



National Practitioner Data Bank

Healthcare Integrity and Protection Data Bank



FACT SHEET ON QUERYING

Background of the National Practitioner Data Bank and the Healthcare and Integrity Protection Data Bank

The National Practitioner Data Bank (NPDB) was established by Title IV of Public Law 99-660, the *Health Care Quality Improvement Act of 1986*, as amended (Title IV). Final regulations governing the NPDB are codified at 45 CFR Part 60. On January 28, 2010 the NPDB expanded the information collected and disseminated through the NPDB with the final ruling for Section 1921 of the *Social Security Act*. Reporting and querying under Section 1921 began March 1, 2010. Responsibility for NPDB implementation resides with the Bureau of Health Professions, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS).

NPDB (Title IV) is intended to improve the quality of health care by encouraging State licensing boards, hospitals, professional societies, and other health care entities to identify and discipline those who engage in unprofessional behavior; and to restrict the ability of incompetent physicians, dentists, and other health care practitioners to move from State to State without disclosure or discovery of previous medical malpractice payment and adverse action history. Adverse actions can involve licensure, clinical privileges, professional society memberships, and exclusions from Medicare and Medicaid.

Information collected and disseminated through the NPDB, under Section 1921, includes reports on all licensure actions taken against all healthcare practitioners, not just physicians and dentists, as well as healthcare organizations. Peer Review Organizations and Private Accreditation Organizations must report any negative actions or findings taken against healthcare practitioners or organizations. Queriers have access to State licensure actions taken against all healthcare practitioners and Section 1921 provides limited querying by Quality Improvement Organizations, Federal and State Healthcare Programs, State Medicaid Fraud Control Units and other law enforcement agencies. Section 1921 also allows organizations new to the NPDB to access Section 1921 data through the NPDB.

The Secretary of HHS, acting through the Office of Inspector General (OIG) and the U.S. Attorney General, was directed by the *Health Insurance Portability and Accountability Act of 1996*, Section 221(a), Public Law 104-191, to create the Healthcare Integrity and Protection Data Bank (HIPDB) to combat fraud and abuse in health insurance and health care delivery. The HIPDB's

authorizing statute is more commonly referred to as Section 1128E of the *Social Security Act*. Final regulations governing the HIPDB are codified at 45 CFR Part 61.

The HIPDB is a national data collection program for the reporting and disclosure of certain final adverse actions taken against health care practitioners, providers, and suppliers. The HIPDB collects information regarding licensure and certification actions, exclusions from participation in Federal and State health care programs, health care-related criminal convictions, civil judgments, and other adjudicated actions or decisions as specified in the regulation.

The NPDB and the HIPDB are primarily alert or flagging systems intended to facilitate a comprehensive review of the professional credentials of health care practitioners, providers, and suppliers. Eligible entities should use the information contained in the NPDB and the HIPDB in conjunction with information from other sources when granting clinical privileges or employment, affiliation, or licensure decisions. For more information on the NPDB and the HIPDB, see the Fact Sheet on the National Practitioner Data Bank, the Fact Sheet on Section 1921, and the Fact Sheet on the Healthcare Integrity and Protection Data Bank.

Confidentiality of NPDB and HIPDB Information

Information reported to the NPDB and the HIPDB is considered confidential and shall not be disclosed except as specified in the NPDB and the HIPDB regulations. The *Privacy Act of 1974*, 5 USC §552a, as amended, protects the contents of Federal systems of records such as those contained in the NPDB and the HIPDB from disclosure without the subject's consent, unless the disclosure is for a routine use of the system of records as published annually in the *Federal Register*. The limited access provision of the *Health Care Quality Improvement Act of 1986*, as amended, supersedes the disclosure requirements of the *Freedom of Information Act* (FOIA), 5 USC §552, as amended.

The enabling statutes for the NPDB and the HIPDB do not allow disclosure to the general public. The general public may not request information that identifies a particular health care practitioner, provider, or supplier from the NPDB or the HIPDB.

The HHS OIG has the authority to impose civil money penalties on those who violate the confidentiality provisions of NPDB information. Persons or entities that receive information from the NPDB either directly or indirectly

are subject to the confidentiality provisions specified in the NPDB regulations at 45 CFR Part 60 and the imposition of a civil money penalty of up to \$11,000 for each offense if they violate those provisions. When an authorized agent is designated to handle NPDB queries, both the entity and the agent are required to maintain confidentiality in accordance with Title IV requirements.

Querying

The NPDB and the HIPDB are primarily alert or flagging systems intended to facilitate a comprehensive review of the professional credentials of health care practitioners, providers, and suppliers. Eligible entities should use the information contained in the NPDB and the HIPDB in conjunction with information from other sources when granting clinical privileges or in employment, affiliation, or licensure decisions.

Eligible Entities - NPDB

Entities entitled to participate in the NPDB (Title IV) are defined in the provisions of P.L. 99-660, and the NPDB regulations. Information from the NPDB is available to State licensing boards; hospitals and other health care entities; professional societies; certain Federal agencies; and others as specified in the law to provide information on the professional competence and conduct of physicians, dentists, and in some cases, other health care practitioners. Hospitals are the only health care entities with mandatory requirements for querying the NPDB.

To be eligible to query the NPDB (Title IV), an entity must be one of the following:

- A Board of Medical Examiners or other State licensing board.
- A hospital.
- A health care entity that provides health care services and engages in formal peer review activity through a formal peer review process.
- A professional society that engages in professional review activity through a formal peer review process.

The NPDB (Section 1921) is defined in the provisions of Public Law 100-93, the Medicare Patient and Program Protection Act of 1987, as amended, and requires each State to adopt a system of reporting to the Secretary of HHS certain adverse licensure actions taken against all healthcare practitioners or entities. Additional information may include any negative action or finding that a State licensing authority, peer review organization or private accreditation entity has concluded against a healthcare practitioner or healthcare entity.

Entities that may obtain State licensure actions and negative actions or findings concluded against licensed healthcare practitioners and entities reported to the NPDB under Section 1921 are not allowed to obtain information regarding medical

malpractice payments or adverse clinical privileges and professional society membership actions on practitioners. The following group of queriers will have access to information reported to the NPDB under Section 1921 only:

- Agencies administering Federal health care programs, or their contractors (Section 1921).
- State Agencies administering State health care programs (Section 1921.)
- Authorities of a State or its political subdivisions responsible for licensing health care entities.
- Quality Improvement Organizations (Section 1921).
- State Medicaid Fraud Control Units (Section 1921).
- U.S. Comptroller General.
- U.S. Attorney General and other law enforcement.

Hospitals

Hospitals are the only health care entities with mandatory requirements for querying the NPDB. Each hospital must request information from the NPDB as follows:

- At the time a physician, dentist, or other health care practitioner applies for a position on its medical staff (courtesy or otherwise) or for clinical privileges at the hospital.
- Every 2 years (biennially) on all physicians, dentists, and other health care practitioners who are on its medical staff (courtesy or otherwise) or have clinical privileges at the hospital.

The biennial query may be done in accordance with regular medical staff reappointment and clinical privilege redelineation.

Hospitals are not required to query more than once every 2 years on a practitioner who is continuously on staff.

Hospitals with annual reappointment are not required to query annually. Hospitals may query the NPDB at any time they wish with respect to professional review activity.

Hospitals are also required to query the NPDB when a practitioner wishes to add to or expand existing privileges and when a practitioner submits an application for temporary privileges. For example, if a practitioner applies for temporary clinical privileges four times in one year, the hospital must query the NPDB on each of those four occasions. A hospital is required to query the NPDB each time a *locum tenens* practitioner makes an application for temporary privileges, not each time the practitioner comes to the facility. To reduce the query burden, hospitals that use

particular *locum tenens* practitioners frequently may choose to appoint such practitioners to their consultant staff or to another appropriate staff category in accordance with their bylaws and then query on them biennially when they query on their full staff.

Hospitals are required to query on courtesy staff considered part of the medical staff, even if they are afforded only non-clinical professional courtesies, such as use of the medical library and continuing education facilities. If a hospital extends non-clinical practice courtesies without first appointing practitioners to a medical staff category, querying is not required on those practitioners.

Hospitals are not required to query the NPDB on medical and dental residents, interns, or staff fellows (housestaff) even though they are often licensed, because they are trainees in structured programs of supervised graduate medical education rather than members of the medical staff.

Hospitals **are required** to query on residents or interns when such individuals are appointed to the medical staff or granted clinical privileges to practice outside the parameters of the formal medical education program (e.g., moonlighting in the Intensive Care Unit or the Emergency Department of the hospital).

State Licensing Boards

State Licensing Boards may query on physicians, dentists, and other health care practitioners. The NPDB expands its reporting requirements under Section 1921. First, State licensing authorities must report adverse actions taken against all healthcare practitioners, not just physicians and dentists, as well as those taken against actions taken against healthcare entities. Second, State licensing authorities must report all adverse licensure actions (not just those based on competence and conduct. State Licensing Boards must report under the NPDB, Section 1921.

Plaintiffs' Attorneys

Plaintiffs' attorneys or plaintiffs acting on their own behalf may query concerning a practitioner only if they have filed a medical malpractice suit in a court *against a hospital* and they can demonstrate independently that the hospital failed to make a required mandatory query. Plaintiffs and their attorneys **may not** query for information to be used in suits against practitioners.

Eligible Entities - HIPDB

Entities defined in Section 1128E of the *Social Security Act* and the HIPDB regulations are entitled to participate in the HIPDB. Health plans and Federal and State Government agencies are eligible to query the HIPDB.

To be eligible to query the HIPDB, an entity must be one of

the following:

- A health plan.
- A Federal or State Government agency.

Health Care Practitioners

Health care practitioners may request information from the NPDB and the HIPDB concerning themselves (self-query) at any time. All self-queries must be submitted on the *Self-Query Input* form located on the NPDB-HIPDB Web site. All self-query fees must be paid by credit card. For detailed instructions about self-querying, see the *Fact Sheet on Self-Querying*.

Sanctions for Failing to Query

Any hospital that does not query on a practitioner (1) at the time the practitioner applies for a position on its medical staff or for clinical privileges at the hospital, and (2) every 2 years concerning any practitioner who is on its medical staff or has clinical privileges at the hospital, is presumed to have knowledge of any information reported to the NPDB concerning the practitioner. A hospital's failure to query on a practitioner may give a plaintiff's attorney or plaintiff representing himself or herself access to NPDB information on that practitioner for use in litigation against the hospital.

Submitting Queries to the NPDB-HIPDB

Entity queries may be submitted through the Integrated Querying and Reporting Service (IQRS), the Interface Control Document (ICD) Transfer Program (ITP), or the Querying and Reporting XML Service (QRXS). The IQRS is an electronic, Web-based system that allows for single and multi-name query submissions. For more information about the IQRS, see the *Fact Sheet on the Integrated Querying and Reporting Service*. The ITP is an alternative interface for those users who wish to receive machine-readable responses. This interface is used by large volume queriers and reporters who wish to use their own transaction processing systems and want to interface those systems with the NPDB-HIPDB. For more information on the ITP, see the *Fact Sheet on the Interface Control Document Transfer Program (ITP)*. The QRXS is ideal for queriers and reporters who store and manage their subject and report data within their own information or credentialing systems. The QRXS automates query and report submissions to the Data Banks and returns responses in a format that can be easily loaded into users' information systems. It is the Data Banks' next generation interface, offering a number of benefits over ITP interface. To view more information on QRXS, and its advantages over ITP, go to www.npdb-hipdb.hrsa.gov/qrxs.html.

The IQRS, ITP, and QRXS cannot accept an incomplete query (one that is missing required information or is improperly completed); therefore, entities are encouraged to gather as much information as possible as part of the application process, to make the completion of the query easier. Responses to each query are available electronically within two to four hours of receipt. Under certain circumstances, additional processing may be required. Please do not re-submit your query on the subject in question, since this will result in duplicate transactions and duplicate fees. If a response is not received within 2 business days of submission, contact the NPDB-HIPDB Customer Service Center.

The Proactive Disclosure Service Prototype (PDS)

The NPDB-HIPDB launched the PDS in May 2007. The PDS is an alternative to the current Data Bank querying service providing on-going monitoring of health care practitioners by notifying registered entities within one business day of the Data Banks' receipt of a report on any of their enrolled practitioners. Enrollment confirmation of practitioners may be used to demonstrate compliance with accrediting standards. For more information on the PDS, see the *Fact Sheet on an Overview of the Proactive Disclosure Service Prototype (PDS)*.

Self-Querying

A practitioner, provider, or supplier may submit a self-query to the NPDB-HIPDB at any time. All self-queries must be submitted on the self-query form located on the NPDB-HIPDB Web site. For detailed instructions about self-querying, see the *Fact Sheet on Self-Querying*.

Authorized Agents

Eligible entities may elect to have outside organizations query the NPDB-HIPDB on their behalf. An outside organization that queries or reports to the NPDB-HIPDB on an entity's behalf is referred to as an authorized agent. An authorized agent must register as an agent with the Data Banks before they can be designated as an agent for an entity. In most cases, an authorized agent is an independent contractor used for centralized credentialing (e.g., a credentials verification organization).

Hospitals and other eligible health care entities should ensure that certain guidelines are followed when designating an authorized agent to query or report on their behalf. The entity should establish a written agreement with an authorized agent confirming the following: (1) the agent is authorized to conduct business in the State; (2) the agent's facilities are secure, ensuring the confidentiality of NPDB-HIPDB query responses; (3) the agent is explicitly prohibited from using information obtained from the NPDB-HIPDB for any purpose other than that for which the disclosure was made; and (4) the agent is aware of the sanctions that can be taken against the agent if information is requested, used, or disclosed in violation of NPDB-HIPDB provisions. Authorized agents are not eligible to access information in the NPDB-HIPDB under their own authority.

Fees for Requesting Information

Fees are charged for all queries to the Data Banks. The query fee is based on the cost of processing requests and providing information to eligible entities. If an entity has registered for both the NPDB and the HIPDB and has selected the option to query both Data Banks (in the Query Options section of the on-line *Entity Registration* form), each query will be processed against both Data Banks and the entity will be assessed the current fee for both Data Banks. An entity with querying authority for both Data Banks can elect to query only a single Data Bank by submitting an on-line *Entity Update* form and completing the Query Options section. To access the *Entity Update* form, the Entity Data Bank Administrator must access the IQRS, click **Continue** and select **Administrator Options** from the *Options* screen and then select **Update Registration Profile** from the *Administrator Options* screen.

The fee is levied on a per-name basis. When multiple-name queries are submitted, the number of names in the query is multiplied by the per-name fee. Fees are subject to change, and changes are announced by the Secretary of HHS in the *Federal Register*. Query fees are based on the date of receipt at the NPDB-HIPDB.

NPDB-HIPDB Assistance

For additional information, visit the NPDB-HIPDB Web site at www.npdb-hipdb.hrsa.gov. If you need assistance, contact the NPDB-HIPDB Customer Service Center by e-mail at help@npdb-hipdb.hrsa.gov or by phone at 1-800-767-6732 (TDD 703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on all Federal holidays.