



National Practitioner Data Bank

Healthcare Integrity and Protection Data Bank



FACT SHEET ON ENTITY ELIGIBILITY

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, 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 membership, 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, healthcare-related criminal convictions and civil judgments, and other adjudicated actions or decisions as specified in the regulations.

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.

For more information on the NPDB and the HIPDB, see the *Fact Sheet on the National Practitioner Data Bank*, the *Fact Sheet on the Healthcare Integrity and Protection Data Bank*, and the *Fact Sheet on Section 1921*.

Eligible Entities - NPDB

Entities entitled to participate in the NPDB are defined in the provisions of P.L. 99-660 and the NPDB regulations. The NPDB provides to State licensing boards; hospitals and other health care entities; professional societies; certain Federal agencies; and others as specified in the law, information on the professional competence and conduct of physicians, dentists, and in some cases, other health care practitioners. Hospitals are the only type of health care entities with mandatory requirements for querying the NPDB. Practitioners may self-query the NPDB at any time.

To be eligible to query the NPDB, an entity must be one of the following:

- A Board of Medical Examiners or other State licensing board.
- A hospital—must query.
- A health care entity that provides health care services and follows a formal peer review process for the purpose of furthering quality health care.

- A professional society that follows a formal peer review process for the purpose of furthering quality health care.

Entities required to report and entitled to query under Section 1921 are defined in the provisions of Public Law 100-93, the Medicare and Medicaid Patient and Program Protection Act of 1987, as amended. Each eligible entity must certify its eligibility to the NPDB in order to report and/or query Section 1921 data.

Section 1921 requires each State to adopt a system of reporting to the Secretary of HHS certain adverse licensure actions taken against all healthcare practitioners and healthcare entities by any authority of the State that is responsible for the licensing of such 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 will not be 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 healthcare programs, including private sector entities administering such programs under contract.
- State agencies administering or supervising State healthcare programs.
- Authorities of a State or its political subdivisions responsible for licensing health care entities.
- State Medicaid Fraud Control Units.
- U.S. Attorney General and other law enforcement officials.
- U.S. Comptroller General.
- Utilization and Quality Control Peer Review Organizations (now known as Quality Improvement Organizations).

Organizations that are eligible under Title IV to receive medical malpractice payments or adverse licensure, clinical privileges, and professional society membership actions on practitioners are also eligible to receive Section 1921 data.

Section 1921 data is not be available to the general public. However, persons or organizations are permitted to request

information in a form that does not identify any particular practitioner or entity.

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. Health care practitioners, providers, and suppliers may self-query the HIPDB at any time.

To be eligible to report and/or query the HIPDB, an entity must be one of the following:

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

Each entity is responsible for determining its eligibility to participate in the NPDB, the HIPDB, or both, and must certify that eligibility to the appropriate Data Bank(s) in writing. NPDB and HIPDB information is not available to the general public. However, persons and entities may request data that does not identify any particular entity or subject.

Defining Health Care Entities

Health care entities include hospitals and other organizations that provide health care services and follow a formal peer review process for the furthering of quality health care.

Hospitals and Other Health Care Entities

A hospital is defined under Section 1861(e)(1) and (7) of the *Social Security Act* as an institution primarily engaged in providing, by or under the supervision of physicians, to inpatients: diagnostic and therapeutic services; rehabilitation services for medical diagnosis, treatment, and care; or rehabilitation of injured, disabled, or sick persons.

In addition, to be eligible, a hospital must be duly licensed in accordance with the appropriate State or other applicable licensing authority.

Other health care entities must (1) provide health care services directly or indirectly and (2) follow a formal peer review process for the furthering of quality health care. Entities must comply with both criteria to satisfy the eligibility requirements of the NPDB.

The phrase “provides health care services” means the delivery of health care services through any of a broad array of coverage arrangements or other relationships with practitioners either by employing them directly, or through contractual arrangements. This definition specifically excludes indemnity insurers that have no contractual or

other arrangement with physicians, dentists, or other health care practitioners. Examples of other health care entities may include health maintenance organizations (HMO), preferred provider organization (PPO), group practices, nursing homes, rehabilitation centers, hospices, renal dialysis centers, free-standing ambulatory care and surgical service centers, as well as organizations that provide medical staffing services. Eligible medical staffing service organizations employ physicians and assign them to work in a health care facility either temporarily (locum tenens) or permanently. In contrast, medical recruitment organizations do not provide health care services and therefore, are not eligible to access the NPDB.

Defining Professional Societies

A professional society is a membership association of physicians, dentists, or other health care practitioners that follows a formal peer review process for the furthering of quality health care.

Professional societies are not automatically eligible to query and/or report to the NPDB. A professional society must qualify as a “health care entity” as defined in §60.3 of the NPDB regulations. To meet NPDB eligibility requirements, a professional society must follow a formal peer review process for the furthering of quality health care.

Examples of professional membership societies may include State, county, and district medical and dental societies and academies of medicine and dentistry. Examples of professional organizations that ordinarily do not meet the definition of a professional society include medical and surgical specialty certification boards and physician placement services.

Defining State Licensing Boards

A State licensing board, or Board of Medical Examiners, is responsible for licensing, monitoring, and disciplining physicians, dentists, or other health care practitioners. A Board of Medical Examiners includes a medical or dental board, a board of osteopathic examiners, a composite board, a subdivision, or an equivalent body as determined by the State.

Defining Medical Malpractice Payers

A medical malpractice payer is an entity that makes a medical malpractice payment for the benefit of a physician, dentist, or other licensed health care practitioner in settlement of, or in satisfaction in whole or in part of, a claim or judgment against such physician, dentist, or other licensed health care practitioner.

Defining Federal and State Government Agencies

Federal and State Government agencies include, but are not limited to, the following:

- The U.S. Department of Justice (e.g., the Federal Bureau of Investigation, the U.S. Attorney General, the Drug Enforcement Administration).
- The U.S. Department of Health and Human Services (e.g., the Food and Drug Administration, the Centers for Medicare and Medicaid Services, the OIG).
- Any other Federal agency that either administers or provides payment for the delivery of health care services, including (but not limited to) the U.S. Department of Defense and the U.S. Department of Veterans Affairs.
- Federal and State law enforcement agencies, including but not limited to, State Attorneys General, law enforcement investigators, and district attorneys.
- State Medicaid Fraud Control Units.
- Federal and State agencies responsible for the licensing or certification of health care practitioners, providers, and suppliers. Examples of such State agencies include Departments of Professional Regulation, Health, Social Services (including State Survey and Certification and Medicaid Single State agencies), Commerce, and Insurance.

Defining Health Plans

The term “health plan” refers to a plan, program, or organization that provides health benefits, whether directly or through insurance, reimbursement, or otherwise. Entities may be recognized as “health plans” if they meet the basic definition of “providing health benefits.” Health plans include, but are not limited to:

- A policy of health insurance.
- A contract of a service benefit organization.
- A membership agreement with a health maintenance organization or other prepaid health plan.
- A plan, program, or agreement established, maintained, or made available by an employer or group of self-insured employers; a practitioner, provider, or supplier group; a third-party administrator; an integrated health care delivery system; an employee welfare association; a public service group or organization; or a professional association.
- An insurance company, insurance service, or insurance organization that is licensed to engage in the business of selling health care insurance in a State, and that is subject to State law regulating health insurance.

Health plans may include those plans funded by Federal and State governments, including:

- Medicare.
- Medicaid.
- The U.S. Department of Defense.
- The U.S. Department of Veterans Affairs.
- The Bureau of Indian Affairs programs.

Registering With the Data Banks

Eligible entities are responsible for meeting Title IV, Section 1921, and/or Section 1128E reporting and/or querying requirements. Entities not currently registered with the Data Banks are responsible for determining their eligibility and registering with the NPDB, the HIPDB, or both. The *Entity Registration* form is available on-line. Entities should contact the NPDB-HIPDB Customer Service Center for assistance with registration.

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.