

What Federal Practitioners Need to Know About the National Practitioner Data Bank

Donald Ilich^a

Background: The National Practitioner Data Bank (NPDB) is a federal online repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers.

Observations: Not only can health care entities, including federal health care programs, request information from the NPDB about federal practitioners, these entities in certain

circumstances can submit reports concerning their adverse actions and malpractice payments to the NPDB. Federal practitioners can appeal these reports through a formal process with the NPDB.

Conclusions: The NPDB regulations specifically affecting federal practitioners may be different from those of health care practitioners in the private sector.

^aDivision of Practitioner Data Bank, Bureau of Health Workforce, Health Resources and Services Administration.
Correspondence:
Donald Ilich
(dillich@hrsa.gov)

Fed Prac. 2022;39(2).
Published online February 14.
doi:10.12788/fp.0226

Not all federal practitioners know about the National Practitioner Data Bank (NPDB), a federal web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. This article explains how NPDB statutes and regulations specifically affect federal health care practitioners, which may differ from how the rules affect practitioners in the private sector.¹

NATIONAL PRACTITIONER DATA BANK

Established by Congress in 1986, the NPDB contains information health care organizations need to make informed decisions about the health care practitioners they license, credential, and hire. Federal regulations authorize eligible entities, including government agencies, to report to and query the NPDB. Individuals and organizations that are subjects of these reports have access to their own information. The reports are confidential and not available to the public. The NPDB currently contains > 1.6 million reports.²

Federal Agencies Queries

A query is a search for information in the NPDB regarding a health care practitioners or organization. Some federal agencies are permitted to query the NPDB, and all hospitals, including federal hospitals, are required to query. Agencies administering government health care programs (including private entities administering such programs under contract), federal law enforcement officials and

agencies, and federal agencies responsible for the licensing or certification of health care practitioners, health care providers, or health care suppliers may query NPDB. Information received in response to queries includes, among other actions, licensure and certification actions taken by states, medical malpractice payment information, federal licensing and certification actions, and adverse privileging actions.³

FEDERAL REPORTING REQUIREMENTS

Federal government agencies must report exclusions (described below), adjudicated actions, civil judgments, and criminal convictions concerning health care practitioners, providers, or suppliers. The following provides detailed information about the actions federal government agencies are required to report.

Adjudicated Actions or Decisions

Adjudicated actions or decisions are formal or official final actions.³ They include, but are not limited to, personnel-related actions such as suspensions without pay, reductions in pay, reductions in grade for cause, terminations, or other comparable actions. To be reportable, adjudicated actions or decisions must include due process mechanisms. Whether the subject of a report elects not to use the due process mechanism is immaterial as long as such a process is available to the subject before the adjudicated action or decision is made final. In general, if an adjudicated action or decision follows an agency's established

administrative procedures and those procedures ensure that due process is available to the subject, the due process requirement is satisfied. This definition specifically excludes clinical privileging actions taken by federal government agencies, which are described in appropriate memorandums of understanding.

Exclusions

An exclusion is a temporary or permanent debarment of an individual or organization from participation in a federal health-related program, such that items or services furnished by the individual or organization will not be reimbursed under the federal program.³

Civil Judgments and Criminal Convictions

Health care–related civil judgments and settlements must be reported. However, settlements in which no findings of liability have been made are not reportable.³ Health care–related criminal convictions prosecuted by federal government agencies in federal court must be reported to the NPDB. Pleas of guilt and *nolo contendere*, or no contest, by individuals or organizations also are reportable.³

In addition, final adverse licensure and certification actions are those taken against health care practitioners, providers, or suppliers, regardless of whether the final adverse action is the subject of a pending appeal.³ These must be reported.

Additional Reporting Requirements

Federal hospitals or federal government agencies administering health care services may have additional reporting requirements besides reporting adjudicated actions, exclusions, civil judgments, and criminal convictions. They may include submitting reports under a memorandum of understanding on clinical privileges actions and medical malpractice payments.³ The US Department of Health and Human Services (HHS) has entered into memorandums of understanding with the US Department of Defense and the US Department of Veteran Affairs to ensure their participation in the NPDB system. Federal hospitals should refer to applicable memorandums of understanding and agency-specific policies for guidance on carrying out their reporting responsibilities.⁴

RESPONDING TO A REPORT

The NPDB sends a letter to health care practitioners when an organization submits a report about the practitioner. The letter has the report number and a password is required to view the report.² Health care practitioners also can order a self-query online to view any reports on them in the NPDB.

The subject of the report can also add a statement and dispute the report. The statement is an opportunity to provide additional information the subject would like to have included in the report. If the subject disagrees with the accuracy of a report or believes it does not meet NPDB reporting requirements, it can be disputed. The dispute will become part of the report. When the subject adds a statement or dispute, the NPDB notifies the reporting organization and all organizations that received the report within the previous 3 years of the report activity.

Health care practitioners must contact the reporting organization to try to resolve their dispute. If the subject of the report has contacted or tried to contact the reporting organization and could not resolve the dispute after 60 days, or if, within the 60-day period, the organization informs the subject that it will not modify the report, that individual may request dispute resolution. Requesting dispute resolution does not remove the report from the NPDB.

Dispute Resolution

Dispute resolution is a request for the HHS secretary to review the report. The secretary authorizes the Division of Practitioner Data Bank (DPDB) to conduct this review. The DPDB is responsible for oversight of the NPDB. The subject of the report will need to submit relevant supporting documentation to request dispute resolution. This documentation should show that the information in the report is not accurate or that the action is not reportable. Also, proof should be included that the subject contacted or attempted to contact the reporting organization. Submitting large volumes or extraneous documentation can delay the review process.

A dispute resolution manager will review the case and send the reporting organization a request for information if needed. The DPDB will send the subject of the

report a courtesy copy of all correspondence. The dispute resolution timeline varies, as the DPDB reviews disputes in the order they are received. It completes a fair and thorough review based on the unique circumstances of each case and will review the case as soon as possible. Once the DPDB receives documentation from the subject and the reporting organization, it reviews the documentation to determine whether the report accurately reflects the record.

The DPDB decides to either maintain the report as is, correct it, or remove it from the NPDB. Once the process is complete, the dispute resolution manager sends a decision letter to the subject of the report and the reporting organization. The dispute resolution decision will appear in the report.

Regulations strictly limit the DPDB's jurisdiction for reviewing disputed reports. It may only review the following: whether the report was submitted in accordance with reporting requirements, whether the reporting organization was eligible to report the information, and whether the report accurately depicts the action taken by the reporting organization and the basis for the action the reporting organization cited, as shown in the organization's written record. The subject of the report must resolve any other issues with the reporting organization.

Under the dispute resolution review process, the DPDB cannot conduct an independent review of the merits of the action taken by the reporting organization, review the due process provided by the organiza-

tion, or substitute its judgment for that of the reporting organization.² The DPDB does not examine whether the subject of a report was informed of an ongoing investigation. The DPDB does not examine civil rights issues such as claims of discrimination or harassment in the work environment. Practitioners can find additional information at www.npdb.hrsa.gov.

Acknowledgments

Contributors to the article include Carolyn Nganga-Good, David Kirby, and the Division of Practitioner Data Bank (DPDB)/NPDB.

Author disclosures

The author reports no actual or potential conflicts of interest or outside sources of funding with regard to this article.

Disclaimer

The opinions expressed herein are those of the author and do not necessarily reflect those of *Federal Practitioner*, Frontline Medical Communications Inc., the US Government, or any of its agencies.

Ethics and consent

This article does not involve patient care or data and does not require patient consent.

References

1. US Department of Health and Human Services, National Practitioner Data Bank. NPDB guidebook. Updated October 2018. Accessed December 16, 2021. <https://www.npdb.hrsa.gov/resources/aboutGuidebooks.jsp>
2. US Department of Health and Human Services, National Practitioner Data Bank. A practitioner's guide to the NPDB. Updated February 2021. Accessed December 16, 2021. <https://www.npdb.hrsa.gov/pract/practGuide.jsp>
3. US Department of Health and Human Services, National Practitioner Data Bank. Federal hospitals and federal government agencies. Accessed December 16, 2021. <https://www.npdb.hrsa.gov/orgs/federalAgencies.jsp>
4. US Department of Health and Human Services, National Practitioner Data Bank. Federal hospitals. Accessed December 16, 2021. <https://www.npdb.hrsa.gov/orgs/federalHospitals.jsp>