



National Practitioner Data Bank

Healthcare Integrity and Protection Data Bank



FACT SHEET FOR PRACTITIONERS, PROVIDERS, AND SUPPLIERS

Background of the National Practitioner Data Bank and the Healthcare 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*.

Subject Information in the Data Banks

The NPDB and the HIPDB are committed to maintaining accurate information and ensuring that health care practitioners, providers, and suppliers are informed when medical malpractice payments, adverse actions, or judgments or convictions are reported concerning them. When the Data Banks receive a report, the information is processed by the NPDB-HIPDB computer system exactly as submitted by the reporting entity. Reporting entities are responsible for the accuracy of the information they report to the Data Banks.

After the Data Banks process a report, a *Report Verification Document*, including a copy of the report, is sent to the reporting entity. A *Notification of a Report in the Data Bank(s)*, which includes a copy of the report, is sent to the subject. The subject should review the report for accuracy, including such information as current address and place of employment.

Subjects may not submit changes to the information submitted by the reporting entity. However, the subject may supplement the report by adding a Subject Statement. The Subject Statement may be added at any time. For information on submitting a Subject Statement or a dispute to a report, see the *Fact Sheet on the Dispute Process*.

Reporting Requirements for Individual Practitioners

Individual practitioners are no longer required to report to the NPDB payments they make for their own benefit. On August 27, 1993, the Circuit Court of Appeals for the District of Columbia held [445 (DC Cir. 3 F.3D1993)] that the NPDB regulation requiring each “person or entity” that makes a medical malpractice payment to report the payment was invalid, insofar as it required individuals to report such payments. The NPDB removed reports previously filed on medical malpractice payments made by individuals for their own benefit.

A professional corporation or other business entity composed of a sole practitioner that makes a payment for the benefit of a named practitioner must report that payment to the NPDB. However, if a practitioner or other person, rather than a professional corporation or other business entity, makes a medical malpractice payment out of personal funds, the payment is not reportable.

Immunity

To encourage and support professional review activity of physicians and dentists, Part A of Title IV provides that the professional review bodies of hospitals and other health care entities, and persons serving on or otherwise assisting such bodies, are offered immunity from private damages in civil suits under Federal and State law. Immunity provisions apply when professional review activities are conducted with the reasonable belief of furthering the quality of health care and with proper regard for due process. There are exceptions under the law for civil rights actions and antitrust actions brought by Federal and State Governments. The immunity provisions of HIPDB’s authorizing statute (Section 1128E) protect individuals, entities, authorized agents, and the HIPDB from being held liable in civil actions filed by the subject of a report unless the individual, entity, or authorized agent submitting the report has actual knowledge of the falsity of the information contained in the report.

Defining Health Care Practitioners for NPDB

A **physician** is defined as a doctor of medicine or osteopathy legally authorized by a State to practice medicine or surgery. A dentist is defined as a doctor of dental surgery, doctor of dental medicine, or the equivalent, who is legally authorized by a State to practice dentistry. Any individual who holds himself or herself to be an authorized physician or dentist is considered a physician or dentist.

Other health care practitioners are defined as individuals other than physicians or dentists who are licensed or otherwise authorized (certified or registered) by a State to provide health care services. Health care practitioners certified or registered by a State are subject to certain NPDB requirements.

The licensing or authorization of other health care practitioners to provide health care services (including, but not limited to, audiologists, chiropractors, podiatrists, pharmacists, physician assistants, optometrists, professional and paraprofessional nurses, physical therapists, respiratory therapists, and social workers) varies from State to State. Each entity that reports to or queries the NPDB is responsible for determining which health care practitioners are licensed or otherwise authorized by their State to provide health care services.

There is no requirement to query or report on other health care practitioners who are *not* licensed or otherwise authorized by a State to provide health care services.

Defining Health Care Practitioners, Providers, and Suppliers for HIPDB

The terms **licensed health care practitioner, licensed practitioner, and practitioner** refer to an individual who is licensed or otherwise authorized by the State to provide health care services; or any individual who, without authority, holds himself or herself out to be so licensed or authorized.

The term **health care provider** means a provider of services as defined in Section 1861(u) of the *Social Security Act*; any health care entity that provides health care services and follows a formal peer review process for the purpose of furthering quality health care (including a health maintenance organization [HMO], preferred provider organization [PPO], or group medical practice); or any other health care entity that provides health care services directly or through contracts.

A **health care supplier** is a provider of medical or other health care services as described in Section 1861(s) of the *Social Security Act*; or any individual or entity who furnishes (directly or indirectly), or provides access to, health care services, supplies, items, or ancillary services (including, but not limited to, durable medical equipment suppliers; manufacturers of health care items; pharmaceutical suppliers and manufacturers; health record services such as medical, dental, and patient records; health data suppliers; and billing and transportation service suppliers). The term also includes any individual or entity under contract to provide such supplies, items, or ancillary services; health plans as defined in 45 CFR Part 61.3 (including employers that are self-insured); and health insurance producers (including, but not limited to, agents, brokers, solicitors, consultants, and reinsurance intermediaries).

Subjects may not submit changes to reports. If any information in a report is inaccurate, the subject must contact the reporting entity to request that it correct the information

by filing a correction to the report. The Data Banks are prohibited by law from modifying information submitted in reports.

Subject Statements

The subject of a report may add a statement to a report at any time. When the Data Banks process a statement, notification of the statement is sent to all queriers who received the report, and is included with the report when it is released to future queriers. Subject Statements are limited to 4,000 characters, including spaces and punctuation. Drafting a statement in accordance with the character limits helps to ensure that the statement will contain the information a subject considers most important. Subject Statements must not include any patient names or other personally identifying information.

A Subject Statement becomes part of the specific report it is filed for. If a reporting entity subsequently corrects or changes a report that contains a Subject Statement, the original statement will be maintained in the modified report until the subject elects to remove it or replace it with a new statement. If you wish to add, modify, or remove a statement, you must do so on-line through the Report Response Service.

Subject Disputes

The subject of a *Medical Malpractice Payment Report*, an *Adverse Action Report*, or a *Judgment Or Conviction Report* may dispute either the factual accuracy of a report or whether a report was submitted in accordance with the NPDB's or the HIPDB's reporting requirements, including the eligibility of the entity to report the information to the Data Banks. A subject may *not* dispute a report in order to protest a decision made by an insurer to settle a claim or to appeal the underlying reasons for an adverse action, or judgment or conviction.

Confidentiality of Data Bank Information

Information reported to the NPDB and HIPDB is considered confidential and shall not be disclosed except as specified in the NPDB and 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, unless the disclosure is for a routine use of the system of records as published annually in the *Federal Register*.

The published routine uses of NPDB and HIPDB information do not allow disclosure to the general public. The general public may not request information 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.

Self-Querying on the Internet

The NPDB-HIPDB employs the latest technology, along with various implementation measures, to provide a secure environment for querying, reporting, data storage, and retrieval. Security features include firewall protection from unauthorized access and encryption of transmitted data to prevent unauthorized use.

Self-queriers complete and transmit their self-queries to the NPDB-HIPDB on-line; however, a self-query is not officially submitted until a signed and notarized paper copy is received by the Data Banks. A formatted copy of the self-query is generated immediately after electronic transmission. To complete the self-query process, self-queriers must print the formatted copy, sign and date it in the presence of a notary public, and mail the notarized self-query to the address specified.

A practitioner, provider, or supplier who submits a self-query to the NPDB- HIPDB will receive in response either a notification that no information exists in the Data Bank(s), or a copy of all report information submitted by eligible reporting entities about the practitioner, provider, or supplier.

Fees are charged for all self-queries to the NPDB and the HIPDB, and must be paid by credit card. For more information on self-querying, see the *Fact Sheet on Self-Querying*.

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.