



# National Practitioner Data Bank: Partnering to Protect Patients

Adjudicated Actions or Decisions  
Reporting Requirements  
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Bureau of Health Workforce (BHW)  
Health Resources and Services Administration (HRSA)



# Who Reports and Queries?

ENTITY TYPE	REPORT	QUERY
Hospitals	✔	✔
Health plans	✔	+
Other health care entities with formal peer review	✔	+
State agencies licensing or certifying practitioners & entities (including boards of medical & dental examiners)	✔	+
State agencies administering or supervising state programs	✔	+
State law or fraud enforcement agencies (including state Medicaid fraud control units & state prosecutors)	✔	+
Federal licensing or certification agencies	✔	+
Agencies administering federal programs, including contract entities	✔	+
Federal law enforcement officials & agencies (including DEA, HHS OIG, & federal prosecutors)	✔	+
Medical malpractice payers	✔	✘
Professional societies with formal peer review	✔	+
Peer review organizations (excluding QIOs)	✔	✘
Private accreditation organizations	✔	✘
Quality improvement organizations	✘	+
Individual practitioners, providers, & suppliers (self-query only)	✘	+



Required



Not Authorized



Optional

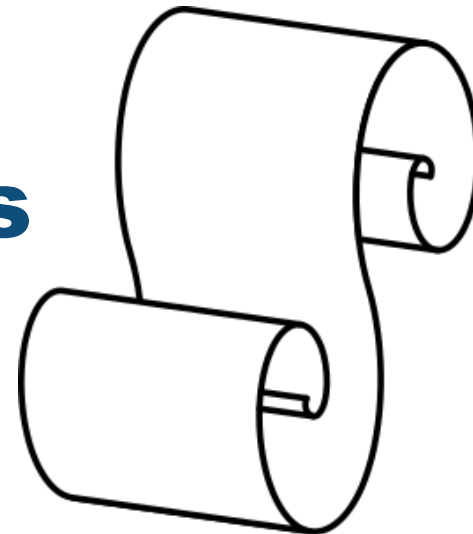


# Agenda

- ▶ Judgment or Conviction Reports
- ▶ Health Plan Actions
  - Including “Other adjudicated actions or decisions”
- ▶ Exclusions and Debarments
- ▶ Professional Society Actions



# Judgment or Conviction Reports



# Judgment or Conviction Reports

Reports filed, 1/1/2014 – 12/31/2018  
(Out of a total of 411,496 NPDB reports)

	Federal Court	State Court
Civil Judgment	15	32
Criminal Conviction	4,066	5,035
Deferred Conviction/Pretrial Diversion	14	372
Nolo-Contendre	2	603
Subtotals	4,097	6,042
Total	10,139	



# Judgment or Conviction Reports

What is Reported?*	Who is Reported?	Who Reports?
Criminal convictions in state court	Practitioners, providers, & suppliers	State & federal prosecutors
Criminal convictions in federal court	Practitioners, providers, & suppliers	Federal prosecutors
Civil judgments in state court	Practitioners, providers, & suppliers	State attorneys, federal attorneys, & health plans
Civil judgments in federal court	Practitioners, providers, & suppliers	Federal attorneys & health plans

\*All convictions & judgments must be health care related.



# Judgment or Conviction Reports

## Sanctions

- ▶ For failing to submit required reports, the name of the government agency can be published and made publicly available.
- ▶ If a health plan fails to report, it is subject to a civil monetary penalty.



# Judgment or Conviction Reports

## Question 1

A health plan's CEO is convicted of embezzlement from the health plan and is sentenced to 4 years in prison. Should this be reported to the NPDB?





# Judgment or Conviction Reports

## Answer 1

Yes. This is a criminal conviction related to the delivery of a health care item or service. The CEO of a health plan meets the definition of a health care provider.



# Judgment or Conviction Reports

## Question 2

A health care practitioner pleaded nolo contendere to fraud related to a claim she made on her homeowner's insurance. Should this be reported to the NPDB?



# Judgment or Conviction Reports

## Answer 2

No. The nolo contendere plea is not related to the delivery of a health care item or service and therefore should not be reported.



# Judgment or Conviction Reports

## Question 3

A state court imposed an injunction on a medical equipment supplier to prevent the supplier from selling certain medical devices that may be faulty. The supplier plans to appeal the decision. When should the reporting entity make a determination about submitting a report to the NPDB – immediately after the injunction is imposed or after the supplier appeals the injunction?



# Judgment or Conviction Reports

## Answer 3

The injunction must be reported within 30 days of the date the court imposes it. If an appeal is filed before the report is submitted, the reporter must indicate on the Initial Report that the matter is on appeal. If the appeal is submitted after the Initial Report is submitted, the reporting entity must submit a Notice of Appeal to the NPDB. If, after the appeal, the injunction is lifted, the reporting entity must submit a Revision-to-Action Report.



# Any Questions About Judgment or Conviction Reports?



# Health Plan Actions



# Health Plan Actions

Reports filed, 1/1/2014 – 12/31/2018  
(Out of a total of 411,496 NPDB reports filed)

Health Plan Actions	2,056
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# Health Plan Actions

What is a health plan? A few examples:

- Health insurance company
- MCO
- PPO
- HMO
- POS plan
- IPA
- TPA
- Vision plan
- Dental plan
- MBHCO
- Special investigative unit
- Self-insured employer health plan
- MSO
- Delegated credentialing service provider
- Employer health care purchasing coalition/group



# Health Plan Actions

As a health plan, plans report:

- ▶ Health care-related civil judgments.
- ▶ Other adjudicated actions or decisions.

A health plan also may be a “health care entity.”

- ▶ “Health care entities” provide health care services and follow a formal peer review process to improve quality health care.
- ▶ If plan is a “health care entity,” it must report certain clinical privileges actions. (See session on clinical privileges/panel membership reporting requirements.)



# Health Plan Actions

## Other Adjudicated Actions and Decisions

What is Reported?*	Who is Reported?	Who Reports?
Other adjudicated actions & decisions	Practitioners, providers, & suppliers	State law enforcement agencies, Medicaid fraud control units, agencies administering or supervising programs Federal agencies Health plans

\*All adjudicated actions & decisions must be health care related.



# Health Plan Actions

“Other adjudicated action or decision” defined:

- ▶ Formal or official final action taken against a health care practitioner, provider, or supplier by a health plan (or certain other types of entities);
- ▶ That includes the availability of a due process mechanism; and
- ▶ That is based on acts or omissions that affect or could affect the payment, provision, or delivery of a health care item or service.



# Health Plan Actions

“Other adjudicated action or decision” excludes:

- ▶ Clinical privileges actions and similar paneling decisions made by health plans.
- ▶ Overpayment or denial of claims determinations.
- ▶ Business or administrative decisions taken by health plans that result in contract terminations unrelated to health care fraud, abuse, or quality of care.



# Health Plan Actions

**Note:** two reports may be needed for the same activity.

- ▶ For example, a network participation action that meets the definition of a clinical privileges action, along with a contract termination that meets the definition of an other adjudicated action or decision.



# Health Plan Actions

## Sanctions

- ▶ If a health plan fails to report an other adjudicated action or decision, it is subject to a civil monetary penalty.



# Health Plan Actions

## Question 1

A health plan determines that a pharmacy had been improperly substituting generic compounds for certain prescribed brand-name drugs and terminates the pharmacy's contract. While reaching its decision, the health plan employed the due process safeguards it had set in place. Is the termination reportable?





# Health Plan Actions

## Answer 1

Yes. The action taken by the health plan is a reportable adjudicated action because it was taken against a health care practitioner, provider, or supplier, included the availability of due process, and was related to the delivery of health care items or services.



# Health Plan Actions

## Question 2

A health plan terminated contracts with several psychologists in its network because the plan determined it already had too many psychologists in that geographic area. Should this action be reported to the NPDB?



# Health Plan Actions

## Answer 2

No. The definition of an “other adjudicated action or decision” specifically excludes business or administrative decisions by health plans that result in contract terminations unrelated to health care fraud, abuse, or quality of care issues. These contract terminations were based on business decisions and were not related to health care fraud, abuse, or quality of care delivered by the practitioners involved.



# Health Plan Actions

## Question 3

If a physician's initial application for clinical privileges is denied or the privileges granted are more limited than those requested, must this be reported to the NPDB?



# Health Plan Actions

## Answer 3

If the denial or limitation of privileges is the result of a professional review action and is related to the practitioner's professional competence or professional conduct, then the action must be reported to the NPDB. If the denial or limitation of privileges occurs solely because a practitioner does not meet a health care institution's established eligibility threshold criteria for that particular privilege, it should not be reported.



# Any Questions About Health Plan Actions?



# Exclusions and Debarments



# Exclusions and Debarments

Reports filed, 1/1/2014 – 12/31/2018  
(Out of a total of 411,496 NPDB reports filed)

Exclusions and Debarments	31,639
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# Exclusions and Debarments

## What is reported?

- ▶ Exclusions from participating in federal or state health care programs.

## Who is reported?

- ▶ Health care practitioners, providers, & suppliers.

## Who reports?

- ▶ Federal agencies, state law enforcement agencies, state Medicaid fraud control units, & state agencies administering or supervising the administration of a state health care program.



# Exclusions and Debarments

## What is an exclusion?

- ▶ Temporary or permanent debarment of an individual or entity from participation in a federal or state health-related program.
- ▶ Items or services provided by the person or entity are no longer reimbursed under the federal or state health-related program.



# Exclusions and Debarments

## Revisions to exclusions

- ▶ Reporters also must report revisions to previously submitted reports – e.g., a reinstatement or an appeal.

## Sanctions

- ▶ The name of the agency that failed to report is published and made publicly available.

# Exclusions and Debarments

## Question 1

Does an exclusion from participation in a federal or state health care program have to be in effect for a certain amount of time before it must be reported to the NPDB?



# Exclusions and Debarments

## Answer 1

No. All exclusions of health care practitioners, providers, or suppliers from participation in a federal or state health care program must be reported to the NPDB within 30 days of the date the action was taken, regardless of the duration of the exclusion.



# Exclusions and Debarments

## Question 2

The owner of a medical supply company was found not guilty by a court of violating the False Claims Act in regard to fraudulent Medicare claims, but the HHS OIG excluded the company from participating in the Medicare program. Should the exclusion be reported to the NPDB?



# Exclusions and Debarments

## Answer 2

Yes. Health care practitioners, providers, or suppliers who are excluded from a federal or state health care program must be reported to the NPDB. Thus, even though the owner of the medical supply company was found not guilty of False Claim Act violations, the OIG must report the company's exclusion from the Medicare program.



# Exclusions and Debarments

## Question 3

A physician was indefinitely excluded from a state Medicaid program because her medical license was suspended in another state. Should this exclusion be reported?





# Exclusions and Debarments

## Answer 3

Yes. Health care practitioners, providers, or suppliers that are excluded from a federal or state health care program must be reported to the NPDB. In addition, the state licensing authority that suspended the physician's license must report that action to the NPDB.



# Any Questions About Exclusions and Debarments?



# Professional Society Actions



# Professional Society Actions

Reports filed, 1/1/2014 – 12/31/2018  
(Out of a total of 411,496 NPDB reports filed)

Professional Society Actions	228
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# Professional Society Actions

## What is reported?

- ▶ Professional society membership actions related to professional competence or conduct that adversely affect – or may adversely affect – membership in the organization.

## Who is reported?

- ▶ Physicians and dentists must be reported. Other practitioners may be reported.

## Who reports?

- ▶ Professional societies with formal peer review.



# Professional Society Actions

The professional society action must adversely affect the practitioner's membership in the society.

Actions are not reportable if sole result is censure, reprimand, or admonishment.

The action must be based on the practitioner's professional competence or conduct that adversely affects – or could adversely affect – the health or welfare of a patient.



# Professional Society Actions

Adverse actions are not reportable if based on:

- ▶ Advertising practices.
- ▶ Fee structure.
- ▶ Salary arrangement.
- ▶ Affiliations.
- ▶ Other competitive acts.



# Professional Society Actions

Professional societies must report revisions to previously reported actions.

Professional societies must send, to state licensing boards where the society is located, copies of reports sent to the NPDB.

- ▶ Can send copy of report after NPDB processes it.
- ▶ Or can use NPDB's Electronic Report Forwarding service if licensing board has agreed to accept reports in that way.





# Professional Society Actions

## Sanctions

- ▶ Society that fails to report can lose, for 3 years, immunity it has for actions it takes against physicians and dentists.



# Professional Society Actions

## Question 1

If a professional society denies membership to a physician, should it be reported to the NPDB?



# Professional Society Actions

## Answer 1

It depends. The denial must be reported if it was based on a professional review action conducted through a formal peer review process and was based on an assessment of the physician's professional competence or professional conduct that adversely affected or could have adversely affected the health or welfare of a patient or patients. Denials based on the practitioner not meeting the established threshold criteria for membership are not reportable.



# Professional Society Actions

## Question 2

A professional society's ethics committee takes a professional review action to place a physician on probation for 60 days for falsifying a résumé. Should this action be reported to the NPDB?



# Professional Society Actions

## Answer 2

It depends. Generally, if the professional society determines that falsifying the résumé is professional conduct that adversely affects, or could adversely affect, the health or welfare of a patient, the action must be reported to the NPDB.



# Professional Society Actions

## Question 3

A professional society takes a professional review action to terminate the membership of a psychologist for reasons related to professional conduct. Should this action be reported to the NPDB?



# Professional Society Actions

## Answer 3

This action *may be* reported.

A professional society *must* report a professional review action based on professional competence or conduct that:

- adversely affects the membership of a physician or dentist and
- adversely affects, or may adversely affect, the health or welfare of a patient.

A society *may* report similar adverse membership actions taken against other health care practitioners.

# Questions





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