



National Practitioner Data Bank

Healthcare Integrity and Protection Data Bank



FACT SHEET FOR AUTHORIZED SUBMITTERS AND AUTHORIZED AGENTS

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. 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*.

Authorized Submitters

An authorized submitter is an individual empowered by an eligible entity to certify the legitimacy of information provided in a query or report to the NPDB, the HIPDB, or both. In most cases, the authorized submitter is an employee of the organization submitting the report or query, such as an Entity Data Bank Administrator, a risk manager, or medical staff services personnel. The NPDB-HIPDB does not assign Data Bank Identification Numbers (DBIDs) to authorized submitters.

Each entity is responsible for selecting its authorized submitter, and the submitter may change at any time. Entities are not required to register the authorized submitter or to identify that person by name to the NPDB-HIPDB in advance.

Authorized Agents

Eligible entities may elect to have outside organizations query or report to the NPDB-HIPDB on their behalf. An outside organization that queries or reports to the NPDB-HIPDB on an entity's behalf is referred to as an authorized agent. In most cases, an authorized agent is an independent contractor used for centralized credentialing (e.g., a county medical society or State hospital association).

Hospitals and other eligible health care entities should ensure that certain guidelines are followed when designating an authorized agent to query or report on their behalf. The entity should establish a written agreement with an authorized agent confirming the following: (1) the agent is authorized to conduct business in the State; (2) the agent's facilities are secure, ensuring the confidentiality of NPDB-HIPDB query responses; (3) the agent is explicitly prohibited from using information obtained from the NPDB-HIPDB for any purpose other than that for which the disclosure was made; and (4) the agent is aware of the sanctions that can be taken against the agent if information is requested, used, or disclosed in violation of NPDB-HIPDB provisions. Authorized agents are not eligible to access information in the NPDB-HIPDB under their own authority unless the agent is a registered entity querying on his/her own behalf.

Since confidential NPDB-HIPDB information may be routed to authorized agents, they are assigned a DBID. An authorized agent should have only one DBID, even though more than one entity may designate the agent to query or report to the NPDB-HIPDB. If an authorized agent has been issued more than one DBID, the authorized agent should immediately alert the NPDB-HIPDB, identify which DBID will be used, and request that other DBIDs be deactivated.

An eligible entity that has designated an authorized agent is permitted to query and report to the Data Bank(s) directly. The entity selects how the responses to queries and reports submitted by the agent are routed. The output may be routed to the entity, the agent, or both. The entity may also select how they wish to receive query and report output. For example, if an agent submits a successful query through the Querying and Reporting XML Service (QRXS) or the Interface Control Document (ICD) Transfer Program (ITP), the entity can elect to receive the query response through the Integrated Querying and Reporting Service (IQRS), the QRXS or the ITP.

Designating an Agent

Before an authorized agent may submit queries on behalf of an entity, the entity must designate the agent by initiating a request to designate an agent on the NPDB-HIPDB Web site. The Entity Data Bank Administrator logs in, selects **Continue** and selects **Maintain Agent Information** on the *Administrator Options* screen, clicks **Add** on the *Authorized Agents* screen, and completes all fields on the *Designate Authorized Agent* screen. The Entity Data Bank Administrator certifies the information and clicks **Continue**. The Entity Data Bank Administrator will see a formatted copy of the Agent Designation Request, which should be printed for the entity's records. The Entity Data Bank Administrator should then notify the authorized agent's Entity Data Bank Administrator to log in to the IQRS to accept this request.

When the agent's Entity Data Bank Administrator next logs in, the system will alert the agent's Entity Data Bank Administrator to electronic correspondence from the

NPDB-HIPDB. The agent should verify the accuracy of the information provided in the request. The agent may either accept or decline the request; the agent will be asked to provide a reason if declining.

If the agent accepts, the Agent Designation Response will appear, and the agent's Entity Data Bank Administrator should print it for the agent's records. If the agent declines the entity's request, the reason will be sent to the requesting entity. The entity then has the option to make the suggested change(s) by selecting the Agent Designation Rejection link on the *Data Bank Correspondence* screen and updating the information. The agent will again receive correspondence from the NPDB-HIPDB, and the agent may choose to accept or decline the designation.

Agent Queries

The NPDB-HIPDB's response to a query submitted by an authorized agent on behalf of an entity will be based upon two eligibility standards: (1) the entity must be entitled to receive the information, and (2) the agent must be authorized to receive that information on behalf of that entity.

Both the entity and the agent must be properly registered with the Data Banks prior to the authorized agent's query submission.

Authorized agents cannot use a query response on behalf of more than one entity. The Data Banks' regulations specify that information received from the NPDB-HIPDB must be used solely for the purpose for which it was provided. If two different hospitals designate the same authorized agent to query the Data Banks on their behalf, and both hospitals wish to request information on the same subject, the authorized agent must query the Data Banks separately on behalf of each hospital. The response to an NPDB-HIPDB query submitted for one hospital cannot be disclosed to another hospital.

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 information do not allow disclosure to the general public. The general public may not request information that identifies a particular 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 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.

Eligible Entities - NPDB

Entities entitled to participate in the NPDB are defined in the provisions of Title IV and the NPDB regulations. The NPDB provides to State licensing boards; hospitals and other health care entities; professional societies; certain Federal agencies; and others as specified in the law, information on the professional competence and conduct of physicians, dentists, and in some cases, other health care practitioners. Hospitals are the only type of health care entity with mandatory requirements for querying the NPDB. Practitioners may self-query the NPDB at any time.

The following group of queriers will have access to information reported to the NPDB under Section 1921 only: Agencies administering Federal healthcare programs, including private sector entities administering such programs under contract; State agencies administering or supervising State healthcare programs; authorities of a State or its political subdivisions responsible for licensing health care entities; State Medicaid Fraud Control Units; U.S. Attorney General and other law enforcement officials; U.S. Comptroller General; utilization and Quality Control Peer Review Organizations (now known as Quality Improvement Organizations).

Eligible Entities - HIPDB

Entities defined in Section 1128E of the *Social Security Act* and the HIPDB regulations are entitled to participate in the HIPDB. Health plans and Federal and State Government agencies are eligible to query the HIPDB. Health care practitioners, providers, and suppliers may self-query the HIPDB.

Each entity is responsible for determining its eligibility to participate in the NPDB, the HIPDB, or both, and must certify that eligibility to the appropriate Data Bank(s) in writing. For more information on eligible entities, see the *Fact Sheet on Entity Eligibility*. **General Public**

NPDB-HIPDB information is not available to the general public. However, persons and entities may request data that does not identify any particular entity or subject.

Certifying Official

A Certifying Official is the individual selected and empowered by an entity to certify the legitimacy of registration for participation in the NPDB-HIPDB.

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.