National Practitioner Data Bank: Partnering to Protect Patients

Querying

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Bureau of Health Workforce (BHW)
Health Resources and Services Administration (HRSA)
Agenda

- Overview of Querying the NPDB
- Hospital Querying
- Confidentiality
- Query Response
- Additional Resources
- Questions
Querying Overview
What is a query?

- It is a search for information regarding a health care practitioner or organization.

- We collect information on medical malpractice payments and certain adverse actions from reports submitted by eligible entities.

- The ability of an organization to query, and the types of information they may receive through querying, is determined by law.
### Who Reports and Queries?

<table>
<thead>
<tr>
<th>ENTITY TYPE</th>
<th>REPORT</th>
<th>QUERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Health plans</td>
<td>✔️</td>
<td>+</td>
</tr>
<tr>
<td>Other health care entities with formal peer review</td>
<td>✔️</td>
<td>+</td>
</tr>
<tr>
<td>State agencies that license and certify health care practitioners and entities, including boards of medical and dental examiners</td>
<td>✔️</td>
<td>+</td>
</tr>
<tr>
<td>State agencies administering or supervising state health care programs</td>
<td>✔️</td>
<td>+</td>
</tr>
<tr>
<td>State law enforcement or fraud enforcement agencies (including state Medicaid fraud control units and state prosecutors)</td>
<td>✔️</td>
<td>+</td>
</tr>
<tr>
<td>Federal licensing and certification agencies</td>
<td>✔️</td>
<td>+</td>
</tr>
<tr>
<td>Agencies administering federal health care programs, including private entities administering such programs under contract</td>
<td>✔️</td>
<td>+</td>
</tr>
<tr>
<td>Federal law enforcement officials and agencies (including Drug Enforcement Agency, HHS Office of Inspector General, and federal prosecutors)</td>
<td>✔️</td>
<td>+</td>
</tr>
<tr>
<td>Medical malpractice payers</td>
<td>✔️</td>
<td>⚠️</td>
</tr>
<tr>
<td>Professional societies with formal peer review</td>
<td>✔️</td>
<td>+</td>
</tr>
<tr>
<td>Peer review organizations (excluding quality improvement organizations)</td>
<td>✔️</td>
<td>⚠️</td>
</tr>
<tr>
<td>Private accreditation organizations</td>
<td>✔️</td>
<td>⚠️</td>
</tr>
<tr>
<td>Quality improvement organizations</td>
<td>⚠️</td>
<td>+</td>
</tr>
<tr>
<td>Individual practitioners, providers, and suppliers (self-query only)</td>
<td>⚠️</td>
<td>+</td>
</tr>
</tbody>
</table>

- **Required**: ✔️
- **Not Authorized**: ⚠️
- **Optional**: +
Querying Overview

There are two types of queries available:

► One-Time Query
  • Allows you to receive a query response for a practitioner or organization.
  • You will not be notified of any new reports submitted after the initial query date.

► Continuous Query
  • Allows you to receive a query response for a practitioner.
  • You will also receive new or updated report notifications during a year-long enrollment for each practitioner.
How can I use Continuous Query?

► Once Continuous Query has been activated by your organization's Data Bank administrator, you may begin to enroll practitioners in Continuous Query.

► Start a new query
► Select the Continuous Query option
► Complete the enrollment form
► Click submit
Querying Fees
Querying Fees

Querying for hospitals and healthcare organizations:
- $2 for a year-long Continuous Query enrollment
- $2 for a One-Time query

Self-Query for an individual or organization:
- $4 per query
Hospital Querying
Hospitals must query on health care practitioners when practitioners apply for staff appointments (courtesy or otherwise) or clinical privileges (including temporary privileges) every two years for practitioners on staff or with clinical privileges.

Hospitals may query on health care practitioners with whom the hospital has entered (or may be entering) employment or affiliation relationships.
Getting the Most out of your Query

► Be sure to enter:

✓ the practitioner's full name and any other names used.
✓ the practitioner's identification numbers.
✓ all license numbers held by the practitioner.
✓ the practitioner's Professional School and Year of Graduation.

► Before submitting the query, review the information to ensure its accuracy.
Hospital Querying

VIEW INITIAL RESPONSES

DCN: 550000010000000

Select a subject name to obtain information or, if rejected, the reason for rejection. Those items marked as Pending have not yet been processed.

<table>
<thead>
<tr>
<th>Subject Name</th>
<th>Status</th>
<th>Reports Found</th>
<th>Date Viewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOE, JANE</td>
<td>Completed</td>
<td>3</td>
<td>Feb 22, 2019</td>
</tr>
</tbody>
</table>

Do you think your response is missing an action that should have been reported? If so please visit the Reporting Compliance page for more information.
Public Burden Statement
Have you received a response on a practitioner or organization and believe the response is incomplete or missing some information? Do you think a report should have been submitted by a licensure board, a hospital, a medical malpractice payer or other type of healthcare organization? If so please provide us with the following information. The Data Bank will review the information to determine if the action was not properly reported.

Before you submit information on a missing report, please be advised that the reports you receive from the Data Bank are based on your specific eligibility.

Depending on the specific circumstances, certain actions may not be reportable to the Data Bank. For more information on reporting requirements consult the NPDB Guidebook. Required fields are indicated with an asterisk (*).

SUBJECT NAME
ARIEL ABALLAY

REPORTER INFORMATION
*Missing Report Type:

*Name of the Reporter
That Should Have Submitted the Report:

*Reporter Type:

Reporter Address (if known):
Street Address:

Address Line 2:

City:

State:

ZIP Code:
Confidentiality of a query
Confidentiality

► Information contained in reports is considered confidential.

► Fines are up to $22,363 per violation.

► Querying for personal use is not allowed.
Disclosure of Information

An eligible entity receiving information from the NPDB is allowed to disclose the information to others who are part of the investigation or peer review process, as long as the information is used for the purpose for which it was provided.
Confidentiality

Query responses may be shared between health care sites within a health care system, if the health care system:

► Provides for centralized credentialing;
► Has a centralized peer review process;
► Has one decision-making body; and
► Has one unified medical staff.
How Many Queries Do I Need to Run?
for health plans, hospitals, networks, and similar health care systems

Centralized Credentialing

Dr. Wilson applies to NoMed Health System, which has one decision-making body for all of its facilities.

The NoMed credentialing office assembles a file on Dr. Wilson with one query response.

They share it with the decision-making body, who is responsible for all facilities oversight, including conducting credentialing and peer review processes.

The board grants privileges. Dr. Wilson can now work at any NoMed facility within the health system.

Decentralized Credentialing

Dr. Smith applies to AdMed Health System, which has three decision-making bodies for its four facilities.

The AdMed credentialing office assembles three files on Dr. Smith with a different query for each facility to share with the separate decision-making bodies.

AdMed has three decision-making bodies that are responsible for the oversight of their own facilities. They decide for their facilities if they want to grant privileges to Dr. Smith.

Two boards grant privileges. One of the AdMed boards makes decisions for two facilities.

One board doesn’t grant privileges.

Dr. Smith may only work at the AdMed facilities that the two boards oversee.
Confidentiality FAQ

A hospital merged with another hospital, and both have medical staff offices. Should they continue to query separately using different DBIDs?

► It depends. If the hospitals maintain separate medical staff credentialing, the hospitals must query separately (two DBIDs). If, by applying to one hospital, a health care practitioner is granted privileges to practice at both institutions, the peer review process is centralized, and the institutions have a single decision-making body, one hospital may query on behalf of both institutions (one DBID).
Query Response
Query Response

A query response with one report.

DOE, JOHN J JR – ONE-TIME QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION
   (Recipients should verify that subject identified is, in fact, the subject of interest.)
   Practitioner Name: DOE, JOHN J JR
   Date of Birth: 04/22/1950
   Organization Name: ORGANIZATION NAME
   Work Address: SAMPLE STREET, RESTON, VA 11111
   Home Address: SAMPLE STREET, RESTON, VA 11111
   Social Security Number: ***-**-1000
   License: COUNSELOR, MENTAL HEALTH, 1234567890, VA
   Professional School(s): SAMPLE UNIVERSITY (1974)
   Gender: MALE
   Professional School(s): SAMPLE UNIVERSITY (1970)

B. QUERY INFORMATION
   Statutes Queried: Title IV, Section 1221, Section 1128E
   Query Type: This is a One-Time query response. Your organization will only receive future reports on this
   practitioner if another query is submitted.
   Entity Name: TEST HOSPITAL (DBID ending in ...79)
   Authorized Submitter: TEST SUBMITTER, SUBMITTER, (703) 555-1212

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 01/10/2013
   The following report types have been searched:
   Medical Malpractice Payment Report(s): No Reports
   State Licensure Action(s): No Reports
   Exclusion or Debarment Action(s): No Reports
   Government Administrative Action(s): No Reports
   Clinical Privileges Action(s): Yes, See Below
   Health Plan Action(s): No Reports
   Professional Society Action(s): No Reports
   DEA/Federal Licensure Action(s): No Reports
   Judgment or Conviction Report(s): No Reports
   Peer Review Organization Action(s): No Reports

TEST HOSPITAL

TITLE IV CLINICAL PRIVILEGES

Basis for Action: - INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

Initial Action: - REDUCTION OF CLINICAL PRIVILEGES

DCN: 785500007878555
Date of Action: 10/01/2011

------------------------ Unabridged Report(s) Follow ------------------------
# Query Response

## NPDB Report

**NPDB**

P.O. Box 10832
Chantilly, VA 20153-0832

http://www.npdb.hrsa.gov

### Reported Entity Information

**DOE, JOHN J JR**

**TEST HOSPITAL**

**TITLE IV CLINICAL PRIVILEGES ACTION**

<table>
<thead>
<tr>
<th>Initial Action</th>
<th>Date of Action: 10/01/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>- REDUCTION OF CLINICAL PRIVILEGES</td>
<td>- INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)</td>
</tr>
</tbody>
</table>

**A. REPORTING ENTITY**

- **Name**: TEST HOSPITAL
- **Address**: 334 TESTING ROAD, SUITE 100, WASHINGTON, DC 20000
- **City, State, Zip**: WASHINGTON, DC 20000
- **Name of Office**: DANA SMITH
- **Title or Department**: COORDINATOR
- **Telephone**: (202) 333-3332

**B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)**

- **Subject Name**: DOE, JOHN J JR
- **Other Name(s) Used**: DOE, JOHN J JR
- **Gender**: MALE
- **Date of Birth**: 04/22/1960
- **Organization Name**: ORGANIZATION NAME
- **City, State, Zip**: RESTON, VA 20111
- **Home Address**: SAMPLE STREET, RESTON, VA 20111
- **Date of Graduation**: NO
- **SSN**: 123-45-6789
- **Professional Schools & Year(s) of Graduation**: CLASS: 1974
- **State License Number, State of License**: 12345
- **Drug Enforcement Administration (DEA) Number**: NO
- **Nature of Relationship(s)**: EMPLOYEE

**C. INFORMATION REPORTED**

- **Type of Adverse Action**: REDUCTION OF CLINICAL PRIVILEGES (1648)
- **Reasons for Action(s) Taken and Disposition of Action(s) Taken by Reporting Entity**: SUBMITTED REQUEST FOR INSURANCE PAYMENT FOR SERVICES NOT RENDERED

**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.

- [ ] If box is checked, this report has been disputed by the subject identified in Section B.
- [ ] If box is checked, at the request of the subject identified in Section B, this report is reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and whether it complies with reporting requirements. No decision has been reached.
- [ ] If box is checked, 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.

**END OF REPORT**

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY
Query Response

A continuous query response with one report.
Query Response

DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Practitioner Data Bank

NPDB
P. O. Box 10283
Charlottesville, VA 22903-0283
http://www.npdb.hrsa.gov

DOE, JOHN J JR

TEST HOSPITAL

TITLE IV CLINICAL PRIVILEGES ACTION
Date of Action: 10/01/2011

Initial Action: REDUCTION OF CLINICAL PRIVILEGES

Basis for Initial Action: INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)

A. REPORTING ENTITY

- Entity Name: TEST HOSPITAL
- Address: 504 TESTING ROAD
- SUIT 100
- CITY, ST, ZIP: WASHINGTON, DC 20000
- Name of Office: DANA SMITH
- Title or Department: COORDINATOR
- Telephone: (333) 333-3333
- Email Address: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

- Subject Name: DOE, JOHN JR
- Other Name(s) Used: INITIAL
- Gender: MALE
- Date of Birth: 06/23/1960
- Organization Name: TEST HOSPITAL
- City, State, ZIP: RESTON, VA 20191
- Address: SAMPLE STREET
- City, State, ZIP: RESTON, VA 20191
- Degree(s): NC
- Social Security Number(s) (SSN): 123-45-6789
- Professional School(s) & Years of Graduation:
  - SAMPLE UNIVERSITY (1984)
  - SAMPLE UNIVERSITY (1987)
- Occupation/Field of License: COUNSELOR, MENTAL HEALTH
- State License Number, State of Licensure: 1234567890 VA
- Drug Enforcement Administration (DEA) Numbers:
  - Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Include Does Not Imply Complicity in the Report Action):
  - Business Address of Affiliates:
    - City, State, ZIP: INITIAL
    - Nature of Relationship:

C. INFORMATION REPORTED

- Type of Action: REDUCTION OF CLINICAL PRIVILEGES
- Basis for Action: INSURANCE FRAUD (MEDICARE, MEDICAID OR OTHER INSURANCE)
- Adverse Action:
  - Classification Code(s): INITIAL
  - Date Action Was Taken: 06/01/2011
  - Date Action Became Effective: 10/01/2011
  - Length of Action: PERMANENT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY
DOE, JOHN - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: DOE, JOHN
Date of Birth: 01/01/1901
Gender: FEMALE
Other Name(s) Used: DOE, JOHN
Home Address: 4350 FAIR LAKES CT, FAIRFAX, VIRGINIA, 22033
Social Security Number: **-**-3333
License: DENTIST, 00000, CO, GENERAL DENTISTRY (NO SPECIALTY)
Professional School(s): OREGON HEALTH AND SCIENCE UNIVERSITY SCHOOL OF DENTISTRY (1965)

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 03/14/2019 - 03/31/2020*
* Unless enrollment is canceled by the entity prior to this date
Statutes Queried: Title 42; Section 1921; Section 1128E
Entity Name: BOARD OF DENTISTRY (DBID ending in 24)
Authorized Submitter: ABBY GLAD-ZIPLOCK, LICENSING MANAGER, (703) 555-5555

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 03/14/2019

The following report types have been searched:

Medical Malpractice Payment Report(s): No Reports
State Licensure Action(s): No Reports
Exclusion or Debarment Action(s): No Reports
Government Administrative Action(s): No Reports
Clinical Privileges Action(s): No Reports

Health Plan Action(s): No Reports
Professional Society Action(s): No Reports
DEA/Federal Licensure Action(s): No Reports
Judgment or Conviction Report(s): No Reports
Peer Review Organization Action(s): No Reports

----------- No Reports Found Based on the Subject Information Submitted -----------
Query Response FAQ

Are hospitals required to document and maintain records of their requests for information?

► NPDB regulations do not require hospitals to document or maintain records of their queries.

► Query responses may serve as evidence that a hospital queried as mandated. Query responses are available for 45 days in our system.

► The Historical Query and Report Summary feature provides a summary of an entities' query history and a history of when an eligible entity queried.
For Additional Resources, go to https://www.npdb.hrsa.gov/help Center/infographics.jsp
Contact Us

NPDB Customer Service Center: help@npdb.hrsa.gov

NPDB Policy Mailbox: NPDBPolicy@hrsa.gov
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www.HRSA.gov

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