

Healthcare Integrity and Protection Data Bank

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# **The Healthcare Integrity and Protection Data Bank**

Assisting Health Plans  
in the Fight Against  
Fraud and Abuse

Healthcare Integrity and Protection Data Bank

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Health care fraud and abuse challenges a health plan's ability to deliver cost-effective and quality health care services. Fraudulent practices by unscrupulous providers or suppliers leave health plans and consumers vulnerable to scams costing millions of dollars every year. At the same time, identifying incompetent or criminal health care professionals and detecting fraudulent health care practices can be daunting. Today's health plans do all they can to ensure the integrity and professional competence of affiliated health care providers and suppliers, but sometimes uncovering information needed to make appropriate decisions is difficult. The Healthcare Integrity and Protection Data Bank (HIPDB) assists health plans in their fight to ensure patient safety and combat fraud and abuse by collecting and delivering national information on health care-related adverse actions by making it available from a single source.

A program of the U.S. Department of Health and Human Services' (HHS) Office of the Inspector General and the U.S. Department of Justice, the HIPDB protects health plans by providing information on health care-related adverse actions and criminal convictions taken against licensed or certified health care practitioners, providers, or suppliers. Designed to supplement, not replace, traditional forms of credentialing, the HIPDB helps prevent contracting with dishonest or incompetent suppliers, providers and practitioners by collecting and providing the following types of information:

- Exclusions from Medicare, Medicaid, and other Federal and State health care programs.
- Contract terminations and other sanctions taken by a health plan or Federal or State health care program.
- Health care-related criminal convictions.
- Health care-related civil judgments.
- Federal and State licensing actions.

# I ntegrity

Today's health plan networks include more than just physicians and dentists. HMOs, PPOs, and health plans contract with various types of health care professionals and providers and suppliers of medical services or equipment. With such an array of ancillary affiliations, health plans need information that will allow them to make appropriate determinations of the integrity and competence of network practitioners, suppliers, and providers. With one query, users have access to national data on a multitude of adverse actions taken against licensed health care professionals including:

- Audiologists.
- Chiropractors.
- Dentists.
- Dental Hygienists.
- Hospital Administrators.
- Nurse Midwives.
- Nurse Aides.
- Occupational Therapists.
- Pharmacists.
- Physical Therapists.
- Physicians.
- Physician Assistants.
- Psychiatric Nurses.
- Psychologists.
- Social Workers.
- Speech-Language Pathologists.

The HIPDB also collects adverse actions related to the provision or supply of medical equipment or services, such as those taken against:

- Ambulatory Surgery Centers.
- Birthing Centers.
- Cardiac Rehabilitation Centers.
- Cardiac Diagnostic Centers.
- Diagnostic Centers.
- Dialysis Centers.
- Durable Medical Equipment (DME) Manufacturers and Suppliers.
- Hospitals.
- Infusion Service Providers.
- Laboratories.
- Magnetic Resonance Imaging (MRI) Centers.
- Nursing Homes.
- Optical Centers.
- Outpatient Psychiatric Centers.
- Outpatient Substance Abuse Centers.
- Pain Management Centers.
- Pharmacies.
- Radiology Centers.
- Sleep Centers.
- Sub-Acute Facilities.
- Surgery Care Centers.
- Transportation Service Providers.
- Ultrasound Imaging Centers.
- Vascular Labs.

# P rotection

The HIPDB protects health plans by identifying potential problems before they occur. Its information can help health plans avoid penalties associated with mistakenly contracting or billing for services provided by excluded providers, suppliers or practitioners. Participating in the HIPDB program provides health plans with the following benefits:

- Periodic querying on all affiliated professionals and facilities allows health plans to quickly identify adverse actions or criminal convictions that may otherwise have been unknown.
- Reporting adverse actions promotes zero tolerance of fraud and abuse by making this information available to other agencies and organizations that hire or contract for health care-related services.

Health plans must report all adverse actions taken against a supplier, provider or practitioner to the HIPDB and are subject to civil money penalties of \$25,000 for each unreported adverse action. The HIPDB can help health plans with their hiring and contracting decisions by informing them of:

- Whether a practitioner has been convicted of receiving kickbacks from a medical supply company.
- Whether a practitioner or supplier has been convicted of upcoding services or products.
- Whether a judgment has been entered against a clinical laboratory for fraudulently billing Medicare.
- Whether a practitioner has lost a license to practice.
- Whether a supplier has been sanctioned for distributing unapproved devices or drugs.
- Whether a provider, supplier, or practitioner is excluded from Medicare or Medicaid programs or some other Federal health care program before contracting for services or hiring an individual.
- Whether a transportation provider has been convicted of fraudulently billing the government for transporting patients for purposes other than obtaining medical services.
- Whether a podiatrist has been convicted of sexually abusing a patient.

The U.S. Government has made combating fraud and abuse a priority. Established under section 1128E of the *Social Security Act* as added by Section 221(a) of the *Health Insurance Portability and Accountability Act of 1996* (HIPAA), the HIPDB is part of the Office of Inspector General's Fraud and Abuse Control Program. HIPAA Section 1128(a)(6) authorizes the Office of the Inspector General of HHS to impose civil monetary penalties up to \$10,000 on health care entities for each item or service furnished by an excluded individual or entity. In addition, an assessment of up to three times the amount billed may be imposed upon any health care provider or entity that employs or enters into contracts with excluded individuals or entities to provide items or services to Federal program beneficiaries.

# Data Bank

Data Bank use is streamlined to give health plans easy access to information. The HIPDB currently contains health care-related adverse action data from all 50 States and U.S. territories taken against practitioners, suppliers and providers. Health plans can report and query this information via a secure Web server on the World Wide Web at: [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov). This Web server uses 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.
- Encryption of transmitted data to prevent unauthorized use.
- Unique passwords for data entry and retrieval.

To query and report to the HIPDB, health plans must first verify eligibility and register with the Data Banks. Upon registration, health plans will receive a Data Bank Identification Number (DBID) user ID and a password, which must be used to report or query. To simplify reporting and querying, eligible health plans can register to query the HIPDB and the National Practitioner Data Bank (NPDB) simultaneously. Doing so provides health plans with information on medical malpractice payments and licensure actions in addition to information on criminal convictions and civil judgments offered by the HIPDB.

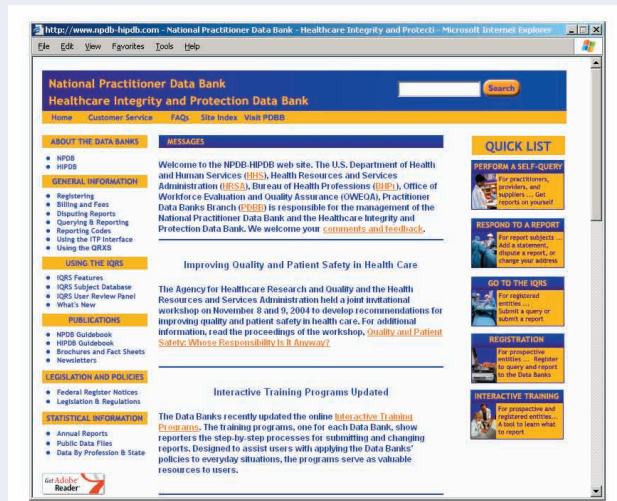


Figure 1. The Data Bank Web Site Home Page

For more information about requirements for reporting or querying the Data Banks, please visit our Web site at [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov).

Test your knowledge of the HIPDB and learn more about its features with the HIPDB Interactive Training Program. This program, designed to assist users with applying HIPDB policy to everyday situations, can serve as a valuable resource. It can be accessed from the home page of the Data Bank Web site.

For more information on requirements for reporting or querying the Data Banks, please visit our Web site and view the HIPDB Guidebook, Registration Form, Fact Sheets, and Interactive Training Program at [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov).

