

## Data Bank to Reduce Query Fees

Effective October 1, 2014, the new fee to query the Data Bank will be \$3.00 for both Continuous and One-Time Queries and \$5.00 for Self-Queries. All other aspects of querying will remain the same. For more information, please see the announcement in the [Federal Register](#).

## Save the Date: State Licensing Board Orientation Webinar

There will be a State Licensing Board Orientation Webinar on October 8 from 1:30 PM - 3:30 PM ET. The webinar will be an orientation to the National Practitioner Data Bank (NPDB) specifically for new state licensing board staff. The Data Bank will provide scenarios and answers to common questions. If you have a difficult reporting scenario that you would like to share prior to the webinar, please email the scenario to [DPDBCompliance@hrsa.gov](mailto:DPDBCompliance@hrsa.gov).

## Data Bank Statistics Updated



In June, the [Data Analysis Tool](#) was updated to allow users to generate data sets for Medical Malpractice Payment Reports (MMPRs) and Adverse Action Reports (AARs) from 1990 through 2013. The tool, originally introduced in 2012, provides an opportunity for users to perform specific data analyses and create customized data tables without using statistical software. By selecting either the Adverse Action or Medical Malpractice tab and then selecting additional criteria from the drop-down boxes, researchers can refine results across thousands of possible variations.

In addition, the [NPDB Research Statistics](#) pages were updated to provide reports for MMPRs and AARs by profession and location from 2003 through 2013 (instead of 2002 through 2012). The tool gives researchers the flexibility to narrow results to a particular state and/or profession. Researchers can select a state from a list or map (by selecting the "View Map" link).

The Data Bank also provides a [Public Use Data File](#), and all data, whether researcher-refined or provided specifically by the Data Bank, can be downloaded for later use or exported to an Excel spreadsheet.

The data do not include any identifying information and are used for reporting and analysis only. The Data Analysis Tool, Research Statistics, Public Use Data File, and Annual Reports can be found under the [Statistical Data](#) tab on the NPDB homepage ([www.npdb.hrsa.gov](http://www.npdb.hrsa.gov)).

## Delegated Credentialing vs. Authorized Agent Relationships

A health care entity may, in some instances, allow another health care entity to perform tasks on its behalf. Delegated credentialing and the use of an authorized agent are two examples of how this might occur.



Delegated credentialing occurs when a health care entity (e.g., a health plan) gives another health care entity (e.g., a hospital) the authority to credential its health care practitioners. In this case the hospital is responsible for evaluating the practitioners' qualifications and making final credentialing decision on the part of the health plan. This contrasts with an authorized agent relationship, where an outside agent simply queries and/or reports on behalf of organization, without making any hiring or privileging decisions. In a delegated credentialing arrangement, the health care entity that delegates its credentialing responsibilities is not considered a part of the credentialing process and is prohibited from receiving NPDB query results. In contrast, a health care entity that uses an authorized agent to query on its behalf still retains responsibility for credentialing its practitioners.

A hospital **may not** delegate its **own** responsibility to query or credential practitioners because of the federal requirement that hospitals must query. A hospital's query must be submitted to the NPDB either directly by the hospital or through the hospital's authorized agent.

Authorized Agent	Delegated Credentialing
<p>An entity selects an authorized agent to <b>report and/or query</b> the Data Bank on its behalf, without making credentialing decisions. The authorized agent simply performs the assigned tasks.</p>	<p>An entity gives another entity the authority to make <b>final</b> credentialing (i.e., hiring or privileging) decisions, such as when a health plan bases its decision to permit a practitioner to participate in its network on a hospital's credentialing decision.</p>

<p>An entity that uses an authorized agent to <b>report and/or query</b> on its behalf still retains responsibility for making credentialing determinations for its practitioners.</p>	<p>The entity that delegates credentialing is not considered part of the credentialing process and is <b>prohibited</b> from receiving NPDB query results.</p>
<p>Hospitals <b>may not</b> delegate their responsibility to query because of the federal mandate for <a href="#">hospitals to query</a> the Data Bank when a practitioner applies for a medical staff appointment or clinical privileges and every two years thereafter. Health plans are the most common delegators of credentialing, most often to hospitals.</p>	

With delegated credentialing, it is good practice to keep an open dialogue with the organization performing the credentialing (e.g., a hospital). On the other hand, in the case of an authorized agent relationship, the organization is accountable for the actions of its agent and should oversee the agent activities.

## Medical Malpractice Payments: What Is Reportable?

If you are part of an organization that makes medical malpractice payments for the benefit of health care practitioners, this article will help you understand what is reportable to the Data Bank.



### What is a medical malpractice payment?

For Data Bank purposes, a medical malpractice payment is an exchange of money that is the result of a written complaint or claim demanding payment for damages based on a practitioner’s provision of or failure to provide health care services. The payment must be the result of a written claim or complaint that results in a judgment, arbitration, or settlement. At times, medical malpractice claims may be settled for convenience and do not necessarily reflect the professional competence or professional conduct of a practitioner; nevertheless, all payments made for the benefit of individual practitioners must be reported. Medical malpractice payments made on behalf of health care facilities, such as hospitals, should not be reported to the Data Bank.

Each Medical Malpractice Payment Report (MMPR) submitted to the Data Bank must include a detailed narrative description of the act or injury upon which the claim is based.

## Reporting Requirements for MMPRs

Medical malpractice payers, including self-insured organizations, must report to the NPDB any money payment for damages made for the benefit of a physician, dentist, or other health care practitioner in settlement of a medical malpractice claim. The report must be submitted to the NPDB within 30 days of the payment, and a copy of the report should be sent to the appropriate State licensing board. Failure to report MMPRs may subject the payer to a civil money penalty of up to \$11,000 for each failure to report.

Common scenarios when a medical malpractice payment is not reportable:

- Payments made in the absence of a written claim or lawsuit **should not** be reported. If the demand for payment is oral, it is not reportable.
- Payments made to satisfy a claim against an organization, such as a hospital, where the claim does not identify an individual practitioner, **should not** be reported to the NPDB.
- Payments made by individual practitioners from personal funds that do not receive reimbursement from any source to satisfy the claim **are not** reportable. However, if the funds used come from the practitioner's professional corporation or group practice, or the practitioner receives a refund from an insurer, then the payment **must be** reported.
- Payments made for the benefit of medical or dental students **are not** reportable to the NPDB. *Unlicensed* student providers provide health care services under the supervision of licensed health care professionals in a training environment. Unlicensed students do not meet the definition of "health care practitioner."

Common scenarios when an MMPR is required:

- If a self-insured hospital makes a payment for the benefit of a licensed or otherwise authorized health care practitioner, or for a licensed resident, intern, or other house staff insured by the hospital, the payment is reportable to the NPDB within 30 days.
- If a practitioner is dismissed from a lawsuit and the dismissal is a condition of a money settlement, the payment is reportable to the NPDB within 30 days. **Note:** If the practitioner is dismissed independently of the settlement or release, then **no** report is required.
- If a malpractice payment is made as a result of a settlement or court judgment, each practitioner named or identified in the settlement or judgment must be reported.

For additional information on reportable actions and scenarios, please view our Medical Malpractice Payment [flowchart](#) (PDF - 177 KB | [HTML](#)) or the [NPDB Guidebook](#).

Data Bank  
***Fast Facts***

**Can an eligible entity designate more than one authorized agent to query on its behalf?**

**Answer: Yes. The NPDB can accommodate multiple authorized agents for each entity.**