



# The National Practitioner Data Bank

## National Association of Alternative Programs

*May 11, 2021*

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**National Practitioner Data Bank (NPDB)**  
**Bureau of Health Workforce (BHW)**

**Vision: Healthy Communities, Healthy People**



# Question & Answer

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## Question 1:

During an interview with a practitioner, a state licensing board discovers that the practitioner failed to disclose a prior substance abuse treatment on a licensure application. As a result, the state board required the practitioner to complete 5 hours of continuing education pertaining to professional ethics. Should this action be reported to the NPDB?

# Question & Answer

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## Answer 1:

It depends. If, based on the state's laws, the imposition of the continuing education requirement is a publicly available negative action or finding, the action must be reported to the NPDB. If, under state law, the action does not meet the definition of a publicly available negative action or finding, it should not be reported.

# Agenda

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- ▶ NPDB Mission, Purpose, Statistics, and General Provisions
- ▶ Querying Requirements and Self-Query Demo
- ▶ Reporting Requirements and Practitioner Statement Demo
- ▶ Resources and Contact Information



# Purpose

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**Mission:** *To improve health care quality, protect the public, and reduce health care fraud and abuse in the United States.*

- The NPDB is a health workforce tool, created by Congress, to assist organizations in making well-informed credentialing, privileging, and licensing decisions.
- The NPDB contains information on medical malpractice payments and certain adverse actions related to health care practitioners, entities, providers, and suppliers.



# General Overview

## Aggregate Data

1.6 + million REPORTS

24+ thousand ENTITIES

843 thousand PRACTITIONERS



## 2020 Data

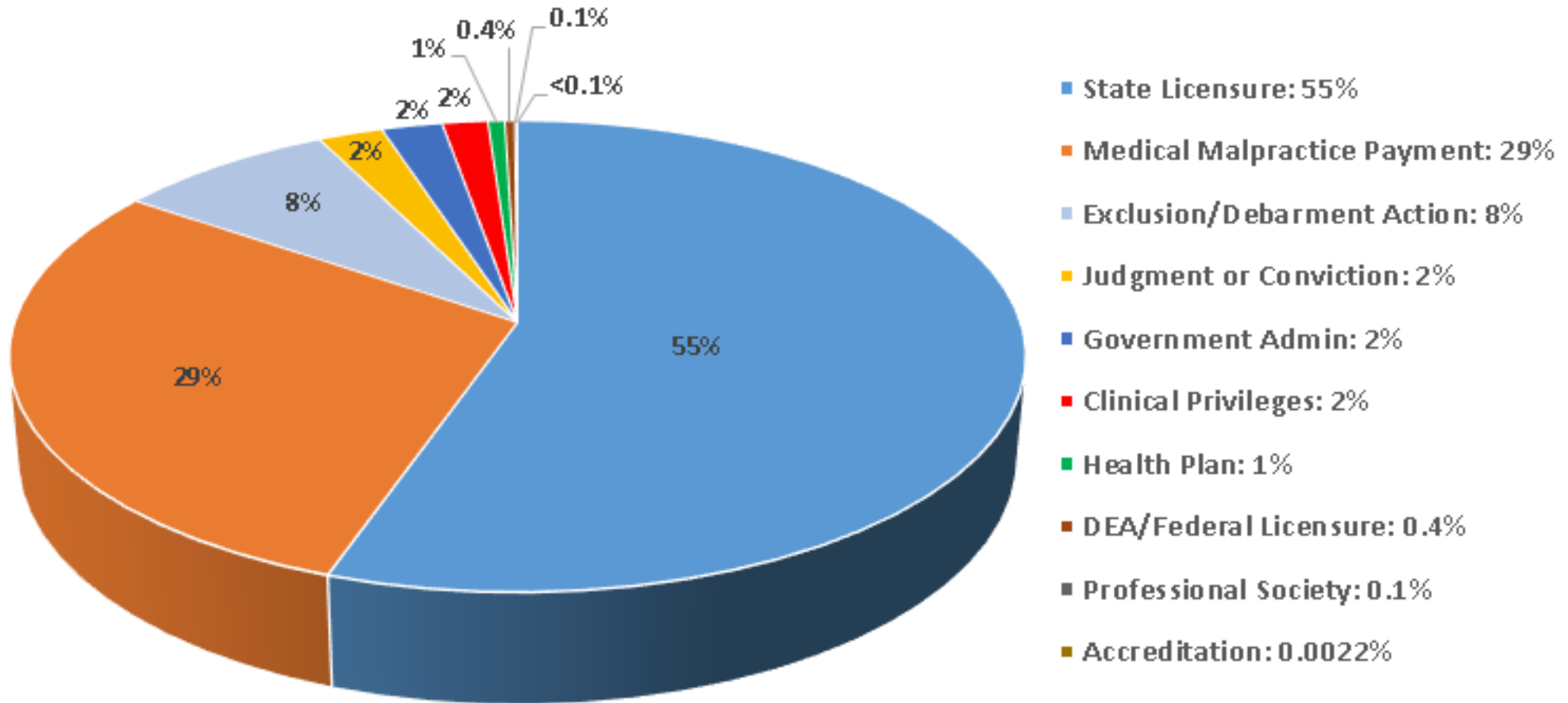
65+ thousand REPORTS

10+ million QUERIES

2+ million DISCLOSURES



# NPDB Reports by Type (N = 1.62M)<sub>(as of December 31, 2020)</sub>



# General Provisions

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## Types of Information Collected

- Medical malpractice judgments and settlements
- Adverse licensing and certification actions
- Clinical privileges actions
- Health plan contract terminations
- Professional society membership actions
- Negative actions/findings from private accreditation organizations and peer review organizations
- Government administrative actions, e.g., exclusions from programs
- Civil and criminal health care-related judgments





# General Provisions

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## Recovering Costs

- By law, the NPDB must recover the full cost of operations. It does so by collecting fees for each query.

## Types of Transactions

- Fees modified as of October 2016
- Reporting (no charge)
- Querying (by hospitals and health care organizations)
  - \$2 for a one-year continuous query subscription
  - \$2 for a one-time query
- Self-Query
  - \$4



# General Provisions

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## Confidentiality

- Information reported to the NPDB is confidential, not available to the general public, and may not be disclosed, except as provided by law.
- Penalty up to \$23,331 per confidentiality violation.



# General Provisions

## Civil Liability Protection

- Immunity provisions in Title IV of Public Law 99-660, Section 1921 and Section 1128E of the Social Security Act protect individuals, entities, and their authorized agents from being held liable in civil actions for reports made to the NPDB unless they have actual knowledge that the information in the report is false
- Health care entity professional review bodies, their members, and their agents are immune from civil liability in most cases



# Querying



# Who Reports and Queries?

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

 Required
  Not Authorized
  Optional



# Querying

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## Self Query

- Health care practitioners, entities, providers, and suppliers may query the NPDB regarding themselves at any time.
- Cost: \$4.00
- Online or via mail (using notarized form)
- Response belongs to the subject of the query. Subjects may share their query with licensing authorities, insuring, and credentialing entities.

# Querying

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## Demo of Self Query



# Reporting





# Reporting

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## Basic Rule

An action must be reported to the NPDB based on whether it satisfies NPDB reporting requirements and not based on the name affixed to the action by the reporting entity.



# Reporting

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## State Licensure Reportable Actions:

- Any adverse action as a result of a formal proceeding, including revocation or suspension of a license, reprimand, censure or probation.

# Question & Answer

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## Question 2:

Rather than discipline the practitioner, the board issues an order that includes an agreement that the practitioner will not practice. Is this Reportable?

# Question & Answer

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## Answer 2:

Yes. An enforceable agreement not to practice, signed by the board, is reportable.

# Reporting

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## **Investigations:**

- Focused on a practitioner – not routine
- Precursor to a licensure or certification action
- Ongoing until decision-making authority takes final action or closes the investigation

## **Reportable Actions while Under Investigation:**

- Surrendering license
- Failing to renew

# Question & Answer

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## Question 3:

A board of medical examiners initiated an investigation related to a physician's professional conduct. Two weeks later, the physician allowed his license to expire. Since the physician's license lapsed prior to any proposed agreement or board decision, must the lapse be reported to the NPDB?

# Question & Answer

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## Answer 3:

Yes. A nonrenewal of a license while under or to avoid an investigation must be reported to the NPDB.



# Question & Answer

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## Question 4:

Should a board report a voluntary surrender while the licensed practitioner is under investigation, even if the board does not yet know the outcome of the investigation?



# Question & Answer

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## Answer 4:

Yes. The outcome of the investigation does not matter in this instance.



# Reporting

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## Reportable Actions:

- Losing the right to apply for or renew a license
- Negative Action

# Reporting

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## Practitioners with physical or mental illness, injury, incapacitation, or Substance Use

- If a board takes an action, the board needs to look at whether the action itself meets reporting requirements
- Examples:
  - Board takes an action that a practitioner will enter a treatment program and will not practice while in the program. The restriction on the license is reportable – not the treatment program.
  - Placing a license in “inactive status” or voluntarily agreeing not to practice in lieu of an investigation – both actions are reportable.



# Question & Answer

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## Question 5:

The practitioner voluntarily enters a treatment or rehabilitation program at the direction of or suggestion of the licensing board. Is it Reportable?

# Question & Answer

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## Answer 5:

No, the fact that the practitioner enters a treatment or rehabilitation program is not reportable. However, if the board takes a formal adverse action against the practitioner at the same time, e.g. reprimand, probation, suspension, voluntary agreement not to practice, etc., that adverse action would be reportable.

# Question & Answer

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## Question 6:

A state licensing board imposes, through an order that is not publicly available, monitoring that does not constitute a restriction on the license of a health care practitioner for a specific period of time. Is it Reportable?

# Question & Answer

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## Answer 6:

No. The monitoring is not a restriction, so it is not reportable as an adverse action. Additionally, it is not publicly available, so it is not a negative action.

# Reporting

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## Exclusions:

- Federal agencies, state law enforcement agencies, state Medicaid fraud control units, and state agencies administering or supervising the administration of a state health care program must report health care practitioners, providers, or suppliers excluded from participating in federal or state health care programs.
- All exclusions must be reported regardless of the duration and whether the practitioner is later reinstated



# Reporting

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## Exclusions:

- The U.S. Department of Health and Human Services, Office of Inspector General (HHS OIG) and other entities that report exclusions must also report any revisions to previously reported exclusions, such as reinstatements, and whether an action is on appeal.
- The NPDB does not control what is on the HHS OIG Exclusion List.

# Reporting

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## Exclusions:

- Reinstatements are processed through the HHS OIG at:  
HHS, OIG, OI  
Attn: Exclusions  
P.O. Box 23871  
Washington, DC 20026  
Fax: (202) 691-2298  
Email: [sanction@oig.hhs.gov](mailto:sanction@oig.hhs.gov)



# Reporting

## Dispute Resolution Process

- Entering Practitioner Statement
- Disputing Report
- Elevating Dispute into Dispute Resolution Status
  - Scope of Review
  - Overview of Dispute Process
  - Outcome:
    - Report Remains in the NPDB
    - Report Corrected
    - Report Voided



# Reporting

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## Live Demo on How to Enter Practitioner Statement



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# Additional Information



- Guidebook Cover Page
- Chapter A: Introduction and General Information
- Chapter B: Eligible Entities
- Chapter C: Subjects of Reports
- Chapter D: Queries
- Chapter E: Reports
- Chapter F: Subject Statements and the Dispute Process
- Chapter G: Fees
- Chapter H: Information Sources
- Appendix A: Glossary
- Appendix B: Acronym Guide
- [Download the NPDB Guidebook \(PDF - 3.0 MB\)](#)



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Do you have a question about the NPDB Guidebook that you'd like answered? [Ask it now!](#)

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# Resources

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## Help When You Need It

- Website: [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov)
- [NPDB Guidebook](#)
- [Recorded webinars](#)
- [Regulations](#)
- [Statistical data & Research tools](#)
- [Codes for reporting and querying](#)
- [NPDB Insights](#)



# The NPDB Survey 2021

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## We want your feedback!

- **Purpose:** assess the characteristics of and generate comprehensive knowledge about users of the NPDB
- The survey will be open: **May - June 2021**
- A link will be sent to users via email or secure message

**Your feedback is essential to improving NPDB as we seek to improve health care quality**





# Contact Us

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**NPDB Customer Service Center**  
**800.767.6732**  
**[help@npdb.hrsa.gov](mailto:help@npdb.hrsa.gov)**



# Questions

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