



NPDB

National Practitioner Data Bank

NPDB Spring 2015 Education Forum

Licensure Breakout Session

In this session, an overview of licensure and certification action reporting will be provided, followed by a discussion of example reports. The bulk of this session will be spent having an engaging dialogue about issues and other pressing matters of importance to the audience.

Agenda

Discussion of Licensure and Certification Action Reporting Obligations

- A quick look at reporting obligations
- Core principles when submitting a State Licensure report

How to Create an Excellent State or Federal Licensure Report:

- Review some example reports and discuss what's wrong and what could be improved

Open Discussion – Share what's on your mind and bring your questions.

- What challenges do you run into? What questions do you want answered?
- Do you have questions about reportability of some types of actions?
- Do you have questions about DPDB compliance efforts?

Examination of Reports – Discussion Notes

DUNN, IGOR B. (5950000090962005)

- The report fails to provide a full first name, which will make finding this practitioner during a query difficult.
- The report narrative (“See board website for details”) is an insufficient narrative. The narrative description must include sufficient detail to ensure that future queriers have a clear understanding of what the subject of the report is alleged to have done and the nature of and reasons for the event upon which the report is based. In this report example, the licensure action was REVOCATION OF LICENSE (1110) and the basis for action codes was PATIENT ABANDONMENT (F9) and FAILURE TO CONSULT OR DELAY IN SEEKING CONSULTATION WITH SUPERVISOR/PROCTOR (F8). Therefore, a sufficient narrative in this example would explain the patient abandonment and failure to consult allegations which led to the revocation.

NEIGHBORHOOD PHARMACY (5950000090962004)

- The report indicated that the date the final action was taken was 12/24/2014; however, the date the action became effective was 11/15/2014, which precedes the date the board took action. If these dates are correct, the discrepancy should be noted in the report narrative.
- The field *Total Amount of Monetary Penalty* is blank; however, it is noted in the report narrative that a \$7,000 fine was issued.
- The report narrative is an insufficient narrative. Similar to the above example, the report narrative needs to explain what the pharmacy is alleged to have done and why the board took the action to suspend the license. Since the board stated that the reasons for the suspension were related to NARCOTICS VIOLATION OR OTHER VIOLATION OF DRUG STATUTES (HI), ALLOWING OR AIDING UNLICENSED PRACTICE (G2), and IMPROPER OR INADEQUATE SUPERVISION OR DELEGATION (G1), the narrative must discuss each of these reasons.

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NPDB Spring 2015 Education Forum Licensure Report Breakout Session

April 7, 2015

U.S. Department of Health and Human Services

Health Resources and Services Administration

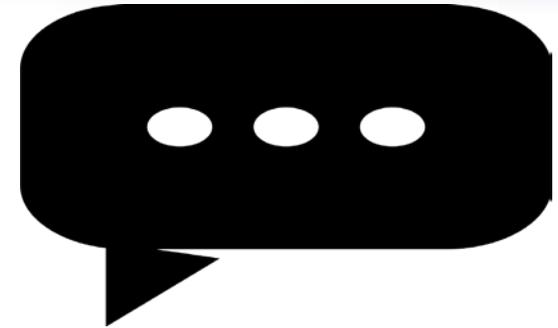
Bureau of Health Workforce

Division of Practitioner Data Bank



Agenda

- ▶ Discussion of Licensure and Certification Action Reporting Obligations
- ▶ Activity: How to Create an Excellent State or Federal Licensure Report
- ▶ Open Discussion



Reporting & Querying Details

State Licensing and Certification Agencies

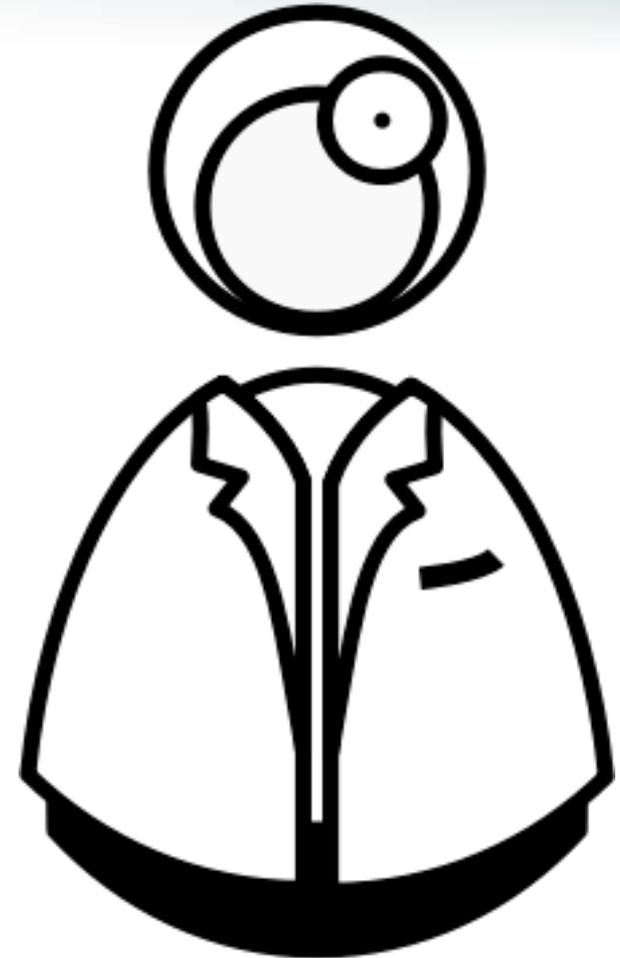
Must report on: Practitioners, providers, and suppliers

- ▶ Adverse licensure and certification actions
- ▶ Any dismissal or closure of a formal proceeding by reason of surrendering the license or leaving the state/jurisdiction
- ▶ Any other loss of license or right to apply
- ▶ Any negative action or finding connected to health care delivery or taken in conjunction with another action

Reporting & Querying Details

State Licensing and Certification Agencies

May query on: Practitioners, providers, and suppliers as needed, including when reviewing initial or renewal applications; or when certifying eligibility to participate in government programs



Reporting Examples

Fines and Penalties

- ▶ Reportable if connected to the delivery of health care or taken in conjunction with another action

Stayed Actions

- ▶ Report the part, if applicable, that is not stayed

Summary/Emergency/Non-Final Actions

- ▶ Report interim cessation of practice during investigation (includes voluntary), emergency/summary suspensions



Reporting Examples

Alcohol and Drug Treatment

- ▶ Reportable: A practitioner enters treatment and a licensure or certification action is taken
- ▶ Not reportable: If a practitioner enters treatment and no licensure or certification action is taken
- ▶ To protect confidentiality, the fact that the practitioner entered treatment should not be reported



Reporting Examples

Denials of Initial or Renewal Application

- ▶ Reportable if denied based on formal proceedings
- ▶ Not reportable if threshold criteria not met
- ▶ For initial only – withdrawal of application while being investigated, for any reason, is not reportable

Withdrawal of Renewal During Investigation

- ▶ Reportable regardless of reason

Voluntary Surrenders

- ▶ Report surrenders made after notification of an investigation or formal official request

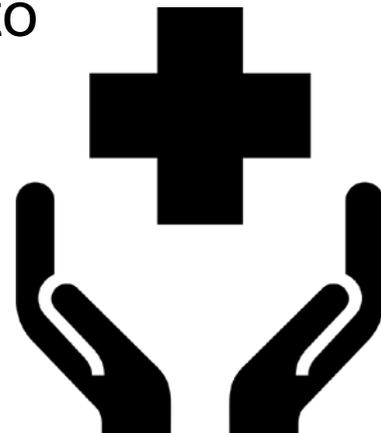
Reporting & Querying Details

Federal Licensing and Certification Agencies

Must report on: Practitioners, providers, and suppliers

▶ Formal or official adverse actions

May query on: Practitioners, providers, and suppliers as needed, including when reviewing initial or renewal applications; or when certifying eligibility to participate in government programs



Group Activity

Group Activity

- ▶ At your table, review the two reports and generate a list of report weaknesses
 - Igor B. Dunn
 - Neighborhood Pharmacy
- ▶ Identify what would have made the report better (and more compliant) with reporting regulations
- ▶ As a licensing professional, what issues do you run into when reporting to the NPDB? How do you overcome these issues?

Open Discussion

DUNN, I B

LICENSING BOARD

CORRECTION TO STATE LICENSURE ACTION

Date of Action: 02/24/2015

Initial Action

Basis for Initial Action

- REVOCATION OF LICENSE

- PATIENT ABANDONMENT
- FAILURE TO CONSULT OR DELAY IN SEEKING
CONSULTATION WITH SUPERVISOR/PROCTOR

A. REPORTING ENTITY

Entity Name: LICENSING BOARD
Address: 123 CEDAR LANE
City, State, Zip: ROCKVILLE, MD 20857-0001
Country:
Name or Office: JANET DOE
Title or Department: BOARD OFFICIAL
Telephone: (555) 555-5555
Entity Internal Report Reference:
Type of Report: CORRECTION
Previous Report Number: 5950000090962002 (Please destroy all copies of the previous report)

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

NOTE: Information marked with an asterisk (*) was added, corrected, or removed.

Subject Name: DUNN, I B
Other Name(s) Used:
Gender: MALE
Date of Birth: 05/20/1970
Organization Name: MARYLAND HOSPITAL
* Work Address: 599 MARYLAND HOSPITAL WAY
City, State, ZIP: ROCKVILLE, MD 20857-0001
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Home Address: 123 ANY STREET
City, State, ZIP: ROCKVILLE, MD 20857-0001
Deceased: NO

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): ***-**-6789

Individual Taxpayer Identification Numbers (ITIN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE (2000)

Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO)

State License Number, State of Licensure: MD0889, MD

* Specialty: EMERGENCY MEDICINE

Drug Enforcement Administration (DEA) Numbers: AD123456789

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):

MARYLAND HOSPITAL
Business Address of Affiliate: 599 MARYLAND HOSPITAL WAY
City, State, ZIP: ROCKVILLE, MD 20857-0001

Nature of Relationship(s): SUBJECT HAS CLINICAL PRIVILEGES WITH AFFILIATE OR ASSOCIATE (350)

C. INFORMATION REPORTED

NOTE: Information marked with an asterisk (*) was added, corrected, or removed.

Type of Adverse Action: STATE LICENSURE

* Basis for Action: PATIENT ABANDONMENT (F9)
FAILURE TO CONSULT OR DELAY IN SEEKING CONSULTATION WITH SUPERVISOR/PROCTOR (F8)

* Name of Agency or Program That Took the Adverse Action Specified in This Report: MARYLAND LICENSING BOARD

Adverse Action Classification Code(s): REVOCATION OF LICENSE (1110)

Date Action Was Taken: 02/24/2015

Date Action Became Effective: 02/24/2015

Length of Action: PERMANENT

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: NO

* 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: SEE BOARD WEBSITE FOR DETAILS.

Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the Health or Welfare of the Patient?: YES

Subject identified in Section B has appealed the reported adverse action.

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.

- This report has been disputed by the subject identified in Section B.
- 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.
- 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 and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- 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: 02/24/2015

Date of Most Recent Change: 02/26/2015

This report is maintained under the provisions of: Title IV; Section 1921

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, Section 1921 of the Social Security Act, and 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

NEIGHBORHOOD PHARMACY

LICENSING BOARD

STATE LICENSURE ACTION

Date of Action: 11/15/2014

Initial Action

Basis for Initial Action

- SUSPENSION OF LICENSE OR CERTIFICATE

- NARCOTICS VIOLATION OR OTHER VIOLATION OF DRUG STATUTES
- ALLOWING OR AIDING UNLICENSED PRACTICE
- IMPROPER OR INADEQUATE SUPERVISION OR DELEGATION

A. REPORTING ENTITY

Entity Name: LICENSING BOARD
Address: 123 CEDAR LANE
City, State, Zip: ROCKVILLE, MD 20857-0001
Country:
Name or Office: JANET DOE
Title or Department: BOARD OFFICIAL
Telephone: (555) 555-5555
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: NEIGHBORHOOD PHARMACY
Other Organization Name(s) Used:
Business Address: 156 CEDEAR LANE
City, State, ZIP: ROCKVILLE, MD 20857-0001
Organization Type: PHARMACY (345)

Names and Titles of Principal Officers and Owners (POO): HUNTSHIRE, RACHEL B.
Federal Employer Identification Numbers (FEIN): 123568978
Social Security Numbers (SSN):
Individual Taxpayer Identification Numbers (ITIN):
State License Number, State of Licensure: RX1258, MD

Is the Subject a health care entity that provides health care services and engages in a formal peer review process for the purpose of furthering quality health care?: NO
Drug Enforcement Administration (DEA) Numbers: AH2598659
Clinical Laboratory Act (CLIA) Numbers:
Food and Drug Administration (FDA) Numbers: 25986
National Provider Identifiers (NPI):
Medicare Provider/Supplier 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: STATE LICENSURE
Basis for Action: NARCOTICS VIOLATION OR OTHER VIOLATION OF DRUG STATUTES (H1)
ALLOWING OR AIDING UNLICENSED PRACTICE (G2)
IMPROPER OR INADEQUATE SUPERVISION OR DELEGATION (G1)

Name of Agency or Program That Took the Adverse Action Specified in This Report: MARYLAND PHARMACY BOARD

Adverse Action Classification Code(s): SUSPENSION OF LICENSE OR CERTIFICATE (3136)

Date Action Was Taken: 12/24/2014

Date Action Became Effective: 11/15/2014

Length of Action: INDEFINITE

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: YES, WITH CONDITIONS (REQUIRES A REVISION TO ACTION REPORT WHEN STATUS CHANGES)

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: FINE ASSESSED \$7,000

Subject identified in Section B has appealed the reported adverse action.

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.

- This report has been disputed by the subject identified in Section B.
- 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.
- 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 and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- 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: 02/24/2015

Date of Most Recent Change: 02/24/2015

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 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
