National Practitioner Data Bank
A New Tool for Hospital Human Resources

October 7, 2010—Web Seminar

Welcome & Program
Overview

Liz Mekjavich
California Hospital Association
Gail Blanchard-Saiger is the vice president of Labor and Employment for the California Hospital Association. In this role she provides leadership on state legislative and regulatory issues related to hospital human resources and labor relations. Gail has over 14 years experience as a labor and employment law attorney representing hospitals and health care systems.

Background Checks—Considerations for Hospitals

Gail Blanchard-Saiger
California Hospital Association
Background Checks

No general state law requirement

*but*

- Patient safety/risk management
- The Joint Commission—law, regulation or policy
- Medi-Cal provider agreement
- Public relations issues

Issues to Consider:

- Who will conduct the background check?
- What is the scope—county/statewide/national?
- How often will you conduct background checks?
- What resources are available?
Faculty: Dorise Blatt

Dorise Blatt is a health policy analyst for the Division of Practitioner Data Banks at the Bureau of Health Professions within the Health Resources and Services Administration. Dorise has been with HRSA for over a decade, initially, with the HIV/AIDS Bureau, administering the Ryan White grants. For the past nine years she has worked for the Bureau of Health Professions on a variety of policy-related issues and participates in the Data Bank's education and outreach programs.

NPDB-HIPDB: THE DATA BANKS IN CHANGING TIMES

California Hospital Association
October 7, 2010

Dorise P. Blatt
U.S. Department of Health and Human Service
Health Resources and Services Administration
Bureau of Health Professions
Division of Practitioner Data Banks
Presentation Overview

- Bureau of Health Professions (BHPn)
  - Mission
- National Practitioner Data Bank
- NPDB Expanded: Section 1921 of the Social Security Act
- Healthcare Integrity and Protection Data Bank
- Reporting Scenarios
- Proactive Disclosure Service
Increase the population’s access to health care 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 health care needs and provide the highest quality of care for all.

National Practitioner Data Bank (NPDB)
NPDB

- 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.

NPDB: Who Must Report?

- Hospitals, managed care organizations, other health care entities with formal peer review
- Malpractice insurers and self-insured organizations
- Medical and dental State licensing boards
- Professional societies with formal peer review
- Drug Enforcement Administration *
- HHS Office of Inspector General *

* Based on Memorandum of Understanding with HHS
NPDB: What is Reported?

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

NPDB: Who May Query?

- Hospitals Must Query by Law:
  - When physicians, dentists, and other health care practitioners apply for medical staff appointment (courtesy or otherwise) or for clinical privileges.
  - Every 2 years on all physicians, dentists, and other health care practitioners who are on its medical staff or who hold clinical privileges at the hospital.
- Hospitals May Query:
  - At anytime with respect to professional review activities.
**NPDB: Other Provisions**

- Timeframe for reporting - within 30 days of the date of the adverse action or the date a medical malpractice payment was made.

- Health care entities (including hospitals) and medical malpractice payers must send a copy of the NPDB report to the appropriate State licensing board.

- Sanctions for failure to report and query (mandatory hospital queries only).

- Confidentiality of NPDB information.

- By law, the NPDB must recover full cost of operations. The current query fee is $4.75 per query.

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**NPDB Expanded: Section 1921 of the Social Security Act**
NPDB Expansion: Section 1921

• Section 1921 of the *Social Security Act*
  – Expands the information collected and disclosed by the NPDB.
  – Authorizes new types of organizations to query and receive Section 1921 information.


• Implementation of Section 1921 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.
Section 1921

The intent is to protect beneficiaries participating in the Social Security Act’s health care programs from unfit health care practitioners and improve the anti-fraud provisions of these programs.

Reporters under Section 1921

• State agencies responsible for licensing health care practitioners or entities.

• Peer review organizations
  – Excludes Quality Improvement Organizations

• Private accreditation organizations
  – e.g., The Joint Commission, URAC (formerly known as the Utilization Review Accreditation Commission, National Council for Quality Assurance (NCQA))

* Health care entity provides health care services and follows a formal peer review process to further quality health care
Information Added by Section 1921

- Adverse State licensure actions taken against all health care 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.

Definitions

Formal Proceeding
A proceeding held before a State licensing or certification authority, peer review organization, or private accreditation entity that maintains defined rules, policies, or procedures for such a proceeding.

Negative Action or Finding
Excludes administrative fines or citation delivery, and corrective action plans unless they are:
1) connected to health care delivery
   or
2) taken with another reportable action.

Examples: limitations on the scope of practice, injunctions, forfeitures
Section 1921: State Licensure Actions

Section 1921 expands the current NPDB 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 those actions taken against health care entities.

– State licensing authorities must report all adverse licensure actions (not just those based on professional competence and conduct).

What licensure actions are reportable to the NPDB with Section 1921?

– Revocation, suspension, limitation, restriction, censure, reprimand, probation

– Voluntary surrender, limitation, restriction of license

– Denial of initial application or renewal

– Withdrawal of application

– Civil money penalties (a monetary penalty that is a formal disciplinary action imposed by the board)

– Modifications to previously reported actions, including reinstatements

– Summary or emergency suspension

– Publicly available administrative fines or citations related to health care delivery
### What licensure actions are not reportable to the NPDB with Section 1921?

- Monitoring, continuing education, completion of other obligations (unless it constitutes a restriction, a reprimand, etc.)
- Stayed actions
- Voluntary relinquishment of license for personal reasons (e.g., retirement or change to inactive status)

### Section 1921: State Licensure Actions

State licensure actions taken as a result of formal proceedings are reportable to the NPDB. These actions include:

- Any adverse action, including revocation or suspension of a license, reprimand, censure, or probation.
- Any dismissal or closure of the proceedings by reason of the practitioner or entity surrendering the license or leaving the State or jurisdiction.
- 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.
- Any negative action or finding that is publicly available information.
Section 1921: Peer Review
Organizations and Accreditation Actions

• Negative action or finding by a peer review organization - any recommendation by a peer review organization to sanction a health care practitioner.*

• Negative action or finding by a private accreditation organization - a final determination of denial or termination of an accreditation status that indicates a risk to the safety of a patient(s) or quality of health care services [health care entities only].*

* Must be the result of formal proceedings

Access to Section 1921 Information

• Entities that are currently allowed to query the NPDB have access to all Section 1921 reports.
  – e.g., hospitals, health care entities, State boards

• Entities given access to the NPDB through Section 1921 are allowed to query ONLY Section 1921 information. *

• Practitioners and entities (self-query only)

• Researchers (non-identifying data only)

* These entities also have access to Medicare/Medicaid exclusions
Entities authorized to query only Section 1921 information

- Agencies (or their contractors) administering Federal health care programs
  - State agencies administering State health care programs
  - State agencies that license health care entities
  - Medicaid Fraud Control Units
  - U.S. Attorney General and other law enforcement
  - U.S. Comptroller General
  - Quality Improvement Organizations

Benefits of Section 1921

- 1921 information available to hospitals and other health care entities with a single NPDB query.
- Valuable resource for pre-employment screening as well as credentialing.
- HR departments can query to support employment decision-making for all allied licensed health care practitioners.
  - e.g., physical therapists, pharmacists, chiropractors, nurses, optometrists, etc.
  - No mandatory querying required
- Access to expanded information enhances patient safety.
### NPDB Under Section 1921: Reports By Practitioner Type

<table>
<thead>
<tr>
<th>Practitioner Type</th>
<th>Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>364,580</td>
</tr>
<tr>
<td>Dentist</td>
<td>64,293</td>
</tr>
<tr>
<td>Para-Professional Nurses</td>
<td>110,827</td>
</tr>
<tr>
<td>Chiropractors</td>
<td>15,125</td>
</tr>
<tr>
<td>Podiatrists/Assistants</td>
<td>9,617</td>
</tr>
<tr>
<td>Professional Nurses</td>
<td>129,543</td>
</tr>
<tr>
<td>Pharmacists and Assistants</td>
<td>21,702</td>
</tr>
<tr>
<td>Psychologists/Assistants/Associates</td>
<td>4,384</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>3,852</td>
</tr>
<tr>
<td>Physical Therapists and Assistants</td>
<td>5,029</td>
</tr>
<tr>
<td>Counselors/Marriage/Family Therapist</td>
<td>6,214</td>
</tr>
<tr>
<td>Optometrists</td>
<td>2,285</td>
</tr>
<tr>
<td>Emergency Medical Practitioners</td>
<td>2,450</td>
</tr>
<tr>
<td>Other Technologists/Technicians</td>
<td>2,069</td>
</tr>
<tr>
<td>Social Workers</td>
<td>4,326</td>
</tr>
<tr>
<td>Unspecified or Unknown Individual*</td>
<td>408</td>
</tr>
<tr>
<td>Complimentary Medicine Practitioners</td>
<td>467</td>
</tr>
</tbody>
</table>

* Reporting entity did not identify Occ/Field of State Licensure Code

Data as of March 31, 2010

### NPDB Under Section 1921: Reports By Practitioner Type (cont.)

<table>
<thead>
<tr>
<th>Practitioner Type</th>
<th>Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistive Devices Service Practitioners</td>
<td>616</td>
</tr>
<tr>
<td>Occupational Therapists/Assistants</td>
<td>1,136</td>
</tr>
<tr>
<td>Speech/Language Pathologists/Audiologists</td>
<td>826</td>
</tr>
<tr>
<td>Other Rehab/Restorative Service Practitioners</td>
<td>2,296</td>
</tr>
<tr>
<td>Dental Assistants/Hygienists</td>
<td>1,794</td>
</tr>
<tr>
<td>Respiratory Therapists/Technologist</td>
<td>3,525</td>
</tr>
<tr>
<td>Medical Assistants</td>
<td>40</td>
</tr>
<tr>
<td>Other Health Care Practitioners</td>
<td>346</td>
</tr>
<tr>
<td>Dieticians/Nutritionists</td>
<td>116</td>
</tr>
<tr>
<td>Researcher, Clinical</td>
<td>2</td>
</tr>
<tr>
<td>Health Care Facility Administrators</td>
<td>65</td>
</tr>
<tr>
<td>Other Health Care Occupation</td>
<td>21</td>
</tr>
<tr>
<td>Non-Health Care Occupation</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>757,957</strong></td>
</tr>
</tbody>
</table>

Data as of March 31, 2010
Healthcare Integrity and Protection Data Bank (HIPDB)

• 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.

• **Purpose:** 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:
  - Licensing and certification agencies
  - Department of Justice, law enforcement agencies, Medicaid Fraud Control Units (MFCUs)
  - Department of Health and Human Services (e.g., Centers for Medicare & Medicaid Services (CMS), U.S. Food and Drug Administration (FDA), Office of Inspector General)
  - Agencies that administer or pay for the delivery of health care services (e.g., Department of Veterans Affairs)

- Health Plans

HIPDB: What is Reported?

- Health care-related criminal convictions
- Health care-related civil judgments
- Exclusions from Federal or State healthcare programs
- Federal and State licensure and certification actions
- Other adjudicated actions or decisions
HIPDB: Who May Query?

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

The HIPDB Merger with NPDB

**Patient Protection and Affordable Care Act**

- Section 6403 calls for the elimination of duplication between the HIPDB and the NPDB.
- Requires the Secretary to implement a transition period to:
  - Cease operating the HIPDB
  - Transfer HIPDB data to the NPDB
- Intent is to transition HIPDB operations to the NPDB while maintaining reporting and querying requirements.
Proactive Disclosure Service

• Proactive Disclosure Service (PDS) was designed and developed to help meet new accreditation standards that require ongoing monitoring of practitioners.

• PDS is a subscription service that notifies the subscriber of new information on his enrolled practitioners within 24 hours of the Data Banks receipt of the information. Prior to PDS, hospitals waited an average of 302 days to be notified of a practitioner’s adverse report.

• There are over 637,000 practitioners enrolled.

The PDS Way

• PDS replaces the traditional query.
  – PDS requires the same practitioner information.
  – Continue using your subject database.

• Annual subscription fee is $3.25 per enrollee, per Data Bank—no separate $4.75 query fee.

• Upon PDS enrollment, receive the same report information as a traditional query response.

• PDS continuously queries on your behalf and notifies you of any new reports.
  – No need to re-query for reappointments or temporary privileges extensions.
### PDS Benefits

**Meets legal requirements** – PDS is approved by the Joint Commission, National Committee for Quality Assurance (NCQA), Centers for Medicare and Medicaid Services (CMS), Commission on Accreditation of Rehabilitation Facilities (CARF), and URAC and meets these organizations new accreditation standards. It also meets legal standards for querying the Data Banks under the *Health Care Quality Improvement Act*.  

**24/7 Notifications** – PDS queries for you 24 hours a day, 365 days a year; receive email alerts as soon as new reports are added.

### PDS Benefits

**Never miss another Data Banks report** – After your practitioners are enrolled, you no longer have to worry about missing a new, revised, corrected or voided report.  

**Saves time and staff resources** – No need to run individual queries during busy re-credentialing cycles; no need to wait 2 or 3 years to see if anything new has been reported.  

**Easy to Use** – Using PDS makes it easy to manage all your practitioner enrollments and customize your notification preferences through the current Data Banks system.
Other Initiatives

Compliance Activities

- **NPDB and HIPDB Regulations** - mandate reporting within 30 days of the date of the final action.

- Compare NPDB payment reports to the National Association of Insurance Commissioners (NAIC) summary payment reports (*Supplement A to Schedule T*).

- Provide Notice of Non-Compliance with reporting requirements.
  - Hospitals
  - State Licensure Authorities
Compliance Activities (cont.)

- Conduct regular data comparisons and provide results back to the State agencies for verification and the opportunity to report missing data.
- Provide education and training to staff of State licensing boards on reporting licensure data.
- Explore opportunities to make reporting easier.
- Establish a process for publication of State agencies that fail to meet their reporting requirements.
- Monitor the eligibility of Data Bank Registrants.
- Monitor for violations of Confidentiality Rules.

Reference Information

- Web site - 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
Thank you.

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Temporary Staffing—Considerations for Hospitals

Gail Blanchard-Saiger
California Hospital Association
Temporary Staffing

Issues to Consider:

- Temp staffing agency does not have access to the NPDB
- Should the hospital conduct its own search?

Thank you.

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gblanchard@calhospital.org
Questions

Online questions:
Type your question in the Chat Box, hit enter

Phone questions:
To ask a question hit *1
To remove a question hit *2

Upcoming Programs

Labor and Employment Law Seminar
November 2, Sacramento; November 10, Glendale

- CHA’s annual Labor and Employment Law seminar lays out the critical issues facing human resources and presents strategies that hospitals can implement right away. Attendees will hear current information on court decisions, new legislation and regulations impacting hospitals today.
- This is a CHA members-only seminar
Thank you for participating in today’s seminar. An online evaluation will be sent to you shortly.

For questions regarding the NPDB, contact Gail Blanchard-Saiger at (916) 552-7620 or gblanchard@calhospital.org

For education questions, contact Liz Mekjavich at (916) 552-7500 or lmekjavich@calhospital.org.