

**Data Bank Education Forum
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Reporting and Querying Requirements

- National Practitioner Data Bank
- Healthcare Integrity and Protection Data Bank
- Comparing NPDB and HIPDB

- National Practitioner Data Bank

National Practitioner Data Bank

Title IV: Background

NPDB was 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
- Part B – Reporting of Information

Codified at 42 USC §§ 11101 et seq.; regulations at 45 CFR Part 60.

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Section 1921: Background

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

Codified at 42 USC § 1396r-2; regulations at 45 CFR Part 60.

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Purpose

The NPDB serves primarily as a flagging system intended to facilitate a comprehensive review of health care practitioners' credentials. The information in the NPDB is used to alert state licensing authorities and health care entities that there may be a problem with a particular practitioner's professional competence or conduct.

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Reporters under Title IV and Section 1921

- Medical malpractice payers
- Boards of medical and dental examiners
- Hospitals
- Other health care entities with formal peer review
- Professional societies with formal peer review
- HHS Office of Inspector General (HHS-OIG) and Drug Enforcement Administration (DEA)*

*Based on Memorandum of Understanding with HHS.

(continued)

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Reporters under Title IV and Section 1921, continued

- State agencies that license health care practitioners and entities
- Private accreditation organizations
 - e.g. Joint Commission, Utilization Review Accreditation Commission (URAC), National Council for Quality Assurance (NCQA)
- Peer review organizations
 - Excludes quality improvement organizations

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What is Reported – Title IV

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

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What is Reported – Section 1921

- Any adverse licensure action for *all practitioners or entities, not limited to competence or 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
- Private accreditation organization negative actions or findings against a health care entity

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Medical Malpractice Payment Overview

Each person, entity, or insurer that makes a payment under an insurance policy, self insurance, or otherwise, for the benefit of a physician, dentist, or other health care practitioner in settlement or judgment against a practitioner for medical malpractice must report this payment.

Payments made by federal agencies are reportable.

Employers who insure their employees must report.

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Medical Malpractice Payments – What Is Reportable

Reportable medical malpractice payments are:

- The result of a written complaint or claim demanding payment
- Based on the provision or failure to provide health care services
- Based on tort law

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Medical Malpractice Payments – Not Reportable

These payments are not reportable:

- Payments made in situations where there was no written claim or complaint
- Payments made to satisfy claims against health care entities that do not identify individual practitioners – the “corporate shield”
- Individuals who make a malpractice payment from their own personal funds

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Adverse Actions – What Must be Reported

1. All professional review actions that:
 - 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
 - Adversely affects clinical privileges or professional society membership for a period longer than 30 days

*Other practitioners *may* be reported.

(continued)

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Adverse Actions – What Must be Reported, continued

2. Voluntary surrender or restriction of clinical privileges or professional society membership while under, or to avoid, investigation.

3. Summary or emergency suspension resulting from a professional review action.

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State Licensure Action Overview

Section 1921 expands the Title IV 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 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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State Licensure Actions – What Must Be Reported

- License revocations, restrictions, suspensions, surrenders, censures, reprimands, and probations
- Any dismissal or closure of formal proceedings because the practitioner or entity surrenders the license or leaves the state or jurisdiction

(continued)

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State Licensure Actions – What to Report, continued

- Voluntary surrender or withdrawal of an application for license renewal, or denial of an application for license renewal, and the nonrenewal of a license (excluding nonrenewals due to the failure to pay renewal fees, retirement, or change to inactive status)
- Summary or emergency suspensions

(continued)

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State Licensure Actions – What to Report, continued

- Any negative action or finding that under the state's law is publicly available information and is rendered by a licensing or certification authority – including, but not limited to, limitations on the scope of practice, liquidations, injunctions, and forfeitures
- Revisions to previously reported adverse licensure actions, such as reinstatement of a license

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State Licensure Actions – Do Not Report

- Monitoring, continuing education, completion of other obligations (unless these constitute a restriction, reprimand, etc.)
- Stayed actions
- Voluntary relinquishment of a license for personal reasons (such as retirement or change to inactive status)

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Peer Review Organization – What to Report

A negative action or finding by a peer review organization – that is, any recommendation to sanction a health care practitioner. Must be the result of a formal proceeding with due process.

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Private Accreditation Organization – What to Report

A negative action or finding by a private accreditation organization – that is, a final determination of denial or termination of an accreditation status that indicates a risk to the safety of patients or the quality of health care services. These actions are taken against health care entities only. Must be the result of formal proceedings with due process.

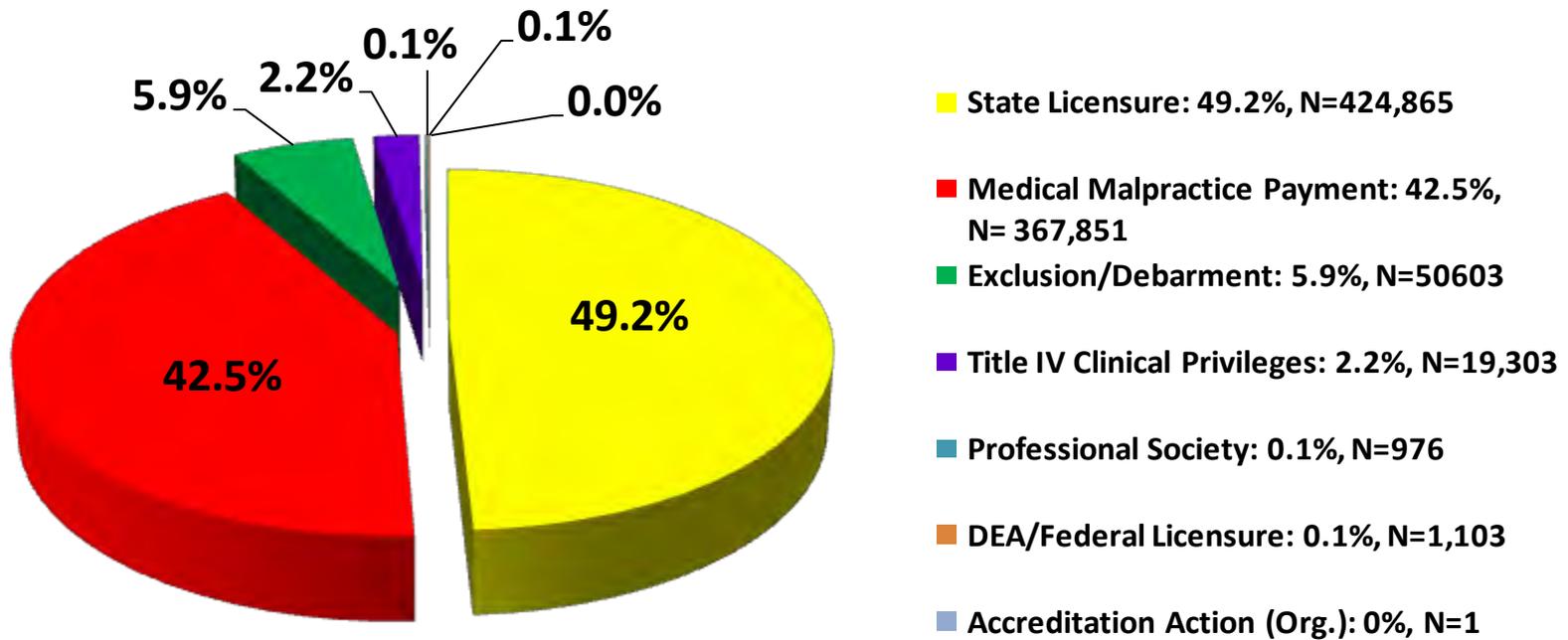
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Medicare and Medicaid Exclusions

The NPDB contains reports concerning Medicare and Medicaid exclusions against health care practitioners.

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NPDB Reports by Type (N=864,702)



NPDB Reports from September 1, 1990, through December 31, 2011

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Sanctions for Not Reporting

The HHS OIG may impose civil money penalties under Title IV against any malpractice payer that fails to report properly – currently up to \$11,000 for each payment involved.

Health care entities or professional societies that fail to report may have their name published in the Federal Register and lose immunity provisions with respect to professional review activities for a period of 3 years.

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Mandatory Querying

Hospitals must query:

- When physicians, dentists, and other health care practitioners apply for medical staff appointments (courtesy or otherwise) or 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

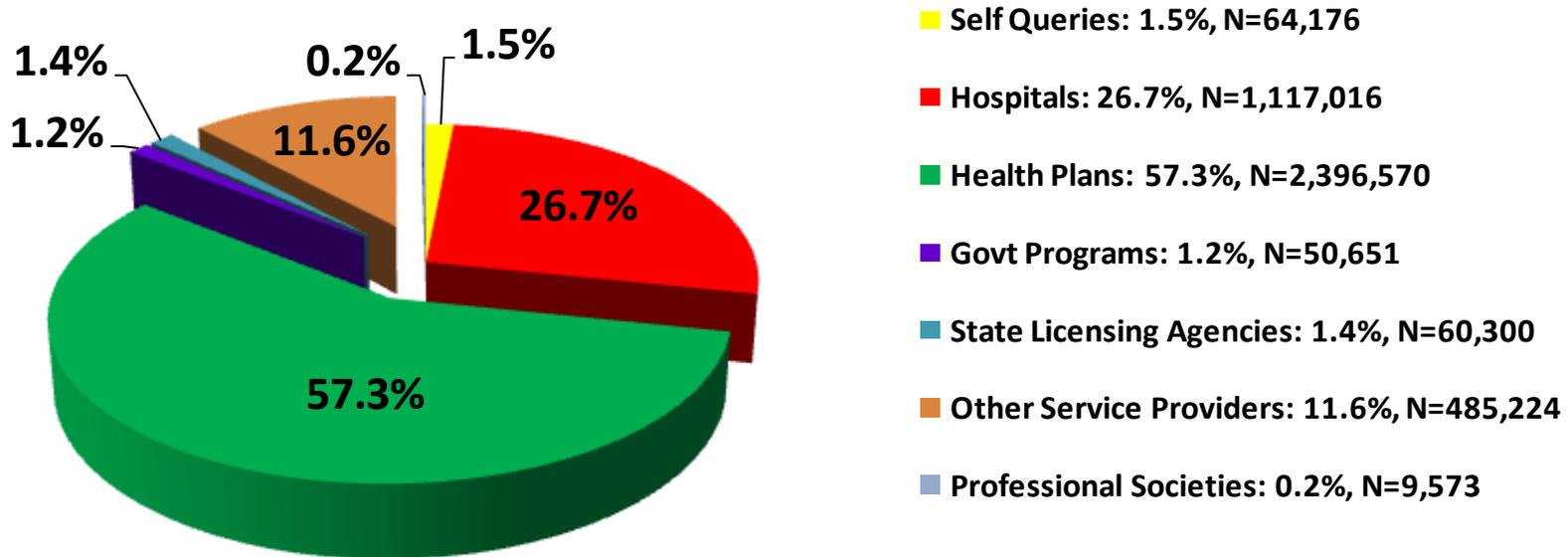
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Others that May Query

- Other health care entities (with formal peer review processes)
- Professional societies (with formal peer review processes)
- State practitioner licensing boards
- Law enforcement agencies (Section 1921 info only)
- Quality improvement organizations (Section 1921 info only)
- Practitioners (self-query only)
- Researchers (nonidentifying data only)
- Plaintiff's attorneys (under limited circumstances)

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NPDB Queries (N=4,183,510) (January - December 2011)



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Confidentiality

The information contained in the NPDB is confidential and cannot be disclosed except as specified in the NPDB regulations.

Any person who violates the confidentiality provisions is subject to a civil money penalty of up to \$11,000 for each violation.

- Healthcare Integrity and Protection Data Bank

HIPDB

Background

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).

Codified at 42 USC § 1320a–7e; regulations at 45 CFR Part 61.

HIPDB

Purpose

Intended 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.

HIPDB

Who Must Report

- Federal and state agencies
- Health plans

HIPDB

What is 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

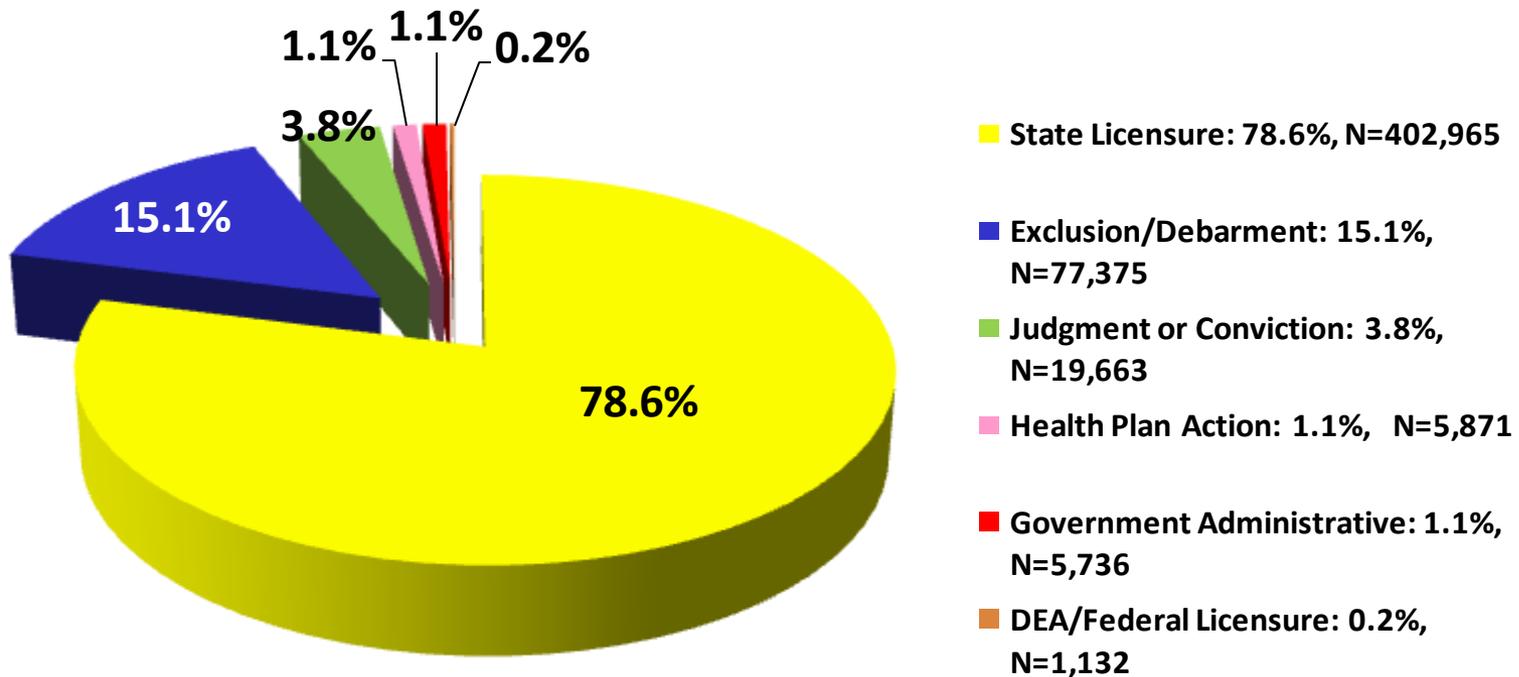
HIPDB

'Other Adjudicated Actions or Decisions' Reported

- Formal or official final actions that include the availability of a due process mechanism
- Based on acts or omissions that affect, or could affect, the payment, provision, or delivery of a health care item or service (e.g., contract terminations)
- Specifically excludes clinical privileges or panel membership actions

HIPDB

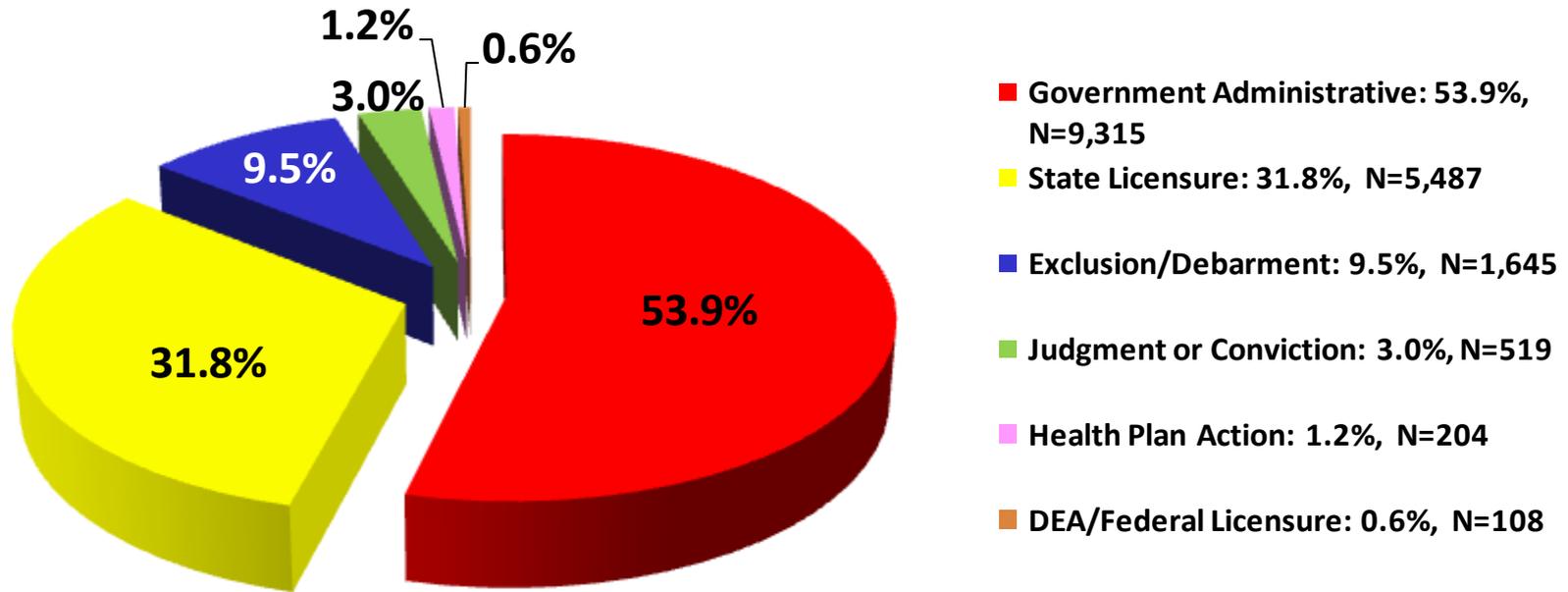
HIPDB Practitioner Reports (N=512,742)



HIPDB Reports from August 21, 1996, through December 31, 2011

HIPDB

HIPDB Organization Reports (N=17,278)



HIPDB Reports from August 21, 1996, through December 31, 2011

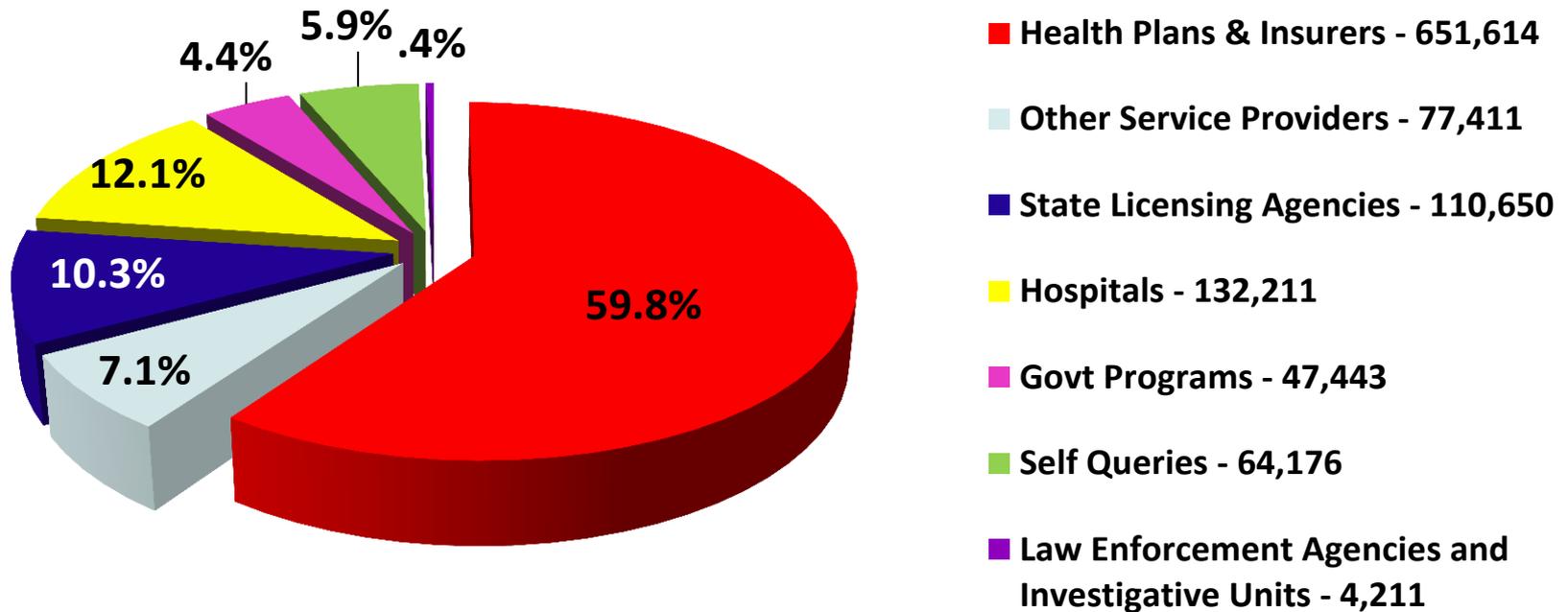
HIPDB

Who May Query

- Federal agencies
- State agencies
- Health plans
- Practitioners, providers, and suppliers (self-query only)
- Researchers (nonidentifying data only)

HIPDB

HIPDB Queries (N = 1,087,716) (January - December 2011)



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

- Comparing NPDB and HIPDB

Comparing NPDB and HIPDB

Differences in Who Reports

NPDB:

- State agencies that license health care practitioners and entities

HIPDB:

- State agencies that license or certify health care practitioners, providers, or suppliers

Comparing NPDB and HIPDB

Differences in What is Reported

NPDB:

- Adverse actions do not need to be final
- Publicly available negative actions or findings include reporting of administrative fines or citations related to health care delivery

HIPDB:

- Adverse actions must be final
- Publicly available negative actions or findings include reporting of administrative fines or citations related to health care only if taken with another reportable action

Comparing NPDB and HIPDB

Which Data Bank to Report to

Even today, before the merge, don't worry about it.

You must know what actions are reportable, but you don't need to know which Data Bank to report to, or under what authority.

Based on your Data Bank registration, all submitted reports are automatically placed in one or both Data Banks.

Comparing NPDB and HIPDB

Merging HIPDB with NPDB

Patient Protection and Affordable Care Act was signed on March 23, 2010.

- U.S. Supreme Court upheld, June 28, 2012

Section 6403 calls for eliminating duplication between HIPDB and NPDB.

Requires Secretary of HHS to implement a transition period to:

- Cease operating HIPDB
- Transfer HIPDB data to NPDB

Comparing NPDB and HIPDB

Why Merge

Intent is to transition HIPDB operations to NPDB while maintaining reporting and querying requirements.

Merger is aimed at reducing duplication of activities for users.

Merge is targeted for late 2012 or early 2013.

Comment period for the proposed rules closed mid-April, and the final rule is in the HHS clearance process.

Reference Information

Reference Information

Website : <http://www.npdb-hipdb.hrsa.gov>

- NPDB and HIPDB Guidebooks
- Interactive training
- “Data Bank News” (current and archived issues)
- FAQs, brochures, and fact sheets
- Statistics, Data Analysis Tool
- Annual reports
- Instructions for reporting and querying

Customer Service Center

- 800-767-6732

Thank You

Contact

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