



National Practitioner Data Bank: Partnering to Protect Patients

Querying

Harnam Singh & Jason Lin

Division of Practitioner Data Bank (DPDB)

Bureau of Health Workforce (BHW)

Health Resources and Services Administration (HRSA)



Agenda

- Overview of Querying the NPDB
- Hospital Querying
- Confidentiality
- Query Response
- Additional Resources
- Questions



Querying Overview



What is a query?

- ▶ It is a search for information regarding a health care practitioner or organization.
- ▶ We collect information on medical malpractice payments and certain adverse actions from reports submitted by eligible entities.
- ▶ The ability of an organization to query, and the types of information they may receive through querying, is determined by law.

Who Reports and Queries?

ENTITY TYPE	REPORT	QUERY
Hospitals	✓	✓
Health plans	✓	+
Other health care entities with formal peer review	✓	+
State agencies that license and certify health care practitioners and entities, including boards of medical and dental examiners	✓	+
State agencies administering or supervising state health care programs	✓	+
State law enforcement or fraud enforcement agencies (including state Medicaid fraud control units and state prosecutors)	✓	+
Federal licensing and certification agencies	✓	+
Agencies administering federal health care programs, including private entities administering such programs under contract	✓	+
Federal law enforcement officials and agencies (including Drug Enforcement Agency, HHS Office of Inspector General, and federal prosecutors)	✓	+
Medical malpractice payers	✓	✗
Professional societies with formal peer review	✓	+
Peer review organizations (excluding quality improvement organizations)	✓	✗
Private accreditation organizations	✓	✗
Quality improvement organizations	✗	+
Individual practitioners, providers, and suppliers (self-query only)	✗	+

 Required
  Not Authorized
  Optional



Querying Overview

There are two types of queries available:

▶ One-Time Query

- Allows you to receive a query response for a practitioner or organization.
- You will not be notified of any new reports submitted after the initial query date.

▶ Continuous Query

- Allows you to receive a query response for a practitioner.
- You will also receive new or updated report notifications during a year-long enrollment for each practitioner.

Querying FAQ

How can I use Continuous Query?

- ▶ Once Continuous Query has been activated by your organization's Data Bank administrator, you may begin to enroll practitioners in Continuous Query.
 - ▶ Start a new query
 - ▶ Select the Continuous Query option
 - ▶ Complete the enrollment form
 - ▶ Click submit



Querying Fees



Querying Fees

Querying for
hospitals and
healthcare
organizations

\$2 for a year-long Continuous
Query enrollment

\$2 for a One-Time query

Self-Query for an
individual or
organization

\$4 per query



Hospital Querying



Hospital Querying

Hospitals must query on health care practitioners when practitioners apply for staff appointments (courtesy or otherwise) or clinical privileges (including temporary privileges) every two years for practitioners on staff or with clinical privileges.

Hospitals may query on health care practitioners with whom the hospital has entered (or may be entering) employment or affiliation relationships.



Getting the Most out of your Query

- ▶ Be sure to enter:
 - ✓ the practitioner's full name and any other names used.
 - ✓ the practitioner's identification numbers.
 - ✓ all license numbers held by the practitioner.
 - ✓ the practitioner's Professional School and Year of Graduation.
- ▶ Before submitting the query, review the information to ensure its accuracy.



Hospital Querying

VIEW INITIAL RESPONSESNATIONAL PRACTITIONER DATA BANK
NPDB

ResponsesDetails

DCN: 550000010000000

Select a subject name to obtain information or, if rejected, the reason for rejection. Those items marked as Pending have not yet been processed.

Subject Name	Status	Reports Found	Date Viewed
DOE, JANE	Completed	3	Feb 22, 2019

Do you think your response is missing an action that should have been reported? If so please visit the [Reporting Compliance](#) page for more information.



Hospital Querying

REPORTING COMPLIANCE

NPDB

Public Burden Statement

Have you received a response on a practitioner or organization and believe the response is incomplete or missing some information? Do you think a report should have been submitted by a licensure board, a hospital, a medical malpractice payer or other type of healthcare organization? If so please provide us with the following information. The Data Bank will review the information to determine if the action was not properly reported.

Before you submit information on a missing report, please be advised that the reports you receive from the Data Bank are based on your specific [eligibility](#).

Depending on the specific circumstances, certain actions may not be reportable to the Data Bank. For more information on reporting requirements consult the [NPDB](#) Guidebook.

Required fields are indicated with an asterisk (*).

SUBJECT NAME:

ARIEL ABALLAY

REPORTER INFORMATION

*Missing Report Type:

CHOOSE ONE FROM LIST

*Name Of The Reporter

That Should Have
Submitted The Report:

*Reporter Type:

CHOOSE ONE FROM LIST

Reporter Address (if known):

Street Address:

Address Line 2:

City:

State:

CHOOSE ONE FROM LIST

ZIP Code:



Confidentiality of a query



Confidentiality

- ▶ Information contained in reports is considered confidential.
- ▶ Fines are up to \$22,363 per violation.
- ▶ Querying for personal use is not allowed.

Confidentiality

Disclosure of Information

- ▶ An eligible entity receiving information from the NPDB is allowed to disclose the information to others who are part of the investigation or peer review process, as long as the information is used for the purpose for which it was provided.

Confidentiality

Query responses may be shared between health care sites within a health care system, if the health care system:

- ▶ Provides for centralized credentialing;
- ▶ Has a centralized peer review process;
- ▶ Has one decision-making body; and
- ▶ Has one unified medical staff.



How Many Queries Do I Need to Run?

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

Centralized Credentialing



Dr. Wilson applies to NoMed Health System, which has one decision-making body for all of its facilities.

The NoMed credentialing office assembles a file on Dr. Wilson with one query response.



They share it with the decision-making body, who is responsible for all facilities oversight, including conducting credentialing and peer review processes.



The board grants privileges. Dr. Wilson can now work at **any** NoMed facility within the health system.



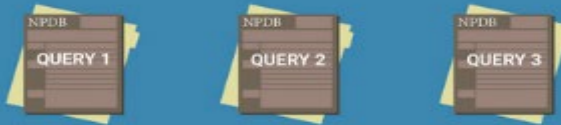
vs

Decentralized Credentialing



Dr. Smith applies to AdMed Health System, which has three decision-making bodies for its four facilities.

The AdMed credentialing office assembles three files on Dr. Smith with a **different query for each facility** to share with the separate decision-making bodies.



AdMed has three decision-making bodies that are responsible for the oversight of their own facilities. They decide for their facilities if they want to grant privileges to Dr. Smith.



One board doesn't grant privileges.

Two boards grant privileges. One of the AdMed boards makes decisions for two facilities.

Dr. Smith may only work at the AdMed facilities that the two boards oversee.



Confidentiality FAQ

A hospital merged with another hospital, and both have medical staff offices. Should they continue to query separately using different DBIDs?

- ▶ It depends. If the hospitals maintain separate medical staff credentialing, the hospitals must query separately (two DBIDs). If, by applying to one hospital, a health care practitioner is granted privileges to practice at both institutions, the peer review process is centralized, and the institutions have a single decision-making body, one hospital may query on behalf of both institutions (one DBID).



Query Response



Query Response

A query response with one report.

NATIONAL PRACTITIONER DATA BANK
NPDB
P.O. Box 10832
Chantilly, VA 20153-0832
http://www.npdb.hrsa.gov

DCN: 7950000078783657
Process Date: 01/10/2013
Page: 1 of 1
DOE, JOHN J JR
For authorized use by:
TEST HOSPITAL

DOE, JOHN J JR – ONE-TIME QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: DOE, JOHN J JR
Date of Birth: 04/22/1950 Gender: MALE
Organization Name: ORGANIZATION NAME
Work Address: SAMPLE STREET, RESTON, VA 11111
Home Address: SAMPLE STREET, RESTON, VA 11111
Social Security Number: ***-**-1000
License: COUNSELOR, MENTAL HEALTH, 12345678910, VA
Professional School(s): SAMPLE UNIVERSITY (1974)
SAMPLE UNIVERSITY (1970)

B. QUERY INFORMATION

Statutes Queried: Title IV, Section 1921, Section 1128E
Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name: TEST HOSPITAL (DBID ending in ...79)
Authorized Submitter: TEST SUBMITTER, SUBMITTER, (703) 555-1212

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 01/10/2013

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	Yes, See Below	Peer Review Organization Action(s):	No Reports

TEST HOSPITAL
TITLE IV CLINICAL PRIVILEGES
Basis for Action: - INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

Initial Action:	- REDUCTION OF CLINICAL PRIVILEGES	Date of Action:	10/01/2011
DCN:	7950000078783655		

----- Unabridged Report(s) Follow -----



Query Response

NATIONAL PRACTITIONER DATA BANK

NPDB

P.O. Box 10832
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http://www.npdb.hrsa.gov

DCN: 7950000078783656
Process Date: 01/10/2013
Page: 1 of 2
DOE, JOHN J JR
For authorized use by:
TEST HOSPITAL

DOE, JOHN J JR

TEST HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 10/01/2011

Initial Action

Basis for Initial Action

- REDUCTION OF CLINICAL PRIVILEGES

- INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

A. REPORTING ENTITY

Entity Name: TEST HOSPITAL
Address: 324 TESTING ROAD
SUITE 100
City, State, Zip: WASHINGTON, DC 20000
Country:
Name of Office: DANA SMITH
Title or Department: COORINATOR
Telephone: (333) 333-3333
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

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 Complicity in the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE) (E1)
Adverse Action Classification Code(s): REDUCTION OF CLINICAL PRIVILEGES (1640)
Date Action Was Taken: 09/11/2011
Date Action Became Effective: 10/01/2011
Length of Action: PERMANENT

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http://www.npdb.hrsa.gov

DCN: 7950000078783656
Process Date: 01/10/2013
Page: 2 of 2
DOE, JOHN J JR
For authorized use by:
TEST HOSPITAL

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 NOT RENDERED.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- 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.
- If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 01/10/2013
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 99-860, as amended as codified in 45 CFR Part 60. 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

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Query Response

A continuous query response with one report.

NATIONAL PRACTITIONER DATA BANK
NPDB
P.O. Box 10832
Chantilly, VA 20153-0832
<http://www.npdb.hrsa.gov>

Continuous Query ID: 300000001706284
DCN: 7950000078783656
Process Date: 01/10/2013 Page: 1 of 1
DOE, JOHN J JR
For authorized use by:
TEST HOSPITAL

DOE, JOHN J JR - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: DOE, JOHN J JR
Date of Birth: 04/22/1950 Gender: MALE
Organization Name: ORGANIZATION NAME
Work Address: SAMPLE STREET, RESTON, VA 11111
Home Address: SAMPLE STREET, RESTON, VA 11111
Social Security Number: ***-**-1000
License: COUNSELOR, MENTAL HEALTH, 12345678910, VA
Professional School(s): SAMPLE UNIVERSITY (1974)
SAMPLE UNIVERSITY (1970)

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled – 01/10/2013 – 01/31/2014 (Unless canceled prior to this date)
Statutes Queried: Title IV, Section 1921, Section 1128E
Entity Name: TEST HOSPITAL (DBID ending in ...79)
Authorized Submitter: TEST SUBMITTER, SUBMITTER, (703) 555-1212

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 01/10/2013

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	Yes, See Below	Peer Review Organization Action(s):	No Reports

TEST HOSPITAL
TITLE IV CLINICAL PRIVILEGES
Basis for Action: - INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

Initial Action:	- REDUCTION OF CLINICAL PRIVILEGES	Date of Action:	10/01/2011
DCN:	7950000078783655		

----- Unabridged Report(s) Follow -----

Query Response

NATIONAL PRACTITIONER DATA BANK

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DCN: 795000078783655

Process Date: 01/10/2013

Page: 1 of 2

DOE, JOHN J JR

For authorized use by:

TEST HOSPITAL

DOE, JOHN J JR

TEST HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION

Date of Action: 10/01/2011

Initial Action

Basis for Initial Action

- REDUCTION OF CLINICAL PRIVILEGES

- INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

A. REPORTING ENTITY

Entity Name: TEST HOSPITAL
Address: 324 TESTING ROAD
SUIT 100
City, State, Zip: WASHINGTON, DC 20000
Country:
Name of Office: DANA SMITH
Title or Department: COORDINATOR
Telephone: (333) 333-3333
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

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 Complicity in the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: TITLE IV CLINICAL PRIVILEGES
Basis for Action: INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE) (E1)
Adverse Action Classification Code(s): REDUCTION OF CLINICAL PRIVILEGES (1640)
Date Action Was Taken: 09/11/2011
Date Action Became Effective: 10/01/2011
Length of Action: PERMANENT

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NATIONAL PRACTITIONER DATA BANK

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DCN: 795000078783655

Process Date: 01/10/2013

Page: 2 of 2

DOE, JOHN J JR

For authorized use by:

TEST HOSPITAL

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 NOT RENDERED.

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If the subject identified in Section B of this report has submitted a statement, it appears in this section.

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Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

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- 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.
- If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 01/10/2013
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 99-660, as amended as codified in 45 CFR Part 60. 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

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Query Response

NATIONAL PRACTITIONER DATA BANK

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

<https://www.npdb.hrsa.gov>

Continuous Query ID: 3000000000000000

DCN: 5500000111111111

Process Date: 03/14/2019 Page: 1 of 1

DOE, JOHN

For authorized use by:
BOARD OF DENTISTRY

DOE, JOHN - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: DOE, JOHN
Date of Birth: 01/01/1901 Gender: FEMALE
Other Name(s) Used: DOE, JOHN
Home Address: 4350 FAIR LAKES CT, FAIRFAX, VIRGINIA, 22033
Social Security Number: ***-**-3333
License: DENTIST, 000000, CO, GENERAL DENTISTRY (NO SPECIALTY)
Professional School(s): OREGON HEALTH AND SCIENCE UNIVERSITY SCHOOL OF DENTISTRY (1965)

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 03/14/2019 - 03/31/2020*
* Unless enrollment is canceled by the entity prior to this date
Statutes Queried: Title IV; Section 1921; Section 1128E
Entity Name: BOARD OF DENTISTRY (DBID ending in ..24)
Authorized Submitter: ABBY GLAD-ZIPLOCK, LICENSING MANAGER, (703) 555-5555

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 03/14/2019

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports



----- No Reports Found Based on the Subject Information Submitted -----



Query Response FAQ

Are hospitals required to document and maintain records of their requests for information?

- ▶ NPDB regulations do not require hospitals to document or maintain records of their queries.
- ▶ Query responses may serve as evidence that a hospital queried as mandated. Query responses are available for 45 days in our system.
- ▶ The Historical Query and Report Summary feature provides a summary of an entities' query history and a history of when an eligible entity queried.



For Additional Resources, go to
[https://www.npdb.hrsa.gov/help](https://www.npdb.hrsa.gov/helpCenter/infographics.jsp)
[Center/infographics.jsp](https://www.npdb.hrsa.gov/helpCenter/infographics.jsp)



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

NPDB Policy Mailbox: NPDBPolicy@hrsa.gov

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