

COUNCIL OF LICENSURE ENFORCEMENT & REGULATION (CLEAR)
ANNUAL CONFERENCE


NPDB/HIPDB: AN UPDATE

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Health Resources and Services Administration
Bureau of Health Professions
Division of Practitioner Data Banks

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Presentation Overview


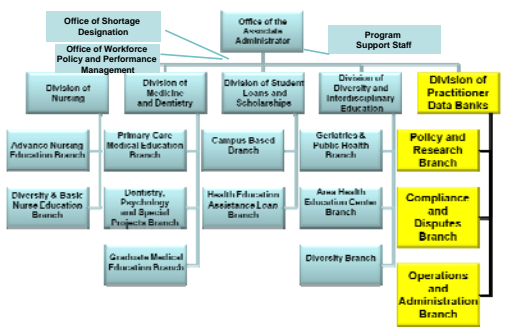


- Bureau of Health Professions
- National Practitioner Data Bank (NPDB)
- Expanding NPDB: Section 1921 of the *Social Security Act*
- Healthcare Integrity and Protection Data Bank (HIPDB)
- Merging the NPDB & HIPDB: Impact on Boards
- Compliance Activities

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Bureau of Health Professions

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graph TD
    OSD[Office of Shortage Designation] --- OWM[Office of Workforce Policy and Performance Management]
    OSD --- OAA[Office of the Associate Administrator]
    OSD --- PSS[Program Support Staff]
    OWM --- DN[Division of Nursing]
    OWM --- DM[Division of Medicine and Dentistry]
    OWM --- DSL[Division of Student Loans and Scholarships]
    OWM --- DIDE[Division of Diversity and Interdisciplinary Education]
    OWM --- DPDB[Division of Practitioner Data Banks]
    DN --- ANFR[Advanced Nursing Education Research]
    DN --- DBNER[Divorsity & Basic Nurse Education Branch]
    DM --- PCMER[Primary Care Medical Education Research]
    DM --- DPPP[Dentistry, Podiatry and Special Programs Branch]
    DM --- GMR[Graduate Medical Education Research]
    DSL --- CB[Campus Based Branch]
    DSL --- HFLA[Health Education Assistance Loan Branch]
    DIDE --- GPHR[Geriatrics & Public Health Research]
    DIDE --- AHC[Area Health Education Center Branch]
    DIDE --- DB[Divorsity Branch]
    DPDB --- PRB[Policy and Research Branch]
    DPDB --- CDB[Compliance and Disputes Branch]
    DPDB --- OAB[Operations and Administration Branch]
  
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 **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.





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 **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

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 **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.

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 **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.

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 **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



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 **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

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 **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.



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 **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

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 **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)

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 **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 Section 1921 of the *Social Security Act*





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 **NPDB Expansion:**
Section 1921 


Section 1921 of the *Social Security Act* expands the information collected and disseminated through the NPDB.

- 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.



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 **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.





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 **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.



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 **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

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 **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



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 **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).



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 **Section 1921: State Licensure Reporting (Continued)** 

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.

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 **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*

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 **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

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 **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

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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.

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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

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What is in the NPDB Since Implementing Section 1921?

Report Type	Count
STATE LICENSURE	355,278
MEDICAL MALPRACTICE PAYMENT	345,388
EXCLUSION/DEBARMENT	38,581
TITLE IV CLINICAL PRIVILEGES	17,755
PROFESSIONAL SOCIETY	547
DEA/FEDERAL LICENSURE	187

NPDB Reports as of 3/31/2010

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**NPDB Under Section 1921:
Reports By Practitioner Type**




Physicians	364,580
Dentist	64,293
Para-Professional Nurses	110,827
Chiropractors	15,125
Podiatrists/Assistants	9,617
Professional Nurses	129,543
Pharmacists and Assistants	21,702
Psychologists/Assistants/Associates	4,384
Physician Assistants	3,852
Physical Therapists and Assistants	5,029
Counselors/Marriage/Family Therapist	6,214
Optometrists	2,285
Emergency Medical Practitioners	2,450
Other Technologists/Techs	2,069
Social Workers	4,326
Unspecified or Unknown Individual*	408
Complimentary Medicine Practitioners	467

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

Data as of March 31, 2010 28


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





Assistive Devices Service Practitioners	616
Occupational Therapists/Assistants	1,136
Speech/Language Pathologists/Audiologists	826
Other Rehab/Restorative Service Practitioners	2,296
Dental Assistants/Hygienists	1,794
Respiratory Therapists/Technologist	3,525
Medical Assistants	40
Other Health Care Practitioners	346
Dieticians/Nutritionists	116
Researcher, Clinical	2
Health Care Facility Administrators	65
Other Health Care Occupation	21
Non-Health Care Occupation	3
Total	757,957

Data as of March 31, 2010 29

**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.

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 **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)

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 **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 affect, 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

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HIPDB: Who May Query?

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

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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.

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What Practitioner Reports Are in the HIPDB?

Category	Percentage	Count
STATE LICENSURE	80%	336,175
EXCLUSION/DEBARMENT	14%	56,765
JUDGMENT OR CONVICTION	1%	17,092
HEALTH PLAN ACTION	4%	4,889
GOVERNMENT ADMINISTRATIVE	-	2,845
DEA/FEDERAL LICENSURE	-	158

HIPDB Individual Reports as of 8/31/2010

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HIPDB Reports By Practitioner Type

Professional Nurses	124,611
Para-Professional Nurses	122,551
Physicians (MDs/Dos)	62,340
Pharmacists and Assistants	21,055
Assistive Devices Service Practitioners	667
Dentists	16,996
Dental Assistants/Hygienists	1,797
Dieticians/Nutritionists	113
Chiropractors	10,741
Complimentary Medicine Practitioners	548
Non-Health Care Occupations	6,540
Counselors/Marriage/Family Therapists	6,288
Medical Assistants	71
Occupational Therapists/Assistants	1,109
Optometrists	1,755
Social Workers	3,930
Physical Therapists and Assistants	4,101
Respiratory Therapists/Technologists	3,781



Data as of March 31, 2010

HIPDB Reports By Practitioner Type (Continued)

Psychologists/Assistants/Associates	3,495
Emergency Medical Practitioners	2,809
Podiatrists and Assistants	2,574
Health Care Facility Administrators	2,276
Physician Assistants	2,347
Psychologists/Assistants/Associates	3,012
Respiratory Therapists/Technologists	3,781
Speech/Language Pathologists/Audiologists	855
Social Workers	4,308
Other Technologists/Techs	2,108
Other Rehab/Restorative Svc. Practitioners	2,498
Researcher, Clinical	300
Other Health Care Practitioners	831
Health Care Facility Administrators	2,430
Other Health Care Occupation	2,252
Non-Health Care Occupations	7,171
Unspecified or Unknown Individual*	5,665
Total	437,646



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

Data as of March 31, 2010

 **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.

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 **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”.

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 **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

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 **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.

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 **Resources** 

- Web Site - www.npdb-hipdb.hrsa.gov
 - > 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

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