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Pharmacy Law Brief: National Practitioner Data Bank
– What Is It?

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Question: A physician colleague who has applied for privileges at a new hospital made a comment about his application being run through the “National Practitioner Data Bank.” What is that? Does that have any connection to that National Provider Identifier number I got several years ago?

Response: The National Practitioner Data Bank (NPDB) was established through legislation enacted by Congress having the multiple goals of protecting the public, improving the quality of health care services and combating fraud and abuse in the health care arena. It serves as a national repository for data on a wide variety of transgressions by health professionals and businesses in the broad health care industry, with the most common, and perhaps most important, being damage awards in malpractice lawsuits, actions by state licensing board that result in loss of professional licensure and actions by state or federal authorities that exclude the professional or a business from participating in Medicare or Medicaid. Other entries may come from negative findings or actions by peer review organizations or private accreditation organizations plus certain final adverse actions taken by state law enforcement agencies or Medicaid Fraud Control Units.

The government’s website for the program describes it as a “confidential information clearinghouse.” It goes on to provide this more detailed description – it is “primarily an alert or flagging system intended to facilitate a comprehensive review of the professional credentials of health care practitioners, health care entities, providers and suppliers.” Thus, it is designed to collect in one place data from a variety of sources about adverse decisions or actions regarding covered individuals or firms. Nonetheless, the government website cautions that “the information from the Data bank should be used in conjunction with, not in replacement of, information from other sources.”

Information in the database is not available to the public like, say, opinion ratings on Angie’s List™. The Data Bank treats as confidential the information reported to it. Detailed federal regulations govern disclosure of the facts. So who may access the entries there? There is a long list of entities with such authority and commonly encountered examples would be hospital credentialing offices, peer review groups, state licensure boards and Medicaid Fraud Control Units. And yes, an individual practitioner may enter the system to view his or her own profile.

Turning to the final question, the National Provider Identifier (NPI) number is totally unrelated. The 1996 statute known as HIPAA mandated creation of this system and NPI’s were first issued by CMS during 2006. The goal was to facilitate electronic transactions by easing identification of the professional or business entity providing goods or services.

Finally, as a gratuitous addition, one other number looming large in the lives of pharmacists should be mentioned. The National Association of Boards of Pharmacy has created a database to record and track a pharmacist’s participation in continuing pharmacy education. Designated as “CPE Monitor” by NABP, this activity requires that the pharmacist have an “NABP e-Profile ID”, a six digit number associated with your continuing education records. That number looming in the professional lives of pharmacists does not connect to what is discussed above.

Disclaimer: The information in this column is intended for educational use and to stimulate professional discussion among colleagues. It should not be construed as legal advice. There is no way such a brief discussion of an issue or topic for educational or discussion purposes can adequately and fully address the multifaceted and often complex issues that arise in the course of professional practice. It is always the best advice for a pharmacist to seek counsel from an attorney who can become thoroughly familiar with the intricacies of a specific situation, and render advice in accordance with the full information.