



National Practitioner Data Bank Education Forum: Overview April 9, 2019

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Bureau of Health Workforce (BHW)
Health Resources and Services Administration (HRSA)



Agenda

- ▶ **NPDB Purpose, General Provisions & Statistics**
- ▶ **Reporting & Querying**
- ▶ **Guidebook**
- ▶ **Compliance Efforts**
- ▶ **Additional Information**
- ▶ **Questions & Answers**

Purpose

Mission

To improve health care quality, protect the public, and reduce health care fraud and abuse in the United States.

- ▶ The NPDB is a health workforce tool, established by Congress, to assist organizations in making well-informed credentialing, privileging, and licensing decisions.
- ▶ The NPDB contains information on medical malpractice payments and certain adverse actions related to health care practitioners, entities, providers, and suppliers.



NPDB History

Created by Congress in 1986.

Contains reports on actions occurring on or after September 1, 1990.

Three primary statutes:

- ▶ Title IV of the Health Care Quality Improvement Act of 1986: Established the NPDB as a clearinghouse of information on certain medical malpractice payments and adverse actions related to licensure, clinical privileges, and professional society memberships.
- ▶ Section 1921 of the Social Security Act: Added certain actions taken by state licensing and certification authorities and other organizations. (Beginning March 2010)
- ▶ Section 1128E of the Social Security Act: Added certain final actions taken by federal agencies and health plans. (Beginning November 1999)



General Provisions

Types of Information Collected



- ▶ Medical malpractice judgments and settlements.
- ▶ Adverse licensing and certification actions.
- ▶ Clinical privileges actions.
- ▶ Health plan contract terminations.
- ▶ Professional society membership actions.
- ▶ Negative actions/findings from private accreditation organizations and peer review organizations.
- ▶ Government administrative actions, e.g. exclusions from programs.
- ▶ Civil and criminal health care-related judgments.

General Provisions

Created to meet several needs:

Flagging system for effective credential reviews

Protection against unfit practitioners

Deter fraud and abuse in the health care system

General Provisions

Recovering Costs

- ▶ By law, the NPDB must recover the full cost of operations. It does so by collecting fees for each query.
- ▶ Fees are examined every 2 years; last modified in October 2016.



Types of Transactions

- ▶ Reporting (no charge).
- ▶ Querying (by hospitals and health care organizations):
 - **\$2** for a one-year continuous query subscription.
 - **\$2** for a one-time query.
- ▶ Self-Query: **\$4.**



General Provisions

Confidentiality

- ▶ Information reported to the NPDB is confidential, not available to the general public, and may not be disclosed except as provided by law.
- ▶ Penalty up to \$22,363 per confidentiality violation. Federal regulations outside HRSA set the amount of the penalty.

NPDB Statistics

NPDB AGGREGATE DATA

1.4 million REPORTS



23 thousand ENTITIES



2018 DATA

85+ thousand NEW REPORTS



8.4 million QUERIES

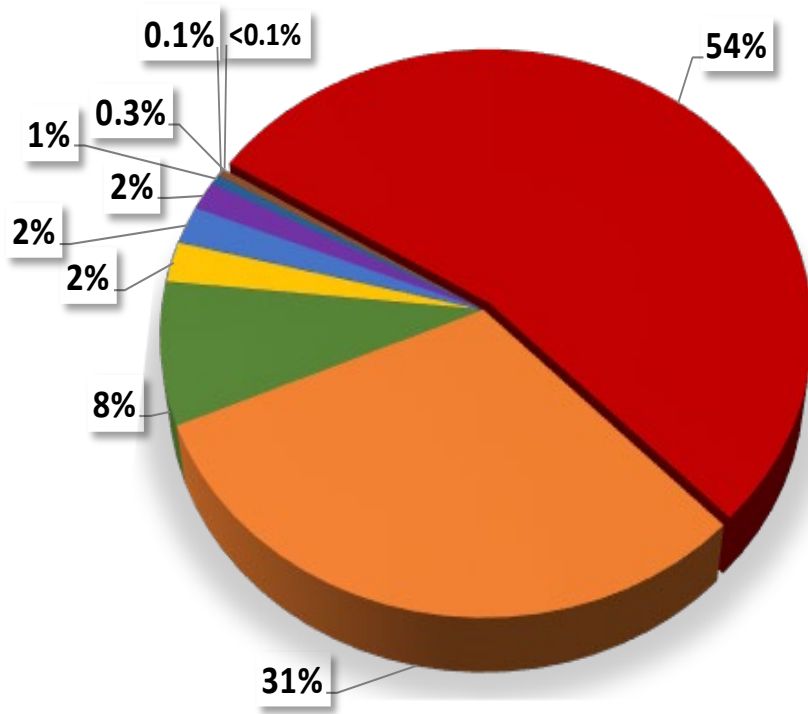


1.8 million DISCLOSURES



NPDB Reports by Type (N = 1.4M)

As of December 31, 2018

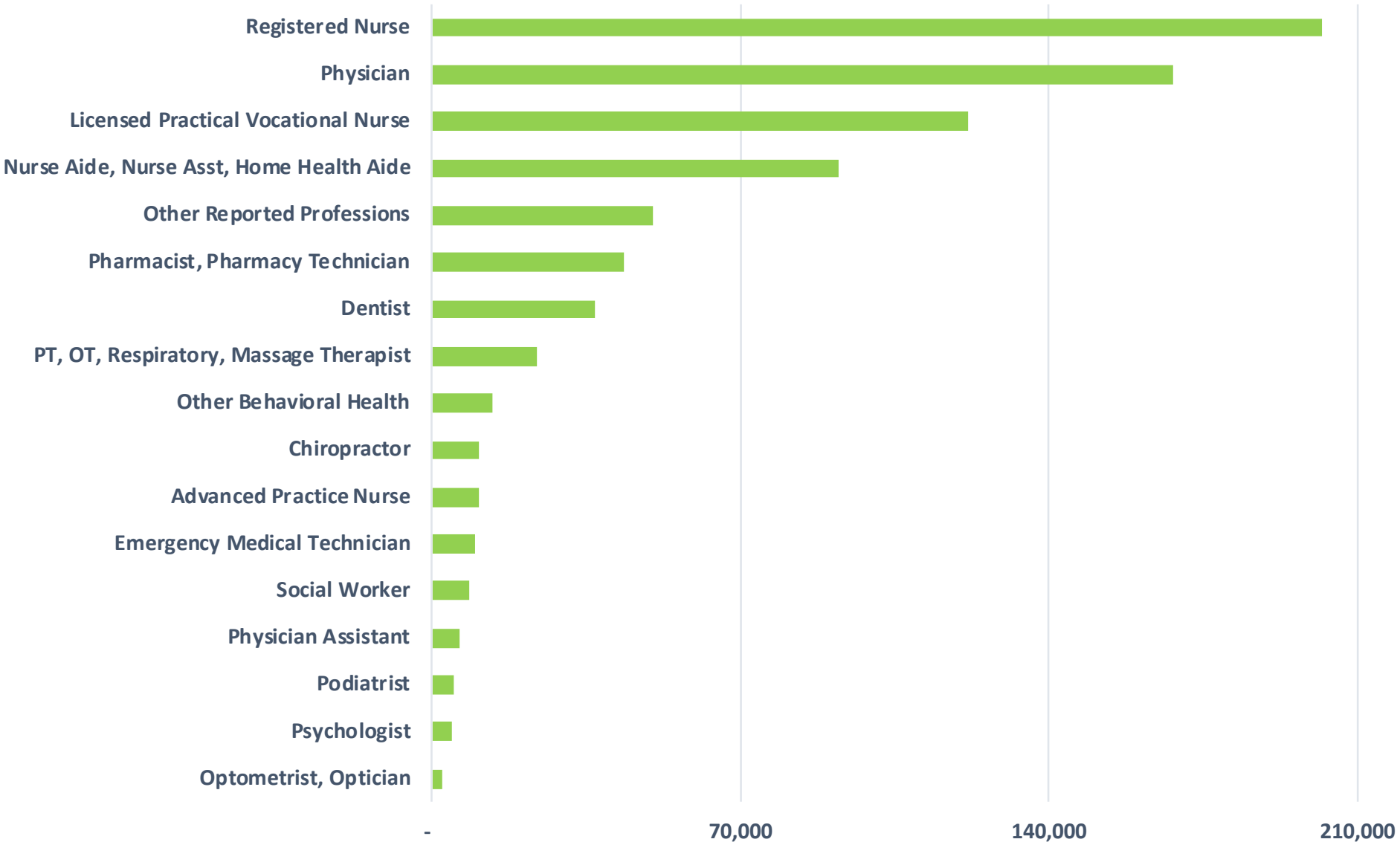


- State Licensure: 54%
- Medical Malpractice Payment: 31%
- Exclusion/ Debarment Action: 8%
- Judgment or Conviction: 2%
- Government Admin: 2%
- Clinical Privileges: 2%
- Health Plan: 1%
- DEA/Federal Licensure: 0.3%
- Professional Society: 0.1%
- Accreditation: 0.0024%



Reports on Individuals by Profession

2010 – 2018 (N = 832,000)



Querying



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 entities under contract	✓	+
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 +



Continuous Query

Purpose

- ▶ A subscription service that notifies subscribers of new information on any of their enrolled practitioners within one business day of the NPDB's receipt of the information
- ▶ Designed and developed to help meet accreditation standards that require ongoing monitoring of practitioners
- ▶ As of 12/31/2018, health care providers have enrolled more than 3.2 million practitioners



Continuous Query

One-Time Query

- ▶ An average of 500 days pass between receipt of a report and disclosure of the report in response to a query.*
- ▶ Re-credentialing means re-querying practitioners and reviewing all results to identify new information – a tremendous amount of effort for large organizations.

Continuous Query

- Average of 115 days pass between receipt of a report and disclosure of the report
- Service notifies subscribers of a report on their enrolled practitioners within one business day of receipt by the NPDB
- By handling new reports as they are disclosed, subscriber organizations are always up to date. Subscribers can deal only with events that need attention, immediately resolving issues

**Data as of 12/2018*



Continuous Query

Using Continuous Query

Requires the same practitioner information

Subscribers continue using their subject databases

Fee: \$2.00 per enrollee per year

- ▶ No separate query fee
- ▶ Upon enrollment, receive the same report information as a one-time query response
- ▶ Continuously queries the NPDB and notifies subscribers of any new reports
- ▶ No need to re-query for reappointments or temporary privileges extensions

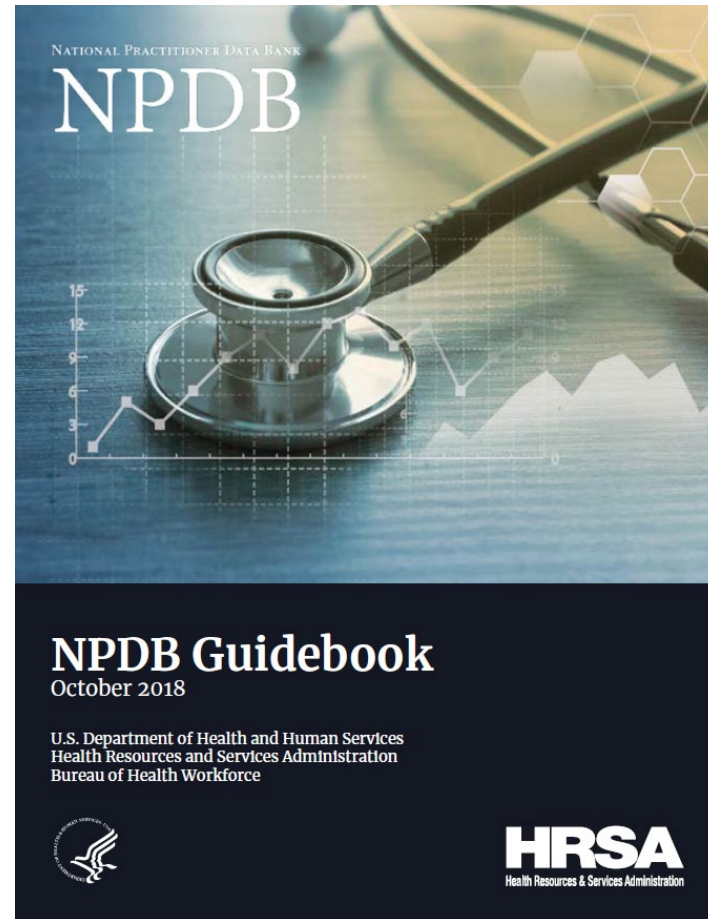




Guidebook

NPDB Guidebook

NPDB's policy manual containing detailed information to help health care entities understand and comply with reporting requirements.



<http://www.npdb.hrsa.gov/resources/aboutGuidebooks.jsp>





NPDB Attestation

Attestation: Compliance Initiative

What: State Licensing Boards, Health Centers, Hospitals, Health Plans, and Medical Malpractice Payers affirm they have reported all legally required reports to the NPDB within the past two years. Expanding to all other entities in the near future

Why:

- ▶ To educate entities about their legal obligation to report; and
- ▶ To ensure that they have reported all legally required reports to the NPDB.

When: During the entity's registration renewal process, which occurs every two years.



Additional *Information*



NPDB Website

U.S. Department of Health & Human Services

NPDB NATIONAL PRACTITIONER DATA BANK

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Search keywords or terms...

For Health Care Professionals For Organizations NPDB Resources

GET YOUR NPDB SELF-QUERY

Self-Query
Learn about the Self-Query process and query the NPDB for your own information.

Self-Query

Order a search of your information for \$4 and receive both an online response and a sealed letter.

Start or Sign Into a Self-Query



Check Your Report

Received a letter notifying you of a report? View and respond to the report.

Sign in to View Your Report

For Organizations

Registering with the NPDB

How an organization can apply to access NPDB information.

Changing Your Data Bank Administrator

What to do if your Data Bank administrator is leaving your organization.

Querying the NPDB

Start using Continuous Query within your organization.

Your Organization

Receive organization-specific reporting and querying guidance.

Popular Resources

NPDB Guidebook Updated

The guidebook serves as a policy manual for the NPDB.

Glossary

Understand NPDB terminology and definitions.

NPDB Infographics

Educational guides that explain NPDB concepts in a visual, easy-to-understand format.

Policy Corner

A resource for your questions about the laws and regulations governing NPDB operations.

News

March 6, 2018

The [March Insights](#) illuminates the dispute process, points users to resources that help determine if a situation is reportable, and discusses how patient safety related to querying and reporting.

February 4, 2019

The [NPDB Public Use Data File](#) has been updated to include disclosable statistical report information received from September 1, 1990 through December 31, 2018.

[More News](#)



Research & Data

[About](#) | [Data Analysis Tool](#) | [Public Use Data File](#)



Compliance

[About](#) | [Review Process](#) | [Current Compliance Status](#)



Credentialing Software (QRXS)

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HOW MANY QUERIES DO I NEED TO RUN?



How Many Queries Do I Need to Run?

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

Self-Query

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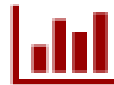
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Infographics

HOW THE NPDB WORKS

Only registered entities have access to the NPDB reports.



Health care entities query and/or report to the NPDB

- State licensing boards
- Medical malpractice payers
- Other health care entities
- Health plans
- Hospitals

QUERY

REPORT

NPDB

Practitioners may self-query the NPDB



Subjects of reports may submit a statement giving their perspective



The Public Use Data File is used for research purposes

ATTESTATION 101

WHO



WHAT



WHEN



WHERE



WHY



HOW MANY QUERIES DO I NEED TO RUN?



NPDB GUIDE TO REPORTING CLINICAL PRIVILEGES ACTIONS

BEFORE SUBMITTING:

Are you a hospital or health care entity that took a professional review action against a physician or dentist? *
Report the professional review action if both A and B are met:

A

Adversely affects clinical privileges (including privileges, medical staff or panel membership, network participation, affiliation, and other circumstances) for a period of more than 30 days, including:

- Reduction, restriction, suspension or revocation of privileges
- Denial of privileges based on professional review (excluding denials based on failure to meet specific threshold criteria or an initial application withdrawal before a final professional review decision)
- A practitioner's surrender of, or failure to renew, privileges while under or to avoid investigation
- Summary suspensions that are the result of a professional review (in effect for more than 30 days), regardless of whether the action is final

B

Is based on the practitioner's professional competence or professional conduct that adversely affects, or could adversely affect, the health or welfare of a patient.

AND

SUBMIT AN INITIAL ADVERSE ACTION REPORT



Submit within 30 days of when the action was taken

You must forward a copy of the report to your state licensing board in the NPDB system (or by mail)

REPORT MODIFICATIONS (when needed):

The NPDB notifies the subject of the report when the report is submitted, and when any of these modifications are made.



Did your organization take an action that modifies or relates to a previously reported action (including reinstatements)?

SUBMIT A REVISION-TO-ACTION REPORT



Did your organization determine there is an error or omission in a previously submitted report?

SUBMIT A CORRECTION REPORT



Did your organization determine that an action should not have been reported because:
1 The report was erroneously submitted?
2 The action is not reportable?
3 The action was reversed or overturned?
These are the only reasons for which a report may be voided.

VOID THE REPORT



*Reporting of physicians and dentists is mandatory. Other health care practitioners may be reported.



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U.S. Department of Health & Human Services

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Receive Temporary Password via Text Message

If you find yourself unable to access the NPDB due to a password issue, you can now sign into the NPDB with a temporary password sent to your mobile phone number! Select "Need Help?" on the NPDB Sign-In page and enter your DBID and User ID to receive a temporary password via text message. **Please note: your mobile phone number must be added to your account in advance of being locked out in order to use this helpful feature.**

Is It Reportable?



Should a medical malpractice payment made exclusively for the benefit of a clinic, hospital, or other health care entity be reported?

No. Medical malpractice payments made solely for the benefit of a clinic, hospital, or other health care entity should not be reported to the NPDB. However, a payment made for the benefit of a professional corporation or business entity consisting only of a sole practitioner is reportable to the NPDB.

[▲ top](#)

Topics

[Is It Reportable?](#)

[New Querying Infographics Available](#)

[Hospital Registration Renewal Updates and New Hospital Web Page](#)



Data on the Website

- Public Use File
- Data Analysis Tool
- Statistical Table and Trends
- Updated Quarterly
- <http://www.npdb.hrsa.gov/>

NPDB Data Analysis Tool | NPDB Practitioners

This tab allows you to select row data, column data, and filter values to customize your results. Begin by choosing the type of output you prefer, map or graph, and then filter the data by tailoring the following options.
A detailed report table will appear below either the map or graph that allows you to adjust for inflation and change the displayed value.

Display Map or Graph
 Map
 Graph

Rows
 State
 Year
 Practitioner Type
 Report Type
 Action Type / Malpractice Payment Range

Columns (Graph)
 State (Bar)
 Year (Line)
 Practitioner Type (Bar)
 Report Type (Bar)
 Action Type / Malpractice Payment Range (Bar)

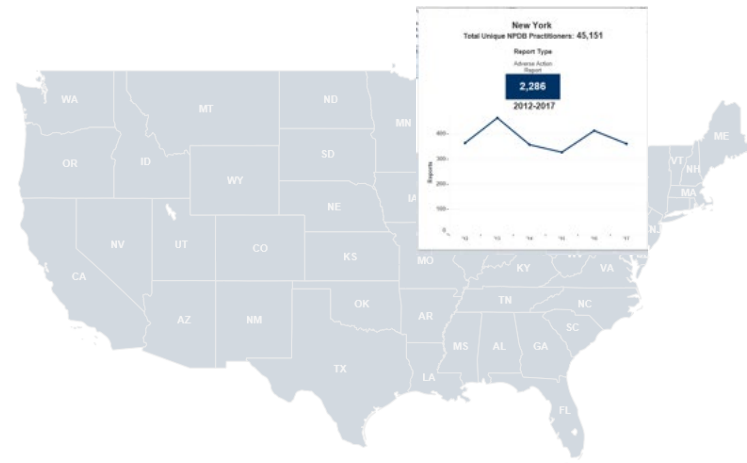
Start Year: 2012
End Year: 2017

Report Type: Adverse Action Report

Action Type / Malpractice Payment Range: State Licensure

State: (All)

Practitioner Type: Physician (MD)



Questions



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NPDB CUSTOMER SERVICE CENTER: help@npdb.hrsa.gov



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