



National Practitioner Data Bank

Healthcare Integrity and Protection Data Bank



FACT SHEET ON THE HEALTHCARE INTEGRITY AND PROTECTION DATA BANK

Background of the Healthcare Integrity and Protection Data Bank

The Secretary of Health and Human Services (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 and disseminates to eligible queriers information on:

- Health care-related civil judgments taken in Federal or State court.
- Health care-related criminal convictions taken in Federal or State court.
- Injunctions.
- Federal or State licensing and certification actions, including revocations, reprimands, censures, probations, suspensions, and any other loss of license, or the right to apply for or renew a license, whether by voluntary surrender, non-renewability, or otherwise.
- Exclusions from participation in Federal or State health care programs.
- Any other adjudicated actions or decisions defined in the HIPDB regulations.

Interpretation of HIPDB Information

The purpose of the HIPDB is to combat fraud and abuse in health insurance and health care delivery and to promote quality care. The HIPDB is primarily a flagging system that may serve to alert users that a more comprehensive review of a practitioner's, provider's, or supplier's past actions may be prudent. HIPDB information is intended to be used in combination with information from other sources (e.g., evidence of current competence through continuous quality improvement studies, peer recommendations, verification of

training and experience, and relationships with organizations) in making determinations on employment, affiliation, certification, or licensure decisions.

The HIPDB provides another resource to assist Federal and State agencies, State licensing boards, and health plans in conducting extensive, independent investigations of the qualifications of the health care practitioners, providers, or suppliers whom they seek to license, hire, or credential, or with whom they seek to contract or affiliate.

The information in the HIPDB should serve only to alert Government agencies and health plans that there *may* be a problem with a particular practitioner's, provider's, or supplier's performance. HIPDB information should *not* be used as the sole source of verification of a practitioner's, provider's, or supplier's professional credentials.

Confidentiality of Data Bank Information

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

Section 1128E of the *Social Security Act* does not allow for disclosure of HIPDB information to the general public. However, persons and entities may request data that does not identify any particular entity or subject.

Eligible Entities

Entities entitled to participate in the HIPDB are defined in Section 1128E of the *Social Security Act* and the HIPDB regulations. Federal and State Government agencies and health plans are eligible to query and are required to report to the HIPDB. Each entity is responsible for determining its eligibility to participate in the HIPDB and must certify that eligibility in writing.

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 & Medicaid, and 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 States Attorney Generals and law enforcement investigators (e.g., County and District Attorneys, and County Police Departments).
- State Medicaid Fraud Control Units.
- Federal or 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 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.

Querying the HIPDB

Section 1128E specifies that information from the HIPDB will be available to Federal and State Government agencies and health plans. These entities may query the HIPDB but are not required to do so. Health care practitioners, providers, and suppliers may self-query the HIPDB. Registered entities query the HIPDB and subjects self-query the HIPDB using the Integrated Querying and Reporting Service (IQRS), available on-line. For detailed information about querying, see the *Fact Sheet on Querying*.

Fees for Requesting Information

Fees are charged for all queries to the HIPDB and are announced in the *Federal Register*. Query fees are based on the cost of processing requests and providing information to eligible entities. The HIPDB accepts payments for query fees only by pre-authorized Electronic Funds Transfer (EFT) or credit card (VISA, MasterCard, Discover, or American Express). To establish an EFT account, complete an on-line *Electronic Funds Transfer Authorization* form, available from the NPDB-HIPDB Web site. For information on Data Bank querying fees and acceptable payment methods, see the *Fact Sheet on Query Fees*.

Practitioner, Provider, and Supplier Self-Queries

A practitioner, provider, or supplier may self-query the Data Banks at any time by visiting 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*.

Attorney Access

Attorneys are not permitted to query the HIPDB.

Reporting to the HIPDB

Federal and State Government agencies and health plans are required to report to the HIPDB as follows:

- Federal and State licensing and certification agencies must report final adverse actions when taken against health care practitioners, providers, or suppliers.
- Federal and State prosecutors, including law enforcement and investigative agencies, must report criminal convictions against health care practitioners, providers, and suppliers related to the delivery of a health care item or service.
- Federal and State Government agencies must report health care practitioners, providers, and suppliers excluded from participating in Federal or State health care programs.

- Federal and State Attorneys, investigative agencies, and health plans must report civil judgments taken against health care practitioners, providers, and suppliers related to the delivery of a health care item or service (except those resulting from medical malpractice).
- Federal and State Government agencies and health plans must report other adjudicated actions or decisions related to the delivery of health care items or services taken against health care practitioners, providers, or suppliers (excluding clinical privileging actions). Other adjudicated actions or decisions are formal or official final actions that:
 - Are taken against health care practitioners, providers, or suppliers by a Federal or State Government agency or a health plan.
 - Include the existence of a due process mechanism.
 - Are based on acts or omissions that affect or could affect the delivery or payment of a health care item or service.
- Within 30 days of the date when the reporting entity became aware of the final adverse action.
- By the close of the entity's next monthly reporting cycle.

Settlements in which no findings or admissions of liability have been made must not be reported to the HIPDB.

Sanctions for Failing to Report to the HIPDB

Any health plan that fails to report information on an adverse action required to be reported to the HIPDB shall be subject to a civil money penalty of up to \$25,000 for each adverse action not reported.

The Secretary of HHS shall publish the names of Government agencies that have failed to report information on adverse actions as required.

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.

Reports must be submitted to the HIPDB by the latest appropriate date, as specified below:

- Within 30 days of the date that the final adverse action was taken.