Presentation Overview

- Bureau of Health Professions
- National Practitioner Data Bank (NPDB)
- Expanding NPDB: Section 1921 of the Social Security Act
- Healthcare Integrity and Protection Data Bank (HIPDB)
- Merging the NPDB & HIPDB: Impact on Boards
- Compliance Activities
BHPr Mission

Increase the population’s access to health care by providing national leadership in the development, distribution and retention of a diverse, culturally competent health workforce that can adapt to the population’s changing health care needs and provide the highest quality of care for all.

National Practitioner Data Bank

- Established through Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (HCQIA), as amended
- Part A – Promotion of Professional Review Activities
  - Established immunity provisions
  - Developed through case law, not Federal regulations
- Part B – Reporting of Information
  - Established the NPDB
  - Final regulations governing the NPDB are codified at 45 CFR Part 60

NPDB (Continued)

- The NPDB serves primarily as an alert or flagging system to facilitate a comprehensive review of health care practitioners’ professional credentials.
- The information contained in the NPDB is meant to direct discrete inquiry into, and scrutiny of, specific areas of a practitioner's licensure, professional society memberships, medical malpractice payment history, and record of clinical privileges.
NPDB (Continued)

• The NPDB does not collect full records of reported incidents or actions and is not designed to be the sole source of information about a practitioner.

• The information contained in the NPDB should be considered together with other relevant data in evaluating a practitioner's credentials.

• If an NPDB report indicates that a settlement was made by or on behalf of a practitioner, it should not be assumed that negligence was involved.

• Credentialing and privileging should be an objective and circumspect process using all available resources to make an informed decision about a practitioner.

Who Reports to NPDB?
Prior to Section 1921

• Malpractice insurers and self-insured organizations
• Medical and Dental State licensing boards
• Hospitals, managed care organizations, other health care entities with formal peer review
• Professional societies with formal peer review
• Drug Enforcement Administration *
• HHS Office of Inspector General *

* Based on Memorandum of Agreement with HHS

What Must Be Reported?
Prior to Section 1921

• Adverse licensure actions on physicians and dentists *
• Adverse clinical privilege/membership actions *
• Adverse professional society actions *
• Medical malpractice payments
• Drug Enforcement Administration actions
• Medicare/Medicaid exclusions

* Based on the practitioner’s professional competence or conduct
Adverse Licensure Actions-Prior to Section 1921

Must report:
- State Medical and Dental Boards must report actions based on reasons relating to a physician's or dentist's professional competence or professional conduct which:
  - Revokes or suspends (or otherwise restricts) a physician's or dentist's license;
  - Censures, reprimands, or places on probation a physician or dentist; or
  - A physician or dentist surrenders their license.

Note: Other State Licensing Boards do not report.

Adverse Clinical Privileges/Membership - Prior to Section 1921

Must report:
- Professional review actions taken which:
  - Concern physicians or dentists;
  - Are based on professional competence or conduct that adversely affects, or could adversely affect, the health or welfare of a patient; and
  - Adversely affect clinical privileges/panel membership for a period longer than 30 days.
  - Other practitioners MAY be reported

- Voluntary surrender or restriction of clinical privileges/panel membership while under, or to avoid, investigation

- Summary or emergency suspensions resulting from a professional review action

NPDB: Who Must Query?

- Hospitals Must Query by Law:
  - When physicians, dentists, and other health care practitioners apply for medical staff appointments (courtesy or otherwise) or for clinical privileges; and
  - Every 2 years for all physicians, dentists, and other health care practitioners who are on the medical staff or who hold clinical privileges at the hospital.

- Those who May Query include:
  - Other health care entities (with a formal peer review process)
  - Professional societies (with a formal peer review process)
  - State Practitioner licensing boards
  - Practitioners (self-query only)
  - Researchers (non-identifying data only)
  - Plaintiff's attorneys (under limited circumstances)
**NPDB: Other Provisions**

- Submit reports within 30 days of the adverse action date or the medical malpractice payment date.
- Medical malpractice payers and health care entities must send a copy of the NPDB report to the appropriate State licensing board.
- Sanctions may be enforced for failure to report and query (mandatory for hospitals).
- Confidentiality is mandatory for all NPDB information.
- By law, the NPDB must recover full cost of operations (current fee is $4.75/query).

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**Expanding NPDB: Section 1921 of the Social Security Act**

Established through Section 5(b) of Public Law 100-93, the Medicare and Medicaid Patient and Program Protection Act of 1987 (Section 1921 of the Social Security Act), as amended.

Section 1921 amended by the Omnibus Budget Reconciliation Act of 1990, Public Law 101-508.

Final Regulations codified at 45 CFR Part 60 went into effect on March 1, 2010.
Intent of Section 1921

The intent of Section 1921 is to protect beneficiaries participating in the Social Security Act's healthcare programs from unfit healthcare practitioners and improve the anti-fraud provisions of these programs.

Benefits of Section 1921

- Access to expanded information enhances patient safety.
- Section 1921 information is available to hospitals, other health care entities, and state licensing boards with a single NPDB query.
- Information benefits hospitals, other health care entities, and state licensing boards with pre-employment screening as well as credentialing.
- HR departments can query to support employment decision-making for all licensed health care practitioners.
  - e.g., physicians, nurses, physical therapists, pharmacists, chiropractors, optometrists, podiatrists, social workers, respiratory therapists, etc.

Who Reports under Section 1921?

- State agencies responsible for licensing health care practitioners or entities
- Peer review organizations
  - Excludes Quality Improvement Organizations
- Private accreditation organizations
  - e.g., Joint Commission, URAC (AKA: the Utilization Review Accreditation Commission), the National Committee for Quality Assurance (NCQA)

* Health care entity provides health care services and follows a formal peer review process to further quality health care
Information Added by
Section 1921

- Adverse State licensure actions taken against all health care practitioners (including physicians and dentists) and health care entities
- Negative actions or findings by State licensing authorities
- Negative actions or findings by peer review organizations and private accreditation organizations

Section 1921: State Licensure Reporting

Section 1921 expands the current NPDB adverse licensure action reporting requirements in two ways:

- State licensing authorities must report adverse actions taken against all health care practitioners, not just physicians and dentists, as well as those actions taken against health care entities.
- State licensing authorities must report all adverse licensure actions (not just those based on professional competence and conduct).

State licensure actions, taken as a result of formal proceedings, are reportable to the NPDB. These actions include:

- Any adverse action, including revocation or suspension of a license, reprimand, censure, or probation;
- Any dismissal or closure of the proceedings by reason of the practitioner or entity surrendering the license or leaving the State or jurisdiction;
- Any other loss of the license, whether by operation of law, voluntary surrender (excluding those due to non-payment of licensure renewal fees, retirement, or change to inactive status), or otherwise; and
- Any negative action or finding that is publicly available information.
Section 1921: PRO & AO Reporting

Peer Review Organizations (PROs) must report:
• Any negative action taken or finding disclosed by the peer review organization; and
• Any recommendation made by the peer review organization to sanction a health care practitioner.

Private Accreditation Organizations (AOs) must report:
• Negative actions or findings, such as a final determination of denial or termination of an accreditation status, that indicate risk to the safety of patients or quality of health care services (health care entities only)

● Must be the result of formal proceedings

Summary of Who Now Reports

Title IV
• Medical Malpractice Payers
• Boards of Medical/Dental Examiners
• Hospitals
• Other health care entities with formal peer review
• Professional Societies with formal peer review
• OIG and DEA

Section 1921
• State agencies that license health care practitioners and entities
• Peer review organizations
• Private accreditation organizations

Summary of Reportable Actions

Title IV
• Medical malpractice payments (all health care practitioners)
• Adverse physician/dentist licensure related to competence and conduct (See Section 1921 for expansion)
• Adverse clinical privilege actions
• Adverse professional society membership actions
• DEA actions
• Medicare/Medicaid exclusions

Section 1921
• Any adverse licensure actions for all practitioners or entities, not limited to competence and conduct (not just physicians and dentists)
• Any negative action or finding by a state licensing or certification authority
• Peer review organization negative actions or findings against a health care practitioner or entity
• Private accreditation organization negative actions or findings against a health care entity
Who May Query the NPDB Under Section 1921?

• Entities that must or may query the NPDB under Title IV now have access to ALL Section 1921 reports (e.g., hospitals, State boards and other health care entities).

• Entities allowed access to the NPDB through Section 1921 may query ONLY Section 1921 information.

• Practitioners and entities may self-query.

• Researchers may use only non-identifying data.

* These entities also have access to Medicare/Medicaid exclusion information.

Who May Query the NPDB under Section 1921? (Continued)

Entities authorized to query only Section 1921 information include:

• Agencies (or their contractors) administering Federal health care programs
• State agencies administering State health care programs
• State agencies that license health care entities
• Medicaid Fraud Control Units (MFCU)
• U.S. Attorney General and other law enforcement
• U.S. Comptroller General
• Quality Improvement Organizations

What is in the NPDB Since Implementing Section 1921?
### NPDB Under Section 1921: Reports By Practitioner Type

<table>
<thead>
<tr>
<th>Category</th>
<th>Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>384,985</td>
</tr>
<tr>
<td>Dentists</td>
<td>64,093</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>110,833</td>
</tr>
<tr>
<td>Optometrists</td>
<td>18,730</td>
</tr>
<tr>
<td>Podiatrists/Assistants</td>
<td>9,077</td>
</tr>
<tr>
<td>Professional Nurses</td>
<td>72,543</td>
</tr>
<tr>
<td>Pharmacists and Assistants</td>
<td>21,703</td>
</tr>
<tr>
<td>Psychologists and Assistants/Associates</td>
<td>4,384</td>
</tr>
<tr>
<td>Physical Assistants</td>
<td>3,952</td>
</tr>
<tr>
<td>Physical Therapists and Assistants</td>
<td>5,593</td>
</tr>
<tr>
<td>Counselors/Marriage/Family Therapists</td>
<td>6,574</td>
</tr>
<tr>
<td>Veterinarians</td>
<td>2,285</td>
</tr>
<tr>
<td>Other Technologists/Technicians</td>
<td>2,695</td>
</tr>
<tr>
<td>Social Workers</td>
<td>4,398</td>
</tr>
<tr>
<td>Unspecified or Unknown individual*</td>
<td>492</td>
</tr>
<tr>
<td>Complimentary Medicine Practitioners</td>
<td>407</td>
</tr>
</tbody>
</table>

Data as of March 31, 2010

Reporting entity did not identify Occ/Field or State Licensure Code

### NPDB Under Section 1921: Reports By Practitioner Type (Continued)

<table>
<thead>
<tr>
<th>Category</th>
<th>Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistive Devices Service Practitioners</td>
<td>516</td>
</tr>
<tr>
<td>Occupational Therapists/Assistants</td>
<td>1,138</td>
</tr>
<tr>
<td>Speech/Language Pathologists/Audiologists</td>
<td>858</td>
</tr>
<tr>
<td>Physical Rehabilitation Service Practitioners</td>
<td>2,285</td>
</tr>
<tr>
<td>Dental Assistants/Prosthetists</td>
<td>1,794</td>
</tr>
<tr>
<td>Respiratory Therapists/Technologists</td>
<td>3,023</td>
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<tr>
<td>Medical Assistants</td>
<td>45</td>
</tr>
<tr>
<td>Other Health Care Practitioners</td>
<td>246</td>
</tr>
<tr>
<td>Dietitians/Nutritionists</td>
<td>116</td>
</tr>
<tr>
<td>Researcher, Clinical</td>
<td>2</td>
</tr>
<tr>
<td>Health Care Facility Administrators</td>
<td>85</td>
</tr>
<tr>
<td>Other Health Care Occupation</td>
<td>7</td>
</tr>
<tr>
<td>Non-Health Care Occupation</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>757,957</td>
</tr>
</tbody>
</table>

Data as of March 31, 2010

### Healthcare Integrity and Protection Data Bank (HIPDB)

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HIPDB

• Purpose is to deter fraud and abuse in the health care system and to promote quality health care by collecting and disseminating final adverse actions taken against health care practitioners, providers, and suppliers.

• Established under Section 1128E of the Social Security Act as added by Section 221(a) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

• Final regulations governing the HIPDB are codified at 45 CFR Part 61.

HIPDB: Who Must Report?

• Health Plans

• Federal and State Agencies
  - Licensing and certification agencies
  - Department of Justice, law enforcement agencies, Medicaid Fraud Control Units (MFCUs)
  - US Department of Health and Human Services (e.g. CMS, FDA, OIG)
  - Agencies that administer or pay for the delivery of health care services (e.g., Department of Veterans Affairs)

HIPDB: What is Reported?

FINAL ADVERSE ACTIONS REPORTED
• Health care-related criminal convictions
• Health care-related civil judgments
• Exclusions from Federal or State health care programs
• Federal and State licensure and certification actions
• Other adjudicated actions or decisions
  - Formal or official final actions that include the availability of a due process mechanism; and
  - Acts or omissions that affected, or could affect, the payment, provision or delivery of a health care item or service (e.g., contract terminations).

* Does not include any action with respect to a malpractice claim
* Specifically excludes clinical privileges or panel membership actions
HIPDB: Who May Query?

- Federal Agencies
- State Agencies
- Health Plans
- Practitioners, Providers, Suppliers may self-query
- Researchers using non-identifying data

HIPDB: Other Provisions

- Timeframe for reporting – generally within 30 days
- Civil liability protection for reporters
- Sanctions for failure to report
- The HIPDB must recover full cost of operations. The current query fee is $4.75 per query.

What Practitioner Reports Are in the HIPDB?

HIPDB individual reports as of 3/11/2019

- STATE LICENSED - 3,569
- END USER NONBURG - 69,795
- RAPID ON-LINE CONVICT - 8,103
- HEALTH PLAN ACTION - 4,239
- GOVERNMENT ADMINISTRATIVE - 3,811
- DEPARTMENT OF EDUCATION - 598
## What Organizational Reports Are in the HIPDB?

![Image](image_url)

**Total:** 11,821

### HIPDB Reports By Practitioner Type

**Data as of March 31, 2010**

<table>
<thead>
<tr>
<th>Practitioner Type</th>
<th>Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Nurses</td>
<td>124,611</td>
</tr>
<tr>
<td>Staff Registered Nurses</td>
<td>122,844</td>
</tr>
<tr>
<td>Pharmacists/Pharmacists</td>
<td>82,346</td>
</tr>
<tr>
<td>Dentists</td>
<td>60,920</td>
</tr>
<tr>
<td>Dental Assistants/Hygienists</td>
<td>5,149</td>
</tr>
<tr>
<td>Optometrists</td>
<td>4,574</td>
</tr>
<tr>
<td>Complementary Medicine Practitioners</td>
<td>849</td>
</tr>
<tr>
<td>Medical Management Family Therapists</td>
<td>6,446</td>
</tr>
<tr>
<td>Dental Assistants</td>
<td>77</td>
</tr>
<tr>
<td>Rehabilitation Services Practitioners</td>
<td>1,149</td>
</tr>
<tr>
<td>Social Workers</td>
<td>3,359</td>
</tr>
<tr>
<td>Physical Therapists and Assistants</td>
<td>4,337</td>
</tr>
<tr>
<td>Respiratory Therapists/Technologists</td>
<td>2,741</td>
</tr>
</tbody>
</table>

### HIPDB Reports By Practitioner Type (Continued)

<table>
<thead>
<tr>
<th>Practitioner Type</th>
<th>Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologists/Assistant/Associates</td>
<td>2,656</td>
</tr>
<tr>
<td>Emergency Medical Technicians</td>
<td>2,071</td>
</tr>
<tr>
<td>Health Care Facility Administrators</td>
<td>3,340</td>
</tr>
<tr>
<td>Physician Assistants/Associates</td>
<td>2,574</td>
</tr>
<tr>
<td>Respiratory Therapists/Technologists</td>
<td>3,792</td>
</tr>
<tr>
<td>Speech/Language Pathologists/Audiologists</td>
<td>225</td>
</tr>
<tr>
<td>Social Workers</td>
<td>4,305</td>
</tr>
<tr>
<td>Other Technologists/Technicians</td>
<td>2,109</td>
</tr>
<tr>
<td>Other Health Care Practitioners</td>
<td>2,435</td>
</tr>
<tr>
<td>Medical/Pharmacy/Pharmaceuticals</td>
<td>3,066</td>
</tr>
<tr>
<td>Health Care Facility Administrators</td>
<td>2,435</td>
</tr>
<tr>
<td>Other Health Care Occupations</td>
<td>7,171</td>
</tr>
<tr>
<td>Unspecified or Unknown Individual*</td>
<td>4,945</td>
</tr>
</tbody>
</table>

*Reporting entity did not identify Occ/Field of State Licensure code.

**Total:** 437,646
HIPDB Merger with NPDB

- Section 6403 of the Patient Protection and Affordable Care Act, signed into law on March 23, 2010, requires the elimination of duplication between the HIPDB and the NPDB.
- The Act requires the implementation of a transition period to cease operating the HIPDB and to transfer HIPDB data to the NPDB.
- During the transition, reporting and querying will be maintained.
- The merge of the HIPDB into the NPDB is targeted for 2012; HRSA is in the process of developing Proposed Rules.

Impact of Merge on Boards

- With the implementation of Section 1921 Regulatory Boards are submitting to both the NPDB and HIPDB without submitting separate reports. The merge will not change how or what boards submit generally.
- We are in the process of re-working terms and definitions to provide consistency—most notable is “any other negative action of finding”.

Compliance Activities: What we Feds are doing

- Compare NPDB payment reports to the NAIC summary payment reports. (Supplement A to Schedule T)
- Conduct regular data comparisons with disciplinary information obtained from the state licensing boards to verify and correct potential missing actions.
- Provide Notice of non-compliance with reporting requirements
  - State Licensure Authorities
  - Hospitals
Compliance Activities (Continued)

- Provide education and training programs for staff at State licensing boards on how to maintain and report health practitioner licensure data.
- Explore opportunities to make reporting easier.
- Establish a process for public reporting of entities that fail to meet their reporting requirements. (Compliance Status is listed on our website)
- Monitor the eligibility of Data Bank Registrants.
- Monitor for violations of Confidentiality Rules.

Resources

  - NPDB and HIPDB Guidebooks
  - Interactive Training
  - FAQs, Brochures, and Fact Sheets
  - Statistics
  - Annual Reports
  - Instructions for Reporting and Querying
- Customer Service Center - 1-800-767-6732 or 1-800-SOS-NPDB

Contact Information

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Email: WWest@hrsa.gov