



# National Practitioner Data Bank Healthcare Integrity and Protection Data Bank



## FACT SHEET ON THE DISPUTE PROCESS

### Background of the National Practitioner Data Bank and the Healthcare Integrity and 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. 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).

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.

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 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 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* and the *Fact Sheet on the Healthcare Integrity and Protection Data Bank*.

### 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.

When the Data Banks process a report, a *Report Verification Document* is sent to the reporting entity, and a *Notification of a Report in the Data Bank(s)* 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 reports. If information in a report is inaccurate, the subject must contact the reporting entity to request that it file a correction to the report. The Data Banks are prohibited by law from modifying information submitted in reports.

Since subject addresses are included in reports, the Data Banks may not modify this information; however, the NPDB-HIPDB can maintain a subject's current mailing address to ensure that information from the Data Banks is sent to the appropriate address, even if the address specified in a report is inaccurate. Subjects may update their address information on file with the Data Banks, through the Report Response Service, available at [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov). Each *Notification of a Report in the Data Bank(s)* completed on or after December 9, 2002, contains a unique user name and password for secure access to the Report Response Service. If the report was generated before December 9, 2002, or no user name and password are given, subjects should contact the NPDB-HIPDB Customer Service Center for assistance.

### Avoiding Disputes

Reporting entities may reduce the likelihood of a subject disputing a report by consulting with the practitioner, provider, or supplier about the report prior to submitting it to the Data Bank(s).

## 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 will be 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. Patient information is confidential. Do not include identifying information (names, addresses, phone numbers, etc.) about patients or other persons in statements. All subject statements are reviewed by the Data Banks to determine whether they include identifying information. If this information is discovered, it will be removed and an amended copy of the report will be mailed. A Subject Statement becomes part of the specific report for which it is filed. 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 a subject wishes to add, modify, or remove a statement, he or she 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.

## Dispute Results

When a subject initiates a dispute on-line, through the Report Response Service, notification of the dispute is sent to all queriers who received the report, and is included with the report when it is released to future queriers.

A dispute becomes part of the specific report it is contesting. If the report is changed by the reporting entity, the dispute notation attached to the report is maintained until the subject elects to remove it.

There are three possible outcomes for a dispute:

- The reporting entity corrects the report to the subject's satisfaction.
- The reporting entity voids the report.
- The reporting entity declines to change the report.

## Secretarial Review

If the reporting entity declines to change the disputed report or takes no action, the subject may request that the Secretary of HHS review the disputed report.

To request Secretarial Review of a disputed report, the subject must do so on-line, through the Report Response Service. Please note that any accompanying documentation must be sent to the Data Banks, not directly to the Secretary of HHS.

The subject also must:

- State clearly and briefly in writing which facts are in dispute and what the subject believes are the facts.
- Submit documentation substantiating that the reporting entity's information is inaccurate. Documentation must directly relate to the facts in dispute and substantially contribute to a determination of the factual accuracy of the report. Documentation may not exceed 10 pages, including attachments and exhibits. More information will be requested if it is necessary for proper resolution of the matter.
- Submit proof that the subject attempted to resolve the disagreement with the reporting entity but was unsuccessful. Proof may be a copy of the subject's correspondence to the reporting entity and the entity's response, if any.

To give the reporting entity time to respond to the dispute, the subject should wait for 30 days from the date of initiating discussions with the reporting entity before requesting Secretarial Review.

## Secretarial Review Results

The Secretary will review disputed reports only for accuracy of factual information and to ensure that the information was required to be reported. The Secretary will not review the merits of a medical malpractice claim in the case of a payment or the appropriateness of, or basis for, an adverse action, or judgment or conviction. The Secretary cannot review the extent to which entities followed due process guidelines. Due process issues must be resolved between the subject and the reporter.

There are three possible outcomes for Secretarial Review of a dispute:

- The Secretary concludes that the report is accurate.
- The Secretary concludes that the report is inaccurate.
- The Secretary concludes that the issues in dispute are outside the scope of Secretarial Review.

**Improper Dispute**

Filing a dispute is considered improper when the report in question has been corrected or voided, or is already in dispute. If a subject submits an improper dispute, the Data Banks send a notification to the subject explaining why the report cannot be disputed.

**Improper Request for Secretarial Review**

A request for Secretarial Review is considered improper when the report in question has not previously been disputed by the subject practitioner, provider, or supplier. Before requesting Secretarial Review, a subject must first attempt to resolve the disagreement with the reporting entity and then may dispute the report according to the instructions provided

on the *Notification of a Report in the Data Bank(s)* document. If a subject submits an improper request for Secretarial Review, the Data Banks will notify the subject that the report must first be disputed.

**NPDB-HIPDB Assistance**

For additional information, visit the NPDB-HIPDB Web site at [www.npdb-hipdb.hrsa.gov](http://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](mailto: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.