FSMB Board Attorneys Workshop
November 13, 2015

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U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Workforce
Division of Practitioner Data Data Bank
Presentation Overview

• NPDB General Provisions
• Querying and Reporting: Details and Sanctions
• Continuous Query
• NPDB Compliance
• NPDB Guidebook
• Reporting Scenarios
• Resources
• Contact Information
NPDB
General Provisions
General Provisions

Purpose

Created under three statutes to meet several needs:

• Flagging system for effective credential reviews
• Protection against unfit practitioners
• Deterring fraud and abuse in the health care system
General Provisions

As an Aside . . .

Rep. Ron Wyden (D-Oregon) (now Senator) was the chief sponsor and drafter of the statute that started the NPDB. Before election to Congress in 1980, he:

• Was director of the Oregon Legal Services Center for the Elderly (1977-79)
• Was a member of the Oregon State Board of Examiners of Nursing Home Administrators (1977-79)
General Provisions

Merger Goal:
Eliminate duplication between NPDB and HIPDB

• The 3 statutes – Title IV of Public Law 99-660, Section 1921 of the Social Security Act, and Section 1128E of the Social Security Act – remain in effect
• One data bank
• One set of regulations governing the NPDB’s operations
General Provisions

Types of Information Collected

• Medical malpractice judgments, 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

Types of Transactions

- Reporting (no charge)
- Querying (by hospitals and health care organizations)
  - $3 for a one-year continuous query subscription
  - $3 for a one-time query
  - Fees lowered October 1, 2014
- Self-Query (by an individual or organization)
  - $5
  - Fee lowered October 1, 2014
General Provisions

Recovering costs

• NPDB must recover the full cost of operations
• Collects fees for each query

Confidentiality

• Information reported to the NPDB is
  ▪ Confidential
  ▪ Not available to the general public
  ▪ May not be disclosed except as provided by law
• Penalty up to $11,000 per confidentiality violation
General Provisions

Civil Liability Protection

• Immunity provisions in Title IV, Section 1921 and Section 1128E 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 and Reporting

Details & Sanctions
<table>
<thead>
<tr>
<th>ENTITY TYPE</th>
<th>REPORT</th>
<th>QUERY</th>
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</thead>
<tbody>
<tr>
<td>Hospitals</td>
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<tr>
<td>Health plans</td>
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<tr>
<td>Other health care entities with formal peer review</td>
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<tr>
<td>State agencies that license and certify health care practitioners and entities, including boards of medical and dental examiners</td>
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<td>![Optional]</td>
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<tr>
<td>State agencies administering or supervising state health care programs</td>
<td>![Yes]</td>
<td>![Optional]</td>
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<tr>
<td>State law enforcement or fraud enforcement agencies (including state Medicaid fraud control units and state prosecutors)</td>
<td>![Yes]</td>
<td>![Optional]</td>
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<tr>
<td>Federal licensing and certification agencies</td>
<td>![Yes]</td>
<td>![Optional]</td>
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<tr>
<td>Agencies administering federal health care programs, including private entities administering such programs under contract</td>
<td>![Yes]</td>
<td>![Optional]</td>
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<tr>
<td>Federal law enforcement officials and agencies (including Drug Enforcement Agency, HHS Office of Inspector General, and federal prosecutors)</td>
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<td>![Optional]</td>
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<td>Medical malpractice payers</td>
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<td>Professional societies with formal peer review</td>
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<td>Peer review organizations (excluding quality improvement organizations)</td>
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<td>Private accreditation organizations</td>
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<tr>
<td>Quality improvement organizations</td>
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</tr>
<tr>
<td>Individual practitioners, providers, and suppliers (self-query only)</td>
<td>![Not Authorized]</td>
<td>![Optional]</td>
</tr>
</tbody>
</table>

- **Required**: ![Yes]
- **Not Authorized**: ![Not Authorized]
- **Optional**: ![Optional]
State Agency Reporting

Report Practitioners, Providers, Suppliers

• Adverse licensure and certification actions
• Any dismissal or closure of a formal proceeding by reason of surrendering the license or leaving the state or jurisdiction
• Any other loss of license or right to apply for or renew
• Any publicly available negative action or finding (excluding fines and/or corrective actions unless connected to health care delivery or taken in conjunction with another action)
State Agency Reporting

Denials of Initial, Renewal Applications

• Reportable if denied based on formal proceedings
• Not reportable if threshold criteria not met
• For initial only – withdrawal of application while being investigated, for any reason, is not reportable

Withdraw Renewal Application During Investigation

• Reportable regardless of reason

Voluntary Surrenders

• Report surrenders made after notification of an investigation or formal official request
State Agency Reporting

Fines & Penalties
• Reportable if connected to the delivery of health care or taken in conjunction with another action

Stayed Actions
• Report the part, if applicable, that is not stayed

Summary/Emergency/Non-Final Actions
• Report interim cessation of practice during investigation (includes voluntary), emergency/summary suspensions
State Agency Reporting

Alcohol and Drug Treatment

• Reportable: A practitioner enters treatment and a licensure or certification action is taken
• Not reportable: If a practitioner enters treatment and no licensure or certification action is taken
• To protect confidentiality, the fact that the practitioner entered treatment should not be reported
NPDB Reporting - Key Issues

Recent System Enhancements

• Field of licensure
• Cease and desist orders
• Actions against authority to prescribe

Sufficient Narrative Descriptions

• Summarize official findings or state case facts
• Describe circumstances that led to action

Consent Orders/Agreements

• The action, not the method used, determines reportability
Potential Sanctions

Failure to Report

• Organization’s name published in the Federal Register
Report Subjects

Approximate Number of New NPDB Reports Submitted On Individual Subjects From 2010 – 2014 by Profession

- Registered Nurses: 128,000
- Licensed Practical/Vocational Nurses: 82,000
- Optometrist/Optician: 1,500
- Podiatrist: 2,500
- Chiropractors: 6,500
- Advanced Practice Nurses: 5,000
- Physician Assistants: 3,500
- Dentists: 19,000
- Physicians: 95,500
- Optometrist/Optician: 1,500
- Other Individual Subjects: 21,000
- Other Technologist/Technician: 1,000
- Emergency Medical Technician: 5,500
- Nurse Aides/Nursing Assistants/Home Health Aides: 55,500
- Pharmacists/Pharmacy Technicians: 27,000
- Psychologist: 2,500
- Other Behavioral Health: 7,500
- Physical/Occupational/Respiratory/Massage Therapists/Assistants: 14,500
- Social Workers: 4,500
- Other Individual Subjects: 21,000
- Total: ~482,500 Reports
State Agency Querying

May Query On

• Practitioners, providers, and suppliers, as needed, including:
  ▪ When reviewing initial or renewal applications
  ▪ When conducting an investigation
  ▪ When certifying eligibility to participate in government programs
State Agency Querying

General Considerations

• Centralized credentialing
• Querying through an authorized agent
• Delegated credentialing
• Continuous Query
Continuous Query
Continuous Query

Purpose

• Subscription service that notifies subscribers of new information on any of their enrolled practitioners within one business day of the NPDB’s receipt of the information

• Designed and developed to help meet new accreditation standards that require ongoing monitoring of practitioners

• Since 2007, health care providers have enrolled more than 1.85 million practitioners
Continuous Query

One-Time Query

• Average of 320 days between receipt of a report and disclosure of the report (in response to a query)
• Re-credentialing means re-querying practitioners and reviewing all results to identify new information

Continuous Query

• Service notifies subscribers of a report on enrolled practitioners within 1 day of receipt
• Subscriber organizations always up-to-date
• Subscribers can deal only with events that need attention, immediately resolving issues
Continuous Query

Using Continuous Query

- Requires the same practitioner information
- Subscribers continue using their subject databases
- Fee: $3.00 per enrollee per year
- No separate query fee
- Upon enrollment, receive the same report information as a one-time query response
- Continuously queries the NPDB and notifies subscribers of any new reports
- No need to re-query for reappointments or temporary privileges extensions
Continuous Query

Using Continuous Query, cont.

• Notification sent via email; subscriber must log in to retrieve information

• Subscription period for each enrollee is 12 months

• Subscription expires on last day of the same month the following year
  ■ Subscription started in December 2014 will expire on December 31, 2015
NPDB Compliance
NPDB Compliance

Compliance Activities

• Focused primarily on licensing boards
• Licensing boards process updated in January, 2015
• Shifting attention to other areas
  ▪ Community Health Centers
  ▪ Hospitals
  ▪ Health plans
• Focus on improving NPDB registration data and overall data integrity
NPDB Compliance

State Board Adverse Action Comparisons

(As of June 2015)

- **New Reports** are those submitted with effective dates during the time period being reviewed (2010-2012) and concurrent with the compliance effort.
- **New Reports Disclosed** represents the number of New Reports that have been disclosed as of June 2015 to queriers.
- **Total Disclosures from New Reports** represents the number of times the New Reports have been disclosed as of June 2015 to queriers.

<table>
<thead>
<tr>
<th></th>
<th>Number of Reports</th>
<th>New Reports Disclosed</th>
<th>Total Disclosures from New Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Professions</td>
<td>5683</td>
<td>2007</td>
<td>1846</td>
</tr>
<tr>
<td>Physicians</td>
<td>685</td>
<td>389</td>
<td>1520</td>
</tr>
</tbody>
</table>

![Bar Chart](chart.png)
NPDB Compliance

Audit of Board Actions

• One-to-one audit of all professions representing 80% of query volume
  ▪ Physicians (MD and DO)
  ▪ Dentists
  ▪ Physician Assistants
  ▪ Advanced Practice Nurses
  ▪ Registered Nurses
  ▪ Social Workers
• Random selection of all other professions
• Sample drawn every two years
• Any other profession or board may be audited at the discretion of HRSA
NPDB Compliance

Attestation

• Required at NPDB registration renewal for all boards licensing or certifying health care professions.

• Attestation has three parts:
  ▪ **Review and update** agency’s profile to reflect changes over the last two year period.
  ▪ **Profession Verification**: agencies review, verify, and update the list of professions they currently regulate.
  ▪ **Certification**: all agencies attest to their compliance with NPDB reporting requirements for each of their regulated professions.
**NPDB Compliance**

**2010-2013 State Board Adverse Action Comparison Results** (as of June 2015)

- Professions Compliant, 1543
- Professions Under Review, 7
- Professions Working Towards Compliance, 10
- Professions Non-Compliant, 16
- N/A, 11
- Does Not License, 371

**Total Profession Reviewed - 1958**

- Attestation occurs for each board (including boards not required to register) every two years at registration renewal.
- Profession refers to state/profession combinations.
- “Could Not Attest” indicates a statement by the board that it could not attest that all reports have accurately been submitted.
- “Failed to Attest” indicates the board failed to provide a response for the profession.

**2010-2013 State Board Attestation Results** (as of June 2015)

- Professions Attested 83%
- Professions Could Not Attest 8%
- Professions Failed to Attest 9%
- Total Number of Professions Attested: 1050

- Review completed for the 12 most queried professions (i.e., nurses, pharmacists, physician assistants, podiatrists, psychologists, social workers, physicians, dentists, chiropractors, optometrists, physical therapists, and behavioral health professionals) in each state.
- Allied health professions (e.g., pharmacy technicians, nursing assistants, dental hygienists) were also included.
Guidebook
Guidebook

Revision Process

- Announced publication of draft NPDB Guidebook in Federal Register on December 27, 2013
- Comment period ended January 10, 2014
- Received 360 comments
- Released April 6, 2015

Format

- http://www.npdb.hrsa.gov/resources/aboutGuidebooks.jsp
Guidebook

Major changes from before

- More tables
- More examples
- More color

PDF edition

- Includes active links to sections within the Guidebook and to the NPDB website
NPDB e-Guidebook

This publication links to non-Federal resources in order to provide additional information to consumers. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS) or Health Resources and Services Administration (HRSA). Neither HHS nor HRSA endorses the products or services of the listed resources.

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Updated April 2015
Registering with the NPDB

Eligible entities are responsible for certifying their eligibility to report to and/or query the NPDB by registering with the NPDB. The online registration and certification process determines and sets an entity’s requirements and restrictions regarding querying and reporting to the NPDB.

Eligible entities not currently registered with the NPDB should complete an Entity Registration form. The information requested on the Entity Registration form provides the NPDB with essential information concerning the entity, such as the organization’s name, address, point of contact for reports, Federal Taxpayer Identification Number, type of ownership, the organization’s authority to participate in the NPDB under each of the statutes governing the NPDB, and the organization’s primary function or service.

Each entity that initiates the entity registration process is given a Data Bank Identification Number (DBID) and must create a user ID and a password for its account. Once an entity completes the entity registration documents, the entity’s certifying official must sign the documents before returning them to the NPDB for processing. An entity is not successfully registered until the NPDB receives all registration and verification documents and the registration forms are confirmed by the NPDB. The registration process must be completed before an entity is able to submit reports and queries.

E-Authentication and Identity Proofing

Eligible entities access the NPDB through the Internet. For security reasons, NPDB users must be properly authorized and authenticated before they are granted access to the NPDB. In addition, Federal entities, such as the NPDB, that allow access to Internet-based information systems must meet certain technical and
Guidebook - Key Changes

What the new Guidebook does

• Blends Healthcare Integrity and Protection Data Bank and NPDB to reflect new combined regulations
• Adds Section 1921
• Provides policy clarification

What it does not do

• Make revisions that require legislative or regulatory changes
• Accept or address every recommendation made by commenters
Guidebook - Key Changes

Eligible Entities

• Definition of “Other Health Care Entity”
• Registration requirements (use of DBIDs, User IDs)

Subjects of Reports

• Definitions of health care practitioners, providers, and suppliers
Guidebook - Key Changes

Queries

• Centralized vs. decentralized credentialing
• Delegated credentialing vs. using an agent
• Clinical vs. non-clinical privileges

Reports

• Submitting reports
  ▪ Corrections vs. revisions
  ▪ Appeals
Guidebook - Key Changes

**Reporting Medical Malpractice Payments**

- Oral vs. written claims
- Identifying practitioners

**Reporting Clinical Privileges Actions**

- Summary Suspensions
- Proctors
Investigations

- Definition of term is not controlled by entity’s bylaws
- Routine review of a practitioner is *not* an investigation
- Focus on a particular practitioner
- Precursor to professional review action
- Ongoing until decision-making authority takes final action
Guidebook - Key Changes

Professional Membership Actions
• Expert witness testimony

Reporting Other Adjudicated Actions
• Taken in conjunction with clinical privileges actions
Guidebook - Key Changes

Licensure and Certification Actions

• Administrative fines
• Summary/emergency suspensions
• Stayed actions
• Denials
• Withdrawals and failure to renew while under investigation
• Voluntary surrenders
Scenarios

Question:

If a State board denies an application to a practitioner who did not have the required number of practicum hours, should the action be reported?
Scenarios

Answer:

No. A board should not report cases in which a health care practitioner, entity, provider, or supplier simply does not meet the threshold criteria for licensure.
Scenarios

Question:

During an interview with a practitioner, a State licensing board discovers that the practitioner failed to disclose prior substance abuse 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?
Scenarios

Answer:

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.
Scenarios

Question:

A State licensing board is required to report any publicly available negative actions or findings. If a State licensing board does not publish its actions on the board's website, but publishes them in a publicly available monthly newsletter, does the board still have to report the actions to the NPDB?
Scenarios

Answer:
Yes. Publicly available information means that information is accessible to the interested public and can occur in a variety of ways, including, but not limited to, phone, writing, electronic media (e.g., website or portal), or other media available for general distribution to any member of the public.
Scenarios

Question:

As a result of a formal proceeding, a State licensing or certification authority reprimanded a practitioner. In addition, the authority imposed a publicly available, technical, administrative fine, which is not an adverse action, in the amount of $500. Should this administrative fine be reported to the NPDB?
Scenarios

Answer:

Yes. State licensing or certification authorities must report administrative fines (i.e., fines that are administrative or technical in nature) if they are publicly available information and if they are either connected to the delivery of health care services or taken in conjunction with other adverse licensure or certification actions. The scenario described provides insufficient information to determine if the fine was connected to the delivery of health care services. However, because the fine was taken in conjunction with another adverse licensure or certification action (the reprimand), the fine, along with the reprimand, must be reported.
Scenarios

Question:

If a State licensing or certification authority issues a letter of concern, should it be reported to the NPDB?
Scenarios

Answer:

It depends. If, under the State's law, the letter of concern is a publicly available negative action or finding, it must be reported to the NPDB. If, under the State's law, the letter of concern does not meet the definition of a publicly available negative action or finding, it should not be reported.
Scenarios

Question:

If a State licensing or certification authority takes an action that is later expunged, should the State licensing or certification authority report the expungement?
Scenarios

Answer:

An expungement removes the practitioner's public record but does not vacate or change the action. Therefore, if the reporting entity itself expunges a record, or if the reporting entity learns that one of its records has been expunged, it should file a Revision-to-Action Report with the NPDB, to note that an expungement has occurred. An expunged record is not a reason to void a report.
Scenarios

Question:

A State licensing board submitted a report to the NPDB 6 months ago, after the board placed a practitioner's license on probation. Three months ago, the board reinstated the license in full. The report in the NPDB still indicates that the license is on probation. Because the status of the licensure action has changed, should the board update the information in the NPDB?
Scenarios

Answer:

Yes. Entities that submit an Initial Report to the NPDB also must report any subsequent revision to the underlying action. The State licensing board, therefore, is required to submit a Revision-to-Action Report after reinstating the license. If, however, the initial action to place the license on probation included an automatic reinstatement of the license that was indicated on the Initial Report, the board is not required to submit a Revision-to-Action Report.
Scenarios

Question:
If, as a result of a formal proceeding, a State licensing board suspends a practitioner's license for 1 year, but stays 3 months of the suspension, how should it be reported?
Scenarios

Answer:

The State licensing board must report the 9-month suspension (1-year suspension, minus the 3-month stayed suspension). The stayed portion of the suspension should not be reported to the NPDB.
Scenarios

Question:

A State licensing board issued a formal cease and desist order to an unlicensed practitioner who held herself out to be a licensed psychotherapist. Should the action be reported to the NPDB?
Scenarios

Answer:

Yes. NPDB regulations define a health care practitioner as "an individual who is licensed or otherwise authorized by a State to provide health care services (or any individual who, without authority, holds himself or herself out to be so licensed or authorized)." Therefore, State licensure and certification actions taken against unlicensed individuals that result from a formal proceeding must be reported to the NPDB. When reporting an action against an unlicensed individual, select "No License" on the licensure information screen and select the field of licensure claimed by the individual for the Occupation/Field of Licensure category.
Scenarios

Question:
If an entity changes the penalty it imposes or reconsiders the grounds upon which it took an action, should a correction or revision be filed?
Scenarios

Answer 5:

If an entity subsequently changed the penalty it imposed, or if it reconsidered the grounds on which it took an action, but the original report correctly described the penalty or grounds at the time the original report was filed, then a Revision-to-Action Report, not a Correction Report, should be filed.
Scenarios

Question:

How should a previously reported action that is overturned on appeal be reported to the NPDB?
Scenarios

Answer:

When a previously reported action is overturned on appeal, the reporter should void the previously submitted report.
Scenarios

Question:
Is the withdrawal of an initial application for licensure or certification while under investigation reportable to the NPDB?
Scenarios

Answer:

No. An applicant's withdrawal, for any reason, of an initial application for licensure or certification is not reportable, even if the applicant is under investigation.
Question:

Is the withdrawal, while under investigation, of an application to renew a licensure or certification reportable to the NPDB?
Scenarios

Answer:

Yes. Investigations should not be reported to the NPDB. However, withdrawal of a renewal application for licensure or certification, or failure to renew, while the State licensure or certification authority is investigating the applicant is reportable.
Scenarios

Question:

Is the withdrawal of an initial or renewal application for State license that does not meet threshold licensing criteria reportable?
Scenarios

Answer:

No. State licensing or certification authorities should not report cases in which a health care practitioner, entity, provider, or supplier simply does not meet the threshold criteria for licensure or certification.
Scenarios

Question:

In lieu of taking a disciplinary action, a State licensing board issues a consent order in which a practitioner agrees not to re-apply for a license in the future. Is this reportable to the NPDB?
Scenarios

Answer:

Yes. Any State licensure or certification action that meets NPDB reporting requirements must be reported, regardless of whether the action was imposed through board order, consent agreement, or other method.
Scenarios

Question:
Should a State licensing or certification authority report a suspension when the suspension has been fully stayed prior to implementation?
No. Licensure and certification actions that are imposed with a stay should not be reported to the NPDB. However, any reportable action that accompanies a stayed action must be reported.
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?
Scenarios

**Answer:**

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

Question:

When filing a report, in the section titled “Adverse Action Information”, the system poses a question: “Is reinstatement automatic at completion of Adverse Action Period?” In many scenarios (e.g., a reprimand), the concept of reinstatement does not exist. Which option should an entity choose?
Scenarios

Answer:

You can leave this field blank when reinstatement is not relevant to the action.
Scenarios

Question:

How does the NPDB define a “formal proceeding”? 
Scenarios

Answer:

“Formal proceeding” means a proceeding held before a state licensing or certification authority...that maintains defined rules, policies, or procedures for such a proceeding. This definition is written broadly to include formal hearings as well as other processes that follow defined rules, policies, or procedures. For example, many boards use consent agreements to carry out board actions. Boards have defined rules, policies, and procedures for the use of these agreements. The NPDB considers the use of a consent agreement, or similar process, to fall within the definition of a formal proceeding.
Scenarios

Question:

What constitutes an action by a board?
Scenarios

Answer:

It depends on your state’s legislation, regulations, and policies. Examples of what some states consider “actions” include board orders, various types of letters, consent orders, consent decrees, or other types of agreements.
Scenarios

Question:

Should a board report a voluntary surrender while the licensed practitioner is under investigation, even if they board does not yet know whether the outcome of the investigation will be positive or negative?
Scenarios

Answer:

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

Question:

If a practitioner agrees not to practice while under investigation, is that reportable?
Scenarios

Answer :

Yes. An agreement, while the practitioner is under investigation, between a board and a practitioner which restricts or removes the ability to practice should be reported.
Scenarios

Question:
A pharmacist applicant is licensed by a different state and disclosed a 2012 arrest and conviction on her reciprocity application. If the applicant withdraws her application with our state, should we report the action?
Scenarios

Answer:

No. An applicant’s withdrawal of an initial application for licensure or certification is not reportable. However, denying that pharmacist’s initial application for licensure due to her disclosed history would be a reportable event. Additionally, the withdrawal of a renewal application for licensure or certification is reportable if the state licensure or certification authority is investigating the applicant, in order for the applicant to avoid an investigation, or if the withdrawal is in lieu of a disciplinary action.
Scenarios

Question :
Are private reprimands reportable? What if the reprimand is just a letter of reprimand and does not impact the practitioner’s ability to practice?
Scenarios

Answer:

Yes. A reprimand, whether private or not, meets the definition of an adverse action (45 CFR 60.9(a)(1)). For an action to be reportable under §60.9(a)(1), the action does not need to be publicly available, nor does it need to impact the practitioner’s ability to practice. As long as the reprimand is taken as a result of a formal proceeding (see #24 above), it is reportable.
Scenarios

Question :

For which types of actions is there a requirement that the action be publicly available in order to be reportable?
Scenarios

Answer:

For licensing boards, the only actions that must be publicly available in order to be reportable are those that are reportable under §60.9(a)(4) of the NPDB regulations (negative action or finding). Actions meeting the criteria of §60.8 (physicians and dentists only) or the criteria of §60.9(a)(1), §60.9(a)(2), or §60.9(a)(3) must be reported even if they are not publicly available. Please review the NPDB Regulations for more information.
Scenarios

Question:

Should actions that are stayed prior to implementation be reported to the NPDB?
A licensure or certification action imposed with a stay should not be reported to the NPDB as long as the entire action is stayed. In instances where only part of the action is stayed, the part of the action that is not stayed must be reported. For example, if a practitioner’s license is placed on probation for six months, but four months of the probation are stayed, the remaining two months of the probation must be reported to the NPDB. In addition, if a stayed action is accompanied by another reportable action, the reportable action that accompanied the stayed action must be reported. For example, a practitioner’s license is suspended for six months, the suspension is stayed, and the practitioner is placed on probation with terms and conditions for one year. The suspension should not be reported to the NPDB because it was stayed, but the probation must be reported to the NPDB.
Scenarios

Question :

A state requires that a board cannot renew a license of a practitioner if he owes back taxes, but the board does not take action against the license before it expires. The license is renewed when the practitioner pays the state tax. Must the board report this?
Scenarios

Answer :

State laws and policies vary greatly regarding similar circumstances. If state law allows the practitioner to continue to work until the existing licensure period expires and no action is taken, there would be nothing to report initially. However, once a board denies a renewal application for cause (in this case because of state tax laws) or if the practitioner fails to renew the license (or withdraws the renewal application) in order to avoid denial by the board, a report must be submitted.
Scenarios

Question:

In a particular state, some board orders are not final for 18 days, while others are not final for 30 days. Should a board wait until actions are final before submitting them to the NPDB?
Scenarios

Answer:

No. While reporting entities have 30 days to report actions, the requirements for reporting State licensure and certification actions are not limited to final actions. Interim or nonfinal adverse actions taken by a State licensing or certification authority also must be reported to the NPDB. Examples of such actions include a State licensing board’s summary or emergency suspension of a license, or a health care practitioner’s voluntary agreement to refrain from practice pending completion of a State licensing board investigation. Once a final action is taken that supersedes or modifies the initial action, the State licensing or certification authority must submit a Revision-to-Action Report.
Scenarios

Question:

If a grand jury has not yet made a determination in a criminal case on a practitioner, and state statutes dictate a board cannot take action until a conviction is obtained or until a practitioner pleads “not guilty” or “no lo contendere”, may the board submit a report?
Scenarios

Answer:

If the board has not taken an action, there is nothing to report. If statutes allow the board to issue a summary suspension or similar action (not necessarily a final action) while the case is pending solely based on an arrest or allegation, that would be reportable. In these instances, reportability depends on what action the board takes.
Resources
NPDB Resources

Help When You Need It: www.npdb.hrsa.gov

• FAQs, brochures, and fact sheets
• NPDB Guidebook
• Recorded webinars
• Instructions for reporting and querying
• Regulations
• Statistical data
• Research tools
• The Data Bank newsletter
• Customer Service Center
  ▪ Call 800.767.6732
  ▪ Email help@npdb.hrsa.gov
Questions?
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