook chapters and practitioner resources):

**Step 1: Dispute Status** — Any subject can place a report in Dispute Status at any time via their NPDB account to flag disagreement with factual accuracy or reporting eligibility. This notifies the reporting entity and alerts past/future queriers that a dispute exists. It does not trigger an NPDB review.

**Attempt Direct Resolution** — Before or during Dispute Status, the subject must contact the reporting organization (listed in Section A of the report) to try resolving the issue (e.g., requesting correction or voiding). You need documentation of this attempt.

**Elevation to Dispute Resolution** — After at least 60 days in Dispute Status (or sooner with proof the entity refuses to act), the subject can request formal review by the NPDB (on behalf of the Secretary of HHS). This requires submitting supporting documentation showing why the report is inaccurate or non-compliant. Reviews occur in the order received.

**Possible Outcomes** — The reporting entity may still correct or void the report voluntarily. If NPDB reviews, it may uphold the report as accurate, direct corrections/voids, or determine the issue is outside scope. There is also a process for requesting reconsideration of the dispute resolution decision.

**Subject Statements** — Separately from disputing, subjects can add a personal statement (up to a character limit) to the report to provide their perspective. These must avoid identifying patients or others and are visible to queriers.

**Self-Queries** — Practitioners are encouraged to run periodic self-queries (for a small fee) to check for reports about themselves. A self-query response is personal and can be shared, but it does not satisfy mandatory hospital query requirements under law.

**Limitations** — The NPDB process cannot overturn the underlying action (e.g., a board sanction or hospital decision), rewrite hospital bylaws, or adjudicate legal claims like due process violations or liability. Those must be handled through courts, appeals, or other channels.

Timeliness of reporting is handled via the NPDB's separate compliance program, not dispute resolution.

**Practical Tips** — Keep documentation concise and relevant—excessive materials can delay review. Only the report subject (or authorized representative) can initiate these actions through the secure NPDB account. The full NPDB Guidebook (available as a free PDF download from the site) provides comprehensive rules, definitions, and Q&As.

If you're a practitioner dealing with a specific report, start by reviewing your notification letter, running a self-query if needed, and consulting the "How to Dispute a Report" and "How to Elevate" guides on the NPDB site, or contact the NPDB Customer Service Center for procedural help. Legal or professional advice from an attorney familiar with health care reporting is often wise for complex cases, as outcomes depend on specific facts and documentation.