National Practitioner Data Bank

Medical Staff Policies & Procedures

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Purpose: To establish a mechanism for compliance with the Rules and Regulations of the National Practitioner Data Bank (NPDB) and other regulatory agencies.

Responsibility: Medical Staff Office personnel

Policy: It is the policy of Hackensack Meridian Health to comply with federal regulations ensuring proper credentialing of practitioners applying or reapplying for medical staff or Health Professional Affiliate staff membership and/or clinical privileges.

Procedure: Continuous Querying:

1) Continuous Querying for Privileging or staff membership: Upon receipt of a completed application to the Medical and Dental Staff or Allied Health Professional Staff or for clinical privileges, the practitioner will be enrolled in the Continuous Query of the NPDB electronically using the Integrated Querying and Reporting Service (IQRS) system on the internet at www.npdb-hipdb.com.

2) Mandatory two year Querying: The NPDB will not be queried at reappointment if they are enrolled in the continuous query of the NPDB.

As part of being enrolled in Continuous Query, any report receive from the NPDB on any of the enrolled practitioners will be sent to the Medical Staff Office. The report will be reviewed, and the applicable Section Chief and/or Department Chair will be notified that the report is available for review. It will then be made available in the file of the practitioner for the next reappointment cycle and OPPE or in the case of a change in privileges or staff status.
3) Querying for Professional Review Activity: A query may be submitted at any time, if deemed necessary, when conducting professional review activity.

4) Querying at the time a change in privilege is not necessary if the practitioner is enrolled in the Continuous Query. A current NPDB report can be generated upon request from the NPDB website.

Note: Information reviewed through these queries is considered on appointment and reappointment to the Medical and Allied Health Professional Staffs and revision, renewal and initial granting of clinical privileges.

**Reporting:**

1) Within 7 days of an adverse action a copy of the Initial Adverse Action Report will be sent to the NJ State Medical or Dental Board and the NJ Division of Consumer Affairs, using the Health Care Professional Responsibility and reporting Enhancement Act Reporting Form. A report will be submitted to the NPDB within 30 days of the adverse action.

2) Any changes, revisions, additions or deletions, to a submitted adverse action report will be made through the IQRS system as instructed.

3) Multiple adverse actions may be submitted through the IQRS system as instructed.

4) A verification report will be electronically received back from the NPDB through the IQRS system 4-6 hours after submission of the adverse action report. This will be verification that the data from the report was entered properly by the NPDB.

5) Whenever adverse information is reported to the NPDB, a copy of the report sent to the NJ State Board of Medical Examiners or NJ State Board of Dentistry will also be sent (marked “personal and Confidential”) by certified mail to the practitioner involved. The NPDB also sends the practitioner a “Practitioner Notification Document” to review.

**MAINTAINING INFORMATION RECEIVED:**

The information received is forwarded to the Chair of the Department. Reports received back from the NPDB are part of the confidential documents maintained in the Medical Staff Office in each practitioner’s credentials file.