With the implementation of Section 1921 of the Social Security Act and the enactment of healthcare reform, the National Practitioner Data Bank (NPDB) is expanded to collect and disseminate adverse information beyond actions based on professional competence and conduct on physicians and dentists.

This presentation describes the impact these changes are having or will have on reporters, those that query, and practitioners.
Presentation Overview

I. HRSA’s Bureau of Health Professions (BHPPr), Division of Practitioner Data Banks (DPDB)

II. NPDB

III. Section 1921 of the Social Security Act

IV. Healthcare Integrity and Protection Data Bank (HIPDB)

V. Proactive Disclosure Service

I. HRSA’s Bureau of Health Professions
BHPr Mission

Increase the population’s access to healthcare 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 healthcare needs and provide the highest quality of care for all.

Division of Practitioner Data Banks

The DPDB, part of the Bureau of Health Professions, is committed to the development and operation of cost-effective and efficient systems that offer accurate, reliable, and timely information on practitioners, providers, and suppliers to credentialing, privileging, and government authorities.
II. The National Practitioner Data Bank (NPDB)
Today’s discussion will start with -

• NPDB under Title IV

• NPDB supplemented by Section 1921

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
The Health Care Quality Improvement Act intended that the NPDB would promote quality healthcare for all Americans by:

1. Restricting the ability of incompetent healthcare practitioners from moving from state to state without disclosure or discovery of previous damaging or incompetent performance; and

2. Promoting professional peer review.

The NPDB serves primarily as an alert or flagging system to facilitate a comprehensive review of healthcare 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.
Practitioners  
(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.

NPDB Reporting Requirements

• Who must report to the NPDB under Title IV?

• What must be reported under Title IV?
### Who Must Report to the NPDB?

**Who must report under Title IV:**

- Malpractice insurers and self-insured organizations
- Medical and dental state licensing boards
- Hospitals, managed care organizations, other healthcare 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?

**What must be reported under Title IV?**

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

* Based on the practitioner’s professional competence or conduct
What must be reported:

- All 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 thirty days.

* Other practitioners MAY be reported

What must be reported: (continued)

- 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 Querying

• Who must query under Title IV?

• Who may query under Title IV?

Who Must Query?

Hospitals Must Query by Law:

• When physicians, dentists, and other healthcare practitioners apply for medical staff appointments (courtesy or otherwise) or for clinical privileges; and

• Every two years for all physicians, dentists, and other healthcare practitioners who are on the medical staff or who hold clinical privileges at the hospital.
Who May Query?

- Hospitals at anytime with respect to professional review activities
- State practitioner licensing boards
- Other healthcare entities with a formal peer review process

Who May Query? (Continued)

- Professional societies with a formal peer review process
- Practitioners may self-query only
- Researchers using non-identifying data only
NPDB: Other Provisions

- Timeframe for reporting is within thirty days of the adverse action or payment of the medical malpractice claim.

- Medical malpractice payers and healthcare 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 ($4.75/query).

III. Section 1921 of the Social Security Act
NPDB Expansion: Section 1921

Changing Times

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

- Final Rule for Section 1921 was published in the Federal Register on January 28, 2010.

- Implementation of Section 1921 was effective March 1, 2010.

Section 1921

- Public Law 100-93, Section 5 of the Medicare and Medicaid Patient and Program Protection Act of 1987 (Section 1921 of the Social Security Act)

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

- Final regulations codified at 45 CFR Part 60
**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**

- Section 1921 information is available to hospitals and other healthcare entities with a single NPDB query.

- Information serves as a valuable resource for pre-employment screening as well as credentialing.

- HR departments can query to support employment decision-making for all licensed healthcare practitioners.
  - e.g., physicians, nurses, physical therapists, pharmacists, chiropractors, optometrists, podiatrists, social workers, respiratory therapists, etc.

- Access to expanded information enhances patient safety.
Who Must Report Under Section 1921?

- State agencies responsible for licensing healthcare practitioners or entities*
- Peer review organizations
  - Excludes Quality Improvement Organizations
- Private accreditation organizations
  - Such as The Joint Commission, URAC (FKA the Utilization Review Accreditation Commission, the National Committee for Quality Assurance (NCQA))

* Healthcare entity provides healthcare services and follows a formal peer review process to further quality healthcare

Summary of Who Now Reports

Reporters under Title IV
- Medical Malpractice Payors
- Boards of Medical/Dental Examiners
- Hospitals
- Other healthcare entities with formal peer review
- Professional Societies with formal peer review
- OIG and DEA

New reporters under Section 1921
- State agencies that license healthcare practitioners and entities
- Private accreditation organizations
- Peer review organizations
What Additional Information Must Be Reported Under Section 1921?

- Adverse state licensure actions taken against all healthcare practitioners (including physicians and dentists) and 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:

1. State licensing authorities must report adverse actions taken against all healthcare practitioners, not just physicians and dentists, as well as those actions taken against health care entities.

2. 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:

1. Any adverse action, including revocation or suspension of a license, reprimand, censure, or probation;

2. Any dismissal or closure of the proceedings by reason of the practitioner or entity surrendering the license or leaving the state or jurisdiction;

Reportable state licensure actions:

3. 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

4. Any negative action or finding that is publicly available information.
Section 1921: Peer Review Organization Reporting

Peer Review Organizations 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 healthcare practitioner. *

* Must be the result of formal proceedings

Section 1921: Private Accreditation Organizations Reporting

Private Accreditation Organizations 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 healthcare services [healthcare entities only] *

* Must be the result of formal proceedings
Summary of Reportable Actions

Title IV
- Medical malpractice payments (all healthcare 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

Summary of Reportable Actions (Continued)

Section 1921 expansions and additions
- 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 healthcare practitioner or entity
- Private accreditation organization negative actions or findings against a healthcare practitioner or entity
What is in the NPDB Since Implementing 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 healthcare 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:

1. Agencies (or their contractors) administering federal healthcare programs
2. State agencies administering state healthcare programs
3. State agencies that license healthcare entities
4. Medicaid Fraud Control Units (MFCU)
5. U.S. Attorney General and other law enforcement
6. U.S. Comptroller General
7. Quality Improvement Organizations

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

- Purpose is to deter fraud and abuse in the healthcare system and to promote quality healthcare by collecting and disseminating final adverse actions taken against healthcare 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)
  - HHS (e.g. CMS, FDA, OIG)
  - Agencies that administer or pay for the delivery of healthcare services (e.g., Department of Veterans Affairs)
**HIPDB: What is Reported?**

- Healthcare-related criminal convictions
- Healthcare-related civil judgments
- Exclusions from federal or state healthcare programs
- Federal and state licensure and certification actions
- Other adjudicated actions or decisions

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**What is Reported? (Continued)**

Other adjudicated actions or decisions * include:

- 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 healthcare item or service.

*Example: contract terminations*

*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 thirty 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?

- State Licensure: 38,175
- Exclusion/Debarment: 50,785
- Judgment or Conviction: 17,032
- Health Plan Action: 4,889
- Government Administrative: 2,841
- DEA/Federal Licensure: 194

HIPDB Individual Reports as of 3/31/2010

What Organizational Reports Are in the HIPDB?

- Government Administrative: 8,393
- State Licensure: 2,990
- Exclusion/Debarment: 1,395
- Judgment or Conviction: 62
- Health Plan Action: 170
- DEA/Federal Licensure: 69

HIPDB Organization Reports as of 3/31/2010
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; currently in the process of developing Proposed Rules.

V. Proactive Disclosure Service (PDS)
What is the Proactive Disclosure Service?

- The PDS is a subscription service developed in response to a growing interest in continuous monitoring of healthcare practitioners.

- Entities that subscribe to the PDS receive notification within one business day of the Data Banks' receipt of a report on any of their enrolled practitioners.

- This service is offered as an alternative to the traditional query process.

- The PDS meets legal and accreditation requirements for querying the NPDB.

Traditional Query Process

- Healthcare entities, including hospitals, Managed Care Organizations (MCOs), state and federal agencies, query the Data Bank by requesting information on a routine schedule

- Users query in preparation for reappointment or during the re-credentialing process (typically every two or three years)

- Query fee is $4.75 per name, per Data Bank
The PDS Process

- PDS is an alternative to the traditional query.
  - PDS requires the same practitioner information.
  - You continue using your subject database.
- Annual subscription fee is $3.25 per enrollee, per Data Bank—no separate query fee.
- Upon enrollment, you receive the same report information as a query response.
- PDS continuously queries on your behalf and notifies you of any new reports.
  - No need to re-query for reappointments or temporary privilege extensions.

The PDS Process

- Renew your enrolled practitioners annually for the same $3.25 per enrollee, per Data Bank.
  - PDS can renew your enrollments automatically.
- Utilize the on-demand access to any report for all enrolled practitioners.
- Cancel enrollments when you no longer need to monitor a practitioner
  - PDS can cancel an enrollment on a future date of your choice.
PDS Adoption

• Enrollment statistics as of January 2010:
  - 1,350 total entity subscribers, predominately hospitals
  - 511,000 practitioners
  - 3% of reports received this year were disclosed via the PDS
  - Overall renewal rate of 96%

• Customer feedback—Excellent!

PDS - Enrollment

Enrollment Confirmation:
• Returned for every enrolled subject
• Documents that a practitioner is enrolled in the PDS
• May be used to demonstrate compliance with accreditation standards
• Includes:
  - Subject information
  - PDS enrollment dates
  - Enrollment status
  - Any reports on the practitioner
Notifications are sent for:

- New reports
- Corrections
- Revisions
- Voids
- Subject statements
- Disputed status/Secretarial review
PDS Monthly Summary

All users receive a monthly email summarizing PDS activities that month, including:
- Upcoming renewals
- The number of proactive disclosures
- The number of enrollments submitted
- Renewals processed
- Scheduled cancellations
- Total enrollments

PDS Endorsements

- The Joint Commission
- National Committee for Quality Assurance (NCQA)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- URAC (FKA the Utilization Review Accreditation Commission)
- The Centers for Medicare & Medicaid Services (CMS)
PDS and Accreditation Compliance

PDS provides several on-demand reports for you to prove compliance with accreditation standards.

- **Subject Listing**
  - Shows all practitioners, their enrollment status, and period of enrollment

- **Proactive Disclosure History**
  - Shows all proactive report disclosures, and by whom and when the disclosure was viewed
Compliance Activities

1. NPDB and HIPDB Regulations mandate reporting within thirty days of the date of the final action.

2. Compare NPDB payment reports to the NAIC summary payment reports. (Supplement A to Schedule T)

3. Conduct regular data audits that will provide data checks with the state licensure boards for verification and correction of missing data elements.
4. Provide Notice of non-compliance with reporting requirements.
   - State licensure authorities
   - Hospitals

5. Provide education and training programs for staff at state licensing boards on how to maintain and report health practitioner licensure data.

6. Explore opportunities to make reporting easier.

7. Establish a process for public reporting of entities that fail to meet their reporting requirements.

8. Monitor the eligibility of Data Bank Registrants.

Resources

- Website - 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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