



# National Practitioner Data Bank Healthcare Integrity and Protection Data Bank



## FACT SHEET ON REPORTING

### 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*.

### 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 enabling statutes for the NPDB and the HIPDB do not allow disclosure to the general public. The general public may not request information that identifies a particular health care practitioner, provider, or supplier 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 Data Bank information. Persons or entities that receive information from the Data Bank 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 Data Bank queries, both the entity and the agent are required to maintain confidentiality in accordance with Title IV requirements.

### Submitting Reports to the NPDB-HIPDB

Eligible entities prepare and submit reports using the Integrated Querying and Reporting Service (IQRS), the Interface Control Document (ICD) Transfer Program (ITP), or the Querying and Reporting XML Service (QRXS). The ITP and QRXS are alternatives to the IQRS for those users who wish to receive machine-readable responses. These interfaces are ideal for large volume reporters who wish to use their own transaction processing systems and want to interface those systems with the NPDB-HIPDB. Information on how to use all three services is available on-line at [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov).

When submitting a report using the IQRS, the entity logs in to the IQRS system (accessible from the NPDB-HIPDB Web

site home page), enters report information on the pertinent IQRS report screens, certifies the information entered, and electronically submits the report information to the Data Bank(s). An incomplete report (one that is missing required information or is improperly completed) will not be accepted and the submitter will be notified within two to four hours that the report was rejected. Upon submitting a report to the Data Bank(s), the entity will receive a copy of the report with a confirmation number. The confirmation number can be used to verify that the Data Bank(s) received the report. Within two to four hours of receipt, a *Report Verification Document* will be made available electronically to the reporter. The report data will be stored in the appropriate Data Bank(s) based on the type of report and the action taken.

When submitting a report using the ITP, the entity creates software to format report data in an ITP format (specified in the ITP file formats, located at [www.npdb-hipdb.hrsa.gov/itp.html](http://www.npdb-hipdb.hrsa.gov/itp.html)). An incomplete report (one that is missing required information or is improperly completed) will not be accepted. Response files are returned in machine-readable ASCII text and may be stored electronically. Users wishing to generate paper output similar to that produced through the IQRS must write custom software formatting the response files for print. File formats for the ITP submissions and responses are defined in the ICDs published by the Data Banks, available on-line at [www.npdb-hipdb.hrsa.gov/itp.html](http://www.npdb-hipdb.hrsa.gov/itp.html)

When submitting a report using the QRXS, the entity creates software to format report data in Extensible Markup Language (XML) file format. The user will be notified immediately (real-time) to any QRXS report data that is missing or incomplete. Response files are returned in machine-readable XML format and may be stored electronically. Users wishing to generate paper output similar to that produced through the IQRS must write custom software formatting the response files for print. File formats for the QRXS submissions and responses are defined in the ICDs published by the Data Banks, available on-line at [www.npdb-hipdb.hrsa.gov/qrxs.html](http://www.npdb-hipdb.hrsa.gov/qrxs.html).

When a report is successfully submitted (through IQRS, ITP, and QRXS), the subject of the report will receive a copy of the submitted report by mail from the Data Bank(s).

### **Reportable Actions - NPDB**

The NPDB collects and disseminates to eligible entities reports of the following:

- Medical malpractice payments.
- Adverse licensure actions.
- Adverse clinical privileging actions.
- Adverse professional society membership actions.
- Exclusions from Medicare/Medicaid.

### **State Board Report Copies (NPDB Only)**

For hospitals and other health care entities reporting adverse actions to the NPDB, and for insurers, including self-insured entities, reporting medical malpractice payments to the NPDB, a copy of the report must be mailed to the appropriate State licensing board for its use. The Report Verification Document that the reporter receives after a report is successfully processed by the NPDB should be used for submission to the appropriate State licensing board.

### **Sanctions for Failing to Report to the NPDB**

#### *Medical Malpractice Payers*

Medical malpractice payers must submit reports to the NPDB and the appropriate State licensing board within 30 days of a payment. The HHS OIG has the authority to impose civil money penalties in accordance with Sections 421(c) and 427(b) of Title IV if these reporting requirements are not met. Under the statute, any malpractice payer that fails to report medical malpractice payments in accordance with Section 421(c) is subject to a civil money penalty of up to \$11,000 for each such payment involved.

#### *Hospitals and Other Health Care Entities*

Health care entities must report adverse actions within 30 days from the date the adverse action was taken or clinical privileges were voluntarily surrendered. The health care entity must print a copy of each report submitted to the NPDB and mail it to the appropriate State licensing board for its use. If the Secretary of HHS determines that a health care entity has failed substantially to report information in accordance with Title IV requirements, the name of the entity will be published in the *Federal Register*, and the entity will lose its immunity from liability under Title IV with respect to professional review activities for a period of 3 years, commencing 30 days from the date of publication in the *Federal Register*.

#### *State Boards*

State Medical and Dental Boards must submit reports to the NPDB within 30 days from the date the adverse action was taken. State Medical and Dental Boards that fail to comply with NPDB reporting requirements can have the responsibility to report removed by the Secretary of HHS. In such instances, the Secretary will designate another qualified entity to report NPDB information.

#### *Professional Societies*

Professional societies must report adverse actions within 30 days from the date the adverse action was taken. The professional society must print a copy of each report submitted to the NPDB and mail it to the appropriate State licensing board for its use. A professional society that has

substantially failed to report adverse membership actions taken against physicians and dentists based on professional competence and conduct can lose the immunity protections provided under Title IV for 3 years.

### **Reportable Actions - HIPDB**

Health plans and Federal and State Government agencies are required to report the following actions to the HIPDB:

- Federal and State licensing or certification agencies must report final adverse actions when taken against a health care practitioner, provider, or supplier.
- Federal and State law enforcement and investigative agencies must report criminal convictions against a health care practitioner, provider, or supplier, or practitioner related to the delivery of a health care item or service.
- Federal and State law enforcement and investigative agencies, and health plans must report civil judgments related to the delivery of a health care item or service (except those resulting from medical malpractice).
- Federal and State Government agencies must report health care practitioners, providers, or suppliers excluded from participating in Federal or State health care programs.
- Federal and State Government agencies and health plans must report other adjudicated actions or decisions related to the delivery of a health care item or service taken against a health care practitioner, provider, or supplier (excluding clinical privileging actions). Other adjudicated actions or decisions are formal or official final actions that:
  - Are taken against a health care practitioner, provider, or supplier 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.

Reports must be submitted to the HIPDB by whichever is the later of the following:

- Within 30 days from the date the final adverse action was taken.
- 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 a public report that identifies those 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](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.