

National Practitioner Data Bank: Partnering to Protect Patients

State Licensing Board Reporting Requirements April 9, 2019

Lorraine Lockett-Amaechi and Denise Nguyen

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



Overview

- Overview
- Introduction
- Regulations
- NPDB Reporting and Querying
- Basics to Discuss
- Website Resources
- You May Have Heard In The News
- Contact Information & Resources







Let's Get to Know the Audience:

- 1. Who traveled the farthest?
- 2. How many years have you used the NPDB?





The Rules

State Licensing Board Reporting Requirements Specific Legislation & Regulations

Title IV

Section 1921 of the Social Security Act

Link to NPDB Summary Reporting Requirements





General Provisions

Created to meet several needs:

Flagging system for effective credential reviews

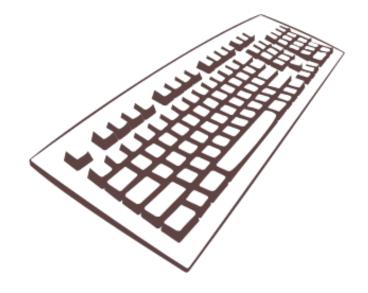
Protection against unfit practitioners

Deter fraud and abuse in the health care system





State Licensure Reporting

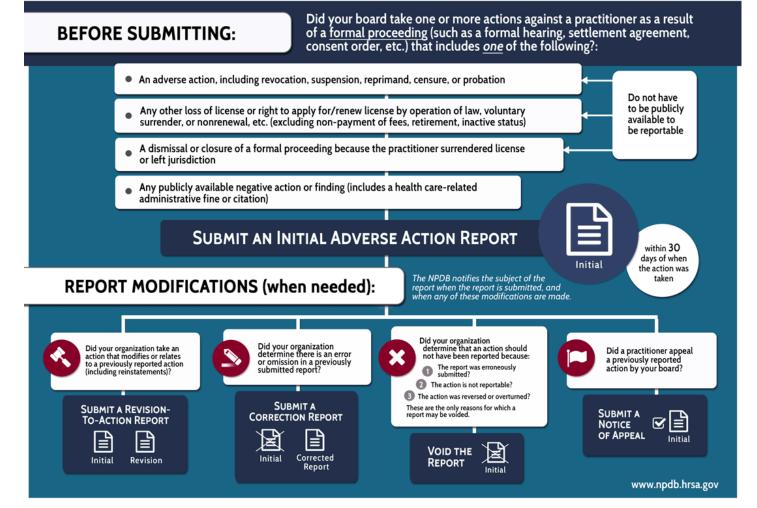






Reporting Infographic

NPDB GUIDE TO REPORTING STATE LICENSURE ACTIONS



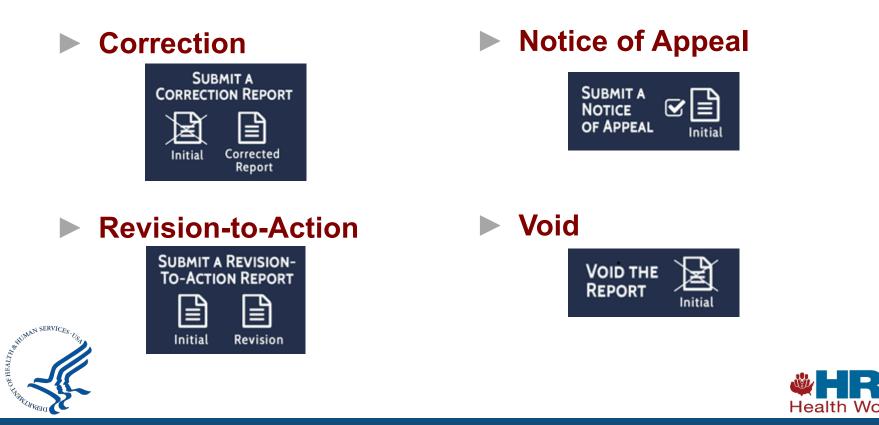




Types of Reports

Initial

First report of a medical malpractice payment, adverse action, or judgment or conviction. Report must be submitted within 30 days of the date the action was taken or malpractice payment was made.



Modifying a Report

Correction

It contained errors (e.g., incorrect date of birth) or is missing information (e.g., incomplete narrative description).

Revision-to-Action

A subsequent action has occurred concerning the same case requiring a revision (e.g., reinstatement, restrictions lifted).

Notice of Appeal

Notify the NPDB that a subject has appealed this adverse action.

Void

It should not have been submitted (e.g., wrong practitioner named, duplicate report) or action was reversed or overturned on appeal.





Sample Report

NATIONAL PEACITITIONE BATA BANK NEW YORK 10832 Chantilly, VA 20153-0832 http://www.npdb.hrsa.gov			DCN: 7850000078783855 Process Date: 01/10/2013 Page: 1 of 2 DOE, JOHN J JR For authorized use by: TEST HOSPITAL	NATIONAL PACTITIONED DATA BANK NOT DATA 10832 Chantilly, VA 20153-0832 http://www.npdb.hrsa.gov		DCN: 7950000078783855 Process Date: 01/10/2013 Page: 2 of 2 DOE, JOHN J JR For authorized use by: TEST HOSPITAL		
	DOE,	JOHN J JR		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				
	TEST	HOSPITAL		NOT RENDERED.				
TITLE IV CLINIC	AL PRIVILEGES ACTIO	Date of Action: 10/01/2011		STATEMENT	D. SUBJECT STATEMENT If the subject identified in Section B of this report has submitted a statement			
In	itial Action	B	asis for Initial Action					
- REDUCTION OF CLIN	ICAL PRIVILEGES	- INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)		E. REPORT STATUS	E. REPORT STATUS Unless a box below is checked, the subject of this report identified in Section			
A. REPORTING	Entity Name:	TEST HOSPITAL			If box is checked, this report has been disputed by the	e subject identified in Section B.		
ENTITY	Áddress:	324 TESTING ROAD SUIT 100 WASHINGTON, DC 200	0000		Secretary of the U.S. Department of Health and Huma	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.		
	Country: Name of Office: Title or Department Telephone: Entity Internal Report Reference:				If box is checked, at the request of the subject identifi the Secretary of the U.S. Department of Health and H is shown below:	ed in Section B, this report was reviewed by		
		INITIAL			Date of Original Submission: 01/10/2013 Date of Most Recent Change: 01/10/2013			
Star Drug Enforc Name(s) of Health Care	Type of Report: INITIAL SUBJECT Subject Name: DOE, JOHN J JR Other Name(s) Used: Gender: MALE 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 Compiloity in the Reported Action.): Business Address of Affiliate: City, State, ZIP: Nature of Relationship(s): NFORMATION Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES		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 90-080, 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					
CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY					CONFIDENTIAL DOCUMENT - FOR AUTHORIZ	ZED USE ONLY		





Basis for Action Codes: Why Accurate Coding is Critically Important







Reporting Compacts





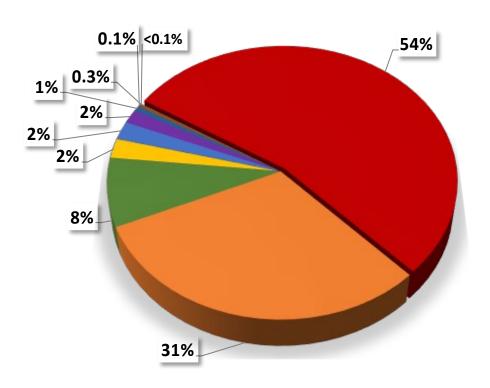


Prescriptive Codes





NPDB Reports by Type (N = 1.4M) As of December 31, 2018



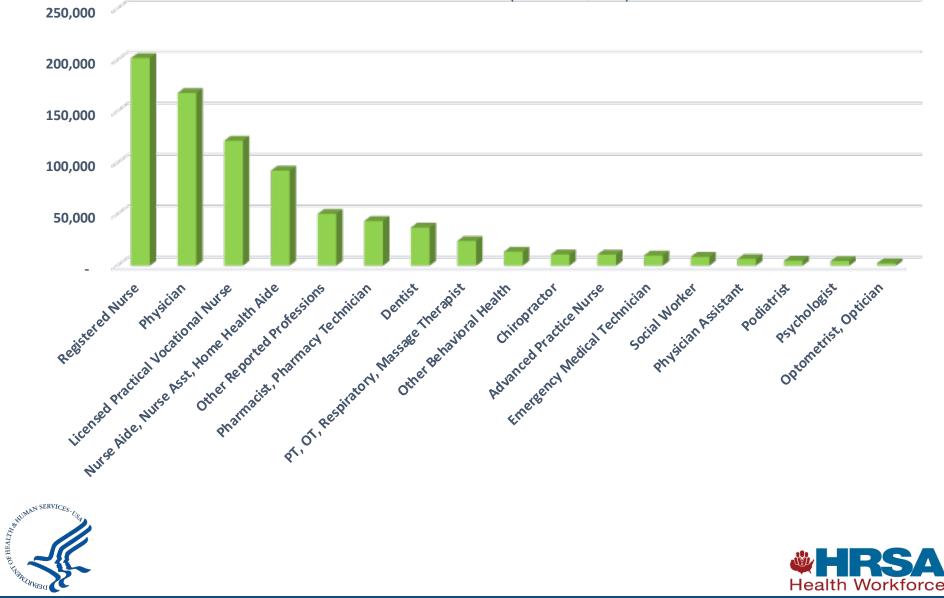
- State Licensure: 54%
- Medical Malpractice Payment: 31%
- Exclusion/ Debarment Action: 8%
- Judgment or Conviction: 2%
- Government Admin: 2%
- Clinical Privileges: 2%
- Health Plan: 1%
- DEA/Federal Licensure: 0.3%
- Professional Society: 0.1%
- Accreditation: 0.0024%





Reports on Individuals by Profession

2010 – 2018 (N = 832,000)



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)	1	+
State agencies administering or supervising state programs	1	+
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 Vot Authorized 🗙 Optional 🕇







Formal Proceeding







Denials of Initial and Renewal Applications







Use of Private Agreements Federal Law & State Law







Letter of Concern







Impaired Practitioner







Inactive Status







Administrative Fines







Cease and Desist







Continuing Education Unit - CEU





Website Resources

The NPDB Web Site at <u>www.npdb.hrsa.gov</u>



State Licensing and Certification Agencies Landing Page: <u>https://www.npdb.hrsa.gov/orgs/stateBoard.jsp</u>

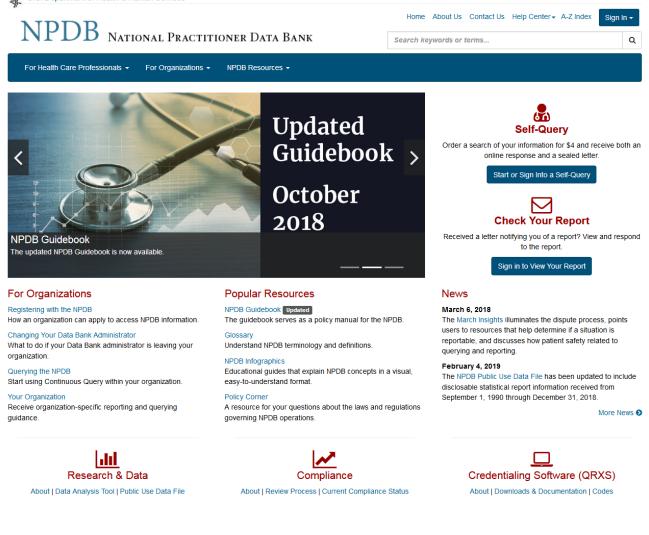
- Help Center: <u>https://www.npdb.hrsa.gov/helpCenter/org.jsp</u>
- Policy Questions: NPDBPolicy@hrsa.gov





Website Resources

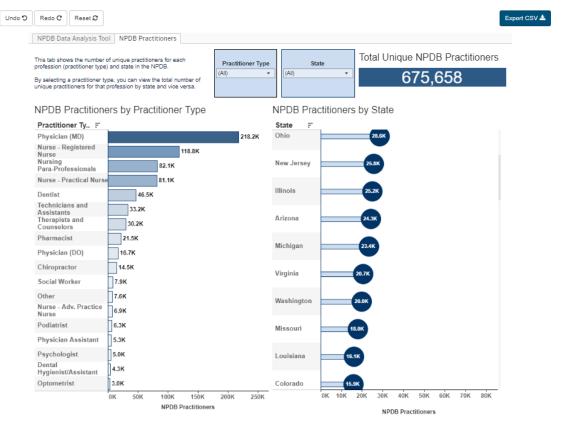
U.S. Department of Health & Human Services







Data Analysis Tool



Practitioner Detail

									Practitioner Type		
State	Physician (MD)	Physician (DO)	Chiropractor	Dental Hygienist/	Dentist	Nurse - Adv. Practice	Nurse - Registered	Nurse - Practical	Nursing Para- Professionals	Optometrist	







Maybe You Heard In the News















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

NPDB Policy Mailbox: npdbpolicy@hrsa.gov





Connect with HRSA

